

Study Session Worksheet

Presentation Date: 2/5/13 **Approximate Start Time:** 10:30 **Approximate Length:** 1 hour

Presentation Title: Health Reform and Coordinated Care Information Session

Department: Health, Housing & Human Services

Presenters: Cindy Becker

Other Invitees: Staff: Rich Swift, Dave Edwards, Dana Lord, Deborah Friedman

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

This Study Session is in response to the Board's request for information on Health Reform and its impact on Clackamas County. We are requesting the Board accept the presentation.

EXECUTIVE SUMMARY (why and why now):

The 2011 and 2012 legislatures passed significant legislation to transform the way health care is delivered in the state. For more than a year, Clackamas H3S has been working with major health partners in the region to set up a tri-county Coordinated Care Organization in response to the legislation.

The attached presentation provides the following information:

- Backdrop of Health Reform
- Funding Flow
- Coordinated Care Organizations
- Description of Health Share of Oregon
- Role of the County
- Impact of Health Reform on County Operations

FINANCIAL IMPLICATIONS (current year and ongoing):

At least until July, 2014, the County will continue to administer the Mental Health benefit of the Oregon Health Plan as well as continue contracting with health plans for clinic services.

LEGAL/POLICY REQUIREMENTS:

Health transformation language is contained in HB 3650 from the 2011 legislative session and in SB 1580 from the 2012 legislative session. It is not contingent on federal health reform.

PUBLIC/GOVERNMENTAL PARTICIPATION:

Numerous organizations and individuals across the three counties have been involved committees focused on developing various aspects of Coordinated Care Organizations. Both Health Share and the County held several stakeholder meetings, including one specifically for residents of Clackamas County in the Spring of 2012.

Additionally:

- County staff provided several briefings to the BCC as well as co-hosted meetings with the Chair and Vice-Chair of Clackamas, Multnomah, and Washington to brief them on our activities.
- As a founding member of Health Share, the H3S Director sits on the Board of Directors.
- H3S staff also sits on the Community Advisory Council for both CCO's in our region.

OPTIONS:

Accept the presentation

Do not accept the presentation

RECOMMENDATION:

Accept the presentation.

ATTACHMENT:

Powerpoint Presentation

Local Mental Health Authority Matrix

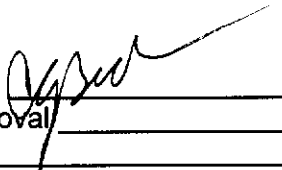
Local Public Health Authority Matrix

SUBMITTED BY:

Division Director/Head Approval

Department Director/Head Approval

County Administrator Approval



For information on this issue or copies of attachments, please contact Cindy Becker @ 503-650-5696

Health Transformation

Better Health. Better Care. Lower Costs.



Coordinated Care Organizations

Health Care Costs Keep Spiraling Up and Up..

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We can't afford this anymore...

Did you know:

If food had risen at the same rates as medical inflation since the 1930s:

1 dozen eggs	\$80.20
1 dozen oranges	\$107.90
1 lb. of bananas	\$16.04
1 lb. of coffee	\$64.17

Source: American Institute for Preventive Medicine 2007



Oregon Health Plan Today: Fast Facts

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Fastest
Growing
Portion of
State's
Budget

