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## CCBHC-E New Grantee Learning Community

Session 8: Service Accessibility

Tuesday, June 13<sup>th</sup>, 2023 3:00-4:30pm E.T.

#### **CCBHC-E** National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

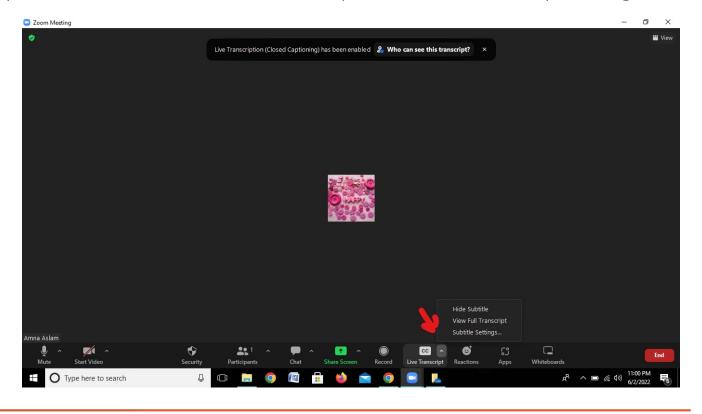
### Acknowledgements and Disclaimer

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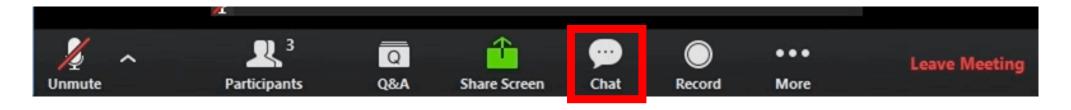
## How to Enable Closed Captions (Live Transcript)

Next to "Live Transcript," click the arrow button for options on closed captioning and live transcript.





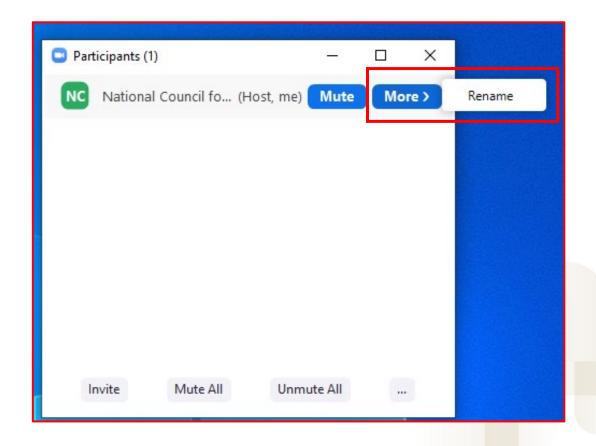
#### How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.** 

#### Name and Organization

- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
  - For example:
    - Jane King, National Council
  - To rename yourself:
    - Click on the Participants icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click Rename
- If you are having any issues, please send a Zoom chat message to D'ara Lemon, National Council



## Learning Objectives

- Increase knowledge and understanding of CCBHC criteria
   Availability and Accessibility section and implications for clinic implementation and organizational changes
- Support clinics in implementation of Availability and Accessibility requirements of the CCBHC model
- Foster clinic action planning and decision-making in their practice transformation efforts



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### Today's Presenters



Jane King, PsyD, LP
Senior Consultant
CCBHC-E NTTAC, National
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Donna Chavous

Community Engagement

Team Lead

Development Centers



Meara Grannan, LCSW
Senior Vice President of Metro
Services
LifeSpring Health Systems

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## Community Pulse Check

New Grantee Deliverables

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## Community Check-In



#### What is the status of your needs assessment?

- Haven't begun needs assessment
- Have begun design but have not started data collection
- In the process of collecting data
- Have completed the needs assessment
- Have questions

How many of the 9
required services are you
currently providing either
directly or through a
Designated Collaborating
Organization (DCO)?

