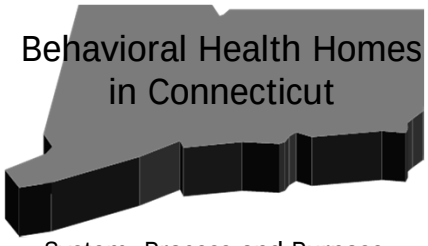
Behavioral Health Homes in Connecticut



System, Process and Purpose

Behavioral Health Partnership Oversight Committee

January 15, 2014

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Origin

- In 2010, the Patient Protection and Affordable Care Act (ACA) established a "health home" option under Medicaid that serves enrollees with chronic conditions

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The Goals of Health Homes align with the aim of the Affordable Care Act (ACA)

- Improved experience in care
- Improved health outcomes
- Reduction in health care costs

- It has been argued that for those individuals who have relationships with behavioral health organizations, care may be best delivered by bringing primary care, prevention, and wellness activities onsite into behavioral health settings.

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS, MAY 2012

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Behavioral Health Home (BHH) Definition

- A Behavioral Health Home is an innovative, integrated healthcare service delivery model that is recovery-oriented, person and family centered and promises better patient experience and better outcomes than those achieved in traditional services

Connecticut's BHH Service Delivery Model

- Facilitates access to:
  - Inter-disciplinary behavioral health services,
  - Medical care, and
  - Community-based social services and supports for individuals with serious and persistent mental illness (SPMI).

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Behavioral Health Homes in CT

- In August 2012, the Adult Quality, Access and Policy sub-committee of the Behavioral Health Partnership Oversight Council (CT BHPOC), in conjunction with the State Partners (DMHAS, DSS, DCF), formed a Behavioral Health Home (BHH) workgroup as a vehicle to develop model and implementation plan

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The CT BHH Workgroup

- Established parameters for defining **Eligibility** for BHH
- Established **Service Definitions**
- Identified **Provider Standards**
- Identified CT's BHH **Outcome Measures**
- Reviewed Medicaid and DMHAS enrollment **Data**

Connecticut BHH Eligibility

- Auto-Enrolled Mental Health Consumers include those with:
  - SPMI
    - Schizophrenia and Psychotic Disorders;
    - Mood Disorders;
    - Anxiety Disorders;
    - Obsessive Compulsive Disorder;
    - Post-Traumatic Stress Disorder; and
    - Borderline Personality Disorder.
  - Medicaid Eligibility
  - Medicaid claims $\geq$ $10k/year

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Behavioral Health Home Core Services

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

Designated Providers

- Local Mental Health Authorities (LMHAs) and contracted LMHA affiliate providers (Affiliates) will serve as designated providers of behavioral health home services

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Connecticut's BHH Service Delivery Model

- Builds on DMHAS' existing behavioral health infrastructure using designated providers to implement BHH services statewide in a targeted manner

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Connecticut's LMHA and Affiliate Statewide Service System

- Each LMHA is responsible for one or more catchment areas providing statewide coverage
- Together, LMHAs and Affiliates play a critical role in the overall system of care
  - providing system diversity
  - enhancing local geographic access to underserved populations
  - contributing to a comprehensive network of care

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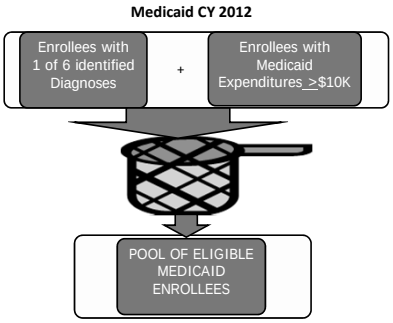
Identifying Consumers Eligible for Auto Enrollment



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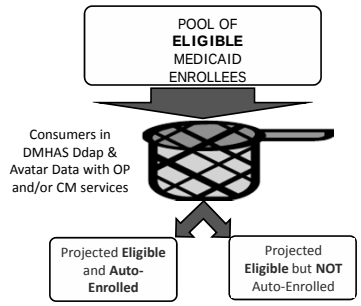
Identifying Consumers Eligible for Auto Enrollment



