

**Planning Council  
Meeting Minutes  
OhioMHAS  
Saturday, January 23, 2016**

**Members Present:** Dan Arnold, Walt Asbury, Jane Byrnes, Cheryl Crayden, Bob Cross, Cathy Davis, Liz Gitter, Alaina Harrell, Meghan McNeil, Jennilee Mohler, Jody Morgan, Sarah Nerad, Alissa Otani-Cole, Angela Schoepflin, Gary Scott, Mickey Scoville, Mark Smith, Sarah Smitley, Taylor Stevenson, Sue Williams

**Guests:** Sandy Starr, Stephen Wilson

**Recorder:** Lynette Cashaw-Davis

---

**Minutes, Meeting Rules & Introductions - Jenni Mohler, Chair**

- Jenni opened the meeting at 10:06 am with reminder for folks to refer to the Meeting Rules document designed to help the meeting run smoothly and maintain our role as advisory group to OhioMHAS.
- Group reviewed the December 2015 meeting minutes. Motion was made to accept minutes (Jody Morgan) and seconded (Angela Schoepflin); motion passed with 1 abstention.

**Advocacy Group Presentation – Angie Schoepflin, NAMI – Ohio Federation for Children’s MH Parent Advocacy Connection (PAC): Ohio’s Parent Peer Support Program**

- PAC started in 2004 to provide parent peer support.
- NAMI Ohio manages the program.
- Highly trained parents representing PAC have advocated in both urban and rural counties throughout Ohio.
- Currently have 40 active parent volunteers
- In order to receive a PAC advocate – you must have custody of your child.
- Child must be multi –need, and parent/guardian(s) need to be at risk of losing custody of their children.
- Parents receive 1 year of training on:
  - Boundaries/confidentiality
  - Advocacy 101
  - HIPPA (federal regulations on medical record confidentiality)
  - JFS (Job & Family Services – child welfare)
  - NAMI (mental health advocacy organization)
  - Educational Advocacy 1 & 2
  - Developmental disabilities
  - Social Security for persons with disabilities
  - Juvenile Justice System
  - Certified Peer Support
  - Communications
  - Cultural sensitivity

- Intellectual disabilities
- Funding Streams
- Strengths
  - Independent from agency affiliation
  - Families trust us
  - Encourage parent education and empowerment
  - Know what families are going through because of personal experience
- Referrals come from the local Family and Children First Service Coordinator (providing service coordination which includes informal support for families)
- Parents can self-refer to their local FCFC, but the FCFC decides whether to have PAC in their county
  - Parent Peer Supporter must have lived experience.
  - Complete an application with letters of reference.
  - Provide BCI background check.
  - Interview with PAC regional coordinator.
- Will serve approximately 700 families this year.
- Advocates and regional trainers will attend upcoming trainings in addiction although they've been doing the work with families for years.

**Film Screening and Discussion: *The Anonymous People* - Facilitated by Sarah Nerad, Vice-chair**

Planning Council members viewed and discussed a film in which persons in long term recovery from addiction shared their stories publically.

**OhioMHAS Updates – Sanford Starr, Deputy Director of the Office of Quality, Planning & Research**

- OhioMHAS staff analyze claims information of persons receiving mental health and addiction services in the public system; this includes what kinds of services, for how long and at what cost.
- OHBH (BH Module) includes demographics, drug of choice, special populations; this system is being rebuilt so that warehouse that can combine demographics with claims data to provide info on who is being serviced by our system, how they are being served and how long that service is.
- While the system is being rebuilt, a committee has convened to determined what kinds of information we need to provide standardized reports - first round of that (client information) data should be ready by March (currently accessible from our website).
- Might be beneficial to Planning Council to help make decisions.
- Another set of data is being coordinated by the State Epidemiological Outcomes Workgroup (SEOW). Secondary data that already exists in other places (ODH, OPS, census data, etc.) will be housed by Ohio Department of Health on their Network of Care site. Physical health data as well as addiction and mental health data will be available on that site.
- Also will want to know what data is missing? What does Planning Council recommend to Department in terms of data we should be gathering?

### **Legislative Update including Murphy bill – Stephen Wilson, OhioMHAS Legislative Liaison**

- He participated in meeting with Congresswomen Kaptur, Senator Murphy and others to discuss this bill, although he is not very familiar personally.
  - Replaces SAMSHA with Office of Mental Health and Substance Abuse which is to report to Congress to provide more efficiencies
  - Insure Parity Law is in compliance
  - More reporting from State on how funds are being spent and information on outcomes
  - Focus on innovation and demonstration grants
  - Workforce training grants
  - Funding for research
  - Changes in Medicaid and Medicare
  - Removes IMD exclusion (currently 16 beds or more cannot bill Medicaid for residential treatment or psychiatric hospitalization of persons ages 21 – 64)
  - Requires discharge planning for folks coming out of State hospitals
  - Still working on changes in protection and advocacy allowances in the bill

### **Planning Council Business – Jenni Mohler**

- Membership Committee Report – Jody Morgan, Membership Chairperson
  - Completed phone interviews this past week with several applicants
  - Recommending Diane Ming to represent Adult in MH recovery
  - Recommendation was approved by Planning Council.
  - Open positions: Young adult in MH recovery 16 – 24; Family member of person with addiction under 18 (Sara requested expansion to 28 and under)
  - Membership will discuss in their next meeting: changes by-laws and new member recommendations.
- Increasing Effectiveness of Planning Council
  - Jenni Mohler mentioned possibility a technical assistance (TA) opportunity; Jody provided information regarding application for TA for Planning Council to become more effective in identifying our roles; will follow up for more information.
  - Liz met with Tracy re: how can we make Planning Council more effective?
  - Executive committee to meet with Tracy as well.
- Plans for March PC meeting:
  - Disability Rights Ohio will present.
  - Director to give updates.
- Announcements:
  - Alaina: June 1 & 2 Recovery Conference 2016 sponsored by OACBHA – Registration goes live in March; sponsorship and speaking opportunities are available. 1 ½ days of education and an evening celebration of recovery.
  - Mark shared information regarding ESSA which is a new educational act that replaces No Child Left Behind; there are two sections that speak to MH services:

- 1) Encourage schools to provide information and resources to families
- 2) Encourage set up of School based MH centers where needed.

