

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
January 15, 2013**

Present: Barbara Trione, Randy Chakerian, Dennis Epstein, Hilary Harrison, Jon Tripp, Lisa Pierson, Amy Baird, Sebastian de Assis, Jayme Pierce, Dawn Marie Oakes, and Chris Foulke

Absent: Amy Harding and Steven Gallon

Staff: Jeanne Nelson, Kelly Volkmann, Jasper Smith, Mitch Anderson, Mark Crocker, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:15 pm by Barbara Trione, Chair. Introductions were made.

II. Approval of December 2012 Minutes

The December 2012 minutes were presented for approval.

Motion was made by Dennis Epstein to approve as written Hilary Harrison seconded the motion, so approved by unanimous vote.

III. Nominations of Officers - Chair and Vice-Chair Positions

Per the Bylaws, at the beginning of each calendar year MHADDAC is to nominate and elect the Chair and Vice Chair positions.

Barbara Trione opened the floor for nominations for the Chair position. Hilary Harrison nominated Dennis Epstein – he accepted the nomination. No other nominations were noted.

A vote for Chair was put forward by Barbara Trione, Chair. Nomination was passed by a unanimous vote. Dennis Epstein was appointed to the 2013 Chair position by acclamation.

Barbara Trione opened the floor for nominations for Vice Chair nominations. Randy Chakerian nominated Sebastian de Assis - he accepted nomination. Dennis Epstein nominated Hilary Harrison, she declined nomination.

A vote for Vice Chair was put forward by Barbara Trione, Chair. Nomination was passed by unanimous vote. Sebastian de Assis was appointed to the 2013 Vice Chair position by acclamation.

IV. Recommendations for 2011/2012 Strategic Initiatives: Young Adults in Transition (YAT), Youth Substance Abuse, and Nutrition

Recommendations were emailed out to the committee and hardcopy was presented at the meeting.

Young Adults in Transition

Hilary Harrison reviewed the YAT recommendations, discussion followed. It was suggested to change “program” to “strategy” in the first bullet point. It will now read, Benton County Health Department needs to specifically plan strategies to address the needs

Motion was made by Hilary Harrison to accept the YAT recommendations with the noted change. Amy Baird seconded the motion, so approved by unanimous vote.

Youth Substance Abuse

Hilary Harrison reviewed the Youth Substance Abuse recommendations, discussion followed. It was noted to add “the impact and extent” in third bullet point, between minimizes and substance. It will now read, Benton County community in general minimizes the impact and extent of substance abuse behavior

Motion was made by Hilary Harrison to accept the Youth Substance Abuse recommendations with the noted change. Sebastian de Assis seconded the motion, so approved by unanimous vote.

Nutrition

Barbara Trione reviewed the Nutrition recommendations, discussion followed. It was suggested to remove the third bullet point – Create a Nutrition and Alternatives Developer .5 - .75 FTE. It was also suggested to reword the recommendation to as follows:

MHADDAC believes that nutrition is an important component of mental and physical wellness.

- Benton County Health Department examines the feasibility of developing nutritional information for mental health clients and a process for sharing this information with clinicians, clients, and the broader community. This might include brochures and lectures.
- Nutrition be presented at the Community Health Center Board Meeting and the Public Health Advisory Committee.
- Benton County Health Department look at the expansion of nutritional counseling

Motion was made by Dawn Marie Oakes to accept the Nutrition recommendations with the noted change. Jon Tripp seconded the motion, so approved by unanimous vote.

V. Announcements

- O4AD – The Oregon Association of Area Agencies of Aging and Disabilities is having a one day workshop in Salem on January 23rd – Sebastian de Assis handed out a flyer for the event.
- NAMI will be having their annual legislative day coming up soon. Hilary Harrison will provide more detailed information to Tammy Shandy to email out to committee members.
- Work Unlimited is having a special gathering on Sunday 27th.
- Sebastian de Assis recognized Chris Foulke for his Letter to the Editor on Nutrition.
- Barbara Trione announced her resignation from MHADDAC.

VI Agenda for Next Meeting

Next meeting will be held on February 5th from 5:00 – 7:00pm and will focus on Strategic Focus and Agenda setting for 2013.

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
February 5, 2013**

Present: Hilary Harrison, Jon Tripp, Lisa Pierson, Amy Baird, Sebastian de Assis, Steve Gallon, Dawn Marie Oakes, Amy Harding, and Chris Foulke

Excused: Dennis Epstein

Guest: Brandy Foster

Staff: Jeanne Nelson, Kelly Volkmann, Jasper Smith, Mitch Anderson, Mark Crocker, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:00 pm by Hilary Harrison. Introductions were made.

II. Approval of January 2013 Minutes

The January 2013 minutes were presented for approval.

Motion was made by Dawn Marie Oakes to approve as written. Amy Baird seconded the motion, so approved by unanimous vote.

III. Nomination and Election of Vice-Chair Position

Sebastian de Assis informed the committee that due to various other commitments he will not be able to give the time needed for the Vice Chair position. He asked for nominations to be reopened.

