ADAMH Board of Franklin County
Board of Trustees
Board Meeting
May 28, 2019, 5:30 pm - 7:30 pm
ADAMH Board Room

AGENDA and DOCUMENTS
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I. Approve Agenda & Minutes
   A. April Board Minutes
   B. April Search Committee Minutes
   C. May CFAC Summary Minutes

II. Reports & Presentations
   A. Community Participation
   B. Financial/Audit Committee Report
   C. Board Chair Report

III. Action Agenda
   A. Franklin County LOSS Suicide Prevention Services
   B. North Community Counseling - IDDT/ACT Expansion
   C. ADAMH Provider Naloxone Distribution-2
   D. Opioid Public Service Announcement - Universal McCann

IV. Administrative Memos
   A. Current Administrative Memos

V. Old Business

VI. New Business
   A. Resolution Authorizing the CEO Search Committee to approve the CEO job description
   B. Executive Session - Personnel

VII. Media Report
   A. May Media Report

VIII. Adjournment

Audrey Begun, Bipender Jindal, Sharon McCloy-Reichard, Nathan Wymer

Peggy Anderson called the meeting to order at 5:30 p.m.

Damon Muldoon moved to approve the minutes of the following meetings:
  - March Board Minutes………………………………March 26, 2019
  - April Coordinating Committee Minutes…………….April 8, 2019
  - April CFAC Summary Minutes………………………April 4, 2019

Rory McGuiness seconded approval of minutes; MOTION CARRIED

David Royer provided an update on the circumstances surrounding Columbus Area Integrated Health Services, Inc. to the ADAMH Board of Trustees. He met with four Board of Trustee members of Columbus Area to discuss their future. Both parties met with Larry James, Managing Partner of Crabbe Brown & James Law Firm to discuss the short and long term issues of the mental health services of Columbus Area.

The outcome of the meeting revealed the board will sort through all facts presented. Then they will convene to make a decision about the future of the agency. David commended the other providers on how responsive and cooperative they have been. The process should take no more than 48 hours to put all provider partners in place.

David Royer referenced Ohio Revised Code - Chapter 5119: Department of Mental Health and Addiction services. In the case of agency closure all clinical records will need to be turned over to the ADAMH board. Columbus Area has been informed of all requirements needed. ADAMH is awaiting the results of the audit from the independent audit firm that may also indicate Columbus Area is in breach of their contract with ADAMH. Nick Soulas, Franklin County Prosecuting Attorney, responded to questions pertaining to any legal issues with Columbus Area.
Nick Soulas explained that Columbus Area has one lien against them with a possibility of more. He advised ADAMH to refrain from paying Columbus Area until further notice. Nick Soulas and Larry James are working diligently to sort things out.

Damon Muldoon asked if he has ever heard of any charity entering into this type contractual agreement.

Nick Soulas replied that he is not well versed in this area of non-profits to make a comment.

David Royer explained that Columbus Area liquidated their facilities. At that time, ADAMH advised them not to enter into any other agreements for cash flow purposes or lines of credit until they get clearance from ADAMH. ADAMH gave them their best advice and they did not follow it. After further review, it was realized that Columbus Area has at least 6 agreements in place with other lenders to sell future receivables.

Damon Muldoon asked what the dollar amount is of claims not being processed.

Jonathan Wylly replied around $40,000.

David Royer replied that claims will still come in through the SHARES system but they will be held until a decision is made on where the funds should be dispersed.

Mitzi Kirkbride asked how many clients Columbus Area serves.

David Royer replied around 500 clients are Non-Medicaid. There are also Medicaid clients as well. ADAMH will need to confirm the exact number of clients in all categories.

Trudy Bartley replied and stated she has received several phone calls concerning Columbus Area. ADAMH is perceived by the community to close African American organizations.

Trudy Bartley asked what ADAMH is doing from a communication standpoint to stop this type of discussion that is currently happening. She stated this situation has some similarity to the Neighborhood House. Their concerns are will they remain in this part of our community.

David Royer replied that is the perception of the community and ADAMH will respond as best as it can. He expounded on how we can use this as an opportunity to bring the next generation of services to the community to reflect the very best. He commented that whether the criticism is valid or not, the community needs to believe ADAMH is responsive to their needs and the commitment is there.
Trudy Bartley replied the Neighborhood House response was excellent of how the community came together. ADAMH was able to reallocate those services to other providers. She would like to see the same process occur with Columbus Area.

David Royer replied that the undertaking of Columbus Area is a much larger project than Neighborhood House. The spirit of ADAMH will be to get this situation right for the consumers of Columbus Area. ADAMH is up for the challenge and is committed to working on a plan on how to respond the best way possible for the people receiving services.

Mitzi Kirkbride asked if there has been any illegal activity with Columbus Area.

Nick Soulas replied it would be inappropriate to say definitively but, at this time, there is nothing to indicate illegal activity.

A. Community Participation

None.

B. Presentation

None.

C. Financial Reports

Jonathan Wylly, Chief Financial Officer of ADAMH did a presentation on the Levy Model.

ADAMH is in their third year of a 5-year, 2.2 mill levy that they renewed for 2017 through 2021. The levy was last approved by the voters in 2015 with a 74% approval rating.

Jonathan Wylly explained in 2019 ADAMH will need to have a discussion to review our current levy cycle in order to meet our objectives and to put a plan in place going into the next levy cycle. The model demonstrates ending this levy cycle with 90 days of cash reserves.

Scott Doran commented ADAMH’s goal is not to spend the money until we have 90 days left. He said ADAMH’s goal is to use the funds that we have available to meet the needs of the consumers while insuring a 90 day buffer is in place. Our goal should be to maximize the use of our revenues for the objectives of ADAMH.

Jonathan Wylly agreed and explained why we spent additional money in 2018 that ADAMH didn’t expect to spend. The reason the cash balance fluctuated was due to a timing issue between 2017 and 2018. ADAMH will be trending in the right direction by the end of the levy cycle 2021.
Mitzi Kirkbride asked if ADAMH will have an opportunity to increase services.

Jonathan Wylly replied yes and ADAMH has presented actions to the Board of Trustees to approve the allocations to increase services.

Jonathan Wylly explained ADAMH’s goal is to get them in position to demonstrate the demand for resources so we can receive additional millage.

ADAMH has requested the Mid-Levy Review meeting scheduled for this fall be moved up. They will need to take a ballot language to the Commissioners by February 2020.

Damon Muldoon asked about an arbitrary rule where ADAMH had to pay a fee depending on whether the election year was even or odd.

Jonathan Wylly replied that ADAMH won’t have to pay the fee this time.

Damon Muldoon asked about the plan that provides material that demonstrates the need for new expenditures.

Jonathan Wylly explained the Levy Fact Book will be presented to the Commissioners explaining the levy ballot. It will include the needs assessment and a demand assessment. The data created will be presented to the Board of Trustees.

Terree Stevenson asked what if ADAMH planned to educate the voters on what we are doing positive in the community.

Aimee Shadwick replied our communication strategy is to support the levy through ADAMH ongoing paid advertising campaign. The goal is to educate the community about ADAMH and the providers. Also, some grass root efforts were demonstrated by the staff attending over 120 health fairs and community events in 2018.

**Ron Walters moved to approve the Financial & Audit Report; Damon Muldoon seconded; MOTION CARRIED.**

C. Board Chair Report

Peggy Anderson mentioned Nathan Wymer needs volunteers for the Audit Committee.

Our next board meeting scheduled for May 28, 2019 will hear from RREACT Team from Southeast, Inc. Our next Coordinating Committee Meeting is scheduled for May 13, 2019.

**CONSENT AGENDA:**

A. Consent Agenda
Peggy Anderson announced that the items on the Consent Agenda were previously reviewed by the Coordinating Committee. She asked if there were any questions or requests to remove the following items from the Consent Agenda: Mayor’s Recovery Court – Hilliard and Reynoldsburg, State Opiate Response – MAT Expansion, Medication Assisted Treatment Services – Africentric Personal Development Shop, Heartland High School Recovery Coach.

Ann seren moved to approve the items on the Consent Agenda; Irma Phillip-Carmichael seconded; MOTION CARRIED.

Peggy Anderson mentioned the Administration memos are presented to keep you informed.

NEW BUSINESS:

A. ADAMH CEO Search Executive Profile

Peggy Anderson asked the Board of Trustees to refer to the profile for additional changes from the original email they received of the profile.

- Page 4 under Local Property Tax Levy the wording to provide more detail.
- Page 5 ADAMH changed the number 10 value and wording was changed concerning ADAMH staff development.
- Throughout the document where it stated citizens we changed it to residence.
- Page 10 under the financial section we changed some of the wording surrounding the levy explanation.

Peggy Anderson replied the CEO Search Committee met on Friday. Beecher Hill will use this CEO Search Executive Profile throughout the process in recruiting the next CEO.

Damon Muldoon moved to approve the ADAMH CEO Search Executive Profile; Ann Seren seconded; MOTION CARRIED.

Rory McGuiness abstained

Meeting adjourned at 7:07 p.m.

Recorder: Tikara Robinson

__________________________________________
Peggy Anderson, Chair

__________________________________________
Trudy Bartley, Secretary
CEO SEARCH COMMITTEE MEETING MINUTES

PRESENT: Peggy Anderson - Chair CEO Search Committee, Trudy Bartley - Board Member, Karri Dosmann - Board Member, Mitzi Kirkbride - Board Member, Sharon McCloy-Reichard - Board Member, Irma Phillip-Carmichael - Board Member, Ken Wilson - County Administrator, Nathan Wymer - Board Member

ABSENT: None.

STAFF: Tikara Robinson - Executive Assistant, Aimee Shadwick - Public Affairs Director, Matilda Woods - Senior Human Resources Director

GUEST: Mark Ryan – BeecherHill Senior Managing Director, Carrie Crockett – BeecherHill Senior Managing Director

I. Call to Order:

Peggy Anderson called the CEO Search Committee meeting of the ADAMH Board of Franklin to order at 9:03 a.m.

II. Welcome and Opening Remarks:

Peggy Anderson introduced Mark Ryan of Beecher Hill who provided an update on the CEO Search Executive Profile and the Stakeholder Engagement Process.

III. Beecher Hill discussed the Stakeholder Engagement Process:

Mark Ryan explained the goal is to present the CEO Search Profile to the Search committee for feedback then to present it to the Board of Trustees for recommendations for approval on Tuesday, April 23.

Beecher Hill began the stakeholder engagement process on March 4, 2019 and concluded in mid-April.

Initially, they reached out to 78 people in the stakeholder engagement process to gather information for the CEO Search profile which delayed the process due to the amount of people interviewed. He mentioned the overall recruiting timeline was not impacted by the additional outreach.
Carrie Crockett replied they reached out to 70 individuals recommended by ADAMH. Beecher Hill received good responses from 44 people through group meetings, in person, conference calls or by survey. The people interviewed shared their prospective on the desired profile of the next CEO.

She mentioned the groups that were interviewed were the board members; ADAMH Senior Staff members; consumers and family members; ADAMH provider network members; community partners, representatives from other health and human services organizations and local leaders. Organizations were from both private and public sectors. She stated the feedback was invaluable as it contributed to a thorough understanding of what they will be looking for in the next leader.

Mitzi Kirkbride asked did they find any consistencies with the Stakeholders feedback. Mark Ryan replied yes, they identified 6 things that were included in the profile:

- Visionary Leadership
- Community Partnership and Collaboration
- Organizational Effectiveness
- Financial Performance and Sustainability
- Team Leadership and Development
- Board Governance

IV. Beecher Hill discussed the CEO Executive Profile:

Mark Ryan thanked ADAMH staff for the graphics, design, content and the layout of the CEO Executive Profile. He mentioned where the organization is and where the current strategy is now and what we are seeking at this time.

He mentioned some of the highlights surrounding Columbus in the profile which he emphasized were very well done.

He mentioned they will respond to everyone who submits materials. Beecher Hill will keep track of how many people apply by mail and they will give the Search Committee members feedback. Information will be posted on ADAMH website so everyone can see the profile.

Ken Wilson asked if there was any reason why the table of organization was not included in the profile. This information will allow the potential candidate to understand the organization and how it is set up.

Aimee Shadwick mentioned this information was originally disclosed in other samples but if they prefer ADAMH can certainly incorporate the high level table of organization in the profile with positions identified.

Matilda Woods asked if there is a need to flush out a little bit more awareness of a diverse communities and populations.

Mary Ryan replied we will look at elaborating further on the diverse communities and populations.

