

Board Update

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

Regular Board Meeting
Highlights
December 9, 2021

Year-End Review

MHRS Board Director Misty Cromwell reviewed some highlights from 2021. She noted that, while 2021 brought about many unexpected twists and turns, everyone within the service area's network of care came together to bring about some meaningful achievements.

♦ **Increased Access to Addiction Treatment and Recovery Supports:** Through the Ohio Department of Mental Health & Addiction Services' State Opioid Response Grant Process, a significant amount of additional federal funds have been allocated to service area contract organizations — increasing access to treatment, peer support, recovery resources, transportation, employment training, and medication-assisted treatment for those struggling with opiate and stimulant addictions. The goal for all treatment components is that participants will learn addiction recovery skills through evidence-based services.

♦ **PAX Good Behavior Game:** The MHRS Board continued to support PAX programming in 10 service area school districts. This is a research-based intervention used in the classroom to create an environment that is conducive to learning. Cambridge City's Intermediate School Principal notes, "PAX may begin as a program, but the goal is that it becomes a way of life. PAX equals peace, productivity, health and happiness. The goal as we moved through the school year is that we don't just DO PAX, we ARE PAX."

♦ **Early Childhood Mental Health (ECMH):** ECMH is the social, emotional and behavioral wellbeing of children birth through 6 years old and their families. ECMH services are aimed at promoting healthy social and emotional development. | Several months ago, the MHRS Board and Allwell Behavioral Health launched a limited ECMH Program to serve young children and families involved with local Head Start and Help Me Grow Programs. Efforts are now underway to enhance this effort by supporting an additional ECMH case manager and a counselor.

♦ **Crisis Intervention Team (CIT) Academy:** October 25-28, 2021, saw 17 criminal justice professionals graduate from the annual CIT Academy. As Academy Leader Captain Jeff LeCocq (from the Muskingum County Sheriff's Office) 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."

♦ **Special Community Trainings:** The MHRS Board sponsored Mental Health First Aid and EnCOMPASS Trainings for persons interested in learning the skills to assist someone experiencing a mental health or substance-use-related crisis. These trainings promote recovery and resiliency and the belief that individuals experiencing these challenges can AND DO get better and then use their strengths to stay well.

♦ **Special Trainings for Clinicians:** The MHRS Board made it a priority in 2021 to

Executive Director
Misty Cromwell

Board of Directors
Jon Black
Jennifer Hanson
Sue Hoover
William Johnson
Pamela Kirst
Jeff LeCocq
Tony Mayle, Jr.
Dan Scheerer, M.D.
Danielle Scott
Ben Taylor

Board President
William Johnson

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.

offer important trainings for network clinicians:

Triple P (Positive Parenting Program): Clinicians were trained on how to give parents and caregivers simple and practical strategies to help them build strong and healthy relationships, confidently manage their children's behavior, and prevent problems from developing.

EMDR (Eye Movement Desensitization and Reprocessing): This is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Using the skills learned in EMDR therapy training sessions, clinicians can now help clients activate their natural health processes.

CLAS (Culturally and Linguistically Appropriate Services): CLAS training is helping our service providers to implement the National CLAS Standards and improve health equity and eliminate healthcare disparities.