Hilary Harrison opened the floor for nominations for the Vice Chair position. Dawn Marie Oakes and Jon Tripp nominated Hilary Harrison – she accepted the nomination. No other nominations were noted.

A vote for Vice Chair was put forward to the committee. Nomination was passed by a unanimous vote. Hilary Harrison was appointed to the 2013 Vice Chair position by acclamation.

IV. Strategic Focus Planning

Harrison provided a handout - *Community Health Improvement Planning Work Group Report* to open the discussion on strategic focus areas. Discussion followed.

MHADDAC's main charge is to advise the Board of Commissioners and the Health Department (HD) on services and systems related to Mental Health, Addictions, and Developmental Disabilities. There are several ways this can happen. Issues/concerns that committee members hear about in the community can be brought forward to the HD attention. Information gathering from community partners by bringing them to the table to discuss issues/concerns. A good example of this is the recent dialogue MHADDAC had with school district representatives on substance abuse/use issues.

With the CCO in place, it is unclear what the future will look like for mental programs and for this committee. In keeping that in mind, one of the focus areas could be service areas. The committee has spent some time over the last several years on youth addictions and young adults in transition. It may be a good time to look at Adult Mental and Developmental Disabilities.

It was recommended to look at the three key areas – Mental Health, Addictions, and Developmental Disabilities.

A suggestion was made to start with Developmental Disabilities (DD), as this program hasn't had as much focus from MHADDAC and does not fall under the CCO. Upon the committee's request, Jasper Smith, DD Program Manager provided *Annual Goals 2013* handout for committee to review and discuss. Two areas of interest for developmental disabilities is 1) pay differential; and 2) integrated not sheltered.

Some committee members voiced the need for more data information prior to setting focus areas for the year. It was agreed upon the following:

- Mitch will provide data of the number served, referred elsewhere, and type of services provided.
- Mitch will provide his presentation again on the CCO.

The committee did not make any decisions on the Strategic Focus areas they would like to pursue in 2013. Further discussion will be held at the March meeting.

V. Announcements

Harrison informed the committee that Randy Chakerian has resigned from MHADDAC. Randy - Thank you for all your dedication to MHADDAC over the years.

VI. Agenda for Next Meeting

Next meeting will be held on March 5th from 5:15 – 6:30 pm

- CCO Presentation – Mitch Anderson
- Mental Health, Addictions, and Developmental Disabilities Data – Mitch Anderson

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
March 5, 2013**

Present: Hilary Harrison, Amy Baird, John Wolcott, Jon Tripp, Dennis Epstein, Lisa Pierson, Amy Harding, and Chris Foulke

Excused: Steve Gallon and Dawn Marie Oakes

Absent: Sebastian de Assis

Staff: Jasper Smith, Mitch Anderson, Mark Crocker, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:15 pm by Dennis Epstein, Chair.

II. Approval of February 2013 Minutes

The February 2013 minutes were presented for approval. The following was noted to be added to the minutes:

- Brandy Foster as a guest
- Recommendation of the three key areas: Mental Health, Alcohol and Other Drug, and Developmental Disabilities
- Developmental Disabilities focus - Pay differential and integrated not sheltered
- Alcohol and Other Drug and Mental Health Issues discussion to be continued.

There was no quorum; minutes will be revised and presented for approval at the April 2013 meeting.

III. Mental Health Screening

Wolcott recently attended a lecture by Dr. Corey Keyes on mental illness and mental health at Oregon State University that he found very interesting. A handout was provided regarding the lecture and a mental health assessment. Wolcott shared the following:

- Mental illnesses are physiological dysfunctions of the brain and generally cannot be cured. Only the effects of mental illness can be ameliorated through drugs, exercise, diet, counseling, and strategies, etc. One either has a mental illness or not.
- Mental health is a continuum. Good mental health he calls “flourishing” and bad mental health “languishing”, with most people falling somewhere between. There are 14 aspects of mental wellbeing, each of which can be easily measured by a scale Keyes has developed.
- Keyes research has shown that lack of good mental health strongly predicts increasing risk for mental illness. Gains in good mental health predict declining risk for mental illness.

- Anyone with less than “flourishing” mental health should be considered at risk for developing mental illness.
- Testing for mental health, especially of youth in the age of onset of mental illness (15 – 26) may allow teachers and parents to prevent mental illness. Wolcott feels strongly that prevention should be looked at for this age. Harrison stated that a pilot screening for 7th graders is being done in Lebanon.

This will be a continued topic as MHADDAC strategizes on focus areas for 2013-2014.

