

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

COMMUNITY RELATIONS & ADVOCACY COMMITTEE

MAY 6, 2015

Committee Members Present: David E. Biegel, Ph.D., Harvey A. Snider, Esq., J. Richard Romaniuk, Ph.D.

ABSENT: Reginald C. Blue, Ph.D., Elsie Caraballo, Cassi Handler, Eileen Saffran, LISW-S

Board Staff Present: William M. Denihan, C.E.O., Katie Boland, Valeria Harper, Carol Krajewski, Scott Osiecki

1. CALL TO ORDER & AUDIENCE INPUT

Committee Chair, Harvey A. Snider, Esq., called the meeting to order at 4:00 p.m.

2. APPROVAL OF MINUTES

The Community Relations & Advocacy Committee minutes from March 4, 2015 were approved as submitted.

3. HB 64: FY16/17 STATE BIENNIUM BUDGET

HB 64 - the SFY 16/17 Biennial Budget Bill passed the House of Representatives on April 22 and was referred to the Senate Finance Committee on April 29. This bill does not include a restoration of \$30 million per year in the OhioMHAS 421Continuum of Care line item requested to offset the \$50 million that will be lost in 507 funding.

An amount of \$9.5 million was placed in the Ohio Department of Mental Health and Addiction Services (OhioMHAS) budget to be used for specific addiction services for the criminal justice population, with \$4.5 million for creating additional Addiction Treatment Pilot Programs for 15 identified counties, which does not include Cuyahoga County, and \$5 million to expand case managers in drug courts. Although we appreciate the focus on the drug epidemic and the additional \$9.5 million investment, we are still concerned about the need for adequate and stable funding for the mental health community.

Desired language in the budget bill that would have removed a restriction that Boards could only own recovery housing if it owned the facility prior to September 2016 or in an emergency as the last resort was not included. Also, language related to the protection of clients' rights receiving behavioral health services from a managed care organization was not included but may be added in the Senate by Senator Burke from a region near Sandusky.

Cheri Walter from the Ohio Association of County Behavioral Health Authorities (OACBHA) and Mr. Denihan had a good meeting with Senators Skindell and Patton at the end of April around these issues. Senator Patton said he is willing to support the \$30 million to the Boards and responded positively to discussion regarding stability and continuity. He also reacted positively to the fact that 17,000 increased individuals in system with Medicaid Expansion need recovery supports.

4. LEGISLATION/ADVOCACY

UPDATE:

▪ **HB 28 – Suicide Prevention in Higher Education**

On March 25th, the Ohio House of Representatives unanimously passed HB 28, Suicide Prevention in Higher Education legislation. Sponsored by Representative Anielski, this bill would require state higher education institutions to develop and implement policies to advise students and staff on available suicide prevention programs and calls for OhioMHAS and the Ohio Board of Regents to make information about suicide prevention materials and programs available on its website. The bill was assigned to the Senate Education Committee on April 14th.

▪ **SB 129: Insurers-Prior Authorization Requirements**

Senators Gardner and Cafaro introduced SB 129, a bill designed to address issues related to prior authorization. This proposed legislation would ensure transparency, consistency, and timeliness for prior authorization requirements implemented by health insurance plans in both the public and private sector in Ohio. The bill has been referred to the Senate Insurance Committee for further review.

- **Federal Breaking Addiction Act of 2015**

U.S. Representatives from Ohio—Representative Marcia Fudge, Representative Tim Ryan, and Representative Marcy Kaptur—introduced the Breaking Addiction Act of 2015, HR 1988. This bill, originally introduced in 2014, is designed to address a significant barrier to accessing inpatient addiction treatment by directing the Secretary of the U.S. Department of Health and Human Services to accept applications to waive the IMD exclusion from states that seek to provide comprehensive addiction treatment in their jurisdictions. The bill would specifically facilitate reimbursements to states that provide addiction treatment in facilities of not more than 60 beds.

- **Federal REDEEM Act**

The REDEEM Act was introduced in the US Senate and its companion bill introduced in the U.S. House in March. This legislation, that has bipartisan support, would eliminate barriers preventing qualified individuals from obtaining work. REDEEM stands for Record Expungement Designed to Enhance Employment and creates a pathway for adults and youth who have certain federal offenses on their record to have their records sealed or expunged.

