PUBLIC SAFETY COORDINATING COUNCIL

MINUTES TUESDAY, April 27, 2021 11:30 ZOOM VIDEO CONFERENCE

MEETING CALLED BY	Eric Guyer
ATTENDEES	Joshua Aldrich, Lee Ayers, Dave Bellamy, Stacy Brubaker, Dave Carter, Scott Clauson, Dave Dotterrer, Doug Engle, Deltra Ferguson, Eric Guyer, Beth Heckert, Julia Jackson, Barbara Johnson, Tyler Lee, Jennifer Lind, Lorenzo Mejia, Gilda Montenegro-Fix, Robert Mountain, Jennifer Mylenek, Michael Parsons, Jazmin Ramirez, Mark Reagles, Nathan Sickler, Rita Sullivan, A. John Watson

- Eric Guyer opened the meeting at 11:30
- Opening Remarks: Eric Guyer welcomed everyone to the April PSCC meeting.

Agenda Topics

MINUTE ADOPTION – MARCH **ERIC GUYER, CHAIR**

DISCUSSION	
One suggested revision was identified for the March minutes in the minute adoption section, Lee Ayers provided a motion to approve seconded by Jennifer Mylenek. A roll call vote was requested, all were in favor, and none were opposed. The March minutes were officially adopted, with suggested revisions.	

NEW MEMBER **ERIC GUYER, CHAIR**

DISCUSSION	
Mayor Randy Sparacino, City of Medford, was selected by the cities for membership on the PSCC.	

JACKSON CARE CONNECT BEHAVIORAL HEALTH UPDATE

DISCUSSION	

Jennifer Lind, CEO, Jackson Care Connect
Julia Jackson, Director of Behavioral Health, Jackson Care Connect

Presentation Agenda

- OHA/CCO Payment Structures and Relationships
- OHA Hot Topics for 2021
- JCC Behavioral Health Goals and Opportunities
- Membership Growth and Provider Network
- Data Analysis and Trends
-

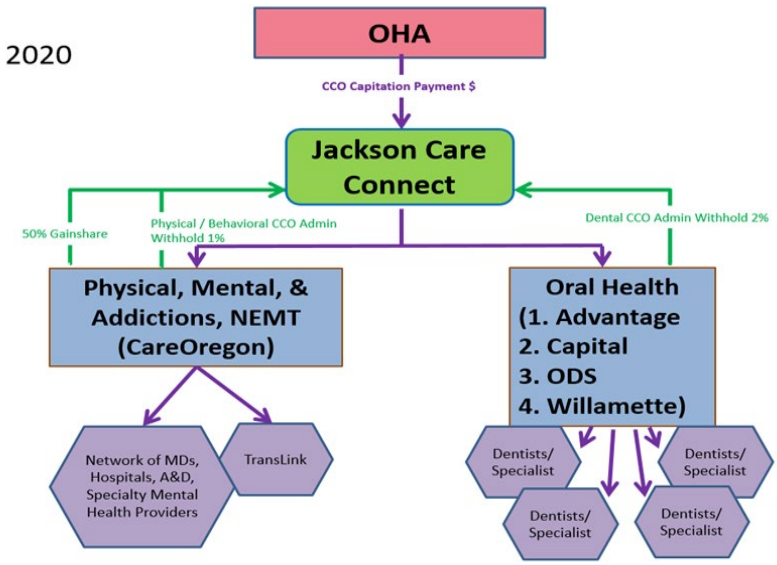
OHA

Jackson County Full Community

- Choice Funds
- Crisis
- HB Funded Services
- Grants

Jackson Care Connect
JCC members only

- Outpatient services
- hospital inpatient



Jackson Care Connect → Jackson County Mental Health

- Assertive Community Treatment (ACT) Early Assessment and Support Alliance (EASA)
- Wellness Recovery Action Plan (WRAP)
- Crisis Response (supplemental supports)

Areas of Partnership

- Crisis Response Expansion
- CHOICE collaboration
- Mental Health Advisory Council
- Local Drug and Alcohol Council
- Care Coordination and System of Care (barrier busting)

Stacy clarified that JCMH receives dollars from JCC for the wraparound program for multi-system enrolled children, not WRAP the acronym, but the wraparound program through the state only for muti-agency involved children receiving Medicaid.

