

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

PLANNING & OVERSIGHT COMMITTEE MINUTES SEPTEMBER 14, 2016

Planning & Oversight Committee Chair, J. Robert Fowler, Ph.D., called the meeting to order at 4:00 p.m.

Committee Members Present: J. Robert Fowler, Ph.D., Pythias D. Jones, M.D., Mary R. Warr, M.Ed.

Absent: Reginald C. Blue, Ph.D., Elsie Caraballo, Katie Kern-Pilch, MA, ATR-BC, LPC-S, Steve Killpack, MS, Mary M. Step, Ph.D., Anngela Williams

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Board Staff Present:

William M. Denihan, CEO, Frank Brickner, John Garrity, Ph.D., Valeria Harper, Carol Krajewski, Dave Lambert, Scott Osiecki, Beth Pfohl, Linda Torbert, Tom Williams

1. APPROVAL OF MINUTES

The Joint Planning & Finance Committee minutes of July 13, 2016 were approved as submitted.

2. AGENDA PROCESS SHEET: PROGRAM GOALS & OBJECTIVES SECTION

Dr. Garrity, Chief Quality Officer, highlighted the 7/27/16 meeting/discussion of Board staff and Dr. Biegel for the purpose of improving outcome data reporting on agenda process sheets. The summary distributed proposes a new version of metrics format consisting of two components: (1) Program Goals or Objectives and (2) Evaluation/Outcome Data--actual results of the program. The summary is attached to the original minutes stored in the Executive Unit.

With regard to State pass-through funding, it was noted by Mr. Denihan and Dr. Garrity that ADAMHS Boards do not have the authority to stipulate additional requirements connected with the funds allocated. Board staff strives to identify and/or highlight those allocations that are pass-through dollars. It was suggested that this information be shared with the full Board at a General Meeting.

3. UPDATE ON 2016 PROJECTS TIMELINE

Dr. Garrity addressed the Revised 2016 Fall Projects Timeline and noted the revisions made to page 2. Based upon input from Board members, Board staff and CEO Denihan propose combining the review of the Needs Assessment and Strategic Plan during a two-day Community Summit tentatively scheduled for the 2nd week of December. Mr. Denihan stated that this timeline is a working document; it will flexible and updates will be made as progress is made. Ms. Warr advocated for inviting Faith-based organizations to community forums.

4. AUTHORIZATION TO ISSUE REQUEST FOR PROPOSAL FOR TRANSITIONAL AGE COMMUNITY TREATMENT (TACT)

Linda Torbert, Children's Projects Administrator, reported that the TACT team was designed to provide inter-disciplinary support for youth residing within the community and transitioning from out-of-home placements such as residential treatment, juvenile correctional facilities, and foster care by reducing their behavioral symptoms in effort to progress toward stability and independence. The overarching goals of the program are to prevent homelessness, avoid or eliminate court involvement, and reduce re-admission to out-of-home placements.

Funds will benefit transitional age youth 16 to 25 years of age to manage their behavioral health symptoms through a multi-disciplinary approach to include intensive case management, medication review, educational, vocational support. Dr. Jones recommended amending the wording on page 2 of the agenda process sheet, 1st paragraph, for clarification.

Motion to recommend authorization to issue a Request for Proposal, as amended, for Transitional Age Community Treatment to the full Board. MOTION: P. Jones / SECOND: M. Warr / AYES: B. Fowler, P. Jones, M. Warr / NAYS: None / **Motion passed.**

5. ASCENT SOLUTION: NEW DIRECTIONS

Valeria Harper, Vice President of Operations, introduced Mike Matoney, CEO of New Directions, to present the program proposal regarding the Ascent Solution--a smart-phone application with 24 hour/7 day capacity to provide peer recovery coaching in order to focus on helping substance use disordered individuals transition from substance use disorder treatment programs with information and other resources to support his/her abstinence from alcohol and drugs, especially heroin.

Ascent will offer: 1) communication with peer recovery coaches and participating providers (8 confirmed participating providers); (2) timely monitoring to assess risk of relapse; (3) reminders and alerts to encourage adherence to therapeutic goals; (4) individualized addiction-related educational material and tools tailored to the needs of the particular patient; and (5) immediate communication with a peer recovery coach. Individuals assigned to Ascent will learn how to use the app and recovery coaching while participating in their current substance abuse treatment program.

New Directions has obtained 8 letters of support from adult substance use disorder treatment providers in the community, including the Corrections Planning Board. Outcomes will be measured by Case Western Reserve University, with incremental data reporting throughout the pilot project year to provide updates on utilization, trends and opportunities.

New Directions has funding consideration from the Cleveland Foundation and the funding gap is \$150,000. With positive outcomes achieved through the Ascent Solutions Program (not only on the client level, but also among treatment agencies, hospitals, legal system, etc.), it is expected that organizations will sustain the use of the Ascent application through ongoing grants and by investing existing funding in a tool which has been proven effective.

