

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

## PLANNING & OVERSIGHT COMMITTEE MINUTES APRIL 13, 2022

**Committee Members Present:** Katie Kern-Pilch, ATR-BC, LPC-S, Committee Chair, Gregory X. Boehm, M.D., J. Robert Fowler, Ph.D., Patricia James-Stewart, M.Ed., LSW / Other Board Members: Ashwani Bhardwaj

**Absent:** Reginald C. Blue, Ph.D.

**Board Staff Present:** Scott Osiecki, Chief Executive Officer, Joseph Arnett, Carole Ballard, Danielle Clark, Erin DiVincenzo, Tami Fischer, Cheryl Fratalonie, Madison Greenspan, Felicia Harrison, Esther Hazlett, Bill Hebble, Anthony Henderson, Myra Henderson, Charde' Hollins, June Hudson, Woo Jun, Leslie Koblentz, Linda Lamp, Nancy Mundy, Tawanna Pryor, Vicki Roemer, Clare Rosser, Jessica Saker, Allison Schaefer, Starlette Sizemore-Rice, Michaele Smith, Maggie Tolbert, Thomas Williams, Leshia Yarbrough-Franklin, Beth Zietlow-DeJesus

### 1. **Call to Order**

Ms. Katie Kern-Pilch, Planning & Oversight Committee Chair, called the meeting to order at 4:00 p.m. Dr. Robert Fowler read into the record the Committee Mission Statement: "The Planning & Oversight Committee, in cooperation with all partners, advocates for and monitors programs, policies and practices which are continually improved to meet the needs of clients, their families, and the community."

### 2. **Public Comment on Agenda Items**

Ms. Rosie Palfy, an advocate, stated that the presentations within the Board packet look very impressive, indicated that the Diversion Center is a new initiative and inquired as to why this was not included in the packet. She also inquired as to how the outcomes that will be presented are going to be considered by the County when they look at whether or not they are going to reauthorize funding to continue these good programs.

Mr. Scott Osiecki, Chief Executive Officer, responded to Ms. Palfy's inquiry by stating that the Diversion Center was not part of the original \$10.5 million that was received for the opiate settlement programs. The Diversion Center, which has been transpiring for over a year now is a separate contract, whereby the Board was selected as the entity to oversee the Diversion Center and get it started. Mr. Osiecki also reported that the Board provides Cuyahoga County with outcomes on a regular basis and the Board was informed that the \$10.5 million received is all that would be provided for these programs. He highlighted that funding has been set aside in the Board's Calendar Year (CY) 2022 budget to see if the Board would continue funding these programs because staff believed in them.

### 3. **Board Member Attendance Roll Call**

Due to the current public health orders surrounding COVID-19, and the Board's commitment to ensuring the health and safety of our Board members, staff, partners, and stakeholders, the Planning & Oversight Committee meeting was held via a Zoom meeting. To assure a quorum, Ms. Linda Lamp, Executive Assistant, completed the Board member attendance roll call.

### 4. **Approval of Minutes**

The Planning & Oversight Committee minutes of March 9, 2022 were approved as submitted.

### 5. **Presentations:**

#### **Opioid Settlement Providers Annual Updates:**

Ms. Leshia Yarbrough-Franklin, Adult Behavioral Health Specialist I, introduced the following individuals: Ben Silver, MSW, LSW, Administrative Director Behavioral Health and Addiction Services, St. Vincent Charity Medical Center, and Mr. Daniel Lettenberger-Klein, MS, MBA, LMFT, Executive Director, Stella Maris, and noted that both providers have additional staff present to assist with answering Board members questions. Ms. Yarbrough-Franklin monitors the treatment programs at St. Vincent Charity Medical Center and Stella Maris. Ms. Myra Henderson, Adult Behavioral Health Specialist II, introduced Ms. Avril Chuppa, Assistant Director of Health Systems, Thrive Peer Recovery Services, and Ms. Jacqueline Buchheister, Outcomes and Evaluation Manager, Thrive Peer Recovery Services, and reported that she monitors the peer support

programs provided by Thrive Peer Recovery Services within University Hospital's Emergency Room, as well as Cleveland Clinic Foundation. All four individuals and their staff presented on their programs as it relates to the opioid settlement funds.

### **St. Vincent Charity Medical Center**

Mr. Silver reported that St. Vincent Charity Medical Center (SVCMC) has been going through a substantial transformation, which includes the following key initiatives:

- Expand access and outpatient services
- Provide Peer Recovery Support and/or coordinators to aid in care transitions
- Expand intensive treatment services

Expanded Care Team objectives are to improve client engagement in services, ease care transitions and improve health outcomes for those served. These outcomes include decreased admissions, reduced length of stay (LOS), reduced recidivism rates, increased adherence to plans, lower rates of substance abuse and improvement in health conditions for the clients served. Mr. Silver stated that over the years, SVCMC has developed a nice integrated continuum of care; and the opiate settlement has assisted with providing a much fuller continuum of care for individuals with mental health and substance use disorders.

