

# **MENTAL HEALTH IN JOSEPHINE COUNTY**

# OREGON HEALTH PLAN (OHP)

Oregon's Medicaid plan

# BEFORE

Prior to the advent of the Coordinated Care Organizations in Oregon, health care services under the Oregon Health Plan were funded and administered by managed care organizations that focused on either physical health (and addictions treatment), mental health OR oral (dental health).

Oregon Health Authority  
(Administers Oregon Health Plan)  
Silo'd Funding

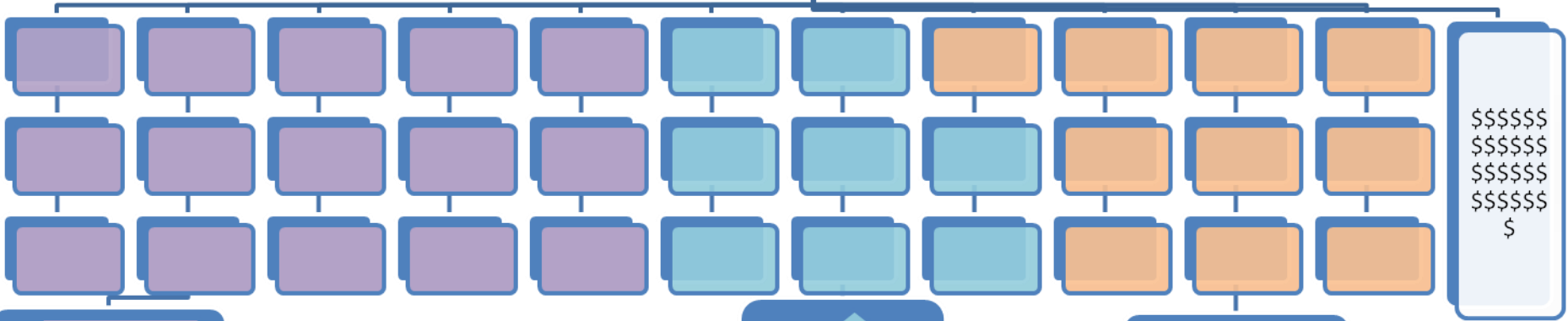
Physical  
Health

Addictions

Mental  
Health

Oral  
Health  
(Dental)

OREGON HEALTH AUTHORITY  
(OHA)  
[contractor for Medicaid]



PHYSICAL  
HEALTH &  
ADDICTIONS

DENTAL

MENTAL  
HEALTH

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# JBH

Jefferson Behavioral Health (JBH) was formed by the County Commissioners of 6 counties and operated as the managed behavioral health (mental health) care organization for the OHP benefit for these counties. JBH reported to the Boards of County Commissioners.

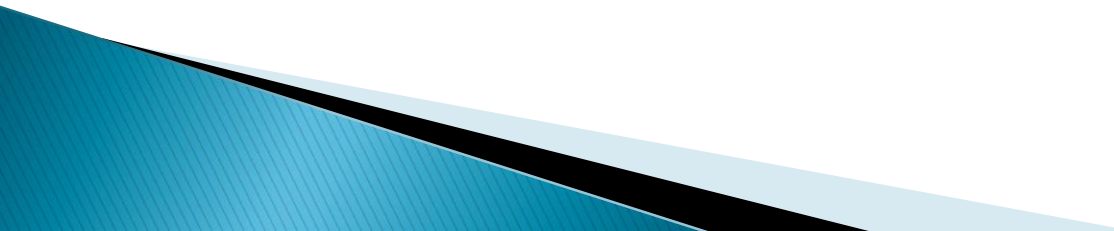
# AFTER

## OREGON HEALTH AUTHORITY



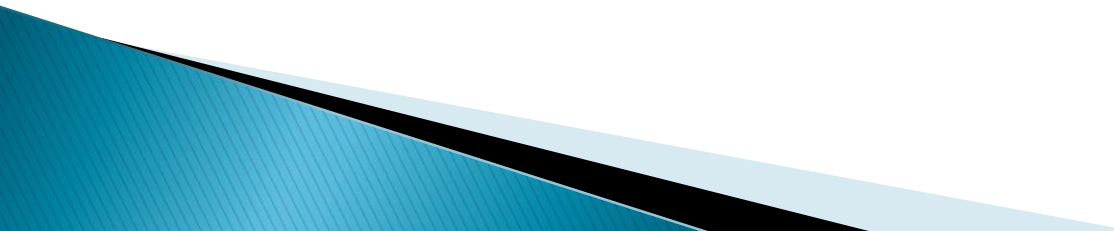
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Each CCO is now responsible for physical health, addictions treatment, mental health outpatient and oral health (dental) and are bringing on non-emergent transportation. And soon...mental health residential treatment.

