

# Board Update

Mental Health & Recovery Services (MHRS) Board  
Serving Coshocton, Guemsey, Morgan, Muskingum, Noble & Perry Counties  
1500 Coal Run Road – Zanesville, OH 43701  
Phone: 740-454-8557

Regular Board Meeting  
Highlights  
November 11, 2021

## *Focus on Forensics*

Board members heard a special presentation about the operations of the Forensic Diagnostic Center of District Nine. The presenter was Nick Williams, the organization's Office Manager.

The Forensic Center provides court-ordered sanity and competency evaluations in a 17-county region that includes the MHRS Board's six-county service area.

**Sanity:** Sanity refers to a person's mental condition at the time of an alleged criminal offense. If a person is unable to know the wrongfulness of his or her actions at the time of the alleged offense as a result of mental disease or defect, then the court may decide the person is not guilty by reason of insanity, following which the judge usually orders the person to be treated in a hospital operated by the Ohio Department of Mental Health & Addiction Services.

**Forensic Monitoring:** The Center also oversees the community monitoring aspects of forensic services. The designated forensic monitor serves as the liaison between the person on conditional release, the court, and regional state psychiatric hospitals. Forensic monitoring ensures that people with mental illness have a successful transition from the hospital to the community, that effective risk management procedures are implemented by community providers, and that prompt re-hospitalization or detention occurs when public safety necessitates this level of care.

**Competency to Stand Trial:** When a person is charged with a criminal offense, he or she must be able to understand the legal situation. This includes proposed charges, potential penalty if convicted, the meaning of various pleas, and the roles of various people in the courtroom. The person must also be able to assist his or her attorney in the preparation of a defense. If someone can do those things in a rational way, they are competent to stand trial. If someone has a severe mental illness or intellectual disability and is unable to understand their legal situation or assist his or her attorney, the person is said to be incompetent to stand trial. If the court decides a person is incompetent to stand trial, the court also decides if treatment will help that person be restored to competence. If the judge decides that treatment will most likely restore someone to competence, the judge will order that the person receive restoration treatment. When a person is restored to competency, he or she returns to court to face the charges.

### ► **Outpatient Competency Restoration Program (OCRP):**

In recent years, there has been a dramatic increase in the number of non-violent misdemeanor defendants found to require competency restoration. This has led to more and more state psychiatric beds set aside

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*Rev. Dr. Michael Bullock*

***The mission of the  
MHRS Board is to  
facilitate a Recovery-  
Oriented System of Care  
that promotes mental  
health and supports the  
recovery of each person  
who needs services for  
mental illness and/or  
addiction.***

to service this population and ever fewer beds available for those in psychiatric crisis who are not criminally-involved. Thus, Ohio is moving toward the establishment of regional OCRP's.

The District 9 Center is now operating an OCRP that helps people charged with a crime restore forensic competency in a community-based setting as opposed to an inpatient restoration setting. OCRP services address the person's barriers to competency that are identified in their competency evaluation and assessed upon admission to the program. ORCP is designed for people who are not considered a high risk to public safety and are likely to participate in community-based treatment.

Because competency restoration serves the much more limited, short-term goal of preparing the defendant to face trial, restoration efforts are usually limited to medication management and basic education on the criminal court process. However, OCRPs may also need to address issues related to homelessness, supported employment, and other client needs.

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## *Area Officers Learn to Help Persons in Crisis*



October 25-28 saw 17 criminal justice professionals (from Guernsey, Muskingum, Noble and Perry Counties) participating in the 2021 Crisis Intervention Team (CIT) Academy. The intensive training included:

- ◆ Learning from mental health professionals, judges and CIT-trained officers in the community.
- ◆ Personal interaction with people who have experienced a mental health and/or addiction crisis and with family members who are caring for loved ones coping with mental illness and addictions.
- ◆ Learning scene assessment and de-escalation skills and principles of hostage negotiations.
- ◆ Through scenario-based training on responding to crises, officers were able to practice their skills for appropriately responding to crisis situations.
- ◆ Other topics covered were: Autism, Developmental Disabilities, Mental Illness and Addictions, Mental Health Law and Special Dockets, Psychiatric Services at Genesis, Veterans' Behavioral Health, Post-Incident Management and Self-Care, the Effects of Addiction on Family Members, State Hospital Psychiatric Services, Suicide Prevention, and Personal Experience Going Through the CISM Process.



