IDS Advisory Committee
Meeting Minutes
July 12, 2010

Present:

Paul Logan, NWHS
Lona O'Dell, ESCTC
Tim Markwell, NPC
Terry Dethrow, NPC
Tim Murphy, BRS
Marc Berglund, CCS
Janice Veenhuizen, VMH
Debby Davis, Options
Scott Richards, MCHD
Sandra Stewart, MCHD
Cary Moller, MCHD CAPS
Dwight Bowles, MCHD CAPS
Christina McCollum, MCHD CAPS
Steve Kuhn, MCHD CAPS

Meeting called to order at 11:10 am

I. Announcements and Introductions - All

- Cary reviewed some of the recent AMH contract issues Valley Mental Health has been dealing with. In order to resolve the Notice of Action, AMH has required Valley Mental Health to employee all non-licensed staff.

- Cary announced Bonnie Malek is on planned medical leave and unsure when she will be returning. Scott Smith who works for the Health Department as a Drug and Alcohol Specialist has been training and will provide most of the functions that Bonnie was providing. As CAPS goes out for CD reviews and other EDP reviews, Scott will be there in Bonnies' absence.

- Janice Veenhuizen of Valley commented all staff has signed contracts as employees per the AMH request and they began taking kids again the week of July 5th, 2010.

- Steve Kuhn announced the BCN has the oversight committee for the outpatient system of New Solutions and Mid-Valley Wrap all rolled into one, they are looking for non-governmental outpatient providers, once a month meeting

II. Pain Clinic Presentation – Rick Meyers

- Program Overview and Philosophy-Pain Clinic. Referrals must come from a primary care provider.

- 10-week program divided into three sections, 1.) Cognitive behavioral therapy, (ACT). 2.) Educational component designed to make people the specialist in their pain condition, including information about pharmacological pain control methods, communications, and many things that everybody with chronic pain should know. 3.) Physical activity component, a lot of people are horribly de-conditioned by chronic pain. Our data suggests remarkable improvement, approximately 60%.

- 75% of the individuals we see have significant health conditions, history of depression, abuse, substance abuse, anxiety, and severe sleep issues. Approximately 1/3 are in treatment, 50% need much more aggressive mental health treatment.

- Challenges: Engaging in mental health treatment, significant disorganization and difficulty following-thru. The system depends on the person being motivated to engage. About half actually engaging in services. Screening and referral information is needed before intake appointments.

- Engagement Strategies: Cary proposed designing a referral process, where the Pain Clinic staff could assist in a preliminary early screening/referral, which might include the psychiatric assessment that is provided at the Pain Clinic.
  - ACT trained practitioners.
  - BCN supportive of reinstating ACT consultation group on-going training opportunities for ACT trained therapists.
  - Rick offered to put together a half-day seminar on Acceptance and Commitment Therapy and suggested a resource, “Heal Chronic Pain, a Doctor talks to his Patients”. Rick states that therapists do not need to specialize in chronic pain to serve this population well, but understanding it in context to mental health conditions.

- Rick suggested that having one person collaborate with the pain clinic case managers would be optimal; or find a person who would be interested in seeing this group of people.

- Cary summarized the openness to look at coordination of care from the clinic. It may take some support at the clinical level to have some familiarity and comfort working with chronic pain clients. For further discussion: How to better facilitate the referral and improve coordination of care, including sharing of clinical information as early in the process as possible. Including development of referral form from referent. How to develop a pool of clinicians to work better with this population?

- ❖ Cary closed the discussion stating the system will take these comments into consideration. Process changes will be brought back to IDS for consideration.

VI. Early Psychosis Program (EAST) changes – Ryan

- ❖ Ryan provided program changes, moving to a decentralized model. Counties will now handle the process locally; referral packets are available on-line along with FAQs. The primary target population will be individuals in counties now focused on Schizophrenia; Dr. Wolf will continue with the project as the Marion and Polk County assigned physician.

- ❖ Cary addressed secondary authorization process for EAST, screening, mid-level assessment and full assessment and referral into EAST. Panel provider closes their case, but remains involved until EAST accepts and opens their case at EAST.

IV. IDS Reports - Dwight

- ❖ Dwight explained handouts and noted that panel providers are reimbursed at the IDS rate and the Health Department is reimbursed at cost.

- ❖ Tim Murphy suggested there should be an in-depth discussion about reimbursement rates.

- ❖ Cary added that cost per client is set at the RFP.

V. IDS CONTRACT ADJUSTMENT - Cary

- ❖ Cary addressed "Discussion Points" handout. Continued assessment of IDS approaching fluidity in the system, Level of Care tools, moving clients to a maintenance level or having the client take some time out from treatment. Review contract adjustments, including CPCPM, incentives, ISSR implementation and future innovative services.

- ❖ Noted that reconciliation audits have been suspended until further notice.

- ❖ Several agencies have responded to request increase on staffing. Proposals will continue to be evaluated and supported.

Meeting adjourned at 1:00pm