



Center of Excellence Launch:

Resources and Tools for Enhancing Integrated Care

Wednesday, November 20th, 2:00-3:00pm ET



Center of Excellence for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration
Operated by the National Council for Behavioral Health

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

www.samhsa.gov

National Council for Behavioral Health

3300+ healthcare organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
- Education
- Technical Assistance



Meet the Team



Brie Reimann, MPA

Assistant Vice
President, National
Council for Behavioral
Health



Joe Parks, MD

Medical Director, National
Council for Behavioral
Health

Meet the Team continued...



Alicia Kirley, MBA

Sr. Director, Integrated Health

National Council for Behavioral Health



Sarah Neil, MPH

Project Manager,
Integrated Health
National Council for Behavioral Health

Poll #1: What best describes your role?

- A. Clinician
- B. Administrator
- C. Policy maker
- D. Payer
- E. Other (add to chat box)

Objectives

In this webinar, we will...

- Discuss current state of integration
- Provide overview of Center of Excellence for Integrated Health Solutions
- Summarize tools and resources
- Discuss topics of high interest

Health Disparities

- Mental illness is the leading source of disease burden in the US
- Addiction has become a public health crisis
- Suicide rates are climbing
- Continued high levels of unmet need for care
- Little access to care even among working people with health coverage
- Lack of access to care has a critical impact on special populations: children, people of color, justice-involved



Addiction – A Public Health Crisis

Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case¹ and Angus Deaton¹

Woodrow Wilson School of Public and International Affairs and Department of Economics, Princeton University, Princeton, NJ 08544

Contributed by Angus Deaton, September 17, 2015 (sent for review August 22, 2015; reviewed by David Cutler, Jon Skinner, and David Weir)

This paper documents a marked increase in the all-cause mortality of middle-aged white non-Hispanic men and women in the United States between 1999 and 2013. This change reversed decades of progress in mortality and was unique to the United States; no other rich country saw a similar turnaround. The midlife mortality reversal was confined to white non-Hispanics; black non-Hispanics and Hispanics at midlife, and those aged 65 and above in every racial and ethnic group, continued to see mortality rates fall. This increase for whites was largely accounted for by increasing death rates from drug and alcohol poisonings, suicide, and chronic liver diseases and cirrhosis. Although all

the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE). The comparison is similar for other Organisation for Economic Co-operation and Development countries.

Fig. 1 shows a cessation and reversal of the decline in midlife mortality for US white non-Hispanics after 1998. From 1978 to 1998, the mortality rate for US whites aged 45–54 fell by 2% per year on average, which matched the average rate of decline in the six countries shown, and the average over all other industrialized countries. After 1998, other rich countries' mortality rates continued to decline by 2% a year. In contrast, US white non-Hispanic mortality rose by

SOURCE: *Proceedings of the National Academy of Sciences*, vol. 112 no. 49: 15078–15083

<http://www.pnas.org/content/112/49/15078.full>

Trends in Behavioral Health

- Increased coverage
- Increased demand
- Focus of high utilizers
- Increased desire for integration by payers
- Provider consolidation
- Performance based payments
- Shrinking psychiatric workforce



