

## INFORMAL WORK SESSION MINUTES

March 7, 2011 2:00 p.m.

Oval Office

PRESENT: Commissioners Mary P. Stern, Leslie Lewis, and Kathy George.

Staff: Laura Tschabold, Christian Boenisch, Pat Anderson, and Silas Halloran-Steiner.

Guests: Hannah Hoffman, News-Register; Gordon Cook and Dennis Rogers, Road Improvement Advisory Committee (RIAC); and Jim Russell, Mid-Valley Behavioral Care Network (MVBCN).

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\* indicates item forwarded to formal agenda

Mary called the meeting to order.

\* Personnel - Pat presented personnel requests from various departments. See agenda for details.

2011 RIAC Annual Report - Gordon Cook announced that he is now the vice-chair of RIAC and Dennis Rogers is the new chair. He presented the annual report (see Exhibit A) and noted that he has been tracking the number of hits to the RIAC website (see Exhibit B). He pointed out that the site has gotten pretty good coverage, which may explain why the public is not coming to RIAC meetings. In response to a question from Dennis, Mary stated that having reports from RIAC annually is sufficient, since the Board also receives monthly updates from John Phelan and Leslie is closely involved with the committee. She said that the Board could request additional input from RIAC if any important issues come up.

The group discussed a list of intersections with safety concerns. Leslie stated that Public Works is working on costing out two options for improving the three-way intersection at Kuehne Road/Abbey Road/Hendricks Road: a roundabout and a second option that would allow free-flowing traffic from two of the three roads. She said that the second option would be a little less expensive, and both would require some right-of-way acquisition and wetland mitigation. She recommended doing some public outreach before making any changes to the intersection. Gordon stated that the second option would probably be most feasible.

Dennis stated that as a member of RIAC, he takes very seriously the responsibilities to identify road deficiencies, study the condition and use of county roads, and recommend a priority for correcting identified road deficiencies. He said that safety comes first. He stated that the focus for many years has been on bringing the county's pavement assets up to standard, but that focus may need to shift to include other things that have been neglected, such as improving drainage on both paved and gravel roads. Leslie agreed that standing water is detrimental to the roads. She stated that RIAC members are actively looking at road issues and bringing suggestions to the committee.

MVBCN - Jim Russell, Director of Mid-Valley Behavioral Care Network, discussed MVBCN's

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potential role in the future health care system (see Exhibit C). He said that he isn't yet sure how plausible the proposed 19% reduction in OHP payment rates is, and he may ask about that at next week's Joint Ways & Means Committee meeting.

He shared a list of the Health System Transformation Team members. Mary stated that it seems odd that there are 11 legislators on the team and no county commissioners, when it's the counties that are really providing mental and public health services. Silas Halloran-Steiner added that the Local Public Health Authority should be involved as well.

Silas pointed out the need to also focus on dental and long-term care, and what role MVBCN will have in the health care system. He said that there are still a lot of unknowns and the health system transformation is a rapidly moving target, but there are amazing opportunities and MVBCN is a great resource. Mary agreed, stating that MVBCN is a proven system that has done amazing things for this area. Jim stated that there has been significant resistance from the private sector about getting some public oversight to the Oregon Health Authority health care system. He said that the concept looks sound, but he isn't seeing people approaching it with much interest in making significant changes. Mary said that the hospitals might take more interest if they understand that it could be their competitor that ends up contracting for services.

Jim said that four or five legislators are saying that the health care bill needs to include tort reform. He said that they have been working on the issue for a long time, but it usually ends up being taken out of the bill because they can't reach an agreement. Kathy agreed to talk to Representative Thompson.

\* Minutes - See agenda for formal session minutes to be adopted.

\* Contracts/Grants - See agenda for details.

\* Committees - See agenda for details.

EBDM Training - Mary announced a training meeting on April 22 for the Evidence-Based Decision Making Initiative. She said that this would provide an opportunity for staff of the different organizations to come together and learn about the initiative, and she would like Laura and Chuck to attend along with the Board. The Board agreed to use county funds to cover the cost of lunch in order to get better attendance. Mary estimated a cost of approximately \$500 for 75 to 80 people.

The meeting adjourned at 3:53 p.m.

Anne Britt  
Secretary

**YAMHILL COUNTY  
ROAD IMPROVEMENT ADVISORY COMMITTEE  
2010 ANNUAL REPORT**

This report summarizes the activities of the Yamhill County Road Improvement Advisory Committee (YCRIAC) for 2010.

**YCRIAC Purpose**

The YCRIAC was created in 1976 for the purpose of holding meetings as necessary to:

- develop a master plan for the construction, maintenance and improvement of County roads, considering traffic patterns and anticipated resources,
- to review accident rates on each of the County roads,
- to hear complaints about County roads and identify road deficiencies throughout the County,
- to consider petitions affecting any County road, and
- to study the existing location, condition, and use of the County roads.

