

maricopa county
Human Rights Committee
 for the mentally ill



Date: February 21st 2018	Maricopa Human Rights Committee Draft Minutes
Committee Members Present: Scott Gormley, Chair; Joy Green; Holly Gieszl; Jim Dunn; Lisa St. George; Josh Mozell; Jim Ward; Jack Potts, M.D.; Deb Jorgensen	
Non-Committee Members Present: Yisel Sanchez; AHCCCS; Dana Hearn, AHCCCS; Troy Chester, MMIC, Miral Pierce-Byrd, MMIC	
Other Attendees: Loriela Hudgins; Andrea Bell, MMIC; Lynda Crooms, MMIC; Melissa Brown, Cenpatico; Tony Smith, Cenpatico	
Committee Members Absent:	
Next Meeting: March 21, 2018	
Approved: _____, Chairperson	

Item	Discussion	Follow-Up/Action	Person(s) Responsible for Follow Up	Target Completion Date
Call to Order and Introductions	Meeting called to order- Scott Gormley 5:00PM			
Chair	Scott announces that the committee has lots to discuss today. Committed to doing some training a couple months ago and this will take place today. Want to makes sure; there is enough time for this.		Scott	
Public Comment	Scott asks public if anyone would like to speak. Jack asks that they share who they are and where they are from.			

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	<ul style="list-style-type: none"> • Christina Sabetta with Sabetta Consulting- helped with recruiting on this committee in the past. Attended previously but was out on maternity leave. • Melissa Brown with Cenpatico, HRC liaison in Southern Arizona. 			
Approval of Minutes for January 17, 2018	<p>Scott asks if committee members had a chance to review meeting minutes.</p> <p>Scott stated they do not have meeting minutes for the January subcommittee meeting related to the annual reports. He indicated minutes need to be generated and available for next month.</p>	<p>Scott asks for a motion to approve, Jack moves to approve the meeting minutes, Josh seconds. All vote in favor.</p>	<p>Committee</p>	<p>2/21/2018</p>

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MMIC Update	<ul style="list-style-type: none"> • Miral stated she had provided a few follow-ups in regards to the email received from Dr. Potts regarding unavailability of IAD reports on the web site. (See below) • Miral speaks on specific request for breakdown of special assistance members that were COT homeless. • Miral indicated MMIC asked for clarification, but didn't receive anything back. • 1936 members on special assistance, of these 40 identified to have met criteria for homeless COT, 2% of special assistance population • Based on the inquiry looked in to these further to see if there was anything that could be done to meet the needs of these members. • Miral shared that once clarification is provided to MMIC she will be able to identify what the committee is looking for specifically. • Scott stated they did have follow up from Jack that carried over from last month but will defer to later on. • Miral stated MMIC does have the 			

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	<p>IAD's that the Committee requested and can provide these to the committee as well as information as to why they were missing in the portal.</p> <ul style="list-style-type: none"> • Reports shared with committee. • Miral offers court ordered treatment and/or complaint/grievance and appeal trainings in the future. 			
<p>Presentation</p> <p>Lynda Crooms-MMIC</p>	<ul style="list-style-type: none"> • Dana describes her handout, which is a • "Cheat sheet"—types of residences that are listed on the deliverables with a brief description and any references (Policy/Licensing). • MMIC presented on behavioral health residential facilities and supportive housing and Dana will cover other settings not referred to by RBHA providers. • Lynda Crooms- Supervisor for residential team, gave a Residential Facility Overview <p>Discussion-followed.</p> <ul style="list-style-type: none"> ○ Dana notes that AHCCCS added an 			

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	<p>SABG FAQ that is much easier to get through than having to read the entire substance abuse block grant.</p> <ul style="list-style-type: none"> ○ Deb asks Dana to send link to the committee members ○ Josh asks if someone is non T19, the only way they can be in residential is if they have a co-occurring substance abuse disorder and coming in from the justice system with a referral. Lynda confirms this is correct. ○ Jim W asks how it is determined that a member is ready to step down to a lower level; Lynda stated this has to do with the medical necessity criteria as determined through continued reviews, which are done in increments of 30 to 60 days after initial review . The purpose is to help monitor how a member is progressing with treatment, ensuring member is getting to appointments, and recommending changes to the treatment plan. Doing this-allows MMIC to determine if a 	<p>Dana to send committee link to SABG FAQ .</p>	<p>Dana Hearn</p>	<p>2/28/2017</p>

maricopa county
Human Rights Committee
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	<p>member no longer meets criteria for a specific level of care.</p> <ul style="list-style-type: none"> ○ Jim W asks if members cook their own meals at this level; Lynda stated many members can cook but choose not to therefore it more a question of can they obtain a meal. ○ Jim D commented on this begin-being designed to be short term, but asks what longer term options are available if someone is unable to progress at this level. Lynda stated that longer term options are available; an example would be flex care ○ Joy asks who does the reviewing for step down to a lower level. Lynda shared that MMIC has licensed clinicians and a registered nurse who mainly covers those who are in the PCS services. But MMIC also has licensed clinicians who do the initial review. Also, MMIC staff go into rounds and talk to Drs and psychiatrist about particular cases 			

