



Certified Community Behavioral Health Centers (CCBHC) Planning Grant CCBHC Learning Collaborative November 8 at 10 a.m.



**MENTAL
HEALTH**



**INTELLECTUAL AND DEVELOPMENTAL
DISABILITY SERVICES**



**ALCOHOL AND DRUG
ADDICTION SERVICES**

CCBHC Learning Collaborative

Agenda

- Discussion:
 - Community Health Worker (CHW) Expansion in Mississippi
- ASKS:
 - Provide telehealth survey data
 - Send in names for Quality Improvement Workgroup and Workforce Development Committee
 - Supply Secure a Proclamation from your Board supporting Mississippi's CCBHC efforts
 - Post a link to DMH's CCBHC web page on your website
- Updates:
 - CCBHC Scope of Services
 - CCBHC Certification Criteria/Process Updates
 - Health Information Exchange (HIE) and Transportation Workgroups
- Appendix
 - Update on MS's CCBHC State Planning Grant Activities
 - DMH and CMHC Roles and Responsibilities



COMMUNITY HEALTH DESIGN CORPS

CONNECTING COMMUNITIES TO WHOLE-PERSON CARE

PROPRIETARY & CONFIDENTIAL



COMMUNITY HEALTH
DESIGN CORPS
EQUITABLE CARE SYSTEM
DESIGN & INTEGRATION SERVICES



A frontline public health worker who deeply understands & is trusted by the community they serve

- Serves as a liaison between health care, behavioral health, social services and the community
- Facilitates access to services
- Improves the quality and cultural competence of service delivery
- Builds individual and community capacity
- Performs outreach, community education, informal counseling, social support and advocacy

CHW ROLES

- Coordinator
- Navigator
- Educator
- Advocate
- Companion
- Outreach worker
- Liaison
- Manager

BEHAVIORAL HEALTH SPECIFIC ROLES

- Assists with outreach & engagement
- Strengthens connections to underserved communities
- Addresses social drivers
- Coordinates care
- Helps with medication & care plan adherence
- Follows up post-ED visit & hospitalization
- Provide high touch check-ins & companionship
- Conducts screenings
- Enrolls clients in programs
- Improves client - care team communication
- Help clients advocate for themselves

Allows clinicians & staff to focus on behavioral health & complex case management



*Equitable Care System
Design and Integration Services*

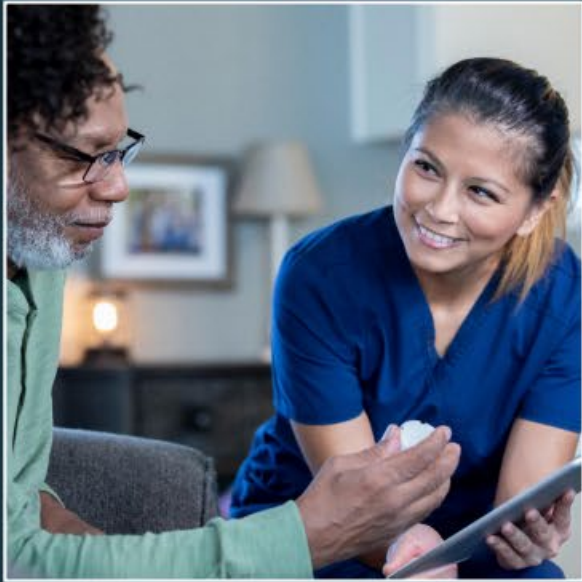
We advance an integrated, tech-enabled community health workforce to engage, care for and connect high disparities, rural and Medicaid populations to their healthcare, public health, behavioral health and social service infrastructure.

Delaware Public Benefit Company

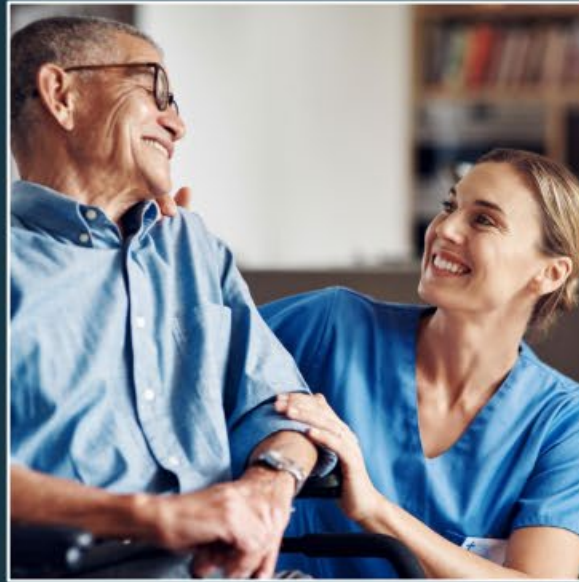
Founded: Nov 2021

Launched: May 2022

- Culturally-sensitive, remote **TEAMS**
- Enabled by **TECHNOLOGY**
- Integrated into **SYSTEMS**
- Bridging clinical, behavioral & social care
- Serving high disparities & rural communities



TEAMS



TECH



SYSTEMS

I. CURRICULUM
Design, Development
& Delivery



IV. DATA
Metrics, KPIs
& Reporting



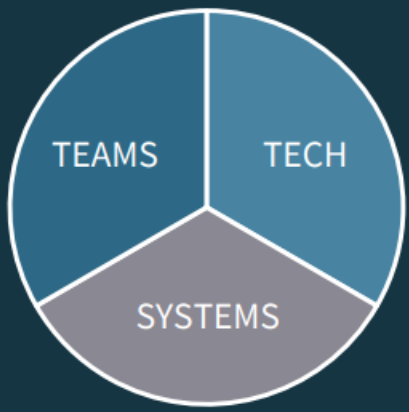
II. PROGRAM
Design, Development
& Integration



