BEHAVIORAL HEALTH:

Recovery Through Whole Health

Produced by Health Resources in Action of Boston
for the Maricopa County Department of Public Health

The ADHS Division of Behavioral Health Services (DBHS) integrated Recovery Through Whole Health is a medical home model that will serve the physical and behavioral health needs for Title XIX eligible adults with serious mental illness (SMI) in Maricopa County.

There is a clear need for integrated physical, mental and behavioral health services. About 3% of Arizona's 6.5 million residents live with serious mental illness (SMI) (1)(2) and most of them are also living with a physical health illness. On average, adults living with SMI in the United States die 25 years earlier than adults without SMI (3). In Arizona, people with SMI die – on average - 32 years earlier than the general population (4)(5). There is clearly a need for better coordinated, more comprehensive services as well as environmental and systems changes.

A large number of Medicaid beneficiaries have co-morbid chronic medical conditions such as heart disease, diabetes, and pulmonary disease, that are often caused by modifiable risk factors like tobacco use, obesity, low rates of physical activity, and substance abuse (3)(6) in addition to a mental health diagnosis (5).

Untreated, these comorbidities are very expensive. Nationally, 85% of high cost Medicaid members had a mental health diagnosis and 60% of the highest cost beneficiaries had chronic disease and mental health co-morbidities (5).

Mental health and medical care are typically not integrated. Lack of communication and poor information technology has resulted in poorer quality of care, inefficiencies and unnecessary expenditures. Patients' conditions may worsen because of potential medication interactions, difficulty making and keeping multiple appointments, and receiving different instructions from multiple clinicians. In addition, if they are lucky enough to have family managing their care, the patient's family may be left trying to navigate multiple issues (7).

Mercy Maricopa Integrated Care-Maricopa Integrated Health System as Regional Behavioral Health Authority (8). ADHS/DBHS, and the Arizona Health Care Cost Containment System (AHCCCS)- Arizona's Medicaid program - are working together to provide physical and behavioral healthcare services that are integrated and improve overall health, wellness and quality of life for members through an efficient, financially sustainable healthcare service delivery system. The approach is unique because one payer covers care for all SMI patients.

ADHS/DBHS contracts with community-based organizations called Regional Behavioral Health Authorities (RBHAs) to administer behavioral health services. The RBHA contracts with a network of service providers to deliver behavioral health care services. For the Recovery Through Whole Health medical home model, RBHA will provide coordinated and integrated care services for Title XIX eligible adults with SMI. In addition, the RBHA will engage key stakeholders, enhance coordination of providers, improve health outcomes and reduce healthcare costs (9). Key components of the model include:

- Behavioral and Primary Health Care
- Specialty care
- Community supports
- Housing supports
- Employment supports
- Peer supports (10)

On March 25, 2013 Mercy Maricopa Integrated Care (MMIC) - a not-for-profit, locally owned and operated health plan sponsored by Mercy Care Plan and

Maricopa Integrated Health System (MIHS) - was awarded the contract to be the Recovery for Whole Health RBHA for Maricopa County beginning October 1, 2013. On April 3, 2013 Magellan Health Services of Arizona, Inc. filed a protest of the decision and the Arizona Department of Administration has issued an order of stay pending the outcome of the protest.

Effective October 1, 2013, the eventual contractor will manage mental health and substance abuse treatment for well over 50,000 adults and children. For this population, the Whole Health RBHA will be responsible for coordinating behavioral health services, and medical care will continue to be managed through AHCCCS (4). As part of Recovery for Whole Health, the contractor will oversee treatment for approximately 12,000 individuals with serious mental illness through a network of local providers and clinics. With expanded Medicaid coverage, an additional 7,000 people with serious mental illness will qualify (11).

This new initiative will have a range of needs to support the goals of better coordinated care, housing, community and employment supports, and improved health outcomes. MCDPH has the potential to be a valuable partner to the Whole Health model.

OPPORTUNITIES FOR COLLABORATION

1. **Provide Prevention, Wellness and Chronic Disease Management**
    a. *Primary Prevention*: MCDPH could recommend evidence-based population and community strategies for the Whole Health RHBA to support the health and wellness of members such as increasing access to healthy food and opportunities for physical activity, social connectedness, and tobacco and violence-free environments. Two examples include:
        i. Promoting tobacco-free behavioral health housing;
        i. Promoting Community Connectedness Activities that enhance strong and connected neighborhoods to improve community mental health.

