

ISSUE BRIEF

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ABOUT CMSA

Case managers are recognized experts and vital participants in the care coordination team who empower people to understand and access quality, efficient healthcare. The mission of CMSA (CASE MANAGEMENT SOCIETY OF AMERICA) is to advocate for patients' wellbeing and improved health outcomes through fostering Case Management growth and development, impacting health care policy and providing evidence-based tools and resources.

CMSA ROLE IN MENTAL HEALTH

INTRODUCTION

CMSA is committed to being actively involved in ensuring mental health services are a critical component within integrated case management model of care.

- **Equity.** Illnesses of the brain should be treated like any other illness of the body. Mental health is now being recognized as a vital component of healthcare delivery by patients, providers, healthcare advocates, payers, employers, and a wide array of other interested parties.
- **Integration.** Promoting mental health is a fundamental value of case management and must be part of any integrated case management model of care.
- Resources. A myriad of resources should be used to promote mental health including case management interventions, telehealth, outpatient visits, home visits and CMSA educational programming.
- **Outcomes.** Utilizing case management programs and services to promote mental health will improve clinical and financial outcomes.

THE OPPORTUNITY

Because mental health services should be part of every case management integrated care delivery model, CMSA aims to do the following:

- Draft model legislation/amendment that promotes CMSA's Standards of Practice for Case Management.
- Support legislation that promotes access to care.
- Work with mental health parity advocates to attach case management as a recommended service in their model bills.

Below are CMSA's priorities:

Case Management Attributes

• Complex condition management programs should be used which incorporate and address both the physical and mental needs of each patient.

- Case Managers are integral members of the healthcare team and should be used to address all types
 of individuals with mental health conditions. including the homeless, substance use disorders, and
 geriatric populations.
- Assure screening for mental health needs to be a priority including treatment protocol and reimbursement.
- Transition of care pathways should be used which include appropriate "step down" and other support programs.

Other Observations

- Payer reimbursement historically has been lacking for mental health and addiction services.
- Mental health assessments are often undervalued and not implemented robustly and holistically.
- Need to create homeless shelters which feel like home and provide comfort and support services.
- Bringing in resources in rural/urban settings for successful management of patients.
- Re-think coordination of care conferences so they are not simply Medical Director driven but are fully inclusive of the patients' biopsychosocial needs.
- Ensure that we are properly assessing complex patients to optimize interventions and considering all of a patient's attributes including geriatric, homeless status, addiction, psychoses, culture, etc.

The Impact/Outcomes

- Work with mental health provider groups to increase evidence-based pathways.
- Optimize case rounds to go beyond Utilization Management. Build more partnerships with healthcare firms to affect change increase awareness of Mental Health status.