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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Substance Abuse and Mental Health Services Administration

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Olmstead Communities of Practice

February 10, 2015

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Welcome

- All participant lines are muted
- We encourage you to ask questions of our presenters and chat with other participants using the two pods below.
- If you have any questions after the webinar you may send them to Ginny Beigel at gbeigel@gmail.com.

Agenda

- Welcome and Introductions
- Defining the Learning Communities of Practice
- Facilitator Introductions and Thoughts on Areas of Focus
- Process and Expectations for the Learning Communities
- Discussion
- Conclusion and Next Steps

Welcome

Juli Harkins

Public Health Advisor

Division of State and Community Systems Development

Center for Mental Health Services

SAMHSA

Background: Olmstead Data Pilot

Kristin A. Neylon, M.A.

Research Associate

NRI – National Association of State Mental Health Program Directors Research Institute

Background: Olmstead Data Pilot

- **Initiated in Fiscal Year 2012, Pilot continued into FY 2013**
- **Goal of the Data Pilot:**
  - *Identify a standard set of measures that SMHAs can use to assess their system's strengths, weaknesses, and gaps in assuring the community integration of persons with mental illnesses*
  - *To limit burden, whenever possible, states should rely on existing data from state and national data systems*

Background: Olmstead Data Pilot

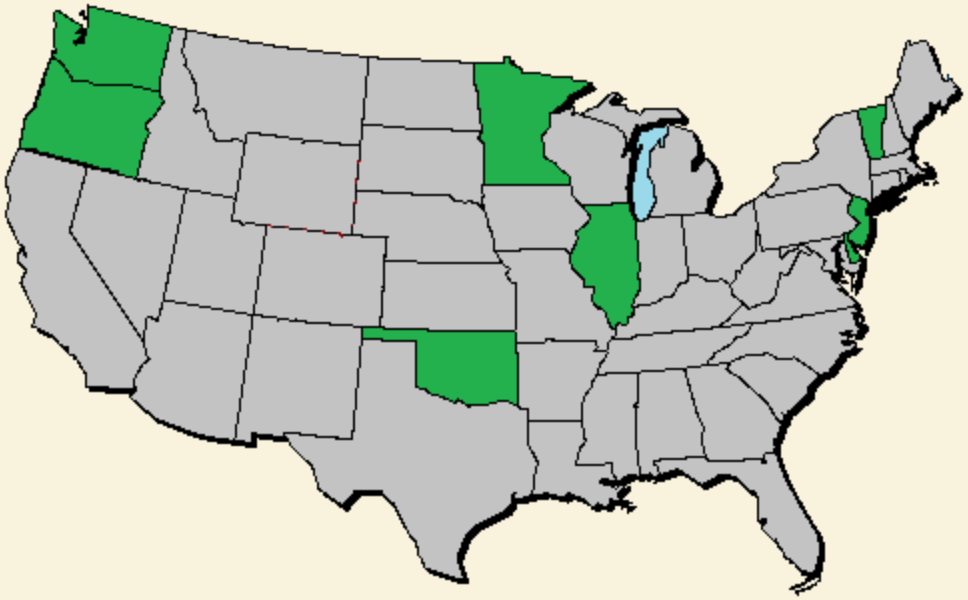
- **Development of tool guided by two expert panels:**
  - *Policy Expert Panel*
  - *Technical Expert Panel*
- **A literature review was developed to inform the process.**

Background: Olmstead Data Pilot

- **To maximize participation, all data states collected through the self-assessment tool would remain with the states.**
- **To evaluate the effectiveness of the tool, Pilot states submitted:**
  - *Utility and burden evaluations of each measure*
  - *Information on the settings states were successful in collecting data for, and which data sources were used for each measure*

