

# ORCHIDS Workgroup Meeting Minutes

January  
10, 2007

OFH Department of Human Services

Facilitator: Cyndi Durham-OFH,  
Recorder: Renee Schneider  
**County Participants:** Jan Wallinder & Judy Brandel-Multnomah, Sue Omel-Washington, Anne Olson-Deschutes, Ellen Mallon & Jana Austin-Hood River, Pam Stuver-Lane, Lynn McConnell & Joell Archibald-Clatsop, Rosie Beith-Union, Diane Rose-Coos, Kathy DeVoss-Klamath, Rhonda Mann-Marion  
**OCCYSHCN:** Nancy Lowery  
**OFH Participants:** Claudia Bingham, Ruth Helsley, Maureen McNamer, Stan Smith,

AGENDA ITEM	Discussion Points	WHO	Outcome/Follow-up	When	By Whom
Introductions and Agenda	Diane Kilkeny-Morrow County is unable to participate.		Withdrew from the ORCHIDS Workgroup		
Review Minutes	<p>Comments/Corrections regarding the minutes for December 13,2006 ORCHIDS Workgroup meeting.</p> <p>Request to Add:</p> <ol style="list-style-type: none"> <li>1. All counties regardless of whether or not they are self-automated will be expected to collect and enter the MDE data.</li> <li>2. Several of the self-automated counties have met with state staff and agreed to do double data entry. (Please list which counties and who was present at the meetings.)</li> <li>3. Arrangements are being made to meet with the remaining self-automated counties. (Please list these</li> </ol>	<p>Kathy DeVoss</p> <p>Cyndi Durham</p> <p>Sue Omel</p>	<p>Minutes will be revised to reflect feedback.</p> <p>Kathy DeVoss-Klamath was unable to participate in last meeting.</p> <p>Page two, first paragraph: the last sentence should read ORCHIDS Steering Committee.</p> <ol style="list-style-type: none"> <li>1. Noted.</li> <li>2. OFH Management has met with several counties, a list of those counties will be sent out with the minutes. There was a perception of agreement by State staff. However, no official agreements were made.</li> <li>3. A list of counties schedule to meet with OFH management will be sent out with the minutes.</li> </ol>		

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	<p>counties.) 4. The code for the MDE data collection tools was being written before the counties reviewed the draft tools. Now, in order to contain costs, any recommended changes must be negotiated and prioritized.</p>		<p>4. Noted.</p>		
<p>Review MCH-CLHO Recommendations (See "CLHO MCH Recommendations on the MDE 10/31/06" document)</p>	<p>In the future all requests and feedback will be channeled through the work group.</p> <p>1. Increase pilots (the number of pilots and the length of time needed to adequately pilot). Then roll out program by program rather than county by county.</p> <p>2. Pilot the TCM billing component.</p>	<p>Maureen</p>	<p>1. All programs will be piloted prior to rollout, schedule adjusted to allow for additional time.</p> <p>2. Billing to be included as part of piloting. Further, extensive testing with DMAP has already taken place where previously accepted claims for both TCM and MCM were sent from MDE to DMAP to ensure the system was set up correctly.</p>		

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	<p>3. Standardize the Format for the Data Collection Forms.</p> <p>4. Revise the draft Manual.</p> <ul style="list-style-type: none"> <li>• Mandatory vs. Optional Fields must be clearly delineated</li> <li>• Terms must have clear, easily understood definitions</li> <li>• Interventions need standardized protocols defined in the manual</li> <li>• Form a workgroup to revise the data collection forms.</li> </ul> <p>Request to see manuals in order to better understand the forms.</p>		<p>3. Forms have been reviewed for consistency across programs. The workgroup will review further and provide feedback.</p> <p>4. As drafts the manuals are continuously being revised until rollout.</p> <ul style="list-style-type: none"> <li>• This has been done.</li> <li>• Feedback is and will continue to be received from the pilot counties, and the workgroup will review the feedback.</li> <li>• Definitions exist in the manual; they will be further reviewed by the workgroup.</li> <li>• Workgroup formed.</li> </ul> <p>Manuals for all four programs will be sent prior to the January 31<sup>st</sup> meeting.</p>		
<p>Decisions and Process</p> <p>a. Workaroup's role</p>	<p>a. Reviewed a memo written to the workaroup from Katherine Bradley.</p>	<p>Cyndi Durham</p>			

