CCBHC-E National Training and Technical Assistance Center

CCBHC Crisis Services Learning Community
Session 3: CCBHCs as Crisis System Partners and Leaders in Their Communities
*March 28, 2024*

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

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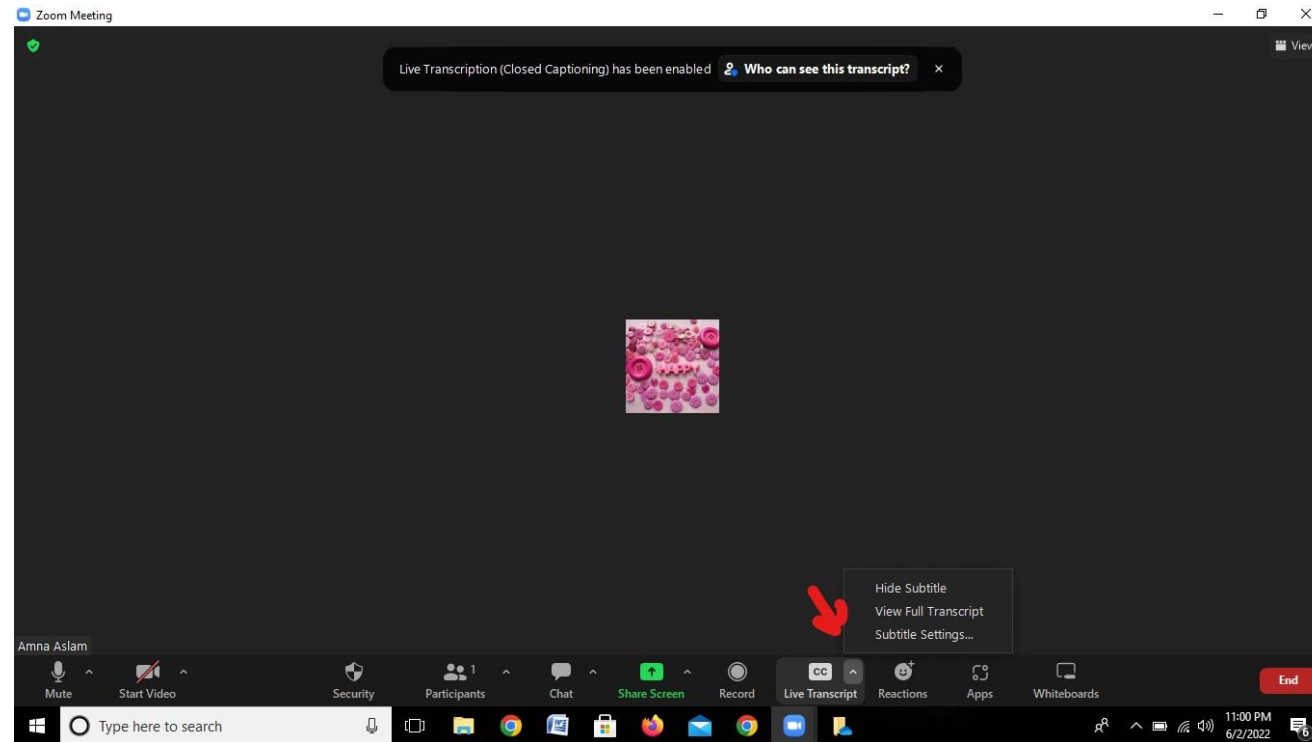

