

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

PLANNING & OVERSIGHT (P&O) COMMITTEE MINUTES

JULY 10, 2013

Acting Committee Chair, Harvey Snider, called the P&O Committee meeting to order at 4:00 p.m. on behalf of Committee Chair, Pythias D. Jones, M.D. William Tobin 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."*

Mr. Snider welcomed *Mrs. Katie Kern-Pilch* to the Planning & Oversight Committee as its newly appointed Non-Board member representative.

Committee Members Present: Reginald C. Blue, Ph.D., Elsie Caraballo, Richard Folbert, Katie Kern-Pilch, MA, ATR-BC, LPC-S, Harvey A. Snider, Esq., Mary Step, Ph.D., William J. Tobin, Anngela Williams / Board member, Mary Boyle / Absent: Eugenia Cash, MSSA, LSW, Robert Fowler, Ph.D., Pythias D. Jones, M.D., Mary Warr, M.Ed.

Board Staff Present: William M. Denihan, C.E.O., Carole Ballard, Frank Brickner, Ada Cancel, Vivian Catchings-El, Danei Chavez, John Coleman, Christina Delos Reyes, M.D., John Garrity, Ph.D., Valeria A. Harper, Myra Henderson, Carol Krajewski, Linda Lamp, Chris Morgan, Esmat Nasr, Starlette Sizemore-Rice, Maggie Tolbert, Linda Torbert, Leshia Yarbrough

1. APPROVAL OF MINUTES

The Planning and Oversight Committee minutes of June 12, 2013, were approved as submitted.

2. FORENSIC / CIVIL BEDS

Valeria Harper, Chief Operating Officer, highlighted several items in the document entitled, "Managing Bed Days" that serves as a brief summary to define terms referenced in the presentations regarding inpatient bed days for adults with mental illness, the difference between civil and forensic beds, and the Board's responsibility for monitoring the utilization of the state hospital inpatient beds. Ms. Harper noted that ADAMHS Board staff has played a significant, persistent role with providers to impact the management of bed days to contain costs, to ensure clinically appropriate length of stays for adults with mental illness, to engage and collaborate with agency providers to meet with people who are hospitalized and to assist in discharge planning. (The document referenced is attached to the original minutes stored in the Executive Unit.)

Ms. Harper reported a leadership change for Northcoast Behavioral Healthcare (NBH). With the recent promotion of Dave Colletti to the position of Assistant Director for Hospital Services at the Ohio Department of Mental Health and Addiction Services (OhioMHAS), Doug Kern is now the Acting CEO of NBH.

Civil Beds

Maggie Tolbert, RN, Utilization Review Specialist, noted that the adult mental health system has a gatekeeper through the Mobile Crisis Team (MCT) operated by FrontLine Services (formerly Mental Health Services). MCT authorizes the majority of admissions to civil beds at the state hospital. MCT will assess the individual to see if he/she needs a higher level of care or whether they can be treated in the community by one of our provider agencies. Upon admission to a state hospital, a hospital liaison is assigned from the 8 major agencies responsible for the coordination of care. The Board's role (through Ms. Tolbert and Ms. Ballard) is to ensure that consumers of mental health services obtain the services that they need. Board staff, along with hospital liaisons, coordinate the linkage of consumers with community services, connect them with housing, and work diligently to remove barriers. NBH has 8 units and 280 beds in total. The average length of stay (LOS) for civil beds is now 7 days. Ms. Tolbert addressed questions of committee members.

Forensic Beds

Carole Ballard, Forensic Specialist, explained that the term, forensic, refers to an individual with mental illness who has an active involvement with the criminal justice system. Therefore, a forensic bed day is a day in the state mental health hospital for a person committed through the criminal justice system.

- If a person is arrested and charged with an offense, a legal standard may be required by an attorney to obtain a psychiatric evaluation before participating in the court hearing.
- For those persons who are mentally ill and who may have decompensated in the community and committed a crime, an effort may be needed to restore them to competency. Restoration has two components; one is treatment and the other education (how to participate in the court proceeding).
- There are also individuals who are found “not guilty by reason of insanity” (NGRI); this category constitutes a large percentage of the state hospital population.