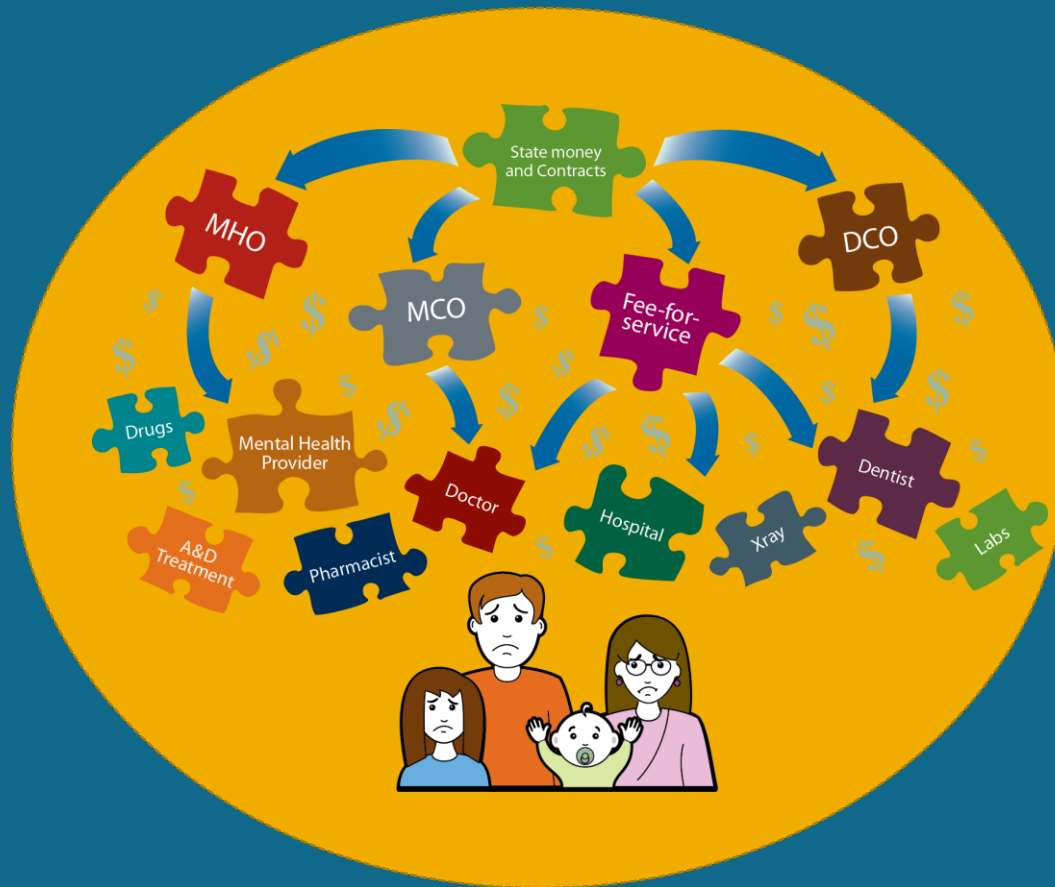
11% of total state budget

16% of Oregonians

50% of babies born in
Oregon

View of OR Health Plan from Recipients

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Traditional Response to Rising Costs

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- Cut Services
- Cut People
- Cut Rates

Triple Aim: Doing Things Differently

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- Better Health
- Better Care
- Reduced Costs

