

WEST VIRGINIA MENTAL HEALTH
PLANNING COUNCIL MEETING
MINUTES
MARCH 31, 2006
MORGANTOWN, WV

Call to order - Paul Macom

Roll call. Members present: Angie Ferrari, Pam Harper, Sheila Hicks, Ted Johnson, Pamela Akers, Melissa Toothman, Dianna Bailey Miller, Millie Gerbo, Bob McConnell, Debbie Toler, Bob Musick, Dewey Berry, Brandy Blankenship, Frankie Capocéfalo, Bob Hansen, Paul Macom, David Boothe, Jessica Stewart, Nancy Allison-Schmitt, Melody Waybright, Janet Johnson, Jane McCallister. Ex officio members present: Angie Rogers. Guests: Paul Easton, Larry Rogers.

Bob Musick reported for the Nominating Committee. Elections of officers and three members of the Executive Committee will be held at the next Council meeting. Mr. Musick asked that nominations be submitted to him by June 2nd. He also asked that any member planning to submit a nomination check with the person they are planning to nominate to see if that person is willing to serve.

Related to the election a motion was made, seconded and passed unanimously that absentee ballots will be accepted. The absentee ballot must be signed and faxed to Mr. Musick by June 6th. It was also agreed that ballots would be sent to all members via the list serve and by US mail by June 3rd.

The minutes of the January 20th meeting were submitted for approval. The last names of David Boothe and Jane McCallister were both misspelled in the minutes. The minutes were approved with the corrections.

Tammy Pearson facilitated a SWOT analysis for the Council. A chart of that analysis is appended to these minutes.

The entire Council engaged in a conference call with the Public Consulting Group (PCG) which has been retained by the state to make recommendations regarding the redesign of the behavioral health system. The PCG spokesperson during this call was Katie Hayman. She gave a brief overview of PCG. She indicated that the consultation with West Virginia would include legal, financial and program teams. PCG has met with providers and will be meeting with state officials, consumers and stakeholders.

During the conference call the following was conveyed regarding the WV Behavioral Health System.

- There is no coordination among state agencies.

- There are very few community based support services.

- The system is medicaid driven.

- The managed care entity (APS) makes eligibility determinations based on medical necessity.

- APS is expensive.

- Reimbursement for Assertive Community Treatment (ACT) services is unrealistically low - \$23 per day. The rural nature of WV makes the provision of ACT services difficult at best.

- There are serious problems with both recruitment and retention of all types of service staff - but particularly case managers, psychologists and psychiatrists. Salaries are low but are tied to reimbursement rates.

- There has been no increase in Medicaid reimbursement for years.

Case managers have extremely high caseloads and have for all intents and purposes been used to manage paper.

Funds (state match dollars) that have been saved by managed care could be shifted to services that are sparse or non-existent.

Ms. Hayman invited further comment. Her telephone number is: (617) 426-2026 Ext 1055. Her email address is: khayman@PCGus.com

Ted Johnson gave a presentation on National Outcome Measures and 'other things'. A copy of that presentation is appended to these minutes.

Beginning next year the state must spend part of the Block Grant (23%) on system transformation. This amounts to \$564,800. The plan for this is due on 9/1/06 and a report on implementation is due on 12/1/06. WV will meet the expenditure on transformation requirement without much, if any, change in the present system. A significant portion of the Block Grant is being spent on services and programs that are congruent with transformation. Transformation is not reform.

There are four National Outcome Measures:

1. Increased access to services (number of persons served).
2. Reduced utilization of psychiatric inpatient beds (decreased rate of readmission to state psychiatric hospitals within 30 and 180 days).
3. Client perception of care (clients reporting positively about outcomes).
4. Use of evidence based practices (number of evidence based practices and the number of persons - adults with SMI and children with SED receiving evidence based practices).

In addition to the above, there are five more National Outcome Measures that are expected in the next few years.

1. Increase/retained employment or return/stay in school.
2. Decreased criminal justice involvement.
3. Increased social supports/social connectedness.
4. Increased stability in housing.
5. Improved level of functioning.

The Council needs to consider what NOMS are the most important for the 2008 Block Grant application. What state specific indicators should be recommended for consideration in the 2008 application. Finally, what data are important to obtain.

The System Monitoring Committee requested a motion that the Council approve a request to the state for funds to monitor the crisis intervention system. After some discussion it was agreed to delay a motion until the June meeting. Mr. Johnson will develop a full proposal to be discussed at that meeting.

The next Council meeting will be held on June 9th - location to be announced.

Motion to adjourn.

