Closing the Gap: Systems Issues Impacting Access to Services at Community Mental Health Centers (CMHCs)

Nadia Haddad, MD

Michelle Gaffaney, PA-C

Mental Health Partners

CBHC Annual Conference

September 28th, 2023

Setting the Stage

- Who we are
  - A little about us
    - Academic and Clinical Lens
  - Not system experts
  - Not data experts
- Focus: First step - getting clients into services at a CMHC
  - “Admissions” process
  - “Intake” process
- The evolution of this presentation

Objectives

- Evaluate the disconnect between community perception & metrics required of CMHCs
- Review the complexity of regulatory & funding requirements governing CMHC admissions
- Discuss concepts of reliability and validity as illustrated by a state mandated data reporting example
- Review new proposed BHA rules
- Provide recommendations for both improving access & improving the data that guides decision making

Why Is This Important?

Safety net

Urgency

Morbidity/Mortality

What does the data say?

FIRST CONTACT TO FIRST OFFERED INTAKE APPOINTMENT WITHIN 7 DAYS

99% SUCCESS

SCREENING TO COMPLETED INTAKE ASSESSMENT WITHIN 7 DAYS

90% SUCCESS, 95% WITHIN 14 DAYS

COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED SERVICE WITHIN 7 DAYS

62% SUCCESS, 82% WITHIN 14 DAYS

COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED INITIAL PSYCHIATRIC SERVICE WITHIN 30 BUSINESS DAYS

82% SUCCESS

What does the data say?

FIRST CONTACT TO FIRST OFFERED INTAKE APPOINTMENT WITHIN 7 DAYS

99% SUCCESS

SCREENING TO COMPLETED INTAKE ASSESSMENT WITHIN 7 DAYS

90% SUCCESS, 95% WITHIN 14 DAYS

COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED SERVICE WITHIN 7 DAYS

62% SUCCESS, 82% WITHIN 14 DAYS

COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED INITIAL PSYCHIATRIC SERVICE WITHIN 30 BUSINESS DAYS

82% SUCCESS

11NEWS
YOUR BREAKING NEWS LEADER

News Weather Sports 11 Cares Live Newscasts 11 Connects

Colorado ranked low for access to mental illness care

SUMMIT DAILY
Serving Summit County, CO

Searc

News Opinion Explore Summit Sports & Outdoors Calendar of events In Depth Classifieds

Experts say Colorado's mental health care system is 'failing'

Colorado is among the worst states in the country for mental healthcare access and getting help is especially hard in rural mountain towns like Summit County

News FOLLOW NEWS | Jul 14, 2023

HEALTH CARE

One Colorado Family's Long, Expensive Journey to Obtaining Life-saving Youth Mental Health Care

November 16, 2022 By Jenny McCoy

cp colorado politics

Monday, September 11, 2023 | Print Edition

NEWS 2022 ELECTIONS LEGISLATURE GOVERNOR ANALYSIS OPINION CALENDAR SUBSCRIPTIONS

PODIUM | Coloradans lack access to mental health care

By Vincent Atchity Dec 29, 2021 Updated Dec 29, 2021 0

THE ASPEN TIMES | Snowmass Sun
Serving Aspen and Snowmass Village, CO

News Election Opinion Sports Entertainment Magazines Photos Classifieds

Access to mental-health resources keeps patients from seeking help

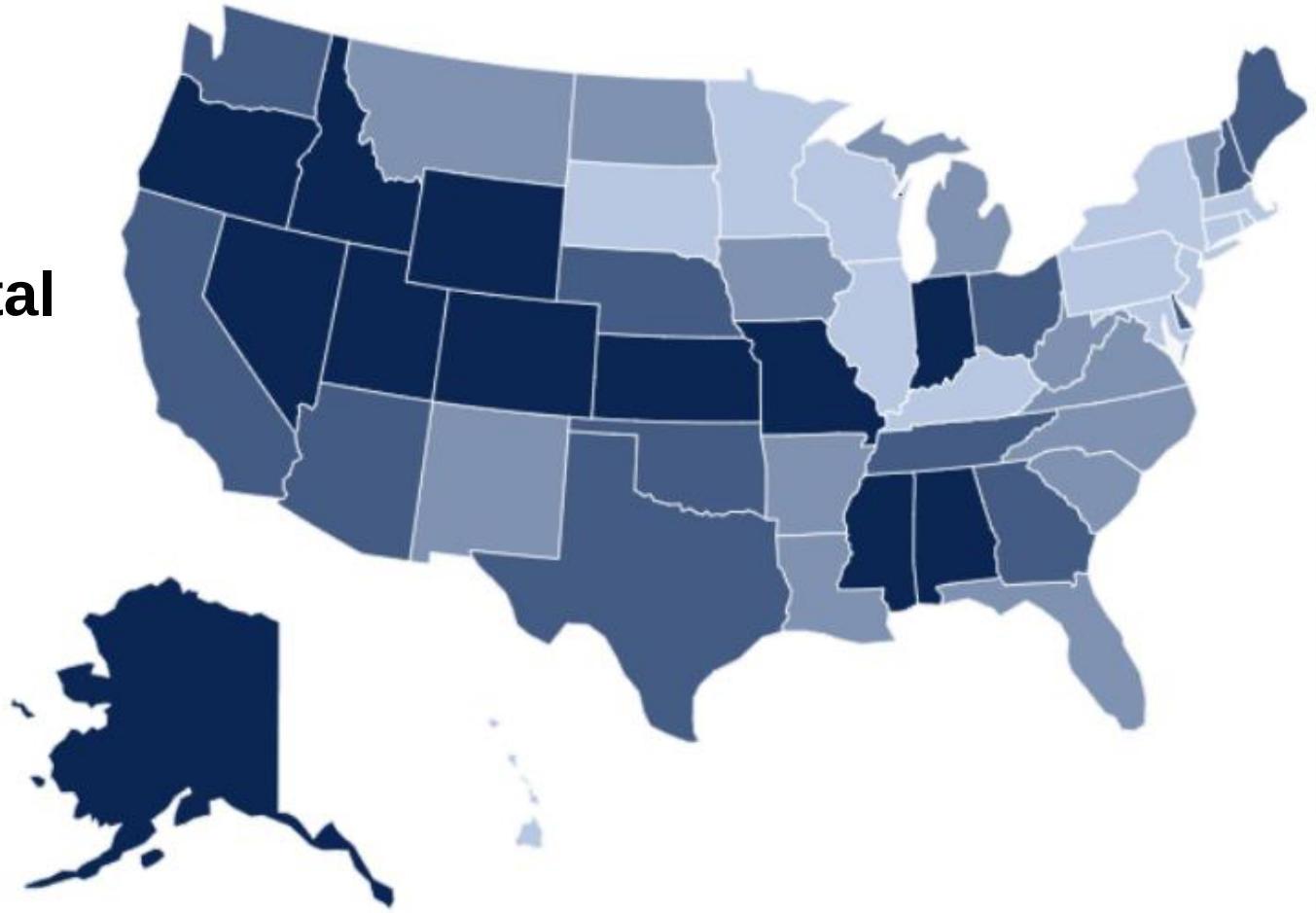
News FOLLOW NEWS | Sep 3, 2023

"Most Colorado communities deal with serious mental illness through the **least effective, most expensive** ways: in hospital emergency departments and the criminal justice system. Families watch their loved ones cycle from emergency rooms to jails to homelessness and worse, while **trying everything** — for years, in vain — to get appropriate medical care for their loved ones with serious mental illnesses. **Imagine if we treated cancer patients this way.** **It has to change**."

- Representative Judy Amabile, district 49
Colorado Sun Opinion Article, May 22,2023

