



Teleservice for CCBHCs + MAT Implementation

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Agenda

- **innovaTel Overview**
- **Rising Demand for Behavioral Health Services**
- **The Importance of the CCBHC Model and Implementing Telehealth**
- **Solutions for CCBHCs + Success**
- **MAT Overview**
- **MAT + Telehealth**
- **Patient Success Stories**

About innovaTel Telepsychiatry

Founded by a clinical team with 30+ years of experience

CMHC Roots

Prior to innovaTel, its founder started the first CMHC in NW Pennsylvania, developing a successful telepsychiatry program through a small SAMHSA grant.

Meet a Need

Recruitment and retention of psychiatric providers was a constant challenge for the clinic.

Telepsychiatry Success

Word of the clinic's adoption of and success with its telepsychiatry model spread quickly throughout the country.

innovaTel Begins

As a result of the model's success, innovaTel was founded in April of 2014.



Modern Healthcare
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to Work** 2021



Rising Demand for Services Amidst Access Challenges

Nationally, we are seeing an increase in demand for behavioral health treatment, which impacts access.

27.3%

Only **27.3%** of youth with severe depression receive some consistent treatment (7-25+ visits in a year).

59.6%

59.6% of youth with major depression do not receive any mental health treatment.

28.69%

28.69% of adults with a cognitive disability were not able to see a doctor due to costs.

23.6%

Almost a quarter (**23.6%**) of all adults with a mental illness reported that they were not able to receive the treatment they needed. **This number has not declined since 2011.**

57%

57% of adults with a mental illness receive no treatment. **Over 26 million individuals experiencing a mental illness are going untreated.**

The Importance of the CCBHC Model

“The CCBHC model is transforming behavioral health systems one community at a time.”

- US Department of Health & Human Services

CCBHCs are helping the gap in treatment that leaves millions with unmet mental health and substance use needs, bringing thousands of new clients into care.

- We’ve dramatically increased access to mental health and substance use disorder treatment, expanded states’ capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions.
- CCBHCs are growing. As of September 2021, there were 430 CCBHCs in the U.S., up from 224 as of January 2021.
- CCBHCs are, on average, serving 17% more people than prior to CCBHC implementation.



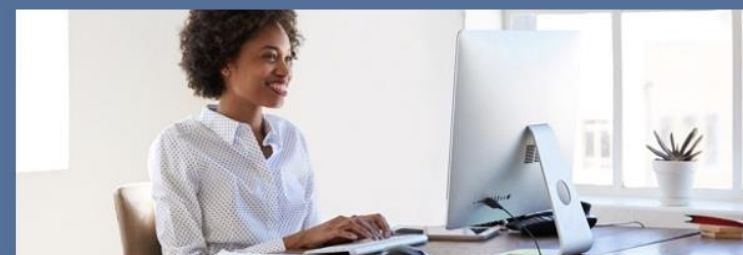
Opening Access and Deploying a Hybrid Model of Telehealth

- One of the primary goals of the CCBHC model is improving access to care, in order for this to be met, organizations need to have sufficient capacity among their providers to deliver care and this requires innovative solutions.
- With the national behavioral health provider shortage, this is a significant challenge. However, many CCBHCs have found success by partnering with telehealth companies to grow their teams.
- Leveraging telehealth technology is encouraged in the CCBHC model and has resulted in:
 - Reduction in no-shows
 - Patient choice for how they receive treatment
 - Access to hiring remote providers outside of your immediate geography

Delivery of Care Methods



Face-to-face



Virtual provider, patient in clinic



Virtual patient, provider in clinic



Virtual provider and patient

innovaTel's CCBHC Solutions



- Allow you to grow your clinical team with providers experienced in working with the SMI and co-occurring patient populations.
- Reduce wait times for appointments and improve access to care
- Enhance and support your MAT programs
- Receive telehealth implementation support.

Grow Your Clinical Team with Part-Time or Full-Time Providers That You Interview and Choose



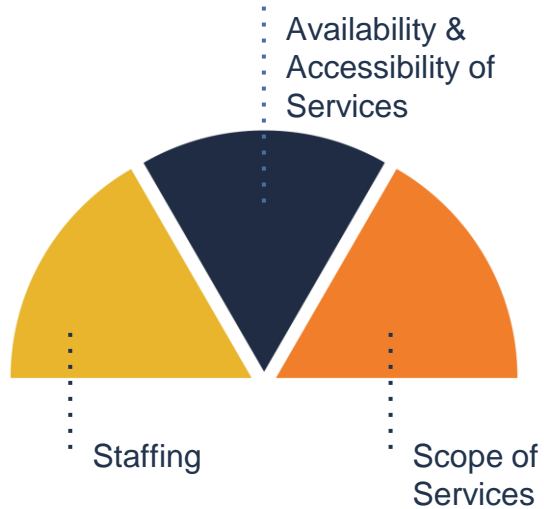
- Psychiatrists
 - Medical Directors
- Psychiatric Nurse Practitioners
- MAT Providers
- Licensed Clinical Social Workers

All innovaTel providers are W2 employees, innovaTel handles all recruitment, licensing, DEA, malpractice, benefits and PTO.

