

Minutes

February 8, 2022

Commissioners present: Michael Pepple, William Bateson, and Timothy Bechtol.

Also Present: Alec Helms, Cindy Land, Adam Witteman, Mary Ann LaRoche

Commissioner Pepple opened the meeting at 9:30 a.m. in the Commissioner's 1st floor conference room. The Pledge of Allegiance was recited. Minutes from the February 3, 2022 meeting was read with Timothy Bechtol making the motions to approve, William Bateson seconded. Motions passed 3-0.

The Assistant Clerk presented the following resolutions for consideration:

Resolution #70-22 – Authorizing the payment of the listed and/or attached Purchase Orders. Timothy Bechtol made a motion to approve, William Bateson seconded. Motion passed 3-0.

Resolution #71-22 – Additional appropriation within the Auditor's certification – Commissioner's to appropriate to Local Coronavirus Relief Fund - \$2,608.38. Timothy Bechtol made a motion to approve, William Bateson seconded. Motion passed 3-0.

Resolution #72-22 – Transfer of funds from Job & Family – General Office to Children Services. Timothy Bechtol made a motion to approve, William Bateson seconded. Motion passed 3-0.

Resolution #73-22 – Transfer of funds from Job & Family – General Office to Children Services. Timothy Bechtol made a motion to approve, William Bateson seconded. Motion passed 3-0.

Resolution #74-22 – Transfer of funds from Job & Family – General Office to Children Services. Timothy Bechtol made a motion to approve, William Bateson seconded. Motion passed 3-0. Timothy Bechtol asked what the last three resolutions were and why they were done separately. Alec Helms explained these are the recurring transfers done by JFS for operating and that they are done separately because of reporting and usage purposes by JFS.

The Commissioners signed the Maumee Watershed Conservancy District January 2022 invoice for reimbursement for the Upper Blanchard Flood Mitigation project.

Timothy Bechtol made a motion to bring back into discussion resolution #69-22 that was tabled during the February 3, 2022 meeting. William Bateson seconded. Motion passed 3-0.

Alec Helms presented the following resolution:

Resolution #69-22 – Authorizing a memorandum of understanding between Hancock County Job & Family Services and Open Arms Domestic Abuse and Rape Crisis Services (Open Arms). Timothy Bechtol made a motion to approve, William Bateson seconded. Motion passed 3-0. Cindy Land stated this MOU is to clarify the procedure to provide emergency temporary shelter

at Open Arms for minors when needed to keep them safe while arrangements are being made. The MOU states a JFS employee will be with the minor at all times and they will not be there any longer than 72 hours.

Adam Witteman stated that resolution #71-22 was interest earned on Coronavirus Relief money that was received. Auditor Rauschenberg received word that the money could be spent up until February 18, 2022. Adam stated they plan to use the money to reimburse Probate/Juvenile Court for 2020 expenses.

Meetings/Reports

Timothy Bechtol had nothing to report.

William Bateson attended the Family First meeting yesterday. They provided a presentation on the hospital/county program to help addicted mothers and their babies during the 1st year.

Michael Pepple had nothing to report.

