SI SUPRT Meeting Minutes March 5, 2025 12:00-1:00

Attendance

In person:

Chris Dennis, EHD

Danielle Camp, EHD

Katie Unthank, EHD

Drew Donelson, EHD

Hannah Jude, EHD

Matt Shaffer, EHD

Starla Yarber, EHD

Carolyn Hoskins, EHD

Jennifer Head, EHD

Courtney Jones, EHD

Misty Eftink, EHD

Jerrie Baxley-Brown, EHD

Stacey Miller, EHD

Kindra York, EHD

Jessica Holloman, EHD

Jordan Pilkington, EHD

Holly Kotner, EHD

Angie Hampton, EHD

Lori Clendenin, EHD

Tonya Potts, EHD

Jessica Carter, Ferrell Hospital

Hailey Parker, EHD

Wanda Scates, EHD

Stacia Penrod, EHD

Faith Cluster, TASC

Via Zoom:

Julie Pohlman, Region 4 ROSC Erica Vining, Rural Health Inc. Amy Oxford, Senator Fowlers office Erin Rochford, SATTC Tricia Harrison, EHD Ernie Fowler, EHD
Theresa Oxford, EHD
Dr. Michael Blain, CRHPC
Hailie Ragan, Hamilton Memorial Hospital
Brittany Bulfer, EHD
Jesse Nelson, PLE
Charly Gordon, EHD
Reace McCoy, EHD
Margot Cepeda, VA
Kimberly Scott-Pilkington, EHD
Elizabeth Cook, EHD

Standing Coalition Business

- Approval of February Meeting Minutes. The February meeting minutes were approved unanimously. Motion made by Kindra York, seconded by Katie Untank.
- Jessica Carter from Ferrell Hospital was introduced. Jessica facilitates the "B Free from Addiction" program, a weekly faith-based recovery meeting at the Apostilic Church of Wasson.

New and Standing Coalition Reports

- Erica Vining (Rural Health Inc.) provided an informative presentation to the council regarding Meth Induced Psychosis. She spoke on the "evolvement of protocol", including factors such as early detection, crisis care provision, and access to a support group during the detox phase. She added additional information in regards to the "level of psychosis" and the correct order of treatment, including a medical assessment. She led the majority of the council meeting providing an opportunity for a question and answer. She explained appropriate response and treatment for meth-induced psychosis (MIP), emphasizing safety and stabilization as primary goals. For crisis or medical staff, the initial approach involves calming the environment, assessing the severity of symptoms, and determining if emergency medical care is needed. Treatment may include benzodiazepines for acute agitation or antipsychotics in severe cases, though MIP often resolves after meth use ceases. While most individuals recover fully, some may experience prolonged psychosis, particularly if an underlying psychiatric disorder is unmasked. Differentiating MIP from primary disorders like schizoaffective disorder relies on onset timing and substance use history, though definitive diagnosis can be challenging in crisis settings. Hospitalization is warranted if safety is compromised, but outpatient care may suffice for milder cases. The key focus is immediate safety, symptomatic treatment, and promoting long-term substance use treatment to prevent recurrence.
- Recovery Services Program shared an overview of their recent recreational recovery group at the bowling alley and were pleased to add the evening was well-attended, with

- 32 people in attendance, including spouses and children. They added that more events are being planned and will be shared with the council as plans are completed.
- Chris Dennis (EHD) shared a flyer for an upcoming Laundry Event that will take place in Harrisburg on March 10th. These free laundry events will be held throughout the year in various service areas, partnering with other providers for resources and funding.
- Chris added that the Community Resource Assessment has been submitted. This was shared with the council. The focus now is on completing the strategic plan for the next year, this will be discussed in depth during the next council meeting,
- In an open discussion among attendees, the need for detox being provided in emergency rooms was emphasized. Such a program would require more manpower as well as staff being properly trained on the process of detox. Additionally, more hospital beds would be needed as well as transportation. Insurance is often reluctant to cover such a treatment, as well as alcohol treatment. Typically, insurance allows for a 23 hour observation and true detox requires much more time than they provide coverage for.
- The need for a service such as an Oxford House remains a main focus. This will be a reoccurring discussion item within the council.
- Kindra York, a ROSC PLE and Recovery Support Specialist at EHD, was presented with Employee of the Month at the end of our council meeting.

Motion to Adjourn

• Motion was made by Kindra York to adjourn the meeting, with Holly Kotner seconding the motion. The motion was passed unanimously.

Next meeting is scheduled for Wednesday, April 2nd at noon via Zoom