Certified Community Behavioral Health Centers (CCBHC) Planning Grant Steering Committee Meeting
October 10th at 2:30 p.m.

CCBHC Steering Committee Meeting

Agenda

- Welcome
- CCBHC Planning Grant Activities Update
- Open Discussion: MS's CCBHC Certification Criteria
- Workforce Development Plan Discussion
- Final Community Needs Assessment

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

November 14; December 12; January 9; February 13; March 12; April 9; May 14; and June 11
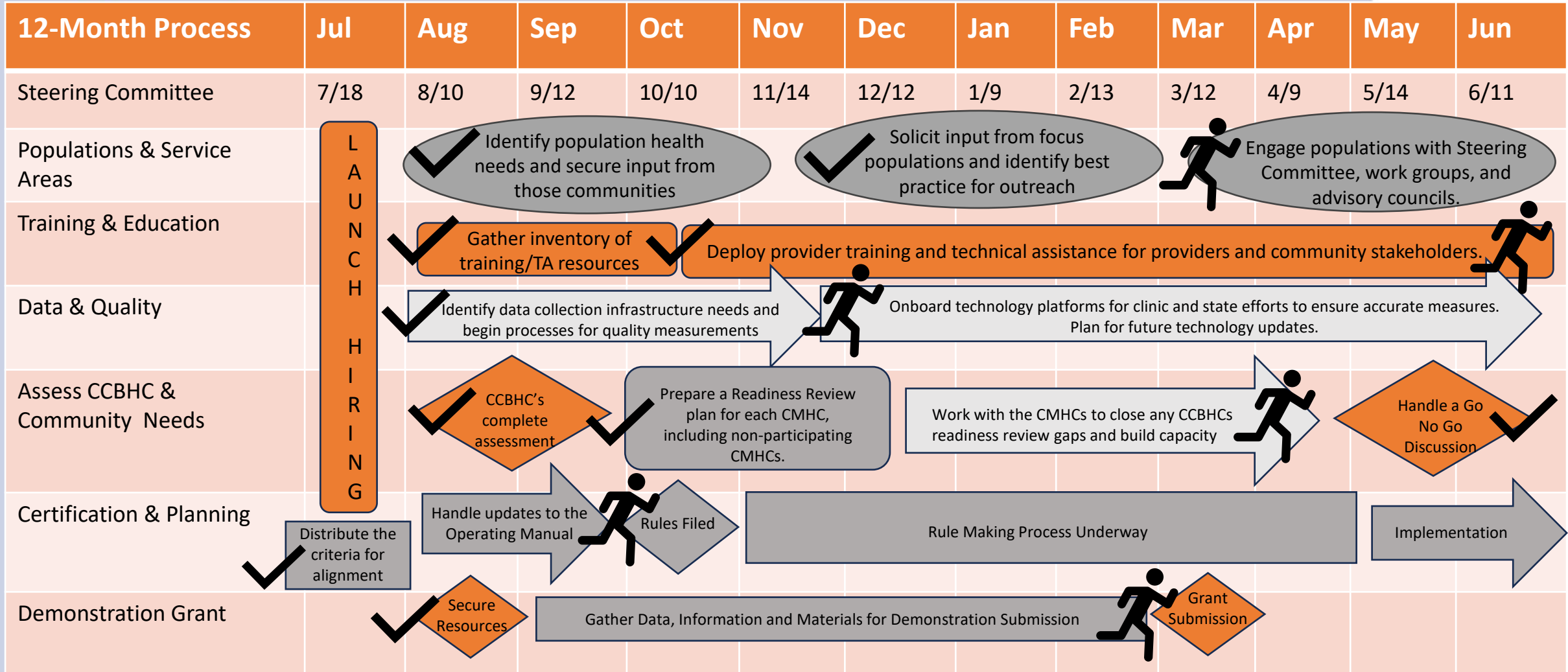
CCBHC's Value for Mississippi

- **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

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

12-Month Process	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Steering Committee	7/18	8/10	9/12	10/10	11/14	12/12	1/9	2/13	3/12	4/9	5/14	6/11

LAUNCH HIRING

Populations & Service Areas
- Identify population health needs and secure input from those communities
- Solicit input from focus populations and identify best practice for outreach
- Engage populations with Steering Committee, work groups, and advisory councils.

Training & Education
- Gather inventory of training/TA resources
- Deploy provider training and technical assistance for providers and community stakeholders.

Data & Quality
- Identify data collection infrastructure needs and begin processes for quality measurements
- Onboard technology platforms for clinic and state efforts to ensure accurate measures. Plan for future technology updates.

