

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

COMMUNITY RELATIONS & ADVOCACY COMMITTEE

MAY 7, 2014

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

Board Staff Present: Scott Osiecki, Frank Brickner, Valeria Harper, Carol Krajewski,

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 November 6, 2013, were approved as submitted.

3. LEGISLATION/ADVOCACY UPDATE

Mr. Osiecki updated committee members on current legislation and advocacy efforts.

STATE LEGISLATION:

- **State Budget Mid-biennium Review (MBR) Background & Update:**

The Ohio House passed House Bills 369 and 483 on April 9 that outline addiction services proposed to address the heroin epidemic and to combat the deaths by heroin overdose that in our County have quadrupled over the last few years. Although services are necessary, the bills call for funding the services at the expense of the people relying on mental health and other addiction services.

Both bills reallocate State Line Item 507 funds that were already allocated in the SFY14 & 15 biennium budget to local Boards to provide essential recovery support services that are not covered by Medicaid and are unique to each community. On a state-wide basis, that means \$47.5 million in 507 funds would be redirected from the original legislative intent of using the funds to solve local community needs to using them now to meet State determined priorities.

For Cuyahoga County, that means a loss of \$7.5 million in State Fiscal Year 2015 funding that provides services. Since this 507 funding was approved by the General Assembly, local ADAMHS Boards have initiated contracts in good faith that the State of Ohio would keep their agreement. Passage of these bills eliminates the rights and responsibilities of the County to assess the local community's addiction and mental health needs, set priorities, and evaluate and fund programs with public dollars through the ADAMHS Boards; and, as a result, we may have to end or amend contracts with our providers..

Proposed Strategy:

- Focus on the Senate that is returning from Spring break on Tuesday May 13.
- OACBHA formed a panel of local Board members to testify before the Senate Finance Committee on 5/13.
- Our Board Chair, Harvey Snider, will participate on this panel and will be the first speaker. He will explain that this is a panel of citizen volunteer Board members, appointed by either OhioMHAS or the County, who make decisions at the local level as they know best what their communities need as they live and work in these communities and know far better what the local priorities are.
- Mr. Snider will then lay out 3 key actions:
 1. Keep the budget as passed in the biennial budget HB 59.
 2. Support additional funding to backfill the proposed \$20 million loss to local communities from the Substance Abuse Prevention and Treatment Federal Block Grant.
 3. Create a *Mental Health and Addiction Services Planning for Ohio's Future Study Committee*.

- **HB 104: Civil Commitment of People with Mental Illness:**

HB104 passed the House on 12/11/13 has moved to the Senate. The bill makes changes to clarify the laws governing civil commitment of and treatment provided to people with mental illness (as listed below):

- a) Clarifies that a county probate court may order someone who meets established criteria to outpatient treatment as a less restrictive alternative to hospitalization.
- b) Eliminates the ambiguity in existing law with regard to the conditions under which a person is considered a mentally ill person subject to court ordered treatment.
- c) Specifies the types of services that court ordered outpatient treatment plans may include.
- d) Places the affidavit form in the statute so families and others can find it when they believe there is probable cause that an individual meets the criteria for mentally ill person subject to court order.
- e) Clarifies that the affidavit should be filed with the Probate court.
- f) Specifies that a correctional facility or jail *is not* considered a suitable facility for someone who is mentally ill subject to a court order.

FEDERAL LEGISLATION:

- **HR 3717: Helping Families in Mental Health Crisis Act of 2013:**

Congressman Tim Murphy of PA believes that the federal government's approach to mental health has been a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies and is unable to care for millions of Americans and their families who have severe schizophrenia, bipolar disorder, and major depression. He's interested in mental health because he is a child psychologist by training and co-author of two books ("The Angry Child: Regaining Control When Your Child Is Out of Control" and "Overcoming Passive-Aggression"). He believes that his Helping Families in Mental Health Crisis Act fixes the nation's broken mental health system by focusing programs and resources on psychiatric care for patients & families most in need of services.

The legislation would amend the Health Insurance Portability and Accountability Act (HIPAA) to allow family members greater access to the private health information of mentally ill people in their care, while increasing Medicaid funding for psychiatric beds.

- The bill aims to withdraw mental health block grant funds from states that do not pass less strict standards for involuntary care, which often includes medication.
- It would also defund or restructure federal initiatives on mental illness that Murphy argues are ineffective, such as SAMHSA. The bill has roughly 20 other sections, many of which are not controversial.
- Several groups are divided over the bill's commitment to easing standards surrounding involuntary treatment, a policy known as "assisted outpatient treatment."
- Some do not support changing the SAMHSA funding and program authorizations, changing the Community Mental Health Block grant or the changes to the federal HIPAA privacy law.
- Supporters of the measure approve of moving towards data-driven, evidence-based models of care so treatment is accessed not through the criminal justice system but the healthcare system.
- Congressman Murphy is building some momentum for his measure; it was recently endorsed by the *Washington Post* editorial board, and has 74 House co-sponsors including Congresswoman Marcy Kaptur.

A 4-page written summary on House and Senate Bills that are currently pending in the legislature or enacted into law was shared with committee and audience members. The status update was prepared by OACBHA and is attached to the original minutes stored in the Executive Unit.

4. MEDICAID EXPANSION UPDATE

As Starlette Sizemore Rice, Public Benefits Administrator, is in Washington attending a conference with Mr. Denihan, Mr. Osiecki will present her report while Mr. Brickner will provide additional input.

