PROGRAM MEETING AGENDA

Location: 1985 Eagle Pass Dr. Wooster, OH 44691
Date: October 1st, 2025
Time: 5:30pm
Facilitator: Dennis Finley - Chair

Committee Members: D. Finley-Chair, A. Keating, M. Moore, S. Rotolo, K. Sifferlin, K. Vance
Staff: Executive Director N. Williams, Associate Director H. Dean, Finance Director D. Miller

AGENDA ITEMS

MHRB Program Chair D Finley

Welcome and Acceptance of Agenda

NEW BUSINESS / RESOLUTIONS

Associate Director H. Dean

Program Overviews

FASD — Page(s) 004
Low Barrier MAT — Page(s) 001-002
SOS 4.2-Discussion — Page(s) 002&020-026
Drug Endangered Child Alliance — Page(s) 006-019

RESOLUTION FY26-22

RESOLUTION FY26-22 — Page(s) 001

RESOLUTION AUTHORIZING THE EXECUTIVE DIRECTOR TO ACCEPT FUNDING FROM THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (OHIOMHAS) FOR STATE OPIOID AND STIMULANT RESPONSE 4.2 PROGRAMMING.

WHEREAS, the funds must be fully expended by September 29, 2026;

NOW, THEREFORE, BE IT RESOLVED, The Executive Director is hereby authorized to accept funding up to $1,144,788.83 from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and, these funds shall be exclusively utilized to support the provision of approved services/activities under the State Opioid and Stimulant Response 4.2 funding guidelines. This resolution will further grant the Executive Director permission to contract with One Eighty upon receipt of the notice of award.

OF NOTE: OneEighty's contract will include the contingencies below:
OneEighty's SOS 4.2 Budget must include:

- $15,000 dedicated to WHMHRB for Methadone
- $105,973.08 to Community Action with the understanding that if SOS Rural Outreach Funding is secured; the 1 FTE Outreach Specialist will transition to Rural Outreach. The .5 FTE Housing Retention Specialist will remain in OneEighty's SOS 4.2 Budget.
- $3600 /$8600 PHP Food Line will be held for WHMHRB until SOS RO is awarded- at which time it will be released
- WHMHRB will have first right of refusal for the reallocation for the below positions/lines:

1. Medical Services Manager
2. Care Coordination Specialist
3. Intake Coordinator Lead

4. MAT
5. Drug Screens

- One Eighty will pause billing for Youth Mentoring and Oasis until January 1,2026 or additional funding to support DEC Clinical Services, Low Barrier MAT and WHMHRB Outreach is secured (Whichever is earlier)
- OneEighty will retain 10% administration in FY26.
- WHMHRB will receive 2.5% administration in FY27
- WHMHRB will receive 5% in FY28

MOTION:

SECOND:

VOTE

RESOLUTION FY26-23 Page(s)

AUTHORIZING CONTRACTS AND A CONTINGENT AMENDMENT TO THE ONEEIGHTY BASE AGREEMENT

WHEREAS, the Mental Health & Recovery Board is committed to ensuring the provision of essential community services, including Drug Endangered Child(ren) ("DEC") Clinical Services, Low Barrier Medication-Assisted Treatment (MAT) Services, and critical Outreach Work;

WHEREAS, a strategic goal is to secure diversified, alternate funding for $58,160,00 of these services, currently anticipated to be covered by the base agreement with One Eighty;

WHEREAS, the Board has identified Anazao Community Partners ($11,720.00), Catholic Charities ($15,440.00), Viola Startzman Clinic ($25,000.00), and the WHMHRB ($6,000.00 for Outreach Work) as the providers for whom the alternate funding is being sought;

WHEREAS, to ensure continuity and effective service delivery, the Board has determined it is necessary to immediately authorize the Executive Director to enter into contracts with Anazao Community Partners and Catholic Charities for DEC Clinical Services, and with Viola Startzman Clinic for Low Barrier MAT Services; and

WHEREAS, a contingency plan must be established to adjust the OneEighty base contract should the identified alternate funding for the total amount of $58,160.00 not be secured by the end of the current fiscal year;

NOW, THEREFORE, BE IT RESOLVED, that the Executive Director is hereby granted permission and authority to enter into the following contracts:

A contract with Anazao Community Partners and Catholic Charities for the provision of DEC Clinical Services, effective July 1, 2025.

A contract with Viola Startzman Clinic for the provision of Low Barrier MAT Services, effective November 1, 2025.

BE IT FURTHER RESOLVED, that the Executive Director is hereby authorized to amend the base contract with OneEighty on

January 1, 2026, to reflect a decrease of $58,160.00, *only if* the specified alternate funding to support DEC Clinical Services, Low Barrier MAT Services, and Outreach Work is not secured by December 31, 2025.

OF NOTE:

OneEighty's Youth Mentor line would be reduced by $37,160.00

OneEighty's OASIS line will be reduced by $21,000.00

MOTION:
SECOND:
VOTE:

Recent Correspondence from One Eighty:

From: Heather Dean <hdean@whmhrb.org>
Sent: Tuesday, September 30, 2025, 4:22 PM
To: Bobbi Douglas <douglasb@one-eighty.org>; Nicole Labor <laborn@one-eighty.org>; Nicole Williams <nwilliams@whmhrb.org>
Cc: Bobbi Bresson <bressonb@one-eighty.org>
Subject: Re: SOS and contract changes

Thank you Bobbi. I added Nicole to this email. I wanted to clarify that I received an email from you yesterday at 2:03pm- this email had multiple questions, which I answered in a response back to you at 4:33pm. At 4:43p, you indicated that you would look at the responses later in the evening as you were headed into a Board meeting. I responded back to this email at 7:49p and then sent a subsequent email at 10:23p- providing OneEighty the proposed resolutions for our 10.1 Board Meeting.

We will be sure to pass this correspondence on to the Board tomorrow evening.

Thank you so much! Have a good evening.

Respectfully,
Heather Dean, MA
Program Director

_____

From: Bobbi Douglas <douglasb@one-eighty.org>
Sent: Tuesday, September 30, 2025 4:11 PM
To: Nicole Labor <laborn@one-eighty.org>; Heather Dean <hdean@whmhrb.org>
Cc: Bobbi Bresson <bressonb@one-eighty.org>
Subject: SOS and contract changes

Hi there. I just wanted to let you know that Bobbi Bresson and I were just able to discuss the resolutions sent last night. We are still unclear as to whether this will work for us. Unfortunately, we didn't receive them (although Heather and I had verbal conversations earlier in the day) until 10:30 last night. I was out the door at 7:30 this morning for a

presentation at the Sisters of Charity Foundation today and didn't get to talk with Bobbi B. about it until later this afternoon.

