MINUTES
MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
January 21, 2004

Members Present: Donalda Dodson, RN, MPH, Chair; Kathy Savicki, LCSW; David Pollack, MD; Gary Cobb; Ann Uhler; Carole Romm; Seth Bernstein, PhD; Bob George, MD; Casadi Marino, MSW.

Members Absent: Muriel Goldman; Bruce Piper.

Staff Present: Darren Coffman; Alison Little, MD, MPH.

Also Attending: Ralph Summers, MSW, Department of Human Services/Office of Mental Health & Addiction Services (DHS/OMHAS); Lara Smith, Trillium Family Services; Tracy Davies, Ely Lilly.

I. Call to Order

Donalda Dodson, Chair called to order the meeting of the Mental Health Care & Chemical Dependency (MHCD) Subcommittee at 8:40 a.m. Room 104 of the Meridian Park Hospital Health Education Center, 19300 SW 65th Avenue, Tualatin, Oregon.

II. Approval of November 12, 2003 Minutes

The Mental Health Care and Chemical Dependency Subcommittee minutes of November 12, 2003 were approved as written.

III. OMHAS Update - Ralph Summers

Ralph Summers reported that a stakeholder meeting for Senate Bill 267, which requires the implementation of evidence-based practices, was held last week. He also reported that OMHAS has begun implementation of the pharmacy management program. The contract was awarded to Comprehensive Neurosciences Incorporated and is being financed by Eli Lilly. In addition, there are 3 other topics in his update.

First, they have begun the project that integrates children's intensive treatment with local in-patient and outpatient treatment. Second, an RFP was extended over the last 2 months to provide Oregon Children's Plan services for both alcohol and drug and mental health. 26 counties responded, and they are awaiting the outcome of Measure 30 to see if they will proceed with implementation. $1 million of this $2 million project is on the cut list. The third item on his update agenda is the cut list itself. The information about what is to be cut is on the DHS website, but options are limited by House Bill

5077, which directs the department what to do, and does not allow movement of funds from one program to another. The department is, however, looking at where they might move funds if they were allowed to. Ann Uhler reported that Jean Thorne testified that the services most at risk are outpatient mental health and alcohol and drug.

Regarding Senate Bill 267, David Pollack distributed a handout from the stakeholder meeting that provides operational definitions for various levels of evidence. He explained that, for those departments that are affected (Criminal Justice, Corrections, Mental Health and Addiction Services) 25% of their funding must go to providing services that are evidence-based. In the next biennium, 50% must be evidence-based, and in the following biennium, 75%. The challenge for the stakeholders is to figure out how to implement the mandate. In addition to defining levels of evidence, the meeting addressed a history of the bill, a discussion of possible rule making, how to balance outcomes and cost, and a draft work plan. It is yet to be determined which levels of evidence should be allowed. Workgroups are being developed which are focused on the following:

- Definitions and fidelity scales
- Administrative Rule development
- Cost-effectiveness and outcomes

The next event occurs in two weeks and is a two-day conference with the Joint Committee on Judiciary. He referred the Subcommittee to the following reference for a good review of the topic: “Turning Knowledge into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices” at www.tacinc.org/cms/admin/cms/uploads/docs/EBPmanual.pdf. He stated that one idea for defining what level of evidence would be acceptable to meet the intent of the legislation is to develop a sliding scale, in which practices with higher levels of evidence get more credit than those with lower levels, but that the lower levels are not completely excluded, resulting in some incentives for research and trying new techniques.

Kathy Savicki noted that the research is not nearly as available for the mental health system as it is for corrections and the justice system. She is also concerned about the availability of resources to implement this project. She encouraged David Pollack to explain the limitations of research in the mental health system to the legislature.

Seth Bernstein asked which workgroup would address the monitoring processes that will be set up for assuring compliance. David Pollack answered the Rules Committee probably would, though Ralph Summers noted that elements of this may be present in all 3 committees.

Bob George expressed concern about the fact that most children have multiple diagnoses and multiple problems, and hence don’t fit nicely into many evidence-based schemes. Ralph Summers responded that they are addressing this, and reminded the Subcommittee that what is measured is the amount of money spent, that most of the

money spent is on high-end kids, and that the juvenile justice population is underserved. He stated that he doesn't believe it will be difficult to demonstrate that 25% of current funding goes to evidence-based practices. What is important is to create a system that most people think is reasonable, and that they measure and report. It will likely be more difficult to reach the required percentage as it increases to 50% and then 75% in future biennia.