MEDICAID EXPANSION UPDATE (Continued)**FEDERAL UPDATES**

- 8 million people signed up for private insurance in the Health Insurance Marketplace.
- 3 million young adults gained coverage thanks to the Affordable Care Act by being able to stay on their parents plan.
- 3 million more people were enrolled in Medicaid and CHIP as of February, compared to before the Marketplaces opened. Medicaid and CHIP enrollment continues year-round.
- 5.7 million people will be uninsured in 2016 because 24 States have not expanded Medicaid.
- Approximately 60 million Americans have gained expanded mental health and substance use disorder benefits and/or federal parity protections.

STATE UPDATES

- From October 1, 2013 to March 31, 2014 - 345,299 Ohioans applied for Medicaid coverage through Ohio Benefits, the state's new online eligibility system.
- Of these, 225,574 (65 %) have been resolved, with 180,877 individuals enrolled in Medicaid and 44,697 determined ineligible.

Medicaid coverage numbers described above include 106,238 Ohioans who are "newly eligible" as a result of Ohio extending Medicaid coverage to more low-income residents on January 1, 2014. Ohio's actuaries estimate 563,000 Ohioans are newly eligible for Medicaid and 366,000 will sign up for coverage by June 2015.

In addition to the enrollment numbers described above, Ohio Medicaid will convert 26,000 Ohioans who currently receive Medicaid coverage through Metro Hospital (Metro Care Plus) to "newly eligible" status on April 14, and process 117,000 applications that were pending in the federal system as follows:

- 45,000 (38 percent) are already in the state system;
- 39,000 (33 percent) will be processed automatically on April 28; and
- 33,000 (28 percent) will be transferred to county caseworkers to process, first as a pilot in Licking County on April 7, then to low-caseload counties on April 14, and finally to high-caseload counties on April 21 with an option for those counties to seek assistance from others to work pending cases.

By May 2014, Ohio Medicaid estimates that most of the initial influx of cases will be processed. At that point, the Department will conduct a more in-depth analysis to understand and report details about who enrolled. Current figures: nearly 155,000 Ohioans signed up for healthcare through the Affordable Care Act

LOCALLY

- All ODJFS staff is trained to use the new eligibility system.
- Staff at each ODJFS center is working on backlogs.
- Processed backlogs from 2013 through March 2014.
- Continued training for community/providers on applying for benefits online using Benefits Ohio.
- Still working in two systems CRISE/New eligibility system.
- Will be hiring more staff.

Mr. Brickner noted that, on a weekly basis, the Board receives Medicaid Extract Reports from the state that identify the totals being paid under Medicaid for the mental health and addiction services that we would be paying for if persons were not Medicaid eligible. It was noted that the amount of cost savings has gone up significantly. Mr. Brickner reported that the Board will track the report weekly, and review its budget and contracts to understand the variables impacting the numbers. It was noted that providers have one year to submit their Medicaid claims. Mr. Brickner stated that it is still too very early to speculate the financial impact.

Ms. Harper also expressed her concern regarding current cost saving figures for the Board as the interpretation may be giving a false reading. With regard to Medicaid Expansion, she noted that eligibility is no longer based on medical necessity; it is now based on level of income. Given this change, Ms. Harper noted that agencies may be providing increased counseling services in the future.

5. DISCUSSION OF DRAFT ADVOCACY/SOCIAL MARKETING STRATEGIC PLAN SECTION

Mr. Osiecki reviewed the Advocacy/Social Marketing section of the Strategic Plan by highlighting objectives, actions, and accomplishments. He noted that the following objectives have been added:

- 2.4** - Mental Health First Aid and Question, Persuade and Refer (QPR) Training to public and partner systems.
- 3.0** - Support efforts to eradicate the heroin/opiate epidemic in Cuyahoga County and the State of Ohio.
- 4.0** - Promote spirituality in the recovery process and the connection of the spiritual perspective with treatment interventions and best practices.
- 5.0** - Promote SHARES (Shared Health and Recovery Enterprise System) among providers, staff and other Boards.

Discussion followed on action 2.5, "Support statewide and national efforts to stop using the term "consumers" when referring to people living life with a mental illness and/or addiction" by the elimination of the term, consumers, from ADAMHS Board publications, documents and other written and oral communication. Mr. Osiecki noted that this issue is also a part of the 2014 Advocacy Action Agenda and was adopted as a result of input from people living with mental illnesses or other dependence issues.

Committee member Input:

- For objective 1.3, Dr. Romaniuk suggested "seeking medical community input" regarding medical and recreational use of marijuana." Dr. Fowler suggested that Dr. Romaniuk might consider coordinating such an effort.
- Mr. Denihan arrived and added that efforts will be made to add approximate dates to the Strategic Plan working document. Those items completed will be moved to the back of the document.
- Dr. Biegel suggested adding a goal to educate the media, for example, not to use the phrase or term, "the mentally ill" when writing articles, etc.

6. REMINDER/UPDATE – ADAMHS BOARD ANNUAL MEETING

The ADAMHS Board's Annual Meeting is scheduled for Monday, May 19, 2014, at the Marriott Airport Hotel on West 150th Street. As of today, 196 people have registered.

7. MEDIA TRACKING REPORT

For the time period of January 8, 2014 through May 7, 2014, the ADAMHS Board had a total of 24 media mentions. Of this number, 22 were considered positive, 2 neutral and 0 negative. Mr. Osiecki reported that many of the media hits were focused on the heroin epidemic. (The Media Tracking Report is attached to the original minutes stored in the Executive Unit.)

There being no further business, the meeting adjourned at 4:55 p.m.

Submitted by: Carol Krajewski, Executive Specialist

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