Assess CCBHC & Community Needs
- CCBHC's complete assessment
- Prepare a Readiness Review plan for each CMHC, including non-participating CMHCs.
- Work with the CMHCs to close any CCBHCs readiness review gaps and build capacity
- Handle a Go No Go Discussion

Certification & Planning
- Distribute the criteria for alignment
- Handle updates to the Operating Manual
- Rules Filed
- Rule Making Process Underway
- Implementation

Demonstration Grant
- Secure Resources
- Gather Data, Information and Materials for Demonstration Submission
- Grant Submission

CCBHC Certification Areas of Discussion

Question for the Steering Committee	Areas for Discussion
What are the minimum set of evidence-based practices that DMH will require of CCBHCs?	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

CCBHC Certification Areas of Discussion

Question for the Steering Committee	Areas for Discussion
What are the scope of other CCBHC targeted case management services that DMH will require, and the specific populations for which they are intended?	**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.

CCBHC Certification Areas of Discussion

Question for the Steering Committee	Areas for Discussion
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.	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

CCBHC Certification Areas of Discussion

Question for the Steering Committee	Areas for Discussion
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.	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.

Certified Community Behavioral Health Centers (CCBHC) Planning Grant

Industry Workforce Plan Framework

- **Vacancy rates are HIGH**
- **Burnout is HIGH**

- **Wages are LOW**
- **Retention is LOW**

Current State

Growth Industry

Clinic Positions	Edu Req	Handbook Title	Outlook
Care Coordination	Bachelor's	Medical and Health Service Managers	28%
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	Bachelor's	Mental Health Counselors	18%
Therapist	Masters	Therapists	15%
Direct Care	HSE/GED	Medical Assistants	14%
Admin-Medical Billing & Coding	HSE/GED	Medical Records Specialists	8%
Admin-Medical Records	HSE/GED	Medical Records Specialists	8%
Community Support Specialist	Bachelor's	Social Worker	7%
Social Workers	Bachelor's	Social Worker	7%
Registered Nurse	Bachelor's	Registered Nurses	6%

Bureau of Labor Statistics, Occupational Outlook Handbook, increase in demand expected between 2022-2023.

Critical Positions & Outlook

CCBHC Workforce Impact

9 Essential Services

Community Needs Assessment
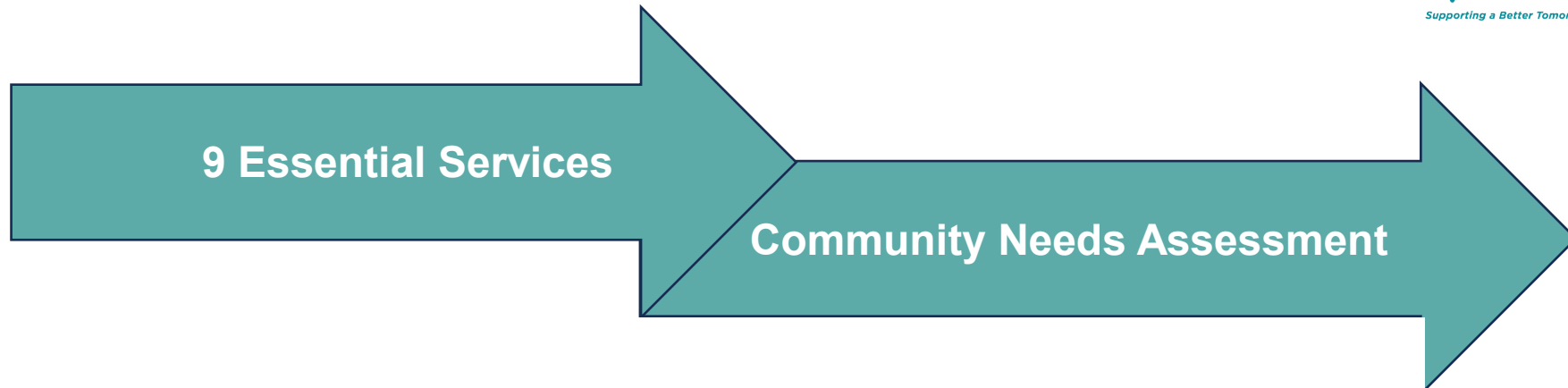
Approximately 17 more clinical staff per clinic.

