

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

PLANNING & OVERSIGHT (P&O) COMMITTEE MINUTES MARCH 9, 2011

Committee Chair, Dr. Pythias Jones, called the meeting to order at 4:00 p.m. Dr. Reginald Blue 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., Bob Fowler, Ph.D., Pythias Jones, M.D., Rick Kemm, Earl Lawrence, Rev. Charlotte Noble, Harvey Snider, Mary Step, Ph.D., Ericka Thoms, Anngela Williams

Board Staff Present: Valeria A. Harper, Chief Operating Officer, Carole Ballard, Kevin Berg, Vivian Catchings-El, Danei Chavez, Cindy Chaytor, Michael Doud, Christina Delos Reyes, M.D., Cheryl Fratalone, John Garrity, Lisa Griffith, Myra Henderson, Carol Krajewski, Linda Lamp, Michelle Myers, Esmat Nasr, Yancey Quinn, Michael Scherer, Starlette Sizemore-Rice, Linda Torbert

1. APPROVAL OF MINUTES

The Planning and Oversight Committee minutes of February 9, 2011, were approved as written.

2. WOMEN'S PROJECT

Ms. Harper noted that after the Imperial Avenue tragedy, the ADAMHS Board met with recovering women through the alumni groups of the AOD women's treatment providers to seek input regarding ways to identify a non-traditional treatment approach. She added that community providers have been invited to partner with the Board in this endeavor. Ms. Cindy Chaytor, Adult Projects Administrator, provided an overview of the program description of the proposed drop-in center open during the night to offer a safe place and respite from the streets.

Ms. Chaytor noted that outreach workers will identify alcohol and drug addicted women in distress and begin to form relationships with them. The workers will assess the needs of the women, offer support and make a referral to the "safe house". A fundraiser entitled, "Seasons of Hope" is planned for Friday, April 8, 2011, at the Cleveland Airport Marriott. The event's goal is not only to raise funds for the project but also to raise awareness of these issues in the community and the treatment options available.

Mr. Snider knows of an organization that might be interested in becoming a major funder and would share this information with Ms. Chaytor. Ms. Harper noted that one group missing from this collaborative effort is the faith-based community. P&O Committee members were asked to share information and network with others regarding this need.

Two women, present in the audience, active participants with the Hitchcock Center for Women, spoke to the P&O Committee on behalf of this project and emphasized its importance. Both women credited this agency for helping them to recover from their drug addiction and turn their lives around. They felt that the proposed Safe House will be a beacon to those women who do not seek traditional treatment and will be the first step in getting them help.

3. UPDATE ON RE-ENTRY PROGRAMS

Forensic Specialist, Carole Ballard, reported that the state of Ohio has 31 prisons, one of the fifth highest incarceration rates in the country and houses over 50,000 inmates. Of this number, approximately 6,000 inmates are mentally ill and incarcerated for a variety of reasons. Many are there because of non-violent offenses. Many years ago, the community mental health system created some intercept points so that as people were coming out of prisons they had a place to go. The average person with mental illness stays in prison for 2.5 years. The three programs scheduled for presentation will provide a snapshot of what they do with a very small segment of this population.

A hard copy of the power point presentation utilized by the three Re-Entry program presenters is attached to the original minutes stored in the Executive Unit.

MENTAL HEALTH SERVICES FOR THE HOMELESS - PROJECTS FOR ASSISTANCE WITH TRANSITION FROM HOMELESSNESS (PATH), a prison re-entry program piloted in 2004 through ODMH, is now in its seventh year of implementation.

Ms. Christine Couture, LISW-S, Associate Director of Case Management Services- MHS' Prison Re-Entry Outcomes, highlighted elements of the program and its outcomes.

- Target Population: persons with severe and persistent mental illness who are currently in prison and will become homeless upon release into the community.
- Goals: Mental health stabilization, linkage to resources including income & housing, & reducing recidivism.

