

**COUNTY OF**



**ALLEGHENY**

**RICH FITZGERALD**  
COUNTY EXECUTIVE

**Joint MH/ID Advisory Board and Drug & Alcohol Planning Council  
Meeting Minutes  
Wednesday, September 14, 2016  
Human Services Building, Homestead Grays Conference Room,  
One Smithfield St., Pgh., PA 15222**

**Present D&A Planning Council:** Theresa Edwards (Chair), Dr. Andrew Leuenberger, Debra Romanelli

**Absent D&A Planning Council:** Abbie Scanio, Valerie Ketter, Keith Kaufold, Mario Browne

**Present MH-ID Advisory Board:** Paul Barkowitz, Maria Silva, Eva Bednar, Lynda Marnoni, Barbara Wolvovitz

**Absent MH-ID Advisory Board:** Kathy Testoni, Daryl Jackson, Kurt Kondrich, Jaimie Kopicko

**Present Staff:** Denise Macerelli, OBH Deputy Director; Sue Martone, OBH Assistant Deputy Director; Don Clark, OID Deputy Director; Dr. Latika Davis-Jones, Bureau of D&A Services Administrator; Joseph Elliott, OCR Manager of Specialized Integrated Services & Supports; Bill Bedillion, OBH Manager of Special Projects; Michelle Lee, Bureau of D&A Services Clerk Typist 2

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**I. Call to Order & Introductions**

MH-ID Advisory Board Chair Paul Barkowitz called the meeting to order at 4:30 p.m.

**II. Presentations**

**H2O Presentation-Joseph Elliott, Manager of Specialized Integrated Services & Supports, DHS-OCR (Office of Community Relations)**

Joseph Elliott, DHS-OCR Manager of Specialized Integrated Services & Supports, gave a PowerPoint presentation on DHS' H2O (Healthy Housing & Outreach) grant project that is made up of 2 projects collectively called H2 (Housing & Healthcare Integration). H2 was a technical assistance effort sponsored by the U.S. Department of Housing and Urban Development, the U.S. Interagency Council on Homelessness, and the U.S. Department of Health and Human Services.

DHS later had the chance to apply for and was subsequently awarded the Cooperative Agreement to Benefit Homeless Individuals (CABHI) Grant, which tied in well with the H2 initiative. Sue Martone said this grant is about \$2.4 million over a 3-yr. period. Joseph Elliott said that at the time the grant proposal was written, there were about 150 chronically homeless individuals in Allegheny County. The goal is to enroll at least 70% (105 people at that time) in the first year of the program. The grant is funded by

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SAMHSA, but HUD is leading a national effort to end chronic homelessness. HUD changed their definition of chronic homelessness after the project began. The new definition requires that a person be continually homeless for 12 mos. (living on the street, in an emergency shelter, or in a place not meant for human habitation), or that a person has 4 episodes of homelessness in 3 yrs. that equal a total of 12 mos. *See pp. 5-11 of the SAMHSA Grant Overview PowerPoint for the grant's objectives.* As of this meeting, Denise Macerelli said applicants could still apply for the project coordinator position (*mentioned as the "Project Lead" on pg. 11 of the PowerPoint*). More information will be forthcoming since DHS had yet to meet with the grant's project officer as of this meeting.

#### **ACCR Best Practice Principles for Peer Inclusion-Anthony Lucas, Manager of Quality Improvement, Allegheny HealthChoices, Inc.**

Anthony Lucas, Manager of Quality Improvement, from Allegheny HealthChoices, Inc., co-chaired the ACCR (Allegheny County Coalition for Recovery) Quality Improvement (QI) Committee, which created the ACCR Best Practice Principles for Peer Inclusion into Behavioral Health Treatment Teams brochure. This brochure is intended to educate people about the important role that PIR (persons in recovery) for mental health and substance use, such as certified and uncertified peer and recovery specialists, PIR who provide billable/non-billable services, etc., play in different agencies. *See the ACCR Best Practice Principles for Peer Inclusion into Behavioral Health Treatment Teams brochure for more information.*

### **III. Board & Council Business**

#### **July 2016 MH-ID Advisory Board Meeting Minutes**

MH-ID Advisory Board Chair Paul Barkowitz said there was a quorum. Barbara Wolvovitz made a motion to accept the July 2016 minutes. Maria Silva seconded. The July 2016 MH-ID Advisory Board Meeting Minutes were unanimously approved.

