

# Designated Agencies in Health Care Reform

Ralph Provenza  
Executive Director  
United Counseling Service of Bennington County



# About UCS

- United Counseling Service is the state Designated Agency in Bennington County. UCS was founded 57 years ago, has an annual budget of roughly \$17 million, has a staff of 300 and serves approximately 3000 individuals a year.
- In FY 2014, UCS clinicians provided outpatient services to roughly 2000 individuals: 1400 clients received mental health treatment and another 600 individuals with substance use disorders. A sizeable number of the mental health population we serve also struggles with co-occurring substance use issues.



# Our Work in Health Care

- UCS is actively involved in Bennington County's Blueprint for Health initiative and we are providing assessment and short-term treatment in 10 Primary Care practices and, in our role in the Hub and Spoke program, we are providing substance abuse treatment and support in the 4 practices that are providing Medication-Assisted Treatment to opioid-addicted individuals in their practices.





# Our Work in Health Care

- UCS and Southwest Vermont Health Care are finalizing a plan to create the Addiction Treatment Center of Southwestern Vermont which will open before the end of this fiscal year and will serve 100 individuals a year in addiction treatment.
- We participate in OneCare Vermont and we work with health care providers locally to improve access to health care and to reduce spending. A prime benefit of our work with OneCare has been improved collaboration and information sharing.



# Our Work in Health Care

- We believe the integration of health and mental health benefits the patient and can reduce costs. We've seen research that says the 40% of health care costs nationally are a result of the co-occurring behavioral health conditions of patients.
- Our long range goal is to offer bilateral integration; meaning to have medical care available in our facilities for our clients who would prefer to be treated there as we are providing behavioral health care in physician practices via the Blueprint. There should be no wrong door when someone needs care.





# Challenges

- We fully support the goals and the good work of the Blueprint and the Hub and Spoke program. We often hear, however, from the physicians we work with that they wish they had access to psychiatry – a service that is not part of the Blueprint array of supports.



# Challenges

- We are also challenged by the fact that these new collaborations have resulted in more referrals to our organization and we now are struggling to address that demand. Our Medicaid allocation for outpatient and addiction treatment programs is capped and we are likely to exhaust that allocation by Spring. Despite our work to be more efficient, the resultant waiting lists for outpatient treatment frustrate our staff and our new partners in health care.





# Challenges

- We fully support the movement towards value-based payment reform as the fee for service funding model for our outpatient services does not allow us to offer the high value and low cost we'd like to. Cancellations and “no-shows” resulting in a lost hour with no revenue challenges our ability to just add on more service capacity based on demand. Also, restrictive rules and the lack of flexibility caused by fee for service billing continue to frustrate our staff.





# Challenges

- Finally, while our goal is bilateral integration, we have been challenged by the fact that Designated Agencies cannot bill Medicaid for medical services at this point. The only way to offer such care is via collaboration with Federally Qualified Health Centers and this is happening in a few regions of the State.



# Summary

- We have understood that there should be no distinction between health and mental health. Many of the Designated Agencies have longstanding and positive relationships with local physicians and health care organizations. The Blueprint and Accountable Care organizations offer an excellent way manage health care and support physicians and these models work well for most patients. They do not work as well for those with more complex mental health conditions, developmental disabilities and substance use disorders. It is in this arena that the Designated and Special Service Agencies can and should play a greater role in the design and implementation of health care reform in Vermont.