Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, July 29, 2014

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:03 a.m. with Vice-Chair Diane McKeel and Commissioner Loretta Smith present. Commissioner Jules Bailey arrived at 10:04 a.m. and Commissioner Judy Shiprack was excused.

Also attending were Jenny Madkour, County Attorney, and Marina Baker, Assistant Board Clerk.

[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS PROGRAM. THE TEXT HAS NOT BEEN PROOFREAD, AND SHOULD NOT BE CONSIDERED A FINAL TRANSCRIPT.]

Chair Kafoury: GOOD MORNING AND WELCOME TO THE TUESDAY BOARD BRIEFING. IT'S A PLEASURE TO HAVE YOU HERE.

Ms. Fuller: DAVID HIDALGO, THE HEAD OF THE MENTAL HEALTH AND ADDICTIONS DIVISION, JOANNE FULLER, DIRECTOR OF THE HEALTH DEPARTMENT, WE'RE HERE TODAY TO GIVE YOU A BRIEFING ON -- IT'S PART OF OUR ONGOING BRIEFINGS ON HEALTH SYSTEM TRANSFORMATION, BUT SPECIFICALLY TO TALK ABOUT THE MENTAL HEALTH SYSTEM. WE WARNED TO GET BACK TO YOU FAIRLY QUICKLY IN RESPONSE TO THE CONSULTANT'S REPORT THAT YOU RECEIVED A MONTH AGO, I THINK IT WAS, ABOUT -- AND GIVE YOU SOME RECOMMENDATIONS FROM THE DIVISION AND REALLY THE TWO DEPARTMENTS, THE DEPARTMENT OF COUNTY HUMAN SERVICES AND THE HEALTH DEPARTMENT. AND ALSO TALK THROUGH SOME OF THE -- WHAT THE DIVISION IS ALREADY DOING TO IMPLEMENT THOSE RECOMMENDATIONS. I WANT TO REMIND ALL OF US ABOUT SOME OF THE CONTEXT WALL INFORMATION AROUND OUR HEALTH SYSTEM TRANSFORMATION AND WHAT'S HAPPENING IN THE MENTAL HEALTH SYSTEM. THE IMPLEMENTATION OF HEALTH SYSTEM TRANSFORMATION IS REALLY A MULTIPLE-YEAR-PHASED PROCESS. SO WE THINK ABOUT IT AS EITHER IT'S DONE, IT'S OVER, MOVING ON TO THE NEXT THING, AND IN REALITY, THIS IS SORT OF LIKE PEELING BACK THE LAYERS OF THE ONION. WE DO ONE THING AND WE EXPOSE MORE THAT WE NEED TO DO, AND WE DO ANOTHER THING AND WE EXPOSE THE NEXT THING THAT WE NEED TO DO. SO THIS IS GOING TO BE A PROCESS THAT WE'RE GOING TO BE INVOLVED IN FOR SEVERAL YEARS, REALLY BOTH DOING THINGS THAT ARE SEQUENTIAL, LIKE FIRST SIGNING PEOPLE UP FOR CARE, AND THEN PROVIDING CARE, EXPANDING CARE, BUT ALSO THINGS THAT BUILD ON EACH OTHER, WHERE WE'RE LEARNING AS WE GO. SO WE'RE GOING TO BE TRYING TO ENGAGE YOU ALL IN THAT LEARNING PROCESS

WHERE WE'RE TRYING TO FIGURE OUT WHAT'S THE NEXT THING THAT WE THINK THE COUNTY SHOULD BE DOING IN RESPONSE TO THE CHANGING ENVIRONMENT AROUND US. THE NEXT THING IS THAT THIS IS A CHANGING ENVIRONMENT AROUND US. AND I THINK IN SOME WAYS THE EVALUATION OF THE MENTAL HEALTH DIVISION HAS BEEN CHARACTERIZED AS SOME KIND OF FIGHT BETWEEN US AND OTHER ORGANIZATIONS OR IT'S BROKEN OR IT'S NOT BROKEN. THE REALITY IS WE WERE ORGANIZED AND STAFFED AND OPERATING FOR ONE ENVIRONMENT, AND NOW THAT ENVIRONMENT HAS CHANGED, THE PLAYERS IN THAT ENVIRONMENT HAVE CHANGED, THE RELATIONSHIPS THAT WE HAVE TO THOSE PLAYERS HAS CHANGE AND WE NOW NEED TO THINK ABOUT HOW WE ORGANIZE -- MAKE SURE WE'RE CLEAR ABOUT WHAT WE'RE DOING AND HOW WE ORGANIZE AND STAFF AND TOOL UP THAT WORK TO DOT ROLE WE HAVE IN THIS NEW ENVIRONMENT IN THE BEST POSSIBLE WAY. THE NEXT THING THAT IS CHANGING, IF WE USED TO BE ABLE TO DO ANYTHING ALONE, WHICH I'M NOT SURE IS TRUE, WE CERTAINLY NOW CANNOT DO ANYTHING ALONE. EVERYTHING WE DO IN BOTH THE HEALTH DEPARTMENT AND MENTAL HEALTH DIVISION AND THE OTHER DIVISIONS THAT ARE WORKING ON HEALTH CARE TRANSFORMATION IN THE COUNTY NEED TO BE -- THAT INCLUDES HEALTH SHARE OF OREGON, THAT INCLUDES THE OREGON HEALTH AUTHORITY, THAT INCLUDES FAMILY CARE, THAT INCLUDES CARE OREGON, THAT INCLUDES THE OTHER COUNTIES THAT ARE INVOLVED WITH US IN THIS EFFORT, THE HOSPITALS, THE HEALTH CARE AND MENTAL HEALTH PROVIDERS THAT WE'RE RELIANT UPON. SO WE'RE REALLY IN A WORLD WHERE THAT WORKING ON THOSE US SKILLING UP TO BE THE BEST WE CAN BE AT OUR ROLE, AND US WORKING ON CREATING STRONG PARTNERSHIPS AND FIGURING OUT HOW WE INTERACT BEST WITH THOSE PARTNERS IS CRITICAL TO OUR SUCCESS FOR THE OVERALL SUCCESS FOR HEALTH CARE TRANSFORMATION, AND THEN MENTAL HEALTH CARE AS A SUBSET OF THAT TRANSFORMATION. SO THAT'S THE KIND OF CONTEXT WALL WORLD THAT WE'RE LIVING IN. WE'RE GOING TO SHOW YOU THE INVERTED PYRAMID SLIDE, THE REMINDER, YOU'VE SEEN THIS MANY TIMES BEFORE, BUT IT'S THE REMINDER THAT THERE'S MANY, MANY LAYERS MUCH FOLKS THAT ARE RESPONSIBLE FOR CREATING THE REGULATIONS, CREATING ALL THE PARAMETERS, FLOWING THE MONEY CREATING THE CONTEXT WITHIN WHICH WE WORK IN THE HEALTH CARE TRANSFORMATION. THAT STARTS FOR THE CENTERS FOR MEDICARE AND MEDICAID, THE FEDERAL GOVERNMENT, FLOWS TO THE HEALTH AUTHORITY, THEY CONTRACT WITH THE COORDINATED CARE ORGANIZATION AND WE CONTRACT WITH THEM TO DO THE THINGS WE DO. I'M GOING TO TURN IT OVER TO DAVID TO TALK SPECIFICALLY ABOUT THE RECOMMENDATIONS THAT WE'RE COVERING TODAY.

>> WHAT I WANTED TO DO IS JUST BRIEFLY REORIENT ALL OF US TO THE WORK AND THE BUSINESS THAT THE DIVISION OPERATES ON BEHALF OF THE COUNTY. THERE ARE THREE MAIN -- THE FIRST ON THE LEFT SIDE IS THAT OF AN INSURANCE COMPANY. AS JOANNE REFERENCED THE COUNTY OPERATES

A MEDICAID INSURANCE COMPANY, THE LARGEST MENTAL HEALTH INSURANCE COMPANY IN THE STATE, WE INSURE APPROXIMATELY 135,000 INDIVIDUALS UNDER THAT PLAN, AND THAT IS A 40% INCREASE SINCE JANUARY 1. THE SECOND FUNCTION THAT THE DIVISION PROVIDES TO THE COMMUNITY IS DIRECT CLINICAL SERVICE. THIS IS A SMALLER PORTION OF WHAT WE DO IN THE DIVISION ALBEIT STILL AN IMPORTANT FUNCTION FOR THE COMMUNITY. MOST OF THESE SERVICES ARE IN THE CHILD AND YOUTH AREA, AND THIS IS REALLY THE COUNTY OR THE MENTAL HEALTH AND ADDICTION SERVICES DIVISION AS A PROVIDER. SOME OF THOSE ARE PREVENTION ORIENTED SERVICES SUCH AS EARLY CHILDHOOD, HEAD START PROGRAMS, MENTAL HEALTH CONSULTATION, ESA PROGRAM, EARLY PSYCHOSIS INTERVENTION, AND COOL-BASED MENTAL HEALTH SERVICES. THE THIRD FUNCTION IN A VERY CORE FUNCTION FOR THE COUNTY IS THE LOCAL MENTAL HEALTH AUTHORITY. AS THE LOCAL MENTAL HEALTH AUTHORITY, THE COUNTY UNDER STATE CONTRACT IS RESPONSIBLE TO PROVIDE A COORDINATED AND COMPREHENSIVE PUBLIC SYSTEM OF CARE THAT THE COMMUNITY CAN ACCESS. SOME OF THOSE SERVICES ARE FOR ALL RESIDENTS OF OUR COMMUNITY. FOR EXAMPLE, CRISIS SERVICE. ANY OF US HERE IN THE ROOM TODAY CAN CALL THE CRISIS LINE. THAT IS A SERVICE AVAILABLE TO EVERYONE IN OUR COMMUNITY. JAIL DIVERSION PROGRAMS, THOSE ARE PROGRAMS UNDER LOCAL MENTAL HEALTH AUTHORITY, SYSTEMS WORKING TOGETHER TO ENSURE THAT INDIVIDUALS OF MENTAL HEALTH ISSUES ARE PLACED IN THE RIGHT SPOT, GET THE RIGHT ACCESS TO CARE IN THE MENTAL HEALTH AND/OR ADDICTION SYSTEM. SO THOSE ARE THE THREE MAIN FUNCTIONS THE DIVISION OPERATES RIGHT NOW.

>> TODAY DAVID AND I ARE TALKING TO YOU ABOUT THE STAFF RESPONSE RECOMMENDATIONS FOLLOWING ON TWO REPORTS THAT YOU HAVE RECEIVED BEFORE. ONE WAS THE REPORT FROM THE MULTNOMAH COUNTY AUDITORIES OFFICE, WHICH REALLY LOOKED AT HOW WE WERE MANAGING THE RISK THAT WE HAVE ACCEPTED IN THIS CHANGING ENVIRONMENT. AND THEN THE SECOND REPORT, THE -- FROM THE TAC SERVICES THAT LOOKED AT WHAT OUR ROLE WAS IN MANAGED CARE AND WHAT OPTIONS WITH HOW WE WOULD MANAGE THAT ROAM, AND ALSO MADE SOME RECOMMENDATIONS ABOUT HOW WE COULD BETTER ORGANIZE THE LOCAL MENTAL HEALTH AUTHORITY RESPONSIBILITIES. AND SO AS DAVID WALKS THROUGH WHAT WE'VE DONE TODAY IS WE'RE GOING TO TALK FIRST ABOUT TAC, WE TALKED ABOUT FIVE OPTIONS, BEFORE THE BOARD, ABOUT HOW WE COULD ORGANIZE OUR RESPONSIBILITIES WITH THE INSURANCE COMPANY SIDE OF THE BUSINESS, AND AS YOU RECALL, THEY RECOMMENDED THAT WE STAY IN THAT BUSINESS, WHICH IS THEIR FIRST OPTION THAT DAVID IS GOING TO WALK QUICKLY THROUGH THOSE OPTION AND MAKE SURE THAT WE ARE -- DO OUR DUE DILIGENCE IN TERMS OF EXPOSING THE PROS AND CONS IN THAT REPORT, AND THEN WE'RE GOING TO WALK THROUGH THE RECOMMENDATIONS, SOME OVERLAPPING RECOMMENDATIONS FROM THE AUDITORIES REPORT AND THE TAC REPORT, AND ALSO SOME THAT WERE

JUST IN THE TAC REPORT, BOTH ABOUT THE INSURANCE SIDE OF THE BUSINESS, AND ALSO ABOUT THE LOCAL MENTAL HEALTH AUTHORITY RESPONSIBILITIES.

