

**Clackamas County Board of Commissioners
Planning Meeting**

Wednesday June 27, 2012 @ 9:00-11:30

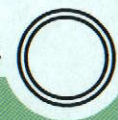
PSB 497

Attending: CL, JB, AL, PS, JD, SW, TF

9:00 Tri-County Medicaid Collaborative
Cindy Becker

Misc.

Tri-County Medicaid Collaborative



H3S Presentation Planning Session

Mission and Goals

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Mission

To be an integrated community delivery system that achieves better care, better health, and lower costs for the Medicaid population and the Tri-County community

Goals

1. Deliver coordinated, high quality services at the right place at the right time.
2. Engage OHP members, the high-risk uninsured, providers, and community resources in meaningful partnerships.
3. Work to eliminate health disparities.
4. Focus on excellent customer service and satisfaction.
5. Achieve cost savings to create a sustainable system.

Board of Directors Composition

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• Member Directors*

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

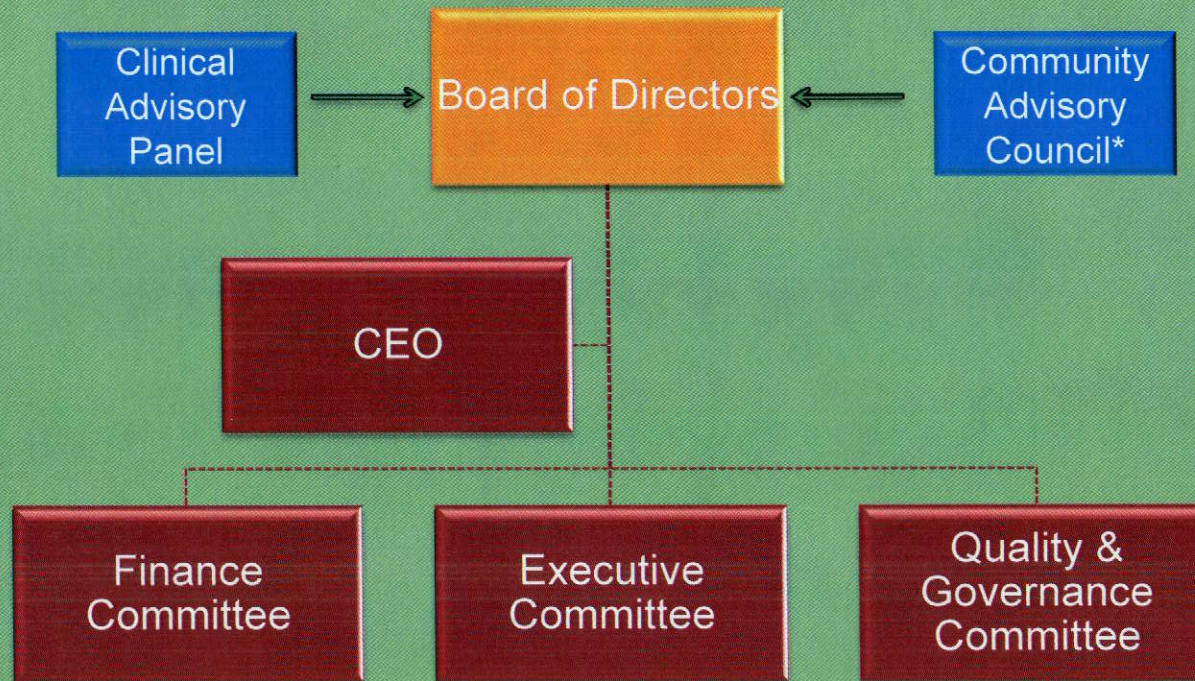
*Will have reserved powers

• 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

Governance

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* CAC must be 51% consumers

Key Priorities

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- Transitioning Services
- Reduce Unnecessary Emergency Room Use
- Physical/Behavioral Health Integration
- High Utilizers
- Patient-Centered Health Homes
- Prevention
- Care Coordination

Finances

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- Capital Calls:
 - Pre-start up
 - Start-up Funding

Clackamas Share

\$ 8,000

\$13,034

- Risk Reserves
- Global Budget

Distribution and Payment Systems

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- Distribution of Funds
 - Risk Adjusted Methodology
 - Re-insurance
- Current Payment Model
 - Fee for Services
- Alternative Payment Models
 - Per member/per month
 - Case Rates
 - Other/Hybrid

Contracts and MOU's

- Pre-Certification (Today):
 - Each physical health, mental health, and dental plan has a separate contract with the Oregon Health Authority. (There are currently 4 physical health plans, 3 mental health plans, and 8 dental plans that are part of the TCMC service area.)
- Post Certification:
 - TCMC will contract with the OHA for physical and mental health services; the current contracts with OHA will end. However, TCMC must in turn contract with dental plans.
 - TCMC must enter into separate MOU's with the local mental health authority, the local public health authority, and the local seniors & people with disabilities agency.

MOU's

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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

MOU's

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- 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

Role of Clackamas County

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

Local Mental Health Authority

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

Local Public Health Local Public Health Authority/ Local Health Department Roles

Services	Population Interventions		
Specialty Services	Community Prevention	Health Surveillance	Community Collaboration
<p>Clinical Services delivered (or assured) by local health departments</p> <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 	<p>Interventions delivered by local health departments to keep populations healthy</p> <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 	<p>Activities designed to identify needs in the community</p> <ul style="list-style-type: none"> Monitor public health indicators Community Health Assessment Health Improvement Plan Annual Plan Dept Strategic Plan 	<p>Local community groups that public health works with on a regular basis</p> <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

Impact to the County/Liability

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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 depending upon how current services are provided, and by whom.

- **Services**

- Clinical services (primary care, mental health, & addictions) provided by the county and non-profit providers 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; however, will assure that legal authority, responsibility, and liability are well articulated in writing.

- **Financial**

- Financial obligations will be paid through Medicaid funds received by our MHO
- Depending upon amount – and timing - of reserves required, may negatively impact some grant programs currently funded through the MHO
- Members of Board will have reserved powers related to govern financial issues
- We are obligated to pay assessments we agree to pay; if unable or unwilling to pay future assessments, subject to expulsion or resignation from Board as a Member