

# Behavioral Health Mapping Tool Technical Advisory Committee

## Meeting Discussion Notes



**DATE:** November 30, 2015  
**MEETING TITLE:** Behavioral Health Mapping Tool Technical Advisory Committee  
**COMMITTEE MEMBERS:** Dale Jarvis, Andrew Grover, Dan Thoma, Ari Wagner, Ann Ford, Chris Davidson, Silas Halloran-Steiner, Jill Archer, Chris Bouneff, Cindy Booth  
**STAFF MEMBERS:** Karen Wheeler, Justin Hopkins, Lindsay Newton, Jon Collins, Chelsea Guest, Jen Davis, Milena Malone, GERALYN Brennan, Kathleen Burns

Topic	Key Discussion Points	Action Items, Tasks, Decisions	Responsible Party	Due Date
Data	This group needs to define how we vet data.	Work into a future agenda. Decide which meeting works best.	Dale Jarvis Chris Bouneff	12/15/15
Legislative	What does this group need to accomplish to support the short legislative session? Nothing has been asked for in writing yet.	Be ready with milestones and a plan heading towards the 2017 Leg. Session. Create survey that rounds out the data in the maps.	Committee	1/30/16
Data	Need to determine the process of collecting the data from contractors and providers.	Document process for collecting data from contractors and providers.	Committee	
Communication	It would be helpful to know what OHA is communicating to Legislatures and in general about this committee to ensure that nothing is misrepresented.	Develop a set of talking points that will be consistently shared. Included in the talking points: Who we are talking about, who we serve, goal.	OHA with Committee input/review	1/1/16
Data	Is it possible to compare Oregon nationally? It would be great to see how we stack up against other states comparable in size.	Research national models	Committee	
Committee	This tool should be able to maintain transparency. The tool should include: <ul style="list-style-type: none"> <li>• Population</li> <li>• Services Provided</li> <li>• Financial (what is the investment)</li> <li>• Outcomes (Return on investment)</li> </ul>	Use these factors when the committee is deciding what to include on the tool.	Committee	

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Data	When deciding what data to include, it is recommended that it is digestible and not overwhelming. This leads to “rabbit hole” conversations.	Determine which data will be included in the map.	Committee	
Mapping Tool	There is a need to define what is currently in the mapping tool (need to dissect it) and then to define boundaries around the mapping tool.	Add to the agenda for the December meeting.	Dale Jarvis Chris Bouneff	12/15/15
Mapping Tool	Jon C. walked the committee through a BH Profile. The information is based on a 5 year rolling average. MH disorders are based on the poverty rates. Funding does not include county grants. Medication is not included, but medication management is included.	Continue to work through the profiles to determine what needs to be included in the map.	Committee and OHA	
Data	Changes to the BH profiles: Need to add Medicaid prevalence data, not just either/or. Should include all BH disorders, not just Serious and Persistent Mental Illness disorders. In order to not limit the scope, the data should include the entire population.	Change the profile data to include the reflected changes.	Jon Collins	
Committee	There is a BRFSS (Behavioral Risk Factor Surveillance System) survey that is broader and could be a good resource for this committee.	Send the survey out electronically to the committee.		
Mapping Tool	Who is the population?	Goal should be all Oregonians, but likely not possible. Need to be clear where we are and why. Population/prevalence should be agenda item at next meeting.	Committee	
Data	Medicaid numbers require a deeper discussion. What we are purchasing in the Medicaid section might or might not be the same. On the same	Discussion needed.	Committee	

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	note, CMHP agreements are not apples to apples.			
Rates	There are 13 different categories that include the expansions (disabled, children, foster, etc.). There is a different PMPM for each category. The rate is now base data payment and is not broken out with BH. Data are grouped by region rather than calculated by CCO, then risk adjusted to get CCO rates.	More discussion needed. The committee will email Chelsea Guest rate questions and she will come prepared to answer them at the next meeting.	Committee & OHA	12/11/15
Rates	Talking points and website info.	Chelsea Guest will create some rate talking points and the website info. She will email info to Lindsay Newton who will send it to the group.	Chelsea Guest Lindsay Newton	12/11/15
Rates	Discussion around how much is spent on behavioral health vs. allocation.	More discussion needed.	Committee	
Data	MAT drugs are prescription/pharmacy based. Methadone is billed as a professional claim, not pharmacy so shows in other categories. These data don't take into account off label drugs (ex: anti-seizure for bi-polar)	More discussion needed.	Committee	
Schedule	January and February 2016 meetings.	Create a doodle poll for the next two meetings.	Lindsay Newton	12/7/15

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Public Testimony	Key Discussion Points	Action Items, Tasks, Decisions	Responsible Party	Due Date
Drake Ewbank Bill Guest	Provided public testimony. They urged the committee to consider peer principles and asked if we have a way to break down county data distinct by CCO and by outcomes county spend vs. CCO spend.	Consider these factors when formulating the tool	Committee	

**Next Steps:**

- Set next meeting date.
- Set agenda with co-chairs.
- Identify resources and handouts for next meeting.