>> SO IN THE TAC REPORT YOU MAY RECALL AT THE VERY END OF THE REPORT THEY PRESENTED FIVE OPTIONS. SPECIFIC TO THE MEDICAID PLAN. AND POTENTIAL STRUCTURES FOR THE COUNTY TO CONSIDER. IT MAY HAVE APPEARED IN THAT REPORT THAT THOSE WERE ALL EQUALLY WEIGHTED OPTIONS. THEY ARE NOT. SO THE FIRST RECOMMENDATION, AS JOANNE MENTIONED, THIS WAS THE RECOMMENDATION THAT TAC HAD TALKED ABOUT IN THEIR PRESENTATION HERE IN THE BOARDROOM, WAS FOR THE COUNTY TO REMAIN IN THE BUSINESS. ONE OF THE BENEFITS OF REMAINING IN THE BUSINESS REALLY FOR THE COUNTY, AND FOR OUR COMMUNITY, IS IT ALLOWS THE COUNTY TO CONTINUE TO OPERATE A COORDINATED BETTER INTEGRATED SYSTEM OF -- PUBLIC SYSTEM OF COMMUNITY MENTAL HEALTH AND ADDICTION SERVICES WHILE STILL ACHIEVING THE TRIPLE AIM. THAT TRIPLE AIM, THAT REALLY IS THE GOAL THAT WE'RE ALL STRIVING TOWARDS IN HEALTH CARE TRANSFORMATION, THAT IS BETTER HEALTH, BETTER CARE, AND STILL REMINDER THAT WE HAVE TO CONTAIN COSTS, LOWER COST. SO THAT IS THE FIRST OPTION. I'M GOING TO MOVE QUICKLY THROUGH THE SLIDES OF THE OTHER FOUR OPTIONS. JUST TO TALK AROUND WHY THOSE ARE NOT PARTICULARLY FEASIBLE AT THIS POINT. SO THE SECOND OPTION THAT WAS PRESENTED WAS FOR THE COUNTY TO BE ABLE A SINGLE BEHAVIORAL HEALTH RATE FOR THE REGION. THAT MEANS WE WOULD ABSORB THE BUSINESS FOR THE OTHER TWO COUNTIES AROUND US. AT THIS POINT THERE'S NOT INTEREST. AND IT'S NOT REALLY POLITICALLY FEASIBLE. SO WE'LL MOVE PAST THAT ONE. THE NEXT ONE IS THE COUNTY BECOMING A SPECIALIZED SERVICES RAY. SO REALLY EVEN TAKING A THINNER SLICE OF THE SERVICES WE CURRENTLY PROVIDE TO A MORE SPECIALIZED POPULATION. FROM OUR PERSPECTIVE, THAT LEADS TO ACTUALLY FURTHER FRAGMENTATION THAT DOESN'T HELP US ACHIEVE INTEGRATED CARE IN THE SYSTEM. SO THAT ALSO IS NOT RECOMMENDED STRUCTURALLY AT THIS POINT.

>> I WANT TO POINT OUT ON THE CONS, ONE OF THE THINGS -- ONE OF THE REASONS WHY COUNTIES ARE IN THIS INSURANCE -- THIS MENTAL HEALTH PUBLIC INSURANCE BUSINESS ANYWAY IS BECAUSE IT BALANCES THE DOWN SIDE RISKS FOR THE RESPONSIBILITY THAT WE HAVE AS THE LOCAL MENTAL HEALTH AUTHORITY TO THE UNINSURED POPULATION. IF WE'RE DOING A GOOD JOB OF MANAGING THAT INSURANCE FUNCTION AND KEEPING PEOPLE AND MAKING SURE PEOPLE STAY INSURED AND GET THE CARE THEY NEED TO GET, DON'T WIND UP IN THE JAIL, DON'T WIND UP GETTING -- DON'T WIND UP GETTING OFF OF THE OREGON HEALTH PLAN, WE THEN ARE BALANCING THE DOWN SIDE RISK, WHICH IS THE -- WHICH THE COUNTY IS RESPONSIBLE FOR THE CARE FOR THE UNINSURED. AND THE -- IF WE WERE TO STAY IN THAT -- A SPECIALIZED, JUST A SMALLER SLICE OF THAT PUBLIC INSURANCE

FUNCTION, WE ARE NO LONGER MITIGATING THAT DOWN SIDE RISK FOR THE UNINSURED POPULATION. AND SO KIND OF THE REASON FOR US TO BE IN THAT BUSINESS TO BEGIN WITH NO LONGER EXISTS. SO THAT'S A PART OF WHY THIS OPTION REALLY DOESN'T MAKE A LOT OF SENSE.

>> NEXT, ADMINISTRATIVE SERVICES ORGANIZATION. I THINK THE REASON THAT JOANNE JUST TALKED ABOUT HOLDS TRUE IN THE NEXT COUPLE OPTIONS AS WELL. IN ADMINISTRATIVE SERVICES ORGANIZATION REALLY MEANS THAT THE COUNTY MOVES FROM BEING A RISK BEARING ENTITY TO REALLY A VENDOR FOR HEALTH SHARE. WHICH MEANS THAT OUR ABILITY TO GO AHEAD AND MAKE DECISIONS AROUND THE OPERATIONS OF THE BUSINESS CEASES. WE BECOME A VENDOR, HERE'S HOW YOU OPERATE YOUR BUSINESS, HERE'S WHAT YOU WILL AUTHORIZE OR NOT AUTHORIZE, HERE'S HOW YOU WILL OPERATE THAT. ONCE AGAIN, IN ORDER TO ENSURE THAT WE HAVE THE BEST SYSTEM THAT WE CAN PROVIDE, LEVERAGING BOTH MEDICAID DOLLARS AND STATE DOLLARS THIS, IS ALSO NOT THE BEST OPTION FOR US TO CONSIDER. THE LAST OPTION THAT THEY MENTIONED WAS TERMINATING THE CONTRACT FOR MEDICAID SERVICES. BUT STILL MAINTAINING THE LOCAL MENTAL HEALTH AUTHORITY ROLE. AND I THINK JOANNE LAID OUT THE REASON WHY THE COUNTY HAS BEEN INTERESTED, WHY IT IS A BENEFIT FOR THE COMMUNITY STILL TO HAVE THE COUNTY IN THE MEDICAID BUSINESS. ONE OF THE OTHER THINGS THAT I THINK IS ALSO IMPORTANT FOR PUBLIC IS THAT HAVING GOVERNMENT IN THIS AREA OF HEALTH CARE ALSO MAKES IT A TRANSPARENT OPERATION FOR THE COMMUNITY. SO THERE'S MANY THINGS THAT WE BRING TO THE TABLE, TRANSPARENTLY AROUND INPUT, AROUND THE TYPES OF SERVICES THAT ARE NEEDED, AND BEING ABLE TO REPORT BACK TO THE PUBLIC HOW THOSE SERVICES ARE GOING. AND I THINK THAT'S A GREAT REASON FOR US ALSO TO CONTINUE IN THIS ROLE. SO THOSE WERE THE FIVE OPTIONS.

>> WE SHOULD STOP AND SEE IF THERE ARE ANY QUESTIONS ABOUT THAT BEFORE WE CONTINUE. QUESTIONS?

>> OK.

>> WHAT WE'RE GOING TO MOVE TO NOW ARE THE MORE DETAILED RECOMMENDATIONS THAT THEY HAD IN THE REPORT. AND THESE ARE THE DETAILED RECOMMENDATIONS AROUND THE COUNTY REMAINING IN THE MEDICAID BUSINESS AND RECOMMENDATIONS FROM TAX EXPERIENCE AT LOOKING AT OTHER MEDICAID PROGRAMS ACROSS THE COUNTRY, AND THE TYPE OF INFRASTRUCTURE THEY HAVE TO OPERATE THAT BUSINESS.

>> THESE RECOMMENDATIONS ARE MOVING FORWARD, THINKING THAT WE'RE GOING TO CONTINUE TO STAY AS --

>> CORRECT. I THINK ONE OF THE IMPORTANT THINGS TO ACKNOWLEDGE IS THAT THE MEDICAID PLAN THAT WE OPERATE TODAY IS NOT THE MEDICAID PLAN THAT WE OPERATED LAST YEAR OR SEVERAL YEARS AGO. THIS IS A SIZE BRING LARGER MEDICAID PLAN THAT HAS THE REQUIREMENT NOW AS A REGIONAL PARTNER TO PARTICIPATE IN A LARGE NUMBER OF TRANSFORMATIONAL EFFORTS FOR THIS COMMUNITY, FOR THE PROVIDER SYSTEM, AS WELL AS REGIONALLY. SO IT IS THE RIGHT THING, BUT IT ALSO IS A FAR DIFFERENT AMOUNT OF WORK THAN WE HAD BEEN DOING HISTORICALLY. SO THE FIRST RECOMMENDATION IS TO INVEST IN A SOFTWARE SYSTEM DESIGNED SPECIFICALLY FOR A MANAGED CARE LINE OF BUSINESS. THAT WAS SOMETHING THAT AS THEY LOOKED AND TALKED TO OUR FINANCIAL STAFF AND LOOKED AT REPORTS THAT WE HAD, BECAME CLEAR TO TAC THAT INSURANCE COMPANIES GENERALLY HAVE SOFTWARE SYSTEMS THAT ARE SPECIFICALLY DESIGNED TO INTEGRATE CLAIMS, INTEGRATE ENROLLMENT, INTEGRATE REVENUE, AND EXPENSES. AND SO THAT'S AN IMPORTANT PIECE FOR US TO BE EFFECTIVE AND TO KNOW EXACTLY AT POINT IN TIME HOW WE'RE PERFORMING. SO OUR FINANCIAL STAFF ARE INVESTIGATING THAT AT THIS POINT, LOOKING AT OTHER PLANS, DISCUSSING WHAT TYPE OF SOFTWARE SYSTEMS OTHER PEOPLE ARE USING SO THEY CAN BRING THAT BACK TO US. THE SECOND RECOMMENDATION, LET ME JUST ALSO HIGHLIGHT THAT THE GREEN RECOMMENDATIONS ARE THOSE THAT CROSS BOTH THE COUNTY AUDITORIES REPORT AND THE TAC REPORT. SO THE SYED RECOMMENDATION WAS SETTING UP A COST METHODOLOGY TO DISAGGREGATE THE FTE POSITIONS AND EXPENDITURES BY PAYER IN THE DIVISION. OVER THE YEARS, THERE HAVE BEEN RECOMMENDATIONS TO GO AHEAD AND BRAID OUR FUNDING TO LEVERAGE THE DOLLARS WE HAVE. THE CHALLENGE WITH DOING THAT IS IT'S HARDER TO GO AHEAD AT ANY POINT IN TIME TO CLEARLY DISCERN HOW ONE LINE OF BUSINESS IS DOING FROM THE OTHER WHEN YOU HAVE YOUR FTE AGGREGATED ALL TOGETHER. SO WE ARE MOVING FORWARD WITH THAT, WE -- THAT IS A GOOD RECOMMENDATION. THAT WILL PROVIDE US A BETTER WAY TO EVALUATE HOW THE HEALTH PLAN IS FUNCTIONING FINANCIALLY ON ITS OWN, AND OUR OTHER LINES OF BUSINESS. SO OUR FISCAL STAFF ARE IN THE PROCESS OF DISAGGREGATING FTE, THAT IS PROBABLY A COUPLE MONTHS WORTH OF WORK GIVEN THAT THE DIVISION HAS ABOUT 175 FTE. BUT WE'RE MOVING FORWARD WITH THAT AS WELL. THE THIRD RECOMMENDATION IN THIS SLIDE IS AROUND STAFFING INFRASTRUCTURE. AND I WANT TO BE CLEAR BEFORE WE START TALKING ABOUT STAFFING, THERE'S MULTIPLE STAFFING RECOMMENDATIONS THAT TAC PUT FORWARD. WE CURRENTLY DON'T HAVE BOARD APPROVAL TO HIRE THESE POSITIONS. WE WILL BE COMING FORWARD WITH BUDGET MODIFICATIONS OVER THE NEXT MONTH, MONTH AND A HALF, TO LOAD REVENUE. THIS IS NEW REVENUE FROM MEDICAID EXPANSION THAT IS COMING TO THE COUNTY WITH INCREASED MEMBERS. AND SEEKING APPROVAL FOR POSITIONS AT THAT POINT. BUT AT THIS POINT WE DON'T HAVE APPROVAL TO MOVE FORWARD WITH HIRING. SO WE'LL TALK ABOUT THE POSITIONS, BUT WE'LL BE COMING FORWARD SOON TO SEEK

