

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

JUNE CSU AD HOC COMMITTEE

June 22, 2021

Committee Members Present:

Dan Lambert	Frank McLaughlin	Katie Underwood
Laura Fullenkamp	Deanna Chase	Jeff DeLay
Jessica Schmitt-Hartman	Kathy Mull	Amanda Kern
Leslie Miller		


**BOARD STAFF:** Chris Streidl, Julie Launstein, and Kathryn Shackleton

**GUEST:** John Fortner, Holly Gilsdorf

**INTRODUCTIONS:** Meeting was called to order at 12:03 PM. Laura started the meeting with introductions, allowing those present both in person and virtually, to introduce themselves and state where they are from.

**EDUCATION MODELS OF CSU:** Laura provided a presentation (attached) to explain the different models for CSU as we travel to see them. Laura highlighted the gaps in our county to review and discuss during our visits. Feedback from LEO's is the desire for a hub, to allow for drop-offs, as we no longer have an "urgent care", such as The Link. One of the models discussed was a 23-hour observation model, which allows for continued evaluation. This model would have a multi-disciplinary team and on-site crisis intervention. Frank asked what a "pink slip" was, and it was explained that this is for involuntary admission to a psychiatric facility. Deanna explained the Living Room and the Adam & Amanda models. Leslie stated that she like the Adam & Amanda model, as this allows for a longer stay for medication, making sure the correct medications have been prescribed. Dan asked if people would be allowed to check-in and check-out, could someone be ordered to the Adam & Amanda model? Laura highlighted the challenging and unique aspects of the CSU model, and that we could potentially choose multiple models, based on what would work best for our county. These are things to think about during our site visits. Some of the sites are hours away and will potentially be day long expeditions. Board Members were asked to email Kathryn if interested in attending the sites. Jessica asked if we could video call for those who cannot attend. Franks asked for a spectrum of possible funding costs, as a 24/7 access to psychiatric teams can be costly. Laura then asked the committee for questions to focus on during the visits. Committee members stated the questions they would like to see answers to.

**ADJOURN:** Dan Lambert motioned to adjourn, Corey Speweik seconded. Meeting was adjourned at 12:49 p.m.

Approved by:   
Dan Lambert, Board Chair, Wood County ADAMHS Board

8/30/21  
Date

Submitted by: Kathryn Shackleton, Executive Assistant

**Elements Of The Continuum**

- Crisis Center or Crisis Hub
- Call Centers and Crisis Lines
- Deployed Crisis-trained Police and First Responders
- Medical Triage and Screening
- Mobile Crisis
- Behavioral Health Urgent Care
- Intensive Community-based Continuing Crisis Intervention
- 23-hour Evaluation and Extended Observation
- Residential Crisis Program Continuum
- Role of Hospitals in Crisis Services
- Transportation and Transport

Elements of the Continuum

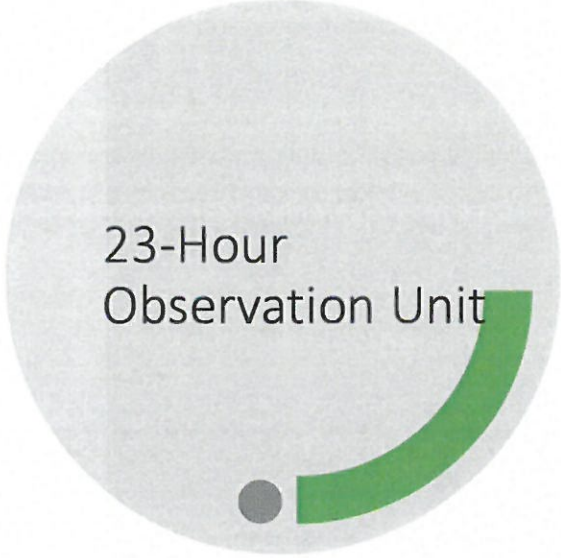
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Gaps in Wood County Continuum

- Crisis Center/Crisis Hub (5 minute drop off)
- Behavioral Health Urgent Care (Walk In)
- 23-Hour Evaluation and Extended Observation
- Residential Crisis Program Continuum (Living Room Model and/or Adam and Amanda)

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A graphic for a 23-Hour Observation Unit. It features a large light gray circle with a green curved line and a small dark gray dot at the bottom right, resembling a clock face. The text "23-Hour Observation Unit" is centered within the circle.

- Provide a safe and secure space with the capacity for on-going observation and intervention by a multidisciplinary team
- Team includes psychiatric care providers, nurses, crisis intervention, and peers

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## Residential Crisis Program Continuum

- Living Room Model
  - Home like atmosphere
  - Short term
  - Voluntary
- Adam and Amanda
  - Can be in lieu of going to the hospital or as a step-down.
  - Can stay up to 50 days
  - Longer transition onto medication
  - Access to doctors and other services for recovery

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