



Volunteers
of America®

SOJOURN AT SENECA

Community Health Needs Assessment

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sojournatseneca.org

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INTRODUCTION

Volunteers of America, Sojourn at Seneca, (Sojourn at Seneca), located in Tiffin, Ohio, is a 24-bed adult psychiatric hospital licensed by the Ohio Department of Mental Health and Addiction Services, fully accredited by The Joint Commission, and CMS Medicare and Medicaid certified to provide acute care services. Sojourn at Seneca's programming focuses on the behavioral health treatment needs of the senior population — aged 55 and older.

After thorough planning with regional partners including Mercy Health-Tiffin Hospital, Sojourn at Seneca opened its doors in January 2016. Sojourn at Seneca is located on the campus of Mercy Health-Tiffin Hospital, and is in very close proximity to the hospital. Volunteers of America collaborated with Mercy Health-Tiffin Hospital on the planning and development of a senior behavioral health hospital in the community. The need for this service was based on a market analysis. Community information, in addition to recent research findings by Mercy Health-Tiffin Hospital served as the foundation for the 2018 Community Health Needs Assessment (CHNA).

Adhering to Volunteers of America's Vision for the Future: *"building on healthcare and housing successes, and working with Volunteers of America affiliates, we will be a leader in creating innovative, compassionate and comprehensive responses to human needs"*, the hospital was opened to serve the acute behavioral health needs of the senior population in this region. Acute mental health care for our region's senior population demonstrates an investment in treatment and supports that have positive outcomes and improved quality of life. Some of the more common mental health diagnoses Sojourn at Seneca has taken to date include bipolar disorder, major depressive disorder, panic disorder, schizoaffective disorder, and dementia with behavioral disturbances.

Based on Volunteers of America Values of Respect, Teamwork, Honesty, Diversity, Responsibility and Quality, Sojourn at Seneca provides comprehensive assessment, medication management, and mental health services for our senior patients in a state-of-the-art hospital environment of hope and healing. The Sojourn at Seneca treatment team includes a board-certified psychiatrist and psychiatric certified nurse practitioner as well as medical team consisting of a family practice board-certified medical doctor and nurse practitioners and physician assistants. The team at Sojourn at Seneca also includes a licensed independent social worker, registered nurses, certified therapeutic recreation specialists, licensed practical nurses, and behavioral health technicians.

EXECUTIVE SUMMARY OF CHNA FINDINGS

Service Area Definition

Seneca County has a total area of 553 square miles. Adjacent counties include Sandusky, Huron, Crawford, Wyandot, Hancock and Wood. Contiguous ZIP codes included in the community served by Mercy Health, Tiffin Hospital include 44802, 44807, 44809, 44815, 44818, 44828, 44830, 44836, 44845, 44853, 44831, 44861, 44867 and 44883.

Sojourn at Seneca serves a geographic area encompassing primarily Seneca, Sandusky, and Wyandot Counties. However, Sojourn at Seneca has received clients from many other counties

across Ohio including but not limited to Hancock, Erie, Allen, and Marion. Based upon the county of residence of discharged inpatients, most patients reside in Seneca County. This primary service area includes the following ethnic groups: 96% Caucasian, 2.6% African American, 3% Hispanic, 0.8% Asian, 0.3% American Indian and 1% from other races. 17.5% of residents are in households below the federal poverty guidelines. 9.2% of persons under age 65 are without health insurance.

Sandusky County includes the following ethnic groups: 91% Caucasian, 8% Hispanic, 2% from other races, 2% African Americans, below 1% Asian, and below 1% American Indian. Sandusky County has a total area of 408 square miles. According to the county health rankings, children living in poverty was 18% in 2017, and income inequality was 3.8 with the median income at \$ 46,800 annually. Contiguous zip codes for Sandusky County are 43407, 43420, 43431, 43442, 43410, 43469, and 43464.

Wyandot County includes the following ethnic groups: 96% Caucasian, 8% Hispanic, 1% other, and 1% two or more races, below 1% Asian. Wyandot County has a total area 406 square miles. According to county health rankings in 2017: children living in poverty was 12% and income inequality was 3.8 with the average income at \$46,568. Contiguous Zip codes for Wyandot County are 43316, 43323, 43330, 43351, 43359, 44844, 44849, and 44882.