APPROVAL. THE FIRST POSITION IS THE MEDICAID PLAN MANAGER POSITION. AND THAT POSITION IS REALLY AN INDIVIDUAL TO BE FULLY RESPONSIBLE FOR ALL OF THE OPERATIONS FOR THE MEDICAID PLAN RESPONSIBLE FOR TRANSFORMATION, ALL OF THE DUTIES WE HAVE, REGULATORY AS WELL AS PERFORMANCE, AND TO ENSURE THAT WE HAVE AN INDIVIDUAL WHO IS CENTRALIZED THAT CAN BE RESPONSIBLE FOR ALL THE ACTIVITIES OF A HEALTH PLAN. AND SO WE CURRENTLY HAVE A RECRUITMENT IN PROCESS AS A -- WE CAN'T HIRE SOMEBODY INTO THAT POSITION UNTIL WE HAVE BOARD APPROVAL, BUT WE DO HAVE A RECRUITMENT UNDERWAY. RECRUITMENT FOR THESE POSITIONS GENERALLY IS A LITTLE BIT LONGER IN NATURE, IT IS A NARROW SCOPE, INSURANCE COMPANY AND WHAT WE'RE LOOKING FOR IS SOMEBODY WHO HAS THE SKILL AND EXPERTISE TO OPERATE A LARGE MEDICAID INSURANCE COMPANY. ANY QUESTIONS?

>> YOU ALL HAVE THE -- BECAUSE OF THE EXPANSION OF THE MEMBERSHIP IN THE PLAN, WE HAVE THE FUNDING TO BE ABLE TO PAY FOR THAT KIND OF POSITION, BUT WE DON'T HAVE THE POSITION AUTHORITY TODAY FROM THE BOARD.

>> CORRECT.

>> WE WOULD NEED TO COME BACK AND GET THAT.

>> Commissioner Smith: WHEN ARE YOU PLANNING TO PUT FORWARD YOUR MODIFICATION?

>> THOSE MODIFICATIONS, THERE'S SOME TIME LININGS THAT WERE SENT OUT BY CENTRAL BUDGET FOR BUDGET MODIFICATIONS. SO I BELIEVE WE'RE LOOKING FORWARDS THE -- TOWARDS THE 3rd WEEK IN AUGUST. WHEN WE'RE TRYING TO GET THAT SCHEDULED.

>> Commissioner Smith: THE SECOND QUESTION IS, IN TERMS OF THE FIRST RECOMMENDATION REGARDING THE SOFTWARE PROGRAM, IT'S NOT AN ISSUE OF MONEY, IT'S JUST AN ISSUE OF IDENTIFYING ONE THAT WE'RE -- A SOFTWARE PROGRAM WE'RE COMFORTABLE WITH. IS THAT --

>> I THINK -- I WOULD SAY THE LATTER PART, LATTER COMMENT DEFINITELY TRUE, FINDING A SOFTWARE SYSTEM THAT ACTUALLY IS THE RIGHT ONE FOR AN INSURANCE LINE OF BUSINESS.

>> Commissioner Smith: SO WE DO AGREE A SOFTWARE PROGRAM IS NECESSARY.

>> ABSOLUTELY. FOR US TO BE EFFECTIVE AND REALLY BE ABLE TO TRACK THE REVENUE FUNDING AND CLAIMS THAT WE HAVE IN INSURANCE PLAN OF THIS SIZE. WE DO NEED THAT.

>> I HAVE A QUESTION AROUND THE SOFTWARE TOO. IS THAT INTERNAL TO THE COUNTY, THE SOFTWARE PROGRAM, OR DOES THAT INTERACT WITH OTHER PARTNERS THAT WE INTERACT WITH, OR HOW DOES THAT -- WHAT ARE WE LOOKING AT?

>> GENERALLY THAT IS INTERNAL, THERE ARE SOME -- THERE ARE SOME PARTS OF THAT THAT MAY CONNECT WITH ANOTHER ENTITY SUCH AS THE COUNTY DOESN'T CURRENTLY, WE DON'T IN THE DIVISION PROCESS ALL OF OUR INSURANCE CLAIMS. SO SOME INSURANCE COMPANIES DO HAVE THAT INFRASTRUCTURE IN HOUSE, SOME OF THEM CONTRACT OUT. WE CONTRACT OUT WITH A THIRD PARTY TO GO AHEAD AND PROCESS THOSE. IT'S FAR MORE EFFICIENT, AND COST EFFECTIVE TO DO IT THAT WAY. SO THIS SOFTWARE PROGRAM WOULD LINK TO THAT THIRD-PARTY ADMINISTRATOR TO INTEGRATE THAT INTO OUR SYSTEM.

>> BUT IT'S NOT A SOFTWARE SYSTEM THAT SAY ALL OF OUR PROVIDERS WOULD HAVE TO LOAD UP THE PLATFORM FOR AND INTERACT WITH. IT'S REALLY DESIGNED TO MANAGE THE FINANCIAL AND THE TREATMENT DATA THAT WERE ALREADY COLLECTING IN HOUSE.

>> Commissioner McKeel: IT'S AN EFFICIENCY FOR THE COUNTY.

>> AND GETTING US A DEEPER CAPACITY. SAP IS SORT OF A BROAD GENERALIST BUSINESS SOFTWARE, AND THIS WOULD GIVE US A SPECIFIC SOFTWARE PACKAGE FOR THIS LINE OF BUSINESS.

>> Commissioner Smith: IN TERMS OF HIRING A MANAGER OF MEDICAID, CARE PLAN, WOULD IT BE WISE TO WAIT ON THE SOFTWARE DEPENDING ON WHO WE HIRED? THEY MAY HAVE A PREFERENCE IN TERMS OF WHAT WORKS BETTER BECAUSE THEY HAVE THE EXPERIENCE AND THE BACKGROUND?

>> IT MAY TURN OUT THAT WAY, ACTUALLY. JUST BASED ON THE AMOUNT OF INVESTIGATION THAT HAS TO GO INTO LOOKING AT SOFTWARE SYSTEMS. I DO BELIEVE WE PROBABLY WILL BE HIRING SOMEBODY BEFORE WE LAND ON A SOFTWARE SYSTEM. WHAT WE ALSO KNOW IS THAT SOMEBODY WHO HAS THE SKILL AND EXPERTISE SHOULD BE FLEXIBLE TO BE ABLE TO RECOGNIZE WHAT ELEMENTS OF A SOFTWARE SYSTEM ARE THE ONES THAT REALLY WE NEED TO BE WORKING WITH. I THINK MANY OF THE SOFTWARE SYSTEMS WILL BE SOMEWHAT SIMILAR, BUT I THINK TIMINGWISE IT MAY TURN OUT LIKE THAT.

>> Commissioner Smith: THANK YOU.

>> THANK YOU. SO THE NEXT SLIDE IS ABOUT RECOMMENDATIONS IN THE CHILDREN'S MENTAL HEALTH AREA SPECIFICALLY. THE FIRST

RECOMMENDATION IS TO MODIFY UTILIZATION MANAGEMENT PROCESS FOR OUR CHILD AND YOUTH POPULATION. AND I WANT TO HIGHLIGHT AGAIN THE FUNCTION OF IS -- IT'S A CORE FUNCTION IN INSURANCE COMPANIES, AND THAT IS STARCH THAT ARE PARTICULARLY IDENTIFIED TO COORDINATE TO ASSESS A MEMBER'S NEEDS AND HELP ENENSURE THAT AN INDIVIDUAL GETS ACCESS TO THE RIGHT LEVEL OF CARE. IT'S THE INSURANCE PLAN ENSURING THAT INDIVIDUALS GET ACCESS TO THE RIGHT TYPE OF CARE AT THE RIGHT TIME FOR THE RIGHT CONDITIONS. AND THIS IS A CORE FUNCTION OF MANAGED CARE. THE RECOMMENDATION WAS FOR THE COUNTY TO TRANSFER THE UM FUNCTIONS INTO THE CHILD'S SERVICES AREA INTO THE WRAP-AROUND PROGRAM. WE AGREED WITH THAT RECOMMENDATION, AND AS OF JULY 1 THE WRAP-AROUND PROGRAM IS PROVIDING THE UTILIZATION MANAGEMENT DUTIES. THE WRAP PROGRAM, WRAP-AROUND IS A NATIONAL BEST PRACTICE FOR CHILDREN WHO HAVE HIGH NEEDS. SO WHAT WE'RE REALLY TALKING ABOUT IS HAVING THE UTILIZATION MANAGEMENT FOR THOSE CHILDREN WHO HAVE THE HIGHEST NEEDS WITH ONE PARTICULAR GROUP THAT WORKS SPECIFICALLY WITH THAT POPULATION. WE ALSO ARE A PART OF A REGIONAL EFFORT HEALTH SHARE WAS AWARDED A GRANT TO HAVE THE THREE COUNTIES PARTICIPATE IN A FIDELITY-BASED WRAP-AROUND MODEL, SO WE'RE GETTING TECHNICAL ASSISTANCE AS WE INCORPORATE THIS UTILIZATION MANAGEMENT INTO THE WRAP-AROUND PROGRAM. YOU MAY REMEMBER THAT ONE OF THE CONVERSATIONS WE HAD IN THE CHILDREN'S AREA WAS AROUND RESIDENTIAL TREATMENT. AND THE COUNTY GENERALLY SUPPORTS HAVING CHILDREN IN COMMUNITY-BASED SERVICES WHERE THEY CAN ACCESS THEIR NATURAL SUPPORTS AND PARTICIPATE IN REGULAR ACTIVITIES THAT ALL CHILDREN PARTICIPATE IN THE COMMUNITY VERSUS LONGER-TERM INSTITUTIONAL CARE. SO ONE OF THE THINGS THAT FROM A UTILIZATION MANAGEMENT GROUP YOU DO IS WHEN PEOPLE ARE ASKING FOR INSTITUTIONAL-BASED CARE IS TO ENSURE THERE AREN'T OTHER ALTERNATIVES IN THE COMMUNITY THAT MIGHT BETTER SERVE THE CHILD AND STILL MEET THE CHILD'S MENTAL HEALTH NEEDS. WE DO HAVE SEVERAL ALTERNATIVES, SOME OF THOSE ARE STEP-DOWN FROM RESIDENTIAL AND SOME ARE PREVENTIVE THAT CAN GO AHEAD AND AVOID AN INSTITUTIONAL STAY. WE HAVE COMPLETED THAT RECOMMENDATION, AND WE'RE WORKING FORWARD WITH THAT. THE SECOND RECOMMENDATION IS DEVELOPMENT OF MULTIDEVELOPMENTAL FOSTER CARE, WHAT WE KNOW AS TREATMENT FOSTER CARE. THIS REALLY REQUIRES PARTNERSHIP. SO TREATMENT FOSTER CARE IS A MODEL WHERE THE MENTAL HEALTH PLAN BRINGS THE SERVICES TO THE PLACEMENT AND WE CAN WRAP 24-HOUR SERVICES AS NEEDED TO A CHILD AND FOSTER FAMILY. DHS, CHILD WELFARE BRINGS THE PLACEMENT TO THE TABLE. SO IT STILL REQUIRES THAT WE HAVE A PLACEMENT THROUGH DHS AND WE ARE WORKING WITH THEM ON CONTINUING TO LOCATE FAMILIES WHO HAVE THE ABILITY, WHO ARE WELL TRAINED, AND CAN MEET THE NEEDS OF CHILDREN WHO HAVE A HIGH MENTAL HEALTH NEED, AND A NEED FOR SUPERVISION AND SUPPORT. SO THERE IS CURRENTLY A CHALLENGE WITH LOCATING

FOSTER FAMILIES, THEY'RE NOT AS AVAILABLE AS WE WOULD LIKE THEM TO BE, BUT WE'RE PARTNERING WITH THEM TO FIGURE OUT HOW WE CAN HELP AND SUPPORT AS WELL. SO WE DO BELIEVE THAT IS THE RIGHT DIRECTION TO MOVE, THAT IS AN ALTERNATIVE TO INSTITUTIONAL-BASED CARE. SO IT'S ONE THAT WE SUPPORT.

