



Certified Community Behavioral Health Centers (CCBHC) Planning Grant Steering Committee Meeting January 9th at 2:30 p.m.



**MENTAL
HEALTH**



**INTELLECTUAL AND DEVELOPMENTAL
DISABILITY SERVICES**



**ALCOHOL AND DRUG
ADDICTION SERVICES**

CCBHC Steering Committee Meeting

Agenda

- Welcome and CCBHC Activity Highlights
- Updates and Open Discussion
 - January In-Person Meeting
 - Share final CCBHC Certification
 - Demonstration Application Process and Sign Up
 - Discussion Questions:
 - How will the CCBHC improve availability of, access to, and participation in assisted outpatient mental health treatment in the State
 - Why does Mississippi need the CCBHC model? How does the model help us engage with consumers differently?

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

February 13; March 12; April 9; May 14; and June 11



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



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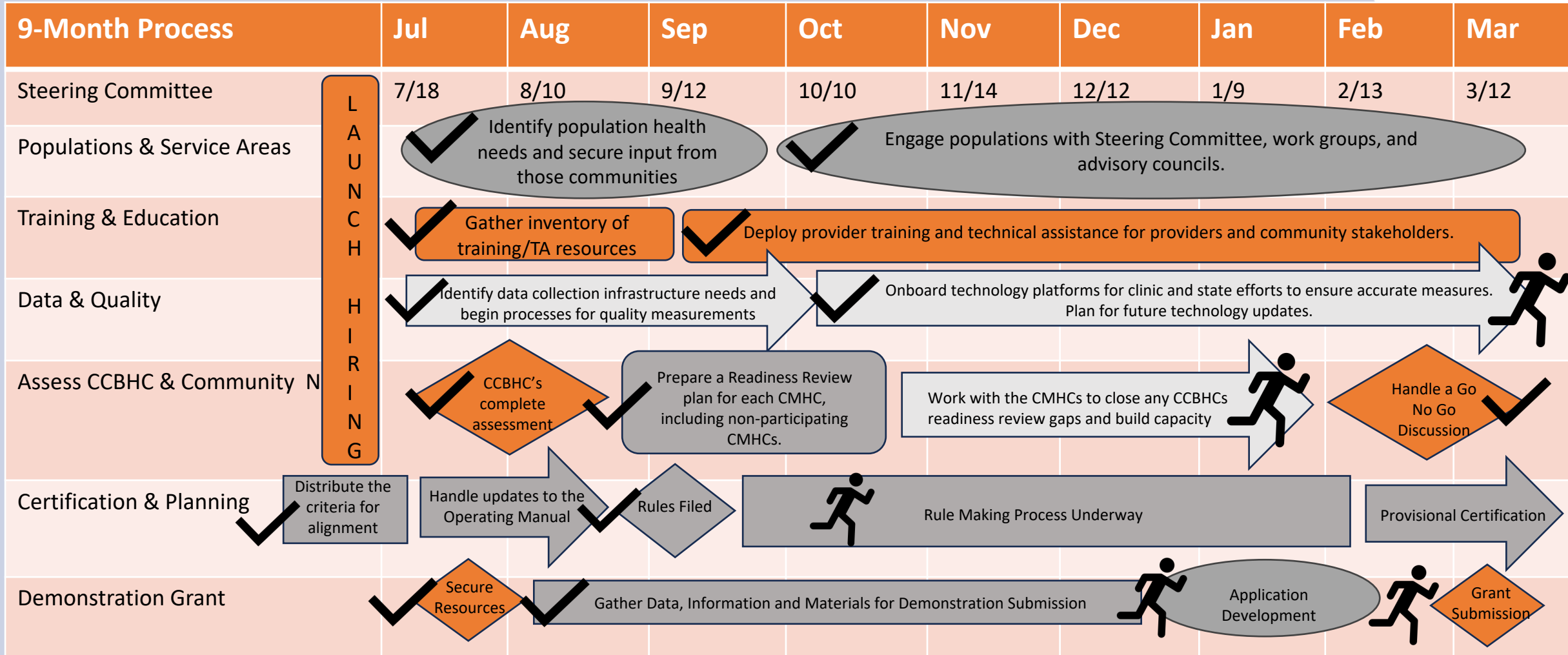
CCBHC's Value for Mississippi



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



Mississippi Planning Grant Activities and Timeline



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January 18th Meeting



CCBHC Planning Grant Stakeholder Engagement Planning Meeting

January 18th 9:30 a.m. to 3:00 p.m.

