

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

PLANNING & OVERSIGHT (P&O) COMMITTEE MINUTES FEBRUARY 8, 2012

Committee Chair, Pythias Jones, M.D., called the meeting to order at 4:00 p.m. and asked Ms. Leslie Nye O'Donnell to 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., J. Robert Fowler, Ph.D., Pythias Jones, M.D., Rev. Charlotte Still Noble, Leslie Nye O'Donnell, Mary Step, Ph.D. Harvey Snider, Ericka Thoms, Mary R. Warr / **Absent:** Anngela Williams

Board Staff Present: William M. Denihan, C.E.O., Ada Cancel, Vivian Catchings-El, Danei Chavez, John Coleman, Christina Delos Reyes, M.D., Michael Doud, Cheryl Fratalone, John Garrity, Myra Henderson, Carol Krajewski, Linda Lamp, Chris Morgan, Michelle Myers, Esmat Nasr, Cassandra Richardson, Laura Simmons, Star Sizemore-Rice, Leshia Yarbrough-Franklin

1. APPROVAL OF MINUTES

The Planning and Oversight Committee minutes of January 11, 2012, were approved as submitted.

2. INTRODUCTION OF COMMUNITY REPRESENTATIVE/NON-BOARD APPOINTEE TO P&O COMMITTEE

Dr. Jones introduced Ms. Leslie Nye O'Donnell, the newly appointed Community/Non-Board member representative to the Planning & Oversight Committee. Ms. O'Donnell is a mediator/attorney at the firm of Schreiber O'Donnell & Schwartz Mediators, LLC, who has 26 years of experience in Family Law and is a strong proponent of Alternative Dispute Resolution. She will bring a family member's perspective that includes experience with both alcohol and drug addiction and mental health issues.

Ms. O'Donnell stated that she was honored to join the committee and hopes that she can make a contribution. She noted that she has both professional and personal experience and that the mission of the Board is close to her heart.

3. WOMEN'S RECOVERY PROGRAM

Ms. Esmat Nasr, Adult Programs Specialist, noted that ORCA House, founded in 1942, is the oldest African American Chemical Dependency agency in the country. The agency provides Non-Medical Community Residential Treatment and has an Intensive Outpatient Treatment Program, Non-Intensive Outpatient Treatment Program, and Family Preservation Program. Presenters from ORCA House included: Jackie Fields, Clinical Director, Myrtle Latif, Residential Program Director, and Patricia Steele, former ORCA House resident.

Ms. Fields explained that ORCA House's philosophy takes a holistic, comprehensive approach to service delivery, which effectively addresses the needs and actively involves the whole family in the recovery process. The agency recognizes the importance of providing ancillary services to assist in reducing stressors for women working on their recovery from addiction. Specialized services include: Trauma Sensitive Programs, HIV Awareness, Parenting Classes, Re-Entry, and Monitored Children's Activities. ORCA House partners with other agencies to provide specific needs/services.

Ms. Latif reported that ORCA House, in the last decade, began to look at trauma and how it impacts treatment. Staff found that when trauma was not addressed (whether the client was a victim of sexual violence, a survivor or a witness of trauma) special services were needed in order to help the person stay sober. Valuable coordination and support has been built through a working relationship with the Cleveland Rape Crisis Center (CRCC). The support of therapists at the CRCC while clients are going through treatment at ORCA House is a win-win situation and has been a benefit to those working to maintain sobriety. Ms. Latif invited committee members to stop by ORCA House at any time for a visit of the facilities.

WOMEN'S RECOVERY PROGRAM *(Continued)*

Patricia Steeley, stated that she was proud to be a graduate of the various ORCA House programs—inpatient, outpatient and aftercare. She credited the programs for a “glorious five months”. She now feels that she is a much better parent and appreciates all of the educational programs. Dress for Success also helped her to dress appropriately to attend the training sessions.

Discussion points/answers to questions of committee members:

- ORCA House does accept walk-ins; 1/3 of intakes are self-referrals.
- ORCA stands for Outhwaite Recovery Center for Alcoholics.
- Outcome completion rates for men=88%; women's outcomes are lower but well above the national average.
- Women are no longer mandated to attend treatment by the Department of Children & Families Services; however, ORCA House is working with DCFS to encourage women to seek treatment even though it is not mandated.
- ORCA House staff were proud to report that their Residential Services had no findings at the recent audit conducted by the ADAMHS Board.
- Average length of treatment = 30 days for residential; Capacity = 16 men / 12 women
- Intensive Outpatient – 4 times per week/½ day sessions for 5 weeks.
- Aftercare Programs are 1 time/per week for 12 weeks.
- It was noted that those individuals going through all programs seem to fare the best.
- The Men's Alumni group meets every Friday.

Kirsti Mouncey, LISW-S, LCDCIII, Vice President of Client and Clinical Services, Cleveland Rape Crisis Center (CRCC) distributed information to committee members about the Center's mission and services. The CRCC is dedicated to serving survivors of sexual violence and those who support them with free, comprehensive healing and advocacy services, and to creating social change in the community through education, training and activism. The Center sees anyone—children, adolescents, men or women—at any point, whenever they are ready and no matter what the form of sexual violence was.

