# Tri-County Mental Health Board Meeting Agenda

**Tuesday, December 11, 2018 – 11:00 A.M. to 2:00 P.M.**

**MCCFL – Annex C Conference Room: 425 E 7th – The Dalles**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
<th>Action or Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 – 11:15 AM</td>
<td>Community Meeting</td>
<td>Board</td>
<td>Discussion</td>
</tr>
<tr>
<td>11:15 – 11:30 AM</td>
<td>Approval of Meeting Minutes – November 26, 2018</td>
<td>Board</td>
<td>(Action)</td>
</tr>
<tr>
<td>11:30 – 11:45 AM</td>
<td>Public Comment</td>
<td>Public</td>
<td>Discussion</td>
</tr>
<tr>
<td>11:45 – 12:00 AM</td>
<td>Additional Agenda Items: _____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 – 12:15 PM</td>
<td>Executive Directors Report:</td>
<td>Barb Seatter</td>
<td>Discussion</td>
</tr>
<tr>
<td></td>
<td>- Legislative Priorities – Held over from previous meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pacific Source Contract Update – No attachments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Fixing Health Care - in America held over from previous meeting- Dale Jarvis presentation attached</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:15 – 1:00 PM</td>
<td>New Building Tour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE NOTE:** This Agenda is subject to last minutes changes. The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Angie Millard at [541] 296-5452, x8130.

**Next Meeting:** Tuesday, January 8, 2019

MCCFL – Annex C

425 E 7th

The Dalles, OR 97058
## Tri-County Mental Health Board
### Meeting Minutes: November 26, 2018

### IN ATTENDANCE:
Sherman County Commissioner Tom McCoy  
Wasco County Commissioner Scott Hege  
Hood River County Commissioner Karen Joplin (on the phone)  
Barb Seatter MCCFL Executive Director  
Mel Heuberger MCCFL Accounting Manager  
Angie Millard, MCCFL Executive Assistant  
Valerie Bellus, MCCFL, Office Manager

### GUESTS:
None

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>KEY DISCUSSION POINTS</th>
<th>ACTION/TASK/DECISION LOG</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY MEETING</td>
<td>Everyone participated in the community meeting</td>
<td></td>
</tr>
</tbody>
</table>
| APPROVAL OF MEETING MINUTES | The September 11, 2018 Tri-County Mental Health Board Meeting Minutes were approved as written and presented at 11:13 AM | Motion: Commissioner McCoy  
                            Second: Commissioner Joplin  
                            Approve: Unanimous |
| PUBLIC COMMENT               | There was no public comment                                                          |                          |
| ADDITIONS TO AGENDA: COLA    | • Members discussed and approved a COLA of 2 ½% effective January 1, 2019 at 1:20 PM | Motion: Commissioner McCoy  
                            Second: Commissioner Hege  
                            Approve: Unanimous |
| NEW BUILDING UPDATE          | Valerie presented drawings and material samples for the new building to members. Valerie reported that as of the last construction meeting everything is on schedule and completion is expected on May 7, 2019. Valerie reported that the lower level is all framed in and they are currently working on bringing all the trades in to install the fire suppression system, and frame the |                          |

1 Tri-County Mental Health Board – Meeting Minutes | 26 November 2018
second floor. Valerie recommended that any tour of the new building be done on a Tuesday after the construction meeting. Barb stated that a discussion about possible building tour after the next board meeting take place towards the end of the meeting. Valerie presented recent photos of the construction progress. Barb and Valerie both gave explanations of each section of the new building layout. Valerie gave a brief overview of the current security for staff in the new building challenges. Barb provided detailed information of some of the challenges that have arisen. Barb reported that so far the budget is in line and that Elda, and Valerie have done a good job at juggling items to accomplish this. Valerie reported on the timeline in regards to the move into the building after completion by department. Valerie explained that the cubicle installation will take approximately two weeks and will begin May 14th if everything is on schedule. The next step will be computer installations, and phone systems which should be completed before July 1st. The first department to move will be the administrative department. The next move will be Adult MH & SUD with a two-week wait before moving any additional departments with clients to allow time to work out any kinks. The remaining departments should move to the new building with one department each week in the following order:

Children’s Program
Lincoln Building/Cottage Program

Valerie reported on water damage/construction in the Hood River Conference Room presenting photos of the damage and providing information on why it occurred. Valerie explained the financial impact/insurance reimbursement situation. Valerie reported that the all in all cost will be approximately $50,000.00 with the insurance covering approximately $20,000.00.