2022 The State of Mental Health in America

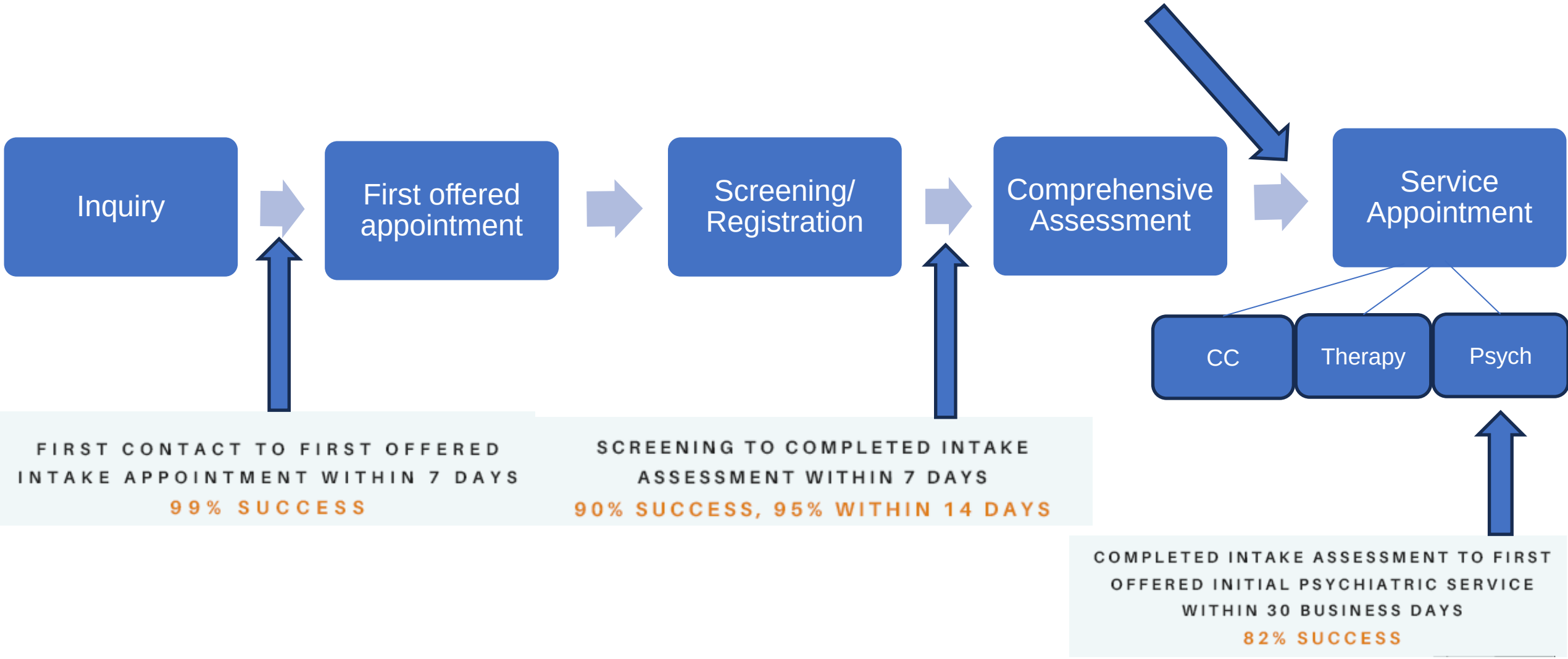
Adult Mental Health

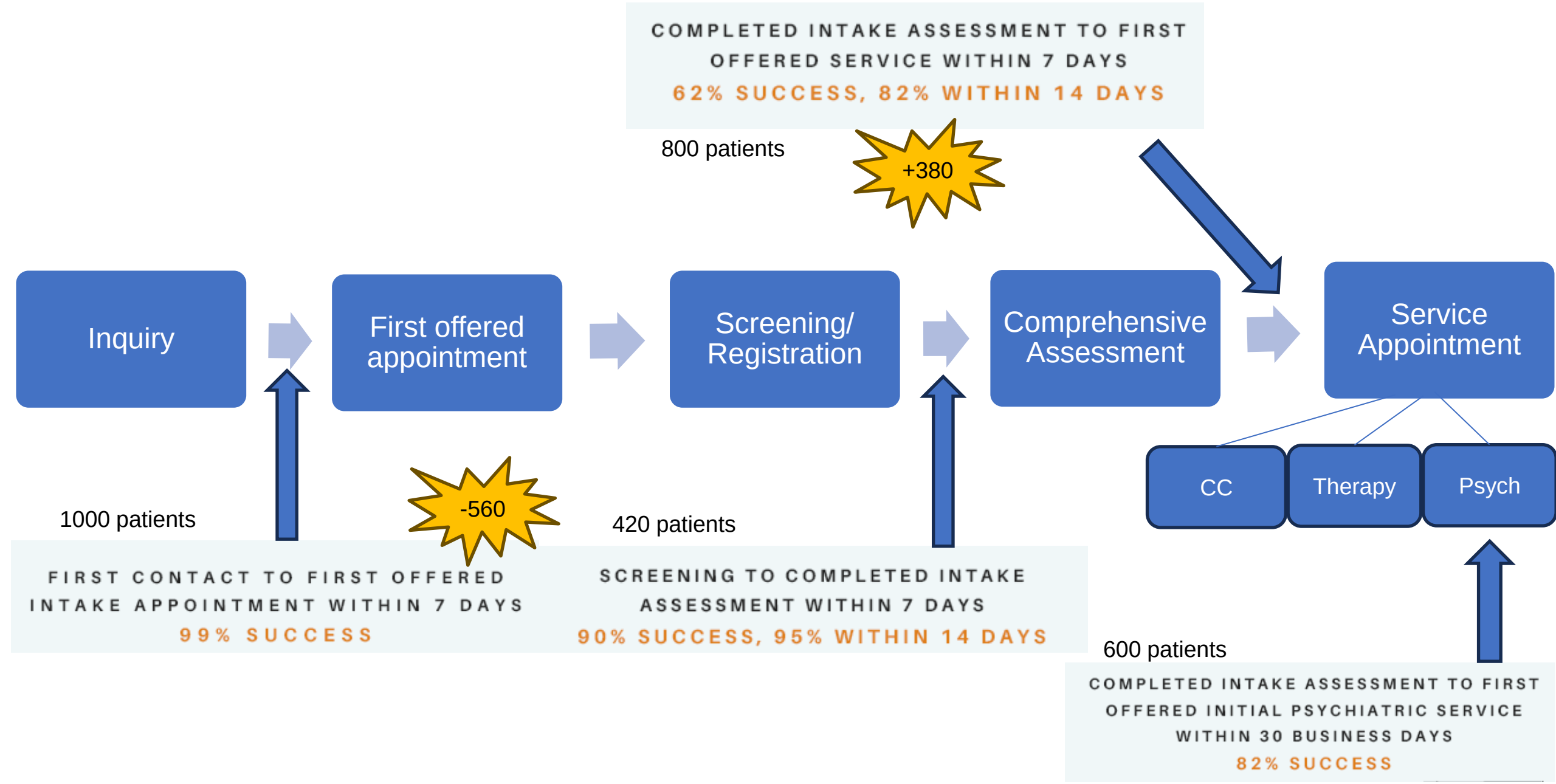


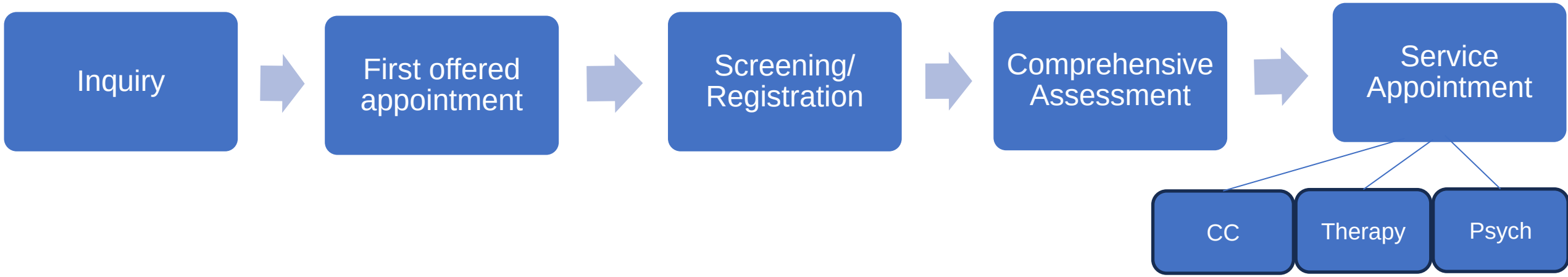
24	North Dakota
25	Florida
26	Louisiana
27	Nebraska
28	California
29	Tennessee
30	New Hampshire
31	Georgia
32	Washington
33	Texas
34	Delaware
35	Arizona
36	Ohio
37	Maine
38	Oklahoma
39	Idaho
40	Nevada
41	Mississippi
42	Kansas
43	Indiana
44	Missouri
45	District of Columbia
46	Alaska
47	Alabama
48	Utah
49	Oregon
50	Wyoming
51	Colorado

According to compiled data from SAMHSA and the CDC

Why the disconnect?


COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED SERVICE WITHIN 7 DAYS
62% SUCCESS, 82% WITHIN 14 DAYS
Inquiry
First offered appointment
Screening/ Registration
Comprehensive Assessment
Service Appointment
CC
Therapy
Psych
FIRST CONTACT TO FIRST OFFERED INTAKE APPOINTMENT WITHIN 7 DAYS
99% SUCCESS
SCREENING TO COMPLETED INTAKE ASSESSMENT WITHIN 7 DAYS
90% SUCCESS, 95% WITHIN 14 DAYS
COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED INITIAL PSYCHIATRIC SERVICE WITHIN 30 BUSINESS DAYS
82% SUCCESS


COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED SERVICE WITHIN 7 DAYS
62% SUCCESS, 82% WITHIN 14 DAYS
800 patients
+380
Inquiry
First offered appointment
Screening/ Registration
Comprehensive Assessment
Service Appointment
CC
Therapy
Psych
1000 patients
-560
420 patients
FIRST CONTACT TO FIRST OFFERED INTAKE APPOINTMENT WITHIN 7 DAYS
99% SUCCESS
SCREENING TO COMPLETED INTAKE ASSESSMENT WITHIN 7 DAYS
90% SUCCESS, 95% WITHIN 14 DAYS
600 patients
COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED INITIAL PSYCHIATRIC SERVICE WITHIN 30 BUSINESS DAYS
82% SUCCESS



