

**Washington County MH/MR System Review
Advisory Committee Meeting Summary
August 25, 2009**

Present: Laverne Cichon, Dr. Michael Crabtree, Tina Duggan, Tim Kimmel, Lynne Loesch, Ed Nemeth, Betty Gaul, Barbara Miller, Donna Murphy, Lynne O’Leary, Scott Pino, Tom Shade, Jennifer Simmons, Nelson Solow, Becky Tomasiak, Jan Taper, Mary Jo Patrick Hatfield, John Orndoff, Perri Greco, Becky Horvath, Mary Fleming, Kelly Primus, Sally Crompton, Lynann Casagrande, Matt Koren

Absent: Tom Jones, Dave McAdoo, Dr. Oscar Urrea, Brandi Phillips, Tim Casey

1. Introductions

Mary Fleming welcomed everyone to the first advisory committee meeting for the Washington County MH/MR System Review project. Introductions were given along with brief backgrounds. The committee is a mix of family representatives, advocates, clinicians, providers, consumers, and representatives from the managed care organization and the HealthChoices oversight corporation. AHCI staff also discussed their backgrounds as well as their roles on the project.

2. Overview of AHCI

Mary Fleming provided an overview of Allegheny HealthChoices, Inc. (AHCI). AHCI is a nonprofit organization founded by Allegheny County to oversee its HealthChoices Medicaid managed care program. In addition, AHCI also does project management, system evaluation and planning, technical assistance and training, and information systems support.

3. Overview of Project

The following focus areas of the project were reviewed:

- Timely and easy access to services
- Increased stakeholder involvement in programs and planning
- Greater support for families and consumers
- Use of principles of recovery and resiliency
- Outcome information on service quality and effectiveness
- Increased accountability throughout all levels of the system, including better use of data
- Increased use of evidenced based practices

The timing of this system review was discussed given the recent closure of Mayview State Hospital and the development of additional community based services and ongoing financial pressures on systems. In addition, the county administration is continually interested in reviewing the MH/MR program for system improvements.

The project will focus on reviewing mental health programs for adults, mental health programs for children and adolescents, mental retardation program operations, and county internal administrative functions, including fiscal operations, information systems, and data collection and reporting, and contracting processes. In addition to data analysis, information will be obtained through interviews with various stakeholders including consumers, family members, providers, advocates, the managed

care company, and county staff. Stakeholders from other systems that interface with the MH/MR program will also be interviewed.

4. Role of Advisory Committee

Mary Fleming reviewed the advisory committee's role in the project. The committee members are asked to be project ambassadors in the community. In addition, the committee will be involved in assisting in the identification of individuals and organizations to be interviewed for the project as well as serve as a review body for recommendations. The committee recommended using currently scheduled meetings that are in the evening when meeting with family support groups and expanding family involvement beyond the core group of individuals who are already involved in the system.

5. Committee Members' Expectations of System

Mary Fleming asked each committee member to share what they expect from the system. The following responses were discussed:

- Improved outcomes with respect to community integration and consumer satisfaction
- Specific to MR program – streamline the system so it takes less time looking for things that families need (i.e., getting 2-3 bids for service).
- Overall streamlining access to services (not just MR) so that the system drives the rules as opposed to the rules driving the system.
- Accessible, navigatable, family/consumer friendly system.
- Be culturally sensitive and respectful – particularly in rural areas
- Use research and analysis that's already been done
- Be sensitive to different areas of the county and their different needs
- High quality services
- User friendly – families and consumers have enough information to make informed choices
- Better coordination between services (issues with transitions)
- Wide variety of services for transition-age youth – look at total needs, not just medical
- Meaningful reporting
- Know what services cost and how costs compare to others
- Get creative with planning – not just getting what service is available but what meets their needs
- Case management helping families with informed choice – case managers who know the system and the family
- Continuity of care / care giver – importance of the relationship
- Useful data and reports along with the ability to generate these reports. (Includes the development of reporting tools and staff skill sets in generating these reports).
- Consistency of treatment regardless of where you enter the system
- Integration with hospital, OVR, veterans, schools, and other systems as part of the recovery process.
- Build on the current system strengths
- Accountability, accessibility, and responsiveness
- Flexible, fiscally sound
- Meet people where they are
- Roles would be clear – who does what, who is responsible for what, etc.
- Change is ok; change behavior and attitude to improve the system
- Consolidate data from different sources to get full picture

- Services accessible without undue travel
- Transition planning for youth through adult
- School involvement
- Communicate beyond funding streams for better coordination
- Easy to find information or services
- Early intervention for improved outcomes
- Networking with and between families
- Family education
- Use of evidenced based practices
- Simplify system for consumers and families
- Adaptable – keep current with best practices
- Holding providers accountable

From this discussion, the following themes were summarized: accessible services, available education for family and consumers, increased accountability, increased quality outcomes and cost effectiveness, increased creativity in services, increased information and data availability.

6. Are these expectations being met?

The committee next rated how the current system meets their expectations using a scale from 1 (poor) to 4 (excellent). Generally responses were either 2 or 3, with many committee members wanting to use a score of 2.5 (although middle score was not permitted). Generally expectations are being met with the county program however provider issues such as access and collaboration were noted as being short of expectations.

7. Meeting Schedule

The committee agreed to meet monthly through November 2009, then every other month after that through May, 2010.

8. Agenda items for next meeting?

At the next meeting service data and costs will be presented along with an update on the project plan and progress with interviews.

There being no further business, the meeting was adjourned. The next meeting is scheduled for Thursday, October 1, 2009 from 1 pm to 3 pm. Lunch will be provided. The meeting will be held at the **Ramada Washington, PA located at 1170 W Chestnut St (I-70, Exit 15- Chestnut St.) Washington, PA 15301.**