Mercy Maricopa

Behavioral Health Provider Leadership Meeting

July 9, 2014
Welcome

Eddy Broadway, President and CEO
Purpose of the Meeting

• Transparency

• Communication

• Discussion of Business Priorities

• Collaboration and Input
Agenda

I. ADHS/DBHS Update (10 minutes)

II. Mercy Maricopa Business Priorities (15 minutes each)
   • Arnold v. ADHS
   • Children’s System
   • Crisis System
   • General Mental Health/Substance Abuse (GMH/SA)
   • Integrated Care
   • Payment Reform

III. Next Steps (10 minutes)
ADHS/DBHS
Update

Cory Nelson, Deputy Director
Mercy Maricopa Business Priorities
Establishing Priorities

In establishing priorities, we are:

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Mercy Maricopa Business Priorities

Executive Sponsor: A member of the Leadership Team who is ultimately responsible for strategic direction, resource allocation, and decision-making related to the project.

Business Owner: Key leader who reports to the Executive Sponsor and is responsible for daily oversight of project activities and communication with internal staff and external stakeholders.
Arnold v. ADHS
Arnold v. ADHS

• **Executive Sponsor:** Tad Gary, Chief Clinical Officer
• **Business Owner:** Blythe FitzHarris, Adult System of Care Administrator

**Intended Outcome:**

Fully implement a system of care for members determined to have a serious mental illness that supports the member in achieving their recovery goals, is consistent with evidence-based practices, and adheres to the Arnold v. ADHS agreement.
Arnold v. ADHS

Goal 1: Fully implement SAMHSA evidence-based practices related to ACT, Consumer-Operated Services, Permanent Supportive Housing, Supported Employment

- Determine provider readiness to deliver services in accordance with SAMHSA evidence-based practices
- Develop systems to improve provider adherence to fidelity models

Goal 2: Transform the service delivery system to promote and incentivize high-quality care

- Implement payment reform model that aligns incentives across providers
- Use clinical and performance monitoring data to continuously improve the service delivery system
- Incorporate ADHS’ audit and evaluation findings (Quality Service Reviews, ADHS Service Capacity Assessment, Fidelity Audits) into network expansion efforts and performance improvement activities
Arnold v. ADHS

Goal 3: Increase the network’s capacity to deliver Assertive Community Treatment (ACT) services

• Implement an additional Forensic ACT (FACT) team to serve members involved in the justice system
• Begin implementation of 4 new ACT teams (including FACT)
• Develop specialized ACT teams, based on need

Goal 4: Increase network capacity to provide Supported Employment services

• Enhance the system’s capacity to track the provision of Supported Employment services
• Embed Vocational Rehabilitation Specialists at each clinic site
• Increase Rehabilitation Specialist participation on each clinical team
• Create partnerships to develop employment opportunities
Arnold v. ADHS

Goal 5: Increase permanency through supportive housing

• Increase the number of housing options available to members
• Enhance the system’s ability to track Permanent Supportive Housing services
• Increase system capacity to provide housing support

Goal 6: Improve the accessibility of peer support services

• Increase the visibility of peer and family support services
• Implement a Referral Management program
• Provide administrative support to Peer and Family Run Organizations
• Expand network capacity to provide peer support services
Arnold v. ADHS Timeline

July
- Provider readiness reviews
- Implement strategies to address audit findings

August
- Begin audit and evaluation activities
- Additional FACT team
- Referral Management program

November – Begin implementation of 2nd ACT team

February 2015 – Begin implementation of 3rd ACT team
Children’s System
Children’s System

**Executive Sponsor:** Tad Gary, Chief Clinical Officer

**Business Owner:** Karrie Steving, Children’s System of Care Administrator

**Intended Outcome:**
Transform the children's system in a way that actively engages families and system influencers in the process and promotes member and family choice in where, how, and from whom they receive their services.
Children’s System

Goal 1: Evaluate the children’s service delivery system to identify efficiencies and opportunities to enhance quality

• Identify opportunities to enhance service delivery to youth and their families
• Engage stakeholders to gather input on the service delivery system

Goal 2: Create a proactive service delivery system

• Leverage key community resources such as providers, family and faith-based organizations to support the further development of community, natural and informal supports
• Work with providers to decrease the number of children placed out of home and out of state
Children’s System

Goal 3: Improve service coordination for children in foster care and children involved in multiple systems

• Partner with the Department of Child Safety, the Comprehensive Medical and Dental Plan, Maricopa County Juvenile Probation department, Arizona Department of Juvenile Corrections, and Division of Developmental Disabilities to support children and families

• Develop systems for close coordination and information-sharing between child-serving agencies and providers

Goal 4: Implement processes to support Transition Age Youth in successfully transitioning to adulthood

• Evaluate the current system capacity for serving Transition Age Youth

• Contract for service delivery models proven effective in meeting the needs of young adults

• Implement a Youth Council that empowers youth to impact the service delivery system
# Children’s System Timeline

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<tr>
<th>Ongoing</th>
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<tbody>
<tr>
<td>Coordinate with child-serving agencies</td>
<td>Assess network capacity and address gaps</td>
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<tr>
<td><strong>April - July</strong></td>
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<tr>
<td>Stakeholder meetings</td>
<td>Launch Youth Council</td>
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<td><strong>August – September</strong></td>
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<td>Review evidence-based tools and program models</td>
<td>Conduct focus groups</td>
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<td><strong>October</strong></td>
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<tr>
<td>Implement proactive service delivery system</td>
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Crisis System
Crisis System

