

Outcome Team Roster

Amy Luttrell

Goodwill Easter Seals
Miami Valley

Co-Champion

Emmett C. Orr

Emeritus, Wright State University
School of Professional Psychology

Co-Champion

Alan Cochran

Access Center for Independent
Living

Laurie Cross

Catholic Education Collaborative

Mark E. Gerhardtstein

Montgomery County Board of
Developmental Disabilities Services

Beatrice Harris

Public Health – Dayton &
Montgomery County

Sharon Honnert

Parent Representative,
through July

Douglas M. McGarry

Area Agency on Aging, PSA 2

Dennis Moore, Ed.D.

SARDI – Wright State University
School of Medicine

Joseph L. Szoke

ADAMHS Board for Montgomery
County

Jeffrey Vernooy

Wright State University

Joyce C. Young

Washington Township

STAFF:

Diane Luteran

OFCF

Donna Nettles

OFCF

POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP)

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 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

In 2009, the Positive Living for Special Populations (PLSP) Outcome Team continued its focus on priority issues affecting special populations, particularly preventing violence against persons with disabilities and affordable, accessible housing. The Team also received updates on the work of its subcommittee, the Fetal Alcohol Spectrum Disorders (FASD) Task Force, including the impressive FASD community educational efforts tied to Sept. 9, 2009 (9/9/09), reinforcing the message that women should not drink a single drop of alcohol during the nine months of pregnancy (page 36).

Violence Against Women with Disabilities

Women with disabilities are subject to more prolonged violence than women who are not disabled. Through the advocacy of the PLSP Team and the FCFC, Montgomery County applied for and received a \$600,000 three year federal grant from the U.S. Dept. of Justice, Office of Violence Against Women. Partners include Montgomery County, Access Center for Independent Living, Artemis Center, Deaf Community Resource Center, Goodwill Easter Seals, Montgomery County Board of Developmental Disabilities Services, and WSU-SARDI.

Starting October 2009, the partners began work on ensuring access to victim services in our community for women with disabilities so that they will be less vulnerable to and more protected against violence and abuse. Policies and procedures will be put in place and staff trained so that domestic violence and sexual assault against women with disabilities will be recognized and handled appropriately, including making referrals for needed counseling and/or shelter.

Special thanks go to PLSP Team member Dennis Moore, who brought this funding opportunity to the Team's attention.



POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP)

Affordable Accessible Housing

Finding affordable, accessible housing is a big obstacle for special populations. During 2009, the PLSP Team held panel discussions with representatives of ODJFS, local housing organizations, and others. Affordable, accessible housing was examined from the perspective of landlords, tenants, realtors, homeowners, architects, governmental jurisdictions, and funders. Speakers also told of progress in Montgomery County, complaint patterns, and remaining challenges. In October, 2009, housing and disability panelists led by PLSP member Jeff Vernooy were the featured speakers at the local American Institute of Architects meeting. Their discussion of how accessibility and visitability can be incorporated in new construction and renovations in our community was well received by the local architects.



Panel discusses accessibility and visitability issues with local AIA architects on 10/6/09. Speakers (L-R): PLSP Team member Jeff Vernooy (WSU), Greg Kramer (Access Ctr. for Independent Living), John Zimmerman (MV Fair Housing Ctr.), George Gleason (WSU architect), and Marti Goetz (Board of Developmental Disabilities Services).

The Team also provided input for the County's Analysis of Impediments to Fair Housing document, which is required by HUD every few years. The Team was pleased to learn that through the work of Montgomery County, the Access Center for Independent Living, Miami Valley Fair Housing Center, and the Dayton Area Board of Realtors, our community is the first in the nation to create housing listings that identify modifications for persons with disabilities, with accessible features of the properties documented on Multiple Listing Service reports. The Team also learned through the panel discussions that while it does not really cost more to make **new** construction accessible, there is a lack of resources to make needed modifications to **existing** housing.

Collaboration on Issues Affecting Multiple Outcome Areas

Continuing its commitment to collaborate on issues impacting multiple outcome areas, PLSP Team members or their representatives participated during 2009 on the Montgomery County Frail Elderly Advisory Committee's Elder Abuse, Neglect, and Exploitation Subcommittee and on YPS' Youth Transition Work Group. This Work Group focused on transitioning youth with disabilities from school to work. PLSP members or their representatives also participated on the Alcohol and Drug Abuse Task Force and its Subcommittees. The Alcohol and Drug Abuse Task Force was established by the County Commissioners in response to the PLSP Team identifying substance abuse as an overlying issue impacting all FCFC outcome areas (see page 37).



