

# POSITIVE LIVING FOR SPECIAL POPULATIONS

## 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**

### Susan Hayes

Community Leader  
(starting October 2010)  
**Co-Champion**

### Alan Cochrun

Access Center for  
Independent Living

### Laurie Cornett Cross

Family Representative

### Mark E. Gerhardtstein

Montgomery County Board of  
Developmental Disabilities Services

### Leon Hardin

WSU / SARDI Program  
(starting October 2010)

### Beatrice Harris

Public Health Dayton &  
Montgomery County

### Douglas M. McGarry

Area Agency on Aging, PSA 2

### Darryl Miles

Dayton Metropolitan  
Housing Authority  
(starting September 2010)

### Dennis Moore Ed.D

SARDI – WSU School of Medicine  
(through September 2010)

### Joseph L. Szoke

ADAMHS Board for Mont. Co.

### Jeffrey Vernooy

Wright State University /  
Office of Disability Services

### Joyce C. Young

Washington Township

## STAFF:

### Diane Luteran

OFCF

### Rhianna Crowe

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 Outcome Team Report

In 2010, the Positive Living for Special Populations (PLSP) Outcome Team continued its focus on priority issues affecting special populations, particularly affordable, accessible housing and Fetal Alcohol Spectrum Disorders (FASD) prevention. With new data now available from the US Census specific to people with disabilities, the PLSP Team also proposed and received FCFC approval to change its indicators to reflect broader community measures for Montgomery County's special populations (see pages 39 and 40).

## Affordable Accessible Housing

The PLSP Team continued in 2010 to reach out to parties involved with affordable accessible housing and have dialogue about topics of mutual interest, such as bank incentives for new housing or modifications, community education on accessibility and universal design, public and Section 8 housing, and permanent supportive housing. This dialogue also resulted in a member of DMHA joining the PLSP Team.

As we discussed in the 2009 Report, having an accessible home regardless of a person's ability or the age of the home can benefit residents and visitors alike. Special populations want to live in the least restrictive setting possible, but they need supports to live successfully in homes or other community settings. With an aging population and a limited number of health care professionals and home health workers, getting the supports that special populations need will be an ever-increasing challenge in the future.

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To look at possible new ways of meeting these needs, the PLSP Team visited and provided feedback on the innovative **Living Laboratory Smart Technology House**. The Living Lab has robots, simulation, and sensors all working together in a home-like setting, the first of its kind in the world. This two-story house is located on the grounds of Graceworks Bethany Village in Centerville. The Living Lab opened in November 2009 through federal and state funding. Operational funds and staffing are provided by Wright State University, Sinclair Community College, Premier Health Partners, Graceworks Lutheran Services, and the Nursing Institute of West Central Ohio.



*(Left) A nurse remotely checks in on the grandmother*

*of the Techy Family at the Living Lab through Morgan the Robot, allowing a two-way conversation between patient and healthcare worker. (Right) The grandmother mentioned a recent fall, so the nurse can zoom in to check visually for injuries and other medical problems.*

The house features the “Techy Family,” human patient simulators that represent people of different ages, ethnicities, abilities, and health conditions. In addition, a remote-presence robot, “Morgan,” allows medical and other professionals, including nursing faculty in remote locations, to interact with and instruct students and family members in the home. The Living Lab creates an environment that demonstrates accessibility regardless of a person’s ability or age of the home. Groundbreaking work that can impact the future of healthcare and home care is happening right here in our community.



### FASD Community Education

PLSP Team members were very pleased that an FASD article targeting the medical community, authored by two FASD Task Force members, appeared in January, 2010 in *Primary Care Reports*, the largest peer-reviewed medical journal and publisher of health care newsletters in the world. FASD projects recommended by the PLSP Team in 2010 and funded by the FCFC included the FASD Community Capacity Building Project (see page 33), as well as funds to send a Task Force member to training to develop and begin new support services in 2010 for parents in our community who have children with FASD. Joining a national letter-writing campaign, the FCFC Chairperson and PLSP Co-Champions also wrote to manufacturers of home pregnancy test kits advocating that they include a warning on the kits of the risks to the developing fetus from alcohol consumption during pregnancy.



*James Bryant, MD, FASD Task Force member, spoke to local medical professionals at The Children’s Medical Center of Dayton about Fetal Alcohol Spectrum Disorders during the annual FASD Awareness Week activities in September.*



## POSITIVE LIVING FOR SPECIAL POPULATIONS

### 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

#### James Bryant, M.D.

Ohio Pediatrics, Inc.

