

Department of Mental Health Mississippi

Award Number: 1H79SM087620-01

QUARTERLY PROGRAMMATIC PROGRESS REPORT:

COOPERATIVE AGREEMENTS FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC PLANNING GRANTS

DATE: 7/15/23 (Activities from 3.30.23 thru 6.30.23)

- Prior to initiating the report, it is recommended that recipients review their approved application and Section I.3 of the [Notice of Funding Opportunity \(NOFO SM-23-015\)](#). These documents dictate the requirements and specify the unique details of each project. The report's content should be reflective of the project work defined in these two documents.
- The report should describe the project activities conducted and recent progress, rather than reiterate the application itself. For activities not yet implemented in a specific quarter or for activities already completed in a prior quarter, the report should indicate so.
- The first progress report should address key start-up activities, including any challenges in addressing special terms and conditions of award and strategies for addressing challenges.

SECTION I: DESCRIPTION OF PROJECT WORK

Directions: Describe the project work and achievements for elements A-C.

A. Required Activities as defined by the NOFO (page 9) and summarized below

1. Solicit input for the development of the state CCBHC Demonstration program, including
 - Steering committee of relevant state agencies, providers, and service recipients
 - Obtain input from the population of focus
 - Partner with local, state, federal agencies and tribes
2. Identify an initial set of clinics to participate in the demonstration
 - Create an application and review process to certify CCBHCs
 - Select clinics from a diverse geographic area- including rural and underserved areas
 - Facilitate training and technical assistance to support clinics meet the certification criteria
 - Support cultural, procedural and organizational changes in the CCBHCs that will result in high quality, comprehensive, person-centered, accessible, evidence-based services
 - Build the CCBHC workforce: hire, train, and improve cultural diversity and competency
 - Ensure CCBHCs meaningfully involve consumers, persons in recovery and their families
3. Establish a PPS for CCBHCs in accordance with the CMHS methodology guidelines
4. Develop or enhance state data collection and reporting capacity

1. Solicit Input for the Development of the state CCBHC Demonstration Program

CCBHC Awareness :

- DMH issued a press release on the SAMHSA award on April 11, 2023. It was published online or in print at: WXXV, the Fox affiliate on the coast; WJTV, the CBS affiliate in Jackson; and Daily Times Leader from West Point. And DMH completed the following media interviews: Director Wendy Bailey did an interview on this topic with WDAM in Hattiesburg on April 19, 2023, and with WLOX on the Coast on April 25, 2023.
- Phaedre Cole President of the Mississippi Association of Community Mental Health Centers and the Executive Director of Region 6 CMHC (one of the CCBHC pilot sites) presented at the April 12th Association Meeting to notify members that MS had been awarded the Planning Grant. A general discussion of the role CMHCs would play throughout the planning grant was held. An update was planned for the next meeting on July 12th, including status of CCBHC staffing and a discussion on the roles and responsibilities of the CCBHCs, CMHCs, and the two pilot sites.
- Regions 6 and 14 held an Internal Department Head Meeting on March 31st to announce the award and provide an overview of the CCBHC model and general overview of their role as a pilot site.
- Phaedre Cole Executive Director of Region 6 CMHC presented at the Region 6 Board of Commissioners Meeting on April 26th. The Board expressed their support for the initiative.

CCBHC Steering Committee: During the quarter, we planned our first CCBHC Steering Committee meeting is scheduled for July 18th at 2:30 p.m. CDT. We did not want to hold our first meeting until our Project Director started so we had a solid roll-out of the team.

July 18th Meeting Goals

- Convene initial Steering Committee meeting.
- Secure agreement on proposed Steering Committee meeting schedule. *Proposed Meeting Dates:* 2nd Tuesday Monthly at 2:30 p.m. (August 8; September 12; October 10; November 14; December 12; January 9; February 13; March 12; April 9; May 14; and June 11)
- Get feedback on the proposed planning grant oversight, Steering Committee structure, including workgroups, timeline and activities.

Invited Attendees: Our plan was to convene the individuals and organizations listed below and identified in the grant submission for our first Steering Committee and invite additional stakeholders for the next monthly meeting in August.

