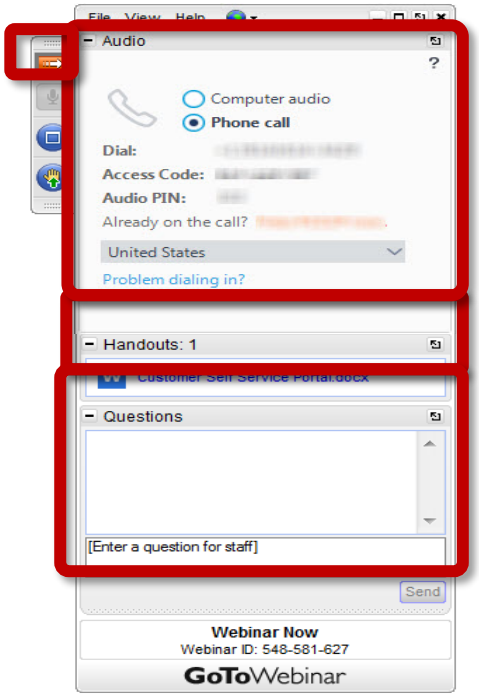
Webinar Housekeeping: Your participation



Your Participation

Join audio:

- Choose "Computer audio" to use computer speakers
- Choose "Phone call" and dial in using the information provided (recommended)

Questions/Comments:

- Submit questions and comments via the Questions panel at any time.
- Please download the slide deck from the Handout pane if you would like a copy today. They will also be emailed with the recording after the webinar.

Note: Today's presentation is being recorded and a replay link & copy of the slides will be sent to you following the webinar. Slides are also available in the Handouts Pane.

This webinar contains intermediate accreditation information

The Joint Commission

Integrated Care Delivery: Lessons from CCBHCs

Julia Finken, Executive Director, Behavioral Health & Human Services, The Joint Commission
Rebecca Farley David, Senior Advisor for Public Policy, The National Council for Wellbeing
Peggy Terhune, Chief Executive Officer, Monarch North Carolina
Monique Lucas, Vice President of Integrated Care, Monarch North Carolina

NATIONAL COUNCIL for Mental Wellbeing

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The Joint Commission

Agenda:

- The CCBHC model of care: 2021 and beyond
- What is a CCBHC?
- How are CCBHCs Regulated?
- What are sources of CCBHC reimbursement?
- One organization's journey through transitioning care to the CCBHC model
- Tips for utilizing accreditation as a framework to build a successful CCBHC

Certified Community Behavioral Health Clinics: An Overview

Rebecca Farley David

Senior Advisor for Public Policy

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Context and CCBHC Overview

CCBHCs: Supporting the Clinical Model with Effective Financing

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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

The CCBHC Landscape

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Three implementation options:

1. Medicaid demonstration (open to 10 states currently)
2. Federal grant funding
3. Independent state implementation via Medicaid SPA or waiver

CCBHC Medicaid Demonstration
Authorized through **Sept. 30, 2023**
8 states entering 5th year of demo in 2021
2 states will begin demo in October 2021

SAMHSA CCBHC Expansion Grants
Yearly funds appropriated since 2018
Grantees in 40 states, DC & Guam
Latest grant cycle closed March 1, 2021

Status of Participation in the CCBHC Model

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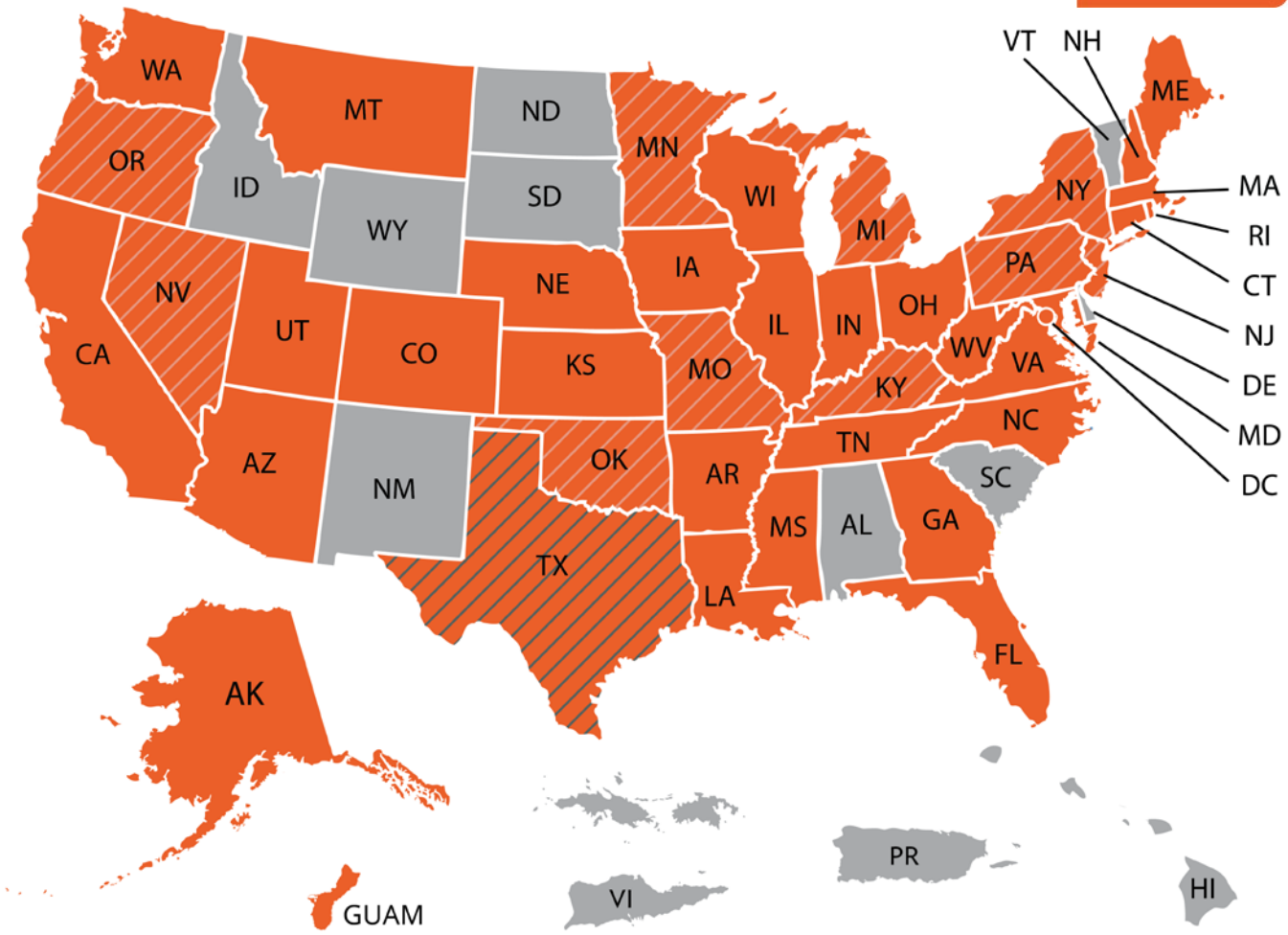
- States where clinics have received expansion grants
- States selected for the CCBHC demonstration
- Independent statewide implementation
- No CCBHC statewide

There are **340 CCBHCs** in the U.S., across 40 states, Guam and Washington, D.C.