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Auto-Enrollment

- Based on these parameters, CT plans to enroll +/- 10,500 individuals in BHH services
  - These 10,500 individuals meet the diagnostic criteria, have Medicaid expenses >$10K and are receiving services from LMHAs or their Affiliates

Participation is Voluntary

- All individuals meeting eligibility criteria for BHH services will be auto-enrolled with their BH provider of record
- Individuals may choose another designated BHH service provider or opt out of BHH services entirely

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Outcome Goals and Quality Measures

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GOAL 1:

Improve Quality By Reducing Unnecessary Hospital Admissions And Readmissions

- Decrease the readmission rate within 30 days of an acute hospital stay
- Decrease the rate of ambulatory care-sensitive admissions
- Reduce ambulatory care-sensitive emergency room visits

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GOAL 2:

REDUCE SUBSTANCE USE

- Increase the number of tobacco users who received cessation intervention
- Increase the percentage of adolescents and adults with a new episode of alcohol or other drug dependence (AOD) who initiated AOD treatment or engaged in AOD treatment

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GOAL 3:

IMPROVE TRANSITIONS OF CARE

- Increase the percentage of those discharged from an inpatient facility for whom a transition record was transmitted for follow-up care within 24 hours of discharge
- Increase the percentage of individuals who have a follow up visit within 7 days of discharge from an acute hospitalization for mental health

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GOAL 4:

IMPROVE THE PERCENT OF INDIVIDUALS WITH MENTAL ILLNESS WHO RECEIVE PREVENTIVE CARE

- Improve BMI education and health promotion for enrolled individuals
- Early intervention for individuals diagnosed with depression

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GOAL 5:

IMPROVE CHRONIC CARE DELIVERY FOR INDIVIDUALS WITH SPMI

- Increase the percentage of individuals with a diagnosis of hypertension (HTN) whose blood pressure (BP) is adequately controlled
- Increase the percentage of individuals with asthma and who were dispensed a prescription for medication
- Increase the percentage of adults with diabetes, whose Hemoglobin HbA1c is within a normal range
- Increase the percentage of adults with coronary artery disease (CAD) whose LDL is within a normal range

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GOAL 6:

INCREASE PERSON-CENTEREDNESS AND SATISFACTION WITH CARE DELIVERY

- Increase general satisfaction with care including:
  - access to care;
  - quality and appropriateness of care;
  - participation in treatment; and
  - cultural competence.

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GOAL 7:

INCREASE CONNECTION TO RECOVERY SUPPORT SERVICES

- Decrease the number of individuals who experienced homelessness and increase housing stability
- Increase the number of individuals who become involved in employment and/or educational activities

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Use of Health Information Technology to Link Services:

- Use of the MMIS and Administrative Service Organization data to
  - provide Integrated Behavioral Health Home services
  - improve care coordination across the care continuum (e.g. universal care plan, data sharing among providers)

Administrative Services Organization

- Build an interoperable information technology system to collect and disperse data to the health home network
- Oversee provider credentialing, training and technical assistance
- Provide Learning Collaborative

Administrative Services Organization

- Enroll and track service recipients
- Complete data analyses and reporting
- Prepare and submit BHH services for Medicaid claims adjudication through the approved Connecticut Medicaid Management Information System (MMIS)
- Target Start Date: May 2014

LEARNING COLLABORATIVES

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- Providers will be supported in transforming service delivery by participating in a statewide learning collaborative
- Providers' learning needs will be identified based on their unique:
  - experience with organizational change
  - transformation approaches
  - knowledge on health home services

- The Learning Collaborative will aid providers in implementing BHH services
- The Learning Collaborative will be supplemented with provider specific technical assistance (on-site and via telephone.)

Questions?

www.ct.gov/dmhas/BHH

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