

ODMH Planning Council Meeting

MINUTES

MARCH 23, 2013

10:00 A.M.

ODMH ROOM 806

CALL TO ORDER:	10:35 A.M.
TYPE OF MEETING	Planning Council
FACILITATOR	Pat Risser
NOTE TAKER	Anna Labaya
ATTENDEES	Jane Byrnes, Carol Carstens, Kathy Coate-Ortiz, Jeannie Copper, Steve Copper, Greg Dormer (for Susan Pugh), Karen Fabiano, Linda Gable, Liz Gitter, Robyn Hoffman, Ken Jones, Anna Labaya, Jennilee Mohler, Deborah Nixon-Hughes, Mark Smith, Pat Risser, Cassandra Rufat, Victoria Webb & Nina Wycoff; Guest Attendee: Karin Carlson

The 03-23-2013 Agenda is attached to these minutes.

TOPIC	INTRODUCTIONS & APPROVAL OF MEETING MINUTES
<ul style="list-style-type: none"> - Introductions were made by each Planning Council member and guests. - The minutes of the January 26, 2013 meeting minutes were reviewed by the Council members. The following corrections were noted: <ul style="list-style-type: none"> • Karen Fabiano should be added to the list of attendees. • Under Peer Support Update, change apple to Appalachian. Also, the internship period should be 30 weeks (not 3). • Steve and Jeannie's last name should be Copper (not Cooper). • John Hurly noted there were some minor typographical changes that needed to be made but that these were already pointed out to Anna. - A motion was made by Esther Branscome, seconded by Karen Fabiano to accept the January 26, 2013 meeting minutes with corrections. - The Chairman reminded everyone to adhere to the Planning Council's Vision, Mission, and Responsibilities as stated on each individual name plate, and that we should remain civil and courteous throughout the meeting. 	

Old Business

TOPIC	Committees
<ul style="list-style-type: none"> - Kathy Stanley asked if anyone received a call concerning resolutions currently being made in the committees. <ul style="list-style-type: none"> • The response was that the incident she was referring to was a Governor-level meeting where a quick administrative decision had to be made. - The Membership/Bylaws committee will be meeting at some point in the future to discuss inclusion of ODADAS into the MH Planning Council. This meeting was delayed due to the two SAMSHA site visits with ODADAS and the new information that the Block Grant plan which was due April 1 will be changed to September 1. If anyone has a desire to join this committee, they should communicate that to Liz Gitter. 	

PRESENTER: Karin Carlson

TOPIC	SUBSTANCE ABUSE & MENTAL HEALTH PREVENTION & TREATMENT (SAPT) BLOCK GRANT (Handout 1)
<ul style="list-style-type: none"> - The grant is applied for annually and is approximately \$66 million. It is approximately 67% of the agency's budget excluding Medicaid. - Purpose of the Grant is printed on Slide 3 of the Handout. <ul style="list-style-type: none"> • A question was asked if this would significantly change with the Affordable Care Act. Karin confirmed that it will but they don't know how it will change. There are federal requirements with the SAPT block grant that must be met. For now, they go with the priorities; but laws and regulations will need to be changed. Speculations can be made, but nothing is known for certain. The SAPT part of the block grant isn't due until end of September. They have shifted the due dates and made changes as we proceed including how to report. - There are Synar's requirements of the Federal government. In order to receiving funding and have the SAPT Block Grant approved, 80% tobacco compliance must be met. Compliance checks are made at retailers such as compliance with State law not to sell to minors and they must have tobacco certification. This report is submitted annually in December. It must be reviewed by the CSAP. If the State fails to meet the 80% compliance rate, there 	

