IDS Advisory Committee Meeting Minutes March 11, 2013

Present:

Cary Moller, CAPS Christina McCollum, CAPS Dawn Cottrell, CAPS Debby Davis, Options Dwight Bowles, CAPS Janice Veenhuizen, VMH Kathleen Boyle, VMH Marcus Berglund, CCS Paul Logan, NWHS Phil Blea, CBH Rod Calkins, MCHD Terry Dethrow, NPC Tim Markwell, NPC Tim Murphy, BRS Sue Hunter, ESCTC

Absent: Donna Waller, ESCTC, Sandy Stewart, MCHD, Scott Richards, MCHD, Steve Allan, Options

Guest: Karen Waln, ESCTC

I. Announcements and Introductions

- Cost Calculators Due to CAPS
 - Please turn them in by the end of the week, March 15th
- Follow up with visits for Primary Care
 - Agency's will provide feedback at the March 25th meeting on conversations with the PCP
 - CAPS is getting some guidance from the WVCH to find a place in the system for conversations with PCP's

II. Review of Minutes

• Approved

III. Easter Seals Closure – Sue Hunter

- Notice on Feb 28th that ESCTC will be closing
- Anticipate closure on April 28th
- With support from CAPS they have started to work on how to transfer all of the clients
- The clients have been prioritized by highest needs
- There are roughly 15 kids in New Solutions

- 100 kids are receiving medication services. Approximately 50% will return to their PCP
- Trying to distribute complexity of clients across the system so one agency is not in charge of all the complex kids.
- Easter Seals' Corporate office is asking the Salem office to reduce staff as quickly as possible.
- Polk County will take their members to provide service.
- In addition to kids with new providers, Easter Seals' therapists are looking for new employment.
 - Extensive staff with expertise in autism, cognitive delays, and with Fetal Alcohol training.

IV. IDS Reports

- Incentive Payouts Reviewed
 - o Anticipate payments will be processed next week
- Monthly Status Report
 - Access data was incomplete this month
 - There is a error on the March and April numbers that will be corrected and resent
 - Dwight will start emailing the standard reports instead of printing them for every meeting
 - New report High/Low Service Users
 - Based on contacts not dollars
 - In addition to providing agencies utilization data. We will also be providing the days in service to track potential authorization errors.
 - Add date the report was run
 - Question posed to the Directors What would be considered a high dollar amount to influence data parameters?
 - Add target contacts and target dollars
 - Recommendation from the group to remove OHP Number and leave referral number

• CCO Metric – IDS Draft Incentives for Consideration

- o SBIRT
 - Working on getting the code to be billable
 - Doing SBIRT at time of intake and at annual update
- Reductions in ER use

V. NTHW Presentation – Veronica Sheffield, Nicolette Venegas, Steve Tackett-Nelson, Debby Hall, Kim Schmoltz

- How do we integrate with the High ED users?
 - Started with 484 names that had 10 or more visits in 1 year

- Nikki was hired and the Non Traditional Healthcare Worker (NTHW) about 6 months ago
 - She has engaged about 25 people so far
 - o The first report indicates a 12.2% reduction in ER utilization
 - They are working on a process to get the agencies notified directly from the ED
- WVCH is in the process of hiring 2 more NTHW
- Any clinical questions that may arise, Nikki consults with Kim Schmoltz, RN & Steve Tackett Nelson who is providing clinical support to the team
- How does mental health interface with this group?
 - The NTHW will call the agency if their member is in the ED
 - The NTHW will facilitate agency referrals if the member is not established
 - NTHW workers are there to help with the medical side and the mental health side, including getting members to appointments.
 - If the member wants, the NTHW may sit in the appointment until he/she is comfortable
- The goal is to have the member with NTHW engaged from 2-6 months until members are well connected to supports. Once in place, the NTHW will transition from the team.

Next Meeting April 08, 2013 Minutes by Janette Cotton