#### **July 2016 D&A Planning Council Meeting Minutes**

Since there was no quorum, D&A Planning Council Chair Theresa Edwards made a motion to have the July 2016 minutes approved via e-mail. Dr. Andrew Leuenberger seconded. Bill Bedillion sent the July 2016 minutes for approval via e-mail on October 3<sup>rd</sup> at 11:01 a.m. On October 3<sup>rd</sup> at 12:05 p.m., Dr. Leuenberger made a motion via e-mail to approve the July 2016 minutes. On October 3<sup>rd</sup> at 4:15 p.m., Mario Browne also made a motion via e-mail to approve the July 2016 minutes. The July 2016 D&A Planning Council Meeting Minutes were approved.

### **IV. D&A Updates-Dr. Latika Davis-Jones**

#### **Centers of Excellence**

Dr. Davis-Jones said that Gateway Rehabilitation Center, Tadiso, Inc., UPMC-WPIC, UPMC-UPP, UPMC Mercy, and West Penn Hospital were the 6 Allegheny County organizations that were awarded the resources to become Centers of Excellence (COE). OBH/D&A will be working closely with Gateway Rehabilitation Center and Tadiso, Inc.,

since these licensed D&A treatment facilities' resources will come directly from Allegheny County DHS. Dr. Davis-Jones received a letter the day of this meeting that OBH/D&A will receive an initial amount of about \$660,000 to split between these 2 agencies. Each of these 2 agencies will later receive an additional amount of about \$170,000 each. UPMC-WPIC, UPMC-UPP, UPMC Mercy, and West Penn Hospital are private physician-based facilities that will be managed through the physical health insurance plan. Each COE will need to recruit 300 additional clients, and they will be charged with providing comprehensive care coordination for these clients, ensuring that their behavioral and physical health needs are met, and keeping them engaged in treatment. The COE kick-off scheduled for October 1<sup>st</sup> will likely be delayed since OMHSAS and the Department of Human Services (at the state level) have not provided more information about the COE requirements and the SCA's oversight role. When more information on the COE becomes available, it will be shared with the MH-ID Advisory Board and the D&A Planning Council.

### **Opiate-Related Overdose Deaths in Allegheny County Report**

Dr. Davis-Jones went over the highlights of the Opiate-Related Overdose Deaths in Allegheny County Report that Bill Bedillion resent several times to the D&A Planning Council and the MH-ID Advisory Board (*last e-mail sent on October 13<sup>th</sup> at 9:15 a.m.*). This report was a collaborative effort between the Allegheny County Department of Human Services and the Allegheny County Health Department (ACHD) and found that there were 1,355 opiate-related overdose deaths in Allegheny County from 2008-2014. The following were "hotspots," where the highest number of opiate-related overdose deaths occurred: Spring Hill-City View, Sharpsburg, Penn Hills, Allentown, Beechview, Mount Oliver Borough, and Carrick. Some periods of time where people were at a higher risk of overdosing were after they were released from jail, when they were leaving rehab, or when they were involved in methadone maintenance treatment. One intercept point, where overdose deaths were more likely to occur, was after people received a publicly funded mental health service. Of the 510 people who had received a publicly funded mental health treatment service within a year prior to their death, 231 died within 30 days of receiving a mental health service. Forty-seven percent of the 231 died within a week of receiving a mental health service. Heroin, not prescription opioids, was increasingly indicated in the more recent overdose deaths. The expansion of MAT (medication-assisted treatment) can be used to combat the overdose epidemic. There is an ongoing MAT treatment project at the Allegheny County Jail that connects people with an opioid use disorder who are interested in getting help to methadone, suboxone, or Vivitrol treatment upon their release. Their MAT treatment is 100% covered for 12 mos.

Expanding the use of Narcan in high intercept points was one of the report's key recommendations. Starting on October 1<sup>st</sup>, those who are leaving jail and who have been identified with an opioid use disorder, will have access to Narcan upon their release. Every person in the jail will receive overdose prevention/Narcan education. OBH/D&A is working with MAT providers to provide them with extra Narcan to have onsite. OBH/D&A will be working with Children, Youth, & Families, Probation & Parole, outreach homeless teams, and other known intercept points, to get them access to Narcan. OBH/D&A worked with the ACHD to use last year's additional Department of Drug and

Alcohol Programs funds to purchase 1,732 two-dose Narcan kits at a total cost of about \$137,000. D&A providers can pick up Narcan kits from ACHD. Denise Macerelli said a good part of the October 14<sup>th</sup> joint MH and D&A providers meeting will be devoted to discussing this report.

### **Pittsburgh Recovery Walk 2016**

As part of OBH/D&A's effort to reduce stigma related to addiction and to give a face and voice to people in recovery, OBH/D&A helped organize Pittsburgh's first Recovery Walk on September 10<sup>th</sup>. Over 1,000 people registered. The Recovery Walk aimed to give hope to people who believe they cannot recover.

