

IDS Advisory Committee
Meeting Minutes
June 10, 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
Steve Allan, Options
Sue Hunter, ESCTC
Terry Dethrow, NPC
Tim Markwell, NPC
Tim Murphy, BRS

Absent: Janice Veenhuizen, VMH Sandy Stewart, MCHD

Guest: Dean Andretta, WVCH, Sally Daly, VMH

I. Announcements and Introductions

- New Perspectives is getting an EMR system. Will start in October
- Valley Mental Health's operations manager will come to this meeting next month
- Bridgeway is recruiting for a QMHP for Co-occurring
- Easter Seals has some furniture left if anyone is interested
- **Update on Behaviorist**
 - Contracts have gone out and have started to come back in
 - First training is scheduled in August at George Fox

II. Review of Minutes

- Approved

III. Prevention Activities

- In March prevention funds moved back to counties from BCN.
- Application for funds from CAPS will be distributed
- **Post Partum Depression**
 - Given the closure of the IDS Provider agencies are being ask to consider if there is an interest in brining the program on.
 - Currently ESCTC employees in PPD
 - 2 Bilingual staff one is a QMHA and one coordinates the classes
 - Works closely with Salem Hospital

- Program is effective if childcare can be provided during the classes and a van to pick up the Mothers and children
 - Group sizes have ranged from about 5-16
 - Currently Salem Hospital provides a place for classes, a church in Woodburn, and a site in south Salem
 - Bilingual staff
- **Parenting Training**
 - Have 3 or 4 programs that have had funding through BCN
 - Making parenting a pleasure – Easter Seals & Options
 - Circle of Security - Options
 - Nurturing parents and Incredible Years - CCS
- Improvement going forward, to manage a schedule so we don't duplicate classes at the same time so classes can be fuller

IV. Future Rate and Payment Structure

- WVCH – Comments from Dean Andretta
 - Need to put together a policy for flex funding spending
 - There is some consideration for receiving credit for purchases from flex spending.
 - CCO has risk for chemical dependency and pharmacy. Providers have risk for other services
 - Capitations - Silverton, Willamette Health Partners, WVP
 - Working on contracting for chemical dependency services
 - Dental will be integrated in October 2013
 - Non emergency transportation will be integrated into the CCO in January 2014 (things such as triplink)
- Rates for 2014 –
 - Suggested risk sharing arrangement between Mental Health and Primary Care. Have a shared pool of money
 - Pay clinics to take back clients that they are not currently taking back
 - Med only members
 - Consultation group with Mental Health and Primary Health to begin developing opportunity to discuss system/provider shared topics
- Preliminary RVU structure being developed by Dean Andretta.
 - Looks as the initial impact to the agencies would be minimal
 - Many codes that are used by providers don't have an RVU so working with the system to come up with one is necessary. (H Codes in the future)
 - Need to develop a good understanding of what should be incentivized and what payments need to be augmented.
- IDS has a fee schedule that works relatively well for our Mental Health system however, it is hard to justify to other systems
 - Clinical panel has a steering committee and sub committee work is going on around metrics

V. Interface with Medical Care

- Consultation, Communication & Coordination
 - Consultation
 - Targeted at specific clinics
 - Kathleen has a link to a webinar about a current model
 - Access – Careful review of data and how it is reported
 - Considering removing the appointment offered no response from our access numbers
 - Interest in providing follow up to those members who only call once to ensure they are no longer interested in services. Consider an agency or through CAPS providing the outreach.
 - How do we get credit for the open card members after they become MVBCN? Currently, there is not a set amount of days a member is “Open Card” and therefore we cannot determine a switch to MVBCN. There was a question about how we count Access information from other counties. Our current contract with MVBCN, is to measure Access to those members who have MVBCN coverage. Can we set a limit on the number of members you can take from these other places?
- ED Reduction
 - Dwight’s information is coming from Dean. The information will be mostly Mental health or Chemical Dependency related
 - Are the top 50 members on the list in service with mental health or not
 - 18 are currently in service
 - Medical is also getting a list from Salem Health with ER usage, recent discharge, or in the hospital

VI. Agency Summary

- Intake Group – Flat Rate
 - There are a few agencies that are going to be moving forward with foundations.
 - Evaluating a flat rate for the group
- Capacity Payment
 - Priority payment slots
 - Payment for the slots weather the member shows or not

Next Meeting July 10, 2013
Minutes by Janette Cotton