

Integrated Management & Service Delivery Model

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Guiding principles (excerpted)

- The goal of treatment and recovery is to provide services and opportunities for individuals to become self-sufficient
- The array of treatment and recovery services must address the therapeutic needs of people in a holistic fashion
- Services must be delivered in a seamless and integrated manner
- Services include health, mental health and addictions, as well as wraparound supports for housing and employment/education assistance
- The service delivery system must be managed in the most cost effective and individually focused manner
- Funding should follow the shortest line from the state to provider
- The management structure used will consolidate all available funds
- Payment will support the achievement of measurable outcomes
- Core mental health and addiction services must be geographically located to encourage access
- To avoid duplication, services must be provided in a regional manner

Basic design

- AMH recommended the establishment of two or three demonstration projects
- These demonstrations will be with willing partners who are ready to change the delivery system in their area
- Each project and the state will work together to solve problems, remove barriers and make adjustments in order to assure the continuous provision of services to the clients

Why make changes now

- PCG and the HSRI Reports recommend change
 - Regionalization
 - Streamline system
 - Create more resources to meet unmet need
- System needs to be “right-sized”
 - 58 percent of the mental health funding is spent on 12 percent of the population
- Need outstrips the state’s ability to serve individuals
 - Only serving 41 percent of people with a mental illness
 - Only serving 24 percent of people with a substance use disorder
- System is seen as complex and opaque

End goals or a definition of success

- Increase the number of people served
- Use existing resources more effectively
 - i.e. Shorten length of stays in mental health residential services
- Increase consumer engagement in
 - Statewide policy development
 - Local program design
 - Guiding their treatment
- Change the array of service mix to provide services in the community versus institutional care of services
- Develop standard assessment to improve access to
 - Improve access to:
 - Housing
 - Employment
 - Recovery

Current addictions and mental health system

- 9 Oregon Health Plan Mental Health Organizations (MHOs)
- 32 Community mental health programs (CMHPs)
- 17 Oregon Health Plan – Fully-Capitated Health Plans
- Multiple direct contracts for specialty programs
- Siloed and multiple funding streams, programs and delivery systems
 - Addictions
 - Mental Health
 - Physical Health
- This impacts the fact that
 - Individuals with addictions or a mental health condition die 25 years earlier than the general public.

A new system needs

- Utilization management system that ensures people have the right services, at the right time, for the right amount of time
- Incentives that motivate providers to help people manage their illness
- Better data systems that help local providers, management entities and AMH to manage the system
- Standardized assessment and treatment criteria to
 - Ensure appropriate care for individuals;
 - Assist providers in utilization management; and
 - Promote consistency in the system
 - Integrated delivery and management of health, mental health and addiction services

Oregon can do this

- Oregon has significant experience with managed care
 - Locally, addiction and physical health services are already managed by the same entities
 - Medicaid mental health services have been capitated and managed by single entities since 1997
- AMH is committed to learning from the successes as well as the failures from other state integration efforts.
 - States have made progress
- Oregon's kids system shows we can make this type of change