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CCBHC Demonstration Impact

CCBHCs' Successes, 4 Years In

- Increased hiring / recruitment
- Greater staff satisfaction & retention
- Redesigning care teams
- Improved access to care
- Launch of new service lines to meet community need
  - New initiatives designed to reach target populations or address key Medicaid agency goals
- Deploying outreach, chronic health management outside the four walls of the clinic
- Improved partnerships with schools, primary care, law enforcement, hospitals
- Reduction in hospitalizations/ED visits
- Improvements in physical health indicators

CCBHC Medicaid Implementation/PPS: Driving Value

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CCBHC Status

- **Certification** = standardized core requirements
- **PPS** = Medicaid reimbursement that supports costs associated with expanded access & enhanced operations

Enhanced Operations

- Expansion of service lines (e.g., crisis response, SUD treatment)
- Ability to hire and retain specialty providers
- Same-day access to care
- High-impact, flexible staffing models targeted to patient need
- Technology adoption, electronic health info exchange
- Collaboration/coordination with law enforcement, schools, others
- Data tracking & analytics
- Population health management, data-driven care

Improved Outcomes

- 25% more clients served on average
- Elimination of waitlists
- Reduced hospitalization, ED visits, incarceration
- Improved physical health

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CCBHC Certification Criteria

What Goes into Being a CCBHC?

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CCBHC Criteria

- Organizational Authority
- Staffing
- Access to Care
- Scope of Services
- Care Coordination
- Quality Reporting

CCBHC Payment

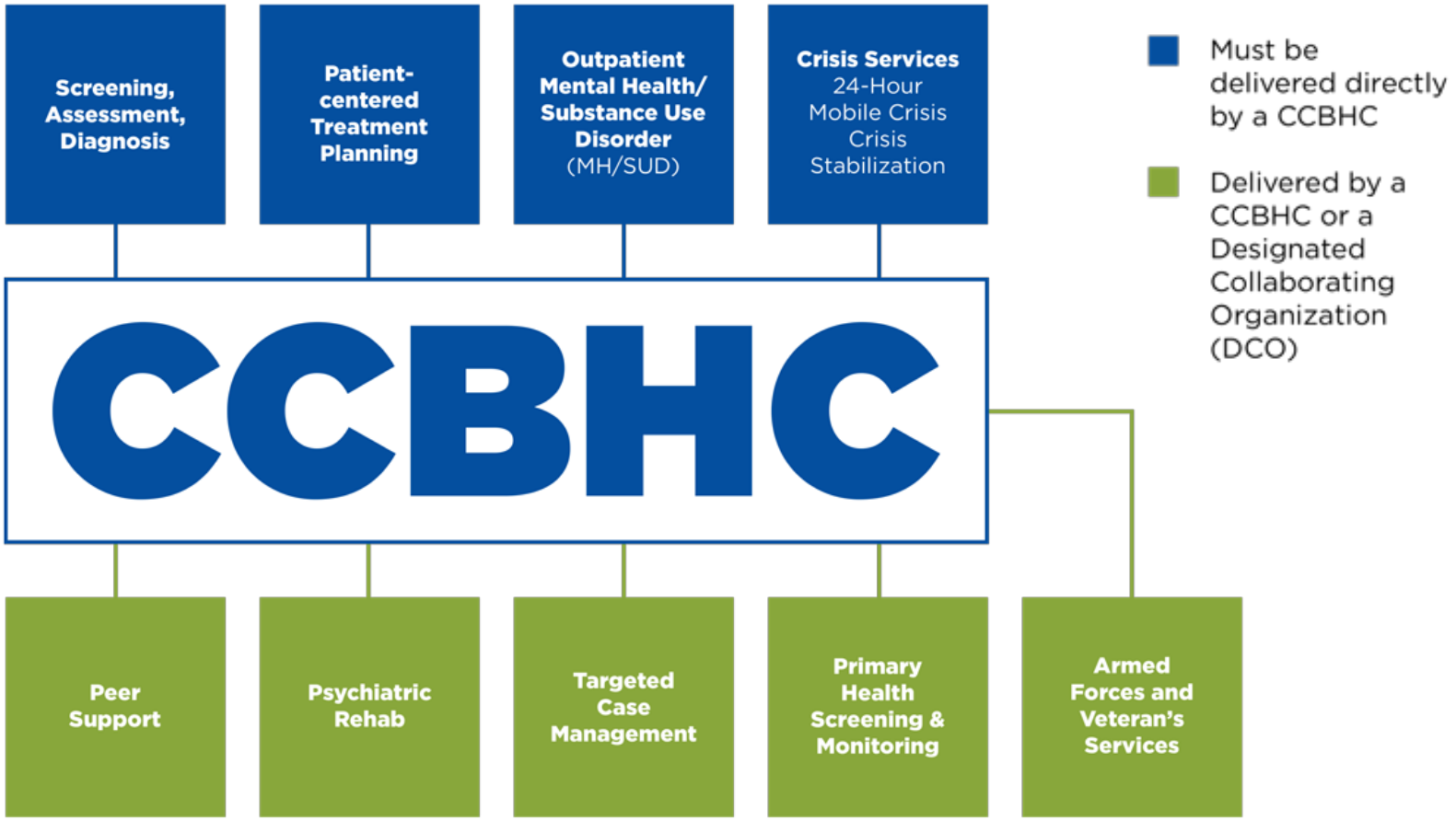
- Cost-related Medicaid reimbursement rate (demonstration participants)

OR

- Grant funds: $2 million/year for 2 years (expansion grantees)

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

CCBHC Scope of Services



Breaking through Old Limitations

Services are not confined to delivery within the 4 walls of a clinic

- Think creatively!
- In-home services for newly placed foster youth?
- Pre-release assessment in jails?
- Outreach to homeless populations?
- And more…

Care Coordination

- Partnerships or care coordination agreements required with:
  - FQHCs/rural health clinics
  - Inpatient psychiatry and detoxification
  - Post-detoxification step-down services
  - Residential programs
  - Other social services providers, including
    - Schools
    - Child welfare agencies
    - Juvenile and criminal justice agencies and facilities
    - Indian Health Service youth regional treatment centers
    - Child placing agencies for therapeutic foster care service
  - Department of Veterans Affairs facilities
  - Inpatient acute care hospitals and hospital outpatient clinics

Additional requirements are specified in the CCBHC criteria:
https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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CCBHC Payment and Regulation

CCBHC Implementation & Oversight

Medicaid CCBHC Implementation	SAMHSA CCBHC Expansion Grants
10 states in CCBHC demo; others adopting model independently	Open to individual clinics in ALL states
Administered by state Medicaid and BH authorities within SAMHSA/CMS guidelines	Administered by SAMHSA
States determine certification criteria using SAMHSA guidance as a baseline	Grantees must meet SAMHSA baseline CCBHC certification criteria
CCBHCs are certified by their states	CCBHCs are funded by SAMHSA; do not receive state certification
CCBHCs receive special Medicaid payment methodology (known as PPS)	CCBHCs receive up to $4M; continue to bill Medicaid and other payers per usual

States can implement the CCBHC model without waiting to be added to the demonstration. CCBHC expansion grants serve as a springboard.

Sources of CCBHC Reimbursement

Medicaid CCBHCs: Prospective Payment (PPS)
Encounter-based Medicaid payment paid per visit, regardless of intensity or quantity of services delivered
Clinics complete cost report to calculate anticipated costs and encounters
Rate is an average per-encounter amount inclusive of direct and indirect org. costs

CCBHC Expansion Grantees: Grant Funds + Usual Sources
Grant funding of up to $2M/year for 2 years
CCBHC-E grantees continue to bill Medicaid and other payers per usual
Grant funds may supplement but not supplant usual payment streams
Clinics must carefully plan grant activities to ensure funds cover all planned work.

What's Next for CCBHCs?

- Broad bipartisan support in Congress and 3 latest Administrations
  - Medicaid demonstration extended through Sept. 30, 2023; 2 states added
  - Legislation to extend and expand the demonstration gaining support
  - Continued/expanded funding of CCBHC Expansion Grants
- States can implement without congressional action
  - State Plan Amendment
  - Medicaid waiver (e.g. 1115)

Getting Started in Your State

The National Council CCBHC team is here to help!