CCBHC Team	This includes the CCBHC Project Directors & Project Coordinators from Regions 6 and 14, and from each of the five existing five CCBHCs and two new Planning Grant Pilot CCBHC
Department of Mental Health	Wendy Bailey, Director, Mississippi Department of Mental Health Katie Storr, Chief of Staff, Mississippi Department of Mental Health Kelly Breland, CFO, Mississippi Department of Mental Health Stephanie Foster Bureau Director, Bureau of Certification and Quality Outcomes
Mississippi Association of CMHCs	Phaedre Cole, President of the Mississippi Association of Community Mental Health Centers and the Executive Director of Region 6 CMHC (one of the CCBHC pilot sites)
Division of Medicaid	Jennifer Wentworth, Deputy Administrator for Finance, Mississippi Division of Medicaid. Ricky Manning, Mississippi Division of Medicaid The Medicaid liaisons with DMH.

Mississippi Crisis Response Network	CJ Caufield, Congregational Liaison with the Mississippi Crisis Response Network, will represent faith-based networks throughout the state to inform exploration of opportunities for CCBHC stakeholder engagement, public communication, outreach, telehealth access points, and critical community support for the CCBHC transformation. We also work with a Congregational Recovery and Outreach Program, described below.
Choctaw Nation	Chief Cyrus Ben

Stakeholder Engagement Activities

- Phaedre Cole, Executive Director for Region 6 and Dr. Mallory Malkin met with Joy Hogge of Families as Allies on May 10th. Ms. Hogge shared her feedback on DMH’s approach to CCBHC Planning Grant. Ms. Cole and Dr. Malkin told Ms. Hogge that the new Project Director starting in July would reach out to her in July to get engage her in the Steering Committee and Planning Grant activities.
- The DMH leadership met in June to identify the additional stakeholders to engage in our Planning Grant. DMH leadership will have the Project Director starting in July to outreach and engage the following groups with our Planning Grant activities: Families as Allies; Mental Health Association of South Mississippi; MS Community College Board; ARC of Mississippi; Association of Mississippi Peer Support Specialists; NAMI; Veterans Services Association; the state’s six historically black colleges and universities (HBCUs); and MS Department of Transportation. Also, we plan to request additional suggestions from attendees of our initial Steering Committee meeting on July 18th. After we gather these names, our Project Director will outreach immediately to inform, educate, and engage these potential participants with our efforts.

CCBHC Staffing and Contractual Resources

Position	Level of Effort
Project Director	Randy Foster 5% and Dr. Malkin 10%
Quality Improvement	0%
Fiscal Coordinator (DOM)	0
Fiscal Coordinator (DMH)	Kelly Bralend, DMH, CFO 5%
Project Evaluator	0%
Region 6 Project Coordinator	Phaedra Cole, Region 6 Executive Director 10% LOE
Region 6 Psychiatrist *Not pursuing	0%
Region 14 Project Coordinator	Beth Fenech, Region 14 Executive Director 10% LOE
Region 14 Psychiatrist *Not pursuing	0%

DMH drafted a Project Director position description and posted it in April. DMH interviewed potential candidates, selected a Project Director, and made an offer in May. DMH selected Amy Swanson as their Project Director. Ms. Swanson was not able to start until July 1st and DMH planned to have Ms. Swanson complete her new employee onboarding training on July 3rd and July 5th; site visits with regions 6 and 14 on July 6th and 7th ; and CCBHC strategic planning meetings with DMH Executive Team on July 5th.

After meetings with SAMHSA, DMH identified Dr. Mallory Malkin would serve as .5 FTE as Project Director and Quality Improvement Coordinator, and Ms. Swanson as .5 FTE as Project Director. Even though DMH drafted a request to update the Key Personnel and submitted it to SAMHSA via eRA Commons in June. It was returned and DMH decided to wait until Ms. Swanson and Dr. Malkin met on July 3rd to review and prepare a new submission.

DMH acknowledges that the current proposed Project Directors, Dr. Malkin, and Ms. Swanson are not officially the Project Directors until they have been approved by SAMHSA by a post award amendment.

