

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
November 20, 2012
5:30 P.M. to 7:30 P.M.

Present: Tim Murphy, Patrick Vance, Judy Scott, Mike Mann, Katherine Fleury, John Beare, Hanten Day

Absent: Mary Beth Thompson, Renee Stewart

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

Guests: Carolyn O’Conner, Ann-Marie Bandfield, Mark Caillier, Sandra Echavarria, Meghan Newstone

Call to Order/Introductions/Approval of Minutes – Patrick Vance:

Meeting was called to order/Introductions followed. Megan Newstone introduced herself, Megan is a hospice nurse and heard about the HAB meeting through the Marion County website, which she stated was very accessible and easy to use. Megan is a past Marion County employee.

Carolyn (Carrie) O’Conner is from AmeriCorps*Vista and is working with the health department for two more months.

Sandra Echavarria applied to be on the HAB, she works in chronic disease self-management/health education at Salud in Woodburn and lives in Salem. Sandra worked as a physician in Mexico and became a naturalized citizen approximately ten years ago. Sandra is very interested in participating on the HAB. Sandra stated that she filled out her HAB application online without any problems.

A motion was made to accept October 2012 meeting minutes, motion carried and minutes were approved.

Announcements/Updates:

Pam needs recommendation from the HAB for the Triennial Plan annual update added to the HAB agenda. The highlighted version of the plan was sent out to HAB members after the October meeting.

CCO Progress - Board, Community Advisory Council, Clinical Advisory Panel:

Rod reported the healthcare reform throughout the state is experiencing different issues throughout the communities. Patrick attended the WVCH board of director’s meeting for Marion & Polk counties. The Board was reviewing and approving offers of contracts to the member organizations sitting around that table, to approve offering them the contract with which they came into the CCO. These contracts were mostly form because they had not made a clear designation of those contracts early on, but had given direction to the executive director but not the authority to sign. The board members have worked very hard together and have reached a lot of people. WVCH members without contracts are still providing services.

Rod passed out an article from the Oregon Health Authority (OHA) in regards to a hospital tax & state budget and discussed the fiscal problems with the Oregon Health Plan (OHP).

Rod passed out one page of a data report and discussed the last legislative session where the OHA was required by the legislature to come up with a report of prescription drug abuse broken down statewide and by county. The report is about opioid prescriptions. Rod reported that recently it has come forward that

dental prescriptions are where people get hooked the most. The report also shows who is more willing to prescribe from county to county versus prescriptions for ongoing chronic pain.

Rod reported that over the past year Salem Health has had an initiative to not prescribe as much in their E.R's because it cuts down on a lot of drug shopping and seeking. Rod believes this information will be helpful since they have been working on an awareness campaign as well.

Pam discussed another hand out from the CHIP booklet including the four goals that the four regions of the county are trying to impact. The information may change once they figure out what is going on with the Community advisory council (CAC). The handout shows the statewide and national context of goals and compares statewide trends to County trends. The data is usually 2 years old and will be updated.

Public Health Plan:

Pam reported that a version of the PH plan with highlighted changes has been sent out to HAB members. The plan was taken to the Board of Commissioners Monday. Pam requested HAB members make a recommendation of the plan to the Commissioners, HAB members voted to recommend adoption of the plan by the Board of Commissioners.

Rod reported that what the HAB will be doing with the Public Health Plan and soon the Biennial Implementation Plan (BIP) for behavioral health services later this year in March or beyond is putting the plans on a timeline to match what the CCO's are suppose to be doing around planning. CCO's are on one timeline and we have federal requirements for when certain pieces are due which is earlier than June.

Changing Demographics Presentation – Carolyn (Carrie) O'Conner

Carrie presented a health equity report and discussed how actual health outcomes are difficult to track for subpopulations. Poverty rates and whether a person has health insurance are often used to represent the likely presence of inequities. Health insurance can highly dictate health access and poverty can create many barriers to a healthy lifestyle.

Health equity reports are new and some of the definitions are confusing, Carrie discussed definitions and Reviewed the following graphs and topics: Marion County's Changing Ethnic and Racial Diversity, Ethnic Diversity in Marion County, Foreign Born, Median Household Income and Poverty Rate, Education Level, Age, Gender, Person's with Disabilities, Morbidity, Mortality and food deserts within Marion County.

In Marion County, Woodburn and Salem have the highest number of social determinants that make them far more at risk for poor health. These determinants cause health disparities, making those of certain ethnic groups, age, and income more likely to lack health insurance, have higher morbidity, and a higher mortality. Programs and policies have been found to help when targeting health access, education, and built environment factors to achieve universal health opportunities for all.

Health-Forensics Interface – Ann-Marie Bandfield/Scott Richards:

Rod reported that this presentation is an overview of the work that has been done interfacing some of the health care systems with the forensic system. There is a growing awareness as we move toward the CCO's that you have to have the flow of health systems and the forensics system work well.

Scott began the presentation with the following historical perspective. In 2005 there was one mental health specialist at the Marion County Jail and were providing services to persons under the jurisdiction of the Psychiatric Security Review Board (PSRB). The following year forensic services were expanded to include mental health court; drug courts had already been in place. A lot of the centralization of services is through the Psychiatric Crisis Center (PCC) which is a program that has a history of wrapping services around people that are indigent and lack resources.

