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ADMINISTRATION
ADULT PROGRAMS
PUBLIC HEALTH PROGRAMS
FAMILY AND YOUTH PROGRAMS
DEVELOPMENTAL DISABILITIES**HEALTH AND HUMAN SERVICES DEPARTMENT****ADMINISTRATION**

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To: Yamhill County Board of Commissioners, County Administrator
From: Silas Halloran-Steiner, HHS Director
Date: April 24, 2014

Re: Recommendation to Terminate Membership in Mid-Valley Behavioral Healthcare Network
Effective 12/31/14

Background Information: Due to Oregon's Health System Transformation efforts and the passage of HB 3650 in 2011 and SB 1580 in 2012, Yamhill County Health and Human Services (YCHHS) has been actively participating in a community process to build a local Coordinated Care Organization (CCO). This new 501(c)3 organization was officially created when articles of incorporation were filed at the Secretary of State on July 31, 2012. The CCO application was approved in the fall of 2012 with Oregon Health Plan members assigned on November 1, 2012. Initial membership quickly grew from 14,000 to 17,000 by December 2013. Current enrollment is nearly 23,000 local residents and is outlined in the attached handout, pages 3 and 4.

The principle goal of Oregon's CCO efforts is to better coordinate publicly-funded health care services in order to achieve the Triple Aim:

1. Better quality of care
2. Improved population health
3. Reduced cost in the delivery of health care services

Since inception the Yamhill CCO Board of Directors has been engaged in building clinical care models that put members' positive health outcomes first with an eye towards payment models that support value-based purchasing arrangements. Administrative efficiency continues to be a guiding principle.

Current Reality: Conversations are underway between Yamhill CCO and Mid-Valley Behavioral Healthcare (MVBCN) leadership that, if approved, would fundamentally shift the way that resources are allocated to administer the behavioral health plan operations. The current model involves a fully delegated risk contract with MVBCN who in turn delegates all mental health and addictions outpatient risk and services in a sub-capitation contract with YCHHS. Aside from the CCO formation and a shift in the initial contract mechanism between Yamhill CCO and MVBCN, the contractual arrangement between YCHHS and MVBCN follows a longstanding business relationship that has brought high value to the community. This contracting practice ties back to MVBCN's formation in 1997 as a Mental Health Organization dedicated to administering publicly-funded behavioral health programs.

Recommendation: Today's MVBCN organization is radically different than it was 17 years ago when it was formed as a five county regional entity with Yamhill, Marion, Polk, Linn and Tillamook. YCHHS has benefited greatly through a wonderful partnership with MVBCN over the years. The MVBCN tagline, "Together inspiring the best we can imagine," has been a lived practice with outstanding program start-ups like Early Assessment Support Alliance (EASA) which today has spread nationwide as a proven way to effectively address first episode psychosis in young people. Despite the deep history and meaningful collaboration, I recommend the Board of Commissioners give notice to terminate our membership in MVBCN, effective 12/31/14, per the guidelines of the Intergovernmental Agreement after review by County Counsel. This will allow ample time for MVBCN, YCHHS and Yamhill CCO to thoughtfully design a transition plan for local behavioral health system management. See attached handout, page 5 for initial ideas about some of the core functions and how to manage most effectively in 2015.

Future consideration: YCHHS plans to work closely with community partners and Yamhill CCO leadership under a newly formed committee of the CCO in the months ahead. The primary purpose of the committee is to review the current behavioral health system and make recommendations by fall of 2014 regarding how to manage the system in 2015. This process will require the Yamhill CCO and YCHHS to consider questions about how to manage financial and clinical risk, and to what extent shared-risk for the key community outcomes might be advantageous to both partners. Policy considerations will be brought to the Board of Commissioners for review and approval.

