



ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

Behavioral Health Community Partners

May 2018

Association for Behavioral Healthcare (ABH)

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Who We Are

- ▶ ABH is a statewide association representing 85+ community-based mental health and addiction treatment provider organizations.
 - ▣ For ABH, community-based services means BH services provided outside of an acute inpatient hospital
 - ▣ All of the BH CP primary entities are ABH members
 - ▣ About ½ of our member organizations are part of 1+ BH CP
- ▶ Our members serve approximately 81,000 MA residents daily, 1.5M annually, and employing >46,500 people.
- ▶ ABH provides leadership and statewide coordination on important public policy, financing, preferred clinical models, and quality assurance issues

Association for Behavioral Healthcare (ABH)

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ABH and Behavioral Health Community Partners (BH CP)

- ▶ None of our members look alike – very different service arrays
 - Wide variety in contracted service breadth and array (Department of Mental Health, DPH/Bureau of Substance Abuse Services, Department of Children and Families, Department of Developmental Services, etc.)
 - Different mix of third-party payers. Those that deliver third-party reimbursable services are *heavily dependent on Medicaid* – many clinic services (e.g, methadone maintenance, Community Support Program, Emergency Services Programs, etc.) or clinicians (LMHCs, master’s-level staff) that are reimbursed by Medicaid are not reimbursable through Medicare and/or private insurance.
 - Range of provider-based care coordination/care management experience – e.g. Here For You, Community Service Agencies/Children’s Behavioral Health Initiative, etc.

System Transformation: BH CP Selection Criteria

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- ▶ Community-based provider or consortium of community-based providers with experience and expertise supporting populations with serious mental illness (SMI), substance use disorder (SUD), and co-occurring disorders.
- ▶ Awardees required to deliver at least one service within each of the following:
 - *Community based mental health services* (e.g., CBFS, ESP, PACT, CSP, CSPECH, crisis stabilization, respite services, residential services)
 - *Substance Use Disorder treatment services* (e.g., ATS, CSS, SOAP, MAT, outpatient SUD treatment)
 - *Outpatient mental health services* (e.g., clinical, day treatment, medication, intensive outpatient); and
 - *Integrated care management services* (e.g., One Care Health Home, MBHP PBCM, Here For You, ICC, grant-based and care management programs)
- ▶ MassHealth and/or MassHealth-contracted Managed Care Entity Provider; and,
- ▶ At least one clinical service contract with a state agency such as DMH, DPH/BSAS, or DCF.

ABH Members in Brief

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- ▶ Compared to ACOs, ABH members have more limited resources for staffing, technology, and other infrastructure
 - FY'16 average annual ABH member revenues were \$39.2M and median annual revenues were \$27.0M
- ▶ ABH members have adopted eHealth solutions – decisions driven by available resources and unique needs of BH providers
 - Some ABH members offer telepsychiatry but rates and other challenges have prohibited widespread adoption
 - Almost all ABH members have implemented EHRs - typically products tailored to BH
 - E.g., eHana, Netsmart and Qualifacts products predominate
 - BH CPs are in the process of implementing care coordination products or modules
 - Connections to MassHiWay are few
 - Some early adopters working with PreManage Primary for event notification

BH CP Configurations

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- ▶ BH CPs are organized in three primary ways:
 - ▣ **Standalone**, e.g., Behavioral Health Network; Community Healthlink; Eliot Community Human Services.
 - ▣ **Consortium**, e.g., Eastern Massachusetts Community Partners, LLC (comprised of Vinfen Corporation, Bay Cove Human Services & Bridgewell) or Innovative Care Partners, LLC (Center for Human Development, Inc., Gandara Mental Health Center & ServiceNet)
 - ▣ **Lead Entity with Affiliated Partners (management agreement)**, e.g., High Point Treatment Center, Inc. with Brockton Area Multi Services (BAMSI), Bay State Community Services; Child & Family Services; Duffy Health Center & Steppingstone, Inc.); Lowell Community Health Center with Lowell House, Inc. and Mental Health Association of Greater Lowell
 - ▣ Each model has strengths and challenges

System Transformation: Longer-Term Opportunities

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- Improve health outcomes for MassHealth members with SMI and/or chronic SUD
- Improve care experience for MassHealth members with SMI and/or chronic SUD
- Better integrated care

System Transformation: BH CP Performance Measures

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- ▶ Accountability Score – At-Risk \$ Tied to Score w/ Weighted Domains
 - **Care Integration (40%)**: community partner engagement; annual treatment plan completion; follow-up with CP after any hospitalization (3 days); follow up with any provider after ED visit (7 days)
 - **Population Health (35%)**: annual primary care visit; community tenure; AOD treatment initiation/engagement including MAT; follow-up MH hospitalization (7 days); diabetes screening for individuals w/schizophrenia or bipolar disorder who are using antipsychotic medication; TBD
 - **Member Experience (15%)**: TBD
 - **Avoidable Utilization (10%)**: All-Cause hospital readmission; ED visits for adults with SMI, addiction or co-occurring conditions

Note: For illustrative purposes only. Measures and weights may evolve

System Transformation: Early Challenges

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- ▶ Workforce ramp-up
- ▶ CCIT, EDI, and other technology ramp-up
- ▶ Information sharing – within the BH CP and with ACO/MCO partners
- ▶ Service access – particularly psychiatry
- ▶ Culture differences between primary care and BH
- ▶ Managing multiple relationships, one BH CP may be working with 10+ ACOs
- ▶ Complex relationships – CPs must navigate ACO, MCO & MBHO
- ▶ Differential requirements by ACOs and MCOs, e.g., different reporting timeframes for identical requirements, different data elements, different reporting platforms, reporting to both ACO and MCO in partnered relationship, etc.
- ▶ Most BH CPs are bringing DMH Adult Community Clinical Services (ACCS) model online on 7/1
 - Similar challenges to CP in terms of workforce and more complex relationships