❑ More supervisors per clinic

New and different skills

❑ Telehealth

New positions

❑ Community Health Worker

New Training and Skills Development

Skills Development

- Mental health first aid awareness
- Suicide prevention and intervention
- Crisis intervention support
- Responding to Trauma
- School based intervention
- Substance Abuse
- Domestic violence prevention
- Co-occurring mental health and substance use disorder
- Overdoes prevention and reversal
- Veterans specific training

CCBHC Specific Training
- Evidenced based practices
- Motivational interviewing
- Culturally competent care
- Patient-centered care
- Risk assessment and management
- Primary care integration

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

Strategy

Workforce Committee

Composition: DMH, DOM, CMHCs
- Pool and identify resources.
- Consider innovations.
- Develop comprehensive strategy for the State of Mississippi.

Formal & Purpose Driven relationships with:
- Universities
- Community Colleges
- High Schools

Utilize Innovations such as:
- Apprenticeships
- Internships
- Scholarships
- Federal loan forgiveness programs
- Compete regionally using "Employer of Choice" Methodologies

State Workforce Plan

The State of Mississippi's Combined Plan is built around the commitment made by the Office of the Governor that the state's workforce system should ensure there is a job for all Mississippians so they can live here, raise families, and grow the state.

State undertakes extensive research and analysis to reflect demand industry sectors and demand jobs for the state.

Identified industries/sectors are targets for growth in Mississippi.

Designation as a target industry opens-up additional resources to grow the workforce

Mississippi had identified ten (10) targeted sectors, one of which is Healthcare.

Requested "behavioral healthcare" be added to the target jobs category.

Governance and Resources

Establish Workforce Committee with members representing DMH, DOM, CMHCs and other Stakeholders.

Consider Leveraging: HR Budgets of Regions, DMH Training & HR Budgets and DOM Training & HR Budgets.

Build Workforce Training Costs into the PSS Rate

State Resources for Workforce Development:

- AccelerateMS

- Mississippi Community College Board

- Mississippi Department of Employment Security (One Stops)

- Planning and Development Districts (WIOA)

Improving Retention

Offer competitive salaries, benefits, and incentives to retain existing workers and attract new talent.

Create a more supportive and stable work environment for clinicians and other staff.

Deploy a formal workforce development and training strategy. Clinicians who have access to ongoing training and professional development opportunities are more likely to feel supported and engaged in their work, which can lead to increased job satisfaction and retention.

Reducing administrative burden can free up clinicians' time and energy to focus on patient care, which can improve job satisfaction.

Growing the Behavioral Health Labor Pool

Tailor recruiting strategies to the specific needs of CCBHC's.

- Keep Mississippi clinicians in Mississippi
- Recruit and hire professionals from out of state
- Develop advertising and marketing campaign
- Use state and national best practices

Mississippi's approach to growing the behavioral health labor pool may include but is not limited to the following:

- Public-Private Partnerships
- Universities
- Community Colleges
- High Schools
- Apprenticeships and Internships

Diversity and Inclusion Initiatives

It is a priority for Mississippi citizens to receive care from individuals with which they can identify. It is equally important to ensure equitable results for job seekers and workers of color.

Partner with Historically Black Colleges and Universities (HBCU). HBCU's in Mississippi have large student bodies and generous endowments. HBCU's have equity and inclusion built into their charters and find innovative ways to support student to take advantage of their high-quality instruction and services. HBCU's in Mississippi include:

➢ Jackson State University
➢ Alcorn State University
➢ Mississippi Valey State University
➢ Tougaloo College
➢ Rust College
➢ Coahoma Community College
➢ Hinds Community College Utica Campus

Work with the Mississippi University for Women (MUW). Over half of all students at MUW are in health science. MUW is doing some innovative things to retain students.

➢ MUW increased the number of academic councilors.

➢ Councilors at MUW engage students in a robust follow-up and follow along effort.

Next Steps

Analyze historical data: Review market trends, and industry benchmarks to project workforce requirements. Consider factors like attrition rates, retirement, and new locations and programs that may impact workforce demand.

Supply Analysis: Evaluate the current workforce's skills, qualifications, and performance. Identify gaps in skills and competencies compared to the future requirements. Assess the potential for internal promotions, transfers, and skill development. Analyze the availability of external talent in the labor market.

Gap Analysis: Compare the demand forecast with the supply analysis to identify workforce gaps. Prioritize critical skill gaps that need immediate attention. Consider alternative workforce strategies, such as outsourcing, freelancing, or automation, to address gaps.

Action Planning: Develop a workforce plan that outlines specific strategies and initiatives to bridge the identified gaps. Define roles and responsibilities for implementing the plan. Allocate resources, including budget and technology, to support the plan. Create a timeline for implementation with measurable milestones.