**Meeting adjourned at 2:30pm.**

<b>2016 Schedule</b>	<b>Time</b>	<b>Location</b>
January 23	10 am - 3 pm	OhioMHAS, 30 East Broad Street, 8th Floor, Columbus, OH
March 18	10 am - 3 pm	State Library of Ohio, 274 East First Ave., Columbus, OH
May 7	10 am - 3 pm	OhioMHAS, 30 East Broad Street, 8th Floor, Columbus, OH
July 29	10 am - 3 pm	Twin Valley Behavioral Healthcare, North Wing Conference Room, 220 W. Broad Street, Columbus, OH
September 30	10 am - 3 pm	Twin Valley Behavioral Healthcare, North Wing Conference Room, 200 W. Broad Street, Columbus, OH
December 3	10 am - 3 pm	OhioMHAS, 30 East Broad Street, 8 <sup>th</sup> floor, Columbus OH

**Note: All Saturday meetings are at OhioMHAS. Friday meetings are at other locations.**

**Planning Council  
Meeting Minutes  
State Library of Ohio  
Friday, March 18, 2016**

**Present:** Daniel Arnold, Walter Asbury, Jane Byrnes, David Caperton, Greg Collier, L. Craig Comedy, Cheryl Crayden, Bob Cross, Liz Gitter, Janice Mader, Diane Mang, Meghan McNeil, Barbara Miller, Jennilee Mohler Jody Morgan, Sarah Nerad, Mickey Scoville, Sara Sheline, Mark Smith, Sara Smitley, Donna Thomas, Deborah Wilcox, Sue Williams

**Guests:** Sharon Fitzpatrick, Teri Gardner, Rosaland Gatewood-Tye, Kristen Henry, Tracy Plouck, Mindy Vance

**Recorder:** Lynette Cashaw-Davis

---

**Welcome, Introductions and Meeting Minutes**

Review of January 23, 2016 Meeting Minutes

- Correction: add Jody Morgan to attendance
- Correction: correct spelling - Diane Mang (page 3 – Membership Committee)
- Mark Smith moved and Walt Asbury 2<sup>nd</sup> to accept minutes with the above corrections; motion passed.

**Disability Rights Ohio: Kristen Henry, PAIMI Program Liaison**

- Disability Rights Ohio (DRO) – Non Profit entity formerly Ohio Legal Rights Ohio
  - Protection and advocacy system for Ohio also designated as CAP client assistance program
  - Mission is to advocate for the human, civil and legal rights of people with disabilities in Ohio
  - Governed by a Board of Directors (primarily people with disabilities and family members)
- PAIMI (Program and Advocacy for Individuals with Mental Illness) Program
- PAIMI Advisory Council
  - Monitoring activities (advisory council members attend along with staff)
  - Meets 4 times/year in Columbus
  - Seeking new members from all areas of the state and all backgrounds
- PAIR (Protection and Advocacy for Individual Rights) Program - SUD, other chronic medical conditions
- CAP Program (Client Assistance Program)
- PAVA Program: Protection and Advocacy under the Help America Vote Act
- Voter hotline on all election days
- PABSS Program: Protection and Advocacy for Beneficiaries of Social Security
- WIPA Program: Work Incentives Planning and Assistance
- VOCA Program: Victims of Crime Act
  - Funded through federal court fines and penalties
  - State funds directed by Ohio Attorney general
- Other Grants
  - DRO provides legal advocacy and right protection to a wide variety of people with disabilities.
  - Information and Referral

- Technical Assistance
- Short term assistance
- Representation
  1. Negotiations
  2. Mediation
  3. Court
- Current Priorities:
  - Community Integration (undue segregation, housing discrimination, voting rights, other accessibility issues)
  - Employment – including higher education
  - Education – Transition , restraint & seclusion, student discipline
  - Abuse and neglect – death investigations, abuse and neglect complaints, seclusion and restraint issues, monitoring institutions, criminal justice issues, guardianship reviews
  - Health care
  - Policy and communication

**Trauma Informed Care: Teri Gardner, Training Officer, OMHAS**

- Trauma is a common event in which someone perceives a life threatening experience. The experience often impacts people’s mental health and substance abuse.
- Potential traumatic events: abuse, loss, chronic stressors
- Experiences of trauma: how, when, where, how often
- The science on ACE (Adverse Childhood Events)
- Prevalence of trauma
- Traumatic Events
- Ohio’s TIC (Trauma Informed Care) Initiative
  - Implementation of TIC at all six Regional (state) Psychiatric Hospitals including consultation from the National Center for TIC and Clinical Safety Initiative
  - Trauma Informed Care is an evidence based practice (listed on SAMHSA website) includes outcomes
  - Third Annual Trauma Informed Care Summit and Institute – June 22 & 23 (recovery panel on 2<sup>nd</sup> day) Registration opens May 1<sup>st</sup>
  - Regional Trauma-Informed Collaborative: Six Regional TIC coalitions formed
  - Outcomes with TIC
  - What can we do
  - Things to Remember: Underlying question (what happened to you); Symptoms (adaptations to traumatic events; Healing happens (in relationships)
  - Tina Evans (Regional Team Liaison)
  - MHA.ohio.gov – Initiatives - TIC – resources - Collaboratives
  - Email specific questions to Teri Gardner

### **Planning Council Executive Committee Report: Conference Call with OMHAS Director Tracy Plouck**

Sarah, Mark & Jody met with Director Plouck to address the issue, how can Planning Council become more effective. This was a follow-up conversation to a question that Jody Morgan asked at the previous Planning Council.

