

# INTEGRATED HEALTH CARE: CCBHC & BHH

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# Case to Care Management

- Integrated Healthcare
- Why Integrated Health is Important
- Common Health Issues
- Team-Based Care
- Why a Team-Based Approach is Important
- Care Management



objectives

# The U.S has a sick care system *NOT* a health care system

45% of Americans have one or more chronic conditions



Over half of these people receive their care from 3 or more physicians



Treating these conditions accounts for 75% of direct medical care in the US

# Common Health Problems

important things  
to remember

## **ADULTS**

- Metabolic Syndrome
- Diabetes
- Cardiovascular Disease
- Cancer
- Substance Use Disorders

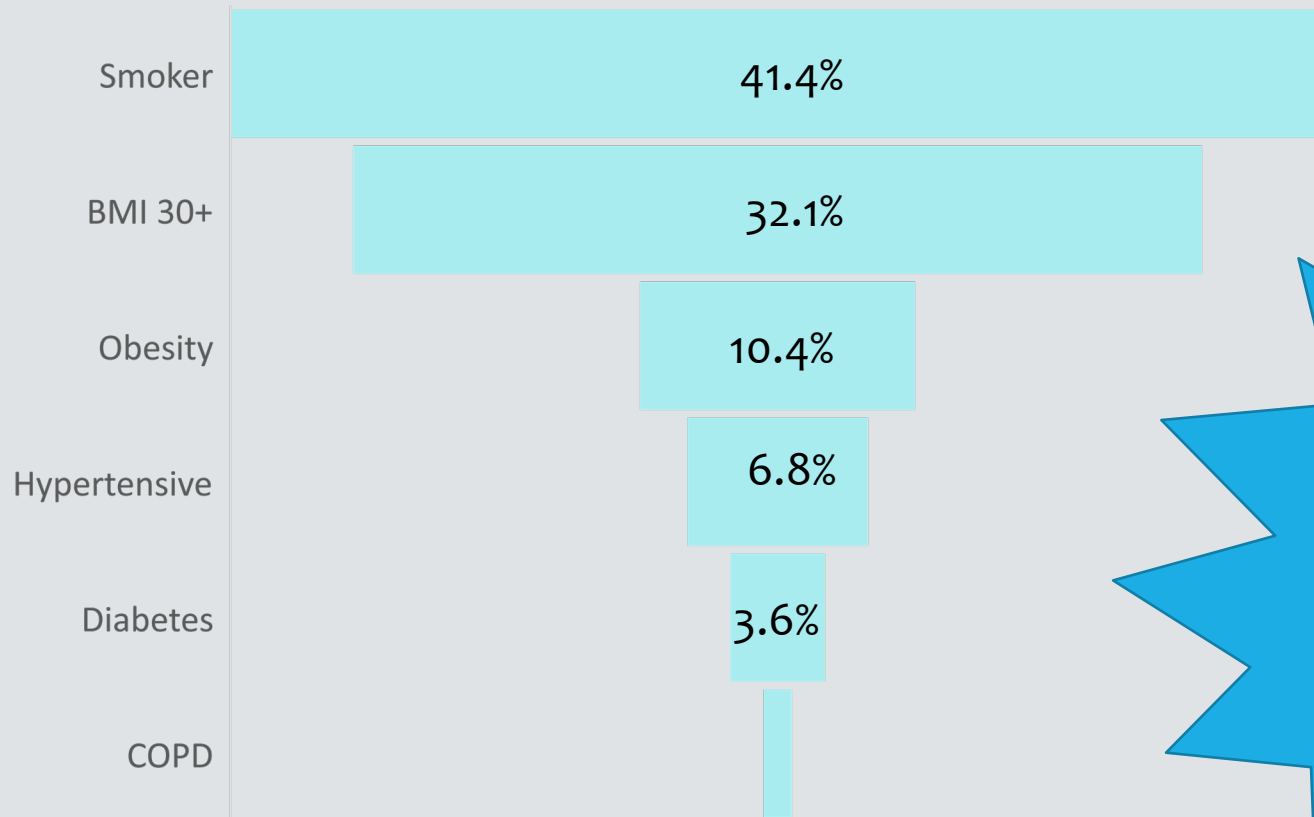
## **CHILDREN**

- Obesity
- Diabetes
- Asthma
- Hypertension
- Urgency around preventive care

# Common Health Problems: Health Indicators Report FY22

EM Adult 18+ yo Health Indicators FY22

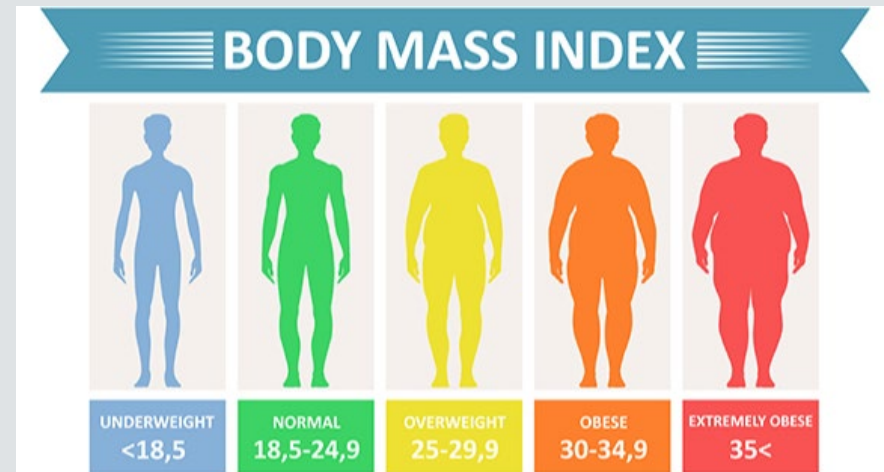
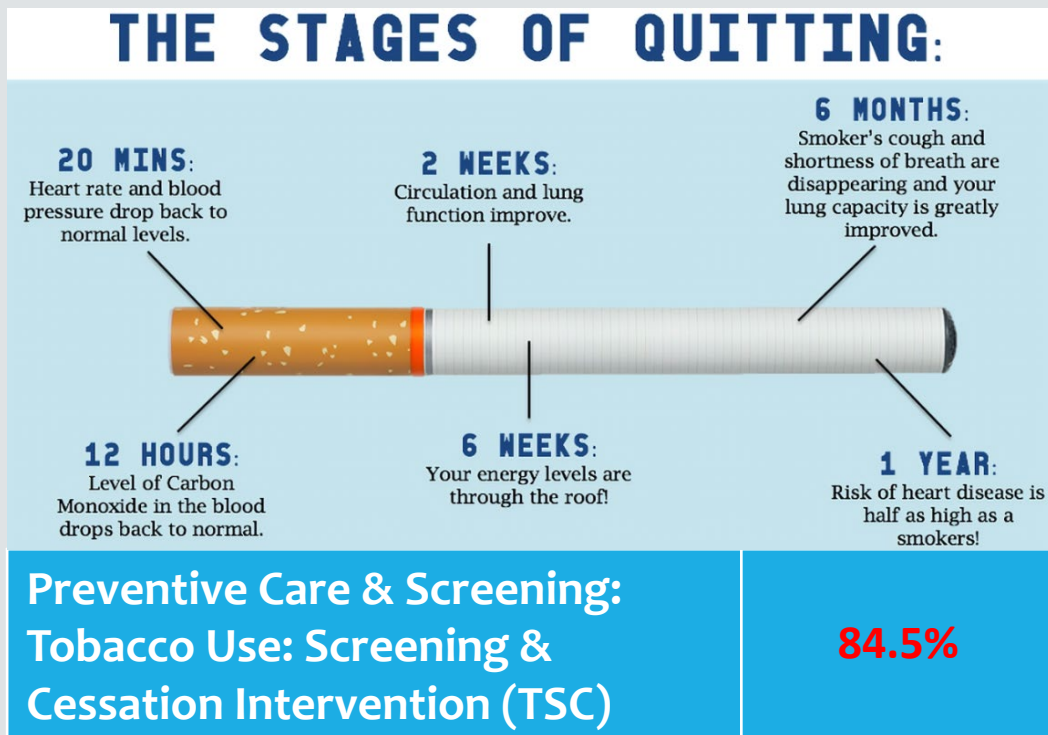
Data Source: EM Reporting Portal>>Population Health>>HealthIndicatorsReport