- **Federal Opioid Overdose Reduction Act**

A bipartisan group of U.S. Senators introduced a bill that would offer legal protections to first responders, family members, and volunteers who are educated to administer opioid overdose reversal drugs. The bill has been referred to the Senate Judiciary Committee. A similar “Good Samaritan” was introduced in both the House and Senate last year, but did not go forward.

Shown below are a few other bills that had some movement in the Ohio House and Senate since the CR&A Agenda was formulated:

- **SB 7** – A bill designed to prohibit the sale of pure caffeine products was passed by the Senate with a 32-1 vote; it now moves to the House.
- **HB 157** – A bill designed to make sweeping changes to Ohio’s healthcare system received sponsor testimony before the House Insurance Committee. Representative Jim Butler and Representative Terry Johnson provided a comprehensive overview of their plans to establish health care savings accounts for individuals on Medicaid, offer price transparency at points of service, and give hospitals and Medicaid insurance companies an incentive to provide the best health outcomes at the best prices.
- **HB 171** – A bill designed to decrease the minimum amount of heroin involved in a violation of trafficking in heroin or possession of heroin that makes the violation a felony of the first degree and that is necessary to classify an offender as a major drug offender was introduced in the House this week.

5. DISCUSSION: DEVELOPMENT OF BOARD POSITION ON MARIJUANA AMENDMENT

Amendment Background:

A constitutional amendment to legalize medical and recreational marijuana backed by Responsible Ohio that was certified as fair and truthful by the Attorney General on March 13, 2015. The Ballot Board certified the language on March 20, 2015. Responsible Ohio is in the process of collecting 305,591 valid signatures from registered voters in 44 of Ohio’s 88 counties.

DISCUSSION: DEVELOPMENT OF BOARD POSITION ON MARIJUANA AMENDMENT - (Continued)

The amendment would allow:

- Personal use of marijuana for individuals ages 21 and older.
- Purchase, possess, transport, use and share one ounce or less.
- Medical use of marijuana allowed for any age; with parental consent for individuals under 18
- Home growth allowed for up to 4 flowering plants plus 8 ounces at any given time.

- With a license from the Commission, 21 and over individuals can grow, cultivate, use, possess and share homegrown marijuana.
- Cannot be grown or used within public view & must be in a locked space inaccessible to persons under 21.
- **10 designated growth facilities – located in these counties:**
Butler, Clermont, Franklin, Hamilton, Licking, Lorain, Lucas, Delaware, Stark, Summit
- **Testing facilities located near colleges and universities in these counties:**
Athens, Cuyahoga, Lorain, Mahoning, Scioto, Wood
- **1,140 Retail Marijuana stores statewide** (1 store to 10,000 individuals)
- **Creates Ohio Marijuana Control Commission to regulate:**
Acquisition, growth, cultivation, production, processing, manufacturing, testing, distributing, retail sales, licensing & taxation of medical marijuana, marijuana and marijuana infused products and the operations of marijuana establishments and home growing.
- Prohibits individuals from operating a vehicle, aircraft, train or motorboats while under the influence of marijuana.
- Prohibits use in public places or on the grounds of schools, day cares and correctional facilities.
- Purchased for personal use will be taxed at: 5% at retail level. 15% at wholesale level, and 15% at manufacturing level
- Medical sold to patients at wholesale prices.
- Taxes will be distributed monthly: 55% to Municipal and Township Government Stabilizations Fund on a per capita basis, 30% to the Strong County Fund on a per capita basis.
- 15% of tax revenue will go to the Control Commission to fund the various costs for programs & services.

OACBHA Position:

- Opposition to legalization and commercialization of marijuana.
- Legalization of medical use should not be decided by legislation and voters, but through the FDA like other medicines.