What is VISITABILITY?

Features creating easy access for residents and visitors alike, e.g.:

- No-step entrance
- A bathroom that can be used by a person using a walker or wheelchair
- Doors and hallways that allow easy travel to the common area in a home

(Source: visitabilitypa.com)



FASD Task Force Roster

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

Jane Dockery, MBA, CUPA
Wright State University
Vice Chair

Ruth Addison, MS, LPCC
Samaritan Behavioral Health, Inc.
– CrisisCare

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

Susan Caperna
Parent Representative

Rev. Dr. Leroy Cothran
United Missionary Baptist Church

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

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

Barbara Persons
Planned Parenthood of Southwest Ohio,
5/09 – 8/09

Tim Pfister
Montgomery County Board of
Developmental Disabilities
Services

**Michelle Schlarmann, MSN, RNC,
WHNP, MC**
Planned Parenthood
of Southwest Ohio Region,
through January

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

STAFF:

Andrea Hoff, OCPS II, OFCF

Sandy Barnum, OFCF

Donna Nettles, OFCF

POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP)

Montgomery County FASD Task Force

Fetal Alcohol Spectrum Disorders (FASD) are the leading known preventable causes of mental retardation, impacting approximately 70 to 80 babies born in Montgomery County every year. FASD covers a wide spectrum of disorders that can occur in an individual who was prenatally exposed to alcohol. When a pregnant woman drinks, the alcohol crosses the placenta into the fetal blood system, affecting the developing tissues and organs. The damage is irreversible leading to life-long consequences including physical deformities and cognitive deficiencies.



Thus, the Montgomery County FASD Task Force believes that pregnant women, including women who may become pregnant, should not drink a single drop of alcohol throughout their pregnancy.

September 9, 2009 was International FASD Awareness Day. The date – 9/9/09 – signifies the nine months a woman should not drink alcohol while pregnant. In recognition of this date, the Montgomery County FASD Task Force coordinated a week-long observance to raise awareness of Fetal Alcohol Spectrum Disorders. Presentations were made that provided information about FASD – its causes, effects on the developing brain, behavioral characteristics, and prevention strategies. Nationally known experts in the FASD field shared their expertise with the medical, teaching, and social service communities, as well as with parents and caregivers. Six events occurred between September 9th and 11th and highlighted the following speakers:

- Dr. Luther Robinson – Director of Dysmorphology and Clinical Genetics in the Division of Genetics of the Children's Hospital of Buffalo at Kaleida Health. Dr. Robinson is an internationally known expert on FASD, conducting studies on

fetal alcohol syndrome in the United States, Russia, Europe, and South Africa, and was a member of the first National Task Force on Fetal Alcohol Syndrome/Fetal Alcohol Effects.

- Kathy Paxton – Director of Behavioral Health Initiatives at the Ohio State University, Center for Learning Excellence. She has spent almost two decades in the FASD field.
- Sister Suzette Fisher – Co-founder of Double ARC, the only diagnostic FASD clinic in the state of Ohio.

Approximately 500 people attended these events and were educated on the detrimental effects of prenatal exposure to alcohol. Over 95% of participants said the presentations advanced their knowledge and most described the changes they would make, in their practice and in their lives, to work toward prevention.

The Montgomery County FASD Task Force also developed a community-wide strategic plan in 2009. The plan was based on the "Five Points of Intervention: A Policy and Practice Framework" developed specifically for the issue of substance-exposed infants by the National Center on Substance Abuse and Child Welfare. This plan establishes objectives and strategies at each of the critical points along the FASD continuum: 1) pre-pregnancy and public awareness, 2) prenatal screening and support, 3) screening at birth, 4) services to infants, and 5) services to parents. Implementation of this plan could begin as early as 2010.



On September 9, 2009 Dr. Luther Robinson spoke to 150 healthcare professionals at Miami Valley Hospital as a part of Montgomery County's FASD Awareness Week activities.

POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP)

Alcohol & Drug Abuse Task Force



Task Force Roster

Dan Foley

Commissioner Montgomery County,
Co-Chair
Data Sharing Subcommittee Co-Chair

Jim Pancoast

President, Premier Health Partners
Co-Chair

David Ames

Consumer/ADAMHS Board for
Montgomery County

Bryan Bucklew

Greater Dayton Area Hospital
Association

Honorable Anthony Capizzi

Montgomery County Juvenile Court,
Repeat Offenders Subcommittee
Co-Chair

James Dare

Montgomery County Court of
Common Pleas

Debra Downing

Montgomery County Department of Job
and Family Services

Allen H. Elijah

United Way of the Greater Dayton Area

Deron Emmons

Deaf Community Resource Center, Inc.

Russel Falck

Wright State University – Center for
Intervention, Treatment, and Addictions
Research, Prevention Subcommittee
Co-Chair

Deborah Feldman

Montgomery County

Janet Grant

CareSource, Data Sharing
Subcommittee Co-Chair

James Gross

Public Health – Dayton & Montgomery
County

Major Mark Hess

City of Dayton Police Department

Gregory Hopkins

Community Health Centers of
Greater Dayton

Honorable Katherine Huffman

Montgomery County Court of Common
Pleas, Repeat Offenders Subcommittee
Co-Chair

Tanisha Jumper

United Way of the Greater Dayton Area
(on behalf of Allen H. Elijah)

Tom Kelley

Montgomery County Office of Family
and Children First

Vickie Killian

Killian Counseling and Consulting,
Bridging the Gaps Subcommittee
Co-Chair

James Knowles

Montgomery County Veterans Service
Commission

Peggy Lehner

State Representative

Connie Lucas-Melson

Family and Children First Council

Sue McGatha

Samaritan Behavioral Health, Inc.

Charlotte McGuire

Reclaiming Futures/Montgomery
County Juvenile Court, Prevention
Subcommittee Co-Chair

Sheriff Phil Plummer

Montgomery County Sheriff's Office

André Roldan

Dayton Public Schools (on behalf of
Rebecca Lowry)

Dr. Norm Schneiderman, MD

Miami Valley Hospital

Leigh Semples, J.D.

St. Vincent de Paul

Eric Shafer

Montgomery County Juvenile Court

Hassan Shakir

Leaders for Equality and Action in
Dayton

Joe Spittler

Montgomery County Criminal Justice
Council, Detox Subcommittee Co-Chair

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,
Detox Subcommittee Co-Chair

Andrea White

South Suburban Alcohol and Other Drug
Abuse Prevention Coalition

Rev. Carlton Williams

Mount Olive Baptist Church, Wright State
University/Substance Abuse Resources
and Disability Issues

Jim Wilson

Parity, Inc.

Joel Zeugner

Dayton Municipal Courts (on behalf of
Jacquelyn Jackson)

STAFF:**Sandy Barnum**

OFCF, Task Force Staff

Debra Downing

Montgomery County Department of
Job and Family Services, Data Sharing
Subcommittee Staff

Andrea Hoff, OCPS II

OFCF, Task Force Staff, Detox
Subcommittee Staff

Jayne Jones-Smith, LPCC, SC

ADAMHS Board for Montgomery County,
Task Force Staff, Repeat Offenders
Subcommittee Staff

Tom Kelley

OFCF, Detox Subcommittee Staff

Diane Luteran

OFCF, Bridging the Gaps
Subcommittee Staff

Geraldine Pegues

OFCF, Bridging the Gaps
Subcommittee Staff

Joyce Probst-MacAlpine

OFCF, Repeat Offenders
Subcommittee Staff

Catherine Rauch

OFCF, Prevention Subcommittee Staff

William Roberts

Center for Alcoholism and Drug Addiction
Services/Public Health – Dayton
& Montgomery County, Prevention
Subcommittee Staff

Kathleen Shanahan

OFCF, Bridging the Gaps
Subcommittee Staff

Robert L. Stoughton

University of Dayton Fitz Center, OFCF,
Data Sharing Subcommittee Staff

POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP)

Montgomery County Alcohol and Drug Abuse Task Force Report

Alcohol and other drug (AOD) addiction is a destructive brain disease that often overcomes a person's ability to live a happy and productive life. Even before an individual is addicted, use and ultimately abuse behaviors frequently lead to a series of unhealthy decisions that are oftentimes accompanied by considerable consequences. These decisions eventually lead to serious problems with money, relationships, careers, jobs, family, and health. Legal ramifications and criminal justice involvement commonly ensue as a result of the abuse and addiction. Consequently, AOD abuse and addiction is **EVERYONE'S** problem as it infringes on every niche of every community.