- Mark .....Potential of doing a field trip
- Jody: As a council we don't have autonomy; don't have anything outcome oriented. Tracy responded – you tell me what you want to do and I will support you.
- Sarah: Wants us to be empowered – Tracy very open to what we want

### **Department Updates: Tracy Plouck, OMHAS Director**

- Children's Services & Medicaid:
  - Investing additional 10 million identified in children's services (cost neutral approach).
  - Looking at ways to have better assurances as to getting what they're paying for.
- Wraparound and high fidelity wraparound is supported generally speaking
  - Discussion: how do you pay for it?
  - Instead of billing as a specific service, will be providing guidance on how to bill for specific services included in wraparound services.
- IHBT (Intensive Home Based Treatment) for children – we've been seeking to add to State Plan for last 20 years.
- Folks have been expressing concern about the inadequacy of the reimbursement rates for services – the plan is to implement targeted rate adjustments.
- Deaf and Hard of Hearing advocates gathered together last summer to discuss:
  - Making treatment and various supports more accessible to that population
  - Engagement
  - Workforce
- Dept. has begun producing videos on various behavioral health topics in ASL (American sign language). Looking to do training for ASL interpreters to enhance behavioral health (including trauma ) knowledge
- Trauma Informed Practices: Community Transitions Program – in collaboration with ODRC (Ohio Department of Rehabilitation & Corrections).
- Hospital System:
  - 1050 beds across 6 sites; 65% of patients in forensic status; 350 non-forensic beds; typically at 96% capacity.
  - Looking at ways to address capacity challenges: jail on-site treatment availability; community based competency restoration; addressing barriers with regional forensic psychiatrists; working to treat people in least restrictive environment (i.e. SUD folks)
- Housing:
  - Partnerships with boards and local partners for recovery housing; supportive housing for SPMI (serious & persistent mental illness; Capital bill expected to be introduced April 11 (community capital will be addressed)

### **Update on Peer Support: Mindy Vance, Chief of Recovery Supports, OhioMHAS**

Mindy provided an update on pending approval for peer support rules.

- Divided into 2 rules - Peer Services Rule for providers; Peer Services Rule to give authority to certify Peer Recovery Supporters. Have submitted 2<sup>nd</sup> version of rule to CSI (Common Sense Initiative). Planning to go live with certification July 1. Actively being reviewed by CSI. And we plan to file on April 15<sup>th</sup> anticipation of certification rule effective July 1. Will be releasing communications at that time (April 15) about how folks can apply. Peer center will be reviewing applications for completeness – forward to Sharon & Mindy in conjunction with Communications office to create certificates in preparation for July 1 distribution.
- Recovery Conference happening in June
- Will have Peer Conference in the fall (40,000 for CFPT) on our website and OACBHA website.

### **Youth Recovery Supports: Sarah Nerad, Program Director, OSU Collegiate Recovery Community and Planning Council Vice-Chair**

Sarah Nerad described collegiate recovery programs which support students in recovery from substance use disorder, including the one at Ohio State.

- Collegiate Recovery Programs: A supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior.
  - Institutionally sanctioned and supported program
  - Continuing care paradigm
- Scope of Problem:
  - Campus is a recovery hostile environment
  - Acute care doesn't work
- Barriers to Recovery on Campus: balancing recovery and school; recovery has to come first; leaving behind recovery supports
- 150 CRPs across the country
- Benefits of Collegiate Recovery Programs – extends the continuum of care; parents can worry a little bit less; change campus culture; retention and graduation rates improve.
- Student data: average age 25; average length of recovery 16 months
- How you can support your local Collegiate Recovery Community (CRC):
  - Refer students in recovery to them
  - Help advertise the CRC
- Recovery High Schools
  - Mission is to educate students in recovery from SUD (substance use disorder)
  - Students must be in recovery and working a program of recovery
  - Best time to intervene
  - May 26 Association of Recovery Schools meeting
- Alternative Peer Groups
  - Integrates peer connections with clinical practice through intervention, support, education and parent involvement
  - Created to address the emotional, psychological, spiritual and social needs of young people
  - Foundation of the model – peer relationships are necessary for recovery
  - Key factors – Parent super invested, work a program of recovery

- Differ in format, location and cost
- Traditionally focused on adolescents
- Need to have full continuum of care

**State Auditor’s Report (ORC 11726): Rosaland Gatewood-Tye, Assistant CFO, OMHAS**

The State Auditor annually reviews OhioMHAS’ fiscal practices, and makes recommendations for improvement. Planning Council has been designated as a stakeholder group to receive a summary of the findings.

- Overview: financial audit, performance Audit, special audit
- AOS (Auditor of State) Management Comments re: noncompliance and internal controls
- Results of Audit (SFY 2014 vs. SFY 2015)
- 2014 – 5 results and findings; 2015 3 were resolved – 2 results left
  - Lack of monitoring timely submission of fraud reporting acknowledgements for new employees
  - Confidential Personal Information (CPI) – required forms were not completed correctly
- Office of Management and budget circular A – 133 requirements
  - SFY 2014 – 3 findings; in SFY 2025 cleaned up all but one (DUNS number for sub awards, a federal grant identification number, is not consistently collected)
  - New grants management process will also address this number being including from the outset

**Planning Council Business: Jenni Mohler, Chair**

- SAMHSA Technical Assistance: Jody – phone conference 3<sup>rd</sup> call
- Through the BRSS-TACS Initiative, SAMSHA has offered this technical assistance (TA) to Planning Council
  - Creation of member recruiting and marketing communications
  - Orientation information for new members to Planning Council
  - Identification of projects for us to partake in
  - Potential onsite meeting with TA consultants
  - Proposed TA products – looking for feedback from Planning Council members as to what they want to pursue and how they can participate
- State agency employees may need to provide a different role in advocacy
- Advocacy work (OEC/OCAAR Advocacy Days) Liz will send the flyer out to everyone along with information about the Recovery Conference in June
- Ideas for Planning Council participation – issue development
  - advocacy
  - trauma
  - diversity
  - multicultural competency
  - person-driven care
  - news article
  - town halls
- Suggestion to send out a survey (Survey Monkey) to allow input – Core group will identify one issue to discuss with the TA consultant
- Meeting was adjourned by the Chair at 3:20pm

**Planning Council  
Meeting Minutes  
OhioMHAS  
Saturday, May 7, 2016**

**Present:** Lisa Clark, Sandra Keyes, Kimberly Meals, Alissa Otani-Cole, Cheryl Crayden, Walter Asbury David Caperton, Jody Morgan Sarah Smitley, Greg Collier, Bob Cross, Daniel Arnold, Liz Gitter, Jane Byrnes, Jennilee Mohler, Sarah Nerad, Angela Schoepflin, Taylor Stevenson, Dustin McKee, Lisa Carter, Lisa Clark

**Absent:** Greg Collier, Diane Mang, Bob Cross, Lizzy Copper, John Dellick III, Sara Sheline, Meghan McNeil, Mickey Scoville, Angela Schoeplin, Barbara Miller, Mark Smith, Gail Thomas, Sue Williams, Donna Thomas, , Alaina Herrel, Cathy Davis, Domina Page, Craig Comedy.