Additional Updates

- Phaedre Cole attended the Delta Center Convening on April 20 and 21 in Austin, Texas. To expand Mississippi's telehealth capacity to meet the service demand for CCBHCs: the Community Health Center Association of Mississippi, Louisiana Primary Care Association, Louisiana Public Health Institute, and Mississippi Association of Community Mental Health Centers collaborate on "The Delta Center: Advancing Equitable Care and Payment for Telehealth in Louisiana and Mississippi". This effort is a large part of our CCBHC Planning Grant work focused on expanding telehealth resources.
- The Mississippi Division of Medicaid increased community mental health rates by 7.9%. These new rates will be effective July 1. These rate increases will help support our transition to the CCBHC model and absorb the impact of cost-based reimbursement with the PPS rates.
- DMH planned efforts to update to the DMH Operational Standards with all CCBHC Certification Criteria during the Planning Grant period. In June, DMH leadership met and identified the plan below to leverage the existing workgroup updating the DMH Operational Standards and get draft rules for public comment in the Fall of 2023. A condensed outline of this work that starts in July is outlined below.



DMH Operational Standards/Certification Revision Condensed Outline – July 2023

Purpose: Improved integration among programmatic, certification, data management, fiscal management, care coordination, and legal areas of the agency regarding provider certification; monitoring activities/compliance reports which are federal/state law consistent, safety and quality-purposed, customer-focused, stewardship oriented, and data-driven.

CONDENSED OUTLINE

A. Update DMH Operational Standards

1. Review and update the following introductory sections:

- Part 2: Chapter 1: Certification Responsibilities of the Mississippi Department of Mental Health
- Part 2: Chapter 2: Certification
- Part 2: Chapter 3: Service Options
- Part 2: Chapter 4: Certificates of Operation
- Part 2: Chapter 5: Waivers
- Part 2: Chapter 6: Appeals
- Part 2: Chapter 7: General Information Related to Certification
- Part 2: Chapter 8: Organization and Management

2. Remaining Sections: Leadership Team reviews and determines structural framework for Operational Standards; Leadership Team reviews sections/areas which are no longer needed or outdated and areas which need to be added/amended.

- ✓ **Decision framework based on the following:** Standards need to be focused on areas such as 1) federal law requirements; 2) state law requirements; 3) evidence based/best-practices/quality outcomes; 4) necessary documentation; 5) data requirements; 6) financial requirements; 7) Health and Safety; 8) fidelity or similar reviews; 9) quality management based on comprehensive reports with data-driven metrics; 10) consistency among other related manuals/policies; 11) Policies and Procedures and Plans of Compliance need to be revisited; 12) insurance of consistency throughout; 13) removal of dating language; 14) consideration of what needs to be a Rule vs. a policy vs. a procedure; 15) Questions to consider with each Rule: Can we justify why needed? Are any Rules developed to address exceptions; 16) areas of purview over which DMH does not have jurisdiction; 17) other considerations?
- ✓ **Anticipated Time Frame:** Leadership Team meets at regular intervals from July – October. Leadership reviews together each chapter for changes. Changes are recorded.

3. New Quality Assurance, Utilization Review, and Data Outcomes, Data Submissions Sections

- ✓ **Considerations:** fidelity; safety; dashboard driven; data outcomes; data compliance; grant outcomes; expansion of utilization reviews
- ✓ **Anticipated Time Frame:** Same as 2 above

4. Draft of New Standards complete for internal review (inclusive of legal review), DOM, and providers prior to public comment

- ✓ **Anticipated Time Frame:** January 2024

B. New Internal Compliance Checklists/Compliance/Certification Forms Developed

1. **Checklists and Forms** for any new Fidelity Reviews, Health and Safety, Background Checks, etc.
2. **Area Submission Forms** for inclusion in Comprehensive Compliance Report
3. **Provider Application Forms** to include more front-end detail
 - ✓ **Anticipated Time Frame:** April 2024

