Healthy Families & Healthy Communities: Integration of Behavioral Health in Reform Efforts

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Hawaii’s Context & Background

- Medicaid is part of Department of Human Services
  - Medicaid/CHIP 325k enrollees, 23% of population of 1.4M
  - 50% of all children
  - Leader in health coverage – over 90% insured for many years

- Delivery System
  - 99.9% managed care, 5 health plans
  - 1 Behavioral Health plan for specialized MH services
  - Managed Long term supports and services since 2009, January 2015 carved into all managed care plans

- Child and Adult Mental Health Programs in a sister agency, Department of Health

- 2 SIM Planning Grants – round 2 targeted on Behavioral Health integration and Medicaid
Hawaii’s goals for health & care:

**Healthy Families/Healthy Communities**

**Beyond clinic walls:**
1. Where we live and work; our education
2. Our families and community support
3. Our zip code to our genetic code

**TRIPLE AIM**
1. Better Health
2. Better Care
3. Lower Costs

**Health Equity: Addressing Health Disparities**
People get what they need considering:
1. Racial/ethnic background
2. Their geography
3. Economic situation

Transforming components into systems:
Coordinating systems, programs, and services to support families and communities by addressing Social Determinants (Live, Work, School, Social Supports – DHS programs)
Nurturing healthy families & communities

• Investing early in children and their young parents in multi-generational approach
• Use a whole person approach to health care
  • Improve oral health
  • Right time, right place
  • Focus on Integration of Behavioral Health

Nurturing Healthy Families & Communities: Why Behavioral Health

• SIM Planning grant analysis showed the average cost for individuals with a BH condition was **three times the average total cost** for individuals without a BH diagnosis.
• Mental illness was identified as the number one **preventable** hospitalization in 2012 (Community Health Needs Assessment).
• In 2013, more than one in every 4 adults (27%) in Hawai’i reported having **poor mental health**.1
• The number of **suicides** for youth ages 15 to 24 more than doubled from 2007 to 2011.
• **Disparities:** About one in ten (11.9%) of Native Hawaii/Pacific Islander high school students attempted suicide one or more times in the past year, the highest proportion among all racial groups in the US.2

Nurturing healthy families & communities

Contributing to positive behavioral health in primary care

- PCPs provide 60-70% of BH care for mild to moderate conditions.
- Feedback from Hawaii stakeholders suggest that many PCPs are not screening because of the lack of BH training and resources needed to provide those services at the primary care level.
- Intervene earlier to avoid more severe impact later & a gap in system of care
  - Adults and children
  - Mild to moderate behavioral health conditions (depression, anxiety, substance use)

Primary Care & Behavioral Health

- Development of Toolkits to be rolled out to Primary Care (Including OB/GYN)
  - SBIRT - Screening, Brief Intervention, Referral to Treatment; to help address the hidden issues with substance misuse in primary care offices
    - Pregnant women, Individuals w/ Chronic Disease, Dual Diagnoses
    - Additional clinical and non-clinical settings (Emergency Departments)
  - Screening and Treatment of Depression and Anxiety - based on IMPACT model to identify and treat depression in primary care settings
  - Motivational Interviewing – client-centered method used to educate, engage, empower consumers to participate in health actions and decisions
Supports for Primary Care

- Support system adoption of models in primary care
  - Explore options for improved care coordination for primary care
    - 60-70% are in small practices
  - Provider-to-provider consults – tele-psychiatry
  - Training and support
  - Expand and enhance primary care
    - Expand Medicaid support of primary care Graduate Medical Training
    - Expand members of primary care team
      - Community Health Workers
      - BH professionals
      - Clinical pharmacists

Medicaid Support: Integration of Behavioral Health

- System mapping of Adult Mental Health System & Medicaid
  - Analyze from a overall system perspective what the system of care is for individuals with mild/moderate, moderate to severe mental illness
    - Duplication or gaps in care
    - Where can community supports be bolstered
    - How can Medicaid and sister Adult Mental Health agency work more closely to support system of care
  - Support/Collaborate with Children’s Mental Health Div. to use Medicaid more efficiently/effectively
    - Dept. of Education, Child Welfare
  - Developmental Disabilities office – renewing waiver with a focus on improved opportunities for housing, jobs and social supports.
    - Vocational Rehabilitation, Dept. of Labor
## Medicaid Focus – Collaborate & Support

**Populations**
- Homeless

**Focus (access, services)**
- Get people onto Med-QUEST;
- Identify who they are for Health Plans;
- Evaluate & expand possible housing supports;
- Evaluate behavioral health supports

**How:**
- Processes for eligibility system
- Indicators/flags in system
- Policy & Program: analyze all our housing support options
- Evaluate workforce supports
  - Community Health Workers
  - Training of providers
  - Provider-to-provider consults

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## Medicaid Focus: Collaborate & support

**Children & their families**
- Moms
- Early Childhood

**Services/What we do**
- Screening for substance use (SBIRT)
- Screening for depression/other
- Screening/early identification/intervention (birth-3; 3-5)

**How:**
- Design training & support
- Design financial models to support
- Work with Dept. of Ed, Health, Child Welfare, Justice to design screening tools, referral/treatment pathways
  - Financial support models
  - Consent forms/data sharing