

"Care coordination is all about empowerment."

BPHC - Getting Coordinated Care Right

Danika Mills EXECUTIVE DIRECTOR CBC, BPHC Member

Danika Mills is the Executive Director of Coordinated Behavioral Care (CBC). Through partnerships with managed care organizations, health systems, hospitals, ambulatory healthcare providers and other organizations, CBC fosters delivery of a comprehensive service approach that includes behavioral health services and supportive housing to people with complex needs. CBC will play an integral role in BPHC's Health Home At-Risk Project.

Before discussing anything else, Danika Mills, Executive Director of Coordinated Behavioral Care, makes sure one thing is clear: "A Health Home is not a place. It's a care coordination service for people with Medicaid who meet the New York State criteria of having two chronic illnesses, or one single qualifying condition."

Health Home patients may suffer from multiple complex health conditions. They must rely on a variety of healthcare and social services, but the need to coordinate these services can make it difficult to receive all of the necessary care. Furthermore, says Ms. Mills, "as a Medicaid beneficiary, [a Health Homes patient] is low-income, with all of these systemic problems that may [result] from that, including housing challenges, food insecurity, and dependence on government benefits."

Coordinated Behavioral Care (CBC) is a health home designed to helps facilitate the care management process by connecting these patients to the right services in their community. "One of the distinguishing factors of us as a health home," Ms. Mills adds, "is that we are provider-led," with CBC delegating care-management to its diverse group of over 50 members. CBC's behavioral health expertise, deep-seeded knowledge of community services and sheer amount of care coordination capacity distinguishes CBC within the Health Home program.

The key to effective care coordination, Ms. Mills explains, is to center the process around each patient's distinct needs. "Care coordination staff meet with patients in the community to identify their specific and unique barriers to health," Ms. Mills explains. From there, "all of the health and behavioral healthcare professionals, housing, supportive service workers, family members and others, contribute to a person-centered care plan that comprehensively addresses their needs and goals."

CBC's care plans are constantly evolving, as care teams support patients through the inevitable ups and downs of life. "It's a dynamic process and involves constantly identifying and reidentifying barriers and gaps in care. The care plan changes throughout every encounter, every new diagnosis, and every new condition that impacts the person's care."

Care coordination often misunderstood as a relationship only between providers. Ms. Mills reminds us of the patient's role in medical decisions. "The more that the person understands their condition, the less likely they'll be able to go use care in a way that's detrimental," she emphasizes. In this way, she says, care coordination "is all about empowerment."



