

ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

PLANNING & OVERSIGHT COMMITTEE MINUTES APRIL 14, 2021

Committee Members Present: Katie Kern-Pilch, ATR-BC, LPC-S, Committee Chair, Gregory X. Boehm, M.D., Elsie Caraballo, J. Robert Fowler, Ph.D., Patricia James-Stewart, M.Ed., LSW / Other Board members: Rev. Benjamin F. Gohlstin, Sr., Sharon Rosenbaum, MBA, Harvey A. Snider, Esq.

Absent: Crystal L. Bryant, Esq., MS, LSW, Reginald C. Blue, Ph.D., Jena Olsen

Board Staff Present: Scott Osiecki, Chief Executive Officer, Joseph Arnett, Carole Ballard, Christina Bohuslawsky-Brown, Danielle Clark, Curtis Couch, Erin DiVincenzo, Tami Fischer, Cheryl Fratalonie, Madison Greenspan, Esther Hazlett, Bill Hebble, Myra Henderson, Woo Jun, Leslie Koblenz, Linda Lamp, Vicki Roemer, Clare Rosser, Jessica Saker, Allison Schaefer, Starlette Sizemore-Rice, Michaele Smith, Thomas Williams, Leshia Yarbrough-Franklin, Beth Zietlow-DeJesus

1. Call to Order

Ms. Katie Kern-Pilch, Planning & Oversight Committee Chair, called the meeting to order at 4:01 p.m. Ms. Patricia James-Stewart read into the record the Committee Mission Statement: *"The Planning & Oversight Committee, in cooperation with all partners, advocates for and monitors programs, policies and practices which are continually improved to meet the needs of clients, their families, and the community."*

2. Board Member Attendance Roll Call

Due to the current public health orders surrounding COVID-19, and the Board's commitment to ensuring the health and safety of our Board members, staff, partners, and stakeholders, the Planning & Oversight Committee meeting was held via a Zoom meeting. To assure a quorum, Ms. Linda Lamp, Executive Assistant, completed the Board member attendance roll call.

3. Approval of Minutes

The Planning & Oversight Committee minutes of March 10, 2021 were approved as submitted.

4. Presentations:

Opioid Settlement Providers Annual Updates:

Ms. Leshia Yarbrough-Franklin, Adult Behavioral Health Specialist I, introduced the following three individuals: Dr. Michael J. Biscaro, Psy.D., ABPP (Forensic) Chief, Behavioral Health Service, St. Vincent Charity Medical Center; Mr. Daniel Lettenberger-Klein, MS, MBA, LMFT, Executive Director, Stella Maris; and Mr. Brian Bailys, Co-Founder, Thrive Behavioral Health Care, Inc. All three individuals and their staff presented on their programs as it relates to the Opioid Settlement funds. Ms. Myra Henderson, Adult Behavioral Health Specialist II, reported that she monitors the peer support programs at Thrive Behavioral Health Care, Inc. and St. Vincent Charity Medical Center. Ms. Yarbrough-Franklin monitors the treatment programs at St. Vincent Charity Medical Center and Stella Maris. It was noted that staff meet with the providers on a monthly basis and recently held an annual review meeting last month, which included a summary of the work completed thus far.

St. Vincent Charity Medical Center

Dr. Biscaro reported that St. Vincent Charity Medical Center has been going through a substantial transformation, which includes the following key initiatives:

- Expand access and outpatient services and improving access to services
- Provide Peer Recovery Support and/or coordinators to aid in care transitions
- Expand intensive treatment services
- Establish a panel of providers for integrated care

Expanded Care Team objectives are to improve client engagement in services, ease care transitions and improve health outcomes for those served. These outcomes include decreased admissions, reduced length of stay (LOS), reduced recidivism rates, increased adherence to plans, lower rates of substance abuse and improvement in health conditions for the clients served. Dr. Biscaro stated that over the years, St. Vincent Charity Medical Center (SVCMC) has developed a nice integrated continuum of care; and the Opiate Settlement has assisted with providing a much fuller continuum of care for individuals with

mental health and substance use disorders. He reported that SVCMC's Psychiatric Emergency Department (PED) has the highest levels of care for inpatient and detoxification and stated that they also have an Intensive Outpatient Program (IOP) / Partial Hospitalization Program (PHP) / Integrated Dual Disorder Treatment (IDDT); and provide primary care through outpatient services.

