

MARION COUNTY HEALTH ADVISORY BOARD  
Meeting Minutes  
January 20, 2015  
5:30 P.M. to 7:30 P.M.

Present: Patrick Vance, Mike Mann, Sandra Echavarria, Sierra Nelson, Melinda Veliz, Hanten Day, Renee Steward, Deborah Carlson

Absent: Judy Scott, Josh Sandeman, Tim Murphy, Cary Moller

Staff: Rod Calkins, Pam Hutchinson, Scott Richards, Zugey Luna (Recorder)

Guests: Tracey Robichaud, Kathy Savicki

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**Call to Order/Introductions/Approval of Minutes – Patrick Vance - Chair**

Patrick Vance called the meeting to order, introductions followed. Tracey Robichaud, an applicant to the Health Advisory Board. Kathy Savicki, Clinical Director for MVBCN.

Patrick Vance, entertained a motion to approve last month's minutes, members voted, motion carried, and minutes were approved.

**Announcements/Updates:**

**Sexually Transmitted Diseases (STI) – Pam Hutchinson**

Pam reports that the State heard that CDC will be redirecting funds towards States that have higher incidents of Sexually Transmitted Infections. The State has staff housed in different County Offices. Those staff are called Disease Intervention Specialist or Investigation Specialist. The Health Department (HD) has had an Investigation Specialist for over 30 years. The State is pulling those workers out of the Counties and turning the work to the Counties. At this point it is not clear if any additional funding will be received. There is a struggle to figure out how to handle the additional workload. Marion County is third on Syphilis and State statistics show the high number of cases are in the men having sex with men population. Pam explained that the data is not broken down by group at the county level. Pam will work on a report to bring back to the Committee on the data at a later date.

Pam went over the process to investigate an STI report. The first step is for the Intervention Specialist to contact the primary care provider to make sure the treatment is adequate. If treatment is appropriate the Intervention Specialist then contacts the individual to interview and find out whom the individual had contact with during the incubation period and then the Intervention Specialist contacts those individuals for testing or treatment. Most of the reports are received from labs. By losing the Investigation Specialist the workload will increase without increasing the capacity which may cause the rates to increase.

**IDDAC Board Update – Rod Calkins**

Rod reports the Board has appointed five new members for the Intellectual and Developmental Disabilities Advisory Committee (IDDAC). The Commissioners really enjoyed talking to the new members. There is now a full committee. Cary and Dana are working to identify a liaison that would come to this committee and report. Cary will continue to update this committee on IDDAC. IDDAC is an advisory committee that advises the Board through the HAB.

## **New System Management – Behavioral Care Network – Kathy Savicki**

Kathy Savicki, Clinical Director has been working at the Mid Valley Behavioral Care Network (MVBCN) for many years. The MVBCN had been the mental health organization for some years operating a 5 County area including MC. As of January 1<sup>st</sup> the BCN is a 2 County organization. Funds for Mental Health from Oregon Health Plan services come from the Willamette Valley Community Health CCO to the BCN. Most of the BCN roles are the same, except the focus on what the BCN will manage.

Kathy explained each CCO has a contract with the State for their core area and ability to serve a few people that live in the overlapping areas. In the old days when BCN was managing the 5 counties the business model was to do intensive services centrally, but each county was left to manage their outpatient mental health system in a way that would work for that county. Each county had its own way to manage their outpatient mental health services. Marion County had the most complicated system because it was so big and had contracts with IDS providers. The last few years the CCO said they could not run two different systems, if someone is a CCO member it doesn't matter what county they live in they need to have exactly the same services regardless where they live. After planning and looking for alternatives it was decided that the BCN would have to take back the direct management of outpatient services which used to be run by Community and Provider Services (CAPS). As of January 1, 2015 the BCN is now responsible for directly contracting and managing outpatient services to Marion and Polk Counties.

There are currently 11 outpatient providers. Most of existing outpatient providers have agreed to expand their staff. The new contracts allows for them to serve more people than they were in the past. Four new providers were added. These new providers are small but will be growing. The new providers are: Intercultural Center for Physiology is a group of two Russian speakers and two Spanish speakers with offices in Salem and Woodburn. Silverton Health is excited to develop a full mental health clinic. Silverton Health will start with adults serving all the people that are assigned to Silverton Health clinics, contracted clinics and Salud Medical Center. Christian Community Placement Center started doing foster placement for kids. They have been used for New Solutions intensive services for children. Their counselors will start offering outpatient services. The hope is that they would be able to partner with local churches in the region. Trillium is a big children services provider that runs Children's Farm Home and other facilities around the State. The BCN agreed with them that if they are able to get a contract with any school services in the two counties to do School Based Services the BCN would pay for children with OHP.

The BCN is also looking at Liberty House who is interested in expanding their mental health supports particularly with families right after a child abuse investigation and finding. Currently they are doing a single assessment and then the child is referred to another health care provider. The intent is to get the child and family stable before referred to the health care provider. Liberty House is the Child Abuse Assessment Center; when a child has been abused all the exams of the child are performed there where DHS and police can observe the doctor doing the exams.

