

# Strategies for Leveraging your Medical Director as a CCBHC

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- Dr. Veronica Harsh - Psychiatrist & Remote Medical Director – innovaTel Telepsychiatry
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  - Former Chief Medical Officer, Cascadia Behavioral Healthcare (CCBHC)
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# Logistics

- Webinar is being recorded
- Slides and Recording will be available in 48 hours on the National Council website
- Q/A time will be at the end

# CCBHC Medical Director Requirements

Applies to both demonstration and grantee CCBHCs:

“The management team will include, at a minimum, a CEO or Executive Director/Project Director, **and a psychiatrist as Medical Director.** The Medical Director **need not be a full-time employee** of the CCBHC... The Medical Director **will ensure the medical component of care and the integration of behavioral health (including addictions) and primary care are facilitated.**”

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)

# Workforce Shortage Exception

“If a CCBHC is unable, **after reasonable and consistent efforts**, to employ or contract with a psychiatrist as Medical Director because of a documented behavioral health professional shortage in its vicinity... **psychiatric consultation will be obtained** on the medical component of care and the integration of behavioral health and primary care, **and a medically trained behavioral health care provider with appropriate education and licensure with prescriptive authority in psychopharmacology** who can prescribe and manage medications independently pursuant to state law will serve as the Medical Director.”

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)

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# CCBHC Impact Report



We need bold solutions to address the historic demand for mental health and substance use treatment services – demand that grew exponentially because of COVID-19 and will remain high long after the pandemic is over. This data shows that through their proven ability to provide comprehensive and ongoing care for anyone who walks in the door – no matter their financial situation – CCBHCs are the answer. We encourage Congress to introduce and pass legislation that allows every state to implement the CCBHC model within Medicaid. Our nation’s mental wellbeing is at stake – we can’t afford to wait when we know what works.



**Chuck Ingolia**

*President and CEO, National Council for Mental Wellbeing, discussing the new CCBHC Impact Report.*

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## innovaTel's CCBHC Services

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innovaTel Telepsychiatry is the exclusive Platinum Partner for telepsychiatry to the National Council for Wellbeing and through our partnership, has a unique understanding of the CCBHC model.

innovaTel understands what it takes to become certified as a CCBHC and we offer effective and efficient solutions to challenges related to staffing and access to care. Most importantly, our solutions are configurable to your needs and dovetail with the services you already offer.





## **Dr. Liberty Eberly**

Chief Medical Officer, Co-Founder, & Remote Medical Director

innovaTel Telepsychiatry

Dr. Eberly is one of the founders of innovaTel Telepsychiatry, she serves as innovaTel's Chief Medical Officer. She is also the Medical Director of Central Minnesota Mental Health Center, who is pursuing CCBHC designation.

Dr. Eberly has been practicing telepsychiatry as her exclusive modality of treatment for the last 10 years. She is passionate about providing high-quality psychiatric care to underserved areas and about the use of collaborative models to enhance access to care.



## **Dr. Veronica Harsh**

Psychiatrist & Remote Medical Director

innovaTel Telepsychiatry

Dr. Harsh currently serves as a Remote Medical Director of Northwestern Mental Health Center which is a CCBHC in rural Minnesota.

Dr. Harsh is trained in both psychiatry and internal medicine and has worked to provide psychiatric and primary care for patients with serious mental illness across multiple clinical settings.





# Adding a Remote Medical Director

## Common Responsibilities and Roles for Remote Medical Directors

### Policies, Procedures and Quality Improvement:

- Develop or review policies and protocols.
- Quality Improvement, which can include chart reviews of other providers, reviewing clinical practices of providers (especially if a concern is raised).
- Join committee meetings as needed such as Infection Control, Safety, Ethics, etc.
- Staying up-to-date on regulatory changes and best practices of medicine.



