



MINUTES

Board Meeting
March 28, 2018

Present: Judy Cook, Chair
Caroline Gentry
Michael McKewen
Jim Newby
Margaret Patterson
Clarence Williams
Anthony Whitmore

Staff: Andrea Hoff
Helen Jones-Kelley
Jonathan Parks
Ann Stevens
Fred Tatum
Lynn Voisard

Absent Shallon Coleman
Jackie Jackson
Laura Middleton

CALL TO ORDER

Chair J. Cook, called the meeting of Montgomery County Alcohol Drug Addiction and Mental Health Services to order at 5:30 PM in the offices of the Montgomery County Alcohol Drug Addiction and Mental Health Services with a quorum present.

RECOGNITION OF GUESTS

Director Jones-Kelley introduced the guests present.

BOARD SPOTLIGHT

Katie Lemke from Working Partners/Drug Free Work Place shared information on: 1) Current drug trends impacting the workplace; 2) Best practice strategy for responding and preventing; and 3) Resources for continued learning.

Attached is a copy of the presentation.

- Montgomery County ADAMHS and Public Health-Dayton-Montgomery County met Tuesday, March 27th for a joint work session. It was a productive meeting and future meetings will be held 2nd Wednesday's quarterly.
- April Meeting Dates – will be adjusted due to attendance at NATCON 2018
 - Administrative Policy Committee will meet Wednesday, April 11th at 4:00pm
 - Program & Services Committee is to be determine
 - Executive Committee – April 25th CANCELLED
 - Board Meeting – April 25th CANCELLED
- Board Resignation – it is with regret that the board accepts the resignation of Lou Fries effective 3/19/2018.

EXECUTIVE DIRECTOR'S REPORT


Director Jones-Kelley reported the following:

- March 13, 2018 – made a presentation at the Board of County Commission on Montgomery County ADAMHS 50th Anniversary.
- October 11, 2018 – Save The Date for a 50th Anniversary Celebration event
- Draft 2018-2020 Strategic Plan is at places, please review and provide feedback to Lynn Voisard. Staff has begun working on the work plan to achieve the seven strategic initiatives.
- SouthWest Regional Retreat – Montgomery County hosted the executive directors and staff from Warren, Logan-Champaign, Preble, Madison-Clark-Greene. Discussion was about the future of behavioral health in Ohio and what the system would look like if we could design it and to position ourselves in working with managed care across the state. A working document was developed and a future meeting date was set.
- Medical Marijuana Symposium hosted by OACBHA on April 25th 9:30-3:30 at Xenos Christian Church. Please let Lynn Voisard know if you are interested in attending.
- Community Review Team/Human Service Levy briefing on Monday, April 16th 9:00am-10:30am. ADAMHS staff are working on the Levy Request for Information which is due Friday, April 6th. Will submit collectively with PHDMC on budget items the two organization can work together
- Appreciation Week/April 9th – 13th: OACBHA is encouraging ADAMHS Boards across the state to do a week of appreciation celebrating first responders. The initiative is Bringing Hope. Bringing Help, Thank you.
- Opiate Conference in Columbus on June 11-12th. Registration will be open soon. All six proposal Montgomery County ADAMHS submitted for presentation were approved.

- Jonathan Parks, CFO has been selected as the Director Office Management and Budget effective July 2, 2018.
- Anthony Whitmore was presented with a thank you for serving on Montgomery County Levy Council.


ADJOURNMENT

With no further business, the meeting was adjourned.



Judy Cook, Chair

Prepared by Lynn Voisard



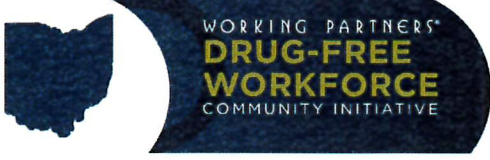
**WORK IT OUT:
MANAGING CURRENT WORKPLACE RISKS
ASSOCIATED WITH SUBSTANCE ABUSE**

Montgomery County ADAMHS Board Meeting
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INTRODUCTION



Consulting & Training
Risks related to S.A.
Operations + Legal
Legal: Littler Mendelson
Partnership Projects



- 17 Community Behavioral Health Boards selected to implement
- 279 business stakeholders provided expertise and support
- 1,484 community leaders and 3,229 businesses responded to a first of it's kind survey
- 70 businesses completed the 14-hour technical assistance course
- Over 10,000 covered lives by the technical assistance course alone

PAST MONTH ILLICIT DRUG USE

	2002	2004	2006	2010	2012	2013	2014	2015	2016
12 or older	8.3	7.9	8.3	8.9	9.2	9.4	10.2	10.1	10.6
12-17	11.6	10.6	9.8	10.1	9.5	8.8	9.4	8.8	7.9
18-25	20.2	19.4	19.8	21.6	21.3	21.5	22.0	22.3	23.2
26 or older	5.8	5.5	6.1	6.6	7.0	7.3	8.3	8.2	8.9

**75% OF SUBSTANCE ABUSERS
ARE EMPLOYED**

The percentage of American workers testing positive for illicit drugs has increased for the **4th CONSECUTIVE YEAR** in the U.S. workforce.

