

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING

August 30, 2016

4:00 p.m.

Agenda

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes: <ul style="list-style-type: none">• July 26, 2016	✓	✓		1-5
4. Detoxification Service Expansion	✓			6-7
5. NPI Road to Recovery	✓			8
6. Recovery Council Update	✓			9
7. Open Session				
8. Adjournment				

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Programs & Services Committee Members Attending:

Pastor Donald Perryman	Dr. Lois Ventura	Dr. Mary Gombash
Andre Tiggs	Carol Ann Allen	Robin Reeves

Programs & Services Committee Members Absent:

Andrea Mendoza Loch	Tony Pfeiffer	Charlotte Cuno
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Visitors: Richard Arnold; Geof Allan, UMADAOP; Lisa Faber, Zepf; Larry Leyland, TASC; Jim Aulenbacher, Harbor; Annette Clark, FSNO; Jason Vigh, Rescue; Sara Meinecke, Adelante; Myrtle Boykin-Lighton, Lima UMADAOP; Lola Glover, Board Member of Lima UMADAOP; Amanda Forester, Rescue; Cathi Lynch, Rescue; Amy Wobser, Full Circle to Completion; Reginald Coley, Lima UMADAOP; Warwick G., The House; Lucy Wayton, LSSNWO; Merisa Parker, Arrowhead; Anita Zych, Unison; Jeff DeLay, Unison; Chris Warner, Arrowhead; Joe Denicola, Arrowhead.

Staff: Scott Sylak, Tim Goyer, Karen Olnhusen, Donna Robinson, Camilla Roth Szirotnyak, Amy Priest, Cynthia Brown-Chery, Carolyn Gallatin.

Mr. Tiggs opened the meeting at 4:05 p.m., followed by an introduction of visitors.

Meeting Minutes:

- **P&S Committee - April 26, 2016**

Dr. Ventura made a motion to approve the minutes and it was seconded by Ms. Allen. There was no discussion and the minutes were approved by a voice vote.

- **Combined P&S/P&F Committee - June 14, 2016**

Dr. Ventura made a motion to approve the minutes and it was seconded by Ms. Allen. There was no discussion and the minutes were approved by a voice vote.

Recovery Council Transition

Mr. Sylak indicated that the Recovery Council transition was on the agenda for the June 14, 2016 combined Programs & Services/Planning & Finance Committee meeting, but no action was taken at the meeting due to the lack of a quorum. Since the end of March 2016, Board staff has met with remaining Recovery Council members to discuss the transitions that will occur in the future and how to revamp the voice of the recovery community within the MHR SB network system of care. Mr. Sylak indicated that the Recovery Council previously voted to suspend its By-laws, and while the Recovery Council is no longer officially in place, the P&S Committee still needs to officially revoke the Recovery Council Charter which will resolve the Public Meeting Act compliance issues. The group still continues to meet with Mr. Sylak on a

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bi-weekly basis to develop a "Recovery is Beautiful" rally in September in relation to recovery month, and they are trying to activate the energies of our recovery community and look at new events to engage consumers and their families.

The following motion was recommended to the Board of Trustees:

The Programs & Services Committee withdraws the Recovery Council's Charter previously approved on August 26, 2014, effective immediately.

Ms. Allen made a motion and it was seconded by Dr. Ventura. Following no discussion, the motion was approved by a voice vote.

Recovery Helpline Update

Ms. Olmhausen stated that on January 1, 2016, there was a partial rollout of the Recovery Helpline. At that time, United Way 211 was implemented for Lucas County residents to triage people through the Helpline Line at Rescue to be connected to mental health, alcohol or drug, and gambling treatment services. During this time, Staff has received feedback from people within the community who have utilized 211, and all parties involved continue to work together on addressing quality improvement issues related to the Recovery Helpline.

On March 16, 2016, Rescue and MHR SB hosted a provider meeting for local agencies to hear more about the multi-agency scheduling software that Board staff had developed, and agencies were given an opportunity to partner as a Helpline provider based on the four criteria that were listed on page 12 of the meeting packet. For those agencies that agreed to participate as providers, an MOU was executed between the Board, Rescue and the agency. On April 12, 2016, a press conference occurred at the MHR SB office, followed by a roll-out of a marketing campaign for the Recovery Helpline. Full implementation of the Recovery Helpline occurred on April 18, 2016 and Board staff implemented the inter-active scheduling software. Ms. Olmhausen indicated that the Recovery Helpline Steering Committee continues to meet on a monthly basis and a mystery shopper call form is under development to quality check the services provided by 211 and Recovery Helpline.