59.2% of Adults don't have their Blood Pressure Recorded in FY22



# Common Health Problems: CCBHC Demonstration Metrics FY23



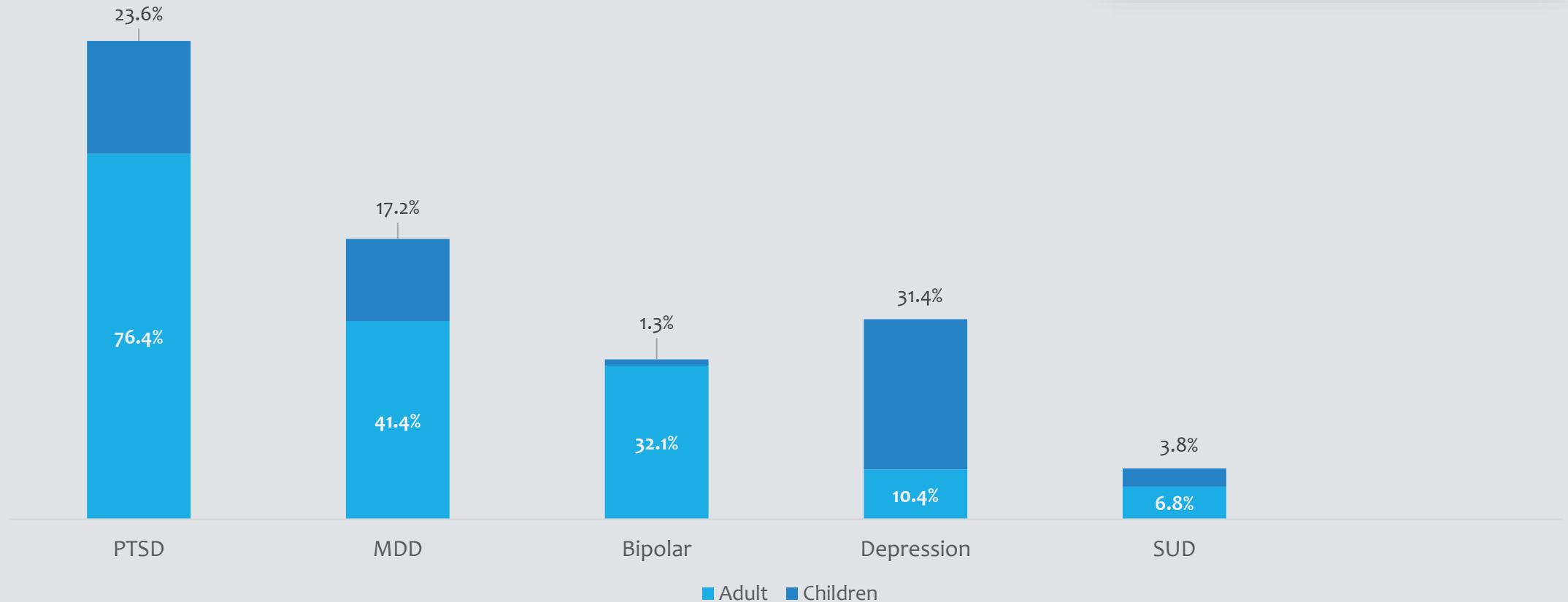
Preventive Care & Screening: Adult  
Body Mass Index (BMI) Screening &  
Follow-Up (BMI-SF)

**71.3%**

# Most Common Diagnoses

EM Mental Health Diagnoses FY22

Data Source: EM Reporting Portal>>Population Health>>Health Indicators Report  
IRIS>>Reports and Downloads>>Pop Health Risk Module



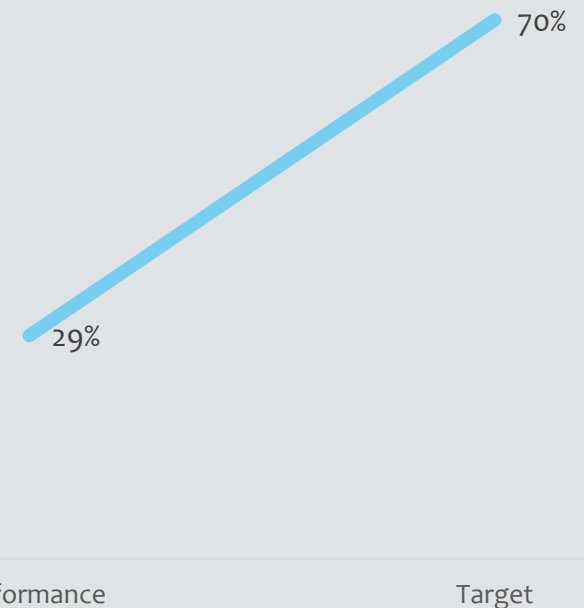
# Metabolic Syndrome & AntiPsychotics

## METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

### (APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics

1. Percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. Percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

APM: Metabolic Monitoring Medicaid Population Sept2022

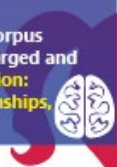


Data Source: OCHN Relias Population Performance>>HEDIS Metrics [Medicaid Population Only]

# Physical Impact of Trauma

## Brain Architecture

Shrinkage in prefrontal cortex, corpus callosum, and hippocampus. Enlarged and more reactive amygdala. **Resolution:** safe and stable nurturing relationships, walk in nature, touch, exercise



## Brain Waves

Predomination of wrong brain waves in wrong part of the brain leads to anxiety, unable to concentrate, and seizures. **Resolution:** neurofeedback



## Neural Pathways

Need to 'rewire' our brain from old thought patterns and habits of mind, conscious, and unconscious. **Resolution:** neurofeedback, meditation/ mindful action, positive self-talk



## Neurotransmitters

Vulnerable to addiction because dopamine transmitters/receptors not developed or damaged. Reduces motivation & focus, creates fatigue. Low serotonin causes depression.



