

# AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH

Cascadia Behavioral Healthcare delivers whole health care — integrated mental health and addiction services, primary care, and housing — to support our communities and provide hope and improve well-being for those we serve.

Cascadia is the **largest community behavioral health provider** in the state of Oregon, serving adults, children, seniors, and families.

- 18,000 lives impacted
- 98% Medicaid funded

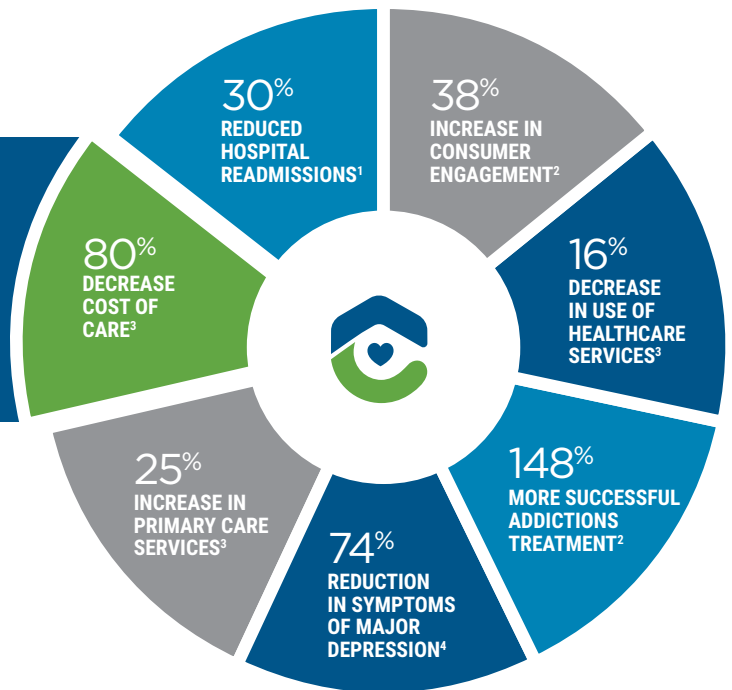
Our clients come to us with a variety of chronic conditions, many of whom have a **reduced life expectancy of 20-30 years** and have **more co-occurring health conditions** as compared to the general population. According to SAMHSA:

- 68% of adults with chronic and persistent mental health challenges have one or more chronic physical conditions.
- More than 1 in 5 adults with mental illness have a co-occurring substance use disorder.

## THE POWER OF WHOLE-PERSON CARE

Our vision is to create a unified set of services and supports that offer a full continuum of care for the community — from prevention to promotion of a healthy lifestyle to intensive treatment when needed.

<sup>1</sup>New York State Office of Mental Health. <sup>2</sup>Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). <sup>3</sup>Robert Wood Johnson Foundation. <sup>4</sup>American Psychological Association.



**POST-TRAUMATIC STRESS DISORDER (PTSD)**

Across a 14-month period, 646 individuals with a PTSD diagnosis accounted for

**\$6.6M** **1360** **122**  
**TOTAL COSTS** **ED VISITS** **INPATIENT**  
**ADMISSION**

As compared to those without a PTSD diagnosis, these 646 individuals are “X”% more likely to have

- + Asthma (62%)
- + Low Back Pain (49%)
- + Arthritis (63%)
- + COPD (76%)

A diagnosis of PTSD is also associated with an increase in:

- Emergency Department (ED) visits
- Overall HealthShare (HSO) and associated payer costs

**CHRONIC PAIN AND THE OPIOID EPIDEMIC**

Across a 14-month period, we estimate that 289 individuals with a diagnosis of Low Back Pain and a mental illness will incur

**\$1M** **OVERALL**  
**MEDICAL COSTS**  
**+** **> ED VISITS**  
**> INPATIENT ADMISSIONS**

Mental illness and chronic pain as **co-occurring illnesses** are among the strongest and most consistent physical diagnosis predictors of ED visits, inpatient admissions, and overall costs.

Importantly, mental health challenges, including PTSD, Major Depressive Disorder, and Generalized Anxiety Disorder, are strongly associated with conditions of chronic pain.

**CHRONIC ILLNESS**

When someone has a mental illness, a diagnosis of a chronic illness is **more likely**, and is predictive of **greater** ED visits, inpatient admissions, and costs.

