



St. Elizabeth
PHYSICIANS



St. Elizabeth
HEALTHCARE

2025 MENTAL HEALTH SUMMIT

Unmasking Mental Health Care, October 31st, 2025

SPONSORSHIP PROVIDED BY

INTERACT
FOR HEALTH



ANNOUNCEMENTS

Phones

Please silence cell phones during presentations

Restrooms

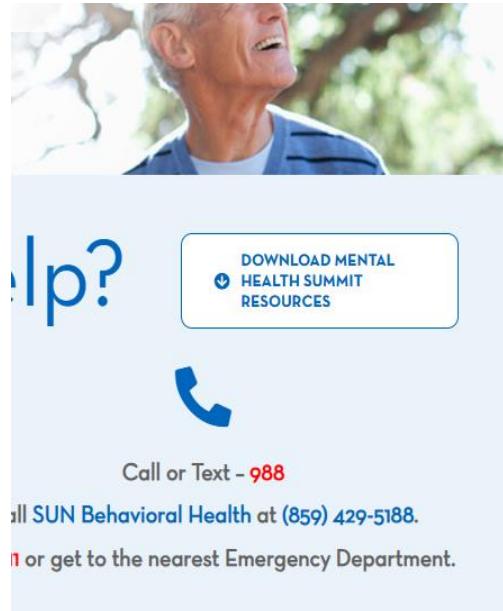
Two sets

- Directly across from the ballroom
- Past the lobby, first doors on right

Break/Networking

- Food donated distributed to local food pantry
- Thank you for donating!!

Check out QR Code on agenda with links to the following resources



Activating Hope Webpage

- Should I Seek Help – community education card
- St. Elizabeth 2024 BH Annual Report
- 2025 Project Cares Data
- St. Elizabeth BH Alignment
- 2025 MH Summit Slides
- 2025 MH Summit Survey



9:00-9:15 OPENING

**HEIDI MURLEY, M.D., M.B.A.
PRESIDENT AND CEO, ST. ELIZABETH PHYSICIANS
EXECUTIVE VICE PRESIDENT, ST. ELIZABETH HEALTHCARE**

TODAY'S CONVERSATION

Creating Open Doors Takes Courage, Trust, and Conversation



THE OPPORTUNITY IS BEFORE US

Creating spaces where connection happens naturally and consistently



Roadways



Sidewalks



CREATING OPEN DOORS MEANS COLLABORATION

Communities Coming Together



BREAKING DOWN

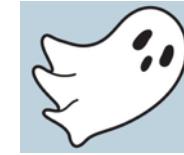
The invisible barriers that keep people from walking through the doors:

- Stigma
- Fear
- Shame
- Feeling that they won't be understood

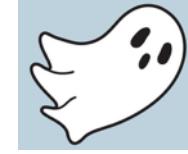
AN OPEN DOORS SYSTEM IS WHERE. . .

Every entry point leads to understanding, where every encounter opens another pathway to hope.





BLESSING: COLONEL ROY MEYERS



9:15-9:35 STATE OF THE REGION

**JASON STAATS, CEO, SUN BEHAVIORAL
DANIELLE AMRINE, CEO, NORTHKEY**

STATE OF MENTAL HEALTH IN NKY



Danielle Amrine, CEO
NorthKey Community
Care

& Jason Staats, CEO
SUN



In partnership with St. Elizabeth Healthcare

...WHERE WE WERE

Rising Mental Health Challenges

Northern Kentucky was faced with increased anxiety, depression, and substance use disorders impacting many individuals.

Behavioral Health System Strain

Fragmented entry points to care. Straining the healthcare infrastructure and workforce capacity.

Strategic Response

Acknowledging systemic pressures enables strategic and sustainable solutions for mental health care improvement.

LEADING CAUSE OF DEATH 1982-2023

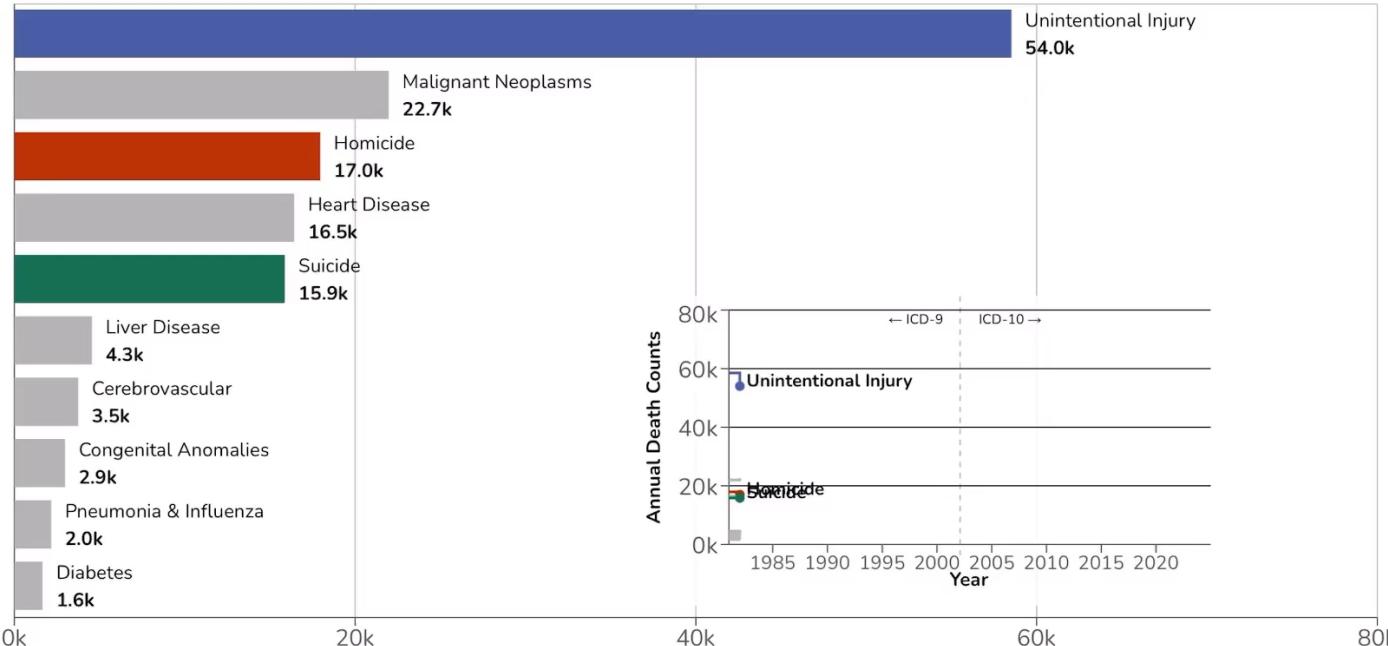
II Pause

1982

Prev Year

Next Year

Total Death Counts per Year



...WHERE WE ARE

Cross-sector Collaboration

Northern Kentucky unites hospitals, schools, law enforcement, nonprofits, and government to tackle mental health challenges.

Shared Vision and Goals

Stakeholders align resources and knowledge to build a compassionate and comprehensive mental health support network.

Summit for Progress

The summit fosters idea exchange, partnership formation, and innovative mental health solutions for the community.

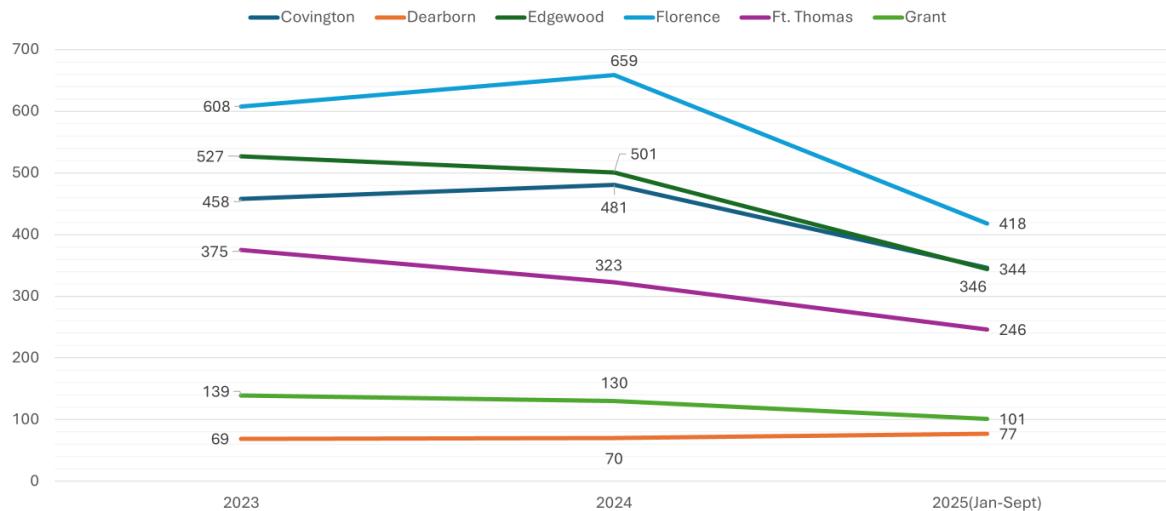
Community Strength

Northern Kentucky's strength lies in its commitment to show up, speak out, and support mental wellness for all.