<p>is technically a penalty that must be paid.</p> <ul style="list-style-type: none"> • When asked if there were provisions for marijuana, the answer was yes. Marijuana is a large part of their prevention, and prevention funding is a priority. The State is required to spend 20% of the award for prevention services. 	
<p>- SABH Assessment Plan: There were 17 goals the State had to meet regarding priority populations, the way the money was spent, and primary prevention. Every year a report was submitted on those activities and fiscal was provided information about how the money was spent. It has been changed to two reports submitted at different times of the year.</p>	
<p>- There is a CSAP Center for Mental Health services. There is a Center for Substance Abuse Treatment, and a Center for Substance Abuse Prevention Center. All of these are under the SAMSHA umbrella.</p>	
<p>- There is a requirement to provide for the priority population which means placing them into treatment even if for a short period of time.</p>	
TOPIC	CONCERNS, COMMENTS, QUESTIONS
<p>- What is the difference between compliance and maintenance of efforts?</p> <ul style="list-style-type: none"> - The required expectations. ODMH and ODADAS differ in many ways. The substance abuse world deals with maintenance of effort (MOE). It is a required expectation. Compliance says it must be done. Maintenance of effort is a funding level. The outcome evaluated is the dollar amount being spent. As long as the State can demonstrate that the dollar amount set to spend, that is when MOE has been met. 	
<p>- Is there a penalty for failure of MOE?</p> <ul style="list-style-type: none"> • Technically yes 	
<p>- Is HIV treatment included?</p> <ul style="list-style-type: none"> • Ohio is not an HIV designated state, so we are not required to have an MOE requirement for HIV treatment. This doesn't mean that our providers do not give out information, just that there is no requirement. 	
<p>- Will there be funds available to open more treatment centers for women?</p> <ul style="list-style-type: none"> • SAPT requires that a certain level of funding is maintained or services expanded if possible. A woman should never be on the waiting list. If there isn't a service in the area they are in, they should be referred to someone else. ODADAS has a Women's Services Coordinator. This person can be contacted for assistance to coordinate services. As far as expansion is concerned, it isn't known how much funding is available to expand. Nonetheless, if there is a priority population in need of treatment and there is nothing available in the area, they should be referred elsewhere and it should go through the county. Our coordinator can assist with any issues and offer guidance to help people in need. We need to provide something for our priority population even if it is temporary to get them into treatment. 	
<p>- What is the goal for the Block Grant? Is it to fund all of the previously mentioned items or is it more to the outpatient?</p> <ul style="list-style-type: none"> • Local Boards usually have a strong influence on how dollars are spent. ODADAS gets a plan from the Board. The State does not tell the Board how to spend it. It is always a challenge because there is never enough money. The Boards are responsible to plan, evaluate, and allocate resources. The State sets the rules and tries to influence it. 	
<p>- Is there a way to track funds that are most needed at a specific time?</p> <ul style="list-style-type: none"> • We receive reports if there is any kind of a wait list. When a treatment facility reaches a 90% capacity, they are supposed to notify the Board. The Board is then supposed to notify ODADAS. There are some reports received from the Board. This is something currently being worked on. • Different Boards have different levy dollars. Boards that do not have strong levies have constraints to provide services. There's not enough money to go around. We are challenged with trying to find ways to get more out of far less than we have ever had. 	
<p>- What is primary prevention?</p> <ul style="list-style-type: none"> • Primary is more hands-on/one-to-one. There's also secondary and another level. Every dime allocated by ODADAS in prevention services in Ohio is designated as primary. Universal means we are reaching out to all of the kids. Selected means that maybe the family has a history, usage, or other use factors. 	
<p>- Is there somewhere on the ODADAS website listing terms and/or acronyms that can be shared with the committee?</p> <ul style="list-style-type: none"> • There isn't, but it will be developed and given to Liz Gitter to distribute. Perhaps it can even be placed on the consolidated website. • This would prove very helpful because sometimes terms could be used in both realms but have different meanings. 	
<p>- Would the money be used toward promotion of Mental Health in the future?</p> <ul style="list-style-type: none"> • The way things are now, SAPT monies relate to SA. When the time comes, it should be easy to incorporate SA and MH. There should be no issues with it all working together. 	

