

IDS Advisory Committee
Meeting Minutes
June 13, 2011

Present:

Christina McCollum, CAPS
Steve Kuhn, CAPS
Sandy Stewart, MCHD
Rod Calkins, MCHD
Scott Richards, MCHD
Dwight Bowles, CAPS
Cary Moller, CAPS
Terry Dethrow, NPC
Paul Logan, NWHS
Lona O'Dell, ESCTC

Debby Davis, Options
Tim Murphy, BRS
Janice Veenhuizen, VMH
Kathleen Boyle, VMH
Marcus Berglund, CCS
Tim McGee, ESCTC
Tim Markwell, NPC
Steve Allan, Options
Geoff Heatherington, PCMH

Meeting called to order at 11:05am

I. Announcements and Introductions – All

- ❖ Tim Markwell from New Perspectives announced that a nurse practitioner has left so they are now short on med management services.
- ❖ Debby Davis announced that Options Counseling has hired a new therapist
- ❖ Marcus Berglund announced they have 4 new interns that just started with Catholic Community Services
- ❖ Kathleen Boyle announced Valley Mental Health has hired a new therapist and that Steve Tackett-Nelson has retired
- ❖ Paul Logan announced Northwest Human Services has been cited for Clean Air Act violations for individuals smoking too close to the building. Discussion in context to tobacco freedom AMH policy.
- ❖ Cary Moller announced the AFS jobs program is looking for out stations. There have been suggestions for these sites in Woodburn and Stayton.
- ❖ Tim Murphy announced Bridgeway Recovery Services has added a nurse practitioner and prescriber for a ½ day a week.
- ❖ Geoff Heatherington provided an update on the West Salem Clinic location. Polk County is working on the final floor plan. They will not be making their anticipated opening of July 1st. Their new projected opening is September.

- ❖ Mental Health services in site at the rural Marion County locations in Stayton and Woodburn. Cary will meet with DHS manager to access interest and share concept with IDS providers.

II. IDS Reports - Dwight

- ❖ Dwight stated the reports indicate that all agencies are operating under their cost per client on the adult side. On the children's side some agencies are operating above the contracted threshold, and the agencies data reflects making progress to bring their cost per client numbers under the threshold.
- ❖ The Authorization Activity Report indicate since the beginning of 2011 there has been an increase in the number of clients seen by 20% throughout the system
- ❖ Engagement Report shows the number of no shows in general is decreasing. Options and Easter Seals are still working on identifying BCN04's accurately.
- ❖ Administrative Performance Report shows increased billing errors for CCS and ESCTC, but it looks as if these errors can be easily resolved
- ❖ Access Performance shows this is our first month since reporting changes has reached 70% as a system

III. Budget & Legislative Report - Rod

- ❖ The expected Oregon health plan rate reduction was estimated at 19% looks to be closer to 11.5%. Over all initially the reduction is not specific to one area and could affect different services. Some cuts may be more significant.
- ❖ We anticipate a draft the fee schedule being presented to CMHPS/providers soon.
- ❖ How to deal with the 11.5% cut this year, each of the FCHP and MHO's are being asked to give DMAP a bid by rate category as to what is their cost of doing business for those services. Health plans are directed to present proposals that reach the 11.5% cut, if unable to do so, may limit who DMAP contracts with. This is to be done and ready for new rates by October 1st. Impact of cuts to IDS providers is unknown at this time.
- ❖ Concerns with delays in getting paid for the work the agencies do, there shouldn't be so much of an issue for individual providers as compared to the hospitals

IV. Building Capacity Within the Agencies

- ❖ Cary stated that a few months ago it was mentioned that we as a system need to be prepared for the influx of members. Cary wanted to offer

assistance in continuing to recruit and expand capacity. Space is an issue for some agencies, but there is some base funding for a capacity increase.

- ❖ On going proposals are encouraged, Cary suggested that as agencies add clinicians when they reaches 50-60% full caseload, the agency can recruit a second staff if you have the capacity and that will continue to fund your development of position capacity in order to reach the increasing access.
- ❖ Steve Allan asked if there is a mechanism to deal with the potential for us to be shifting staff between agencies instead of hiring new staff.
- ❖ Cary mentioned the auth activity report as a tool we can use, but this is mainly for tracking the new capacity. CAPS will monitor the increase to ensure funding is dedicated to serving additional members and not supplement existing staffing FTE.
- ❖ Kathleen said they have been looking at a new prescriber position for months now, but having a difficult time recruiting for less than full time. it will not be a full time position. May be looking to combine time with other agencies as a recruitment strategy.
- ❖ Tim Murphy added the county was very supportive when BRS hired a new mental health therapist and helping them get her up to speed for the recruitment. He also indicated that they are going to have some capacity late this summer.
- ❖ Lona stated they have been talking about restructuring, such as reducing interns to allow for room for additional clinical staff.
- ❖ Cary will issue a statement and interest for staffing support. She asked what Polk County is doing with their increase need for capacity?
- ❖ Geoff is hoping to have 2 CADC's and 2 QMHP's to start with at the new West Salem clinic and also have prescriber time. They might also bring over a community support services case manager.
- ❖ Kathleen was wondering about what to do about clients that get discharged from one agency so they can go to other agencies to get more services. How do we capture those folks who constantly want to be in Mental Health care?
- ❖ Rod added that DMAP was having a conversation around lowering rates and the need to ramp up their hearings capacity because they know there will be less services being offered.
- ❖ Cary has been working with the BCN to clarify expectations related to discharge and termination, including, responding to no shows & notice of action. BCN indicated the need for standard application across the system so the BCN can support the action of your providers.

V. Holding Ourselves Accountable

- ❖ As a result the access data appears to be significantly lower then previous reporting years
- ❖ Cary stated this is a reference to our reporting change in the access system the BCN has been involved with the change, but is accountable for the

BCN numbers reported to the state. Which will require explaining and Action Step to improve

- ❖ The BCN Quality Management Committee has asked for a plan for improvement “Holding Ourselves Accountable”.
- ❖ Rod added that the issue might be how fast is it reasonable to expect us to make some changes.
- ❖ Cary stated that the LOC committee has met 3 times and she is hoping to come back to this group by the beginning of August with a decision on a LOC tool.
- ❖ MTM is ready to pilot the clinical record initiative; they are looking for volunteers to pilot the clinical documentation forms. No volunteers from IDS agencies for this phase. Most expressed concern about interface with EMR.

Meeting Adjourned at 1:05
Next meeting July 11, 2011
Minutes by Shayla Pequeno