

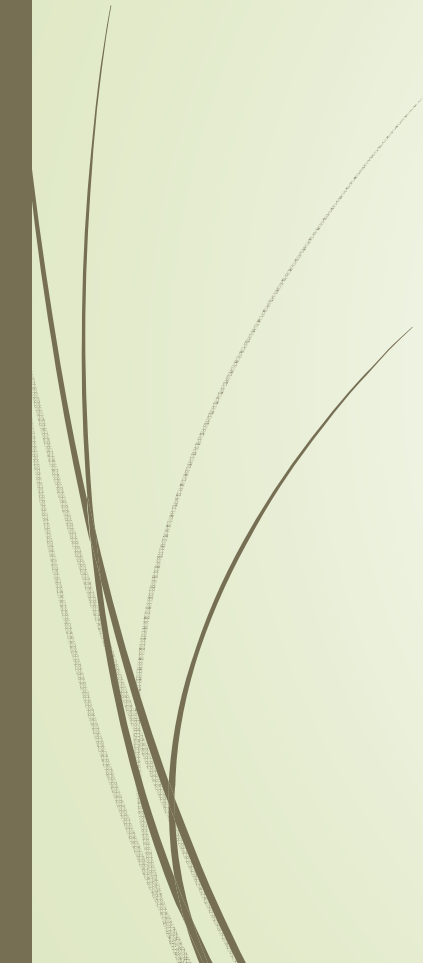


Community Mental Health and Care integration


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One in Five



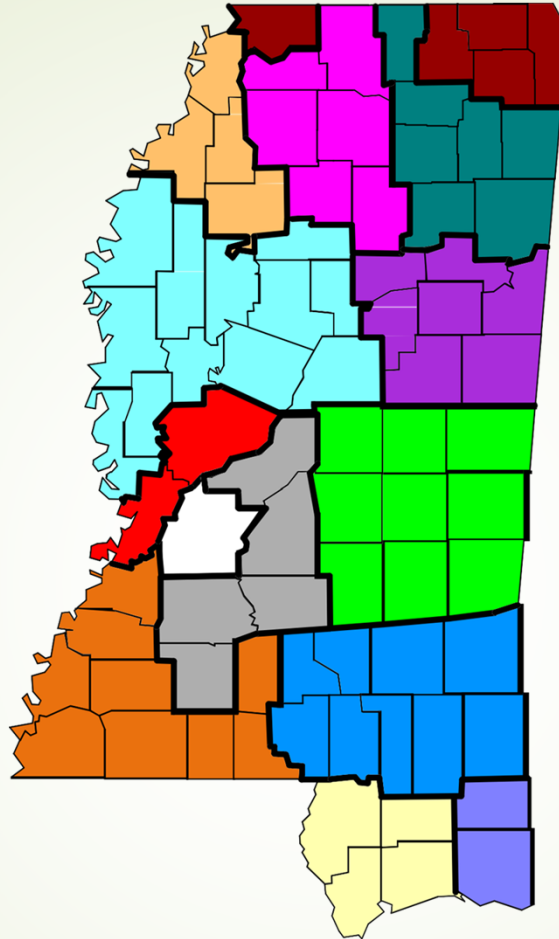
Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in their lifetime.



Community Mental Health Centers in Mississippi

Regional community mental health centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas.

CMHC governing authorities are considered regional and not state-level entities. We are regulated by and the recipients of grant funding via the MS Department of Mental Health (DMH).



These regional community mental health centers are the primary service providers with whom the Department of Mental Health contracts to provide community-based services.



Our Mission

CMHCs have always served with a mission of providing a broad array of services to all Mississippians. All CMHCs offer a sliding fee scale.

With the linkage between poverty and mental illness widespread in our nation, CMHCs have always been considered vital mental health providers for the indigent.



CMHC Services

The 14 CMHCs are the primary service providers of outpatient community-based services in the state.

- ▶ adults
- ▶ children
- ▶ substance use
- ▶ intellectual and/or developmental disabilities




Does Mental Health Impact Physical Health?

Treating the Total Person

Poor physical health can lead to an increased risk of developing mental health problems.

Similarly, poor mental health can negatively impact on physical health, leading to an increased risk of some conditions.

Emerging evidence shows that positive mental health is associated with improved health outcomes.



Correlation Between Mental Health and Chronic Diseases

Individuals living with serious mental illness face an increased risk of having chronic medical conditions.*

Chronic medical conditions such as diabetes and hypertension are far more common among people with mental illness than in the general population.

*Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 3(2), 1-14.



