Department of Mental Health Mississippi

Award Number: 1H79SM087620-01

QUARTERLY PROGRAMMATIC PROGRESS REPORT:

COOPERATIVE AGREEMENTS FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC PLANNING GRANTS

DATE: 10/12/23 (Activities from 7.1.23 thru 9.30.23)

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

SECTION I: DESCRIPTION OF PROJECT WORK

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

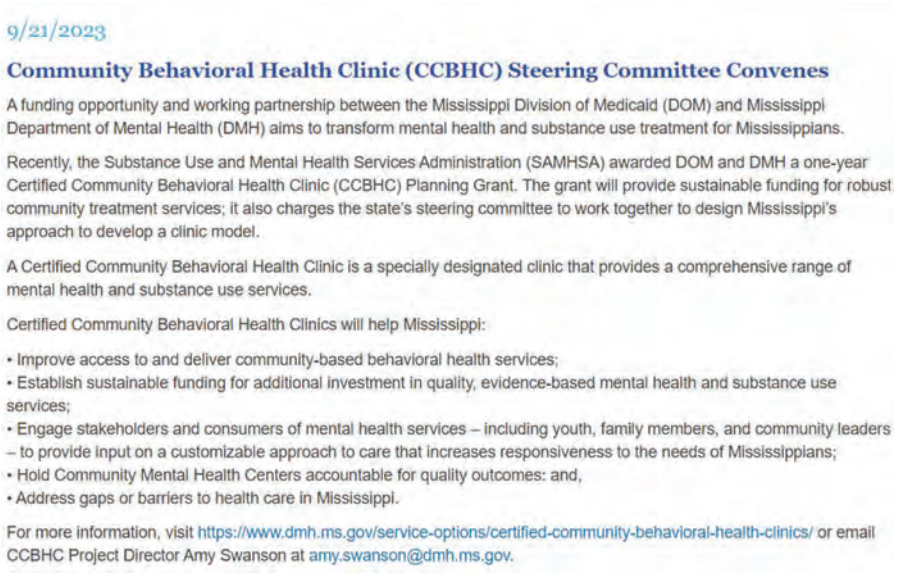
A. Required Activities as defined by the NOFO (page 9) and summarized below.

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

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

CCBHC Awareness:

- DMH created a web page on the agency's website at: Certified Community Behavioral health Clinics – Mississippi Department of Mental Health (ms.gov).
- The Division of Medicaid posted information on their website about our CCBHC Planning Grant efforts, see below, Late Breaking News - Mississippi Division of Medicaid (ms.gov):



9/21/2023

Community Behavioral Health Clinic (CCBHC) Steering Committee Convenes

A funding opportunity and working partnership between the Mississippi Division of Medicaid (DOM) and Mississippi Department of Mental Health (DMH) aims to transform mental health and substance use treatment for Mississippians.

Recently, the Substance Use and Mental Health Services Administration (SAMHSA) awarded DOM and DMH a one-year Certified Community Behavioral Health Clinic (CCBHC) Planning Grant. The grant will provide sustainable funding for robust community treatment services; it also charges the state's steering committee to work together to design Mississippi's approach to develop a clinic model.

A Certified Community Behavioral Health Clinic is a specially designated clinic that provides a comprehensive range of mental health and substance use services.

Certified Community Behavioral Health Clinics will help Mississippi:

- Improve access to and deliver community-based behavioral health services;
- Establish sustainable funding for additional investment in quality, evidence-based mental health and substance use services;
- 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;
- Hold Community Mental Health Centers accountable for quality outcomes: and,
- Address gaps or barriers to health care in Mississippi.

For more information, visit https://www.dmh.ms.gov/service-options/certified-community-behavioral-health-clinics/ or email CCBHC Project Director Amy Swanson at amy.swanson@dmh.ms.gov.

- Meeting with the Mississippi Community Mental Health Association on August 9, 2023, on CCBHC Planning Grant efforts. We gained consensus to use their monthly meetings to convene our CCBHC Learning Community.
- Article published in Families as Allies online newsletter, The Ally: Opportunities to Impact Mississippi Mental Health Care's August 9, 2023, Edition.
- Launched Community Needs Assessment August 14, 2023. Held a series of Community Needs Assessment Trainings using our Toolkit on how to identify stakeholders, tools you can use to promote the survey, and ways to secure engagement from these key stakeholder groups.
- CCBHC Planning efforts, including updates on CCBHC Learning series and Community Needs Assessment published in the DMH's August monthly newsletter, Mississippi Profile.

Upcoming CCBHC Learning Center Events & Office Hours

The below Certified Community Behavioral Health Center (CCBHC) Learning Center events are designed to include the state's CCBHC grantees and non-CCBHC CMHCs to inform the process and engage all Mississippi CMHCs in the CCBHC transformation process. Anyone is welcome to join these meetings for discussion of CCBHCs and the topic at hand. Click the link below to join any of the sessions. For additional information or questions, contact CCBHC Project Coordinator Amy Swanson at amy.swanson@dmh.ms.gov.

CCBHC 101: Overview
9/5/23 and 9/7/23
9 a.m., 45 minutes

CCBHC Criteria: Care Coordination
9/19/23 and 9/21/23
9 a.m., 55 minutes

CCBHC Criteria: Staffing
9/12/23 and 9/14/23
9 a.m., 45 minutes

CCBHC Criteria: Scope of Services
9/26/23 and 9/28/23
9 a.m., 45 minutes

Click Here to Join Sessions

The below drop-in sessions are times when Department of Mental Health staff are available to support CCBHC Planning Grant efforts. They are held on Mondays, 11 a.m. to 11:45 a.m. CST on the following dates:

September 11, 18, & 25
October 2, 9, 16, 23, & 30
November 6, 13, 20, and 27
December 4, 11, & 18

Meetings are held via Microsoft Teams, and you can join through your computer or mobile phones. Click here to join any of these meetings.

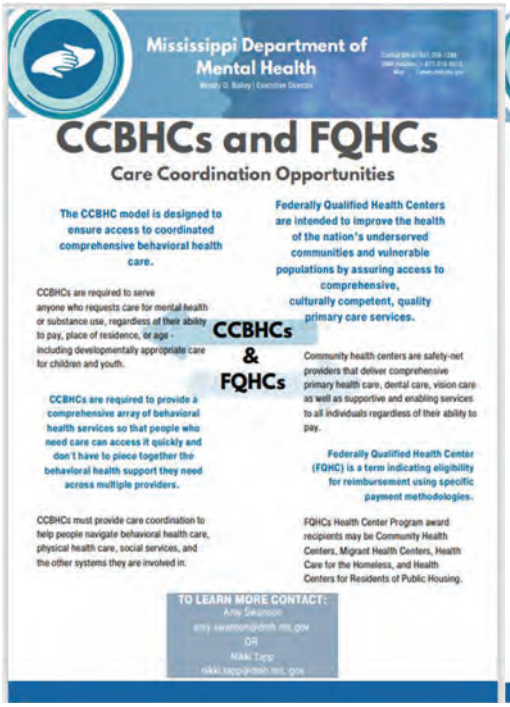
Thanks For Your Input!

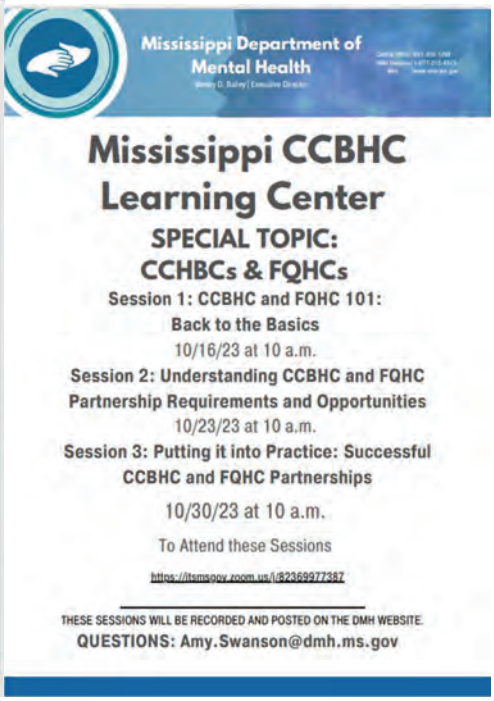
Thank you to everyone who completed the CCBHC Community Needs Assessment Survey that was recently open!

Region 6 Life Help collected more than 450 surveys from families, clients, and community partners. Thank you again to everyone who submitted comments and suggestions on the Mississippi's efforts to expand CCBHCs in the state!

- Phaedre Cole President of the Mississippi Association of Community Mental Health Centers and the Executive Director of Region 6 CMHC (one of the CCBHC pilot sites) presented a CCBHC update at the September 22nd Division of Medicaid Medical Care Advisory Committee.

- Amy Swanson, CCBHC Project Director, Nikki Tapp, CCBHC Project Co-Director and Quality Improvement Coordinator and Phaedre Cole President of the Mississippi Association of Community Mental Health Centers and the Executive Director of Region 6 CMHC (one of the CCBHC pilot sites) attended the two-day Community Health Center Association of Mississippi's annual conference September 19 thru September 22nd. We produced and distributed a one-page flyer, see below at the event.





Stakeholder Engagement Activities

- Completion of the Mississippi Community Needs Assessment. Summary results are located here:

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

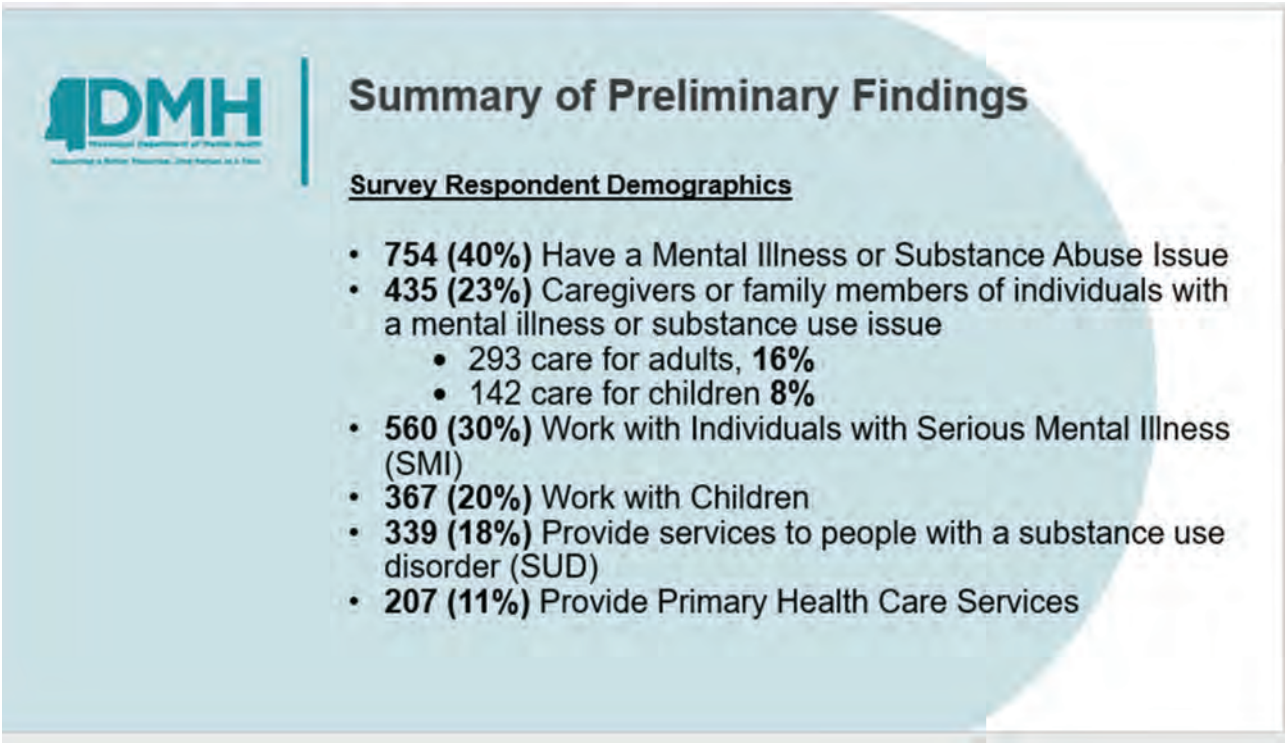
- Results from this assessment will be used to inform state and local CCBHC implementation and design, including staffing plans, language and culture, services, locations, service hours and evidence-based practices.

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

☑ Input came from the following entities:

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


Other Responders
DMH
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)


DMH
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	Perceptions on State level
• **1161 (62%) do not believe there are sufficient resources in their community**	• **1189 (63%) do not believe there are sufficient resources in the state**
• 484 (26%) believe local needs are met	• 396 (21%) believe state needs are met
• 219 (12%) are unsure whether needs are/are not being 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

DMH

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

DMH

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%)

- Meeting with Dr. Joy Hogge, Families as Allies on July 24, 2023; August 14; She participated in the Steering Committee and
- Meeting on July 12th with Dr. Michael Nadorff, Mississippi State University on their CCBHC interest. We invited him to participate on the Steering Committee. He agreed and engaged his entire team to participate, including his student interns.
- Meeting on July 18th with Brent Hurley, DMH staff working on Transportation Services improvement. He introduced us to his counterparts at the Division of Medicaid.
- Meeting with Kay Daneault, Mental Health Association of South Mississippi on July 31, 2023.
- Meeting with Matt Nalker and Veronica Vaughn, ARC on August 1, 2023. ARC is connecting us to the bi-monthly SPOTT team to ensure we have visibility to the escalated member cases. We want to use this data as part of our Community Needs Assessment to understand where there are operational service gaps/providers.
- Meeting with Mark Stovell on the National Stepping Up Initiative, and current efforts in Mississippi. We are exploring how we could expand this work in the state. To date, we don't have the funding to support additional National Stepping Up Initiative resources. We are researching opportunities.
- Meeting with Rachel DeVaughan-Patrick, Mississippi Community College Association on August 1, 2023. We developed the following request to share with their Board of Directors. See below:

The Mississippi Department of Mental Health (DMH) would welcome the opportunity to work with the Mississippi Community College Board (MCCB) to increase a larger pool of paraprofessional and professional workers to support the provision of behavioral healthcare throughout Mississippi, including MS's investments to expand Certified Community Behavioral Health Clinic model (CCBHCs).

The CCBHC model will revolutionize the ways behavioral healthcare is provided in Mississippi. According to the National Council of Mental Wellbeing, the CCBHC model will dramatically increase

access to care, expand the state's capacity to address the overdose crisis, and reduce mental health- related hospitalizations.

Implementation of the CCBHC model faces a significant barrier. By 2025, the U.S. will be short about 31,000 full-time equivalent mental health practitioners, said Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use at HHS and the administrator of Substance Abuse and Mental Health Services Administration (SAMHSA).

To expand access to behavioral health services, we will need to address the workforce development needs. A partnership with Mississippi's community colleges and other stakeholders would help us address the acute shortage of behavioral healthcare workforce in Mississippi.

Activities such as:

- *Creating incentive programs for students to choose professional and paraprofessional careers in mental health, intellectual/developmental disabilities, or human services/behavioral health-related fields.*
- *Deploying activities, like social media, or additional communications to encourage students to consider programs of study that will equip them with the necessary skills, knowledge, and certifications to work within Mississippi's community behavioral healthcare system.*
- *Integrating principles of the CCBHC models, including training programs and resources in coursework, career planning and internship opportunities.*
- *Eliminating barriers for students in attaining their educational goals by creating seamless educational experience.*
- *Increasing access to easy/flexible training and certifications required to work within the CCBHC model in Mississippi. Program components may be implemented through online and/or in-Person modes of instruction.*
- *Providing access to current professionals as mentors.*
- *Improving academic program articulation. Negotiation of "2+2" track with university partners for positions which require bachelor's degrees.*
- *Offering non-credit certification preparation courses through community colleges.*

These are initial activities, but if a partnership is confirmed, we would work to jointly develop activities and strategies to design a strategy which aligns with the goals of the State of Mississippi and identified skill gaps.

