Session 2:

Relating the Science of CER to Mental Health Policy and Clinical Care

Sir Michael Rawlins, MD

Chairman, National Institute of Health & Clinical Excellence (NICE)

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Relating the Science of CER to Mental Health Policy and Clinical Care

Joe Parks, MD

Medical Director, Missouri Department of Mental Health; President, Medical Directors Council, National Association of State Mental Health Program Directors (NASMHPD)

My Background

- Medical Director and former Division Director Comprehensive Psychiatric Services
  - Operate hospitals, contract for outpatient
  - 4500 employees, 500 contractors
  - $369 million treats 74,000 patients per year
- Consultant to MoHealthNet (Missouri Medicaid)
- President NASMHPD Medical Director's Council
- Practicing Psychiatrist

National Association of State Mental Health Program Directors (NASMHPD)

- Membership is the Commissioners/Directors of state mental health agencies all 50 states, 4 territories, and the District of Columbia who are responsible for the provision of mental health services to citizens utilizing the public system of care.
- Represents the $23 billion public mental health service delivery system serving 6.1 million people annually.
- NASMHPD Medical Directors Council identifies emerging clinical and provides policy guidance to national mental health leadership

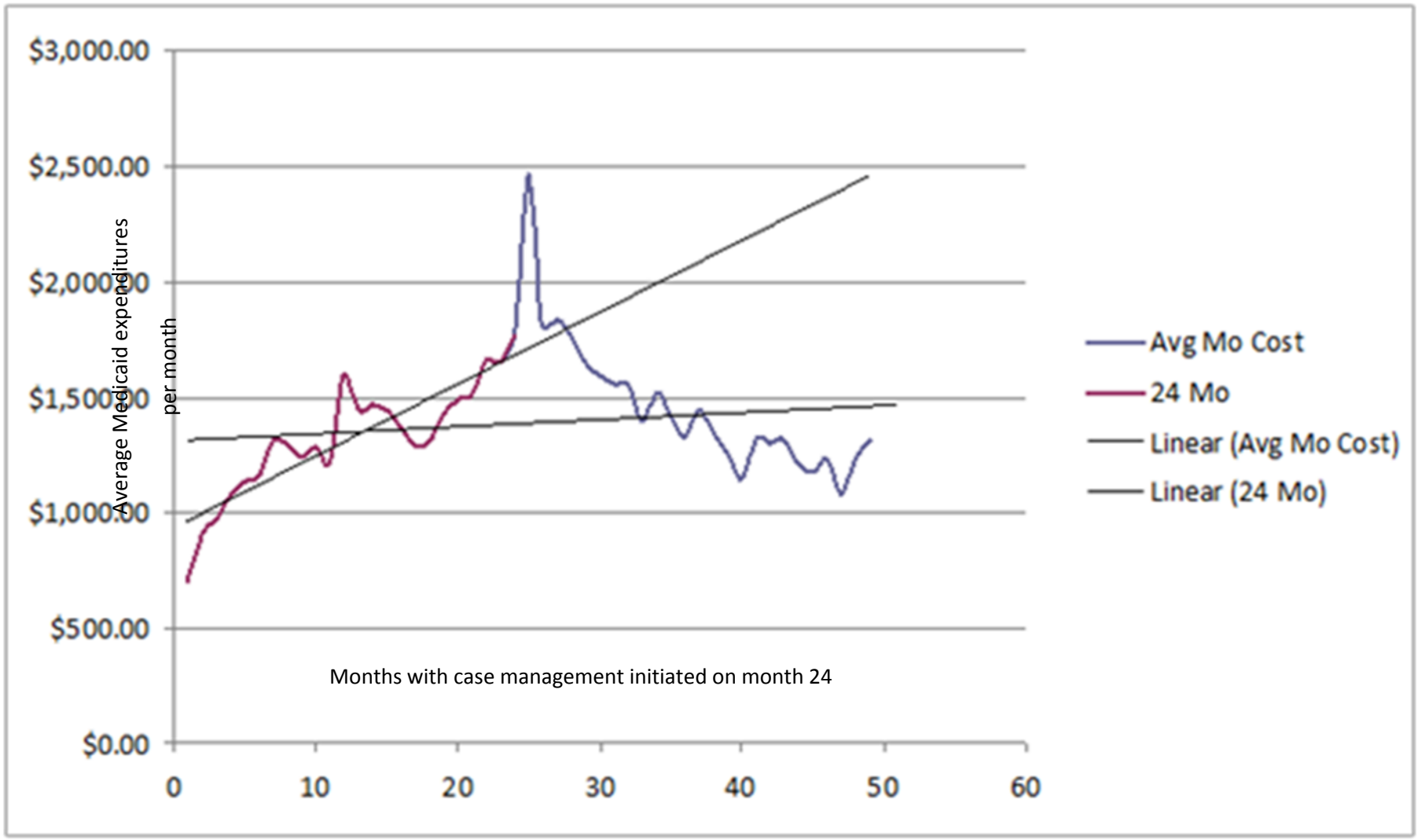
What I Need CER for

- General Operational Needs
  - Funding specific programs/services
  - Choosing target populations
  - Rate setting
  - Designing benefit packages
  - Methodology that uses data I have and/or minimal standard data set suitable for manydifferent analyses
- Most Helpful Focus Areas
  - High-volume standard services
  - Services as delivered in the average care setting

CER Needed for Better Management

- Who should be served specialty mental health system instead of primary care?
- Treatment planning – any value added?
- Children's System of Care – any value added?
- Mental Health community support/case management (not ACT)
- How many choices have to be on a PDL

Total HealthCare Utilization Per User Per Month
Pre and Post Community Mental Health Case Management



Atypical Choices for Initial Access in States Using a PDL

- All Seven 7 States
- Six Choices 7 States
- Five Choices 5 States
- Four Choices 5 States
- Three Choices 1 State
- Less than 3 Choices - None

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Karl Broich, MD

Deputy Head, Federal Institute for Drugs and Medical Devices, Germany (Bundesinstitut für Arzneimittel und Medizinprodukte)

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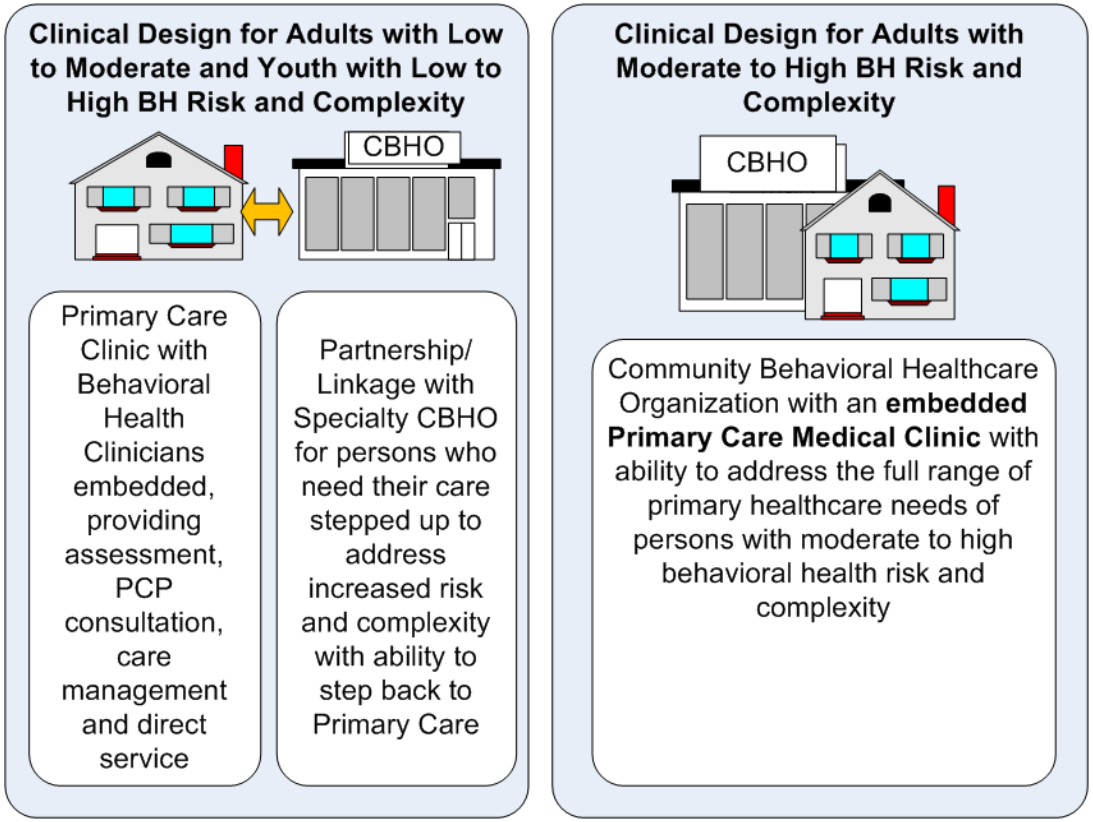
Dale Jarvis, CPA
MCPP Healthcare Consulting, Inc.