The Ohio Revised Code spells out a number of legal opportunities for individuals with mental illness whose condition might interfere with the hearing process; therefore, their attorneys will act in their best interest to make pleas and recommendations to the court. While the patient is at NBH, the person is involved in a number of groups, medication monitoring, counseling, behavior plans as well as team meetings and specialized team meetings. Ms. Tolbert and Ms. Ballard participate in forensic review team meetings and civil discharge review team meetings on a monthly basis. At the state level, there is a currently a committee looking at hard-to-move patients on a monthly basis.

Once a forensic client is ready to be released to the community, the most challenging population is the NGRI group because of their conditional release. State laws require forensic monitors. For our county, Recovery Resources coordinates the release plans with the court and are responsible for state quarterly reports. Ms. Ballard noted that 70% of admissions to the state hospital are going to be forensic admissions. Mr. Denihan commended Ms. Tolbert and Ms. Ballard for their outstanding work on behalf of patients over the years.

Mr. Denihan noted his serious concern with the current average length of stay which seems very short. He also wishes to look at how the system can support the necessary wrap-around services needed. It was noted that OhioMHAS has combined the civil and forensic bed days. Boards do have some control over civil bed days; however, they have absolutely no control over forensic beds. A committee is now working collaboratively to look at how we can get a handle on forensic bed days. One example was given; currently, a journal entry or “round-trip ticket” is in the developmental phase which may shorten the use of forensic bed days.

3. DIVISION OF CHILDREN & FAMILY SERVICES (DCFS) / TEAM DECISION MAKING MEETINGS

Ms. Harper welcomed Lara Parks, from the Division of Children & Families Services, who is the Chief of the Team Decision Making Meetings (TDM). The TDM Meeting concept was introduced to the P&O Committee in March; funding was subsequently approved to support the initiative in the amount of \$75,000. This collaborative initiative was developed to address a large percentage of parents of children in care who are challenged with mental health and/or alcohol and addiction concerns. The agencies targeted for funding are adult behavioral health agencies. The goal of this pilot project, according to Cuyahoga County DCFS is to habilitate parents and families to resume their parenting responsibilities. Funding will cover lost productivity for agencies for time spent that is not billable to Medicaid.

Ms. Parks noted that a Memorandum of Understanding is being drafted to identify collaboration among all key stakeholders by 9/1/13. The ADAMHS Board has identified liaisons from Murtis Taylor Human Service System and Recovery Resources as the two agencies to participate in the pilot project. Through the Team Decision Making Meetings, the goal is to coordinate information sharing in order to discuss the progress of the family, consider re-unification; it is further anticipated that an individual crisis plan will be developed to support the health/welfare of the child and family.

4. PROGRAM REVIEW PROTOTYPE

Ms. Harper stated that the purpose of the Program Reviews is to provide feedback to agency providers on the medical records and other forms of documentation maintained for consumers/clients services provided through the ADAMHS Board's Non-Medicaid contract. The reviews were not meant to be an audit. During the process, Board staff worked to highlight some of the premier and unique services provided by each agency, heard their concerns and offered to provide technical assistance in areas needing attention.

Ms. Harper noted that she secured permission from the Executive Directors of FrontLine Services and Community Action Against Addiction to share their review table as a prototype for P&O Committee members (information would be retrieved at the conclusion of the meeting.) Ms. Harper highlighted both reviews as a way to show samples of the program review.

5. S.C.A.L.E. REPORT (*Screening, Centralized Assessment, Levels of Care Assignment & Engagement*)

Dr. Christina Delos Reyes, Chief Clinical Officer, reported that a preliminary summary of the program reviews and reconciliation meetings that have occurred over the past two weeks. Board staff (Dr. Delos Reyes, Ms. Harper, Mr. Brickner, and Michael Doud) met with the 9 SCALE agencies to go over their budget and to determine how the SCALE program was operating.