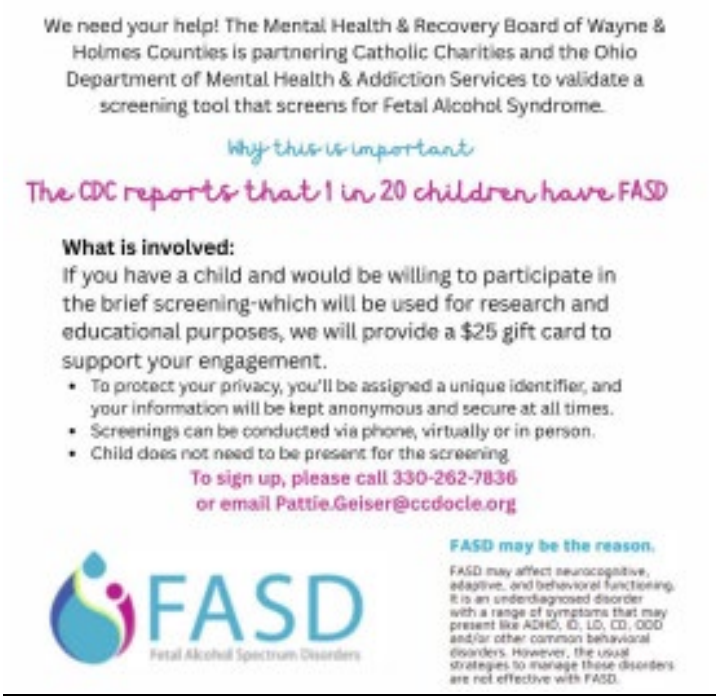
Just wanted to give you a heads-up that at the meeting tomorrow evening I will need to say that we are still undetermined at this time if this will work for us and would like adequate time to consider the ramifications.

Thanks.

Bobbi E. Douglas, MSSA
Pronouns: She/Her
Executive Director

FASD

WHMHRB would like to express our most sincere thanks to OhioMHAS for their confidence in us. We appreciate the opportunity to have been a part of the FASD Screening Tool Validate Process. To The Wayne County Health Department for their support, Christa Hissong and her amazing team at Wayne County Children Services for providing referrals and to the absolutely incredible team at Catholic Charities for their incredibly hard work on this important initiative. The Catholic Charities Team exceeded the State's expectations. A very special thank you to Sheryl Villegas, who is the epitome of a team player and to Pattie Geiser, who led this initiative. A comprehensive report will be provided at October's Full Board Meeting.



OLD BUSINESS

NONE

MOTION FOR ADJOURNMENT

MOTION:

SECOND:

VOTE:

TIME:

Drug Endangered Child Alliance

Wayne County Children Services

"Protecting Children and Strengthening Families since 1882"
Supported by the Children Services Levies

Wayne County Drug Endangered Children Alliance,

Please accept this message as formal notification that the Wayne County Children Services Board is withdrawing from the local Wayne County Drug Endangered Child Alliance, effective immediately.

It has become evident over the past few months that the current direction, trajectory and priorities of the local DEC Alliance no longer align with the mission and vision of Wayne County Children Services. Our agency has been consistently excluded from leadership roles and key decision-making processes within the local Alliance. As evident by excluding our staff from DEC training, violation of Ohio administrative code in JR-6 incidents and lack of participation in the MOU. In addition, we were asked to provide agency resources on a drug bust with no children present. As a result, it is evident that our continued participation in the formal local Alliance is no longer tenable.

While we are stepping away from the formal structure of the Wayne County DEC Alliance, this decision will in no way impact our field operations. Our commitment to the safety, permanency, and well-being of children in Wayne County remains unchanged. We fully expect that any situation involving a child at risk due to a parent or caregiver's substance use—legal or illegal—will continue to be reported to us, and we will continue to respond accordingly with the same urgency and diligence.

We value the work that has been done in collaboration over the past nine years and remain committed to protecting drug-endangered children through our ongoing field work and other community partnerships. While we are leaving the local DEC Alliance, we are not abandoning the strongly held values of collaboration, information sharing and teamwork as outlined in national DEC.

In addition to withdrawing from the local DEC Alliance, we will also be withdrawing from the DEC Work Group and the THC Work Group. We will, however, continue to attend the bi-monthly meetings for the Partnership for a Drug-Free Wayne & Holmes Counties.

Respectfully,

Ron Copenhaver
Social Service Supervisor

Brian Beeghley
Senior Social Service Supervisor

John Dillon
Executive Director

9.10.25 Response from WHMHRB Executive Director, Nicole Williams. This response was supported by 38 pages of correspondence to WCCSB Supervisor Ron Copenhaver reflective considerable efforts to engage Mr. Copenhaver in this initiative as well as invites to all trainings and DEC related events. Unfortunately, Mr. Copenhaver's engagement was minimal, frequently committing and then failing to show:

Mental Health & Recovery Board

September 10, 2025

RE: Response to WCCSB Withdrawal from the Wayne County Drug Endangered Children (DEC) Alliance

Dear Mr. Dillon and WCCSB Leadership,

I acknowledge receipt of your letter regarding Wayne County Children Services Board's (WCCSB) decision to withdraw from the Wayne County Drug Endangered Children (DEC) Alliance. While I respect your right to make organizational determinations, I was concerned by several statements in the letter that are not accurate and could leave a misleading record of our shared work.

To ensure clarity, I have enclosed documentation that addresses these concerns, including:

- **Mission alignment:** The DEC Alliance's work is consistent with WCCSB's mission to protect children and strengthen families. The goals and strategies of both organizations have long been complementary.
- **Leadership and decision-making:** WCCSB representatives were invited into leadership roles, including strategic planning and committee chair opportunities. Records show consistent invitations and engagement opportunities, though participation was often declined or not fulfilled.
- **Training participation:** WCCSB staff were regularly invited to training and events, with extensive correspondence provided as evidence.
- **MOU development:** WCCSB was asked to take a lead role in reviewing and updating the child welfare MOU, and this work was underway with input from your staff.
- **Resource requests:** Guidance provided by WCCSB staff themselves informed law enforcement practices on case notifications, contrary to the concern raised in your letter.

It is troubling that these issues were not raised with me directly prior to the withdrawal letter. John, you have my cell number, and I would have gladly taken a call to address these concerns. Many of these misunderstandings could have been quickly resolved through conversation, and I regret that it reached this point.

