

January 9 2024 CCBHC Steering Committee Meeting Discussion Notes

Attendees:

Allyson McDonnieal
Amy Swanson
Beth Fenech
Bobby Barton
Brownell, Shira
Danna Hopper
Deborah Brockaway
Denise Bell
Hambleton, Scott
Heidi Arthur
Hope Tomfohrde
Hudson, Trey
jackiegriffin72
Jake Hutchins
Jamie X. Caugills
Jason Ferguson
Jason Ramey
Jeanine Boykin
Jerri
Jody Fortenberry
Joe N. Jackson
Jones, Richard
Joy Hogge (she/her)
Katie Storr
Keith Heartsill
Kellum, Loleta
Kelly Breland
Ketchum, Jeremy
Kim Hoover
Kimberly A. Sartin-
Holloway
Lampkin, Shamekias
Lay, Toniya
Mark Scott
Marquaita Lampkin
meridethselby
Monika N. Howard
Nikki Tapp
Palmer, James R
Plotner, Kristi
Rachel Alcorn
rebeccasmall@region6-
lifehelp.org
Richard J. Manning
Rita Porter (Guest)
Sally Hoogewerf EdD
(Guest)

Stephanie Foster
Tamatha D. Creel
Teri Brister
Tiffany Baker
Vaassen, Lea
Wendy Bailey

Director Wendy Bailey started the meeting at 2:30 p.m.

Agenda/Overview

- 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?

Director Wendy Bailey. I know we start each one of our steering committee meetings off with the values that CBHC can bring to Mississippi, but I think it's important to is it guides us in the direction that we're going that we are doing this work to help improve access to and the delivery of services to address gaps and barriers to work on establishing sustainable funding for investment in quality and evidence based services to help look at some offering more competitive wages.

We all know the workforce shortage issues and the state and across the nation the value of quality outcomes and engaging stakeholders and consumers of services.

Amy Swanson: Thanks to everyone for being here in attendance today. We are trending on track. Activities are underway getting our training and education plan to together. We have ongoing work with our data and quality teams, but those efforts will be kind of wrapping up with what our plans will need to be to submit to the feds in March. A comprehensive community needs assessment was completed, and we are using that day in and day out to guide all of our efforts, certification and planning efforts are underway. Finally, we have issued the draft certification requirements to the Community mental health centers and have been hosting a series of office hours with them to collect their questions and comment. As of today, we are on schedule folks for a grant submission in March for the demonstration.

Director Wendy Bailey: Now, we will talk about the in-person meetings we have planned for January 17th and 18th. I hope you're able to mark your calendars and attend, or if you can't attend a hope, you can have one of your leadership team members attend.

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

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?

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

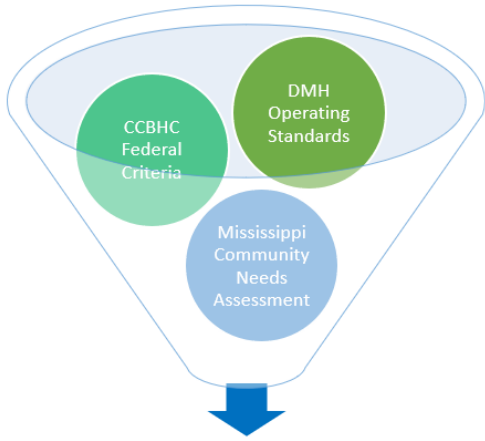
one thing, they want to see accomplished from the CCBHC model. Each workgroup will define:

- 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

Director Bailey opened it up for any questions from attendees, no questions/comments, so Director Bailey invited attendees to reach out to the planning team members or myself, our Jake as we move forward.

Amy Swanson covered the details on the CCBHC Certification Process.