V. POPULATION
2023 – 2024: DIY
Toolkit & Analytics



III. PLATFORM
Care Plan, Communication
& Coordination



BEHAVIORAL HEALTH EDUCATION

- Mental Health for Non-Clinicians
- Mental Health Disorders and their Treatment
- Responding to Understanding Addiction and Substance Use Disorders
- Substance Use and Mental Illness
- Recognizing & Responding to Mental Health Crises
- Understanding Trauma
- Key Principles of Trauma-Informed Care
- Cultural Perspectives on Mental Illness
- Early Messages on Mental Illness
- Upholding Professional Boundaries
- Supporting Self-Care Practices

OTHER COURSES

- CHW Core Competencies
- CHW Continuing Education
- Motivational Interviewing
- Foundations for Successful CHW Supervision
- Cross-cultural Leadership Skills
- Group Facilitation Skills
- Training-of-Facilitators

CURRICULUM SUPPORT

- Review
- Design
- Development



1. DESIGN & DEVELOPMENT

- Site(s) assessed, includes frontlines input
- Available data & deliverables reviewed
- Input received from stakeholders
- Above elements incorporated into program
- Standardized modules created

2. INTEGRATION

- Modules embedded into platform
 - Questions, workflows, data fields, goals, tasks
- Processes & protocols mapped & built into platform
- Workforce trained on program & platform

3. ITERATION

- User meetings at regular intervals for feedback, troubleshooting & updates
- Feedback incorporated

4. EVALUATION

- Metrics / KPIs chosen
- Data continuously generated across sites
- Analytics selected to best represent data
- Reporting format & cadence finalized
- Results presented to stakeholders



TECHNOLOGY

- Coordinate care
- Update care plan
- Communicate with care team
 - Embedded into platform
 - Trigger or prompt workflows & tasks
- Set custom goals & tasks
- Engage social service & CBO
 - Closed-loop referrals
 - Resource directory
- Schedule & track appointments & events
- View & write in community care record
- Enter data during normal workflows
- Manage client contacts
- Track consents
- Upload documents
 - Med lists, applications, forms...

Erica Beale
 Sex: Female | DOB & Age: 13 May 1993 (26y) | Language: Spanish; Castilian | Home: (415) 548-9439 | Best Time: After 10am PST | Pregnancy Status: Pregnant

Summary | Needs | Programs | Plans | Contacts | Outreach | Conversations | Consents

Approvals | Tasks | Assessments | Calendar | Attachments | Permissions | History

Solid Start

Erica's Care Plan
 Erica is a 26-year old mother of Joni and pregnant with her second child due July 1st. She recently lost her job at Safeway and could no longer afford rent so she is living with her sister.

Hospital & Social Alerts | Medications | Mental Health | Secure affordable housing (Goal) | Food & Nutrition (Goal)

Recent Plans:
 - Suzanne Hall (DOB 11 Nov 2001)
 - Maria Ramirez (DOB 1 Mar 1956)
 - Katrina Hanks (DOB 27 Sep 1967)
 - Thomas Winters (DOB 28 Jul 1957)
 - Belinda Smith (DOB 27 Nov 1967)
 - John Fordham (DOB 26 Jul 1937)
 - John Fordham (DOB 26 Jul 1937)
 - Tara Smith (DOB 13 May 1993)
 - Kyle Peligro (DOB 31 Dec 1999)

Your Stats For Today:
 0 patients cared for | 0 cases completed

Tasks Assigned To You:
 Past Due (1) See all...
 Due Yesterday (1) No tasks due yesterday

CARE TEAM

- Can include: CHW, entire behavioral health team (clinicians, counselors, social workers, substance use specialists, peer educators...), social services, client, family...
- Cross-sectoral
- Permissioned by HIPAA level
- Communication
 - Community care record
 - Video conferencing
 - Messaging
- Assign goals, tasks, updates & invites

CLOSED-LOOP REFERRALS**SAMPLE HOUSING REFERRAL**

- Application completed on platform
- E-sent to agency
- Agency checks box when
 - Application received
 - Appointment attended
 - Apartment secured
- Communicate with agency case worker
 - On or off platform

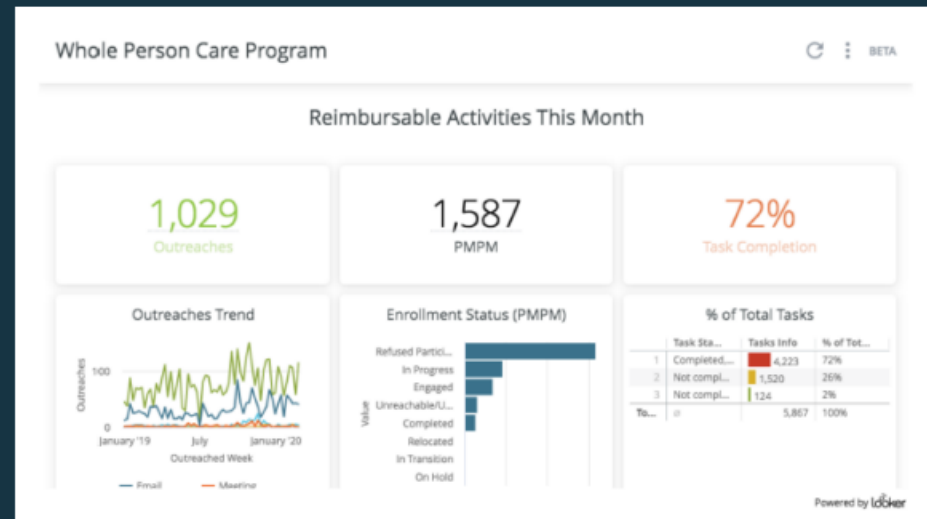


MEASURES & METRICS

- Demographics
- Quality
- Utilization
- Social drivers
- Disparities
- Access & engagement
- Client satisfaction
- Cost
- Financial modeling
 - FFS with CPT codes
 - VBC with Z-codes
 - Model or bill (depends on State)
- Process
 - Closed-loop referral completion
 - ADT feeds
- Workforce
 - Time on functions
 - Task rates
 - Racial/ethnic concordance

