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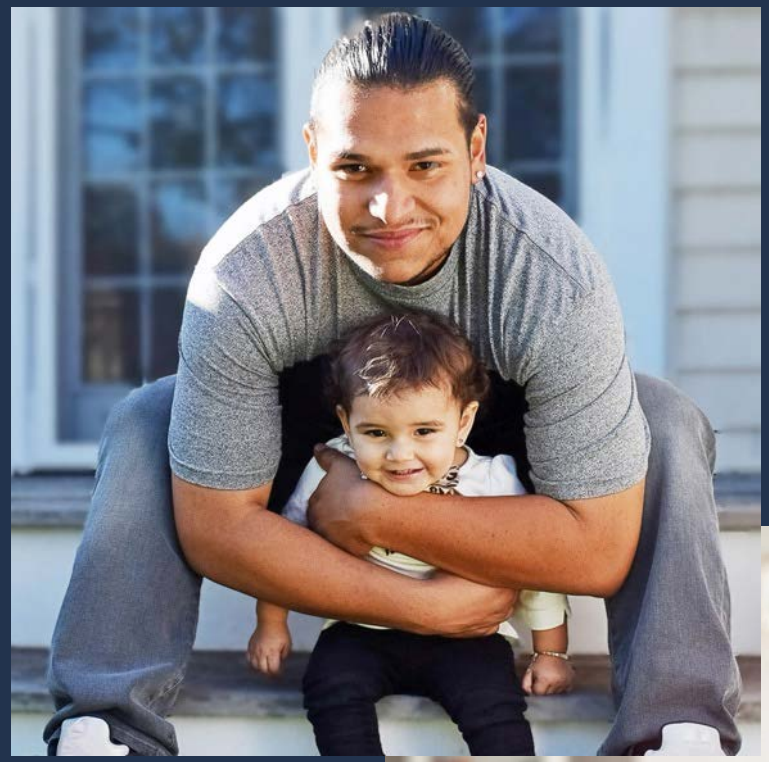
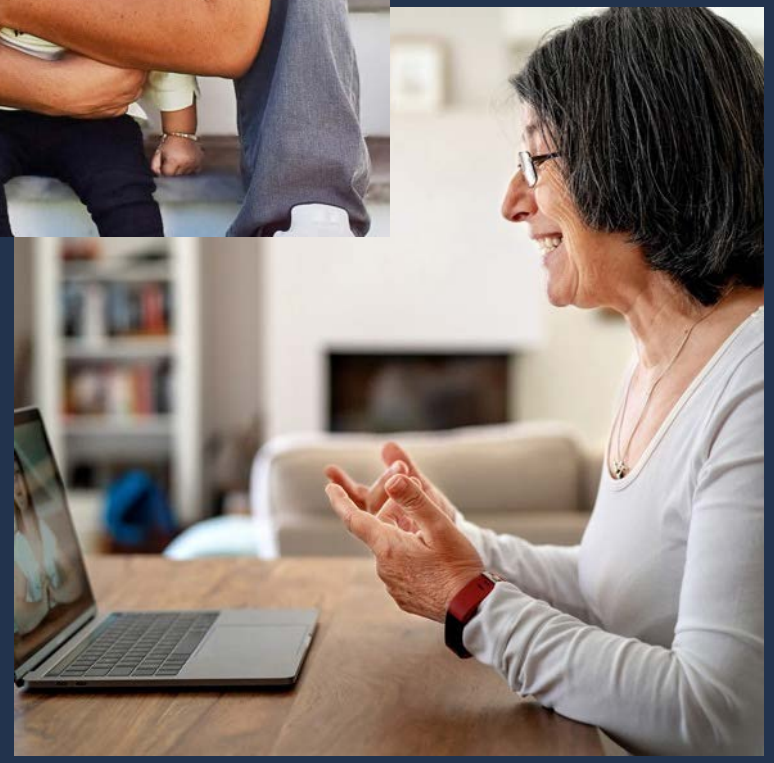
CCBHC SUCCESS CENTER





Increasing Access to Care: A CCBHC Success Story

Walt Hill, CEO, High Plains Mental Health Center

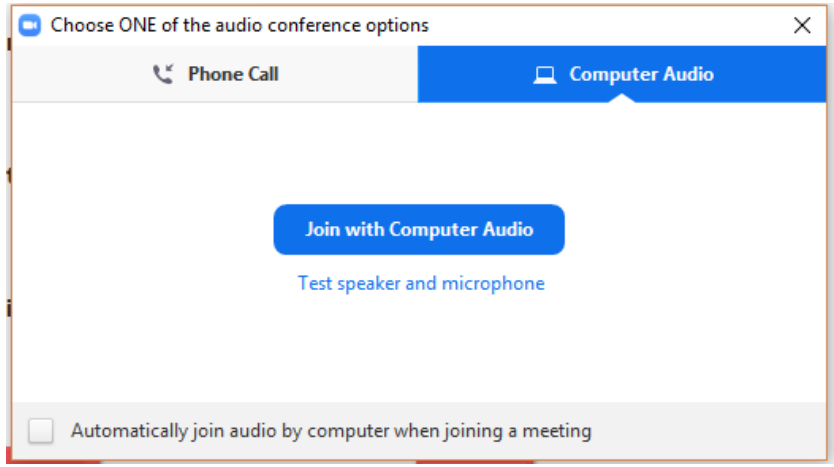
Vivek Jayadeva, MD, innovaTel Psychiatrist

