



Certified Community Behavioral Health Centers (CCBHC) Planning Grant CCBHC Learning Collaborative October 11 at 10 a.m.



**MENTAL
HEALTH**



**INTELLECTUAL AND DEVELOPMENTAL
DISABILITY SERVICES**



**ALCOHOL AND DRUG
ADDICTION SERVICES**

CCBHC Learning Collaborative

Agenda

- Discussion: Medicaid and DMH
- Discussion: Health Information Exchange (HIE)
- Discussion: Transportation Workgroup
- Appendix
 - Update on MS's CCBHC State Planning Grant Activities
 - Final Community Needs Assessment Results
 - Review DMH and CMHC Roles and Responsibilities

State Agency Leadership Discussion

Introducing new Division of Medicaid staff

Introduce Kate and Tamatha Creel. Here's Kate's bio: *Kate McMillin recently joined the Mississippi Division of Medicaid as the Director of the Office of Mental Health. She previously served as the Social Services Director at St. Dominic's Behavioral Health where she helped to guide policy and practice to improve the mental health services provided to patients in the acute hospital setting. She is a Licensed Clinical Social Worker (LCSW) with over 20 years of experience in advocacy, public policy, program development, and clinical practice, in both the public and private sector.*

Discussion Topics

- What opportunities, challenges and solutions do you see implementing the CCBHC model?
- Do you have any feedback on the Planning Grant efforts? What's working well? What more needs to happen? Are there ways that you can help?
- To help us understand the need for, and the request for new billable telehealth services, can you share your feedback on these questions:
 - Would access to more billable telehealth services help you connect and engage with new clients? Why?
 - What barriers do telehealth services break down for your clients?
 - Do you have data on the total number of telehealth services completed in 2022? improve your outreach to new clients?
 - How do you measure client satisfaction with telehealth services?
 - What strategies are you using to oversee telehealth services? Examples: service verification letters, mystery shoppers, retrospective reviews, fraud/waste/abuse activities?

Discussion: Health Information Exchange (HIE)

Mississippi's utilization of the HIE is critical to its success in the SAMHSA Demonstration Grant and for its transition to the CCBHC Model.

- 3.b.5 The CCBHC develops and implements a plan within two-years from CCBHC certification or submission of attestation to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. ***This plan includes information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care.***
- 5.a.2 Both Section 223 Demonstration CCBHCs, and CCBHC-Es awarded SAMHSA discretionary CCBHC-Expansion grants beginning in 2022, ***must collect and report the Clinic-Collected quality measures identified as required in Appendix B. Reporting is annual and, for Clinic Collected quality measures, reporting is required for all people receiving CCBHC services.***
- 3.c.5 The CCBHC has care coordination partnerships establishing expectations with inpatient acute-care hospitals in the area served by the CCBHC and their associated services/facilities, including emergency departments, hospital outpatient clinics, urgent care centers, and residential crisis settings. This includes procedures and services, such as peer recovery specialist/coaches, to help individuals successfully transition from ED or hospital to CCBHC and community care to ensure continuity of services and to minimize the time between discharge and follow up. Ideally, the CCBHC should work with the discharging facility ahead of discharge to assure a seamless transition. ***These partnerships shall support tracking when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged. The partnerships shall also support the transfer of health records of services received (e.g., prescriptions) and active follow-up after discharge. CCBHCs should request of relevant inpatient and outpatient facilities, for people receiving CCBHC services, that notification be provided through the Admission-Discharge Transfer (ADT) system.***
- ***3.c.5. The CCBHC will make and document reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge.*** For all people receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, the care coordination agreement between these facilities and the CCBHC includes a requirement to coordinate consent and follow-up services with the person receiving services within 24 hours of discharge, and continues until the individual is linked to services or assessed to be no longer at risk.

Currently, we only have five CMHCs with registered users on the HIEs, five sharing bi-directional information, but none providing with any regular frequency.



