

DRAFT

NETWORK180 BOARD WORK SESSION AGENDA

Monday, May 17, 2021 4:45 pm

Location: Virtual

Any member of the public wishing to listen to the proceedings or provide public comment may do so by using the following internet connection or phone number and pass code.

<u>Click here to join the meeting</u> – link to attend with video capability

Telephone <u>+1 616-552-9539</u> and then dial the Conference ID: 951 497 304#

If you require special accommodations to attend the virtual meeting, please contact <u>Brenda.Holquist@Network180.org</u> by Monday at noon.

١.	CALL TO ORDER	Commissioner Stek
II.	ROLL CALL	Commissioner Stek
III.	PUBLIC COMMENT (limited to agenda items)	Commissioner Stek
IV.	APPROVAL OF AGENDA	Commissioner Stek

V. CONSENT AGENDA - All items listed under this item are considered to be routine and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda upon request of any board member and will be considered separately.

	a. December 21, 2020 – Program Committee Minutes Commissioner Ste				
	b. March 22, 2021 – Program Committee Minutes				
	C.	May 3, 2021 – Board Meeting Minutes			
PROGRAM COMMITTEE ITEMS			Commissioner Stek		
	PROJ	ECT PORTFOLIOS/STRATEGIC PLAN	Mr. Boekestein/Ms. Ryskamp		
	PUBL	IC COMMENT	Commissioner Stek		
BOARD COMMENT			Commissioner Stek		
ADJOURNMENT			Commissioner Stek		
Next meeting dates:					
June 7, 2021 – 4:00 pm – Finance Committee					
June 7, 2021 – 4:45 pm – Board Meeting – Services Public Hearing			es Public Hearing		

June 9, 2021 – 11:30 am – Substance Abuse Advisory Committee

June 14, 2021 – 4:00 pm – Executive Committee

VI. VII. VIII. IX. X.

June 15, 2021 - 10:30 am - Recipient Rights Advisory Committee

June 21, 2021 – 4:00 pm – Program Committee

June 21, 2021 – 4:45 pm – Work Session

If you are unable to attend, please contact Brenda Holquist at 616.600.4438 or <u>brenda.holquist@network180.org</u>.



PROGRAM COMMITTEE AGENDA Monday, May 17, 2021 – 4:00 p.m.

Location: Virtual

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- I. CALL TO ORDER
- II. PUBLIC COMMENT
- III. APPROVAL OF THE AGENDA
- IV. MOTION TO APPROVE THE MINUTES FROM PRIOR MEETING(S):

December 21, 2020 Program Committee March 22, 2021 Program Committee

- V. TREATMENT AND SUPPORT COURT (Kenny Garvin)
- VI. ADJOURNMENT

ATTENTION PROGRAM COMMITTEE MEMBERS

If you cannot attend the Program Committee meeting, please contact Brenda Holquist (Brenda.Holquist@Network180.org)



DRAFT

MINUTES OF THE NETWORK180 PROGRAM COMMITTEE November 16, 2020 LOCATION: Virtual

COMMITTEE MEMBERS PRESENT:	Caroline Dellenbusch, Samuel Jones, John Matias and Clyde Sims (Temporary members appointed Commissioner Jim Talen, Donna Moore-Brown and Emily Helder)
COMMITTEE MEMBERS ABSENT:	Shellie Cole-Mickens, Tom Dooley, Nessa McCasey and Amanda Rostic
OTHER MEMBERS PRESENT:	Larry Oberst and Commissioner Stan Stek
NETWORK180 STAFF:	Clark Bowman, Ross Buitendorp, Frank Florido, Mark Madrilejo, Stacey O'Toole, Chad Reagh, Beverly Ryskamp, Kristin Spykerman, Annette Tuitel, Brenda Visser, Bill Ward and Ed Wilson
OTHERS PRESENT:	Attendees were not identified as meeting was held virtually and no sign in was required.

I. CALL TO ORDER

The meeting was called to order at 4:01 pm by Ms. Dellenbusch. A quorum was reached with the addition of temporary members.

II. PUBLIC COMMENT

None

A. APPROVAL OF THE AGENDA

Moved: Commissioner Talen

Support: Ms. Helder

Motion carried.

B. **MOTION ITEMS – Approval of the following minutes.** September minutes to be revised to show that a quorum was reached before the meeting was over and the minutes below were approved at that time.

November 16, 2020, Program Committee

Moved: Ms. Moore-Brown

Support: Mr. Sims

Motion carried.

