Collaboration/Integration with Primary Care

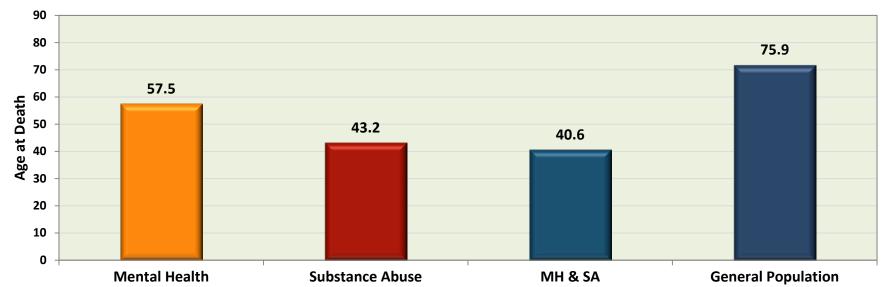
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People with Mental Illness/Addiction Die Too Soon

The average lifespan of Oklahomans with mental and addictive disorders is far shorter than that of the general population.

Average Age at Death by Cohort



SBIRT

The Importance of Screening: SBIRT

ODMHSAS is prepared to go statewide with SBIRT. For the past several years, technical assistance has been provided to medical facilities that have successfully implemented basic SBIRT features into select practices.

TA and support address:

- Infrastructure
- Referral
- Medicaid billing issues
- Electronic medical records
- ODMHSAS hosts online CME training for providers seeking Medicaid reimbursement



Wellness

An Emphasis on Wellness

ODMHSAS started partnering with providers to implement 'wellness' into client treatment protocol, with technical assistance focusing on:

- Tobacco cessation
- Healthy eating
- Exercise
- General wellness activities

Provider incentives included:

- Reimbursement for wellness services and activities
- Performance Measure Payments for improvements in client health status
- Designation as Wellness Centers of Excellence upon achieving core standards set by the department

The Wellness Center: A Precursor to Health Homes

2009 – Central Oklahoma Community Mental Health Center (\$2 million SAMHSA grant for primary behavioral health care integration).

 Primary prevention, acute treatment, chronic disease management, specialty referrals, dental services and exercise groups in addition to traditional behavioral health services.

2008-2009 – NorthCare/FQHC partnership

- Integrated, self-sustaining care model
- The thousands served represent individuals who previously had no access to primary care.

Health Homes



The Oklahoma Department of Mental Health and Substance Abuse Services employed a rigorous RFP process to choose 22 qualified Health Home Providers for statewide coverage.

Programs serve both adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) with specific care management protocols tied to these co-occurring conditions:

- Substance Use Disorder
- Diabetes
- Heart Disease
- BMI over 25
- Hypertension
- COPD/Asthma/Moderate Chronic Respiratory Problems
- Tobacco Use

Adults with Low to Moderate Service Level Needs

This Health Home option is intended to create a health care delivery approach that facilitates access to and coordination of physical and behavioral health (mental health and substance use) care and community-based social services and supports for adults with chronic conditions.

Adults with High Service Level Needs



High Risk, High Resource Use

This level of care coordination is for the most chronically ill and highest cost consumers; it is typically for adults who exhibit problems that indicate need for a continuous high level of services (i.e., greater than eight hours per month) by multiple members of the multi-disciplinary health home team. The model used in this level is similar to that used in Assertive Community Treatment.

Children's Initiative



Oklahoma uses a high-fidelity Wraparound process for children who meet criteria for a high-intensity Health Home, and is the first state approved by CMS to do this:

- Typically a child or adolescent's service needs require the involvement of multiple components within the system of care.
- These children and adolescents, therefore, need intensive, clinically informed case management along with the Wraparound process to coordinate multi-system and multidisciplinary interventions.
- The Care Coordinator maintains a caseload of 10 families with a minimum of 12 hours of service contact per month, per family.

Conclusion

Treatment works.

There is hope, and there is help.

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