

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

## PLANNING & OVERSIGHT COMMITTEE MINUTES MARCH 8, 2023

**Committee Members Present:** Katie Kern-Pilch, MA, ATR-BC, LPC-S, Committee Chair, J. Robert Fowler, Ph.D., Patricia James-Stewart, M.Ed., LSW, Elaine Schleiffer

**Absent:** Gregory X. Boehm, M.D., Reginald C. Blue, Ph.D., Sadigoh C. Galloway, MSW, LSW, LICDC-CS, Rev. Benjamin F. Gohlstin, Sr., Basheer Jones

**Board Staff Present:** Scott Osiecki, Chief Executive Officer, Carole Ballard, Danielle Clark, Vince Crowe, Ryan Gongaware, Ben Goodwin, Felicia Harrison, Myra Henderson, Woo Jun, Britany King, Leslie Koblentz, Linda Lamp, Nancy Mundy, Mark Onusko, Clare Rosser, Jessica Saker, Allison Schaefer, Starlette Sizemore, Maggie Tolbert

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

Ms. Katie Kern-Pilch, Planning & Oversight Committee Chair, called the meeting to order at 4:03 p.m. Ms. Patricia James-Stewart 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**

No public comment on agenda items was received.

### 3. **Approval of Minutes**

The Planning & Oversight Committee minutes of February 8, 2023 were approved as submitted.

### 4. **St. Clair House/Buckeye Therapeutic Community (TC)**

Mr. Vince Crowe, Adult Behavioral Health Specialist II (Residential), and Ms. Myra Henderson, Adult Behavioral Health Specialist II, introduced Mr. Lovell Custard, President and Chief Executive Officer, and Ms. Beckie Kenney, LPCC-S, Vice President of Clinical Services and Chief Quality Officer, of Murtis Taylor Human Services System (MTHSS). Mr. Custard reported that Buckeye TC is a Class I Residential Facility designed to provide residential treatment to adults diagnosed with a severe mental illness and who could benefit from a structured residential setting. Buckeye TC is a fourteen-bed, co-ed facility with one handicap accessible unit, three single bedrooms, and five double bedrooms.

Buckeye TC is a program that operates on a psychosocial model, is client oriented, and driven to meet the needs of severely mentally disabled adults through the coordination of therapeutic, community, and family resources. Buckeye TC provides rehabilitation and environmental support activities that assist those served to reduce the symptoms of psychiatric illness, build resilience and improve their quality of life and integration into the community. Residents are responsible for assisting with menu planning, cooking, cleaning, and day-to-day personal care skills. All activities are under the 24-hour supervision of the residential staff. Residents also participate in groups that focus on de-institutionalization, self-awareness, relationships with others, community socialization, and many other daily living skills. Program goals include the reduction of symptoms of mental illness, building resilience to improve the quality of life and community integration and improving coping and daily living skills and strategies. The referral process consists of mentally ill diagnosed persons referred by the ADAMHS Board – a process of eligibility whereby a case manager is required to submit a Coordinated Adult Residential Referral (CARR) application to the ADAMHS Board for approval.

MTHSS collaborates with Saint Clair House (SCH), a 501(c)(3) community housing non-profit corporation to provide services to their residents. SCH is an all-male facility with 10 individual units. Residents must be able to live independently and cook their own meals and clean their units. MTHSS provides Peer Support Services to the residents of SCH on-site. SCH provides rehabilitation and environmental support activities that assist those served to reduce the symptoms of psychiatric illness, build resilience, and improve their quality of life and integration into the community. Residents are responsible for assisting with menu planning, cooking, cleaning and day-to-day personal care skills. Residents also participate in groups that focus on de-institutionalization, self-awareness, relationships with others, community socialization, and many other daily living skills with a

goal to reduce the symptoms of psychiatric illness, build resilience and improve quality of life and community integration, and improve coping and daily living skills and strategies.

Peer Support Services are provided to self-identified individuals in recovery from mental illness, substance abuse, or both. A Peer Support Specialist (PSS) is certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and has declared that he/she is in recovery and has a lived experience of mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders. PSSs work to inspire hope of recovery, share lived experience to foster connectedness and build relationships with peers. PSSs listen to and understand peers' pain and isolation while exhibiting empathy and support, assist in exploring options and overcoming barriers. PSSs support peers in implementing a relapse prevention plan and assist peers in adopting a proactive role in their own behavioral and physical health. Program goals include building resilience and improving the quality of life and community integration, improving coping skills and strategies and decreasing homelessness while increasing stable housing. To apply, individuals must contact the Residential Supervisor, Ms. Paula Williams, who will provide the SCH application and all other required documents. Residents rent is 30% of their income. Mr. Custard and Ms. Kenney responded to questions from the Board of Directors. (The PowerPoint Presentation is attached to the original minutes stored in the Executive Unit.)