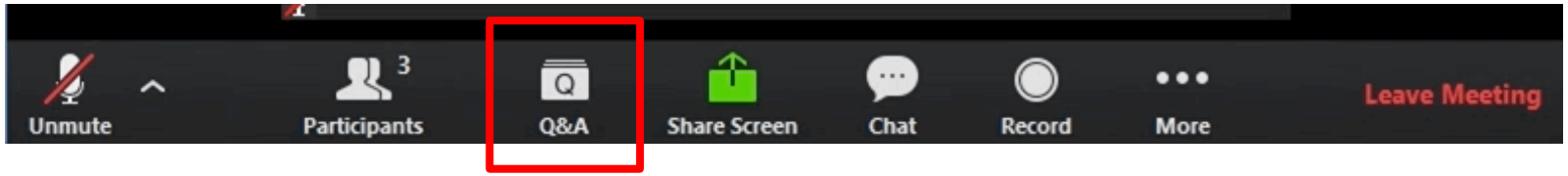
Rebecca Farley David, Senior Advisor, National Council for Mental Wellbeing

Lauren Lashbrook, Director of Strategic Partnerships, innovaTel

Logistics & Housekeeping

- Call in on your telephone, or use your computer audio option
- If you are on the phone, enter your Audio PIN





Type questions into the Q&A tab, located on your Zoom toolbar.
We'll answer as many questions as we can at the end of the presentation.

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Today's Presenters

Lauren Lashbrook,
Director of Strategic Partnerships,
innovaTel Psychiatry

Vivek Jayadeva, MD
Psychiatrist,
innovaTel Psychiatry

Rebecca Farley David, MPH
Senior Advisor,
Public Policy and Special Initiatives,
National Council for Mental Wellbeing

Walt Hill
Chief Executive Officer,
High Plains Mental Health Center

Agenda

- **Rising Demand for Behavioral Health Services**
- **innovaTel Overview**
- **CCBHC Update from National Council's Rebecca Farley David**
- **CCBHC Success Story Featuring High Plains**
  - Leveraging Telehealth to Increase Access
  - Building a MAT Program
- **Questions & Answers**

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Access to behavioral health care continues to be challenge

Nationally, we are seeing an increase in demand for behavioral health treatment, which impacts access.

27.3%

Only **27.3%** of youth with severe depression receive some consistent treatment (7-25+ visits in a year).

59.6%

59.6% of youth with major depression do not receive any mental health treatment.

28.69%

28.69% of adults with a cognitive disability were not able to see a doctor due to costs.

23.6%

Almost a quarter (**23.6%**) of all adults with a mental illness reported that they were not able to receive the treatment they needed. **This number has not declined since 2011.**

57%

57% of adults with a mental illness receive no treatment. **Over 26 million individuals experiencing a mental illness are going untreated.**

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https://www.mhanational.org/issues/2021/mental-health-america-access-care-data

About innovaTel Telepsychiatry

Founded by a clinical team with 30+ years of experience

CMHC Roots

Prior to innovaTel, its founder started the first CMHC in NW Pennsylvania, developing a successful telepsychiatry program through a small SAMSHA grant.

Meet a Need

Recruitment and retention of psychiatric providers was a constant challenge for the clinic.

Telepsychiatry Success

Word of the clinic's adoption of and success with its telepsychiatry model spread quickly throughout the country.

innovaTel Begins

As a result of the model's success, innovaTel was founded in April of 2014.

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AMERICAN TELEMEDICINE ASSOCIATION

Modern Healthcare Best Places to Work 2021™

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Improving access together through configurable telebehavioral health partnerships

- We alleviate workforce development challenges by helping you grow your treatment team.
- We're clinically founded by a team that has community mental health roots.
- We customize all of our telehealth partnerships based on organizational needs.
- You get to interview and choose providers that become virtual members of your team.

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CCBHC Success Package

Our CCBHC Success Package provides customized clinical support for organizations earning CCBHC designation, which the National Council recently noted as the “most effective way to eliminate barriers to care.”

Discover solutions that:

- Allow you to grow your clinical team, reduce wait times for appointments and improve access to care
- Enhance and support your MAT programs

Behavioral health as a service

- Psychiatric services offering evaluations, medication management, consultative services, MAT programs and more.
- Therapy services offering evaluations, individual therapy, group therapy, substance use disorder treatment and more.

Grow your clinical team with part-time or full-time providers

- Psychiatrists
  - Medical Directors
- Psychiatric Nurse Practitioners
- MAT Providers
- Licensed Clinical Social Workers

All innovaTel providers are W2 employees, innovaTel handles all recruitment, licensing, DEA, malpractice, benefits and PTO.

MAT Readiness Toolkit

For many CCBHCs, MAT is new and innovaTel has designed MAT policies and protocols by a Board-Certified Addiction Psychiatrist to ensure quality of care for growing MAT services programs.

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CCBHC “State of the Union”

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National Landscape: The CCBHC Model

National Council for Mental Wellbeing

CCBHC SUCCESS CENTER

What is a CCBHC?

The CCBHC model supports the clinical model with effective financing

Standard definition	→	**Raises the bar for service delivery**
Evidence-based care	→	**Guarantees the most effective clinical care for consumers and families**
Quality reporting	→	**Ensures accountability**
Prospective payment system	→	**Covers anticipated CCBHC costs**

A CCBHC is a specially-designated clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community to ensure health equity and high-quality care for underserved populations.