IV. Data Report Review

Anderson provided a PowerPoint presentation on summary of new and existing clients for the period of 07/01/2011 – 06/30/2012. The following data was captured from the presentation:

Addictions – New Beginnings (Adults)

Total Patients 285 (New Clients 109 & Existing Clients 176)

Total Visits 17149

Medical Care

Total Patients 5211 (New Clients 2917 & Existing Clients 2294)

Total Visits 12916

Medical Care – Behavioral Health

Total Patients 81 (New Clients 57 & Existing Clients 24)

Total Visits 133

Mental Health (Adults)

Total Patients 1162 (New Clients 577 & Existing Clients 585)

Total Visits 16681

Mental Health (Child/Youth)

Total Patients 345 (New clients 263 & Existing clients 82)

Total Visits 3077

V. CCO Update & Review

Due to time constraints, Anderson will present this information at the April 2013 meeting.

VI. Announcements

- People First Open House – March 30th at the Methodist Church

VI. Agenda for Next Meeting

- CCO Structure and Interface - Anderson (10-15 minutes)
- Quality Improvement – Ann Brown (20 minutes)
- Strategic Planning – All (remainder of time)

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
April 5, 2013**

Present: Eleanor Daniels, Amy Baird, John Wolcott, Steve Gallon, Jon Tripp, Dennis Epstein, Hilary Harrison, Sebastian de Assis and Chris Foulke

Excused: Dawn Marie Oakes

Absent: Amy Harding

Staff: Jeanne Nelson, Mitch Anderson, Mark Crocker, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:15 pm by Dennis Epstein, Chair.

II. Approval of February and March 2013 Minutes

The February 2013 minutes were presented for approval.

Motion made by Steven Gallon to approve the February 2013 minutes as written. Amy Baird seconded the motion, so approved by unanimous vote.

The March 2013 minutes were presented for approval. The following was noted to be added to the minutes:

- Section III Mental Health Screening, add “Mental Health Assessment” handout

Motion made by Jon Tripp to approve the March 2013 minutes with above addition. John Wolcott seconded the motion, so approved by unanimous vote.

III. Coordinated Care Organization (CCO) Structure and Interface

Anderson provided a PowerPoint presentation provided by Inter-Community Health Network (IHN):

- The CCO's are public, private, and non-profit partnerships joined together for the planning of the three county region – Lincoln, Linn, and Benton
- The mission is to improve the health of the community while lowering or maintaining the cost of care
- The main strategies are coordinating health initiatives, seeking efficiencies through blending of services and infrastructure, and engaging stakeholders to increase the quality and reliability of care
- In the late 80's there was dissatisfaction with the Medicaid system and planning was initiated by John Kitzhaber who at that time was the Senate President. This led to a waiver that Oregon received to develop the Oregon Health Plan

- Inter-Community Health Network (IHN) was one of the plans that was formed and developed during that time
- In 2011, it was agreed that IHN would be the vehicle for the CCO entity.
 - Public voice and involvement was an important component in developing the new structure
 - There is Board of Commissioner representation from each county on the IHN-CCO.
- The CCO application was approved and awarded in August 2012
- The structure of CCO includes the Governing board, Samaritan Health Plan Operations - IHN, Dental Plans (in the future), non-emergent transportation, residential services (by July), Long-Term Care (still some questions on this one).
- The Regional Planning Council meets monthly and advises the IHN-CCO.

Anderson answered questions as they arose during the presentation. **Action:** Will put on the agenda for next meeting for continued questions and answers.

IV. Quality Improvement Plan

Ann Brown, Health Systems Quality Improvement Manager provided a presentation on Benton County Health Services Performance Management and Quality Improvement

- Purpose is to provide context and guide processes for performance management and quality improvement activities at Benton Health Services
- Why Measure System Performance
 - Communicate alignment with mission and create focus
 - Improve the health of community
 - Demonstrate value to clients and community
 - Influence behavior – what gets measured tends to get done
 - Facilitate learning – spot on and missing the mark
- Policy Statement
 - Commitment to linking mission to performance measures
 - Systematically reporting, evaluating and improving the quality of programs, processes and client-centered services. Goal is to achieve the best possible health outcomes and to make efficient and effective use of resources
- How will Performance Measurement Help
 - Inform strategic planning
 - Inform budget process
 - Attract grant opportunities and incentive programs
 - Improve efficiency and effectiveness
 - Increase accountability to public

- Align with Mission and Create Focus
 - Identify strategic aims
 - Identify program outcomes
 - Identify indicators / measurements that demonstrate success
 - Relate program outcomes to department goals
 - Identify resources for success
 - Build budgets to support outcomes

- Critical Initiatives
 - Reduce time to close encounters
 - Improve satisfaction survey content and process
 - Build QI capacity
 - Improve panel management practices
 - Attain national public health accreditation
 - Development of client services staff

V. Announcements

- NAMI is running Family-to-Family meetings starting Thursday for 12 weeks.

VI. Agenda for Next Meeting

- Q & A Follow-up on CCO Structure and Interface - Anderson
- Brief Follow-up discussion on presentation: Quality Improvement Plan
- Strategic Planning Focus continuation – All
- Agenda Items for Future

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
May 7, 2013**

Present: Amy Baird, John Wolcott, Jon Tripp, Dennis Epstein, Eleanor Daniels, and Amy Harding
Excused: Steve Gallon and Hilary Harrison
Absent: Chris Foulke, Sebastian de Assis, Lisa Pierson, and Dawn Marie Oakes
Staff: Jasper Smith, Mitch Anderson, Mark Crocker, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:15 pm by Dennis Epstein, Chair.

