



the
DELTA CENTER
for a thriving safety net

Safari Visit to Compass Health Network

This brief summarizes the Delta Center for a Thriving Safety Net's Safari Visit to Compass Health Network, just outside of St. Louis, Missouri, February 28–March 1, 2019. The intent of the Safari Visit was to use the strength of peer-to-peer sharing as a technical assistance tool by allowing attendees to see and hear about a concrete demonstration of how primary care and behavioral health collaboration and sustainable payment is being done. With 26 NCBH members attending from Certified Community Behavioral Health Clinics (CCBHCs) and 22 primary care and behavioral health state association Delta Center grantees, the agenda focused on Compass Health Network's dual status as both a CCBHC and a Federally Qualified Health Center (FQHC) and their transformation into a leader in integrated care. Safari Visit attendees received a site tour of Compass Health Network's expansive facilities on the first afternoon of the convening, including an on-site pharmacy and dental clinic. Compass staff hosted specialized tour segments focused on their substance use clinic, primary care, pediatrics, outpatient and psychological services, health homes, crisis services, and dental services.

Compass Health Network

Operating Budget: \$190 million

Location: 30 locations serving 45 counties

Patients served: 180,000

Employees: 2,600

Providers: 70 psychiatrists, 18 primary care physicians, and 24 dentists

Certified Community Behavioral Health Clinics (CCBHCs) refer to federally-recognized clinics that provide a comprehensive range of addiction and mental health services to vulnerable individuals. Congress enacted the CCBHC program, which launched in 2017 in eight states, to fill the gaps in unmet need for addiction and mental health care and expand access to comprehensive, community-based treatment. They are a new provider type in Medicaid.

Email: deltacenter@jsi.com

Web: deltacenter.jsi.com

Support for this program was provided by the Robert Wood Johnson Foundation (RWJF). The views expressed here do not necessarily reflect the views of RWJF. Funding stipulations from RWJF prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying.



Access to Care Outcomes

- **20%** increase in number of clients served each month
- **30%** increase in number of appointments
- **25%** decrease in wait times

"It's fascinating to learn the differences from state to state, CCBHC to CCBHC, and FQHC to FQHC; everyone has unique struggles and unique successes."

– Safari Visit Participant

Safari Visit Highlights

Increased Access Improves Care. In accordance with the Delta Center's mission to create a thriving safety net and facilitate opportunities for meaningful change, Compass Health Network demonstrated their commitment to increasing access to the right services in dignified ways for their community. By implementing 24-hour crisis hotlines and mobile response, patient-centered treatment, integrated care, outpatient mental health and substance use services, targeted case management, and peer supports, the Compass team provided valuable insights on their journey into becoming the largest CCBHC both in Missouri and the US. Their outcomes in access to care include a 20% increase in number of clients served each month, a 30% increase in number of appointments, and a 25% decrease in wait times to see clinicians compared to prior to becoming a CCBHC.

Changing Policy Results in Decreased Costs.

Representatives from the Missouri Coalition for Community Behavioral Healthcare and the Missouri Department of Mental Health provided a public policy and advocacy perspective, focusing on improved access to care. Missouri CCBHCs are required to partner with the state of Missouri's Emergency Room Enhancement (ERE) Project, a collaboration between hospitals and behavioral health providers to improve care coordination and increase access to behavioral healthcare. For those engaged in behavioral health services through the ERE, Missouri has shown a staggering 69% reduction in homelessness, a 32% reduction in unemployment, and a 55% reduction in criminal justice involvement. The Missouri Department of Mental Health and the Missouri Coalition explained that the State of Missouri decided to codify the CCBHC payment in a Medicaid State Plan Amendment (SPA), as opposed to the option of pursuing a Medicaid waiver, due to a SPA's perpetual status, state-wide coverage, and freedom of choice among providers for all individuals.

Clinical Innovation Results in Improved Quality.

The Compass Health Network team provided insight into clinical innovations at their program and their shift to a proactive approach to working with vulnerable individuals, families, and their community. In one year, 7,749 clients were seen for same-day access instead of

being placed on wait lists. Metabolic screenings increased from 12% to 94%. Through the Zero Suicide initiative, suicides decreased from 16 in 2018 to 2, halfway through FY2019.

Partnerships are a Key Strategy. Building strong relationships with law enforcement, court systems, primary care providers, schools, and colleges has bolstered Compass Health Network's community visibility. Partnering with three large universities continues to prove successful in attracting and retaining doctoral psychology students, first for internships, then for paid positions.

CCBHC Brings Together Value-based Payment and Care. The connection between value-based payment (VBP) and value-based care was demonstrated through a CCBHC lens, as presenters shared examples of VBP for behavioral health and showed how primary care leveraged new payments to build capabilities. For example, in the shift from fee-for-service (FFS) to VBP and the acquisition of greater risk, presenters reviewed common barriers which still persist, including attribution of patients, lack of resources to invest in transformation, data analytics capability at the clinic level, lack of transparency between payers and providers, and underdeveloped risk adjustment for behavioral health and social determinants of health. Strategies currently being used to fund primary care in pursuit of the Triple Aim have been proposed to produce similar outcomes in the behavioral health space, such as infrastructure grants, evolved payment for reporting data, shared savings, collaborating with IPAs, and participating in ACOs for population-based management.

Participants Benefited from the Safari Experience. Convening evaluations demonstrated enormous appreciation for the opportunity to connect with experts and colleagues. Scores on a 10-question evaluation on usefulness, content value, learnings, and overall satisfaction with the event averaged a 4.5 out of 5.0, with 24 respondents. Feedback on most valuable takeaways centered heavily on the value of the opportunity to be onsite. Other positive input included time for peer-to-peer discussions, advocacy efforts, and a deep dive into state policy landscapes. Topics of interest indicated for future sessions included an emphasis on sustainability planning and deeper exploration of VBP.

"Time to meet and discuss the 'how's' with people who have experience has been the best aspect of this safari visit."

– Safari Visit Participant

*Funding stipulations from the Robert Wood Johnson Foundation prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying. Grantees used their Delta Center funding to support a broad array of policy activities, including background research, education and training, stakeholder engagement and convening, and building shared policy agendas. As state associations, Delta Center grantees used other non-Delta Center funding sources when they engaged in lobbying and legislative advocacy to advance policy.