- ◆ **Critical Incident Stress Management Team (CISM):** The MHRS Board has regenerated a CISM Team to provide peer support to public safety workers and other community residents that have been exposed to a critical event and find themselves dealing with the aftermath of such exposure. CISM is a professionally-recognized process for helping those involved in a critical incident to share their experiences, learn about stress reactions, and receive referrals for further help if needed.
- ◆ **Mobile Response & Stabilization Services (MRSS) for Children and Families:** Allwell Behavioral Health has launched plans for an MRSS Program that includes a Call Center for Crisis Situations, a Mobile Response Team, a Support Center, Intensive Home-Based Services, and a Crisis Stabilization Unit. MRSS will serve children and families who are in distress or crisis. The MRSS Support Center will be a safe place where family members can de-escalate and can take advantage of education, support, and a pathway to other needed resources.
- ◆ **New Location for Guernsey Health Choices:** In late summer, Guernsey Health Choices moved to 1009 Steubenville Avenue, Cambridge. GHC had outgrown their former office and needed a more easily-accessible building that would help them to continue expanding services to better serve the community.
- ◆ **Understanding Addiction Through a Child's Eyes:** The MHRS Board sponsored a special webinar for service area clinicians, peer supporters, and employees of Children Services Boards. Presenter Jerry Moe, National Director of Children's Programming for the Betty Ford Center in California, stressed that addiction to alcohol and other drugs impacts more than the user and encouraged the inclusion of young children in the treatment and recovery process. There were over 100 participants in the webinar.
- ◆ **Guardianship Program @ Allwell:** Allwell Behavioral Health has launched a Guardianship Program to intervene when there are client issues related to health, safety, or exploitation.
- ◆ **Friends of Recovery:** On September 29, the MHRS Board presented this year's Friend of Recovery Awards. The Board annually recognizes individuals who have significantly promoted recovery from mental illness and/or addictions. This year, there were 15 recipients.
- ◆ **Week of Appreciation:** Almost everyone is dealing with the mental and emotional challenges associated with COVID-19; schoolteachers, administrators, and other staff are no different. Therefore, the MHRS Board network decided to express appreciation to these essential workers by delivering cups/lids and 'Wellness Wheels' to about 4,500 education workers in our six-county region.
- ◆ **Financial Matters:** The MHRS Board's fiscal staff AND the members of the Board's Finance/Audit Committee worked very hard to see that contract organizations received funds to provide treatment and support services. The MHRS Board also approved some special allocations to assist with facility development, support new or enhanced programs and services, and partner on various capital projects.

THANK YOU, BOARD MEMBERS!

Director Cromwell thanked board members for their dedicated service on the Board of Directors, noting that they are giving the MHRS Board some of the most precious things they own — their time and talents.

EMDR

Muskingum Behavioral Health (MBH) Counselor Kelly Lee provided in-depth information about Eye Movement Desensitization and Reprocessing psychotherapy — just one of many tools at MBH to help clients who are struggling with trauma and disturbing life experiences. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians are able to help clients activate their natural healing processes.

Prior to beginning EMDR, the pre-treatment process includes:

1. *History-Taking*: Counselor and client talk about what brought them into therapy and take a history of symptoms and memories.
2. *Preparation*: Counselor and client talk about what to expect from EMDR.
3. *Assessment*: This third phase identifies the memory that will be targeted in the session, by assessing each of the memories' components — image, cognition, affect, and body sensation.

After the clinician has determined which memory to target first, the client is involved in various exercises that primarily involve moving their eyes back and forth. The aim is to allow people to process and integrate these traumatic memories into their standard memories. The theory behind this method is that remembering times of distress while distracted is less upsetting. Over time, exposure to these memories should reduce their effects.

The theory behind EMDR is that traumatic memories make changes in the brain. These changes stop the mind from processing information properly, which causes anxiety and intrusive thoughts. Experts believe that remembering the traumatic events while performing rapid eye movements allows the brain to process these memories correctly and integrate them into the story of the person's life.

EMDR is similar in some respects to cognitive behavioral therapy — another PTSD treatment — as it involves remembering or discussing the traumatic event as well as identifying and altering thoughts. These processes are called exposure and cognition.

There are a variety of 'normal' ways to feel at the end of an EMDR session. Some people feel tired. Some feel emotional. Some feel relieved. All of these responses are normal and to be expected. EMDR therapists are trained to leave time at the end of each session, if needed, for containment or grounding exercises. Kelly also encourages her clients to contact her between sessions if they find themselves feeling distressed.

Kelly shared some comments made by clients about the EMDR therapy experience, some of whom have reported almost immediate relief from their troubling thoughts and memories.



