INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH: AN OVERVIEW

> COORDINATION OF CARE JANUARY 27,2016

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AGENDA

- Overview
- SIM
- PBHCI
- SBIRT
- BHH

OVERVIEW

- Integration: Embedding behavioral health care into a physical health care setting or embedding physical health care into a behavioral health care setting
- <u>Care Coordination</u>: Ensuring access to medical, behavioral health, pharmacological and recovery support services

| | | Quadrant II MH/SU ♠ PH ♥ | Quadrant IV MH/SU ♠ PH ♠ |
|--|---------------------------------|---|--|
| The Four Quadrant Clinical Integration Model | High MH/SU Risk/Complexity | Outstationed medical nurse practitioner/physician at MH/SU site (with standard screening tools and guidelines) or community PCP MH/SU clinician/case manager w/ responsibility for coordination w/ PCP Specialty outpatient MH/SU treatment including medication-assisted therapy Residential MH/SU treatment Crisis/ED based MH/SU interventions Detox/sobering Wellness programming Other community supports | Outstationed medical nurse practitioner/physician at MH/SU site (with standard screening tools and guidelines) or community PCP Nurse care manager at MH/SU site MH/SU clinician/case manager External care manager Specialty medical/surgical Specialty outpatient MH/SU treatment including medication-assisted therapy Residential MH/SU treatment Crisis/ED based MH/SU interventions Detox/sobering Medical/surgical inpatient Nursing home/home based care Wellness programming Other community supports |
| (MH/SU)* | ns/ | community and collaboration. | |
| | MH | Quadrant I MH/SU♥ PH ♥ | Quadrant III MH/SU ♥ PH ♠ |
| *Mauer, Barbara J "Behavioral Health/Primary Care Integration and the Person Centered Healthcare Home". | - Tow | PCP (with standard screening tools and MH/SU practice guidelines for psychotropic medications and medication-assisted therapy) PCP-based BHC/care manager (competent in MH/SU) Specialty prescribing consultation Wellness programming Crisis or ED based MH/SU interventions Other community supports | PCP (with standard screening tools and MH/SU practice guidelines for psychotropic medications and medication-assisted therapy) PCP-based BHC/care manager (competent in MH/SU) Specialty medical/surgical-based BHC/care manager Specialty prescribing consultation Crisis or ED based MH/SU interventions Medical/surgical inpatient Nursing home/home based care Wellness programming Other community supports |
| April 2009. The | Physical Health Risk/Complexity | | |
| National Council for Behavioral Health Care. | Lov | / | High |

STATE INNOVATION MODEL

- Recently completed the design of Advanced Medical Home (AMH) Vanguard Program
 - Emphasizes person-centered care, integrated behavioral health, health equity, prevention, and oral health
 - Includes 52 practices, which are currently in the process of receiving technical support and guidance from Qualidigm and Planetree to become Advanced Medical Homes
- Also completed the design of the Community and Clinical Integration Program (CCIP)
 - Promotes new capabilities focused on complex care management, health equity, and integrated behavioral health, along with medication management, e-consult, and oral health
 - Anticipates that the final standards and program model will be finalized early in 2016

PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION (PBHCI)

 Purpose: To improve the physical health status of people with serious mental illnesses (SMI) and cooccurring SMI and substance use disorders by supporting community-based efforts to coordinate and integrate primary health care with mental health services in community-based behavioral health care settings

PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION (PBHCI)

• Objectives:

- To better coordinate and integrate primary and behavioral health care resulting in improved access to primary care services;
- improved prevention, early identification and intervention to reduce the incidence of serious physical illnesses, including chronic disease;
- increased availability of integrated, holistic care for physical and behavioral disorders;
- better overall health status of clients.

PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION (PBHCI)

• Services Provided:

- Facilitate screening and referral for primary care prevention and treatment needs:
- Provide and/or ensure that primary care screening, assessment, treatment and referral be provided in a community-based behavioral health agency
- Develop and implement a registry/tracking system to follow primary health care needs and outcomes
- Offer prevention and wellness support services
- Establish referral and follow-up processes for physical health care requiring specialized services beyond the primary care setting

CONNECTICUT PBHCI GRANTEES

- Present:
 - Community Health Resources and First Choice Health Center
 - Community Mental Health Center and Cornell Scott Hill Health Center
- Past:
 - BH Care, Bridges and Cornell Scott Hill Health Center aka Communicare
 - Community Mental Health Affiliates and Hospital of Central Connecticut

INDEPENDENT INTEGRATION EFFORTS

- Behavioral Health agencies \rightarrow FQHC's
 - 2 agencies (InterCommunity, Inc. and Wheeler Clinic, Inc.) designated as federally qualified health center lookalikes (FQHC LAL) in spring 2015
- State Operated facility → primary care practice
 - Capitol Region Mental Health Center in Hartford seeking DPH licensure to open primary care clinic

SCREENING, BRIEF INTERVENTION, REFERRAL AND TREATMENT (SBIRT)

- The Department was awarded a five-year grant in the amount of \$8.3 million from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) to establish the CT Screening, Brief Intervention and Referral to Treatment (SBIRT) program. The grant is in effect through August 2016.
- The purpose of the CT SBIRT Program is to dramatically increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder through the implementation of SBIRT services in partnering Federally Qualified Health Center (FQHC) sites statewide.

SCREENING, BRIEF INTERVENTION, REFERRAL AND TREATMENT (SBIRT)

SBIRT SERVICES: The CT SBIRT Program will utilize evidencebased practices for the following modalities:

- 1. Routine screening with validated instruments;
- 2. Brief Intervention using manual-guided procedures recommended by the World Health Organization;
- 3. Brief Treatment protocols modeled on a CSAT clinical trial;

4. Differential Assessment utilizing standardized diagnostic instruments; and

5. Referral to Treatment based on ASAM (2001) criteria.

SBIRT COMMUNITY PARTNERS

• Federally Qualified Health Centers Participating in CT-SBIRT

- CIFC Greater Danbury Community Health Center
- Community Health Center (Meriden, New London, New Britain)
- Community Health & Wellness Center of Greater Torrington
- Community Health Services
- Cornell Scott-Hill Health Center
- Fair Haven Community Health Center
- First Choice Health Centers
- Intercommunity
- Optimus Health Care
- Southwest Community Health Center
- StayWell Health Center
- United Community & Family Services
- Wheeler Clinic

SBIRT COMMUNITY PARTNERS

- The Connecticut Dept of Mental Health and Addiction Services (DMHAS)
- The Community Health Center Association of Connecticut (CHCACT)
- The University of Connecticut Health (UCH) Program Evaluation
- Other partners that work with the CT SBIRT program are:
- Community Health Network of CT
- CT Community Care, Inc.
- CT National Guard
- Department of Aging
- Department of Children & Families

- Department of Social Services
- DMHAS Military Support
 Program
- Regional Action Councils
- St. Luke's Eldercare Gatekeeper Program

BEHAVIORAL HEALTH HOMES

- Infusion of medical expertise into the behavioral health system
- 14 designated providers statewide
- State partner project
 - Dept of Mental Health and Addiction Services
 - Dept of Social Services
 - Dept of Children and Families
- Requires Medicaid State Plan Amendment

BEHAVIORAL HEALTH HOMES

• Eligibility criteria:

- Severe and Persistent Mental Illness diagnosis
 - Schizophrenia and Psychotic Disorders;
 - Mood Disorders;
 - Anxiety Disorders;
 - Obsessive Compulsive Disorder;
 - Post-Traumatic Stress Disorder; and
 - Borderline Personality Disorder.
- Medicaid Eligibility
- Medicaid claims > \$10k/year

6 BEHAVIORAL HEALTH HOME CORE SERVICES

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Patient and family support
- Referral to community support services

BEHAVIORAL HEALTH HOME EXPECTATIONS

- Increase care navigation, health promotion, wellness and recovery
- Person-centered care that improves health and recovery outcomes and individual experience in care
- Reduce unnecessary inpatient hospitalization and emergency room visits
- Reduce reliance on long-term care and improve quality of life in the community
- Enhance transitional care between inpatient settings and the community
- Reduce overall health costs

QUESTIONS?

Thank you!