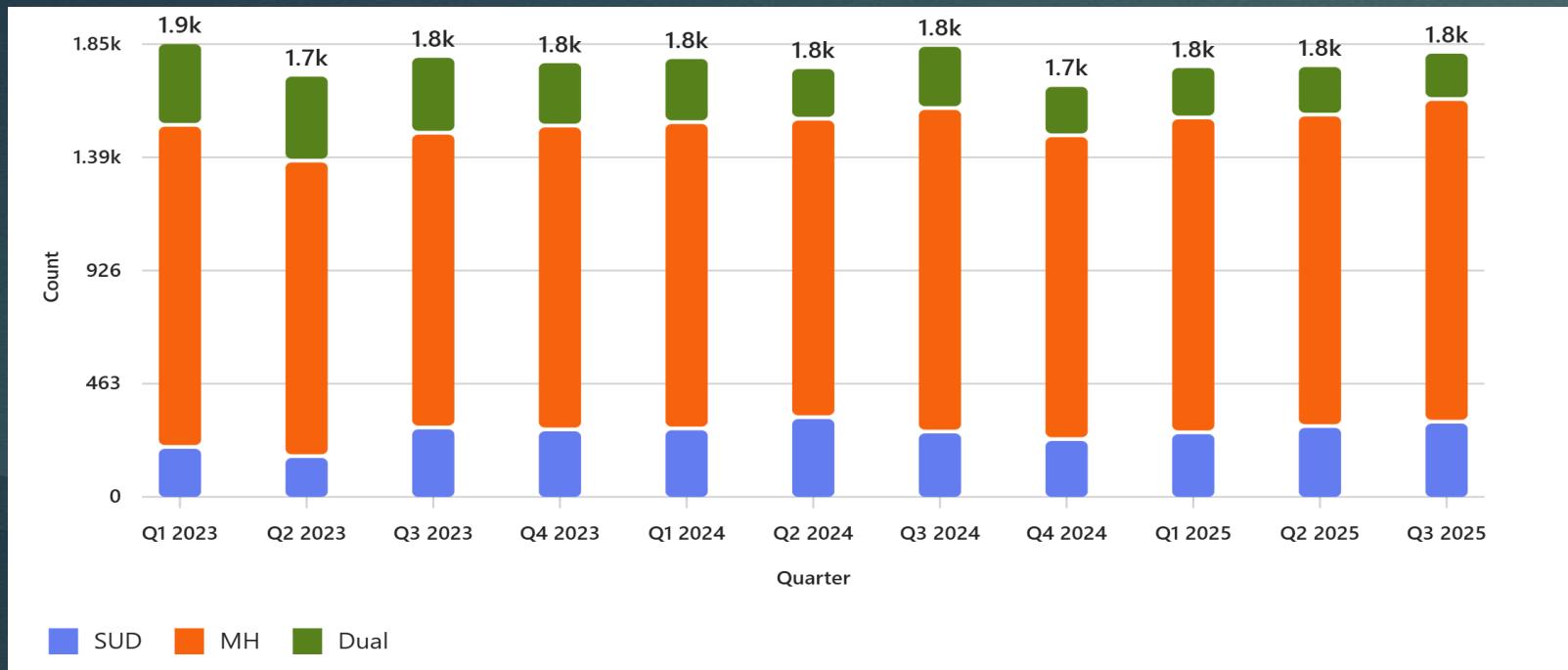
Today is Proof - We are stronger together

REDUCING ED'S AS THE MH/SUD POINT OF ENTRY

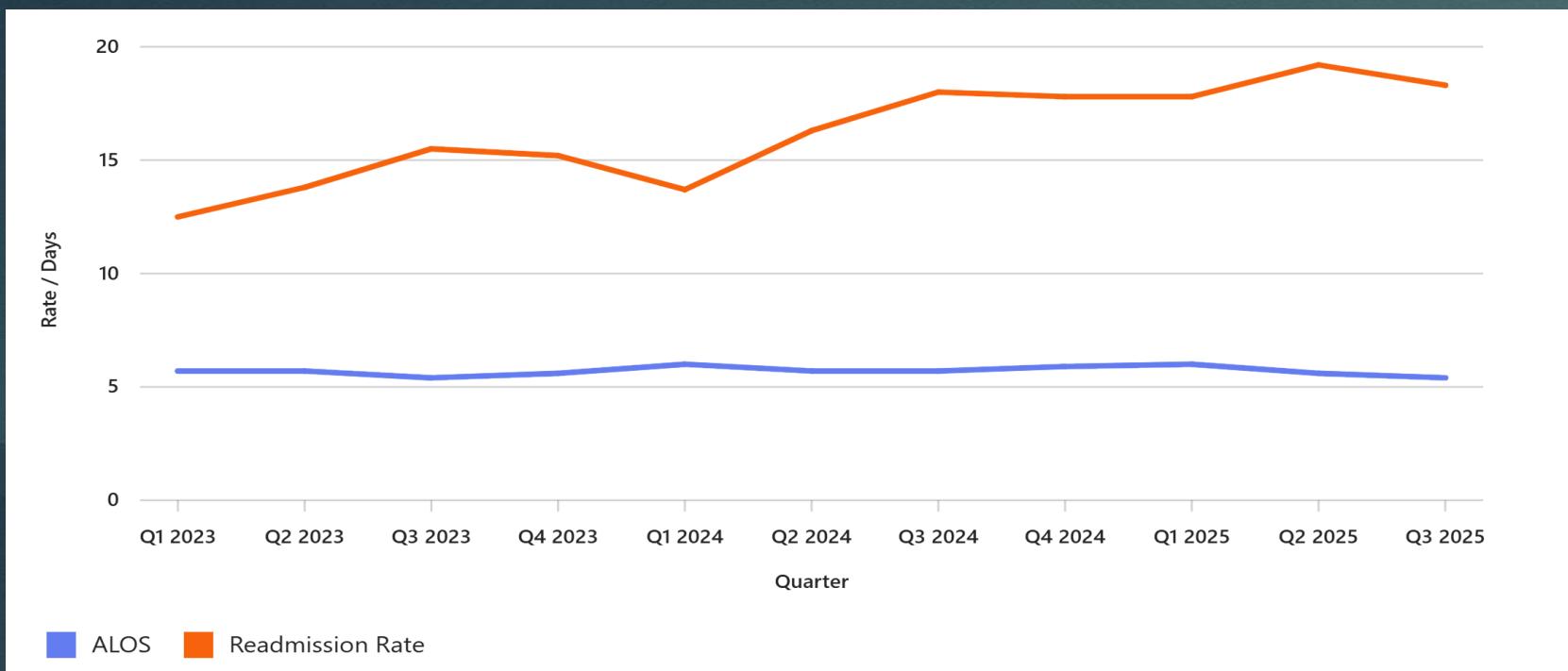
ED / SUN Transfers



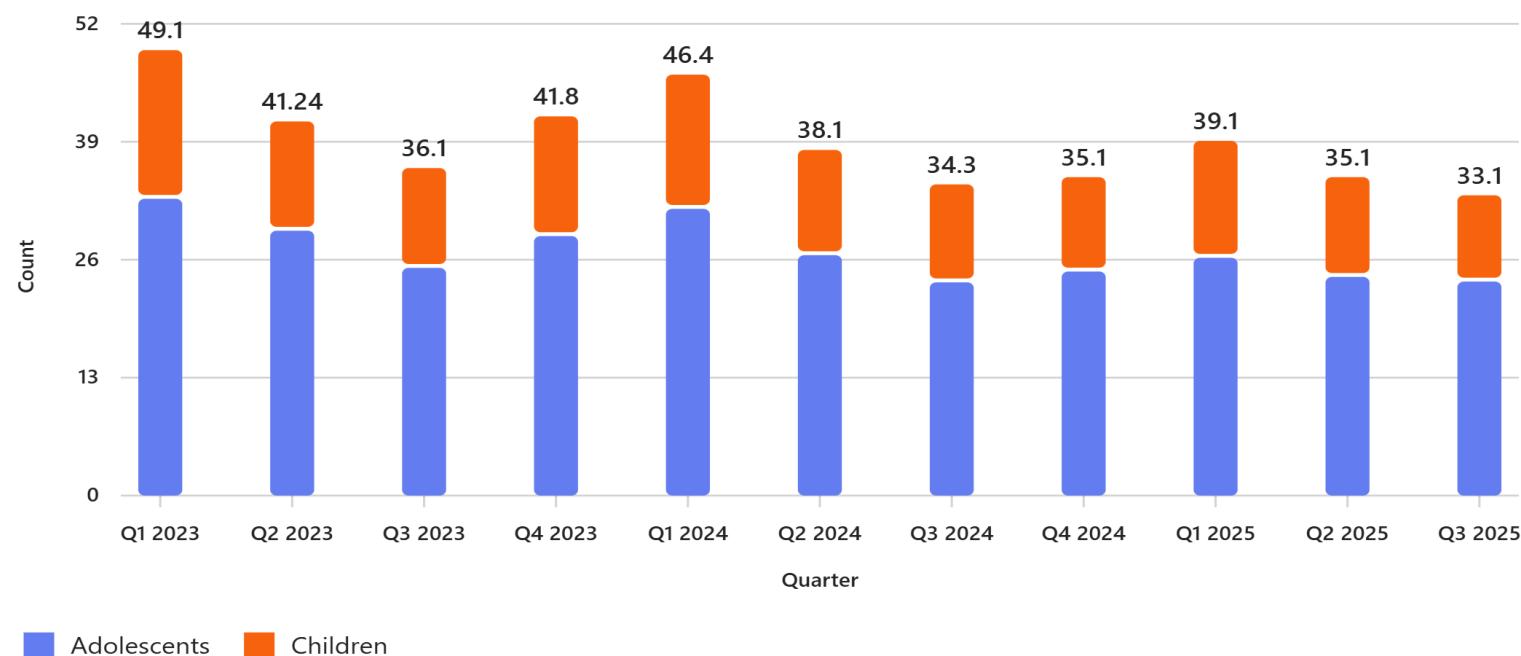
ADMISSIONS TO INPATIENT CARE



INPATIENT EPISODE OF CARE & RE-ADMISSION



CHILD & ADOLESCENT AVERAGE INPATIENT CENSUS



MAKING COMMUNITY BH/SUD ACCESS POINTS MORE ACCESSIBLE

82,221 calls handled

7,399 individuals received therapy

50,580 therapy visits completed

1,395 case management clients / 31,508 visits

2,623 crisis intervention clients

11,927 crisis visits completed

MAKING COMMUNITY BH/SUD ACCESS POINTS MORE ACCESSIBLE

786 Group Therapy Client

16,587 Group Therapy Visits

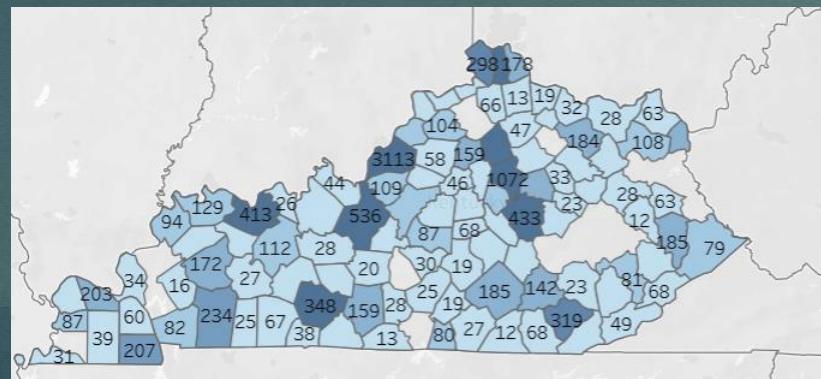
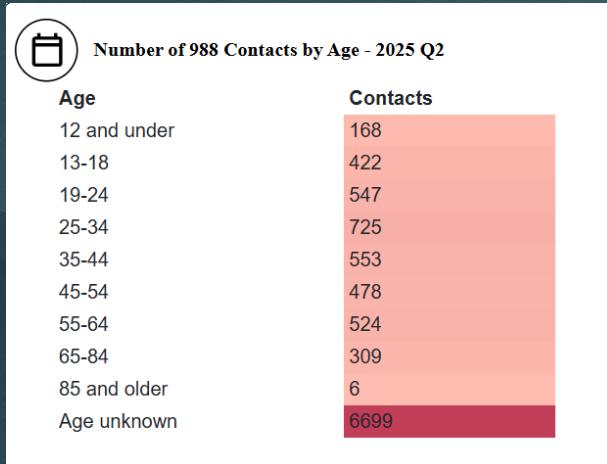
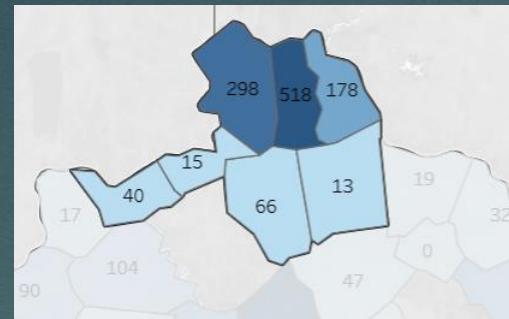
6,757 Peer Support Group Visits