Mr. Silver reported on the Peer Support Team. He stated that the expansion of Peer Support throughout the service continuum helps to bridge much-needed services and create more seamless transitions in levels of care more effectively. Peer Support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful sustained recovery process. The role of a Peer Support Specialist complements, but does not duplicate or replace the roles of therapists, case managers and other members of the treatment team. The peers spend time assisting with patient logistics, presenting in group sessions and providing one-on-one support to our clients. Currently, three Peer Support Specialists are employed on this team, Mr. Jerome Reeves, Mr. Jeffrey Daniels and Mr. Charles Gordon. Two of the Peers are utilized on the inpatient Behavioral Health (BH) units, which are made up of two inpatient BH units, as well as the inpatient Detoxification unit. The third Peer Support Specialist focuses his time in both the outpatient Substance Use Disorder (SUD) floor and Medication-assisted Treatment (MAT) unit.

Mr. Silver reported that significant barriers from the COVID-19 pandemic resulted in a decrease in census for the entire hospital. This resulted in shrinking the size of the Peer Support team. At one time SVCMC had six and are now down to three. SVCMC is confident that additional Peers will be added to the team, however, they need to see consistent and steady increases in census prior to that happening. Mr. Silver reported that currently the number of documented unique patient interactions since the onset of the program is 1198; and for CY 2021 the number of documented unique patient interactions was 959. He noted that year to date 2022 (through February), SVCMC has 239 documented unique patient interactions, which has resulted in an equal number of referrals to recovery supports that aided in care transitions.

Ms. Sherri Hostetler, Director of Social Work, Intake & Therapy Department for Behavioral Health and Detox Unit at SVCMC, reported on 24-7 Intake and Access and stated that SVCMC's mission is to increase inpatient detox accessibility, so that individuals can get the care they need, when they need it. She reported that the new intake process/procedures commenced as of December 2021. SVCMC is recruiting and hiring clinicians exclusively devoted to intake, welcome walk-ins, and are transitioning to one point of entry (one telephone number: 216.363.2580 and one door: Emergency Department). 24-7 Intake and Access has 6.7 Full Time Equivalents (FTEs) and 3 Pro Re Nata (PRN); which includes a Director and a Team Lead. The operational overview is basically self-referrals. These individuals have the option of a telephone pre-screen or the ability to walk into the Emergency Department entrance to engage with the intake team. She noted that the benefits of individuals utilizing the option for a telephone pre-screen include notification of waitlist, verification of benefits, and brief verbal assessment. Clients that meet admission criteria are transported directly to the unit. Clients that do not meet criteria are connected with Thrive for referral resources.

Ms. Hostetler reported on the operational overview. She stated that SVCMC accepts referrals from hospitals. The provider calls Intake with demographics, the presenting problem and medical clearance. The SVCMC Intake Counselor completes the Level of Care assessment with client via telephone. Barriers include team size and staffing pattern. She reported that the struggle point remains coverage for weekends and third shift.

Ms. Hostetler stated that 24/7 Intake and Access was launched on November 3, 2020 with the following volume statistics:

- Detoxification Admissions 2021: 950
- Detoxification Admissions 2022: 119 year-to-date
- Detoxification Admissions since inception: 1,069

Mr. Silver reported on the Intensive Outpatient Program (IOP). SVCMC offers individual and group 12-Step facilitation counseling for individuals with moderate to severe primary substance use disorders. Assessments are completed to determine the Level of Care and the IOP is coordinated with Medications for Opioid Use Disorder (MOUD) services via case management and weekly meetings. Throughout the course of this, there are random and ongoing toxicology screenings. Starting December 2020, IOP was expanded with a 1:00 p.m. to 4:00 p.m. offering to better meet client's needs and preferences. IOP meets on Monday, Tuesday, Thursday and Friday for 32-sessions. Clients who successfully complete the IOP are offered aftercare and existing FTEs on staff have been used to oversee the expanded IOP. As of February 2022, the expanded IOP has served 66 clients since inception. 37 of the 66 clients were diagnosed with moderate-severe opioid use disorder. All 37 clients were offered referral to the MOUD program. 11 of the 37 clients completed IOP. Five of the 11 clients have completed aftercare. Peer support has been integral to helping IOP clients access external supports and to build self-efficacy. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

