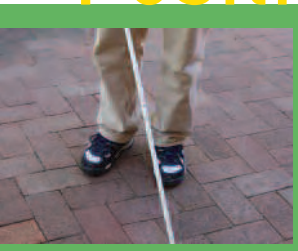
Positive Living for Special Populations





OUTCOME TEAM ROSTER

Amy Luttrell
Goodwill Easter Seals Miami Valley
Co-Champion

Emmett C. Orr
Wright State University School of Professional Psychology (Emeritus)
Co-Champion

Beverly Blosser, 1/08 – 9/08
Parent

Alan R. Cochrun
Access Center for Independent Living

Laurie Cornett Cross
Catholic Education Collaborative

Mark E. Gerhardstein
Montgomery County Board of Mental Retardation/Developmental Disabiliites

Beatrice Harris
Public Health-Dayton & Montgomery County

Sharon Honnert
Family Representative

Douglas M. McGarry
Area Agency on Aging

Dennis Moore, Ed.D.
SARDI-WSU School of Medicine

Joseph L. Szoke
ADAMHS Board for Montgomery County

Jeffrey Vernooy, 10/08 – Current
WSU Office of Disability Services

Joyce Young
Ohio Rehabilitation Services Commission

STAFF:

Diane Luteran, OFCF

Donna Nettles, OFCF

DEFINITION OF SPECIAL POPULATIONS:

People of any age with significant disabilities who need assistance with basic daily living skills to live in the most appropriate, least restrictive community setting possible and avoid inappropriate institutionalization. This group includes people who are frail and elderly; adults with severe and persistent mental illness; children with severe emotional disabilities; persons with alcohol and other drug dependency; persons with mental retardation and developmental disabilities; and others who cannot perform basic life functions without assistance.

VISION

With support from the community, special populations have the opportunity to participate in every aspect of community living that they desire. People with significant disabilities live, learn, work and participate in typical accessible community settings. The community respects and protects their rights and includes them as contributing members.

POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP) OUTCOME TEAM REPORT

During 2008, the Positive Living for Special Populations (PLSP) Outcome Team continued its focus on the following priority areas: legislative and regulatory advocacy; community education and awareness; systems navigation; and collaboration on issues affecting multiple outcome areas. The PLSP Team also welcomed the FASD Task Force as a subcommittee, and its Chairperson became a member of the PLSP Team.

LEGISLATIVE AND REGULATORY ADVOCACY

Key legislative and regulatory developments which positively affected services and choices available to special populations in 2008 included:

- **HOME Choice (Helping Ohioans Move, Expanding Choice)**
  Through a five year $100 million federal Money Follows the Person grant, 2,200 seniors and persons with disabilities from Ohio institutions who want to live in home or community settings will have that choice, and long-term services and supports will be provided. Work began in October 2008 to enroll candidates statewide. PLSP members have participated on state planning committees for HOME Choice implementation.

- **Medicaid Buy-In for Workers with Disabilities (MBIWD)**
  No longer do Ohioans with disabilities have to choose between employment and their Medicaid coverage. Starting April 1, 2008, Ohioans ages 16 to 64 who are disabled and work part-time or full-time can buy-in to Medicaid to maintain needed healthcare coverage through the Ohio MBIWD program.

- **Federal Parity Legislation**
  After twelve years of work by advocates, Congress approved the Mental Health and Addiction Equity Act of 2008, and it was signed into law. The new law provides equal coverage (parity) for both mental and physical conditions. As a result, insurance companies can no longer set different coverage standards, such as limits or higher co-pays.

- **State Unified Long-Term Care Budget**
  Related to HOME Choice, Ohio is moving forward to create a state unified long-term care budget. This will provide more flexibility in funding long-term services and supports, whether they are provided in institutions or in the community. The state Long Term Care Budget Workgroup recommended to the Governor in May 2008 a number of changes over the next three state biennia. Recommendations include establishing a "front door" for all long-term care needs, eliminating inappropriate placements, establishing a single information technology (IT) system to support all state agencies, and, ultimately, a single line item in the budget covering all spending on long-term services and supports.