Trends – Population Health Management

In 2010, there were **NO**



Accountable Care
Organizations

Today, there are more than **700**

Trends – Measurement Based Care

*If you don't
measure it, you
can't improve it*

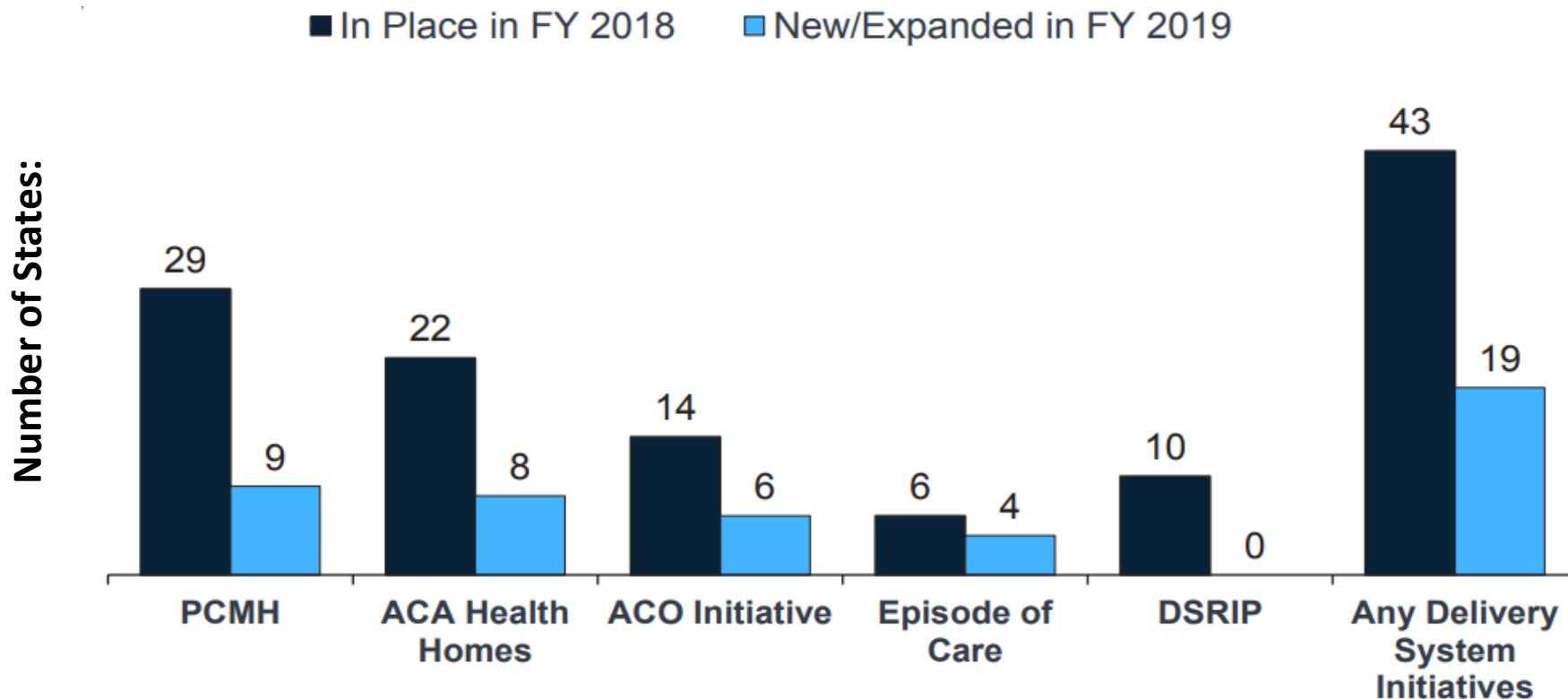


Delivery System Redesign

- Data Driven Care
 - Care Management
 - Care Coordination
- Population Management
- Integration of Behavioral Healthcare and General Healthcare
- Increase Use of Preventive care
- Increase Access to Primary care
- Health Information Technology Interoperability STDS



State Delivery System Reform Activity



NOTES: Expansions of existing initiatives include rollouts of existing initiatives to new areas or groups, and other increases in enrollment or providers.

SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2018.