David Pollack reported that he had a meeting with Eric Walsh and briefed him on the medication initiative. It was a productive meeting, and no further action is needed by the Health Services Commission at this time. He then gave a more expanded update on the medication management program, reporting that an outside consultant, Comprehensive Neurosciences, will be using outpatient pharmacy utilization data to identify undesirable prescribing practices from a quality or cost standpoint. Only fee-for-service mental health drugs, written by both mental health practitioners and primary care providers, will be analyzed. The project will be funded by Eli Lilly. The first phase of the contract goes through September, and a report to the legislature will be made in January. One of the goals is a 3.5 to 4% decrease in the mental health medication budget. The process includes data analysis, sending letters to prescribers suggesting alternatives, evidence-based prescribing practices (multiple drugs in the same class, dose consolidation, pill splitting) and providing one-on-one consultation with psychiatrists. There is no prior authorization component to it.

The second medication project that is underway is the Texas Implementation of Medication Algorithm, a prospective approach to medication prescribing for the 3 major classes of psychotropic medications. It includes an evidence-based prescribing algorithm, patient education and a standardized progress note.

IV. Mental Health Services for Children 0 to 3 - Kathy Savicki

Kathy Savicki reported that many of the mental health diagnoses do not easily translate to very young children. To clarify this, she distributed 2 handouts. The first was a diagnosis system for infants and young children that mirrors DSM in that it has 5 axes, but includes information specific to an infant. Axis 1 includes such elements as stress and mood disorders, regulatory disorders, sleep behavior, eating problems, communication and attachment disorders. Axis 2 deals with relationship issues, and the other axes are the same as for adults. The second handout was a crosswalk created by the California Medicaid system between the diagnostic system described earlier and DSM-IV. There was discussion about how to use this information, and it was the consensus of the group to create a workgroup to determine how to implement the system and begin the education process for mental health providers on how to use these codes. Ralph Summers encouraged use of these codes, as mental health funding for adults may be lost, and this will be a good way to identify those services provided to children. He offered one staff person to help with this.

Kathy Savicki asked about timing related to the biennial review. Darren Coffman asked if a significant cost impact was anticipated, and the answer was no, at least not in the short-term. Bob George pointed out that those conditions currently below the line should be reviewed, to see if they need to be moved up the List when applied to children. Darren Coffman reported that the biennial review process needs to be completed by the end of May. Ralph Summers noted that the utilization for this age range (0-3 years) was so small that it would not have any financial implications. It was agreed that the workgroup should originate in Donalda's office of child health, and that DHS executive staff would be consulted about next steps. At the next meeting, HSC staff will bring a report of where each child diagnosis resides on the List, and subcommittee members will bring back direction from their various agencies.

V. Changes in Intensive Mental Health Services for Children -Ralph Summers & David Pollack

Not discussed.

VI. 2004 Biennial Review

A. Potential split of A&D services into medication vs. non-medication line items - Ann Uhler

Darren Coffman reminded the group that this topic was discussed at the last meeting. Ann Uhler commented that the group might want to consider splitting out diagnoses that are specifically treated with some medications, for example, opiate addiction and methadone treatment. There was discussion about the rationale for such a split, which is an increase in specificity, especially since there are so few chemical dependency lines. Kathy Savicki reminded the subcommittee of the reason for this paucity of lines historically, which was the belief that it is equally critical to treat all kinds of drug abuse, and that it is just as important to treat abuse as it is dependence, in the spirit of prevention. After additional discussion, it was agreed to split out opiate abuse and treatment, and place this condition-treatment pair on another line. The rationale is that the evidence regarding effectiveness for opiate addiction is significantly different from treatment of the other abuse disorders. It was agreed that adequate public notice of such a proposed change was important, hence Ann Uhler and Kathy Savicki will consult with a variety of providers, Gary Cobb will discuss with consumers and Alison Little will present the concept to the OHP medical directors. David Pollack noted that the alcohol and drug community continues to be underrepresented because Muriel Goldman and Bruce Piper have not been attending these meetings. Darren Coffman and Ann Uhler will draft a new line for review at the next meeting in March, using consultation from Dr. McCarty at OHSU.

B. Provider Letter

Alison Little passed out a draft letter to solicit feedback in the biennial review process from mental health providers. She explained that it is the same letter that was sent to several other physical health specialties, and she asked the subcommittee how they would like to modify it to reflect their questions. Kathy Savicki noted that psychiatrists are likely the only mental health professionals who will respond, hence she doesn't believe the letter needs to be sent to any other groups. After additional discussion, it was decided to not to send a letter at all, but to poll provider groups on a one on one basis. Kathy Savicki felt there was no point in discussing biennial review issues with the various provider groups, because all they are concerned with at this time is access. It was agreed that a detailed review of the Prioritized List would not be productive, since the legislature chose to ignore the prioritization and remove mental health services from coverage last spring.

