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Better care where it's needed most

Mental Momentum: Going Beyond Integration and Inclusion to Meet the Intersecting Needs of Older Adults and People with Disabilities

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Supporting Older Adults with Complex Behavioral Health Care Needs Conference

June 7, 2023

Boy in the Plastic Bubble

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Annual Disability Pride Parade

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Agenda

- Integrated Complex Care
- Inclusive Complex Care
- Underlying Frameworks
- Intersectional Complex Care
- Messages from Maggie

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Ginger the Guernsey Goat and Xena Warrior Princess

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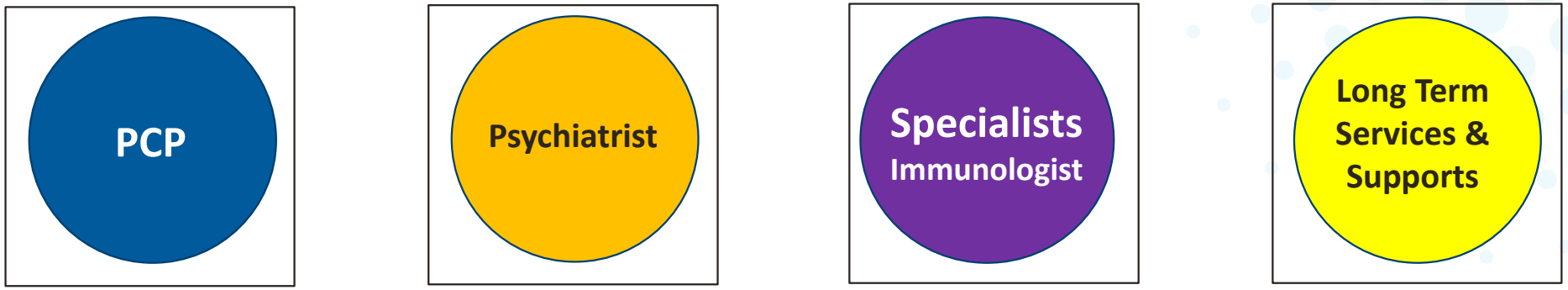
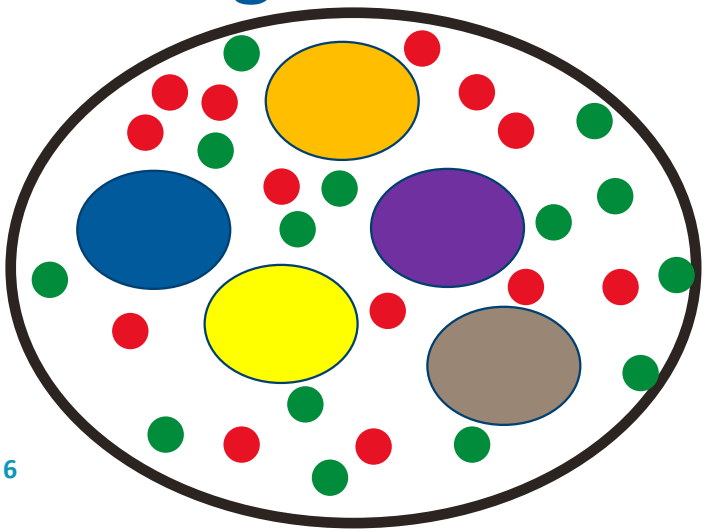
From Segregation….



- Separate sites
- Separate systems
- Little to no communication, coordination, or relationship
- No consideration of health-related social needs (HSRN)

To Integration



- May share the same sites (co-location)
- Mostly have separate systems, funding
- Communication about shared “patients” and some face-to-face
- Physical medical physicians have most of the power and influence over “patient” care

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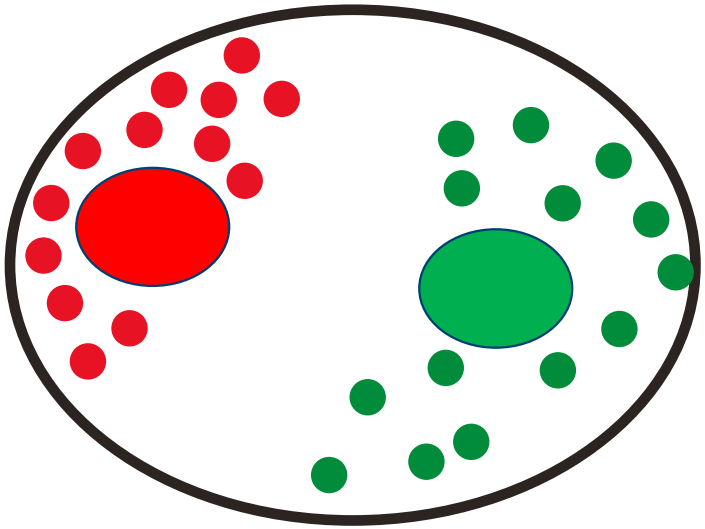
Unintended Consequences of Integration