DMH will make experts and professionals available to work with the MCCB and design and deliver the highest quality program possible. To assess program effectiveness the participating community colleges and DMH will evaluate student learning outcomes, job placement/retention, and graduate satisfaction.

- Meeting with Stephanie Stout, leader of the Peer Support Specialist Association. We identified ways to engage Stephanie and the Association in our Steering Committee work, including targeted outreach to veterans.
- Meeting with Call with Choices CCS (MS) re: MS CCBHC efforts. As a new provider in the State, but familiar with the CCBHC model, they are interested in engaging and promoting the CCBHC model.
- Meeting with Frankie Johnson, head of the DMH Multi-Cultural Work Group, on August 15, 2023and discussed ways to expand outreach to his Rise Up efforts with hundreds of school-age youths.
- Meeting with Elizabeth McDowell, LMSW, Mississippi Wraparound Institute- Program Director, The University of Southern Mississippi, School of Social Work, on August 21, 2023, and September 1, 2023,

about the CCBHC Certification Criteria and Planning Grant activities. We are exploring ways to engage their organization, and ways that they can support EBPs.

- Mark Scott, our CCBHC Fiscal Coordinator, and Workforce Development Workgroup facilitator, attended Mississippi's statewide workforce development conference. Notes from this event are provided below. Mark made a lot of connections that will support our Workforce Development Plan and efforts. See below:

Attended the MS Horizons 2023: Human Momentum conference in Flowood, Mississippi.

The MS Horizons 2023: Human Momentum Conference / Innovation and Strategy Symposium (August 21-24, 2023) was presented by AccelerateMS https://acceleratems.org/about-us/

The conference was attended by public sector workforce development professionals from across Mississippi.

During the conference I briefed leaders regarding our DMH CCBHC Demonstration Grant journey. I explained the transformative model for service delivery that CCBHC represents. Also, I communicated our ongoing effort to develop a workforce plan.

The following individuals were briefed:

- Dr. Scott Alsobrooks, President, East Mississippi Community College
- Allison Beasley Hawkins, Workforce Development Division Director, Southern Mississippi Planning and Development District
- Yolanda Boone, Senior Advisor, AccelerateMS
- Kyle Brewer, Administrator Center for Telehealth, University of Mississippi Medical Center
- Robert Freeman, Southern District Manager, Mississippi Department of Employment Security
- Dr. Michael Heindl, President, Northwest Community College
- Tee McCovey, Executive Director, United Way of Jackson and George Counties
- Ryan Miller, Executive Director, AccelerateMS
- Laura Ring, Deputy Executive Director, Mississippi Department of Employment Security
- Mitzi Woods, Workforce Director South Delta Planning and Development District

Follow-up is expected to Ryan Miller and Yolanda Boone. The purpose of the follow up is:

1. **Discuss the MS DMH / regional clinics workforce needs and consider integration into the state strategy, and,**
2. **Engage with DMH as a core partner for the state's workforce development support. Simply put, they want DMH on the team.**

Observations and Recommendations:

Career Navigators: Last year the MS legislature funded the Career Navigator program after a successful pilot. The program places Career Navigators in each public high school in MS. The role of the Navigators is to advise students on various career options.

Industry groups and large employers are engaging with the Career Navigators on a regional and state-wide basis. The purpose of this engagement is to familiarize Career Navigators with specific career options and to ultimately grow the labor pool. They are lobbying the Navigators to send students their way.

Recommendation: The regional clinics should engage with Career Navigators in their areas and the DMH should consider a strategy of engaging with Navigators state-wide. The goal would be to familiarize Career Navigators with behavioral health career options and to encourage them to send students our way.

Mississippi University for Women (MUW): MUW has gone all-in on health care. As a result, 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. This effort is paying off with results.

Recommendation: MS DMH and regional clinics should directly engage with the Health Science program at MUW and other universities. Swap passive recruiting with active recruiting. This is necessary to compete for a shrinking labor pool.

Singing River Hospital Systems (SRHS): SRHS, in response to the ongoing nursing shortage has initiated a registered apprentice program that prepares new entrants for certifications as Medical Assistants, Licensed Practical Nurses, and Phlebotomists.

Apprenticeship is an earn while you learn model, however the cost of the training itself is offset by public funding. Mississippi Gulf Coast Community College is the educational partner.

The graduates of the apprenticeship programs are recruited and enrolled into a Registered Nurse program. This is an innovate approach to "growing your own" labor force. While there may be challenges with facilities, student interest, and cost, this solution that moves the needle in a positive way.

Recommendation: Appoint a working group or committee across multiple regional clinics with participation from MS DMH. The charter of the group could be to address specific workforce development initiatives and innovations such as the health care apprenticeship model.

Notes on Mississippi's Comprehensive Workforce Strategy

Mississippi's current workforce development approach is decentralized, comprised of multiple funding specific plans (WIOA, TANF, etc.) designed to spend down the money by meeting the terms, conditions, and guidelines of the funder.

This approach does not reflect an in-depth understanding of (a) who is seeking employment & training, and (b) what they require to join the workforce.

In contrast the NEW AccelerateMS's 2024 Workforce Strategic Plan represents a shift towards unifying Mississippi's workforce stakeholders to meet state labor market needs. Going forward the strategy will be defined by labor market demand and driven by tactics that ensure workforce training participants have the awareness, support, resources, and flexibility to complete training programs and secure employment.

Aligned sources of state and federal support will be leveraged to fund the plan.

The Process:

1. Evaluate anticipated workforce demand.
2. Total number of workers needed.
    a. Credentials, training, skills, & experience needed.
3. Identify the populations in need of workforce services.
    a. Demographic attributes, geographic location, etc.
    b. Define the tactics and resources required to successfully engage, enroll, train, & place the target populations in the labor market.
4. Identify key participants and partners.
    a. Define roles, responsibilities, & target outcomes for each implementation partner
    b. Identify and solve for major hurdles.
        i. Lack of aligned training programs.

ii. Lack of geographic overlap between potential workers and available jobs

5. Fund the plan.
    a. Identity the state & federal funding sources aligned with strategy, action items, and outcomes.
    b. Pilot plan
    c. Evaluate outcomes & adjust as necessary.

If the DMH and regional clinics have a workforce development approach it is decentralized.

Recommendation: Appoint a working group or committee across multiple regional clinics with participation with MS DMH to specifically to consider a similar process as detailed above. I could certainly help and provide guidance particularly in the areas of training partnerships and funding.

Many of these ideas will be integrated into the draft workforce plan currently being developed.

Reference material:

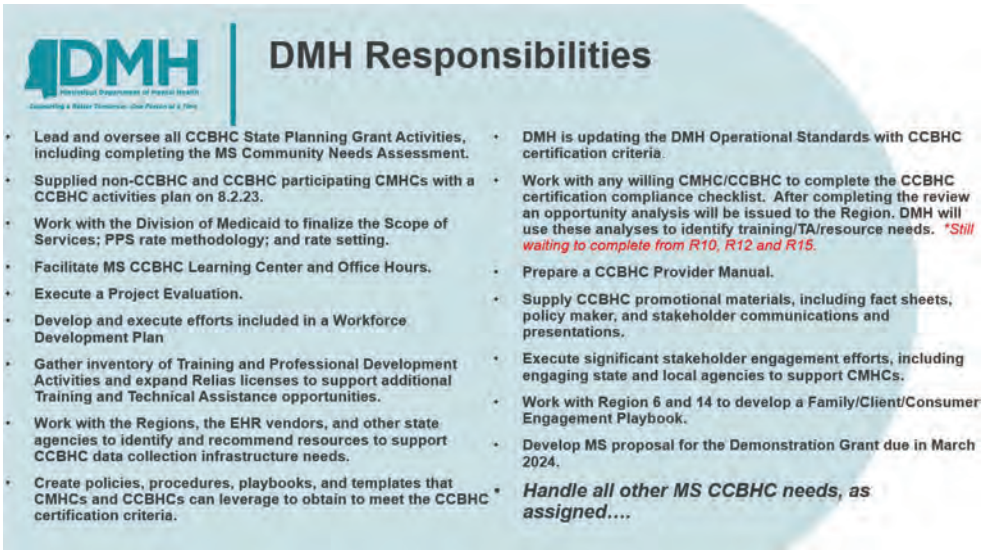
Current State Workforce Plan https://acceleratems.org/swib/#WIOAPlan

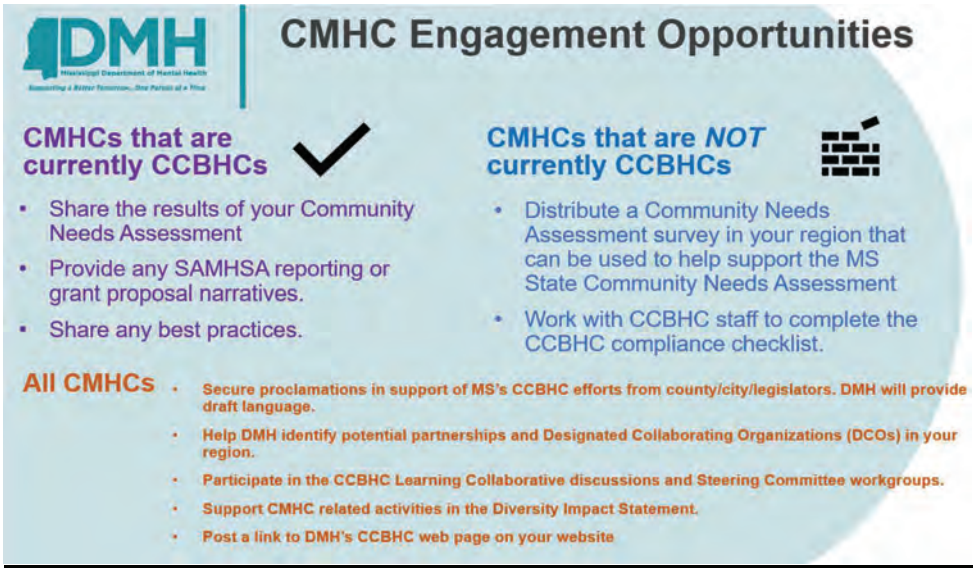
UMMC Center for Telehealth Presentation My files - OneDrive (sharepoint.com)

- Meeting with Ted Quinn from Activate care, on August 23, 2023, and September 6, 2023, about the Mississippi Department of Mental Health's efforts to expand the footprint of Community Health Workers (CHWs) and the alignment to the state's CCBHC Planning Grant work. Shared details of the CCBHC model, including a deep dive into Care Coordination requirements, etc. We are looking at how to expand our workforce footprint leveraging the CHW network.
- Amy Swanson, CCBHC Project Director held a meeting on August 25, 2023, with Kim Hoover, CEO, of Mississippi's Hospital Association with an Overview of the CCBHC Model and discussed possible alignment with their work. We identified action steps on expanding use of the HIE and working on ways to educate hospitals/health systems on CCBHC model.
- On August 31, 2023, DMH Director Wendy Bailey, Deputy Director Jake Hutchins, and Amy Swanson, CCBHC Project Director met with state officials in Oklahoma about the CCBHC Planning efforts. Topics included: CCBHC Efforts in OK (what worked well/didn't work well). Getting Ready for Demonstration Program (what do we need to know to prepare a successful application). What do you see as the future of CCBHC? And do you have any advice on people we should connect with to ensure we implement a successful model?
- Meeting September 7, 2023, with the Mississippi Hospital Association on CCBHC Overview, including alignment to the Health Information Exchange. We will be establishing a workgroup on these efforts, see below: Mississippi's utilization of the HIE is critical to its success in the SAMHSA Demonstration Grant and for its transition to the CCBHC Model. Currently, we only have five CMHCs with registered users on the HIEs, five sharing bi-directional information, but none providing any regular frequency. The workgroup will include the Mississippi Hospital Association; HIE vendor; DMH; and representatives from CMHCs. This workgroup will meet and monitor CMHC HIE utilization and data and information sharing. The workgroup will identify barriers/opportunities for HIE, including how we can reduce barriers around obtaining

release of information from clients/families. We will meet with the CMHC Association on October 11, 2023, to secure the contact information for their staff to participate in the workgroup efforts. DMH Director Wendy Bailey and Jake Hutchins will be meeting with them on October 12, 2023, to discuss DMH efforts to engage/activate all state hospitals on the HIE.

- Meeting with the CMHCs during their monthly association on September 13, 2023. During this meeting we discussed:
    - Updates on MS's CCBHC State Planning Grant Activities; EHR Assessment Update; and Preliminary results of Community Needs Assessment.
    - We educated the CMHCs on the CCBHC certification requirements for family/client engagement. To that end, our Family/Client Engagement Playbook consultant, Heidi Arthur, Health Management Associates (HMA) reviewed the Family/Client engagement survey, including purpose, details, and timelines. The results from these efforts will be reviewed with CMHCs in November, along with recommendations.
    - We identified and communicated the responsibilities of DMH, and requests of the CMHCs, etc.





- On September 18, 2023, CCBHC Planning Grant staff met with Meeting with Joy and the Families as Allies Staff. We provided an overview of CCBHCs, including updates on our Planning Grant activities. We had a great discussion and identified ways to engage all staff at Families as Allies with CCBHC Planning Grant efforts.
- On September 18, 2023, all CCBHC Planning Grant Staff and Scott Blanken, our Finance Consultant met with Bill Rosemand and Steve Allen with the Mississippi Department of Finance and Administration Office of the Coordinator of Mental Health Accessibility. Here's background on that office and alignment to the CCBHC Planning Efforts: During the 2020 legislative session, established a position for a Coordinator of Mental Health Accessibility to be appointed by the Department of Finance and Administration and housed at the Department of Mental Health. The duties of the Coordinator are (this list is taken from the legislation, but abbreviated):
  - To perform a comprehensive review of Mississippi's mental health system
  - To analyze and review the structure of the mental health system.
  - To review the adequacy and quality of the individualized support and services provided to persons discharged from the state hospitals.
  - To review the quarterly financial statements and status reports of the individual community mental health centers
  - To consult with the Special Master appointed in the United States of America v. State of Mississippi, as well as a wide range of other stakeholders
  - To determine where in any county, or geographic area within a county, the delivery or availability of mental health services are inadequate.
  - To determine whether each community mental health center has sufficient funds to provide the required mental health services.
  - To report on the status of the mental health system quarterly.

