



Outpatient Mental Health Clinics (OMHCs) transitioning to provide Comprehensive Crisis Stabilization Center Services (CCSC)

Liz Kasameyer, RN, BSN, MSN/MPH, DrPH

Acting Division Chief of Innovation and Delivery System Reform, Maryland Medicaid

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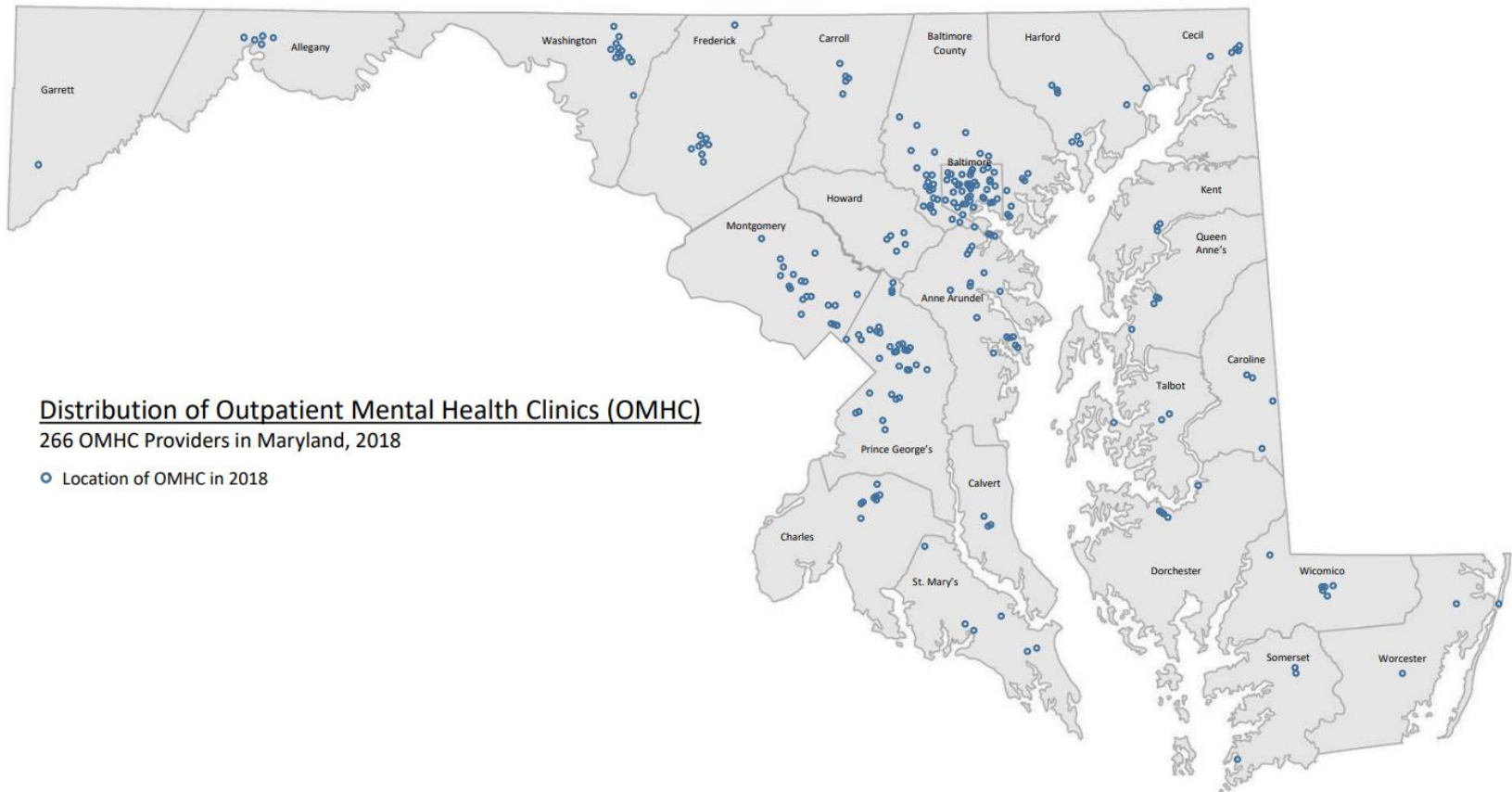




Need for Additional Crisis Infrastructure in MD

Innovative Solutions

– Leveraging Current Provider Networks



Medicaid Utilization of OMHCs

Number of Participants with a Specialty BH Visit by Provider Type and Last Coverage Category, CY 2016 - CY 2018 - Facilities

