

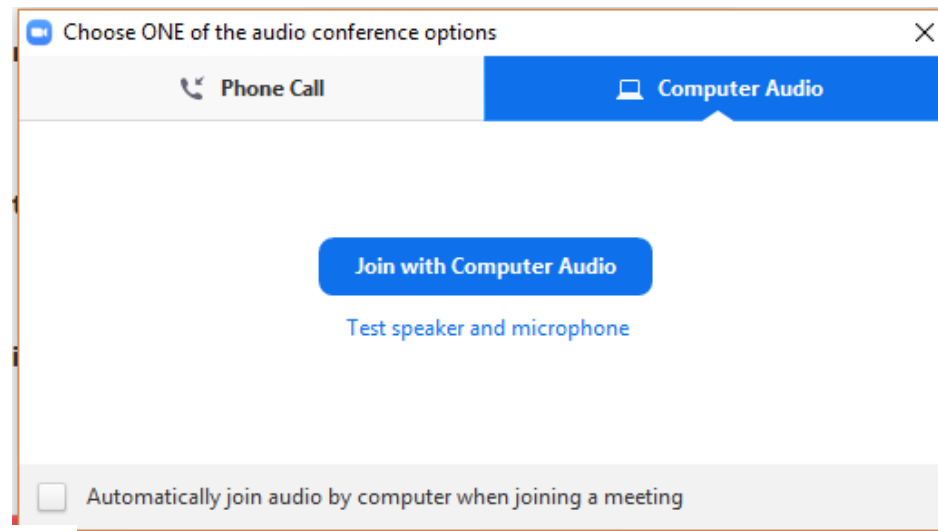
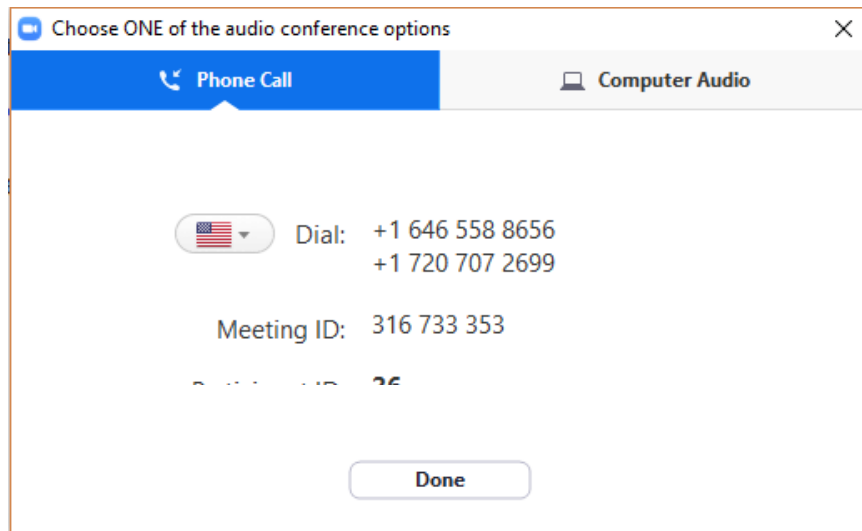
CCBHC-E National Training and Technical Assistance Center CCBHC Criteria Series

Scope of Services:
Integrating Mental Health and Substance Use

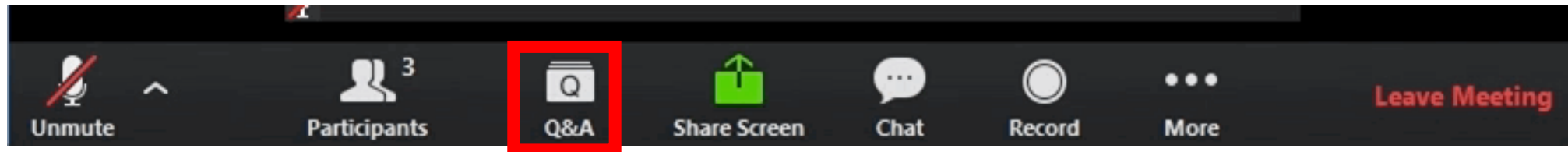
May 24, 2022

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



CCBHC-E National TTA Center

CCBHC-e Webinar Criteria Series: Monthly Follow Up Post Evaluation Survey

CCBHC Criteria Webinar Series: Optimizing Staffing in the CCBHC Model Evaluation Survey

Thank you for participating in the CCBHC-E NTTA Center event CCBHC Criteria Webinar Series: Optimizing Staffing in the CCBHC Model, hosted on January 25th, 2022. Please take a moment to complete this brief, anonymous post event survey. Your feedback is essential to help us better understand your need for training, technical assistance and resources. Thank you for taking the time to fill in this questionnaire.

