NATIONAL COUNCIL for Mental Wellbeing

CCBHC-E New Grantee Learning Community

Session 6: Care Coordination

Tuesday, April 11th, 2023
3:00-4:30pm E.T.

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Acknowledgements and Disclaimer

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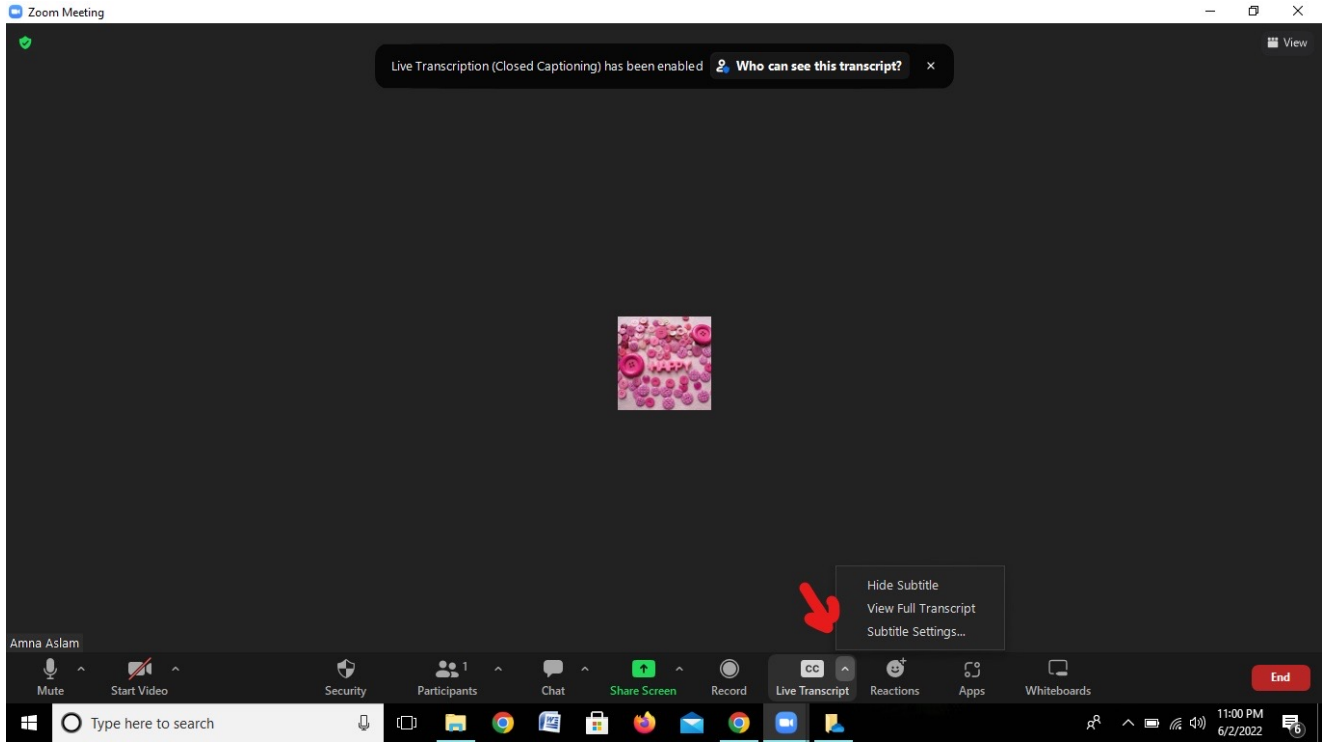

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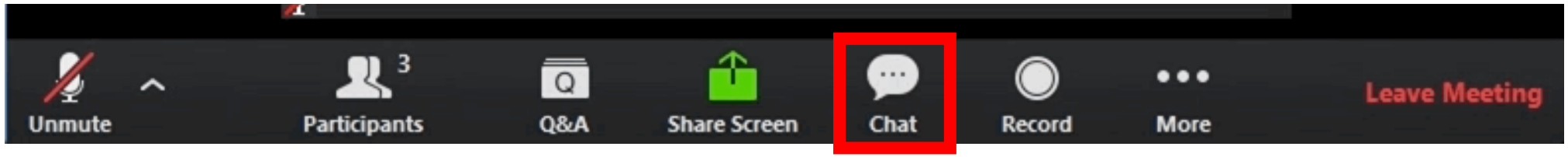
How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar.
We'll answer as many questions as we can throughout today's session.

