

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

## PLANNING & OVERSIGHT (P&O) COMMITTEE MINUTES OCTOBER 14, 2009

Mary Warr, Committee Chair, called the meeting to order at 4:00 p.m. Dr. Jones was asked to read 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:** Kathryn Gambatese, Jan Hnanicek, Pythias D. Jones, M.D. Cynthia Miller, Harvey Snider, Rev. Charlotte Still Noble, Anngela Williams, Mary Warr / **Absent:** F. Amunategui, Dr. Reginald Blue

**Board Staff Present:** William M. Denihan, C.E.O., Kevin Berg, Danei Chavez, Cindy Chaytor, Vivian Catchings-El, Dr. Christine Delos Reyes, Michael Doud, Cheryl Fratalonie, John Garrity, Lisa Griffith, Valeria Harper, Johanna Henz, Carol Krajewski, Michelle Myers, Esmat Nasr, Chris Paternoster, Yancey Quinn, Michael Scherer, Star Sizemore-Rice

### 1. APPROVAL OF MINUTES

The Planning and Oversight Committee minutes of September 9, 2009, were approved as written. Ms. Warr referenced a wonderful article in the Cleveland Plain Dealer on 10/12/09 regarding the Hitchcock Center for Women and recommended that the ADAMHS Board send a letter of congratulations.

As a follow-up to the September minutes, Michael Doud, Community Resources Administrator, provided an update on The Exchange Center project. He explained that the name was chosen by members of the consumer-operated service center formerly called Home for TLC. This new construction/capital project has been on the drawing board since 2005. Due to concerns of neighborhood residents, the development corporation and the Councilperson of the area, the Board was encouraged to look for a new sight. The project was moved approximately 4 blocks north on Kinsman. The project went from a purchase and renovation to a new construction project. Other community forums will be scheduled to continue to involve current consumer members in the design and decision-making. The estimated construction time is nine months; groundbreaking should be in April 2010 with a finish date estimated to be December 2010. Mr. Denihan commended Ms. Harper and Mr. Doud for their persistence with this project throughout the various meetings around issues with community residents and council persons over the years. (The project update is attached to the original minutes stored in the Executive Unit.)

#### Actions Requested:

- The Board Chair asked Mr. Doud to include additional detail in his report to serve as a historical record.
- Ms. Warr asked that additional written information be provided to committee members around new programming expectations for The Exchange Center.

### 2. CUYAHOGA COUNTY BEHAVIORAL HEALTH / JUVENILE JUSTICE PROGRAM

Ms. Harper introduced Kevin Berg, Children's Program Specialist, and Johanna Henz, Quality Improvement Specialist, who are the lead facilitators for the Behavioral Health/Juvenile Justice Project. Mr. Berg noted that on 9/18/09, the Ohio Department of Youth Services (ODYS) and Ohio Department of Mental Health (ODMH), convened a quarterly meeting of the BH/JJ grantees to glean lessons learned over the past three years as well as to design a road map for the future. A report was included with the agenda and Ms. Henz elaborated on the lessons learned while Mr. Berg spoke to the plans for the future. (The BH/JJ: Cuyahoga County Report is attached to the original minutes stored in the Executive Unit.)

#### Lessons learned:

- Community-based treatment works.
- At the program's onset, 35 girls were in ODYS; as of now there are five girls.
- A full continuum of services is offered to this target population using cohesive team approach.

#### Outcome of the BH/JJ three-year project:

Out of 79 girls that were served not one returned to an Ohio Youth Corrections Facility.

With that success, Mr. Berg reported that the BH/JJ Project will now accept males and females. The target goal is to serve 60 males and 20 females over the first year. The goal is to serve youth on an outpatient basis. A component needed for male youth is for fatherhood services regarding both the prevention side and training side for youth who are already fathers.

Dr. Jones emphasized the need to provide nutritional guidance to these young people as well as obesity is a significant health problem. Dr. Jones wished to share an article from the New York Times regarding a study that reduces calories by 25% with outstanding results. Mr. Berg noted his interest in sharing this information with the providers in the program. Ms. Warr inquired whether faith-based programs could be considered. It was noted that the program's subcommittee has this concept on its agenda. Secondly, Ms. Warr advocated for including programmatic goals on future reports.

### **3. BRIDGEWAY INC.'S UNBAR PROGRAM**

Ms. Harper introduced Vivian Catchings-El, Adult Programs Specialist/ADAMHS Board, Larry Kappler, Chief Operating Officer/Bridgeway, and Melissa Longstreth, Program Manager, who reported the positive results of the site review by the Ohio Department of Alcohol and Drug Addiction Services regarding improvements and scores raised in the Unbar Program. The Unbar program is an intensive structured AOD program on Cleveland's West side. Ms. Longstreth noted that Bridgeway is pleased that the compliance portion is more on track and that the program can continue to focus on clinical care.