Trudy Bartley added a comment stating, “it will be important for an individual to navigate with the community but also with the providers.”
Ken Wilson asked the search committee to refer to page 9 which has language of being innovative and a creative problem solver. Previously, we mentioned this position should reflect a leader with transformational characteristics that thinks in an innovative, creative fashion. He mentioned we do not talk about the county framework in which the CEO will operate.

Trudy Bartley mentioned the CEO will work in a dynamic environment not only internally but externally. She explained that Ohio State University just received $69 million grant. The funding is for rural and urban initiatives for prevention, research and treatment as it relates to opioids. She emphasized ADAMH will need an innovative leader or someone who will be at the table engaged in what that transformation change is going to be in Franklin County and across the State of Ohio. She explained they need to have a thought process outside of the box that will say, “What’s going to make the difference.”

Mitzi Kirkbride agreed and added a comment stating a leader will need to be transformational and ready to adapt to change.

Trudy Bartley replied she would like to see something in the area of Core Values concerning the professional developmental for the ADAMH staff.

Aimee Shadwick replied the organizational mission, vision and core values were set strategically a few years ago voted by the Board of Trustees through ADAMH Strategic Planning process. She explained they we can add a core value but this is the something that should be revisited by the larger board.

Matilda Woods replied and mentioned the new results will be presented to the Board of Trustees on Tuesday.

Mark Ryan replied we can change this to Visionary and Transformation Leadership

Karri Dosmann replied there wasn’t any focus on compassion and that was David Royer strengths and she mentioned that is extremely important.

Peggy Anderson replied ADAMH would like to expand that in the Visionary Leadership section.

Aimee Shadwick mentioned ADAMH staff will have the updated financial information soon. This will be updated in the final profile before it is shared with the full board next week.

Trudy Bartley asked if they would make a change to how the pictures are formatted in terms of ethnicity.

Aimee Shadwick replied we can certainly make the change

Mark Ryan thanked everyone for their feedback and they will present the CEO Search Executive Profile to the board of trustees for approval once the editing is complete. Beecher Hill will be looking for a leader within the State of Ohio and outside of the State.

Mark Ryan mentioned the next meeting will be held on Friday, May 31 at Beecher Hill from 9:00 to 12:00 to discuss the candidates. The portion of the meeting is to discuss specific candidates which will be held in executive session.
V. Public Comment
There was no public comment

VI. Old Business
There was no old business for discussion

VII. New Business
There was no new business for discussion

VIII. Chair’s Closing Remarks and Adjournment
Peggy Anderson asked all search committee members to be present for all interviews.
Meeting adjourned 9:50 p.m.

By: Tikara Robinson

________________________
Peggy Anderson, Board Chair

________________________
Trudy Bartley, Secretary
Meeting Summary
May 6, 2019

Members Present 18; Staff present 1 – Phil Hedden, Client Rights Advocate;

WELCOME Everyone and INTRODUCTIONS!
LCD kicked off the meeting with a mindfulness/relaxation exercise of deep breathing and focus. Consistent feedback from group occurred validating this as a great way to initiate the meeting. Group members then introduced themselves and shared a bit about their involvement with CFAC. The CFAC Mission/Vision Roles and Responsibilities document was reviewed and shared with all members.

Special Recovery Speaker—SR
Discussed Recovery Journey from her lowest point at her most vulnerable when she was a human trafficking victim to her current situation of loving her job and being able to share her story with others in the hope of assisting and supporting others trapped in the same dilemma. During her presentation she share examples of her resiliency and her struggles to overcome her victimization to her current status of being empowered and trying to assist others in preventing them from becoming victims.

Guest Speaker: SR: Human Trafficking—Resiliency, Recommendations and Resources.
SR discussed lowest point in her life when she was a victim of human trafficking to her current employment at Gracehaven in which she is empowered to assist and support others through their mission which is to strategically help the growing number of victims of domestic minor sex trafficking. They believe this issue must be actively addressed in order to effectively help victims, and to prevent others from falling into this world. She is able to share recommendations and resources to other victims or potential victims to lift them out of their current situation or prevent them from going down the same road she did by sharing her resiliency through her recovery journey. She also mentioned a big turning point in her recovery was through the assistance of Judge Herbert and graduating in 2 years from CATCH (Changing Actions to Change Habits) COURT. All past charges were eliminated as a result which allowed her a fresh start.

News, Announcements, and Sharing
• (Lynette will check 2019 Recovery Conference date and inquire regarding a designated meeting space for CFAC).
• Lynette will look into CFAC meeting space for June’s meeting since Board and Training Rooms will not be available.
• Dr. Kevin Dixon, VP, Community Cultural Engagement, Leadership: Briefly discussed Columbus Area Integrated Health being closed down and ADAMH current support of trying to transition clients to new agencies and in getting their medications.

Involvement Committee and other Workgroup Reporting:
• Community Educational Event discussed—Community Resources/Connections and Representatives to share information/Creativity and Wellness groups Co-occurring during the event with the possibility of including the parking lot for outdoor wellness activities.

Meeting ended at 6pm with socialization and networking until 6:45pm.

Next Involvement Committee Meeting June 3rd, 2019—3:00-4:00PM
Next Full Council Meeting June 3rd, 2019—4:30-6:00PM
### ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY

#### SCHEDULE OF REVENUES, EXPENDITURES AND CHANGES IN CASH BALANCE

**LEVY AND SPECIAL REVENUE**

**FOR THE MONTH ENDED**

**April 30, 2019**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Original Budget</th>
<th>Revisions</th>
<th>Current Budget</th>
<th>Actual</th>
<th>Variance</th>
<th>Percent of Budget Used To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxes</td>
<td>$54,464,211</td>
<td>$298,971</td>
<td>$54,763,182</td>
<td>$28,997,508</td>
<td>($25,765,674)</td>
<td>53.0%</td>
</tr>
<tr>
<td>Intergovernmental- Reimbursement</td>
<td>$5,668,821</td>
<td>$4,016</td>
<td>$5,672,837</td>
<td>$2,823,212</td>
<td>($2,849,625)</td>
<td>49.8%</td>
</tr>
<tr>
<td>Intergovernmental - Special Revenue</td>
<td>$16,803,543</td>
<td>$0</td>
<td>$16,803,543</td>
<td>$6,779,343</td>
<td>($10,024,200)</td>
<td>40.3%</td>
</tr>
<tr>
<td>Other</td>
<td>$2,500,500</td>
<td>$1,232,829</td>
<td>$3,733,329</td>
<td>$3,292,103</td>
<td>($441,227)</td>
<td>88.2%</td>
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<tr>
<td>Total Revenue</td>
<td>$79,437,075</td>
<td>$1,535,816</td>
<td>$80,972,891</td>
<td>$41,892,165</td>
<td>($39,080,726)</td>
<td>51.7%</td>
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<table>
<thead>
<tr>
<th>Expenditures</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td>$6,024,210</td>
<td>$167,183</td>
<td>$6,191,393</td>
<td>$1,915,710</td>
<td>$4,275,683</td>
<td>30.9%</td>
</tr>
<tr>
<td>Materials &amp; Services</td>
<td>$2,534,865</td>
<td>$0</td>
<td>$2,534,865</td>
<td>$885,749</td>
<td>$1,649,116</td>
<td>34.9%</td>
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<tr>
<td>Service Providers</td>
<td>$93,462,066</td>
<td>($500,000)</td>
<td>$92,962,066</td>
<td>$29,704,218</td>
<td>$63,257,848</td>
<td>32.0%</td>
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<tr>
<td>Capital</td>
<td>$20,000</td>
<td>$500,000</td>
<td>$520,000</td>
<td>$462,460</td>
<td>$57,540</td>
<td>88.9%</td>
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<tr>
<td>Transfers</td>
<td>$0</td>
<td>$1,232,829</td>
<td>$1,232,829</td>
<td>$1,232,829</td>
<td>$0</td>
<td>100.0%</td>
</tr>
<tr>
<td>Council of Governments (COG)</td>
<td>$750,000</td>
<td>$0</td>
<td>$750,000</td>
<td>$147,732</td>
<td>$602,268</td>
<td>19.7%</td>
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<td>Total Expenditures</td>
<td>$102,791,141</td>
<td>$1,400,012</td>
<td>$104,191,153</td>
<td>$34,348,699</td>
<td>$69,842,454</td>
<td>33.0%</td>
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Excess of Revenues Over (Under) Expenditures $7,543,465

Beginning Cash Balance at January 1, 2019 $65,120,824

Ending Cash Balance at April 30, 2019 $72,664,290

#### Cash Balance Summary

90 Day Operating Reserve $25,690,969

Budget Stabilization Reserve as of April 30, 2019 $28,232,130

Cash Balance Designated to be Spent in 2019 $18,741,190

(Memorandum: Ending Cash Balance at April 30, 2018) $84,676,700

(Memorandum: Undesignated Cash Balance at December 31, 2018) $7,258,040
# Comparative Balance Statement

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD**
**OF FRANKLIN COUNTY**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Levy 4/30/2019</th>
<th>Levy 3/31/2018</th>
<th>$ Variance</th>
<th>% Incr/(Decr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$66,132,459</td>
<td>$69,718,504</td>
<td>($3,586,046)</td>
<td>-5.1%</td>
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<tr>
<td>Provider Receivables</td>
<td>$1,895,929</td>
<td>$3,239,859</td>
<td>($1,343,930)</td>
<td>-41.5%</td>
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<tr>
<td>Due from Other Funds</td>
<td>$620,181</td>
<td>$620,181</td>
<td>$0</td>
<td>0.0%</td>
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<tr>
<td>Due from Other Governments</td>
<td>$310,403</td>
<td>$242,963</td>
<td>$67,440</td>
<td>27.8%</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$68,958,972</strong></td>
<td><strong>$73,821,508</strong></td>
<td><strong>($4,862,536)</strong></td>
<td><strong>-6.6%</strong></td>
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</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>Levy 4/30/2019</th>
<th>Levy 3/31/2018</th>
<th>$ Variance</th>
<th>% Incr/(Decr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued Wages Payable</td>
<td>$143,564</td>
<td>$143,392</td>
<td>$172</td>
<td>0.1%</td>
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<tr>
<td>PERS and Medicare Payable</td>
<td>$29,478</td>
<td>$29,378</td>
<td>$101</td>
<td>0.3%</td>
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<tr>
<td>Claims Payable - Current Year</td>
<td>$1,607,720</td>
<td>$1,607,438</td>
<td>$282</td>
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<tr>
<td>Block Grants Payable - Current Year</td>
<td>$1,625,557</td>
<td>$4,259,666</td>
<td>($2,634,109)</td>
<td>-61.8%</td>
</tr>
<tr>
<td>Claims Payable - Prior Years</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Block Grants Payable - Prior Years</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Due to Other Funds</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Funds held for Others</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$3,406,319</strong></td>
<td><strong>$6,039,873</strong></td>
<td><strong>($2,633,554)</strong></td>
<td><strong>-43.6%</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>FUND EQUITY</th>
<th>Levy 4/30/2019</th>
<th>Levy 3/31/2018</th>
<th>$ Variance</th>
<th>% Incr/(Decr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Fund Equity</strong></td>
<td><strong>$65,552,652</strong></td>
<td><strong>$67,781,634</strong></td>
<td><strong>($2,228,982)</strong></td>
<td><strong>-3.3%</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Fund Equity</strong></td>
<td><strong>$68,958,972</strong></td>
<td><strong>$73,821,508</strong></td>
<td><strong>($4,862,536)</strong></td>
<td><strong>-6.6%</strong></td>
</tr>
</tbody>
</table>
## Comparative Balance Statement

<table>
<thead>
<tr>
<th></th>
<th>4/30/2019</th>
<th>3/31/2018</th>
<th>$ Variance</th>
<th>% Incr/(Decr)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$6,376,009</td>
<td>$4,621,865</td>
<td>$1,754,144</td>
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</tr>
<tr>
<td>Provider Receivables</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Due from Other Funds</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Due from Other Governments</td>
<td>$592,101</td>
<td>$111,906</td>
<td>$480,194</td>
<td>429.1%</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$6,968,109</td>
<td>$4,733,771</td>
<td>$2,234,338</td>
<td>47.2%</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Wages Payable</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>PERS and Medicare Payable</td>
<td>$0</td>
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<td>$0</td>
<td>NA</td>
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<tr>
<td>Claims Payable - Current Year</td>
<td>$200,371</td>
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<td>Block Grants Payable - Current Year</td>
<td>$380,831</td>
<td>$702,900</td>
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</tr>
<tr>
<td>Claims Payable - Prior Years</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Block Grants Payable - Prior Years</td>
<td>$118,588</td>
<td>$262,232</td>
<td>($143,643)</td>
<td>-45.8%</td>
</tr>
<tr>
<td>Due to Other Funds</td>
<td>$620,181</td>
<td>$620,181</td>
<td>$0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Funds held for Others</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>$5,648,137</td>
<td>$3,111,565</td>
<td>$2,536,572</td>
<td>81.5%</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$6,968,109</td>
<td>$4,733,771</td>
<td>$2,234,338</td>
<td>47.2%</td>
</tr>
<tr>
<td><strong>FUND EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Fund Equity</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Liabilities and Fund Equity</strong></td>
<td>$6,968,109</td>
<td>$4,733,771</td>
<td>$2,234,338</td>
<td>47.2%</td>
</tr>
</tbody>
</table>
## ALCOHOL, DRUG AND MENTAL HEALTH BOARD
### OF FRANKLIN COUNTY
### COMPARATIVE BALANCE STATEMENT

