



A UNIQUE RELATIONSHIP: HOW MISSOURI HAS DEVELOPED LARGE PROGRAM CHANGES THROUGH PUBLIC/PRIVATE PARTNERSHIP



Brent McGinty


CEO/President

MISSOURI COALITION



FOR COMMUNITY BEHAVIORAL HEALTHCARE

- » 13 Coalition Staff + Consultants
- » 33 member organizations
- » > 250,000 people served annually
- » Whole state coverage; serve >95% DMH population w/behavioral health needs

- 
- » Public Policy & Advocacy
 - » Program Management
 - » Data Management
 - » Training (EBPs, learning collaboratives, conferences)



CRITICAL PARTNERSHIPS

- » **Missouri Department of Mental Health (DMH)**

Division of Behavioral Health

- » **Missouri Department of Social Services (DSS)**

MO HealthNet (Medicaid) Division

- » **Missouri Coalition for Community Behavioral Healthcare**

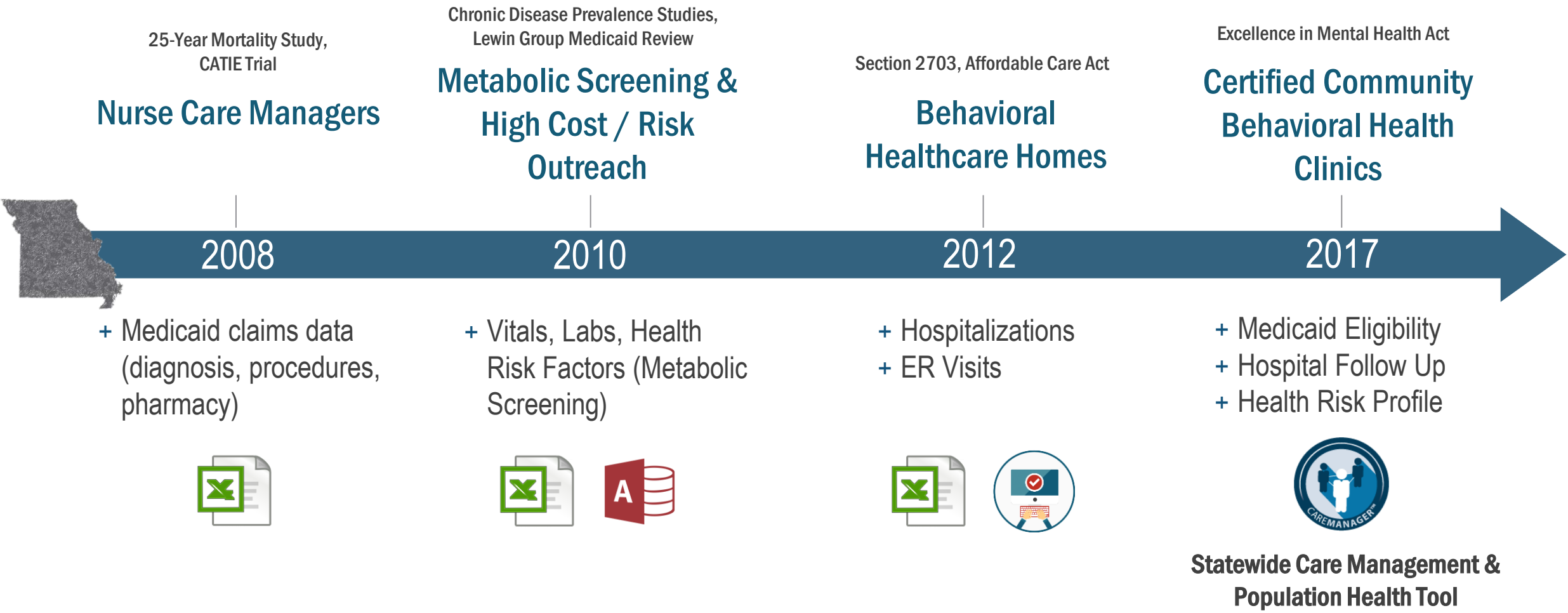
Represents the Behavioral Health Provider System

33 Member Agencies: Behavioral Healthcare Homes (26), CCBHCs (15), Substance Use Treatment Providers (4), Call Center (1)



Culture of Collaboration

Missouri Evolution of Integrated Care, Data & New Programs



25-YEAR MORTALITY STUDY

2006

- > Individuals with SMI, on average, die **25 years** earlier than the general population.
- > **60%** of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases.
- > Second generation antipsychotic medications are highly associated with weight gain, diabetes, dyslipidemia (abnormal cholesterol), and metabolic syndrome.