### **Stella Maris**

Mr. Daniel Lettenberger-Klein, MS, MBA, LMFT, Executive Director of Stella Maris, reported that the opiate settlement and all of the collaboration has been transformational for the campus. He stated that the 12 bed Residential Treatment program for identified males celebrated a one year anniversary in October 2021. 280 individuals were served with opiate settlement funding overall. 164 of these individuals have been served in Residential Treatment. Partial Hospitalization Program (PHP) space has been fully renovated to accommodate a capacity of 48 participants. Stella Maris also expanded Intensive Outpatient Programming (IOP), which included LGBTQ+ specific IOP groups as well, and Central Intake has been successful in launching a "no wrong door access" model. Someone that was not coming in for Partial Hospitalization requiring withdrawal management and then having to get back in line and wait to get in the door. Whatever seat they sat in got them where they needed to go in the moment that they had the willingness to get well. By using that window of opportunity in real time, saves lives; and was a direct result of this funding.

Mr. Lettenberger-Klein stated that 15 consistent FTE positions in residential and 35 total employees have been hired under these projects. He reported that during 2019 they had 62 employees and today they have just over 120 employees. Many of which came on board at Stella Maris as a result of the opiate settlement funding, which has been tremendous due to not only adding the individuals to take care of individuals, but adding the infrastructure to support bringing those individuals in. Also, as part of this funding, there has been consistent interdisciplinary teamwork on the unit along with more collaboration throughout the continuum, and one of the only locations to have the full continuum on one entire city block. He reported that this has required Stella Maris to ensure that they are very well integrated; and communicate throughout each and every day to make sure that every client knows their next step, is progressing towards their next step and is aware of options along the way.

Stella Maris has also streamlined admissions with a "no wrong door" approach, ultimately reducing wait time for admission across all levels of care. Residential Treatment is temporarily located in the former detoxification space as Tremont is being renovated. Stella Maris has renovated the former kitchen and cafeteria for expansion of the Partial Hospitalization Program (PHP) and have added an additional Intensive Outpatient Program (IOP) group. At full capacity, Stella Maris expects to serve 260 individuals in residential treatment and 312 in PHP and IOP per year. From program opening to February 28, 2022 the number of clients served in the various programs are as follows:

- Residential Treatment (opened October 12, 2020) – 165, with an annual target of 260 based on 32 beds
- PHP (opened August 1, 2020) – 9, with an annual target of 312
- IOP (opened August 1, 2020) – 117
- MAT (opened August 1, 2020) – 77, duplicate with other services

COVID-19 had a significant impact on Stella Maris. While it did not impact the need or desire relative to telephone calls coming in, it reduced the number of beds in Withdrawal Management and Detoxification. This scenario was due to physical distancing. Testing, ability to isolate/quarantine as needed and other precautions allowed Stella Maris to maintain services in all levels of

care. They had reduced capacity throughout much of the pandemic across all inpatient levels of care in order to keep physical distancing requirements in place. PHP remained virtual or hybrid for most of 2020 and 2021. Stella Maris felt the necessary reduction in face-to-face treatment, which reduced the PHP census. Non-Supportive Housing clients are currently able to participate in-person but not being present impacted engagement. Stella Maris also held several vaccination clinics in 2021 that were open to all clients, staff and the community.

Mr. Lettenberger-Klein highlighted Stella Maris' ongoing expansion and enhancements as follows:

- Renovation of Tremont to become All Gender Residential Treatment
- The temporary Residential space will revert to Withdrawal Management beds
- The Stella Maris Coffee shop is open, and they are adding new meetings and sober events, and workforce development
- Renovation of Gallagher Outpatient Building to accommodate the need for additional IOP
- Expansion of offices in adjacent Krill Building to free up treatment space and build an institute for ongoing education for nurses, clinicians and medical staff
- Purchase of parking lot that is currently being leased to solidify their footprint at this location

Ms. Patricia James-Stewart thanked Mr. Lettenberger-Klein for his informational presentation and commended / congratulated their organization regarding the significant renovations that continue to transpire over 74 years of service. Dr. Fowler concurred. Mr. Lettenberger-Klein also responded to questions from Board members and audience members regarding the services provided at Stella Maris. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

### **Thrive Peer Support**

Mr. Brian Bailys, Co-Founder of Thrive Peer Recovery Services, reported on Thrive's Opioid Settlement Annual Report. Mr. Bailys thanked the ADAMHS Board for the opportunity to work collaboratively to provide peer support services in the Emergency Departments (ED) at University Hospitals (UH) and the Cleveland Clinic, through a collaborative effort with Ms. Erin Helms, Executive Director of Woodrow. He reported that in 2017, the Board awarded funds to pilot the Thrive ED model and that first year, they saw 172 individuals; and today, throughout the State of Ohio, the Thrive ED program has had 3,400 referrals. He reported that this program has grown 20 times since 2017. Mr. Bailys thanked Board staff for their oversight of the program through monthly meetings, which has been a terrific partnership.