Executive Sponsor: Don Fowls, Chief Medical Officer

Business Owner: Gabriella Guerra, Head of Crisis and Cultural Services

Intended Outcome:
Collaborate with system partners to enhance the current crisis system to maximize and align resources, and connect individuals to the services and supports they need to achieve their recovery goals and promote resiliency.
Crisis System

Goal 1: Enhance crisis system capacity and effectiveness
• Actively engage providers and stakeholders in identifying crisis system strengths and improvements
• Lead efforts to leverage community resources and supports

Goal 2: Facilitate communication and information sharing across the provider network
• Fully implement the Health Information Network (HIN) to connect crisis providers with other community and facility-based providers
• Develop solutions for sharing information with providers/entities not connected with the HIN
Crisis System

Goal 3: Expand community-based service options

- Increase member access to community-based services
- Partner with local organizations to coordinate member access to services and supports to prevent crisis episodes
- Enhance the role of peer and family supports in preventing crisis situations and diverting individuals from facility-based care
- Implement payment strategies that incentivize providers for delivering high-quality care in community-based settings
Crisis System Timeline

- **May-June**
  - Stakeholder kick-off meeting
  - Workgroup meetings

- **July**
  - Finalize recommendations from Crisis 360 Workgroup

- **August**
  - Stakeholder meeting to discuss key findings and recommendations

- **September**
  - Modify contracts, as appropriate
  - RFP for services (as applicable)

- **October**
  - Implement contracts
General Mental Health/Substance Abuse (GMH/SA)
Executive Sponsor(s): Eddy Broadway, President and CEO
Mark Fisher, President and CEO, Mercy Care Plan

Business Owner: Christi Lundeen, Chief Innovation Officer
Mily Schroeder, Network Development Administrator

Intended Outcome:
Implement an integrated and coordinated model of care for members with general mental health and substance abuse needs.
Goal 1: Expand integrated care service delivery models

- Convene peers, family members and system stakeholders to gather input on integrated care strategies
- Identify network providers with best practice approaches and incorporate these practices
- Contract for an accessible network that delivers high-quality care and is sufficient to meet members’ needs
Goal 2: Increase network capacity and infrastructure to deliver services according to an integrated care model

- Provide system-wide training and technical assistance
- Implement technology to facilitate coordination of care & care management
- Incorporate integrated care standards into provider contracts
- Align incentives across providers to promote integrated care
- Develop a “First Episode Intervention Clinic”
GMH/SA Timeline

**July – September**
- Network Development Plan submitted to ADHS
- Assess network sufficiency
- Identify member needs

**October**
- Enhance SOWs for GMH/SA providers and PCPs
- Expand Substance Abuse services

**Ongoing**
- Network Expansion
- Negotiate Scopes of Work, as needed
Integrated Care for members determined to have a Serious Mental Illness
Integrated Care for members determined to have a Serious Mental Illness

Executive Sponsor: Eddy Broadway, President and CEO
Business Owner: Michael Hedden, Integrated Care Administrator

Intended Outcome:
Transform the service delivery system for members determined to have a serious mental illness into a fully integrated care model that delivers high-quality medical and behavioral health services.
Integrated Care for members determined to have a Serious Mental Illness

Goal 1: Expand system capabilities for providing integrated care

• Provide coaching and mentoring to Behavioral Health (BH) and Physical Health (PH) providers
• Expand the number of integrated clinics
• Increase the number of providers with National Council for Quality Assurance (NCQA) or other equivalent accreditation

Goal 2: Promote care coordination across all providers

• Facilitate implementation of a HIN to connect all providers involved in the member’s care
• Embed Care Coordinators to facilitate communication and provide education to clinical teams
Integrated Care for Members Determined to have a Serious Mental Illness

Goal 3: Enhance and improve systems to focus on member outcomes and quality of life

- Develop incentives/pay-for-performance strategies to reward high-quality care and improved member outcomes
- Implement health, wellness and chronic disease management programs
- Coach providers on population health management strategies
# Integrated Care for Members Determined to have a Serious Mental Illness Timeline

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<th>May - July</th>
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<tbody>
<tr>
<td>Assess site readiness for integrated care</td>
<td>Care Managers/Coordinators at clinic sites</td>
<td>Provider and Community forums</td>
<td>Provider training</td>
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<tr>
<th>August</th>
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<tr>
<td>Clinics to develop and submit plans for implementing integrated care</td>
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<tr>
<th>October</th>
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<tr>
<td>Launch Integrated Care Academy</td>
<td>Contract with additional integrated care sites, as needed</td>
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<tr>
<td>Community education on Integrated Care</td>
<td>Develop curriculum and training to support workforce development</td>
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Payment Reform
Payment Reform

**Executive Sponsor:** Eddy Broadway, President and CEO  
**Business Owner:** Ramon Dominguez, Chief Financial Officer

**Intended Outcome:**
Align payment processes and incentives to purchase high-quality, cost-effective services that improve member outcomes and increase accessibility.
Payment Reform

Goal 1: Transform the payment system in a transparent way that actively engages stakeholders/influencers

• Engage national expert, MCAP and the Council to review national payment models and identify system goals
• Gather input from system stakeholders

Goal 2: Develop payment methodology (ies) that incentivize high-quality care and improved member outcomes

• Adopt objective criteria for evaluating provider performance
• Determine the true cost of delivering services
• Implement mechanisms for money to follow the member
Payment Reform

Goal 3: Implement new payment mechanisms in a systematic way across the network

• Purchase services the member needs
• Pilot payment mechanisms with specific providers
Payment Reform Timeline

July
- Begin stakeholder meetings
- Engage expert
- Review national practices

August
- Workgroup meetings to define strategies

September
- Workgroup meetings continue
- Develop scale that measures each outcome

October
- Implement pilot

October 2014 – September 2015
- Pilot and data-gathering