At 10:30 a.m. the Commissioner's met with Randall Galbraith from Hancock County Job & Family Services. Mr. Galbraith stated there are currently 63 children in their care and are averaging around 100 children per month receiving in-home services. They have just learned that one child's current placement has broken down and they will need to send them out of state for placement, due to extenuating circumstance. This will be a long-term placement and will have a larger cost of placement of this child. Mr. Galbraith provided an updated expense report. He added that they have not received the January placement cost billing yet. JFS has been awarded the START grant that was previously applied for and will receive roughly \$176,000. This grant will provide for a dedicated case worker and peer support with no more than 15 cases. Mr. Galbraith will learn more about this later today at the 1st meeting for the grant. The Commissioners and Mr. Galbraith discussed possible Project DAWN expansion ran by the Hancock Public Health. The Commissioners made the decision to allow caseworker's and JFS staff to be provided Naloxone kits from Hancock Public Health for any situations they may enter but they would not like JFS to become a distribution site of the kits to the public. Mr. Galbraith requested a proclamation be drafted and read for their Child Abuse Awareness month ceremony tentatively scheduled for April 13th, 2022. The Commissioners agreed. The Commissioners also approved the proposed flexible scheduling hours for the Family Assistance workers. Mr. Galbraith stated that they have begun looking into climate-controlled storage facilities in the Findlay area to store files that are currently being stored at the JFS building, due to the leak in the roof. It looks like they will need to pay about \$200-\$300 per month for the storage and will also need to pay an outside company to box up and move the files, as he does not have the staff to complete that at this time. He shared his concerns that the Feds might ask about the lease of a building they cannot currently use. Tim Bechtol reassured him that they are getting closer to this project and they will get it done as soon as possible.

Respectfully submitted,

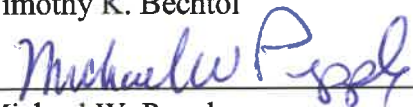


Alec Helms, Assistant Clerk

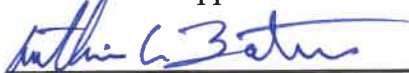
Reviewed and approved by:



Timothy K. Bechtol



Michael W. Pepple



William L. Bateson



**Hancock County
Job & Family Services**

P.O. Box 270
7814 Co. Rd. 140
Findlay, Ohio 45839
TOLL FREE: (800) 228-2732
PHONE: (419) 422-0182

Randall L. Galbraith, Esq., Director

Commissioner's Report – February 8th, 2022

- 1) Children in CPSU Custody
- 2) Placement Costs

2021 Wrap up (To Date)	
Balance Brought Forward (end of December 2020 placements)	212,185.22
2021 YTD Foster Care Placement	2,483,526.48
YTD Shared Placement Costs	198,084.89
ADAMHS and Juvenile Court Share	(132,056.61)
SCPA used for shared	(25,588.07)
Title XX used for shared (first six months only)	(40,440.21)
YTD Adoption (county share)	70,013.25
IV-E Reimbursement for Placements	(943,160.79)
Title XX Reimbursements for Placements	(107,587.29)
SS & Child Support	(108,185.20)
MSY Reimbursement (March)	(58,746.69)
MSY Reimbursement	(58,595.31)
SCPA SFY21 used for foster care services	(304,912.94)
Levy funds received	(1,700,532.73)
30-Days to Family Salary, Benefits, & Shared Costs	38,815.36
EOY 2021	(477,180.64)
2022 Expenses (To Date)	
January Adoption Assistance	6,379.64
February Adoption Assistance	6,342.52
30-Days To Family January	6,147.04
NET Balance	(458,311.44)

- 3) START Grant – Sobriety, Treatment and Reducing Trauma

Uses grant funds to provide a dedicated caseworker and peer support
Roughly \$176,000.00 in total
Training sessions will give us details
On the federal list for IV-E reimbursement (FFPSA)

Providing Help Today and Building Hope for Tomorrow

Child Support Enforcement
(419) 424-1365
Fax (419) 424-7288

Workforce Development
(419) 422-3679
Fax (419) 422-8349

Ohio Works First
(419) 425-6375
Fax (419) 422-1081

Childrens Protective Services
(419) 424-7022
Fax (419) 424-7485

4) Hancock Public Health Project DAWN Expansion

MOU to distribute Naloxone kits to at-risk populations
Also provide personal kits to CPSU caseworkers

5) Child Abuse Awareness Month

Event tentatively scheduled for April 13th
Produce and read a proclamation?