- Psychiatric services offering evaluations, medication management, consultative services, MAT programs and more.
- Therapy services offering evaluations, individual therapy, group therapy, substance use disorder treatment and more.
- All providers become credentialed with your payers and work in your EMR.



innovaTel's CCBHC Solutions



Imagine navigating CCBHC designation with a partner that is able to offer experienced **support for 50% of the requirements** organizations must meet, including **support on 67% of the services** required

67% of
Required Services



- Treatment planning
- Screening assessment, diagnosis and risk assessment
- Crisis services (supplemental support)
- Outpatient mental health & substance use services, including required Medication-Assisted Treatment (MAT)
- Community-based mental health care for veterans
- Family support and counselor services

CCBHC Telehealth Success Story

- innovaTel partnership with High Plains Mental Health Center, a rural CCBHC in Kansas.
 - High Plains became a CCBHC in 2021, and this allowed them to grow their team and add new services, including MAT.
 - Recruiting behavioral health providers in rural Kansas is extremely difficult and they did not have enough coverage to meet the demand for services.
 - Through their partnership with innovaTel, they have added 7 psychiatric providers and 10 therapists and implemented an MAT program.
 - Implementing a hybrid model of telehealth has been instrumental in their CCBHC success.
- Dr. Smith who is joining us today is joining their team as a remote psychiatrist.

Access to care, speed to care

Investing in a telepsychiatry partnership not only creates additional access points for patients, it also increases the speed with which patients receive care.



Initial assessments

- Before CCBH expansion and additional providers with innovaTel: 2 weeks
- *After innovaTel: 3 days*

Psychiatric care access

- Before CCBHC expansion and additional providers with innovaTel: 6 weeks
- *After innovaTel: 2 weeks*

“It’s a huge lift! But it’s worth it. Use the power of your team. Don’t go at it alone. **Had we not had our partnership with innovaTel, we could not have pulled it off.**”

Walt Hill,
CEO, High Plains Mental Health Center



What we'll cover

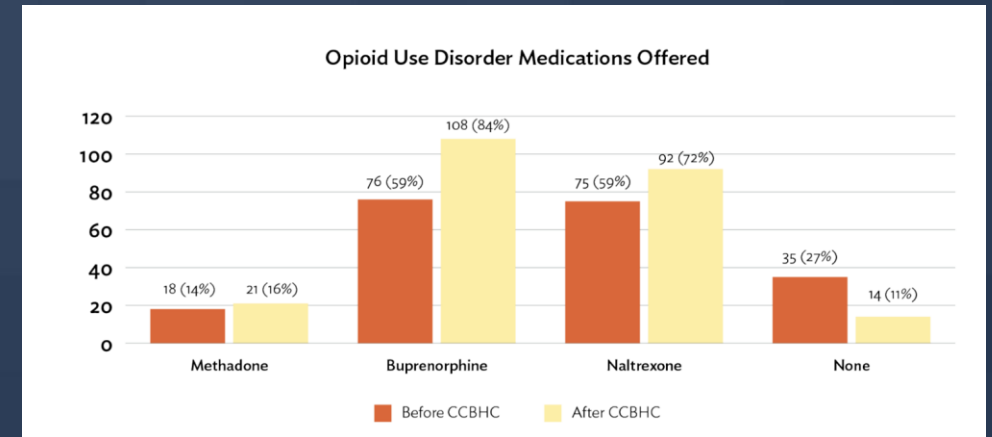
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- **MAT + CCBHCs**
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MAT & CCBHCs

- CCBHCs are addressing the nation's opioid crisis by dramatically expanding access to medication-assisted treatment (MAT), the “gold standard” in substance use care.
- 89% of CCBHCs offer one or more forms of MAT, compared to only 56% of substance use clinics nationwide.
- An estimated 37,000+ clients nationwide are engaged in MAT across the CCBHCs that were active at the time of this survey.
- 60% of clinics added MAT services for the first time as a result of becoming a CCBHC, and 31% were able to offer more forms of MAT after CCBHC implementation than before.



Source: National Council for Mental Wellbeing CCBHC Impact Report

MAT Overview

- **What is MAT?**
- **How is MAT effective?**
- **How do the medications work?**
- **A note on language and stigma.**



Image taken from <https://healthcare.utah.edu/huntsmancancerinstitute/news/2020/01/hci-provides-naloxone-kits-to-help-save-lives.php>

What medications are used for MAT?

Medications approved by the FDA for MAT:

- Alcohol Use Disorder: Acamprosate, Disulfiram, Naltrexone.
- Opioid Use Disorder: Buprenorphine, Methadone, and Naltrexone.
- Naloxone has been FDA approved to prevent opioid overdose by reversing the potentially fatal effects of toxicity.