ANALYTICS & REPORTS

- Ingest data from outside sources
- Select type of data analysis
 - Descriptive, simple rates & stratification
- Choose data display mode
 - Graph type, table
- Decide report cadence
 - Monthly, quarterly...
- Download raw data in CSV file



- Training and deploying CHWs in all counties
 - Core competencies
 - Chronic disease
 - Social drivers
- Standardized program
- Assist with clients with
 - Social determinants
 - Care coordination
 - Referrals
- Supervised by public health nurses
- Integrated onto platform for remote work
- Data & metrics
 - Internal outcomes goals
 - Program iteration
 - Grant deliverables
 - Campaigns





JESSICA BROOKS WOODS
MPM PHR

Co-Founder & CEO
EARN Staffing Solutions



CHARLENE BROWN
MD MPH FACPM

Founder & CEO
CNA Solutions



MATT COUDREAU
BSPH NRP

Chief Operating Officer
Activate Care



JOEL REICH
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Adjunct Faculty
University of New Haven &
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NICHOLAS SOULAKIS
MS PhD

Chair & Associate Professor
Dept of Informatics & Data Science,
Parkinson School of Health Sciences
Loyola University



PIERRE VIGILANCE
MD MPH

Senior Partner
Korn Ferry



	EXPERTISE	No.
	Founder & CEO	3
	Executive / Partner	5
	Academia	4
	Clinical Medicine	4
	Public / Population Health	5
	Technology	5
	Data & Analytics	1
	Start up (not founder)	3



Maggie Allard
MD MPH
CEO




Advisory Board
6 Members

ROLE
CHW Advisory Board
Lead Trainers / Curriculum Developers
Consultants
Advisors & Professional Services



TaTa-Nisha Frazier
CPS-AD / MH
Professional Development Trainer
Prevention with Intention



James Figueiredo
CCHW EdM
CEO
Community Workforce Institute (CWI)



Aika Aluc MPH
Director
State & Community Engagement, Assoc of State & Territorial Health Officials



Becca Hayes
MD MEHP
Co-Founder
The Center for Supporting Community Health



Geoff Mamlet BA
Senior Advisor / Chair
Cambridge Innovation Center / Women of Color Entrepreneurs



Nick Jennings
EMT-B CCHW MSPH MSH
Project Coordinator
Behavioral Health Partners of MetroWest



Marilyn Gardner
RN-BS
Director of Clinical & Cross-Cultural Initiatives
CWI



Tara Davis MBA MSPH
Manager
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Oscar Loud MA
FOUNDER
Coalesce



Legal Counsel
2 Firms



Keaura Looney
MAEd CHES
Program Manager
CDC Foundation



Lynley Rappaport
MA MPH MED
Director of Instructional Design
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Nicole Santa Maria
Mitton MA
Grants Manager
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Joy Malbrough
PhD LMSW
HEALTH EQUITY STRATEGIST



Accountant / CPA



Alyce Norcross
CHW MPH
Government Relations Specialist
Boston Children's Hospital



Monteic Sizer PhD
ED / CEO
NE Delta HSA / Strategies International

Let's Build Resilient Communities Together!

Maggie Allard
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CMHC ASKS



**MENTAL
HEALTH**



**INTELLECTUAL AND DEVELOPMENTAL
DISABILITY SERVICES**



**ALCOHOL AND DRUG
ADDICTION SERVICES**



Supporting CCBHC Movement

We Need YOUR Help!

- Secure a Proclamation from your Board supporting Mississippi's CCBHC efforts

- Post a link to DMH's CCBHC web page on your website:
[Certified Community Behavioral health Clinics – Mississippi Department of Mental Health \(ms.gov\)](https://www.dmh.ms.gov/Certified-Community-Behavioral-Health-Clinics)



REGION 6 COMMUNITY MENTAL HEALTH COMMISSION:

PROCLAMATION SUPPORTING MS'S CCBHC EFFORTS

WHEREAS, mental illness affects more than 431,000 Mississippians. These are our friends, family members, and neighbors.

WHEREAS, the Region 6 Board of Commissioners endeavors to provide efficient and effective community based care for adolescents and adults with serious mental illness and/or substance use disorders.

WHEREAS, community services and supports prevent unnecessary hospitalizations for children, youth, and adults.

WHEREAS, Certified Community Behavioral Health Centers (CCBHCs) are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals; with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care.

WHEREAS, CCBHC will:

- 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.

NOW, THEREFORE, we, the Region 6 Board of Commissioners, support the agency's transition to the Certified Community Behavioral Health Clinic (or CCBHC) model. As a pilot site for the MS CCBHC Planning Grant, we will assist in the transformation of community behavioral health systems and provide comprehensive, coordinated behavioral health care in keeping with the CCBHC model.

PASSED AND APPROVED on this 25 day of October, 2023.

