

MARION COUNTY HEALTH ADVISORY BOARD  
Meeting Minutes  
May 20, 2014  
5:30 P.M. to 7:30 P.M.

Present: Patrick Vance, Mike Mann, Tim Murphy, Sandra Echavarria, Josh Sandeman, Judy Scott, Hanten Day, Melinda Veliz, Renee Stewart

Absent: Cary Moller

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

Guests: Sierra Nelson, Ann-Marie Bandfield, Curtis Van Der Werff

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

Patrick called the meeting to order, introductions followed. Patrick requested that Sierra Nelson be added as a guest for the April HAB minutes. She had attended and was mentioned in the minutes. Patrick asked if everyone agreed that the last month's meeting minutes reflected what occurred and if anyone had any suggested changes. Tim questioned whether the county health rankings inference was meant to be to the state rather than the counties. Rod said that it was meant to be for the state. Patrick entertained a motion to approve last month's meeting minutes with the changed comments, members voted, motion carried, minutes were approved.

**Announcements/Updates:**

**Community Health Improvement Planning (CHIP) – Pam Hutchinson**

This is our third year of the Community Health Improvement Plan, partners including the Marion Polk Food Share; work on obesity among other things. We will meet with core partners to talk about where we go for the next five years. Part of what will inform us that we will be doing a community health assessment in beginning of January. We will start having some planning meetings with partner agencies. There are certain agencies like us, United Way, Early Learning Hub, WVCH (CCO), and other hospitals that have an interest in health data. We all want to come together to come up with an assessment that meets everyone's needs. There will be information coming out and opportunities for board members to participate.

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

Back in the late 1990's when the Oregon health plan first got going for mental health services. An organization called the Midvalley behavioral care network was organized among five counties; Tillamook, Marion, Polk, Yamhill, and Linn. That organization has really served our region and really been a driver for improvement in the mental health care system as well as the alcohol and drug care system. All that's been changing, Tillamook withdrew from the system about a year ago because they have been connected with a different Coordinated Care Organization, and in doing so has a different way of funding their services. What has been discussed is that the BCN will be a two county region including Marion and Polk as Yamhill and Linn are officially withdrawing from the BCN as of the first of the year. Yamhill has its own at risk contract, Linn has a contract with Samaritan Health and the BCN really only

has a large contract with WVCH. The BCN budget was passed last night that said the BCN will be buying a building. The first thing that the board wanted done was to investigate whether there was a lease to buy option. Pam asked if the BCN already had a building in mind. Rod said yes, the other tenant is WVCH who will own two thirds of it, while the BCN will have a third.

The CCO board has had a final set of interviews with two candidates for the CCO. One candidate is from the Klamath Falls area and the other is from California. The CCO had a long discussion on who would be a better fit for the CCO leadership and have decided to start negotiations with one of the final two.

### **Building Renovations Center Street – Rod Calkins**

There are a few things that will be renovated. The air conditioner which had been built for an open building, but we had to enclose spaces in the building to ensure privacy for our clients. Windows, lights, and air conditioner will be redone in this planned renovation among other things. We may do things to improve our waiting area downstairs. The notion is that if we do these renovations the building will have a forty year service of life. Tim said that he thought there had been a plan to tear down the building and build a new one. Rod said there had been a mention to build a new building on the front lawn and renovate the old, but after a study had been done they thought it best to renovate the old. The renovation will start effecting things next March and construction will run through until September. It will be disruptive and what we are looking at is moving a floor out of here and continue to manage services mostly in this location.

### **Aid & Assist (370):**

Scott said that the Aid and Assist program was one of the smaller programs of the Marion County Health Department, but it is getting more attention. Scott introduced Kurt Van Der Werff as the one person in the program, but it's managed by Ann-Marie down at the Psychiatric Crisis Center (PCC). To give you a brief background, in 2007 the State came to us about the same time they were looking at the civil commitment hospital status and the fact our numbers were high. They also looked at the fact that there were a disproportionate number of people in the state hospital who were there because they could not aid and assist in their defense in response to a criminal charge. These were evaluations that Dr. Suckow used to do a lot of to evaluate if they were able to stand trial. If not, then the response was to send them to the state hospital. Multnomah, Lane, and Marion have the largest population of those sent to the state hospital because they can't aid and assist in their defense and were all approached by Addictions and Mental Health (AMH). AMH questioned the counties on what they thought it would take to reduce those number's and decrease recidivism and AMH was even willing to fund a pilot project. We proposed to hire a case manager to help current state hospital patients get connected to services before they are released. This is what we continue to do so seven years later. It all ties together in our efforts to divert those from the criminal justice system for those who really don't need to be there.

