Center of Excellence Launch:

Resources and Tools for Enhancing Integrated Care

Wednesday, November 20th, 2:00-3:00pm ET

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

www.samhsa.gov

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COUNCIL
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Healthy Minds. Strong Communities.

National Council for Behavioral Health

3300+ healthcare organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
- Education
- Technical Assistance

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Meet the Team

Brie Reimann, MPA

Assistant Vice President, National Council for Behavioral Health

Joe Parks, MD

Medical Director, National Council for Behavioral Health

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Meet the Team continued…

Alicia Kirley, MBA

Sr. Director, Integrated Health

National Council for Behavioral Health

Sarah Neil, MPH

Project Manager, Integrated Health

National Council for Behavioral Health

Poll #1: What best describes your role?

A. Clinician

B. Administrator

C. Policy maker

D. Payer

E. Other (add to chat box)

Objectives

In this webinar, we will…

- Discuss current state of integration
- Provide overview of Center of Excellence for Integrated Health Solutions
- Summarize tools and resources
- Discuss topics of high interest

Health Disparities

- Mental illness is the leading source of disease burden in the US

- Addiction has become a public health crisis

- Suicide rates are climbing

- Continued high levels of unmet need for care

- Little access to care even among working people with health coverage

- Lack of access to care has a critical impact on special populations: children, people of color, justice-involved

Addiction – A Public Health Crisis

Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case[1] and Angus Deaton[1]

Woodrow Wilson School of Public and International Affairs and Department of Economics, Princeton University, Princeton, NJ 08544

This paper documents a marked increase in the all-cause mortality of middle-aged white non-Hispanic men and women in the United States between 1999 and 2013. This change reversed decades of progress in mortality and was unique to the United States; no other rich country saw a similar turnaround. The midlife mortality reversal was confined to white non-Hispanics; black non-Hispanics and Hispanics at midlife, and those aged 65 and above in every racial and ethnic group, continued to see mortality rates fall. This increase for whites was largely accounted for by increasing death rates from drug and alcohol poisonings, suicide, and chronic liver diseases and cirrhosis. Although all the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE). The comparison is similar for other Organisation for Economic Co-operation and Development countries.

Fig. 1 shows a cessation and reversal of the decline in midlife mortality for US white non-Hispanics after 1998. From 1978 to 1998, the mortality rate for US whites aged 45–54 fell by 2% per year on average, which matched the average rate of decline in the six countries shown, and the average over all other industrialized countries. After 1998, other rich countries' mortality rates continued to decline by 2% a year. In contrast, US white non-Hispanic mortality rose by

SOURCE: *Proceedings of the National Academy of Sciences*, vol. 112 no. 49: 15078–15083
http://www.pnas.org/content/112/49/15078.full

Trends in Behavioral Health

- Increased coverage
- Increased demand
- Focus of high utilizers
- Increased desire for integration by payers
- Provider consolidation
- Performance based payments
- Shrinking psychiatric workforce

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Trends – Population Health Management

