



# **Nevada**

# **Certified Community Behavioral**

# **Health Clinics**

**Stakeholder Public Workshop**

**November 10, 2016**

# Agenda

- Purpose of Meeting
- Planning Grant Governance and Oversight
- Planning Grant Activities
- Prospective CCBHC Presentations
- No-Cost Extension

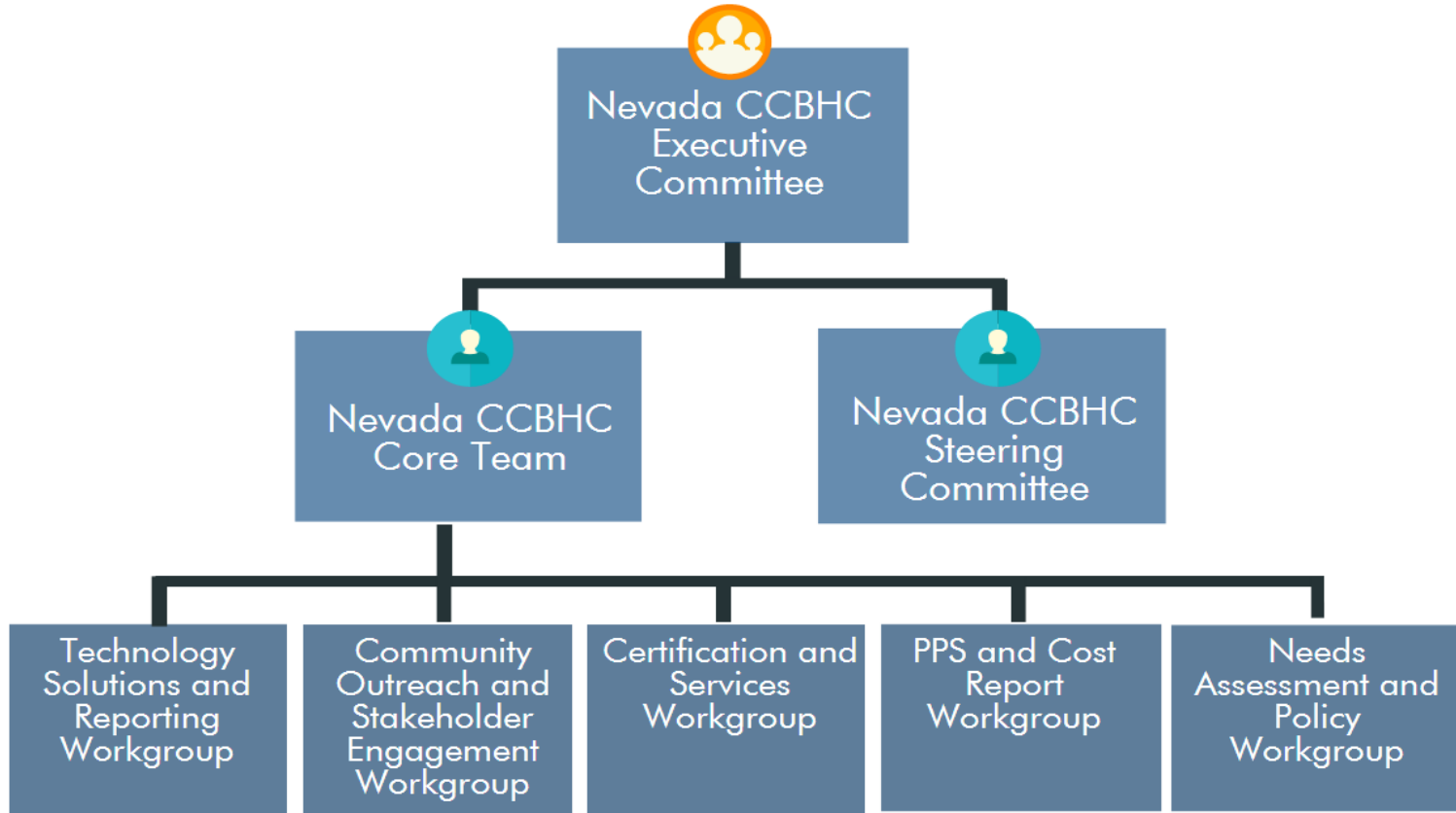
# CCBHC Model Governance and Oversight

- DHHS/DPBH/DHCFP Executive Committee
  - Executive sponsorship
  - Provides strategic oversight
  - Decision making authority

