

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING

October 27, 2015

4:00 p.m.

Agenda

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes – September 29, 2015	✓	✓		1-6
4. Comprehensive Addictions and Psychiatric Urgent Care Abstract	✓			7-9
5. Mental Health Impact Advocacy Project Presentation – ABLE	✓			10
6. Recovery to Work Outcomes	✓			10-11
7. Assertive Community Treatment (ACT) Abstract	✓			12-14
8. Health Officer Credentialing	✓	✓		15
9. Recovery Council Update	✓			15
10. Open Session				
11. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES**September 29, 2015**

Programs & Services Committee Members Attending:

Pastor Donald Perryman	Scott D. Johnson	Linda Alvarado-Arce
Tony Pfeiffer	Audrey Weis-Maag	Andre Tiggs
Dr. Mary Gombash	Charlotte Cuno	Dr. Lois Ventura
Andrea Loch (Non-Trustee)	Bob Arquette, Recovery Council Chair	

Programs & Services Committee Members Absent:

Robin Reeves	Charlotte Cuno, Recovery Council Vice Chair
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Visitors: Richard Arnold; Deb Chany, SCAT; Geof Allan, UMADAOP; John DeBruyne, Rescue; Nadia Lewis, Zepf; Karen Wu, ABLE; Carole Hood, Rescue; Jim Aulenbacher, Harbor; Merisa Parker, Rescue; Gregory Collier, Recovery Council; Pam Myers, Unison; Paul Lewis, Recovery Council; Jason Vigh, Rescue; George Johnson, Rescue; Annette Clark, FSNO; James Perrin, Anhedonia; Angela Shaferly, Anhedonia; Emily Henderson, Anhedonia.

Staff: Scott Sylak, Tom Bartlett, Tim Goyer, Donna Robinson, Camilla Roth Szirotnyak, Karen Olnhausen.

Pastor Perryman opened the meeting at 4:00 p.m., with introduction of visitors.

Meeting Minutes: August 25, 2015

There were no corrections to the minutes, and they were approved as presented.

FY 2015 Year-End Monitoring Report**A. FY 2015 Compliance Review Methodology and Results**

Ms. Roth Szirotnyak indicated that the Board Staff's compliance review process is becoming more robust. It includes on-site monitoring, a desk audit of contractual items, and a financial operations review. Staff conducts a policy/procedure review for recipients of the substance abuse and treatment SAPT grant, as well as an environmental review from the perspective of a consumer or family member at each agency. Following each review, a comprehensive report is sent to each provider within four weeks of the on-site portion of the review. Board staff reviews the report and determines if any follow-up is needed, as well as continued monitoring. Ms. Roth Szirotnyak referred to the common findings/trends among the 21 providers reviewed in FY 2015 listed under each section of the report on pages 5-9 of the meeting packet. There were no questions or concerns raised by the Committee.

B. FY 2015 Year-End Provider Performance Report: Outcomes

Ms. Roth Szirotnyak referred to the Provider Performance Outcomes Report which encompasses 24 providers, 83 programs, and all of the FY 2015 requirements from those contracts and their performance throughout the year. The full report was sent to the Trustees and the P&S Committee one-week in advance to provide more time for review. Board staff

conducts a thorough review of all of the information and data that the agencies submit to the MHRSB (see review process outlined on page 2-3 of the report). Since many of the individual programs are doing well, the staff is interested in differentiating between the good vs. the great programs and connecting the lines of business (prevention, treatment and support).

Additionally, Board staff is pursuing ways to compare the Board's data to other counties and at the state and federal level in a more efficient way. Ms. Roth Szirotnyak explained the Quality Council that is comprised of Board staff and agency representatives that review all of the reported measures to identify any discrepancies and disparities between programs to re-evaluate how the MHRSB is funding programs and how reporting is being requested. There is a continuous evaluation of what performance means as it relates to quality and consumer feedback, community need and capacity.

