

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

## PLANNING & OVERSIGHT (P&O) COMMITTEE MINUTES NOVEMBER 14, 2012

Committee Chair, Pythias D. Jones, M.D., called the meeting to order at 4:00 p.m. Bill 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."*

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

**Board Staff Present:** William M. Denihan, C.E.O., Vivian Catchings-El, Danei Chavez, John Coleman, Christina Delos Reyes, M.D., Craig Fallon, John Garrity, Ph.D., Valeria Harper, Myra Henderson, Judy Jackson-Winston, Carol Krajewski, Linda Lamp, Michelle Myers, Scott Osiecki, Laura Simmons, Maggie Tolbert, Linda Torbert, Leisha Yarbrough

### **1. APPROVAL OF MINUTES**

The Planning and Oversight Committee minutes of October 10, 2012 were approved as submitted.

### **2. CRISIS CHAT PROPOSAL FROM MENTAL HEALTH SERVICES, INC. (MHS)**

Mr. Osiecki explained that the major goal of the Crisis Chat Pilot Program, an on-line crisis intervention service through a chat message response system, is to intervene on the impact of suicide and mental health crisis among youth, ages 15-24. In 2011, project funding from the National Suicide Prevention Lifeline enabled Mental Health Services, Inc. to provide direct service with supervisory support to accept crisis chats from the LifeLine portal across the United States and portals on the ADAMHS Board of Cuyahoga County and MHS Web sites, Monday through Friday, 4:00 PM to 9:00 PM. As the addition of the chat intervention increased access to care and enhanced the capacity of MHS to provide a vital service to a significant portion of this target population, MHS has requested additional funds to sustain and increase the chat intervention service.

Board staff recommends that the ADAMHS Board provide the requested \$79,000 (from the suicide prevention campaign line item) for the time period of 12/1/12 through 11/30/13 to fund the Crisis Chat Program. The rationale is that this program is a viable use of technology to reach out to young people who are in crisis and/or have questions about mental health issues. Ms. Harper noted that Board staff, after analyzing data for this time period, will report back in November 2013 on the effectiveness of this program.

Based upon the success of the program, Ms. Thoms recommended contacting a potential funding source such as Google or Yahoo for a donation since so much of their business is derived from chat lines.

### **Motion to recommend approval of funding for the Crisis Chat Proposal to the Finance & Operations**

**Committee.** MOTION: R. Blue / SECOND: H. Snider / AYES: R. Blue, E. Caraballo, S. FallCreek, R. Folbert, B. Fowler, H. Snider, M. Step, E. Thoms, Bill Tobin, A. Williams / NAYS: None ABSTAIN: None / **Motion passed.**

### **3. VRP3 RECOVERY TO WORK CONTRACT**

Ms. Harper, Chief Operating Officer, noted that the Vocational Rehabilitation, Public & Private Partnerships (VRP3) Recovery to Work Program is a very vibrant program. She introduced Ms. Myra Henderson, Recovery & Employment Specialist, who elaborated on the background of the program which originally contracted with six provider agencies for the provision of vocational rehabilitation and treatment services (details contained in the handout attached to the original minutes stored in the Executive Unit).

**VRP3 RECOVERY TO WORK CONTRACT** *(Continued)*

Due to current funding challenges, the FY2013 VRP3 and Recovery to Work Contracts were consolidated into one VRP3 Contract with the Ohio Rehabilitation Services Commission. The ADAMHS Board will continue to sub-contract with Catholic Charities Services, Jewish Family Service Association and Recovery Resources for vocational rehabilitation services and treatment services. Mr. Denihan commended Ms. Henderson for her work which resulted in successfully obtaining additional dollars for our county--\$3.9 million for the FY2012 Recovery to Work Contract.

Niokca Reed, VRP3 Project Supervisor, Catholic Charities Services and Recovery Resources, explained that VRP3 is a program designed to help people with mental illness and/or alcohol/drug dependency prepare for, find and maintain employment. The vast majority of people served as "most significantly disabled". The three agencies mentioned—Catholic Charities, Jewish Family Service Association (JFSA) and Recovery Resources—have 13 full time coordinators (2 yet to be hired), 3 half-time and 1 full-time administrative assistant and 2 full-time supervisors.

Ms. Elizabeth Little, VRP3 Project Supervisor from Jewish Family Service Association, pointed out the differences between the classic Bureau of Vocational Rehabilitation (BVR) program, supported employment and what VRP3 does. One distinction is that VRP3 programs allow the Coordinators to work closely within the mental health and alcohol & drug (AOD) provider agencies. Coordinators consistently are trying to implement what is learned from the agencies in order to provide better service. Additionally, this program also makes assessments to determine the client's needs based on his/her individual interests, abilities, resources and priorities. Other assessments made are for medical, dental and vision needs in order to determine what is required for the individual to become employed. (The VRP3 handout is attached to the original minutes stored in the Executive Unit.) Jim Wright, VRP3 Coordinator, introduced 3 clients--Rhonda, Vince and Robert—who shared their challenges, their experiences with the VRP3 program and their current successful employment status.

**4. MAJOR UNUSUAL INCIDENTS (MUI) REPORT**

John Garrity, Ph.D., Director of QI/Evaluation and Research, noted that the ADAMHS Board has a standing MUI Review Committee that meets monthly to review incident reports received. Agencies are required by Ohio Department of Mental Health (ODMH) and Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to file reportable incident reports with ADAMHS Boards when an unusual incident occurs within a prescribed time frame. Our Board's MUI Committee consists of: Dr. Delos Reyes, Chief Clinical Officer; Michael Doud, Adult Behavioral Health Services Administrator; Judy Jackson-Winston, Clients Rights Officer; Tom Williams, Data Research Specialist, and Laura Simmons, Administrative Assistant. Dr. Garrity noted his appreciation for the hard work of this committee to: look at trends, review the causes of client deaths, look for possible errors, and identify ways to address improvement measures.