Chronic conditions that require behavioral health component in standard of care protocols

- ▶ Asthma
- ▶ Diabetes
- ▶ Cardiovascular Disease
- ▶ Hypertension
- ▶ Obesity
- ▶ Substance Abuse



Chronic Diseases and Depression

Depression is one of the most common complications of chronic illness.

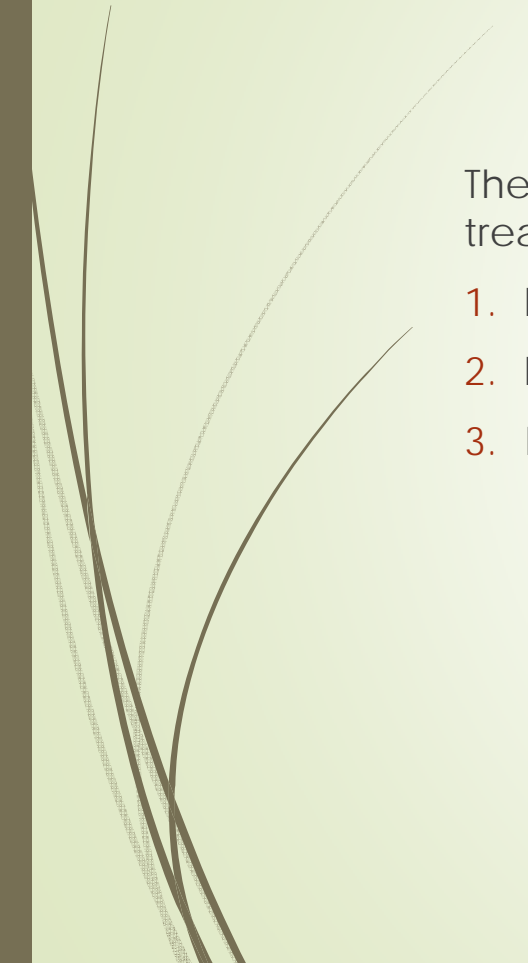
It is estimated that up to one-third of individuals with a serious medical condition experience symptoms of depression. In fact, the rate of depression among individuals who have suffered from a heart attack is between 40 percent and 65 percent (Cleveland Clinic, 2012).

For example, one-fifth of patients who have just had a heart attack suffer from depression. When this depression is not treated, the chances of the patient dying from a future heart attack can triple.



Why Care Integration?

The goals of integrating primary care with mental health and substance abuse treatment are aligned with the "triple aim":

1. Improved care quality
 2. Improved patient satisfaction
 3. Decreased cost of health care.
- 



Why Care Integration?

Individuals with mental illness (on average) die **25 years** earlier than Americans overall.

Their increased morbidity and mortality are largely due to treatable medical conditions that are caused by modifiable risk factors such as:

- Smoking
- Obesity
- Substance abuse
- Inadequate access to medical care.

Parks, J., et al. (2006). *Morbidity and Mortality in People with Serious Mental Illness*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council.



Saving Lives

Integrating services and maintaining the health of patients saves lives in addition to saving money.

A cost analysis from the American Psychiatric Association suggests that integrated care has the opportunity to save commercial insurers, Medicare and Medicaid \$26-\$48 billion annually.

- ▶ *Decreased costs for unnecessary hospitalizations and emergency department visits.*



Emerging Model: **Patient Centered Medical Home**


With studies supporting integrated models such as the Patient Centered Medical Homes, we are continuously seeing a transformation in how health care in America is organized and delivered

The basic premise behind the PCMH is that the patient is at the center of care, receiving a full range of comprehensive services provided by a team of health professionals including social worker, nurse, pharmacist, in addition to the primary care provider.

With the help of robust information technology like electronic medical records, the team *shares* the responsibility of patient care.



Emerging Model: **Patient Centered Medical Home**



The goal of the PCMH is to coordinate health care for a patient, prevent possible medical situations from arising, and provide increased quality and safety of medical care by approved practitioners. The primary physician is responsible to provide continuous care and is designated as the primary contact for the patient. This physician refers the patient to other qualified professionals in the event that additional medical expertise is needed, and all selected providers collectively accept responsibility for the patient's care.



Emerging Model: **Accountable Care Organization**

ACOs consist of a "network of doctors and hospitals that share financial and medical responsibility for providing coordinated care to people in hopes of limiting unnecessary spending.

Some refer to the ACO as a medical neighborhood, due to the multiple primary care practitioners who work together.

The ACO is accountable for the cost and quality of care that the individual receives. This includes the primary care physician and all other health providers who are used. To keep the expenses down, ACOs must include approved specialists and hospitals who agree to keep the costs to a minimum while improving health outcomes during the continuum of an individual's medical care. The goal of the ACO is to share the savings as well as the responsibility.



Mississippi's Safety Net

Together, the primary care system of the Community Health Centers /FQHCs and the behavioral health system of the CMHCs form the foundation of Mississippi's public health safety net.



CMHCs Integrating Care

CMHCs can provide physical health services to their patients, limited family members, and caregivers.


Many CMHCs already have established relationships with their local FQHCs or Community Health Centers and want to maintain those relationships.



Creating Organizational Partnerships

Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs) are increasingly affiliating to provide their patients with comprehensive and integrated primary and behavioral health services.

A Referral relationship may serve as a useful precursor to a more collaborative model.



Categories of Relationship Between Collaborating Medical and Behavioral Health Services

Coordinated = Behavioral services by referral at separate location with formalized information exchange.


Co-Located = By referral at medical care location. A co-location arrangement is a partnership under which a provider furnishing the referral services is physically located at the referring entity's site.

Integrated = Part of the "medical" treatment at medical care location

Blount, A. (2003). Integrated primary care: Organizing the evidence. *Families, Systems & Health*: 21, 121-134, 2003.

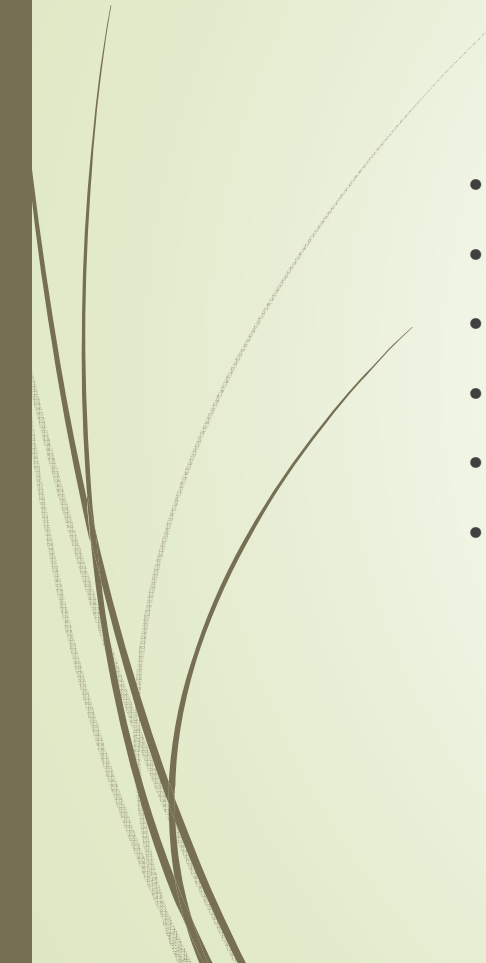


Developing Relationships with your local CMHC

- Referrals: Contact the Executive Director or the Clinical Director of the CMHC.
 - Build Relationships with Staff at the CMHC
 - Develop MOUs
 - Invite CMHCs to collaborate with you on initiatives. Be creative.
- 



Challenges

- 
- EHR's and HIPAA
 - Billing differences
 - Language
 - Who owns the client
 - Economy
 - Workforce Shortages



21st Century Cures Act

President Obama signed the Cures Act in December 2016. Key elements in the Act that will improve the treatment of those suffering from serious mental illnesses include

- ▶ *the elimination of the prohibition on same-day billing for mental health and primary care services in Medicaid*
- ▶ *additional resources for suicide prevention*
- ▶ *expanded crisis intervention training for first responders.*



21st Century Cures Act

Medicaid Same-Day Billing Glitch Fixed

The new law fixes the same-day billing glitch and allows Medicaid patients to see multiple professionals on the same day for different services.

Before the Cures Act was passed, if an individual was covered by Medicaid, he or she could not see a primary care physician and a mental health care professional on the same day. While both services could bill Medicaid, only one of them would get paid. This resulted in a huge hassle for Medicaid patients who had to schedule services — often times in the same building — on different days, just to get around this rule.

This change will especially benefit individuals in rural areas.

<https://psychcentral.com/blog/archives/2016/12/13/21st-century-cures-act-becomes-law-improves-u-s-national-mental-health-efforts/>



TeleMedicine and the Future of Integrated Care

Mississippi law requires private and public payers, including Medicaid, to reimburse for telehealth services.

Questions

