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Rutland Mental Health Services | Rutland Community Programs

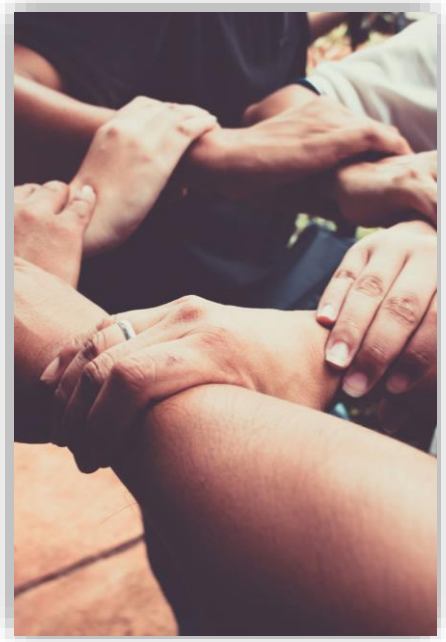
House Committee on Health Care

May 2, 2024

Topics we will cover:

- Certified Community Behavioral Health Clinic
- Data Analytics
- Key Data
- Workforce
- Excitement/Concerns

Certified Community Behavioral Health Clinic (CCBHC)



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Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov

What is a CCBHC?

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. The CCBHC model is intended to alleviate challenges in providing access to mental health and substance use care. Authorized by the Protecting Access to Medicare Act of 2014 and under the auspices of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

As an integrated and sustainably-financed model for care delivery, CCBHCs:

- ***Ensure access*** to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).
- ***Meet stringent criteria*** regarding timeliness of access, quality reporting, staffing and coordination with social services, criminal justice and education systems.
- ***Receive funding*** to support the real costs of expanding services to fully meet the need for care in their communities.

More than 500 Certified Community Behavioral Health Clinics and CCBHC grantees are operating in 46 states, plus Washington DC and Puerto Rico.

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Quality of Care Model

- Focus on service access, comprehensive Mental Health and Substance Use Disorders care, whole-person, and evidence-based service delivery to all who live in the Rutland Region
- Guides the development of policy and practice
- Supports use of data as a driver of agency operations

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Fatal & Non-fatal Opioid Overdose

- Collaboration
- Access to harm reduction supplies
- Education & Outreach
- Targeted Case Management
- Intensive Outpatient infused with evidence-based practices

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Primary Care Screenings

- Review of history and systems
- Draw labs in a safe, trauma-responsive space
- Monitoring
- Care coordination
- Insurance support
- Referral tracking

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Care Coordination

Formal Agreements with:

- Community Health (FQHC)
- Rutland Regional Medical Center
- VT Department for Children & Families
- Recovery House/Serenity House (SUD residential)
- Rutland Pharmacy
- Veterans Administration (in development)

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We are at the tail end of the transition from paper-based data

Analytics and Quality Improvement

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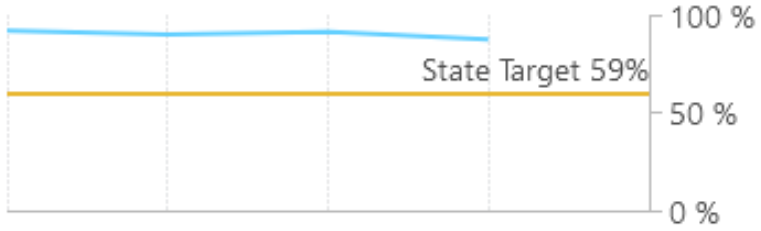
% Adult clients screened for depression at intake

Q4, FY23	Q1, FY24	Q2, FY24	Q3, FY24	Q4, FY24	Target	90th Pct
91.8%	90.0%	91.4%	87.5%		59%	98%



Compliance vs. Quality vs. Insight

State requires DAs to administer the PHQ-9 depression screening at intake; SAMHSA (CCBHC) requires the same, but also follow-up PHQ-9 screenings after 6 months, to check for remission. We are preparing to use this data to build insights into our treatment outcomes.

