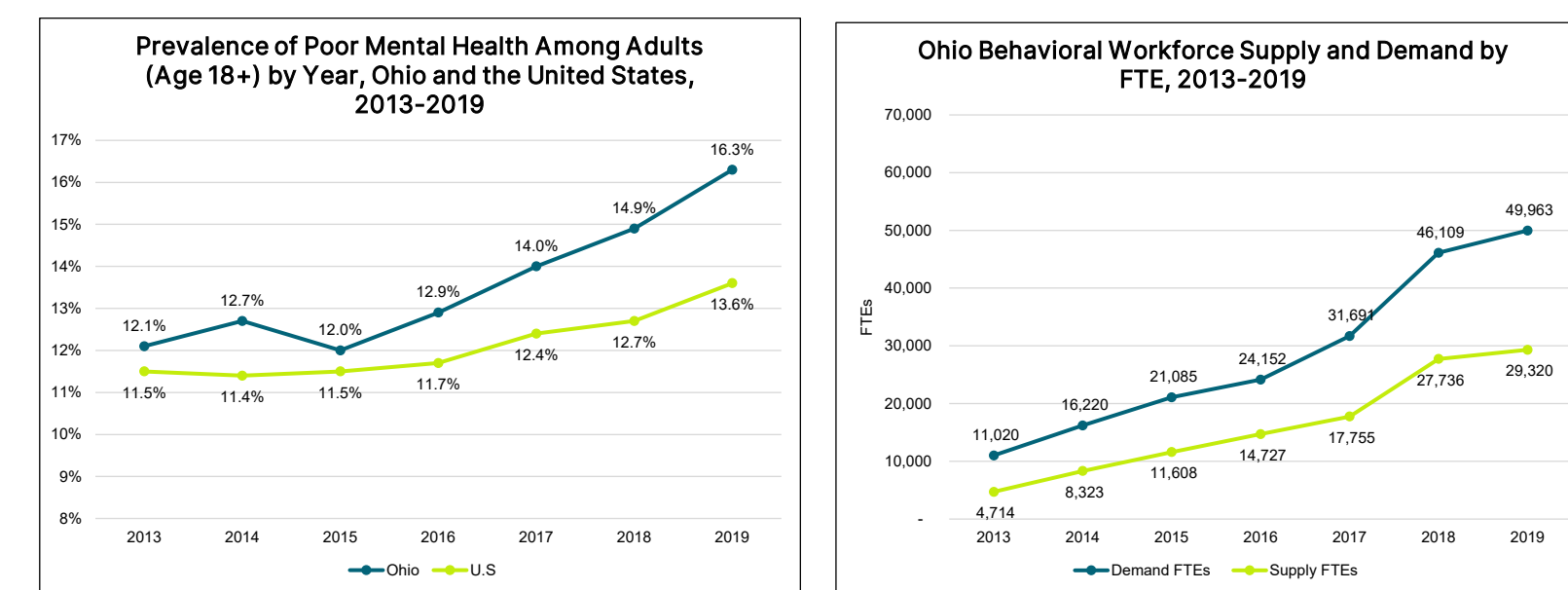


Workforce Capacity Partnership Models to Enhance Mental Health Access for Rural Communities

