NATIONAL COUNCIL for Mental Wellbeing

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

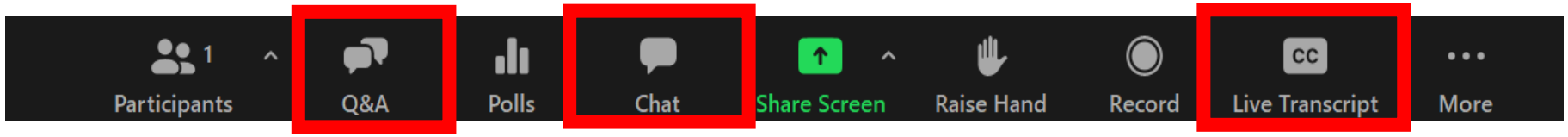
CoE-IHS Webinar: Strengthening Integrated Care Systems and Cross-agency Collaboration

Wednesday, May 28, 2025

3:00-4:00pm ET

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **“Show Subtitle”**

Disclaimer

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Polls

1) **Which best describes your agency/organization?**

- Mental health provider organization.
- Substance use provider organization.
- Primary care provider organization.
- Government (federal, state, island area, local).
- Education or research institute.
- Association, coalition, or network-for-advocacy, professionals, or individuals.
- Business (health management, insurer, or other industry).
- Other.

2) **Are you a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) recipient or provider organization?**

- Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) recipient.
- Yes, I am a current PIPBHC: CoCM provider organization
- Yes, I am a current PIPBHC: States recipient
- Yes, I am a current PIPBHC: States provider organization
- Yes, I am a former PIPBHC recipient or provider organization
- No
- I don't know

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Speaker Introduction

Angela Smith-Butterwick, MSW
Division Director
Substance Use, Gambling and Epidemiology

Kelsey Bowen, MPH
Substance Use Disorder Health Home Coordinator
Substance Use, Gambling and Epidemiology

Learning Objectives

- Identify key components of Michigan's – SUDHH model and the drivers behind its development.
- Understand the value of integrated care in enhancing access to services, improving care coordination, and achieving better health outcomes for individuals with co-occurring substance use disorders, mental health conditions, and physical health needs.
- Recognize common workforce barriers in integrated care settings and examine practical solutions to strengthen recruitment, retention, and training.
- Assess successful strategies for implementing and sustaining integrated care programs, including cross-sector collaboration, financing approaches, and academic partnerships.
- Evaluate the impact of integrated care models on community health outcomes and apply lessons learned to inform local or state-level efforts.

Medicaid Health Homes

Medicaid "Health Homes" are an optional State Plan benefit authorized under Section 1945 of the US Social Security Act.

Purpose:

- Coordinate care for Medicaid beneficiaries with serious and complex chronic conditions.
- Serve the "whole-person" by integrating and coordinating physical, behavioral, and social services.
- Provide state flexibility to create innovative delivery and payment models.
- Afford sustainable reimbursement to affect the social determinants of health.

Requirements:

Target populations by condition(s), geography, and provide the following core services:

- Comprehensive care management.
- Care coordination.
- Health promotion.
- Comprehensive transitional care and follow-up.
- Individual and family support.
- Referral to community and social support services.

