

ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD OF WOOD COUNTY

JANUARY JOINT COMMITTEE MEETING MINUTES

January 11, 2021

ADAMHS BOARD MEMBERS PRESENT: Allan Baer, Tonya Camden, Leanne Eby, Judy Ennis, Frank McLaughlin, Leslie Miller, Hallie Nagel, Cary Wise, Dan Lambert

ABSENT: Marc Jensen (E), Scott Kleiber, Jessica Clements, Stan Korducki (E), Rachel Moore, Corey Speweik

STAFF: Deanna Stanton, Aimee Coe, Julie Launstein, Chris Streidl, Laura Fullenkamp, and Kathryn Shackleton

CALL TO ORDER:

Dan Lambert, Board Chair, called the meeting to order at 5:30 p.m. Kathryn called the roll and a quorum was present.

OLD BUSINESS:

Increases: Deanna informed that in July 2020, which is typically when increases happen, we were in the middle of pandemic. We followed suit with the Commissioner's and waited. County went ahead with raises in January 2021. Deanna asked for thoughts or questions on 3% raises. Frank asked how we got to 3%. Deanna notified that it was built into the budget for FY21. Allan asked how our predicted taxes look for the year, as he is a city government employee in Lucas County and they are waiting for raises until at least May 2021. Judy asked if the county had set raises for county employees and what their percentage was, Frank answered that it was 2.5% effective 1st of the year, and also that the outlook for taxes is rosier than it should be. Judy asked why we aren't staying in line with the county. Deanna suggested that we could do 2.5% raises for this current 6-month period, but also look at a 2.5% bonus for the first 6-months of the fiscal year. The fact that the county didn't make their decision until recently did not effect their employees based on their budgeting year for payroll. County is January through December and we are July through June. Chris clarified that the Board does not have the authority to make this decision for staff, that Deanna is certainly asking for feedback, but the Executive Director is the only one with the authority to adjust staff pay. Leanne, Dan, Leslie, and Hallie were in favor of the raises Deanna is recommending.

Cary Wise was unable to speak during the meeting. It was determined that she was not muted but that her computer microphone did not have permission to access her Zoom.

NEW BUSINESS:

Schedule of Bills and Financial Reports(November): Julie informed we are still waiting for year end for December. December was a 3-pay month, so that will be reflected. Dan clarified what dates we were paid in December, and that we had 27 pay periods in 2020. Julie informed that she didn't have any concerns and asked if there were any questions.

SOR 2.0: Chris informed that this is not the first year, but the third, following SOR 1.0 and CURES. We are funding 11 programs out of SOR funding. Our proposal was part of the packet (attached), and we were commended by the state on how thorough it was. Chris informed the Board of existing programs that have been funded and the new programs we will be funding. Cocoon received big cuts for VOCA this year, which is a result of the way they prosecute things. We were able to include them in our SOR application, and it was funded. Our 11 programs total \$1.7 million. Chris informed that because of the time line, we are asking for an additional Board meeting in February to pass contracts or amendments.

Whether we schedule that separately or replace the Joint Committee meeting with a Board meeting, we are leaving up to Board decision.

Allocations: Deanna commented that even though we just finished, it is time to get started on the FY22 process. We are going to be requesting agencies submit proposals by March 5th.

120-Day Notice: This is just the notice to the agencies that there could be a cancellation to contract. It is part of our process.

Sojourn at Seneca: This is a specialty hospital for those living a geriatric lifestyle. They take clients of ours that need inpatient care. We had a contract that lapsed the first half of the FY21 year. The contract is with the Prosecutor's office so it will be ready for the Board meeting. This will allow us to easily place clients as we have a contract with the agency. Leslie asked if it is MH or SUD. Julie informed primary MH but the do SUD crossover. The prevents us from scrambling to discern where we are, as we have a full contract in place.

George Mason: Laura informed that this is a tool that looks at Risk, Needs, and Responsivity we had adopted a year ago. This is a contract renewal that gives us continued access to the tool and technical assistance. This is for \$7,000.