Children Systems Change Initiative made significant changes in service delivery

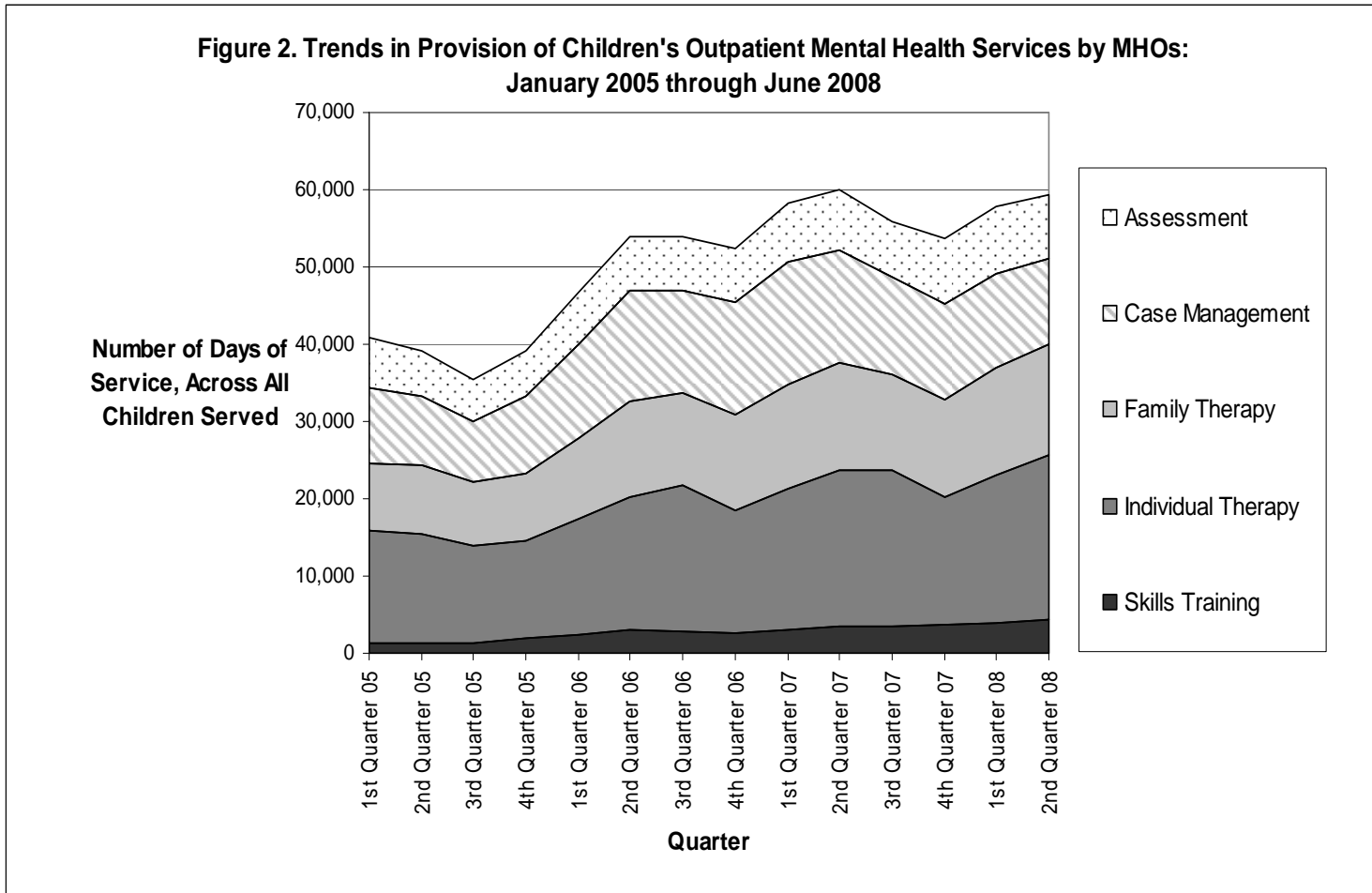
- Treatment and supports are effective and coordinated
- Youth-guided, family-driven
- Children are being screened for and served according to a standardized needs determination process
- There has been a dramatic increase in the range, type and frequency of community-based mental health services
- The number of children admitted to:
 - Psychiatric day treatment settings decreased by 25 percent
 - Psychiatric residential treatment settings decreased by 34 percent
- 90 percent of children in the mental health system are now served in community settings

Access and satisfaction has increased

- The average number of children receiving services increased:
 - 11,500 per quarter in 2005
 - 13,056 per quarter in 2008
- Families are more satisfied
 - 76 percent or more felt they were appropriately involved
 - 65 percent or more felt services were appropriate

Services for children in MHOs

Figure 2. Trends in Provision of Children's Outpatient Mental Health Services by MHOs:
January 2005 through June 2008



Process to date

- Direction from *Ways and Means*
- Stakeholder meeting on April 3, 2009
 - 175 people including consumers, advocates, providers, FCHPs, MHO and CMHPS
- “Willing partners” meeting on April 10, 2009
 - 75 individuals from various organizations
 - Representatives of communities who are considering being a demonstration site
 - Other interested individuals and organizations
- Report to *Ways and Means* on April 20, 2009

Budget concept

- To both ensure accountability and to successfully implement several demonstration projects AMH proposed a budget that included central staff to coordinate demonstration activities
- AMH also recommended an implementation data system to allow the site and the state to collect and analyze “real-time” data
- Projects would receive all program and administrative funds for their targeted area
- Projects are expected to work with consumer run programs to ensure that peer-delivered services are available
- Additional resources were proposed for
 - Start up costs for the pilots beyond the current budget and
 - Consumer engagement and governance

Proposed budget

Item	% of total
Central Support – Oversight and problem solving	21%
Data Evaluation – Research, and independent evaluation	23%
Data Systems – Outcome measurement	35%
Demonstration – Start up costs for sites	17%
Consumer Investments – Enhancing consumer involvement in policy	4%

Next steps

- Additional discussion with Ways and Means
- Individual meetings with local communities
- Creation of a stakeholder advisory committee
- Proposed implementation date: October 30, 2009