**Guests:** Carol Carstens, Sharon Fitzpatrick, Daniel Schreiber, Sandy Starr, Sarah Thompson, Mindy Vance

**Recorder:** Lynette Cashaw-Davis

**Welcome, Introductions, Meeting Minutes and Meeting Rules**

- Review of March 18, 2016 meeting minutes: Walt motioned to approve, Dave 2<sup>nd</sup>; motion carried.
- Jenni, Planning Council chair reminded folks to review the meeting rules in their packet.

**Advocacy Group Presentation – Sarah Thompson, Executive Director, Ohio Citizen Advocates for Addiction Recovery**

- Nonprofit 501(c)(3)organization
- Values: diversity, empowerment, community, integrity, compassion
- Program Services: advocacy, educational outreach, recovery support services
- Work to fight stigma and discrimination – stigma often leads to discrimination (happen in all segments of society)
- Utilize deliberative dialogue which is a process in which people listen to one another deeply enough to be changed by what they learn during the engagement
  - Opportunity to build wellness and to bring people together across cultural differences
  - Opportunity to rethink biases and assumptions; construct and generate new goals; transform perspectives; discover common ground and move to action
  - Most important word is sustained – everyone must take this back to their communities and continue the dialogue
- Advocacy vs Lobbying (Lobbying always involves advocacy – advocacy doesn't always involve lobbying)
  - Have to know who the key players are (all of them) and what their view are
  - Strategy development looks at OCAAR developed Strategy Toolkit addresses how to develop a strategy for meeting with your legislator
  - Do your homework, both on the issue and on the legislators you are going to see

- Sarah will send her contact information to send out to everyone

### **OhioMHAS Budgeting – Daniel Schreiber, Deputy Director of OhioMHAS Office of Fiscal Services**

- Budgeting and financial background: formerly with OBM in Health and Human Services/
- Try to build the Block Grant as part of the entire budget – not as a silo
  - Substance Abuse Prevention & Treatment (SAPT) Block Grant(roughly 65 million/year)
  - Mental Health (MH) Block Grant (roughly 16 million/year)
  - several other one time demonstration grants
- Block Grant: start with the application – looks at what we have done, where we are spending our money – can view things holistically
  - Application due Sept. 1<sup>st</sup> – Report due December 1<sup>st</sup>
  - SAPT: 10.9 million set aside has to be met for women’s gender specific substance use disorder treatment, and 20% for primary prevention of substance abuse
  - Portion goes to allocations (to MH boards) “do good and avoid evil” – few restrictions except for 10% set aside for First Episode Psychosis treatment
- Remaining - directly to providers (may still go through boards) but targeted to providers
  - Working generally on a continuation model (based upon what we get annually based on state and federal mandates)
  - Program state follow up to assure program objectives, outcomes are met
  - Dollars can be reprogrammed if found they are not being utilized for whatever reason
  - Around February start planning for next fiscal year
  - By May proposed budget goes out
- Making a major effort to look at all our funding holistically not in a siloed manner – how can we fund what we need to see happen

### **Consumer Operated Service Update - Mindy Vance, Chief of Recovery Supports Bureau**

- Part of Ohio’s DD (Developmental Disability) council – sent 7 individuals to Washington DC disability Summit (ABLE Act (1:26)
- Have a 2 minute, 4 minute and 10 minute drill and have a fact sheet
- Changes in how we focus on advocacy: dividing money up into 6 regions of the state to the COSs (Consumer Operated Services) statewide – was very successful
- Want the COSs split up wellness work on a regional basis 480,000 to be equally divided between 5 COS. Will be contacted COS in one Region for this purpose.
- Make structural and attitudinal changes- Raise Awareness, localized education training, reduce barriers, want to help enhance COS boards
- MH Block Grant – developing advocacy coalition - learning Collaboratives – Want to include Planning Council

- Foundations, Gathering Place, Sandusky Artisans, Main Place Greater Cincy Behavior Health – implementing wellness work.
- GIFA provided information on what’s being funded
- Suggestion to talk with Gabe re setting up a voice mail redirecting at Ohio Empowerment Coalition which recently went out of business

**Consumer Survey (MH Block Grant) – Council’s Input Requested – Carol Carstens, Ph.D., Office of Quality, Planning & Research (1:47)**

- Requested Council’s feedback on draft brochure to increase response rate on survey attached to consumer satisfaction surveys required by MH Block Grant (MHSIP and YSS-F)
  - Need to get 1000 people in the survey to make it reliable (need 250 more)
  - Want to convince folks that this is important for them to fill out
  - Original sample was 10000 adults and 14000 families.
- Council members make suggestion to connect the “Outreach, Training, Housing, Employment, Treatment” back to the participants (circle, color, different shape)

**OhioMHAS Updates – Sanford Starr, Deputy Director of OhioMHAS Office of Quality, Planning & Research (2:01)**

- May is Mental Health month – eUpdate sent out links to screening tools and MHA
- Youth Rally at Statehouse last week
- New synthetic drugs on street in Ohio: U4700 and 3Menthel Fentanyl – Pharmacies and Governor’s office worked very quickly to get these scheduled (outlawed)
- Several grant opportunities due 5/31: Prevention grant; Naloxone available to local communities and using SAMHSA Opiate Toolkit (looking at working with jail populations); MAT (medication assisted treatment for opioid addiction) expansion (MAT PDOA) – Using CDC (Center for Disease Control) report (14 counties)
- 2 million set aside for Suicide Prevention initiative (training to physicians, social workers, etc.) zero suicide training, best practices, removing stigma, building capacity of local LOSS teams, data surveillance system
- Board Community Plans guidelines sent out last month (will be posted on website)
  - Continuum of care services that must show are available in board area
  - Must provide information about the population that utilize those services
  - Will create a report as to the results (can provide information to PC)
- State Epidemiological Workgroup (SEOW) (dataset migrating to Network of Care on Department of Health)
- Questions regarding ATR (Access to Recovery for services for persons with SUD leaving prison) grant – Sandy will forward information.

