

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
March 18, 2014
5:30 P.M. to 7:30 P.M.

Present: Patrick Vance, Mike Mann, Hanten Day, Melinda Veliz, Renee Stewart, Tim Murphy

Absent: Sandra Echavarria, Josh Sandeman, Judy Scott, Pam Hutchinson, Cary Moller

Staff: Rod Calkins, Scott Richards, Polly Kuznetsov (Recorder)

Guests: Kim Dullmeyer, Nduta Cayton

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

Patrick called the meeting to order, introductions followed.

Announcements/Updates:

Health Advisory Board (HAB) Membership - Rod

Rod said that two people have expressed interest of joining the Health Advisory Board. What will happen first is that Pam, Rod, Scott and Cary will screen the applicants and let them know what about the Health Advisory Board is about. One applicant is a student has applied for the student position. The other applicant is a psychiatrist. We will want to look closely at these applicants and make sure we are not duplicating representation.

If you know someone who would be interested please refer them. We can have as much as twenty members and currently have nine. We would especially like someone else who can represent themselves as a consumer of mental health services. We need at least twenty percent of the HAB Mental Health Subcommittee represented by users of mental health services. Mike said that the County used to have the STEP (Skills Training Enhancement Program) Program and the consumers included those who were high level, advocates, and active with peer involvement. We could find somebody who went through that program who could be suitable. Rod explained that the STEP Program was for those in the recovery phase, to learn skill building and for those not ready for supported employment. The literature supports that while it was great for socialization, the program did not really move people along. STEP was a branch of the Horizon house where they did activities, sold things that they made, held car washes, went on field trips, and did other skill building activities. We are hoping that the program will continue on its own, but we will not be funding it.

Scott said that two of the twelve core STEP Program members are now members of the Adult Behavioral Health Advisory Board. They are advising the Adult Behavioral Health (ABH) program from a consumer perspective. They are currently involved in an analysis of the waiting area to see how we might have use of peer wellness specialists. We want to see if we can build on the skills they learned from the STEP program and share some of their experiences with other consumers that we are serving. Rod said that it's a good idea and we will take a look at that group and see if there would be anyone interested in HAB. It was decided that we did indeed have enough member for a quorum. Patrick entertained a motion to approve last month's meeting minutes, members voted, motion carried, minutes were approved.

Intellectual and Developmental Disabilities Advisory Committee (IDDAC) - Rod

We had hoped to get more information for the HAB members. We are still getting the charter together for the IDDAC. We have a current applicant for the IDDAC who has been checking in weekly and have let him know that we will have an update in April.

Public Health Strategic Planning - Rod

Rod passed around a paper for HAB members to sign if interested in attending a session for planning the Public Health Strategic Plan. We are at a point of redoing our Strategic Plan for the Health Department. That is an all county plan for public Health Services. We involve Community partners so that it's a broad based participatory opportunity. What we are looking for one or more HAB members to attend. We are having our initial planning meeting on Wednesday April 9th from 1-5pm. During this meeting we will complete a SWOT analysis, an analysis of the strength, weaknesses, opportunities, and threats related to the Health Department. We will be looking at the current plan and updating it. Basically, this is a plan that will be guiding us for the next three to five years. We will be meeting the Board of Commissioners at a work session to discuss the Public Health Strategic Plan later on in the month. Rachel Posnick, our new Epidemiologist, will be coordinating this planning meeting and getting information out to those who sign up to attend.

Coordinated Care Organization (CCO)/ Behavioral Care Network (BCN) – Rod

The Behavioral Care Network (BCN) used to be a five county agreement until one county left. It is now between Yamhill, Polk, Marion and Linn County. Linn is in the process of leaving because all their funding went south to Samaritan Health. The BCN has a new director and is in a very different position that we envisioned ourselves a year or so ago. There are certain folks who are asking if it would make sense to be keeping the BCN, what the purpose is, and how does it relate since Yamhill might be leaving given that it is its own Coordinated Care Organization. BCN might just be a two county agreement with Marion and Polk working together to coordinate services. There is some active strategic planning going on concerning the BCN future.