maricopa county
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	<ul style="list-style-type: none"> ○ Dana adds that MMIC reviews with both the primary treating provider and the actual residential facility provider and clinicians. There are also staffing's the with the member and the team. MMIC attends staffing's as needed. ○ Josh asks if the licensed clinician is independently employed. Lynda clarified that licensed clinician in employed by MMIC ○ Jack asks if 24-hour BHRF refer to all 4 previously mentioned residential options and half way houses. Lynda clarified that MMIC does not refer to halfway houses. ○ Josh asks if the members' treating doctor is coordinating with the independently licensed clinician. Lynda clarifies that the treating doctor works with the clinical team on one end but works with the behavioral health residential so member continues to see outpatient drs as well 			

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 for the mentally ill



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	<p>as doctors for medical care</p> <ul style="list-style-type: none"> ○ Dana stated that if MMIC’s licensed clinicians noted a member is ready for discharge, but treating physicians says otherwise, they are able to talk about it. ○ Josh asks who wins the fight. Dana stated its usually a collaboration to come to a decision and decision is appealable if need be ○ Lynda shared that there are instances where information is not being communicated by the residential facility, so MMIC does keep in communication with doctor and clinical team before deciding if a members leaves this level of care ○ Jack reminds the HRC of a medical necessity issues they dealt with a couple years ago when AHCCCS reviewed all members in a BHRF and sent notices of termination of their placement. ○ The patients at the BHRF had clinical 			

maricopa county
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 for the mentally ill



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	<p>needs that required this type of supportive housing and were also going to the AHCCCS clinics to receive treatment, so AHCCCS's problem was the double billing;. Dana clarified that BHRF billing is a daily per diem that includes programming</p> <ul style="list-style-type: none"> ○ Jack noted that this type of in -house treatment is very sporadic; although facilities show programs, they aren't really providing the quality of programs seen prior. Dana stated that AHCCCS has since conducted auditing for the concerns Jack mentioned ○ Jack is interested in the Committee seeing these auditing results. Lynda stated that regular reviews help with this since they ask what they have been doing and when they do it Jack asks as an example if a member may come to clinic for group 3x a week as a transition from a BHRF. Lynda confirms this is currently allowed and looked at closer to when the transition 			

maricopa county
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 for the mentally ill



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	<p>to a lower level is being considered.</p> <ul style="list-style-type: none"> ○ Scott asks about the 14 day review and how often is it not done. Lynda confirms a lot, more than they would like. Usually the review is incomplete , missing documentation ○ Deb asks if the HIE electronic health record is helping with this and is it being incorporated. Lynda stated it does help sometimes, but she didn't think it is being incorporated. , ○ Jim asks how many members are currently at this level of care and what is the capacity? Lynda states currently 540-560 and the capacity is just over 600. ○ Jim W asks about providers not stepping down members that were easy to work with, asks if this is still a problem. Lynda confirms these are some of the hardest members to move, but slowly transition out ○ Jim W notes that since it took over, MMIC is doing a great job at rotating 			

maricopa county
Human Rights Committee
 for the mentally ill



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	<p style="text-align: center;">people in and out.</p> <p>Andrea Bell- Housing Administrator conducted her training</p> <ul style="list-style-type: none"> • Josh is concerned with transitioning from residential treatment to housing. Does the VI-SPDAT take into consideration what treatment has been received. Andrea Bell stated that a member must be SMI and homeless to be placed in residential treatment. Homeless are • Prioritized because they are not housed. If member has income responsible for 30%; if no income, MMIC covers in totality. • Score 8 or greater on the VI-SPDAT- score means members needs permanent supportive house • MMIC directly refers to housing depending on availability 			

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Human Rights Committee
 for the mentally ill



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	<ul style="list-style-type: none"> • Andrea discussed bridge to permanency • Jack asked if member may be non-T19 to qualify for housing. .Andrea confirmed. • Holly asks if prioritization is rank ordered. Andrea states no. • Holly asked if someone released from a hospital, who does the VI-SPDAT? Andrea stated that if a member is currently on wait list, MMIC verifies what member wanted before and need now are still the same, also if coming from a specific setting they know what the housing need is someone will start to work on it before transition occurs. No perfect template as each individual will have different needs. • Holly asks how incarcerated person the VI-SPDAT. Andrea clarified in reach services go in the jails. The clinical team would do the VI-SPDAT 			

maricopa county
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 for the mentally ill



