

IDS Advisory Committee  
Meeting Minutes  
February 11, 2013

**Present:**

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

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

Absent:

Guest:

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## **I. Announcements and Introductions**

- BRS has a new clinical Supervisor for mental health services - Melissa Butterfield
- Agencies to complete Cost Analysis of their cost and rates and bring to the Feb 25<sup>th</sup> meeting

## **II. Review of Minutes**

- Approved

## **III. System Development Work**

- **Behaviorist PCP Integration Model**
  - Primary care clinics would employ the behaviorist
  - 2-3 brief visits then refer to a specialty agency if there was more work needed
  - Offering start up funds to the primary care agency and to back fill while the staff does a 3 week intensive training at George Fox
  - Look at starting at the primary OHP clinics
  - Further evaluation of billing is needed. Specifically regarding billing of Health and Behavior codes.

- Including options for Licensed Mental Health level Clinicians to bill both Physical Health and Mental Health codes.
- The goal would be to have the behaviorist fully integrated into the medical team
- Focus would be specifically related to support/coaching related to a physical health condition. Brief 2-3 session with a referral to out patient provider where indicated.
- **Prescribing Practice - VMH**
  - Using Case Managers to connect/coordinate with PCP
  - Continuing to work with the member to transition back to the PCP, however, some members are hesitant. They are seeing willingness from some PCP's to be ready to accept.
  - VMH will consider the entire spectrum of clients needs to determine if they should move to a consultation model similar to NWHS
- **Consultation Model – NWHS – Discussion and Recommendations**
  - Prescribers can bill on the medical side
    - The ISSR rules of assessments and treatment plans don't apply to physical medicine.
  - It was recommended to start changing the system with adults and then slowly add in children.
    - Children with ADHD, for example, need more over sight and medications change more often. Therefore, it is difficult to send them back until medications are stable.
  - Start the focus on where we have had success thus far and build from there.
  - Consider keeping clients open for 6 months after the PCP takes them back
  - Agencies will talk with the PCP's about the different levels of MH and discuss support:
    - Clients they would like to send back
    - Clients they would not send back
    - Some in the middle and find out how they would feel about taking them back
  - Referenced the BCN PCP guidelines document to facilitate discussion with the PCP
  - Context for discussions have to have a strong reason why things should be changed
    - More openings for the ones you are referring, better experiences for the members
    - Start making contacts to PCP's by the March 25<sup>th</sup> IDS meeting
  - Give a list of Providers amenable to taking clients back to Cary by Friday. IDS agencies can start to build on those relationships as model evolves.

- **Group & Family Therapy**
  - 90808 code doesn't align with the diagnosis which causes some claims to not be paid
  - Family Therapy and Individual are now billed at different rates
  - Agency level cost needs to be factored in
  - Many groups are over an hour, however, the code cannot be billed for more than an hour

#### **IV. WVCH Data**

- **SPMI by Agency**
  - Still waiting for the data from Dean
- **ER Utilization**
  - 91 Members that had high utilization of the ER
  - 21 were enrolled in care at the time of the visit
  - Dean has a more updated version Jan to December of 2012
  - Board approved the hiring of 3 Non traditional health workers
  - More clarification will come for the data
    - Will see if we can get data by presenting problem
    - Dwight can give more detailed information to each agency
  - Need more timely response from ER or PCC so agencies know when there clients are there
    - Pilot with Dr. Steel will provide information regarding the patients at the ER

**Next Meeting March 11, 2013**  
**Minutes by Janette Cotton**