- 1) **Reconciliation of the Budget** – Dr. Chris noted that originally funds were allocated to help bring people into the system who had never been involved with the mental health system. Each agency was told that Board staff would reconcile their funding allocation against their core contract/budget.
- 2) **New format of the SCALE Report** – Dr. Chris noted that the SCALE Report format is being re-visited to make it easier to read and understand. The improved report will be distributed in September.
- 3) **Separation of Contracts** – Ms. Harper noted that currently the allocations for SCALE services were integrated into the agencies' Non-Medicaid contract. Upon review of the SCALE agency participation and billings by Board staff and agency representatives, Mr. Brickner noted that it was difficult to get a true cost of SCALE participation as some agencies continued to bill under the SCALE code even after the client began to receive ongoing treatment. Given this review/discussion, the goal is to establish a stand-alone contract for the next calendar year funding cycle and to determine a reasonable length of stay on the SCALE contract. He noted that stand-alone contracts, effective January 2014, will be brought before the Board and will (1) segregate SCALE from the core Non-Medicaid Contract; (2) clearly define reporting requirements to indicate concerns & problems; and (3) submit quarterly reports to the Board

6. COUNTY LEVY UPDATE

Mr. Denihan noted that Board staff is anxious to see what will happen at the County Council Meetings on July 17th and 24th around the Health & Human Services Levy. He noted that whatever the levy is called, we will support it. Both Mr. Denihan and Mr. Snider were pleased that the hearing process before County Council provided the behavioral health community an opportunity to promote awareness about the importance of behavioral health services and reflected a wide variety of stakeholders who testified—judges, probation officers, children's services, adult services, homeless services, peer support specialists, seniors, etc.

7. SHARES UPDATE (*Shared Health & Recovery Enterprise System*)

Dr. Garrity, Director of QI/Evaluation & Research, explained that the SHARES system is software development project to handle claims and outcomes. Our county was the first of the 3 participating Boards to work with the Project Manager. The Council of Governments is very close to signing with a vendor. In spite of this delay, much been accomplished because it has given the implementation teams from the 3 Boards time to work together to standardize the process, etc. Dr. Garrity summarized the work of the various SHARES subcommittees. The vender intends to train 12 key staff, 4 from each Board and then we will use the train-the-trainer concept to train provider agencies.

8. STRATEGIC PLAN UPDATE - PROGRAMMING

Ms. Harper highlighted several items from the Strategic Plan Programming Update:

- Transitional Age Community Treatment Model
- New supporter for the Seasons of Hope House
- Concept of Peer Support has been expanded
- Prevention strategies expanded - information dissemination on addictions, including gambling to youth and the community at large.

9. STATE BIENNIAL BUDGET (H.B. 59) UPDATE

Mr. Denihan recently received a summary of the impact of the state budget that \$10.5 million of hot spot funding will continue for the entire state. This funding will ensure that intakes stay open in our county. The Community Behavioral Health Line item will receive \$50 million per year state-wide; approximately \$30 million for mental health and \$20 million for alcohol and other addictions. Problem Gambling will get \$4 million a year state-wide. CEO Denihan noted that he intends to sign on to a letter sent to OhioMHAS recommending that all new monies be allocated first to the disadvantaged counties.

Given the merger of ODMH and ODADAS into the new Ohio Department of Mental Health and Addiction Services, key language changes were made to many statutory provisions as well as the Ohio Revised Code 340 as well as an option to reduce Board size from 18 to 14 members. They are removing the requirement to have a psychiatrist on a Board by instead having a clinician of mental health services. Board member can now receive the required training as part of a regularly scheduled meeting.

With regard to Medicaid Expansion, the Governor called a state-wide meeting in the State House Atrium. Mr. Denihan, Judy Jackson-Winston and approximately 50 behavioral health clients attended. Seven speakers addressed the assembly on the issues of re-entry, recovery and heroin addiction including Judge David Matia. It was noted that Governor Kasich is a strong advocate for people who cannot speak for themselves and that the issue of Medicaid Expansion is still under consideration.

10. OLD/NEW BUSINESS - None

11. FUTURE TOPICS FOR PLANNING & OVERSIGHT COMMITTEE

September 2013:

- Defending Childhood
- Major Unusual Incident Report
- Action Committee Advocating Change Update
- Program Review
- Heroin Task Force
- CMHA Collaboration

October 2013:

- Clients Rights Annual Report
- CMHA Collaboration
- Fiscal Reconciliation of all Non-Medicaid Contracts

On-Going Updates:

- County Levy
- S.C.A.L.E.
- S.H.A.R.E.S.

There being no further business, the meeting adjourned at 5:50 p.m.

Submitted by: Carol Krajewski, Executive Specialist

Approved by: Harvey A. Snider, Esq., Acting Chair of the Planning & Oversight Committee