## Hormones

Prolonged high cortisol and ghrelin creates greater reactivity to stress. Long term damage to cells, structures of the body, and other hormone glands (thyroid). **Resolution:** oxytocin ("the love hormone")



## Toxin Elimination

Intestines and kidneys less able to eliminate toxins (slow gut or unbalanced flora). **Resolution:** salt baths, sauna



## Nervous System

Supercharged sympathetic nervous system. Parasympathetic nervous system not engaged to bring back into balance. **Resolution:** yoga, breathing, or other physical/emotional regulation



## Immune System

Resistance to cortisol or lower cortisol creates unchecked inflammation. Cause of many diseases: asthma, arthritis, etc.) **Resolution:** meditation/mindful action, walking in nature, diet, rest



## Cellular Change

Shortens telomeres which prematurely ages and reduces reproduction of cells & can cause cancer. **Resolution:** social support

Epigenetics turns genes on or off in adaptation to dangerous environments. Effect can last generations. **Resolution:** Safer environment (perception of)

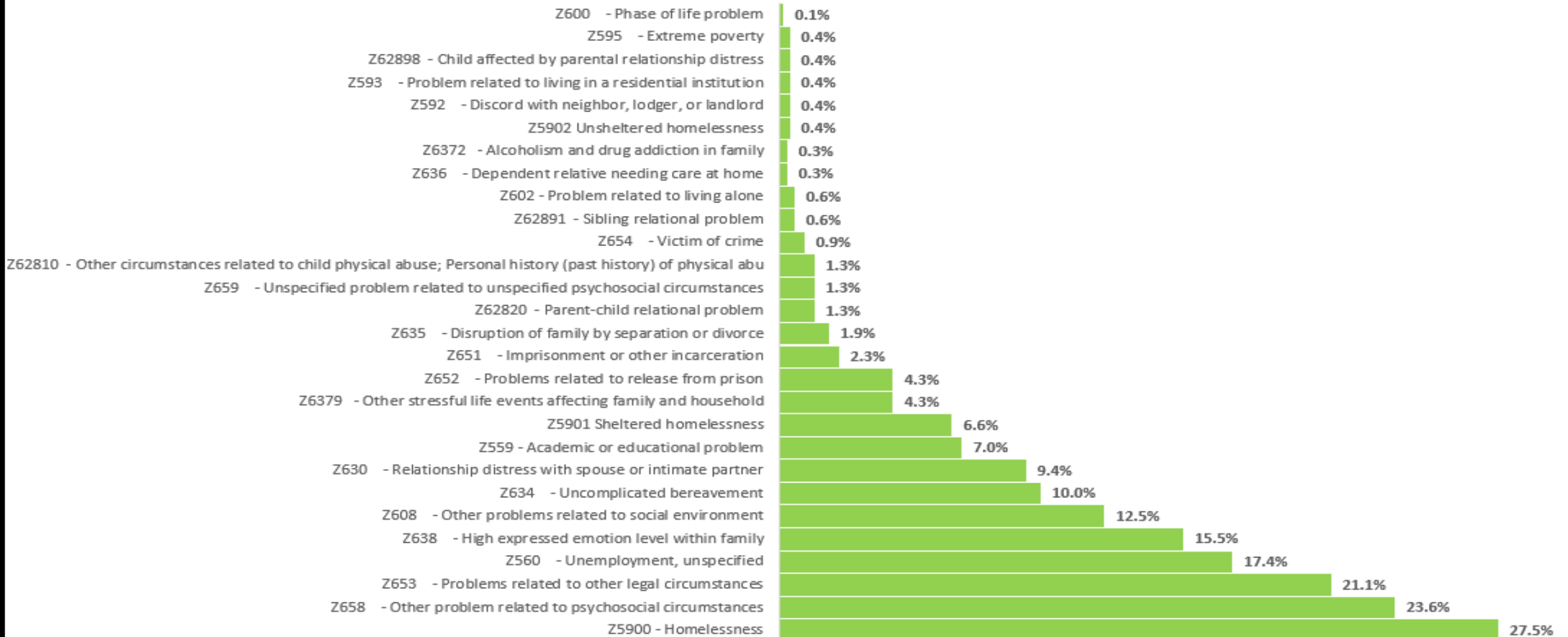
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# SOCIAL DETERMINANTS OF HEALTH