Stacy also added that JCC used to fund part of a position of the mental health court coordinator, the court has since taken over the payment of that service provider. In an effort to try to assist with the aid and assist population in this community, JCC continues to fund a position within the county for additional coordination and supports for individuals that are called aid and assist clients. JCMH does not receive a lot of dollars in that area from the state, so JCMH appreciates the partnership with JCC.

Sheriff Sickler asked Jennifer about the average amount of money that flows into behavioral health through OHA and JCC into Jackson County annually. Jennifer replied that it is not as clear of answer as it used to be. The state has moved to combine all of the revenue into one budget and is not distributing it out as clearly as they used to, that distinction is made internally and based off of historical rates from the state. Now, JCC is subsidizing behavioral health service dollars out of the physical health.

<u>OHA Hot Topics for 2021</u>

- Clarify care coordination roles for CCOs and Providers
- State Hospital waitlist crisis (no civil admissions)
- Rolling out Crisis Services 988 legislation by July of 2022
- New annual reporting on network adequacy
- Language Access

<u>JCC Behavioral Health Goals</u>

- To ensure school-based services are accessible and improve the health and wellbeing of students and their families
- To build a comprehensive mental health and recovery-oriented network that contributes to measurable clinical outcomes
- To develop and strengthen a system of care for 'busting system barriers' for youth with complex behavioral health needs
- To reduce ED utilization and divert members to the most appropriate and effective level of care

Eric commented on JCC's recovery-oriented network and measurable clinical outcomes. For a long-time behavioral health has been funded based on an assessment without looking comprehensively at how individuals are engaged, so it is exciting to track what is working over time. Jennifer agreed with this statement and they are learning that this requires a lot of capacity as it requires a lot of accountability where there was not a lot prior.

<u>Provider Network</u>

- Closed Loop Referral Process (Collective, UniteUs)
- Improve ER utilization, Initiation and Engagement outcomes
- Outcome Based Care (Feedback Informed Treatment)
- Emphasizing Equity, Diversity, Inclusivity
- Supporting workforce development, recruitment, retention (strengthen peer service delivery)
- Cross-system Crisis Response Project
- Investment in 'non-traditional treatment and support' resources

<u>Youth Specific</u>

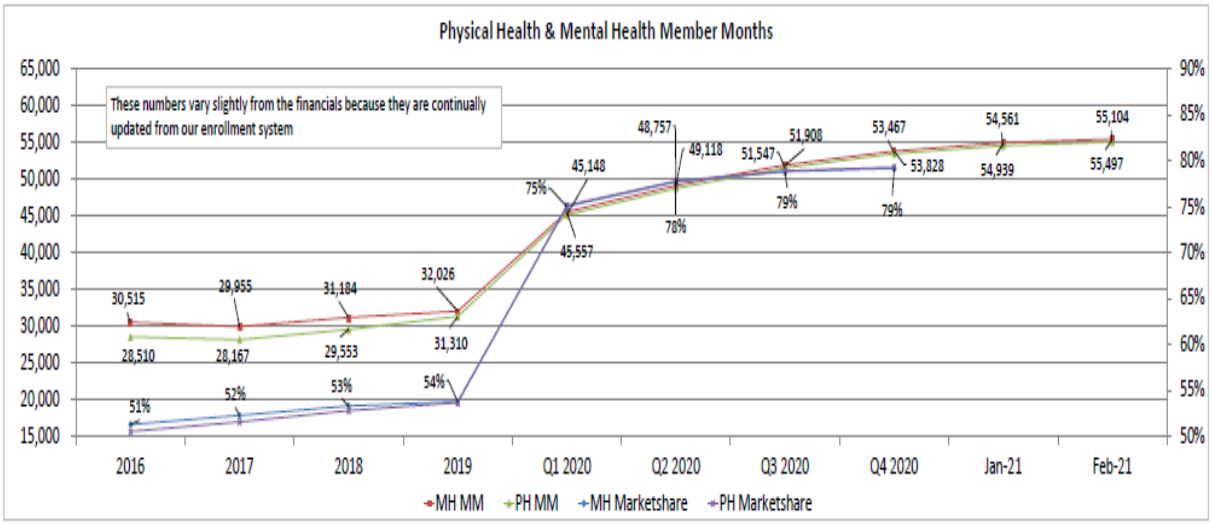
- Youth crisis grant SAMHSA/OHA
- System of Care Planning Groups and Barrier-busting practice level workgroups
- New benefit: Intensive In-home Behavioral Health Treatment
- Enhance and expand school-based services
- Improve linkage to resources and appropriate level of care