Process for Determination of Community Needs

Collaboration

Sojourn at Seneca is a member of the Hospital Council of Northwest Ohio, and data compiled by NCNO was utilized for the purpose of assessing demographics and community health needs for the Sojourn at Seneca service area. In addition, the Mental Health and Recovery Board of Sandusky, Seneca and Wyandot County provided resources and information. Mercy Health, Tiffin Hospital, partners with the Seneca County Health Alliance, a collaborative strategic planning process involving key shareholders in the region. Sojourn at Seneca leadership team met with representatives from Mercy Health, Tiffin Hospital, to establish primary areas of focus related to assessing and serving the needs of the senior population in Seneca County. Sojourn also collaborates with the Seneca County Probate Court to serve the needs of adults who may need to be involuntarily hospitalized.

Patient Insights

Sojourn at Seneca sponsors a quarterly Patient and Family Advisory Committee to elicit feedback from those that we have served, and their family members. This mechanism generates feedback related to the lived experience of having a loved one hospitalized with behavioral health concerns.

Sojourn at Seneca partners with the local chapter of National Alliance for Mental Illness (NAMI), which serves Seneca, Sandusky, and Wyandot counties and provides a monthly mental health support group for community members. The NAMI chapter collects feedback from persons served at Sojourn and shared relevant data for the purpose of our CHNA.

Community Input

Leaders at Sojourn at Seneca serve as voting members of the Seneca Community Council that meets each month. The group consists of members of the community who provide education, funding and networking services throughout the region.

Sojourn at Seneca provides a staff member to serve on the local Alzheimer’s Committee. The committee supports efforts to raise awareness for Alzheimer’s disease in the community, and provides data on the impact of the disease.

Input from Representatives of Underserved Populations

Data collected by the Mercy Health, Tiffin Hospital was accessed and reviewed to determine unique needs of underserved, low income and minority populations within the Sojourn at Seneca service area. The table below describes the organization, method of solicitation and the populations served by the agency.

ORGANIZATION	SOLICITATION METHOD	POPULATIONS REPRESENTED BY ORGANIZATION
Community Hospice Care of Tiffin	Input with survey questions, discussion and identifying problems	Medically under-served and low income
Firelands Counseling and Recovery Services	Input with survey questions, discussion and identifying priorities	Mental health and substance abuse
Fostoria Community Schools	Input with survey questions and discussion	Families and children
Fostoria United Way	Participated in the CHNA community discussion	Medically under- served, low income and minority populations
Hospital Council of Northwest Ohio	Facilitated for CHNA for Seneca County	Community at large
Mental Health and Recovery Services Board of Seneca, Sandusky, and Wyandot Counties	Input with survey questions and discussion	Mental health and substance abuse
Promedica Fostoria Community Hospital	Input with survey questions, discussion and identifying priorities	Medically under-served, low income and minority populations
Seneca County Area transportation	Participated in CHNA community discussion	Medically under-served low income and minority populations
Seneca County Board of Developmental Disabilities	Input with survey questions and discussion	Persons with disabilities
Seneca County Children and Family First Council	Input with survey questions and discussion	Medically under-served and low income families and children
Seneca County Commission on aging	Participated in the CHNA community discussion	Elderly
Seneca County Health District	Input with survey questions, discussion and identifying priorities	Medically under-served and low income
Seneca County Health Department	Input with survey questions, discussion and identifying priorities	Medically under-served, low income, and minority populations
Seneca County Department of Jobs and Family Services	Input with survey questions and discussion	Families and children
Tiffin City Schools	Input with survey questions and discussion	Families and children

SIGNIFICANT HEALTH FINDINGS RELATED TO BEHAVIORAL HEALTH NEEDS

Through conversations with our community partners, Mercy Health, Tiffin Hospital, NCHO, health associations and community feedback, Sojourn at Seneca determined that the hospital could best collaborate with community partners to improve community health by addressing identified needs specific to Behavioral Health. The following information reflects significant findings related to Behavioral Health needs across the Sojourn at Seneca service area.

Mental Health and Suicide Risk

Capacity and Adequacy of Service Levels

- In 2016, 6% of Seneca County adults had considered attempting suicide, and 3% of adults reported attempting suicide in the past year.
- 16% of Seneca County adults reported having a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, compared to 13% in 2009 and 2013.