6) Proposed Flexible Scheduling

Attempt to recruit and retain staff
Straight 8 hour schedules and four 10 hour days are already part of the policies

Family Assistance –

Currently being offered to staff out of probation:

7:00-3:30

7:30-4:00

8:00-4:30

Note When a staff member opts for 7:00-3:30 or 7:30-4:00 and they are scheduled to cover all day on the call center, they are required to work 8:00-4:30. We keep at least 4 staff members working until 4:30 to ensure there is coverage during business hours.

Proposed Change for All FA Staff:

4 – 9-hour days (Monday-Thursday) with a half day (8:00-12:00) on Fridays.

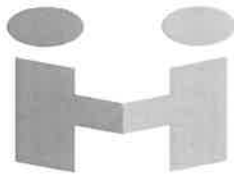
9-hour day options - 7:00-4:30

7:30-5:00

8:00-5:30

7) Storage Building Proposal

Need to move important docs to climate-controlled storage from JFS building
May need to discuss building lease options due to occupancy of JFS building



Hancock County
Job & Family Services

Children's Protective Services Unit

January 2022

Date of Report: February 2, 2022

Total Number of reports Received:	
November	129
December	135
January 2022	136
Screened In/Out	
November	IN=33, OUT=96
December	IN=52, OUT=83
January 2022	IN=41, OUT=95
Breakdown of case Type Screened In:	
TR/AR/FINS	
November	TR=18, AR=14, FINS=1
December	TR=24, AR=26, FINS=2
January 2022	TR=13, AR=25, FINS=3
Total Number of Kids in Care at months end	
November	73
December	63
January 2022	63
Breakdown of <u>Current</u> Placements (63)	
Family Foster Homes	32
Kinship Placement	22
Group Home	6
Residential	2
AWOL	1
Total number of Children Entering Care/Exiting Care	
November:	Enter=5, Exit=7
December	Enter=3, Exit=13
January 2022	Enter=6, Exit=6
Total number of Children Receiving In-Home Services	
November	96
December	100
January 2022	104

PCSAO
PUBLIC CHILDREN SERVICES
association of ohio



**“DON’T
KNOW
MUCH
ABOUT
HISTORY”**

- Developed in Cleveland in the 1990’s
- Adoptions Safe Families Act
- Cross-systems Collaborations
- Improve Quality of Care
- Less Punitive Approach

STAR

Sobriety Treatment

Programs

- Not just another initiative
- Collection of strategies
- Recognized as Evidence Based
- National Model with Children and Family Futures