Eric commented for clarification of the term acuity. Julia clarified that acuity is referring to mental health acuity, for individuals who are struggling with substance use issues mental health acuity is something they have seen on the rise and JCC wants to provide more support to substance use providers so they have the capacity and resources to deal with that.

Opportunities in 2021…

- Telehealth and high acuity member care coordination
- Outcome based care within value-based payment contracts
- Network capacity adding
- Continued Covid relief funding and support

JCC Membership



Jennifer Lind commented that the sharp jump from 2019 to 2020 is due to two things. The first is the contract change that occurred which meant that many Allcare members were moved over to JCC because primary care physicians no longer contracted with Allcare and made the decision to work with JCC, significantly reducing Allcare's capacity. The other thing that occurred is that OHA has paused all the re-determination efforts, and held people on Medicaid to ensure there would not be a crisis of insured during a pandemic. Re-determination is a monthly cycle OHA usually does to scrub people who are no longer eligible off of Medicaid. The state has grown its Medicaid role significantly so we have 18% more members across the whole state.

Eric commented that the 56,000 people in the 'under 65' population seems like a very high percentage in the community that is a member of JCC. Jennifer agreed with the statement, and noted that some are over 65 but the majority are below.

JCC Provider Network

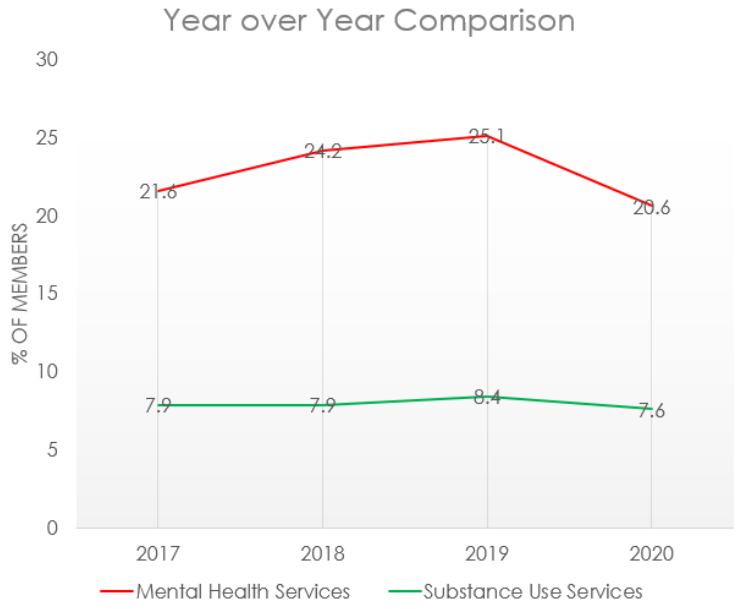
- Higher Levels of Care:
  - Substance Use Residential and Detox
  - Psychiatric Day Treatment for Youth

- Behavioral Health Providers:
  - 10+ Large Clinic Providers
  - 50+ Independent Practitioners
  - Integrated Behavioral Health Consultants
  - within Primary Care

- Supportive Housing:
  - 6 subacute spaces
  - 8 transitional spaces
  - 4 supportive housing space
  - 4 board and care space

Gilda Montengro- Fix asked for clarification regarding the four board and care spaces. Julia clarified that all the numbers are referring to individual beds, not organizations. Gilda asked if this is anywhere near meeting the demand, Julia replied that there are a lot of conversations occurring about removing barriers to prioritize vulnerable and higher risk populations, there is always a greater need for more space.