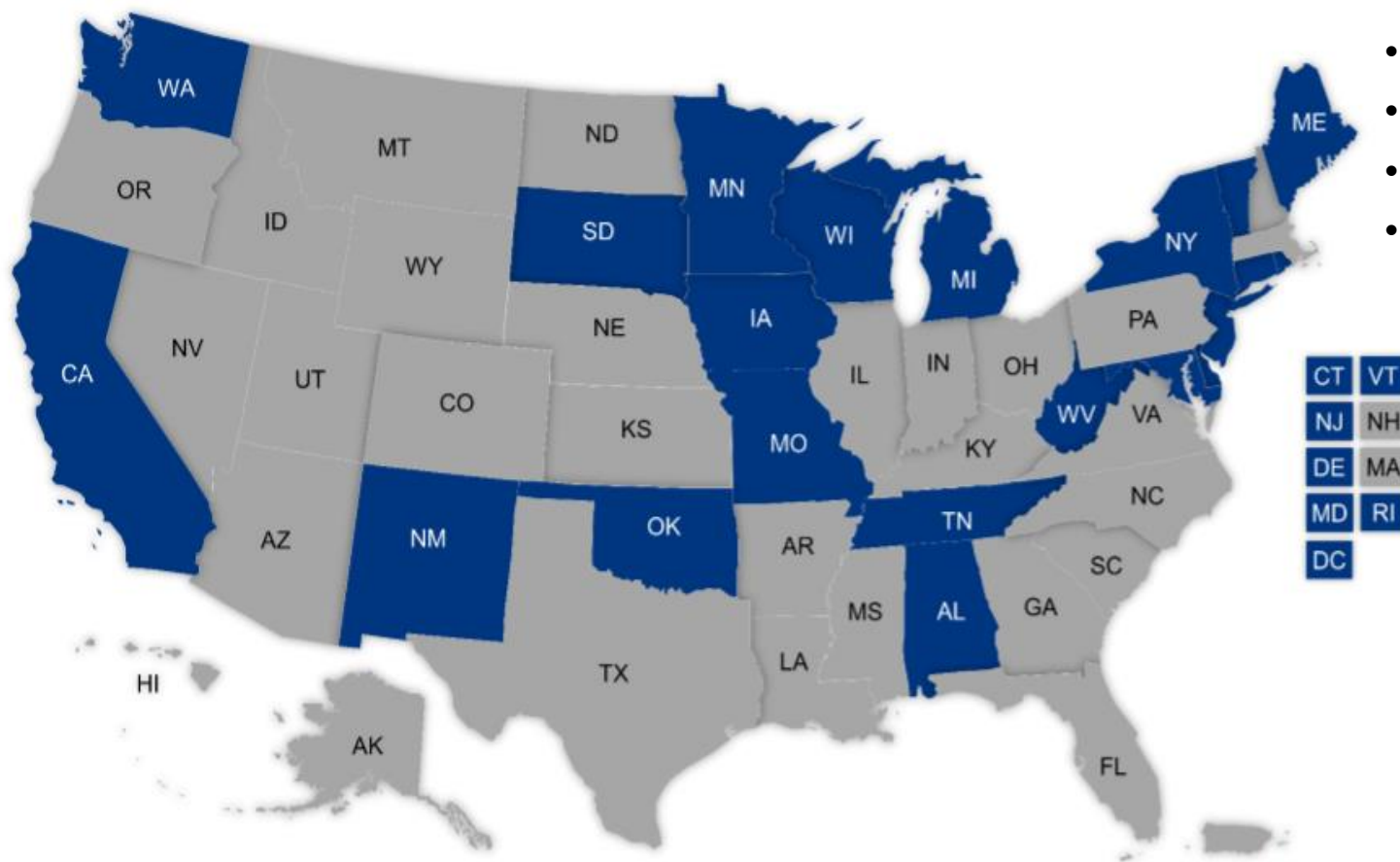


Medicaid Health Homes State Plan

- **Goal** - to promote access to and coordination of care for those with chronic conditions, including SMI
- States have flexibility to define the core health home services, **but they must provide all six core services:**
 - Comprehensive care management
 - Care coordination
 - Health promotion
 - Comprehensive transitional care and follow-up
 - Individual and family support; and
 - Referral to community and social services

Medicaid Health Homes

- **SMI - 18 states**
- **General - 13 states**
- **SUD – 5 states**
- **SED – 4 states**
- **ID – 1 state**



As of August 2019, 21 states and the District of Columbia have a total of 36 approved Medicaid health home models.

States with Approved Health Home SPAs
(number of approved health home models)

Alabama, California (2), Connecticut, Delaware, District of Columbia (2), Iowa (2), Maine (3), Maryland, Michigan (3), Minnesota, Missouri (2), New Jersey (2), New Mexico, New York (2), Oklahoma (2), Rhode Island (3), South Dakota, Tennessee, Vermont, Washington, West Virginia (2), Wisconsin

Note that Idaho, Illinois, Kansas, North Carolina, Ohio, and Oregon have terminated their Medicaid health home state plan amendments and are no longer providing health home services.