The DEC Alliance is a collaborative effort representing nine years of investment, well before my tenure at the Board, by dozens of agencies committed to building a trauma-informed, coordinated system of care for children and families in Wayne County.

Please know that the Mental Health & Recovery Board of Wayne and Holmes Counties, along with the DEC Alliance, remains committed to transparency, collaboration, and open dialogue. If at any point WCCSB wishes to revisit participation, I welcome that discussion in the spirit of partnership.

The documentation enclosed is not intended to assign blame but rather to share what we have documented on our end. My hope is that, upon review, you may find some of this information as surprising as we did, and that it may open the door to revisiting your participation sooner rather than later.

Thank you for your attention to this matter.

Respectfully,

Nicole Williams, MBA

Executive Director
The Mental Health & Recovery Board
of Wayne and Holmes Counties
1985 Eagle Pass, Wooster, OH 44691
330.264.2527
Cell: 419-606-9856

9.30.25: Email response from Medway Director, Josh Hunt

Good evening,

First, I want to apologize for the delay in my response as well as the length of this response. Initially I did not want to create further problems and I had hoped to be able to get this situation handled outside of this email. I am responding to this email because I believe it is important to address several things in the original email from Ron Copenhaver. For those of you who were present for the meeting, I imagine some of the things written from Ron were a bit surprising as you heard the context of the issues Ron is bringing up and they do not appear consistent with what is relayed. Additionally, as we went through the meeting, none of these issues were brought to discussion or requested to be talked about, even when the meeting was opened up for anything from committee members. Further, since this email, a formal letter was sent from John Dillon, Executive Director for WCCSB, Brian Beeghley, Senior Social Service Supervisor and Ron Copenhaver, Social Service Supervisor, to at least Heather Dean, MHRBWH, Joshua Hunt, Medway, as well as an unsigned digital copy from Ron Copenhaver to Eric Nation, National Alliance for Drug Endangered Children (NADEC). In this letter Wayne County Children Services stated they will no longer be participating in the Wayne County Drug Endangered Children Alliance and they were pulling out. Additionally, they are withdrawing from this DEC Committee and the Marijuana Committee. I am deeply saddened for the position WCCSB, the single most important agency responsible for the safety of our children, has taken. This letter is attached, I will address several mistruths in the letter later in this email.

In response to Ron's email, he stated he had concerns with "the direction of the local DEC Alliance". He listed four key areas. 1. Law Enforcement's Use of JR6 as Primary Safety Intervention. 2. Clarification on DEC Pilot for Clinical Services. 3. DEC Training Decision-Making Process. 4. MOU Development and Direction.

Response to Issue #1. I want to be very clear, at this meeting, I spoke about Medway's position for approaching JR6 vs. allowing WCCSB to complete safety plan's. I did not speak for all law enforcement agencies, in fact the conversation centered around the DEC Agent, Adam Bupp's, response specifically to drug endangered children. I indicated in this meeting that Medway's preferred method for Drug Endangered Children would be through JR6. I made this decision on a number of concerns that I recognized were creating issues of liability for my Agency because of how WCCSB workers, specifically intake, were handling things such as safety plans, how they were handling identified at risk Drug Endangered Children, lack of follow up or referral for services before closing cases. As such, I structured my response similar to Akron PD policy related to at risk children that places the child to CSB and CSB makes the determination for adequate placement. This reduces the liability to my Agency in the event a child is placed with someone who is not checked out, a safety plan is not followed, or the proper follow up is not completed by case workers that creates a risk to the child. Further if WCCSB chooses not to file after a JR6 is completed and a child is injured it reduces my liability, as I did my part to protect the child. At no point did I indicate we would not want, or would discourage the child to be placed with a relative or a mutually agreed upon location by the family and WCCSB. Juvenile Rule 6 outlines specifically the authority is given to Police Officers to protect children. (3) By a law enforcement officer or duly authorized officer of the court when any of the following conditions exist: (a) There are reasonable grounds to believe that the child is suffering from illness or injury and is not receiving proper care, and the child's removal is necessary to prevent immediate or threatened physical or emotional harm; (b) There are reasonable grounds to believe that the child is in immediate danger from the child's surroundings and that the child's removal is necessary to prevent immediate or threatened physical or emotional harm; (e) There are reasonable grounds to believe that the conduct, conditions, or surroundings of the child are endangering the health, welfare, or safety of the child;

Response to Issue #2. DEC Pilot for Clinical Services. I am disappointed at Ron's position on the services each of the community partners have agreed to provide and participate in the one of a kind DEC pilot program and the funding sought to provide the services at no cost to the families. To minimize the work and effort each of these agencies put in to help intervene in the lives of the identified Drug Endangered Children is unprofessional and wrong. Ron indicated "CSB are committed to continue to make referrals to the program and we are happy to see that the data collection period for the DEC pilot program has been extended to December 2025." However, this has not been the case. The lack of KNOWN & IDENTIFIED Drug Endangered Children being properly enrolled into the Pilot Program by WCCSB and has been the issue of contention which began the fracture of the relationship. From May 1st, through June 17th Adam Bupp in his role reported more than 15 identified DEC from cases he went out with CSB to assist on. Yet on July 7th, only 1 referral had been made and it indicated it was from a parent. This is with the countless meetings, emails and conversations surrounding this pilot that have taken place with Heather Dean, Ron Copenhaver, Brian Beeghley, Natalie Rhinehart and Myself. In fact, in emails these are statements from Ron and Natalie regarding CSB's referrals to the Pilot Program, "As for the pilot, I will save my thoughts on this situation for that meeting, other than saying that I am discouraged at the lack of referrals from CSB, despite tons of encouragement to do so." Ron. "While I am also disappointed in lack of referrals… As the primary agency responsible for making the referrals, we need to develop a more detailed plan that can be executed successfully for anything DEC specific." Natalie.

I want to thank all of the partnering agencies who have stepped up to get identified DEC enrolled in the Pilot. This pilot is still seeing success because of the other agencies completing referrals for treatment.