Mr. Ben Silver, Business Manager Behavioral Health at SVCMC, reported on the Peer Support Team. Currently, four Peer Support Specialists are employed on this team. Two of the Peers are utilized on the Inpatient Behavioral Health Units, one Peer is positioned in the Outpatient Substance Use Disorder (SUD) Unit, and the remaining Peer reports to the new Behavioral Health Outpatient Clinic. The peers spend time assisting with patient logistics, presenting in group sessions, and providing one on one support to the clients. Presently, SVCMC staff are in the process of interviewing for an additional Peer and hope to have this person identified and in the on-boarding process soon. Mr. Silver reported that currently the number of documented unique patient interactions since the onset of the program is 136; and has resulted in an equal number of referrals to recovery supports that aided in care transitions.

Ms. Megan Bush, MBA, LISW-S, Director of Intake and Access, Behavioral Health, SVCMC, reported on 24-7 Intake and Access and stated that SVCMC's mission is to increase Inpatient Detox accessibility, so that individuals can get the care they need, when they need it. The response included recruitment and hiring Clinicians exclusively devoted to Intake, welcoming Walk-Ins, transitioning to one point of entry (one telephone number: 216.363.2580 and one door: Emergency Department) and Concurrent Medical and Behavioral Triage to determine whether the individual was meeting the criteria for detox. 24-7 Intake and Access has 6.5 Full Time Equivalents (FTEs) and 2 pro re nata (PRN); which includes a Director (.5) and a Team Lead (1). The operational overview is basically self-referrals, with a small percentage of direct admissions from other hospitals. These individuals have the option of a telephone pre-screen or the ability to walk in to the Emergency Department. She noted that a lot of individuals prefer to call in first; which provides them with an opportunity to discuss bed availability, complete a phone pre-screen to determine whether they meet criteria and to check benefits.

Ms. Bush stated that the 24/7 Intake and Access was launched on November 3, 2020 with the following statistics for the period of November 3, 2020 through February 28, 2021:

- Pre-Screen Calls Received: 1034
- Detox Admissions: 305
- Opiate Detox Admissions: 187
- Walk-Ins were not separately tracked until February 1, 2021
 - Walk-Ins (February 1, 2021 through February 28, 2021): 86
- Percentage of Calls Answered, first time: 87%

Russell Spieth, Ph.D., Director of Outpatient Services at Rosary Hall, reported on the IOP expansion. Starting December 2020, IOP was expanded with a 1:00 p.m. to 4:00 p.m. offering to better meet clients needs and preferences. IOP meets on Monday, Tuesday, Thursday and Friday for 20-sessions. Clients who successfully complete the IOP are offered aftercare and existing FTEs have been used to oversee the expanded IOP. As of March 2021, the expanded IOP has served 28 clients. Seven of the 28 clients were diagnosed with moderate-severe opioid use disorder. Three of the seven engaged in their Medication for Opioid Use Disorder (MOUD) programming. Two of the seven completed IOP and are in their aftercare program. Peer support has been integral to helping IOP clients access external supports and to build self-efficacy.

Dr. Spieth reported that SVCMHC offered PHP, within the past 18-months, and did not receive enough referrals to be viable. Since October 2020, they have been conducting a needs assessment and are meeting with partners to discuss the need for a SVCMC PHP. Thus far, the assessment suggests that PHP needs are currently being met adequately with existing county-level PHP resources, including for people with dual disorders and primary mental disorders. Lastly, SVCMC continues to explore ways to leverage Opiate Settlement funds to aid in their transition. Opportunities to improve enhanced outpatient wrap-around recovery supports that aid in care transitions, and intensive outpatient treatment are their focal points at the present. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

Stella Maris

Mr. Daniel Lettenberger-Klein, MS, MBA, LMFT, Executive Director of Stella Maris, reported that Stella Maris was in the midst of an expansion on campus prior to the Opioid Settlement and stated the following regarding the impact of the Opioid Settlement:

- 12 Bed Men's Residential Treatment opened October 12, 2020
- Implemented Central Intake
- Expanded PHP and IOP
- 120 Additional Individuals Served
- 60 Men served in Residential Treatment

The Residential Treatment model that was built in partnership with the ADMHS Board consisted of do what is needed – meet the needs of the clients regardless of what traditional insurance would have told them a length of stay needs to be. As a result, they made this a comprehensive program with on-site psychiatry, equine therapy, yoga, and guided meditation through a new headphone system.

