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For Ways and Means Sub Committee on Human Services meeting
Scheduled March 25, 2014

Co- chairs Bates and Nathanson and members of the committee I wanted to respond briefly to the question of what Community Mental Health Programs are doing and how they are responding to the Health Transformation efforts especially as it may pertain to more rural and frontier communities.

First of all, let me say that Coos Health and Wellness, as the Community Mental Health Program for Coos County, is alive and well and thriving. Even prior to the existence of our CCOs we worked with our Fully Capitated Health Plan, Advantage Dental and a variety of community partners to develop the proposal for the creation of Western Oregon Advanced Health. These early partnerships have become the framework upon which our current successes are based.

We recognized early on, as did many other community and regional partners, that the vehicle of the Coordinated Care Organizations offered opportunities for us to work more effectively and efficiently in meeting our individual missions and mandates while more importantly improving the overall health of our community. In rural and frontier communities, we know that strong partnerships are often key and thus we resolved to throw our shoulders and back into the work of moving this new model of care forward.

As proof of these efforts I offer the following: Coos Health and Wellness was a part of the initial planning process for the RFP submitted by WOA, along Adapt (our Alcohol and Drug Treatment partner) and Advantage Dental; CHW helped spearhead the basic modeling for integrated behavioral health care and development of a community care management team; We are currently equity partners in the CCO organization; Both our County Commissioner, Melissa Cribbins and Coos Health and Wellness Director, Ginger Swan are on the WOA Board of Directors; Our Adult Medical Director, Joanne Rutland, is on the clinical advisory panel; Commissioner John Sweet, and myself, are on the Community Advisory Committee along with three of our MH consumers; Our quality assurance efforts are integrated with those of WOA; Many of our outcome measures are those given to WOA; Currently we are planning the roll out of targeted case management that has been under the auspices of public health; We are moving forward with plans to develop a shared campus space to facilitate the longer term relationship we envision.

Largely CMHPs have brought a level of expertise and experience to the formation and operation of CCOs. CHW has a long established history of partnerships with state, regional and local entities: Child welfare, adult and people with disabilities, self sufficiency, schools, ESD, head start, law enforcement, community corrections, advocacy groups, peer/consumer leadership, housing agencies, social security and many others. CHW also had a wealth of experience including served individuals and their supports- not only in a person centered approach to care but also in the ongoing operations and improvement of the delivery system itself. CHW has

also been a leader in the development and expansion of the local MH care system. This has include not only the recruitment of most area private practice clinicians into the CCO network but also the continued evolution of complex care that is not typically available in the private sector in smaller communities. These non standard outpatient services include Wraparound services, in home skills training, respite care, supported housing, supported employment, case management, representative payee services, school based care, day treatment and many others.

CHW has also continued to maintain a focus on the larger community needs outside of just the OHP population. We have operated a Mental Health Court for the last 8 years with the assistance of state block grant and other funding. We have also provided MH care for individuals with Medicare only or commercial insurance where an individual needs were not covered by these payor sources. The State funding has also allowed us additional latitude in developing supported housing, and other projects that are available to all those who need it irrespective of Medicaid eligibility, We have also continued to support the crisis response efforts in the community many of which are not directly reimbursable as a system by any payor. In short CMHPs while embracing their connections with CCOs also have additional focus that likely would not be addressed if rolled into a “covered life” benefit.

I would also like to say a brief word about integration since it has become so much the buzz word. It is my opinion that true integration of physical health and behavioral health will take long term vision and focus. While our community and others have been thrust together, made preliminary steps, and developed pilot projects, the real fruits of our labor may be out 5 to 10 years or longer. I know for myself, I became a step parent and a member of a blended family nearly 14 years ago and while I would have liked it to be true to say that we became a whole and integrated family within a year or two –truthfully the process took considerably longer and is ongoing even today. The separation of the mind from the body is centuries old and cannot simply be put right overnight.