The Committee is to recommend to the Board of County Commissioners:

- a priority for correcting road deficiencies identified by the Committee,
- criteria to be used in prioritizing road improvement projects,
- division of effort between paving new roads and maintaining the existing roads, and
- other such advice as the Board may request.

The Committee makes its recommendations for priorities for correcting road deficiencies by submitting a priority list for projects to be scheduled in the next fiscal year.

**Membership**

Membership on the YCRIAC is intended to provide representation from all parts of Yamhill County. Thomas Hoy serves as the Yamhill County Sheriff's Office representative to RIAC. Following is the membership for 2010:

- |                             |                                      |
|-----------------------------|--------------------------------------|
| • Gordon Cook, Chair        | NE Yamhill County - Newberg area     |
| • Dennis Rogers, Vice Chair | SW Yamhill County - Sheridan area    |
| • Matt Dunckel              | SE Yamhill County - McMinnville area |
| • Tamara Garvey             | NW Yamhill County - Yamhill area     |
| • Clint Giberson            | NW Yamhill County - Yamhill area     |
| • Jeff Kizer                | SE Yamhill County - McMinnville area |
| • Rocky Losli               | NW Yamhill County - Yamhill area     |
| • Tony Roos                 | NE Yamhill County - Newberg area     |
| • Michal Wert               | NE Yamhill County - Newberg area     |

## 2010 Accomplishments

- Chairman Gordon Cook presented the RIAC 2009 Annual Report at a regular meeting of the County Board of Commissioners.
- RIAC worked with staff to define a priority list of projects for the next year.
- Staff used the RIAC priority list to identify projects for the federal stimulus funding, including Baker Creek Road, North Valley and Tangen Roads.
- Members went on a daylong road tour to look at projects done in 2010.
- A weekly schedule and regular manager's report are circulated to RIAC members and the Board of Commissioners.
- An Intersection Safety Projects Prioritization Policy was prepared and discussed by RIAC to help identify and prioritize improvements to intersections of concern. This Policy will be applied to projects to see if it has value to be recommended to the Commissioners as County policy.
- RIAC recommended updating the Sheriff's Department incident report form to automatically send Public Works reports on road or sign issues or concerns.
- RIAC members provided input and recommendations on purchase of heavy equipment.

## Informational Items

- Director John Phelan provided regular reports on personnel, management, and general Public Works Department operations, including how staff tracks time and percent of time spent on each project, work schedule modifications, and improvements to the County webpage.
- Regular updates were provided on bids and status of significant projects, including the Cove Orchard Sewer System District, the Sheridan Road walking bridge, Laughlin Bridge, and the Grand Island Bridge.
- Deputy Thomas Hoy provided regular reports on signs, road issues and citizen concerns.
- The Maintenance Improvement Projects (MIP) list and annual budget were reviewed with RIAC for comments and prioritization.
- Staff provided regular updates on paving projects, schedules, signing, and MIP project status.
- Commissioner Leslie Lewis provided regular updates on legislative issues of interest.
- Regular reports on the endangered Fender's blue butterfly and how to integrate protection into county roadside maintenance/improvements were provided to RIAC.
- RIAC members were invited to a workshop on *Improving Safety Features of Highways, Local Roads & Streets*, sponsored by the ODOT Safety Division and the National Highway Traffic Safety Administration, and taught by Mojie Takallou of the University of Portland.

## Citizen Appearances/Letters

No citizens attended a RIAC meeting in 2010.

## Presentations/Discussions

- Russ Heath, Fleet Manager, gave a presentation on the County's road graders and available sell-back and/or purchase options. Updates on purchase and equipment options were regularly discussed with RIAC members.
- Edgar Peteros, Engineering Technician, provided a presentation on how Public Works rates and inspects roads to determine their Pavement Condition Index (PCI).
- Edgar also made a presentation on evaluation criteria and proposals from several companies that provide PCI management software.
- Roy Panschow, Road Supervisor, provided a presentation and pictures of the 2009-2010 year in review of the MIP list and overlay projects completed during the summer.
- Bill Gille, County Engineer, gave a presentation on repainting the Sheridan 'Green Bridge'.
- John Phelan and Bill Gille reviewed the Public Works Division budget for the 2010/2011 fiscal year.
- Bill Gille provided information on the Public Works' new asphalt coring machine.
- Steve Kindel, Vegetation Management Specialist, and Bill Gille made a presentation and discussed improvements and corrections made to the list of roads with safety and intersection concerns discussed with RIAC in 2009.
- Tim Potter, ODOT Region 2, gave a presentation on the status and elements of the Newberg-Dundee Bypass project.
- Edgar Peteros gave a presentation on past and current traffic counting equipment and data gathering, and how this process has changed over time.
- Russ Heath gave a presentation on the use and utilization of the Public Works paving equipment.
- Roy Panschow gave a presentation on the top five intersections identified by Public Works/RIAC and discussed completed improvements and work remaining to be done.