Lutterman, T; Ganju, V; Schacht, L; Monihan, K; et.al. Sixteen State Study on Mental Health Performance Measures. DHHS Publication No. (SMA) 03-3835. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003. Colton CW, Manderscheid RW. *Prev Chronic Dis*. Available at: http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm.

CATIE TRIAL

2007



At baseline investigators found a number of individuals had physical health conditions not previously identified...

88% dyslipidemia

62.4% hypertension

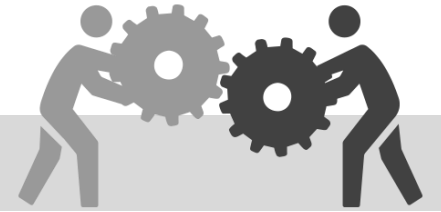
30.2% diabetes

and these individuals were not receiving treatment!

Comparison of Antipsychotics for Metabolic Problems in Schizophrenia or Schizoaffective Disorder. National Institute of Mental Health (NIMH), 2007. Available at: <https://www.clinicaltrials.gov/ct2/show/NCT00423878>

INTEGRATED CARE IN MISSOURI

2008



DMH Net Nurse Liaisons



- DMH + MO HealthNet = DMH Net
- Primary care nurses hired at each CMHC (17.5 FTE)
- Introduction of health information outside of CMHC
 - Medicaid claims via CyberAccess
 - Medication Possession Ratio (MPR) reports
 - Behavioral Pharmacy Management (BPM)

DMH Net

DISEASE MANAGEMENT INITIATIVE



MISSOURI MEDICAID REVIEW

2010



High Cost Beneficiary Report found that
58,000 consumers reached \$25,000 cost level in CY2008

5.4%

of the Medicaid
population

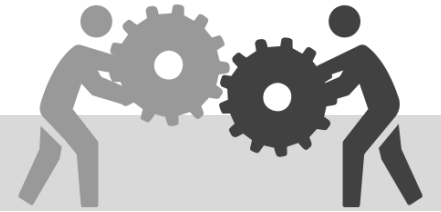
52.5%

of all Medicaid
costs

85%

had at least one
claim for a mental
health diagnosis

INTEGRATED CARE IN MISSOURI



2010

Disease Management (DM) 3700 Outreach

- Targets high cost Medicaid enrollees who have a behavioral health condition and are not engaged in treatment.
 - DM3700 began in 2010 | Goal > outreach and enroll 3700 individuals with MI
 - ADA DM began in 2014 | Goal > outreach and enroll individuals with SUD
- Report outreach status updates
- Metabolic syndrome screening required

Initial Outreach Cohort Needs:

90% physical health **75%** dental health **75%** vision **56%** emergency care



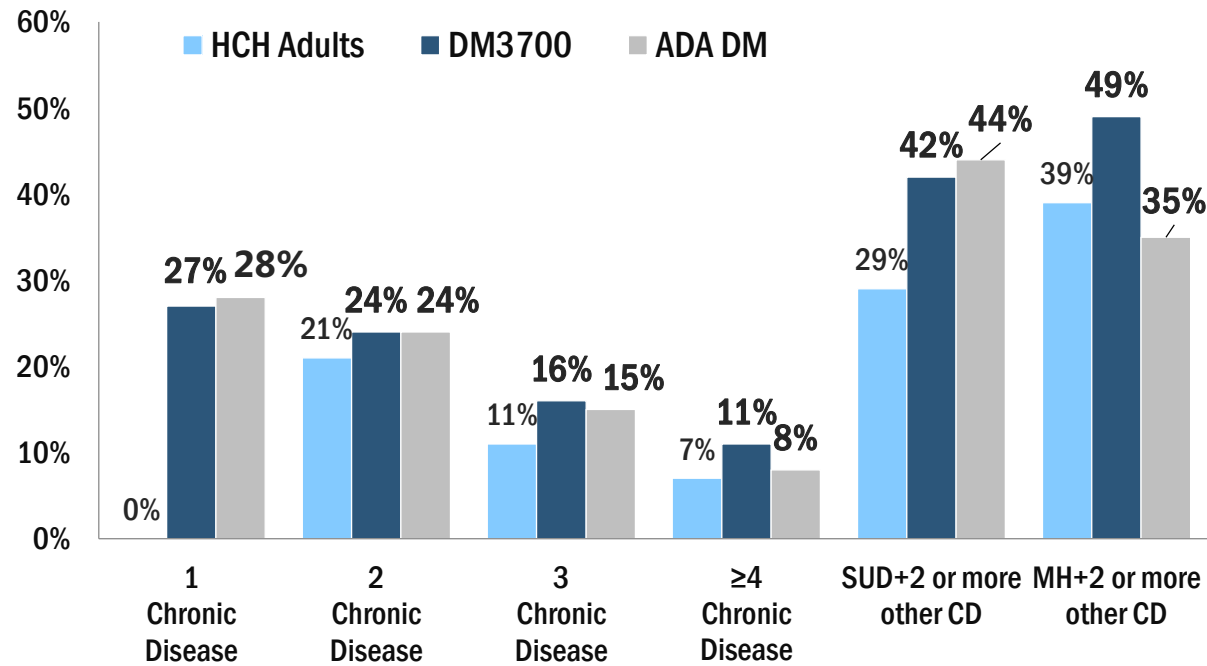
INTEGRATED CARE IN MISSOURI



2010

Disease Management (DM) 3700 Outreach

chronic disease prevalence

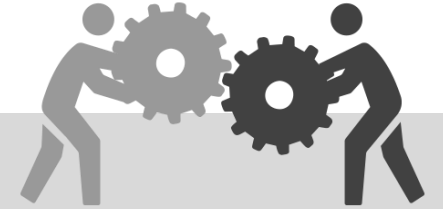


cost saving\$ for DM3700

Year 1	Year 2	Year 3
4,815 persons	2,896 persons	1,678 persons
Cost Decreased by \$395 PMPM	Cost Decreased by \$751 PMPM	Cost Decreased by \$904 PMPM
Total Cost Savings \$22.8M	Total Cost Savings \$26.1M	Total Cost Savings \$18.2M

INTEGRATED CARE IN MISSOURI

2010



Metabolic Syndrome Screening (MBS)

- Annual screening for youth and adults prescribed an antipsychotic medication
- Monitor vitals, labs, and lipid panel
 - height • weight • BMI • waist circumference • BMI • A1c • blood glucose • LDL • HDL • triglycerides • cholesterol • pregnancy • tobacco use • antipsychotic medication
- Purchase of Cholestech LDX analyzer
- Report screening results to state system

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
METABOLIC SYNDROME SCREENING AND MONITORING TOOL

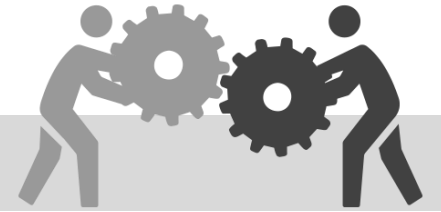
DATE	DATE		DATE		DATE		DATE		DATE	
	Baseline	Subsequent Values	Baseline	Subsequent Values	Baseline	Subsequent Values	Baseline	Subsequent Values	Baseline	Subsequent Values
VITAL HISTORY	Height (in)									
	Weight (lbs)									
	BMI (kg/m ²)									
	Waist Circumference									
BLOOD GLUCOSE	Plasma Glucose (mg/dl)									
	Fasting	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	and/or High A1c									
	Observe the patient for signs and symptoms of hypoglycemia or hyperglycemia.									
LIPID PANEL	Total Cholesterol (mg/dl)									
	LDL (mg/dl)									
	HDL (mg/dl)									
	Triglycerides (mg/dl)									

Metabolic Screening



INTEGRATED CARE IN MISSOURI

2012



Behavioral Healthcare Homes (HCH)

- 1st Health Home State Plan Amendment approved in the nation!
- January 2012 | 25k currently enrolled
- Per member per month payment (PMPM) supports added multi-disciplinary team
- Report hospital discharge follow-up and med reconciliation
- Use of MBS data and Medicaid claims data
 - Disease prevalence
 - Outcomes improvement tracking and measures (HEDIS/CMS/MO)
 - Cost savings



