MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
October 16, 2012
5:30 P.M. to 7:30 P.M.

Present: Tim Murphy, Patrick Vance, Renee Stewart Mary Beth Thompson, Judy Scott, Mike Mann, Katherine Fleury
Absent: John Beare, Hanten Day, Cherie Girod,
Staff: Rod Calkins, Sandy Stewart, Pam Heilman, Scott Richards

Guests: Mark Caillier, Ed King

Call to Order/Introductions/Approval of Minutes – Patrick Vance:
Meeting was called to order/Introductions followed. A motion was made to accept September 2012 meeting minutes, motion carried and minutes were approved.

Announcements/Updates:

CCO Update:
Patrick discussed the first meeting of the full board of directors to the CCO, Willamette Valley Community Health (WVCH). Patrick is on the board of directors because he chairs the community advisory council to the CCO. WVCH will meet quarterly.

This is a state designed system as well as the broader Obama care and the CCO is targeted at the Oregon Health Plan (OHP).

Rod reported that following the CCO meeting there was an executive committee meeting of the WVCH board about getting contracts and what the principle should be with all of the contracts. They are in the near final stage and could change before January. The other CCO's throughout the state in general are doing ok but it is a progression. For WVCH the issue is contracting and changing the flow of money for all of the contracts. The county hopes to move the state money received in concert with what the CCO is doing so that they don't set up a divergence of care. There is still a lot to be developed with the CCO. The board did pass the contract with the BCN who will be subcapitated by the CCO and the BCN's arrangement will be the same with the County. There is a lot of change in the medical field which will have to be integrated.

Overview of Adult Behavioral Health Services:
Scott reported that the old model has changed and now they look more closely at the treatment objectives at the start, question what they are going to provide treatment for and when they going to be done which may mean people move back to their primary care physician for medication and long term care. We are trying to move away from the expectation that we provide lifetime care unless it is absolutely necessary which is a huge shift for people who have been receiving treatment for years, for the primary care physicians, and for the clinicians.

Scott reported that Ed King oversees Adult Behavioral Health Services and a large number of sub programs.

Ed King presented a PowerPoint and reported that they are changing things in an effort to reduce dependency and encourage recovery for people who are used to coming to the health department. We have approximately 1,100 clients in

ABH, the vast majority of them have a serious and persistant mental illness and are on OHP or Medicare and some are indigent that the county covers. Most clients come from referrals. Approximately 99% of clients have some other kind of co-morbid issue. To treat the issues there are eight basic areas.

Outpatient mental health is our basic treatment program and is the mental health clinic providing triage, comprehensive mental health assessments, referrals, medication management, therapy, skills building, case management and an in house pharmacy which fills approximately 2,000 prescriptions per month, 99% of whom are at poverty level.

Case management helps people with benefits, food stamps, negotiating the legal system, housing and more. Additionally there are a few populations that we have specialty programs for such as co-occurring with substance abuse disorders, co-occurring groups with trained specialists. We have two staff that specializes in geriatrics whose prime focus is people over 55 years old and who are developmentally disabled.

The Adapted Community Integrated Support Team (ACIST) program is for people who are unable to participate in a clinic based program. The function of this program is community outreach and working in the field. This program is based on the assertive community treatment model. Most referrals for this program come from state hospital step downs or step downs from residential treatment and several people who are out on their own who had support and still require that support for them to be successful. ACIST provides daily medication delivery and teach these folks how to clean, cook, shop, and take care of their own personal hygiene, we also offer transportation to doctors appointments. A main focus of this program is hospital diversion because a lot of the people in the program are high risk and have a large history of being hospitalized, to intervene we try to treat them in the community and with their family as long as possible. The residential consultation team is the people that work with the care providers in adult foster care facilities and residential treatment facilities and help them develop care plans. One part of ACIST is the rural outreach team including a Nurse practitioner, therapist and case manger out of the Woodburn office. The other part is homeless outreach that is funded through a Path grant with a case manager and therapist who go out into the field, streets, under bridges and homeless shelters to identify the mentally ill among the homeless population, HOAP does this as well. Over the course of a year they make contact with approximately 200 homeless.

There are a number of residential programs as well. Horizon house is an 8 bed residential treatment facility that is staffed 24/7 by qualified mental health associates (QMHA). It is a cottage on the grounds of the Oregon State Hospital. They primarily provide skills building and it is a step down from higher levels of care.