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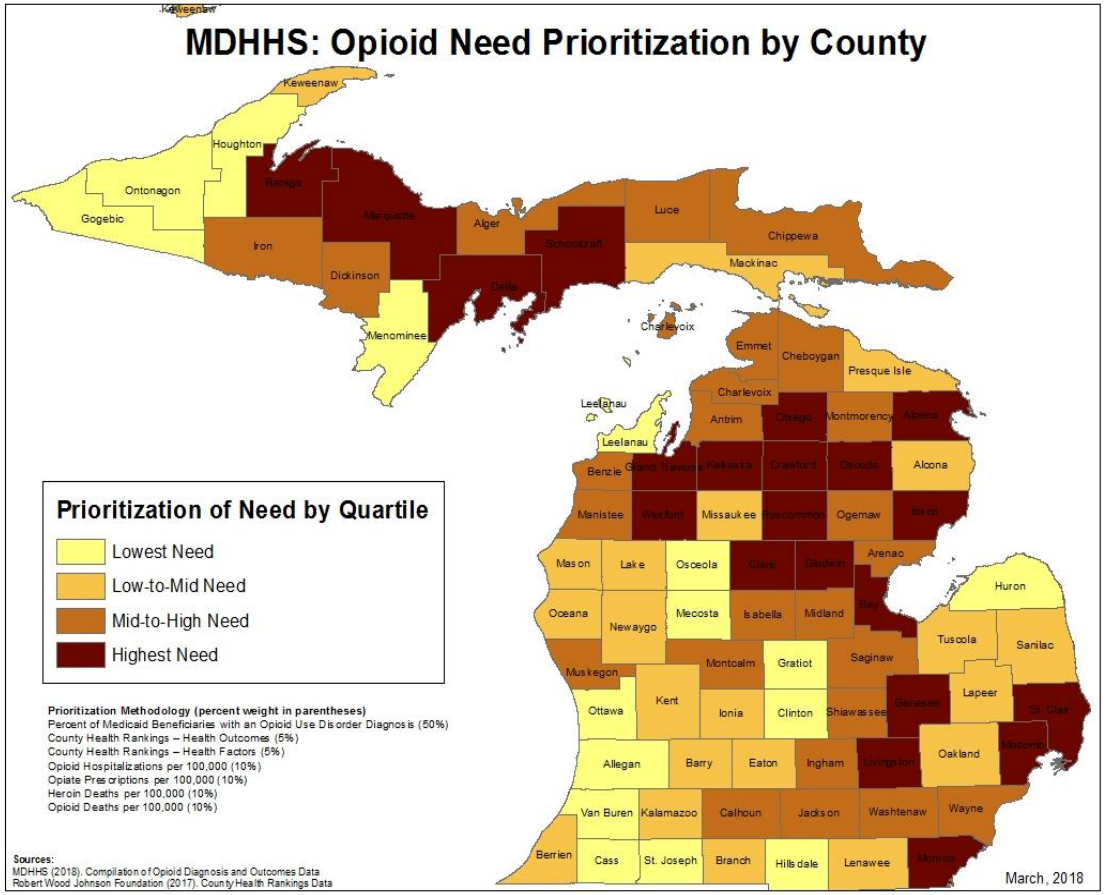
Health Home Need in Michigan



<u>Need</u>: Access to Opioid Use Disorder Care

- **Opioid Overdose Deaths:**
  - 2,033 deaths in 2017
    - 93% increase from 2014
    - 13th highest in nation
    - Higher per capita rate than national average
- **Opioid Prescriptions:**
  - 74 per 100 people in 2017
    - 26% decrease from 2016
    - Higher rate that national avg.

<u>Need</u>: Access to Integrated and Coordinated Services

- Primary Care
- Behavioral Health Care
- Medication Assisted Treatment
- Recovery Supports and Services
- Social Services

Source: 2018. Michigan Department of Health and Human Services. Michigan Department of Health & Human Services.

