

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
September 17, 2013
5:30 P.M. to 7:30 P.M.

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

Absent: Pam Hutchenson, Scott Richards Josh Sandeman

Staff: Rod Calkins, Cary Moller, Lisa Duerksen (Recorder)

Guests: John Beare, Janet Carlson, Jan Calvin, Jeff Wood, John Lukenbaugh

Call to Order/Introductions/Approval of Minutes – Michael Mann, Vice Chair

Michael called the meeting to order, introductions followed. Michael entertained a motion to approve last months minutes, members voted, motion carried, minutes were approved. Introductions followed.

Announcements/Updates:

Certificate of appreciation was presented to John Beare by Cary Moller. Mary Beth Thompson was unable to attend to receive her certificate, Judy Scott accepted on behalf of Mary Beth per Mary Beth's request.

Welcome new member Josh Sandeman - Rod:

Josh has been appointed to the HAB, Josh has been excused from this meeting as he is out of town.

Salem for All Update – Michael Mann:

Website has been built, Tim Murphy has provided back up support. Salem for all negotiates with organizations for discounted activities, tickets, etc., for people with low incomes. The website is getting google hits and gathering information to measure success in the future.

CCO – Rod Calkins:

Rod, Patrick and Commissioner Carlson attended a CCO retreat today which is why they were running late to this HAB meeting. The retreat was a strategic session that as a group they have not had. Patrick reported that the CCO board is made up of people who are not natural allies, and are those who have in the past always been in competition so it is hard for them to try and figure out how not to capture patients from each other which has gone on for many years.

The CCO has made a lot of progress in finding ground, and ways to work cooperatively around issues of organizing and providing patient care, addressing needs and carving out infrastructure improvement. The issues that came up may be of interest to the HAB including funds coming through from the CCO for improvement projects, on a short time frame, different functions were asked if they needed support to submit grant applications and they ended up receiving ten proposals, which in turn almost doubled the money for the grant. One had to do with obesity, several about building cooperative information exchanges around youth, one about trying to bring together displaced families from Easter Seals, another for information, service and backfill of programs that are needed.

Rod reported that CCO's are suppose to have a memorandum of understanding with the counties in which they operate, we have the model template here that we created between Marion County and WVCH, the

other piece that the statute calls for are contracts for certain services, such as targeted case management, nurse home visiting and those kinds of things that are suppose to have a payment structure that the county as a provider was suppose to have a contract to get paid for. We have executed that contract and also have one for the alcohol and drug treatment piece that continues until December and will renew as usual.

We were contacted by family care which is primarily in the tri-county metropolitan area, they serve people in Clackamas and have some in zip codes that cross the boundary into Marion County. Family Care has a right as a fully capitated health plan to those members in those zip codes but when we moved to CCO's, the CCO's are by zip code rather than county boundary and family care has about a thousand members in Marion County so we will be working on remedying that. Family Care thought they had a contract with us and they do not. We sent them our memorandum of understanding, it is currently in negotiations.

Rod suggested inviting Scott Tiffany the new BCN director to a future HAB meeting.

Health Services for Persons re-entering after incarceration – Commissioner Janet Carlson, Commander Jeff Wood & Jan Calvin:

Patrick announced that the people for the Department of Corrections are not going to make it to this meeting.

A Power point was presented regarding the Marion County Reentry Initiative (MCRI) which began in 2008 they supervise 3,700 people. The MCRI makes their community stronger and safer and promotes pro-social acts and everyone in the community benefits from that. They have been focusing on reducing risk and enhancing responsivity factors. There are three factors, risk, need and responsivity. What has been created with MCRI is specialized individualized assessment, supervision and support based on each individuals needs.

The reentry initiative is a collaboration, we have a number of core providers at the table, Chemeketa Community College, Community Action, Marion County Health Department, Bridgeway, Job Growers, Mid-Valley Mentors and Union Gospel Mission, some have contracts, some do not but each one is trying to figure out how they can contribute. Jan Calvin facilitates the design team, we have a grant writing team, outcomes and data group and the Marion County Re-entry council that provides leadership. The Sheriff's office is at the HUB and have the contractual relationship.

The three differences with MCRI is the use of; #1.Evidence based practices that was mandated in 2005 which is different from health in that in corrections it means that they are really trying to help people break the cycle of criminality. #2. Collaborative relationships. #3. Community engagement.

Evidence based practices includes assessment of risk and motivation, manageable caseloads, reach ins, transition plans prior to release from prison, cognitive classes increasing "readiness" for treatment, help finding employment, housing, family support and parenting classes. They had given a jail survey and found the top five high priorities are housing, employment, education, substance abuse treatment and mental health treatment. If the high risk population are given the right tools, they will have a higher success rate.

