

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING

November 24, 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 – October 27, 2015	✓	✓		1-5
4. Individual Placement and Support (IPS) - Harbor	✓	✓	✓	6
5. Comprehensive Addictions and Psychiatric Urgent Care Center - Allocation	✓	✓	✓	7-9
6. Cognitive Enhancement Therapy (CET) Outcomes – FY 2015	✓			10-11
7. Be the 95% Problem Gambling Awareness Campaign – Zepf Center	✓	✓	✓	12
8. 2016 Stakeholders/Community Forum	✓			12-13
9. Recovery Council Update	✓			13
10. Open Session				
11. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES**October 27, 2015**

Programs & Services Committee Members Attending:

Pastor Donald Perryman	Scott D. Johnson	Linda Alvarado-Arce
Tony Pfeiffer	Robert Arquette	Andrea Loch (Non-Trustee)
Dr. Mary Gombash	Charlotte Cuno	Dr. Lois Ventura
Andre Tiggs	Robin Reeves	

Programs & Services Committee Members Absent:

N/A

Other Board Members Attending:

Audrey Weis-Maag

Visitors: Richard Arnold; John DeBruyne, Rescue; Lisa Faber, Zepf; Karen Wu, ABLE; Carole Hood, Rescue; Jim Aulenbacher, Harbor; Jessica Broz, Rescue; Annette Clark, FSNO; Jennifer Emahiser, Unison; Clare Conrad, TASC; Jason Vigh, Rescue; George Johnson, Rescue; Craig Gebers, Zepf; Merisa Parker, Rescue; Wendy Shaheen, ARM.

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

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

Meeting Minutes: September 29, 2015

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

Comprehensive Addictions and Psychiatric Urgent Care Center Abstract

Ms. Olnhausen referred to page 8 of the meeting packet for a review of the Comprehensive Addictions and Psychiatric Urgent Care Center Abstract prepared by Board staff in response to the 2014 Lucas County Health Assessment consumer feedback. She noted that one of the key statistics gathered from the MHR SB/Toledo Lucas County Heroin and Opiate Survey was that 56 of individuals said they didn't know where to go to get behavioral health services. In addition, approximately 60% of people released from the Lucas County Corrections Center will have behavioral health needs.

The Staff requested feedback on the Abstract from the Committee as development of the Urgent Care model continues, with a targeted implementation date of January 1, 2016. Ms. Olnhausen explained that under an Urgent Care model, the primary goal is for residents of Lucas County who may be eligible for Board funded and/or federally subsidized mental health and/or addiction treatment services to have access to routine treatment services within 48 hours under the "no wrong door" policy. The Urgent Care collaboration is between the MHR SB, Rescue Incorporated, and community behavioral health providers. A site visit is planned for Summit County to view their Urgent Care.

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The following questions, concerns and feedback were provided by the Committee:

- Mr. Pfeiffer asked how this model differs from what St. Charles is offering. Mr. Sylak said St. Charles has the Behavioral Health Institute, psychiatric unit with behavioral access through the St. Vincent and St. Charles emergency rooms. They primarily screen for MH services for their unit. The BHI isn't going to take law enforcement referrals, clients can't get medications as needed in real time, won't take addiction only consumers and they won't transition to all the community mental health centers as the Urgent Care Center will do.
- Pastor Perryman asked about the financial impact of development of an Urgent Care Center. Mr. Sylak said the total Urgent Care model is for 16 hours per day/7 days a week and will include operation of the Recovery Helpline 24 hours per day/7 days a week, for a cost to the MHR SB of \$1.2 million.
- Ms. Weis-Maag asked if the Urgent Care Center will take away from emergency services, and if there is a cost savings associated. Mr. Sylak replied that emergency services are its own service and having an Urgent Care Center will allow Rescue's ES to respond more appropriately and in a more timely fashion to clients who need emergency services.
- Mr. Arquette suggested that the Urgent Care Center be open 24/7 because "crisis" doesn't work around the clock. Mr. Sylak said generally urgent care for physical illnesses don't operate on a 24/7 model, so if a client needs immediate psychiatric services after midnight, they can access the hospital emergency rooms or go to Rescue's Emergency Services. The main purpose of an Urgent Care Center is to support outpatient services that may not be available in the community.
- Dr. Ventura supports the Urgent Care model if it is a community need and she said it fits into the criminal justice initiatives. She inquired about staff capacity per shift; Mr. Sylak said it has not yet been determined. She also asked if private insurance will be accepted. Mr. Sylak said yes, but he anticipates the vast majority will be Board funded clients. Dr. Ventura said people will access the Urgent Care Center for alcohol intoxication (especially at night), and if the Commissioners fund the third shift, law enforcement will be looking for diversion from the criminal justice system. Mr. Sylak said the Urgent Care Center isn't a detox facility, holding tank, or residential facility.
- Mr. Pfeiffer stated that in previous discussions, some providers weren't very happy about channeling clients through Rescue. Now that we will have an Urgent Care Center that will be orchestrated by Rescue, will the providers not be happy in terms of Rescue monopolizing that patient population. Mr. Sylak said Rescue will not become a community mental health center and he believes the primary function of the Urgent Care Center is for people to gain immediate access to treatment services that they aren't currently receiving. Clients will also receive immediate medication access, rapid

induction to detox services and Suboxone could be a possibility, and patients will be connected back to treatment agencies.

- Pastor Perryman asked if there are other models that would answer some of the questions. Mr. Sylak said there are a few national models the staff has accessed and they will visit Summit County's Urgent Care Center.
- Dr. Gombash asked if the agencies are interested in health information exchange. Mr. Sylak said two agencies have expressed an interest and there are several others considering it. He also noted that it may be necessary for the Board to require agencies who receive board funds to be involved in some level of health information exchange.
- Dr. Gombash mentioned that a select number of people will visit the Urgent Care Center in search of an opiate prescription to support their addiction which is also an issue for other medical facilities.

Mental Health Impact Project Presentation - ABLE

Ms. Olnhausen provided an overview of the various initiatives included in the Mental Health Impact Project that was implemented under the supplemental allocations in December 2013 and is administered by ABLE. She then introduced Karen Wu from ABLE, who was invited by Staff to provide more insight to the Committee about the details and progress of the project.

Ms. Wu explained that ABLE and LAWO is a non-profit law firm that provides civil legal assistance to low income individuals and groups in 32 Northwest and West Central Ohio counties. She said that they are two organizations because of the different forms of funding. Ms. Wu explained in-depth, the two components that encompass the Mental Health Impact Project which includes: outreach and education, and systemic advocacy projects. She explained that the outreach and education component includes informing mental health consumers of their legal rights and also to develop collaborative relationships with community agencies. Ms. Wu encouraged the Committee to provide feedback to ABLE on any systemic issues they may encounter so that they may be appropriately addressed through the project.

Recovery to Work Outcomes

Mr. Goyer noted that a couple of months ago, a full Outcomes Report was presented to the Board. However, the Recovery to Work Program is separate because it is on a federal fiscal year (October 1 - September 30). This is the first year of a two-year contract. Mr. Goyer referred to page 11 of the meeting packet that included a report entitled: "Recovery to Work: FY 2015 Highlights September 2015: Goals and Outcomes." The program goals were negotiated between the Zepf Center and Opportunities for Ohioans with Disabilities (OOD) which provides state funding for the project. The MHRSB provides a funding match that is allocated to OOD. Mr. Goyer reviewed the yearly goals written in the report and indicated that

the majority of them have been met or exceeded expectations. Dr. Gombash asked how many AOD clients were targeted. Mr. Gebers said that approximately 45 cases were referred from COMPASS and the majority of other referrals were SPMI mental health, many with a dual AOD diagnosis. Dr. Gombash asked Mr. Gebers for the 90-day employment success rate for the AOD clients served. Mr. Gebers said he would review the placement data and report the number back to the Board. He said the wages have increased because AOD clients tend to have more full-time jobs, possess more skills and many have a previous work history. However, the primary issues with the AOD recovery to work clients pertains to compliance with remaining drug-free and continued engagement in their recovery process.