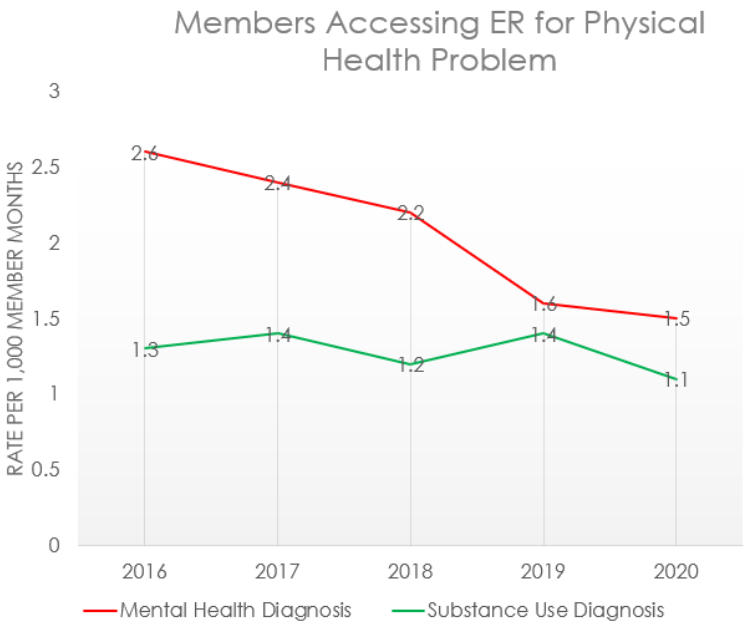
Mental Health and Substance Use Utilization



Jennifer Lind added that they have had the goal internally to increase the percentage of members utilizing both of these services. There has been an impact in mental health but the substance use has stayed flat.

Dave Carter asked if there are duplicates within the line, Julia replied that these are not duplicates they are unique.

Emergency Room Utilization

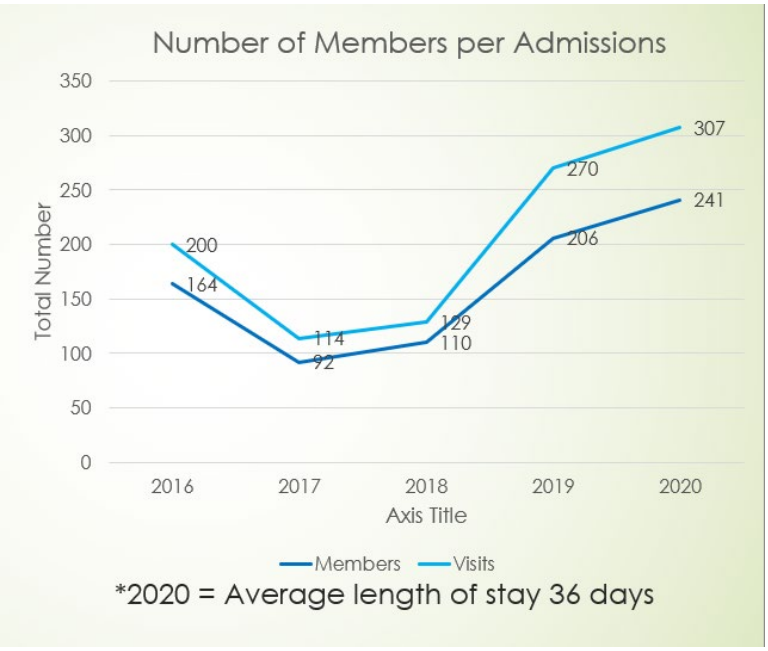


Stacy Brubaker added that it is important to keep in mind that people who have serious mental health challenges also most often come with some pretty significant physical health challenges. Whether that has been caused by some of the side effects of their medication, or the length of time they have had those diagnoses, there are a lot of people who have those compromising positions.