##### **5. Client Satisfaction Survey**

Ms. Clare Rosser, Chief of Strategic Initiatives, reported that during the February 22, 2023 General Meeting, the ADAMHS Board of Directors voted to approve the Chief Executive Officer to enter into a contract with Brown Consulting, LTD, for \$60,000 so that the project timeline could move forward during the month of March, with the caveat that complete information and timeline will be brought before the Board during the March meeting cycle for ratification. In the 2021-2025 ADAMHS Board Strategic Plan, the Board identified conducting an annual, independent client feedback and satisfaction survey as a priority action under "Goal 2: Measuring Impact." The survey is also a priority in the ADAMHS Board Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan, as a way to formalize client feedback in decision-making; and evaluate cultural responsiveness of providers and services. Brown Consulting, LTD, is an Ohio-based firm that specializes in the behavioral healthcare industry and is certified as both a Women-Owned (WBE) and Veteran-Friendly Business Enterprise (VBE). Brown Consulting has conducted independent peer reviews in the ADAMHS Board provider network in the past and is a trusted research partner for the Board.

Brown Consulting, LTD, will design and administer a survey to clients of the ADAMHS Board of Cuyahoga County's provider network. The survey will gather needed data that will be useful to the Board in informing future planning of the mental health, addiction, prevention and recovery service delivery system within Cuyahoga County. The 2023 survey will be an independent measurement of a representative sample of individuals served through the provider network and will provide baseline data. In addition to designing and conducting the survey in 2023, Brown Consulting, LTD, will provide the ADAMHS Board with all templates, documents, tools and processes utilized to gather data for this report so the process can be replicated in-house or by other vendors if desired for future years. (Brown Consulting, LTD's, Proposal is attached to the original minutes stored in the Executive Unit.)

**Motion for the Board of Directors to ratify the contract between the ADAMHS Board and Brown Consulting, LTD, in the amount of \$60,000 to design, administer and report findings of a Client Satisfaction Survey for the term of March 1, 2023 through December 31, 2023 to the Finance & Operations Committee.** MOTION: E. Schleiffer / SECOND: P. James-Stewart / AYES: R. Fowler, P. James-Stewart, E. Schleiffer / NAYS: None / ABSTAIN: None / **Motion passed.**

##### **6. Review of Policy Statement Renewal**

Mr. Woo Jun, Director of Risk Management, highlighted the significant changes made to the policy statement up for renewal, Guidelines for Detoxification Services Funded with Non-Medicaid Dollars. Mr. Jun reported that the Substance Use Disorder treatment industry is no longer using the terms detox or detoxification due to the stigma associated with those terms. Presently, detox or detoxification services are called withdrawal management. As a result, Board staff will be changing the policy name to Guidelines for Withdrawal Management Services. The reason for the significant change to this policy is that under the current policy, the ADAMHS Board was restricting the number of times a client could receive withdrawal management to one time per year without prior approval; and a signed commitment for aftercare. This was pre-opioid epidemic; and now with the opioid epidemic, our Chief Clinical Officer, Dr. Leslie Koblentz, weighed in and thought that we should treat substance use disorder just like all any chronic disease; and not put a limit on the number of times a client receives withdrawal management.

The Board tried this for two years and did not see a significant percentage of clients receiving more than one withdrawal management service per year. Additionally, Board staff thought that a signed commitment for aftercare is worthless if the client is not ready for treatment. However, staff is carefully monitoring the number of times a client receives withdrawal management services to ensure that each provider is following industry best practices.

Given this policy revision being proposed contains a substantial modification of an existing policy, 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 Policy Statement Renewal, listed above, to the full Board.**

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

**7. Review of New Policy Statement**

Mr. Jun presented a new policy statement, Subrecipient Monitoring for Federal Grants Policy and reported that presently, the Board does not have an official policy to monitor federal grants. This is not to say that we do not monitor our federal grants, but Board staff needed to put a policy in writing to satisfy the auditors; and it is also best practice to have this in writing.

Essentially, the Board will be following Uniform Guidance, Sections 2 CFR 200.331 – 200.332.