As Academy Leader Captain Jeff LeCoq (*pictured to the left*) has often said, *“Helping people get treatment means possibly preventing future problems on the street. Their crises become our crises; CIT gives us tools to have more positive and safe outcomes.”*

CIT creates connections between law enforcement, mental health providers, hospital ER services, and individuals with mental illness and their families. Through the

establishment of community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety.

The CIT Academy is sponsored by the Mental Health & Recovery Services Board, NAMI Six County, Allwell Behavioral Health Services, and the Muskingum County Sheriff’s Office. Other law enforcement officers represented on the planning committee are Major Jeremy Wilkinson (Guernsey County Sheriff’s Office), and Chief Deputy Doug Gill (Perry County Sheriff’s Office).

MHRS Board Executive Director Misty Cromwell expressed appreciation to Captain LeCocq and Muskingum County Sheriff’s Dispatcher/ Hostage Negotiator Stacy Fleegle for their hard work in coordinating and overseeing the training.



Under the guidance of Finance/Audit Committee Chair Dr. Dan Scheerer, board members reviewed and approved the October 2021 Reconciliation Report that showed deposits, checks written for MHRS Board operations, payments to in-network service providers and out-of-network community partners, and journal entries. Below is a breakdown of payments for the provision of treatment and support services for persons with mental illness and/or addiction.

<i>Accounts Payable</i>	<b>In-Network Providers</b>	<b>Out-of-Network Partners</b>	<b>TOTAL</b>
<b>October 12, 2021</b>	<b>\$182,947.71</b>	<b>\$294,378.17</b>	<b>\$477,325.88</b>
<b>October 25, 2021</b>	<b>\$711,687.46</b>	<b>\$35,701.86</b>	<b>\$747,389.32</b>
<b>TOTAL</b>	<b>\$894,635.17</b>	<b>\$330,080.03</b>	<b>\$1,224,715.20</b>

**Other Financial Reports:** Board members also reviewed: Contract Services Expenses; Balance Sheet as of October 31, 2021; and a Dashboard Report that provides a high-level overview of key fiscal indicators.

In other actions, board members:

- ◆ Approved the transfer of \$628,500.00 from the Contingencies Line Item in the Calendar Year 2021 Budget to the following expense areas: Employee Salaries, \$26,000.00; Medicare, \$500.00; Public Employees Retirement System, \$2,000.00; and Contract Services for the Provision of Treatment of Mental Illness and/or Addictions, \$600,000.00.
- ◆ Approved a one-year subscription to CHES Health’s “Connections” (E-Recovery & E-Intervention) Apps in the amount of \$80,400.00. The CHES apps deliver evidence-based technology to address the individual, family, and societal crises associated with substance use disorders. This action is considered first-year ‘seed’ funding, with network contract organizations to be responsible for sustaining the service in subsequent years.

## *Recovery Story*



The highlight of the MHRS Board’s October 20<sup>th</sup> Muskingum County Criminal Justice Collaborative meeting was a recovery story shared by former Sandusky County Sheriff Kyle Overmyer about his addiction that began with the use of painkillers for sports injuries that led to arthritis in his ankles. He noted that the beginning of his recovery was coming to the realization that he definitely had to change his way of life, or his future would exist of continued addiction, incarceration, or even dying from a drug overdose. He noted that his four years in prison was the tipping point for his recovery that involved owning his mistakes and dealing with guilt and shame. He emphasized that there is no ‘perfection’ in recovery—only ‘progression.’ Kyle pointed out that his addiction, incarceration, and recovery have given him valuable tools for taking the important step of changing his ‘life purpose’ to helping others. A productive discussion about different aspects of Kyle’s recovery elicited the following observations:

- ◆ It is estimated that about 80% of incarcerated individuals are struggling with mental illness and/or addictions; more dollars need to be invested in treatment rather than incarceration.
- ◆ Addiction does not discriminate.
- ◆ Mentoring and peer support are critical components of recovery programming.
- ◆ Outreach and education efforts are needed for criminal justice professionals, as well as community leaders and state legislators.
- ◆ Individuals struggling with addiction and/or mental illness, who appear to be headed toward involvement with criminal justice, should be intercepted as early as possible. The ‘Stepping Up’ initiative and sequential intercept mapping exercises could be useful in such efforts.
- ◆ The lack of affordable housing is impacting every aspect of programming that works to help persons involved with the criminal justice system.

