

CCBHC-E National Training and
Technical Assistance Center
Care Coordination Learning Community
Session 7: Partnership with Culturally Specific Providers

November 30, 2022

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

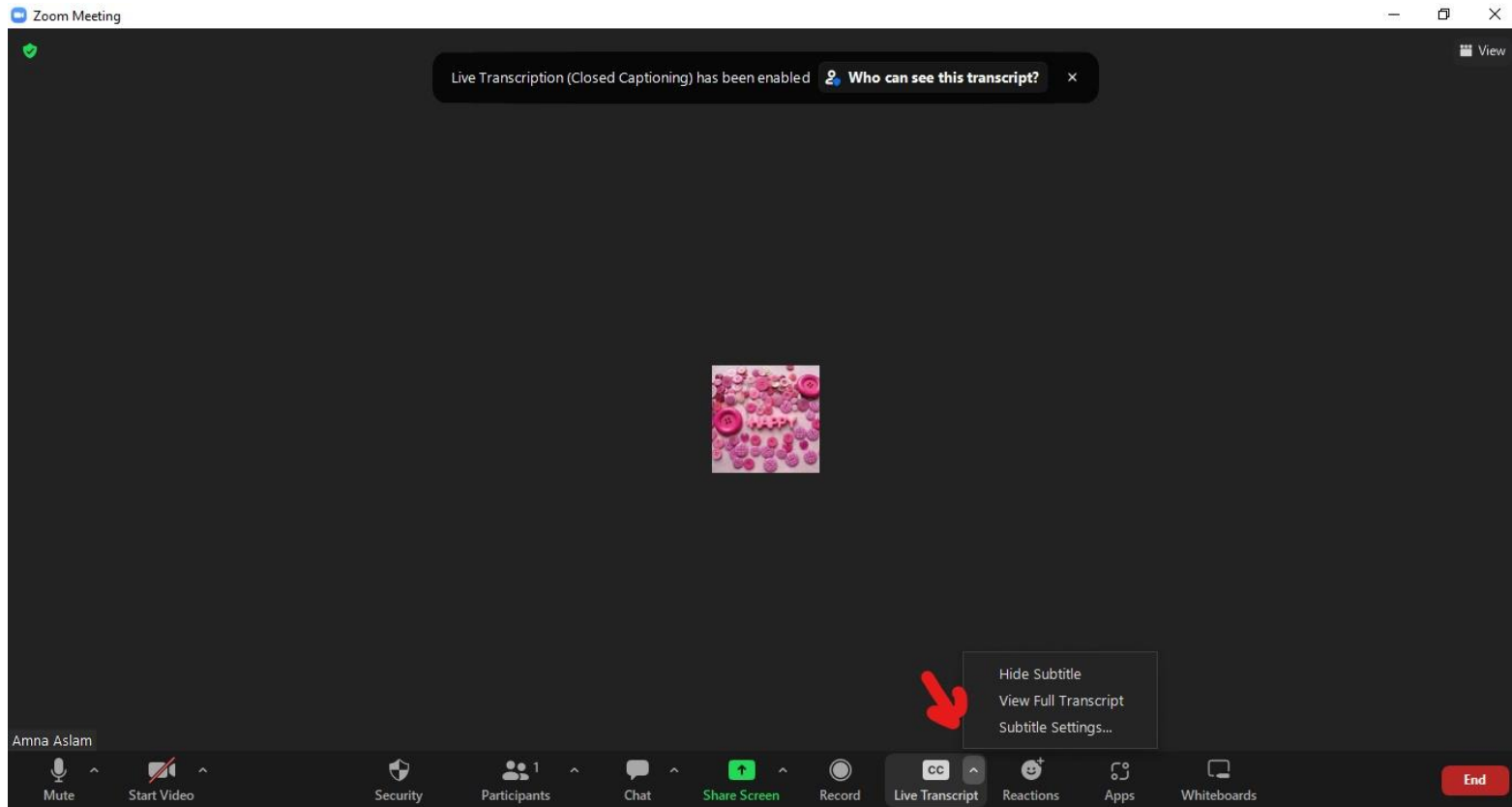
Acknowledgements and Disclaimer

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Today's Session: Slides and Recording

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.

The screenshot displays the website interface. On the left, a navigation menu titled "Training & Events" is highlighted with a red arrow. The menu items include: "About Us", "Resources", "Training & Events" (highlighted), "Learning Communities", "On-Demand Modules/Lessons", "Learning and Action Series", and "Request Training/Assistance".

The main content area is titled "Calendar of Events". It features a search bar with a magnifying glass icon, and three filter boxes: "Start Date" with a calendar icon, "End Date" with a calendar icon, and "Select Event" with a dropdown arrow. The "Select Event" dropdown menu is open, showing "Future Events" (selected), "Future Events", "Past Events" (highlighted in blue), and "Apply". A red arrow points from the "Past Events" option in the dropdown to the "Past Events" link in the navigation menu.



Today's Presenters



Renee Boak, MPH

Consultant

National Council for Mental
Wellbeing



Antoinette Hagley

Chief Clinical Officer

Cove Behavioral Health, Inc.

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Agenda

- Today's objectives
- Sharing: CCBHC success stories
- Overview of care coordination partnerships with culturally specific providers
- CCBHC Model Showcase
 - Cove Behavioral Health, Inc.
- Breakout discussion
- Wrap-up and next steps



Learning Objectives

Increase

Increase knowledge of strategies to coordinate care and establish partnerships with culturally specific providers.