Despite the positive changes highlighted above, there have been some negative developments. The impact of recent state budget cuts, such as we saw with the closure in 2008 of Twin Valley Behavioral Health, as well as additional state cuts that are looming, are problematic for special populations, which rely heavily on federal and state programs. The PLSP Team will continue to monitor these evolving issues.

COMMUNITY EDUCATION AND AWARENESS ACTIVITIES

To address its priority area of preventing disabilities and delays, the PLSP Team in 2008 developed a community education and awareness proposal for two specific community outreach campaigns, based on prior dialogue with representatives from the medical, mental health, and early intervention communities:

- Fetal Alcohol Spectrum Disorders (FASD)—Preventing fetal alcohol spectrum disorders (FASD) by discouraging women from drinking alcohol during pregnancy.
- Early Intervention (EI)—Encouraging parents and caregivers to understand what they can do through everyday activities to help young children achieve developmental milestones (with particular emphasis on communication and social-emotional development) and to seek early intervention services, if needed.

The FCFC approved funding for both campaigns. A Request for Proposals (RFP) was written, and proposals were solicited in the fall of 2008. Work on both campaigns is expected to commence in early 2009.

SYSTEMS NAVIGATION

Finding needed services can be a barrier for special populations and their loved ones. Some people don't know where to start; others give up trying. In order to understand the dimensions of the issue and gaps that may exist in navigating service systems, the PLSP Team met in 2008 with a variety of entities, including United Way HelpLink, WSU Center for Healthy Communities' health advocates, social workers at local hospitals, and persons representing the Ohio Benefit Bank and Dayton Beehive. The PLSP Team currently is in the process of identifying specific action steps for implementation in 2009 to aid systems navigation in our community.

One new resource that the PLSP Team would like the community to be aware of is the *Montgomery County No Wrong Door Reference Guide,* developed by the Agency Directors Committee with central support from the Montgomery County Board of MRDD. "No Wrong Door" refers to a service system that responds to people in need by assisting them to connect with the appropriate services regardless of the agency where they try to gain access. Copies of the *No Wrong Door Reference Guide* can be obtained from OFCF or by going to www.mcohio.org/services/fcfc.

Go to page 50 for more discussion.

COLLABORATION ON ISSUES AFFECTING MULTIPLE OUTCOME AREAS

The PLSP Team was pleased that in response to its recommendation, an Alcohol and Drug Abuse Task Force was appointed by the Montgomery County Commissioners in 2008 (see page 39). Co-Champions Amy Luttrell and Emmett Orr presented to the County Commissioners and to the Alcohol and Drug Abuse Task Force background information that the PLSP Team had gathered about the effects of untreated drug and alcohol dependency on all FCFC Outcomes. The PLSP Team also collaborated in 2008 with other Outcome Teams on transition of youth with disabilities from school to work (with the Young People Succeeding Outcome Team) and participated on the Family and Community Violence Subcommittee of the Stable Families Outcome Team, discussing elder abuse and other safety issues affecting special populations.

MONTGOMERY COUNTY FASD TASK FORCE

TASK FORCE ROSTER

Beatrice Harris MS, RN
Public Health-Dayton & Montgomery County
Chair

Jane Dockery
Wright State University
Vice Chair

Ruth Addison, MS, LPCC
CrisisCare

Pam Albers, RN, MS
Montgomery County Help Me Grow – Brighter Futures

Mary Burns
Miami Valley Child Development Centers

Rev. Dr. Leroy Cothran
United Missionary Baptist Church
4/08 – current

Melissa Courts
Family Representative
4/08 – current

Dr. Christopher S. Croom, MD
Perinatal Partners, LLC/Department of OB/GYN, Boonshoft School of Medicine, Wright State University
4/08 – current