Mr. Matoney noted that this concept has been shared with a number of adult providers and was received favorably. Discussion followed on the specifics

Committee input:

- Advocated for providing additional specific goals to measure effectiveness for continuation funding.
- Encouraged that all agency providers invited to participate.

Mr. Denihan agreed that this project should be considered a pilot and that all interested providers should be included.

Motion to recommend approval of the Ascent Solution program proposal and funding allocation to New Directions in an amount not to exceed \$150,000 to the Finance & Operations Committee. MOTION: M. Warr
SECOND: P. Jones / AYES: B. Fowler, P. Jones / NAYS: None / ABSTAIN: M. Warr / **Motion passed.**

6. SAMHSA GRANT: ASSISTED OUTPATIENT MENTAL HEALTH TREATMENT

Dr. Garrity was pleased to report that the Board has been awarded a multi-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant totaling \$3.4 million over four years. The project is designed to reduce the incidence and duration of inpatient hospitalization, homelessness, and interactions with the criminal justice system among persons with severe mental illness. Mr. Denihan noted that it was quite an achievement to receive this grant as our Board was one of only 17 sites in the U.S. to receive an Assisted Outpatient Mental Health Treatment Grant to help treat individuals who are severely ill and most challenging. This grant will provide a high level of care for this population.

Motion to recommend approval to accept the SAMHSA funding in the amount of \$901,628 and award \$649,148 to FrontLine Service, Inc. and \$200,000 to the CWRU Begun Center to the Finance & Operations Committee. MOTION: M. Warr / SECOND: P. Jones / AYES: B. Fowler, P. Jones, M. Warr / NAYS: None / **Motion passed.**

7. RECOVERY ORIENTED SYSTEM OF CARE (ROSC) IMPLEMENTATION PLAN

Scott Osiecki, Chief of External Affairs, reported that the ADAMHS Board is the organization responsible for ensuring that the ROSC transition takes place in Cuyahoga County. Over the past year and a half,

- We developed a timeline for the transformation process in Cuyahoga County.
- Board of Directors, provider network and staff were introduced to the ROSC concepts.
- ADAMHS Board staff attended several ROSC trainings.
- a state-structured self-assessment was conducted.
- A report was published for the community.
- ROSC goals and the results from the self-assessment survey were considered when recommending funding priorities for the CY16/17 budget.

Mr. Denihan commended Mr. Osiecki for the putting this important report together that assures that the system's activities and outcomes are all based on recovery principles. He also noted that the plan includes those things that the Board is currently doing as well as new initiatives.

8. OACBHA RESOURCE MODERNIZATION REPORT

Mr. Osiecki explained that the Ohio Association of County Behavioral Health Authorities (OACBHA) contracted with two organizations to develop a resource strategy for implementing ROSC's on a local level. In July 2016, the group published a 38-page report. The summary report distributed to the P&O Committee highlights several important areas:

- Funding strategies around the country
- Ohio's Behavioral Health Redesign
- Continuum of Care
- Gaps in Services Identified
- Enhancements Needed to Existing Services
- Barriers to ROSC Implementation
- Variation in Per Capita Funding Across Boards
- Policy Decisions that Impact how Board Funds are Spent
- Policy Strategy Recommendations

The complete report can be viewed on the ROSC page at www.adamhsc.org

9. BEHAVIORAL HEALTH REDESIGN

Frank Brickner, Chief Financial Officer, noted that this is a fluid topic. What we know is that the State is continuing to move forward with Medicaid changes; implementation date is slated for 7/1/17. On January 1, 2018, Medicaid Managed Care will take effect. Efforts are underway to modernize the coding system for the integration of behavioral and physical healthcare. A few significant changes of the State will be to:

- Change the coding of bills to align with national coding standards,
- require that all rendering practitioners be registered (certified) in order to obtain reimbursement,
- begin to enforce 3rd party liability; this may be a challenge for some of our smaller agencies,
- finalizing its recommendations to the Federal Government,
- focus on a redesign that is budget neutral rather than concentrating on services needed.

For our system providers, the Board sent out a readiness assessment questionnaire to all providers that submit claims. The purpose was to determine if any providers were reconsidering offering any specific services due to funding concerns related to the behavioral health redesign, to ask if providers had the necessary credentials being proposed, did providers have relationships with Medicaid Managed Care organizations or other insurers, and to determine potential financial impacts.

Board staff are currently reviewing the responses. To date, Mr. Brickner noted that not one provider has indicated that they anticipate receiving more revenue and that most providers believe they will suffer a loss of revenue. Providers are concerned that there will be additional infrastructure costs involved as well.

10. FUTURE P&O COMMITTEE TOPICS

Tentative Dates/Topics

- Update on New One-Year Contracts
- Representative Payee Services Update
- HIPAA Security Risk Assessment
- Lifetime Planning

There being no further business, the meeting adjourned at 5:45 p.m.

Submitted by: Carol Krajewski, Executive Specialist

Approved by: J. Robert Fowler, Ph.D., Planning & Oversight Committee Chair