Perspective on ACOs
Vermont Council of Developmental and Mental Health Services
BHN Vermont
February 14, 2014

Designated Agencies and Specialized Service Agencies (DA/SSAs)
The Vermont Council of Developmental and Mental Health Services represents 16 non-profit Designated Agencies for developmental and mental health services in Vermont. State and federal sources, particularly Medicaid, fund our services at approximately $360 million annually.

We enable many of our clients to secure and maintain employment, keep their families intact, secure and maintain housing and avoid hospitalization, institutionalization and incarceration. Each year over 50,000 Vermonters use these services and over 6,000 Vermonters are employed by our agencies. We provide comprehensive services, including case management to 6,000 adults who have severe and persistent mental illness (CRT program), individuals with significant developmental disabilities (DS waiver program) and children with severe emotional disturbance (SED waiver program) who would otherwise be at risk of institutional placements. Additionally we provide a range of child, youth and family services, crisis services and outpatient services.

The success of Vermont's community mental health system is evident in our low utilization of psychiatric hospital care, low utilization of correctional facilities and the absence of a state school for the mentally retarded. The treatment for mental health conditions includes clinical, residential and other support services. Most individuals who receive developmental disability services will need care on a life-time basis. Many individuals in our developmental disability and CRT program for people with severe and persistent mental illness are able to successful secure and maintain employment and contribute to the state's tax base. Our programs are geared toward recovery by encouraging individuals to learn to live active, productive and independent lives.

Some of the individuals require a focus on public safety. We provide oversight and services to individuals who can't be adjudicated due to cognitive disability or mental illness or who have completed their prison sentence and need ongoing oversight and meet the criteria for our system of care. We also serve individuals coming out of prison who have severe functional impairments that don't meet program eligibility criteria, but do need our services; public safety is a key part of their programming. There are over 200 sex offenders in developmental disability services, plus others in the mental health system.

Our practices are geared toward the whole person through an array of educational, preventive, early intervention, emergent, acute and long term care, services and supports. When a person walks in the door of one of our agencies we assess, plan and support that individual, their family and their community in relation to their specific needs, strengths and goals. Our psycho-social supports take a strength-based approach that includes social integration and community outreach and education. In doing so, we often take the lead on coordinating with other health, education and human services organizations. We focus on both physical and emotional well-being and all of our services, particularly clinical interventions, are trauma informed. Our practices promote human rights, fight discrimination and reduce stigma related to mental health, substance use disorders and developmental disabilities. Cultural sensitivity and appreciation is a core competence of our network.

Our system of care:

- delivers comprehensive and cost-effective care
- provides services to mandated populations and crisis services to all with a no-reject policy
- Is strongly committed to meeting the needs of Vermont's most vulnerable citizens
- Achieves core competencies, standards of care and measurable outcomes
- Collaborates with schools, health care providers and regional state services
- Is governed by consumer and family dominated boards
- Provides person-directed services with State oversight

Our Role in Health Care

The Designated and Specialized Service Agencies (DA/SSAs), through our clinical work and our focus on the social determinants of health, contribute to achieving the triple aim of improving health outcomes, improving the experience of health care and reducing the cost of health care. Our network of providers address the social determinants of health by improving: emotional well-being; interpersonal relationships; self-determination; social inclusion; material well-being; employment, nutrition, safety, personal development; human rights; and physical well-being.

Steps are being taken to build on our current practices to achieve fuller integration of physical and mental health services. Ultimately, the goal is to enhance access to coordinated comprehensive health care that includes primary care, mental health, developmental and substance use disorder services for individuals based on their needs, while lowering costs and improving outcomes.

Specific Opportunities for integration at the Ground Level

1. Use of mental health professionals for teaching and coaching to improve health as a complement to public health measures
2. Use of peers with lived experience to employ empathy and greater understanding of an array of health care
3. Whole person support to include housing, employment, transportation, benefits and financial support
4. Non-categorical case management expansion
5. Interdisciplinary consultation and collaboration
6. Cross training for shared expertise, understanding and improved communication
7. Use of telemedicine to improve access
8. Use of interdisciplinary staffing onsite or via telemedicine for consultation and screenings for medical, mental health and substance use disorders at multiple locations
9. Enhanced sharing of patient information including shared of patient care summaries and other components of electronic health records
10. Shared credentialing: e.g. mental health staff can work in hospital setting when our folks are inpatient