559 Peer Support Group Clients

1,082 IOP Visits

1,741 Therapeutic Visits

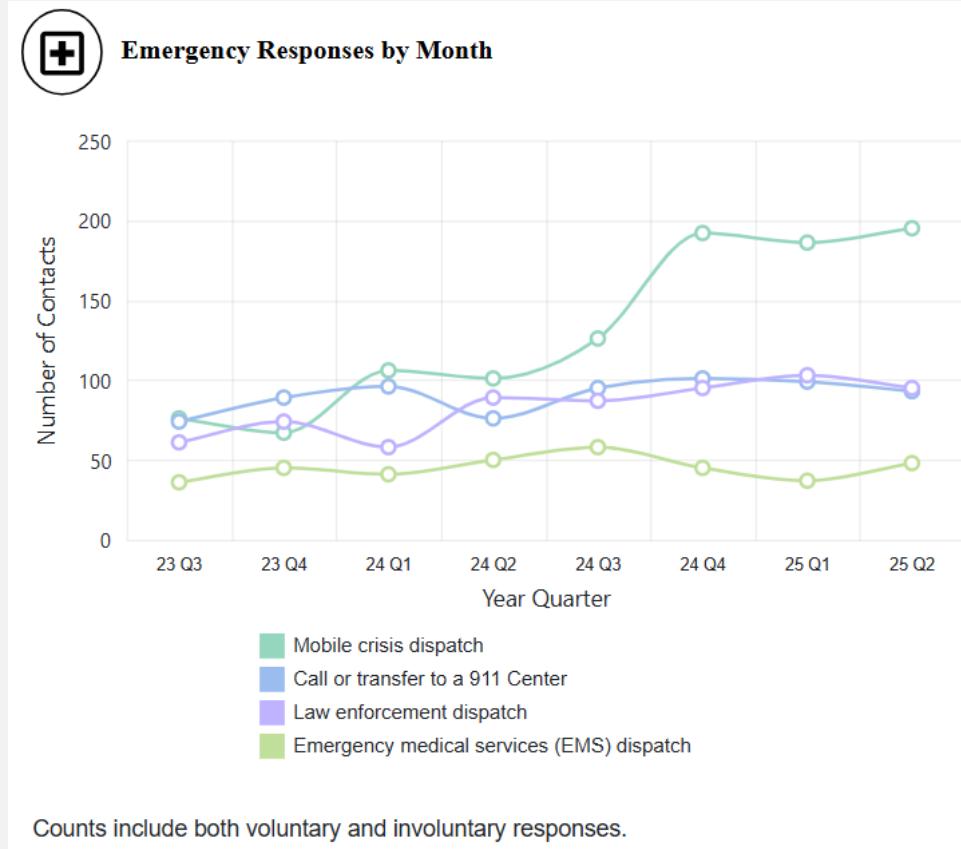
KENTUCKY STATEWIDE 988 DATA



KENTUCKY STATEWIDE 988 DATA

Top 5 Reasons for Calling 2025 Q2

- Friends/Family Issue: 2679
- Mood issue: 2672
- Suicidality: 2218
- Basic needs: 1169
- Loneliness: 1019



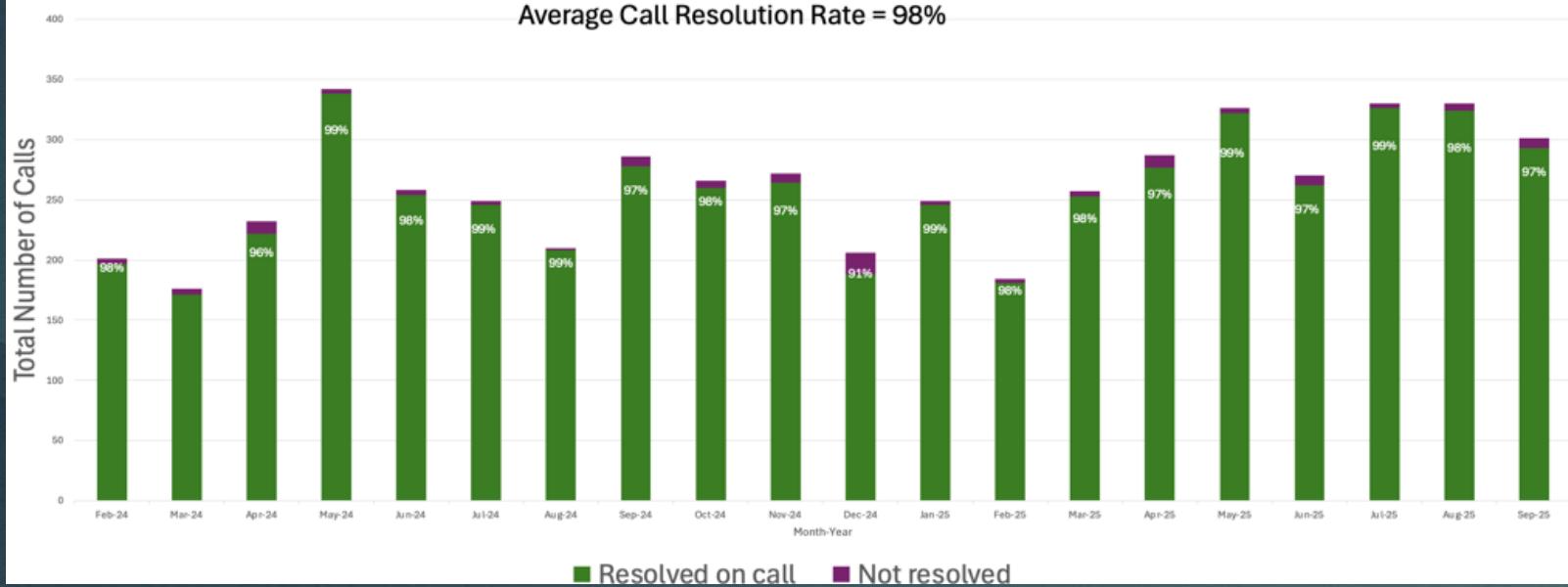
NORTHERN KENTUCKY 988 DATA

Monthly Call Resolution Rate

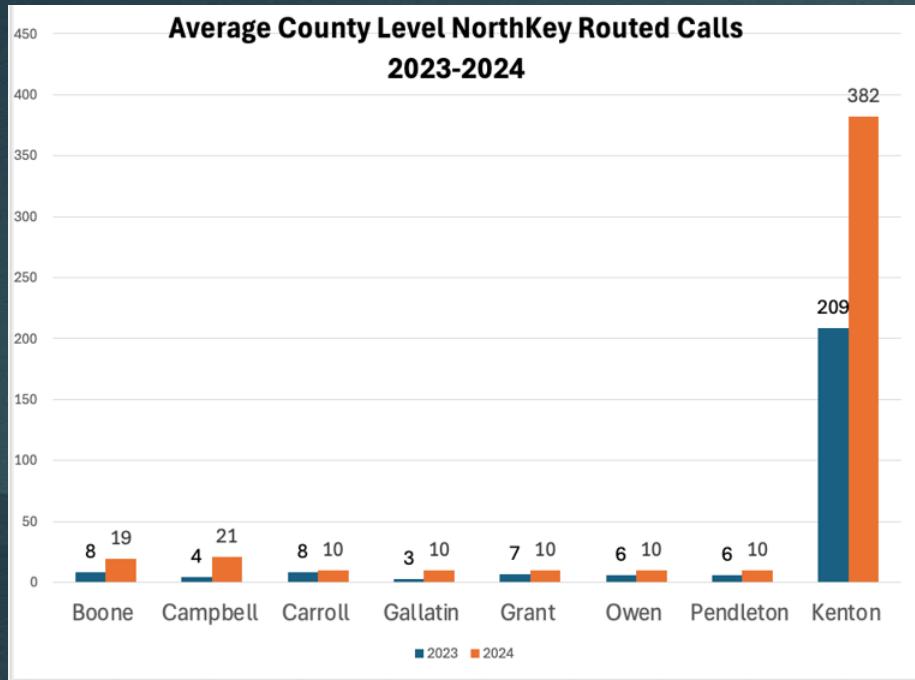
(Feb 2024 - Sep 2025)

N=5,232

Average Call Resolution Rate = 98%



NORTHERN KENTUCKY 988 DATA



- 988 calls increasing across all counties
- Kenton County shows the largest growth
- Rural counties showing emerging activity
- Demand for crisis services is growing across every community.