Dr. Ventura requested information on how many people that scheduled appointments made it to their appointment, and the average wait time from the time of the call to the time of the appointment. Mr. Sylak said that Board staff will compile the reports to share with the Committee and provide updates as requested.

Ms. Reeves suggested that a staffing plan should be in place to accommodate the anticipated increase in the number of clients that may come in for services to Rescue or the Urgent Care in the future, and asked if there is dedicated staff now in place to handle Recovery Helpline and Urgent Care Center clients; Mr. Sylak said the Board staff has funded 12 positions for these services at Rescue.

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Ms. Allen asked how well the United Way 211 staff were trained. Mr. Sylak said there were some issues initially, but the Board's Quality Improvement staff has helped to develop a plan for monitoring quality and we received a commitment from United Way 211 to maintain a high level of quality measures that will be closely monitored. Ms. Allen voiced some concern for how a recent 211 call was handled.

Urgent Care Center Update

Ms. Olnhausen said the "soft" rollout of Urgent Care Center located at Rescue occurred in June 2016. It has been a slow start up due to the challenges in finding prescribers. Ms. Forester reported that Rescue has hired a full-time nurse practitioner with current hours of operation from 11:30 a.m. to 8:00 p.m., and there are ongoing efforts to recruit more prescribers. Rescue reported that an average psychiatric evaluation takes 48 minutes. To date, the Urgent Care Center has completed 71 psychiatric evaluations (67 new clients and four return clients) with as many as six assessments in one day. Ms. Forester said the majority of clients come to get medication because their prescriptions are expired and the wait time for an appointment at their agency can be as much as 66 days. She also stated that some clients are coming out of an institution with only a two week supply of medication. Urgent Care Center is able to give a prescription to get those clients through until their next appointment. Mr. Sylak said that when Rescue is full staff, the Urgent Care Center will be opened until 2:00-3:00 a.m., and noted that it is also tied into the criminal justice diversion for law enforcement to transport the mentally ill and addicted consumers to Urgent Care Center instead of jail.

AOD Residential Treatment Services

Mr. Sylak provided an update from the Access to Treatment Workgroup Report recommendations. One area that was targeted in the report is access to detox, residential, IOP and MAT services for youth and adults. Mr. Sylak reported that when he is out in the community, he continues to hear that there is on-going need for detox and residential services. Mr. Sylak noted that there is no longer the old 28-day residential treatment model in Lucas County, but the recovery housing model with 30 hours per week of outpatient treatment services is somewhat filling that gap. In January 2016, the Sheriff's office and MHRSB staff began to discuss the need for hospitals to do more in relation to detox services. Recently, discussion occurred in a larger group convened by NWO Hospital Council to develop a written protocol for our community that everyone can work towards in an October 2016 time frame. Regardless of the outcome of those efforts, in light of the heroin/opiate epidemic, the MHRSB will continue to pursue as many options as possible to make detoxification services accessible and directly linked to ongoing treatment services.

Mr. Sylak introduced Ms. Myrtle Boykin-Lighton of Lima UMADAOP who explained their current plan of expanding inpatient detoxification and short-term residential treatment to Lucas County. Ms. Boykin-Lighton is from the Toledo area and has served in Lima since 2002. She said that Lima UMADAOP has expanded their outpatient services into several counties

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throughout Northwest Ohio. She noted that their organization follows the Recovery Oriented System of Care model, and wants to be a part of the solution to the heroin/opiate epidemic. Ms. Boykin-Lighton provided a brief overview of Lima UMADAOP's AOD Outreach Program at 350 South Irwin Road, Holland, Ohio on the campus of House of Emmanuel.

Mr. Sylak noted that Mr. Joe Denicola and two staff members from Arrowhead Behavioral Health were present at today's meeting. Arrowhead submitted a proposal to the MHRSB to provide sub-acute detoxification services in Lucas County. Their hospital has partnered with the DART Team and is currently providing uncompensated care for detoxification services; they have over 16 beds so they are not able to bill Medicaid according to the IMD Exclusion Rule. Board staff will meet with Arrowhead regarding their proposal, and request additional guidance from the Committee related to funding organizations such as Arrowhead that are unable to access Medicaid funding for clients that might actually qualify.

Health Officer Credentialing

Ms. Priest referred to page 15 of the meeting packet for a review of the Health Officer Credentialing Committee's recommendation for the renewal of six health officer candidates and two new candidates. The Health Officer Committee reviewed documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHRSB policy.

