

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
January 15, 2013
5:30 P.M. to 7:30 P.M.

Present: John Beare, Hanten Day, Tim Murphy, Renee Stewart, Mary Beth Thompson, Katherine Fleury, Judy Scott, Mike Mann

Absent: Sandy Stewart

Staff: Rod Calkins, Pam Heilman, Scott Richards

Guests: Mark Caillier, Sandra Echavarria, Melinda Veliz, (Parmariessa) Marie O'Neal

Call to Order/Introductions/Approval of Minutes – John Beare, Vice Chair:

Meeting was called to order by acting Chair John Beare in Patrick's absence/Introductions followed. Guest Marie O'Neil is a nurse at the OSH and working on her bachelor's degree, she is here for her community health class, and she works with geriatric and forensic patients.

Vice Chair motioned to adopt December 2012 minutes, members voted, minutes were approved.

Announcements/Updates:

LADPC – Mark Caillier & Tim Murphy:

Mark reported LADPC met on December 20th, and the LADPC handout from the OHA that HAB members were given tonight has an error, it should be titled "Guidelines for Local Alcohol and Drug Planning Committees." Instead of, "Guidelines for Alcoholism Planning Committees." which was a recommended change to the publisher of the handout. They go over the booklet once every two years and it is due for review. It was just republished in July. LADPC also recommended approval of a organization called The CRC Health Oregon, dba The Willamette Valley Treatment Center on 115 Lancaster Drive in Salem, they recommended approval of their application to provide alcohol and drug outpatient treatment, but mostly what they are dealing with is synthetic opiate treatment. Their application for the state will be moving forward from us. Mark passed around the flyer for The Oregon Silver Tsunami, The Hidden Epidemic of Older Adults/Boomers with Addiction Disorders which they will be seeking commissioner approval on tomorrow 1/16/13, and seeking City of Keizer approval next week. This is for the conference April 5. The flyer also has a registration form on the back. The conference is going to be limited to 200 people and completely free to attendees, lunch is going to be provided through some generous donations, same for the materials and Chemeketa is providing access to CE Creds?? at no cost for organizations. They have been working on this for over a year and this is being brought to the HAB to advise where it is at and to seek approval from the HAB to proceed. They are not requesting dollars, they believe they have all costs covered. Chemeketa has also offered free facilities if they can't get into Keizer. Mark also added that there is a drug safe organization coming out of the Public Safety Coordinated Council that will be putting on a summit in the next couple of months and LADPC will be dovetailing theirs with Silver Tsunami which will be an all day conference focusing on prescription drugs, painkillers and gambling and some topics that have not been out their particularly at this age range. There are currently approximately 35,000 people in Marion County in that age group. John motioned, members voted and approved to endorse the Silver Tsunami to the BOC for the LADPC presentation. This will be advertised through all three Salem senior centers, they are reaching out to North County and up the canyon, it will be on local government T.V., the local newspapers, radio and a number of list serves for the professionals. They are hoping to get a mix of professionals and citizens. The senior sub-committee of the LADPC came up with this conference.

Drxug Safe – Rod Calkins:

Rod reported this is a jointly sponsored effort of Public Safety Coordinated Council and Children and Families Commission (CFC). The impetus was some of the evidence of the bad effects of prescription drug use but more of the tragic deaths of people who died from heroin who weren't used to using it and the growing awareness of prescription drug abuse in this community and others and how this got to heroin was because people get prescriptions for opiates, those prescriptions run out and will no longer be prescribed by the doctor so they begin purchasing them on the street which is very expensive so they turn to the cheaper opiate, heroin.

People are working on the notion of making it clear to the community of what you can do. Many adolescents are getting their drugs out of their parents or grandparents medicine cabinets. A big push for drxug safe is awareness to the community of those issues and a message to lock up those prescriptions or if they are expired, turn the prescriptions in to the local police department. Salem & Keizer have drop sites in their lobbies. One question is, how can you have a drop box somewhere other than in a lobby where it is secure without having it walk off, the notion is are there ways of making drop sites more available. There is a National statewide effort that comes around once a quarter so Drxug safe is thinking about having a summit in the week leading up to that in conjunction with the drug turn in. The D.A. has been involved and one of the drivers of this as well. Mark added that as communities have gotten together and have done the drug drop offs and see how successful they can be once every 3-6 months, they see the need and purchase one of the drug drop off bins, put it wherever they put it and then there is a tendency not to continue with the advance and over time there becomes a big drop off of the actual poundage of what is brought in. Mark would encourage HAB to encourage people to participate in the quarterly events. Rod reported that Salem Police have said that during the next drop off they are going to have a drive through drop off, the last time they did this they received hundreds of pounds. There is going to be advertising on a newsletter to partners, our website and our Facebook page.