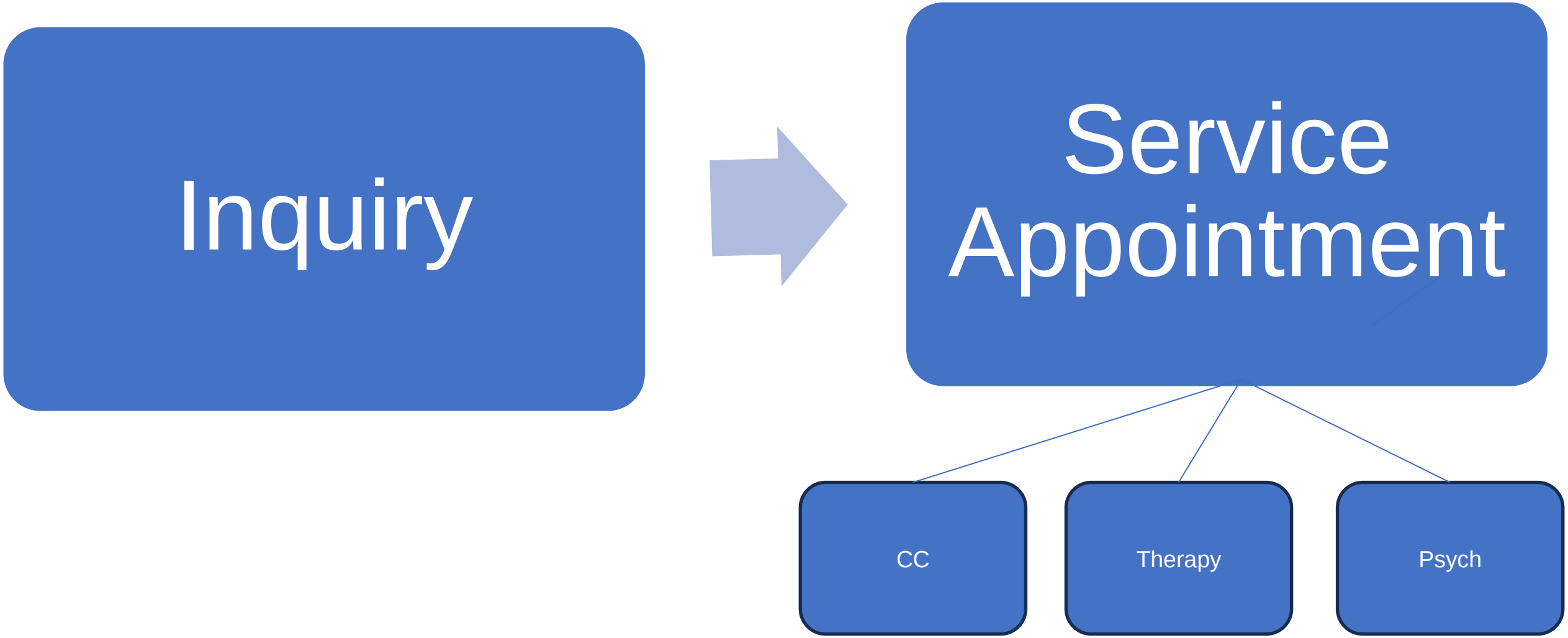
Are we accurately reflecting the client's experience of access?

slido

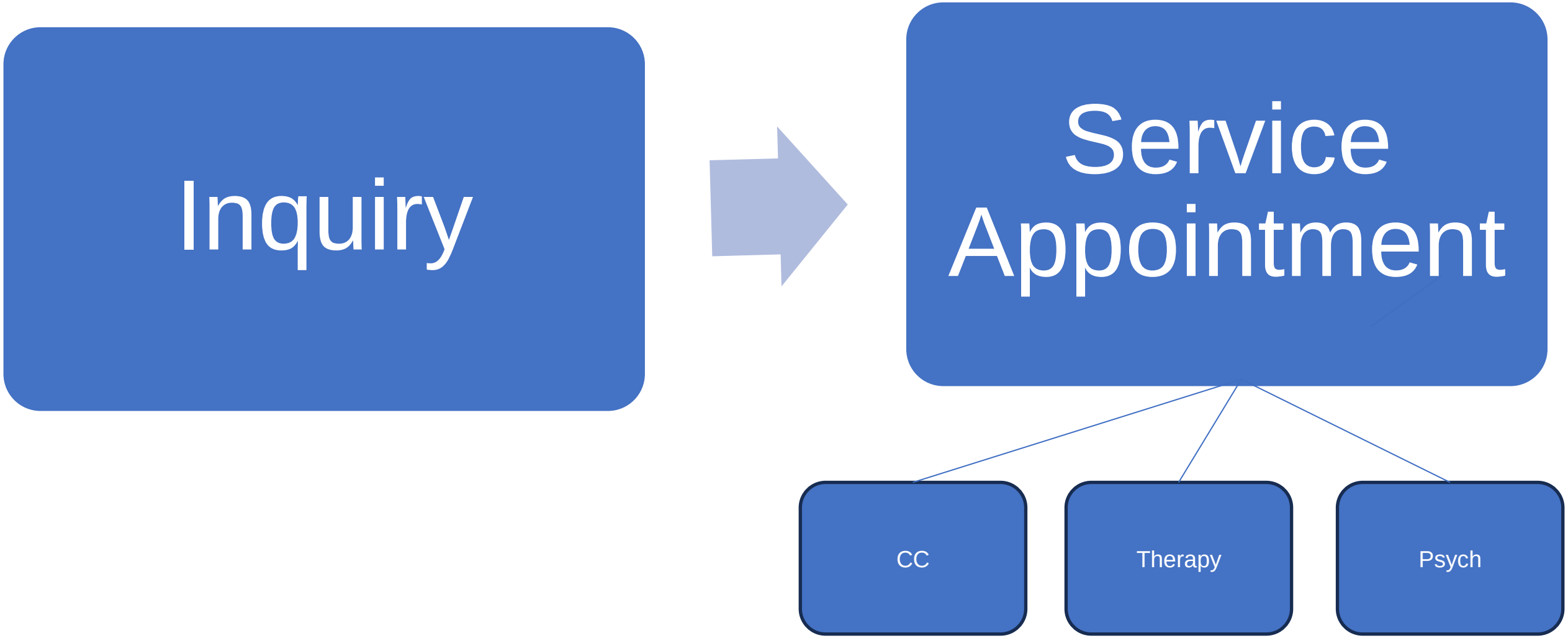
What is the best measure of how well we are getting clients into care?

ⓘ Start presenting to display the poll results on this slide.

What matters to Clients



Why can’t we just cut out the middle steps and get clients directly into services?



slido

What is getting in the way of getting clients into care?

ⓘ Start presenting to display the poll results on this slide.