# CCBHC Model Governance and Oversight

- Steering Community provided guidance and input on the CCBHC model design
- Represented providers treating the focus populations, and consumers and families
- Referred key decisions to the Executive Committee

# CCBHC Model Governance and Oversight



# CCBHC Workgroups

Key workgroups were responsible for:

- ✓ Stakeholder engagement and outreach
- ✓ CCBHC certification
- ✓ Prospective Payment System development and Quality Bonus Payment methodology
- ✓ Data collection and report
- ✓ Focused on training activities for PCCBHCs prior to beginning of Demonstration program
- ✓ Needs assessment, evidence based practices, state flexibilities and allowable services
- ✓ Alignment with DCFS and CASAT to conduct CCBHC training on evidence based practices and other critical topics

# CCBHC Teamwork

- Significant teamwork and commitment to complete the CCBHC planning grant phase
- Gratitude and appreciation to:
  - ✓ Executive Committee
  - ✓ Steering Committee
  - ✓ DHHS team members
  - ✓ Prospective CCBHCs
  - ✓ CCBHC Workgroups
  - ✓ BHPAC
  - ✓ CHIA
- In-Kind contributions

Estimated State Contributions to Planning Grant Year Ending October 2016	
Category	Contribution
Statewide Coordination/Stakeholder Engagement	\$53,395
Establishing PPS	\$156,040
Certifying Clinics ( <i>includes technical assistance, grants to clinics certification preparation</i> )	\$50,969
Data Collection/ Reporting ( <i>includes planning, infrastructure</i> )	\$52,385
Writing application, managing grant, indirect costs	\$36,441
<b>Total</b>	<b>\$349,230</b>

