

Behavioral Health Innovation and Transformation

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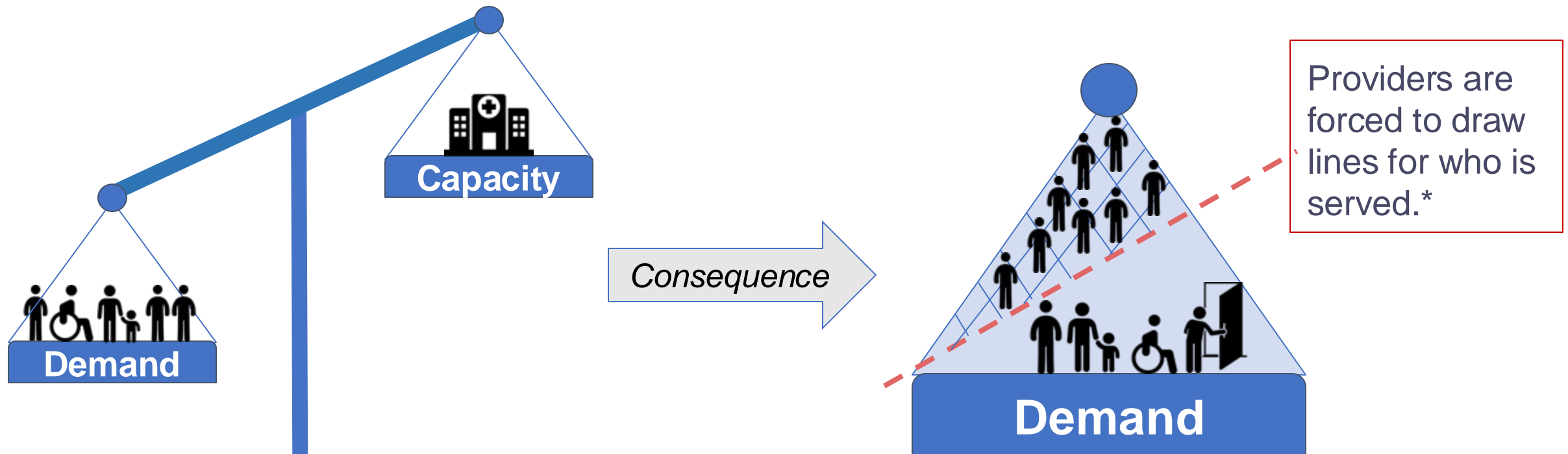
Overview of SEA1: Behavioral Health Matters

“The move toward a Certified Community Behavioral Health Clinic model will further increase access to quality behavioral health care across Indiana.” – Dr. Rusyniak, FSSA Secretary

- **Implement** Certified Community Behavioral Health Clinics (CCBHC) in Indiana
- **Maintain and strengthen** 988 Suicide & Crisis Lifeline
- **Increase access** to mobile crisis and crisis receiving services
- **Establishes** the Indiana Behavioral Health Commission

Current System Mismatch

The community mental health field has been dealing with the mismatch between capacity and demand for services for decades. This mismatch has grown significantly in recent years, on both dimensions.



**These lines are a formula—a mix of patients, payors, and services that balances financial viability with serving community needs.*

What is a CCBHC?

Certified Community Behavioral Health Clinics (CCBHCs) provide a comprehensive range of mental health and addiction services for anyone seeking services, regardless of their diagnosis, insurance, place of residence, or age.