Assertive Community Treatment (ACT) Abstract

Ms. Olnhausen referred to page 13 of the meeting packet for a review of the Assertive Community Treatment (ACT) Abstract prepared by Board staff for review and feedback from the Committee. She said the Access to Treatment Workgroup has identified a subset of individuals in the community that are difficult to engage; they circulate between the hospital and incarceration, don't engage into traditional treatment, are non-compliant with medication, and may possess violent behavior. Subsequently, the Access to Treatment Workgroup asked the Board to consider implementing ACT teams into the behavioral health system for individuals who don't engage into treatment. Ms. Olnhausen explained the ACT model and principles (outlined in the Abstract). She said the targeted population is residents of Lucas County who may be eligible for Board funded and/or federally subsidized mental health and/or addiction treatment services. The collaborators are the MHR SB and Community Behavioral Health providers. Mr. Sylak said the agencies will develop a referral process for individuals to engage in more intensive treatment after hospitalization, or upon release from incarceration to stop the continuous cycling in-and-out of the hospital or jail.

Health Officer Credentialing

Mr. Goyer reported that the Health Officer Credentialing Committee met and reviewed 12 new applications for appointment as System Health Officers. All of the candidates met the criteria and 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 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

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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

There was consensus by the Committee to approve the motion.

Recovery Council Update

Mr. Arquette reported that the Recovery Council is now at a full membership with 13 members. He announced that the Council will hold a retreat on November 14, 2015 to prepare 2016 goals, discuss the formation of sub-committees, problem solve, plan topics for the forums. Mr. Arquette said the Recovery Council also plans to draft a position statement to The Blade with regard to previous articles written about mental illness and the stigma attached that would be submitted to the full Board for approval. In addition, the Council will discuss ways in which their voice can be included in the Community Plan development process.

Open Session

Mr. Sylak said everyone should have received an email with a link to complete a Recovery Oriented Systems of Care (ROSC) survey that is being circulated by OMHAS through all 88 Ohio counties. Completion of the survey was encouraged and focus groups will be developed to address the feedback received from the surveys.

Adjournment

The meeting was adjourned at 5:15 p.m.

Individual Placement and Support (IPS) - Harbor

Staff received a proposal from Harbor to implement the Individual Placement and Support program which is based on the Evidence Based Practice (EBP) Dartmouth Supported Employment Model. The IPS model differs from traditional vocational rehabilitation services like Opportunities for Ohioans with Disabilities (OOD) in its eligibility criteria, rapid job search services, and integration of employment services into the mental health treatment plan. According to the Continuing Center of Excellence at Case Western Reserve who will be monitoring the program for fidelity, 58% of persons receiving services in this model are employed in competitive jobs, compared to only 21% of persons receiving traditional vocational rehabilitation services.

The project fits neatly into several of the Board's guiding documents, including its Mission Statement (cultivating a network of community assets), the System-Wide Goal of Cultivating Realization of Purpose (15% of adults who report a desire to work will be employed), and the Strategic Plan (Support system innovation and improvement based on evidence based practices and promising approaches). Harbor has a documented history of providing employment services (including Wood County's OOD project) and they have a highly qualified staff with much experience in the area. Additionally, Harbor proposes that they will accept referrals from any agency in the community who has clients that wish to work.

While MHRSB already has an investment in employment through its relationship with OOD and Zepf, this project will operate on a different model, with a focus on less administrative effort to qualify and prepare clients and more emphasis on rapid job search and placement with support. [Note: clients who may need the extra preparatory services offered by the OOD Recovery to Work project will still be referred there.] To compare outcome data between the two models, Harbor will measure job retention at 90 days, 6 months and 12 months. [Recovery to work measures 90 days.]

