

IDS Advisory Committee
Meeting Minutes
June 11, 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
Marcus Berglund, CCS
Paul Logan, NWHS

Rod Calkins, MCHD
Sandy Stewart, MCHD
Scott Richards, MCHD
Steve Allan, Options
Sue Hunter, ESCTC
Terry Dethrow, NPC
Tim Markwell, NPC
Tim McGee, ESCTC
Tim Murphy, BRS

Absent:

Guest:

I. Announcements and Introductions

- Non-CCO Medicaid rate reductions (handout)
 - Non-CCO companies will be receiving a 2% reduction in rates
- The Way “We” Talk about Healthcare (handout)
- Easter Seals has hired a new director. Her name is Sue Hunter
- Valley Mental Health has hired a new prescriber, Ursula White. She will be working 1-2 days a week. VMH is piloting a new group that is called Foundations Group. All new clients will be scheduled an Orientation group to fill out initial forms. These are offered twice a week for adults. The clients will then move into individual therapy if needed or if there are no openings, they can continue to attend the foundations group.
- Catholic Community Services has 3 new interns. CCS is considering increasing their prescriber hours.

II. Review Minutes

- Approved with the change

III. How to Achieve Our Targets

- Access to Care
 - Access has improved over the last two years. When we started logging calls in 2010, we averaged 65%. Currently, the average access report to MVBCN is at 80%. Most recently the IDS system has been steady with Access being at 85%.
 - Since the implementation of entering Access calls, we now have the ability to document each call, including “Appointment Offered-No Response,” and count callers who do not respond to the agency’s attempts to offer appointments to the overall number we report.
 - This past spring, we have seen an increase in the number of urgent calls, and as a system we have been able to get members into service.
 - Children under 10 years old are an age group that we do not have the capacity to serve currently.
- Reporting Available Appointments (RAA)
 - When doing a comparison to what is being reported as openings and the IDS agency’s offered appointments there are showing discrepancies in the numbers. We have agencies who do not offer openings in the weekly report CAPS receives, however, are offering appointments to new requests. The Access Group reports the discrepancies are due to:
 - Priority is given to the medical clinic
 - Fear of getting too many calls
 - It is only a snap shot in time
 - Clients open and close throughout the day so available appointments can change at any given time.
 - Therapists aren’t reporting openings in a timely manner
 - As a way to manage referrals, if agencies report zero then partner agencies will not refer to them.
 - Changing how the RAA is getting reported is being considered. Overall the process is working well, but there will be a discussion with the Access Group.
- Capacity
 - New Perspectives has hired new people and are working to increase case loads.
 - ABH has hired someone with a focus on transitioning level 1 clients to their PCP or other community resources and natural supports.
 - NWHS is working on getting clients established with a PCP and then being referred to a prescriber
 - Bridgeway is considering developing a Person Centered Primary Health Home in 2013.
 - Space issues in the current facility make increased capacity challenging.
 - Options – Dr. Godbey’s hours have increased and he is seeing children and adults. They also added more space in the building to expand. The remodel will include a place for PCIT.

- Polk County began Phase 2 of remodeling for children's services in West Salem. Partnering with Trillium family services. 24 slots for day treatment (12 slots for children ages 6-12 and 12 slots for children ages 12-18. Long range plans is to have up to 36 slots (3 classroom, elementary, middle and high school). Length of stay is around 60 days. Phase 2 will be done in mid August. It will be called Wake Robin treatment center. Will have both child/adolescent prescriber time and some increased adult time. There is also two days a week they are offering open access for adults.

IV. IDS Reports

- Level of Care Performance Report
 - If there are questions on the agency budgets contact Dwight.
 - The access portion of the report will be emailed out.
 - The Administrative Performance report may look a little different than the ones that come from Dean. The reports to the IDS will not include the duplicates and denials that were created from the MPCHP-A crossover claims and will not affect agency incentives.
 - Level of Care performance reports have been emailed to the Clinical Supervisors and Data Managers on a bi-monthly basis showing which clients, by level, have reached 90% of their thresholds. If the report indicates they reached the threshold, flex funds were added to the authorization and a note put in the comments field of the referral. If a level 3 individual has reached the threshold, the max dollar amount has been removed and a note indicating that a plan needs to be discussed with the appropriate care coordinator to get the individual through the end of the authorization period.
 - Hard to manage to the money, but not tell the client that there is only a defined amount of money.
 - Maybe do an average cost per client
 - Cary indicated that there has been some work on scripting for levels of care and the services that are provided around a level.
- Complex Needs (Medical/Behavioral)
 - Would like to work with agencies to identify those individuals that have complex medical needs in both the medical and behavioral health side.

V. BRS – Problem Gambling Services – Tim Murphy

- Problem Gambling
 - Gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational
- Pathological Gambling
 - Also called compulsive gambling is a persistent and recurrent maladaptive gambling behavior as indicated by the individual meeting five or more DSM criteria

- Physical symptoms often are more severe than A & D clients
- 47% of problem gamblers in Oregon report having suicidal thoughts.
- Screening should be done at intake or early on in treatment
 - The Lie-Bet questions are good ones. A yes answer to either question would suggest a more thorough assessment.
- Treatment is free to all Oregon residents. There is also free treatment for significant others.
- Movement has started around bringing more awareness to problem gambling.
- Resources
 - Oregon's 24 hour Help Line
 - 1-877-MY-LIMIT
 - <http://www.1877mylimit.org>
 - Problem Gambling Prevention
 - <http://www.problemgamblingprevention.org>
 - Bridgeway Recovery Services
 - <http://www.bridgewayrecovery.com>

VI. Coordinated Care Integration and Sub-committee Reports

- There will be no new money for the transformational work of the CCO. There will be 3 million put up front, but the money will not increase.
- There is new money under the Medicaid match program
- Readiness review plans for the new CCO are due the end of June and have to have all signatures of involved parties.
- Capitation could drop down to 90-95% of current capitation.

Next Meeting July 09, 2012
Minutes by Janette Cotton