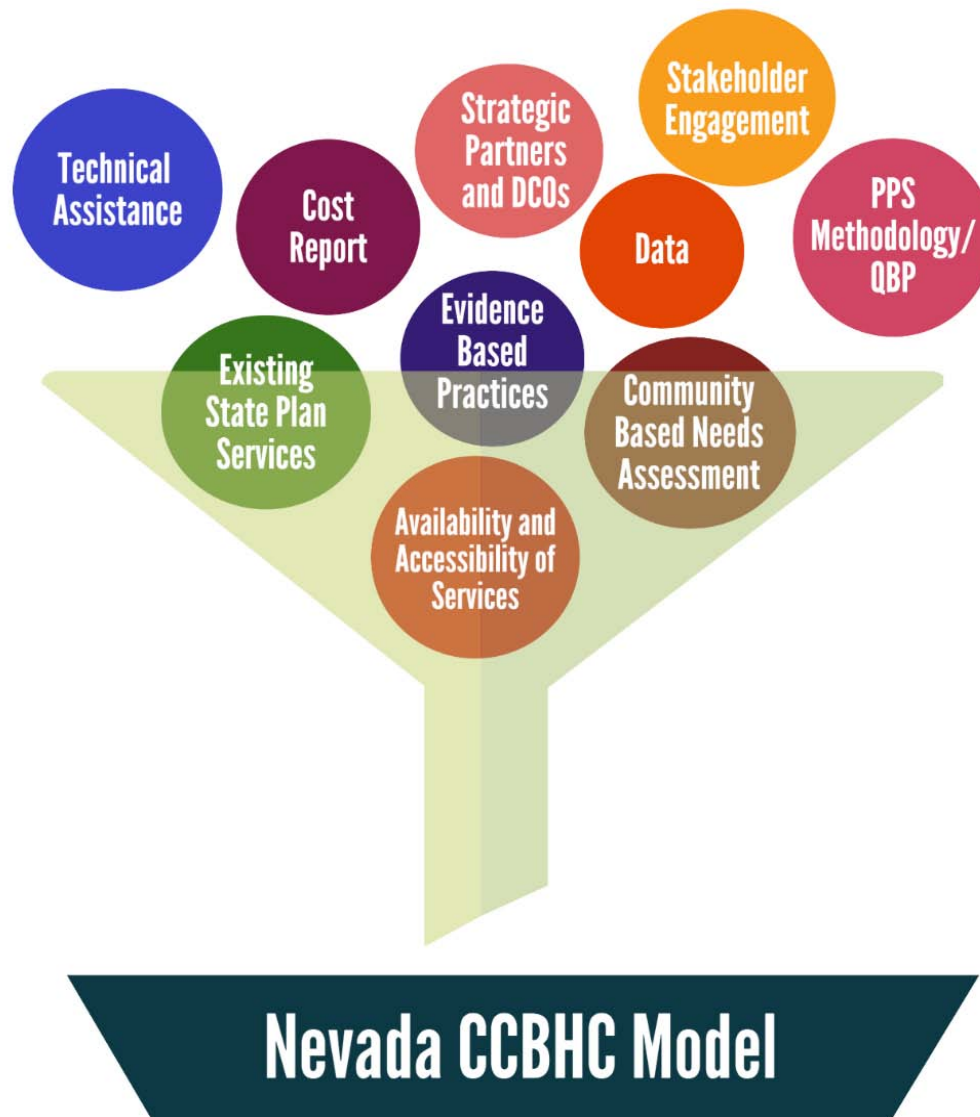
# Demonstration Goals for CCBHCs

States must select at least one of the following goals for CCBHCs:

- 1. Provide the most complete and comprehensive scope of services***
- 2. Will improve availability of, access to, and participation in, services to individuals**
3. Improve availability of, access to, and participation in assisted outpatient mental health (MH) treatment in the state
4. Demonstrate the potential to expand available MH services in a demonstration area and increase the quality of such services without increasing net federal spending



# Development of CCBHC Model



# CCBHC Core Services

Services	Provided by	
	CCBHC Directly	CCBHC and/or DCO
Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization intervention and crisis stabilization	✓	
Screening, assessment and diagnosis including risk management	✓	
Patient-centered treatment planning	✓	
Outpatient mental health and substance use services	✓	
Outpatient clinic primary care screening and monitoring of key health indicators and health risk		✓
Targeted case-management		✓
Psychiatric rehabilitation services		✓
Peer support, counseling services, and family support services		✓
Intensive, community-based mental health care for members of the armed forces and veterans, particularly in rural areas; care consistent with minimum clinical mental health VA guidelines		✓

# Example of CCBHC Allowable Services

Provider Qualifications	CPT or HCPCS Code*	Identify limitations/restrictions related to populations, place of service, services and Prior Authorizations		Description
		Any State Imposed Restrictions?	Any CMS Restrictions?	
<b>24 Hour Crisis Services including Crisis Intervention, Crisis Stabilization, and 24 hour Mobile Crisis</b>				
<b>Crisis Intervention</b>				
QMHP, Physician/MD/DO, Psychologist	H2011 H2011 GT/HT			Crisis intervention service
QMHP, Physician/MD/DO, Psychologist	H2011, 90839/90840, 90846/90847/ 90849			Intensive family intervention services can be utilized with a combination of services: Crisis Intervention Services (H2011), Psychotherapy for Crisis (90839 and 90840), and Family Psychotherapy with or w/out the patient (90846, 90847 and 90849).
QMHP, Physician/MD/DO, Psychologist	H2011 H2011 GT/HT			Crisis intervention service
<b>Patient-Centered Treatment Planning or Similar Processes Including Risk Assessment and Crisis Planning</b>				
QMHP, Physician/MD/DO, APRN, PA, Psychologist	96101-96103, 96111, 96118-96120, 96150-96151			Treatment Planning is combined with behavioral health and/or psychological screens and assessments to determine the needed services for a recipient.
QMHP, Physician/MD/DO, Psychologist	H2011 H2011 GT/HT			Crisis intervention service
SAPTA	H0007			Risk Assessment (Suicidality) H0007 - Alcohol and/or drug services; crisis intervention (outpatient)