II. Approval of April 2013 Minutes

The April 2013 minutes were presented for approval. Due to no quorum for the meeting, minutes were tentatively approved.

Motion was made by Jon Tripp to tentatively approve the April 2013 minutes as written. John Wolcott seconded the motion, so approved by unanimous vote.

III. Coordination Care Organization (CCO) Structure and Interface - Question & Answer

Anderson answered questions from the committee regarding the CCO structure and interface. The scope over time is still unclear. The thought is that overtime there will be less uninsured.

The following was noted:

- Interface with the Benton Local Advisory Committee (BLAC) is premature at this time as they are just starting up. Hilary Harrison is a member of BLAC and would be a good liaison between the two committees. Anyone can attend a BLAC meeting as a citizen.
- All partner agencies in the CCO have agreed to keep their doors open for clients on the Oregon Health Plan.
- Benton County Health has the goal of being a specialist for people with chronic illness including major mental illness.

IV. Quality Improvement Plan (QIP)

Epstein expressed some concern in providing "support" for the Quality Improvement Plan as requested by Ann Brown. There was a lack of review and not enough clarity for endorsement.

Some members questioned the purpose of the presentation and why the committee was included. It was agreed that Epstein would contact Brown with feedback per discussion. .

V. Strategic Focus Planning

The committee will use the entire June meeting to brainstorm the following services areas:

- Adult Mental Health and Addictions
- What the uninsured population will look like
- Employment opportunities
- Access to technology
- Transportation
- Vocational rehabilitation

- Developmental Disabilities
 - Employment
 - Pay differential
 - Integrated vs. sheltered
 - Employment opportunities
 - Access to technology
 - Transportation
 - Vocational rehabilitation

VI. Agenda for Next Meeting

- New Business and Announcements
- Strategic Focus Planning

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
June 4, 2013**

Present: Eleanor Daniels, Amy Baird, John Wolcott, Steve Gallon, Jon Tripp, Dennis Epstein, Hilary Harrison, and Amy Harding

Excused: Dawn Marie Oakes

Absent: Sebastian de Assis and Chris Foulke

Guest: Michael Anderson

Staff: Jeanne Nelson, Mitch Anderson, Jasper Smith, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:15 pm by Dennis Epstein, Chair.

II. Approval of April 2013 Minutes

The April 2013 minutes were tentatively approved at the May meeting.

Motion was made by John Tripp to approve the April 2013 minutes as written. Amy Baird seconded the motion, so approved by unanimous vote.

The May 2013 minutes were presented for approval. Add Eleanor Daniels as being present.

Motion was made by Amy Baird to approve the May 2013 minutes as amended. Jon Tripp seconded the motion, so approved by unanimous vote.

III. Letter of Support for Benton County Drug Treatment Court

Nelson provided a brief overview of the Drug Treatment Court program. All were in favor of Epstein, Chair to sign the letter of support as written.

IV. Strategic Focus Planning / Brainstorming Session

The following information was captured from the brainstorming session:

Mental Health	Addictions	Developmental Disabilities
Trauma Informed Care	What is the need	Pay Differential
		"Sheltered"
Access to Care <ul style="list-style-type: none"> • Best • Appropriate • Reimbursement 	Access to Care <ul style="list-style-type: none"> • Best • Appropriate • Reimbursement 	Access to Care <ul style="list-style-type: none"> • Best • Appropriate • Reimbursement
Integrated with Primary Care (BC Health)	Integrated with Primary Care (BC Health)	Integrated with Primary Care (BC Health)
Technology	Technology	Technology

Employment	Employment	Employment
Transportation	Transportation	Transportation
Vocational Rehabilitation	Vocational Rehabilitation	Vocational Rehabilitation
Cultural and Language Competency	Cultural and Language Competency	Cultural and Language Competency
County services interface with Community	County services interface with Community	County services interface with Community

The committee decided to focus on the following three main topics that can carry over to all three programs – Mental Health, Addictions, and Developmental Disabilities

Access to Care / Resources

- Best Practice
- Appropriate
- Reimbursement
- Transportation
- Uninsured demographics
- Technology

Trauma Informed Care

- Integrated with Primary Care / County
- Cultural and Language Compliance

Employment

- Vocational Rehabilitation
- Transportation

VI. Agenda for Next Meeting

- New Business and Announcements
- Strategic Focus Planning

Meeting was adjourned at 6:40 pm

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
December 3, 2013**

Present: Amy Baird, John Wolcott, Jon Tripp, Dennis Epstein, Hilary Harrison, Steve Vets, and Chris Foulke

Excused: Steve Gallon and Lisa Pierson

Absent: Eleanor Daniels

Staff: Mitch Anderson, Jeanne Nelson, Jasper Smith, Kelly Locey, Raina Wickham, Susan Hanely, Laura Foerst, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:19 pm by Dennis Epstein, Chair.

