PIAC Improving and Bridging Systems Subcommittee (IBS)

Minutes, 2/7/19

Carol called the meeting to order at 1:05 pm

Attendees:

In-person - Victoria Allen-Sanchez, Rosanne Surine, Jenny Nate, Van Wilson, Jeff Appleman, Manny Melles, Carol Plock, Benjamin Harris

On the phone - Lauren Ambrozic, Haley Foster, Joanna Martinson, Terri Hurst, Stephanie Farrell, Candy Wolfe, Bryan Standley, Tina McCrory, Molly Siegel, Carol Ann, Harriet Hall, Abigail Tucker

New Framework:

- The "DOC Re-Entry Framework" was updated after the last meeting to address the concerns that were voiced; today we are doing a quick review to see if the changes reflect your intent.
- Carol stated that the next step (at a future meeting) will be to address the discussion questions on page two of the agenda, including who is involved in coordinating care for justice involved members, what their roles should be, and how to coordinate with the work that is already being done.

Open comment period on DOC Re-entry framework:

- Joanna asked if we could add social determents of health and related barriers to the framework under 'care coordination' below the 'release' heading.
    - Another person on the phone voiced their agreement, stating that we track mortality but that other health outcomes are not addressed.
    - Ben responded, saying that mortality is a major focus but that he is open to adding other health outcomes.
    - Carol followed up, stating that health outcomes can be difficult to measure and that, if we add more, we need to think of ways to measure the success of the actions we take.
- Another person on the phone stated that she feels "control environment to complete freedom" should be changed to be more person-centered.
    - Jenny suggested changing the verbiage to "more controlled environment to less controlled" or "more structured to less structured."
    - Ben stated that justice-involved members often transition into different environments upon their release; some are on parole, some are not on parole, others go to a transitioning facility, etc.
    - **Carol stated that we will try to re-phrase the language used to something more person-centered.**
- Candy stated that she wanted to create a section for setting up appointments before their discharge.
    - Carol stated that, in the "proactive appointments" section under the 'Release' heading, intake and assessments are listed.

- Candy responded, saying that this would mean that intake appointments and initial assessments would be completed after the member's release. She added that it often takes weeks following initial intake appointments and assessments before they can engage in treatment;
- Furthermore, this delay could have a drastic effect on members, especially those with acute mental health and/or SUD needs.
- Van stated that he agreed with the idea that she stated but that the system poses a lot of issues. For example, the person would not have full Medicaid benefits or be attributed to a RAE until they are released.
- Carol stated that, overall, it would be a good idea to have members complete intake appointments before their discharge.
- Candy stated that Mind Springs has a program where they complete intake assessments for individuals who are scheduled to be released into a county that Mind Springs provides services in; for those with high behavioral health needs.

- Van also asked who would pay for these services, DOC, the RAE or some other funding source.
  - Ben stated that he hopes to engage CMHCs and OBH in this work to see if these can be funded.
  - Ben added that currently, federal regulations would not allow us to enroll those in DOC facilities before their release; he added that OBH does not have the same regulations and that we will research if they have available funds for this purpose.
  - **Ben said that he will follow up to get more details about that program and other similar programs. He added that his understanding of the program is that they use a special pool of money that is specifically allocated to CMHCs.**
  - **Abigail Tucker, with Community Reach Center, has a similar program for individuals being released to Adams County (no one present was aware of the funding source; Carol stated that the Department will follow up.**
  - Ben stated that actions such as addressing our data sharing agreement with DOC will also help in coordinating care such as intake appointments.
- Van asked to add 'engagement' to the re-entry section because it is easier to educate and connect with these members before their release;
- Van asked who would be accountable for tracking the data on health outcomes and how they would be measured.
  - Ben stated that the Department previously considered tracking BH engagement, well visits, etc. for this population but that, at the time, they were unable to measure it.
  - Ben added that, with this data sharing agreement in place, we have more information and more ability to track this population.