Section 223: Demonstration Programs to Improve Community Mental Health Services

Improve the **availability** of, **access** to, **participation in**, and **quality** of community behavioral health services **without increasing net Federal spending**

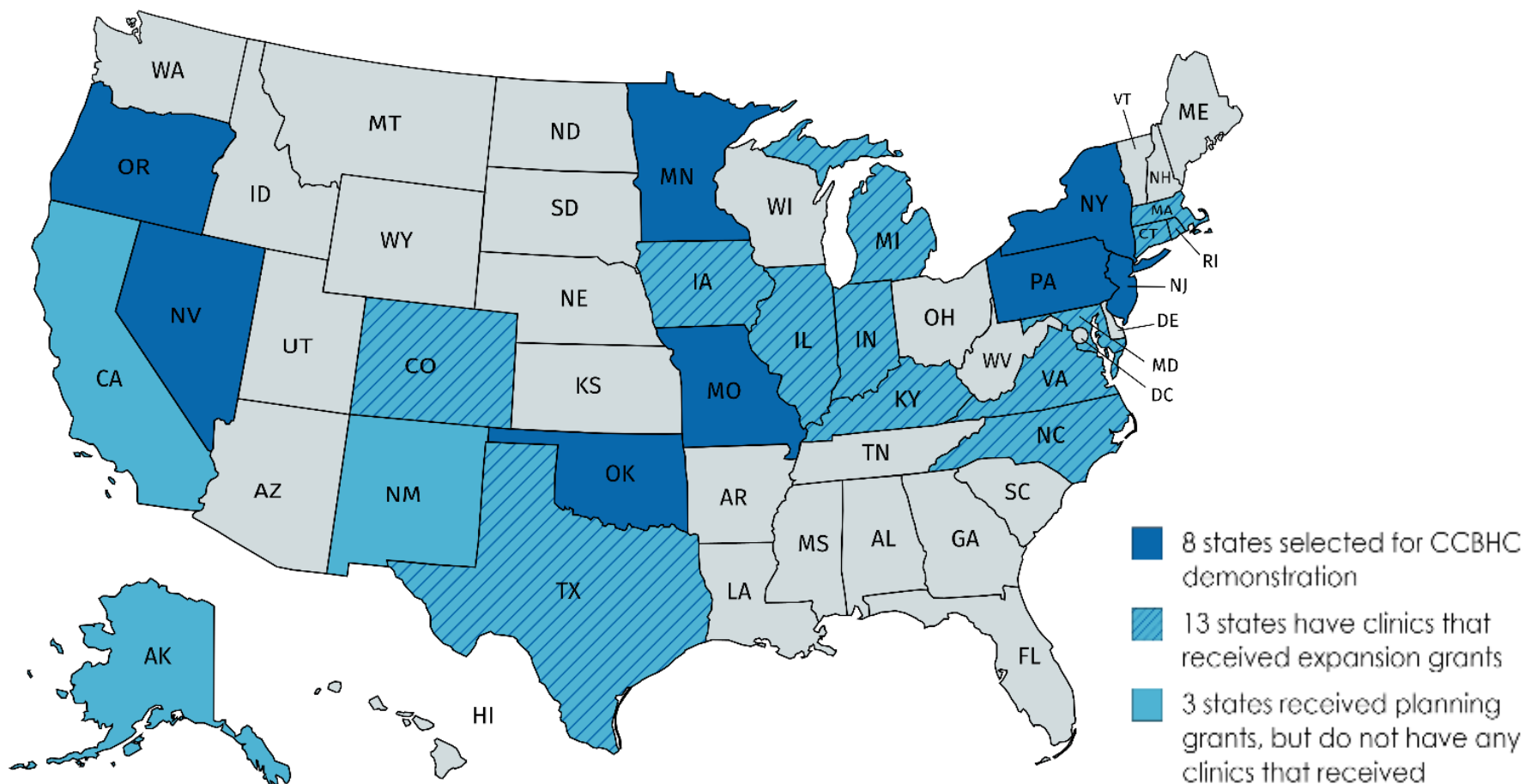


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TheNationalCouncil.org 

Certified Community Behavioral Health Clinic Demonstration



What does a state have to do to adopt/sustain the CCBHC model?