Response to #3. DEC Training Decision-Making Process. Ron is asking for clarification regarding which DEC-related trainings the Alliance will endorse. I will be completely transparent in this situation as Ron has asked for clarification. Wayne County has four Certified Instructors who can teach at the local alliance level, Myself, Adam Bupp, Natalie Rhinehart and Heather Warner. Beyond that Natalie and I are contract instructors for National Alliance for Drug Endangered Children. This allows us to complete trainings which have been set up and established by National DEC outside of the local alliance. Ron and Natalie are well aware of the reason I approached the committee with making changes to how and what trainings are endorsed by the alliance. I will not go into exact details, but there were two trainings on May 9th and June 5th that Natalie completed with me. There were issues in each of these trainings. Additionally, this committee was in the stages of outlining MOU's, policies and procedures for the alliance and for members of the alliance. We have put a large effort locally into growing our local alliance. So much so, that we did not have our own "house in order" in fact the majority of WCCSB staff was not trained on DEC Awareness and Approach. Natalie received a request to train the prosecutors office at Morrow County. Discussions were had regarding this training. Without having our MOU's updated and in place, or knowing how our courts and prosecutor's office was going to handle these cases and the many other concerns, I expressed that I did not feel we should go train a group of attorneys who would have detailed questions that we could not possible answer at this stage and risk losing the opportunity later to help them with an alliance when ours was up and running properly. Ron indicated Natalie told him this training was under National DEC that he didn't really have any control over it. It was not set up or arranged by NADEC, further he agreed and indicated he would talk to Natalie about it. He followed up with a text message to myself and Heather Dean, that he had talked to Natalie and we were all on the same page. However, Natalie approached Adam and indicated she was doing the training anyways and asked if he was going to join her. She stated to Adam that I could not dictate if he did the training or not. What I recognized was that in fact there was nothing in place to determine what we as the local alliance was going to sanction training wise. I approached the committee requesting to make this process the same as what the Harm Reduction Committee does. They list the training requests they have received and see who is available and

determine who is going to handle the training. This prevents anyone from just going rogue and representing the Local Alliance. On August 15th, Adam Bupp and I presented DEC Approach along with a Presentation on Handle with Care by the Mental Health and Recovery Board, in conjunction with Officer Wellness "Compassion Fatigue" that was funded by Medway. This is the only DEC presentation Natalie was not selected to be a part of. It was the first training Adam had been a part of and Heather Warner has not been involved in any DEC trainings to this point.

Response to #4- MOU Development and Direction. The development of the MOU is one of the goals of this committee. It has been determined it is extremely necessary to update it because of the different agencies now joining the alliance. Many would need specific languages for protection in what information can be shared. Multiple conversations were had with National DEC and several different MOU's being used by local alliances across the country were provided. What we found was that it may be necessary to create MOU's for the specific disciplines. The MOU that was in place since 2016 was not being followed in nearly every aspect. In fact, the only agencies who had signed it were WCCSB and all the local Police Departments. Signing an MOU that has things in it that are not being followed creates problems and liabilities for the alliance and members. To be very clear, the MOU as it relates to WCCSB was to be worked on by Ron and Natalie. None of the MOU's presented to the committee involved anything related to the operation of WCCSB because there were no clear directives or procedures established on how DEC cases were going to be handled internally, thus this was left to them. We believed this was a work in progress. On August 15th, I received the following email from Ron "I wanted to share a quick update regarding our current MOU situation. Last week, I sent both the draft version we began working on last summer/fall and the original 2016 MOU to John Dillon for review. Josh — just a heads-up: John may be reaching out to you soon (timing TBD) to discuss next steps for updating the MOU. He noted that the original document is nearly a decade old and that most of the original signatories are no longer in those roles, so he's eager to move forward with getting a revised version finalized and signed." The MOU that was presented to John Dillon had not been seen by me or anyone else and was not provided to me to review. I did request the MOU he submitted and it was very similar to the 2016 original MOU with some changes, but was also incomplete in many ways, with whole sections missing. I responded to Ron explaining the MOU was falling under the DEC Committee under the Partnership as the agreement was to have the Local DEC Alliance be structured in this way. He responded "Yep, that makes sense."

The letter indicating WCCSB was withdrawing from the Wayne County Drug Endangered Children Alliance (attached) cited "It has become evident over the past few months that the current direction, trajectory and priorities of the local DEC Alliance no longer align with the mission and vision of Wayne County Children Services. Our Agency has been consistently excluded from leadership roles and key decision-making processes within the local Alliance. As evident by excluding our staff from DEC training, violation of Ohio administrative code in JR-6 incidents and lack of participation in the MOU. In addition, we were asked to provide agency resources on a drug bust with no children present. As a result, it is evident that our continued participation in the formal local Alliance is no longer tenable."

I take extreme offense that my Agency is accused of violating Ohio administrative code in a JR-6. I have the body camera footage that I will share with the committee. What it shows is the failure of WCCSB intake workers to follow up on a previous safety plan. One where admittedly "they never met the child". One where the mother after being released from jail had her child back, violating the safety plan within 48 hours. But, WCCSB never followed up only closed the case, "with no guidance". This put the child back in the home of an alleged drug dealer who had called CSB for the initial complaint, tto be the babysitter while mom worked "seven days a week". He told workers during his complaint he was not comfortable taking care of the child while the mother was incarcerated. This created the initial safety plan, (June-July) placing the child with the biological

father. Who violated the safety plan within 48 hours after the mother was released from jail by returning the child without CSB involvement. However, nobody followed up or had direction for the family and left the worker asking "what day did you get out of jail?" and "was there any direction from us?". Now, I stood in the same house (September, on a Tuesday) after a drug deal was organized from the home, and finding over a kilogram of marijuana mixed in with the child's toys in a back pack and beside the child's cereal, as well as in an open bag on the floor. The WCCSB case worker asking me to reconsider my JR-6 removal to allow the child to be placed on a safety plan with the same father who violated the initial safety plan in July, because she had a meeting at 5:00 that evening. I explained my concern was the mother would get released from jail and we had nothing to prevent her from picking the child up, like last time, if the JR-6 was not completed, thus putting the four-year-old child back in the dangerous situation, and potentially with the mother fleeing or hiding as she was already out on bond for multiple felonies including assault on a police officer. I completed the necessary JR-6. WCCSB workers placed the child with the father from the scene with no prior inspection of the home before the child was released to him.

However, the following day (Wednesday) WCCSB decided not to file the JR-6 to let it expire and instead counted on the indigent father to file for emergency custody on his own. The mother was released from custody the same day. Five days later (Monday) WCCSB requested we returned to the home with them to ask the mother to complete a safety plan and return the child, who was now back in the home, to the father. She refused to agree to a safety plan, one that was never in place after they allowed the JR-6 to expire. WCCSB left this drug endangered child in the home until the following day when it filed and obtained a court order to remove the child and place them with the father. Instead of just the initial trauma of the search warrant and removal, we now traumatized this child again on Monday during the returned home visit attempting to get the safety plan and Tuesday when we returned to removed him again from his mother's custody.