Introduction

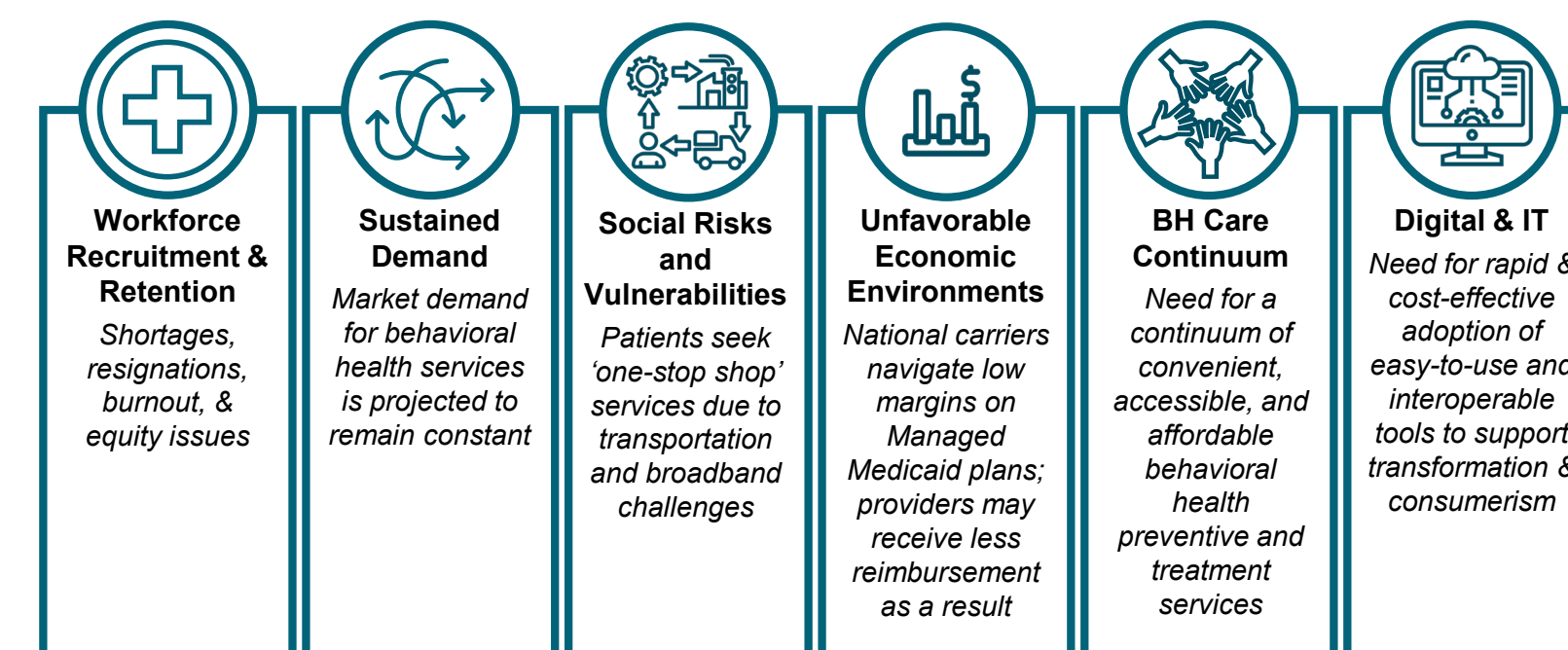
The prevalence of mental health challenges in Ohio are outpacing U.S. national averages with no commensurate increase in workforce to help manage the growing needs.



