CiMH Activities: Clearing House Websites & MH, SUD, PC Integration Collaboratives

Report to the Oversight and Accountability Commission

California Institute for Mental Health

January 24, 2013

MHSA Resource Clearinghouses

- CiMH has developed 3 websites to facilitate dissemination of information and support implementation of MHSA
  - One focused on the PEI component
  - Another on the Innovation component
  - A third a strategies for addressing disparities and achieving health equity

PEI Clearinghouse

- Launched in 2010
- Process of developing website structure included extensive input from DMH and MHSOAC PEI staff as well as input from PEI coordinators
- Designed to provide:
  - general information to public
  - technical information to implementers
  - opportunity for shared learning through community forums

www.mhsapei.org

INN Clearinghouse

- Launched in 2011
- Process of developing website structure included input from DMH and MHSOAC staff
- Designed to provide:
  - general information to public
  - technical information to implementers
  - opportunity for shared learning through community forums

www.mhsainn.org

Health Equity Clearinghouse

- Launched in 2012
- Process of developing website structure included input from community stakeholders
- Designed to provide:
  - general information to public
  - technical information to implementers
  - Use of social media and other forms of fostering shared learning

www.cahealthequity.org

CiMH Learning Collaboratives Aligned with the Triple Aim

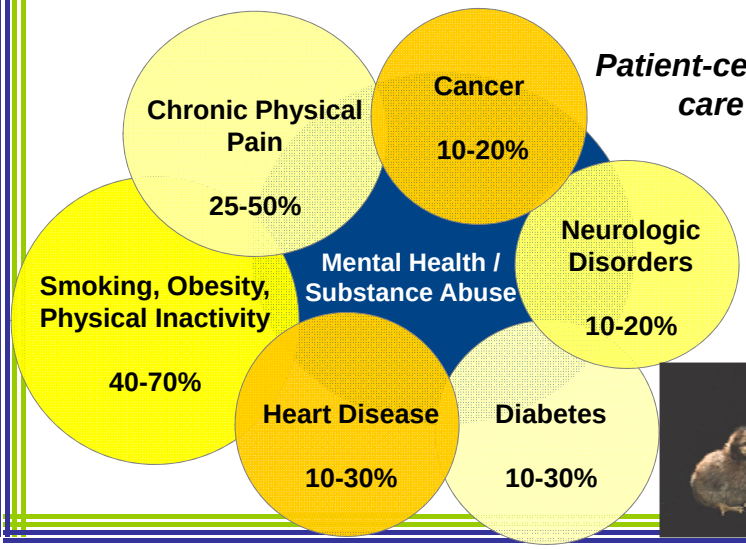
Our Purpose:

- To promote wellness and positive mental health and substance use disorder outcomes *(better health for the population our clients serve)* through improvements *(better care at reduced costs)* in California's health systems .

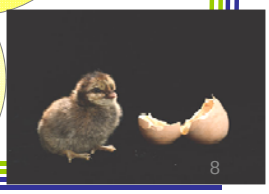
The Challenge …

- CA safety net provides care for complex clients
- The safety net is not coordinated
- How does CiMH support improvement given this challenge?

Behavioral Health Problems are Rarely the Only Health Problem



Patient-centered care?



Services are Poorly Coordinated

CiMH values using Empirically Based Approaches

- **Model for Improvement**: Quality Improvement theory and methods are being applied to the problem
- **Breakthrough Series Learning Collaborative Pilot:** Improvement in care coordination is supported through a learning collaborative model

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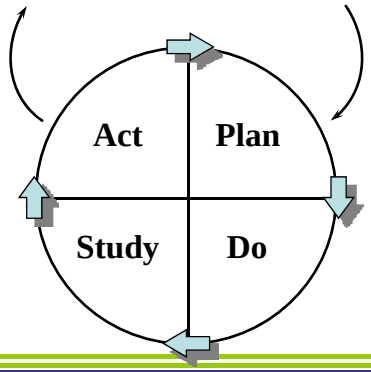
Model for Improvement

What are we trying to accomplish?

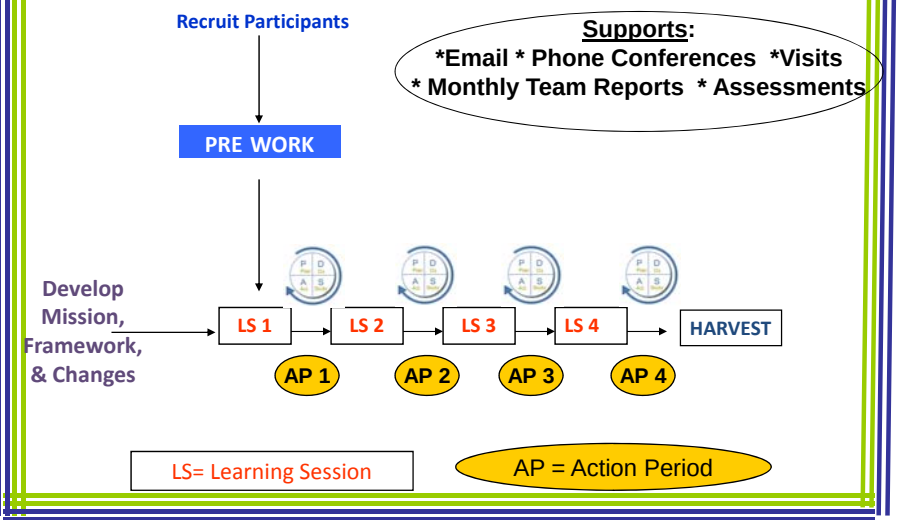
How will we know that a change is an improvement?

What change can we make that will result in improvement?



API ASSOCIATES IN PROCESS IMPROVEMENT

Breakthrough Series Model



Current CiMH Learning Collaboratives 1/11 – 2/13

1. **Advancing Recovery Practices (ARP):** Mental health providers as high performing specialty partners-Increasing organizational capacity & client flow through advancing recovery

2. **Small County Care Integration (SCCI):** Paving the way to integration/bi-directional care through improved communication, coordination & collaborations with primary care

3. **Care Integration Collaborative (CIC):** Developing MH/PC/SUD integrated care & care coordination

4. **Strategies for Integrating Health, Prevention and Community (SIHPC):** Developing effective partnerships between community health centers and community organizations

Why focus on Care Coordination?

A Few Good Reasons….

- **MANY individuals with greatest health risks and cost have co-occurring MH, SUD and health conditions** (Faces of MediCaid 3, Kaiser N.CA SUD research)
- **Treatment for people with multiple conditions is 'siloed', often not evidence-based, and care is not coordinated**
  - People with SMI/SUD have increased health risks (psychiatric meds, smoking, poverty, lack of good diet and exercise..)
  - Stigma limits recognition of health issues in MH/SUD population
  - Health problems addressed late or during crisis due to lack of trust and access
  - Lack of cultural knowledge and expertise among providers

Why focus on Care Coordination?

A Few Good Reasons….

- **Screening, referral, treatment and monitoring for MH/SUD is not routine in PC practice nor is screening/monitoring for physical health risks/conditions routine in specialty MH/SUD.**

- **Health Reform requires care coordination:** California Counties implementing LIHP/MCE have risk for specialty MH/SUD as defined in benefit package for Medicaid HCR waiver. Increased financial risk (hospital and ED) for covered un/under-treated MH/SUD conditions. Health Homes require Care Coordination.

What is Care Coordination?

*The deliberate organization of client/patient care activities between two or more participants involved in a client's/patient's care to facilitate the appropriate delivery of health care services.**

Clients and their families are essential partners

(McDonald, 2007)

*McColl Institute for Healthcare Innovation, Group Health Research Institute, Reducing Care Fragmentation, Presentation on Coordinating Care

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CIC Learning Collaborative

Aim

Over a 12-month period, 6 to 8 county partnerships of mental health, substance use disorder, and primary care agencies working with local public safety net health plans will increase the number of clients who receive person-centered coordinated care that improves their health outcomes.

Goals (selected)

- Improved identification of conditions across providers
- Shared Care Plan-MH/SUD/PC
- Identified Care Coordinator
- Medication reconciliation
- Better medical care access
- Better tracking of health outcomes across MH/SUD/PC
- Reduce unnecessary ER use
- Better health outcomes
- Improved healthy behaviors
- Increased client satisfaction

A Direction Forward: The Triple Aim

Requires a balanced approach

- Better Health for Populations
- Better Care for Individuals
- Reduced Costs through Improvement

(Don Berwick, Former Director CMS)

Triple Aim Summit

- May 23 – 24, Burlingame
- Panels: Innovations focused on Triple Aim
  - CA Counties in CIMH Learning Collaboratives
  - Primary Care (including CPCA Behavioral Health Network)
  - Health Plans
  - Substance Use Services
  - SAMHSA and CMS funded pilots

Triple Aim Summit

National Experts

- Relationship between care coordination and integrated care and the Triple Aim
- Other key issues related to the ACA:
  - a) stigma reduction and health equity
  - b) new role of health plans
  - c) emerging and key role of peers.

Day 2: Development of Recommendations

For More Information …

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