

MHRBS PLANNING & FINANCE COMMITTEE MEETING

November 3, 2015

4:00 p.m.

Agenda

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes – October 6, 2015	✓	✓		1-4
4. FY 2016 Targeted Allocations				5-7
A. Stabilize FY 2016 SAPT Funding Allocations:				
- Adelante	✓	✓	✓	
- UMADAOP	✓	✓	✓	
B. Comprehensive Addictions and Psychiatric Urgent Care Abstract	✓			8-10
C. Recovery Helpline:				11-15
- United Way of Greater Toledo	✓	✓	✓	
- Advertising Services	✓	✓	✓	
- Rescue Incorporated	✓	✓	✓	
D. Assertive Community Treatment (ACT) Abstract	✓			16-18
5. Open Session				
6. Adjournment				

PLANNING & FINANCE COMMITTEE MINUTES**October 6, 2015**

Committee Members Present:

Linda Alvarado-Arce, Chair

Pastor Waverly Earley

Lynn Olman, Vice Chair

Dr. Tim Valko

Committee Members Not Present:

William Sanford

Other Board Members Present:

Audrey Weis-Maag

Visitors: Richard Arnold; Larry Leyland, TASC; Stephanie Calmes, Harbor; Kathi Cesen, Zepf; Kelly Skinner, Wernert Center; Pam Myers, Unison; Geof Allan, UMADAOP; Kathy Bihn, NPI.

Staff: Scott Sylak, Tom Bartlett, Donna Robinson, Tim Goyer, Carolyn Gallatin, Karen Olnhausen, Amy Priest, Cami Roth Szirotnyak.

Ms. Alvarado-Arce, Planning & Finance Committee Chair, opened the meeting at 4:00 p.m. with introduction of visitors.

Meeting Minutes: August 4, 2015

There were no revisions or corrections to the minutes and they were approved by consensus.

Meeting Minutes: September 1, 2015

There were no revisions or corrections to the minutes and they were approved by consensus.

Allocation Request for Evaluation Services

Mr. Goyer noted that a question was asked by the P&S Committee at a previous meeting upon review of outcomes with regard to two new programs at Harbor, Unison and Zepf for Hospital Engagement and Preventing Psychiatric Emergencies, if they were achieving their desired outcomes. Board staff indicated that the goals were achieved for the contracted outcomes in relation to the number of people served. However, the intent of these programs is to keep people out of crisis care and out of hospitals, and to provide linkage to providers. Without a formal evaluation of the programs, it would be difficult to determine if improvement was achieved through the two new programs. Board staff indicated that they didn't have the skill set to perform an in-depth evaluation and presented a recommendation at the September 29, 2015 P&S Committee meeting to allocate up to \$10,000 to fund a contract with a professional evaluator or evaluating firm. Following a lengthy discussion, the P&S Committee recommended the allocation be increased to not exceed \$20,000 in order to receive a qualitative and quantitative review of the two new programs.

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The P&F Committee asked if an evaluator would be utilized to review these programs moving forward and if the Board would use professional evaluators for other programs in the future. The purpose for a more in-depth review is to provide guidance in determining the success of these types of programs, and to help identify problems and solutions for those programs that aren't achieving their desired outcomes. Mr. Sylak indicated that agencies have submitted program proposals to the Board that include the use of an evaluator; however, Board staff has always denied those requests. If the Board wishes to evaluate other programs in the future, the opportunity would be available through additional allocation requests to cover the cost of an evaluator.

Dr. Valko asked how we determine if the programs were successful each year. Mr. Sylak said a comparison of the three models needs to occur, followed by certain questions that need to be answered.

Ms. Alvarado-Arce asked if a specific evaluator has been identified. Mr. Goyer replied that a quote was previously obtained, however additional quotes will be solicited through advertisements in The Blade and other minority newspapers.

Ms. Weis-Maag requested that the Board identify best practices, and expressed concern about causality. The Committee requested an RFI for evaluation services based on a specific research design with goals and objectives assigned, and the need for a qualitative and quantitative evaluation. The request for an allocation to fund an evaluator is based on the proposal selected.

The following motion was recommended for consideration by the P&S Committee:

The Mental Health and Recovery Services Board of Lucas County allocates an amount not to exceed \$20,000 in FY 2016 for the purchase of professional evaluation services, and authorizes the Board's staff to solicit proposals for such services, and select and contract with a vendor according to the guidelines in the Board's Purchasing Policy.