Background: Olmstead Data Pilot

- **Eight states participated in the data pilot across the two years:**



Background: Olmstead Data Pilot

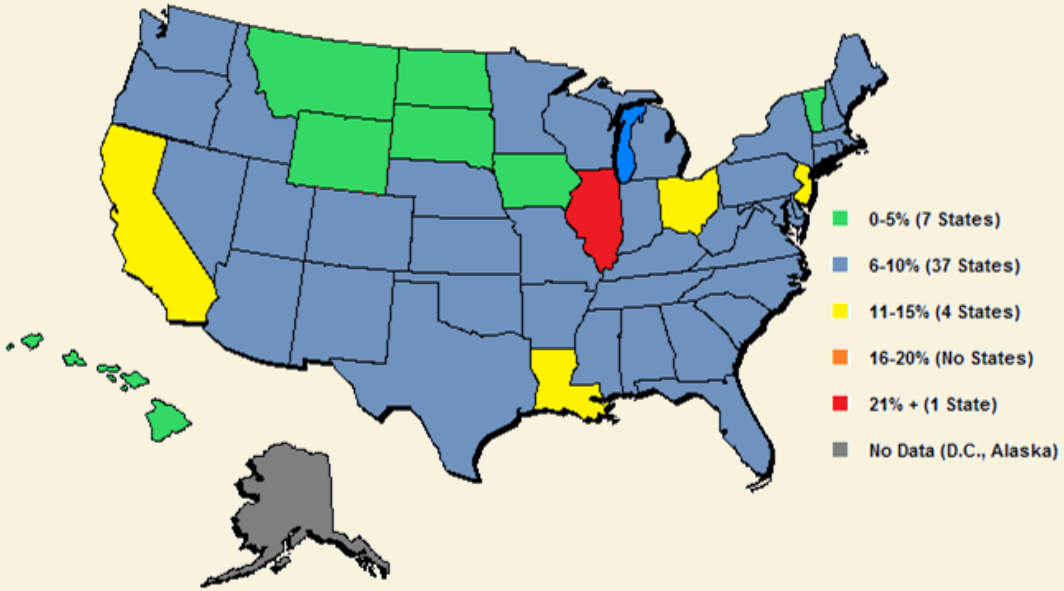
- The tool to be used in the Community of Practice evolved over the two years of the data pilot, and benefitted from review and feedback by the pilot states, DOJ, and HUD.
- Measures were refined based on state experiences

Collaboration with Federal Partner Agencies

- **To assist states in identifying and accessing important data, the Technical Expert Panel worked with Federal Partners to explore what data they collect could be used by States exploring Community Integration**
  - *Discussion with HUD about Housing Data Sets*
  - *Discussion with CMS about Nursing Home Dataset*

Example: Persons with SMI in Nursing Homes

- **Through these partnerships, the TEP identified a national data set that has diagnostic information on all persons in Nursing Homes**
- **The map shows the percentage of persons diagnosed with schizophrenia or bi-polar disorder residing in nursing homes by state**



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Background: Final Self-Assessment Tool

- **Final tool for Community of Practice:**
  - *Seven Domains:*
    - **Financing & Resources**
    - **Movement to the Community & Recidivism**
    - **Community Capacity**
    - **Housing**
    - **Well-Being**
    - **At Risk**
    - **Policy**
  - *Recommended Settings:*
    - **State Hospitals**
    - **Nursing Homes**
    - **Adult Care homes**
    - **Residential Treatment Centers**
    - **Jails**
    - **Other Settings**

Defining the Olmstead Learning Communities of Practice

Carol Bianco

Director of Mental Health and Project Director, SAMHSA Olmstead Initiative

Advocates for Human Potential, Inc.

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LEARNING COMMUNITIES

What is a Learning Community?

A Learning Community is a **group of people** who share a **common professional interest** and **meet regularly** to **learn from one another** by **sharing information, resources, and experiences.**

It is a **structured and interactive forum** that crosses geographic and organizational boundaries.

