System Management Group Executive Directors' Minutes September 10, 2012

Present:

Annee Belanger, Advocate Cary Moller, CAPS Dean Andretta, MPCHP Dwight Bowles, CAPS Gary Heard, MCAD Geoff Heatherington, PCMH Jim Russell, BCN
Sandy Stewart, MCHD
Scott Smith, CAPS
Tim Murphy, Bridgeway
Tomoko Gersch, Clear Paths

Absent: Ameilia Vanderlugt, Advocate, Dean Andretta, MPCHP, Doug Cox, MCSO, Keith Urban, Yamhill HHS

Guest:

I. Announcements and Introductions

- o Clear paths has completed the training with OWITs will start their electronic medical records in November.
- o Commissioner Milne did a segment on A&D with CCTV
- Bridgeway corrections outpatient treatment at village east is running out of space and they are in the process of moving to new offices in the Beverly buildings. There gambling services will be moving soon also to the same building.
- o Polk County has opened there child outpatient clinic in West Salem.
- o Yamhill county (YCCO) is on track to begin November 1st
- Enhanced Detox Update
 - o Started July 1st as medically enhanced detox
 - o 24/7 nursing and daily physician rounds
 - o Off load from hospital has been significant only sent 2 to the hospital since July, use to be 4-5 a week
- Compass
 - By 14th of September Marion County needs to respond to the states request to identify our sub contractors method of data submission for compass
 - o Compass will replace CPMS
 - The data elements for both programs have a similar amount of entries. They have different data elements and the expectation is to provide quarterly status reports to AMH regarding the work in mental health and alcohol and drug.

The interest is on having greater accountability

II. Moving the System Forward – Everyone

Shared Purpose

- O How do we get prepared to see more people? This is work with primary care offices. Have to have at least 2 chronic conditions and at least 1 has to be a mental health condition. Identified may people with Chemical dependency diagnosis.
 - 1300 have a chemical dependency diagnosis
 - 700 seen by a chemical dependency provider
 - 168 adolescents
 - These numbers do not include methadone
 - 17% total cost of the clients are chemical dependency related
 - 45% is adolescents total cost are chemical dependency related
 - 515 adults were seen with Mental Health diagnosis, but not by chemical dependency provider.
 - Average cost of these clients is around \$11,000

PCPCH Impact and Access

 Working on adding a behaviorist to the all the clinics for earlier identification of clients for mental health and chemical dependency issues.

o Capacity Building

- o Be proactive with medical clinics to help them along with chemical dependency. Starting with some of the biggest clinics
 - Liberty Street is one of the largest and should be a first target
 - Meetings with staff and flyers or information at the clinics
- Complaints from PCP's are that there is too long of a wait list. Can't get immediate appointments.
 - The wait time is much better than it has been in the past
- o Reporting of access might be a valuable option for chemical dependency. It is already tracked on the mental health side.
- Need to educate the Navigators and Non traditional Health care workers
 - These people will be there to help clients navigate the system
- o ER is a good place to start. That is where the high end folks are
- Maybe Brochures could be added to the packet that is sent out after enrollment.
- Need to show the CCO the value of having early intervention for chemical dependency.

III. Are Approach (Handout) – Everyone

- o Going on in Multnomah County in response to the opiate prescription issue in the state.
- o The plan is around decreasing opiate pain meds
- o They have to evaluate the patient to see if they are appropriate for opiate pain medication

- o Opiate oversight committee
 - Prescribers have to go to a committee and explain why a patient needs to have the medication
- o There is a maximum dose per day.

Next Meeting October 08, 2012 Minutes by Janette Cotton