    b. *Chronic Disease Self Management (CDSM):* An important focus of the Recovery Through Whole Health approach is to provide tools and support to patients to help them prevent and manage chronic conditions. As identified in its 2012-2017 Community Health Improvement Plan (CHIP), MCDPH has prioritized improving CDSM programs and clinical-community linkages. MCDPH could contract with the awarded Whole Health RHBA contractor to train people in CDSM and help design a system to promote and strengthen access to these programs. This can be done by providing prevention and disease management training materials and follow-up to providers, assisting them with developing referral mechanisms for CDSM programs for the SMI population (12). CDSM programs may need to be tailored for the SMI population. In addition, health departments can offer these programs directly.

    c. *Chronic Disease and Preventive Care Quality Improvement:* MCDPH's Office of Performance Improvement (OPI) – through its current functions – can offer technical support for quality improvement to improve services for the SMI population. Furthermore, it can provide workforce resources and trainings to support RHBA providers that will institutionalize routine protocols for key preventive care and chronic disease resources and services, such as routinely asking about tobacco use and establishing a referral mechanism for the Arizona Smokers' HelpLine and to CDSM programs.

2. **Provide outreach, enrollment and education for Whole Health and Insurance**
    The ADHS Office of Individual and Family Affairs (OIFA) is taking the lead on providing information about the Recovery Through Whole Health approach to community agencies, patients, families and the public in general. This process, through which OIFA is partnering with

peer-run agencies, has already begun and will run through the first year of implementation of the program.

MCDPH, in all its programs, might identify and refer people into the integrated RHBA as well as educate partner organizations and clients about the Recovery through Whole Health approach. Since the Health Care for the Homeless Clinic offers an integrated physical and behavioral health model of care where the behavioral health provider is co-located at the primary care clinic, it could be contracted as a provider as well. In addition, Health Care for the Homeless could also provide a navigation function to help enroll homeless clients with SMI in health insurance.

3. **Become an integrated RHBA provider for homeless clients (13)**
   Law 2011, Chapter 96 (House Bill 2634) goes into effect on July 1, 2013 and will facilitate licensure of integrated health programs that provide both behavioral and physical health services. The Behavioral Health and Medical Health Licensing programs that Arizona Department of Health Services oversees are collaborating to:
   - Establish trainings and protocols related to each others' requirements;
   - Train across programs to allow for informed surveys and investigations;
   - Co-locate facilities, but with separate premises;
   - Transition physical files;
   - Streamline licensing processes;
   - Provide technical assistance within the program and to providers.

   MCDPH should seek licensure of the Health Care for the Homeless Clinic to become eligible for and potentially maximize reimbursement as an integrated health provider, as many homeless individuals have physical and behavioral health challenges.

4. **Exchange relevant population health data**
   MCDPH monitors and reports on health data for specific subpopulations in Maricopa County. MCDPH might identify challenges and resources for sub-populations by race, ethnicity, sexual orientation and gender identity, neighborhood, and homeless status. In this capacity, MCDPH might provide the Whole Health RHBA contractor with data relevant to the population that will inform and guide the implementation of needed supports and interventions.

   The data MCDPH provides might also inform the RHBA contractor as to the types of data to capture in its information system. In addition, the contractor might share data with MCDPH in order to better track population and sub-population outcomes for community health assessment and health improvement planning purposes.

5. **Offer Housing Supports**
   The Housing First model is a pathway program from temporary to permanent housing, often for the chronically homeless. Participants are offered comprehensive case management support services and a "harm reduction/ low demand" approach to housing so that substance abuse relapse will not result in loss of housing (14). Through the integrated care model, coordinated care teams will provide housing supports.

   Through MCDPH's Health Care for the Homeless Clinic (HCH), MCDPH might support integrated RHBA coordinated care teams in offering housing assistance through both its outreach and programming efforts (15). HCH staff might make referrals to and provide education about the new coordinated care approach in order to help ensure that no SMI patients are lost during the transition process. Because of their experience, MCDPH might contract to train coordinated care teams in supporting homeless clients with housing assistance or contract to provide this service directly to Whole Health RHBA clients who may not be Health Care for the Homeless Clinic patients.

6. **Case Management for Populations with Serious Mental Illness (SMI)**
   MCDPH might contract with the Whole Health RHBA contractor to provide case management for subpopulations with SMI. For example,

Health Care for the Homeless clients with SMI could connect to a range of health, community, housing and employment services. This would build on the work HCH is already doing. Similarly, case management for children and families with SMI determination is currently offered; thus this could be another opportunity for MCDPH to contract with the new RHBA awardee. Furthermore, MCDPH can target community health worker programs towards people with SMI—especially those of minority backgrounds-- to promote the appropriate use of primary care and reduce unnecessary emergency room utilization.

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