## **Crisis Intervention Training (CIT) for Law Officers – Lt. Michael Woody, CIT Coordinator for Ohio and President of CIT International**

- 10% of police officers' calls involve someone with mental illness
- Prior to CIT training, officers were required to take only 5 hours of training on all handicaps
- Later grew to 16 hours, as of this year they get 40 hours
- CIT (Crisis Intervention) Training (started in 1988 in Memphis, TN) police department
- Found injuries to all officers decreased 80% with the introduction of CIT training
- One of 11 states that have a state CIT program – Program provide advance courses annually
- May 2005 first CIT national conference held in Columbus, Ohio 700 people from 42 counties
- Most recent conference held in (18:07) 1100 people

## **Planning Council Business – Jenni Mohler, Planning Council Chair**

- Increasing Effectiveness of Planning Council - Jenni Mohler (39: 35)
  - Advocacy and Trauma Informed Care are the areas the group wants to focus on
  - Suggestion to attend Recovery Conference – participate with the OHMHAS table; will give us an opportunity to meet with peers
  - Suggestion to have Planning Council to submit to OMHAS Newsletter (re: membership) (48:54)
  - Take information in their community
  - Need more folks to step up and share their talents
  - Organizing signup sheet to staff the table
  - Can plan our own recovery month event – Check Recovery month.org for updates on statewide events
- Membership Committee Report – Jody Morgan, Membership Chairperson
  - Committee needs to schedule a meeting in order to reach out to folks with numerous absences
  - Bylaws revision proposal; vote required to amend (Membership and quorums)
  - Walt and Cheryl motion to accept changes
  - Sarah Nerad, Vice Chair will not be returning for another term – will need a nomination for Vice Chair
  - Nomination Walter Asbury – member ship nominate – motion passed unanimous
  - PC Need nominees for young adults in mental health and addiction recovery
- Committee volunteers requested: Block Grant Committee & Membership/Bylaws
- Current Plan is on the Website (300 pages)
- Folks on committee usually reviews specific sections (based on populations)
  - Committee – Cheryl, Lisa Clark, Lisa
  - Membership committee – Taylor
  - Anything members want Director Plouck to address at next meeting?

- What grants coming out with new fiscal year available – process for applying
  - 1915i piece of BH redesign meeting
  - Mini 101 on BH redesign in September
  - Walt announced that PAIMI Need more members particular in SW area- DRO webpage
  - Sarah – Columbus Recovery High School (501c3) meeting May 26
- Next meeting July 29 at TVBH (1:20)

<b>Future Meetings</b>	<b>Time</b>	<b>Location</b>
September 30, 2016 (Friday)	10 am - 3 pm	Twin Valley Behavioral Healthcare, North Wing Conference Room, 2200 West Broad Street, Columbus, OH
Dec. 3, 2016 (Saturday)	10 am - 3 pm	OhioMHAS, 30 East Broad Street, 8 <sup>th</sup> floor, Columbus OH
January 27, 2017 (Friday)		New: 2017 dates: locations to be determined
March 25, 2017 (Saturday)		
May 12, 2017 (Friday)		
August 26, 2017 (Saturday)		
October 20, 2017 (Friday)		
December 10, 2017 (Saturday)		

**July meeting agendas:**

- Block Grant Recommendations for Block Grant Plan update to SFY 2016 – SFY 2017 Plan
- Increasing Effectiveness of Planning Council
- Director Plouck (12:45 – 1:45) at Friday meetings

**Future presentations:**

- Block Grant Mandated programs – Women’s Gender Specific treatment, prevention, First Episode Psychosis, children’s mental health treatment
- Housing & Transportation
- Veterans & Older Adults
- Impact of addiction & mental illness in schools---“educating educator”

**Planning Council Meeting Minutes  
Twin Valley Behavioral Health - North Wing Conference Center  
Friday, July 29, 2016**

**Present:** Daniel Arnold, Megan Arnold, Walter Asbury, David Caperton, Greg Collier, Craig Comedy, Cheryl Crayden, Bob Cross, Liz Gitter, Sandra Keyes, Diane Mang, Dustin McKee, Kimberly Meals, Jennilee Mohler, Janice Mader (for Alissa Otani-Cole), Mickey Scoville, Mark Smith, Sarah Smitley, Sue Williams

**Absent:** Jane Byrnes, Lisa Carter, Lisa Clark, Alaina Herrel, Barbara Miller, Jody Morgan, Domina Page, Sara Sheline, Taylor Stevenson, Donna Thomas, Gail Thomas

**Guests:** Andrea Boxill, Joyce Calland, Grace Kolliesuah, Rick Massatti, Tracy Plouck, Sam Stull, Sandy Starr

**Recorder:** Lynette Cashaw-Davis

**Welcome, Introductions, Meeting Minutes and Meeting Rules**

- Meeting opened at 10:04 am by Jenni Mohler, Chair.
- Review of May 7, 2016 Meeting Minutes - the following corrections were noted:
  - Under future meetings –the address of Twin Valley Behavioral Health (TVBH) is 2200 W. Broad Street.
  - Sandra Keyes was present at the last meeting.
  - Alyssa Otani-Cole was also present.
- Motion to approve with the above corrections was made by Greg Collier and seconded by Walt Asbury; motion carried.
- The Chair reminded folks to review the meeting rules in their packet.

**Joyce Calland, OhioMHAS Bureau of Children and Families, State Youth Treatment Planning Grant**

- Focus is on better coordination of Ohio initiatives for youth & young adults.
- Brings together youth serving programs from Ohio Departments of Medicaid, Mental Health and Addiction Services, Education, and Job & Family Services and works to blend and integrate them in a better way – rather than developing new collaborations with each new initiative.
- “Engaging the New Generation to Achieve their Goals through Empowerment” - ENGAGE’s Goals:
  1. Improve inter-system coordination.
  2. Increase the availability and accessibility of services and supports through Wraparound for high risk youth and young adults.
  3. Emerging young adults and their parents or youth-defined families will be valued, empowered, and engaged.
  4. Develop Youth & Young Adult Advisory Council; develop Family Advisory Council.