The CCBHC model is a proven outpatient model that:

- **Ensures access** to high quality behavioral health care, including 24/7 crisis response.
- **Meets strict criteria** regarding access, quality reporting, staffing, and coordination with social services, justice, and education systems
- **Receives funding** to support the real costs of expanding services to fully meet the need for care in communities through a Prospective Payment System (PPS) rate



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CCBHC Key Enhancements

How CCBHC will transform the Indiana Behavioral Health system:



Quality

- Prospective payments allow services to be designed by needs, rather than billable codes
- 10 required evidence based practices
- 21 State and clinic collected quality metrics
- 4 Indiana specific impact measures (Access, SDOH, SUD, Crisis)



Transparency

- Increased data on service utilization
- Capacity to monitor outcomes and costs
- System and service adaptability based on community needs assessment



Access

- Established standards for integrated and coordinated care
- 24/7 access to crisis services
- Requirement to provide services to all Hoosiers seeking care
- Requirements for new client and ongoing services provided in a timely manner

Indiana's Crisis Response System

Pillar 1: Someone to Contact



A collaborative network of 988 centers respond to every call, chat, and text in a standardized and informed manner to resolve crises



Pillar 2: Someone to Respond



Mobile Crisis Teams (MCTs) are stationed across Indiana, ready to be dispatched by 988 centers for individuals who need in-person support



Pillar 3: Somewhere to Go



Crisis Stabilization Units (CSUs) across the State are open to receive individuals whose crises cannot be resolved over the phone or by an MCT



The Crisis Response Pillars, an **integral part of the future state of CCBHC**, are the most costly and underdeveloped portion of CCBHC. They are in need of the most direct to provider funding support during the transition to CCBHC.

Crisis Data Overview



Development of crisis dashboard to share the following:

- 988 call volume and KPIs
- Mobile crisis dispatches
- Crisis receiving and stabilization services volume
- Number of diversions from ED and criminal justice
- Impact of follow up services



Growth in crisis data quality and transparency to measure and communicate impact

Evidence Based Practice Requirements

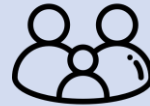
Evidence-Based Practices (EBPs) are a key element of what ensures that the services provided by CCBHCs are **high-quality and effective**.

Adult



1. Integrated Dual Diagnosis Treatment
2. Assertive Community Treatment

All Populations



3. Motivational Interviewing
4. Cognitive Behavioral Therapy
5. Trauma Focused Cognitive Behavioral Therapy
6. Dialectical Behavioral Therapy

Pediatric



7. Parent Management Training
8. Integrated Community Based Treatment
9. Behavior Management Strategies
10. Brief Strategic Therapy

Measuring Demonstration Performance

21 State- and Clinic-Collected Metrics will be tracked for the entire demonstration with 4 priority metrics identified as objectives for the demonstration program

Demonstration Priority Objectives



1. **Decrease average time to access CCBHC services**

- Measurement: includes average time to Initial Evaluation, Initial Clinical Services, and Crisis Services (I-SERV measure)



2. **Increase screening for Social Determinants of Health (SDOH) and utilize information to make data-informed decisions**

- Measurement: SDOH screening



3. **Increase engagement in SUD treatment**

- Measurement: Metrics to measure initiation and engagement in SUD treatment and use of pharmacotherapy for Opioid Use Disorder



4. **Enhance access to crisis services**

- Measurement: Count of crisis services provided

Transforming Behavioral Health Reimbursement Structure

The current CMHC system is funded through many siloed sources, resulting in an rigid system that is confusing to navigate. The CCBHC model streamlines the reimbursement structure with a clinic-specific Prospective Payment System (PPS) Rate.

Current State CMHC Funding & Reimbursement

Federal Block Grants

Provider Contracts

Misc. Grants + Donations

County Dollars

MRO (Estimated Match - Reconciliation Payments)

Net Patient Service Revenue (Medicaid)

