



Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

House Healthcare Efficiencies Summer Study Committee

September 8, 2015

Representative Stephen Huffman, Chairman

Tracy J. Plouck, Director

Efficiencies and Innovation in Ohio's System of Behavioral Health

- Streamlining Mental Health and Addiction Services at the state level
- Aligning Behavioral Health with Physical Health Recovery Supports
- Workforce Challenges
- Telemedicine

Streamlining Mental Health and Addiction Services at State Level

- Former Departments of Mental Health and Alcohol and Drug Addiction Services consolidated into OhioMHAS effective July 1, 2013.
- Administrative Savings through consolidation:
 - Reduced admin budget by \$1.5 million per year in FY 14-15
 - Additional \$1 million/year reduction in FY 16-17
 - Savings were shifted into direct services, primarily targeted at working with local jails to improve behavioral health services.

Streamlining Mental Health and Addiction Services at State Level

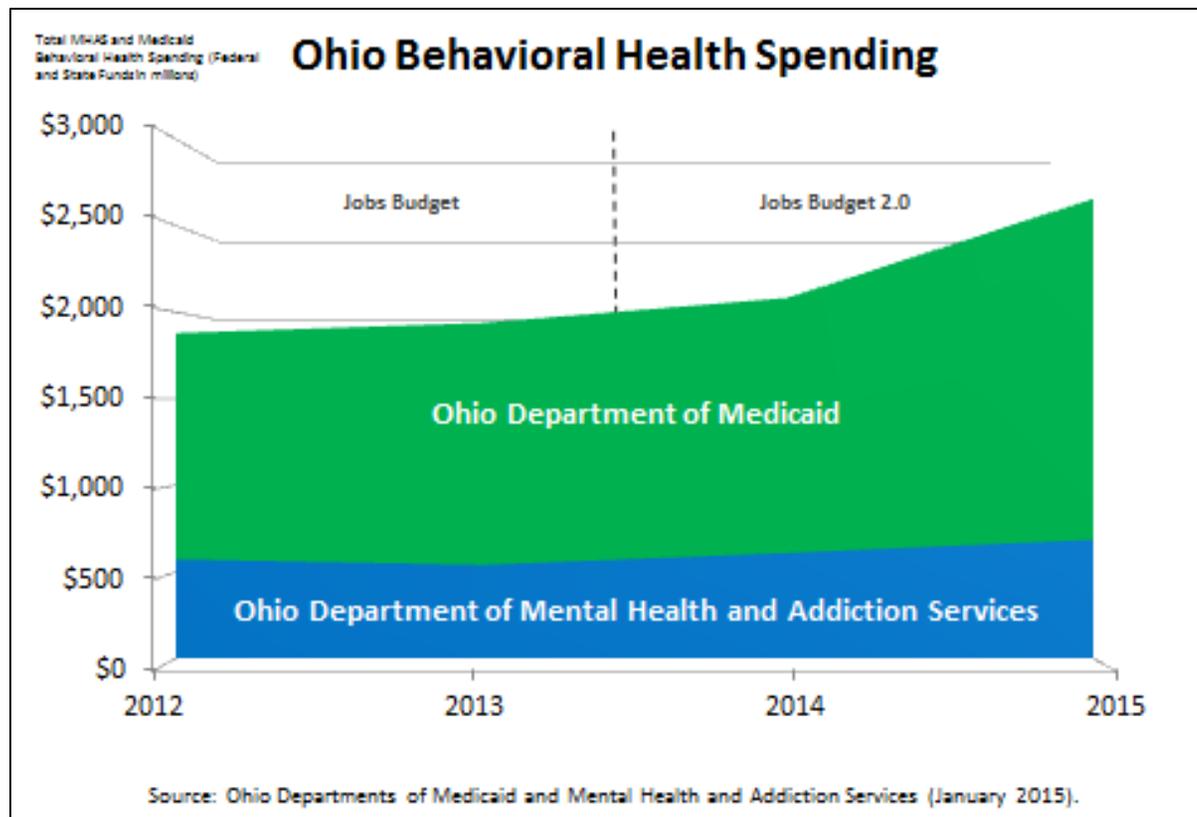
- Regulatory Changes:
 - Upon consolidation, ODADAS and ODMH had very different certification and licensure processes.
 - Accreditation rules have been aligned and reviewed by JCARR.
 - Residential licensure rules will soon be submitted to the JCARR process.
 - Providers with multiple lines of services will now have a singular process, timeline, and application.
- Deemed status: OhioMHAS recognizes several private accrediting bodies as evidence of compliance with OhioMHAS certification.

