

IDS Advisory Committee  
Meeting Minutes  
December 10, 2010

**Present:**

Lona O'Dell, ESCTC  
Tim Markwell, NPC  
Terry Dethrow, NPC  
Marcus Berglund, CCS  
Debby Davis, Options  
Paul Logan, NWHS  
Char Tong, NWHS  
Kathleen Boyle, VMH  
Janice Veenhuizen, VMH  
Geoff Heatherington, Polk County

Steve Allan, Options  
Tim Murphy, BRS  
Rod Calkins, MCHD  
Scott Richards, MCHD  
Sandy Stewart, MCHD  
Cary Moller, MCHD CAPS  
Dwight Bowles, MCHD CAPS  
Christina McCollum, MCHD CAPS  
Steve Kuhn, MCHD CAPS

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**Meeting called to order at 11:10 am**

**I. ANNOUNCEMENTS AND INTRODUCTIONS – All**

- ❖ Rod presented a recap of State Budget, no significant developments.
- ❖ Scott Richards announced it is official and final that Dr. Sukow, Senior, has retired. MCHD ABH has fortunately been able to contract with a new Psychiatrist, Dr. Kay Dieter; starting with 3 to 4 days weekly towards the end of December.
- ❖ Tim Markwell announced NPC is hiring a new child therapist and anticipate hiring a nurse practitioner soon.
- ❖ Kathleen announced one of Valley's nurse practitioners, Ben Newman, is leaving at the end of December; and they have several other vacancies they are recruiting to fill. Valley recently hired a therapist fluent in sign language serving Adults and Children.
- ❖ Lona O'Dell stated ESCTC is hiring to replace the position their clinical supervisor once had at the agency.
- ❖ Debby Davis of Options noted they have a new clinical therapist coming on board.
- ❖ Cary introduced Char Tong, Director of Mental Health Services at NWHS.

- ❖ Cary brought forward a discussion regarding an e-mail Jim Russell, BCN, recently sent out on some code changes. Cary asked Terry to elaborate:
  - There were four new codes in Jim Russell's e-mail that she had never seen before and hadn't heard anything about them coming; they are for Telephone Assessment and Management Services and on-line Assessment and Management Services.
  - Cary said she and Dwight will review these codes prior to the next meeting and determine which will be applicable to our fee schedule; we'll either respond electronically or bring this back to the January meeting.

## **II. REVIEW MINUTES** - Minutes reviewed and accepted with correction to spelling of Clinical Supervisor Vicki Steinley's name.

## **III. IDS REPORTS – Dwight**

- ❖ **SEE HANDOUT #1** (6 pages) - Reviewed November handout reports. Also noted the incentive is calculated and split at mid-year. Dwight also noted the last page of the handouts is new for the month of November.
- ❖ Cary addressed reports and opened discussions on how agencies report “no-show” data.
- ❖ Kathleen of Valley asked a specific report on Open and Closed cases be made available to the committee.

## **IV. BUDGET/CONTRACT CHANGES – 2011 – Cary**

- ❖ **Proposed budget for next year:**
  - **Co-Location Initiative - Reports**
  - **Hispanic/Latino Outreach**

### NPC-Integration w/Salem Pediatric Clinic

Tim states they are co-located at Salem Pediatric 2-days per week. There continues to be varying levels of integration with the medical staff. The doctors do like the benefit of having a “go to” person when making referrals for outpatient mental health services. NPC has had a good experience. Tim reports the referrals have been 40-60% private insurance carriers. Treatment notes are maintained outside of the medical chart. NPC might move to a full time employee assigned to co-locate rather than a NPC contract person. NPC does want to continue.

### ESCTC-Integration w/ Childhood Associates

Lona states they have had integration with the medical staff at CHOAS. The therapist accompanies the physician to appointments. There is complete access to files, and the therapist is given working space at the office. Their assistance seems less impromptu as it progresses; they will then schedule for follow-up. Client mix is approximately 60/40 on OHP clients. The case load has been building up – concept of “medical home”, willing to collaborate.

Steve Kuhn noted Dr. Carlson of CHAOS speaks highly of integration effort.

Cary is convening a meeting in early 2011 to evaluate integration efforts, which will include Mental Health and Medical staff involved.

#### Co-Location – Willamette Family and Salem Primary Care

Scott states integration has a unique set of challenges; the physician's office has had hired college interns and there has been difficulty determining who will be provided the integration service. To date, George Fox interns are serving private insurance clients. PCC is seeing all other payors. At Salem Primary Care, physical space is limiting. At Willamette Family, open to more time from MCPCC.

Cary – CAPS intends to continue funding the integration initiatives into the next year.

#### Latino Project-CBH

Phil provided project overview and outcomes. It was determined there is a need for more case management rather than therapy. Phil would like to see a hiring of a QMHA to provide the case management for the Hispanic individuals through the Latino Project and the QMHP only providing the mental health treatment. Phil adds there has been sustainability for the QMHPs and QMHAs, but not for the primadores. He adds there is a huge need for services in the rural areas. The need is greater for family therapy. It also seemed that family is more willing to meet in the community rather than in an office setting. The program has been well received.

#### Latino Project-NWHS

Char states the two Latino CAPS sponsored projects have been working collaboratively through this year. She adds NWHS has been reaching out at schools and free clinics. If they find families who are eligible for OHP, her staff has been assisting in applying for Oregon Health Plan. The difficulty for this population is finding providers who have bi-cultural/bi-lingual backgrounds in the area. Referrals in the Latino Projects have increased, but there have been more non-OHP families vs. OHP families.

Hispanic Outreach: Cary proposing continued funding.

Cary asked for continued attention to finding/serving appropriate blend of OHP/Non-OHP members.

Rod: Looking at Liberty Street Clinic for integration efforts. MVIPPA is trying to figure out how to get some support to providers there. After evaluation of need it appears that Medical Case Management is most appropriate not Mental Health services. Currently there is no specific funding to add integration at Liberty Street Clinic.

## **VII. ACCESS TO CARE – David Lloyd Consultation - Cary/Rod**

### **❖ Access to Care – Statewide Initiative – Cary/Rod – SEE HANDOUT #2**

- Rod and Cary discussed details of the MTM Proposed Scope of Work presented on December 7th and 8<sup>th</sup>.
- Discussion Issues:
  - All teams were provided overview and expectation associated with the project, including how to allow the observation of the IDS programs that are more peripherally involved.
  - Identify Organization's access to care bottle necks and develop solutions
- Next steps:
  - Identify staff to participate in Gap Analysis & RCCTs.

Meeting adjourned at 1:00pm

Next meeting: January 10, 2011

Minutes by L. Welch