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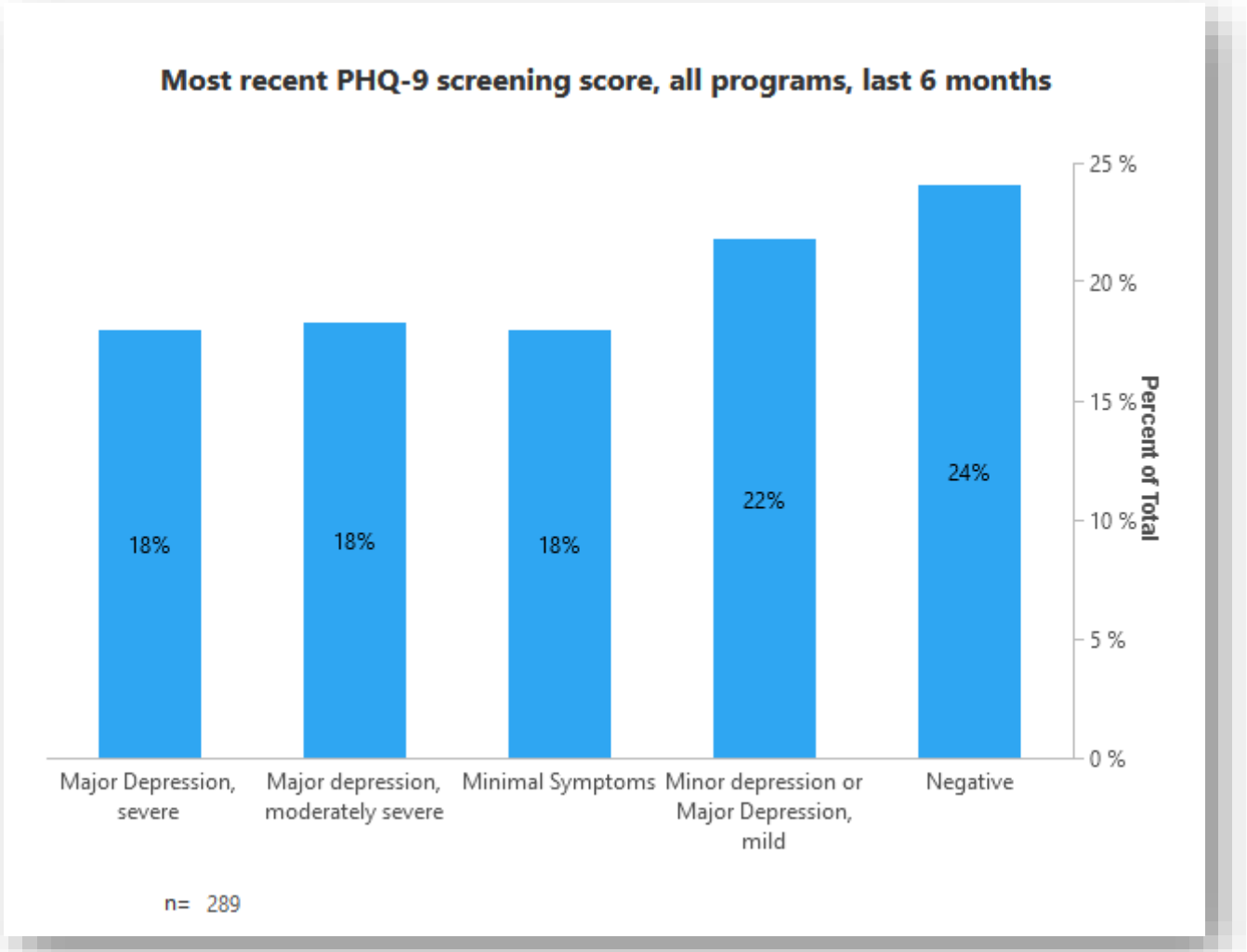
Building data to feed quality

Setting up data to drive quality requires a different approach – need to set up with both specific outcomes and open-ended inquiry in mind.



