

MARION COUNTY HEALTH ADVISORY BOARD

Meeting Minutes

October 18, 2011

5:30 to 7:30

Present: Mary Beth Thompson, Katherine Fleury, Mike Mann, Judy Scott, John Beare, Renee Stewart, Cherie Girod, Tim Murphy, Patrick Vance

Absent: Hanten Day

Staff: Rod Calkins, Scott Richards, Pam Heilman, Sandy Stewart

Guests: Dawn Alisa Sadler, Paul Partridge, Dana Van Haverbeke

Call to Order/Introductions/Approval of Minutes

Patrick called the meeting to order. September meeting minutes were approved.

Developmental Disabilities Program

Dawn-Alisa Sadler, Program Supervisor for Developmental Disabilities (DD); Dana Van Haverbeke, Clinical Supervisor for DD and Paul Partridge, Clinical Supervisor for DD had a PowerPoint presentation with an overview of services offer at Developmental Disabilities (DD) Services. Dawn Alisa explained that Marion County DD is the second largest in the state with a budget of \$4,657,897 with 25.5 FTE Case Management , 5.3 FTE Crisis staff, 6 FTE Administrative and 3 FTE Supervision. Services are offered to citizens from birth to death. Applications are accepted for individuals who are citizens or qualified non-citizens of United States living in Marion County. There has been a growth in clients since 2005, mostly kids.

A question was asked if DD Services come across cases where families are raising their children into adulthood and mom & dad would get older, what happens to those people? Dawn-Alisa said it is an issue, people keep their children into adulthood and then they age out. Many of those families do not want their children outside their home. DD tries to help them to plan. Dana reviewed the eligibility criteria for DD services. Mental retardation is related to the IQ, 65 or below is considered being eligible for DD Services. For Developmental Disabilities the IQ could be higher than 65 but the adaptive functioning puts the person in ta similar range as mental retardation; the person is not able to manage socially or not able to do daily activities. Having a learning disability or ADHD does not qualify someone for DD services. All DD clients have an annual plan, resource development, coordination with other agencies, protective services and information and referrals.

Paul reviewed the definitions for protective services and abuse investigations. Protective services is offered to anyone who helps people as part of their job and abuse investigation is when something meets the definitions listed in the Oregon Administrative Rule (OAR) 407-045-0260. The allegation is investigated from someone in the office. There are currently 3 people that do the abuse investigations. Last year 270 reports of abuse were received. Out of those 60-75 got assigned for investigation. The reports received get screened and then if determine by the definition to be abuse they are investigated. Thirty five percent of investigations are found to be substantiated. Last year 10 cases that were investigated also involved law enforcement being contacted in the investigation.

Crisis services – crisis services is the gateway for comprehensive services. The eligibility criteria to enter into crisis are related to risk factors and lack of other resources. Crisis services provides 24-hour group homes for adults & children, foster care for adults & children, supported living, employment and

alternatives to employment services, support services, long-term supports for adults, family support for children and long term support for children.

Orientation Manual

Pam had temporary staff develop a binder for members that includes materials that have been used in the past as well as new information. The *Marion County Health Advisory Board Member Resource Manual Table of Content* was provided and a *Health Advisory Board Orientation*. Pam asked for feedback on any of the topics or things that need to be added to the table on contents. Rod shared that a number of people observed that on the binder there is a section for agenda, minutes and bylaws. Rod asked if members would be interested in having a binder with dividers to keep minutes and agenda. A recommendation was made to move more towards less paper and more available on-line. Minutes and Agenda are available on-line. A recommendation is to have a link for the Health Advisory Board where materials could be viewed. A starter kit binder can be done for new members.

The *Health Advisory Board Orientation* is mainly a checklist. Rod asked how many members have taken the Conflict on Interest training on-line. Rod explained the course was straight forward, there is a post test. Rod mentioned that the on-line training talks about Ethics as a Public Official and Conflict of Interest with a little more detail. It was recommended that under the Review current Health Advisory Board Bylaws there be instructions how to access the link to the Health Advisory Board link. If there any questions please let Pam or Rod know.