III. DHHS LIAISON PRESENTATION

Mr. Reagh presented on the DHHS Clinical Liaison program and was available for questions.

IV. ADJOURNMENT

The meeting was adjourned at 4:30 pm by Ms. Dellenbusch.



DRAFT

MINUTES OF THE NETWORK180 PROGRAM COMMITTEE March 22, 2021 LOCATION: Virtual

COMMITTEE MEMBERS PRESENT:	Shellie Cole-Mickens and Commissioner Melissa LaGrand
COMMITTEE MEMBERS ABSENT:	Caroline Dellenbusch, Samuel Jones, John Matias Tom Dooley, Nessa McCasey, Amanda Rostic and Clyde Sims
OTHER MEMBERS PRESENT:	Emily Helder, Donna Moore-Brown, Commissioner Stan Ponstein and Commissioner Stan Stek
NETWORK180 STAFF:	Clark Bowman, Ross Buitendorp, Brenda Holquist, Stacey O'Toole, Chad Reagh, Beverly Ryskamp, Regina Salmi, Kristin Spykerman, Jill Thompson, Bill Ward and Ed Wilson
OTHERS PRESENT:	Attendees were not identified as meeting was held virtually and no sign in was required.

I. CALL TO ORDER

The meeting was called to order at 4:05 pm by Commissioner Stek. A quorum was not reached.

II. PUBLIC COMMENT

None

A. APPROVAL OF THE AGENDA

Moved: Commissioner LeGrand

Support: Ms. Cole-Mickens

Motion carried.

B. **MOTION ITEMS –** tabled quorum was not reached.

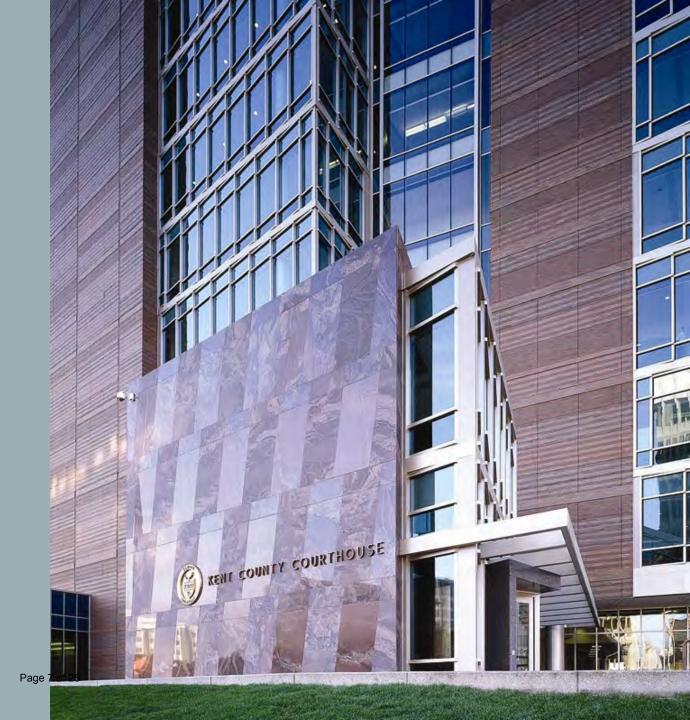
III. WEBSITE DEMONSTRATION AND PRESENTATION

Ms. Salmi gave a presentation and demonstration of the new website and was available for questions.

IV. ADJOURNMENT

The meeting was adjourned at 4:37 pm by Commissioner Stek.

KENT COUNTY 17TH CIRCUIT COURT TREATMENT AND SUPPORT COURT (T.A.S.C)



WHAT IS T.A.S.C?

TASC is a Circuit Court (felony) mental health court to improve the response of individuals with a co- occurring substance use disorder and/or severe mental illness who, because of their illness and addiction, encounter the criminal justice system.

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Alternative to	Access to	Supervision and	Compassionate
Incarceration	Treatment &	Monitoring	Case Management
	Support Services		

TASC IS A PARTNERSHIP BETWEEN KENT COUNTY'S MENTAL HEALTH AUTHORITY (NETWORK 180) AND THE 17TH DISTRICT COURT. THE PROGRAM HAS BEEN IN EXISTENCE SINCE 2019 AND IS FUNDED THROUGH TWO DIFFERENT GRANTS FROM THE STATE COURT ADMINISTRATIVE OFFICE (SCAO) OF MICHIGAN AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA).



