

Dear BHACA Community,

If you're in Austin next week attending the **Texas Behavioral Health Institute: Integrated Approaches to Healthy Living**, please consider joining BHACA team members for our presentation, "Are You ACA Ready? Preparing a Behavioral Health Provider Community," on Wednesday, August 12th, from 10:30am to 12:00pm.

BHACA Blast #42 Headlines:

BHACA Blast #42: Featured Outcome Measures – Spotlight on Measures for Screening, Brief Intervention, & Referral to Treatment (SBIRT)

- [ASSIST: Alcohol, Smoking and Substance Involvement Screening Test](#)
- [AUDIT: The Alcohol Use Disorders Identification Test](#)
- [CAGE Questionnaire for Alcoholism: Cut down, Annoyance, Guilty, Eye-Opener \(and CAGE-AID to include Drug Use\)](#)
- [CRAFFT Screening Tool for Substance Use: Car, Relax, Alone, Forget, Friends, Trouble](#)
- [DAST-10: Drug Abuse Screen Test](#)
- [MAST-G: Michigan Alcoholism Screening Test - Geriatric Version](#)

Happy Summer!

The BHACA Team

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BHACA: Integrated Health Care (IHC)

- ***Invitation to Participate in New Initiative and Kick-off Event – “Making Together Work: Policy Solutions for Integrated Health Care”*** – Mental Health America of Greater Houston is launching a multi-year systems-change initiative to collaboratively develop and implement consensus recommendations to improve financing and provider preparation for integrated health care in Texas. It is intended to be a very collaborative process bringing diverse stakeholders to the table to participate as full partners in the initiative. A kick-off event will be held on **Thursday, August 13, from 9:00 AM to 12:00 PM**. The event is being hosted in collaboration with the Baker Institute for Public Policy at Rice University. For additional information about the event or to register to attend, please see

<http://bakerinstitute.org/events/1729/>. If you are interested in participating in or learning more about the initiative and cannot attend the August 13 event, **please contact Alejandra Posada at aposada@mhahouston.org**. *(Please Note: This policy-oriented initiative is being coordinated by MHA of Greater Houston and is not a part of BHACA. However, as stakeholders with an interest in integrated health care, BHACA participants are invited to participate in the initiative.)*

- ***Providing inspiration and a model for the rest of the country, integrated care becomes law in Oregon!*** On July 28, 2015, Oregon Governor Kate Brown signed Senate Bill 832 into law, to take effect immediately. This paves the way for Oregon’s communities to integrate mental health and physical health services wherever the patient presents for service – thereby fulfilling the promise of real-time care in patient-centered primary care homes and behavioral health homes. SB 832 is the beginning of bidirectional integration across the health system. The full text of the new law can be found [here](#).
- ***At Academy Health, a webinar reviews “Payment to Support Integrated Behavioral Health and Primary Care.”*** Presenters are Patrick Gordon, M.P.A., a health plan representative working with Medicaid and CHIP, and Jeffrey Howard, CPA, MA, a Controller and executive team member at Cherokee Health Systems (CHS)—a national model for integrated care. To view, [click here](#).
- ***New Edition of E-Solutions from the Center for Integrated Health Solutions (CIHS)*** – The latest edition of CIHS’ online newsletter, *E-Solutions*, focuses on the ***inclusion of pharmacists in integrated health care***. As always, additional information and resources are also included. To access the newsletter, please [click here](#).
- ***What Every Social Worker Needs to Know about Screening, Brief Intervention, & Referral to Treatment (SBIRT):*** “Why is the federal government interested in a screening program for substance disorders? Consider the following: One in every four deaths is the result of alcohol, illegal drugs, or tobacco use (National Institute of Drug Abuse, 2012). In addition, the economic cost of alcohol and illegal drug use in the United States is a whopping \$426 billion per year (Substance Abuse and Mental Health Services Administration, 2012; National Drug Intelligence Center, 2011). SBIRT is grounded in the belief that early identification of problematic alcohol or drug use can save lives and reduce costs related to health care and behavioral health care, crime and incarceration, and overall loss of productivity.” Read more: [click here](#).
- ***STARTS TOMORROW – Webinar Series on Motivational Interviewing***
Date & Time: Wednesday, August 5 to Wednesday, November 4, 12:00 – 12:30 PM Central time
For More Information: [Click here](#)

To Register for August 5 Webinar: [Click here](#)

Description:

Join Central East Addiction Technology Transfer Center Network (ATTC) and the Clinical Trials Network Mid-Atlantic Node for an enlightening webinar series on Motivational Interviewing (MI), a person-centered technique widely used by a broad range of health professionals for its powerful results in motivating people to make positive behavior changes. This series of eight short presentations (only 30 minutes) will help MI practitioners become more proficient by learning some of the nuances of this complex counseling technique. MI developer Robert R. Miller, PhD, aptly described MI as “deceptively simple.” In these webinars we will focus on some of the more familiar concepts such as using Open-Ended Questions and Reflections, as well as sophisticated MI tools and perspectives that enhance practitioners’ ability to help people plan for behavior change.

