

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

**Drug & Alcohol Planning Council
Meeting Minutes
Wednesday, November 18, 2020**

Microsoft Teams

Present D&A Planning Council: Theresa Edwards, Paul Freyder, Mario Browne

Absent D&A Planning Council: Val Ketter, Vicky Lahey, Marvin Randall, Stacie Brown

Present Staff: Denise Macerelli, OBH Deputy Director; Maisha Howze, Bureau of D&A Services Acting Assistant Deputy Director; Bridget McNamee, OBH Special Projects Manager; Diane Johnson, OBH Project Coordinator; Michelle Lee, Bureau of D&A Services Clerk Typist 2

I. Call to Order & Introductions

Chair Theresa Edwards called this meeting to order at 4:34 p.m.

II. Council Business

September 2020 D&A Planning Council and MH-ID Advisory Board Joint Meeting Minutes

Since there was not a quorum, Bridget McNamee will e-mail the September meeting minutes to D&A Planning Council members for approval.

Renewal of Council Members' Terms

Bridget McNamee will reach out individually to those council members, whose terms will expire at the end of the calendar year.

III. Update: Safe Haven Project-Diane Johnson

Diane Johnson, OBH Project Coordinator, said the Safe Haven Hotel has been put in place by Allegheny County DHS to prevent the spread of COVID-19. The Safe Haven Hotel, which is located in the South Hills, is intended for temporary isolation or quarantine of individuals, who meet certain eligibility criteria, related to health and/or risk factors, which include being exposed, or presumed/confirmed positive for COVID-19. The Safe Haven Hotel is for people who have nowhere else to isolate, quarantine, or to shelter-in-place, and it is not an emergency shelter or a medical facility. It is available to DHS behavioral health providers, who have facilities, especially residential facilities, that do not have the capacity to safely quarantine people. The provider can go through a decision tree and a lot of other available information to help decide whether that person should be referred to the hotel. Individuals may prefer to stay with their family members and safely quarantine with them. Bridget McNamee will email the Safe Haven Hotel information to D&A Planning Council members. Behavioral health providers are asked to contact Diane Johnson before making a referral to the hotel so she and her team can review all options with providers and go over how providers will support a client once they go into the hotel. Those

**DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH**

HUMAN SERVICES BUILDING • ONE SMITHFIELD STREET • SUITE 300 • PITTSBURGH, PA 15222
PHONE (412) 350-4456 • TDD (412) 350-3467 • FAX (412) 350-3880
WWW.ALLEGHENYCOUNTY.US/DHS

people coming from the D&A community would need to have a level of treatment or level of housing planned. For someone on MAT (Medication-Assisted Treatment), they would have to review how the person would continue to receive MAT (who the prescriber would be, how that would be coordinated, if the D&A provider will provide ongoing therapeutic support while the person is in the hotel, etc.). Sometimes D&A providers are asked to make a referral to case management to provide extra support to the person while they are in the hotel. Sometimes the process includes making sure the provider is connected to the ACHD (Allegheny County Health Department), so the ACHD can help the provider figure out everything that is needed, including any additional testing, and how to get people tested if there has been an outbreak. Diane Johnson asked providers not to complete the referral form until they had a conversation with her. A lot of people who are being referred to the hotel are involved in the behavioral health system, including D&A, but they are bypassing Diane Johnson because they are getting to the hotel via other systems (hospital, homeless, etc.). When that happens, she is still made aware of that referral. She works with the hotel staff to put supports in place for the person while they are in the hotel. Paul Freyder asked Diane Johnson for an estimate of how many people were currently staying at the hotel and how long people were allowed to stay there. Diane Johnson said they had not reached capacity at the hotel as of this meeting. The original capacity was up to 300 beds, but she was unsure if the contract was still for that number. As of this meeting, she thought they had served about 150 people total. The logistics of the hotel are very complicated because some people in the hotel are in the high-risk category, others have known exposure to COVID-19, and a third group of people are COVID-19 positive. The hotel has some very strict rules and regulations in place to prevent populations from mixing. For instance, people need to stay in their rooms and receive all their meals in their rooms. There is a lot of support within the hotel. The hotel coordinates the logistics for people, who need to go outside to take breaks, to ensure that there is no mingling of populations. The length of time that someone can stay depends on the reason they are at the hotel. For people who go in because they are COVID-19 positive, they would be expected to leave after they are medically cleared and no longer contagious. Diane Johnson asks D&A providers who submit referrals about if they will allow the person to return to their facility, and if not, how the provider will help the person find a place to live, if they are homeless. The person's COVID-19 status determines their length of stay. However, a lot of people in the hotel came in through the homeless system because they will experience negative outcomes if they contract COVID-19. Until they can find a safe place to shelter-in-place that is not a congregate living situation, they can stay indefinitely, for the most part.

