Behavioral Health Homes - Optimizing System Integration to Impact Health Outcomes and Reduce ED Use

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Disclosures

Kim Swanson, Ph.D. is a full time salaried employee as the Behavioral Health Director at Mosaic Medical. Dr. Kimberly Swanson has disclosed that within the past 12 months, she has not had financial interest with any manufacturers of medical commercial products pertaining to the presented topics.

Kara Cronin, MS, MAC, LPC is a full time salaried employee as a Supervisor of Community Support Services at Deschutes County Behavioral Health. Ms. Cronin has disclosed that within the past 12 months, she has not had financial interest with any manufacturers of medical commercial products pertaining to the presented topics.



Background: Where Are We?





Background: Who Are We?

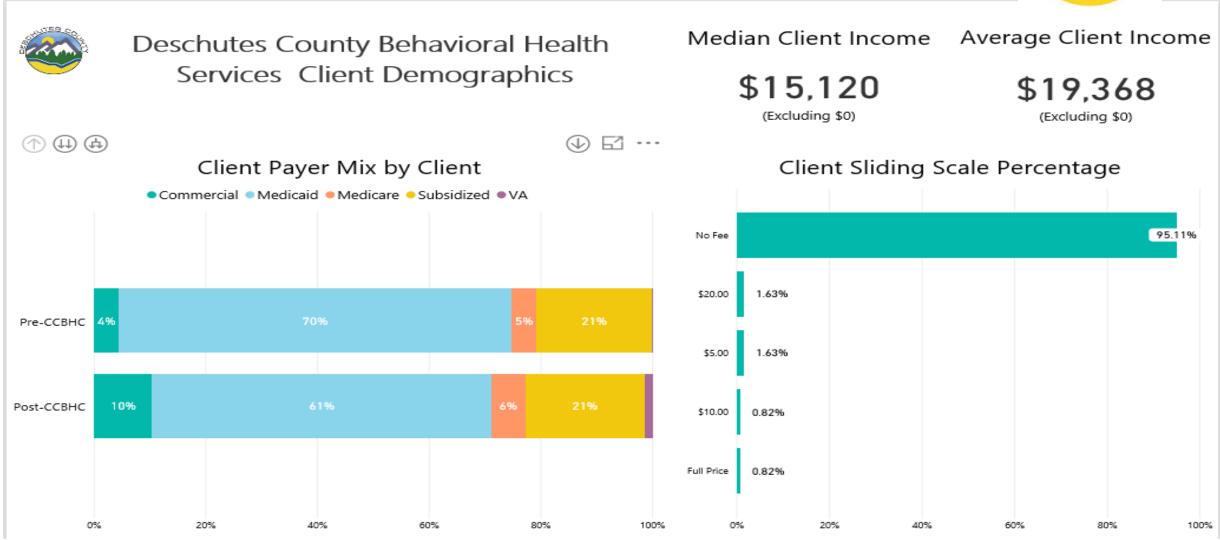


Deschutes County Behavioral Health (DCBH) is a Division of Deschutes County Health Services which is a Public and Behavioral Health integrated government service agency.

- DCBH has been the local Community Mental Health Program (CMHP) for the county for over 30 years and, since April 2017, is also a Certified Community Behavioral Health Clinic (CCBHC).
- As a CMHP, DCBH is the provider of behavioral health and substance use disorder services to all Medicaid recipients in the county as well as the provider of safety net services to individuals in psychiatric crisis.
- As a CCBHC, DCBH has expanded services to those with commercial insurance and has integrated services with primary care providers.
- DCBH serves over 5,000 individuals per year and provides a full array of services from 24/7 crisis, Intensive Adult and Youth Programs to Complex Outpatient Care.
- The full compliment of services are offered in four service locations throughout the County which all provide access to primary care.

