

CCBHC-E National Training and Technical Assistance Center

Care Coordination Learning Community

Session 6: Community-Based Organizations and Obtaining Consent

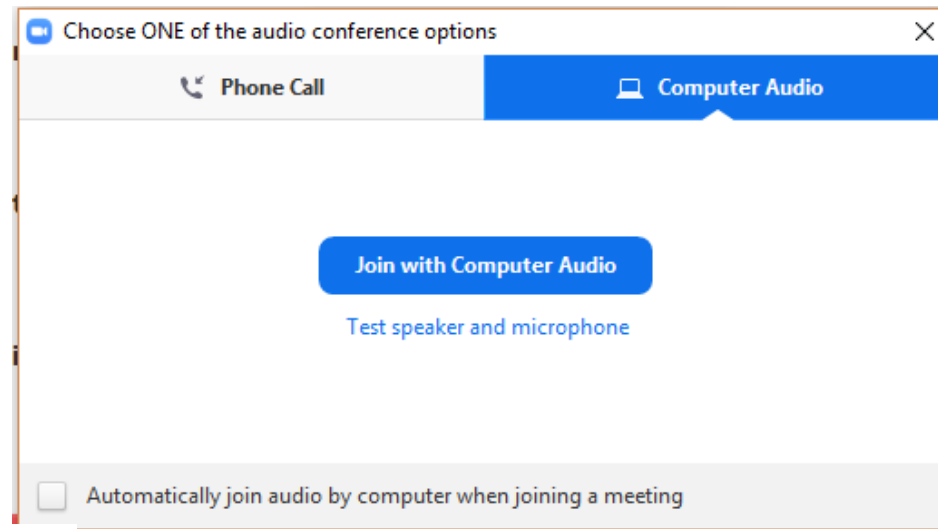
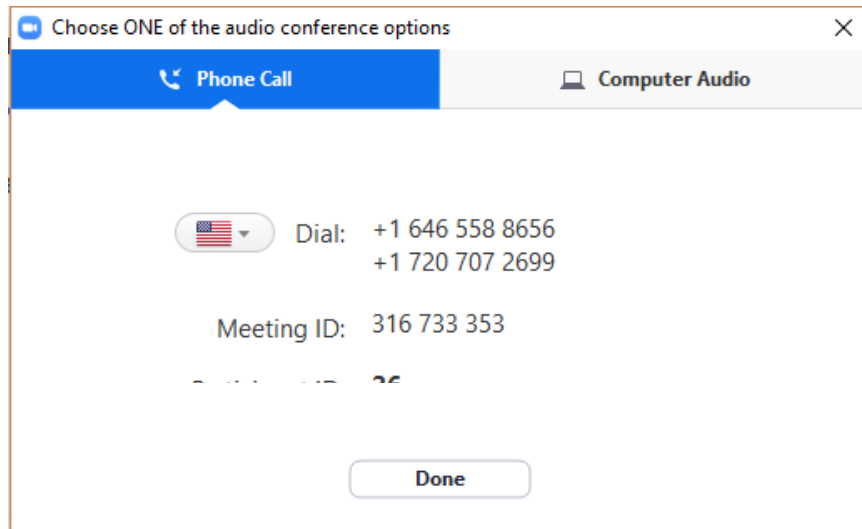
November 10, 2022

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

Zoom Logistics

- Call in on your telephone, or use your computer audio option
- If you are on the phone, remember to enter your Audio PIN so your audio and computer logins are linked



Acknowledgements and Disclaimer

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Today's Presenters



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Prototypes /
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Agenda

- Today's objectives
- Sharing: CCBHC success stories
- Overview of care coordination partnerships with community-based organizations, including obtaining individual and organizational consent
- CCBHC Model Showcase
 - Prototypes, part of HealthRIGHT 360 (CA)
 - FCC Behavioral Health (MO)
- Breakout discussion
- Wrap-up and next steps



Learning Objectives

Increase

Increase knowledge of care coordination strategies with community-based organizations.

Identify

Increase knowledge of obtaining individual and organizational consent for care coordination.





CCBHC Success Stories

Share a success you've achieved related to care coordination at your CCBHC. It could be an individual's experience of care, collective impact, a process change, or a culture change.

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Care Coordination with Community Based Organizations

Criteria 3.C

- The CCBHC has an agreement in place with community or regional services, supports, and providers. These include the following specified in the statute: schools; child welfare agencies; juvenile and criminal justice agencies and facilities, including drug, mental health, veterans and other specialty **courts**; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; **and other social and human services**. Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).



