Missouri Community Behavioral Health Clinics – Integrated Care Model
Community Behavioral Health in the United States – a brief history:

➢ On October 31, 1963, President John Kennedy signed the Community Mental Health Act.

➢ Prior to this bill, the mentally ill were institutionalized in very large state psychiatric hospitals.

➢ President Kennedy asserted that the creation of network of high quality, community-based comprehensive behavioral health care organizations would create a system wherein “the mentally ill…need no longer be alien to our affections or beyond the help of our communities.”

➢ And under the Act, federal funding spawned Community Mental Health Centers (CMHCs) across the nation, including eleven in the State of Missouri. But fewer than one-half the CMHCs originally envisioned were established, and eventually the funding that had been set aside to establish and support CMHCs was significantly reduced and given to the states in the form of Block Grants.

➢ Mental Health services began to be offered within State Medicaid programs, and over time the mental health block grants have been starved of needed federal funding. The introduction of managed care to state Medicaid programs has often had uneven (at best) impacts on behavioral health services. Fundamentally, this has meant the county’s treatment of the mentally ill does not fit into a system, and is often fragmented and uneven from state to state.
Community Behavioral Health in the United States – a brief history:

- Contrast this approach to the nation’s support of the Federally Qualified Health Centers – the nation’s safety net primary care system for the poor and uninsured.

- Like their predecessors, the CMHCs, FQHCs must meet national standards of care and receive federal grant support to help offset the cost of serving individuals without healthcare coverage.

- In 2014, Congress passed a version of the Excellence in Mental Health Act within the Protecting Access to Medicare Act (H.R. 4302). This bi-partisan piece of legislation, co-sponsored by Missouri’s Senator Roy Blunt, attempts to fulfill the promise of the Kennedy’s Community Mental Health Act by creating an FQHC-like system for the nation’s seriously mentally ill, children with serious emotional disturbances, and substance use disorders.

- The premise of the bill is that by treating mental illness and other behavioral health like the rest of healthcare, with integrated care, you will produce savings within our emergency rooms and prisons.
Community Behavioral Health in the United States – a brief history:

➢ In December 2016, the Substance Abuse and Mental Health Services Administration announced the selection of the eight participating states:

- Minnesota
- Missouri
- New York
- New Jersey
- Nevada
- Oklahoma
- Oregon
- Pennsylvania

➢ In addition to paying for an enhanced match for two years, the demonstration project allows for an FQHC-like Prospective Payment System that allows the CCBHCs to focus more on appropriate clinical care than producing fee-for-service volume in areas with “better rates”.

➢ Like the article in Modern Healthcare Magazine, Missouri has adopted an integrated, whole-person healthcare model, over the past 5 years that we believe proves the CCBHC concept.
The Missouri CCBHC Model requires Community Mental Health Liaisons to work with law enforcement and the courts – promoting diversion, coordination of care, CIT training, POST training and officer self-care.

The Missouri CCBHC Model requires Emergency Room Diversion Teams focused on frequent fliers.

The Missouri CCBHC Model requires the utilization of individuals with lived experience.

The Missouri CCBHC Model requires MAT prescribing and a CCBHC Medical Director.

The Missouri CCBHC Model requires quality reporting and significant development of data reporting using several different statewide reporting systems.

The genius of CCBHC is it allows all of the above to be included in the PPS rate.
Missouri Integrated Care Model – Disease Management & Healthcare Home

THE PROOF THAT CCBHC WILL WORK!!

Year 5 | 2016
26 Missouri CMHC Healthcare Homes

24,844 Current Enrollment (as of 1.1.2017)

Length of Enrollment in Healthcare Home

<table>
<thead>
<tr>
<th>Duration</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>13-24 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.5%</td>
</tr>
<tr>
<td>25-36 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.5%</td>
</tr>
<tr>
<td>37-48 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>49-59 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>60 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17%</td>
</tr>
</tbody>
</table>

Missouri county map with CMHC Healthcare Home locations
African American 16%
Caucasian 79%
Other/Unknown 5%
Hispanic 1%

DUAL ELIGIBLES

AGE GROUP
- Elderly (>64): 5%
- Children (<18): 16%
- Adult (18-64): 79%

RACE
- African American: 16%
- Caucasian: 79%
- Other/Unknown: 5%
- Hispanic: 1%

GENDER
- Female: 57%
- Male: 43%

N = 24,844 total health home enrollment as of 1.1.2017
DISEASE MANAGEMENT OUTREACH

CMHC Healthcare Homes outreach to individuals with complex medical conditions and high Medicaid costs, and who are not engaged with a behavioral health provider. This high risk population is identified by MO Medicaid, and a list is sent to providers to outreach.

The disease management outreach population enrolled in Healthcare Home account for approximately 74% of the total savings of CMHC Healthcare Home program.

<table>
<thead>
<tr>
<th>Disease Management Population enrolled in a CMHC Healthcare Home:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DM3700 N=2,899</td>
</tr>
<tr>
<td>ADA DM N=358</td>
</tr>
</tbody>
</table>

75% DM3700
Mental Health Outreach

38% ADA DM
Substance Use Outreach
Cost Savings
Missouri’s Health Homes have saved an estimated $35.9 million

$20.7 million in CMHC HCH savings alone!

including $73.3 million reduction in hospital costs!

Cost savings are calculated using the first year of participant enrollment in the health home over the 5 years of program operations. (Jan 2012 – Jan 2017) | N = 80,688

No calculation for cost avoidance!
Next step risk stratification model!

Current per member per month (PMPM) rate for CMHC Health Homes is $85.23 (Jan. 2017)
% of clients with 1+ Hospitalizations

Baseline  | Year 1  | Year 2  | Year 3  | Year 4
---|---|---|---|---
Hospital | 34% | 28% | 26% | 22% | 25%
ER       | 45% | 40% | 34% | 31% | 31%
Hospital & ER Days per 1,000

- ER Visits Per 1,000: Baseline 14, Year 1 59.2, Year 2 45.3, Year 3 39.8, Year 4 35.5, ↓36%
- Hospital Days Per 1,000: Baseline 141.2, Year 1 115.4, Year 2 99.6, Year 3 95.6, Year 4 92.4, ↓35%
Chronic Disease Prevalence
Behavioral Health Conditions

Total CMHC Health Home participants as of Jan 2017
HCH Adults N = 20,936
HCH Youth N = 3,908
Behavioral Health Conditions

Total CMHC Health Home participants as of Jan 2017
HCH Adults N = 20,936
DM3700 N = 3,854
ADA DM N = 947
<table>
<thead>
<tr>
<th>Condition</th>
<th>HCH Adults</th>
<th>DM3700</th>
<th>ADA DM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Chronic Disease</td>
<td>27%</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>2 Chronic Disease</td>
<td>28%</td>
<td>21%</td>
<td>28%</td>
</tr>
<tr>
<td>3 Chronic Disease</td>
<td>21%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>≥4 Chronic Disease</td>
<td>11%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>SUD+2 or more other CD</td>
<td>8%</td>
<td>7%</td>
<td>29%</td>
</tr>
<tr>
<td>MH+2 or more other CD</td>
<td>49%</td>
<td>44%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Total CMHC Health Home participants as of Jan 2017:
- HCH Adults N = 20,936
- DM3700 N = 3,854
- ADA DM N = 947
Body Mass Index (BMI) & Obesity

Total CMHC Health Home participants Jan 2017
HCH Adults N = 25,290
DM3700 N = 3,163
ADA DM N = 485
**Tobacco Use**

Total CMHC Health Home participants as of Jan 2017

- Adult N = 23,768
- Youth N = 5,156

**Adult Tobacco Use**
- Total N = 23,768
- Tobacco Use: 58%
- No Tobacco: 42%

**Youth Tobacco Use**
- Total N = 5,156
- Tobacco Use: 4%
- No Tobacco: 96%
Daily Living Activities (DLA-20) Assessment

Total CMHC Health Home participants as of Jan 2017
N = 19,530

Score 31-40
Major impairment in several areas of functioning

Score 41-50
Some serious symptoms or impairment in functioning

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-20 mGAF</td>
<td>0.3%</td>
</tr>
<tr>
<td>21-30 mGAF</td>
<td>6%</td>
</tr>
<tr>
<td>31-40 mGAF</td>
<td>38%</td>
</tr>
<tr>
<td>41-50 mGAF</td>
<td>44%</td>
</tr>
<tr>
<td>51-60 mGAF</td>
<td>10%</td>
</tr>
<tr>
<td>61-70 mGAF</td>
<td>1%</td>
</tr>
<tr>
<td>71-80 mGAF</td>
<td>0%</td>
</tr>
<tr>
<td>81-90 mGAF</td>
<td>0%</td>
</tr>
</tbody>
</table>
Performance Measures & Outcomes

Disease Management
Diabetes

Adults continuously enrolled at each point in time and adults enrolled as of December 2015
N = 1,889 (3.5 yr. enrollment)
N = 4,667 (Apr 2016)
Hypertension & Cardiovascular Disease

Adults continuously enrolled at each point in time and adults enrolled as of December 2015

CVD N = 232 (3.5 yr. enrollment)
CVD N = 550 (Apr 2016)
HTN N = 2,401 (3.5 yr. enrollment)
HTN N = 6,349 (Apr 2016)
Metabolic Syndrome Screening

All CMHC Health Homes have attained a completion rate above 80%!

N = 6,553 (3.5 yr. enrollment)
N = 21,407 (Apr 2016)
Medication Adherence

Total CMHC Health Home participants (Apr 2016):
N = 16,900

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Adherence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-depressants</td>
<td>84%</td>
</tr>
<tr>
<td>Anti-psychotics</td>
<td>85%</td>
</tr>
<tr>
<td>Mood stabilizers</td>
<td>86%</td>
</tr>
<tr>
<td>Anti-hypertensives</td>
<td>85%</td>
</tr>
<tr>
<td>Cardiovascular meds</td>
<td>84%</td>
</tr>
<tr>
<td>COPD meds</td>
<td>85%</td>
</tr>
<tr>
<td>Diabetes meds</td>
<td>83%</td>
</tr>
</tbody>
</table>
small changes make a BIG DIFFERENCE
Small Changes » Big Difference

10% reduction in cholesterol

6 mm/Hg reduction in blood pressure

1 point reduction in HgbA1c

10% ↓ in cardiovascular disease

16% ↓ in cardiovascular disease

42% ↓ in stroke

21% ↓ in diabetes related deaths

14% ↓ in heart attacks

37% ↓ in microvascular complications
For individuals with LDL >100 at initial test result

N = 6,721

First Result: 130.7
Last Result: 110.7

Improving uncontrolled cholesterol

For individuals with LDL >100 at initial test result

N = 6,721

First Result: 130.7
Last Result: 110.7
For individuals with SBP >140 and DBP > 90 at initial test result:

SBP N = 2,659
DBP N = 2,326

SBP First Result: 153.1
SBP Last Result: 135.04

DBP First Result: 97.91
DBP Last Result: 85.22

**Improving uncontrolled blood pressure**

For individuals with SBP >140 and DBP > 90 at initial test result:

SBP N = 2,659
DBP N = 2,326

SBP First Result: 153.1
SBP Last Result: 135.04

DBP First Result: 97.91
DBP Last Result: 85.22
Improving uncontrolled A1c

For individuals with A1c > 9.0 at initial test result

N = 909

First Result: 10
Last Result: 8.9

↓ 1.48 points
For individuals with A1c > 9.0 at initial test result

N = 4,718

First Result: **313**
Last Result: **253.6**

**59.4 points**
national recognition of the Missouri Model
April 2016

The National Council for Behavioral Healthcare awards the Missouri Coalition for Community Behavioral Healthcare with the Science into Practice: Systems Change and Best Practice Inspiring Hope Award for the use of data in supporting the Healthcare Home program.
October 2015

The National Association of State Chief Administrators (NASCA) selected Missouri Health Homes as their 2015 Case Study conducted by Harvard University.

the Missouri Model of integrated care
October 2015

The American Psychiatric Association (APA) awarded the Missouri CMHC Health Home program the Psychiatric Services Gold Achievement Award.
states Missouri has consulted with on health homes and the Missouri model of integrated care

the Missouri Model of integrated care
As of November 2016, 20 states and the District of Columbia have a total of 29 approved Medicaid health home models.
MO Health Home Resources

MO Department of Mental Health
dmh.mo.gov/mentalillness/mohealthhomes.html

MO Coalition for Community Behavioral Healthcare
mocoalition.org/#!health-homes/c14fu

MO Department of Social Services | MO Primary Care Health Homes
dss.mo.gov/mhd/cs/health-homes/

CMS Health Home Information Resource Center

Articles and Recognitions

“The Promise of Convergence: Transforming Health Care Delivery in Missouri” (Harvard Case Study for 2015 NASCA Institute on Management and Leadership)
www.naspo.org/dnn/Portals/16/2015%20NASCA%20Case%20Study%20-%20The%20Promise%20of%20Convergence%20FINAL%20for%20article.pdf

Gold Award: Community-Based Program: A Health Care Home for the “Whole Person” in Missouri’s Community Mental Health Centers (APA Achievement Awards 2015)
ps.psychiatryonline.org/doi/full/10.1176/appi.ps.661013can Psychiatric Association |