- ***TOMORROW – Webinar – “Sharing Information Across Physical and Behavioral Health: Debunking Myths, Developing Strategies”***

Date & Time: Thursday, August 6, 1:30 PM Central time

To Register: [Click here](#)

Description:

Integrating physical and mental health services requires that personal health information is shared appropriately across various settings in order to promote care coordination and better outcomes. In their efforts to support physical and mental health integration, state policymakers can sometimes face barriers to this flow of information due to federal and state laws, provider culture, technical roadblocks, and other factors. This webinar will provide a brief overview by Karla Lopez from the Legal Action Center of the federal statutory framework, specifically in the context of integrating physical and behavioral health care. Presentations by state policymakers from New York and North Carolina will then highlight successful tools and strategies used by these states to support integrated care, including the development of standardized forms and tools, engaging behavioral health providers in using health IT, and working with diverse stakeholders to identify issues and solutions to state-specific problems.

- ***We Are BHCs – Two-Minute Video about Behavioral Health Consultants***
– Access Community Health Centers in Wisconsin put together this two-minute video intended for broad audiences. The video educates viewers about the PCBH (primary care behavioral health) model of care using behavioral health consultants (BHCs). The video is not branded with any particular organization’s information, so any organization employing this model of care is welcome to use it to educate and promote services. It is available [here](#) on YouTube.
- ***For full recovery from substance use: treatment, prevention, early intervention, and innovations toward integrated care, including striving for continuity and coordination of care*** (at the least) are essential aspects of the health care delivery system, says *Behavioral Healthcare* magazine. Read more: [click here](#).

BHACA: Choosing a Certified Electronic Health Record System

- ***In a much anticipated deal, the US Department of Defense selects Cerner, Leidos, and Accenture for their EHR contract.*** Finalists that were not selected include Epic and Allscripts. In the greater Houston community, at least one freestanding hospital is currently using Cerner; several are using Epic; and some area physician practices are using Allscripts. Since selecting an EHR is often likened to entering a marriage, it pays to follow industry news on EHRs, which are constantly merging and growing (or not). What reportedly attracted the DoD to Cerner, Leidos, and Accenture was an “off-the-shelf” product, integration functionalities, and ability to deploy the system across the whole Military Health System. DoD says it was not swayed by market share (in which case Epic may have been a stronger contender); rather the DoD wanted a system that required minimal modifications. In the \$9 billion deal, the DoD expects to see huge cost savings from sunsetting legacy systems that are inefficient to maintain and update, or “eating us alive,” in the words of the Military Health System CIO David Bowen. (Meanwhile, the DoD’s selection is not to be confused with the system used by the U.S. Department of Veterans Affairs, which is the “proprietary and open source Vista EHR.”) Read more about the DoD deal: [click here](#).

BHACA: Maximizing Third Party Funding Streams Revenue—Resources Related to Insurance Billing and Credentialing

- ***Houstonians and BHACA community members Dr. Vivian Ho and Dr. Chuck Begley discuss, “Medicare and Medicaid: Past, Present and Future in Texas,” on Houston Matters,*** a program of Houston Public Media News 88.7. Listen and read more: [click here](#).
- ***You may want to stop pursuing that Assurant credentialing application.*** Since Assurant was a new player in Houston’s federal marketplace exchange as of the 2014-2015 open enrollment period, some area behavioral health providers were considering getting credentialed with Assurant. However, after revenue losses and charges of discrimination against those with pre-existing conditions (a health insurance “risk management strategy” thankfully disallowed by the Patient Protection and Affordable Care Act in 2010), Assurant has said it wants to get out of the insurance market altogether by the end of 2016. Read more: [click here](#).
- ***According to an ongoing study by Rice University's Baker Institute and the Episcopal Health Foundation, behavioral health providers have***

even more precise information about how many Texans newly have health coverage (and have therefore converted to 3rd party billing reimbursement eligible clients). Some highlights are below, as reported by Jenny Deam in the *Houston Chronicle*:

- Recent changes in percentage of those covered in Texas are to the tune of about 1/3 of the uncovered population (the Texas uninsured rate is down from 24.6% to 16.9% since the ACA’s federal marketplace opened two years ago.)
- If Texas were to expand Medicaid, some 1.5 million Texans would be eligible under coverage expansion. (That 1.5 number is a little over doubling the coverage expansion we have seen so far in Texas under the federal marketplace—which includes 1.2 million enrolled or re-enrolled in Texas since the most recent open enrollment period.)
- Read more: [click here](#).

- **Texas Health Institute (THI) Releases New Report on Health Insurance Marketplaces.** As a provider, it may be of interest to see exactly how many Texans have enrolled in the federal marketplace exchange (according to this report, 1.2 million in the most recent enrollment period, up from 733,000 in the first open enrollment period)—thus expanding your pool of resourced clients. You will also see how many remain to be covered (only 39% of marketplace eligible clients are covered in Texas, meaning there is an opportunity for 61% of eligible consumers to gain coverage still; the 2015 to 2016 open enrollment period runs Nov. 1, 2015, to Jan. 31, 2016). One business strategy for increasing revenue streams may be to help to get your eligible current 3rd party funding clients who are without coverage covered in one way or another. Please see pages 41 and 42 of this THI report for a snapshot of marketplace enrollment in Texas: [Evolution of Health Insurance Marketplaces: Experiences and Progress in Reaching and Enrolling Diverse Populations](#).