Mr. Bailys introduced Ms. Avril Chuppa, Assistant Director of Health Systems, and Ms. Jacqueline Buchheister, Outcomes and Evaluation Manager, Thrive Peer Recovery. Ms. Chuppa reported that Thrive Peer Support continues to make a difference by using shared lived experience in ED settings to foster trusting relationships and instill hope. A review of 2021 included a number of success and challenges. Ms. Chuppa reported that their successes included six additional sites at Cleveland Clinic, connected 882 individuals to ongoing services, 151% increase in referrals to peer support over a one year period, 14 Peer Supporters were gainfully employed, UH St. John in-person expansion and UH inpatient expansion. Challenges ranged from behavioral health staffing shortages, vaccine mandate implications and the omicron variant peak – which resulted in challenges related to shift coverage.

Ms. Buchheister reported a drastic increase in referrals since program inception (May 2020 – February 2022), which is 1,172. From January 2020 to January 2021, Thrive Peer Recovery has seen a 215% increase in the number of peers connected to services. 74% of the individuals referred engaged with a peer supporter in the ED and were eventually connected with treatment services. During March 2022, Thrive Peer Recovery had 101 referrals in the EDs and were able to engage with 84 of these individuals. Ms. Buchheister highlighted that in 2022, their average engagement rate has been 82% and reported that they are hopeful that this percentage will increase over time.

The increase in peers connected from January 2020 to January 2021 was 215%. Ms. Buchheister reported that most of the peers are referred to more than one service and include the following:

- Inpatient 21%
- Detoxification 21%
- Medication-assisted Treatment 2%
- Non-professional 11%

- Outpatient 10%
- Peer Support 36%

Ms. Chuppa added that the immediate need is typically detoxification early from withdrawals; and they try to address those immediate needs as soon as possible in the ED, but also consider the full continuum of care as identified above to enhance the services provided.

Ms. Buchheister reported on Thrive Peer Recovery Services' 2022 projections. She indicated that they anticipate receiving 2000 referrals in the EDs, employing 20 Peer Supporters in total, connecting at least 75% to services (1,520 peers). She also stated that they are currently at 10 locations, but hope to be in 13 hospital sites; and the 3 additional sites would consist of an expansion into inpatient units in the present locations.

Thrive Peer Supporters utilize an interdisciplinary approach within the health systems in order to assist their peers and provide guidance to various departments, such as psychiatric teams, social work and addiction medicine doctors and nurses. Ms. Buchheister shared partner feedback received, whereby Thrive Peer Supporters have made a serious difference with patient care. Peer Supporters help patients navigate their own recovery journey, they help providers find difficult-to-access resources and are even able to help with dispositions and provide a "warm handoff" rather than the older, colder discharge with resources. She reported that "peer support and active recovery engagement are going to be the future of medical treatment for patients with addiction."

Ms. Kern-Pilch thanked Thrive Peer Recovery Services for their presentation; and indicated that the agency is doing amazing work in the EDs, while taking into consideration the important dynamic of employing peers. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

*[Ms. Patricia James-Stewart, M.Ed., LSW, left the Zoom meeting.]*

#### **6. Intensive Special Needs Child Care Services for Universal Pre-Kindergarten (UPK)**

Ms. Charde' Hollins, Behavioral Health Prevention Specialist, reported that UPK is a county-wide initiative to increase the rates of school readiness by enhancing access to mental health services in classrooms of low-income and moderate-income families within Cuyahoga County. The agencies specializing in Intensive Special Needs Child Care (SNCC) Services for UPK will help pre-school teachers manage behaviors and provide support to students with special needs while remaining in typical childcare settings. The Intensive SNCC Services for UPK increases inclusion of children with identified disabilities, special needs, or challenging behaviors. These are young children ages birth to six who are at-risk of suspension or expulsion when served in typical childcare settings.

Clinicians provide observation and assessments in the classroom setting with children experiencing severe behavioral concerns. Service duration is four to six hours a week for up to 12 weeks. The goal is to provide specialized modeling, coaching and intervention strategies to the caregiver and/or classroom teacher that supports the student's developmental growth. This funding will help increase the level of intensity of mental health services for children in UPK sites, increase the rate of school readiness and make pre-school more affordable to low-income and moderate-income families in Cuyahoga County; and benefit children ages birth through six with identified disabilities, special needs or challenging behaviors who are at-risk of suspension or expulsion when served in typical childcare settings.