Adult Mental Health Trends

- Seneca County adults reported they and/ or a family member were diagnosed with or treated for the following mental health issues: depression (39%), an anxiety disorder (29%), anxiety or emotional problems (29%), attention deficit disorder (ADD/ ADHD (27%), alcohol and illicit drug abuse (16%), bipolar (15%), developmental disability (12%), post-traumatic stress disorder (PTSD) (9%), psychotic disorder (8%), autism spectrum (6%), life-adjustment disorder (5%), other trauma (5%), and some other mental health disorder (7%). Twenty three percent (23%) indicated they and/ or a family member had taken medication for one or more mental health issues.
- Seneca County adults indicated the following caused them anxiety, stress, or depression: financial stress (34%), job stress (30%), fighting at home (22%), poverty/ no money (16%), pressure to be successful (16%), death of a close family member or friend (15%), marital/ dating relationship (14%), raising/ caring for children (14%), other stress at home (13%), sick family member (11%), caring for parent (8%), divorce/ separation (8%), unemployment (7%), pressure to fit in (7%), family member with mental illness (7%), the news ((6%), fighting with friends (6%), social media (5%). Caring for someone with special needs (4%), family member with substance abuse problem (3%), raising / caring for grandchildren (3%), not feeling safe at home (2%), family member in the military (2%), not having enough to eat (2%), not feeling safe in the community (2%), and sexual orientation/ gender identity (1%).

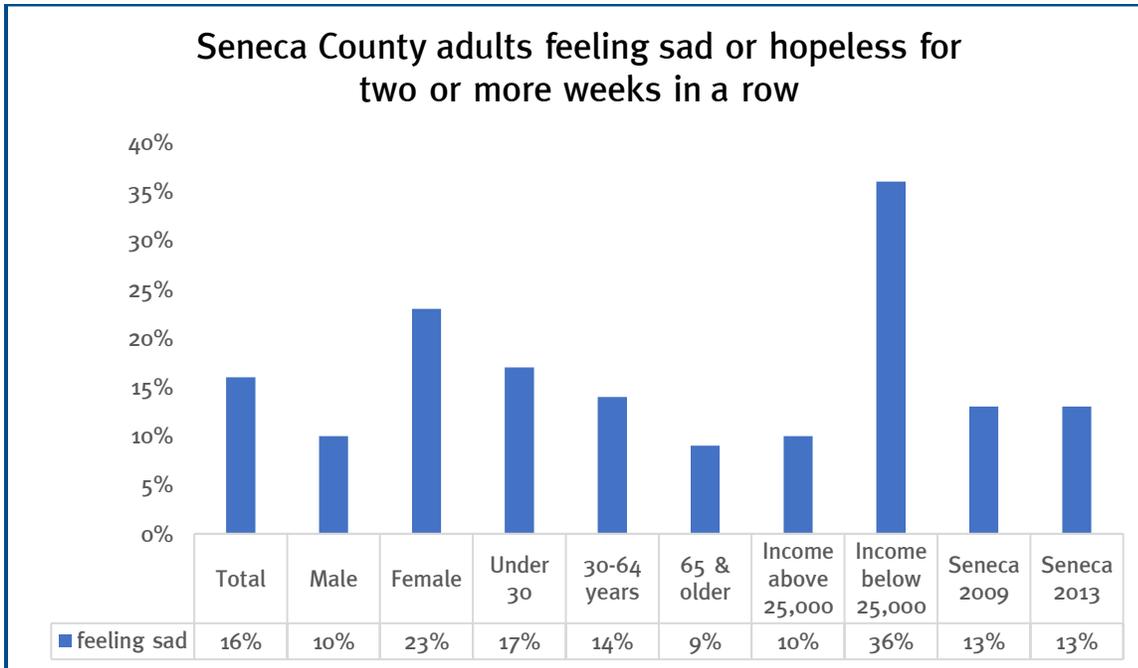
Suicide Facts

Across the US in 2014, 1,069,325 people attempted suicide and 42,773 people succeed

- An average of one person kills themselves every 12.3 minutes
- In 2014, there were 1,491 suicide deaths in Ohio
- For every female suicide, there are 3.4 male suicide deaths
- The leading suicide methods included:
 - Firearm suicides (49.9%)
 - Suffocation / hanging (26.7%)
 - Poisoning (15.9%)
 - Cutting/ Piercing (1.7%)
 - Drowning (0.9%)

Source: Seneca County 2016 CHNA

The following graph shows Seneca County adults who felt sad or hopeless for two or more weeks in a row during the past year. Examples of how to interpret the information includes: 16% of all Seneca County adults felt sad or hopeless for two or more weeks in a row, 10% of males, and 23% of females.