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$72,508,467</td>
<td>$74,340,369</td>
<td>($1,831,902)</td>
<td>-2.5%</td>
</tr>
<tr>
<td>Provider Receivables</td>
<td>$1,895,929</td>
<td>$3,239,859</td>
<td>($1,343,930)</td>
<td>-41.5%</td>
</tr>
<tr>
<td>Due from Other Funds</td>
<td>$620,181</td>
<td>$620,181</td>
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<td>0.0%</td>
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<tr>
<td>Due from Other Governments</td>
<td>$902,503</td>
<td>$354,869</td>
<td>$547,634</td>
<td>154.3%</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$75,927,081</td>
<td>$78,555,279</td>
<td>($2,628,198)</td>
<td>-3.3%</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Wages Payable</td>
<td>$143,564</td>
<td>$143,392</td>
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<td>PERS and Medicare Payable</td>
<td>$29,478</td>
<td>$29,378</td>
<td>$101</td>
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<td>Claims Payable - Current Year</td>
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<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Block Grants Payable - Prior Years</td>
<td>$118,588</td>
<td>$262,232</td>
<td>($143,643)</td>
<td>-54.8%</td>
</tr>
<tr>
<td>Due to Other Funds</td>
<td>$620,181</td>
<td>$620,181</td>
<td>$0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Funds held for Others</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>$5,648,137</td>
<td>$3,111,565</td>
<td>$2,536,572</td>
<td>81.5%</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
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<td>$10,773,644</td>
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<td><strong>FUND EQUITY</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Fund Equity</strong></td>
<td>$65,552,652</td>
<td>$67,781,634</td>
<td>($2,228,982)</td>
<td>-3.3%</td>
</tr>
<tr>
<td><strong>Total Liabilities and Fund Equity</strong></td>
<td>$75,927,081</td>
<td>$78,555,279</td>
<td>($2,628,198)</td>
<td>-3.3%</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$155,822</td>
<td>$175,523</td>
<td>($19,701)</td>
<td>-11.2%</td>
</tr>
<tr>
<td>Provider Receivables</td>
<td>$0</td>
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<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Due from Other Funds</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Due from Other Governments</td>
<td>$93,908</td>
<td>$75,591</td>
<td>$18,317</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$249,731</strong></td>
<td><strong>$251,115</strong></td>
<td><strong>($1,384)</strong></td>
<td>-0.6%</td>
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<tr>
<td>LIABILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Wages Payable</td>
<td>$5,620</td>
<td>$6,770</td>
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<td>PERS and Medicare Payable</td>
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<td>($234)</td>
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<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Block Grants Payable - Current Year</td>
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<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Claims Payable - Prior Years</td>
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<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Block Grants Payable - Prior Years</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Due to Other Funds</td>
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<td>0.0%</td>
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<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$249,731</strong></td>
<td><strong>$251,115</strong></td>
<td><strong>($1,384)</strong></td>
<td>-0.6%</td>
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<tr>
<td>FUND EQUITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Fund Equity</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Liabilities and Fund Equity</strong></td>
<td><strong>$249,731</strong></td>
<td><strong>$251,115</strong></td>
<td><strong>($1,384)</strong></td>
<td>-0.6%</td>
</tr>
</tbody>
</table>
## Alcohol Drug and Mental Health Board of Franklin County

**CY 2019 Board Administration Spending Authority Analysis**  
April 2019

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>CY19 Initial Budget</th>
<th>Budget Revisions</th>
<th>CY19 Current Budget</th>
<th>Month-To-Date Expenditures</th>
<th>Year-To-Date Expenditures</th>
<th>Encumbrances</th>
<th>Total Commitments</th>
<th>Available Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$3,938,093</td>
<td>$135,455</td>
<td>$4,073,548</td>
<td>$286,158</td>
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<td>n/a</td>
<td>$1,279,565</td>
<td>$2,793,983</td>
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<td>$22,154</td>
<td>$1,753,781</td>
<td>$129,906</td>
<td>$548,965</td>
<td>n/a</td>
<td>$548,965</td>
<td>$1,204,816</td>
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<tr>
<td>Services &amp; Materials</td>
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<td>$0</td>
<td>$1,545,835</td>
<td>$146,895</td>
<td>$394,444</td>
<td>$894,683</td>
<td>$1,289,127</td>
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<td>$957,410</td>
<td>$0</td>
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<td>$0</td>
<td>$491,058</td>
<td>$466,352</td>
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<td>$0</td>
<td>$462,460</td>
<td>$48,540</td>
<td>$511,000</td>
<td>$9,000</td>
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<tr>
<td>Council of Government</td>
<td>$750,000</td>
<td>$0</td>
<td>$750,000</td>
<td>$0</td>
<td>$147,732</td>
<td>$602,268</td>
<td>$750,000</td>
<td>$0</td>
</tr>
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</table>

**GRAND TOTALS**  
$8,942,965  
$657,609  
$9,600,574  
$562,959  
$3,324,224  
$1,545,491  
$4,869,715  
$4,730,858

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Actual % of Budget Used</th>
<th>Expected % of Budget Used</th>
<th>% Variance</th>
<th>Driver for Expected % of Budget Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>31.41%</td>
<td>34.62%</td>
<td>-10.20%</td>
<td>Year-To-Date Pay Periods</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>31.30%</td>
<td>33.33%</td>
<td>-6.49%</td>
<td>Percentage Of Year Expired</td>
</tr>
<tr>
<td>Services &amp; Materials</td>
<td>25.52%</td>
<td>33.33%</td>
<td>-30.63%</td>
<td>% Of Year Expired</td>
</tr>
<tr>
<td>County Fees</td>
<td>51.29%</td>
<td>53.18%</td>
<td>-3.68%</td>
<td>1.6% Of Levy Revenues Received to date</td>
</tr>
<tr>
<td>Capital</td>
<td>88.93%</td>
<td>33.33%</td>
<td>62.52%</td>
<td>% Of Year Expired</td>
</tr>
<tr>
<td>Council of Government</td>
<td>19.70%</td>
<td>33.33%</td>
<td>-69.23%</td>
<td>% of Shares Project Completed</td>
</tr>
</tbody>
</table>

Note: Analysis excludes Fund 2144 - Council of Government (COG)
ADAMH Board CY 2019

1) **Salaries & Fringe Benefits** – Actual % of budget expended aligns closely with expected expenditures.

2) **Services & Materials** – Actual % of budget is less than expected expenditures. Major projects budgeted in this category include building maintenance. Beginning in 2019 the Public Awareness Campaign is appropriated as Social Services outside of the Board Administration budget.

3) **Capital** – Capital expenditures budgeted for 2019 included server upgrades. In March the budgeted capital expenditures were increased by $500,000 to purchase the Harmon Avenue property for the future Franklin County Crisis Center; the land was purchased in March.

4) **County Fees** – Levy fees are assessed by the County Auditor’s office for collection and advertising expenses and average 1.6% of gross revenues.

5) **Council of Government** – The COG is a collaboration between Hamilton, Cuyahoga and Franklin Counties for the purchase of the new healthcare information management system (SHARES Project).
Action Title: Franklin County LOSS Suicide Prevention Services

Recommended Action: It is recommended that the ADAMH Board of Franklin County allocate $41,181 to Franklin County LOSS for the remainder of 2019 to provide suicide prevention, education, and outreach to the residents of Franklin County. This will be achieved through strategic information dissemination to high risk groups ($21,833) and Question, Persuade, and Refer training for community stakeholders ($19,348). These funds include sending three current LOSS volunteers to a “train the trainer” Question, Persuade, and Refer (QPR) training.

Strategic Result Alignment: Prevention and Community Engagement

Rationale:

Identify Unmet Need in Franklin County?

In 2017, 188 people died by suicide in Franklin County. According to the CDC, suicide is the second leading cause of death for people 10-34 years old (2016). Suicide is largely preventable but many people feel ill-equipped to identify suicide warning signs, ask someone if they are having thoughts of suicide, and refer someone to helpful resources.

Who will benefit? What population will be served?

These services will be available to all residents of Franklin County with priority access being given to members of the faith based community, immigrant, refugee communities, and other community groups who have contact with populations that have high rates of suicide completion or high risk factors for suicide.

What services will be provided to address this unmet need?

Written information on suicide awareness intended to encourage conversation about suicide and combat the stigma of mental illness and seeking treatment.

Question, Persuade, and Refer training is a 60-90 minute training for laypersons intended to encourage conversation around mental illness and suicide and provide individuals with the skills and knowledge to recognize the signs of suicide and help access the appropriate services.

At the end of a 60-90 minute QPR training participants will have learned:

- How to Question, Persuade and Refer someone who may be suicidal
- How to get help for yourself or learn more about preventing suicide
- The common causes of suicidal behavior
- The warning signs of suicide
• How to get help for someone in crisis

What are the best practices identified to meet this need?

QPR is an emerging best practice and widely considered the more effective suicide prevention training available for individuals without a clinical background.

**Time Period:** 06/1/2019 – 12/31/2019

**Output:** Information on suicide prevention and awareness will be provided to at least 8,700 individuals, and at least 256 people will receive the Question, Persuade and Refer gatekeeper training in 2019.

**Output Efficiency:** Information dissemination $2.51 per person.

Gatekeeper training $75.58 per person trained.

**Contractor/Provider Name:** Franklin County LOSS

**Action Number:** 19047

**Type of Action:** This allocation represents an expansion of existing programming with a preferred provider.

**Funding Source:** ADAMH Levy

**Funding Mechanism:** Block Grant (exempt from encounter claims)

**Financial Specification:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Fiscal Year</th>
<th>Description</th>
<th>Org#</th>
<th>Object#</th>
<th>Project#</th>
</tr>
</thead>
<tbody>
<tr>
<td>$41,181</td>
<td>2019</td>
<td>Franklin County LOSS Team</td>
<td>11580300</td>
<td>599560</td>
<td>H1014</td>
</tr>
</tbody>
</table>

**Financial Impact:** This action will increase the Franklin County Loss allocation by $41,181 for the remainder of 2019. The revised KY 2019 allocation total is $285,181.

This action will increase ADAMH’s 2019 Provider budget by $41,181

**Business Associate Agreement Required per HIPAA:** No – the contractor or provider is providing services for which a business associate agreement is not necessary for the scope of work covered by the action

**ADAMH Staff Responsible For This Action:** Jennifer Martinez
**Action Title:** North Community Counseling – IDDT / ACT Expansion

**Recommended Action:** It is recommended that that ADAMH Board of Franklin County allocate $125,000 to North Community Counseling Centers for the remainder of 2019 to establish an Integrated Dual Diagnosis/Assertive Community Treatment Team (IDDT/ACT). Initially this newly established team will serve 50 adults who meet the clinical and service utilization criteria for this level of care. In 2020 the team will move to its full capacity and serve 100 adult consumers.

**Strategic Result Alignment:** Access to Quality Care Services

**Rationale:**

**Identify Unmet Need in Franklin County?**

ADAMH has supported IDDT/ACT teams within our provider network since 2007. At the time of closure Columbus Area Integrated Health Services was serving 110 people on their ACT team, and had identified an additional 70 people who would benefit from this level of care. Building this additional capacity will help to offset the lost capacity.

**Who will benefit? What population will be served?**

Adults who have been diagnosed with a severe and persistent mental illness, who are frequent utilizers of crisis services and may have other barriers to participating in treatment such as homelessness, substance use, or frequent incarceration.

**What services will be provided to address this unmet need?**

IDDT/ACT Teams provide a comprehensive set of treatment and support services which include psychiatry, nursing, case management, outreach and engagement, peer support, and vocational services.