The Center has been in existence for 38 years and currently has about 25 staff members who provide a variety of services:

- 24-hour hotline (216) 619-6192
- Hospital advocacy
- Justice System Advocacy
- Individual and Group Therapy, including talk and art therapies
- Education and prevention programs

For women in recovery, the CRCC runs trauma groups at ORCA House and the Hitchcock Center for Women. A handout was distributed that presented “National Sexual Assault Statistics” & identified “What Percentages of Mental Health Clients Have Histories of Sexual Trauma”. (The folder and handout are attached to the minutes stored in the Executive Unit.)

Ms. Mouncey complimented the ADAMHS Board on its emphasis on trauma and its collaboration with respect to the Seasons of Hope House. Mr. Denihan added that the Cleveland Rape Crisis Center is a true partner; he sincerely appreciates the collaborative efforts of Chief Executive Officer, Megan O'Bryan.

4. IMPACT OF FY2012 BUDGET CUTS

Mr. Denihan reported that our behavioral health system has been greatly impacted by the reduced community funding from ODMH and ODADAS. Intakes were closed at our mental health provider agencies for the past three months, leaving 151 people waiting for mental health services.

An additional \$1,020,250 in funding from Cuyahoga County allowed intakes to reopen on 2/1/12, but they will only be able to remain open through June. Detoxification, intensive outpatient services and prevention services have been significantly reduced; although some of the additional funding from the County was earmarked for detoxification services at Rosary Hall.

The ADAMHSCC reduced its administrative budget by \$1.3 million that resulted in the elimination of 18 positions with 13 people being laid off in July. To date, 19 of our system's providers have told us the impact of the funding reductions on their agency, consumers and clients. The aggregate numbers indicate that:

- About 41 provider employees were laid-off.
- About 2,600 people are not or will not receive mental health and/or addiction services because programs had to be reduced or eliminated.
- These services include: Detoxification; Intensive Outpatient Services; AOD prevention services for children; Mental Health in the Schools; Case Management; Counseling.

Mr. Denihan estimates that as a result of the reduction in services, the anticipated cost to the community may reach nearly \$700,000 because of increased usage of the courts, jails, prisons, and emergency rooms for untreated people. Efforts are underway to communicate with legislators that the entire mental health and alcohol and other drug addiction services system is grossly underfunded. All of the ADAMHS Boards are standing together to ensure that the best possible services are delivered to the residents of Ohio and that any new funding in the 2012-2013 Mid Biennial Budget Review process should be used to address inequities in the 505 Non-Medicaid funding. The state budget is better off than expected and has \$100 million on top of the \$130 million rainy day fund. Reports from the Office of Budget and Management show excess revenue of \$30-\$50 million. Mr. Denihan noted that the entire behavioral health system will be contacting the Governor and Legislators with this message.

5. UPDATE: ODMH 505 HOT SPOT FUNDING

Dr. Garrity reported that ODMH is distributing an additional \$10.6 million in 505 Funding for FY13. This strategy seeks to promote collaboration across Boards that share one of the six state hospital catchment areas. Cuyahoga is part of the NorthCoast hospital collaborative which includes: Lorain, Lake, Ashtabula, Summit and Geauga Counties.

Hot spots can include:

- 1) Specialized services for difficult to serve consumers,
- 2) Services for those with the greatest unmet need,
- 3) Services that divert people from more restrictive settings (such as hospital or prison),
- 4) Services to engage clients who are difficult to engage in behavioral health services and are high costs to other systems when untreated.

Dr. Garrity noted that it is difficult to collaborate across counties since rural and urban counties have differing needs. Lorain and Cuyahoga Counties have a similar interest in reentry. Lake and Ashtabula are interested in trainings on topics as trauma-informed care. Efforts are underway to look at how knowledge and resources can be shared. Ms. Warr brought forth the idea of considering AOD recovery services for high school youth. Dr. Biegel inquired if we are successful in obtaining extra funding, will this be one-time funds or continued funding? What is known at this time is that ODMH Director Plouck intends to share the success of this program with the Governor with the intent of asking for additional funding.

6. STRATEGIC PLAN UPDATE: EVALUATION & RESEARCH

Dr. Garrity highlighted progress made on the Evaluation and Research goals/objectives. The update is attached to the minutes stored in the Executive Unit.

Mr. Snider referenced information shared by the ODMH Director about the Health Home Concept at the Legislative Day in Columbus and noted his interest in learning more about this. It was noted that the Health Home Concept embraces the philosophy of integrated care and poses a potential huge change in the environment of Medicaid. As Dr. Delos Reyes had with her two documents with her on this subject, she gave them to Mr. Snider and offered to e-mail the documents to others who are interested.

Dr. Biegel asked Dr. Garrity if outcome data collected by providers is used to improve their organization/services. Dr. Garrity responded affirmatively. Although data is collected for compliance issues, a lot of presentations are made on how to use data on a daily basis for quality improvement measures, and providers also share information/lessons learned with others.

7. FUTURE TOPICS FOR PLANNING & OVERSIGHT COMMITTEE

Dr. Biegel, Committee Vice Chair, introduced the proposed list of future topics and tentative review schedule:

- AoD Prevention Assessment Report *(March)*
- Strategic Plan Update from Planning & Clinical *(March/April)*
- Health Home Concept *(March)*
- Lapsed Medicaid Report *(April)*

8. OLD/NEW BUSINESS - None

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