National

SAMHSA
Substance Abuse and Mental Health Services Administration

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

State Agencies

HCPF

CDHS

DORA

CDPHE

BHA

NORTHEAST HEALTH PARTNERS, LLC

ROCKY MOUNTAIN HEALTH PLANS®
A UnitedHealthcare Company

DIVERSUS HEALTH

Signal

Health COLORADO

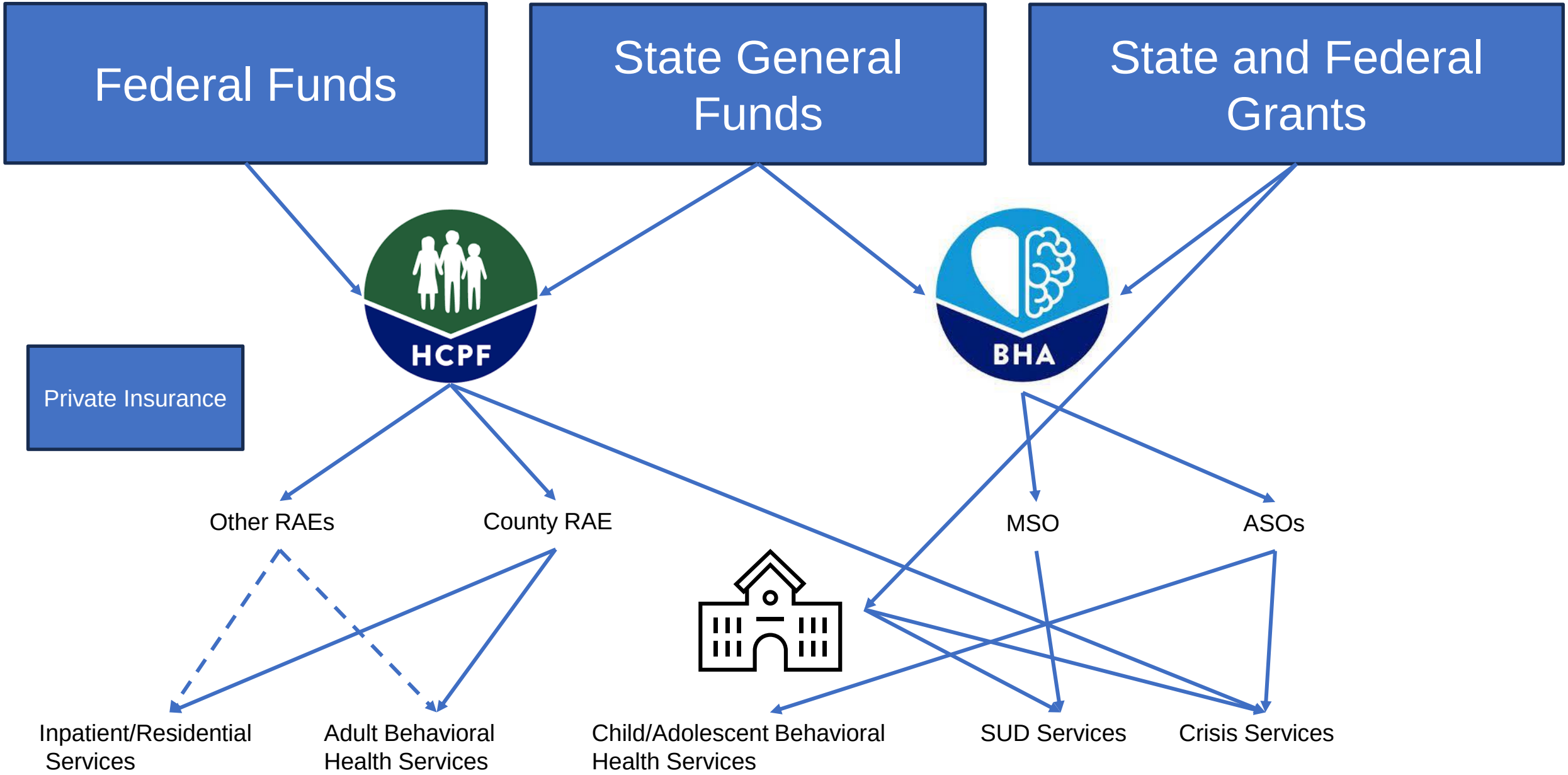
Colorado ACCESS

beacon health options

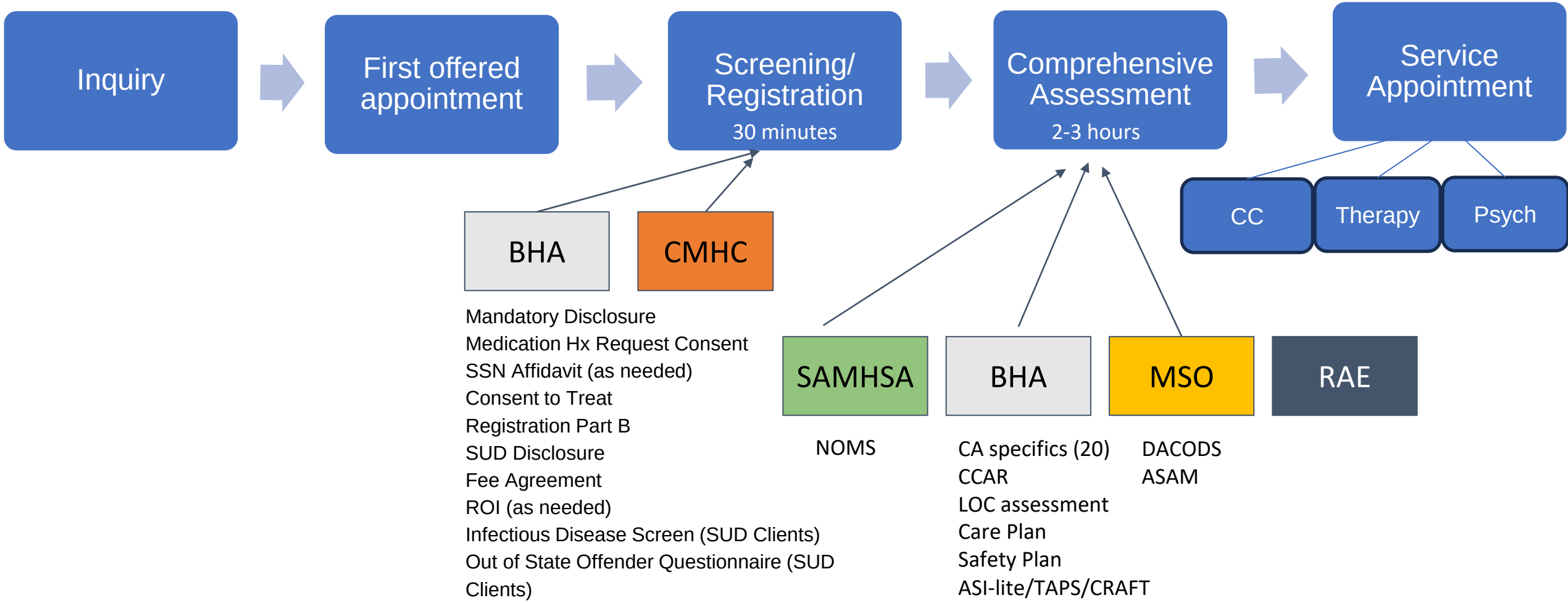
COLORADO COMMUNITY HEALTH ALLIANCE

Regional: RAEs, Funding, MSOs, ASOs, etc

CMHC


Federal Funds
State General Funds
State and Federal Grants
HCPF
BHA
Private Insurance
Other RAEs
County RAE
MSO
ASOs
Inpatient/Residential Services
Adult Behavioral Health Services
Child/Adolescent Behavioral Health Services
SUD Services
Crisis Services

Current rules and reporting requirements



Assessments

Data is important - but how meaningful is the data?

- Minimal published validity data on some required assessments
  - Many assessments are **public health** data collection for the state/agencies
- Is the data produced clinically meaningful?
  - Even the best assessments lose meaning given the wrong environment
    - Do ill clients have the stamina to sit through the number of assessments we are requiring of them?
    - Does spending a high percentage of time performing assessments affect staff satisfaction & effectiveness? (Administrative burden)
    - Is there redundancy in information being gathered?

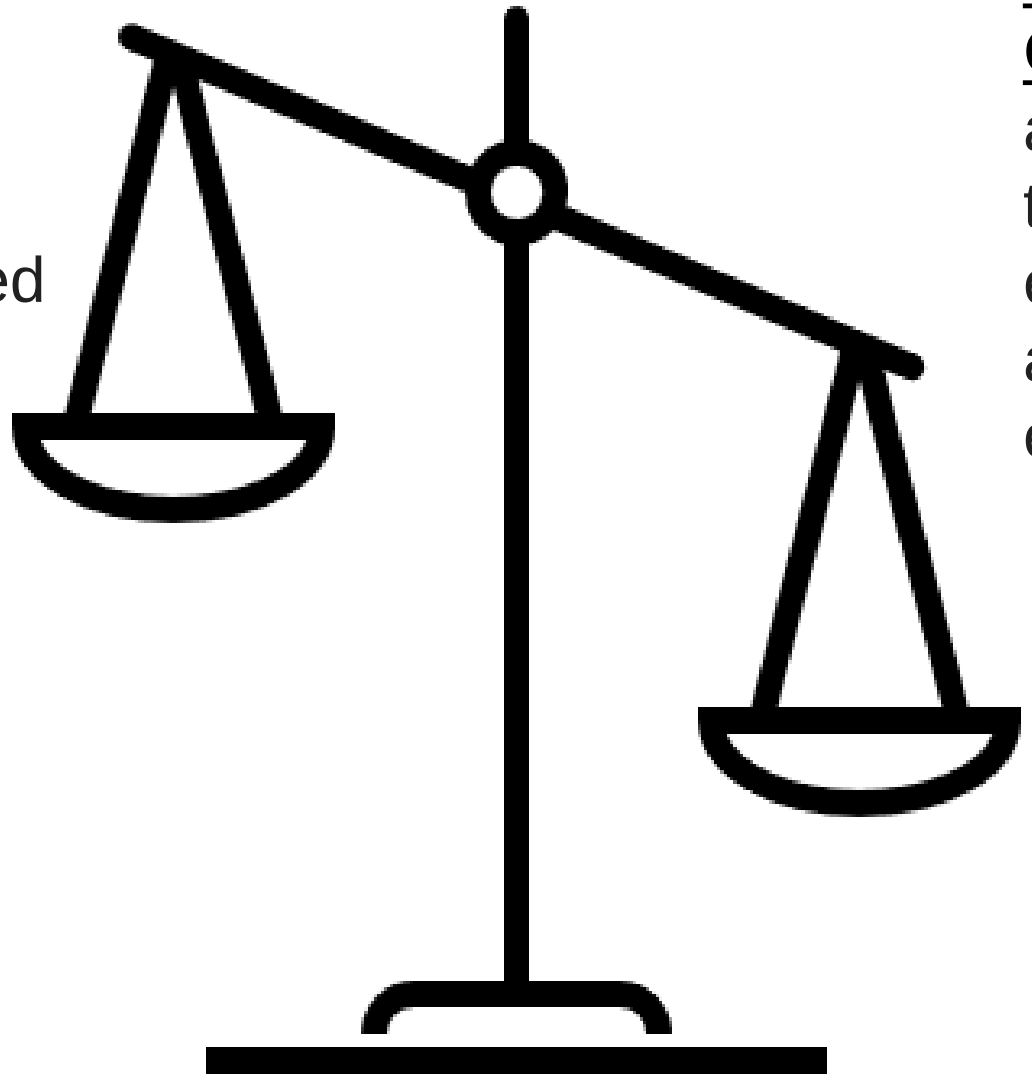
How do we find the balance?

CCAR – Colorado Client Assessment Record

Only 2 citations on PubMed
No Validity data
5-10 minutes
Required

- Admissions
- Annually
- LOC change
- D/C

25 scaled questions



Data collection for Colorado needs assessment, defining target groups, estimating bed need and doing cost-effectiveness studies

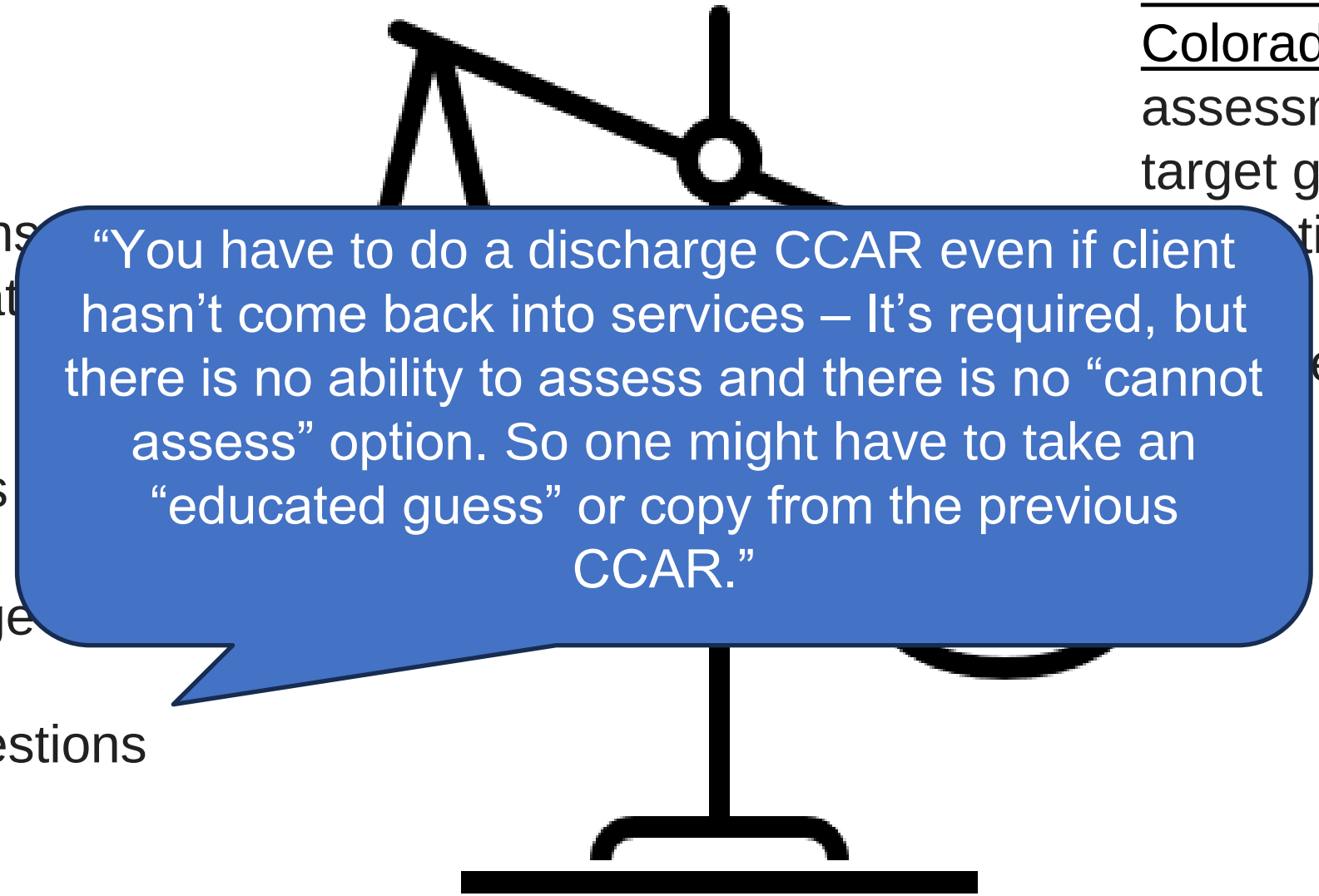
Ellis RH, Wilson NZ, Foster FM. Statewide treatment outcome assessment in Colorado: the Colorado Client Assessment Record (CCAR). Community Ment Health J. 1984 Spring;20(1):72-89. doi: 10.1007/BF00754105. PMID: 6723260.
Ellis RH, Wackwitz JH, Foster M. Uses of an empirically derived client typology based on level of functioning: twelve years of the CCAR. J Ment Health Adm. 1991 Summer;18(2):88-100. doi: 10.1007/BF02518603. PMID: 10112340.