## **V. OBH Updates-Denise Macerelli**

### **System of Care Expansion Grant**

Denise Macerelli said that about a week ago from this meeting, DHS/OBH was notified that they received the System of Care Expansion Grant, a federal grant of about \$3.6 million over 4 yrs. This grant will continue some of the work that the Community of Practice, the group of behavioral health organizations committed to the goal of better serving children, youth, and families involved in the child welfare system, already began. A project coordinator and youth support and family support partners will be hired for this project. More information will be forthcoming.

### **CYF Behavioral Health Specialists**

DHS recently hired 5 behavioral health (BH) specialists, and each BH specialist is assigned to 1 of the 5 regional CYF offices. The BH specialists will serve in a consulting and advising capacity. They will help CYF caseworkers with their permanency and risk plans, the issue of dependency, and presenting their cases in court. When a parent relapses, the judge often decides that their children should be taken away or their children should not be reunited with them. OBH and CYF are working with the courts to help them understand that relapse should not be considered as a failure but is often part of the recovery journey. The BH specialists will be doing BH training for CYF staff. A child/adolescent psychiatrist is currently working 16 hrs. a week in an advising capacity for DHS since DHS often has to make many medical decisions for children.

### **Psychotropic Medication Dashboard Project**

DHS is involved in a statewide psychotropic medication dashboard project that focuses on children in CYF, but Allegheny County wants to use this project to look at all children served in the county's behavioral health system. Children's data is grouped by their public service involvement (BH, CYF, JPO, or CYF and JPO). From the first count of data Denise Macerelli saw the day of this meeting, the highest proportion of children being subjected to polypharmacy were those involved in both CYF and JPO.

### **CCBHC's (Certified Community Behavioral Health Clinics)**

The state selected Pittsburgh Mercy to be a CCBHC for Allegheny County, so Pittsburgh Mercy is currently in negotiation with the state. The CCBHC's are federally funded health clinics that are run by the state and are intended to be a comprehensive integrative

system of care. People assigned to CCBHC's will be taken out of the HealthChoices capitation, and the money will go directly to CCBHC's to provide all the services they are required to provide. CCBHC's must provide some services as primary services. They still have to pay for subcontracted services through capitation. More information will be forthcoming.

### **CMS Final Rule**

The recent CMS final ruling says the federal match will no longer be available to people who are in qualifying facilities for greater than 15 days. As of this meeting, the 15-day rule seemed to apply to D&A inpatient rehab facilities. More information will be forthcoming since as of this meeting, it was unclear how Pennsylvania would respond.

## **VI. OID Updates-Don Clark**

Don Clark said that the ODP budget did not have cuts, but there were no waiting lists and initiatives for graduates or for the consolidated waiver. Currently, DHS/OID is trying to figure out how to serve graduates who will be unsupervised during the day and continues to try to fill vacancies in the consolidated waiver. As people leave the waiver, people who do not have supervision during the day or evening will be brought into the waiver first. For this fiscal year, everyone on the consolidated waiver will continue to be covered. Currently, there are 19 individuals dual-diagnosed with MH and ID. In 2015, they received about \$2.2 million total (\$600,000 in MH funding and \$1.7 million in ID services) in primarily base funding that came from the block grant. This funding was for people who had moved over to the waiver and had gotten into the program. There may be block grant, respite, or other kind of county money available for families. If there are no slots for people who cannot be supervised after they graduate and these individuals would be alone, then the only option would be the 406-through the state center. Currently, DHS/OID does not think that they will have to do this. Historically, DHS/OID received about 40-80 slots a year and was able to serve all unsupervised graduates through attrition without an initiative. There are about 50-100 graduates a year, and about 50-80 people are brought into the waiver each year, without an initiative.

## **VII. Adjournment**

MH-ID Advisory Board Chair Paul Barkowitz asked for a motion to adjourn. Barbara Wolvovitz made a motion to adjourn. Lynda Marnoni seconded. The meeting was adjourned at 6:04 p.m.

## **VIII. Next Public Meetings**

The next MH-ID Advisory Board Planning Committee meeting will be on Tuesday, October 11, 2016, from 4:30 p.m.-6 p.m. at DHS in the Homestead Grays Room, Lower Level.

The next public MH/ID Advisory Board meeting will be on Tuesday, November 8, 2016, from 4:30 p.m.-6 p.m. at DHS in the Homestead Grays Room, Lower Level.

The next public D&A Planning Council meeting will be on Wednesday, November 9, 2016 from 4:30 p.m.-6 p.m. at DHS in the Homestead Grays Room, Lower Level.