Board staff believes that this project enhances the concept of a Recovery Oriented System of Care (ROSC) by providing additional employment opportunities for consumers. Furthermore, it will provide an opportunity to compare the outcomes of this model with those of the traditional vocational rehabilitation model. Since it is mid-year, and in order to give the project a chance to get up and running, an 18-month commitment is recommended. Accordingly, staff recommends the following motion for consideration:

The Mental Health and Recovery Services Board of Lucas County allocates \$133,155 to Harbor for the 18-month period of January 1, 2016 through June 30, 2017 to provide the Individual Employment and Support (IPS) project, and authorizes its Executive Director to amend Harbor's Prevention and Supportive Services Provider Agreement to reflect the increased allocation and service requirements.

Comprehensive Addictions and Psychiatric Urgent Care Center Allocation

In 2014, the MHRSB updated its 2013 “gaps analysis” which was based upon SAMHSA’s Good and Modern System of Care. Within that analysis, Urgent Care Services including increased access to after- hours care, urgent assessment/screening and quicker access to medications were identified as a need. In a partial response, the MHRSB Trustees funded the “Preventing Psychiatric Emergencies” and “Hospital Engagement” programs at Harbor, Unison and Zepf. The purpose of these programs were to ensure timely access (within 7 days) to treatment and medication for 50% of the individuals discharged from the hospital; and to prevent psychiatric emergency and hospitalization for 50% of the “high utilizers” of mental health services. These programs are now the subject of much discussion among the Trustees, and the MHRSB is currently soliciting proposals to evaluate the effectiveness of the funded strategies.

Additionally, in May of 2015, the Access to Treatment Workgroup identified that routine and urgent access to treatment and medication needs improvement, and after-hours and weekend services need enhancement. Anecdotal information from the Stakeholder’s Forum in 2015 and consistent input from various community members, Trustees, Board staff and peer-systems (including the criminal justice system) confirms that immediate intervention models to address accessibility to stabilizing treatment and medication needs to be available to all populations, not just “high utilizers” and people discharged from the hospital.

To address this issue, Board staff is recommending the development of a Comprehensive Addictions and Psychiatric Urgent Care Center (Abstract included) at Rescue Incorporated. This model was first presented to the Programs & Services Committee on October 27, 2015 and subsequently to the Combined Planning & Finance and Governance Committees on November 10, 2015. The responses from both presentations were favorable. Since those presentations, additional discussions have been held with Rescue, Incorporated to clarify Committee member concerns. Therefore, Board staff is recommending to move the Urgent Care Project from the conceptual stage to the implementation stage, and is recommending the following series of motions to the P&S Committee for their consideration.

The Mental Health and Recovery Services Board of Lucas County reduces its adjusted Fiscal Year 2016 allocation of \$397,500 for Central Access services to \$265,000 and re-allocates the difference of \$132,500, plus allocates an additional \$214,917 for Fiscal Year 2016 to Rescue Incorporated for the purpose of performing Urgent Care services, and authorizes its Executive Director to enter into the appropriate agreements to implement the project.

The Mental Health and Recovery Services Board of Lucas County allocates \$95,990 for Fiscal Year 2016 for the purpose of providing one-time start-up expenses to Rescue Incorporated related to the implementation of Urgent Care, and authorizes its Executive Director to enter into the appropriate agreements to implement the project.

Comprehensive Addictions and Psychiatric Urgent Care Center Abstract

November 20, 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

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- 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.

The development of an Urgent Care model will support the Service Delivery section within the MHR SB Strategic Plan, as well as the established MHR SB “System-Wide Goals.” The model supports the Strategic Plan by enhancing the existing integrated continuum of care. The MHR SB’s “System-Wide Goal” of restore functionality and purpose will be advanced by ensuring timely access to treatment and medication and decrease symptomatology of mental illness and addiction will be targeted.

