

**Ohio Empowerment Center (formally known as IPT)  
Meeting Notes from 2/11/09**

**NOTE:**

**MEETINGS:**

- February 26<sup>th</sup> meeting is cancelled.
  
- Next meeting is March 11

**Present:** John Moneypenny, Pam Sarver, Brian Jones, Cassandra Rufat, Glenn Hopkins, Pat Risser, Thelma Rist, Peter Steele, Margaret Casarez, Renee Kopache, Geraldine Frazier, Steven Miles Cooper, Frank Fleischer, Katie Oechsle, Juliet Dorris-Williams, David Granger, Meghan McNeil, Margaret Demko, Gabe Howard, Jack Cameron and Pam Oechsle. **Facilitators:** Ellen Deacon and LaVern Miller; ODMH staff: Debbie Hughes, Marsha Zabecki, Debbie Nixon-Hughes, Sherry Boyd and Stephanie Harford. By teleconference: Cheryl Schwendeman, Rachel Buehrer, Sandra Madison Walker and Daniel Fisher.

**Beginning Topics**

- Introductions were made and the room was re-arranged to be more conducive to conversation.
- Ellen brought up the question of what is going to be done to replace those who have submitted their resignation.

**Guidance Team**

- The current ODMH guidance team consists of Ellen Deacon, Deborah Nixon-Hughes, Sherry Boyd, Dan Fisher and Laverne Miller. This team would like to add members to the team. These members will still be able to be a part of the IPT process.
- It was decided that 3 members from different backgrounds, different parts of the state would be chosen. The names of those were written down on a pad. Anyone else interested can contact Ellen. The nominees will be voted on.

**Policy Update from ODMH**

- Director Sandy Stephenson has been visiting state hospitals around the state and discussing various issues affecting the mental health system of care with different stakeholders. Sandy's mission is to get the greatest amount of dollars for direct service vs. administration. Some of the issues discussed are in the following bullets.
- *Fee schedule with no reconciliation.* Providers would have a standardized cost for Medicaid services despite location within the state. ODMH has been working with CMS since July 2008 on this issue. If approved it would take effect on July 1, 2009.
  
- *Medicaid Elevation.* Currently ADAMH boards are responsible for Medicaid match. By moving this responsibility to the state – counties that have levies can use that money for local needs. This presents a problem for the counties that do not have levies. There are about 14 counties in Ohio that fall into this category. A solution would need to be reached before this went into effect. This would not happen until at least the next biennium (2012-2013).
  
- *Utilization Review.* This is a back look at services that have already been provided and checking to see if they were medically necessary. This process would be completed for

everyone, at the same time, the same way, throughout the entire state. One UR activity is the process looking at providers billing for services for people who were already dead. UR would be statewide and done the same way as physical UR is done.

- *Utilization Management*: This is a method to ensure that people get the right amount of service based on their needs. It will also monitor to make sure someone does not get too many or too few services. Service packages are still being looked at through the cluster based services planning model. There would need to be a consumer voice on this issue in the near future. Other UM strategies would be considered including looking at UM from a diagnostic perspective and looking at what other county ADAMH and MHB are doing.

- *Medicaid Administrative Claiming (MAC)*. This deals with a few different issues. Medicaid claiming is available for school Medicaid program. The primary issue is it would allow Boards to generate Medicaid dollars for processing Medicaid claims.

Expedited Medicaid Process for new application is being worked on by the Dept to ensure individuals who are eligible for Medicaid would have health care insurance.

Medicaid Suspension vs. Termination: This will allow individuals who are in jails, prisons, or hospitals for less than a year to receive a Medicaid card at the point of release.

- *Working with other state agencies*. Some state agencies' practices have seem to be somewhat discriminatory against those with mental illness seeking employment and housing services. As a result, mental health has tried to create their own employment and housing programs.. Working with them would help alleviate this issue.

Workforce Issues: Working with other agencies such as veterans administration and schools districts, who have more money tend to pay staff more than the state does. These agencies that pay more are affecting staff at public mental health system because they are leaving for the higher paying jobs. The goal would be to encourage these systems to work/contract with the mental health system who already have the expertist..

