

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

PLANNING & OVERSIGHT COMMITTEE MINUTES

MAY 13, 2020

Committee Members Present: Katie Kern-Pilch, ATR-BC, LPC-S, Committee Chair, Crystal Bryant, Esq., MS, LSW, Reginald C. Blue, Ph.D., Elsie Caraballo, J. Robert Fowler, Ph.D., Steve Killpack, MS, Patricia James-Stewart, M.Ed., LSW
Absent: Gregory X. Boehm, M.D.

Board Staff Present: Scott Osiecki, CEO, Joseph Arnett, Carole Ballard, Curtis Couch, Tami Fischer, Cheryl Fratalonie, Madison Greenspan, Felicia Harrison, Charde' Hollins, Leslie Koblentz, Linda Lamp, Beth Pfohl, Allison Schaefer, Starlette Sizemore-Rice, Larry Smith, Jr., Michaele Smith, Maggie Tolbert, Leshia Yarbrough-Franklin

1. **Call to Order**

Katie Kern-Pilch, Planning & Oversight Committee Chair, called the meeting to order at 4:05 p.m.

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 April 8, 2020 were approved as submitted.

4. **Women's Recovery Center Expansion**

Mr. Larry Smith, Jr., Director of Programs, reported that since 1986, the Women's Recovery Center has provided a safe space for women on the near Westside of Cleveland and provides services that address the unique and complex needs of women who abuse alcohol and other drugs. The Women's Recovery Center operates a morning, afternoon and evening, three phase treatment program that addresses the comprehensive recovery needs for women and families. On-site childcare is also available. In addition to treatment, the Women's Recovery Center provides onsite childcare, HIV education, nutrition and housing assistance.

The Women's Recovery Center provides Outpatient Treatment Services with pooled funding. The treatment curriculum is a minimum of 17 weeks and is comprised of Phase One Intensive Outpatient (IOP), Phase Two Relapse Prevention Non-Intensive Outpatient (NIOP), and Phase Three Aftercare. Therapeutic modalities include cognitive behavioral therapy, motivational interviewing, mindfulness and brief theory interventions.

Mr. Smith reported that a funding increase in the amount of \$56,840 will be used to hire one Clinical Director/Group Counselor full-time. In the long term, the organization will benefit from having a full-time Clinical Director. However, for the short term, the proposal of a full-time position split between Clinical Director and counseling duties will be a great help as the organization grows under the new leadership. The individual who fills this position will eventually transition to serving as full-time dedicated Clinical Director. By hiring a Clinical Director/Group Counselor, Women's Recovery Center will be able to treat more women in 2020. The plan is to treat conservatively 25% more women. As more of the increased staffing needs are addressed, Women's Recovery Center anticipates increased referrals, increased group sizes and increased assessments.

Ms. Ashley Yassall, Executive Director, Women's Recovery Center, was in attendance to answer questions regarding the full-time Clinical Director/Group Counselor position. Ms. Yassall stated that this position will be responsible for work supervision through their independent licensure; and if the candidate does have the supervisory licensure, they will be conducting the training supervision. She emphasized that having a dedicated individual for work supervision is essential for The Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation. Presently they have two primary counselors that have been doing the work supervision; however, having a dedicated person is very important for CARF accreditation; in addition to overseeing programs. Ms. Yassall reported that Women's Recovery Center has not had a Clinical Director for eight years.

Committee Member Input:

- Ms. Kern-Pilch, Committee Chair, requested that Board staff update the metrics section of the material provided to reflect that this position will allow the Women's Recovery Center the ability to obtain CARF accreditation.