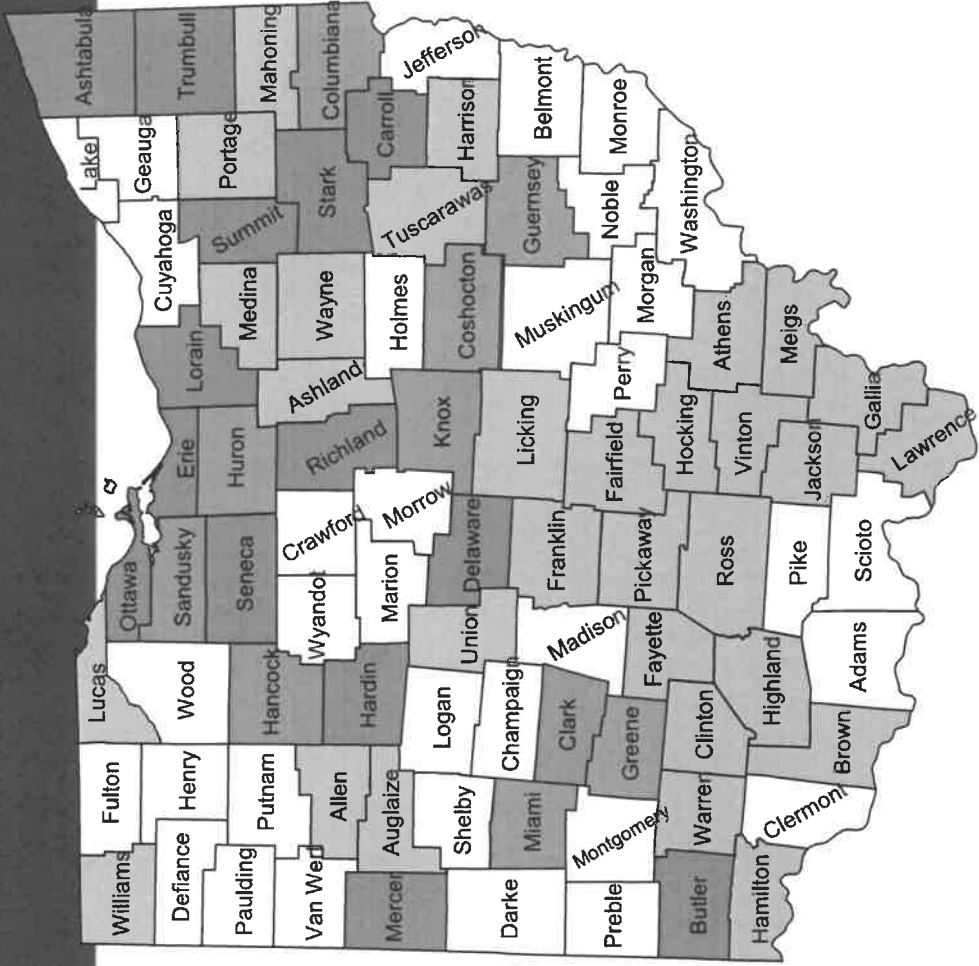


Current START Sites

- Kansas: 15 Counties
- Kentucky: 7 Counties
- Maryland: 13 Counties
- New York: 1 County
- North Carolina: 1 County
- Ohio: 54 Counties
- West Virginia: 5 Counties