Barbara Jacobs, RD, LD, MA
Public Health-Dayton & Montgomery County

Jane Lingo, RN
Holy Family Prenatal

Su-Ann Newport, RN, MS, CNS, LICDC
ADAMHS Board for Montgomery County

Sara J. Paton, Ph.D.
Public Health-Dayton & Montgomery County/Wright State University

Tim Pfister
Montgomery County Board of MRDD

Michelle Schlarmann, MSN, RNC, WHNP, MC
Planned Parenthood of Southwest Ohio Region 3/08 – current

Tracey Waller, MBA, RD, LD, IBCLC
Public Health-Dayton & Montgomery County

Rev. Carlton Williams
Mount Olive Baptist Church/Wright State University 5/08 – current

STAFF:

Andrea Burkett, OCPS II, OFCF

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur as a result of prenatal alcohol exposure with disorders ranging from the very severe to the mildly impacting. When a pregnant woman drinks, the alcohol crosses the placenta into the fetal blood system where it reaches the fetus' developing tissues and organs. Effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications.

FASD is the leading known preventable cause of mental retardation in the United States, outranking both Down syndrome and autism in prevalence. Of the 7,000 to 8,000 babies born in Montgomery County annually, it is estimated that seventy to eighty children are born with FASD.

The good news is that FASD is 100% preventable! In response to this, FCFC and Public Health - Dayton & Montgomery County pursued funding to tackle this problem. A grant was secured in early 2008 and the Montgomery County FASD Task Force was formed. This policy-level Task Force provides oversight to the Alcohol Screening and Brief Intervention (ASBI) program—a best practice model conducted at the Women, Infants, and Children (WIC) Program. Since the inception of the ASBI program: 975 women have been screened for alcohol consumption during pregnancy, 65 received a "brief intervention" educating them about the risks and supporting them in staying alcohol-free, 40 received a one-month follow-up, all 40 of these women self-reported abstinence from alcohol consumption, and 2 were referred to drug and alcohol treatment services.

The following story is a testament to the necessity of this program: Susan (fictionalized name) has a history of alcohol and drug addiction. When she discovered she was pregnant, she quit using drugs but struggled with abstaining from alcohol. Upon attending WIC, she participated in the ASBI program where she agreed to stop drinking. A referral for ongoing treatment services was made. Acknowledging her struggles with abstaining from alcohol, Susan asked WIC to only provide her with one month of food coupons so that she would be required to come back monthly to receive a brief intervention. The WIC staff was happy to accommodate her request. The following month, Susan was pleased to announce that she had abstained from alcohol. Susan is grateful for the help, education, and accountability, and believes that it will help her have a healthy baby.

In 2009, the FASD Task Force will complete a long-range strategic plan to establish the direction for future initiatives. The ultimate benefit to the community is an increase in the number of women in Montgomery County who choose not to drink alcohol while pregnant and, thus, give birth to healthy babies.

Alcohol & Drug Abuse Task Force





TASK FORCE ROSTER

Dan Foley
Commissioner Montgomery County, (Co-Chair)

Jim Pancoast
Premier Health Partners, (Co-Chair)

David Ames
Community Representative

Chief Richard Biehl
Dayton Police Department

David Biers, Ph.D.
University of Dayton

Branford Brown
Legal Aid

Bryan Bucklew
Greater Dayton Area Hospital Association

Honorable Anthony Capizzi
Montgomery County Juvenile Court

James E. Dare
Montgomery County Court of Common Pleas

Glenn Dewar
Montgomery County Public Defender's Office

James Dobbins, Ph.D.
Ellis Human Development Institute, Wright State University

Deb Downing
Montgomery County Dept. of Job and Family Services

Deron Emmons
Deaf Community Resources

Russel Falck
Wright State University

Deborah Feldman
Montgomery County

Janet Grant
CareSource

James W. Gross
Public Health-Dayton & Montgomery County

Gregory Hopkins
Community Health Centers of Greater Dayton

Honorable Kate Huffman
Montgomery County Court of Common Pleas

Jacquelyn Jackson
Dayton Municipal Court

Tom Kelley
Office of Family and Children First

Chris Kershner
Chamber of Commerce

James Knowles
Montgomery County Veterans Service Commission

Vice Mayor Peggy Lehner
City of Kettering

Marc Levy
United Way of the Greater Dayton Area

Dr. Rebecca Lowry
Dayton Public Schools

Connie Lucas-Melson
Family Representative

Sue McGatha
Samaritan Behavioral Health, Inc.

