

Central City Concern

The Future of Care Coordination in Medicaid

Ed Blackburn, July 16, 2012

Central City Concern

- **Mission:** Providing comprehensive solutions to ending homelessness and achieving self-sufficiency
- **Who we serve** – yearly, more than 13,000 individuals (single adults, older adults, teens, parents and children throughout the Portland, Oregon metro area.)
- **Our programs** – integrated primary and behavioral healthcare, addictions treatment, over 1,600 units of affordable housing, employment services

Comprehensive Solutions

Supportive
Housing

Income
& Employment

Homelessness

Addictions
Mental Illness
Chronic Health
Problems
Trauma
Lack of Insurance
Unemployment
Criminality

Integrated
Healthcare

Positive Peer
Relationships

CCC Health Home Model

CCC Federally Qualified Health Center:

- Old Town Clinic
- Hooper Detoxification & Stabilization Center
- CCC Recovery Center
- Old Town Recovery Center (pictured)
- Recuperative Care Program

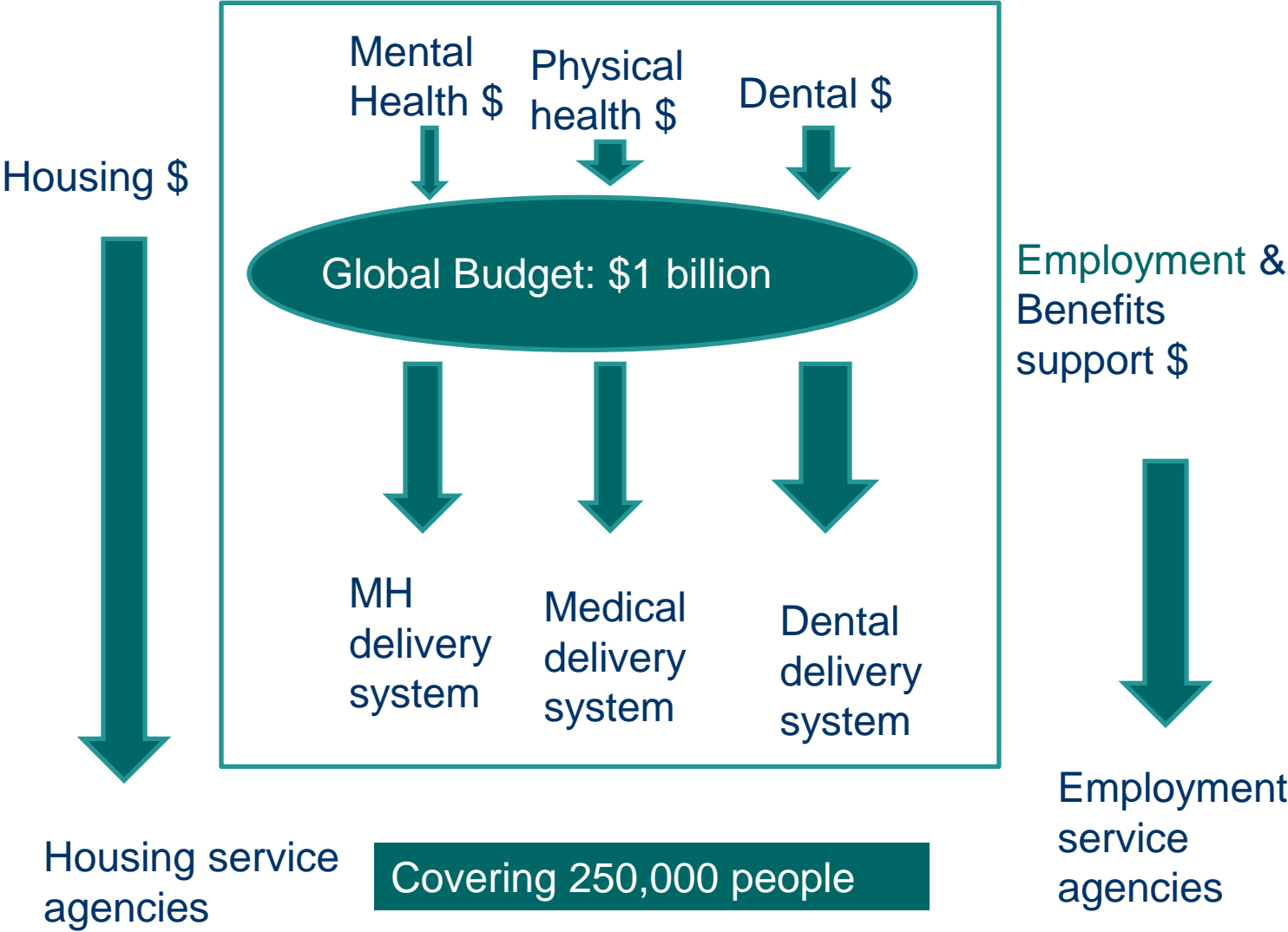


Coordinated Care Organizations

State of Oregon definition:

- A Coordinated Care Organization (CCO) is a network of all types of health care providers who have agreed to work together in their local communities for Medicaid patients
- Flexibility to support new models of care that are patient-centered and team-focused, and reduce health disparities.
- Service coordination and focus on prevention, chronic illness management and person-centered care
- Goal of meeting the Triple Aim of better health, better care and lower costs for the population they serve
- Fixed global budget
- Accountable for health outcomes

CCO Model – Tri-County Medicaid Collaborative



Tri-County Medicaid Collaborative Members

Hospital Systems:

- Adventist Health
- Kaiser Permanente
- Legacy Health
- Oregon Health & Science University
- Providence Health & Services
- Tuality Healthcare

Counties

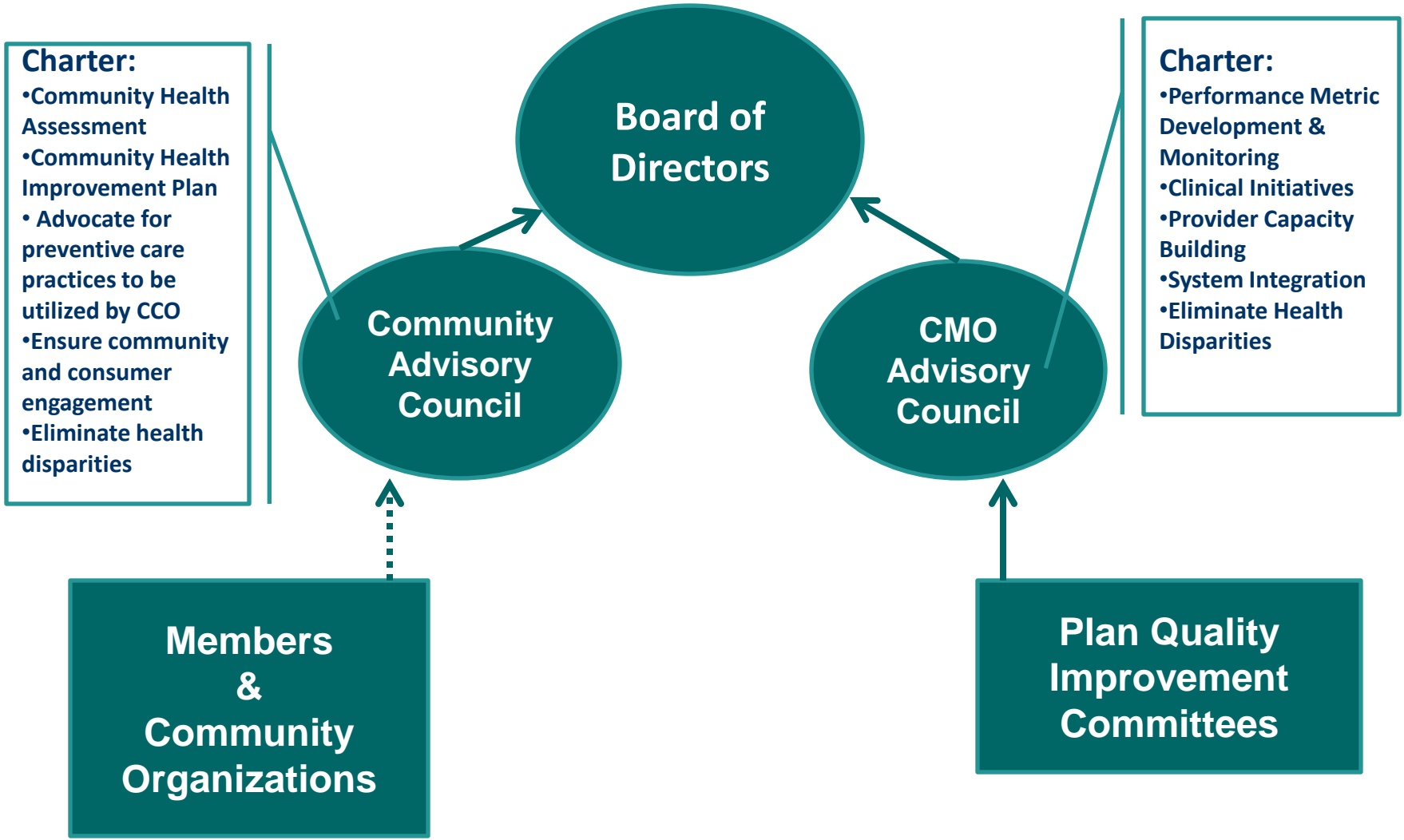
- Clackamas County
- Multnomah County
- Washington County

CareOregon (MCO)