Talent Acquisition and Development: Implement recruitment and talent acquisition strategies to attract and hire the right talent. Invest in training and development programs to upskill existing employees. Consider succession planning to ensure a pipeline of talent for critical positions.

Next Steps

- **Performance Metrics and Monitoring:** Establish key performance indicators (KPIs) to track the progress of the workforce plan. Regularly review and assess the effectiveness of workforce planning initiatives. Adjust and modifications to the plan as necessary based on ongoing evaluations.
- **Communication and Stakeholder Engagement:** Maintain open communication with employees and stakeholders about workforce changes. Engage employees in the planning process to foster buy-in and commitment. Address concerns and provide opportunities for feedback.
- Continuous Improvement: Periodically revisit the workforce plan to ensure its alignment with evolving business strategies. Incorporate lessons learned from past planning cycles to enhance future workforce planning efforts. Stay agile and adapt to changing market conditions and organizational needs.
- **Documentation and Reporting**: Maintain detailed records of workforce planning activities, including data, analysis, and decisions. Prepare regular reports for senior management and the board of directors to keep them informed about workforce planning progress and outcomes.
- **Legal and Ethical Considerations**: Ensure compliance with labor laws, regulations, and ethical standards throughout the workforce planning process.

Feedback?

Mississippi's Community Needs Assessment 2023

Community Needs Assessment
11-Question, online, paper, and telephonic survey

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
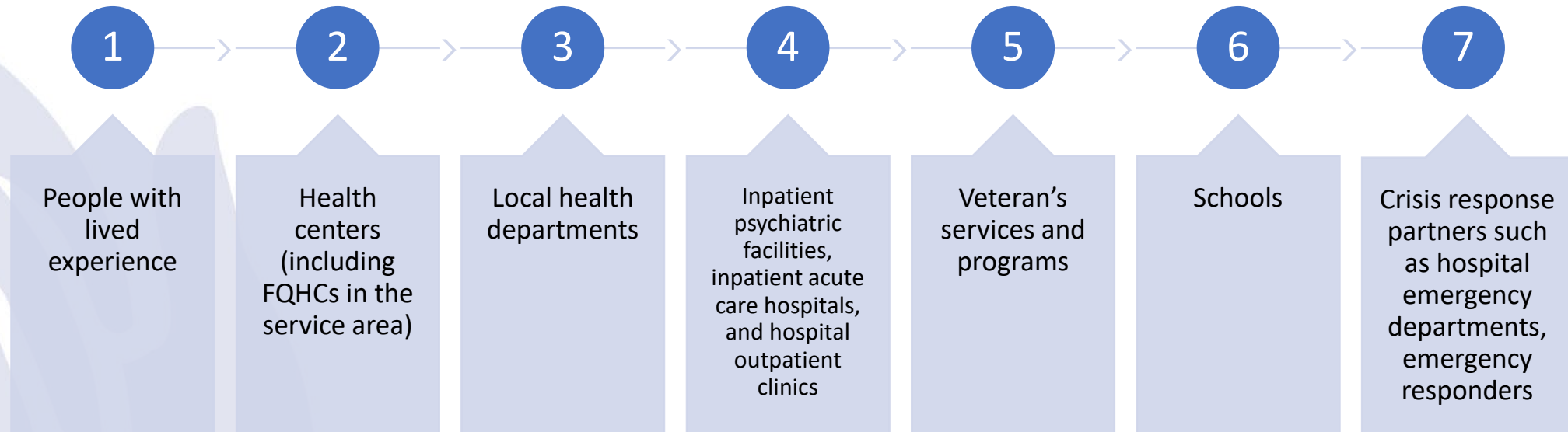
Uses

- 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

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☑ Input came from the following entities:

1	2	3	4	5	6	7
People with lived experience	Health centers (including FQHCs in the service area)	Local health departments	Inpatient psychiatric facilities, inpatient acute care hospitals, and hospital outpatient clinics	Veteran's services and programs	Schools	Crisis response partners such as hospital emergency departments, emergency responders

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

Respondents' perceptions on whether Mississippi is meeting the need for mental health and substance abuse in our local communities and statewide?