II. Approval of November 2013 Minutes

The November 2013 minutes were presented for approval.

Motion was made by John Wolcott to approve the November 2013 minutes as written. Steve Vets seconded the motion, so approved by unanimous vote.

III. Announcements

- Hilary – A suicide prevention forum will be held at Corvallis High School on December 16th. There will be two sessions; 4:00pm for teachers, and 7:00pm for parents and community members. Benton County Health Navigators will be translating flyers into Spanish and be present for simultaneous interpretation during the forum. It is noted that a “thank you to Corvallis School district in making the big jump in organizing this event for the community.”
- Hilary – There is now a Youth Mental Health Coalition for Benton County. The group has met a few times and has come up with six goals areas of focus.
- Chris provided a resource handout on nutrition.

IV. Strategic Focus -

As a continuation of the MHADDAC gathering information on programs/services, today's meeting has three Benton County Health staff in attendance for question/answer session: Raina Wickham, Qualified Mental Health Professional (QMHP), Susan Hanely, Peer Specialist, and Laura Foerst, Behaviorist

The focus of integration has been happening for some time and Benton County is fortunate to have mental health and primary care in the same building. There are several systems in place that have proven to be beneficial, one being the electronic health record (EHR). There are positives on being able to see the client's records on the types of services they

have been receiving. The EHR helps to provide better communication between mental health and physical health.

Hanley's position as a Peer Specialist is a good example of integration. Her Mental Health supervision is by the Mental Health Program Manager, her supervisor manager is the Health Navigator Program Manager, and provides services based essentially in Health.

The Peer Specialist may work one-on-one with clients as well as teaching classes. Hanley just completed a course/group for clients on Living Well with Chronic Conditions. Brochures were handed out to MHADDAC. The focus is to help individuals to live better, healthier lives. The curriculum includes exercise, eating healthy, stress indicator awareness, and how to advocate for themselves. Peers also hold a Mindfulness course/group for pain management. It helps individuals with co-occurring disorders to manage their diabetes, hypertension, etc. These groups are fidelity-based, curriculum-based and able to encounter as billable services.

An example was given regarding a recent referral to a Peer Specialist for a client to swim. The peer would take the individual swimming several times a week. This gets the client out in the community as well as promoting physical health. Another example is, for six months there was a swimming group. This group got too large and unfortunately had to cancel due to taking too much staff time (several staff had to attend). The good news is that some of the clients have continued on swimming and vouchers have been provided to some

Wickham and her team work closely with Carol Oldshield, RN Care Coordinator. Oldshield attends the weekly Assertive Community Treatment (ACT) team meetings and is an excellent navigator of health care and provide warm hand off. She also works with those who are transitioning out of higher level of care. The one constraint of Oldshields position is that mental health can only utilize her if the client has primary care at Benton County. However, she does provide consultation and referrals if needed as she is an excellent resource and connection into the community.

The ACT team currently serves 25 clients who have co-occurring disorders. The team delivers medication to clients and may attend doctor appointments with them. This has been successful in helping the client to be their own advocate. A Wellness Management Recovery course/group is also available. The recovery focus is living life in recovery, focusing on health instead of illness. The course goes into all aspects of life, setting goals around health and wellness, and encouragement of communication with primary care providers.

The ACT team also may help coordinate care for clients who are at Good Samaritan Hospital who may need a little more services for discharge.

The Behaviorist position works in primary care and sees the "easier diagnosis". If she feels the symptoms are escalating she discusses the situation with the mental health staff. Her position being under primary care has helped those who have been traumatized with the mental health system or who are afraid of the stigma of receiving mental health services. All of her services are billed under primary care. Ideally, Benton County Health Services would like to have a billing system that is all the same for both Mental Health and Primary Care services.

Improvement for access to care, team-based care, and ability to work well as an integrated system could dramatically improve in a new building. This has been a continued conversation topic with the Board of Commissioners and a workgroup has been reviewing how to do this.

V. Next Meeting Agenda

- Strategic Focus Planning – Review of Information and Brainstorming Session
- Nomination and Election of Chair and Vice-Chair Positions

Adjourned at 6:36 pm

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
November 5, 2013**

Present: Amy Baird, John Wolcott, Jon Tripp, Dennis Epstein, Hilary Harrison, Eleanor Daniels, and Chris Foulke

Excused: Lisa Pierson, Dawn Marie Oakes, and Steve Vets

Absent: Sebastain de Assis

Staff: Mitch Anderson, Jasper Smith, Carol Oldshield, Kyle Homertgen, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:20 pm by Dennis Epstein, Chair.

II. Approval of October 2013 Minutes

The October 2013 minutes were presented for approval.

Motion was made by Hilary Harrison to approve the October 2013 minutes as written. Amy Baird seconded the motion, so approved by unanimous vote.