The other part to point out is, because JCC stood up first, JCC has and continues to have some of the most chronically ill individuals on their roles that are both the chronically mentally ill along with some of the more severely compounded physical

health issues that come along with that. This really speaks to some of these numbers. Out of the state JCC tends to have the most compromised folks that have the dual diagnoses.

Substance Use Residential Services

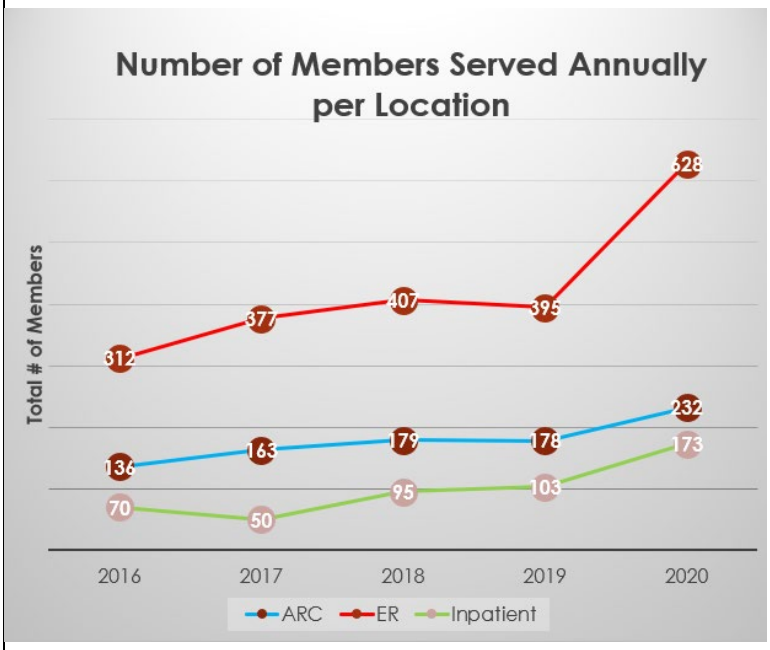


Sheriff Sickler asked if JCC tracks how many of these individuals are involved with the criminal justice system.

Julia replied that they do not track that data but the benefit of having ARC and OnTrack is that they have that data within their system and they could pull from their own provider residential admissions.

JCC has been trying to identify how to make this conversation be more robust, and that is a perfect example of a question they could have the provider network weigh in on from their end.

Substance Use Detox Services



Top Mental Health Diagnoses in 2020

Adults

- 1,450 Major Depression
- 1,244 Post Traumatic Stress Disorder
- 1,214 Anxiety
- 545 Bipolar
- 616 Adjustment
- 450 Schizophrenic
- 300 Depression
- 1,056 "Other" Disorder
- 5 ODD
- 111 ADHD

Children

- 389 Major Depression
- 467 Post Traumatic Stress Disorder
- 545 Anxiety
- 31 Bipolar
- 833 Adjustment
- 3 Schizophrenic
- 289 Depression
- 929 "Other" Disorder
- 252 ODD
- 393 ADHD

Other Areas of Data Analysis

- Mental Health Engagement and Retention
- Substance Use Initiation and Engagement
- Post Detox follow up
- Total claims/average cost per claim (cost & utilization)

Regarding total claims and average costs, Dave Carter asked if that feeds into the capitation payment from the state for the following year. Jennifer Lind confirmed and explained that the rate setting process has about a 3-year lag, JCC is paid based on what they spent about 3 years ago.

Dave Carter asked that if they are now catching up, or recuperating, from that giant jump in 2016/17. Jennifer Lind confirmed, JCC looks 2 years into the future because COVID caused a dip in their utilization and suppressed people accessing all parts of the system. Jennifer wants to make sure that 3 years from now JCC is not being paid based on the reduction seen this year as it really is a false suppression of need.