FISCAL REPORT

Mel presented the September & October financial statements. Members discussed OHP revenue reductions, and Mel pointed out that is has evened out to date. Commissioner Joplin inquired about a possible accrual for lump sum payments like CCBHC so it would reflect in the month of service vs when the payment is received. Mel explained the cap wrap payment to members, and how the payment is reduced by what is received from PS like the settlement for metric measurements. Mel agreed that there would be a way to accrue a large percentage of the wrap payment earlier. Mel reported that we have increased client fees and private pays due to using a new clearing house to enable billing encounters to third parties. This process enables MCCFL to get a denial so the encounter can be billed back to PS. Mel reported that personnel expenses continue to be below budget due to staff shortages. Mel reported that 1.6 million dollars have been spent on the new
building construction to date and that it will be time soon to start drawing down from the CDBG grant. Mel stated that even with the capital outlay MCCFL is in better shape than budgeted.

COLA - Mel presented documentation included in the packet on research on the CPI index and financial impact to MCCFL at different percentages of COLA. Barb stated that MCCFL was unable to give a COLA last year and believes that financial stability does indicate that it would be possible this year. Members discussed the one time performance pay adjustment, and agreed that a COLA in conjunction with the pay adjustment would get employees close to CPI. Barb reported that the management is recommending a 2.5% increase and commissioner Joplin stated that she would support that amount. Commissioner Joplin asked if the recommended 2.5% from management should be considered. Commissioner McCoy moved to accept, and commissioner Hege seconded. All of the commissioners unanimously approved the presented 2.5% COLA increase to begin January 1, 2019.

EXECUTIVE REPORT

- CCO 2.0 – Barb stated that the summary in the document provided shows an issue with behavioral health care, and integration with a need for improvement. Barb reported that AOCMHP has been working towards being on the front end of a number of issues that are moving forward, and have participated in a number of activities to give feedback on some of the current requirements for CCO 2.0 applicants. Members discussed possible impacts to MCCFL. Barb presented items of focus on the letters from AOCMHP that were included in the meeting packet.

- Association of Oregon Counties MOU – Barb reported that the draft MOU includes giving counties the ability to be involved in the decision making process of choosing a CCO. Commissioner Joplin said that the overall draft looks good, but does not feel that the additions added at the end colored green and blue are necessary or appropriate. Commissioner Joplin stated that an MOU should be centered around positive collaboration and to have an impact locally, and that the bullet points currently in the MOU have accomplished that. Barb agreed and stated that she would approach AOCMHP with this feedback. Barb stated that it is important for members to assist in keeping counties involved in the CCO selection process.

- Legislative Priorities – This item was postponed to accommodate the executive session.

- 2019 Pacific Source Timeline – Barb reported that it is time to negotiate the 2019 PS rates and feels that there is great data to support that rate remaining the same or increasing. Barb reported that there is a follow up meeting scheduled with Peter McGary to talk about
the Next Door situation.

- CGHC Presentation – Performance Metrics - Mel presented graphs supporting increased CCBHC encounters demonstrating the upward trend. Barb reported that she is conducting a presentation to the Columbia Gorge Health Council as required by one of the metrics. Barb stated that the subject for this year's presentation will be MCCFL metric results that will take approximately 20 minutes.

Barb gave a brief summary and quick view of the newly launched website stating that Jenn Wieczorek would be invited to the next board meeting for a presentation.

<table>
<thead>
<tr>
<th>EXECUTIVE SESSION</th>
<th>Commissioner Joplin requested a brief session at the end of the meeting which Began at: 1:35 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meeting adjourned at 2:10 PM</td>
</tr>
<tr>
<td>NEXT MEETING</td>
<td>December 11th, 2018 11:00 AM – 2:00 PM</td>
</tr>
</tbody>
</table>
AOCMHP 2019 Legislative Priorities