Registration opens at 9:00 a.m.

Location: Hinds Behavioral Health Center, 3450 US-80, Jackson, MS 39209

Invited Attendees

- National Organizations (MTM, SAMHSA, and The National Council—invited)
- DMH and DOM staff
- CMHC Staff (Staff that are involved in the agency's work on community outreach and/or meeting CCBHC requirements for care coordination partnerships and MOUs these could include: Clinical Director and Project Director)
- Representatives from the following organizations: 988 Crisis Call Centers; Child welfare agencies; CHOICE housing voucher program; Employment Services systems; Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts); Indian Health Service or other tribal programs; Mississippi Department of Rehabilitation Services; Peer Support programs; Other social and human services; Recovery Housing Services; Schools; State licensed and nationally accredited child placing agencies for therapeutic foster care service; and Transportation.

Goals

- Convene representatives, and people with lived experiences, from the external stakeholders required for CCBHC certification.
- Share updates and potential impacts for Mississippi of the CCBHC efforts.
- Gather feedback from representatives, and people with lived experiences, from the minimum mandatory partnerships required for CCBHC certification.
- Facilitate networking with community stakeholders.
- Develop population specific outreach and engagement strategies



January 18th Detailed Agenda



9:30 a.m. Welcome from DMH Director Wendy Bailey

GUEST SPEAKER: LEAH COMPTON, SAMHSA

- CCBHC National Learnings and Goals, including Successful Outreach and Engagement Efforts Across the Country (potential)

10:15 a.m. Update on Mississippi's CCBHC Planning Grant Efforts

- CCBHC Planning Grant Goals and Status Update
- Status Update

10:30 a.m. Facilitated Panel Discussion: Engaging and outreaching people who need mental health and substance abuse services.

- 988 Crisis Call Centers
- Child welfare agencies
- CHOICE housing voucher program
- Employment Services systems
- Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts)
- Mississippi Department of Rehabilitation Services
- Peer Support programs
- Other social and human services
- Schools (Are there regionally specific items)
- State licensed and nationally accredited child placing agencies for therapeutic foster care service.
- Transportation

The Panel Facilitator will ask each of the panelists to share: Details on their agency/organizations efforts to outreach/engage people who need mental health and substance abuse services, including information on how people get involved with these efforts. What kinds of results they are getting? Are there challenges that they are facing? How could CCBHCs help support their work? What do they think will be important for Mississippi to consider as we implement the CCBHC model?



January 18th Detailed Agenda



Noon-12:45 p.m.

Networking Lunch

12:45 p.m.

Workgroup Activity: Developing Outreach and Engagement Plans

- Everyone will be assigned to participate in an outreach and engagement plan discussion for the following areas:
 - 988 Crisis Call Centers
 - Peer Support programs; Indian Health Service or other tribal programs
 - Child welfare agencies; State licensed and nationally accredited child placing agencies for therapeutic foster care service.
 - CHOICE housing voucher program; Employment Services systems; Transportation
 - Mississippi Department of Rehabilitation Services; Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts);
 - Other social and human services
 - Schools
- Each workgroup will be assigned a facilitator and notetaker. Each group will start with a quick introduction activity, where they share their name and one thing, they want to see accomplished from the CCBHC model. Each workgroup will define:
 - Target Audience(s) for their Outreach and Engagement Efforts
 - Example: Transportation providers
 - Identify
 - ONE SMART Goal for Outreach and Engagement Efforts
 - Examples: This could include scheduling a follow-up meeting, making a connection between two organizations/people; or participating in another organization's upcoming event or activity.
 - ONE ACTIVITY to Achieve their SMART Goal
 - Examples of potential activities: Sharing contact information with each team; or holding lunch-n-learns/meet-n-greets between organizations on their individual programs and services.

• 2:00 p.m.

Workgroups Report Out Activities

• 2:45 p.m.

Meeting Debrief, Next Steps and Evaluation

• 3:00 p.m.