Current Ohio START Counties



Cohort 1

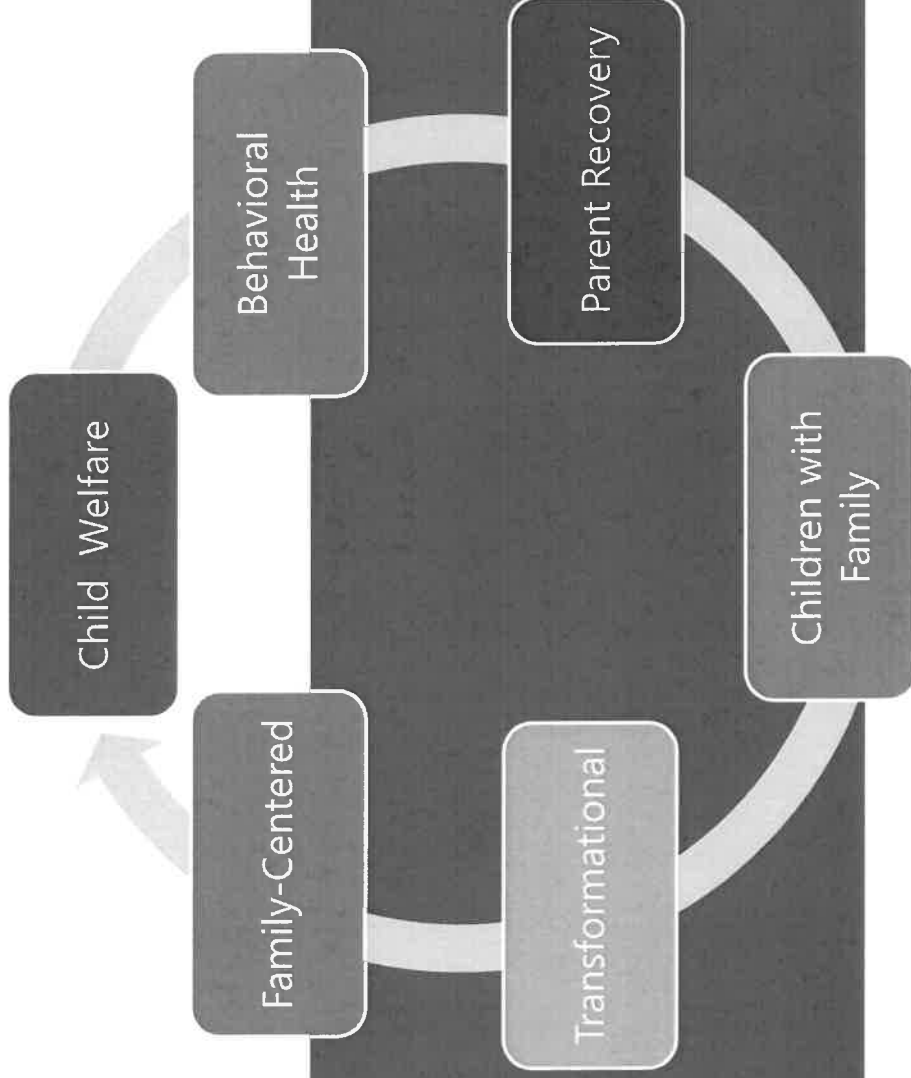
Cohort 2

Cohort 3

Cohort 4

Cohort 5

What is Ohio START?



The Model

Early Identification of Families

Quick Access to SUD Treatment

Weekly Home Visits

Shared Decision Making

Rigorous Evaluation



Children remaining with parents

Reduced child maltreatment

Parental recovery

Permanency for children

Family stability and self sufficiency

Systemic Improvement

Ohio START Team



Dyad

Child
Welfare
Worker

Family
Peer
Mentor

Co-located

Partnership

Capped
Caseload



**FAMILY
PEER
MENTORS**

- Long Term Recovery from Substance Use Disorders
- Personal History with Child Welfare
- Child Welfare Case Should be Closed a Year or Longer
- High School Education/GED
- No Longer Involved in the Court System



Role of Family Peer Mentor

- Help parents navigate system
- Engages families early
- Introduces parents to recovery support
- Makes face-to-face visits
- Supports relative caring for the child
- Intensive involvement with family

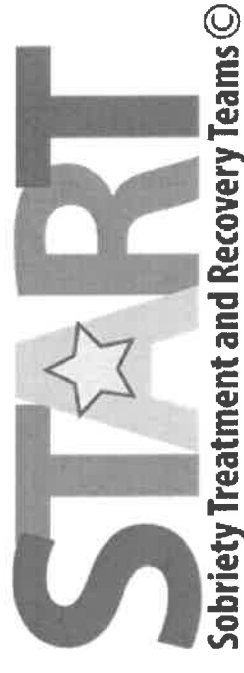
Published Outcomes

Children in START are about **half as likely to enter foster care**

Over 75% of START kids **remained with or were reunified** with their parent(s)

For every dollar spent on KY START, \$2.22 is **saved in offset foster care costs**

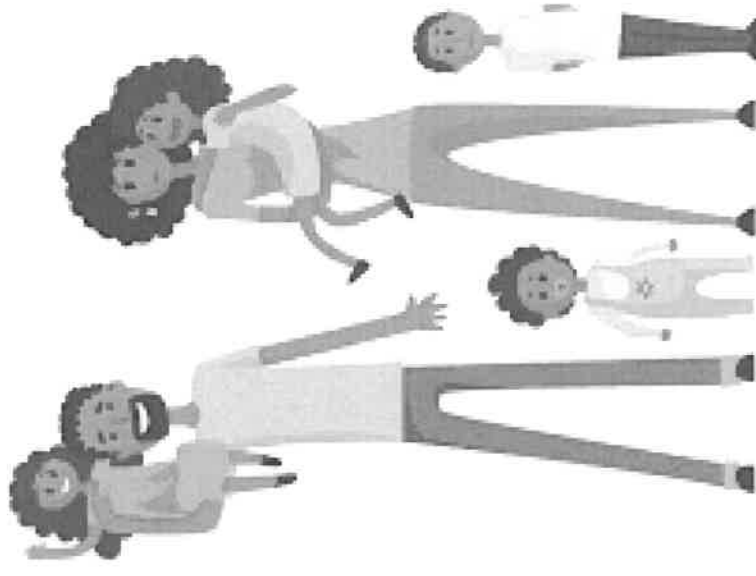
Women in START have **nearly double** the **sobriety rate** of non-START counterparts



