

Planning Council

Saturday, December 3, 2016

Present: Daniel Arnold, Walter Asbury, David Caperton, Lisa Carter, Lisa Clark, Cheryl Crayden, Bob Cross, Liz Gitter, Alaina Herrel, Emilia Jackson, Diane Mang, Kimberly Meals, Jennilee Mohler, Alissa Otani-Cole, Mark Smith, Donna Thomas, Sue Williams

Guests: Samantha Bergstein, Jena Collopy, John Hudgens, Sandy Starr

Ohio MHAS Staff: Lynette Cashaw-Davis

Welcome and Introductions

- Dave Caperton, Council chair called the meeting to order at 10:10am
- Brief introductions of members and reminder of Meeting Rules document

Introduction to Strategic Planning - John Hudgens, Advocates for Human Potential

- SAMHSA funded Technical Assistance through the Advocates for Human Potential (AHP) as a contractor for SAMSHA to provide consulting services to Planning Councils around the country.
- Focus of our work has been to look at recruitment, orientation, revision of by-laws, participation in outreach activities
- Key questions:
 - How can the Council best fulfill its duties to review Block Grant, monitor adequacy of services and advocate for persons with serious mental illness and addiction?
 - What approach is needed for the Council most effectively impact Ohio's public behavioral health delivery system on behalf of all service recipients?

Vision and Mission Review – Guiding Principles discussion

Mission (by-laws)

- Reality check regarding how policies and procedures effect folks at the local level
- Bring the perception of those receiving services as to the effectiveness of those services meeting their needs
- Different perspective (consumers, providers, other state agencies)
- Reassures those at the grassroots level, that someone is advocating on their behalf
- Education/communication about what services are available
- Ability to blend focus on hot topics (i.e. opiate epidemic) while maintaining coverage of more long term issues
- Consumers, parents, and families have a seat at the table

Purpose & Functions (by-laws)

- Communication
- Constituencies
- Director updates
- Partnerships (promotion)
- Networking
- Recognition of shared accountability (of various state agencies)

Vision (by-laws)

- Outreach to those who are not served
- Revise the 2nd bullet of the vision statement: “Responsive and respectful to the needs and desires of people receiving *and/or needing* recovery and resiliency services”
- Education of who we are
- Increase visibility (especially for those not receiving Medicaid)
- Develop community resources for those still struggling
- Encourage self-identification by folks in recovery to provide hope to those seeking help

Strengths, Weaknesses, Opportunities & Threats “SWOT” Exercise

Strengths

- Efforts to assure membership has diverse representation assures varied voices are heard
- Respect within group
- Agree to disagree
- Safe place
- Mix of historical and new ideas/voices
- Council desire to truly make a difference
- Dedication to the process
- Passion

Weaknesses

- Difficulty obtaining/maintaining young adult representation
- Engaging young adults in meetings
- Better access to participation
- More diversity
- Broader community representation
- Inconsistent attendance of members
- Lack of clarity of outcomes
- Lack of time – competing priorities
- Visibility
- Engaging transition age youth

Opportunities

- Networking with others on Council
- Opportunity for education of other agencies
- Recovery communities having a voice
- Engaging with Director
- Opportunity for folks in recovery to share their stories
- Mental health and addiction voices are both at the table
- Reaching transition age youth
- OhioMHAS agency openness
- Carve own destiny
- Tap into other projects/initiatives to get more info/visibility
- Brings hope and energy to move the work forward
- Develop connections/relationships
- Access to other decision makers
- Connect/engage with peer supporters' experiences

Threats

- Danger of becoming too large
- Apathy
- External distractions
- Lack of parity of services regarding mental health and addiction
- Constant transitions within Council leadership and membership
- Immobilization
- Over analyze

Meeting Minutes Approval:

Council reviewed the September meeting minutes for approval - Walt Asbury moved/Lisa Clark 2nd; motion passed

Block Grant Implementation Report Summary (presentation & discussion) – Liz Gitter

- Plan around Priority Populations
 - People with Substance Use Disorder (SUD)
 - People with Mental Health (MH) Disorders
- Annual Report
 - 60+ data tables
 - Two-year plan completed August 31, 2015
 - Implementation Report on first year Plan – December 1, 2016
- Planning Council Review
 - Block Grant Committee reviews on behalf of Council and makes written comments
 - Entire Council reviews and edits comments