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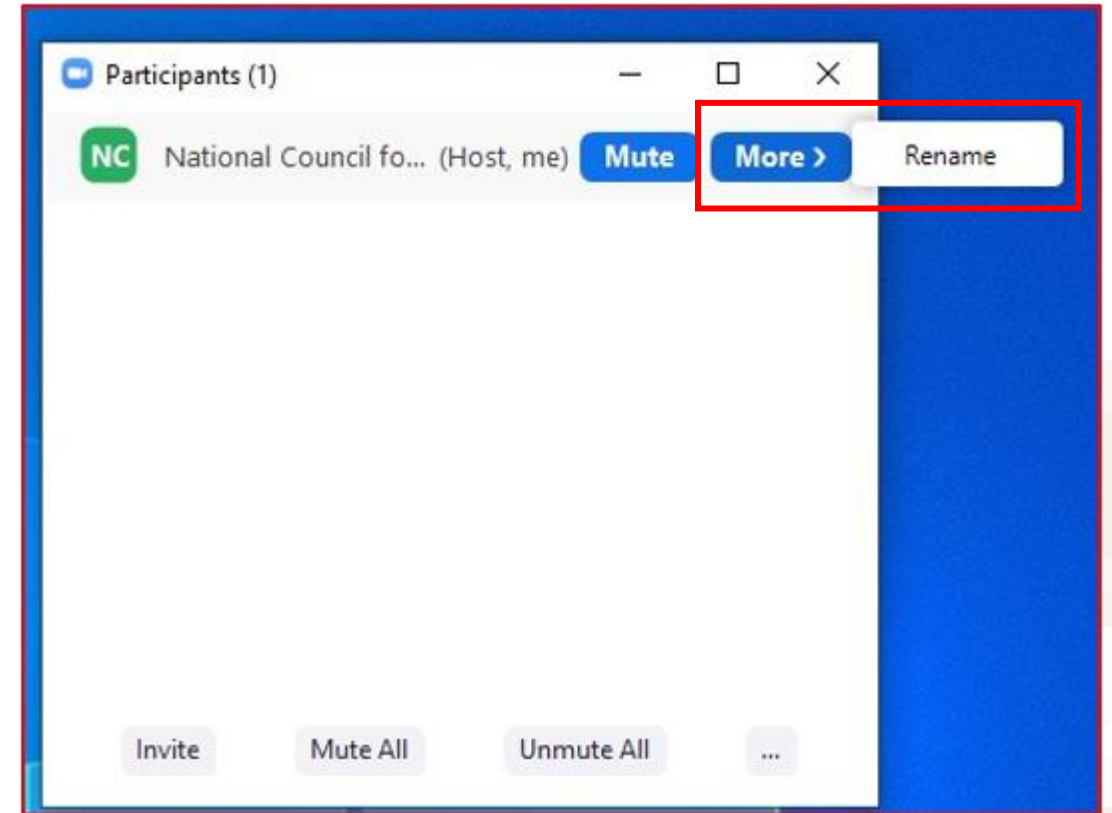
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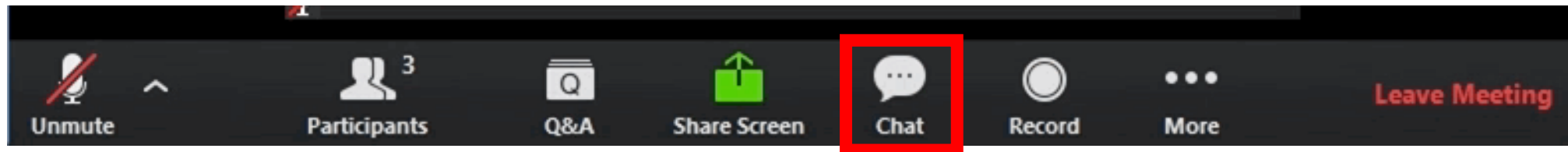
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Your Learning Community NTTAC Team

Clement Nsiah, PhD,
MS
Director

Blaire Thomas, MA
Project Manager

Kathryn Catamura,
MHS
Project Coordinator

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Today's Presenters

Kenneth Minkoff, MD

Vice President and COO
ZiaPartners

Carrie Slatton-Hodges, M.S., L.P.C.

Senior Behavioral Health Advisor
National Association of Mental Health
Program Directors

Stephanie Woodard, Psy.D.

Senior Behavioral Health Advisor
National Association of Mental Health
Program Directors

Tom Petrizzo, MSW, JD, Chief

Executive Officer
Beacon Mental Health

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Today's Agenda

1 ----- CCBHCs as Crisis Systems Leaders

2 ----- State Perspectives on Partnering with CCBHCs

3 ----- Defining Crisis System Roles for CCBHCs

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Polling Question

1) How knowledgeable are you about the state and/or local efforts to design and implement the crisis response system?