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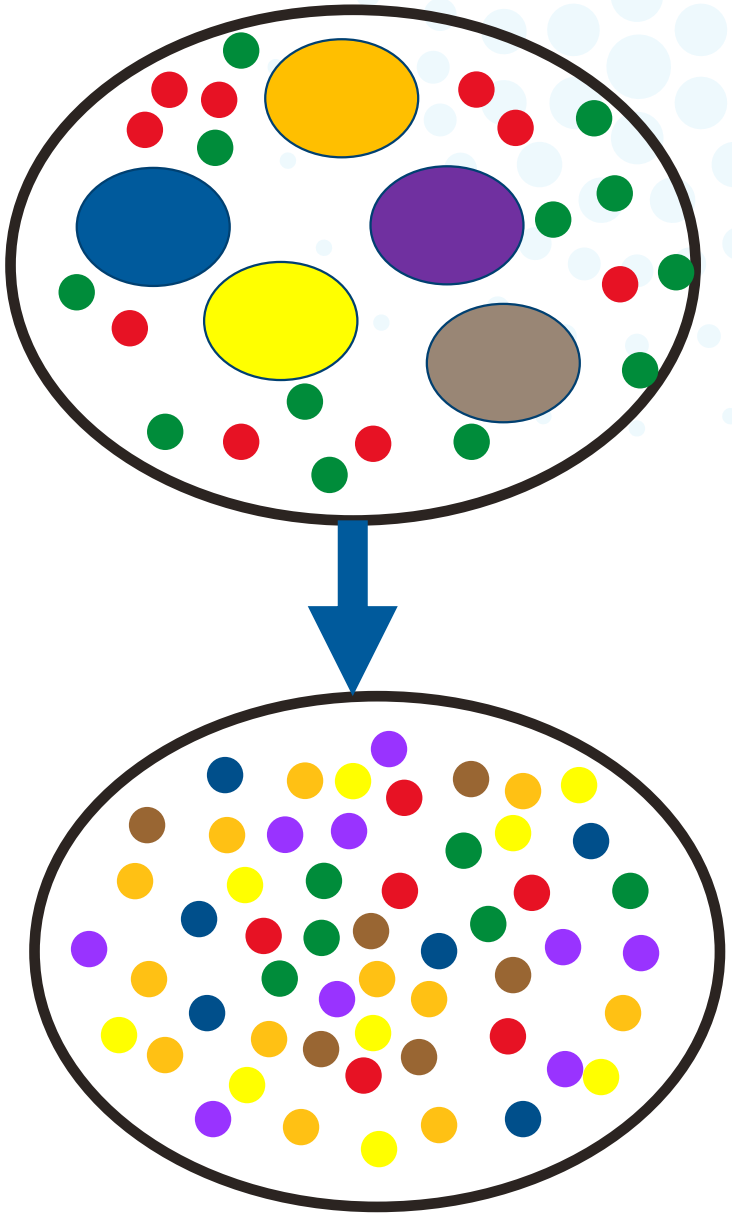
From Integration….



To Inclusion

- Collaborative Care Models, IDT, Team-Based Complex Care Management
- Shared data/payment platforms
- Active, ongoing communication, collaboration and coordination
- Cross-training of PCPs and BH providers
- Begins to break down stigma
- Screening/referral/services available in broad array of settings
- Mechanisms to include individual health-related social needs

Ginger “Supervising” the Construction of the Stable

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Examples of CHCS' Body of Work on Inclusive Complex Care Models

- **Coordinating Physical and Behavioral Health Services for Dually Eligible Members with Serious Mental Illness (**Case Study based on a national CHCS learning collaborative with 9 health plans)

