DMH
Mississippi Department of Mental Health
Supporting a Better Tomorrow...One Person at a Time

Certified Community Behavioral Health Centers (CCBHC) Planning Grant Steering Committee Meeting September 12th at 2:30 p.m.

MENTAL HEALTH | INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES | ALCOHOL AND DRUG ADDICTION SERVICES

CCBHC Steering Committee Meeting

Agenda

- Welcome
- CCBHC Planning Grant Activities Update
- Open Discussion: MS's CCBHC Certification Criteria
- CCBHC Resources: Web Page, Upcoming Meetings and Trainings

Upcoming Meeting Dates: 2nd Tuesday Monthly at 2:30 p.m.

October 10; November 14; December 12; January 9; February 13; March 12; April 9; May 14; and June 11

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Supporting a Better Tomorrow...One Person at a Time

The Mississippi Department of Mental Health provides hope by supporting a continuum of care for people with mental illness, alcohol and drug addiction, and intellectual or development disabilities.

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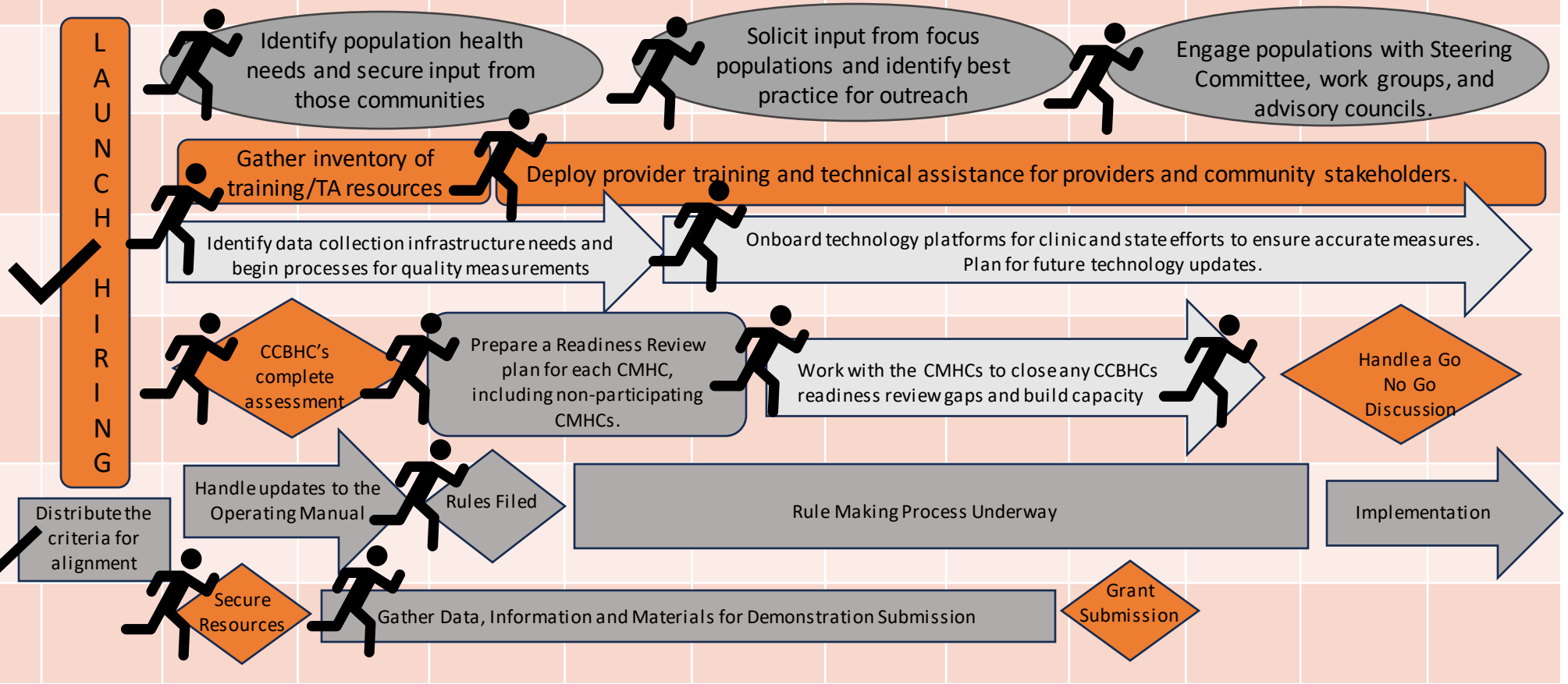
CCBHC's Value for Mississippi