**What are the best practices identified to meet this need?**

Integrated Dual Diagnosis Treatment (IDDT), Assertive Community Treatment (ACT), Motivational Interviewing, and Stages of Change are all best practices that will be used by this team.

**Time Period:** 06/01/2019 - 12/31/2019

**Output:** This team will serve 50 individuals in 2019 and 100 individuals in 2020.

**Output Efficiency:** $2,500 per individual served annually.

**Result Statement:** North Community will track the following outcomes:
• Decrease in inpatient psychiatric stays
• Decrease in crisis episodes
• Decrease in use of substances
• Increase in housing stability
• Increase in employment

Contractor/Provider Name: North Community Counseling Center

Action Number: 19047

Type of Action: This action represents funding for a new service with a preferred provider.

Funding Source: ADAMH Levy

Funding Mechanism: Block Grant exempt from the 90% minimum encounter claim threshold. This program will transition to claims reimbursement in KY 2020.

Financial Specification:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Fiscal Year</th>
<th>Description</th>
<th>Org#</th>
<th>Object#</th>
<th>Project#</th>
</tr>
</thead>
<tbody>
<tr>
<td>$125,000</td>
<td>2019</td>
<td>IDDT/ ACT</td>
<td>11580100</td>
<td>599582</td>
<td>H1014</td>
</tr>
</tbody>
</table>

Financial Impact: This action will increase North Community’s KY 2019 allocation by $125,000. The full amount of annual funding will be included in the KY 2020 Provider Allocation action this August.

This action is budget neutral to ADAMH. Funding for this program (up to $239,778 annually) was approved as part of Action #19002 in August 2018. This action selects the Provider for this program.

Business Associate Agreement Required per HIPAA: No – the contractor or provider is a covered entity that must comply with HIPAA requirements to protect the privacy and security of health information

ADAMH Staff Responsible For This Action: Jennifer Martinez
Action Title: ADAMH Provider Naloxone Distribution - 2

Recommended Action: It is recommended that the ADAMH Board of Franklin County allocate one time funding in the amount of $150,000 to Southeast Inc. for the purchase of 1,500 additional Naloxone kits for distribution at the Maryhaven Addiction Stabilization Center and the Franklin County Jail. These funds represent dollars from OhioMHAS earmarked for the purchase of Naloxone kits. This action builds on action number 19019, approved by the ADAMH Board of Trustees on March 26, 2019.

Strategic Result Alignment: Access to Quality Care Services

Rationale:

Identify Unmet Need in Franklin County?

Franklin County’s ongoing fight against the opioid epidemic has been well documented in previous Board actions and discussed extensively in Board meetings. These funds will support the purchase of Naloxone to be provided to those at risk of overdose in our community.

Who will benefit? What population will be served?

1,000 of these kits will be distributed to the Maryhaven Addiction Stabilization Center (MASC) and 500 kits will be distributed to the Franklin County Justice Programs/Franklin County Jail.

What services will be provided to address this unmet need?

Individuals within Franklin County who are at risk of overdose due to their opiate use disorder will receive the kits, with the specific focus being those that are leaving the jail and the MASC.

What are the best practices identified to meet this need?

Currently Naloxone is the only medication available to reverse the effects of an opiate overdose.

Time Period: 06/1/2019-12/31/2019

Output: This action will support the purchase and distribution of 1,500 Naloxone kits. Each kit will contain (2) 4MG doses of Naloxone nasal spray, a CPR face shield and instructions in a vinyl pouch with the ADAMH logo on it.

Output Efficiency: The cost is $100 per kit.
**Result Statement:** Southeast Inc. will purchase and distribute 1,500 Naloxone kits. 1,000 for the Maryhaven Addiction Stabilization Center and 500 for the Franklin County Jail, through the Franklin County Justice Programs.

**Contractor/Provider Name:** Southeast Inc.

**Action Number:** 19042

**Type of Action:** This is a preferred provider action using pass through funding.

**Funding Source:** OhioMHAS Cures funding.

**Funding Mechanism:** Block grant exempt from encounter claims.

**Financial Specification:**

<table>
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**Financial Impact:** This action will increase Southeast’s KY 2019 allocations by $150,000.

This action is budget neutral to ADAMH (pass-through funds).

**Business Associate Agreement Required per HIPAA:** No – the contractor or provider is providing services for which a business associate agreement is not necessary for the scope of work covered by the action

**ADAMH Staff Responsible For This Action:** Jennifer Martinez
Action Title: Opioid Public Service Announcement – Universal McCann

Recommended Action: The purpose of this action is to authorize an additional $1 million to Universal McCann for the media placements for the Denial, Ohio campaign for a total of $3 million. This action is a continuation of the actions approved by the Board of Trustees in May 2018 and January 2019.

The funding for this project is being provided by the Ohio Opioid Education Alliance (Alliance). The Alliance is a coalition of business, education, nonprofit, civic and government organizations committed to the education and prevention of opioid misuse and abuse. Funders include, Nationwide, Columbus Foundation, Franklin County Board of Commissioners, Franklin County Children Services (FCCS) and Franklin County Developmental Disabilities (DD).

Strategic Result Alignment: Prevention and Community Engagement

Rationale:

The opiate epidemic is a public health crisis and there is a need for continued and expanded community education. Through the development of the Franklin County Opiate Action plan, there were many conversations about the need for a community-wide and community-supported public education campaign.

The goal of the campaign is to prevent young people from misusing prescription medication and the target audience of the campaign is parents and caregivers of these young people. There are two calls to action: 1. Talk to your children about drugs and 2. Disposed of your unused medication.

The Columbus Foundation is working with community partners to fund the initiative. To date, there are over 50 organizations that have joined the Ohio Opioid Education Alliance.

Time Period: June 2019 – December 2019

Contractor/Provider Name: Universal McCann

Action Number: 19045

Type of Action: This is a pass-thru request from the Columbus Foundation, FCCS, FCBDD and Franklin County Commissioners.

Funding Source: The Columbus Foundation, FCCS, FCBDD, Franklin County Commissioners

Funding Mechanism: Vendor Contract
Financial Specification:

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Financial Impact: This action authorizes ADAMH to spend up to $3,000,000 with Universal McCann for Contract Year 2019.

This action will increase the 2019 Opioid PSA budget by $800,000. This action is budget neutral to the Board. (Non-Levy funds will be used to fund the increase in spending authority).

Business Associate Agreement Required per HIPAA: No – the contractor or provider is providing services for which a business associate agreement is not necessary for the scope of work covered by the action

ADAMH Staff Responsible For This Action: Aimee Shadwick
April 5, 2019

Denise Robinson, Chief Executive Office
Alvis, Inc
2100 Stella Court
Columbus, Oh 43215

Dear Denise:

Congratulations on receiving the SOR Housing for persons in recovery from OUD award from the Ohio Department of Mental Health and Addiction Services (OhioMHAS). The award amount is $131,276 and the period for this grant is April 1, 2019 to September 29, 2019.

ADAMH has established a pass-through block grant for this award. You will not be required to submit encounter claims associated with this block grant. Reimbursement for this award will be made through the normal block grant request process.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

David A. Royer, CEO
ADAMH Board of Franklin County

cc: Senior Staff
    Irina Yakhnitskiy
    Sujatha Aroor
    Central File

Attachments: {Award Notice}

ADAMH #: n/a
April 5, 2019

Gregory Jefferson, Chief Executive Officer
Community for New Direction
2323 W. Fifth Ave Suite 160
Columbus, Oh 43205

Dear Gregory:

Congratulations on receiving the SFY19 Recovery Housing award from the Ohio Department of Mental Health and Addiction Services (OhioMHAS). This funding will allow you to conduct minor repairs at recovery houses and/or furnish recovery residences. The award amount is $ 8,300 and the period for this grant is July 1, 2018 to June 30, 2019.

ADAMH has established a pass-through block grant for this award. You will not be required to submit counter claims associated with this block grant. Reimbursement for this award will be made through the normal block grant request process.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

David A. Royer, CEO
ADAMH Board of Franklin County

cc: Senior Staff
Irina Yakhnitskiy
Sujatha Aroor
Central File

Attachments: {Award Notice}

ADAMH #: n/a
April 5, 2019

Carolyn Ireland, Chief Executive Officer
House of Hope
825 Dennison Ave
Columbus, Oh 43215

Dear Carolyn:

Congratulations on receiving the SFY19 Recovery Housing award from the Ohio Department of Mental Health and Addiction Services (OhioMHAS). This funding will allow you to conduct minor repairs at recovery houses and/or furnish recovery residences. The award amount is $29,850 and the period for this grant is July 1, 2018 to June 30, 2019.

ADAMH has established a pass-through block grant for this award. You will not be required to submit encounter claims associated with this block grant. Reimbursement for this award will be made through the normal block grant request process.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

David A. Royer, CEO
ADAMH Board of Franklin County

cc: Senior Staff
    Irina Yakhnitskiy
    Sujatha Aroor
    Central File

Attachments: {Award Notice}

ADAMH #: n/a
RESOLUTION
AUTHORIZING THE CEO SEARCH COMMITTEE TO APPROVE THE CEO JOB DESCRIPTION

WHEREAS, the ADAMH Board of Franklin County Board of Trustees appointed a search committee to work deliberatively on behalf of the entire board and community stakeholders to conduct a process by which candidates are recruited and evaluated for the role of CEO;

WHEREAS, the ADAMH Board of Franklin County Board of Trustees will be on recess during the summer months and the CEO search committee will continue the search process during that time;

WHEREAS, the ADAMH Board of Trustees agrees to grant permission to the CEO search committee to grant final approval on the CEO job description to ensure the continuation of an efficient process.

NOW, THEREFORE, BE IT RESOLVED by the ADAMH Board of Franklin County Board of Trustees approval of this resolution;

WITNESS THEREOF, I hereunto subscribe my name on this twenty eighth day of May, Two Thousand and Nineteen.

Peggy Anderson, Board Chair
ADAMH Board of Franklin County

Sharon McCloy-Reichard, Vice Chair
ADAMH Board of Franklin County

Date: May 28, 2019
May 2019 Media and Participation Report

Columbus Area News

May 13 – ADAMH CEO David Royer talked with WOSU about the amount of debt incurred by Columbus Area and plans to find the right provider to serve the East Side community. (WOSU, 'We'll Never Get That Check': Community Regroups After Health Agency Collapses)

May 12 – ADAMH CEO David Royer discussed plans to work with community leaders to identify a new provider to serve the East Side community after Columbus Area of Board of Trustees officially filed for bankruptcy. (Columbus Dispatch, ADAMH to seek new East Side partner after indebted agency’s bankruptcy)

May 9 – ADAMH worked with the Workforce Development Board of Central Ohio to hold a job fair for Columbus Area employees to connect them with other community mental health providers that are hiring. (Columbus Dispatch, Special job fair held for employees of closed mental-health nonprofit)

April 30 – ADAMH CEO David Royer discussed the Columbus Area board’s decision to ask ADAMH to assume operations of the mental health provider after they eliminated the positions of both Columbus Area CEO and CFO. (Columbus Dispatch, ADAMH taking over Columbus Area Integrated Health Services after financial collapse)

April 30 – Fox28 interviewed ADAMH CEO David Royer and Columbus Area clients and staff after ADAMH assumed operations of Columbus Area at the request of their board. (Fox28, Employees, clients left scrambling after mental health facility abruptly closes)

April 30 – WOSU interviewed ADAMH CEO David Royer after ADAMH assumed operations of Columbus Area at the request of their board. (WOSU, Patients, Workers In Limbo As Columbus Treatment Provider Suddenly Closes)

Provider and Community News

May 13 – Franklin County LOSS Executive Director Denise Meine-Graham spoke to ABC6 about the importance of talking to loved ones about suicide in response to new studies showing a significant increase in suicides in Ohio. (ABC6, More than 15,000 suicide deaths reported in Ohio in 10 years)

May 13 – WOSU talked to Dashawn Hodge about his summer job with Boys and Girls Club’s Summer Work program. ADAMH-funded summer camp programs receive student employees through this program. (WOSU, Summer Work Program Gives Students Their First Job, And A Lesson In Soft Skills)

May 11 – The Columbus Dispatch published a Q&A with CompDrug CEO Dustin Mets where he discussed addiction treatment and prevention as well as the importance of reducing stigma. (Columbus Dispatch, CEO Q&A: CompDrug president talks about opioid crisis)

May 8 – NBC4 highlighted Mental Health America Franklin County’s Give Mom the Mic program and the work the POEM, Prenatal Outreach and Encouragement for Moms, program does to help moms with mental health issues. (NBC4, Central Ohio program helps those with postpartum depression)

May 1 – The Columbus Dispatch talked with experts from the CDC and Nationwide Children’s Hospital about a new study in The Journal of Pediatrics that shows a significant increase in suicide attempts by
May 2019 Media and Participation Report

adolescents and young adults. (Columbus Dispatch, Suicide attempts by poisoning skyrocket among youths ages 10-15, study finds)

May 1 – Ohio State University’s Harding Hospital added 18 new beds to meet the rising demand for inpatient psychiatric care. (WOSU, Harding Hospital Expansion Provides More Access To Mental Health Services)

April 30 – North Community Counseling was named one of Columbus CEO magazine’s top places to work. (Here are the 2019 Top Workplaces from Columbus CEO)

April 29 – Columbus Urban League CEO Stephanie Hightower was profiled in Columbus CEO magazine. (Columbus CEO, Stephanie Hightower is urban Columbus’ advocate)

April 28 – The Columbus Dispatch covered Franklin County’s voluntary program providing medication assisted treatment (Vivitrol) to people with an addiction who are reentering the community after serving a sentence. (Columbus Dispatch, Courthouse one-stop-shop aims to ease path to sobriety for opioid addicts.)

