

Behavioral/Medical Health Care Integration Blueprint

(For Plan Development and Study Process 2012)

Summary

A coalition of health policy analysts (facilitated by UHPP), behavioral health (Weber Human Services, Division of Substance Abuse and Mental Health, Behavioral Health Care Network) and primary care providers (Association for Utah Community Health, Midtown Community Health Center, Intermountain Healthcare, and University of Utah), and policymakers (Rep. Dean Sanpei, who leads the state's Medicaid ACO efforts) worked through the fall and winter of 2011 to frame the opportunity to maximize the integration of behavioral and medical health care in Utah Medicaid. The first product of those efforts, this Blueprint establishes parameters for the development of a state plan in two stages:

1. Study the need, current access and health outcomes, challenges and potential cost savings associated with an integrated approach to the delivery of mental health care services & different levels of integration, and promising service delivery models and their evidence bases; and
2. Develop recommendations for action in the 2013 General Session.

In HB144, the state's health system reform legislation for year 4, the coalition successfully assigned to the Health Reform Task Force the responsibility to study and guide the development of a comprehensive plan for MH integration, etc. The work group is comprised of legislators, health department staff, academic experts, and private and nonprofit sector oral health leaders.

Study Topics/Areas to be Addressed

- I. Status Quo I: Barriers to the integration of behavioral health and medical care in Utah
 - a. by demographics (income, geographic location, educational attainment, other social determinants of health)
 - b. Insurance Status (publicly vs. privately insured vs. uninsured)
 - c. Compared to other states
 - d. Workforce adequacy
 - e. Current information and data systems like CHIE & APCD
 - f. other barriers
- II. Status Quo II: Cost and Financing
 - a. Current spending on behavioral health services not covered now that may be cost effective
 - b. Current cost shifting and hidden costs (ER use, jail use, DCFS, JJS, child welfare etc., cost shifts to future generations)
 - c. Existing cost containment mechanisms
 - d. Current financing mechanisms including the role of local counties and state/federal funding and coming changes to financing arrangements

- III. Creating the Behavioral/Medical Health Care Integration Plan
 - a. Innovative, cost-effective service delivery models around the U.S. and in Utah
 - b. Explore flexibility to select and develop models based on local and population needs (no 1 size fits all: could be full integration or co-location; contracted vs. staffed, etc.): What are the key components (quality + cost) of successful integration: plan will assess extent to which counties achieve these goals, while minimizing costs and improved health outcomes
 - c. Capitated managed care carve-in/carve out options for Medicaid populations; adequacy of rate structure; other payment incentives to ensure MH integration
 - d. Choice and privacy for MHSA clients
 - e. Implications of integration for pharmacy and pharmacy management
 - f. Implications of integration for provision of services to the uninsured
 - g. Incentives for enhancing integration across settings and conditions (health home)
 - h. Implications of Medicaid enrollment projections for the next five years
 - i. Continuity of care (churning)
 - j. Avenues for data integration
 - k. Maximizing Utah's behavioral and primary health care workforce and community supports and peer support systems and self help and volunteers and family
 - l. Maximizing federal financial participation
 - m. Containing costs of public and private payors
 - n. Needed changes to state law/regulation and/or state plans with federal partners
 - o. Related grant opportunities
 - p. Timeline for integration with Medicaid accountable care

- IV. Minimum Study Deliverables
 - a. Written report and plan
 - b. Presentations to...
 - I. Health Care Reform Task Force
 - II. Social Services Appropriations
 - III. Executive Appropriations
 - c. Building block requests with documentation
 - d. Draft legislation, as needed

Data Needs

- Current data resources
 - State & HP 2020
 - Provider data
 - Academic literature
 - Survey work

- Grant-funded data analysis

Study Process and Transparency

- Dedicated staff with relevant knowledge base
- Involvement of executive and legislative branches and community stakeholders in an interactive study and plan development process
- Dedicated webpage or DropBox public folder
- Public meetings
- Tracking of public comments and their status in plan development
- Public review and comment opportunity on draft report, draft plan, and draft legislation