Referring to the "Top Mental Health Diagnoses in 2020" slide, Sheriff Sickler asked if these are all unique individuals, or diagnoses. Julia replied that they absolutely could have multiple diagnoses.

Sheriff Sickler asked about data on co-occurring issues. Julia added that the way that claims work is there is a primary diagnosis that it is billed to, so there will not be two diagnoses that it is equally billed to, so unfortunately, she can only give the number of members with mental health diagnoses and the number of members with physical health issues and not necessarily both.

Stacy Brubaker added that from a national perspective it is typically stated that 80% of individuals with serious mental health diagnoses also come along with a substance abuse issue of some sort.

Julia commented that is another example of how providers can be helpful with data to supplement what JCC has.

Gilda asked for clarification regarding the diagnosis of 'adjustment/other' in children.

Julia replied that adjustment is extremely common among children due to situational life factors that they are having clinically significant behavior and/or emotional response to. This is why family therapy and family engagement is critical, as well as what their educational setting because it is likely they are having situational factors impacting their behavioral or emotional state. A more solid diagnosis may come out later as the youth grows older or they spend more time with the treatment provider.

Stacy added that oftentimes when they are seeing kids who have been removed from their families or involved with child welfare, the adjustment disorder diagnosis is given to the child because that really is the primary cause of what is going with them. There are many kids that perhaps show some signs of some type of diagnosis, but that diagnosis is not given as they do not want the child to have that label or that influence on their lives going forward.

Gilda Montenegro Fix summarized that while they are not being labeled, they do have access to services because something has been flagged and Julia confirmed. Julia commented that the treatment plan will go off of their behaviors, verbal response,

emotional state and there needs to be a primary diagnosis to bill to for claims so this can be helpful to engage them without the label.

Jennifer Lind commented that she appreciated Gilda flagging the top diagnosis for adults: depression, PTSD, and anxiety. They have been called the primary care triad and take up more than half of top diagnoses for adults. They are diagnoses that most primary care physicians struggle in dealing with. In many cases, JCC believes this can be dealt with in a primary care setting in many cases and do not necessarily require specialty mental health. This is why they have been working to increase the number of MH clinicians available in their primary care settings so that it can be treated there and free up specialty mental health for the acute diagnoses.

Jennifer reiterated that the state does not set the rates any longer, separate from mental health and physical health as one kind of global budget. The way JCC allocates internally is based on that historical rate. They receive about $70 a member a month for behavioral health services, so that is not a lot to manage the acuity and complexity they have across the network. It also adds up to almost $40 million over a year in their current membership, so it is a lot of money being put into the system but when it is broken down by the amount of services required it is not as big as it sounds.

Eric thanked Jennifer and Julia as well as recognized that there is work to be done between the criminal justice side and the public health side to identify those overlaps and areas.

Stacy Brubaker noticed in the diagnoses data that there was not a spot for any of the personality disorders. Julia replied that due to the size of the pie chart they did not include anything under the hundreds. Stacy commented that a lot of those individuals are the ones that they share and going forward that might be an area where they can receive some technical assistance for other providers. Julia agreed with Stacy's statement.

Julia added that they have been making an effort to take this baseline of data, make data PowerPoints for each of the large providers and match up along the side in comparison what their specific data is. They look at volume and type of diagnoses and have a conversation about the way this looks internally. Regarding retention and engagement, they do not share across the board but share specific agency data to have conversation about outcomes. This is an example of other questions to ask providers to learn from each other.

Jennifer thanked Eric for the invitation to present. Now that over 80% of the membership is within one CCO it is a different way to collaborate and work together and there is a lot of good effort going into that. The opportunity now is to think about how to take advantage of future dollars coming in to the system, at the federal and state level there is recognition that there is not enough in the behavioral health side, so they are thinking about how to support that and better knit together and align the dollars that are coming in to this county. Both of these opportunities are well positioned.

Eric thanked both Julia and Jennifer for their presentation, and expressed interest in wanting to check in on this subject moving forward.

Next Scheduled PSCC Meeting: May 25, 2021
Meeting Adjourned: 12:40 pm