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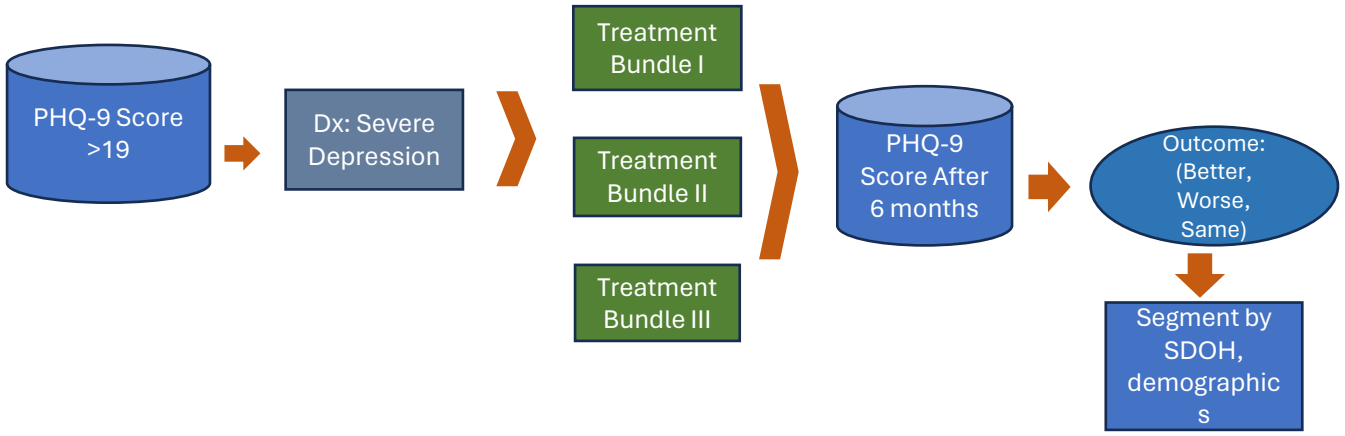
Building clinical outcome chains

What treatment options / evidence-based practices that we offer are most effective for severe depression (for example)?



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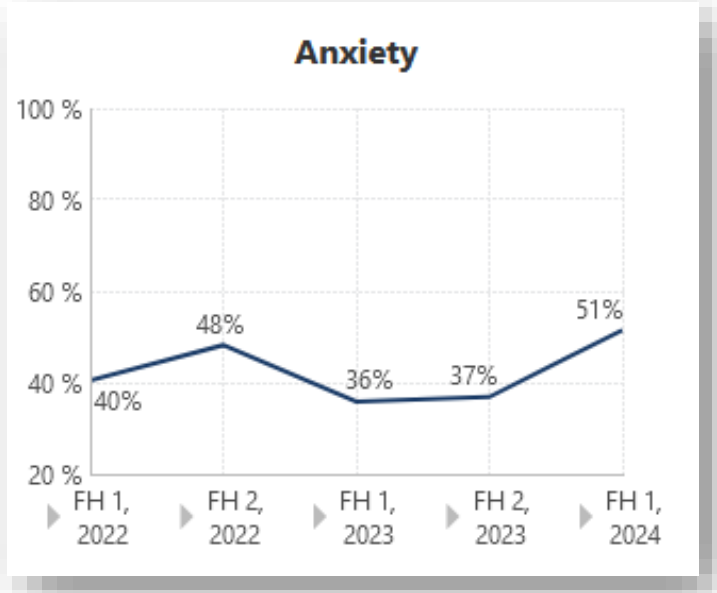
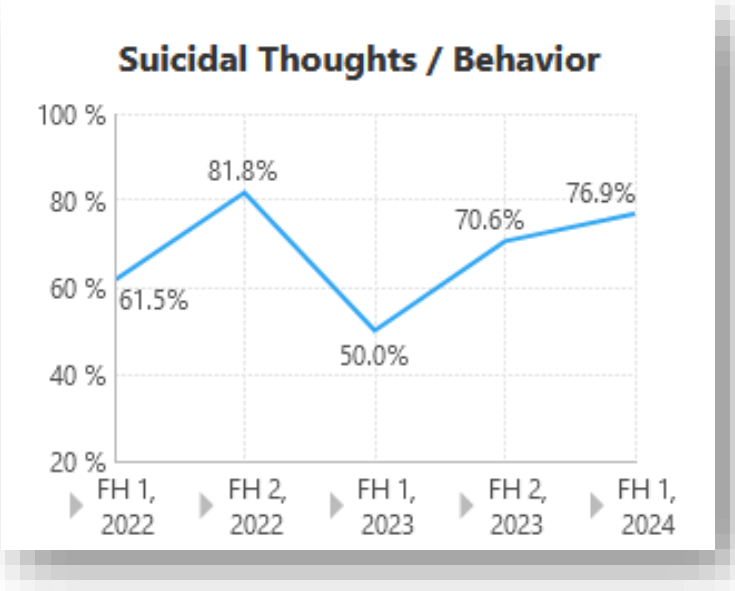
Most important part: Bring it to the clinician

