

# Behavioral Health Homes & Opioid Health Homes

Successful healthcare integration starts with the person. Michigan's public mental health system is the leader in person-centered care.

Behavioral Health Homes (BHH) and Opioid Health Homes (OHH) provide comprehensive care management and coordination of services to Medicaid beneficiaries with a serious mental illness, serious emotional disturbance or opioid use disorder.

BHH or OHHs function as the central point of contact for direct, person-centered care across the broader health care system. Enrolled beneficiaries work with an interdisciplinary team of providers to develop individualized health action plans to best manage their care.



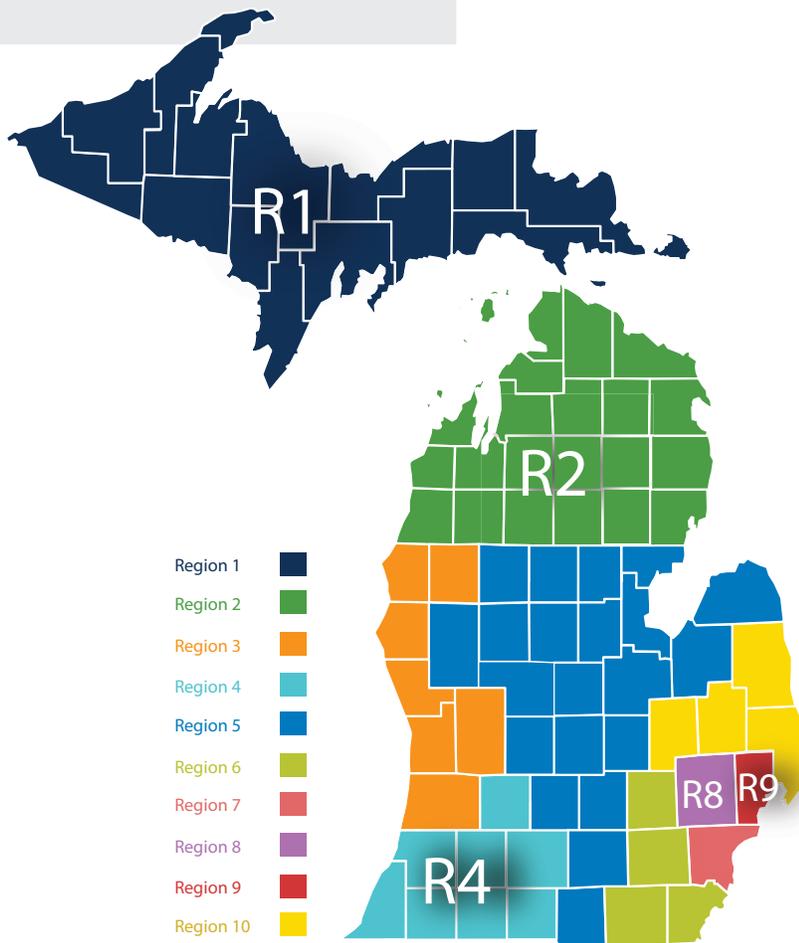
## Goals for Behavioral and Opioid Health homes

Michigan has three goals for the BHH and OHH programs:

- 1 Improve care management of beneficiaries with serious mental illness, serious emotional distribution, or opioid use disorder
- 2 Improve care coordination between physical and behavioral health care services
- 3 Improve care transitions between primary, specialty and inpatient settings of care.

BHH and OHHs have demonstrated significant cost savings for the state (\$103-366 per member, per month savings), thus the Michigan Department of Health and Human Services expanded coverage in the fiscal year of 2021 budget.

Once fully implemented, the BHH is expected to serve up to 20, 0000 beneficiaries throughout the state and the OHH up to 5,000.



### Behavioral Health Homes operate in:

\*PIHP stands for prepaid inpatient health plan

- The upper peninsula (PIHP Region 1)
- The northern lower peninsula (PIHP Region 2)
- The east side of the state (PIHP Region 8)



### Opioid Health Homes operate in:

- The upper peninsula (PIHP Region 1)
- The west side of the state (PIHP Region 4)
- The east side of the state (PIHP Region 9)

# Real Life Outcomes – Federally Required Core Health Home Metrics

- BHH enrollees showed greater cost reductions

19% decrease in costs per member/per month – around \$103 per member/per month

- Increased seven-day follow-up appointments after hospitalization—leading to reduced wait time for care
- Decreased inpatient hospitalization
- Decreased inpatient hospital length of stay
- Decreased hospital re-admissions
- Increased screenings for adult body mass
- Increased initiation and engagement of alcohol or other drug dependence treatment



## Delivery System Transformation and Behavioral Health Integration

Lawmakers and providers can protect public mental health services for our most vulnerable citizens. Support and promote existing programs that already demonstrate person-centered care, cost savings, and are backed by the Michigan Department of Health and Human Services.

- **TRANSCEND** traditional barriers to integrated care by infusing providers from Michigan’s physical and specialty behavioral health delivery systems
- **INCREASE** communication between systems of care to result in greater care coordination for consumers
- **UTILIZE** an innovative payment model including a bundled case rate and value-based payments to maximize savings