CCAR – Colorado Client Assessment Record

Only 2 citations
No Validity dat
5-10 minutes
Required

- Admissions
- Annually
- LOC change
- D/C

25 scaled questions



Data collection for Colorado needs assessment, defining target groups, ting bed need ng cost-eness studies

Ellis RH, Wilson NZ, Foster FM. Statewide treatment outcome assessment in Colorado: the Colorado Client Assessment Record (CCAR). Community Ment Health J. 1984 Spring;20(1):72-89. doi: 10.1007/BF00754105. PMID: 6723260.
Ellis RH, Wackwitz JH, Foster M. Uses of an empirically derived client typology based on level of functioning: twelve years of the CCAR. J Ment Health Adm. 1991 Summer;18(2):88-100. doi: 10.1007/BF02518603. PMID: 10112340.

NOMS – National Outcome Measures

No published outcome data
20-30 minutes
Required

- Admission
- Q6mo
- D/C (with an interview not completed option)

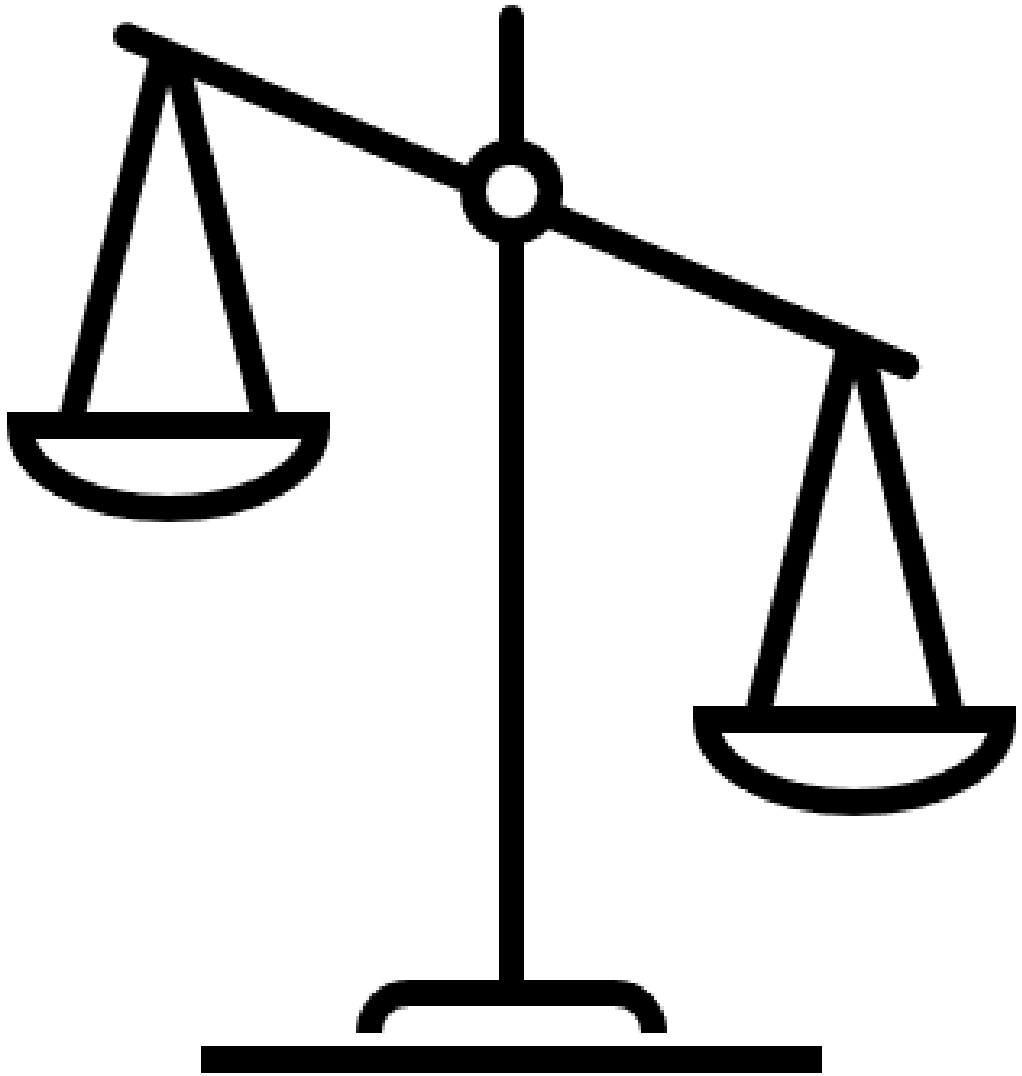
89 questions

Data collection for SAMHSA

DACODS- Drug/Alcohol Coordinated Data System

No Validity data.
5-10 minutes
Required
- Admissions
- Discharge
- Every LOC change
- Every location

50 questions



<u>Data collection for SUD</u>
SAMHSA requires if of the BHA for funding.

BHA uses information to monitor:
- Service quality
- Utilization
- Effectiveness

And to report to the legislature on:
- Treatment outcomes
- Service needs


Mental Health Parity

BHA – Draft Administrative Burden Report

published 9/1/23

Top Insights
The data model for CCAR/DACODS is clinically and culturally out of date, especially for data elements like gender, race, and ethnicity.
Providers are losing out on payment and accurate counts towards contractual requirements due to inflexible data intake into BHA systems and inefficient error resolution processes.
The distinction between CCAR (mental health) and DACODS (substance use) perpetuates siloing of behavioral healthcare and creates high levels of data duplication for the rising population of dual diagnosis clients.
Basic usability issues (ex. account management, system time outs, copy/paste functionality) with BHA systems increase the time, effort, and cost required to submit compliant data.
Today, the data generated by CCAR/DACODS provides limited benefit to the state's behavioral health ecosystem at large. The data is currently only in active use for contract and funding requirements, not any larger data analysis that is publicly shared.
CCAR/DACODS requirements are directly and negatively impacting how people experience behavioral healthcare in Colorado, especially for intake appointments.

Fisher, Pimlott, Gammon Sept 2023

Consequences of Inaction:
From BHA Draft Administrative Burden Report

Published 9/1/2023

- The continued depersonalization and re-traumatization of people in behavioral healthcare settings through imprecise and harmful data element options for demographic information.
- The destabilization of clinical trust before it can even be built through the repetitive, intrusive questioning that clinicians have to engage clients in for reporting purposes.
- Data inaccuracy stemming from outdated data elements used to describe people that are substance users, specifically for data elements detailing drug type and administration method.
- Disincentivizing new providers from entering the public behavioral health workforce due to the high and inequitable administrative burden they experience when compared to the private sector.

Downstream Effects of Regulatory & Funding Complexity

- Costly
  - administratively (whole departments)
  - staff satisfaction & retention
  - client experience

"Most people who are clinical state that paperwork is too much. They don't state it's the primary reason they're leaving, however it does come up frequently as what they like least about their job."

