



**Office of
Mental Health**

Rehabilitation and the Integrated Approach to Recovery

Nicole K. Haggerty, LMHC

Director, OMH Bureau of Rehabilitation Services & Care Coordination

Objectives

- ✓ Understand why integrated care is critical for the behavioral health population
- ✓ Understand how Health Home care planning and HCBS intersect to support members in overall wellness
- ✓ Understand how the PROS program supports integration of physical and behavioral health
- ✓ Learn about the latest research related to the PROS model and outcomes related to integrated care

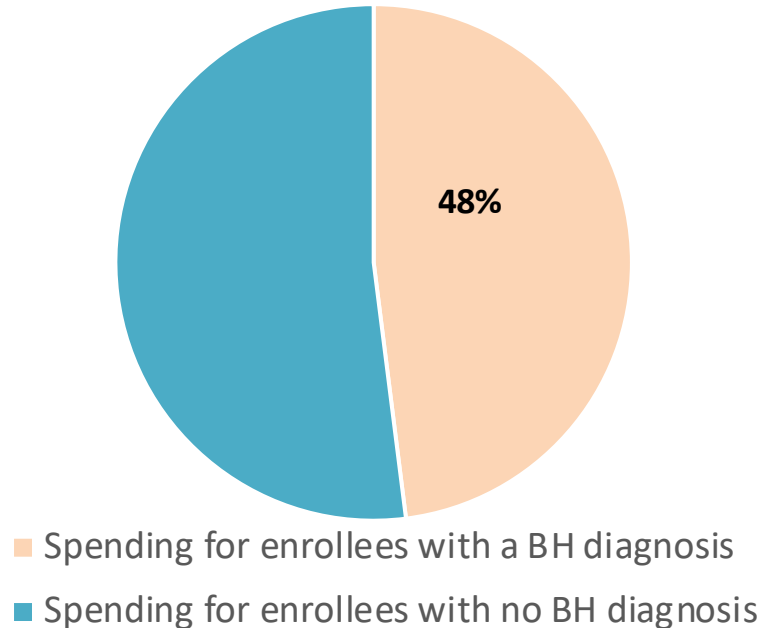
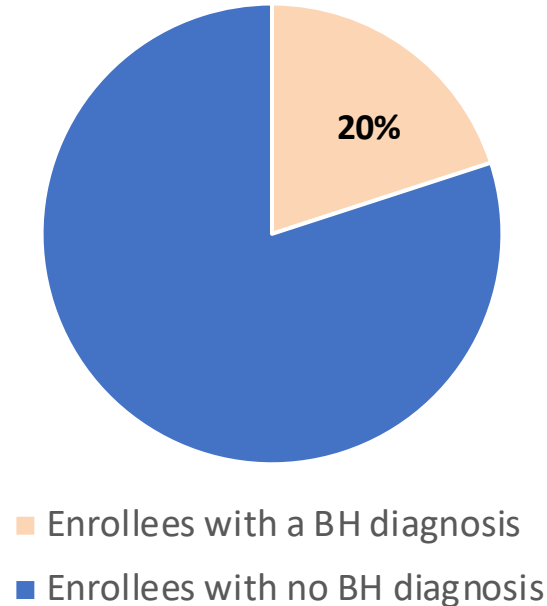


Integrated Care in Behavioral Health



**Office of
Mental Health**

Utilization and spending by Medicaid enrollees with BH diagnoses, 2011



One in five Medicaid beneficiaries had behavioral health diagnoses but accounted for almost half of total Medicaid expenditures