The CCO's recruitment for a Chief Executive Officer has not borne a lot of candidates and they have chosen to pay a formal recruiter. The recruiter only found a limited amount of applicants with the most promising candidate being an insurance salesman from Rhode Island. Patrick added it's been question what the real job that the new CEO supposed to be doing once they are brought in? The recruiter is looking for an applicant that no one knows what they will be doing because it's a fluid position and what we thought a year ago or couple months ago is dismal. Renee asked with the new CCO and how is it supposed to work with Salem hospital which is a regional hospital, and then there are the other smaller hospitals like Santiam, Silverton, or West Valley. Rod said that the emphasis is on primary care. Rod said that the thing that the CCO are going to struggle with across the State is how we keep hospital organizations viable when the goal is not to use the expensive hospital beds as much. A few hospitals have partnered up with other companies. Salem Health has partnered with Willamette Health Partners, an outpatient primary care that will potentially grow. Patrick said that hospitals like Silverton have extended their outpatient and therapy services in order to keep funds.

Melinda said that she's heard that patients can still be turned rejected if the whole point was to cover the uninsured and underinsured. Rod answered that a newly signed up patient has the option of turning to another CCO which creates market competition for WVCH. Even though newly enrolled CCO members have been assigned to a primary care physician there's been a huge influx of Emergency Department visits across the nation. Nduta Cayton, a nurse from Salem Hospital, said a problem is that a number of providers don't take Medicare or Medicaid a patient might turn to Emergency department to get the services that they need. Melinda said that her concern is that it will come down to if the Hospital would accept a commercial or OHP (Oregon Health Plan) payer; the person will be impacted as they have been previously. Nduta said that people still don't see the difference between urgent care and the emergency room, that there are those who can't be seen by their primary physician soon and think that a visit to the emergency room will get them the services they need.

Melinda also stated that what she's seen from the local schools, are undocumented students with no insurance, no money, and chronic conditions having a hard time accessing medical help. They have been calling to ask how they can be seen by a primary care physician. Patrick said that the health concerns have not changed, this has been a problem since we have had undocumented workers. Rod said that he was informed by the supervisor from the Psychiatric Crisis Center (PCC) that the past couple years there have been about 4,000-5,000 screening each year and this year she estimated there will be about 7,000.

Developmental Disability (DD) & Mental Health (MH) Adult Abuse Investigation (AAI)

Team:

Rod introduced Kim Dullmeyer, the Program Supervisor for Development Disability and Mental Health Adult Abuse Investigations Kim passed around a one page contact list for the Marion County Health Department Developmental Disability and Mental health Adult Abuse investigation team and began her presentation. We now have a full time DD and MH Adult Abuse Report Screener, which is a rare across the counties in Oregon, and beneficial to have. When we receive an abuse report the screener can immediately go to the site, take digital photographs to preserve evidence, do an assessment to see if protective services are needed, interview certain people involved, or talk to the alleged victim. Then the screener makes a decision to screen it in for a full investigation or screen it out. The team members include; Pete Catalina, Bob Stai, Andrea Sutter, Sid Venkatachalam, Stacie Smith , and Kim Dullmeyer. A question was asked what the definition of redaction was. Kim answered that redaction is when you take out any client identifying information.

The authorizing statute ORS 430.731-430.768 covers abuse reporting and investigation of alleged abuse of adults with Developmentally Disability or Mental Illness. This OAR (Oregon Administrative Rule) gives us authority to address abuse reports. Adult abuse investigations are thorough, unbiased fact-based investigations, and are similar to civil lawsuits or human resource fact findings. Adult Abuse Investigators are trained by OAAPI, which is the DHS office of Adult Abuse Prevention and Investigation and are designees of DHS. The role of the Abuse Investigator is to help determine if protective service action needs to be taken by case management or service providers. In statute and rule adult abuse investigators for DD and Mental Health are not primarily protective service agents. It's very different in seniors and people with physical disabilities, their staff are called adult protective services they are 80% protective service and 20% investigation. Our DD and MH staff are 80% investigation and 20% protective service. They also determine if abuse report will be 'screened in' for an investigation. They conduct prompt, thorough, and unbiased investigation to determine the nature of the alleged abuse. They prepare written findings, including required actions, in a final investigation report. The Investigator must report to law enforcement if they believe a crime has been committed.