Additionally, the accusations that WCCSB was asked to provide resources for a "drug bust where children were not present" is factually inaccurate. Agent Bupp while investigating a drug overdose was on scene in a home where dozens of uncapped needles were located in a bedroom inside the suspected Fentanyl drug trafficker's home. Agent Bupp learned a small toddler was due to be at the home for visitation with his father, the brother of the suspect, the following day. Agent Bupp contacted the on-call worker to advise of the situation in hopes the custodial mother of the child could be contacted and a safety plan could be arranged to make sure the child did not come to the home until these dangerous items could be removed. This is not a waste of resources, it is good police work and protection of drug endangered children. It is also a mandated report.

I met with Brian Beeghley regarding this initial email and was advised he believed that a meeting between Ron, himself and I should take place. However, instead of the meeting the withdraw letter was sent out. At this point I have not been able to meet with John Dillon regarding my concerns and do not want to delay this response any further.

I would like to say, I am proud of the direction the Wayne County Drug Endangered Children Alliance is headed. The number of partners we have at the table willing to step up and help with children effected by their caregiver's substance use is inspiring to me. The collaboration that is demonstrated is amazing. The level of things I believe this alliance is going to accomplish will help in setting the standard across the country for what a local alliance looks like. I have had multiple meetings with the staff of the NADEC, who continue to praise our local efforts, to want to partner with us to bring groundbreaking things through our alliance.

I want to end this email on a positive note. Our Agency initiated a Drug Endangered Child case with CSB last week following a search warrant and arrest of a high-level drug trafficker in the city of Orrville. The on-call worker, Vanessa Cancelliere, responded to our scene. She demonstrated a level

of professionalism, attention to detail, knowledge, fairness, firmness and compassion, that our Agency was used to having over the many years of our partnership with WCCSB. I hope that we will be able to continue the great relationship with WCCSB and that this is the level of work each employee will bring to these DEC cases. My hope is WCCSB will recognize the importance of being a member of the Local DEC Alliance and put these at-risk children back at the center point of why we do what we do.

I look forward to our continued collaboration and partnerships with each of you.

Joshua Hunt
Director,
MEDWAY Drug Enforcement Agency

Drug Endangered Children (DEC) Initiative – FY26 Overview

Drug Endangered Children (DEC) Clinical Services in Wayne County have gained national attention for their innovative, trauma-informed approach to supporting children and families impacted by substance use. The development of DEC-specific clinical programming is changing trajectories-helping children heal, rebuild trust, and break cycles of trauma. All barriers to access have been removed: transportation is provided when needed, children are fed during sessions, and services are completely free to Wayne and Holmes County residents. A wide range of options are available, including Parent-Child Interaction Therapy (PCIT), Trauma-Focused CBT enhanced with virtual reality for deeper engagement, and specialized parent/teen groups. This is more than treatment-it is a tool in breaking generational cycles of addiction.

Between July 1 and September 29, 2025, referrals for Drug Endangered Child (DEC) Specific Clinical Intervention revealed urgent needs: nearly half were teenagers, and 20% were in early childhood-a group especially vulnerable to trauma. While most remain in parental custody, 40% have active juvenile court involvement, and all experienced drug exposure, with 40% facing ongoing substance use.

Referrals from Wayne County Children Services Board were minimal. Juvenile Probation was the predominant referral source. Only 40% of the youth who were referred followed through with service engagement. With over 80% of WCCSB cases involving parental substance use, DEC programming offers a vital opportunity to intervene early.

WHMHRB reaffirms its commitment to DEC in FY26. This work is essential. By protecting and empowering our most vulnerable youth, we invest in the future of Wayne and Holmes Counties, building stronger families, safer communities, and lasting change.

Update from Sarah Doohan, Clinical Director-Anazao Community Partners

Anazao has now embedded a DEC screener within our electronic health record system. This means every individual under 18 will be screened, and providers will also be reviewing their current caseloads. In addition to the DEC screener, there will be other outcome measures implemented, which will be used throughout treatment (whether TF-CBT or another evidence-based model) so we can track progress over time. Because all of this is built into our system, we'll be able to generate reports showing how many DEC-identified children we are serving at any given time.

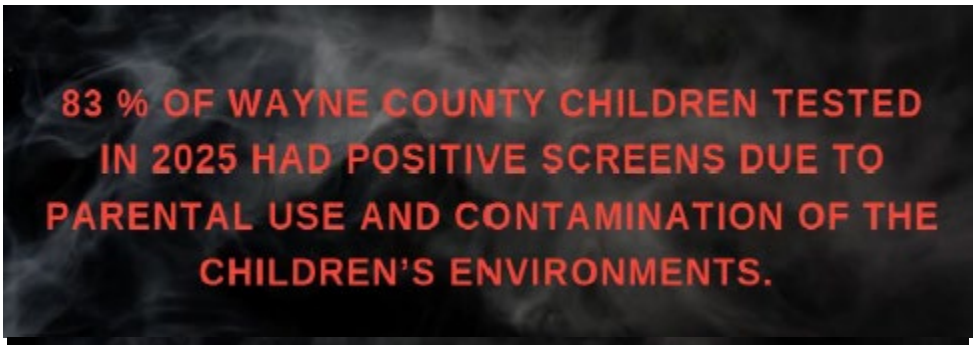
Anazao permanent DEC screening process will strengthen early identification and ensure more children and families receive the education and treatment they need.

I also wanted to share one story that's been especially meaningful. A mom in recovery was recently reunited with her children. While her daughter is showing clear signs of trauma, her son appeared to be doing well enough that a school guidance counselor questioned whether treatment was

necessary. Because the family is connected to Anazao's Service Coordination team, we were able to recognize his risk factors and connect him with therapy early, likely preventing long-term challenges. Sometimes it only takes one child's story to remind us why this work matters.

