

Behavioral Health System Transformation

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Trends in Public Behavioral Health

- States Facing “Intractable” Challenges
- Opioid Epidemic Identified by Public Officials
 - Governors and Legislatures Have Prioritized Issue
 - Congress Has Identified Issue and Funded
 - Issues with MAT Diversion (Methadone/Suboxone)

Trends in Public BH continued...

- High Profile Mental Health Related Violent Incidents– Crisis Stabilization Access
- Prevention & Wellness
 - Look at what is preventing cost savings
 - Obesity, diabetes, risk for heart disease
 - Even more expensive when combined with BH disorders
 - Focus shifting to health behavior change



Trends in Public BH continued...

- Technological Advances
- Address Provider EHR Capacity
 - Clinically Driven
 - Facilitate Integrated Care
 - Efficient Data Collection
 - Required by ACA



Why Integrated Care?

- Burden of behavioral health disorders is great.
- Behavioral and physical health issues are “interwoven”.
- Treatment Gap behavioral health disorders is large.
- Primary care in Behavioral Health settings enhance access
- Providing MH & SA services in primary care settings reduces stigma.

Why Integrated Care?

- Treating “common” behavioral health disorders in primary care settings is cost effective.
- Majority of people with behavioral health disorders treated in collaborative/integrated primary care settings have good outcomes.

Source: Collins, C., Hewson, D. L., Munger, R., Wade, T., (2010). Evolving Models of Behavioral Health Integration in Primary Care. Milbank Memorial Fund.

Barriers to Integrated Care

- BH and PH providers operate in “silos”
- Rare sharing of information
- Confidentiality Laws and Regulations
- Payment and parity issues still persist.

Source: Collins, C., Hewson, D. L., Munger, R., Wade, T., (2010). Evolving Models of Behavioral Health Integration in Primary Care. Milbank Memorial Fund.

What does this mean for Alaska?

DBH Vision for BH Reform

- Streamlining
- Utilization Control
- Grant Reformation
- Medicaid Redesign

How to Achieve the Vision?

- Look at models from other States—MCO, ASO, ACO, Fee-for-Service, PCCM, PIHP, PAHP, health homes, etc.
- Make policy decisions (e.g., populations, system management, geographic area, benefit package, risk arrangements)
- Develop/improve capacity—at DBH and provider levels
- Implement the systems changes

Assessing Organizational Readiness

- Leadership
- Capacity for Change
- Access, Services and Outcomes
- Business, IT, and Performance
- Clinical Infrastructure, CQI, and Sustainability
- At the State level, most important is Contract Management (role of state government)

What States have learned about Contract Management

- Identify people with SMI and Kids with SED
 - Mine the data in states
 - Require plans to identify people with SMI & Kids with SED
- Implement ways to incent enrollment of people with SMI and Kids with SED
 - Higher rates for people with more complex and/or chronic conditions
 - Mitigation of risk approaches

Contract Management continued

- Require acceptance in a plan regardless of severity of conditions
- Include the comprehensive array of services needed for People with SMI and SED
 - Recovery oriented services psycho social rehab (psycho social necessity)
- Linkage to: prevention wellness, peer supports,

BH Managed Care Contract Standards

- Incentives to avoid cost shifting to other systems
- Consumer Choice & Protection
- Assertive outreach and access standards
- Network and providers should include those with demonstrated expertise with people with SMI and kids with SED (CMHC's)

Contract Standards continued

- Clear standards for treatment planning and coordination consumer driven
- Integrated BH/PH care standards
- Consumer involvement
- Use of Peers
- Reinvestment of cost savings as an expectation

Contract Standards continued

- Performance measures
 - Access (timeliness, geography, MH, SU & PC)
 - Service utilization (in lieu of ER, IP, more community based)
 - Quality (readmission rates, timely follow up, level of independent living, school participation)
 - Physical health metrics (hbp, cholesterol, diabetes, med compliance)
 - BH metrics

QUESTIONS?



THANK YOU!