IV. Bureau of D&A Services Updates-Maisha Howze

Maisha Howze said she would talk to Bridget McNamee about inviting a DHS-ATP (The Office of Analytics, Technology and Planning) staff person to present at a future meeting about overdose trends as they relate to different services, such as mental health, Children, Youth, and Families (CYF), the homeless population, and the county's jail and probation system. OBH/D&A is working with their county partners to address the overdose issue. OBH/D&A recently received information from their data system about an increase in overdoses related to Black males, so they have been paying more attention to this. Sometimes there is a lag in the data system from what is seen in the community. ACHD was already doing some of the work in the Hill District and in Homewood to address this concern. Maisha Howze said the Certified Assessment Centers (CACs), which are part of the coordinated entry initiative, have been up and running for about 6 mos. now. The whole idea behind this initiative is to simplify the process for people who are seeking treatment, so they do not have to do their own cold calling once they receive a level of care (LOC) assessment, or need to wait for an extended period of time in order to get a LOC assessment. Pyramid, Jade Wellness Center (in Monroeville), POWER, and White Deer Run are the 4 CACs. OBH/D&A did not close the side doors, so people can still get LOC assessments from other providers, but the CACs are the preferred pathway for getting the LOC assessments

done. These CACs were selected from a RFP (Request for Proposals), so OBH/D&A knows that the CACs will give them the data they need. The engagement center, which is called Pathway to Care and Recovery and is run by Renewal, opened during the week of November 9th. Pathway to Care and Recovery is located at 326 Third Ave., Pittsburgh, PA 15222. They are open 365 days a year, 24 hrs. a day, 7 days a week. Their phone number is 412-325-7550. The engagement center is intended to provide a space for people seeking treatment, along with their families, to come in in real-time. The engagement center staff will connect people seeking treatment to a treatment facility, peer support services, and other services. The engagement center staff will work with first responders. The safe place to stay program at the engagement center facility is anticipated to open by the beginning of 2021. Theresa Edwards asked if the Pathway to Care and Recovery information will be sent to Bridget McNamee, so she can distribute it to council members. Maisha Howze said that at the time of this meeting, the one pager was in review with DHS's community relations department to ensure the language is correct, and the goal was for the one pager to be completed by November 20th. She said the CACs' contact information could be sent to council members, along with this meeting's minutes. Theresa Edwards asked Maisha Howze if she knew why there has been an increase in overdoses amongst Black males. Maisha Howze said she did not have anything to share yet from a DHS perspective.

