



SARA INNAMORATO
COUNTY EXECUTIVE

**Drug & Alcohol Planning Council and MH/IDD Advisory Board
Joint Meeting Minutes
Microsoft Teams
Tuesday, March 12, 2024**

Present: Fran Sheedy Bost, David Forsyth, Darlene Belajac, Buffie Faes, Rachel Flinner, Taylor Staub, Christine Naman, Joanne Tziouvannis, Adam Krizanik, Daniel Garrighan, Jeff Long, Chris Michaels, Maria Silva, Stuart Fisk, OBH Deputy Director; Ruth Ann Koss, OBH/Children’s and Adolescents MH Services Program Manager; Brenda Bulkoski, ODS Deputy Director; Colleen Sokira, OBH Special Projects Manager; Leah Bailey, OBH Special Projects Project Specialist; Michelle Lee, Bureau of D&A Services Clerk Typist 2

I. Introductions and Attendance

Colleen Sokira called the meeting to order at 4:31 p.m. She wanted to hold this meeting to share updates happening in Allegheny County. As of this meeting, both the MH/IDD Advisory Board and the D&A Planning Council were waiting for the county council to approve their members.

II. DHS Priorities for 2024-Brenda Bulkoski, *See slides 4-5 for further information.*

III. Drug and Alcohol Updates-Stuart Fisk

Stuart Fisk said Maisha Howze is the Bureau of Drug & Alcohol Services Assistant Deputy Director, but she was unable to attend this meeting. The primary focus of OBH/D&A is to distribute funds from the state agency, the Department of Drug and Alcohol Programs (DDAP) to contracted providers to help support D&A services for Allegheny County residents, who are uninsured and who are on Medicaid. As of this meeting, OBH/D&A was in the middle of contracting season, which involves reviewing contracts of their contracted providers. OBH/D&A has recently taken over the management, distribution, and monitoring of the opioid settlement dollars, which are coming from the state. The opioid settlement funds are an increasingly important source of funding for services related to the opioid crisis. Stuart Fisk wanted to receive input from D&A Planning Council members at future D&A Planning Council meetings about what they think OBH/D&A should be doing with the opioid settlement funds, along with their feedback about D&A services, in general.

IV. Intellectual/Developmental Disability Updates-Brenda Bulkoski

Brenda Bulkoski said DHS/ODS (Office of Developmental Supports) has now started to serve individuals, who are 8 yrs. old and younger and who have a developmental delay. DHS/ODS has also started serving medically complex children up to the age of 22 yrs. old. Brenda Bulkoski said she wanted to receive feedback from the MH/IDD Advisory Board about how to plan better for those who are 8 yrs. old and younger, who have a developmental delay, and for medically complex children up to 22 yrs. old, along with how to shore up the provider network overall. Gov. Shapiro stated that he wants to eliminate the waitlist for people with intellectual disabilities and autism. For the remainder of this year, DHS/ODS has received close to 100 waiver slots to work towards the goal of eliminating the waitlist. DHS/ODS has 3 waiver programs, and the

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majority of the slots are in DHS/ODS' mid-range program, which is called the community living waiver. The governor's budget contains the same number of waiver slots for the next fiscal year. Brenda Bulkoski said there were 20 new slots for the consolidated waiver. The state is working towards giving counties back some of the management of the waitlist and the budget. Brenda Bulkoski said counties used to have this level of management about 15 yrs. ago. This will provide DHS/ODS an opportunity to be able to use dollars across their waiver programs and even in local programs in ways that the state may not have been able to do. A lot of planning and thought are needed before this change can take place. The state is enacting a performance-based contracting platform for providers, which will allow providers to have an opportunity to specialize in an area, to showcase the niches that they really want to tend to, and to receive any support that they need. The state will need to provide a lot of training and guidance to counties, so they can provide this training and guidance to providers. Brenda Bulkoski hoped the new performance-based contracting platform would result in a stronger provider network and more consistent quality of available services.

Brenda Bulkoski said DHS/ODS has recently developed an intake portal. Before this, families, who were interested in enrolling in their system, called DHS/ODS to sign paperwork. Some of the documents were emailed to families. The portal allows families, who are comfortable using the internet and who may not be available to call DHS/ODS between 8 a.m.-4:30 p.m. on weekdays, to use the portal to start the enrollment process electronically on a Saturday or a Sunday. DHS/ODS will receive an alert the following Monday morning that a family has started the enrollment process on the portal. This allows DHS/ODS to respond in kind on the portal, including uploading documents securely on to the portal. The new intake portal addresses one of DHS' goals of providing open access by allowing people to have greater access to DHS/ODS in a way that is more convenient for them.