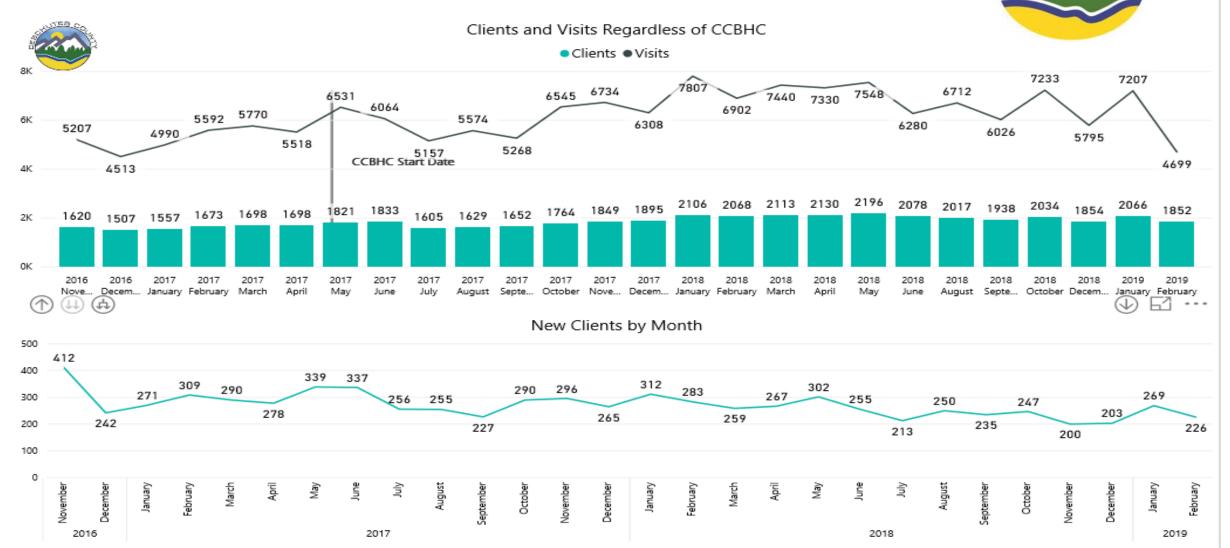
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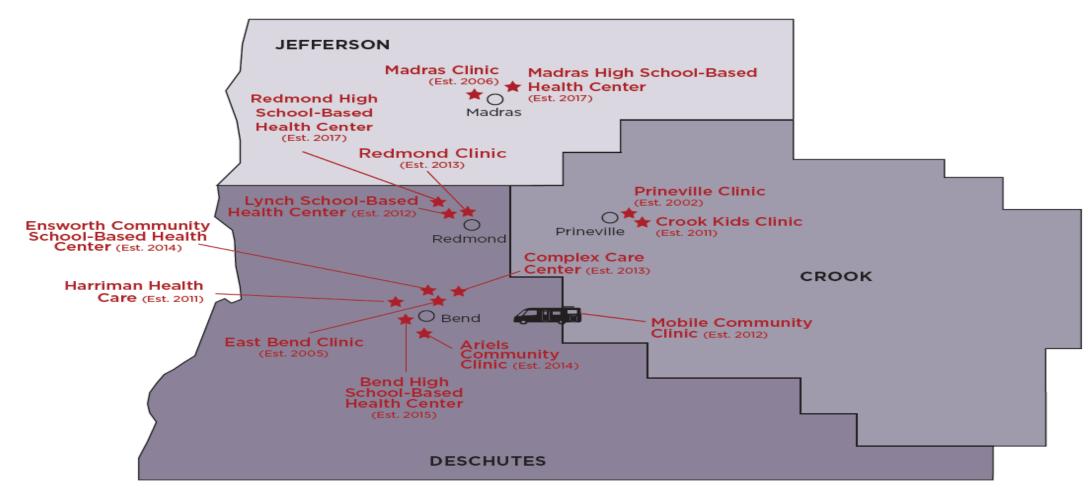




Background: Who We Are



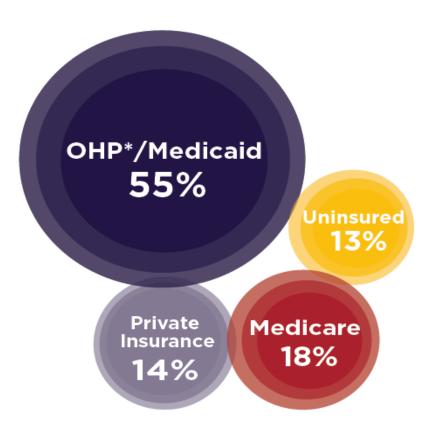
CLINIC LOCATIONS



Background: Who We Are



PATIENT INSURANCE COVERAGE



*Oregon Health Plan



19,433
PATIENTS SERVED



PATIENTS BY AGE



24% CHILDREN (0-18)



