

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

## PLANNING & OVERSIGHT COMMITTEE MINUTES MAY 10, 2023

**Committee Members Present:** Katie Kern-Pilch, MA, ATR-BC, LPC-S, Committee Chair, Gregory X. Boehm, M.D., J. Robert Fowler, Ph.D., Sadigoh C. Galloway, MSW, LSW, LICDC-CS, Patricia James-Stewart, M.Ed., LSW

**Absent:** Reginald C. Blue, Ph.D., Rev. Benjamin F. Gohlstin, Sr., Elaine Schleiffer

**Board Staff Present:** Scott Osiecki, Chief Executive Officer, Carole Ballard, Danielle Clark, Vince Crowe, Erin DiVincenzo, DeAndre Durr, Ryan Gongaware, Ben Goodwin, Felicia Harrison, Anthony Henderson, Myra Henderson, Woo Jun, Britany King, Linda Lamp, Nancy Mundy, Mark Onusko, Clare Rosser, Allison Schaefer, Maggie Tolbert

### 1. Call to Order

Ms. Katie Kern-Pilch, Planning & Oversight Committee Chair, called the meeting to order at 4:01 p.m. Ms. Sadigoh C. Galloway 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 April 12, 2023 were approved as submitted.

*[Ms. Patricia James-Stewart, M.Ed., LSW, arrived.]*

### 4. Presentation:

#### **Sisters of Charity Health System Community Behavioral Health and St. Vincent Charity Community Health Center Psychiatric Emergency Services (PES)**

Mr. Ben Goodwin, Adult Behavioral Health Specialist II (Criminal Justice), and Ms. Nancy Mundy, Clinical Adult Utilization Review Specialist, introduced Mike Biscaro, Psy.D., ABPP (Forensic), Vice President of Behavioral Health Services, Sisters of Charity Health System, Dr. Edward Kilbane, Medical Director of Psychiatric Emergency Services, St. Vincent Charity Community Health Center, and Mr. Ben Silver, Administrative Director, Community Health Services, St. Vincent Charity Community Health Center. Dr. Biscaro reported that the Sisters of Charity Health System have been in existence for more than 170 years providing health care and addressing social determinants such as poverty; and lifting up issues around racism and homelessness. The Sisters of Charity Health System is comprised of three different areas of service: Health, Grantmaking and Outreach. Over the years, this has changed quite a bit. Presently under Health, they have Light of Hearts Villa, Regina Health Center and St. Vincent Charity Community Mental Health Center. Grantmaking consists of Sisters of Charity Foundation of Canton, Sisters of Charity Foundation of Cleveland and Sisters of Charity Foundation of South Carolina. Lastly, within Outreach, the Sisters of Charity Health System have Building Healthy Communities, Early Childhood Resource Center (Canton), Healthy Learners (South Carolina), Joseph's Home, South Carolina Center for Fathers & Families and St. Vincent Charity Health Campus, which is the newest facility – 2019.

Dr. Biscaro reported that a Health Campus is designed to purposefully engage diverse community partners in complementing traditional health care services and collectively improving health outcomes of the people served through:

- Addressing health disparities and improving health outcomes by including additional services beyond health care.
  - Social Determinants of Health
- Building out the changing footprint of what was once exclusively an acute care hospital into a campus promoting holistic wellness.
  - Upstream; the future of health care
- Enhancing opportunities for economic development and revitalization.

- Transform the built environment. The campus consists of over 500,000 square feet of space; including green areas and parking lots.