  To that end, we agreed and provided them with the following information: Planning Grant Contacts; a sample cost report; Data from the Demonstration States and their saturation (aka as "Reach Rate) from their programs, see the table below. Mathematica Report: Implementation and Impacts of the Certified Community Behavioral Health Clinic Demonstration: Findings from the National Evaluation FINAL REPORT

Table ES.1. Characteristics of CCBHC Counties and Clients									
State (number of CCBHCs)	Number of CCBHCs that serve Rural or Frontier Counties	Percent of all Counties in State served by CCBHCs	Percent of Clients Under Age 18	Percent African American Clients	Percent American Indian and Alaskan Native Clients	Percent Hispanic Clients	Percent Medicaid Only Clients	Percent Dually Enrolled in Medicaid and Medicare	Percent Uninsured Clients
MN (6)	3	21%	27%	12%	2%	5%	53%	5%	5%
MO (15)	11	78%	24%	10%	1%	5%	46%	10%	18%
NJ (7)	1	29%	19%	15%	<1%	17%	52%	7%	5%
NV (4)	2	18%	8%	21%	1%	32%	66%	1%	17%
NY (13)	7	65%	22%	21%	1%	17%	62%	7%	4%
OK (3)	2	22%	25%	13%	8%	41%	41%	9%	36%
OR (12)	8	33%	24%	3%	2%	8%	62%	4%	14%
PA (7)	3	10%	20%	22%	<1%	9%	61%	12%	3%
Source: DY1 CCBHC Quality Measure Reports for client demographic characteristics. SAMHSA 2017 Certified Community Behavioral Health Clinic Demonstration Program, Report to Congress 2017 for county information. Notes: States did not report the demographic characteristics of clients served by CMHCs or other community behavioral health clinics to facilitate direct comparisons with CCBHC clients. The demographic characteristics of CCBHC clients were generally similar in the first and second demonstration years.									

Draft Scope of Services; and agreed to hold a monthly meeting the 2nd Thursday of Every Month from 10:30-11 a.m.

- On September 19, 2023, held a meeting with Yolanda Boone, Senior Advisor, Accelerate MS about the CCBHC Planning Grant, CCBHC Model, and our Workforce Development needs. *AccelerateMS serves the people and businesses of Mississippi by developing and deploying workforce strategies to connect individuals with transformative, high-paying careers. By leveraging resources and partnering with organizations that hold complementary missions, AccelerateMS effectuates positive change, creating sustained individual, community, and statewide economic prosperity. They* invited DMH to assign staff to their support services and service delivery committees. We will participate in these groups, and secure action items for their support of expanding the capacity of the mental health/substance abuse industry.

CCBHC Staffing and Contractual Resources

During July 1, 2023, through September 30, 2023, we identified, hired, and onboarded the following CCBHC Planning Grant team members listed on the chart below.

Positions (July 1, 2023-September 30, 2023)	**July 1, 2023-September 30, 2023, Level of Effort (LOE)**
Project Director	Amy Swanson (50% LOE); Dr. Mallory Malkin July-August, (50% LOE); Nikki Tapp, September (50% LOE).
Quality Improvement	Nikki Tapp, September (50% LOE).
Fiscal Coordinator (DOM)	Jamie Cauglis (100% LOE)
Fiscal Coordinator (DMH)	Mark Scott (100% LOE)

Project Evaluator	Turnaround Achievement Network, (33% LOE)
Region 6 Project Coordinator	Meredith Selby, Region 6 Executive Director (100% LOE)
Region 6 IT/Data Systems Coordinator	Doug Cole (50% LOE)
Region 6 Family/Client Engagement Coordinator	Rebecca Small (50% LOE)
Region 6 Outreach Staff	The Glenn Foundation (12.5% LOE)
Region 6 Family/Client Engagement Playbook	Health Management Associates (HMA) (25% LOE)
Region 6 Cost Report Consultant	Scott Banken (35% LOE)
Region 14 Project Coordinator	Beth Fenech, Region 14 Executive Director 35% LOE
Region 14 IT/Data Systems Coordinator	Heather Brister (35% LOE)
Region 14 Satellite Director	Dr. Tiffany Baker (35% LOE)

DMH submitted a Change in Key Personnel notification on August 24, 2023. This notification requested included this background: *As of August 18, 2023, Dr. Mallory Malkin should no longer be listed as a Project CoDirector for this program. key personnel/points of contact of the Mississippi Department of Mental Health for this award. Reason for Change: Dr. Mallory Malkin will be leaving the Department of Mental Health in mid-August for personal reasons. Starting September 2023, Amy Swanson will continue to dedicate 50% of her time as one of the two Project Co-Directors, and Nikki Tapp will replace Dr. Mallory Malkin as the second Project Director. Ms. Tapp will dedicate 50% of her time as one of the two Project Co-Directors. Reason for Change: Dr. Mallory Malkin will be leaving the Department of Mental Health in mid-August for personal reasons. Ms. Tapp will be serving as a full-time Department of Mental Health Agency staff member in August.*

DMH acknowledges that until the Change in Key Personnel notification from August 24, 2023, it is not approved.

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

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

- One site (Region 14) is a current CCBHC Expansion Grantee that has already been funded to "close the gap in workforce" and build its readiness for CCBHC data collection and reporting. We will

leverage Region 14's current Evaluator to support our CCBHC Planning Grant.

- The other site (Region 6) will require Planning Grant resources to close its workforce gap and build readiness for certification. We will leverage Region 6's family, client, and community engagement partnerships to build a playbook for Mississippi.

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

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

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

In July, August, and September, DMH held a weekly Finance Committee meeting to discuss PPS-1; Development of Cost Reports; Scope of Services Development; Division of Medicaid (DOM) system needs/updates; Care Coordination Organizations (CCOs) implementation. A summary of our work:

- DMH and Region 6 identified, engaged, and contracted with Scott Banken to support our CCBHC cost reporting efforts. Mr. Banken prepared the timeline in September 2023 for the work that will be handled in October 2023.
- DOM will be developing a new Cost Report template. It will be finalized in October 2023 so cost reporting work listed below can commence. We will use the minimum federal requirements and add additional requirements to capture: Included are updates to the "Anticipated Costs" and "Daily Visits" tabs, in addition to a new tab for the recording of "Grants."
- DMH Fiscal Coordinator, Regions 6 and 14 staff held bi-weekly work sessions to develop the draft scope of services. The draft Scope of Services will be finalized and forwarded to DOM on October 5, 2023.
- August 22, 2023, DOM included these updates in their Provider Agreements with their Care Coordination Organizations (CCOs) aka managed care organizations. See the details for those updates below. Also, DOM produced a fact sheet and met with the CCOs in September 2023 to review Provider Agreement requirements and CCBHC overview. CCBHC Planning team outlined these activities to engage, educate and activate the CCOs for successful CCBHC implementation:

Cost Reporting Timeline and Deliverables

Care Coordination Organization (CCO) Provider Agreement Sections	**Provider Agreement Updates**
Section 2 A. Definitions	A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services in accordance with federal criteria and with the requirements of the Protecting Access to Medicare Act of 2014 (PAMA). Certified Community Behavioral Health Clinic (CCBHC) as defined in Section 223 PAMA and Section 3814 CARES Act
Section 2 B. Acronyms	Certified Community Behavioral Health Center (CCBHC)
Potential: EXHIBIT G: QUALITY MANAGEMENT, Standard 1, #12 Cooperate and coordinate with State initiatives. The Contractor must participate in State health initiatives. This may include, but is not limited to: a. Provider outreach and education. b. Member outreach and education. c. Quality studies; and d. Participation in work groups.	Consider adding after workgroups: d. Participation in workgroups, including the Mississippi Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Steering Committee.
CCO PA Section	**Proposed Update**
Reporting Requirements: Health Information System.	The Contractor shall work with the IT/Data Systems Work Group of the Mississippi Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Steering Committee to define a mutual statement of work and schedule to implement software and hardware routing solutions required for the successful implementation of certified CCBHCs.
Potential: SECTION 18 – CLAIMS MANAGEMENT	The Contractor should participate in the IT/Data Systems Workgroup of the Mississippi Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Steering Committee to ensure their claims systems are prepared to: • Update systems with new CCBHC provider type • Pay Medicaid claims for services, without prior authorization, covered by the CCBHC. • Not disallow claims solely based on the CPT/HCPCS Codes contained in the CCBHC CPT Crosswalk, as these codes may be used for billing non-

	CCBHC services, which the MCO would be responsible to adjudicate for payment.
Potential: Provider Network	The Contractor should ensure that all certified CCBHCs can be added to their provider network.

Cost Reporting Timeline and Deliverables

Step	Tasks (T) and Sub-Tasks (ST) (***Description for Subcommittee***)	Expected Start Date	Expected End Date
1	**Initial Cost Report Development**	10/4/2023	11/30/2023
1.1	Create Working Trial Balance and Fill in Cost Report template for actual costs	10/4/2023	10/31/2023
1.11	Pull GL trial balance	10/4/2023	10/11/2023
1.12	Pull payroll data	10/4/2023	10/11/2023
1.13	Map departments, accounts	10/11/2023	10/20/2023
1.14	Determine allocation methods	10/4/2023	10/20/2023
1.15	Complete template for columns 1-3 of the trial balance tab	10/20/2023	10/23/2023
1.2	Reclassifications	10/4/2023	10/31/2023
1.21	Determine allocations by person, account, dept.	10/4/2023	10/25/2023
1.22	Pull payroll detail by person or department	10/4/2023	10/11/2023
1.23	Pull EHR data for provider productivity to determine if services provided are CCBHC or not.	10/4/2023	10/20/2023
1.24	Calculate reclassifications using allocation method (billed time, actual time, billed $)	10/25/2023	10/30/2023
1.25	Summarize reclassifications by line	10/30/2023	10/30/2023
1.26	Map staff to Part 1A line items for Trial Balance tab and Services Provided tab	10/20/2023	10/29/2023
1.27	Summarize FTEs and services provided by location	10/29/2023	10/30/2023
1.28	Complete template for reclassification tab and column 4 of the trial balance tab, and the Services Provided tab.	10/30/2023	10/31/2023
1.3	Adjustments	10/4/2023	10/31/2023
1.31	Pull grant revenue and grant information	10/4/2023	10/9/2023
1.32	Determine if grant funding must be offset	10/9/2023	10/20/2023
1.33	Review adjustments for cost principles	10/20/2023	10/30/2023
1.34	Review adjustments for unallowable costs	10/20/2023	10/30/2023
1.35	Complete adjustments tab and column 6 of the trial balance tab	10/30/2023	10/31/2023

1.4	Determine indirect allocation methods	10/20/2023	10/31/2023
1.41	For indirect rate agreements, pull agreement. For "other" indirect methods, document method and calculate costs.	10/4/2023	10/11/2023
1.42	Complete Indirect Allocation tab	10/30/2023	10/31/2023
1.5	Enumerate Visits and gather data for personnel allocations	10/4/2023	10/31/2023
1.51	Pull claim/billing/EHR detail by patient by date of service	10/4/2023	10/11/2023
1.52	Pull DCO claim/billing/EHR detail by patient by date of service.	10/4/2023	10/11/2023
1.53	Filter on allowable visits from Scope of Services	10/11/2023	10/10/2023
1.54	Pivot data on date and beneficiary ID (Note: best practice to remove PHI and blind with a random but consistent patient identifier	10/11/2023	10/13/2023
1.55	Count cells with service counts in pivot table	10/13/2023	10/16/2023
1.56	Remove any visits that were adjusted out where services for the day = 0	10/13/2023	10/16/2023
1.57	Complete Daily Visits Tab, Line 1 & 2	10/16/2023	10/18/2023
1.6	Document Allocation Methods	10/4/2023	10/31/2023
1.7	Anticipated Costs	11/1/2023	11/30/2023
1.71	Compare current expenses to reporting period expenses.	11/1/2023	11/3/2023
1.72	Compare current FTE/Staffing to reporting period	11/1/2023	11/3/2023
1.73	Project expected staffing, expenses for the rate period using needs assessment, scope of services and realistic expectation for timing of new hires	11/3/2023	11/15/2023
1.74	Project expected organizational changes for non-CCBHC activity including indirect costs	11/3/2023	11/15/2023
1.75	Calculate average visit per FTE for services provided.	10/4/2023	10/20/2023
1.76	Calculate visits to services provided ratio	10/20/2023	10/31/2023
1.77	Calculate anticipated visits	11/15/2023	11/22/2023
1.78	Calculate fiscal impact	11/22/2023	11/29/2023
1.79	Complete anticipated costs tab, column 8 of the trial balance tab and line 3 of the daily visits tab	11/29/2023	11/30/2023

1.8	Put together audit support package:	10/4/2023	11/30/2023
	Audited financials		
	Map AFS to trial balance		
	Working trial balance		
	Visit enumeration support		
	Anticipated Cost/Visit support		
	Project new hire timing		
	Anticipated expense support such as contracts or pricing		
	DCO agreements		
	Indirect rate agreements		

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

The MS State Legislature has allocated funding to the MS Department of Mental Health to enhance the EHR systems for the 11 CMHCs throughout the state. These programs operate separately from each other and are overseen by their respective counties within the state. These CMHCs provide mental health and substance use services to people throughout the state. In the past, these providers have conducted business as they see fit with regulation, guidance, and funding from the MS Department of Mental Health and MS Division of Medicaid. The MS Department of Mental Health provides grant funding to these providers to support operating costs.

The Mississippi (MS) Department of Mental Health has been tasked with improving the interoperability and billing of the 11 Community Mental Health Centers (CMHCs) throughout the state by enhancing the electronic health record system(s)(EHR) for these providers and will do so with advice from the Mississippi Office of the Coordinator of Mental Health Accessibility. This project is for a consultant who can assess the electronic health record system needs of these providers and advise the state on the best solution for this task.

The scope of work for this project is to assess the electronic health record needs of each of the CMHCs, research existing Behavioral Health EHRs, and make a recommendation as to what the industry's best practice solution is for the interoperability of these 11 agencies and streamline/optimize billing capability. The scope of work and deliverables of this project will be to provide an assessment of each CMHC's operational needs for an EHR and make a final recommendation of a solution to meet these needs and improve the interoperability of these 11 agencies and increase their billing capabilities. Network infrastructure, hardware, and security of each CMHC should be considered with any recommendation. System specifications for a bid of vendor selection will also be required. The state may set the order of assessment for each CMHC and may also require one or two full assessments to be completed prior to reporting the entire CMHC system's results.

On August 3, 2023, the CCBHC Project Director supplied the DMH team working with this vendor with the additional areas of work to meet CCBHC certification criteria. See below for updates to this vendor's Scope of Work:

CCBHC Requirements

Submit the organization's capabilities to meet the CCBHC certification criteria, including the following requirements related to HIT:

The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing: (1) characteristics of people receiving services; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) outcomes of people receiving services. Data collection and reporting requirements are elaborated below and in Appendix B. Where feasible, information about people receiving services and care delivery should be captured electronically, using widely available standards.

The CCBHC uses technology that has been certified to current criteria13 under the ONC Health IT Certification Program for the following required core set of certified health IT capabilities (see footnotes for citations to the required health IT certification criteria and standards) that align with key clinical practice and care delivery requirements for CCBHCs:

•Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible).

•At a minimum, support care coordination by sending and receiving summary of care records.

•Provide people receiving services with timely electronic access to view, download, or transmit their health information or to access their health information via an API using a personal health app of their choice.

•Provide evidence-based clinical decision support.

•Conduct electronic prescribing.

Would you HIT support data and collection on these quality measures?

i. Time to Services

ii. Depression Remission at 6 months

iii. Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling

iv. Screening for Clinical Depression and Follow-Up plan

v. Screening for Social Drivers of Health (SDoH)

vi. Patient experience of care survey

vii. Youth/Family experience of care survey

viii. Adherence to Antipsychotic Medications for Individuals with Schizophrenia

ix. Follow-up after hospitalization for mental illness ages 18 and up

x. Follow-up after hospitalization for mental illness ages 6 to 17

xi. Initiation and engagement of alcohol and other drug dependence treatment

xii. Follow-up after ED visit for mental illness

xiii. Follow-up after ED visit for alcohol and other drug dependence

xiv. Plan All-Cause Readmission Rate

xv. Follow-up care for children prescribed ADHD medication.

xvi. Antidepressant medication management

xvii. Use of pharmacotherapy for opioid use disorder

xviii. Hemoglobin A1c Control for Patients with diabetes

xix. Other measures

-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; and Metabolic Monitoring for Children and Adolescents on Antipsychotics

Since the timeline for the consultant's work will likely take 6-9 months, the CCBHC Project Director worked with the leadership teams of the CMHCs to execute an assessment of all CMHC's current Electronic Health Records (EHR) in August and September 2023. We needed to gather this information to prepare for our Demonstration application.