Target Population: Residents of Lucas who may be in need of urgent 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.

Cognitive Enhancement Therapy (CET) Outcomes – FY 2015

When MHRSB contracted with CET Cleveland to train agency staff to implement the CET program in Lucas County, the agreement included the provision that CET Cleveland would collect and report its outcomes to the Board by agency and comparative to national results. Because of some staff turnover in their office, those results were delayed. Attached is a summary of the outcomes that were delivered to us November 4, 2015. The reader should note that in the column entitled "All CET Programs" those results include Lucas County, and Lucas County accounts for more than 25% participants who were measured.

The first measure, Reaction Time, is an empirical measurement done electronically both pre and post program. Participants are asked to respond to cues (flashing lights) that are done in one test within constant time intervals, and in another where the cues come in variable time sequences. This is the core measurement of the program, and as seen on the attached chart, Lucas County compared favorably to the national average.

Another measure that indicated a high degree of success is the Cognitive Style & Social Cognition scale. This was based on a survey of the CET coaches. Each participant is rated by the coach in the areas of impairment noted pre and post, and the percentages reported denote the number of people that improved in those ratings. The results for Lucas County were very good, and also, they were consistent with the coaches anecdotal reports (and enthusiasm) at a meeting held last May to debrief after the first year's graduation.

The remaining three measures, as acknowledged by staff from CET Cleveland, are problematic. The Quality of Life measure, while reflecting a high percentage of respondents, seemed to indicate a low number of people improving in that domain. CET staff speculates that as the participants' cognitive ability improves, they are harder on themselves with their evaluations so there is an appearance that the client hasn't improved. On the Cognitive Rating Scale (done by family members) and the Social Cognition Profile (done by a mental health professional), one problem is a relatively low number of respondents. Though two of Lucas County's programs showed that family members recognized improvement, Unison and Zepf had fewer than 40% of participation in the survey. Social Cognition, which is measured by a mental health professional familiar with the client had a low percentage of respondents to the survey and seems to indicate a very low sense of improvement. When questioned, CET staff were not certain of the validity of the results (said that they were dramatically different the last time reported), but had no explanation for the low percentages.

At MHRSB staff request, CET Cleveland will be coming to present training to local CET coaches to emphasize the importance of collecting the data and getting a large sample of respondents. The training will be held at the Board office during the first week of December.

Cognitive Enhancement Therapy FY 2015 Year End Outcomes

Percent Improvement

All CET Programs	A Renewed Mind	Harbor	Unison	Zept
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Reaction Time (Pre Test to Post Test)

Constant Cue	n/a	75%	85%	64%
Variable Cue	n/a	75%	100%	71%

Quality of Life Enjoyment and Satisfaction (Participants)

Physical Health	n/a	38%	22%	17%
Feelings	n/a	8%	44%	0%
Work-related	n/a	0%	0%	0%
Household Duties	n/a	50%	33%	0%
School-related	n/a	0%	0%	0%
Liesure time activities	n/a	38%	33%	17%
Social relations	n/a	15%	33%	33%

Cognitive Style & Social Cognition (CET Coaches)

Eligibility Criteria	n/a	100%	85%	100%
Unmotivated Style	n/a	92%	92%	93%
Disorganized cognitive style	n/a	92%	69%	79%
Inflexible cognitive style	n/a	100%	77%	93%
Social cognitive style	n/a	100%	85%	86%

Cognitive Rating Scale (Family Member)

Cognitive rating scale	n/a	80%	40%	75%
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Social Cognition Profile (MH Professional familiar w/client)

Social Cognition Profile	n/a	0%	9%	17%
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Be the 95% Problem Gambling Awareness Campaign – Zepf Center

In August 2015, Partners of Ohio for Responsible Gambling, the Ohio Casino Control Commission, Ohio Lottery Commission, Ohio Mental Health and Addiction Services (OMHAS), and Ohio Racing Commission launched a new campaign designed to prevent problem gambling and to build awareness of resources aimed at helping at-risk individuals. The campaign is designed to reach the “influencers” of problem gamblers such as parents, spouses, etc. to provide tips for low risk gambling, and to direct Ohioans to a web-site that offers a “take the quiz” problem gambling screening feature: <http://www.the95percent.org>.