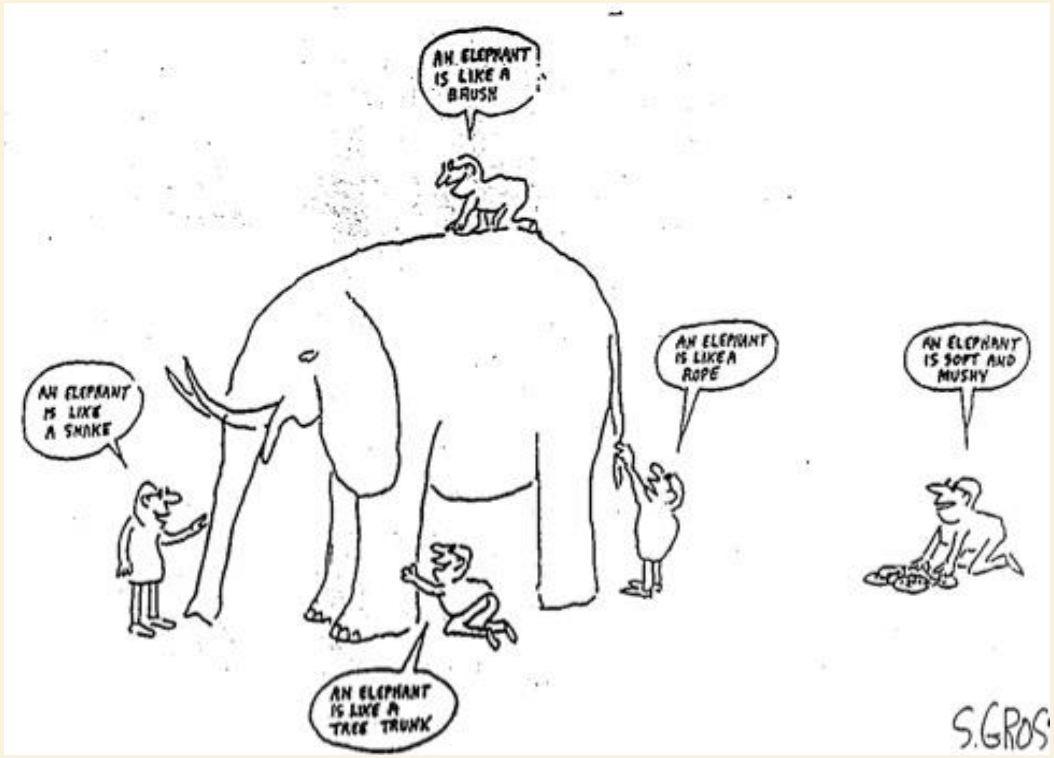
LEARNING COMMUNITIES

What is the purpose of a Learning Community?

- Gain knowledge in your field
- Learn from others' successes and challenges
- Prevent "re-inventing the wheel"
- Foster creativity and innovation to solve problems or overcome barriers

LEARNING COMMUNITIES

The diversity of a Learning Community provides new perspectives on what you know:



LEARNING COMMUNITIES

Why use a Learning Community approach?

A Learning Community is an effective learning model for adults, and incorporates these key principles:

- Draw on experience
- Combine theory and practice
- Emphasize relevance to current work
- Use a problem solving approach

LEARNING COMMUNITIES

How does a Learning Community help?

- It's interactive and can be shaped to the specific needs of participants.
- Can focus on more complex and nuanced, issues
- Captures valuable experiences and lessons learned
- Creates new networks and relationships with like-minded professionals
- Offers support and practical solutions for current challenges

LEARNING COMMUNITIES

How does a Learning Community work?

- **Commitment** to the community
- **Active participation** in meetings
- Mutual respect
- **Receive and contribute** resources, information, and experiences
- Learning happens both at and between Learning Community meetings

OLMSTEAD LEARNING COMMUNITIES

How will Olmstead Learning Communities be structured?