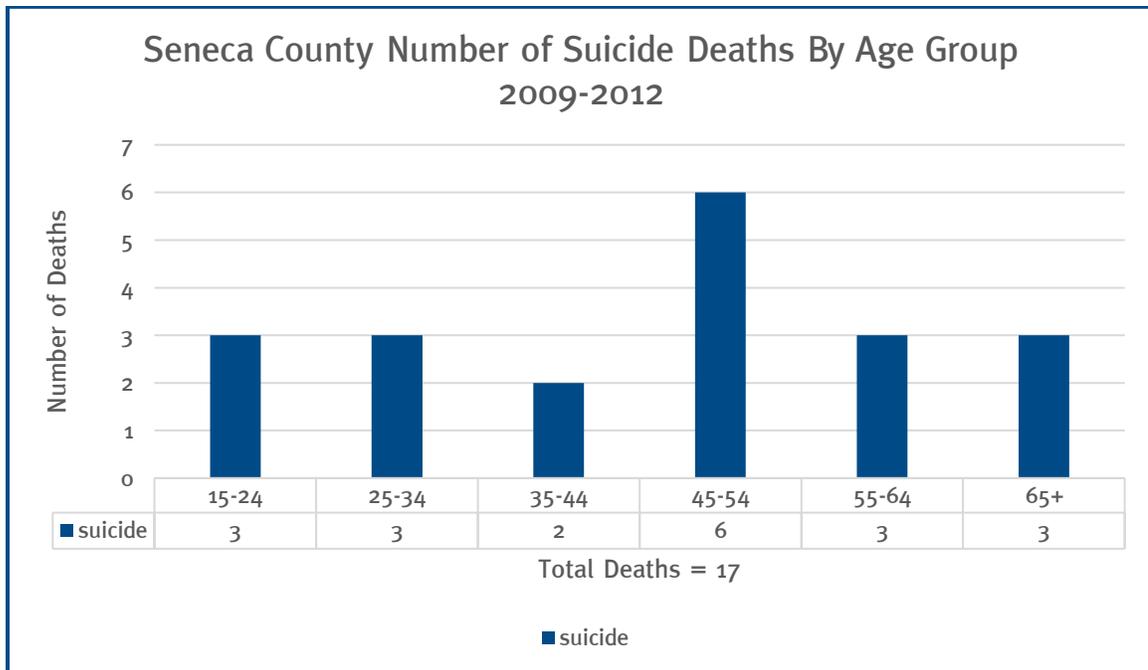
Source: Seneca County Community Health Status Assessment Executive Summary 2016

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Ohio 2014	U.S. 2014
Considered attempting suicide in the past year	4%	4%	6%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	13%	13%	16%	N/A	N/A

N/A= Not available

Source: Seneca County Community Health Status Assessment Executive Summary 2016

The graph below shows the Seneca County suicide counts for 2009-2012. From 2009 to 2012, 35% of all Seneca County suicide deaths occurred among those ages 45-64 years old.



Source: Seneca County Community Health Status Assessment Executive Summary 2016

Existing Community Resources to Address Adult Mental Health Needs

- Mercy Health, Tiffin Hospital Emergency Room providers screen for mental health concerns. Providers are alert to mental health diagnostic criteria, and provide referrals to specialty providers, like Sojourn at Seneca when appropriate.
- Counseling services are available through Firelands Counseling and Recovery Services, and various private practices.
- First Call for Help, Inc., provides a suicide prevention hotline for teens and a crisis stabilization unit.
- Students Against Destructive Decisions (SADD) is available to middle and high school students within several school districts.
- The Seneca County Probate Court may refer patients to Sojourn at Seneca for involuntary hospital care and treatment.
- Sojourn at Seneca partners with the community to provide Mental Health Support groups, which are available through the National Alliance of Mental Illness (NAMI), and other agencies.
- Community Hospice Care provides bereavement counseling for ages five and up.