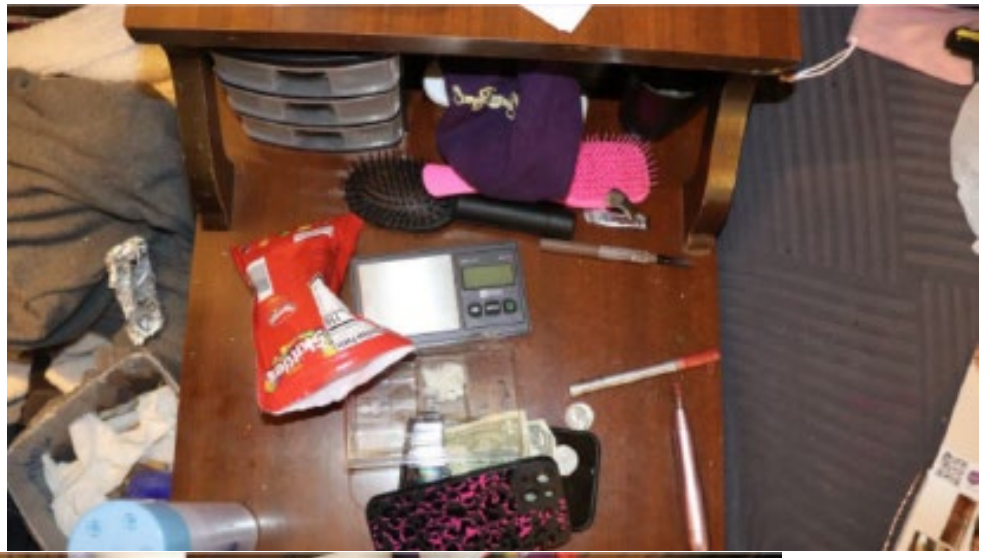
<u>Update on Catholic Charities critical work with DEC and their families</u>
Catholic Charities offers Guided DEC Parenting Support Groups, where Parents receive specialized education on rebuilding trust, establishing structure, and mitigating the long-term effects of disrupted attachment. The statistics thus far indicate 70% of the parent participants are single mothers underscoring the critical need for targeted, compassionate intervention. These women are often navigating trauma, poverty, and recovery while trying to parent-frequently without support. By engaging them early and holistically, we not only protect their children but also empower mothers to break cycles of harm and rebuild stable, nurturing homes. This is where prevention meets transformation.

WHY THIS MATTERS

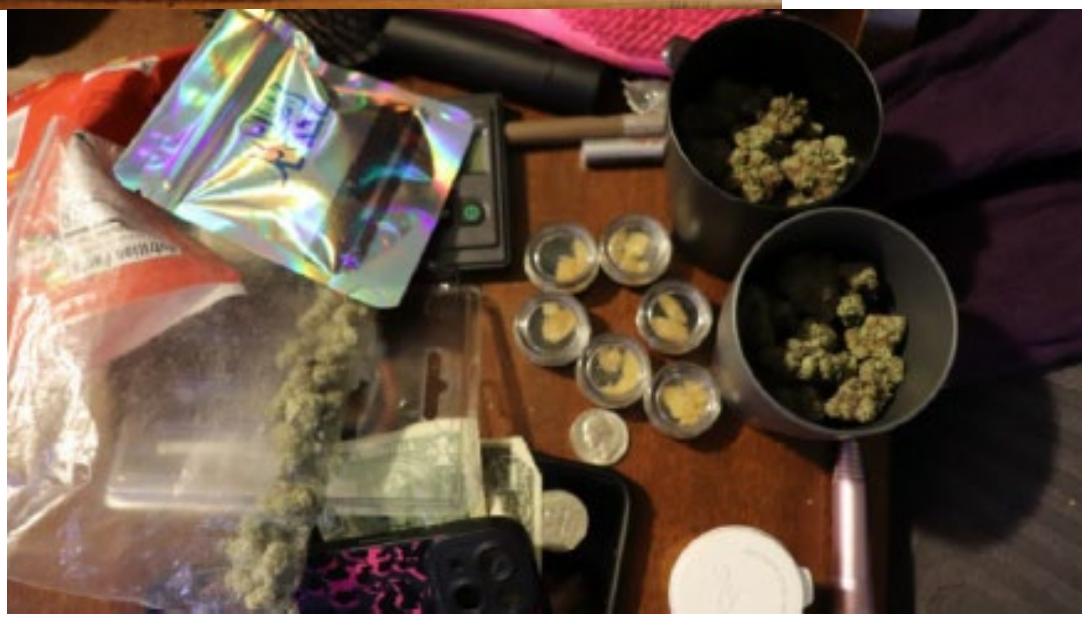


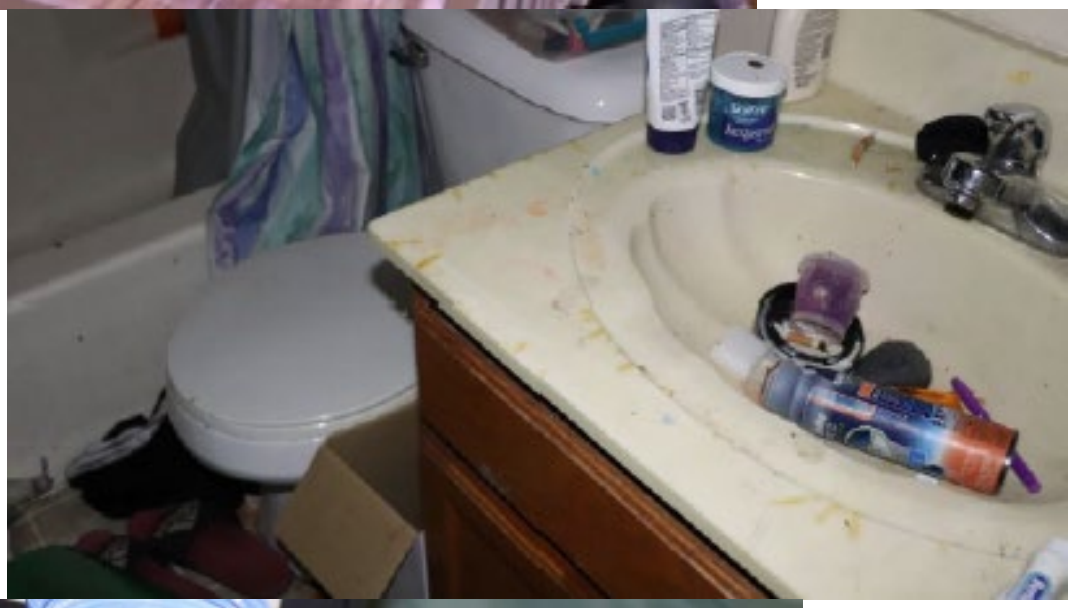
*The above stats were provided by WCCSB Intake Supervisor Ron Copenhaver