CMHC HR Staff

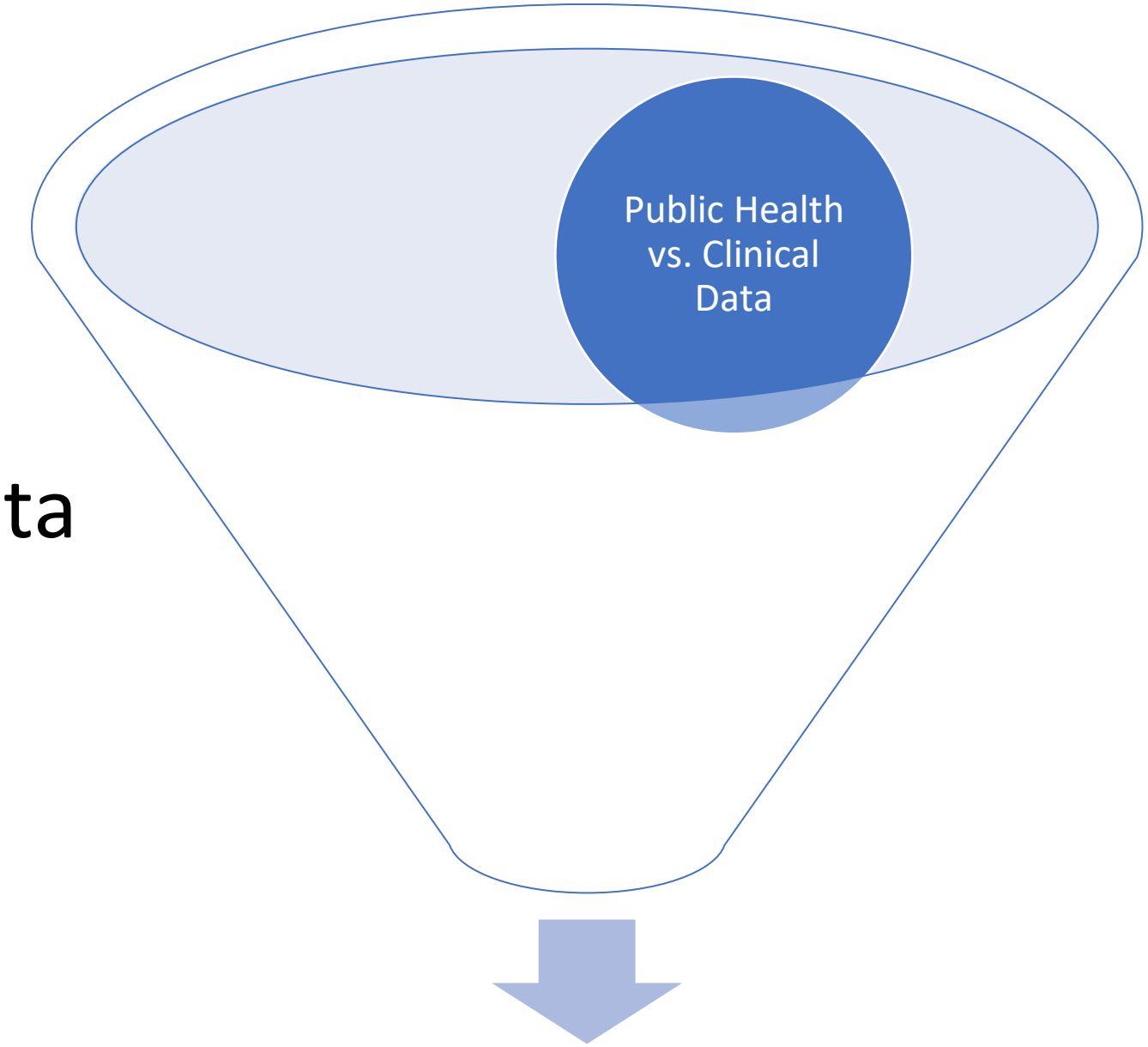
Downstream Effects of Regulatory & Funding Complexity

- Microenvironments: Each program within each agency can be serving clients under different requirements, reimbursements and restraints
  - Interagency – regs/funding are different even in same area, let alone different RAEs, etc.
    - CMHC to CMHC
    - Within the same RAE
    - Between RAEs
  - Intragency - Rules for MHOP, Crisis, Detox, SUD clinic, child & adol are different
- Complexity —> Confusion & different interpretations which adds to difference in clinical practices

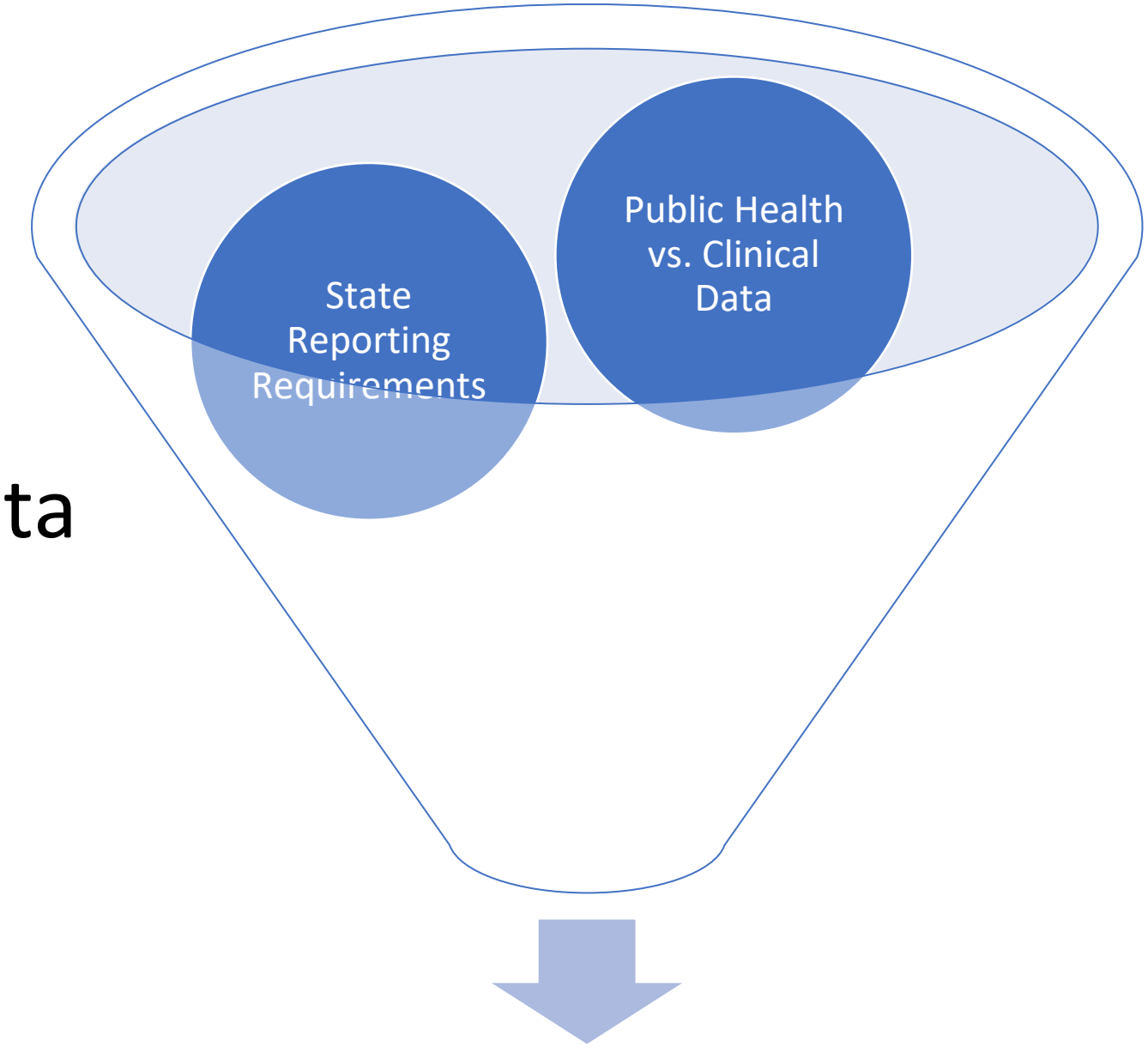
"Largely-immense documentation and Relias training burden which I am told is to fulfill regulatory requirements, but I continue to struggle to find the rules behind all the documentation we do. One example is that my staff must write a separate note in our EHR every time an M1 is placed so that those notes can be pulled and sent to the "State" because my agency believes that they are required to report every M1. However, I cannot find this rule."

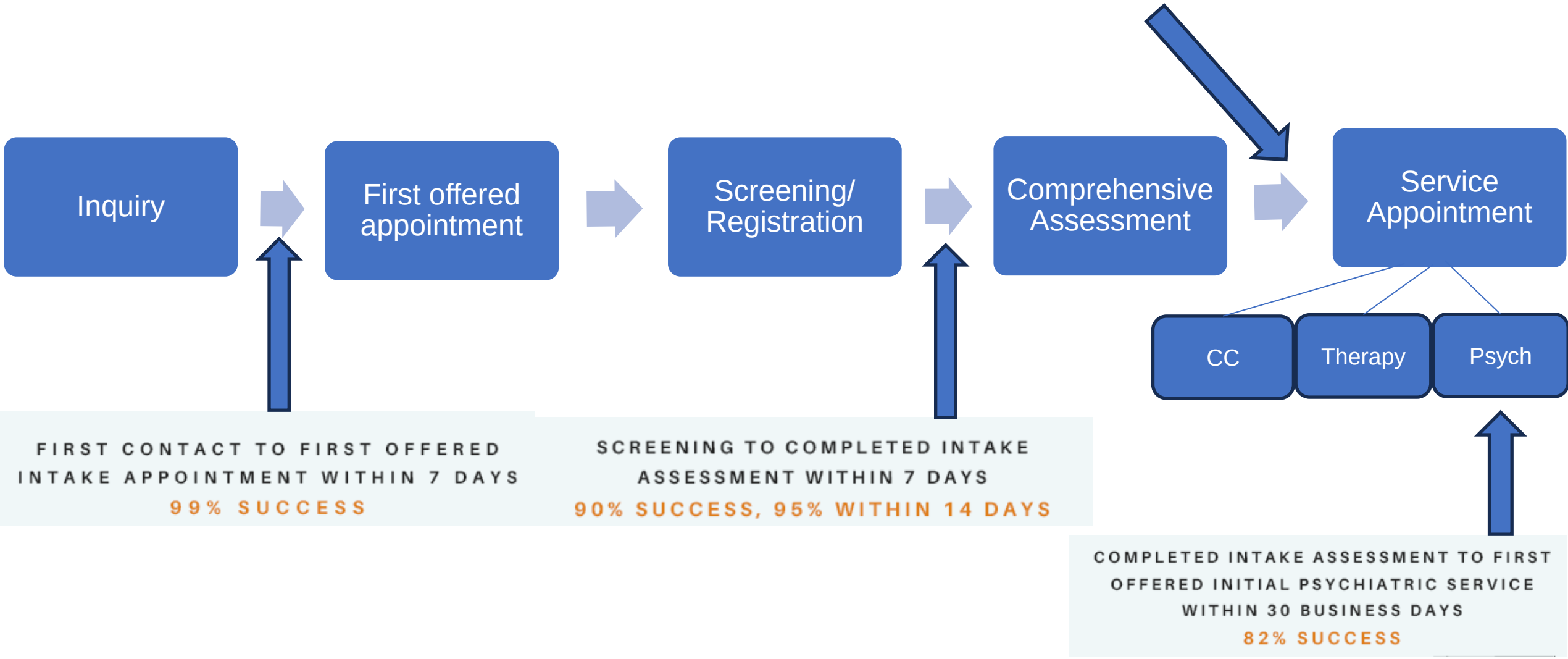
CMHC medical leadership

How meaningful is the data collection we are doing?

