

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

PLANNING & OVERSIGHT (P&O) COMMITTEE MINUTES

JUNE 12, 2013

Committee Chair, Pythias D. Jones, M.D., called the P&O Committee meeting to order at 4:00 p.m. Elsie Caraballo 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: Elsie Caraballo, Richard Folbert, Pythias Jones, M.D., Harvey A. Snider, Esq., Mary Step, Ph.D., William J. Tobin, Mary R. Warr, M.Ed., Anngela Williams / Board member, Mary Boyle

Absent: Reginald C. Blue, Ph.D., Eugenia Cash, MSSA, LSW, Stephanie J. FallCreek, D.S.W, Robert Fowler, Ph.D.

Board Staff Present: William M. Denihan, C.E.O., Frank Brickner, Ada Cancel, Vivian Catchings-EI, Danei Chavez, Christina Delos Reyes, M.D., Craig Fallon, Cheryl Fratalone, John Garrity, Ph.D., Valeria A. Harper, Judy Jackson-Winston, Carol Krajewski, Linda Lamp, Chris Morgan, Michelle Myers, Laura Simmons, Linda Torbert

1. **APPROVAL OF MINUTES**

The Planning and Oversight Committee minutes of May 8, 2013, were approved as submitted.

2. **VETERANS ADMINISTRATION**

Kathleen Penman, PMHCNS-BC, Homeless Outreach Coordinator, and Barbara Karam, LISW-S, Community Resource & Referral Center Lead, provided information about Comprehensive Homeless Center Outreach Programs. In 2008, President Obama announced a plan to end homelessness for veterans. As a result, additional funding was provided for this purpose. Four years ago there were 17 employees working locally in this area; today there are 62 employees focusing on alleviating homelessness for veterans.

There are two Community Resource and Referral Centers (CRRC) in Northeast Ohio; the Cleveland CRRC location is at 7000 Euclid Avenue, Cleveland, OH 44103 and the Akron CRRC location is located at 111East Voris Street, Akron, OH 44311. The CRCC's purpose is, in collaboration with community services, to provide veterans, who are homeless or at risk of homelessness, with a centralized, easily accessible site, for the purpose of accessing services to provide optimal care in an integrated service model. The VA is working with its partners to provide:

- Prevention services so veterans and their families don't fall into homelessness and those that do are rapidly re-housed.
- Access to stable and affordable permanent housing
- Short-term housing options for those who need a safe place to stay while a permanent solution is found.
- Supportive services to help securing housing and have the support their need to stay housed.
- Easy access to mental health, substance abuse & dual diagnosis treatment services for those who need it.
- Vocational training and employment services to get veterans back to work.

The National Veterans Crisis Hotline is 1-877-424-3838. It was noted that there are 100 residential beds in Cuyahoga County.

Psychologist, Edgardo Padin-Rivera, Ph.D, Cleveland's VA Medical Center and CRCC sees over 106,000 veterans annually for various purposes. About 25% were seen for their mental health and addiction issues. A supported employment model is used to work with Veterans to determine their interest in working and pairing them with prospective jobs. (A hard copy of the power point presentation is attached to the original minutes stored in the Executive Unit.)

3. ACHIEVEMENT CENTERS

Patricia W. Nobili, MSSA, President and C.E.O. and Barbara Obiaya, LISW, Director of Family Support, noted that the Achievement Centers for Children has served children with disabilities since 1940. There are multiple locations and community-based services at: (1) 4255 Northfield Road, Highland Hills; 2) 24211 Center Ridge Road, Westlake, and 3) Camp Cheerful, 1500 Cheerful Lane, Strongsville, OH.

The mission of the Achievement Centers for Children is to enable and empower children with disabilities and their families to grow, learn, play and prepare for lifelong achievement in society. The unique service model weaves together therapy, education, autism services, recreation, adapted sports and family support services to meet the needs of the entire family. The agency services individuals from birth through adulthood. The three-year CARF Survey Outcome Report and 3-Year accreditation was also shared.

Ms. Obiaya reported on a joint grant proposal, through a mini-grant with the ADAMHS Board, to produce an end product of a 10-minute DVD to showcase the agency's innovative practice of infant massage for state-wide and national distribution. Ms. Christine Snow, Program Coordinator for Early Childhood Mental Health, introduced the documented benefits of infant massage: improved sleep patterns, enhanced development, better cost effectiveness and shorter hospital stays, improved medical outcomes for infants, safe for medically fragile infants, stress reduction and reduction of depression and anxiety in mothers.