>> Commissioner McKeel: I HAVE A QUESTION AROUND THAT. WILL WE STILL HAVE THE ABILITY TO SAY WHAT WE THINK IS BEST FOR THIS CHILD, PLACEMENTWISE, WHAT -- WILL WE STILL HAVE THAT ABILITY TO DO THAT? BECAUSE I'VE HEARD THAT IS ONE OF THE CONCERNS THAT PERHAPS THERE'S A DIFFERENCE OF OPINION ABOUT WHERE THEY SHOULD BE.

>> IN MANY WAYS I WOULD SAY THE UTILIZATION MANAGEMENT ASPECT, SO OUR ABILITY TO GO AND HELP COORDINATE TO THE RIGHT LEVEL OF CARE, YES, THAT REMAINS. THERE IS A FINE LINE OF AN INSURANCE PLAN BEING THE RECOMMENDING THE TREATMENT OR HELPING COORDINATE CARE. SO GENERALLY WE WORK WITH THE PROVIDER SYSTEM TO GET ASSESSMENT TO HAVE THOSE ASSESSMENTS COME TO THE COUNTY TO HAVE THOSE REVIEWED, AND TO ENSURE THAT PEOPLE ARE LOOKING AND CONSIDERING ALL OPTIONS IN THE COMMUNITY. SO WE STILL HAVE THE ABILITY TO PRESENT ALL OPTIONS AND TO TALK AROUND IF THIS IS THE CLINICAL PICTURE THAT'S BEING PRESENTED, THIS IS GENERALLY THE TYPE OF CARE THAT IS RECOMMENDED. AND SO WE STILL DO HAVE THAT OPTION, AND WHAT WE DO IS WE WORK WITH THE PROVIDER AND MEMBER OR FAMILY TO COORDINATE THE RIGHT LEVEL OF CARE.

Chair Kafoury: THIS HAS BEEN AN ISSUE THAT'S COME UP, IS IT -- IS THE ISSUE ABOUT PAYMENT, OR IS THE ISSUE ABOUT TREATMENT? WHEN WE HEAR THAT WE ARE DENIED SERVICES OR WE'RE DENYING THE PAYMENT, DEPENDING ON WHICH SIDE YOU'RE COMING FROM, FOR CARE FOR THESE KIDS THAT MIGHT BE IN THESE RESIDENTIAL INSTITUTIONAL -- MIGHT BE IN AN INSTITUTIONAL SETTING, WHETHER THEY SHOULD REMAIN OR WHETHER SHE SHOULD BE PLACED IN TREATMENT FOSTER CARE, IS IT ABOUT -- IS THE DISCUSSION REALLY ABOUT PAYMENT, OR IS IT ABOUT WHAT IS THE BEST TREATMENT PLAN, IS THERE A SIDE THAT SAYS WE THINK THESE CHILDREN GET BETTER CARE IN INSTITUTIONAL SETTINGS?

>> I THINK IT IS OFTEN MORE A QUESTION OF PLACEMENT. SO IT IS THE DISCUSSION OF, IF A CHILD HAS -- HAD MAXIMUM BENEFIT FROM BEING IN INSTITUTIONAL CARE, THERE IS NO REASON FOR A CHILD TO REMAIN IN INSTITUTIONAL CARE. THE GOAL SHOULD BE MOVING A CHILD FORWARD, ALL CHILDREN WANT TO BE MORE IN A COMMUNITY WITH THEIR PEERS.

Chair Kafoury: I REALIZE THAT'S OUR POSITION, BUT IS THERE SOMEONE OUT THERE IN THE WORLD WHO BELIEVES THEY SHOULD STAY IN, THERE OR IS IT JUST ABOUT THE -- WHO'S PAYING THE DOLLARS?

>> I DON'T KNOW THAT THERE'S ANYBODY -- THAT THERE'S VERY MANY PEOPLE WHO BELIEVE THE KIDS ARE BETTER IN THE INSTITUTION. I THINK IT'S -- I THINK ONE IS SORT OF THE PAYMENT ISSUE THAT YOU'RE HIGHLIGHTING. THE OTHER IS JUST CAPACITY. THERE ARE -- THAT IT IS VERY CHALLENGING FOR CHILD WELFARE TO FIND FAMILIES THAT ARE ABLE TO TAKE THESE KIDS EVEN WHEN THEY HAVE GOTTEN ALL THE BENEFIT THEY'RE GOING TO GET FROM AN INSTITUTIONAL SETTING THAT THEY HAVE MANY CHALLENGING BEHAVIORS THAT WE ARE NOT GOING TO FIX IN A MENTAL HEALTH TREATMENT FACILITY THAT CONTINUE TO BE THERE WHEN THEY STEP OUT INTO THE COMMUNITY AND FINDING PLACEMENTS FOR THEM, SO I THINK DHS REALLY STRUGGLES WITH FINDING PLACES THAT THEY CAN TAKE THE KIDS AND SO THEY -- SO KIND OF AS A DESPERATION MOVE THEY WANT TO KEEP THEM IN THE INSTITUTIONAL SETTINGS THAT WE'RE PAYING FOR, BECAUSE THEY CAN'T FIND SOMEPLACE THAT THEY -- THAT'S REALLY THE BEST COMMUNITY PLACE FOR THEM. AND SO I THINK -- FROM MY EXPERIENCE WITH THIS I THINK THAT'S THE DILEMMA. SO IT'S EVEN MORE COMPLICATED THAN LIKE YOU PAY, YOU PAY, IT REALLY IS WHAT DO WE DO WITH THESE KIDS WHO HAVE SO MANY CHALLENGING BEHAVIORS TO MANAGE THEM IN THE COMMUNITY, BUT WE KNOW FROM THE TREATMENT SIDE THAT WE HAVE DONE EVERYTHING WE CAN IN THE TREATMENT SETTING.

Chair Kafoury: THANK YOU.

>> ABSOLUTELY. NEXT SLIDE, ONCE AGAIN THESE ARE UTILIZATION MANAGEMENT RECOMMENDATIONS, AND THESE, BOTH OF THESE RECOMMENDATIONS ARE STAFFING RECOMMENDATIONS. SO SIMILAR TO WHAT I MENTIONED LAST TIME, POSITIONS WILL BE BRINGING FORWARD IN BUDGET MODIFICATIONS, THE FIRST ONE IS HIRING OF A NETWORK MANAGER FOR THE MEDICAID PLAN. WE TALKED ABOUT THE MEDICAID PLAN MANAGER, WHICH IS REALLY THE OVERALL MANAGER OF THE HEALTH PLAN AND ALL THE FUNCTIONS, ALL THE RESPONSIBILITIES. A NETWORK MANAGER FOR THE SIZE OF THE HEALTH PLAN WE HAVE, IS DISPATCHED BY THE MEDICAID PLAN MANAGER OUT TO THE COMMUNITY TO BE WORKING WITH THE PROVIDERS DIRECTLY TO BE ABLE TO WORK WITH THEM ON TRANSFORMATION, ON QUALITY OF CARE, ON PERFORMANCE, AND ON OTHER INITIATIVES. SO RIGHT NOW WE DON'T PARTICULARLY HAVE THE CAPACITY TO BE OUT IN THE COMMUNITY WITH OUR PROVIDER SYSTEMS AS MUCH AS WE SHOULD BE. WE ARE DOING A LOT OF LIFTING OF REGIONAL TRANSPORTATION BY -- THEY'RE REALLY SPECIFIC THINGS WE NEED TO BE WORKING ON WITH OUR PROVIDER SYSTEM. FOR EXAMPLE, THERE ARE TWO METRICS THAT THE MEDICAID PLAN FOR MENTAL HEALTH NEEDS TO MEET TO RECEIVE INCENTIVE PAYMENT THROUGH HEALTH SHARE AND THROUGH THE STATE. ONE IS SEVEN-DAY FOLLOW-UP POST PSYCHIATRIC HOSPITALIZATION. THAT'S THE TYPE OF WORK THAT A NETWORK MANAGER WOULD BE OUT WORKING WITH THE PROVIDERS TO GO OVER THEIR DATA, TO LOOK AT HOW THEY'RE DOING ON

THE PERCENTAGE OF INDIVIDUALS COMING UP OUT OF THE HOSPITAL THAT THEY'RE SEEING WITHIN SEVEN DAYS, AND SO ASSIST THEM WITH TECHNICAL ASSISTANCE TO IMPROVE THAT. THAT'S THE MEDICAID NETWORK MANAGER. WE'RE DEVELOPING A JOB DESCRIPTION, WE DO NOT HAVE THAT OUT FOR RECRUITMENT AT THIS POINT. THE NEXT POSITIONS ARE CARE COORDINATION POSITIONS. ONCE AGAIN GIVEN THE SIZE OF THIS PLAN, THE NUMBER OF INDIVIDUALS WHO NEED ASSISTANCE WITH COORDINATING CARE ALSO INCREASES. SO WHAT WE DO KNOW IS THERE ARE INDIVIDUALS WHO HAVE ACCESS TO INSURANCE BUT STILL MAYBE NOT GETTING THEIR NEEDS MET. SO CARE COORDINATORS ARE USED TO IDENTIFY THOSE INDIVIDUALS WHO HAVE THE HIGHEST USAGE OF SERVICES IN THE SYSTEM OR WHO ARE ENDING UP IN OTHER SYSTEMS AND REALLY SHOULD BE GETTING THEIR SERVICES THROUGH THE MENTAL HEALTH SYSTEM AND/OR ADDICTION SERVICES. IT'S AN EFFORT TO GO AHEAD AND ENSURE PEOPLE DO NOT FALL THROUGH THE CRACKS, INDIVIDUALS WHO ARE PERHAPS CYCLING THROUGH, HIGHER LEVELS OF CARE, AND FOR SOME REASON, THE SYSTEM ISN'T SERVING THEM BEST. THAT'S HOW CARE COORDINATORS ENSURE THEY GET THEIR NEEDS MET. THAT ALSO PROVIDES BETTER CARE FOR INDIVIDUALS, BETTER QUALITY FOR SERVICE, AND BRINGS DOWN COST IN THE SYSTEM.

>> Commissioner Bailey: SO WOULD A CARE COORDINATOR BE ALSO THEORETICALLY RESPONSIBLE FOR WORKING TO TEASE OUT WHETHER OR NOT SOMEBODY THAT SAY GOES WITH A COMBINATION OF MENTAL HEALTH CHALLENGES AND ADDICTION SYSTEMS, WOULD THAT BE THE ROLE OF THE CARE COORDINATOR?