- **Making Integration Work: Key Elements for Effective Partnerships between Physical and Behavioral Health Organizations in Medicaid** (Brief based on interviews with leaders in 4 states)

- **Washington State's Transition to Integrated Physical and Behavioral Health Care** (Case Study)
- **Behavioral Health Integration in Medi-Cal: A Blueprint for California** (Report)

- **Exploring Value-Based Payment to Encourage Substance Use Disorder Treatment in Primary Care** (Brief)

- **Advancing Integrated Models** (Project)

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CHCS Advancing Integrated Models (AIM) Project

- **Eight pilot sites** in Washington, DC, Boston, Denver, Redding, Baltimore, Brooklyn, Vermont, and Philadelphia

- **Integrated at least one of four key strategies (or all)** into existing care models for folks with complex health or social needs:

  1. Complex care management
  2. Trauma-informed care
  3. Physical and behavioral health integration
  4. Mechanisms to address health-related social needs

AIM Project, Continued

Two Consistent Themes Emerged Across the Eight Pilot Sites:

1. **Payment reform**
   - Aligning budgeting and rate setting processes
   - Risk-based contracting and value-based payments
   - Align provider reimbursement with desired quality measures

2. **Relationship-centered care**
   - "Patient"
   - Staff
   - Organizational
   - Community

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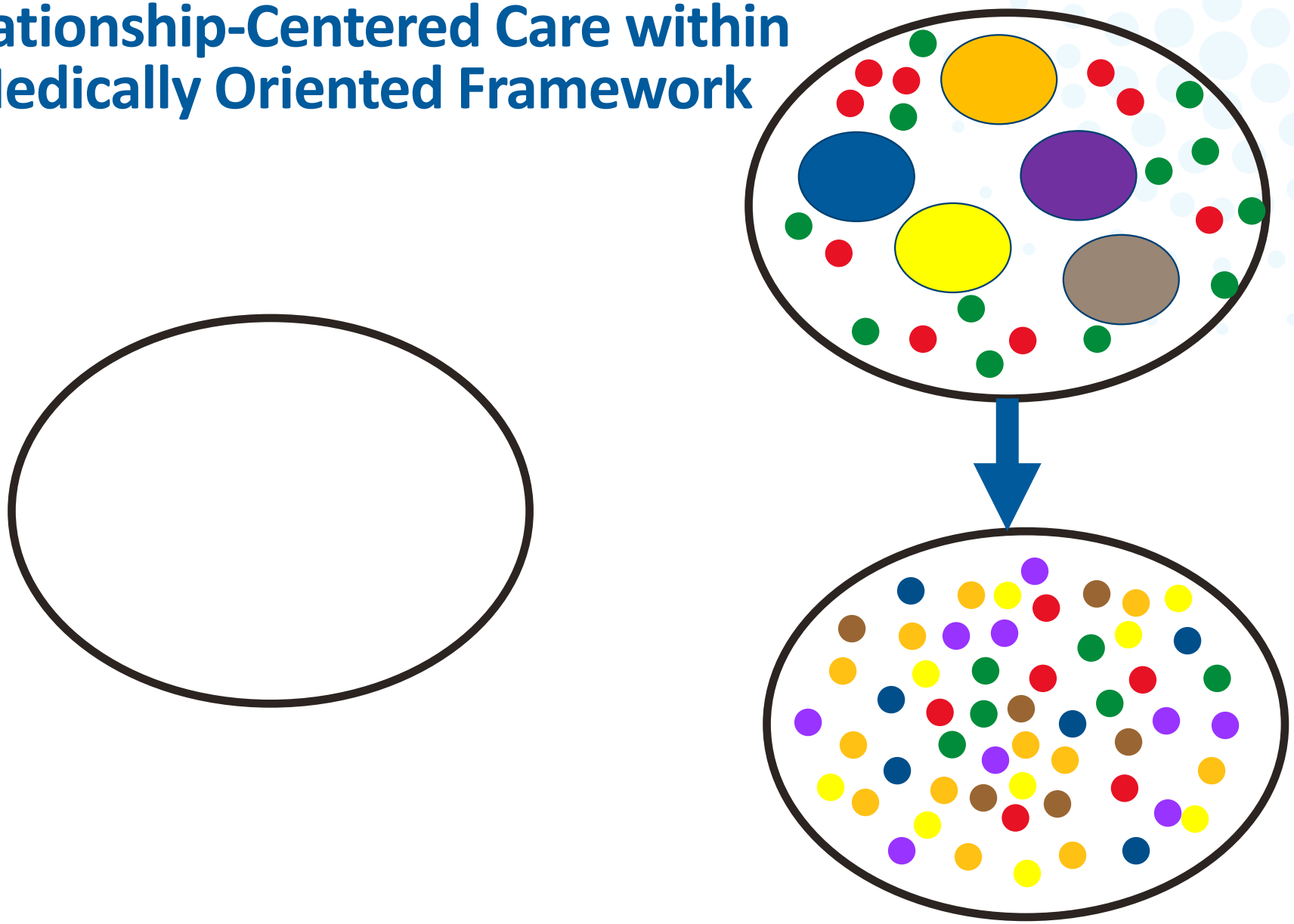
Relationship-Centered Care within a Medically Oriented Framework



