

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Staff Presentation Worksheet

Presentation Date: December 6, 2011 Time: 2:30 Length: 1 hour
Presentation Title: Health Transformation
Department: Health, Housing & Human Services
Presenters: Cindy Becker, Bruce Goldberg

POLICY QUESTION

There is not specific policy question at this time; this is an update on Health Transformation and the considerations for the county.

ISSUE & BACKGROUND

Health transformation – as mandated in HB 3650 – is focused on people covered by the Oregon Health Plan (Medicaid). It is envisioned to eventually include other publicly funded health plans like PEBB and OEBB and potentially everyone living in Oregon.

The goal of Health Transformation is to achieve the Triple Aim:

- Improve the health of the population
- Improve the patient experience of care
- Reduce costs (bend the cost curve)

The primary mechanisms to achieve the Triple Aim in Oregon will be health care delivery for OHP clients through Coordinate Care Organizations (CCO's).

POTENTIAL IMPACT/FUTURE CHALLENGES

Mental Health and Addictions

- We currently administer mental health benefits through our Mental Health Organization (MHO), as does Multnomah, Washington, and Lane counties. The rest are non-profit organizations. Once the CCO's are launched, the MHO funds that we currently receive will be transferred to the CCO. The CCO has a range of options from sub-capitating the funds back to us to taking over management of the benefit. Depending on where this lands, it could impact our staffing.
- There is uncertainty about how funds will be administered for crisis services that serve both the insured and uninsured. Currently, we braid Medicaid, County GF, State GF, and Wrap \$ from our Federally Qualified Health Center (FQHC).
- Management of, and access to, specialized services including home-based services for children, treatment services for clients placed from the state hospital, and reducing individuals with mental illness in the criminal justice system must be assured.
- Addiction and mental health recovery supports such as housing, residential treatment, and peer mentors need to be addressed.
- It is unclear which, if any, of the uninsured population will be included in the transition.
- CCO's are not required to contract with county clinics so it will be up to us to ensure we have a "competitive product" for them to buy.

Community Health – Public Health and Primary Care

- There's much discussion about expanding health clinics like Beaver Creek. This may include enhanced specialty services that are not currently provided in our primary care settings. Funding for these clinics has not yet been discussed.
- Integrated health clinics – physical, dental and behavioral health with ties to social services will become the norm. (We've started down this path already.)
- It is unclear which Public Health services will be included in the Global Budget.

CONSIDERATIONS

Clackamas County will continue to advocate for the best services to the most people within available resources. As changes occur, we are committed to ensuring a smooth transition with minimal disruption to our clients. To that end, we recommend the following, as a starting place:

- County Role should:
 - Continue to act in a regulatory role for public and mental health in accordance with Oregon statutes and rules
 - Strongly advocate to be part of CCO governance and participate in other decision-making structures
 - Proactively work to ensure written agreement with CCO's that clearly defines roles, supports the safety net, and results in streamlined processes to authorize, finance, and partner on needed services and outcomes
 - Understanding that the role of our MHO will change; however, we will advocate for a continued care coordination role which is one of our core competencies
 - Advocate for coordinated systems for both insured and uninsured
 - Partner with health stakeholders to increase access of services
 - Work with the CCO to develop population health data and corresponding prevention activities.
- CCO requirements should:
 - Continue to provide funds for the mental health crisis system
 - Address entire covered population with a strong emphasis on prevention.
 - Include services/supports for people with severe/persistent mental illness and reduce the need for hospitalization
 - Increase access to physical and dental services for people with mental illness and addictions
 - Understand, and address, the impact of service delivery on public safety
 - Increase services/supports for people with addictions and co-occurring disorders.
 - Furnish health information to Public Health for disease surveillance and population health planning
 - Address the needs of Medicare/Medicaid population with coordinated case management to support independent living and long term supports

QUESTION(S) PRESENTED FOR CONSIDERATION

Does the Board agree with the considerations of the county role as outlined above?

OPTIONS AVAILABLE

Agree with considerations

Revise considerations

Reject considerations

RECOMMENDATIONS

There are a lot of unknown details at this time; however, we recommend that the considerations reflect input from the BCC and be revised, if needed. Otherwise, we recommend acceptance.

SUBMITTED BY:

Division Director/Head Approval _____
Department Director/Head Approval _____
County Administrator Approval _____

A handwritten signature in black ink, appearing to be 'C. J. Ped', is written over the signature lines for the Division Director and Department Director.

***2/2008 Version**