PH Accreditation Update – Pam Heilman:

We are moving forward on accreditation preparation, going through the twelve standards and gathering information to prove we do all those things. They did an audit and have made progress but still have several measures in the works. The next step will be uploading documents to the Public Health Accreditation Board (PHAB) website. The goal is to have everything in by July 1. We should be expecting a site visit in late summer early fall. They look at quality measures across the board for public health. This helps standardize across the organization.

Project for HAB discussion - All:

Pam asked what the group was interested in working on this year. The last big project they worked on was the CHIP.

Scott reported that the Biennial Implementation Plan (BIP) with the implementation of CCO's, they are taking a part of the plan and deferring it until July so CCO's are involved in the community needs assessment. However, they still need to report on some things to the federal government on the use of block grant dollars. The first piece is program descriptions. Scott added that this is not really a project for the HAB. The following project suggestion was made to look into mental capacity of people behind the recent shootings in Marion County. Tim questioned if access to weapons is a public health issue. A discussion followed about bullying and the recent shootings. The board decided to think about projects and come back in February with suggestions.

HAB Applicant Appointments: A motion was made, voted on and approved to recommend Melinda Veliz for appointment to the HAB. Rod reported that the appointments for Sandra and Melinda will be scheduled for January 23, 2013 at 9:00 a.m. at the Assessor's office located at 1115 Commercial St in Salem.

HAB Resignation:

John Beare announced that he has written a letter of resignation and will no longer be serving on the Health Advisory Board, John added that tonight will be his last night. Members expressed their appreciation of John.

CCO Lawsuit Article:

Rod reported that Salem Health and West Valley Health are suing the CCO. This is not something new and has been going on for quite awhile. There was a discussion early on and the two sides see things quite differently. There is confusion as to whether any contracts were ever rolled over, the answer from the CCO's attorney; no contracts were ever rolled over for anybody. The board then took action to make sure that if any had existed and rolled over they would be declared null and void. There used to be contracts with the Oregon Health Plan Insurance company for fiscal healthcare with Marion Polk Community Health Plan (MPCHP) and that plan was in effect and held contracts with all the folks around the CCO table until August 1. The intent was to take the contracts and roll forward but the board never actually acted on those contracts. This has never happened in the history of Oregon and these are two different organizations now. In the past within the MCCHP contracts would continue or be renewed or their would be new contracts to the providers. The original contract is only one member. There are now 13 members around the table. As in any lawsuit it is very difficult to say where truth lies. The really unfortunate part of the article is the piece about Jim Russell and the implication that there were perhaps some wrong doing or ill intent on his part. The article says that Jim had the board vote to declare all of the contracts void except for his at the BCN. Last year the BCN did not have a contract with the MPCHP, there was no contract to roll over, it had its own contract with the state for the mental health piece of this, mental health is rolled into the CCO now so money comes to the CCO's and that is contracted out to the BCN and contracted out to Marion and Polk county. BCN did not have a contract to roll over. The board had actually taken action to create a new contract which is a totally different thing then contracts that may or may not have existed and rolled over or not rolled over. That is why the board did not vote to get rid of the BCN's contract because it actually was a contract that the board had to approve. The board has since taken action on all those contracts and Salem Health is not happy with the rate of payment that they got. It is really unfortunate that at such a difficult initial phase, there is a lawsuit. It is also a good chunk of money and where that would come from, since there is no money would have to come out of the capital partners. Salem Health has contracts going as far back as 1994, this is really hard to say that there is right or wrong on either sides and is very complex. At a time when they should be talking about goals to improve health and move forward they are instead talking about the lawsuit. This could also impact how the CCO ends up. If they have to pay the money to Salem Health, the CCO will have to find money from somewhere else. Jim Russell was in the process of retiring and is working in the interim, not in his previous position. Jim's retirement had nothing to do with this lawsuit. They are in the process of submitting a transformation plan that was due today and also suppose to see a proposal from Salem Health that is a risk based contract for the following year but Rod had not seen that yet. The lawsuit is making the process a little more difficult. However, there are committees that are all functioning well and beginning to work on things.

Orientation:

Pam discussed updating the HAB member binders and would like a reminder sent out to HAB members before the next meeting to remind them to bring in their member binders.

Public Health Subcommittee – Pam Heilman:

Pam passed out color coded papers, each color represented a different region of the county and they will want to look at them in comparison to each other. The first set is from the 2011 community health survey where they broke it up by zip codes. All the data tonight relates to health care access. The Marion County Health Department does not provide all services in the county but has a responsibility to take leadership to looking at the system and if they see gaps they need to try and bring partners together remedy it to the extent possible. There are three different sets of data, the survey data, and survey from adults and baseline

data through OHP. Members reviewed the data handed out to them. The numbers are provided by the state. Starting with the survey information they can see regional differences. Woodburn and Salem/Keizer had significant amounts of poverty. The handouts were discussed. There was another sheet that asked if they had a regular source of healthcare. Identify primary care provider, Sandra is still finding that people go to a clinic but are not recognizing as a primary care provider. Pam responded that in this they actually asked where they were going for primary care and is something to be careful about when doing surveys. Melinda reported that these numbers are accurate and similar to the data in Woodburn they have been recording at Silverton Health. Melinda reported that when they were reviewing data at Silverton Health they were surprised at how many people were coming in for dental care. Pam reported that in the 2008 assessment there was an issue with dental access for adults. Pam reported they do have an outreach team in Woodburn that has increased the Latino child population who are now receiving services. The main reason people were not getting care was for the lack of insurance. Pam asked for HAB to let her know if they have any comments, notes or if anything needs further explanation on the regional piece.