Sheriff Phil Plummer
Montgomery County Sheriff's Office

David Rex
EmployeeCare

Dr. David Roer, MD
Pediatric Associates of Dayton

Dr. Norm Schneiderman, MD
Miami Valley Hospital

Leigh Sempeles, J.D.
St. Vincent de Paul

Erik Shafer
Montgomery County Juvenile Court

Joe Spitler
Montgomery County Criminal Justice Council

Margy Stevens
Montgomery County Educational Service Center

John Strahm
Eastway Corporation

Joe Szoke
ADAMHS Board for Montgomery County

Dr. Doug Teller, MD
Kettering Medical Center Network

Willie Walker
Dayton Urban League

Commissioner Nan Whaley
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University of Dayton Fitz Center/OFCF

ALCOHOL & DRUG ABUSE TASK FORCE REPORT

Drug addiction is a devastating and treacherous disease that silently invades people's lives before they realize it's even happening. The signs and symptoms are so subtle that addicts may live with it for years before realizing that they are headed down a dangerous path. By the time they acknowledge what is happening, the disease has taken over and they have lost control—jobs are lost, relationships are shattered, and lives are ruined.

Addiction is a very clever brain disease that infects numerous aspects of people's lives. It will convince the addict that they need drugs and alcohol to function, despite negative consequences. Alcohol and substance abuse and dependence are defined by the American Psychiatric Association, DSM-IV, as a chronic relapsing disease with genetic factors. Despite this fact, many continue to believe that addiction is a choice. Stereotypes and stigmas play a significant role in diminishing our communities' abilities to respond to this community need; thus, the consequences are exacerbated. The impact to individuals, children, families, and communities cannot be ignored. The following facts shed some light on the impact this debilitating disease has on the United States:

- Approximately 41% of all motor vehicle accidents are alcohol-related, equating to 327,000 injuries and 18,000 deaths per year (Office of National Drug Control Policy, 2002).
- Annually, there are approximately 640,000 emergency department episodes that were induced by or related to the use of an illegal drug or the nonmedical use of a legal drug (Office of National Drug Control Policy, 2002).
- Approximately 84% of individuals in state prisons were involved with alcohol or drugs at the time of their offense; 59% had used drugs in the month before committing the offense; and 21% committed their offense to get money for drugs (Office of National Drug Control Policy, 2002).
- Six million children live with at least one parent who abuses alcohol or other drugs. These children are more likely to experience abuse and/or neglect than children in non-substance abusing households (Office of Applied Studies, 2003).
- Between one-third and two-thirds of all child maltreatment cases involve substance abuse (U.S. Department of Health and Human Services, 1999).
- Moreover, 23.6 million, or 9.6% of persons aged 12 or older need treatment for an illicit drug or alcohol problem. Of these, 21.2 million persons did not receive the treatment services necessary to overcome their addiction (National Institute on Drug Abuse, 2006).