The P&F Committee did not recommend the motion presented above. There was consensus to make a recommendation to the Board of Trustees to send out a Request for Information (RFI) for Evaluation Services that did not include a dollar amount.

FY 2016 Community Mini-Grant Proposal - Allocation

Ms. Barham stated that the Board staff is proposing implementation of a community-wide mini-grant program to foster activities that promote positive mental health and prevent substance abuse that will be modeled after Franklin and Clermont Boards who offer similar mini-grants to their communities. The purpose of the mini-grants is to offer one-time funding for no more than \$5,000 (a total of \$50,000) for smaller "grass roots" organizations in the community outside of our provider network that are supporting the Board's goal of promoting positive mental health and substance abuse prevention. Mr. Sylak stated that he would like to assemble a scoring committee that includes

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some Board staff and community members to review the mini-grant proposals. The proposals must be received by November 30, 2015 and will be presented to the Board for their approval on a yearly basis.

The Committee suggested that proposals be reviewed every six months with a certain amount of money designated based on the quality of the proposals received. As programs unfold throughout the year, they should be considered semi-annually which will lessen the likelihood of an organization forcing an idea through just to receive funding.

The following motion was recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$50,000 for the Community Mini-Grants program in FY 2016, and authorizes the Executive Director to develop a process to distribute these funds consistent with the Proposal.

There was consensus to move the motion forward to the Board of Trustees.

Capital Plan Application

Mr. Goyer referred to page 14 of the meeting packet for a review of the Capital Plan application process; OMHAS provides Boards with an opportunity every two years to apply for state capital funds. This year, the MHRSB applied for two projects totaling \$1 million. The first project identified was for an amount of \$500,000 to support the Wernert Center expansion so that the number of people that the Wernert Center serves will increase by 100%.

The second project for which an application was made is also in the amount of \$500,000 for the NPI modernization project to maintain the housing stock that exists in Lucas County for persons with mental illness. Once the State is awarded money at the Capital Department, then OMHAS will evaluate all of the Board projects for a decision. If the MHRSB is granted an award, the Staff will bring forth a motion to allocate the funds to agencies identified in the application. Mr. Sylak made a notation that there was an error on the agenda, showing a "checkmark" that an allocation was being requested, but it was just for the Committee's information.

TASC FY 2016 Contract Allocations

Mr. Bartlett indicated that at the June and August 2015 MHRS Board meetings, there were two contract extensions granted to TASC to allow more time to bring clarity to initiatives being developed in the jail with regard to screenings and a re-entry program that involved TASC. Mr. Bartlett reported that two payments totaling \$258,968 have already been allocated to TASC on the extended agreement which ends on October 31, 2015. Board staff is proposing to issue a FY 2016 TASC Provider Agreement to perform the same functions at the same level it did in FY 2015, pending changes to the services that TASC will be asked to provide in the jail and re-entry to the community.

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Mr. Bartlett reviewed a summary of TASC allocations for FY 2014, FY 2015 and the recommendations for FY 2016 as outlined on pages 15-16 of the meeting packet, with a total FY 2016 recommended allocation to TASC in the amount of \$675,542. The Net FY 2016 allocation recommendation is \$486,684 to reflect the two payments previously made in association with the FY 2015 TASC contract extensions.

For the record, Ms. Alvarado-Arce stated that her mother no longer works for TASC.

The following motion was recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County allocates \$486,684 to TASC for FY 2016 to provide behavioral health support services in the criminal justice system, and authorizes its Executive Director to execute an FY 2016 Provider Agreement to that effect.

There was consensus to move the motion forward to the Board of Trustees.

Open Session

There were no items reported.

Adjournment

The meeting was adjourned at 4:52 p.m.

FY 2016 Targeted Allocations

A. Stabilize FY 2016 SAPT Funding Allocations

Two Lucas County providers, Adelante and UMADAOP, have programs that are funded solely by OMHAS using SAPT funds. OMHAS voluntarily cut SAPT funding that was allocated for six quarters beginning on July 1, 2014 due to the uncertainty regarding the receipt of funds from SAMHSA to establish a reserve. This reserve would enable OMHAS to make quarterly payments to the Boards and the pass-through agencies consistent with the annual SAMHSA SAPT funding once this reduction ends on December 31, 2015.

