



# CCBHC and PROS

INTEGRATION OF PHYSICAL AND BEHAVIORAL  
HEALTH THROUGH COLLABORATION

# Presenter Introductions

- ▶ Caitlin Roeder, LCSW
  - ▶ Has been with PROS at CN Guidance and Counseling since 2011; currently the Assistant Director of that program, as well as the supervisor for the CCBHC/PRS team.
- ▶ Joellen Stender, PhD, LMHC
  - ▶ Has worked in community mental health since 2009 and currently has been at BestSelf Behavioral Health since 2013. She is the program director of the CCBHC Clinic and the PROS Clinic at North Collins which is located in WNY.

# CCBHC Demonstration Project

- In December 2016, New York became one of eight states selected by SAMHSA for a two-year demonstration project for behavioral health services, modeled after the structure of FQHCs
- On July 1<sup>st</sup>, 2017, CN Guidance became one of New York's 13 CCBHC provider agencies – and the ONLY one that serves Long Island.

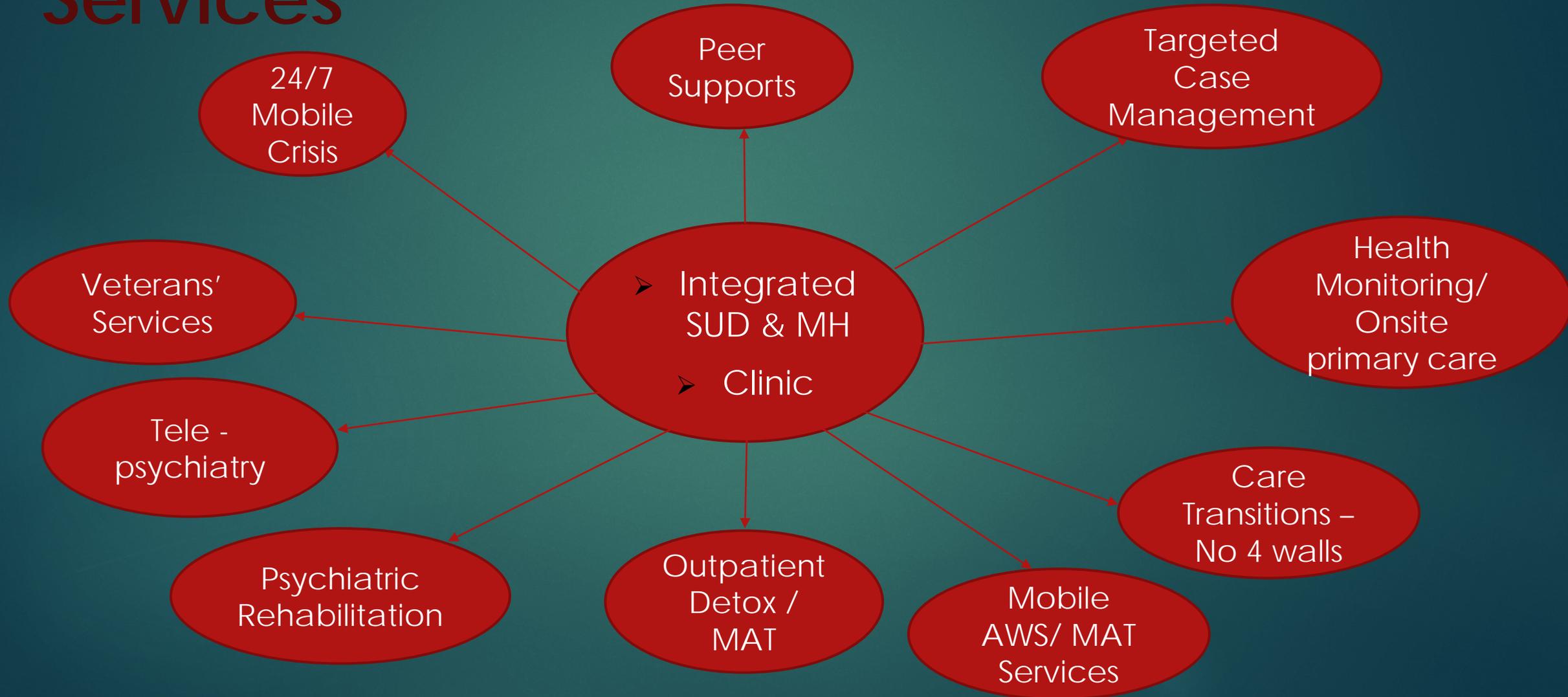
# A CCBHC is...