My Background

- Managing Consultant at MCPP Healthcare Consulting, a Seattle-based consulting firm, and a member of the National Council for Community Behavioral Healthcare's Consulting Services
- 23 years experience consulting with over 300 community-based behavioral healthcare providers, Medicaid mental health plans, and state and local governments

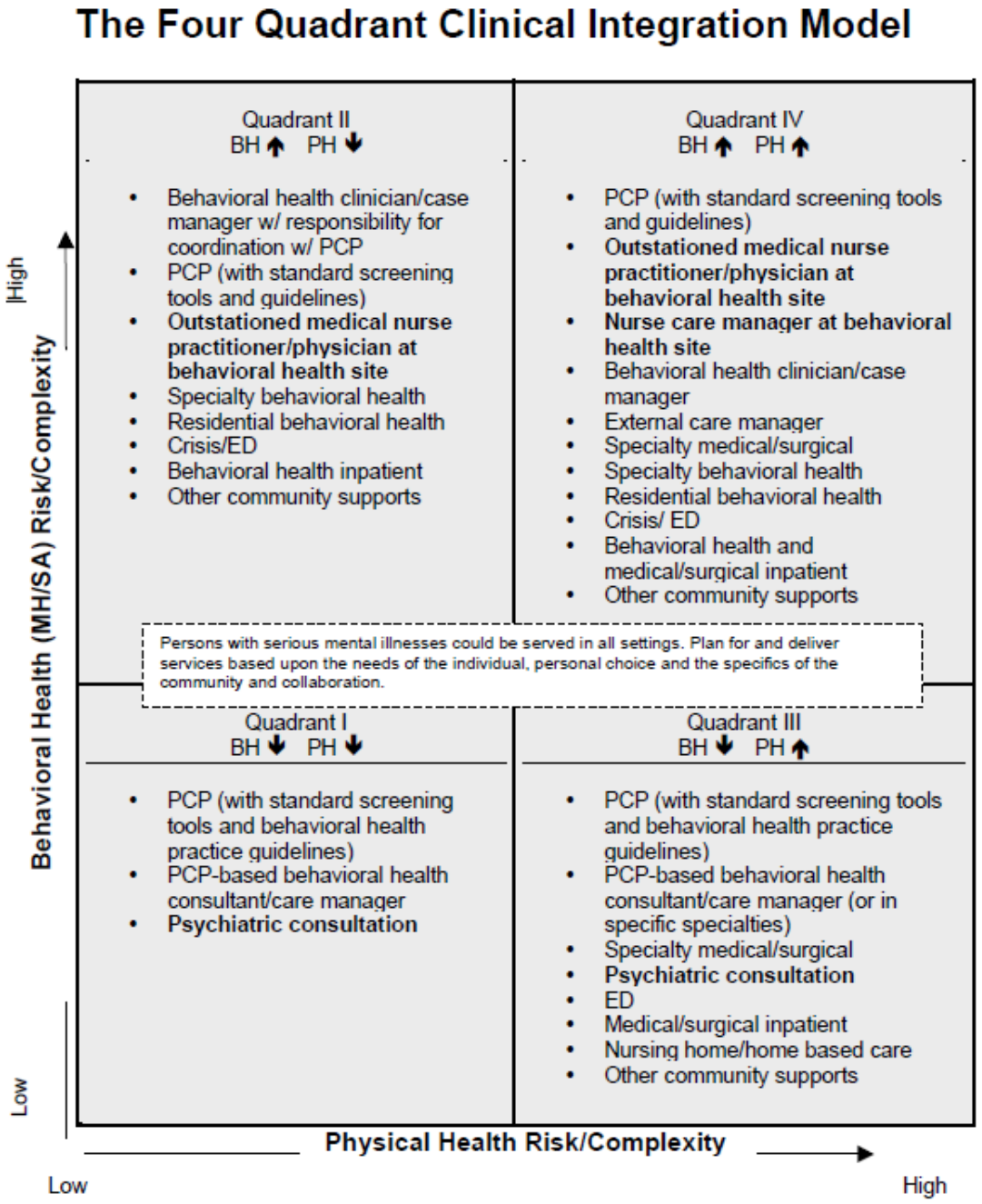
Context for CER in Community-Based Systems