**Motion to allocate a total of \$108,000 to be evenly distributed amongst the six providers (Achievement Centers for Children, Applewood Centers, Beech Brook, OhioGuidestone, Murtis Taylor Human Services System and Positive Education Program) to provide Intensive Special Needs Child Care (SNCC) Services for Universal Pre-Kindergarten (UPK), for the purpose of increasing the inclusion of young children with identified disabilities, special needs or challenging behaviors who are at-risk of suspension or expulsion when served in typical childcare settings for the term of January 1, 2022 to December 31, 2022 to the Finance & Operations Committee.** MOTION: G. Boehm / SECOND: R. Fowler / AYES: G. Boehm, R. Fowler / NAYS: None / ABSTAIN: None / **Motion passed.**

*[Ms. Patricia James-Stewart, M.Ed., LSW, returned to the Zoom meeting.]*

**7. Provision of Sober Living Options for Felony Offenders under the Supervision of Cuyahoga County Probation**

Mr. Joseph Arnett, Adult Behavioral Health Specialist II (Criminal Justice), reported that the Cuyahoga County Corrections Planning Board has funded, or shared funding with the ADAMSH Board for Sober Living services since 2015. At this time, the Cuyahoga County Corrections Planning Board desired to continue this service in the amount of \$100,000 through June 30, 2024. The Sober Living program is a collaboration between the Cuyahoga County Common Pleas Court/Corrections Planning Board (CCPB), the ADAMHS Board and the provider(s) who will work with Sober Houses to provide this service in Cuyahoga County. The target population of Sober Living is Substance Use Disorder (SUD) diagnosed individuals. In the original pilot, almost 100% of Court referrals for Sober Living had an Opioid Use Disorder diagnosis. The length of stay in a sober house is not to exceed three months unless there is a case conference held, and the stay authorized for an extension.

The Sober Living program will provide Sober Living options to probationers who have completed a residential substance treatment program and do not have a safe environment to return home to; or probationers who have completed an IOP substance treatment program and immediately relapsed in their home environment. It is anticipated that up to 150 discrete court-involved individuals will be referred to and utilize Sober Living bed availability between April 15, 2022 and June 30, 2024. Mr. Martin Murphy, Administrator, Cuyahoga County Corrections Planning Board, Court of Common Pleas, was in attendance to respond to any questions Board members had.

**Motion to approve accepting funds from the Cuyahoga County Corrections Planning Board for the Sober Living program for the time period of April 15, 2022 through June 30, 2024, in the amount of \$100,000 and to contract with the following provider agencies: Cleveland Treatment Center (CTC) and Stella Maris; to the Finance & Operations Committee.** MOTION: R. Fowler / SECOND: G. Boehm / AYES: G. Boehm, R. Fowler, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**

**8. Roberto Flores Home Transfer to Signature Health**

Ms. Allison Schaefer, Adult Behavioral Specialist II (Residential), reported that FrontLine Service operated programming at Roberto Flores from 2012 until January 3, 2022, at which time they notified the ADAMHS Board they were no longer able to provide this service. All the clients were moved with the assistance of primary behavioral health agencies. The Board owns the building in which Flores operates (formerly owned and operated by Bridgeway). Emerald Development and Economic Network (EDEN), Inc., provides building property management for Flores. Referrals are made directly through the Board via the Coordinated Adult Residential Referral (CARR) process; and the Board continues to receive and approve CARR applications for clients that would benefit from the unique services offered at Flores. Signature Health has experience in operating both the Ohio Department of Mental Health and Addiction Services (OhioMHAS) Class 1 and Class 2 Residential Facilities (outside of Cuyahoga).

Flores is an eight bed Class 1 Residential Facility licensed by OhioMHAS. Flores is a unique program designed to serve individuals diagnosed with dual disorders (mental illness/substance use) who are in need of an abstinence-based treatment with residential support. Flores offers a variety of services within the residential setting to promote recovery. Services include Integrated Dual Diagnosis Treatment (IOP) five days/week, Social/Recreational Support Groups six days/week, Individual Psychotherapy and 24/7 life skills support. As clients complete the IOP phase of treatment, they decrease frequency/intensity of treatment while remaining in a supportive environment. Clients are encouraged to participate in more community activities while preparing for discharge including practicing relapse prevention skills, seeking employment and working on alternative housing. Residents pay a portion of their income (if applicable) for room and board and are provided with 24/7 staffing, three meals/day, snacks/drinks throughout the day, private bedrooms, personal hygiene items and free access to onsite laundry. The average length of stay is three to nine months. Representatives from Signature Health, Dr. Holly Kirk, Director, Residential Services, and Mr. Jonathan Lee, Chief Executive Officer, were in attendance to respond to any questions Board members had.