Identify

Increase knowledge of strategies to address health disparities.



Care Coordination with Cultural Considerations

Criteria 3.C-3.D

- The CCBHC has an agreement in place with community supports, healthcare providers (ex: FQHC, RHC), and other social and human services, including culturally specific service providers.
- The CCBHC designates interdisciplinary treatment teams composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers that may include traditional approaches to care for, for instance, for consumers who may be American Indian or Alaska Native as appropriate for the individual's needs.
- The CCBHC provides recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.

Best Practices



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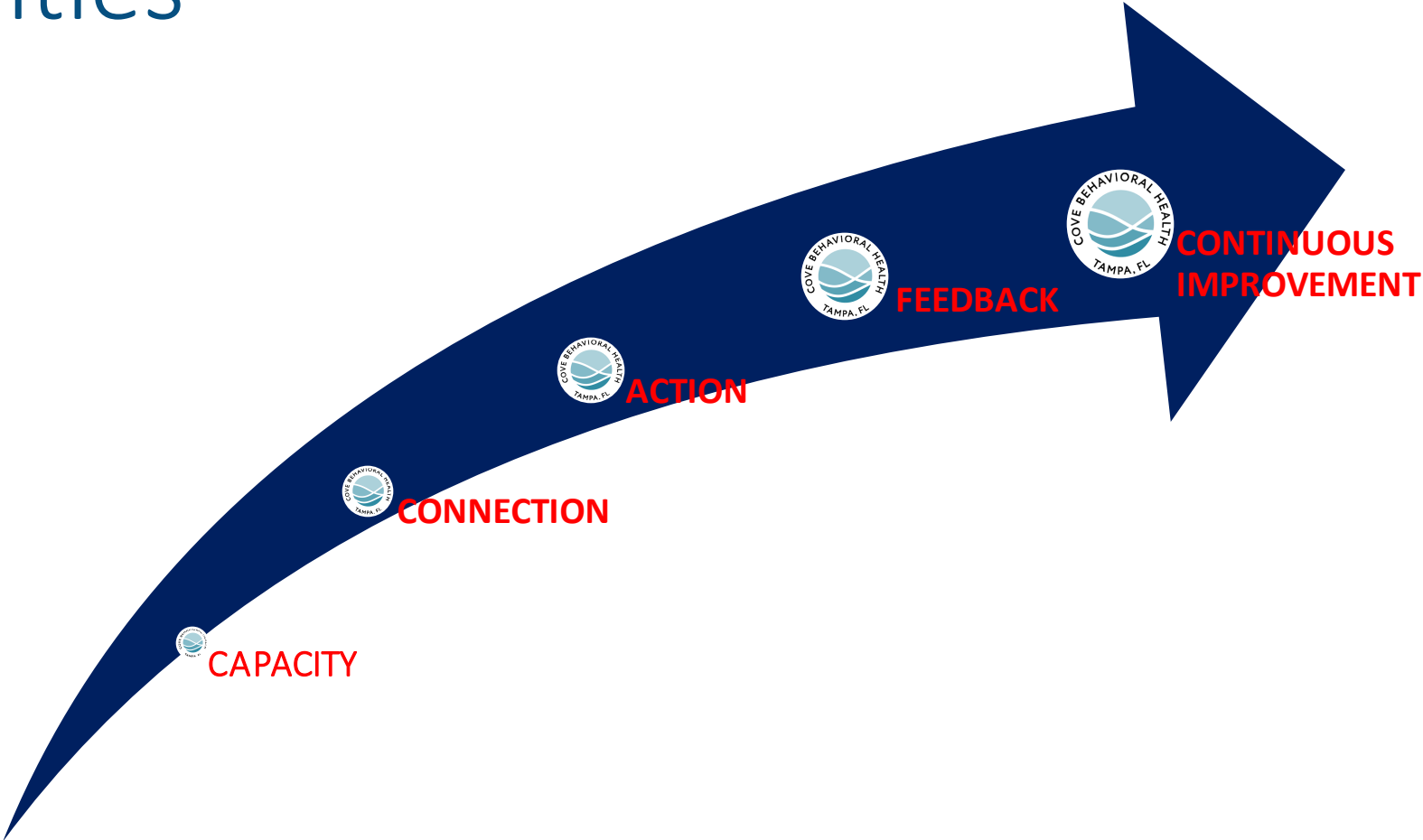
Cove Behavioral Health Inc.

Tampa, FL

CCBHC-E National Training and Technical Assistance Center

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Cove's Approach to Addressing Health Disparities



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Strategy 1: Capacity



Mission – we support our community’s overall wellness by providing accessible and compassionate behavioral health care

Vision – we are committed to excellence in behavioral health care and building a shared vision of hope for a healthier community

Capacity – we pursue multiple streams of funding to maximize our capacity to serve our entire community

Why do we Address Health Disparities?