The Board staff is looking at reporting on a quarterly basis to provide one report per quarter that is focused one on prevention, support, treatment, and a fiscal year-end report that will prelude program funding. Ms. Roth Szirotnyak addressed the following questions from the Committee with regard to the Provider Performance Report:

- 1) Dr. Gombash questioned the allocation for Evaluation of Services to determine the viability of the programs related to hospitals engaging and preventing psychiatric emergencies as the results aren't very good. Staff agreed that they need to be further evaluated with a recommendation that a professional evaluator be consulted due to the uniqueness of the programs.
- 2) Dr. Ventura referred to page six of the report which highlights the percentage of clients that did not appear for their scheduled post-hospital discharge appoints; 63% at Harbor, 62% at Unison, and 64% at Zepf, stating that this is an issue. She also referred to page five of the report where it states that 92% of MHRSB subsidized clients active in treatment that were not booked on new charges, stating this is good. Dr. Ventura would like to know what happens to the 63% of clients who are released from the hospital who have serious illnesses and don't make it to their appointments, fearing that they end up in jail. Mr. Sylak indicated that some of these people refuse to go to a community health center as they were admitted to the hospital involuntarily. The Committee said that having data regarding these occurrences would be helpful.
- 3) Dr. Ventura referred to page eight of the report making reference to the Zepf Center showing 47% of persons who remained in treatment for a minimum of 90 days and 80% of persons successfully discharged after 90 days, stating that there is something within the agency that is having a positive effect on the clients. Ms. Roth Szirotnyak stated that the Quality Council is evaluating this and part of the 80% is that Zepf offers Suboxone; those in MAT need to be in outpatient therapy which might be the reason that figure would be higher. Dr. Gombash indicated that the "remaining in AOD treatment outcome for 90 days" is a low bar for treatment for a chronically ill client, and suggested that the Board look at the model as a chronic medical problem as

opposed to a three month cure rate. Mr. Sylak said 90 days is a minimum based on published research that says anything below 90 days for AOD treatment is irrelevant, and that this isn't the only criteria for success. Dr. Gombash said healthcare professional programs extend out to five years with excellent outcomes; alluding that the 90 day results in the report are poor as reported in Harbor, New Concepts and Unison's percentages.

- 4) Pastor Perryman asked for clarification that the majority of the data provided is through self-reporting and there isn't uniformity between the programs. Ms. Roth Szirotnyak said there is uniformity in the questions asked in the survey, but a professional evaluator would be able to ask questions that the staff might not ask in terms of specific variables. The Staff would work side-by-side with the evaluator for a data driven evaluation of programs and tracking of individual clients. There was support from the Committee to seek a professional program evaluator with the hopes of multiple years to track the program success year-to-year. However, the timeframe of the evaluation is limited due to less than two years operation of these programs. Moving forward, the Committee can set the threshold for how long to set it based on funding costs. The Committee and staff agreed to consider various proposals and methods for evaluation of programs in order to identify the best methodology. Mr. Arquette stressed the importance of client feedback on the programs of which occurs through client surveys.

Allocation Request for Evaluation Services

Mr. Goyer referred to page four of the meeting packet which outlines a question raised at a previous P&S Committee meeting as to whether or not the two new programs, Hospital Engagement and Preventing Psychiatric Emergencies were having the effects for which they were funded at Harbor, Unison and Zepf. Following discussion, it was determined that a professional evaluator should be consulted to conduct a qualitative and quantitative evaluation of these programs as the Board Staff doesn't possess the level of skill sets needed.

The following motion was recommended for consideration:

The Mental Health and Recovery Services Board of Lucas County allocates an amount not to exceed \$10,000 in FY 2016 for the purchase of professional evaluation services, and authorizes the Board's staff to solicit proposals for such services and select and contract with a vendor according to the guidelines in the Board's Purchasing Policy.

There was consensus by the Committee to approve the motion with a change in the amount of the allocation to not exceed \$20,000.

Civil Commitment Designations - Appointment of Attorney

Mr. Goyer indicated that in June 2015, the MHRSB designated Attorney David Taylor to be one of the Board's two attorneys. The Board recently received communication that Attorney Keith Mitchell has assumed Attorney David Taylor's duties since he ceased his law practice. In order to be in compliance with statutory requirements, Board staff recommended the follow two motions:

The Mental Health and Recovery Services Board of Lucas County rescinds the motion it approved at its June 16, 2015 meeting to designate David R. Taylor as an attorney to fulfill the Board's responsibilities according to ORC 5122 related to involuntary civil commitments.

and

For the period of July 1, 2015 to June 30, 2016, the Mental Health and Recovery Services Board of Lucas County Designates Attorneys Carla B. Davis and Keith L. Mitchell to fulfill the responsibilities of:

- a. Timely hearings under ORC 5122.141(B);*
- b. Hearing for involuntary commitments under ORC 5122.15 (A) (10) and (H);*
- c. Hearing procedures under ORC 5122.15*

There was consensus by the Committee to approve the motion.