- Not at all

- Somewhat knowledgeable

- Knowledgeable

- Very knowledgeable

2) How engaged is your organization in the planning and/or implementation of the crisis response system?

- Not at all

- Somewhat

- Fairly

- Very

3) **What is your current level of understanding of the ways the state, including Medicaid, reimburse for crisis services outside of the CCBHC model?**

- None

- Very little

- Fair

- Well-versed

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CCBHCs and CRISIS SYSTEMS

**CCBHCs as Crisis System Partners
and Leaders in their Communities**

CCBHCs as Partners and Leaders on the Road to "Ideal" Crisis Systems

- The **Roadmap** begins with a foundational set of values and operational **principles** to build an ideal crisis system that is "person-centered" and "customer-oriented". **CCBHCs and their partners should work together to adopt those values to guide their collaborative development of the crisis system.**

- The **Roadmap** delineates how implementation of successful systems requires three interacting design elements that provide the structure for the three major sections of this report.

    - • **Section I: Accountability and Finance: <u>This is today's focus</u>**

    - • Section II: Crisis Continuum: Basic Array of Capacities and Services

    - • Section III: Basic Clinical Practice

- Each section consists of a series of topics covering the essential components of and ideal crisis system

- Each Topic includes:

    - Measurable criteria for that essential component
    - Recommended performance measures
    - Some describe specific local examples of successful implementation

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Vision

- **Every individual/family in every community in the U.S. will have access** to a continuum of best practice BH crisis services that are welcoming, person-centered, recovery-oriented, and continuous.

- **An excellent Behavioral Health Crisis System is an essential community service**, just like police, fire and emergency medical services (EMS).

- Every community should expect an effective BH crisis response system **to meet the needs of its population**.

A BH crisis system is more than a single crisis program.
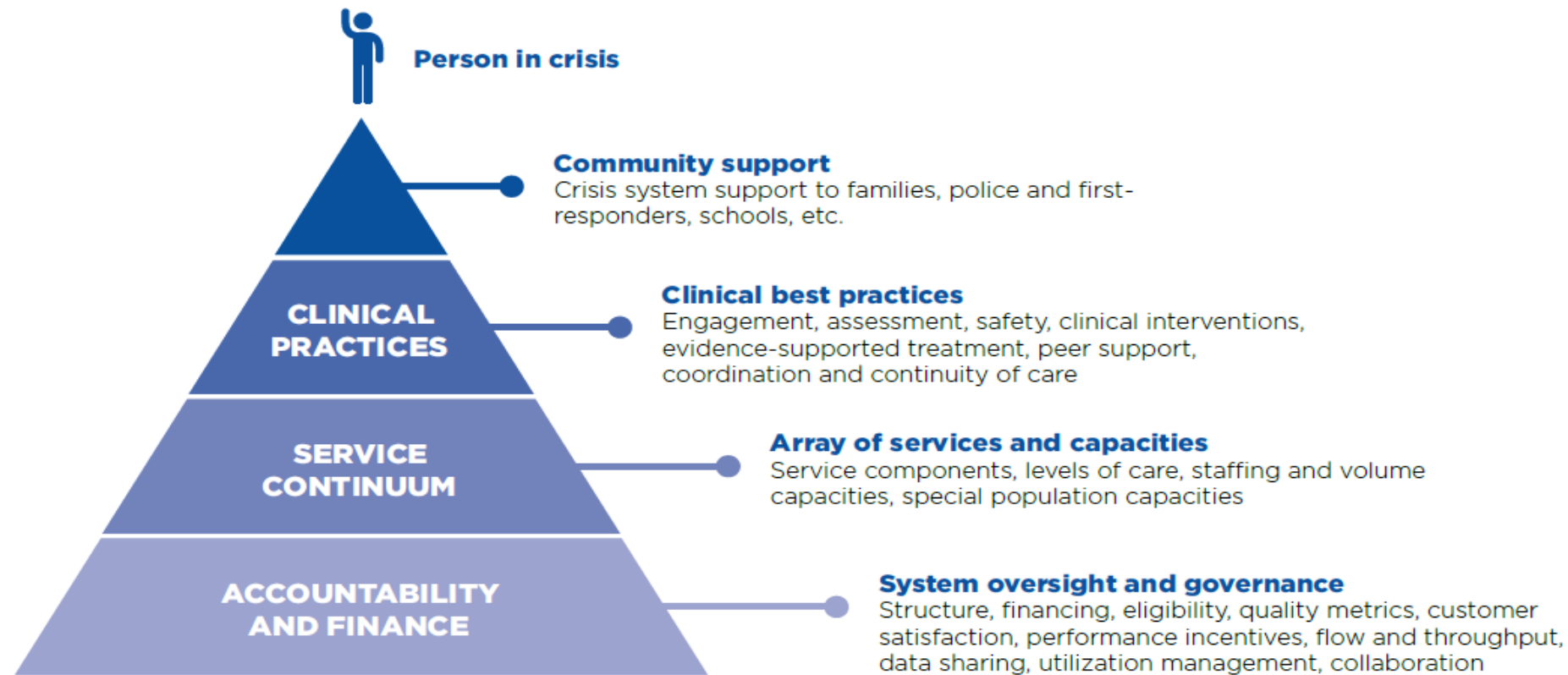
It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent BH crisis needs in a defined population or community, effectively and efficiently.