Accepted by Yamhill County
Board of Commissioners on
4/24/14 by Board Order
14-229

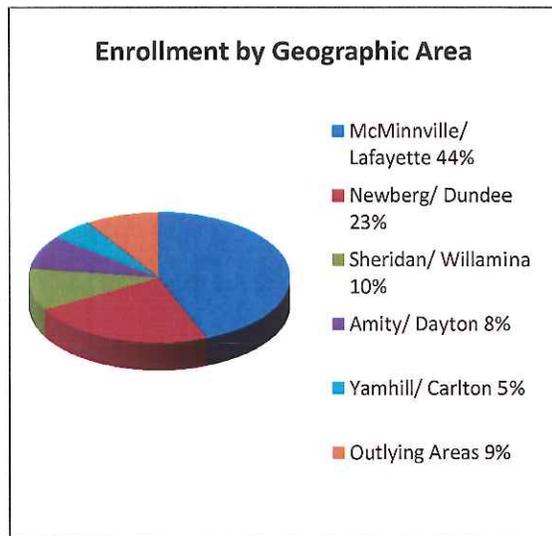
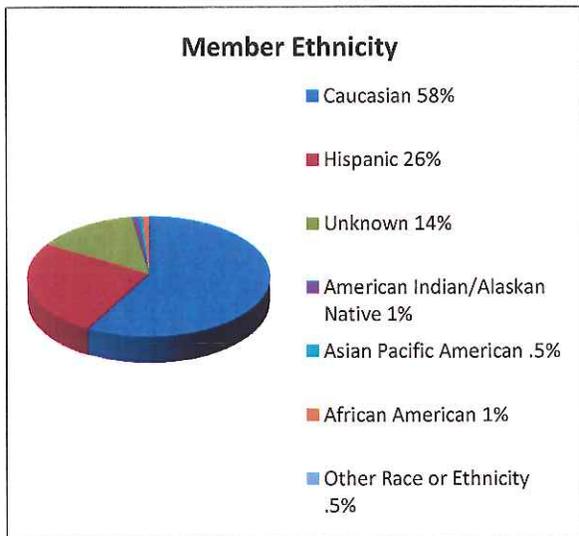
What does the Medicaid Expansion mean for Yamhill CCO? In January 2014, the Oregon Health Plan (OHP) became available to more low-income adults. Many of these adults are uninsured and work part-time or in low-wage jobs without access to health insurance.



	CCOb (coverage for physical & behavioral healthcare)	CCOe (coverage for mental health only)	Total	% Female	% Male	% Kids
December 2013	13,692	3,188	16,880	68%	32%	68%
April 2014	19,670	3,259	22,956*	58%	42%	53%

*32% increase in members since 12/2013.

Yamhill County's total population is 99,193 (2010 U.S. Census Bureau). As of April 2014, 23% of that population is now enrolled in OHP.



Primary Care Provider Enrollments (City)*	Total Members Enrolled Dec 2013	Total Members Enrolled April 2014	% Increase
Virginia Garcia Health Center (McMinnville & Newberg)	4,731	7,225	53%
Physicians Medical Center (McMinnville)	2,707	3,126	15%
Providence Medical Group (Newberg & Sherwood)	1,532	2,014	38%
A Family Healing Center (McMinnville)	113	1,000	781%
Newberg Pediatric Clinic (Newberg)	709	789	11%

DRAFT (Based on enrollment files as provided by Oregon Health Authority) – 4/7/2014

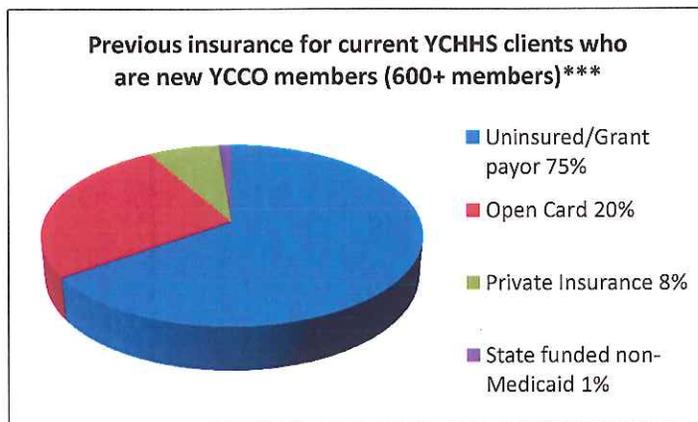
Primary Care Provider Enrollments (City)*	Total Members Enrolled Dec 2013	Total Members Enrolled April 2014	% Increase
Whittaker, Kenneth A (Newberg)	506	548	8%
Sheridan Medical Center (Sheridan)	470	502	7%
West Hills Healthcare Clinic (McMinnville)	366	468	28%
Brigman, Shannon S (Newberg)	370	423	14%
Willamette Heart & Family Wellness (Yamhill & Carlton)	0	486	N/A
Grand Ronde Health and Wellness Center (Grand Ronde)	177	246	39%
Villa Medical Clinic (Newberg)	109	238	118%
Women's Health Care (Newberg)	170	216	27%
McMinnville Internal Medicine (McMinnville)	171	179	4%
Other (145 add'l providers)		1,664	
TOTAL CCOb PCP Assignments		18,995**	