Announcements

Rod discussed the issue about Wheels. Cherriots contracts with Wheels because they can do services that Salem Mass Transit is not set up to do or does not have the jurisdiction boundaries to do. OHAS (Oregon Housing & Associated Services) runs Wheels which is suppose to be cheaper. In order to maximize the amount of money for transportation what has happened is that local tax money out of the Salem Mass Transit District that comes to the Health Department has been sent to Department of Human Services; they make that local match into Federal Medicaid dollars which comes back to the Health Dept. The Health Dept. contracts out to Wheels. There has been a funding stream that comes to the Health Dept. from the Oregon Health Authority for DD program transportation which also can be used to pay for transportation. There is relatively little funding that comes through that source, and most of the funding for transportation has been coming from Salem Mass Transit. Over the last two years there has been an increasing problem with that arrangement. By OHAS' current estimate, the amount of money it takes to run Wheels is more than what is coming through in terms of revenue. This year Marion County was going to be out of the middle of this funding, and Salem Mass Transit was going to fund it directly to DHS who was going to do a direct contract with Wheels. Apparently the Attorney General told them they could not do the direct contract with Wheels. Marion County may need to continue to contact with Wheels. Marion County is trying not to insert themselves any further than just being the funding agent.

The contract states that 140 people ride Wheels. Rod explained that residential providers can provide rides to their residents. Wheels last year had some other funds with which they were supplementing the riders and were able to work below their cost.

Health Advisory Board Meeting Adjourned.

Public Health Subcommittee

The public Health subcommittee (John, Patrick, Judy, Kathy, Cheri) met to provide feedback about a presentation on public health accreditation that is scheduled with the BOC on 10/25/2011. The intent of that meeting is to seek approval to proceed with application for accreditation. Accreditation is only for the Public Health Division. Staff have been going through the requirements outlined in the 12 accreditation standards and have found many opportunities for improvement. Often, the intent of the

standard is already being met, but the documentation is inadequate. Some new systems have already been set in place as a result of the self-audit. The subcommittee reviewed the draft PowerPoint and made suggestions to improve clarity, slide sequence and general structure. Pam will incorporate the suggestions into the presentation.

Behavioral Health Subcommittee

Rod Calkins, Scott Richards, Mike Mann, Renee Stewart, Patrick Vance, Mary Beth Thompson and Tim Murphy

Scott asked what the HAB would like to see for behavioral health services in ways to improve or focus on services. Possible topics could be things of attention for behavioral health. An area of significant focus is how to integrate care, how to begin to focus on better medical care for people with mental health disorders. An often cited phrase these days is that people with mental illness die 25 years sooner than the regular population. There are a variety of factors such as diabetes or cardio vascular that contribute to that.

Rod talked about the site review. Sherry Sullens would like to talk with people who are involved with health services internally, with external partners, and with the broader community. Sherry has scheduled people to be out on December 6, 7 and 8.

There was discussion about the likelihood of Coordinated Care Organization (CCO) being hosted by any given area that has fully capitated health plans that have been managing the physical health side of the Oregon Health Plan. Rod said there is a piece in the law that states that whatever organization becomes the CCO has to have a relationship with the local mental health authority. It would be a good role for the Advisory Board to be framing the discussion on the issues that are important and what needs to be reflected. A question was asked how is it different than what will happen in public health. When the law was written public health took a different tactic to say there needs to be a contract for services with certain public health services as oppose to there needs to be an agreement between the Public Health Authority and the Coordinate Care Organization. Scott thinks that the hope with the system changes is that primary care and behavioral health begin planning holistic care for the individuals.

Currently, the Mid Valley Behavioral Care Network (MVBCN) managers the behavioral mental health dollars, under the new system the MVBCN may not manage it the same way. The dollars would go first to the CCO the organization may choose to subcontract with the MVBCN that is yet to be determined. Rod drew a diagram on how money is manage currently and future (Diagram is attach).

In the spring of 2012 the criteria will be set and the first CCO's will start operating as early as July 1, 2012. Will there be more than one CCO? In the law the vision is that there will be some areas were they have more than one CCO operating. There is supposed to be a CCO for everywhere in Oregon. The idea is to make things better, make care more integrated and efficient in terms of operations. There is some work being done to identify the services with the state that need to be in place. A question was asked what MC Adult Behavioral Health Services (ABH) will look like next spring. Rod thinks that the CCO's may not have much experience working with severe and persistent mental illness. Rod thinks that in the short term they will need our array of services in their provider panel.

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2011 Meeting Schedule:
December 20, 2011