- 1-4
- 5-8
- All 9

Where are you on the staffing and training plans? (select all that apply)

- ☐ Waiting for completion of needs assessment
- ☐ Have begun the staffing plan
- Making good progress
- ☐ Have completed the staffing plan
- ☐ Have questions

Where are you on the delivery of services plan? (select all that apply)

- Waiting for the completion of the needs assessment
- Have begun the service plan
- Making good progress
- ☐ Have completed the service plan
- ☐ Have questions

Where are you on the sustainability plan? (select all that apply)

- Haven't begun the sustainability plan
- ☐ Have begun the sustainability plan
- Making good progress
- ☐ Have completed the sustainability plan

Have questions

Where are you on attestation? (select all that apply)

- ☐ Haven't begun preparing for attestation
- ☐ Have begun preparing for attestation
- Making good progress
- ☐ Have submitted attestation
- ☐ Have questions



# Availability & Accessibility of Services

Jane King, PsyD, LP

Senior Consultant

CCBHC-E NTTAC, National Council for Mental Wellbeing

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#### CCBHC Criteria Program Requirements

1: Staffing 2: Availability and Accessibility of Services 3: Care Coordination 4: Scope of Services 5: Quality and Other Reporting 6: Organizational Authority, Governance and Accreditation

## Availability and Accessibility 2.a.1 - 2.a.8: Access and Availability Generally

- Measures taken to ensure provision of a safe, functional, clean, and welcoming environment for consumers and staff.
   CCBHCs are encouraged to operate tobacco-free campuses.
- Informed by the community needs assessment, Clinic hours include some evening and weekend hours and meet the needs of the population served
- Location is accessible to the consumer population being served
- Provision of transportation or transportation vouchers for consumers as resources allow





## Availability and Accessibility 2.a.1 - 2.a.8: Access and Availability Generally (cont.)

- The CCBHC uses mobile in-home, telehealth/telemedicine, and/or online treatment services
- Engages in outreach and engagement activities to assist consumers and families to access benefits and services
- Services are aligned with state or county/municipal court standards for the provision of court-ordered services
- Continuity of operations/disaster plans in place.
- Provision of available and accessible services that will accommodate the needs of the population

The CCBHC is able to effectively notify staff, people receiving services, and healthcare and community partners when a disaster/emergency occurs, or services are disrupted. The CCBHC, to the extent feasible, has identified alternative locations and methods to sustain service delivery and access to behavioral health medications during emergencies and disasters. The plan also addresses health IT systems security/ransomware protection and backup and access to these IT systems, including health records, in case of disaster.



## Progressive Evaluation and Treatment Planning

- Preliminary
   Screening and Risk
   Assessment
- Triage
- Point of first contact

Up to 10 days

#### Up to 60 days

- Initial Evaluation
- Enough information for a preliminary dx and service initiation

- Comprehensive Evaluation
- Integrated Treatment Plan

6 months

#### Updates

- Comprehensive Evaluation
- Integrated Treatment Plan

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# Availability and Accessibility 2.b.1: Timing of Screening, Evaluation, & Provision of Service to New CCBHC Consumers

- All people new to receiving services, will, at the time of first contact, whether that contact is in-person, by telephone, or using other remote communication, receive a preliminary triage
- New CCBHC consumers with **urgent** need, receive clinical services and initial evaluation within **one** (1) business day of the time the request is made, or, if applicable, under a more stringent state standard of less than one day
- New CCBHC consumers with an initial screening identifying **routine** needs, receive clinical services and initial evaluation within **10 business days**, or, if applicable, under a more stringent state standard of less than 10 business days.
- New CCBHC consumers receive a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation within 60 calendar days of the first request for services, or, if applicable, under more stringent time standard if dictated by the state





# Availability and Accessibility 2.b.1: Timing of Screening, Evaluation, & Provision of Service to New CCBHC Consumers (cont.)

- Policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment
- Policies and/or procedures for conducting an initial evaluation and a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation
- Policies and/or procedures to ensure immediate action if the screening or other evaluation identifies an emergency or crisis need
- Policies and/or procedures for initial evaluations that are conducted telephonically that require the initial evaluation to be reviewed and the person receiving services to be seen in person at the next encounter, once the emergency is resolved





# Availability and Accessibility 2.b.2: Updating Comprehensive Person-Centered & Family Centered Diagnostic and Treatment Planning Evaluation

- Treatment team updates the person-centered and family-centered treatment planning evaluation with the consumer and in consultation with the primary care provider (if any)
- Assessment must be updated no less frequently than every 90 calendar days 6 months, unless the state has a more stringent timeline





## Availability and Accessibility 2.b.3: Timing of Services for Established Consumers

- People who are already receiving services from the CCBHC who are seeking an appointment:
  - For routine needs, receive services within 10 business days
  - With an urgent need, within 1 business day of the request,
  - Immediate crisis response, if necessary
- Services are provided at a later time if that is the preference of the person receiving services.
- Same-day and open access scheduling are encouraged.







