

IDS Advisory Committee  
Meeting Minutes  
May 14, 2012

**Present:**

Cary Moller, CAPS  
Christina McCollum, CAPS  
Debby Davis, Options  
Donna Waller, ESCTC  
Dwight Bowles, CAPS  
Geoff Heatherington, PCMH  
Janice Veenhuizen, VMH  
Kathleen Boyle, VMH

Paul Logan, NWH  
Sandy Stewart, MCHD  
Scott Richards, MCHD  
Steve Allan, Options  
Terry Dethrow, NPC  
Tim Markwell, NPC  
Tim McGee, ESCTC  
Tim Murphy, BRS

Absent: Marcus Berglund, CCS, Rod Calkins, MCHD

Guest: Patrick Brodigan, CAPS, Phillip Blea, CBH, Sally Daly, VMH, Tim Meade, CAPS, Dan Leach, MC

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## **I. Announcements and Introductions**

- New perspective has two new people joining their team. Tim McGee and Jessica Garland
- Options is losing a therapist that was trained in PCIT
- Valley Mental Health's new prescriber has left, but they might have a lead on a new one.
- Easter Seals is losing two key people. They are just starting interviews for a new Director.
- Brief Solution Focus Therapy Training/Consult Group
  - Yvonne Dolan will be coming June 19<sup>th</sup> and 20<sup>th</sup> to do the training.
  - Registration is available currently
  - Priority will be given to clinicians that agree to participate in the monthly consultation group.
- Health Care Community Forum May 24<sup>th</sup> at 3pm at Broadway Commons
- MPCHPA Changes – Dwight
  - The data from this merge did not cross over correctly to the Behavioral Health side. PhTech has crossed over the claims resulting in duplicate claims. The data for the incentives will be zeroed for April and May so it doesn't negatively affect the agencies.

- Brief discussion regarding BCN Accumentra audit concerning primary vs. secondary diagnosis billing concerns. (See Email)
  - Agencies agreed that it is hard to break up diagnosis because normally all diagnosis are being treated each session. They are treating the whole person not just one part of them.

## **II. Review Minutes**

- Approved with the change

## **III. Protective Service Investigations Interface with IDS – Dan Leach**

- Dan provided information regarding scope and expectations regarding adult protective services for individuals with mental health services.
- Dan will be scheduling time with all of the agencies to do an update on Mandatory Reporting for Adults.
- Examples of reportable events
  - Agencies should be reporting every time there is a death or suspect of abuse (neglect, physical, sexual) for an enrolled adult.
  - Death reports need to be submitted even if it is from natural causes.
  - Financial abuse should be reported to Dan only for clients living in Foster homes

## **IV. CCO – Discussion/Updates**

- Capitation Expectation 2012-13
  - The healthcare transformation will be funded with approximately 1.9 billion dollars over the course of 5 years
  - There is a lower than anticipated reduction of only 5% in capitation from the previous discussion last month.
    - 95% of the anticipated budget from last year should be funded
    - Some implication for OHA

Governance – Paul Logan & Geoff Heatherington

- Board members will be contributing capitol
- The early adopters of the CCO will be provided with a fair amount of start up money.
- The whole process is driven by intense deadlines
- There will be a binding agreement that will need to be signed around the first part of June.
- There is a nominating committee that will be put together to appoint people to the community advisory counsel.
- BCN-Relationship to counties and CCO going forward
  - The BCN is involved in communications with 4 other CCO's
    - Tillamook will join GOBI and CareOregon
    - Transitional role for the BCN in the Linn MHO with IHN CCO

- Yamhill CCO is in discussion about local CCO development. BCN continues as the MHO for Yamhill.
- Marion-Polk CCO continues with BCN as a partner on the Governance board

#### Subcommittees

- Budget
  - The per member per month is estimated at \$360 per person
  - Hoping to carve out of the \$360, \$15 per member for the development of Person Centered Primary Health Care Home (PCPHCH)
  - Planning to target 11 clinics with high OHP client base.
- Clinical Advisory Board role and the Community Advisory Panel were approved by the governance board
- IT
  - They have been looking at which agencies can already communicate with each other through current programs.
  - They did a feasibility study with SACHE (Salem Area Community Health Exchange) to see if the data base would work
  - They are waiting for some more direction from the governance board around budget before they move forward.
  - The state is supporting a secure website for email exchange
    - All partners will be asked to put in at least 40% of the data in the secure website
    - They are still waiting for funding for this project
- Health Assessment and Prevention
  - Had first meeting – responsible to oversee the Community health Assessment
- Transition
  - Looking at data on transitions from care with outreach and intervention on medication compliance and medication education. Having positive outcomes.
- Patient activation
  - Development of non traditional health workers
  - National measurement tools that the group is looking at. The main one is PAM-Patient Activation Measurement
    - Most of the tools are quite expensive
- PCPHCH
  - The intention is the integration of the Behaviorist

## V. Mid Year Review – Dwight/Christina

- Access
  - 85.06% as a system for the month of April. Last years access for March was 67%
- IDS Contracts
  - Leveling of clients is trending towards Level II.

- Level of Care budgets will be increased to add the flexibility requested by agencies to utilize funds within specific agency level of care budgets.
  - Level 1, 2 and 2.5 will have \$500 added to the authorization when 90% of the existing authorization threshold has been met or exceeded. Reports are provided by email to Clinical Supervisors and IDS Data Managers.
  - Contacts vs. Cost
    - Continued work with Clinical Supervisors to make required changes
      - Scripts might help with this.
      - Documentation of reduction in services is important and will be helpful when notice of actions occur.
  - Level 3 max dollar amount will be lifted when expenditures of 90% of more of the Level III budget has been met. Discuss the plan with CAPS care coordinator.
  - Contract expectation agencies will need to continue to serve them until appropriate transitioning plan is implemented.
- Agency Internal Review
  - Valley Mental Health - Clinicians are notified when their clients are coming close to there threshold.
    - Take a look at level and contacts
    - Peer review committee will look at high utilization clients

## **VI. Problem Gambling Services – Tim Murphy**

- Will be presented at the next meeting

**Next Meeting June 11, 2012**

**Minutes by Janette Cotton**