*Listed local clinics w/ 100 members or more.

**Out of 19,670 CCOb members, 18,995 (96.5%) have been assigned to a primary care provider.

Yamhill CCO Clients Seen Within the Last 6 Months at YCHHS (Includes public health and behavioral health services)

Age Group	Dec. 2013	April 2014	% increase
Kids 0-8	532	553	3.9%
Kids 9-17	605	635	3.3%
Adult 18+	806	1,084	28.1%
Adult 64+	60	65	8.3%
Total	2,003	2,337	14.3%



***Of the 600+ current/new Yamhill CCO members who are actively receiving services at YCHHS, 75% were previously covered by indigent funding. The remaining 25% of new YCCO clients are accessing services most likely due to the new health plan benefit.

DRAFT (Based on enrollment files as provided by Oregon Health Authority) – 4/7/2014

DRAFT 2014-2015 Yamhill CCO/HHS Behavioral Health System Management

<p>Yamhill CCO/Mid Valley Behavioral Care Network (MVBCN) 2014 Cost: \$1.08M</p> <p>Care Management</p> <ul style="list-style-type: none"> - Roger Givens: Acute Care Mental Health Adults - Kathleen Horgan: New Solutions Wraparound Kids - Scott Smith: Alcohol and Drug Medical Detox and Residential Care 	<p>Yamhill CCO/HHS 2015 Draft Cost for Administrative Services Organization (ASO) contract: MVBCN only* \$50-100k</p> <ul style="list-style-type: none"> - Purchase under ASO and risk stays at CCO/HHS - Purchase under ASO and risk stays at CCO/HHS - Build local Utilization Management capacity or buy direct from Marion County (Scott Smith)
<p>Contracts (network management/residential care**)</p> <ul style="list-style-type: none"> - Cheryl Henning (percentage subcap to counties for A&D/MH outpatient, including prevention) 	<ul style="list-style-type: none"> - Build local with exception of first two items above
<p>Consumer Advocacy/Consumer Run Organizations</p> <ul style="list-style-type: none"> - Patricia Ross 	<ul style="list-style-type: none"> - Purchase under ASO; consider 2015 a transition year with hope to develop local advocacy/champion
<p>Quality Improvement and Clinical Excellence</p> <ul style="list-style-type: none"> - Kathy Savicki (technical assistant for program implementation) - Credentialing: Cheryl Henning & Kathy Savicki 	<ul style="list-style-type: none"> - Purchase under ASO; consider 2014 transition year to local effort - Build local CCO capacity
<p>Claims Management & Payment</p> <ul style="list-style-type: none"> - Contract through PH Tech (some degree of data analytics) 	<ul style="list-style-type: none"> - Purchase under ASO contract with PH Tech (current contractor with MVBCN) or another vendor
<p>Executive Leadership</p> <ul style="list-style-type: none"> - Scott Tiffany 	<ul style="list-style-type: none"> - Purchase small portion of staff time as allocated to support Care Management efforts listed above
<p>Back office staff, reception, customer services</p> <ul style="list-style-type: none"> - Seven individuals 	<ul style="list-style-type: none"> - Purchase small portion of staff time as allocated to support Care Management efforts listed above

*Need to develop target budget for additional ASO purchased activities. Care Management through PH Tech (or another vendor) and other system management i.e., UIM, credentialing at CCO or HHS level.

**Need to plan for Mental Health Residential fold in; likely managed locally in 2015.