Motion to approve a contract with Women's Recovery Center in the amount of \$56,840 to provide one full-time Clinical Director/Group Counselor to the Finance & Operations Committee. MOTION: P. James-Stewart / SECOND: R. Fowler / AYES: R. Blue, C. Bryant, E. Caraballo, R. Fowler, P. James-Stewart, K. Kern-Pilch / NAYS: None / **Motion passed.**

5. Hitchcock Center for Women Residential Treatment Funding

Mr. Smith, Jr. reported that Hitchcock Center for Women has been providing substance use treatment services to women, including those who are pregnant and those with children for over 40 years. They are one of the few agencies that allow women to live with their children while in treatment. Additionally, they accept women on any form of Medication Assisted Treatment (MAT) as well as those who are taking various psychotropic medications. Hitchcock Center for Women recently completed a yearlong engagement with the National Council for Behavioral Health in the Trauma-Informed, Resilience-Oriented Approaches Learning Community and they look forward to further incorporating skills and process that will further support clients in their recovery.

For the past year and a half, Hitchcock Center for Women has been providing Residential and Outpatient Treatment Services through the use of Medicaid funding and Women's Treatment funding, in addition to funding through the ADAMHS Board. During CY2018 they admitted 214 women into residential treatment and during CY2019 they admitted 188 women into residential treatment. Over the last two years, the organization has transitioned to billing Medicaid Managed Care Organizations and has recently started Partial Hospital programming to further extend a women's time in a recovery environment.

Year to date CY2020 Hitchcock Center for Women has admitted women into residential treatment. Due to COVID-19, during March and April 2020, they have experienced a sharp decline in referrals and in turn admissions into residential care. Recently, a slight increase in referrals and admission have been noted. During CY2020 they anticipate serving a total of 200 women in residential treatment. To continue to provide the life-saving treatment to the women and children, Hitchcock Center for Women needs the additional funding during the ongoing COVID-19 crisis. Mr. Smith introduced Ms. Sue Tager, Executive Director, Hitchcock Center for Women, and noted that she was available to respond to any questions Board members had.

Motion to approve a contract with Hitchcock Center for Women in the amount of \$250,000 to augment residential treatment and support services for women, including those who are pregnant and those with children to the Finance & Operations Committee. MOTION: R. Fowler / SECOND: R. Blue / AYES: R. Blue, C. Bryant, E. Caraballo, R. Fowler, P. James-Stewart, K. Kern-Pilch / NAYS: None / **Motion passed.**

6. Cleveland Division of Police Co Responder Project

Ms. Carole Ballard, Director of Education and Training, reported that the Cleveland Division of Police Co Responder Project is a collaboration with the Cleveland Division of Police and the City of Cleveland. She indicated that the City of Cleveland received a grant through the Bureau of Justice Assistance (BJA) and is seeking to contract with the Board for a three-year grant process to provide the Co Responder Team for the City of Cleveland. Ms. Ballard indicated that the grant from the City of Cleveland is for \$523,800; and the ADAMHS Board will be providing additional support for the grant in the amount of \$333,950 over a three-year period of time. The purpose of the Cleveland Co Responder Team is to pair a Crisis Intervention Team (CIT) officer with a Crisis Specialist from FrontLine Service and/or Murtis Taylor Human Services System.

Cleveland Police indicated through their data collection that more than half of the clients at St. Vincent Charity Medical Center's Emergency Department are brought in by police. 97% of those who are brought in by police are from the Cleveland Division of Police. The BJA study indicated that police spend up to 7% of their time responding to crisis calls. The crisis calls are disproportionately identified as emotional crisis in the community and are not a result of criminal behavior. Nationally, police departments report that jails and prisons are the largest defacto mental health facilities in the country. The purpose of the Co Responder Team is to divert individuals in crisis to the least restrictive alternative and linkage to services.

The Cleveland Co Responder Team will respond to crisis calls received via Cleveland Division of Police Dispatch for mental health related crisis in the community. This team will operate during second shift, 40 hours per week. The Crisis Specialist will be paired with a Crisis Intervention Team (CIT) officer in single cars in order to respond to calls. The Crisis Specialist, in collaboration with the CIT officer, will engage and respond to the person's needs, provide assessment and triage to the least restrictive options in the community. The Co Responder Team will provide follow up on crisis calls from other officers within their assigned police district as well as engage high utilizers of service in order to decrease the need for public safety assistance. FrontLine Service would be assigned to Districts 1, 2, and 3. Murtis Taylor would be assigned to Districts 4 and 5. The Crisis Specialist, along with CIT officers will work collaboratively with other aspects of public safety, such as Emergency Medical Services (EMS) and dispatch, in order to reduce the high utilizers of service by providing ongoing monitoring and support. Representatives, including Captain James McPike, Cleveland Division of Police; Mr. Rick Oliver, FrontLine Service; and Mr. David Brown, Murtis Taylor Human Services System, were present during the Zoom meeting to answer questions from committee members.