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CCBHC Criteria: Areas Leveraging Telehealth

Staffing

- CCBHCs may utilize telehealth/ telemedicine and on-line services to alleviate shortages.

Availability & Accessibility of Services

- Use of peer, recovery, and clinical supports in the community and increased access using telehealth/telemedicine and mobile in-home supports also will further the statutory objective of availability and access to services

Care Coordination

- Person-centered and family-centered care considers the consumer's choice in care services provided (e.g., telehealth), as well as the physical, behavioral health, and social service needs of each individual as these factors influence the wellbeing of the whole person

Scope of Services

- The CCBHC provides or refers them through formal relationships with other providers, or where necessary and appropriate, through use of telehealth/telemedicine services.

Quality & Other Reporting

- The criteria related to this program requirement are designed to elicit the data needed to ensure improved access to care, high-quality services and appropriate state reporting

Organizational Authority, Accreditation & Governance

- CCBHCs are certified by the state, so the state ensures the clinic is meeting the criteria and may support and enhance telehealth efforts

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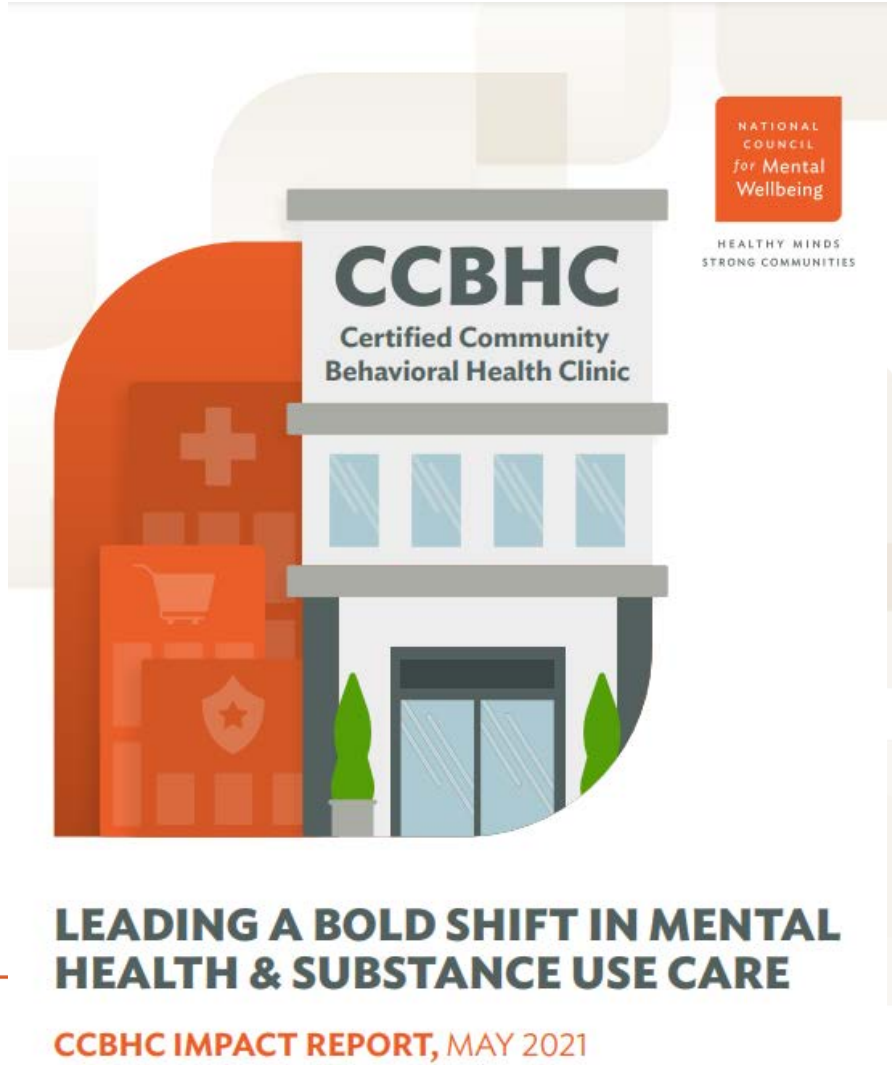
CCBHC Impact Report

- CCBHCs are closing the treatment gap.
  - **851,565 people currently served** with an **estimated 1.5 million people served nationwide** by all 224 CCBHCs active as of January 2021.

- CCBHCs improve collaboration care for children and youth.
  - **76% of CCBHCs** were able to hire and youth psychiatrists by becoming a CCBHC
  - **84% of CCBHCs** either already provide direct services on site at elementary, middle and high schools or plan to in the future
  - **63% of CCBHCs** engage in suicide prevention programming targeted to children, youth and/or teens
  - **42% of CCBHC** provide Mental Health First Aid training to middle or high school teachers/staff with 20% directly to students

- CCBHCs provide **expanded access to substance use disorder treatment**, helping communities make inroads against the opioid crisis.
  - **70% of CCBHCs offer two or more forms of medication-assisted treatment (MAT),** the most effective treatment for opioid use.



