

**LAKE COUNTY ADAMHS BOARD**

Regular Board Meeting

Monday, November 14, 2022

5:00 p.m.

Lake County ADAMHS Board, One Victoria Place, Suite 201, Painesville

Mr. Sabo called the meeting to order 6:00 p.m.

**ROLL CALL:**

Members Present: Chair -- Matt Sabo

Kim Collise	Mike Hatton
Roberta Kalb	Stacy Kramer
Pam Kurt	Curtis Lau
Martin Phillips	Jeffrey Taylor
Amber Torres Gonzalez	Joanne Zeroske

Members Excused:

Dave Enzerra	Andy Meinhold
Nicole Parker	

Staff Present:

Jackie Bruner, Director of Business Operations  
 Christine Lakomiak, Director of Quality & Clinical Operations  
 David Schick, Director of Marketing & Communications  
 Kelly Tuttle, Secretary/Receptionist  
 Dan Rowles, Behavioral Health Project Manager  
 Milica Radivojevic, Staff Accountant

**MINUTES OF MEETING:**

Ms. Zeroske moved to accept the minutes of the October 19, 2022 regular Board meeting as mailed. The motion was seconded by Mr. Phillips and the Motion Passed Unanimously. (23-038)

**FINANCIAL REPORT:**

Ms. Radivojevic read the financial report of Board operations for the month of October, 2022 as follows:

Beginning Cash Balance .....	\$6,027,802.37
Plus: Cash Receipts for the Month .....	\$1,922,615.45
Total to Account For .....	\$7,950,417.82
Minus: Cash Disbursements for the Month .....	\$1,593,623.22
Ending Period Adjustments	\$ 00.00
Ending Cash Journal Balance .....	\$6,356,794.60

Ms. Kramer moved to accept the financial report for the month of October as read. The motion was seconded by Ms. Zeroske and the Motion Passed Unanimously. (23-039)

**PUBLIC COMMENT ON AGENDA ITEMS & INTRODUCTIONS OF GUESTS:**

Guests were welcomed and invited to comment on any agenda items.

**EXECUTIVE DIRECTOR'S REPORT:**

Ms. Bruner noted that Ms. Fraser is in Columbus this evening.

Ms. Bruner thanked everyone who completed the Board member survey. Feedback will be used for the Culture of Quality and Community Assessment reviews.

Ms. Bruner reported that the Holiday Open House will be held on Monday, December 19<sup>th</sup> from 4:00 to 6:00 p.m. prior to the Board meeting.

Mr. Bruner stated that Board staff is trying to reschedule the Board retreat on Monday, January 23<sup>rd</sup> after the Board meeting. More information to follow.

#### **EXECUTIVE COMMITTEE REPORT:**

On behalf of the Executive Committee, Ms. Kalb moved that the full Board support the Capital Project between Lake-Geauga Recovery Centers and the Ohio Department of Mental Health and Addiction Services for the Mentor Outpatient Office Renovation Project; OMHAS grant to Lake-Geauga not to exceed \$700,000.00. The Lake County ADAMHS Board approves the aforementioned project with an assurance of intent to support Lake-Geauga's project consistent with the application and to monitor the operations to assure compliance. The motion was seconded by Ms. Zeroske. After discussion the Board voted and the Motion Passed Unanimously. (23-040)

On behalf of the Executive Committee, Ms. Collise moved that the full Board approve the Lake County ADAMHS Board Culture of Quality Standards and Policies as presented by the Executive Director and outlined in attachment. The motion was seconded by Ms. Kalb. After discussion the Board voted and the Motion Passed Unanimously. (23-041)

Ms. Bruner noted that there were additional standards as well as updates to the previously approved standards, policies and practices.

On behalf of the Executive Committee, Ms. Zeroske moved that the full Board accept the Lake County CY2021 Audit. The motion was seconded by Ms. Kalb. After discussion the Board voted and Motion Passed Unanimously. (23-042)

Ms. Bruner stated that the Board is part of the county audit done by the state. There were no findings in our section.

On behalf of the Executive Committee, Ms. Collise moved that the full Board approve the six-month calendar of Board meeting dates as presented. The motion was seconded by Mr. Phillips. After discussion the Board voted and Motion Passed Unanimously. (23-043)

Ms. Bruner noted that the June Board meeting will be held on Tuesday, June 20<sup>th</sup> instead of Monday due to the Juneteenth holiday.

