

Collaboration in Certified Community Behavioral Health Clinics:

The New Frontier of Delivery Models

Partnership in the Business World

What can we learn from the business community?

What is co-branding and how can this apply to collaborative partnerships in the non-profit sector?

Co-branding occurs when two business services, or products, come together in such a way that both partners find value.

Win-Win



Betty Crocker and Hershey

Hershey Chocolate



Betty Crocker



Uber and Spotify

Uber: Transportation



Spotify: Music



Cover Girl and Lucas Films

Make Up



Movie Franchise

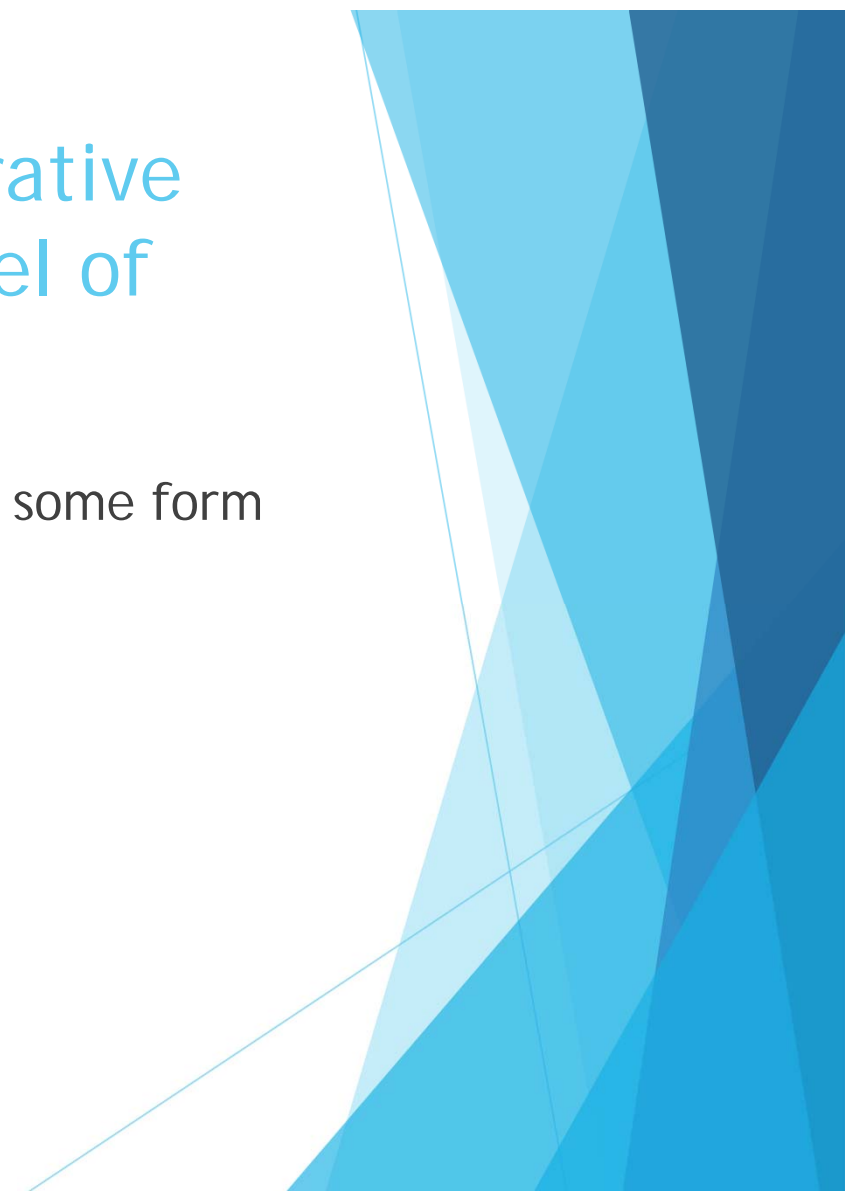


Value-added to both products

How does this relate to collaborative relationships in the CCBHC model of care?