Generate support for statewide System of Care expansion by using social media activities that aim to reduce stigma, increase youth/young adult awareness, and educate multiple stakeholders about ENGAGE.

- Achievements by the Numbers:
  - 62 counties will have received Wraparound training and technical assistance.

- 400 youth and young adults will have been enrolled in the Wraparound program in their community.
- 400 Wraparound facilitators will have participated in 3-day training and received optional on-site technical assistance.
- Safe Schools Healthy Students – Funded by SAMSHA from 2013 – 2017, the goal is to coordinate and improve access and availability of wellness promotion practices, evidence-based prevention and mental health services that prevent violence and promote the healthy development of children and youth in the following element areas:
  1. Early Childhood Social and Emotional Learning and Development
  2. Promoting Mental, Emotional, and Behavioral Health
  3. Connecting Families, Schools and Communities
  4. Preventing and Reducing Alcohol, Tobacco, and Other Drug Use
  5. Creating Safe and Violence-Free Schools
  6. Disparities Impact Statement
- Project AWARE (Advancing Wellness and Resilience in Education) Ohio.

**Rick Massatti, Ph.D., Health Services Policy Specialist, OhioMHAS Office of Quality Planning & Research**

- Care Coordination and the Family-School Alliance among Children involved in Ohio’s Behavioral Health System on IEPs (Individual Education Plans)
- Background:
  - Individuals with Disabilities Education Act (IDEA) ensures that:
    - Parents of children with disabilities have the opportunity to collaborate with professionals in their children’s education.
    - An individual education program (IEP) is developed to direct educational goals and objectives, and programming.
  - Children with emotional disturbances (EDs) are identified to receive IEPs (services may be on-site or off-site).
  - In 2014, an estimated 46,347 ED children and youth were estimated to be on IEPs.
- Research Questions:
  - To what extent do parents feel there is:
    - An alliance between themselves and school staff?
    - Care coordination among school staff, behavioral healthcare providers, and themselves?
- Methodology:
  - Assessment of Collaboration in Education
- Participant Recruitment
  - Youth Services Survey for Families (YSS-F)
- Some Results:
  - Nearly ¼ of parents said school staff “Never” or “Rarely” contacted them when their child was doing well (which per Ohio Department of Education policy they should be doing)
  - Nearly 25% of parents said school staff “Never” or “Rarely” offered convenient appointments to IEP parents when problems arose.

- 32 – 37% of parents said school staff “Never” or “Rarely” connected them to resources to meet their child’s needs.
- Over 40% of parents said school staff “Never” or “Rarely” allowed counselors, social workers or other therapists to observe their child in the classroom.
- Parents of boys said items occurred more often than parents of girls in 24 out of 28 items.
- Parents of black children said items occurred more often than parents of white children in more than half the items.
- Schools with school-based mental health services scored higher on 23 out of 28 items
- Preschool expulsion in our system is incredibly high – 6.7 per 1,000 (33 kids nationally vs 135 kids in our system).
- In order to decrease this expulsion rate – early childhood mental health consultations are necessary in our schools to help both teachers and families increase childhood attention and decrease aggression.

**Liz Gitter, Planning Council staff member - Block Grant Plan/Applications Recommendations**

- The Block Grant Application Letter & Recommendations were presented to Planning Council by the Block Grant Committee for editing and approval.
- Planning Council changes:
  - #3: Support a peer-led statewide advocacy effort for persons in mental health recovery.
  - #8: Continue trauma informed care initiative to include both educational materials to avoid re-traumatizing youth and inclusion of Ohio’s schools.
- Vote to approve recommendations with the above edits (Sandy Keyes/Megan Arnold moved/2<sup>nd</sup>); motion passed.
- Vote to support the OhioMHAS Block Grant application (Walt Asbury/Greg Collier moved/2<sup>nd</sup>); motion passed.

**Tracy Plouck, Deputy Director, OhioMHAS – Department Updates**

- Planning Council shared with her our updates to the original Block Grant recommendations.
- Tracy would like a copy of the finalized list to share with senior staff to use as a resource alongside future budget considerations.
- Tracy asked about peer support being utilized for employment services for folks with substance use disorder. In partnership with other state agencies we would make available via contract, a workforce that could perform this sort of function. “Occupational peers” to help support those with substance use disorder – new in recovery and seeking employment services.
- Question was asked if we can get information regarding success of transition from psychiatric hospitals, substance use disorder treatment centers and detoxification facilities to community care.
- Consumer Operated Services collaboration and support: Members expressed concern to Tracy that work to support Consumer Operated Services continues. (This support does not necessarily need to be financial support as we are aware that funds have been distributed regionally to implement wellness activities after the unfolding of the statewide mental health consumer organization.) We need to make sure the needs of individuals and leadership of Consumer Operated Services are facilitated and supported, particularly as we navigate through issues such as Medicaid certification.

- Behavioral Health Redesign updates:
  - Tracy distributed an additional Powerpoint describing Specialized Recovery Services Program (formerly known as the 1915i -Medicaid waiver program) that will affect 4 - 6,000 Ohioans which was not included in her presentation.
  - Changes in Medicaid billing will require entering the claims the rendering provider and assuring the evaluation and management codes turned on for everyone across the system.
    - Effective date moved from January 2017 to July 2017.
  - Policy and Coverage Changes
    - Coverage added for: ACT (Assertive Community Treatment) and IHBT (Intensive Home Based Treatment – added evidence-based/state-best practices for persons requiring higher intensity team-based services.
    - Adopting “ASAM” (American Society of Addiction Medicine) Levels of Care for substance use disorder treatment.
    - Expanding Medicaid billing codes from a few to hundreds to adopt the same codes used by major insurance companies (Aetna, Anthem, etc.).
    - OTP (Opioid treatment programs) – expanding coverage to include buprenorphine products
    - Peer Support – introduced as a Medicaid billable service
    - Mental health day treatment
    - SUD (Substance Use Disorder) and MH (Mental Health) – align the codes to serve folks with both
    - SBIRT (Screening, Brief Intervention and Referral to Treatment) - codes open to mental health provider
    - This is a budget neutral model
    - Also invested a total of approximately \$37.6 million above that budget neutrality point
    - Future commitments to add services
      - Mobile Crisis and Behavioral Health Urgent Care
      - High-Fidelity Wraparound
    - Can register for trainings in August (more will be scheduled)
- Grant Funding Management System (GFMS)
  - Single grants management system for stakeholders and department staff.
  - System is up and running; still working out a few glitches
  - Agile team used to develop software; Web based

