

# **Integrated Care Must Be the Standard**

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## **Integrated Care Yields Many Positive Outcomes in Health and Costs**

While “integrated care” has become the newest buzzword, NJAMHAA providers have been demonstrating the value of integrated care in quality of life and fiscal impact.

“Because of the critical health problems confronting our population, we need to focus on a standard of care that is integrated care. It’s as essential as psychotropic medications,” said John Monahan, ACSW, LCSW, President and CEO of Greater Trenton Behavioral HealthCare (GTBHC) and Chair of NJAMHAA’s Integration Committee.

Millions of dollars are saved by the community behavioral health system in general, which includes various agency-based and community outreach programs. According to Monahan, New Jersey had 15,000 state and county hospital beds for treating individuals with mental illnesses in 1970. “If we had that today, we would be spending \$2 billion a year. Instead, we are investing \$1 billion each year not only for the hospital beds, but also community services,” he said.

“These are great opportunities to save money and lives, and this is a time that requires a lot of creativity on all our parts,” Monahan stressed. “We need to take resources for high-cost care in hospitals and redirect them to primary, preventive and specialty care to keep people healthier and save tax dollars.”

Monahan advocates for investing the savings specifically into Behavioral Health Homes, which includes networks of primary, preventive and specialty providers. In fact, the Integration Committee developed a model for Behavioral Health Homes, which the state is considering for a State Plan Amendment that will be submitted for federal approval later this year.

### **How Behavioral Health Homes Would Work**

In most Behavioral Health Homes, providers would ensure access to medical care that they do not provide themselves. In fact, many behavioral health providers have been providing such coordination for years with primary care doctors, pharmacies and specialty physicians. They also have been providing health promotion and skill development support, discharge/transition planning, family involvement, and referrals to community social services – all of which are essential in Behavioral Health Homes.

“All that we’ve been doing for mental illness for the past 35 years, we can apply to all chronic diseases and have a significant financial impact,” Monahan said, adding that many people with

mental illnesses also have chronic physical diseases. “Some have not been diagnosed yet. And those who don’t have physical diseases are definitely at risk for developing them,” he added. Common comorbidities are diabetes and heart disease, which result from unhealthy lifestyles, side effects of medications or both.

In addition, behavioral health providers are uniquely skilled in building consumers’ comfort with physicians. “They understand mental illnesses and consumers’ discomfort and timidity, whereas the staff in doctors’ offices is often not comfortable with this population,” said Kathy Bianco, APRN-BC, Vice President of Clinical Services at Care Plus NJ, Inc., which has a co-located integrated care program. Behavioral health staff also helps ensure that consumers understand and follow doctors’ directions.

In most, if not all, cases, physicians would encourage patients to exercise and eat healthfully, and behavioral health providers assist with this, as well. “Our consumers are finding that the staff’s interest in their physical well being is very much to their liking,” said Harry Postel, LSW, MSW, Director of Behavioral Health Services, Catholic Charities Diocese of Trenton, which is the lead agency in the Mercer County Integrated Care Collaborative (MCICC). Catholic Charities and Family Guidance Corp. have on-site primary care, while care is coordinated through the local Federally Qualified Health Center for consumers at All Access Mental Health and GTBHC. However, on-site primary care capacity, which will maximize consumers’ engagement in their health care, should be operational at these locations by the fall.

### **Proof of the Effectiveness of Integrated Care**

The MCICC and Care Plus programs have achieved significant, positive health outcomes and cost savings in just one and two years, respectively. For example, both programs reported substantial improvements in management of diabetes and cholesterol levels.

In addition, Care Plus consumers are:

- Getting colonoscopies and mammograms more than before, so cancers are detected early.
- Avoiding recurring bronchitis and sudden psychotropic death because the staff has immediate access to a nebulizer and an EKG.
- Becoming more health conscious: Consumers with diabetes bring in their insulin and glucometers every day, and 100 consumers lost a total of 864 pounds in one year through on-site exercise and nutritional education.

Postel shared the following results from the MCICC program:

- Reduced hospitalizations for psychiatric reasons: From 14 patients (5 percent) during the 30 days before program enrollment, to one person (.08 percent) after six months, to zero upon discharge. Statistics are essentially the same for substance abuse related hospitalizations.
- Reduced ER visits for psychiatric reasons: From 5 percent at baseline to zero after six months.
- Most clients (87 percent) experienced no serious psychological distress during the program.
- Participants not using illegal substances increased from 75 to 82 percent.
- Participants with stable housing in the community increased from 44 to 63 percent.

### **Housing an Essential Component of Health Care**

In fact, housing has a proven, strong connection to positive health outcomes. “Closely integrating housing and medical care is a growing trend,” according to Ruth Carter, Trenton’s Health Director and Executive Director of the Trenton Health Team, a collaboration established two years ago with GTBHC, the City of Trenton, and local hospitals, clinics and social service organizations to reduce the high rates of emergency room visits – many of which are made by people who are homeless. “The Trenton Health Team is working very hard to understand the health needs of our homeless residents, and looks forward to collaborating with our community partners to end the scourge of homelessness so that the homeless residents of Trenton can have better health and a better quality of life,” Carter was quoted in the *Trenton Times* (July 8, 2012).

In addition, Monahan has compelling proof that a Housing First model works. GTBHC engaged a homeless woman who had 492 hospital admissions in one year. In the first nine months with GTBHC, she had no hospitalizations and then went to the hospital just nine times in the following three months.

In fact, housing saves thousands of dollars per client. Tufts University determined that GTBHC’s program net savings of \$9,429 per person per year by substantially reducing emergency room (ER) visits, hospitalizations, other institutional care and incarcerations, according to Monahan.

“When someone is not healthy, they need lots of support. As they get healthier, then they’re able to function more independently, which reduces the demand on staff. It’s simple, Monahan told the *Trenton Times*.

### **Integrated Care Must Be the Standard**

Click [here](#) to read a position paper that Monahan and the NJAMHAA Integration Committee wrote and presented to the Department of Human Services (DHS). The Committee continues to meet and correspond with DHS staff in its continual efforts to have integrated care become the standard of care throughout the state.