One of the improvements from the CCO Community Advisory Council is improving managing depression. The BCN just completed putting together a survey that will be going out to primary care physicians about their experience treating depression to set the baseline to measure for depression.

The BCN borrowed two staff from MCHD who are working full time. The BCN had a contract with CAPS who managed the Chemical Dependency Program and in two weeks the Chemical Dependency Program will go back to the BCN. The BCN is reorganizing committee structures and renaming them. They brainstormed on what would be done different. In February they will look at what was done last year to the quality plan and what new initiatives the group wants to do. One of the initiatives they are looking at is Metabolic Syndrome related to the psychiatric medications that causes weight gain and puts people at a high risk for chronic disease. The BCN has asked mental health prescribers to monitor if people are gaining weight, what is happening to their blood pressure and blood sugar. All the agencies

are monitoring that. The BCN is putting together resources in partnership with the CCO for people to have help managing their weight and their chronic disease. The CCO is working with a dietician on various things and there is also a pilot project with the YMCA. The BCN will pay for people to attend a diabetes prevention program at the YMCA. The CDC is running a National Evidence Base Practice Program through the YMCA. The BCN will offer focus groups to see what other things can be offered to people.

The BCN is also working on a new approach on working with people who live with suicidal thoughts called Collaborative Assessment and Management of Suicide (CAMS). This is supposed to change the way the system responds to people who say they are suicidal. This is set up to give clinicians a set of tools to recognize that many people live with being suicidal. Much of the research was done with the military. Many of the leaders and different agencies have received the training. Everyone has a protocol on how to train their staff, how cases are assigned and tracking how many sessions are using this protocol. Data was received from Salem Hospital on how many people were using the emergency room that is suicidal. Next year they will be comparing the data.

The Collaborative Problem Solving is a model that was started with children. The idea is for it to be a counter for behavior modification if you say the right thing to people to motivate them then they are capable of doing well. If people are not doing well it is because they don't have the skills. This model helps to talk to kids to find the coping skills. This technique has not been used on adults. The BCN is working on developing a model to use with adults. Toward the end of the month residential providers will receive training and will be implementing in their residential facilities.

Kathy and Cary have been a part of a meeting where Care Managers from hospitals and all the major health systems meet and try to identify how to use risk data from claims that will project who is at risk for big medical health problems next year. People have been identified. The committee is trying to see how big the behavioral component is of the challenges they are dealing with. There was a meeting between PCC and hospital staff that has been expanded to create a CCO wide staffing of people. The CCO will be able to better identify those at risk. The system used is called MARA, the data is retrieved based on claims history and will project up to 18 month history on who may be a risk of increase medical morbidity and cost. The accuracy for behavioral health is not certain. The formula expects that you have data on use of psychiatric drugs and because those are not in the health plan the data may not be accurate for behavioral health. Kathy and Cary have asked to look at the list of names.

Patrick would like to invite the individuals who offer Russian/Hispanic services to the HAB. Kathy shared a copy of the New Provider List. Copies will be sent out via email.

### **Triennial Site Review – Pam Hutchinson**

Pam explained that the Triennial Site Review was scheduled the first two weeks in January. Pam has participated in three site reviews as a Public Health Division Director and stated that this review was the best one. Going through the accreditation process prepared the health department for this site review. Through-out the review, reviewers expressed that Marion County is a model for the other Health Departments. All Communicable Disease (CD), Home Visiting programs did well. There was a couple of findings, one of them being the sliding fee scale. Marion County receives Title X funds to serve every women coming for family planning services and nobody is denied services for inability to pay. Title X requires that we use a sliding fee scale, including when making referrals to other providers.

Rod said the Triennial Review was very pleasant and the reviewers expressed what great staff and how MC is a model for other programs. Rod agreed that it was better because of all the work that was done for accreditation and all the work that was done under Pam's leadership. Pam is very proud of everybody and the good work they do.

There is a task force putting a couple of bills for legislation related to funding for Public Health and identifying some foundation to make sure that Public Health has adequate funding. Patrick would like to attend the Work Session when the State presents the report of the Triennial Review to the BOC.

**Recommendation of New Members Appointment**

Rod asked Tracey Robichaud if she is still interested in joining the Health Advisory Board. She said yes. Patrick asked the Board if they would like to recommend Tracey Robichaud as a Health Advisory Board member to the Board of Commissioners. Health Advisory Board members agreed that she was a good fit and it was approved. The recommendation to HAB appointment for Tracey Robichaud will be at a Board Session which is on Wednesdays at Court House square from 9:00 to 11:00.

**Future Topics:**

**Other:**

It was requested that when having interested participants to the HAB to add to end of agenda “Meet and Greet” to allow time to ask questions.

Zugey will email out the conflict of interest link with the meeting minutes. If you have not completed the Conflict of interest please complete and report at the next meeting.

The chair motioned to adjourn, members voted and approved.

**HAB Meeting Adjourned.**

**Recorder:** Zugey Luna  
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**2015 Meeting Schedule:**

February 17, 2015	June 16, 2015
March 17, 2015	September 15, 2015
April 21, 2015	October 20, 2015
May 19, 2015	November 17, 2015
	December 15, 2015