* 1. Were you the only one who watched the session on your device?

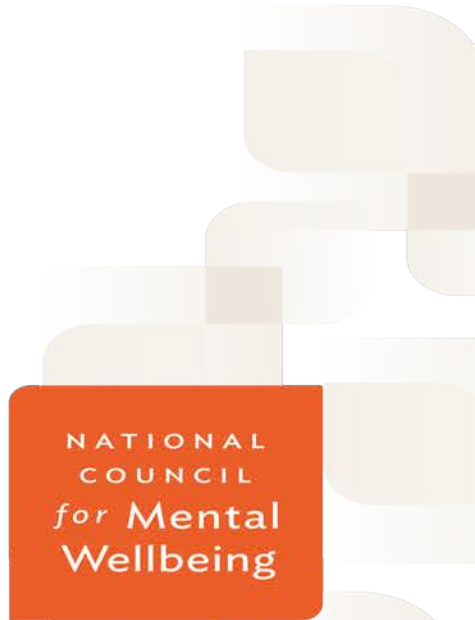
- ☐ Yes
☐ No

2. If not, how many people were viewing the session with you on your device?

* 3. The speakers for the session provided a very engaging and informative presentation

☐ Strongly Dislike ☐ Dislike ☐ Neutral ☐ Like ☐ Strongly Like

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.

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Integrating Mental Health and Substance Use Services in CCBHCs

Mark Stringer
Former Director
Missouri Department of Mental Health

CCBHC-E National Training and Technical Assistance Center

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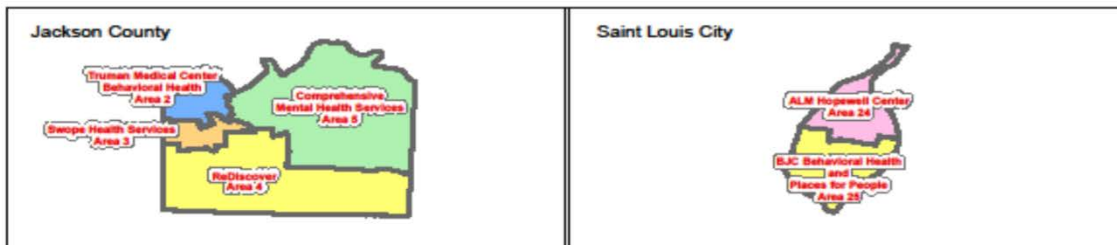
Agenda:

- Brief description of CCBHCs in Missouri
- Integrating MH and SUD services
- Outcome of successful integration



MISSOURI DEPARTMENT OF MENTAL HEALTH
Division of Behavioral Health
Certified Community Behavioral Health Organizations

15 CCBHCs (*and counting)



arcgissmithcertified-community-behavioral-health-organizations.pdf ~ December 28, 2021

| | | | |
|--|------------------------------|--------------------------------------|-------------------------|
| Family Guidance Center | Swope | ReDiscover | Comprehensive MH Center |
| Tri-County | Compass Health | Clark Community MH Center | Ozark Center |
| Burrell Center | North Central | Preferred Family Health | Mark Twain |
| FCC Behavioral Health | Community Treatment | Places for People | Bootheel Counseling* |
| University Healthcare Behavioral Health* | BJC Behavioral Health* | Ozarks Healthcare Behavioral Health* | Hopewell* |
| | Community Counseling Center* | Arthur Center* | |

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CCBHC Expansion in MO

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

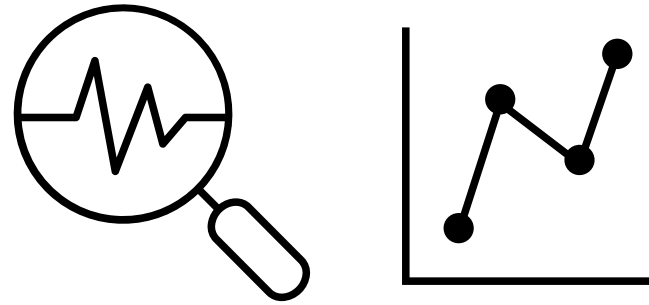
Expansion is possible under MO's CCBHC/O State Plan Amendment (July 2019). Three agencies will be added under the SPA in 2022.