What role does your CCBHC play in partnering and leading the development of this organized collaborative process?

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THE CRISIS SYSTEM PYRAMID

Person in crisis

Community support
Crisis system support to families, police and first-responders, schools, etc.

CLINICAL PRACTICES

Clinical best practices
Engagement, assessment, safety, clinical interventions, evidence-supported treatment, peer support, coordination and continuity of care

SERVICE CONTINUUM

Array of services and capacities
Service components, levels of care, staffing and volume capacities, special population capacities

ACCOUNTABILITY AND FINANCE

System oversight and governance
Structure, financing, eligibility, quality metrics, customer satisfaction, performance incentives, flow and throughput, data sharing, utilization management, collaboration

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Section I: Accountability And Finance – Defining your Accountable Entity

- An ideal behavioral health crisis system must have both a mechanism to finance and implement a comprehensive continuum of crisis services and a mechanism to ensure oversight, accountability, and quality of the performance of that continuum.

- This section defines the concept of an **Accountable Entity**, which is **a structure for leadership and collaboration**, as well as **a mechanism for allocating responsibility and accountability** that defines the components of the crisis system and holds the behavioral health crisis system partners accountable **to the community for meeting performance standards and the needs of the population**. There are numerous different models of these structures.

FINANCING

ELIGIBILITY (ALL-PAYER)

GEOGRAPHIC ACCESS AND NETWORK ADEQUACY

QUALITY METRICS

PERFORMANCE INCENTIVES

FLOW AND THROUGHPUT

COMPREHENSIVE CLIENT TRACKING DATA SYSTEM

FORMAL ASSESSMENT OF CUSTOMER SATISFACTION

STANDARDIZED UTILIZATION MANAGEMENT AND LEVEL OF CARE DETERMINATION

RELATIONSHIP TO THE REST OF THE SERVICE SYSTEM

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Section II: Crisis Continuum: Basic Array Of Capacities And Services

An ideal behavioral health crisis system has:

- comprehensive array of service capacities,

- - a continuum of service components

- - adequate multi-disciplinary staffing

- to meet the needs of all segments of the population.

