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

PLANNING & OVERSIGHT (P&O) COMMITTEE MINUTES
JANUARY 9, 2013

Committee Chair, Pythias D. Jones, M.D., called the meeting to order at 4:00 p.m. Eugenia Cash, newly appointed P&O Committee Non-Board member representative, filling the unexpired term of Leslie Nye O'Donnell, Esq., read aloud the Committee Mission Statement: ***"The Planning and Oversight Committee, in cooperation with all partners, advocates for and monitors programs, policies and practices which are continually improved to meet the needs of consumers, their families and the community."***

Committee Members Present: David E. Biegel, Ph.D., Reginald C. Blue, Ph.D., Eugenia Cash, MSSA, LSW, Richard A. Folbert, Robert Fowler, Ph.D., Pythias D. Jones, M.D., Harvey A. Snider, Esq., Ericka L. Thoms, William J. Tobin, Mary R. Warr, M.Ed., Anngela Williams
Absent: Elsie Caraballo, Stephanie J. FallCreek, D.S.W., Mary Step, Ph.D.

Board Staff Present: William M. Denihan, C.E.O., Carole Ballard, Ada Cancel, Danei Chavez, John Coleman, Christina Delos Reyes, M.D., Craig Fallon, John Garrity, Ph.D., Valeria Harper, Myra Henderson, Carol Krajewski, Linda Lamp, Michelle Myers, Scott Osiecki, Starlette Sizemore-Rice, Linda Torbert, Thomas Williams, Leshia Yarbrough

1. APPROVAL OF MINUTES

The Planning and Oversight Committee minutes of November 14, 2012 were approved as written.

2. S.C.A.L.E. EVALUATION OVERVIEW

Dr. Delos Reyes, Chief Clinical Officer, provided background information and context round the development of the S.C.A.L.E. (Screening, Centralized Assessment, Levels of Care Assignment & Engagement) Program which has been in existence for the past two years and addresses program goals listed below. Dr. John Garrity, Director of QI/Evaluation and Research, and Tom Williams, Data Research Specialist, presented a power point presentation entitled "SCALE Evaluation 2012: Summary of Results and Recommendations for Improvement". (A copy of the presentation is attached to the original minutes stored in the Executive Unit).

Purpose/Goals of S.C.A.L.E. & Summary of Progress:

I. Increase access to services for eligible consumers – (more improvement needed in this area)
II. Provide a single point of entry into the public mental health system – (partially accomplished/some improvement needed)
III. Streamline the intake process by using a standardized assessment tool – (fully accomplished)
IV. Implement a Benefits Service Package/Levels of Care Approach – (improvement needed)
V. Utilize Non-Medicaid Dollars More Efficiently – (more improvement needed)
VI. Increase Enrollment in Medicaid – (more improvement needed)
VII. Maintain Current Medicaid Eligibility Status for Consumers (improvement needed)

Recommended Next Steps for Possible Improvement:

- SCALE provider and Board staff members to refine the outcome measures and address the following questions:
    - Why are assessments increasing?
    - What is average cost by Level of Care?
    - What is average length of stay (LOS) by LOC?
- Identify processes of those providers that have demonstrated better outcomes and share with other providers.
- Continue development and improvement of the slot management system.
- Confirm that coding of assessment, counseling, pharmacologic management, and CPST are done consistently across service providers.
- Refine Level of Care Protocols and examine inter-rater reliability of the use of the LOC protocols by agencies.

Dr. Garrity reviewed the Survey of Stakeholders document and Dr. Delos Reyes reviewed the SCALE Weekly Report for the time period of 12/24/12 through 12/31/12.

P&O Committee Feedback:

- For future analyses, Dr. Biegel suggested looking at several variables at the same time.
- For future SCALE reports, a request received was to regularly include level of care definitions on all reports.

Mr. Denihan noted that he has asked Board staff to look at the concerns resulting from the review. Providers involved with the SCALE program were thanked for their participation and support as well as Board staff. Mr. Denihan noted that implementation of this program has not been easy but has provided data to determine the number of people with mental health needs, the various levels of care, etc. The data also points out the significant reality that more resources are needed when the data indicates that we are serving only half the people that we could serve. This data will be useful when speaking before funders to have the quantitative information needed about the number of people who need services.

3. SPEND-DOWN PROJECT

Starlette Sizemore-Rice, Public Benefits Administrator, explained that Ohio's Medicaid Spenddown Program offers Ohioans who are aged, blind or have a disability a chance to still qualify for Medicaid – even if their income is high. For example: it allows them to deduct unpaid medical expenses (spenddown) from their income monthly, so their income may fall within Medicaid guidelines.

The primary focus of the Medicaid Spenddown Project is to efficiently utilize unpaid state psychiatric hospital bills to meet monthly Medicaid Spenddown requirements in order for our eligible consumers to qualify for Medicaid benefits which assist with the cost of their behavioral healthcare and other medical/ health related services.

The project allows eligible consumers with a Medicaid spenddown and unpaid State Hospital bills to utilize their Medicaid benefits the 1st of the month and possibly, for several months in the future. The timeframe of meeting a monthly spenddown is based on the spenddown amount, bill amount and meeting Medicaid redetermination requirements. This project helps to reduce the consumer's concern for meeting a monthly spenddown and allows them to use Medicaid for other medical needs.