1. Oregon Health Authority 2019-21 Budget Request and Policy Option Packages:
   - 408 – Continuation of Mental Health Funding (backfilling SEs that were funded by marijuana tax revenue in 17-19): $16,039,052
     o Note: The funding gap will either be covered by this POP or by a legislative concept to remove the sunset from SB 1555; Either way, this does not represent an increase for Counties and CMHPs in addiction prevention, early intervention and treatment unless there is advocacy for adherence to the original language referendum to allocate cannabis tax revenue on top of existing prevention and treatment funding to make real progress in addiction recovery and prevention.
   - 413 – Behavioral Health Funding Shortfall (in tobacco tax revenues): $9,132,500
   - 402 – Expand Behavioral Health Services, including suicide intervention and prevention, in schools for children and youth; develop adult suicide prevention, intervention and postvention plan: $13,103,059
   - 403 – Intensive In-Home Behavioral Health Services: $6,575,316
   - 410 – Aid & Assist misdemeanor defendants – intermediate placement options (LC 383): $7,612,914
   - 411 – Behavioral Health System investments (LC 364 – Behavioral Health Homes) and (LC 368 – MH Clinical Advisory Group on pharmaceuticals): $5,530,100
   - 414 – MOTS/COMPASS System modernization and completion (or other data management system): $6,739,793

2. Department of Human Services 2019-21 Budget Request and Policy Option Packages:
   - 102 – IDD 100% Workload Model (restore CDDP and Brokerage funding back to 100% workload FTEs at 95% equity)
   - 126 – Workforce Expansion and Development (Direct Support Professionals)
   - 118 – IDD Data Management System (statewide, centralized I/DD client system across 47 CMEs for intake, eligibility, enrollment, case management assessment, person centered planning and monitoring, adult protective services and other functions)
Public Safety/Criminal Justice

3. Workgroup to Decriminalize Mental Illness - Civil Commitment criteria expansion (LC 814) and extending length of holds (LC 749)

4. Behavioral Health Justice Reinvestment Initiative — Recommendations from Council of State Governments through grant with Criminal Justice Commission (LC not completed yet; Governor’s Task Force is being formed to create LC)

5. Aid & Assist (.370) process improvement (OSH) — Stakeholder group is opting for a more systemic approach (to be conceptualized on 10/10)

6. Disability Rights Oregon Concepts — Protect the confidentiality of social and medical records for adults placed under the PSRB; Assure a defendant’s notification of the effects of a guilty except for insanity plea; Update Community Mental Health Services Bill of Rights to expand definition of “Program” beyond CMHPs to other providers.

Children

7. School Safety Task Force — Support youth suicide prevention efforts; Support bullying and harassment prevention efforts; Statewide implementation of Threat Assessment system; Promote statewide school safety tip line (LC modified from HB 2812-2 in 2017)

8. Suicide Prevention/Mental Health Promotion and Service Provision in or connected to Schools (multiple efforts) — Basic Rights Oregon (suicide prevention regulations and protocols for schools); Student Success Committee Recommendations (Includes Oregon Safe and Effective Schools for All Students Advisory Committee; Governor’s Children’s Cabinet; Confederation of Oregon School Administrators; Oregon Education Association; Oregon Task Force on School Safety – see #7; Oregon Business Council; and Educator Advancement Council); and POP 402 in OHA Budget; Suicide prevention stakeholders are preparing a legislative advocacy one-pager

9. Children with Specialized Needs Workgroup (Governor’s Child Welfare Platform) — Crisis and transition services: community services, in-home supports, therapeutic foster care, face-to-face; Regional assessment programs; Stabilize residential care; Better data; Strengthen system of care at state and local levels.
Fixing Healthcare in America
Design/Build Workshop

Today’s Format

• Part 1: Dale’s Environmental Scan
  • Discussion Topic
  • My Prediction
  • AOCMHP as the Focus Group
  • Repeat

• Part 2: Design Workshop
  • Review of our 2016 Work
  • AOCMHP Charting a Course to the Future
Part 1 Discussion Topics

1. What’s Going on with National Healthcare Reform?
2. What’s Going on in the Private Sector?
3. What’s Going on in BH Nationally?
4. What’s Going on in Oregon?

My High Level Predictions

• The rate of change in the private healthcare sector is going to accelerate dramatically.
• The public section health and behavioral health systems will fall 5 – 10 years behind the curve.
• Every AOCMHP member needs understand what’s coming, carefully read their local tea leaves, and decide how and when to jump into the future. If you jump too early or too late, you will be toast.
• The AOCMHP itself needs to both lead the membership on positioning the organization to be where the puck is going, and support each member in their individual trajectories into the future.
What’s Going on with National Healthcare Reform?

Fixing Healthcare is a Top Priority

Percent who say each of the following issues is “very important” in making their decision about who to vote for Congress this year:

- Health care: 71%
- The economy and jobs: 64%
- Gun policy: 60%
- Immigration: 55%
- Tax cuts and tax reform: 53%

The 2018 Midterms Are All About Health Care

As the impact of Trump’s attack on Obamacare becomes clear to voters, Democrats are going all-in on Medicare for All.