- Advice on SPA/waiver approach
- Lessons learned from other states
- Implementation “roadmap”
- Training for prospective CCBHCs
- Data, informational materials, and more

CCBHC SUCCESS CENTER

https://www.thenationalcouncil.org/ccbhc-success-center/
Email us at: ccbhc@thenationalcouncil.org

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CCBHC: The New Model for Behavioral Health

Monarch Overview

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Monarch serves more than 28,000 people with intellectual and developmental disabilities, mental illness and substance use disorders annually across North Carolina

Monarch serves 1,400 people annually through comprehensive behavioral health services in Stanly County, NC where our CCBHC is located.

CCBHC Expansion Grant

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- In 2018 we received our first round of funding to create the very first CCBHC in North Carolina
- In 2020 we received our second round of grant funding to continue the work we had begun and build upon what was created in the first grant

New programs

- The requirements of the CCBHC certification include multiple standard programing that must be offered.
- While Monarch had an ACTT team, medication management, and BH outpatient services there were many programs that needed to be added to meet the certification requirements.

Targeted Case Management Program

- Supports our population with Care Coordination
- Promotes basic health education
- Encourages optimum health and functioning
- Encourage those who can self advocate
- Coordinates access to appropriate community resources
- Coordinates navigation to appropriate level of care
- Encourage optimal level of independence
- Decrease crisis episodes and Hospitalization by encouraging healthy behaviors and lifestyles

Family Partner Program

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- A peer led program to support parents with children who have behavioral health or substance abuse diagnosis.
- Assists parents with navigating the system to provide better advocacy for children

supporting families changing futures

Occupational Therapy

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- An innovative approach to integrate occupational therapy into an outpatient behavioral health clinic.
- We provide group and individual support to help improve social and functional occupations in adults and children

MAT Program

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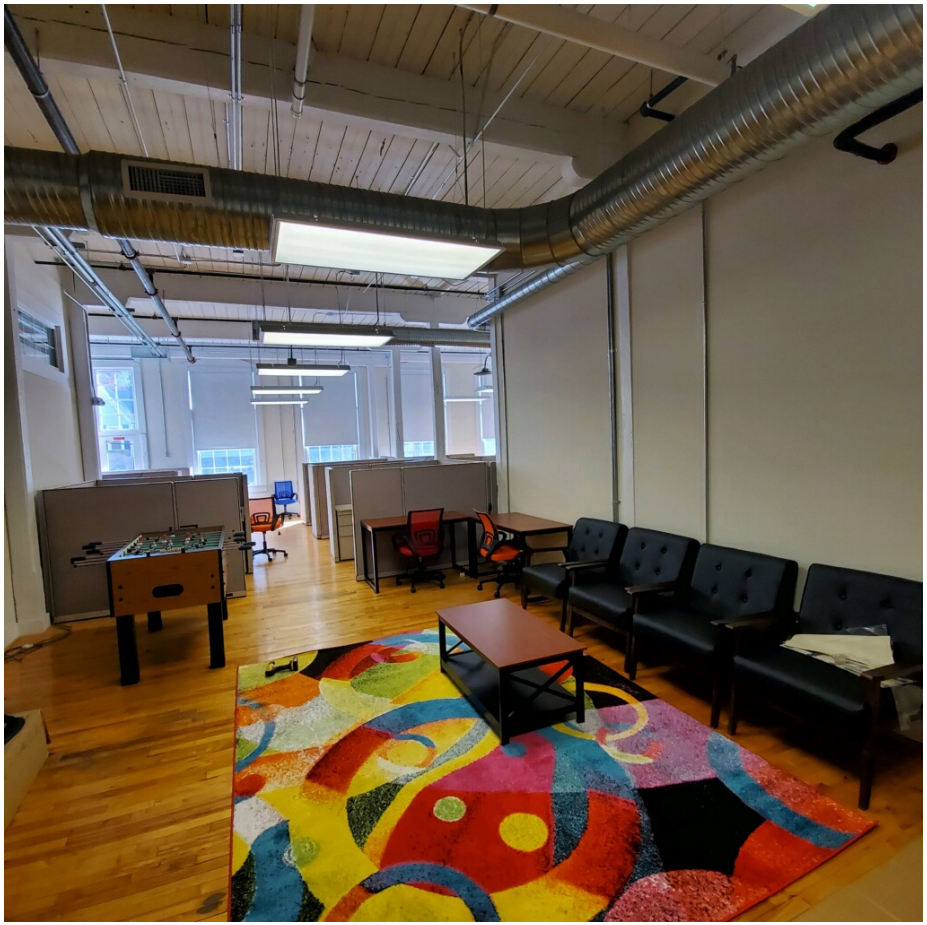
- Medication Assisted Treatment Program offers medication management solutions for patients who suffer from addiction.
- This program incorporates both case management and peer support services to provide wrap around support for this fragile population

SAIOP

- Our Intensive Outpatient therapy program offers an extra layer of support for our population of patients with substance abuse.
- This is intensive therapy without an inpatient episode.

Peer Recovery Community



- Our Peer recovery Community is lead by our Targeted Case Management team.
- This space offers self help workshops to support the community with connectivity to resources and educational opportunities.

A New Approach to Care

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- Team based value focused care
- Increased coordination of care
- Care that is focused on the whole person
- Patient centered treatment planning
- Integrated care model
- Access to primary care screening
- Increase use of evidence-based screeners
- An integrated approach to co-occurring disorders

What was the Impact

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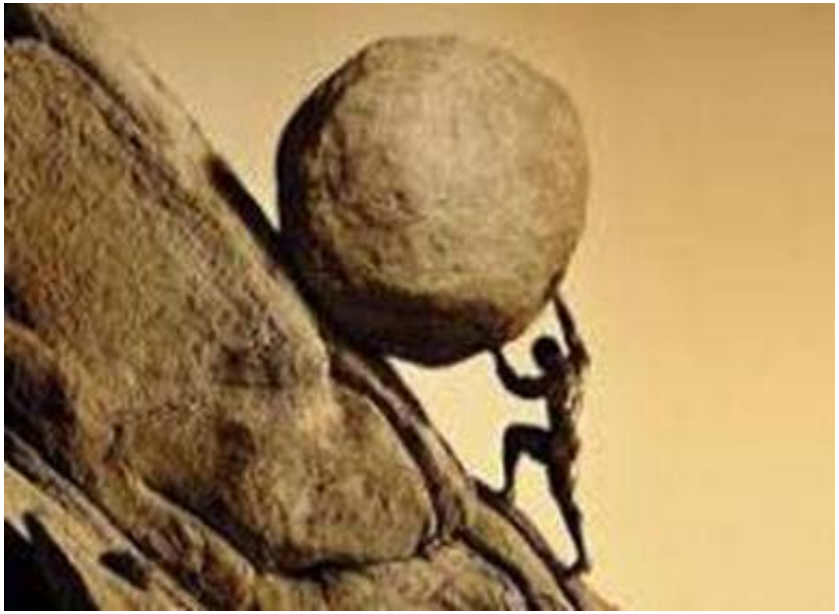
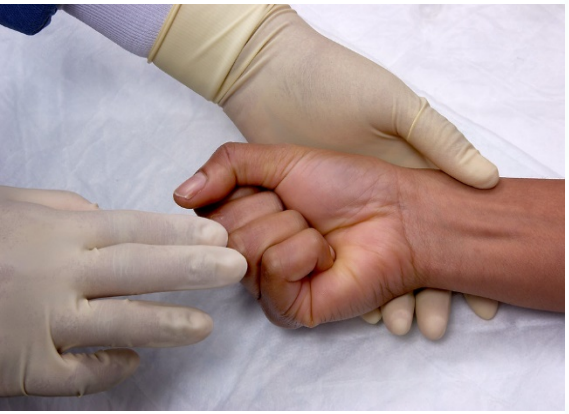
Wrap around coordinated care provided by the CCBHC helped to look at the individuals whole picture to provide



Outcomes



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Monarch
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

Care coordination focusing on the whole person: health care, community resources, housing, employment and other needs.