### RIAC WEB SITE COUNTER

DATE	NUMBER	DIFF.	HITS PER DAY	TOTAL HITS PER DAY
3/18/2010	0			
3/30/2010	28	28	2.33	2.33
4/5/2010	46	18	3.00	2.56
4/11/2010	62	16	2.67	2.58
4/19/2010	82	20	2.50	2.56
4/25/2010	90	8	1.33	2.37
5/2/2010	105	15	2.14	2.33
8/12/2010	300	195	1.91	2.04
8/31/2010	344	44	2.32	2.07
9/8/2010	352	8	1.00	2.02
10/13/2010	417	65	1.86	2.00
2/14/2011	615	198	1.60	1.85
3/7/2011	648	33	1.57	1.83

Exhibit B 1/1



# Mid-Valley Behavioral Care Network

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## CONSIDERATION OF MVBCN ROLE IN NEW HEALTH CARE SYSTEM

Discussion with Yamhill County Board of Commissioners

March 7, 2011

### Context

1. Quotes from the Governor's Balanced Budget Summary for Oregon Health Authority, February 4, 2001
  - a. No one will be cut from the Oregon Health Plan
  - b. Reduce administrative costs
  - c. Implement more restrictions on preferred drug list
  - d. Eliminate 38 lines from the prioritized list
  - e. Reduce rates by 19% that doctors, hospitals and community providers receive for OHP
  - f. Restructure the health care delivery system to be more integrated with long-term care, mental health care and other services to reduce waste, increase quality of care, and focus on early interventions and preventions at the local level.
2. Elsewhere the Governor has indicated that these budget cuts in FY 11-12, must be coupled with implementation of a health system transformation plan (see "Health System Transformation Team" on page two) in FY 12-13 to avoid further cuts in benefits and payment rates in the second year.
3. The Governor and others point out that there is no future state revenue scenario that can meet the costs of the current OHP system and there must be a permanent redesign that achieves the Triple Part Aim: improve the health of the population, improve individual care, and reduce total system cost. This Triple Part Aim, or Triple Aim, has been the core of Oregon health redesign planning for the past six years.
4. In a planning grant application to Centers for Medicare and Medicaid Services, the Oregon Health Authority (OHA) stated they intend to issue an RFP October 1, 2011 to select entities for "contracts with regional plans that are prepared to administer an integrated service delivery model. State contracts will require these regional plans to provide both Medicare and Medicaid covered services and appropriate support services to improve the health and well-being of beneficiaries at a total cost consistent with risk-adjusted global payment or capitation rates. Some managed care organizations currently with the state may take on the responsibilities envisioned for these regional plans, but they must be prepared to serve larger geographic areas and to assume broader service, support, and coordination responsibilities". The contracting timeline states "Beneficiaries enrolled in new entities and changeover complete no later than July 1, 2012".

Exhibit C 1/4

LINN ■ MARION ■ POLK ■ TILLAMOOK ■ YAMHILL

*Together pursuing the best we can IMAGINE*

5. Other OHA documents use the phrase “natural communities of care” and refer to hospital catchment areas, such as Linn, Benton and Lincoln for Good Samaritan Hospital and Marion and Polk for Salem Hospital. The first region has a predominant fully capitated health plan (FCHP), named Intercommunity Health Network (IHN), which also has members in Tillamook County. The second region’s predominant FCHP is Marion-Polk Community Health Plan (MPCHP), which also has members in Yamhill County. Both of these FCHPs are currently planning to be contractors for these integrated health systems. Another FCHP, CareOregon, has a significant membership across BCN counties, and Providence has membership in Yamhill.