In FY 2015, the MHRSB allocated a total of \$92,426 to supplement agencies with programs funded directly by OMHAS that were disadvantaged by the reduction in SAPT funding. The SAPT funding reductions in FY 2015 were partially offset by OMHAS State funding to reduce the actual dollar decreases. When OMHAS released their FY 2016 SAPT funding, there were five different Lucas County programs whose budgets were underfunded by OMHAS due to continued SAPT funding reductions, as well as elimination of FY 2015 State funding. Attached is a spreadsheet that depicts the ways in which Adelante and UMADAOP are adversely affected by State funding cuts (by program), and the requests that they made for FY 2016 Board funding to keep them whole.

Board staff contacted both agencies to determine exactly how these OMHAS funded programs would be impacted. Adelante and UMADAOP each communicated that the programs would continue, but would not be able to serve the same number of people for which the program was originally designed if they lose the funding from OHMAS in FY 2016. Board staff recommends that MHRSB allocates \$85,889 to supplement the five programs listed on the attached spreadsheet in order to maintain the programs at their intended levels. The proposed FY 2016 allocations are for one year only; full restoration of OMHAS's SAPT funding will eliminate the need for Board supplemental funding in FY 2017.

The following motions are recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County allocates \$11,430 for the period July 1, 2015 through June 30, 2016 to Adelante to supplement OMHAS funding for the Nosotras Program, and authorizes the Board's Executive Director to amend the Agency's FY 2016 Provider Agreement accordingly.

The Mental Health & Recovery Services Board of Lucas County allocates \$16,949 for the period July 1, 2015 through June 30, 2016 to Adelante to supplement OMHAS funding for the Los Ninos Program, and authorizes the Board's Executive Director to amend the Agency's FY 2016 Provider Agreement accordingly.

The Mental Health & Recovery Services Board of Lucas County allocates \$29,411 for the period July 1, 2015 through June 30, 2016 to UMADAOP to supplement OMHAS funding for the UMADAOP Program, and authorizes the Board's Executive Director to amend the Agency's FY 2016 Provider Agreement accordingly.

The Mental Health & Recovery Services Board of Lucas County allocates \$13,440 for the period July 1, 2015 through June 30, 2016 to UMADAOP to supplement OMHAS funding for the First Haven Program and authorizes the Board's Executive Director to amend the Agency's FY 2016 Provider Agreement accordingly.

The Mental Health & Recovery Services Board of Lucas County allocates \$14,659 for the period July 1, 2015 through June 30, 2016 to UMADAOP to supplement OMHAS funding for the Healthy Lifestyles Program and authorizes the Board's Executive Director to amend the Agency's FY 2016 Provider Agreement accordingly.

MHRS Board Funding Requests From Agencies Related to FY 2016 SAPT Pass Thru Funding

Agency/Program	FY 2015 OMHAS Federal SAPT	FY 2015 OMHAS State	FY 2015 Board Funding	Total FY 2015 Funding	FY 2016 OMHAS Federal SAPT	FY 2016 Board Funding	Total FY 2016 Funding
Adelante - Nosotras	\$ 42,380	\$ 21,561	\$ -	\$ 63,941	\$ 52,511	\$ 11,430	\$ 63,941
Adelante - Los Ninos	\$ 62,844	\$ 31,972	\$ -	\$ 94,816	\$ 77,867	\$ 16,949	\$ 94,816
Total Adelante Request						\$ 28,379	
UMADAOP - UMADAOP	\$ 109,060	\$ 55,483	\$ -	\$ 164,543	\$ 135,132	\$ 29,411	\$ 164,543
UMADAOP - First Haven	\$ 49,836	\$ 25,354	\$ -	\$ 75,190	\$ 61,750	\$ 13,440	\$ 75,190
UMADAOP - Healthy Lifestyles	\$ 54,360	\$ 27,654	\$ -	\$ 82,014	\$ 67,355	\$ 14,659	\$ 82,014
Total UMADAOP Request						\$ 57,510	
Totals	\$ 318,480	\$ 162,024	\$ -	\$ 480,504	\$ 394,615	\$ 85,889	\$ 480,504

10/23/2015

B. Comprehensive Addictions and Psychiatric Urgent Care Center Abstract

The attached Abstract regarding the development of a Comprehensive Addictions and Psychiatric Urgent Care Center model was presented at the October 27, 2015 Programs & Services Committee meeting. The purpose of the presentation was to share the staff's initial thoughts toward the development of an urgent care model and to gain some guidance based on the Committee's feedback. The P&S Committee's response was favorable and provided staff with some items to consider as the model is further developed. Staff would like to provide the Planning & Finance Committee the same opportunity for feedback. Staff will then continue to develop the model and present a formal recommendation in the near future.