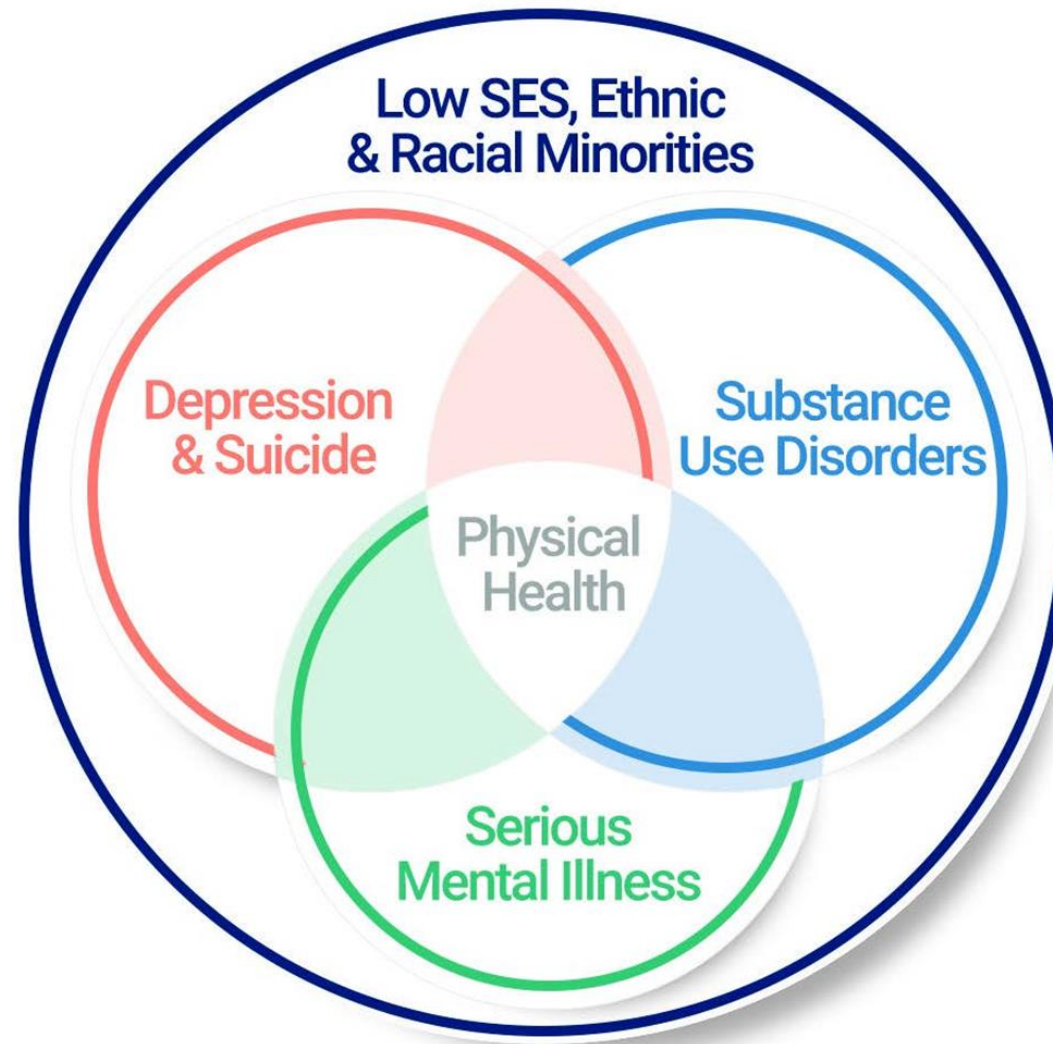
- We are leaders in the provision of non-profit Behavioral Health care in the Tampa Bay area for the last the 50 years
- Our Mission & Vision ensure that we remain focused on addressing health disparities
- We are committed to exploring all means possible to maintain and expand our capacity to serve our community



Strategy 2: Connection



We serve a variety of patients, but we are aware of the intersection of needs of our most vulnerable patients.



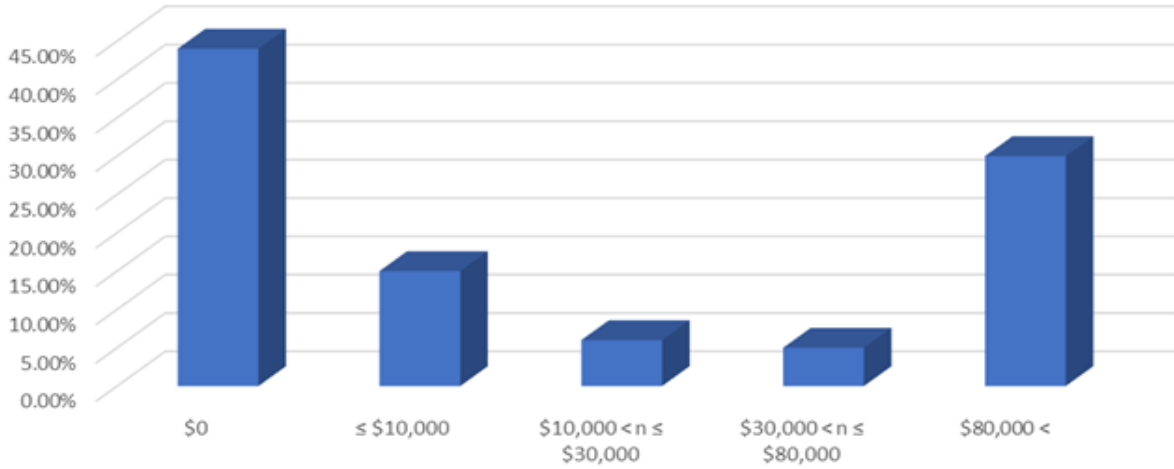
We are Aware That:

- Tampa Bay's opioid overdose rate is 23.3 per 100,000 population
- This is 9.75% higher than the State of Florida, and
- 50.5% higher than the national average
- There is an estimated economic impact of \$25 billion lost each year in gross regional product, and
- 35,000 workers sidelined from the labor force.