Ohio START Makes A Difference

"Honestly, it [START] was one of the best things to happen to me. At first, I was angry to find out I had a CPS case, but when the counselor at my rehab asked me if I would voluntarily sign up for the START program, and she explained to me what it was, and I was like, "Well, absolutely, anything I can do to make things better." You know what I mean?" "I have my first apartment. I was homeless for about 12 years. So, I have my first apartment away from everybody that I knew, everything."

START Parent



Ohio START Videos

- Ohio START Overview → <https://youtube/p9gO4NMQIAo>
- Recovery Ohio's Ohio START video → <http://ow.ly/Hc0S50HsaR1>

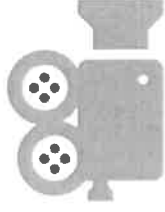


Additional START Resources



Ohio START

[OH START | Sobriety, Treatment and Reducing Trauma \(ohiostart.org\)](#)



Kentucky START

<https://www.youtube.com/watch?v=hvVcfjkkq>



Family First Clearinghouse

<https://preventionservices.abtsites.com/programs/236/show>

QUESTIONS



Contact Info

Fawn Gadel, JD
Director of Ohio START
Fawn@pcsao.org
614-224-5802





Hancock Public Health / Hancock County JFS

Project DAWN Expansion

Project Agreement and Protocol



This agreement signifies the belief and commitment that Hancock Public Health (HPH) and Hancock County JFS desire to work cooperatively in the distribution of Project DAWN kits to the identified community members in need. HPH has received Project DAWN kits through grant funding with the purpose of distribution to the public in need of such overdose reversal agents. In their attempt to reach the public in need, it has been recognized that there is still a gap in distribution, especially since the beginning of the COVID-19 Pandemic and the associated “stay at home” order. Hancock County JFS may encounter individuals with a history or at risk of an opioid overdose. Recognizing the gap between distribution and Hancock County JFS’s reach with response / connection to individuals at risk of overdose, Hancock County JFS offering Project DAWN kits is expected to help bridge the gap. HPH will provide Project DAWN kits to Hancock County JFS at no cost, for secondary distribution to citizens (in keeping with ORC 2925.1 “Lawful administration of Naloxone”) that are recognized to need a kit.

The Project DAWN Expansion Project Agreement and Protocol is effective on the 1st day of February 2022, by and between HPH and, collectively hereinafter referred to as the “parties”.

Whereas HPH serves as the only Project DAWN site in Hancock County and has received a contract through the Ohio Department of Health (ODH) to expand the distribution of naloxone through the Project DAWN Expansion Project Agreement and Protocol and;

Whereas Hancock County JFS provides services to families and, as such, has contact with individuals at risk of overdose and their loved ones and;

Whereas, both parties are committed to addressing the negative effects of the opioid epidemic and improving the overdose death rates in Hancock County:

1. Hancock Public Health agrees to:

- Designate a primary and secondary contact for the Project DAWN expansion project.
- Provide any necessary training for identified staff of Hancock County JFS to become Project DAWN educators.
- Provide medical direction and standing orders (Updated HPH Project DAWN protocol) for the Project DAWN expansion project.
- Provide Project DAWN kits to Hancock County JFS for the purpose of distribution to those who are deemed at risk or in the position to respond to an opiate overdose.
- Provide the necessary “Naloxone Intake Form” to be completed upon distribution of a Project DAWN kit.
- Order additional kits through the Ohio Department of Health and complete any necessary reporting.