The components of MCRI are the following: Reach-Ins which has people from parole and probation and different agencies going in to the jails at least ninety days prior to their release date to provide classes and connections with people to give them a chance to prepare for their release. Another component is mentoring, housing support which they have a work group for, cognitive and motivational programming, the SOAR program (student opportunity for achieving results) this was the beginnings of the re-entry initiative to have a wrap around program where they go to school so their label changes into a positive from inmate to student, and changes the way they think about themselves, there are employment services

working with clients on resumes and preparation for interviews, another that goes out and recruits employers who will hire people with a criminal record. Our relationship with job growers is they run the work source site and have resources to use with this population. We also received a grant to offer a stipend to employers after they hire and employ a person for at least six months as incentive for hiring this population of folks. The De Muniz resource center which used to be Pine street resource center is operated by Community Action Agency which is a one stop access center, the last is problem solving looking at policy issues and barriers, a mental health pilot project, dental health needs and housing expansion.

There is an upcoming community breakfast October 23rd, they have limited space. This is where they inform people about re-entry, raise money from donations for eye glasses etc., and recruit volunteers.

A discussion of the MCRI Organization chart was discussed; it was created for a grant called Link Up for creating a model on how the MCRI will work for people with substance issues. Tim Murphy who is part of the re-entry council reported that they have developed a co-occurring specialty team for people with both addictions and mental health issues and are hoping to capture through the screening process which starts at the Reach Ins level, a list of those needs people have and to use the tools as far as identifying peoples level of motivation to be involved, and if they are demonstrating the motivation and the need, they get tracked one way, if they are not in the right frame of mind to access and take advantage of the services then they will track them another way and place in a refresher class to talk about why they are not that motivated. We see the opportunity of and see what people need and what will benefit their needs and attach a recovery mentor to them as well.

Another part of this is getting people who are persistently mentally ill the medications they need when they get out of prison. Salem Free Clinic can only give out thirty days of medication. The people in need of this are not under OHP so they have issues finding medications after those thirty days are up. There is however, a program in Marion County called Med Assist through the WVP Health Authority, it is funded through fundraisers and will provide a ninety day prescription.

27-42% of families are affected by incarceration. There has been a lot of research on how to talk to a child or family member about incarceration. Schools are a connection that we need to make.

Through the MCRI the recidivism rate has been reduced by more than one-third. Many people come out highly motivated until they join the community in which they got into trouble in the first place which is why we are focusing on support services, what they have and what their needs are.

They will show a slide at the upcoming breakfast about the costs involved. Avoided costs are hard to evaluate so they created a simple spreadsheet with the cost of incarceration and the cost of services.

The MCRI has generated a pilot project which Patrick recognized the value in connecting inmates who are being released with jobs, churches, physicians within ninety days of their release in Marion County; this is the fourth month of this pilot project and there are currently ten people participating. Three other counties are considering trying the pilot project. There are other counties within the state who are working on this. People who are incarcerated for less than a year fall under the category of post prison supervision population regardless of if they get out of County jail or the department of corrections. It is an economy of scale and we would like to serve everyone but we don't have the services to do so. This is the template that is used when you combine comprehensive services. The move of the resource center out to the work center is going to be able to pick up a lot of the probation clients that they were not able to pick up before. High to medium risk population is the focus right now.

Commissioner Carlson asked the board to think of a role that the HAB could play, particularly with these health initiatives, for example; the dental initiative or the expansion of the affordable care act and how that might relate to this population.

Jeff shared that the people who are successful and unsuccessful re-entering into the community are your neighbor, your spouse your brother, your sister, and there are decisions in all our lives with pivotal moments where they have to make decisions to be successful or not. There is no unique characteristic, it is a matter of choices and for the people who are successful overcoming some of the resistance they may have. The unsuccessful may not acknowledge they had a custody issue or addiction issue but for those who are successful, they do. The template for MCRI is something they would like to use for everyone in post supervision or probation, if we offer a wide area of comprehensive services, good effective supervision practices and triage the right people, high to medium risk population, and plant the seed of change in those who are initially unsuccessful.

Commissioner Carlson mentioned that they are working on a video for the upcoming breakfast. The video is about a company who was unable to get state funding because a supervisor had a criminal background and how they were able to overcome it.

PHAB Update – Rod:

The Health Department is going through the accreditation process and will be visited by the national accreditation board during the second week in January; we are still trying to get dates from them. We just received notice that the visit in December is not going to happen as originally thought. They will either meet with members from the board or attend a meeting. We might want to change the time for the January HAB meeting. In the future you may have to be accredited to receive federal funding but it is too early in the process to tell.

We just went through the CARF accreditation for our methadone program, we previously had some problems in the areas of health and safety and were given a one year certificate, we were able to address those and still have a few administrative problems but the Marion County Health Department Alcohol and Drug Program has had a very difficult year, we have had staff leave including the supervisor so we were not able to put as much time into it as we would have liked to but the clinical side of it was marvelous. This review was strength based and person centered.

Future membership of Health Advisory Board – Rod:

If you know anyone who would be willing to serve to please bring their names forward so we can have a discussion. Rod mentioned that a possible candidate who has been applying to be on the governor's commission for DD is David Beam who has served on many boards, Rod would like to invite him to a HAB meeting and give him some time on the agenda in the fall.

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