Meeting Ends



CCBHC Certification



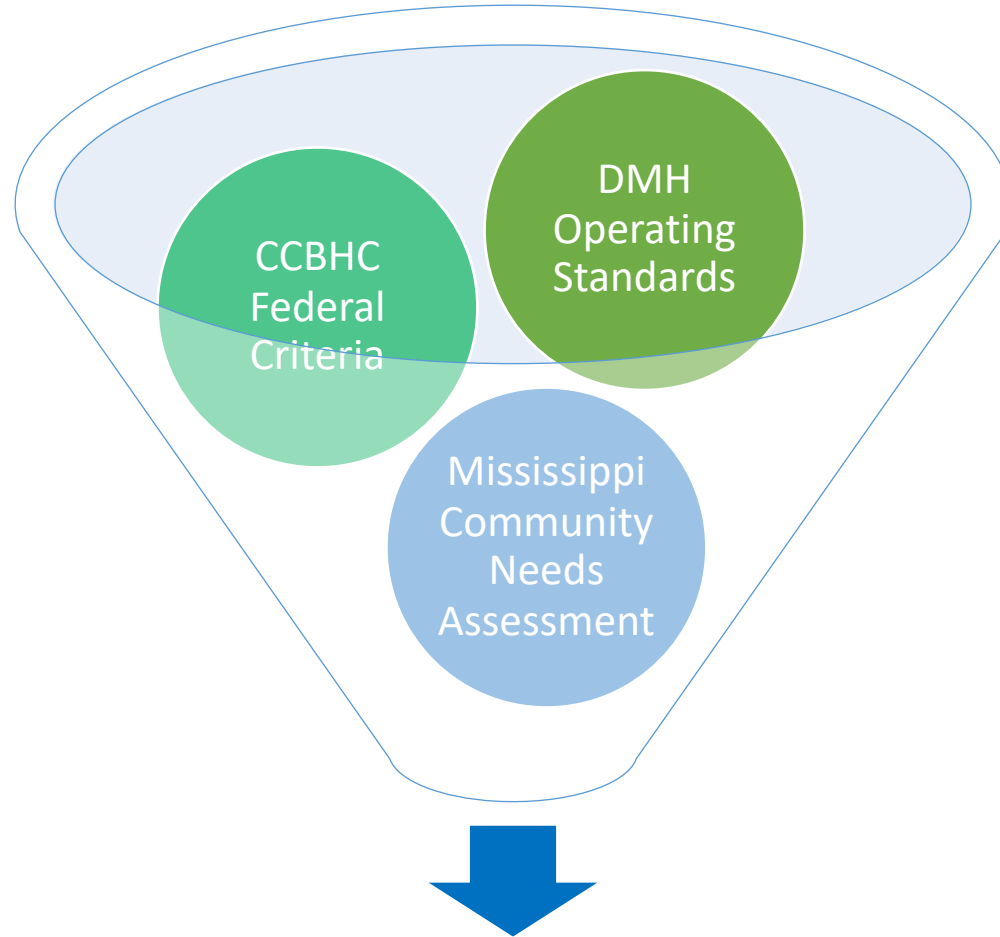
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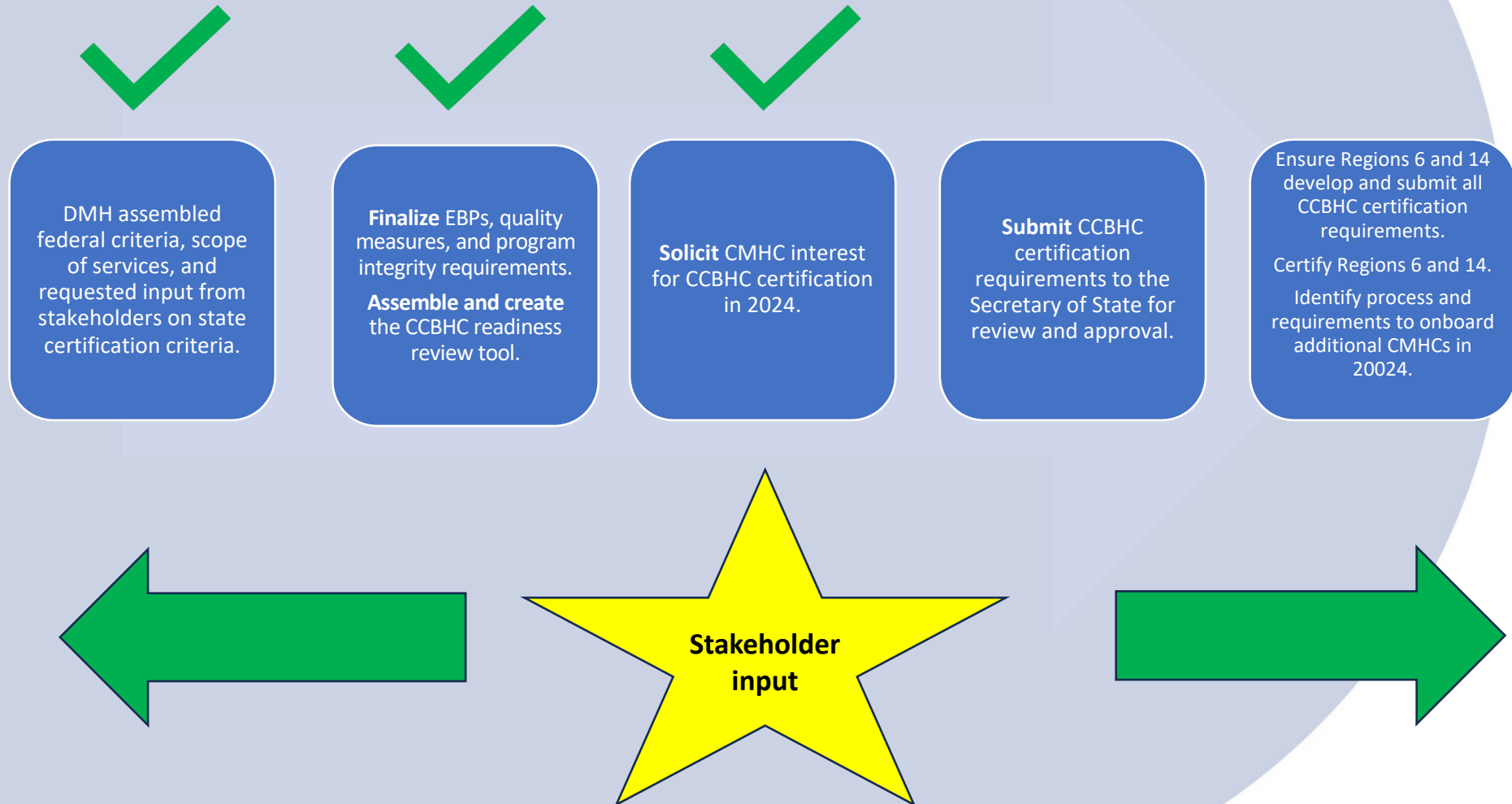
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Mississippi CCBHC Certification Criteria