2013	4.3%
2014	9.3%
2015	2.6%
2016	4.0%

ACUTE OUCH ...

**"WE CAN'T FIND
WORKERS WHO CAN
PASS A DRUG TEST!"**

CHALLENGES

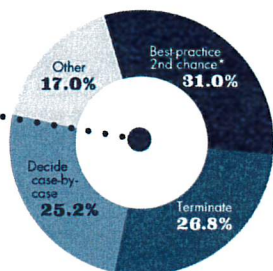
Additional financial
losses

Tempted to drop
standards

Stuck: termination vs.
2nd chance?



- **CURRENT EMPLOYEES:** Disciplinary action for current employees who test positive varies from providing a second chance, termination or action decided on a case-by-case basis.



*Best practice second chance = clearance by a counselor and a negative return-to-duty test

WHAT ARE THEY TESTING + FOR?

	2002	2012	2015	2016
Marijuana	57.7%	43.4	45.19	45.53
Amphetamines	6.7%	19.3	21.34	22.33
Opiates	5.3%	9.8	9.80	8.74
Benzodiazepines	5.0%	9.6	8.21	7.84
Cocaine	13.9%	4.8	4.85	5.24
Barbiturates	2.9%	3.5	2.83	2.61
Oxycodone		3.0	2.57	2.61
Methadone	1.2%	2.3	2.12	2.05
6-AM (HEROIN)		.09	.16	.15

"UPS"

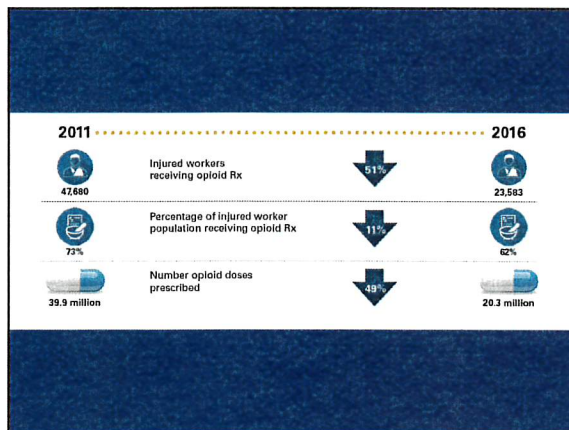
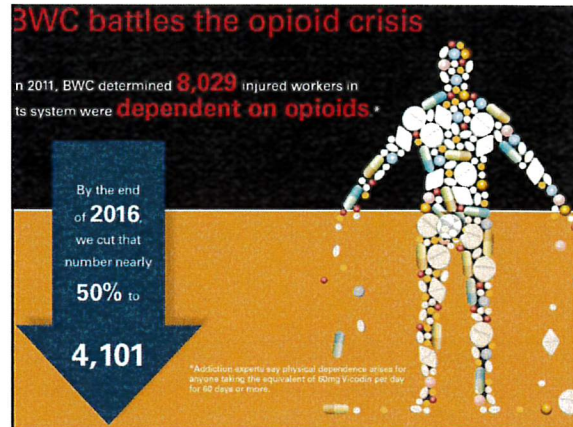
- **Amphetamines**
 - Increased 8% (2015-2016)
 - Increase primarily driven by Rx meds (e.g., Adderall®)
 - Meth – 64% increase 2012 - 2016
- **Cocaine**
 - Increased 4th consecutive year
 - Increased 12% (2015 – 2016)

From 2012 – 2015, cocaine claimed the lives of more African American men than heroin:

- Cocaine – 7.6 per 100,000 men
- Heroin - 5.45 men per 100,000 men

OPIATES/OPIOIDS

- Heroin - Holding steady after 4 yr increase
- Oxycodone – decreased 28% (2012 – 2016)
- Hydrocodone – decreased for 2nd year



A DOSE OF REALITY Prescribing positive impact for your workplace

Generation Rx

HOME ABOUT THE CAMPAIGN THE ISSUE PREVENTION & AWARENESS FOR EMPLOYERS OPERATING SAFELY FOR EDUCATION & TRAINING EMPLOYEE WARENESS TOOLS CONTACT US

Spread the Word! Collect the employee awareness resources.

A DOSE OF REALITY Prescribing positive impact for your workplace

www.GenerationRxWorkplace.com

OPIOID TOOLKIT

Andy Doherty

There's a common thread when it comes to opioid addiction: it doesn't discriminate. The Ohio Chamber of Commerce sponsored a task force to address the epidemic. The members of the task force are working to address the epidemic by creating a toolkit of resources for employers to provide to their employees. The toolkit includes information on how to recognize the signs of addiction, how to get help, and how to get help for your employees. The toolkit is available at www.ohiochamber.com/opioid-toolkit.