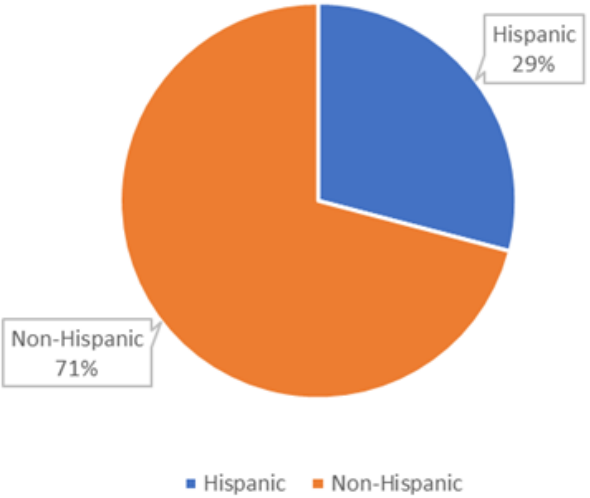
Source: Project Opioid Tampa Bay
The Epidemic within the Pandemic: Tampa Bay's Opioid Crisis (Part2)



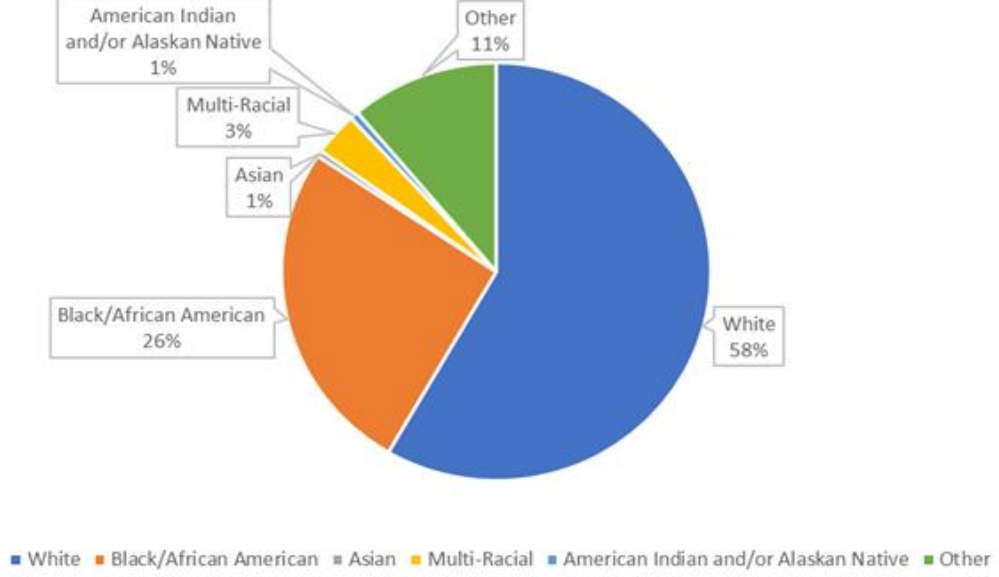
2020 - 2021 Cove Patient Annual Income



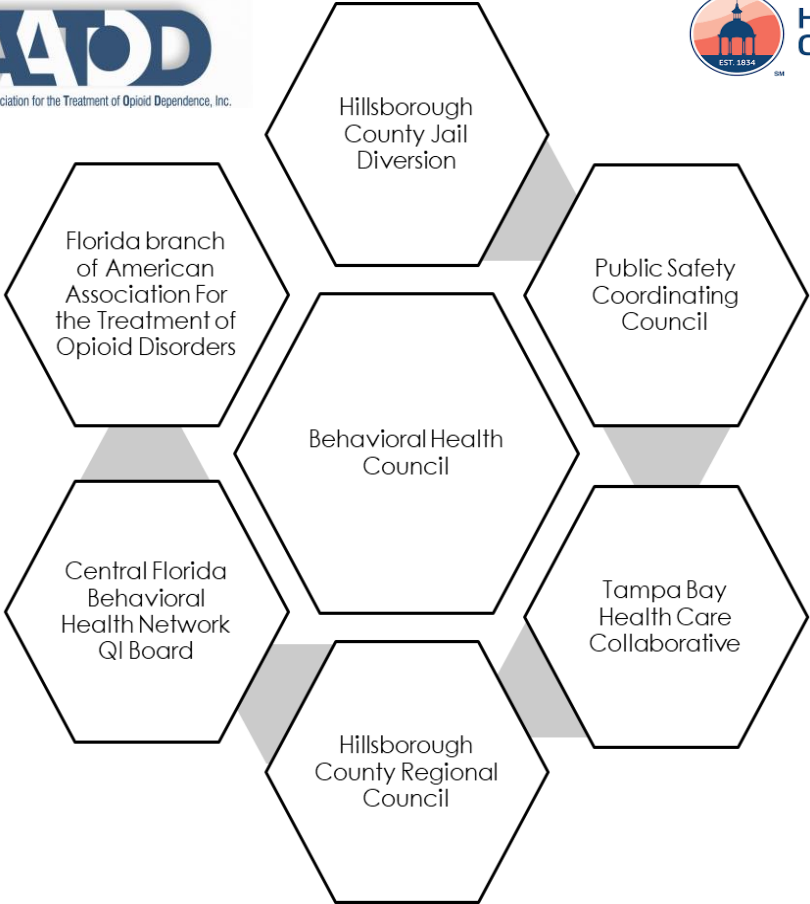
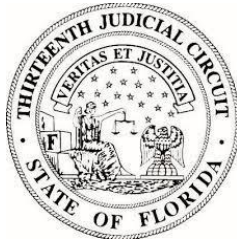
Ethnic Diversity of Cove Patients