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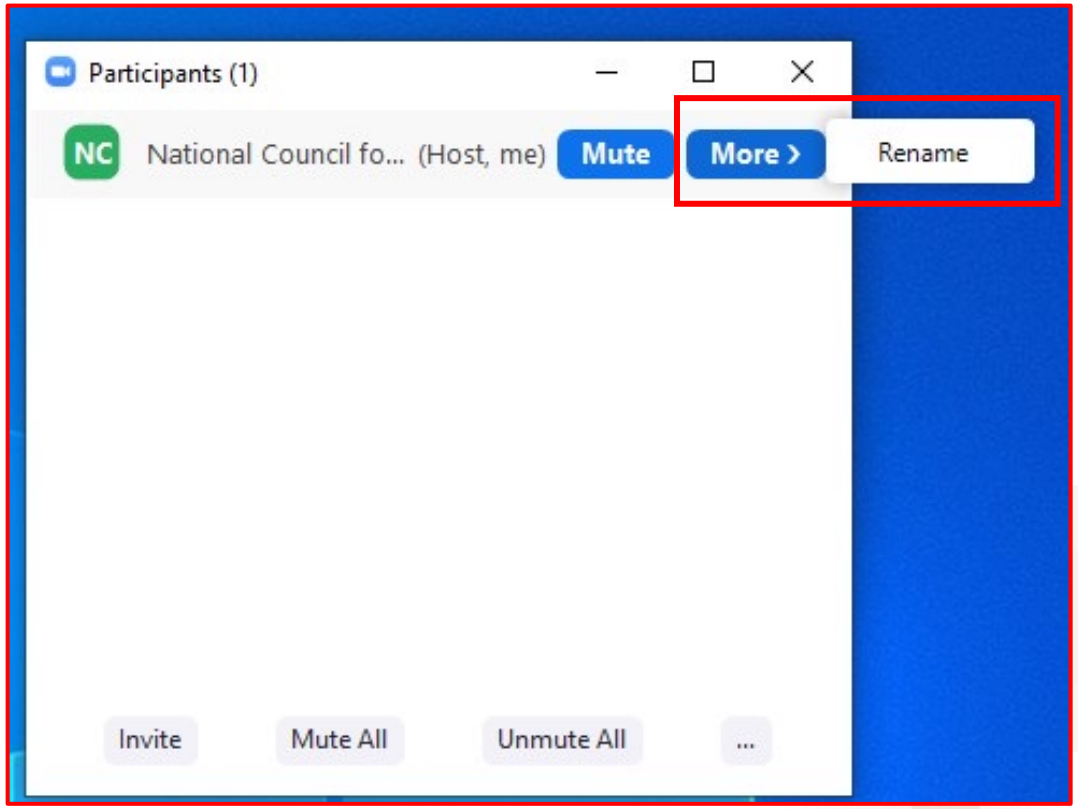
Name and Organization

- **Please join by video** if you are able!
- **Please rename yourself so your name includes your organization.**
  - *For example:*
    - Renee Boak, National Council
  - *To rename yourself:*
    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **D'ara Lemon, National Council**



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Learning Objectives

- Increase knowledge and understanding of CCBHC criteria care coordination section and implications for clinic implementation and organizational changes
- Support clinics in implementation of care coordination requirements of the CCBHC model

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Today's Presenters

Renee Boak, MPH
Consultant
CCBHC-E NTTAC, National Council for Mental Wellbeing

Steve Denny
Deputy Director
Four County Mental Health Center

Nichelle Ward
CCBHC Project Director
Tessie Cleveland Community Services

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Community Pulse Check

New Grantee Deliverables

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CCBHC PDI Grantee Grant Year 1 Deliverables

March (6 months)
- Community needs assessment
- Deliver 5 of the 9 services

May (8 months)
- Plan for staffing, training, and delivery of all required services

September (1 year)
- Attestation demonstrating compliance with the CCBHC Certification Criteria
- Licensed to provide both MH and SU services
- Delivering all required services
- Sustainability plan

2023

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Community Check-In

What is the status of your **needs assessment**?

- Haven't begun needs assessment
- Have begun design but have not started data collection
- In the process of collecting data
- Have completed the needs assessment
- Have questions

How many of the **9 required services** are you currently providing either directly or through a Designated Collaborating Organization (DCO)?