Comprehensive Addictions and Psychiatric Urgent Care Center Abstract

October 22, 2015

Goal: To respond to the needs of individuals and families who would benefit from immediate assessment and intervention upon experiencing moderate-to-severe symptoms, dysfunction, or risk.

Problem Statement: According to the 2014 Lucas County Health Assessment, 26% of responding adults rated their mental health as not good on 4 or more days in the previous month. Additionally, 18% of 9-12 graders have seriously contemplated suicide, and 32% of responding 7-9 graders indicated they had no one to talk to when dealing with personal problems, feeling depressed or suicidal. Fifty-six percent of individuals responding to the MHR SB/Toledo Lucas County Heroin and Opiate Survey indicated that they didn't know where to get help. Finally, on average 60 people each day are released from the Lucas County Corrections Center. Fifty seven percent of those individuals will have behavioral health needs including assessment, medication evaluation, access to a prescriber, brief solution focused therapy and linkage services.

The implementation of the "No Wrong Door" policy, and soon to be implemented Recovery Helpline, has the potential to improve access to routine treatment services within 48 hours. Currently, Lucas County already has a robust emergency services and crisis system that routinely responds within hours. However, a service gap remains between routine and emergency services that contribute to the ineffective and inefficient use of both services. The immediate or urgent access to care will help reduce any exacerbation of symptoms for the individual and avoid a more intense level of care such as inpatient psychiatric hospitalization. The opportunity to fill this critical gap exists, building upon the resources previously allocated to Rescue Inc. for the administration and operation of Central Access.

Project Description: By re-designing services currently provided by Central Access staff, and with additional resources, an Urgent Care Model can be developed and implemented at Rescue Incorporated to complement the MHR SB's investment in our emergency crisis and treatment system. It is envisioned that access to urgent care services will be available from 8:00 a.m. to 12:00 a.m., 7-days a week. Urgent Care will be available for all Lucas County residents experiencing moderate-to-severe addiction and/or psychiatric symptoms, dysfunction, or risk. Urgent care is not for individuals who are currently in crisis, but it is anticipated that urgent care would need to have a close connection and access to crisis and emergency services.

The Urgent Care Center will provide ready access to psychiatric assessment, treatment and medication for new and existing patients when other community provider services are unavailable. Referral, linkage and data sharing services will be performed to ensure continuity of community care is obtained and/or maintained. It is anticipated that services will include:

- access to psychiatrists, advanced practice nurses, social workers, and counselors
- a safe, respectful environment for people in distress
- medication evaluation and brief monitoring services
- appropriate referrals and linkage to behavioral health services and other community resources, as needed
- follow up visits for brief solution-focused therapy or contacts, when appropriate

As previously indicated, individuals who appear to be in psychiatric distress will be immediately connected with emergency services to determine a need for crisis stabilization services including psychiatric hospitalization.

The development of an Urgent Care model will support the Service Delivery section within the MHR SB Strategic Plan, as well as the established MHR SB “System-Wide Goals.” The model supports the Strategic Plan by enhancing the existing integrated continuum of care. The MHR SB’s “System-Wide Goal” of restore functionality and purpose will be advanced by ensuring timely access to treatment and medication and decrease symptomatology of mental illness and addiction will be targeted.

Target Population: Residents of Lucas, who may be eligible for Board funded and/or federally subsidized mental health and/or addiction treatment services.

Collaborators: Mental Health and Recovery Services Board of Lucas County, Rescue Incorporated, community behavioral health providers.

Implementation Timeline: January 1, 2016.