- **Improve access to and delivery** of community-based behavioral health services.
- **Address gaps or barriers to care** in Mississippi
- Establish **sustainable funding** for additional investment in **quality, evidence-based mental health and substance use services.**
- Offer **more competitive wages** because of the cost-based reimbursement that can aid in alleviating workforce shortages.
- Hold CMHCs accountable for **quality outcomes**.
- **Engage stakeholders and consumers of mental health services**, including youth, family members, and community leaders, to provide input on a **customizable approach to care** that increases responsiveness to the needs of Mississippians.

Mississippi Planning Grant Activities and Timeline

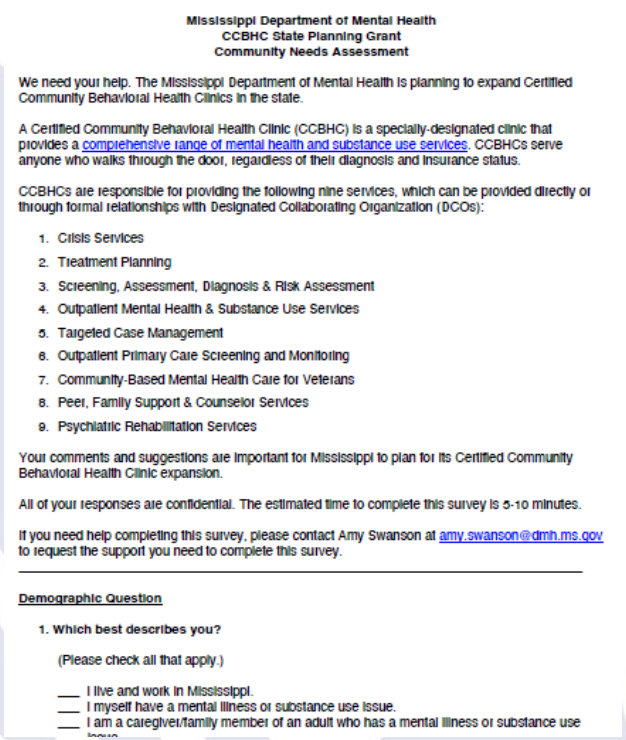


Preliminary Results:

Community Needs Assessment

Community Needs Assessment

11-Question, online, paper and telephonic survey



Mississippi Department of Mental Health
CCBHC State Planning Grant
Community Needs Assessment

We need your help. The Mississippi Department of Mental Health is planning to expand Certified Community Behavioral Health Clinics in the state.

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.

CCBHCs are responsible for providing the following nine services, which can be provided directly or through formal relationships with Designated Collaborating Organization (DCOs):

1. Crisis Services
2. Treatment Planning
3. Screening, Assessment, Diagnosis & Risk Assessment
4. Outpatient Mental Health & Substance Use Services
5. Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Community-Based Mental Health Care for Veterans
8. Peer, Family Support & Counselor Services
9. Psychiatric Rehabilitation Services

Your comments and suggestions are important for Mississippi to plan for its Certified Community Behavioral Health Clinic expansion.

All of your responses are confidential. The estimated time to complete this survey is 5-10 minutes.

If you need help completing this survey, please contact Amy Swanson at amy.swanson@dmh.ms.gov to request the support you need to complete this survey.

Demographic Question

1. Which best describes you?

(Please check all that apply.)

___ I live and work in Mississippi.
___ I myself have a mental illness or substance use issue.
___ I am a caregiver/family member of an adult who has a mental illness or substance use

Goals

- Identifying community needs
- Selecting CCBHC scope of services
- Gathering information from community stakeholders and consumers currently using services
- Cataloging important community partnerships
- Securing insights on local training resources and capacity
- Increasing awareness of CCBHCs
- Gaining understanding of barriers to accessing to treatment

Uses

- Results from this assessment will be used to inform state and local CCBHC implementation and design, including staffing plans, language and culture, services, locations, service hours and evidence-based practices.