This assessment included:

- identifying the current inventory of EHR vendors.
- gathering current EHR system capacity to generate CCBHC required reporting.
- developing costs and timeframes for system upgrades and enhancements needed to generate CCBHC required reporting.

A summary of the assessment below was shared with DMH leadership on September 26, 2023.

CMHC's Readiness to Meet CCBHC Quality Measure Reporting

$ $ $ $ $ $ $ $ $ $ $

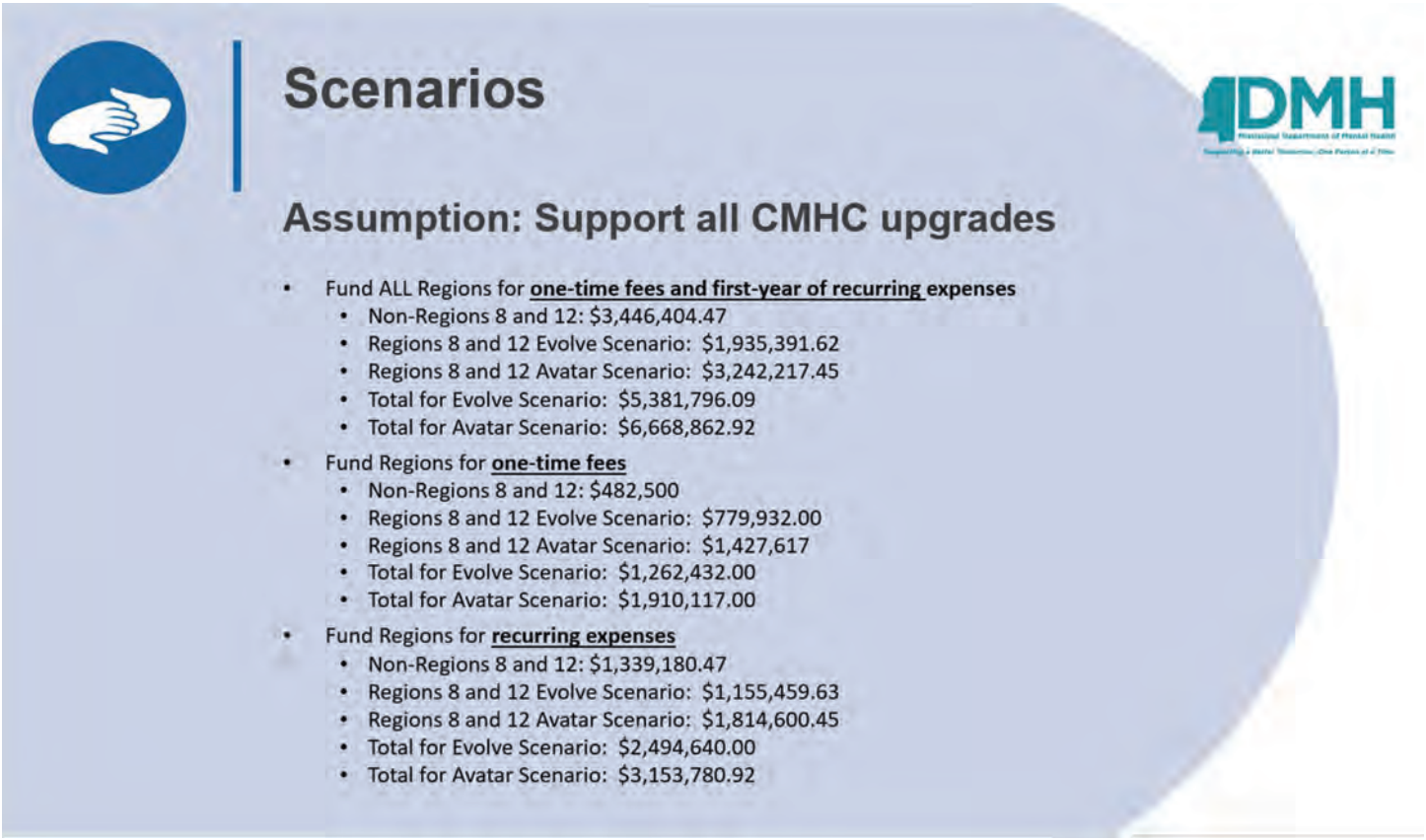
Region and Vendor	Region 2 EHR Your Way	Region 3 Netsmart	Region 4 Netsmart	Region 6 Netsmart	Region 7 BTI	Region 8 Netsmart	Region 9 BTI	Region 10 Netsmart	Region 12 Netsmart	Region 14 Netsmart	Region 15 BTI
CURRENT EHR CAPABILITIES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
One Time Costs	10,000	32,580	397,323.50	397,323.50	158,4000	Evolve: 397,548.50 Avatar: 713,471.00	158,4000	397,923.50	Evolve: 382,383.50 Avatar: 714,146.00	396,873.50	158,4000
NEW Recurring	TBD	130,820.02	293,764.80	382,001.58	N/A	Evolve: 481,961.87 Avatar: 812,941.23	N/A	292,330.52	Evolve: 673,497.75 Avatar: 1,001,659.22	240,263.55	N/A
Totals Needed for 2024 Go Live	10,000	163,400.02	691,088.30	779,325.08	158,4000	Evolve: 879,510.37 Avatar: 1,526,412.23	158,400	690,254.02	Evolve: 1,055,881.25 Avatar: 1,715,805.22	637,137.05	158,4000
Timeframe	1/1/2024	TBD	TBD	7/1/2024	1/1/2024	TBD	1/1/2024	TBD	TBD	7/1/2024	1/1/2024

Scenarios

Assumption: Go Live for Region 6 and 14 on 7/1/24

- Fund Regions 6 and 14 for one-time fees and first-year of recurring expenses by October so we are ready for a 7/1/24 launch.

- **ASK: $1,416,462.13**



DMH will meet with the Division of Medicaid (DOM) on October 5 to review these results and discuss potential implications. Also, DMH Director Wendy Bailey and Kelly Breland, DMH CFO, will meet with the CMHC leadership on the details of the status of state resources on October 11th. DMH will report that there are no state dollars available to support the CMHC's one-time costs for updating their EHRs, however, they will be allowed to include their on-going costs into the CCBHC costs. DMH will ask each of the CMHCs to supply them with information on their ability to contribute to these one-time costs so that we can finalize the EHR readiness for CCBHC certification.

The CCBHC Project Director will send a request to SAMHSA in early October 2023 to identify What does Mississippi need to have in place for data collection and reporting on the state and clinic level required reporting when filing for the Demonstration Grant? We prepared the following scenarios to review with SAMHSA in October 2023.

- Scenario A: July 1st CCBHC services and PPS rates start. All clinic and state level reporting collection start July 1 for reporting to start 9 months later (per guidelines).
- Scenario B: July 1st CCBHC services and PPS rates start. Clinic and state level data collection cannot start until a later date, but reporting will be available 9 months later (per guidelines).
- Scenario C: MS requests a September 1st CCBHC services and PPS rates start date from HHS. We don't have start data for the clinic and state level data collection, but we know that we can start reporting on data by 9 months after September 1st (per guidelines).

- Scenario D: July 1st CCBHC services and PPS rates can start but we need additional time (uncertain of how much) to identify when clinic and state level data can be collected. We will be using the Demonstration period to finalize plans and implement.

DMH continues to evaluate our state-level CCBHC reporting readiness with Info Bridge, our state vendor, and will use the federal Quality Measurement specs to inform these efforts.

DMH will gather the results from inquiries and produce a report on the implications for Mississippi's Demonstration and the State Plan Amendment (SPA). The DOM is filing a State Plan Amendment (SPA) to ensure DMH certified CCBHCs can offer CCBHC services and the PPS-1 rates for state certified entities starting July 1, 2024. If Mississippi is not accepted into the Demonstration, the DOM's SPA will allow for CCBHC services and PPS-1 payment to commence July 1, 2024, for DMH certified CCBHCs.

Right now, DMH's draft state certification requirements include CCBHCs to collect and report the CCBHC required quality measurements. To inform the finalization of DMHs CCBHCs certification criteria we need to identify impacts of upgrading the HER. Information gathered in this phase could also impact our decision to start with regions 6 and 14 for DMH state certification. In October, DMH and the DOM will review and make decisions based on the data gathered from the CMHCs and SAMHSA.

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

- **Mississippi's goal for the Planning Grant is to transition its statewide CMHC network to adopt the CCBHC model for integrated care delivery during the Demonstration**. *Actions Taken: DMH has included this in their Strategic Plan. All Planning Grant activities have included the Planning Grant pilot regions, as well as all CMHCs. All CMHCs have participated in the CCBHC Planning Grant Steering Committee, CCBHC Learning Community, and other workgroups. DMH and the DOM are on track to fully implement CCBHC state certification; PPS-1; claims processing; and implementation with the Care Coordination Organizations (CCOs). Seven of Mississippi's CMHCs have SAMSHA CCBHC IPA and IA grants.*

To ensure DMH is working to identify and assess the future CMHCs to certify as CCBHCs, the CCBHC State Planning Grant Project Director completed a CCBHC Readiness Assessment for all CMHCs. DMH will be supporting all CMHCs in their readiness to transition to the CCBHC model. Three CMHCs do not have completed results, those are Regions 10, 12 and 15. These organizations are undergoing a lot of transitions due to the closure of region 11 and merger into their regions. We will review and update these assessments in the future. The results from these assessments as of September 5, 2023, are provided below (GREEN indicates things are in place/on track for CCBHC certification; YELLOW indicates things are underway but additional capacity is needed; and BLUE are areas that we lack information to assess readiness).

CMHC's CCBHC Readiness

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 2	Region 3	Region 4	Region 6	Region 7	Region 8	Region 9	Region 10	Region 12	Region 14	Region 15
Community Needs Assessment	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Staffing	Green	Green	Yellow	Green	Yellow	Green	Green	Blue	Blue	Green	Blue
Availability/Access	Green	Green	Yellow	Green	Yellow	Blue	Green	Blue	Blue	Green	Blue
Care Coordination	Green	Green	Yellow	Green	Yellow	Blue	Green	Blue	Blue	Green	Blue
Scope of Services	Green	Green	Yellow	Green	Yellow	Green	Green	Blue	Blue	Green	Blue
Quality & Reporting	Green	Green	Yellow	Yellow	Yellow	Green	Green	Blue	Blue	Yellow	Blue
Organizational Authority & Governance	Green	Green	Yellow	Green	Yellow	Green	Green	Blue	Blue	Green	Blue

CMHC's CCBHC Readiness—Region 3

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 3	Notes/Remediation Needed
Community Needs Assessment	Green	• Completed initial results, distributing new Community Needs Assessment
Staffing	Green	• Developed Training Plan.
Availability/Access	Green	• Specifically, the Project Director is modifying policies and practices to implement and improve Primary Care Monitoring and Screening, utilizing Targeted Case Management, more often, to individuals with a SMI/SED diagnosis, improving ability to treat members and veterans of the armed forces and implementing Crisis Planning for all CCBHC clients
Care Coordination	Green	• Lack of Conflict Free referral process in place
Scope of Services	Green	• CCBHC staffing added behavioral health therapists certified in treatment for veterans (VA requirements, military culture). The Project Director is trying to execute a care coordination agreement with the VA Hospital in Memphis, TN by the end of Year 1. The VA is not responding as of March 31, 2023
Quality & Reporting	Green	• Training staff on evaluation protocols, including data collection tools, workflows for data collection, data analysis, data management, performance assessment, disparities monitoring, and performance measurement. • Lifecore's EHR software provides reporting capabilities that will meet these criteria. • The CCBHC's CQI plans specifically address (1) consumer suicide attempts and deaths, (2) 30-day hospital readmissions, and (3) quality of care issues including monitoring for metabolic syndrome, movement disorders, and other medical side effects of psychotropic medications.
Organizational Authority & Governance	Green	• Their progress report says that they will have a governing board on 51%

CMHC's CCBHC Readiness—Region 4

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 4	Notes/Remediation Needed
Community Needs Assessment	Green	• Completed initial results, distributing new Community Needs Assessment
Staffing	Yellow	• Need community needs assessment to better understand staffing, staffing plan and management needs requirement. Staffing must satisfy 4K on veterans. • Update annual evaluation for demonstration of competencies. • Documents are not available online or in other languages.
Availability/Access	Yellow	• Current treatment plan updates need to be changed for adults to 6-month timeframe • Improved education on crisis services • Update the website with sliding fee scale • CCBHC cannot refuse services due to inability to pay, right now they require proof, that isn't allowable
Care Coordination	Yellow	• More consistent use of privacy, confidentiality, and the preferences and needs of people receiving services, etc. • More P&Ps around engaging family/client are, medication reconciliation and care coordination agreements • Lack of partnerships with FQHCs, VA, and specific CCBHC care coordination partnerships. • Create protocols to ensure adequate care coordination • Lack of Conflict Free referral process in place
Scope of Services	Yellow	• Building outpatient primary care screening and VA services • Update A&G process • Lack of walk-in hours, improve crisis services, overdose prevention activities and trauma-informed care • Increased capacity to meet the CCBHC screening, assessment and diagnosis and person-family centered planning principles • Improve treatment of tobacco use and services for children and adolescents • Improve targeted case management services
Quality & Reporting	Yellow	• Additional data collection, reporting and tracking capacity to meet the CCBHC requirements • Need to develop a CQI plan
Organizational Authority & Governance	Yellow	

Overall, Region 4 is a yellow because with Nikki's transition I can't get feedback on their overall readiness.

CMHC's CCBHC Readiness—Region 6

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 6	Notes/Remediation Needed
Community Needs Assessment	Yellow	
Staffing	Green	• Lack staff required to provide integrated care. Decision on Medical Director. Lack of specialty services/training for Veterans, criteria 4.K. Gaps from lack of CAN. Orientation and training gaps, CLAS, veterans. Shift to annual requirements. Create written P&Ps.
Availability/Access	Green	• Add piece on Advanced Directives at Intake moving forward. Need to add inability to pay language in Spanish. Add P&Ps on provision of services regardless of residence.
Care Coordination	Green	• Opportunity to strengthen transitions of care, especially for people not located in service area. Health IT system potential gap in population health. Lack of partnerships with FQHCs, Indian Health Services youth regional treatment centers, veterans, 24 hours of discharge. Lack of conflict free referral process. Question: Does Region 6 EHR capacity have the data/reporting capacity to meet CCBHC criteria.
Scope of Services	Yellow	• CLAS standard updates. Medical added to Person-Centered and Family-Centered Treatment Planning/intake. TB/HIV/STD Screen & Education is done on A&D patients, can expand to all. Significant increase on Veterans services/activities.
Quality & Reporting	Yellow	• Increased quality and data collection needs. CQI needs developed.
Organizational Authority & Governance	Green	• Challenge with Option 1 vs. Option 2.