63% ADULTS (19-64)



13% SENIORS





- Integrated services started small, expanded in 2014
- Serving (250?) adults and youth with SPMI
- Added Onsite pharmacy, nutritionist, dental screenings

As early as the first year (2011-2012):

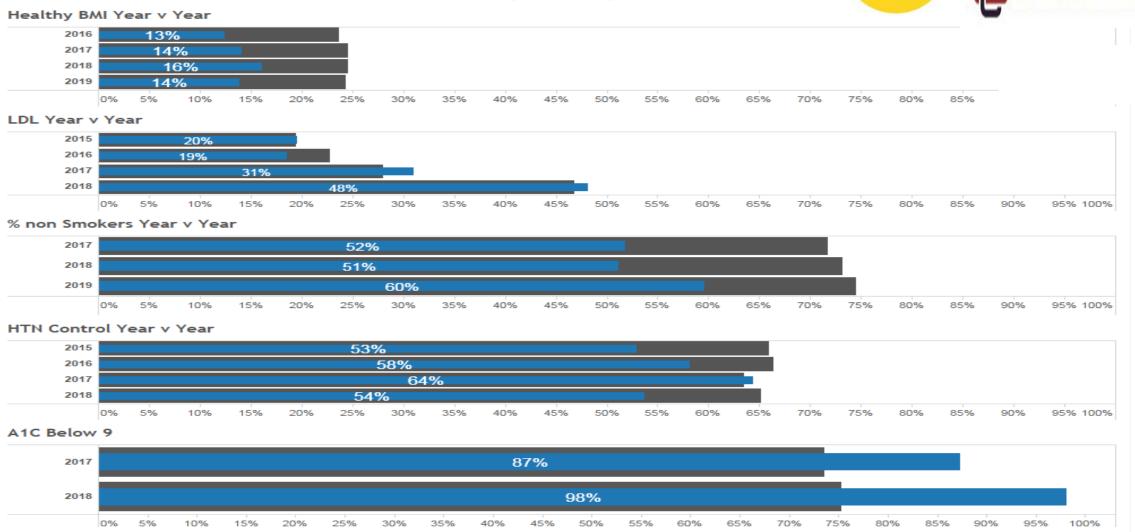
- medical appointment attendance increased from 13% to 72%
- For those with active peer and case management support, medical appointment attendance increased from 13% to 92%

ADD in ED Utilization info??

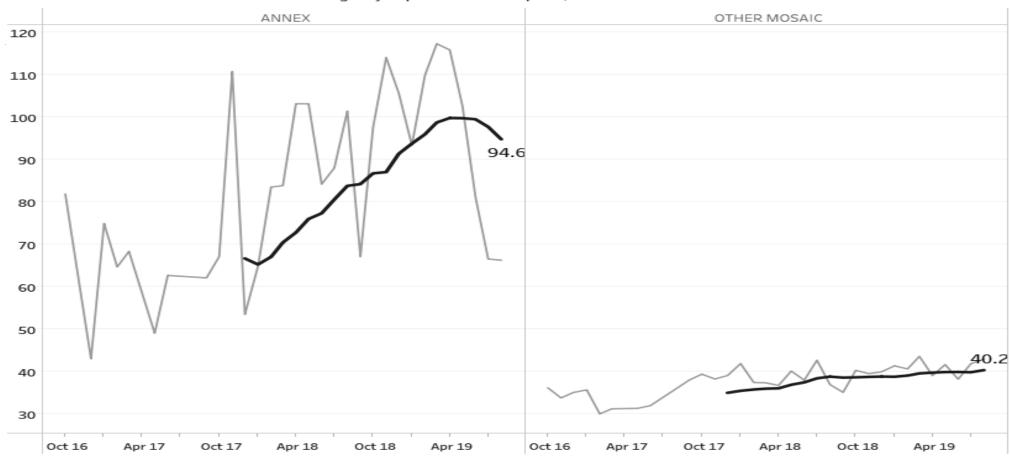
•Increased enthusiasm and support from DCHS-BHD staff for the project has grown with the success of the program – it is our new normal

HHC Vs. Mosaic Average (HHC in Blue)