April 25 – Maryhaven CEO Shawn Holt discussed the increase in people seeking treatment for substance other than heroin including alcohol in an article highlighting statistics released by the Franklin County Coroner. (Columbus Dispatch, Overdose deaths from cocaine and meth climbed last year, even as heroin kept its grip on Franklin County)

April 25 – CompDrug CEO Dustin Mets discussed numbers released by the Franklin County Coroner showing no significant increase in overdose deaths from 2017 to 2017 and cautioned that continued work is needed. (ABC6, New overdose death numbers cause concern but also optimism)

April 25 – Suicide Prevention Coordinator John Ackerman at Nationwide Children’s Hospital discussed the importance of open conversations about suicide in Franklin County schools. (Columbus Dispatch, Students step up to prevent suicides among kids)

April 25 – 10TV highlighted the Columbus Urban League’s Choose 2 Change program that helps people transition into the community after incarceration. (10TV, Local program helps former inmates transition to new life)

April 22 – Grandview Heights Schools highlights work with Syntero for mental health prevention services in the district. (ThisWeek News, Grandview Heights Schools finds myriad ways to boost student wellness)

April 22 – The Columbus Division of Fire reported a decrease in the use of naloxone and pointed to collaborative efforts among first responders and mental health providers like RREACT (Rapid Response Emergency Addiction and Crisis Team) as one of the reasons. (10TV, Columbus fire says administration of Narran on the decline)
Community Participation

May 18 – ADAMH Volunteer and Events Coordinator Diane Peterson staffed the ADAMH resource table at the Grove City FamFest.

May 17 – ADAMH Public Information Officer Mackenzie Betts welcomed participants at the Youth Mental Health First Aid training at Bexley United Methodist Church.

May 11 – ADAMH Public Affairs staff attended 10TV Healthy Kids Day at the Scioto Audubon Park and distributed ADAMH materials.

May 5 – ADAMH staff walked in the Across All Lines mental health awareness event in Gahanna and distributed ADAMH materials.

May 4 – ADAMH Public Information Officer Mackenzie Betts welcomed participants at the Youth Mental Health First Aid training at Worthington Schools Education Center.

May 3 – ADAMH Volunteer and Events Coordinator Diane Peterson staffed the ADAMH resource table at the RISE: The Center for Balanced Living conference focused on eating disorders. This event was supported with an ADAMH sponsorship.

May 1 – ADAMH Volunteer and Events Coordinator Diane Peterson and ADAMH Prevention Manager Nettie Ferguson staffed the ADAMH resource table at the OSU Mental Health Fair.

April 27 – ADAMH Volunteer and Events Coordinator Diane Peterson and ADAMH Prevention Manager Nettie Ferguson staffed the ADAMH resource table at the Wellness First Expo at First Zion AME Church as part of Minority Health Month.

April 24 – ADAMH CEO David Royer and the Ohio Opioid Education Alliance were recognized at the Faces of Resilience event at Ohio State’s Mershon Auditorium.
ADAMH to seek new East Side partner after indebted agency’s bankruptcy

By Rita Price
The Columbus Dispatch
Posted May 12, 2019 at 10:39 PM
Updated May 12, 2019 at 10:39 PM

The board of trustees for Columbus Area Integrated Health Services has officially decided to file for bankruptcy, setting the stage for a successor agency to operate with a clean financial slate.

“The new entity is going to start out serving a smaller population, and then grow from there,” said Larry James, attorney for the Columbus Area Integrated board.

Both the Columbus Area Integrated board and the Alcohol, Drug and Mental Health Board of Franklin County want to see a resumption of the care and services lost when the East Side mental-health nonprofit, which had served the city’s black community for more than 50 years, suddenly folded on April 30.

The financial collapse left an estimated 2,000 people in need of care — many of them with severe mental illness — and more than 117 employees out of work.

James said the board authorized the bankruptcy filing Friday after reviewing a financial audit commissioned by the ADAMH board. The findings showed mounting debt, but because the audit ended on June 30, 2018, it doesn’t include details about a frenzy of risky, high-interest borrowing that took place earlier this year to keep the nonprofit operating.

Still, the picture that has emerged so far of Columbus Area Integrated’s financials is plenty grim, said David Royer, president and CEO of the ADAMH board.

“It’s estimated by landlords that they’re owed $400,000 in back rent; Verizon is owed $16,000 for cellphones,” he said. “This is so colossal, it’s going to take time to unravel.”
The taxpayer-supported ADAMH board provided funding to Columbus Area Integrated for care and stands to lose at least $1.6 million, Royer said.

James said the additional defaulted debt likely will total more than $2 million.

Still unanswered is why former Columbus Area Integrated CEO Anthony Penn signed off on so many loans, borrowing against receivables in an attempt to shore up the agency’s finances until billing problems were resolved. Penn, who was fired, has said his attorney advised him not to comment. James said the board was unaware of the loans.

“I've worked for boards for 40 years, and the idea that I would enter into any agreements of this nature without taking this to the board is just beyond my comprehension,” Royer said.

Columbus Area Integrated, like some other behavioral-health agencies, had been struggling with a new state billing and reimbursement system. The state and managed-care providers had been working with agencies to address problems and had a cash advance program to keep them from getting too far behind.

But Royer said that was far from Columbus Area Integrated’s only problem.

“The reality is that Columbus Area was not competent at their billing process,” he said.

The ADAMH board was appointed by the state as temporary administrator for Columbus Area Integrated, and it is contracting with about 50 former employees of the nonprofit to help link clients with care and services elsewhere.

“My hope is that by the end of summer we'll have a new agency,” Royer said. “We need to bring in an agency that is well-led, well-governed and well-financed.”

Walk-in appointments for Columbus Area clients age 18 and older are available this week from 9:30 a.m. to 3:30 p.m. Monday through Thursday at 1515 E. Broad St. For kids 17 and under and their family members, case managers are available from 1 to 3:30 p.m. Friday. Those who need prescriptions refilled can call ADAMH clinical director Jen Martinez at 614-222-3725.

rprice@dispatch.com
As Ashraf Mussa walked around the job fair Thursday, collecting business cards and trying to figure out where he might work next, his mind drifted to his former clients.

So many of them were sick and lonely.

Mussa never dreamed that such a busy mental-health nonprofit as Columbus Area Integrated Health Services would suddenly go dark, separating him from the men and women who depended on him to help navigate illness, addiction and poverty.

“One of them used to call me every day, two or three times, just to make sure I was still going to provide service to him,” said Mussa, a former case manager at the nonprofit. “He wanted to know that I still liked him, that I still cared.”

A little more than a week after the April 30 financial collapse of one of the city’s oldest behavioral health agencies, advocates for the patients and workers continue to mop up a mess that is expected to result in a bankruptcy filing by Columbus Area Integrated Health Services.

The nonprofit organization’s chief executive and its financial officer borrowed hundreds of thousands of dollars, without telling the board of trustees, in a desperate effort to scrape by until they could resolve billing problems and increase receivables, the board’s attorney, Larry James, said this week.

“You’re talking about payday lending-type loans,” James said, with exorbitant interest rates and daily debits from Columbus Area’s accounts.

When the East Side nonprofit folded, it left an estimated 2,000 people in need of care and more than 117 employees, including the 54-year-old Mussa, out of work.
Mussa and many of those former employees were at the OhioMeansJobs center at 1111 E. Broad St. for a customized job and resource fair Thursday organized by the Workforce Development Board of Central Ohio and the Alcohol, Drug and Mental Health Board of Franklin County. Nearly 20 local health and social-service employers with job openings set up tables to talk to the furloughed workers, all of whom have gone without pay for more than a month.

“Twenty-nine years you give and then you’re treated like crap,” said Joyce Braunstein, 65, former medical records manager at Columbus Area Integrated. “We worked for months without supplies. We didn’t have toilet paper, didn’t have soap. It got to be a dirty place.”

Shanika Turner, 43, said she made the mistake of taking her last paycheck from Columbus Area Integrated to a check-cashing business that is trying to penalize her because it bounced. “They charged me $200 on top of everything,” she said.

Former employees now suspect their taxes were not properly withheld, and they don’t know how they can get health insurance. Promised payouts for unused vacation presumably are moot. “Any benefits we had, we lost,” Turner said. “I watched a lot of my co-workers cry.”

Aimee Shadwick, a spokeswoman for the ADAMH board, said staff members and former Columbus Area Integrated employees are making good progress connecting clients to other care providers. The state appointed the ADAMH board to serve as the temporary administrator.

“With the highest-acuity folks, they have gone out and met with them and brought them here,” said Shadwick, who is among those working on site at the Columbus Area Integrated clinic at 1515 E. Broad St. on the Near East Side.

LaToyia Smith, a Columbus Area Integrated employee for 16 years, said she’s never before applied for unemployment compensation. She was dedicated to her work as an administrative assistant and, like other former employees, is frustrated there was so little transparency about the nonprofit’s financial situation.

“As one of my co-workers stated, the staff wasn’t allowed or invited to be involved in the solution,” Smith said. “Everybody cares about the work we do, everybody cares about the clients.”

rprice@dispatch.com
Worried that she’d be late for her appointment, Sabrina Rains — 21 months clean and determined to stay that way — called her counselor Monday and explained that she was running behind.

It didn’t matter, Rains was told.

At that point, Columbus Area Integrated Health Services, one of the city’s oldest mental-health and addiction-treatment agencies, was just hours from total financial collapse. By Tuesday morning, Rains was among an estimated 2,000 people who will have to find care elsewhere, and her counselor was one of about 80 employees furloughed without pay.

And the phones had been disconnected, so some clients were still unaware of what was happening.

“It’s not a good situation,” said Rains, 47, who lives on the West Side. “This is the kind of thing that can cause people to relapse. And what about all these psychiatric patients?”

The nonprofit organization’s board of trustees asked the Alcohol, Drug and Mental Health Board of Franklin County to take over as administrator, and the Ohio Department of Mental Health and Addiction Services approved that request, effective Tuesday.

“The agency is no longer viable. Liabilities far exceed any assets that they have,” David Royer, CEO of the ADAMH board, said of Columbus Area Integrated Health Services. “The bank has frozen their accounts; people have not been paid in over two weeks. As you can imagine, it’s a very difficult situation.”
Royer said ADAMH officials and representatives from other area behavioral health-care agencies are on site to handle walk-in appointments and will make sure that everyone served by Columbus Area is connected to other providers who can continue their care.

“There are a lot of upset people, consumers as well as employees,” he said. “And they have every right to be angry.”

Jessica Marquez went to the Columbus Area center at 1515 E. Broad St. when she couldn’t get through on the phone. She had relied on the Near East Side agency to not only treat her mental illness but also help manage her monthly Social Security check.

“I came here and got really good service,” said Marquez, 38, who lives on the South Side. “Now I’m leaving with a week’s worth of medicine and no prescription for more. And I don’t have insurance.”

Royer said ADAMH officials had been concerned about Columbus Area’s finances for a while and had brought in management consultants. “Unfortunately,” he said, “those recommendations were not followed. It was apparent to us that there were a series of bad decisions made.”

According to a 2017 audit, Columbus Area had debts of more than $6 million and about $3.3 million worth of assets. The taxpayer-supported ADAMH board has contracted with the 50-year-old agency for many years and stands to suffer losses of “seven figures” if Columbus Area goes bankrupt as expected, Royer said.

In 2018, Columbus Area received about $6.7 million from the ADAMH board for behavioral-health services.

