

IDS Advisory Committee  
Meeting Minutes  
June 8, 2009

**Present:**

Allan, Steve - Options	Markwell, Tim - NPC
Calkins, Roderick - MCHD	McCollum, Christina - CAPS
Dethrow, Terry - NPC	Moller, Cary - CAPS
Fennell, Stacy - CCS	O'Dell, Lona - ESCTC
Horner, Richard - CAPS	Richards, Scott - MCHD
Kuhn, Steve - MCHD, NS	Smith, Erin - CAPS
Logan, Paul - NWHS	Thetford, Gloria - VMH
Mandell, Tedra - ESCTC	Welch, Gwen - Options

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**Meeting called to order at 11:05 am**

**I. Announcements:**

- ❖ Rod was in Santa Fe for a Early Psychosis Research project.
- ❖ Budget Ways & Means results - We are in better shape than anticipated.
- ❖ Steve Kuhn - Starting Children-Adolescents Needs and Strengths (CANS) today.
  - ❖ Integrating 570 kids thru CANS.
  - ❖ CAPS will provide CANS screening.
- ❖ Proposal deadline July 6<sup>th</sup> for BCN – Parenting Class.
- ❖ There is a problem with the Jarvis' Fee Setting Calculator. The new formula will be sent out electronically to the IDS providers. Please let Eric know if you have not received it.
- ❖ Emergency Preparedness –
  - ❖ Planning a Mini-Tabletop for August meeting.
    - ❖ Would like to do a brief simulation.
  - ❖ The goals of this exercise are to:
    - ❖ Promote staff personal preparedness planning which would allow employees to provide proper response at work.
    - ❖ Open communications between Agency providers.
    - ❖ Ensure priority services are available on a continuous basis.
- ❖ Paul Logan announced addition of a Staff Pediatrician, Lee Herskowitz, at the West Salem Medical Clinic. He brings 14 years experience and is currently accepting patients.
- ❖ Terry of New Perspectives shared a concern regarding an eligibility incident with an OHP member that had Family Care listed as their MHO. Family Care is a fully capitated Health Plan and not a Mental Health Organization. Further similar occurrences should be reported to Jim Russell.

## **II. Review of Minutes**

- ❖ Noted West Salem Clinic is not the correct name for the pending Polk County clinic that happens to be located in West Salem. Program development on-hold.
- ❖ Corrected spelling of Dr. Wong from incorrect spelling Dr. Wung.
- ❖ Minutes approved with noted corrections.

## **III. Report – Erin**

- ❖ Agencies are asked to be mindful of incentive pool (criteria). CAPS will assess agency allocations in July and agencies have the option to request adjustments.
- ❖ Cary requested agencies provide a report to IDS at the July meeting on the 1<sup>st</sup> half of the new contract year. CAPS will provide some direction for report content. Erin will send out reports as early as possible in July to assist agencies in preparing their reports.
- ❖ Attendees talked about difficulty in receiving “Rockets & Stars” since many clients have a TPR and must have an open authorization. CAPS is aware that these clients will continue to remain on the report and emphasize that justifying these each month is not necessary. The expectation is that agencies review the list monthly to ensure clients listed are correct.

## **IV. Prepare for July Audits – Cary & Erin**

- ❖ Reconciliation audits are scheduled. CAPS would like to see at least one participant from each agency. See Handbook for detailed explanation of process.  
Tim asked for clarification on the audit process. Cary stated we would be auditing using the current rule.  
ISSR Rule programs are waiting for finalization. Rule will be structured based on (1) Quality Measures and (2) Financial Findings. Rod commented: Billing and Section of the Rule still needs to be reviewed by AMH. Rule to be finalized hopefully by end of summer.  
Erin stated CAPS has a responsibility to re-coup funds when appropriate.  
Chart Reviews: Focus on primary areas. When CAPS goes out and does the audits they will be looking for sign/updated treatment plans, mental health assessments. All progress notes must be related to the TP.  
Cary states we will not extrapolate the resulting audit to entire charts.  
There had been previous discussions on what has been acceptable and/or required on the treatment plan. As it stands now, all treatment plans need to be signed by an LMP. In addition frequency on TP must be exact; “as needed” is not sufficient. TP must be current, as it is the prescription of service. The agency must make updates as necessary.

## **V. Services for Complex Children – Cary & Bob**

- ❖ Discussion of available options for providing treatment and support to lower-level, non-adjudicated, OHP covered kids between the ages of 18 and 19 with sexually offensive behaviors. CAPS is concerned about the amount of kids who have gone out-of-panel because of their sexualized behavior. Some expansion within network expected in September. Tim from New Perspectives – Discussed concern for monitoring children of sexual offending in the lobby when victim comes in for appointment. Will evaluate ability to serve on an individual basis. Cary addressed billing requirement problem of treating sex offense and not underlying mental health condition.

## **VI. Services for the Deaf/Hearing Impaired – BCN Region – Paul & Cary**

- ❖ NWHS had reviewed the charts of their past services to Deaf/Hearing Impaired and it was discovered that the services provided were mainly Case Management services. As a result, services billed for therapy are being repaid. With the loss of their deaf Therapist, the Connections program only has a Case Manager. Discussed impact of program changes.
- ❖ System Issues:
  - ❖ Difficult to recruit.
  - ❖ Cary voiced a concern about the program continuing or some other agency providing service.
  - ❖ Deaf/Hearing Impaired community difficult to engage. Community involvement Is critical to building effective program.
  - ❖ Referrals are not Therapy Candidates, they are actually most appropriate for case management, social skills, etc.
  - ❖ Successful recruitment of new Therapists is difficult and lengthy. Once recruited, the deaf community is not openly accepting of new Therapists; Therapists are becoming frustrated, and they soon move to Portland for better pay and better connections in the Deaf and Hearing Impaired Community.
  - ❖ Cascadia currently has 1 clinician who signs, it is unknown if they will be working for the new provider, BRS. New Perspectives also has a deaf Therapist.
  - ❖ Western University has a Deafness/Rehabilitation program.
  - ❖ There is continuing concern about having a big enough base to support services.
- ❖ Cary noted we are looking at providing a regional service, not just to Marion County.
- ❖ Paul Logan will share these concerns with his board.

Next Meeting on July 13, 2009

Minutes by L. Welch

**Cary Adjourned the meeting at 12:44 pm**