CCBHC-E National Training and Technical Assistance Center CCBHC Criteria Series

Scope of Services:
Integrating Mental Health and Substance Use

May 24, 2022
Zoom Logistics

- Call in on your telephone, or use your computer audio option
- If you are on the phone, remember to enter your Audio PIN so your audio and computer logins are linked
How to Ask a Question

Share questions throughout today’s session using the **Q&A Feature** on your Zoom toolbar. **We’ll answer as many questions as we can throughout today’s session.**
Acknowledgements and Disclaimer

This publication was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).
Post Evaluation Survey

Please note that we will be sending out post-evaluation survey within the next month to gather your feedback!
Agenda

• Welcome
• Today’s Presenters
• Mark Stringer- Former Director Missouri Department of Mental Health
• Clinic Perspective- Integrity House
• Q&A Period
Today’s Presenters

Samantha Holcombe
Senior Director Practice Improvement Consulting
National Council for Mental Wellbeing

Mark Stringer
Former Director, Missouri Department of Mental Health

Katie Tracy
Project Director, Integrity House
Outpatient Mental Health and Substance Use (4.f)

• The CCBHC directly provides outpatient mental and substance use disorder services that are evidence-based or best practices, consistent with the needs of individual consumers as identified in their individual treatment plan.

• If specialized services outside the expertise of the CCBHC are required for purposes of outpatient mental and substance use disorder treatment (e.g., treatment of sexual trauma, eating disorders, specialized medications for substance use disorders), the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.

Today’s Highlights

• Integration best practices, strategies and barriers from a statewide and practice lens.
• Staffing considerations and team structures.
Integrating Mental Health and Substance Use Services in CCBHCs

Mark Stringer
Former Director
Missouri Department of Mental Health
Agenda:

• Brief description of CCBHCs in Missouri
• Integrating MH and SUD services
• Outcome of successful integration
15 CCBHCs
(*and counting)

<table>
<thead>
<tr>
<th>Family Guidance Center</th>
<th>Swope</th>
<th>ReDiscover</th>
<th>Comprehensive MH Center</th>
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<tbody>
<tr>
<td>Tri-County Compass Health</td>
<td>Clark Community MH Center</td>
<td>Ozark Center</td>
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<tr>
<td>Burrell Center North Central</td>
<td>Preferred Family Health</td>
<td>Mark Twain</td>
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<tr>
<td>FCC Behavioral Health Community Treatment</td>
<td>Places for People</td>
<td>Bootheel Counseling*</td>
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<td>University Healthcare Behavioral Health*</td>
<td>BJ C Behavioral Health*</td>
<td>Ozarks Healthcare Behavioral Health*</td>
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<tr>
<td>Community Counseling Center*</td>
<td>Arthur Center*</td>
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[Map of Missouri showing the locations of the CCBHCs]
CCBHC Expansion in MO

MO’s CCBHC demonstration project began in 2017 with 15 agencies. 4 more agencies will be added in 2022.

Expansion is possible under MO’s CCBHC/O State Plan Amendment (July 2019). Three agencies will be added under the SPA in 2022.

Agencies may expand through a SAMHSA grant, independent of the DMH.
Areas of Focus

What changes do we measure?
For example: Mental Health and Substance Use Crisis Services

Components:
- 24-hour crisis hotlines
- 24-hour mobile crisis response
- Clinic-based crisis intervention and resolution

The 24-hour hotline and/or mobile crisis response may be contracted to a state approved “Designated Collaborating Organization”

Requirements:
- CARF accreditation for hotline and mobile response
- CARF or TJC accreditation for crisis intervention services
- Must meet ACI certification standards
Required Screenings

All individuals receiving a CCBHC service must receive a health screen.
- A subset of individuals should be screened for metabolic syndrome.
- CCBHCs must also be designated as a CMHC Health Home for adults and youth.
- A subset of individuals will be enrolled in healthcare home.

All adults and youth must be screened for depression.

All adults must be screened for problems with alcohol and drug use.

