State Innovation Model:
Delivery System Reform Committee

Learning Together:
The Behavioral Health Home Learning Collaborative

Wednesday, June 4, 2014
Cohen Community Center
Hallowell, Maine
The Behavioral Health Homes Learning Collaborative

- A state-wide effort to provide support for service system transformation
Why Behavioral Health Homes?

• Because addressing behavioral health needs requires addressing other health care issues
  – Individuals with SMI, on average, die 25 years earlier than the general population.
  – 80% of premature deaths in persons with a diagnosis of schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases.
  – Second generation anti-psychotic medications are highly associated with weight gain, diabetes, dislipidemia (abnormal cholesterol) and metabolic syndrome.
Why Behavioral Health Homes for Kids?

• Approximately one out of 10 children has a serious emotional disorder;
• Mental health conditions represent the most costly health condition among children;
• One-third of Medicaid enrolled children who use behavioral health care have asthma;
• Investment in health now = reduction in risk for development of adult chronic conditions.
Cardiovascular Disease Is Primary Cause of Death in Persons with Mental Illness

Colton CW, Manderscheid RW. Prev Chronic Dis [serial online] 2006 Apr [date cited].

Lori Raney, M.D., Physician Institute, 6/12
Four Principles of Effective Care

- Person-Centered Care
- Population-Based Care
- Data-Driven Care
- Evidence-Based care
Chronic Care Model

Designed for primary care in the 1990s, it is the foundation of the patient-centered medical home structure and collaborative care approaches to the management of common mental disorders in primary care.
Clinical Features of the Chronic Care Model

- Self-Management Support
- Delivery System Design
- Decision Support
- Clinical Information Systems
- Community Linkages
BHH Core Standards

1. Demonstrated leadership
2. Team-based approach
3. Population risk-stratification and management
4. Enhanced access to care
5. Comprehensive consumer/family directed care
6. Behavioral-physical health integration
7. Inclusion of members & families
8. Connection to community & social support services
9. Commitment to waste reduction
10. Integration of health information technology
Crosswalk Between The Principles of Effective Care and the Clinical Features of the Chronic Care Model

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<tr>
<th>Clinical Features of the Chronic Care Model</th>
<th>Person-Centered</th>
<th>Population-Based</th>
<th>Data-Driven</th>
<th>Evidence-Based</th>
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<tr>
<td>Self Management Support (Shared decision-making)</td>
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<td>Delivery System Design (Redesign)</td>
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<td>Decision Support (Embedded Clinical Guidelines)</td>
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<td>Clinical Information (Clinical Registries)</td>
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<td>Community Linkages</td>
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The BHHO Vision

Behavioral Health Home Organizations and Health Home Practices will integrate and coordinate all primary, acute, behavioral health and long-term services and supports for eligible members.
The Learning Collaborative Vision

“Alone we can do so little; together we can do so much.”

--Helen Keller
What is a Behavioral Health Home?

Licensed Community Mental Health Agency + Health Home = Behavioral Health Home
And who is eligible for BHCO?

• Adults with a diagnosis of Serious Mental Illness receiving Community Integration Services: **1,710 adults enrolled to date**

• Children with a diagnosis of Serious Emotional Disturbance receiving Targeted Case Management Services: **230 enrolled to date**
Resulting In...

• Improved **physical and behavioral health outcomes** for individuals
• **Reduced hospital admissions and emergency room use**
• Better **transitional care**
• **Improved communication** between health care providers
• Increased use of **preventive services** community supports and **self-management tools**
Simply put...

• “It is my goal to see mental illness attended to like all other diseases so people with them can share fully in everyday life.”
  
  — -- Roslyn Carter
Why are we here?

• Behavioral Health Homes (BHH) Learning Collaborative is here to help Maine’s 26 BHH Organizations succeed!

• Assist in meeting 10 BHH Core Standards
Where are we?

MaineCare Behavioral Health Homes

- **Statewide**
  - 26 BHHOs
  - 62 Sites
BHHO Team

- Psychiatric Consultant
- Nurse Care Manager
- Clinical Team Leader
- Admin Team Leader
- Certified Peer Support Specialist (CIPSS)
- Family or Youth Support Specialist
- Health Home Coordinator for Members with Serious and Persistent Mental Illness
- Health Home Coordinator for Members with Serious Emotional Disturbance
- Medical Consultant
Learning Collaborative Definition 1

• The BHH Learning Collaborative will focus on the adoption of best practices in diverse service settings and emphasize:
  – Adult learning principles
  – Interactive training methods
  – Skill-focused learning
Learning Collaborative Definition 2

- The Behavioral Health Homes Learning Collaborative is a learning process that brings together teams from
  - Multiple care settings who
    - Work on improving a
      - Process, practice or system
Learning Collaborative Definition 3

- The BHH Learning Collaborative uses methods for accelerating improvements in settings and capitalizes on shared learning and collaboration.
- The BHH Learning Collaborative will provide the space for organizational give and take about critical issues related to adoption and adaptation.
BHH Learning Collaborative Offers:

**Learning Sessions**
- 2 in 2014;
- 3 in 2015-16

Day-long, team must attend

**Webinars**
- Monthly
- Peer and expert learning, Maine and national
BHH Learning Collaborative Offers:

**Technical Assistance**
- Site Visits: within first six months of BHHO launch
- Team Conference Calls: to support and share learnings

**Quality Improvement**
- Assistance in identifying improvement projects
- Sharing evidence-based and promising approaches
Behavioral Health Homes Learning Collaborative: Activities to Date

26 Behavioral Health Home Organizations: 62 sites

- **April 29th Kick Off: Aligning Health, Recovery and Resilience:**
  - 83 attendees
  - Find archived materials [HERE](#)

- **May BHH LC Activities:**
  - May 20 Webinar
  - May 29 Learning Session
    - 136 attendees
  - May 30th Newsletter

- **Spring Key Activities**
  - BHBO Site Visits
    - 16 scheduled to date
  - Baseline Assessments
  - Action Plans

- **Outreach to Primary Care and Cross Training**
  - May Health Home Webinar
  - June Health Home Learning Session
Participation Requirements

• BHH Learning Collaborative Participation:
  – At least 2 team members from core BHH site must attend
  – We strongly encourage core site to also designate additional 3 learning collaborative team members (from other sites if applicable),
  – Ideally these additional members are:
    • The Clinical Lead
    • The Administrative lead
    • Third member of team: strongly encourage consumer representation

• Leadership team must attend Learning Sessions:
  – 2 sessions in 2014 (May 29 & October 20)
  – 3 in 2015
  – 3 in 2016
Participation Requirements

Behavioral Health Homes
Learning Collaborative Team Structure

- Clinical Lead from Core Site
- Additional Clinical Member from Core Site
- Team Member from Additional Sites
- Team Member from Additional Sites
- Clinical Lead from Additional Sites
- Nurse Care Manager
- Admin Lead
- Peer Support Specialist
- Health Home Coordinator
Participation Requirements (continued)

- Develop communication and spread strategy for disseminating BHH Learning Session information and learnings from team members attending Learning Sessions to employees at other sites

- Participate in monthly leadership webinars:
  - Monthly Team calls/webinars: look for a survey re: preferred times

- Work collaboratively on QI efforts

- Submit quarterly Core Expectation (Core Standard) Status Reports
BHH Learning Collaborative Team

• Anne Conners, Program Director
  aconners@mainequalitycounts.org

• Liz Miller, Program Coordinator
  lmiller@mainequalitycounts.org

• Judy Ward, Administrative Coordinator
  jward@mainequalitycounts.org
BHH Learning Collaborative Consultants

• Dr. Thomas Sneed, Tri-County Mental Health Services

• Dr. Elsie Freeman, Muskie School of Public Service
BHH Learning Collaborative Consultants

• Maine Association of Mental Health Services Team

• Mini Grants to Consultant Consumer Organizations
Advisory Groups

• Maine Quality Counts Behavioral Health Committee
• Behavioral Health Homes Working Group
  – Consumer/Family/Peer Ad Hoc Group
We Cannot Rest Here

“We’ve seen much integration of care—and now that’s something happening beyond mental health and substance abuse and being addressed at every level in health care. That’s exciting,” said Emilie van Eeghen, chair of the Quality Counts Behavioral Health Committee. “But we cannot rest there. We have to figure out how to sustain and support change, to adapt to our environment so we can best serve our community with limited resources.”
The Learning Collaborative: a Statewide Effort to Provide Support for Service System Transformation

Transformational Leadership Responsibilities:

- Articulating Vision
- Fostering Group Goals
- Supporting Individuals
- Engaging in Reflective/Critical Thinking/Intellectual Stimulation
- Providing Models
- Entertaining/Establishing High Expectations
- Developing Shared Norms
- Encouraging Collective Decision Making

-- Kathryn Power, April 29 Learning Session
Collaboration Across Competitive Boundaries

1) De-fragmentation of care as individuals move from one point to another.

2) All parties cooperate to establish transparent, credible and useful systems of public performance reporting IF whole communities are to transform.

3) Break out of old patterns of “proprietary” behavior and develop relationships around the needs and best interest of the individuals served.

--Kathryn Power, April 29 Learning Session
Now Is the Time

• When you cross over to a transformational system people understand that everyday, if we’re not transforming, we’re losing ground

• A transformational visionary leader works like the sculptor who, when asked to explain how he turned a featureless block of marble into a wildlife tableau, replied, “I just chipped off all the parts that didn’t look like an elephant”
Extra, extra, read all about it: Behavioral Health Homes In the News

Innovative Model Extends Lives by Five Years

4 out of 5 Doctors Recommend BHHOs to their Patients

Record Breaking Outcomes: People Achieve Life Goals!

Exploring the Wild Frontier of Change: What are Behavioral Health Homes?!

Mental Health Agencies Discover the ‘Dark Matter’ of Behavioral Health Homes
Behavioral Health Homes
Still A Very New Initiative

• Adjusting expectations to reality
• Continuing to understand and clarify
  – How things work
  – How roles and responsibilities fit together
• Helping staff acquire new skills
Recovery

• Sense of Self
  – Independence
  – Belonging
  – Responsibility

• Sense of Power or Mastery

• Sense of Meaning

• Sense of Hope