Health Officer Credentialing

Mr. Goyer referred to page 10 of the meeting packet for a summary of the seventeen (17) renewal candidates and two (2) new System Health Officer Candidates that have been reviewed and approved by the Health Officer Credentialing Committee with verification that individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHRSB Policy.

The following motion was recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County designates the following individuals listed as System Health Officers to serve a term not to exceed two years:

For Renewal of Designation:

- Jason A. Bachar (LSW) – Harbor – not to exceed October 31, 2017*
- Camille P. Abounaaj (BA, LSW) – Unison – not to exceed October 31, 2017*
- Melissa R. Dohse (LSW, LPCC) – Unison – not to exceed October 31, 2017*
- Bruce A. Kelley (LSW, LCDC III) – Unison – not to exceed October 31, 2017*
- Amy L. Kobold (MA, LPCC-S) – Unison – not to exceed October 31, 2017*
- Timothy Q. Foreman (MHP I, LSW) – Rescue – not to exceed October 31, 2017*
- Michael F. Frenzell (MHP III, LPCC) – Rescue – not to exceed October 31, 2017*

PROGRAMS & SERVICES COMMITTEE MINUTES

September 29, 2015

Bonnie J. Harden (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Carole L. Hood (CNO, RN) – Rescue – not to exceed October 31, 2017
Helen Montalto (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Jewel Patterson (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Helisa D. Rowan (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Anthony W. Szilagye (MHP III, LPCC) – Rescue – not to exceed October 31, 2017
Tanya M. Turner (MHP III, LISW-S) – Rescue – not to exceed October 31, 2017
Pamela R. Contreras (LSW) – Zepf – not to exceed October 31, 2017
Michelle R. Hurless (BSW, LSW) – Zepf – not to exceed October 31, 2017
Amy L. Rose (MA, LSW) – Zepf – not to exceed October 31, 2017

For New Designation:

Leelin F. Beebe (LSW) – Zepf – not to exceed October 31, 2017
Alicia R. Winne (MSW, LSW) – Zepf – not to exceed October 31, 2017

There was consensus by the Committee to approve the motion.

Recovery Council Update

Mr. Arquette indicated that last Saturday, the Recovery Council hosted a “Recovery is Beautiful” rally at Ottawa Park in celebration of September as “recovery month.” There were 35 people in attendance, and due to the success, the Council plans to do it again next year.

Mr. Arquette stated that he believes stronger leadership is needed in order to move the mission of the Recovery Council forward. Therefore, he requested support from the Committee to facilitate a six-hour Recovery Council retreat at a local facility to set goals for calendar year 2016, and to identify upcoming forums and discuss council membership. Mr. Sylak indicated that funds would be available out of his discretionary account to provide lunch and the necessary retreat materials.

The Recovery Council recently approved two new council members and brought them forth to the Committee for their consideration through the following motion.

The Programs & Services Committee approves the following candidates for appointment to the Recovery Council to serve a partial term effective 10/1/2015-6/30/16. Candidates may be considered for reappointment to a full-term beginning July 1, 2016:

- Justin Brandeberry, partial term not to exceed June 30, 2016.
- Edward Poelstra, partial term not to exceed June 30, 2016.

Open Session

- Dr. Gombash introduced Angie Shaferly (previous nursing director at COMPASS) who recently opened a Medication Assisted Treatment (MAT) Program at 5660 Monroe Street, in Sylvania. They provide all AOD treatment and have two physicians to provide Suboxone and MAT. Ms. Shaferly operates a program in Findlay and Lima where they are treating approximately 190 patients. The Toledo facility has capacity for 170 patients with plenty of slots open. They are in the process of becoming OMHAS certified.
- Mr. Arnold reiterated his historical knowledge of when the MHRSB cut funding for ambulatory detoxification services, stating that the same situation occurred with regard to preventing psychiatric emergencies that used to be available at Rescue under a community based stabilization program. In 2011, the program was cut and he had hoped consumers involved in the program had prior input, but he said they didn't. Mr. Arnold requested that the Board create a policy that engages consumers for their feedback prior to cutting program funding.
- Ms. Olnhausen stated that the first peer supporter training will occur on October 5 at NPI with a full class of 25; a second training will be scheduled this fiscal year.
- Ms. Chany announced that SCAT is hosting a town hall meeting on October 12, 2015 addressing the legalization of marijuana in Ohio, with Tony Coder explaining the ballot language. A flyer with all of the details will be distributed.
- Ms. Chany announced that last Saturday, SCAT hosted a community-wide drug takeback at 20 sites in all Lucas County police stations and at two Kroger stores, with over 1,000 pounds of pills collected throughout Lucas County.