Drug and Alcohol Use

Drug Use

- 4% of all Seneca County adults used marijuana in the past six months; the percent increased to 9% among those with incomes less than \$25,000.
- 4% of Seneca County adults had used marijuana and 8% of adults had used medication not prescribed for them or took more than prescribed during the past six months. In 2014, the statewide average per capita prescription dosage was 61.2 doses per person, compared to 62.0 doses per person in Seneca County.
- 1% of all Seneca County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use: In the past six months, 27% of all Seneca County adults who used drugs did so almost every day, and 32% did so less than once a month.
- During the past 6 months 8% of all adults used medication not prescribed for them or took more than prescribed to feel good, “high,” more active or alert; among those with incomes less than \$25,000, the percent increased to 16%.
- When asked about their frequency of medication misuse in the past six months, 18% of all Seneca County adults misused prescription drugs almost every day, and 29% did so less than once a month.
- The opioid epidemic has taken an enormous economic toll on northwest Ohio. In 2015, unintentional drug overdoses were responsible for the deaths of 3,050 Ohioans, up from 2,531 deaths in 2014. Unintentional deaths related to Fentanyl more than doubled in Ohio from 503 in 2014 to 1,155 in 2015.
- Seneca County adults indicated they did the following with their unused prescription medication: took as prescribed (17%), kept it (16%), threw it in the trash (13%), flushed it down the toilet (9%), took it to the Medication Collection program (9%), took it to the Sheriff’s Office (7%), kept in a locked cabinet (3%), returned it in on drug-take-back days (2%), gave it away (less than 1%), used mailer to ship back to pharmacy, (less than 1%), and used some other destruction method (1%); 43% of adults did not have unused medication.
- Prescription opioids such as Oxycodone and Percocet are the most sought after medications for illicit drug use in Northwest Ohio. A prescription opioid addiction can often lead to heroin use.
- Regionally, from January 2015 through March 2016, there were 11,3999 cases of opioid use, abuse, and dependence reported by 18 hospitals in Northwest Ohio. (HCNO 2017).

Alcohol Use

- The 2014 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.
- 14% of Seneca County adults were considered frequent drinkers and 19% were considered binge drinkers.

Gaps in Services

Detoxification services are needed at an acute care level to stabilize patients during the life threatening phase of withdrawal. When the situation is no longer life threatening, there is limited access to the appropriate level of care and treatment.

Co-Occurring Medical Conditions Related to Mental Illness

Heart disease (22%) and stroke (6%) accounted for 28% of all Seneca County adult deaths in 2014 (CDC Wonder 2014). The 2016 Seneca County Health Assessment found that 6% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Nearly two-fifths (37%) of Seneca County adults had high blood cholesterol, 39% were obese, 28% had high blood pressure, 27% were smokers, and 24% were sedentary, five known risk factors for heart disease and stroke.

In 2016, 22% of Seneca County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2010-2014, a total of 660 Seneca County residents died from cancer. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

In 2016, 11% of Seneca County adults had been diagnosed with diabetes, increasing to 26% of those age of 65 and older. The 2014 BRFSS reports an Ohio prevalence of 12% and U.S prevalence of 10%. The Seneca County Community Health Status Assessment Executive Summary 2016 states that 75% of adults had been diagnosed with pre-diabetes and more than two-fifths (43%) of adults with diabetes rated their health as fair or poor. Life style changes including improved nutrition, increased physical activity and a weight loss of five to seven percent can positively impact the quality of life of a person with diabetes.

Other co-morbidities that are seen in the senior population served by Sojourn at Seneca include chronic kidney disease, chronic obstructive pulmonary disease, developmental disabilities, and malnutrition.

Mental Health Awareness

In 2016, 16% of Seneca County adults felt so sad or helpless almost every day for 2 weeks or more in a row that they stopped doing usual activities. Six percent (6%) of Seneca County adults considered attempting suicide in the past year. The emergency room at Mercy Health, Tiffin Hospital, sees patients diagnosed with depression, anxiety disorder and alcohol and illicit drug use/overdoses. Overdose in Seneca County is at an all-time high. According to the University of Wisconsin Population Health Institute 2018 County Health Rankings, in 2017, the number of drug overdose deaths in Seneca County totaled 29. Ohio's overdose death rate has risen even more sharply than the rest of the United States in recent years. In order to combat this alarming trend, Ohio's biennial budget invested over \$180 million to fund a diverse range of programs aimed at reducing the devastating impact of addiction, including prevention and workforce development. (Lusheck 2017) It is important to note the relationship between mental illness and substance use disorder. A 2014 report from the National Survey on Drug Use and Health (NSDUH) showed that,

of adults with any mental illness, 18.2 percent had a substance abuse disorder, but for adults with adults with no mental illness, 6.3 percent had a substance use disorder. (SAMHSA 2014). Prevention of substance abuse must also focus on treatment strategies for those diagnosed with a mental illness. Sandusky County Trend Summary information published in 2016 shows a steady increase in the number of adults contemplating suicide from 2001 through 2013, with a 5 % dip in this area in 2016.