>> WHAT THE CARE COORDINATOR WOULD DO IS ATTEND A STAFFING WHILE SOMEONE WAS IN A SETTING WHETHER IT BE THE HOSPITAL, TO TALK WITH THE TREATMENT TEAM AND THE PROVIDERS TO SAY, OK, HERE'S WHAT WE KNOW. WHAT DO YOU BELIEVE IS THE RIGHT STEP TO MOVE FORWARD SO I CAN HELP COORDINATE THAT CARE AS WELL, AND THEN THEY WOULD HAVE THE MEMBER ALSO CONNECTED TO THAT TYPE OF A MEETING TO TALK. HERE'S SOME OF THE RECOMMENDATIONS, WHAT DO YOU THINK IS THE RIGHT THING AND WHAT WOULD YOU LIKE? AND THE CARE COORDINATOR WOULD HELP ENSURE PEOPLE GET ACCESS TO THOSE SERVICES. SO IT IS HELPING TO TEASE OUT IMMEDIATELY WHAT IS THE ISSUE, IS IT REALLY RELATED TO A PHYSICAL HEALTH CARE ISSUE, IS IT RELATED TO MENTAL HEALTH, OR ADDICTIONS.

>> Commissioner Bailey: THEORETICALLY THEY MEET BE IN A BIT OF A NEGOTIATION ROLE.

>> ABSOLUTELY SO. IT IS NEGOTIATION AND MOTIVATION. AND ASSISTING PEOPLE WITH MOVING TOWARDS HEALTH.

>> Commissioner Bailey: OK. THANK YOU.

>> THE NEXT SLIDE, WE NOW MOVE TO LOCAL MENTAL HEALTH AUTHORITY RECOMMENDATIONS. THE STAFFING INFRASTRUCTURE THAT THEY MENTIONED ON THE MEDICAID SIDE IS A NICE PRELUDE TO THIS FIRST RECOMMENDATION ON THE LOCAL MENTAL HEALTH AUTHORITY SIDE. SO THE RECOMMENDATION IS REFOCUSING ATTENTION ON THE INCREASING DEMANDS OF THE SAFETY NET SYSTEM, LOCAL MENTAL HEALTH AUTHORITY MANDATED DUTIES, AND EFFECTIVE OPERATION OF THE COMMUNITY MENTAL HEALTH PROGRAM. SO WITH THE -- WITH HEALTH CARE TRANSFORMATION AND THE INITIATION OF COORDINATED CARE ORGANIZATIONS, THE COUNTY DID NOT EXPAND STAFFING, SO WE HAVE THE SAME STAFFING WE HAD PREHEALTH CARE TRANSFORMATION, AND WHAT WE'VE DONE TO GO AHEAD AND COMPLETE ALL OF OUR DUTIES AND TO BE EFFECTIVE TO THIS POINT IN HEALTH CARE TRANSFORMATION IS ALL HANDS ON DECK AND TO HAVE EVERYBODY LIFT ON THE MEDICAID PROGRAM SIDE. ESSENTIALLY WHAT THAT DOES IS THAT MOVES PEOPLE'S FOCUS AND ATENSE FROM SOME OF THE OTHER CORE FUNCTIONS OF THE LOCAL MENTAL HEALTH AUTHORITY THAT WE SHOULD BE ATTENDING TO IN THIS COMMUNITY. HENCE THE STAFFING INFRASTRUCTURE ON THE MEDICAID PROGRAM. SOME OF THOSE AREAS THAT WE WOULD BE HAVING INCREASED FOCUS ARE AREAS SUCH AS THE INTERSECTION OF INDIVIDUALS WITH MENTAL HEALTH IN THE CRIMINAL JUSTICE SYSTEM. SO JAIL DIVERSION-TYPE PROGRAMS. OTHER AREAS WOULD BE PREVENTION. SUICIDE PREVENTION. ADDICTIONS PREVENTION. LOOKING TOWARDS REDUCING STIGMA IN OUR COMMUNITY AND DEVELOPING CAMPAIGNS AROUND REDUCING STIGMA IN OUR COMMUNITY. SO IT'S REALLY THE COUNTY LEADING PREVENTION EFFORTS AROUND MENTAL HEALTH, AND INCREASING THE AWARENESS MUCH MENTAL HEALTH IN OUR COMMUNITY, MENTAL HEALTH FIRST AID IS ONE OF THOSE PROGRAMS WE'RE DOING RIGHT NOW TO DO THAT. ANOTHER AREA THAT WE WOULD ALSO FOCUS ON WOULD BE PARTNERING WITH HOUSING PROVIDERS. SO CURRENTLY WE PARTNER WITH MENTAL HEALTH HOUSING PROVIDERS, WE DON'T HAVE AS MUCH A FOCUS ON HOUSING PROVIDERS THAT ARE NOT TYPICALLY THOSE THAT SERVE THE MENTAL HEALTH SYSTEM TO ENSURE THAT INDIVIDUALS WITH MENTAL HEALTH AND ADDICTIONS DISORDERS ARE GETTING ACCESS TO HOUSING AND GETTING THE RIGHT SUPPORTS. AND THEN ANOTHER AREA THAT WE WOULD HAVE MORE FOCUS IS THE AREA OF VETERANS SERVICES. THAT'S AN AREA THAT AGAIN REQUIRES SIGNIFICANT PARTNERSHIP WITH OTHER FEDERAL AGENCIES, AND THAT REALLY DOES TAKE TIME AND EFFORT TO DEVELOP THOSE RELATIONSHIPS AND PARTICIPATE IN INITIATIVES. THE NEXT STRATEGY AND RECOMMENDATION IS SO REDUCE THE RELIANCE ON HOSPITAL EMERGENCY DEPARTMENTS FOR PEOPLE IN PSYCHIATRIC CRISIS. WE ALSO SUPPORT THIS FULLY. EMERGENCY DEPARTMENTS ARE NOT THE BEST SPOT FOR SOMEONE IN A PSYCHIATRIC CRISIS. THOSE TEAMS AND EMERGENCY DEPARTMENTS ARE EXPERT AT HANDLING INTENSIVE MEDICAL CRISES, BUT PSYCHIATRICS

CRISES OFTEN NEEDS A DIFFERENT TYPE OF SUPPORT AND INTERVENTION. SO OVER THIS PAST YEAR IN FY-15 THE BOARD HAS APPROVED FUNDING FOR THE TRIAGE PILOT, SO IT'S ALREADY MOVING FORWARD IN STEPS TO REDUCE RELIANCE ON EMERGENCY DEPARTMENTS. THAT TRIAGE COMPONENT IS SPECIFIC TO INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM. SO INDIVIDUALS ON PROBATION THROUGH THE COUNTY, INDIVIDUALS WHO ARE IN OUR JAIL SYSTEM, INDIVIDUALS WHO OTHERWISE WOULD BE SENT TO EMERGENCY DEPARTMENTS IN A PSYCHIATRIC CRISIS POTENTIALLY TO BE CONSIDERED FOR HOSPITALIZATION, OR FOR REFERRAL BACK OUT TO THE COMMUNITY SYSTEM. ANOTHER PROGRAM THAT WE HAVE CURRENTLY IN THE COMMUNITY IS THE URGENT WALK-IN CLINIC. THAT AGAIN IS AN ALTERNATE TO EMERGENCY DEPARTMENTS FOR INDIVIDUALS IN PSYCHIATRIC CRISIS. SO WE DO HAVE SOME PROGRAMS CURRENTLY IN THE COMMUNITY THAT FUNCTION WELL AS A DIVERSION FROM EMERGENCY DEPARTMENTS, BUT WE NEED TO CONTINUE WORKING WITH OUR PARTNERS ON OTHER STRATEGIES.

>> Commissioner Smith: I HAVE A QUESTION. I WANT TO GO BACK TO THIS CATSE. CAN YOU EXPLAIN THE TRIAGE AND WHEN THAT TRIAGE PROGRAM IS GOING TO GO INTO EFFECT? BECAUSE AS I'M LOOKING AT THIS, IT'S ONE STRATEGY, IT ONLY SERVES 17 PEOPLE. I'M NOT CONVINCED THAT THAT ALONE IS GOING TO DEAL WITH THIS ISSUE.

>> THAT'S A VERY GOOD QUESTION. SO THE TRIAGE COMPONENT, WE'VE TALKED ABOUT CRISIS ASSESSMENT PROGRAM, THAT IS A FACILITY. AND SO THAT PROGRAM DOES HAVE A FIXED CAPACITY, YOU'RE RIGHT, COMMISSIONER SMITH. THE GOAL IS FOR INDIVIDUALS TO MOVE THROUGH THAT FACILITY, THE PROGRAM TELECARE IS RESPONSIBLE TO ASSIST WITH THROUGH-PUT SO PEOPLE HAVE ACCESS TO THAT PROGRAM ON A REGULAR BASIS. THE TRIAGE PILOT IS A DIFFERENT COMPONENT. SO THAT COMPONENT IS TO GO AHEAD AND HAVE THE ABILITY TO ASSESS INDIVIDUALS WHO ARE COMING IN IN A PSYCHIATRIC CRISIS FROM THE COMMUNITY JUSTICE SYSTEM. SOME OF THOSE INDIVIDUALS MIGHT NEED ACCESS TO A CATSE BED. SOME OF THEM WILL NOT. SOME MAY BENEFIT FROM HAVING A MENTAL HEALTH ASSESSMENT, HAVING SUPPORT FROM THE STAFF THAT ARE IN THAT TRIAGE UNIT, THEY MAY BE MORE APPROPRIATE OR MAY HAVE NEED REALLY FOR RESPITE IN THE RESPITE PROGRAM AS OPPOSED TO THE CATSE PROGRAM. OR WE MAY BE RELINKING THEM WITH THEIR TREATMENT PROVIDER AND GETTING THEM AN APPOINTMENT IMMEDIATELY. THE TRIAGE COMPONENT IS A BIT OF ENSURING THAT WE HAVE THE ABILITY TO ASSESS SOMEONE'S NEEDS AND GET THEM BACK OUT INTO THE COMMUNITY. SOME OF THOSE PEOPLE MAY NEED A BED IN THE CATC, MANY OF THEM WILL NOT. MANY OF THEM WILL ACTUALLY BENEFIT FROM THE BRIEF STABILIZATION ON ASSESSMENT THERE, AND THEN BACK INTO THE COMMUNITY.

>> Commissioner Smith: YOU'RE SAYING THEY WOULD BE RELEASED FROM OUR JAILS AND THEY WOULD GO OVER TO CATC FOR TRIAGE, WITHOUT EVEN KNOWING IF THEY HAVE A BED BECAUSE THEY'RE GENERALLY FULL, AND INSTEAD OF ACTUALLY DOING THE TRIAGE IN THE JAIL AND ACTUALLY MATCHING THEM UP FROM THERE, BECAUSE THAT SEEMS LIKE A LOT OF MOVING PIECES.

>> YEAH. WHAT WE HAVE DONE IS THE CATC ON AVERAGE HAS FUNCTIONED WITH APPROXIMATELY 14 BEDS. THEY HAVE -- THAT MEANS THERE'S TWO AVAILABLE BEDS. SO PART OF THE CATC TRIAGE PILOT WAS TO RESERVE THOSE TWO BEDS SPECIFICALLY FOR INDIVIDUALS WHO ARE COMING OUT OF THE CRIMINAL JUSTICE SYSTEM. THE TYPE OF INDIVIDUALS THAT WOULD BE COMING OUT OF JAIL SPECIFICALLY COMMISSIONER SMITH WOULD BE PEOPLE THAT OTHERWISE POTENTIALLY WOULD BE GOING TO AN EMERGENCY DEPARTMENT. SO THERE IS THAT LEVERAGE POINT. INSTEAD OF SOMEBODY IN A MENTAL HEALTH CRISIS WHO HAS ALREADY BEEN ASSESSED, SO THESE INDIVIDUALS WILL HAVE ALREADY BEEN ASSESSED THROUGH CORRECTIONS HEALTH, THEY MIGHT BE MORE IN A PATHWAY TO AN EMERGENCY DEPARTMENT TO BETTER ASSESS THAT CRISIS. WE NOW HAVE THE CAPACITY FOR AN ALTERNATIVE TO DIVERT FROM EMERGENCY DEPARTMENTS.