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Medical Model of Mental Health

1. A mental health condition is a **deficiency** and aberration from the **normal** state of health and mind

2. Having a mental health condition is **bad** and negative

3. A mental health condition is largely a personal problem. **The thing that needs to be fixed is the person** and their mental health & functioning

4. What will make the problem better is mostly **medical interventions that will return the person to normal** mental health & functioning or get them as close to normal mental functioning as possible

5. The main goal of mental health care is **recovery**

6. Only **professionals** (therapists, psychologists, psychiatrists, doctors, LCSWs, etc.) can fix the problem in a way that leads to recovery, along with **choices made by the individual**.

Definition of "Recovery"

- Return to a **normal** state of health, mind, or strength
- Ability to **overcome** one's disease(s) or symptoms
- People can and do **overcome** the challenges, barriers, and obstacles that confront them by **helping them make informed, healthy choices** that support emotional wellbeing

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Medical Model of Mental Health	Social/Political/Intersectional Model of Mental Health
1. A mental health condition is a **deficiency** and aberration from the **normal** state of health and mind	1. A mental health condition is a **difference** that millions of people experience
2. Having a mental health condition is **bad** and negative	2. Having a mental health condition, in itself, is **neutral**
3. A mental health condition is largely a personal problem. **The thing that needs to be fixed is the person** and their mental health & functioning	3. Impaired mental functioning is largely a **political and societal problem**. The things that need to be fixed are the systems that perpetuate marginalization of older adults and disabled people with mental health conditions.
4. What will make the problem better is mostly **medical interventions that will return the person to normal** mental functioning or get them as close to normal mental functioning as possible	4. What will make the problem better are **political and societal changes** that address the root causes of escalation and crisis for older adults and disabled people with mental health conditions.
5. The main goal of mental health care is **recovery**	5. The main goal of mental health care is **mental momentum** – lifelong, uninterrupted access to mental health care, and support in addressing the political and societal barriers that lead to mental stagnation, escalation, and crisis.
6. Only **professionals** (therapists, psychologists, psychiatrists, doctors, LCSWs, etc.) can fix the problem in a way that leads to recovery, along with **choices made by the individual**.	6. **Anyone**, regardless of professional credentials, can help make the social and political changes needed to ensure mental momentum.

Medical or Social/Political/Intersectional Model?