Central City Concern

Tri-County Medicaid Collaborative: Goals

1. Deliver coordinated, high quality services at the right place at the right time.
2. Engage Oregon Health Plan members, the high-risk uninsured, providers, and community resources in meaningful partnerships.
3. Work to eliminate health disparities.
4. Focus on excellent customer service and satisfaction.
5. Achieve cost savings and create a sustainable system



Tri-County Medicaid Collaborative Structure

History: healthcare transformation in Oregon



**Governor Kitzhaber
Old Town Clinic – Feb 2011**



**Governor Kitzhaber
Old Town Recovery Center– May 2012**

Formation Tri-County Medicaid Collaborative

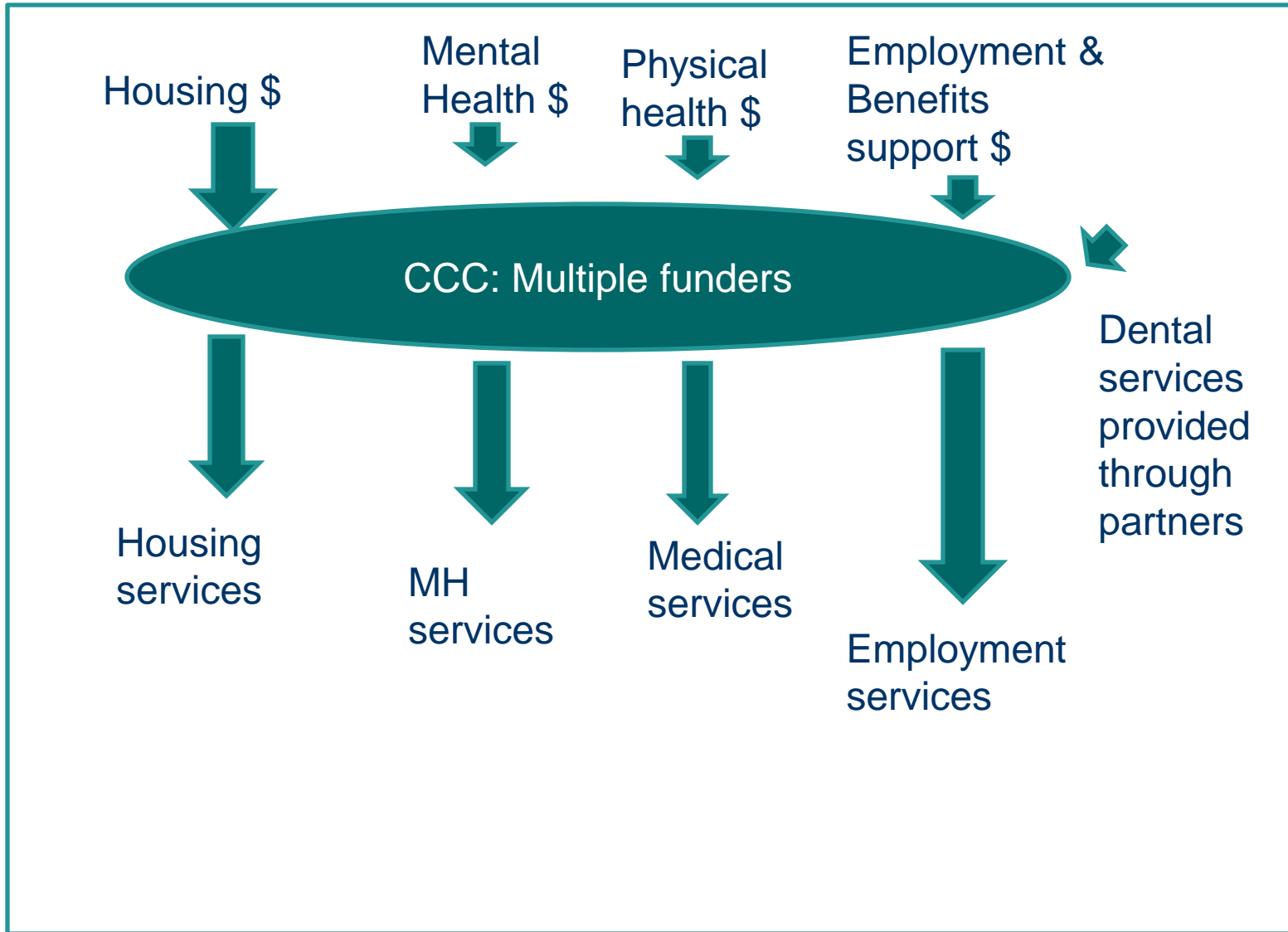
- TCMC Steering Committee
- Founding Board of TCMC
- TCMC process from this point forward

Central City Concern role in TCMC

- Strategic education
- Portland metro area Community Health Centers
- Tri-County Community Behavioral Healthcare Network
- Workgroups

