

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING

August 25, 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 – July 28, 2015	✓	✓		1-5
4. Recovery Helpline Discussion	✓			6-9
5. Naloxone Collaboration	✓	✓	✓	10
6. FY 2015 Annual MHR SB and Agency Grievance/Complaint Report	✓			11-12
7. Recovery Council Update	✓	✓		12
8. Open Session				
9. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES

July 28, 2015

Programs & Services Committee Members Attending:

Pastor Donald Perryman	Scott D. Johnson	Linda Alvarado-Arce
Tony Pfeiffer	Audrey Weis-Maag	Kyle Schalow
Dr. Mary Gombash	Dr. Lois Ventura	Andre Tiggs
Bob Arquette	Robin Reeves	

Programs & Services Committee Members Absent:

Andrea Loch (Non-Trustee) Charlotte Cuno

Visitors: Richard Arnold; Robin Isenberg, NAMI; Geof Allan, UMADAOP; Lisa Faber, Zepf; Jim Aulenbacher, Harbor; Jessica Broz, Rescue; Jacob Spellis, New Concepts; Mike Kasperczyk, Unison; Paul Lewis, Recovery Council; Wendy Shaheen, ARM; Larry Leyland, TASC; George Johnson, Rescue; Karen Wu, ABLE; Micah Butler, Public Relations; Lynnette Hair, NPI.

Staff: Scott Sylak, Tom Bartlett, Tim Goyer, Donna Robinson, Camilla Roth Szirotnyak, Latisha Williams, Kristal Barham, Karen Olnhansen, Robert Kasprzak.

Pastor Perryman opened the meeting at 4:00 p.m., with introduction of visitors. Pastor Perryman welcomed Bob Arquette as the new RC Chair and a member of this Committee.

Meeting Minutes: Combined P&S/P&F Committee – June 2, 2015

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

Programs & Services Committee Charter

Mr. Sylak referred to page nine of the meeting packet for the annual review of the P&S Charter to make sure it is still pertinent. Board staff didn't make any recommended changes to the current Charter and requested the Committee's input. Mr. Arquette asked if he can vote as a non-trustee (Chair of the Recovery Council Chair). Mr. Sylak stated that this Committee primarily votes by consensus of which he would be entitled to vote as a member of the Committee. The Committee requested that the Staff clarify in the Charter if all members have the right to vote.

The P&S Committee Charter was approved by consensus.

FY 2016 Cognitive Enhancement Therapy (CET) Allocation

Ms. Olnhansen referred to page 10 of the meeting packet for a review of the Cognitive Enhancement Therapy (CET) model which was introduced in Lucas County during FY 2015. The

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MHRBS provided funding for staff training at A Renewed Mind, Harbor, Unison and Zepf to implement the CET model. Additional POS funds were provided for clients that exhausted their Medicaid benefit limits while enrolled in the CET program. There was a delay in bringing forth funding in FY 2016 for CET pending a discussion on May 18, 2015 with all of the parties involved in the development and implementation of CET therapy. The feedback received from the agencies and clients engaged in the program was very positive. There were seven groups conducted, 18 trained staff, and 43 graduates (age range 28-65). Some concerns were expressed with regard to finding the right fit for the program, the one-year commitment to complete the program, and some clients struggled with the transition at week six going from computer based exercises into the social cognition face-to-face interaction.

Next steps were discussed at the May 18 CET "Lessons Learned" meeting with a Staff recommendation for an additional allocation for CET to expand capacity at each agency by training agency staff to become on-site CET mentor/coaches to facilitate training additional staff when needed, increase the number of groups offered at the agencies throughout the year, and establishing an alumni group at each agency to create opportunities for clients to utilize their newly developed skills and abilities. Additionally, Board staff is working to bring peer support training to Lucas County through the Ohio Empowerment Coalition which may be an opportunity for individuals completing the CET program to become peer supporters.

Board staff requested that the agencies submit a budget reflecting their ability to expand their capacity including the implementation of an alumni group. Upon review and in-depth discussion by the Committee, it was recommended that Board staff follow-up with CET Cleveland to receive their written outcomes profile report from the feedback provided by the agencies, and report the measured outcomes back to the Committee in August.