The greatest challenge: Clinicians, case managers, direct support and admin staff have multiple, overlapping documentation and compliance responsibilities beyond treatment. How will more information make their practice better?





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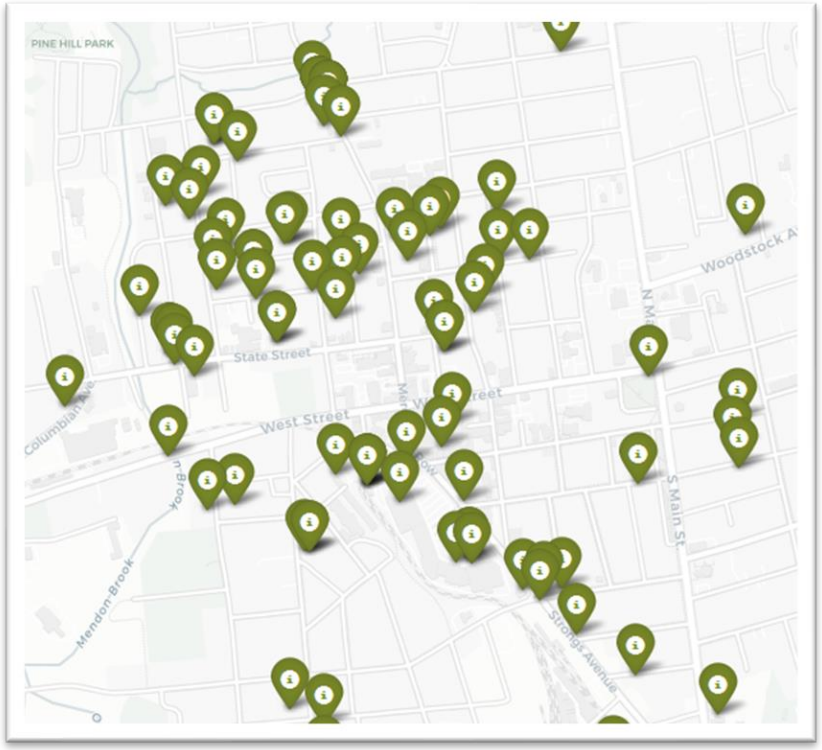
Where are we going with our analytics?

Building greater integration with other local health care entities like Rutland Regional Medical Center and Community Health FQHC; working out ways to share data as with the Street Outreach program; building predictive capabilities using this data.



Some Data Highlights

Survey Highlights

from July 1, 2022 to June 30, 2023

ADULT SERVICES & CRT

would recommend this program to a friend or colleague

reported staff treated them with respect.