### Communication & Collaboration:

- Communicate with and collaborate with on-site staff from all departments including front desk staff, nursing, compliance.
- Communicate with and collaborate with all clinical staff including on-site providers and other telemedicine providers.
- Meet with or offer support to therapists and perform case reviews.

### Reimbursement Optimization:

- Improve workflows in the clinic.
- Decrease no-show rates.
- Support providers' selection of billing codes.

**innovaTel is able to provide remote medical directors, starting as low as four hours per week, that can serve as an integrated member of your clinical team.**

## Dr. Liberty Eberly Serving As A Remote Medical Director

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- Serving As A Remote Medical Director
- How To Collaborate Remotely with On-Site Clinical Staff
- Launching MAT Services In Pursuit of Becoming a CCBHC



*"I haven't seen a patient in-person in over 10 years!"*

*- Dr. Liberty Eberly, CMO & Co-Founder, Telepsychiatrist & Remote Medical Director*

## A Day In The Life as A Remote Medical Director

### Dr. Harsh, CCBHC Medical Director

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- **Weekly Schedule Overview**
- **Integration into the CCBHC site program**
- **Connection to innovaTel team, specialists, and resources**



# CCBHC Medical Director Role

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Jeffrey Eisen, MD,  
MBA

# Objectives

- To understand the CCBHC medical director role – rationale for such a role
- To review the skills and abilities of MD and NP leaders
- To consider how to incorporate the medical director role into daily activities and budget

# CCBHC: Integrated, Coordinated Care

- Providing a full continuum of behavioral health programs and services to individuals and communities in need
- Defining the true needs of populations
  - Improving health outcomes – BH and overall
  - Addressing high cost, unnecessary utilization
- Addressing whole person health
  - Behavioral Health – Physical Health intersections
  - Medication Assisted Treatment (MAT/MSR)

# Psychiatry Background and Experience

- Psychiatrists and Nurse Practitioners have a wealth of medical knowledge relevant to CCBHC efforts
  - Psychiatrists: Medical Training – Behavioral-Biological Interface / Review of Systems
  - Nurse Practitioners: Nursing Training provides immense physical health knowledge

# Psychiatry Background and Experience

- MAT / Addictions Medicine
  - Medical basis of SUD treatment
- Policies / Procedures / Best Practices
- Operational knowledge / workflows
- Systems interface – coordination within and across
- Population Health / data analytics
  - Metrics
- Training and Education
  - Supervision for medical providers
  - Training for all behavioral health professionals



# Incorporating the Medical Director

- “Form follows function”
  - Where are the gaps in the delivery of care necessary to achieve the CCBHC objectives?
  - Utilization of knowledge Base
  - Oversight for integrated care efforts
  - Development of programs and services
- Budget Considerations
  - CCBHC Certification – Prospective Payment System
  - CCBHC Grantees – percentage time allocation

# Additional Resources

- American Association for Community Psychiatry
  - Job Description and considerations
  - <https://www.communitypsychiatry.org/publications/archived-documents>
  - AACP Guidelines for Psychiatric Leadership in Organized Delivery Systems for Treatment of Psychiatric and Substance Disorders
- National Council
  - Job Description forthcoming



Let's discuss further!



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# Financing Considerations

- Plan for your Medical Director to spend the appropriate amount of time conducting non-billable activities
- Consider market salaries in your region, recruitment activities
- For CCBHCs in the Medicaid demonstration:
  - Medical Director time & salary are built into your cost report and paid for through your Medicaid PPS
- For CCBHC Expansion Grantees:
  - Grant funds must cover Medical Director activities

# Working toward Sustainability

- **Goal:** to transition from 2-year grant funding to sustainable funding through Medicaid in every state
  - States can implement the CCBHC model through Medicaid SPA or waiver
  - Congress can extend the demonstration to all states through the Excellence in Mental Health and Addiction Treatment Act

Take Action Today! <https://www.thenationalcouncil.org/policy-action/write-your-legislators/#/31>



# Questions?

Contact us!

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