

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

COMMUNITY RELATIONS & ADVOCACY COMMITTEE NOVEMBER 6, 2013

Committee Members Present: Reginald C. Blue, Ph.D., Elsie Caraballo, Richard A. Folbert, Robert Fowler, Ph.D., J. Richard Romaniuk, Ph.D., Eileen Saffran, LISW-S, Harvey A. Snider, Esq. / **ABSENT:** David E. Biegel, Ph.D.

Board Staff Present: William M. Denihan, C.E.O., Tonya Birney, Carol Krajewski, Scott Osiecki

1. CALL TO ORDER & AUDIENCE INPUT

Committee Chair, Robert Fowler, called the meeting to order at 4:00 p.m.

2. APPROVAL OF MINUTES

The Community Relations & Advocacy Committee minutes from July 3, 2013, were approved as submitted.

3. LEGISLATION/ADVOCACY UPDATE

On behalf of Mr. Denihan who was participating on a conference call, Mr. Osiecki updated committee members on current legislation and advocacy efforts.

- **SB 7: Notification of Law Enforcement Agencies:**

On 9/4/13, Senate Bill 7 was signed by the Governor and went into effect; it requires the entry of mental health information into a law enforcement database for convictions of offenses that involve individuals with a mental illness. The bill requires that a court report certain information to the local law enforcement agency for entry into the appropriate National Crime Information Center file if the court approves the conditional release of a person found incompetent to stand trial or not guilty by reason of insanity or orders a person convicted of an offense of violence to receive mental health treatment.

PENDING LEGISLATION

- **House Bill 170: Naloxone Immunity**

The Ohio House of Representatives passed HB 170 on October 16 that was then sent to the Senate and assigned to the Medicaid, Health & Human Services Committee. The bill authorizes a physician or an advanced practice registered nurse or physician assistant to prescribe naloxone to a friend, family member or other person in a position to provide assistance. The person receiving the prescription and giving the naloxone must call emergency services when administering it to an individual who is apparently experiencing an opioid-related overdose. This call must be made in order to avoid criminal prosecution.

- **Senate Bill 182: Ohio Works First Drug Testing Pilot Program:**

SB 182, introduced on 9/3/13 and assigned to the House Medicaid, Health & Human Services Committee, creates an Ohio Works First drug testing pilot program to be operated for 2 years in 3 counties to be determined by the Director of Job & Family Services. Crawford County has already volunteered to participate in the pilot program. The program appropriates \$100,000 (GRF dollars) to the Department of Mental Health and Addiction Services for treatment services and requires that individuals seeking benefits through the Ohio Works First program must complete a self-assessment about their drug use. Opposition to the bill says it is discrimination, targets women and the \$100,000 set aside will not provide treatment for many people. Our Board Association doesn't think that it has a chance as a stand-alone bill, but there might be attempts to add it during the mid-biennium review (MBR).

- **Minors & Outpatient Mental Health Treatment**

The Legislative Service Commission is working to revise the Ohio Revised Code regarding minors and outpatient mental health treatment. The changes include:

- A parent who is not the residential parent of a child may provide consent for mental health treatment, such as in a divorce, unless the court determines the non-residential parent is unfit.
- A section addressing a minor's (14 years or older) request for outpatient services from a mental health professional, excluding medication, without knowledge of the parent. The change proposed will say that "a mental health professional may provide outpatient mental health services to a minor who requests without consent of a parent if the minor is 11 or older and the minor is mature enough in the opinion of the professional to participate in the services."
- A limit of 6 sessions remains, but the 30 day timeline for the delivery of the sessions has been removed.

- **HB 314: Prescribing Opioids to Minors**

HB 314, sponsored by Rep. Nan Baker, was introduced on 10/24/13 and assigned to the House Health and Aging Committee as a result of the House Prescription Drug Addiction and Healthcare Reform Study Committee's hearings. The bill requires doctors to obtain explicit informed consent from parents or guardians when prescribing opioids to minors, except in an emergency.

- **HB 92 Syringe Exchange**

Rep. Nickie Antonio sponsored HB 92 that passed the House in early October. The bill permits a local Board of Health to establish a syringe exchange program for injection drug users to reduce the transmission of blood borne pathogens and specifies that the program's cost is the board's responsibility. The Board of Health may contract with a private, nonprofit organization to operate a program. Program employees, volunteers, and participants are not subject to criminal liability under current laws relating to the possession of hypodermics. Ohio Department of Mental Health and Addiction Services (OhioMHAS) will develop standards for wallet certificates issued to participants of syringe exchange programs. The bill is now in the Senate's Medicaid, Health & Human Services Committee.