### **4. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) PILOT PROJECT: INCREASING OUTREACH & ENGAGEMENT SERVICES TO HOMELESS VETERANS**

Ms. Harper introduced Ms. Esmat Nasr, Adult Projects Administrator/ADAMHS Board, and Chris Couture, Clinical Director/MHS, Inc., to explain the PATH Pilot Project aimed at helping veterans with mental illness who are experiencing homelessness in Ohio. The goal of this project is to increase target outreach, engagement and service efforts that are trauma-informed and culturally appropriate to 50 veterans in their natural environments, e.g. living in camps, on the streets, in shelters, as well as those exiting prison/jail within 30-days that are at "imminent risk of becoming homeless". A unique feature of this project is that Post Traumatic Stress Disorder (PTSD) is considered an allowable mental illness in terms of funding. The term of the project is 7/1/09 through 6/30/10.

The ODMH has allocated \$77,532.00 to provide increased services to homeless persons with mental illness for FY2010; no local Board match is being requested.

### **Motion to recommend approval of accepting ODMH pass-through funds of \$77,532.00 and allocation to Mental Health Services for the Homeless, Inc. to the Finance & Operations Committee.**

MOTION: K. Gambatese / SECOND: C. Miller / AYES: K. Gambatese, J. Hnanicek, P. Jones, C. Miller, H. Snider, A. Williams / NAYS: None / ABSTAIN: C. Still Noble / **Motion passed.**

### **5. SERVICE BENEFIT PACKAGE FOR NON-MEDICAID ADULTS**

Dr. Delos Reyes reported that a meeting was held with providers on October 6, 2009. An internal Board meeting is scheduled in October and the next meeting with providers in November. Six areas were discussed on 10/6/09.

- 1) Concerns exist around fiscal issues regarding the project; i.e. will funding be in the form of fee-for-service, capitated rate, or vouchers.
- 2) Whatever model is chosen, providers agree that everyone should consider "voluntary adoption" of the new model as of January 2010.
- 3) Draft calculations on chart, dated 9/28/09, need to be reconfigured as some dollar amounts reflect hourly rates and some 15-minute increments; consequently, rate schedules need to be revisited.

## 5. SERVICE BENEFIT PACKAGE FOR NON-MEDICAID ADULTS *(Continued)*

- 4) Consider a potential language change for mild/moderate/severe categories. In light of the recovery concept, preliminary consideration is being given to "levels of care".
- 5) Issue of data gathering from the ADAMHS Board, such as average and aggregate amount of money spent last fiscal year per Non-Medicaid Adult client for the routine services of pharmacological management, case management, and counseling, etc. The Board has begun to work on these issues to determine if it has the numbers or the ability to get them or a close approximation to facilitate planning efforts.
- 6) To determine whether we move toward a centralized intake process at the same time as we institute a benefits service package or not. If we decide yes, determine how to integrate both processes.

Mr. Nosek noted that providers do recognize that they have to do business differently. Providers would like to work out a process for a new structure; however, they are anxious if central intake would lay an additional administrative layer to the current system. Mr. Nosek echoed Mr. Denihan's remarks/observation at the recent Mental Health Advocacy Coalition Steering Committee meeting where he stated that we need to keep an eye on the national health reform as reform may help to provide some core services.

Regarding provider's reimbursement preference, Mr. Nosek stated it would be a per member/per client/per month arrangement with the understanding that mental health issues comes in episodic cycles. The most important issue is that there is not enough money to serve all of those in need.

Mr. Denihan noted that the Board and providers are: talking about these issues, being very transparent and trying to deal with this in the most cost-effective way. He noted that this is not an easy topic but that efforts will continue to try to figure out the best way to ensure the most effective use of the very limited Non-Medicaid dollars.

Ms. Harper noted Mr. Denihan has assigned Star Sizemore-Rice and herself to begin to participate in the state-wide initiative that is taking on this same task to develop a protocol which is also called the Service Benefit Package.

Dr. Delos Reyes added that information sharing and HIPAA regulations cause difficult complexities as well.

## 7. FUTURE TOPICS FOR PLANNING & OVERSIGHT COMMITTEE

Ms. Harper noted that the approach for P&O Com. is to feature at each meeting an AOD provider, a Mental Health Provider and as well as new items. Ms. Gambatese noted that additional items may be identified at the upcoming Board retreat.

- Community-Based Counseling for Ethnic Minorities in November - *(by Dr. Evelyn Rivera-Mosquera)*
- Update on Service Benefit Package For Non-Medicaid Adults - *(November)*
- Final Report on FY09 Behavioral Health/Juvenile Justice Grant for young female offenders - *(January 2010)*

## 8. OLD/NEW BUSINESS

- Ms. Harper reported that Board staff was notified by ODMH that that the Children's Community Access Program (Medicaid program) has unfortunately allowed their certification to expire. A meeting was held with the agency last week and a transition plan has been fully executed to transition the affected 67 youth and families. Several providers in the East Cleveland area will provide services--Bellefaire/JCB, Beech Brook, and Berea Children's Home and Family Services. Services were provided in three schools. In East Cleveland. An update will be shared when more information is learned.

8. OLD/NEW BUSINESS *(Continued)*

- Center for Families and Children (CFC) in partnership with the Free Clinic and the Cleveland Clinic has been awarded a \$2 million grant from SAMHSA to provide physical healthcare. CFC will be able to offer these services at two sites and is also looking for nurse practitioners.

*There being no further business, the meeting adjourned at 5:20 p.m.*

*Submitted by: Carol Krajewski, Executive Specialist*

*Approved by: Mary R. Warr, Planning & Oversight Committee Chair*