Paul Macom

SWOT Analysis

West Virginia Mental Health Planning Council
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Strengths	Weaknesses	Corrective Action	Opportunities	Corrective Action	Threats/Challenges	Corrective Action
<ul style="list-style-type: none"> • Highly recognized as a model program in the US. • Commitment from members • Input from all Stakeholders-Child/Adults/Substance Abuse, Families and Consumers, etc. • Collaborative Effort among Stakeholders • The input by the MHPC is respected by the State and others • The council members have a broad range of expertise • Most areas of the State are represented at the council. 	<p>1. Lack of strong leadership which leads to:</p> <ul style="list-style-type: none"> • Committees Change • Dates for council Meetings change • Do not follow up with agenda topics from one meeting to the next • Communication Problems • Unable to contact Board members 	<p>1-a. Leadership and Structure-New elections are to be held in June. Bob Musick is contact member.</p> <p>1-b. Need organizational chart-To be completed after elections in June.</p> <p>1-c. Phone tree needed after elections in June.</p> <p>1-d. Strategic Plan needs to be developed by executive committee (Officers, Past Chair and 3 members) after June. This plan should include a communication plan to help the council become more visible in the state. Strategic Plan to Address any other identified weakness, opportunities and threats.</p>	<p>1. The State is making changes in the system and the MHPC should be a part and have input. The State has increased the amount of money to be spent on MH services-the MHPC should have input into how the money is spent</p> <p>2. Funding-Budget not turned into State and more coordination needed</p> <p>3. Can undo weaknesses of the council</p>	<p>1-a. Systems Change- designated Planning council members should be on state committees as these changes begin to take place. They should be a part of Blue Ribbon Commission to study behavioral health in WV, Public Consulting Group analysis and Block grant transformation. Address in Strategic Plan.</p> <p>2-a. MHPC needs more funding for coordination. Ted Johnson will write a proposal by the first of May and send to the Executive Committee for review.</p> <p>3-a. Weaknesses are being worked on through this SWOT analysis and future Strategic plan.</p>	<p>1. Changes in Mental Health System</p> <p>2. Everyone doing their own thing and not working together</p> <p>3. Lack of Commitment and Follow through by members</p> <p>4. Weaknesses are threats to councils credibility</p> <p>5. Lack of recognition of councils purpose</p>	<p>1-a. Addressed under Opportunities/Corrective Actions. (1a)</p> <p>2-a. Address in Strategic Plan</p> <p>3-a. Addressed in Weakness/Corrective Actions (1-a; 3-a; and 3-b)</p> <p>4-a. Weaknesses are being worked on through this SWOT analysis and future Strategic plan.</p> <p>5-a. Address in Strategic Plan</p>

Strengths	Weaknesses	Corrective Action	Opportunities	Corrective Action	Threats/Challenges	Corrective Action
<ul style="list-style-type: none"> Members are made up of families, consumers, agencies, State representatives, etc that all work well together. 	<p>2. Funding in general and the Budget was not turned in for funding next FY.</p> <p>3. Membership</p> <ul style="list-style-type: none"> Lack of Commitment and Follow through from some members Lack of Facilitation skills of members Lack of orientation for new members Dead weight members-some do not have input or participate fully in meetings Members need to be able to commit outside of quarterly MHPC meeting 	<p>2-a. Funding-Budget not turned into State. Angie Rogers will turn in budget on Monday, April 3, 2006.</p> <p>3-a. Job description development for Council Board Executive members and Council members-Nancy Allison-Schmitt will chair-members include: Paul Macom, Millie Gerbo , Bob McConnell, Diana Bailey and Angie Ferrari. A draft of job descriptions will be completed by end of April.</p> <p>3-b. Orientation for new members-Paul Macom and Membership Committee will work on and possibly revise existing binders. Orientation for all current members will occur in June.</p>	<p>4. Members can update each other on what is occurring through the state on Mental Health Issues. The council members can inform other committees and boards of MHPC activities.</p> <p>5. The council has a lot of energy</p> <p>6. Web-Site and News letter can be a communication tool for others</p>	<p>4-a. Consider time on agenda for member up dates on mental health issues, who they have been working with, who they have discussed the purpose of the MHPC with, etc. Address in Strategic Plan.</p> <p>5-a. Consider members strengths, energy and expertise when developing the Strategic Plan.</p> <p>6-a. Web-site information will be turned into a Facts sheet for members to use when discussing with others. Tammy Pearson to discuss with Dave Sanders to see he can do.</p>		