# Example of Non-State Plan Services

Provider Qualifications	CPT or HCPCS Code*	Identify limitations/restrictions related to populations, place of service, services and Prior Authorizations		Description
		Any State Imposed Restrictions?	Any CMS Restrictions?	
<b>24 Hour Crisis Services including Crisis Intervention, Crisis Stabilization, and 24 hour Mobile Crisis</b>				
<b>Crisis Intervention</b>				
Hospital outpatient, Physician/MD/DO, APRN, PA, Psychiatrist	Est. Patient 99211-99215, New Patient 99201-99205			Ambulatory Withdrawal Management is an outpatient detoxification that requires medication monitoring to either assist a recipient to detox by using medications or to assist in titrating down from medications. This requires a higher level of safety protocols to be put in place for monitoring and safety of the recipient. These codes would be best utilized through office visit codes (established 99211-99215 and new patient 99201-99205).
<b>Targeted Case Management</b>				
QMHP, QMHA	H0006	Not a current Target Group	Services cannot be considered duplicative to TCM	Targeted Case Management-Substance Abuse only H0006 - Alcohol and/or drug services; case management
<b>Psychiatric Rehabilitation Services</b>				
QMHP, QMHA, SAPTA	H2023	Not currently covered		Supported Employment H2023 - Supported employment, per
QMHP, QMHA, SAPTA	H2025	Not currently covered		Ongoing support to maintain employment, per 15 min
<b>Behavior Change Intervention &amp; Counseling Risk Factors</b>				
QMHP, QMHA, QBA, SAPTA, Psychologist	H0038 HR	Not currently covered		Family to Family service - H0038 - Self-help/peer service; per 15 minutes (HR) - Family/couple with client present
QMHP, QMHA, QBA, SAPTA, Psychologist	H0038 HS	Not currently covered		Family to Family service - H0038 - Self-help/peer service; per 15 minutes (HS) - Family/couple without client present

# State-Sanctioned Crisis Service Definition

- In Nevada, there are no state-sanctioned crisis intervention services that provide all of the elements required of a CCBHC and also none that provide services to all of the different population designations served by a CCBHC.
- However, a CCBHC may contract with any service(s) that is(are) currently providing crisis intervention to assist the CCBHC in developing services that will provide all the following elements:
  - ✓ 24 hour services, delivered within 3 hours from initial contact to the CCBHC (including mobile crisis teams)
  - ✓ Both behavioral health (including suicide intervention) and substance abuse (including detoxification services)
  - ✓ Service provision to all of the population designations (including, children, adults and members of the military/veterans)

# CCBHC Quality Measures

- CCBHC-lead measures: CCBHCs report the required measures to the State, which then reports to SAMHSA.
- State-lead measures: State data and CCBHC measures data will be reported to SAMHSA. The data submitted to SAMHSA will be reported for each CCBHC separately using the data-reporting templates.
- Benefit: *Quality data will provide Nevada with access to exceptional data in the future*

# State-Lead Measures

Measure Name
Housing Status
Patient Experience of Care Survey
Youth/Family Experience of Care Survey
Follow-Up After Emergency Department Visit for Mental Illness
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence
Plan All-Cause Readmission Rate
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications
Adherence to Antipsychotic Medications for Individuals with Schizophrenia
Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult)
Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent)
Follow-up care for children prescribed ADHD medication
Antidepressant Medication Management
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

# Quality Bonus Payment Measures

## Required:

1. Follow-Up After Hospitalization for Mental Illness (adult age groups)
2. Follow-Up After Hospitalization for Mental Illness (child/adolescents)
3. Adherence to Antipsychotics for Individuals with Schizophrenia
4. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
5. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
6. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

## Optional:

- 7. Plan All-Cause Readmission Rate**



# Monitoring and Oversight of CCBHCs

- ✓ The CCBHC Demonstration is “not business as usual”
- ✓ Monitoring and oversight needed across Divisions (DPBH, DHCFP and DCFS)
  - Performance of CCBHCs: sustained commitment to certification requirements, compliance quality measures and reporting, consumer satisfaction, etc.
  - PPS rates and re-balancing
  - MCO compliance with CCBHC model