## EM Z-Codes Adult 18+ SDoH FY22 n=1,265

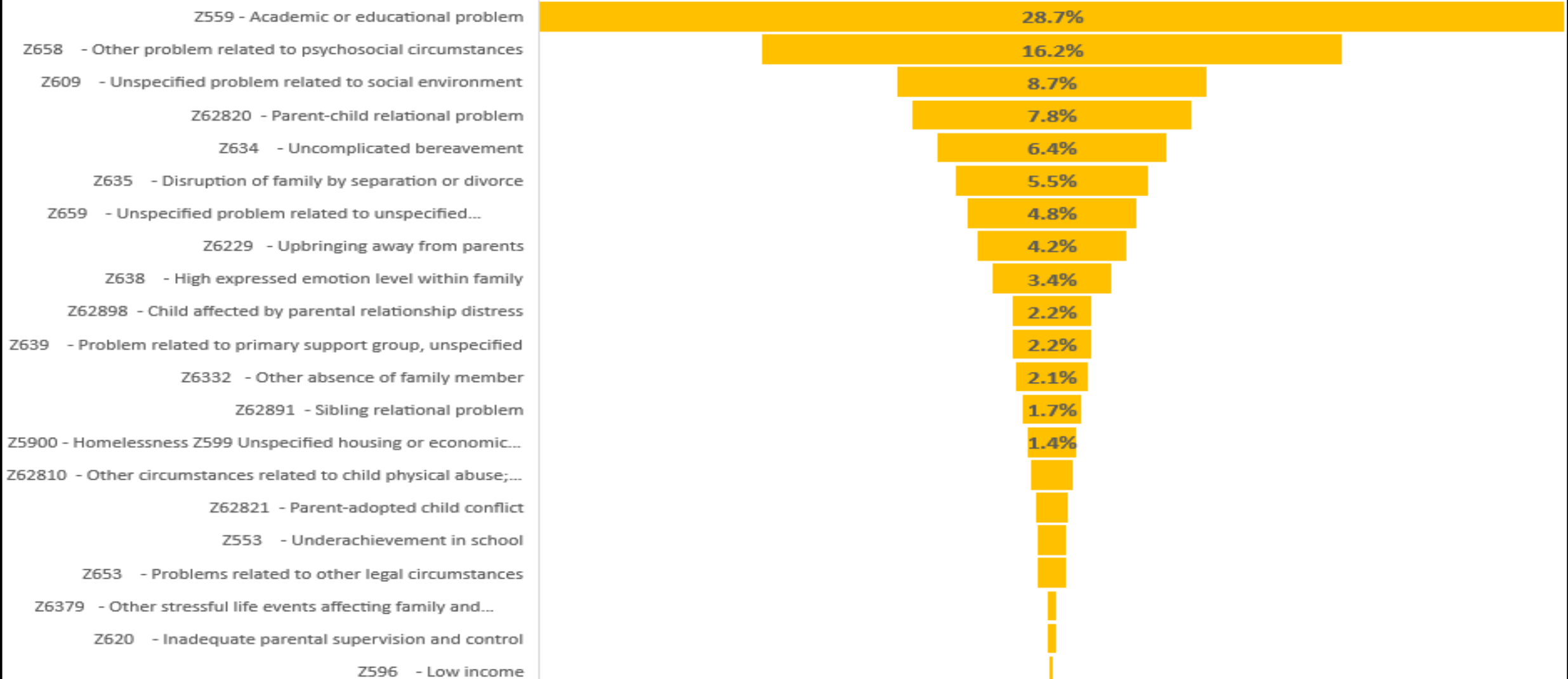
Data Source: EM Reporting Portal --> Population Health --> SDoH Diagnoses and Services



# SOCIAL DETERMINANTS OF HEALTH

EM Children 0-17 yo SDoH FY22 n=714

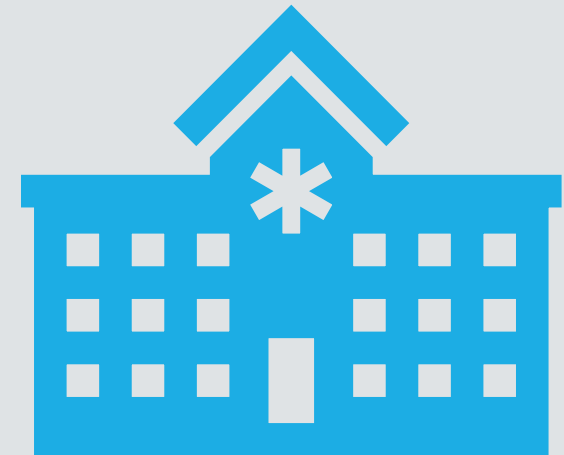
Data Source: EM Reporting Portal --> PopulationHealth --> SDoH Diagnoses and Services



# Care Coordination 'Linchpin' of CCBHC

*Care Coordination The CCBHC must provide care coordination across a spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.*

- Care coordination is regarded as an *activity* in the CCBHC model, not just a service, and is the expectation of 'how we do care'
- MDHHS-5515 Consent to Share Behavioral Health and Substance use Disorder Information



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Individuals connected to primary health care to treat current co-morbid conditions and prevent future conditions from developing.

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Collaborate as an interdisciplinary team targeting high-risk cases to problem-solve and action plan through frequent huddles.

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Improving care coordination of services – linchpin of CCBHC. The more care coordination activities occur, the better the individual's treatment outcomes.

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Referrals, information sharing between providers, advocacy, resource sharing, outreach, monitoring medication, tracking test results, psycho-education to family/person, team-huddles, discharge summaries, care plan development, transportation, etc.

Why is this so important? Reducing hospital recidivism rates, reduction in health co-morbidities (e.g. metabolic syndrome), increased access to care, & improved collaboration between providers.

What are our  
goals for CCBHC?