4. ROADS TO RECOVERY CONFERENCE DEBRIEFING

Mr. Osiecki distributed copies of Recovery Conference Debriefing document and highlighted details related to the conference entitled, "A Journey Beyond Medicaid" on 9/16/13. A total of 250 people attended; 20% were consumers or mental health or addiction services. The budget was reviewed and Conference Director, Mr. Osiecki reported that the Recovery '13 Conference met all of the conference goals and comments and lessons learned were shared. (The debriefing document is attached to the original minutes stored in the Executive Unit.)

5. LEVY UPDATE

Mr. Denihan extended congratulations to all as a result of the passage of Issue 1. The outcome results were: 130,894 "Yes" votes to 108,681 "No" votes; the breakdown was 55% for the levy and 45% against. Mr. Denihan recognized the great job done by Mr. Osiecki on the phone bank and other areas in support of Issue 1.

- **Medicaid Expansion**

Mr. Denihan reported that on 10/21/13 the Controlling Board voted 5-2 to accept \$2.5 billion in extra Medicaid funds from the federal government. This decision will provide coverage for 275,000 Ohioans who have not been eligible for the program on January 1, 2014. Opponents of the expansion have filed a lawsuit with the Ohio Supreme Court. This basis of the lawsuit is that the Controlling Board exceeded its authority. As of today, the Court is receiving and reviewing the briefs from both sides, and hopes to have a decision by mid-December.

6. COUNTY BUDGET ADDENDUM

Given the passage of the Health & Human Services Levy, Mr. Denihan addressed the Board's plans for requesting a funding increase from County Council as well as the process. He noted that at the October General Meeting, the Board received and considered the draft request totaling \$15 million.

On 10/23/13, staff participated in a Strategic Brainstorming Session and on 10/30/13 the community and Board participated in a similar session. Board staff has used input from both strategic planning sessions to further develop the request. The suggestions were reviewed and categorized into 10 areas in alphabetical order: Adolescents/Youth; Collaboration/Advocacy; Consumer Care/Service Provision; Criminal Justice; Employment; Housing; Prevention; Special Programs; Training; Work Force Development.

Board staff then worked to determine whether the items: 1) were already included in the Draft Request; 2) needed to be discussed further to assign a dollar amount and be included in the request; 3) did not apply directly to the Board's mission and will not be considered. The revised request/document will be presented to County Council on 11/14/13.

7. HEROIN PREVENTION AWARENESS CAMPAIGN

Mr. Osiecki reported that the first phase of the Heroin Prevention Awareness Campaign will aim to reach as much of the target audience (youth/teens, ages 12-17, middle-aged men, and women ages 18-25) as possible by radio with a concentrated message. The second phase of the campaign will include billboards, RTA placards and social media messages to complement the radio spots. The two radio messages were reviewed.

Motion to recommend approval of the first phase of the Heroin Prevention Awareness Campaign to the Committee of the Whole. MOTION: R. Blue / SECOND: R. Folbert / AYES: R. Blue, E. Caraballo, R. Folbert, R. Romaniuk, E. Saffran, H. Snider / NAYS: None / **Motion passed.**

8. CRISIS TEXT

FrontLine, Inc. is certified to provide Crisis Chat in addition to operating the suicide prevention hotline. CONTACT-USA, the organization that certified FrontLine for Crisis Chat, joined forces with Link2Health Solutions, an agency that operates the National Suicide Prevention Lifeline, to develop a Crisis Text program since there was no national texting program for youth in crisis. FrontLine was contacted by CONTACT to see if they would be interested in becoming one of the first to provide text service for crisis intervention. FrontLine agreed and submitted a proposal. Organizations will soon be selected to participate in the national implementation in 2014.

To be considered, FrontLine has committed to answering crisis texts 4 hours per day, 5 days per week with the ability to interact with a minimum of 5 concurrent conversations. If selected, two Frontline staff members will attend a 1.5 day "Youth and Texting" conference in New York City on December 14th and 15th and will receive a free registration for one staff member to attend. As the agency is required to send two staff members, FrontLine has requested, if selected, that the ADAMHS Board pay for the registration and travel expenses for the 2nd staff member. Mr. Denihan has agreed to pay for it out of the Suicide Prevention funds available. Additionally, Frontline would need an additional \$76,861 per year for staff to operate the program. It was reported that this need was also included in the Budget Addendum being submitted to County Council.

9. QPR (QUESTION, PERSUADE & REFER) SUICIDE PREVENTION GATEKEEPER TRAINING

QPR teaches three simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. We helped to present a joint QPR training at the Cleveland Clinic in Solon with the Mental Health Recovery Board of Wayne & Holmes Counties, who received a grant from the Margaret Clark Morgan Foundation to provide the trainings throughout their counties. The Board is seeking \$10,000 from the foundation to bring QPR to Cuyahoga County. If the grant is received, a match is required, dollar for dollar, to meet the project's \$20,000 budget and to express our belief in the importance of QPR. This budget would cover the initial training of 15 individuals to become QPR Certified Trainers and 30 actual Gatekeeper Training sessions throughout Cuyahoga County.

