

## From Disease Management to Wellness and Recovery:

# Mental Health Issues Facing the U.S. Health Care System

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## Crider Health Center

### Who we are:

- ▶ Community Mental Health Center since 1979
- ▶ Community Health Center since 2006
- ▶ Became FQHC in 2007
- ▶ Vision: Full, productive, healthy lives for everyone
- ▶ Mission: To build resilience and promote health through community partnerships
- ▶ Service area:
  - Four Missouri counties outside St. Louis
  - 520,000 people



## Who Crider Health Center Serves

- ▶ **Children and Families**
  - School-based prevention/ mental health promotion and early intervention (51,000 children and youth/year)
  - School- and home-based interventions (system of care)
- ▶ **Adults with serious mental illness**
  - Community Support Teams
  - Two ICCD (Fountain House model) certified clubhouses
    - Transitional and supported employment
  - Housing
    - Supported community living
    - Psychiatric group home
      - Crisis beds
    - HUD apartments
    - Individualized Supported Living



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## Who Crider Health Center Serves

- ▶ **General public through three integrated care sites providing:**
  - Primary health care
  - Psychiatry and mental health supports
  - Pediatrics
  - Dentistry and oral health school outreach
  - One site includes Ob/Gyn
- ▶ **Total Direct Services:**
  - 10,268 adults
  - 7,700 children and youth



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## Problem for people with Serious Mental Illness: Access to Health Care

- An issue for all people with limited income, particularly preventive care
- Over use of emergency and specialty care
- Complicated by mental illness
- Significantly lower rates of primary care
- Significantly lower rates of routine testing
- Very poor dental care
- Little integration of primary care and psychiatry

## The CATIE Study of Adults with Schizophrenia

At baseline investigators found that:

- 88.0% of subjects who had dyslipidemia
- 62.4 % of subjects who had hypertension
- 30.2% of subjects who had diabetes

**WERE NOT RECEIVING TREATMENT**

## Principles

- **Physical healthcare is a core service for persons with SMI**
- **Behavioral Healthcare systems have a basic responsibility to ensure:**
  - Access to preventive healthcare (e.g. wellness + recovery)
  - Management and integration of medical care for people with SMI

## Missouri's Safety net Healthcare Homes

- ▶ Missouri has two types of safety net Healthcare Homes
  - Primary Care Chronic Conditions Healthcare Home
    - Eligible Providers
      - Federally Qualified Health Centers (FQHCs)
      - Rural Health Centers (RHCs)
      - Physician practices
    - Building in Behavioral Health Consultants
  - Community Mental Health Center Healthcare Home
    - CMHCs and CMHC affiliates (Community Support Programs)
    - a.k.a. Behavioral Healthcare Homes (BHH)



## Healthcare Home Functions

- ▶ Healthcare homes take a “whole person” approach and emphasize:
  - Providing **health and wellness** education and opportunities
  - Assuring consumers receive the **preventive and primary care** they need
  - Assuring consumers with **chronic physical health conditions** receive the medical care they need and assisting them in managing their chronic illnesses and accessing needed community and social supports
  - Facilitating **general hospital admissions and discharges** related to general medical conditions in addition to mental health issues
  - Using **health technology** to assist in managing health care

## CMHC Healthcare Home Team: The Behavioral Healthcare Home (BHH)

- ▶ Existing CMHC rehab teams augmented by adding:
  - A Healthcare Home Director responsible for implementing the health home and championing practice transformation based on health home principles
  - Consultation by a physician who provides medical leadership:
    - Participates in treatment planning
    - Consults with team psychiatrist
    - Consults regarding specific consumer health issues
    - Assists coordination with external medical providers
  - Additional Nurse Care Managers
  - Enhanced health coach training for CMHC case managers

## HIT Reports for BHH Management

- ▶ Metabolic Screening Report from HH to system annually
- ▶ Data Analytics system generates quarterly reports to each HH (from Medicaid database)
  - BPM (Behavioral Pharmacy Management) Report
  - Medication Adherence Report
  - Disease Management Report
- ▶ Nurse Care Manager (NCM) analyzes reports and adjusts treatment plans
- ▶ Physician Consultant reviews reports and treatment plans periodically (at least annually)