PRESENTER: Deborah Nixon-Hughes

TOPIC	CONSOLIDATION
	<ul style="list-style-type: none"> - The actual Table of Organization (TO) has not yet been shared. - The Director emphasizes that this is truly a new agency. ODMH has not absorbed ODADAS. Director Plouck will be the Director of this new agency. Director Orman will continue to be the lead in opiates. As of today, he will be located within this building. - Our name will change from ODMH to ODMHAS (Ohio Department of Mental Health and Addiction Services). - We hope to have everything in place by the beginning of July. - There will no longer be a Program and Policy Development section. It will be integrated in some way to incorporate AOD. At the present time, we do not know how it will all play out, but this is the direction that we are heading. - There have been some physical movements occurring among staff in the two Departments. - We have taken occupancy of the 36th floor. The Director, Legal staff, and other staff have relocated there. We believe that some program staff will be on the 8th floor and will work collectively in some integrated fashion. - Everything will be an integrated approach. Programs where ODADAS has done things with criminal justice would merge with the staff in our criminal justice office. The same would apply to our children's office. - Things will change, but it will be good to see these changes occurring.
TOPIC	BUDGET
	<ul style="list-style-type: none"> - Our budget was submitted and has been reviewed. We attempted to stay with 100% of what we have had this year. Six years ago, we lost money; but since Director Plouck has been here, she has been able to secure some additional dollars for us.
TOPIC	CHILDREN'S OFFICE
	<ul style="list-style-type: none"> - Many changes have occurred in the past year. Kay Rietz retired. Terry Jones is Chief of that office. Marla Himmeger retired and we brought in Dr. Valerie Alloy to fill that gap. Dr. Alloy previously worked for the Board in Toledo, but more recently, she has come from the Department of Services. We are pleased to have her. On her very first week here, she was on television doing a brief on children. John Hurley is not new to the Department, but he is new to the children's office. He brings a wealth of experience. - There was expressed concern that the children's line would be removed, but the priority for children remain something that is important not only for the Director, but for the administration. There is a collaborative project we are putting together and John will discuss the \$5 million for multiple agencies <ul style="list-style-type: none"> • John Hurley: In his continued effort to make offices more collaborative, the Governor decided the \$5.5 million would be shared between ODMH and DODD. He put a lot of pressure on the Directors in both Departments requiring that they get a project in place. We asked local people about the needs in their communities and had them submit proposals to be evaluated and money distributed for local communities. The turnaround deadline is a fast one. The deadline for proposals is April 12 even though it just came out last week. The Governor is seeking new creative programs. There will be a major effort to look at respite care for people who are at risk where you can engage them and engage treatment. They also recognize that some parents struggle with children that end up separated from the community because there are no alternatives for respite. So they are looking at training respite care families. - John will take this back to Terry Jones, and a synopsis of the actual grant and some of the history behind the grant will be send out. Any information received or concerns should be directed to Terry Jones as well as to Tracy Plouck.
TOPIC	RESILIENCY RING
	<ul style="list-style-type: none"> - Under the leadership of NAMI Ohio, will be having their annual ... at the Statehouse on May 8. It is currently in the planning stages. This will include a resiliency ring bringing to attention the issues of Mental Health in Ohio and trying to inform legislature. Please mark your calendars and if you have any ideas, bring them to John Hurley. We want to overwhelm the city with kids.
TOPIC	OTHER
	<ul style="list-style-type: none"> - ODMH has \$5 million, and we are hiring early childhood consultants. This is based on standards that have been developed. We are working with 12 regions that have multiple counties in each region. Any questions should be directed to Dr. Valerie Alloy. - We are working with DYS. Two individuals from the DYS facility have been assigned to work with children providing linkage both for substance abuse and mental health. - The Attorney General and Mental Health Courts Subcommittee will issue a survey based on information the judge used to collect Mental Health information. Anyone interested in providing input should contact Debbie Nixon-Hughes. - Dr. Baker will be arranging a pilot concerning rapid risk assessment on violence tool. We are currently in discussions to possibly use that tool throughout the State to assess risk and violence. - A community plan was submitted in June of last year. There may not be one ready for submission by June of this

year. Last year's plan included budget advocacy, learning communities, innovation and planning. We also would like to figure out needs, priorities, and gaps. As we continue to develop; this community plan, we are looking at the goals and objectives of the combined agency. We encourage the PC members to provide input. There has been discussion to extend the existing community plan for 3 – 6 months and submit the new one at the beginning of the calendar year. So, there is time to include any input we receive.

- Karin has information on the four BRSS TACS goals, shared definitions, partnerships, and collaborations.
- Peer support is a Medicaid reimbursable service. It will not happen by end of June this year. It will be up and going by July 1. We will pick up the work immediately on peer support, and we hope it will be done long before June 20, 2014, but that is the absolute latest date.

TOPIC	CONCERNS, COMMENTS, QUESTIONS
-	How are decisions made to put ACT in front of peer support services? <ul style="list-style-type: none"> • The Director ultimately makes this decision.
-	Does ACT have a better lobby with our Director? Who is influencing those decisions? How do other things jump in line? How can we influence things differently? <ul style="list-style-type: none"> • Send those concerns to the Director.
-	There is a big concern if peer support is being done from a cost-effective perspective. Many peers are concerned they will be doing entry-level case management <ul style="list-style-type: none"> • I believe it is being done from the effectiveness. People with peer support together with traditional services have better outcomes. That is our focus.
-	As the Department continues to prioritize, things could change over time: criminal, housing, moving people in nursing homes that have mental illness into the community. Employment has been the Governor's initiative. We have been working in partnership with RSC. This has been moving forward. Their staff has met with individual county boards. Training is currently underway and things are moving forward. Discussions are being held concerning ways to improve. This is an ongoing project. We have had 22 students and not all of them have gone through the OEC peer certification training. There has been a lot of exciting things going on. We are not perfect, but are modifying as it goes along. Our goal is to get individuals not just trained, but employed. There are priorities related to health homes, trauma-focused care, and human trafficking. Be aware of these other big areas of concern.
-	When the next training and what is the cost for it? <ul style="list-style-type: none"> • It is in transition. In terms of the RSC/ODMH project, it costs \$6,700. We are hoping to do this once again in the future. To find out any information on the OEC peer certification process, contact OEC. This is separate from the RSC/ODMH project.
-	Are people trained in RSC ready for work? <ul style="list-style-type: none"> • They are going through their paid internship. They go through the training, get certified, and they go through a paid internship.