The following motions were recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$27,000 to A Renewed Mind for the expansion of CET including the provision of one CET group, Mentor/Coach training for two staff, CET licensing fee, CET annual conference and the development of an alumni group. Additionally, the Board allocates \$10,000 in Mental Health POS for individuals participating in CET who exceed their Medicaid benefit limits. The Board's Executive Director is authorized to execute an amendment for the FY 2016 Provider Agreement.

The Mental Health and Recovery Services Board of Lucas County allocates \$37,000 to Harbor for the expansion of CET including the provision of three CET groups, Mentor/Coach training for two staff, CET licensing fee, CET annual conference and the development of an alumni group. The Board's Executive Director is authorized to execute an amendment for the FY 2016 Provider Agreement.

The Mental Health and Recovery Services Board of Lucas County allocates \$37,000 to Unison Behavioral Health for the expansion of CET including the provision of three CET groups, Mentor/Coach training for two staff, CET licensing fee, CET annual conference and the development of an alumni group. The Board's Executive Director is authorized to execute an amendment for the FY 2016 Provider Agreement.

The Mental Health and Recovery Services Board of Lucas County allocates \$32,000 to Zepf Center for the expansion of CET including the provision of two CET groups, Mentor/Coach training for two staff, CET licensing fee, CET annual conference and the development of an alumni group. The Board's Executive Director is authorized to execute an amendment for the FY 2016 Provider Agreement.

There was consensus to move the motions forward to the Board of Trustees.

FY 2016 Peer Support Training Allocation

Ms. Olnhausen stated that during the May 18, 2015 CET Cleveland "Lessons Learned" meeting, discussion occurred with regard to a "next step." During Ms. Olnhausen's conversation with the Ohio Empowerment Coalition (OEC), she learned that they provide training for individuals with lived experience of addiction to alcohol or other drugs (with two years of continuous recovery), and/or a mental health challenge which would coincide with the prospect of engaging some CET graduates into a peer support role. Board staff is working with OEC to provide peer support training the week of October 5, 2015, requesting that the CET graduates be a priority group for the training, as well as engaging other consumers expressing an interest who meet the criteria. There is an application to complete on the Ohio Empowerment Coalition website. Staff is also recommending an allocation of \$10,000 for the provision of up to two Lucas County Peer Supporter Trainings in FY 2016 which supports the System-Wide Goals under the Strategic Plan.

The following motion was recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$10,000 in FY 2016 for two week-long Peer Support Trainings to be conducted by the Ohio Empowerment Coalition.

There was consensus to move the motion forward to the Board of Trustees.

FY 2015 TASC Second Contract Extension and Allocation

Mr. Bartlett referred to page 12 of the meeting packet for a review of the FY 2015 TASC Second Contract Extension. Given the uncertainties that TASC is experiencing due to the changes in the criminal justice system that is providing a challenge in their FY 2016 planning, the MHRSB

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approved an extension of TASC's FY 2015 Provider Agreement from June 30, 2015 to August 31, 2015. At this time, however, it is still unclear of the changes within the criminal justice system and how it will impact TASC programming, so the Staff made a recommendation for a second extension of the FY 2015 Provider Agreement from August 31, 2015 to October 31, 2015 while TASC still continues to provide services while determining programs and funding needs.

The following motion was recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County approves the extension of the TASC's FY 2015 Provider Agreement from August 31, 2015 to October 31, 2015, and authorizes a one-time payment of \$243,483 for TASC to be made in September 2015.

There was consensus to move the motion forward to the Board of Trustees.

Health Officer Credentialing

Mr. Goyer stated that the Health Officer Credentialing Committee reviewed applications for four renewal candidates and seven new applications (stated below), as well as supporting documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHR SB Policy.

The following motion was recommended to the Board of Trustees:

That 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:

Megan C. A. Bonds-Stokes (MSW, LSW) - Unison – not to exceed August 31, 2017
Carol R. Coder (MA, ATR-BC, PCC) - Unison – not to exceed August 31, 2017
Ludmil G. Georgiev (MA, LPC) - Unison – not to exceed August 31, 2017
Olga Soto (LSW, LICDC) - Unison – not to exceed August 31, 2017

For New Designation:

Brenda K. Behan (LSW) - Rescue – not to exceed August 31, 2017
Victoria B. Boraggina (LPC) - Rescue – not to exceed August 31, 2017
Jason E. Fuller (LSW) - Rescue – not to exceed August 31, 2017
Krystina M. Strimpel (MSW, LISW) - Rescue – not to exceed August 31, 2017
Beth A. Braducksieck (LSW) - Unison – not to exceed August 31, 2017
Donna S. Howard (LPC) - Unison – not to exceed August 31, 2017
Heather L. McCoy (LSW) - Unison – not to exceed August 31, 2017

There was consensus to move the motion forward to the Board of Trustees.