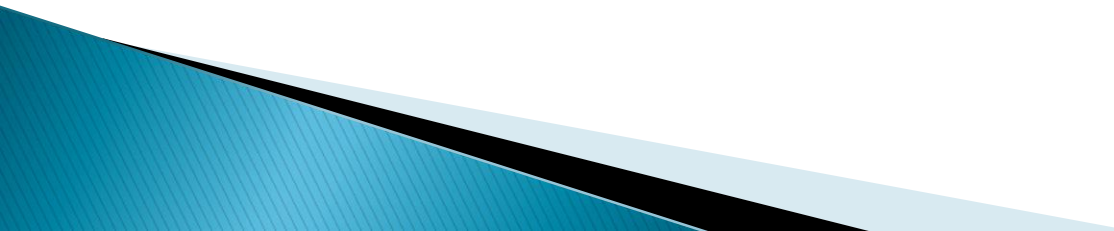




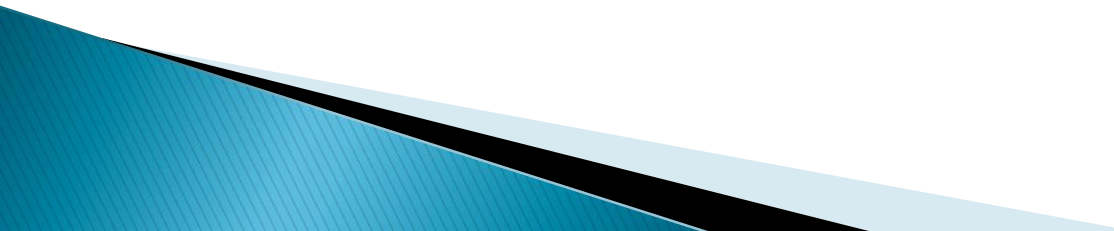
The implementation of CCOs includes structures that define how the CCO will be responsive to and accountable for health care services being delivered in their identified community and to their members.



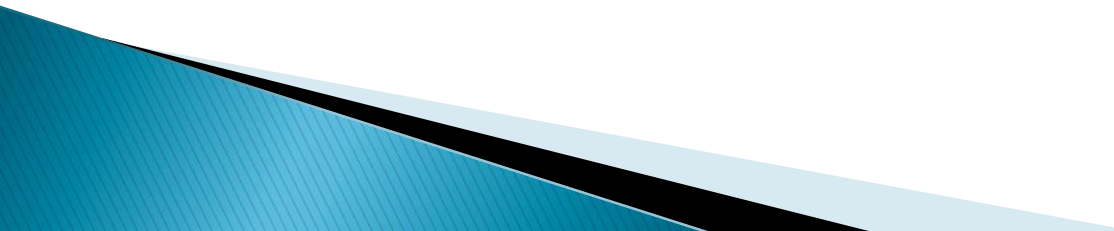
# For example:

- ▶ Governance committees may be made up of “risk taking entities,” community providers and partners and CAC representatives
  - ▶ Community Advisory Councils (CAC) are made up of CCO members and community partners and providers
  - ▶ Clinical Advisory Panels are made up of clinical/medical providers and others
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CCO contractual arrangements for services and provider networks vary. Examples of contractual arrangements include contracting with managed care entities, physician organizations or directly with health care providers themselves.