Larry James, a Columbus attorney representing the Columbus Area’s board of trustees, said the board eliminated the positions of CEO Anthony Penn and CFO Lisa Skidmore on Monday.

“Sitting down with David Royer and getting the ADAMH board in there was the most important thing to do,” James said. “Those decisions were made for the patients.”
Columbus Area had struggled with its billing system and failed to recover losses, he said. More details about the reasons for the swift and thorough collapse are expected to be revealed in an audit that is due soon. “I would be shocked if there’s anything nefarious,” James said.

Columbus Area doesn’t own any of its buildings but has three sites, including the Bell Center Africentric Therapeutic Community, a residential treatment program that had about two dozen living there this week.

“The provider community has really stepped up, and they’re going to help us transition the clients,” said Kythryn Carr Harris, vice president of clinical services for the ADAMH board.

Some Columbus Area employees stayed on Tuesday even after they learned why their latest paychecks had bounced.

“I’m afraid for what’s going to happen,” said Deena Williamson, who worked as the community hospital liaison. “We’ve got to make sure people are getting help.”

rprice@dispatch.com

@RitaPrice
Dustin Mets joined CompDrug in 2008 and has served as its president and CEO since September 2011. In a recent interview with Columbus CEO, he discussed the organization’s philosophy and mission to help individuals navigate the journey through rehabilitation and recovery from opiate addiction.

Q: CompDrug’s vision involves helping individuals emerge from treatment as fully functioning adults. What makes this goal so difficult for those dealing with addiction?

A: Opiate addiction is not something that goes away. When you look at the American Society of Addiction Medicine’s definition of addiction, it’s a chronic relapsing. If left untreated, it’s a fatal disease. This is something you always have to manage.

Q: Do you find it difficult for outsiders to sympathize with those struggling with addiction?

A: With other diseases where there’s an illness or a bodily function that isn’t working right, we use physical therapy, medication and other methods to get that body part to a point where one can use it daily even if you’re never able to regain full use. We take it for granted that we do so many different things to help when other systems of the body aren’t working. But we tend to stigmatize people when the system that isn’t working is the brain. It’s tough because there are individuals like us who wake up every morning with a brain that doesn’t want to do the right thing.

Q: The current wave of opiate addiction during the last five years has made national news, often mentioning Ohio as an epicenter of the crisis. CompDrug has been working in this arena for almost 40 years: Why the increased attention on
opiate addiction now?

A: It’s about who’s dying. Opiate addiction has been an issue ever since human beings discovered what happened when you sliced open a poppy. We got our start from multiple programs created in the Columbus area from the Controlled Substances Act back in the 1970s, but our society just started paying more attention to it when the honor student from the private school became addicted and lost his life. Those instances increased to the point that they could no longer be pushed under the rug, but often prior to that it was quiet.

Treatment providers were asked to do that work quietly “over there” and keep “those people” away from “us.” Look, addiction is totally fair in who it affects. It does not care about your skin color, what college you attended, your social makeup — it does not care. We saw the demographics shift for a long time before the regular public did.

Q: What was that shift?

A: It shifted to suburban whites and toward females, too. People began to understand that our clients were whiter than the Franklin County population. They had in mind a client base of, say, 80 percent African American males in their 50s. Well, we’re serving 40-something white females, 30-, 40-something suburban white males. People started paying attention because it was their friends’ daughters and their friends and acquaintances that were doing these things. They wanted to know why it started hitting closer to them. And when you look at the numbers, the issue began to affect more people. More Americans died in 2016 from overdoses than the entirety of Americans killed in the Vietnam War.

Q: CompDrug offers youth prevention programs and hosts a national youth conference each year in Columbus. What works in terms of early prevention?

A: There’s a science behind prevention, and a lot of people don’t know that there’s a whole discipline and certification for all that comes with it. There’s also research and evidence-based practices behind what’s effective for different ages. What may be effective for an adult isn’t what’s necessarily effective for youth.

Q: What drew you to do this work?
A: I was involved in our youth prevention programs back in the 1980s. I had the opportunity to interact with students I never would have met if I had only stayed with my group of friends from my hometown. The experience and inclusivity I experienced was amazing. We also got to travel and help train adults and teachers around the country about the best ways to engage youth in drug prevention efforts.

Q: What brought you back to CompDrug as a professional after 10 years of practicing law?

A: It was a great opportunity to rejoin an organization as an adult that meant so much to me as a youth and contributed to my development. I was able to use some of the same skills I had developed as an attorney to join the leadership here.

Shannon Shelton Miller is a freelance writer for Columbus CEO, a sister publication to The Dispatch. Read her story about CompDrug at columbusceo.com.
Suicide attempts by poisoning skyrocket among youths ages 10-15, study finds

By JoAnne Viviano
The Columbus Dispatch
Posted May 1, 2019 at 12:01 AM
Updated May 1, 2019 at 7:45 AM

The number of adolescents and young adults trying to take their lives with poison more than doubled in the U.S. from 2010 to 2018, an alarming trend that signals the need for more resources to support at-risk youth, according to authors of a study published Wednesday in “The Journal of Pediatrics.”

Largely driven by girls, jumps were most significant among children ages 10 to 12 and 13 to 15, the youngest groups analyzed, says the study from researchers at Ohio State University and Nationwide Children’s Hospital in Columbus and the University of Louisville in Kentucky.

Data indicates that children in both age groups had experienced a decline in suicide-by-poisoning attempts from 2000 to 2010, but the numbers skyrocketed from 2011 to 2018 — jumping almost 300 percent among 10-to-12-year-olds and by about 125 percent among 13-to-15-year-olds.

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Overall, from January 2000 to November 2018, the study found more than 1.6 million suspected suicide-by-poisoning attempts among young people ages 10 to 24, based on reports to regional U.S. Poison Control Centers. Among them, 71% were female.

The numbers represent real young people showing up at emergency departments after taking steps toward suicide, said Henry Spiller, the study’s lead author and director of the Central Ohio Poison Center at Nationwide Children’s.

“Something is dramatically different, and it’s not good,” he said. “Something’s going on with these kids, and we want to get a handle on it.”
“We don’t want to frighten parents, but we want them to be aware,” he added. “There is help, and it does work, but you should be aware of this because it’s getting worse.”

The study did not specify what poisons were involved, though they could have included excessive consumption of over-the-counter medicines. In order to raise public awareness, Spiller indicated that a follow-up to the study might be conducted to, among other things, determine what was being used most often.

And while the study also did not examine causes for the trend, nonstop exposure to social media could be causing hopelessness by reducing the ability to handle stress, limiting creative activities and face-to-face communication and increasing feelings of disconnectedness, said John Ackerman, study co-author and suicide prevention coordinator at the Center for Suicide Prevention and Research at Nationwide Children’s.

The current infrastructure for at-risk youth is weak, affected by shame, stigma and other barriers to getting help, Ackerman said. He called for a community-wide approach.

Some strides are being made. Ackerman said a Nationwide Children’s “Signs of Suicide” prevention program for children in grades 6 to 12 has visited about 125 schools in central and southeast Ohio and assessed about 34,000 young people for risk since late 2015.

Further, he said, the American Academy of Pediatrics encourages suicide screenings for young people, and more schools are implementing curriculum on suicide prevention, distress tolerance and interpersonal communication skills.

Along with the increases among the youngest groups, the study showed that the number of suicide attempts by poisoning among 16-to-18-year-olds increased by about 62% from 2011 to 2018, compared with a 15% increase from 2000 to 2010. Attempts among young people in age groups 19 to 21 and 22 to 24 also saw increases in both time spans, though at lower rates in the most recent period.

Also disturbing, Spiller said, is an increase in serious outcomes.

For children ages 10 to 18, serious outcomes increased by 235%, from 6,167 in 2000 to more than 20,600 in 2018, the study says.
Of the total attempts from 2000 to 2018, 1,404 resulted in death, about 46,000 involved injuries that were life-threatening or resulted in significant disability or disfigurement, and about 341,000 involved non-life-threatening symptoms that were pronounced, prolonged or systemic, the study says.

On average, there were more than 101,000 self-poisoning attempts per year among children and adults ages 10 to 24 from 2011 to 2018, compared with about 75,000 from 2000 to 2010.

For children ages 13 to 15, the annual average grew to about 27,000 from about 16,000 when comparing the two time periods. For children ages 10 to 12, it more than doubled from about 1,400 to about 3,100.

Ackerman encourages parents to overcome anxiety and talk to children, asking direct questions and refraining from blame or trying to solve problems.

“Indicate that you’ll walk with that person to make sure they’re always feeling they have someone who will help them through difficult times,” he said.

For help, reach Ohio’s 24/7 Crisis Text Line, by texting 4HOPE to 741741. By phone, contact the Franklin County Suicide Prevention Hotline at 614-221-5445; the Teen Suicide Prevention Hotline at 614-294-3300; or the national Suicide Prevention Lifeline at 1-800-273-8255 or 1-888-628-9454 for Spanish speakers.

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Here are the 2019 Top Workplaces from Columbus CEO

By Bob Helbig, Energage
Posted Apr 30, 2019 at 11:26 AM

We present an exclusive list of 74 Top Workplaces, produced in conjunction with Energage.

Methodology

How does a company make the Top Workplaces list? By inspiring employees.

“Top Workplaces put the employee at the center of things and focus on creating the right environment to unleash potential and inspire performance,” says Doug Claffey, CEO of Energage, Columbus CEO’s research partner for Top Workplaces.

This is the seventh year Columbus CEO partnered with Philadelphia-based Energage to determine Central Ohio’s Top Workplaces. The results are based solely on a scientific employee survey process. The 2019 list of Top Workplaces is below.

>>Complete list of 2019 Top Workplaces<<

Starting in July, Columbus CEO welcomed anyone to nominate companies as Top Workplaces. Energage also reached out to companies. In all, 1,262 employers in the region were invited to take part in the process.

Any employer was eligible, as long as it had at least 50 employees in the metro Columbus area. Employers could be public, private, nonprofit or governmental.
For this year, 105 organizations agreed to take the survey. Combined, they employ 25,859 people in Central Ohio. Of those employees who received questionnaires, 14,529 responded, either on paper or online.

The **employee engagement survey** of 24 questions gathers responses regarding issues relating to workplace culture:

- Alignment: where the company is headed, its values, cooperation.
- Connection: employees feel appreciated, their work is meaningful.
- Effectiveness: doing things efficiently and well, sharing different viewpoints, encouraging new ideas.
- My Manager: cares about concerns, helps employees develop.
- Engagement: motivation, retention and recruiting.
- Leadership: confidence in company leaders.
- The Basics: pay, benefits, flexibility, training, expectations.

**You can sign up here to participate in the 2020 program.**

Join the Twitter conversation on Top Workplaces at **#CEOWork**.
Stephanie Hightower is urban Columbus’ advocate

By Chloe Teasley
Staff Writer
Posted Apr 29, 2019 at 3:39 PM

She is ruthless in her pursuit of what she thinks is right for the Columbus residents she serves through the Columbus Urban League.

Stephanie Hightower, President and CEO, Columbus Urban League

Age: 60

Previous positions: Vice president of advancement, CCAD; special assistant to Mayor Greg Lashutka; communications director, Ohio Department of Mental Health; school board president, Columbus City Schools

Education: BA, communications, Ohio State University, 1981

Hometown: Louisville, Kentucky

Resides: Near East Side

Personal: Single; one adult son, recent graduate of Fisher College of Business

In 2012, a former Bloods gang leader from the South Side of Columbus turned in a job application to the Columbus Urban League after 20 combined years of incarceration and three years of joblessness, and without a high school diploma. Somehow, he was given a job at the century-old nonprofit mentoring youths living in the city’s urban core. The first time he heard the CEO of the Urban League, Stephanie Hightower, speak at a staff meeting, the impression left him doubting he would be there very long. “I thought she was no-nonsense,” he says. “I thought me and Ms. Hightower weren’t going to mix—two strong wills.” But it lasted. In May of this year, Urban League employee Adrian Jones will graduate from Ohio State University with a 3.8 GPA, having made the Dean’s List every semester he attended. The opportunity to meet and pass these milestones was given to him in part by Hightower, who—in addition to hiring him during an
extremely vulnerable time for the Urban League—personally gave Ohio State a call after it initially denied his application. Jones also received the Jonathan Jasper Wright Award from the National Association of Blacks in Criminal Justice in 2018 for his work with youths susceptible to gang involvement. “She kicked that door down for me and I ran through it,” he says. He expresses surprise about how things have turned out for him. “If somebody would have told me that I would be a mentor for youth in gangs and getting ready to graduate from Ohio State, I would tell them they got the wrong person.”