MEETING ADJOURNED FOR LUNCH AT 12:50 p.m.

MEETING CALLED BACK TO ORDER AT 1:25 p.m.

PRESENTER: Liz Gitter

TOPIC	PROCESS TO INTEGRATE ADDICTION REPRESENTATIVES INTO THE COUNCIL
	<ol style="list-style-type: none"> 1. ... 2. Recommendations are brought back to the Membership Committee 3. Committee makes recommendations to the Planning Council 4. Changes are adopted and the process is complete.
-	The goal is to have one face-to-face meeting.

PRESENTER: Carol Carstens

TOPIC	CONSUMER PERCEPTION OF PSYCHIATRISTS (Handout)
-	This form addresses: "What is the interpersonal relationship with the Psychiatrist?"
-	Being person-centered, we are aware of cultural/racial differences. The survey was developed for general practice doctors.
-	A large grant was received from NIH and was tested on another culture.

-	There have been no studies on community psychiatry from the consumer point of view. After speaking to Dr. Hurst, there is an interest to do this, but it would be important that if the work is done, something is done with it.
-	Dr. Hurst has a plan to address the psychiatric part of this.
-	It addresses cultural poverty, medication use, and medical data. All of the information gathered is placed into the relationship to the doctor. The better the relationship with the doctor, the more likely they are to take the medication.
TOPIC	CONCERNS, COMMENTS, & QUESTIONS
-	Is there anything concerning psychiatrists being receptive to families in different ethnic groups? <ul style="list-style-type: none"> • Isn't on there. It was dwindled down to 16 things and the family was not brought into this.
-	Who does this go out to? With the shortage of psychiatrists, this only speaks to part of the issue. <ul style="list-style-type: none"> • This goes out only to the consumers of MH services. They are seeing the doctors in our agency. I agree with it addressing only part of the issue, but I am excited that we have gotten a start.
-	How many of these are going out and what is the goal of return? <ul style="list-style-type: none"> • We would like to stay within 2 – 3 points and therefore would have to get back about a 2000 sample. To do that, I would have to send out about 5000 samples. It is good to oversample, because the tendency is to under respond.
-	Is this only for adults? What age demographic? <ul style="list-style-type: none"> • This is for adults ages 18 and over. I haven't gotten to the kids yet. We do not have the resources to do all of it. Right now, I only send to parents of youth. Parents' responses are important, but it is not the same perception. This is why I've drawn to the adult side because it's a direct perception. There is a YSS. Maybe this will be the next work. I am doing this as correctly as I can scientifically. It is a tremendous amount of detailed work. It would be great if we could increase our staffing because most of this is done manually.
-	There is concern about how receptive psychiatrists are to these other initiatives we are using as alternative treatments (e.g. Peer Support) <ul style="list-style-type: none"> • This survey was not developed for Mental Health. This is just a general population survey. In the summer, I will be surveying people enrolled in the health homes. In that survey, I will ask questions about whether or not they have worked with peer support specialists.
-	Are there any opportunities to propose a research survey? <ul style="list-style-type: none"> • Yes, call Carol Carstens at 614-752-9705 or the Office Chief, Kraig Knudsen at 614-728-2527. We have grant programs and one that is specific to grad students.
-	Is there anything the Planning Council can do to support this good work you're doing? <ul style="list-style-type: none"> • Currently, subsidy comes from a SAMSHA DIG grant. This is the last year of the grant. I would like to continue it when the grant goes away. The grant that will probably continue will be the Block Grant. SAMSHA does not require this, but it is a good way to get more information. I would like to get it to a point where we can find out how to use it. Because this is a consumer voice survey, if the Planning Council could put in a good word about this, that would help.