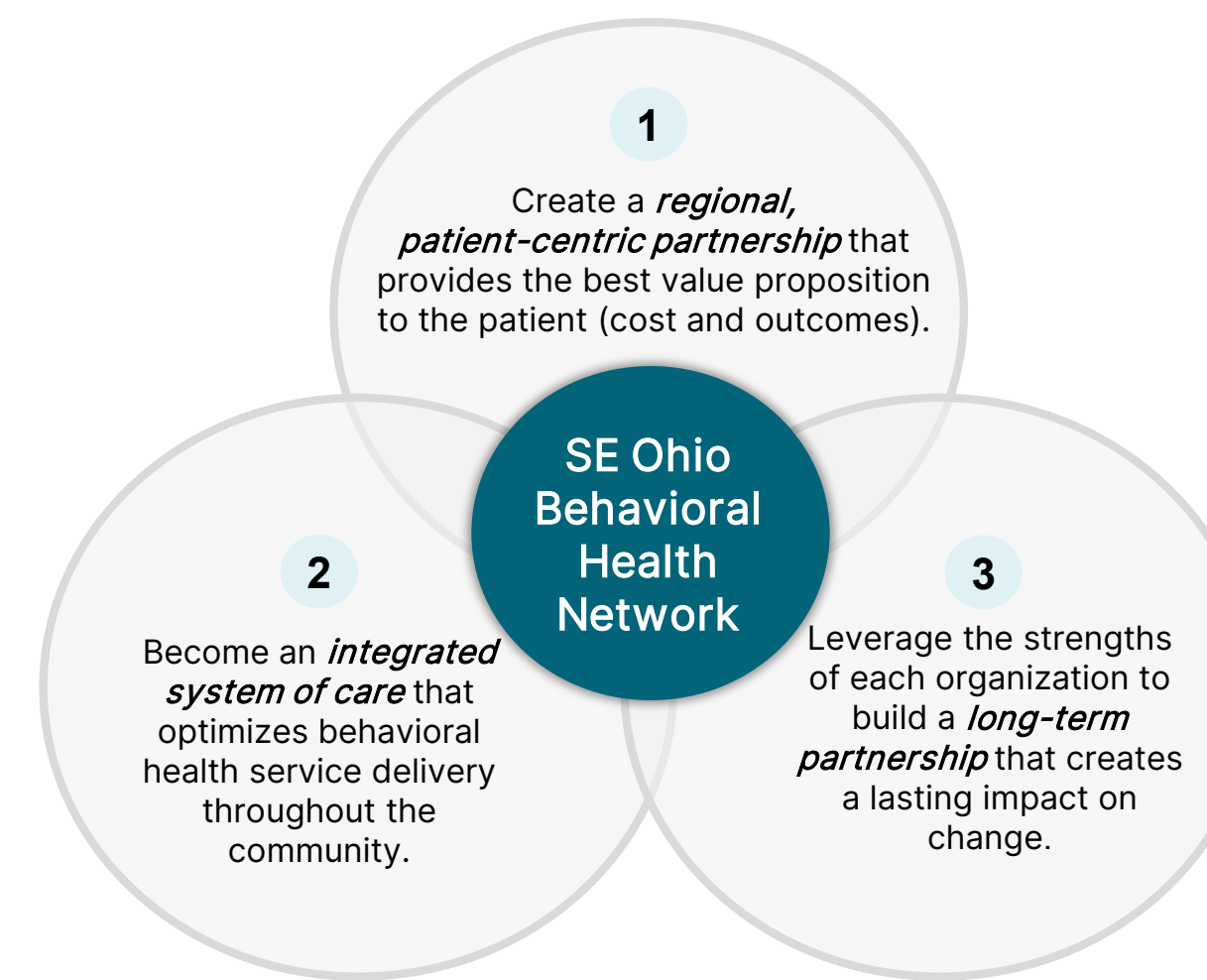
Sources: 2019 Annual Ohio Behavioral Risk Factor Surveillance System Report; Recovery Ohio; Ohio Projected Workforce Demand

To address this challenge, the Mental Health and Recovery Services Board brought one hospital, federally qualified health center, and non-profit organization together in the six-county region of Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties. They endeavored to do a Market Assessment with the goal of identifying areas of opportunity to strengthen the mental health continuum in the six-county region with a particular focus on workforce.

Through the Market Assessment the organizations determined the best path to support their patients was to share rather than compete for the critical workforce in the six-county region through the creation of a behavioral health network.