Recovery Council Update

Mr. Arquette stated that the Recovery Council didn't meet in July. However, the Membership Committee met and there were four candidates for five open seats on the Council. All four of the approved candidates will be presented at the August 18, 2015 Recovery Council meeting for their consideration. In addition, Mr. Arquette reported that he was elected Chair at the June 26, 2015 Recovery Council meeting. Ms. Cuno was re-elected Vice Chair and Ms. Helppie was elected Secretary.

Mr. Arquette indicated that at the last full Recovery Council meeting in June, Mr. Arnold brought to the attention of the Council of an article reported by Keith Burris in The Blade in which he referred to persons who are "crazy" shouldn't own guns. Mr. Arnold called Mr. Burris and then asked Mr. Arquette to contact him to attend one of the Recovery Council meetings to talk about the stigma associated with this choice of words with the hopes that he will write a more positive column in the future when referencing mental illness to not reinforce stigma. Mr. Sylak indicated this isn't a traditional activity of the Recovery Council, but he supports Mr. Arquette reaching out to Mr. Burris to see if he is willing to talk with the Recovery Council members about their concerns.

Open Session

- Mr. Kasperczyk from Unison thanked Mr. Kasprzak and the rest of the Board staff for a good job facilitating the Heroin/Opiate Summit along with the Toledo Health Department.
- Mr. Arnold stated that with the two recent Recovery Council resignations, the total number of resignation is now at 25 since 2009 which he feels is high. He has all of the names taken from the Board minutes and is requesting that the Board contact members who have resigned or have been removed from the Council to find out the reasons why they left and to provide a report of the findings at the September or October P&S Committee meeting. Mr. Arquette asked Mr. Arnold to provide him with the list of names for review at the August 18, 2015 Recovery Council meeting.
- Mr. Schalow referenced the "Are You Taking Prescription Medication?" brochure that supports the prescription take back locations, expressing his displeasure with the phrase "It's Your Responsibility," feeling that it is the medical professionals primary responsibility to control dispensing of prescription medications. Mr. Sylak stated that there are 10,000 of these brochures in circulation, and upon the next revision of the brochure, consideration will be taken in revising the verbiage.

Adjournment

The meeting was adjourned at 5:02 p.m.

Recovery Helpline Discussion

Since February 2015, the MHR SB of Lucas County has been in discussion with the Hancock and Wood County Boards to establish a regional Recovery Helpline for any individual seeking mental health and/or addiction services within the three-county area. Within the last 30 days, a Regional Steering Committee has been established to guide the project's development and implementation. Additionally, within Lucas County, the establishment of a Recovery Helpline as well as establishment of a "No Wrong Door" concept for accessing services has been discussed in multiple venues. These include: the June 16, 2015 MHR SB Trustee Meeting (Director's Report), the June 25, 2015 MHR SB Access to Treatment Workgroup, the July 27, 2015 Recovery Helpline Treatment Provider meeting, and the August 10, 2015 Recovery Helpline Referral Source meeting.

The outcome of these meetings is near universal agreement that the establishment of the Recovery Helpline would be beneficial to Lucas County residents. While there is some disagreement among providers regarding how the project should be implemented, all agree that the concept of creating a mechanism where individuals in need of services can obtain those services within 48 hours has value.

Building upon that consensus, Board staff is requesting feedback from the Programs & Services Committee regarding the conceptual framework of the Recovery Helpline as currently proposed in the attached abstract. Feedback from this discussion will then be integrated into the abstract and presented to the MHR SB's Access to Treatment Workgroup on August 27, 2015. Once feedback is obtained from the Access to Treatment Workgroup, the project concept will be discussed at the September 1, 2015 Planning & Finance Committee meeting, and if appropriate, an initial start-up allocation may be requested at that time.

