The National Council … and the SAMHSA/HRSA Center for Integrated Health Solutions

NASMHPD
July 16, 2012
Linda Rosenberg
President and CEO
National Council for Community Behavioral Healthcare
“The future is already here – it’s just not very evenly distributed.”

–William Gibson
Membership*

*Mental health, substance use, hospitals, state and local governments, child welfare, health centers serving safety net population of 8 million
IN THE NOSTALGIA DISTRICT
The future of American healthcare...
Reimagining what is possible…briefly this morning

Forces in play

- *experimentation* - federal and state *policy*;
- *demand for impact* – *service delivery*;
- *liberation of information* - *technology*
1) Let’s talk Policy… experimentation

- Parity in the Affordable Care Act (ACA) – Exchanges and Essential Benefit Packages; and the expansion of Medicaid by more than 15 million
- ACA - 50 m. behavioral-primary care integration grants
- ACA - Mental illness & substance Use Disorder eligible chronic illness for Medicaid health homes (state plan option); and behavioral healthcare organizations (BHOs) eligible providers
... the current Healthcare Landscape

Environment of Experimentation

- Health homes and ACOs
- Rapid expansion of Medicaid managed care for all populations
- Dual-eligible planning and implementation
- From fee for service to case rates, bundled payments and capitation – shared risk
- Legislative business pushed off until after Nov 6 lame-duck session – Entitlements on the chopping block - Medicare, Social Security, Medicaid
ACA Implementation Challenge…

- Healthcare is the single biggest category of government spending in America
- Ongoing issues with the sustainability of U.S. health spending…

States and the federal government will continue to search for solutions regardless of the ACA war
Healthcare Reform’s Four Key Strategies

- Insurance Reform
- Coverage Expansion
- Delivery System Redesign
- Payment Reform
Atul Gawande: Testing, Testing

- Insurance Reform and Coverage Expansion are “technical fixes”
- Payment Reform and Service Delivery Redesign is now the focus … “bending the cost curve”
2) Let’s talk service delivery?

Demand for Impact
- Integration
- Access
- Care Management
- Workforce
Mental Disorders Rarely the Only Health Problem

- Chronic Physical Pain: 25-50%
- Cancer: 10-20%
- Neurologic Disorders: 10-20%
- Smoking, Obesity, Physical Inactivity: 40-70%
- Heart Disease: 10-30%
- Diabetes: 10-30%

Patient-centered care?
Can good primary care solve everything?

- Think of the person with heart failure, diabetes, asthma

- Think of the mom with depression and diabetes who’s on the verge of homelessness

Nadine Burke at her San Francisco clinic. Photograph by Alessandra Sanguinetti.
Bi-Directional Integration...

Clinical Design for Adults with Low to Moderate and Youth with Low to High BH Risk and Complexity

Primary Care Clinic with Behavioral Health Clinicians embedded, providing assessment, PCP consultation, care management and direct service

Partnership/Linkage with Specialty CBHO for persons who need their care stepped up to address increased risk and complexity with ability to step back to Primary Care

Clinical Design for Adults with Moderate to High BH Risk and Complexity

Community Behavioral Healthcare Organization with an embedded Primary Care Medical Clinic with ability to address the full range of primary healthcare needs of persons with moderate to high behavioral health risk and complexity
Bi-Directional Integration -Technical Assistance

SAMHSA-HRSA Center for Integrated Health Solutions

- SAMHSA/HRSA Center for Integrated Health Solutions
  http://www.integration.samhsa.gov/
- Consultation to governments and organizations
- New York Geriatric Technical Assistance Center (G-TAC)
SAMHSA – HRSA Center for Integrated Health Solutions

• **Purpose:**
  – Provide technical assistance to PBHCI grantees and HRSA funded entities
  – Serve as national training and technical assistance center on bidirectional integration of primary and behavioral health care... and related workforce development
PBHCI Grantees

- 64 Grantees (+32)
- 29 States
## Grantees

### West
- AK: Alaska Islands Community Services
- AK: Southcentral Foundation
- CA: Alameda County
- CA: Asian Community MH Services
- CA: Catholic Charities of Santa Clara
- CA: Glenn County Health Services
- CA: Mental Health Systems
- CA: San Francisco Dept of Public Health
- CA: San Mateo County Health System
- CA: Tarzana Treatment Centers
- OR: Native American Rehab Association
- WA: Asian Counseling & Referral Service
- WA: Downtown Emergency Service Center
- WA: Navos

