MH Services Strategic Planning Meeting Notes
Subcommittee on Adult Clinical Subgroup
December 11, 2012

INTRODUCTION: Meeting began at 10:00 AM with an overview of the meeting's handouts and agenda. Development of goals, objectives and actions. Action steps. Review of old meeting minutes.

SUMMARY OF DISCUSSION: The following is an edited summary of the group's discussion:

- Create flexible funding streams necessary to achieve identified outcomes:
    - Make recommendation about criteria for utilization (who is eligible and for how much service of money).
        - ACA will impact these dollars.
    - Different types of contracting providers.
    - MRO eligibility and service package by fiscal year 2014.
    - Opening up Rule 132 for additions, redefinitions and revisions.
    - As funding streams change, what should continue as far as values and principles regarding mental health for the state.
    - Williams model.
    - Holistic view including social determinants.
    - Simplified, streamlined and easy to access.
    - Fewer regulatory entities.
    - Cost per individual.
        - Care coordination entity would receive money and determine an individual's housing, vocational and primary care needs in order to allow the most flexibility.
            - Cost per individual based on severity of the need to allow that flexibility.
    - Must stipulate that care coordination on its own is not enough
        - Work Group's recommendation would be to include the social determinants for wellbeing
        - Work Group looks at funding streams to recommend a blending of those funding streams to create either a rate per person or a total package.
    - Care coordination needs to consider the needs of whole person, including social determinants and use funding streams that currently exist.
    - Severity of needs should determine access to services.
    - True care coordination
        - Takes into account whether individual needs additional funding due to greater risk and greater need
        - Perfect world we can give an individual a financial manager or whatever the case may be, so that they are complete and whole and healthy.
    - In order to create flexibility in current funding streams, we have to provide a fuller funding model that covers social determinants.
    - Defining social determinants.
    - Eight (broad) dimensions of wellness (Long-term goals):
        - Social
        - Environmental
        - Physical
        - Emotional
        - Spiritual
        - Occupational
        - Intellectual
        - Financial
    - Assess the needs.

- Look at dollars within DMH and how we can use those more flexibly to meet the needs of the population.
- The other dimensions must be included in care coordination.
- Rethinking our language around the care coordination model (long-term goal):
    - Addresses all eight areas of wellness.
- Flexibility and blending of silos for people who have documented histories of serious mental illnesses to expedite social security disability determinations.
- Variety of other ways to make affordable housing available.
- Streamline all entities on board with same goal of taking into consideration all dimensions of a persons with mental illness' life.
- Identify funding for housing:
    - Anyone with mental illness is entitled to some type of housing benefit with already established mechanisms:
        - Enrolled.
        - Utilizing them.

- Short term:
    - Review of current DMH utilization of non-Medicaid dollars.
    - Make recommendations for revisions to eligibility and packages.
    - Develop recommendations to achieve rapid disposition of social security disability determinations.
    - Identify additional funding sources needed for Bridge rent subsidy. Individualized and indefinite.
        - Built on a relationship with housing authorities to identify people who are on waiting lists and work on priorities.
        - Facilitating registry on waiting lists.
        - Be involved in setting of priorities.
        - Expediting applications and or eligibility.
        - Provide opportunities.
    - DOORs funding
        - Use more flexibly.
    - Regular IDA (QAP) competitive application for tax credits, etc.
        - No longer has supportive housing priority for priority population. (Goal?)
        - Preference around Williams.
- Long term:
    - Develop a care coordination model that takes into consideration all eight dimensions of wellness.
    - Identify outcomes related to the eight dimensions that we consider important.
    - Develop funding for outcomes based on identified care coordination model.

- Prevention:
    - Develop intensive service model for first break.
    - Early identification of illness with tool to determine risk in primary care settings.
    - Education to reduce stigma.
    - Suicide prevention:
        - Education.
        - Systemized response system.
        - Which models exist in other states?
        - Develop a tool kit for each community to engage their local recourses.
    - Risk assessment and recommended intervention for first break episode.
        - Services should be offered to primary care.
    - Early goal to ensure that young adults receive appropriate referrals and are educated in order to reduce stigma.
    - Focus on stigma reduction.
        - Early prevention is early education.
            - National Council on Behavioural Healthcare for suggestions.

        - Mental health first aid instructor.
    - Access point through primary care
        - Relationship must exist between specialist and primary care provider.
            - Intervention to follow.
    - Carve out for the population
        - To research models around the country or to develop one.
    - Assessments done in primary care settings by primary care providers.
    - After assessment system needs to be ready to fund services identified as needed.
        - Both Medicaid and non-Medicaid
    - System to fund more consistent activities around suicide prevention.

- Must address following issues in all five priority areas:
    - Young adults transitioning.
    - Dual diagnosis.

- Big goal:
    - State utilizes care coordination model that incorporates the eight dimensions of wellness.
- Developing outcomes:
    - Related to the eight dimensions.
    - Quality of life indicators.
    - Educating about self-management.

Participants are encouraged to respond with improvements.

Next Steps: Actions steps.