Mr. Lettenberger-Klein stated that over 27 staff members were hired as a result of the Opiate Settlement funding: 4 Administration, 13 Clinical and Residential Techs and 10 Nurses; and have plans to scale up. He reported that they have officially purchased a space for the long term home for the Residential Program, which is in the former building that Matt Talbot services were provided in Tremont; and is less than a mile and a half from the main campus. The goal is to place at least 32 residential beds at this location.

Stella Maris has also streamlined admissions, renovated temporary space in the old detox, renovated their former cafeteria for expansion and added an additional IOP group. At full capacity, Stella Maris expects to serve 260 individuals in residential treatment and 312 in PHP and IOP per year. From program opening to February 28, 2021 the number of clients served in the various programs are as follows:

- Residential Treatment (opened October 12, 2020) – 60, with an annual target of 260
- PHP (opened August 1, 2020) – 5, with an annual target of 312
- IOP (opened August 1, 2020) – 32
- MAT (opened August 1, 2020) – 23, duplicate with other services

Across all levels of care, but specific to intensive outpatient as well, Stella Maris has launched, not just a residential program, but an LGBTQ+ track and an LGBTQ+ group in intensive outpatient services to create access and equity in all aspects of their services. Once established, Stella Maris would like to see groups that are LGBTQ specific in Detox, Residential, Partial Hospitalization and Aftercare. Mr. Lettenberger-Klein stated that these services were not related to the Opioid Settlement funding but related to the overall expansion - where the services were necessary to do the right thing 100% of the time.

During COVID-19 Stella Maris maintained continuity of residential, supportive housing and outpatient treatment services despite 2 incidences of positive COVID-19 cases on campus. They were able to keep their campus healthy and return to accepting intakes with minimal delay. Precautions to keep the campus safe impacted census at times in Detox and PHP, as well as flow into the other levels of care.

Mr. Lettenberger-Klein highlighted Stella Maris' ongoing expansion and enhancements as follows:

- 32 Bed Residential Treatment for all genders opening by 2022 in the former Matt Talbot building
- Renovation of the temporary Residential space on campus for detox expansion to 36 beds
- Renovation of the St. Malachi Convent for expansion of 17 additional Supportive Housing beds for women
- Completion of the permanent PHP space for expansion to 48 seats.

Mr. Harvey Snider inquired with Mr. Lettenberger-Klein regarding Stella Maris' PHP and whether they have been a proponent of Partial Hospitalization throughout the service provider agencies. Mr. Lettenberger-Klein reported that Partial Hospitalization is an essential level of care that has a success rate of approximately 76%, which is exceptional. They also found that as individuals were going from Detox to Intensive Outpatient, the rate of clients falling off the radar, was exceptionally high; so, more programming in the middle was needed to save lives - and Partial Hospitalization was an opportunity to create more

containment around the individual early on in the recovery process. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

Thrive Peer Support

Mr. Brian Bailys, Co-Founder of Thrive Behavioral Health Care, Inc., reported on Thrive's Opioid Settlement Annual Report. Mr. Bailys thanked the ADAMHS Board for the opportunity to work collaboratively to provide peer support services in the Emergency Departments at University Hospitals (UH); and through a collaborative effort with Ms. Erin Helms, Executive Director of Woodrow.

Mr. Bailys introduced Ms. Mackenzie Phillips, RADT-1, who reported that Thrive Peer Support restores hope by embracing all pathways to recovery that foster trusting relationships, community engagement and personal growth to help peers achieve long-term recovery. Ms. Phillips reported that from May 2020 through February 2021, Thrive Behavioral Health has had 221 referrals in six UH locations, pivoted to telehealth and had a 473% increase in referrals. Over the past year and with ten coaches employed, Thrive has been able to obtain 162 engagements at six locations, which account for 16,926 minutes of peer support provided. As of the end of March 2021, Thrive has added an additional three coaches.

Ms. Phillips reported that as with all things in 2020, COVID-19 had an unexpected impact on service delivery in the ThriveED program. Thrive quickly pivoted to telehealth delivery of peer support services in the UH emergency department settings in May 2020. They expanded telehealth delivery to all six emergency departments in July 2020. This was a unique challenge that required their Peer Supporters to use their motivational interviewing skills on Zoom video conferencing as opposed to building those relationships in person as they had done prior. This also required constant education of hospital staff, as they were learning of Thrive's services remotely and their lack of physical presence was a challenge in generating referrals for eligible patients.