### Southeast
- FL: Apalachee Center
- FL: Coastal Behavioral Healthcare
- FL: Community Rehabilitation Center
- FL: Lakeside Behavioral Healthcare
- FL: Lifestream Behavioral Healthcare
- FL: Miami Behavioral Health Center
- GA: Cobb/Douglas CSB
- SC: South Carolina Dept of MH
- VA: Norfolk CSB

### Midwest
- IL: Heritage Behavioral Health Center
- IL: Human Service Center
- IL: Trilogy
- IN: Adult & Child Mental Health Center
- IN: Centerstone of Indiana
- IN: Health & Hospital Corporation of Marion
- IN: Regional Mental Health Center
- KY: Pennyroyal Regional MH/MR Board
- MI: Washtenaw Community Organization
- OH: Center for Families & Children
- OH: Community Support Services
- OH: Greater Cincinnati Behavioral Health
- OH: Shawnee Mental Health Center
- OH: Southeast
- WV: Pre stressed Center

### NE & Mid-Atlantic
- CT: Bridges...A Community Support System
- CT: Community Mental Health Affiliates
- MA: Community Healthlink
- MD: Family Services, Community Health & Counseling Services
- NH: Community Council of Nashua
- NJ: Care Plus NJ
- NJ: Catholic Charities, Diocese of Trenton
- NY: Bronx-Lebanon
- NY: Fordham Tremont
- NY: ICD-International Center for the Disabled
- NY: Postgraduate Center
- NY: VIP Community Services
- PA: Horizon House
- PA: Milestone Centers
- RI: Kent Center
- RI: The Providence Center
# Technical Assistance

## Clinical

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Lessons Learned

• Top Down Leadership Buy-in and Engagement
• Organizational Readiness for Change
• Training in team-based Care
• Using Process Work Flow Mapping
• Culture of primary care requires new vocabulary/work pace
• Curriculum-based practice model:
  – Heart Healthy and Diabetes Education/ Nutrition
  – Smoking Cessation
  – Physical Fitness
  – Stress Management
  – Illness Management and Recovery (Peer Specialist)
Sustainability...

- Workflow Analysis - Does it support best clinical practice while maximizing reimbursement?
- Financial Required Knowledge:
  - What are billing codes available in your state?
  - What codes are turned on?
  - What licenses/credentials needed to bill the codes?
  - Are services reimbursable by third-party private payor?
- What new models support PBHIC? Person-Centered Health Homes, Dual-Eligible Pilot Programs

July 16th Congressional briefing – Pam Hyde
New Medicaid State Option for Healthcare Homes

• State plan option allowing Medicaid beneficiaries with or at risk of two or more chronic conditions (including mental illness or substance abuse) to designate a “health home”
• Community behavioral health organizations are included as eligible providers
• Effective Jan. 2011
• MO, RI, NY, NC, OR, IA
• Several states have or will submit State Plans – VT will focus on Substance use disorders
FQHC Look-Alike Learning Community

Lesson learned – partnerships are hard

15 organizations: One year of interactive web-based learning sessions

• Helping community behavioral health organizations apply for FQHC Look-Alike status
• Increasing the number of behavioral health organizations with onsite primary care
Excellence in Mental Health Act (S. 2257/H.R. 5989)

- Congresswoman Doris Matsui (D-CA) and Congressman Eliot Engel (D-NY)
- Criteria for Federally Qualified Community Behavioral Health Centers (FQBHCs), designed to serve those with mental and addiction disorders
- Improves Medicaid reimbursement for FQBHC services
- Creates loan fund for modernization and construction of community-based mental health and addiction treatment facilities.
Homes for Health Homes … ACOs

- Coordinated set of providers
- Provides **full continuum of care** to patients and populations
  - Hospital, healthcare homes, specialty care, care coordination, transitions between levels of care
- **Financial incentives**
- **Cost containment**
- **Enhanced quality, patient experience and overall health status**

**Medicare ACOs:**
32 pioneers, plus 27 and **89 more**
Service delivery... accessible organizations

Nationwide, same-day access initiatives:

- Consumer wait times from six months to zero days; staff time saved 40 percent; average annual savings of $222,000 per agency
- Practice change – control the schedule; only 2 appts out; concurrent documentation; reminder calls
Service delivery… Case Management to Care Management

- Jeffrey Brenner - COMPSTAT >> HEALTHSTAT
- Two most expensive city blocks, 900 people, accounted for 4000 hospital visits, 200 hundred million in healthcare costs over a 5 year period.
- 1% of 100,000 people used 30% of costs
Missouri...