Lead Entity Fiscal Year Start

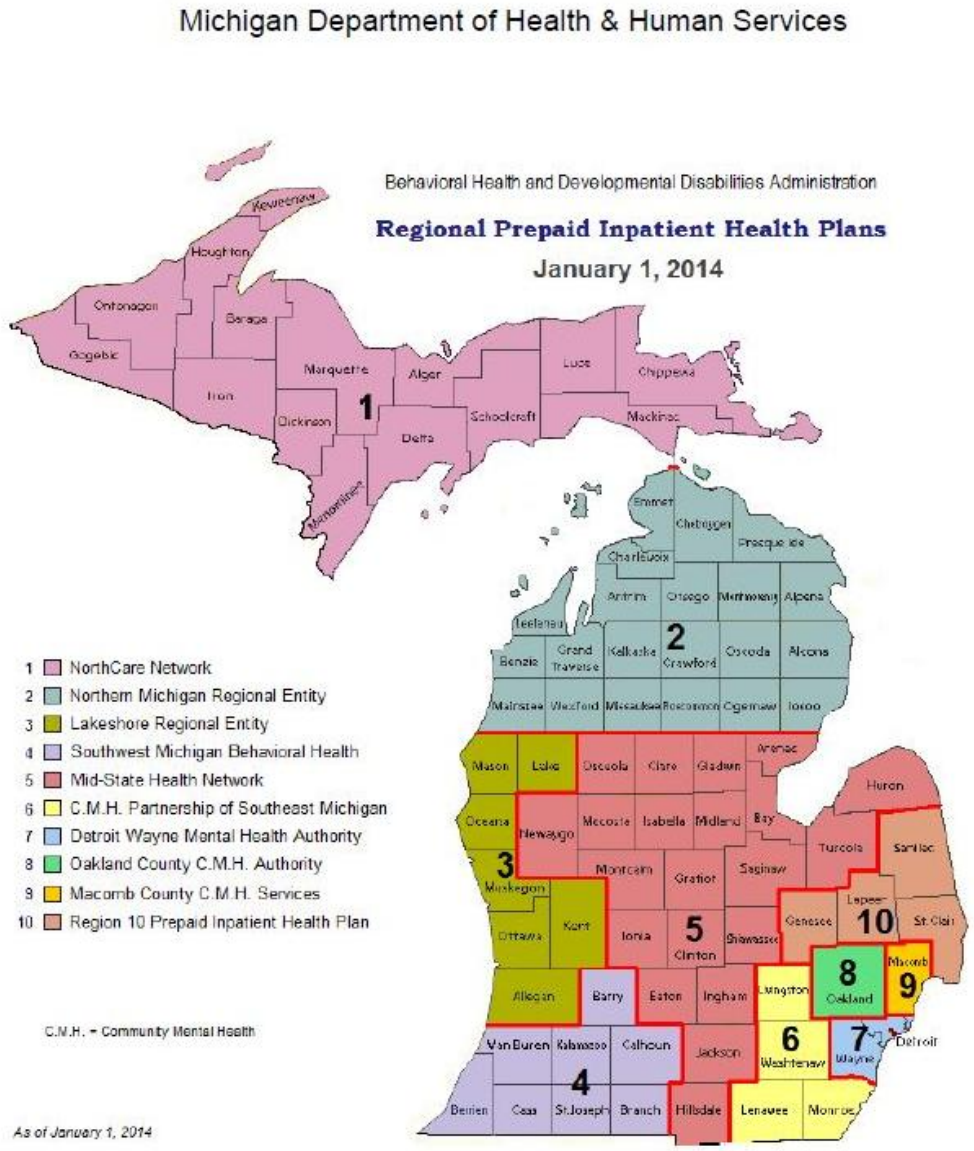
FY19 Region 2

FY21 Regions 1, 4 (Calhoun, Kalamazoo), 9

FY22 Regions 6, 7, 10

FY23 Regions 4 (Barry, Berrien, Branch, Cass, St. Joseph, Van Buren) 5, 8

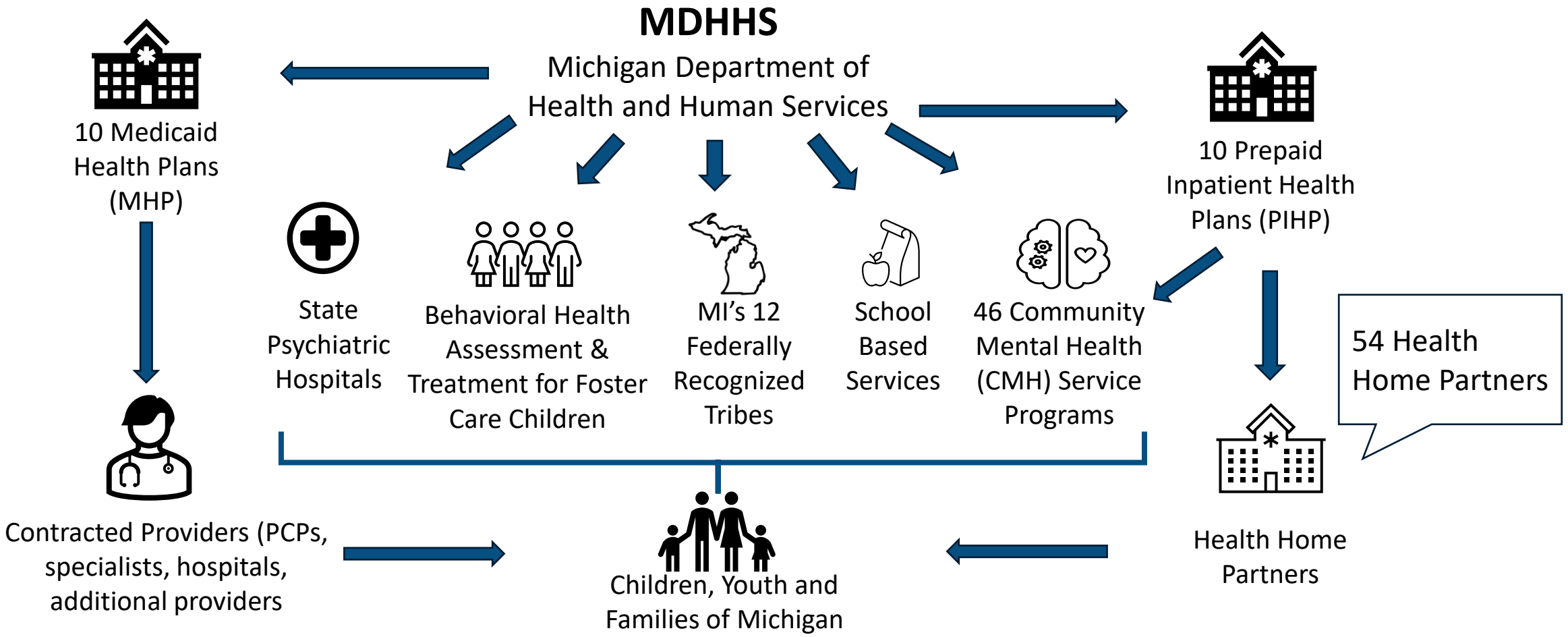
FY25 Region 3



Source: Michigan Department of Health and Human Services. Michigan Department of Health & Human Services.

(Mid-State Health Network, n.d.)