- The behavioral healthcare delivery system is on the cusp of a major transformation as integration of primary care, mental health and substance use accelerates
- We are expecting widespread use of bi-directional care: BH in PC and PC in BH
- With both systems implementing evidence-based clinical designs
- This changes the landscape of *where* and *how* evidence will be used



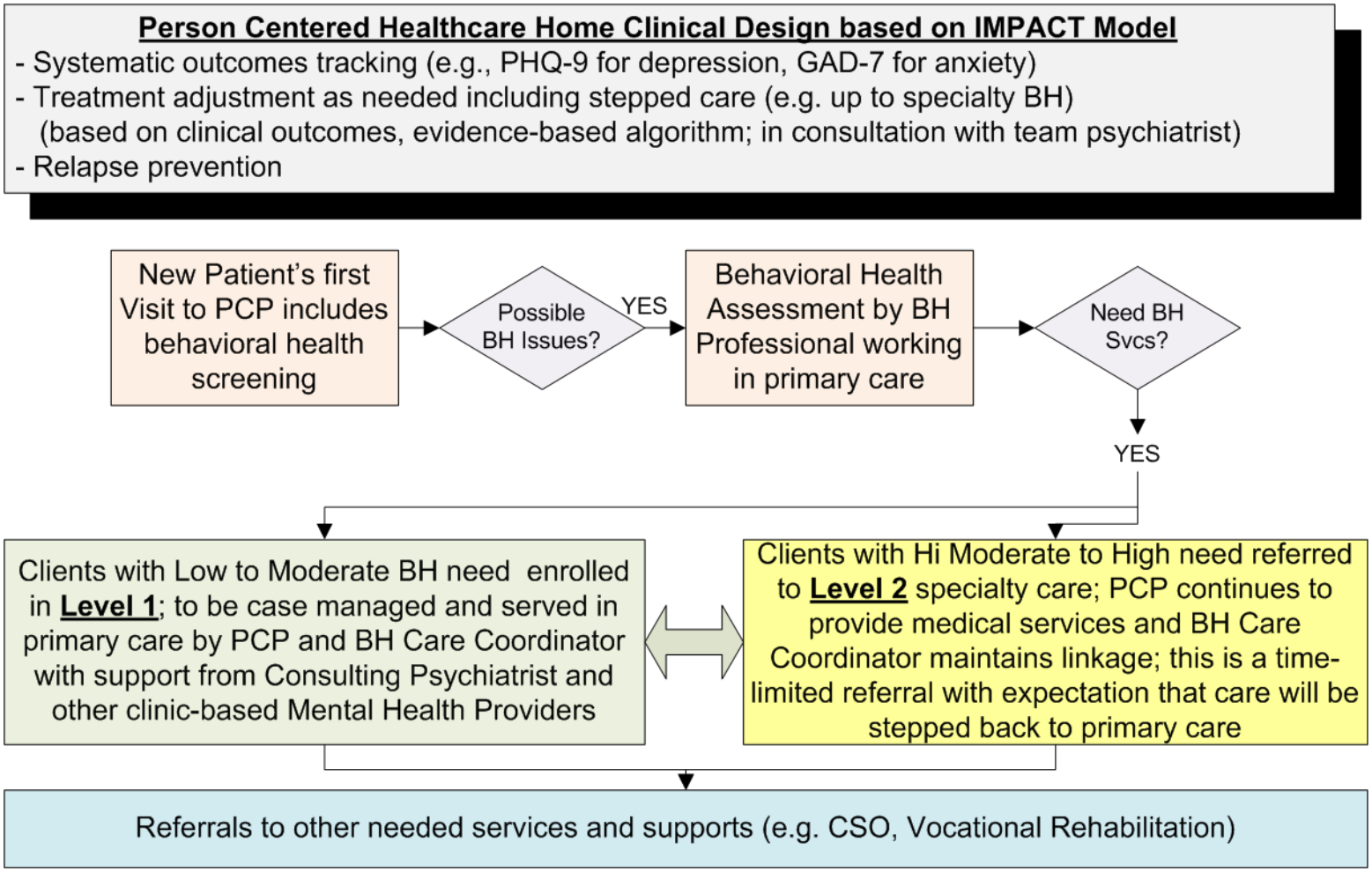
Context for CER in Community-Based Systems