Ms. Phillips reported that a drastic increase in referrals started in 2021. As of February 2021, Thrive has been providing services in person at UH Cleveland Medical Center and UH Parma. They are fully integrated in person with the Emergency Psychiatric Access Team (EPAT) at UH, which is a beneficial partnership that has provided cross referral opportunities for peers who present with dual diagnoses they otherwise may have missed. 27% of all referrals to Thrive in the month of February were generated from the successful EPAT partnership. Thrive is supporting UH Bedford, UH Ahuja, UH Richmond and UH St. John remotely and anticipate an increase with in person services throughout 2021.

When Thrive was fully remote, the average time spent providing peer support services was 56 minutes per referral. The average time spent providing peer support services in February 2021 the first month Thrive integrated in person, was 178 minutes per referral. Lastly, Thrive has had a 218% increase when in person services are provided. 2021 projections for Thrive include 1,000 UH referrals and 800 referrals for ongoing Recovery Services; 30 UH Peer Supporters to support in person teams at 6 UH locations; and 6 additional Cleveland Clinic sites will be added to serve clients in need. The later is thanks to a developing partnership between Thrive and Woodrow.

Ms. Helms reported on expansion efforts with Project SOAR. She reported that for the past few years they have been at the Lakewood Emergency Department and the last 18 months at the Lutheran Emergency Department. As with Thrive, they went to virtual peer support at the beginning of COVID-19 and have been able to maintain a success rate of 84% with referring individuals to their chosen pathway of treatment. She stated that they are looking to add 6 additional Cleveland Clinic sites in partnership between Thrive and Woodrow. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

Housing Assistance Program

Ms. Allison Schaefer, Adult Behavioral Health Specialist II (Residential), introduced Ms. Elaine Gimmel, Executive Director, and Ms. Jen Griffin, Director, Housing Programs, at Emerald Development and Economic Network, Inc. (EDEN), who presented on the Housing Assistance Program (HAP). Ms. Gimmel reported that HAP is a rental assistance program focused on providing housing options for persons in the behavioral health system. The program began in 1990 and was funded by the Ohio Department of Mental Health (ODMH). This program was originally administered by the Cuyahoga County Community Mental Health Board (CCCMHB). HAP was designed to be a one to two year subsidy until a permanent housing option could be obtained. However, this has become a more permanent program based on lack of access to options. In 1998, the

administration of the HAP program transferred to EDEN. In 2007, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) decided to no longer provide funding for HAP, thus the ADAMHS Board began funding the program. In 2012, EDEN closed the waiting list due to the high numbers of applicants on it; which is currently 791 individuals.

By program design, eligibility requirements include the following:

- Persons with Mental Illness (and now Substance Use Disorder)
- Linked to contract agency of ADAMHS Board
- Under Very-Low Income Guidelines
- Lives in Cuyahoga County
- Need for affordable Housing:
 - At Risk of Institutionalization
 - At Risk of Homelessness
 - Living in Substandard Conditions
 - Paying over 50% of Income for Housing

Overall, this program allows clients to choose and live independently anywhere in Cuyahoga County with private landlords in single, duplex, multifamily and apartment buildings. The clients pay 30% of their adjusted income toward rent and utilities. After two years, participants are anticipated to move to a more permanent housing subsidy.

Ms. Griffin reported that during 2020, HAP served 103 households, 83% singles and 17% families. The average Head of Household was 56 years old. ADAMHS Board provider agencies that have the most individuals linked with HAP include: The Centers, FrontLine Service, Murtis Taylor Human Services and Signature Health. The average time on this program is 8.5 years; and with an additional \$500,000 EDEN would be able to add approximately 70 households to this program. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

5. Housing Assistance Program (HAP) Funding

Ms. Schaefer reported that since 1991, EDEN has been providing housing options and assistance for people living with mental illness. EDEN is the housing development agency charged with expanding affordable housing opportunities for individuals with disabilities. EDEN owns and manages over 200 units of scattered-site housing for individuals and families that have a member with a mental illness, owns and manages 667 units of Permanent Supportive Housing for chronically homeless individuals with an additional 71 units in development. These projects have excellent outcomes, in that EDEN maintains approximately 98% occupancy. EDEN also administers rental assistance for over 2,800 households per month, focusing mainly on persons with disabilities and individuals that are homeless. This includes single individuals, families and people re-entering our community from institutions. Additionally, EDEN is the primary provider of the Rapid Re-Housing Program (time limited rental assistance) in Cuyahoga County.

