



Alcohol, Drug Addiction and Mental Health Services Board

PROGRAM AND OUTCOMES COMMITTEE MEETING

JANUARY 9, 2023

ADAMHS BOARD MEMBERS PRESENT: Amanda Sharp, Leslie Miller, Judy Ennis, Frank McLaughlin, Scott Kleiber, Brandy Laux

ABSENT: Allan Baer, Rachel Moore, Jason Morris

ADAMHS BOARD STAFF PRESENT: Aimee Coe, Julie Launstein, Kaylee Smith, Laura Fullenkamp

GUESTS: Jessica Schmitt-Hartman (NAMI), Melanie VanDyne (CRC), Kyle Clark (ESC), Victoria Graham (OGS)

CALL TO ORDER: Judy called the meeting to order at 5:30 p.m. A quorum was present.

APPROVAL OF MINUTES: Leslie motioned to approve, and Brandy seconded. All voted in favor, meeting minutes passed.

NEW BUSINESS:

NAMI Presentation: Jessica Schmitt-Hartman, Executive Director of NAMI Wood County, provided a background on what NAMI is and where it started. Their three pillars are education, support, and advocacy. NAMI does awareness events, such as their Afterburn, throughout the year. NAMI Northwest replaced the former NAMI of Seneca, Sandusky, and Wyandot counties. Initially, NAMI moms approached Behavioral Connections to seek information and founded NAMIWC in 1987. NAMI's programming is peer-facilitated (family members teaching family members, peers teaching peers, parents teaching parents, etc.) The family-to-family program is now listed as an evidence-based program. Some other programs include NAMI Basics, Peer-to-Peer, and NAMI Homefront (military). NAMI also offers training for providers, family members, and individuals living with mental health conditions. Support groups are also peer-facilitated. NAMI presentations include "Ending the Silence" in schools where young adults share their stories about living with a mental health condition; there is also a version for parents and teaching staff. NAMI Family and Friends is a shorter program. NAMI's community

education includes Crisis Intervention Team (CIT) training for law enforcement officers and Mental Health First Aid. Annually, there is the Mental Health Conference Series which offers CEUs to professionals. In 2023, Dr. Ken Duckworth, NAMI's Chief Health Officer, who wrote the official NAMI book, will be the keynote speaker. NAMI also offers an Education Series and gives presentations throughout the county to different entities. They offer QPR, evidence-based training on what to do if someone is in a suicide crisis. NAMI is a member of community coalitions and committees and often works alongside NAMI National and NAMI Ohio to advocate at all levels. NAMI houses the Assisted Outpatient Treatment (AOT) advocate to gather information, submit affidavits, attend hearings and work with families and clients. Additionally, there is the Parent Advocacy Connection position which is fully grant funded, to work with Wood, Lucas, and Hancock County families to help them navigate different systems.

BG Independent News: Wood Co. Health snapshot poverty, mental health issues, etc. Judy suggests reading it. Take what they are saying, look at the WCADAMHS CAP, and see where we are meeting needs and where we are not. One need outlined in the article was the mental health worker shortage, Judy believes the committee/board can think of ways to alleviate this issue. The article will be sent out by the board staff.

FY2023 Quarter 1 Outcomes: July – October 2022; in the third week of January the 2nd Quarter outcomes will be ready. ARC and Cocoon are on different yearly schedules.

ARC – Addiction Response Collaborative (4th Quarter) exceeded goals. 98% of the time, they hit the response time of getting to someone within 72 hours. 96% of participants did not have another overdose. Work on getting people into treatment – assisted 96.5% in getting treatment, but fewer attended. Started pre-trial program over next fiscal year, still growing, plans to expand. Another goal hit was individuals did not have more charges.

CRC – 97% of clients reported that they were listened to in outpatient. There are new goals, which are challenges as there is no comparative data. The residential unit met all goals. Technical assistance working on bettering outcomes.

ESC – First time reporting outcomes. 98% of students reported that they know where to get help after taking suicide prevention training. One challenge was on a question surrounding peer pressure, working on the wording and already corrected it.

Harbor – Connection Center shifted goals a bit, met attendance goal, and have groups going on. IPS program started strong. Harbor is struggling in clinical outcomes, such as access to care (getting folks in in 10 days). They are looking at other approaches to get people in, and hired another position to improve assessment rates. Forensic monitor objectives are not in their control; if they have 1 client hospitalized they would fail, trying to fix that outcome. Leslie asked if objectives are not met consistently for more than one quarter, and what is beyond corrective measures. Laura stated that they originally worked on staff training and are now trying new things. We are now tracking wait-times.

NAMIWC: Provided outcomes for the first time. Met all numbers for persons served. Courses continue throughout the quarters.

OGS: Lots of progress with tracking outcomes. Did meet objectives for people served. Areas to outline: did not meet all residential goals, only 1 person discharged early. Project Direct Link: Vivitrol did not have clients in the program, they are problem-solving, and trying new outreach. The jail position is now filled.

Cocoon: 66% of clients had behavioral health, 100% assessed, and 70% engaged. Support in getting people to access services.

Unison: Met all goals for SUD services, and ACT goals improvement. The crisis line is something to keep eye on, if people are waiting, they are hanging up. However, the crisis line ended up much closer to their goal of all calls being answered in under 30 seconds. Unison sends regular updates on what the action plan is. Protocol is working on shrinking who they are serving to provide better quality. Challenges: do not collect satisfaction reports in the first quarter. Hospital liaison was lower than what have been, and there have been difficulties reaching person after leaving the hospital. Continued to provide technical assistance around forensic – Poe St. location, lots of group space, not utilizing till opening. The CSU is going well. Received occupancy; today is first day open. Soft open. Specific protocols to put in place as to who is accepted for a short period of time.

Zepf: Down to men's recovery house and outpatient. Recovery house below occupancy served 11 individuals in quarter 1. Leslie said the average wait-time was 42 days, which is for outpatient not recovery house. Aimee said waiting for the recovery house is typically due to waiting to be released from jail, etc. The average length of stay was 72 days.

Contracts:

Firelands: New Contract for individuals who may be in crisis in the area that is east of Fostoria. Small contract to serve individuals from that potential area.

Steady Path: Mental Health short-term residential facility. An individual was previously in need of their services, so we started with a single case agreement. Contracting with them for people who need longer-term or step-down from our CSU.

Cocoon: Not an addition, continued as they are on a different time frame with fiscal years. VOCA funding was received, but couldn't contract before that.

CAP Presentation:

OTHER:

PUBLIC COMMENTS:

ADJOURN: Meeting adjourned at 6:14 p.m. Motioned by Leslie and seconded by Amanda, all approved. The meeting adjourned due to losing quorum.

Approved by: Judy Ennis _____
Judy Ennis, Program Chairperson Date

Submitted by Kaylee Smith, Coordinator of Strategic Initiatives