

William L. Mallory Impact on Cincinnati

During his service in the General Assembly, William L. Mallory sponsored or co-sponsored over 600 pieces of legislation. Highlights include legislation creating the first state-wide drug prevention program, the Urban Minority Alcohol Drug Outreach Program. His legislation also helped to finance the Riverfront Stadium and Fountain Square South in Cincinnati and created the home furlough program for non-violent prisoners upon their release from prison.

In Cincinnati, Mallory played a major role in the creation of a publicly owned transit system, now known as Metro, by serving as co-chairman of the Citizen's Transportation Committee. Later during a 36 day bus strike, he and his wife organized a carpool to transport workers and students in the West End to their jobs and schools throughout the city.

The Federation of Ohio UMADAOPS

Akron UMADAOP
 UMADAOP of Cincinnati
 Cleveland UMADAOP
 Hispanic UMADAOP, Cleveland
 UMADAOP of Franklin County
 UMADAOP of Dayton
 Lima UMADAOP
 Lorain UMADAOP
 UMADAOP of Lucas County
 Mansfield UMADAOP
 Warren UMADAOP
 Youngstown UMADAOP

Mansfield UMADAOP

- Mr. Baker was familiar with UMADAOP as a Warden in Corrections
- They came in to work with offenders in CFRO providing weekly programming
- 90's sent a crew in the community to work, low level offenders.
- Inmate built the main building at the agency in Mansfield - UMADAOP agreed to supervise them
- Agency opened in Mansfield in 1992, Mr. Baker, being familiar with UMADAOP liked the mission
- They had a reputation for 'heavy lifting' in prevention. Identifying and filling gaps.

Mr. Baker's Claim to Fame

- Shawshank
- Was ready to retire, took buy out and began a continuation of Mallory's work.
- It was a struggle to continue the legacy.
- Began AoD treatment
- Tried courts and APA for referrals to treatment, little to no progress
- Kasich and Baker, unwittingly working together to change the game, expand the reach and provide effective treatment to disenfranchised individuals such as men and women who lost custody of their children.

Ahead of the Curve

- Mr. Baker has continued the legacy and stayed true to the spirit of UMADAOP and it's founding father.
- Providing supportive services before ATP, CHW or CTP.
- Believed in doing 'heavy lifting' in treatment as well.
- Expected if someone was hungry or in need that it would be addressed, not just discussed as a practice out of agency pocket.
- Hires and supports the initiatives of those he hires as well as their expertise.

UMADAOP and Prevention

- Had to consider what to do with the profits of MAT
- PREVENTION
- Out reach center
- Charter school
- After school programming
- CPST groups after school
- Social workers in the school
- Summer camps

Mansfield UMADAOP Executive Director Dennis Baker (right) officially cuts the ribbon to open their new Community Outreach Center, along with Rep. Mark Romanchuk, Sen. Larry Obhof, Mansfield Mayor Tim Theaker, and Bishop William Morris Jr. of Shiloh Full Gospel Baptist Church



Why UMADAOP?

A Provider in Richland County and Willing

Mental Health

AoD/ Specialize in MAT

Prevention

Prenatal support and education

Medical Center

School based programs

After school CPST services/ Summer Camps

Reentry Services/Community/Institution

Outreach providing supportive services

Outcomes as Evidence of Vision

• UMADAOP Statistics:

- 75% of MAT clients are attending all services recommended on a consistent basis.
- On average 90% of all clients engaged in MAT are Opiate free. The numbers range from 88-95% on any given week.
- On average 50% of clients engaged in MAT services are abstinent from all illicit substances.
- Provide many resources to support MAT services and is constantly evaluating, adapting and making changes to our program to fit the needs of the populations we serve.
- The numbers presented today are "true numbers" meaning that we do not terminate those who struggle to abstain initially specifically with non opiate substances.
- The numbers reflect the benefit of services not individual initial motivation or higher functioning dependent people.

Medication Dependent Upon Treatment

Treatment is a requirement for maintaining medication. The agency opted to contract medical services to manage level of care and services provided.

The absence of treatment impacts the ability to maintain medical somatic services; however, many steps are taken to prevent such action.

Individualized needs and barriers identified and addressed

Recognize individual successes as indicators of response to treatment as a means of advocacy to remain in program.