Adjournment

The meeting was adjourned at 5:10 p.m.

Comprehensive Addictions and Psychiatric Urgent Care Center Abstract

Attached is an abstract of Board staff's thoughts with regard to the development of a Comprehensive Addictions and Psychiatric Urgent Care Center model. With P&S Committee feedback, staff will continue to develop the model and present a formal recommendation.

Comprehensive Addictions and Psychiatric Urgent Care Center Abstract

October 22, 2015

Goal: To respond to the needs of individuals and families who would benefit from immediate assessment and intervention upon experiencing moderate-to-severe symptoms, dysfunction, or risk.

Problem Statement: According to the 2014 Lucas County Health Assessment, 26% of responding adults rated their mental health as not good on 4 or more days in the previous month. Additionally, 18% of 9-12 graders have seriously contemplated suicide, and 32% of responding 7-9 graders indicated they had no one to talk to when dealing with personal problems, feeling depressed or suicidal. Fifty-six percent of individuals responding to the MHR SB/Toledo Lucas County Heroin and Opiate Survey indicated that they didn't know where to get help. Finally, on average 60 people each day are released from the Lucas County Corrections Center. Fifty seven percent of those individuals will have behavioral health needs including assessment, medication evaluation, access to a prescriber, brief solution focused therapy and linkage services.

The implementation of the "No Wrong Door" policy, and soon to be implemented Recovery Helpline, has the potential to improve access to routine treatment services within 48 hours. Currently, Lucas County already has a robust emergency services and crisis system that routinely responds within hours. However, a service gap remains between routine and emergency services that contribute to the ineffective and inefficient use of both services. The immediate or urgent access to care will help reduce any exacerbation of symptoms for the individual and avoid a more intense level of care such as inpatient psychiatric hospitalization. The opportunity to fill this critical gap exists, building upon the resources previously allocated to Rescue Inc. for the administration and operation of Central Access.

Project Description: By re-designing services currently provided by Central Access staff, and with additional resources, an Urgent Care Model can be developed and implemented at Rescue Incorporated to complement the MHR SB's investment in our emergency crisis and treatment system. It is envisioned that access to urgent care services will be available from 8:00 a.m. to 12:00 a.m., 7-days a week. Urgent Care will be available for all Lucas County residents experiencing moderate-to-severe addiction and/or psychiatric symptoms, dysfunction, or risk. Urgent care is not for individuals who are currently in crisis, but it is anticipated that urgent care would need to have a close connection and access to crisis and emergency services.

The Urgent Care Center will provide ready access to psychiatric assessment, treatment and medication for new and existing patients when other community provider services are unavailable. Referral, linkage and data sharing services will be performed to ensure continuity of community care is obtained and/or maintained. It is anticipated that services will include:

- access to psychiatrists, advanced practice nurses, social workers, and counselors
- a safe, respectful environment for people in distress
- medication evaluation and brief monitoring services
- appropriate referrals and linkage to behavioral health services and other community resources, as needed
- follow up visits for brief solution-focused therapy or contacts, when appropriate

As previously indicated, individuals who appear to be in psychiatric distress will be immediately connected with emergency services to determine a need for crisis stabilization services including psychiatric hospitalization.

Target Population: Residents of Lucas, who may be eligible for Board funded and/or federally subsidized mental health and/or addiction treatment services.

Collaborators: Mental Health and Recovery Services Board of Lucas County, Rescue Incorporated, community behavioral health providers.

Implementation Timeline: January 1, 2016.

DRAFT

Mental Health Impact Project Presentation - ABLE

The Mental Health Impact Project is administered by ABLE. The purpose of the project is to reduce environmental factors that contribute to alienation of people with mental illness and/or addiction. Advocates working in the Mental Health Impact Project identify policies that contribute to barriers in Lucas County for consumers with mental health and/or addiction disorders, advocating for specific change that is substantiated by research, consumer feedback, pursued cases, and involvement in the community and area subcommittees. ABLE has worked on various policy projects affecting the community since implementation in December of 2013 including, but not limited to, ADA/Section 504 compliance; access to transportation and affordable housing; issues in group home residency, public housing, and voucher mobility; limited English proficiency requirements; and in-school supports for children with mental health disorders. The project also has an outreach and education component, and works with various groups such as agency staff.

