



Adult Mental Health Initiative Planning Committee Minutes

Meeting Date: April 15, 2010

Human Services Building, Room 160

In Attendance:

Members					
x	Bruce Abel	x	Rex Gorger	<input type="checkbox"/>	Deb Parker
x	Dave Bast	x	Bob Joondeph	x	Stacey Paulsen
x	Chris Bouneff	x	Helen Lara	x	Chrissy Peirsol
x	Kim Burgess	x	Al Levine	x	David Pump
x	Kevin Campbell	Tele	Kimberly Lindsay	x	Jim Russell
x	Rebecca Eichhorn	<input type="checkbox"/>	Jason Margolis	x	Karen Rutledge
<input type="checkbox"/>	Deborah Freidman	x	Roland Migchielsen	x	Derald Walker
x	Joanne Fuller	Tele	Kim Miller	<input type="checkbox"/>	Cruicita White

AMH Staff					
x	Marilyn Dunn	x	Jane-ellen Weidanz		
x	Kathryn Nunley	x	Jay Yedziniak		
x	Ralph Summers				

Visitors					
	Leonard Lomash, Verity		Susan Montgomery, GOBHI		Sandy Haffey, Multnomah County
	Sandy Haffey, Multnomah County		Mary Rumbaugh, Clackamas Cty MHO		

Topic	Discussion, Decisions and Action Items
Project Overview	The Adult Mental Health Initiative (AMHI) is designed to promote the availability and quality of individualized community based services and supports so that adults with mental illness are served in the least restrictive environment possible and use of long term institutional care is minimized. It is also intended to improve the utilization of current

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	capacity in facility based treatment settings, increase care coordination and increase accountability at a local and state level.
Purpose of the Planning Committee	The AMHI Planning Committee will serve as an advisory body to AMH's AMHI project team. The intent is to have broad representation, across many different parts of the adult mental health system, to provide critical insight and advice on the planning and implementation process.
AMHI Planning and Timeline	<p>Ralph Summers and Jane-ellen Weidanz provided an overview of the Adult Mental Health Initiative planning process. Key points included:</p> <ul style="list-style-type: none"> • Though the project will occur through multiple phases over a few biennia, we have a short time frame to become operational. The goal is to have Phase I operational by September 1, 2010. • Planning will be happening on multiple tracks and with multiple groups. AMH and partners will be completing work between the Planning Committee meetings. • Updates will come on the Website and through emails. • We will share the future phases in coming meetings. • The project is focused on those individuals who have been civilly committed. However, AMH is meeting with PSRB to discuss the level of involvement of those individuals who are under their jurisdiction.
AMHI Decisions-to-Date	<p>AMH is intending to provide funding in 2009-2011 for five categories of services.</p> <ol style="list-style-type: none"> 1. Supported residence, a lot like the rent subsidy financial assistance, first and last months rent, utilities, deposits and that types of money. 2. Exceptional needs care coordination similar to the physical Fully Capitated Health Plans have but targeted to meet the needs of clients with mental illness. 3. Funding for additional outpatient utilization. 4. Additional supported employment and assertive community

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	<p>treatment</p> <p>5. Transition planning and management – There will be an expectation that the MHOs are actively engaged in the treatment teams while the individual is at a state hospital. The goal is to ensure that when the individuals is ready for discharge there is a community placement available and ready for them.</p> <p>AMH intends to pay for these through two contracts; a financial assistance agreement for non-Medicaid services or to serve individuals who do not qualify for Medicaid, and an amendment to the MHO contract for Medicaid eligible people and Medicaid eligible services.</p> <p>The 1915i State Plan Amendment will give us additional flexibility that will help support AMHI as it moves forward.</p> <p>Question: How are we going to know that we aren't just paying for more of the same through this initiative?</p> <p><i>AMH will be tracking this carefully and we will be developing new ways to monitor this part of the delivery system. MHOs will have additional reporting requirements.</i></p> <p>Each of the MHO regions will have targets of individuals that they will have to move out of the State Hospital. These targets are based on the mandatory caseload growth funded by the Legislature. If we miss meeting this biennium's targets, we put future efforts at risk.</p> <p>AMHI will compliment the work done on the Transformation O1 Initiative and will require a level of need determination for each adult to be reported back to AMH.</p> <p>AMH intends to provide some incentives through a “pay-for-performance” model using metrics and outcome measures.</p> <p>Next Meeting</p> <ul style="list-style-type: none"> • AMH Planning Staff will bring proposed metrics for discussion. • AMH Planning Staff will bring propose service categories and target population definition for discussion.