4. FIRST TREATMENT PROGRAM FOR EARLY PSYCHOSIS

Dr. Delos Reyes, Chief Clinical Officer, explained that the FIRST program is a comprehensive treatment program created by the BeST Practices in Schizophrenia Treatment Center at NEOMED for those who have had their "first episode" of a psychotic illness. If clients with a first episode of schizophrenia can be identified early and treated aggressively in a comprehensive manner, there is a chance to prevent the lifelong consequences of this serious mental illness and to enhance the recovery of patients and their families. The ADAMHS Board initially supported this program in 2011 for a 1-year period. Funding constraints did not allow continuation funding.

Lon Herman, Director of Psych/BeST Center, Research Assistant Professor of Psychiatry at NEOMED (Northeast Ohio Medical University), and the FIRST Treatment Program Director distributed a handout identifying why First Episode Programs are important and elaborated on the outline of the treatment components, FIRST programs, lessons learned, outcomes, etc.

Dr. Delos Reyes noted that data received from the first year of implementation was positive and did work well; however, funding was not available after that time. Dr. Delos Reyes recommended authorizing up to \$20,000 in matching funding in partnership with the BeST Center and an ADAMHS-Board-funded agency to re-establish the FIRST Program in Cuyahoga County.

Ms. Warr indicated her interest in seeing previous FIRST treatment program outcome results.

Motion to recommend authorization of up to \$20,000 in matching funding in partnership with the BeST Center and an ADAMHS Board funded agency to reestablish the FIRST Program in Cuyahoga County to the Finance and Operations Committee. MOTION: H. Snider / SECOND: R. Folbert / AYES: E. Caraballa, R. Folbert, H. Snider, M. Step, W. Tobin, A. Williams / NAYS: None / ABSTAIN: M. Warr / **Motion passed.**

5. BEHAVIORAL HEALTH JUVENILE JUSTICE (BHJJ) MODEL DESIGN

Linda Torbert, Children's Projects Administrator, reported that the Behavioral Health Juvenile Justice (BHJJ) Program identifies youth with escalating juvenile justice involvement and behavioral health challenges and provides treatment and support to prevent deeper involvement in the juvenile justice system. The primary goal from the state departments, Ohio Department of Youth Services (ODYS) and the Ohio Department of Mental Health (ODMH) is to reduce the recidivism rate of commitments in State facilities.

Based upon input from the State, project stakeholders have met fidelity to their own program models; however, the design intent from the State has not been met with fidelity within the past two years and has conflicted with the mission of the BHJJ program. Consequently, evidence based programming (EBP) must be offered to every youth as an initial intervention to ensure successful outcomes; however, the current flow of the program design does not allow for youth to receive an EBP as an initial intervention. The first intervention offered is case management and care coordination services with a gradual referral to an EBP, which drastically conflicts with the mission of program.

The project has been redesigned. Executive Management, Board Staff, and other key stakeholders support the new program designed to fund key positions such as a Behavioral Health Assessor, (2) Care Coordinators, (3) Probation After-Care workers and a BHJJ Manager through Juvenile Court. Although there is sufficient funding for the BHJJ project due to ADAMHS Board set asides which were determined in November, 2012, an additional \$70,000 would ensure continuity in the service continuum.

Board staff recommends approval of additional funding in the amount of \$70,000 to Cuyahoga County Juvenile Court for the Behavioral Health Juvenile Justice (BHJJ) program to ensure budget line items such as residential and crisis stabilization services are available within the BHJJ service continuum.

Motion to recommend approval of additional funding in the amount of \$70,000 to Cuyahoga County Juvenile Court for the Behavioral Health Juvenile Justice program to the Finance and Operations Committee.

MOTION: H. Snider / SECOND: E. Caraballo / AYES: E. Caraballa, R. Folbert, H. Snider, M. Step, W. Tobin, M. Warr, A. Williams / NAYS: None / ABSTAIN: None / **Motion passed.**

6. SERVICE COORDINATION RESIDENTIAL TREATMENT CRISIS

Ms. Torbert reported that as a participating member of the Service Coordination Team with the Cuyahoga County Family and Children First Council, the Alcohol, Drug Addiction & Mental Health Services (ADAMHS) Board's governing role within the system is unique due to statutory constraints prohibiting the provision of direct services to children and families. As such, the Positive Education Program (PEP) was appointed and designated to act on behalf of the ADAMHS Board.

As the system's gate-keeper on behalf of the Board, PEP Connections' has demonstrated a history of exceptional leadership and clinical expertise in managing the most challenging, distressed, and at-risk children and is known to provide consummate care coordination and case management services throughout the system. Due to a recent influx of residential treatment requests to serve youth with the most severe behavioral health challenges, funds allocated for the calendar year and historically managed well are close to depletion. Without sufficient funding, the system would be placed in a precarious state, more importantly; children in the community will be at eminent risk.