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	<p>wherever it needs to be done.</p> <ul style="list-style-type: none"> • Andrea shares numbers of those housed from 2014 until present. • Jim Dunn inquired about any outcomes data available. • Andrea shares more information and notes willingness for more information to come through HRC liaison to the HRC. ○ Jack asks how it is possible for a group home to be listed as supporting housing. Is the system language and what the home owners decide to call themselves two different things? Dana stated this may be an error on the report. Private sites in the community may call themselves whatever they want. Due to deliverable content issues brought to the department's attention, there is ongoing data scrubbing effort. 42,092 cells are input/altered in relation to the 1936 members in Maricopa on 			

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	<p>Special Assistance. By 2/25 deliverable hoping to have much more accurate information</p> <ul style="list-style-type: none"> ○ DHS public licensing page available on line for public to see what type of facility is designated as ○ Holly asks if the data scrubbing effort related to the HRC's work on the error rate for the SA population's address. Dana confirmed this was the case. Holly commented that she is glad that HRC work led to something positive. And practical to help improve the system. This is an important item for the 2018 Annual Report. ○ Dana shares AHCCCS's goal is to have this information uploaded to a portal, which will help by nhaving have less hands in the mix. ○ Jack asks for clarification AM/PM with relation to IADs. Dana clarifies it is AHCCCS medical policy manual (AMPM) ○ Additional training available upon 	<p>Outcome data will be sent to Troy for dissemination to the committee.</p> <p>Dana offers future additional</p>	<p>Troy Chester</p> <p>Committee</p>	<p>Before 3/21/2018</p> <p>TBD</p>

maricopa county
 Human Rights Committee
 for the mentally ill



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	<p>request per Dana.</p> <ul style="list-style-type: none"> ○ Jim D. asked about alternatives and flex care. Dana clarified alternative includes 24 hours community treatment, under supporting housing in MMIC presentation, ACT, wrap around supports ○ Josh asks about ASH versus voluntary and option for in the middle. Dana confirms ASH is not an alternative to a BHRF and they are two completely different levels of care. ○ Josh asks if BHRF not adequate for some people, where does someone go before ASH. Is there an in-between? Dana noted that MMIC Reviews options of other inpatient settings if meeting medical necessity, ACT teams, community placements, flex options, etc. ○ Josh discussed people needed long term options and locked options. Discussion followed regarding the need for permanent stay options. 	<p>training</p> <p>Presentations to be sent to the committee via email</p>	<p>Yisel</p>	<p>2/28/2018</p>

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 for the mentally ill



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	<ul style="list-style-type: none"> ○ Deb requested presentations be sent to all the committee. 			
PAD Process	<ul style="list-style-type: none"> • Tabled 		Josh	TBD
UPC Incarcerations	<ul style="list-style-type: none"> • Tabled 		Scott	March
IAD Reports	<ul style="list-style-type: none"> • Scott reviewed this month • Search from 11/1/2017- 2/20-2018 for deaths • Special Assistance had one recorded • SMI had 69 • Might be missing on a bigger nugget by focusing on Special assistance only • Need to broaden the scope • Jack missing IAD reports (approx. 6) • Miral- copies provided for missing reports • AHCCCS and MMIC reviewed that HRC asked for a slimmed down set of the IAD criteria as delineated in the October 2015 meeting minutes • Miral asks if all want to be reviewed moving forward • Dana shares plan moving forward with the RBHA to ensure delivery • Jack inquires why reports are redacted • Committee would like to see policy 	<p>Motion to request un-redacted IAD reports- Jack makes motion Josh seconds- everyone votes in favor.</p> <p>Jack and Josh will draft and send letter clarifying Committee request for IADs (topics, etc.).</p>	<p>Jack Josh</p>	<p>2/21/2018</p> <p>End of month</p>

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	<ul style="list-style-type: none"> • Jack sated he used to received un-redacted reports and still has some at his home. • Holly quick calculation, 69 SMI deaths in 111 days, that is almost 1 person dying–every 1.6 days. 			
NAMI Education Meeting	<ul style="list-style-type: none"> • Scott thanks Jim Dunn and Jim Ward for participation 			
Site Visits	<ul style="list-style-type: none"> • Joy and Jack conducted two site visits • Pleased with outcomes • Very clean • Happy residents • Mentor Group and Foundation for Senior living • 2 names provided to Troy as they were not living at the identified location 			
Annual Report	<ul style="list-style-type: none"> • Scott would like to know if the committee is ready to vote on annual report • Lisa will insert information sent by Joy and Holly 	Jack, Jim seconds amended motion to accept annual report with changes sent to Lisa. All vote in favor. Scott abstains		
Future Agenda Items:	<ul style="list-style-type: none"> • January Sub Committee meeting minutes • Election of officers • PAD Process • UPC 	Committee to produce for approval at the meeting in March	Committee	3/21/2018

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	<ul style="list-style-type: none"> • Letter from AHCCCS 			
NEXT MEETING	Date: March 21, 2018 5:00PM-7:00PM 212 E. Osborn Road, Phoenix 85012	Committee adjourns into executive session to discuss personnel issues.	Scott Gormley	Before 3-27-2018