2. Hancock County JFS agrees to:

- Designate a primary and secondary contact for the Project DAWN expansion project.
- Identify staff and arrange for the training of such staff to become Project DAWN educators. During the COVID-19 pandemic, due to social distancing protocols, viewing the “Naloxone Project DAWN Training video” <https://youtu.be/dBF0ovVWPYc> will meet the training requirement as it includes all required elements.
- Identify individuals and/or family members who might be at risk or in a position to respond to an opiate overdose. **Distribute provided kits to individuals FREE of charge.**
- Accept and safely store Project DAWN kits from HPH (room temperature).
- Follow established protocol for the distribution of Project DAWN kits, which includes providing education to individuals to whom Naloxone is dispensed including, but not limited to the following:
 - i. Risk factors of opioid overdose.

- ii. Strategies to prevent opioid overdose.
 - iii. Signs of opioid overdose.
 - iv. Steps in responding to an overdose; including calling 911 and rescue breathing.
 - v. Procedures for administering Narcan Nasal Spray 4mg. Each kit contains two (2) 4-mg doses.
 - vi. Information on naloxone, including possible adverse reactions.
 - vii. Proper storage and expiration of naloxone product dispensed.
 - viii. **This education may be provided either in-person by pharmacy staff, by informing the patient how to watch the “Naloxone Project DAWN Training Video” (<https://youtu.be/dBF0ovVWPYc>) or a combination of the two.**
- The Project DAWN kits may include a DVD with all pertinent instructions as well as a step-by-step flip book containing instructions on the above (if requested).
 - Complete provided paperwork (intake forms) with the distribution of each kit and keep for pickup by Jamie Decker who will be the primary contact for HPH (jdecker@hancockph.com or 567-250-5189). Jamie will also deliver replacement kits during scheduled in-person visits.
 - Notify HPH of the need to replenish supplies. HPH staff will deliver additional supplies.
 - Advise HPH of any issues or problems identified through the expansion project.

Term and Termination of the Agreement:

This agreement shall become effective on the date stated above and shall continue in effect through 2/1/2023. After the initial term, the agreement will automatically renew from year to year unless terminated by either party by providing 30 days written notice to the other party of intention to terminate. Continuation of said project may be dependent on continued support through the Ohio Department of Health.

Hancock County JFS:

Hancock Public Health:

(Date)

(Date)

(Signature)

(Signature)

(Name)

(Name)

(Title)

(Title)

Service Entity Protocol for Naloxone Administration

Name of Service Entity	Hancock County JFS
Date Created	1/31/2022
Date Last Revised	1/31/2022
Review Frequency	Annually

Clinical Pharmacology of Naloxone

Naloxone hydrochloride (naloxone) prevents or reverses the effects of opioids, including respiratory depression, sedation and hypotension.

Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the "agonistic" or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity.

Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. However, in the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about 2 hours.

Naloxone may not reverse overdose in all cases, such as when high doses of opioids or particularly potent opioids (e.g., fentanyl or carfentanil) have been consumed.

Indications for Use of Naloxone

Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids.

Precautions, Contraindications, and Adverse Reactions

- Precautions
 - Use in Pregnancy:
 - Teratogenic Effects: no adequate or well controlled studies in pregnant women.
 - Non-teratogenic Effects: Pregnant women known or suspected to have opioid dependence often have associated fetal dependence. Naloxone crosses the placenta and may precipitate fetal withdrawal symptoms.
 - Nursing mothers: caution should be exercised when administering to nursing women due to transmission in human milk. Risks and benefits must be evaluated.
- Contraindications
 - Contraindicated in patients known to be hypersensitive to it or to any of the other ingredients in naloxone hydrochloride.
- Adverse reactions

- Adverse reactions are related to reversing dependency and precipitating withdrawal and include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, myalgia, diaphoresis, abdominal cramping, yawning and sneezing.
 - These symptoms may appear within minutes of naloxone administration and subside in approximately 2 hours.
 - The severity and duration of the withdrawal syndrome is related to the dose of naloxone and the degree of opioid dependence.
 - Adverse effects beyond opioid withdrawal are rare.