- The 4-Quadrant Model is a framework for describing the populations, model elements, and clinical roles for providing BH in PC and PC in BH



Context for CER in Community-Based Systems

- Example of an emerging BH in Primary Care model



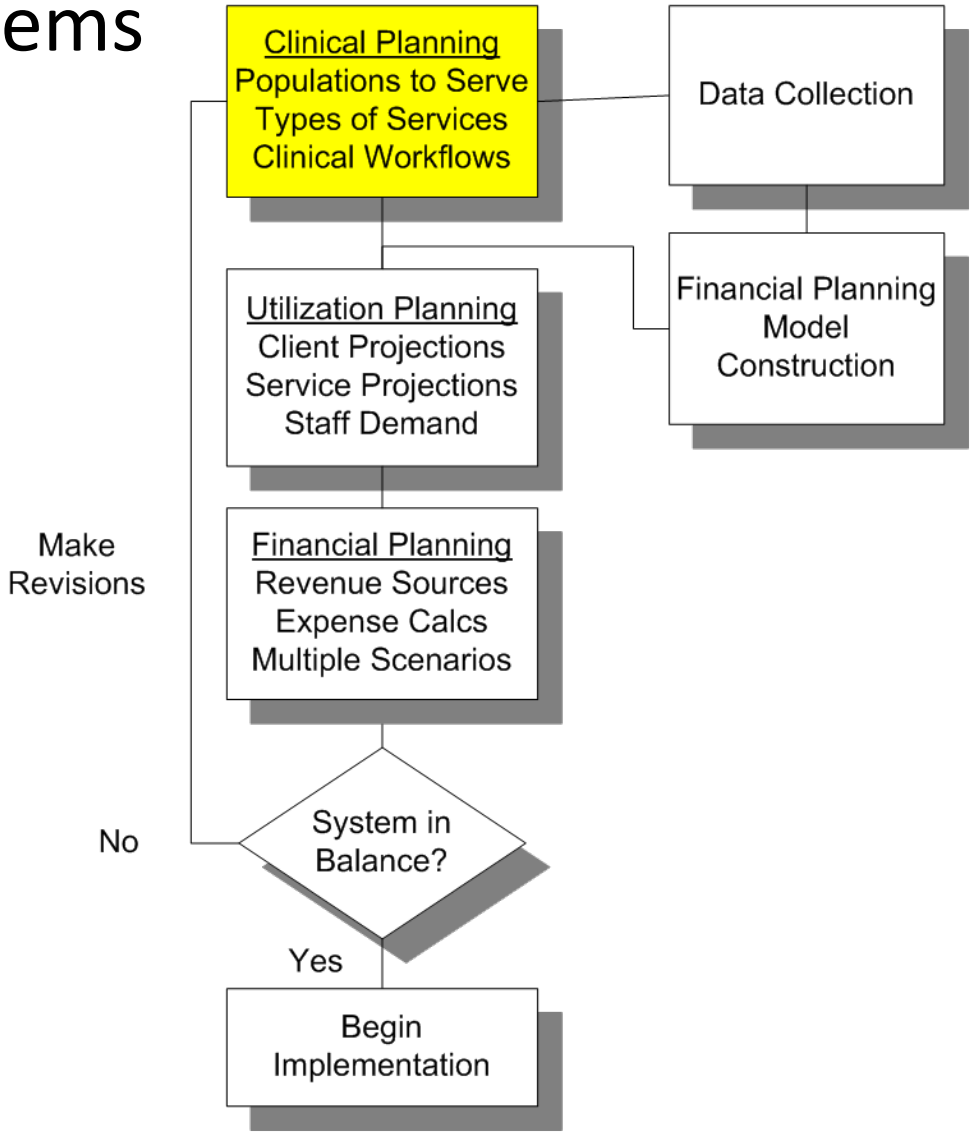
The IPI Continuum: A Collaborative MH/SU/Primary Care Continuum for the Safety Net Population