CCBHC Certification Process





Mississippi Specific CCBHC Certification Criteria

Mississippi Specific Criteria *Beyond Federal Minimum Requirements*

DMH will require a county-level Community Needs Assessment survey every two years. DMH will secure a third-party vendor to develop a survey tool with input from the Community Stakeholder Engagement Committee and CMHC Association. The survey will be sent to CCBHCs for distribution according to the DMH CCBHC Community Needs Assessment distribution guidelines. The results will be gathered and distributed to the CCBHCs to meet their Community Needs Assessment requirements.

In addition to the minimum required formal partnerships, **Mississippi’s CCBHCs will be required to have formal partnerships with additional organizations. Our state-certified CCBHCs include the following: 988 Crisis Call Centers; Child welfare agencies; CHOICE housing voucher program; Employment Services systems; Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts); Indian Health Service or other tribal programs; Mississippi Department of Rehabilitation Services; Peer Support programs; Other social and human services; Schools; State licensed and nationally accredited child placing agencies for therapeutic foster care service; and Transportation Services.**

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

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

CCBHCs will be required to have agreements, and be actively engaged with Mississippi’s Health Information Exchange (HIE)

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

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

DMH will require additional Program Integrity requirements on fraud, waste, and abuse(FWA) reporting, including submission of an annual FWA Plan.