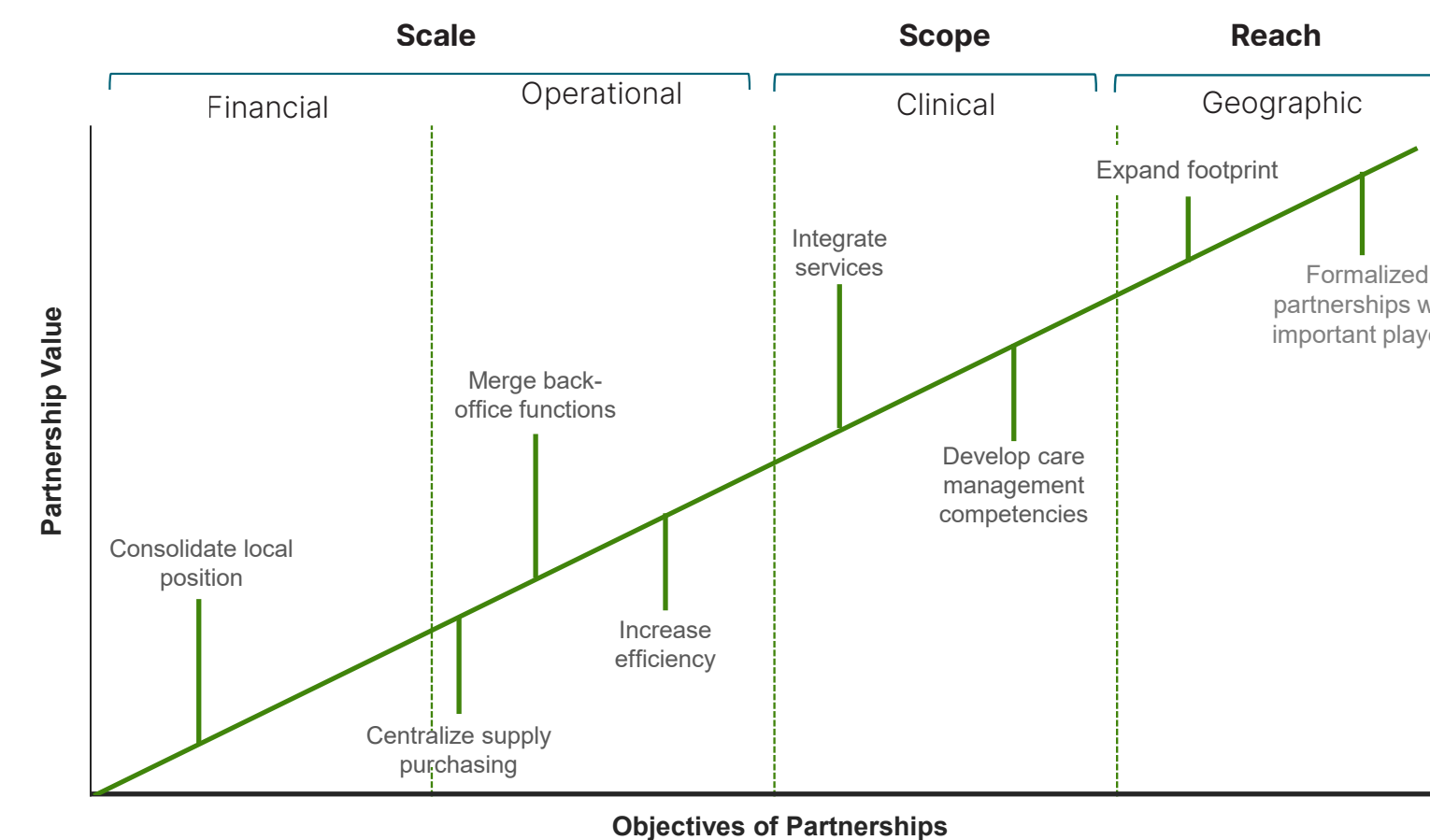


The Mental Health and Recovery Services Board, hospital, federally qualified health center, and non-profit organization agreed to use its combined resources to ensure timely access to high-quality, personalized care for behavioral health patients across the region through the Southeast Ohio Behavioral Health Network.



Identifying Partnership Structures

The Southeast Ohio Behavioral Health Network understood that many factors should be considered when identifying the right partnership structure, such as the partnership objectives and relative value desired.



The Southeast Ohio Behavioral Health Network decided to explore four partnership types with varying levels of operational integration and financial risk.

	Affiliation	Clinically Integrated Network (CIN)	Joint Venture	Merger / Acquisition
Description	Agreement between organizations to share or collaborate on a certain set of clinical or management services	Structural collaborations and legal entities among physicians and hospitals established to manage the cost and quality of populations	Creation of a new business entity by organizations that integrate operationally to share ownership, risk, and governance	Consolidation of organizations or their major assets through financial transactions between companies
Operational / Clinical Model	Organizations execute mutual referral agreements to share or facilitate appropriate referrals for needed services; Partners develop referral and communication guidelines and work with their respective clinical providers to ensure that they follow the terms of the agreements	There is a "menu" of administrative and management services that CINs typically provide or purchase from an MSO / PHSO. The services provided depend on the level of sophistication of the participant providers and on the cost structure of the owner organization The contracts that the CIN participates in will dictate the clinical initiatives it needs to develop	A new company is formed with dedicated governance, staff, and facility (if applicable) and creates shared accountability for risk and capitalization The JV identifies a clinical model whereby patients are likely to be better served through a structured collaborative care model Clinical providers are either employed or contracted by the JV to provide care	Consolidation of key functions (e.g., leadership, administration, finance) Operating model may evolve based on process redesign and potential culture change Deliberate and thoughtful changes in organization structure, roles, and responsibilities
Financial Model	Depends on nature of the affiliation	Includes legal structures that allow members of the network to be financially rewarded for demonstrated performance. Fair market value (FMV) principles need to underlie all incentive compensation decisions	The JV bills & collects for services, with earnings distributed based on agreed-upon terms	Revenue and expenses are borne by the newly created entity Possible financial considerations include assumption of liabilities, capital commitments, and pre-merger cash drawdown