PROGRAM SERVICES (current staffing is 2 employees with a capacity of 25-30 consumers per caseload):

- In reach to prisons
- Intensive case management
- Linkage to the following: housing, income/benefits, supported employment, alcohol/drug addiction resources
Community Psychiatric Support Treatment and counseling services
- Pharmacological Management services

OUTCOMES:

- The recidivism rate for the 1st year post release is 7% for both jail and prison.
- After 24 months of program participation, the recidivism rate for prison drops to 0%.
- Estimated annual cost savings = \$876,000.

MURTIS TAYLOR / CORRECTIONAL ADVOCACY & RE-ENTRY (CARES)

David Brown, NCC, LPCC-S; Clinical Supervisor, identified program goals of the CARES Program:

- To serve persons who have any range of felony, including sex offenders
- To reduce recidivism
- To improve quality of life
- To aid in consumer's re-entry to community through empowering support

PROGRAM SERVICES (capacity = 50 people):

- Intensive community support services
- Access to Community Support Psychiatric Treatment related services, 24 hours a day
- Counseling, psychiatric evaluation & medical management of symptoms
- Peer support services
- Development of Integrated Dual Disordered Treatment component.

OUTCOMES:

- 36% completed parole
- Recidivism before CARES = 50%; After CARES = 18% in FY2010
- Cost savings: \$1,611,725.

RECOVERY RESOURCES – PAROLE ASSERTIVE COMMUNITY TREATMENT (PACT)

Jamie Dials, BA, Forensic Coordinator & PACT Team Leader, shared PACT's goals:

- To serve consumers being released under supervision – Parole or Post Release Control
- To assist consumers with the completion of Parole and or Post Release
- To assist consumers with management of mental health and/or substance abuse issues.
- To reduce recidivism and improve quality of life

RECOVERY RESOURCES – PAROLE ASSERTIVE COMMUNITY TREATMENT (PACT) – (Continued)**SERVICES (caseload of 50 people)**

- Assertive community treatment team model
- Focus on attainment of mental health and other non mental health resources & benefits
- Daily case review by multi-disciplinary team
- Provision of interim housing support for clients
- Onsite Forensic Employment Specialist and designated PACT Pharmacological Management Team

OUTCOMES:

- Recidivism before PACT = 65%; After PACT = 19%
- Annual Cost Savings = \$1,630,981.

Presenters addressed questions of committee members. It was noted that the intense ratio of staff to client contributed to the outcome success for these clients and programs.

3. PRESENTATION ON BULLYING

The two representatives from Bellefaire Jewish Children's Bureau, Ms. Jennifer Blumhagen, MSSA, LISW-S, Director of After School and School Based Services, and Judith M. Stenta, MSW, ACSW, LSW, Project Director SAY: Social Advocates for Youth, utilized a power point presentation to the P&O Committee. Ms. Harper noted that, unfortunately, Asian Services was unable to participate in the presentation but may be invited to attend at a later date. (A hard copy of the presentation is attached to the original minutes stored in the Executive Unit.)

- 1) SAY Program – is a program in suburban school districts focusing on prevention and early intervention.
- 2) School Based Services – provide mental health treatment & prevention services; 45 schools are served within the Cleveland Metropolitan School District and the inner ring communities.

Description: "What is Bullying?– Bullying is aggressive behavior that is intentional and that involves an imbalance of power or strength. Often, it is repeated over time. Bullying can take many forms, such as hitting, kicking, or shoving (physical bullying), teasing or name-calling (verbal bullying) intimidation through gestures or social exclusion (nonverbal bullying or emotional bullying), and sending insulting messages by text messaging or e-mail (cyber bullying)." (U.S. Department of Health & Human Services: Health Resources and Services Administration)

Impact of Bullying - Schools with Bulling Issues:

When bullying continues and a school does not take action, the entire school climate can be affected:

- School can develop an environment of fear and disrespect.
- Students have difficulty learning.
- Students feel insecure.
- Students dislike school.
- Students perceive that teachers and staff have little control and don't care about them.