#### **EVALUATION/QUALITY IMPROVEMENT COMMITTEE REPORT:**

Ms. Kurt reported that the Evaluation/Quality Improvement Committee met on November 7th and the following item was discussed:

Quality Improvement Review of Lake-Geauga Recovery Centers, Inc. Ms. Blakso presented a power point and highlighted some of the agencies SFY21 Accomplishments / Outcomes as follows:

- Outpatient Services: In their intensive outpatient program 37.8% of clients met their treatment goals exceeding the national average of 25.9%. In their intensive outpatient groups 64.5% met their goals exceeding the national average of 42.4%.
- Residential Treatment: 65% of women and 47% of men completed residential treatment and met all of the treatment milestones, exceeding the national average of 41.3%.

- Medication Assisted Treatment: A Nurse Practitioner and/or supervising Physician provide Ambulatory Detox services. The monthly average for clients receiving the Vivitrol injection is 62 and Suboxone 35.
- They welcomed the 31st drug-free baby born to a resident at Neveah Ridge.
- Lake-Geauga's Recovery Houses include Water Street, Nowlen Manor, Eighty Forty-One, The Meigs, Bill Horvath House, Marsh Creek and Twelve Meadows. There was a total of 50 admissions.

Ms. Blasko shared that Lake-Geauga recently completed their 6<sup>th</sup> CARF accreditation. They were reviewed on 1,512 standards including the optional governance standards and received only 5 recommendations. Lake-Geauga embarked on a new and improved strategic planning process. Starting in FY23, it will include community-focus commitment, workforce development and desired outcomes.

Ms. Blasko reported that the three primary drugs of choice in FY21 for clients were: alcohol (58.24%), opioids (42.75%) and stimulants (38.63%). They have seen an increase in alcohol and a decline in opioids.

Quality Improvement Review of Windsor-Laurelwood Ms. Giancola gave an overview of facility information, programming and the medical staff. Windsor-Laurelwood has 159 beds to provide inpatient treatment to adults, adolescents and children. The facility provides: adult inpatient treatment (mental health, dual diagnosis and substance use disorder), child/adolescent inpatient treatment (mental health) partial hospitalization and outpatient services. The hospital is a restraint free facility.

Windsor-Laurelwood offers same day 24/7 assessments with master level social workers or registered nurses. Private assessment and wait rooms offer safety features and privacy for patients. Windsor-Laurelwood provides a multi-disciplinary approach to care. Hospital staff is provided on a 1:4 ratio and 15-minute safety checks on all acute units. Cognitive Behavioral Therapy is their main treatment modality.

A team of social workers are dedicated to discharge planning. As part of the discharge plan all patients will create a crisis safety plan that identifies: individual warning signs, triggers and identified support persons as well as a continuing care plan, discharge order, crisis safety plan and medication reconciliation list.

Mr. Walters report that the inpatient satisfaction survey is scored at 70% and the outpatient satisfaction survey is scored at 90%. They use the satisfaction survey to readjust and better the programming based on client feedback.

Ms. Lakomiak has reviewed both of the agency's QI plans. They are both in compliance with their certification through OhioMHAS and it is her recommendation to approve both plans.

On behalf of the Evaluation/Quality Improvement Committee, Ms. Kurt moved that the full Board accept Windsor-Laurelwood's Quality Improvement Plan. The motion was seconded by Ms. Zeroske and the Motion Passed Unanimously. (23-044)

On behalf of the Evaluation/Quality Improvement Committee, Ms. Kurt moved that the full Board accept Lake-Geauga's Quality Improvement Plan. The motion was seconded by Ms. Kalb and the Motion Passed Unanimously. (23-045)

Next meeting date: Monday, December 12, 2022 at 5:30 p.m. at Willoughby Place

*As the **OPERATIONS COMMITTEE** did not meet since the last full Board meeting,  
the Board moved on to the next agenda item*

*As the **LONG-RANGE PLANNING COMMITTEE** did not meet since the last full Board meeting,  
the Board moved on to the next agenda item*

**OLD BUSINESS:**

There was no old business.

**NEW BUSINESS:**

Payment of Bills Ms. Kalb moved that the Board approve the November bills totaling \$809,207.84 be paid as presented. The motion was seconded by Ms. Collise and the Motion Passed Unanimously. (23-046)

As there was no further business, Ms. Kurt moved for adjournment at 5:16 p.m. The motion was seconded by Mr. Lau and the Motion Passed Unanimously. (23-047)

Respectfully submitted,

Matt Sabo  
Chair

Kim Collise  
Secretary