- *Federal dollar seeking*. Ohio is one of the states that seek the least amount of Federal dollars. ODMH is trying to change that.

- *Federal Medical Assistance Percentage (FMAP)*. The reimbursement rates ratio has changed as part of the stimulus bill. For example, instead of every 40 cents on the dollar that the state pays and get reimbursed 60 cents, the ratio would change to 30 cents for 70 cents.

- *Energy Efficiency*. Alternative energy sources and more beneficial energy sources are being looked at to power and be incorporated into hospitals.

- *Assertive Community Treatment (ACT) and Intensive Home Based Services (IHBS)*. ODMH is looking for bundled rates for ACT and IBHS.

- *Reduction of Administrative Burden on Providers and Boards*:

They are also looking to reduce the administrative burden so it would allow more time to serve more people. Examples would be less documentation and looking at our rules and certification standards and reports that are due.

- *New hospital.* ODMH is trying to build a new hospital in Cuyahoga County. The Cleveland and Northland would be consolidated. This new hospital would be larger, increase the amounts of beds available by about 20 and would be extremely energy efficient, taking advantage of solar power.

- *Budget changes.* Most of the budget line items have been reduced by 20%. Specifically the 505 line was eliminated and more dollars were plugged into the 408 line which is directed to serve individuals with a severe and persistent mental illness and SED. Other strategies to less the direct burden on community services is that central office staff is expected to be reduce by 15%. All funds regarding medication assistance would still be intact.

Possible staffing changes; Bill Harper, ODMH Asst. Director is one of two final candidates for Ex. Director of the Summit County ADAMH Board.

- *Consumer Voice.* The consumer voice is sorely missed at stakeholder meetings. It was stated that 6-7 volunteers from the IPT group are needed at stakeholder meetings. These meetings occur between 8 and 5, Monday through Friday so these volunteers could not be employed full time. Those interested should contact Ellen. However, it was brought up that although these volunteers may have very different opinions, they would have to speak as one entity. Otherwise the consumer voice could be marginalized. Interested members include: Steve, Cassandra, Pam, Glenn, Brian, Kate, Juliet, David, Gabe, Mag, Pat, Cheryl and Margaret.

Consumer Feedback to the Deputy Director Update included the following:-

A concern about cluster based services was brought up at this time because consumers do not get to choose their clusters.

The question of money following the consumer being considered was mentioned.

The need to remember the importance of recovery in all the state's planning efforts.

### **Survey and Letters**

- The survey was changed in a minor way and is ready to be sent out when the Survey Monkey is complete. Pam will re-do the two letters based on the Steering Committee model. It is important to link the Web Page and Survey/Letters.

### **Webpage**

- ODMH has mentioned that the IPT can have an area on the ODMH webpage about what the IPT is doing and an area where people can ask questions. There may be a link to the survey monkey survey. Volunteers to assist with the Web Page are: Pam, Margaret, Katie, Cheryl and Stephanie.

### **Google Group**

- Renee volunteered to send out information to IPT with instructions for joining IPTOhio.

## **Membership**

- As we develop a statewide organization, membership needs to be expanded. The question “What does membership mean?” was posed. The following ideas were suggested.
- Self-initiated.
- Aligning oneself with the organization.
- Using or having used mental health services.
- Placed on a membership list.
- Publicly acknowledge experience.
- Family members.
- Having four levels of membership – consumer/survivor, family/friends, volunteers and corporate.
- Fees and levels of membership were questioned.
- Number of members – the more the merrier!

The Membership Subcommittee consists of: Pat, Cheryl, Gerry and Katie.

## **Information on Models That Other States Use**

- Laverne shared information on what happens when other states form a new consumer organization.
- Some things to consider are what exactly it takes to make things run; legal reports, forms, funding, what is expected, what is able to be done and what is being funded.
- Infrastructure – planning is key and often times a luxury.
- Consider – what opportunities does each model offer?
- The planning process includes planning the next generation in consumer leadership. Planning is not a cost.
- A neutral third party organization was suggested to use for competing interests.
- Laverne recommended using resources such as members, members of the community and local universities.
- Doing things quickly is not always the best way to go. As long as you convey that the time and consideration of making the most out of it for all constituents is being done, it is sometimes worth it.