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Funding for AMHI	<p>The Legislature appropriates money for case load growth to allow AMH and the mental health system to meet the needs of those who are committed to the state. Traditionally, AMH has used the funding to build community-based facilities such as residential treatment facilities and residential treatment homes. However, this strategy has a limited ability to help individuals be successfully independent in the community. AMHI will use some of this biennium’s caseload growth funding to invest in other community based services and supports.</p>
Historical Utilization Data	<p>The planning committee reviewed data from research that AMH conducted. The information showed historical:</p> <ul style="list-style-type: none"> • Flow through adult mental health system. • Length of stays at different facility types. • Readmission rates from different types of facilities. <p>Members of the committee requested:</p> <ul style="list-style-type: none"> • That the research staff members attend the next meeting. • That AMH send the break out on PSRB utilization. • That AMH provide additional information on: <ul style="list-style-type: none"> ○ How many clients have been in a facility since the day of the facility’s opening; ○ Recent readmission rates to both OSH & acute hospitals; ○ Utilization data by region; ○ The data supporting that 3 out of every 4 people goes from OSH to community – where in community; ○ Cross referencing with Justice; ○ Types of services accessed; ○ What’s not working in the community and what supports are working to support independence; and ○ Provider/facility specific performance.

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	<p>AMH may not be able to provide answers to all of the data questions by the next meeting. While many of the questions were very interesting and would provide good insights, the planning committee agreed that they would determine and prioritize what data they need now based on what data they will use. There was a recommendation that we review data at each meeting and narrow down the data we will use.</p> <p>Some concern was expressed that the data is from too long of time frame for effective planning. The data is from a large sample and does not show the differences between the different facilities.</p> <p>Action Item: AMH will send additional information that is easily developed before the next meeting.</p> <p>Next Meeting: Work with the AMH research staff to better understand the data and to determine priorities for additional data.</p>
<p>Questions and Answers</p>	<p>Members discussed the overlap between AMHI, Initiative O1, and other AMH initiatives</p> <p>Members should let Ralph Summers and Jane-ellen know if you are hearing inconsistent information. AMH's intent is work on with the initiative leads to make sure that the initiatives are complimentary.</p> <p>Questions and Issues</p> <p>The following questions and were identified by the group. Some of the questions do not have answers at this time. AMH, the planning committee and others will be working to develop answers to these questions.</p> <p>Q. Who will do gate keeping for OSH and ECMU slots/beds?</p> <p>Q. Will AMH step away from extended care?</p> <p>Q. OSH will be paid within the State process, How do we transfer responsibility for determining who goes in and out of the state hospital? Without transferring responsibility for payment of the state hospital, like there is little incentive to follow through with getting people out of the hospital.</p> <p>A. <i>Each MHO will have specific numbers of individuals they will</i></p>

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	<p><i>have to move out of the state hospitals. AMH will provide ongoing oversight to ensure these targets are met. Additionally, MHOS will receive performance payments based, in part, on meeting their target.</i></p> <p>C. We need to look at what happened with children’s system, some businesses closed.</p> <p>A. <i>We are aware of the impact of the CSCI. It is one of the key reasons we are providing additional financial resources through the AMHI project. We also want to discuss workforce issues and provider capacity at future meetings.</i></p> <p>Q. Whose responsibility will it be to oversee MHOs?</p> <p>A. <i>AMH will be responsible. There are contractual reporting requirements and AMH will closely monitor the MHOs.</i></p> <p>Q. What are the incentives and the accountabilities for MHOs.</p> <p>A. <i>We will build that into plan. There will be concrete contractual obligations and outcome expectations. AMH is developing performance payments to incentivize critical outcomes. We will be bringing metrics and reporting requirement to the planning committee for review and feedback.</i></p> <p>Q. Questions on the regulatory issues with housing. Housing and clinical people will have to work together, developing individual housing.</p> <p>A. <i>This needs to be an agenda item in the near future.</i></p> <p>Action Item: Send out document with summary of the initiatives showing how they are linked together.</p> <p>Action Item: Invite Transformation/Initiative leads to the next meeting</p> <p>Future Meetings:</p> <ul style="list-style-type: none"> ● Review highlights of MHO contract: <ul style="list-style-type: none"> ○ Reporting ○ Access ○ Other critical issues ● Have a supported housing – development/best practices discussion. ● MHO Accountability

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	<ul style="list-style-type: none"> • Lessons learned for the Children’s System Change Initiative
Other Issues	<p>Jim Russell provided information regarding EASA and the positive impact that has had on younger adults.</p> <p>There was a discussion regarding the Occupancy Rule AMH is filing and its impact on AMHI.</p> <p>The group asked if the \$1.8 million in savings from vacancy exceptions was going to be put into AMHI. The vacancy exception money savings is not tied to AMHI. The money we have for AMHI is related to caseload growth.</p> <p>Next meeting: Have a discussion about the overlap between the different initiatives.</p> <p>Future meeting: Have a “doable list” of activities by month.</p>
Critical Steps and Issues	See attached document.
Next Meeting	<p>Agenda Items</p> <ul style="list-style-type: none"> • Ongoing Discussions about Data <ul style="list-style-type: none"> ○ Invite Research Unit to attend • Invite Overlapping Transformation Leads • Discuss: How do we design accountability into the system? <p>Meeting Logistics</p> <ul style="list-style-type: none"> • May 14, 2010 – Friday 9:00 am to 12:00 • Human Services Building, 500 Summer Street Room 166 • Everyone will need to check in at front lobby with picture ID.