Mental Health Community Case Management and Its Effect on Healthcare Expenditures

- Are you able to identify pts. with MH/SUD who represent top 5% to 10% of high cost consumers of health care and provide care management services helping them manage their MH/SU disorders AND chronic health conditions?

- Do you know your costs?

- Can you negotiate with health plans?

- Is your workforce prepared?
Health Worker Shortage?

Highly regulated, capital-intense, and labor-intense

- Of 69,000 new private sector jobs last month, 33,000 were in health care
- 7,600 Americans become eligible for Medicare every day
It’s Not Just Us…..
There is a Global Workforce Shortage

• The World Health Organization (WHO) estimates that 4.3 million more health workers are required to meet the need by 2015

• Health workforce shortages have replaced system financing as “the most serious obstacle” to realizing the right to health within countries

Source: Milbank Memorial Fund 2011 Report
A Growing Service Economy = A Growing Demand for Skilled Consumer Oriented staff
The Value of Money
Behavioral Health...

- A direct care worker in a 24-hour residential treatment center has a lower median salary than an assistant manager at Burger King ($23,000 vs. $25,589)
- A social worker with a master’s degree employed in a mental health-addictions treatment organization earns less than a peer at a general healthcare agency ($45,344 vs. $50,470)
- A registered nurse working in behavioral health earns less than the national average for nurses ($42,987 vs. $66,530)

The VA and FQHCs

Workforce Initiatives…

There is only one way to eat an elephant; one bite at a time
National Health Service Corp

The below quick tips can help you begin the process of becoming an NHSC-approved site.

- Read CIHS’ new manual *Understanding the National Health Service Corps* to learn about the program and its application process.
- Determine if you are located in a Health Professional Shortage Area (HPSA) by entering your address in HRSA’s [HPSA Locator](#).
- Contact your [State Primary Care Office](#) (PCO). PCO will walk you through the application process and answer any of your questions.
- Review [NHSC Service Site Reference Guide](#) for details about what it means to be an NHSC site before you begin application process.
- **Apply online at the NHSC website** (you must first created an online account).
By and For Consumers...

**Whole Health Action Management (WHAM):**

- Preparing consumers to serve as health educators and coaches.
- Guiding participants through person-centered planning process to health and resiliency goal with weekly action plan for success.
- Designed to support the emerging peer workforce to move into new health integration service models like health homes.
Psychiatrists...

**Curriculum:** 6 Modules designed to increase psychiatrists’ capacity to practice and/or consult in integrated health settings.

- Module 1: Introduction to Primary Care Consultation Psychiatry
- Module 2: Building a Collaborative Care Team
- Module 3: Psychiatrist Consulting in Primary Care
- Module 4: Behavioral Health in Primary Care
- Module 5: Medical Patients with Psychiatric Illness
- Module 6: The role of the Psychiatrist in the Public Mental Health System
Case Managers to Care Managers

• Transforming traditional mental health case management programs into assuming responsibility for the whole health of the individuals they serve.

• Topics include:
  • Conceptual framework for change: health homes, chronic care model
  • Physical health of people with behavioral health disorders
  • Diabetes and heart disease: key issues and key interventions
  • Exercises in motivational interviewing for health behavior change
  • Self-assessment of individual practice
Graduate Social Work Education…

- **Integrated Healthcare Curriculum for Schools of Social Works:**
  - A competency-based curriculum and curriculum modules to prepare Masters of Social Work students for behavioral health practice focused on integrative and collaborative primary/behavioral health care.
  - Will prepare future MSWs to enter the workforce with the needed competencies to provide and lead integrated healthcare. Curriculum offerings will be paired with field placement opportunities committed to integration and collaboration.
Public Health Crisis... winning the hearts and minds of Americans

• Most Know or Are Taught:
  – Basic First Aid and CPR for physical health crisis
  – Universal sign for choking; and basic terminology to recognize blood/other physical symptoms of illness & injury
  – Basic nutrition and physical health care requirements
  – Where to go or who to call in an emergency

• Most Do Not Know and Are Not Taught:
  – Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others
  – Relationship of behavioral health to health care costs
  – Relationship of early childhood trauma to adult physical & mental/substance use disorders
Mental Health First Aid

Partnership with Maryland and Missouri State Governments

• More than 60,000 trained
• 2000 instructors
• Youth and Spanish adaptations – 2012
• National policy and media attention
• Population based education
• FQHCs and rural communities
Mental Health First Aid Higher Education Act (H.R. 5996/S. 3325)

• Senator Mark Begich (D-AK), Congressman Jason Altmire (D-PA)
• More than third of college students experience mental health problem & suicide is 2nd leading cause of death
• Many people know how to provide first aid in health emergency – but few know what to do for someone experiencing mental health crisis.
• Authorizes demonstration program to train college faculty and staff in MHFA.