	Mild MH/SU Complexity	Moderate MH/SU Complexity	Serious MH/SU Complexity	Severe MH/SU Complexity
Optimal MH/SU services for each MH/SU level, for all ages (children, youth, adults, older adults) **[Note: varying resources may not permit availability of all services within each level in every community, but all four levels of care should be available]**	• Screening and assessment of commonly presenting MH/SU	→	→	→
	• Care management as needed • Self management goal setting (for MH/SU **and** physical health conditions) education, activation	• Care management/registry tracking of those receiving services • Self management goal setting (for MH/SU **and** physical health conditions) education, activation and relapse planning	• Care management/registry tracking of those receiving services • Assessment and monitoring of key health indicators[1] • Self management goal setting (for MH/SU **and** physical health conditions) education, activation and relapse planning	• Care management/registry tracking of those receiving services • Assessment and monitoring of key health indicators[18] • Self management goal setting (for MH/SU **and** physical health conditions) education, activation and relapse planning/Wellness Management and Recovery
	• Brief problem-oriented counseling/therapy • Prescribing • "Watchful waiting" • Stepped care (changes in the types and intensity of services, medications) within this level or to another level	• Brief treatment of MH conditions, crisis plan • Prescribing • Pain Clinic • Psychiatric consultation for care manager/PCP • Stepped care (changes in the types and intensity of services, medications) within this level or to another level	• Risk assessment and crisis plan • Person-centered treatment plan • Treatment of MH disorders using evidence-based practices • Prescribing • Psychiatric consultation for care manager/PCP • Stepped care (changes in the types and intensity of services, medications, crisis and inpatient services) within this level or to another level	• Risk assessment and crisis plan • Person-centered treatment plan • Intensive Case Management Team/Assertive Community Treatment[2] • Family Psychoeducation • Medication Management • Supported Education • Supported Employment • Supported Housing/Housing First • Consumer-Operated Service Programs • Children's Services • Stepped care within this level or to another level
Examples of evidence-based/ effective MH/SU	• IMPACT[3] • Cognitive Behavioral Therapy • Motivational Interviewing • Screening, Brief Intervention, Referral and Treatment (SBIRT)[4]	• IMPACT[21] • Cognitive Behavioral Therapy • Motivational Interviewing • Screening, Brief Intervention, Referral and Treatment (SBIRT)[22]	• IMPACT[21] • Cognitive Behavioral Therapy • Motivational Interviewing • Dialectical Behavioral Therapy • Functional Family Therapy	• See SAMHSA Evidence-Based Practices KITS available or in development[19] [listed above] • Cognitive Behavioral Therapy • Motivational Interviewing • Dialectical Behavioral Therapy

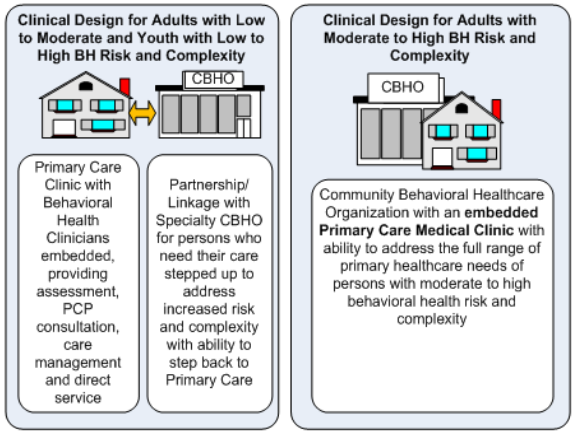
CER Needs in Community-Based Systems

Program Design

- States, regions, and communities are redesigning their clinical, financial and management infrastructures to support bi-directional care
- They are doing so with limited evidence about clinical structures that work best for different populations:
  - Youth, adults, older adults
  - Persons with mild, moderate, serious and severe disorders
  - MH only, SU only, Co-occurring



CER Needs in Community-Based Systems



Treatment Interventions

- Primary care clinic leadership need additional guidance to support treating a broader array of BH conditions in primary care
- Specialty MH/SU leadership need additional guidance to:
  - Support PCPs through the roles of BH Consultants in PC
  - Manage the stepped care transitions (up and down)
  - Better serve serious/severe in specialty care
- Severe funding limitations, large capacity/ demand gaps, and the absence of financial incentives have reduced the ability of both types of organizations to maintain/create the infrastructure to support CER research and translate theory into practice on a timely basis

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H. Stephen Leff, PhD

Senior Vice President at the Human Services Research Institute;
Assoc. Professor, Harvard Medical School Dept of Psychiatry;
Senior Advisor, National Association of County Behavioral Health and Developmental Disabilities Directors