MONTANA HEALTHCARE FOUNDATION

Integrated Behavioral Health in Montana:

A Baseline Assessment of Benefits, Challenges, and Opportunities

Issue Brief, April 2016

Executive Summary

This report presents the results of a baseline assessment of Montana's current system of care for people with mental illness and substance use disorders (collectively termed "behavioral health disorders"), and evaluates the potential for implementing "integrated behavioral health" (IBH) as a way to address many of Montana's most challenging health issues.

Behavioral Health:
A Pressing Concern for Montana

Substance use disorders and mental illness are among the most serious and challenging health problems in Montana. Montana consistently ranks among the five states with the highest suicide rate in the nation, and the adult suicide rate is twice the national rate. Behavioral health disorders are prevalent, costly problems in Montana. For example, one in five Montana adults reports ever having been diagnosed with depression, 32% report having at least one poor mental health day in the last month. Montanans have higher rates of binge drinking and heavy alcohol use than adults in the U.S. as a whole, and Montana has the second-highest rate of alcohol-related deaths in the country. One in four young adults in Montana reports illicit drug use in the past month. These behavioral health problems have devastating consequences in the lives of affected individuals and their friends, families, and communities.

Substance use disorders and mental illness are often linked: individuals that report mental health concerns are also more likely to have problems with substance use, and vice versa. Moreover, many people affected by mental illness or addiction also have co-occurring physical illnesses. People with chronic illnesses such as diabetes, asthma, and heart disease are at greater risk for poor outcomes and premature death when they also suffer from untreated mental illness or substance use disorders. In 2011, almost one in five Americans, a total of 34 million adults, had co-occurring mental health and medical conditions.

Integrated Behavioral Health:
An Evidence-Based Method to Improve Outcomes and Reduce Costs

Integrated Behavioral Health is an evidence-based way to provide care for patients with co-occurring mental illness, substance use disorders, and chronic health conditions. The federal Agency for Healthcare Research and Quality (AHRQ) defines IBH as:

> *The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.*[1]

Studies in youth and adults consistently show a significant improvement in both physical and behavioral health outcomes in settings that have evaluated IBH, as well as reduced utilization of high-cost hospital and emergency department care. IBH has the potential to reduce public and private healthcare spending. According to one study, savings could be as much as $40 billion per year in the U.S.; in a robust cost-benefit analysis, implementation of IBH has resulted in more than $5.00 of benefits for every dollar spent.

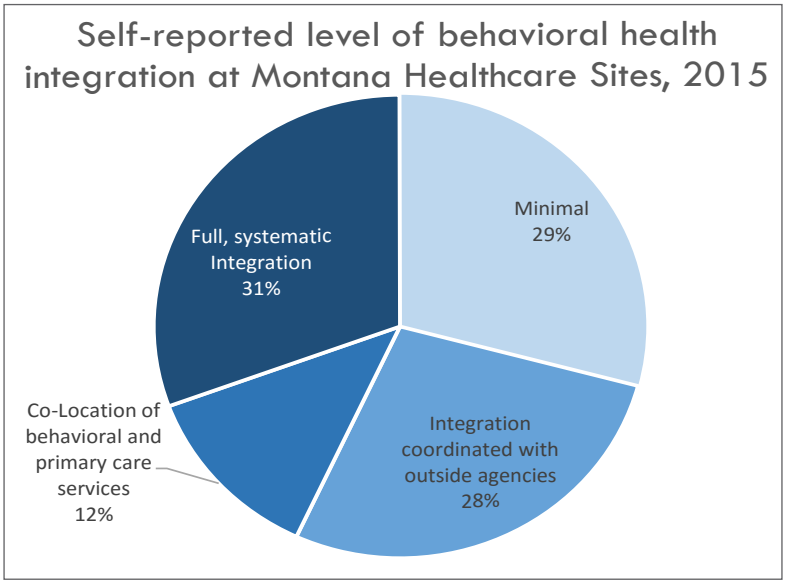
Montana's Behavioral Health System: Integration Efforts and Structural Barriers

For this report, healthcare provider sites, including rural clinics and hospitals, community mental health centers, substance use disorder treatment programs, federally qualified health centers (FQHC), and urban Indian and tribal clinics were surveyed to assess their level of integration. While some practices have developed robust IBH programs, a majority are not fully integrated. Among providers that responded, nearly one third reported minimal integration, nearly one third reported full integration, and the remainder reported some elements of IBH. All but one FQHC that responded to the survey self-re-

ported full integration, compared to only one community mental health center, and no substance use treatment providers. Providers that responded indicated a high level of interest in and leadership support for developing integrated healthcare models within their organizations, but few have fully integrated systems in place.

The report analyzed Montana's public and private funding of behavioral healthcare, and identified important challenges in Montana's current behavioral health system, including:

- Separation of the Montana Department of Public Health and Human Service's administration and funding of the public substance use disorder and mental illness treatment system, leading to fragmentation of services in most communities.
- Few providers or facilities capable of treating co-occurring substance use disorders and mental illness.
- Severe workforce shortages impact Montana's ability to address behavioral health needs. By one estimate, only 25% of Montana's current behavioral health workforce needs are filled, placing Montana in the bottom five of all states. All Montana counties except Yellowstone County are designated as Health Professional Shortage Areas for mental health.
- Relatively low rates of reimbursement for certain mental illness and substance use disorder treatment services and case management.