III. Announcements

- Annual Developmental Disabilities Christmas play will be held on December 4th.
- Chris Foulke will be holding an event on Nutrition for Better Body & Brain Series - Healthy Views: Natural Healing Approaches for Mental Health on November 20th from 6:00 – 7:40 pm at the Grace Lutheran Church in Corvallis
- Oregon Family Support Network (OFSN) has partnered with ARC of Benton County for clients to attend and Oregon State University basketball game.
- OFSN will be hosting two family dinners this month at the Grace Lutheran Church in Corvallis
- Harrison has been nominated for a seat on the Regional CCO – this will be a great link between the CCO and MHADDAC.

IV. State Funding

In January the state will be taking away a large amount of funding and will be doing a Request for Proposal for “new” money. Currently there are three state grants that Mental Health is working on for submission: Oregon Health Authority Rental Assistance Program, Expanded Crisis Services, and Mobile Crisis Service.

The Addictions and Mental Health website is the best resource for the most up to date information: <http://www.oregon.gov/oha/amh/Pages/MHinvestments.aspx>

IV. Strategic Focus -

Benton County Health Services staff Carol Oldshield, RN and Kyle Homertgen, DO were in attendance to share their input on care teams in relation to Mental Health. A brief background was provided from guest.

There are two care teams – orange and purple. The purple team consists of a scheduler, physician, two nurse practitioners, pharmacist, RN coordinator, and medical assistant. The orange team consists of a scheduler, D.O., physician assistant, pharmacist, RN coordinator, and three medical assistants. Both teams see adults; however, the purple team focuses on women and children's health.

Oldshield reported that she mostly works with the orange team triaging questions, consulting, dealing with medication issues, and home visits to help with issues, etc. There can be variations on all of these depending upon what the need is at the time. For clients who are uninsured and need help finding resources she coordinates efforts with Aleita who works for the homeless coalition and drop in center. She also works with a social worker at Community Outreach Inc, when they have someone in a medical bed that they are concerned about.

She would ideally like to be closer in proximity to the team she works with; to see the client at the same time as the physician and provide a warm handoff.

Homertgen, who is new to Benton County Health Services, looks at the patient as a whole person; he does not separate out the mental health and the body. The main cause of mental health and chronic disease is lifestyle choices.

He sees nutrition as a key component to overall good physical and mental health. Ideally he would like to see services provided that would help teach clients how to cook/prepare meals with more plant based foods and healthy proteins. Building a more integrated focus on meeting the client where they are at, looking at their lifestyle, access, and resources to make a functional change. In addition, he would like to see more health coaches and RN's going out to clients homes doing real home health nursing.

Both Homertgen and Oldshield voiced the desire and need to start groups at BCHS to teach clients how to purchase quality healthy foods with limited income as well as cooking classes.

VI. Agenda for Next Meeting

MHADDAC requested that Anderson invite a few Mental Health staff to the December meeting.

- Strategic Focus Planning – Question and Answer Session
 - Mental Health Staff

Adjourned at 6:36 pm

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
October 1, 2013**

Present: Amy Harding, John Wolcott, Jon Tripp, Dennis Epstein, Hilary Harrison, Lisa Pierson, Eleanor Daniels, Steve Vets, and Chris Foulke

Excused: Steve Gallon

Absent: Sebastain de Assis and Dawn Marie Oakes

Staff: Mitch Anderson, Jeanne Nelson, Jasper Smith, Kelly Volkmann and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:19 pm by Dennis Epstein, Chair.

II. Approval of September 2013 Minutes

The September 2013 minutes were presented for approval.

Motion was made by Jon Tripp to approve the September 2013 minutes as written. John Wolcott seconded the motion, so approved by unanimous vote.

III. Announcements

- Jon Tripp will be attending an annual Oregon Disability Mega Conference on October 16th – 18th.
- John Wolcott expressed his concern regarding a recent conversation with a local law officer on the Medical Health database. The officer voiced to Wolcott that Benton County Mental Health (BCMh) hasn't done anything with the database so it doesn't work. Anderson shared with the committee that there are a few people on the database and reassured that he and BCMh are doing their part. Anderson will follow-up with law enforcement contact and provide an update at the next MHADDAC meeting.
- Anderson reported that reduction of funding from the state is anticipated. New investment dollars are coming out that will most likely be a Request for Proposal (RFP). At this time it's unsure exactly what it will look like. This will be an agenda item for November or December when information is available.

IV. Strategic Focus -

Volkmann, Health Navigation Program Manager provided a PowerPoint presentation and question & answer session on Traditional Health Workers and what services her navigation team is providing for Benton County. The documents/presentation she referenced is attached.

It was suggested to invite a Benton County Health Services Physician and RN Care Coordinator to the next meeting for a question/answer session regarding care teams.