By: [Signature] Title: President



Mississippi's CCBHC Scope of Services



**MENTAL
HEALTH**

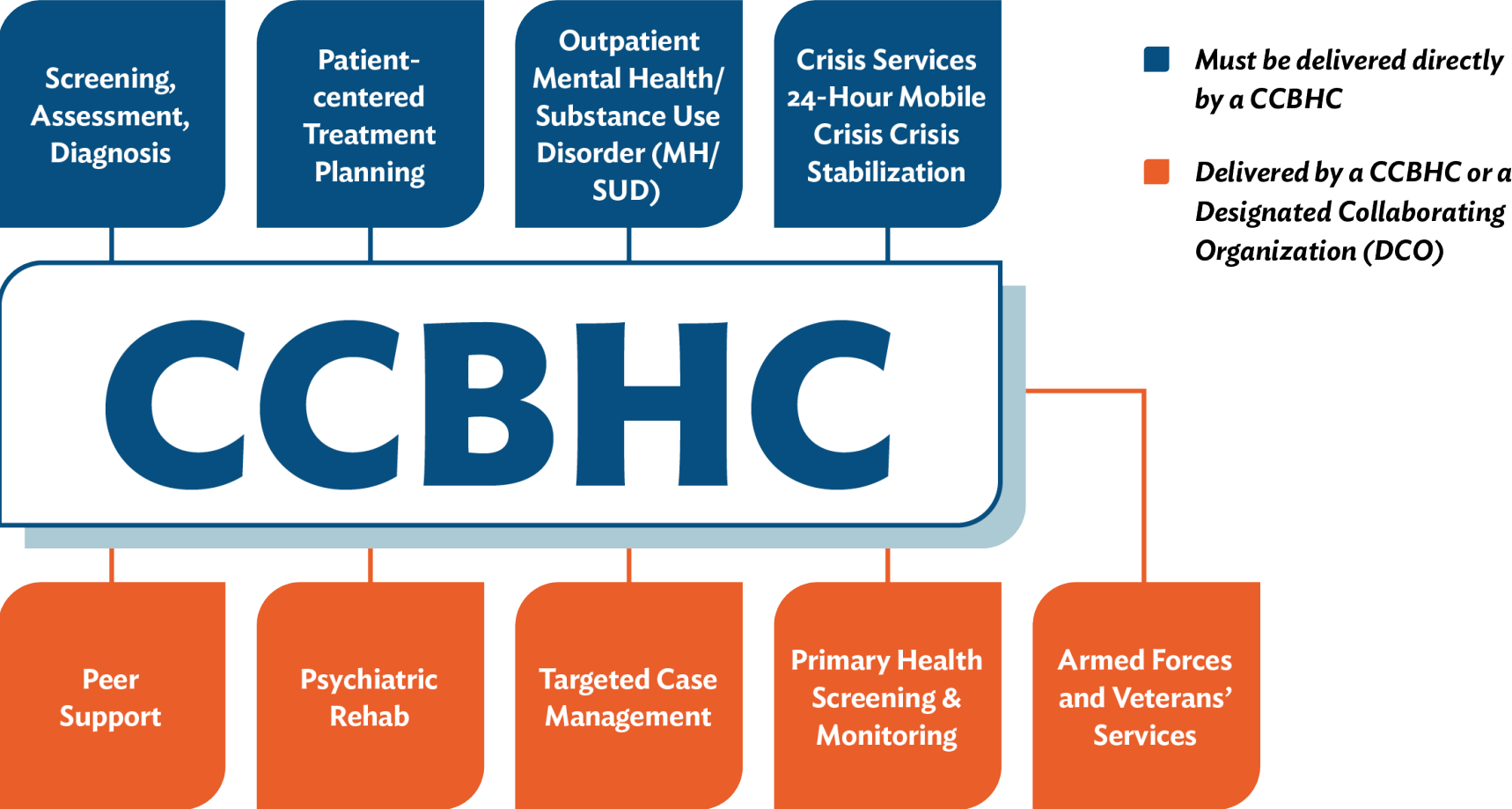


**INTELLECTUAL AND DEVELOPMENTAL
DISABILITY SERVICES**



**ALCOHOL AND DRUG
ADDICTION SERVICES**

Scope of Services 4.a – 4.k



NATIONAL
COUNCIL
for Mental
Wellbeing



Crisis Services

Crisis Services
24-Hour Mobile
Crisis Crisis
Stabilization

MS Medicaid Code	Description
H2011	Crisis Response, Face-to-Face (Modifier HW/HE)
H2011	Crisis Response, Telephone Service (Modifier HW/TF)
Activity	CIT Training
Activity	Crisis Intervention Service
Activity	MHFA Training

Screening, Diagnosis & Risk Assessment

Screening,
Assessment,
Diagnosis

Procédure Code / DMH WITS Code	Description
96130	Psychological Evaluation (first hour)
96130	Psychological Evaluation (first hour) - Telehealth
96131	Psychological Evaluation (each additional hour)
96136	Psychological Evaluation (first 30 minutes)
96137	Psychological Evaluation (each additional 30 minutes)
90202	Office/Outpatient Visit (Evaluation & Management) New Patients (99202)
99203	Office/Outpatient Visit (Evaluation & Management) New Patients (99203)
99204	Office/Outpatient Visit (Evaluation & Management) New Patients (99204)
99205	Office/Outpatient Visit (Evaluation & Management) New Patients (99205)
99205	Office/Outpatient Visit (Evaluation & Management) New Patients (99205)
H0031	Intake/Biopsychosocial Assessment
H0031	Intake/Biopsychosocial Assessment - Telehealth
Activity 96127	Brief Behavioral Health Assessment (Screening) (SBIRT)
Activity 96127	Brief Behavioral Health Assessment (Screening) (SBIRT) - Telehealth
Activity	Triage Screening Coordination
Activity	Triage Screening Coordination Telehealth
FAI	Functional Assessment at Intake
FRA	Functional Re-Assessment