Racial Diversity of Cove Patients

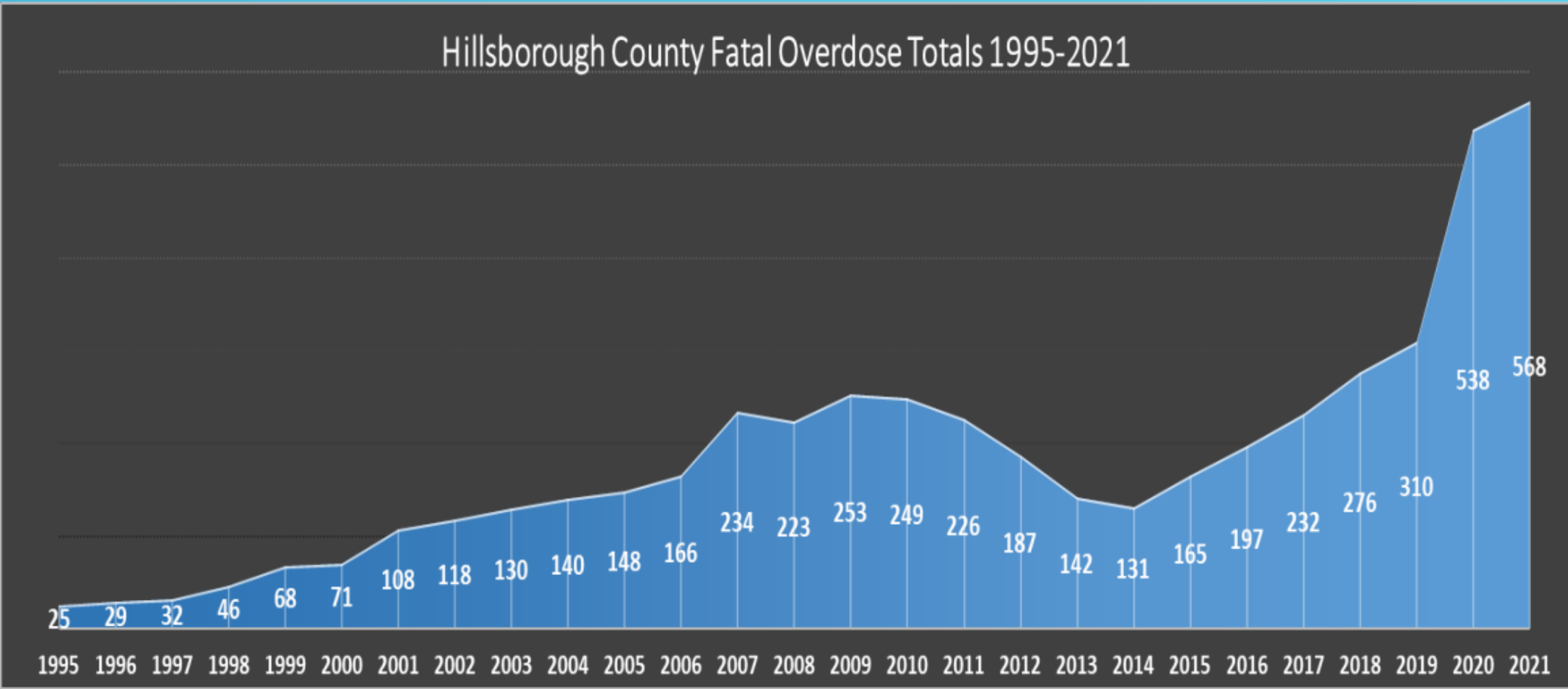


We maintain connection to our community through multiple partnerships and through participating in key meetings, councils and focus groups



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We maintain awareness of our community's data and statistics...



Source: 2022 DRUG OVERDOSE UPDATE (AUGUST) Hillsborough County Florida
District 13 Medical Examiner Department Kelly Devers, M.D., Chief Medical Examiner August 10, 2022



Strategy 3: Action



Identified Disparity:

We targeted African American and Native American opioid users in our implementation due to:

- 6% of African Americans in Hillsborough County report prescription misuse compared to 3% of Caucasians and 4% of Hispanics.

Source: Racial/Ethnic Differences in Substance Use, Substance Use Disorders, and Substance Use Treatment Utilization among People Aged 12 or Older (2015-2019)

American Indian/Native American

MORTALITY DISPARITY RATES (American Indians and Alaska Natives (AI/AN) in the IHS Service Area 2009-2011 and U.S. All Races 2010)

	AI/AN Rate 2009-2011	U.S. All Races Rate - 2010	Ratio: AI/AN to U.S. All Races
ALL CAUSES	999.1	747.0	1.3
Drug-induced	23.4	15.3	1.5

Source: <https://www.ihs.gov/newsroom/factsheets/disparities/>



Integrated Health Care...