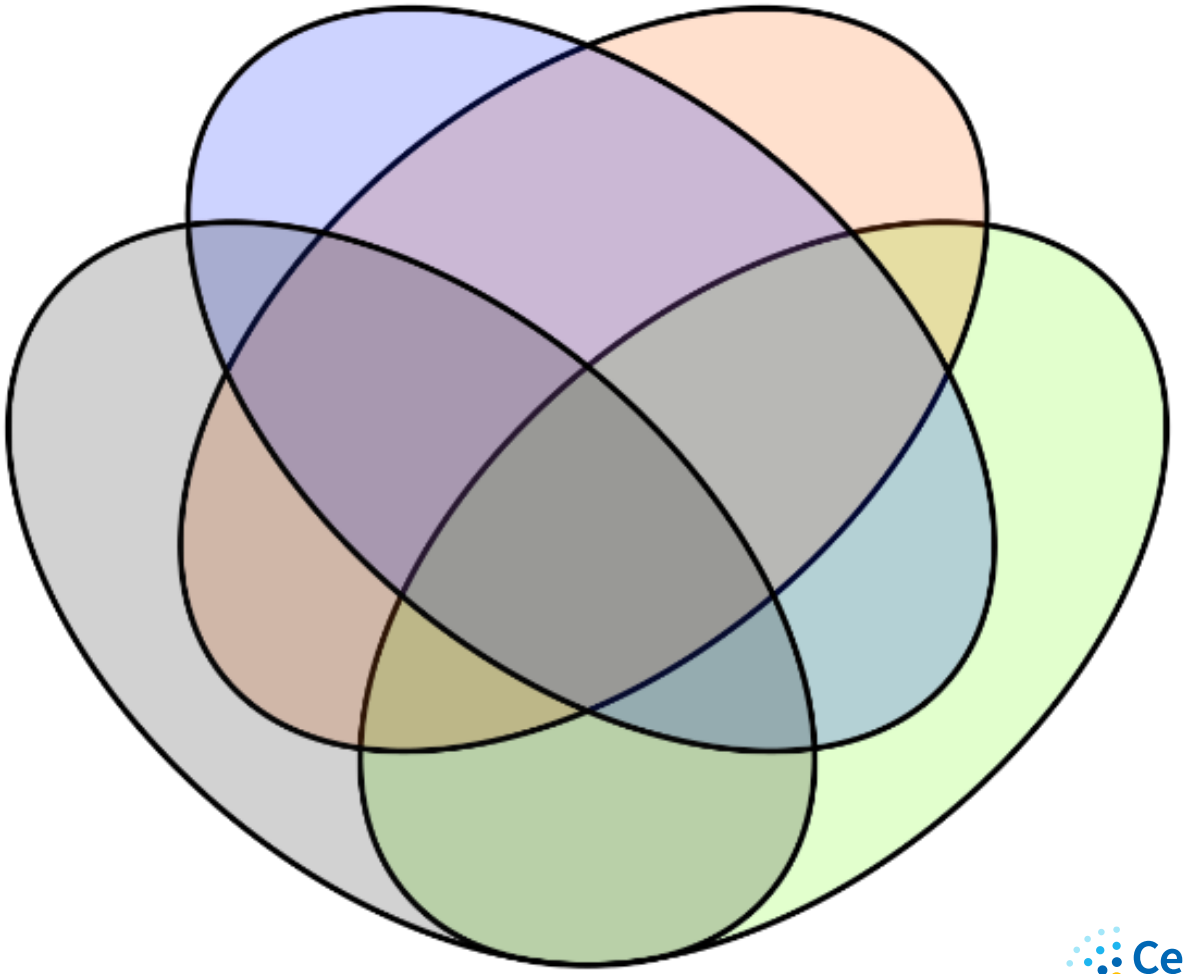
1. **Lorenzo has stage 3 kidney disease, a mental health condition, and mild dementia.** Is that a medical, social/political problem, or both?

2. **Rules and regulations require Lorenzo's neurologist to report his dementia diagnosis to the DMV and he's forced to immediately stop driving, something that has made him feel independent since the age of 16.** Is that a medical, social/political problem, or both?

3. **Because of his dementia diagnosis, Lorenzo is no longer eligible for his previously used mental health services and decompensates**. Is that a medical, social/political problem, or both?

4. **When Lorenzo starts forgetting things, like turning the stove off, he's sent to live in a specialized care unit because his family can't take care of him 24/7 and there aren't any supports in his area that allow him to remain in his home**. Is that a medical, social/political problem, or both?

Intersectional Model of Complex Care for Older Adults and People with Disabilities of All Ages