OVERALL DESIGN ELEMENTS

ELEMENTS OF THE CONTINUUM
(see inset below)

POPULATION CAPACITIES

STAFFING CAPACITY

SERVICE COMPONENTS

Elements Of The Continuum

Crisis Center or Crisis Hub		Intensive Community-based Continuing Crisis Intervention	
Call Centers and Crisis Lines		23-hour Evaluation and Extended Observation	
Deployed Crisis-trained Police and First Responders		Residential Crisis Program Continuum	
Medical Triage and Screening		Role of Hospitals in Crisis Services	
Mobile Crisis		Transportation and Transport	
Behavioral Health Urgent Care			

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Section III: Basic Clinical Practice

An ideal behavioral health crisis system has guidelines for utilization of the best clinical practices for crisis intervention with associated processes for practice improvement and developing workforce competency.

CORE COMPETENCIES FOR ENGAGEMENT, ASSESSMENT AND INTERVENTION

POPULATION-SPECIFIC CLINICAL BEST PRACTICES

SCREENING AND INTERVENTION TO PROMOTE SAFETY

COLLABORATION, COORDINATION AND CONTINUITY OF CARE

PRACTICE GUIDELINES FOR INTERVENTION AND TREATMENT

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What "entity" is "accountable" for our community's BH crisis system? And what role does our CCBHC play in helping the system to function?

Possibilities may include:

- **State BH Authority** –We partner with our state leaders, and take a leadership role to convene crisis system partners in our community or catchment area

- **County or Regional BH Authority (e.g. CSB)** - We partner with county and state leaders, and take a leadership role to convene crisis system partners in our county, region, or community

- **Our CCBHC –** We work with our state to convene crisis system partners in our community (or communities) and organize an accountable continuum of crisis services to meet the needs of our population.

- **There is none –** With guidance from our state, we take a leadership role to convene the crisis system partners in our community (or communities) and begin to work together to develop a means for holding each other accountable for our emerging crisis system.

- **We don't know –** We work with our state and county/regional intermediaries (if any) to figure this out. Then we proceed (with our crisis system partners) according to one of the bullets above.

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Roadmap: Tools to Help Implementation

- Ten Steps for Communities

- Ten Steps for System Leaders and Advocates

- Six examples of successful crisis system local implementation

- **Community Behavioral Health Crisis System Report Card** *-An instrument to assist communities to assess their current status on each of the elements of an "ideal crisis system," and to help prioritize next steps.*

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Roadmap to the Ideal Crisis System
www.crisisroadmap.com

Full Report
https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56

Executive Summary
https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031221_GAP_Crisis-Report_ExecutiveSummary-final.pdf?daf=375ateTbd56

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Additional References

From the revised CCBHC Criteria (4.C):

- National Guidelines for Behavioral Health Crisis Care

- National Guidelines for Child and Youth Behavioral Health Crisis Care

- A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth

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CCBHCs and CRISIS SYSTEMS

State Perspectives on Partnering with CCBHCs in Designing and Funding Crisis Systems

Crisis Response Systems at the State Level

States have **different** BHA and Medicaid **configurations.**

States vary in which state agency is leading the crisis system work.

All states are engaged in establishing or implementing their crisis system **on some level.**

Systems include 988, mobile crisis, and stabilization/receiving centers as well as **a continuum** of other services and supports.

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CCBHC and State Crisis Systems

States, counties and local jurisdictions have been **designing and/or implementing** crisis services.

Important to **know** what your state and county are doing in this space to **participate and engage** in the conversations.

Be prepared to help entities understand the critical role CCBHC's can play in the crisis system.

Know the ways CCBHC are being woven into the state/county crisis systems.

This may depend on **how evolved their crisis system** is and if the state is implementing CCBHC through **state plan or demonstration**.

Consider any limitations for grantees to enroll and participate in Medicaid and state/regional covered services.

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Integration of CCBHC in the Crisis System

CCBHC's can provide **essential services and supports within a state or regional crisis system** because of the required CCBHC services.

Depending on stage of implementation of CCBHC, **states and regions may be integrating CCBHC's** into their crisis continuum or **states and regions may not be engaging CCBHC's** in their crisis system design.

<u>CCBHC's may serve as:</u>

a major hub for crisis services in the communities they serve,

a service provider within the continuum for some of the services,

or may be considered **new to the crisis system** design.