Committee Member Input:

- Ms. Kern-Pilch, Committee Chair, thanked Ms. Ballard and the representatives present for their efforts with the Cleveland Division of Police Co Responder Project.

Motion to accept Bureau of Justice Assistance (BJA) funds from the City of Cleveland for the Crisis Intervention Team (CIT) Co Responder Team in the amount of \$523,800 and recommend that the ADAMHS Board provide matching funds of \$339,950, from October 1, 2019 to September 30, 2022, to support the Co Responder Team to the Finance & Operations Committee. MOTION: P. James-Stewart / SECOND: R. Blue / AYES: R. Blue, C. Bryant, E. Caraballo, R. Fowler, P. James-Stewart, K. Kern-Pilch / NAYS: None / **Motion passed.**

7. Needs Assessment Preliminary Findings

Mr. Curtis Couch, Chief Technology and Data Analytics Officer, stated the ADAMHS Board routinely conducts a system Needs Assessment/Analysis to ensure that Cuyahoga County's Public Behavioral Health and Recovery System continues to adapt to an environment of high service demands and that constrained resources are allocated appropriately. The Needs Assessment/Analysis will assist the ADAMHS Board in identifying areas of greatest need for client services for planning, funding, evaluating and advocacy purposes. The Ohio Department of Mental Health and Addiction Services (OhioMHAS), as well as general evaluation standards, suggest that local Boards conduct a thorough Needs Assessment/Analysis approximately every five years. The ADAMHS Board's last Community Needs Assessment/Analysis was completed in 2016. In preparation for the development of the Board's 2021-2025 Strategic Plan, ADAMHS Board staff have been working collaboratively with Cleveland State University (CSU) representatives to complete this assessment in a timely fashion. However, due to COVID-19, CSU requested a two-week extension for delivery of the final Needs Assessment/Analysis. ADAMHS Board staff approved this extension; however, staff requested a preliminary draft of the data by the original completion date of April 30, 2020.

Mr. Couch reported that a couple of issues CSU representatives had included the inability to complete face to face focus groups; however, after collaborative efforts with provider agencies and Board staff, a considerable number of individuals participated in virtual focus groups via Zoom meetings. He stated that CSU representatives also relied more heavily on survey instruments to gather this data, which was not the original intention. Currently, the draft document provided to the ADAMHS Board is approximately 300+ pages, with the final document to be delivered to the Board by May 15, 2020. Mr. Couch indicated that this document includes national statistics, state statistics and comparative statistics to Franklin County, Hamilton County and Cuyahoga County; while breaking out statistics for Cleveland.

Committee Member Input:

- Dr. Fowler requested a copy of the Executive Summary in advance of the next scheduled Needs Assessment presentation by CSU representatives and Board staff.

8. Strategic Plan Update

Ms. Fischer provided committee members with an update regarding the Strategic Plan. Presently, the ADAMHS Board has received 13 responses to the Strategic Plan Request for Proposal (RFP). Currently an internal committee is reviewing these responses with the expectation of bringing forth a recommendation for a consultant to develop the Board's 2021-2025 Strategic

Plan at the next scheduled Planning and Oversight Committee meeting with a scheduled target start date of the contract being July 1, 2020.

9. Cuyahoga County Jail Behavioral Health Service Coordination Update

Mr. Joseph Arnett, Adult Behavioral Health Specialist II (Criminal Justice), provided an update on the Cuyahoga County Criminal Justice system's COVID-19 response. He reported that on April 13, 2020 the first positive test within the Cuyahoga County Jail was reported; and prior to May 4, 2020, there have been 90 positive tests with 376 inmates exposed. Safety measures for inmates entering the jail include a seven-day quarantine area before they can move to another part of the jail. Any inmates who test positive, as well as those exposed, are also quarantined and access to the jail for professionals is severely limited. Transport from the jail to other facilities has been suspended; but has returned recently with limited capacity.