Ms. Schaefer reported that this request will amend EDEN's CY2021 contract for HAP from \$745,665 to \$1,245,665. This increase will help reduce EDEN's HAP waiting list, which is currently 792 individuals, through the addition of 70 households. HAP is a rental assistance program for clients who live with mental illness and allows the clients in the program to choose where they want to live in Cuyahoga County. The clients pay 30% of their adjusted income toward rent and utilities. Temporary (2+ years) housing subsidy with private landlords: singles, duplexes, multi-family, and apartment buildings. Participants should move on to a more permanent housing subsidy after two years, such as the Housing Choice Voucher Program (HCVP/Gateway). Eligibility guidelines include households that meet Federal low-income guidelines, a household member with a documented mental illness, whereby the member of the household living with the mental illness must be linked with services through an ADAMHS board provider agency.

Motion to amend Resolution No. 20-11-07 to utilize increased Health and Human Services Levy funds to provide Emerald Development and Economic Network, Inc. (EDEN) with an increase for the Housing Assistance Program (HAP) in the amount of \$500,000 for the time period of May 1, 2021 through December 31, 2021 to the Finance & Operations Committee. MOTION: G. Boehm / SECOND: P. James-Stewart / AYES: G. Boehm, E. Caraballo, R. Fowler, P. James-Stewart / NAYS: None / **Motion passed.**

6. Youth Wellness Summit 2021

Ms. Erin DiVincenzo, Children's Behavioral Health Specialist, reported that the Substance Abuse and Mental Health Services Administration's (SAMHSA) Healthy Transitions grant is designed to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI) to assist transitioning out of child serving systems to adult serving systems and maximize their potential to assume adult roles, responsibilities and lead full, productive lives. The Effective Leadership Academy (ELA) provides students and professionals with custom designed and interactive programs, which focus on the development and enhancement of critical soft-skills and give youth the social and emotional tools they need to succeed in the 21st Century. A growing number of studies link social competency to one's likelihood of success. The soft-skills (success) that ELA teaches, such as time management, goal-setting, and outside-the-box thinking lay the groundwork for resilience, future employment, productivity and achievement.

ELA will hold a two-day weekend in person/virtual Youth Wellness Summit in Cuyahoga County in September 2021 for students that age from high school juniors and seniors to 25 years of age. During the Summit, students will experience college tours and networking, keynote speakers, partner presentations and a community wellness pitch competition for youth led organizations. Key to the development of the event will be a youth steering committee, which will meet once per month in advance of the Summit (May to September) to decide speakers, session topics and to help plan the event. Their voice will be essential in planning the event, and all youth members of the committee will be compensated for their time. ELA will host a virtual leadership development series to prepare students with essential leadership skills and provide information about the Youth Wellness Summit and how to apply for the Wellness Pitch Competition, which will allow students to deliver a pitch in a "Ted Talk Style" with cash prizes to advance the implementation of the wellness initiative. They anticipate serving 200 students while reaching out to serve youth in the youth development series and the Youth Wellness Summit.

Motion to approve the use of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Healthy Transitions grant to contract with Effective Leadership Academy (ELA) in the amount of \$71,188 for the period May 1, 2020 through September 30, 2021 to the Finance & Operations Committee. MOTION: G. Boehm / SECOND: P. James-Stewart / AYES: G. Boehm, E. Caraballo, R. Fowler, P. James-Stewart / NAYS: None / **Motion passed.**

7. Addiction Treatment Program – Court Administrative Funds

Mr. Joseph Arnett, Adult Behavioral Health Specialist II (Criminal Justice), reported that In July 2020, OhioMHAS approved \$22,477.36 for the Cuyahoga County Common Pleas Drug Court, which was based on the number of Addiction Treatment Program (ATP) clients served in the previous fiscal year. In January 2021, a new Judge was certified, and OhioMHAS authorized additional administrative funds for this Court.

The ADAMHS Board has received authorization from OhioMHAS to make an additional lump sum payment of administrative funds to the Cuyahoga County Common Pleas Drug Court. This authorization was granted after the acceptance of Judge Nancy R. McDonnell's Common Pleas Drug Court Docket into the Addiction Treatment Program. It is estimated up to 215 clients may receive ATP services through these Courts in SFY2021. Per OhioMHAS, these funds may be utilized at the court's discretion. The funds are intended to assist courts in serving more clients and covering staff time for collaboration with other agencies involved in the ATP, notifying Managed Care Plans, paperwork, and other responsibilities related to serving ATP clients.

