Fiscal Leadership Institute

Sarah Brichler, Program Manager
California Mental Health Services Authority
Why would a region develop a network model and work together?
Why would a region develop a network model and work together?

• Opting in to the DMC-ODS Pilot Program as an individual county may not be feasible, due to limited resources (e.g. staffing) and capacity (e.g. provider networks). This may be the only way for some counties to opt in and provide this enhanced benefit.

• Opportunity to work collectively as a region and design a system that is unique and responsive to regional needs.

• Opportunity to draw from the strengths of different counties, for example, some have more experience with healthcare integration efforts.

• Potential cost savings from accessing and utilizing services within the region rather than having to create new treatment services within each county.

• Potential cost savings from centralizing functions such as data analysis and planning, Quality Improvement, Billing and other Administrative functions.

• In small and rural counties, some beneficiaries may prefer to receive some services out of county for reasons of anonymity.
Medi-Cal Beneficiaries 2011

Northern/Superior:
- Butte: 52,008
- Colusa: 4,710
- Glenn: 7,202
- Nevada: 11,559
- Plumas: 3,112
- Sutter-Yuba: 44,288
- Sierra: 497
- Total: 141,449

Central Valley Counties:
- Alpine: 193
- Amador: 4,505
- Calaveras: 6,701
- El Dorado: 19,110
- Inyo: 3,541
- Kings: 36,327
- Madera: 45,597
- Mariposa: 2,868
- Merced: 84,350
- Mono: 1,381
- San Benito: 10,335
- Tuolumne: 8,283
- Total: 223,191

Medi-Cal Beneficiaries 2015

Northern/Superior:
- Butte: 81,715
- Colusa: 8,549
- Glenn: 11,800
- Nevada: 24,167
- Plumas: 5,725
- Sierra: 803
- Sutter-Yuba: 71,365
- Tehama: 26,994
- Total: 231,118

Central Valley Counties:
- Alpine: 365
- Amador: 7,994
- Calaveras: 11,711
- El Dorado: 37,477
- Inyo: 5,539
- Kings: 55,803
- Madera: 69,177
- Mariposa: 4,737
- Merced: 136,498
- Mono: 3,587
- San Benito: 17,930
- Tuolumne: 14,418
- Total: 365,236

Northern/Superior Counties Population 2014
DMC-ODS Utilization

**Adults**

- Northern/Superior Counties Population: 472,389*
- Medi-Cal Eligible: 131,360
- DMC Eligible: 16,420

**Youth**

- Northern/Superior Counties Population: 140,665*
- Medi-Cal Eligible: 39,765
- DMC Eligible: 2,943

*Note:* Total population for whom poverty status was determined under the 2014 Census report

Central Valley Counties Population 2014
DMC-ODS Utilization

**Adults**
- Northern/Superior Counties Population 735,324*
- Medi-Cal Eligible 222,960
- DMC Eligible 22,870
- Unique Tx Population

**Youth**
- Northern/Superior Counties Population 249,700*
- Medi-Cal Eligible 79,063
- DMC Eligible 5,851
- Unique Tx Population

Note: *Total population for whom poverty status was determined under the 2014 Census report
## Northern/Superior Counties Electronic Health Records (EHR) & Health Plan

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<tr>
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<th>Health Plan</th>
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Cal Health and Wellness and Anthem
## Central Valley Counties
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What will be required to develop a network?
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• Political will to do business differently (e.g. offer sometimes political treatment such as Medically Assisted Treatment)

• Problem solving skills, such as identifying solutions for provider adequacy across counties and identifying funding streams that can be braided together to meet the needs of clients

• Develop agreements for how to serve clients across counties, including considerations such as transportation, billing and capacity.

• Develop centralized functions in order to make this model economically feasible for counties