Recovery Helpline Abstract

Goal: To develop a regional infrastructure which integrates technology and clinically based triage services that results in access to mental health and addiction treatment services within 48 hours.

Problem Statement: Individuals, families and external referral sources seeking behavioral health treatment services within the region are unaware of available resources within their community. As an example, the Heroin and Pain Medication Survey conducted in collaboration with the Toledo-Lucas County Health Department in February of 2015 found that 57% of respondents did not know where to call for resources on heroin and opiate treatment. When resources are self-identified, individuals, families and external referral sources are often confronted by waiting periods that exceed clinically appropriate timeframes that are associated with quality outcomes. This lack of individual empowerment and immediate access contributes to a cyclical process whereby chronically ill individuals who are contemplating seeking care often do not receive a meaningful treatment service in a suitable timeframe before the chronicity of their illness overwhelms their behaviors. As a result, limited public and private resources are less effectively utilized and the human suffering associated with these chronic illnesses exacerbated.

Project Description: A regional Recovery Helpline will be developed and implemented in an effort to improve identification of those who may be in need of behavioral healthcare, as well as the accessibility to that care. Specifically, the Recovery Helpline will integrate existing resources to centralize the triage, referral, scheduling and linkage activities for individuals seeking behavioral healthcare services from publicly funded treatment providers, or other Ohio Department of Mental Health and Addiction Services certified entities willing to accept referrals from the Recovery Helpline. These entities might include any Medicaid/Medicare contracted providers or independent providers who accept private insurance.

Specifically, it is anticipated that the United Way of Greater Toledo's 211 system will team up with crisis centers in the region to ensure that 24-hour per day 7-days per week access to triage, referral, and scheduling services can be obtained. Upon 211 receiving a call and identifying if the caller is in need of mental health and/or addiction treatment information, the 211 operator will place the caller on hold and transfer the call to the appropriate county's crisis center for triage, referral, and scheduling services. The crisis center personnel will perform a medically appropriate triage (yet to be developed), match the caller to a willing treatment provider based upon the care likely to be needed, the caller's payer source, the availability of care within 48-hours, and the caller's choice (if multiple options exist), and they will then schedule the caller with an appointment at the selected agency, and track the outcome of that scheduled appointment.

To support crisis center personnel with these activities, it is envisioned that an interactive multi-agency scheduling and tracking system will be developed. This regional system will provide the infrastructure for which crisis center personnel perform their tasks. In addition to general demographic data, provider and scheduling information will be maintained. Initially, information sharing will rely on encrypted emails and fax until such time as it can be exchanged via the Ohio Health Information Exchange or a similar automated interface. Quality assurance and improvement information will also be integrated into the system. This may include satisfaction reports from referral sources and callers, as well as linkage reports from providers.

Callers who are determined to be in psychiatric distress (triage process) will be directed to the crisis centers' emergency services, crisis stabilization services, or nearest private hospital's emergency room. Additionally, callers who are not currently in crisis, but would benefit from immediate intervention may be referred to their community treatment provider's on-call staff and/or the crisis center's urgent care services if available.