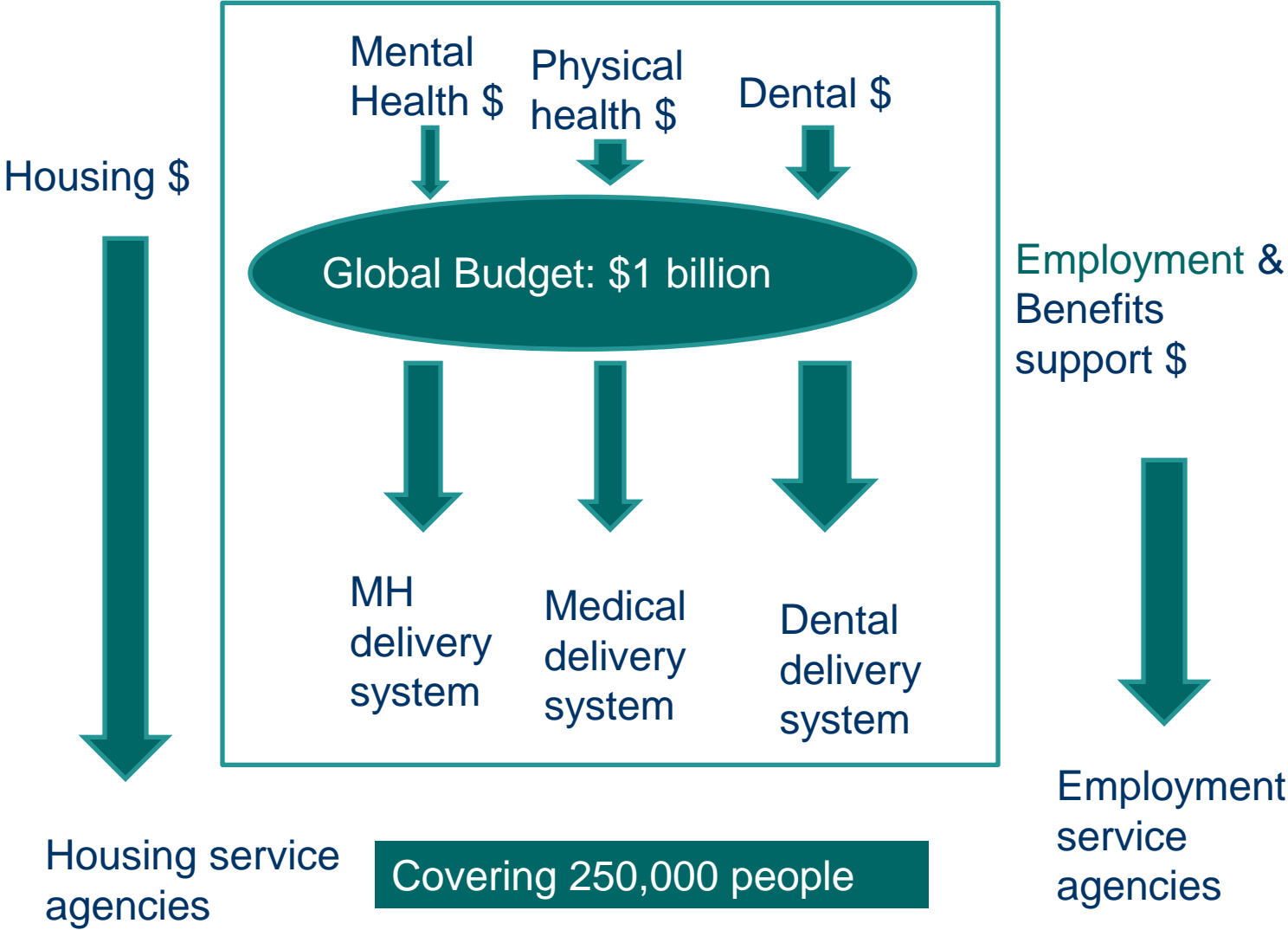
Tri-County Supported Housing and Supportive Services Needs Assessment

- Focus on services needed to decrease hospital utilization by low income and homeless individuals
- Interviews with 38 community partners identified need:
 - Assertive Community Treatment Teams: 4 teams
 - Integrated Dual Diagnosis Treatment Teams: 4 teams
 - Housing:
 - 1360 units permanent supportive housing
 - 1400 units transitional supportive housing
 - 1000 units permanent housing with some supports
- Also identified data limitations throughout the system, need for community health workers, need for rent assistance



Making the Case: the Central City Concern Model

CCO Model – Tri-County Medicaid Collaborative



Recommendations for engagement

- Make alliances with:
 - Community healthcare centers
 - Behavioral health providers
 - Low income housing providers
- Develop a strategy for making the case for building community infrastructure
- Power analysis of the entities involved
- Triple aim: better health, better care and lower costs