By SARAH JONES | July 10, 2018
The ACA is still standing… And Expanding
Alternative Payment Models are Stumbling

Difficult to keep up with the proliferation of increasingly complex APMs.

Practices that have invested in APMs haven’t changed patient care.

It often costs more to manage to APMs than the incentive payment.

The AMA, the AHA and other trade groups are calling for a slow down in the transition to value-based payments.
Healthcare Information Technology is Stumbling

Physicians are spending 2 hours of computer work for every 1 hour of patient time... resulting in an epidemic level of clinician burnout.

So, here’s where we are with physicians: a third of the 954,000 physicians are looking for an exit strategy. The rest are looking for a career option where they are respected, compensated well and provided the tools to practice sans administrative hassles and paperwork. They are closely watching the disruptors like Amazon, Apple, Walmart, CVS, Walgreens, Optum and others hoping new opportunities will emerge.

• Physician Discontent: Have we Reached their Tipping Point? (Paul Keckley, 10/30/2018)
Epic Battle

The Epic Battle is Going to Heat Up

But Don’t Increase Taxes.

Election 2020: Fix the Health Insurance and Delivery System…

And if we don’t do a better job fixing what’s under the hood, we will fail!

My Predictions

• The current wave of Value-Based Purchasing will be come to known as Managed Care 2.0.
  • Technocratic initiatives to “control” clinician behavior because they can’t be trusted on their own to achieve better health, better care and better cost.
  • This wave will eventually be rejected in the same way that Managed Care 1.0 blew out of the private insurance market.
  • Forward thinking healthcare leaders will figure this out early and attempt to rethink how metrics and payments are used.
  • If enough leaders figure this out, we may be able to prevent the workforce from bolting and save the system.
  • If not, “Houston we have a problem!”
What would you add to my National Healthcare Reform scan?

What are your elephants in the living room? Anything like mine?

How do we deal with payors mandating Managed Care 2.0?

What’s Going on in the Private Sector?
The Ecosystem is Radically Changing

1. Large legacy hospital healthcare systems are in major acquisition mode in order to gain larger market share.

2. Health Plans are attempting to reinvent themselves and move horizontally and vertically throughout the ecosystem.

3. Large non-healthcare firms (not generally part of the healthcare industrial complex) are coming on the scene.

And all of this is very relevant to everyone in this room!

Health for a Better World

Every day, 119,000 compassionate caregivers serve patients and communities through Providence St. Joseph Health, a national, Catholic, not-for-profit health system, comprising a diverse family of organizations and driven by a belief that health care is a human right. Rooted in the founding missions of the Sisters of Providence and the Sisters of St. Joseph of Orange, courageous women ahead of their time who brought health care and other social services to the American West when it was still a rugged, untamed frontier, we share a singular commitment to improve the health of all.

OVER 160 YEARS in the west
Health Plans are using their enormous resources to reinvent themselves.

The New Optum:
- Disease management
- Wellness programs
- Clinical Decision Support
- Collaborative Care
- Financial Services
- Primary Care
- Reporting and Insight
Aetna/CVS Merger

• $69 billion deal
• CVS: 9,700 pharmacies and 1,100 Minute Clinics
• New Front Door
• Medical version of Apple’s Genius Bar

“Patients will be able to go to a local CVS in between doctor visits for glucose level monitoring, counseling on how and when to use medications and advice on weight loss programs and better dietary habits.”
Collectively, Amazon, Berkshire Hathaway and JP Morgan have 1.2 million employees.
They believe that the medical industrial complex can’t fix the problems they created.
Instead they are using an Amazon approach to target 3 types of waste: 1) high administrative costs, 2) high prices, and 3) improper healthcare utilization.
If they’re successful, they will share their work for free.
### ABJ’s Healthcare Venture: Functional Matrix

<table>
<thead>
<tr>
<th>Corporate Jobs-To-Be-Done</th>
<th>Fix Me When I’m Broken</th>
<th>Keep Me As Healthy As Possible</th>
<th>Help Me Make Smarter Lifestyle Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Design</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Social Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentives</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Purchasing Healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodic</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate Wellness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Diet</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>End-of-Life Care &amp; Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

---

### Who’s reinventing health benefits? One of the most hated companies in the U.S.

Comcast is among a **handful of employers** declaring progress in reaching a much-desired goal: keeping health-care costs flat. Some consider the cable company to be “the most interesting and creative employer when it comes to health-care benefits.”

