

ICCMHC Child and Adolescent Subcommittee

04/12/2011

Leader: dianna Huddleston (Wabash Valley Alliance, Inc.)

Recorder: Chris Hamm (Cummins Behavioral Health, Inc.)

Attendees: Doug Davis (Aspire), Sibhan Kenny-Sandors (Bowen Center), Evan Reinhardt (Director of Member Services-ICCMHC), Jody Horstman (Hamilton Center), Jennifer Olston (Cummins BHS), Letecia Timmel (Bowen Center), Mark Hill (Samaritan), Margaret Richardson (Meridian Services), Toni Mattioda (Gallahue), Donna Augenbergs (Midtown), Donna Augenbergs (Midtown), Polly Hoover (Oaklawn), Jan Lanning (Oaklawn), Donna Culley (Southwestern), Bonnie Rinks (Southwestern), Karen Bloomer (Swanson), Catherine Anderson (Edgewater Systems), Tara Elsner (Adult and Child), Ina Carlson (Park Center, Inc)

Guests: Gina Eckhart, MD Wise representatives.

I. Dcs update: There will be a phone conference with DCS this Friday to clarify some issues and assist with direction. All CMHC's invited. Phone consultation with DCS will last an hour.

II. The purpose of the committee was discussed for any new attendees. The agenda for today's meeting was reviewed.

III. DMHA- guest Gina Eckhart (DMHA Director) joined the meeting to provide an update on multiple federal and state initiatives.

Systems of care- The next phase of state systems of care grants are going to be awarded. Some of these will be regional systems of care. The federal government has also announced new SOC establishment grants. dianna will distribute federal SOC grant information to committee members.

DMHA changes-The Bureau chief position for children/adolescents will be posted for DMHA within the next week. This is a policy position.

Willard Mays announced retirement from DMHA. This is an assistant deputy chief position that will be available.

The policy team will be reorganized within DMHA. Gina explained current organizational structure and how the structure may change. There will be a behavioral health policy office (combining addictions and behavioral health). Policy developers will focus more upon team communications within DMHA. A focus will be upon crossing service areas (i.e. addictions, youth, adult, transitional care) so that departments do not work in silos.

State operated facilities update-Gina reviewed current status. Logansport and Richmond SOF's have decreased in size. Adults from Logansport and Richmond are being transferred to other facilities. Children's beds are at EPPC, Carter. Richmond's male adolescent beds have closed. EPPC and Carter are still not completely full with youth. There is data supporting a progressive decrease in number of youth at state hospitals since implementation of CA-PRTF.

Discussion, comparison, monitoring continues to be a DMHA focus for SOF's, PRTF's and CA-PRTF's.

CA-PRTF-This waiver has another year left. Discussion continues between Medicaid and DMHA about continuing the CA-PRTF program.

MFP programs-Money Follows Person-Gina explained this concept to the committee. Rather than give money to providers, this concept allows the consumer to make decisions about which services they would choose and then vouchers are given to providers. This process has been used with adult populations in other states. There is a new focus at federal level to expand this concept to youth and elder adults who are leaving intensive levels of care (i.e. SOF's, PRTF's). These MFP services can overlap with existing MRO services. The services last 365 days in total. Federal match is 90% for 365 days. This is quite beneficial for states. A core concept is that states would take over the majority of payment after 365 days have expired. Transition would be from SOF/PRTF's, MFP's, State program. There is currently an older adult MFP waiver in Indiana. There is a possibility for youth to be added to this waiver. DMHA is working on this with older adult services to determine if these services can be added for youth. These money follows the person programs are only for Medicaid eligible consumers.

Healthcare reform update: DMHA is getting more guidance from the federal government regarding SAMHSA's reorganization and preparation for healthcare reform. In 2014, Any person below 133% of poverty level will qualify for basic Medicaid. This should allow for more adults to engage in care. Consumers between 133% and 150% of poverty level, would be required to buy into an insurance exchange run by the state or the federal government. The exchange will work similarly to HIP. Preliminary indications are that 500,000 more people will become eligible in Indiana. The assumption is that the majority of basic healthcare (including behavioral healthcare) will be covered by CMS and/or the State Medicaid authority (i.e. Medicaid).

