





Orman Hall, ODADAS Director • John R. Kasich, Governor • Tracy J. Plouck, ODMH Director

# <u>Treatment & Community/Recovery Supports Workgroup</u> <u>Monday, October 29, 2012 | Meeting Minutes</u>

# Attending:

Stakeholders: Patrick Boyle, Case Western Reserve University; Peg Burns, The Ohio Council; Steve Carrel, Muskingum Behavioral Health; Tammie Colon, Allen-Auglaize-Hardin MHRS Board; Donna Conley, Ohio Citizen Advocates; Karen Curlis, Ohio Center for Advocacy, Training & Support; Fonda Dawkins, OACBHA; Wendy Doolittle, McKinley Hall; John Edwards, Lucas UMADAOP; Sue Fralick, MHSCC; John Garrity, Cuyahoga ADAMHS Board; Lisa Marie Griffin, Ohio Center for Advocacy, Training & Support; Mary Haag, Coalition for a Drug-Free Cincinnati; Ed Hughes, The Counseling Center; Mike Jenks, Medina ADAMH Board; Mark Johnson, Connections Cleveland; Teresa Lampl, The Ohio Council; Jennifer Moree Brown, Akron UMADAOP; Marcie Seidel, Drug Free Action Alliance; Mike Senchak, Mahoning ADAS Board; Eloise Traina, Family Recovery Center; Joe Trolian, Richland MHRS Board; Cheri Walter, OACBHA; Hugh Wirtz, The Ohio Council.

Staff: Dan Arnold, JFS; Jonathan Baker; Marc Baumgarten; Angie Bergefurd; Tammy Collins; Brad DeCamp; Director Orman Hall; Joseph Hill; Terry Jones; Kraig Knudsen; Jim Lapczynski; Nicole Marx; Director Tracy Plouck; Joyce Starr; Sandy Starr; Molly Stone; Rick Tully, OHT.

#### **Introduction – Draft Functional Array**

The "Draft Functional Array" document is the primary discussion piece for today. This document will be used to inform the creation of the new department's table of organization and, after today's feedback, it will be discussed with internal staff. This model does not represent standalone mental health and AoD offices, and each system's unique character was thought of at each juncture, as well as maintaining attention levels that each receive today.

A possible change in statute has been suggested for the medical director to have both a psychiatric and AoD background, which Dr. Hurst currently has. There would also be clinical policy leads for AoD and mental health who would act as extensions of the medical director, which would expand the office's agility.

The functions listed are not meant to include full policy areas – they are likely to be scattered throughout the central office organization but clinical policy will be related to the medical director, reflecting a team-based approach versus a segregated one, to help expedite the transformation into a single team. Not all populations are included that are listed, such as the special populations function. Hugh Wirtz suggests including rural populations under special populations because of cultural competency issues.

## **Recovery Supports**

The functions array does not explicitly show where recovery supports will fit, as it crosses over in many areas. Donna Conley wants an assurance that the recovery supports continuum of care will remain a focus of the new department. Director Hall and Director Plouck state that recovery supports, advocate engagement, and family and consumer-focuses transcend all of the functions and would be front and center in the new organization, as the foundation of the department. There will be a small subcommittee of stakeholders to discuss the new department's strategic framework and mission/vision: Donna Conley, Karen Curlis, Lisa Marie Griffin, Mike Jenks, Marcie Seidel, Joe Trolian, Cheri Walter and Hugh Wirtz.

## Housing

Housing and capital is an opportunity to broaden the general approach for both organizations. Patrick Boyle and Hugh Wirtz want residential treatment included in this function, as well as an examination of capacity versus demand today. Cheri Walter thinks the function should include an open partnership approach, such as drug testing with businesses and partnering with hospitals. Patrick Boyle adds that benefits integration/consultation should be under this function in order to explain to consumers how getting employed can affect their benefits, as well as providing support and working on intersystem initiatives.

#### **Criminal Justice**

Rather than having two separate offices, there will be a single staffing area that will be supported in both MH and AoD policy areas. Staff subject matter experts may eventually be cross trained, which will lead to a more organized approach for judges, sheriffs and other criminal justice coordinators. Lisa Marie Griffin wants better resource links for boards, housing and reentry coalitions to connect individuals with specific services in communities. The new department can partner with ODRC to make sure there are thorough online resources available.

# **Statewide Planning**

As a statewide planning entity, the new department needs to communicate its plans widely and, ideally, release them at the same time. The department should consider refining boards' work on community plans in order to make them less intensive but with definable goals and objectives. Donna Conley thinks service users should be included in the discussion of the design for the planning process, which links to a group Missy Craddock is convening around redesigning the MH planning council and the Council on Alcohol and Drug Addiction Services.

#### Research

The new research division could bring together those across the state and federally who are working on public health research, including academic institutions, to provide insight on current work, as people may not be aware of the work from a networking perspective. Research could also search for funding opportunities to help providers perform their own outcomes evaluation. There needs to be further discussion on the grants writing position, as there are arguments for it to be embedded in the research division or be on its own as a separate focus.

### Communication

In order to create a single team mentality internally, Director Hall and Director Plouck are expanding existing strategies, welcoming different perspectives and trying to balance expectations, communication and accountability, while not over-burdening areas that are already working. The new department needs to make sure that the people outside of these meetings – consumers and people in recovery – have specific communication like the departments are doing with stakeholders and staff.

# **Next Steps**

- Internal staff meetings around the functions array
- Subcommittee on new department's strategic framework and mission/vision
- Minutes from this meeting and the two internal staff meetings will be posted to the website under the Treatment workgroup page:

(http://adamh.ohio.gov/ConsolidationTeamWork/TreatmentCommunitySupports.aspx)