On March 9, 2020 the jail population was approximately 1900 inmates and as of May 4, 2020 there were approximately 1000 inmates, which is almost a 50% reduction in population. In a one-week period in mid-March during the onset of the pandemic there was a 17% reduction in the jail; whereby a Public Defender stated that it was a Herculean task to lower the population. Mr. Arnett reported that from the Board's perspective and while understanding the essential need to reduce the jail's population, there was a need to have a full understanding of the number of individuals that had received services and those that will continue to receive services. He emphasized that the role of the Jail Liaisons at several provider agencies includes the provision of intakes and assessments in the jail, linkage to community resources, communicating/advocating with the Court on a routine basis, and reintegration planning. Hence, during the week in mid-March whereby the jail population was reduced 17%, the Jail Liaisons worked tirelessly and collaboratively in a methodical manner with several Judges to ensure individual reintegration plans were in place for each release.

Mr. Arnett reported that the Board requested a complete list of individuals released from jail during March and were involved in the Mental Health Developmentally Disabled (MHDD) Docket. As a result of this request, a list of 108 names were provided and tracked. The tracking results identified the following: 1) 27 (25%) were released to a facility, 2) 39 (36%) had no issues, 3) 18 (17%) no appointment + successfully outreached, 4) 17 (16%) no show + successfully outreached and, 5) 7 (6%) no contact. Of those 7, 3 are no longer on Community Control with the MHDD Court and the Cuyahoga County Probation Department has been made aware of the remaining 4 and will engage those clients.

Mr. Arnett reported that MetroHealth continues to provide mental health and/or medical screenings and referrals in the jail. Additionally, the Cuyahoga County Courts extended their reduction in dockets until late May; however, they remain open for criminal and civil matters and the specialized dockets are beginning to utilize remote services where possible. He further stated that the probation department is continuing supervision of individuals and the specialized dockets are maintaining regular contact with the treatment providers via a virtual means. Ms. Maggie Tolbert, Assistant Chief Clinical Officer, indicated that all parties involved with this endeavor have done a phenomenal job with assisting, planning and tracking this population. Mr. Osiecki concurred.

10. Recovery Housing Update

Ms. Leshia Yarbrough-Franklin, Adult Behavioral Health Specialist I, provided a recovery housing update. She reported that recovery housing is an essential service for individuals with substance use disorders and that recovery housing provides a safe and affordable living environment that is supportive of long-term recovery. This environment prevents individuals in early recovery from experiencing homelessness, as well as returning to active addiction. Recovery housing operators are not eligible for Medicaid or other health insurance reimbursements, nor are they able to access Housing and Urban Development (HUD) or other traditional housing funding streams. Many of the ADAMHS Board's recovery housing providers operate multiple recovery houses totaling 69, with 682 available beds for Cuyahoga County residents. Also, 18 of these recovery housing providers are certified by Ohio Recovery Housing. During CY2019 there were 653 residents placed in recovery housing and during the first quarter of CY2020, there were 153 placements in recovery housing. (The chart of ADAMHS Board Recovery Housing Providers and Services is attached to the original minutes stored in the Executive Unit.)

Ms. Yarbrough-Franklin reported that during the present crisis, the recovery housing providers are maintaining a vacant bedroom for individuals that test positive for COVID-19 and are having difficulty with obtaining Personal Protection Equipment (PPE) and/or cleaning supplies. She noted that the ADAMHS Board received a soap donation from the National Alliance on Mental Illness (NAMI) Ohio and have distributed the soap to the Adult Care Facilities (ACFs) and recovery houses. The ADAMHS Board continues to assist the recovery providers through the coordination of PPE from the Cuyahoga County Office

of Emergency Management. Ms. Yarbrough-Franklin reported that only one individual in recovery housing has tested positive for COVID-19 and as a result, the recovery housing provider is authoring a best practices manual to assist additional recovery houses when similar circumstances arise. She also commended the recovery housing providers for their creative and innovative means to keep residents engaged through the utilization of technology for telehealth and/or trips to the park.