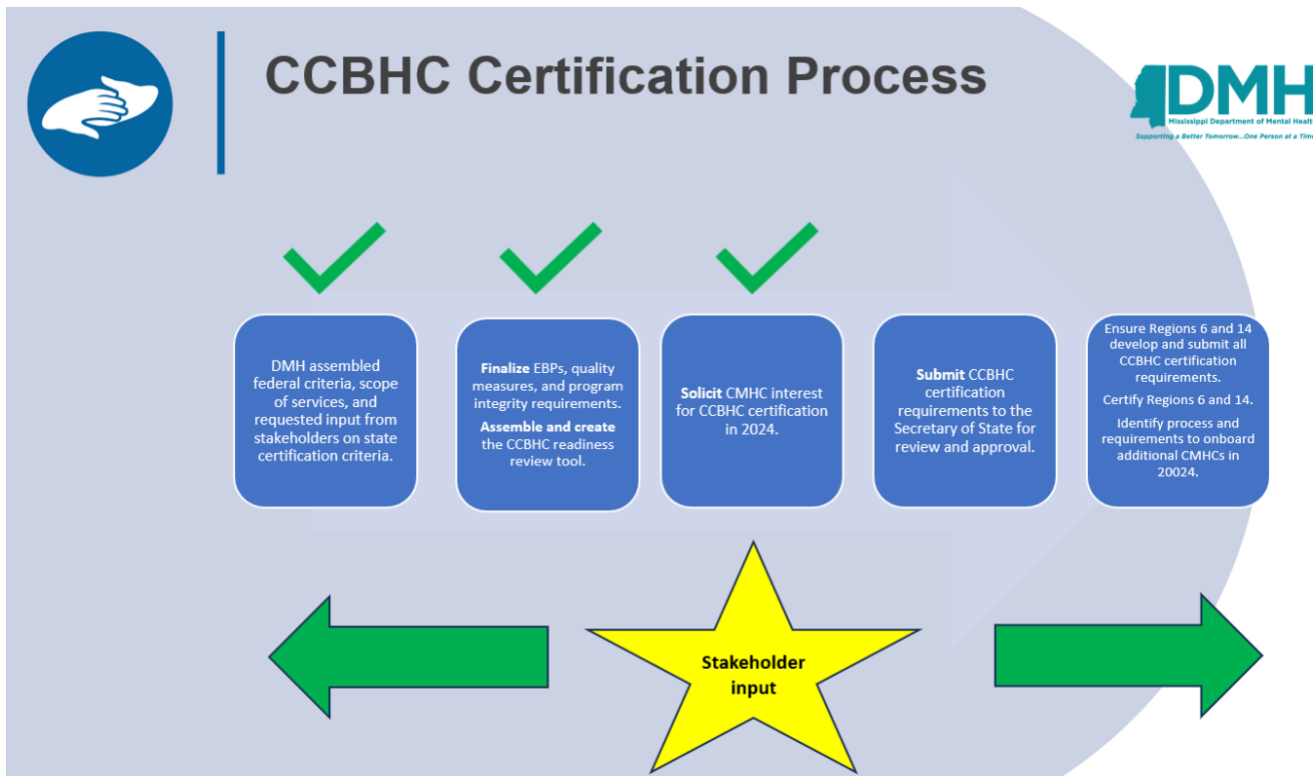


To certify CCBHCs, the DMH’s Division of Certification worked with the CCBHC Planning Grant staff prepared the initial draft of CCBHC Certification Criteria using the federal CCBHC Certification Criteria. First, to determine alignment with existing DMH Operating Standards, State staff completed a crosswalk of current DMH Operating Standards aligned with the federal CCBHC Certification Criteria. The DMH Executive Leadership Team and Division of Certification met weekly for six (6) weeks to review the crosswalk.

As a result, it was determined that Mississippi would add a new criteria section in its DMH Operating Standards. The draft CCBHC Certification Criteria was shared with other DMH and DOM staff for input during the weekly CCBHC state agency meeting held in August 2023.

Mississippi CCBHC Certification Criteria

The CCBHC Steering Committee reviewed the standards and discussed all areas of state flexibility, during four (4) consecutive SC meetings in 2023 (September 12, October 10, November 14, and December 12). DMH hosted a series of five (5) “open hours” sessions throughout December 2023 (December 1, 8, 11, 18) and January 4, 2024, along with two sessions with the CCBHC Learning Collaborative held October 11, 2023, and November 8, 2023, dedicated to reviewing and securing verbal and written feedback on the draft criteria. DMH staff captured all written and verbal feedback and posted responses to more than one hundred (100) Frequently Asked Questions (FAQs) on the CCBHC web page.



Mississippi will finalize their CCBHC Certification Criteria and submitted it to the Secretary of State on January 29, 2024, and will incorporate it into the DMH Operating Standards.



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)

No questions on the CCBHC Certification Criteria, Director Bailey invited everyone to share their input and feedback with the Planning Grant staff.

Director Bailey then shared an update with the Steering Committee on the application timeframe for the Demonstration.

CCBHC Planning Grant

- **Purpose:** The CCBHC planning phase assists states in certifying clinics as CCBHCs, establish prospective payment systems for Medicaid reimbursable services, and prepare an application to participate in a four-year demonstration program.
- **Timeframe:** April 1, 2023 thru March 31, 2024, one-year no-cost extension requested, approved.

Demonstration Application

- **Purpose:** Section 223 of the Protecting Access to Medicare Act (PAMA) of 2014 (P.L. 113-93)¹ authorized the Certified Community Behavioral Health Clinic (CCBHC) demonstration to allow states to test a new strategy for delivering and reimbursing a comprehensive array of services provided in community behavioral health clinics.
- **Deadline:** March 20th, 2024, Notification by June 17th
- **Other Background:** 25 states are eligible to apply.

OPEN DISCUSSION

- 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?