- The Honorable Judge J. Rossi
- **TASC Court Coordinator-** Teri Clark
- Assistant Chief Prosecutor- Monica Janiskee
- **Defense Counsel-** Alida Bryant
- Probation Officer- Kim Floyd



- Clinical Liaison- DeWanna Lancaster
- Clinical Liaison- Ashley Plochocki
- Peer Recovery Coach- Jeffrey Carter

VISION AND MISSION STATEMENT

VISION Individuals with severe mental illness and/or co-occurring mental health and substance use disorders, who would benefit from therapeutic interventions, will be diverted from jail or prison.

MISSION The Treatment and Support Court of Kent County will improve participant's mental health and wellbeing, promote self-sufficiency, and offer community based and cost-effective alternatives to incarceration and/or hospitalization for participants.

PROGRAM GOALS

Preserve and enhance public safety

Divert offenders/participants from jail and/or prison Break the recurring cycle of recidivism

Help participants gain/ maintain treatment and relevant social services Reinforce the personal responsibility to become law abiding citizens and successful community members Foster greater collaboration and understanding about mental illness and criminal justice between these disciplines and within the community to reduce stigma

WHO IS ELIGIBLE TO PARTICIPATE?

Participants must meet both legal and mental health eligibility criteria:

- <u>Legal eligibility</u> is a discretionary matter and determined on a case-by-case basis. Eligibility requires that a defendant be in pre-sentencing and have a felony through the 17th Circuit Court. Defendants with a past or current CSC, violent crime causing death or serious bodily harm by statute, may not be eligible for participation.
- <u>Serious Mental Illness</u> is defined through diagnosis, disability, and duration, and includes disorders with psychotic symptoms such as schizophrenia, schizoaffective disorder, manic depressive disorder, and bi-polar type I or II disorders. These disorders are chronic, disabling, and require ongoing treatment to improve a person's ability to function across multiple domains. Other mental illnesses including obsessive compulsive disorder, major depression, and panic disorders may be severe and cause significant functional impairment and substantially limit life activities and be considered as serious mental illnesses.
- <u>Co-occurring Substance Use Disorder and Mental Illness</u> Participants can have both a mental illness and a substance use disorder.

Anyone can refer a defendant for TASC (i.e. law enforcement, jail staff, court services, attorneys, judge, clinician, or family member). In addition, an individual can self-refer.

To initiate a referral complete section I of the TASC referral form. Section I can be obtained at Court Services (180 Ottawa NW, suite 2100) or by contacting the TASC Coordinator, <u>teri.clark@kentcountymi.gov</u>.

Referral Process includes:

- A review by the Kent County Prosecutor's Office to determine if the defendant meets legal eligibility requirements;
- A mental health screen conducted by a TASC Clinical Liaison to determine if the participant meets mental health eligibility criteria; and
- A review by the full TASC team to determine if the individual is appropriate for participation.

REFERRAL PROCESS

PROGRAM EXPECTATIONS

The TASC Team works together for the common goal of helping participants improve their mental health and general well-being, promote self-sufficiency, and to reduce/eliminate future engagement with the legal system.

Participation In TASC Is Voluntary

Defendants sign a Participation Agreement to demonstrate their desire to participate in TASC. Once admitted they are accountable to the following requirements:

- Twice monthly TASC court reviews
- Participation in treatment for the duration of the time they are in TASC
- Weekly drug testing
- Twice a month supervision with Michigan Department of Corrections (MDOC)
- Engagement with a TASC Clinical Liaison
- Compliance to all conditions of bond and probation
- Compliance to TASC program rules



A PHASED APPROACH

- The program is organized by Phases (V) that participants must complete to graduate.
- Each phase has a required minimal amount of time, identified and individualized requirements, and a set of competencies that the participant must demonstrate prior to promoting to the next level.
- The program can be completed in as few as 15.5 months, but the pace is set by the participant and may take up to 36 months to complete.
- At the start of each phase the participants work with a Clinical Liaison to develop as Phase Plan. The Phase Plan identifies all the program requirements for the phase and is individualized to identify the participants treatment objectives. The Plan also includes 2 personal goals that focus on reducing criminogenic risks and it identifies the competencies to be gained before they can be considered for promotion.