- States will be grouped into four (4) regional groups with an assigned expert facilitator
- Each learning community will decide on an area of focus from the Community Integration Self Assessment Tool

OLMSTEAD LEARNING COMMUNITIES

SAMHSA's Olmstead Community of Practice Regional Learning Communities				
East	Central	South	West	Pacific
Connecticut	Illinois	Alabama	Alaska	American Samoa
Delaware	Indiana	Arkansas	Arizona	Guam
District of Columbia	Iowa	Florida	California	Marshall Islands
Maine	Kansas	Georgia	Colorado	Micronesia
Maryland	Michigan	Kentucky	Hawaii	Northern Mariana
Massachusetts	Minnesota	Louisiana	Idaho	Palau
New Hampshire	Missouri	Mississippi	Montana	
New Jersey	Nebraska	North Carolina	Nevada	
New York	North Dakota	Oklahoma	New Mexico	
Pennsylvania	Ohio	South Carolina	Oregon	
Puerto Rico	South Dakota	Tennessee	Utah	
Rhode Island	Wisconsin	Texas	Washington	
Vermont	Illinois	Virginia	Wyoming	
Virgin Islands				

OLMSTEAD LEARNING COMMUNITIES

- Participants will identify state-specific goals for the learning community and receive consultation to assist with implementation
- On monthly calls, states will have access to facilitators, data experts, and other experts as necessary to work towards their goals and share resources

OLMSTEAD LEARNING COMMUNITIES

Expert Facilitators

Introduction: Deb Kupfer

- CEO, Healthcare Systems Consulting, Inc.
  - *WICHE Consultant Focus: policy, program, system improvement, workforce development*
  - *AHP Community Integration Consultant*
  - *NRI Community Integration Consultant*
- CO Division of Mental Health/Office of Behavioral Health: Planner, Deputy Director, Commissioner
- Mental Health Institute at Fort Logan, CO: Clinical and administrative responsibilities

Determine Key Focus Area(s)

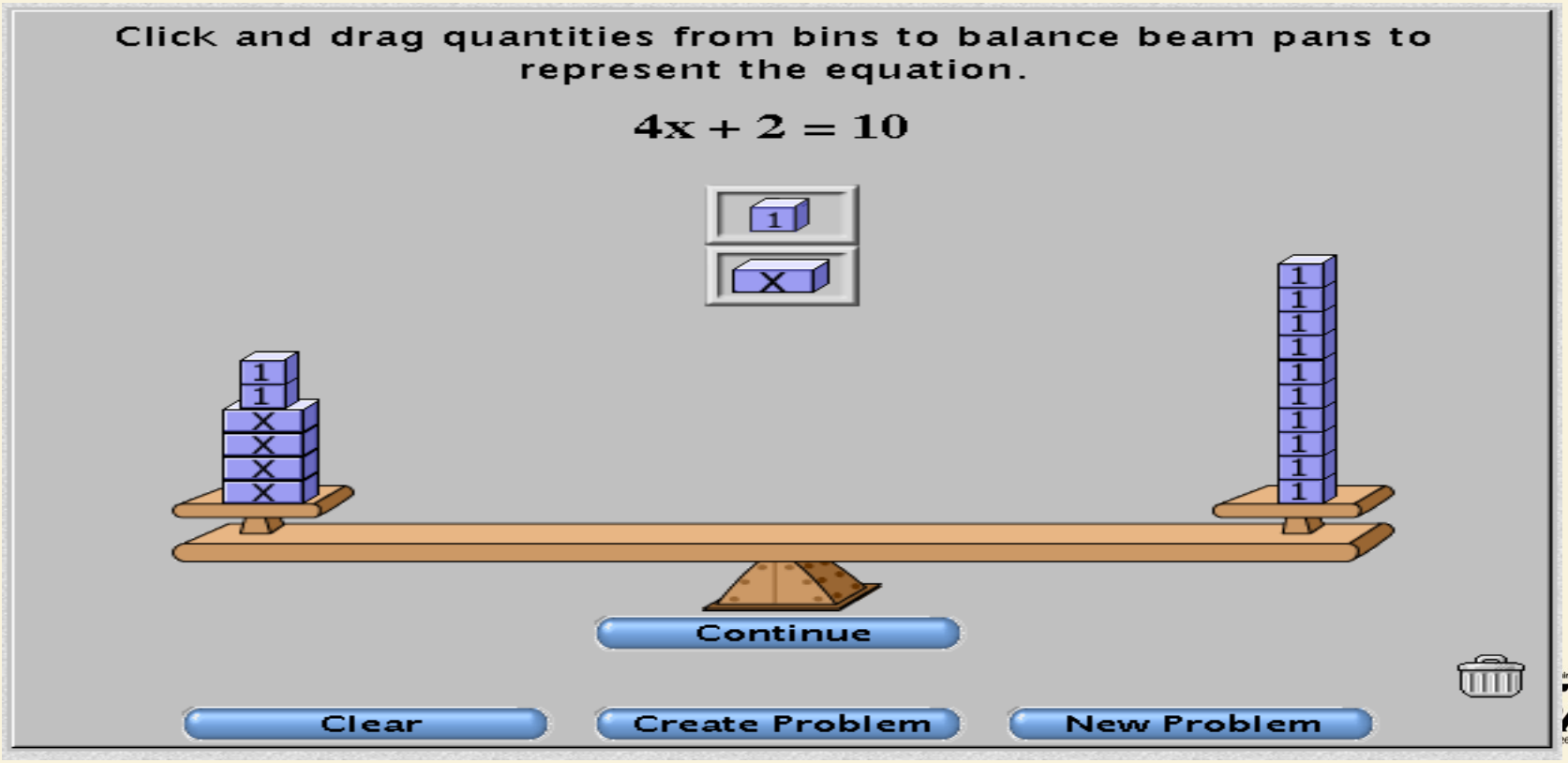
- Policies that promote or inhibit community integration
- Better use of existing data
- Exploring ways of capturing new data
- Collaboration and data sharing across agencies

