



# Adult Mental Health Initiative Planning Advisory Committee Minutes

**Meeting Date: February 11, 2011**

**Human Services Building, Room 166**

**In Attendance:**

<b>Members</b>					
	Bruce Abel		Bob Furlow	x	Todd Noble
	Seth Bernstein	x	David Hidalgo		Deb Parker
	Chris Bouneff		Melissa Jagoe-Seidl	x	Chrissy Peirsol
x	James Brown		Bob Joondeph	x	David Pump
phone	Kim Burgess	x	Helen Lara		Karen Rutledge
	Kristin Burke		Al Levine	x	Margaret Scott
x	Kevin Campbell		Kimberly Lindsay	phone	Carol Speed
x	Brandon Chambers	phone	Jason Margulis	x	Dayna Steringer
x	Oscar Clark		Roland Migchielsen	x	Dianne Turner
x	Rebecca Eichhorn		Charlie Mitchell	x	Derald Walker
phone	Mark Fisher	x	Susan Montgomery		Crucita White
x	Deborah Friedman		Bob Nikkel		
<b>AMH Staff</b>					
x	Dean Carlisle	x	Kathryn Nunley	x	Jane-ellen Weidanz
x	Fred King	x	Chad Scott	x	Rick Wilcox
x	Leticia Monjaras	x	Donna J. Smith		Jay Yedziniak

<b>Topic</b>	<b>Discussion, Decisions and Action Items</b>
Phase I Status	AMH handed out a report on the number of individuals the MHOs have assisted in transition to appropriate levels of care. To-date, the MHOs

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<div data-bbox="142 737 407 930" style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>AMH will resend out the RTT criteria.</p> </div>	<p>have 253 “Qualifying Event.” A qualifying event is the term used to describe specific actions that meet the MHO’s specific performance targets from September 1, 2010 to June 30, 2011. A QE is earned when individuals transition from the state hospital waitlist, from the state hospital, or from licensed residential programs. The MHOs are expected to have 331 QEs during that time period. LaneCare and JBH have already met the performance targets.</p> <p>Jane-ellen handed out a chart showing how many individuals transferred from State Hospital to Lower Levels of Care and People that moved to independent living.</p> <p>A request for clarification around Release of Information for referrals to residential and community services and supports just went to the OHA Privacy Officer. AMH should be able to provide additional clarity around this issue shortly.</p> <p>Additional issues that still need to be addressed include:</p> <ul style="list-style-type: none"> <li>○ Standardized Criteria for all levels of care;</li> <li>○ Standardized timeframes for decision on referrals;</li> <li>○ Role and authority of guardians.</li> </ul> <ul style="list-style-type: none"> <li>● It was stated there needs to be a more democratic way to decide who should be on the Ready to Transition (RTT) list. There have been disagreements between the State Hospital and the MHO’s on whether someone is RTT or not. There are standardized criteria for the IDTs to use when making this determination.</li> <li>● There was some discussion about individuals potentially being ready to transition from the hospitals but the IDT has not determined them to be ready to transition (RTT). Jane-ellen said she will discuss this with Greg Roberts. If there is anyone the MHOs believe are ready to leave but has not been determined RTT, let Jane-ellen know the names. (<i>Note: To date, Jane-ellen has not received any names.</i>)</li> </ul>
<p>Children’s System Change Initiative Policy Statements</p>	<ul style="list-style-type: none"> <li>● A key difference between the CSCI and AMHI was that there were long standing, national concepts that helped drive CSCI. They also spent time developing key policy statements that helped</li> </ul>