"My quality of life improved as a result of the services I received."

– CCN client

DEVELOPMENTAL SERVICES

reported staff treated them with respect

said their quality of life improved as a result of the services they received

"The people I work with are very nice."

– CCN client

SUBSTANCE USE SERVICES

said the services they received made a difference

said their quality of life improved as a result of the services

EMERGENCY SERVICES

said they received services that were right for them

were satisfied with the services they received

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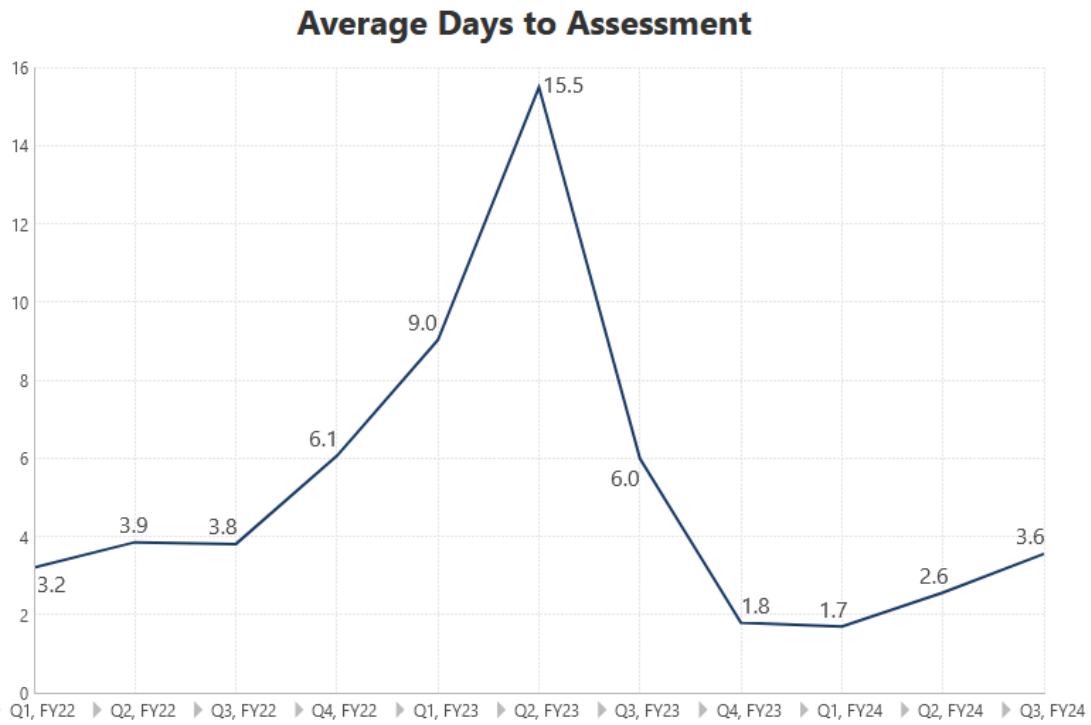
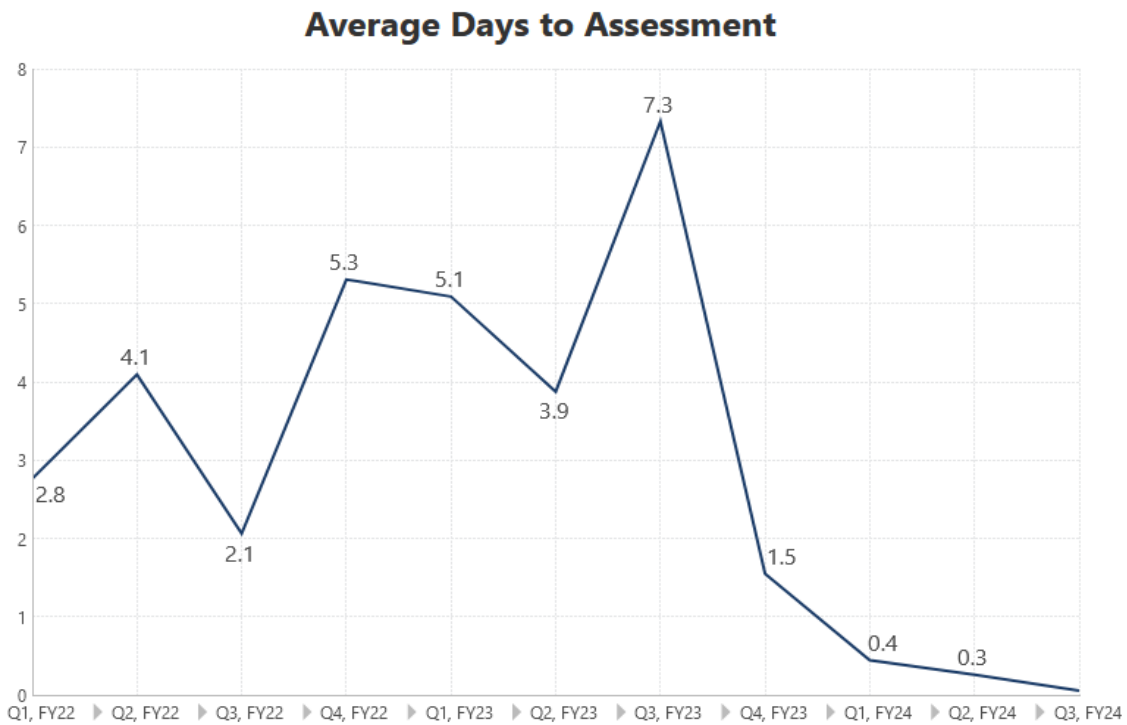
Reduced Time to Services