Specialty groups when necessary

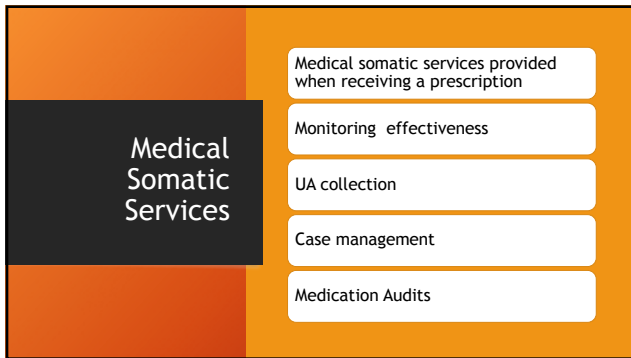
Physician's Philosophy of Care

• Biopsychosocial from a medical perspective

- Listen to the concerns of clients
- Care: it goes a long way to establishing a relationship
- Hear their story: They are more than a diagnosis
- Record names of children as they are important to them: Understanding what is important to them is an opportunity to expand motivation.

Medication Philosophy

Buprenorphine is a tool in your belt, not the solution. Patients must be engaged in the motivational and cognitive behavioral therapy of alcohol and drug treatment programs to get desired abstinence results.







Supportive Services

- Sober Living Housing
- Bus Passes/Transportation Assistance
- Community Health Workers
- Recovery Coaches/ Peer Supporters
- Community Health Workers
- Specialty groups
- Case Management
- Non traditional support at times to stabilize
- Attendance incentives

Sober Living-Housing Manager
Michelle David

- Housing First
- Male sober living
- Female sober living
- Family Housing
- Rent free until employed
- Staff on site 24 hours
- Provide support with employment and transportation

Genesis Project

- Own seven houses around agency
- 3 open
- One men
- Two women
- One functioning as a Housing First initiative
- No rent until employed and then \$25.00 weekly
- Housing manager, non clinical, operates as a housing manager with mandated clinical component.
- Recovery coaches and paid staff support those engaged in housing.

Invitation and Implementation of TIROCC

Mr. Baker was open to having agency evaluated and findings being made public
 Evaluation included Six Key Principles of TIC developed by SAMHSA
 Survey and interview part of the process
 Staff, Consumers, Family and Community surveyed
 All opportunities for growth embraced
 Quality Circle developed to manage strategic plan

Findings



- We were ahead of the curve as a result of our "Brand" and a well funded program
 - We do not operate on a productivity model
 - Outreach to overcome barriers that improves consumer and community relationships
 - Comfortable work environment
 - Weekly staffing including the entire team to discuss client cases and program issues
 - Competitive pay, Free insurance
 - Quarterly bonuses not dependent upon productivity
 - Open door policy to Executive Director
 - Best practice and ample resources for providing services
 - Non-traditional practice/minimizing barriers between staff and clients.

Additional Opportunities Pursued

- Purchased Trauma Specific Curriculum
- An appeal process for clients initiated
- Wiley treatment and homework planners purchased
- Training opportunities increased
- New Building purchased for assessment center that will increase access to services relative to proximity and transportation barriers
- Implemented PTSD screen
- Restructuring of Supervision Process
- Sanctuary check in model implemented

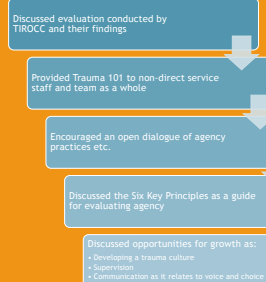
Quality Circle Defined

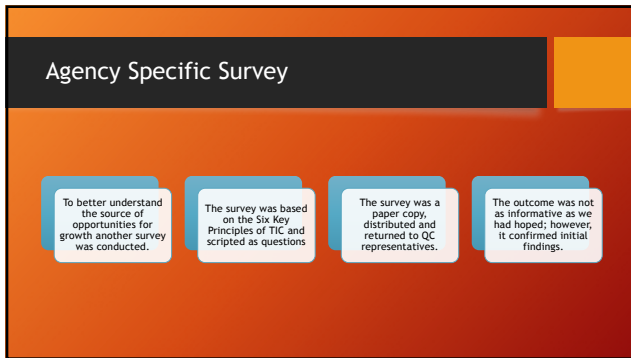
- A group of employee's that meet monthly to assess, plan, act and monitor the agency, it's practices, policies and develop initiatives
- Monitor and implement five year strategic plan
- The group was expanded and tasked with:
 - Developing a Trauma Culture
 - Maintaining Staff Morale
 - Identify and at times develop needed trainings
- All Departments are represented
- Democratic Process