PHASED PPROACH CONT.					
	PHASE I	PHASE II	PHASE III	PHASE IV	PHASE V
	ORIENTATION AND ENGAGEMENT	INTENSIVE TREATMENT	TRANSITION	PLANNING AND EMPOWERMENT	CONTINUED CARE
Time in Ph (minimum		16 weeks	12 weeks	10 weeks	8 weeks
Focus of P	nase Welcoming and orientating to program, understanding requirements, competencies, processes, inspire hope	Intensive treatment, individualized skill building to manage symptoms, learning about diagnosis, medication, and treatment.	Building and connecting to individual, community based and natural supports to sustain wellbeing and recovery post program.	Develop Continued Care Plan and completing court/program requirements	Utilization of Approved Continued Care Plan

POSITIVE REINFORCEMENT

Incentives help to recognize steady progress or growth from participants while in the program.

Judicial Recognition

Applause From the Court and Participants

Leave Court Early Coupon

Report First Coupon

Miss the Next Hearing Coupon

Candy, Dollar Items, Gift Cards, etc.

Payday Candy Bar for Getting a New Job

Approval to Travel Outside of State

Reduced Check-in Days with Probation Officer

Phase Promotion

GRADUATION!

- Graduates from TASC are celebrated during court hearings. Graduates are welcome to invite guests to the hearing and celebrate after the hearing with their TASC peers, staff, and invited family and friends.
- All Graduates receive a framed certificate of achievement, a notice of the modification made to their initial charge and/or sentence, a TASC pin, a journal with a handwritten note from the Judge, a gift card (\$10-15.00) and a greeting card signed by the entire TASC team.
- Since it's beginning in 2019, TASC has celebrated 24 graduates!

Network 180 Clinical Liaisons DeWanna Lancaster and Ashley Plochocki are an integral part of the team, and they work to:

- Determine mental health eligibility for all those who are referred to TASC
- Complete an intake and orientation with each participant who is accepted in the program
- Recommend treatment and services that would be most beneficial to participants depending on their symptoms and/or level of need
- Link participants to service providers and community supports that will with improve their mental health and well-being
- Create participate Phase Plans
- Maintain case notes about all participant contact, chemical testing, and participant contacts with their mental health or SUD treatment providers
- Gather data related to program outcomes
- Co-facilitate Seeking Safety groups for participants

NETWORK 180 CLINICAL LIAISONS



"The most important part of my role is to offer hope, encouragement, resource opportunity, and support to individuals on their journey to well-being". – DeWanna Lancaster Page 19 of 25

NETWORK 180 PEER RECOVERY COACH

Jeffrey Carter is our program's peer recovery coach who has personal experience with substance use and involvement in the legal system. He has been in stable recovery for almost 5 years and uses his lived experience to engage participants in discussing their path to recovery. Jeffrey helps to make an impact by doing the following:

Meeting with every client who has a substance use disorder

Helping participants create a relapse prevention plan

Providing education about different forms of treatment and community resources

Talking with participants about "where they're at" in recovery, whether that's contemplation, preparation, action or maintenance and how he/the team can offer support

Utilizing his personal story to build rapport and instill hope

Ensuring the greater TASC Team takes into consideration the perspective of someone who has experienced active addiction and is living in daily recovery

Co-facilitating Seeking Safety groups



"The thing I like most about the TASC program is that the whole team works together to find the best treatment and level of care to help a participant instead of just sending the person to jail right away"- Jeffrey Carter

ADMISSIONS AND DISCHARGES

83 Admissions

24 Graduations

26 Current Participants

3 Voluntary Withdrawals

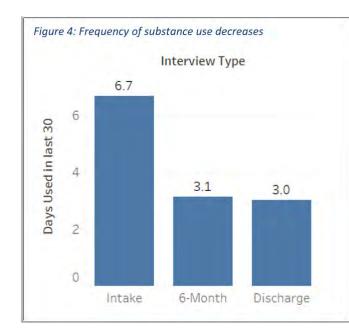
8 Suspended

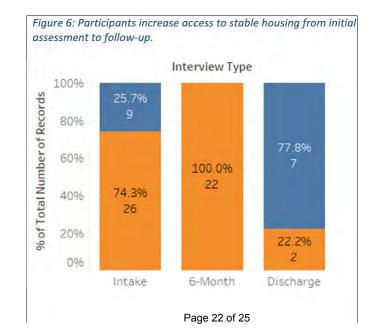
• Participants who have gone AWOL and there is no resolution on program conclusion

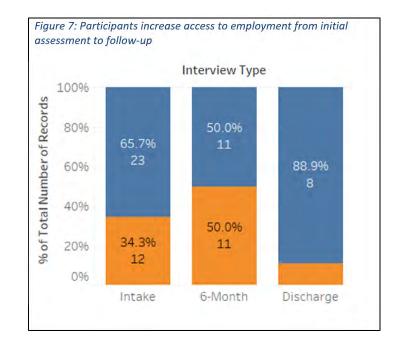
22 Unsuccessful Discharges

DATA COLLECTION

In collaboration with Research and Evaluation Associates (REA) the TASC Clinical Liaisons collect information on client progress in improving overall well-being, reducing substance abuse dependency, and gaining access to employment and housing.