#### Susan Caperna

Parent Representative

#### Rev. Dr. Leroy Cothran

United Missionary Baptist Church

#### Christopher S. Croom, M.D.

Perinatal Partners, LLC/  
Department of OB/GYN,  
Boonshoft School of Medicine,  
Wright State University

#### Molly Dickinson, CNM, MS

Planned Parenthood of Southwest Ohio (starting Dec. 2010)

#### Barbara Jacobs, RD, LD, MA

Public Health - Dayton & Montgomery County

#### Jane Lingo, RN

Holy Family Prenatal/  
Elizabeth's New Life Center

#### 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 Developmental Disabilities Services

#### Tracey Waller, MBA, RD, LD, IBCLC

Public Health - Dayton & Montgomery County

### STAFF:

Andrea Hoff, OFCF

Rhianna Crowe, OFCF

### Montgomery County FASD Task Force

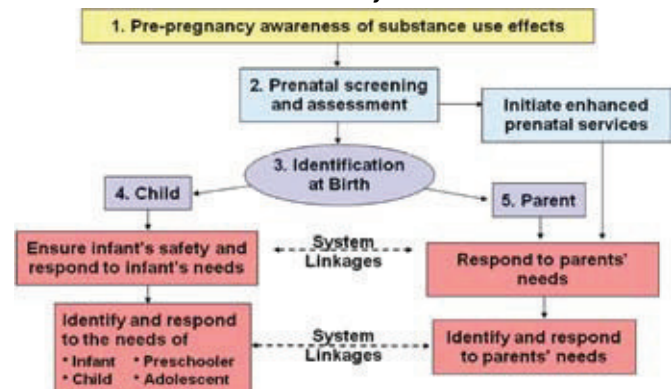
Fetal Alcohol Spectrum Disorders (FASD) impact more children than autism and Down syndrome and are the leading known preventable cause of mental retardation in the United States. Alcohol is a teratogen, meaning it causes permanent defects to the developing fetus. Effects to the baby may include physical, mental, behavioral, and/or learning disabilities and the damage is irreversible, leading to life-long consequences.

Cognitive deficiencies resulting from prenatal exposure to alcohol cause individuals to have problems with decision-making or considering the long-term consequences of their actions. Examination of the life histories of over 400 patients (ages 6 – 51) enrolled in the Fetal Alcohol Follow-up Study of the University of Washington revealed the following:

- 94% had mental health problems
- 23% had received inpatient care for mental illness
- 83% of adults experienced dependent living
- 79% of adults had employment problems
- 60% of those age 12 and older have had trouble with the law
- 35% of adults and adolescents had been in prison for a crime
- 45% engaged in inappropriate sexual behavior
- 43% had disrupted school experiences (e.g., dropping out)

FIGURE 1.

#### Five Points of Intervention: A Policy and Practice Framework



The Montgomery County FASD Task Force has worked diligently on the FASD issue since early 2008. In 2009, they developed a county-wide strategic plan to address the FASD issue on a large scale. This plan is based on the “Five Points of Intervention: A Policy and Practice Framework,” developed by the National Center on Substance Abuse and Child Welfare—a service of the Substance Abuse and Mental Health Services Administration of the federal government—specifically to address the issue of substance-exposed infants.

The Montgomery County plan establishes objectives and strategies at each of the critical points along the FASD continuum (see Figure 1).

The community plan is comprehensive; each objective is accompanied by actionable items that address a variety of target populations while incorporating system linkages between each point on the continuum. It also incorporates researching best practices and developing measurable outcome evaluations for each objective. The underlying intention is to work with the various community systems (i.e., schools, medical community, social service providers, etc.) to build both their awareness and capacity to incorporate the issue of FASD as part of their normal daily routine of services.

The Montgomery County FASD Task Force, made up of volunteer members, realized they do not have the capability to implement the plan comprehensively. Therefore, the FCFC acknowledged this important issue by approving funding to support the Montgomery County FASD Community Capacity Building Project in 2010. Public Health – Dayton & Montgomery County (PHDMC) is the fiscal and administrative agent of these funds. In October 2010, a contract was awarded to The Children's Medical Center of Dayton to implement the project. Funding for this program is secured through 2013 and will concentrate on pushing the strategic plan out into the community, making the essential connections with community partners, and providing the community with the tools they need to positively impact the FASD issue.

