

## Behavioral Health Integration Advisory Committee *DHHS Division of Medicaid and Long-Term Care (MLTC)*

### **MISSION**

Ensure the successful integration of behavioral health services resulting in a seamless experience for providers and members and improved health outcomes for behavioral health recipients.

### **GUIDING PRINCIPLES**

- ❖ The Heritage Health program should proactively identify and implement best practices for behavioral health integration.
- ❖ Behavioral health integration challenges should be identified and addressed in a timely fashion.

### **CORE FUNCTIONS**

- ❖ Provide a platform for behavioral health providers and advocates to address integration-related recommendations, questions, and concerns directly with Heritage Health MCOs and State program administrators.
- ❖ Identify significant behavioral health integration challenges and recommend timely solutions.
- ❖ Identify areas of opportunity and concern in regards to the transition of behavioral health services from the current stand-alone program to the Heritage Health integrated delivery system. Issues addressed may include, but are not limited to:
  - Care continuity,
  - Data transition, and
  - Credentialing.
- ❖ Advise Heritage Health MCO representatives and State program administrators on best practices for the ongoing integration of behavioral health services.

### **MEMBERSHIP**

The Behavioral Health Integration Advisory Committee will include broad representation from providers, patient and community advocates, managed care contractors, and State program administrators and systems and policy experts.

### Committee Participants

- ❖ Participant categories will be added based on final membership list.

### MEETINGS

The Behavioral Health Integration Advisory Committee will hold its initial meeting on May 10, 2016 coinciding with the finalization of contracts with Heritage Health MCOs. Additional meetings are scheduled for:

- June 22, 2016
- July 11, 2016
- August 11, 2016
- September 6, 2016
- October 11, 2016
- November 9, 2016
- December 14, 2016

The appropriate frequency for ongoing meetings will be assessed at the end of 2016.

### GUIDANCE

- ❖ SAMHSA-HRSA Center for Integrated Health Services
  - Integrating Behavioral Health into Primary Care  
<http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care>
- ❖ Required reporting on behavioral health and substance use quality measures. Initial measures identified include:
  - Screening for Clinical Depression and Follow-Up Plan (CDF)
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
  - Antidepressant Medication Management (AMM)
  - Follow-Up After Hospitalization for Mental Illness (FUH)
  - Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)
  - Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)
  - Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA)

- ❖ Required behavioral health and substance use reporting requirements within the Heritage Health program. Initial reports identified include:
  - Member Grievances and Appeals
  - Provider Grievances and Appeals
  - Behavioral Health Residential Wait List
  - Out of State Placement in Residential Treatment Facilities
  - Eligible and Number Authorized
    - Summary data documenting by cohort the number of members eligible for and receiving behavioral health services.
  - Restraint and Seclusion
    - Data summarized, by behavioral health provider, on the number of incidents of restraint or seclusion by program type and location.
  - Contracted Residential Beds
    - Summary data on the number of behavioral health-related residential beds available state-wide.
  - Critical Incident Reporting
    - Summary data on the number of critical incident reports by behavioral health facility and location.
  - 7 and 30 Day Ambulatory Follow-up Following Residential Discharge
    - Summary data on the number of individuals presenting to the emergency room 30 days after discharge from Acute Psych or SUD.
  - Admissions and Readmits to Psych Inpatient
    - Data summarizing the number of admissions and readmits to psych inpatient, including Psychiatric Residential Treatment Facilities and Therapeutic Group Homes.