Reasons to Oppose Legalization of Marijuana:

- The potency of THC – the chemical responsible for most of marijuana's psychological effects is at least 3 times more toxic than it was in the 1970's, due to improved growing practices.
- Extremely addictive for some people.
- Crime increases around legal retail locations.
- Northwestern University study found that marijuana users have abnormal brain structure and poor memory and that chronic marijuana abuse may lead to brain changes resembling schizophrenia.
- Study also reported that the younger the person starts using marijuana, the worse the effects become.
- American Medical Association reports that heavy cannabis use in adolescence causes persistent impairments in neurocognitive performance and IQ, and use is associated with increased rates of anxiety, mood and psychotic thought disorders.
- Marijuana is terrible for your physical health -- even more toxic than cigarette smoke.
- There are 483 chemicals in marijuana and when smoked or ingested there are 4 to 5 times more tars and cancer causing agents than in tobacco cigarettes.
- Regular users are hit with devastating lung problems as much as 20 years earlier than smokers.
- Regular and chronic marijuana smokers may have many of the same respiratory problems that tobacco smokers have (daily cough/phlegm, symptoms of chronic bronchitis), as the amount of tar inhaled & the level of carbon monoxide absorbed by marijuana smokers is 3-5x greater than among tobacco smokers.
- Impaired health includes more than lung damage: Fatigue, paranoia, possible psychosis, memory problems, depersonalization, mood alterations, urinary retention, constipation, decreased motor coordination, lethargy, slurred speech, and dizziness.
- Even small amounts of marijuana can cause temporary sterility and it has a terrible impact on the babies of women who smoke including birth defects, mental abnormalities and increased risk of leukemia in children.

- Short term effects of marijuana use include problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination.
- Heavy users may have increased difficulty sustaining attention, shifting attention to meet the demands of changes in the environment, and in registering, processing and using information.
- Decimates many people's lives.
- Movies often portray marijuana users as harmless, fun-loving people who spend their time laughing and eating, but the reality is people are flunking out of school, losing their jobs, becoming frustrated because they can't concentrate or losing the love of their lives.
- Smoked marijuana as medicine is not promoted by major medical organizations but rather marijuana law reform groups.
- The Institute of Medicine, American Society of Addiction Medicine, American Medical Association, American Cancer Society, American Academy of Pediatrics, The National Multiple Sclerosis Society, The American Glaucoma Society and the American Academy of Ophthalmology, recognize that smoked marijuana is *not* medicine.
- Since certain states began permitting the dispensing of medical and recreational marijuana, adolescents' perceptions of the harmful effects of marijuana have decreased, and marijuana use has increased significantly.
- FDA notes that smoked marijuana is highly toxic, impure, and harmful.
- After reviewing scientific literature, the FDA concluded that no sound scientific studies have supported medical use of smoked marijuana for treatment.
- A major study published in Drug and Alcohol Dependence by researchers at Columbia University looked at two separate data sets and found that residents of states with medical marijuana had marijuana abuse/dependence rates almost twice as high as states without such laws.
- An additional study in the Annals of Epidemiology found that, among youths ages 12-17, marijuana use rates were higher in states with medical marijuana.
- A study published in the Harm Reduction Journal analyzing more than 3,000 medical marijuana users in California, found that an overwhelming majority (87.9%) of those queried about the details of their marijuana initiation tried it before the age of 19, and the average user was a 32-year-old, white male.
- 74% of the Caucasians in the sample had also used cocaine, and more than 50% had used methamphetamine in their lifetime,
- An analysis of applicants presenting to a medical marijuana specialty practice in California showed that *very few people that use medical marijuana actually have cancer, HIV, or other serious illnesses.*

Reasons to Support the Marijuana Amendment:

- Prohibition and arrests have failed to control the use and domestic production of marijuana. The government has tried to use criminal penalties to prevent marijuana use for over 75 years and yet: marijuana is now used by over 25 million people annually, cannabis is currently the largest cash crop in the United States, and marijuana is grown all over the planet.
- A regulated, legal market in marijuana would reduce marijuana sales and use among teenagers, as well as reduce their exposure to other drugs in the illegal market.
- Legalized marijuana would reduce the flow of money from the American economy to international criminal gangs.
- Marijuana is not a lethal drug and is safer than alcohol.

- It is established scientific fact that marijuana is not toxic to humans; marijuana overdoses are nearly impossible, and marijuana is not nearly as addictive as alcohol or tobacco. It is unfair and unjust to treat marijuana users more harshly under the law than the users of alcohol or tobacco.
- Marijuana should be taxed to support beneficial government programs.
- Marijuana use has positive attributes, such as its medical value and use as a recreational drug with relatively mild side effects.
- Out of 60 Peer-Reviewed Studies on Medical Marijuana Involving Cannabis and Cannabis Extracts from 1990 – 2014, 41 (68%) of the studies were “pro” medical marijuana use.
- The studies were conducted by various American and International universities and organizations including Harvard Medical School, University of Pennsylvania, California Pacific Medical Center Research Institute, University of Oxford, etc., have shown that using marijuana may be effective in alleviating certain ALS symptoms; useful in the treatment of their bipolar disorder for better neurocognitive performance, particularly on measures of attention, processing speed, and working memory and was more effective than conventional drugs; inhibits proliferation of breast cancer cells; protected against chemotherapy-induced nausea and vomiting; effective and safe in the treatment of tics from Tourette Syndrome; helped with intractable neurogenic symptoms such as pain, impaired bladder control, muscle spasms, and spasticity, and relieved neuropathic pain and other conditions in patients with HIV.

