

IDS Advisory Committee  
Meeting Minutes  
October 14, 2013

**Present:**

Cary Moller, CAPS  
Christina McCollum, CAPS  
Dawn Cottrell, CAPS  
Dwight Bowles, CAPS  
Janice Veenhuizen, VMH  
Kathleen Boyle, VMH  
Marcus Berglund, CCS  
Paul Logan, NWHS

Phil Blea, CBH  
Rod Calkins, MCHD  
Scott Richards, MCHD  
Steve Allan, Options  
Terry Dethrow, NPC  
Tim Markwell, NPC  
Tim Murphy, BRS

Absent: Debby Davis, Options

Guest: Scott Tiffany, BCN

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## **I. Review of Minutes**

## **II. Announcements and Introductions**

- October 25<sup>th</sup> will be the luncheon with the behaviorists from 11:30-1 at Lancaster in Training Room A & B.
- Catholic is offering a parenting group starting in Nov. – Incredible Years. They are offering a gender stereotype group in Oct.
- New Perspectives will be having their EMR training.
- NWHS – Joint Commission review – positive feedback regarding EMR
- BRS – Passed their Certificate of Approval
- Handout - AMH issuing RFA of new investments – 20 million – Competitive Process
  - Marion County intends to apply for public health, healthy communities, TAY HUB, supported housing, mobile crisis, and jail diversion

## **III. Preparation for 2014**

- **MH Value to the CCO – (Handout provided)**
  - Our capitation rate is significantly higher than our utilization
  - Interest in finding a way to get the hospital and PCP partners to the table to share in these discussions

- CCO create an outcome around SBIRT – can't get paid, cannot encounter the services
- Interface with medical PCP access and Coordination of Care
- What is the % of the mental health system of care that should be returned to the PCP's
  - How to match members with providers comfort and expertise.
- **Contracts – CCO/BCN/IDS**
  - CareOregon & Kaiser
    - Bring these members into the BCN
    - Kaiser – concern regarding coordination & communication with Mental Health
    - If members coverage changes to open card they no longer will count for contract requirements
    - Medical plan selection will influences capitation. This will affect contractual numbers
- **Payment Models – Pay for Performance/Incentives**
  - Try not to compare to medical
  - Need an implementation plan and outcome benchmarks
  - Looking for cost savings as it is related to benefit
    - We need to show value of our system
    - Need to put together a list of things that are happening within the system that we are not able to bill for.
  - Looking ahead: what questions will be asked to justify the capitation
  - Consider hiring a consultant to share their opinion of how to help the system.
    - Prescriber pilot for a new payment idea
    - What are the base services every agencies are providing and build a case rate from that
    - PMPM is difficult if you don't have a large clinic

#### **IV. Review of Accomplishment 2012-13**

- Access
  - Overall access is going well
  - Overall for the year we are at 84%
  - Currently in the low 90%
  - **Are we ready for the new members coming in January**
    - Who has capacity?
      - VMH
      - BRS
      - Options
    - We have permission from the board to do a special procurement if we need to bring on an additional provider
      - Hold off on a deciding on if we need another provider till after we see what the demand is.
    - There will be an increase in adults (kids have been connected through Healthy Kids already)
    - The behaviorist might help in the long run with the stigma of not being able to “get in” to care

- 2013 Incentive Targets
  - Handout
  - Send ideas for incentives or suggestions for November's Meeting

## **V. Review Monthly Reports**

- Dashboard style
- Clients are being underserved based on the contact numbers that were set up
  - Represents any contact with a member that was billed

**Next Meeting December 09, 2013**  
**Minutes by Janette Cotton**