Board staff has invited ABLE to the Programs & Services Committee to provide an overview of how they're impacting the community with this grant, and to highlight some of the projects that have positively affected the lives of individuals with mental illness and/or addiction disorders. In addition, ABLE will discuss the topics covered through their outreach/education efforts.

Recovery to Work Outcomes

The Recovery to Work Project is governed by a two-year agreement that the MHRSB has with the State Department: Opportunities for Ohioans with Disabilities (OOD). The Board provides a match to the project which helps to pay for staff and purchased services that are used to prepare participants to seek employment. The outcomes for the project are set by OOD, and attached is a summary of the actual performance versus the targeted goals for FFY 2015; this data was not included in previous outcome reporting because the Federal Fiscal Year runs from October 1 through September 30. The attached report reveals that the majority of performance measures and outcomes were met for the fiscal year; in particular, the number of successful rehabilitations, the cost per rehabilitation, and the hourly wage and hours worked were all favorable to the targets that were set.

Recovery to Work: FY 2015 Highlights September 2015: Goals, and Outcomes

Recovery to Work is a federally funded grant program in partnership with Opportunities for Ohioans with Disabilities and Lucas County Mental Health and Recovery Services Board providing vocational rehabilitation and treatment services to individuals with severe and persistent mental illness and to those with addiction challenges. Zepf Center has had Recovery to Work/Pathways contract for the past four years. The RTW staff has the ability to authorize for a wide-range of vocational rehabilitation and treatment services including therapy, community support, substance abuse counseling, vocational assessment, job readiness, job training and job placement. The Recovery to Work staff completes various functions including: Eligibility determination, Skill assessment, Individual Plan Development, Referral to community resources, Disability Management Counseling, Vocational Counseling and Career Guidance. Program year operates from October 1, 2014 through September 30, 2015.

	FY2015 Goals	As of September 30 ,2015	% of Yearly Goal
Total Clients Served	300	301	100%
New Referrals	170	182	107%
New Applicants -	105	135	128%
Average Active Case Load Size: Project has 3 VRC	(80 per VRC)	63.5	79%
Open Cases on Hand	160	127	79%
Number of New Clients Made Eligible	100	120	120%
Clients with New Individual Employment Plans (IEP)	95	78	82%
Total Clients with Individual Employment Plans (IEP)	150	137	91%
Rehabilitation Rate (Adjusted)	55.8%	49%	88%
Total Clients Employed/Placed	50	63	126%
Number of Placements	55	66	120%
Clients Employed 90+ Days/ Successful Rehabilitation:	30	31	103%
Average Cost of Per Employment Outcome for those cases Closed Successfully	\$5,000	\$5,104	98%
Overall Cost Per Rehabilitation with all at Cost	\$22,878	To be determined next month due to data needed	
Average Wage at Placement	\$8.45	\$10.41	123%
Average Hours	25	32.7	131%

** This average cost is an estimate since we do not have final invoice on the administrative portion of the contract .

Highlights:

- The Average Cost of per Employment Outcome for cases Closed Successfully decreased from \$10, 432 in FY 2013 to \$7,550 in FY2014. Currently, average cost has dropped to \$5,104 this fiscal year.
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Assertive Community Treatment (ACT) Abstract

Based on a recommendation from the Access to Treatment Workgroup, Board staff has developed the attached abstract for the provision of Assertive Community Treatment (ACT) teams within Lucas County for the Programs & Services Committee to review. With committee feedback, staff anticipates bringing forward a formal recommendation.

Assertive Community Treatment (ACT) Abstract

October 23, 2015

Goal: To provide an effective means of intensive treatment and supports for individuals following hospitalization or incarceration who are at high risk of hospital recidivism or further involvement with the criminal justice system due to lack of compliance with, or engagement into treatment.

Problem Statement: Recently, through discussions in the Access to Treatment Workgroup, it was identified that there is a subset of individuals within the community in need of behavioral health services that have been hard to engage into traditional treatment services. These individuals have a history of non-compliance and frequently exhibit violent behaviors which make them difficult to serve. Many of these individuals end up circulating between hospitalization and/or incarceration. Additionally, other barriers such as lack of transportation, housing and social supports contribute to their lack of compliance. Given the above, the Access to Treatment Workgroup has recommended that the Mental Health and Recovery Services Board of Lucas County consider investing in Assertive Community Treatment (ACT) teams.