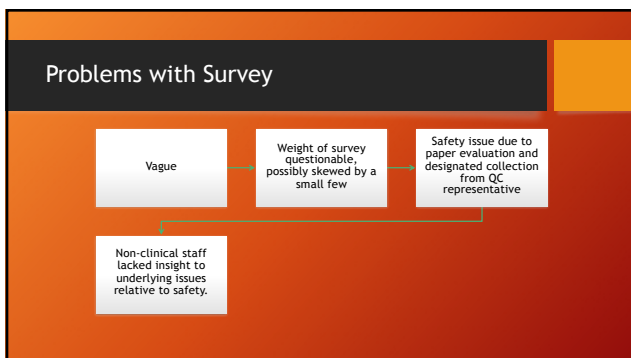
Discussion

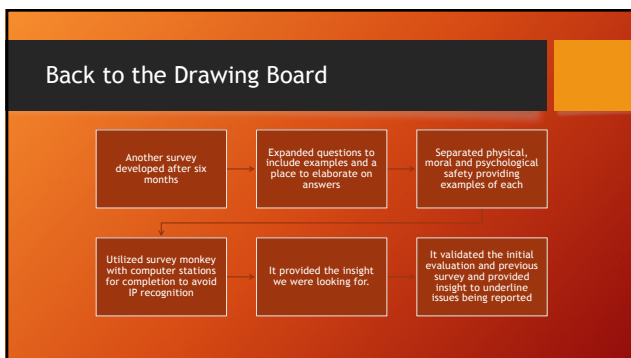
- What sort of issues can create trauma in the workplace?
- Most TIC initiative, trainings and resources are directed towards consumers.
- We focused on the agency and staff first and developing a Trauma Culture:
 - A healthy agency will support healthy staff
 - Healthy staff will provide services to support healthy consumers

Beginning the Process - Staff Buy In









Initiatives Presented

As a result of the Survey Monkey several initiatives have been presented and adopted.

BWC (Because We Care) fund developed, employees provided the opportunity to donate \$1, \$3 or \$5 from each check.

The money will be used for flowers or food in times of crisis for staff members. Depending on outcome may fund staff self-care proposals such as retreats and incentives.

Embracing Opportunities for Growth



- Internal training re: communication. Presented by three clinical team members who are QC representatives in April.
- Will address identified communication issues that impact safety.
- The training will explore JOHARI Window as a corporate communication model.
- Provide education and spark an honest dialogue about communication styles, appropriate work place communication and self exploration.
- Will end with diversity, dysfunctional family roles and cultural awareness.

Opportunities to Care

- The second training was proposed for July and will be presented by the medical team and a clinical staff member all QC representatives
- Will review the impact of stress on health
- Vicarious Trauma
- Self-Care
- Health Fair to follow with medical stations to review BP and health resource tables for 1:1 consultation
- Coping skill booths that will provide resources as well as a safety planning.

Moving Forward

- As an agency we continue to evaluate ourselves, implement changes and reevaluate for effectiveness
- The Quality Circle will continue to meet,
- People have the option to elect out after one year with a replacement who represents their department
- We have increased support services and will continue to monitor for gaps in systems.
- We will continue to follow our brand and practice those principles with consumers as well as one another.

Making your agency trauma informed



- Develop a committee, seek permission to take an honest look at your agency without fear.
- Keep communication open:
- Implement check in process at every
 - How are you feeling today
 - What is your goal for this meeting
 - Who will help you with that goal
 - If someone reports feeling poorly, ask them if you can check in with them later, and follow through.

In Closing

Social services consist of people who care for people, sometimes more than themselves. It is our duty to practice what we preach and care for one and ourselves another as we do our clients and consumers.

QUESTIONS?????