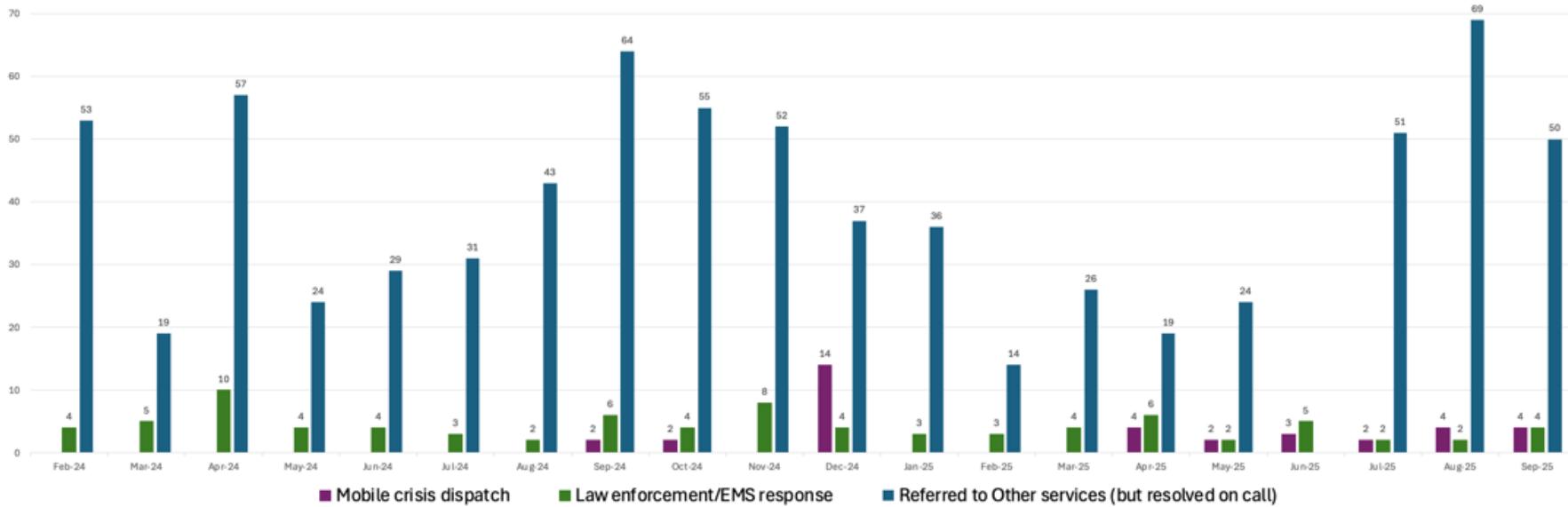
NORTHERN KENTUCKY 988 DATA

988 Call Dispositions Involving Crisis Response or Referral (Feb 2024 - Sep 2025)

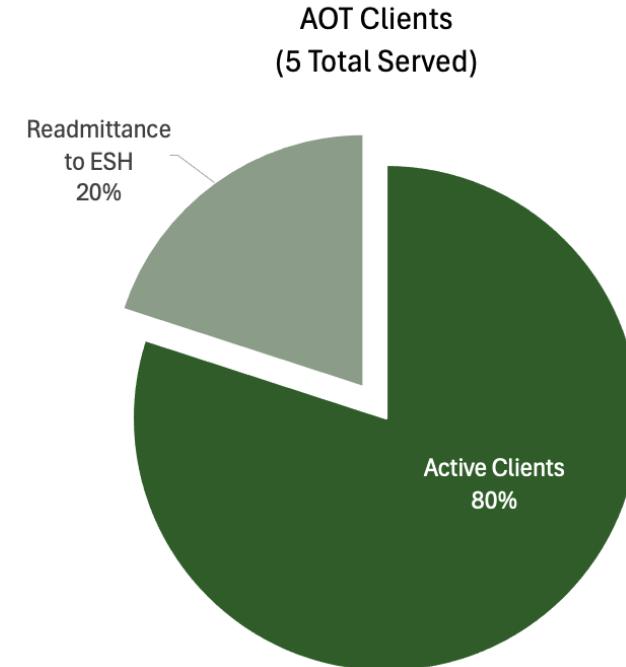
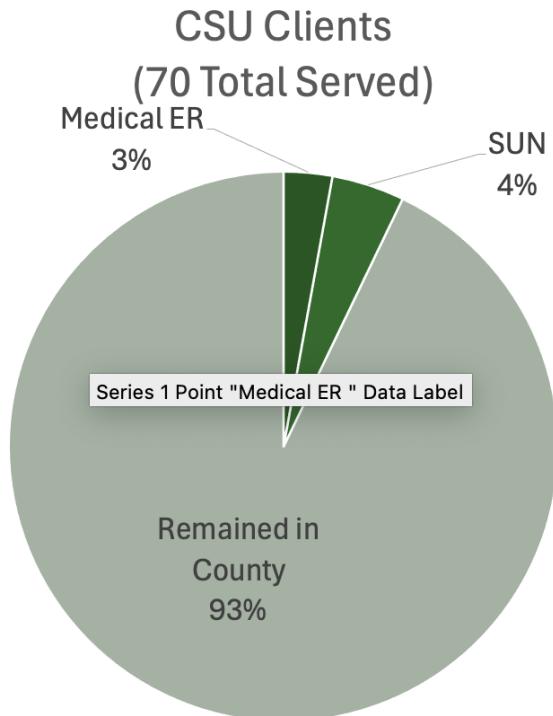
Total Mobile Crisis = 37

Total Law Enforcement = 85

Total Referred to Other Services = 753



CRISIS STABILIZATION UNIT (CSU) & ASSISTED OUTPATIENT TREATMENT (AOT)



...WHERE WE'RE HEADED

- Continue placing the patient at the center of our workgroups
 - Planning for social determinants of health
- Approaching NKY as a unified network of providers, caregivers and stakeholders.
 - Show up & suggest others to join or receive the message
- Shared goals and initiatives
 - Align cross-over efforts among agencies

WE ARE THE SOLUTION!



WHAT'S NEXT

Primary Care

Mental Health & SUD

Crisis Stabilization

Law Enforcement

Judicial/Legal

Schools

Housing Supports

Public Health

Family

Government

(Your Organization)





9:35-9:45 PROJECT CARES: NO WRONG DOOR

AMANDA PETERS, DIRECTOR, NORTHERN KENTUCKY OFFICE OF DRUG CONTROL POLICY



NKYODCP. St. E Mental Health Summit. 0.31.2025.pdf

Northern Kentucky Office of Drug Control Policy: Planning, Programming, and Partnerships



**NORTHERN KENTUCKY
OFFICE OF DRUG CONTROL POLICY**
Creating chances, creating change.



**NORTHERN KENTUCKY
859-415-9280
ADDICTION HELPLINE**

NKYODCP Board of Directors and Mission Statement

Public Policy + Public Health + Public Safety

The Northern Kentucky Office of Drug Control Policy assists with the development of substance misuse policy initiatives, coordinates regional efforts at the direction of the board, and provides advisory services to the fiscal courts of Boone, Campbell, and Kenton Counties.



Gary Moore
Boone County Judge Executive, Chair

Kris Knochelmann
Kenton County Judge Executive

Steve Pendery
Campbell County Judge Executive

Garren Colvin
St. Elizabeth Healthcare Chief Executive Officer

Scott Hardcorn
Northern Kentucky Drug Strikeforce Director

Dr. Jennifer Mooney
Northern Kentucky Health District Director

Kimberly Moser
Kentucky State Representative

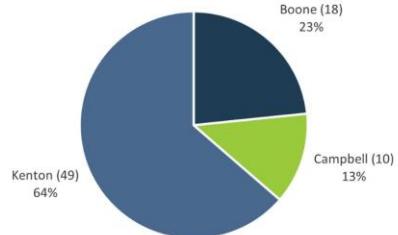
NKYODCP: Building Sustainable Behavioral Health Infrastructure “No Wrong Door to Treatment and Recovery”



- ***Development and Coordination of Regional Strategic Response Initiatives***
 - *System Integration Strategies and Tactics*
 - *CARES: Coordinating All Recovery Efforts Multisystem, Multiagency Regional Initiative*
 - *Sequential Intercept Model Mapping*
 - *Treatment Matrix, CIT, 202A*
- ***Northern Kentucky Helpline***
 - *17,628 Calls since March 2019*
- ***Local, State, and Organizational Policy Formation***
 - *Advise and lead the fiscal courts and counties regarding Behavioral Health regarding system challenges and initiatives and Opioid Abatement Funds*

NKY 2024 Overdose Deaths Reporting

2024 Fatal ODs by County



Overdose Deaths in Boone, Campbell, and Kenton Counties Decreased by 45% from 2023 to 2024.

The eight-county region saw a 33% decrease in overdose deaths from 2023 to 2024.

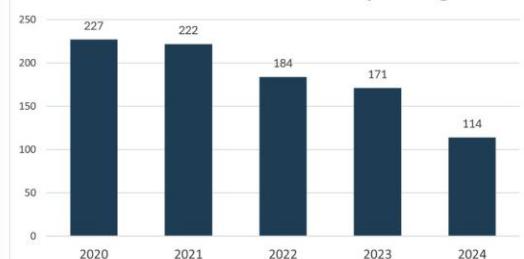
The Northern Kentucky Health Department (Boone, Campbell, Grant, Kenton) region saw a 42% decrease in overdose deaths from 2023-2024.

All data to the was obtained from official Kentucky Drug Overdose Fatality Reports.

All numbers are based on the decedent's county of residence.

	2020	2021	2022	2023	2024	Total
Boone	50	44	41	35	18	188
Campbell	54	31	35	26	10	156
Carroll	6	10	8	4	9	37
Gallatin	4	12	8	7	5	36
Grant	17	16	17	8	8	66
Kenton	85	91	65	80	49	370
Owen	6	4	6	4	4	24
Pendleton	5	14	4	7	11	41
Total	227	222	184	171	114	918

2020-2024 Fatal Overdoses: 8-County NKY Region



The full 2024 Report can be found at odcp.ky.gov/Reports/2024%20Drug%20Overdose%20Fatality%20Report.pdf

Overdose Fatalities by the Numbers



Everyone is a first responder!
Contact NKY Health or the Helpline to receive Naloxone at no cost today! Training can be done in-person or virtually and takes less than 10 minutes.

