

IDS Advisory Committee
Meeting Minutes
March 12, 2012

Present:

Cary Moller, CAPS
Christina McCollum, CAPS
Debby Davis, Options
Donna Waller, ESCTC
Dwight Bowles, CAPS
Janice Veenhuizen, VMH
Marcus Berglund, CCS
Paul Logan, NWHS

Rod Calkins, MCHD
Sandy Stewart, MCHD
Scott Richards, MCHD
Terry Dethrow, NPC
Tim Markwell, NPC
Tim McGee, ESCTC
Tim Murphy, BRS

Absent: Geoff Heatherington, PCMH, Kathleen Boyle, VMH Steve Allan,
Options

Guest: Dawn Cottrell, CAPS, Helen Lara, CAPS, Sally Daly, VMH

I. Announcements and Introductions

- Options has hired 2 new therapists. One was to fill a vacant spot and is the other is a new position. Dr. Soto will be leaving at the end of March. Dr. Godbey will be covering his clients temporarily.
- Valley Mental Health has hired a new Nurse Practitioner.
- Easter Seals is still recruiting for a new director and a mental health coordinator.
- Cary welcomed Dawn Cottrell & Helen Lara
Dawn Cottrell is filling Steve Kuhn's position
Helen Lara is the new Peer Services Community Coordinator
Community Care Partnerships & CII
- AMH Memo – LMP Oversight
Handout – explains the role of an LMP in regards to the ISSP
Variances
Variances should go through Cary & Rod who will then submit your request in your behalf to AMH. It should not take longer than 30 days for their approval.

II. Review Minutes

- Approved with change to Youth and Family Workgroup being held on the 2nd Friday of the month.

III. Coordinated Care –All

Executive Level Report

- The draft confidentiality agreement came out
- CCO letters of intent are due on April 2nd
- The application process will be broken down in sections. First Round of application will be on April 30th
- First CCOs to start August 1st
- Locally considering two models. One is a limited liability model and the other is a mutual not for profit but taxable
 - Determining if seats on governing board will be based on amount of risk or membership.
- Meetings went to 3 hours weekly. Judge Abernathy is mediating the meetings.

Clinical/Operational Integration

- Willamette Valley Physician Health Authority
 - Talking about integration of the Physical and Mental health.
 - Local Control
 - Point of accountability
 - Local Health outcomes
 - What services currently exist and what the barriers are to the services.
- Two councils
 - Clinical Advisory Panel (the law made this optional) currently planning to implement.
 - Consumer Advisory Council (majority of representation has to come from community and family members)
- They want to survey all providers in the system with regard to access to care, and provider perspective on what changes are needed.
 - Survey conducted through Survey Monkey
 - All agencies need to identify a point person to receive and distribute the surveys to all clinicians.

CCO Development-As Relates to BCN Business

- In August 2011 there was a decision not to pass down DMAP cuts to the IDS agencies.
- Reviewed contract language around Notification of Changes of funds.
- Termination of contracts must be in writing
- Mutual changes between parties require 60 days notice
- Currently, MVBCN was supplementing our capitation by 10% which could be reduced to 2% to 6%.
- This may impact incentive money
- Current contracts will expire the end of this year; however, Cary is working with contracts to extend one more year until we know what our role with the CCO's will be. Keep in mind being in a CCO may not support working above DMAP

Local Conversation

- BCN “Envisioning and Integrated Behavioral Health Care Continuum” (handout)
 - This would be used for immediate mental health interventions in the medical clinic.
 - #2 and #4 of the handout are important to our work
 - #2 Master’s level behaviorist within the PCPCH team provides curbside consultation and immediate access to their clients. Generally, this would include 1-3 visits, 15 mins or 30 mins each, with functions to include:
 - Coaching on stress management and lifestyle modification
 - SBIRT (re alcohol and drug use)
 - Motivational support for chronic disease self-care and coping with the impact of disease
 - Triage and facilitation of linkage to Community Services (including those listed below) and to specialty mental health and substance abuse treatment
 - #4 Brief solution focused psychotherapy available – preferably on-site with open or rapid access, up to 10 sessions
 - Documentation issues are still unresolved. Need to determine if services are billed on the medical or mental health side (all comes out of the global budget)
 - Mix of staff in the medical office or in a mental health office
 - In prep for coordinated care Options Counseling is looking to see if there electronic records can show a report of who has chronic medical conditions so the therapist can educate and provide better service.
 - Integration is intended to lessen barriers between mental health and the medical world

IV. BCN Continuity of Care with Primary Care Guidelines (handout)

- Discussion regarding handout. Revised suggestion that this should be a guideline not a policy
 - Doctor to Doctor contact, some Doctors are more comfortable speaking to another Doctor
 - Still unsure if the OARs will support keeping a client open for 6 months during the transition with the goal of easy return if necessary.
 - Recommend changing 1 hospitalization in the last 4 years to a lower number
 - Returning client to PCP’s will have a lot to do with a provider’s comfort for the level of medications.
 - See if there is a way to register how long it has been since a client was transitioned back to a PCP – might be accomplished through the CIM program
- Metabolic Monitoring – QIP- progress report in June
- There will be a mid year progress report sent out to agencies

V. Reports

Year End Incentives:

- Final incentive breakdown for all the agencies has been completed

Monthly IDS Reports

- The baseline for engagement has been readjusted for 2012.
- Access has been met for January and February.

New LOC Reports

- Number of openings that have been reported each week.
- Number of members per level and number of contacts per level and the total for all the claims.
- Possible adjustment to the LOC budgets once all LOCs have been completed for all individuals in service.

Primary Authorization Option-Immediate Engagement into Care

- Phitech is working to make the adjustments for the primary authorization option. CAPS is hoping to have this in place April 1st.

The Primary Authorization will allow an agency to claim a client immediately. The agency then will have 30 days to complete a LOC with a dollar amount to cover an assessment and 1-2 follow-up visits. Once the LOC is completed, an extension authorization will be done and the cost to date will follow from the primary. No increase in the dollar amount available and the start date will remain unchanged

VI. LOC Subcommittee Report

Brief Solution Focused Training

- BCN is willing to help with some trainings

Peer UM/UR

- Working on generating some agency reports
- Encourage agencies to work on something internally

Clinical Practice Changes

- Cary will be formulating some scripts about what service should look like for clients.

Next Meeting April 09, 2012

Minutes by Janette Cotton