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

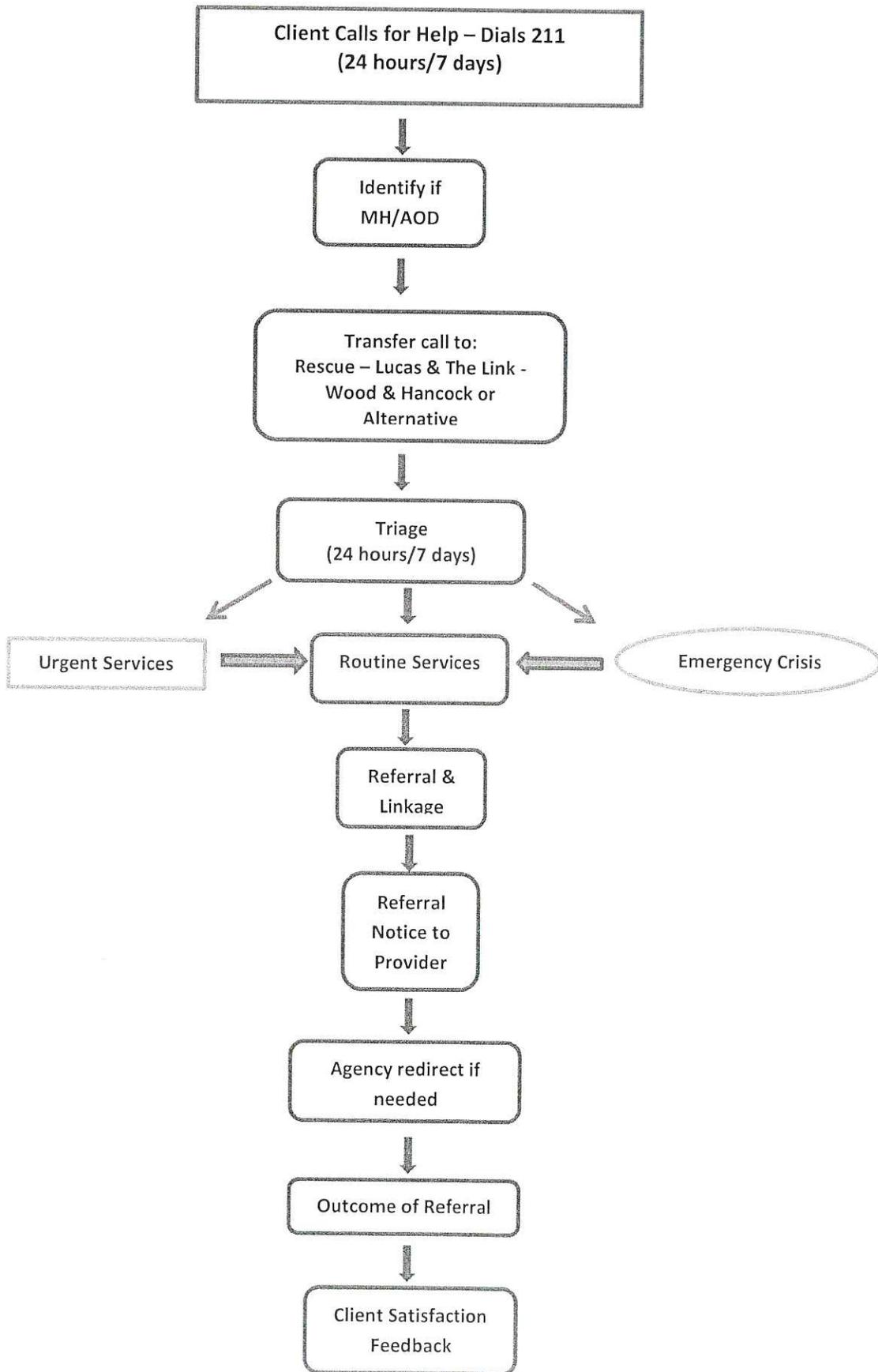
Collaborators: Mental Health and Recovery Services Board of Lucas County, Wood County Alcohol, Drug Addiction and Mental Health Services Board, Hancock County Board of Alcohol, Drug Addiction and Mental Health Services, United Way of Greater Toledo - 211, Ohio Department of Mental Health and Addiction Services certified non-profit and privately incorporated service providers.

Cost Considerations (excluding cost of treatment): It is envisioned that expenses applicable across the three-county area will be shared proportionately as determined by the 2014 updated Census figures. As such, the MHRSB of Lucas County will be responsible for 68% of the regional expenses, while the Wood and Hancock County Boards will be responsible for 20.24% and 11.76% respectively. Each Board area will be responsible for their county specific expenses related to the project.

The following four cost centers have been identified as necessary for the implementation of this project:

- United Way of Greater Toledo 211 - Includes additional UW staffing costs due to anticipated increased volume of calls to 211. Cost estimates will likely range between \$30,000 and \$60,000 annually. A final cost estimate from United Way is expected within 30 days.
- Regional Advertising Campaign – It is envisioned that an RFP will be issued for this activity. Estimated cost \$75,000 - \$100,000 in the first year.
- Triage Services at Rescue (Lucas) and The Link (Wood/Hancock) – This will include the cost of staffing triage services 24/7 at Rescue and The Link, based on anticipated volume of calls determined to be 18,000 annually in Lucas County and 8,500 annually in Hancock and Wood Counties. The MHRSB of Lucas County is currently in discussions with Rescue Inc, regarding their estimated expenses to implement the project as designed.
- Development of Multi-agency scheduling and tracking system – The three Board directors are currently in discussion with MTM Consulting services as to the viability of engaging this national consulting firm to develop and support this system. MTM Consulting has performed similar work in over 500 jurisdictions around the nation including Cincinnati, Ohio. Cost estimates for this have yet to be determined.