- We are focused on strengthening our partnership with Tampa Family Health Care – FQHC co-located at our headquarters with 19 additional locations across Tampa Bay.
 - This has led to a **17% increase** in referrals from
 - 842 patients in 2020-2021 to 984 patients 2021-2022



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Implemented Care -Coordination

- We developed a Care Coordination Triage tool which we used on our patients for the first year of implementation to assess needs
- We identified that more than 90% of the patients that we serve need either basic or targeted case management and care coordination

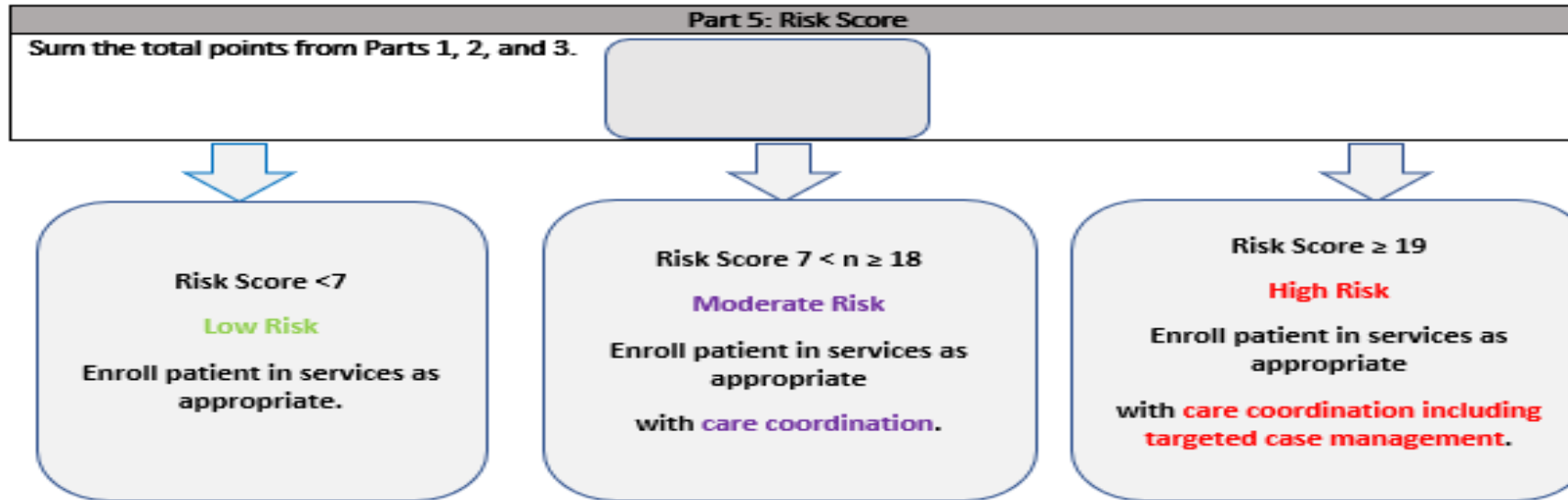


Points	Part 1: Basic Risk Indicators
	Chronic Diseases/Co-Morbidities: In the past six months, has the patient had a low/moderate risk chronic disease or co-morbidity that is NOT well-controlled? Do not include those listed in Part 2 below. (1 point each)
	Functional Impairments: Does the patient present any functional impairments? (e.g. fall risk; impaired activities of daily living; impaired ambulation; impaired judgment; difficulty getting to appointments; difficulty/inability to follow medication regimen). (1 point each)

Points	Part 2: Moderate Risk Indicators
	High Risk Chronic Diseases: Does the patient have a high-risk chronic disease or co-morbidity that is NOT well-controlled? (2 points each/ 16 points maximum) <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hypertension <input type="checkbox"/> Other end stage disease
	Prescribed Medications: Is the patient actively taking more than four prescribed medications? <i>OR</i> Has there been a change in the patient's high-risk medications (e.g. anticoagulant, insulin, etc.) in the past 30 days? (2 points total)
	Disengagement: Is the patient currently disengaged from care? (i.e., the patient reports having no primary care provider (PCP), inadequate follow-up with PCP, is not following a care plan, <i>OR</i> is not getting needed specialty care. (2 points total)
	Disabilities: Does the patient present with a significant physical, mental, or learning disability? (2 points total)
	Psychosocial Factors: Does the patient have psychosocial factors that may hinder adequate management of care? (e.g. language limitations; literacy limitations; safety concerns; homelessness; poor social supports; food insecurity; undocumented legal status) (2 points each/ 14 points maximum)
	Substance Abuse: Is the patient actively using substance(s) <i>OR</i> is the patient newly sober (i.e., sober for less than 90 days)? (2 points total) <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioid <input type="checkbox"/> Benzodiazepine <input type="checkbox"/> Stimulant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Other
	Mental Health Disorders: Has the patient been diagnosed with a severe mental health disorder? (2 points total) <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> General Anxiety Disorder <input type="checkbox"/> Major Depression <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other
	Suicide Ideation: Does the patient report suicide ideation (with or without a plan)? (2 points total).



Points	Part 3: Higher Risk Indicators	
	Has the patient utilized medical or psychiatric services? (3 points each; 15 points maximum)	
	<input type="checkbox"/> Hospitalization in past 30 days	<input type="checkbox"/> Two or more hospitalizations in past 6 months
	<input type="checkbox"/> Two or more admissions within a 30- day period in past 6 months	<input type="checkbox"/> Two or more emergency department visits in past 6 months
		<input type="checkbox"/> Incarceration in past 30 days