Motion to recommend approval of the Board position statement opposing the legalization and commercialization of marijuana to the Planning & Oversight Committee. MOTION: D. Biegel / SECOND: R. Romaniuk / AYES: D. Biegel, R. Romaniuk, H. Snider / NAYS: None / **Motion carried.**

6. MAY IS MENTAL HEALTH MONTH

The focus of May is Mental Health Month 2015 is calling attention to the importance of addressing mental health symptoms early, identifying potential underlying diseases, and planning an appropriate course of action on a path towards overall health. To promote awareness of Mental Health Month, available resources and treatment providers, the ADAMHS Board is sponsoring various Mental Health Month events, including:

- The Hoarding Conference on May 13.
- ADAMHS Board Annual Meeting Brunch and Awards Ceremony on May 18.
- Behavioral Health & Human Services Career Fair on Wednesday, May 20, 2015.
- Celebrating Recovery through the Arts event featuring poetry, music, dance and art from local clients on Thursday, May 21, 2105 4:30 – 6:00 p.m.
- Question, Persuade and Refer (QPR) Suicide Prevention Training for the Faith-based Community on Tuesday, May 26, 2015.
- Social Media posts to promote our online screenings, other mental health related topics/resources.

7. QUESTION, PERSUADE, REFER (QPR) SUICIDE PREVENTION UPDATE

The second of our 3 e-mail blasts was issued on 4/19/15 to nearly 6,000 healthcare professionals in Cuyahoga County and included information that the Board was offering 1.5 CMEs through our partner St. Vincent Charity Hospital. We are finalizing our mailing to the 1,500 member of the Academy of Medicine of Cleveland and Northern Ohio and are in the process of mailing the invitation to the special faith-based QPR training to 1,200 faith-based organizations in our county. We have also e-mailed the invitation to over 100 faith-based organizations. To date, more than 200 healthcare and behavioral health professionals have been trained and more than 180 professionals are scheduled to receive the training by mid-June.

8. 2015 ANNUAL MEETING UPDATE

Mr. Osiecki reported that the Annual Meeting scheduled for May 18th is currently sold out at over 370 people.

9. ROADS TO RECOVERY CONFERENCE: SEPTEMBER 21, 2015

Mr. Osiecki reviewed the proposed budget for the Roads to Recovery Conference as well as the proposed agenda. Presently, the Board has a keynote address, plenary address, 26 workshops and 3 special institute sessions.

10. TRACKING REPORTS

Media/Press Clipping Report: For the time period of 3/05/15 through 5/5/15, Mr. Osiecki reported that there were 16 media mentions--all considered positive. The focus of most of the articles highlighted our Mental Health Task Force recommendations for reform of the Cleveland Division of police, which were also picked up by several media throughout the state.

Social Media: Ms. Katie Boland reported that on 57 Facebook posts which reflected an increase of 19 Facebook likes for a total of 460. For Twitter, we had 53 Tweets, an increase of 55 twitter followers, for a total of 219. (All tracking reports are attached to the original minutes stored in the Executive Unit.)

11. OLD/NEW BUSINESS

- In response to recent news in America and our community, Dr. Romaniuk addressed his interest in working on a group to address career concerns and challenges for young African American males.
- Audience member, Tony Jackson, identified herself as an advocate for young people in Recovery and is interested in collaborating with the ADAMHS Board on an upcoming event to reach out to teens. Mr. Snider referred Ms. Jackson to contact Board staff to flush out the details.

There being no further business, the meeting adjourned at 5:10 p.m.

Submitted by: Carol Krajewski, Executive Specialist

Approved by: Harvey A. Snider, Esq., Community Relations & Advocacy Committee Chair