CCBHC State Insights on Telehealth

PENNSYLVANIA: CCBHCs in Pennsylvania increased 63% from the first to second demonstration year. Providers who had participated in the CCBHC demonstration were reportedly better able to handle the pandemic than other mental health and substance use treatment providers in the state because of the telehealth components of CCBHC

MISSOURI: According to Missouri, CCBHCs fared much better than non-certified providers during the pandemic for two reasons: 1) CCBHCs were more likely to already have the technology and capacity to offer services via telehealth, and 2) The PPS rate enabled reimbursements for virtual visits, even prior to the start of COVID-19.

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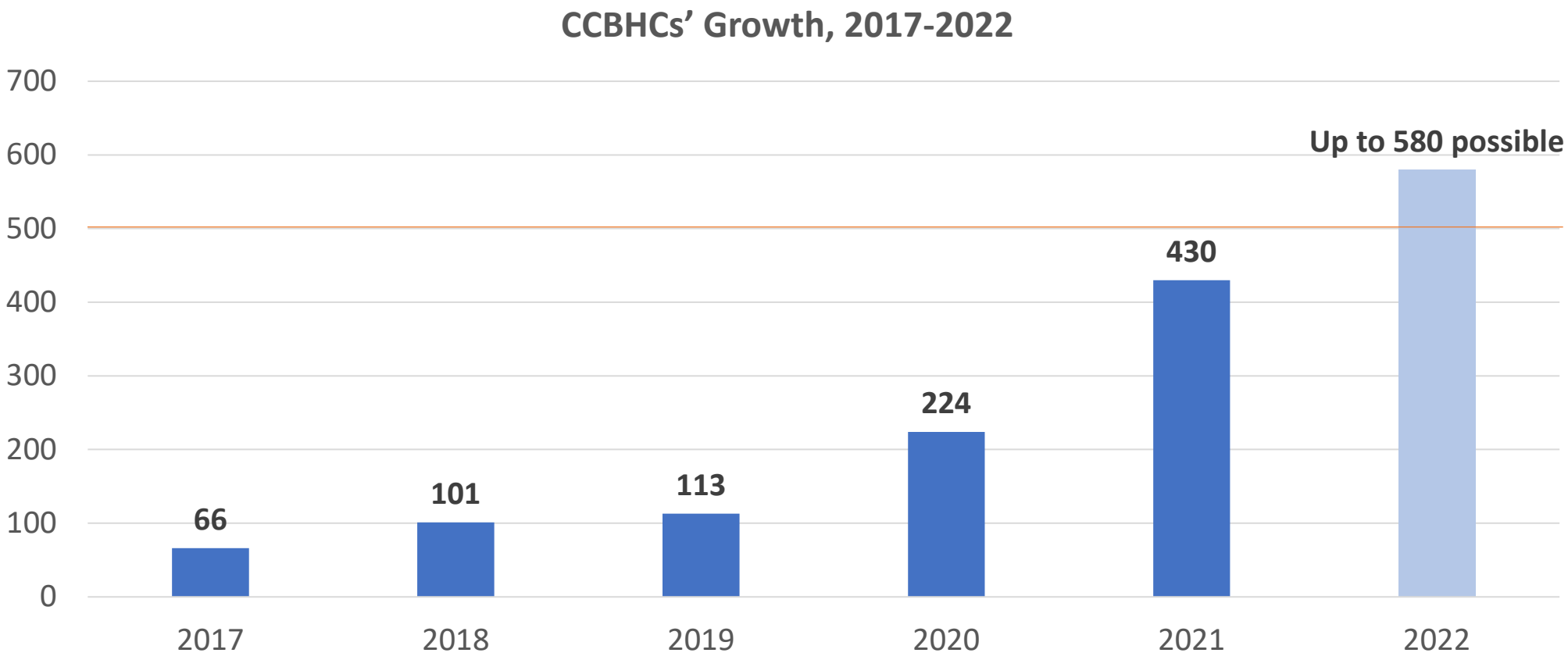
Accelerating growth



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Status of Participation in the CCBHC Model