Mr. Lee thanked Board members for the opportunity to address the committee; and reported that Signature Health is well known to the Board with their partners from Connections, whom they merged with approximately five years ago. He also reported that they are working to resurrect Orca House, which was shuttered during the COVID-19 pandemic. Mr. Lee stated that Signature Health has experience outside of Cuyahoga County in both Type 1 and Type 2 residential facilities, and have extensive experience with the Severe Mental Disorder (SMD) populations, including individuals coming from the state hospital.

They have board certified addictionologists on staff and board certified psychiatrists, whom will be providing the medical care. Dr. Kirk is leading the administration of their residential service line; and are very excited to take over this program.

**Motion to amend Resolution No. 21-11-07 to enter into an agreement with Signature Health, to take over operations of Roberto Flores (OhioMHAS Class 1 residential facility). The contracted amount of \$226,000 includes startup costs of \$56,000 and operating costs of \$170,000. A per diem rate for beds will be billed against the Board's pooled funding for the term of April 1, 2022 to December 31, 2022 to the Finance & Operations Committee.** MOTION: P. James-Stewart / SECOND: G. Boehm / AYES: G. Boehm, R. Fowler, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**

#### **9. Addiction Treatment Program – Court Administrative Funds**

Mr. Arnett reported that in October 2021, OhioMHAS approved \$54,393 for the Courts, based on the number of Addiction Treatment Program (ATP) clients served in the previous fiscal year. In March 2022, the Ohio Supreme Court advised that Human Trafficking dockets adhere to the Drug Court model and can now be included in the ATP.

The Board has received authorization from OhioMHAS to make an additional lump sum payment of \$1,000 to the Cleveland Municipal Court for court administrative funds, as well as an additional \$1,000 for provider administrative funds. This authorization was granted after the acceptance of Judge Marilyn B. Cassidy's Drug-Human Trafficking Docket into the ATP. Per OhioMHAS, these funds may be utilized at the court's discretion. The funds are intended to assist courts in serving more clients and covering staff time for collaboration with other agencies involved in the ATP, notifying Managed Care Plans, paperwork and other responsibilities related to serving ATP clients. It is anticipated that 25 clients may receive ATP services through the Cleveland Municipal Court's Drug-Human Trafficking Docket per fiscal year. Representatives from Cleveland Municipal Court, Mr. Brian Siggers, Probation Supervisor, and Ms. Karen Stanton, Coordinator of the Human Trafficking Specialized Docket, were in attendance to respond to any questions Board members had.

**Motion to amend Resolution No. 21-10-04 to utilize additional OhioMHAS approved funds for Addiction Treatment Program court administrative funds and approve an agreement with the Cleveland Municipal Court in the amount of \$1,000 for the term of July 1, 2021 to June 30, 2022. Additionally, to approve \$1,000 in provider administrative funds to the Finance & Operations Committee.** MOTION: G. Boehm / SECOND: P. James-Stewart / AYES: G. Boehm, R. Fowler, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**

#### **10. Mobile Response and Stabilization Services (MRSS)**

Ms. Erin DiVincenzo, Children's Behavioral Health Specialist, reported that MRSS is a 24/7 crisis service where a team of two providers respond in person within sixty minutes for youth up to age 21. MRSS can provide up to four to six weeks of in-home de-escalation and stabilization. The MRSS team works within the family system to create safety plans, teach skills, provide peer support and link to ongoing services to prevent future crises and reduce the need for out-of-home treatment. The Ohio Department of Medicaid (ODM) selected Aetna Better Health of Ohio to implement the Ohio Resilience through Integrated Systems and Excellence program (OhioRISE), serving as the specialized managed care organization for the state's children with the most complex behavioral health needs. MRSS is an evidenced based and trauma informed statewide service, included in OhioRISE coverage by July 1, 2022. It will have a statewide, centralized call center to triage and dispatch calls to local certified MRSS providers. The crisis is defined by the youth and/or family according to the MRSS model. A team of two MRSS providers respond in person to calls in the community. The MRSS team is comprised of licensed supervisors, licensed therapists, certified Peer Supporters and has access to a nurse practitioner or psychiatrist.

Bellefaire JCB will launch a pilot MRSS team in May 2022, to provide services Monday through Friday between the hours of 12:00 p.m. and 8:00 p.m. The Bellefaire MRSS team will consist of two licensed supervisor clinicians, five licensed therapists, three certified Peer Supporters and one support staff to answer calls, enter data and provide clerical support to the response team. Bellefaire anticipates the pilot MRSS program will expand hours and staffing patterns to include weekend hours at six months of operations and be operational 24/7 within one year of initial MRSS certification. MRSS will be provided to any Cuyahoga County family with youth up to 21 years of age experiencing a self-defined crisis. MRSS anticipates serving 500 families in the first year of operation. This number is expected to increase as the MRSS team expands staff and hours towards a 24/7 service. Mr. Jeff Lox, Executive Director, Bellefaire JCB, was in attendance to respond to any questions Board members had.