- 1-4
- 5-8
- All 9

Where are you on the **staffing and training plans**? *(select all that apply)*

- ❑ Waiting for completion of needs assessment
- ❑ Have begun the staffing plan
- ❑ Making good progress
- ❑ Have completed the staffing plan
- ❑ Have questions

Where are you on the **delivery of services plan?** *(select all that apply)*

- ❑ Waiting for the completion of the needs assessment
- ❑ Have begun the service plan
- ❑ Making good progress
- ❑ Have completed the service plan
- ❑ Have questions

Where are you on the **sustainability plan**? *(select all that apply)*

- ❑ Haven't begun the sustainability plan
- ❑ Have begun the sustainability plan
- ❑ Making good progress
- ❑ Have completed the sustainability plan
- ❑ Have questions

Where are you on **attestation**? *(select all that apply)*

- ❑ Haven't begun preparing for attestation
- ❑ Have begun preparing for attestation
- ❑ Making good progress
- ❑ Have submitted attestation
- ❑ Have questions

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Care Coordination

Renee Boak
Consultant
CCBHC-E NTTAC, National Council for Mental Wellbeing

CCBHC-E National Training and Technical Assistance Center

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Care Coordination 3.a: General Requirements of Care Coordination

- Coordinating care across the spectrum of health services, **this includes access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, education systems, and employment opportunities**
- Procedures in place that comply with HIPAA, 42 CFR Part 2, and other privacy and confidentiality requirements
  - ***Note: CCBHCs are encouraged to explore options for electronic documentation of consent where feasible and responsive to the needs and capabilities of the person receiving services***
- Policies and procedures in to assist individuals receiving services and families of children and adolescents in obtaining and keeping referral appointments **and tracking participation in services to ensure coordination and receipt of supports**
- **To identify the preferences of the person in the event of psychiatric or substance use crisis, a crisis plan will be developed that includes counsel around National Suicide & Crisis Lifeline, local hotlines, warmlines, mobile crisis, and stabilization services; crisis plans may support the develop of a psychiatric advanced directive, which is available in the EHR**
- **Make and document reasonable attempts of** Medication reconciliation with external providers **and use the Prescription Drug Monitoring Program (PDMP) where allowed; the PDMP should be used during the comprehensive evaluation**
- **Assists individuals receiving services, and families, access to benefits, including Medicaid**

*All content in bold references newly released revised criteria

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Care Coordination 3.b: Care Coordination and Other Health Information Systems

- Establish/Maintain HIT that includes, but is not limited to EHR
- Use secure HIT to conduct activities such as population health management, quality improvement, quality measurement and reporting, reducing disparities, outreach, and research
  - **When CCBHCs use federal funding to acquire, upgrade, or implement technology to support these activities, systems should utilize nationally recognized, HHS-adopted standards, where available, to enable health information exchange**
- Use technology that has been certified to current criteria under ONC Health IT Certification Program for required core set of certified health IT capabilities (capture health information, support care coordination, provide timely access to health information for consumers, support evidence based clinical decision support, and conduct electronic prescribing)
  - **CCBHCs are not required to have all these capabilities in place when submitting their attestation but should plan to meet these requirements over time. CCBHCs can either adopt a single system or a combination of tools that provide these capabilities**
- Work with DCOs to ensure confidentiality
- Develop and implement a plan to improve care coordination through use of HIT within 2 years of attestation or certification; the plan includes support for HIEs and care transitions as well as integration of clinical records from DCOs

*All content in bold references newly released revised criteria

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Care Coordination 3.c: Care Coordination Agreements

- Agreements with FQHCs, RHCs, and primary care providers
- Agreements with inpatient psychiatric treatment, OTP, medical withdrawal management, ambulatory medical withdrawal management, and residential substance use disorder treatment programs as well as crisis systems and tribally operated MH/SUD programs that establish protocols for transitioning individuals between levels of care
    - Protocols to include procedures for tracking admissions and discharges, transfer of health records, follow up after discharge, plan for suicide prevention and safety (where indicated), overdose prevention, and provision for peer services
- Partnerships with community and regional services, supports, and providers that support joint planning for care and services, opportunities to identify individuals in need of services, provide services in community setting, and be of support to community partners through consultation, and support outreach and engagement efforts
    - Required partnerships (where applicable) include: schools, child welfare agencies, juvenile and criminal justice agencies, IHS youth regional treatment centers, licensed and accredited child placing agencies/foster care, other social and human services
    - Other partnerships may be developed based on population needs (ex: specialty care providers, suicide and crisis hotlines, homeless shelters and housing agencies, employment services, aging and disability services, legal aid, 988)
- Partnership with Veterans Affairs (medical center, clinics, or other facilities)
- Partnerships with inpatient and acute care hospitals and their associated EDs, hospital outpatient clinics, urgent care centers, and residential crisis settings; **this includes services to help individuals transition back into the community and ensure continuity of services. The CCBHC should coordinate ahead of discharge and the partnership supports tracking admissions/discharge as well as the transfer of health records of services received (e.g., prescriptions). The CCBHC attempts to contact all people receiving CCCBHC services who were recently discharged from a higher level of care within 24 hours.**
- Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination

*All content in bold references newly released revised criteria

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Care Coordination 3.d: Treatment Team, Treatment Planning, & Care Coordination Activities

- Include individuals and their family/caregivers in care (to the extent that the consumer wishes); all services are consumer and family-centered
- Designate interdisciplinary team that is responsible, along with individual, for directing coordination, and managing care and services; the team coordinates medical psychiatric, psychosocial, emotional, therapeutic, and recovery supports and includes traditional approaches for consumers who are American Indian, Alaska Native, or from other cultural and ethnic groups
- Coordinate care and services with DCOs **(in accordance with treatment plan)**

*All content in bold references newly released revised criteria

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Lessons Learned From The Field

Steve Denny
Deputy Director
Four County Mental Health Center

CCBHC-E National Training and Technical Assistance Center
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Four County Mental Health Center (FCMHC): Quick Facts

- Located in Southeast Kansas serving both rural and frontier areas across 5 counties
- Awarded CCBHC expansion grant in summer of 2020-Closed in May of 2022
- Kansas passed CCBHC legislation in spring of 2021
- FCMHC is currently 1 of 9 state certified CCBHC's in Kansas

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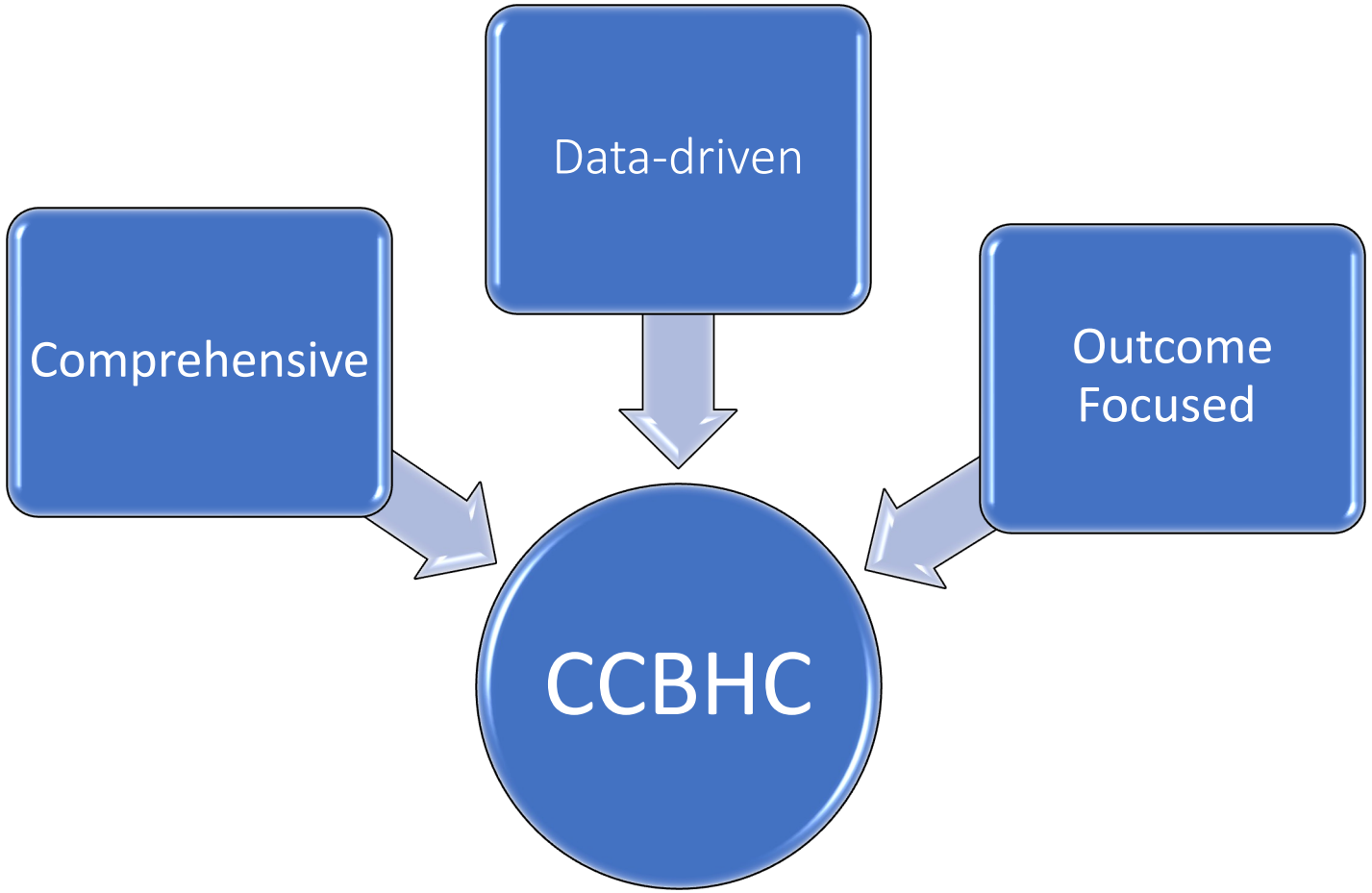
CCBHC: 3 Key Ingredients