# State of Nevada Innovations

- ✓ Completed a crosswalk of the CCBHC certification criteria to the already documented SAPTA and Dual Diagnosis Capability in Addiction Treatment (DDCAT) certification reports
  - Prior to onsite inspections, a DDCAT review was completed for the PCCBHC to identify those areas where a clinic had already demonstrated compliance with standards
  - The DDCAT review streamlined the onsite inspection process and reduced the administrative burden for the PCCBHC and State
- ✓ Formalized relationship with DWSS for access to same day eligibility for SNAP, TANF and Medicaid

# State of Nevada Innovations

- ✓ Added Occupation Therapy services for individuals specific to Behavioral Health
  
- ✓ Addition of non-Medicaid covered services
  - Ambulatory Withdrawal Management
  - Targeted Case Management – Substance Abuse
  - Supported Employment
  - Family to Family services
  
- ✓ Adoption of Clarity data system to support social services and care coordination

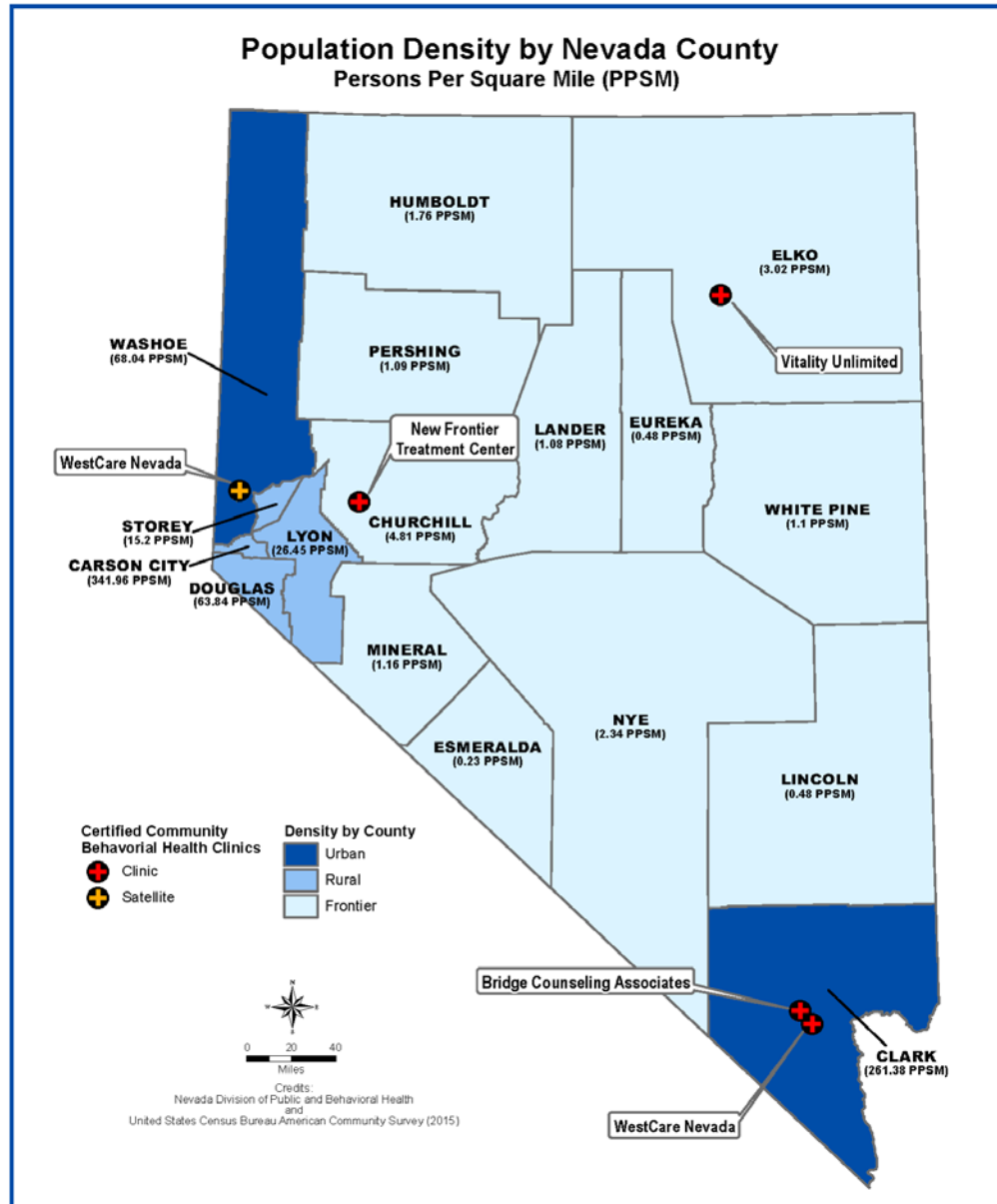
# Prospective CCBHCs

- CCBHC selection completed on 4/12/16
- 4 Prospective CCBHC Participants:
  - Vitality Unlimited, Elko, Nevada
  - New Frontier Treatment Center, Fallon, Nevada
  - Bridge Counseling Associates, Las Vegas, Nevada
  - WestCare Nevada, Henderson, Nevada

# Prospective CCBHCs

- The clinics are SAPTA funded providers.  
This means:
  - Submission of data to state
  - Have EHRs
  - Certified and accustomed to oversight/monitoring
  - Compliance with federal Block Grant assurances
  - Familiarity with SAPTA cost survey
  - Accustomed to clients funded across multiple funding streams
  - Most were previously Provider Type 14

# Locations of Prospective CCBHCs





# Bridge Counseling Associates

(Prospective CCBHC)



# Bridge Counseling Associates (BCA) Background

- Founded in 1971, BCA is a SAPTA certified and funded, co-occurring Behavioral Health agency providing evidenced-based outpatient treatment by Nevada licensed MFT, CPC, LCSW, and LADC Therapists.
- Located in the LV Medical District, BCA provides outreach through specialty courts; federal and state prison parole and probation programs; Dept. of Family Services; and Veteran agencies. BCA offers practicums for three universities and provides internship supervision.
- BCA, with nine bilingual - Spanish therapists, is renowned for respecting cultural diversity along with LGBT, homeless, and poverty sensitivity in all child, adolescent, adult, and family therapy.