Willingness to enter into partnerships that involve some form of shared risk but can produce value added to the organization's mission as a whole

“The DCO Relationship”

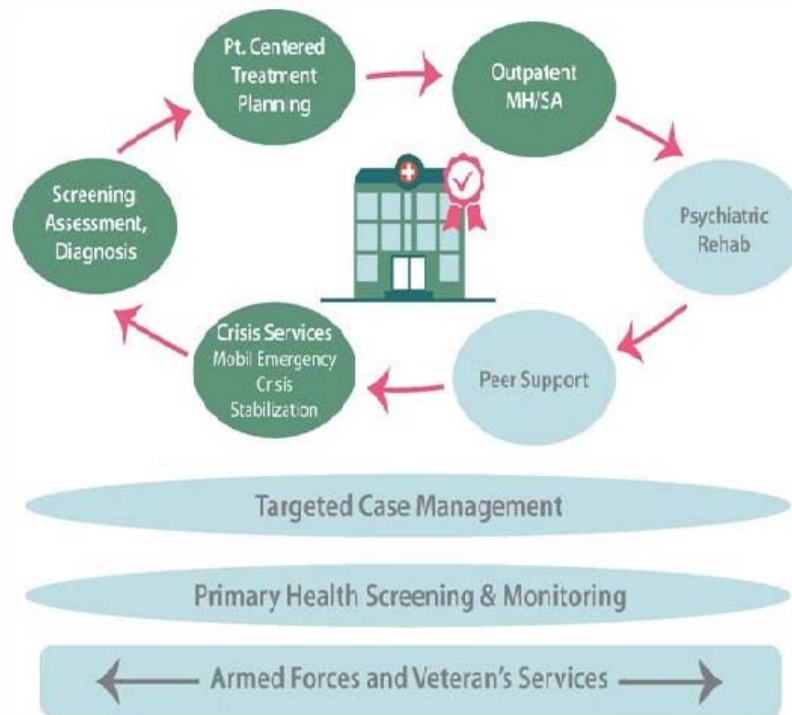


What is a Certified Community Behavioral Health Center

What makes this model unique?



CCBHC Scope of Services



Meeting Clinical Quality Measures

- ▶ Improved Access to Care: Time to Initial Evaluation
- ▶ Evidence Based Screening and Assessment- Screening for Suicide, Depression and Alcohol Use
- ▶ Tracking of Depression Remission at 12 months
- ▶ Tobacco and BMI Screening and Follow Up
- ▶ Initiation and Engagement in Substance Abuse Treatment
- ▶ Follow Up After Hospitalization for Mental Illness- Adult and Child

Levels of Partnership

- ▶ Referral Agreements
- ▶ Memorandum of Understanding
- ▶ Care Coordination Agreements
- ▶ Designated Collaborating Organization Agreements

Components of the DCO Relationship

- ▶ You provide a service, as part of our CCBHC array of services, and we pay you for the provision of that service to our members
- ▶ SAMSHA formal definition of DCO: Not under the direct supervision of the CCBHC, but is engaged in a formal relationship with the CCBHC and delivers services under the same standards of the CCBHC

Berks Counseling Center

CCBHC Services

- ▶ Must be provided directly
 - ▶ Screening, Assessment and Diagnosis
 - ▶ Person and Family Centered Treatment Planning
 - ▶ Outpatient Mental Health and Substance Abuse Treatment
 - ▶ Crisis (with some exception)
- ▶ May be provided via DCO
 - ▶ Primary care screening and monitoring
 - ▶ Targeted Case Management
 - ▶ Psychosocial Rehab
 - ▶ Peer and Family Support
 - ▶ Community based services veterans

BCC DCOs

- ▶ Service Access and Management (Crisis)
 - ▶ All involuntary hospitalization
 - ▶ Off hours crisis response
 - ▶ Mobile crisis
- ▶ Threshold Rehabilitation Services (Psychosocial Rehab)
 - ▶ Mosaic House: Clubhouse for adults
 - ▶ Hope Springs: Clubhouse for transition age

What makes this relationship unique: risks and rewards

- ▶ CCBHC bills and remains clinically responsible for the service
 - ▶ Must have in place a formal agreement for Purchase of Services that reimburses the DCO at fair market value: DCO Agreement
 - ▶ Responsible for out of pocket fees and third party billing
 - ▶ Must include DCO costs in CCBHC Cost Report
- ▶ DCO must meet all the same standards and expectations of the CCBHC
 - ▶ Training- EBP, recovery oriented, trauma informed, culturally competent
 - ▶ Reporting data related to key clinical quality measures
 - ▶ Provision of integrated, coordinated care
 - ▶ Access to care
 - ▶ Input from consumers and family members
 - ▶ CCBHC grievance procedures

Components of a DCO Agreement

- ▶ Scope of Services
- ▶ Billing/Payment for Services
- ▶ Record Keeping and Reporting
- ▶ Confidentiality and HIPAA
- ▶ Terms of the Agreement
- ▶ Terms Related to Breach of Agreement
- ▶ Applicable Laws and Other Guidance
- ▶ Excluded Parties

Berks Counseling Center and Threshold Rehabilitation Services

“ The DCO Relationship ” and how we make it work.