## Availability and Accessibility 2.c: Access to Crisis Management Services

- Provides crisis management services 24 hours a day and within 3 hours 7 days a week.
- Policies or procedures requiring communication to the public of the availability of these services
- Individuals are educated about crisis planning, psychiatric advanced directives, and how to access crisis services, including the 988 Suicide & Crisis Lifeline (by call, chat, or text) and other area crisis hotlines and warmlines, and overdose prevention. Please see 3.a.4. for further information on crisis planning.
- Policies or procedures addressing:
  - Coordination of services with local emergency departments (EDs)
  - Involvement of law enforcement when in psychiatric crisis
  - Reducing delays in initiating services during and after a psychiatric crisis
  - Maximize the delivery of recovery-oriented treatment and services, minimize contact with law enforcement and the criminal justice system
- Works with consumers at intake and after a psychiatric crisis to create, maintain and follow a crisis plan



## Availability and Accessibility 2.d: No Refusal of Services Due to Inability to Pay

- Policy that services cannot be refused because of inability to pay
- The CCBHC has policies or procedures that ensure:
  - Provision of services regardless of ability to pay
  - Waiver or reduction of fees for those unable to pay
  - o Equitable use of a sliding fee discount schedule
  - Provision of information to people receiving services related to the sliding fee discount schedule, available on the website and posted in the waiting room



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## Availability and Accessibility 2.e: Provision of Services Regardless of Residence

- Policy that states that services cannot be refused due to place of residence
- Policies or protocols that address services for those living out of state
- These criteria do not require the CCBHC to provide continuous services including telehealth to individuals who live outside of the CCBHC service area. CCBHCS may consider developing protocols for populations that may transition frequently in and out of the services area such as children who experience out-of-home placements and adults who are displaced by incarceration or housing instability.





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## Lessons from the Field: Development Centers

**Donna Chavous** 

Community Engagement Team Lead
Development Centers

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#### Development Centers

#### **OUR VISION**

• Development Centers will be the preeminent organization committed to excellence and the recognized leader in Human Services. We will provide a continuum of diversified services based upon community need, resulting in outstanding and ever improving outcomes.

#### **OUR VALUES**

- Respect and compassion for all persons served
- Acknowledge the abilities, strengths, and worth of the individual and his/her family
- Seek out and be responsive to the community need
- Dedication to teamwork, professionalism, ethical conduct and the prudent use of resources
- Commitment to opportunities, regardless of personal barriers
- Commitment to best practice

#### **OUR POSITION ON EQUITY**

- We believe in the fair and just distribution of resources and opportunities needed to achieve wellbeing.
- We engage with compassion to confront and dismantle oppression interpersonally, institutionally, and systemically.
- We commit to building a culture of equity and belonging.



## Community Engagement







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### **Community Events**





#### Community Partners

#### **Military Veterans**

- Mariners Inn
- Emmanuel House
- Michigan Veterans Foundation
- Veterans of America



## **Community Partners**

#### LGBTQ+

- Ruth Ellis Center
- LBGT Detroit



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### Community/Block Club Associations

Lahser 7 Evergreen 8 Community Council

#### Engagement activities with:

- Grandmont Association
- Rosedale Park Association
- Mortenson Grand River Neighborhood Association
- Russell Woods Association



Physical Health Education Groups Addressing Chronic Illnesses

Educational presentations focused on prevention for all chronic health conditions including:

- Diabetes
- Hypertension
- Cardiovascular Disease
- And more

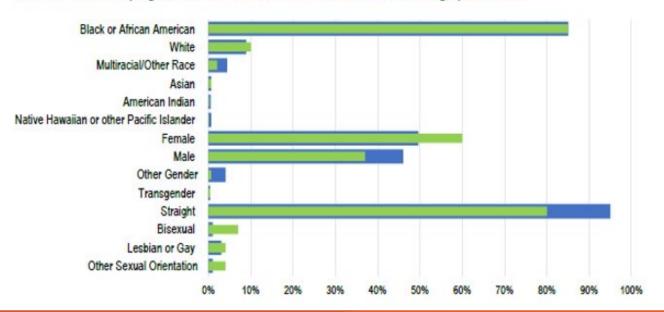


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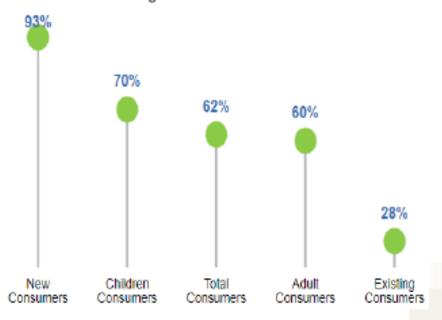
#### Program Goals and Demographics