# Why Did BCA Choose to be a CCBHC?

- The CCBHC model mirrored the current BCA vision while providing new strategies to enhance and broaden wrap-around services with continuing care which could truly develop BCA into a BH agency without walls.
- BCA had a growing and available workforce of 23 clinicians including eight fully licensed MH professionals (two supervisors), and four LADC supervisors but was underutilized as a mandated Medicaid Provider Type-17.
- We visualized meeting the need of more psychiatric evaluations and services, and medical baseline service components on-site and via referrals. 24 hour Crisis Hotline and telehealth options coordinated with other community providers was a priority.
- We understood the value and necessity of reducing client transportation issues and emergency hospital visits.



# How Will BCA Change the Delivery of Behavioral Health Services in the Community?

- Licensed clinicians will staff a 24/7 Crisis Hotline for immediate response.
- Expanded onsite psychiatric evaluation, diagnosis, treatment, and medication management will be accessible to more clients in a central location.
- Primary medical care screening and baseline data monitoring by an RN level professional or via contracted FQHC referrals.
- Telehealth services will expand treatment options beyond BCA's facility especially as indicated for Spanish speaking, disabled, or remote clients.
- BCA will broaden its quality team of Marriage and Family Therapists and Licensed Social Workers with a focus on providing enhanced child, adolescent, couples, and family treatment and targeted case management.



# How Will BCA Change the Delivery of Behavioral Health Services in the Community?

(cont.)

- BCA will expand peer services with recovery and family support programs.
- Inter-agency communication will be improved with expanded and enhanced electronic health records ensuring comprehensive services.
- Bilateral relationships with inpatient, psychiatric, and/or medical facilities will improve client referrals and continuum of care.
- Additional and expanded certifications in gambling addiction, impulse control, anger management, domestic violence, sex offenders, and trauma, etc. will respond to community needs assessments.
- Veteran and Prevention programs will include expanded outreach.



# How Will BCA Change the Delivery of Behavioral Health Services in the Community?

(cont.)