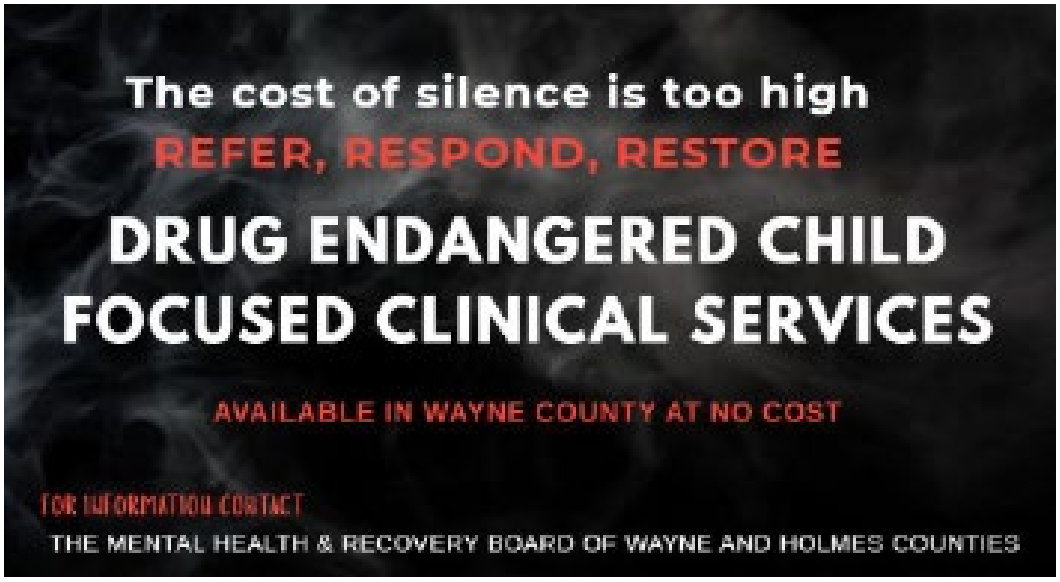
WAYNE COUNTY CHILDREN WERE LIVING IN EVERY HOME PICTURED




SKITTLES






The cost of silence is too high
REFER, RESPOND, RESTORE
DRUG ENDANGERED CHILD FOCUSED CLINICAL SERVICES
AVAILABLE IN WAYNE COUNTY AT NO COST
FOR INFORMATION CONTACT
THE MENTAL HEALTH & RECOVERY BOARD OF WAYNE AND HOLMES COUNTIES


OUR LIVES BEGIN TO END THE DAY WE BECOME SILENT ABOUT THINGS THAT MATTER
MARTIN LUTHER KING JR.

OneEighty Proposed Budget

Direct Costs	Budget	Narrative
Personnel		
Medical Services Manager	$ 23,031	.5 FTE - Medical staff to provide MAT including Naltrexone, Suboxone, Subutex, Vivitrol, and Sublocade and provide monitoring and medication management services
Care Coordination Specialist	$ 10,176	.25 FTE - increase engagment of clients and ease navigation of the recovery oriented system of care
Program Evaluator	$ 18,128	.2 FTE - Address program outcome evaluation processes and supervising data collection activities. Oversees GPRA collection.
IT & Infrastructure Manager	$ 19,105	.2 FTE - Will provide technical support for the use of the phone system and electronic health record. Will train staff on the use of the client portal hardware.
Clinical Compliance Manager	$ 25,235	.35 FTE - This position will focus on removing barriers to treatment for clients with OUD. They will work to increase access for our clients using telehealth services. At this time, we are not providing as many telehealth services as other agencies, and we want to increase access. This person would focus on training other clinicians on best use of telehealth, helping our community understand that we can provide telehealth, providing telehealth services (that would not be covered by the grant), and ultimately helping us set up a way for clients to access our services. The Clinical Compliance Manager will also lead NIATx strategies to remove barries and increase access to treatment.

Intake Coordinator Lead	$ 12,996	.3 FTE - As an intake worker, will get clients familiar with using telehealth, help them set up their names/passwords, answer question regarding the use of the portal or kiosk, will help recover passwords when clients forget/have trouble, and will help train the rest of intake staff on procedures. This person will also attend regularly scheduled meetings focused on increasing access and decreasing wait times. Some topics of these meetings will include; telehealth, AI, walk in hours, best use of clinicians time in scheduling, etc. Lead Intake Worker will help clients access insurance, help with prior authoriziations, and respond to individuals with OUD's inquiring about treatment via the website.
Treatment Navigator On Call	$ 13,000	Peers, counselors, and/or independently licensed staff addressing crisis and 24-hour on-call access concerns for consultation and referral to treatment to those with substance use-related crises
Community Relations and Prevention Director	$ 21,115	.25 FTE - to provide family support education and to assist with community outreach efforts to individuals with OUD's, SUD's or co-occurring disorders.
Community Coalitions Manager	$ 15,080	.3 FTE - Implement environmental strategies to reduce opiate/stimulant/tobacco use among youth. Works with community coalitions to implement these strategies.
Coalition Prevention Specialist	$ 8,103	.2 FTE - Coalition Staff time is needed to complete the Deterra Bag distribution and Family Outreach activities. Cost will cover time to plan/develop and implement the activities. Works with community coalitions to implement environmental strategies aimed at reduding OUD's SUD's and co-occurring disorders.

Youth Mentoring	$ 10,792	.25 FTE - To provide mentoring and youth-led prevention programming aimed at reducing substance use among youth and promoting wellness. The position supports outreach and education efforts related to substance use disorders (SUDs), opioid use disorders (OUDs), and co-occurring conditions. Works with community coalitions to implement evidence- based and environmental strategies that reduce youth substance use. Assists with planning, developing, and implementing outreach activities, including training, mentoring, and community engagement. Supports coalition efforts such as Deterra Bag distribution and family outreach.
Community Outreach Manager	**$ 21,630**	**.3 FTE - Plans, develops, and implements a variety of outreach materials to reach farther into the community, with specific focus on disseminating information about OUD's, SUD's and co-occuring disorders. Social media manaager.**
Outreach Assistant	**$ 10,920**	**.35 FTE - To assist outreach efforts for OneEighty programs, specifically to heighten public awareness of services available from OneEighty for clients and individuals dealing with substance use disorder or addiction to opiate and methamphetamine. The position will assist with organizing outreach efforts, preparing materials, scheduling and organizing events, and assisting with communications regarding our comprehensive addiction and substance abuse treatment services programs that help individuals find success in recovery.**
Peer Support Supervisor - Housing	**$ 40,977**	**.75 FTE - Provides support and guidance to Peer Supporters and oversees the SOR program to ensure a cohesive approach that ensures best practices in recovery housing for indvividuals with OUD's, SUD's or co-occurring disorders.**
Facilities Manager	**$ 37,080**	**.6 FTE - Performs basic emergency repairs and routine tasks as needed to maintain safety and security at our transitional/recovery houses that serve individuals with OUD's, SUD's and co-occurring disorders. This is for the facilities manager position not actual maitenance costs.**
Peer Supporters - Recovery Housing	**$ 205,636**	**5.6 FTEs - All Certified Peer Recovery Supporters. Assist clients in navigating the intake process and promote access to and engagement in treatment for a recovery-focused lifestyle of self-sufficency through advocacy, referral, linkage, and follow-up. Co-located in drug courts , hospitals and other community settings.**