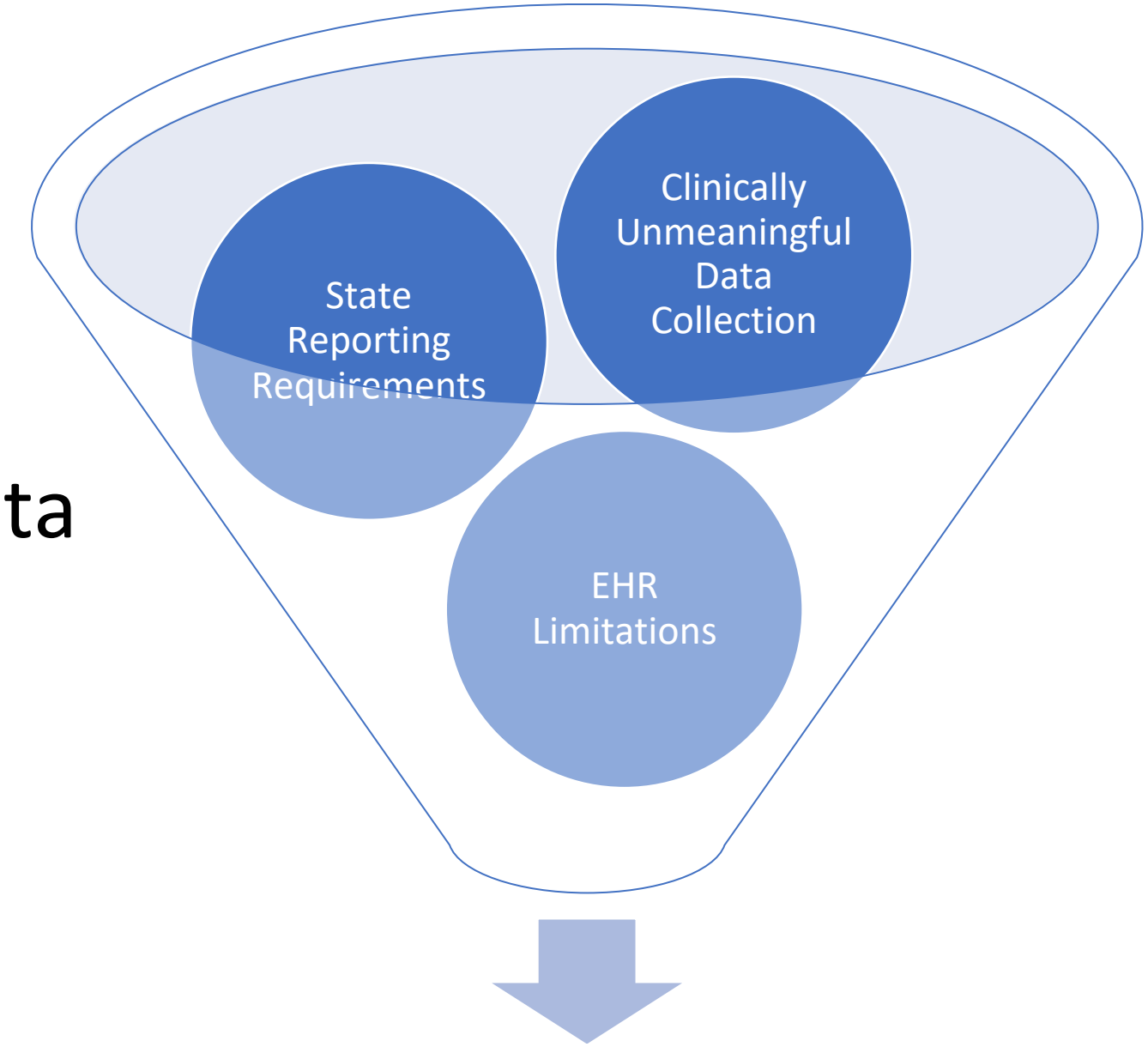


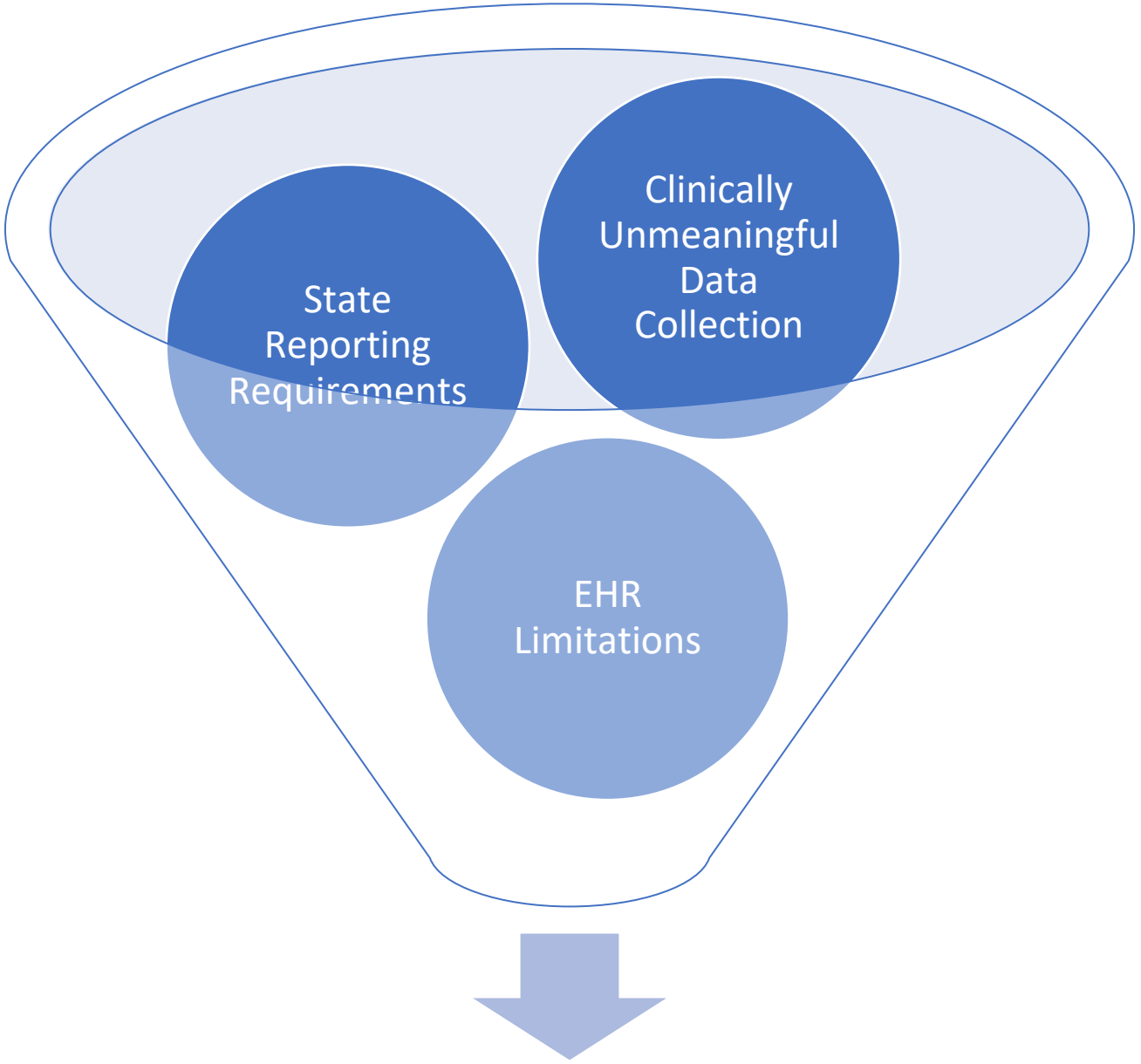
How meaningful is the data collection we are doing?




COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED SERVICE WITHIN 7 DAYS
62% SUCCESS, 82% WITHIN 14 DAYS
Inquiry
First offered appointment
Screening/ Registration
Comprehensive Assessment
Service Appointment
CC
Therapy
Psych
FIRST CONTACT TO FIRST OFFERED INTAKE APPOINTMENT WITHIN 7 DAYS
99% SUCCESS
SCREENING TO COMPLETED INTAKE ASSESSMENT WITHIN 7 DAYS
90% SUCCESS, 95% WITHIN 14 DAYS
COMPLETED INTAKE ASSESSMENT TO FIRST OFFERED INITIAL PSYCHIATRIC SERVICE WITHIN 30 BUSINESS DAYS
82% SUCCESS

How meaningful is the data collection we are doing?





Meaningfulness, Validity & Reliability?

What is reliability? Validity? Meaningfulness?