All adults and youth with a diagnosis of major depressive disorder must receive a suicide risk assessment.
Integrating MAT

• MAT along with behavioral therapies must become routine practice.
Metrics and Value-Based Payments

Pay 4 Performance
Pay 4 Performance

Reimbursement is based on achieving specific results.

Incentivizes raising performance to get results.

Value-Based Payments (VBP)

- Meet all nine (9) performance measures
- Meet the statewide benchmark
- Show improvement over previous FY performance

VBP > 1% of total PPS payments.
Value-Based Payments (VBP)

- Provide incentive payments to CCBHCs
- Calculated annually
- CCBHC must meet all nine (9) performance measures to receive a VBP:
  - Suicide Risk Assessment for Major Depressive Disorder (Adult)
  - Suicide Risk Assessment for Major Depressive Disorder (Youth)
  - Adherence to antipsychotic medication for Schizophrenia (Adult)
  - Follow-up within 7 & 30 days post hospitalization (Adult)
  - Follow-up within 7 & 30 days post hospitalization (Youth)
  - New Alcohol or Other Drug (AOD) dependence with initiation of AOD treatment
  - New AOD dependence with engagement in AOD treatment
Integration Strategies & Barriers
Integration

• Integration is not just coordinated care.
• Integration is not just co-located care.
• Integration is mental health, substance use, and physical health clinicians acting together to design and implement a unified patient care plan.
CCBHC—An Integration Challenge

CCBHCs must provide outpatient mental health and substance use disorder treatment services, in addition to physical health services.

- Organizational challenges
- Reimbursement barriers
- Health IT
- Telehealth
- Training
Organizational Challenges & Lessons Learned

• Integration in a traditional fee-for-service reimbursement environment is difficult, but still possible.
• Collaborate with the other partners when hiring personnel.
• Staff at all levels must buy in to the model, including organizational leaders.
• Be clear about role definitions and responsibilities.
• Flexibility is a must; silos are antithetical to integration.
• How does larger oversight/problem-solving happen?
• Consider combining advisory bodies.
Reimbursement Barriers

- Separate funding streams for MH and SUD services, with requirements to designate which stream is used—when the fact is that we are not treating the condition, *we are treating the person.*

- Payers for CCBHC services should strive to move beyond fee-for-service to a prospective payment or similar model as soon as possible.
Health IT

- Many EMRs were developed to keep MH, physical health, and SUD information separate because of antiquated rules about confidentiality.

- Again, we are not treating the condition, we are treating the person, so records must show the complete picture in order to achieve fully integrated care.
Telehealth

• Although physical co-location is ideal, telehealth technology presents opportunities for integration that did not exist until recently.

• Can be used for
  • counseling when client cannot come into the clinic due to transportation, childcare issues, or illness.
  • psychiatry consultation.
  • medication prescribing, including addiction medications.

• Use appropriate HIPAA compliant platforms, ie. Doxy, Business Zoom.
Training

• All training must begin with the understanding that we are treating the whole person.

• Training for MH and SUD integration must acknowledge that both conditions at their core are brain diseases that manifest themselves differently.

• Desired outcomes of treatment are identical: e.g., improvement in symptoms and functioning, meaningful employment, social support, stable housing, etc.
Staff Cross Training

*Use MH and SU Champions* to provide training at clinical meetings to increase competency, reduce stigma, and promote shared culture and team-based care.

Sample of Training Topics:

- Motivational Interviewing
- Mental Health First Aid
- Evidence based care: Addiction, MH, Medical
- ASAM Levels of Care
- SBIRT
- MAT
Staff Cross Training

• Encourage varied staff attendance at Learning Collaboratives or community trainings.
• Team based case consultation meetings increase understanding of client issues and allow input based on areas of expertise.
Recovery Supports

- Use Peer Specialists, Recovery Coaches, Outreach Staff as *extenders of the team*.
- As with all members of the treatment team, Peer Specialists must be cross-trained.
Some Results of Successful Integration
CCBHC

Missouri's Certified Community Behavioral Health Clinics

Improving Outcomes & Access to Care
Missouri's Impact Report | Year 4

27% +

Increase in patient access to care
Overall increase in patients served from baseline to Year 4