VII. Other Business

There was discussion about the implications of the failure of Ballot Measure 30, including proposed cuts, departmental rebalancing and possible use of the provider tax.

VIII. Public Comment

There was no public comment.

IX. Adjournment

Donalda Dodson adjourned the meeting at 10:30 a.m. The next Mental Health Care and Chemical Dependency Subcommittee meeting will be held on March 17, 2004, 8:30 a.m. to 10:30 a.m. in Room 104 of the Meridian Park Hospital Community Health Education Center, 19300 SW 65th Avenue, Tualatin, OR.

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Donald Dodson, RN, MPH, Chair

MINUTES
MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
May 19, 2004

Members Present: Donalda Dodson, RN, MPH, Chair; Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Carole Romm; Seth Bernstein, PhD; Casadi Marino, MSW.

Members Absent: Gary Cobb; Bob George, MD.

Staff Present: Darren Coffman; Alison Little, MD, MPH.

I. Call to Order

Donalda Dodson, Chair called to order the meeting of the Mental Health Care & Chemical Dependency (MHCD) Subcommittee at 8:40 a.m. Room 104 of the Meridian Park Hospital Health Education Center, 19300 SW 65th Avenue, Tualatin, Oregon.

II. Approval of January 21, 2004 Minutes

The minutes from the previous meeting were reviewed.

MOTION: Accept the Mental Health Care and Chemical Dependency Subcommittee minutes of January 21, 2004 as written. MOTION CARRIES 7-0.

III. HSC Update

Darren Coffman reported that the Health Services Commission has been working on the actuarial benchmarking process. They have formed the HSC Actuarial Advisory Committee, a group of stakeholders to advise the Commission, who met in March and are due to meet again next week. The actuarial contractor is Mercer. There have been some difficulties getting the required data from OMAP, which is resulting in time pressure, since the final report is due August 1.

He explained that any biennial changes to the List need to be made by the Subcommittee today, as the HSC will be voting out the new 2005-2007 List next week. No major changes involving line movement are expected. He also told the Subcommittee that CMS has approved only 3 of the requested 30 lines to be eliminated from coverage, moving the funding line to just below chronic otitis media (Line 546).

The managed care tax has been approved, and the hospitals will be working with OMAP to gain approval from CMS of the hospital tax, to be used for the core benefit package, a limited hospital benefit and hospice. OHP Standard will close to new

enrollees on July 1. It is hoped that attrition will result in reduction of membership to around 25,000, though that does not appear likely. If additional reductions are needed, it is likely that eligibility will be based on income level. David Pollack related Dr. Rick Wopat's suggestion at the last OHP Medical Director meeting that services be limited rather than people. Seth Bernstein noted that Oregon Health Plan eligibility has always been income based, even at maximum enrollment. David reminded him that originally all were covered by an employer mandate, but that was never implemented.

IV. OMHAS Update

David Pollack gave the update since Ralph Summers was unable to attend. He reported that budget reduction options reflecting possible 10 to 20% cuts for the 2005-07 biennium have been requested from OHMAS. At the same time, the department is applying for more grants than they ever have before. Other activities include the evidence-based practice initiative and the psychiatric medication initiatives (retrospective drug utilization review, pill-splitting and dose consolidation, and medication algorithm). There is a new superintendent at the state hospital.

Ann Uhler reported that a review of 300 inmates found that the most common drug of abuse was methamphetamine, and that of users, 85% of the men had been on Ritalin as a child. The average education level was 8th grade (previously thought to be 11th grade). This was not seen to the same degree in women. She suggested this was a good opportunity for prevention (identifying at risk kids before they drop out of school, providing counseling as well as medication for children with ADD). David Pollack felt it was unlikely that all of those 85% met the criteria for ADD, and that it was likely that many suffered from childhood trauma. Identifying and treating the trauma could also be an effective prevention strategy. Kathy Savicki noted that extensive research is being done nationally on this topic.

Carole Romm asked about the primary care – mental health integration project. David Pollack responded that recommendations have recently been distributed to all FCHPs, MHOs and primary care groups which detail the expected discussions regarding integration at the regional and local level between primary care and behavioral health. The hope is that the primary care organizations will partner with the MHOs, rather than develop their own behavioral care system within their organization. In addition, the national medical director's council produces 2 to 3 technical reports per year, and he is chairing the one on behavioral health/primary care integration. There was a position statement that CMS published last fall clarifying that mental health services provided by a FQHC should be paid for by Medicaid, but it did not specify whether that payment should be from the medical/surgical bucket or the mental health bucket. Recently, FQHCs have been required to offer mental health services.