Aligning Behavioral Health with Physical Health in Medicaid

- The FY 16/17 budget builds on past investments by Governor Kasich in the areas of mental health and addiction services.
- First budget elevated Medicaid responsibility, freeing local boards from financial risk of providing match.
- Second budget maintained coverage for Medicaid to individuals up to 138% of poverty, making more clinical services available.

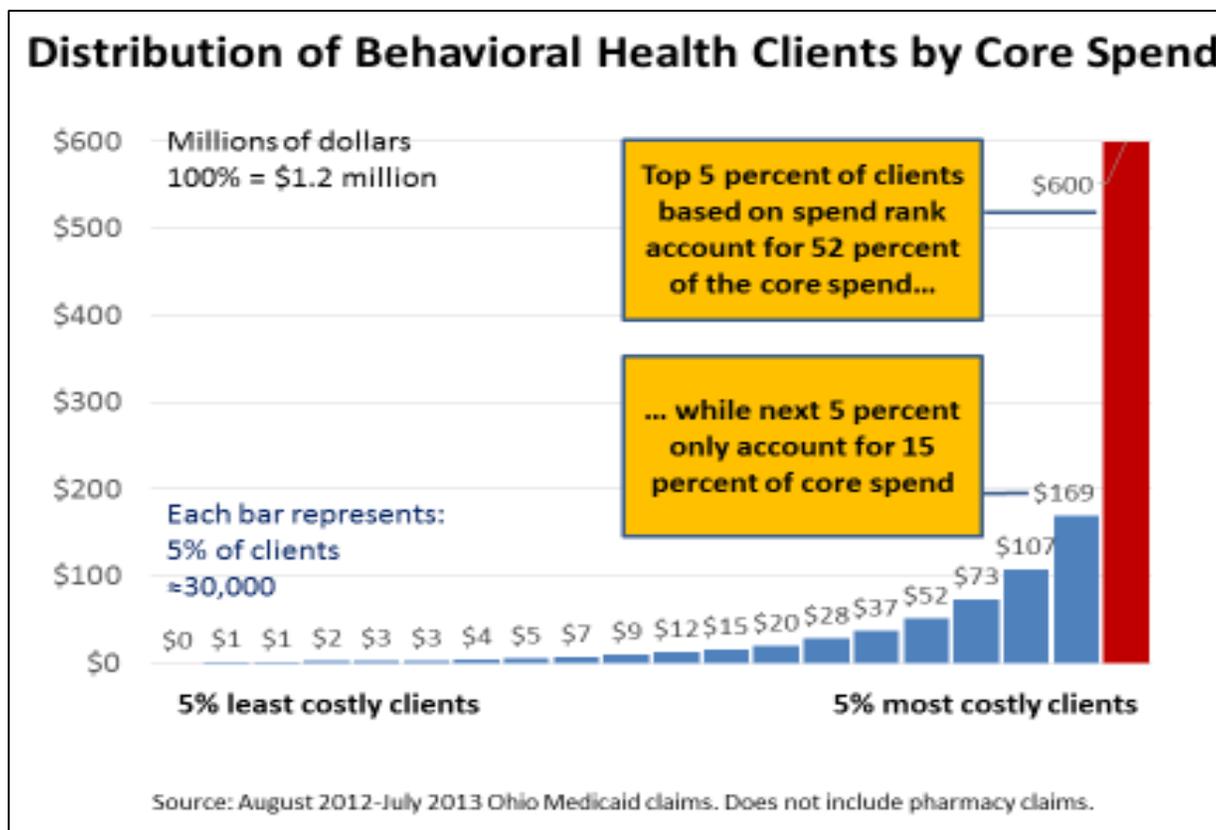
Aligning Behavioral Health with Physical Health in Medicaid

Top priority: Support continued Medicaid benefits that have resulted in an influx of treatment resources for mental health and addiction.



Modernize the Medicaid Behavioral Health Benefit

The Medicaid behavioral health population in Ohio represents 27% of Medicaid members but accounts for almost half of the Medicaid spend.