## POSITIVE LIVING FOR SPECIAL POPULATIONS

### 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**

Center for Intervention, Treatment,  
and Addictions Research /  
Wright State University  
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**

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

**Norm Schneiderman, MD**

Miami Valley Hospital

**Leigh Sempeles, 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

**Joseph L. Szoke**

ADAMHS Board for Montgomery County

**Doug Teller, MD**

Kettering Medical Center Network  
Detox Subcommittee Co-Chair

**Andrea White**

South Suburban Coalition...United for  
Alcohol and Drug-Free Youth

**Rev. Carlton Williams**

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

**Jim Wilson**

Parity, Inc.

**STAFF:****Sandy Barnum**

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Office of Family and Children First  
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**Jayne Jones-Smith**

ADAMHS Board for Montgomery County  
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**Diane Luteran**

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**Geraldine Pegues**

Office of Family and Children First Bridging  
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**Joyce Probst-MacAlpine**

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**Catherine Rauch**

Office of Family and Children First  
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Center for Alcoholism and Drug Addiction  
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**Kathleen Shanahan**

Office of Family and Children First Bridging  
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**Robert L. Stoughton**

Fitz Center, University of Dayton /  
Office of Family and Children First  
Data Sharing Subcommittee Staff

## POSITIVE LIVING FOR SPECIAL POPULATIONS

### Montgomery County Alcohol and Drug Abuse Task Force Report

Substance abuse does not discriminate against anyone based on race, gender, or socio-economic background. Thus, individuals impacted by alcohol and other drug (AOD) issues are found in every neighborhood of every community in Montgomery County. This issue is further complicated by the various ways in which people are impacted; some individuals are in the early stages of abuse while others have struggled with the disease of addiction for many years. Given the extreme variations, it is understandable that there are no easy solutions to this community issue.

In recognition of the turmoil that AOD abuse and addiction cause in our community, the Montgomery County Board of County Commissioners, at the request of the FCFC, established the **Montgomery County Alcohol and Drug Abuse Task Force** (referred to as the AOD Task Force) in April 2008. The Task Force is chaired by Montgomery County Commissioner Dan Foley and the President<sup>1</sup> of Premier Health Partners, Jim Pancoast. From 2008 to 2010, nearly 150 community members and stakeholders participated in a strategic process that assessed the public and private AOD service systems in Montgomery County and identified and recommended paths for change.

In early 2010, the Task Force developed a set of 32 recommendations to address gaps in services, systemic barriers, and to improve our overall AOD systems and services. These recommendations are based upon five key principles:

- The **INFRASTRUCTURE** necessary for Montgomery County to provide quality AOD services requires an increased capacity to work collaboratively across and between systems and services.
- **PREVENTION** services are critical to thwarting the detrimental effects of AOD abuse and addiction.

- High-quality **TREATMENT** services that meet each individual's unique needs and circumstances should be available and accessible to individuals struggling with addiction.
- **LINKAGES**, or transition services between prevention, assessment, treatment, and aftercare, should exist along an unbroken continuum so that individuals do not have the opportunity to fall through the cracks.
  - The capability to **SHARE DATA** across systems currently exists and implementation of those data sharing mechanisms would enhance overall service provision and client care.



In order to obtain the perspective of individuals currently in treatment and recovery, focus groups were conducted. The groups were conducted by Strategic Visioning, Inc. and included over 40 individuals from Nova House, Project CURE, Samaritan Homeless Clinic, Adult Drug Court, and Juvenile Drug Court. Each group was asked to review a portion of the Task Force's recommendations applicable to the services provided to their particular cohort. Valuable insights resulted from these focus groups as the participants painted a picture of their lives and the tribulations that they've endured as a result of their addictions. These insights were utilized to validate the practicality of the Task Force recommendations and to adjust those in need of modification.

The *Report to Improve Alcohol & Other Drug Abuse & Addiction Services in Montgomery County*, outlining the Task Force process and recommendations, is slated to be released to the Board of County Commissioners in early 2011. Once approved, it is anticipated that an AOD Implementation Advisory Team will be formed in order to support the collaborative cross-systems approach of the recommendations' implementation and to ensure the community continues to take the necessary steps toward improving the AOD services and systems in Montgomery County.

<sup>1</sup> President and CEO, effective Jan. 1, 2011.

## POSITIVE LIVING FOR SPECIAL POPULATIONS

### Help Me Grow

#### HELP ME GROW CENTRAL INTAKE & REFERRAL

937-208-GROW (4769)

The path to school readiness begins with the prenatal to three-year-old period, a time of incredible growth and development that lays the foundation for a child's future success. Help Me Grow is a state- and federally funded initiative for eligible expectant mothers, newborns, infants, and toddlers to help give young 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 contracts. Participation in Help Me Grow is entirely voluntary. Services are based on the needs and desires of each family.