LGBTQ+ SUD diagnosis Diabetes Veterans Identifying risk/diagnosis 67 consumers 282 consumers Primary 158 consumers 245 consumers served served Populations served served

Based on Current progress, we have met or exceeded 8 out of 14 Demographic Goals.



We are closest to meeting our New Consumer Federal Goal



#### **Program Enrollment**

After 2 years of the program, we have engaged 922 new consumers in CCBHC services, and

1159 total consumers overall.

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#### Conclusion

Community Engagement Makes A Difference!





# Lessons from the Field: LifeSpring Health Systems

Meara Grannan, LCSW

Senior Vice President of Metro Services
LifeSpring Health Systems

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#### LifeSpring Health Systems

#### Since 1964

- CMHC, FQHC and CCBHC Grantee in Southern Indiana
- We operate programs and services in 11 Counties in Southern Indiana
  - We have 30 locations, and over 550 employees
  - O Services include: OP Child/Family BH, School Based BH, OP Adult BH, OP Psych/Med management, PATH/PSH (homeless services), Forensic services, VA services (STAR BH Tier 1), Community Resource Centers, ACT, EAP, OP SUD, Residential SUD (2 locations), 7 FQHC's (3 w/ Pharmacy services, 2 School Based FQHC Clinics, Mobile Crisis and we will be opening a CSU and a Crisis Call Center in June of this year.





### Points of Access (Referral Sources)

- > Self-referral
- Community provider referral (PCP, school, community agency/organization)
- > Hospitals
- The Projects for Assistance in Transition from Homelessness (PATH), Permanent Supportive Housing (PSH), Transitional Living (Homeless Coalition)
- Residential Programs (step down to Outpatient care)
- Employee Assistance Program (EAP)
- Department of Child Services (DCS)
- Probation (Adult & Juvenile)
- > Forensic:
  - Jail, Community Corrections, Recovery Works
- Indiana System Of Care (SOC) based:
  WRAP, LOSS, Project Care, Mobile Crisis, CISM



#### Open Access Roll Out Process

- Began Pilot in 1 of our larger county offices in 2020 (COVID stall and pivot) Telehealth options began
  - Started with time bound points of access
    - Hospital Discharges/referrals
    - DCS referrals
    - Probation referrals
- Rollout continued after 1 year of tweaks to processes and clients coming back into office.
- Spread across the counties from West to East in quarterly increments
- Last offices to begin were specialty offices (Children/Families, Recovery Units)
- End of Phase 1: All offices with Open Access Days/Times
- Phase 2: rolled more quickly opening sites to ALL Points of Access/referral sources by end of 2022.



#### Open Access: What It Looks Like

- Meeting criteria
  - 2.A Access-accessibility, 2.B Timely Access, 4.D Assessment/Diagnosis, & 5.A Data collection/tracking
- Specific days and time blocks are allocated for client access across the service area.
- Anyone may come in for intake assessment including (CANS/ANSA, Med/psych/SAPT, CSSR, PHQ2-9, safety planning, treatment plan and resources)
- All Clinicians during this block of time are available for intake/assessment
- All documents are collected at time of arrival (insurance, consent to treat, ROI's) online registration is available to complete before arrival
- Since we have multiple sites many dates and times overlap allowing for additional coverage from other sites for IA via telehealth NATIONAL

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Scheduled intakes are also available when requested but are rarely requested or needed.



#### What We Learned

- Previously up to 10-14 hours of client time could be scheduled per week per clinician with a 50% No Show rate
- With Open Access days 4-6 hours per clinician are scheduled per week with only a 30% or less No Show rate.
- Pilots and roll-outs work well.
- Gives us time in one Service Unit to work out the kinks.
  - Especially useful when moving into specialty units.
  - Allows staff time to become accustomed to the changes and receive support from the Service Units that have gone through it.



