

Addictions and Mental Health Division (AMH)

Mental Health Planning and Management Advisory Council
September 1, 2011

Attending: Martin Rafferty, Stan Gilbert, Clifford Hartman, Matt Holland, Hilary Harrison, Becky Edens, Rebecca Eichhorn, Brandon Chambers, Scott Snedecor, Jan Stewart, Corbett Monica

By Phone: Jammie Farish, Mary Claire Buckley, Rod Calkins, Paula Bauer

AMH Staff: Marisha Johnson, Len Ray, Judy Rinkin, Shawn Clark, Bill Bouska

Topic	Key Discussion	Action/Task/Decision	Responsible	Due Date
Welcome and Introductions			Becky Edens	
AMH Update	<ul style="list-style-type: none"> As a result of the 09/11 Legislative session, AMH has 45 priority projects to complete. These projects have been divided between managers and leadership. Budget Note One says that AMH will work with PSRB to determine what the needs are for persons living, staying or being treated at the State Hospital who no longer need hospital level of care. AMH is to look at what those residential and housing needs are. An 		Len Ray	

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	<p>advisory group will be put together. The timeline is fairly quick. The first group meeting will be the first of October, with everything to be completed and back to the Legislature by December in time for the February session.</p> <ul style="list-style-type: none"> • There is going to be a public informational meeting tonight in Lewisburg that concerns an RTF that was opened in a neighborhood where there has been strong resistance. The County Commissioners will be there, as will neighbors, Jane-ellen Weidanz and Len, will represent AMH. AMH has been told there will be press coverage. • Question – AMH had been talking about development of new residential facilities. Answer – AMH is currently looking at development and will have a plan for Richard Harris and Madeline Olson to review. We are looking a couple of facilities for young adults that are in need of that level of care before they can return to the community and a few PSRB beds. That is all that is being looked at right now. 			

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	<ul style="list-style-type: none"> • Len participated on an interview panel for the open AOCMHP Executive Director position. He is hopeful that a hiring decision will be made soon. • Update from Cabinet on Health System Transformation. Four groups have been meeting and from Dr. Goldberg's perspective all of the groups at the table are able to now look at what is ahead of them. They are starting to configure what the system will look like on July 1, 2012 • Bill Bouska – There is a Young Adult workgroup at the state hospital which is working on changing how the system works for this specific age group. The group is working on intake, transitions, housing and age and developmentally appropriate treatment. The work is going well and everyone is excited as the group moves forward. 			
AMH System Change	<ul style="list-style-type: none"> • Mike Morris is leading the work on the AMH System Change. • During the legislative session the Governor was looking at the health care system, the rising costs and the outcomes not being what we hoped to see with those escalating costs. 		Mike Morris	

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	<ul style="list-style-type: none"> • In February/March he directed a large group to look at the health system and the transformation of the health system. A large stakeholder group met to look at what the system change may look like and what changes needed to happen. Out of this group came House Bill 3650 which provided direction to the Oregon Health Authority on what those changes looked like in the health system. • Coordinated Care Organizations (CCOs) will manage Medicaid benefits for physical health, addictions, mental health and dental health all under one administrative arm. CCOs are local so they will look at the needs of their local communities and work with the local communities to meet the health needs. • CCO's will be given a global budget. The CCO would decide how they were going to spend the money and they would be accountable to outcomes and performance measures. • Through this process it was clear that there were concerns about the mental health and addictions system which include prevention. Concerns on how and if their infrastructures were going 			

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	<p>to be maintained. There is some language in House Bill 3650 that draws some link from the CCOs and the local mental authority.</p>			
	<ul style="list-style-type: none"> • AMH is working on a parallel process to that of HB 3650. AMH currently uses Service Elements to fund specific services. The AMH Systems Change Initiative will develop global budgets that will give flexibility to the local community and allow freedom on how to spend the money, and have increased accountability with performance measures built into each contract. • There are currently 6 internal teams working and meeting weekly. These teams work on contract language; funding streams and incentives; outcomes and performance measures; communications with partners, communities and AMH staff; and internal organization and culture change. • Another team is looking at a new data system (OWITS) to replace the couple of antiquated systems we are currently using. This system has been used nationally and will be tailored to the needs of Oregon. 			