Ann-Marie Banfield introduced herself as the Program Supervisor for the Acute and Forensic Services and Curt Van Der Werff, Case Manager for the 370 program. Ann-Marie said that the state hospital is currently running 20 beds over its Aid and Assist population allotment. It is the Aid & Assist population, but we refer to it using the Oregon Revised Statue (ORS) that describes it 161.370 or .370. If they don't want to participate in treatment they don't have to and we have about a forty percent engagement rate that are willing to cooperate and get connected to services and resources. We are not an outpatient program, our job to engage the patient and referral. The Case Manager helps them get on the Oregon Health Plan, benefits, have a safe place to be, etc. Right now there are law enforcement collaboration things going on, and a grant that was received for those involved in the criminal justice system. We are able to use these funds for things like buying them clothing, medications, etc. We work to communicate with the court system. We use the PCC as a crisis respite center as a way to engage them until we put all the pieces. We do have some limited transitional housing available.

Our goal is to change their environment for them and to get them out of the cycle that repeats itself. In the last year, we have seen our recidivism drop. Most of the people who have gone through our program have progressed and not been readmitted to the state hospital. The amount of time that they serve in the jail and hospital is counted as time served in their sentence. For a misdemeanor they could spend a short time there and not get the help that they need. The difference between a civil commitment and an Aid and Assist is the treatment. They are being sent to the state hospital to receive restoration. They can refuse treatment and don't have to be on medication. When an aid and assist patient is discharged there's no coordination with an outside provider and no benefits or access to resources. We are trying to get those things established. What the ORS says is that, if at all possible, we should be serving people in the least restrictive environment. The last thirty people who have been to the state hospital, 53% of them were misdemeanor only, and 25% of those were for nonviolent crimes.

We have built a community restoration program that allows us to work with folks in the community who have stable housing and are willing to be helped with treatment. We are building the pieces in place to help them stay stable. We have helped about twenty five people in our community restoration program. Of those twenty five, only four who did not do well, were not willing to stay in treatment or stop committing crimes. They had to go to the state hospital to receive treatment. Scott said that we have been working on a case by case basis and would see the judge if they would consider, instead of sending the patient to the hospital, if they could be treated in the community. That is if the circumstances would allow it and the risk was fairly low. Ann-Marie said we have been focusing on folks who are amiable to treatment and are low risk. Patrick asked how the folks are found, who participate in the program. Ann-Marie said that that's been the biggest barrier, because we have no authority over this system. It is a court system; they have a civil right to choose their own defense. If the defense attorney and individual choose to do an aid and assist evaluation, we don't have the authority to say that we want to evaluate them first and really see if that's a good fit.

We know for at least the last two years, thirty percent of the people that are going are coming back as either malingering or Alcohol and Drug abuse. It's not a good use of that state hospital resource. It has been a big issue of how do we work with our court system. It has taken us three to four years of meeting with the judges, attorneys and providing education on what the 370 order is about. That it really is not a way for the person to get treatment and it does not guarantee that they will stay in treatment or that they will stay on their medication. A judge, who works in the annex, responds to a .370 request by asking if they have spoken to Curt and whether they have had an ORS 365 community evaluation for competency. The people who have had the 365 evaluation went up from forty nine percent to seventy five percent. Part of the difficulty is the quality of that 365 evaluation; it's very inconsistent, which the state is working on. The evaluator is often concerned about people's safety and whether that person has a mental illness and not whether that person is able to aid and assist in their defense. Twenty percent of the Marion county Aid and assist residents at the State Hospital are actually from the seven institutions in Marion County. Twenty patients is the current number of population of aid and assist patients. The Aid and Assist program continues to build relationships with courts, in the past six months they have been actually telling us when a person is being sent to the state hospital on a 370 evaluation.

Curt explained that the state hospital is a much more expensive option than keeping them in the community. Once you get institutionalized, you lose all of your benefits and could eventually even lose your housing when committed to the hospital or jail. We are trying to interrupt the cycle of individuals getting released without benefits or resources. Ann-Marie said that we are fortunate to have a number of grants recently including Mobile Crisis with law enforcement which has already done sixty cases. We are seeing more people being brought to the crisis center and better collaboration when brought to jail with mental health personnel. Scott said that the statewide 370 data is really interesting in that we wonder why it is such a frequently used strategy for defense attorneys in Marion County when other counties hardly ever have a 370 individual in the state hospital. Ann-Marie said that more than fifty percent of the 370 at the state hospital are from Marion County and Multnomah County. Sandra asked if they had any idea

why. Ann-Marie said it's an easy option and Lawyers are now getting a lot of training in the mental health field. What we see is some people being sent to the state hospital simply because they refuse to talk to their attorney. We have attorneys requesting a 370 evaluation because they are failing to participate. Ann-Marie said that she and Rod are currently in a workgroup at the state hospital and looking at what we can do to shift these numbers, give people resources as quick as we can, provide education and make an impact what's happening at the state hospital.