Obstacles to Achieving Integration

1. Parity in funding does not exist. Mental health and substance abuse services are capped, physical health is not
2. Preauthorization requirements by private insurance
3. EHRs, HIE infrastructure is not yet fully developed and privacy limitations including 42 CFR 2 need to be overcome
4. Restrictions on same day billing for mental health and physical health
5. Funding for comprehensive services is limited to CRT, DS and SED waiver programs that have restrictive eligibility with only 6,000 people covered by these programs

6. Limited funding for prevention and early intervention "upstream services"
6. Low reimbursement rates don't cover costs or allow for adequate infrastructure
7. Workforce challenges: low reimbursement leads to low salaries, no loan repayment and market competition – it's hard to recruit and maintain qualified and experienced staff
9. DAs are under-capitalized for investments in IT, quality metrics, utilization management, etc.
10. Limited funding is available for consultation services and collaborative work
11. It is hard to develop systems of care for populations with unique, complex needs: TBI, SFI, etc.

Designated Agencies and ACOs
We are eager to work with state and community partners and see collaboration with the ACOs as critical to achieving our goals of improving health outcomes, reducing costs and enhancing the care experience. The emergence of Accountable Care Organizations in Vermont is an important opportunity for designated agencies to enter into collaborative arrangements with health providers to achieve this level of enhanced integrated physical and mental health care. As providers serving individuals who often have complex health care needs, we intend to work with multiple ACOs, given that the individuals we serve receive primary care from the full array of health care providers in Vermont who will have affiliation with different ACOs.

Important aspects of community-based care which must be preserved:

- Consumer voice in governance, oversight, policy and program development: "Nothing about us without us"
- Values and principles including those laid out in the Developmental Disabilities Act and Act 79
- Oversight by state government to support the most vulnerable and achieve mental health parity
- Responsiveness to unique community needs and resources
- Opportunity for individuals to choose their health home
- care management from a whole person perspective

Critical Aspects of Work between DA/SSAs and ACOs

- Address overlapping mental health niches
- Collaborative development of practice protocols and processes
- Care management and case management - who does what and how is it funded
- Data obligations and processes
- Expectations/ obligations of DA/SSAs in the context of current resources
- Financial incentives and/or Shared Savings model – inclusive of part A and B type services
- Participation on statewide and regional clinical advisory groups
- Common outcome measures
- Participation on Governance Boards

In determining how the DAs/SSAs best fit into the emerging health care system, there are a number of areas to consider. Our biggest concern is about maintaining the integrity of our work to protect our mission to serve vulnerable Vermonters with complex needs. This could be challenged by a new level of infrastructure for some, but not all of the individuals we serve. Some individuals will not be enrolled in ACOs. Therefore, DA/SSAs will have contracts with two ACOs and state government, as well as with insurers. We have minimal administrative infrastructure to manage varied expectations.

The possibility of having DA/SSAs pay participant fees has been raised by OneCare. DA/SSAs do not have adequate resources to subsidize the operation of OneCare. More clarity on this issue is needed.

We would like to keep some level of control over our aggregate data to maintain a holistic view and comprehensive approach to our services. Given legislative and AHS conversations, it seems the DA/SSA's will continue to have more data collection and reporting obligations going forward, of which the ACO is just a part.

Health Homes and Care Management

The Council and our sister agency, BHN, are working together to develop models for designated agencies to serve as health homes for individuals with significant mental health, developmental disabilities and substance use disorders who would prefer to use us as their primary setting to receive and coordinate health care. As health reform progresses we would like to design care models wherein DA/SSAs would coordinate the comprehensive services of populations with developmental, mental health and substance use disorders and manage the financial risk, as well. It is unclear how this would fit into the ACO shared savings plans, but it is consistent with the original dual eligible service models.

Conclusion

ACOs are just one of several seismic shifts in the modeling of healthcare funding and modeling the DA/SSA's are likely to face in the next three – five years. DA/SSAs currently play a key role in the developmental services and serious mental illness continuum of care and a not-insignificant role in substance abuse services. We are actively participants in and fully support Vermont's systemic and shared consensus approach to health reform.

Our primary interest is in supporting consumers to receive a full spectrum of services. We are committed to find ways to meet their needs and preferences, whether we serve as their comprehensive health home, provide care management, or simply provide specific primary or specialty services.