Michigan System Overview



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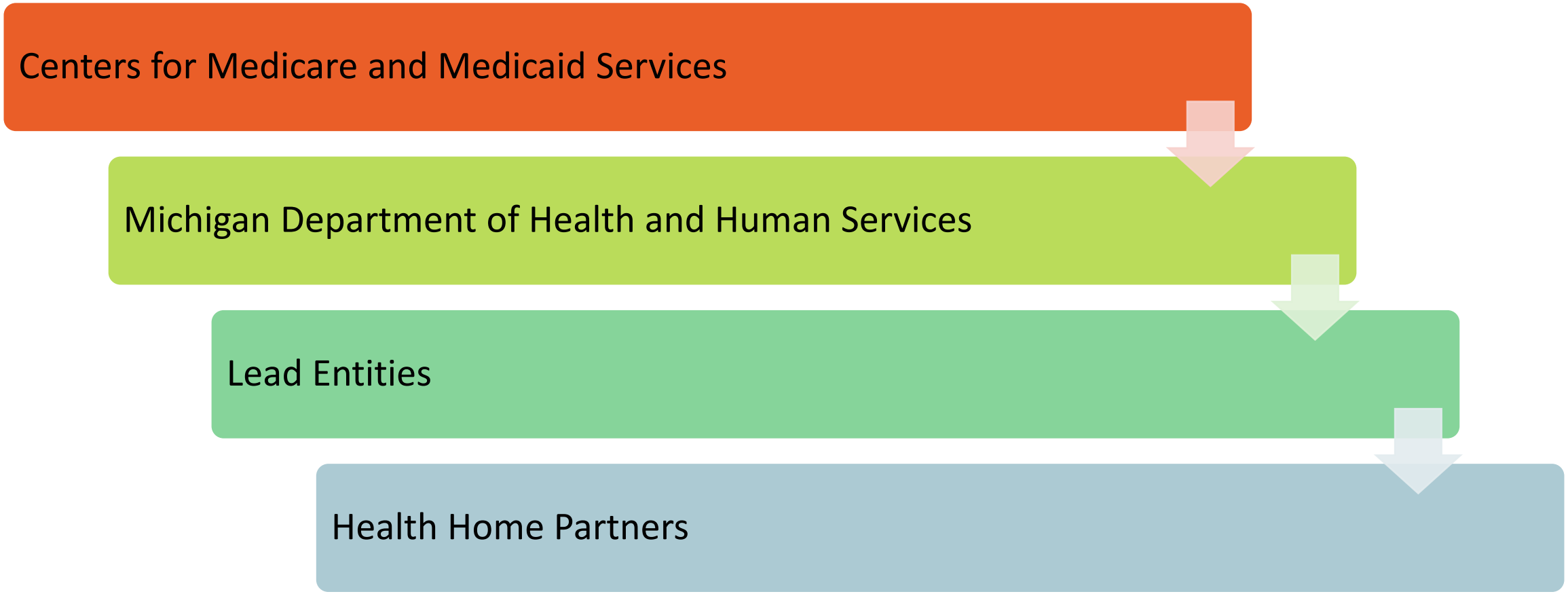
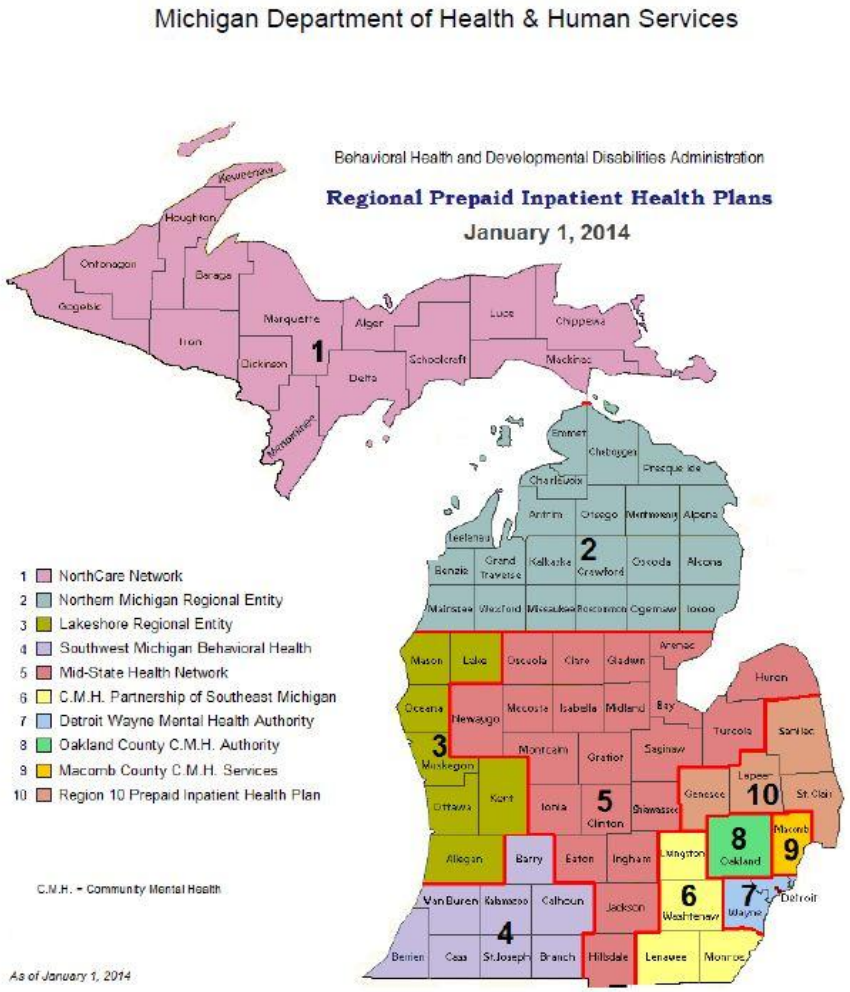
Structure



Structure



(Mid-State Health Network, n.d.)

Lead Entity - Prepaid Inpatient Health Plan (PIHP)

- Behavioral Health managed care entity
- High-level care coordination
- Enrollment
- Payment

Health Home Partners (HHPs)

- Community Mental Health Services Programs (CMHSPs)
- Federally Qualified Health Centers (FQHCs)
- Hospital-based clinical practices
- Opioid Treatment Programs (OTPs).
- Rural Health Clinics (RHCs)
- SUD Treatment and Recovery Service Providers
- Tribal Health Centers (THCs)

Health Home Goals

Integrate

Integrate care, generate cost-efficiencies, and increase health status

Improve

Improve care management of beneficiaries

Improve

Improve care coordination between physical and behavioral health care services

Improve

Improve care transitions between primary, specialty, and inpatient settings of care

Challenges from the Field

Funding Gaps for Integrated Workforce Expansion

Limited Reimbursement for non-traditional roles such as peer support

Siloed Professionals

High turnover/burnout and emotional workload challenges

Care Team Roles

Behavioral Health Specialist	Nurse Care Manager	Peer Support Specialist/Peer Recovery Coach, CHW	Medical Consultant and Psychiatric Consultant
• Meets regularly with care team to plan care and exchanges information to inform care plan.	• Initial care plan development. • Strategies to implement care plan goals for clinical and non-clinical needs. • Monitors assessments and screenings to incorporate into care plan.	• Provides education and strategies to implement care plan goals.	• Provides information that can be added to the development of the care plan.

