

IDS Advisory Committee
Meeting Minutes
December 12, 2011

Present:

Cary Moller, CAPS
Christina McCollum, CAPS
Dwight Bowles, CAPS
Janice Veenhuizen, VMH
Kathleen Boyle, VMH
Lona O'Dell, ESCTC
Marcus Berglund, CCS
Paul Logan, NWHS
Rod Calkins, MCHD

Sandy Stewart, MCHD
Scott Richards, MCHD
Steve Allan, Options
Steve Kuhn, CAPS
Terry Dethrow, NPC
Tim Markwell, NPC
Tim McGee, ESC
Tim Murphy, BRS
Vicki Steinley, Options

Absent: Debby Davis, Options, Geoff Heatherington, PCMH

Guest:

I. Announcements and Introductions

- Steve Kuhn from Marion County announced that he will be retiring the end of February 2012.
- Steve Allan from Options announced that Grant Godbey will be working as a Child Psychiatrist 4 days a month.
- Vicki Steinley from Options announced that they will have an open house on Jan 25th.
- Cary Moller from Marion County announced that Marion County and Bridgeway have jointly applied for a State contract amendment that would allow for a higher level of detox than the current social detox at Bridgeway. The enhanced medical detox could be connected to Medicaid. The announcement of the winners will be January 2, 2012.
- Cary Moller also talked about the interest in training the providers with SBIRT (Screening Brief Intervention and Referral to Treatment). CAPS/BCN has been in contact with trainers from OHSU. CAPS/BCN recommends that all mental health clinicians are trained. The intervention is very brief - 2-3 minutes at times. More about this in the upcoming months.

- Polk County West Salem Services expects to be operable on January 17, 2012. They are in the process of negotiating another NP for additional hours.
- Yamhill County expressed interest in collaborative documentation. If you have an interest in this please contact Craig Hendricks or Cary Moller.
- Rod Calkins from Marion County asked where people were on use of MTM standardizing of forms and documents.
 - Rod would like more clarity from the State, Lloyds, considering OWITS and how all the forms will work together and with electronic records
 - The concern is that standard documents are not complete for the assessments the agencies do and there is too much information that is not relevant.
 - Some providers expressed a lack of interest in standardizing the forms and will only do this if it is a requirement.

II. Review Minutes

- Approved w/change

III. Health Care Transformation

Conversations with MVHA

- Cary Moller had a meeting to talk about transitional services in behavior health situations

SB 238 Workgroup Recommendations/Draft Implementation Plan

- Sent in an electronic version.

MCHD/AMH Site Visit

- It went very smoothly. They were concerned mainly about 3 issues
 - Access concerns
 - Family voice in plans
 - Trauma informed care (intervention and awareness)

IV. Person Center Primary Care Home – WSC-Paul – Overview

NWHS is working under a grant from Care Oregon to further define and implement necessary elements of a primary care home. Need to incorporate more services that just basic medical, including, but not limited to:

- Mental Health
 - Case Management
 - Transportation
 - Housing, etc.
- Tiers 1, 2, & 3 – correlates to monies available in the future to enhance services to patients suffering from multiple chronic conditions
 - Patient satisfaction, access, and ongoing data collection are key elements of moving from tier 1 to tier 2 and 3.

- All clients in our medical offices are impaneled with a PCP.

NWHS has hired a social worker, LCSW, to work strictly in the medical office. This person functions as a team member to provide:

- Patient education
- Referral to community resources
- Referrals to mental health services
- The social worker's claims are billed with a medical diagnosis and therefore billed under OHP Medical and not BCN Mental Health
- NWHS would like to propose that we organize a group among the agencies to start talking about government and the structure of a CCO
 - It appears Counties have a great stake in CCO success or failure

V. Level Of Care

- Cary Moller made a recommendation and decision to PhTech to have the agencies manage exceptions to level of care instead of CAPS care coordinators.
- When there is a deviation from the actual LOC score the expectation is that agencies will perform their own utilization reviews. The Level of Care form has a section for the clinical supervisor to sign showing approval or a denial of the level change.
- There is still a lot of confusion about the difference between level 3 and level 2.5
 - Review the clinical guidelines for services around contacts with clinical supervisors.
- CAPS has begun receiving the 2012 authorization year Levels of Care.
- Many DD clients are being evaluated at an exceptional level. Further review/discussion of exceptions needed.
- Budgets are based on the splits between the levels.
- CAPS LOCUS and CASII trainers are available to come to a staff training to answer questions clinician's have based on the level of care.
- There appears to be concern with Level 3 services due to the client not wanting to come in more or being incapable of coming in more.

VI. Reports

- The Data Managers Training on the New Level of Care Authorization system will be on Dec 20th from 10-11 and 11-12. It will be held at PhTech.
- The training will cover Primary Authorizations for LOCUS, CASII and ECSII's, as well as, Secondary Authorizations.

Next Meeting January 9, 2012
Minutes by Janette Cotton