Help Me Grow provides child find and outreach activities; information and referral for families; visits in the home utilizing the research-based home visiting Nurse Family Partnership and Parents As Teachers curricula; assessments and developmental evaluations; service coordination and linkage to community resources; and family support and other services until the child's 3rd birthday.

In 2010, the Greater Dayton Area Hospital Association's Help Me Grow-Brighter Futures program provided Central Intake and Referral and Ongoing Help Me Grow Services. Developmental evaluations in 2010 were provided by the Montgomery County Board of Developmental Disabilities Services PACE Program, with assistance from Public Health-Dayton and Montgomery County and Help Me Grow-Brighter Futures.

As children in the program approach age 3, Help Me Grow works with local school districts, Head Start programs, and the Montgomery County Board of Developmental Disabilities Services to transition children successfully to an appropriate preschool setting, the next path on the road to school readiness.

**Referrals** - In 2010, 1,966 referrals to Help Me Grow Central Intake and Referral came from a variety of sources:

<b>Primary caregivers/family members</b>	<b>31%</b>
<b>Hospitals</b>	<b>24%</b>
<b>Physician</b>	<b>20%</b>
<b>Children Services (including CAPTA)</b>	<b>11%</b>
<b>Help Me Grow (including transfers between counties)</b>	<b>7%</b>
<b>Community screenings/referrals</b>	<b>4%</b>
<b>Health and behavioral health</b>	<b>4%</b>



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**Ongoing Services** - As of December 31st, a total of 983 service plans were in place daily for young children and their families in the Help Me Grow program.

### CHILDREN RECEIVING ONGOING HMG SERVICES (DAILY COUNT AS OF 12/31/10)

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

**AT RISK FOR DEVELOPMENTAL DELAY OR DISABILITY\*. TOTAL 158**

53      69      36

**SUSPECTED/DIAGNOSED DELAY OR DISABILITY. TOTAL 825**

149      269      407

\*\* Includes new Ohio Dept. of Health category of Home Visiting that began in July 2010  
Source: Ohio Department of Health Early Track

### 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):

**Even though** she was regularly seeing a pediatrician, Latisha was very concerned that her 2 ½ year old son, Trayvon, had zero words in his vocabulary. Latisha called Help Me Grow Central Intake and Referral to discuss her concerns and was enrolled in the program. Tasha, her Help Me Grow service coordinator, arranged for a developmental evaluation, which identified that Trayvon had apraxia, a neurologically-based speech delay. Trayvon is now in intensive therapy, including sign language. He's such a bright boy and picks up about ten new signs every week. Latisha is so pleased with the progress that Trayvon is making and is so glad she didn't wait any longer before calling Help Me Grow.

**Ashley, a teen mother,** was expecting twins and was homeless. Her Help Me Grow Home Visitor and Nurse Family Partnership (NFP) nurse, Monica, established a trusting relationship with this young mom prenatally, which was the foundation for support, education, and positive role modeling. Ashley was able to get into a homeless shelter, which provided a safe environment. The twins arrived full-term and healthy. Monica taught Ashley how to provide her twins with tummy time and stimulating infant games. Ashley herself became a role model for other mothers as they saw her reading and singing to her babies. The NFP Home Visitor

also helped Ashley find a "medical home" for health care for the twins and stressed the importance of well-child checkups and immunizations. Ashley has kept all of the twins' appointments. The family will be moving to an apartment soon, and Monica will continue to provide home visits in their new home.

**Savanna's baby,** Alex, was born at 25 weeks, weighing 1 lb., 10 oz.. Alex also developed hydrocephalus ("water on the brain") and spent over 100 days in Children's Medical Center's Neonatal Intensive Care Unit. The hospital's child find specialist connected Savanna with Help Me Grow when Alex was ready to come home. Amber, the Help Me Grow Service Coordinator, came to see Savanna and Alex at home before they even had unpacked. Amber connected the family with Public Health's physical therapist who came to the home and taught Savanna how to handle Alex, including how to stretch his muscles to loosen his twisted neck. Alex now is 2 ½ and attends the Board of DDS' PACE (Parent and Children Enrichment Program) program. He receives a number of therapies, all under one roof. Amber now is working with the family to transition Alex to his local school district when he turns 3. Savanna is very grateful for all of the support and services the family has received through Help Me Grow. Savanna says, "They've really done an incredible job! All of this support, combined with Alex's internal drive, is amazing to me."