# Health Care Transformation Happenings

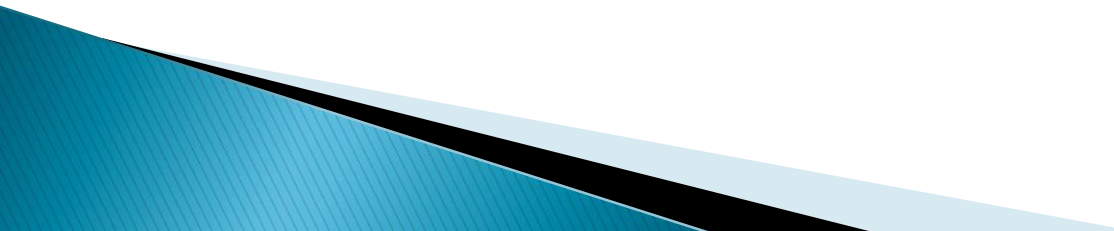
- ✓ Quality Metrics
  - ✓ Transformational Efforts and Metrics
  - ✓ Contractual changes
  - ✓ Oregon Administrative Rule changes
  - ✓ OHP Expansion
  - ✓ Shared responsibility for members across health care service providers
  - ✓ Achieving the TRIPLE AIM
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# Mental Health--Funding and Mandates

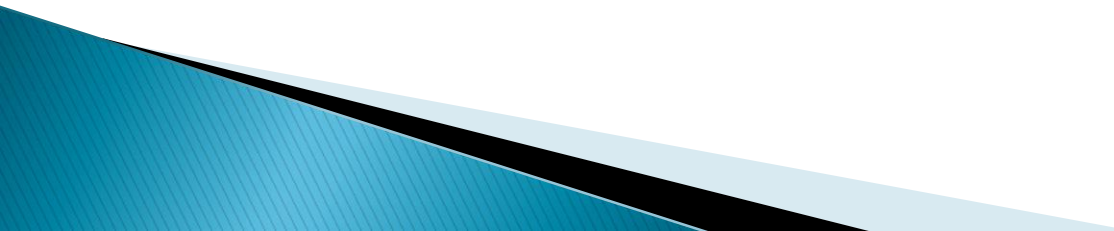
- ▶ OHP – “delegated” as a “risk sharing entity” to manage mental health service provision to AllCare CCO members in Josephine County and Primary Health CCO members. Options also contracts with multiple other CCOS and CMHPs across the state for a variety of services.
- ▶ Addictions and Mental Health Division (AMH)–targeted funds for specific services i.e. Peer Recovery Services, Housing, Residential Treatment

# Local Mental Health Authority (LMHA)--Safety Net Services

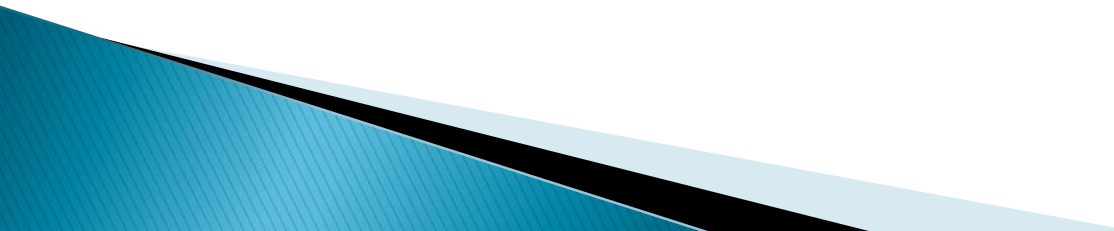
For example:

- ▶ Provision of 24x7 crisis
  - ▶ Precommitment investigations and oversight of committed individuals
  - ▶ Psychiatric Services Review Board (PSRB) monitoring
  - ▶ Investigation of abuse and neglect for adults open to care
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# Service delivered via

- ▶ Options (CMHP)
  - ▶ CMHPs for other counties
  - ▶ Private non-profit and for profit specialty treatment organizations
  - ▶ Individually licensed clinicians
  - ▶ Other CCO's provider panels
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# Progress made:

- ▶ Onsite mental health therapists in 5 clinics within Josephine County—in planning stage for two others
  - ▶ Onsite primary care clinic within Options Adult Mental Health Clinic
  - ▶ Coordinated and collaborative meetings across health care disciplines to address the needs of those with frequent use of the ER, complex health issues, transitioning from one level of care to another etc.
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# Progress made:

- ▶ Leadership from all health care disciplines reviewing health data together and working together to improve statistics
  - ▶ Shared sense of responsibility for members
  - ▶ Increased understanding and communication across health care disciplines
  - ▶ Increase in Adults accessing mental health services by approximately 30% (due to OHP expansion)
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