Dr. Garrity utilized a power point presentation to present the Reportable Incidents Summary for a 3-year period, Fiscal Years 2010-2012. (A hard copy of the report is attached to the original minutes stored in the Executive Unit.)

Dr. Garrity answered questions of committee members during the presentation. Based upon committee interest, Dr. Garrity noted that he would distribute an Executive Summary for the MUI Report to P&O Committee members.

**5. AOD PEER REVIEW**

Ms. Harper reported that each year the ADAMHS Board contracts with an experienced organization to conduct an Independent Peer Treatment Review for a different AOD level of care as required by ODADAS treatment regulations. During 2012, the Board issued a request for proposal and chose Brown Consulting, LTD., to review Detoxification Services and Opioid Treatment Services. The purpose for the clinical records review is to assess the quality, appropriateness and efficacy of the treatment services and to identify opportunities for improvements.

**AOD PEER REVIEW** *(Continued)*

Dr. Garrity explained that the agencies reviewed included Community Action Against Addiction (CAAA), Rosary Hall at St. Vincent Charity Medical Center, Stella Maris, and Salvation Army Harbor Light. The review examined criteria in the following areas:

- Justification for Admission
- Intake/Assessment Process
- Treatment Planning
- Documentation & Implementation of Treatment Services & Continuing Care Planning
- Indications of Treatment Outcomes/Effectiveness

The Independent Peer Review concluded that:

- 1) CAAA has established a sound system of clinical records documentation for their Opioid Treatment Services and that they were in good order. The report found that CAAA's opioid treatment services to be of sound quality.
- 2) Detoxification services provided by Rosary Hall at St. Vincent Charity Medical Center, Stella Maris, and Salvation Army Harbor Light had good clinical records based on existing requirements for the clinical record and were well organized. The review further found the services of these three entities to be of good quality and capable of addressing a wide range of client needs.
- 3) Minor recommendations for improvement were suggested for each agency, primarily around documentation.

Ms. Harper noted that CAAA's relatively new Executive Director actively participated in the peer review process. Additionally, she noted that copies of the overall report can be made available to those P&O Committee members who might be interested in reading the entire review.

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

Dr. Christina Delos Reyes, Chief Clinical Officer, referenced the SCALE Weekly Report for 10/24/12-11/02/12 and noted that the current wait list is zero. There were 74 weekly calls to the SCALE Program. Since 2/12/12, there have been 937 total phone screens, total assessments scheduled were 726, and actually assess 485 individuals due to the extra County Council funds received as a result of advocacy efforts for additional funding. Consequently, the system has received approximately 13 new clients each week needing treatment for mental health issues.

Dr. Delos Reyes explained that there are 6 agencies listed on the abbreviation key; however, there are two carve-out agencies—Eldercare (serving people 55 years of age or older) and Mental Health Services (who specializes on individuals who meet the federal definition of homeless). These figures are gathered monthly through separate reports. Dr. Delos Reyes stated that she will share carve-out agency data at the next P&O Committee meeting.

With regard to the Level of Care (LOC) designation, Dr. Delos Reyes explained that the higher the level of care number delineates a higher level of severity of illness. (A copy of the handout is attached to the original minutes in the Executive Unit.)

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

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

**January 2013:**

- Spend-Down Project
- Quality Indicators Report
- SCALE Evaluation
- Consolidation of State Departments (ODMH & ODADAS) and/or Policies

**FUTURE TOPICS FOR PLANNING & OVERSIGHT COMMITTEE** *(Continued)***February 2013:**

- Gambling & Treatment
- Update from AIDS Funding Collaborative

**Date yet to be determined:**

- Behavioral Health/Juvenile Justice
- Department of Children & Family Services/ADAMHS Board Collaboration
- Impact of Federal Healthcare Plan
- Veterans Administration Update

**8. OLD/NEW BUSINESS**

- Mr. Denihan reported that Governor Kasich is leaning towards not expanding Medicaid at this time. Our Board and other organizations have encouraged the Governor to reconsider this position. The Ohio Association of County Behavioral Healthcare Authorities (OACBHA) is working on a strategy to make a business-case discussion on previous budget reductions and how impactful the programs are and how meaningful they are for the people we serve.
- Earlier in the day, Mr. Denihan made a budget presentation to County Council and requested additional funding from the 2<sup>nd</sup> year of the 2-year budget to address unplanned and unforeseen expenses that occurred this calendar year—expenses related to the closing of Bridgeway, Inc., the need for a prevention campaign to address the Opiate/Heroin epidemic, the inclusion of mental health treatment in the Community Based Correctional Facility and funds needed for a mental health professional to work collaboratively in making team decisions with the Department of Children and Family Services.

Mr. Denihan noted that the one Councilman on Council gave a push-back regarding the timing of a 3% salary increase to Board staff earlier this year. Mr. Denihan answered the concern by noting that the ADAMHS Board staff had not received an increase for nearly 4 years and when the Boards were consolidated in 2009, no increases were given while staff had to learn about the other system, etc. Councilman Greenspan stated that he intends to recommend that none of the CY14 county subsidy could be used for Board administration.

Mr. Gallagher questioned the effectiveness of prevention and requested proof that an opiate prevention campaign would be effective before considering the requested funds. To respond to Mr. Gallagher's concern, Board staff will make a presentation about the campaign and prevention facts during the County Council's Public Safety Committee meeting to produce proof that prevention saves lives.

*There being no further business, the meeting adjourned at 5:30 p.m.*

*Submitted by: Carol Krajewski, Executive Specialist*

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