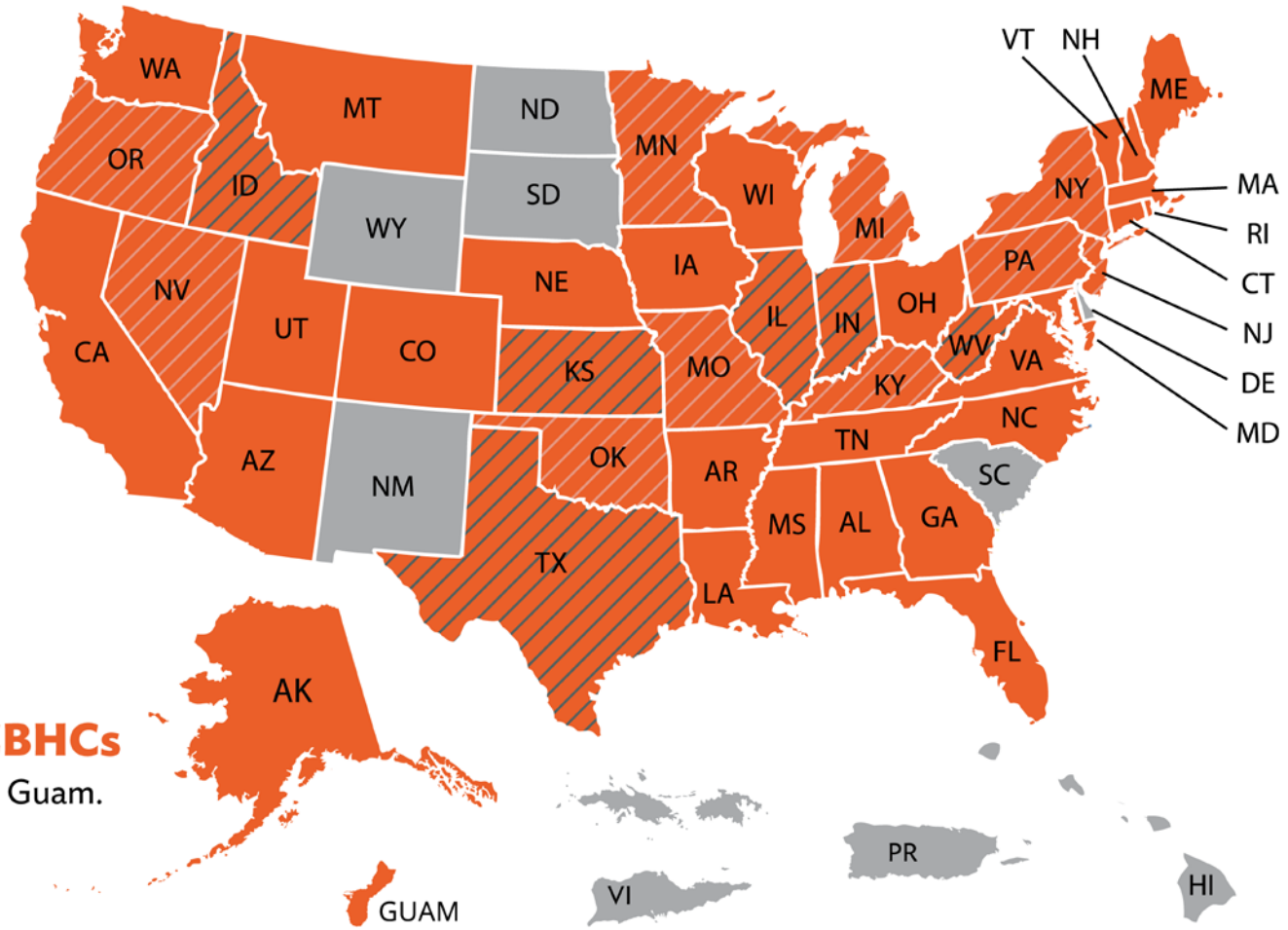
States where clinics have received expansion grants

States selected for the CCBHC demonstration

Current (or working toward) independent statewide implementation

No CCBHCs

There are more than **450 CCBHCs** in the U.S., across 42 states and Guam.



CCBHC in Federal Legislation

Current Demonstration States

- Extends the demo with enhanced match for the original 8 states to Sept. 30, 2025
- Gives the newer 2 demo states (KY & MI) 6 years of enhanced match
  - Moves MI to Oct. 2027 and KY to Jan. 2028
- Clarifies that if a state implements a CCBHC SPA or waiver after its demo is over, FFP continues to be available for CCBHC services or continuing PPS

Reporting

- Requires annual reports to Congress through the year in which the last demonstration ends
- Postpones the report, including recommendations on whether the demo should be continued, to Sept. 30, 2025, and specifies that the recommendations should include "data collected after 2019, where feasible"
- Adds a final evaluation of the program, due 24 months after all demo programs have ended

Demonstration Expanded

- Beginning July 1, 2024, and every 2 years thereafter, up to 10 additional states may participate in the demo
- New states get 4 years of enhanced match
- Makes planning grants available for new states to develop proposals to participate
  - Participation in the demo appears to be open to states that either received a planning grant in 2016 or those that receive new planning grants under this law
  - States wishing to participate must submit a new application
- Appropriates $40M in FY23 for planning grants and technical assistance to states applying for the grants, "to remain available until expended"
  - The statute doesn't specify whether the new planning grant funding is available all at once or if it will be parceled out to a new group of states every 2 years

CCBHC Options for States via Medicaid

Medicaid Waiver (e.g., 1115)	State Plan Amendment	CCBHC Demonstration
Enables states to experiment with delivery system reforms	Enables states to permanently amend Medicaid plans to include CCBHC as a provider type, with scope of services, criteria and requirements, etc.	Enables states to experiment with delivery system reforms
Requires budget neutrality	Does not require budget neutrality	Does not require budget neutrality and provides an enhanced FMAP for states
Must be renewed every 5 years	With CMS approval, can continue PPS	For only 10 states every 2 years in 2024
State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)	Cannot waive "state-wideness," may have to certify additional CCBHCs (future CCBHCs may be phased in)	State may limit the number of clinics selected to receive the PPS rate
With CMS approval, offers opportunity to continue or establish PPS		State must be sure to follow all CCBHC criteria with ability to build onto them

1115 waivers: Texas
SPAs: Missouri, Nevada, Oklahoma, Minnesota – **AND** Kansas**!**
Demonstration states include SPA states and Kentucky, Michigan, New Jersey, New York, & Oregon

States may apply for the Mobile Crisis Response Rate: 85% (3 years – CMS approval)

CCBHC Grants

CCBHC Grants (SAMHSA funds)
$4 million available for a 4-year period; Previously for a 2-year term
Grants are given directly to clinics with self-attestation that they meet CCBHC criteria.
Clinics provide all CCBHC services and activities of a CCBHC as required by SAMHSA, including basic reporting requirements.
Grant funds supplement but do not supplant other coverage sources

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Questions?