3,213 SERVED TO DATE

xxxx adults and xxx children in Stanly County sought help for mental health and substance use disorders

1,027 ENROLLED IN CARE MANAGEMENT OR CARE COORDINATION

Providing direct support as people we support navigate treatment plus connection to resources

50 PEOPLE WITH SUBSTANCE USE DISORDERS

Administered Medication Assisted Treatment (MAT) for opioid and substance use disorders.

893 PEOPLE SCREENED QUARTERLY

To assess behavioral health and substance use disorder diagnoses and develop treatment plans

The statistics represent the CCBHC from its opening date in 2018 through December 2020.

The Joint Commission

Collaborative Partnerships

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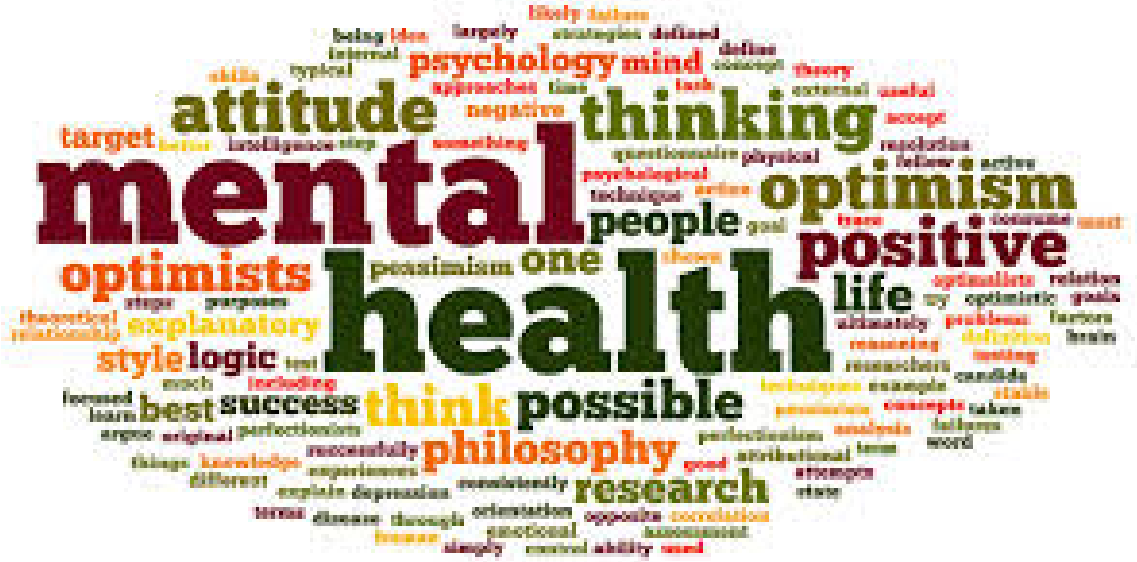
- EMS Rapid Opioid Overdose Team
  - Collaboration between Monarch and Stanly County EMS to administer Suboxone in the field and connect to treatment
  - Over a 2-year period this team was able to provide support to 120 people in our community who had suffered from an overdose
  - Monarch's Peer Support was utilized as the key engagement piece to build relationships and connect people in the community with the right level of care needed for each individual.

School collaboration

- Prior to covid-19 we had a therapist who provided in-school therapy to children. Our family partner helped to support parents with registration to help meet families where they were.
- Post covid-19 we continue to support the schools with telehealth visits.
- We are working on providing some small groups to engage social connectedness in one of our local charter schools.

Partnership With the Department of Health

- We have partnered with our Local Health Department to support a coordinated effort to educate primary care physicians about behavioral health screeners and the how to make referrals for higher levels of care



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How CCBCH Helped us prepared for Covid-19

- Increased access to care with virtual open access model
- Increase knowledge and connectivity with community resources
- Increase number of positions to support new programing
- Community-based teams in place to support individuals where they were safe at home

Access to Care

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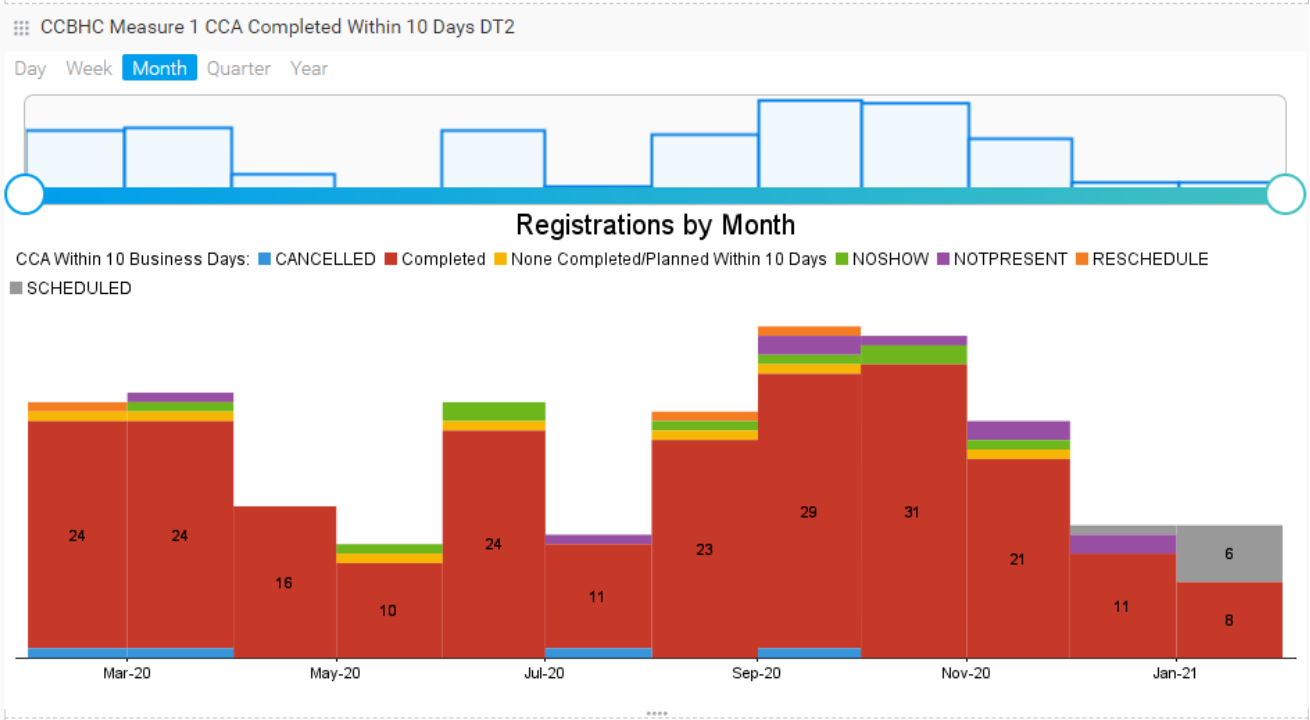
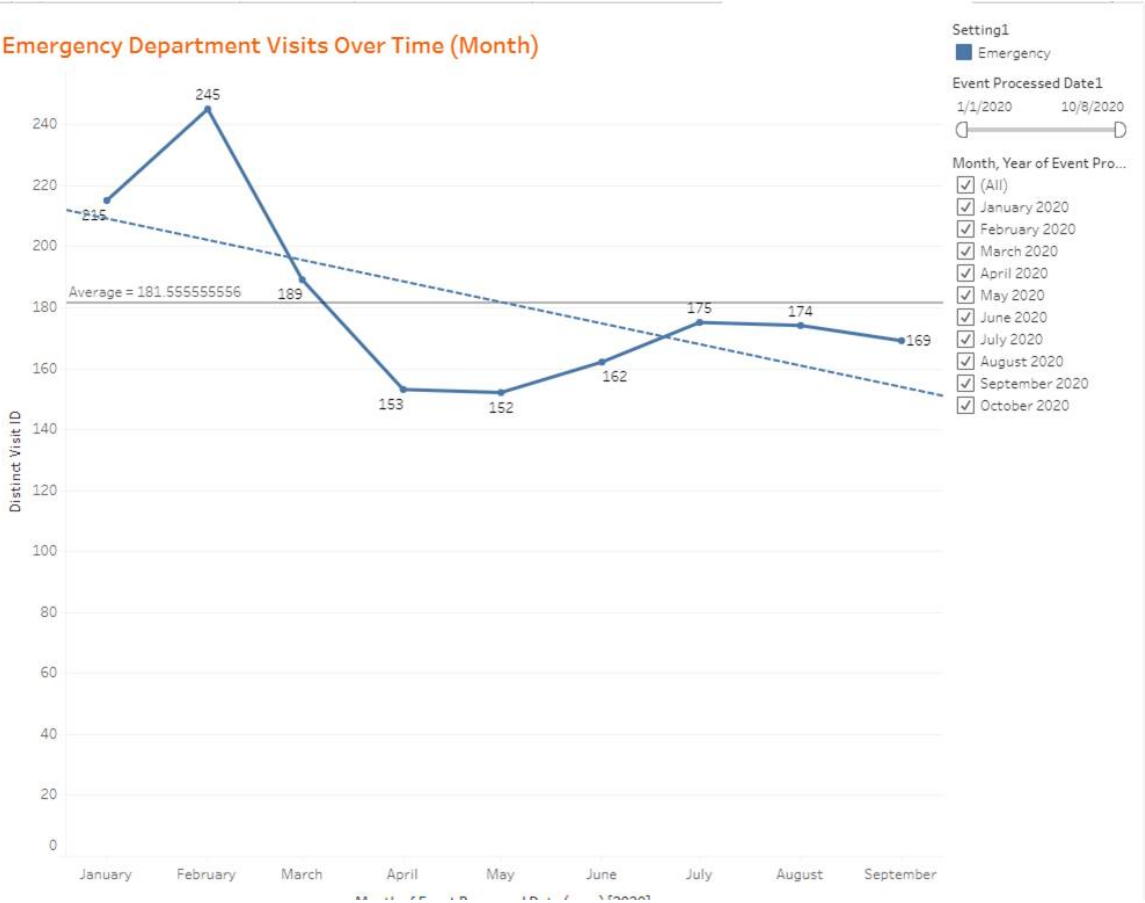
Using our virtual open access program 90% of all patients who needed a Comprehensive Clinical Assessment received that service within 10 days