- A comprehensive behavioral health clinic characterized by an expanded array of person & family-centered, trauma-informed, recovery-oriented services using evidence-based practices
- Funded through cost-based reimbursement using a Prospective Payment System (PPS) methodology
- Collaborative and team-based in nature
- Data-driven and outcomes based, in preparation for the transition to value-based contracting arrangements

# Core CCBHC Services

- Integrated outpatient mental health and substance use treatment
- Screening, assessment & diagnosis, including risk assessment
- Patient-centered treatment and crisis planning
- Primary care screening & health monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer supports
- Intensive services for veterans and members of the armed forces
- 24/7 Crisis Services – DCO Agreement expanding mobile crisis

# CCBHCs' Expanded Array of Services



# PROS embodies CCBHC principles

- Collaboration and communication
  - Amongst PROS team
  - With other providers
  - Focus on integration
  - Shift to a Wellness Model

# Common Medical Conditions & Associated Behavioral Health Conditions:

From the Mental Health Commission of NSW

Diabetes	Arthritis	Heart Disease	Obesity	Gastrointestinal	Ashma
- Major Depressive Disorder 2xs greater	- Mood disorders	-Anxiety and Depression	-Clinical Depression	-Anxiety	-Anxiety
-Panic Disorder, GAD, PTSD	-Anxiety Disorders	-Phobic Anxiety, Panic Disorder	-Eating Disorders	-Depression	-Depression

# PROS embodies CCBHC principles

- Focus on physical health
  - Get consent for PCP and link those without
  - Smoking status assessed throughout treatment
    - Smoking Cessation services offered throughout treatment
  - “Learning About Healthy Living” curriculum
  - Nutrition/ Healthy Heart
  - Diabetes Education
  - Medication Adherence
  - Ongoing training for staff

# Themes shared by prescribers:

- ▶ Sedentary lifestyle: Growing body of evidence shows value in using physical activity in treating Depression and ADHD
- ▶ Tobacco: Contrary to popular opinion, people in mental health programs absolutely do want to quit, and evidence shows mood improves when they do
- ▶ Metabolic effects: Antipsychotic medication can cause this however these can be mitigated through various interventions and monitoring
- ▶ Eating problems/ nutritional deficiencies: Even when they do not rise to the level of qualifying for a diagnosis, these are factors worth exploring due to impact on mood and health

# Engaging clients in these groups:

- ▶ Educate them on link between physical health and behavioral health at intake.
- ▶ Identify possible health items to address in PROS.
- ▶ Explore how these items impact life role goal.
- ▶ Offer creative and innovative groups!
- ▶ Use motivational interviewing and assess stage of change.
- ▶ Continue to plant the seed!

# Engagement and buy in of staff:

- ▶ Getting staff on board starts early!
  - ▶ Assess and explore perceptions around this at the initial interview
  - ▶ Educate staff on statistics (prevalence of co-occurring)
  - ▶ Engage staff in interventions (creative ideas)
  - ▶ Provide trainings to strengthen skills and confidence
  - ▶ Review implications for addressing both (outcomes)
  - ▶ Practicing what they preach and gaining benefits from interventions

# PROS and CCBHC

- Benefits of co-enrollment
- Co-enrollment within the same agency
- Our experience thus far
  - Holding info sessions for CCBHC staff to learn about PROS
  - Teamwork and communication
  - Utilizing Motivational Interviewing

# CCBHC Outcomes

- Improved Access to Care
- Integration of Physical and Behavioral Health
- Reduced Wait Times for Initial Appointments
- Increased Services Provided
- Decrease in hospitalizations

# CCBHC Impact

- Consumer & Family Voice
- Team-Based Approach to Care

# What's next for PROS?

- Incorporating CCBHC outcomes and impact into the PROS model
  - Flexibility with intake and screening process
  - Community meetings
  - Family events
  - Re-inventing groups
  - Develop strategic pathways for specific diagnoses

# Interesting Articles:

- ▶ <https://www.nature.com/articles/s41598-019-44097-3.pdf>
- ▶ <https://www.weforum.org/agenda/2019/06/spending-two-hours-a-week-in-nature-is-linked-to-better-health-and-well-being>
- ▶ <https://www.weforum.org/agenda/2020/08/green-prescriptions-healthcare-physical-mental-health>
- ▶ <https://www.therapistaid.com/therapy-guide/exercise-and-mental-health-treatments>
- ▶ <https://www.webmd.com/balance/features/walk-and-talk-therapy>
- ▶ <https://www-psychologytoday-com.cdn.ampproject.org/c/s/www.psychologytoday.com/us/blog/the-color-wellness/202009/therapists-share-their-top-tips-self-care?amp>

# Questions?