CMHC's CCBHC Readiness—Region 7

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 7	Notes/Remediation Needed
Community Needs Assessment	Yellow	• In progress
Staffing	Yellow	• Would need to hire Medical Director to meet CCBHC criteria. • CCBHC staffing plan would need to include requirements for credentialed substance abuse specialists; individuals with expertise in addressing trauma and promoting recovery of youth. • Increased capacity would be needed to meet Cultural Competency requirements.
Availability/Access	Yellow	• Additional capacity/supports for interpreter/translations resources. • On call 24/7, transportation services available • Service updates would be needed after the completion of the Community Needs Assessment. • Additional policies/procedures would be needed to meet the requirement that we are meeting immediate need/actions, including meeting the CCBHC assessment, admission and treatment planning timeframes. • Policies and procedures to ensure provision of services regardless of residence would need to be updated.
Care Coordination	Yellow	• They have partnerships in place, but no DCOs, all written agreements will need to be expanded to ensure alignment with CCBHC requirements. • EHR system needs to be evaluated on how/if it can meet the requirements/reporting. • No formal agreements with VA; limited transportation to/from emergency departments; limited discharge planning for required transitions.
Scope of Services	Yellow	• Limited VA services • Meeting DMH standards but service updates would be needed to meet CCBHC criteria. • Increased capacity to make referrals for specialized services. • No outpatient clinic primary care screening and monitoring services
Quality & Reporting	Yellow	• Additional capacity would be needed to meet CCBHC criteria.
Organizational Authority & Governance	Yellow	• Additional capacity would be needed to meet CCBHC criteria.

CMHC's CCBHC Readiness—Region 8

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 8	Notes/Remediation Needed
Community Needs Assessment	Green	• Completed initial results, distributing new Community Needs Assessment
Staffing	Green	• Hiring underway, training plan development and deployment underway
Availability/Access	Blue	
Care Coordination	Blue	
Scope of Services	Green	• Review of all CCBHC services to ensure standards meet and/or exceed CCBHC criteria • Work underway to improve Primary Care Monitoring and Screening, the provision of Targeted Case Management
Quality & Reporting	Green	• All minimum, clinic-level measures are available in EHR • CQI Plan will be developed
Organizational Authority & Governance	Green	• Efforts underway

CMHC's CCBHC Readiness—Region 9

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 9	Notes/Remediation Needed
Community Needs Assessment	Green	• Completed initial results, distributing new Community Needs Assessment
Staffing	Green	
Availability/Access	Green	• Limited policies or protocols addressing services for those living out of state, and other services regardless of residence.
Care Coordination	Green	• Build capacity to transmit prescriptions to the pharmacy. • Limited ability to track consumers admitted to and discharged from inpatient psychiatric treatment • No agreement in place for state licensed and national accredited child placing agencies for therapeutic foster care. • VA services and transfer to and from VA/CCBHC facilities
Scope of Services	Green	• Limited services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services. • No metabolic monitoring for children and adolescents on antipsychotics.
Quality & Reporting	Green	• Limited data on consumer suicide attempts and deaths
Organizational Authority & Governance	Green	

CMHC's CCBHC Readiness—Region 14

Green (On Track)/Yellow (More Capacity Needed) /Blue (Unknown)

CCBHC Readiness Review Areas	Region 14	Notes/Remediation Needed
Community Needs Assessment	Yellow	• Completed initial results, distributing new Community Needs Assessment
Staffing	Green	• Staffing Plan Development needed, including more competency and skills monitoring. Determine who the Medical Director. Lack of specialty services/training for Veterans, criteria 4.K. Gaps from lack of CAN. Orientation and training gaps, CLAS, veterans. Shift to annual requirements. Create written P&Ps. Lack of written agreements with juvenile justice agencies and facilities, child welfare agencies.
Availability/Access	Green	• Add piece on Advanced Directives at Intake moving forward. Need to add inability to pay language in Spanish. Add P&Ps on provision of services regardless of residence. Do they have capacity to deliver asynchronous interventions, digital therapeutics, remote patient monitoring. Not currently meeting requirements peer run, homeless shelters, housing, employment services, services for older adults. Limited engagements with aging and disability resource center and other social and human services.
Care Coordination	Green	• Opportunity to strengthen transitions of care, especially for people not located in service area. Health IT system potential gap in population health. Challenges in sending summaries of care plans, including providing people receiving services with timely electronic access to view, download, or transmit their health information. Lack of partnerships with FQHCs, Indian Health Services youth regional treatment centers, veterans, 24 hours of discharge. Lack of conflict free referral process. Question: Does Region 6 EHR capacity have the data/reporting capacity to meet CCBHC criteria.
Scope of Services	Yellow	• Significant increase on Veterans services/activities.
Quality & Reporting	Yellow	• Increased quality and data collection needs. CQI needs developed. Limited data compliant on tracking: access to services; use of services; and care coordination.
Organizational Authority & Governance	Green	• Challenge with Option 1 vs. Option 2.

We also consolidated identified areas of best practice and resources for each region to learn from each other, see results as of September 5, 2023, below:

CMHC's CCBHC Opportunities

CCBHC Readiness Review Areas	Notes/Remediation Needed
Communications/Certification	• Region 3 mentions a social marketing and communications plan, t-shir contest, etc. What's the status? • Region 3 reports establishing a CCBHC Attestation Committee. Reports are not due until 9/30/23, but has Region 3 identified any gaps that we could help with?
Staffing	
Availability/Access	• Region 3 said they had a disaster plan that meets the requirements.
Care Coordination	• Region 3 reports having a Business Associate Agreements as clinically appropriate with signed consents to satisfy HIPAA, 42 CFR Part 2, to improve care coordination with housing providers; emergency shelters; employment; educational/vocational providers; jail diversion/courts; area hospitals; and psychiatric inpatient hospital.
Scope of Services	• Region 3 outlined MOUs with Veterans, have those been successful?
Quality & Reporting	• Region 3 is reporting they can measure clinic-reported measures with their EHR. They also have a CCBHC Quality Assurance Committee, could that be leveraged for DMH statewide efforts?
Organizational Authority & Governance	• All CCBHC grantees mention they convene Evaluation and Implementation, Attestation, Quality Assurance, HIT, Training, Outreach and Engagement, Planning, Development and Implementation Workgroups. What minutes/results/work plans do they have? • All CCBHC grantees completed a Disparity Impact Statement, di they have updates on activities completed? • Region 3 referenced the Northeast MS Commission as the functioning CAB, how will that work?

In addition, we consolidated the training/capacity needs in the status report below as of September 5, 2023. The CCBHC Planning Grant team will integrate these training and capacity building sessions needs into our training plan.

CMHC's CCBHC Readiness Tools

CCBHC Readiness Review Areas	Notes/Remediation Needed
Community Needs Assessment	• Provided a new survey tool and created a training on Developing Your Community Needs Assessment • Funded the Evaluator to create a Survey Monkey portal to collect responses to the survey
Staffing	• Create a model staffing plan • Develop a training plan, including developing sessions with CCBHC required training
Availability/Access	• Create an accessibility & availability survey on how CCBHCs are/aren't meeting these requirements. • Is there a way for DMH to fund digital tools all CCBHCs and CMHCs can use—"member app" • Treatment Plan Reviews/TATs like: all children reviewed—6 months; A&D—90 days; PACT clients (adults)-6 months; WRAP children (30 days) • How can we evaluate assessment problem for centers—administrative • Draft P&Ps on conflict free referrals, provision of services regardless of residence or inability to pay • Draft language for website on sliding fee scale • Provide a conflict free referral policy
Care Coordination	• Family and person-centered treatment plans. • Transitions of care tools, framework, job descriptions, etc. • Develop resources for evidence-based clinical decision support
Scope of Services	• Creating an inventory of DCOs, including relationship building to fill service gaps • Significant support for Veterans support services
Quality & Reporting	• QPI Development • Limited data collection capabilities
Organizational Authority & Governance	• Family/Client Engagement Playbook

- **DMH will engage CCBHC consumers, youth, family members and communities in its Steering Committee, supporting Workgroups, and an Advisory Council**. *Actions Taken: Steering Committee meetings held August 8th; September 12th; and October 10th. Mississippi collected 1,929 completed responses to our Community Needs Assessment. The CCBHC Planning Grant efforts will produce a Family/Client Engagement Playbook and training in November 2023 to implement the CCBHC required Governing Councils.*

CCBHC Steering Committee Meetings: During the quarter, we held CCBHC Steering Committee meetings on July 18; August 8; and September 12th from 2:30 to 3:30 p.m. CDT. Data from these sessions is outlined in the table below:

Dates	Meeting Goals	Agenda Items	Feedback	Attendees
July 18, 2023	• Introduce the DMH team working on the CCBHC Planning Grant to stakeholders. • Discuss the value of CCBHC for Mississippi. • Secure agreement on proposed Steering Committee meeting schedule. *Proposed Meeting Dates:* 2nd Tuesday Monthly at 2:30 p.m. (August 8; September 12; October 10; November 14; December 12; January 9; February 13; March 12; April 9; May 14; and June 11) • Get feedback on the proposed planning grant oversight,	• Introductions • The CCBHC Story • CCBHC Value for Mississippi • Overview of the CCBHC Planning Grant • PROPOSED Governance Structure • Group Activity: Building Our Team	Stephanie Foster shared details on the CCBHC certification process that DMH will use.	Kelly Burrow • Belen White • Amy Swanson • Cindie Martiny (Guest) • Elizabeth G Nerren • Mallory Malkin • Scott Sumrall • Will Ruff (Lifecore) • Wendy Bailey • Beth Fenech • Tracy L. Buchanan • Stephanie Foster • Phaedre Cole (Guest) • Merideth Terney Selby (Guest) • Tiffany Baker • Jake Hutchins • Kelly Breland • Karin Lewis • Crockett, Kathy L (Ctr for Counseling & Family Studies 19 Attendees

	Steering Committee structure, including workgroups, timeline, and activities.			
August 8, 2023	▪ Introduce the DMH team working on the CCBHC Planning Grant to stakeholders. ▪ Inform and introduce Steering Committee members to the Steering Committee. ▪ Get input on the activities to implement the Diversity Impact Statement. ▪ Secure input on CCBHC Planning Grant efforts, including identifying ways people on the Steering	▪ Welcome ▪ Meet Your CCBHC State Planning Grant Team ▪ Open Discussion: Review and get feedback on Diversity Impact Statement. ▪ CCBHC Resources: Web Page, Upcoming Meetings and Trainings	Director Bailey shared that the Department of Mental Health will issue the Department's new State Plan for Diversity, Cultural Competency, Equity, and Inclusion on August 18, 2023. DMH will share the new plan next week. It includes five goals, including: pg. 4 1. Implement policies and guidelines to support culturally and linguistically competent services and supports. 2. Collect and analyze disparity data. 3. Develop a workforce that is trained in providing culturally competent services and support. 4. Implement social marketing strategies for advancing cultural competency. 5. Implement referral services and resources for embedding culturally competent	• Amy Swanson • Beth Fenech • Brad (TBD) • Cindie Martiny • Deborah Brockaway • Heather Brister • Jackie Sue Griffin, MBA, MS • Jake Hutchins • Jamie X. Caugills • Jason Ramey • Jennifer O. Wentworth • Joe N. Jackson • Kathy Crockett • Katie Storr • Keenyn Wald • Kelly Burrow • Kimberly A. Sartin-Holloway • Lay, Toniya • Mallory Malkin • Mark Scott • Melody Madaris • Merideth Selby • Dr. Michael Nadorff • Phaedre Cole • Raquel Rosamond • Rebecca Small • Richard J. Manning • Rick Vessell • Sally

	Committee wanted to be involved.		services and supports. Phaedre Cole shared her region's work on securing a new linguistic vendor that helps support their clients' needs but acknowledged that their policies and procedures aren't updated. They are eager to work on updating these during the planning grant period. Dr. Tiffany Baker reported that they have increased offering culturally competency training, but they are still looking at updating their policies and procedures. Dr. Baker reported needing support identifying recruitment and engagement strategies with Hispanic populations. Joe Jackson suggested that we reach out to some state-based organizations, like the Black Women's Roundtable, to connect with people doing this work in Mississippi. Mr. Jackson agreed to send DMH a list of organizations that might make good partners. Also, he offered to facilitate these connections with people that he knows in the community. Director Bailey reported that DMH is looking at securing TA from SAMHSA to support culture sensitivity training for the State. Rebecca Small shared positive feedback about a recent conference hosted by The Glenn Foundation. She said that they provided a	Hoogewerf EdD • Scott Sumrall • Stephanie Foster • Tiffany Baker • Director Wendy Bailey • Will Ruff 33 Attendees

			lot of training and resources for organizations to use to promote cultural competency in organizations. Ms. Small also recommended two resources Ms. Swanson shared with her, Guide to Equity Terminology: Promoting Behavioral Health Equity through the Words We Use. And SAMHSA's guide to Culturally Competent Care for Black American Adults Living with a Serious Mental Illness. Ms. Swanson said she would post these on the DMH website. Dr. Michael posted details about Dr. Karina Zelaya from Mississippi State. She does work in this field and would be good to connect with for the CCBHC State Planning Grant work. Jackie Sue Griffin, MBA, MS shared that the current CCBHC grantees in Mississippi are struggling to connect or coordinate a strategy on veterans. Director Bailey acknowledged that DMH is working with the MS Governor's Challenge to support veteran's activities. DMH will be developing a strategy to support CMHCs in outreach to veterans, as well as meeting the specific CCBHC requirements on serving veterans. Ms. Griffin also recommended that MS create a crosswalk of the	

			CCBHC requirements and DMH Operational Standards. Ms. Swanson shared that they have created a crosswalk of the CCBHC requirements and DMH Operational Standards. She invited anyone who wants a copy to request it and she will distribute it.	
September 12, 2023	▪ Get input on the update on CCBHC Planning Grant Activities. ▪ Share preliminary results from the Community Needs Assessment. ▪ Get input on the areas that the state has flexibility on the federal CCBHC Certification Criteria. ▪ Share CCBHC Resources.	▪ Welcome ▪ CCBHC Planning Grant Activities Update ▪ Open Discussion: MS's CCBHC Certification Criteria ▪ CCBHC Resources: Web Page, Upcoming Meetings and Trainings	Committee members had no feedback on the preliminary Community Needs Assessment results. DMH wanted the CCBHC Steering Committee to input the following: Partnerships: So, the first area that we need your help on is what would you like us to do as it relates to partnerships? Currently, CCBHC criteria requires there are minimum requirements around which organizations we need to partner with, but then they ask us to look at optional partnerships that will need to be needed on the minimum requirements. What DMH is really looking for is what organizations do we want our CCBHC to have required partnerships with? Amy Swanson shared an example: Housing agencies are optional organizations, however, given our State's Community Needs Assessment, should we	Amy Swanson ANDREW DAY Beth Fenech Bill Rosamond Bobby Barton Crockett, Kathy L (Ctr for Counseling & Family Studies) Don Brown Heather Brister Jackie Sue Griffin, MBA, MS Jason Ramey Karin Lewis Kate J. McMillin Kay Daneault Keenyn Wald Keith Heartsill Kelly Burrow Kim Hoover Kimberly A. Sartin-Holloway Lay, Toniya Lisa Hillhouse Mark Scott Mona M. Gauthier Nikki Tapp Peter Gamache, Ph.D. (Guest) Phaedre Cole Rayfield Evins, Jr. Rebecca Small (Guest) Richard J. Manning Sally Hoogewerf EdD (Guest) Stephanie Foster Stephanie Stout Tiffany Baker Will Ruff (Lifecore) (Guest)

			require our CCBHC's to have formal partnerships with housing entities? The same could be said for: job training, number 2; transportation was number 3; and employment was number 4, so even if you thought about it from that perspective and we use the data in our needs assessment on this list and there's a bulleted list there, starting with service providers who prescribe medication, homeless shelters, housing agencies, employment service system, aging and disability resource centers, legal aid, criminal justice. Don Brown stated it would make sense to require partnerships in housing and employment. Involved law enforcement. You know, it was interesting that that came up as a priority organization for outreach, working with law enforcement that came up as one of the care coordination resources. Rebecca Small, shared transportation is a huge issue and I know I don't see it on this list, but you know, we do have transportation companies that you know we contract with and things of that nature. Stephanie Stout then shared that there was a need for more peer support. Even though it's not on the minimum required partner list, it	34 Attendees