Mental Health



Substance Use



Average days from intake screening call to first available assessment.

CCN-RMHS started Open Access in Adult Mental Health in January 2023, and in Substance Use in April 2023.
Within a few weeks, wait times for the initial assessment plummeted from more than two weeks to under two days.

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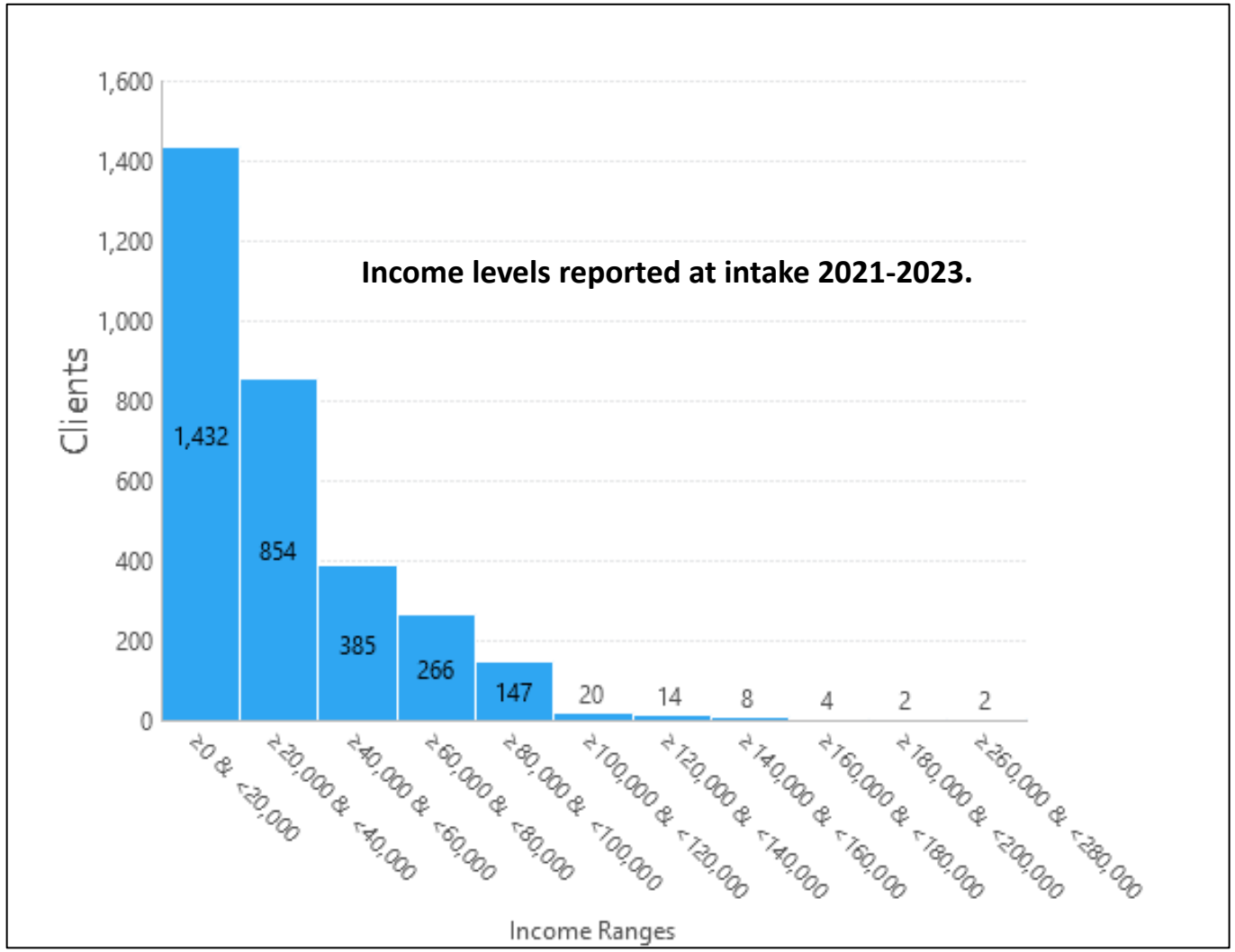
Emergency Services Response Time

Minutes measured from the time of call to the start of clinician / client interaction.