Email the National Council Policy Team at CCBHC@TheNationalCouncil.org

Resources

- National Council's survey results
- Roadmap to the Ideal Crisis System
- Roadmap: Executive Summary
- National Council Advocacy Handbook
- CCBHC Success Center

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High Plains Mental Health Center: A CCBHC Success Story

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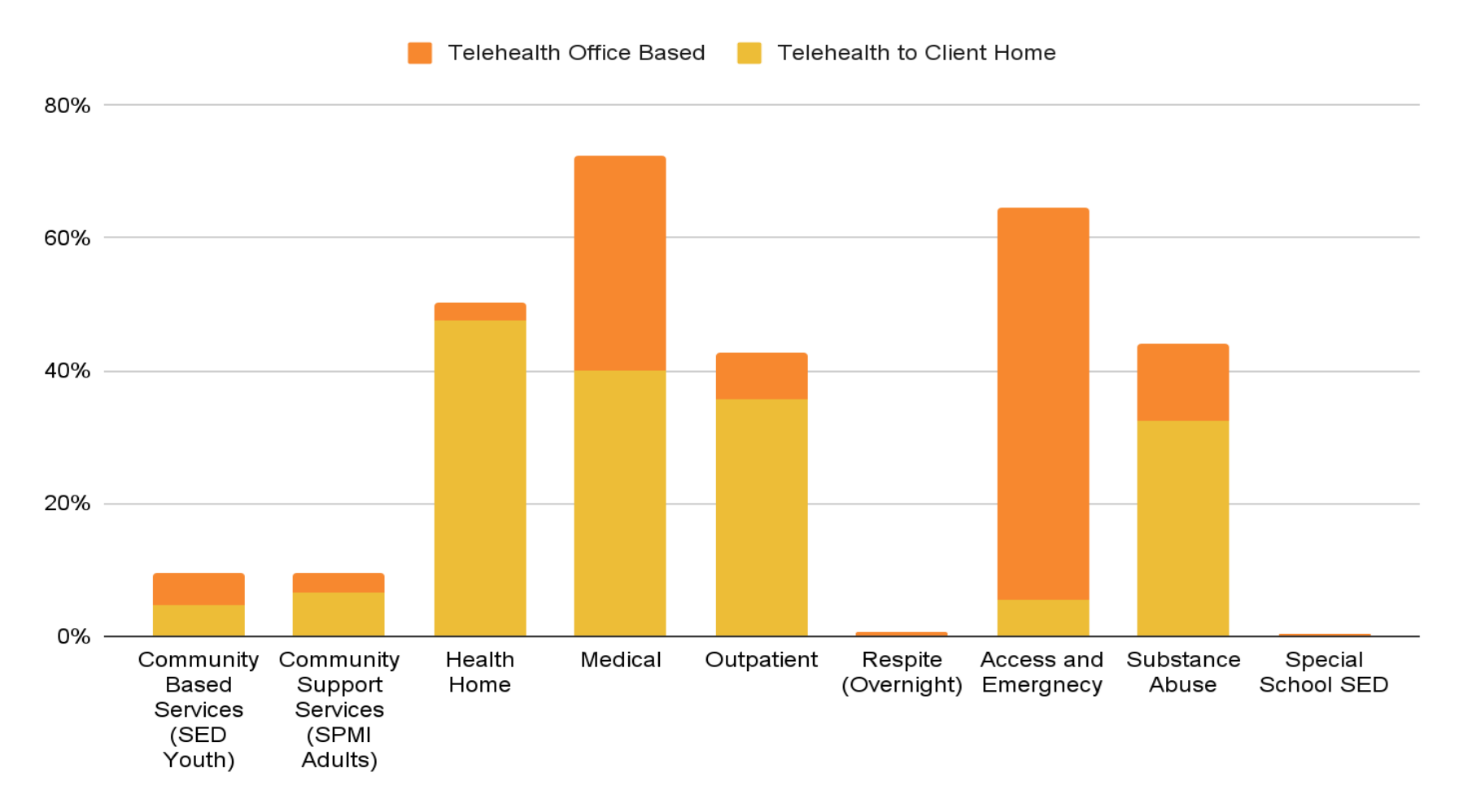
About High Plains Mental Health Center

- CCBHC in northwest Kansas
- Covers 20 counties
  - Population of 100,000
  - Rural and Frontier
    - 5 people per square mile
  - Serve 6,500 patients per year
- Provider recruitment challenges
- Becoming a CCBHC

Walt Hill
CEO, High Plains Mental Health Center

The growth of telehealth services at High Plains



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Meeting the needs of underserved communities

- Aging Populations (Medicare)
- Agricultural Communities
- Hispanic Populations

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Increasing services through increased funding

MAT services focused on a whole-person approach

Expanding LCSW team

Assertive Community Treatment (ACT) team development

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Partnering with innovaTel to help grow our team

- Original innovaTel partnership:
  - **2019: 1 part-time psychiatrist**

- Expanded innovaTel partnership:
  - **2022: 7 psychiatric providers, 10 therapists and launch of MAT program**

Access to care, speed to care

- Initial assessments
  - Before CCBHC expansion and additional providers with innovaTel: 2 weeks
  - After: **3 days**

- Psychiatric care access
  - Before CCBHC expansion and additional providers with innovaTel: 6 weeks
  - After: **2 weeks**

Leveraging the benefits of CCBHC designation

Continuity of care

Sustainable payment models

Additional service development

"It's a huge lift! But it's worth it. Use the power of your team. Don't go at it alone. Had we not had our partnership with innovaTel, we could not have pulled it off."