Nearly 2,000 survey responses were collected in Aug and Sept 2023

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☑ Input came from the following entities:

1. People with lived experience of mental & substance use conditions and individuals who have received/are receiving services from the clinic conducting the needs assessment.
2. Health centers (including FQHCs in the service area).
3. Local health departments (Note: these departments also develop community needs assessments that may be helpful).
4. Inpatient psychiatric facilities, inpatient acute care hospitals, and hospital outpatient clinics.
5. One or more Department of Veterans Affairs facilities.
6. Representatives from local K-12 school systems.
7. Crisis response partners such as hospital emergency departments, emergency responders, crisis stabilization settings, crisis call centers and warmlines.

Other Responders

Organizations operated by people with lived experience of mental health and substance use conditions;	Other mental health and SUD treatment providers in the community;	Residential programs;	Juvenile justice agencies and facilities;	Criminal justice agencies and facilities;
Indian Health Service or other tribal programs such as Indian Health Service youth regional treatment centers as applicable;	Child welfare agencies and state licensed and nationally accredited child placing agencies for therapeutic foster care service; and	Crisis response partners such as hospital emergency departments, crisis stabilization settings, crisis call centers and warmlines.	Specialty providers of medications for treatment of opioid and alcohol use disorders;	Peer-run and operated service providers;
Homeless shelters and housing agencies;	Employment services systems;	Services for older adults, such as Area Agencies on Aging;	Aging and Disability Resource Centers; and	Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

Summary of Preliminary Findings

Survey Respondent Demographics

- **35%** Have a Mental Illness or Substance Abuse Issue
- Caregivers or family members of individuals with a mental illness or substance use issue
    - For adults, **16%**
    - For children under age **22%**
- **42%** Work with Individuals with Serious Mental Illness (SMI)
- **26%** Work with Children
- **25%** Provide services to people with a substance use disorder (SUD)
- **13.5%** Provide Primary Health Care Services

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Are we meeting the need for mental health and substance abuse in our local communities or statewide?

Community level	State level
• **69% do not believe there are sufficient resources** in their community • 21% believe local needs are met • 10% are unsure whether needs are/are not being met	• **73% do not believe there are sufficient resources in the state** • 16% believe state needs are met • 11% are unsure whether state needs are/are not being met

Barriers to Getting Care

Lack of money to pay for treatment services.

People don't know or understand what mental health is

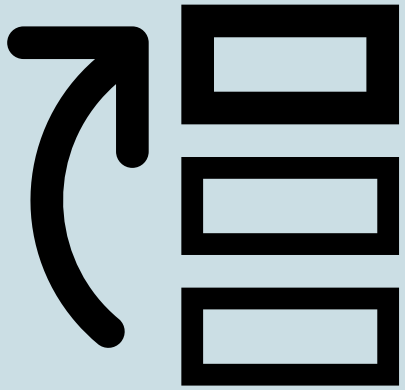
Limited transportation

Lack of awareness of services, including how to access them

Limited access to telehealth options, including the equipment to access services and supports

Access to services 24/7

Priorities for Transforming the System



- Funding to support the workforce and expanding services in our community
- Transportation
- Person and family centered care, ensuring involvement of the people receiving services and their families/caregivers
- Coordination between primary health care and behavioral health services
- Walk-in appointments
- Adequate and highly qualified and trained service providers
- Services and service providers that reflect understanding of people's values and traditions
- Translation resources, including interpreter services, or appropriate formats so that people can understand documents or important messages

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Top 10 Resources and Services

Family Supports

Crisis stabilization units in the community where people can stay for a short time

24-hour crisis mental health services

Targeted case management services that will assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports

Screening, assessment, and diagnosis from professionals who can help figure out what is going on with someone who is struggling, including doing tests to determine diagnosis and treatment

Outpatient clinic primary care coordination, including screening and monitoring of key health indicators and health risk (e.g., blood pressure, diabetes, tobacco use, HIV/Viral Hepatitis)