Re-Entry Data:

- Ben began this portion of the discussion by referencing the April 2018 start date to the department's data sharing agreement with DOC.
- The goal of this was to provide the RAEs with more information on justice-involved members discharging to their region.
- As part of the agreement we asked for 4 years of historic releases to get a baseline for this population.
- The Department assessed and analyzed the data to better understand the needs of this population; statistics are now available for historic and Q1 FY 18-19.
- The two dashboards printouts which compare the health outcomes of the justice involved population to the overall adult Medicaid population.
- One item studied was DOC's members' first point of contact related to health including access time, place of service, and diagnosis.
- Ben stated that the statistics may not be fully accurate because they do not consider health utilization from DOC's "Approved Provider Network" which was instituted prior to Medicaid expansion to create a provider network for individuals newly released from DOC (many APN providers are not contracted with Medicaid).
- Ben also added that the most recent year, 2017, did not allow for a full claims runout and therefore may not show all the services performed during that time.
- Jenny asked how we can better integrate care and assess which services justice involved members are attending.
- Carol stated that we should also be aware that the statistics are based on primary diagnosis codes and certain diagnoses, such as SUD, are rarely used as a primary diagnosis.
- Emergency care and outpatient treatment have increased over the four years of historical data. 42 CFR Part 2, hinders our ability to share SUD related information.
- Ben stated that three-quarters of the DOC population is through the aforementioned DOC/APN provider system so most of the population that we work with would not be included in these statistics.
- Another subcommittee member added that residential services would also not be captured.
- Van asked if it was possible to breakdown access to physical and behavioral health by region;
  - Ben responded saying that that would be the goal but that we don't have access to that data, yet.
  - Ben stated that DOC and Medicaid also have different requirements for providers and that different services are covered under each.
- Jeanie asked which category intensive inpatient treatment would fall under?
  - **Ben said that he is uncertain, and he would need to follow up with the department's behavioral health staff that calculated this statistic.**
- Carol asked how we want to summarize this information to PIAC.
  - Ben asked for those present to review the information presented and contact him with suggestions on how to best use these statistics.
- Ben reviewed the productivity data and report on this population
  - Data was attained through the data sharing agreement.
  - Ben asked everyone to review the graphs with information on care coordination following members released from a DOC facility and that the thing that stands out to him is that 'other-deliberate interventions' and 'face-to-face' were high while extended

care coordination was low.

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Housekeeping:

- Quorum reached. Minutes approved.
- Ben noted that the new PIAC group is getting organized and starting to set their priorities, and that because Carol would be serving as a co-Chair of PIAC, she would be relinquishing her role as Chair of this committee and stated that he appreciated all her hard work on this committee;
- Ben will actively look for her replacement.
- Ben will also be transitioning out of his co-facilitator role of this committee to focus on PIAC.
- Jeff and Manny will take over for Ben in his role.
- Ben said that as PIAC sets its priorities, we will work to re-align PIAC, sub-committees, and regional PIACs in order to better facilitate communication and to increase clarity; both the personnel [?] and scope of work will be re-assessed.
- Carol and Ben both stated that they would stay on until Carol's replacement is found in order to ease the transition.
- Van asked if the existing structure of the 3 sub-committees will change.
  - Ben responded that it is too early to tell. He does not expect radical change but that changes to the structure are being discussed; for example, there are discussions about how to better incorporate behavioral health and social determinants of health.
- Ben and Carol both thanked the sub-committed and stated that they would continue to work towards keeping the momentum during their transition.

Action Items:

- Make the changes on the Framework document (e.g., re-phrase the language used to something more person-centered ("more controlled environment to less controlled"), etc.
- Research programs that provide intakes appointments and/or evaluations to DOC members before they are released. (Ex: Community Reach Center's program in Adam's County).
- Research which category intensive inpatient treatment would fall under when the re-entry data was calculated.