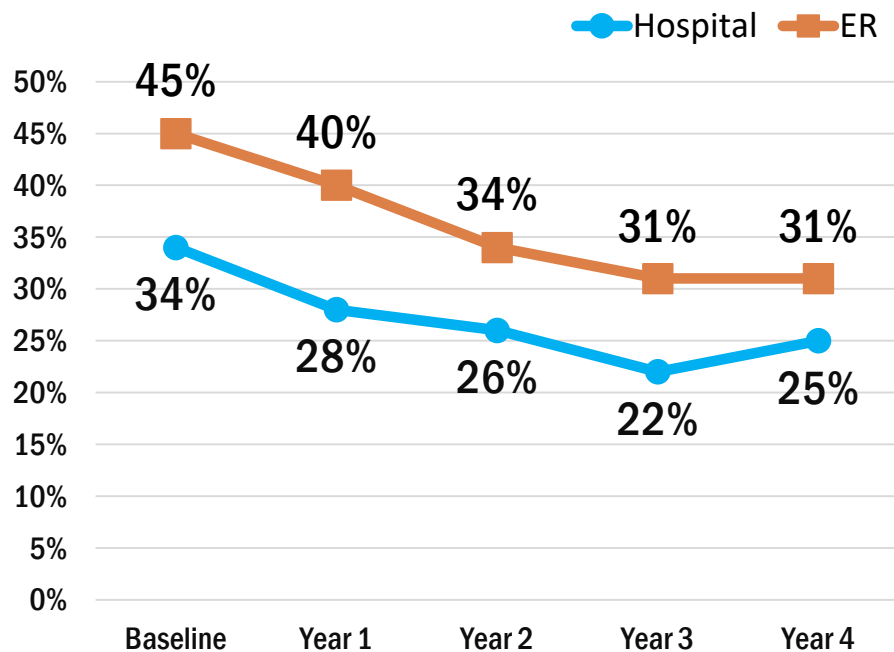
INTEGRATED CARE IN MISSOURI

2012

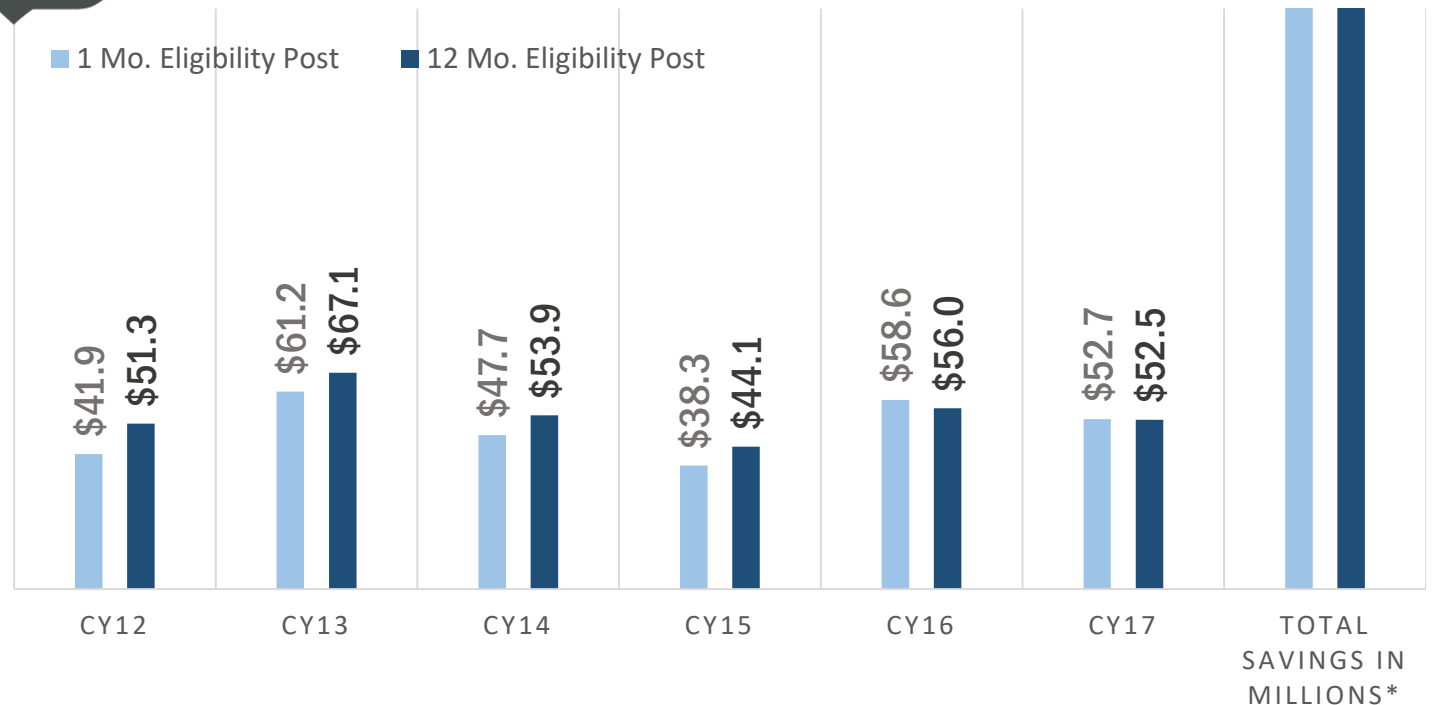


Behavioral Healthcare Homes (HCH)

% of clients with 1+ hospitalization or ER visit



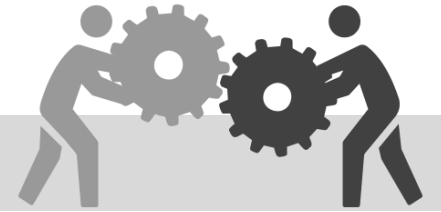
cost saving\$ for behavioral health homes



*Cost savings reported excludes individuals with costs greater than three (3) standard deviations from the average.

INTEGRATED CARE IN MISSOURI

2017



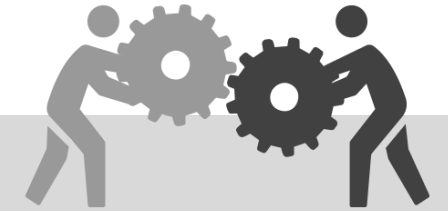
Certified Community Behavioral Health Clinics (CCBHC)

- Eight state demonstration began July 2017
- Missouri submitting a state plan amendment to continue and expand CCBHCs
- Fee-for-service to a prospective payment system (PPS)
 - New claims system development for the PPS