>> Commissioner Smith: THAT'S ONE ALTERNATIVE F 40% OF THE FOLKS WHO COME INTO OUR JAILS HAVE MENTAL HEALTH PROBLEMS, AND SO I WOULD IMAGINE THAT 40% OF THE PEOPLE WERE COMING OUT ARE BEING RELEASED HAVE SOME SORT OF MENTAL HEALTH PROBLEM, HOW WILL YOU BE ABLE TO MEET THE DEMAND, TWO BEDS, AND MOVING THESE FOLKS FROM JAILS TO THE CATC, AND IT'S LIKE MOVING AROUND, WE KNOW YOU HAVE AN ISSUE BUT WE DON'T HAVE THE SPACE FOR YOU, SO HOW DO YOU DETERMINE WHICH INMATES GET REFERRED TO CATC?

>> LET ME JUST -- SO THIS IS PART OF THE CATC TRIAGE PROJECT IS PART OF THE OVERALL MENTAL HEALTH PILOT. PART OF THAT PILOT WAS ENHANCING THE MENTAL HEALTH EXPERTISE ATTACHED TO CORRECTIONS HEALTH IN THE JAIL. THE BOARD GRACIOUSLY APPROVED SEVERAL MORE POSITIONS. THOSE POSITIONS ARE GOING TO BE WORKING MORE ACTIVELY WITH PEOPLE IN THE JAIL. SO WE'RE HOPING THAT WE WILL BE DECREASING THE CRISIS OF PEOPLE WHO ARE LEAVING. WE ALSO UPPED THE CAPACITY OF CORRECTIONS HEALTH TO PROVIDE DISCHARGE PLANNING FOR COMPLEX CASES, SO THOSE PEOPLE WOULDN'T BE GOING TO -- SO THIS ISN'T VIEWED AS EVERYONE WHO COMES OUT OF THE JAIL WHO HAS A MENTAL HEALTH ISSUE SHOWS UP AT THE CATC TRIAGE. THE PRIMARY POPULATION IS ABOUT DIVERSION FROM JAIL IS TARGETED AT DCJ'S PROBATION OFFICERS. THEY HAVE PEOPLE WHO THEY ARE SANCTIONING TO THE JAIL TODAY PRIMARILY THEY DID SOMETHING THAT IN THE CRIMINAL JUSTICE SYSTEM ALLOWED THEM TO SANCTION THEM. BUT THEY KNOW AND WE KNOW THAT THE

BEHAVIOR MAY VERY WELL BE DRIVEN BY A MENTAL HEALTH ISSUE THAT IS GOING UNDER TREATED OR NOT TREATED, AND SO IT REALLY IS ABOUT LOOKING AT THOSE PEOPLE INSTEAD OF THEM SHOWING UP SANCTIONED BY THEIR PROBATION OFFICER TO THE JAIL, BUT LOOKING AT THEM HERE AND SAYING, OK, WHAT DO THEY NEED TO TRY TO ADDRESS THAT MENTAL HEALTH ISSUE? SO THAT'S THE PRIMARY POPULATION. THERE WILL BE SOME PEOPLE WHO WILL BE SENT FROM THE JAIL, MY -- THE PICTURE IN MY HEAD IS THE PEOPLE WHO WERE SENT FROM THE JAIL WOULD HAVE ALREADY BEEN ASSESSED BY CORRECTIONS HEALTH AND WOULD BE GOING INTO ONE OF THE BEDS AT THE CATC. SO WE WOULD KNOW THERE WAS A BED, THEY WOULD BE GOING INTO IT. SO THEY WOULDN'T NECESSARILY BE BEING TRIABLED. THAT THE TRIAGE PRIMARILY IS FOR PEOPLE WHO WE HEARD ABOUT PROBATIONER WHO HAD ON AND OFF OVER A WHOLE YEAR HAD BEEN IN THE JAIL AND HIS P.O. WAS REPEATEDLY SANCTIONING HIM THERE, HE WASN'T ENGAGING IN TREATMENT IN THE COMMUNITY, HIS P.O. WAS DESPERATE WITH WHAT TO DO, THAT'S THE KIND OF PERSON THAT WE COULD IMAGINE THIS ADDRESSING. TO YOUR OTHER POINT, THOUGH, ABOUT THIS BEING A SMALL INTERVENTION ATTACHED TO A LARGE RECOMMENDATION, THERE ARE -- THIS IS ONE EXAMPLE, THERE ARE SEVERAL OTHER THINGS THAT ALONG WITH HEALTH SHARE AND THE OTHER COUNTIES AND HOSPITALS THAT DAVID AND HIS STAFF HAVE BEEN INVOLVED IN TO TRY TO BE WORKING ON HOW IS IT THAT WE CREATE BETTER ALTERNATIVES TO TAKING EVERYBODY TO THE E.R. SO THIS IS ONE EXAMPLE OF THAT. SO THIS ISN'T DESIGNED TO BE THE FIX FOR ALL OF THOSE ISSUES. SO IT LOOKS LIKE THAT, BUT THERE'S OTHER THINGS IN THE WORKS FOR THAT.

>> Commissioner Smith: SO IF FOLKS ARE LOOKING AT THIS BOARD BRIEFING -- I DON'T WANT THEM TO BE KIND OF UNDER THIS IMPRESSION THAT WE'RE -- REDUCE THE RELIANCE ON EMERGENCY DEPARTMENTS, BECAUSE WE HAVE THIS CATC TRIAGE PLACE YOU CAN GO TO, AND NOW MULTNOMAH COUNTY IS DOING THIS, I DON'T WANT THEM TO GET THE IMPRESSION ANYONE CAN WALK THROUGH THAT DOOR, BECAUSE I'VE TRIED TO DO THIS CATC THING A COUPLE WEEKS AGO AND GET SOMEONE TRIAGED, AND THAT WAS NOT THE CASE. THEY HAVE TO BE REFERRED BY THE JAIL OR BY A PROBATION OFFICER, OR BY SOMEONE IN THE COMMUNITY OF THEIR OWN LIFE WORKS ORCAS ACADIA. SO THIS IS -- THERE STILL NEEDS TO BE ADDITIONAL STRATEGIES, THIS IS NOT THE SILVER BULLET.

>> ABSOLUTELY. YOU'RE ABSOLUTELY RIGHT, COMMISSIONER.

>> VERY CORRECT. JUST FOR PEOPLE WHO ARE WATCHING TOO, I THINK IT'S IMPORTANT TO REMIND FOLKS, THERE ALREADY DOES EXIST AN ALTERNATE PROGRAM FOR DIVERSION FROM EMERGENCY DEPARTMENTS, AND THAT'S THE URGENT WALK-IN CLINIC. THEY HAVE A VERY LARGE CAPACITY TO TRIAGE PEOPLE, HOWEVER --

>> Commissioner Smith: CAN YOU TELL THEM WHERE THAT IS?

>> SOUTHEAST 43rd AND DIVISION STREET. YOU CAN ALSO ACCESS THAT PROGRAM BY CALLING THE MULTNOMAH COUNTY CRISIS LINE, 503-988-4888. BUT I THINK YOU BRING UP A GOOD POINT, WE'RE WORKING AS WELL WITH PARTNERS IN THE COMMUNITY AROUND LARGER-SCALE PSYCHIATRIC EMERGENCY SERVICES DIVERSION AS WELL, AND THIS IS BUT ONE SMALL PART OF THAT.

>> Commissioner Smith: THANK YOU.

>> SO THE LAST RECOMMENDATION IS AROUND EDUCATING HOSPITAL EMERGENCY PHYSICIANS AROUND THE IMPACT OF PSYCHIATRIC HOLDS, MENTAL HEALTH HOLDS, AND SAFETY HOLDS. THIS IS MORE TECHNICAL AROUND THE COMMITMENT AREA THAT THE COUNTY OPERATES. SO CURRENTLY INDIVIDUALS WHO COME TO THE EMERGENCY DEPARTMENT WHO ARE A DANGER TO THEMSELVES OR OTHERS, WHETHER THEY ARE -- WHETHER THAT'S FROM A MENTAL HEALTH ISSUE OR ADDICTIONS ISSUE ARE ALL PLACE ORDER PSYCHIATRIC EMERGENCY HOLDS. COUNTY IS PAYER OF LAST RESORT FOR ANYONE STILL UNINSURED FOR THOSE HOLDS. WE HAVE KNOWN HISTORICALLY INDIVIDUALS WHO HAVE AN ADDICTIONS ISSUE ARE NOT GETTING THEIR NEEDS BEST MET BY BEING IN A PSYCHIATRIC UNIT OFFER BEING PLACE ORDER A PSYCHIATRIC HOLD. THERE IS ANOTHER AVAILABLE HOLD THAT IS THE SAFETY HOLD. SO WE'RE NOW WORKING WITH ONE HOSPITAL SYSTEM HAS ALREADY USING THIS SAFETY HOLD, SO INDIVIDUALS THAT ARE COMING INTO THE EMERGENCY DEPARTMENT, IF IT REALLY IS DRIVEN BY AN ADDICTIONS ISSUE, THEIR CRISIS THAT THE EMERGENCY DEPARTMENT PHYSICIANS CAN USE THE SAFETY HOLD, GO AHEAD AND LET SOMEBODY SOBER UP, AND THEN FROM THAT POINT THEIR NEEDS ARE ASSESSED. WHAT WE ANTICIPATE IS THERE WILL BE A BETTER REFERRAL INTO THE ADDICTION SYSTEM. AS OPPOSED TO FUNNELING INDIVIDUALS AND REFERRAL THEM TO MENTAL HEALTH SYSTEM WHEN THEY HAVE AN ADDICTIONS ISSUE. SO THIS IS A LARGE SYSTEMIC MOVE IN OUR COMMUNITY, I'M HAPPY TO SAY WE DO HAVE HOSPITALS INTERESTED IN ENSURING THAT PEOPLE WHO PRESENT WITH ADDICTIONS ISSUES ACTUALLY GET REFERRED TO THE RICE SYSTEM AND WE CAN ASSESS THEIR NEEDS BETTER IN THE EMERGENCY DEPARTMENT. SO WE SUPPORT THIS RECOMMENDATION AND WE ARE OUT CURRENTLY TRAINING EMERGENCY DEPARTMENT STAFF, AND IMPLEMENTING THIS RECOMMENDATION AS WELL.

>> Commissioner McKeel: SO IF A HOSPITAL IMPLEMENT AS SAFETY HOMED, WHAT HAPPENS TO THAT PERSON?

>> SO MUCH LIKE A PSYCHIATRIC EMERGENCY HOLD, WHAT THAT ALLOWS THE HOSPITAL TO DO IS TO DETAIN THE INDIVIDUAL FOR A SPECIFIC AMOUNT

OF TIME UNDER THE SAFETY HOLD, IT CAN BE UP TO 48 HOURS. BUT GENERALLY THEY'RE NOT DOING ANYTHING SPECIFICALLY TOO DIFFERENT THAN THE EMERGENCY HOLD OUTSIDE OF THE FACT THAT THERE IS A WHOLE OTHER PROCESS THAT HAPPENS WITH THE PSYCHIATRIC EMERGENCY HOLD WHICH GETS THE COUNTY ENGAGED TO INVESTIGATE IF SOMEBODY REALLY MET CRITERIA TO BE INVOLUNTARILY HELD AGAINST THEIR WILL. THE SAFETY HOLD IS IDENTIFIED FOR SOMEBODY WHO REALLY HAS AN ADDICTIONS ISSUE, WHO IS ASSUMED THAT BY SOBERING UP THAT WHEN THE INTOXICATION ENDS THAT YOU CAN ASSESS AT THAT POINT AND SOMEONE CAN BE REFERRED TO THE RIGHT SERVICE. SO THEY STILL WILL DETAIN PEOPLE FOR A BRIEF PERIOD OF TIME, BUT IT DOESN'T ACTIVATE AN ENTIRE OTHER PROCESS THROUGH THE MENTAL HEALTH SYSTEM. IF SOMETHING AT THAT POINT, AFTER THE INTOXICATION HAS ENDED, REALLY DOES HAVE A MENTAL HEALTH ISSUE AND THEY REALLY STILL HAVE A NEED TO BE INVOLUNTARILY IN THE HOSPITAL, YOU CAN THEN ACTIVATE THE PSYCHIATRIC EMERGENCY HOMED IF THAT'S NECESSARY. IT IS A FAR BETTER OPTION UP FRONT FOR INDIVIDUALS. WE HAVE MANY INDIVIDUALS WHO ARE PLACED ON PSYCHIATRIC EMERGENCY HOLDS WHO DISCHARGE WITHIN 24 HOURS, PARTLY BECAUSE THEY WERE INTOXICATE AND THEY FEEL VERY DIFFERENT THE FOLLOWING DAY. SO AS OPPOSED TO THAT LARGE COST IN THE SYSTEM, PEOPLE ARE BEING EVALUATED QUICKLY AND BETTER UP FRONT.