- Reliability: Consistency of a measure – can the results be reproduced under the same conditions
  - Variability between clinicians – takes time to learn how to do documentation/assessments correctly
  - Different interpretations of requirements
- Validity: accuracy of a measure – the extent to which an instrument measures what it purports to measure
- Meaningfulness: Data collected has real-world implications & can guide decision making

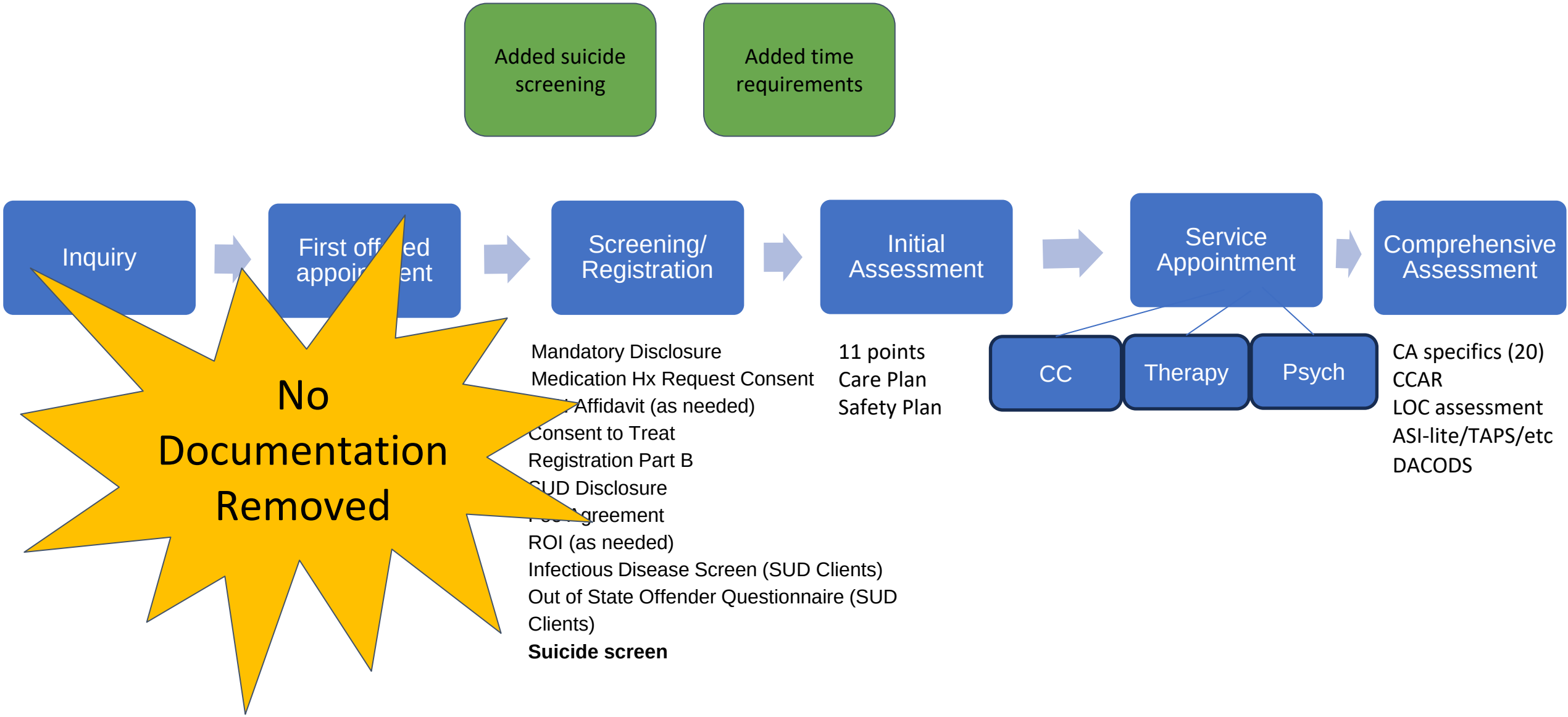
Apples & Oranges: Evaluating behavioral health access across CO is complex

- Data may not mean what we think it means

- Often reflects the microenvironment the CMHC is practicing in rather than inherent strengths or weaknesses of that CMHC
  - May be de-incentivizing CMHCs from even looking at, acting on or sharing their data
    - Impacts funding
    - Comparison itself is unfair

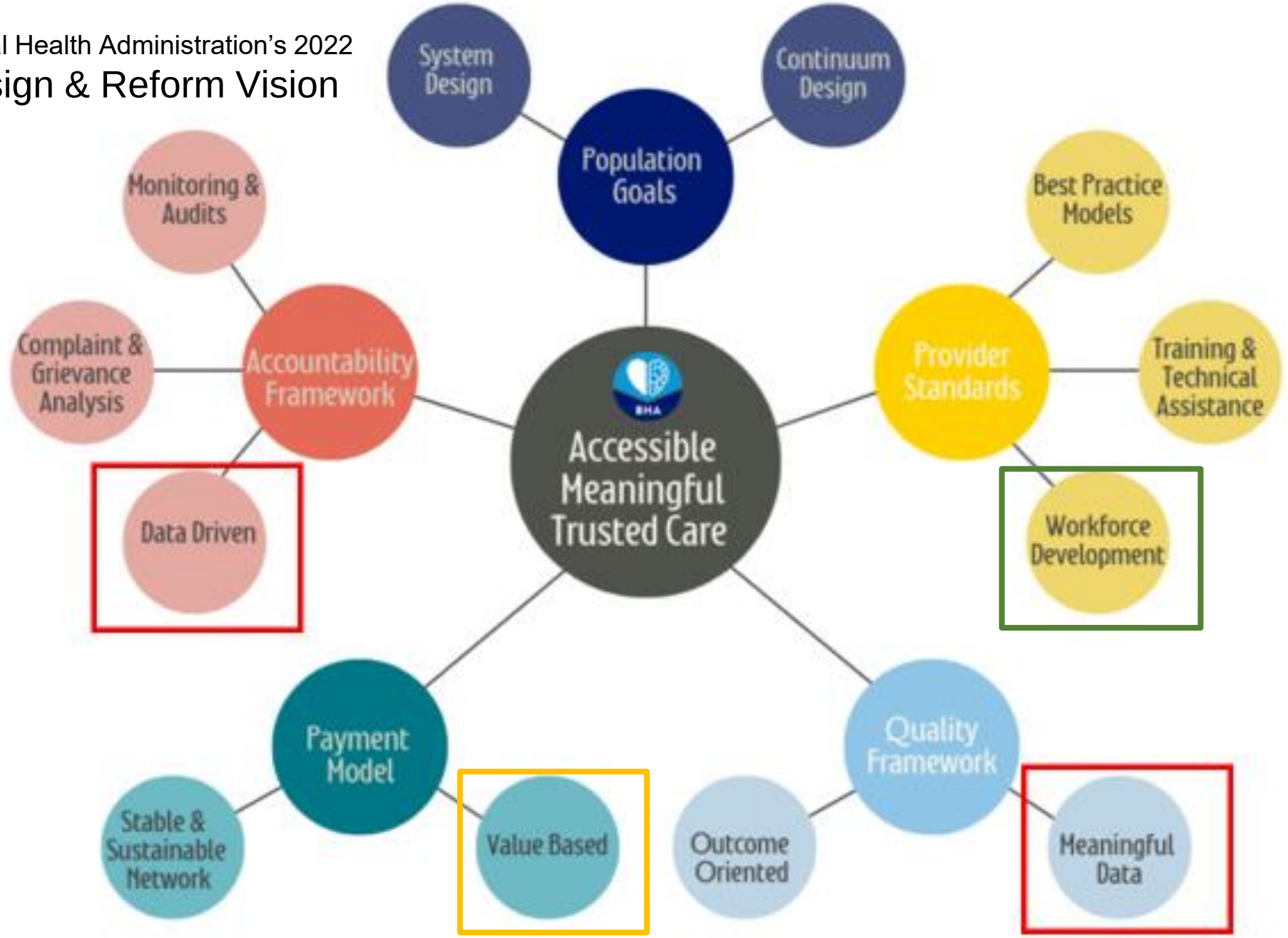
Without data sharing, we cannot assess what is working & where

Upcoming BHA changes that may impact access



Colorado's Behavioral Health Administration's 2022

Safety Net Design & Reform Vision



Source: https://bha.colorado.gov/sites/bha/files/documents/General%20Assembly%20Report%2C%202022%20Behavioral%20Health%20Plan%20-%20Google%20Docs.pdf

colorado politics

Monday, September 11, 2023 | Print Edition

PODIUM | Coloradans lack access to mental health care

By Vincent Atchity Dec 29, 2021 Updated Dec 29, 2021 0

AND

FIRST CONTACT TO FIRST OFFERED
INTAKE APPOINTMENT WITHIN 7 DAYS
99% SUCCESS

Our Recommendations

Prioritize valid & meaningful data collection

- State could consider adopting clinically meaningful data requirements
  - Is Inquiry to first offered appointment the best measure of access?
  - We would recommend time from **inquiry to first service appointment** as a better measurement
  - Incentivize the right things
    - Observing a metric leads to focus and improvement on that metric

- Given the cost in time, energy & access to collecting certain data, is there a benefit that outweighs the cost?
  - No published validity data
  - Minimal published compiled outcome data

Our Recommendations

- Understand the microenvironments
  - Be cautious around penalizing CMHCs when comparing “apples & oranges” across centers when this de-incentivizes CMHCs from sharing, collecting and utilizing meaningful data
- Simplify requirements wherever possible
  - State agencies could communicate to simplify data collection requirements
  - Address redundancies & meaningfulness of assessment requirements
  - Simplify funding streams – universal contracting, etc.

Our Recommendations

- Consider EHR improvements (Pulling valid data)
  - Could we leverage our collective numbers as CMHCs and with state support get on the same EHR?
    - Better yet, the same one as other medical agencies?
    - Better care coordination, less redundancy
  - Better data collection, improved validity of data, improved reliability of data pulled

Special Thanks To

- Kim Nordstrom, MD, JD *Signal, Rocky Mountain Health Plans*

Mental Health Partners

- Sara Reid, MA *Director of Quality & Program Development*
- Melisa Teglas, MA, LPC, LAC *Quality Manager*
- Molly Allendorf, *MA, LPC, LAC, Program Manager*
- Our clinical team
- Kate Parker, LCSW *COO*
- Jennifer Leosz, LCSW *co-CEO*

Your recommendations, thoughts, questions?

Thank you