

AIM HIGH

Adult Mental Health Initiative Planning Committee Minutes

Meeting Date: June 11, 2010

Human Services Building, Room 166

In Attendance:

Members					
X	Bruce Abel	X	Rex Gorger		Deb Parker
X	Dave Bast	X	Melissa Jagoe-Seidl	X	Stacey Paulsen
X	Chris Bouneff	X	Bob Joondeph	X	Chrissy Peirsol
X	Kim Burgess	X	Helen Lara	X	David Pump
Phone	Kevin Campbell		Al Levine		
X	Rebecca Eichhorn	X	Kimberly Lindsay	X	Karen Rutledge
	Mark Fisher		Jason Margolis	X	Shelley Joyce
X	Deborah Freidman	X	Roland Migchielsen	X	Derald Walker
X	Joanne Fuller		Kim Miller		Cruicita White
AMH Staff					
X	Marilyn Dunn	X	Jane-ellen Weidanz	X	Andrea Cantu-Schomus
X	Kathryn Nunley		Jay Yedziniak	X	Tim Pea
X	Ralph Summers	X	Laura Van Tosh		
Visitors					
X	Leonard Lomash	Phone	Christian Burkel	X	Kathy Bootes
X	Sandy Haffey	Phone	Bob Furlow	X	Marcus Kroloff
Topic		Discussion, Decisions and Action Items			

<p>Update on project activities: Funding</p>	<p>Adult Mental Health Initiative will use AMH Caseload Growth Funding to provide additional services and supports for individuals in the project targeted population.</p> <p>There will be two contracts for the remaining 10 months of this biennium; an amendment to the Mental Health Organization (MHO) for Medicaid services and another for non-Medicaid Services and services and supports for non-Medicaid eligible individuals. The contract will roll up in 2011-2013 for the full 24 months of the biennium. AMH is committed to supporting AMHI and were able to The ongoing investment will make it successful.</p> <p>Future meeting of the Planning Committee will focus on the AMHI Phases and phasing in MHOs' duties.</p>
<p>Update on Caseload Targets</p>	<p>Each MHO will have a specific number of people they will need to assist in moving to lower levels of care based on the individual's specific needs and choices. The targeted number is based on historical state hospital utilization and discharge. AMH expects the MHOs to assist 331 individuals who have been approved for ongoing long-term services (State Hospital, 24/7 licensed community setting).</p> <p>AMH will count individuals who have been approved for long term care and diverted from the state hospital; discharged from the state hospital or have been transitioned from community licensed settings to community independence.</p>
<p>Overview of the Mental Health Organizations</p>	<p>Ralph Summers provided an overview of the MHOs including a brief summary of each MHO. See handouts for additional information.</p>
<p>MHOs Roles and Responsibilities</p>	<p>MHO's will work with CMHP's in their Service Area to maintain a comprehensive and coordinated system of care.</p> <p>The AMHI team is meeting with a subcommittee to develop a recommendation for the MHOs roles and responsibilities for discharge and transition planning. The MHOs will be taking on many of the functions of AMH's Extended Care Management Unit and all need to be clear about the future responsibilities.</p> <p>A draft plan will be brought to the Planning Committee for review and feedback.</p>

<p>Review Metrics and Outcomes</p>	<p>AMH will be carefully monitoring the impact of AMHI and MHO performance. The committee reviewed draft metrics that AMH intends to use to measure AMHI.</p> <p>The Planning Committee provided feedback and advice on the proposed metrics. It was suggested that a brainstorm meeting be held to start a list of things that we can't look at now, but will want to set for a goal to gather data. The committee also suggested looking at:</p> <ul style="list-style-type: none"> • Data specific to higher levels of care, lower levels of care, • Criminal justice involvement • off medication, • Overall civil commits. • National statistics and comparisons • Use 30/60/180 days and one year, 3 years and 5 years for data <p>The committee would like to have a discussion on which metrics are most valuable. A follow up discussion will be scheduled for a future meeting.</p> <p>Cost Savings</p> <p>AMHI has the potential of saving significant resources that could be reinvested in other services and supports or service more individuals. As an example:</p> <ul style="list-style-type: none"> • Total cost at the State Hospital Forensic Unit per individual/per day - \$481 per day (State General Funds only) • Total cost in a community supports and services per individual per day - \$130 a day (State General Funds and Federal Medicaid Funds)
<p>Next Meeting</p>	<p>July 11, 2010; room 166, 9 am – 12 pm June 29 Meeting review</p> <p>August meeting: Metrics</p>