Leslie did ask when we would be able to meet in person, and Deanna informed that we are still waiting for the State to rescind the restriction on 10-person gathering limits. The current focus in on vaccinations, not gatherings.

PUBLIC COMMENTS:

Kathy Mull, Cocoon: comment on Facebook Live Feed "Thank you for your continued support of The Cocoon. We are excited to partner with you on this and continuing to ensure survivors have the support they need for all areas of their healing."

ADJOURNMENT:

Dan Lambert adjourned the meeting at 6:05 PM.

Submitted by: Kathryn Shackleton, Executive Assistant

Approved by: Dan Lambert
Dan Lambert, Board Chair, ADAMHS Board of Wood County *Date*

1/26/2021

Project Description

The Wood County ADAMHS Board is seeking funding for 11 programs to be served through SOR 2.0 funds. We believe these programs will contribute to a complete recovery-oriented system of care. A description of each program follows in italic, as well as where they fit in Prevention, Intervention, Treatment and Recovery.

Detox and Short-Term Residential Treatment – (Intervention & Treatment)

Harbor is requesting an extension and additional funds for our currently funded SOR project focused on implementing a new ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management program at our Devlac location.

Following the extension period (10/1/2020 through 9/30/2021), we are continuing to serve patients in need of withdrawal management. We strongly believe that the population needs these services, even though COVID-19 has limited their ability to reach out for help, due to the rise in opioid overdoses and deaths in our community. This additional time and funding will allow Harbor to continue providing services without closing or reducing access, while we build capacity to sustain programming without grant funding. This program is projected to serve 73 patients.

Family-Inclusive Supported Sober Living – (Prevention, Intervention & Recovery)

Research shows that a vast majority of addicted women have suffered violence and other forms of abuse. In one of the first studies on addicted women and trauma, 74% of the addicted women reported sexual abuse, 52% reported physical abuse and 72% reported emotional abuse. More recent studies (Ouimette et al. 2000) confirm that the majority of substance using women have experienced physical and/or sexual abuse.

For many survivors, we are the first linkage to services. Therefore, when survivors find the strength to reach out for advocacy services, we are able to help them identify a need for substance use treatment and link them to services. For many survivors, their conditions would go untreated without our ability to provide case management and linkage to services. Without these key supports, these individuals may continue or relapse into substance use.

This program will provide housing to women with a history of substance use (opioid or stimulant) who have also experienced domestic violence. The housing is a sober-living environment with staff present and available to residents 24/7. Residents may also bring their dependent children, making it the only supported housing in our Board area that allows such. This program anticipates serving 200 individuals annually.

Mobile Response and Stabilization Services – (Intervention & Treatment)

The Mobile Response and Stabilization Services (MRSS) program serves families experiencing family-defined crisis situations. Services are provided in home- and community-based settings, with the goal to maintain clients in the least restrictive setting.

The MRSS program utilizes a team approach that includes family-identified systems of support such as extended family members, school staff, coaches, clergy, mental health providers, and juvenile court. Additionally, the program strives to connect families to Peer Support providers.

The process is designed to be short-term (four to six weeks) and includes:

- Increasing safety, utilizing interventions such safety plans, safety “tours” of the home, and addressing environmental concerns that impact safety across settings

- Identification of the cycle of crisis and contributing factors to this cycle, as defined by the family
- Developing skills with families as a whole to interrupt the cycle of crisis behaviors or emotions and facilitating implementation
- Increasing support available to the family by developing a natural support network and making referrals to ongoing services or other organizations as needed

OMHAS data indicates that 35% of children served by the MRSS program either have a history of opioid or stimulant use disorder, or their parents suffer from one of those disorders. OMHAS staff directed grant recipients to apply for 35% of their MRSS costs to SOR 2.0. This program anticipates serving 20 families impacted by SUD during the program period.