- The Board will determine if the nonfederal entity we are contracting with is a subrecipient versus a contractor, and if determined to be a subrecipient, Board staff will monitor the programmatic and financial aspects of the award.
  - Before making an award, Board staff will conduct a pre-award risk assessment of the subrecipient by looking at things like:
    - The amount of the award;
    - The type of organization;
    - The subrecipients prior experience with the same or similar grants with the ADAMHS Board;
    - The debarment or suspension status in System for Award Management; and
    - The Single Audit or other audit findings.
  - Based on the pre-award risk assessment, Board staff will determine the risk level of the subrecipient and have ongoing risk-based monitoring with the subrecipient. The higher the risk, the more hands on monitoring that the ADAMHS Board will do.

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: E. Schleiffer / SECOND: P. James-Stewart / AYES: R. Fowler, P. James-Stewart, E. Schleiffer / NAYS: None / ABSTAIN: None / **Motion passed.**

**8. Probationary Period for New Programs**

Mr. Jun reported that Board staff recently concluded a two-month probationary review of new programs. For CY2023, the ADAMHS Board has 12 new programs of which four are run by four new providers. The new providers are Birthing Beautiful Communities, Community Medical Services, It's Not a Moment. It's a Movement, and Sisters of Charity Health System.

Mr. Jun shared a summary of the Probationary policy. The ADAMHS Board puts all new programs on a six-month probationary period to ensure success of new programs. This is especially true of new providers who do not know how the ADAMHS Board conducts business, such as billing, program reporting requirements, outcomes reporting, etc. This policy allows the ADAMHS Board to more frequently monitor new programs and provide technical assistance, if needed, and/or put new programs on a Corrective Action Plan. At the end of the probationary period, Board staff have the option to remove the probationary status, extend the probationary period or recommend terminating program.

In order to implement this policy, Board staff developed the “Probationary Period Review for New Programs” form. Numerous departments give feedback with the review such as Programing, Clinical, Compliance, Finance, etc. In the reviews, Board staff are checking for things like any changes to the intended scope, staffing, attendance of meetings, timely submission of reports, communication, conflict of interest, and invoicing to ensure the new program is generally on track. Board staff are also documenting any technical assistance given and any Corrective Action Plan. Finally, Board staff provide a recommendation.

For the two-month review, if a new program is making sufficient progress, Board staff will continue the monitoring process. If the new program is not making sufficient progress, Board staff will notify the Provider’s Chief Executive Officer/Executive Director regarding the areas the new program needs improvement in; along with a copy of the Review. For the five-month review, Board staff can remove the probationary status, extend probation or recommend termination of the new program to the Board of Directors. For the eight-month review, Board staff can remove the probationary status, or recommend termination of the new program to the Board of Directors.

As the ADAMHS Board adopted its DEI Strategic Implementation Plan, the Board added a DEI element to the review. In the review, Board staff added a DEI statement, “The Provider is implementing this program with a strong commitment to diversity, equity and inclusion. If staff think that a new program is generally on track with DEI, they are checking the agree box. If staff think that a new program is generally not on track with DEI, they are checking the disagree box. Some of the things that may be reviewed in terms of DEI are things like the projected client demographics versus actual client demographics and a review of the Provider’s DEI Policy; and making sure that there are action items related to its policy like DEI trainings or other educational opportunities, reaching out to underserved populations and minority candidates for hire.

The results of the Board’s two-month review are as follows:

- All of the new programs are off to a good start with the exception of MetroHealth’s Psychiatric Emergency Department (PED).
- As of February 28, 2023, the majority of the new programs have not invoiced the Board; with the exception of Community Assessment & Treatment Services (CATS). This scenario is not uncommon, as providers have a 90-day window to either submit an invoice or a claim.

Mr. Jun provided a detailed summary of each of the twelve new programs; and responded to questions from the Board of Directors. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

## **9. New Business**

Mr. Osiecki shared that Board staff met with representatives from St. Vincent Charity Community Health Center today. Ms. Maggie Tolbert stated that the St. Vincent Charity Community Health Center and St. Vincent Charity Health Campus remain under the umbrella of St. Vincent Charity, which is confusing to the general public. As a result, Board staff will request St. Vincent Charity to present to the Board of Directors in the near future to provide clarity regarding their status in the community.

## **10. Follow-up**

No follow-up was received.

## **11. Public Comment Period**

No public comment was received.

## **12. Upcoming March and April Board Meetings:**

- Finance & Operations Committee Meeting: March 15, 2023
- General Meeting: March 22, 2023
- Faith-based Outreach Committee Meeting: April 5, 2023
- Nominating Committee Meeting: April 12, 2023
- Planning & Oversight Committee Meeting: April 12, 2023
- Finance & Operations Committee Meeting: April 19, 2023
- General Meeting: April 26, 2023

*There being no audience comment or further business, the meeting adjourned at 4:38 p.m.*

*Submitted by: Linda Lamp, Executive Assistant*

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