C. External Compliance Reports Format for Providers Developed

1. **Comprehensive Compliance Reports:** Leadership chooses selected format. Considerations: dashboards; data metrics; fidelity reviews; grant outcomes; data outcomes; randomized record reviews; programmatic observational review of services; provider financial management status/financial audits; interviews with persons served; submission forms from various areas for inclusion in comprehensive compliance reports findings, etc.
2. **Focused Compliance Reports and Developed Report Format - will include areas from above which need focused or follow up attention and well as speciality areas of review**
 - ✓ **Anticipated Time Frame:** April 2024
3. **Future Goal - Software Enhancement** which will allow production of Comprehensive Compliance and Focused Follow Up Reports, possible integration with other software platforms
 - ✓ **Anticipated Time Frame:** Undetermined

D. Standards Feedback/Filing and Training

1. **Internal and External Feedback on Draft Standards** prior to filing New Operational Standards for public comment and subsequent changes made
 - ✓ **Anticipated Time Frame:** January 2024
2. **Prepare Substantive Change Document and File New Standards for Public Comment**
 - ✓ **Anticipated Time Frame:** April 2024
3. **File New Standards for Final Adoption for July 2024/August 2024 Effective Date**
 - ✓ **Anticipated Time Frame:** June 2024
4. **Internal and External Training on New Standards and Changes**
 - ✓ **Anticipated Time Frame:** June 2024/July 2024

E. New Operational Standards in Effect

- ✓ **Anticipated Time Frame:** July 2024/August 2024

F. Transition Period from Old to New System for DMH Staff and Providers

- ✓ **Anticipated Time Frame:** August – October 2024

G. Migrate from CRC Committee to CRC Board – TBA

- ✓ **Anticipated Time Frame** TBA

2. Identify an initial set of clinics to participate in the demonstration.

Mississippi selected two CMCHs to initiate the program during the Planning Grant period based on their representation of some of Mississippi's most impoverished and culturally diverse rural and urban populations. Both sites evidence high levels of need, particularly among ethnic and racial minorities. And both sites' clients' struggle with access to services due to workforce shortages and the lack of consistent service availability across CMHCs. The Region 6 and Region 14 CMHCs are in the Delta and Gulf Coast cultural regions of the state, respectively. Both have demonstrated experience providing comprehensive, high quality BH services and provide the full range and CCBHC required services to diverse populations.

- One site (Region 14) is a current CCBHC Expansion Grantee that has already been funded to "close the gap in workforce" and build its readiness for CCBHC data collection and reporting. We will leverage Region 14's current Evaluator to support our CCBHC Planning Grant.
- The other site (Region 6) will require Planning Grant resources to close its workforce gap and build readiness for certification. We will leverage Region 6's family, client, and community engagement partnerships to build a playbook for Mississippi.

These two sites well represent the range of readiness within our CMHC network, which includes a mix of expansion grantees and sites that require resources to close the CCBHC gap.

3. Establish a PPS for CCBHCs in accordance with the CMHS methodology guidelines.

In May and June, DMH collaborated with the Mississippi Department of Medicaid to use the PPS-1 rate methodology in the development of the CCBHC program. The PPS-1 selection is the most appropriate methodology for the proposed CCBHC delivery system and its integration with the Mississippi CAN Medicaid

Coordinated Care Organizations (CCOs). We will utilize the latest CMS guidance to establish an appropriate clinic-specific daily PPS rate which applies uniformly for all CCBHC services rendered within a given certified clinic. The PPS-1 also allows for optional quality bonus payments (QBPs) to CCBHCs that meet certain quality performance measures, which the state will implement. The CCBHC Cost Report will continue to be utilized going forward to report annual demonstration costs and to revise PPS rates throughout the demonstration years as appropriate. Currently, the State intends to include a QBP program as a part of the CCBHC payment methodology. Consistent with the CMS PPS guidance, the first requirement for the QBP will be for a CCBHC to demonstrate it has achieved the required set of quality measures. The goal for the CCBHC QBP will be to incorporate the current BH-specific Medicaid CCO and QIPP PPHR quality measures (both of which are included in the CCBHC QBP Eligible Measures) into the methodology for determining the triggers, methodology, and magnitude of payments.