Peer Support (in person) – (Treatment & Recovery)

Peer Recovery Supporters (PRS) to provide PRS activities to individuals with an opioid use or stimulant use disorder. Peer recovery services include the process of giving and receiving encouragement and assistance to achieve long-term recovery. Peer supporters offer emotional support through knowledge, skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other. This program anticipates serving 50 individuals annually.

Peer Support (virtual) – (Treatment & Recovery)

Ascent is a national behavioral health organization based in Ohio, providing evidence-based addiction recovery peer coaching services that offer personalized support 24 hours per day, 7 days per week, paired with the convenience of a mobile application, so that members can access the right support at the right time. Ascent clients are enrolled in our innovative, clinically-tested recovery mobile application that offers expansive resources for MAT, allows members to interface with one another, provides a network of peer support, and allows the coaching team to have real-time access to clients at-risk. Ascent is used by individuals with SUD, addiction, treatment centers, drug courts, and other recovery organizations. Ascent will provide the following services to address this community need: digitally enhanced peer support; connection to an Ohio Certified Peer Supporter; visits to hospitals, treatment centers, and behavioral health agencies within the service area to promote the service offerings; Ascent implementation specialists to educate agencies and their employees on program offerings and client engagement; Appropriate Staffing of the following positions: Certified Peer Coaches, Implementation Manager, Peer Coach Supervisor, Human Resources Support, Administrative Assistance; and 24/7/365 on-call coach availability. Ascent will serve 50 individuals in the Wood County service area.

Project Direct Link – (Intervention & Treatment)

A Renewed Mind is requesting funding to sustain medical and clinical staff resources to provide these critical services to individuals with an opioid use disorder as well as cover the cost of medications. The goal of the program is to continue to provide expanded access to individuals in criminal justice settings. Funding will provide a licensed clinician to provide screening, diagnostic assessment, and care coordination. Funds will also support a Nurse Practitioner to complete medical evaluation and treatment while incarcerated, clinical and medical supervision of these staff members. This program provides a vivitrol shot to individuals while still

incarcerated to ease their transition into outpatient services following release from incarceration. The projected number of individuals to be served by this program, annually, is 12.

Quick Response Team – (Intervention)

The ARC program is a multi-tiered program, Currently, consisting of a quick response team (QRT) and the foundation of a pretrial diversion program. The target population consists of persons suffering from addiction as well as their family and support systems. The QRT responds to overdose incidents, discusses treatment options and connects them to treatment and resources. The Pretrial Diversion Program allows individuals who are facing felony charges related to a substance abuse issue to complete pretrial diversion program, and if successful have their charges dismissed. The projected number of individuals to be served would be 50 per calendar year.

Rapid Access to Medication Assisted Treatment and Short-Term Residential – (Intervention & Treatment)

Rapid access to services is critical in any behavioral healthcare setting, but particularly now in the midst of rising overdose rates from both opiates and now stimulants. The capacity exists for ongoing treatment such as Intensive Outpatient Programs to support individuals dealing with Opiate and Stimulant Use Disorders, but access can be impeded by wait times to complete diagnostic evaluations and get access to other critical supports via care coordination. Additionally, the pandemic has required use of telehealth, expanded office space to accommodate social distancing, and hybrid models of care. Funding will provide for Counselor, Care Coordinator, Nurse, and Nurse Practitioner that will facilitate an Open Access Assessment model that can provide rapid access to interventions that will serve this population when their motivation for change is at its peak. GPRA will be obtained at initial contact and then at follow up intervals by care coordinator. The projected number of individuals to be served by this program, annually, is 50.

Recovery Housing (female) – (Recovery)

Residents are persons with opiate use disorders (OUD), stimulant and other co-occurring substance use disorders, due to the chronic and progressive nature of substance use. The majority of referrals will come from Zepf's Adult Alcohol and Drug Treatment program or other local treatment providers in Wood County. It is likely that the women will be in early recovery and in need of treatment services. They will also be working on gaining necessary life skills to move toward stable independent housing. We anticipate that 5 women will reside in housing at any given time. With a resident-driven length of stay, we recognize that there will be fluctuation as residents move in and out. Our intention is to engage residents for at least six to eight months before they prepare to transition to another level of recovery housing or consider exiting to other permanent housing. Therefore, the project could serve more than 5 women in a year, depending on resident length of stay. The projected number of individuals to be served, annually, is 5.