Psychiatric rehabilitation services that help individuals develop skills and functioning to live and work in the community

Counseling services

Treatment teams that include the person in the treatment and planning that is based on what that person wants

Intensive, community-based mental health care for members of the armed forces and veterans

Care Coordination Resource Priorities

- Securing safe and affordable housing
- Job training
- Getting help with transportation
- Employment support
- Enrolling in Medicaid, including supporting renewing Medicaid coverage
- Educational support
- Supporting families and caregivers
- Working with other community resources
- Collaborating with law enforcement
- Reducing stigma
- Information about disability rights and supports
- Working with medical providers

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Priorities for Training and Workforce Development

Mental health first aid awareness	Suicide prevention and intervention strategies	Crisis intervention support and helping people who are at risk for being dangerous to become safe with themselves and others
Substance abuse prevention and education	Helping families of children who have mental health challenges with issues at their children's schools	Domestic violence prevention
Care for co-occurring mental health and substance use disorders	Opioid overdoes prevention and reversal (For example, Narcan)	Veterans and military-specific mental health training

Engagement Opportunities

Ways To Be Involved

54% want to help identify and recruit CCBHC staff

44% will refer clients to CCBHC services

41% will provide support for care coordination activities

Next Steps

September

Summarize Findings

Socialize Information with all CCBHC Planning Teams and CMHCs

October

Issue Results during October 10th Steering Committee meeting

On-Going

Use Information to Guide Implementation Efforts

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Feedback?

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Your Input Is Needed:

Options for Credentialing

MENTAL HEALTH | INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES | ALCOHOL AND DRUG ADDICTION SERVICES

CCBHC Certification Updates

CCBHCs will be required to complete an annual Community Needs Assessment. DMH will supply them a standardized Community Needs Assessment survey and CCBHCs will be required to collect and report data at the County level.

DMH will include language on decertifying CCBHCs if they are not meeting their requirements.

DMH will require these additional staffing requirements as part of the CCBHC certification criteria:

- CCBHC staff are trained on the minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

DMH will allow:

- A CCBHC that is unable, after reasonable efforts, to employ or contract with a psychiatrist as Medical Director, a medically trained behavioral health care professional with prescriptive authority and appropriate education, licensure, and experience in psychopharmacology, and who can prescribe and manage medications independently, pursuant to state law, may serve as the Medical Director.
- In addition, if a CCBHC is unable to hire a psychiatrist and hires another prescriber instead, psychiatric consultation will be obtained regarding behavioral health clinical service delivery, quality of the medical component of care, and integration and coordination of behavioral health and primary care.

CCBHC Certification Updates

DMH will request approval from HHS to certify CCBHCs in their states that have or seek to have a DCO relationship with a state-sanctioned crisis system with less stringent standards than those included in these criteria. For example: This could be very beneficial for less formal providers and organizations that might be willing to engage in a DCO relationship allowing the CCBHCs to execute more DCOs with community-based providers rather than building it all on their own.

DMH has elected to require additional criteria above minimum CCBHC screening and assessment requirements to include adding "Needs" in addition to strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services.

DMH will not require CCBHC's to include any additional person and family-centered treatment planning requirements beyond the federal CCBHC criteria.

DMH will not require any additional screening and monitoring beyond the minimum CCBHC certification criteria.