RECOVERY HELPLINE CLIENT CALL IN PROCESS
Draft 8-11-2015



Naloxone Collaboration

While no one knows the true number of overdoses each year in Lucas County, the Lucas County Community Health Assessment 2013/2014 estimates that nearly 2,000 Lucas County residents enter a hospital emergency department annually as a result of an overdose. Additionally, the Lucas County Coroner's office is reporting 142 deaths related to heroin overdoses within a 23 county region.

Both the SAMHSA Overdose Prevention Toolkit and the OMHAS Health Resource Toolkit for addressing overdoses indicate that ensuring the availability of Naloxone to at-risk populations can and will save lives. Therefore, as an additional component of the MHRSB's strategy to reduce the number of Lucas County residents who die as a result of a Heroin and/or Opiate overdose, Board staff is recommending to the Programs & Services Committee that MHRSB collaborates with the Toledo-Lucas County Health Department to make Naloxone available to at-risk populations and their families. In this collaboration, the Toledo-Lucas County Health Department will assume financial and other responsibilities for the education of individuals on proper use protocols, as well as the distribution of Naloxone. The MHRSB would agree to reimburse the Health Department for the actual cost of the drug and atomizers. It should be noted that third party payers will be billed by the Health Department when available. Additionally, the MHRSB would provide a modest amount for joint advertisement efforts for the project.

To implement the project as of October 1, 2015, Board staff is requesting an allocation of \$90,000 to purchase up to 1,500 Naloxone kits in FY 2016, each kit consisting of two doses of Naloxone and two atomizers, and that these funds be set aside for the purpose of reimbursing the Toledo-Lucas County Health Department for each kit distributed at a cost estimated to be \$60 per kit. Additionally, Board staff is recommending an allocation of \$30,000 to ensure adequate advertisement of the availability of this life saving drug. Total annual cost of this project will not exceed \$120,000.

Should the Programs & Services Committee agree with the Board Staff recommendations, the following motion is being presented for their consideration:

The Mental Health and Recovery Services Board of Lucas County allocates \$120,000 for Fiscal Year 2016 for the purpose of establishing a Naloxone Collaborative with the Toledo-Lucas County Health Department, and authorizes its Executive Director to enter into the appropriate agreements to implement the project.

FY 2015 Annual MHRSB and Agency Grievance/Complaint Report

INTRODUCTION

This report is prepared annually consistent with the requirements of Ohio Administrative Code 5122:2-1-02 (E) (2), as follows:

The community mental health board shall also keep records of grievances it receives, the subject of the grievances, and the resolution of each, and shall assure the availability of these records for review by the department of mental health upon request. The board shall summarize annually its records to include number of grievances received, types of grievances, and resolution status.

Agencies are also required to prepare an annual report per Ohio Administrative Code 5122-26-18 (H) (2), as follows:

The agency client rights officer shall assure the keeping of records of grievances received, the subject matter of the grievances, and the resolution of the grievances, and shall prepare an annual summary for review by agency governance in accordance with rule 5122-26-03 of the Administrative Code. The annual summary shall include the number of grievances received, type of grievances, and resolution status of grievances, and shall be forwarded to the mental health board. The agency records shall be available for review by the community mental health board and the department of mental health upon request.

OMHAS has defined grievances as any concern communicated by a person regarding a perceived violation of any of the 22 Client Rights outlined in the Ohio Revised Code and Ohio Administrative Code. Complaints are any concern communicated by a person regarding issues other than the 22 Client Rights.

MHRSB:

Clients and family members contact the Board primarily by phone and less frequently appear at Board offices without an appointment. The Board client rights officer always gives callers and persons "walking-in" the option of speaking to the Agency client rights officer rather than filing a formal grievance with the Board. This fiscal year, six of those individuals chose to file a formal grievance.

None of the persons who contacted the board regarding a complaint issue chose to file a formal complaint.

Other issues brought by callers or "walk-ins" inquiring about accessing services or needing community referrals were also addressed by the Board Client Rights Officer or other available Board staff.