Recovery Housing (male) – (Recovery)

Residents are persons with opiate use disorders (OUD), stimulant and other co-occurring substance use disorders. The majority of referrals will come from Zepf's Adult Alcohol and Drug Treatment program or other local treatment providers in Wood County. It is likely that the men will be in early recovery and in need of treatment services. They will also be working on gaining necessary life skills to move toward stable independent housing. We anticipate that 9

men will reside in house at any given time. With a resident-driven length of stay, we recognize that there will be fluctuation as residents move in and out. Our intention is to engage residents for at least six to eight months before they prepare to transition to another level of recovery housing or consider exiting to other permanent housing. Therefore, the project could serve more than 9 men in a year, depending on resident length of stay. The projected number of individuals to be served, annually, is 9.

Recovery Housing – Transportation – (Recovery)

Both recovery houses struggle with accessible transportation as they are located in rural areas of the county. People served in recovery housing have work and educational programs they must attend and reliable and accessible transportation is critical to their success in recovery. This program will serve 14 individuals, annually, that are being served in the recovery housing programs.

Youth Substance Use Disorder Prevention and Treatment – (Prevention, Intervention, & Treatment)

Harbor is requesting funding through SOR 2.0 funds to implement an outpatient youth substance use disorder (SUD) prevention and treatment program. Our request is in response to needs that were identified in conjunction with our local funding board. According to 2020 Youth Survey data, youth substance use is on the rise in Wood County as well as the incidence of co-occurring disorders. However, the availability of treatment programming specific to adolescent substance misuse, and co-occurring mental health symptoms, has not increased at the same frequency. This presents a significant need for adolescent SUD services to ensure a complete continuum of care is available in Wood County to support adolescents. Based on information from the Youth Survey, it is apparent that the primary substances of misuse among Wood County youth are alcohol, marijuana, and nicotine; however, research supports that use of these substances is associated with an increased risk of misuse and abuse of opioids and stimulants at a later point in development.

Our proposed outpatient youth SUD treatment program will serve two key purposes: (1) treating misuse and abuse of all substances, and (2) prevention programming for youth at risk of developing opioid and stimulant use disorders. Our program will provide youth with the resources and skills needed to address SUD issues, co-occurring mental health issues, and improve social determinants of health. The youth who will be served by our prevention and treatment programming experience an array of complex needs that impact their overall health including: rising feelings of hopelessness, suicidal ideation and bullying as well as the impact of COVID-19 on their family's financial, housing, and mental health functioning.

Our program aims to serve teenage youth, ages 13 to 19, presenting with SUD diagnosis(es). We plan to develop a prevention and outpatient continuum of care including individual, group, and intensive outpatient programming provided by a diverse staff including therapists, case managers, and medical providers, when indicated. We will utilize space available in our Devlac building to provide the convenience of one location for all youth services. Harbor also has extensive experience providing telehealth services and will continue to use these innovative technologies to ensure access to quality services to all youth in the county.

The funds will be used for the initial startup period. We anticipate renovations to prepare the facility for service delivery, hiring staff, building curriculum, and completing training with

the first two months of receiving funding. Staff will be trained in the evidence-based curriculum, 7 Challenges, which has been identified as having positive patient outcomes. We would anticipate beginning to offer programming in February and serve approximately 30 youth by the end of September, 2021. Given that Wood County youth are primarily misusing and abusing gateway substances (I.e., alcohol, marijuana, nicotine), we do not anticipate serving youth with a formal opioid or stimulant diagnosis and therefore anticipate completing zero GPRAs; although if a youth served does present with these diagnoses, we would complete the full GPRA process. This program is primarily aiming to prevent the use of opioids and stimulants among youth in Wood County, while also providing critical treatment services to an underserved portion of our community.