Provider Type	CY 2016				CY 2017				CY 2018			
	Duals	FFS Non-Dual	MCO	%	Duals	FFS Non-Dual	MCO	%	Duals	FFS Non-Dual	MCO	%
Outpatient Mental Health Clinic	5,717	3,092	92,519	42%	5,645	3,199	99,018	41%	5,185	2,939	108,504	42%
Acute Hospitals	1,374	2,442	36,312	17%	1,250	2,456	39,688	17%	1,070	2,192	40,277	16%
Psychiatric Rehab Services Facility	4,495	1,019	24,239	12%	4,815	1,199	28,493	13%	4,960	1,253	34,284	15%
ADAA Certified Program	869	1,604	26,276	12%	1,101	1,713	30,064	13%	1,190	1,695	30,531	12%
Clinic, Drug	1,571	1,374	26,463	12%	1,770	1,320	27,755	12%	1,780	1,259	27,982	11%
Clinic FQHC	478	421	12,451	6%	345	214	7,029	3%	-	-	-	0%
Special Other Chronic Hospital	68	547	9,036	4%	66	569	9,041	4%	59	519	9,222	4%
Mental Health Case Management Provider	672	189	4,647	2%	713	165	5,088	2%	715	186	5,243	2%
Special Other Acute Hospitals	18	356	3,308	2%	18	307	3,519	1%	18	290	3,305	1%
Mobile Treatment Program	707	169	2,116	1%	780	192	2,232	1%	797	180	2,266	1%
Acute Rehabilitation Hospitals	54	111	2,157	1%	46	104	2,143	1%	45	81	2,190	1%
Residential Treatment Center	-	557	152	0%	-	462	143	0%	-	488	106	0%

- Well distributed across the state
- Most utilized outpatient provider type (~121K beneficiaries served in FY18)
- Trusted provider of services in communities

Services Provided by OMHCs

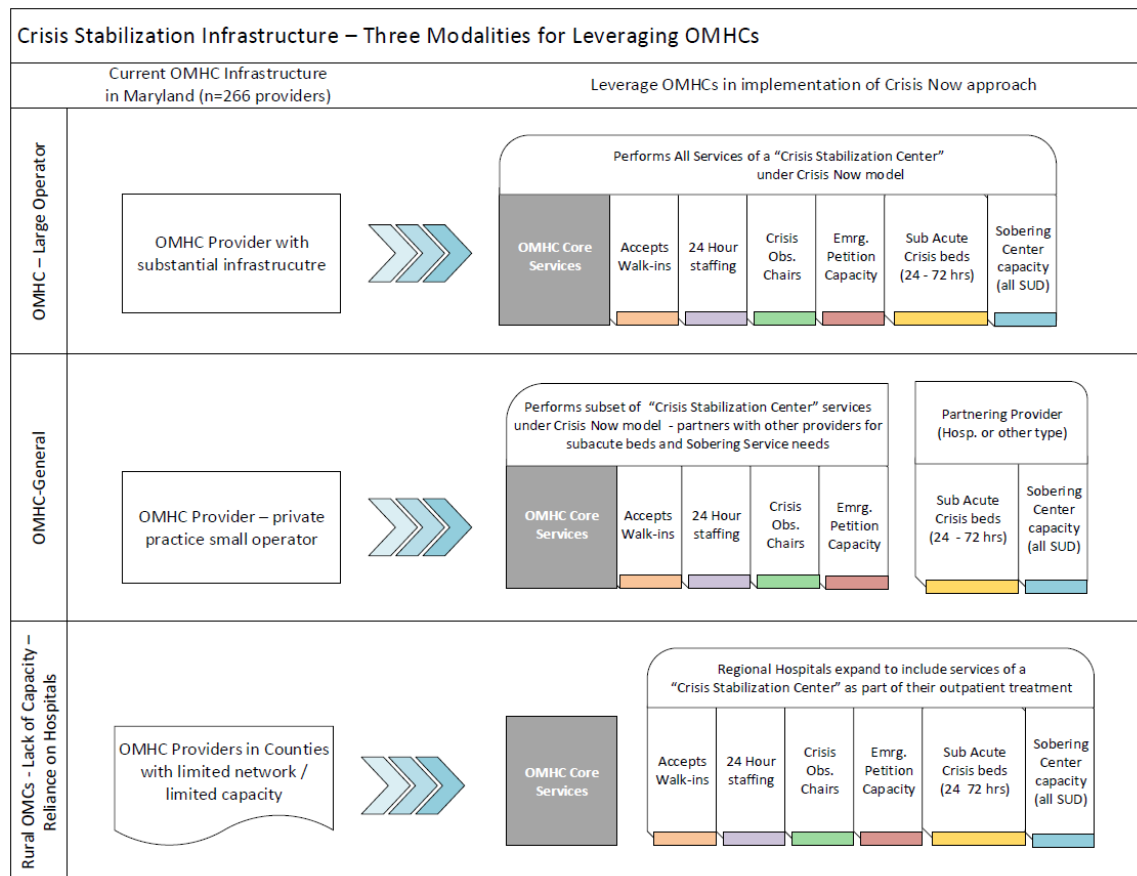
Services at OMHC locations include, but are not limited to:

- psychiatric or clinical assessment and evaluation
- individual therapy
- group therapy, family therapy
- family psychoeducation
- medication management
- case management
- referral to community resources

OMHCs to CCSCs: Transformation

(Draft Discussion/Planning Purposes)

- Heterogeneous provider group
- Varying capacity to scale up to provide CCSC services as defined by SAMHSA



OMHCs - Barriers to CCSC Expansion

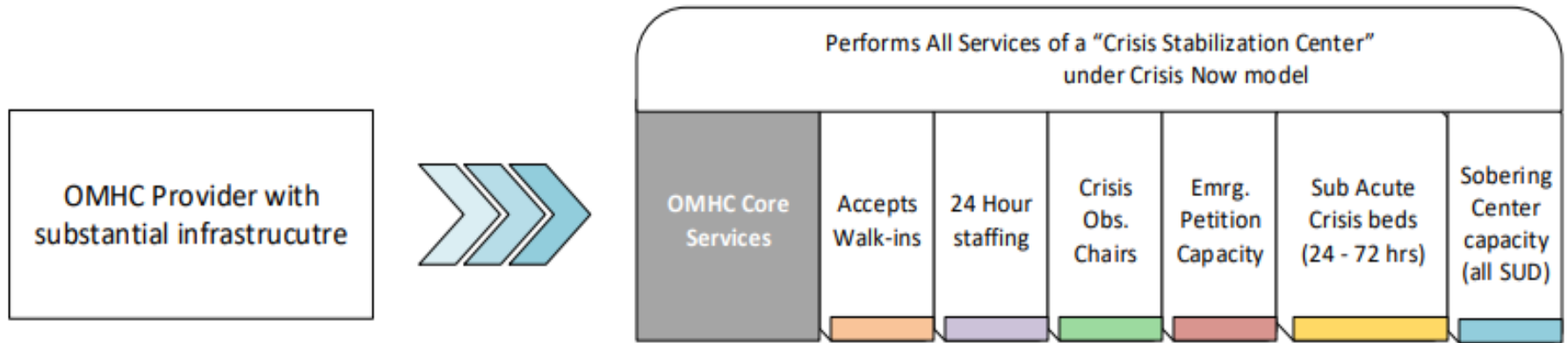
- Lack of resources to address regulatory /licensing restrictions
- Lack of data / analytical capacity
- Lack of access to business planning resources
- Lack of resources to pursue additional funds, onboard and train new staff, and expand their physical plant
- Lack of capacity to advocate for - and attain - sustainable reimbursement from payers
- Lack of capacity to create system-level agreements with law enforcement and first responders

Opioid Operational Command Center – Competitive Grant

Overarching Aim:

Improve outcomes among persons in crisis and reduce burden on EDs, first responders, and law enforcement by increasing the capacity of OMHCs to provide CCSC services.

OMHCs to CCSCs: Transformation



- Grant targets OMHC providers with substantial infrastructure
- Voluntary transition to provide CCSC services
- One year grant – with plans for a multi-year intervention
- Aligned closely with other work going on in the state including the Regional Partnership work through Catalyst grants

Year 1 Deliverables

- Environmental Scan – identify pilot barriers
- Data Analysis – evidence base for pilot locations
- Work group of stakeholders
- Business Case Analysis – costs to transition
- Identify sources of funding for pilots
- Draft Pilot RFP

Questions & Answers

Contact Information for Medicaid IRD team members

Liz Kasameyer

Elizabeth.kasameyer@maryland.gov

Amy Woodrum

Amy.woodrum@maryland.gov