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Prototypes / HealthRIGHT 360

Ponoma, CA

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Prototypes, a program of HealthRIGHT 360

Overview of services we provide along with CCBHC-E

- Prototypes is an established Behavioral Health Center (providing various levels of care in both Substance Abuse and Mental Health treatment) established in 1986 in Southern California, since 2017 we have been operating as a program of HealthRIGHT 360.
- We provide behavioral health services to women (and their children) who require residential substance use treatment with a 150-bed accommodating facility. On the adjacent campus we provide Outpatient Behavioral Health services to men & women with substance abuse services that require fewer intensive needs, in addition to mental health (DMH) services to women, men and children of all ages. Our outpatient behavioral health services were conjoined with our CCBHC-E grant in 2020.
- Through our CCBHC-E grant we were able to expand the reach and intensity of our outpatient behavioral health services to enhance the services our agency was already providing including collaboration across programs (DMC/DMH), medication support services (including MAT), provide additional transportation support and intentionally focus on a whole-person care type of model incorporating an FQHC to address the medical needs of clients.

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Needs & Community Partnerships

Client areas of need:

- Medical care
- Cultural connections
- Access to care
- Resource needs

Correlating Community Partnerships:

- Partnership with a local FQHC
- Partnership with a non-profit Veteran's Organization
- MOUs with client schools/districts to allow staff to render services on site where clients spend most of their days
- Partnerships with local community resources (including Volunteers of America) to link clients to their individualized needs impacting their behavioral health and access.



Community Partnerships

- Establishing formal Memorandums of Understanding (MOUs)
- Creating an open line of communication to derive a system to transmit data, arrange for program support and troubleshoot obstacles/barriers.
- Ongoing collaboration with community partners to maintain the relationships and contacts. Need for frequency of formal collaborations can reduce over time, once those parameters are well established and defined.



The ultimate CCBHC Community Partnership- Our Advisory Board Group

Made up of current/former CCBHC clients as well as families and support persons, we established our CCBHC Advisory Group on a quarterly basis. The Advisory Group provides an opportunity for participants to provide feedback about the services we provide and their ideas about how those services could be enhanced. Recruitment is ongoing through out BH programs.



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What the future holds for our new CCBHC-IA grant for Community Partnerships...

Our agency has been awarded with one of the new CCBHC Improvement & Advancement grants.

We plan to enhance our current community partnerships to sustain the current level of support and services we provide and to secure new partnerships in the coming years.



Our focus in the coming months will be to establish new community partnerships that will allow clients **choices** according to their needs:

- Additional FQHC(s) to increase availability and satisfaction with medical/dental providers we refer to.
- Additional NPOs to further support culturally & linguistically specific client needs and desires.
- Focus on enhancing our own internal services is always ongoing.

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FCC Behavioral Health

Poplar Bluff, MO

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FCC Behavioral Health is a private, non-profit, Certified Community Behavioral Health Clinic in Southeast Missouri.

FCC Behavioral Health

Company History

- 1976: Family Counseling Center, Inc. opened.
- 2000: Family Counseling Center, Inc. became the Administrative Agent for 5 additional behavioral health counties.
- 2017: We rebranded to FCC Behavioral Health and became a designated CCBHO site.
- 2022: Today, we provide behavioral health and SUD services in 19 counties (7 of those are CCBHO designated sites).
- We currently have 800+ staff and growing. When we first started as a CCBHO, we had approximately 420 staff.

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CCBHO County Populations

Wayne
(13,058)

Butler
(42,570)

Carter
(6,085)

Dunklin
(29,657)

Pemiscot
(16,330)

Reynolds
(6,274)

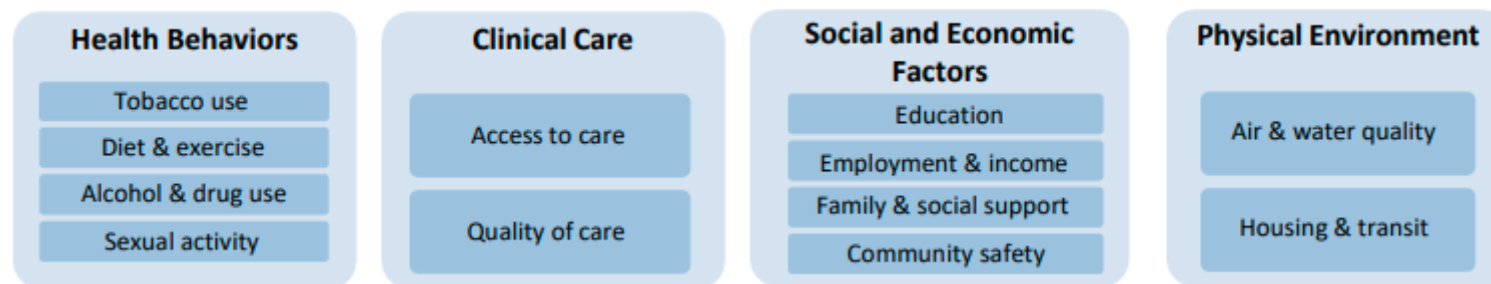
Ripley
(13,284)