DRAFT Network180 Board Minutes Location: Virtual May 3, 2021

Network180 Board Present:	Shellie Cole-Mickens, Caroline Dellenbusch, Tom Dooley, Emily Helder, Commissioner Melissa LaGrand, John Matias, Nessa McCasey, Larry Oberst, Commissioner Stan Ponstein, and Commissioner Stan Stek
Network180 Board Absent:	Donna Moore-Brown
Network180 Non-voting Board Members Present:	None
Network180 Non-voting Board Members Absent:	Samuel Jones and Amanda Rostic
Network180 Staff Present:	Clark Bowman, Joan Brown, Ross Buitendorp, Chris Frederick, Brenda Holquist, Stacey O'Toole, Izzy Rhodes, Amy Rottman, Beverly Ryskamp, Kristin Spykerman, Jill Thompson, Annette Tuitel, Bill Ward and Ed Wilson
Others Present:	Attendees were not identified as meeting was held virtually and no sign in was required.

I. CALL TO ORDER

Commissioner Stek called the meeting to order at 4:48 pm.

II. ROLL CALL was taken, and a quorum was reached.

III. PUBLIC COMMENT

None

IV. APPROVAL OF THE AGENDA

Moved: Ms. Helder

Supported: Commissioner LaGrand

Motion carried.

V. CONSENT AGENDA

a. Approval of prior minutes

- i. Finance Committee April 19, 2021
- ii. Board Meeting April 19, 2021
- iii. Executive Committee April 26, 2021

b. Approval of Disbursements

i. March 2021

Moved: Commissioner Ponstein Supported: Mr. Matias

Motion carried.

VI. CHAIRPERSON'S REPORT

Commissioner Stek states that the dispute between the state and the LRE continue. A financial split was offered to the state and they have not received a response.

Beacon Contract transition is still taking place.

Requested an updated report on crisis systems and the HOT Team.

Racial disparity analysis will come back to this board on the June 21 meeting.

Motion: The Officer Selection Committee recommends that the following board members be on the Executive Committee.

Commissioner Stek – Chair

Commissioner Ponstein – Vice Chair

Mr. Matias – Secretary

Mr. Oberst – Treasurer

Ms. Cole-Mickens – Member at Large

Moved: Ms. HelderSupported: Ms. Cole-MickensMotion carried unanimously by roll call.

VII. FINANCE AND HUMAN RESOURCES COMMITTEE MOTIONS

a. <u>The Finance Committee recommends that the Network180 Board accept the</u> <u>September 30, 2020 audited financial statements.</u>

Moved: Mr. Oberst Supported: Commissioner Ponstein

Motion carried unanimously by roll call.

VIII. EXECUTIVE DIRECTOR'S REPORT

Mr. Ward reviewed his report and was available for questions.

IX. PUBLIC COMMENT

Tracey Hamlet, MOKA – Thanks to Bill and Staff for advocating for the direct care wages to be more permanent. The provider network is experiencing a staffing crisis.

X. BOARD COMMENT

Mr. Dooley wants to be cautious when it comes to listening to Senator Shirkey.

Ms. Helder commends the staff that worked on the website. Great results.

Mr. Matias appreciates the update on funding. He also is impressed with the website.

Commissioner LaGrand received feedback from a community member that received an authorization for Haven Hospital rather than Pine Rest. Will this be a consistent problem?

Mr. Ward states that we have contracts with Pine Rest, Forest View and Mercy for inpatient. We do need more beds as we have many people out of county.

Commissioner Ponstein offers additional information about the employee shortage in the direct care field. This has historically been a problem. Are there any new recruitment efforts that may help? Are folks afraid to work because they believe they have a higher risk of catching Covid?

Mr. Ward adds that he is working with our providers to help stabilize the workforce.

Commissioner Stek states that we will be transitioning to live meetings may be as early as June.

XI. ADJOURNMENT

Commissioner Stek adjourned the meeting at 5:52 pm.

WW/bh