Limitations on Administration of Naloxone to Certain Individuals (if applicable)

N/A

Authorization to Administer Naloxone

Pursuant to section 4731.943 and 3707.562 of the Ohio Revised Code (ORC), the following Service Entity personnel are authorized to administer naloxone in accordance with this protocol:

Any individual that has access to Naloxone for use at Hancock County JFS shall first view the "Naloxone Project DAWN training video": <https://youtu.be/dBF0ovVWPYc> and /or be trained by Hancock Public Health. No kits shall be kept beyond it's expiration date. A Hancock County JFS representative will request replacement kits 1 month prior to expiration date.

Upon completion of the required training, naloxone may be administered to an individual who there is reason to believe is experiencing an opioid-related overdose.

This protocol authorizes the individuals listed above to administer the following doses of intranasal formulations of naloxone:

- Two (2) naloxone 2 mg/2 mL prefilled syringes used with mucosal atomization devices;
- One (1) NARCAN® Nasal Spray 4mg/0.1 mL FDA-approved nasal spray device; or
- Any other formulation listed below:

N/A

Variation in dosage and/or formulation are permissible under the following circumstances:

N/A

Labeling, storage, record-keeping, and administrative requirements

Labeling

No special labeling is required for a Service Entity authorized to administer naloxone.

Storage

Naloxone must be stored in a location accessible to authorized Service Entity personnel in accordance with the manufacturer's or distributor's labeling.

All doses should be checked periodically to ensure that the naloxone is not adulterated. Naloxone shall be considered adulterated when it is beyond the manufacturer's or distributor's expiration date.

Adulterated naloxone shall be stored in a separate area apart from active drug stock to prevent its use.

If licensed by the Board of Pharmacy, the Service Entity shall comply with all applicable state laws and rules regarding the storage of prescription drugs.

Record-keeping

If licensed by the Board of Pharmacy, the Service Entity shall comply with rule 4729-9-22 of the Administrative Code.

If not licensed by the Board of Pharmacy, the Service Entity should maintain the following records:

- naloxone received by the entity;
- naloxone administration by entity personnel; and
- disposal of expired/adulterated naloxone.

Administrative Requirements (if applicable)

N/A

Training of Individuals Authorized to Administer Naloxone

The Service Entity shall provide training to authorized personnel that addresses, at a minimum, all of the following topics:

- Risk factors for opioid overdose
- Strategies to prevent opioid overdose
- Signs and symptoms of opioid overdose
- Response to opioid overdose, including calling 911 and administering rescue breathing
- Procedures for assembling and administering naloxone
- Information on naloxone, including possible adverse reactions
- Proper storage of naloxone

The initial training must include live demonstrations from experienced trainers to assess their understanding and ability to respond in an overdose situation. Trainings may be conducted in a variety of settings. The trainings may be in groups or conducted one-on-one.

All authorized personnel shall be instructed to summon emergency services (9-1-1) as soon as practicable.

Additional refresher trainings shall be conducted for all authorized personnel on an annual basis or as indicated in the "additional instructions or requirements" section of this protocol.

Any additional instructions or requirements

Prior to administration of Naloxone, a call to 911 must be made by a Hancock County JFS employee or designee with a request for an ambulance and police & explanation that an opiate / opioid overdose is suspected. The procedure to administer Naloxone must be in accordance with training protocol. A second staff member shall be present whenever Naloxone is being dispensed, if possible, to serve as a witness to administration of Naloxone, as well as to serve as the eyes, ears, and voice to 911. Employee will also report to Hancock Public Health the use of Naloxone and request a replacement dose.

Physician Authorization

Physician Signature	License No. 3508-2006
Physician Name (please print) Nathaniel Ratnasamy	Date 1/31/2022