If you ask Hightower, the eighth president of the Urban League and first woman to hold the position, what she believes the disadvantaged people she serves really need, she’ll be frank—stop talking about “poverty, poverty, poverty” and start thinking in terms of resources instead of money. She offers an example to her point—imagine a kid from Dublin and a kid from the urban core both are given $1 million. The one from Dublin will have the resources in place to get the most out of it possible. However, the kid from an area such as the South Side has too many obstacles in the way to truly benefit from the money. No access to transportation, no working family members, no credit and no way to get it, exorbitantly higher interest rates and a long history of generational poverty all mean the $1 million is used to “dig out” of those piled-on impediments. “By the time they dig out one day, they’re already down to $100,000,” she says. “And what are they going to do with $100,000?”

“Without going back and digging up the past and talking about blaming and who did what—no—how do we figure out in this community how to level that playing field for everybody, and especially for our babies so that everybody can start fresh?” she says.

Jones is an illustration of her point. He says if he wasn’t given a job at the Urban League three years after getting out of prison, he would have given up and gone back to gang life. “I think that that would have been it for me,” he says. “Especially from an organization that was supposed to restore African-American citizens in the community.”

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“Plain-spoken, strong-willed, tough-minded,” are the three hyphenated attributes Hightower's longtime friend and colleague, Donna James, uses to describe her.
“Sometimes her plain-spokenness and clarity in being direct, being that she’s a woman, I think people notice it more,” says James, managing director of Lardon & Associates and fellow member of the African American Leadership Academy Advisory Board. “If she were a man they’d notice it, but I don’t think as much.”

Hightower says she learned these qualities in part as an almost-Olympic hurdler. Her first opportunity to go to the 1980 Olympics was stymied when the U.S. boycotted them. Her second opportunity ended at the Olympic Trials in what appeared to be a four-way tie. Judges decided she had come in fourth in what may be the closest Olympic Trial race in history. She never went. She says although these experiences should have taught her patience, they didn’t.

Prior to the Urban League, Hightower was on the Columbus school board, eventually becoming its president. People will ask her, “What would you change about that experience?” She answers, “Nothing.”

“Every one of those experiences, whether they were good or bad, helped me to get to my next,” she says. “You know if you are a religious person or a spiritual person [you might say that] in every experience God is getting you ready for your next. I am a true believer of that. Whether it was Bill Moss pounding on the table with a shoe, or John F. [Wolfe] saying, ‘Give me 30 reasons why,’ in an editorial board [about] why they’re not going to fund [my] levy.”

For Hightower, a great indicator of whether she will pursue something is if people believe she can’t.

“I’m going to go out and prove you wrong,” she says. She tells the story of a dinner party with her friends Yvette McGee Brown, former Mayor Michael Coleman and Janet Jackson—all elected officials at the time. “I was like ‘OK, I’m going to run for school board because I’m tired of everybody complaining about the schools.’ And they all looked at me like I was nuts.” Hightower was urged by Jackson, if she was really going to run, to seek out influential local businessman David Milenthal for his thoughts on the matter. She went to see him and his opinion was that she didn’t really have the name recognition to win election, so naturally, she ran—and raised the most money and got the most votes. Now-Mayor Andrew Ginther also ran in that 1999 race, though he didn’t win a seat. “I think I came in eighth,” he says.
“I’ve always been one of those people,” says Hightower. “The same thing happened [at the Urban League]. I got here and it seemed like everything was starting to fall apart. You started peeling back the onion and you kept finding more and more things. The former CEO at the YMCA invited me to lunch and said, ‘OK so when are you leaving?’ I’m like, ‘I’m not going anywhere.’”

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The Columbus Urban League is an affiliate of the National Urban League that has had a presence in Central Ohio since 1918 and is ranked among the top 5 percent of all affiliates. However, a century is enough time for an organization to experience its share of ups and downs. The Urban League Hightower stepped into was decidedly down. She says when she began talking with people about the Urban League they were respectful of its historical reputation, but “there was always the ‘but.’” Some issues were known, such as the $85,181 theft from the organization from 2004 to 2010 by its former director of education services. And some she discovered after taking the position in 2011. Shortly after she became the CEO, she found out two Urban League workforce development programs were going to end with no funding. Eventually, $7 million of the funding for Head Start, which offers preschool to low-income children, was cut. In all, Hightower’s $13 million budget dwindled to $2 million within a year and a half. To top it off, she also had inherited about $250,000 in debt. “The brand was broken,” she says. “The credibility of the organization amongst funders was probably at an all-time low.”

Not a quitter, she went out and drummed up funds. “I basically said to people, ‘If we haven’t righted this ship, if we aren’t getting the results that we’re supposed to be getting based upon what we said we were going do for this grant, then take my funding because we don’t deserve to be here.’” She recognizes how foolhardy the move was, but she steered the ship back on course.

“She has a way of keeping people honest on matters of social and civic importance without offending them, which has the value of keeping people at the table,” says Columbus Foundation CEO Doug Kridler. “She’ll hold folks to account but does so productively.”

Now, the Urban League has 21 initiatives including helping children learn to read, helping fathers become reintegrated into their families, curbing neighborhood violence, re-entry and building credit. Last year, the Huntington Empowerment Center opened—the Urban League acquired the empty building at 780 Mt. Vernon Ave. and renovated it under Hightower’s leadership. It now houses a portion of
My Brother’s Closet, a program giving low-income men business attire, a Minority Business Assistance Center and KEWL (Kids Empowered Will Learn) Academy and a STEAM learning lab for middle- and high-school students. “Columbus has always been a great affiliate,” says National Urban League CEO Marc Morial, based in New York. “In our business, being a great fundraiser and being a politically savvy community leader are two really important qualities, and [Hightower’s] got both.”

A recent focus for Hightower has been figuring out how to scale the 700 Credit Score Program, where the waiting list clocks in at 150. “We haven’t even really publicized this program,” she says. But in the three years since it began, participants’ credit scores have jumped by as much as 70 points. Many who finish go on to take the Urban League’s homebuyer education program. Hightower says there’s definitely an affordable housing issue in Columbus, but “[the Urban League] can’t really deal with the affordable housing issue,” she says. Instead, it focuses on how to help people become homeowners, increasing their wealth and economic stability. Last year, the program turned out 72 people who were able to purchase homes for the first time, for an average of $150,000. “That was about a $10.8 million economic investment back in the community,” she says. In five years, Hightower sees the Urban League being viewed as a “thought leader in the area of economic mobility through wealth creation for the under-resourced.”

Ginther says she has helped the idea of “digital inclusion”(all people understanding how to use technology for education opportunities, job opportunities, mobility, etc.)become top-of-mind for him. High-speed internet and other digital tools are only useful if they can be leveraged. He says the city will be working with Hightower to give people the skills they need to use the tools. “It’s like any tool you and I are given,” he says. “My wife would tell you that you can give me lots of tools, but if I’m the most unhandy man on the face of the planet, I don’t know how to use them.”

Hightower’s work reaches the whole city—she was instrumental along with Nationwide CEO Steve Rasmussen in securing the 2018 National Urban League Conference, attracting 4,500 out-of-towers to the event at the Greater Columbus Convention Center who collectively spent $4.5 million. All together, the event drew nearly 20,000 people. “I think in large part they came here because of the will and commitment and engagement of Stephanie,” says James. “She’s a team in and of herself.”
Experience Columbus CEO Brian Ross says her accomplishments and reputation as one of the top national Urban League leaders helped secure the conference. When they traveled to New York to pitch it to Morial, they brought her along. “This was truly a very important convention for our community to have for our brand and for our image, as well as the overall economic impact,” he says. The Harlem Renaissance Gallery Hop was underway during the convention, along with other efforts to cater to those coming into the city. “It played a major part in raising our profile and our image nationally as an up-and-coming destination for visitors,” Ross adds.

In total, Hightower serves on more than a dozen boards and neighborhood agencies, one of them being the advisory committee for the search for a new Columbus Police Department chief.

Hightower says she has learned personal lessons as she has rallied the Urban League throughout her tenure. One such lesson came in the form of a lawsuit. Last year, two former employees sued the Urban League, claiming they were fired because of their sexual orientation. Hightower said in a statement that they were actually fired because of “performance and policy violations.” She also said the Columbus Urban League board, the Ohio Civil Rights Commission and the Equal Employment Opportunity Commission all investigated the allegations and found no cause, and those at the Urban League are confident the lawsuit, which remains open in U.S. District Court for the Southern District of Ohio, will be resolved in its favor.

Hightower chooses her words carefully as she explains her thoughts on the situation.

“The irony of that lawsuit for a lot of my friends was—I’m trying not to say the wrong word—disappointing,” she says. “Because if you knew the number of folks from the LGBTQ community that are a part of my immediate group of friends and stakeholders, it’s almost laughable. I’m a strong proponent of you love whoever you want. I’m not here to judge.”

That being said, Hightower has sought counsel for how to navigate those situations in the future. She and Urban League leadership sat down with Black, Out & Proud, a local group of black LGBTQ residents. “With the millennial generation there are different expectations about behavior and what we should know, so this was a great eye-opening opportunity for me.” She doesn’t believe
she's done anything wrong, but she is glad for the experience because it educated her. “I go to sleep every night,” she says. “When I stop going to sleep at night because of something I’ve done, it’s time for me to quit.”

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With a poverty rate higher than the national average (15.9 percent versus 12.3 percent in 2017), Hightower has her work cut out for her in Franklin County. She says she wishes there was no need for an Urban League, but the truth is that it has been needed for 100 years, and it remains as necessary as ever. Hightower agrees Columbus is a “smart city,” and she hears buzz about the Columbus Way. She credits the business community as one that is open to hearing about the challenges facing Columbus' economically disadvantaged residents, but the truth is those residents are not benefitting from the monikers. “What we cannot do is continue to dismiss that [these residents] exist if we really want to say that we are a smart city and that we all are prospering, because we're all not,” she says.

“Two thirds of this city is doing better than ever before, but a third of [them] have been left out of the Columbus success story,” says Ginther. ‘Having great partners like the Urban League helping us to leverage our collective resources to support and work with folks that have been left out of our juggernaut you’ve seen over the last five or 10 years is important.”

Hightower's sights are unflinchingly fixed on how to elevate those she serves so that they can be economically equal to Columbus’ thriving—she backs it up at work but also at home with the way she has chosen to live her life. She resides in the neighborhood where she works in part because she wants her neighbors to see what they can accomplish—especially her young neighbors. She is a believer that “our kids can’t be what they can’t see.”

Adrian Jones’ graduation day is coming up, but the road to get there hasn’t always been the easiest one. Hightower shares a memory she has from a year ago when Jones’ cousin became a victim of gang violence, and the urge to revert to old ways of dealing with things was strong for him. Hightower remembers jumping in her car and driving to his house immediately after a worried coworker phoned her. “We just hugged and I said [to him], ‘We cannot do this.’ ” He didn’t.
Hightower is looking forward to seeing him graduate. “This whole building will be out there and we'll probably be the loudest in the stadium that day, because that's a huge accomplishment,” she says. She also is planning a celebration for him in the form of a block party so neighborhood children and Jones’ friends can see his success.

“Ms. Hightower saved my life,” Jones says frequently.

“When you get to have somebody tell you that, that's important,” says Hightower with tears in her eyes. “We really, really do have an impact.”

Q&A

As former president of the Columbus City school board, what do you think our education system needs in Central Ohio?

I'm not sure that I think we want a complete takeover from the governor, but I think there should be some hybrid of it where maybe the community has the ability to elect half of the board, and then either the mayor or someone else appoints the other half. You have to understand that is a $1.3 billion enterprise. There are business decisions that have to be made and you need to have people with the business acumen sitting at the table to help guide how the money is spent and to help guide the superintendent. Superintendents or educators, they're not businesspeople. When you have folks who really don’t understand the economics around it, it makes for the kind of contentious relationships not just with the business community, but with everybody in the community. I wish her well—but I'm not sure that [new superintendent Talisa Dixon] has the ability in the short period of time to come in here and get us out of F status. I just don’t think it’s doable.

How has the business community supported your goals at the Columbus Urban League? How can it continue?

Under Alex Fischer’s leadership as president and CEO of the [Columbus] Partnership, on many occasions he has afforded me the opportunity to add to the discussion at the Partnership level. Unfortunately, we still have a lot of our business leaders who don't have this experience. I don't believe we should be critical, but [it's] important that all business leaders have people in their shops who are on nonprofit boards or participating in volunteering.
What does it mean to you to be a woman in a leadership position? Do you think double standards exist?