When St. Vincent Charity started to plan this change, they had not gone through their transformation yet relative to closing inpatient services. They were thinking about this project in the context of working alongside a hospital, but now know that St. Vincent Charity has closed inpatient services as of November 15, 2022. Dr. Biscaro reported that the health campus project was to transform and address social determinants of health. He stated that a Boston, Massachusetts nonprofit called MASS (Model of Architecture Serving Society) Design Group, joined St. Vincent Charity, to assist with community engagement. MASS Design Group was founded on the understanding that architecture's influence reaches beyond individual buildings. MASS believes that architecture has a critical role to play in supporting communities to confront history, shape new narratives, collectively heal and project new possibilities for the future. Dr. Biscaro stated that they assisted them with a community engagement project; whereby he was humbled to be a part of, and learned a lot about going into communities and understanding what communities need. Hence, a long process of community engagement brought forth the following ideas to address community needs:

- Food Hub
- Student & Community Housing
- Catholic High School
- Health Care Workforce Training
- Behavioral Health & Addiction
- Job Readiness & Enterprise
- Park / Recreation Space
- Shuttle
- Parent & Family Space
- Ste[a]m Learning & Innovation
- Art & Culture Spaces
- Healing Trail

St. Vincent Charity Health Campus is creating a new coordinated response to crisis in the community and enhancing access to services that support long-term recovery. They are expanding the crisis continuum of care by successfully linking individuals to services, improving engagement in care pre / post crisis and establishing a pipeline for referrals and future expansion. Through the use of a group of select staff who are connected to the existing community crisis continuum, they are able to outreach Emergency Rooms and other critical-time service entities; and provide follow-along support and treatment linkages to those in need both virtually and in the field. The staff will offer crisis intervention, de-escalation, triage, assessment, care-coordination and evidence-based psychotherapy-based interventions.

Dr. Biscaro shared that they also want to expand longer-term recovery supports to help individuals attain their self-determined goals and roles, improve engagement and retention in care and create personalized pathways for recovery and healing. Recovery and rehabilitation services include individuals at risk of relapse and / or requiring more support than what conventional treatment or clinics can offer. Staff work in close collaboration with crisis services staff and entities. Recovery and rehabilitation services are a time-limited service.

The timeline shared for program activation reflected that they began services in December 2022 for internal referrals only. During January 2023, referrals were opened to the public; and during March 2023, all services were available to anyone. The services offered include:

- Screening for social determinants (housing and food needs)
- Diagnostic / CANS assessment
- Motivational or skills-based counseling tailored to helping people engage or remain in treatment
- Community-based case management
- Peer support services / Drop-In Availability
- Referrals to social / support services
- Linkage to primary healthcare

Dr. Biscaro shared the referral criteria and exclusion criteria; and reported that the primary criteria is to assist individuals in crisis and / or recently admitted to an acute, emergency, urgent care, or another critical-time service setting (i.e., jail, shelter, etc.). Referrals can be made through various means. Individuals can call direct at 216.363.7000, contact a member of their staff or fax a referral form to 855.224.0877 or via email to [crisandrecovery@sistersofcharityhealth.org](mailto:crisandrecovery@sistersofcharityhealth.org). He also shared case management metrics and responded to questions from the Board Directors. Ms. Sadigoh Galloway provided accolades to St. Vincent Charity Health System for their efforts with the community. Ms. Jennie Ritt, LPCC-S, Clinical Manager (who provides clinical / administrative oversight for the crisis and recovery services) at St. Vincent Charity Health Campus, reported that they are focused on serving and building trust with the Central community.

Mr. Silver and Dr. Edward Kilbane provided updates on St. Vincent Charity Community Health Center (SVCCHC) (formerly St. Vincent Charity Medical Center (SVMC)). Mr. Silver reported that the transition from SVMC to SVCCHC transpired on Tuesday, November 15, 2022. Community perception was that all services (inpatient and outpatient) closed. However, reality is that only inpatient services were closed, and outpatient services remain and are being enhanced. Currently SVCCHC provides the following services:

1. Psychiatric Emergency Services (former Psychiatric Emergency Department (PED))
2. Crisis and Recovery Services
3. Outpatient Psychiatry
4. Addiction Treatment (Rosary Hall)
5. Primary Care
6. Occupational Medicine
7. Urgent Care
8. Outpatient Pharmacy
9. Food Service (which will be able to accept Supplemental Nutrition Assistance Program (SNAP) in the near future.)

The first five services listed above include the following ancillary services: 1. Medical Legal Partnership – Legal Services (helping patients address civil legal issues tied to social determinants of health) and 2. Transportation to and from care appointments.