- Defined service array and quality measures (clinic/state)
- Quality Incentive Payment = Pay for Performance



INTEGRATED CARE IN MISSOURI

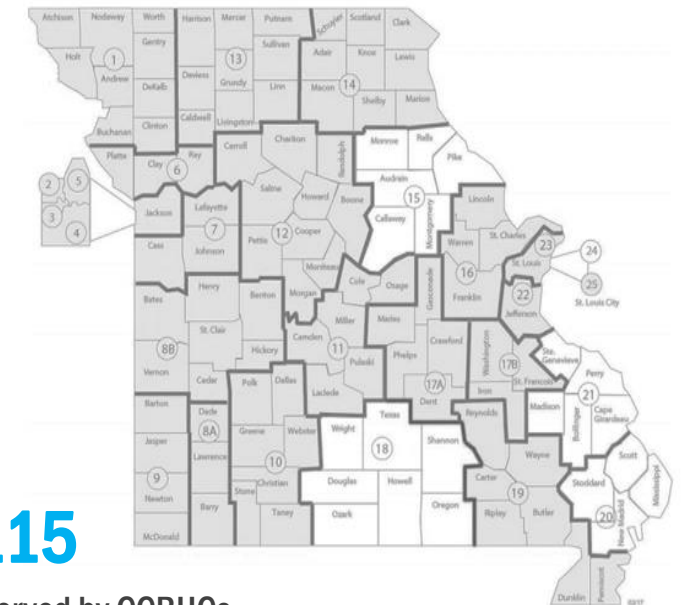
2017



Certified Community Behavioral Health Clinics (CCBHC)

8 STATES

	State Population (in millions)	CCBHC Organizations	CCBHC Service Locations	Year 1 Total to receive CCBHC services (all pay source)	Year 1 Projected CCBHC Consumers who are Medicaid Recipients
MINNESOTA	5.52	6	22	17,600	15,000
MISSOURI	6.09	15	201	127,083	87,284
NEVADA	2.94	4	5	7,305	5,844
NEW JERSEY	8.94	7	20	79,782	50,882
NEW YORK	19.75	13	77	40,000	32,000
OKLAHOMA	3.92	3	19	23,076	11,077
OREGON	4.09	12	21	61,700	50,000
PENNSYLVANIA	12.80	7	7	27,800	17,800
	64.05	67	372	381,346	269,887



