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# BEHAVIORAL HEALTH MODEL DEVELOPMENT

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# Goals/objectives

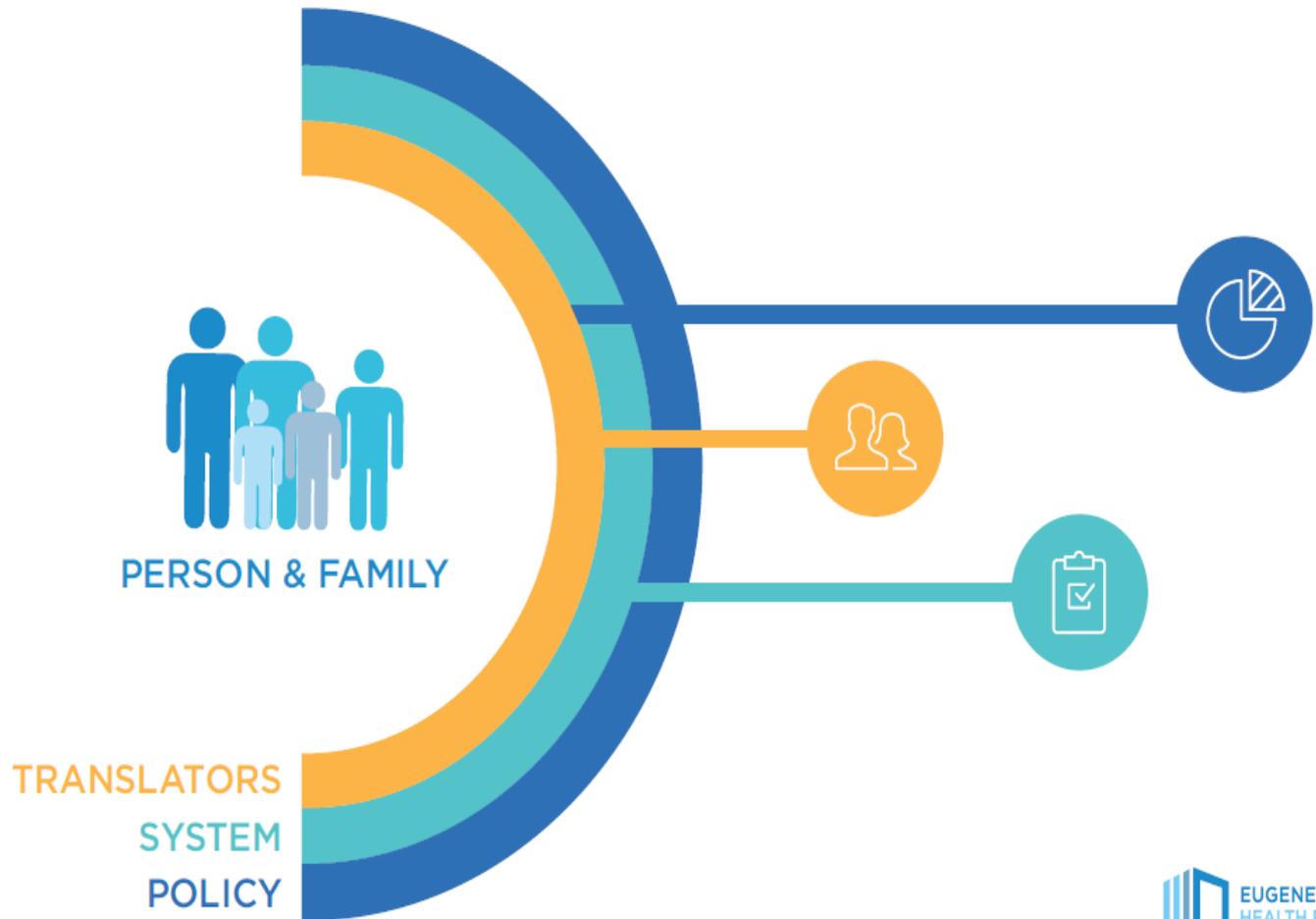
- To begin to outline and refine behavioral health through Oregon's coordinated care model across the state
- To consider this model in the context of the conceptual framework
- To create actionable items in service to the model
- Develop workgroups to address the actionable items