I’m speaking to another woman—you know that there are always double standards. What I’ve found is that when you’re passionate about [or in] your leadership, you don’t get the same recognition as a man who’s passionate, and then being a minority female—there’s also other stigmas attached to that. So I would say it’s been a great honor.

Chloe Teasley is staff writer.
In what could be the first-of-its-kind courthouse-based program in Ohio, jail inmates upon release receive their initial shot of Vivitrol, a medication that reduces cravings and blocks brain receptors from feeling opioids’ effects, in Franklin County Municipal Court.

Chris Vaughn walked out of Franklin County’s Downtown jail, squinted into the sudden burst of daylight and finally breathed in air that didn’t smell like a mix of musty concrete, body odor and urine.

He looked directly at the woman there waiting for him and asked her the only question on his mind right then: “Can I have a cigarette?”
Jen Leffler was way ahead of him. She already had pulled several from a pack buried in her purse, so she handed one to Vaughn and each of the three women she was picking up at the jail on that Wednesday morning in late March. And then Leffler, a peer-support specialist with Franklin County’s Office of Justice Policy & Programs, herded the group around the block to the Franklin County Municipal Court building.

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Their was a slow procession because these just-released men and women — all clutching their belongings stuffed into crumpled paper sacks — wanted to be outside, to decompress, to see whether their phones still held a charge. And, truth be told, they dawdled because each was nervous about what waited at the other end of the walk.

“Are you scared?” Leffler asked the 33-year-old Vaughn, who had been jailed since an arrest two months before.

“Of course,” he answered with a shrug.

“Good,” she replied with a friendly laugh.

>> Video: Vivitrol program in Franklin County Municipal Court

And then they all rode the elevator together to the courthouse’s sixth floor, where — in what could be the first-of-its-kind courthouse-based program in Ohio — each would receive their initial shot of Vivitrol. The monthly, extended-release injection reduces cravings and blocks brain receptors from feeling opioids’ effects, affording those who take it a better chance to avoid relapse while in treatment.

But this is not a post-sentence drug court. It is a voluntary program for those found to be good candidates. Probation officers screen inmates to see who might be interested and ready, and judges can make recommendations to defendants who come before them. It is the result of cooperation between Columbus City Attorney Zach Klein, the Franklin County Municipal Court judges, Franklin County Sheriff Dallas Baldwin and others.
It is intended to be a sort of one-stop shop, where those heading right to the Wednesday clinic from jail can get wrap-around services such as meeting with providers and immediately being linked to treatment, getting help with housing if necessary and meeting with Job and Family Services staffers. Then, they can take advantage of being at the court each month to meet with their probation officers on the same day if they are required.

The hope is that the ease of it all will lighten their burdens and clear barriers on the path to better lives, said Municipal Court Judge Eileen Paley, one of the drivers behind the program.

There’s no question that it is a different approach, but a necessary one, Klein said.

When it comes to treating underlying addictions and mental-health needs, the criminal-justice system has “been an abysmal failure,” Klein said. “It’s ruined lives and it has cost billions nationally and we have nothing to show ... that what we’re doing did anything to make people’s lives better.

“We have to take affirmative, progressive steps in coordination with the sheriff’s office and the judges to bend that paradigm shift and bend the curve more toward social justice in order to get real justice ... if we’re going to have real change in our communities,” he said.

Klein’s office secured $899,602 in federal grants to expand what was an already successful medication-assisted treatment program inside Sheriff Baldwin’s county jails and help coordinate the wrap-around services for this new courthouse program that started last July.

Jessica Gurwin, 37, a former Columbus City Schools teacher from Clintonville, knows what it’s like to crave drugs. Sober since 2005, she now is a regional coordinator for Positive Recovery Solutions, the Vivitrol provider that sets up shop in the courthouse each Wednesday. Since the clinic began, 134 people (108 of those released right from jail) have come through the doors for a total of 297 visits.

Seventy-seven people remain engaged in treatment and are still a part of the program. That doesn’t mean the others failed, Gurwin said. Even if they don’t come back for follow-up injections (including Vaughn, who missed his follow-up), it could simply mean their recovery took a new direction.

Staying on Vivitrol six to 12 months is the average, Gurwin said.
“We run Vivitrol programs in 17 counties in Ohio, and the reason this Franklin County courthouse program is so successful is the cooperation of everyone from all sides,” she said. “They are treating this opioid epidemic like a cancer epidemic here. Don’t give up on those in recovery. Don’t count us out.”

Hocking County Municipal Court Judge Frederick T. Moses runs two drug courts in the county, one of which uses Vivitrol exclusively as part of its plan. In 2012, he became the first judge in Ohio to embrace medication-assisted treatment and to facilitate it so that those before him have easy access.

His outreach coordinators frequently pick up inmates at the regional jail in his southeast Ohio community and take them to a provider to receive injections. Since Moses started his drug court, 140 defendants have been accepted. Eighty-seven have graduated and others remain in treatment. He boasts a 76% rate of successful recovery.

He said Franklin County having the Vivitrol clinic right in the courthouse is a new and intriguing concept. The easy access makes sense, he said, but noted the wrap-around services are the key.

“Get the person clean, get their brain clean. We know the brain will heal,” Moses said. “The Vivitrol gives a person time to work on their underlying issues in treatment with a clear mind.”

Nate Williams thinks a philosophy like that is gospel. Seven months ago, he was in the same spot as Vaughn — in the Franklin County jail yet again and scared. After years of drug and alcohol abuse, he, too, stepped through those doors with just one goal: to stay alive. His first Vivitrol injection at the court clinic was in September. Williams had no place to go upon leaving jail, but Nicole Jenkins, a special program coordinator for the Municipal Court’s probation and pretrial services who is onsite every Wednesday, worked the phones and got him into House of Hope’s Stevens House.

Now, the 27-year-old has a construction job that he loves and recently moved to a new place on the South Side. He’s had eight injections and he just received his 8-months-sober coin from his 12-step program.

“Life is amazing,” Williams said. “I am thankful I went to jail. It gave me a whole lot of time to think about how much I’d lost.”
That’s the very idea behind medication-assisted treatment, said Judge James O’Grady.

“People think this is the easy way out” of addiction, O'Grady said. “That’s not true. Doing the jail time is the easy way. To do this is to do it the hard way. But my goal is to not just lock someone up. My goal is to give them the tools to live a sober life.”

During a difficult moment or two these past few months, Williams said he has been tempted to turn back to drugs and alcohol. But he called on his circle of support and his own newfound strength and made it through. Now, his monthly trips to the courthouse are just happy reunions. Gurwin and Leffler and the others have become like family. And he’s grateful for that because a lot of people in his life still don’t believe in him.

“People are literally waiting for me to relapse again. They think I’m using the shot as a crutch. I’m not. It’s a safety net,” he said. “There’s so much laughter and fun in my life right now. I’m not willing to go back.”

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Overdose deaths from cocaine and meth climbed last year, even as heroin kept its grip on Franklin County

By Marc Kovac
The Columbus Dispatch
Posted Apr 25, 2019 at 5:48 PM
Updated Apr 25, 2019 at 6:38 PM

Heroin remains a problem in Franklin County, and cocaine and meth seem to be making a comeback.

While the number of heroin-related overdose deaths declined to 64 in 2018 from 84 in 2017, there were more overdoses attributed to cocaine (206 versus 188) and methamphetamine (54 verses 24) last year than in 2017, according to preliminary statistics released Thursday by the Franklin County coroner’s office.

Officials expect the trend to continue, with more meth making its way from Mexico into Ohio.

“It’s not just heroin anymore,” said Shawn Holt, president and CEO of Maryhaven, a nonprofit addiction-treatment center in Columbus. “We are starting to see more drugs come across.”

Those drugs include cocaine, marijuana and methamphetamine, Holt said. There’s even been a jump in people seeking treatment at Maryhaven for alcohol.

Drug-overdose deaths in Franklin County in 2018 totaled 522, matched the record-setting numbers of 2017, according to the coroner’s office. The majority of those unintentional deaths (478) were a result of opiate use, with 414 of those attributed to widespread access to fentanyl.

More than 70,000 people across the United States died from drug overdoses in 2017. Nearly 48,000 involved some type of opioid, a category that includes heroin, fentanyl and prescription opioid painkillers.
“Here in Franklin County, we have a huge problem with fentanyl,” said Dr. Anahi M. Ortiz, Franklin County coroner.

Fentanyl, which is typically used in anesthesia to treat patients with extreme pain or to manage pain after surgery, is being mixed with heroin, cocaine and other drugs. Of the total 2018 overdose deaths, 79% involved fentanyl, up from 61% a year earlier.

More men died of overdoses than women last year (69% versus 31%), the same results as in 2017, according to the coroner’s office. Also, 74% of those who overdosed were white (down from 78% in 2018), and 22% were black (up from 20%).

Though preliminary statistics for 2019 have not been released, Ortiz said overdose deaths for the first two months of this year were higher than in January and February of 2018. She urged friends and family members of those battling addiction to carry Narcan, a medication that reverses the effects of opioid-related overdoses.

A new poll, meanwhile, found that about two-thirds of Americans believe drug companies are to blame for the opioid crisis, although nearly as many hold drug users themselves responsible.

The Associated Press-NORC Center for Public Affairs Research poll showed many people also fault doctors who prescribed opioid pain pills and government officials who haven’t done enough to expand addiction treatment and arrest drug dealers.

Experts say the overdose epidemic is rooted in a boom in opioid painkiller prescriptions that began more than 20 years ago, which they say fostered addictions that later shifted into use of heroin and other drugs.

The AP-NORC poll was conducted this month amid a legal storm: About 2,000 lawsuits have been filed in the past few years seeking to hold the drug industry responsible for the nation’s overdose crisis.

Dispatch Reporter Bethany Bruner and The Associated Press contributed to this story.

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District Notebook: Grandview Heights Schools finds myriad ways to boost student wellness

By JAMIE LUSHER
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In Grandview Heights Schools, we believe Wellness for Life is a subject that should be a part of every grade level and content area.

When students are physically, mentally and emotionally healthy, they are more prepared to learn and realize their full potential. These are important skills that can prepare them for life.

How do we do this? As a district, we have developed a comprehensive plan that includes research-based instruction, professional learning, collaboration and partnerships to support the academic, social, emotional and mental-health needs of our students.

A district mental-health specialist joined the counseling staff in 2017. The specialist provides counseling and support for K-12 students and their families as well as staff development on pertinent child and adolescent mental-health and wellness-related topics. These opportunities provide awareness of the signs and symptoms of mental-health concerns as well as help strengthen the learning and teaching taking place in the classroom.

Our schools collaborate with Syntero Counseling Services to provide students in grades K-7 access to mini-courses on topics relevant to social and emotional development. The courses also align to our learning attributes of communication, empathy, respect, safety, resourcefulness, collaboration, accountability and perseverance.

For our eighth-graders, our school counselors work together to discuss effective communication skills, healthy relationships and human growth and development. Using the Signs of Suicide curriculum, students learn how to recognize the signs of depression and suicide in themselves and others and gain a better understanding of mental illness.
The high school Multi-Tiered System of Supports team works collaboratively to address academic, social and emotional concerns. The goal is to create a positive environment for personalized learning and the removal of barriers to a great high school experience.

The entire high school staff works to ensure every single student has at least one adult in the building they are comfortable going to with a problem or concern. Additionally, the high school staff is equally focused on inclusion and ensuring every student is connected to an activity beyond academics, including various clubs and participating in athletics and music.

The Grandview Heights Schools District Wellness Committee, founded in 2015, is composed of experts and advocates representing our school district and community. This group works to integrate wellness into all facets of the school experience for students.

The committee has created a community garden, seasonal and local food offerings during student lunch and parent presentations, and has aligned curriculum to wellness subjects and sponsored many activities, such as Wellness Days and Walk to School Wednesdays.

The Wellness Committee also lent support to the first-ever Tri the Heights triathlon for youth ages 5-14 in spring 2018. The triathlon, founded by community members and wellness advocates, had about 250 children participate last year and anticipates even greater participation in 2019.

We partner with Start Talking Grandview to address drug and alcohol awareness and outreach. Young people are at the highest risk for substance misuse. Through community events, social media and their website, Start Talking Grandview offers our community research-based information, resources for support and tips and tools for talking about substance use and its risks.

In Grandview Heights Schools, we are committed to ensuring our students have a place where they can explore passions, develop purpose and unlock their potential.

The Wellness for Life initiative celebrates the critical importance of collaborating with multiple groups to build healthy and capable students who are adequately equipped for a lifetime of wellness and success.

Jamie Lusher is chief academic officer of Grandview Heights Schools.