>> Commissioner McKeel: DOES THAT HELP THE HOSPITAL FREE UP EMERGENCY ROOM BEDS? BECAUSE I KNOW THAT'S A BIG ISSUE.

>> YES. CERTAINLY. IT CAN, ABSOLUTELY. WHAT IT MEANS IS PEOPLE ARE NOT ALSO GOING TO PSYCHIATRIC UNITS INAPPROPRIATELY, SO IT FREES UP PSYCHIATRIC BEDS, WHICH FREES UP BED IN THE EMERGENCY DEPARTMENT.

>> Commissioner McKeel: THANK YOU.

>> Commissioner Bailey: LET ME MAKE SURE I'M UNDERSTANDING THIS CORRECTLY. SOMEBODY COMES IN, THEY'RE ON A MENTAL HEALTH COLD AND THEY'RE NOT A MEDICAID PATIENT, LMHA PICKS UP THAT COST. THEY COME IN, THEY'RE ON A SAFETY HOLD FOR SOME SORT OF SUBSTANCE ABUSE OR SOMETHING LIKE THAT, THEORETICALLY LMHA DOES NOT PICK UP THAT COST. RIGHT?

>> UNDER THE MEDICAID PROGRAM, THOSE COSTS ARE ALL COVERED UNDER MEDICAID. WHETHER IT BE THE PHYSICAL HEALTH CARE PLANS THAT ARE PICKING UP THE COST OF THE EMERGENCY -- OF THE SAFETY HOLD OR THE MENTAL HEALTH PLANS. UNDER UNINSURED, SO WE'RE TALKING ABOUT COUNTY AS PAYER OF LAST RESORT, YOU'RE RIGHT, THE COUNTY IS PAYER

OF LAST RESORT ON EMERGENCY PSYCHIATRIC HOLDS, WE ARE NOT ON SAFETY HOLD.

>> Commissioner Bailey: WHEN WE'RE TALKING ABOUT COVERING THE FIRST 24 HOURS, ARE WE TALKING ABOUT THROUGH LMHA OR MEDICAID POPULATION?

>> THE FIRST 24 HOURS IS FOR MEDICAID POPULATIONS.

>> Commissioner Bailey: SO IF THERE'S A GREATER -- THERE'S STRUCTURAL CHANGES THAT ARE RESULTING IN MORE OF A DIRECTION INTO SUBSTANCE ABUSE PROGRAMS, WHAT INCENTIVE IS THERE FOR PEOPLE THAT ARE NOT MEDICAID PATIENTS BE CLASSIFIED AS MENTAL HEALTH HOLDS AS OPPOSED TO SAFETY HOLDS? YOU WOULD THINK THERE WOULD BE AN INCENTIVE TO CLASSIFY THEM AS MENTAL HEALTH HOLDS.

>> I THINK FROM -- ARE YOU TALKING FROM A HOSPITAL'S PERSPECTIVE?

>> Commissioner Bailey: SURE.

>> FROM A HOSPITAL PERSPECTIVE, I THINK THAT IS WHAT WE ARE TRYING TO CHANGE. PART OF THE ISSUE IS THERE ARE PEOPLE THAT ARE ADMITTED TO PSYCHIATRIC UNITS THAT THE HOSPITALS ALSO KNOW VERY QUICKLY CYCLE THROUGH, THAT IS NOT THE BEST USE OF THEIR EXPERTISE. AND SO THEY DO HAVE SOME MOTIVATION TO GO AHEAD AND ENSURE THEY GET THE RIGHT PEOPLE. PART OF THE OTHER CHALLENGE IS, WE'VE TALKED AROUND PAYMENT ISSUES WITH THE MEDICAID PLAN. THERE'S ALSO PAYMENT ISSUES ON THE LOCAL MENTAL HEALTH AUTHORITY SIDE. THAT IS SOMEBODY ACTUALLY DIDN'T MEET THE CRITERIA FOR A PSYCHIATRIC HOLD, THEN THERE ARE -- AT TIMES CONCERNS THAT PAYMENT CAN BE CHALLENGE FOR THE HOSPITAL AS WELL. SO I THINK THERE IS INCENTIVE, THE OTHER THING IS PEOPLE WANT TO DOT RIGHT THING. PSYCHIATRIC UNITS AREN'T ADDICTIONS TREATMENT FACILITIES NOR DO THEY GENERALLY HAVE THE FULL EXPERTISE ON STAFF. SO WE'RE WORKING WITH OUR HOSPITAL PARTNERS TO SAY, WE WANT TO GET AND WORK WITH YOU TO GET THE RIGHT PEOPLE ONTO THE PSYCHIATRIC UNIT, YOU'RE SAYING YOU HAVE OTHER PROBLEMS IN THE EMERGENCY DEPARTMENT TO GET PEOPLE ONTO THAT PSYCH UNITED, LET US HELP YOU WITH THAT. AND THEREBY YOU HAVE A BOLTER CHANCE OF GETTING PAID FOR THE INDIVIDUALS BECAUSE YOU'RE ADMITTING THE RIGHT PEOPLE.

>> Chair Kafoury: YOU ARE CORRECT THAT IF SOMEONE IS UNINSURED IN THIS COMMUNITY --

>> IF SOMEONE IS UNINSURED WE ARE THE BACKSTOP AS LAST RESORT FOR SOMEONE PLACED ON A MENTAL HEALTH HOLD AND NOT THE BACK STOP

FOR A SAFETY HOLD. SO THAT COULD CREATE MOTIVATION TO PUT PEOPLE ON PSYCHIATRIC HOLDS. THE GOOD NEWS IS AS DAVID SAID IT'S ALSO TRUE THAT PEOPLE DO WANT TO DO THE RIGHT THING, THE HOLDS DON'T WANT TO GET PEOPLE WHO ARE EXCLUSIVELY INTOXICATED ONTO THEIR MENTAL HEALTH UNITS. AND WE DO HAVE SOBERING -- A ROBUST SOBERING PROGRAM HERE IN THE COMMUNITY THAT'S -- THAT WE REALLY NEED TO HELP MAKE SURE WE GET THE RIGHT PEOPLE TO THAT PROGRAM AS WELL AS AN ALTERNATIVE TO GETTING THEM TO THE E.R. AND WE ARE SEEING A DRAMATIC DECREASE IN THE UNINSURED POPULATION.

>> Commissioner Bailey: I WOULD NOTE IT'S AMAZING HOW MUCH FINANCIAL INCENTIVES CAN AFFECT YOUR PERSPECTIVE ON WHAT THE RIGHT THING IS.

>> VERY TRUE. SO THOSE ARE THE END OF THE RECOMMENDATIONS W THAT I'M GOING TO PASS IT BACK TO JOANNE.

>> SO I WANT TO HIGHLIGHT WHAT WE'RE RECOMMENDING TO YOU TODAY. WE'RE RECOMMENDING THE COUNTY CONTINUE OPERATING AS A RISK ASSESSING ENTITY AS PART OF HEALTH SHARE TO MANAGE WHAT WE'VE BEEN CALLING THE INSURANCE PART OF OUR BUSINESS. IT'S A PUBLIC INSURANCE COMPANY OBVIOUSLY. WE ARE ALSO RECOMMENDING THAT WE RECEIVE THE PERMISSION AND WE'RE OBVIOUSLY GOING TO BE COMING BACK TO YOU TO GET THE PERMISSION TO INVEST IN THE INFRASTRUCTURE THAT INCLUDES BOTH THE PEOPLE AND THE SOFTWARE TO BE ABLE TO MANAGE THAT INSURANCE ENTITY IN AN APPROPRIATE WAY IN THE ENVIRONMENT THAT WE'RE WORKING IN TODAY. AND THEN WE WANT TO CONTINUE TO HAVE MORE CONVERSATION ABOUT HOW WE BUILD UP A ROBUST MENTAL HEALTH LOCAL MENTAL HEALTH AUTHORITY RESPONSIBILITY IN THIS COMMUNITY, AND REALLY FULFILL THE APPROPRIATE ROLE AS THE LOCAL GOVERNMENT THAT CARES FOR THE WHOLE POPULATION HEALTH OF THIS COMMUNITY, INCLUDING THE MENTAL HEALTH. AND THAT'S THE CONCLUSION OF OUR PRESENTATION TODAY.

>> Commissioner Bailey: A COUPLE OF OTHER QUESTIONS. AS WE LOOK AT THE COUNTY PUSHING BACK ON DENIAL OF CLAIMS, HOW MUCH OF THAT CENTERS ON THE INTERSECTION BETWEEN BEHAVIORAL HEALTH AND PHYSICAL HEALTH? IS THAT THE ROOT OF THE PROBLEM THAT WE HAVE PEOPLE THAT ARE IN THE MENTAL HEALTH -- CLASSIFIED AS MENTAL HEALTH BUT THEY MAY HAVE A COOCCURRING DISORDER, MOST LIKELY SUBSTANCE ABUSE? IS THAT RIGHT?

>> THAT IS CORRECT. AND I THINK THAT THE FRAGMENTATION OF THE BEHAVIORAL HEALTH BENEFIT IS NOT NEW. THAT'S NOT NEW TO COORDINATE A CARE ORGANIZATION, THAT EXISTED PRIOR IN THE OREGON HEALTH PLAN WHEN THE OREGON HEALTH PLAN CAME INTO BEING IN THE MID '90s. SO THE ADDICTIONS OUTPATIENT BENEFIT WAS ALWAYS WITH A PHYSICAL HEALTH

CARE PLANS AND THE MENTAL HEALTH SERVICES WERE CARVED OUT. SO WHAT YOU SPEAK TO IS REALLY THE CHALLENGE OF PEOPLE DON'T ALWAYS COME WITH JUST ONE ISSUE. PEOPLE COME WITH MULTIPLE FACTORS OFTEN. SO RIGHT NOW WHAT OUR WORK IS, IS TO WORK IN PARTNERSHIP WITH THE PHYSICAL HEALTH CARE PLANS, TO ENSURE THAT PEOPLE ARE GETTING ACCESS AND THAT IN FACT PHYSICAL HEALTH CARE PLANS PAY FOR THE SERVICES THEY'RE CONTRACTED TO PAY FOR AND MENTAL HEALTH PAYS FOR THE SERVICES THEY'RE CONTRACTED TO PAY FOR.

