

ADDICTIONS & MENTAL HEALTH

SYSTEM CHANGE

Readying for 2013-15



AMH System Change Project Charter

Authority

In 2011, House Bill 3650 directed the Oregon Health Authority (OHA) to change the health care system with the focus on Medicaid funded services. In response, OHA started a Health System Transformation. In parallel, the Addictions and Mental Health Division (AMH) initiated changes to how behavioral health is monitored, purchased, and supported through the Local Mental Health Authorities. AMH System Change work focuses on readying for the 2013-15 biennium and includes the purchasing, analytics, technology, and quality improvement processes for the behavioral health system not covered in the OHA Health System Transformation work.

Governance

AMH System Change:

Sponsor: Linda Hammond **Project Director:** Mike Morris **Project Manager:** Jeannine Beatrice

To support the AMH System Change, multiple OHA staff are leading the work to change our purchasing, analytics, technology, and quality and oversight processes for the behavioral health system.

Purchasing Process Work Lead: Mike Morris with Darcy Strahan & Cissie Bollinger

Behavioral Health Analytics & Technology Lead: Jon Collins with Ben Kahn

Quality & Oversight Lead: Sherry Sullens with Justin Hopkins

Staff members are also leading activities to ensure excellent communication and advising opportunities throughout the project.

Communication Lead: Greta Coe, with Rebeka Gipson-King

Advising Activities Lead: Marisha Johnson

Partners and Consultants:

The AMH System Change work includes partnering with the AMH guiding coalition to assist with change management efforts as facilitated by Christopher Hamilton.

The work also includes consulting with the AMH System Change Implementation Advisory Group members, key informant advisors, the Office of Contracts & Procurement, OHA Chief financial Officer, OHA DOJ liaison, and OHA CCO Implementation Workstreams.

Scope

The AMH System change work collective is readying for the 2013-15 biennium. The work this year includes:

- An addiction and mental health system design that facilitates and supports recovery through outcome-based managed Flexible Funding.
- Consumer and other stakeholder input for the project.
- A communication strategy and structure.
- Scope and administration of Flexible Funding contracted to counties, including distribution

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methodologies.

- A strategy for administration of funds that may not be included in Flexible Funding, e.g. AMH direct contracts with organizations.
- Outcome-based performance measures for services funded through Flexible Funding.
- A new data system that will support the data and contract management needs associated with a new way of doing business.
- Contract language that outlines outcome-based management of Flexible Funding and other funding.
- An agency structure that produces long-term sustainability.

Deliverables & Schedule

- Charters, governance structures, team structures, and project plans- June-July 2012
- BIP Guidelines: August 2012
- Current State of AMH quality improvement, regulatory, program integrity, & technical assistance processes and activities: August 2012
- Build new plan for future AMH quality and oversight: September-December 2012
- Operationalized performance measurements: September 2012
 - Decision on separating performance measures for incentives; and
 - Data accessibility for AMH and stakeholders.
- Method for accountability performance measure reports: September 2012
 - Organizational policy for using, accessing, and reporting data.
- Final policy decisions for funding distribution, incentives, supporting innovative practices, OWITS/COMPASS, and financial reports: July-October 2012
 - Decision on what service elements are in or out of flexible funding;
 - Testing and decision on funding distribution;
 - Methodology for incentives;
 - Organizational policies for supporting innovative practices at the local level; and
 - Method for managing financial reports in alignment with COMPASS.
- CFAA language writing: October-November 2012
- Final CFAA draft to the counties: May 2013
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Exclusion and Boundaries

The AMH System Change touches on many existing parts of AMH operations and there are numerous opportunities to align with components of the addictions and mental health system. However, the AMH System Change work is not responsible for every component of the system of addictions and mental health. For example, the AMH System Change work will not include changing the components of the AMHI system, the Access-To-Recovery part of OWITS, the acute care (LTC) waitlist, personal services contracts, or caseload growth. Though the project will inform leadership about how AMH needs to be

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organized to sustain the system changes, it is not leading the effort to re-organize AMH. Also of note, is that the adult mental health residential treatment, and the adult and child A&D residential treatment funding and services are transferring into the CCOs.

Dependencies

To accomplish the work, the AMH System Change project is dependent on:

- Outreach and advising activities with AMH and OHA stakeholders;
- Flexibility of money;
- A shared vision with staff;
- Block grant, OAR, & ORS requirements;
- PSRB;
- Timelines of and protocols for contract administration with DOJ and OC&P;
- Reducing administrative burden; and
- Work and decisions of the OHA Health System Transformation project sponsored by the OHA cabinet.

Approved: 9/12/12

Revised: 8/15/12, 8/22/12