Mercy Health-Tiffin Hospital, has an evidence-based mental health and addiction screening tool in place and continues to work closely with Firelands Counseling and Recovery Services for staff training and education. Their goal is to work in partnership with state and regional programs to support the Screening, Brief Intervention and Referral to Treatment (SBIRT) program in both the Mercy Health-Tiffin Hospital emergency room and Mercy Health primary care offices to better serve our patients' mental health needs. At the present time, Mercy Health-Tiffin Hospital's emergency room is a safe site for Firelands Counseling and Recovery Services and local law enforcement can bring individuals who need a mental health evaluation for further placement or immediate treatment. Other resources available to address the mental health and suicide needs of the community include the Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties, Seneca County Suicide Prevention Coalition depression screening and ProMedica Fostoria Community Hospital.

Senior Depression Screening and Awareness

In 2016, in Seneca County, adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 36% of those with incomes less than \$25,000. (Seneca County 2016 CHNA).

Depression is not uncommon in our senior population but it is not a natural part of aging. Depression is treatable with prompt recognition.

The Geriatric Depression Scale (GDS) is an evidenced based tool used extensively in the community, as well as acute and long-term care settings. It is a useful screening tool to assess for depression in older adults especially when baseline measurements are compared to subsequent scores. The Short Form is more easily used by physically ill and patients who suffer from early to moderate dementia and who have short attention spans. (The geriatric depression scale, 2012)

Preventive Health

The primary focus in the region is an emphasis on Suicide Prevention and Substance use Screening, Brief Intervention and Referral to Treatment (SBIRT).

Education, community outreach and awareness of the need for mental health treatment services is an integral part of our planning and community feedback loop.

The following table shows a sample of the educational presentations that Sojourn as Seneca staff have offered in the community.

Date	Presentation	Audience
05/03/2017	Dementia and Mental Illness in Older Adults	Eden Springs Nursing and Rehabilitation- Interdisciplinary Staff
08/17/2017	Depression in Older Adults	Promedica Memorial Hospital Support Group
09/05/2017	Shedding Light on the Myths of Depression and Suicide in Older Adults	Leading Age Ohio Conference-Interdisciplinary Staff
10/10/2017	Dementia and Mental Illness in Older Adults	Heartland of Perrysburg- Interdisciplinary Staff
11/16/2017	Depression in Older Adults	New Beginnings Church Tiffin- Community
12/08/2017	Shedding Light on the Myths of Depression and Suicide	Ohio Chapter of Service Coordinators
01/30/2018	Managing Challenging Behaviors	Heritage Village of Clyde- Interdisciplinary staff
05/03/2018	Proactive Caring: Early Intervention Strategies for Dementia Related Behaviors	OHCA Convention and Expo- interdisciplinary Staff
05/31/2018	Managing Challenging Behaviors	Wyngate Senior Living- Interdisciplinary staff

Firelands Counseling and Recovery Services of Seneca County provides education and training for all emergency room staff members on “Mental Health First Aid for Healthcare workers”

DETERMINATION OF PRIORITY HEALTH NEEDS

Volunteers of America, Sojourn at Seneca, and key staff reviewed information provided by the CHNA committee to determine priority health issues on which to focus community health improvement efforts over the next three-year cycle. The information was provided to the Governing Board and priorities were identified.

The following criteria were used to determine these health priorities:

- Ability to improve future outcomes
- Identified gaps in current programming and policies
- Knowledge of best practices and solutions

Specific objectives, strategies, and collaborators to address the priority areas are outlined in the Implementation Plan.

BOARD APPROVAL

The Sojourn at Seneca governing board approved the CHNA and Implementation Plan on Aug. 9th, 2018. A copy of the report is available on the Sojourn at Seneca website at sojournatseneca.org.

IMPLEMENTATION PLAN

2018-2021 CYCLE

MENTAL HEALTH AND DEPRESSION SCREENINGS FOR SENIORS AND SUICIDE EDUCATION AND PREVENTION

Goal: To increase education and awareness of depression and associated risk factors, including the risk of suicide or attempted suicide, in the senior population, in order to enhance quality of life and provide early intervention.