Mr. Lox thanked the Board for this opportunity; and stated that the faster they get to individuals who are having difficulties, the more likely they are to help them get care around them and get them back moving in life. What other states and other communities have found is that the MRSS model really does have some nice evidence for helping individuals in crisis and Bellefaire JCB is proud to work with the Board in developing the MRSS response for this community.

**Motion to allocate the funding from Aetna Better Health of Ohio through the Ohio Department of Medicaid (ODM) in the amount of \$375,000 to Bellefaire JCB to plan and implement Mobile Response Stabilization Services (MRSS) in Cuyahoga County for the term of December 31, 2021 to June 30, 2022 to the Finance & Operations Committee.**

MOTION: G. Boehm / SECOND: P. James-Stewart / AYES: G. Boehm, R. Fowler, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**

**11. Review of Policy Statement Renewal**

Mr. Woo Jun, Director of Risk Management, highlighted the significant changes made to the policy statement up for renewal, Waiting List Management Policy.

Given this policy revision being proposed contains a substantial modification of an existing policy, a reading at two General Board Meetings are required prior to an official vote for adoption.

**Motion to recommend approval of the 1<sup>st</sup> reading of the Policy Statement Renewal, listed above, to the full Board.**

MOTION: R. Fowler / SECOND: G. Boehm / AYES: G. Boehm, R. Fowler, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**

**12. Review of New Policy Statement**

Mr. Jun presented a new policy statement, Recipients of Federal Funding Policy, to ensure that the ADAMHS Board and its providers are complying with the applicable standards of cost principles as recipients of federal grant funding in determining the allowability of costs consistent with Uniform Guidance – 2 CFR Subpart E. Cost Principles.

Given this is a new policy statement being reviewed, a reading at two General Board Meetings is required prior to an official vote for adoption.

**Motion to recommend approval of the 1<sup>st</sup> reading of the New Policy Statement, listed above, to the full Board.**

MOTION: G. Boehm / SECOND: R. Fowler / AYES: G. Boehm, R. Fowler, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**

**13. Request for Issuance of Request for Proposal (RFP) for the Cuyahoga County Corrections Planning Board's Essential Behavioral Health Interventions & Criminogenic Needs Program**

Mr. Anthony Henderson, Chief Compliance Officer, reported that in collaboration with the Cuyahoga County Common Pleas Court's Corrections Planning Board, Adult Probation Department and Specialty Courts Department, the Board is requesting authorization to solicit RFPs from providers for information regarding their ability to assist, develop and implement a new Essential Behavioral Health Interventions and Criminogenic Needs Program. The program will address the Mental Health & Developmental Disabilities (MHDD) Court's high-risk serious mental illness (SMI) population through additional wrap-around services that ensure a smooth transition of re-engagement into the community while under community control. MHDD Court's SMI eligibility includes (but is not limited to) schizophrenia, schizoaffective, and other psychotic disorders. The program will provide a curriculum that enhances probationary experiences for the SMI population that is assigned to the MHDD Unit through the following pillars: Program Readiness, Living Successfully, Mental Health Stability, Physical Health, Substance Abuse, Cognitive Behavioral Therapy (CBT) Programming, and Discharge Planning Success. Mr. Murphy was in attendance to answer any questions Board members had.

**Motion to request approval to partner with Cuyahoga County Common Pleas Court's Corrections Planning Board to develop and release an RFP for the provision of Essential Behavioral Health Interventions & Criminogenic Needs Program for the term of July 1, 2022 to June 30, 2023 to the full Board.**

MOTION: R. Fowler / SECOND: P. James-Stewart / AYES: G. Boehm, R. Fowler, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**



#### **14. New Provider/New Program Scorecard and Corrective Action Plan (CAP) Update**

Mr. Jun reported that the New Provider/New Program Scorecard was changed to New Provider/New Program Review. He stated that this presentation encompasses the Probationary Period for New Providers/New Programs Policy, New Provider/New Program Review, Corrective Action Plan (CAP), Blank Review Form and Review Results. Mr. Jun highlighted that the Probationary Period for new Providers/New Programs consists of 27 new programs; 8 new providers. The main purpose of the Policy is to ensure new providers/new programs are successful in their program implementation. A summary of the Probationary Period for New Providers/New Programs Policy includes a 6-month probation (remove probation, extend probation or terminate program).