# TBC: Why is a team approach important?



**Inter-Disciplinary** - a team of staff who directly work with the person served  
['Who']

*Clinician, PHCP, Case Manager, Peer Support Specialist, Community Health worker, MA, NP, Psychiatrist, nutritionist, etc.*



**Team-Based Care Principles** –  
Collaborative & Team-specific ['How']

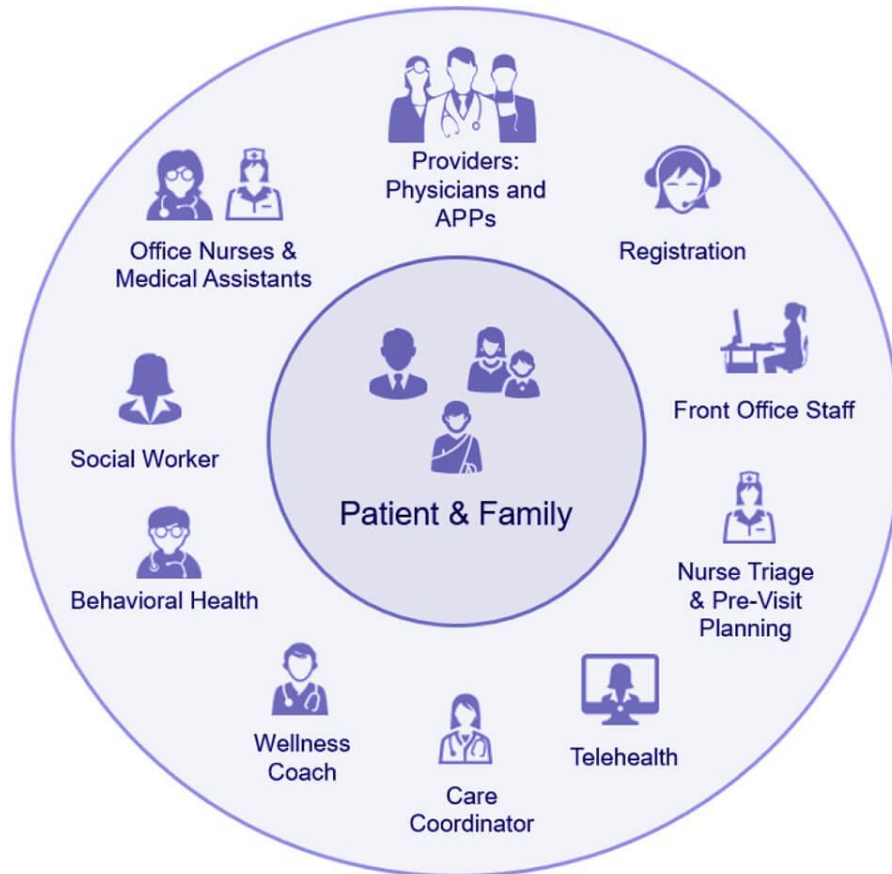
*Clear roles & expectations, mutual trust, effective communication & problem solving, sharing wins/barriers, measurable process & outcomes.*



To accomplish **shared goals** and achieve **coordinated, high-quality care** ['what']

*Improved individual outcomes in treatment: measurable progress & data-driven results.*  
*Right-time interventions to improve safety & reduce risk.*  
*Increasing coordination efforts through care pathways, collaborations internally and externally with partners, enhancing access.*