Northern Kentucky's Public Health Approach for Better Public Safety

Police Social Workers, Police Navigators, and Law Enforcement Navigators

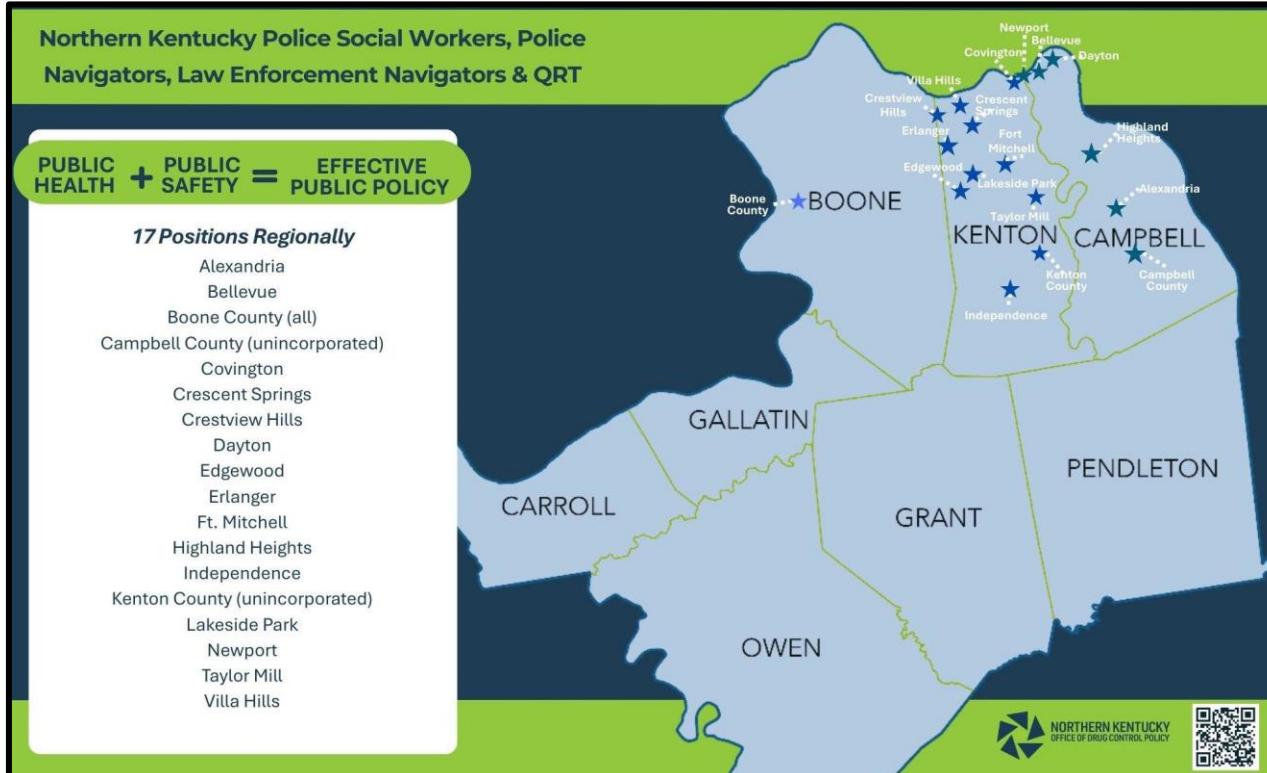
<i>Move folks from the criminal justice system to the healthcare system.</i>	<i>Provide Law Enforcement Officers with tools and resources to deflect more individuals to community-based services.</i>	<i>Enhance the quality of life for justice-involved individuals and families.</i>	<i>Remove barriers and break-down stigma.</i>	<i>Strengthen NKY's social infrastructure through collaboration.</i>	<i>Advocate for innovative public policy to improve community sector responses.</i>	<i>Improve community relations and support cultural shifts across systems.</i>
--	---	---	---	--	---	--

Northern Kentucky Health Department Overdose Data Dashboard: ODMap

<https://public.tableau.com/app/profile/nkyhealth/viz/OverdoseDataDashboardsuppressed/Public>

Diversion and Deflection

“Healthcare not Incarceration”



Building Behavioral Health Infrastructure

Northern Kentucky CAREs, Coordinating All Recovery Efforts

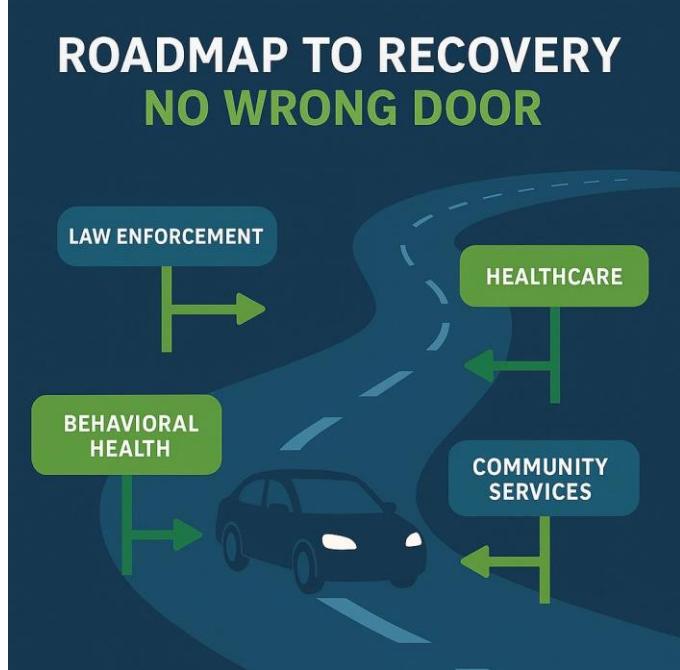
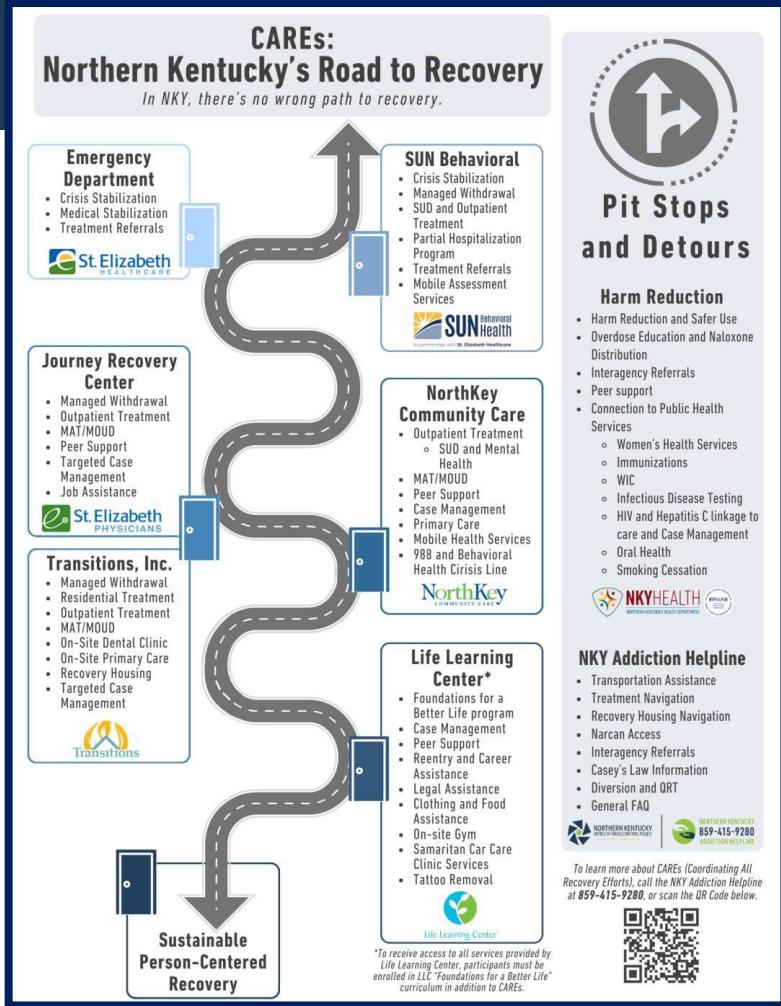
- ***Regional treatment crisis and rapid reentry team care coordination and infrastructure initiative.***
- ***Multisystem, multiagency partnership project aimed at **serving high system utilizers** across the crisis continuum.***
- ***Standardized interagency intake and release of information, expedited appointments and weekly review of participants.***
- ***Utilizes creative funding streams including blending and braiding of local and state opioid abatement funds.***

The Who - New Positions

- **Life Learning Center**
 - Care Coordinator
 - Employment Coordinator
 - Enrollment Coordinator
 - Education Coordinator
 - Peer Support Specialist
 - Peer Support Specialist
 - MRRT (Multidisciplinary Recovery Reentry Team) Coordinator
- **Northern Kentucky Health Department**
 - Health Educator
 - Peer Support Specialist
- **St. Elizabeth Healthcare and Physicians**
 - Emergency Department Nurse Navigator
 - Emergency Department Nurse Navigator
 - Emergency Department Nurse Navigator
 - Out-Patient Peer Support Specialist
- **NorthKey Community Care**
 - Crisis Team Member
- **SUN Behavioral Health**
 - Mobile Assessor
- **Transitions, Inc.**
 - Registered Nurse
 - Crisis Response Team (SUD Therapist)
 - Intake Technician



Coordinated System of Care



Recovery-Oriented System of Care: **777 CAREs Enrollments**

Emergency Department

- *Connections for SUD:* 2,874
- *Follow-Up Calls:* 2,685

SUN Behavioral Health

- *Mobile Assessments:* 279

NorthKey Community Care

- *Clinical In-Take Appointments:* 369
- *Individual Therapy Sessions:* 450

Transitions, Inc.

- *Psychiatric Evaluations:* 492
- *Expanded In-take Hours Admissions:* 248



Northern Kentucky Health Department

- *Mailed Naloxone Kits:* 1,297
- *Reported Lives Saved:* 206

Life Learning Center

- *CAREs Graduates and Employments:* 377
- *Tattoo Removals:* 795
- *CAREs Car Services:* 21

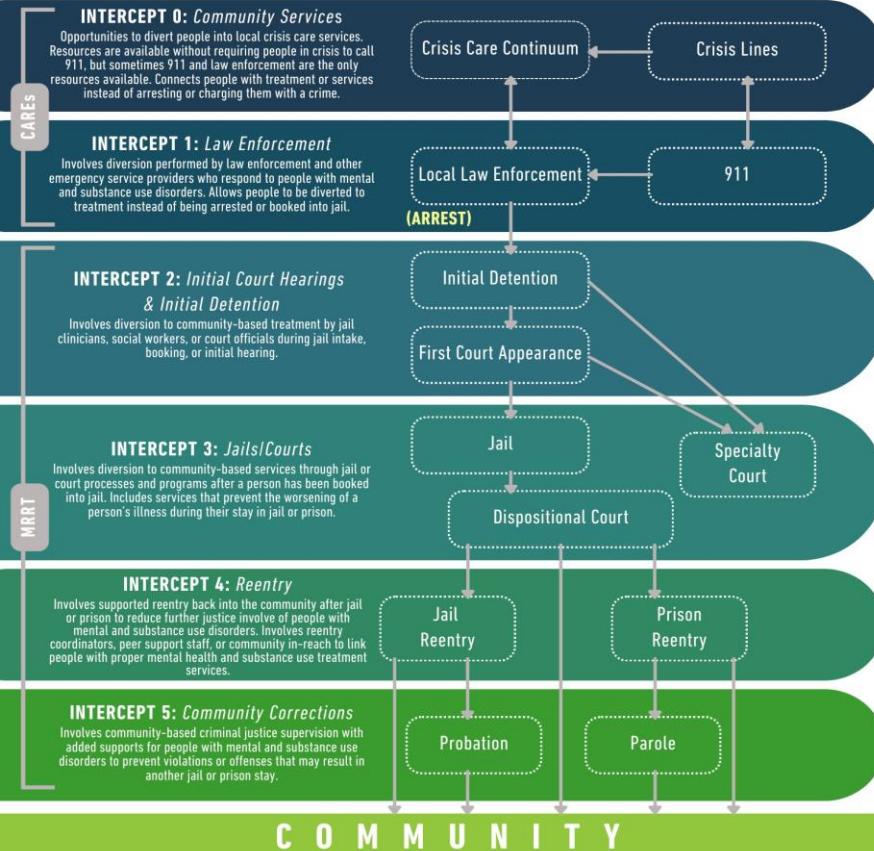
NKY Office of Drug Control Policy

- *CAREs Helpline Calls:* 514
- *CAREs Uber Health Rides:* 497
- *CAREs Uber Funds Spent:* \$10,906.20

The Sequential Intercept Model (SIM)

The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.