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



Mississippi Specific CCBHC Certification Criteria

Mississippi Specific Criteria *Beyond Federal Minimum Requirements*

Required Evidence Based Practices:

- CBT -Cognitive Behavioral Therapy
- IMR - Illness Management Recovery
- MI- Motivational Interviewing
- SBIRT-Screening Brief Intervention and Referral
- WHAM-Whole Health Action Management OR WRAP- Wellness Recovery Action Planning

Recommended Evidence Based Practices:

- ACT- Assertive Community Treatment
- CPT - Cognitive Processing Theory
- DBT- Dialectical Behavior Therapy
- EMDR - Eye Movement Desensitization and Reprocessing
- IPS - Individual Placement and Support
- TF-CBT - Trauma Focused Cognitive Behavioral Therapy
- 12 Step Facilitation Therapy

Additional Clinic-Level Quality Measurements

- Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-C)
- CAHMI: Follow-up for children at risk for delays: proportion of children who were determined to be at significant risk for development, behavioral, or social delays who received some level of follow-up care.
- Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-A)
- Depression Readmission at Six Months (DEP-REM-6)
- MEASURE DEV-CH: DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE.
- Prenatal and Postpartum Care
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (TSC)
- Screening for Clinical Depression and Follow-Up Plan (CF-CH and CDF-AD)
- Weight Assessment and Counseling for Nutrition and Physical Activity for children/Adolescents (WCC-CH)
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
- Screening for Social Drivers of Health (SDOH)
- Time to Services (I-SERV)



Demonstration Application Work Plan and Process



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January							Demonstration Grant Application Template and Folders Developed.
							Strategy Sessions 1-3: These are held to discuss the strategic direction we want to take in our application. We will facilitate this discussion by topic areas from the previous applications.
							Strategy Sessions 4-5: These are held to discuss with our stakeholder advisory group the strategic direction we want to take in our application. We will facilitate this discussion by topic areas from the previous applications.
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Development and Writing: This is the work needed to develop and write content for the application.
	1	2	3	4	5	6	Writing and Revising: This is the work needed to be completed after yellow, white, mock review, and red team review.
7	8	9	10	11	12	13	Yellow Team Review: This is the initial review from individuals on the rough draft. Yellow Team reviewers should focus on general content, alignment to the strategy goals, and compliance to the federal application requirements.
14	15	16	17	18	19	20	Orange Team Review: This is the review completed before the mock reviews. Orange Team reviewers should focus on general content, alignment to the strategy goals, compliance to the federal application requirements, and highlighting any missing gaps/opportunities.
21	22	23	24	25	26	27	Red Team Review: This is the final review completed before the Green Team final review. Red Team reviewers should have a critical eye on the federal application requirements and closure of any gaps/opportunities.
28	29	30	31				Green Team Review: This is the final review before final application preparation. There will be no additional reviews after the Green Team Review and Approval.

February									
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
				1	2	3			Development and Writing: This is the work needed to develop and write content for the application.
4	5	6	7	8	9	10			Writing and Revising: This is the work needed to be completed after yellow, white, mock review, and red team review.
11	12	13	14	15	16	17			Yellow Team Review: This is the initial review from individuals on the rough draft. Yellow Team reviewers should focus on general content, alignment to the strategy goals, and compliance to the federal application requirements.
18	19	20	21	22	23	24			Orange Team Review: This is the review completed before the mock reviews. Orange Team reviewers should focus on general content, alignment to the strategy goals, compliance to the federal application requirements, and highlighting any missing gaps/opportunities.
25	26	27	28	29					Red Team Review: This is the final review completed before the Green Team final review. Red Team reviewers should have a critical eye on the federal application requirements and closure of any gaps/opportunities.
									Green Team Review: This is the final review before final application preparation. There will be no additional reviews after the Green Team Review and Approval.
									Mock Review: This is a mock review that includes scoring based on the application scale.

March						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
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Grammar/Style/Graphics Editing

Final Submission to SAMHSA



CCBHC Demonstration Application

Discussion Questions

- How will the CCBHC improve availability of, access to, and participation in assisted outpatient mental health treatment in the State
- Why does Mississippi need the CCBHC model?
- How does the model help us engage with consumers differently?

Thank You!