Decrease in Emergency Room Utilization

Through partnerships with Patient Ping, we were able to see how patients enrolled in the CCBHC were utilizing Emergency Room services

Overall, we saw a decrease in utilization for patients supported by the CCBHC



Employment Opportunities

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- Thanks to CCBHC funding and program requirements 16 new positions were created to support one clinic.

New Positions Created

- Care Coordinators
- Targeted Case Managers
- Nurse Case Manager
- Outreach Specialist
- Family Partner
- Peer Support Specialist
- Senior Therapist
- CCBHC Project Coordinator
- CCBHC Project Evaluator
- Open Access Patient Navigator
- Occupational Therapist

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Joint Commission Standards and the CCBHC

Safety Culture Framework

Culture of Safety→

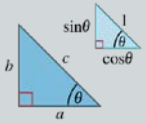
In its accreditation manuals, The Joint Commission (TJC) defines safety culture as "the sum of what an organization **is** and **does** in the pursuit of safety"

The Science of Safety

Skill based error

Rule based error

Knowledge based error



Safety Culture Improvement

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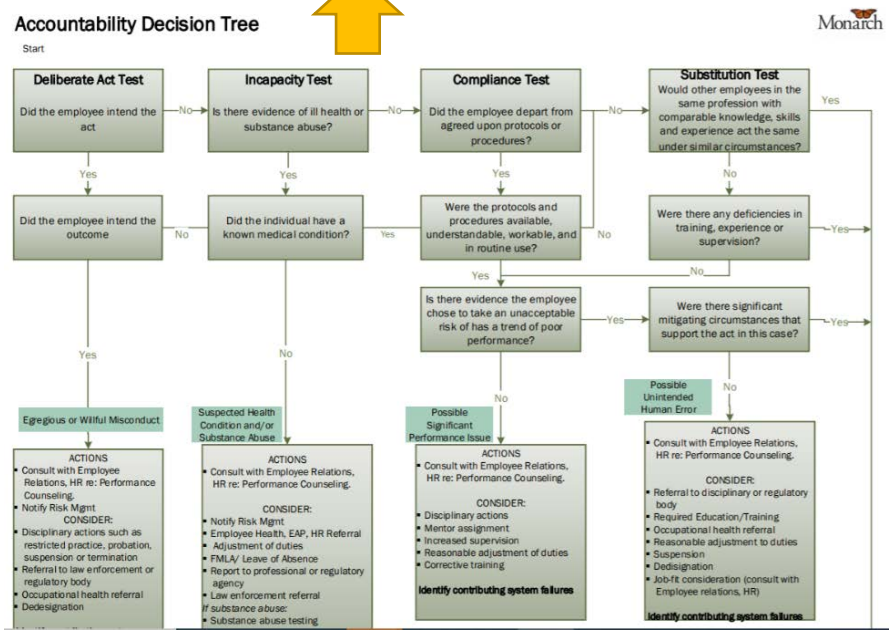
Culture Survey Question	Response		
	Strongly Agree/Agree	Neither/Sometimes	Strongly Disagree/Disagree
Staff are treated fairly when they make mistakes			
STAY (all agency)	71.0	14.0	15.0
CPS LTSS GH	44.3	26.7	29.0
CPS Med Office (everyone except GH)*	54.0	30.8	15.2

Positive movement support:

- Monarch Accountability Decision Tree (began Aug 2020)
- Partnered with HR on development and implementation
- Shared with staff via Hot Topics newsletter (Oct 2020)
- DPS celebration week



* 2019 CPS Medical Office survey asked: Staff feel like their mistakes are held against them

Near Misses – Important for Risk management and people's lives

- Help our processes improve
  - Therapist ID'd suicide and notifies provider by email
  - CCA in EHR didn't catch the suicide comment
  - Low score on suicide risk for nurse, but with provider, very high