Health Home Core Services

Comprehensive Care Management

- Development of an individual care/treatment plan.

Care Coordination

- Appointment Making assistance, including coordinating transportation.

Health Promotion

- Providing patient and family education.

Comprehensive Transitional Care

- Post-discharge outreach to ensure appropriate follow-up services.

Individual and Family Support

- Increasing patient and family skills and engagement.

Referral to Community and Social Services

- Addressing Housing needs and referrals to safe housing.

Health Home Encounters

- Health Home payment rates reflect a monthly case rate per Health Home beneficiaries with at least one proper and successful Health Home service within a given month.
- MDHHS will afford Pay for Performance (P4P) via a 5% performance incentive to the additional per member per month case rate (PMPM).

Opioid Health Home/Substance Use Disorder Case Rates

PMPM	PMPM with P4P
$364.48	$383.66

Source: Michigan Department of Health and Human Services (2024) Substance Use Disorder Health Home Handbook. Substance Use Disorder Health Home.

Opioid Health Home Pay for Performance Measures

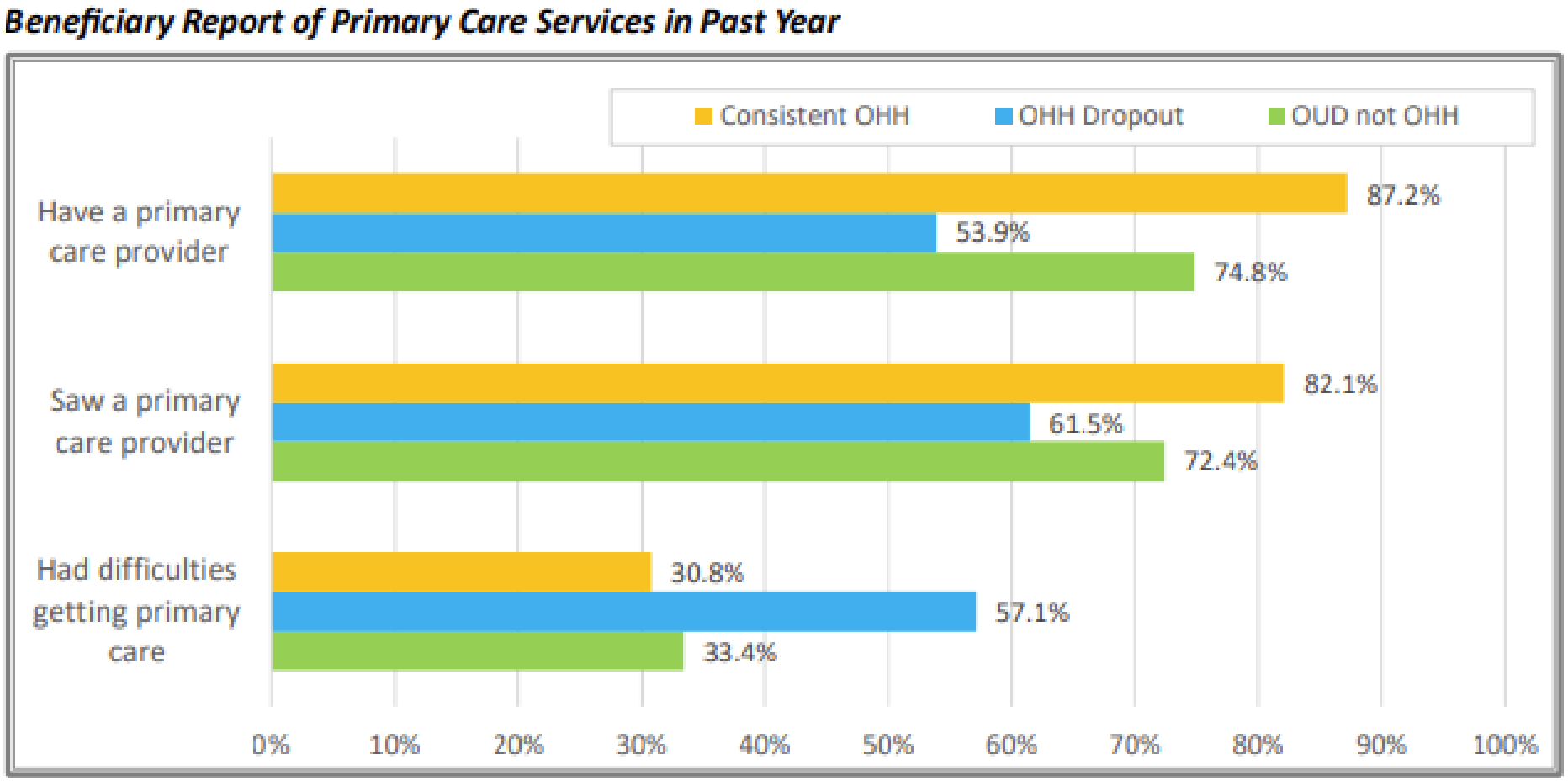
Initiation and engagement of alcohol and other drug (AOD) dependence treatment (0004), Initiation of AOD Treatment within 14 days

Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD), Follow-up within 7 days after discharge

Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries

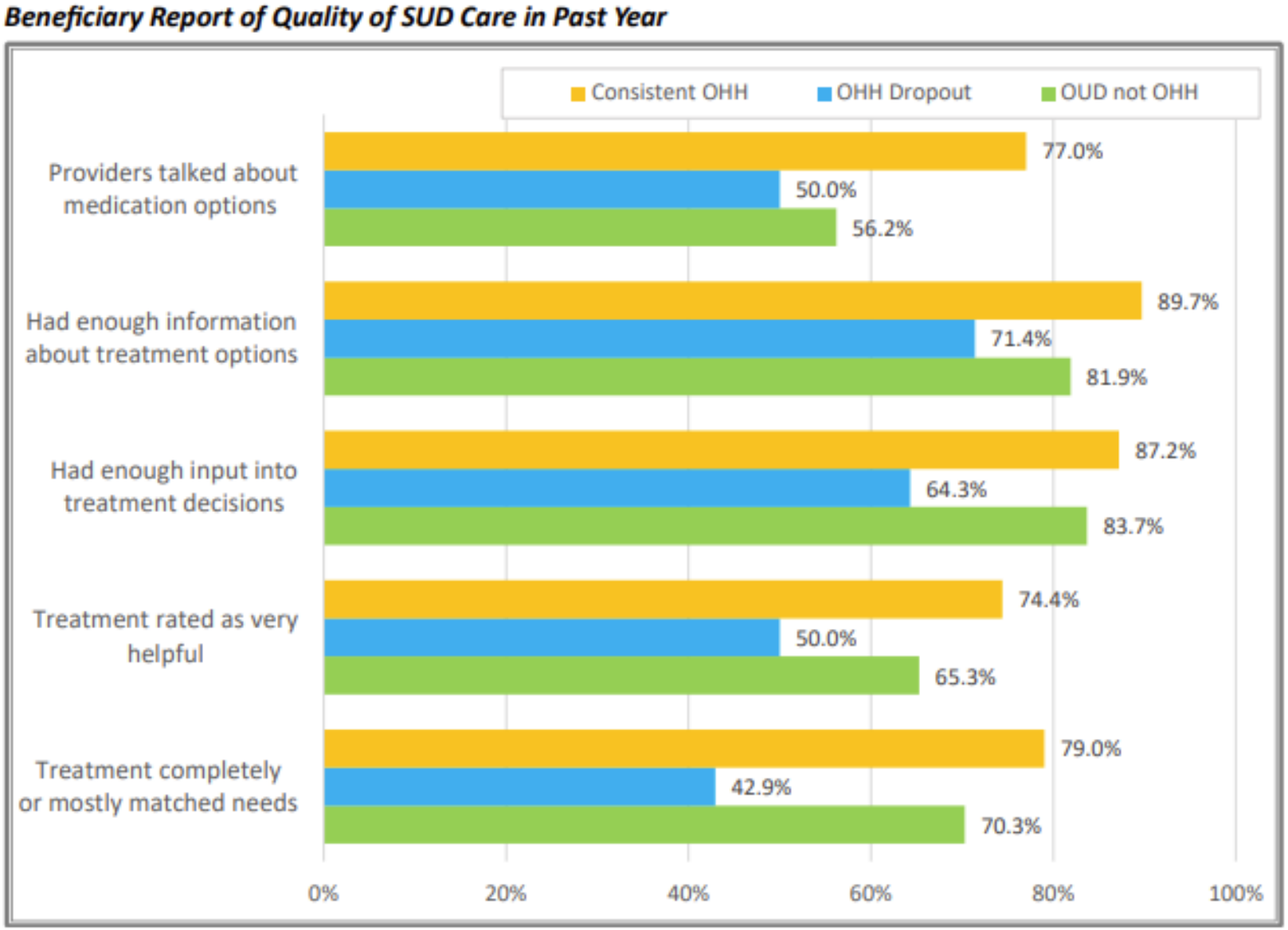
Source: Experiences with Opioid Health Homes: Key findings from interviews with PIHP Administrators, Health Home Partners, and Beneficiaries (2024). University of Michigan Institute for Healthcare Policy & Innovation.