90 / 115

counties served by CCBHCs



CCBHC Provider Outcomes
Improving Access to Care



20%

increase in the # of clients served each month



25%

decrease in wait times to see clinicians



30%

increase in # of appointments



3%

increase in client satisfaction (from 91% to 94%)

Annualized Increases of Individuals Served
Improving Access to Care

13,629

more individuals receiving services from a CCBHC



CCBHC Provider Outcomes
Building A Workforce

After one year, CCBHCs increased their workforce, including these competitive positions:



15%

ADULT PSYCHIATRISTS

67%

CHILD PSYCHIATRISTS

12%

QUALIFIED ADDICTION PROFESSIONALS

34%

LICENSED CLINICAL SOCIAL WORKERS

32%

LICENSED PROFESSIONAL COUNSELORS

BURRELL BEHAVIORAL HEALTH

Boone, Carroll, Chariton, Christian, Cooper, Dallas, Greene, Howard, Moniteau, Morgan, Pettis, Polk, Randolph, Saline, Stone, Taney, Webster

CLARK COMMUNITY MENTAL HEALTH CENTER

Barry, Dade, Lawrence

COMPASS HEALTH NETWORK

Cass, Johnson, Lafayette; Bates, Benton, Cedar, Franklin, Henry, Hickory, St. Clair, Vernon; Camden, Cole, Laclede, Lincoln, Miller, Osage, Pulaski; Crawford, Dent, Gasconade, Maries, Phelps, St. Charles, Warren

COMPREHENSIVE MENTAL HEALTH SERVICES

Jackson

COMTREA COMMUNITY TREATMENT

Jefferson

FAMILY GUIDANCE CENTER

Andrew, Atchison, Buchanan, Clinton, De Kalb, Gentry, Holt, Nodaway, Worth

FCC BEHAVIORAL HEALTH

Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley, Wayne

MARK TWAIN BEHAVIORAL HEALTH

Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby

NORTH CENTRAL MO MENTAL HEALTH CENTER

Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

OZARK CENTER

Barton, Jasper, McDonald, Newton

PLACES FOR PEOPLE

St. Louis County, St. Louis City

PREFERRED FAMILY HEALTHCARE

Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

REDISCOVER

Jackson

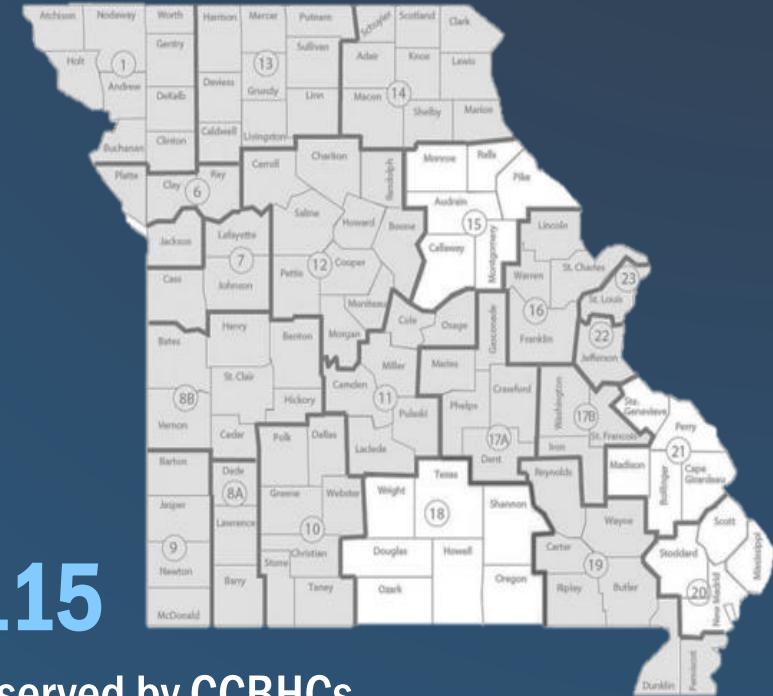
SWOPE HEALTH SERVICES

Jackson

TRI-COUNTY MENTAL HEALTH SERVICES

Clay, Platte, Ray

Missouri CCBHC Provider Network



90 / 115
counties served by CCBHCs





Missouri Department of Social Services

**Rapid Response Review –
Assessment of Missouri Medicaid Program
FINAL REPORT**

February 11, 2019

page 31

“There are several ways value-based payment could support reducing PECs*: incentivizing high quality, integrated primary care; rewarding a focus on high-cost patients who cycle in and out of ERs and hospitals...; and strengthening the role of behavioral health care throughout the care cycle.”