Near Misses – Safer Matrix

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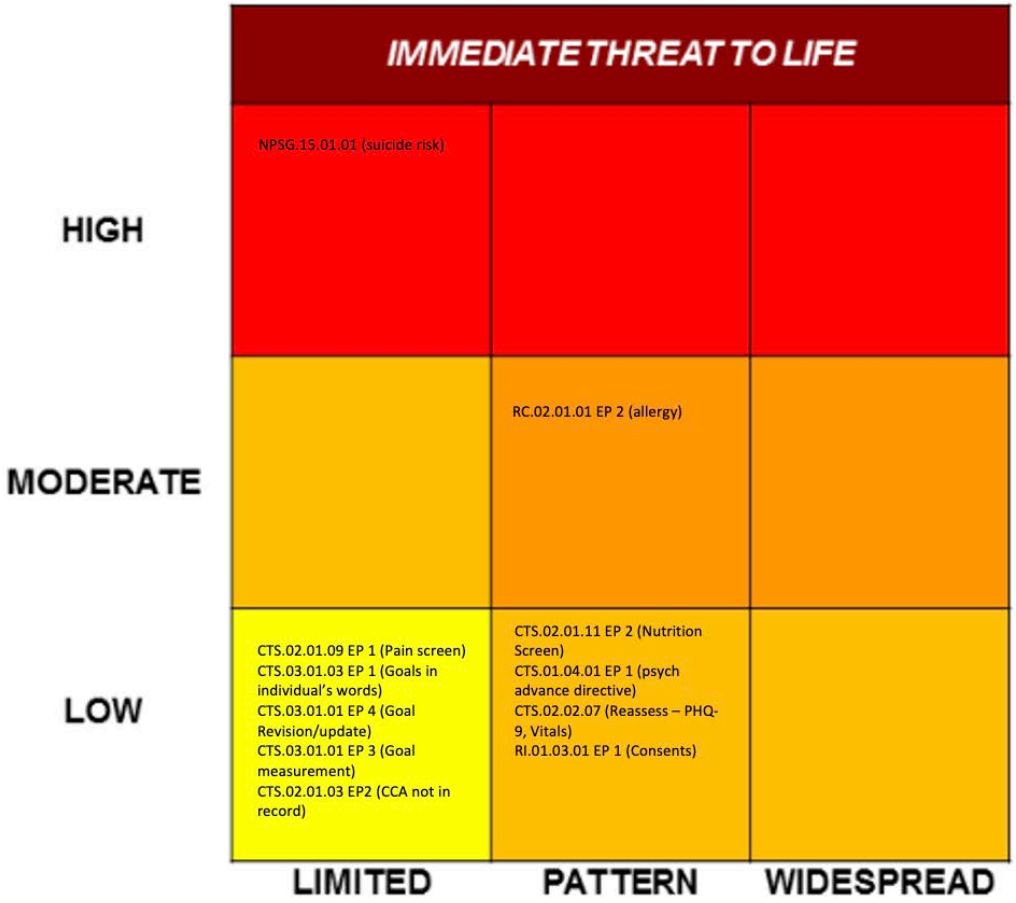

Tracers

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Joint Commission Resources

Tracer Observation Detail Report 04/15/2021 11:31 AM

MAT (Medication Assisted Treatment/Substance use) Tracer

Site: 574663 Monarch

Program: Behavioral Health and Human Services

Total Numerator : 28, Total Denominator : 32, Not Applicable Count : 9 (out of Total : 41)

Observation Header	
Tracer Instructions:	*No Instructions Provided*
Observation:	MAT (Medication Assisted Treatment/Substance use) Tracer - Angie, Bjorklund - 04/13/2021 08:38.705 AM
Observation Status:	Complete
Total Completed Observations:	1
Service Line:	BH
Location:	Behavioral Health - Stanly (Pee Dee Avenue)
Department:	Outpatient
Survey Team:	Angie Bjorklund
Observation Date:	04/13/2021
Staff Interviewed:	closed record review
Unique Identifier:	852406
Observation Notes:	1. Screening/Eligibility Criteria for the MAT program? Unable to locate labs/UDS/Pregnancy screening as noted in MAT SOP. Per SOP, To ensure safe and effective treatment, a series of tests and labs will be completed as part of the MAT eligibility process. The Medical Provider will review all test results and take the findings into account in determining appropriateness for admission to the MAT Program. Tests/Screenings include:

Tracers

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Joint Commission Resources

Tracer Observation Detail Report 04/15/2021 11:31 AM

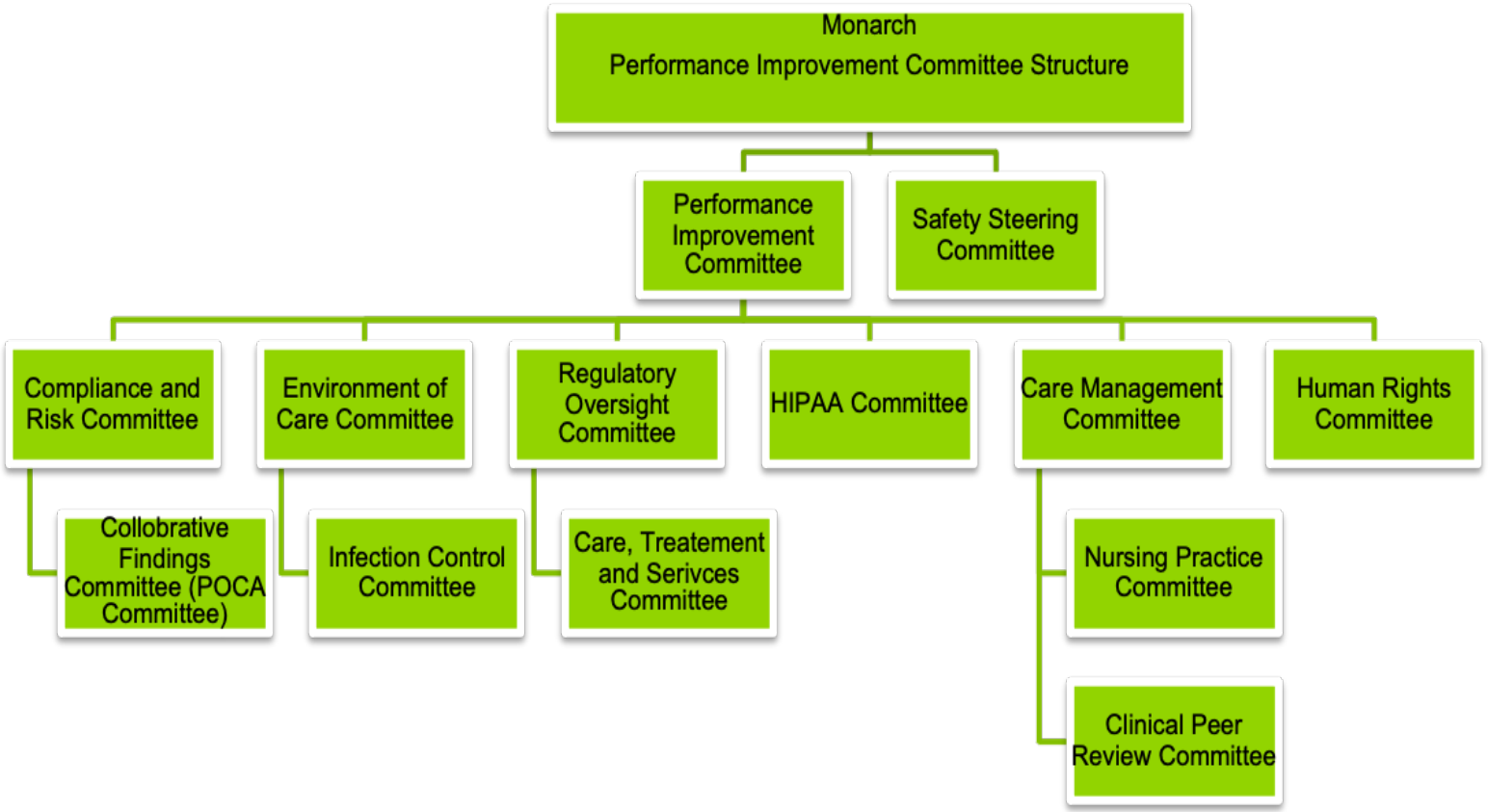
MAT (Medication Assisted Treatment/Substance use) Tracer

Site: 574663 Monarch

Program: Behavioral Health and Human Services

1 ☐ N/A	During the intake/admission process, was the individual screened to determine if there is a need for immediate intervention to protect the individual from self harm?			
	◉ Yes ○ No	**Num:** 1	**Den:** 1	**Comp%:** 100.00
	CTS.02.01.01 EP 1 - The screening procedure determines the need for immediate intervention to protect the individual served or others. **NPSG.15.01.01 EP 2** - Screen all individuals served for suicidal ideation using a validated screening tool. Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.			
2 ☐ N/A	Individual was screened as the following risk			
	Level of Suicide Risk Identified (Select one) :			
	○ No Risk	◉ Low Risk	○ Moderate Risk - process followed	
	○ Moderate Risk - process not followed	○ High Risk- process followed/interim measures	○ High Risk - process not followed/no interim measur	
	Comp%: 100.00			
Substance Use Disorder Assessment				
3 ☐ N/A	Does the assessment include age of onset related to the individual's history of alcohol use, drug use, nicotine use, and other addictive behaviors?			