Outcomes:

- Decrease in Board's Non-Medicaid dollars used for Medicaid eligible mental health and/or AOD services
- Consumers are able to utilize Medicaid benefits the 1st of the month for their overall healthcare needs which includes mental health and/or AOD services
- Increases the use of Non-Medicaid dollars for other ADAMHS Board 's programs that are not reimbursed by Medicaid, such as – residential/housing, employment and peer support/recovery programs
- Usage of past State Psychiatric Hospital bills to reduce the consumers/client's Spenddown amount
- Reduced overall processing time and renders revised Spenddown amounts more timely
- Allowing eligible consumers to consistently meet future spenddown requirements the 1st of the month which is a consumer/family "friendly" approach - Based on the State Psychiatric Hospital bill, spenddown amount and the Medicaid redetermination decision.

4. CONSOLIDATION OF STATE DEPARTMENTS (ODMH & ODADAS)

The new state budget will include the new consolidated state department. Mr. Denihan highlighted two minor changes proposed for the Ohio Revised Code to address the ODADAS and ODMH merger: 1) the term "addiction" refers to alcohol, other drug or gambling addictions; 2) the Legislative Services Commission will also change all references to "consumers" or "clients" to the phrase, "persons receiving services."

CONSOLIDATION OF STATE DEPARTMENTS (ODMH & ODADAS) - *(Continued)*
Other "proposed" revisions, appearing to be more substantial, include the following for:

Section 340.02:

- Each Board may determine whether their Board shall be made up of either 18 or 14 appointed members.
- Boards must notify the state whether they pay to operate as a 14 member or 18 member Board by 1/1/14.
- Regardless of size, each Board's membership must include 50% of members interested in mental health services and 50% interested in addiction services.
- For 18-member Boards, the state department director will appoint 8 members and county will appoint 10. For Boards with 14 members, the state director will appoint 6 members and the county will appoint 8.
- In each case the state department director will ensure that his/her appointments include at least one of each of the following:
    - A clinician with experience in delivering mental health services (language specifying a psychiatrist has been removed);
    - A clinician with experience delivering addiction treatment services;
    - A person who has at some time received publicly funded addiction treatment services;
    - A parent/relative of a person who has received publicly funded addiction treatment services.
- Boards are to consult with county administrators and give priority to referral of parents or guardians of children at imminent risk of abuse or neglect, where that risk is a result of the adult's addiction. This priority is second only to serving pregnant addicted women.
- Program audits are to be conducted by Boards.

Section 340.03

- Language has been inserted that states that mental health and addiction services professionals are defined as those who are qualified to work with mental health or addiction services consumers, pursuant to standards established in ORC 5119.611. This language immediately precedes the statement that Boards must employ such professionals as Board Executive Directors.

Section 340.033 – This section on planning duties has been removed completely.

Section 340.08 – Additional System administration and oversight responsibilities. (This section is entirely new.)

- Language pertaining to the Board's submission of a Comprehensive Community Addiction and Mental Health Services Budget has been added. This budget is subject to department approval.
- Boards must submit a statement of services to be provided which is in agreement with the submitted Comprehensive Budget. Required services remain the same, with references to addiction services, including gambling, added. Proposed services are subject to department approval.
- Once a budget has been approved, Boards must submit any amendments regarding budget changes to the state department for approval.
- Boards are required to enter into a continuity of care agreement with the state hospital which outlines the Board's responsibilities in coordinating care and managing hospital bed day usage.
- Boards are required to operate, in conjunction with the department, a system for tracking and monitoring NGRI cases where those individuals have been granted a conditional release.
- Boards are required to submit a full reporting of clients' rights activities.

Mr. Denihan noted that the draft revisions will be submitted along with the Governor's budget, then to the Joint Committee on Administrative Rules (JCAR) in the General Assembly. It has been determined that ODMH Director Tracy Plouck will be the designated Director of the new department and is acting in that regard.

5. FUTURE TOPICS FOR PLANNING & OVERSIGHT COMMITTEE

Dr. Biegel announced the topics tentatively scheduled for upcoming P&O Committee Meetings.

February 2013:

- Quality Indicators Report
- 72-Hour Crisis Unit
- SHARES Overview/Update
- AIDS Funding Collaborative Presentation
- Strategic Plan Updates – Planning / Clinical / Quality Improvement

March 2013

- Behavioral Health/Juvenile Justice
- Department of Children & Family Services/ADAMHS Board Collaboration
- Gambling & Treatment
- Impact of Federal Healthcare Plan

Future Topics - dates yet to be determined:

- Veterans Administration Update
- CMHA Collaboration
- Defending Childhood
- Program Reviews
- Medical Marijuana
- Opiate/Heroin Epidemic

6. OLD/NEW BUSINESS

- Linda Torbert, Children's Projects Administrator, announced that the Early Childhood Mental Health Coordinator for the mental health system has been filled. The individual will begin work in two weeks and will provide one contact number and location where people can call for help with mental health needs for children birth to 6 years old.

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

Submitted by: Carol Krajewski, Executive Specialist

Approved by: Pythias D. Jones, M.D., Planning & Oversight Committee Chair