V. 2004 Biennial Review

A. Movement of Line 428, Identity Disorder

Darren Coffman explained that he had kept a log of recommendations for changes to the List over the last two years, and one of them was to move identity disorder lower on the List. Kathy Savicki asked for the definition of the disorder to be read. David Pollack read from the DSM-IV-TR book, as follows: "Identity Problem: This category can be used when the focus of clinical attention is on uncertainty about multiple issues relating to identity, such as long-term goals, career choices, etc". There was discussion about where to move the diagnosis or the line.

MOTION: Move ICD-9-CM code 313.82, Identity Problem, from Line 428 to Line 724, thus eliminating Line 428. MOTION CARRIES 7-0.

B. Renaming of Line 92, Rumination Disorder of Infancy

Darren Coffman stated that renaming the title of this line had been suggested on multiple occasions, but Alison Little wasn't sure how the Subcommittee wanted it re-named. The following definition was read: "Repeated regurgitation and re-chewing of food for a period of at least one month, following a period of normal functioning. The behavior is not associated with a gastrointestinal or other medical condition. The behavior does not occur exclusively during the course of anorexia or bulimia. If symptoms occur exclusively during mental retardation or pervasive developmental disorder they are sufficiently severe to warrant independent clinical attention." Alison noted that in infants, failure to gain weight and even death can result, while malnutrition is less likely in older children and adults. Seth Bernstein wondered why this is a mental disorder rather than a medical one. Several suggestions were made regarding movement of the line, including adding it to the failure to thrive line. Darren Coffman clarified that failure to thrive is a sign and symptom code, so doesn't appear on the List. Alison Little asked, if the intent is to leave the title and line as is, whether or not an age should be specified. It was ultimately decided to make no change in the line or it's title.

C. Potential split of Line 187, Abuse or Dependence of Psychoactive Substance, into opioid vs. non-opioid line items

Ann Uhler reported that she discussed this concept with a number of her colleagues, most of whom were unenthusiastic about proceeding with such a split. She said she wasn't sure what it would accomplish, and also noted that there are more and more medications being used for addiction, and she didn't know if they should all be clumped together or not. Carole Romm suggested developing evidence-based treatment guidelines for this line. David Pollack stated that he didn't believe this group should be doing this, as other groups already are. Kathy Savicki felt it would take too long to develop a guideline sufficiently comprehensive, before the field changed and made the guideline obsolete. Comparisons were made to migraines and hepatitis C. Kathy Savicki also noted that in the case of medical guidelines, they have been developed when less

than effective treatment was being delivered; and she did not feel that was the case on this line. The conclusion was that no changes would be made to the line. Ann Uhler asked how this line relates to formularies, as more drugs become available to treat addiction. David Pollack clarified that these are not class 7 or 11 drugs. Who manages the drugs is inconsistent, and dependent on what class they are in, not what disease they treat. In general, management of addiction drugs will be done by the fully capitated health plans, and the medical directors are the best avenue for affecting change. David Pollack is the liaison to that group.

D. ICD-9 CM Code Changes

Darren Coffman stated that he downloaded the 2004 changes to the mental health ICD-9-CM codes this morning, as they have just been released. They appear to all be revisions of code descriptions. There are no new codes. On the website, it was noted that they would be making changes to the psychalgia codes, in the 307 range, in October. The group asked for the definition to be read, which is as follows: "Pain disorder associated with psychological factors." It is being broken into two codes, one with no associated physical problems, and one with associated physical problems. It is currently on the somatoform disorder line. It was recommended to make no changes to the placement of this code.

MOTION: Accept the ICD-9-CM revisions as written. MOTION CARRIES: 7-0. Staff will review the wording of the line titles to see if they need revision.

E. Content of MHCD Subcommittee section of 2005 Biennial Report

Previously, Ralph Summers had suggested using the Mental Health and Chemical Dependency Subcommittee portion of the Biennial report to say something more about the activities of OMHAS, rather than just reporting on the Subcommittee. Kathy Savicki felt that the only reason to do that was if the Subcommittee felt they needed to explain why they weren't pursuing evidence-based activities like the full Commission was. It was agreed to include a few sentences explaining that the Subcommittee has delegated these activities to other organizations (OHMAS) in the section of the report that talks about the evidence-based process, rather than in the MHCD Subcommittee report.