C. Recovery Helpline

The idea of establishing a “hotline” in which individuals in need of addiction treatment services could readily find information regarding treatment resources and a process for obtaining those services within 48 hours was first identified in a Blade Op-Ed article in August 2014. Afterwards, the idea was endorsed by the members of the Northwest Ohio Opiate Task Force in January 2015. As a part of the task force, Board staff from Lucas, Wood and Hancock Counties and various treatment providers supported the concept, but advocated for the inclusion of mental health services as well. Failing to sway the Task Force Chair and other members, the three Boards initiated discussion to develop the project outside of the guidance of the Task Force. Soon afterward, support for an integrated “hotline” was bolstered by a Blade editorial in April of 2015 and development of the project took on new importance when the results from the Heroin and Opiate Survey revealed that 57% of survey respondents were unaware of where to obtain treatment services.

During the months of May, June and July 2015, the three Boards met approximately every two weeks to develop the particulars of the Helpline, including the utilization of United Way 211, Rescue Incorporated and The Link Hotline as key components of project’s infrastructure. Locally, the following community stakeholder meetings were held to discuss the concept:

- July 27, 2015 – Provider meeting
- August 10, 2015 – Referral Source meeting
- August 25, 2015 – Programs & Services Committee meeting
- August 27, 2015 – Access to Treatment Workgroup meeting
- September 24, 2015 – Access to Treatment Workgroup meeting

In addition to the above meetings, development updates were provided to the MHR SB Trustees in the August, September and October 2015 Director’s Reports.

The project is consistent with the MHR SB Strategic Plan’s guiding principles of collaboration and innovation. This project addresses the following major strategic issues as identified in the MHR SB’s Strategic Plan:

- Collaboration – Increase cooperation and coordination with other community planning entities and stakeholder groups. Objective 1, Action Step 5 – Cultivate relationships with key stakeholders at the regional, state and national level. Objective 2, Action Step 4 – Explore ways to increase the capacity of the faith-based and private practice communities to support and service priority needs.
- Resources – Generate sufficient resources to support Board identified target populations and service priorities. Objective 3, Action Step 3 – Identify specific opportunities to encourage coordination of planning with other health and safety initiatives.
- Service Delivery System – Reduce the impact of substance abuse and mental illness in Lucas County. Objective 1, Action Step 3 – Monitor and support the ongoing integration of the alcohol and other drug and mental health systems.

In relation to the MHRSB System-Wide Goals, this project is aligned with Strategy 2 – Restore functionality, ensuring timely access to treatment and medication within 7 days.

Attached is a Recovery Helpline Abstract followed by three motions for the Committee's consideration.

Recovery Helpline Abstract

Goal: To develop a regional infrastructure which integrates technology and clinically based triage services that results in access to mental health and addiction treatment services within 48 hours.

Problem Statement: Individuals, families and external referral sources seeking behavioral health treatment services within the region are unaware of available resources within their community. Additionally, when resources are self-identified, individuals, families and external referral sources are often confronted by waiting periods that often exceed clinically appropriate timeframes that are associated with quality outcomes. This lack of individual empowerment and immediate access contributes to a cyclical process whereby chronically ill individuals who are contemplating seeking care, are not engaged in a suitable timeframe before the chronicity of their illness overwhelms their behaviors. As a result, limited public and private resources are less effectively utilized and the human suffering associated with these chronic illnesses exacerbates.

Project Description: A regional Recovery Helpline will be developed and implemented initially in Lucas, Wood and Hancock Counties in an effort to improve accessibility to behavioral healthcare. Specifically, the Recovery Helpline will integrate existing resources to centralize the triage, referral, scheduling and linkage activities for individuals seeking behavioral healthcare services from publicly funded treatment providers, or other Ohio Department of Mental Health and Addiction Services certified entities willing to accept referrals from the Recovery Helpline. These entities might include any Medicaid/Medicare contracted providers, or independent providers who accept private insurance.

Specifically, it is anticipated that United Way of Greater Toledo's 211 System will team up with behavioral health call centers in the region to ensure that 24-hour per day/7-days per week access to triage, referral, and scheduling services can be obtained. Call Centers will have close connection to local emergency and crisis services providers within the region. Upon receiving a call and identifying the caller is in need of mental health and/or addiction treatment information, the 211 operator will place the caller on hold and transfer the call to the appropriate behavioral health call center for triage, referral and scheduling services. Call Center personnel will perform a standard triage process (under development) and match the caller to a willing treatment provider based upon: The care likely to be needed, the caller's payer source, the availability of care within 48 hours, and the caller's choice (if multiple options exist). To support Call Center personnel with these activities, it is envisioned that an interactive multi-agency scheduling and tracking system will be developed. This regional system will provide the infrastructure for which Call Center personnel perform their tasks. In addition to general demographical data, provider and scheduling information will be maintained. Reliance on electronic information sharing via encrypted emails and faxing will be implemented until such time as information can be exchanged via Ohio Health Information Exchange or something similar. Quality assurance and improvement information will also be integrated into the system. This may include satisfaction reports from referral sources and callers as well as linkage reports from providers.