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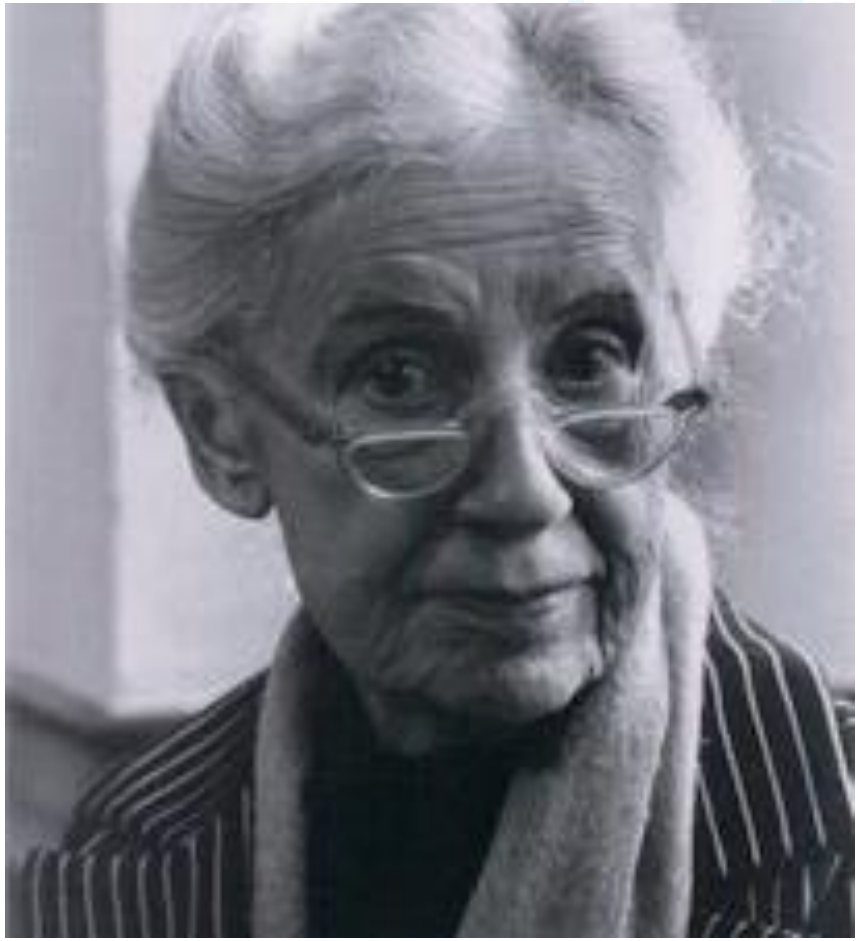
Maggie Kuhn in the Documentary *Maggie Growls*

Maggie's approach to 2 drivers of mental health conditions among older adults:

1. Lost employment
2. Social isolation/loneliness



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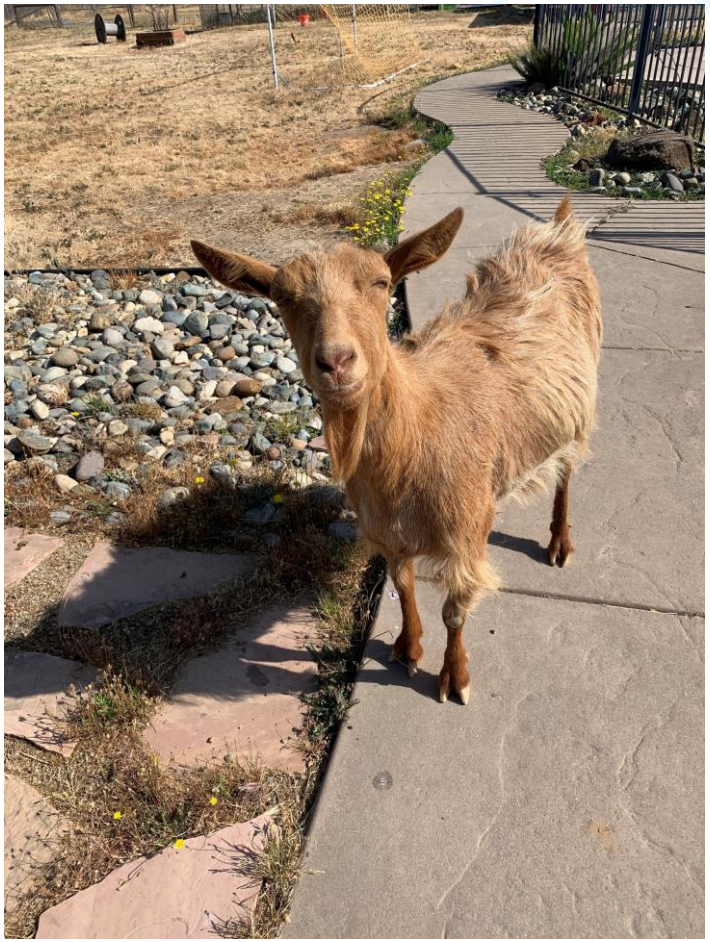
Increasing Individual Agency through Intersectional, Relationship-Centered Care

Maggie's response to "you don't look old."

"The Growl"



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Questions?

Ginger standing on a flower bed in the sun