### **Public Health Strategic Plan:**

Pam started said in the handouts everyone received one should be titled Public Health Strategic Planning and the other handout is the two sheets stapled together with questions on it. Public Health has a strategic plan that will need to be updated, since our current one ends this year. It's a five year plan starting in January, with a plan to look at it every year. On the 9<sup>th</sup> of April, Rod, the public health managers, Pam and Mike Mann was there as the HAB representative met. They met to perform a SWOT analysis and identify the priorities of the health department. Mike added in that they looked everything over and broke them down as far as strengths, weaknesses, opportunities and threats. They categorized and tried to prioritize things in a way to find five meaningful things that they can work on for the next five years. Pam said that they started by looking at community data, demands for services at the health department, just general community data around health indicators we used all of that to kind of inform the discussion. We already had four priorities in our health plan. The first included providing the five basic services that are mandated by law which are vital statistics, environment health, control of preventable diseases, information/referral, and maternal child health including family planning. The second would be to maintain a well-trained/competent public health workforce. The next would be to be engaging in internal and external collaboration. The fourth that we have in our current plan is engaging in prevention both internally and externally. We thought that prevention was a core foundation in public health and thought that it was more important to integrate it, so we took it out. Rod, Pam and Rachel, the epidemiologist, went to the Board of Commissioners and brought what the initial workgroup had come up with. The Commissioners gave input including to keep prevention as a separate priority and to do a survey of our partners. The handouts given out today included a survey which was also emailed out to all community partners. We brought the survey here today so that HAB members can help contribute to the process. After we finish the survey and some more work with our teams we will bring the final draft to the Board of Commissioners for their final review, input and approval.

After we met with commissioner we had a meeting with public health management, program coordinators, Rod, and Pam and figured out SMART objectives. SMART is an acronym for Specific, Measureable, Achievable, Realistic, and Time (bound) objectives. The Program coordinator and supervisors will take these objectives back to their teams to develop feasible strategies to achieve the objectives. Today, we are at step four which is to review the handout. The handout lists each of the strategic priorities with the goals underneath and the objectives that we have identified. We would like to know if these priorities, goals and objectives are clearly worded so that they are transparent and make sense. If not what needs to be changed and do we need to add any objectives.

The Strategic Priority one is to provide the five basic health services. The goal for that is to improve and/or maintain infrastructure that supports the five basic health services. Objective A is developing process for the addition, evaluation and removal of program measures from the performance management system. Objective B is assuring program and public health division non-medical policies comply with policy PH-6 Standardization of materials for documentation, communication, and outreach. Tim asked if the question was whether these objectives were clear. He said that they are probably not clear to other people outside of the health department and objectives are jargon specific. Pam said that it's a struggle because it's supposed to be an internal document, but we are asking input from the outside. The members reviewed each priority, goal and objective and gave feedback and suggested wording. Pam will incorporate this guidance into the final document that will go to the BOC for review and approval.

**Other Business:**

Patrick said that this was Sierra’s second visit. She comes with us with a lot of motivation and interest. Patrick asked Sierra if she wanted to join the HAB in the student position. She said yes. Patrick asked her to step out in the hall so that the HAB member can vote. Tim made a motion to accept her application. Renee asked if it was better to have her in a student position rather than a regular four year term. Rod said that it was more appropriate; when the one year term ends she can be reappointed to a four year term if she wanted to. Tim made a motion that we recommend to the Board of Commissioners that Sierra Nelson be appointed for the one year term student member. Pam said that Sierra has an interest in being on the behavioral health subcommittee. All members voted and approved the recommendation. After Sierra came in Patrick let her know that the members voted to recommend her appointment to the Board of Commissioners. Patrick suggested to Sierra that she attend the Board Session of her appointment. Rod said that Cathy Crocker will send out a notification about when the recommendation of appointment will be brought before the Board of Commissioners. The BOC do not have another meeting until about June 11<sup>th</sup>.

**Future Topics:**

Patrick said that when Patti Milne resigned, the republicans will suggest an appointment. Pam said that it has been decided that Kevin Cameron will be filling Patti Milne’s rest of the term. Rod said that the Commissioners interviewed the candidates last week and chose Kevin Cameron to fill the term until it ends in January.

Josh said that to follow-up from last time they have negotiated some agreements with some pain specialists in the community to help expand treatment options for the Oregon Health Plan (OHP) patients.

The chair motioned to adjourn, members voted and approved.

**HAB Meeting Adjourned.**

**Recorder:** Polly Kuznetsov  
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<b>2014 Meeting Schedule:</b>	
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