SAMHSA Infographic

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



68%

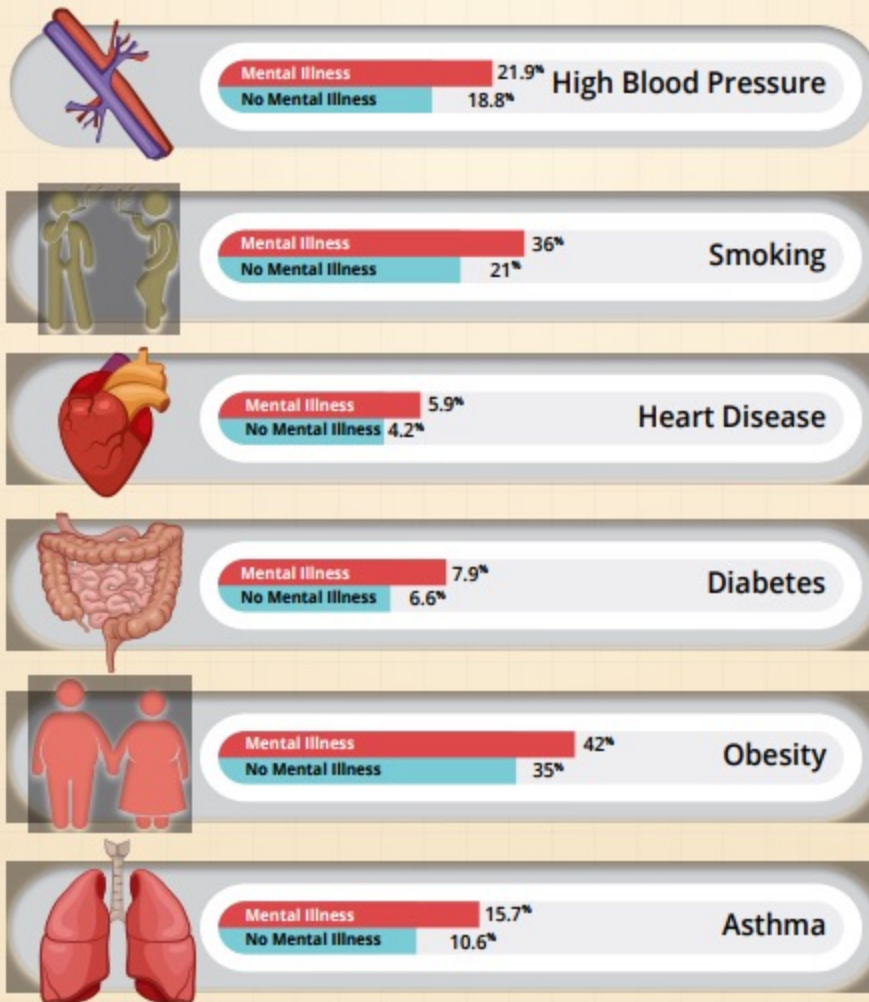
of adults with a mental illness have one or more chronic physical conditions

more than

1 in 5

adults with mental illness have a co-occurring substance use disorder





Mental Disorders & Medical Comorbidity, Key Findings

Comorbidity between medical and mental conditions is the rule rather than the exception.

Many of the most common treatment for diseases may actually worsen comorbid mental and medical problems.

Many chronic medical conditions require patients to maintain a self-care regimen in order to manage symptoms and prevent further disease progression, which may be hampered by comorbid mental conditions.

When mental and medical conditions co-occur, the combination is associated with elevated symptom burden, functional impairment, decreased length and quality of life, and increased costs.

Mental disorders are associated with a twofold to fourfold elevated risk of premature mortality.

(Druss & Walker, 2011)



The SOLUTION



The solution lies in integrated care - the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

Key Principles of Integration

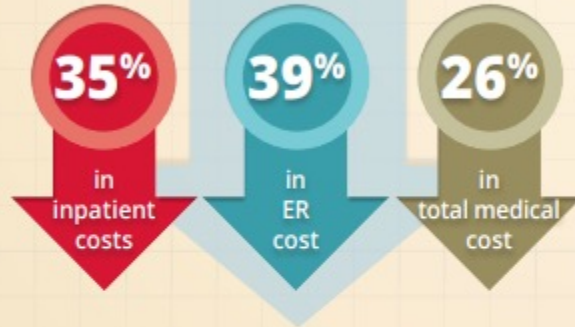
- ✓ Integrated care is **team-based, person-centered,** and **evidence-informed**
- ✓ Relationships are important: personal contacts and “warm handoffs” are central to effective **collaboration**
- ✓ Systematic and proactive **follow-up is important** both after treatment is initiated and once it is completed
- ✓ Progress needs to be measured regularly, and the care plan should be **responsive to feedback** from the individual and other care team members
- ✓ Roles, responsibilities, and expectations of all providers needs to be clearly communicated and understood

(Kates, N., 2017)

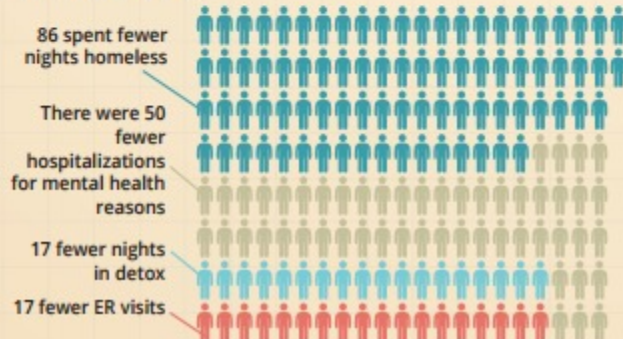


INTEGRATION WORKS

Community-based addiction treatment can lead to...



One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:



Reduce Risk → Reduce Heart Disease
(for people with mental illnesses)

Maintenance of ideal body weight (BMI = 18.5 - 25)	=	35%-55% decrease in risk of cardiovascular disease
Maintenance of active lifestyle (~30 min walk daily)	=	35%-55% decrease in risk of cardiovascular disease
Quit Smoking	=	50% decrease in risk of cardiovascular disease

This is **\$213,000**
of savings per month.

That's **\$2,500,000**
in savings over the year.

**Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.**

Wellness, Health Promotion and Integration

Wellness is being in good physical and mental health. Problems in one area can impact the other. Improving your physical health can also benefit your mental health, and vice versa (SAMHSA, 8 Dimensions of Wellness).



Wellness, Health Promotion and Integration

- ✓ Health-centered rather than disease-centered
- ✓ Emphasizes the role of consumers as opposed to professional providers as the central determinants of health and well-being.
- ✓ While several manualized self-management programs have been developed in recent years, the most widely disseminated is the Wellness Recovery Action Plan (WRAP)

In NYS: Wellness Self-Management (WSM) is a recovery-oriented, curriculum-based practice designed to help adults with serious mental health problems make informed decisions and take action to manage symptoms and improve their quality of life.

Integrated Care Initiatives in NYS



**Office of
Mental Health**

Health Home Care Management

- ✓ Health Home Care Management is a care coordination model that facilitates communication between all members of an individual's care team, including PROS & HCBS providers, so that all of the individual's needs are addressed in a comprehensive manner.
- ✓ Core services include:
 - ✓ comprehensive care management,
 - ✓ care coordination and health promotion,
 - ✓ comprehensive transitional care,
 - ✓ enrollee and family support
 - ✓ referral to community and social supports, and
 - ✓ use of HIT to link services



Care Coordination

- ✓ The CM develops an integrated Plan of Care that identifies all service providers and each provider's role in supporting the individual's recovery goals
- ✓ The CM provides referrals to services addressing the individual's **comprehensive range of needs**, in collaboration with care team members (including PROS & HCBS providers)



Information Technology

- ✓ Behavioral Health and Health Information Technology (BHIT & HIT) can support care managers and other care team members with collaboration and the sharing of information.
- ✓ BHIT funding was made available to Adult BH HCBS providers to support implementation of electronic health records that align with NYS initiatives including DSRIP.
- ✓ Data Exchange Incentive Program (DIEP) supports health information exchange (HIE): Eligible PROS programs and HCBS providers can take advantage of incentive funding for connecting with Regional Health Information Organizations (RHIOS).



Person-Centered Planning & Services

- ✓ Care Managers and rehabilitation providers engage individuals using a **person-centered approach** to recovery and wellness
 - ✓ Collaboration is key - shared strategy for helping to keep an individual engaged and working towards their chosen goals
- ✓ Recovery happens when we **balance what's important to** the individual (their life role goals) with **what's important for** the individual (positive health outcomes)



More Opportunities for Integration in NYS

There are a number of initiatives and opportunities for integration across NYS:

- ✓ Delivery System Report Incentive Payment Program (DSRIP) projects through local Performing Provider Systems (PPSs)
- ✓ Certified Community Behavioral Health Clinics (CCBHC): outpatient networks of primary care, mental health, and substance use disorder programs that adopt a common set of tools, approaches, and organizational commitments to treat individuals in a seamless and integrated fashion
- ✓ Shift to VBP: the transition from a fee for service model to valued based payment model will incentivize practices that promote physical and behavioral health recovery



VBP and Integration

The Behavioral Health VBP Readiness Program is designed to achieve two high level goals:

- Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
- Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices (physical/medical), *to work with Behavioral Health providers who demonstrate their value as part of an integrated care system.*

\$60M in BH VBP Readiness funds available over the next 3 years for selected BH providers to assist in forming *integrated clinical networks* with:

- Interoperable data platform supporting analytics
- Strengthened partnerships with VBP payers and local systems of care

The Role of Rehab Providers in Integration



**Office of
Mental Health**

The Role of Rehabilitation Providers

- ✓ Assess for health risk factors in addition to behavioral health risk factors (e.g. metabolic screenings).
- ✓ Offer services that will increase skills and self-efficacy in illness/wellness management, stress reduction, nutrition and cooking, and exercise and fitness
- ✓ Build and foster skills related to self-advocacy, shared decision-making, and health literacy.
- ✓ Embrace coordination and collaboration with other providers: build mechanisms and policies that can ensure regular feedback to care managers, physical health providers, and Plans.



Implications for Rehabilitation Providers

- ✓ Rehabilitation providers are the experts in psychoeducation and skill-building, which is key to achieving positive outcomes.
- ✓ There is shift happening from traditional service silos to team-based, patient-centered, evidence-informed care. The medical world will gravitate toward clinical treatment providers, so rehabilitation providers need to advocate and make sure they're included as a part of the team.
- ✓ Make effective use of psychiatry staff (MDs, NPs, and RNs). Their medical training makes these professionals uniquely suited to address health disparities in behavioral health populations through consumer psychoeducation and skill development related to healthcare.
- ✓ Take advantage of funding incentives and consider joining a RHIO to promote communication and integration with other providers.



Integration & the PROS Model

- ✓ The PROS model was built around integrated treatment and rehabilitation, with support available for co-occurring MH and SUD diagnoses.
- ✓ The model is flexible and services can be used to support individuals with achieving positive health outcomes.
- ✓ Examples of integration in PROS include: Integrated Treatment of Dual Disorders (including Tobacco Dependence Treatment), Wellness Self-Management, and Health Assessment.
- ✓ The PROS model also includes linkage and referrals to outside providers when necessary, including physical health providers.



PROS & Improving Health Outcomes

- ✓ Health related goals (weight loss, managing diabetes, tobacco cessation, etc.) for participants have increased in recent years.
- ✓ Multi-disciplinary staff completing the Health Assessment and Psych. Rehab. Assessment allows the team to work together to address participant needs and interests.
- ✓ Employment; psychiatry, medical and clinical staff are working closely with employment staff to focus on the participant's employment related needs.



PROS Gets Results

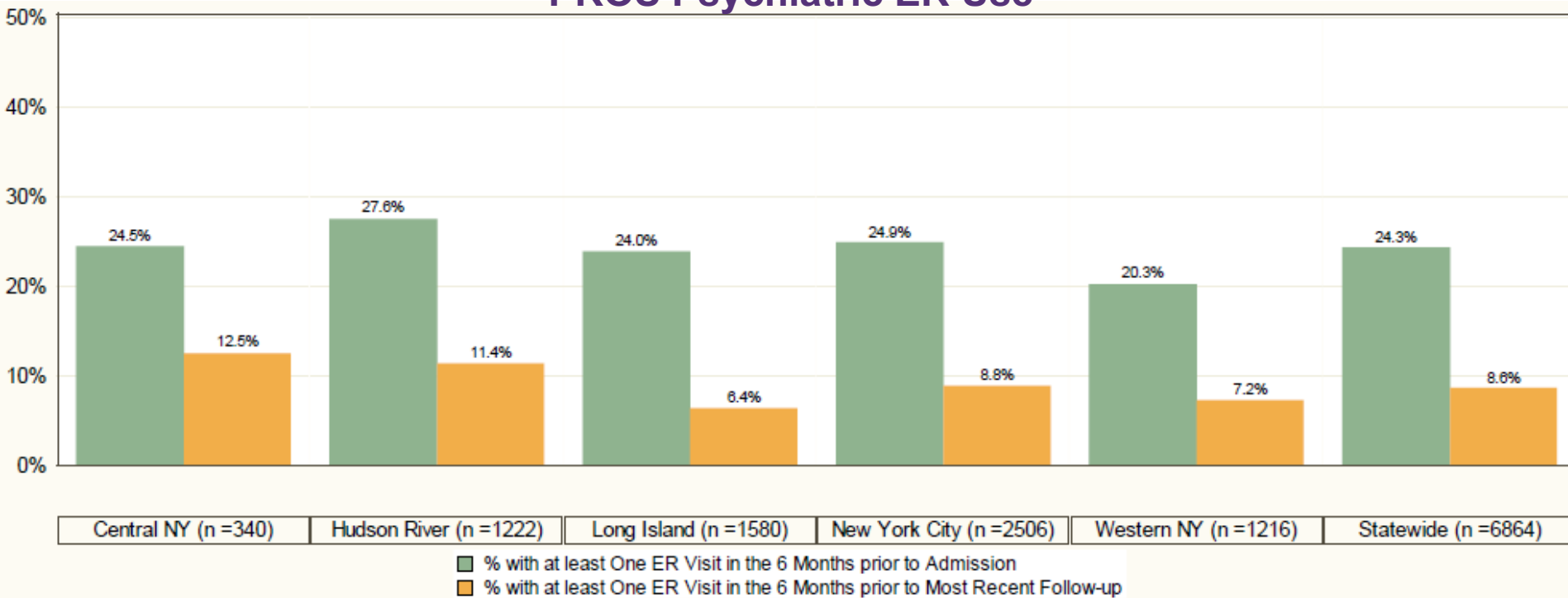
A recent study of the PROS model demonstrated success in reducing hospitalizations for adults with serious mental illness and co-occurring disorders:

- ✓ From pre-admission to post-discharge, psychiatric hospitalizations decreased significantly from 24% to 14%
- ✓ Substance related hospitalizations decreased significantly from 5% to 3%
- ✓ The average number of days hospitalized also decreased by 1.7

(White, Frimpond, Huz, Ronsani, & Radigan, 2017)



PROS Psychiatric ER Use



Sample includes all individuals currently enrolled with at least one follow-up as of 09/30/15.



How PROS Can Support Integration

- ✓ Talk to individuals about life role goals related to health status (living domain)
- ✓ Diversify the program schedule to include classes that develop and build skills related to whole health. For example:
 - ❑ CRS – Basic Living Skills Training: Food & Nutrition
 - ❑ IR – IDDT: Tobacco Dependence Treatment
 - ❑ CRS – WSM – Medication Education & Self Management: Managing Medication Side Effects
- ✓ Use the hiring process to build an interdisciplinary team that includes substance use professionals (CASACs), health professionals (RNs), and educators, in addition to rehabilitation and clinical treatment professionals
- ✓ Foster positive and collaborative relationships with Health Home Care Managers and include CMs in the recovery planning process



How HCBS Can Support Integration

- ✓ Federal regulations require that HCBS be authorized by an integrated Plan of Care, developed by the Care Manager, using a person-centered planning approach
- ✓ The CM oversees the individual's integrated Plan of Care - the HCBS Provider should have routine communication with the CM and other providers to collaborate around care planning
- ✓ HCBS such as CPST, PSR, Habilitation, and Peer Support can be used to support individuals with developing and strengthening skills related to self-advocacy, stress reduction, medication compliance, shared decision-making, healthy living, and disease management





Coming together is a
beginning; keeping together is
progress; working together is
success.

- Henry Ford

References

Center for Disease Control. (2017). *Chronic disease prevention and health promotion*. Retrieved from: <https://www.cdc.gov/chronicdisease/overview/>

Druss, B.G., von Esenwein, S.A., Compton, M.T., Zhao, L., & Leslie, D.L. (2011). Budget impact and sustainability of mental care management for persons with serious mental illness. *American Journal of Psychiatry*, 168(11), 1171-1178. <https://doi.org/10.1176/appi.ajp.2011.11010071>

Druss, B.G. & Walker, E.R. (2011). Mental disorders and medical comorbidity. *Research Synthesis Report*, 21. Retrieved from: https://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf

Kates, N. (2017, February 27). Integrated care: The Canadian story. Retrieved from: <http://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2017.3a25>

White, C., Frimpong, E., Huz, S., Ronsani, A., & Radigan, M. (2017). Effects of personalized recovery oriented services (PROS) program on hospitalizations. *Psychiatric Quarterly*. Advance online publication. DOI: 10.1007/s11126-017-9531-x