Committees



Handwashing

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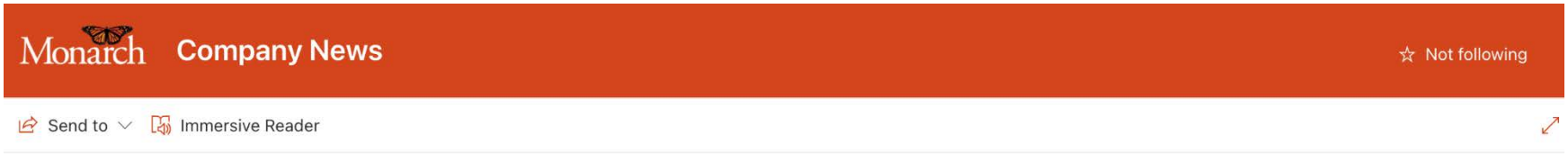

Percent of Compliant Submissions

Department Name	Total Number Of Submissions	Number Of Compliant Submissions	Percentage of Compliant Submissions
Crisis	10.0	10.0	100.00%
East-Group Home	319.0	318.0	99.69%
Outpatient	86.0	86.0	100.00%
PSR	50.0	50.0	100.00%
Vocational	121.0	121.0	100.00%
West-Group Home	209.0	206.0	98.56%
Grand Total	795.0	791.0	99.50%

Emergency Management

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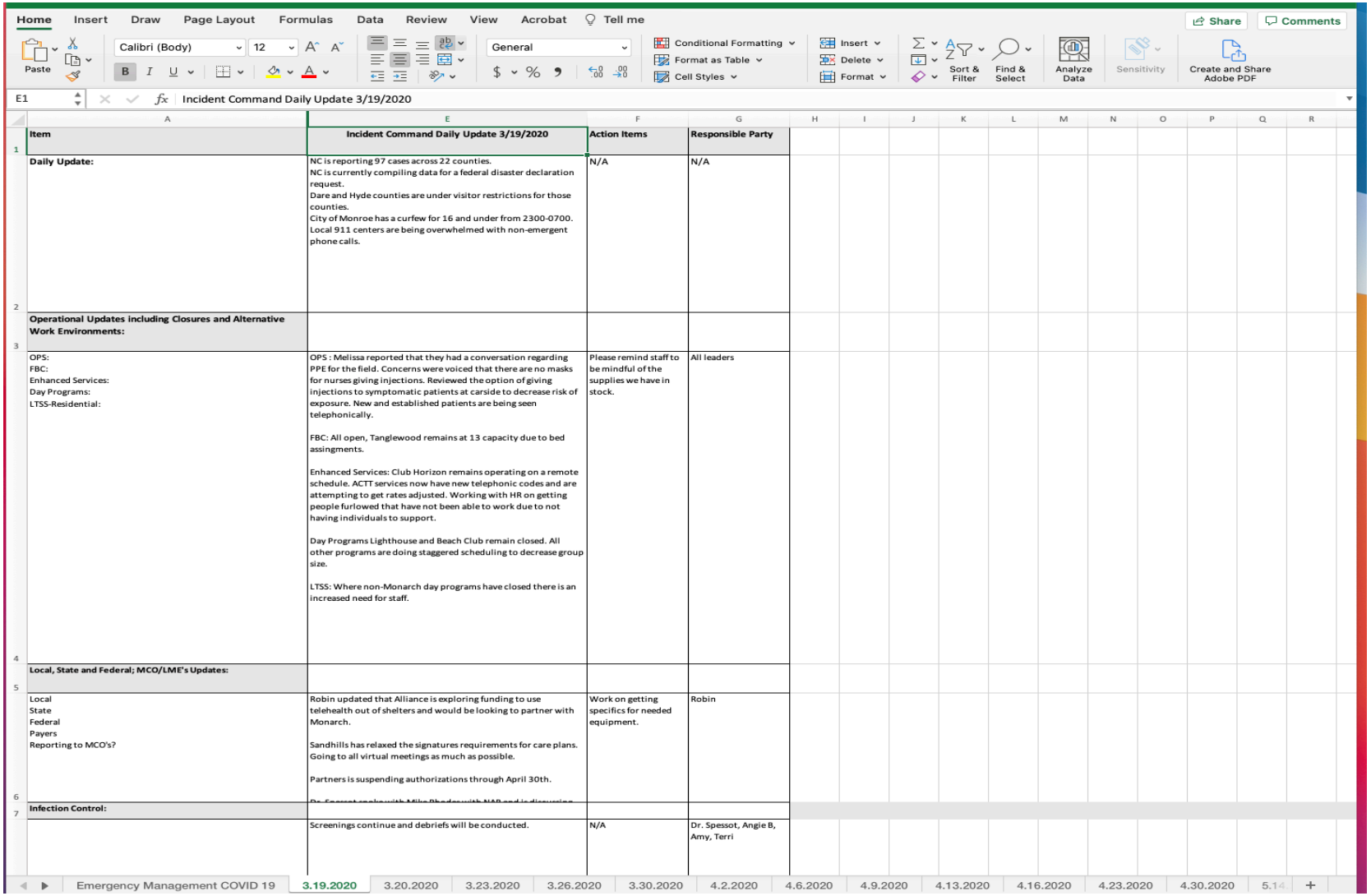
- Incident Command, called by Director
- Includes all management staff
- Details what we know and what we need to do
- Continues daily or more or less often, depending on need
- Ends when the issue is considered resolved
- Final summary of lessons learned created



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Paste | Calibri (Body) | 12 | General | Conditional Formatting | Format as Table | Cell Styles | Insert | Delete | Format | Sort & Filter | Find & Select | Analyze Data | Sensitivity | Create and Share Adobe PDF

E1 — Incident Command Daily Update 3/19/2020

Item	Incident Command Daily Update 3/19/2020	Action Items	Responsible Party
Daily Update:	NC is reporting 97 cases across 22 counties. NC is currently compiling data for a federal disaster declaration request. Dare and Hyde counties are under visitor restrictions for those counties. City of Monroe has a curfew for 16 and under from 2300-0700. Local 911 centers are being overwhelmed with non-emergent phone calls.	N/A	N/A
Operational Updates including Closures and Alternative Work Environments:			
OPS: FBC: Enhanced Services: Day Programs: LTSS-Residential:	OPS : Melissa reported that they had a conversation regarding PPE for the field. Concerns were voiced that there are no masks for nurses giving injections. Reviewed the option of giving injections to symptomatic patients at carside to decrease risk of exposure. New and established patients are being seen telephonically. FBC: All open, Tanglewood remains at 13 capacity due to bed assingments. Enhanced Services: Club Horizon remains operating on a remote schedule. ACTT services now have new telephonic codes and are attempting to get rates adjusted. Working with HR on getting people furlowed that have not been able to work due to not having individuals to support. Day Programs Lighthouse and Beach Club remain closed. All other programs are doing staggered scheduling to decrease group size. LTSS: Where non-Monarch day programs have closed there is an increased need for staff.	Please remind staff to be mindful of the supplies we have in stock.	All leaders
Local, State and Federal; MCO/LME's Updates:			
Local State Federal Payers Reporting to MCO's?	Robin updated that Alliance is exploring funding to use telehealth out of shelters and would be looking to partner with Monarch. Sandhills has relaxed the signatures requirements for care plans. Going to all virtual meetings as much as possible. Partners is suspending authorizations through April 30th.	Work on getting specifics for needed equipment.	Robin
Infection Control:			
	Screenings continue and debriefs will be conducted.	N/A	Dr. Spessot, Angie B, Amy, Terri

Emergency Management COVID 19 | 3.19.2020 | 3.20.2020 | 3.23.2020 | 3.26.2020 | 3.30.2020 | 4.2.2020 | 4.6.2020 | 4.9.2020 | 4.13.2020 | 4.16.2020 | 4.23.2020 | 4.30.2020 | 5.14

Monarch Environment of Care Program
Emergency Management Documentation and Critique

Date of Disaster: 9/8/2018

Time Disaster Began: State of Emergency declared on 9/8/2018

Type of Disaster: Hurricane Florence – Category 3 Hurricane forecasted to affect the entire service area, but more heavily in the central piedmont and coastal regions.