Discussion: Health Information Exchange (HIE)

- *ASKS:*
 - Will CMHCs be willing to fully implement HIE utilization?
 - Are you able to share data with HIE? Monthly?
 - How willing would you be to pursue monthly bi-directional sharing of information with the HIE?
 - Are CMHCs willing to identify and designate a staff member(s) to work on fully implementing the CMHC-HIE connection?
 - Open Discussion

Discussion: Transportation Work Group

61% of Community Needs Respondents reporting Transportation as a Barrier to Accessing Care.

- DMH, DOM, CCBHC Planning Grant Pilot Regions 6 and 14 convened on Medicaid covered benefits.
- Work Plan Drafted
- **ASK:**
 - Are CMHCs willing to:
 - Identify and designate a staff member(s) to work on a short-term, CCBHC Transportation Working Group.
 - Share the following: Any non-MDOT resources/costs for CMHC provided transportation services; Number of non-Medicaid clients served in 2022; and a listing of any local non-Medicaid (NEMT) or MDOT provided services in your community. For example: a local church/community agency has a van, etc.
- Open Discussion



Appendix



**MENTAL
HEALTH**

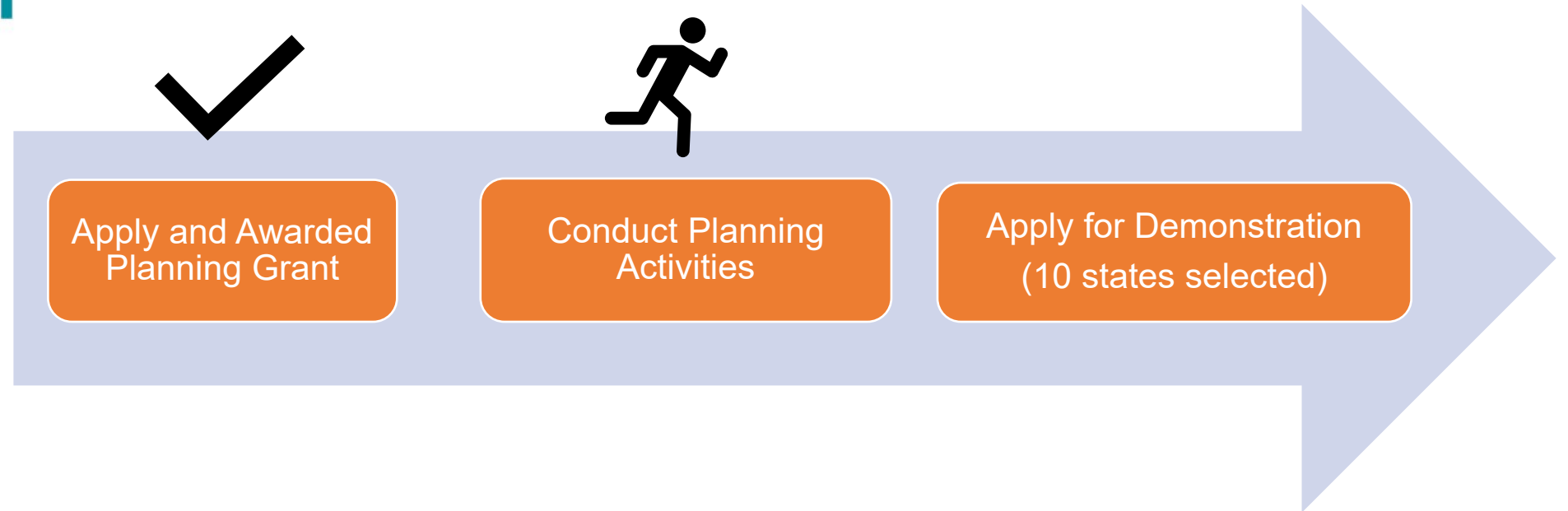


**INTELLECTUAL AND DEVELOPMENTAL
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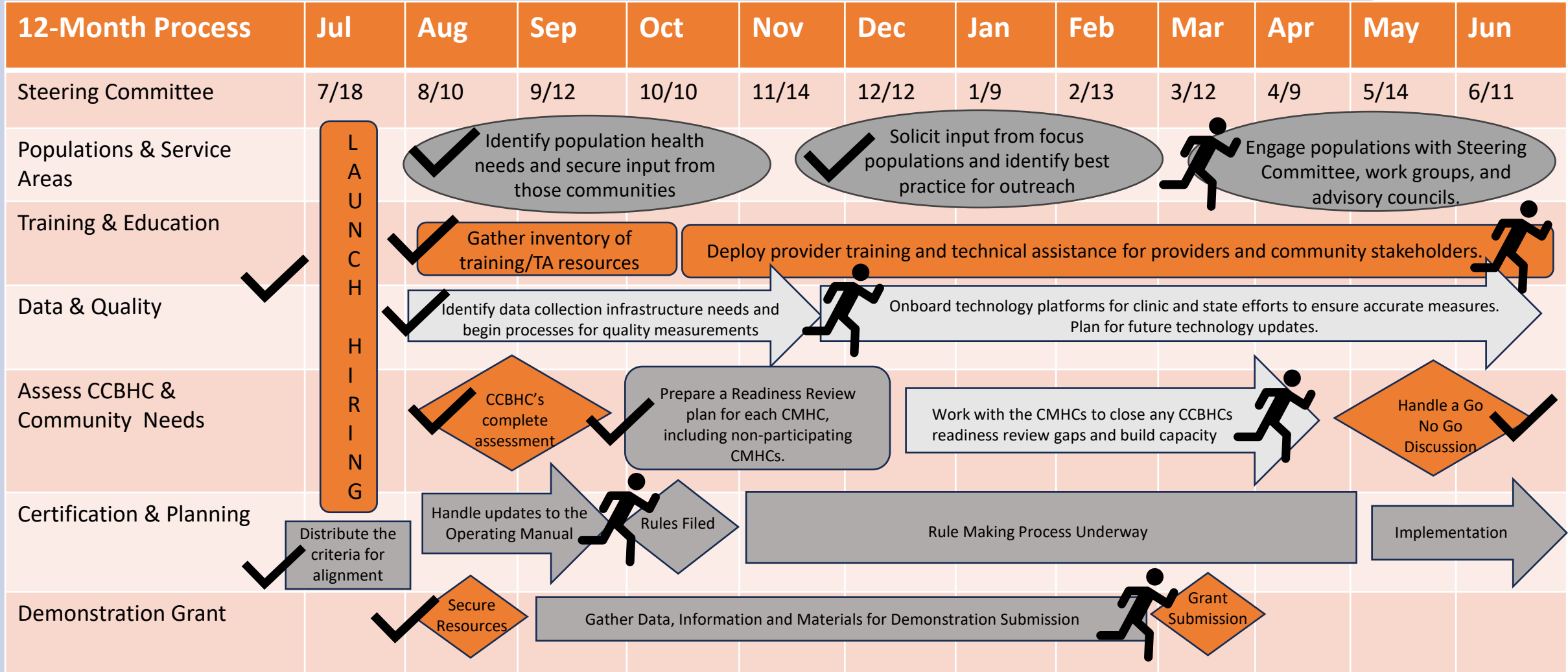
CCBHC Demonstration Participation



- **Eligibility to Apply for the Demonstration**
 - If a state has received a planning grant in 2016 or 2023, they can apply to join the demonstration on 3/20/24. 25 States eligible to apply for 10 awards.



Mississippi Planning Grant Activities and Timeline



Mississippi's Community Needs Assessment 2023





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 issue.

Goals

- Identify community needs
- Select CCBHC scope of services
- Gather information from community stakeholders and consumers currently using services
- Catalog important community partnerships
- Secure insights on local training needs and capacity
- Increase awareness of CCBHCs
- Gain understanding of barriers to accessing to treatment