## Changing Roles in Behavioral Health: The Health Coach (Community Wellness and Recovery Coach)

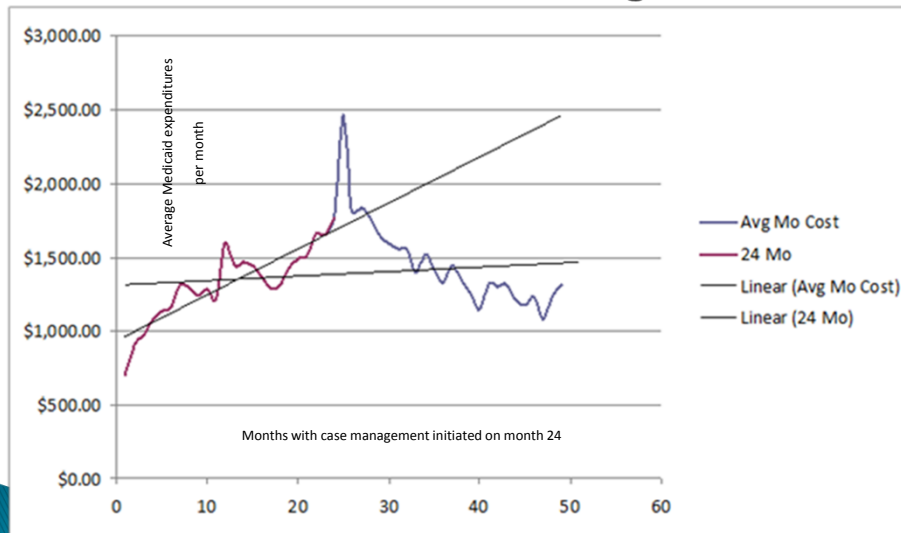
- ▶ **Current titles: Community Support Specialists, Care Coordinators, School Based Mental Health Specialists, Clinical Case Managers and Peer Specialists**
  - Supports consumers in meeting their treatment (wellness and recovery) plan goals identified in the primary care, mental health and dental health service settings.
  - Interacts with Nurse Care Manager as needed.
  - New role: Health Coach – Health Navigator: Community Health and Wellness Coach


## Added Roles of the Health Coach

- ▶ To support the strength-based, person-centered wellness plan;
- ▶ To promote the creation of new health behaviors and the learning of related skills;
- ▶ To promote self-managed whole health and resiliency for secondary and tertiary prevention

(from Larry Fricks: SAMHSA HRSA Center for Integrated Health Solutions)

## Missouri's Total Cost Per Member Pre- and Post- CMHC Care Management





BHH (CMHC-HH) Outcomes  
ER & Hospitalization Savings

Admissions/1000	ER Visits/1000
-14.58%	-7.93%
Hospital Savings	ER Savings
\$11,991,137	\$1,521,982
Total Savings	
\$13,513,119	
PMPM Cost	
\$9,314,076	
<b>Net Savings</b>	
<b>\$4,199,043</b>	

## Challenges to Transformation: HIT, EMR and Health Information Exchange

- ▶ EMR (electronic medical record) adoption
  - Lack of 'one size fits all' EMR
  - Provider comfort with EMR use during visit
    - collaborative documentation
  - Providers decrease in productivity since EMR adoption
  - EMR implementation cost and roll-out time
  - Preparation for 'Meaningful Use' standards
- ▶ Capital costs (space and equipment)
- ▶ Health Information Exchanges leaving many BH providers behind
  - Major problem for substance abuse service providers



## More Challenges: Funding issues

- ▶ Lack of Sustainable Funding for Prevention and Early Intervention
- ▶ Limits of funding sources for uninsured
  - Delays in getting disabled qualified for funding
    - Demonstrated savings with people with s.m.i. and multiple chronic conditions led MO Medicaid to back cmhc healthcare home (behavioral health care home)
  - General Revenue shrinkage and limits of grants & charity
- ▶ Siloed funding– wrong incentives
  - Saving money for systems that aren't responsible for payment
    - Criminal Justice
    - Schools
    - Medicare (dual-eligibles)

## Even More Challenges

- ▶ Workforce recruitment and retention
  - State statutes supporting guild protections
  - Expansion of roles of peers
- ▶ Accountability and Benchmarking
  - adopting a Universal Data Set for Behavioral Health
- ▶ Culture change: length of time and amount of attention needed both in clinic and community to transform system of care
  - Changing attitudes of partners
    - e.g. obtaining timely hospital discharge information

## Where we go from here: Guiding Principles

- ▶ The outcomes of our services are reduced by distance:
  - Spatial distance
  - Temporal distance
  - Economic Distance
  - Psycho/social or cultural distance
- ▶ Wellness and Recovery need to be integrated
- ▶ Community Behavioral Health Centers (CBHCs) are uniquely positioned to optimize outcomes as the tip of the spear of this System of Care
- ▶ Therefore: Integration of services is only a step toward building an optimal system of care:
  - *A Comprehensive Person-centered System of Care*
- ▶ **Crucial remaining question:**
  - What is the role of CBHCs and BHHs in ACOs?



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