Factors to consider in determining successful program implementation include the following:

- Has the program deviated from its intended scope?
- Are there administrative irregularities?
- Are there irregularities in its financial reporting?
- Are metrics being met?
- Are there communication issues?
- Are there conflicts of interest that were not apparent during the contracting process?

Mr. Jun reported that if the provider is not progressing sufficiently in program implementation: 1) technical assistance or a CAP would be provided, 2) correspondence would be forwarded to the Executive Director/Chief Executive Officer with a summary of the Probationary Policy and copy of Review, including CAP, to identify the need for improvement, and/or 3) terminate the program. Through a collaboration between Program staff, Compliance, Finance and management, the New Provider/New Program Review consisting of nine yes or no questions related to the Policy would be provided; and based on feedback, management would make a recommendation on next steps. Mr. Jun responded to questions from Board members regarding the New Provider/New Program Review and CAP. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

#### **15. Diversity, Equity and Inclusion (DEI) in Behavioral Health Care Update**

Mr. Scott Osiecki, Chief Executive Officer, shared that as of March 2022, he started providing a DEI in Behavioral Health Care Update during committee meetings because of its importance to the Board and the people we serve. The updates going forward will build upon the previous reports, so as not to repeat the reports that were given last month. On April 4, 2022, the consultants led the community DEI Work Group to help define its role in helping the ADAMHS Board implement the DEI Strategic Plan. Recommendations were also made regarding the sub-committee structure of the group. The subcommittees include:

- Workforce
- Health Equity
- Policy & Advocacy
- Data & Research
- Community Collaboration/Education & Stigma

There was also a discussion regarding the name of the group, but no decisions were finalized. The next meeting of this community group is set for Monday, May 2, 2022, at 1:00 p.m.

On Tuesday, April 5, 2022, members of the DEI planning team – which consist of Rev. Benjamin Gohlstin, Board Chair; Ms. Felicia Harrison, Chief Financial Officer; Ms. Tami Fischer, Chief Administrative Officer; Ms. Clare Rosser, Chief of Strategic Initiatives; Ms. Carole Ballard, Director of Education and Training; Ms. Beth DeJesus, Director of External Affairs; Mr. Jun, Ms. Star Sizemore Rice, Director of Special Projects; Ms. Henderson; Mr. Bill Hebble, Clients Rights Officer II; and Mr. Osiecki met to discuss the first three pillars of the DEI Strategic Plan, which overlay the first three goals of the ADAMHS Board 2021-2025 Strategic Plan:

- Strengthening the Service Delivery System
- Measuring Impact

- Maximizing Available Funding

Discussion centered around ways to expand and enhance current action items in the Board's Strategic Plan to include diversity, equity and inclusion in those goals and actions. The group also talked about metrics and measurements that could help demonstrate success related to action items. The planning team also defined our identified values, which are: Compassion, Purpose, Adaptability, Transparency, and Commitment to Excellence.

They reviewed highlights of feedback from the recent survey that was received from the community related to the proposed DEI Strategic Plan vision and purpose statements, as well as the goals under each pillar. Nearly 40 people responded. The full results on the feedback will be provided at a later date, as it is still being compiled.

The planning team met again on Monday, April 11, 2022, and were joined by Board member, Ms. Patricia James-Stewart, who could not make the session on Tuesday, April 5, 2022, as well as Mr. Henderson, to address the final three pillars of the plan, which are as follows:

- Maintaining a High-Performing Organization
- Strengthening the Behavioral Health Workforce, and
- Sharing Information

The consultants have submitted a draft Baseline Assessment Report and the DEI Work Group Summary Report from the assessment phase of their work for staff review. They expect to submit a draft report from the Planning phase by Friday, April 15, 2022, with a final DEI Strategic Plan expected by Monday, May 30, 2022.

The DEI Workgroup will be meeting on Wednesday, April 20, 2022, to review the information that will be included in the draft planning summary.

**16. New Business** – None.

**17. Public Comment Period** – None.

**18. Upcoming April and May Board Meetings:**

- Finance & Operations Committee Meeting: April 20, 2022
- General Meeting: April 27, 2022
- Community Relations & Advocacy Committee Meeting: May 4, 2022
- Nominating Committee Meeting: May 11, 2022
- Planning & Oversight Committee Meeting: May 11, 2022
- Annual Meeting: May 16, 2022
- Finance & Operations Committee Meeting: May 18, 2022
- General Meeting: May 25, 2022

***There being no audience comment or further business, the meeting adjourned at 5:36 p.m.***

***Submitted by: Linda Lamp, Executive Assistant***

***Approved by: Kathleen Kern-Pilch, ATR-BC, LPC-S, Planning & Oversight Committee Chair***