It is important to **know how CCBHC's in the state have been positioned in the Crisis Response System** design.

This can help to **define your role as a leader, convener, partner, or participant.**

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Discussion Prompts

How do you work with your state BH authority and other state entities to define and develop your community's crisis system?

Do you know your state's "BH crisis lead"?

Does the state attend local meetings?

Do you know the state's requirements for community planning?

What crisis services are paid for by state and/or Medicaid?

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CCBHC Needs Assessment

CCBHC **needs assessment** will determine **internal capabilities** and **competencies** for required CCBHC crisis services.

Which services are already in place and to what degree? Which services will need to be developed or expand?

What staffing is needed to meet the requirements for the crisis services?

Are staff comfortable and competent in crisis services?

What policies and practices are needed to ensure services are consistent with best practices?

Is there a need to develop DCO agreements to meet the needs of your community?

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CCBHC Needs Assessment

CCBHC **needs assessment** will also determine **community needs, assets, and gaps in the continuum** as well as opportunities for **collaborative partnerships**.
What are the assets and what are the gaps in the community for crisis care?

Crisis call lines, mobile crisis teams, crisis receiving centers, respite, peer-led stabilization, withdrawal management, crisis residential, inpatient providers.

Where is there a need for community partnerships for support?

Who are the partners up and down the continuum for continuity of care?

What type of arrangements, if any, exist?

What level of engagement is needed?

Is there a need for care coordination agreements or MOU's?

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CCBHC Community Engagement on Crisis

It is important to be mindful of the **differences in serving urban, rural, and frontier communities.**

Partnerships and engagement may vary depending on the communities you serve (urban, rural, frontier).

Considerations for community engagement and partnerships include **availability** of resources and services, geographic **distance**, **population** concentration, **alternatives to standard practices** for law enforcement and EMS.

Example: *CCBHC guidelines call for advancements in technology, which is an important component to serving rural and frontier populations.*

The use of tablets, iPhones etc. for persons at minimum who are leaving crisis units, receiving centers, or have called in crisis can be a major component of the rural/frontier continuum, getting upstream before a future crisis presents. In addition, it can assist with workforce issues by having your licensed staff present via technology. **Utilizing technology to its furthest extent** in your continuum is critical. In addition, in rural locations, having access to a crisis receiving/stabilization center can be a game changer, with the added result of diverting from E/R's.

Example: *Crisis intervention for law enforcement standard practice in an urban area may be to drop-off individuals in crisis to either the emergency room or jail.*

Law enforcement may be willing to engage in planning to bring individuals in crisis to your CCBHC. Issues raised may include time and distance to travel, wait times, need for additional transport, ability to accept individuals on legal holds, high acuity and/or severity, and access to additional resources for continuity.

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Discussion Prompts

Identify and be prepared to describe the way in which you and your community partners come together to collaborate and plan for your community's crisis system. If this is not happening, be prepared to describe what you would want.

What is (or would be) your CCBHC's role in that partnership group? Leader/convener; participant; other? Who else is expected to participate?

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Making the business case for CCBHC's: Capturing the impact of your crisis services

Two of the biggest **cost drivers to the behavioral healthcare system** are behavioral health related emergency room visits and inpatient hospitalizations.

Community perception of impact is powerful.

Gather data to demonstrate utilization and costs from system diversion. Consider both qualitative and quantitative measures.

Think about how you can **collect and report on data that can "tell the story"** about how services have resulted in positive outcomes and reductions in costs to the systems.

Be prepared to be able to speak to the impacts of your services on patients, the community, and avoidable costs to the systems (healthcare, criminal/juvenile justice, schools, etc.).

Examples:

- Law enforcement drop-off-diversion/deflection from jail or ER

- EMS-ER diversion

- School Mobile Crisis Response

Leveraging Medicaid and State Funding for Crisis Services

Critical importance of knowing what is currently reimbursable under Medicaid through state plan services and waivers as well as state funding for crisis services.

Supports sustainability and CCBHC crisis service growth.