Dr. Kilbane reported on the current state of Psychiatric Emergency Services (PES). He shared that the PES was functioning as of November 15, 2022. The PES is not an Emergency Department but rather an Ohio Department of Mental Health and Addiction Services (OhioMHAS) designated “Crisis Receiving Center”, which, in practice, still provides similar services as the prior PED. They provide 24/7/365 care utilizing best practices to help individuals manage psychiatric emergencies, stabilize crises and return safely to the community. The team consists of psychiatrists, psychiatric nurses, social workers, mental health technicians, security, food and EVS. Dr. Kilbane stated that they have averaged 85 patients monthly for the first quarter and have increased to 100 for April 2023.

Mr. Silver reported that the Outpatient Psychiatry Department provides the following:

- Mental Health Assessment
- Individual Therapy
- Trauma Therapy
- Medication Management
- Wellness
- Linkage to Primary Care and Addiction Treatment

Outpatient Addiction Treatment – Rosary Hall – moved into the medical office building across the street from SVMC; and is attached to the main hospital via a pedestrian walkway. They provide Assessment, Intensive Outpatient Program (IOP) / Aftercare / Individual Counseling (IOP runs four days per week, for eight weeks for a total of 32 sessions), Counseling and Medication Assisted Treatment (MAT).

Primary care includes prevention and wellness, diagnosis and treatment of both common and complex diseases and management of chronic conditions. Overall, SVCCHC has integrated whole person care in one location, which includes:

1. Primary Physical Care

2. Treatment for Mental Illness
3. Treatment for Addiction
4. Transportation: overcoming the barrier of transportation
5. Legal Services: civil legal challenges related to social determinants of health

Dr. Biscaro, Dr. Kilbane and Mr. Silver responded to questions from the Board Directors. Ms. Kern-Pilch thanked the presenters for an informative discussion and wished them continued success in the community. (The PowerPoint presentations are attached to the original minutes stored in the Executive Unit.)

#### **5. Agreement with Cuyahoga County Board of Developmental Disabilities (CCBDD) for Shared Costs**

Ms. Erin DiVincenzo, Director of Prevention and Children's Behavioral Health Programs, reported that youth with multisystem involvement who require shared costs are identified through Family and Children First Council's (FCFC) Service Coordination Team which is comprised of the Cuyahoga County Department of Children and Family Services (CCDCFS), Cuyahoga County Juvenile Court (CCJC), CCBDD, and ADAMHS Board. CCBDD can only contract with and directly pay organizations licensed as Intermittent Care Facilities (ICF). Behavioral health organizations are not considered an ICF, so the shared cost agreement was created in 2010 to allow CCBDD to participate in sharing the cost of residential placements for youth with developmental disabilities in need of residential treatment services.

This agreement between the ADAMHS Board and CCBDD for shared costs allows the CCBDD to reimburse the ADAMHS Board the cost of residential treatment services for youth with multisystem involvement, including, but not limited to, both CCBDD and the ADAMHS Board, to prevent deeper system involvement. CCBDD will reimburse the ADAMHS Board the amount of CCBDD's portion of shared costs for residential treatment services, including, but not limited to mental health crisis beds, and other supplemental services such as additional supervision (1:1) of a client, etc., for youth with co-occurring mental health and developmental disabilities diagnoses. The number of individuals to be served is seven to eight youth per year.

**Motion for the Board Directors to authorize the Shared Cost Agreement between the ADAMHS Board and CCBDD for the ADAMHS Board to remain the fiscal agent on behalf of CCBDD to fund shared cost agreements for youth with both MH/DD needs who require residential treatment and crisis stabilization services in an amount not to exceed \$600,000 for the term of June 1, 2023 through May 31, 2025 to the Finance & Operations Committee.** MOTION: G. Boehm / SECOND: S. Galloway / AYES: G. Boehm, R. Fowler, S. Galloway, P. James-Stewart / NAYS: None / ABSTAIN: None / **Motion passed.**

#### **6. Community Needs Assessment**

Ms. Clare Rosser, Chief of Strategic Initiatives, provided an update on the Community Needs Assessment. She reported that the proposal was just received by the Board; and additional time is needed to review the proposal. As a result, this agenda item will be forwarded through the June ADAMHS Board meeting cycle.