In 2010, there were **NO**

Accountable Care

Organizations

Today, there are more than **700**

Trends – Measurement Based Care

If you don't measure it, you can't improve it

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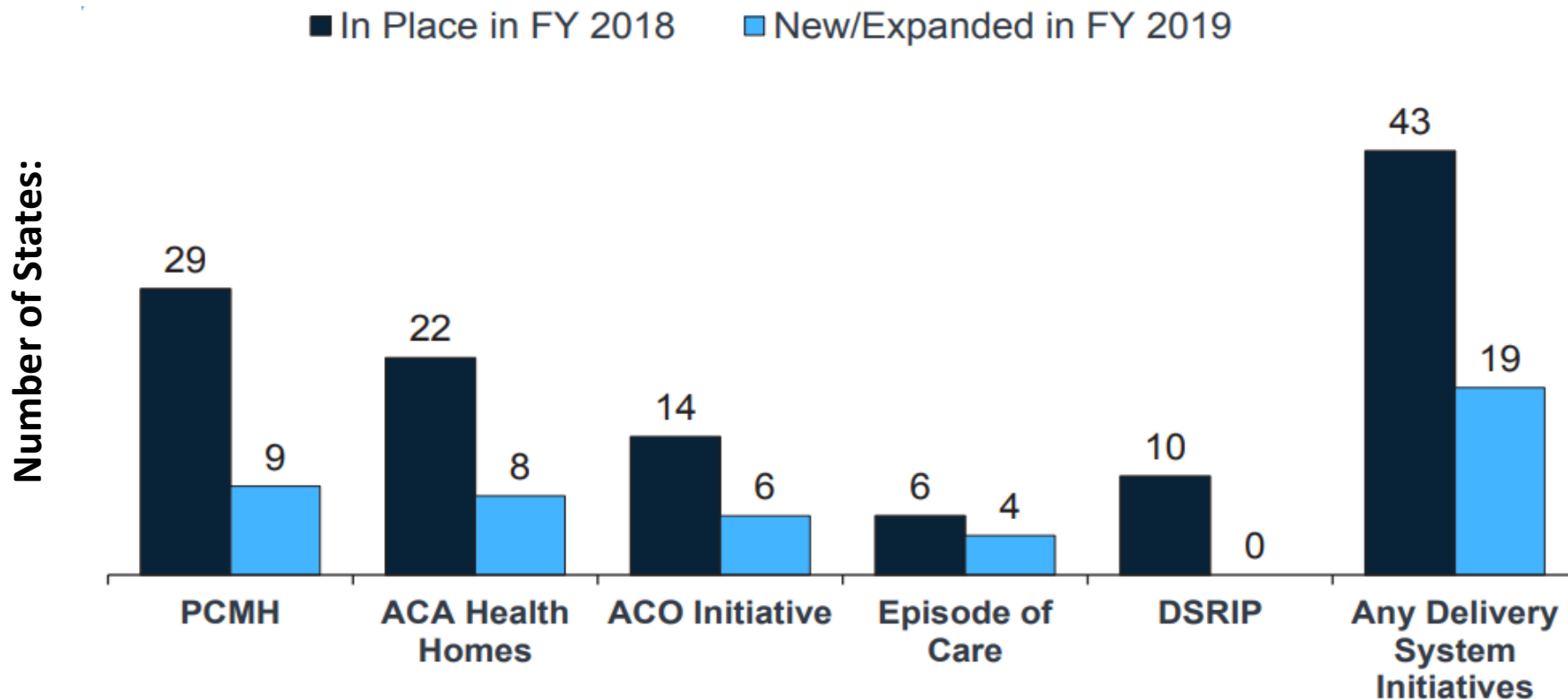*Healthy Minds. Strong Communities.*

Delivery System Redesign

- Data Driven Care
  - Care Management
  - Care Coordination
- Population Management
- Integration of Behavioral Healthcare and General Healthcare
- Increase Use of Preventive care
- Increase Access to Primary care
- Health Information Technology Interoperability STDS

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State Delivery System Reform Activity

■ In Place in FY 2018   ■ New/Expanded in FY 2019

Number of States:

	PCMH	ACA Health Homes	ACO Initiative	Episode of Care	DSRIP	Any Delivery System Initiatives
In Place in FY 2018	29	22	14	6	10	43
New/Expanded in FY 2019	9	8	6	4	0	19

NOTES: Expansions of existing initiatives include rollouts of existing initiatives to new areas or groups, and other increases in enrollment or providers.
SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2018.