VI. Mental Health Services for Children 0 to 3

Donalda Dodson stated she has not been able to meet with Ralph Summers yet, so has nothing to report. Alison Little had prepared a crosswalk between the early child codes and the List, which was distributed. Donalda assured the group that she would meet with Ralph before the next meeting. Alison asked for clarification regarding the goal of this initiative. Kathy Savicki explained that the goal is to give guidance to clinicians on identifying early childhood mental disorders and coding them appropriately. It is the equivalent of a screening device.

VII. Other Business

David Pollack reported about the seclusion and restraint reduction initiative that four state facilities has undertaken. He spoke about the trauma theory and trauma-informed care.

He also reported on the review of psychoactive medications that was being conducted by the Evidence-Based Practice Center at OHSU, in conjunction with the Health Resources Commission. Kathy Savicki asked what they would do with the results, since restriction of these drugs was prohibited by the legislature. David responded that 13 states are participating in the review, and some of them have preferred drug lists, so can make use of the recommendations. Objections have been raised by the American Psychiatric Association and the National Alliance of the Mentally Ill.

Darren Coffman reported on membership issues. Paul Potter from Cascadia Behavioral Health Care has agreed to join the Subcommittee to represent addiction services. Muriel Goldman has been notified that she will be replaced, but no specific names have been provided to Darren to pursue. He continues to seek a children's advocate. Both Donalda and Kathy's terms with the Health Services Commission are expiring soon, and they will need to be replaced. They can continue to serve on the MHCD Subcommittee, however.

VIII. Public Comment

There was no public comment.

IX. Adjournment

Donalda Dodson adjourned the meeting at 10:30 a.m. The next Mental Health Care and Chemical Dependency Subcommittee meeting will be held September 15, 2004, 8:30 a.m. to 10:30 a.m. Venue will be set at a later date.

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Donalda Dodson, RN, MPH, Chair

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

Meridian Park Hospital Health Education Center, Room 104
Tualatin, OR
November 17, 2004
8:30 – 10:30 a.m.

Members Present: Donalda Dodson, RN, MPH, Chair; Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Carole Romm, RN; Seth Bernstein, PhD; Casadi Marino, MSW, Paul Potter

Members Absent: Gary Cobb; Bob George, MD.

Staff Present: Darren Coffman; Alison Little, MD, MPH.

Guests: Diane Ponder, Ralph Summers, Anita Miller, Carl Foreman.

TOPIC	ACTION	RESPONSIBILITY	DATE
May 19, 2004 minutes	Unanimously approved as submitted		
Attempt to move standing meeting date away from 3rd Wednesday to accommodate schedule of Bob George	Send out e-mail on member availability	Darren to have Laura send e-mail	1-2 weeks
HSC Update: Benchmark rate study by Mercer now completed, both summary and complete report will be available in the next few weeks	Distribute summary report to all members electronically, full report will be available on the HSC website	Darren	When available
OMHAS Update: • Resources for recovery (planning grant) • Real choices systems change • Housing (from trust fund from sale of Dammasch) • Pharmacy management strategies	A more in-depth presentation on several of these topics will be given at a subsequent meetings	Ralph	Next meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
OMHAS Update (cont'd): • SB 267 (requiring evidence based programs) • Children's mental health system change initiative • Problems with state hospital Governors mental health task force completed report			
Technical corrections: Recommendations from OMHAS reviewed, as presented in spreadsheet titled "Recommended Condition/Treatment Pairings for Mental Health Codes Proposed for Inclusion as Technical Adjustments to the April 1, 2005 Prioritized List". The following error on the spreadsheet was noted: H2013 should not be added to Lines 245, 266, 267, 376, 535. H0037 already exists on the list (is not an addition, as memo suggests).	Corrections approved unanimously, with exception of errors.		
Codes for intensive children's services	Review for appropriate placement on list	OMHAS	Next meeting
Presentation by Diane Ponder regarding system of diagnostic classification of early childhood mental health disorders for ages 0-3. Handout reviewed (Memo Re: Early Childhood Mental Health Diagnostic Classification System Project).	Preliminary report is due in May, Subcommittee will review again at that time.	Diane Ponder	May 2005

TOPIC	ACTION	RESPONSIBILITY	DATE
Two young children's initiatives are ongoing through OMHAS: • Funds from Oregon childrens plan ($2 million) in Benton, Jackson, Josephine, Coos, Curry, Marion, Washington and Yamhill counties. • State incentive grant from SAMHSHA, $2 million, targets children 0-6 and families. RFPs completed, sites include Washington, Lane, and Lake counties and the Klamath Tribes. Uses starting early, starting smart program.	One page summary of both programs will be provided to Darren, to be distributed to Subcommittee	Ralph	Before next meeting
Agenda for January meeting	• Primary care mental health integration • Pharmacy initiatives	David David/Ralph	Next meeting