Outpatient Mental Health & Substance Use Services Part 1

Procédure Code / DMH WITS Code	Description
90791	Psychiatric Diag Eval w/o Medical Services
90791	Psychiatric Diag Eval w/o Medical Services - Telehealth
90792	Psychiatric Diag Eval w/Medical Services
90792	Psychiatric Diag Eval w/Medical Services - Telehealth
90832	Psychotherapy - (w/pt 30 minutes)
90832	Psychotherapy - (w/pt 30 minutes) - Telehealth
90833	Psychotherapy with E/M (w/pt 30 minutes)
90833	Psychotherapy with E/M (w/pt 30 minutes) - Telehealth
90834	Psychotherapy - (w/pt 45 minutes)
90834	Psychotherapy - (w/pt 45 minutes) - Telehealth
90836	Psychotherapy with E/M (w/pt 45 minutes)
90836	Psychotherapy with E/M (w/pt 45 minutes) - Telehealth
90837	Psychotherapy - (w/pt 60 minutes)
90837	Psychotherapy - (w/pt 60 minutes) - Telehealth
90838	Psychotherapy with E/M (w/pt 60 minutes)
90838	Psychotherapy with E/M (w/pt 60 minutes) - Telehealth
90846	Family Therapy (w/o patient 50 minutes)
90846	Family Therapy (w/o patient 50 minutes) - Telehealth
90847	Family Therapy (w/patient 50 minutes)
90847	Family Therapy (w/patient 50 minutes) - Telehealth
90849	Multi-family Group Therapy
90853	Group Therapy
96372	Medication Injection



Outpatient Mental Health & Substance Use Services Part 2

Outpatient
Mental Health/
Substance Use
Disorder (MH/
SUD)

Procédure Code / DMH WITS Code	Description	Fee-For-Service
99211	Office/Outpatient Visit (Evaluation & Management) Current Patients (99211)	
99211	Office/Outpatient Visit (Evaluation & Management) Current Patients (99211) - Telehealth	
99212	Office/Outpatient Visit (Evaluation & Management) Current Patients (99212)	
99212	Office/Outpatient Visit (Evaluation & Management) Current Patients (99212) - Telehealth	
99213	Office/Outpatient Visit (Evaluation & Management) Current Patients (99213)	
99213	Office/Outpatient Visit (Evaluation & Management) Current Patients (99213) - Telehealth	
99214	Office/Outpatient Visit (Evaluation & Management) Current Patients (99214)	
99215	Office/Outpatient Visit (Evaluation & Management) Current Patients (99215)	
H2012	Day Treatment (Child)	
H2019	Behavior Analysis (Board Certified Analyst)	
H2019 52 GT	Behavior Analysis (Board Certified Analyst) (Telehealth)	
T2023	Wraparound Facilitation	•
T2023	Wraparound Facilitation - Telehealth	•
H0037	MYPAC	•
S9480 IOPB3	IOP Group Therapy Bundled Rate - 3-hour session	
98980	Remote Patient Monitoring	
T1002	Nursing Assessment (RN services up to 15 minutes)	
Activity - T1502	Medication Administration	
Activity - H0025	Group Education	
Activity	Consultation Team Meeting	
Research w/ DOM	Psychiatric Advanced Directive	
Activity	EBT Staff Development	

FFS Services will still require prior authorization.




Person-&Family-Centered Treatment Planning



Procédure Code / DMH WITS Code	Description
H0032	Treatment Plan Development & Review (By Non-Physician)
Activity	Annual Evaluation

Psychiatric Rehabilitation Services



Psychiatric
Rehab

Procédure Code / DMH WITS Code	Description
H0035	Acute Partial Hospitalization (under 24 hours)
H0039/HW	Assertive Community Treatment, face-to-face per 15 minutes (PACT)
H0039/HW/GT	Assertive Community Treatment, face-to-face per 15 minutes (PACT) (Telehealth)
H0039/HW/U8	Assertive Community Treatment, face-to-face per 15 minutes (U8, ICORT)
H0039/HW/U8/GT	Assertive Community Treatment, face-to-face per 15 minutes (U8, ICORT) (Telehealth)
H2015	Community Support Services (management of the individual) 15 min
H2015	Community Support Services (management of the individual) 15 min - Telehealth
H2017	Psychosocial Réhabilitation Services, Per 15 Minutes
H2023 Research w/ DOM	SMI Supported Employment *limited to IDD waiver

Outpatient Primary Care Screening & Monitoring

Procédure Code / DMH WITS Code	Description
99381	Preventive Medicine Services New Patient
99382	Preventive Medicine Services New Patient
99383	Preventive Medicine Services New Patient
99384	Preventive Medicine Services New Patient Age 12-17
99385	Preventive Medicine Services New Patient Age 18-39
99386	Preventive Medicine Services New Patient Age 40-64
99391	Preventive Medicine Services Established Patient
99392	Preventive Medicine Services Established Patient
99393	Preventive Medicine Services Established Patient
99394	Preventive Medicine Services Established Patient
99395	Preventive Medicine Services Established Patient
99396	Preventive Medicine Services Established Patient Age 40-64
99397	Preventive Medicine Services Established Patient Age 65+
99406	Tobacco Cessation
98980	Remote Patient Monitoring



Community-Based Mental Health Care for Veterans



Procédure Code / DMH WITS Code	Description
Activity	Clinical Supervision of Counselors
Activity	Clinical Supervision of Counselors Telehealth

Targeted Case Management



Targeted Case Management

Procédure Code / DMH WITS Code	Description
T1017	Targeted Case Management
T1017	Targeted Case Management - Telehealth
Activity	MAP Teams (Care Coordination)
Activity	AMAP Teams (Care Coordination)
Activity	Court Liaison
Activity	Community Liaison
Activity	School Based Services

Peer Support

Peer
Support

Procédure Code / DMH WITS Code	Description
H0038	Peer Support, Per 15 Minutes
Activity - H0047	HIV Pre-Test Counseling
Activity - H0047	HIV Pre-Test Counseling Telehealth