Conclusion

Based on the favorability ratings, the Southeast Ohio Behavioral Health Network will select its final model and conduct formal due diligence. The process that the Mental Health and Recovery Services Board, hospital, federally qualified health center, and non-profit organization took to explore a partnership can be replicated in rural regions across the U.S to build workforce capacity to reduce mental health disparities.

Additionally, the Southeast Ohio Behavioral Health Network explored partnership models that would require less operational integration.

	Facility / Bed Lease	Clinical Outsourcing	Clinical Lease
Description	An organization leases space or beds from other providers in markets in which it does not have any / enough capacity	An organization owns and operates a unit within the organization's footprint or acquires a function provided by an external party	Leasing out or contracting out the services of an employee (e.g., psychiatrists in jails)
Operational Model	Organization providers are privileged on the medical staff of the partner hospital; system support staff operate in the partner hospital EMR integration to ensure medical record sharing	Partner brings technology, providers, and staff to operate a specific unit	Partners establish an employee lease agreement to provide protection for both the organization leasing the employee and the other partner(s)
Financial Model	Organization pays the partner hospital on a per case and per day basis (to hold bed access) or under a global capitation model for a defined range of volume	System bills for facility and professional fees and pays partner via purchase and sale agreement (PSA) and/or equity stake or partner bills for services and pays system a fixed fee and/or equity stake External party bills for services (e.g., telehealth provider) on agreed-upon terms	The organization leasing the employee determines the employee's pay, work schedule, and other factors of employment
Examples	Partnership between one top-grossing Accountable Care Organization (ACO) and one specialty hospital	Partnership between two large academic medical centers	Large for-profit operator of healthcare facilities

Evaluating Partnership Structures

As a next step, like the partners in the Southeast Ohio Behavioral Health Network, partners endeavoring to cooperate instead of compete should complete a comprehensive gap analysis to identify shared strengths and opportunities.

EXAMPLE Comprehensive Gap Analysis				
	Partner Organization 1	Partner Organization 2	Partner Organization 3	Partner Organization 4
Youth Services	✓	-	✓	✓
Prevention and Wellness	-	-	X	X
Crisis Stabilization Units	-	-	X	-
SUD / Addiction Services	✓	X	-	X
School-Based Services	X	-	✓	X
CCBHC Status	✓	✓	X	✓
FQHC Status	X	X	✓	X
Acute Care EDs	✓	-	✓	-
Psychiatric EDs	-	X	✓	X
Urgent Care	✓	X	X	X
Tele-BH	X	✓	X	✓
Inpatient Psychiatric Care	✓	X	-	X
Residential	X	-	-	✓
Primary Care Integration	-	✓	✓	✓
Social Determinants of Health	-	✓	✓	X

Note: Data is not attributed to any organization and is provided for sample purposes only

Reflecting back on the Southeast Ohio Behavioral Health Network's goals, the Network then used the scorecard below to "grade" each partnership type on a scale from extremely unfavorable to extremely favorable.

EXAMPLE Scoring Card				
Imperatives for Change	Affiliation	CIN	JV	Merger / Acquisition
Integrated Vehicle for Change	1	1	2	3
Alignment with Guiding Principles	3	2	2	1
Ability to Enhance Access to Care in the Region	2	3	2	3
Potential to Enhance Marketability / Favorability in the Region	2	3	4	4
Feasible Financial Model	3	3	2	2
Scoring Total	11	12	12	13

Note: Data is not attributed to any organization and is provided for sample purposes only