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
The CCBHC Criteria requires partnerships with the following organizations that operate within the service area: Schools; Child welfare agencies; Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts); Indian Health Service20 youth regional treatment centers; State licensed and nationally accredited child placing agencies for therapeutic foster care service; and Other social and human services. CCBHCs may develop partnerships with the following entities based on the population served, the needs and preferences of people receiving services, and/or needs identified in the community needs assessment. Examples of such partnerships include (but are not limited to) the following: • Specialty providers including those who prescribe medications for the treatment of opioid and alcohol use disorders; • Suicide and crisis hotlines and warmlines • Indian Health Service or other tribal programs • Homeless shelters • Housing agencies • Employment services systems • Peer-operated programs • Services for older adults, such as Area Agencies on Aging • Aging and Disability Resource Centers • State and local health departments and behavioral health and developmental disabilities agencies • Substance use prevention and harm reduction programs • Criminal and juvenile justice, including law enforcement, courts, jails, prisons, and detention centers • Legal aid • Immigrant and refugee services • SUD Recovery/Transitional housing • Programs and services for families with young children, including Infants & Toddlers, WIC, Home Visiting Programs, Early Head Start/Head Start, and Infant • and Early Childhood Mental Health Consultation programs • Coordinated Specialty Care programs for first episode psychosis • Other social and human services (e.g., intimate partner violence centers, religious services and supports, grief counseling, Affordable Care Act Navigators, food and transportation programs) • 988 Suicide & Crisis Lifeline	***What additional partnerships does DMH want to require CCBHCs establish?*** Remember these partnerships should be supported by a formal, signed agreement detailing the roles of each party or unsigned joint protocols that describe procedures for working together and roles in care coordination.

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
Recognizing professional shortages exist for many behavioral health providers: • Some services may be provided by contract or part-time staff as needed; • In CCBHC organizations comprised of multiple locations, could providers may be shared across locations; • The CCBHC may utilize telehealth/telemedicine, video conferencing, patient monitoring, asynchronous interventions, and other technologies, to the extent possible, to alleviate shortages, provided that these services are coordinated with other services delivered by the CCBHC. • The CCBHC is not precluded by anything in this criterion from utilizing providers working towards licensure if they are working under the requisite supervision.	***What staff disciplines does DMH want to require as part of certification?***

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
The CCBHC has partnerships that establish care coordination expectations with programs that can provide inpatient psychiatric treatment, OTP services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, and residential substance use disorder treatment programs (if any exist within the CCBHC service area). For example, do you want to offer any incentives for doing the work of establishing more automation and formalization around discharge and admission notification? This could come in the form of a special IT grant, an innovation grant, or other methodology.	***What does DMH want to incentivize inpatient treatment facilities to partner with CCBHCs to establish protocols and procedures for transitioning individuals, including real time notification of discharge and record transfers that support the seamless delivery of care, maintain recovery, and reduce the risk of relapse and injury during transitions?***

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
CCBHC Minimum Certification Measures • Time to Services • Depression Remission at 6 months • Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling • Screening for Clinical Depression and Follow-Up plan • Screening for Social Drivers of Health (SDoH) • Patient experience of care survey • Youth/Family experience of care survey • Adherence to Antipsychotic Medications for Individuals with Schizophrenia • Follow-up after hospitalization for mental illness ages 18 and up • Follow-up after hospitalization for mental illness ages 6 to 17 • Initiation and engagement of alcohol and other drug dependence treatment • Follow-up after ED visit for mental illness • Follow-up after ED visit for alcohol and other drug dependence • Plan All-Cause Readmission Rate • Follow-up care for children prescribed ADHD medication • Antidepressant medication management • Use of pharmacotherapy for opioid use disorder • Hemoglobin A1c Control for Patients with diabetes **Optional Measures** • Major Depressive Disorder (MDD) • Suicide Risk Assessment (SRT) • Preventative Care & Screening Tobacco Use: Screening & Cessation Intervention • Child and Adolescent Major Depressive Disorder and Suicide Risk Assessment • Adult Major Depression and Suicide Risk Assessment • Weight Assessment and Counseling for Nutrition and Physical Activity for children/Adolescents • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics; • Metabolic Monitoring for Children and Adolescents on Antipsychotics	***Do we want CCBHCs to collect and report any of the optional Clinic-Collected Measures?***

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
Examples could include: • Motivational Interviewing • Cognitive Behavioral Therapy (CBT) • Dialectical Behavior Therapy (DBT) • Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) • Seeking Safety • Assertive Community Treatment (ACT) • Forensic Assertive Community Treatment (FACT) • Long-acting injectable medications to treat both mental and substance use disorders • Multi-Systemic Therapy • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) • Cognitive Behavioral Therapy for psychosis (CBTp) • High-Fidelity Wraparound • Parent Management Training • Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation	***What are the minimum set of evidence-based practices that DMH will require of CCBHCs?***