Senator Mark Begich, author of the MHFA Higher Education Act
Leadership...

Middle Management Academy
Preparing Your Future Leaders

- National Council Middle Management Academy
- Psychiatric Leadership/Executive Leadership
- Emerging Leaders and Health Disparities***
Harvard Business Review
Skills for the 21st Century Leader

• **Serial Attention Skills** - There is no point in trying to limit distractions. The key is to learn to be successful in a distraction-rich world.

• **Cross-cultural Communication** - the ability to modify behavior in specific situations to accommodate varying cultural norms...requires capacity to manage psychological challenges that arise...

• **Mastery Of Digital Influence** - Health care (after pornography) most frequent subject of on-line searches. E-mail replacing physician office visits. On-line platforms (Twitter, Facebook, LinkedIn) for recruiting, market research, and customer service – now job requirement.
3) Let’s talk technology?

**Information Liberation**

- Mainframes to Minicomputers
- Personal Computers to Laptops
- Cell Phones to Smart Phones
  - NY Times - **smart phone** eliminates need for camera, camcorder, music player, alarm clock, and GPS units
  - Assisted Treatments
  - Social Media
Technology – as healthcare organizations we must …

- Promote collaboration, coordination and integration of care
- Ensure staff competent in practices based on newest scientific evidence
- Use standardized instruments/registries
- Bill and report data to multiple payers
- Ensure compliance
- Measure outcomes
- Market – to consumers, potential staff and communities
Does your organization use an Electronic Health Record?

EHR use among National Council members (%)

- 39.2%: Yes, all electronic, all sites. No paper charts.
- 25.3%: Yes, all electronic at some sites, paper or combo at others
- 30.7%: No, but we plan to implement
- 4.8%: No, and we have no plan to implement
Behavioral Health IT Act of 2011 (S. 539/HR. 6043)

- Extends federal health IT incentive payments to community mental health and addiction treatment facilities
- Currently 17 Senate co-sponsors and 8 House co-sponsors

Senator Sheldon Whitehouse, author of the Behavioral Health IT Act
Disease Registries...What Gets Measured and Monitored, Gets Done

- Metabolic Syndrome
  - Blood pressure - weight
  - Cholesterol - height
  - Triglycerides - blood sugar

- Disease registry with results maintained on cyber access
Screening Tools as “Vital Signs” and Treat to Target – decision supports

Behavioral health screeners are like monitoring blood pressure!
- Identify that there is a problem
- Need further assessment to understand the cause of the “abnormality”
- Ongoing monitoring to measure response to treatment

*If we don’t measure it...we can’t manage it...we can’t improve it...and we won’t be paid for it!*
Technology – Citizen Science

• Online health information seekers account for 59% of all U.S. adults.

• Four out of five Internet users research health info on the web.

• Healthcare is — after pornography — the most frequent subject of online searches.
Telehealth Is Exploding

- 13,000 health apps for smartphones
- 200 telehealth networks connecting 2,000 institutions
- Email use with consumers for service has tripled
- Telehealth industry is projected to grow to $8 billion in 4 years
- Home telehealth will grow at six times the rate of the face-to-face clinical market (56% compared to 9.9%)
Telehealth in Action: Health Buddy and Smart Phones

- Everyday, the Bosch Health Buddy System gathers vital signs, reviews symptoms, educates, and reinforces positive behavior.
- Data from the device is sent to and reviewed by the health provider to identify need for intervention.
- Smart phone – substance use
Policy, service delivery, technology
...change is constant

Next Steps:

• Webinar possibilities - workforce initiatives; billing for integrated care; core clinical competencies for health homes; MHFA - rural, youth

• Collaboration of 6-8 states and their grantees – 50% of grantees unsure if commissioners knew of their program?
Any questions?