The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.

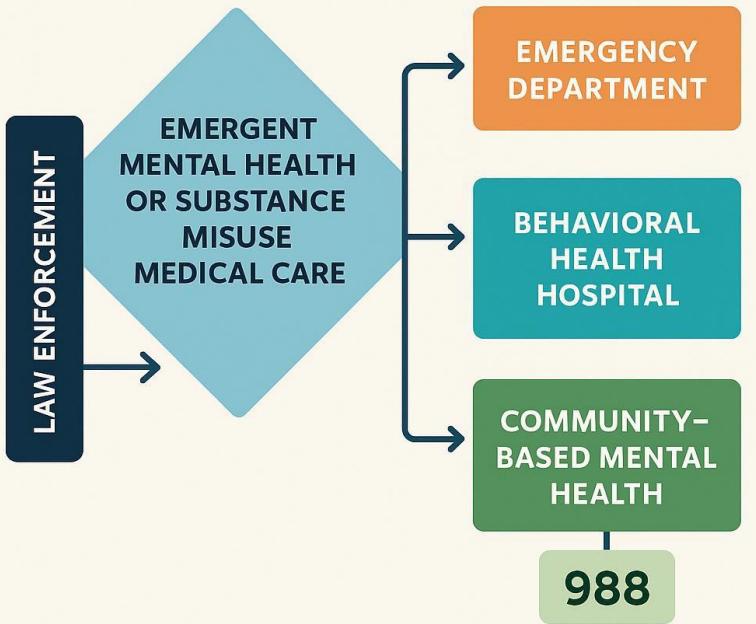


Sequential Intercept Model, SIM, Mapping

- The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders move through the criminal justice system.
- The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.
- The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.
- SIM mapping serves as a tool to **align public health and public safety efforts** through coordinated organizational strategies and informed local and state policy initiatives. Collaboration remains the key to saving lives and conserving resources while building a healthier, more resilient region.

Crisis Navigation + Awareness

TREATMENT MATRIX AND PROCESS FLOW



What's Next?

- *Building Sustainability within Current Organizations*
- *Complete Intercept Mapping: 0 and 1*
- *Developing CIT Tools*
- *Role Call Videos for all NKY First Responders*
- *Expanding CAREs to Police Social Workers and Navigators and Housing Partners*
- *Anti-Stigma Efforts*

THANK YOU!

Director: Amanda Peters, Apeters@NKYODP.org

Assistant Director: Amy Martin, Amy.Martin@NKADD.org

Community Health Administrator: Brianna Wolken, Brianna.Wolken@NKADD.org

Public Safety Administrator: Sarah Blackburn, Sarah.Blackburn@NKADD.org

Regional Resource Specialist: Julie Hellmann, Julie.Hellmann@NKADD.org



www.NKYODCP.org



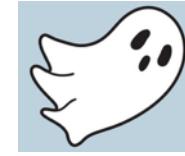
Helpline (859) 415-9280



Info@NKYODCP.org



NKYODCP



9:45-10:40 CREATING OPEN DOORS

DR. HALEY PALS, PSYCHIATRIC PHARMACIST



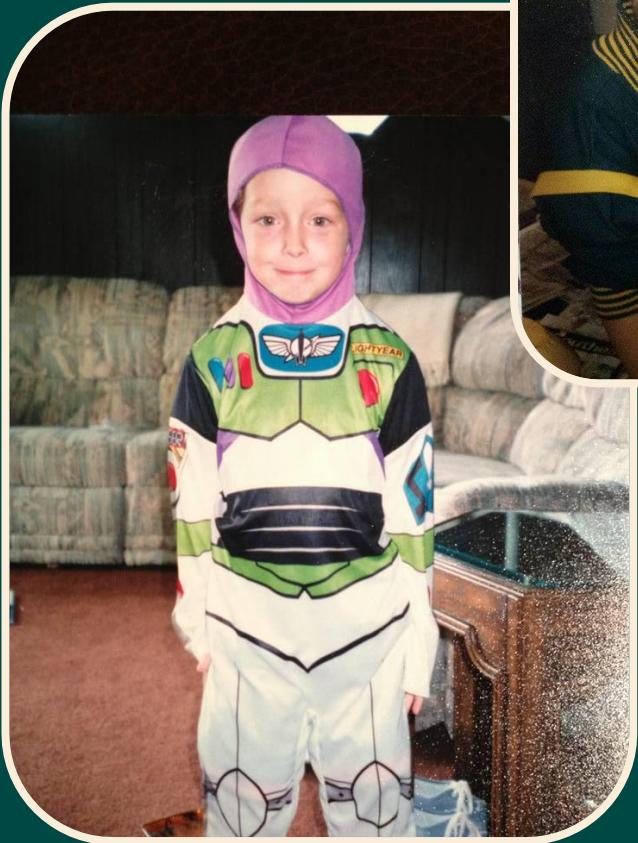
Creating Open Doors for Mental Health Support

Dr. Haley Pals, PharmD, BCPP



You don't care how much I know

Until you know how much I care





Assertive Community Treatment

**Assertiv
e
Engagem
ent**

**In-vivo
delivery**

**High
staff to
client
ratios**

**Liaison
w/
support
systems**

**Multi-
disciplin
ary**

**Continu
ous
Responsib
ility**

**Brief, but
frequen
t
contact**

Assertive Community Treatment



Assertive Community Treatment

- Increased cost of services outweighed by **reduced morbidity**
 - Decreased hospitalization and symptomology
 - Increased retention, social functioning, and independent living
 - Youth-ACT: improves school attendance and decreases suicidality
- Fidelity to ACT model improves outcomes
 - Focused on **therapeutic alliance** and patient empowerment
 - Tailored approach to individuals and social realities

Assertive Community Treatment

**Assertiv
e
Engagem
ent**

**In-vivo
delivery**

**High
staff to
client
ratios**

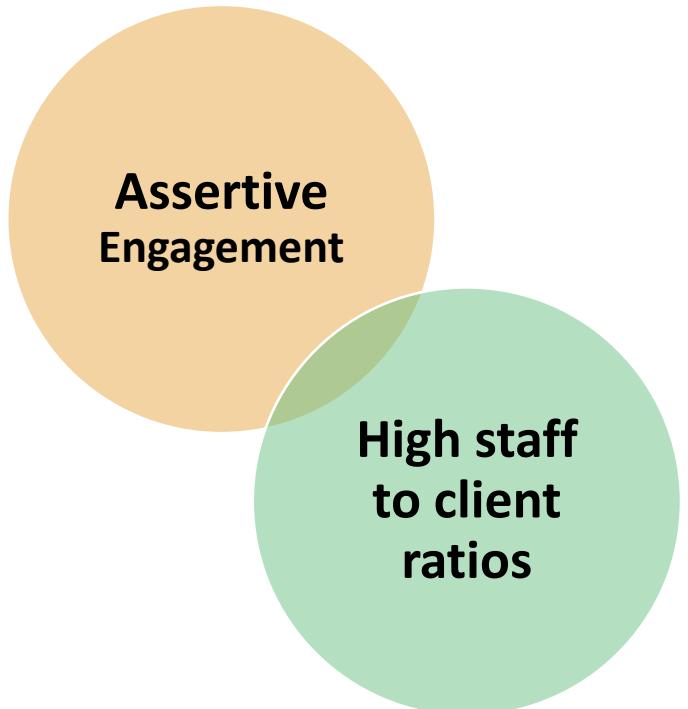
**Liaison
w/
support
systems**

**Multi-
disciplin
ary**

**Continu
ous
Responsi
bility**

**Brief, but
frequen
t
contact**

Assertive Community Treatment



- Proactive, collaborative approach
- Build relationships
- Learn each other's strengths
- Work smarter, not harder

What is your favorite fall activity?



What is your favorite food?



*On your hardest day at work, what
did you need?*

What is your hidden talent?

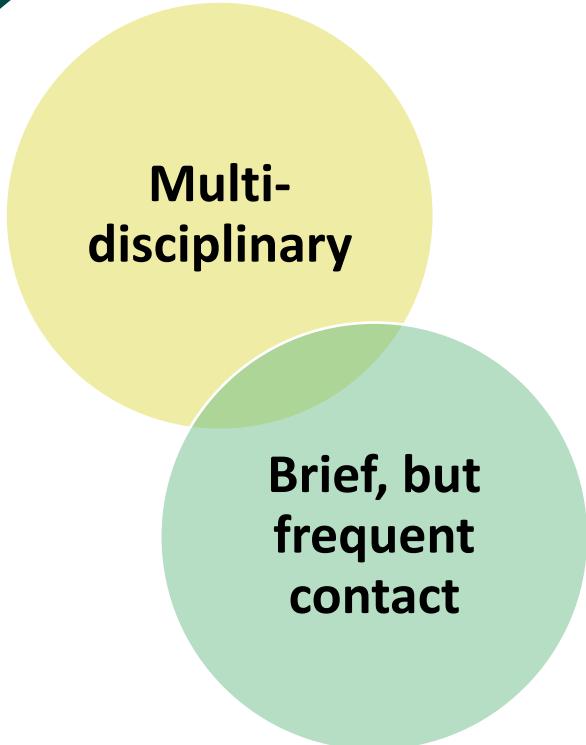


*What is something you admire about
the people at your table?*



*What is something you are proud of
accomplishing recently?*

Assertive Community Treatment



- If you had an unlimited budget, who would you add to your organization?
- Could you learn more about that role from someone in this room?
- Do you have contact information to stay in touch with people you've met?

