

**Planning Council
OhioMHAS
Meeting Minutes
January 31, 2014**

Members Present: Daniel Arnold, Craig Comedy, Karen Curliss, Jane Byrnes, Pat Coburn, Lizzy Copper, Bob Cross, Cathy Davis, Joseph DeMangeont, Zandia Galvin, Alaina Herrel, Dennis Hitchcock, Ken Jones, Kimberly Meals, Jennilee Mohler, Sarah Nerad, Domina Page, Angela Shoepflin, Mickey Scoville, Donna Thomas

Guests: Greg Collier, Steve Copper, Jody Morgan, Jon Morgan, Gary Scott

OhioMHAS Staff: Sharon Fitzpatrick, Liz Gitter, Sanford Starr

Introductions & Certificate of Appreciation

- Meeting was called to order by Ken Jones at 10:10.
- Members introduced themselves.
- Sandy Starr presented certificate of appreciation to Steve Copper as outgoing chair of Planning Council (PC).

Approval of Minutes

- Amended minutes – Liz to fix with appropriate names of those present at November 2014 meeting as documented in sign-in sheet
- Motion to accept minutes as amended, Jane Byrnes
- Second, Angela Schoepflin
- Motion passed

Please continue to use sign in sheet to get accurate attendance.

Draft Meeting Rules – Ken Jones

- Motion to accept Planning Council Meeting Rules as written, Lizzy Copper
- Second, Jane Byrnes
- Motion passed

Conversation with Senior Leadership – Sandy Starr, Deputy Director

- Sign up on website to get e-updates and announcements
 - Start Talking Program highlighted in January e-update
 - Moving into business community to address substance abuse problems in the workplace
- In responding to PC, the goal is to raise the level of engagement of the Department and Council with each other.
 - Meeting with department leadership with Liz Gitter
 - Further raise visibility of Planning Council
 - In addition to posting PC minutes on the website, look at how to highlight the work of PC more on the website
 - Increase engagement of consumers and family members
 - Potential to form ad hoc committees with PC member participation
 - Liz has been great at pulling other people in to give presentations. We need to become more data focused to give you more information you can use.

- Sandy suggested bringing back 3-5 issues to OMHAS senior staff that the PC has determined most important—and look at how we can address those issues.
 - Sandy will report back to PC what senior staff suggests. The idea is that we select issues that are of importance to PC and work to address them – then we will bring in key people from Quality and Planning office or other offices to address.
- Sandy noted that we are able to utilize the resources (data) that is at the department's disposal – especially since he leads the Quality, Planning and Research office. Access to that data will be available.

The consensus is that PC wants to look at a couple of issues, see the implementation of projects to address those issues, and then review the data to evaluate their effectiveness.

OhioMHAS Strategic Plan Update

The Strategic Plan speaks to the desired state of our system – what Ohio should look like in a perfect world. Then the budget will shape what can realistically be done within the next 2 years. The Strategic Plan may have to be modified based upon State mandates and priorities.

- Completed Strategic Plan due May 2015
- The process started out asking questions of stakeholders about their vision and priorities
- Within the next week or so, we will finalize a document describing stakeholder groups' priorities
 - We want to have a discussion with other state department staff in addition to those who are Planning Council members on how we can collaborate to achieve Ohio's goals
 - Also need to reengage stakeholder groups
 - As soon as the document is approved it will be forwarded to Planning Council
- A major focus is on access and the continuum of care. Will want to make sure there is a plan to address barriers to access across the spectrum of care – including access to recovery support services as well as treatment services.
 - Another theme: continuity of care – moving from one service to another should be seamless.
- Suggestion to include improving/adding metrics required to determine long term effectiveness of treatments/modalities that the department funds.
 - With healthcare reform, Sandy notes that having effective outcome data is more important than ever. All, including SAMHSA, are aware that this is an area that needs to be addressed.
- Prevention initiatives will be incorporated into the final document.
- While issues such as integrated care, early intervention and CIT (Crisis Intervention Training for law enforcement) are not a part of the most recent meeting, all three have been identified in other stakeholder meetings.
- In terms of prioritization when it comes to the final budget: we need to get everyone's input as to what's important, then as we can prioritize what is possible during SFY 2016 – 2017.

- This is also where integration comes into play. Even if we cannot handle everything – perhaps other systems can.
- Recovery housing money – when agencies receive that money, then communities push back that they don't want recovery housing. Local communities are refusing (NIMBY) – can we help with that? Sandy noted that we might want to look at the issue of stigma. It was also noted at the board level they are getting resistance from communities as well.
- In terms of access and the Strategic Plan – we may need to include people that do not agree with us in order to get buy in.

Block Grant Implementation Reports – Liz Gitter

- Gave a brief Ohio's results on the performance indicators in the Implementation Report for the SFY 2014 Substance Abuse and Mental Health Block Grant---see attached powerpoint for content.
- The two grants have two separate funding streams and two separate reports which consist of 60 data tables.
- This annual report includes performance indicators on how many people were served and many other measures included.
- Liz can post the full report on the PC webpage.

So Much Data in the Block Grant Reports.....What Matters to the Council?

For every statistic, we need to compare apples to apples in real numbers measured against real population. Sandy explained there are two types of data we can cover

- *Population based data on prevalence of substance abuse and mental illness* (how many Ohioans need mental health and/or addiction services?)
- *Client treatment data* (what happens to people coming into our system for services)
- We also compare prevalence data with treatment info to get a sense of penetration rates (i.e. Roughly 1 out of 10 who need it actually receive substance abuse treatment.)

What are Planning Council's priorities for its own work?