Behavioral Health System Redesign

- Add new services to the Medicaid behavioral health benefit
- High intensity services are available for those most in need
- All providers follow National Correct Coding Initiative (NCCI)
- All providers practice at the top of their scope of practice
- Behavioral health and physical health integration opportunities are maximized
- All behavioral health services in managed care by January 2018
- Implement value-based payment methodologies (e.g., episode-based and PCMH payment models) by January 2018
- Coordination of benefits across payers

Care Coordination: Managed Care

- Carve in Ohio's Medicaid behavioral health services to Ohio's current non-MyCare Medicaid managed care plan contract
- Require MCPs to delegate components of care coordination to qualified community behavioral health providers

Standardized Approach	Align in Principle	Differ by Design
<ul style="list-style-type: none">• Clinical outcomes and plan performance measures• Care management identification strategy for high risk population• Billing and coding methodologies• Benefit design	<ul style="list-style-type: none">• Real time data sharing and use of EHR, where possible• Require value based purchasing/contracting• Utilization management strategies (e.g. prior authorizations, forms, process, etc.)	<ul style="list-style-type: none">• Purchase services to enhance expertise in behavioral health service coordination/delivery• Payment strategies• Selective contracting

Non-clinical recovery supports

Medicaid expansion has enabled Ohio's state & local mental health and addiction services system to focus on other key elements that support recovery:

- Housing
- Peer support
- Supported Employment

Recovery housing

- Safe, healthy, private living environment that is abstinent from alcohol & other drugs
- Opportunity for people in early recovery to strengthen their skills, maintain in treatment as needed, etc.
- FY 2015: \$10 million to establish 700+ recovery housing opportunities across 45 counties
- FY 2016-2017: \$2.5M per year to continue progress

Recovery housing, 2

- In SFY 2015, Ohio established Ohio Recovery Housing as a state affiliate of the National Alliance for Recovery Residences. Through technical assistance and quality oversight, ORH benefits both residents and housing operators. It strives to improve the public perception of recovery housing by promoting excellent, well-maintained housing and offering outreach and education to communities.
- Ohio Recovery Housing's website:
<http://www.ohiorecoveryhousing.org/>

Peer supports

- A process of giving and receiving support and education from individuals with shared life experiences – it is provided by persons in recovery from mental illness and/or addiction who use their “lived experience” as a tool to assist other persons along their individual paths to recovery
- In state fiscal year 2015, **260** people were trained as peer supporters

Supported Employment

- Individual Placement and Support (IPS) Supported Employment is an evidence-based practice that helps people with severe and persistent mental illness and/or co-occurring substance use disorders identify, acquire, and maintain integrated competitive employment in their communities.
- In state fiscal year 2015, **931** jobs were obtained via Individual Placement and Support (IPS) Supported Employment

Ohio's Behavioral Health Workforce

- Glass is half full...
 - Significant public focus on mental health and addiction treatment
 - Significant policy focus on physical & behavioral health integration
 - Medicaid:
 - More people have treatment opportunity
 - Providers have less uncompensated care and more opportunity to receive revenue for treatment rendered

Ohio's Behavioral Health Workforce

- Challenges
 - Clinical shortage (multiple disciplines)
 - Staff retention
 - Reimbursement/payer
 - Certain provider types/services not recognized by major payers
 - IMD exclusion
 - Reimbursement levels
 - Cultural competence for specific populations, e.g.:
 - Deaf, hard of hearing
 - Immigrant communities

Workforce Efficiency

- More time with the patient/client equals less travel and administration
- Actions:
 - Examine ways to help clinicians focus most time on patients/clients with most complex needs
 - Use of community health workers, peers, etc. as appropriate for engagement
 - Tele-health when possible, appropriate and reimbursable

Ohio & Telemedicine

- OhioMHAS certifies, and Ohio Medicaid reimburses, the following services via telehealth:
 - Behavioral health counseling & therapy
 - Pharmacologic management
 - Mental health assessment
- We want to use telemedicine more as appropriate (settings and services)
- Various demonstrations underway

Ohio Tele-health Example

- In late 2011, Lorain County Alcohol & Drug Abuse Services (LCADA) partnered with Meridian Community Care to provide MAT via telemedicine to LCADA clients
- This approach leveraged Meridian's experience with MAT as an Opiate Treatment Program (OTP) with LCADA's residential and outpatient treatment assets and connections to other "local" resources, i.e. pharmacy
- Up to 30 clients can be active at one time; roughly 140 clients have benefitted from this partnership since its inception

Ohio Tele-health, Example 2

- OhioMHAS hospitals offer tele-health services to:
 - Community providers from 21 counties to engage in treatment & discharge planning
 - Reduce provider staff travel time, increase efficiency, support individual recovery and continuity of care for patients
 - Free software licenses are available for providers interested in participating

Other (Related) Opportunities

- Support cross-disciplinary training on effective prevention, treatment and recovery supports:
 - Trauma-Informed Care
 - Early Childhood Mental Health
 - Integrated Care
 - Evidence-Based Practices
 - Health Disparity and Inequity
 - Peers
 - SBIRT and Primary Care

Questions?

Find us on:



<http://www.mha.ohio.gov/>

Join our OhioMHAS e-news listserv for all of the latest updates!