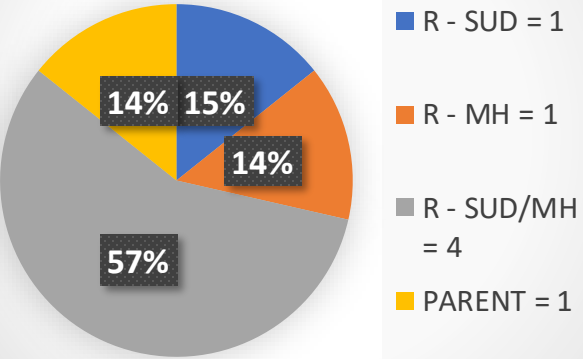


Strategy 4: Feedback

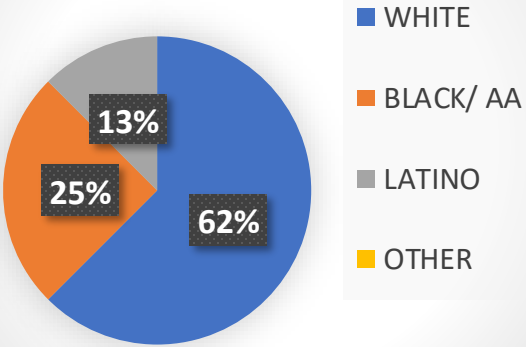


Cove's Patient Advisory Board

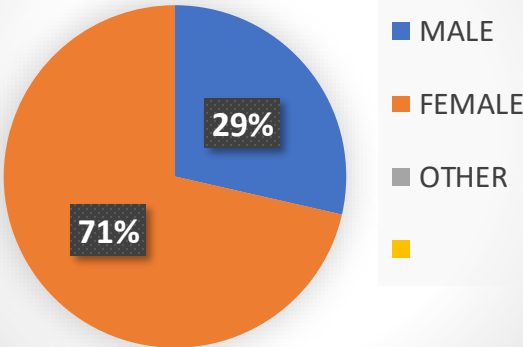
LIVED EXPERIENCE



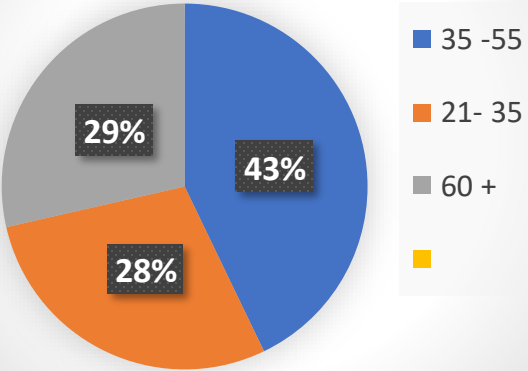
ETHNICITY



GENDER



AGE DISTRIBUTION





Board Activities:

- Average 7 meetings per year
- Quarterly reports to Board of Trustees
- Secret shopper exercises x 2
- Recruiting Peer specialists
- Participated in Recovery Oriented System of Care efforts

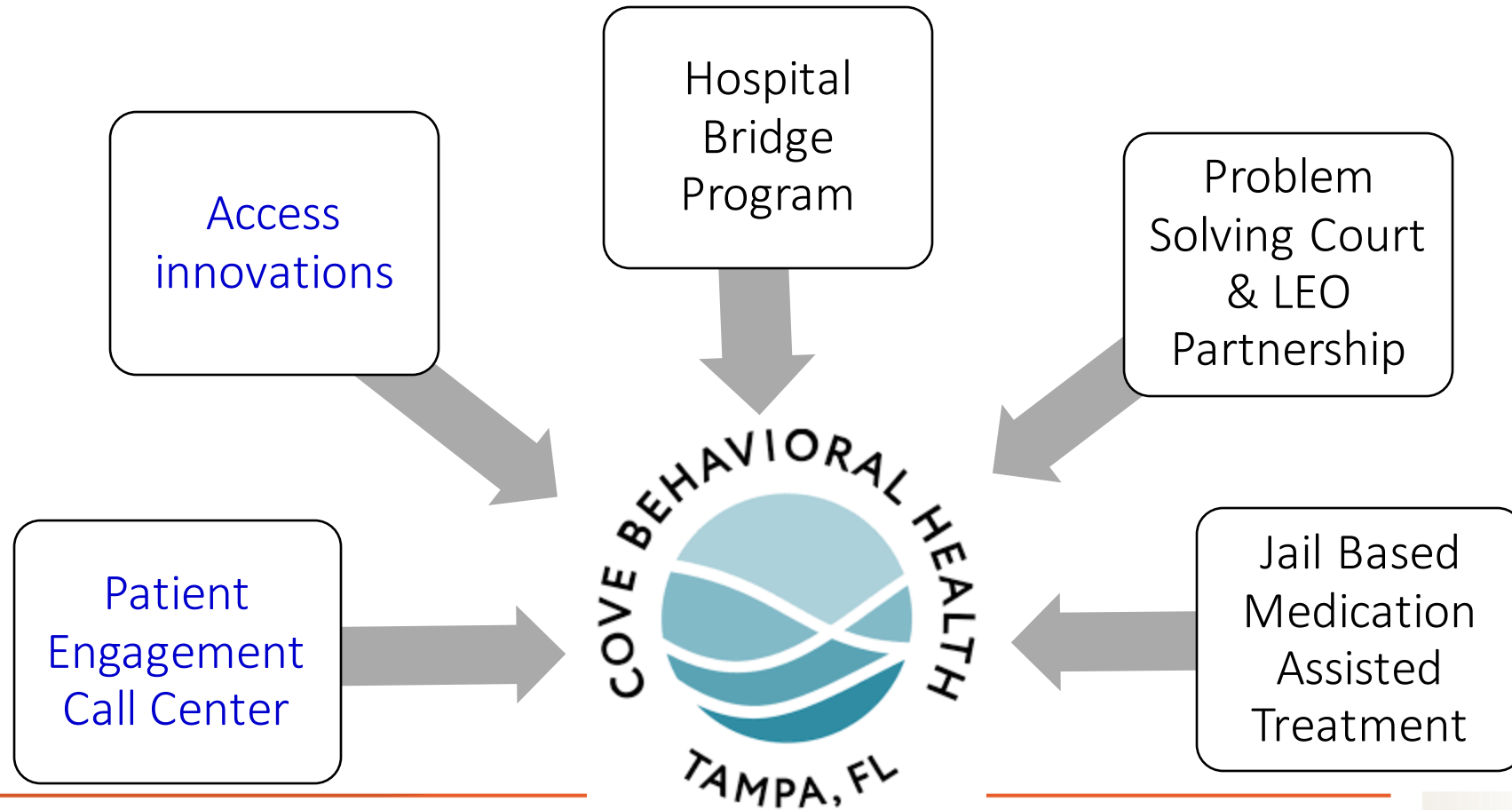
Results of feedback:

- Shorter intake
- Created menu system to allow patients to choose their groups
- Input on name change/rebranding
- Improvement of lobby area and Admissions area
- Including Peer Specialist in the lobby area to support new admissions
- Fully engaged in Recovery Oriented treatment model

Strategy 5: Continuous Improvement



We **DEVELOPED NEW** and Patient Pathways to Care



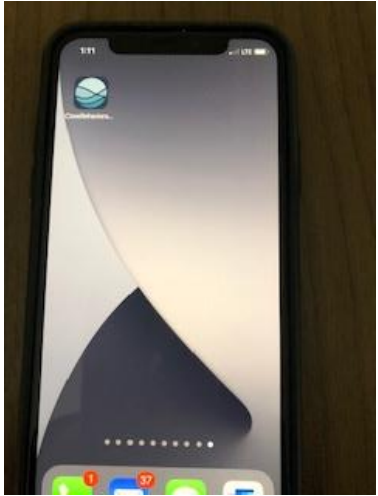
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Cove's Access Innovations:

- Set up a Patient Engagement Call center
- Improved our website
- Added a chat-bot to answer Frequently Asked Questions
- Used social media to improve education on access to care
- Developed online patient satisfaction survey
- Set up kiosks to allow self service in lobby
- Created an App to allow patients to easily access telehealth and information in one spot
- Tablets to our residential patients to ensure easy access to information
- Used Health Information Exchange to monitor ED use



Cove BH App



Provides a Cove branded app that allows patients to seamlessly log on to their telehealth appointments, select their groups, communicate with their counselor to schedule appointments and give/receive feedback on sessions including homework assignments.



ONCALL

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Hospital Bridge Peer Support Program

- Since 2018 we have hired and trained 3 Peer Support Specialists to support our local Emergency Departments
- Our peers provide treatment education to patients and the ED staff, and support the prospective patients through the admission process
- We now have peers in 3 major hospitals - Tampa General Hospital, St. Joe's and Baptist
- We have increased from 38 opioid abuse overdose patients identified and served in FY 20/21 to 118 in FY 21/22



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PATIENT PATHWAYS

HOSPITAL BRIDGE

BayCare Hospital System
St Joe's, Tampa
S. Florida Baptist
Tampa General Hospital

COURT/LEO

13th Judicial - Hillsborough
10th Judicial - Polk
Hillsborough County Sherriff's Office
Tampa Police Department

JAIL MAT PARTNERSHIP

Hillsborough - NaphCare
Polk - YesCare



CCBHC Implementation Results:

- Increase of 42% in African Americans served
 - African Americans accounted for 19% of numbers served during 2018-2020
 - African Americans accounted for 27% of numbers served during 2020-2022



CCBHC Implementation Results:

- Increase of American Indians served
 - American Indian clients accounted for 0.6% of numbers served during 2018-2020
 - American Indian clients accounted for 1.1% of numbers served during 2020-2022
- Increase of 41% in the average length of enrollment among American Indians
- Increase of 14% in successful discharges among American Indian clients

Unexpected Result...

- Increase of Youths (Under 18yrs) served
 - Youth client population went from 2% of numbers served in first year of CCBHC to 12% in second year of CCBHC
- A 54% increase in the female youth population served
- This is consistent with community data that indicated that In 2020, Hillsborough County children (under 18) saw
- A 31% increase in emergency room visits related to mental or behavioral health.
- 18% of adolescents reported in 2020 that the pandemic had a significant impact on their mental health.



Throughout the implementation we improved our use of the CQI process



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Questions?



Breakout Discussion



1. What are some of the current challenges your agency is experiencing in coordinating care with culturally specific providers?
2. How is care coordination with culturally specific providers supporting your disparities impact work?

Keep the Conversation Going!

Take the information learned today and bring it back to your agency to continue the conversation.

Review your data and look for trends in utilization or diagnoses (mental health, substance use disorder, or physical health) to learn more about the population that is also working with local culturally specific providers.

Upcoming Events

- **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!
 - **CCBHC-E executives** meet the last Friday of each month from 12-1 p.m. ET. [Register here](#).
 - **CCBHC-E program directors** meet the first Wednesday of each month from 12-1 p.m. ET. [Register here](#).
 - **CCBHC-E evaluators or CQI leads** meet the first Tuesday of each month from 3:30-4:30 p.m. ET. [Register here](#).
 - **CCBHC-E medical directors** meet the first Monday of each month from 12-1:00 p.m. ET. [Register here](#).



CCBHC-E TTA Center Website



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

[CCBHC-E National Training and Technical Assistance Center](#)



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