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Four County Mental Health Center Expansion Grant Goals

- Increase in number of individuals served
- Serve 100 veterans through coordination of care
- 50% of patients have primary care provider identified in Electronic Health Record
- 50 clients receive ACT services in Year 1
- Key Health Indicators tracked for 75% of patients enrolled in Year 1
- Fill and retain vacant positions!
- 150 staff receive Psycharmor Training in Year 1

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Key Care Coordination Milestones

- Study the criteria and identify gaps
- Develop a dedicated team
- Adopt a definition
- Develop a workflow (Version 1.0 and beyond)
- Train-Refresh-Train Again
- Develop data management plan
- Integrate into CQI process

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Strategy Considerations

- Primary care partnerships
- Veterans-SMVF activities
- Acknowledging the work already being done
- Enhancing existing partnerships (hospitals, law enforcement, foster care, etc.)
- Connecting with disparate populations

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Possible Gaps

- **3.c.1-3.c.2** : FQHC/Inpatient-Care Coordination Protocol
- **3.c.4:** Veterans Affairs Agreement/MOU
- **3.c.5:** Follow up protocol related to inpatient, ED's, residential facilities, etc
- **3.d.1-3.d.3:** Integrated treatment teams/planning

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CCBHC Points of Emphasis

- Coordinates care across spectrum of health services including social services
  - Healthcare
  - Housing
  - Transportation
- **Inpatient Psychiatric and Emergency Department admissions**-24-hour contact upon Discharge Expectation
- Referral and Confirmation of Appointments
- Veterans Services and Benefits

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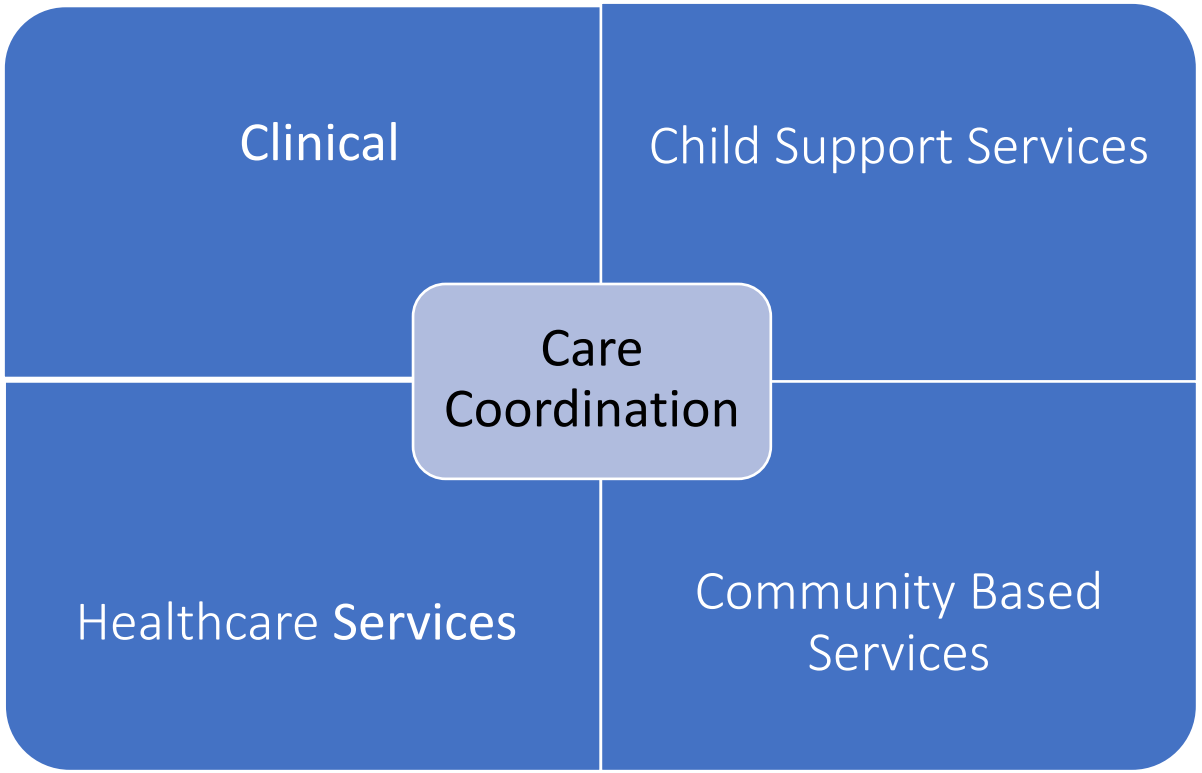
Care Coordination is an activity, not a position OR a program



Care Coordination is not limited to...