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Social/Economic Landscape of Counties

- Poplar Bluff is the largest area we serve (42,000 +)
- Extremely Rural Areas
- Counties ranked lowest on health outcomes which is a measure associated with the length and quality of life for residents in Missouri.
- Counties ranked lowest on health factors which examines the following areas:



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Prior to CCBHC Status

- Long Wait Times
- Limited Access to Care
- Longer Travel Times
- Fewer staff to meet client needs
- Limited training opportunities to enhance quality of care



Benefits of CCBHC Status

- Enhanced Training
- Expanded SUD Treatment
- Clinic Expansion
- Decreased Wait Times
- Increased Outreach and Engagement
- Enhanced Workforce

Treatment Services

- Peer Support
- Family Support
- Youth Behavioral Health Liaison (YBHL)
- Community Behavioral Health Liaison (CBHL)
- Crisis Stabilization/Crisis Diversion Services
- Pathway Services
- Primary Care
- Housing
- Therapy, Medication Management, Nursing, Care Coordination

Strategies for Building Strong Partnerships



Strategies for Building Strong Partnerships

- Examined Organizational Culture, Identified Needs, and Implemented a Plan of Improvement
- Developed/Implemented a Shared Communication Plan w/ other Community-based Organizations
- Increased the Number of Peer Support/Family Support Providers on our Teams.



Organizational Culture

Getting the Inside “Right” First

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"Culture, more than products or services, is what differentiates an organization from competitors, both in the minds of customers and of employees."

Joe Tye



Organizational Culture

Early Stages of CCBHC

- Poor relationships with many community organizations. Also, many non-existent relationships.
- Difficulties collaborating with some organizations, which made the work more challenging and unfortunately affected client care.
- Turnover rate was 34%, so there was a lack of consistency and follow-through of care, which led to low levels of trust from some organizations.
- Supervisory team supervised large numbers of staff, programs, & departments, which led to burnout. Unfortunately, this then led to ineffective supervision and leadership.
- High caseloads (significant needs, but not enough staff), which led again to burnout.
- Burnout resulted in poor staff attitudes and low levels of morale, which lead to low quality of care.
- We realized, in order to build effective relationships on the outside, we had to do an internal examination of our own culture and make improvements.



Organizational Culture

- We revamped our agency values (Integrity, Commitment, Compassion, Empowerment, Excellence)
- We examined our business practices, our leadership team, our workforce, physical environment, etc. and asked ourselves: “Do these areas align with our values?”
- By asking this question, we realized and acknowledged we had some work to do, so we immediately began making changes on the inside.
- We ensured our values were clearly communicated to all staff. Not just through email or a newsletter, but by our everyday business practices, as well (all organizational functions, not just clinical).
- We began rebuilding our leadership team through outlining clear expectations and providing training.
- We began focusing on building and implementing a staff wellness program.
- Leadership began to “serve” our teams, empowering them, and offering them the support they need.



Organizational Culture

- As we improved our internal environment, we noticed our external environment began to improve, as well.
- Other organizations noticed the changes in our culture and the services we provided.
- These organizations began to trust us and that is when the true partnerships began.
- There was more consistency, follow-through, and genuine collaboration with outside organizations. We all began working towards a shared goal of improving client care and the communities we serve in by working together.
- FCC's current turnover rate, even in this workforce shortage era, is 18%. The National Average is anywhere from 40 to 70% (depending on the source) for those working in the behavioral health and SUD field.

Communication Plan



Communication Plan: Shared Understanding/Expectations

- What can we do, what can you do, and how can we combine our efforts to best serve the client?
- Communicate on a regular, consistent basis. The frequency of meetings is dependent on the population served.
- If there are problems/issues discovered, share this information with the main contact ASAP.
- Present information in an honest, open, and transparent manner with the shared goal of assisting the client towards meeting their goals.
- Make decisions as a team in the best interest of the client served.



Communication Plan: Organizational and Individual Consents

Much of the collaboration we do, is based on a verbal agreement and a shared understanding from the relationships we have built; however, we do have MOUs in place for some organizations.

Although HIPPA permits health care providers to disclose PHI to other health providers for coordination of care, our agency still seeks to obtain a release of information from the client. This way, our client is aware of communication, the purpose, and what information will be released.