Documentation of Disaster:

- On 9/8/2018 Hurricane Florence has been forecasted to affect North Carolina
- *Pre-Disaster Meeting called for 9/10/2018 – Attendee List included as Attachment A*

  Meeting Minutes

  9/10/2018 4pm –

  Reviewed lessons learned during Hurricane Matthew – no organized pre-planning prior to the storm, total loss of unattended vehicles left in low lying areas, loss of medical records and loss of IT equipment that could have been moved to higher areas.

  The safety department is recommending that all employees download the ReadyNC app to keep up to date on the latest NC Emergency Management information. This includes current evacuations, evacuation routes and open shelters.

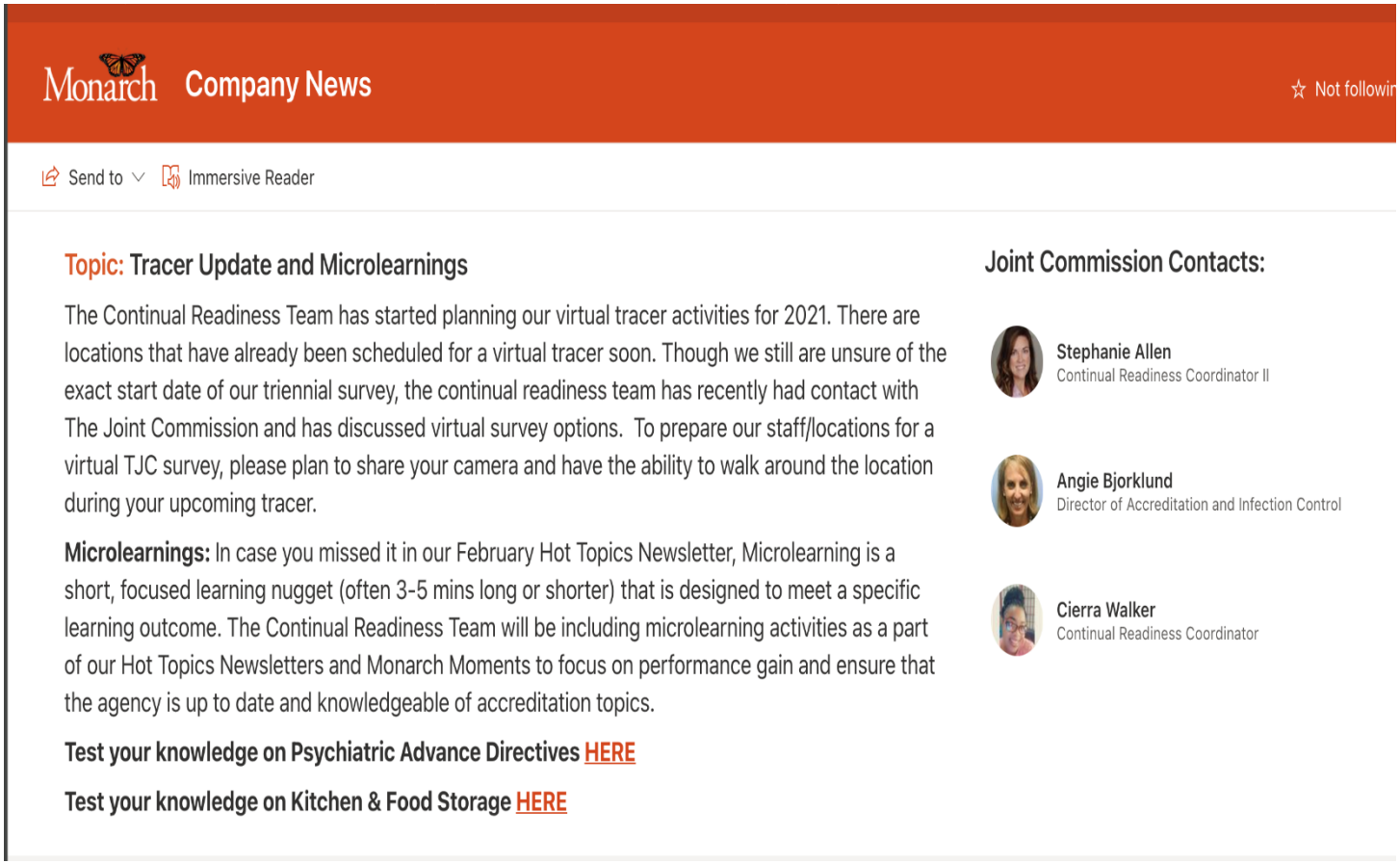
  Peggy recommended that HR work with Operations to make a location on SharePoint to offer shifts to displaced staff that still may want to work in other areas if they evacuate from their home locations. (Operations staff to work with Nanette, Sylvia and Harry on how to handle this project).

  We reviewed the closing procedures for locations to follow to ensure that all the information is disseminated properly to the appropriate departments. Leadership to remind staff of these procedures and to make sure they are followed.

  BH Operations to determine that best way to cover calls for med refills and rescheduling appointments for the closed locations. Also, to determine how to cover emergency calls that are received in the call center for the closed locations.

  Chip reported that all four locations with generators are prepared and ready to go on generator power in the event of a total power loss.

Continual Readiness



Monarch Company News

☆ Not followir

Send to Immersive Reader

Topic: Tracer Update and Microlearnings

The Continual Readiness Team has started planning our virtual tracer activities for 2021. There are locations that have already been scheduled for a virtual tracer soon. Though we still are unsure of the exact start date of our triennial survey, the continual readiness team has recently had contact with The Joint Commission and has discussed virtual survey options. To prepare our staff/locations for a virtual TJC survey, please plan to share your camera and have the ability to walk around the location during your upcoming tracer.

Microlearnings: In case you missed it in our February Hot Topics Newsletter, Microlearning is a short, focused learning nugget (often 3-5 mins long or shorter) that is designed to meet a specific learning outcome. The Continual Readiness Team will be including microlearning activities as a part of our Hot Topics Newsletters and Monarch Moments to focus on performance gain and ensure that the agency is up to date and knowledgeable of accreditation topics.

Test your knowledge on Psychiatric Advance Directives HERE

Test your knowledge on Kitchen & Food Storage HERE

Joint Commission Contacts:

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Continual Readiness Coordinator II

Angie Bjorklund
Director of Accreditation and Infection Control

Cierra Walker
Continual Readiness Coordinator

Monarch
CELEBRATING 60 Years
HONORING OUR PAST. CELEBRATING OUR FUTURE.

Thank you

Presenters:

- Monique Lucas, BSN, RN, CCM, CCCTM
- Monique.lucas@monarchnc.org

- Peggy Terhune, Ph.D., MBA, OT/L
- Peggy.terhune@monarchnc.org

Questions ?

New Resources from JCR:

2021 BHC Annual Conference (Live Virtual Event)

- October 26-28, 2021
- Register at www.jcrinc.com

PolicySource™

- Dozens of downloadable, sample policies and procedures for Joint Commission standards, reviewed and approved by The Joint Commission.
- Visit www.jcrinc.com

Policy Source™

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The Joint Commission

Thank You!

Don’t forget: Join us Thursday for our next COVID Q&A webinar for Behavioral Health Care!

The Joint Commission