- Target populations
- Health Home Program(s)
- Writing good treatment plans
- Compliance activities (signatures and such)

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Integrated Teams Roles

General Practice

- Patient Navigator (CC)
- Therapist
- Medication Provider (IA)

Substance Use Disorder

- Counselor (CC)
- Case Manager
- Peer Support (IA)

Severe Emotional Disturbance-Serious Mental Illness

- TCM (CC)
- Case Manager
- Therapist
- Medication Provider
- Peer Support/Attendant Care (IA)
- Supported Employment (IA)
- Parent Support (IA)

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Integrated Teams-Special Populations

- **Assertive Community Treatment (ACT):** Traditional ACT model with some integration from other programs
- **Service Members Veterans and Families (SMVF):** SMVF Navigator is available for a variety of care coordination issues across multiple programs
- **Early Childhood Program:** Early Childhood teams include therapy, case management, and family-based resources.

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Care Coordination Process/Activities

- Staffing/Treatment Team Meetings
- Integrated Treatment Planning (includes tiered protocol)
- No Contact-Engagement activities
- Internal EHR communication (multiple methods)
- Inpatient admission/discharge notifications
- Caseload review and assessment
- Referral and follow up activities
- Primary care screening and follow up

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DISTINCT CLIENTS WITH AT LEAST ONE "YES, CARE COORDINATION PROVIDED" WITHIN THIS QUARTER	1290
Scheduled an appointment	720
Confirmed an Appointment was kept	295
Provided Health Information and/or Education	140
Identified and addressed health care barriers	180
Shared key healthcare information with another healthcare provider or community partner with proper consent	277
Monitored admission with Emergency Department, inpatient psychiatric facility, residential or other acute care facility	10
Coordinated discharge and communicated with all relevant parties involved	71
Provided 24-hour contact after an admission to an Emergency Department, inpatient psychiatric, residential, or other acute care facility	6
Provided referral to external provider including long-term services and supports for specialty care	7
Monitored a member's progress towards achieving goals and revising treatment plans and modalities as necessary to reflect the patient needs	1372
Obtained or reviewed records to inform treatment	92