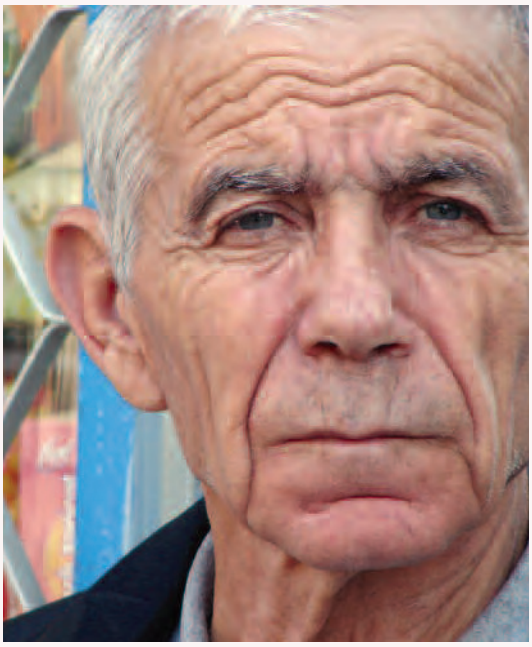
The economic cost of drug abuse to the United States is alarming, equating to about $180.9 billion per year (Office of National Drug Control Policy, 2002). This includes costs related to crimes and incarceration, drug addiction treatment, medical costs from overdoses and drug related injuries and complications, time lost from work, and social welfare programs. Overall, chemical dependency treatment saves taxpayers an estimated $9,177 per person treated. Recovering people work, and for each employed Ohioan, the combined state and local annual tax gain is, on average, $2,869 per person. In addition, the recovery rates for some mental illnesses and addictions are between 60% and 80%—much higher than the success rate for many physical illnesses.

Due to the magnitude of this issue, the Positive Living for Special Populations (PLSP) Outcome Team requested that the FCFC adopt this issue as a special area of focus, with a goal of identifying possible solutions. The Team believed that the limited availability of treatment for drug and alcohol dependency—as well as the practice of treating the symptoms instead of resolving the underlying issues that people have—are exacerbating problems within all six FCFC outcome areas.

The Family and Children First Council responded to this call. However, the Council realized that the PLSP Outcome Team acting alone could not resolve this problem, and that it would take the combined efforts of Montgomery County's public and private leadership in order to make an impact. Therefore, in April 2008, the Montgomery County Board of County Commissioners, at the request of the FCFC, established the Montgomery County Alcohol and Drug Abuse Task Force (herein referred to as AoD Task Force) to lead the charge. Chaired by Montgomery County Commissioner Dan Foley and Jim Pancoast, President of Premier Health Partners, the Task Force is comprised of 44 Montgomery County community leaders. This group was given the broad responsibility of reviewing all of the AoD systems (public and private) to identify gaps and barriers within our community, discerning how to use effectively current resources and obtain new resources, and establishing recommendations for improving services utilizing a cross-systems approach.

Several partners have joined the efforts of the AoD Task Force. Join Together—a program of the Boston University School of Public

Health—was chosen to ensure the Task Force was moving forward in a strategic manner and utilizing identified best practices. Since 1991, Join Together has been the nation's leading provider of information, strategic planning assistance, and leadership development for community-based efforts to advance effective alcohol and drug policy, prevention, and treatment. Join Together helps community leaders understand and use the most current scientifically valid prevention and treatment approaches. Their research has shown that communities with written strategies that are broadly supported by key leaders and institutions are the most likely to be successful in reducing and preventing alcohol and drug problems.



The University of Dayton's Business Research Group was chosen to provide comprehensive survey research services for data collection. They have experience in a variety of survey environments, including many hard-to-reach respondent groups, and will be responsible for conducting a community-wide needs assessment through the use of data collection, key informant surveys, social indicators, and case studies.

Wright State University's Center for Interventions, Treatment, and Addictions Research (CITAR) was chosen to conduct research to get a better understanding of the high rates of alcohol and other drug abuse and addiction in incarcerated individuals in Montgomery County Jails. This study will identify the psychosocial characteristics and service utilization of inmates who are frequently incarcerated and integrate characteristics with inmates' criminal justice history. Recommendations on possible structural changes that might facilitate prevention and diversion strategies will be extrapolated from this work.

In May 2008, the AoD Task Force, in conjunction with an additional 20 Montgomery County alcohol and drug abuse prevention and treatment providers, began their dialogue about the difficult road that lay ahead of them. This first meeting focused on defining both the role of the Task Force and the ultimate goal they aspire to accomplish through these efforts.