Brenda Bulkoski said DHS/ODS receives about 2-3 applications a month from agencies wanting to become new providers. The process for becoming a new provider is arduous, so some agencies may not actually become a provider, who is able to provide services, for several months. Brenda Bulkoski said DHS/ODS has a consistent surge of local providers that are nonprofits, and only about 25% of the time, there is a for profit provider, that is more of a statewide/nationally known provider.

V. Mental Health Updates-Stuart Fisk and Ruth Ann Koss

Transition Age Youth (TAY) Project-Stuart Fisk and Ruth Ann Koss

Stuart Fisk said the transition of transition age youth from youth services to adult services is often very fraught, and DHS/OBH often loses people in this transition, which can be devastating for TAY, their families, and their communities.

Ruth Ann Koss said DHS/OBH started developing the TAY project back in 2018 and had 2 yrs. to develop it before they had to put everything on hold when the COVID pandemic hit in 2020. Since that time, the TAY project has gotten started and is designed to help outpatient mental health providers serving children & adolescents, along with those serving adults, to do a better job of helping youth transition and to become more familiar with each other's systems. Ruth Ann Koss said there were 11 providers, who had joined this initiative, and there are 10 learning collaboratives. The learning collaboratives are intended to be used to discuss what youth voice is and what it means, to listen to the voices of youth and family to ensure the services providers are providing satisfy youth's needs, to listen to some of the stories of young adults, who were in the midst of transitioning, to listen to families talk about how they want to stay involved with their young adults throughout the treatment process, to learn things about the developmental stage of

TAY, and to make sure that all options about TAY staying in treatment, maintaining or helping them to secure employment, housing, and everything that is related to transition are explored. As of this meeting, Ruth Ann Koss said the TAY project was starting their 2nd learning collaborative, which is related to family involvement. Providers, who are involved in this project, are being asked to look at 6 quality improvement projects, which providers are developing plans for. One project focuses on better ways of communicating with TAY. Another project focuses on looking at this age group as a special population and not just as children/adults, but somewhere in between. There is a project that focuses on providers making their facilities more appropriate for TAY, so youth will feel more comfortable going to these facilities. There is a project that focuses on providers having transition goals included in TAY's treatment plans. Ruth Ann Koss said one goal of the TAY project is to use the learning collaboratives to train all participating providers' staff in the various TAY-related topics that she had previously discussed. The TAY project has a monetary incentive for providers to encourage them to fulfill the project's goals, and the final results will be determined. The hope is that providers will adopt what they are learning from the TAY initiative as a way of doing business, which will be passed down to new hires at their agencies, so new employees will also have more information about the specific needs of the TAY population. The TAY project will last about 1 yr. and will end in January 2025.

MH Housing Initiative-Stuart Fisk

Stuart Fisk said OBH/MH is focusing on 2 projects that have raised some concerns from their stakeholders. The first project is the MH housing initiative, which started in the calendar year 2023. About half of DHS' MH block grant funding is allocated to MH housing and supports. The block grant funding that DHS receives from the state is the most flexible form of funding that allows DHS to do things that are the most needed and to be very flexible in helping people, whose needs cannot be funded through Medicaid or other funding sources. However, the block grant funding has been stagnant for several years. Last year, there was a \$20 million increase statewide in the block grant funding, so Allegheny County received about a \$1.5 million increase, which is about less than 1% of Allegheny County's total block grant budget. This increase is a lot less than the significant increases in the cost of living and service delivery over the last year.

In 2023, DHS took over the oversight of their Medicaid behavioral health managed care organization, Community Care Behavioral Health (CCBH). This oversight role has given DHS the opportunity to look for ways that would allow for more services to be delivered to Allegheny County residents through Medicaid funds, instead of through the block grant funds. DHS is looking to try to cost shift dollars from the block grant funds to reimbursement through Medicaid dollars. This will preserve some of the block grant funds for other uses since the block grant funds have been very stagnant. As a result of DHS' oversight and collaboration with CCBH, DHS has been able to direct medical excess funds, which are funds dedicated to medical expenses that went unspent at the end of the year, to initiatives, like the BH Fellows Program, which has allowed DHS to bring more people into the workforce, along with supporting existing staff, who are working in behavioral healthcare. The BH Fellows Program repays student loans of participants over a period of 2 yrs. Medical excess funds have also been used to fund an initiative to hire and support the workforce of community health workers, who will be employed by DHS' contracted providers. Community health workers will be able to engage and enroll people in Medicaid, along with being able to connect them to other services tied to the social determinants of health, like food, housing, and physical & behavioral healthcare. As a result, this will make communities healthier, stronger, and more resilient to crisis. DHS has oversight of about \$400 million annually that goes to CCBH to pay for the HealthChoices program for BH services.