Policy Review and Development

- Allow for hospital discharges to segregated settings?
- Different reimbursement rates to discourage admissions to segregated settings?
- Standardized assessment for discharge readiness?
- Ability to monitor housing wait lists?

Identify Priority Domain(s)

- Movement to the Community and Recidivism & Community Capacity



Data Needs

- Which indicators are the most applicable
- Consider capturing new data or using existing data within a Community Integration framework
  - *What data are already available for the indicators?*
  - *What data are not available but needed?*
  - *Maximize opportunity to learn from other states*

Identify Opportunities to:

Learn from other states

Enhance community integration

Improve the lives of people with behavioral health disorders and their families!

Introduction: Kevin Huckshorn

- Registered Nurse with 38 years in Healthcare; 34 in Behavioral Health
- Recent Past Delaware State Director of Substance Abuse and Mental Health (DSAMH)
- Past Director of the National Technical Assistance Center, NASMHPD
- Primary experiences in public/private hospital and community systems of care
- Led DE's successful Implementation of the USDOJ-DE Settlement Agreement (2009-2014) including many lessons learned.

Developing State Approaches for Olmstead Implementation

Some of the first steps to get "ready" to implement Olmstead are the following and can be individualized, by state:

1. Adopt a definition of what cohort falls under the Olmstead Decision (SPMI, SPMI & COD), identify who and where these people are, and what services (by whom) they are currently getting. "*Called the Target Population*…" **(TP)**
2. Begin to identify your state's ideal system of care. That work should maximize what you already have running in your system; services that need to be added; and potentially services that are being over-used.
3. Identify the funding amounts that support your current system of care and potentially that you need to develop. Including what services are supported from the MH/SA BG etc.

Developing State Approaches for Olmstead Implementation

5. Identify some performance measures your state would like to work toward (following the CISA) and where you are now at baseline. Some Examples:

A. Time it takes for Mobile Crisis staff to get "from call to a face-to-face interview."
B. Person's w/ SPMI admitted to Walk in Crisis Centers who are diverted from inpatient hospital.
C. Any hospital Readmission rate of persons with SPMI in 7 and 30 days.
D. People with SPMI in ED's, Crisis Services, Respite Services who are discharged with a warm handoff to a community provider.
E. Persons with SPMI discharged from Institutions who went to integrated housing of their choice.
F. Number of persons discharged (from institutions) whose ACT Team was involved in DC.
G. Number of persons in TP receiving Peer Services and location.
H. Number of person in TP receiving Supported Employment.