*Potentially Avoidable Exacerbations and Complications (PEC) | *any event that negatively affects the patient and is potentially controllable by the health care delivery system...*

page 6

“As an alternative approach, the state could seek to adopt value-based payment and care delivery models that reward providers for quality and efficiency of the total care delivered to patients.”

page 17

“Missouri has significant experience with Patient Centered Medical Homes (PCMH) and Health Homes in Medicaid, which aim to integrate physical, behavioral, and substance use disorder (SUD) care patients with, or at risk of, multiple chronic conditions.”

page 35

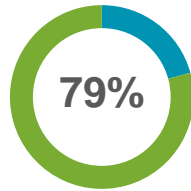
“There are opportunities to build upon the success of the primary care initiatives, ACOs, bundled payments, and health homes: increasing link upside incentives to the outcomes of care, and tie the rewards received to the amount of savings realized.”

page 40

“Population-based models...For specific high-need subpopulations (e.g. individuals with co-morbidity, severe mental illness, and/or substance use disorder), the existing health home model(s) could be leveraged to further improve outcomes.”

POPULATION HEALTH QUALITY MEASURES

Population View



Adult Body Mass Index (BMI)

904
1292



Goal: 70%

Drill down to the specific clients needing intervention

Individual Overview

- ✓ Asthma Medication Adherence (Adult)
- ✓ Blood Pressure Control for Diabetes (Adult)
- ✓ Blood Pressure Control for Hypertension (Adult)
- Body Mass Index Control (Adult)
- Hemoglobin HbA1c Control for Diabetes (Adult)
- ✓ LDL Control for Cardiovascular Disease (Adult)
- ✓ LDL Control for Diabetes (Adult)
- Metabolic Screening Complete (Adult)
- ✓ Tobacco Use Control (Adult)

Visually presenting the whole picture of an individual with metrics that matter

CCBHC MEASURES



9 Clinic-Lead Measures

- » Time to Initial Evaluation
- » Adult BMI Screening/Follow Up
- » Youth Weight Assessment/
Counseling
- » Tobacco Use Screening/Cessation
- » Alcohol Use Screening/Counseling
- » **Youth MDD: Suicide Risk
Assessment**
- » **Adult MDD: Suicide Risk
Assessment**
- » Screening for Depression/Follow Up
- » Depression Remission at 12 months

***Quality Incentive Payment Metric**

13 State-Lead Measures

- » Housing Status
- » Patient Experience of Care Survey (adult)
- » Youth/Family Experience of Care Survey
- » Follow-up after ED visit for MI
- » Follow-up after ED visit for AOD
- » **MI Hospitalization Follow-up (adult)**
- » **MI Hospitalization Follow-up (youth)**
- » All Cause Readmission Rate
- » Diabetes Screening
- » **Adherence to Antipsychotic Medication**
- » Follow-up for Children ADHD Medication
- » Antidepressant Medication Management
- » **Initiation/Engagement of AOD
Treatment**

HEALTH HOME MEASURES

9 Adult Measures

- » Asthma Medication Adherence
- » Blood Pressure Control for Diabetes
- » Blood Pressure Control for Hypertension
- » Body Mass Index Control
- » HbA1c Control for Diabetes
- » LDL Control from Cardiovascular Disease
- » LDL Control for Diabetes
- » Metabolic Screening Complete
- » Tobacco Use Control

5 Youth Measures

- » Asthma Medication Adherence
- » Body Mass Index Control
- » HbA1c Control for Diabetes
- » Metabolic Screening Complete
- » Tobacco Use Control



UNDER DEVELOPMENT

- ↳ Blood Pressure Control (for total pop.)
- ↳ Statin Therapy for CVD
- ↳ Pre-Diabetes
- ↳ Weight Loss
- ↳ Hospital Follow Up



FOCUSING ON INTERVENTIONS



Hemoglobin HbA1c Control for Diabetes



ID	Name	Gender	Age	Case Manager	A1c Result
234234	Arenciba, Victor	M	57	Gibson, Janet	8
101	Brown, Todd	M	64	Gibson, Janet	-
456	Walken, Tonya	F	19	Green, Sue	13
6576	Jones, Betty	F	65	Gibson, Janet	10