---

*The Seattle Times*
The Comcast Story

- 225,000 employees, $1.3 billion annual healthcare spend.
- In the last 5 years, their health care costs have increased only 1% per year (vs 3-10% for other big companies).
- Key Strategies:
  1. Shunned insurance companies as the source for ideas.
  2. Lowered deductible to $250 per year.
  4. Grand Rounds: offers second opinions on helping employees find a doctor.
  5. Doctor on Demand: access to a doctor via cellphone.

My Prediction

- “Healthcare is 100 times more complicated than any other problem I’ve tried to wrap my brain around.” (Clayton Christensen, Disruptive Innovation guy)
- The private sector will get to the fix faster than the private sector.
- Politics and Regulations will result in the public sector continuing to struggle.
- Both sectors will get to the fix faster if they can cross pollinate in meaningful ways.
What are you already doing that should go on this “innovation list”?  
Are any of these emerging innovations relevant to your community?  
What do you think about my prediction that the private sector will get there first?

What’s Going on in BH Nationally?
New Mexico, Chapter 1

• June 2013
  – State-hired Public Consulting Group's audit sampling found that 15 large CMHCs had $42,500 in overbillings that were also possible Medicaid fraud.
  – PCG extrapolated the overbillings to $36 million over a 3.5 year period, froze all billings and demanded payback.

Federal Judge Takes Behavioral Health Case Under Advisement

Fourteen Behavioral health providers in New Mexico hoping to have their Medicaid funding reinstated will have to wait at least another day, as the

Tuesday, July 23, 2013
New Mexico, Chapter 2

• 2nd Half 2013 - 2014
  – Lawsuits are filed while payments continue to be frozen.
  – Most of the 15 local CMHCs go out of business.

New Mexico, Chapter 3

• 2015-2016
  – 15 of the 15 NM CMHCs cleared of fraud, only $1.16M in overbillings, but it's too late.
  – New Mexico asks the state's FQHCs to take over the programs and staff from the departing Arizona CMHCs.
New Mexico, Chapter 4

- 2017-2018
  - Currently, the majority of New Mexico’s BH services are being provided by FQHCs, bringing more federal funding into the state.

**Truth or Consequences**
Sierra Vista Hospital
880 East 9th Avenue
Truth or Consequences, NM 87901

**Farmington**
La Familia/Namaste
626 East Main Street
Unit 5
Farmington, NM 87401

**Artesia**
Presbyterian Medical Services (PMS)
Artesia Health Resources
1105 Memorial Drive
Artesia, NM 88210

**Santa Fe**
Christus Saint Vincent Reg Med Center
Behavioral Health Unit
455 Saint Michael’s Drive
Santa Fe, NM 87505

**Albuquerque**
Gila Regional Medical Center
1313 East 32nd Street
Silver City, NM 88061

**Las Cruces**
El Paso VA Healthcare System
Las Cruces Clinic
1625 South Don Roser Drive
Las Cruces, NM 88011

**MultiCare Story**

CARE WHERE YOU ARE, WHEN YOU NEED IT

MultiCare Virtual Care gives you anytime access to a doctor through your computer, phone or our mobile app. It's an affordable option for quality medical care. 

---

36
Good Samaritan Hospital acquired one of the 3 Tacoma area mental health centers in the late 1990s.

Then Good Sam merged with MultiCare in 2006.

In 2017 MultiCare acquired Navos, one of the largest CMHCs in Seattle.

In early 2018 the 2nd Tacoma mental health center came into the fold.

Community Psychiatric Clinic to Merge with Navos

My Prediction

• Mergers to achieve Economies of Scale (horizontal integration) and Vertical Integration are going to affect every corner of the delivery system.
• MH/SUD/BH Provider Organizations will be swept up in this next phase of Mergers and Acquisitions.
• Oddball New Mexico added credence to the FQHC/CMHC consolidation model that will become the rule, not the exception.
• There will be very few free standing MH/SUD/BH Provider Organizations left standing.
Is any of this happening in your community?

Will any of this come to your community?

What do you think about my predictions?

What’s Going on in Oregon?
CCO Narrative 1: “Doing great, keep going”

- 1 million + members on the Oregon Health Plan.
- > 90% receive care through a CCO.
- 94% of Oregon’s providers see OHP members.
- Oregon is meeting the commitment to reduce spending growth by 2% per year.
- Most CCOs earning their Incentive Payments.