Becoming Data-Driven: Sample CC Quarterly Report

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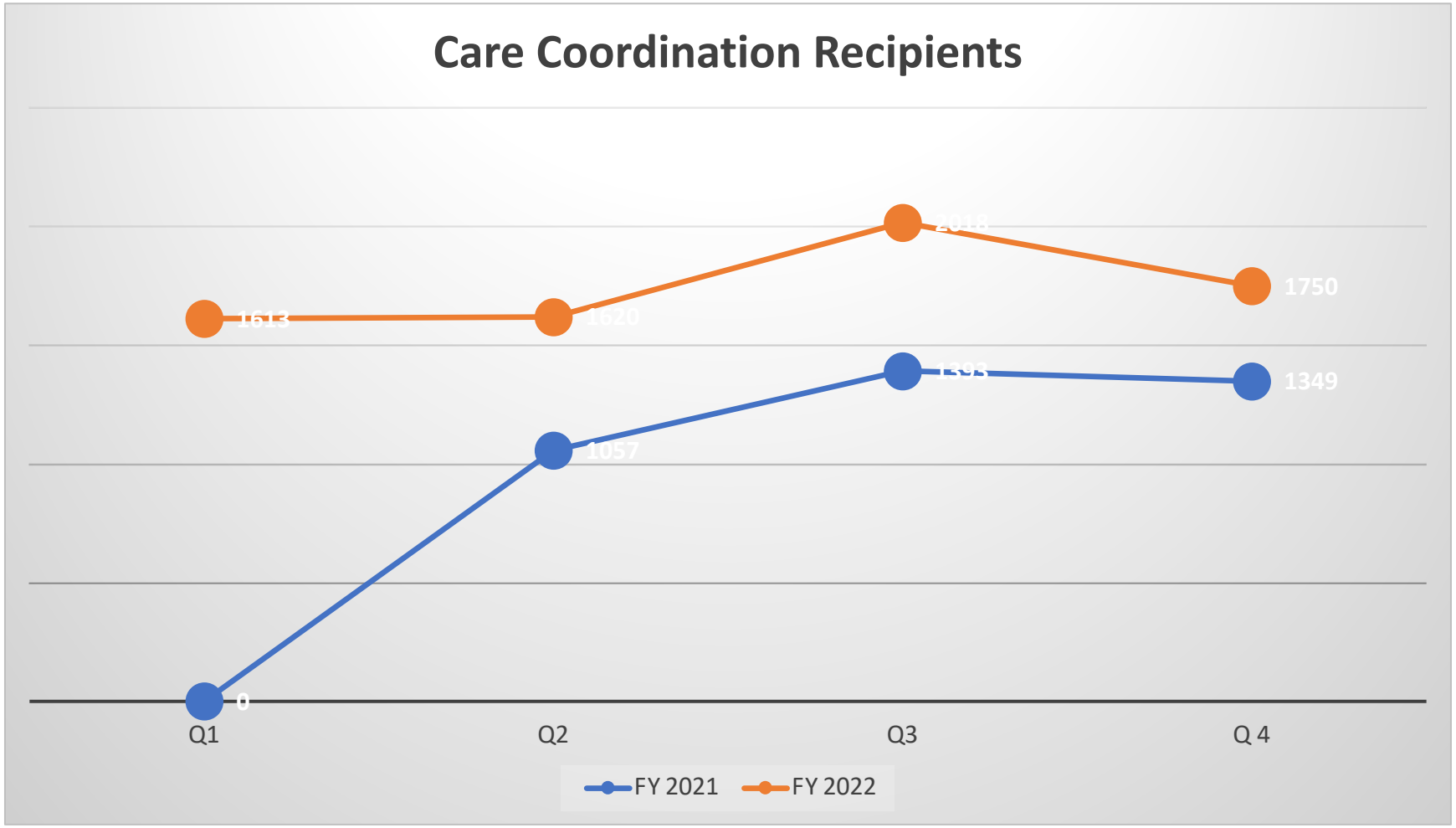
KPI Data



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Care Coordination "Related" Achievements

- 208 SMVF (veterans/families) received care coordination service-Goal 100
- 74% of FCMHC clients had PCP identified-goal 50%
- Developed/implemented new treatment plan
- Developed CQI process for inpatient admissions/readmissions
- Developed tobacco screening and referral protocol
- Closing the referral loop
  - FY 21 Appointment Confirmation Ratio: 45%
  - FY 22 Appointment Confirmation Ratio: 54%
  - FY 23 Appointment Confirmation Ratio YTD: 57% - New Milestone!

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Lessons Learned

- Start simple: You are already doing much of this work
- Develop a communication plan and include a ***feedback loop*** to assess gaps between intended communication and what was actually received.
- Written workflows are essential, but do not assume compliance without monitoring and follow up training.
- Share stories!!

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Lessons Learned From The Field

Nichelle Ward
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Care Coordination Model

- Referrals
- Intake Process
- Ongoing Treatment
- Benefits
  - Ability to address mental health stigma
  - Ability to address clients' needs
  - Reduces the workload for the therapist

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Questions?

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Breakout Discussion

- The CCBHC model emphasizes care coordination across the spectrum of health services, including social services. What is your agency's strategy for developing strong care coordination partnerships (how do you identify potential partners, how do you communicate, what data is shared)?
- The CCBHC PDI grant requires that CCBHCs have plans in place to use their HIT system(s) to conduct activities such as population health management work, quality improvement work, disparity reduction and outreach. How is your agency engaging in these activities?

During the breakout room, assign someone to take notes. Upon returning to the large group, these questions can then be entered into the chat and become part of the question log.

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Closing: Sharing and Preparing

Brave Volunteers: What did you hear from others in terms of questions and needs?

QUESTION LOG: Take 2-3 minutes to put any questions you generated in the chat to continue to add to our question log

Next Session: May 9, 3:00-4:30pm ET

Topic: CCBHC Service Array

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NatCon23 Pre-Convening for Grantees

- On April 30th from 1 – 5 p.m. PT, the CCBHC-E NTTAC is hosting an in-person convening for all CCBHC grantees at National Council's Annual Conference (NatCon23) in Los Angeles, CA.
- Free for all current grantees (expansion, PDI, IA)! Registration for NatCon23 is not required to attend.
  - Up to two (2) individuals from CCBHC grantee organization may attend. Attendees may be any member of the CCBHC implementation team.
- **Why should you attend?**
  - **To learn from other grantees and make connections that will help your organization grow**
  - **To showcase your CCBHC implementation best practices OR learn from others' best practices**
  - **For peer-to-peer engagement opportunities with other CCBHCs**
- Interested?
  - Registration is through the NatCon23 portal – enter code CCBHCE2023 – on the Special Events, Preconference & Optional Purchases Page
  - Already Registered for NatCon23? Email Conference@TheNationalCouncil.org to add the convening to your existing NatCon23 registration.

