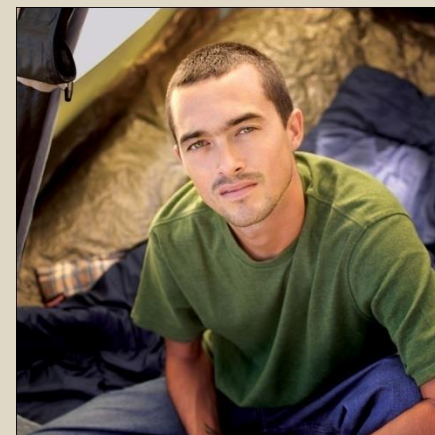




Bringing Integration Initiatives to Reality: State Implementation

Mohini Venkatesh

National Council for Community Behavioral Healthcare
February 9, 2012





The National Council: Serving and Leading

- Represent 1,950 community organizations that provide safety net mental health and substance use treatment services to over six million adults, children and families.
- National voice for legislation, regulations, policies, and practices that protect and expand access to effective mental health and addictions services.



"We're ready to begin the next phase of keeping things exactly the way they are."



A Population Health Approach

- Need to think differently about health: move from a focus on **providing services** to a **single individual...** to **measurably improving outcomes** for the **populations** in our communities
- Key strategies/elements:
 - Prevention
 - Care management
 - Partnerships with primary care providers and others in the healthcare system
 - Data collection & continuous quality improvement
 - Clinical accountability



Defining the Healthcare Home



**Superb
Access to
Care**



**Patient
Engage-
ment in
Care**



**Clinical
Infor-
mation
Systems**



**Care
Coor-
dination**



**Team
Care**



**Patient
Feed-
back**



**Publicly
Available
Infor-
mation**

Person-Centered Healthcare Home



New Medicaid State Option for Healthcare Homes

- State plan option allowing Medicaid beneficiaries with or at risk of two or more chronic conditions **(including mental illness or substance abuse)** to designate a “health home”
- Community mental health organizations are included as eligible providers
- Effective Jan. 2011
- 90% federal match rate for first 8 FY quarters for key clinical and care coordination services



Eligibility Criteria

- To be eligible, individuals must have:
 - Two or more chronic conditions, OR
 - One condition and the risk of developing another, OR
 - **At least one serious and persistent mental health condition**
- The ***chronic conditions*** listed in statute **include a mental health condition, a substance abuse disorder**, asthma, diabetes, heart disease, and obesity (as evidenced by a BMI of > 25).
- States may add other conditions subject to approval by CMS



Designated Provider Types/Functions

- Provider organizations may work alone or as part of a team
- Functions include (but are not limited to):
 - Providing quality-driven, cost-effective, culturally appropriate, and person-centered care;
 - Coordinating and providing access to high-quality services informed by evidence-based guidelines;
 - **Coordinating and providing access to mental health and substance abuse services;**
 - Coordinating and providing access to long-term care supports and services.



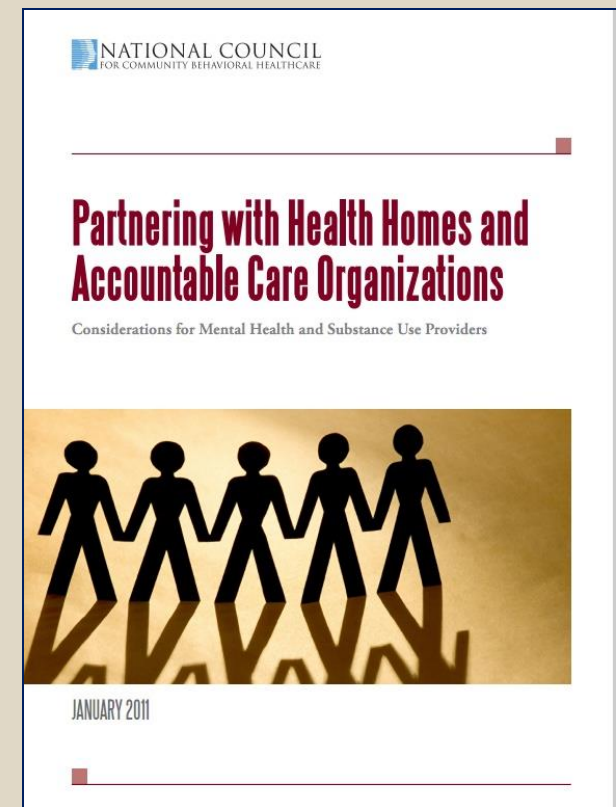
Other ACA Provisions States are Considering

- Essential Health Benefits
 - Federal guidance: HHS Bulletin emphasizes state flexibility
 - Mandatory services can be an opportunity to support primary care – behavioral health integration
- Dual-Eligibles Demonstration
 - 37 states have expressed interest



Partnering with Health Homes and Accountable Care Organizations

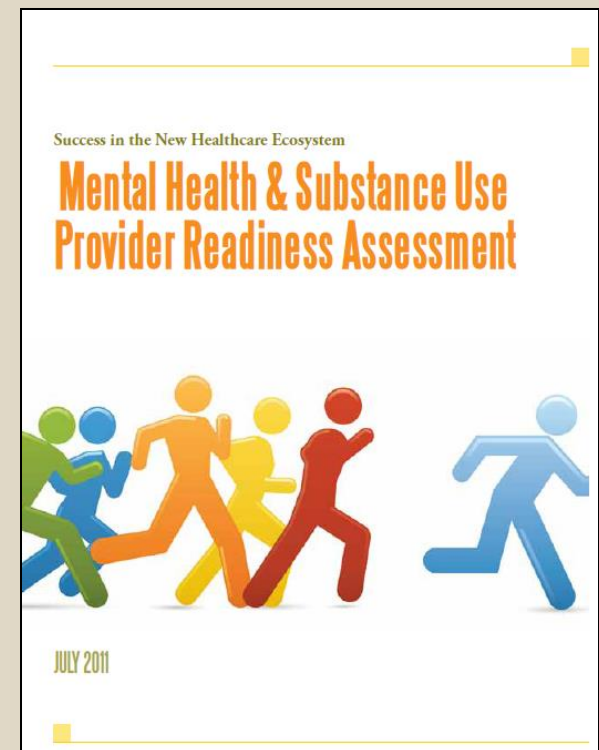
- National Council report
http://www.thenationalcouncil.org/cs/acos_and_health_homes
- Webinar with Dale Jarvis & Laurie Alexander
http://www.thenationalcouncil.org/cs/recordings_presentations
- Live Blogchat
<http://mentalhealthcarereform.org/aco-webchat/>





Provider Readiness Assessment

- Describes 23 important competencies and strategies necessary to succeed in the new healthcare ecosystem
- Points to how you can assess and redesign internal operations to better align with healthcare reform and demonstrate to consumers, healthcare providers, and state policymakers that your organization is high-performing, quality-focused, and efficient.





Questions?

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