ADAMHS Board Executive Management and staff acknowledge the crisis situation in which PEP is currently challenged with; however, there are limited fiscal resources at this time to fully support the deficit. As a result, Board staff recommends allocating \$50,000 of additional funding to PEP at this time. In the event the State awards the ADAMHS Board additional funding, Board staff will recommend an additional \$150,000 to ease the current crisis relative to emergency placement.

Motion to recommend approval of additional funding in the amount of \$50,000 to the Positive Education Program to address the immediate crisis regarding residential treatment budget needs to the Finance and Operations Committee. MOTION: H. Snider / SECOND: A. Williams / AYES: E. Caraballa, R. Folbert, H. Snider, M. Step, W. Tobin, M. Warr, A. Williams / NAYS: None / ABSTAIN: None / **Motion passed.**

7. OVERVIEW OF 5-YEAR FUNDING PLAN (For Information Only)

John Garrity, Ph.D., Director of QI/Evaluation & Research, highlighted the written document previously presented to The Center for Community Solutions regarding *The Need for a Behavioral Health Levy*, dated May 8, 2013. The document utilized several factors, the Board's Needs Assessment, the elevation of Medicaid and the possible expansion of Medicaid; the report also includes a comparison of levy funds for behavioral health in other Ohio urban Counties per capita.

Frank Brickner, Chief Financial Officer, highlighted the Projected Cost to Address the Unmet Need (5-Year Budget Plan). Based upon the 2011 Needs Assessment, an additional 47,287 consumers are in need of services that calculates out to an overall projected cost over five years at \$301,076,641 which includes a 3.6% inflationary increase and is based on consumer price information in the health care sector. It was noted that a considerable amount (\$11.5 million would be spent on consumers of Medicaid services for residential, employment, etc., those things that Medicaid would not pay for.) Additionally, a significant amount of funds would be dedicated to the consumer of AOD services as a small percentage of AOD clients qualify for Medicaid. (The two documents referenced are attached to the original minutes stored in the Executive Unit.)

Dr. Garrity reported that proposed resolution from The Center for Community Solution wholeheartedly supports increased funding for behavioral health services in Cuyahoga County whether from a dedicated mental health and addiction services levy or an increase from the established Health & Human Services Levy. The resolution also notes its concern that the increase does not compromise other health and human services levy funding.

8. COUNTY LEVY DISCUSSION

Mr. Denihan noted that County Council has announced that on Wednesday, June 19th, at 1:00 p.m. in the County Council Chambers it will hold a discussion on a potential County levy. They have indicated that two or three more meetings may be scheduled on this topic. If this goes forward, two County resolutions would be needed. One resolution would focus on the development of need. If that passes, the second resolution would place a levy on the ballot for the upcoming election on November. Mr. Denihan urged everyone to attend to witness the discussion.

Mr. Denihan listed those groups in support of placing a dedicated Mental Health and Addiction Levy on the ballot-- NAMI, Council of Agency Directors, Mental Health Advocacy Coalition, United Pastors in Mission and AOD Directors.

9. SHARES UPDATE (Shared Health & Recovery Enterprise System)

Dr. Garrity reminded all that Franklin, Hamilton and Cuyahoga County Boards have collaborated and formed a Council of Governments (COG) that shall design a new Non-Medicaid claims system as well as outcomes and data management system including the software. The COG has hired Ms. Neelima Savardekar, Program Manager, who has spent the past two weeks working with ADAMHS Board staff serving on the internal SHARES teams established for the areas of Finance, Information Technology, Clinical Outcomes, & Customer Service. COG Executives are scheduled to sign the vendor contract on June 25, 2013. The goal is to provide a new claims system and to bring data management up to a much higher standard. Start-up time may be delayed; efforts will be made to determine a realistic look at the implementation date.

10. OLD/NEW BUSINESS - None

11. **FUTURE TOPICS FOR PLANNING & OVERSIGHT COMMITTEE**

JULY 2013

- Forensic/Civil Beds
- Division of Children & Family Services/Team Decision Making Meetings
- Program Review Prototype
- Strategic Plan Updates – Clinical & Programming

Dates yet to be determined:

- State Budget
- Defending Childhood
- Major Unusual Incident Report
- ACAC (Action Committee Advocating Change) Update
- County Levy Discussion
- Clients Rights Annual Report
- CMHA Collaboration

There being no further business, the meeting adjourned at 5:40 p.m.

Submitted by: Carol Krajewski, Executive Specialist

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