Opioid Health Home Data – FY23 (October 2022- September 2023)



Source: Experiences with Opioid Health Homes: Key findings from interviews with PIHP Administrators, Health Home Partners, and Beneficiaries (2024). University of Michigan Institute for Healthcare Policy & Innovation.

Opioid Health Home Data – FY23 *cont'd* (October 2022-September 2023)



Source: Experiences with Opioid Health Homes: Key findings from interviews with PIHP Administrators, Health Home Partners, and Beneficiaries (2024). University of Michigan Institute for Healthcare Policy & Innovation.

Opioid Health Home Data FY24

(October 2023- September 2024)

Condition

Engagement of Alcohol and Other Drug Abuse or Dependence Treatment.

Description

Percentage of new substance disorder (SUD) episodes for beneficiaries 18 years and older that result in the following: Engagement of Treatment percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

State Rate: 11.01

OHH Rate: 28.57

Condition

Follow-up after Emergency Department Visit for Substance Use.

Description

Patients 13 years and older with an ED visit for substance use disorder that had a follow-up visit within 30 days.

State Rate: 37.03

OHH Rate: 86.73

Condition

Follow-up after Emergency Department Visit for Substance Use.

Description

Patients 13 years and older with an ED visit for substance use disorder that had a follow-up visit within 7 days.

State Rate: 24.02

OHH Rate: 73.89

Source: Michigan Department of Health and Human Services (2024) Data Warehouse.

Opioid Health Home Success Stories

"… I've been given wonderful guidance, instruction, on specific ways to organize my home through various options that I won't or don't overwhelm me. And it's working! I have to thank the staff person(s) who've worked diligently with me and have helped me understand."

"… I've needed my eyes checked and new glasses to help me with the vision problems for a long time. I now have 2 new pairs of glasses! Again, my heartful thanks to the staff of the OHH."

".. The list of ways to be helped goes on and I highly recommend anyone eligible for this program to sign up now."

Source: Michigan Department of Health and Human Services. Michigan Department of Health & Human Services.

Substance Use Disorder Health Home (SUD-HH)

Target Population

Medicaid beneficiaries with a diagnosis of an Alcohol Use Disorder, Opioid Use Disorder and Stimulant Use Disorder.

+ At Risk of developing mental health conditions, asthma, diabetes, heart disease, BMI over 25 and COPD.

Geography

Statewide Eligibility.

Questions and Discussion

Upcoming Events & Helpful Links

June

3

3:00 – 4:00 pm ET

CoE-IHS Webinar:
Integrating Minds and Models: Exploring the Comprehensive Health Integration (CHI) Framework in School-Based Health Centers (SBHCs)

REGISTER

June

9

2:00 – 3:00 pm ET

CoE-IHS Webinar:
Defining Workforce Needs and Planning Strategies for Integrated Care at the Provider Level

REGISTER

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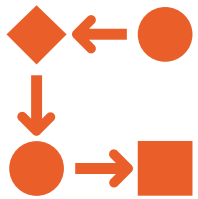
Relias On-Demand Training

Learn More

CHAT WITH AN EXPERT!

Schedule a free call with an integrated care expert to discuss:

SCAN HERE



Implementing Models of Integrated Care

Access to Integrated Care

Population Health in Integrated Care

Workforce Development

Integrated Care Financing & Operations

Addressing Ongoing Workforce Challenges

Submit a Request!

Questions?

Email: integration@thenationalcouncil.org

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