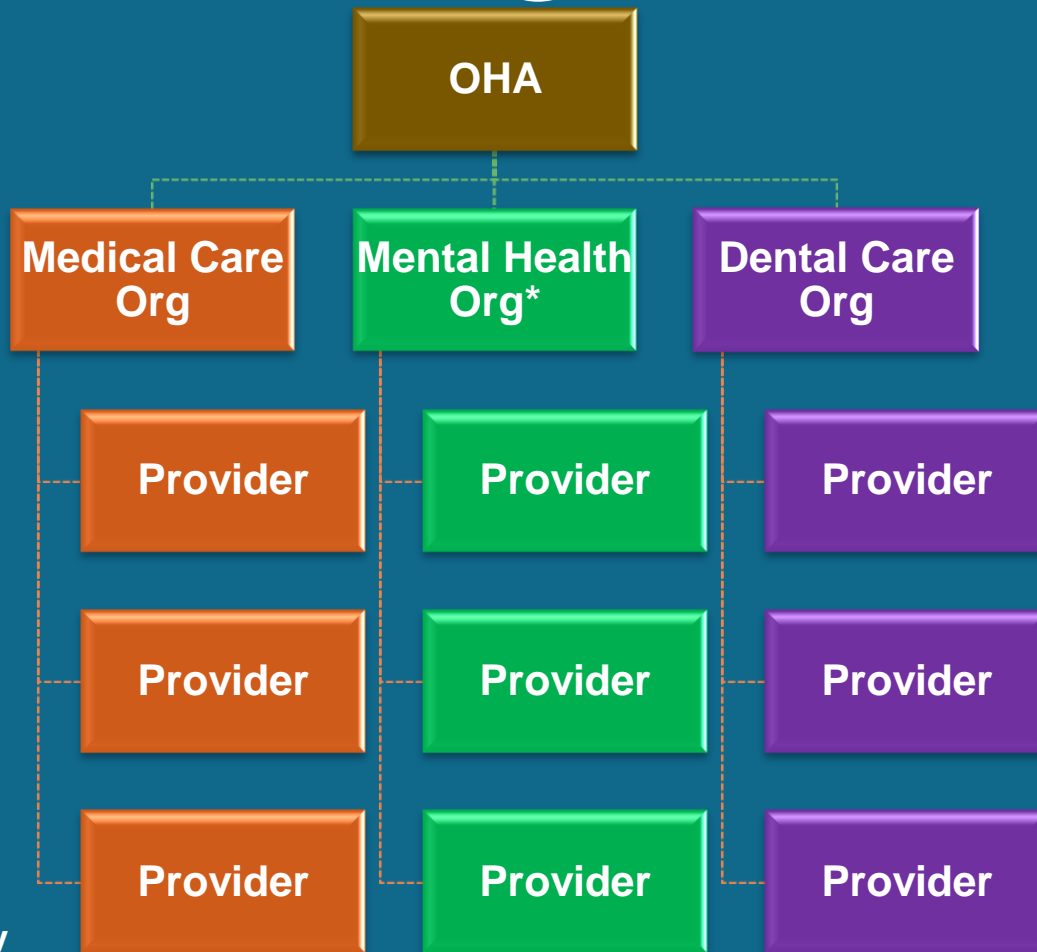
Health Care Transformation

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- Investing in health through prevention and early intervention
- Changing the delivery system
- Coordinating services
- Changing health care's relationship with individuals and community resources

Flow of Funds: Pre- Health Reform

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*Clackamas County

Flow of Funds: Post- Health Reform

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What is a Coordinated Care Organization?

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- A (CCO) is a network of all types of health care providers who have agreed to work together in their local communities for people who receive health care coverage under the Oregon Health Plan (Medicaid).
- CCOs will have one budget that grows at a fixed rate for mental, physical and ultimately dental care. CCOs will be accountable for health outcomes for the population they serve.
- CCOs will be governed by a partnership among health care providers, community members, and stakeholders in the health systems that have financial responsibility and risk.



CCO's

- There are sixteen CCO's around the state
- All CCO's include physical health, mental health, and addictions
- Dental health will be added in 2014
- Metro region (Clackamas, Multnomah & Washington) has 2 CCO's: Health Share of Oregon & Family Care
- Health Share and Family Care cover about 40% of the statewide Medicaid population (approx. 80% for HSO and 20% for FC)

Clackamas Role in CCO's

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- Health Share: Board member/officer and member of Community Advisory Council
- Family Care: Member of Community Advisory Council
- Written agreements with both CCO's regarding mental health and public health services coordination and payments

Written Agreement: Mental Health

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- Local Mental Health Authority
 - Establish agreed upon outcomes
 - Adopt a plan to finance and maintain the safety net
 - Adopt a plan to finance and maintain efficient and effective management of these LMHA responsibilities:
 - ✦ Management of children and adults at risk of entering/transitioning from OSH or residential care
 - ✦ Care coordination of residential services
 - ✦ Management of MH crisis system
 - ✦ Management of a variety of community-based specialized services
 - ✦ Management of specialized services to reduce recidivism in criminal justice system

Written Agreement: Public Health

- Local Public Health Authority
 - Point of contact for immunizations, sexually transmitted diseases, and other communicable disease services
 - Ability for enrollees to receive family planning, HIV/AIDS services and maternity case management on a fee-for-service basis
 - Authorization and payment for a range of public health related services including screening and early detection, prenatal care, well-child care, school based health clinics, etc.
 - Coordinate community health assessments and health improvement plans

Impact on Clackamas County

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Role of Clackamas County

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- Local Mental Health Authority (statutory)
- Local Public Health Authority (statutory)
- Behavioral Health Provider
- Primary Care Provider
- Mental Health Organization

Local Mental Health Authority

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ORS 430.610-651

ORS 430.610 **Legislative policy.** It is declared to be the policy and intent of the Legislative Assembly that:

- (1) Subject to the availability of funds, services should be available to all persons with mental or emotional disturbances, developmental disabilities, alcoholism or drug dependence, and persons who are alcohol or drug abusers, regardless of age, county of residence or ability to pay;
- (2) The Department of Human Services, the Oregon Health Authority and other state agencies shall conduct their activities in the least costly and most efficient manner so that delivery of services to persons with mental or emotional disturbances, developmental disabilities, alcoholism or drug dependence, and persons who are alcohol or drug abusers, shall be effective and coordinated;
- (3) To the greatest extent possible, mental health and developmental disabilities services shall be delivered in the community where the person lives in order to achieve maximum coordination of services and minimum disruption in the life of the person; and

Local Public Health Authority

ORS 431.375 - 550

431.375

- (1) The Legislative Assembly of the State of Oregon finds that each citizen of this state is entitled to basic public health services which promote and preserve the health of the people of Oregon. To provide for basic public health services the state, in partnership with county governments, shall maintain and improve public health services through county or district administered public health programs.
- (2) County governments or health districts established under ORS 431.414 are the local public health authority responsible for management of local public health services unless the county contracts with private persons or an agency to act as the local public health authority or the county relinquishes authority to the state. If authority is relinquished, the state may then contract with private persons or an agency or perform the services.
- (3) All expenditure of public funds utilized to provide public health services on the local level must be approved by the local public health authority unless the county has relinquished authority to the state or an exception has been approved by the Oregon Health Authority with the concurrence of the Conference of Local Health Officials

County as Provider

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- **Behavioral Health Clinics**

- Hillside
- Stewart Center
- Sandy

- **Integrated Primary Care**

- Beavercreek
- Sunnyside
- Gladstone
- School Based Health Centers

- **Public Health**

- WIC
- Family Planning
- Home Visit
- Maternal & Child Health

County as Health Insurer

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- Mental Health Organization
 - Administers the mental health benefit of the Oregon Health Plan and is at risk for these services
 - Receives capitated payment for enrollees
 - Contracts with providers for services
 - Provides care coordination for members

Health Share of Oregon

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Health Share of Oregon Board of Directors

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- **Member Directors***

- Adventist
- CareOregon
- Central City Concern
- Clackamas County
- Kaiser Permanente
- Multnomah County
- Legacy
- OHSU
- Providence
- Tuality Health
- Washington County

- **Non-Member Directors**

- Primary Care Physician
- Specialty Care Physician
- Nurse/Nurse Practitioner
- Mental Health Provider
- Addictions Provider
- Dentist
- Community Members (2)
- Chair, Community Advisory Council

*Have reserved powers

Health Share Targeted Activities

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- Transitions of Care
- High Utilizers
- Emergency Department
- Physical and Behavioral Health Intervention
- Health Home
- Specialty care

Health Share Measures of Success

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- Reduce cost and improve efficiency
- Improve access and engagement
- Promote culturally appropriate care and workforce
- Improve prevention and safety
- Improve continuity and coordination
- Deliver patient/family-centered care
- Practice evidence-based care

Health Share Finances

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- Capital Calls:

- Pre-start up
- Start-up Funding

Clackamas Share

\$ 8,000
\$13,034

- Risk Reserves

- Initial: No cost to Counties
- Ongoing: built over time through the global budget

- Global Budget

- Health Share will receive risk adjusted global budget from the Oregon Health Authority. A small % of global budget will be retained by Health Share for:
 - ✦ Transformation Fund investment (tbd)
 - ✦ Build reserves
 - ✦ Pay Health Share staff
- Distribution of Funds
 - ✦ Counties will be sub-capitated for first year based on risk adjustment methodology

Health Share Impact to the County

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- Administrative
 - The LMHA and LPHA statutory requirements/responsibilities remain
 - ORS 414 requires written agreements between CCO's and Counties
 - Mental Health Organization staffing may change over time depending upon how current services are provided, and by whom.

Health Share Impact to the County

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- Services

- The public health and clinical services (primary care, mental health, & addictions) we currently provide and/or manage will continue to be needed
 - ✦ Could result in additional investments in services to achieve outcomes
 - ✦ Payments – and contracts - will become more closely linked to quality performance metrics and outcomes.
- Safety net crisis services will continue to be needed; may try to regionalize certain components; i.e. 24/7 crisis line.
- The way in which services are locally contracted and managed may change over time as transformation specific activities/changes roll out.