## In addition to Open access – Mobile Crisis Teams and Crisis Assessment Are Available

- LifeSpring began services with Mobile Crisis teams on becoming a CCBHC grantee.
- Developed our on-call teams, similar to our ACT on call model. (rotating Clinician/Engagement Specialist teams)
- Callers access mobile team via Crisis line;
  - Engagement Specialist (Peer or Care manager) responds to initial call
  - Triage client need with client
  - Pull Clinician into call upon need
  - Deploy to caller for assessment and assistance as needed (immediate) may include transportation to area resources (CSU, hospital, residential detox/recovery, shelter)
  - Initiate 1<sup>st</sup> responder when necessary. (EMS, Police, Fire)

Floyd/Harrison Co	2 counties 7/21 - 3/23	
Deployed team	13%	
Police/EMS-called in	4%	
988	1%	
Columbia Suicide Screen	21%	
caller=community partner	11%	
caller=Police/EMS	3%	
caller=DCS/Probation	2%	
caller=family member	14%	



## Who Might Contact Us & Our Partners

#### <u>Callers</u>

- Self call
- Family/friend of person in need
- Community agency/organization/stakeholder
- Police, probation, 988

#### Partnership programs:

- Project Care following up w/ police from Opioid overdoses
- CISM- Critical Incident Stress Management (follow up care for 1<sup>st</sup> responder)
- Recovery Works, probation
- School Based programming and Crisis intervention needs





### In Development

- Crisis Call Center 24/7 (June 2023)
  - On site 24/7 crisis call access (we previously contracted out)
  - This will work closely with the expanding Mobile Teams
- Crisis Stabilization Unit (June 2023)
  - Stabilization for client in need of immediate assessment, services, and stabilization

Thank you for your time and attention, I hope this helps spark some ideas.



## Questions?



#### **Breakout Discussion**



In each room, each participant will share:

- What kinds of community outreach activities has your clinic completed as you prepare for attestation and providing all 9 services? How are you measuring its success?
- Have you considered implementing Same Day Access or open access? What are the positives and negatives you have identified?
- What are creative ideas your clinic is doing to reduce barriers and increase access to services?

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During the breakout room, assign someone to take notes. Upon returning to the large group, these questions can then be entered into the chat and become part of the question log.

## **Upcoming Events**

Event Type	Title	Date + Time	Registration Link
Learning and Action Series	Financial Management and Sustainability Series Session Two: Understanding Your Baseline CCBHC Program:  Session 2 of the Financial Management and Sustainability Learning and Action Series will provide a deeper dive into understanding how the suite of services you offer today as a behavioral health provider align with the CCBHC program and how to allocate services as CCBHC or non-CCBHC.	Wednesday, June 14 <sup>th</sup> , 2:30pm – 4:00pm ET	Register Here
Webinar	Peer Support Specialist Skill Development Series Session Two: Supporting People Navigating Crisis	Tuesday, June 27 <sup>th</sup> 2:00pm – 5:00pm ET	Register Here

### Monthly Cohort Calls

**Monthly cohort calls** from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The last Friday of each month from 12:00-1:00pm E.T.	Register here
Program Directors	The first Wednesday of each month from 12:00-1:00pm E.T.	Register here
Evaluators/CQI Leads	The first Tuesday of each month from 3:30-4:30 pm E.T.	Register here

#### CCBHC-E TTA Center Website



About the CCBHC-E National Training and Technical Assistance Center

The Certified Community Behavioral Health Clinic Expansion Grantee National Training and Technical Assistance Center (CCBHC-E National TTA Center) is committed to advancing the CCBHC model by providing Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grantees (CCBHC-E grantees) training and technical assistance related to certification, sustainability and the implementation of processes that support access to care and evidence-based practices.

Learn More

Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

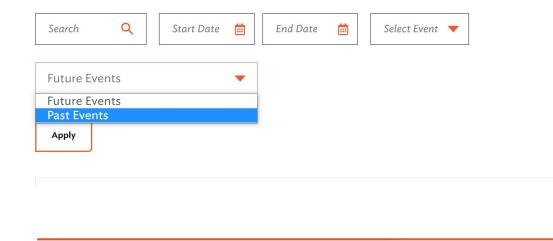
CCBHC-E National Training and Technical Assistance Center

#### Thank You!

#### Thank you for attending today's event.

Slides and the session recording link will be available on the CCBHC-E NTTAC website under "Training and Events" > "Past Events" within 2 business days.

#### **Calendar of Events**



#### Your feedback is important to us!

Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.