Callers who appear to be in psychiatric distress will be immediately connected with emergency services to determine a need for crisis stabilization services, or psychiatric hospitalization. Additionally, callers who are not currently in crisis, but would benefit from immediate intervention may be referred to their community treatment provider's on-call staff, and/or psychiatric urgent care services, if available.

Target Population: Residents of Lucas, Wood and Hancock Counties who may be eligible for Board funded, and/or federally subsidized mental health and/or addiction treatment services.

Collaborators: Mental Health and Recovery Services Board of Lucas County, Wood County Alcohol, Drug Addiction and Mental Health Services Board, Hancock County Board of Alcohol, Drug Addiction and Mental Health Services, United Way of Greater Toledo - 211, Ohio Department of Mental Health and Addiction Services certified non-profit and privately incorporated service providers.

Implementation Timeline

Phase 1 - Initiation Deliverables:

1. Memorandum of Agreement between Lucas, Hancock and Wood Mental Health and Recovery Services Boards completed by November 20, 2015.
2. Contract with United Way of Greater Toledo 211 completed by December 1, 2015. Annual Total Cost is \$62,000 of which \$42,160 will be the responsibility of the MHR SB of Lucas County. FY 2016 expense is \$21,080.
3. Vendor selection for regional advertising campaign completed by December 15, 2015. Cost estimated at \$100,000 for initial campaign of which \$68,000 will be the responsibility of the MHR SB of Lucas County. FY 2016 expense is \$34,000.
4. Enter into MOU with Rescue Incorporated to establish the Behavioral Health Call Center for Lucas County by December 1, 2015. Annual Total Cost is \$535,166. FY 2016 expense is \$267,583.
5. Develop and test triage process at United Way 211 and behavioral health call centers by December 31, 2015.
6. Go-live date for referral services on or before January 1, 2016.

Phase 2 – Scheduling Deliverables:

1. Select a vendor for the purchase and/or creation of the multi-agency scheduling, client tracking and outcomes software by January 1, 2016.
2. Install software infrastructure and train Call Center staff within 90 days of vendor selection.
3. Establish a Memorandum of Understanding (MOU) with entities willing to accept referrals from the Behavioral Health Call Centers; included in the MOU will be protocol for refreshing pre-determined in-take appointments, data collection needs and outcome indicators by February 15, 2016.

Phase 3 – Same Day Access Deliverables:

1. Determine community providers willing to participate in same day access services.
2. Initiate contract with MTM Consulting for regional implementation of “Just-in-Time Prescribing Software” at selected community providers.

To move the Recovery Helpline Project from the conceptual stage to the implementation stage, and accomplish the deliverable as established in Phase 1 of the implementation timeline, Board staff is presenting the following series of motions for the Planning & Finance Committee’s consideration.

The Mental Health and Recovery Services Board of Lucas County allocates \$21,080 for Fiscal Year 2016 to the United Way of Greater Toledo (211) for the purpose of providing screening and referral services related to the Recovery Helpline, and authorizes its Executive Director to enter into the appropriate agreements to implement the project.

The Mental Health and Recovery Services Board of Lucas County allocates \$34,000 for Fiscal Year 2016 for the purpose of providing advertising services related to the Recovery Helpline, and authorizes its Executive Director to enter into the appropriate agreements to implement the project.

The Mental Health and Recovery Services Board of Lucas County reduces its Fiscal Year 2016 allocation of \$530,000 for Central Access services to \$397,500 and re-allocates the difference of \$132,500 plus allocates an additional \$135,083 for Fiscal Year 2016 to Rescue Incorporated for the purpose of performing triage, referral and scheduling services related to the Recovery Helpline, and authorizes its Executive Director to enter into the appropriate agreements to implement the project.