PERFORMANCE MEASURES CAN BE INDIVIDUALIZED BY STATE!

Introduction: Al Bidorini

Background & Experience

- Recently retired from CT DMHAS as Director of Planning
- Managed state comprehensive priority setting process
- Mental Health and Substance Abuse Block Grants Administrator
- Principal Investigator several treatment needs assessments
- Project manager on numerous outcomes studies using linked data sets across multiple state agencies
- Facilitator for CT Transformation Grant family/consumer/young adult quality improvement collaborative

Assessing Community Integration Many Ways - Same Goal

- **Prioritizing need** is essential but requires broad participatory planning
- Limited resources makes **collaboration and partnerships** critical in meeting service demands
- Analyzing **at-risk populations**, e.g. SMI criminally involved, offers opportunity for collaboration
- CISA tool can **establish baselines** for the number of SMI criminally involved, how well they are served in the community or diverted from incarceration
- Examining repeat admissions to psychiatric hospitals using CISA measures can **identify gaps** in community services or policies that hinder recovery-oriented care while promoting more cost-effective strategies
- ED visits by those with a SED/SMI is a **growing concern** especially those not previously served by the public mental health system

Introduction: Sue Lummus

Background and Experience

- Twenty-seven years in community mental health organizations in Indiana, Texas, Maine, and Ohio providing clinical assessment and treatment services before moving into executive leadership roles
- Seventeen years with state government in Texas and Indiana responsible for policy, planning, and data management functions related to mental health, intellectual disability, and substance abuse services
- Involved with states' Olmstead activities since US Supreme Court decision in 1999. Experience has primarily been with action-planning, monitoring implementation initiatives, and collection/analysis of data related to the initiatives.

Community Self-Assessment Domains and Potential Goals

1. Financing and Resources
2. **Movement to the Community and Recidivism**
3. Housing
4. Community Capacity
5. **Well Being**
6. At-Risk Population
7. Policy

Movement to the Community and Recidivism

Goal: Every individual residing in a state mental health institution is regularly assessed for readiness for discharge to community

Goal: Every individual residing in a state mental health institution has an individualized discharge plan which is developed at admission and updated at defined regular intervals

Implementation could:

- impact the length of time waiting for discharge and the length of stay in state institutions
- bring institutional and community systems together with a common language and direction
- assist states in identifying potential issues around ADA and Olmstead discharge requirements

Well Being

Goal: Persons with SMI have access to recovery support services

Implementation could:

- define recovery support services
- create funding streams for the services

Introductions

Cynthia Zubritsky, PhD

Director of Integrated Primary Care and Behavioral Health Initiatives; Senior Research Faculty, Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania

Aileen Rothbard, ScD

Research Professor, School of Social Policy and Practice and Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania

Process and Expectations for the Olmstead Learning Communities

Ginny Beigel, MPA

Senior Program Associate

Advocates for Human Potential

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Process and Expectations for the Olmstead Learning Communities

- Monthly facilitated Learning Community Calls
- Consensus on learning community focus
- Support of other states, facilitators, and data experts to develop state specific goals and a work plan to meet those goals
- Sharing of resources, including information on Olmstead litigation, data tools, and lessons learned.

Discussion and Questions

Ted Lutterman

Senior Director, Government & Commercial Research

NRI – National Association of State Mental Health Program Directors Research Institute

Next Steps

- Following this webinar you will receive an email connecting you with the other people in your state who attended

- We ask that you work together to fill out the questionnaire included in the email.

Next Steps

First Regional Meetings:

- East: Thursday, February 19th 1-2pm ET
- West: Friday, February 20th 10-11 am PT
- Midwest: Wednesday, February 18th 1:30 – 2:30 pm CT
- South: Friday, February 20th 2:30 – 3:30 pm ET

Facilitator Contact Information

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Sue Lummus (Midwest)

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