The Emergency Services team helps nearly 1,300 people every year, handling more than 200 calls or texts for help each month, as well as responding more than 90 times a month to help people in severe crisis.

Family Income



We primarily serve people with family incomes below the Vermont median family income of $74,000. About 90% of total revenue is from Medicaid

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Our Workforce

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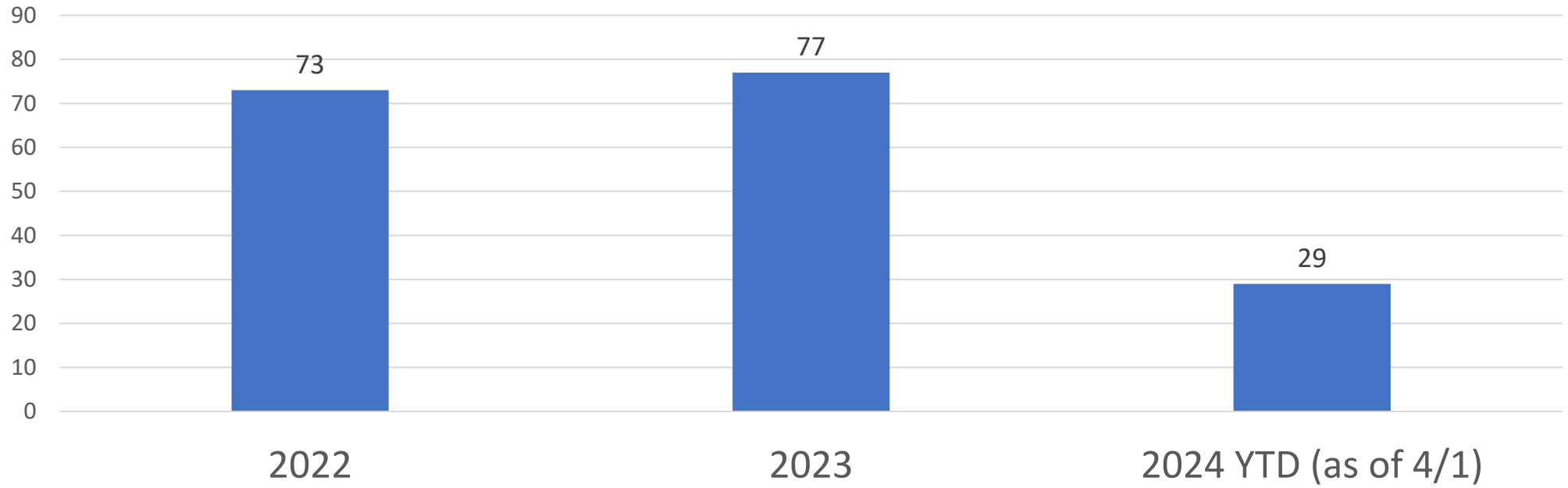
Hires Per Year