– Walt Hill

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Local impact with national support

“The CCBHC model, supported by organizations like the National Council for Mental Wellbeing, encourages you to stay in touch with patients ongoing. And telehealth facilitates this. You don’t need to pack all services together in a single visit. It also helps with staff morale because they know they have the resources they need to provide care, to help people.”

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Starting a MAT Program in CCBHC Model

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What we'll cover

- MAT Overview
- MAT + CCBHCs
- MAT + Telehealth
- Lessons Learned
- Patient Success Story

Dr. Vivek Jayadeva, MD

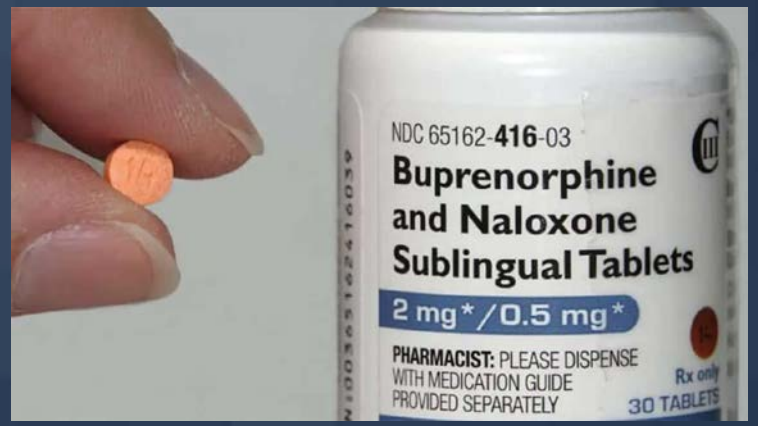
MAT Overview

- What is MAT?
- How is MAT effective?
- How do the medications work?
- A note on language and stigma.

Image taken from https://healthcare.utah.edu/huntsmancancerinstitute/news/2020/01/hci-provides-naloxone-kits-to-help-save-lives.php

What medications are used for MAT?

Medications approved by the FDA for MAT:



- Alcohol Use Disorder: Acamprosate, Disulfiram, Naltrexone.

- Opioid Use Disorder: Buprenorphine, Methadone, and Naltrexone.

* Naloxone has been FDA approved to prevent opioid overdose by reversing the potentially fatal effects of toxicity.

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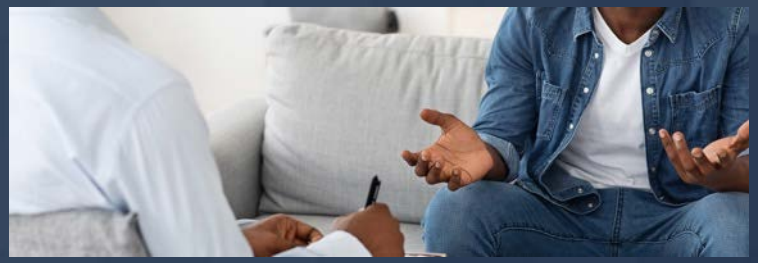
Image taken from https://www.addictionresource.net/mat/buprenorphine/

Telehealth & MAT

- Launching MAT program
- Support staff
- Remote integration with on-site teams
- Appointment logistics
- Policies and procedures
- Urine toxicology screening

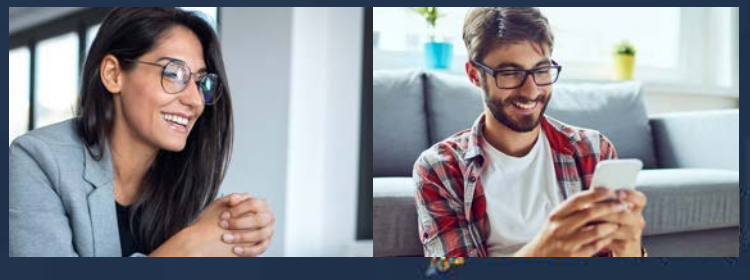
Delivery of Care Methods



Face-to-face

Virtual provider, patient in clinic

Virtual patient, provider in clinic



Virtual provider and patient

Lessons Learned

- What we did well and what we are still working on:
  - Do your homework before going live
  - Educate the community
  - Reduce the stigma to increase access
  - Close communication and collaboration is key

