COUNTY COMMUNITY MENTAL HEALTH BOARD
PROGRAM PLANNING & POLICY COMMITTEE
March 10, 2004

The Program Planning & Policy Committee meeting was called to order at 1:30 p.m. by Chairperson Dr. Mieko K. Smith, who recommended re-ordering the agenda.

Present: **John Bazyk, Bonita Caplan, Ann Hull, Bill Sheehan, Mieko Smith, Mary Warr**
Absent: **Ben Gohlstin**
Board Staff: William M. Denihan, Chief Executive Officer; Valeria Harper-Bledsoe, Chief Operating Officer; Dr. Kathryn Burns, Chief Clinical Officer, Cassandra Richardson, Chief Financial Officer; Rose Fini, Contract/Risk Manager; Scott Osiecki, Director of External Affairs, Terri Oldham, Children's Project Administrator; Michael Doud, Residential Project Administrator
Guest Presenter: Patrick Boyle, Director of Clinical Training - Ohio Substance Abuse Mental Illness Coordinating Center of Excellence (SAMI CCOE)

1. APPROVAL OF MINUTES: Ms. Warr moved to approve the minutes of February 11, 2004. All in favor; the minutes were approved as written.

2. SUICIDE PREVENTION PLAN UPDATE
Ms. Oldham, Children's Project Administrator, provided an update on the implementation efforts of the Suicide Prevention Plan completed in February 2003. The Cuyahoga County Suicide Prevention Plan Advisory Committee has met four times and is co-chaired by Catherine Ferrer, American Foundation of Suicide Prevention/NE Ohio, and Sarah McQuire, Mental Health Services, Inc. It was noted that the CCCMHB is taking the leadership role regarding the Suicide Prevention Plan and implementation.

- The plan focuses on three goals: Awareness, Intervention, and Methodology.
- The Mobile Crisis Team (MCT) at Mental Health Services, Inc. has been certified by the national body. The agency is now part of the 1-800-Suicide network. The MCT handles all calls in "216" area codes and "440" area codes that fall within Cuyahoga County.
- Plans for evaluation to be developed by the Methodology Workgroup.
- A budget for Suicide Plan implementation activities will be forthcoming.

ACTION: Dr. Smith suggested that the Suicide Prevention Committee consider developing measurable goals, (e.g. decreasing suicide numbers in specific age groups within a designated period of time.)

3. COORDINATED RESIDENTIAL REFERRAL PROCESS: A PART OF CENTRAL INTAKE
Mr. Doud, Residential Project Administrator, reported that a subcommittee of the Central Intake process has been meeting since December 2003 to develop procedures and a referral process to assist consumers in their recovery to access the most appropriate residential service program in the community.

The pilot Coordinated Residential Referral Process will positively impact the community mental health system by addressing consumers' housing, residential and related support service needs by promoting the reduction of inpatient psychiatric and hospital bed days. The committee consists of representatives from several agencies—Bridgeway, Northcoast Behavioral Healthcare System, Murtis H. Taylor Multi-Service Center, Spectrum of Supportive Services—and Board staff. The goal is to implement a pilot project this Spring which will involve three agencies and seven sites. The pilot program will be in effect until March 2005.

4. ODMH CAPITAL PROCESS REVIEW
Mr. Doud reported that Community Capital Plan deadlines are delineated in the Board's MSPA (Mutual Systems Performance Agreement). Although the next Capital Plan is not due until September 2005, the goal of the presentation is to acquaint Board members with the ODMH Capital Process:

- Planning for Capital Needs
- Requirements for Capital Funds
- Application Process
- Project Development Process

4. ODMH CAPITAL PROCESS REVIEW (Continued)

ACTION: Dr. Smith requested that PP&P committee members be kept up-to-date on the capital plan sequence of all capital projects.

5. PRESENTATION: OHIO SAMI COORDINATING CENTER OF EXCELLENCE

Patrick Boyle, Director of Clinical Training, from the Ohio SAMI Coordinating Center of Excellence, utilized a power point presentation to present an overview of the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model. He explained that the IDDT model is an evidenced-based practice that improves the quality of life for persons with dual disorders by integrating substance abuse services with mental health services. (A hard copy of the presentation is attached to the minutes stored in the Executive Unit.)

Integrated Dual Disorder Treatment (IDDT) model reduces:

- Relapse of substance abuse and mental illness
- Hospitalization
- Arrest, Incarceration
- Duplication of services
- Service costs
- Utilization of high-cost services

IDDT increases:

- Continuity of care
- Consumer quality of life outcomes
- Stable housing
- Employment
- Independent living

Discussion followed on the impediments of using this model, such as billing issues. Ms. Caplan suggested that efforts be made to contact other counties currently working with the IDDT model for their counsel and insight. Dr. Burns noted that Mr. Boyle will be meeting with Board staff after the Program Planning & Policy Committee meeting to continue the discussion.

There being no further business, the meeting adjourned at 3:00 p.m.

Submitted by: Carol Krajewski, Executive Specialist to the Board of Governors
Approved by: Mieko K. Smith, Chair, Program Planning & Policy Committee