Collaborative members benefited from this recovery story and subsequent discussion that generated some conversations about working together in efforts to address the above issues.

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## *State Opioid Response (SOR) Grants*

Ohio’s SOR Grants are focused on building a community system of care (prevention, early intervention, treatment and recovery support) that emphasizes service integration between physical health, behavioral health care, child welfare, and criminal justice.

The newest SOR Grant cycle began on September 30, 2021, and will end on September 28, 2022. The application is for \$745,302 – with the following agencies to receive funding: Allwell Behavioral Health Services, Coshocton Behavioral Health Choices, Guernsey Health Choices, Muskingum Behavioral Health, Perry Behavioral Health Choices, Cambridge Municipal Court, Guernsey County Health Department, Muskingum County Health Department, Muskingum Valley Health Centers, and Zanesville Treatment Center.

The grant will provide funding for three peer recovery service coordinators, one peer recovery/job coach, four parent mentors, two mental health case managers, and four treatment navigators. These professionals are offering support and guidance to those who are attempting to attain/maintain sobriety. The grant will also pay for client transportation to get to appointments and supplement recovery house rents. Probably the largest cost is Medication-Assisted Treatment (MAT) provided to clients, covering the doctor visit and medication.



MHRS Board Executive Director Misty Cromwell gave a brief overview of the Ohio Department of Medicaid’s (ODM) OhioRISE Program that aims to shift the system of care and keep more kids and families together by creating new access to in-home and community-based services for children with the most complex behavioral health challenges. The OhioRISE program’s child and family-centric delivery system recognizes the need to specialize services and support for this unique group of children and families. The selected MCO (Aetna) will partner with ODM, sister state agencies, providers, families, and other stakeholders to develop and implement new and enhanced services. OhioRISE will feature intensive care coordination and both new and enhanced behavioral health services targeted toward this population and will offer a new Medicaid waiver program that will help families prevent custody relinquishment.

Under Ohio’s current system for kids with multi-system needs:

- ◆ Over 40% of kids over age 15 in the child welfare system are in congregate care.
- ◆ About 140 kids per day are receiving care out of state – a 200% increase in kids per year compared to 2016.
- ◆ 38% of youth with multi-system needs have individuals in their families with a history of Opiate Use Disorder, Substance Use Disorder and/or a primary diagnosis of Serious Emotional Disturbance.
- ◆ What the Evidence Tells Ohio: Kids with the most complex multi-system needs require a very different type of care coordination.

ODM has selected ‘Aetna Better Health of Ohio’ as the specialized MCO for the OhioRISE Program. Aetna is currently creating regional Care Management Entities (CMEs) that will oversee care provided under the OhioRISE Program. (Our Region includes all of our six service area counties plus Washington and Fairfield Counties.) Aetna has also released some RFAs that will provide some transitional funding for Mobile Response & Stabilization Services (MRSS) for youth. Other features of the program include Shared Governance and Coordinated and Integrated Care and Services. OhioRISE services through Aetna are projected to begin July 1, 2022.

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## *Counterfeit Pills*

The Drug Enforcement Administration recently issued a [public warning](#) that a growing number of fake pills bought online are laced with potentially lethal amounts of the synthetic opioid fentanyl. The new public safety alert warns Americans that counterfeit pills, often sold on social media or e-commerce websites, increasingly contain fentanyl or sometimes methamphetamine, posing health risks beyond the dangers of buying prescription pills. The public safety alert coincides with the launch of DEA’s [One Pill Can Kill](#) public awareness campaign to educate the public about the dangers of counterfeit pills. DEA urges all Americans to be vigilant and aware of the dangers of counterfeit pills, and to take only medications prescribed by a medical professional and dispensed by a licensed pharmacist. DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal.