

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

**MH/ID Advisory Board/Drug & Alcohol Planning Council
Joint Meeting Minutes
Tuesday, May 12, 2020**

MS Teams

Present MH-ID Advisory Board: Maria Silva, Paul Barkowitz, Kathy Testoni, Barbara Wolvovitz, KL, Gerry Dugan, Laurie Barnett Levine

Absent D&A Planning Council: Theresa Edwards, Marvin Randall, Vicky Lahey, Val Ketter, Paul Freyder

Present Staff: Denise Macerelli, OBH Deputy Director; Dr. Latika Davis-Jones, Bureau of D&A Services Assistant Deputy Director; Jewel Denne, OBH/MH Assistant Deputy Director; Brenda Bulkoski, OID Assistant Administrator; Bridget McNamee, OBH Special Projects Manager; Michelle Lee, Bureau of D&A Services Clerk Typist 2

I. Call to Order & Introductions

MH-ID Advisory Board Vice-Chair Maria Silva called this meeting to order at 4:40 p.m.

II. Board & Council Business

MH-ID Advisory Board March 2020 Minutes

To make the process easier, Bridget McNamee will email the March 2020 minutes to the MH-ID Advisory Board members for approval. Gerry Dugan said the March 2020 minutes listed her as both present and absent, so Bridget McNamee said she would fix this.

D&A Planning Council March 2020 Minutes

Since there was not a quorum, Bridget McNamee will email the March 2020 minutes to the D&A Planning Council for approval.

III. OBH Pandemic Response Presentation-Denise Macerelli

Denise Macerelli presented a PowerPoint on DHS/OBH's response to the COVID-19 pandemic. Since OBH is comprised of 3 bureaus (OBH/MH, OBH/D&A, and OBH/Operations), an OBH Incident Command Structure was created (**slide 2**). The Incident Command Structure allowed the assistant deputies and administrators/managers in all 3 bureaus to come together to decide how to respond to the pandemic. DHS/OBH worked with the Greater Pittsburgh Food Bank to connect a lot of people, who had MH needs and food insecurity, with DHS/OBH resources. Much of DHS and all of DHS/OBH are currently working remotely using virtual meetings to conduct day-to-day business. The initial fiscal year 2020-2021 budgets, which were pretty flat since they were completed pre-COVID-19, have been submitted. Because of the decrease in the state's tax revenue due to the pandemic, DHS anticipates there will be a significant reduction in base funding. DHS told providers there was a chance that the budgets would be changed. Denise Macerelli said Marc Cherna told providers in a provider meeting a couple of weeks ago that DHS is being told to anticipate at least a 10% cut in block grant MH funding. This may change

**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

depending on if the state receives emergency funding. Denise Macerelli heard earlier the day of this meeting that Democrats in the U.S. Congress had proposed a multi-trillion dollar bailout, but this was not finalized. Denise Macerelli went over **slide 3 of the PowerPoint**. The Centers for Medicare & Medicaid Services (CMS) has relaxed the HIPAA and confidentiality requirements to allow the use of platforms, like, Zoom, Microsoft Teams, FaceTime, and Skype, in addition to the traditional 2-way HIPAA-compliant approved video platform, for telehealth. Providers still must protect confidentiality to the fullest extent possible. The COVID-19 Planning Inbox is checked on a daily basis and was designed to be a central email for providers and stakeholders to use to communicate any COVID-19 concerns/needs they had. Paul Barkowitz said DHS has been very quick in responding to the pandemic and asked if some of the innovative things implemented due to the pandemic would continue after there is no longer a need for social distancing, etc. and if some of these things were more efficient. Denise Macerelli said DHS/OBH has heard anecdotes from providers about the benefits of telehealth, like increases in engagement & show rates, along with greater efficiency. Providers have been able to talk to clients in different parts of the county using teleservices without having to allow for travel time. Several providers are doing satisfaction surveys, and DHS/OBH plans to conduct a client experience survey. Denise Macerelli thought it would be a while until people were able to verify providers' reported experiences. DHS has found that conducting virtual meetings has allowed DHS staff to be more efficient. There have been about 168-170 attendees at each weekly BH provider meeting on Microsoft Teams, which is a significant increase in attendance compared to the in-person monthly provider meetings for MH providers and for D&A providers. The virtual platform has allowed executive directors and CEO's, who typically would not get the chance to attend the in-person provider meetings, to participate. DHS/OBH wants to think about how to maintain this high attendance rate going forward. DHS/OBH wants to preserve as many benefits of telehealth services as they can for the future, but the flexibility of the regulatory system will determine how much of the telehealth services can be maintained. Denise Macerelli agreed with providers who ideally wanted to offer a combination of telehealth and in-person services in the future. The delivery of services would be dependent on the client's situation and preference. DHS/OBH has asked providers to ensure they document the teledelivery method (Skype, phone call, etc.) of telehealth services, since DHS/OBH will need to quantify how many services were provided via telehealth. Chris Michaels, from NAMI, has been participating in the weekly BH provider calls and said the amount of information provided has made the calls outstanding. She finds it easier to participate in the virtual meetings than the in-person meetings. She has been impressed with the counties, the state, and the providers who have been doing everything they can to meet people's needs. Although NAMI staff are working remotely, they have staff manning their helpline and answering emails daily. NAMI staff have become more involved in helping consumers by keeping up-to-date on regulations, available resources, and keeping in regular contact with the Western Region CSP (Community Support Program), so they can share information with consumers. NAMI has a specific COVID-19 webpage. Medications is one of the most common topics NAMI's callers call about. Denise Macerelli went over **slide 4 of the PowerPoint**, which talked about the Safe Haven Hotel, a collaborative project between DHS-OBH, DHS-OCS (Office of Community Services), and DHS-OID. People who are COVID-19 positive/presumed positive and need a safe, clean, and controlled place to quarantine/self-isolate can be referred to the hotel. Everyone who is admitted to the hotel (people are typically referred by a provider) will be assessed for BH needs. If a person is engaged in treatment, there will be a process in place to notify their treatment team that they are being referred to the hotel. If a person is not connected to services but would need supports, there is a process by which providers can offer them telehealth BH services, if they are interested. DHS/OBH is working on monitoring this program, and developing a larger network of available BH providers to serve those in the hotel. Denise Macerelli went over **slide 5 of the PowerPoint**, which addressed how DHS/OBH has continued to maintain operations throughout the pandemic. DHS/OBH is responsible for the MATP

(Medical Assistance Transportation Program), which falls under Sue Martone, OBH Operations Assistant Deputy Director. DHS/OBH has been working with Travelers Aid, ACCESS, and health plans to ensure there are available transportation services for people who need them to access life-sustaining services, like MAT (Medication-Assisted Treatment). A contingency plan was developed in case a MATP client tested positive for COVID-19. DHS/OBH has worked closely with the DHS-Office of Administration to do their best to help providers get personal protective equipment (PPE). DHS/OBH has offered to provide lockboxes to BH providers for distribution to their clients. Providers can request PPE and lockboxes by emailing the COVID-19 mailbox. DHS/OBH has worked with DHS/OCYF (Office of Children, Youth, and Families), and AFN (Allegheny Family Network) to provide lockboxes to families. Children are home all day due to the pandemic, so it is very important to store medications safely. DDAP has permitted MAT providers to deliver methadone to homes and has permitted recipients to receive more methadone to last them a longer period of time. DHS/OBH decided to provide lockboxes, partly because methadone treatment providers require methadone to be delivered to clients' lockboxes. Lockboxes can be expensive for people as they can be about \$25-\$27 each. **Slide 6** lists the contact information for key DHS/OBH contact people in the DHS/OBH Incident Command Structure. Denise Macerelli mentioned the Neighborland survey, which asks people what they want the human services delivery system to look like, what they think is the most important, and if teledelivery has made a difference. Provider & DHS staff and community stakeholders have been invited to respond to this survey, which can be taken anonymously and does not take long to complete. There is a team at DHS looking at these responses on a daily basis. The survey responses will help DHS plan for the future of their human services delivery system. Denise Macerelli asked members to share this survey with others, especially those who could share it with consumers, so they could participate. Bridget McNamee will resend the Neighborland survey link to the D&A Planning Council and MH-ID Advisory Board members. Maria Silva said it would be interesting to compare the results from the Neighborland survey to CCBH's preliminary report. CCBH's report mentioned that families seem to like telehealth and find it very convenient. It said there had been a reduction in cancellations and an increase in engagement. The report said many families do not have the technological capabilities to participate in telehealth services. CCBH's report is based on a statewide survey, so Maria Silva wondered if the issue of technological capabilities would be less of a concern since Allegheny County is more urban. *Please see the attached PowerPoint for more details.*

IV. **OID Updates-Brenda Bulkoski**

Brenda Bulkoski presented a PowerPoint on OID and Autism updates. Brenda Bulkoski went over **slide 1 of the PowerPoint**. As far as reporting requirements, providers only needed to report in their incident management system, since this system's information was automatically shared with DHS. DHS/OID had weekly calls with the PA Office of Developmental Programs (ODP), which allowed ODP to give a lot of daily guidance and information about how to respond to the pandemic. ODP allowed a lot of openness and flexibility to existing regulations. DHS/OID received a lot of guidance around Appendix K, the section of the waiver amendment that specifies the delivery and limitations around allowable services. ODP did a tremendous job of opening up a lot of the existing regulations to keep the providers at capacity as much as possible and allowing services to be delivered virtually or remotely. DHS/OID has 118 providers, and they were able to keep weekly contact with about 90 of these providers (**slide 2**). There were 20 providers who had to shut down because of the nature of the services they provided. Other providers were unable to respond to the weekly calls, so DHS/OID touched base with them through weekly emails or other means of communication. As of this meeting, 70 individuals in the DHS/OID system had been tested, and some test results were still pending. Of those 70 people, there were 33 who were negative, 19 who were positive (this number has not changed for about 2 wks.), and there were 5 deaths. Those 5 deaths included 2 deaths at one

agency and 2 at another agency. For each of these instances, the deaths were of individuals who were at the same community home. The 5th death was at the Brighton Wellness Center in Beaver County. The positive COVID-19 cases are clustered, so there is not a wide community spread. **Slide 3** has a link to the guide that KEPRO, DHS/OID's healthcare quality unit, provided about how to talk to individuals about COVID-19 and to the Center for Dignity in Healthcare for People with Disabilities fact sheet, which was very helpful for DHS/OID staff working with hospital staff. DHS/OID staff created a Star Tool specifically for COVID-19 (**See Word document version of this tool, which is also on slide 4.**). Several DHS/OID staff have been trained in the LifeCourse tools, which are part of the latest variation on person centeredness. This tool is focused on what the person wants for their life. For the COVID-19 Star Tool, DHS/OID staff treated COVID-19 as the center, where the person would usually go. They used the tool to think about what resources, approaches, and questions would be most beneficial in addressing the needs of this crisis. When you use a person as the center for this tool, the goal is to draw on their personal strengths, what they may be eligible for, and what technology may be available to them. As of this meeting, DHS was developing guidance for DHS providers about reopening. This document, which will be sent out in the coming weeks, will include guidance from the CDC, other entities, and guidance the program offices collectively feel to be best practice. Even after Allegheny County moves to the yellow phase on May 15th, ID homes have seemed very committed to following social distancing and masking rules, and have been tentative about allowing residents to go out or allowing visitors. Under the yellow phase, social distancing rules are still supposed to be observed. DHS/OID will continue to keep in regular contact to answer questions. A lot of families have requested that their family members stay at the homes for a period of time. All regulations the state has loosened up relating to Appendix K will stay in effect until Spring 2021, so Brenda Bulkoski thought providers could still provide services remotely/virtually. *Please see the attached PowerPoint for further details.*

V. D&A Bureau Updates-Dr. Latika Davis-Jones

Dr. Latika Davis-Jones said OBH/D&A is moving forward with the CACs (Certified Assessment Centers), which will be implemented at the beginning of June 2020. The other initiatives she discussed at the last D&A Planning Council Meeting are still works in progress.

VI. CCBH Updates-Jenn House-*There were no updates at this time.*

VII. Mental Health Awareness Month/Mental Health Pandemic Related to COVID-19 Pandemic

Laurie Barnett Levine, from Mental Health America (MHA) of Southwestern PA, said her agency had started some virtual support groups led by MHA staff for people with mental health issues, LGBTQ+ people, and for those experiencing stress related to the pandemic. Please see MHA of Southwestern PA's website for more information: <https://mhaswpa.org/>. Denise Macerelli asked attendees from NAMI, MHA, and AFN to let DHS/OBH know if they are doing special activities for Mental Health Awareness Month, so DHS/OBH can share these activities at the DHS provider briefings. Laurie Barnett Levine talked about the importance of mental health since they expect a tsunami of mental health issues related to the pandemic in the coming months. She had been on a call on May 8th with Rep. George Dunbar, Chair of the PA House Appropriations Committee, and they were talking about passing a preliminary budget, with another budget to follow. She said the legislators she talked to urged her to advocate for MH. Denise Macerelli said the county is unable to lobby, but providers can do so if they wish. Chris Michaels, from NAMI, said there has been constant discussion about the mental health problems, and one program said there would be a mental health pandemic triggered by the COVID-19 pandemic. Some people who had never had a mental health problem before the pandemic are now experiencing mental health issues. The pandemic is exacerbating people's existing mental health issues. There are several ongoing efforts in Washington D.C. to get MH funding from the U.S. Congress. NAMI and MHA are

joining forces on a national level. Laurie Barnett Levine said the number of calls to the MHA crisis line has increased. The national MHA organization and the Southwestern PA branch do screenings, and the number of requests for both online depression and anxiety screenings have increased. The number of prescriptions for both anti-depressants and anti-anxiety medications have increased. Chris Michaels said one of her staff persons had a call with people who worked on the state budget policy, and they said the PA House was uncertain about what to do with the budget. Chris Michaels said the state wanted to see if they would receive any state aid from the U.S. Congress. Laurie Barnett Levine said the PA House wants to see the tax revenue that comes in since the tax deadline was moved to July 2020.

VIII. Adjournment

The meeting was adjourned at 6:13 p.m.

IX. Next Public Meetings

The next public MH/ID Advisory Board meeting will be on Tuesday, July 14, 2020 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, July 8, 2020 from 4:30 p.m.-6 p.m. at DHS in the Homestead Grays Room, Lower Level.