11. State Opioid Response (SOR) Funding

Mr. Larry Smith, Jr., provided an update regarding the availability of two SOR funding opportunities that the ADAMHS Board intends to pursue. He reported that this funding is available to the Ohio Association of Community Behavioral Health Authorities (OACHBA) partnering entities that can conduct training for program sustainability and technical assistance to organizations funded through SOR. Presently, the ADAMHS Board has 15 programs funded through SOR and these programs will be the target of these trainings. These funds are intended to help providers funded by SOR assess areas of sustainability, create sustainable business models and sustainability plans, support collective efforts to spark system and local level change and integrate sustainability into business strategies and day to day operations. Through the collaborative efforts of Board staff to utilize these funds prior to end of the Federal State Fiscal Year (September 30, 2020), an extensive list of virtual trainings by national and local presenters will be created for SOR providers. The second SOR funding opportunity the Board intends to pursue consists of the expansion of peer support with Opioid Use Disorder (OUD) in non-traditional settings.

Mr. Scott Osiecki, Chief Executive Officer, commended Ms. Beth Pfohl, Grants and Evaluation Officer, regarding her efforts to thoroughly review all grant opportunities for viability of Board involvement.

12. Homelessness Update

Ms. Allison Schaefer, Adult Behavioral Health Specialist II (Residential), provided an update on the agencies providing services to the homeless population. She reported that these agencies have established policies to continue to provide services in the safest way possible during the COVID-19 pandemic and highlighted the following:

- The Cuyahoga Coordinated Intake is still open during regular hours via telephone and maintain a 24-hour hotline to address needs 24/7.
- The shelters remain open; however, they are closely monitoring individuals for symptoms. The most vulnerable with high risk health conditions and those who have tested positive for COVID-19 are being placed in hotels. The Cleveland/Cuyahoga County Office of Homeless Services (OHS) has collaborated with MetroHealth and Visiting Nurse Association (VNA) of Ohio on this effort and VNA staff remain at hotels utilized by homeless shelters to monitor and provide services for these individuals.
 - Lutheran Metropolitan Ministry (LMM) operates 2100, a shelter for males and are utilizing one hotel.
 - The Young Women's Christian Association (YWCA) operates Norma Herr, a shelter for women and are utilizing a hotel.
 - The Northeast Ohio Coalition for the Homeless (NEOCH) is also utilizing hotel space. They have stepped up since the Metanoia Project ended their season early. OHS has collaborated with MetroHealth and VNA on this effort.
- Bellefaire Jewish Children's Bureau (JCB) continues to provide services to the youth/young adult homeless population and their team continues to conduct multiple drop-ins, both in person and virtually.
- FrontLine Service's Projects for Assistance in Transition from Homelessness (PATH) continues to accept clients and provides services for this population in the community.
- NEOCH has partnered with MetroHealth to continue daily street outreach to the unsheltered population.
- Meal service continues, in a to-go manner, at the following locations:
 - West Side Catholic Center
 - St. Herman's House of Hospitality
 - Bishop Cosgrove Center
 - St. Augustine Hunger Center
 - St. Malachi
- OHS and NEOCH collaborated to place multiple temporary bathroom facilities in areas frequented by the homeless population and showers remain available during identified times at Bishop Cosgrove Center, Catholic Worker Drop-In Center and Westside Catholic Center.

Mr. Osiecki reported that Mr. Couch has reached out to the Office of Homeless Services to obtain data. However, they are currently converting to a new system and are unable to provide information at this time. As a result, Mr. Couch will continue his efforts to obtain this information in order to link homeless individuals to services.

13. New Business – None

There being no audience comment or further business, the meeting adjourned at 5:19 p.m.

Submitted by: *Linda Lamp, Executive Assistant*

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