#### **7. Client Satisfaction Survey Update**

Ms. Rosser reported that Brown Consulting is continuing their work on the Client Satisfaction Survey. She will present again at the June 2023 meeting regarding 2023 data that reflects emergent trends post pandemic and adapting to ever changing demands with considering services of the greatest need and evolving technology such as telehealth.

#### **8. "Adam-Amanda" Center Update**

Mr. Scott Osiecki, Chief Executive Officer, reported that the Crisis Continuum is an OhioMHAS Priority, whereby \$90 million in American Rescue Plan Act (ARPA) funding will be utilized for Ohio's Crisis Continuum. He shared that Part 1 includes \$45 million for Short-term Residential Infrastructure Development of at least six additional short-term residential facilities with at least one new facility in each Regional Psychiatric Hospital area / collaborative. This consists of one-time funding distributed up to \$7.5 million per Regional Psychiatric Hospital area / collaborative. Mr. Osiecki shared examples of how this funding could be utilized: Capital investments (improvements and new builds), Information Technology Infrastructure (hardware, software systems, and information exchanges, etc.), start-up costs and planning activities. He shared that there is a 10% match requirement from Boards and the Regional Plan must be submitted as a Collaborative by Friday, May,19, 2023.

The concept of "Adam-Amanda" Step-down / Step-up is identified as the following:

- Clients discharged from OhioMHAS Hospitals and / or behavioral health units of area hospitals have an opportunity to stabilize before re-entering the community (Step-down).
- Clients who need to be stabilized but do not require hospitalization. (Step-up)
- Could be individuals living with co-occurring disorders.
- Clients may stay up to 30, 60, 90 days.

Mr. Osiecki highlighted that the original “Adam-Amanda” Center is located in Athens County. This facility was built in memory of Adam Knapp and Amanda Baker who lost their lives due to mental illness only days after being released from inpatient psychiatric facilities and after multiple attempts to receive care. He shared that the NE Ohio Collaborative, which consists of Cuyahoga, Lorain, Summit, Lake, Geauga and Ashtabula Counties, has submitted to OhioMHAS a total request of \$6.5 million with a request to carry-over the remaining \$1 million to Phase 2: Crisis Center.

The “Adam-Amanda” step down / step up will provide traditional services provided in an OhioMHAS certified Class 1 Residential Facility. These services are as follows:

- Accommodations / Room & Board
- Client supervision (24/7 staff)
- Assistance with Activities of Daily Living (ADL’s): coaching / prompting / teaching basic life skills including grooming, hygiene, cleaning, laundry, cooking, symptom management.
- Assistance with self-administration of medication
- Individualized Treatment Planning: outlining the needs of the client and establishing goals to assist client in meeting needs.

In addition, the “Adam-Amanda” step down / step up may provide the following Behavioral Health services:

- Assessment: A clinical evaluation of a person which is individualized, age, gender and culturally appropriate. Determines the diagnosis, treatment need and addresses the persons mental illness or substance use disorder (SUD).
- Behavioral Health Counseling and Therapy (both individual and / or group): an interaction with a person or persons where the focus is on achieving treatment objectives related to alcohol and other substances, or the persons mental illness or emotional disturbance.
- Evaluation & Management (also referred to as psychiatry): focused on diagnosis, treatment (specifically via medication) and prevention of mental, emotional, behavioral and SUD. Service can be provided by a doctor (MD or DO), Physician’s Assistant (PA) or Certified Nurse Practitioner (CNP).
- Behavioral Health Nursing Services: mental health and SUD nursing services are performed by registered nurses or licensed practical nurses. Activities include health care screenings, nursing assessments, nursing exams, checking vital signs, symptom and medication monitoring, behavioral health education and collaboration with others in treatment team.
- Therapeutic Behavioral Health Services (TBS) / Psychosocial Rehabilitation Services (PSR) / Community Psychiatric Supportive Treatment (CPST) – Case Management – provides services including ongoing assessment of needs, referral, linkage, coordination, restoration of social skills and daily functioning, crisis prevention and consultation with others on treatment team.
- Peer Recovery Services: Peer support services are services for individuals with a mental illness and / or SUD and their caregivers and families. Peer support services consist of activities that promote resiliency and recovery, self-determination, advocacy, well-being, and skill development. Peer services also include coordination, linkage, and modeling.
- SUD Case Management: those activities are provided to assist and support individuals in gaining access to needed medical, social, educational, and other services essential to meeting basic human needs. Services include assessment, referral, monitoring and follow up.
- ASAM 2.1 Intensive Outpatient (IOP): this level of care typically consists of 9-19 hours of structured programming per week for adults. Services consist primarily of counseling and education related to substance use and mental health.