Payment Reforms



- Bundled Payments
- Global Payments
- Pay for Performance
- Accountable Care Organizations (ACOs)
- Reduces Hospital Payments
- Increases Primary Care and Preventive care Payments

Where do we go from here?

Growing awareness that...

- Behavioral health is essential to **whole health**
- Poorer overall outcomes are associated with co-occurring behavioral health and physical health conditions
- Treatment works
- Collaborative Care Model is evidence based
- Billing codes are available for integration

Where do we go from here? (continued)

- Sustained media attention, growing numbers of people talking openly about their or their loved one's experience
- More Americans have coverage than ever before
- Recovery and a fully functioning life in the community are possible





Center of Excellence for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration
Operated by the National Council for Behavioral Health

- To advance the implementation of **high quality, evidence-based treatment** for individuals with co-occurring physical and mental health conditions, including substance use disorders.
- **Training, resources, and technical assistance** will be provided to health practitioners and other stakeholders addressing the needs of individuals with co-occurring physical and mental health conditions, including substance use disorders.



Technology Transfer
Centers (TTC)



National Association
of State Alcohol and
Drug Abuse
Directors



Primary Care
Development
Corporation



Weitzman Institute
Inspiring Primary
Care Innovation



Multicultural
Development
Institute, Inc.



Relias Learning
Management System
and Content



American Psychiatric
Association

Activities

Learning
Collaboratives

Training and TA

Advisory Council

Toolkits



Webinars

Office Hours

Resource
Documents

ECHO Consults

Poll #2: What types of CoE activities would be the most beneficial to you?

(Choose up to 3)

- A. Toolkits and Resources
- B. Webinars
- C. Direct consultation/TA with your organization
- D. Online Trainings
- E. In-person Trainings
- F. Innovation Communities

New Website Launched Today!



Resource Highlight



Relias Online Trainings – access from our website



Toolkits, Guides, and Frameworks related to 3 topic areas (but growing):

- Assessing Organizational Readiness
- Building the Business Case
- Workforce Development



American Psychiatric Association;
[Integrated Care resources](#)

Request a consult today!

Go to our website [link to come], and complete the Request Technical Assistance form at the bottom of the home page.



The screenshot shows the homepage of the Center of Excellence for Integrated Health Solutions (CoE). The header is blue with the CoE logo and text: "Center of Excellence for Integrated Health Solutions", "Funded by Substance Abuse and Mental Health Services Administration", and "Operated by the National Council for Behavioral Health". Below the header is a navigation bar with links: "ABOUT US", "TRAINING & EVENTS", "RESOURCES", and "REQUEST ASSISTANCE". The main banner features a group of healthcare professionals and the text "REQUEST ASSISTANCE" with a breadcrumb "Home / Request Assistance". Below the banner, the heading "GET STARTED WITH A FREE CONSULTATION" is followed by the subtext "Improve Integrated Health in your Community". The "Request Technical Assistance" form is displayed, with fields for "First Name*" (containing "Jack"), "Last Name*" (containing "Black"), and "Address*" (containing "1234 Northwest Boulevard"). A note states "Fields marked with an (*) are required."

Audience Discussion

- What broad topics of TA would be helpful for you?
- What barriers do you face?
- Do you have the technology you need to measure and improve integrated care? What's missing?
- What types of Alternative Payment Models have worked for you?

What's Next?

Poll #3: Would you like to receive CoE messages about upcoming webinars, resources, and trainings?

Want to know more about the National Council?
Check out our website to learn more.

<https://www.thenationalcouncil.org>

AUSTIN | TEXAS | APRIL 5 - 7

NATCON | 20

Kaleidoscope

Registration is now open!



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Thank You

Questions?

Email integration@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)