The Council participated in a priority setting exercise led by Sanford Starr, Deputy Director. First, Council members listed their priorities. Then, each Council member was given three dots, and asked to use their dots to indicate their top priorities. The Council's top priorities and the areas that coincide with the Department's priorities are listed, as well as all of the priorities.

The Council's top 5 priorities with the number of dots are listed below.

- 1) Peer Support (23)
- 2) CIT (8)
- 3) Housing (8)
- 4) Stigma (8)
- 5) Early Intervention (7)

Areas that coincide with department staff

- Consumer engagement
- Opiate addiction
- Data and outcomes evaluation
- Recovery support
- Younger children
- Stigma reduction
- CJ/DYS/County jails/Jail diversion
- Workforce / Cultural Competence

Consumer Involvement including Peer Support

- Training on advocacy
- Focus on COS (consumer operated services)
- Peer support funding
- Reimbursement codes – for Peer Specialists
- Focus on peer support

Criminal Justice/Jails/Courts/CIT

- More supportive services for criminal justice for reentry into community
- CIT (Crisis Intervention Training for law enforcement)
- Focus on county jail services
- Working with courts diversion

Housing

- Homeless young adult
- Supportive housing
- Recovery housing for addiction and mental health
- Sober housing
- Combine and add to transitional housing services
- Transportation
- NIMBY (“not in my back yard”) in recovery housing

Stigma

- Stigma reduction
- Stigma
- Roots causes and cures of stigma

Early Intervention; see also Children & Young Adults

- Early intervention for mh and aod
- SBIRT everywhere
- People involved in early recovery
- Awareness about services at a younger age

Children, Youth & Young Adults

- More youth involvement - utilize youth more in different committees

- Developing resources structures – how to get done what we need to get done and with whom
- Working with schools (start with the teachers in training them how to deal with them)
- Include info on 7-13 year age group – focus on services to this age group
- Collaboration with juvenile justice for behavioral intervention at an earlier age (prerelease – through release)
- Enhancing recovery supports for young people 15-25
- School based MH (K-12)
- Bullying

Access to Treatment

- Expand intensity on opiate addiction from local to state level
- Aging population
- Veteran services
- Continuity of care
- Increase access to service in rural setting
- Intensify efforts on addiction
- ACT teams

Health Integration

- Improve integration of behavioral health systems: mental health, alcohol and other drug, developmental disabilities, vocational rehabilitation, children's services
- Better integration of mental health and addiction services
- Integration of behavioral health and primary healthcare

Workforce Development/Cultural Competence

- Access to culturally competent care for underserved populations across the continuum
- Workforce development
- Educate professionals in the field re: MAT (Medication Assisted Treatment)

Outcomes/Data:

- Outcome management – always have a base to measure from – have an understanding of the data and what that means
- Better utilize peer services data (OCOSA) also expansion of services in underserved areas of state
- More feedback on consumer/family surveys – outreach to underserved populations

Other

- Seek out expertise/ta from private sector
- Supporting caregivers

Announcements:

- Sharon Announcement re: CFPT Orientation Feb. 9th – full. Second training will be in May
- Next PC meeting: March 20th @ Twin Valley Psychiatric Hospital 10am – 3pm
- Membership Committee – continuing to recruit for MH parent of minor and one for AOD and Youth/Young Adult in MH also has a vacancy for NAMI
- Reminder to advise Liz of address or email changes.
- Thanks go to Jenni who has picked up a larger role as Membership Chair

New Business:

- If anyone has a community program they'd like to hear more about or issues that would be of interest to the group – send to Liz and Ken
 - A suggestion was the IDDT program at the VA
- Question: do we have a list of contact information? Liz notes that we do, but it's often difficult to keep updated will provide list with email addresses only.

Motion to adjourn

Planning Council Meeting Rules

Planning Council Vision: Ohio Community Support Planning Council* will be recognized as a strong voice in the transformation of Ohio's mental health system is to be responsive and respectful to the needs and desires of people receiving recovery and resiliency services.

Planning Council Mission: Ohio Community Support Planning Council*, a federally mandated body, shall monitor, review and evaluate the block grant and will advocate for consumer and family oriented, integrated community based systems supporting the highest quality of life.

Roles & Responsibilities of all members

1. Commit to attend and participate
2. Manage time, stay on task
3. Hold questions until the end of a presentation with a limit of 3 minutes per question
4. Create a safe environment
5. Respect all opinions
6. Seek common ground: use consensus model
7. Honor personal boundaries
8. Leave personal agendas at the door

*Planning Council shall act as otherwise directed with the approval of the OhioMHAS Director and/or designee (Article III of the Planning Council Bylaws).

Responsibilities of Elected Officers:

1. Elected officers develop the agenda in consultation with OhioMHAS staff in advance of the meeting. All Planning Council members may make recommend topics and speakers to their elected officers. Elected officers may conduct business on behalf of the Council, if needed, between meetings.
2. **Chairperson**
 - a. Facilitates the meeting. In order to do this, he/she determines who has the floor to speak during the meeting and for how long. Makes decisions on how to amend agenda when necessary. Makes decisions on what issues belong in parking lot and/or are to be addressed outside of meeting.
 - b. Represents Planning Council at external meetings
 - c. Signs Planning Council correspondence
 - d. Appoints committee chairperson of Membership and other committees.
3. **Vice Chairperson** – Assists chair as requested by chairperson. In absence of chairperson, performs the duties of the chairperson
4. **Parliamentarian** – Assists the chair in creating a safe, welcoming environment where all members feel comfortable in expressing their views; promoting adherence to the meeting rules in order to stay on task and promote respect of all members and speakers
5. **Secretary** – Edits the minutes of the Council prepared by OhioMHAS staff.