- The ideal MAT patient

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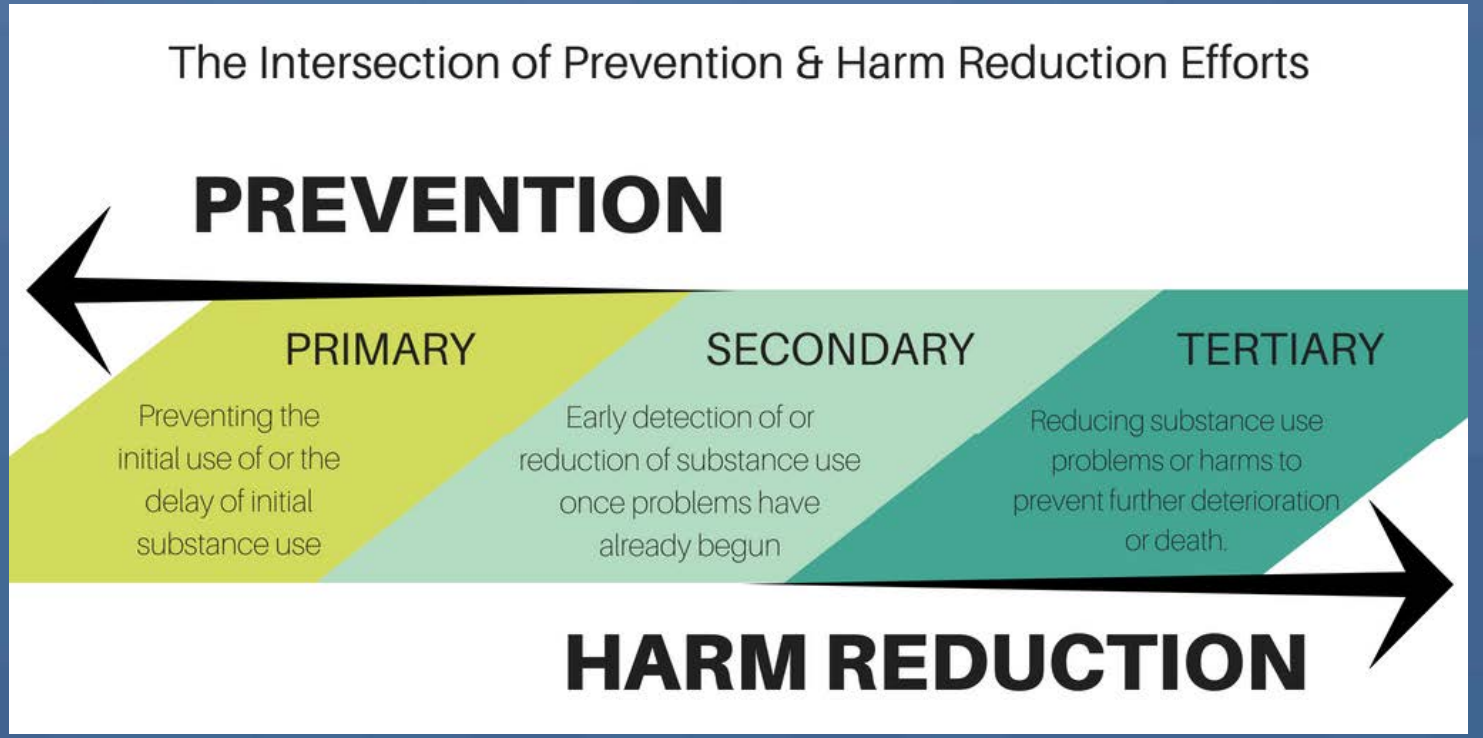
Advice for providers

- Advice for providers:
  - Develop relationships with on the ground staff: Participate in team meetings, communicate frequently.
  - Develop relationships with patients: Utilize a whole-person approach.
  - Harm Reduction training and education: Look at the big picture and work to decrease stigma.
  - Boundary and limit setting working with this patient population: Anticipating chaos and providing stability.



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Patient success story

- Case #1: 27 y/o F with an extensive trauma history inflicted by members of her family, was taking illicit prescription pain meds after her post-surgical script ran out (was in an MVA), was diagnosed with Bipolar II Disorder, PTSD and ADHD prescribed 2 mood stabilizers, a stimulant, and a benzodiazepine. Dropped out of nursing school and unemployed due to addiction. Mother of 2 toddlers. Referred by Heartland RADAC.

- Case #2: 59 y/o F with MDD, GAD, ADHD, morbid obesity, DM II, and possible seizure disorder, prescribed a combination of high dose oxycodone and a fentanyl patch by pain management for chronic low back and neck pain. Already seen at HPMHC for psychiatric meds. Had worsening SI with plan to slit wrists due to slow tapering of opioid medications, and was drinking alcohol to deal with her pain. Referred internally.

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Q&A

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Thank You!

For more information:

www.innovatel.com

Lauren.Lashbrook@innovatel.com

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CCBHC Success Center Support

CCBHC Success Center

CCBHC Success Center

What is a CCBHC?

Take Action

Implementation Support

Events

Contact Us

Welcome to the National Council for Mental Wellbeing's *Certified Community Behavioral Health Clinic (CCBHC) Success Center*, a hub for data, implementation support and advocacy to support the Certified Community Behavioral Health Clinic initiative.

SAMHSA Certified Community Behavioral Health Clinic Grants Opportunities

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced it is now accepting applications for two FY 2022 CCBHC grant programs. Certified Community Behavioral Health Clinic – Planning, Development and Implementation Grants (CCBHC-PDI) are available to clinics that are new to the CCBHC model and Certified Community Behavioral Health Clinic – Improvement and Advancement Grants (CCBHC-IA) are available to CCBHCs that have been certified by their states or received previous CCBHC-Expansion grants. The grants are available to treatment providers in every state. Applications for both grants are due Tuesday, May 17, 2022. View our Comparison Chart and FAQ documents for more information.

CCBHC Expansion grant recipients that received funding in FY 2021 under SM-21-013 are not eligible to apply for funding under this Notice of Funding Opportunity.

Questions? Contact us at:
CCBHC@TheNationalCouncil.org

Visit our Success Center website at:
https://www.thenationalcouncil.org/program/ccbhc-success-center/

CCBHC SUCCESS CENTER

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HEALTHY MINDS ▪ STRONG COMMUNITIES