#### Health System Transformation Team

1. The Governor and OHA have established a Health System Transformation Team (HSTT) to:
  - a. Develop the concepts for integrated health care
  - b. Articulate the essential elements of the request for ACO proposals
  - c. Set the benchmarks and accountability for ACOs
  - d. Draft legislative concepts for the 2011 Legislative Assembly to enable integrated healthcare
  - e. Identify federal waivers necessary for the Oregon plan
2. HSTT is meeting weekly, Wednesday nights from 6 – 9 p.m. from February 2<sup>nd</sup> through March 23<sup>rd</sup>
  - a. The meeting is led by Dr. Bruce Goldberg, OHA Director, and Mike Bonetto, Governor’s Health Policy Advisor
  - b. HSTT membership includes eleven legislators (Sen. Frank Morse and Rep. Jim Thompson from the MVBCN region) among its 45 members; membership includes senior representatives of all segments of Oregon health care; Jim Russell is the sole MHO representative.
  - c. Governor Kitzhaber spoke at two of the first three meetings, and the group has been addressed by Dr. Don Berwick, the Administrator for the Centers for Medicare and Medicaid Services (CMS), by teleconference from Washington, DC. Both the Governor and Dr. Berwick have assured HSTT that the federal government is prepared to provide federal waivers for Oregon to demonstrate integrated health care. Dr. Berwick praised Oregon for being a “beacon” that could “show our country some solutions.”
  - d. HSTT materials are rapidly placed on the web at <http://www.oregon.gov/OHA/health-system-transformation.shtml>

#### ACO, RHA and Legislation

1. Discussion of Oregon’s health care transformation frequently refers to Accountable Care Organization (ACO) and Regional Health Authority (RHA). Although there are definitions offered for both these concepts, there is no widely accepted distinction and common use.
2. ACO tends to indicate the entity that administers integrated health services as described in Section 4 on the first page. The term “integrated health services” includes public health, physical health, mental health, chemical dependency, vision, oral and long term care (for seniors and disabled excluding non-health services for persons with developmental disability).

3. RHA tends to indicate a regional oversight body that administers all local and state funds, oversees planning for health improvement of the entire community and contracts with the ACO(s) to deliver services. Central Oregon has developed a public-private RHA concept and House Bill 2105 establishes a legal framework for RHA, and state contracting with RHAs.
4. House Bill 2105 would establish in statute the concept of a RHA formed by "resolution of each of the counties concerned"; no hearing has been scheduled yet by the House Human Services Committee. HB 2398, which prohibits OHA from contracting with a mental health organization separate from physical health, has been heard by that Committee and is regarded as a bill that might be reformulated to legislate the health system transformation.
5. At the March 2<sup>nd</sup> meeting HSTT was introduced to a preliminary discussion draft of statutory changes for the health system transformation. HSTT was cautioned to regard this draft as incomplete. Notwithstanding that caveat, the draft made no mention of regional health authority or ACO requirements for relationship to local elected officials, such as boards of commissioners. The draft did provide extensive definition of ACOs and described them "working cooperatively (with other entities) ... to address public health issues", and mentioned the possibility of "other qualified public or private" or "alternative innovative integrated health and services arrangements" as potential contractors with OHA for integrated health services. HSTT will discuss potential legislation at the next two meetings.

#### Benefits of Integrated Care

1. The Governor and OHA leadership state that they believe significant costs can be avoided by bringing the care management, typical of mental health care, into general health services. They offer examples of avoiding hospitalizations by assuring individuals maintain appropriate management of chronic conditions such as diabetes. In Linn County, MVBCN has a current collaboration with IHN that shares the medical and care management of almost 50 people with this condition. MVBCN has numerous collaborations with physical health care occurring across all five counties.
2. People with serious mental illnesses have chronic health conditions at incidence rates two to five times the general population (e.g. diabetes, hypertension, obesity) so an improvement in health care access and coordination can be an immense benefit for our service recipients.

#### The Future of MVBCN

1. The 19% rate cut mentioned on the first page will apply in some way to MVBCN that is not fully known at this point.
2. MVBCN has tremendous assets for an integrated health care system. MVBCN is the most distinguished MHO for its development of exemplary services, and preparation of our agencies and staff to deliver those services.

3. Within the context outlined above it seems highly unlikely that MVBCN would have a direct contract with Department of Human Services after July 2012.
4. Current discussions with the large local health systems (Samaritan Health System / Intercommunity Health Network, and MVP Health Authority / Marion-Polk Community Health Plan) their intent to apply and their disinterest in “another layer of government” between them and a direct contract with OHA.
5. One could consider two directions for MVBCN at this point:
  - a. The MVBCN Executive Committee could assess interest, capacity and political potency to develop a regional health authority for the same five-county region, or with additional counties. To overcome the resistance of local health plans, a public authority would probably need to be required by statute or OHA RFP. The primary virtues of this consideration are to provide neutral oversight of publicly funded health services, maintain elected official accountability, and protect integration with other local services such as public health, education, corrections, housing authorities, Commissions on Children and Families, Local Alcohol and Drug Planning Councils and emergency preparedness.
  - b. MVBCN could explore contracting as an administrator of mental health and chemical dependency treatment services for whatever ACO applicants emerge in our region. This may include health plans predominant in the Portland area, which also have members in northern Yamhill County.