- BCA continues to monitor CCBHC aligned training opportunities and supports clinician continuing education and enhanced certifications.
- Formal contracts and agreements with community providers and specialized staff for services, e.g. psychiatric, nursing, will be finalized.
- The clinical leadership team regularly evaluates additional evidence-based clinical screening assessments and treatment for children, adolescents, and adults.
- BCA assesses, creates, and establishes protocols and policies to assure CCBHC success.
- Electronic health records will continue to be adapted to improve data collection and coordinate community collaboration.



# New Frontier Treatment Center

(Prospective CCBHC)



# New Frontier Background

- Established 1971 as “Churchill Council on Alcohol and Other Drugs” and 1974 the dba New Frontier Treatment Center was added.
- Currently has an occupancy of 28 detox/residential beds with a base 6-week residential program.
- Offers outpatient co-occurring substance abuse and mental health treatment, targeted case management, peer recovery services, parenting, anger management, domestic violence classes, housing assistance and primary healthcare.
- New Frontier is a partner of Food Bank of Northern Nevada, and has a 24 hour food pantry.

## Why Did New Frontier Choose to be a CCBHC?

- To better serve our rural communities.
- To formalize/organize existing services provided.
- To better educate community as to what New Frontier can and does provide.
- To collaborate with the State in providing more services.

## How Will New Frontier Change the Delivery of Behavioral Health Services in the Community?

- Most services under this project are services that New Frontier has already been providing.
- Existing verbal agreements/informal MOUs will now be formalized.
- The addition of psychiatric evaluation and medication management services has also been added as a result of this project.
- Additionally, care coordination within rural communities will be better defined and more organized.



## How Will New Frontier Change the Delivery of Behavioral Health Services in the Community? (cont.)

- Increase outreach efforts for residential and detoxification co-occurring mental health and substance use disorders in the State of Nevada.
- Expand targeted case management and peer recovery support services to our existing rural outpatient offices.
- Outpatient mental health treatment for adults, transitional aged youth, adolescents and children in our communities.

# Next Steps for New Frontier

- Work with consultants with EHR system for proper data collection/reporting.
- Finalize PPS1 process, and understand new Medicaid provider type.
- Based on Medicaid's new process, train and develop new procedures in billing department.
- Move forward with providing services under the CCBHC initiative.



# Vitality Unlimited

(Prospective CCBHC)



# Vitality Unlimited Background

- Vitality Unlimited was founded in 1971.
- Long before it was nationally recognized as evidenced based and client-centered, Vitality Unlimited began to weave into the threads of our culture, an integrated network of co-occurring treatment services with clinical and non-clinical modalities, designed so that individual's changing needs were met as the individual moved through the treatment and recovery process.
- With this as a foundation, Vitality Unlimited added to our continuum of care for substance abuse and mental health clients, bi-lingual services, pet therapy, transitional and low income affordable housing. This includes, but is not limited to, medication monitoring along with addiction and psychological assessments and consultation, either on-site or through targeted case management, care coordination and coordinated consultation with off-site providers.
- Vitality currently meets all of nine core services with the exception of Psychiatric rehabilitation services which will be provided by cooperative agreement.



## Why Did Vitality Unlimited Choose to be a CCBHC?

- Vitality Unlimited has long been aware of the need for a broader scope of Behavioral Health Services in Elko and we identified the need to become a CCBHC as a way of:
  - Strengthening our behavioral health services
  - Improving service capacity
  - Further improving the integration of physical and behavioral health care for individuals in our community with mental illness and/or substance use disorders
- **Vitality identified that becoming a CCBHC would also:**
  - Improve alignment between mental health and substance use disorder services
  - Increase proficiency in use of evidence based practices
  - Increase service delivery standardization



## How Will Vitality Unlimited Change the Delivery of Behavioral Health Services in the Community?

- Vitality Unlimited's focus in its development of our CCBHC is to change our community by:
  - Designing a system to serve individuals with serious mental illnesses and substance use disorders that provide intensive, consumer-centered, multidisciplinary, evidence-based screening, assessment, diagnostics, treatment, prevention, and wellness services
  - Provide staff training which will address cultural competence; consumer-centered and family-centered, recovery oriented, evidence based and trauma informed care; and primary care/behavioral health integration
  - Establish crisis management services which will be provided 24 hours/day
  - Establish interoperability by addressing both physical and behavioral health as well as providing the social services necessary to achieve the best outcomes for each consumer
  - Building quality measures and reporting capabilities in real-time to enable our providers to be able to immediately initiate changes for improvement when necessary