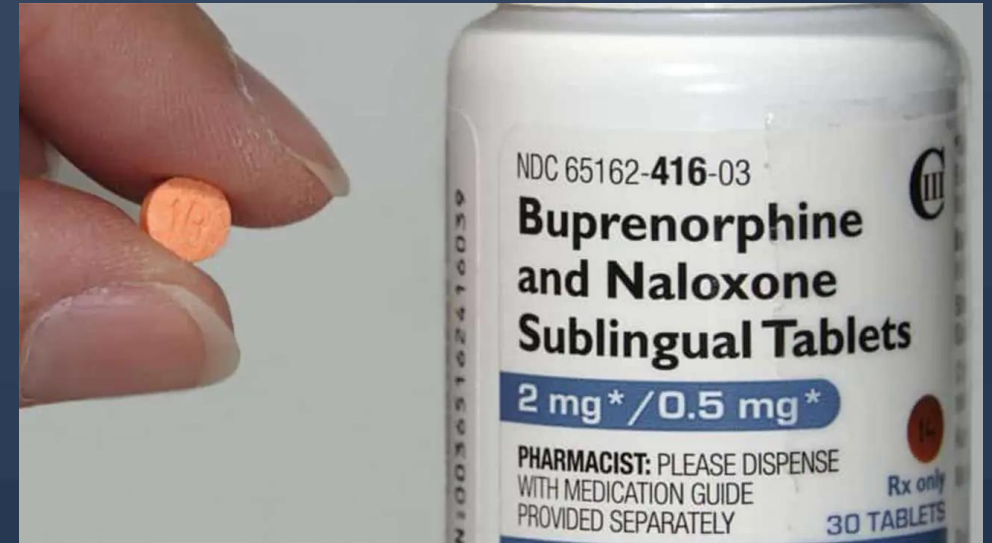


Image taken from <https://www.addictionresource.net/mat/buprenorphine/>

Telehealth & MAT

- **Launching MAT program**
- **Support staff**
- **Remote integration with on-site teams**
- **Appointment logistics**
- **Policies and procedures**
- **Urine toxicology screening**

Delivery of Care Methods



Face-to-face



Virtual patient, provider in clinic



Virtual provider, patient in clinic



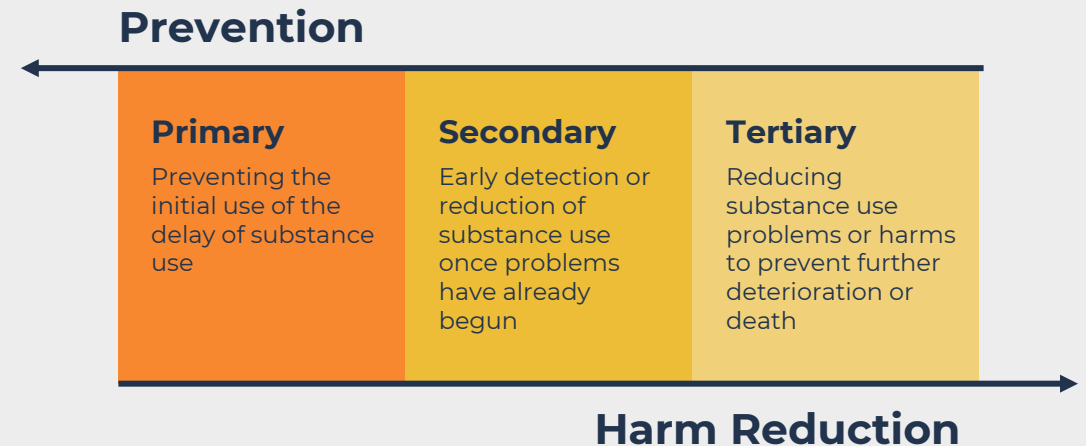
Virtual provider and patient

Advice for providers

Advice for providers:

- Develop relationships with on the ground staff: Participate in team meetings, communicate frequently.
- Develop relationships with patients: Utilize a whole-person approach.
- Harm Reduction training and education: Look at the big picture and work to decrease stigma.
- Boundary and limit setting working with this patient population: Anticipating chaos and providing stability.

The intersection of Prevention & Harm Reduction Efforts



Patient success story

Case #1

52 y/o F with MDD, PTSD, BPD, multiple suicide attempts with history of AUD, OUD. Presents to clinic several months after a suicide attempt via overdose and discloses that she has relapsed on heroin since discharge from psychiatric hospitalization.

Case #2

28 y/o F with history of MDD, GAD, OUD who is currently 2 months pregnant. She has been intermittently using Subutex and Suboxone in the community to try and manage her OUD, and has been close to full relapse on prescription opiates several times since learning she was pregnant. Presents to clinic to discuss MAT.

Q&A

Thank You!

For more information:

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