Assertive Community Treatment



**In-vivo
delivery**

- Provide services in a client's natural environment
- Appreciate unique problems
- Lift up lived and living experience

The Power of Lived Experience

UW psilocybin study gives man second chance after 10-year opioid addiction

“This study really changed my life to tell you the truth”

BY: ISIAH HOLMES – APRIL 14, 2025 5:15AM



*It is hard to be happy without
a life worth living*

-Dr. M. Linehan

Assertive Community Treatment



**Continuous
Responsibility**

- Total accountability for a caseload
- Monitor trends in local data
- Follow up with each other
- Consider responsibility to ourselves

What is Burnout?

- **Vicarious trauma:** stress incurred by caregivers exposed to the trauma of others, leading to experience of negative symptoms
 - Leads to lower job satisfaction, attrition, and high rates of provider suicide
- **Compassion fatigue:** a potential result of vicarious trauma
 - High empathy can be a risk factor or protective factor
 - Increases moral distress and diminishes moral resilience
 - Decreases motivation and commitment to the job
 - Results in distancing oneself from peers and patients
 - Decreases quality of patient care

Compassion Fatigue



Phase 1: Idealistic

Committed,
involved,
ready to make
a difference
and go above
and beyond



Phase 2: Irritability

We begin to
cut corners,
make
mistakes,
avoid contact



Phase 3: Withdrawal

Tired all the
time,
neglecting
patients,
family,
ourselves



Phase 4: Zombie

We begin to
hate people.
Others are
incompetent
or ignorant in
our eyes. We
have no
patience or
sense of
humor

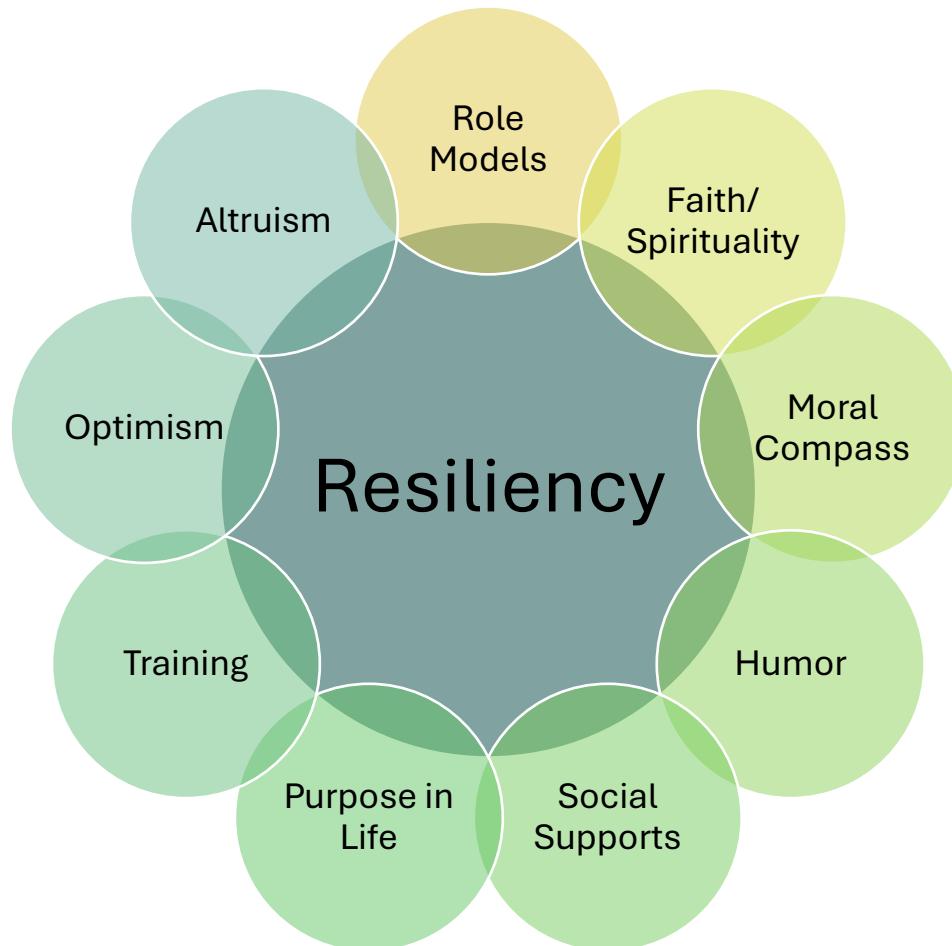
Compassion Satisfaction

- **Compassion Satisfaction:** benefit of contributing one's professional and human capacity to helping others
 - Reduces depersonalization
 - Intrinsic motivation predisposes greater satisfaction
 - Empathy can be protective

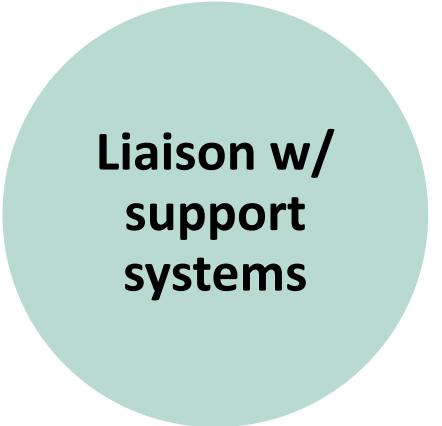
Post-Traumatic Growth

Trauma can act as a **catalyst** for improvements in our well-being

- Re-evaluate our priorities
- Change our outlook on life
- Perceiving trauma as having a larger purpose
- Motivate us to help others



Assertive Community Treatment



**Liaison w/
support
systems**

- Strengthen connections with multiple outlets
- Quality of therapeutic alliance matters
- Communities need connection

Power of Community

Fatal Instruction: Mom Sentenced for Teaching Drug Use to Son Who Overdosed

RACINE - After 16-year-old Raymond Strosina died of a drug overdose, the District Attorney charged the person who taught him to use: his mother.

On Monday, Racine County Circuit Court Judge Charles Constantine sentenced Patricia Strosina, 46, of Waterford, to eight years in prison and 10 years extended supervision. The maximum possible sentence for contributing to the delinquency of a child, causing death, is 15 years in prison and 10 years extended supervision.

Where did he steal this from?

Com·mu·ni·ty

/kə' myoōnədē/

noun

1. a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals.

Com·mu·ni·ty

/kə' myooñədē/

noun

2.



Power of Community



Power of Community



Power of Community



Power of Community

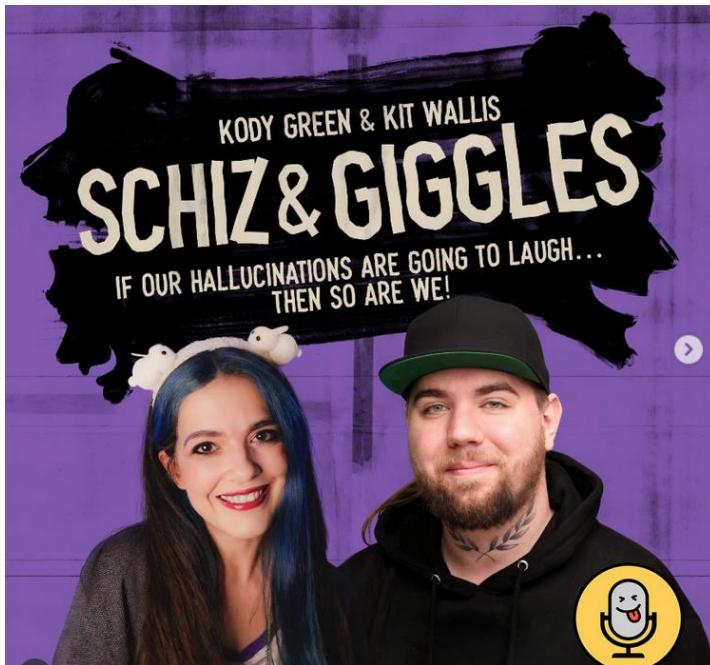


Brian Countey
4.17.92-10.1.13



CJ Lomas
10.15.86-3.18.12

Power of Community

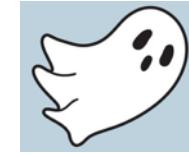


- Local role models can be powerful
- Stigma can be addressed at multiple levels
- Consider what's available for sober activities

Key Takeaways

- Strength of therapeutic alliance is vital
- Keep the doors open
- Responsible to each other and ourselves

Healing Happens in Connection



BREAK/NETWORKING – 10:40-10:55

TRICK OR TREATING FOR CONNECTIONS

Grab Your Treat Bag!

When you checked in, you received a treat bag with one of six designs.

Find Your Matches

Look for other participants who have the same treat bag design as yours.

Exchange and Share

Introduce yourself, swap business cards, and answer one of the following questions:

- How does your work connect to mental health in the community?
- What's a resource or tool you've found helpful in your role?
- If you could collaborate on one thing, what would it be?

Your goal is to collect as many cards as possible!

After chatting, find a new partner with a matching treat bag.

Creating Open Doors for Mental Health Support

Dr. Haley Pals, PharmD, BCPP

Fireside Chat

10:55-11:40

Mike Mizer, RA, Program Manager/Kentucky, 1N5

Lisa Arrasmith, APRN, Edgewood Hospital Behavioral Health

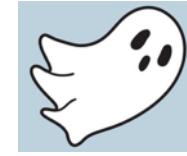
Michael Richman, Kenton County Policy QRT Officer

Moderated by Dr. Pals

Panel Questions



- How have you seen the landscape of community involvement in mental health change over time?
- What is one thing you are most proud of about this community?
- What action do you plan on taking after today's session?