Program Description: Assertive Community Treatment (ACT) is an evidenced-based service delivery model that is proven-effective at meeting the needs of people with serious mental illness who frequently need psychiatric hospitalization and/or crisis stabilization, and may have a high risk or history of arrest and incarceration. ACT provides an array of community based treatment and supportive services around the clock to people where they live. ACT teams provide mental health and co-occurring addiction treatment with a multi-disciplinary team. The services are delivered over an extended period of time, and also include advocacy for employment and education support, housing assistance, crisis services, and rehabilitation to people with serious mental illness.

Currently in Lucas County, Unison provides a Program of Assertive Community Treatment (PACT). This intensive treatment team provides CPST and medical services to Lucas County residents found Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial and Under Court Jurisdiction (IST-UR-CJ) and up to 30 community clients referred to the program by Common Pleas Court, Zepf, Harbor, and Unison. Regardless of this service, there still appears to be a subset of individuals that remain hard to serve that would benefit from ACT.

The primary goals of ACT are to prevent acute relapse and psychiatric hospitalization, and assist the individual to live more independently in an outpatient setting. Increased ability to function independently through improved relationships, finding and maintaining employment and family support is a primary goal of ACT. An individual with ACT can also expect to have support with medication adherence; a basis of treatment for severe mental illness. Additionally, providing needed supports to create a pathway toward the individual's recovery are essential.

Another advantage to the development of ACT teams is the potential additional resources within the community that may benefit individuals who are involuntarily committed to outpatient treatment.

The principles of ACT are:

- A team approach
- Services are delivered in the places and contexts where they are needed
- Small caseload (staff-to-consumer ratio of approximately 1 to 10)
- Time-unlimited services
- A shared caseload - the team as a whole is responsible for ensuring that consumers receive the services they need
- Flexible service delivery
- 24/7 crisis availability

To support the principles of ACT the Substance Abuse and Mental Health Services Administration (SAMHSA) provides a comprehensive evidenced-based tool kit that assists with the development of the model.

Target Population: Residents of Lucas, who may be eligible for Board funded and/or federally subsidized mental health and/or addiction treatment services.

Collaborators: Mental Health and Recovery Services Board of Lucas County, Community Behavioral Health providers.

Implementation Timeline: TBD

Health Officer Credentialing

System Health Officer Candidates are reviewed and approved based on criteria established in Board Policy – Designation of Health Officers, in accordance with ORC 5122.01(J) to facilitate emergency hospitalization as described in ORC 5122.10. Designation as a health officer by MHRSB authorizes agency staff to take into custody persons who are thought to be mentally ill for the purpose of emergency examination in a hospital or community mental health agency.

The Health Officer Credentialing Committee reviewed applications for twelve (12) new candidates. The Committee reviewed documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHRSB policy. The individuals listed in the motion below have met the requirements for designation as a System Health Officer.

The following motion is recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County designates the following individuals listed as System Health Officers to serve a term not to exceed two years:

For New Designation:

Melinda R. Claypool, CNP – Harbor – not to exceed November 30, 2017

Heather M. Brown, LSW– Unison – not to exceed November 30, 2017

Angela A. Carriker, LISW – Unison – not to exceed November 30, 2017

Michelle L. Coutcher, LISW – Unison – not to exceed November 30, 2017

Andrea R. Ford, MSW, LSW – Unison – not to exceed November 30, 2017

Cassandra A. Graff, LPCC – Unison – not to exceed November 30, 2017

Stephanie M. Michalski, LSW – Unison – not to exceed November 30, 2017

Jenifer J. Mills, MSSA, LSW, LCDC – Unison – not to exceed November 30, 2017

Lisa M. Morris-Mulligan, LSW – Unison – not to exceed November 30, 2017

Lea R. Rosenberg, MSW, LSW – Unison – not to exceed November 30, 2017

Sarah R. Gruner, LISW-S – Zepf – not to exceed November 30, 2017

Melanie B. Lamb, LSW – Zepf – not to exceed November 30, 2017

Recovery Council Update

The Recovery Council is now at full membership with 13 members. Five new members have been added in the last three months. The Council plans to hold a retreat on Saturday, November 14, 2015 from 10:00 am – 4:00 pm. The objective of the retreat is to set goals, form sub-committees, problem solve, plan topics for the forums, draft a position statement to The Blade with regard to previous articles written about mental illness and stigma attached, and identify ways to promote the Council better in the community.

Consumer input has been identified as important to the MHRSB, yet the Recovery Council feels consumers have not been adequately involved in development of the Community Plan. The Council would like to discuss ways in which their voice can be included in the planning process.