



Marion County

OREGON

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BOARD OF COMMISSIONERS

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Health Care Transformation - SB 1580

*Testimony of Marion County Commissioner Janet Carlson
to the Senate Health Care, Human Services
and Rural Health Policy Committee
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Background

With 315,335 ^[2010] people, Marion County is one of eight Oregon counties where 70% of the state's population resides. More than 64,000 Marion County residents are enrolled in the Oregon Health Plan. While Marion County is Oregon's fifth most populous county, its population of state prisoners and local inmates is Oregon's second largest, primarily because four of fourteen state correctional institutions are located in the county, along with two state juvenile corrections facilities and the Oregon State Hospital. Marion County has 20 cities—more incorporated cities than any other Oregon county, with an urban/suburban “hub” surrounded by vast expanses of agricultural production and smaller, rural communities. Three cities comprise 68% of Marion County's population: Salem (154,637, 49%); Keizer (36,478, 11%) and Woodburn (24,080, 8%).

Marion County's mental health and addictions system is a “hybrid” system with some services provided by county programs and other services provided through contracts with community providers.

County-provided services include operating a residential treatment program for women (Her Place), Early Assessment and Support Team (EAST), parenting education, group and family counseling, parent and child interactive therapy, enhanced care (including housing coordination) and outreach services for clients discharged from the Oregon State Hospital, supported employment, crisis respite services, jail mental health services, mental health court and adult drug court, and regional psychiatric crisis services.

Contracted services include alcohol and drug outpatient, residential and detoxification services; New Solutions wraparound behavioral health services for children; Mid-Valley WRAP, a wraparound initiative for children and youth in foster care; gambling prevention and treatment services; and the Community Integration Initiative for adults.

Stakeholders also include three hospitals (Salem, Silverton, and Santiam Memorial), two federally qualified health centers, the Marion County Health Department, Mid Valley Behavioral Care Network, Capitol Dental Care Organization, and private providers represented by the WVP Health Authority.

In partnership with Salem Hospital, Marion County operates the Psychiatric Crisis Center which is a 24/7 operation located on the hospital campus, but separate from the emergency department. This allows individuals with a mental health crisis who do not require emergency room medical services to be diverted from the emergency room; double advantage: the busiest emergency room is not further burdened with people who can be served elsewhere, and those in crisis can be served in a less traumatic environment. Marion County also conducts crisis screening in the emergency room for people needing to be seen there (e.g., those on holds). In 2010, 2,521 screenings were conducted at the Psychiatric Crisis Center versus 2,382 screenings in the emergency room – about half the total screenings diverted from the emergency room.

Through partnerships developed through the Mid-Valley Behavioral Care Network, a five-county regional mental health organization, hospital care dropped from 17% of allocated funds to 9% of allocated funds over a ten year period. (See attached chart.) This experience in systems design can be built upon in further system integration and efforts to improve overall community health.

Opportunities

County, nonprofit, hospital, and other stakeholders have been participating in a series of meetings with officials from the WVP Health Authority in designing a Coordinated Care Organization (CCO) model for Marion County residents. Marion County has fifteen years of experience collaborating with WVP Health Authority on initiatives ranging from prenatal care and chronic health conditions to pain management and tobacco cessation.

While many details remain to be worked out, stakeholders are engaging in good faith efforts to develop integrated delivery systems with governance structures that encompass organizations assuming risk, health and mental health care consumers, and representation from those with needed technical expertise.

In addition to opportunities to integrate physical and mental health care needs for the Medicaid population, these discussions can also provide a platform for connecting and integrating indigent health care, including people currently served in the Marion County jail and people being released from state institutions. Benefits can include more holistic care, avoidance of crises, and reduced stigma for clients diagnosed with mental illness. Marion County has also begun discussions about how to coordinate health care transformation with the early learning initiative, which also offers great opportunities for reaching at risk families with young children.

Challenges

Because of the different cultures of public (government) and private health care organizations, challenges have involved a mutual learning process in how decisions are made and who owns various decisions, where the public process needs to be incorporated, where legal agreements are needed and how they will be crafted to identify governance and service delivery issues, and what the roles and functions are of each individual stakeholder group in the envisioned system.

The Association of Oregon Counties and two associate groups have been working on a document that analyzes these issues and identifies overarching and service provision topics that may ultimately be included in a legal agreement between the counties and CCOs, clarifying lines of authority and governance roles.

One consideration that needs further exploration is the role that Mid-Valley Behavioral Care Network has played in convening groups that assure the consumer voice, developing cutting edge services such as EAST through grants and other outside funding sources, and providing a forum for a provider panel to interface and work through thorny delivery issues. This role may ultimately be assumed by a CCO, but it is important that the value of these functions not be overlooked, nor be lost during the transition.

Closing

While much of the county conversation around Coordinated Care Organizations has centered on mental health, remember that health care transformation also interfaces with the public health system in terms of addressing community health improvement and prevention of chronic diseases.

I appreciate this opportunity to provide an update on Marion County's role and progress in the evolution of health care transformation.