Our goal is to train healthcare workers in Cuyahoga County who are most likely to encounter people at risk for suicide. The American Association of Sociology reports that 45% of individuals who die by suicide visit their primary care physician within one month of their death and 20% visit within 24-hours.

10. MENTAL HEALTH FIRST AID TRAINING

The Ohio Association of County Behavioral Health Authorities (OACBHA) received a grant from the OhioMHAS to host 3 week-long Mental Health First Aid-Adult Course (MHFA) Instructor trainings. As part of the grant, local Boards are required to participate by having two staff certified provide MHFA trainings. Each training participant was required to complete the full 5-day training, pass a short written exam and evaluated presentation to achieve certification.

In order to remain certified, the trained staff must: (1) provide the MHFA program 3 times per year; (2) be responsible for coordinating local MHFA trainings (possibly partnering with the Board of Developmental Disabilities), and (3) participate in OACBHA's quarterly learning collaborative meetings.

Since Recovery Resources runs a successful Mental Health First Aid Training program and even trained our staff and Board of Directors, we wish to acknowledge that we are not in competition with Recovery Resources. Since we will be required to provide at least 3 trainings per year to the community, Mr. Denihan has met with Debbie Rodriguez, CEO of Recovery Resources, to consider having our trainers partner with Recovery Resources as they provide the trainings. Details are yet to be worked out.

11. 2014 TRAINING INSTITUTE DISCUSSION

Based upon an evaluation of the Training Institute & related costs since January 2013, Mr. Osiecki and Tonya Birney reported the following statistics:

- o 23 Workshops held
- o 485 attendees participated
- o \$15,047 gross registrations (\$25 for ½ day; \$45 for full day)
- o \$233 expenditure for Eventbrite fees.
- o \$6,600 in trainer fees. (\$200 for ½ day; \$400 for full day)
- o \$8,214 net revenue after expenses.
- o Evaluations were very positive.

During the May 1, 2013 Community Relations & Advocacy Committee, there was a discussion about raising the stipends for the presenters and the fees for attendees. Dr. Blue advocated for raising compensation rates for presenters as well as training fees for students and felt strongly that workshop fees were extremely low in comparison to other educational providers in the area.

Dr. Romaniuk noted the importance of keeping training fees low or free in an effort to support the system and also as a benefit to staff that had low salaries. Mr. Denihan suggested that the staff review these issues and assess the quality of presentations, cost of providing trainings, stipends being paid out and overall fees for trainees.

On June 13, 2013, and September 13, 2013, Ms. Birney met with the Training Institute Advisory Committee to explore the specifics of raising fees for trainees and stipends for presenters. The Advisory Committee recommended increasing the stipends for presenters to attract a wider variety of topics while maintaining the current workshop fees for attendees; consequently, Mr. Osiecki and Ms. Birney propose the following:

- **Increase in stipends for Presenters:**
 - \$300 for ½ day
 - \$600 for full-day
 - Have the increase go into effect in February of 2014, since the Fall and Early Winter Schedule has been set and trainers agreed to the current stipends.
- **Maintain the current workshop fee schedule for attendees:**
 - \$25 for ½ day
 - \$45 for full day

CR&A Committee members discussed the proposal. Ms. Tonya Birney, Training Officer, answered specific questions regarding the challenges in obtaining presenters; it was noted that the Advisory Committee has this as one of its responsibilities. The committee recommends keeping the registration fee the same since the evaluation of past year's activities nets a profit that is used to sponsor the bi-annual Recovery Conference. Mr. Denihan suggested adopting the recommended stipend and fee schedule for a 6-months trial period. Mr. Osiecki recommended implementing the proposed change in February 2014 when the next Training Schedule shall be distributed.

Motion to recommend approval of increasing the stipend schedule for presenters and to keep the fee schedule for attendees the same for a six-month trial period to begin in February 2014. MOTION: R. Blue
SECOND: H. Snider / AYES: R. Blue, E. Caraballo, R. Folbert, R. Romaniuk, E. Saffran, H. Snider / NAYS: None
Motion passed.

12. MEDIA TRACKING REPORT

For the time period of July 4, 2013 through November 6, 2013, the ADAMHS Board had a total of 31 media hits; all considered positive. Our total media hits for the year is 96, with 84 positive and 12 neutral. (The Media Tracking Report is attached to the original minutes stored in the Executive Unit.)

There being no further business, the meeting adjourned at 5:25 p.m.

Submitted by: Carol Krajewski, Executive Specialist

Approved by: J. Robert Fowler, Ph.D., Community Relations & Advocacy Committee Chair