Dr. Ventura asked for clarification of Ashley Kopaniasz's credentials that were missing from the motion presented below. Ms. Priest said she is an independently licensed social worker and indicated that her credentials should have been included in the motion.

The following motion was recommended to the Board of Trustees:

That the Mental Health & Recovery Services Board of Lucas County designates the following individuals listed as System Health Officers to serve a term not to exceed two years:

For Renewal Designation:

Renee Groman, LISW-S - Harbor – not to exceed August 31, 2018

Carrie Craun, LPCC-S – Harbor – not to exceed August 31, 2018

Lynn Ghesquire, MSW, LSW, LCDC III – Unison - not to exceed August 31, 2018

Donna Close, BSW, LSW - Unison – not to exceed August 31, 2018

Ashley Kopaniasz, Unison - not to exceed August 31, 2018

Ridah Parma, LSW - Unison – not to exceed August 31, 2018

For New Designation:

Jim Buyakie, LPC – Harbor – not to exceed August 31, 2018

Amanda Sherry, LPC – Unison – not to exceed August 31, 2018

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Dr. Gombash made a motion and it was seconded by Dr. Ventura. Following discussion, the Committee requested that Ashley Kopaniasz's credentials be added to the motion that will be presented to the Board of Trustees. The Committee voted unanimously to approve the motion.

Open Session

- Mr. Sylak introduced Ms. Carolyn Gallatin, the Interim Director of Finance; she has been employed at the Board as the Finance Manager for 3.5 years.
- Mr. Sylak introduced Mr. Jeff DeLay who stated that he has been Chief Executive Director at Unison for four weeks. He is looking forward to working with the MHR SB and is excited about the potential of expanding services to the residents of Lucas County.
- Ms. Glover requested that visitors attending a meeting at the Board for the first time be provided an information sheet about the services provided through the MHR SB and its organizational structure. Mr. Sylak indicated that the MHR SB web page has links to all of the agencies, as well as a list of the Board staff.

Adjournment

The meeting was adjourned at 5:02 p.m.

The following motion is recommended to the Programs & Services Committee:

The Programs & Services Committee approves minutes from the July 26, 2016 meeting.

Detoxification Service Expansion

The MHR SB's Strategic Plan includes a strategy to "reduce the impact of substance abuse and mental illness in Lucas County" focusing on making priority investments that are identified in our Community Plan. Within the MHR SB's FY 2017 Community Plan, the lack of detoxification capacity has been identified as a system gap. Additionally, the Access to Treatment Workgroup Report identified "a desire to have detoxification, residential, IOP, and MAT services available for youth and adults upon identification of need."

At the July 26, 2016 Programs & Services Committee meeting, Board staff provided an update to the Committee regarding current efforts to expand AOD inpatient services outlined below:

1. Collaborating with the Northwest Ohio Hospital Council to convene a regional task force to develop a long-term strategy for how Northwest Ohio might better respond to the Heroin and Opiate Epidemic with a focus on expansion of community based detoxification services;
2. Supporting Lima UMADAOP's planning efforts to develop inpatient treatment services within Lucas County; and
3. Consideration of a proposal submitted by Arrowhead Behavioral Health to rapidly expand access to sub-acute detoxification services.

Understanding that items 1 and 2 above do not resolve the immediate need for accessibility to residential detoxification services, Board staff would like to facilitate a discussion with the members of the Programs & Services Committee regarding the viability of funding Arrowhead's proposal at some level, and seeks the Committee's input on moving the project forward for funding consideration.

As background, Arrowhead is a private 48-bed acute inpatient substance abuse and psychiatric treatment facility located in Maumee, Ohio. Arrowhead is accredited by the Joint Commission, Center for Medicare and Medicaid Systems, and OMHAS. Arrowhead has 34 AOD rehabilitation beds and reports an available capacity of approximately 15 beds. Arrowhead has current contracts with many private insurance companies, and several surrounding ADAMH Boards including Wood County, Four County, and Mercer/Van Wert/Paulding County.

Arrowhead is proposing an all-inclusive rate of \$600 per day and estimates the average length of stay to be five (5) days for a total average cost of \$3,000 per person. Arrowhead has proposed serving approximately 35 patients per month for an annualized cost of \$1.25 million.

Arrowhead has also indicated that they will bill third party payer sources when available, but cannot bill Medicaid because of the federal IMD exclusion rules. Additionally, services are available immediately.