I'M VERY PROUD OF — TRAUMA INFORMED ASSESSMENT

Almost every Coalition provider a participant in Trauma Learning Collaborative, but how do we measure progress?
In partnership with DMH and Resiliency Builders, developed a system-wide Trauma Assessment Tool to the MO Model:



COVERS 6 DIMENSIONS

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment
6. Sustainability

- Behavioral Health Response
- Burrell Behavioral Health
- Clark Center
- Compass Health
- Comprehensive Mental Health
- ComTrea
- FCC Behavioral Health
- Mark Twain
- North Central
- Ozark Center
- Places for People
- Preferred Family Healthcare
- ReDiscover
- Swope
- Tri-County
- Hopewell
- BJC Behavioral Health
- Bootheel Counseling
- Comprehensive Health
- Gibson Recovery
- Heartland Center
- Independence Center
- New Horizons
- Queen of Peace
- Southeast Behavioral Health
- Truman Behavioral Health



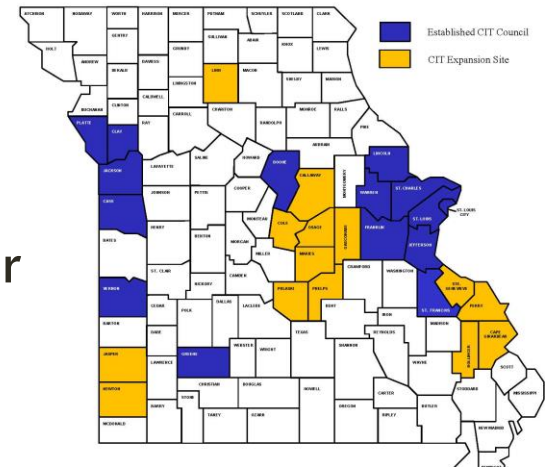
26 Providers
Voluntarily

I'M VERY PROUD OF — OTHER PROGRAMS

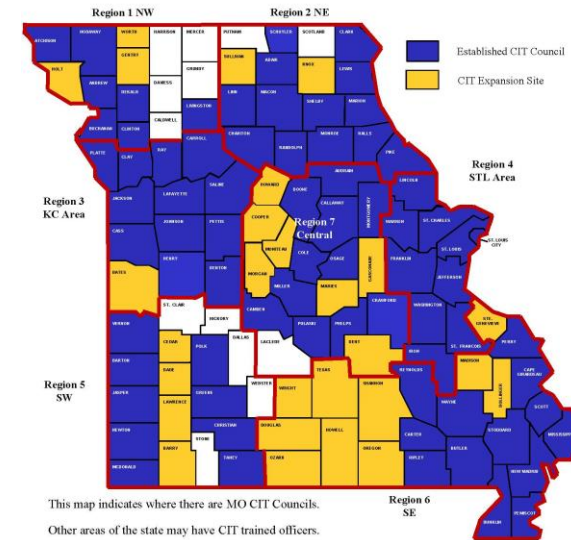
So many that we don't have time to go into detail on everything:

1. Crisis Intervention Team (CIT) Council & Statewide CIT Coordinator
2. Community Mental Health Liaisons
3. Emergency Room Enhancement
4. Missouri Suicide Prevention Network
5. Workforce Development – Community College Degree
6. Medical Director Committee; Integrated Behavioral Health Council
7. Trauma Informed School Liaisons - TBD
8. Substance Use Disorder Liaisons – TBD
9. Annual Conference; Suicide Prevention Conferences (3); Early Childhood Trauma Conference; Forensic Conference; CIT Conference

Missouri Crisis Intervention Team (CIT)
Program Expansion Map
April 2014



Missouri Crisis Intervention Team (MO CIT)
Program Expansion Map
January 2020



This map indicates where there are MO CIT Councils.
Other areas of the state may have CIT trained officers.
Questions may be directed to Det. Jason Klaus, MO CIT Coordinator, at jklaus@mocoalition.org
www.missouricit.org

START WHERE YOU ARE.
USE WHAT YOU HAVE.
DO WHAT YOU CAN.

◀ ARTHUR ASHE ▶



*Thank
You*

*Thank
You*



Thank you!

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