KFF

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Medicaid Health Homes State Plan

- **Goal -** to promote access to and coordination of care for those with chronic conditions, including SMI

- States have flexibility to define the core health home services, **but they must provide all six core services**:
  - Comprehensive care management
  - Care coordination
  - Health promotion
  - Comprehensive transitional care and follow-up
  - Individual and family support; and
  - Referral to community and social services

Medicaid Health Homes

- **SMI - 18 states**
- **General - 13 states**
- **SUD – 5 states**
- **SED – 4 states**
- **ID – 1 state**
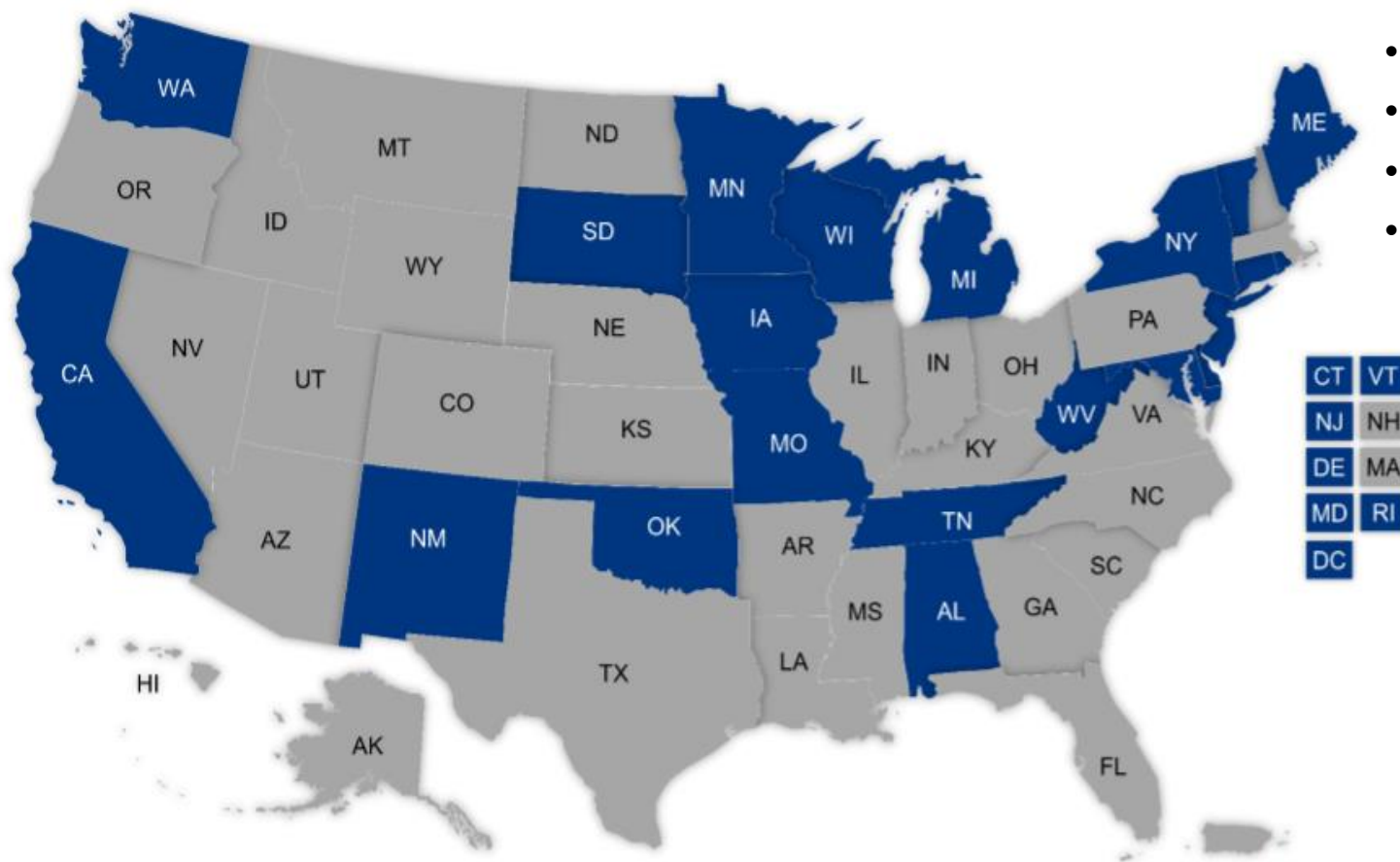
As of August 2019, 21 states and the District of Columbia have a total of 36 approved Medicaid health home models.