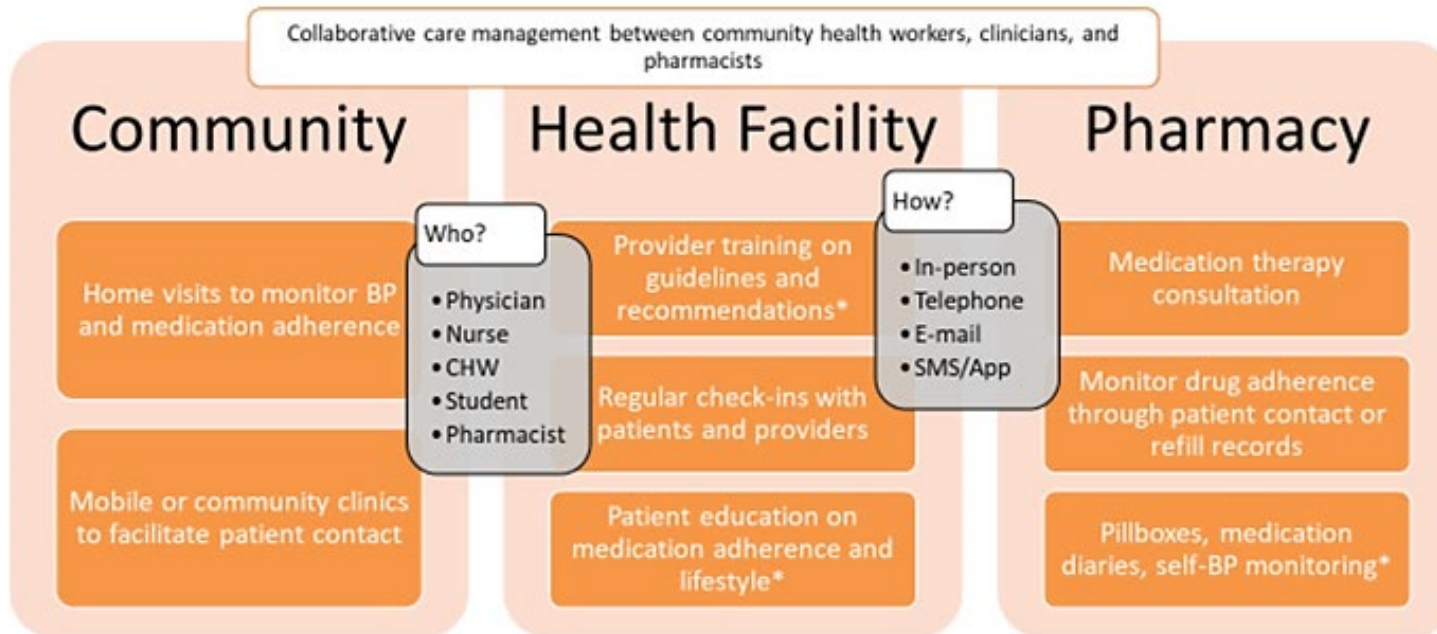
**FIGURE 1. TEAM-BASED CARE ROLES**



# Transitions of Care: What does it mean?

- *The movement of patients between health care locations, providers, or different level of care within the same location, as their conditions and care needs change.*
- Across Health States - personal residence to assisted living
- Between Providers – PHCP to Psychiatrist
- Within Settings - Primary Care to Specialty Care Team
- Between Settings – Inpatient to Outpatient

## How can we encourage treatment follow-up and adherence?



# MAKING THE CONNECTIONS

# One Process: Care Management

Care management refers to activities performed by health care professionals with a goal of achieving the person-centered treatment to target outcomes with the person.

Care coordination should include the following dimensions of wellness: emotional, financial, social, spiritual, occupation, physical, intellectual, and environmental.

# Components of Care Management

Screening and  
Assessment

Care Planning

Increasing Health  
Literacy Through  
Education

Medication  
Management and  
Adherence  
support

Risk Stratification

Population  
Management

Coordination of  
Care Transitions

# The Behavioral Health Home Model

Allows for a wraparound approach for families by:

- Addressing Caregiver Stress
- Providing education and skills training
- Coordinating with schools
- Navigating health systems
- Offering healthy options



# Behavioral Health Home Teams- Roles and Responsibilities

*Teams consist of Nurse Care Managers, Behavioral Health Clinicians, and Community Health Worker*