- Medication-Assisted Treatment (MAT): alcohol or drug addiction services that are accompanied by medication that has been approved by the United States Food and Drug Administration for the treatment of SUD, prevention of relapse of SUD, or both.

Mr. Osiecki responded to questions from the Board Directors.

#### **9. Calendar Year (CY)2024 and CY2025 Funding Process**

Mr. Osiecki updated Board Directors regarding a recommendation to change the Board's funding process for CY2024 and CY2025. He highlighted that the Board is statutorily responsible for planning, funding and monitoring or evaluating public mental health and addiction treatment services, as well as prevention, treatment and recovery support services for the residents of Cuyahoga County. Hence, to ensure that a continuum of care remains available and working at its optimal level to provide the best services, the Board is charged with considering cost-effectiveness and quality of services and supports. The Board must consider continuity of care for clients; and be accountable to the public and ensure that federal, state, and local funds are effectively utilized.

He shared that Board staff are recommending that the Board selects providers rather than issuing a Request for Proposal (RFP). This funding process is being recommended since there is an increased awareness and need for mental health and substance abuse prevention, treatment and recovery supports and along with the behavioral health workforce shortage calls for a reimagined funding approach for the CY2024 and CY2025 ADAMHS Board budget. There are four areas that the Board should concentrate on for funding and each area will be considered through the Board's Diversity, Equity and Inclusion lens: 1) Statutory Requirements, 2) Focus on Needed Services, 3) Support Providers and 4) Ensure Essential Services.

There are several benefits to our clients, providers and the Board for this type of funding strategy; and are as follows:

1. Workforce
2. Less Duplication and Underutilized Services
3. Focus on What Services Providers Do Best
4. Two-years of Stable Funding to Providers
5. Based on Outcomes
6. Partnerships
7. Supply and Demand

Ms. Clare Rosser, Chief of Strategic Initiatives, shared an example of a provider dashboard, which reflects a provider agency's past performance data, ranging from Budget and Invoicing, Workforce, Clients Served, Average Number of Days Until First Appointment, Program Goals and Geographic Service Coverage via zip codes for specific services. After a lengthy discussion of this agenda item, Mr. Osiecki reported that Board staff will further discuss the funding process recommendation brought forth, while taking into account Board Directors suggestions and comments, for additional thoughtful consideration for the development of a compromise to begin the optimization of our provider network.

#### **10. New Business**

Mr. Osiecki reported that the ADAMHS Board's Community Assessment and Plan (CAP) was approved by OhioMHAS.

#### **11. Follow-up**

No follow-up was received.

#### **12. Public Comment Period**

No public comment was received.

#### **13. Upcoming May and June Board Meetings:**

- Finance & Operations Committee Meeting: May 17, 2023
- General Meeting: May 24, 2023
- Faith-based Outreach Committee Meeting: June 7, 2023
- Planning & Oversight Committee Meeting: June 14, 2023
- Finance & Operations Committee Meeting: June 21 2023

- General Meeting: June 28, 2023

Ms. Kern-Pilch shared that the Board's 2023 Annual Meeting Brunch, Awards Ceremony and Client Art Show will be held on Monday, May 15, 2023, at the Holiday Inn in Independence. Mr. Osiecki reported that over 400 guests have confirmed their attendance for this event.

***There being no audience comment or further business, the meeting adjourned at 5:44 p.m.***

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

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