States with Approved Health Home SPAs (number of approved health home models)	Alabama, California (2), Connecticut, Delaware, District of Columbia (2), Iowa (2), Maine (3), Maryland, Michigan (3), Minnesota, Missouri (2), New Jersey (2), New Mexico, New York (2), Oklahoma (2), Rhode Island (3), South Dakota, Tennessee, Vermont, Washington, West Virginia (2), Wisconsin

Note that Idaho, Illinois, Kansas, North Carolina, Ohio, and Oregon have terminated their Medicaid health home state plan amendments and are no longer providing health home services.

Section 223: Demonstration Programs to Improve Community Mental Health Services

Improve the **availability** of, **access** to, **participation in**, and **quality** of

community behavioral health services

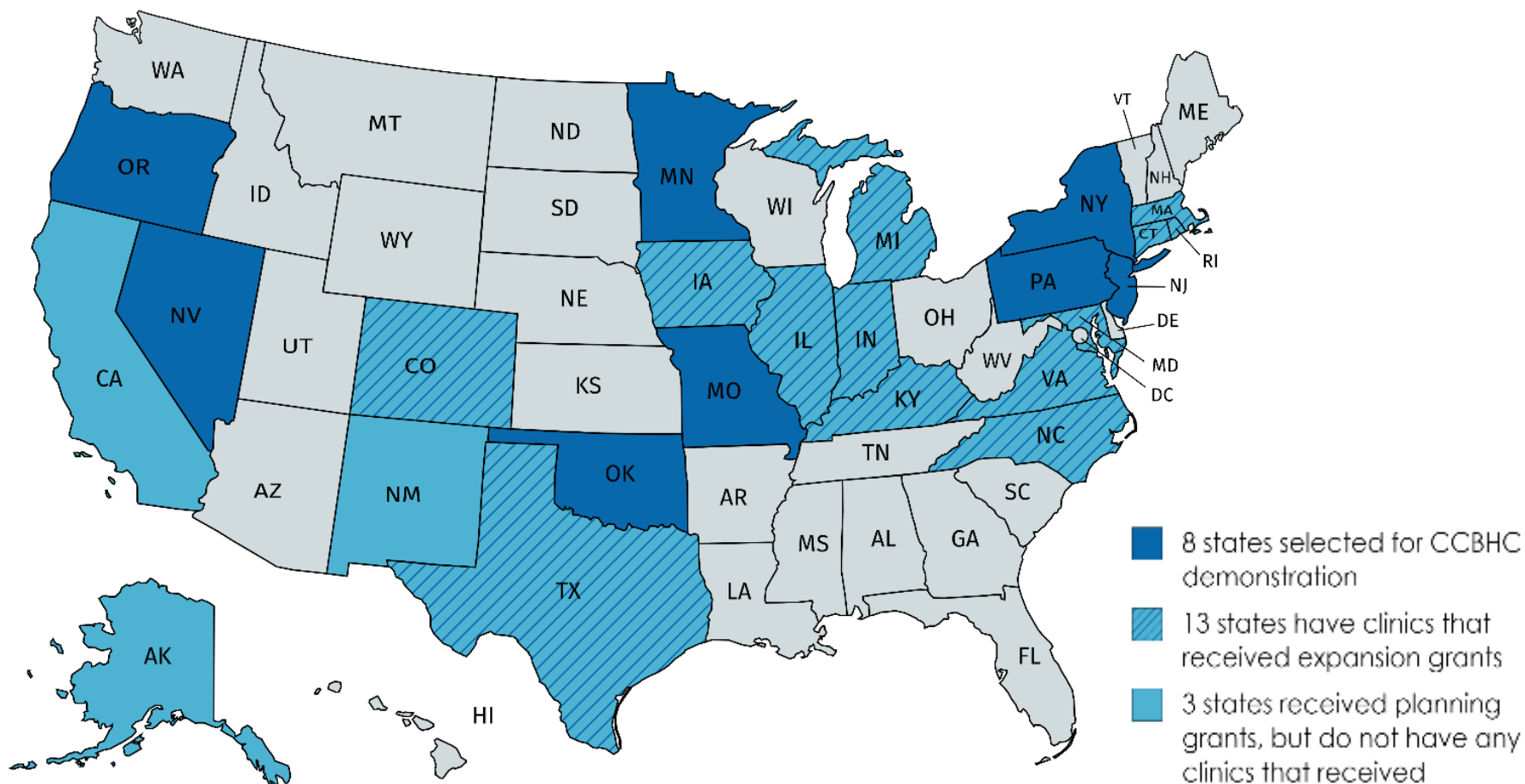**without increasing net** Federal **spending**