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	<p>set the foundation for the initiative.</p> <ul style="list-style-type: none"> <li>• AMHI started without these policy statements because it was assumed that previous work on values and goals, as well as the information from CSCI, would translate over to the adult system.</li> <li>• There were six policy statements created for the CSCI. <ul style="list-style-type: none"> <li>○ Standardized Determination of level of need,</li> <li>○ System structure and functions,</li> <li>○ Family involvement,</li> <li>○ workforce development and cultural competency,</li> <li>○ Data monitoring, and</li> <li>○ Financing</li> </ul> </li> <li>• These policy statements were developed collaboratively and led to system-wide consensus about the expectations in the delivery system.</li> <li>• While good progress is being made in AMHI Phase I, as we look into the future, having agreed upon principles and expectations would be helpful.</li> </ul>
<p>Brainstorm and prioritize key principles for the Adult Mental Health Initiative</p>	<ul style="list-style-type: none"> <li>• Goal is to redefine the Adult System and how we serve people- looking at a system that is much more holistic, more inclusive, more integrated and less restrictive.</li> <li>• Philosophies should be the same whether your 16 or 65.</li> <li>• Derald Walker discussed the impact that the book, “Anatomy of An Epidemic” has had on him. Others also joined the discussion. There is a concern that we may be doing more damage than good, actually creating mental illness with medications.</li> </ul> <p><b>Principals Brainstorm</b></p> <ul style="list-style-type: none"> <li>• Need to overcome the paternal approach the system has in assisting individuals.</li> </ul>

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<div data-bbox="118 997 406 1333" style="border: 1px solid black; padding: 5px;"> <p>AMH will take these ideas and begin to draft some principle statements for review at the next meeting</p> </div>	<ul style="list-style-type: none"> <li>• We need to see individuals as equal partners.</li> <li>• Need a principle that address expanding how we use Medicaid</li> <li>• Empowering individuals to make choices in their lives</li> <li>• We need to ensure that there is flexible funding (like in Phase I of AMHI) that is sustainable. The kids' system is all funded by Medicaid which has limited how we can help kids.</li> <li>• Consumers and partners need to be informed of options, told there are alternatives they could try.</li> <li>• Community supports, peer run services, know of all resources available once individual is out of the system</li> <li>• Education to providers, parents and relatives regarding medication and what could happen if the individual is on the medication for the long term – and providing medication alternatives</li> <li>• Recovery, strength-based system</li> <li>• Person-centered planning and delivery</li> <li>• Evidence based should not be just all we focus on as there are other ways that are beneficial</li> <li>• Trauma informed care</li> <li>• Don't have to be determined disabled to access care</li> <li>• Prevention-Identification of services from the very beginning instead of waiting for the crisis</li> <li>• We should buy into community resources and peer delivered services</li>   <li>• There was consensus that the Values document would be a good place to start.</li> </ul>
<p>Phase II Planning update</p>	<p>All reviewed and discussed the Phase II conception design document. It included:</p> <p style="padding-left: 40px;">AMHI Phase II Goal - Developing a consolidated, holistic, person-centered, recovery focused system of care for adults and young adults by consolidating responsibility for the adult system of care to the MHO's and instilling key philosophies in the adult system of care.</p>

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	<p>AMHI Phase II Key Tasks - Transferring the following to the MHO's:</p> <ul style="list-style-type: none"> <li>• Financial responsibility including managing to a regional budget.</li> <li>• Contracting responsibility for the Adult Mental Health residential system</li> <li>• Revising the contract language to the needs of the current system</li> <li>• Imbuing person-centered planning and recovery focused services and supports</li> </ul> <ul style="list-style-type: none"> <li>• Kevin said ASU services should be involved and we should use the Children's system as a framework to work from.</li> </ul>
<p>AMHI Performance Indicators</p>	<p>Fred King discussed the AMHI Dashboard Report that focused on key metrics identified to track the progress under AMHI. These metrics are system wide outcomes versus the process outcomes identified in the AMHI Key Metrics.</p> <ul style="list-style-type: none"> <li>• David Pump asked if PSRB data and if 370 referrals are being tracked. Jane-ellen explained that some metrics are not on the dashboard but are being monitored. Additional data will be added in the future.</li> </ul>
<p>Next Meeting</p>	<p><b>March 11, 2011</b></p>