When we have screened an alleged abuse investigation in, we must turn in investigative report within forty-five days, if concurrent law enforcement investigation delays our investigation because we stop until law enforcement resolves it. They participate in local adult abuse multi-disciplinary team meetings (MDTs). District Attorney's office is responsible to facilitate these meetings, participants include: law enforcement, from hospitals, from DD and MH, and Aging and physical disabilities. The whole purpose is to staff various cases with people who do or don't have services, but they are repeatedly an issue in regard to public safety or their own safety. Renee asked if this meeting is supposed to happen within the forty five days. Kim said that MDT meeting is separate from the actual Adult Abuse Investigation. Renee said that the MDT meeting in her experience seem to delay the court proceedings and does not happen in the 45 days but rolls on for months. Kim said that what delays the 45 days often is when it's reported to law enforcement.

Melinda asked if there is some abuse, is it not automatically criminal. Kim answered if there is sexual assault its abuse according to OAR and a crime, but verbal abuse is not necessarily a crime according to

law enforcement. Investigators share investigation findings with appropriate licensing agencies. The Role of OAAPI is to provide initial five day Adult Abuse Investigator Core Competency training to new investigators. OAAPI consult with, support and coach designated Adult Abuse Investigators to effectively investigate and address abuse investigations. OAAPI also reviews and approves all abuse investigation reports to assure statutory and regulatory compliance. They provide feedback to each Adult Abuse Investigator's supervisor.

Individuals who are protected by OAR (Oregon Administrative Rule) from abuse must be adults, an alleged victim, and a person with a developmental disability currently receiving services from a community program or facility licensed/certified by DHS. The alleged victim could have also been previously determined eligible for services as an adult. The person with DD, protected by the OAR, could be receiving one or more of the following services from the Marion county Health Department; case management only, In-home, supported living, adult foster care, 24-hour residential/group home, employment, and Stabilization and Crisis Unit services (SACU).

Individuals who are protected by OAR are individuals with Mental Illness and are currently receiving services from a community program or facility licensed or certified by DHS. The exception is if the adult is receiving only alcohol and drug treatment services. The person with mental illness receiving one or more of the following services from the Marion County Health Department: therapeutic, adult foster care, residential treatment home, residential treatment facility, and acute care or crisis respite services when adult is in custody in facility approved by the Addictions and Mental Health Division. The person who can be held responsible for abuse: caregiver, service provider, residential facility/agency, Community Developmental Disability Program, Support Service Brokerage, Community Mental Health Program, and any person involved in a trust relationship with and adult with DD or Mental Illness.

Under the OAR there are different definitions of abuse. The first listed is financial exploitation which is the wrongfully taking of assets, alarming by threat to take assets or misappropriating assets. Involuntary seclusion is another type and is for the convenience of caregiver or to discipline. A third type is wrongful restraint which is the wrongful use of physical or chemical restraint. Neglect is another type which involves active or passive failure to provide care, supervision or services. Abandonment is the threat of desertion and withdrawal or neglect of duties by caregiver. Physical abuse is the non-accidental physical injury, willful infliction, and or causing pain. Sexual abuse is a criminal act, non-consenting contact, harassment, exploitation. Verbal abuses are threats, derogatory comments, verbal assault, ridicule, or insults. The last listed is non-Accidental death which occurs other than by natural means and occurs in unusual circumstances. An example would be suicide due to neglect. Every death of an adult with mental illness receiving mental health services must be reported and investigated.