THR is a 5 bedroom transitional house that we have for our ABH clients if they are in a situation that would leave them homeless like being evicted, we offer them short term housing usually for 1-3 month period.

Enhanced care outreach service (ECOS) has a QMHA that goes out into the community to assisted living and nursing facilities to identify people who are struggling with mental illness, if they identify someone they will have their therapist go out and do a mental health assessment. They do case management and a lot of recreational activities that they enjoy doing. The enhanced care service is a project we do in partnership with the Providence Benedictine Nursing Center in Mt. Angel, they have a wing for people suffering from dementia and a serious mental illness which is difficult for most facilities to manage particularly if they become symptomatic so they will admit them to enhanced care service and we work

with them to stabilize them. Providence Benedictine staffs it as they would a normal dementia ward and we have a mental health specialist and one staff who work with the clients and train the CNA staff there as well.

The health department has partnered with our county courts to provide some court monitored treatment options in lieu of jail for minor crimes. We have mental health specialists who are part of the teams in the mental health court and drug court, and mental health consultants for those teams and providers of treatment when those individuals have no resources.

Psychiatric Security Review Board (PSRB) is made up of six people, they provide risk assessment at the Oregon State Hospital to determine the community risk and make recommendations as to whether someone can be out in the community or not and provide compliance monitoring as well as case management and clinical treatment. The individuals who are released are still under the jurisdiction of the board and have to serve the maximum length of their sentence. However, they may present their case to the board to try and prove that they no longer pose any threat to the community and be discharged which does happen occasionally. Usually when someone comes out of the hospital they go into structured housing like an adult foster home or a residential treatment home.

A question was asked if the PSRB determines a person is going to be released, are they released into the county in which they came or does Marion County have a higher number of people then what is put into the facility.

Scott reported that the data would suggest we take more in this community then is put into the hospital. The hospital works on community integration and preparing people to leave, which happens in Salem and sometimes people decide they want to live in Marion County and the hospital tries to honor client choice.

Rod reported that this is a very successful program with a very low recidivism rate under 5%. If the conditions are violated the person can be revoked back to the hospital that same day which is a lot different from parole and probation constraints. A lot of the other counties around the state are taking no one because of lack of resources around residential so larger counties with larger populations tend to take more people. There are payments that come with these folks as well. It is not the mental health resources but the community impact that you want to make sure you balance and treat the right people who are making a recovery without negatively impacting your entire community infrastructure. When Fairview closed there was a huge overpopulation of developmentally disabled people released into Marion County, we had the treatment resources to deal with that but there are other resources as people age out etc. that require more intensive services that weren't built in to the original downsize. It is an issue but at the same time the notions of negative impact gets overstated when you look at the data. If a person is released into the community program but wants to move to another county they would need to present that to the PSRB to determine if there are the right resources in that county. Every step of the way requires PSRB involvement.

Ed talked about clients who are developmentally "stuck" about the time when their mental illness occurred. We have programs to help them move forward, such as Supported Housing Services and skills building with a goal for them to move on independently. The second program that goes along with this is Work Solutions that is an evidence based practice out of Dartmouth. The third is the STEP program that focuses specifically on social skills and help people find out what they want to do with their lives. Ed concluded his presentation.

Tim Murphy recognized Mike Mann for working diligently over the past summer to assist with getting support for finding enriching experiences for people in the mental health community.

Rod reported that he would like to add Mark and Tim to future agendas for a report on the Alcohol & Drug committee.

Mark and Tim reported that the LADPC have been focusing on seniors and have a subcommittee who does their research. Over the last 1.5 years they have done some extensive research on what the trends are and what evidence based programs that are successful. A program they have been focusing on is a conference on April 5, 2013 in Keizer, the title is the Silver Tsunami and the focus will be on prevention and awareness of baby boomers and how they are affected. At LADPC they try and have one event each year. They also review grants for the County and for the BOC. They try for a county wide representation. Tim reported that they are trying to launch a treatment piece for older people and there is a need for age specific treatment. They currently have a treatment piece for persons 18+ but it is not age specific. In collaboration with the health department they have enhanced their treatment services that started in July.

Public Health Subcommittee:
Pam reported that every three years they need to come up with a Triennial Plan, the state changed the date and they have an annual update due in December. There are two parts of the plan; one is the assessment which some information has been added because of the CHIP. The group has reviewed the assessment and will give Pam their suggestions. The HAB will end up recommending approval of this Plan to the BOC.