Strengths	Weaknesses	Corrective Action	Opportunities	Corrective Action	Threats/Challenges	Corrective Action
	<p>4. Not visible enough in the state. People do not know about the MHPC and what they do</p> <p>5. Lack of Adequate support from State government and Regions financially.</p> <p>6. Not enough youth representation on Council</p>	<p>4-a. Web-site information will be turned into a Facts sheet for members to use when discussing with others. Tammy Pearson to discuss with Dave Sanders to see he can do.</p> <p>5-a. Address in Strategic Plan</p> <p>6-a. Address in Strategic Plan</p>				

NOMS AND OTHER THINGS

West Virginia
Mental Health Planning Council
March 31, 2006

Transformation

- President's New Freedom Commission
- Language in Block Grant Appropriations Bill
 - State must spend an amount to accomplish transformation
 - Difference between 1998 Grant and 2007 Grant **MUST** be used for system transformation
- For West Virginia
 - \$564,823 of estimated \$2,506,780 grant
 - 23% of the total grant
- Plan due September 1, 2006
- Report on expenditures and plan implementation December 1, 2006
- Recall goals of transformation
- Remember WVMHPC goals
- Matrix showing what is funded with Block Grant, congruent with transformation goals and WVMHPC goals (handout)

New Freedom Commission Goals	Americans Understand that Mental Health Is Essential to Overall Health	Mental Health Care Is Consumer and Family Driven	Disparities in Mental Health Services are Eliminated	Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	Excellent Mental Health Care is Delivered and Research is Accelerated	Technology is Used to Access Mental Health Care and Information	Recovery	Resilience	Reimbursement
WVMHPC Goals for West Virginia									
Consumers or family driven services		Consumer Education and Family Support Peer Support Recovery Education			Enhanced Case Management Services to people with co-occurring disorders				
Affordable Medication	Primary Care/Mental Health Linkages Geriatric Services								
Out Of State Placement Of Children With Serious Emotional Problems	Outpatient intensive services to youth with co-occurring disorders School-based mental health services	Mentoring services Transitional Services: from youth to adult							
Custody Reinstatement			Respite Care						
Housing			Transitional Housing						
Supportive Employment		Supportive Employment							
Recovery									
Resilience									
Reimbursement									

- Transformation is not reform
- Transformation is incremental and many-layered

- Some have indicated transformation should be



- Small group discussions
 - What is currently being funded by the Block Grant – that you and your group knows of – that represents transformation?
 - What is currently being funded by State funds – that you or your group knows of – that represents transformation?
 - What additional or substitute services, programs, or activities should be funded to accomplish transformation?
- Responses
 - More peer support services / programs
 - Question: do all providers support recovery?
 - More services throughout the State – particularly in southern part – in underserved areas
 - Duplicate successful model programs
 - Do a presentation to the Behavioral Health Providers' Association
 - Inform them about the Mental Health Planning Council
 - Inform them about recovery
 - Need to have Council input into re-write / update of "2419" – rule concerning special education
 - Inform public about what gets funded on the impact on transformation

NATIONAL OUTCOME MEASURES

- Four National Outcome Measures (NOMS)
 - Increased Access to Services (Number of Persons Served)
 - Reduced Utilization of Psychiatric Inpatient Beds (Decreased rate of Readmission to State Psychiatric Hospitals within 30 and 180 days)
 - Client Perception of Care (Clients Reporting Positively about Outcomes)
 - Use of Evidence Based Practices (Number of Evidence Based Practices, and the Number of Persons – Adults with SMI and Children with SED Receiving Evidence Based Practices)
- Five More NOMS Expected in Coming Years
 - Increase/Retained Employment or Return / Stay in School
 - Decreased Criminal Justice Involvement
 - Increased Social Supports / Social Connectedness
 - Increased Stability in Housing

- Improved Level of Functioning
- “States are expected to use State-specific indicators ... along with the Core Performance Indicators...”
- Opportunity to select indicators that reflect the specific priorities of the state
- Should represent the domains of access, appropriateness / quality, and outcome
- Some goals may be administrative in nature, allowing the state to focus on structural changes needed to enhance the state mental health system

Small Group Discussions

- What National Outcome Measures are most important in the FY 2008 Block Grant application?
- What State Specific Indicators would you recommend for consideration in the FY 2008 application?
- What data are important to obtain; where might such data be located?
- Responses
 - Hospitalization – admission and re-admission
 - Need to focus on services to prevent re-admission
 - Study / report on coordination between hospital and community services
 - Family involvement
 - SED
 - Co-occurring
 - Expansion of school-based mental health services
 - Services for senior citizens