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	<ul style="list-style-type: none"> • The AMH system change website has a large amount of information and is kept updated. Please visit the website if you have additional question or want additional information. • A stakeholder group has convened and is providing valuable input and direction to AMH. Information on previous meetings as well as future meetings can be found on the AMH System Change website. These are public meetings and all are welcome to attend. <p>Question – The dollars that are currently in Capitation for MHOs, will they go to the counties?</p> <p>Answer – No they will go to the CCOs. The service element dollars will be in the contract to the counties.</p> <p>Question – Since this is a parallel process and the idea is to meet in the middle, how do we ensure we meet and not have a collision?</p> <p>Answer – Internally there are teams (in AMH and OHA) that are working on these issues. Mike meets with HB3650 workgroup leadership regularly to help ensure information is being communicated.</p> <p>Question – Utilization management of our residential programs and also the state</p>			

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	<p>hospital. Are they currently under the local mental health authority or the MHOs? Answer – It is a combination. The MHO’s are being held responsible through AMHI for the state hospital and there is also a contact with our counties for co-management with the community mental health programs.</p>			
	<p>Question – What is going to happen with this in the future? Answer – This is still being discussed and we will work to ensure that we do not lose ground on the work that has been done through AMHI. Question - The Planning and Management Advisory Council is currently the primary advisory council to AMH at this time. With all the groups meeting and the changes coming how will this be affected? Answer – This Council is required by Federal regulation and will continue to advise AMH. Question – With the creation and movement of the Federal Health Care reform, there will be less and less people without health insurance which is what the state funds for the health system (indigent funds). Are there projections of what the numbers will look like? Answer – There are no numbers at this time. Question – What is going to all the grassroots</p>			

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	<p>peer run groups? How are they going to get their money? CCOs currently do not use Peer Support services.</p> <p>Answer – CCOs have not been established yet. HB 3650 does address Peer run/delivered services.</p>			
BREAK	10:15 – 10:30			
EAST	<ul style="list-style-type: none"> • Power Point Presentation 		Ryan Melton Tamara Sale	
Council Business				
Approve July and August Minutes	<ul style="list-style-type: none"> • July – any questions – Paula Bauer AMHI is Adult Mental Health Initiative. • August – Rebecca – Page 3 #44 – clarification – funding for the peer bridger program that is currently utilizing the Consumer Care Partnership Model which uses an adult version of peer wraparound. 	<p>Motion to approve July minutes by Stan Gilbert; Seconded by Brandon Chambers. Passed</p> <p>Marisha making change.</p> <p>Motion to accept as revised by Matt Holland; Seconded by Martin Rafferty Passed – Scott abstained due to not being at the August meeting.</p>		

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CSAC Update	<ul style="list-style-type: none"> • CSAC did not meet in August so that families could finish up their summer. Coming up in October CSAC will be doing the work-plan for 2011 on the integration of physical and mental health. <p>The 2012 work plan is on the integration of mental health, Juvenile Justice and OYA. We are currently working on a survey that will be going out to a broad audience. The goal is to ensure that when a youth with mental health issues is in the Juvenile Justice system and OYA that there are timely and adequate services available.</p>		Judy Rinkin	
ASAC Update	<ul style="list-style-type: none"> • The membership of the current ASAC is a group of sturdy and adamant people that want to be informed and want to inform. ASAC has been working on their work plan. ASAC has had Mike Morris, Jane-Ellen Weidanz, Marisha Johnson, Kappy Eaton, and Shawn Clark at meetings providing updates to ASAC on program progress and changes. • The work plan priorities for 2012 will include the block grant, housing, health 		Jan Steward Scott Snedecor	

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	<p>care (CCOs), peer delivered services and transformation initiatives. ASAC was excited to receive an assignment from PAMAC to develop a discretionary funds allocation proposal. This will be presented at the next meeting.</p> <ul style="list-style-type: none"> • Dr. David Cutler is part of ASAC and felt very passionate about no longer having a hospital in the Multnomah county area. He expressed concern that people will lose connections with their families due to moving further away from their homes for services. 			
Bylaws Subcommittee Update	<ul style="list-style-type: none"> • In the changes to this year’s block grant it was suggested that states change their Mental Health Planning and Management Council to a Behavioral Health Planning and Management Advisory Council. A subcommittee was developed to bring proposed changes to the bylaws back to PAMAC to discuss and vote on. The document that Marisha sent out has the proposed changes outlined in track changes. These changes will be voted on at the next PAMAC meeting. • Martin Rafferty asked to give CSAC an 	<p>Add a seat for a CCO representative. Increase number of consumer seats to eight.</p> <p>Marisha will send out the draft again to everyone. If you have any changes see Marisha after the meeting or send her a note. This serves as notice that we will be voting on the bylaw changes at the November</p>	Marisha	

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	<p>exception to give recommendations straight to AMH instead of running it through PAMAC.</p> <ul style="list-style-type: none"> No, as a subcommittee of PAMAC any recommendations that CSAC makes must be sanctioned by PAMAC. PAMAC trusts that when CSAC brings recommendations and issue briefs that they have done complete work.. 	<p>meeting.</p>		
<p>General Membership Updates</p>	<ul style="list-style-type: none"> Bylaws require elections for membership in January. Next meeting will be November 3, 2011. 			