CCBHC Certification Update



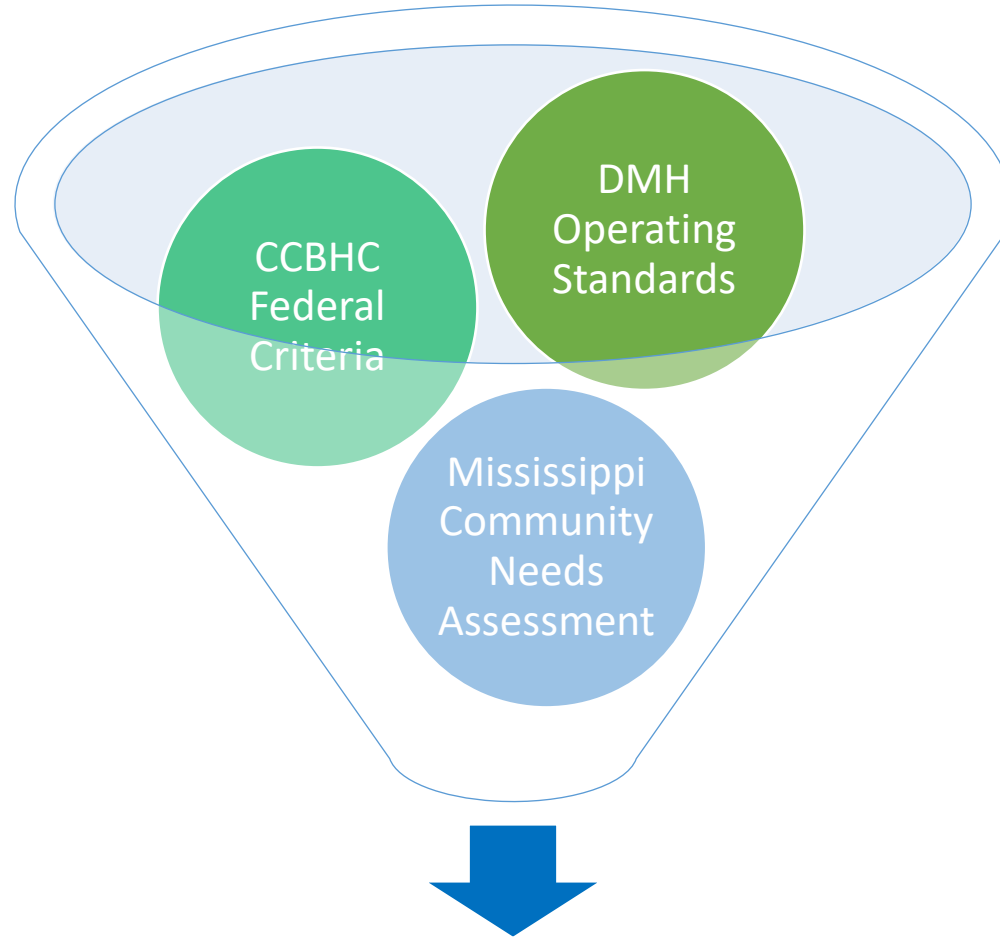
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Mississippi CCBHC Certification Criteria



Mississippi Specific CCBHC Certification Criteria

Mississippi Specific Criteria *Beyond Federal Minimum Requirements*

<p>CCBHCs will be required to complete an annual Community Needs Assessment. DMH will supply them with a standardized Community Needs Assessment survey and CCBHCs will be required to collect and report data at the county level.</p>	<p>In addition to the minimum required formal partnerships, Mississippi’s CCBHCs will be required to have formal partnerships with the following programs in their service area: 988 Crisis Call Centers; MS Department of Rehabilitation Services/Vocational Rehabilitation; Open Doors; transportation; housing, specifically recovery housing; peer support; job training; and employment.</p>
<p>DMH will require CCBHC staff to be 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.</p>	<p>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</p>
<p>DMH will include language on decertifying CCBHCs if they are not meeting their requirements.</p>	<p>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.</p>
<p>DMH has included in their FY 2026 budget request a plan 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.</p>	<p>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.</p>



Mississippi Specific CCBHC Certification Criteria – *To Be Determined*

Mississippi Specific Criteria *Beyond Federal Minimum Requirements TBD*

Required Evidence Based Practices: Motivational interviewing; Individual CBT; MAT; High-Fidelity Wraparound (HFW); and ACT.

Quality Measures: All minimum and optional federal measures will be required. Also, we are working with the Division of Medicaid to identify additional measures to improve XXX (INSERT DETAILS HERE) Potentially: Adult BMI Assessment (ABA); Prenatal and Postpartum Care; Mental Health Utilization (MPT); Tobacco Use: Screening and Cessation Intervention (TSC); and potentially screening for children in first three years of life.

Potential: Program Integrity Requirements



DRAFT CCBHC Certification Process

CCBHC Certification Criteria	Contributors	Deadline
Supply DMH Workgroup working on updating DMH Operational Standards with CCBHC Certification Criteria	CCBHC Planning Grant Team	7/28/2023
DMH workgroup establishes a timeline for their work	DMH	8/1/2023
DMH provides decisions/questions for areas of state flexibility	DMH	8/4/2023
Review areas of DMH questions on state flexibility with Steering Committee	CCBHC Steering Committee	9/12/2023; 10/11/2023
Finalize the list of required and allowable services	DOM, DMH, and Regions 6 and 14	10/15/2023
Finalize the list of required (non-billable) activities	DOM, DMH, and Regions 6 and 14	10/15/2023
Outline current and potential Evidence Based Practice (EBP)s for Mississippi	CCBHC Planning Grant Team	11/8/2023
Assemble an outline for the CCBHC certification process	DMH and CCBHC Planning Grant Team	11/2/2023
Finalize CCBHC certification criteria (including state options)	DMH and CCBHC Planning Grant Team	11/17/2023
Develop and distribute CCBHC Certification Criteria Readiness Tool and Teams Folder to submit data	CCBHC Planning Grant Team	11/17/2023
Submit filing to the Secretary of State (manual/online process)	DMH	12/1/2023
CCBHC Certification Criteria Office Hours	DMH and CCBHC Planning Grant Team	12/1/2023
CCBHC Certification Criteria Office Hours	DMH and CCBHC Planning Grant Team	12/8/2023
CCBHC Certification Criteria Office Hours	DMH and CCBHC Planning Grant Team	12/11/2023
Internal and External feedback on draft standards	DMH	1/31/2024