			would be good to include that as a requirement. She shared that with the work of the Association of Mississippi peer support specialist, but we are trying to hire 7 | Page peers through the agency that can then be contracted to work at different places. And we are, UM, developing a veteran's module for peer support training as well. Melody Madaris said we need to make sure that we keep a keen eye to not impose requirements where we don't have local organizations or capacity to work with them. Stephanie Stout raised that for housing, it is important to include recovery transitional housing as well. Staffing Requirements: Are there any staff disciplines that DMH you want to require in our certification that are just a base requirement that there's no options for flexibility around them? The group reviewed but did not recommend any additional from the federal minimum requirements. Care Coordination. Do you want DMH to require incentivizing providers to partner with CBHC's? Amy Swanson shared an example: If you wanted to provide an incentive for hospitals to provide care coordination from a hospital stay to a local community-based	

			provider. Keith Heartsill shared that when it comes to connection with an inpatient hospital, both acute general hospitals and behavioral health hospital, I don't know how many people own the call, are totally aware of this before our hospitals in Mississippi, both the general acute care hospitals and behavioral health hospitals we have what's called the Mississippi Hospital Access program impact for short. We have two quality components related to MSFT. One is called PHR. Potentially preventable hospital returns program. The other is called PPC, potentially preventable complications. Hospitals are measured through the PHR program owned their readmission rate 1 area that we see very high in readmissions, and this will not come as a surprise to the professionals on this call. And for those who work in this area, behavioral and mental health is we see a very high readmission rate as it relates to mental health diagnosis. Those make up about 40% of our top ten DRG, so we see a very high readmission rate as we meet with hospitals and we see their corrective action plans because if they are above a certain rate, they must send us a corrective action plan as to	

			how they're going to reduce their readmission rates. Keith Heartsill identified one of the things that I see is a collaboration between our CBHC's with hospitals. To say, here's how we can work with you to help you reduce your readmission rate. When you have that patient, that beneficiary being discharged with a mental health condition and you know health diagnosis, let us help you follow up post discharge with the care. So, I see a real opportunity here in the readmission reduction program. 8 | Page Keith also shared that they do have an incentive with our program, with our three Co whereby we have several HEDIS measures. Measures we have a measure related to C-section rate and we have a measure related to the readmission reduction rate for them as well as the hospitals for our current HEDIS measures relative to state fiscal year 24. Two of those measures are related to mental health diagnosis. One is antidepressant management, effective acute phase treatment and the other one is followed up after hospitalization for mental illness. So, we have a direct correlation in our incentive withhold program already where monies are deducted from them, and they must earn	

			it back by achieving scores in their incentive withhold quality measures. Amy Swanson asked the group if they would want to pursue these incentives. The group did not recommend any incentives, but follow-up with the Division of Medicaid on how to ensure CCBHCs worked with these providers to build off the existing work, right, rather than imposing an incentive program. Quality Measures. Of the optional measures, what does the Steering Committee recommend we collect. Here are the 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 in Antipsychotics. • Metabolic Monitoring for Children and Adolescents on Antipsychotics Phaedre Cole asked what Use of First-Line Psychosocial	

			Care for Children and Adolescents on Antipsychotics (APP-CH) was. Amy Swanson pulled up the NCQA details for that measure: Although antipsychotic medications may serve as effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents, they are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first-line treatment.1 Safer, first-line psychosocial interventions may be underutilized, and children and adolescents may unnecessarily incur the risks associated with antipsychotic medications. Kerry McMillin asked when you're when you say these are the, these are requirements. So, these are the quality measures that you are going to be reporting on? Amy Swanson responded yes. Kerry McMillan responded. I'm just trying to wrap my head around. Obviously, you wouldn't do these with everybody, so you would have an indicator of when you would do that major depressive disorder. That would be part of the quality measure of when you would do that and did get done. Amy Swanson stated, that is correct. 9 | Page Kerry McMillin then suggested adding the	

			suicide risk assessment. Amy Swanson asked if anybody opposed adding MD in SRT? Phaedre Cole and others responded. No, not at all. What would be the additional optional measure for MDD? You have the screening for clinical depression, medication management for depression. What would be additional measurements? Amy Swanson shared that the new guidelines for these Quality Measure specifications will be distributed shortly. She will make those available to the Steering Committee.	

- **Two CMHCs, Regions 6 and 14, are engaged in the Planning Grant.** *Actions Taken: DMH developed a CCBHC Planning Grant Request for Applications (RFA) for pilot regions; Regions 6 and 14 responded to DMH issued Request for Application; and successfully completed the following reporting for July through September 2023.*

Performance Measures	**Region 6** *(July 1, 2023, thru September 30, 2023)*	**Region 6 Narrative** *(July 1, 2023, thru September 30, 2023)*	**Region 14** *(July 1, 2023, thru September 30, 2023)*	**Region 14 Narrative** *(July 1, 2023, thru September 30, 2023)*
The number and percent of Advisory/Council/Work groups who are consumers.	11 of 17 (65%)	The Advisory Council is currently comprised of 17 members, 11 of whom are consumers, family members of consumers, or have lived experience with mental illness or SUD.	4 of 17 (24%)	The Advisory Council is currently comprised of 17 members, 4 of whom are consumers, family members of consumers, or have lived experience with mental illness or SUD.

The number of organizations collaborating/coordinating/sharing resources with other organizations because of the award.	184 organizations	Partners that will update MOUs or enter into formal agreements with Life Help CCBHC consist of 102 schools within our catchment area, chancery clerk offices, sheriff departments, city jails, detention centers, Head Start and Early Head Start Centers, community centers, hospitals, and health centers.	1 new MOU and 2 informal MOU's	Formal: Community Action; Informal: Bethesda, The Society
The number of organizations or communities that demonstrate improved readiness to change their systems to implement mental health–related practices that are consistent with the goals of the award.	3 organizations	The Glenn Foundation, Aaron E. Henry Health Clinic in Clarksdale, Alliance Health Center	1 new MOU and 2 informal MOU's	Formal: Community Action; Informal: Bethesda, The Society
The CCBHCs will report and track encounter, outcome, and quality data, including but not limited to data capturing: (1) recipient characteristics; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) recipient outcomes. CCBHCs will annually report all data/measures CCBHCs are required to report for all CCBHC recipients, or where data constraints exist, for all Medicaid enrollees in the CCBHCs. The CCBHCs will be responsive to changes in metric sets as required by CMS or due to changes in national measure sets.	55,949 services provided; 5,834 clients served	How we will report and track data : 1) is our face sheet data, 2) each client has a Treatment Team assigned and listed in EHR, 3) All cumulative services offered count whether kept, cancelled or no showed, no need for client names, 4) Cumulative kept appointments, 5) determined by PHQ9 depression screening count, ASQ - Columbia suicide screening count, AD Drug screen count, TB/HIV/STD Risk Screen, Head Start & Early Head Start observations, screenings, & treatment; "data gadget" prevention contacts, CPI prevention training both in and outside	565 Individual Services	All services that were provided to individuals through our CCBHC Grant during this quarter.

		Life Help, Mental Health First aid prevention trainings, ASQ - Columbia suicide prevention, 6) Count of consenting clients in the care coordination HIE, number of outside care coordinator agreements, TCM care coordination contacts (to be indicated in comments), 7) data primarily captured by DMH 8) costs for the CCBHC planning grant are captured in other tabs 9) Level of Care changes/outcomes for residential SUD clients, PHQ9 outcome every 3 months for clients dx with depression, DLA20 initial and annual data showing functional outcome changes every 6 mos. for C&Y and every year for adults, discharge disposition outcomes, C&Y tracking tool outcomes.		

The CCBHCs will also report the six required measures used to determine the QBPs. Currently, of the required measures, two align with measures CCOs are required to report as part of the DOM Quality Program. As we move into the demonstration period, DMH will work with DOM to align quality metrics for CCOs to include all six required CCBHC QBP measures.	unknown	A spreadsheet will be developed to report the 6 required CCBHC QBP measures.	in development	We do not have the 6 measures tracked currently; these screeners are expected to be implemented by 07/01/2024.
Metrics derived from the Medicaid Adult and Child core metrics sets will be reported from Medicaid claims and encounter data systems. The CCBHC will implement a recipient survey to report patient experience with care on an annual basis. The CCBHCs will utilize EHRs to capture the required data elements.	2023 Consumer Satisfaction Surveys were received at Life Help the last week of the 1st quarter.	The annual Consumer Satisfaction Survey will be disseminated in the 2nd quarter. When results are received, the data will be entered into EHR so it can be tracked moving forward.	n/a	SRS is reviewing to determine the best way to implement this.
Amount of time CCBHC staff and partners participated in CCBHC Steering Committee, Standing Committees, Working Groups, and Learning Collaborative meetings.	167 hours	CCBHC staff attended weekly team meetings and monthly steering committee meetings on a regular basis. Working groups and learning collaboratives were attended as needed.	546 hours	35% of time for Executive Director, Satellite Director, and Assistant CFO attending weekly and monthly meetings for CCBHC Planning Grant and gathering requested information.

Amount of time CCBHC staff and partners contributed to CCBHC activities.	709 hours	CCBHC model was discussed at meetings with Department Heads, Peer Support Staff, the Advisory Council, and the August MAP Team meeting. The Community Needs Assessment Surveys were disseminated, collected, and entered online.	620 hours	35% of time for Executive Director, Satellite Director, and Assistant CFO attending weekly and monthly meetings for CCBHC Planning Grant and gathering requested information. As well as time spent in the community at local festivals, recovery outreach, and health/wellness fairs.
Percent of updates made to enhance Region's policies and procedures for adherence to all CCBHC certification requirements.	0%	To date, no updates have been made to current policies and procedures. Plans are to make changes as necessary, and a ledger of policy changes will be maintained.	One change that is being submitted to our board for review.	Addendum 5 - Training Plans to be submitted for board review.
Percent of staff and contractors who participate in CCBHC training. (Total Number of Staff divided by Number of Trainings)	75 of 581 staff have participated in the CCBHC training.	This is the number of staff who attended new hire orientation, DLA20 Assessment, Mandatory Reporting, and SUD level of care training during July-Sept. A comprehensive training program will be developed for all CCBHC staff providing direct service. Training will include modules specific to CCBHC service elements including treatment for veterans & military families, LGTBQ+ communities, and clients with substance use disorders.	230 staff have participated in 35 training courses related to CCBHC.	230 staff have participated in 35 training courses related to CCBHC.

Percent of Community Advisory Board (CAB) members provide input on CCBHC training plans, services, interventions, outreach strategies and materials.	100%	The Advisory Council met on Sept 12. All council members present had feedback regarding the CCBHC model, particularly regarding outreach and marketing strategies.	n/a	SRS is reviewing to determine the best way to implement this.
Baseline disparity and needs assessment data established, including data for health literacy levels, access to linguistic translators and interpreters.	0% (1st qtr. is baseline)	As of August, all clients have access to interpreters. The number of instances the service is used will be tracked through Voyce billing statements. If necessary, health literacy levels will be assessed and tracked.	Region 14 schedules translators and interpreters for individuals in need. We are reviewing health literacy surveys for future use.	Region 14 schedules translators and interpreters for individuals in need. We are reviewing health literacy surveys for future use.
Percent of CCBHC staff are hired from the communities being served.	97%	20 of 581 employees live outside the 16-county catchment area	79%	79% of staff reside in Jackson and George Counties.
Percent increase in social marketing strategies for advancing cultural competency.	0% (1st qtr. is baseline)	Life Help ran 405 radio ads and 39 television spots in the 1st quarter. Plans are being made to hire a social media consultant to create Facebook, Instagram, and website content for the Life Help CCBHC project.	We have 8 social media posts written in Spanish and 53 total posts.	We have 8 social media posts written in Spanish and 53 total posts.
Increased access to peer support services.	0% (1st qtr. is baseline)	There were 1027 peer support contacts in the 1st quarter, which will serve as our baseline. Peer support specialists will continue providing services in their respective programs. Services may expand to other programs through the CCBHC model.	146 events by 3 peer support staff this quarter	146 events by 3 peer support staff this quarter

Number of guidelines established to boost literacy levels for health information materials.	0% (1st qtr. is baseline)	A regional health literacy survey was conducted by Greenwood Leflore Hospital's community networkers that covered Leflore, Holmes, and Tallahatchie Counties. 8,000 participants were surveyed - the average literacy level was 3rd grade. A protocol will be established to funnel clients determined to have low health literacy levels to appropriate school resources (children) or adult literacy programs.	10 guidelines established.	SRS is working to review best policies to boost literacy levels for health information materials.
Number of resources for securing translation and interpreter services published on Region's website and in other client and family resources.	5 resources	Medicaid, Magnolia, United, and Molina Beneficiaries have designated numbers to call when translators are needed. All other clients have access to Voyce Live Interpretation Services via audio, desktop, or mobile app.	4 resources available.	Hearing Impaired: de l'Epee Deaf Center, Inc. Interpreter Services: Language Line Solutions, My Language App. Region 14 also has Spanish speaking staff.

- **Adopt a common set of tools, approaches, and organizational commitments to foster the adoption of the CCBHC model.** *Actions Taken:* CCBHC Planning Grant staff provided the DMH Operating Standards and Certification Committee planned efforts to update to the DMH Operational Standards with all CCBHC Certification Criteria during the Planning Grant period. In June, DMH leadership met and identified the plan below to leverage the existing workgroup updating the DMH Operational Standards and get draft rules for public comment in the Fall of 2023. A condensed outline of this work that starts in July is outlined below.

DMH Operational Standards/Certification Revision
Condensed Outline – July 2023

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

CONDENSED OUTLINE

A. Update DMH Operational Standards

1. Review and update the following introductory sections:

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

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

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

   ✓ Anticipated Time Frame: Leadership Team meets at regular intervals from July – October. Leadership reviews together each chapter for changes. Changes are recorded.

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

   ✓ Considerations: fidelity; safety; dashboard driven; data outcomes; data compliance; grant outcomes; expansion of utilization reviews

   ✓ Anticipated Time Frame: Same as 2 above

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

   ✓ Anticipated Time Frame: January 2024

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

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

C. External Compliance Reports Format for Providers Developed

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

D. Standards Feedback/Filing and Training

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

E. New Operational Standards in Effect

- ✓ Anticipated Time Frame: July 2024/August 2024

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

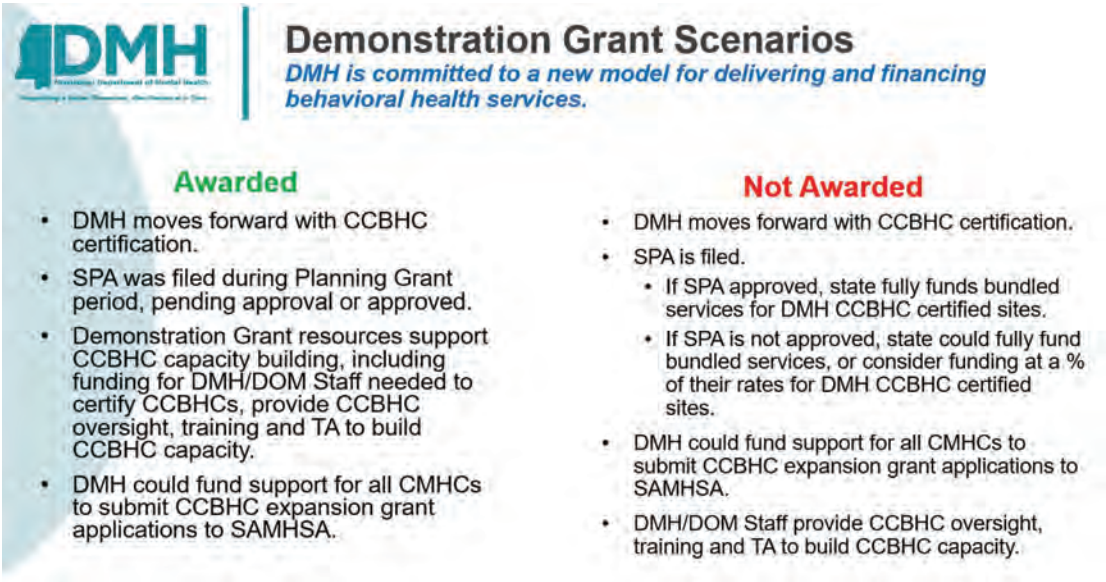
- ✓ Anticipated Time Frame: August – October 2024

G. Migrate from CRC Committee to CRC Board – TBA

- ✓ Anticipated Time Frame TBA

- **Establishing a Prospective Payment System (PPS-1) for Medicaid reimbursable services.** *Actions Taken: The Mississippi Departments of Mental Health and Medicaid confirm the State will use PPS-1. Additional details outlined in A.* Required Activities above.