**Andrea Boxill, Deputy Director, Governor’s Cabinet Opiate Action Team (GCOAT), OhioMHAS**

- What the data shows us: Unintentional overdose (OD) deaths in Ohio are increasing
  - 2011 = 1,765
  - 2012 = 1,914 (697 from heroin)
  - 2013 = 2,110 (983 from heroin)
  - 2014 = 2,482 (1,177 from heroin)

- In 2104 Ohio 3<sup>rd</sup> in nation in unintended OD; in 2016, now 2<sup>nd</sup> in nation.
- Research showed a correlation between the increase in prescribing practices and the increase in overdose deaths
- Currently up to 7 people / day die from unintentional OD
- Fentanyl-related overdoses – caused a huge spike
- House Bill 4 – made Naloxone available without a prescription to the public
- Ohio Board of Pharmacy has developed prescribing protocols
- Developed an Opioid Toolkit for Communities
- Harm Reduction Programs including syringe exchange for blood borne products
- Medication Take-back programs
- GCOAT (Governor’s Cabinet Opiate Action Team) webpage on the OhioMHAS website at mha.ohio.gov
- Here you can also access the GCOAT Health Resource Toolkit for Addressing Opioid Abuse

### **Increasing Effectiveness of Planning Council - Technical Assistance Project**

- The Technical Assistance Project committee met to discuss ways to increase visibility of Planning Council
  - Create a brochure outlining the purpose and role of Planning Council
  - Distributed the brochure and staffed information table at both the Recovery Conference and the Trauma Informed Care Summit (shared the OhioMHAS table)
- Discussed creating our own promotional materials so that we can have our own presence at events & conferences including a banner & tablecloth with logo
- Want to have our consultant come to an upcoming Planning Council Meeting to help us develop an Action Plan for moving forward
  - looking a different options for meeting structure
  - developing common goals
  - getting folks more involved in activities

### **Membership Committee**

- Cheryl Crayden announced recommendation to invite Sam Stull onto Planning Council as a young person in addiction recovery. Recommendation was unanimously approved by Council.
- Next meeting will be electing new Planning Council officers. Nominations are now being sought; please send nominations to Membership committee. This is an open process; the membership committee will nominate a slate, but Planning Council members can nominate themselves or others.
- Membership Committee plans to review Planning Council bylaws for needed updates.

### **Announcements**

- Neighborhood House open house for new MAT- provider, WellHQ. Aug. 4, 3pm, 1000 Attcheson Ave.
- OCAAR (Ohio Citizens Advocates for Addiction Recovery) is sponsoring statewide screenings of the youth in recovery film “Generation Found” – September 13
- Ohio’s Rally for Recovery takes place on Sept. 23, 2016 1-3pm. Recovery speakers, state legislators, awards presentation and Recovery countdown. Vendor tables available for \$20. Sign up at oca-ohio.org

Meeting adjourned at 2:45pm – moved/2<sup>nd</sup> Mark Smith/Sandra Keyes

**Planning Council Meeting Minutes  
TVBH North Wing Conference Center  
Friday, September 30, 2016**

**Present:** Daniel Arnold, Walter Asbury, David Caperton, Lisa Carter, Lisa Clark, Greg Collier, Liz Gitter, Alaina Herrel, Emilia Jackson, Dustin McKee, Jody Morgan, K. DeBol (for Alissa Otani-Cole), Mickey Scoville, Michelle Shock, Sam Stull, Donna Thomas, Sue Williams

**Absent:** Megan Arnold, Craig Comedy, Cheryl Crayden, Bob Cross, Sandra Keyes, Diane Mang, Kimberly Meals, Barbara Miller, Jennilee Mohler, Sara Sheline, Mark Smith, Sarah Smitley, Taylor Stevenson, Gail Thomas

---

**Welcome, Introductions, Meeting Minutes and Meeting Rules**

- Walt Asbury, Vice-chair opened the meeting at 10:07am with welcome, meeting rules reminder and introductions
- Approval of July 29, 2016 meeting minutes: motion to approve (Dave Caperton moved/Jody Morgan 2<sup>nd</sup>); motion carried

**Kathy Coate-Ortiz, OhioMHAS Chief of Mental Health Services - First Episode Psychosis Program**

- SAMSHA funded with “new money” which is \$1.6 million annually for Ohio
  - 10% set aside for Mental Health Block Grant
- Goal is to treat first-time psychosis symptoms as soon as they occur with early intervention
- For persons 15 – 35 (normally late adolescence)
- Team based approach; evidence based
- Specialty care Includes:
  - Individual Therapy
  - Family involvement
  - medication management
  - Case manager
  - Supported education and /or supported employment
  - Peer support
  - Integration of Primary and Behavioral healthcare
- Primary Goals (current & future):
  - Services
  - Training consultation
  - Availability all over Ohio
  - Services availability matches local needs
  - Increase access to assessment, treatment and specialized expertise
  - Develop nontraditional partnerships (hospitals, university and other places where first episode psychosis might occur)
  - Long-term sustainability

- Seven providers funded in seventeen counties
- SFY 2016 Summary of the Projects
  - Two providers funded and services were available in nine counties
  - Average age of clients receiving services: 21 years old
  - Individuals served throughout the year: 111
  - Number of clients enrolled at the end of the year: 90
  - Number of clients working or in school 55-63%
  -

**Carol Carstens, OhioMHAS Bureau of Research - Scientific Survey of Adult Consumers and Parent/Guardian of Children Receiving Services**