## How Will Vitality Unlimited Change the Delivery of Behavioral Health Services in the Community? (cont.)

- Utilization of telehealth/telemedicine and online services to expand our staffing capabilities to help alleviate staffing shortages
- Vitality plans to deliver both improved care capabilities and enhanced access to care to ensure that long wait-lists for appointments do not exist
- Prompt intake and engagement with the appropriate service levels will be developed
- Development of care coordination with Federally Qualified Health Centers, Urgent Care Centers, the Hospital and Emergency Department, the Veterans Administration and social service agencies will allow for consumers to have access to a Designated Interdisciplinary Treatment Team
- These services will allow consumers to stay in the community for treatment rather than having to travel hundreds of miles to access various forms of care



# Next Steps for Vitality Unlimited

- Vitality Unlimited will continue to:
  - Pursue formal relationships with our community and state-wide partners through contracts and memorandums of understanding
  - Planning on how to successfully adapt to care integration
  - Expanding our Electronic Medical Records (EMR) systems to ensure that real-time data is available for reporting and decision making
  - Fine-tune our telehealth/telemedicine capabilities to be able to provide our community with acute intensive services, intensive support services, timely outpatient and medication services with case management
  - Develop outreach to assist consumers and their families to access appropriate services and benefits





# WestCare Nevada Inc.

(Prospective CCBHC)



# WestCare Nevada Background

- **Vision:** WestCare devotes our best collective and individual efforts toward "*uplifting the human spirit*" by consistently improving, expanding and strengthening the quality, efficacy and cost-effectiveness of everything we do in building for the future.
- **Mission:** WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities.



# Services WestCare Nevada Provides

- WestCare Nevada provides a wide spectrum of behavioral health services available to adults, children, adolescents and families including:
  - Detoxification from drugs and alcohol
  - Crisis stabilization
  - Treatment for substance abuse (residential, IOP, OP)
  - Treatment for co-occurring substance abuse and mental health disorders
  - Prevention of substance abuse and gambling
  - Services for veterans
  - Services for runaway and homeless youth
  - Services for people re-entering the community after incarceration
  - Specific services for pregnant and parenting women
  - Family education and support



## Why Did WestCare Choose to be a CCBHC?

- WestCare NV continues to provide and work toward increasing our range of comprehensive services:
  - Create and increase availability and access to services
  - Assure all individuals receive appropriate care regardless of financial status
  - Stabilize children, adolescents and adults in crisis
  - Provide the necessary treatment for individuals with addictions and co-occurring disorders
  - Incorporate any additional services where there may be a gap in continued care



## How Will WestCare Change the Delivery of Behavioral Health Services in the Community?

- Increase Counseling/Case Management staff therefore decreasing wait list time frames
- Increase number of onsite psychiatrists to provide services for substance abuse, co-occurring disorders and/or mentally ill
- Expanding partnerships and/or developing additional programs/levels of care as we identify gaps in WestCare services
- Strive to be a “one-stop-shop” therefore providing a quality continuum of care for all individuals who arrive for assistance



# Next Steps for WestCare

- WestCare NV is currently working to incorporate all quality measures into our EHR (electronic health record) which has a target completion date of January 1, 2017
  - E-prescribing
  - BMI (Body Mass Index)
  - Online surveys
- Finalize Sliding Fee Scale prior to January 1, 2017
- Expand child services in both Reno and Las Vegas locations prior to March 31, 2017

# Questions for Prospective CCBHCs

# No-Cost Extension for Planning Grant

- ✓ No-cost extension available to planning grant states
- ✓ Extension allows additional time for:
  - CCBHC technical assistance and training (e.g., evidence based practices)
  - CCBHCs to meet certification requirements (staffing, DCO relationships, policy development, etc.)
- ✓ Planning grant expired on 10/23/16
- ✓ Nevada's extension request approved by SAMHSA





# CCBHC Contact Information

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