The state gets two block grants from SAMHSA annually (SAPT and State Mental Health block grant). Gina will distribute to the committee federal registry that outlines SAMHSA proposed changes to state mental block grants. The focus of this new vision appears to be upon recovery supports, housing, peer recovery, bringing new practices to implementation, targeted populations, prevention/promotion services, at risk population, and integrating with medical care. There would be two year block grants. DMHA will submit block grants as a blended (mental health and addiction) grants. There will be significant dollars that will be dedicated towards prevention services. DMHA will still likely be "quality assurance check" for Behavioral Health providers. Expenditures of the

different types of funds will be monitored closely to ensure that these funds are not used for other costs such as Medicaid match expenditures.

It is still not clear which individuals may be newly qualified for MRO services within healthcare reform.

DMHA will begin to have meetings with CMHC's regarding continuum of care.

IV. Update from Evan Reinhardt of ICCMHC. Healthcare reform continues to be a contentious issue at a state level. Some entities at the state level continue staunch opposition to healthcare reform. Debate also continues on the future of the Healthy Indiana Program. Healthcare reform will also be a large part of the conference in the summer. There is a continuum of care task force that continues to meet.

V. . Summer conference

The conference is at Swan Lake resort and Spa in Plymouth, In.. The Board of the ICCMHC decided upon the location of the retreat. The dates are July 27, 28, 29th. The evening of the 27th is the ICCMHC committee meeting where officers for the next year will be elected. The actual day of the conference is the 28th. The 29th is the Board of Directors Meeting.

The committee reviewed a proposal from Dr. Falender of Pepperdine university to present at the meeting. The focus of the proposal is upon the utilization of clinical supervision to assist with the change process. The committee will continue to pursue Dr. Falender as a presenter.

Administrators from the Indiana Youth Institute will also be invited to attend the summer conference.

Matt Brooks has also been speaker who focuses upon the issue of self care.

Adolescent substance abuse was recognized as a needed focus for breakout sessions.

The committee will also follow up with Stacy Cornett to determine her willingness to present at the conference.

VI. Agency Updates

Updates included:

- One agency with merging with a hospital.
- Agency use of an EBP (teen matrix program) with teen substance abusers that is showing good outcomes.
- Some agencies are having comparison analysis at a federal level through systems of care grant.
- Several agencies continue to attempt the balance of recovery/person-centered care with regulatory compliance.

VII. Medicaid update

Approval rates for PA's was discussed. Most agencies are having success with prior authorizations being approved in a more expedited manner.

MD wise representatives joined the committee for discussion (Lynn Bradford, Katie Weaver).

The focus of discussion was the 7-day follow up measure for MD wise Medicaid. This is a requirement where agencies must see a consumer discharged from an inpatient facility within 7 days of that discharge. This is a pay for performance measure for some providers. There were around 4 hospitals which received bonuses for achieving this measure.

Hoosier Alliance is a non-hospital alliance that is hoping to assist outpatient providers in achieving this measure. This workgroup is available to provide community based discussion to develop a community work plan for communities where this measure is not being met. Hoosier alliance will be following up with CMHC's to attempt to schedule these meetings for the future.

HEIDIS-Healthcare effectiveness Data and Information Set.-HEDIS was defined for the council.

Of all discharges 59.1% should be seen within seven days following discharges (75th percentile). The 2010 actual rate was 48%. This is up 24% from the year before. It was acknowledged that a large reason why many Medicaid consumers are not seen within 7 days is because they no-show a scheduled appointment.

The inpatient providers responsibility was defined (Schedule aftercare within 7 days, emphasize aftercare, identify barriers, discharge review, collaborate with OP provider).

The outpatient provider's responsibility was defined. (Collaborate with inpatient providers to ensure appt scheduled within 7 days, assist member in appt attendance with reminder calls, bridge appointments, group appointments).

A bridge appointment was defined. (Appt with licensed behavioral health clinician outside of inpatient unit on day of discharge)

VIII. Next meetings:

The DCS phone conference is on Friday. The next scheduled meeting will be July 27th at the ICCMHC summer conference.