The Task Force then began a series of education sessions to help members do the following:

- agree upon alcohol and drug abuse terminology;
- define the continuum of care (prevention, intervention/assessment, treatment, and aftercare/recovery services);
- develop a picture of the current service system and resources;
- define how customers access and receive services;
- identify the existing flow of funding and any untapped funding opportunities for AoD services;
- identify unmet needs in dollar amounts;
- define the scope of the problem;
- identify and sample best practices;
- conduct a literature review; and
- study other communities.

In 2009, at the end of these sessions, the Task Force will be prepared to break into smaller working groups and to focus on different areas impacted by alcohol and substance abuse, such as employment/self-sufficiency, education, criminal justice, healthcare, family stability, child welfare, and other social implications (e.g., housing, domestic violence, suicide, etc.). Each working group will conduct further research, prioritize issues, and develop a work plan related to its focus.

The full Task Force will have the responsibility of integrating the information from the different working groups, identifying shared themes and/or concerns, and establishing overall priorities. The Task Force will then prepare recommendations with the intent of promoting easier access to prevention and treatment services and creating an overall healthier Montgomery County.

HELP ME GROW

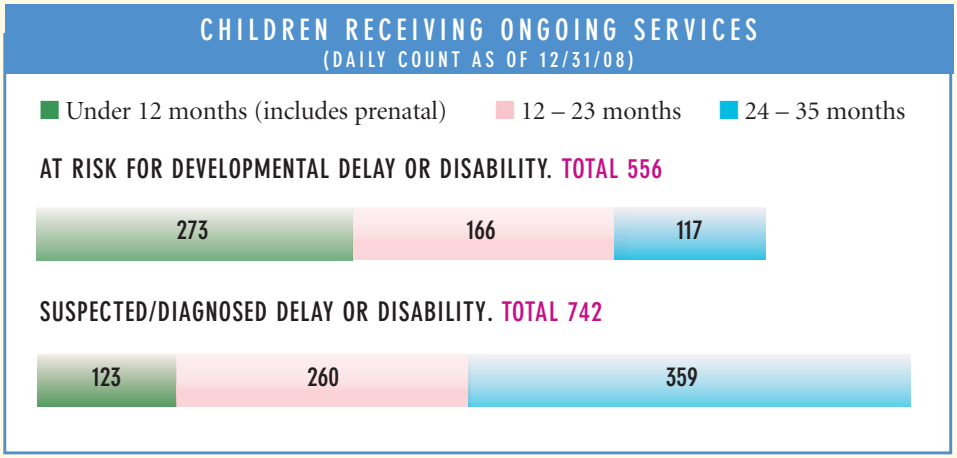
HELP ME GROW CENTRAL INTAKE & REFERRAL
937-208-GROW (4769)

Help Me Grow is a state and federally funded early intervention initiative for eligible Montgomery County children under age three and their families. Services focus on infant and toddler health and development to give children the best possible start in life. The program is guided by the Ohio Department of Health and locally administered by the Montgomery County FCFC through local providers.

Participation in Help Me Grow is entirely voluntary. Services are based on the needs and desires of each family. Services include: providing information and referral to families; child find and outreach activities; conducting a home visit of newborn and mother; and service coordination, family support, and other ongoing services for children under age three at risk for, or with, a developmental delay or disability.

In 2008, Help Me Grow Central Intake and Referral received 2,718 referrals, including 753 from primary caregivers and family members, 681 from hospitals and community agencies, and 407 from the Children Services Division of the Dept. of Job and Family Services. Help Me Grow nurses made 1,173 home visits to check on the health and physical status of mothers and their newborns (many were seen within the first two weeks after the birth). As of December 31st, 1,298 Individualized Family Service Plans (IFSPs) were in place for young children and their families being served by ongoing Help Me Grow services.