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Collaborative Efforts with External Agencies

- Primary Care Physicians (on-going, as needed). Currently working on a plan to improve communication in this area.
- Systems of Care Teams (monthly)
 - Juvenile Office/Court
 - Missouri Children's Division
 - County Disability Resources
- Probation and Parole (CIT, monthly)
- Law Enforcement/Justice Centers (CIT, monthly)
- Schools (monthly)
- Forensic Case Monitor (monthly)
- Residential Care Facilities (monthly)
- Pharmacies/Labs (on-going, as needed)



Specific Populations and Partnerships

Youth/School Based Services:

Partnerships have been created with a Memorandum of Understanding for most local school districts to allow care coordination and psychosocial rehabilitation services to be provided in the school setting. Care coordinators work closely with school personnel to identify and address social emotional needs and behavioral health concerns that interfere with daily functioning. The schools are a primary referral source for the youth CPR (Community Psychiatric Rehabilitation) program. PSR (Psychosocial Rehabilitation) services are provided at the alternative school for behavioral health credit.

System of Care:

An approach to reform many systemic problems serving children, youth, and young adults with mental health challenges and their families. FCC BH staff conduct monthly SOC meetings in multiple counties to collaborate with all agencies who serve individuals and families. Developing community partnerships to meet the needs of a child at risk helps to make the most of existing resources and achieve better outcomes.

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Certified Peer Specialist Family Support Provider



Certified Peer Specialist & Family Support Provider

- Certified Peer Specialist
 - The CPS is trained to assist their peers in the process of recovery, build resilience, and provide hope that recovery is possible.
- Family Support Provider
 - The FSP helps parents/families of children with serious mental illness.
- Both have lived experience
- Compliments all other services, such as Care Coordination.
- Both CPS and FSP positions, help improve the quality and outcomes of treatment provided.



Certified Peer Specialist & Family Support Provider

- CPS and FSP's are a valuable addition to our treatment team.
- We ensure the community-based organizations we work with understand the CPS and FSP's role and value.
- The CPS and FSP's play a vital role in building strong community relationships. Many of the CPS and FSP's work in the communities they were born and raised in. Many people know or have heard about their stories. It is inspirational to all who are involved (both inside the agency and externally) to witness how impactful their work is for the clients we serve.



Certified Peer Specialist & Family Support Provider

- FCC has 35 CPS and 6 FSPs.
- We value our CPS and FSPs. Our plan is to add as many as we can.
- We host quarterly CPS/FSP Wellness Days. This is an all-day event for our CPS/FSP's to network with one another, snack/eat a meal, learn new information, and to play and have some fun.
- We recently held our 1st Annual Peer Support Event for the Community. The goal of this event was to educate the community about Peer Support and encourage other organizations to add Peers to their teams.
 - This was an impactful event which led several organizations to ask more questions about Peers. Many are now considering adding Peers to their teams.
 - There were also many living in recovery who felt empowered to become a CPS.
- Without a doubt, our Peers play a significant role in building strong partnerships in our communities.

Summary

Building strong partnerships is necessary to assist clients in meeting their treatment goals, improve level of functioning, and life overall.

In order to build strong partnerships:

- We examined our organizational culture and made sure we were healthy on the inside. Once this occurred, the external relationships began to come together.
- We ensure we have a shared communication plan with organizations we work with.
- We never underestimate the power/role of a CPS and/or FSP. These positions are vital in improving outcomes and building connections in the community.



Breakout Discussion



1. What are some of the current challenges your agency is experiencing in coordinating care with local community-based organizations?
2. What data points or information would be helpful to your agency in coordinating care with community-based organizations?



Keep the Conversation Going!

Take the information learned today and bring it back to your agency to continue the conversation.

Review your data and look for trends in utilization or diagnoses (mental health, substance use disorder, or physical health) to learn more about the population that is also working with local community based organizations.

- Determine what opportunities may exist to address any health disparities (either in health outcomes or utilization of services)

Upcoming Events

- **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!
 - **CCBHC-E executives** meet the last Friday of each month from 12-1 p.m. ET. [Register here](#).
 - **CCBHC-E program directors** meet the first Wednesday of each month from 12-1 p.m. ET. [Register here](#).
 - **CCBHC-E evaluators or CQI leads** meet the first Tuesday of each month from 3:30-4:30 p.m. ET. [Register here](#).
 - **CCBHC-E medical directors** meet the first Monday of each month from 12-1:00 p.m. ET. [Register here](#).



CCBHC-E TTA Center Website



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

[CCBHC-E National Training and Technical Assistance Center](#)