Missourian's Served by CCBHCs

Baseline Year 1 Year 2 Year 3 Year 4
119,002 121,431 140,884 146,665 150,578

3,562
Veterans Served by CCBHCs
Overall increase in veterans served from baseline to Year 4

↑ 41%
Reducing Hospital & ER Utilization

<table>
<thead>
<tr>
<th>Year</th>
<th>ER Visits</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1567</td>
<td>1453</td>
<td>1236</td>
<td>418</td>
<td>396</td>
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CCBHCs continue to reduce the number of ER and hospital encounters (per 1,000 member months)

- **21% Decrease in ER Visits**
- **12% Decrease in hospitalizations**

Providing Medication Assisted Treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>3128</th>
<th>4306</th>
<th>5668</th>
<th>6292</th>
<th>6929</th>
</tr>
</thead>
</table>

CCBHCs are providing more patients with medication assisted treatment

Law Enforcement Collaboration

Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them.

Publication from Bureau of Justice Assistance & Council of State Governments Justice Center, April 2019

Missouri Success

70,909 Referrals from law enforcement Jan 2017 - Dec 2021
Increasing Peer & Family Services

CCBHCs grew the number of peer and family support specialists to the care team.

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<tr>
<th>Family Support Specialists</th>
<th>Peer Specialists</th>
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<tbody>
<tr>
<td>21</td>
<td>36</td>
</tr>
<tr>
<td>41</td>
<td>153</td>
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Achieving Patient Satisfaction

Individuals receiving services from CCBHCs responded feeling positive about the care they received in the following areas:

- Access to Care: 89%
- Quality of Care: 93%
- Satisfied with Care: 91%

Measuring Progress & Improvement

DY = demonstration year for CCBHC

Follow Up After Hospitalization in 30 Days

- Adult: 74%
- Youth: 77%

Follow Up After Mental Health ER Visit in 7 & 30 Days (adults)

- 45% 7 days
- 70% 30 days

26% DY3

Plan All-Cause Readmissions Rate

Follow Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication | Continuation & Maintenance Phase

83% DY1

91% DY3

National Council for Mental Wellbeing
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<tr>
<th>ORGANIZATIONAL REACH</th>
<th>PROGRAMS</th>
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<tr>
<td>Newark, NJ Campus</td>
<td>SUD Outpatient - Levels 1, 2.1 &amp; 2.5: outpatient, intensive outpatient, and partial care services</td>
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<tr>
<td>Secaucus, NJ Campus</td>
<td></td>
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<tr>
<td>Morris Plains, NJ Outpatient Program</td>
<td>Halfway House - Level 3.1: clinically managed low-intensity residential services</td>
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<tr>
<td>Toms River, NJ Outpatient Program</td>
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<tr>
<td>Bergen New Bridge Medical Center</td>
<td>Long-term Residential - Level 3.5: clinically managed high-intensity residential services</td>
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<tr>
<td>Hudson County Correctional Center</td>
<td>Short-term Residential - Level 3.7: medically monitored inpatient withdrawal management (WM)</td>
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<tr>
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<td>WM – Level 4: medically monitored intensive inpatient WM</td>
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<td>CCBHC Expansion – Added MH, Primary Care, Crisis Support, Targeted Case Management</td>
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<tr>
<td></td>
<td>Other Programs: Prevention, Reach for Recovery, Support Team for Addiction Recovery, Womens’ Wellness Center, Supportive Housing (men and women)</td>
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Integrating Mental Health and Substance Use and Lessons Learned

• Structure of Workforce

• Organizational Changes

• Experience of Care

• Lessons Learned/Recommendations
Questions?
Reminder: Sign up for Office Hours

Thursday, May 26th, 2022 – 1:00-2:00pm ET

Register [here](#)

Looking for more time to dive deeper with our presenters, get your questions answered or exchange ideas?

Join our follow-up office hours session!
Questions or Looking for Support?

Visit our website and complete the Request Technical Assistance form
https://www.thenationalcouncil.org/ccbhc-e-nttac/
Thank You

Please take a moment to share your feedback in the post-webinar survey. It will pop up once the webinar is closed.
Thank you!