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
Current CCBHC Certification Required Targeted Case Management Services: • The CCBHC is responsible for providing directly, or through a DCO, targeted case management services that will assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports. • CCBHC targeted case management provides an intensive level of support that goes beyond the care coordination that is a basic expectation for all people served by the CCBHC. • CCBHC targeted case management should include supports for people deemed at high risk of suicide or overdose, particularly during times of transitions such as from a residential treatment, hospital emergency department, or psychiatric hospitalization. • CCBHC targeted case management should also be used accessible during other critical periods, such as episodes of homelessness or transitions to the community from jails or prisons. • CCBHC targeted case management should be used for individual with complex or serious mental health or substance use conditions and for individuals who have a short-term need for support in a critical period, such as an acute episode or care transition. Intensive case management and team-based intensive services such as through Assertive Community Treatment are strongly encouraged but not required as a component of CCBHC services.	***What are the scope of other CCBHC targeted case management services that DMH will require, and the specific populations for which they are intended?***

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
The CCBHC is responsible for providing directly, or through a DCO, evidence-based rehabilitation services for both mental health and substance use disorders. Rehabilitative services include services and recovery supports that help individuals develop skills and functioning to facilitate community living; support positive social, emotional, and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community. Psychiatric rehabilitation services must include supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports run in coordination with Vocational Rehabilitation or Career One-Stop services). Psychiatric rehabilitation services must also support people receiving services to: Participate in supported education and other educational services; Achieve social inclusion and community connectedness; Participate in medication education, self-management, and/or individual and family/caregiver psycho-education; and Find and maintain safe and stable housing.	***In addition to the minimum requirements, what specific evidence-based and other psychiatric rehabilitation services will DMH require?*** Other psychiatric rehabilitation services that might be considered include training in personal care skills; community integration services; cognitive remediation; facilitated engagement in substance use disorder mutual help groups and community supports; assistance for navigating healthcare systems; and other recovery support services including Illness Management & Recovery, financial management, and dietary and wellness education. These services may be provided or enhanced by peer providers.

CCBHC Certification Areas of Discussion

Areas for Discussion	Question for the Steering Committee
Peer services may include: • peer-run wellness and recovery centers • youth/young adult peer support • recovery coaching • peer-run crisis respites • Warmlines • peer-led crisis planning • peer navigators to assist individuals transitioning between different treatment programs and especially between different levels of care • mutual support and self-help groups • peer support for older adults • peer education and leadership development • peer recovery services	***What scope of peer and family services will DMH require?*** Potential family/caregiver support services that might be considered include: community resources education; navigation support; behavioral health and crisis support; parent/caregiver training and education; and family-to-family caregiver support.

CCBHC Training and Technical Assistance

MS CCBHC Steering Committee

2nd Tuesday Monthly at 2:30 p.m. October 10; November 14; December 12; January 9; February 13; March 12; April 9; May 14; and June 11

MS CCBHC Learning Center *Starting Sept. 1st

Every Tuesday and Thursday at 9 a.m. CST

Topics/Schedule posted on the website

MS CCBHC Office Hours*Starting Sept. 1st

Every Monday from 11 a.m. to Noon CST

Drop-in sessions where CCBHC/DMH staff available to support MS

Resources and FAQs *Starting Sept. 1st

Updated and posted weekly on the website after MS CCBHC Learning Center sessions and Office Hours