## Nurse Care Manager

Facilitates  
BHH team  
huddles

Provides  
health  
education

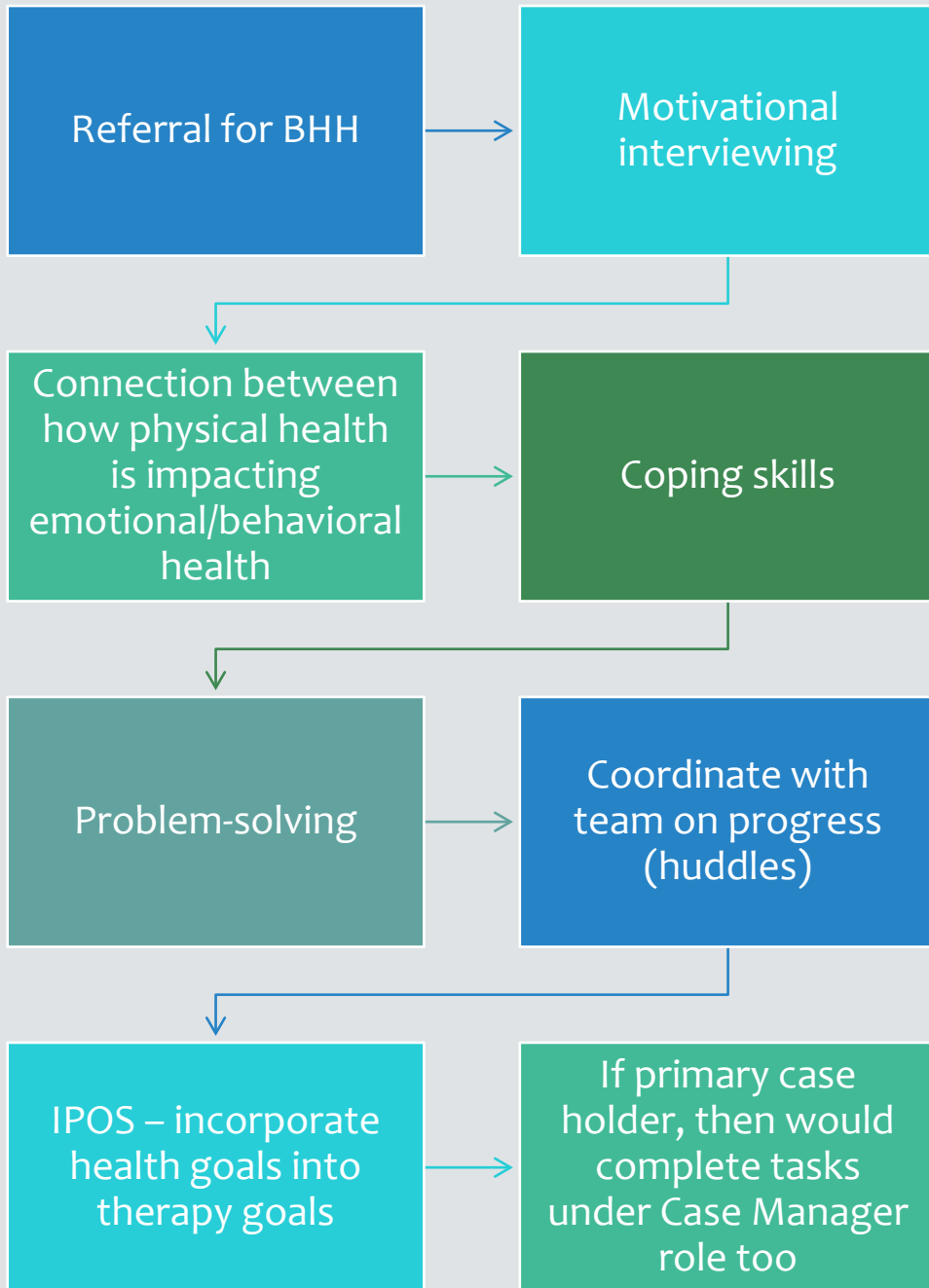
Conducts  
Health  
Assessment

Develops  
Treatment  
Goals

Manages  
Referrals

Reviews Pop  
Health data

Coordinates  
Care



# Behavioral Health Clinician

# Community Health Workers



Attend BHH team huddles



Arranging transportation



Education on dx and med management/compliance



Add/update medications



Referrals into community & resources



Dietary needs/nutrition education



Equipment education (BP monitors)



Collection of vitals



Coordination of care with PHCP, Specialists

## GET HEALTHY NOW!

Regular physical activity lowers the risk of diabetes by 50% and reduces the risk of premature death by 30%.

Depression has been linked to many chronic illnesses, including diabetes, asthma, cancer, cardiovascular disease and arthritis.



### WHAT IS GET HEALTHY NOW?

Get Healthy Now is an Easterseals Youth & Family Health and Wellness program covered under the Behavioral Health Home Benefit.

### WHAT SERVICES ARE OFFERED?

- Fun, educational, and interactive groups (broken into age groups)
- Individual education pertaining to youth's needs
- Comprehensive nursing assessment with recommendations
- Coordination with specialty doctors
- Referrals and resources provided
- Support in the development of health goals for each unique individual.

### WHAT TYPE OF EDUCATION IS PROVIDED FOR THE YOUTH?

Youth enrolled in the Health Education Series will learn more about: Healthy Habits, Diabetes 101, Nutrition 101, Food Sensitivity, Environmental Health, and Healthy Hygiene.

### WHAT TYPE OF EDUCATION IS PROVIDED FOR THE PARENT/GUARDIAN?

Parents/guardians will have the option to attend Integrated Healthcare Drop-in virtual sessions 2x per month to listen to others, share their story or ask questions.

### WHO IS ELIGIBLE FOR THIS PROGRAM?

Easterseals youth and their families with Medicaid, Healthy Michigan Plan or MICHild are eligible for this program. Please reach out to your primary therapist to see if you may qualify for any services within the Get Healthy Now program!

### FOR MORE INFORMATION,

### PLEASE CONTACT:

[BHH-Team\\_FS@ESSMICHIGAN.ORG](mailto:BHH-Team_FS@ESSMICHIGAN.ORG)



# BHH Services for Children, Adolescents, and Families: How We Tailor Services

- Involve the parent/guardian
- Provide a variety of service options
  - Telehealth or in-person
  - Workshop for parents
  - Groups
  - Summer Camp
- "Get Healthy Now" Rebrand
- Eating Disorder Pathway
- Virtual platform for parent education

# BHH Services for Children, Adolescents, and Families: Outreach

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Weekly huddles to review referrals and identify potential enrollees

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Family education, support and skill development

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Coordination with PCP, specialty doctors, and other outside resources

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Partnerships with local schools



A woman with long reddish-brown hair, wearing a grey tank top, is looking down at a bowl of food on a table. The image is dimly lit and has a dark overlay. A white rectangular frame is centered over the image, containing the text "SUCCESS STORY".

# SUCCESS STORY