Goals and Objectives

Detox and Short-Term Residential Treatment – (Intervention & Treatment)

1. 80% of clients being served in subacute inpatient withdrawal management will complete successfully.
2. 50% of clients who successfully complete withdrawal management services will be referred to and admitted to short-term residential services.
3. 60% of clients will successfully complete short-term residential treatment.

Family-Inclusive Supported Sober Living – (Intervention & Recovery)

1. 100% of survivors at time of entry into services will be assessed for current and past substance use and will be linked to services as appropriate.
2. 40% of survivors served will complete treatment successfully.
3. Each survivor engaged in treatment will attend weekly meetings with their advocate to problem solve barriers to sobriety, address safety concerns and work towards goals.

Mobile Response and Stabilization Services (Intervention & Treatment)

1. Decrease emergency room visits through the provision of immediate home- and community-based services for families experiencing crisis situations.
2. Decrease hospitalizations by providing short-term services to increase safety and support for youth and families in crisis.
3. Reduce the frequency and intensity of client and family crises by providing services to assist the family to understand and interrupt the cycle of crisis.

Peer Support (in person) – (Treatment & Recovery)

1. Collaborations will be established with physical health providers to create opportunities to link identified individuals with treatment resources and engage individuals in ongoing recovery, as evidenced by 50% of those served will be referred to and attending at least 1 appointment with a primary health provider.
2. Those served in the program will attend at least 80% of scheduled appointments with substance use disorder providers.

Peer Support (virtual) – (Treatment & Recovery)

1. At least 50% of those served by the program will remain active in the peer coaching program for at least 6 months.

Project Direct Link – (Intervention & Treatment)

1. Maintain collaborative relationships between behavioral health and the criminal justice systems to support individuals struggling with Opioid Use Disorder, as evidenced by satisfaction surveys provided to stakeholders.

2. 50% of those served by the program will continue in services post-release for at least 60 days.

Quick Response Team – (Intervention)

1. QRT will increase participant success in treatment and recovery. This will be measured by their acceptance of the ARC program as a tool to help them in their recovery. Success will be measured as the initial acceptance of the program, then 3, 6 12, and 24 month follow up.

2. The ARC program will continue to identify, network, and integrate resources to more effectively address overdose and substance abuse concerns. The program will add more community outreach presentations, network with law enforcement agencies and providers, and collect resources for services that people may be in need of throughout their time in the ARC program.

Rapid Access to Medication Assisted Treatment and Short-Term Residential – (Intervention & Treatment)

1. Clients accessing services through open access will be served within 48 hours of assessment with Medication Assisted Recovery personnel.

2. 60% of clients served through rapid access will remain in treatment for at least 60 days.

Recovery Housing (female) – (Recovery)

1. 50% of residents will comply with their individual recovery plan and complete treatment successfully.

2. 60% will attain gainful employment or enroll in educational programs.

3. 60% will improve their daily living skills by participation in activities of daily living.

Recovery Housing (male) – (Recovery)

1. 50% of residents will comply with their individual recovery plan and complete treatment successfully.

2. 60% will attain gainful employment or enroll in educational programs.

3. 60% will improve their daily living skills by participation in activities of daily living.

Youth Substance Use Disorder Prevention and Treatment – (Prevention, Intervention, & Treatment)

1. Develop a continuum of care for youth substance use disorder prevention and treatment.

2. 40% of youth served will successfully complete treatment.

3. Zero youth will develop a opioid or stimulant use disorder after successfully completing treatment.

Key Staff

A Renewed Mind [A Renewed Mind Resumes](#)

A Renewed Mind is a private, not for profit 501(c)3 behavioral health care organization. We work to deliver personalized, high quality behavioral health services to our community in a compassionate manner.