- Review Answers/Questions with Data
 - Service data
 - Expenditure data
 - Outcome & Service Improvement Targets
- How many people were served?
 - 108,270 SUD service
 - 429,086 MH service – any mental illnesses, all ages
- How do Block Grants fit into state budget?
 - Medicaid is largest payer for “medically necessary” treatment services
 - SABG is largest payer for prevention of SUD
 - SABG and MHBG fund (non-medical) recovery supports and treatment for persons who do not have Medicaid or other insurance
- How much money?
 - Substance Abuse \$64 million
 - Mental Health \$15 million
- What organizations receive Block Grant
 - Mental Health and Recovery Boards (county government) sometimes known as
 - ADAMHS (Alcohol, Drug Abuse and Mental Health Services) Boards
 - Treatment Providers
 - Prevention Providers
 - Recovery Support Providers
- Were federal requirements met? SABG & MHBG
 - Yes! Met Maintenance of Effort (MOE) of state funding (OhioMHAS + BH Medicaid)
 - Less than 5% spent on administration of grants
- Additional Requirements for both SABG & Mental Health Grants
 - Must meet Maintenance of Effort (expend same or more state dollars for services as average of the previous two years)
 - Avoid prohibited expenditures of BG funds
 - Spend 5% or less on OhioMHAS administration
- Additional SABG Requirements
 - Minimum of 20% must be expended on prevention
 - Minimum of \$10,927,900 expended on Women’ Gender-Specific Treatment from all state funding sources
 - Meet Synar targets (measures ability of minors to buy cigarettes)
- Additional MHBG Requirements
 - Expend 10% set aside for First Episode Psychosis (FEP/FIRST) programs
 - Expend \$93,110,443 or more (including Medicaid) per year for children’s mental health
- Outcomes & Service Targets - most of targets met
 - Did life get better for people who receive services?
 - Did OhioMHAS meet the following targets for improving services?
 - Prevention: Family Communication about drug use

- Persons who are IV Drug Users (including opiate users)
 - Opioid Treatment
 - Pregnant Women with SUD
 - Parents with SUD and Dependent children
 - Children with SED
 - Adults with SPMI
 - Peer recovery supporters trained
 - Criminal Justice - SUD
 - Criminal Justice – MH
- How does Ohio Compare to Other States?
See SAMHSA's reports on Ohio
<https://www.samhsa.gov/data/reports-by-geography?tid=656&map=1>
<https://www.samhsa.gov/data/sites/default/files/Ohio.pdf> (mental health)
- How is Block Grant data used - by SAMHSA to advocate with Congress to continue Block Grant funding
- Summary - BG Implementation Reports:
 - Service data (How many people were served? What populations were served? How well was need for service Met?)
 - Expenditure data (Did OhioMHAS meet federal requirements? How was Block Grant expended? Other funds?)
 - Outcome & Service Improvement Targets (Did people get better? Did OhioMHAS meet its targets to improve services)

Block Grant Committee Recommendations – Jenni Mohler:

- Jenni briefly described the Block Grant Committee's review process.
- Planning Council reviewed and approved the letter describing the Block Grant Committee's review of OhioMHAS' Implementation Report.

Planning Council Business:

- Executive Committee (includes Technical Assistance committee members):
 - Discussed current and future agendas regarding our Technical Assistance consultant; we want to move forward with the environmental scan – what external factors affect our work – then draft list of priorities to be used to develop action steps, activities, and outcomes (consultant to assist with this work)
- Membership Committee:
 - Looking to fill 4 vacancies – (2) young people in mental health recovery and (1) young person in addiction recovery
 - A Welcome Letter has been developed, to be given to new members coming on to Planning Council (thank you to Cheryl Cayden for her work on creating)
 - Membership committee recommend the adoption of this letter; Council unanimously approved
 - Will send a copy of the New Member Welcome Letter to Planning Council

- Bylaw recommendations:
 - Continue to hold vacant positions open with no changes to the bylaws except to remove the names of two organizations that no longer exist: Ohio Empowerment Coalition and Ohio Federation for Children's Mental Health
 - Will be reaching out to Ohio Youth Move to send a representative to Planning Council
- Announcements of Statewide Activities:
 - Walt Asbury announced creation of a Disability Right Ohio White Paper
- Next Steps:
 - Send 50 PC brochures to Dave Caperton
 - Send out New Member Letter to Planning Council

Meeting adjourned 1:40pm