Uses

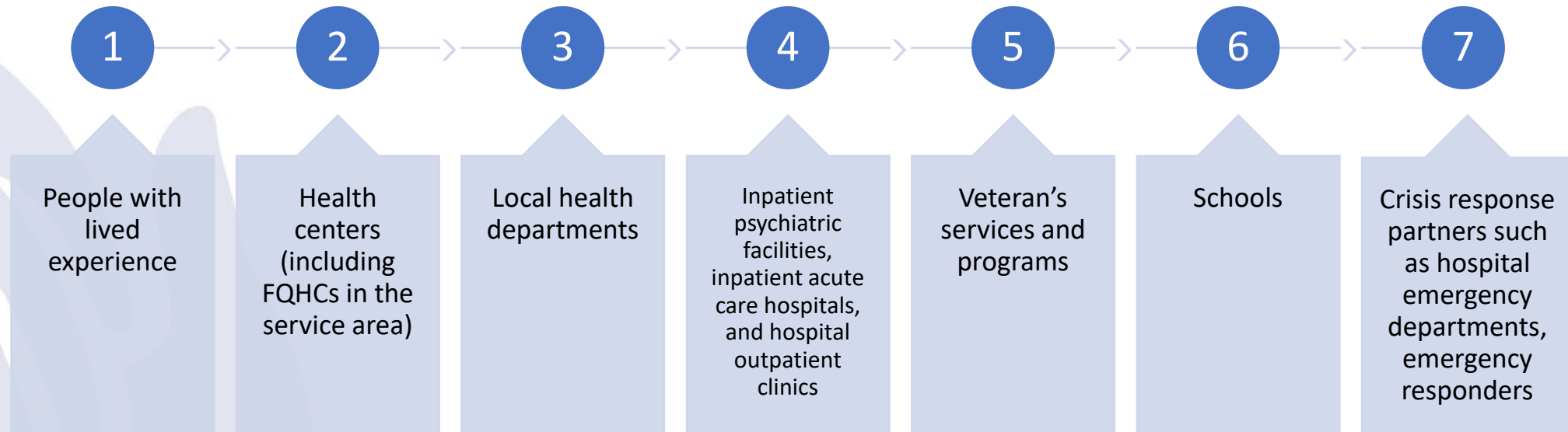
- Results from this assessment will be used to inform state and local CCBHC implementation and design, including staffing plans, language and culture, services, locations, service hours and evidence-based practices.



1,929 survey responses were collected in Aug and Sept 2023



Input came from the following entities:





Other Responders



Organizations operated by people with lived experience of mental health and substance use conditions

Mental health and SUD treatment providers in the community

Residential programs

Juvenile justice agencies and facilities

Criminal justice agencies and facilities

Indian Health Service and other tribal programs

Child welfare agencies

Crisis response partners such as hospital emergency departments, crisis stabilization settings, crisis call centers

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

Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling,, food and transportation programs)

Summary of Preliminary Findings

Survey Respondent Demographics

- **754 (40%)** Have a Mental Illness or Substance Abuse Issue
- **435 (23%)** Caregivers or family members of individuals with a mental illness or substance use issue
 - 293 care for adults, **16%**
 - 142 care for children **8%**
- **560 (30%)** Work with Individuals with Serious Mental Illness (SMI)
- **367 (20%)** Work with Children
- **339 (18%)** Provide services to people with a substance use disorder (SUD)
- **207 (11%)** Provide Primary Health Care Services

The Respondents perceptions on if we are meeting the need for mental health and substance abuse in our local communities or statewide?

Perception of Community Level Resources

- **1161 (62%) do not perceive there are sufficient resources in their community**
- **484 (26%) perceive that local needs are met**
- **219 (12%) are unsure whether needs are/are not being met**

Perception of State Level Resources

- **1189 (63%) do not believe there are sufficient resources in the state**
- **396 (21%) believe state needs are met**
- **261 (14%) are unsure whether state needs are/are not being met**

****IMPORTANT TO NOTE: These perceptions could be respondents lack of awareness of mental health and substance abuse services***

Barriers to Getting Care



1291 (69%) Lack of money to pay for treatment services.



