

Behavioral Health Advisory Council Meeting
Wednesday, April 9, 2014
Charles Ed McFall Boardroom
Lincoln Center
4345 N. Lincoln

Welcome

Member Term Limits Update

Verna Foust and Charles Danley polled the members they represent concerning member term limits. A recommendation has been made to the Council that member term limits be set at 3 years with a renewal for 3 years for a total of 6 six years for Council members.

Co-chair Laura Boyd made a motion that term limits be set at 3 years, with a renewal for an additional 3 years, for a total of 6 years, and that member organizations be responsible for appointing its representatives without recommendation of the Council. Second by co-chair Paul Davis. Approved by all, none opposed. Motion carries.

BH Screening in Patient-Centered Medical Home and SBIRT Screening Option

Mary Ann Dimery, OHCA; Dane Libart, ODMHSAS

Dane Libart, ODMHSAS, was not able to attend the meeting due to personal reasons. Mary Ann Dimery presented on the patient-centered medical home behavioral health screening initiative. SBIRT is an option available under that initiative.

OHCA and ODMHSAS have partnered together to integrate behavioral health into the physical health delivery system. Effective 1/2014, all Patient-Centered Medical Homes are required to perform an annual behavioral health screening for SoonerCare Choice members ages 5 and above that are assigned to their panel. All Patient-Centered Medical Homes will receive on-site training and educational materials in 2014 to assist them in integrating behavioral health screening. Currently, 13 Provider Services staff are providing the on-site training. As of 4/3/2014, 380 Patient-Centered Medical Homes have received behavioral health screening education. A directory of behavioral health providers is also given at the time of training.

Health Home Overview

Traylor Rains, ODMHSAS

The Affordable Care Act allows states to implement Health Homes for targeted populations within their states. Oklahoma is using this model for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED).

A Health Home is where individuals can come throughout their lifetime to have all of their healthcare needs identified and receive the medical, behavioral, and social supports

they need, coordinated in a way that recognizes all of their needs as an individual, not just as 'patients'. All of their care and treatment is provided and tracked on one care plan.

Research has shown that those individuals with SMI die 25 years earlier than individuals in the general population, mostly from medical reasons. There are many factors that contribute to this early death rate, including lack of motivation on the part of the consumer, lack of advocacy skills, and poverty. Many PCPs lack the time necessary to talk to the consumer's family and support network, and are uncomfortable when dealing with mental health issues, just as many mental health professionals are uncomfortable dealing with physical health issues. Health Homes make collaboration between the two easier and more effective for the consumer.

Conversations are currently being held with CMS regarding reimbursement for different tiers of Health Home, as well as physician reimbursement. This would be an incentive payment that would be an add-on to the current care coordination payment through Medical Home.

Work is currently being done on a Request for Information (RFI) to gauge who is interested in becoming a Health Home, and who would be qualified. That information will be used to create an intensive learning collaborative. Once that group has been formed and a final model has been created, a Request for Proposal (RFP) will be released.

Letters of Collaboration/Termination Update

Mark Reynolds, ODMHSAS

Letters of Collaboration/Termination are to help ensure that clients that are being seen in multiple agencies are receiving coordinated care, and to help minimize the duplication of services. This applies only to agencies who request levels 1, 2, 3, or 4. LBHPs will explain the process to the consumer and help coordinate between the agencies.

Letters of Termination will only apply to those consumers who already have services at another agency. There is also a new process to contest a termination for providers. Providers are notified within 48 hours if a consumer has an open authorization at another provider. Terminations are also done fairly quickly. If a client terminates one provider who is already collaborating with another, both providers will receive notification of the termination.

Break

Fast Facts

Tony Russell, OHCA

See Attachment for the presentation of Fast Facts.

Not On Agenda:

The new rules will go into effect after July 1. The Council will review the new rules at the next meeting in August.

The annual Mental Health Awareness Day will be on Monday, April 14 at the state Capitol. The theme this year is "My Mind Matters". Activities from 10am to 2pm are scheduled by the Coalition of Advocates. From 3:30- 7:30 there will be a family and children's picnic on the north lawn of the Capitol. Booth space is still available for \$50.00.

The annual NAMI WALKS is scheduled for June 7 at the Myriad Gardens in Oklahoma City at 9am. RedRock is the corporate sponsor this year. Contact NAMI offices at 230-1900.

Registration is now available for the annual Children's Behavioral Health Conference for June 23- 25. Registration can be found online at the ODMHSAS website.

Legislative Update

Carter Kimble, OHCA

There are 3 phases to the Legislative session- there is the legislative piece, which is ongoing throughout the session; there is the budget piece which is generally done toward the end of the session; and the permanent rule making piece which can happen at any point, depending on when those rules are sent to the Capitol.

There were several bills before the Legislature that have failed because of the deadline or have been revised. HB2384 no longer deals with provider rate reductions, but instead will concentrate on medication for Hepatitis C.

The budget request was originally for \$145,000,000 in new money. That has since dropped to \$90,000,000 in new state dollars. That is still a long way from the 5% cut in the Governor's budget. The major cost saving lever right now is going to be provider rates.

Permanent rules have been sent to the Capitol. Representative Holbert and Representative Floyd will review the rules. Action has to take place by the Legislature in order for a rule to be approved.

Adjourn: 11:30