Issues for the Programs & Services Committee to consider for discussion:

- Anecdotal evidence and local planning documents support the need for expansion of residential detoxification capacity.
- If funded, services could begin immediately.
- Proposal requests MHRSB funding to serve Medicaid eligible patients. Previously, the MHRSB Trustees have declined requests to supplant Medicaid funded services with Board funds, with the exception being crisis care services.
- Although nothing prohibits the MHRSB from doing so, the MHRSB does not currently have a treatment services contract with either a privately owned entity or a hospital.
- The MHRSB has traditionally declined paying for treatment services at private not for profit hospitals. Funding a privately owned hospital would likely set a new paradigm.
- The requested daily rate of \$600 is equal to, or lower than other regional ADAMH Board contracted rates, but is still \$207.14 higher than the most recently proposed Medicaid rate of \$392.86 per day (ASAM 3.7 Withdrawal Management program rate) scheduled to be available in July 2017. (Note – the current Community Medicaid Plan does not include a daily rate for similar services.)
- The total cost of the requested contract is \$1,250,000. The long-term affordability of maintaining such a contract would likely require an equitable reduction of funding in other areas.
- If funded, un-regulated direct access to Arrowhead services would likely result in poor coordination of payer sources. Board staff suggests that Zepf Center act as a portal to regulate referrals and ensure maximization of private payer sources across the community's detoxification resources.

With the above considerations in mind, staff supports crafting an agreement to provide additional funds to Zepf Center with which they can contract directly with Arrowhead Behavioral Health for the expansion of detox services in Lucas County. However, before investing time to do that, Board staff seeks direction from the Programs & Services Committee as to whether or not there is willingness for such an agreement involving a private, for-profit hospital, and whether or not there are specific parameters within which that agreement should be made.

NPI Road to Recovery

Since 1999, NPI has been involved with a project known as Road to Recovery. It is an 18-unit apartment complex in North Toledo (2529 Erie Street). It was originally a sober-living home that included an on-site recovery support specialist, and was done in conjunction with SASI. It now houses formerly homeless persons who have both mental illness and substance use issues and still provides support services, though they are no longer done by a resident provider. Until 2013, the project was funded by a combination of a HUD Transitional Housing (TH) grant (approximately \$75,000) and HUD Permanent Supportive Housing (PSH) grants that covered \$102,000 worth of housing costs. In 2013, HUD determined that transitional housing and permanent supportive housing funds could not be used on the same project. After deliberating on several options, HUD, NPI, and MHR SB agreed that NPI would keep the TH grant, but relinquish the PSH grant. MHR SB agreed that it would allocate additional housing support dollars to fill the funding gap left by the loss of the PSH grant. The FY 2017 allocation to NPI from MHR SB is \$107,100.

In March/April 2016, HUD announced that it was no longer funding the TH grant. Therefore, if this project is to continue in its current structure, it will require new funding. NPI has approached Board staff to consider MHR SB picking up the service portion of the TH grant. NPI believes that they can fund the rental support from other HUD grants. In the meantime, the manager of the program at NPI has resigned, so new personnel need to be hired if the project continues in its current form.

The reported outcomes for Road to Recovery are positive with eight people leaving the project to go to permanent supportive housing and five leaving with increased income. Staff is evaluating options with regard to the project's continuation. Possibilities include keeping the project exactly the same with a different funding model, abandoning on-site services and using the building as permanent supportive housing, keeping the service component but redefining the model, use the building as a housing-first pilot, or not having any project at this property. Housing has been identified consistently as a vital leg in the stool of recovery, and utilizing the 18 units for persons in recovery is consistent with the Board's planning processes and previous investments.

NPI is weighing the options above and has been requested to provide an updated program plan. Regardless of the decisions, a change will occur in the Road to Recovery project. MHR SB will be called on to make decisions regarding the project's funding once a recommendation is formulated. The review for this meeting is to keep the Board aware of the impending change, and to provide an opportunity for Trustees to provide input into the process of crafting a recommendation.

Recovery Council Update

The Recovery Council met twice in August to discuss next steps in their advocacy efforts related to the "Recovery is Beautiful" campaign. At the meeting last week, Recovery Council members reconsidered their options due to circumstances surrounding securing a venue, adequate time allotted to advertise the event community-wide, and garnering enough manpower from the Council to pull off a successful event. The members in attendance agreed to support Neighborhood Properties (NPI) Showcase of Recovery event scheduled for Sunday, September 11, 2016. The Council connected with NPI to see how they could help spread the word, have an impact on increased attendance, and how they could play a vital role in making this Showcase a success.

The Council will begin discussions at the next meeting on having a grand event next September around recovery; the Council envisions having a large community celebration. A suggestion was made to meet with the organizers of The Toledo Pride Rally for tips.