Perceptions on Community Level

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

Perceptions on State level

- **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

*Respondents' perceptions could be more about the lack of awareness of services, rather than respondent's knowledge of the availability and/or quantity of 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

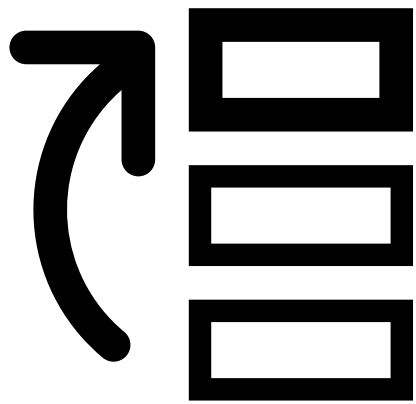855 (46%) Limited Crisis Services

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 overdoes 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

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 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
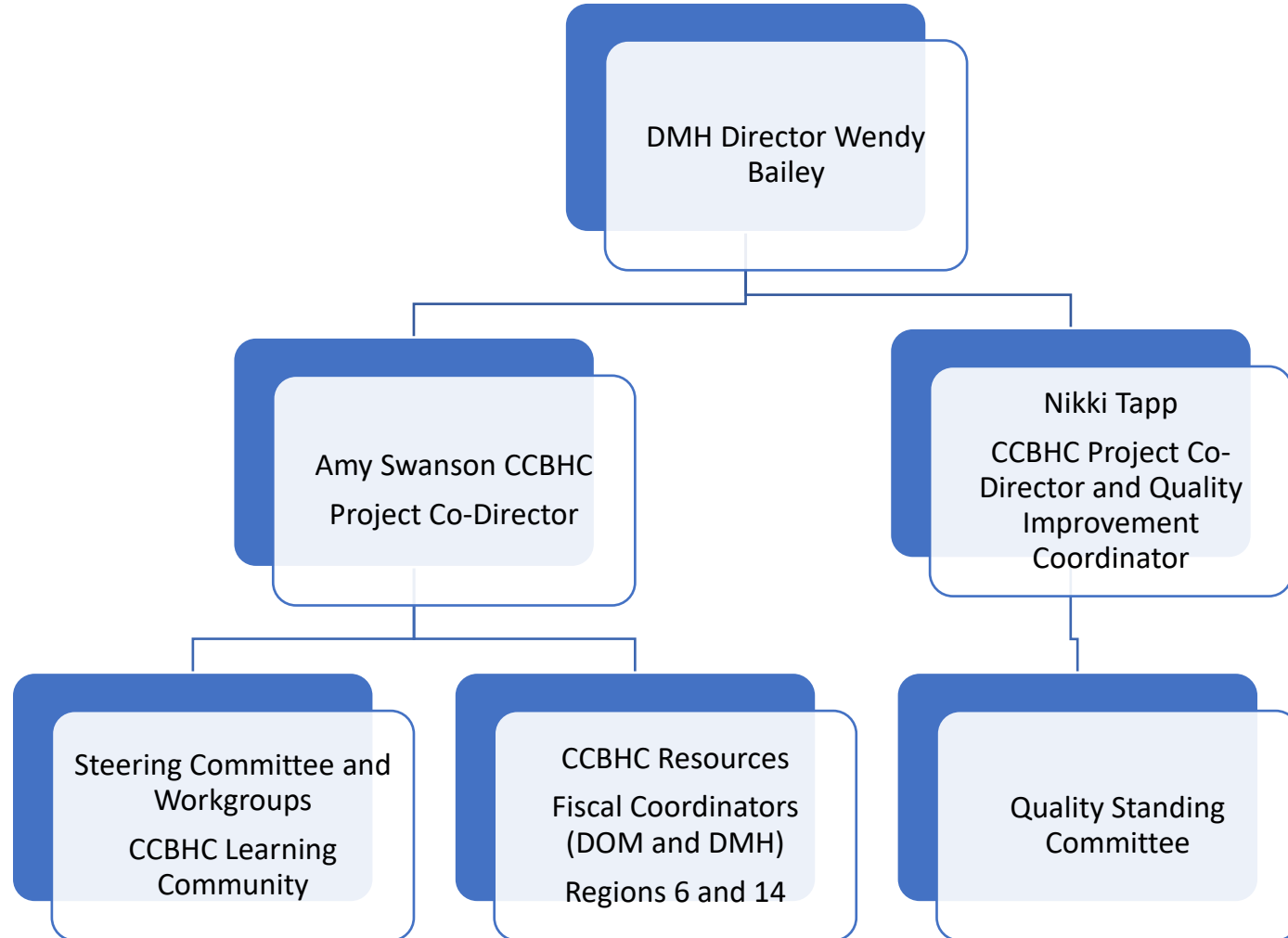
Appendix

MS CCBHC Planning Grant Oversight

MS CCBHC Steering Committee

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

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!