D. Assertive Community Treatment (ACT) Abstract

The attached Abstract regarding the development of Assertive Community Treatment (ACT) teams within Lucas County was presented at the October 27, 2015 Programs & Services Committee meeting. The presentation highlighted staff's initial thoughts regarding moving forward with the development of ACT teams in the community. Staff sought the P&S Committee's feedback toward implementation of the model which is based on a suggestion for consideration from the Access to Treatment Workgroup. The P&S committee was supportive of considering the implementation of the model in the future. To build upon the P&S Committee's response, staff is also seeking additional input from the P&F Committee, and anticipates bringing forth a formal recommendation in the future.

Assertive Community Treatment (ACT) Abstract

October 23, 2015

Goal: To provide an effective means of intensive treatment and supports for individuals following hospitalization or incarceration who are at high risk of hospital recidivism or further involvement with the criminal justice system due to lack of compliance with, or engagement into treatment.

Problem Statement: Recently, through discussions in the Access to Treatment Workgroup, it was identified that there is a subset of individuals within the community in need of behavioral health services that have been hard to engage into traditional treatment services. These individuals have a history of non-compliance and frequently exhibit violent behaviors which make them difficult to serve. Many of these individuals end up circulating between hospitalization and/or incarceration. Additionally, other barriers such as lack of transportation, housing and social supports contribute to their lack of compliance. Given the above, the Access to Treatment Workgroup has recommended that the Mental Health and Recovery Services Board of Lucas County consider investing in Assertive Community Treatment (ACT) teams.

Program Description: Assertive Community Treatment (ACT) is an evidenced-based service delivery model that is proven effective at meeting the needs of people with serious mental illness who frequently need psychiatric hospitalization and/or crisis stabilization, and may have a high risk or history of arrest and incarceration. ACT provides an array of community based treatment and supportive services around the clock to people where they live. ACT teams provide mental health and co-occurring addiction treatment with a multi-disciplinary team. The services are delivered over an extended period of time, and also include advocacy for employment and education support, housing assistance, crisis services, and rehabilitation to people with serious mental illness.

Currently in Lucas County, Unison provides a Program of Assertive Community Treatment (PACT). This intensive treatment team provides CPST and medical services to Lucas County residents found Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial and Under Court Jurisdiction (IST-UR-CJ) and up to 30 community clients referred to the program by Common Pleas Court, Zepf, Harbor, and Unison. Regardless of this service, there still appears to be a subset of individuals that remain hard to serve that would benefit from ACT.

The primary goals of ACT are to prevent acute relapse and psychiatric hospitalization, and assist the individual to live more independently in an outpatient setting. Increased ability to function independently through improved relationships, finding and maintaining employment and family support is a primary goal of ACT. An individual with ACT can also expect to have support with medication adherence; a basis of treatment for severe mental illness. Additionally, providing needed supports to create a pathway toward the individual's recovery are essential.

The development of ACT Team models supports the Service Delivery section within the MHR SB Strategic Plan, as well as the established MHR SB “System-Wide Goals.” The model supports the Strategic Plan by enhancing the existing integrated continuum of care, investing in high quality, cost effective services and supporting system innovation and improvement based on evidence-based practices and promising approaches.

The ACT Team model clearly contributes to the MHR SB’s “System-Wide Goal” of respond to or prevent crises that may endanger consumers and the community by reducing admission to inpatient care and reducing the penetration of MHR SB-priority populations into the justice system. The model will also advance the goal to recover independence by aiming to empower consumers to actively participate in their own recovery.

Another potential advantage to the development of ACT teams would be the provision of additional resources within the community that may benefit individuals who are involuntarily committed to outpatient treatment.

The principles of ACT are:

- A team approach
- Services are delivered in the places and contexts where they are needed
- Small caseload (staff-to-consumer ratio of approximately 1 to 10)
- Time-unlimited services
- A shared caseload - the team as a whole is responsible for ensuring that consumers receive the services they need
- Flexible service delivery
- 24/7 crisis availability

To support the principles of ACT the Substance Abuse and Mental Health Services Administration (SAMHSA) provides a comprehensive evidenced-based tool kit that assists with the development of the model.

Target Population: Residents of Lucas, who may be eligible for Board funded and/or federally subsidized mental health and/or addiction treatment services.

Collaborators: Mental Health and Recovery Services Board of Lucas County, Community Behavioral Health providers.

Implementation Timeline: TBD