Motion to amend Resolution No. 20-10-03 to utilize additional Ohio Department of Mental Health and Addiction Services (OhioMHAS) approved carryover funds for Addiction Treatment Program (ATP) administrative funds and approve an agreement with the Cuyahoga County Common Pleas Drug Court in the amount of \$5,600 for the term of July 1, 2020 through June 30, 2021 to the Finance & Operations Committee. MOTION: P. James-Stewart / SECOND: G. Boehm / AYES: G. Boehm, E. Caraballo, R. Fowler, P. James-Stewart / NAYS: None / **Motion passed.**

8. Request for Issuance of Request for Proposal (RFP) for an Organization or Individual Consultant for Diversity, Equity and Inclusion (DEI) Assessment and Planning

Ms. Clare Rosser, Chief Public Affairs Officer, reported that on June 24, 2020, the ADAMHS Board of Directors passed Resolution No. 20-06-01 declaring Racism as a Public Health Crisis. The ADAMHS Board committed to work with its partners to plan immediate, short-term and long-term goals for eliminating structural racism in the behavioral health community. On October 5, 2020, the Board convened the first Eliminating Structural Racism in Behavioral Health Care Work Group. The Work

Group has the following subcommittees: Workforce; Health Equity; Policy and Advocacy; Data and Research; and Community Collaboration/Education and Stigma. The Board included diversity, equity and inclusion work as part of its 2021-2025 Strategic Plan, specifically Goal 1: Ensuring a collaborative and diverse behavioral health service delivery system that prioritizes equity and inclusion and meets the needs of residents of Cuyahoga County. To continue this work, the Board seeks an organization or individual consultant to conduct an assessment of the scope of structural racism in the Cuyahoga County Behavioral Health System, as well as develop a plan for the ADAMHS Board in addressing and eliminating structural racism.

Motion to request approval by the Board of Directors to issue a Request for Proposal (RFP) for an Organization or Individual Consultant for Diversity, Equity and Inclusion (DEI) Assessment and Planning to the full Board. MOTION: G. Boehm / SECOND: P. James-Stewart / AYES: G. Boehm, E. Caraballo, R. Fowler, P. James-Stewart / NAYS: None / **Motion passed.**

9. Public Comment Policy Discussion

Ms. Kern-Pilch reported that the structure of an agenda for the ADAMHS Board of Directors meetings concludes with opening the floor for New Business and audience input, which is a valuable part of these meetings. This portion of the agenda provides the opportunity to introduce new information and open dialogue. The ADAMHS Board appreciates this community exchange and frequently follows up on concerns and ideas shared. During the conclusion of some of the more recent meetings, it has been brought to the Board's attention that the dynamics for open, transparent and respectful gatherings have to be appreciated. As a result, Board members have been looking at how to maintain this dialogue at the end of each Board meeting.

After dialogue was had; and given no further discussion regarding the policy statement, Dr. Fowler requested that the policy be revised for the inclusion of a three minute limit for any speakers at the beginning or end of any ADAMHS Board of Directors meetings.

Motion for the revision of the ADAMHS Board's Public Comment Policy for the inclusion of a three minute limit for any speakers at the beginning or end of any ADAMHS Board of Directors meetings be recommended to the full Board. MOTION: R. Fowler / SECOND: G. Boehm / AYES: G. Boehm, E. Caraballo, R. Fowler, P. James-Stewart / NAYS: None / **Motion passed.**

10. New Business – None

11. Upcoming April and May Board Meetings:

- Finance & Operations Committee Meeting: April 21, 2021
- General Meeting: April 28, 2021
- Community Relations & Advocacy Committee Meeting: May 5, 2021
- Annual Meeting: May 10, 2021
- Planning & Oversight Committee Meeting: May 12, 2021
- Finance & Operations Committee Meeting: May 19, 2021
- General Meeting: May 26, 2021

There being no audience comment or further business, the meeting adjourned at 5:32 p.m.

Submitted by: Linda Lamp, Executive Assistant

Approved by: Kathleen Kern-Pilch, ATR-BC, LPC-S, Planning & Oversight Committee Chair