Certified Community Behavioral Health Clinic Demonstration

Legend:
- 8 states selected for CCBHC demonstration
- 13 states have clinics that received expansion grants
- 3 states received planning grants, but do not have any clinics that received expansion grants

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What does a state have to do to adopt/sustain the CCBHC model?

Payment Reforms

- Bundled Payments
- Global Payments
- Pay for Performance
- Accountable Care Organizations (ACOs)
- Reduces Hospital Payments
- Increases Primary Care and Preventive care Payments

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Where do we go from here?

Growing awareness that…

- Behavioral health is essential to **whole health**
- Poorer overall outcomes are associated with co-occurring behavioral health and physical health conditions
- Treatment works
- Collaborative Care Model is evidence based
- Billing codes are available for integration

Where do we go from here? (continued)

- Sustained media attention, growing numbers of people talking openly about their or their loved one's experience

- More Americans have coverage than ever before

- Recovery and a fully functioning life in the community are possible

CoE Center of Excellence for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
Operated by the National Council for Behavioral Health

- To advance the implementation of **high quality, evidence-based treatment** for individuals with co-occurring physical and mental health conditions, including substance use disorders.

- **Training, resources, and technical assistance** will be provided to health practitioners and other stakeholders addressing the needs of individuals with co-occurring physical and mental health conditions, including substance use disorders.

TTC	NASADAD	Primary Care Development Corporation	weitzman institute
Technology Transfer Centers (TTC)	National Association of State Alcohol and Drug Abuse Directors	Primary Care Development Corporation	Weitzman Institute Inspiring Primary Care Innovation
Multicultural Development Institute, Inc.	RELIAS — Relias Learning Management System and Content	AMERICAN PSYCHIATRIC ASSOCIATION — American Psychiatric Association	

Activities

Advisory Council

Learning Collaboratives

Training and TA

Toolkits

Webinars

Office Hours

Resource Documents

ECHO Consults

Poll #2: What types of CoE activities would be the most beneficial to you?
(Choose up to 3)

A. Toolkits and Resources

B. Webinars

C. Direct consultation/TA with your organization

D. Online Trainings

E. In-person Trainings

F. Innovation Communities

New Website Launched Today!

Resource Highlight

Relias Online Trainings – access from our website

Toolkits, Guides, and Frameworks related to 3 topic areas (but growing):

- Assessing Organizational Readiness
- Building the Business Case
- Workforce Development

American Psychiatric Association;

Integrated Care resources

Request a consult today!

Go to our website [link to come], and complete the Request Technical Assistance form at the bottom of the home page.

Audience Discussion

- What broad topics of TA would be helpful for you?

- What barriers do you face?

- Do you have the technology you need to measure and improve integrated care? What's missing?

- What types of Alternative Payment Models have worked for you?

What's Next?

Poll #3: Would you like to receive CoE messages about upcoming webinars, resources, and trainings?

Want to know more about the National Council?
Check out our website to learn more.

https://www.thenationalcouncil.org

Thank You

Questions?

Email integration@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

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