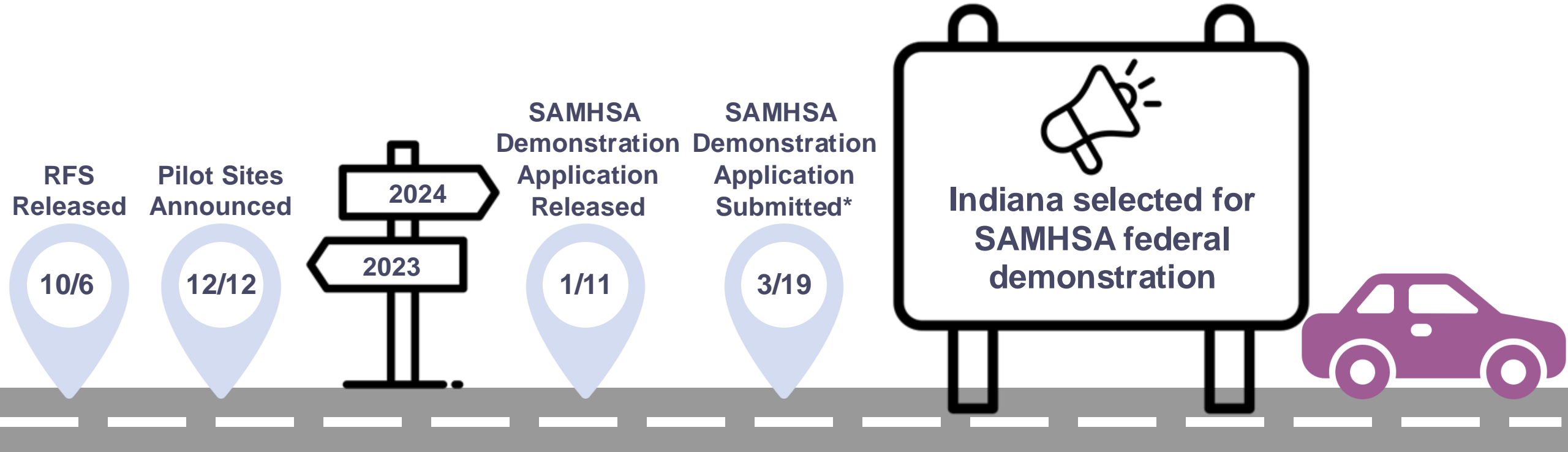


Future State CCBHC Reimbursement

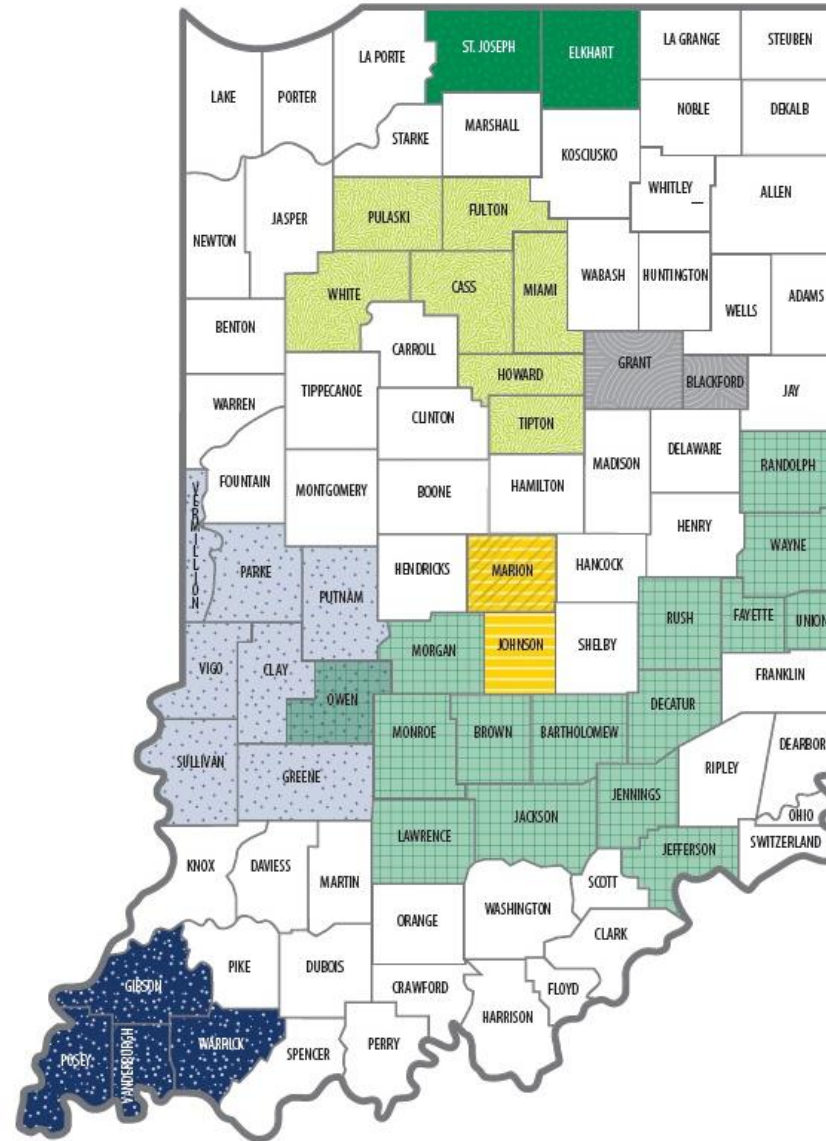
PPS-1 Daily Rate

- PPS-1 is a **single fixed, bundled** daily rate for each qualifying patient visit for all covered services and supplies
- Providers can fully encompass their costs, **streamlining** the support provided by the State
- Incentivizes whole-person, integrated care






Recent Project Milestones



CCBHC Demonstration



Competitively Selected Demonstration Pilot CCBHC Service Areas

-  Southwestern
-  Eskenazi Health
-  Centerstone
-  Oaklawn
-  Grant Blackford/
Radiant Health
-  Adult and Child
-  4C Health
-  Hamilton Center

SEA1: A Year Later - Provider Coverage

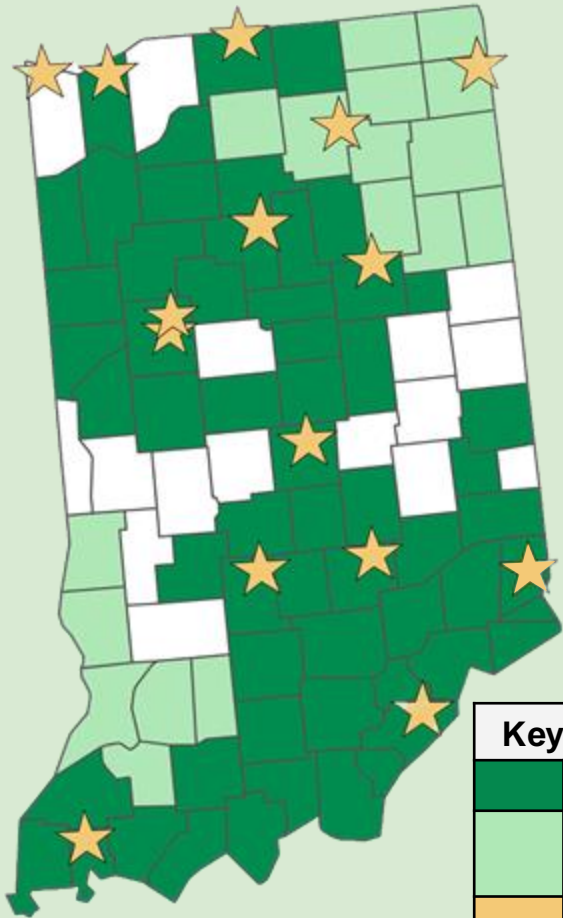
In the past year, SEA 1 funds, in combination with other funding sources, greatly expanded crisis coverage in the state.

One Year Ago



Key	
Dark Gray	MCT Coverage
Gray Star	CRSS Site

Present Day



Key	
Dark Green	Designated MCT Coverage
Light Green	Anticipate Designated MCT Coverage in Q3
Orange Star	CRSS Site

Year in Review

Community Mental Health Fund

\$50M in SFY24

INVESTED to expand crisis services

\$50M in SFY25

PLANNED to increase mental health treatment access



\$24M

in Mobile Crisis Teams

\$11M



for 988 call/chat/text providers



\$20M

to support non-pilot providers (MCT & CSU)



\$26M

in Crisis Stabilization Units

\$19M

for pilot providers in the CCBHC Demonstration



Thank you!

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