# Problem statement

- **Fragmented financing, delivery systems, and services fail to serve and exacerbate poor health outcomes for children, adolescents, adults, and older adults.**
- 1) Access to behavioral health services, both specialty and general, do not meet the needs of all Oregonians in the right places at the right times in a culturally and linguistically specific manner
- 2) Continuum of care, service integration, and coordination between the systems of criminal justice, human services, health, and education is insufficient, administratively complex, and lacking in strategies addressing prevention for all populations.
- 3) Social determinants of health, including insufficient housing, employment, and transportation, create barriers to behavioral health resources that vary by community.

# CONCEPTUAL FRAMEWORK





## Non-negotiables

- Increase access to behavioral health services in the right place, at the right time, and with the right provider
- Continue to move to value-based payments for incentivizing quality of care and health outcomes
- Create value-based payment models for improving quality and outcomes
- Share responsibility for health across settings
- Better health, better care, lower costs: Continue to bend the cost curve while providing high quality, accessible care.



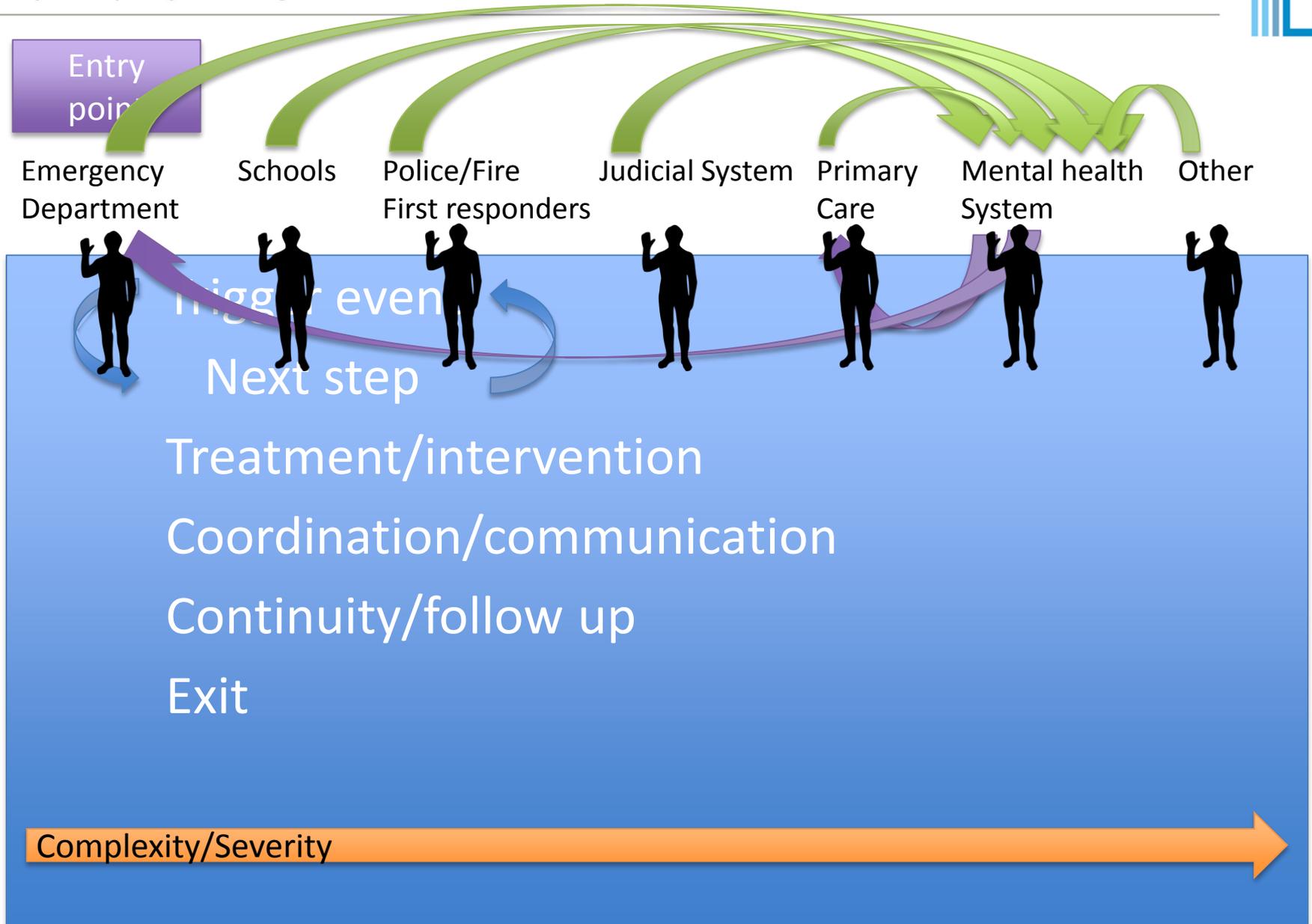
# Non-negotiables

- Change how care is delivered to:
  - Reduce waste
  - Improve health
  - Create local accountability
  - Align financial incentives
  - Pay for performance and outcomes
  - Create fiscal sustainability



Model development

# SEQUENCING





Entry point

Emergency Department

Schools

Police/Fire First responders

Judicial System

Primary Care

Mental health System

Other



Trigger event

Next step

Treatment/intervention

Coordination/communication

Continuity/follow up

Exit

Complexity/Severity



# Additional considerations

- How can the population be stratified by severity (e.g. SPMI vs mild/moderate)?
- Measurement (e.g. how many more people were seen, at what cost, and where?)
- How is care financed to support model?
- What are the minimal training requirements/competencies based upon setting?
- How are social determinants factored in?
- How is information shared across the community?



Conceptual framework application