V. **OBH Updates-Denise Macerelli**

Denise Macerelli said one of the biggest challenges we continue to have has been with the coordinated entry initiative. There have been anecdotes about what has happened when people call a provider themselves. If that provider had appointment slots open or if there was an anticipation after doing a phone screening that the person may need a rehab bed, the provider may/may not accept that person for a LOC assessment, depending on whether or not they offered the LOC services the person needed. If the person got turned down by that provider, they might not know what provider to call next. DHS/OBH never knew what was happening to these people, so the CACs and the engagement center, now called Pathway to Care and Recovery, are meant to be neutral assessment centers. This means that the CACs and engagement center agreed that any callers, regardless of whether these providers had any available treatment slots, would be seen for a LOC assessment. People who get LOC assessments completed at the CACs or engagement center, will receive peer support services, case management services if needed, and a warm hand-off, which involves staying with a person until they get to the place they choose to receive the services they need. People who go to the CACs are assured the availability of supports while they get ready to go the LOC they need. If the person wants MAT, which the provider who did the assessment does not offer, then the provider will work with that individual to get them to the provider of their choice to deliver that care. Anyone can walk in to the Pathway to Care and Recovery and say they want a LOC assessment without being required to commit to treatment. People will not run out of chances. Family members and loved ones of people struggling with D&A issues can call the Pathway to Care and Recovery. DHS/OBH is aware that family members and loved ones of people struggling with D&A issues have previously called providers to get help for a family member/loved one, and providers' responses would vary greatly. A provider might say they cannot tell the caller what to do and give them another number, or that they cannot discuss things because of confidentiality regulations. Anyone who calls the engagement center will get the information or support they are seeking. The hope is to open the safe place to stay by early January 2021 to allow people who have gotten LOC assessments done at the engagement center, need the support and are waiting for treatment slots to have a place to go while they wait. The safe place to stay is not yet open because of physical plant requirements, including needing to pass all the occupancy inspections. Renewal is working on putting in a diesel-powered sprinkler system to reach all floors of the building to make it safe for overnight occupancy. These programs are unique, not only to Allegheny County, but also across the United States.

Denise Macerelli said Dr. Latika Davis-Jones resigned from her position as the Bureau of D&A Services Assistant Deputy Director, and her last day was September 11, 2020. As of this meeting, DHS was in the middle of the recruitment process to fill this position, and all interviews had been concluded. There will be additional updates provided at a future meeting. ****Please note: Since the time of this meeting, Maisha Howze was promoted to the Bureau of D&A Services Assistant Deputy Director position effective December 7, 2020.***

Denise Macerelli said DHS/OBH was currently working with the state around several D&A-related projects that were paid for with reinvestment funds. One project is the Auberle Family Healing Center, which DHS/OBH worked on with CCBH and AHCI. Auberle won the contract for this project, which was intended to provide a D&A residential LOC for individuals at risk of losing custody of their children due to substance use problems. This program allows these individuals to bring their whole families with them to treatment. DHS/OBH, CCBH, and AHCI were working with Auberle and Action Housing on this project, but the progress on this project was stalled when the pandemic hit. The apartments in the building that was intended to house the Family Healing Center are currently being used to house families who needed to go somewhere safe and to be supported because of the pandemic. DHS/OBH is working with the state and hopes to get the Family Healing Center project back on course. In order for a family to be referred to the Family Healing Center, there must be CYF involvement, along with at least one identified caregiver with a substance use disorder (SUD) who needs a residential LOC where the whole family can go. While the identified individual who needs treatment participates in treatment, the psychosocial/healthcare needs of the significant other/spouse/partner, children, and other family members will also be addressed. There is an issue of considering how to continue to engage the families in the services & supports, while helping them maintain their everyday lives they may have had before they got there. For example, staff would need to make sure that the children get to school and keep up with their studies. The goal is to do all of this while allowing the person with the SUD to receive the treatment they need and have their family with them. DHS/OBH has heard numerous times that people do not want to go into residential treatment since they do not want to leave their families. DHS/OBH has based this model on the best components of models across the U.S., and tailored it to Allegheny County. There will be further updates provided in the future on this project. The Family Healing Center is part of a continuum of programs DHS/OBH has built in collaboration with CYF. DHS/OBH has worked with CYF and Holy Family to provide in-home D&A services. There is a contract to have POWER staff onsite at regional CYF offices to provide LOC assessments to ensure that people are getting to the SUD treatment and services they need. DHS has spent a lot of time and resources ramping up the availability of CRSs (Certified Recovery Specialists). As Maisha Howze had mentioned earlier, DHS has been working on projects run under the helm of ACHD. DHS is trying to respond to the needs of the community and is very concerned about the community's needs during the current pandemic. Some of the overdose data appeared to be pre-COVID. The overdose data includes overdoses (non-fatal and fatal) from opioids, combinations of substances, alcohol, etc. The number of overdoses and overdose deaths (accidental, does not include suicides) are increasing in Allegheny County. DHS/OBH continues to work with their community partners to look for ways to respond to the increases in overdoses and overdose deaths.

Denise Macerelli said DHS is facing a number of challenges with respect to their budget. As of this meeting, there was only a 5-mo. budget for this fiscal year, which was up. The state is in serious revenue trouble due to the pandemic since businesses had to close, so there was a decrease in alcohol, restaurant, sales and other taxes, which the state relies upon to generate revenue. Since the beginning of the pandemic, behavioral health services have been designated as essential services. The state is looking at recalling counties' unspent reinvestment funds, along with unspent money in counties' budgets. The state is looking at underspends in counties'

budgets (not a problem for Allegheny County) since they are looking to recall this money to fill some of the existing holes. DHS/OBH will continue to keep council members posted about the status of the state budget. The federal government has made additional funding sources available on the D&A side, but there has been a significant decrease in OBH/D&A's initial allocation from DDAP (Department of Drug and Alcohol Programs). OBH/D&A typically receives one to three supplemental allocations from DDAP as more money becomes available. However, we do not know what to expect this year. DHS/OBH is working very closely with the fiscal, budget, and other DHS departments to determine what they can anticipate and to look for any opportunities to ask for more funding. Paul Freyder asked if there was any word from the state in terms of when they will be notifying Allegheny County and the other counties about additional funding. Denise Macerelli said that as of this meeting, she was not aware of any word from the state on this topic. They are seeing some movement, in terms of the state moving to recall unspent funds from counties. She heard that there were ongoing discussions between the PA legislature and OMHSAS (Office of Mental Health and Substance Abuse Services) since the OMHSAS Deputy Secretary was trying to find opportunities to help educate the legislature. Counties' state budget underspends may be explained by counties' uses of other federal funding sources and providers using counties' alternative payment arrangements. Allegheny County has not had to spend down as much on their allocations since they are trying to use other money that is appropriate first since they do not know what will happen with the state budget. The PA legislature may not realize that counties are not spending their allocations since they are using other sources of funding. OMHSAS was trying to remind the legislature that this year was an anomaly and all of the CARES (Coronavirus Aid, Relief, and Economic Security) Act Relief Fund (CRF) money will not remain as it currently is. Counties need money to keep their providers open. If they lose their providers, they have lost the backbones of their communities. Providers need enough money to pay decent wages to care for the communities they have chosen to serve. Paul Freyder asked if Denise Macerelli was hearing anything from the state, in terms of going back to mandatory shutdowns within counties that continue to have increasing positivity rates, like Allegheny County. Denise Macerelli had not heard anything about this as of this meeting. She said Maisha Howze was in a meeting with ACHD earlier the same day as this meeting. Maisha Howze said there was not any more specific information this meeting. They just encouraged people to follow the existing COVID-19 guidelines they have received from Dr. Debra Bogen, the ACHD director, on DHS provider calls. Denise Macerelli said at the federal level, the president has indicated that there will be no mandates out of his administration. As of this meeting, it appears that states will continue to make individual decisions on COVID-19 precautions based on what seems to be in their constituents' best interests. Allegheny County was one of the first counties to ask the state for permission to give reinvestment dollars to providers who otherwise would not qualify for any other funding. Allegheny County, CCBH, and AHCI are working to keep providers as financially healthy as they possibly can, while following all the rules. Their commitment to serving the community has never wavered.

VI. Adjournment

Paul Freyder made a motion to adjourn this meeting. Mario Browne seconded it. The meeting was adjourned at 5:28 p.m.

VII. Next Public Meeting

The next public meeting will be on Wednesday, January 13, 2021 from 4:30 p.m.-6 p.m. on Microsoft Teams.

*****Please note that on December 3, 2020, Bridget McNamee sent out MS Teams meeting invites for the 2021 D&A Planning Council Meetings, along with an invite for the Tuesday, May 11, 2021 Joint Meeting with the MH-ID Advisory Board.***