- **Prepare an application to participate in the four-year CCBHC Demonstration Program.** Actions Taken: DMH has secured resources to support assembling application narrative from our Evaluator. We've outlined a few scenarios:



- **Enhance the data collection and reporting capacity of CCBHCs to support the HHS evaluation of their impact on access, quality, scope of services, and cost of BH services.** *Actions Taken: CCBHC Planning Grant team prepared a CMHC EHR readiness assessment report on CCBHC quality measures reporting capabilities. CCBHC Planning Grant team will convene a Health Information Exchange (HIE) workgroup to ensure all CMHCs are utilizing the state's HIE, including bi-directional data sharing. DMH and DOM have created cost reporting tools that allow for on-going costs for EHRs. DMH is looking at an option for manual, state-level reporting options in lieu of CMHC systems not being able to report CCBHC-required measures. Additional details outlined in A.* Required Activities above.

- **Train providers on continuous quality improvement**. *Actions Taken: Created a CCBHC Learning Center. We identified content from the Community Needs Assessment and CMHC assessments, see below. Starting in November, our CCBHC Quality Improvement Coordinator, Nikki Tapp, and our Evaluators will work closely with our pilot sites, as well as other CMHCs to develop Quality Improvement efforts. Initially, CCBHC Planning Grant staff are targeting increasing awareness for services, as one of our priority areas. Also, DMH and DOM are examining the opportunity to pursue a formal Quality Improvement Plan with DMH, DOM, CCBHCs, CMHCs, CCOs.*

MS CCBHC Learning Center

September 2023

CCBHC 101: Overview 45 minutes
9/5/2023 and 9/7/2023 at 9 a.m.
CCBHC Criteria: Staffing 45 minutes
9/12/2023 and 9/14/2023 at 9 a.m.
CCBHC Criteria: Care Coordination 55 minutes
9/19/2023 and 9/21/2023 at 9 a.m.
CCBHC Criteria: Scope of Services 45 minutes
9/26/2023 and 9/28/2023 at 9 a.m.

TO ATTEND THE FOLLOWING SESSIONS
https://itsmsgov.zoom.us/j/89771819341

QUESTIONS: Amy.Swanson@dmh.ms.gov

MS CCBHC Learning Center

October 2023

CCBHC Criteria: Quality & Reporting 45 minutes
10/3/2023 and 10/5/2023 at 9 a.m.
CCBHC Criteria: Organizational Authority and Governance
35 minutes
10/10/2023 and 10/12/2023 at 9 a.m.
CCBHC Criteria: Availability and Accessibility 45 minutes
10/17/2023 and 10/19/2023 at 9 a.m.
CCBHC Resources: Housing 35 minutes
10/18/2023 at 9 a.m.
CCBHC Resources: Integrated Care 40 minutes
10/24/2023 at 9 a.m.

TO ATTEND THE FOLLOWING SESSIONS
https://itsmsgov.zoom.us/j/82369977387

QUESTIONS: Amy.Swanson@dmh.ms.gov

MS CCBHC Learning Center
SPECIAL TOPIC: CCHBC & FQHCS

Session 1: CCBHC and FQHC 101:
Back to the Basics
10/16/23 at 10 a.m.

Session 2: Understanding CCBHC and FQHC
Partnership Requirements and Opportunities
10/23/23 at 10 a.m.

Session 3: Putting it into Practice: Successful
CCBHC and FQHC Partnerships
10/30/23 at 10 a.m.

To Attend these Sessions
https://itsmsgov.zoom.us/j/89309359536

QUESTIONS: Amy.Swanson@dmh.ms.gov

MS CCBHC Learning Center

SPECIAL TOPIC: WORKFORCE INNOVATIONS

The Workforce Innovations Learning and Action Series from the National Council provides guidance on how to build an effective staff infrastructure and plan for long-term success through exploration of a range of strategies and innovations from subject matter experts and experienced CCBHC grantees.

Session 1: Successful Staffing Models Part 1
10/27/2023 at 10 a.m.
Session 2: Successful Staffing Model Part 2
11/3/2023 at 10 a.m.
Session 3: Recruitment/Hiring Part 1
11/10/2023 at 10 a.m.
Session 4: Recruitment/Hiring Part 2 (110 minutes)
11/17/2023 at 10 a.m.
Session 5: From Surviving to Thriving Part 1
12/1/2023 at 10 a.m.
Session 6: From Surviving to Thriving Part 2
12/8/2023 at 10 a.m.

Please follow this link to access these sessions:
Click here to join the meeting.
THESE SESSIONS WILL BE RECORDED AND POSTED ON THE DMH WEBSITE

To Attend These Sessions
https://itsmsgov.zoom.us/j/85827166575

QUESTIONS: Amy.Swanson@dmh.ms.gov

Successful CCBHC Staffing Models: Sessions 1 and 2 t

During sessions 1 and 2, explore the CCBHC workforce staffing models and learn more about revamping, readjusting, and fine-tuning your workforce policies & procedures for maximum success. Topics include: hiring and retaining staff (pay for licensing, open door policies, onboarding and exiting flexible work hours, referral bonuses), new staff (supervision for peers, data analysts, SUD, prescribers), and flexible/remote work arrangements. We will also discuss how to optimize staffing models and refine job descriptions. Our goal? To empower staff to practice with their full capabilities! Plus, you'll gain insight into maximizing care management functions and other pertinent non-clinical positions.

Recruiting and Hiring: Sessions 1 and 2 t

During sessions 3 and 4, we will explore the CCBHC staffing model in more detail and how quality care is dependent on a strong workforce. Hiring practices vary from state to state, but there are some general strategies that all SAMHSA CCBHC grantees can use to find the best staff possible. Are you seeking to create a robust, diverse workforce that reflects the rich tapestry of those served? This session will review resources and strategic hiring and recruitment practices that can help you accomplish this goal.

From Surviving to Thriving: Sessions 1 and 2

During Sessions 5 and 6: Subject matter experts and experienced CCBHCs grantees will provide guidance on how to build an effective staff infrastructure and plan for long-term success through exploration of a range of strategies and workforce innovations. Each session will offer an in-depth look at trends, tools, and strategies through practical implementation discussions – all designed to help maximize your workforce efforts. Grantees will learn fresh techniques on engaging and retaining their staff. We'll explore programs that create career growth opportunities while emphasizing employee wellness, such as interventions to reduce burnout and streamlining administrative work.

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

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

- CCBHC Planning Grant Staff, Division of Medicaid (DOM), pilot Regions 6 and 14 participated in all national SAMHSA and The National Council meetings.
- CCBHC Planning Grant team prepared a draft Workforce Development Plan. The draft is outlined below, but it will be presented to the CCBHC Steering Committee on October 10, 2023.

Current state: Based on research and consultation with our CMHC clinics we see critical understaffing This is our problem statement.

- Vacancy rate of nearly 30%
- Retention hovering around 50% for certain positions.

Why:

- Wages lower than national average.
- Wages lower than the private sector pays for like positions.

What are the consequences of understaffing:

- Multiple hats to be warn – one person doing more than one job.
- Greater admin burden for clinicians.
- BURN OUT

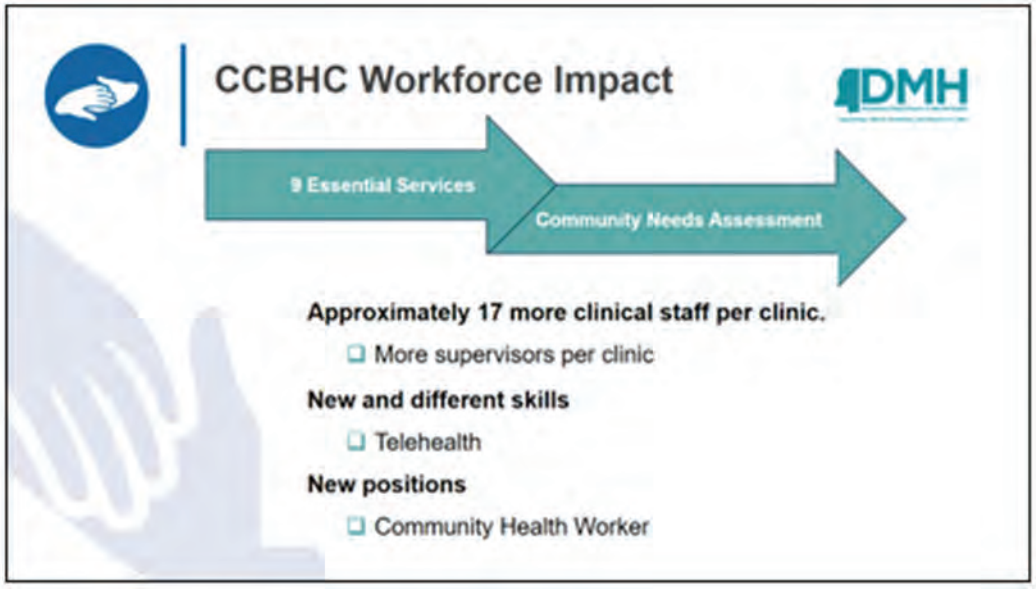
A condition not suffered by us alone… many industries are facing similar situations; you'll see national best practices reflected in the recommendations here.

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	Masters	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

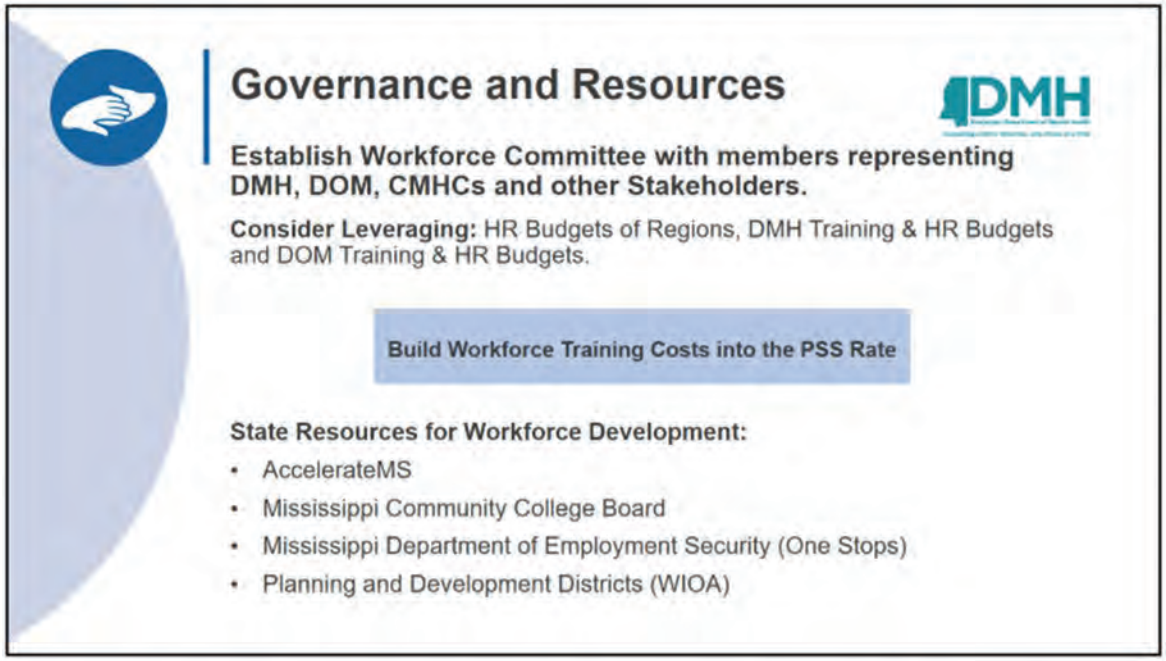


Purpose is to explain that in converting to a CCBHC model, the workforce needs are driven by the 9 essential services and community needs assessment.
As a result, we will need a strategy for
More people
New and different skills
And
New positions

Purpose: to detail the new skills needed.
We will need to strategize on how to train for these new skills.

Solution slide #1: What we must do

Solution slide #2: Raise the profile within our state



Solution slide #3: We must have additional resources. But, how do we pay for the workforce development work.

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

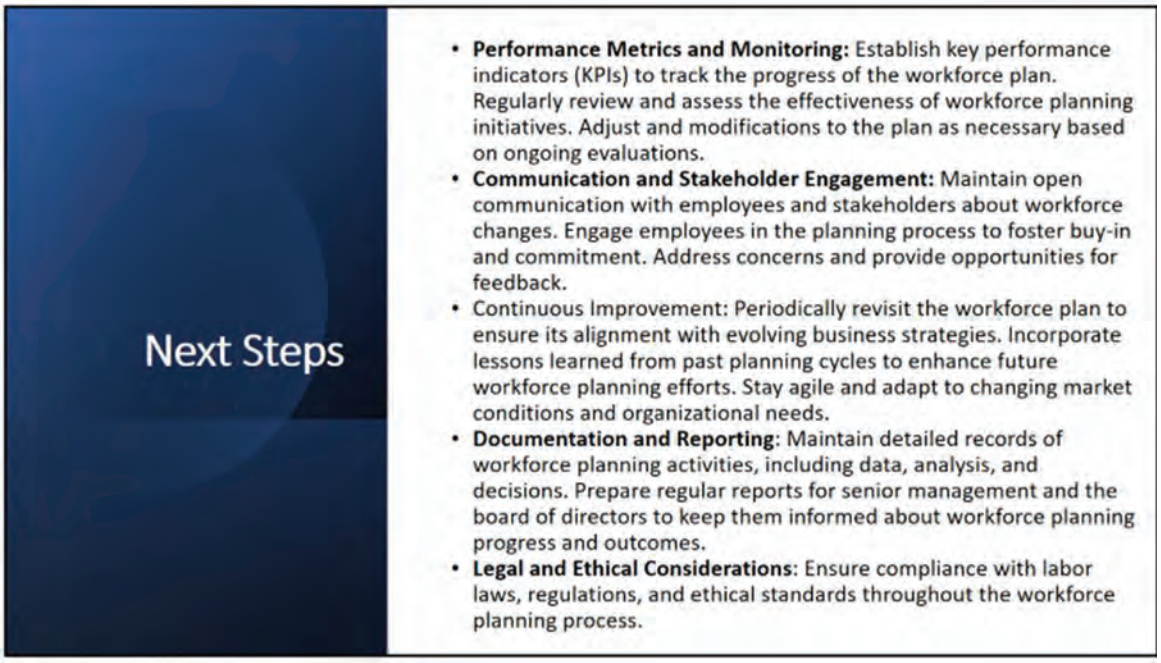
Analyze historical data: Review market trends, and industry benchmarks to project workforce requirements. Consider factors like attrition rates, retirement, and new locations and programs that may impact workforce demand.