A Renewed Mind has developed a reputation of providing quality services based on our commitment to respecting the individual and in forming strong therapeutic relationships. They have a history of working collaboratively with Wood County providers and stakeholders.

Rapid Access to MAT and STR

Name	Title	License	Years of Experience
Lauren Ramsey	Behavioral Health Counselor	LPCC	4
Jeanne Wallace	Case Manager	CDCA II	2
Shannon Loera	Nurse	RN	8
Christopher Roseman	Behavioral Health Specialist/Counselor IV	LPCC, PhD	6

Peer Support - In Person

Kristina Orosz Kapp	Peer Support Provider	CPSS, CPS	7
Brandi McNeas	Peer Support Provider	CDCA	2

Project Direct Link

Brittney Wilson	Criminal Justice Screener	LSW	1
Diane Fouts	Nurse Practitioner	CNP	18

Ascent [Ascent – Sober Grid Resumes](#)

Started in 2016, ASCENT has been using virtual peer coaching to help those in recovery with customers including hospitals, and treatment centers and mental health and substance abuse county boards. Unlike traditional recovery coaches who typically work office hours, virtual peer coaching allows those in need to reach out at night and on weekends, when cravings can be particularly difficult. With over 130,000 downloads, Sober Grid has been helping individuals in recovery since 2015 and has worked with researchers from Harvard Medical School and University of Pennsylvania Perelman School of Medicine to enable them to predict risk of relapse. Like other popular social networks, Sober Grid users have access to a global newsfeed where they can communicate and share posts with other sober people.

Peer Support - Virtual

Name	Title	License	Years of Experience
Wendy Warrington	Administrator		20
Joshua Clemons	Project Manager	CPS	3
Shardae Sharpe-Flonnoy	Peer Recovery Coach Supervisor	CPS	4

CRC has a long history of providing a continuum of mental health prevention and treatment services for children and families since it was established in 1974. Crisis Intervention services have been an integral part of CRC services for over 35 years, with MRSS services expanding the range of crisis services within the past two years. With the support of funding through the Wood County ADAMHS Board and OHMHAS, CRC has actively worked to develop a strong crisis continuum, including crisis intervention services for youth in Wood County, residential crisis stabilization program, Critical Incident Response, and providing the youth component in the county's CIT training for law enforcement.

Mobile Response and Stabilization Services

Name	Title	License	Years of Experience
Allison Moriarty	Crisis Intervention & MRSS Supervision	LISW	11
Christine Davidson		LSW	18
Noelle Duvall	Chief Clinical Officer		24
Tamara Vigliotti-O'Brien	Outpatient Program Manager	LISW-S	30

Cocoon [Cocoon Resumes](#)

The Cocoon is a comprehensive domestic and sexual violence agency providing shelter and advocacy services to survivors of domestic violence, sexual assault, sex trafficking, stalking and adult survivors of childhood sexual abuse. They have been operating since 2005, and providing services to women and their families ever since. They have been serving people with behavioral health disorders and providing a safe environment for their recovery through collaborative relationships with community providers.

Family-Inclusive Supported Sober Living

Name	Title	License	Years of Experience
Patty Arielle	Shelter Manager	LPC	6

Harbor [Harbor Behavioral Health Resumes](#)

****Some staff position remain unfilled as the program has not yet begun. Staff positions will be updated, and the state will be informed upon receipt by the Board.**** For over 100 years, Harbor has been providing behavioral health care services to the community. What began in 1913 as a mental hygiene clinic has evolved into the leading mental health provider in Ohio that offers mental health services, substance use treatment, developmental pediatrics, primary care, vocational rehabilitation and Employee Assistance Program. Harbor currently has 20 locations housing 300 clinicians and serving 23,000 people annually with behavioral health services. They have a long history of successful collaborations with providers and stakeholders in the community.