As of 12/31/07, all public and community schools in the state of Ohio were required to implement specific anti-bullying policies. The Ohio Dept. of Education set up guidelines to assist districts in creating their policies.

What Can Schools Do?

- Develop & implement safe school policies & plans to specifically address bullying.
- Explicitly include bullying in school discipline codes & enforce these codes fairly and consistently.
- Choose & implement violence prevention and health promotion curricula that include bullying prevention.
- Create a school culture in which students and staff know that bullying is wrong and will not be tolerated.
- Provide mental health or counseling services or referrals for both victims and perpetrators of bullying.

4. UPDATE ON S.C.A.L.E. (SCREENING, CENTRALIZED ASSESSMENT, LEVELS OF CARE & ENGAGEMENT) PROGRAM

A SCALE Update was provided by Dr. Delos Reyes, Chief Clinical Officer:

- SCALE brochure has been translated into Spanish,
- Weekly phone meetings with Connections continue and monthly oversight meetings are scheduled,
- ODC Linkages program (clients returning from prison) has been folded into SCALE,
- Relationship with Free Clinic has been expanded to include some Level 2 clients on a temporary basis,
- Quarterly stakeholder meetings have been scheduled; first one is 3/15/11.

Year to date through February 2011, Connections conducted 252 phone screens and found 185 people to be SCALE eligible. Connections referred 67 individuals, completed 107 assessments with 27 pending.

5. POLICY REVIEW OF REVISED POLICY STATEMENT

- **CONTINUED COMMITMENT AS OUTPATIENT POLICY**

Purpose: The use of continued civil commitment on an outpatient basis is reserved for patients being discharged from the licensed psychiatric unit who require a probate court mandate for treatment in order to comply with that treatment necessary to allow them to live and function safely in a community setting. Historically, without court-ordered treatment, these individuals have demonstrated that they repeatedly suffer relapses of their mental illnesses resulting in the need for involuntary hospitalization.

Dr. Delos Reyes explained that the proposed revision expands the policy to not only state hospitals but also to private hospitals. Unfortunately, the tracked changes were not incorporated into the version inadvertently mailed.

Dr. Delos Reyes offered to make the necessary changes and e-mail the final policy version to committee members. The committee supported the concept of the changes and agreed that the final version of the policy should be brought before the full Board at the March General Meeting.

6. FUTURE TOPICS FOR PLANNING & OVERSIGHT COMMITTEE

- Significant importance of art / music therapy, physical fitness & nutrition to the recovery process
- Violence issues (domestic violence)
- Defending Childhood: Cuyahoga County Children Exposed to Violence Initiative

7. NEW BUSINESS

◇ VRP-3 Grant – Ms. Richardson reported that the Ohio Rehabilitation Services Commission (RSC), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), the Ohio Department of Mental Health (ODMH), and the Ohio Association of County Behavioral Health Authorities (OACBHA) have partnered together to develop a statewide return to work program for individuals with disabilities, including addiction and mental illness, who are in need of treatment to attain the goal of employment.

Individuals receiving vocational rehabilitation services under this program are diagnosed with a mental illness or addiction that results in a substantial barrier to employment; meet the RSC eligibility criteria for most significant disability; and can benefit from vocational rehabilitation services to gain or retain employment.

Additionally, clients served under this program will be in one of the five following populations:

- ◇ Individuals addicted to opiates
- ◇ Individuals with an addiction or mental illness diverted or reentering from a local or state correctional facility
- ◇ Youth or young adults in transition with an addiction or mental illness
- ◇ Veterans with a mental illness or addiction
- ◇ Individual with a Severe and Persistent Mental Illness (SPMI)

Ms. Richardson noted that the agenda process sheet will be presented to the Finance & Operations Committee as commitment to the project will require matching funds.

There being no further business, the meeting adjourned at 5:45 p.m.

Submitted by: Carol Krajewski, Executive Specialist

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