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Data from six grievances is not informative for purposes of quality improvement planning or making conclusions about the level of satisfaction with services. The only trend is that the numbers of grievances/ complaints have remained in single digits for the last three fiscal years. One grievance hearing was conducted by the Board this fiscal year. Only one of the six grievors submitted written confirmation that they were satisfied with the resolution of their grievance. The other five grievors did not call to express dissatisfaction, and none appealed to OMHAS.

The following table summarizes the number of grievances, types of grievances and their resolution status.

Age	Race	Gender	Type of Right Viol	Agency	Disposition
44	W	M	Informed Choice & Treatment	Unison	Not Appealed
56	W	M	Dignity & Respect	Rescue	Not Appealed
36	B	F	Dignity & Respect	Zepf	Not Appealed
47	B	M	Dignity & Respect	Zepf	Not Appealed
60	W	M	Dignity & Respect	NPI	Satisfied
44	B	F	Dignity & Respect	Harbor	Not Appealed

AGENCIES:

All agencies complied with the requirement to submit a summary of the number of grievances received including their type and resolution. They reported 59 grievances and 87 complaints.

Seven of the System's 21 Agencies reported complaints and/or grievances: ARM, Harbor, NPI, Rescue, SPCC, Unison and Zepf. Eighty-one percent of those 59 grievors were satisfied with the resolution of their grievance. The majority of rights violation reported fell into two categories: 25 alleged violations of right to dignity and respect and 22 alleged violations of right to informed choice. Eight persons alleged violations of right to personal liberties and 4 alleged violations of right to freedom.

Seventy-six percent of the 87 complaints are listed as "other," therefore, the data is not informative regarding the types of concerns that clients are expressing. Ninety-two percent of those 87 complainants were satisfied with the resolution of their complaint.

CONCLUSION

MHR SB and its contract providers have met their respective OAC requirements for recording and monitoring grievances that are presented to them. Further, the success rate for resolving client issues seems to be relatively high. The fact that the Board receives so few formal grievances reflects on the ability of the agencies to bring resolution. There still seems to be some inconsistency in the way the data is reported, so it is difficult to identify specific areas in which there might be recurring issues. In FY 2016 the Board's Clients' Rights Officer (CRO) will have further communication with the providers to improve the consistency in which the data is reported. Further, it is noted that 14 agencies reported zero complaints/grievances; the CRO will also have communication with those providers to ensure that they are reporting correctly.

Recovery Council Update

The Recovery Council Forum Planning Committee is planning to meet next week to discuss a new direction for the forums this year. The Council has always focused on mental illnesses and symptoms in the past; however, this year the Council wishes to celebrate recovery. The theme will be centered on "Recovery is Beautiful" and putting success in the spotlight, busting stigma, and telling their story of recovery. The first event that the Council will host is in September for Recovery Month. More information will be provided at the September 29, 2015 Committee meeting.

Additionally, the Recovery Council has five vacant positions. Over the past couple of months, the Council received five applications and had the opportunity to interview four applicants. After reviewing the potential candidates for Recovery Council members, at this time the Recovery Council recommends Leisa Leininger, Carol Ann Allen, and Jennifer Conley. The Council is continuing its recruiting effort to fill the two remaining vacancies.

Leisa Leininger has a background in marketing and account management, and brings forth a lot of knowledge and experience. She is very eager to assist others on their path to recovery.

Carol Ann Allen has a criminal justice background and is a passionate advocate for stigma busting. She is a career volunteer who is very passionate about issues around mental health and addiction. Ms. Allen will be an excellent addition to the Council.

Jennifer Conley is passionate about outreach, stigma busting, and being a strong voice in the community. She has a desire to network and spread the word about the Recovery Council and assist with spreading hope. Ms. Conley will be a great addition to the Recovery Council.

At this time, Staff in collaboration with the Recovery Council recommends the following motion for consideration:

That the Programs & Services Committee approves the following candidates for appointment to the Recovery Council to serve a partial term beginning 9/01/2015-6/30/16, and considered for reappointment of a full term beginning July 1, 2016:

- *Leisa Leininger, Recovery Council member, partial term not to exceed June 30, 2016.*
- *Carol Ann Allen, Recovery Council member, partial term not to exceed June 30, 2016.*
- *Jennifer Conley, Recovery Council member, partial term not to exceed June 30, 2016.*