# **POLICY AND SYSTEM CHANGES (4 OPTIONS)**

Contract All Services and Responsibilities to CCO		Contract All Services to CCO and Legal Responsibilities to CMHPs	
Option 1		Option 2	
Opportunity	Consideration	Opportunity	Consideration
Single point of accountability	Some responsibilities not service related – civil commitment/abuse reporting	Single point of accountability for services	Some counties providing significant funding for CMHP services
Potentially decreased admin	CCOs cross county boundaries and multiple CCOs in one community thus multiple points of accountability for legal functions	Potentially decreased admin	Few current metrics regarding BH
Ability to contract with cost effective providers	Multiple CCOs in one community	Ability to contract with cost effective providers	Crisis services bifurcated in some areas
Performance based contracts	Some counties provide significant funding for CMHP services	Performance based contracts	Block grant funds cannot go to for-profit entities– Some CCOs are for-profit
“Integrates” other funds with Medicaid funds	Few current metrics regarding BH	“Integrates” other funds with Medicaid funds	
	Crisis services would be bifurcated in some areas	Retains legal functions with county	
	Block grant funds cannot go to for-profit entities – Some CCOs are for-profit		

Services contracted to CCOs and CMHP responsible for population based services (civil commitment/abuse investigation/crisis system, population prevention)	As Is	
Option 3	Option 4	
Opportunity	Consideration	
Single point of accountability for services	This option continues with current CCO and CMHP role and responsibilities	
Potentially decreased admin		Some counties providing significant funding for CMHP services
Ability to contract with cost effective providers		Few current metrics regarding BH
Performance based contracts		Block grant funds cannot go to for-profit entities– Some CCOs are for-profit
“Integrates” other funds with Medicaid funds		Disconnect between services and crisis services
Retains legal functions with county		



# Questions for the group

## **Model**

Is there anything major missing from the model? Is there anything you disagree with?

## **Potential Pathways**

Ranking exercise:

- Why did you give this pathway the ranking you did?
- From your perspective, how would this pathway help us get to the model?
- Where might it fall short?
- What would your organization be willing to give up to achieve this pathway?



QUESTIONS?