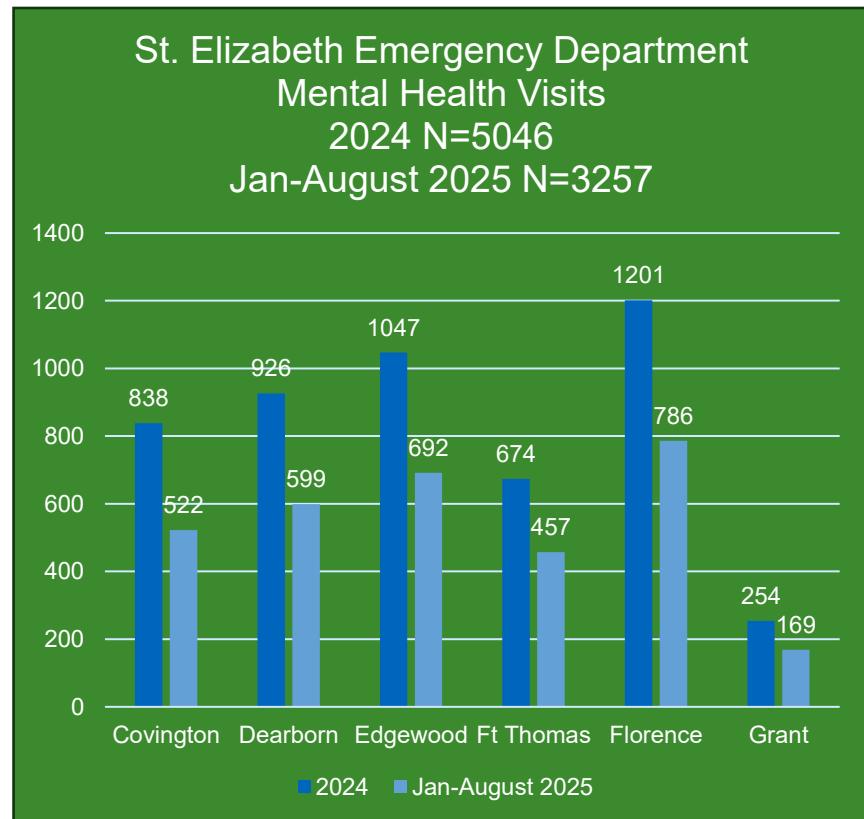
11:40-11:50 ST. ELIZABETH BH ALIGNMENT

**SARA MULLINS, DIRECTOR OF OPERATIONS, BEHAVIORAL HEALTH
AND ADDICTION SERVICES**

PATIENTS WITH MH DISORDERS IN ST. ELIZABETH EDS

Takeaways

- Note – 2025 data is only for 8 months
- Florence sees most patients followed by Edgewood, Dearborn and Covington
- 28-30% of total served for suicide, suicidal ideation, and self-harm
- About 21% are overdoses, some intentional
- In 2024, eight high-utilizing patients accounted for 121 ED visits—one individual alone with 26 visits. From January through August 2025, those same eight patients made a combined total of only 41 visits, reflecting a notable decline.
- Prompts the question: What is influencing the reduction in repeated visits for these 8 patients?



BH ALIGNMENT: EVOLUTION SINCE 2023

2023

Nearly 200 in attendance
Three Discussion Groups

- **Youth**
- **Adults**
- **Geriatric**

Follow-Up Workgroups
established

- **Community Education**
- **Data Collection**
- **Social Determinants**

2024

Update event to hear the
outcomes of workgroups
Community Education

- Activating Hope website was updated
- Downloadable info card created and distributed

Data Analysis

- Group met to review ED data, referrals, continuum of care

Social Determinants

- Created extensive list of resources for Activating Hope Website

2025

The need for alignment was evident

- **Goal 1 – streamline internal workgroups to align with the Community Health Needs Assessment**
- **Goal 2 – maintain communication and collaboration with key community partners**

BH ALIGNMENT

Definition of Behavioral Health

The American Medical Association defines behavioral health as encompassing mental health and substance use disorders, as well as life stressors and crises.

Conditions are often co-occurring.

In 2024, 43% of the patients seen in St. E EDs for a mental health concern also had a co-occurring SUD

The Internal Task Force on Behavioral Health (ITFBH)

Steering Committee

Dr. Heidi Murley	Dr. Teresa Koeller	Dr. Ann Beers
Andrew Anderson	Dave Johnson	Christy Miller
Rosanne Nields	Taylor Zumwalt	Lisa Anglin
Sara Mullins	Emily Schuh	Bonnie Hedrick
Lisa Arrasmith	Lisa Gerwe	Maggie Lynott

Sara Mullins, Chair

Steering Committee - Goals

- Provide oversight and direction to the following subcommittees.
- Finalize outcome indicators for patient experience and wellness.
- Produce the Annual Report
- Implement Annual Mental Health Summit

In compliance with the CHNA and Community Convenor Priority Areas

Four subcommittees will implement the vision of the Steering Committee:

- 1) Promoting mental health and well-being of area youth
- 2) Mitigating the harm from drug use
- 3) Increasing access to specialized treatment for mental health and substance use disorders
- 4) Improving patient experience and outcomes.

Substance Use Subcommittee – Lisa Anglin Coordinator

Mental Health Subcommittee – Bonnie Hedrick Coordinator

Community Engagement/Clinical – Sara Mullins Coordinator

Community Engagement/Non-Clinical through the Activating Hope Committee - monthly



WHAT IT MEANS IN 2026

Alignment

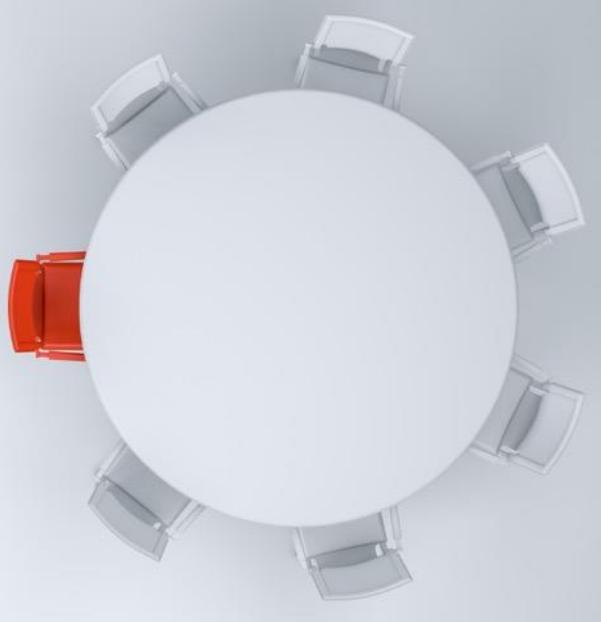
- Alignment vetted by top leaders with commitment to serve on Steering Committee
- Two Internal Sub-committees
 - Substance Use Disorder – has met monthly since 2013
 - Mental Health – Initiated in July
- Two External Sub-committees
 - Clinical (Formerly the data group to engage top leaders in service providers to review and improve cross-agency service coordination.
 - Non-Clinical (Activating Hope – has met monthly since 2019 to engage regional partners in community/school-based programming for mental health promotion across the lifespan with an emphasis on youth.



HOW YOU CAN HELP

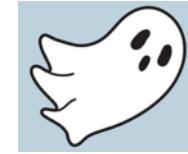
Community Work Groups

**Thank you
for filling
the chairs!**



Engage in clinical group
by contacting
Bonnie.Hedrick@stelizabeth.com

Engage in non-clinical
Activating Hope group
by contacting
Lisa.Anglin@stelizabeth.com



11:50-12:00 CLOSING REMARKS

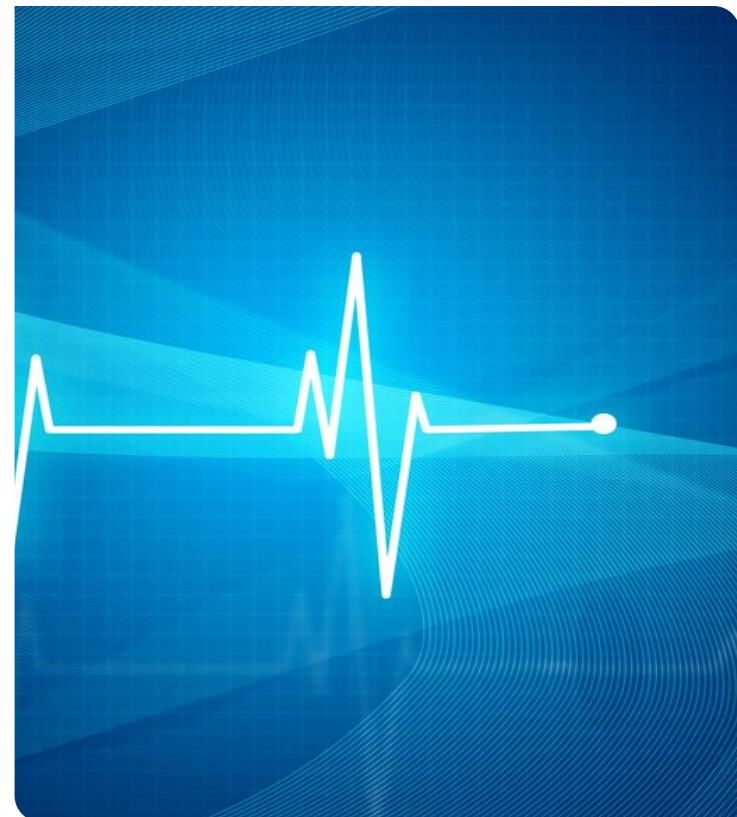
DAVE JOHNSON, SENIOR VP, MISSIONS

THANK YOU FOR PARTICIPATING TODAY

We've shared stories, insights, challenges

The power today was in the
collective heartbeat of this room

- Willingness to listen
- To Collaborate
- To imagine better ways forward
together



CHANGE HAPPENS IN SMALL, STEADY MOMENTS

When conversations spark partnerships

When an idea becomes action

When a door that once felt closed quietly swings open



FUTURE OF NORTHERN KENTUCKY

Neighborhoods of Care



- **Where sidewalks connect**
- **Where everyone belongs**
- **Where help is not hidden behind the right door, but available at every doorstep.**

NEIGHBORHOODS OF CARE

Neighborhoods of Care

- Where sidewalks connect
- Where everyone belongs
- Where help is not hidden behind the right door, but available at every doorstep.

Our work

- Carrying our discussion beyond today
- Hospitals
- Schools
- Our agencies and boardrooms
- Our neighborhoods and families

Every Conversation

- Part of a wider circle of care, one that ensures people are met not by walls, but by open hearts and open minds.
- Keep reaching across systems, across disciplines, across differences.
- Each connection brings us closer to a community where help is not hard to find.

THANK YOU FOR JOINING US

Your Feedback Matters!

Please take a moment to complete our feedback survey.



**Thank you for continuing the
conversation!**

Have a safe and fun Halloween!



12:00-1:00 RESOURCE FAIR

FOLLOW UP SURVEY – QR CODE ON AGENDA

WITH THANKS TO INTERACT FOR HEALTH FOR
SPONSORSHIP

INTERACT
FOR HEALTH

 St. Elizabeth
PHYSICIANS

 St. Elizabeth
HEALTHCARE