DRAFT CCBHC Certification Process



CCBHC Certification Criteria	Contributors	Deadline
Work with Regions 6 and 14 on CCBHC Certification Criteria Readiness Tool gaps	Regions 6, 14 and CCBHC Planning Grant Team	12/11/2023 thru 2/1/2023
Draft P&Ps, operational templates, other resources to fulfill CCBHC Certification Criteria	CCBHC Planning Grant Team	12/11/2023 thru 2/1/2023
CCBHC Certification Criteria Office Hours	DMH and CCBHC Planning Grant Team	12/18/2023
CCBHC Certification Criteria Office Hours	DMH and CCBHC Planning Grant Team	1/4/2024
Distribute a request for CMHCS to file a Interested Provider to obtain CCBHC	DMH	1/4/2024
Request for CMHCs to file their Interested Provider request	CMHCs	2/1/2024
Complete a Mock CCBHC Readiness Review with Regions 6 and 14	Regions 6, 14 and CCBHC Planning Grant Team	2/12/2024 thru 2/16/2024
CCBHC Certification Criteria Reviews	DMH	2/26/2024 thru 2/29/2024
CCBHC Certification Decision Reports and Requested Remediation	DMH	3/15/2024
Regions 6 and 14 complete any remediation actions	Regions 6, 14 and CCBHC Planning Grant Team	3/18/2024 thru 4/30/2024
Develop format for external compliance report for providers	DMH	4/30/2024
Prepare substantive change document and file new standards for public comment	DMH	4/30/2024
Develop new internal compliance checklists/compliance/certification forms	DMH	4/30/2024
State issues timeframes for additional CCBHC certification opportunities	DMH and DOM	5/1/2024
CCBHC Certification Criteria Office Hours	DMH and CCBHC Planning Grant Team	5/13/2024 thru 5/17/2024
New Operational Standards in effect	DMH	7/1/2024
Monthly CCBHC Joint Operating Committee Meetings	Regions 6, 14, DMH, DOM and CCBHC Staff	8/1/2024 and Ongoing (First Thursday Monthly)



CCBHC Certification Criteria Office Hours

Opportunity to Provide Questions/Feedback

**TENTATIVE DATES:
STILL TO
CONFIRM**

Technical Assistance Sessions on CCBHC Certification Criteria

Friday, December 1, 2023
1-2:30 p.m.

Friday, December 8, 2023
1-2:30 p.m.

Friday, December 11, 2023
1-2:30 p.m.

Monday, December 18, 2023
1-2:30 p.m.

Thursday, January 4, 2023
1-2:30 p.m.



Health Information Exchange (HIE) Workgroup

HIE Work Group Goals and Status

PROPOSED MEETING DATES/TIMES: November 9, 16, 30 and December 14 at 9 a.m. CST

1. CMHCs identify a staff member to serve on the Workgroup (completed)
2. Fully implement HIE for all CMHCs
3. All CMHCs will share monthly data
4. CMHCs sharing, or on a plan to share bi-monthly bi-directional information

Current Utilization

HIE Status	Region 2-- Communicare	Region 3--LIFECORE Health Group	Region 4-- Timber Hills Mental Health Services	Region 6--Life Help	Region 7-- Community Counseling Services	Region 8-- Region 8 Mental Health Services	Region 9--Hinds Behavioral Health Services	Region 10-- Weems Community Mental Health	Region 12--Pine Belt Mental Healthcare Resources	Region 14--Singer River Services	Region 15-- Warren- Yazoo Mental Health Service
	EHR Your Way	NetSMART	NetSMART	NetSMART	BTI	NetSMART	BTI	NetSMART	NetSMART	NetSMART	BTI
	CCBHC Clinic Level SAMHSA	CCBHC Clinic Level SAMHSA Grant	CCBHC Clinic Level SAMHSA			CCBHC Clinic Level SAMHSA	CCBHC Clinic Level SAMHSA Grant		CCBHC Clinic Level SAMHSA Grant	CCBHC Clinic Level SAMHSA Grant	
Active Users Y/N	N	Y	N	Y	N	N	Y	N	Y	Y	N
Number of Users (# of active users only??)	0	9 Active Users (19 Total Users)	0	15 Active Users (16 Total Users)	0	0	2 Active Users (20 Total Users)	0	17 Active Users (38 Total Users)	1 Active User (9 Total Users)	0
Data Exchange Y/N - Does this mean "Population"	N	Y	N	Y	N	N	Y	N	Y	Y	N
Frequency of Data Exchange Y/N		Y-Manual		Y-Manual			Y-Manual		Y-Manual	Y-Manual	
Bi-Directional Data Exchange Y/N	N	N	N	N	N	N	N	N	N	N	N
HIE Orientation Session (Scheduled; HIE Implementation Status (In Progress;				COMPLETED							

What do we need to implement action plan?