CCO Narrative 2: “We’re not improving fast enough”

- Health Reform in the Affordable Care Act era is made up of “halfway technologies”.
- Example
  - The iron lung was invented to treat individuals with polio
  - It addressed the symptoms, not the underlying problem
  - In contrast to the polio vaccine, which was a full technology
- All of the exciting health reform work going on in Oregon fits into the category of “halfway technologies”. (Mitch Greenlick)

- While Oregon is touted as the most successful state in the country in terms of Medicaid reform, succeeding in
- It’s not doing enough to create a shift from a Sick Care System to a true Health System
What’s Your Assessment?

CCO Narrative 1: “Doing great, keep going”
• 1 million + members on the Oregon Health Plan.
• > 90% receive care through a CCO.
• 94% of Oregon’s providers see OHP members.
• Oregon is meeting the commitment to reduce spending growth by 2% per year.
• Most CCOs earning their Incentive Payments.

CCO Narrative 2: “We’re not improving fast enough”
• Health Reform in the Affordable Care Act era is made up of “halfway technologies”.
• Example
  – The iron lung was invented to treat individuals with polio.
  – It addressed the symptoms, not the underlying problem.
  – In contrast to the polio vaccine, which was a full technology.
• All of the exciting health reform work going on in Oregon fits into the category of “halfway technologies”, (Mitch Greenlick)

BH Narrative 1: “We have a Plan to fix BH; It’s called CCO 2.0”

Improve the behavioral health system and address barriers to access to and integration of care

1. Require CCOs be fully accountable for the behavioral health benefit
2. Assess capacity of comprehensive services
3. Address prior authorization and network adequacy issues that limit member choice and timely access to providers
4. Use metrics to incentivize behavioral health and oral health integration
5. Expand programs that integrate primary care into behavioral health settings
6. Require CCOs to support electronic health record adoption and access to electronic health information exchange
7. Develop a diverse and culturally responsive workforce, and
8. Ensure children have behavioral health needs met with access to appropriate services.
BH Narrative 2:
Tinkering with a dramatically underfunded system... fits the definition of tinkering.

• Tinker (v)
Attempt to repair or improve something in a casual or desultory way, often to no useful effect.

What’s Your Assessment?

BH Narrative 1: “We have a Plan to fix BH; It’s called CCO 2.0”

BH Narrative 2: Tinkering with a dramatically underfunded system... fits the definition of tinkering.

• Tinker (v)
Attempt to repair or improve something in a casual or desultory way, often to no useful effect.
My Assessment

1. **Oregon Needs Your Help** and the system won’t get to where it needs to without your leadership as Payors, Protectors, Preventers and Policy Makers (the subject of the next section).

2. **Global Budgets** at the State and CCO Level must include population-based funding pools that are based on projected demand, clear identification of Gaps, and clear strategies to close those gaps.

3. **Integration Efforts** will not sufficiently move the whole health outcomes needle for persons with BH disorders without achieving all 3 types of integration:
   - **Clinical Integration:** MH, Medical, Oral Health clinicians are part of the same care team in the same setting, working from common workflows.
   - **Financial Integration:** The money and financial risk for success or failure is under the same roof.
   - **Structural Integration:** The care team works for the same organization.

4. **BH Provider Organizations** will not be adequately funded for the foreseeable future and will need to be subsidized (like Primary Care) through mergers with large health systems or with FQHC mergers (tapping into their PPS Rates).

5. **The Jury is Still Out** on whether CMHPs as Providers and their MH/SUD Networks are seen as high performing behavioral health service delivery organizations (next section).

Thoughts? Comments?

---

Part 2: Design Workshop

- Review of our 2016 Work
- AOCMHP Charting a Course to the Future
2016 Work

- Remember when we began work on a Next Generation CMHP initiative (before we were swamped with CCBHCs)?
- **Governance:** How can the CMHPs be first movers in bringing clarification to the role of the CMHP and the role of the CCO?
- **Payor:** How can CMHPs that are payors serve as a model of a “supportive payment and regulatory system”?
- **Provider:** How can CMHPs demonstrate “being great places to get care and great places to work”?

---

**What we completed:**
- Next Generation Workplan
- Functions Matrix
- 6-page Analysis
- CMHP Readiness Assessment (created but not completed)

Let’s review each of these pieces and discuss their relevance for today and tomorrow.