- Perception of Care Scales
- Adult Consumer Survey (MHSIP)
  - Mail survey samples 10,000 adults
  - Randomly selected from the SFY 2015 service population 110,487 adults
  - Undeliverable mail 18.1%
  - Non respondents: 80.1
  - Refused /unusable form: less than 1%
  - Respondents: 18.9%
- Who responded
  - Mean age 47.5
  - Race: White 69.9 %; African-Am 23.9%; Unknown 4.9%, Other 1.6%
  - 8.3% not in services at time of survey
  - 7.9% police involvement in past 24 months
  - Geographically Diverse
    - 16.4 - Appalachian boards
    - 8.5 - Rural boards
    - 14.1 - Small board
    - 14.5 - suburban boards
- What was Measured:
  - Perception of Care:
    - Cultural Sensitivity
    - Treatment Engagements
    - Access
    - Quality Appropriateness
  - Self-reported outcomes
    - Social Connectedness
    - Outcomes
    - Functioning
- The YSS-F Youth Services Survey for Family
  - Mail survey samples 14,014 families of children and adolescent consumers
  - Randomly selected from SFY 2015 service population 87,149 youth

- Participants
  - Study sample: 1,480 completed surveys
  - Child subjects: 41.2% females (n=602), 58.8% male (n=859)
  - Mean age: 11.3 years
  - Race: 70.1% white; 25.7% African Am; 4.2% Other
  - Ethnicity: 3.3% Hispanic/Latino
  - 70.9% received services for more than a year
- What was measured
  - Cultural Sensitivity
  - Treatment Engagements
  - Access
  - Quality Appropriateness
  - Social Connectedness
  - Outcomes
  - Functioning
- For the full reports go to: OhioMHAS website, to <http://mha.ohio.gov/Default.aspx?tabid=301>  
See "Surveys 2016"

### Tracy Plouck, Director OhioMHAS – Department Updates

#### SFY 16 Community Accomplishments:

- Criminal Justice Partnerships
  - Partnership with ODRC brought prison-based recovery services under the OhioMHAS leadership umbrella
- Investing in Ohio's youth
  - 9 million invested in the **Early Childhood Mental Health (ECMH)** Whole Child Matters Initiative - adding dozens of mental health consultants to work with teachers, staff and families of at-risk children in early learning settings
  - **Strong Families, Safe Communities** partnership with DODD was continued with 3 million to work with communities to intervene with adolescents and youth at risk – 13 projects were awarded funds in SFY16
  - Additionally, resources appropriated to strengthen community prevention efforts through youth-led and evidence-based programming
- **Modernizing the Medicaid** behavioral health benefit
  - Collaboration with the Ohio Department of Medicaid to better align services to a person's level of need and integrate with physical managed care for better overall health
- Specifically, **Specialized Recovery Services** for people with high-intensity service and support  
Increasing access to housing
  - For people in substance abuse recovery and those with mental illness through bricks & mortar projects:

- Total of \$9.4 million in funding for permanent supportive housing in SFY16
- \$2.2 million capital budget for expansion of sober housing options – added 158 beds to Ohio’s stock
- For people in Substance abuse recovery and those with mental illness through bricks & mortar projects:
- \$2.5 million grants for recovery housing for Ashtabula, Athens, Fairfield, Fulton, Lake, Licking and Trumbull Counties
- Extended **Residential State Supplement** financial assistance
- **Saving lives – Suicide Prevention**
  - Actionable plans to avoid preventable deaths by investing \$2 million over the biennium in suicide prevention, including:
    - Training physical health care providers to recognize early warning signs
    - Zero suicide Academy trainings
    - Collaboration with the Ohio State University
    - College of Psychiatry and the Departments of Medicaid and Health working on a data surveillance system to assist in targeting services for individuals at risk
- **Saving lives – Naloxone**
  - House Bill 4 (sponsored by Sprague & Rezabek) was passed and signed by the Governor into law, which allows a physician to issue a protocol authorizing others to furnish naloxone to an individual who is at risk of overdosing or to an individual who may be able to assist another person during an opioid-induced overdose
  - OhioMHAS also allocated \$500,000 for the purchase of more naloxone to be available statewide for first responders
- **Saving Lives** – Last but not least, nearly 500,000 Ohioans with behavioral health need have obtained health care coverage through the extension of Medicaid benefits
- **Improving our hospitals**
  - Appalachian Behavioral Healthcare in Athens underwent an eight-month, \$3.6 million project to renovate 20 private and 34 semi-private patient rooms, redesign nurse stations, comfort rooms, and dining areas, and make security upgrades
  - Northcoast Behavioral Healthcare was transformed with a \$71 million renovation project, which replaced buildings and consolidated others into a single, cohesive 258 bed facility covering 297,000 square feet of space.

**Membership Committee Report – Jody Morgan, Chairman, Membership**

- **Election of officers** - The Membership committee recommends the following slate of candidates for Planning Council officers:
  - Chair: Dave Caperton
  - Vice-Chair: Greg Collier
  - Secretary: Lisa Clark
  - Parliamentarian: Walt Asbury

Membership committee moved to accept officers as read/Alaina Herrel 2<sup>nd</sup>; motion carried

- **Vacancies and Recruitment Efforts**

- Thank you to OhioMHAS staff Lynette Cashaw-Davis and the OhioMHAS communications office for the updated, professionally printed brochures
- Outreach/Recruitment efforts include participation in the Ohio Rally for Recovery
- Vacancy Recommendation: Angela Schoepflin as a Person with a Child in substance abuse recovery
- We still have 2 slots open for a Young Person in Mental Health Recovery (up to age 25)

- **Bylaws - Recommended changes**

- Formatting issue – it was noted the numbering was incorrect; will be fixed
  - Remove chairman sentence and place in executive team section: “language about at large seat”
  - OACHBA – statewide assistance to regional consumer operated service regarding mental health advocacy
  - Motion to table #6 removal- Lisa Clark/Greg Collier
  - Greg moved to accept changes to bi-laws with corrections stated; Alaina 2<sup>nd</sup>
- Walt Asbury made a motion for Planning Council to present a Certificate of Appreciation thanking Jenni Mohler for her service; Dan Arnold 2<sup>nd</sup> – motion carried

**Increasing effectiveness of Planning Council, Jody Morgan, Technical Assistance Team**

- The technical committee recommends that we invite our SAMSHA consultant to attend our December meeting to facilitate a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats)
- Also on the agenda for the next meeting will be review of the comment letter that accompanies the Block Grant Implementation Report
- Suggestion was made to have a working lunch and purchase pizza for the next meeting
- Donations will be accepted to cover the cost of pizza for those who choose to participate

**Meeting adjourned at 2:30pm.**

## **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 2<sup>nd</sup> 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 2<sup>nd</sup>; 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