Under the guidance of Finance/Audit Committee Chair Dr. Dan Scheerer, board members reviewed and approved the November 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>	In-Network Providers	Out-of-Network Partners	TOTAL
November 8, 2021	\$347,215.35	\$28,460.51	\$375,675.86
November 22, 2021	\$195,845.38	\$42,158.33	\$238,003.71
TOTAL	\$543,060.73	\$70,618.84	\$613,679.57

Other Financial Reports: Board members also reviewed: Contract Services Expenses; Balance Sheet as of November 30, 2021; and a Dashboard Report that provides a high-level overview of key fiscal indicators.

Annual Appropriations Measure: In accordance with County Auditor requirements, board members also officially adopted the Calendar Year 2022 Annual Appropriations Measure that was initially approved by the Board of Directors (in a budget format) at the May 13, 2021, board meeting in the amount of \$9,650,160.00.

Legislative Visit



On October 27, Director Misty Cromwell met with State Representative Adam Holmes, where the primary topics were: 1) legislation needed to authorize MHRS Boards to have the option of holding board meetings completely virtually or as a combination of in-person and virtual; and 2) the continuing devastating impacts of Ohio’s opiate epidemic.

Representative Holmes has many times expressed concerns about the opiate epidemic and he reaffirmed his readiness to be a part of any discussions about ways to help eradicate the crisis.



► ***MHRS Board Helps Contract Organizations with Deficits:*** Recently, the MHRS Board’s fiscal team decided to increase contract organizations’ reimbursement amounts for non-Medicaid services by 10% through June 30, 2022. The new rates will become effective January 2, 2022. The pandemic has drastically affected the generation of revenue for in-person prevention programming, alcohol/drug residential programs, and general outpatient counseling. The MHRS Board’s #1 priority is to make sure services are available to those who need them and that we have high-quality providers to meet those needs.

► ***Family & Child Consult/Learning Community:*** The Ohio Department of Mental Health & Addiction Services is partnering with Case Western University, who has developed a Mobile Response and Stabilization Services (MRSS) Manual — outlining program benchmarks and training protocols. Through this consult/learning community, Pilot 1 Programs will be assisting Pilot 2 Programs with implementation of crisis response and stabilization services. (Allwell Behavioral Health’s MRSS initiative is a Pilot 2 program). The process will include the completion of a readiness assessment scorecard to determine where the Pilot 2 programs fall on that scale.

► ***Crisis Continuum Survey:*** Director Cromwell and her program staff have completed a Crisis Continuum Survey and submitted it to the Ohio Association of County Behavioral Health Authorities for comparison with the crisis continuum being used by Ohio Department of Mental Health & Addiction Services. As a part of the survey completion process, it became clear that the addition of a ‘Crisis Coordinator’ position would help in overseeing our system of care as it relates to crisis response.

► ***Early Childhood Mental Health (ECMH) Program:*** In partnership with local Head Start and Help Me Grow organizations, Allwell Behavioral Health is making plans to enhance their ECMH program, and Allwell has requested funding for the hiring of an ECMH case manager and an additional counselor. ECMH services are aimed at promoting the healthy social and emotional development of children ages birth through 6 years. The program would work to build protective factors in young children’s lives and increase the skills of parents, caregivers, and early childhood providers. The targets for this program are several daycares in operation in the region.

► ***Service Area Outreach Meetings***

Coshocton County: Director Cromwell and Bonnie Taylor, Crisis Director for Allwell Behavioral Health, recently met with representatives from the Coshocton County Sheriff’s Office and the Coshocton Regional Medical Center (CRMC) to discuss the pink slip process, transportation issues, and ways to help the large numbers of persons with behavioral health issues presenting at the CRMC emergency department — perhaps through the development of a behavioral health urgent care center.

Muskingum County: ♦ Officials in Muskingum County are interested in discussing the possibility of establishing a behavioral health urgent care center. ♦ Director Cromwell also met with Muskingum County Commissioner Molly Crooks about the need to identify/remove barriers that are keeping residents from seeking help and also get resources in the hands of persons who have lost a loved one to a drug overdose.