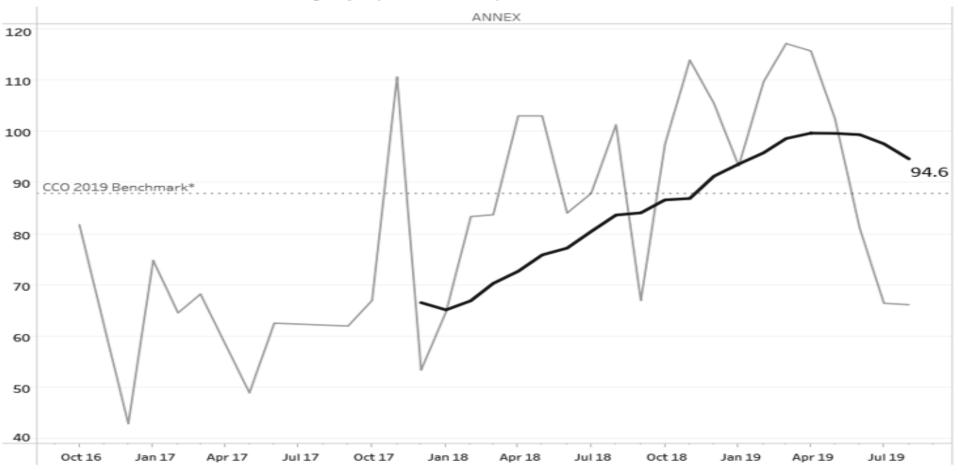


Monthly and Rolling 12 - Month ED Rates
-Emergency department visits per 1,000 member months



*CCO 2019 Benchmark for ED Utilization for Individuals Experiencing Mental Illness based on 2017 CCO 90th percentile

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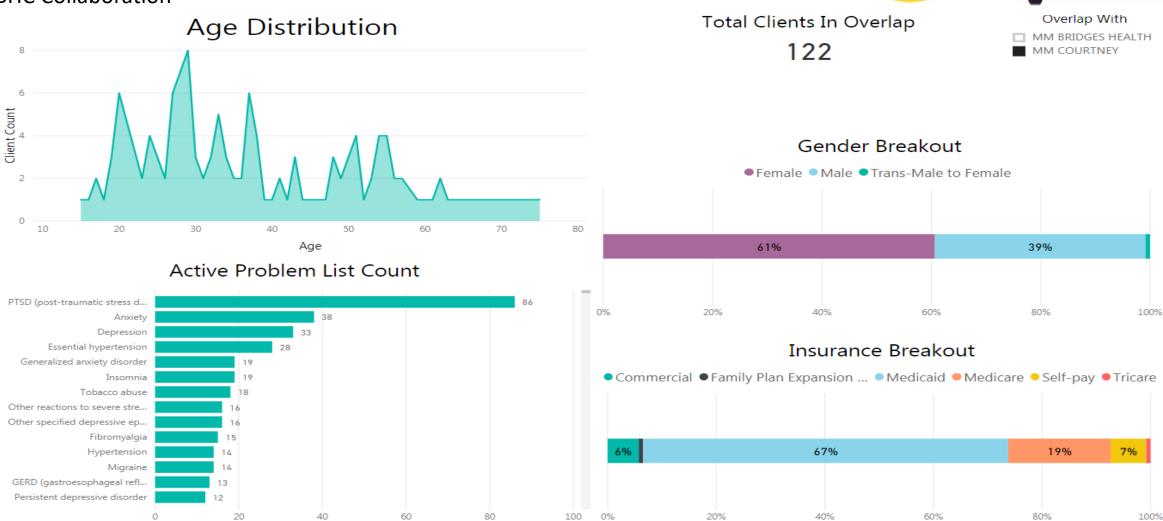
CCBHC Collaboration