DHS' goals for the MH housing initiative are to try to allocate beds to individuals with the highest vulnerability and risk of poor outcomes, to offer a suite of holistic & flexible services to

address clients' needs, to optimize spending on room & board, along with treatment, to serve those with the highest needs equitably, and to deliver consistent high-quality care to individuals with the highest needs. As of this meeting, DHS/Adult MH was focusing on transitioning 24/7 housing in CRR (Community Residential Rehabilitation) apartments and CRR group homes and meeting with the providers delivering these services. DHS/Adult MH thought these conversations have been productive and have brought DHS/Adult MH closer to solutions that meet their goals and Allegheny County residents' needs. DHS/Adult MH will continue to have these conversations with these providers and to monitor the outcomes of the changes they are making to understand their impact.

Care Coordination Initiative

Stuart Fisk said the 2nd MH initiative was focused on care coordination and thinking about the most appropriate funding streams to support these services. As of this meeting, DHS/MH was currently identifying opportunities to leverage Medicaid dollars to pay for care coordination costs that have been historically supported by the block grant funds. The focus is on transferring/adjusting the services that are appropriate to becoming Medicaid reimbursable to Medicaid to create a greater flexibility in spending block grant dollars to use for people, who are not and never will be eligible for receiving Medicaid services. DHS/MH began working on looking at the CITs (Community Integration Teams) services that were put in place over 10 yrs. ago to oversee the closure of the Mayview State Hospital and by looking at case management services that have been supported by the block grant to try to transition these services to become Medicaid eligible. DHS/MH is also examining the use of the administrative dollars that are allocated to CCBH and to identify services in that bucket that are related to care coordination and could be covered by Medicaid dollars.

To sum it up, although these decisions have not been easy and they have been ongoing since before Stuart Fisk started in his position as OBH deputy director, the work is different from the way that DHS/OBH has done things in the past. This work is necessary to ensure that DHS/OBH can serve more of the Allegheny County population in a more sustainable way, which is one of DHS' key priorities, which DHS/OBH will continue to uphold to the best of their ability.

Stuart Fisk hopes that there will be a lot of productive and collaborative conversations and input at future MH/IDD Advisory Board meetings to help ensure that the changes DHS is trying to make with their funding works to benefit the community and the people they serve. DHS will need to remain in constant conversation with the community represented by the MH/IDD Advisory Board members, along with using data and other tools to make sure that DHS is heading in the right direction.

VI. Announcements

Recruitment for MH/IDD Advisory Board and D&A Planning Council-Stuart Fisk and Colleen Sokira

Stuart Fisk reiterated that DHS/OBH was hoping to see more people join the MH/IDD Advisory Board and D&A Planning Council, particularly the D&A Planning Council as part of the effort to grow, change, and to improve DHS' human services. For the D&A Planning Council, he said DHS is looking for members, who have a commitment to improving D&A services and who really want to help DHS deal with the real crisis with substance use disorder issues, particularly issues with opioid use. Stuart Fisk said that several years ago, he had served as a co-chair of the D&A Planning Council for 7 yrs. From this experience, he found that the council was a very helpful vehicle and an important voice to advocate for people with substance use disorders and those who use drugs. Stuart Fisk had worked for several years to try to establish and legalize

harm reduction services, like syringe services and safer drug use programs, for people who were using drugs, so they could be protected from overdosing and could be connected to treatment and other needed services. These harm reduction services used to be illegal for about 7 yrs. after the formation of the harm reduction services program. The D&A Planning Council played a critical role in changing the legal status of the harm reduction services program, so it is now legal and has now been in operation for over 25 yrs. Stuart Fisk asked meeting attendees to encourage others they know, who might be interested in joining the D&A Planning Council to reach out. Colleen Sokira said that anyone, who is interested in applying for either the MH/IDD Advisory Board or the D&A Planning Council, can email her directly at colleen.sokira@allegHENYcounty.us, and she will give them instructions about the application process.

VII. Adjournment

This meeting was adjourned at 5:17 p.m.

VIII. Next Public Meetings

The next public MH/IDD Advisory Board meeting will be on Tuesday, May 14, 2024, from 4:30-5:30 p.m. on Microsoft Teams. These meetings typically fall on the second Tuesday of every other month.

The next public D&A Planning Council meeting will be on Wednesday, May 8, 2024, from 4:30 p.m.-5:30 p.m. on Microsoft Teams. These meetings typically fall on the second Wednesday of every other month.

****Please note:** Colleen Sokira said that if members for the MH/IDD Advisory Board and D&A Planning Council have not been approved by the county council, the email invitations to the May public meetings will be sent out like they were for this meeting.*

If people have been assigned to the MH/IDD Advisory Board or D&A Planning Council before the May public meetings, they will receive additional emails from Colleen Sokira with instructions on how to sign into a system designed for keeping track of board and council meetings at DHS.

*If anyone has any questions related to the MH/IDD Board or the D&A Planning Council before the next meetings in May, they can contact **Colleen Sokira** at: colleen.sokira@allegHENYcounty.us or 412-350-4021.*