Specific Needs Identified:

- > In 2016, 6% of residents in Seneca County considered attempting suicide, 1% of residents in Sandusky County considered attempting suicide

Key Objectives:

- > Continued involvement in community outreach programs
- > Continued partnership with health care facilities that serve and treat adults suffering from depression and suicidal ideation.
- > Utilize and implement an evidenced based “ Senior Depression Scale”

Implementation Strategies:

1. Provide education, local resources and information in community events (i.e. NAMI support group,
2. Alzheimer’s Walk, local Senior Fairs
3. Provide training on depression in seniors and discuss strategies for early intervention and support.
4. Elicit feedback on continued community learning needs.
5. Utilize and implement a Senior Depression Screening process that is evidenced based, brief and has a primary focus on identification and early intervention. This tool can be distributed to partners within and outside of the health care field, and must have an educational component. The Geriatric Depression Scale (GDS) is an evidence based tool used extensively in the community, as well as in acute and long-term care settings. It is a useful screening tool to assess for depression in older adults especially when baseline measurements are compared to subsequent scores. The Short Form is more easily used by physically ill individuals and those who suffer from early to moderate dementia or who have short attention spans. (the geriatric depression scale, 2012) Target Date: September, 2018

Outcome Measures:

- > Number of community events
- > Number of trainings provide on depression
- > Number of surveys/ evaluations returned

MENTAL HEALTH WORK FORCE DEVELOPMENT

Goal: To develop the hospital based mental health workforce in Seneca County and surrounding communities.

Specific Needs Identified in the Community:

- > Increasing substance use and depression will lead to a need for an increase in a trained and stable workforce to meet the needs of the community, and partner with community resources.

Key Objectives:

- > Recruitment and retention of qualified and trained mental health professionals.
- > Increase the number of registered nurses, and psychiatrists in the region.

Implementation Strategies:

1. Provide educational resources to community and referral sources on behavioral health
2. Engage with a school of nursing to enhance the focus on behavioral health opportunities and education
3. Develop a webinar and CEU program for staff and community at large

Outcome Measures:

- > Number of educational resources provided to the community on behavioral health: at least one per quarter for FY2019
- > Number webinars/ CEU programs provided for staff and community members
- > Number of schools engaged in discussion for exploration of partnership

ACUTE CARE TREATMENT FOR OPIATE WITHDRAWAL

Goal: To develop programming providing acute stabilization of adults withdrawing from prescription opiate use.

Special Needs Identified

- > In 2014, 37% of client admissions throughout Ohio were associated with a primary diagnosis of opiate abuse or dependence
- > In Seneca County in 2014, approximately 32 % of client admissions were opiate related
- > Ohio has experienced substantial increases in the rate of opioid overdose Emergency Department visits. Ohio reported a 28% increase from July 2016 through September 2017.

Objectives

- > Provide acute stabilization of adults withdrawing from prescription opiate use.
- > Build the foundation for continuing outpatient care.
- > Increase the availability of and access to treatment services, including mental health services and medication-assisted treatment for opioid use disorder

Implementation Strategies:

1. Partner with the Northwest Ohio Opioid Addiction Treatment Planning Task Force

2. Educate staff and community members on diagnosis, treatment options, and care of clients in the acute stages of opiate withdrawal
3. Support the use of CDC Guideline for *Prescribing Opioids for Chronic Pain*

Outcome Measures:

- > Number of trainings provided
- > Number of collaborations/partnerships within the community

Collaborators:

- > Mental Health and Recovery Service Boards of Seneca, Sandusky, and Wyandot Counties
- > National Alliance for Mental Illness (NAMI)
- > Firelands Counseling and Recovery Services
- > Hospital Council of Northwest Ohio
- > Alzheimer’s Association
- > Multiple networking groups throughout North West Ohio
- > Tiffin Community Health Center

Existing Community Resources

- Area Office on Aging (AAA)
- Ohio Job and Family Services (ODJFS)
- Family Care Giver Alliance
- National Alliance on Mental Illness (NAMI)
- Schizophrenia and Related Alliance of America (SARDAA)
- Depression and Bipolar Support Alliance
- Alzheimer’s Foundation of America
- Alzheimer.net
- Alzheimer’s Association
- Firelands Counseling and Treatment Services Seneca and Wyandot Counties 419-448-9440
- National Suicide Hotline and Chat
- National Helpline: 1-800-662-HELP (4357) or 1-800-487-4889
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- Veteran’s Affairs

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