BHACA: Outcome-Based Evaluation

- **BHACA Blast #42: Featured Outcome Measures – Spotlight on Measures for *Screening, Brief Intervention, & Referral to Treatment (SBIRT)***

SBIRT is an approach to better identify and deliver aid to substance use clients. Screening is the first step, followed by either no intervention, brief intervention, or referral to treatment. Frequently used screening measures in the SBIRT process include:

Measure Name	Description	Proprietary (Yes/No)	Number of Questions and/or Assessment
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			Time
<u>ASSIST: Alcohol, Smoking and Substance Involvement Screening Test</u>	<ul style="list-style-type: none"> • 8 item questionnaire designed to screen for substance use of following substances: <ul style="list-style-type: none"> • tobacco products • alcohol • cannabis • cocaine • amphetamine-type stimulants (ATS) • sedatives and sleeping pills (benzodiazepines) • hallucinogens • inhalants • opioids • 'other' drugs 	NO	8 question topics 5-10 minutes
<u>AUDIT: The Alcohol Use Disorders Identification Test</u>	<ul style="list-style-type: none"> • 10-item questionnaire developed by the World Health Organization (WHO) in 1982 • Screens for hazardous or harmful alcohol consumption • Designed to help practitioners identify people who would benefit from reducing or ceasing drinking since the majority of excessive drinkers are undiagnosed <ul style="list-style-type: none"> • Often they present with symptoms or problems that would not normally be linked to their drinking. • Helps the practitioner identify whether the person has hazardous (or risky) drinking, harmful drinking, or alcohol dependence 	NO	10 questions 2-4 minutes
<u>CAGE Questionnaire for Alcoholism: Cut down, Annoyance, Guilty, Eye-Opener (and CAGE-AID to include Drug Use)</u>	<ul style="list-style-type: none"> • CAGE: 4-item questionnaire designed to help detect alcoholism • CAGE-AID: Redesigned 4-item questionnaire to include both alcoholism and drug use detection • A score of 2 or higher indicates high possibility of alcoholism or drug use and should be investigated further 	NO	4 questions each < 1 minute
<u>CRAFFT Screening Tool for Substance Use: Car, Relax, Alone, Forget, Friends, Trouble</u>	<ul style="list-style-type: none"> • Series of 6 questions developed to screen adolescents (under 21) for high risk alcohol and other drug use disorders simultaneously • Recommended by the American Academy of Pediatrics' Committee on Substance Abuse • Designed to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted 	NO	Part A: 3 questions Part B: 6 questions < 5 minutes

<u>DAST-10: Drug Abuse Screen Test</u>	<ul style="list-style-type: none"> • Self-report measure that has been condensed from the 28-item DAST. • Can be used in a variety of settings to provide a quick index of drug abuse problems • Designed to provide a brief instrument for clinical screening and treatment evaluation • Explores the patient’s involvement with drugs, not including alcoholic beverages over the past 12 months. 	NO	10 questions < 8 minutes
<u>MAST-G: Michigan Alcoholism Screening Test - Geriatric Version</u>	<ul style="list-style-type: none"> • Screening tool to help assess alcoholism • Can be self-administered or via interview • Geriatric version differs from original MAST in that the questions highlight the special employment and social situations of someone who is retired and how that can relate to alcohol abuse 	NO	24 questions

- **Population Health Management seems to touch at least three of the BHACA Initiative focus areas** (accountability for and measurement of outcomes; reimbursement, in terms of providers taking on value-based reimbursement models; and integrated health care to meet clients’ needs fully and create efficiencies in care). If you’d like to advance your training on population health management, the Institute for Healthcare Improvement (IHI) invites you to a two-and-a-half day program, the [Population Management Executive Development Program](#), this **November 2-4, 2015** in **Wellesley, MA**: Accelerating the journey towards effective [population health management](#) – where better, more efficient, and integrated care keeps patients and communities healthy – is a team effort. Learn more about this popular program at ihi.org. This program is ideal for organizations that are:
 - Assuming more financial risk and increased accountability
 - Building value-based care systems
 - Investigating ways to reduce cost – while improving health for populations
 - Working on financial, operational, or clinical integration or redesign

About BHACA: The Behavioral Health Affordable Care Act (BHACA) Initiative is a major collaborative endeavor of the Network of Behavioral Health Providers (NBHP) and Mental Health America of Greater Houston (MHA) designed to support Greater Houston area mental health and substance use providers in responding to the Patient Protection and Affordable Care Act and other recent healthcare reforms across four domains: (1) enhancing and increasing the delivery of integrated health care (IHC), (2) maximizing third party funding streams revenue, (3) adopting certified electronic health record (EHR) systems, and (4) developing outcome-based evaluations. The BHACA Initiative is generously funded by Houston Endowment Inc., The Meadows Foundation, the United Way of Greater Houston Community Response Fund, and the Rockwell Fund.