PSRB takes jurisdiction over persons who plead guilty except for insanity, who present a substantial danger to others. There have been significant changes to the law governing PSRB within the past year. Previously everything was run through the PSRB; now with a change in the law the Oregon Health Authority (OHA) has the jurisdiction over misdemeanors. However, when someone is conditionally released into the community the OHA gives them back to the PSRB to monitor. There is potential for the people who do well to be conditionally released and remain under jurisdiction of the board for the maximum sentence. PSRB works with the hospital and consumer to create treatment plans to mitigate risk when someone is in the community. There are 41 clients currently on a conditional release, 29 clients that are treated through adult behavior health and 12 in the developmental disabilities program. Despite the change in the law, typically 95% of those crimes are felony offenses. The average statewide recidivism rate from 1997-2008 was 2.3%. The low recidivism rate is due to strict conditions and additionally if there is evidence of not following the treatment plan or relapse the PSRB can arrange to have them sent back to the hospital the same day. Police now have the technology to get patients release conditions immediately. There are two case managers, a mental health associate, and an A&D peer mentor serving PSRB clients.

Mental Health Court is a diversionary court, typically misdemeanors and occasionally felonies. Someone entering this court has to agree to participate in treatment and take medications if recommended by their physician. The length of the program is typically 18 months. The health department offers mental health consultations for the court team. There are currently 27 participants and 3 being considered. Successful completion will not result in a conviction.

Drug Court is similar to mental health court but participants plead guilty. Successful completion will result in a conviction discharge. Mental health court and Drug court are similar, they both offer a team approach, mental health staffing, assessments outside of court and brief counseling. Every participant in drug court receives treatment at Bridgeway Recovery Services for an average of 15 months. There are currently 40 people participating. Funding for treatment services under drug and mental health court is not assured. Mental health, addictions, D.A's and the Sheriffs office work together to get funding through grants.

Ann-Marie reported there are currently 3 QMHP's in the jail and Marion County is the only county that has a QMHP in the jail 8 hours a day 7 days a week. Services provided to inmates include evaluations, having a medical prescriber and coordinating services when they are released.

At the Psychiatric Crisis Center (PCC) they receive 4-5 people a week directly from jail who show mental health symptoms. They are helped with maintaining medications while incarcerated to help reduce the recidivism rate back to the jail.

Crisis intervention training (CIT) began in the spring of 2006, and is offered twice annually to law enforcement, they are 40 hour a week trainings Monday through Friday regarding basic mental health, what is PSRB, the voices machine and personality disorders. They have consumer, family and resource panels and we assist with the mental health training portion. Classes are full each time and they are partnering with Yamhill County and the local law enforcement. Marion County has a memorandum of understanding with all 13 law enforcement agencies in the county. More officers are going to be sent to CIT training and there will be a new crisis intervention officer in January.

The community outreach team (CORT) is law enforcement and mental health staff combined. They work with Marion County Sheriffs and Salem P.D. and receive police reports from all 13 agencies for anyone who has perceived mental health traits. 1,600 reports have been received from 1,000 individuals this calendar year and contact has been made with over 400 of those individuals. The Brief Resource Enhancement and Support (BRES) team recognize groups of people that have fallen between the cracks of services because they don't have insurance or they are not making their follow up appointments, the

CORT team works with them for up to 90 days to assist in stability, they will offer more than 90 days on a case by case basis.

Marion County offers case management and is one of the few counties in the state that has a crisis prescriber 24 hours a week. Marion County also offer limited medication assistance, bus passes and limited transitional housing focused on jail and the 370 program, and support to stay clean and sober.

The 370 case manager follows persons from the community or jail who have charges brought against them and are being evaluated for their ability to aid and assist in their own defense due to a mental “defect”, If they are not able they may be sent to OSH and receive training on what goes on in the courtroom or participate in community restoration which is like mental health court in that they have to be willing to participate. The 370 Program only takes misdemeanors, no felonies and are folks who have already been matrixed out of the jail. Once people are found able they will stand trial or be released, all time spent in jail or the OSH goes towards time served.

The never able people can never stand trial because they can not aid and assist in their own defense regardless of the type of crime, they are immediately released; we offer services to them but they have the option not to participate in services. The 370 offer services to anyone that has been unable to aid and assist and has now been released back into the community.

Keys to success are the 24/7 Psychiatric Crisis Center (PCC), BRES, 370, Looking to the future, Jail Mental Health, CORT, ABH, Drug Court, PSRB and Mental Health Court.

Report on LADPC – Mark Caillier:

The LADPC is moving forward with the April 5th conference “The Silver Tsunami” regarding drug, alcohol, prescription abuse and gambling among seniors and boomers in coordination with the Public Safety Coordinated council. Mark will bring a flyer to the HAB. They will be looking for volunteers, it is a free conference.

Patrick reported that we have received an email from Cherie Girod that has been accepted as her resignation.

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

Recorder: Lisa Duerksen,
Department Specialist 3
Marion County Health Department
Phone: 503-588-4903
Fax: 503-364-6552

2012 Meeting Schedule:

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