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***.



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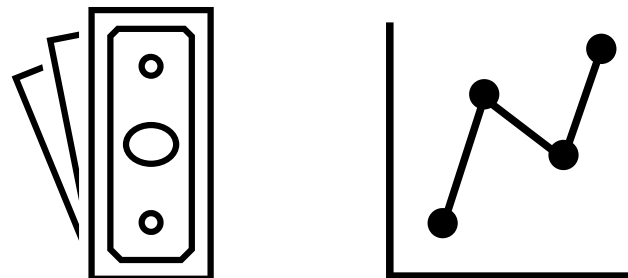
Integrating MAT

- MAT along with behavioral therapies must become routine practice.



Metrics and Value-Based Payments

Pay 4 Performance



Pay 4 Performance

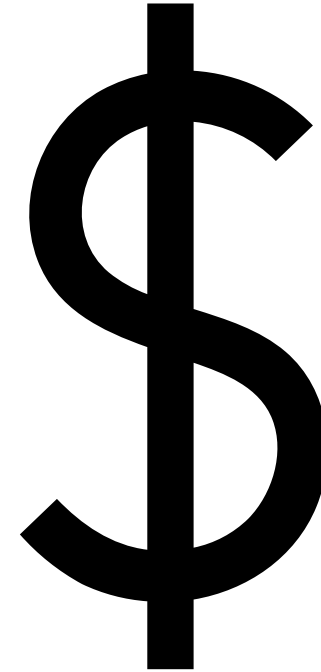
Reimbursement is based on achieving specific results.

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 \geq 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

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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.



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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.