Furthermore, finding solutions to preventing and treating AOD abuse and addiction is just as complex as the disease itself. Discovering effective community solutions requires the collective depth and breadth of knowledge found among a variety of people all working towards a common goal – combating the burdensome, and oftentimes grave, consequences that result from AOD abuse and addiction.

The Family and Children First Council recognized that our community desperately needed improved AOD prevention, assessment and treatment services. Therefore, at the request of the FCFC, the Montgomery County Board of County Commissioners established the **Montgomery County Alcohol and Drug Abuse Task Force** (herein referred to as the AOD Task Force) in April 2008. The Task Force is co-chaired by Montgomery County Commissioner Dan Foley and by the President of Premier Health Partners, Jim Pancoast. The Task Force and its subcommittees consist of 106 of Montgomery County's key community stakeholders and prevention and treatment providers. This group of dedicated and knowledgeable professionals has been charged with assessing the public and private AOD systems and identifying recommended paths for change using a cross-systems approach.



From April 2008 to May 2009, the Task Force members were engaged in a series of community discussions that laid the groundwork for moving the community towards solutions.

Presentations were made by local and state experts, researchers, and providers that shed light on both the impact of AOD problems as well as provided accurate and up-to-date data to be used as the work of the Task Force progressed. This information was utilized to develop a plan for moving forward – to cease talking about the community's problems and to begin developing tangible and realistic community solutions.

The Task Force then engaged Dave Ramey of Strategic Leadership Associates to assist it in moving to the next phase of its work. In May and June 2009, the Task Force members and providers participated in a **SWOT** analysis in order to assess the **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats of the alcohol and drug abuse/addiction systems in Montgomery County as a whole. The responses provided during this process were used to determine a set of strategic goals, objectives, and proposed initiatives for the future improvement of the AOD services and systems in Montgomery County. From this work, five goal areas were established. Subcommittees assigned to each of the five goal areas were given the charge of developing a set of recommendations related to their area:

- **Realign Services to Improve Montgomery County's Capacity to Provide Detox Services** – Engage the public system, hospitals, and the jails in creating a response system for providing detox services in the community by realigning current services. The subcommittee assigned to this goal area was referred to as the *DETOX SUBCOMMITTEE*.
- **Develop a Comprehensive, Coordinated, County-Wide Prevention and Community Education System** – Based on the evidence-based practices of other communities, develop a comprehensive, coordinated, county-wide prevention and community education system that promotes the prevention of alcohol and other drug abuse and addiction by enhancing partnerships to educate, advocate, and support locally-based, community mobilization with shared efforts on state and federal funding, advocacy, training, and stigma reduction. The subcommittee assigned to this goal area was referred to as the *PREVENTION SUBCOMMITTEE*.

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- **Bridge the Gaps Across Assessment, Treatment, and Aftercare/Recovery Services** – Engage private providers and payers, universities, and the public system in creating seamless transitions across assessment, treatment, aftercare and recovery services with a common set of metrics to track client progress. The subcommittee assigned to this goal area was referred to as the *BRIDGING THE GAPS SUBCOMMITTEE*.
- **Improve the Processes for the Collection and Sharing of Data on Individuals and Populations** – Engage the assessing and treating organizations, as well as the Greater Dayton Area Hospital Association (GDAHA) and the universities, in improving the processes for the collection and sharing of data on individuals and populations that are engaged in AOD services. The subcommittee assigned to this goal area was referred to as the *DATA SHARING SUBCOMMITTEE*.
- **Strengthen Intervention and Resources for Repeat Offenders** – Engage the courts and the criminal justice system in strengthening intervention and resources for repeat criminal justice offenders. The subcommittee assigned to this goal area was referred to as the *REPEAT OFFENDERS SUBCOMMITTEE*.

Each subcommittee consisted of members from the AOD Task Force as well as other key community leaders and service providers necessary to complete its work. Subcommittees met from June 2009 through November 2009.

