IDS Advisory Committee
Meeting Minutes
April 08, 2013

Present:

Cary Moller, CAPS
Christina McCollum, CAPS
Dawn Cottrell, CAPS
Debby Davis, Options
Dwight Bowles, CAPS
Kathleen Boyle, VMH
Marcus Berglund, CCS
Paul Logan, NWHS
Phil Blea, CBH
Rod Calkins, MCHD
Scott Richards, MCHD
Terry Dethrow, NPC
Tim Markwell, NPC

Absent: Donna Waller, ESCTC, Janice Veenhuizen, VMH Tim Murphy, BRS
Sandy Stewart, MCHD, Steve Allan, Options Sue Hunter, ESCTC

Guest:

I. Announcements and Introductions

- New Perspective, Options and CHB have all hired therapist from Easter Seals
- Options has hired an additional bilingual therapist
- VMH hired Jean Daniels LCSW, will be eligible to begin prescribing in August , Jean works with kids and adults. VMH is recruiting for a finance manager
- Rod announced that the MCHD budget is looking good and will be presented to the Budget Committee in June.
- Thanks to those who have completed the update on cost calculators. For those not yet received, please connect with Dwight about any barriers you may have to completing the work.
- **ESCTC-Report**
    - Easter Seal will remain open through April and remain committed to ensure that all enrolled member are successfully transitioned to the appropriate service.
        - Approximately 87 children are being considered for transfer.

II. Review of Minutes

- Approved with change to correct Non-Traditional Health Workers Acronym to be consistent

III. CCO Metric – IDS Draft Incentives for Consideration

Maintain incentives and contracts through 2014

Discussed the option of revising incentives to monthly incentives paid quarterly. There will be a final reconciliation at the end of the contract year.

Current Incentives

Budget - 40% of incentive

Modified to reflect paying 50% for each component, adult and children, including budget and members served

Engagement - 20%

Discussion surrounding modifying the incentive regarding reduction of no shows – suggestions

- determine percent of individual anticipated to show for the month that is based on the overall scheduled appointments by each agency.
- separate no shows for intakes vs. all other appointments

Administrative Performance - 20%

Remain unchanged.

Access - 20%

Remains below the contracted BCN target of 95% access within 14 days of a request for service.

- Modified target from 75% to 80% for 2013 to receive the first tier of the incentive. Second tier remains at 90% target.
- Continue to pay for valid access calls logged
- Effective July 1, 2013 discontinue billing for referral screenings, T1023-59 for access phone calls

Continue Improve on Access -

Current individuals in service have more complex and difficult issues and require longer care than they use to, in addition, the system is serving more families, not only the individual.

- Primary Care Coordination

  Well coordinated, warm handoffs and interface with PCP. High value to build supportive relationships with medical community. Strategies should consider the balance between collaboration and impact on practitioners time/schedule.

  - Consider a forum to discuss transfers to and from specialty MH care. Partner with a few mental health prescribers to consult about medication issue and/or specific individuals. Effort should focus the coordination regarding a number of individuals within the same practice to increase efficiency.
  - Interface with PCP and Behaviorist to ensure services offered within the appropriate setting to meet the individual needs;

maintain at PCP when appropriate, referral to specialty care when indicated as well.
    - Consider priority access for referrals from behaviorist or CAPS
    - Consider a share saving approach with MH and PCPs and WVCH
    - Working with WVCH to establish a code to monitor coordination with primary care

- No Shows- Discussed the impact and strategies for managing NS, including a system-wide standard. Percentage of no shows for intakes might be different than ongoing therapy. Suggestion that there is a need to define late cancel.

  Consideration:
    - Implement reminder calls for intakes
    - Set IDS standard for rescheduling of missed intakes and routine appointments.
    - Maintain a will call/cancelation list to help decrease the number of no show

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- Development of "orientation groups" across the system. Is it feasible or indicated to implement at every agency or have a few centralized groups?
    - Evaluate if VMH experience with "the foundations group" improved access
    - Require orientation prior to scheduling intakes if no shows have been occurred.
    - CAPS could be considered as a place to coordinate and structure the group

Hospital Discharge -

State level data being reviewed by WVCH and BCN, appears significantly different than the local experience. 51% reached an appointment after discharge from psychiatric hospital. If hospital calls day of discharge it is difficult to provide a timely discharge appointment.

Suggestion:
- Ensure that the providers are notified within 24hrs of the admission
- Involvement by provider upon notification, call or deploy therapist to the hospital and where feasible offer to begin the intake paperwork prior to discharge.

CCO Clinical Committee continuing work on immediate notification of ER and inpatient utilization to all providers.
- Patient Activation Measure is under consideration and is intended increase individual's effective management of health conditions. The tool helps to understand who the high risk members that are

struggling with adherence and has some well developed coaching tools for providers.
- Anticipated will be presented to the CCO board for consideration of funding approval in May.

Next Meeting May 13, 2013
Minutes by Janette Cotton