In early October 2015, OMHAS contacted Board staff to inquire if we would consider participating in this initiative through a media campaign utilizing billboards. Board staff contacted Zepf Center, the administrator of Gambling Prevention in Lucas County, to solicit interest in this campaign. Staff worked collaboratively with the Zepf Center regarding the campaign, who then submitted a proposal in accordance to the State’s initiative of preventative advertising for gambling, “*Be the 95 Percent*”. Zepf Center has requested an additional allocation of \$4,600 from the MHR SB to cover 50% of the cost of purchasing billboards for a total cost of \$9,200. Zepf Center plans to utilize their current FY 2016 Problem Gambling Prevention allocation to equally contribute to the cost of the campaign.

Zepf Center plans to purchase 16 billboards in four-week increments from the Lamar Advertising Company during the months of December 2015 through March 2016. The billboard locations have been strategically chosen throughout the Lucas County area. It is our understanding the billboards will remain for viewing until another entity purchases the right to advertise. With purchasing the billboards at different times and locations, there is an opportunity to create awareness with further longevity of the campaign.

Board staff is supportive of this request and recommends the following motion for consideration by the Programs & Services Committee:

The Mental Health and Recovery Services Board of Lucas County allocates \$4,600 of previously undesignated Casino Gambling Prevention funds to Zepf Center for Fiscal Year 2016 for the purpose of a preventative advertising for gambling, “Be the 95 Percent,” and authorize its Executive Director to amend the Zepf FY 2016 Provider Agreement to implement the project.

2016 Stakeholders/Community Forum

Each year, the MHR SB hosts a stakeholder/community forum that is designed to obtain critical information that can be used to help guide the MHR SB planning and purchasing processes. The 2016 forum will be held on February 16, 2016, 3:30 p.m. at the Lucas County Library – McMaster’s Center. Prior to this meeting, the MHR SB staff provides guidance to stakeholders regarding what information may be of interest to the MHR SB Trustees. A list of last year’s questions is provided below:

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1. Are there specific system gaps in service and care which can be supported by data that are missing from our continuum?
2. What, if any, impact the expansion of Medicaid and implementation of the Affordable Health Care Law will have on your organization?
3. What do you anticipate are your greatest challenges next year?
4. What improvements in MHRSB operations should be considered?

As the MHRSB staff begins preparation of the 2016 Stakeholders/Community Forum, input from the committee members regarding what information they are interested in obtaining from the stakeholders is being requested.

Recovery Council Update

The Recovery Council held a Retreat/Strategic Planning meeting on Saturday, November 14, 2015 from 10:00 a.m. – 3:30 p.m. The Council set the following four measurable goals to accomplish in 2016:

- 1) Hold four forums in calendar year 2016; forum topics for consideration include:
 - Health and Wellness
 - Stigma Busting/Awareness
 - Mental Health and Aging
 - Emergency Preparedness
 - Adults with Mental Illness Raising Children with Mental Illness
 - Addictions
 - Independent Living Skills
 - Adequate Guardianship
- 2) Host a “Recovery is Beautiful” Rally in September 2016.
- 3) Increase exposure of the Recovery Council via their newly formed Public Relations Committee.
- 4) Develop a survey instrument with 3-4 general questions to solicit information from consumers on gaps in services, program improvements that can be made, and to help guide the Board’s programming initiatives and planning documents. The new Public Relations Committee will to be chaired by Jennifer Conley, a new member of the Council with extensive marketing/public relations experience.