- Approximately 80 hires per year (employee census of 300±)
- About one-quarter of our workforce is being hired annually
- Turnover rates at behavioral health facilities averaged 31.3% in 2022. Across seven job classifications, turnover rates range from an average of 17.37% for supervisors to 37.17% for mental health workers/psychiatric aides. *Source: Open Minds, June 2022*

“Critical” Vacancies

April 2024

Positions	FTE
○ Mental Health & Substance Use Clinicians	9
○ Nurses/APRNs	2
○ Mental Health & Substance Use Managers	3
○ Other Managers/Supervisors	4
○ Residential Recovery Specialists	.5

Difficulty recruiting due to lack of qualified candidates and inability to match the market. <u>We are competing with everybody.</u>

Total FTE vacancies: 24.5: 17.5 FTE Mental Health & SUD/7 Developmental Services

Recruitment and Retention Challenges

- Candidates declining offers:
  - CCN-RMHS missed out on 15 candidates since November due to higher pay elsewhere.
  - As a result, for some crucial positions we have had to increase base pay to compete with the market.
  - For other positions, they remain vacant as wage demands exceed our ability to pay for them.

- Budgetary implications:
  - In cases where we have had to increase starting pay it has impacted our costs, not just for the new employee, but in the need to increase wages of existing staff to correct for internal compression. Funding does not keep pace.

What We are Excited About

- CCBHC certification (when VT joins the CCBHC Demonstration State project). Expanded mental health/SUD service offerings and cost-based reimbursements for financial viability. Currently are 1 of 2 DAs selected by DMH as “ready” to be certified.
- Reaching beyond Telehealth. Evolution of Artificial Intelligence and digital tools for mental health/SUD diagnosis, treatment and symptom monitoring, and tools to help reduce documentation burden.
- Investment in Analytics and Quality Improvement initiatives that help us make better care decisions.
- Development of Data Sharing with other community health providers for improved care coordination and warm handoffs. New 42 CFR Pt. 2 permission changes are beneficial for sharing SUD information.

And Some Concerns...

- New U.S. Dept. of Labor Overtime Rules (eff. 7-1-24 and 1-1-25) significantly increase salary thresholds (by 65%), making many more employees eligible for overtime pay. No new funding to meet requirements of the rule.
- Current funding models impede ability to respond to community needs by growing services/staff, keeping pace with costs, and investing in improvements/advancements (e.g., hiring, technology, facilities, etc.). Fixed DMH monthly case rates are inadequate.
- Public Schools abandoning DA contracted mental health services in favor of hiring themselves.
- Uncertainty over impact of Conflict-Free Case Management changes (eff. 2025) for Developmental Disabilities. Financial, Employment & Service impacts unknown.
- Workforce shortages are likely chronic. Market wage pressures have not abated but intensified.


The End