In December 2009, the full Task Force heard presentations from each of the subcommittees about their recommendations. Continued discussions will take place in 2010 with the anticipation that the Final Report of the Montgomery County AOD Task Force will be completed by Spring 2010.



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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 in 2009 included: 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 2009, Help Me Grow Central Intake & Referral received 2,327 referrals, including 977 from hospitals and the medical community, 675 from primary caregivers and family members, and 407 from the Children Services



Division of the Department of Job and Family Services. Help Me Grow nurses made 632 home visits to check on the health and physical status of mothers and their newborns (the Ohio Department of Health ended this program component June 30, 2009). As of December 31st, 1,224 Individualized Family Service Plans (IFSPs) were in place daily for young children and their families being served by ongoing Help Me Grow services.

This has been a very challenging year to all counties due to a significant cut in Help Me Grow funds statewide. Help Me Grow staff have continued to provide excellent services to children and their families while meeting federal and state compliance standards. Help Me Grow – Brighter Futures staff met 100% compliance for all categories in records that the Ohio Department of Health selected for review in the fall of 2009. Locally we also achieved a 100% rating for timely receipt of services which are listed on family plans.

CHILDREN RECEIVING ONGOING HMG SERVICES (DAILY COUNT AS OF 12/31/09)

Under 12 months (includes prenatal) 12 – 23 months 24 – 35 months

AT RISK FOR DEVELOPMENTAL DELAY OR DISABILITY. TOTAL 489



SUSPECTED/DIAGNOSED DELAY OR DISABILITY. TOTAL 735



Source: Ohio Department of Health Early Track



POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP)



Help Me Grow (HMG) Success Stories

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

Newborn Home Visits

Carol, a Help Me Grow nurse, provided a newborn home visit to Brittney and her newborn triplets. While Carol was returning to her car from the visit, Brittney suddenly came out of the house screaming for the nurse's help. One of the babies had suddenly stopped breathing. The nurse ran into the house, confirmed that Faith was non-responsive, and immediately started CPR while the ambulance was called. This newborn, as well as another one of the triplets, was found to have an apnea condition, and appropriate treatment was begun. Brittney was extremely grateful for the Help Me Grow nurse's intervention that helped save her child's life.

Ongoing Services

Pregnant at age 17, LaToya felt frightened and confused. She was at first skeptical about the Help Me Grow – Brighter Futures program. After meeting Sharon, her service coordinator, and having a few home visits, LaToya liked the service so much she even started recommending the program to others. When she had to have an emergency C-section and her newborn son, Jayden, went into respiratory arrest, LaToya appreciated Sharon coming to the hospital to support her during that scary time. LaToya said, "My service coordinator has taught me how to take care of my son, including things that young moms don't know like basic care of a baby, nursing a baby, how much to feed a baby, safety, and parenting in general." Sharon also encouraged LaToya to graduate from high school and obtain her LPN license. LaToya plans to return to school for a BA in Nursing, looks forward to home ownership, and credits her Help Me Grow Service Coordinator with being a great mentor.

In 2009, 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 (1/1/09-6/30/09)

Fidelity Health Care
GDAHA – Brighter Futures
Kettering Medical Center – Precious Beginnings Home Care

DEVELOPMENTAL EVALUATIONS

Montgomery County Board of Developmental Disabilities
Services PACE Program

Rosa and Chris moved to Ohio with their toddler, Aaron, who had been diagnosed with cerebral palsy and entered the Help Me Grow program. With the help of physical, occupational and speech therapy arranged for by their service coordinator, Sheila, their son has made a lot of progress. He's beginning to walk and can't stop talking and singing. Aaron's parents are very proud of all of the hard work their child does every day. Rosa and Chris also appreciate the dedication and excellent job of their service coordinator in getting Aaron the treatments and therapy that he needs.

Both of Luke and Meghan's children have experienced developmental delays and have been served by the Help Me Grow program and the County Board of Developmental Disabilities Services' PACE program. When they lost their rental unit, the family ended up at a local shelter. Their Help Me Grow service coordinator, Jennifer, kept up visits with the family and assisted them with resources for housing and employment. She also encouraged Meghan to complete her GED and Meghan has begun to take classes. The family has obtained housing and childcare. Meghan also has been actively participating in the family meetings offered by Help Me Grow's family support specialist. The family highly values the Help Me Grow services they are receiving and make it a priority to keep their children in the program, even while going through very difficult times.