4. Develop or enhance state data collection and reporting capacity.

The Governor signed ARPA reauthorization on April 19, 23 that allocated \$18.5 million ARPA funding allocation to DMH. DMH will use this to support the modification of Info Bridge to support a centralized CCBHC data repository. Currently, data submitted to the InfoBridge is transferred to a data warehouse. We will utilize ARPA funding to modify the repository to enable the capturing of new data elements, and to inform the CCBHC program and measure performance. During the post-demonstration period, data will be collected from CCBHCs via the secure InfoBridge platform. We will provide guidance to the CCBHCs regarding metric set, file format and file transfer protocol. In 2023, Mississippi will conduct the selection process for a statewide EHR for the CMHCs. The state drafted and issued an RFP in June to request for procuring an information systems/EHR vendor for all CMCHs, it includes language in the procurement requiring the offered product to include the functionality necessary for CCBHCs to meet SAMSHA's billing and outcomes reporting requirements. This will provide a single EHR vendor for all CCBHCs.

B. Project-Specific Goals and Objectives as defined by the application, Section B

- **Mississippi's goal for the Planning Grant is to transition its statewide CMHC network to adopt the CCBHC model for integrated care delivery during the Demonstration.** *Actions Taken: DMH has prioritized this in their Strategic Plan.*
- **DMH will engage CCBHC consumers, youth, family members and communities in its Steering Committee, supporting Workgroups, and an Advisory Council.** *Actions Taken: Steering Committee meeting set for July 18th at 2:30 p.m., Invitations sent, and Meeting Materials drafted.*
- **Two CMHCs, Regions 6 and 14, are engaged in the Planning Grant.**
- **Adopt a common set of tools, approaches, and organizational commitments to foster the adoption of the CCBHC model.** *Actions Taken: Work to update the DMH Operational Standards with the CCBHC criteria is started.*
- **Establishing a Prospective Payment System (PPS-1) for Medicaid reimbursable services.** *Actions Taken: The Mississippi Departments of Mental Health and Medicaid confirm the State will use PPS-1. The Steering Committee workgroup will commend in the next month.*
- **Prepare an application to participate in the four-year CCBHC Demonstration Program.** *Actions Taken: N/A.*
- **Enhance the data collection and reporting capacity of CCBHCs to support the HHS evaluation of their impact on access, quality, scope of services, and cost of BH services.** *Actions Taken: The State has issued a request to procure a single EHR for CMHCs.*
- **Train providers on continuous quality improvement.** *Actions Taken: N/A.*

C. Allowable Activities (if applicable) as defined by the NOFO (page 14) and summarized below.

1. Training and technical assistance in planning to participate in the CCBHC Demonstration program, including collaboration with states currently participating in the CCBHC Demonstration program, as well as in the development of potential CCHBC providers.
2. Create a plan for workforce development and retention based upon identification of provider shortages across the state to support successful CCBHC implementation.

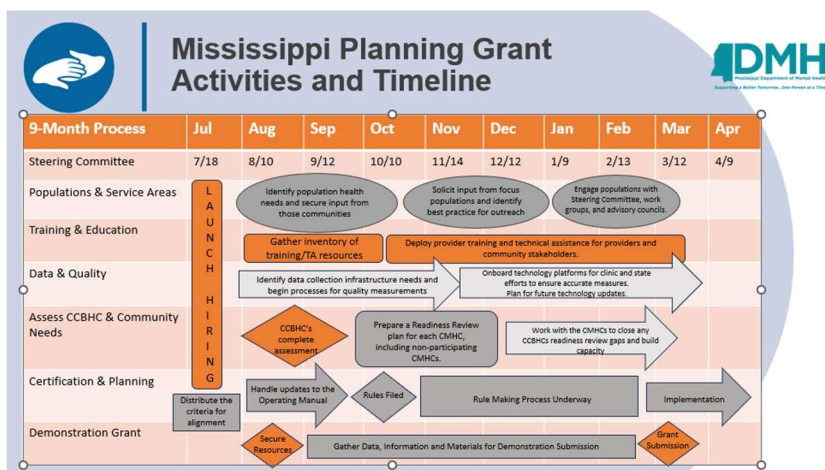
- o Phaedre Cole attended CCBHC Collaboration meetings on 4/20/23; 5/18/23; and 6/15/23 with states participating in the CCBHC Demonstration program.
- o Katie Storr, DMH Chief of Staff and Kelly Bralend, DMH CFO will be attending the Governor’s BEAM (Broadband Expansion and Accessibility of Mississippi) meeting on July 13th to gather information on their work and opportunities to connect with the CCBHCs and CMHCs. *Background on BEAM: The 2022 Legislature enacted HB 1029 creating an office of broadband for the State of Mississippi. Governor Tate Reeves then appointed former Senator Sally Burchfield Doty as director of the office which is known as BEAM (Broadband Expansion and Accessibility of Mississippi). The State will now have one point of contact for all broadband issues. The BEAM office will function under the Department of Finance and Administration.*