Pam discussed the new information that was added since the last assessment document with board members which included a new analysis about obesity, at our school based health center. The nurses worked with the P.E. teachers who were documenting heights and weights from two different schools to figure out the children's BMI's. They found there was a large amount of overweight children but a limitation was that the parents volunteered their children for this program.

Another addition to the assessment is early access to prenatal care, our supervisor for prenatal and family planning coordinates a task force that is focused on providing access to women who are uninsured to get them prenatal care in their first trimester.

Some partners agreed to survey their clients, one finding is that women thought they were getting into care at a satisfactory time, so there is lack of information about the benefits of getting care early so they are trying to market more to the community. The survey is based on birth certificates. However, the zip codes are not always accurate. Another is the lead screening assessment, in Marion County we don't have high numbers of lead in children. A survey was taken to find out if primary care providers are screening children accurately. Information on lead screening was also sent to the providers.

Another addition to the assessment is the alcohol and drug needs assessment, the last addition are tables from the CHIP which look at what resources that are currently available.

The second piece of the plan is an action plan based on the public health division strategic goals which Pam has added to as well including WIC participation levels which have been dropping across the state. The state has readjusted our case load rate and right now they are stable and growing. They are currently doing similar efforts in Mill City and Jefferson where people may be underserved and interested in WIC, which we can provide in a cost effective way. This WIC pilot will be evaluated in December.

Rod reported that at the CCO they found out today that in Mill City is a single zip code and will all be a part of WVCH and we will now have to serve those that are on Medicaid which Linn County used to serve, we also have other zip codes that are overlapping with other counties as well which will change the number of people provided for.

Pam reported the next item involves providing services and improving customer services so a survey was sent out. They are going to revise the survey to include cultural competency to see if the clients feel like we are culturally competent. We have also been doing some process improvement in WIC and the STI clinic which will be evaluated. They did a survey of staff regarding cultural competency as well, the number one training request had to do with cultural poverty, we were able to get a mini grant for poverty simulations and have a partner that is willing to take the kit into the community. We will also be training on health literacy. The next item has to do with keeping a well trained work force which involves the health Administrator.
Providing opportunities about quality improvement, where everyone did their own self assessment and they will use that to provide training opportunities and maintaining an enhancing internal community partnerships.

Pam reported that they have a goal to increase public awareness about public health because most people don't know about us until something goes wrong like an outbreak or recall so Pam is looking at other options to get the information out like the media. Pam reported that they are going to continue working on the CHIP. Pam will resend the plan and bring this plan to the whole group.

Behavioral Health Subcommittee:
Scott reported that Oregon Health Authority - Addictions and Mental Health Division has come up with new guidelines, including strengths and areas of improvement needed, for our Biennial Implementation Plan. Scott and Sandy are planning a community survey.

The following suggestions were made by HAB members regarding the survey:
Try and get information specific to areas, reach professionals in communities, panels of providers, social service agencies serving the same populations, send out different surveys to different areas, the Mid-Willamette Valley and Canyon Crisis Center know what clients need, reach focus groups, possibly send multiple smaller surveys to individual agencies.

The following are suggestions from HAB members for the system overview piece:

- Mental Health Promotion – Contact all mental health providers/consumers and parents of CBH clients.
- Mental Illness, Substance Abuse and Problem Gambling Prevention – Contact High schools/counselors.
- Early Intervention – Contact Juvenile, substance abuse providers, schools, law enforcement.
- Suicide Prevention – Contact Schools, elder care, social services, doctors, identify churches (Sam Skilliam), community action, free clinic and possibly Kaizer.
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A suggestion was made to narrow the survey due to people they are serving and to stick to providers. Mary-Beth offered to provide care facilities.

Scott told HAB members that he may request names and email lists from HAB members and he would like to be done with this by the November HAB meeting and working on a mailing list.

Scott reported that they are supposed to comment on the community involvement in the needs assessment and a suggestion was made to ask questions instead of a survey. Scott let members know that the needs assessment needs to be done in two months and it is all due March 1, 2013.

The chair motioned to adjourn, members voted and approved.
HAB Meeting Adjourned.

Recorder: Lisa Duerksen,
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2012 Meeting Schedule:

January 17, 2012
February 21, 2012
March 20, 2012
April 17, 2012
May 15, 2012
June 19, 2012
September 18, 2012
October 16, 2012
November 20, 2012
December 18, 2012