

Addictions and Mental Health System Change

Frequently asked questions about Addictions and Mental Health System Change

In addition to the overall health system transformation work and creation of Coordinated Care Organizations, AMH has undertaken a parallel but separate system change effort in collaboration with the Association of Oregon Counties (AOC), called AMH System Change. The goal of AMH System Change, as with health system transformation, is to drive improvement through flexibility in the budgeting process, which will allow counties the discretion to put resources where they are most needed to serve people in their communities.

The following frequently asked questions provide an overview of the AMH system change efforts to help you better understand how counties will be affected.

For more information, visit
www.oregon.gov/OHA/amh/system-change

Q. What is Addictions and Mental Health System Change?

A. Addictions and Mental Health (AMH) System Change is the restructuring of the contracts and payment process between the Addictions and Mental Health Division and local mental health authorities (LMHAs) to better serve Oregonians who need addiction and mental health services. The new financial agreements and payment processes support county flexibility with funding, control over local resources, and a shared focus on measuring health outcomes. With increased flexibility and local control of resources, counties will be accountable for their performance on outcomes.

Q. What is a local mental health authority (LMHA)?

A. According to Oregon law, a local mental health authority is one of the following entities:

- The board of county commissioners of one or more counties that establishes or operates a community mental health program;
- The tribal council, in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or
- A regional local mental health authority comprising two or more boards of county commissioners.

Q. AMH System Change – why now?

A. AMH System Change is particularly urgent now in order to ensure that the way we do business with local mental health authorities is consistent with the creation of Coordinated Care Organizations (CCOs) for the Oregon Health Plan (Medicaid) population. CCOs will also operate under a global budget and integrate the delivery of physical, mental and dental health care. AMH System Change also supports the goals of the health system transformation; improved access, improved health outcomes and increased efficiencies.

Q. What is a flexible funding budget?

A. A flexible funding budget supports counties so that they can be responsive to the needs of their communities. The counties will be accountable for their performance on health outcomes.

Currently AMH contracts with LMHAs for services, and the funding is allocated in specific funding categories. For the most part, funds in those categories must be expended in the manner outlined in the requirements for each of the categories. This provides counties with limited freedom or flexibility to move the funding from one category to another. Flexible funding combines many of those specific funding categories into one category to spend in a way that makes the most sense. Future financial agreements eventually will include health outcome requirements that counties will be held accountable to meet. With flexible funding, counties will have the freedom to move the funds in the manner that will best achieve these outcomes for their own communities.

One thing to be aware of is that some of the funds included in flexible funding, such as federal block grants, come with requirements that must be passed on to counties and providers.

Q. What will the role of LMHAs be in the changed AMH system?

A. The relationship between AMH and LMHAs will remain the same as outlined in ORS 430 (www.leg.state.or.us/ors/430.html.) AMH values the role of LMHAs in the development and oversight of local mental health and addictions systems of care and prevention.

Q. What will the role of LMHAs be in health system transformation?

A. The Oregon Legislature understood LMHAs' responsibility to establish a community mental health system and included language in the health system transformation bill calling for written agreements between CCOs and LMHAs. These agreements spell out the relationship between the two entities. LMHAs need to work with the CCOs to establish relationships that ensure the array of mental health, addictions treatment, and physical health services are available to improve the health of the community and to meet LMHAs' statutory expectations.

Q. What are the similarities and differences between health system transformation and AMH System Change?

	Health System Transformation	AMH System Change
What	Creation of Coordinated Care Organizations (CCOs)	Restructuring contracts and payment processes with counties (LMHAs)
Funding	Oregon Health Plan	Various, across service systems
People served	Oregon Health Plan members and people served by both Medicaid and Medicare; eventually PEBB and OEBB members as well	The uninsured, people who are not served by the Oregon Health Plan, and other recipients of local prevention, mental health, and addictions services
Services	Physical health care, addictions services, mental health care and dental care	Prevention, addictions services, problem gambling services, mental health care not covered by OHP
Timing	August 2012, first CCOs launched	July 2012, new flexible funding allocation amendment to existing financial assistance agreements
Who is affected	OHP clients and their families, local care providers, hospitals, managed care plans	AMH, CMHP clients and their families, CMHPs, LMHAs, and local prevention, addictions, gambling, and mental health providers
Budget	Global	Flexible funding
Metrics	Contracted performance standards and benchmarks	

Q. When will these changes take effect?

A. AMH will establish new contractual agreements for the flexible funding by July 1, 2012. These will cover through 2013, the second fiscal year of the biennium. The new contract will lay the groundwork for further funding flexibility and increased accountability for performance outcomes in the 2013-15 financial agreements.

Q. Who is advising AMH System Change?

A. The design advisory and implementation advisory groups represent stakeholders from all aspects of the service delivery system, from consumers and families to providers and our county and tribal partners. Their role is to provide input on the key elements, expectations, policies and metrics that will define the new system.

The Design Advisory Group met between August and October 2011. The AMH System Change project team collected feedback and synthesized the information into implementation plans.

From October 2011 to June 2012, the Implementation Advisory Group meets monthly to provide ongoing feedback on AMH System Change. This group reviews and informs the work of the system change. A membership list, agendas, minutes and associated documents are available on the AMH System Change website, <http://www.oregon.gov/OHA/mentalhealth/system-change>.

In addition to the Implementation Advisory Group, AMH seeks input and advice from representatives of the Association of Oregon Counties in monthly meetings. Various work teams at AMH also seek technical advice from experts in the community referred to as “key informants.”

Q. What was the process for developing the new contractual language?

A. Addictions and Mental Health worked with local mental health program representatives and county counsel representatives to create appropriate language for the contract. Then the contracting process was turned over to the DHS/OHA County Contracts group to work on the legal issues. AMH sent the contracts to counties in May 2012.