D. Disparity Reduction Work related to all three sections of the Disparity Impact Statement

Randy Foster updated the Diversity Impact Statement and submitted it to SAMHSA for approval in June. DMH staff met and obtained feedback from SAMHSA Program Officer on June 16th on updates needed to MS’s statement. DMH plans on having the new Project Director, Ms. Swanson, use SAMHSA guidelines to update the statement in July. After updates are made and approved by SAMHSA, DMH will review with the Community Advisory Boards (CAB), the Steering Committee and the DMH Cultural Competency Task Force.

E. Timeline for anticipated completion of required activities

DMH will have the new Project Director (pending SAMHSA approval) develop a detailed work plan, but plans to share the following for review with the Steering Committee on July 18th at 2:30 p.m.



SECTION II: EVALUATING PROJECT WORK

Directions: Describe the project's work to establish Evaluation and Data Collection Protocols, for the following evaluation requirements (A-C).

A. Development and approval of SPARS Annual Goals

B. Reporting of Quarterly Infrastructure Development, Prevention & Mental Health Promotion (IPP) Indicators

C. Other Metrics: Report on the project's work to establish the measurement of any other metrics defined in the application, including the benchmarks specified in the project goals and objectives.

DMH and Region 6 are working to secure a Project Evaluator. Region 14 already uses a Project Evaluator as part of its CCBHC grant. Originally, we planned on having DMH procure but given the fact that Region 6 doesn't have an Evaluator, we'd like to house the Project Evaluator with Region 6 to give Region 6 additional resources to plan for future Project Evaluation.

DMH will submit resumes for the potential evaluators to SAMHSA on 7/12/2023.

SECTION III: OUTLINE CHANGES TO THE PROJECT

Directions: Describe changes, *if any*, that were made to the project that differ from the approved application. Include information regarding the following, as applicable:

- Minor changes in approach or strategy that were within the existing scope of the project, such as changes to the identified EBPs, staffing plan, etc.
- Significant changes that were approved by post award amendment, such as a budget change, key staff change, or change in scope.

DMH will have the new Project Director recommend any changes in project scope or budget after their onboarding.

SECTION IV: IDENTIFICATION & MITIGATION OF PROJECT BARRIERS AND SETBACKS

Directions: In the event that the project experienced barriers and setbacks that interfered with the project's implementation schedule and/or ability to meet and maintain project requirements, describe the barriers encountered, the associated circumstances, analysis of the problem and plans outlining strategies to overcome the challenges. Report all problems relevant to the below components of the project.

- The Project-Specific Goals and Objectives, as defined in the application.

- The Required Activities, as defined by the NOFO.
- Disparity Reduction, related to the Disparity Impact Statement
- Evaluation work, including SAMHSA data reporting requirements.

DMH has experienced delays in getting started with grant activities due to staff turnover of individuals working on the CCBHC grant at DMH and delays in our Project Director starting with DMH.

DMH planned to have the Project Director oversee and lead all CCBHC Planning Grant activities and did not have additional agency staff to fill the gap.

Also, DMH and DOM were unable to post roles for CCBHC Fiscal Coordinators and Quality Improvement Coordinator until after the state budget was approved by the Legislature in June.