Peer Supporters On-Call	$ 10,400	Provide 24-hour on-call available consultation and support for those navigating the intake process and engaging in treatment for a recovery-focused lifestyle of self-sufficency through advocacy, referral, linkage, and follow-up. This is part of Peer Supporters wages.
Peer Supporters - Outpatient	$ 93,526	2.35 FTEs - All Certified Peer Recovery Supporters. Assist clients in navigating the intake process and promote access to and engagement in treatment for a recovery-focused lifestyle of self-sufficency through advocacy, referral, linkage, and follow-up. Co-located in drug courts , hospitals and other community settings.
Peer Support Supervisor - Outpatient	$ 37,808	.75 FTE - Ceritifed Peer Recovey Supporter. Will provide peer support, conduct GPRA data collection interviews, and assist in Quality Improvement efforts
Personnel	$ 634,739	
Fringe Benefits		
Fringe Benefits	$ 207,734	FICA - 7.65% Workers Comp - .52% Unemployment - .7% 401K - 5% Medical - $764.71 per month per FTE
Travel		
Mileage	$ 8,000	13,793 miles of staff travel for direct client services @ .58 per mile
Airfare		
Lodging		
Meal Per Diem		
Equipment		
Computer/Equipment		

Furniture	**$ 10,000**	**Furniture items as listed in the Funding Allowables Reference Resource for Recovery Housing and men's residential treatment facility; office chairs for treatment staff offices**
Printing/Copying	116,845	Client recovery events for 12 months * $100 per month ($1,200); supplies for random drug testing for MOUD patients to ensure safety in prescribing (excluding recovery housing residents) - 12 panel cup tests, alchohol test strips, kratom test cartridges ($17,000); recovery specific supplies such as books, journals, calendars ($1,000); recovery housing supplies such as detergent, paper towels, small appliances,etc. ($5,000); MAT medication ($6,045); contigency management: $15 per contigency and no more than $75 per client per year x 150 participants ($4,000); personal protective equipment such as sanitizing items, and basic personal hygiene items such as dental kits (toothbrush, toothpaste, floss, nonalcoholic mouthwash) ($3,500); small denomination gas cards and taxi passes for transportation to treatment ($5,000); assistance for application fees, rental deposits, rental assistance, utility deposits, and utility assistance for up to 2 months for participants enrolled and engaged in a Treatment or Recovery program transitioning to Mainstream Housing ($25,000); Funds to pay individual's treatment costs not covered by Medicaid or any other payer ($3,000); food for clients in partial hospitalization program not to exceed $10 per person per day ($8,600); State ID and/or birth certificate for grant funded recipients and pre- employement drug screening ($1,500); Items for parent/legal guardian to be used with children such as breast pump, car seat, crib, diaper bag, stroller, and pack-n-play, etc. ($1,000); MHRB ($35,000)
Personal Service Contracts	$ 63,400	Wellness funds for nutrition consultant, yoga/physical fitness, Wayne Center for the Arts, the Wilderness Center, and facilities for equine therapy which align with client treatment goals utilizing the '8 Dimensions of Wellness' ($38,400); outreach campaign aimed at prevention of opiate, stimulant, and tobacco use ($25,000)

Indirect Costs	MHAS	Narrative
Rent/Lease		
Fleet		
Insurance		
Phone Bill/Utilities		
Phone Bill/Utilities		
Administrative Costs	$ 104,072	
Total Indirect Costs	$ 104,072	
Grand Total	$ 1,144,789	

$1,144,788.83 -TOTAL AWARD
OneEighty will receive the **FULL** SOS 4.2 Award with the below required to be encompassed in budget:

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$15,000 dedicated to for Methadone

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$105,973.08 to Community Action

TOTAL SOS 4.2 SOS funds directly to OneEighty: **$1,023,815.75**

Award is based on below contingencies:

OneEighty's SOS 4.2 Budget must include:

- Community Action: IF SOS Rural Outreach Funding is secured, the 1 FTE Outreach Specialist will transition to Rural Outreach funding. The .5 FTE Housing Retention Specialist will remain in OneEighty's SOS 4.2 Budget.

- $3600 /$8600 PHP Food Line will be held for WHMHRB until SOS RO is awarded- at which time it will be released

WHMHRB will have first right of refusal for the reallocation for the below positions/lines:

1. Medical Services Manager
2. Care Coordination Specialist
3. Intake Coordinator Lead
4. MAT
5. Drug Screens

- OneEighty will pause billing for Youth Mentoring and Oasis until January 1, 2026 or additional funding to support DEC Clinical Services, Low Barrier MAT and WHMHRB Outreach is secured (Whichever is earlier)
- OneEighty will retain 10% administration in FY26.
- WHMHRB will receive 2.5% administration in FY27
- WHMHRB will receive 5% in FY28

Adjustment to OneEighty's Base Contract:

RESOLUTION AUTHORIZING THE EXECUTIVE DIRECTOR TO AMMEND ONEEIGHTY'S BASE CONTRACT ON JANUARY 1, 2026 **TO REFLECT A DECREASE OF $58,160.00** IF ALTERNATE FUNDING TO SUPPORT DRUG ENDANGERED CHILD(REN) "DEC" CLINICAL SERVICES PROVIDED BY **ANAZAO ($11,720.00)** & **CATHOLIC CHARITIES ($15,440.00),** LOW BARRIER MAT SERVICES PROVIDED BY **VIOLA STARTZMAN CLINIC ($25,000.00)** AND OUTREACH WORK PROVIDED BY **WHMHRB ($6000.00)** IS NOT SECURED BY DECEMBER 31, 2025. FURTHER, THIS RESOLUTION GRANTS THE EXECUTIVE DIRECTOR PERMISSION TO ENTER INTO A CONTRACT WITH ANAZAO COMMUNITY PARTNERS AND CATHOLIC CHARITIES FOR THE PROVISION OF DEC CLINICAL SERVICES EFFECTIVE JULY 1, 2025 AND VIOLA STARTZMAN CLINIC FOR THE PROVISION OF LOW BARRIER MAT SERVICES EFFECTIVE NOVEMBER 1, 2025.

OF NOTE:

OneEighty's Youth Mentor line would be reduced by $37,160.00 OneEighty's OASIS line will be reduced by $21,000.00