Region	HIE Orientation	Onboard Users	Data Exchange	Bi-Directional Data Exchange	Other Items
2					
3					
4					
6					
8					
9					
10					
11					
12					
14					
15					



Transportation Workgroup

- 1. Educate all CMHCs on the process for becoming a credentialed, MTM Provider.** MTM is the transportation vendor for the Division of Medicaid. The goal for this work is that all CMHCs will be able to bill for transportation services they provide to Medicaid consumers. *Action to Take: Attend the Transportation Provider Call on Friday, Nov. 3rd at Noon (CST). MTM will be on the call to inform and educate everyone on the pathway to becoming a provider.*
- 2. Educate all the CMHCs on the process for arranging transportation for Medicaid clients and reporting any complaints/issues.** We know that your team has some awareness/knowledge on this, however, we have learned from interviews many were not aware of some of the online/app tools that you can use to support these members in arranging for transportation. Also, we want to make sure you, and your staff, know how to report complaints/issues. *Action to Take: Attend and promote calls we are hosting at a time TBD on November 17th and November 30th and December 7th and December 15th. I will send an invitation out for these sessions as soon as we confirm the time with MTM trainer. Please encourage any, and all staff at your agencies, to attend these calls. We have no limits on the ## of attendees. Also, we will also schedule bi-monthly sessions in early 2024.*
- 3. Other Areas of Committee Work.** We have identified some other activities, see below, however, some we are waiting on data from CMHCs to identify.
Actions to Take: If you represent a CMHC, can you please follow-up with your leadership to determine when we can obtain this information by Friday, November 10th:
 - *Total # of Non-Medicaid clients served in 2022*
 - *Total # of transportation services provided to Medicaid clients vs. Non-Medicaid clients in 2022*
 - *Average cost for transportation services in 2022*
 - *Does your agency have a listing of community/provider transportation services available for non-Medicaid covered benefits, including what resources exist and map to each region (SEE SOME DETAILS BELOW), including any local resources that CMHCs know about what county they are offered to?*
 - *A listing of any grants your organization receives, including the amounts, that supports transportation services provided by your organization? If your organization is listed below, can you confirm the information we captured is accurate?*



Appendix



**MENTAL
HEALTH**



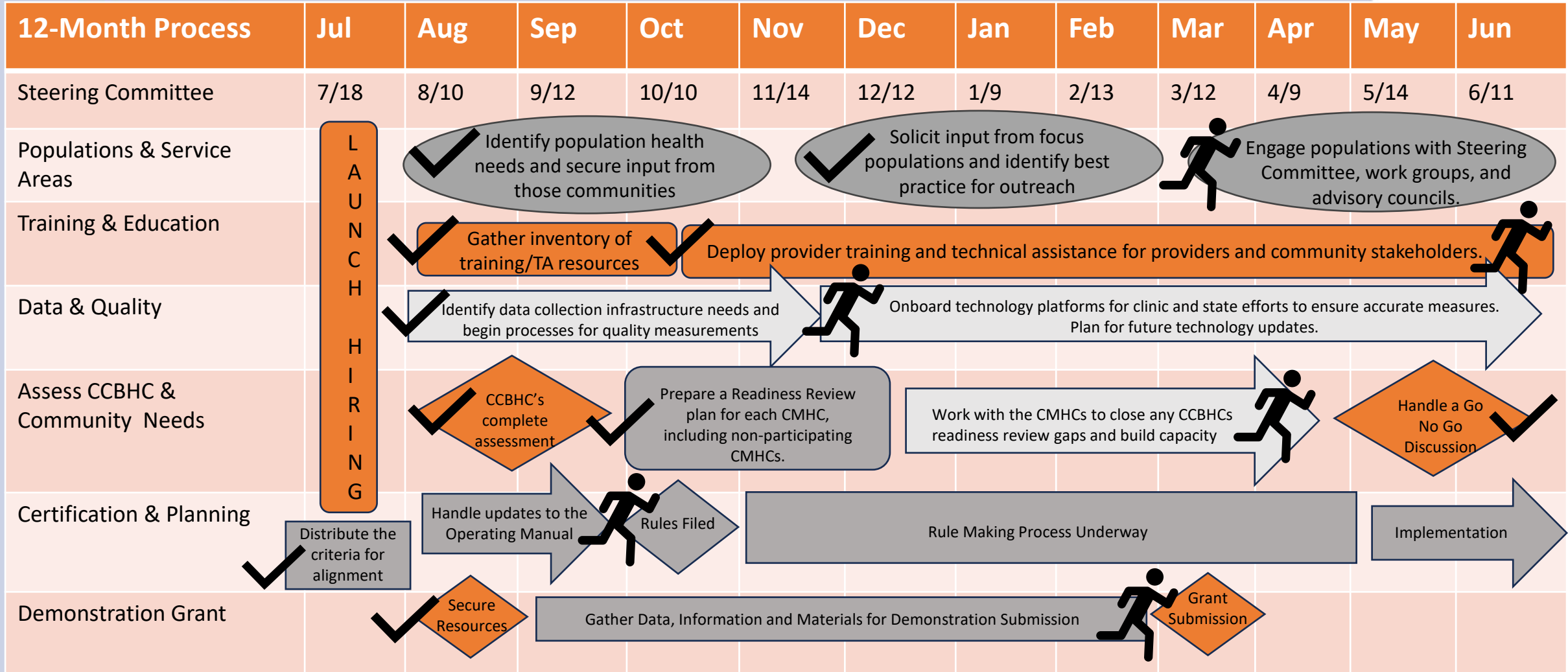
**INTELLECTUAL AND DEVELOPMENTAL
DISABILITY SERVICES**



**ALCOHOL AND DRUG
ADDICTION SERVICES**



Mississippi Planning Grant Activities and Timeline



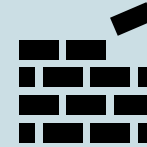
CMHC Engagement Opportunities

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!