The definitions of abuse for persons with DD or definitions of abuse for persons with mental illness are somewhat different. Always report suspected abuse even if in doubt, it is up to screener to figure out if it is report. Report abuse or suspected abuse of adults with DD or adults with Mental illness when working in official capacity. Abuse or suspected abuse of children under the age of eighteen years or elderly adults over the age of sixty five, must be reported twenty-four hours a day, seven days a week. The twenty-four hours, seven days a week for elder abuse will go into effect as of January 1st, 2015.

After making a mandatory abuse report, a Marion County Health Department employee is required to notify their supervisor of the abuse report. When reporting alleged adult abuse the Mandatory Abuse Report must report the name, age, and location of adult victim. They should also report the name, address of program/facility that was responsible for care of the adult. The reporter must report information about the type, nature and extent of the abuse. Lastly, they should report the date and time of the abuse incident. The community program or facility must determine if the adult is in need of protective services and shall provide those services immediately.

Upon receipt of an alleged Adult Abuse Report, notification of the report provided to the case manager and the legal guardian. OAAPI trained Investigators have statutory and regulatory authority to conduct investigations as designees of the Department of Human Services. The Adult Abuse Investigators are authorized to access protected health information, as needed, in order to conduct a thorough abuse screening and allegation. When accessing protected health information Adult Abuse Investigators are required take care to protect victims' personal information, ensure private records stay private, and protect the rights of all people to control their personal information. They offer protection from retaliation for reporter, witnesses and victims by safeguarding the information.

Nduta asked how many abuse reports we receive in a month in Marion County. Kim said that it has been averaging about sixty to seventy reports a month. We screen out about 65% of the abuse reports. About 35% are screened in and are fully investigated. The findings of those investigations have historically been 1/3 substantiated, 1/3 not substantiated, and 1/3 non conclusive. Tim asked if the data for the amount of abuse reports is the same across the state. Kim said that it was. Nduta asked if we complete investigations for MH and DD adults in the prison or jail systems. Kim said that we have no authority over adults with MH and DD adults in the jail or prison system. Scott said that technically if the accused was our Health Department Mental Health staff working in the Jail then it would fall within our purview. Tim said that the reasoning behind the investigators not having the authority to investigate MH or DD adults once they are incarcerated they lose their enrollment status in Marion County Health Department Services.

Kim said that if we don't have that authority to address the situation, then by default we would refer it to the APD, adult protective service workers. They have wider reach as protective service agents to address the situation. Melinda asked that if someone during intake to jail discloses that they had been abused by their caretaker is it under the Marion County jurisdiction, since the time the alleged abuse occurred that person had been under the DD services of MCHD. Kim said yes, there is no statute of limitations on abuse reporting. Hanten asked what the top category of the cases that resulted to be substantiated. Kim said that the top one is physical abuse followed by financial exploitation. OAAPI does provide to us occasionally a data analysis of our investigation. Kim said that when she does receive one, she will pass it on to share with the HAB members.

Other Business:

Patrick said that Josh was next on the agenda but was unable to make it in due to being sick. He asked that the topics will be discussed at our next meeting. Patrick asked if anyone has any future topics. Mike said that he was wondering if we can improve the positive outlook, and influencing the sense of well being of the citizens of Marion County. Patrick said that Dartmouth has an atlas of the life satisfaction scale. Tim said that it's the Quality of Life Index. Rod said it's not the exact same thing but that every year a nationwide health indicator/health status report comes out. In this report are indicators such as access to fresh groceries or the amount of smoking which does affect community health. We should be receiving the report in about a week or two.

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

Recorder: Polly Kuznetsov
Department Specialist 4
Marion County Health Department
Phone: 503-585-4903
Fax: 503-364-6552

2014 Meeting Schedule:
January 21, 2014 June 17, 2014
February 18, 2014 September 16, 2014
March 18, 2014 October 21, 2014
April 15, 2014 November 18, 2014
May 20, 2014 December 16, 2014