	Greater Likelihood	Predicted Costs
<b>Hypertension</b> (645 clients)	43%	\$828K +
<b>Asthma</b> (470 clients)	31%	\$1.12M +
<b>Diabetes</b> (255 clients)	17%	\$588K +

**SCREENING RATES FOR CASCADIA CLIENTS**

More than 2,600 screens for alcohol & tobacco use, baseline BMI, baseline blood pressure in our first year\* of offering primary care for mental health and SUD-enrolled clients found

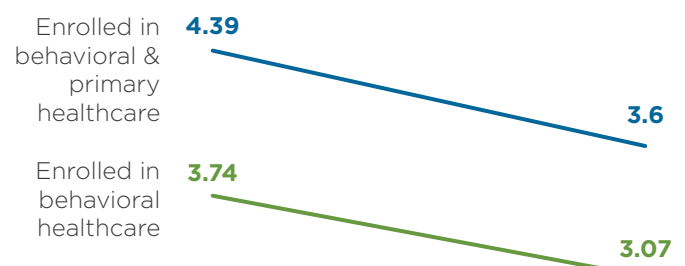
**44%** **31%**  
**OBESE** **HYPERTENSIVE**

**INTEGRATED HEALTHCARE SUCCESSES: THE BEGINNING****EMERGENCY DEPARTMENT & INPATIENT HOSPITALIZATION**

Cascadia clients receiving Certified Community Behavioral Health Clinic (CCBHC) wrap-around services are using the emergency department and inpatient hospital services less. **Cascadia clients receiving these services reduced their emergency room visits by 18% and inpatient hospital visits by 23%.**

We estimate that this reduction in ED utilization will translate to an estimated \$650,000 savings in healthcare costs, in one year. This estimate is based on previous Care Oregon Medicaid claims data for Cascadia clients covered by Care Oregon.

ED utilization rates are now lower than national and state averages.

**AVERAGE NUMBER OF ED VISITS/CLIENT  
2017 VS. 2018**

## OPIOID OVERDOSE EPIDEMIC

CCBHC funding has given us the ability to **expand access to care**, and **increase the scope** of our services. Our ability to increase access of substance use treatment to address the opioid epidemic has **grown exponentially — 7X**. This is a big impact and one that we think is critical to move forward, not backwards.

## NEXT STEPS

Cascadia is engaging in population health efforts that emphasize

- Diabetes management (early detection, screening, and efforts to achieve controlled A1c), including coordination with dental
- Chronic pain management
- Decreasing ED utilization
- Tobacco cessation

The introduction of primary care means that we can address chronic health issues among our clients. In our first year\* **we served over 700 clients** with primary care services.

\*2/10/2018 - 2/10/2019

## WHAT WE HAVE LEARNED



### Support of the Whole Person

"Integrated care means we can look at the whole person. While working with behavioral health clients, we may also learn that they experience chronic pain. A client could visit the ER multiple times a year for foot pain, and only be prescribed pain meds. But by addressing their primary care needs, we may find that the foot pain was actually a symptom of diabetes. This allows everyone in the care coordination circle to support them with diabetes management, blood sugar checks, and diet."



### Less Emergency Room Visits

"By offering primary care to our clients, we can now coordinate care, address physical concerns and make significant changes in health outcomes like emergency room visits. Prior to integrating mental health and primary care, a client could have visited the ER more than 25 times a year. Through wraparound coordination of services, we are able to get a client into respite or into treatment and work together to help them stabilize in order to find housing – and ultimately not end up back in the ER."



### Preventative & Proactive

"For some individuals, seeking medical care can be stressful and overwhelming, leading to avoidance of doctors, tests, etc. This can negatively impact their health and well-being. If they are coming in for their behavioral health needs regularly, we can use that time to also check on their physical health needs. This is a win-win for our clients, and for the care providers. We can offer preventative healthcare, as well as address concerns in a more accessible and coordinated way."



### Getting to Results Faster

"During mental health check visits, the clinicians and nurses can now bring clients over to primary care to schedule a new patient appointment. As a result, we can test for hypertension, for example, and prescribe medications. Then, with our new onsite pharmacy, the care coordination team can easily help the client pick up their meds. This integration saves clients a lot of time and gets them into treatment faster."



### Better Results for Our Community

"Individuals are here talking with us about some really big life stressors. It's natural that they would also have physical health concerns that need to be addressed. We take a look at their bigger health picture and can address those with something as simple as a routine blood pressure check. Our care coordination means better results for our clients — and better results for our community."

Cascadia Behavioral Healthcare would like to be a resource for you, and help answer any of your questions concerning behavioral health, population health, and community health. We welcome further conversations.

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