NEW BUSINESS

TOPIC	MENTAL HEALTH BLOCK GRANT FUNDING RECOMMENDATIONS
-	The Planning Council has duties and obligations and is congressionally mandated. We are responsible to and are intimately involved with reviewing the block grant and its process. However, we are supposed review and make recommendations based on the entire Mental Health system. The Block Grant is just a piece of that, but it is a snapshot piece that would apply to the overall recommendation.
-	The recommendation needs to be done now since the next Planning Council meeting will not occur until June. The Director will be making budget decisions in the next month or so. Many of the Council members have had a chance to look at the things we are funding. This was done to provide an understanding of the Council's priorities now and into the next year. These recommendations will be forwarded to the Director. It is important to note that these are advisory and the Director makes the final decision. She will also take into consideration other recommendations that we are recommended to submit. This is the reason we have different representations from consumers, advocates, or those that are State Government, Board Associations, and Providers.
TOPIC	BUDGET CUTS
-	SAMSHA has confirmed a 5% budget cut across the board. It will hit substance abuse prevention pretty hard even though it is only 5%. After a meeting with the Director and fiscal personnel, it is a small budget cut, but it does place us in the middle of making reductions and having to make decisions. If the State goes with Medicaid expansion, that will free up additional dollars to add to the system. If it is rejected, people will have a much harder time getting treatment.
-	There are different methods to make cuts. Should we take a little bit off each and disable all 10, or do we take half off of one and leave the rest in tact? There are different ways to approach this 5% cut. We want to present to the

Director our recommendation about how to approach these cuts.
- It appears the Council is leaning toward CCOEs. Do we want preventative services vs. evidenced-based practice? Or are we really looking at programming for prevention vs. using it for actual services for individuals? <ul style="list-style-type: none"> • Technical assistance and training. • Perhaps the fund would go into an academic institution to support training/development of them. If the Boards want to develop something in this area, they could call upon this institution for training.
- Are we changing the directives we give to them compared to what we pay for? Our goals and what we pay for don't match. Do we want those types of programs or do we want evidence-based practice in that area?
- We are spending money on services that have already been done on other places. Do we need to spend money on that vs. spending on services in care toward preventative services? What are they really offering us that provide service to our clients, customers, service, and kids? <ul style="list-style-type: none"> • Not everyone is receptive to those CCEO types of initiatives. • The problem with CCOEs and Best Practices in general is that a lot of money is going into an academic institution and not a lot is being seen coming out the back end of people receiving services in Ohio. The money would be best placed into developing other things. It would be nice to see some of that shift to other priorities instead of CCOE. • Consider the quality of reports. The reports do not always reflect what people in the community are saying that they value in those kinds of service. Ohio is a home-ruled state. This reflects only some of the evidence-based programs in Ohio. Should we look at other ways to support?
- Things to consider: Who did we reach? Who benefited? In what ways was the money actually distributed? Was it more administrative or more direct services? What is high impact?
- The 5% cut should not be across the board because not everything is created equal. Maybe there are a couple of things that are working well and others that aren't. So, maybe it would be best that a few things go by the wayside and other things get bumped up. This is a better way to make use of the funds. There are different priorities where allocations can be made. It is an opportunity to force some change.
- Think about outcomes and what we can generate as an outcome to pass onto Director Plouck. The ideas we come up with from this can create recommendations.
- It would be good to coordinate housing supports more effectively than is being done currently. The structure should be changed to more closely model housing supports on a coordination of care approach.
- More should be spent on services to the people. Perhaps we should give some to each local board for training and technical assistance for evidence-based practices and let the universities compete for it and buy our services.
- Let the agency decide what services to use for the individuals they serve. Encourage the agency to do evidence-based practices with financial incentives.
- We want to make sure that we keep funds in the youth because we have youth that will lead to alcohol, drug, and mental health problems.
- Trauma-informed care should be looked at.
- Improving services for PTSD. We need to support our Veterans also.
- Advocacy, trauma, transitional youth services, and housing are all huge issues. We also do not want homeless 18 year olds. We also need to consider people in nursing homes without adequate housing.
- Liz will summarize this discussion and is asking for help to write it up.

ACTION STEPS/NEXT STEPS

TOPIC	FUTURE MEETINGS
-	The following suggestions were given to address in future meetings: <ul style="list-style-type: none"> • Coordinated care for housing • Impact of the potential Medicaid expansion
TOPIC	OTHER
-	Next Friday, OEC will have a dedication of the new 13 foot conference room. It is dedicated to Ellen Deacon's memory and will be called the Ellen Deacon room.
-	A roster sheet will be distributed to the Planning Council members.
-	NEXT MEETING: June 21, 2013 at the State Library Board Room.
ADJOURNMENT	3:06 p.m.