The next is a simple table off of the Behavioral Risk Factor Surveillance System (BRFSS) survey where the CDC and the State do random calls to the community asking standard questions. Pam discussed statistics.

Hanten was hoping there was more clarity with descriptive information so they have a better understanding in terms of contents of numbers. More background information and hard numbers would be helpful instead of percentages for the regional data.

Pam has how many were collected per community and will bring that next time for perspective.

Melinda reported that in the Silverton Health survey in the Latino community of Woodburn, one third of the several population did have insurance and make fifty thousand dollars or more per year within their four focus groups.

Part of this is best practice for accreditation and the other is for the CCO. Pam handed out some of the baseline measures the state gave to the CCO. Some of the measures the CCO will be looking at are children getting access to care quickly. Hanten believes the state gets their information from the consumer assessment of health providers and assistance survey it is the standard most often used for accreditation, for benchmarking and the state holds that data they contract with a vendor and the vendor does that every year. There are multiple versions. Melinda reported that is what they are going to be looking at for reimbursement. The survey is mandatory to kick out by the government, that's how they assess and will only reimburse for the nine and tens, if it is below that ranking they will not reimburse. They have versions for hospitals, clinics and other providers. The survey is a compilation of mailing and calling. It is through the OHA by Charles Gallia. Pam reported that under prenatal 24% of women on OHP is being tracked by the CHIP.

Hanten reported that he works for ODS and is in a committee that talks about statewide measures including CCO's and all other health reform initiatives.

Pam will bring back the survey data to the HAB. A discussion about access to care followed.

Behavioral Health Subcommittee – Rod Calkins:

Mental Health System and Polk County Changes: In the past money is contracted from the state to BCN as capitation. That percentage of capitation was subcapitated in which they provide services to BCN members. Direct capitation from the state no longer exist and all goes to Willamette Valley Community Health (WVCH) now. The 2013 contract is a subcontract from the CCO, a subcapitation based on members. Things look the same but there is less money and more things coming to the health department. There was a problem reconciling what Marion members and Polk members were receiving. People used

to be able to go to any county to enroll in services which they can no longer do. There was nine hundred thousand services provided by Marion County to Polk County. Three quarter of a million dollars was owed by Polk County to Marion County and is not quite settled yet. They want to fix the payment mechanism. Marion county contracts with PH Tech and know exactly who the patient is and if they are Polk or Marion. In order to bill, the CCO must have prior authorization. We have an agreement with Linn County and will pay if they see someone who is Marion County. Polk County did not have infrastructure, Marion County set up infrastructure for bill payment and have a sound system for behavioral healthcare. Polk never saw our clients on their database and we have never seen theirs but Polk did sit in on Integrated Delivery Systems (IDS). A proposal was made, can Marion and Polk county systems be folded into one as a method to manage the system, the answer was no. Polk County wants to take back the system and clients and created a timetable to notify their clients to see if treatments will be completed and if they will be going back to Polk County. Marion County could have served Polk County clients in the past but because if this, now have to turn them away. Polk has a new clinic in W. Salem.

HAB members discussed client choice, consumers on the committee being concerned and access now being improved in Marion County. Polk County's notion was to build infrastructure for those coming through the BCN and other places within the CCO. Polk's initial reaction to the CCO was that they were not going to be a member, they were going to have their own CCO but are now involved in the CCO. What is going to happen to the BCN is an ongoing discussion. In the beginning the cuts to OHP rates in October 2011 affected what OHP providers are paid for the same services. The cut was approximately 11%. It is hard finding physicians who take OHP. In 2002-2003 we got the rate cuts and there were spikes in prison population and hospitalization. The BCN created supplements to keep paying for the cuts up until last year when they ran out and now need to figure out how to invest money to improve care. Marion County has been paying higher than anywhere else for fee for service, the DMAP 10.5% or so. Polk has periodically gone back to DMAP rates. changes. April 1 is the deadline for Polk County to have their clients back. HAB members discussed Polk County

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

Recorder: Lisa Duerksen,
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2013 Meeting Schedule:

January 15, 2013	June 18, 2013
February 19, 2013	September 17, 2013
March 19, 2013	October 15, 2013
April 16, 2013	November 19, 2013
May 21, 2013	December 17, 2013