Q. Will counties continue to submit biennial implementation plans?

A. Biennial implementation plans are required by law (ORS 430). While the counties have valued the work with the community in the development of these plans, the plans have often been viewed as an administrative burden offering minimal long-term value.

Through system change, AMH will re-vitalize the biennial implementation planning process to produce meaningful community plans. The plans will guide the community in the achievement of outcomes and document the budget for flexible funds. The biennial implementation plans will be attached to the 2013-2015 county financial assistance agreements. These plans will be instrumental in establishing a transparent accountability process.

The proposal for biennial implementation plans is located on the AMH System Change website, <http://www.oregon.gov/OHA/amh/system-change>. Here is a direct [link](#).

Q. How will AMH develop the guidelines for biennial implementation plans?

A. AMH will develop the guidelines for the revamped biennial implementation plans in consultation with the community mental health programs as directed in ORS 430. The Oregon Health Authority strives to integrate and streamline the various community assessment and other planning requirements to reduce duplicative processes whenever possible.

Q. Are there any changes in the data reporting required for July 2012-13 fiscal year?

A. The only change will be requirements to report the number of people served by jail diversion services per the funding requirements.

Q. How will reporting requirements change with Compass, the new data reporting system?

- A.** Compass will allow AMH to meet business needs and requirements, and will provide a data system that more readily supports the ability to know: performance outcomes; who accesses services, what services are provided, where and when; and the cost-effectiveness of services.

We are currently determining the data specifications for the new system and will inform providers by June 30, 2012, if not before, in order for them to prepare their system for the change by July 1, 2013.

To reduce the administrative burden on our providers, data may be submitted to AMH in one of three ways:

1. OWITS (Oregon Web Infrastructure for Treatment Services) – a free electronic health record
2. EDI (electronic data interchange) – file transfer from a provider's existing electronic health records
3. MDE (minimum data entry) – for providers that don't have an electronic health record

For general questions on this project, contact Ben Kahn, COMPASS Project Manager at (503) 945-5762 or ben.kahn@state.or.us.

For more information, please visit the Compass Project website at <http://www.oregon.gov/OHA/amh/compass/index.shtml>.

To learn more about the OWITS electronic health record pilot project, including participant information, visit <http://www.oregon.gov/OHA/amh/compass/project.shtml>.

Community addictions and mental health services and Coordinated Care Organizations (CCOs)

Q: When are adult mental health residential treatment programs coming under the CCOs? Will the CCOs include both oversight of services and control of funding for adult residential programs?

A: The earliest that the residential programs for adults with major mental illnesses will be part of CCOs is early 2013. There are issues that need to be worked through before this happens, however. At the point that those services are included in the global budget, CCOs will negotiate with providers to determine the amount of money that the CCO will provide before authorizing the use of those residential programs for its members.

Q. As adult mental health residential services transfer to CCOs in 2013, will CCOs then assume responsibility for the siting of residential facilities?

A: The answer, at this point, is no. The responsibility currently is in collaboration between the state and the local mental health authorities, and that collaboration will continue for the time being. However, the plan is to eventually transfer adult residential facilities to the responsibility of the CCOs.

Q: Is there a plan to move all funds in the county financial assistance agreement to the CCOs?

A: The state wants to give local mental health authorities as many options as possible to make decisions about service delivery in their communities. At this point there is no plan for the transfer in 2013 of non-Medicaid funds away from a county to a CCO. If a county and local CCO were to come to the state and say they wanted to have that relationship in order to better serve the community, Oregon Health Authority would work to make that arrangement happen. But at this point, non-Medicaid funds are not being taken away and contracted differently.

Counties are strongly encouraged to take advantage of the opportunities for growth and fiscal savings that may present themselves by getting involved in the local CCO. Where possible, counties can collaborate to best serve the populations that live and work in their region.

Q: Will CCOs still be required to meet all standards and comply with administrative rules? Will they be required to have a certificate of approval from AMH or will local CCOs have that authority?

A: CCOs go through an OHA certification process. If successful they are designated as CCOs covering the portions of the state included in their application. The CCOs contract for addiction and mental health services with AMH-certified providers or privately licensed practitioners, such as licensed social workers, licensed professional counselors, etc. Whether CCOs will directly approve providers in the future has not been decided at this time.

Q: What about the counties that have merged funds with the Medicaid dollars? How will that work?

A: For many communities and counties in Oregon, the funding streams from Medicaid and from the state General Fund need to come together locally so that local communities can effectively provide mental health or addiction services. Part of the reason that HB 3650 highlighted the collaboration between local mental health authorities and the CCOs was to protect the mental health safety net. That's why it's so important for counties to engage with the CCOs in their local areas: to keep those two funding streams that are needed to support a full system of care for addictions and mental health services at the local level.

Q: Is there an example of a CCO-local mental health authority agreement that includes all of the issues the state would like to see addressed – one that counties could modify as appropriate?

A: Yes. The sample agreement can be found on the CCO website. It is contained in Addendum 9: <https://cco.health.oregon.gov/RFA/Documents/RFA3402-Addendum9tlh.pdf>.

Q. Where can I find more information?

A. AMH System Change information is available at <http://www.oregon.gov/OHA/mentalhealth/system-change>. On this web page you'll find fact sheets and other useful information. For more information about CCOs: www.health.oregon.gov.

If you would like more information, you may also contact Mike Morris, AMH System Change Lead, at michael.n.morris@state.or.us or Bobby Green, OHA Director of Local Government Affairs, at bobby.l.green@state.or.us.

For more information visit
www.health.oregon.gov