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and decision areas	<p>The goal is to identify critical changes that will ensure that the practice is being represented, prioritize list of changes, give to ORCHIDS Steering Committee.</p> <p>One key change: the ORCHIDS Steering Committee would like the State staff to share an equal role in the decision making process and have a vote to ensure that the programs' perspective is included</p> <p>The roll-out date has been moved back to August 1<sup>st</sup>.</p>		<p>The following State staff will have a vote: Claudia B, Cyndi D, Ruth H and Maureen M. Other State staff are attending to observe and learn for training purposes.</p> <p>Changes to the MDE system will be prioritized so that it is something that everyone can live with until the expanded ORCHIDS system is available.</p>		
b. Other group's roles, members and decision areas	b. See "Decision-making Bodies Affecting the Orchids Workgroup" document.	Maureen McNamer	b. Because they may effect others outside of ORCHIDS, some items of discussion will need to be approved and/or discussed by other groups in order for them to move forward in ORCHIDS.		
c. MDE project schedule * Example: Tickler system	c. See the "ORCHIDS-MDE Schedule" document for details.		c. The workgroup will have until May 15 <sup>th</sup> to review change requests and complete the "Prioritized Change List". Rollout will begin August 1. The tickler system will be discussed at a meeting later in the schedule.		

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d. Define Request process * Build Schedule	d. See "ORCHIDS Workgroup Request Process" document.	Stan Smith	d. Feedback on the forms will come in from the three counties involved in the pilot, received by the workgroup members, reviewed and prioritized. Change requests from variable sources will be filtered through workgroup members.		
e. Review information needed to make decisions	e. Criteria that will support a clear and common understanding of a High, Medium or Low status when determining priorities.		e. Criteria examples were given. Examples for high are "Critical billing information" and "Affects more than 50% of the population". An example of low is "Presentation, eg. change a field color". Members were asked to come up with other criteria for a future meeting.		
Expectations	A request for a contact list of ORCHIDS Workgroup participants and their positions was made.	All	Communication ranged from frustration with forms as they are to feelings of confidence that making positive changes are doable.  General consensus for a need for better data, however what the definition of what better data means needs clarification.  This will be sent out with the meeting minutes and posted on the website.		
Next Steps	a. 1/31/07 meeting.	All	a. A training on the forms will take place from 12pm-4pm in Portland. Video conference and telephone conference provided for remote sites but on-site participation is encouraged where possible.		

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	b. 3/14/07 meeting: Can there be a meeting all day?		b. Will take place from 10am-4pm in Portland. Mileage will be reimbursed; lodging will not. Some members can participate by video, a majority all day.		
Next Agenda Item suggestions	Define data that needs to be collected for the legislature.  Item for discussion will be Housing and Mental Health for the MCM form.	All			

\*Consensus is a group process where the input of everyone is carefully considered and an outcome is crafted that best meets the needs of the group. It is a process of synthesizing the wisdom of all the participants into the best decision possible at the time. The root of consensus is the word consent, which means to give permission to. When you consent to a decision, you are giving your permission to the group to go ahead with the decision. You may disagree with the decision, but based on listening to everyone else's input, all the individuals agree to let the decision go forward, because the decision is the best one the entire group can achieve at the current time.

The heart of consensus is a cooperative intent, where the members are willing to work together to find the solution that meets the needs of the group. The cooperative nature of consensus is different mindset from the competitive nature of majority voting. In a consensus process the members come together to find or create the best solutions by working together. Key attributes to successful participation include humility, willingness to listen to others and see their perspectives, and willingness to share your own ideas but not insist they are the best ones.

What consensus is not: It is not unanimous agreement. Participants may consent to a decision they disagree with, but recognize meets the needs of the group and therefore give permission to move forward.