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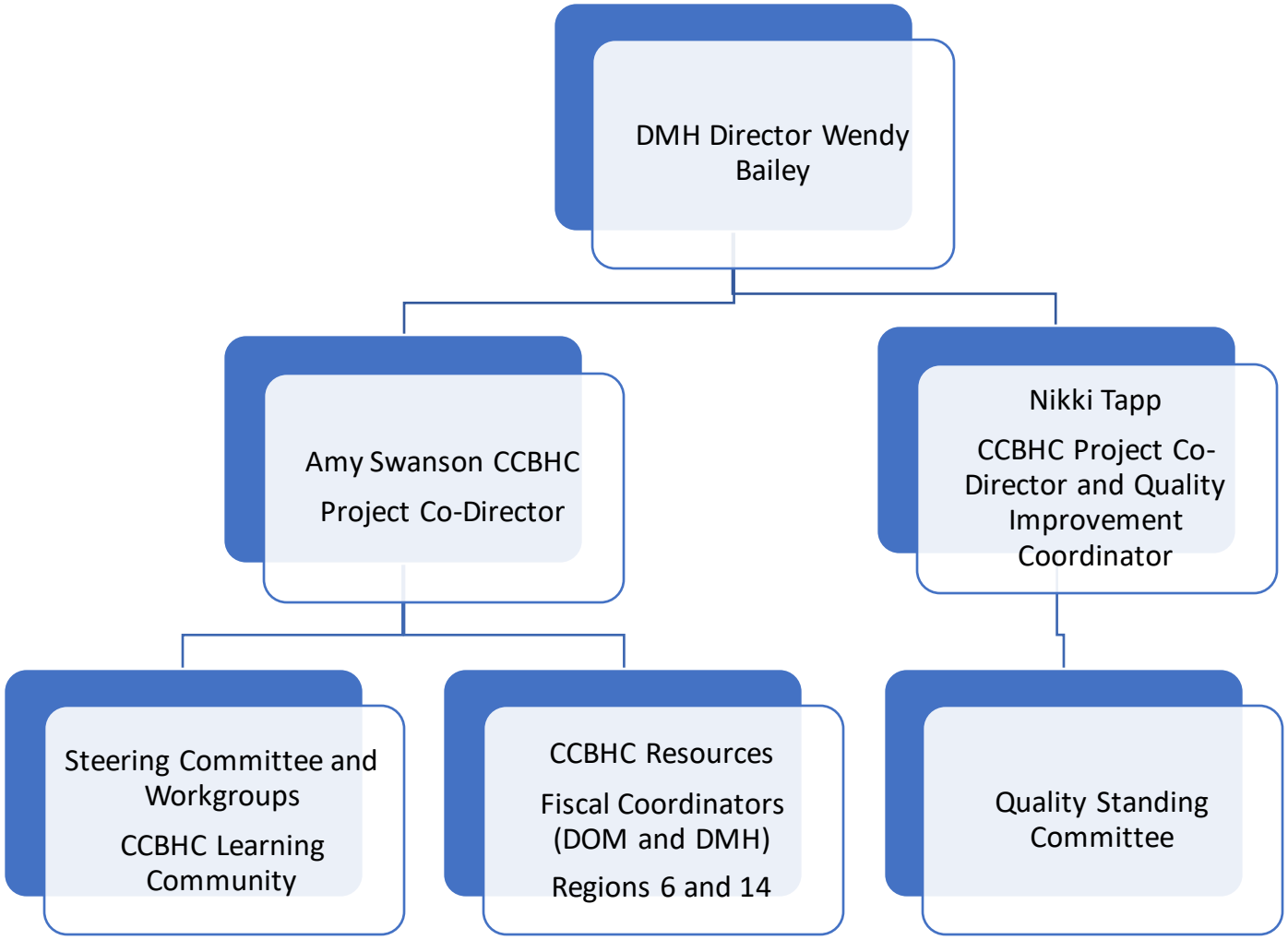
Appendix

MS CCBHC Planning Grant Oversight



MS CCBHC Steering Committee

CCBHC Steering Committee Meetings: *2nd Tuesday, Monthly at 2:30 p.m. CST*

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Executive Committee

Governance: Meeting every Tuesday from 8:15-9:00 a.m.

Finance: Meeting every Wednesday from 9:00-9:45 a.m.

Infrastructure

Staffing and Workforce Development; Training; Family & Client Engagement; Care Coordination; and Culture Competency.

CCBHC Certification

DMH Operational Standards Committee

Schedule provided on Request

Quality

Data and Reporting; Evaluation; and Quality Assurance Plan

Services and Supports

IDD; SUD; Children and Youth

CCBHC Learning Collaborative: *We will have an agenda item during the Mississippi CMHC Association meeting on the 2nd Wednesday, monthly from 10-Noon CST.*

Stakeholder Engagement, Outreach and Communications

Thank You!

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