>> Commissioner Bailey: I'VE SEEN THE RECOMMENDATIONS, AND THAT MAKES SENSE. YOU HAVE UTILIZATION MANAGER, INTEGRATION POSITION, RIGHT, THAT THEORETICALLY WILL HELP SOME OF THAT AND TEASE OUT THE STINGS. ONE OF THE THINGS I SAW IN THE REPORT, MAYBE I MISSED IT IN YOUR SLIDES, WAS THERE WAS A RECOMMENDATION AROUND THE MEDICAL LOSS RATIO OF RENEGOTIATING THAT TO 85%, WOULD THAT CREATE SUFFICIENT -- IS IT BECAUSE THE COUNTY IS OPERATING ON SUCH A TIGHT MARGIN, THAT THIS IS -- THAT EXACERBATES THIS PROBLEM? AND IF WE CHANGE IT TO THE MLR TO 85%, WOULD THAT GIVE US SUFFICIENT BREATHING ROOM TO BE ABLE TO MORE FLEXIBLY DEAL WITH THIS CLASSIFICATION PROBLEM? OR IS THAT A SMALLER PIECE OF THE PUZZLE?

>> I WOULDN'T SAY IT'S A SMALLER PIECE OF THE PUZZLE. I THINK IT IS A VERY IMPORTANT POINT. AND THIS IS ONE OF THE AREAS WHERE I THINK THROUGHOUT THE TAC REPORT PART OF OUR DESIRE WAS TO ALSO REALLY ENGAGE THE BOARD TO SAY THERE ARE POINTS WHERE WE MAY NEED SOME ASSISTANCE IN THIS LARGE EFFORT THAT WE HAVE GOING HERE WITH THE COUNTY. AND REGIONALLY. SO MEDICAL LOSS RATIO, TECHNICAL STANDARD, TECHNICAL DETAIL IN INSURANCE COMPANY BUSINESS, MEDICAL LOSS RATIO, UNDER THE AFFORDABLE CARE ACT WAS ESTABLISHED AT 85%. SO 85% DOES PROVIDE SUFFICIENT HEAD ROOM FOR ADMINISTRATIVE COSTS. CURRENTLY WE'RE AT 90.5%. THE GOOD THING RIGHT NOW IS GIVEN THE INCREASED REVENUE FROM MEDICAID EXPANSION, WE'RE FALLING WITHIN THAT ADMINISTRATIVE ALLOCATION, AND THAT MLR. WHAT IT REQUIRES, AND IS THE RIGHT THING IS TO ENSURE THAT 90% OF YOUR DOLLARS GETS OUT INTO THE COMMUNITY FOR TREATMENT SERVICES. WHAT YOU HAVE TO MAKE SURE BASED ON THE SIZE OF YOUR PLAN THAT YOU HAVE THE APPROPRIATE INFRASTRUCTURE. SO IT IS ONE OF THOSE THINGS THAT IS IMPORTANT, I THINK WE'LL HAVE MORE CONVERSATIONS ON, IT IS A POLICY ISSUE, THAT WAS ESTABLISHED AND IT'S A POLICY ISSUE WE CAN HAVE DISCUSSIONS ABOUT AND GET ASSISTANCE ON HERE AS WELL.

>> I'M NOT SURE WE ANSWERED YOUR QUESTION ON THAT. DID WE ANSWER YOUR QUESTION?

>> Commissioner Bailey: YOU GOT --

>> I HEARD A DIFFERENT QUESTION THAN DAVID ANSWERED, ACTUALLY.

>> Commissioner Bailey: I THINK THE QUESTION IS REALLY IS MORE AROUND -- THE MLR IS DOLLARS INTO THE COMMUNITY, RIGHT, FOR SERVICES. IT SPECIFIES THE AMOUNT THAT CAN BE SPENT ON ADMINISTRATIVE OVERHEAD. DOES IT ALSO PROVIDE A CUSHION OR A BUFFER IN TERMS OF DOLLARS LEFT OVER IN THE SYSTEM THAT THEORETICALLY WE COULD USE TO OFFSET SPIKES AND CLAIMS THEY COME FROM, THE BEHAVIORAL HEALTH SIDE? DOES THAT MAKE SENSE?

>> IT DOES. HOWEVER, WE HAVE FELT LIKE AT LEAST UNTIL RECENTLY WE HAVE HAD SUFFICIENT CUSHION SET ASIDE IN OUR RESERVES TO BE ABLE TO CREATE THAT CUSHION. THAT COULD BE A CHALLENGE GIVEN THE HUGE EXPANSION IN MEMBERSHIP IF WE WERE TO SEE A REALLY BIG SPIKE IN DEMAND. BUT SO FAR IN RUNNING THE INSURANCE ENTITY THROUGH THE LAST HOWEVER MANY YEARS, WE'VE HAD SUFFICIENT RESERVES TO BE ABLE TO BACK STOP IT. THE OTHER THING IS THAT THE STATE HAS REQUIRED HEALTH SHARE TO BE ESSENTIALLY DOUBLY RESERVED, SO THEY'VE RECEIVED THE RISK ACCEPTING ENTITIES ON BOTH THE HEALTH AND THE MENTAL HEALTH RISK ASSESSING ENTITIES UNDER HEALTH SHARE TO CARRY THEIR OWN RESERVES, AND THEN THEY ARE REQUIRING HEALTH SHARE TO BE BUILDING UP A RESERVE AT THE HEALTH SHARE LEVEL AS WELL.

>> I APPRECIATE THE CLARIFICATION. THAT IS AN ISSUE. WE DON'T GET FULLY KNOW THE EXPENSE OF ALL OF THE NEW MEDICAID RECIPIENTS. SO ONCE AGAIN, THERE'S RISK INVOLVED. SO PART OF THE RESPONSIBILITY OF AN INSURANCE COMPANY IS TO ENSURE THAT YOU ALSO RESERVE YOUR PLAN SUFFICIENTLY SO THAT YOU CAN MANAGE SPIKES. SO THAT IS ONE OF THE THINGS WE HAVE TO WATCH REGULARLY.

>> Commissioner McKeel: I HAVE A QUESTION AROUND THE RECOMMENDATION OF INVESTING IN THE INFRASTRUCTURE NEEDED TO SUCCESSFULLY OPERATE A MANAGED CARE SYSTEM. I DO BELIEVE IN THE INFRASTRUCTURE, I KNOW WE WANT AS MANY DOLLARS GOING TO SERVICES AS POSSIBLE, BUT IF YOU DON'T HAVE THE RIGHT INFRASTRUCTURE, YOU MIGHT NOT GET THAT OTHER -- ON THE OTHER END. WHEN WE LOOK AT THIS, I KNOW YOU SAID YOU'D BE COMING BACK FOR APPROVAL ON SOME THINGS, WILL SOME OF THOSE APPROVALS BE DOLLARS OUTSIDE OF THE APPROVED BUDGET FOR THIS YEAR?

>> SO THE MEDICAID COVERED POPULATION HAS INCREASED SIGNIFICANTLY ENOUGH THAT THE DIVISION IS ACTUALLY GOING TO HAVE TO DO A SUPPLEMENTAL BUDGET. THEY'RE GOING TO HAVE TO ADD A BUNCH MORE REVENUE INTO THE BUDGET OF THIS FISCAL YEAR. SO THE ANSWER IS YES, THE DIVISION IS GOING TO COME BACK AND ASK FOR APPROVAL OUTSIDE OF THEIR BUDGETED YEAR, BUT THEY'RE ALSO GOING TO BE LOADING THE

REVENUE INTO THE BUDGET. BECAUSE OF THE TIMING OF WHEN WE WANT TO BE ABLE TO BRING STUFF ON AND DAVID NEEDS TO BRING THE STAFF O. WE MAY NOT GET THAT UNDER COMPLETELY LINED UP, BUT THERE WON'T BE A POINT AT WHICH THE DIVISION IS SPENDING OVER THEIR BUDGET WITHOUT THE BOARD HAVING AUTHORIZED THAT.

>> Commissioner McKeel: RIGHT. I UNDERSTAND THAT. I JUST WANT -- I WAS TRYING TO ANTICIPATE MAYBE WHAT THOSE REQUESTS WOULD BE. I'M HAPPY ABOUT THE ADDED REVENUE.

>> YEAH. YEAH. WHEN WE TAKE ON -- THE THING TO REMEMBER ABOUT THIS SYSTEM, THERE'S OTHER SYSTEMS WHERE WE GET LOTS OF INCREASED DEMAND AND WE DON'T THE REVENUE ATTACHED TO IT, AND THE MEDICAID INSURANCE BUSINESS WE GET A CAPITATED AMOUNT OF REVENUE FOR EVERYBODY WHO COMES AND WE HOPE, AS COMMISSIONER BAILEY'SH POINTS, THEIR NEEDS AND WHAT WE GOT BALANCES OUT.

>> Commissioner McKeel: I DO BELIEVE THE INFRASTRUCTURE IS IMPORTANT, I THINK THAT GIVES US THE ROAD MAP TO BEING ABLE TO PUT MORE DOLLARS INTO THE SERVICES, WHICH IS WHAT WE WANT TO DO. SO THANK YOU.

>> I UNDERSTAND ONE OF THE RECOMMENDATIONS IS TO STAY THE COURSE IN TERMS OF CONTINUING TO BE THE -- TO BUILD OUR INFRASTRUCTURE SO WE CAN DO OUR JOB. IF WE WERE -- SO THAT IS BASICALLY STAYING THE COURSE. IF WE DECIDE THIS IS NOT A DIRECTION WE WANT TO TAKE, WE WOULD HAVE TO DO SOMETHING DIFFERENT. AND HAVE YOU THOUGHT AT ALL ABOUT WHAT THAT MIGHT LOOK LIKE GOING TO THE FUTURE? HOW WE WOULD -- LIKE A TIME LINE F. WE WERE TO DISINVEST AT THAT LEVEL?

>> SO IN ALL HONESTY, MY ASSESSMENT OF THE RECOMMENDATIONS THAT WERE MADE IS THAT THE ONLY ONE THAT'S REALLY REALISTIC WOULD BE FOR US TO GET OUT OF THIS BUSINESS AND GIVE THIS BUSINESS TO HEALTH SHARE. AS OF THE CURRENT DATE, THAT HASN'T BEEN A MODEL THAT THEY HAVE -- THAT THEY'VE CONTEMPLATED OR THEIR BOARD HAS SAID THIS IS WHAT WE WANT TO DO. SO WE WOULD NEED TO ENTER INTO A DISCUSSION WITH THEM ABOUT WHAT THAT LOOKED LIKE. AND DEVELOP A TIME LINE AND ALL OF THAT IF THEY WERE WILLING TO DO THAT. IF THE BOARD WAS -- IF YOU ALL WERE INTERESTED IN REACHING OUT AND HAVING A CONVERSATION WITH YOUR COUNTERPARTS IN WASHINGTON AND CLACKAMAS COUNTY, WE KNOW THAT AT THE STAFF LEADERSHIP LEVEL IN THOSE ORGANIZATIONS, THERE ISN'T NECESSARILY AN INTEREST IN A REGIONAL RISK ACCEPTING ENTITY. AND MY UNDERSTANDING FROM THEM IS THAT THERE ISN'T A BOARD INTEREST IN IT EITHER, BUT THAT'S A PATH THAT WOULD NEED TO BE LAID THROUGH POLITICAL LEADERSHIP TO HAVE THOSE CONVERSATION AND FIGURE OUT WAS THAT A VIABLE OPTION. THOSE ARE REALLY THE ONLY TWO VIABLE OPTIONS FOR US. SO THEY REALLY AGAIN

HIGHLIGHT THE POINT THAT WE WERE MAKING EARLIER ABOUT HOW WE'RE NOT IN A WORLD WHERE WE CAN CHOOSE TO DO ANYTHING ALONE.

Chair Kafoury: ARE THERE ANY QUESTIONS FROM BOARD MEMBERS? THANK YOU VERY MUCH. WE LOOK FORWARD TO OUR NEXT DISCUSSION ON THE MANY PHASES OF HEALTH CARE TRANSFORMATION.

>> LIKEWISE. THANK YOU.

>> THANK YOU, COMMISSIONERS.

Chair Kafoury: THANK YOU.

ADJOURNMENT

The meeting was adjourned at 11:13 a.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office. For access to the video and/or board packet materials, please view at: http://multnomah.granicus.com/ViewPublisher.php?view_id=3

Submitted by:
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Board of County Commissioners
Multnomah County