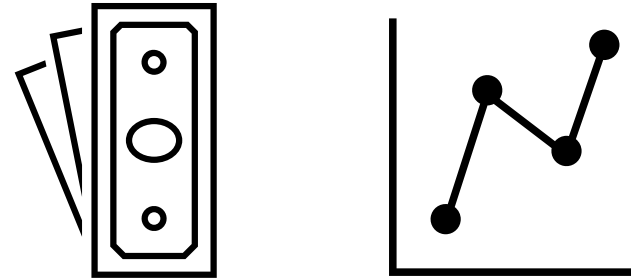


Recovery Supports

- 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

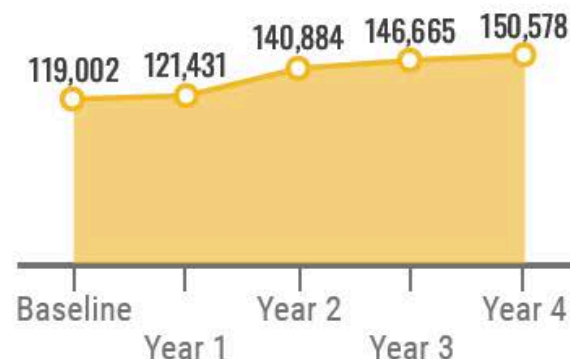
Missouri's Impact Report | Year 4

27% 

 Increase in patient
access to care

Overall increase in patients
served from baseline to Year 4

Missourians Served by
CCBHCs



3,562 

Veterans Served by
CCBHCs

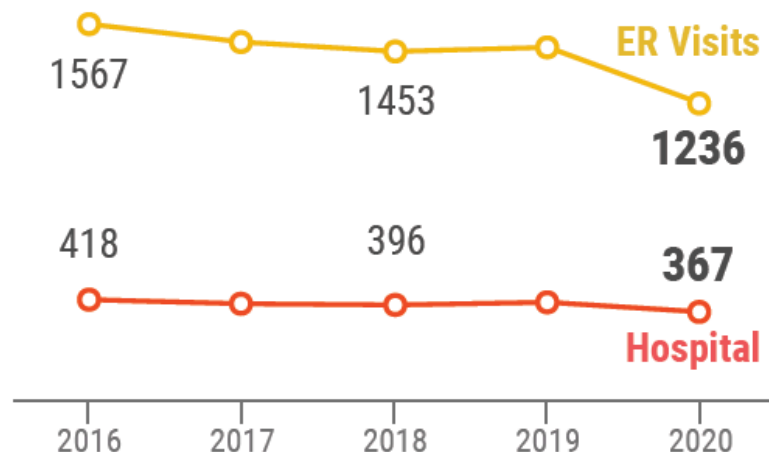
 41%

Overall increase in veterans
served from baseline to Year 4



Reducing Hospital & ER Utilization

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



CCBHCs are providing **122%** 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

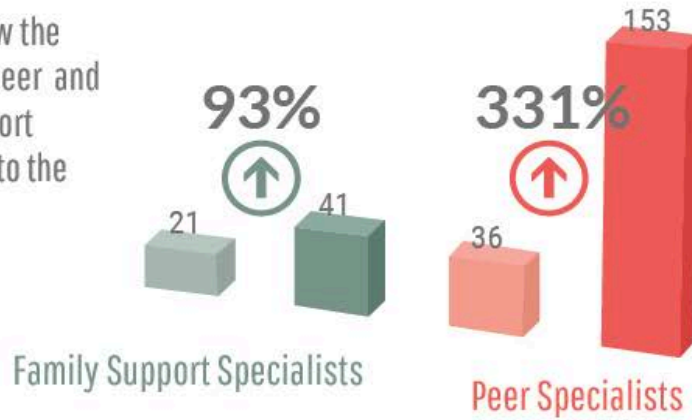
70,909
Referrals from law
enforcement Jan 2017-Dec 2021

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Increasing Peer & Family Services

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



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



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

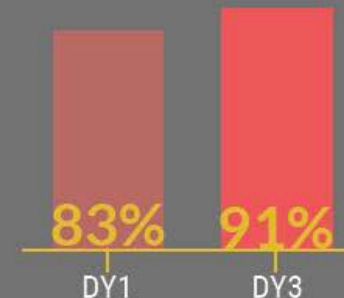


26% DY3



Plan All-Cause Readmissions Rate

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



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Integrity House

Katie Tracy
Project Director

CCBHC-E National Training and Technical Assistance Center

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| ORGANIZATIONAL REACH | PROGRAMS |
|---|--|
| <ul style="list-style-type: none">• Newark, NJ Campus• Secaucus, NJ Campus• Morris Plains, NJ Outpatient Program• Toms River, NJ Outpatient Program• Bergen New Bridge Medical Center• Hudson County Correctional Center | <ul style="list-style-type: none">• SUD Outpatient - Levels 1, 2.1 & 2.5: outpatient, intensive outpatient, and partial care services• Halfway House - Level 3.1: clinically managed low-intensity residential services• Long-term Residential - Level 3.5: clinically managed high-intensity residential services• Short-term Residential - Level 3.7: medically monitored inpatient withdrawal management (WM)• WM – Level 4: medically monitored intensive inpatient WM• CCBHC Expansion – Added MH, Primary Care, Crisis Support, Targeted Case Management• Other Programs: Prevention, Reach for Recovery, Support Team for Addiction Recovery, Womens’ Wellness Center, Supportive Housing (men and women) |

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 26st, 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?



Receive assistance from our team of experts!

The CCBHC-E National Training and Technical Assistance Center provides consultation and technical assistance on CCBHC implementation to expansion grantees. Fill out this form to request assistance today.

Request Training/Assistance

Fields marked with an (*) are required.

| | |
|----------------------|------------------------|
| First name * | Last name * |
| <input type="text"/> | <input type="text"/> |
| Title * | Organization/Company * |
| <input type="text"/> | <input type="text"/> |

Visit our website and complete the
Request Technical Assistance form

<https://www.thenationalcouncil.org/ccbhc-e-nttac/>



TheNationalCouncil.org

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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!