CHILDREN RECEIVING ONGOING SERVICES
(DAILY COUNT AS OF 12/31/08)



Source: Ohio Department of Health Early Track

While providing services to children and their families, each county's Help Me Grow program must adhere to strict federal and state compliance standards. During 2008, our county received a 97% compliance rating from the Ohio Dept. of Health for having developmental evaluations done and IFSPs in place for children no later than 45 days after entry into Help Me Grow and a 100% rating for timely receipt of services listed on the IFSP.

HELP ME GROW SUCCESS STORIES

Success Stories – The work and impact of Help Me Grow is best explained through the stories of clients (names have been changed):

Marlene, a Help Me Grow newborn home visit nurse, went to a home to visit Sarah and her newborn. During the check of mother and baby, the nurse discovered that the new mom had a very low heart rate but appeared normal in all other ways. Marlene immediately called the family's physician, who saw Sarah that same day. A life-threatening cardiac arrhythmia was diagnosed, and Sarah now is receiving needed treatment, thanks to the Help Me Grow nurse's intervention.

At 6 months old, Devin was having multiple seizures daily when he started with Help Me Grow. He began receiving speech, occupational, and physical therapies and home visits from MRDD PACE. Then at 15 months old, Devin was diagnosed with Cerebral Palsy. Denise, the Help Me Grow service coordinator, helped support Brooke and Isaac in their grieving after their son's diagnosis. Denise connected the family with aquatic therapy (which Devin loves), arranged for needed equipment and respite services, and referred Devin for a vision evaluation (he now wears glasses). While Devin may not have made huge progress physically, Denise spends much of her time pointing out to Brooke and Isaac the small steps that Devin has achieved. Through all this, Devin is happy and always has the biggest smile. He reminds his Help Me Grow service coordinator of why she loves her job and just how important this work is.

When Serenity became pregnant as a teenager, she was unaware of the stress that being a mother would bring. "All my friends were living a totally different lifestyle, and I didn't have anyone else to support me through this crisis. I have called Tonya, my Help Me Grow Service Coordinator, at 9:00 at night to answer my parenting questions and calm my fears." When her second child, Jalen, was born a couple of years later, Tonya was there again, this time helping Serenity and her husband Tyree through Jalen's heart surgery just hours after his birth. She connected the family to MRDD PACE for Jalen's heart condition and a speech delay found later. Tonya also encouraged Serenity to continue with her education. Serenity now is preparing to graduate from college and hopes to work as a medical assistant. "I was a teen mom but I still want my kids to be in sports, have good grades, and be like other kids. Help Me Grow makes me feel like I'm doing a great job and that it is okay to ask for help. This means so much!"

Yolanda felt the need to talk with a parent of a child that wasn't developing typically. She explained to Chris, the HMG Family Support Specialist and mother of a child with a disability, that her daughter Mikayla had been born prematurely and spent several months in a hospital neonatal intensive care unit. Now Mikayla was 2 years old, and Yolanda was extremely frustrated with her daughter's out of control behavior and concerned about her lack of speech. She also thought that family members were judging her harshly for not being able to control her child. Yolanda shared with Chris that she did not want to hurt her child; she wanted to learn how to help Mikayla. The Family Support Specialist immediately gave Yolanda the number for CrisisCare, and Chris also contacted YCATS (Young Children's Assessment and Treatment Services) to let them know that this mother appeared to be in crisis. Yolanda's Help Me Grow service coordinator also went to the home to check on Yolanda and Mikayla. Parent-to-parent support was critically important to this Help Me Grow family.

IN 2008, HELP ME GROW SERVICES WERE PROVIDED BY:

CENTRAL INTAKE, REFERRAL AND ONGOING SERVICES:
Greater Dayton Area Hospital Association (GDAHA)
• Help Me Grow • Brighter Futures

NEWBORN HOME VISITS:
Fidelity Health Care

GDAHA Brighter Futures

Kettering Medical Center, Precious Beginnings Home Care

DEVELOPMENTAL EVALUATIONS:
Montgomery County Board of MR/DD—PACE Program