Key Components

- ▶ Documentation within shared EHR: critical to clinical care coordination and timely access to information
 - ▶ Threshold: Scanned and Attached
 - ▶ SAM: Direct
- ▶ Full time CQI Director and CQI Team responsible for oversight of DCOs
 - ▶ On site visits and cross training
 - ▶ Review of documentation for quality standards and accuracy of billing
- ▶ Close collaboration with BCC's Clinical Team
 - ▶ SAM and BCC Crisis Counselor
 - ▶ Threshold participation in Huddles

Feedback from year one: rewards have far exceeded challenges

Challenges

- ▶ Significant commitment of key staff time: CQI Director, Crisis Counselor, Management Staff; Training time
- ▶ Navigating separate EHR systems, the need for data, and efforts to minimize double work

Rewards

- ▶ Improved clinical care
- ▶ Better managing patients in crisis
- ▶ Improved utilization of psych rehab services to support clinical care and timely access to that care

The Patient Perspective



SAM, Inc. Scenario: Crisis Services



- ▶ Jennifer is a 20 year old with a history of suicidal thoughts. On a Thursday evening, she begins developing a plan to follow through with her thoughts. She calls SAM, Inc. the DCO that covers evening crisis calls.
 - ▶ SAM is able to look in the shared record to view Jennifer's crisis plan
 - ▶ Using the coping skills identified in the plan, they are able to help Jennifer de-escalate, without requiring hospitalization, and contract for safety.
 - ▶ SAM documents in the shared record the steps they took with Jennifer and leave a message with BCC's crisis worker
 - ▶ Friday morning, the crisis worker and the primary therapist review the situation during the daily huddle and develop a support plan
 - ▶ Jennifer receives additional follow up and intervention on Friday, helping her to remain in the community

Mosaic House Scenario



- ▶ Dan is a current patient at BCC. During his counseling sessions, he is reporting that he would like more structure in his day, would like to get a job, and does not have a lot of social activity.
 - ▶ The counselor is able to discuss and recommend that he begin attending Mosaic House where he can develop social relationships and learn job skills.
 - ▶ The counselor completes the referral and sends it to Mosaic House. At the same time, the counselor notifies medical records to grant Mosaic House access to the chart.

That's great, referrals are easier, but what about integrating care?

- ▶ As part of the integrated team, Mosaic House staff participates in Dan's treatment planning and Psych Rehab goals are part of the plan.
- ▶ Mosaic House staff can see what progress Dan is making in mental health treatment and vice versa.
- ▶ Mosaic House staff notices that Dan is having side effects from his medication, they can openly communicate with BCC staff to alert the doctor and get an appointment scheduled.
- ▶ Engagement - Dan starts missing his BCC appointments, Mosaic House staff can look at his schedule and help remind him about his appointments.
- ▶ Health Care - Dan shares with Mosaic House staff that his PCP diagnosed him with Diabetes. Mosaic House documents this in the shared record and communicates with the primary counselor. Wellness activities such as walking and healthy eating are incorporated into the treatment plan and he is enrolled in Wellness services.

What's on the horizon to improve collaboration further?

- ▶ Mosaic House staff will participate in Admissions huddle. This will allow referral to Psych Rehab immediately from admission.
- ▶ The team model will expand to the Clinical department to allow for closer patient monitoring, continuity of care, and referrals in a timely manner.
- ▶ Mosaic House staff will participate in Clinical team huddles to help shape recommendations throughout treatment.



The DCO Perspective



The Initial Process

- ▶ Why did we decide to partner with a CCBHC?
- ▶ Formal Letter of Intent
- ▶ Purchase of Service Agreement between the CCBHC and the DCO
- ▶ Management collaboration between the CCBHC and the DCO
- ▶ Training provided by CCBHC to DCO on EHR and Screenings

Challenges

- ▶ Learning new EHR system- twice
- ▶ Ensuring no duplication of service times
- ▶ Referrals from CCBHC to DCO
- ▶ Integration of Service Plan



Rewards and Future Opportunities: Entering Year Two

- ▶ Benefit to Individual
- ▶ Referrals from CCBHC to DCO
- ▶ Decrease in high cost services- ER and Inpatient