

**Name:** Sanjay Bhatt, MC, MSc, MMM

**Professional Title, Organization:** Senior Medical Director, Alameda Alliance for Health

**CHIP Title:** Integrating Behavioral Health and Autism Services into a Medical Health Plan

### Project Description:

Patients with Mental Health (MH) conditions have poorer quality outcomes and experience persistent barriers in accessing care than those without MH conditions. Individuals with a Serious Mental Illness (SMI) or Substance Use Disorder (SUD) die over 20 years earlier than individuals without such a diagnosis. People with MH diagnoses incur costs more than those without MH disease. While the current health delivery system is shifting, it often separates Physical and Mental Health care. The solution to improved health outcomes for patients affected by MH conditions is complex, but a proven solution is integrated care. Integrated Care is a team-based approach of PCP and MH providers using systematic methods to provide *patient-centered* care that addresses issues including MH and SUD, life stressors, and ineffective health care utilization patterns.

In 2014, Medi-Cal health plans became responsible for the Mild-To-Moderate MH (M2M) and Autism Spectrum Disorder (ASD) benefits; this required health plans to oversee the delivery of services and benefits to members with mild-to-moderate mental health conditions. Many health plans chose to delegate these responsibilities to a Managed Behavioral Health Organization (MBHO), and almost 50% of health plans, including Alameda Alliance for Health (AAH), delegate these responsibilities to the MBHO, Beacon Health Options (BHO). Continuing to “carve out” behavioral health responsibility through delegation to an MBHO challenges MediCal Plans to deliver whole-person care envisioned in Cal Aim.

In April 2021, the AAH Board of Governors (BOG) voted to de-delegate M2M and ASD and retook responsibility for improving the health plan to integrate Mental and Physical Healthcare. *This CHIP aims to leverage the existing structure of the Alameda Alliance of Health to insource the Mild to Moderate and Autism Spectrum Disorder benefit by March 31, 2023.* As a result, AAH will be directly responsible for the 623 ASD and 10,599 members who utilize 96,043 mental health visits. AAH has hired eight staff on the BH team; an additional staff and two consultants will join the team. A further 15 non-clinical staff will be hired to support the transition.

### Key Findings and Lessons Learned:

This project began in Q1, 2021, and currently, we are at the implementation stage. The ‘Go-Live’ date has been delayed from 11/1/22 to 4/1/23. Lessons learned to include:

- **Communication** – Given the scope of the project, it is important to communicate with all stakeholders
- **Community Buy-In** – Before BOG approval, AAH performed *listening sessions* that gathered provider input and buy-in prior to the decision to insource these services
- **External Agency Input** – AAH hired Peter Currie, Ph.D. to independently evaluate possible options
- **Teamwork** – Given the scope of the project, the BH team leaned on the AAH Project Management Team and internal and external expertise

### Next Steps:

AAH is insourcing M2M and ASD services to improve access, support integrated care models, improve quality of care, maintain regulatory compliance, facilitate CalAIM objectives, and encourage services for the plan’s most vulnerable populations. In addition to insourcing the service that BHO manages, the following steps include:

- **Data Sharing Tools** – AAH Member Service and BH Case Management team will train in and utilize the DHCS BH Screening and Transition tool to ensure that members are timely and appropriately connected to care. This aligns with DHCS’s No Wrong Door requirements.
- **BH Network** – The current network includes 372 M2M and 367 ABA Providers; AAH will contract and credential these providers to ensure continued access to care. AAH will also monitor network adequacy, timely access to care, cultural appropriateness, and the provider directory, so members can access care that meets their needs.
- **Minimize Barriers** – This is an ongoing look at AAH decisions; for example, AAH will have a single phone number for members’ BH and Physical Health care needs and a single point of contact for members with ASD.
- **Continuity of Care** – By building upon an existing provider portal that encourages providers to share member information, BH Providers will be able to share data with PCPs. This will promote real-time care coordination to prevent medication