Benefits

Montana providers who have begun to integrate their healthcare systems and who were interviewed for this report noted many benefits, including:

- **Improved health outcomes and more efficient care:** Montana providers practicing in IBH settings confirmed the extensive national research documenting that IBH is a powerful way to improve outcomes and reduce inefficiencies in the current system.
- **Provider satisfaction and retention:** Clinicians feel more supported and able to care for the full range of healthcare needs in their patient population.
- **Improved access to care:** Integration helps create a "no wrong door" approach where clients can access the care they need in one setting.
- **Shifting the health system toward prevention and early intervention rather than crisis care:** Integration enables providers to identify and intervene early in the course of a mental illness or substance use disorder, rather than waiting until a crisis occurs that results in arrest, emergent medical visits, or self-harm.

Barriers

Barriers that Montana providers who responded to the survey identified include:

- **Fragmentation in the administrative and care delivery systems:** The separation of administrative, regulatory, payment, and care delivery systems for mental health and substance use treatment pose a series of challenges to any practice seeking to implement IBH.
- **Reliance on a fee-for-service system:** The Montana Medicaid program and many private payers use a fee-for-service payment system, which does not support the team-based approach central to integrated care, and tends to incentivize the provision of covered services versus quality services. The PCMH program offers some support for elements of IBH, however.
- **The need for community-level coordination:** While IBH is an important way to improve care in an individual practice, community-wide coordination is also needed in order to optimize the scarce supply of more specialized providers. Psychiatrists and community mental health centers are particularly important in the care of severe and disabling mental illness (SDMI), whereas primary care providers with adequate support may be able to effectively care for clients with less severe behavioral health concerns and SDMI patients once they are stabilized.
- **Competition between providers:** Healthcare providers at the community level are competing for resources and staff, and there is a risk that efforts to implement IBH may lead to competition rather than collaboration.
- **Information sharing:** Each silo in Montana's current healthcare system uses a different information

system. While providers are adopting electronic health records, many systems do not align with each other, posing a barrier to effectively integrating care.

- **Measuring and defining success:** Montana already struggles to clearly track and measure the outcomes in its current behavioral health system. To make the case for integration, shared measurement systems must be developed to track the outcomes and financial benefits of shifting to more integrated systems.

Opportunities to Advance Integrated Behavioral Health in Montana

Based on the research for this report, a number of recommendations emerged for catalyzing more systematic change toward integration in Montana.

- **Develop a coordinated, statewide integration initiative:** Montana has many committed, innovative healthcare providers who are piloting isolated IBH projects. Montana needs strategic leadership that identifies pragmatic solutions, builds capacity, and supports providers statewide.
- **Jumpstarting change by funding pilot projects that demonstrate feasibility and paths to sustainability:** As seen in several rural states, targeted grant-making can catalyze integration by affording practices an opportunity to design and pilot IBH services and approaches to financing. Organized learning communities and robust technical assistance will support success and further innovation.
- **Integrate state administration of behavioral health:** DPHHS and/or a coordinated group of stakeholders should review the current administration, regulatory policy, and licensing structure of the divisions that support the mental illness and substance use disorder treatment systems. The current Medicaid expansion offers an important policy window where such policy and administrative changes could occur.
- **Reform the payment system for behavioral health:** DPHHS and/or a coordinated group of stakeholders should identify specific rule changes, state plan amendments, or code revisions that could be made to enable a more integrated system and a coordinated and team-based approach to IBH. Ensuring adequate reimbursement will also be essential to addressing Montana's workforce shortages. Current value-based payment reform discussions created by the SIM grant and Montana's PCMH provide an opportunity to identify practicable payment reforms. The CMS Medicaid Health Home program offers another important opportunity to create a payment structure that promotes effective service delivery.
- **Consider alternative ways to increase access to behavioral health specialists:** To increase access to psychiatric specialty care, leaders should explore both in-state training programs and the use of consultation networks and tele-psychiatry.
- **Evaluate current Montana IBH programs to provide business support for the model:** Providers and payers are more likely to invest in IBH when the value of this model has been well-demonstrated. Montana should evaluate IBH programs currently active in Montana such as those in use at some community health centers, and gather the data needed to build the case for cost savings and health outcome improvement.
- **Define core elements of IBH while allowing enough flexibility:** Consensus on most important elements of IBH will be important to quality and effectiveness; yet flexibility will be critical to allowing smaller, rural practices to benefit. Robust training, technical assistance, and evaluation will help in building a strong, Montana-based model.

Conclusion

In view of Montana's high rates of mental illness and substance use disorders, there is a need for practical, evidence-based changes in the administration, payment, and delivery of behavioral health services. IBH is a powerful, evidence-based approach to improving clinical care. Research and national experience repeatedly demonstrate the effectiveness and cost benefits of this approach. As detailed in this report, the success of other rural states that have implemented IBH and the experience of Montana providers that are employing this model demonstrate that IBH should play an indispensable role in efforts to address Montana's most challenging health issues.

[1] *What Is Integrated Behavioral Health Care (IBHC)? Retrieved April 15, 2016, from http://integrationacademy.ahrq.gov/atlas/What Is Integrated Behavioral Health#definition*

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