

ICCMHC Adult Services Committee Meeting

101 W. Ohio Street
ICCMHC 7th Floor Conference Room

March 18th, 2011

Attendees:

Members: Mary Rini, Kelly Howe, Ellen Kelley, Diana Branham, Rich Hite, Bill Hardy, Gerry Cyranowski, Lee Stephan, Mike McKasson.

Call in: None

Staff /Others: Evan Reinhardt

Discussion on Committee Focus/Purpose. Mr. Stephan suggested that the scope of the committee should be established. Mr. McKasson commented that this is an important issue to address and the biggest areas he saw needing to be addressed are training, inter-rater reliability issues with the ANSA, and general skill building. He also commented that shared curriculum, ANSA consistency, and other strong areas of collaboration are necessary to identify. Mr. Stephan commented that the ANSA is not necessarily being used correctly and other possible assessment mechanisms might be more appropriate. Mr. Stephan suggested that the DLA-20 might be best for the committee to consider. Mr. McKasson commented that his interest would be in the SMI population specifically in trauma care, and cognitive enhancement therapies. Mr. Stephan suggested person-centered planning as an area where centers could collaborate though this would require significant commitment on the participants' part. Mr. Hite asked the group if anyone had gotten feedback on the Client Directed Outcome Informed (CDOI) implementation. Mr. Stephan cited evidence-based practice measures in general are important. Ms. Rini suggested that it would be valuable to hear what approaches are working under the new system, including AIRS/CAIRS, clubhouse and other general practice issues. Mr. Hardy offered that evidence based practices especially those related to ACT teams were important. The committee agreed that information was currently anecdotal. Mr. Stephan commented that there is no means by which to collect data on the changes related to ACT. Mr. McKasson agreed that the changes affected the fidelity of ACT and the outcomes are being affected by these changes. Mr. Cyranowski asked the group how productivity standards have changed since July 1st and the changes that have taken place since then. Mr. McKasson commented that the transformation has affected both staff and consumers in their delivery and receipt of services, respectively. The committee also agreed that because of the changes to the system, Adult services were now facing difficulties in finding clients to provide services to as well as a systematic shift in which providers clients were now seeing for services, also creating difficulties. Further, the committee agreed that the "meds only" population was a concern because of their current status under the new system. The group also agreed that this is an area where possible advocacy opportunities might exist in order to help with the funding issues faced (spend down, copays, etc.).

Potential Speakers for the Committee to Consider. Going forward, Mr. Reinhardt suggested that the group may want to consider possible individuals or organizations with whom they might be able to develop a relationship with and offer the opportunity to sit in on a meeting with the committee.

Potential candidates for such a role were suggested from the committee as follows: CMOs, MCOs, and OMPP. The committee agreed that any organization that would offer the opportunity to improve services to consumers and potentially reduce the overall cost of those services was a viable option.

PA Process Mr. Hardy suggested that his center had seen the PA process moving smoothly of late. Ms. Howe suggested that the process depended on which services were being requested and sometimes it would take so long that the patient's package had already been renewed before a PA would be approved. Ms. Howe also indicated that Medicaid eligibility continued to be an issue where clients would simply fall off the Medicaid rolls for no reason whatsoever. Mr. Reinhardt suggested that current legislation would allow for automatic eligibility for Medicaid given enrollment in social security. Ms. Howe commented that while this would be helpful, it would not solve what is really an administrative issue.

Specific Topics for Adult Services Committee to Consider. The following topics to be addressed by the group going forward: 1) Training Opportunities (especially related to person-centered planning, assessment and outcome tools, possible curriculum creation); 2) Transformation Problem-Solving Strategies; 3) Revenue Enhancement (exploration of best practices to enhance revenue, approach to foundations, approach to partner with managed care companies, explore integrated care opportunities in this realm); 4) Integration of Primary Care into practice models; 5) Data Collection related to Outcomes (the goal here would be to partner with other organizations such as the ACT center to measure the success of current practices, measure general health/welfare outcomes, and tell the overall story of transformation and its impact on consumers).

Specific to this final point, Mr. Reinhardt suggested that the committee could begin to formulate ideas for a portion of research to be considered within the MRO Metrics committee project commencing this summer with Dr. Eric Wright.

Mr. Hardy informed the group that CMHC was currently incorporating DBT along with skills training as a means of enhancing potential revenue flows.

Current Status of Integration Initiatives. Mr. McKasson indicated that Adult and Child are currently co-locating with an FQHC on site at one of their locations. Adult and Child were the recipients of a SAMSHA grant to fund some of these ongoing efforts. Currently there are three exam rooms within a Nurse's station unit inside an access center. This particular effort concentrates on the SMI population and does primarily disease management. Mr. Hite indicated that Park Center currently had a similar initiative within their CMHC and were looking to see about expanding the effort going forward. Mr. Cyranowski commented that Meridian Services is currently developing their integration efforts independently and was in the process of applying for FQHC "look-alike" status. Mr. Stephan indicated that Gallahue had a previous relationship with a MD who was providing services for them but their organization was looking to continue to refine their integration efforts. Mr. Hardy commented that CMHC currently had a small primary-care clinic in Lawrenceburg and were looking to develop and grow their integrated services, as well. The consensus of the group was that exchange of information on integration specifically and these

types of collaborative efforts in general were helpful and informative and would supply individuals with opportunities to share information and collaborate in the future.

Action Items. Mr. Reinhardt informed the committee that at the Board of Directors request, one member of the committee would be asked to present in front of the board at least once if not twice during the year. Mr. Reinhardt also committed to providing more information on the DLA-20 assessment tool, as well as person-centered planning training information going forward. Mr. Reinhardt also indicated that he would continue to solicit the ICCMHC membership for members of this committee in order to allow the committee to have representation from each CMHC. The committee also agreed that the quarterly meeting schedule would work best going forward.

Other Business. As there was no other business, the meeting was adjourned.