1267 (68%) People don't know or understand what mental health is



1143 (61%) Limited transportation



1077 (57%) Lack of awareness of services, including how to access them



855 (46%) Limited Crisis Services

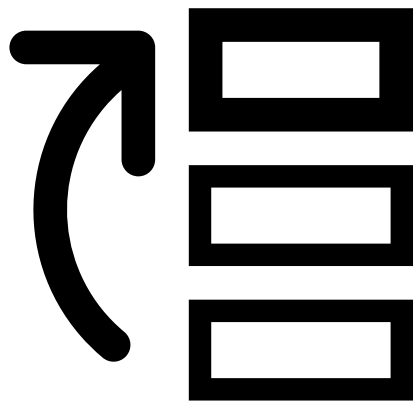


724 (39%) Limited access to telehealth options, including the equipment to access services and supports



678 (36%) Lack of Peer Support Services

Priorities for Transforming the System



685 (37%) Person and family centered care, ensuring involvement of the people receiving services and their families/caregivers.

630 (34%) Funding to support the workforce and expanding services in our community.

597 (32%) Transportation

391 (31%) Walk-in Appointments

305 (16%) Adequate and highly qualified and trained service providers

301 (16%) More Services

280 (15%) Services and service providers that reflect understanding of people's values and traditions

200 (10%) Translation resources, including interpreter services, or appropriate formats so that people can understand documents or important messages



Top 10 Resources and Services

1104 (59%) 24-hour crisis mental health services

1058 (56%) Family Supports

1019 (54%) Crisis stabilization units in the community where people can stay for a short time

998 (53%) 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

969 (52%) 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

932 (50%) Psychiatric rehabilitation services that help individuals develop skills and functioning to live and work in the community

896 (48%) 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)

882 (47%) Treatment teams that include the person in the treatment and planning that is based on what that person wants

824 (44%) Peer Support Services

808 (43%) Intensive, community-based mental health care for members of the armed forces and veterans

Care Coordination Resource Priorities

1. 1394 (75%) Life Skills
2. 1165 (62%) Securing safe and affordable housing
3. 1165 (62%) Job training
4. 1151 (61%) Employment support
5. 1142 (60%) Educational support
6. 1054 (56%) Getting help with transportation
7. 1060 (57%) Supporting families and caregivers
8. 1054 (56%) Reducing stigma
9. 997 (53%) Enrolling in Medicaid, including supporting renewing Medicaid coverage
10. 966 (52%) Working with other community resources
11. 947 (50%) Information about disability rights and supports
12. 863 (46%) Collaborating with law enforcement



Priorities for Training and Workforce Development

Mental health first aid awareness (961/81%)

Suicide prevention and intervention strategies (950/79%)

Crisis intervention support and helping people who are at risk for being dangerous to become safe with themselves and others (928/77%)

Services and Services that Respond to Trauma (909/76%)

Helping families of children who have mental health challenges with issues at their children's schools(862/72%)

Substance abuse prevention and education (832/69%)

Domestic violence prevention (822/68%)

Care for co-occurring mental health and substance use disorders (713/59%)

Opioid overdoses prevention and reversal (728/61%)

Veterans and military-specific mental health training (626/52%)



Engagement Opportunities



Ways To Be Involved

41% (768) will refer clients to CCBHC services

34% (631) will provide support for care coordination activities

33% (623) will outreach to get CCBHC services

28% (529) will provide CCBHC services

28% (527) will participate in governance/advisory council

27% (503) will support engaging veterans

Next Steps



September

Finalize Results

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



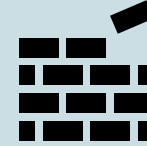
CMHC Engagement Opportunities

CMHCs that are currently CCBHCs



- Share the results of your Community Needs Assessment
- Provide any SAMHSA reporting or grant proposal narratives.
- Share any best practices.

CMHCs that are *NOT* currently CCBHCs



- Distribute a Community Needs Assessment survey in your region that can be used to help support the MS State Community Needs Assessment
- Work with CCBHC staff to complete the CCBHC compliance checklist.

All CMHCs

- Secure proclamations in support of MS's CCBHC efforts from county/city/legislators. DMH will provide draft language.
- Help DMH identify potential partnerships and Designated Collaborating Organizations (DCOs) in your region.
- Participate in the CCBHC Learning Collaborative discussions and Steering Committee workgroups.
- Support CMHC related activities in the Diversity Impact Statement.
- Post a link to DMH's CCBHC web page on your website

Thank You!