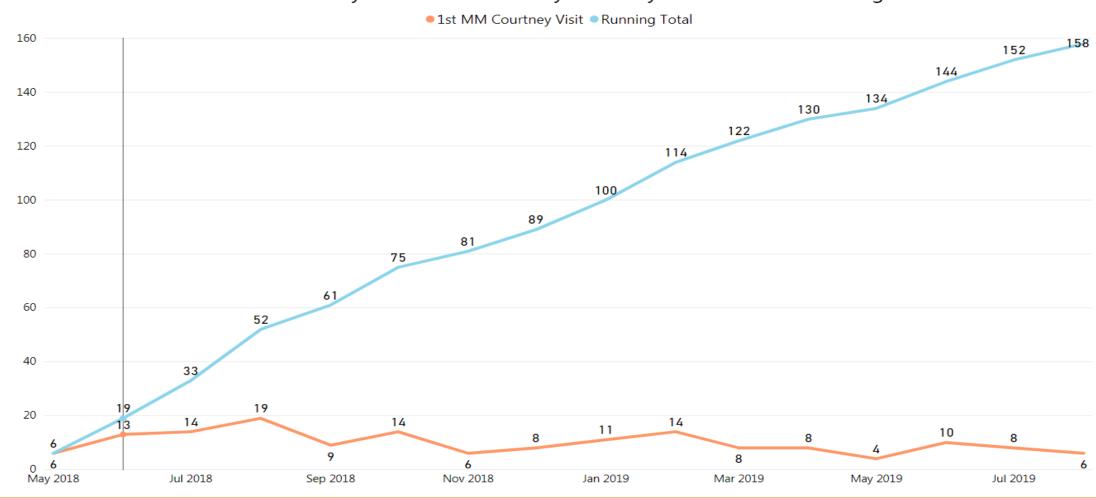






CCBHC Collaboration

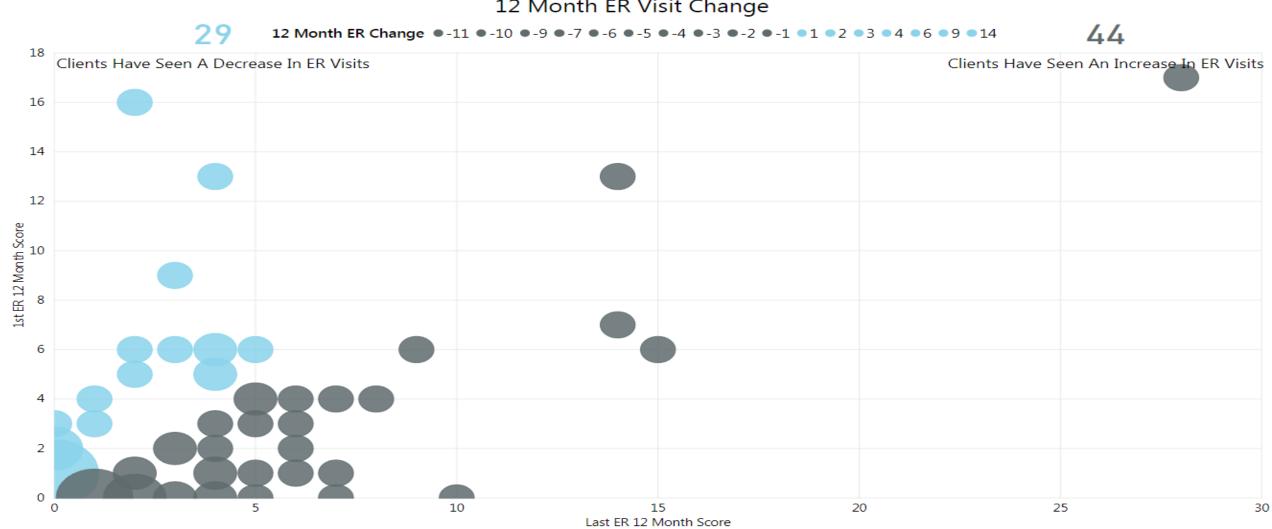
MM Courtney & Deschutes County Courtney Mutual Client Trending



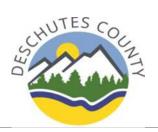








Lessons Learned





- •Behavioral Health and Medical providers speak different languages and have a different lenses
- Sharing risk
- Clients really like having their services in one place
- Peer support specialists are critical in making this successful
- Need to have ongoing leadership meetings keeping the big picture in mind
- •Multi-disciplinary consultation between Mosaic and DCHS-BHD is scheduled, emergent and frequent
- •On the BH side, it's a culture change. We are having conversations we were not having 10 years ago
- •Important to have providers who love working with these clients
- •Whats next?: on site lab, further explore strategies for decreasing ED visits

Questions & Answers

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