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.



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

DMH updated the Disparity Impact Statement with input from stakeholders and the CCBHC Steering Committee. It was submitted to and approved by SAMHSA on July 18, 2023.

Activities	Status of 9/18/23	Details	Future Efforts
Disparity Impact Statement	Completed	• Secured input from Steering Committee • Approved by SAMHSA • Integrated to the DMH Cultural Competency Plan • CLAS language sent to Adam for DMH website updates	
Update the State's Plan for Cultural Competency to include a training plan for all CCBHC employed and contract staff. The CCBHC training plan will align with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).	Completed	• Included in DMH's Cultural Competency Plan	
Update any Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE) course materials, study manuals, exams, etc. to reflect all CCBHC training plan requirements.	Completed	• Included in DMH's Cultural Competency Plan • Confirmation on August 31, 2023 that Relias, DMH's state training vendor, is using standards to support development, management and deployment of training.	
Update the DMH monitoring checklist with CCBHC Training plan requirements, including capturing how the CCBHCs regularly assesses and captures personnel records on the skills and competence of any CCBHC employed and contract staff.	On Track	• Crosswalk supplied to DMH • DMH Operating Standards updates underway.	• Work will conclude by January 2024.

Activities	Status of 9/18/23	Details	Future Efforts
Review the CCBHC training plan with the CCBHC Family/Client Advisory Councils to get input on recommended training.	On Track	• Training plans from Regions 6 and 14 gathered for review with Councils. • Reviewed and input obtained on September 12th.	• Findings/best practices will be incorporated in the Family/Client engagement playbook being developed as part of the CCBHC Planning Grant activities.
DMH and the CCBHC Learning Committee will review disparity data and information from the community needs assessment to develop recommended interventions based on data, including any necessary updates to the State's Plan for Cultural Competency, and the CCBHC training plan and activities.	On Track	• Community Needs Assessment results completed. • Findings/analysis released September 11th. • DMH Multi-Cultural Committee reviews and makes any appropriate updates.	• This work will conclude when DMH updates Operating Standards.
Share data and needs assessment results with the CCBHC Community Advisory Board (CAB) Councils to get input on recommended training and interventions.	On Track	• Reviewed and input obtained on September 12th.	• Findings/best practices will be incorporated in the Family/Client engagement playbook being developed as part of the CCBHC Planning Grant activities.

Activities	Status of 9/18/23	Details	Future Efforts
Recruit and hire CCBHC staff from the communities of the populations being served.	On Track	• Ongoing	• Ongoing

Fund training for staff and community partners, including expanding access to DMH's e-learning system, Relias.	On Track	• Initial MS CCBHC Training Center curriculum established and issued by 8/25/23.
		• Training Plan updated on 9/12/23 with:
		  • Results from CMHC CCBHC readiness assessments
		  • Community Needs Assessment findings
		  • Feedback from the family/client council meetings
			• Execute training activities.

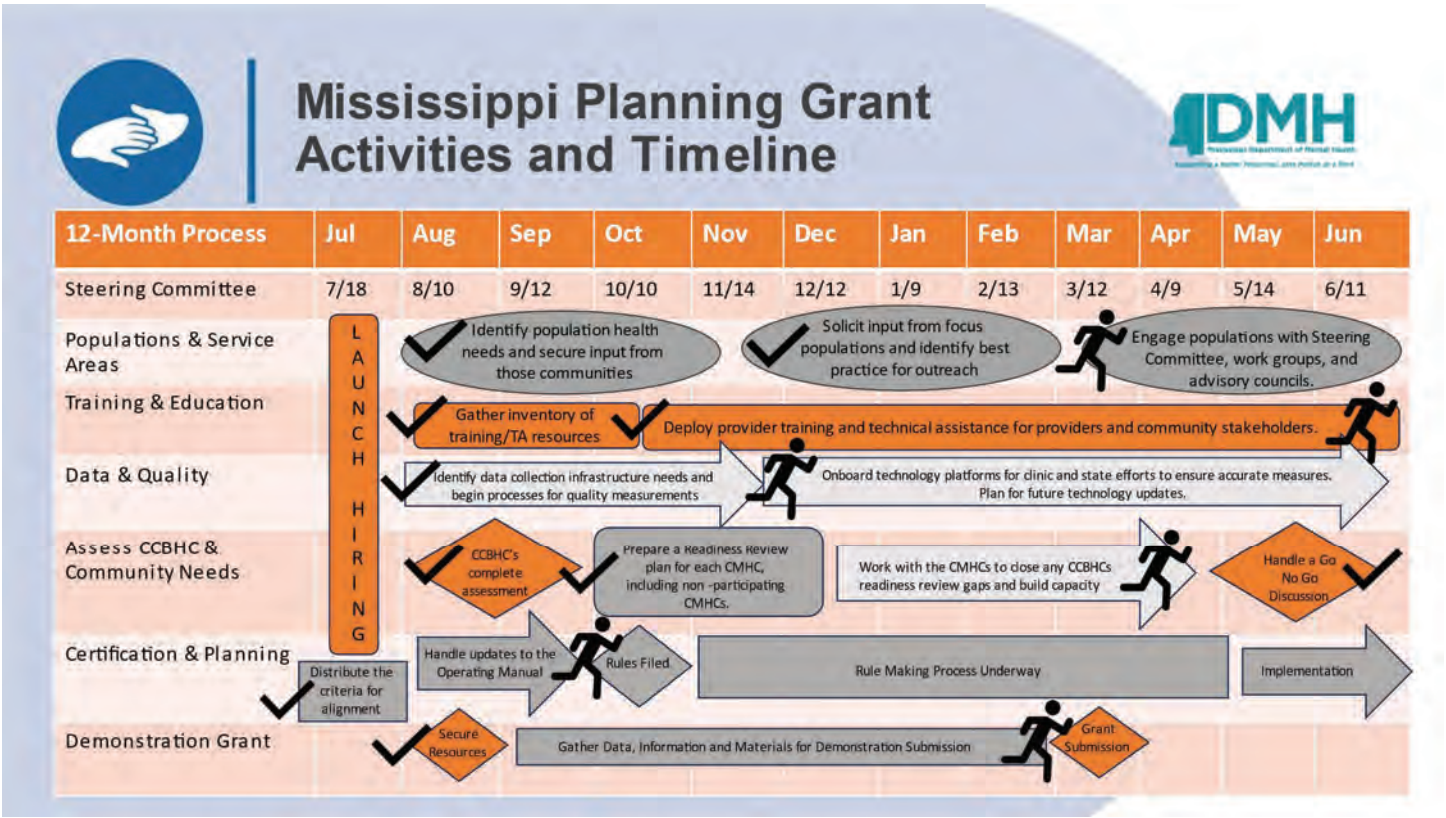
Gather input and recommendations from the CCBHC Community Advisory Board (CAB) Councils on training, staff competencies, and workforce development.	On Track	• Reviewed and input obtained on September 12th.	• Findings/best practices will be incorporated in the Family/Client engagement playbook being developed as part of the CCBHC Planning Grant activities.
Engage the MS Community College Board to develop or update any certifications to include CLAS standards.	On Track	• Proposal developed on August 1st • Updates included in the CCBHC Workforce Development Plan.	• Waiting on MS Community College Board for implementation.

Activities	Status of 9/18/23	Details	Future Efforts
Ensure CLAS standards are posted and promoted on DMH website.	Completed	• All updates handled for the website at: For Providers/Training page: https://www.dmh.ms.gov/providers/training.	
Fund The Glenn Foundation to work with Regions 6 and 14 to develop a Minority Outreach and Engagement Plan.	On Track	• Contract signed and work underway.	• GFF will share community event/activities with Region 6. They will partner to ensure proper presentation at this events. • GFF will identify effective strategies and ideas to increase awareness of the CCBHC model.
Secure and use recommendations from the CCBHC Community Advisory Board (CAB) Councils and Peer Support professionals on social marketing messages and activities	On Track	• Reviewed with Councils in Region 6 on September 12th • Started to gather inventory of current CCBHC's social media messaging and posts.	• Region 6 is securing a media consultant to increase their presence on social media. • Continuing to gather inventory of current CCBHC's social media messaging and posts.
Review and update access to current list of linguistic translators and interpreters.	On Track	• Regions 6 and 14 gathered an inventory of translation and interpreter resources.	• Resource guide to be developed and published.
Use disparity data and community needs assessment findings to identify gaps and remediation activities to ensure access to linguistic translators and interpreters.	Completed	• Community Needs Assessment underway. • No additional gaps/remediation activities needed.	

Activities	Status of 9/18/23	Details	Future Efforts
Develop guidelines to boost literacy levels for health information materials.	On Track	• Region 6 developed guidelines to boost literacy levels. Region 6 shared these with Region 14.	• Additional Work to happen in October thru March
Expand peer support services that are reflective of and embedded in the community.	Upcoming Work		• Work to happen in October thru March
Secure and promote policies and procedures for securing translation and interpreter services for Medicaid enrolled populations.	On Tracked	• Regions 6 and 14 gathered an inventory of translation and interpreter resources.	• Resource guide to be developed and published.
Train CCBHC staff and contractors and Community Advisory Boards (CAB) on policies and procedures for securing translation and interpreter services for Medicaid enrolled populations.	Upcoming Work		• Work to happen in October thru March

E. Timeline for anticipated completion of required activities

DMH prepared and uses and maintains an extensive workplan, titled CCBHC RACI. It is reviewed weekly with the CCBHC workgroup. It is an Excel document that is available on the CCBHC Planning Grant Teams channel. CCBHC Planning Grant staff updates and shares this graphic with its Steering Committee monthly.



SECTION II: EVALUATING PROJECT WORK

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

A. Development and approval of SPARS Annual Goals

DMH developed, submitted, and obtained SAMHSA approval on the SPARS Annual Goals listed below. CCBHC Project Director will submit quarterly SPARS data as required.

Policy and Development

The number of organizations or communities that demonstrate improved readiness to change their systems to implement mental health related practices that are consistent with the goals of the grant. **Goal: 11**

Partnership/Collaboration

The number of organizations collaborating/coordinating/sharing resources with other organizations because of the grant. **Goal: 11**

Accountability

The number and percentage of work group/advisory group/council members who are consumers/family members. **Goal: 20%**

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

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

On August 21st, DMH and Region 6 finalized the contract with the Project Evaluator. DMH and Region 6 are working to secure a Project Evaluator.

DMH identified and issued the 17 metrics below in their Request for Applications for CBHC Pilot Regions 6 and 14. Regions 6 and 14 are required to report quarterly on these measures. DMH will use these to measure their CCBHC Planning Grant activities.

Performance Measures and Narrative
The number and percent of Advisory/Council/Work groups who are consumers.
The number of organizations collaborating/coordinating/sharing resources with other organizations because of the award.
The number of organizations or communities that demonstrate improved readiness to change their systems to implement mental health–related practices that are consistent with the goals of the award.
The CCBHCs will report and track encounter, outcome, and quality data, including but not limited to data capturing: (1) recipient characteristics; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) recipient outcomes. CCBHCs will annually report all data/measures CCBHCs are required to report for all CCBHC recipients, or where data constraints exist, for all Medicaid enrollees in the CCBHCs. The CCBHCs will be responsive to changes in metric sets as required by CMS or due to changes in national measure sets.
The CCBHCs will also report the six required measures used to determine the QBPs. Currently, of the required measures, two align with measures CCOs are required to report as part of the DOM Quality Program. As we move into the demonstration period, DMH will work with DOM to align quality metrics for CCOs to include all six required CCBHC QBP measures.
Metrics derived from the Medicaid Adult and Child core metrics sets will be reported from Medicaid claims and encounter data systems. The CCBHC will implement a recipient survey to report patient experience with care on an annual basis. The CCBHCs will utilize EHRs to capture the required data elements.
Amount of time CCBHC staff and partners participated in CCBHC Steering Committee, Standing Committees, Working Groups, and Learning Collaborative meetings.
Amount of time CCBHC staff and partners contributed to CCBHC activities.
Percent of updates made to enhance Region's policies and procedures for adherence to all CCBHC certification requirements.
Percent of staff and contractors who participate in CCBHC training. (Total Number of Staff divided by Number of Trainings)
Percent of Community Advisory Board (CAB) members provide input on CCBHC training plans, services, interventions, outreach strategies and materials.
Baseline disparity and needs assessment data established, including data for health literacy levels, access to linguistic translators and interpreters.
Percent of CCBHC staff are hired from the communities being served.
Percent increase in social marketing strategies for advancing cultural competency.
Increased access to peer support services.
Number of guidelines established to boost literacy levels for health information materials.
Number of resources for securing translation and interpreter services published on Region's website and in other client and family resources.

SECTION III: OUTLINE CHANGES TO THE PROJECT

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

- **Minor changes in approach or strategy that were within the existing scope of the project, such as changes to the identified EBPs, staffing plan, etc.**

Minor changes to approach:

Shifted planned resources for IT/Data upgrades to increase regional staff and consulting resources to support CCBHC Planning Grant activities on: Cost Reporting; Workforce Development; Community Outreach; and Family/Client Engagement.

Originally planned on focusing all efforts on CCBHC Planning Grant pilot regions 6 and 14, however, we shifted some resources to include all CMHCs in CCBHC Planning Grant efforts. We have included other CMHCs in Cost Reporting Technical Assistance sessions; Data/IT workgroup, including targeted work groups on Telehealth and Health Information Exchange; Workforce Development; and Transportation Workgroup.

- **Significant changes that were approved by post award amendment, such as a budget change, key staff change, or change in scope.**

Staff change, see below:

- As of June 30, 2023, Misty Bell and Randy Foster should no longer be listed as key personnel/points of contact of the Mississippi Department of Mental Health for this award. *Reason for Change: Misty Bell is no longer working on the project and Randy Foster retired from the agency.*
- Starting July 1, 2023, Amy Swanson and Dr. Mallory Malkin should be listed as the Project Co-Directors for this program. Amy Swanson will serve as the primary user registered for the eRA Commons. *Reason for Change: Amy Swanson started with the Department of Mental Health on July 1st. She was originally slated to be Project Director at 100%, however, SAMHSA Program Staff requested that personnel from the Department of Mental Health in Mississippi be identified to dedicate 50% of their time to serve as the 2nd Project Director. As a result, Amy Swanson will dedicate 50% of her time as Project Director, and Dr. Mallory Malkin will dedicate 50% of her time as Project Director.*

SECTION IV: IDENTIFICATION & MITIGATION OF PROJECT BARRIERS AND SETBACKS

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

- The Project-Specific Goals and Objectives, as defined in the application.
- The Required Activities, as defined by the NOFO.

- Disparity Reduction, related to the Disparity Impact Statement
- Evaluation work, including SAMHSA data reporting requirements.

After completing the CMHC Electronic Health Records (EHR) and DMH Info Bridge capabilities to report CCBHC required data, we have identified a potential risk to Mississippi's implementation of CCBHC. We have notified our SAMHSA Program Official and will be working in October to remediate and solve this risk.

We developed legislative proclamations to support the CCBHC implementations, however, we have had to delay our outreach until after the November 2023 state and local elections. While we don't anticipate any barriers to securing these, we will be prioritizing this outreach in mid-November to ensure we have secured all these proclamations by the end of 2023.