Health Share Impact to the County

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- **Financial**
 - Financial obligations will continue to be paid through Medicaid funds
 - For 2012-13, services/contracts will remain the same to ensure uninterrupted care.
- Members Directors of Health Share Board (risk bearing entities which includes the county) will have reserved powers related to governance and financial issues.
- Health Share Member Directors are obligated to pay assessments they agree to pay; if unable or unwilling to pay future assessments, subject to expulsion or resignation from Board as a Member Director.

End of Presentation
Thank You

MENTAL HEALTH AND ADDICTIONS
LOCAL MENTAL HEALTH AUTHORITY (LMHA)/COMMUNITY MENTAL HEALTH PROGRAM (CMHP) ROLES

SERVICES		SYSTEMS	
INTEGRATED SERVICES	SPECIALTY SERVICES	SYSTEMS MANAGEMENT	SYSTEMS COORDINATION
<p>Services integrated with physical and dental health to support Patient-Centered Health Home</p>	<p>Specialty Services are provided for people with more complex Mental Health and Addictions</p>	<p>LMHA / CMHP as Service Planner, Quality Assurance and Safety Net</p>	<p>LMHA/CMHP Coordination and Consultation with Community Partners</p>
<ul style="list-style-type: none"> • Behavioral Health Consultation • Individual, group and family counseling • Peer-delivered services; • Medication management; • Care Coordination with other health services and social services <p>Services can be provided or contracted through CMHP or primary care clinic</p>	<p>More intense services described on the left plus:</p> <ul style="list-style-type: none"> • Case Management • Supported housing • Supported employment • Supported education • Peer-delivered services; • Early psychosis programs • Community skill-training: budgeting, shopping, food prep, use of public transport, accessing social activities, and spiritual life <p>Services are provided or contracted through CMHP and delivered in the community</p>	<ul style="list-style-type: none"> • 24/7 crisis response • Pre-commitment investigation and court testimony for commitment • Abuse investigation and reporting • Co-management of Oregon State Hospital patients, referral and discharge • Jail liaison and release planning • Psychiatric Security Review Board (PSRB) discharge planning and supervision of community placements • Facility siting and community planning • Service development and contracting • Licensing /oversight of residential facilities • Statutory biennial community needs assessment and state plan for mental health and addictions services • Assurance of quality in a system of care • Workforce development • Primary and secondary prevention activities • Disaster planning and training • Peer program development 	<ul style="list-style-type: none"> • Commissions on Children and Families • Local offices of Department of Human Services: Seniors & People with Disabilities; Children, Adults and Families • Local Mental Health and Alcohol and Drug Planning Committees • Schools, district offices and ESDs • Local public safety – sheriff, police and courts • Community Corrections • Oregon Youth Authority • Emergency food and shelter services • City and county housing authorities • Community emergency preparedness entities • NAMI, DDA and other support groups

Local Public Health Authority

Services	Population Interventions		
Specialty Services	Community Prevention	Health Surveillance	Community Collaboration
Clinical Services delivered (or assured) by local health departments	Interventions delivered by local health departments to keep populations healthy	Activities designed to identify needs in the community	Local community groups that public health works with on a regular basis
<ul style="list-style-type: none"> • Immunization Services • School-Based Health Centers • Sexually Transmitted Disease Clinics • Family Planning Services • Communicable Disease Services • HIV/AIDS prevention services 	<ul style="list-style-type: none"> • Community Prevention Policy Work (tobacco & obesity) • Restaurant Inspections • Water Inspections • Climate Change • Home Visiting • Women, Infants and Children supplemental nutrition • Teen Pregnancy Prevention • Case Management (Tuberculosis, HIV, Maternity) • All-hazard emergency planning • Enforcement of public health laws • Communicable disease surveillance, investigation and report 	<ul style="list-style-type: none"> • Monitor public health indicators • Community Health Assessment • Health Improvement Plan • Annual Plan • Dept Strategic Plan 	<ul style="list-style-type: none"> • Local Boards of Health • Federally Qualified Health Centers • Community-based Orgs • Day Care Centers, Schools and Education Service Districts • Higher Education • Commission on Children and Families • Local Offices of Department of Human Services & Oregon Health Authority • Local Public Safety • Community Corrections • Community Mental Health Programs • Health Plans • Local Hospitals and clinical services • Multi-disciplinary Teams for Child Abuse • Local businesses