VI. Agenda for Next Meeting

- Strategic Focus Planning – Question and Answer Session
 - Care Teams – BCHS Physician and RN Care Coordinator
- Medical Health Database Follow-Up.
- State RFP

Adjourned at 6:36 pm

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
September 3, 2013**

Present: Amy Harding, John Wolcott, Jon Tripp, Dennis Epstein, Hilary Harrison, Lisa Pierson, Eleanor Daniels, and Chris Foulke

Excused: Steve Gallon and Dawn Marie Oakes

Absent: Sebastain de Assis

Guest: Cecelia Carey

Staff: Mitch Anderson, Jeanne Nelson, Jasper Smith, Kelly Volkmann and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:17 pm by Dennis Epstein, Chair.

II. Approval of August 2013 Minutes

The August 2013 minutes were presented for approval. The following were noted changes:

- Add Steven Vet as guest
- III. Legislative Update, Mental Health - Add the word “parental” before opt

Motion was made by Jon Tripp to approve the August 2013 minutes with noted changes. Hilary Harrison seconded the motion, so approved by unanimous vote.

III. Announcements

- Jon will be attending a Oregon Self Coalition meeting September 12 - 15.

IV. Strategic Focus -

Anderson shared the standards “Overview of Oregon PCPCH Measures with the committee by PowerPoint presentation – Benton County is tier 3 (which is the highest). The documents he referenced are attached.

A member asked for the definition of a primary care home. Anderson responded by saying - it is the base place where an individual receives their health care. It is tied to a team, in essence lead by a physician and it’s the entity that provides and coordinates your care. It is where you receive your base medical care from and the hub for coordinating and assuring that your health needs get met.

Volkmann provided overview of Community Health Workers in Primary Care Homes: A Continuum of Services. The handout is attached. Due to time constraints, continuation of presentation and question/answer session will happen at the October meeting.

VI. Agenda for Next Meeting

- Strategic Focus Planning continued with Kelly Volkmann with Q&A.

Adjourned at 6:41pm

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
August 6, 2013**

Present: Amy Baird, John Wolcott, Jon Tripp, Dennis Epstein, Hilary Harrison, Chris Foulke and Eleanor Daniels

Excused: Lisa Pierson and Dawn Marie Oakes

Absent: Sebastain de Assis

Guest: Steve Vet

Staff: Mitch Anderson, Jeanne Nelson, Jasper Smith, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:17 pm by Dennis Epstein, Chair.

II. Approval of July 2013 Minutes

The July 2013 minutes were presented for approval.

Motion was made by Jon Tripp to approve the July 2013 minutes as written. Amy Baird seconded the motion, so approved by unanimous vote.

III. Legislative Update

The session ended July 8th. Anderson reviewed key bills that were passed that are in line with MHADDAC's charge.

Addictions:

- Removes exceptions for treatment of people who are convicted of driving under the influence (DUI). Previously insurance companies could deny treatment if a person had a DUI.

Coordinating Care Organization (CCO):

- Mental health and addiction professionals credentialed in one CCO are now portable across all CCO's.
- Method for accounting costs regarding providing innovated and non-traditional health services.
- Established some limits of the contracts that are five years long with automatic renewals based on certain meeting standards. Tied in with this language was provision that the community advisory council hold semi-annual meetings that are open the public as a way to address the issue of needing public involvement

Civil Commitment:

- There can be an outpatient civil commitment program where counties can choose to work with judges who commit individuals on an outpatient basis.

- Created a separate civic commit process for those deemed extremely dangerous and resistant to treatment but have not been adjudicated in the criminal system because their mental illness. It allows for a process to commit individuals for up to 2 years and then bring them out and be placed on Psychiatric Security Review Board (PSRB) for monitoring.

Cultural Competencies:

- Non-traditional health care worker has been renamed to traditional health worker. A workforce is in the process and details are being worked out. The Oregon Health Authority and Department of Human Services is to work on adopting better standards for data collection around minorities.
- Requires health related licensing boards to have culture competency trainings.

Developmental Disabilities:

- County – re-strengthened the county role in terms of the oversight of the developmental disabilities system.
- Choice issues – individuals to have three choices of different types of placements whenever possible.
- Rate adjustments to match rate to services.

Mental Health:

- Parental opt out provisions for schools wanting to do mental health screenings.

Budget:

- Mental Health budget has not been confirmed; addictions basically the same. MH saying 34% increase; however, 148 million in the addictions and mental health budget that was moved to DMAP which is the Medicaid agency. This is going to be matched and go to the CCO's and it is unclear and no direction on how it will be used.
- State hospital had a 4% increase, which is a mostly inflationary increase.
- There are still meetings happening on Early Psychosis Intervention Project programs and what if any funds are available.
- DD budget is basically even.

IV. Strategic Focus -

Members reviewed the strategic focus areas from last the meeting.