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Monthly Cohort Calls

Monthly cohort calls from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The **last Friday** of each month from **12:00-1:00pm E.T.**	Register here
Program Directors	The **first Wednesday** of each month from **12:00-1:00pm E.T.**	Register here
Evaluators/CQI Leads	The **first Tuesday** of each month from **3:30-4:30 pm E.T.**	Register here

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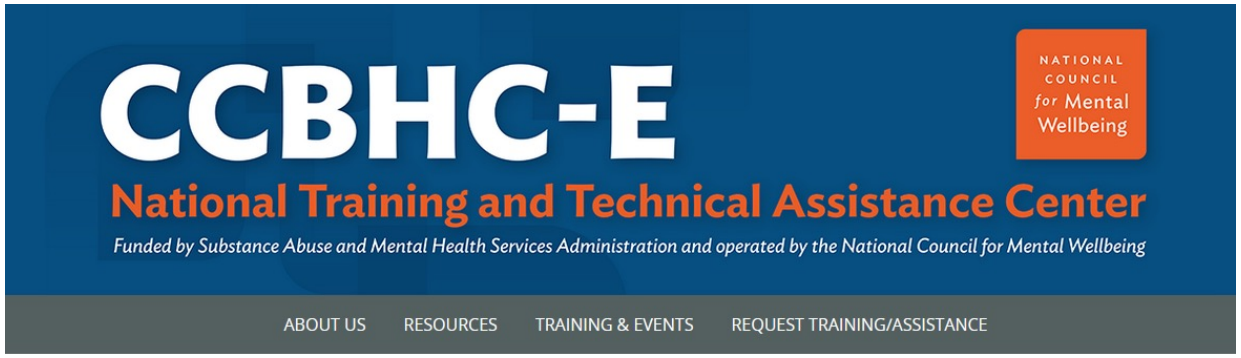
CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

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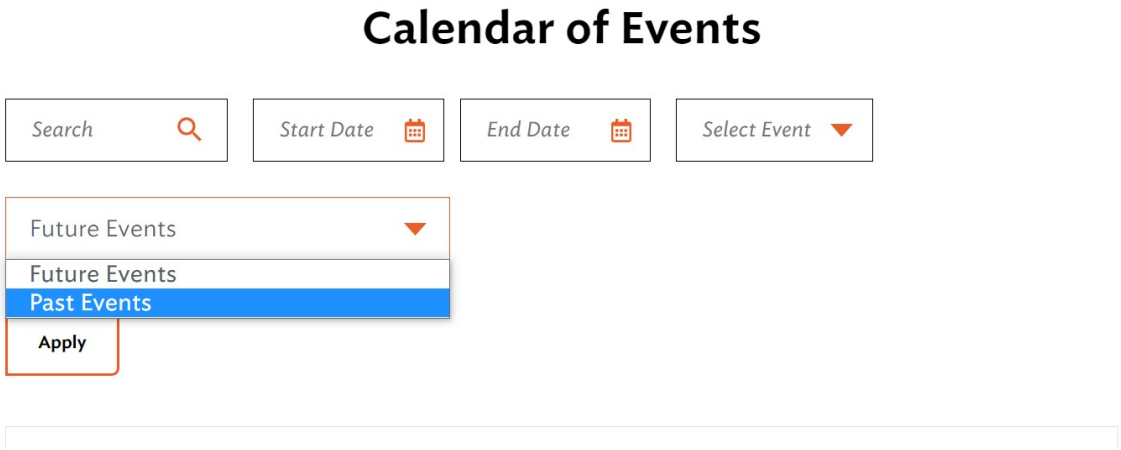
Thank You!

Thank you for attending today's event.

Slides and the session recording link will be available on the CCBHC-E NTTAC website under "Training and Events" > "Past Events" within 2 business days.



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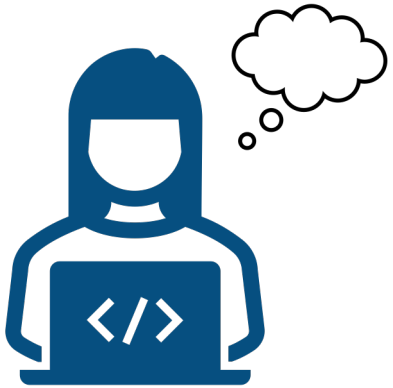
Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.



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