Detox and STR & Youth SUD Prevention and Treatment

Name	Title	License	Years of Experience
Cassandra Bengela	Clinical Therapist	LPCC	15
Perian Hall	Case Manager	CDCA	4

Wood County Prosecutor's Office [ARC-QRT Resumes](#)

The Wood County Prosecutor's Office has been operating the QRT program since 2017 and have served over 150 people who have suffered with addiction and/or experienced an unintentional overdose. The program is expanding to include a prosecutorial pretrial diversion program and beginning planning for a drug court.

Addiction Response Collaborative (QRT)

Name	Title	License	Years of Experience
Adam Henry	Deputy	Peace Off.	7
Annie Wilson	ARC Coordinator	LPCC	3

Zepf [Zepf Center Resumes](#)

Zepf has been providing behavioral health services in Northwest Ohio since 1974. Zepf provides a complete array of behavioral health services, including being the region's only methadone provider. Zepf has a strong history of working collaboratively with providers and stakeholders in the community.

Male and Female Recovery Housing

Name	Title	License	Years of Experience
Sarai Tyson	Resident Advisor		3
Samantha Sanchez	Resident Advisor		1
Amy Peoples	Director of Recovery Housing	LSW	15
Kasey O'Neal	Lead Resident Advisor	LSW	4
Tabetha Madden	Resident Advisor		0
Tressa Taylor	Resident Advisor		1
Alison Avery	Resident Advisor		0
Alaina Curry	Resident Advisor		0
Rob Riedy	Resident Advisor		0
Don Harmon	Resident Advisor		0
Christine Cook	Resident Advisor		0
Tim Murphy	Resident Advisor		0
Dan Fry	Resident Advisor		0
Teresa Thompson	Resident Advisor		0

Timeline

All programs, except for two, will begin serving people in need on September 29, 2020 if they are new programs funded by SOR. If they were funded through SOR 1.0 no cost extension, there will be no interruption of service, and services will begin being funded by this program November 30, 2020. Youth Substance Use Disorder Prevention and Treatment Program through Harbor will begin 12/1/20 hiring staff and preparing to provide services. Services will begin to youth February 1, 2021. The Pretrial Diversion Program within the QRT program will begin on January 1, 2021.

Board staff will monitor weekly GPRA submissions throughout the life of the grant. Board staff, program staff and OMHAS staff will participate in monthly technical assistance and monitoring calls.

Board staff will draw down funds based on invoice submissions quarterly beginning January 15, 2020 for funds expended in the quarter prior.

Additional outcomes required by the Board of programs will be submitted quarterly, beginning January 15, 2020 for the quarter prior.

Board staff and program staff will participate in any required audit for the State or Federal government.

Disparities Impact Statement

The programs included in this application will serve a total of 549 people. This is not necessarily a number of unique individuals served, as there may be some overlap among funded programs.

Most programs are not targeted toward specific populations. However, they will serve any residents of the community regardless of age, race, ethnicity, LGBTQ status, or gender identity. One program is directed toward women and their dependent children who have survived domestic violence. Services will be provided in accordance with National CLAS Standards. All programs will provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. People served by any program funded through SOR will have access to interpreters or translated documents in their preferred language within a reasonable time period.

Data Collection Plan

Each program has a plan to collect GPRA at intake, and at the intervals dictated by SAMHSA. It is the goal of all programs to provide a GRPA to 100% of clients served by SOR funded programs. The Board will monitor compliance with GPRA collection to the level attainable related to the access to information provided by OMHAS staff or their designee.

Agencies may also have additional reporting requirements to the ADAMHS Board to determine the efficacy and efficiency of the local program. This information is reported quarterly, on the 15th day of the month following the end of the quarter. This information is used to support ongoing sustainable funding upon sunset of SOR funds.

Budget Narrative

WCADAMHS is sub granting all funding through agreements with provider agencies and vendors named within the proposal. WCADAMHS will support its staff time for coordination, monitoring, and providing technical assistance through local levy funding. Thus, all costs are programmatic and appear in the personal service contracts. Detailed budgets for each program are attached. The total amount of funding requested for year one is \$1,788,115 and for year two is \$1,067,226.