## **Model One**

### **Advantages**

- Start sooner
- Stay true to process started – groups round the state
- Time (cannot commit)
- IPT wiped out – time commitment
- Timing of state and federal budget
- Advocacy of state budget
- Current process continues
- Meets expectations
- Federal Budget: Money dedicated, consumer voice, advocacy
  - Commitment from ODMH

- Trust: What we were going to do
- Competition: Everyone included
- RFP should be to develop v. implement starting 07/01
- Move quickly – need voice
- Continuity: Moving along in process
- Stay on task
- RFP can include Steering Committee model
- Create open ended RFP – Applicants adds own passion and vision
- Adds creativity and new ideas
- Forces discipline

### **Disadvantages**

- Who decides on RFP contractor? Who is choosing?
- Lose value of facilitator
- RFP includes everyone – Steering committee does not
- How to monitor the RFP? How? Goals?
- Create in a way people who respond to it bring their own passion
- Current time line is too soon
- Model does not include unified voice for consumers to the state
- Time constraints by July 1<sup>st</sup> next fiscal year – but may be artificial and self-imposed
- Diversity represented across the state – lost?
  1. viewpoint
  2. region
  3. new voice/old voices
  4. racial, ethnic
- Does not include a unified consumer “voice”
- Not the “best” we can do

### **Model Two:**

#### **Advantages**

- Flexibility Re: Time and meets needs
- Non-competitive
- Start sooner – support staff
- Leeway – time and staff – start sooner
- Still do forums, surveys – do something
- More involved in process
- Steering committee involved
- IPT some may drop out
- ODMH “managing” WRAP – New – more control
  - More input re: statewide programs
  - Keeping things going
  - Vested to steering committee – could put out RFP
- Open up steering committee to others
- Build capacity – better chance for success
  - More statewide

- National Expertise
- Steering committee – expansion and innovation
- Less liability
- Relationship between fiscal agent and steering committee
- No Executive Director right away
  - Guidelines first
  - Guardian of process
- More control

### **Disadvantages**

- Lack of competition
- Open up participation on steering committee (reopen application process)
- Too long to fund
- Selecting fiscal agent
- Loss of control
- Excludes participation by others
- Larger time commitment
- Lack of clarity, deliverables, lack of discipline
- Less accountability regarding funding

### **Morph**

- Steering Committee – requested on RFP to develop Steering Committee

### **Decisions - Voting**

Results:           1 – 4 RFP  
                       2 – 14 Steering Committee  
                       3 – 7 Morph

### **Next Steps and Plans**

- Define steering committee
- Complete Survey Monkey and letters - Print hard copies of Survey; Establish a due date for return of surveys
- Guidance Team needs to move the work forward in the next couple of days
- We'll get out core decisions out to the group
- Send out email what transition is? What is Ad Hoc?
- Establish work groups for specific tasks (i.e. Membership, Steering Committee)
- Need consumer voice NOW.
- Steering Committee needs charge and responsibility
- Steering Committee membership:
  - Where and to whom should applications be sent?
  - Add new members
  - Do IPT members need to reapply to be on the Steering Committee? (No)

- IPT members will transition into the Steering Committee.
- In adding new members, review Interested Others (People who applied for IPT and were not selected)
- Need to assure diversity, fill gaps, review skills and do outreach.
- Steering Committee – IPT decides what is a “Steering Committee” and membership
  - Start with applications
  - Accountability
  - Contract with Guidance Team
  - One year contract

### **DEBRIEFING:**

Follow Parliamentary rules

Have meeting evaluation forms to be completed at end of each meeting.

Need more focus to increase clarity.

Need a charge/mission and tasks for Committee.

Confusion – too many emails!

Keep a dynamic process

Committee membership needs to include consumer organizations on Steering Committee.

Ground rules added – 1) speak for yourself; 2) Keep minds open

Keep our minds open about what the steering committee is going to be

### **PARKING LOT:**

Staff positions for new model

Advocacy Organization – what is advocacy?

### **Wrap Up and Future Meetings**

- February 26<sup>th</sup> – Cancelled at OACBHA
- March 11<sup>th</sup> – Held at Surface Road is still on

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