Epstein asked for clarification/expansion on what is a Traditional Health Care Worker. Harrison reported that they are now called Traditional Health Workers (THW). THW's is the use of people in the community in terms of their ability to impact someone's health. Doing things at the lowest community level, meeting them where they are instead of

having them come in for services. It is written in the legislation as part of the CCO that they need to use traditional health workers

Traditional health workers (working definition) are typically individuals in the community providing services that are cost effective, culturally appropriate and may or may not be” licensed professional”; however, are providing valuable service. Examples of a traditional health worker is community health workers, navigators, and peer specialists.

Some committee members asked for clarification on if they should be looking at all providers under the CCO in regards to the focus areas. The purpose of MHADDAC is to advise the Board of Commissioners and Benton County Health Department programs and evaluate the program performance not compare to the different providers in the CCO.

Members expressed the need to have more information on Best Practice – Integrated care before coming up with questions and inviting a presenter. The following are ideas from the committee members on how to better education themselves:

- Show how the principles are being implemented at BCHS and give MHADDAC a chance to review, using the Patient Centered Primary Care Home documents as a set of criteria to make an assessment. Are there gaps or discrepancies?
- A couple case studies could be brought to the committee by staff for a better understanding.
- A walk thru where a person role plays as a potential client and attends the first few encounters in order to get a feel of what it is like to be a client in the system. A presented case study is a filter thru the eyes and assumptions of the existing staff. This would give a more candid view.
- Are their clients who would be willing to discuss their experience at BCHD to MHADDAC?
- The county has gone through a process of setting up primary health care homes – would like to know before and after challenges, growth and what if anything is still a struggle.
- Are there professionals in other agencies that essentially help clients navigate and refer thru a procedure to county services? Can they share their experience?
- Case studies of individuals in different urgency categories; such as, PSRB and suicidal

V. Announcements

- NAMI/OFSN barbeque picnic was a big success, feeding over 165 people.
- Jon Tripp will be attending the Developmental Disabilities Policy Oversight Council meetings.

- Oregon Family Support Network and Developmental Disabilities program will be holding a swim event at the end of August at Osborne Aquatic.
- The regional advisory committee has 2-3 open seats available. The local committee has seats available also. For the local committee, applicants need to be on the Oregon Health Plan (OHP) or a caregiver of a person on OHP.
- Steve Gallon thanked Anderson and Shandy for sending out the Patient Centered Primary Medical Care documents to the members.

Epstein polled members on who plans to attend the September meeting. Gallon and Harding plan on being absent, all others will be in attendance. Meeting will happen as scheduled.

VI. Agenda for Next Meeting

- Strategic Focus Planning

Adjourned at 6:30 pm

**Mental Health, Addictions, and Developmental Disabilities Advisory Committee
(MHADDAC)
July 2, 2013**

Present: Amy Baird, John Wolcott, Jon Tripp, Dennis Epstein, Hilary Harrison, Lisa Pierson, and Eleanor Daniels

Excused: Steve Gallon, Amy Harding, Dawn Marie Oakes, and Sebastain de Assis

Absent: Chris Foulke

Staff: Bill Diehl, Mitch Anderson, Kelly Volkmann, Kelly Locey, and Tammy Shandy (recorder)

I. Call to Order and Introductions

Meeting was called to order at 5:16 pm by Dennis Epstein, Chair.

II. Approval of June 2013 Minutes

The June 2013 minutes were presented for approval.

Motion was made by Hilary Harrison to approve the June 2013 minutes as written. Amy Baird seconded the motion, so approved by unanimous vote.

III. Strategic Focus Planning

Epstein opened the discussion of strategic focus planning with a reminder of the top two focus areas - Quality of Care / Appropriate Care primary focus and Access of Care being secondary. The members and staff voted on their top two choices of sub-categories. The following information was captured:

Quality of Care / Appropriate Care	Votes	
	Staff	Members
Trauma Informed	2	3
Care – Integrated / Best Practice	1	5
Cultural Competency	0	3
Traditional Heath Care Workers	3	3

Access of Care	Votes	
	Staff	Members
Transportation	0	0
Uninsured	4	5
Communication (human and digital)	4	5
Primary Care / Mental Health (County)		1

A priority list was established by vote for MHADDAC strategic focus planning:

Quality of Care / Appropriate Care

#1 Care – Integrated / Best Practice

#2 Traditional Health Care Workers

Access of Care

#1 Communication

#2 Uninsured

The committee decided to invite representatives from the Care Coordinating Operations (CCO), County, and Samaritan to provide information on the focus areas. Anderson will put together a list of potential representatives and send invites. August meeting will focus on for brainstorming of questions and presentations will begin in September.

Anderson will gather 2–3 articles on Care Integration / Best Practices and will send out to MHADDAC.

IV. Announcements

The joint NAMI and OFSN potluck will be happening on July 12th from 5:00 – 9:00pm at the Lion Shelter, Avery Park in Corvallis. Meat will be provided; those attending are suggested to bring a side dish, such as a salad. 150 – 200 people are expected to attend.

The ARC annual meeting was recently held and there are four new members on the board for the ARC.

VI. Agenda for Next Meeting

- Strategic Focus Planning
- Legislative Updates
- Take Pole for September Meeting