OHIO CHAMBER OF COMMERCE

WORKING PARTNERS

Anthem BlueCross BlueShield

MARIJUANA

2012 to 2013	
• U.S. workforce:	5%
• Colorado:	20%
• Washington:	23%
2013 – 2014	
• U.S. workforce:	14.3%
• Colorado:	14%
• Washington:	16%
2015 – 2016	
• U.S. workforce:	4%
• Colorado:	11%
• Washington:	9%

OHIO HB 523



BOTTOM LINE:

Employers are not required, but are not prohibited from accommodating lawful marijuana use.*

* Unless prohibited by an authority

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SO THEY NEED TO DECIDE*

YES ... NO ... MAYBE?

*DEADLINE: September 8, 2018



OHIO'S OFFICIAL RESOURCE
FOR THE MEDICAL MARIJUANA CONTROL
PROGRAM

EDUCATION | REGISTRATION | TESTING | DISPENSARIES | PHYSICIANS | PATIENTS & CAREGIVERS

WELCOME

House Bill 523, effective on September 8, 2018, regulates medical marijuana in Ohio. The Ohio Medical Marijuana Control Program will allow people with certain medical conditions, upon the recommendation of an Ohio-licensed physician, to purchase and use medical marijuana.

www.MedicalMarijuana.Ohio.gov

COMPREHENSIVE & LEGALLY SOUND DRUG-FREE WORKPLACE PROGRAM

1. Policy & Operations
2. Employee Education
3. Supervisor Training
4. Testing
5. Assistance for Employees

1 IN 3 BUSINESSES DON'T
ADMINISTER
ANY COMPONENT
OF A BEST-PRACTICE
DFWP PROGRAM

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POLICY BASICS

- Written/customized by legal counsel or DFWP consultant
- Written operations
- Appropriate forms
- Consistent with other policies/practices
- Union blessing
- Aligned with all laws and authorities
- STATE-specific

DRUG AND ALCOHOL TESTING

1. When to test
2. Best practice testing methodology
3. What to test for

NEARLY ½ OF BUSINESSES
DON'T KNOW
WHAT THEY'RE TESTING FOR

EXPANDED OPIATE TESTING

- | | | |
|-----------------|--------------------|-------------------|
| 1. AMPHETAMINES | 6. BARBITURATES | 11. HYDROCODONE |
| 2. COCAINE | 7. METHADONE | 12. HYDROMORPHONE |
| 3. CANNABINOIDS | 8. BENZODIAZEPINES | 13. OXYCODONE |
| 4. PCP | 9. PROPOXYPHENE* | 14. OXYMORPHONE |
| 5. OPIATES | 10. METHAQUALONE* | 15. FENTANYL |

EMPLOYEE EDUCATION

- Notice to applicants and employees
- Sign-off
- Annual refreshers
- Make it relevant!
- Education can MOTIVATE
- Education can PREVENT

THE WORKPLACE IS A POWERFUL PLACE TO
PREVENT & RESPOND TO THE OPIATE
EPIDEMIC!

CONSIDER: 4 of 5 new heroin users started out misusing
prescription painkillers!

*(Let's EDUCATE employees when they have an accident
& are prescribed meds.)*

CONSIDER: Kids of parents who talk to them about
drugs are up to 50% less likely to use.

(Let's meet parents where they are [at work] and give them tools to talk!)

SUPERVISOR TRAINING

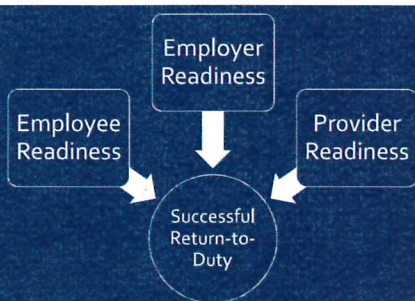
- Annual
- Supervisors have the power!
- BARRIERS EXIST
- Need skills
- Need perspective & motivation
 - When to insert
 - What data to collect (and how)
 - How to move it along!

Only about $\frac{1}{4}$ of businesses conduct annual DFWP employee education



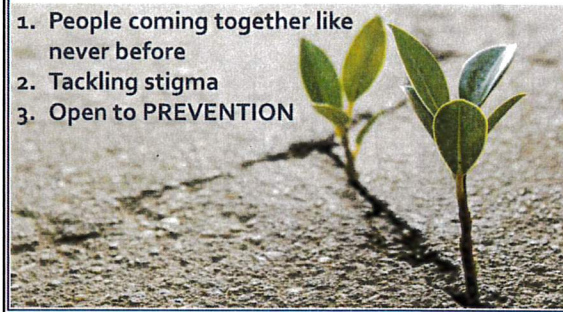
Even fewer businesses conduct annual supervisor training

EMPLOYEE ASSISTANCE

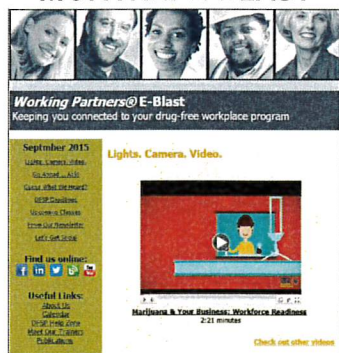


OPPORTUNITY!

1. People coming together like never before
2. Tackling stigma
3. Open to PREVENTION



MONTHLY E-BLAST



CONTACT INFORMATION



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