Cross-walk between CCBHC required and allowable crisis services and Medicaid/State covered crisis services.

Maximize reimbursement across funding streams.

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Leveraging Medicaid and State Funding for Crisis Services

- Crisis Intervention

- In-home stabilization

- Mobile Crisis

- Telehealth

- Stabilization services on-site

- Respite

- MOUD Induction, SUD screening and assessment, ambulatory withdrawal management

- Medication management

- Case management, care coordination

- Peer Recovery Support Services

- Social Determinants of Health Resource Navigation

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Tom Petrizzo, MSW, JD, Chief

Executive Officer
Beacon Mental Health.

CCBHCs and CRISIS SYSTEMS

Defining Your Roles and Responsibilities as a CCBHC in Your Local Crisis System

Translating the Crisis System into the Roles/Expectations for CCBHCs

- Crisis System is more than a list of services – However....

- Integrate required crisis services per CCBHC Criteria into the Crisis System –
  - Emergency Crisis Services w/988 call center
  - 24/7 Mobile Crisis Response
  - 24/7 Crisis Walk-in, e.g. Crisis Stabilization or Urgent Care
  - Care Traffic Control System

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Who Should do These Crisis Services?

CCBHC <u>and/or</u> a community partner?

- Assess CCBHC capacity to do these services
  - What Crisis Services already in place/ what would need to be added or enhanced?
  - Leadership in Community in Crisis Arena (Hospitals, First Responders, Shelters, Urgent Care)
  - Who has most expertise in providing crisis services?
  - What natural partners for which crisis services?

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Community Crisis Arrangements - Crisis Services w/988 Call Center

Required CCBHC Crisis Services

CCBHC adds 988 Call Center –

Pros - CCBHC 988 call center is more local and better knowledge of individual CCBHC clients and their needs. More seamless transitions from calls to local CCBHC services. Maintain autonomy to run call center.

Cons - May be too big a lift for CCBHC to staff a 24/7 call center, recruiting retention challenges. Also, technology needs, data collection and reporting requirements.

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Community Crisis Arrangements – Crisis Services w/988 Call Center (Continued)

Partner w/existing call center (DCO arrangement) like 911 call center or county/state response system

Pros – Call center already exists with staff and oversight; not responsibility of CCBHC to create and maintain it.

Cons – May be regional call center and not know certain callers as well or resources that exist for smooth transitions.

Contract relationship may be complicated or lose some autonomy using a third-party call center.

Community Crisis Arrangements – 24/7 Mobile Crisis Response

24/7 Mobile Crisis response (MCR) options – All CCBHC, Hybrid, All Partner

All CCBHC – CCBHC provides MCR 24/7 with own staff and teams. Assess current capacity and what needed to create and sustain 24/7 MCR

Hybrid – CCBHC provides some of the MCR and partners w/local provider for other part

Example – CCBHC provides weekday MCR while partner provides after hours and weekends MCR

All Partner – CCBHC agrees with community partner to have them provide all MCR services

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Community Crisis Arrangements – 24/7 Mobile Crisis Response (Continued)

All CCBHC MCR -

Pros – Your team and your approach with local control and ability to adjust

Cons – Recruitment/Retention and back-up coverage

Hybrid MCR -

Pros – Utilizes current CCBHC services with special expertise of a partner

Cons – May be confusing to the community or clients

All Partner -

Pros – All staffing and service requirements on the partner

Cons – Partner approach may be lacking or not responsive enough

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Community Crisis Arrangements - 24/7 Crisis Walk-in Services

<u>Crisis Walk-In</u> could be Crisis Stabilization Unit (CSU) or Urgent Care w/prescriber available

<u>CCBHC</u> provides service alone – May already have it, enhancement of current crisis walk-in

<u>Hybrid</u> – Partner w/hospital for CSU on hospital campus but run by CCBHC

      Partner w/primary care urgent care to add mental health urgent care

<u>All Partner</u> – Contract w/local provider to deliver these services

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Community Crisis Arrangements – 24/7 Crisis Walk-in Services (Continued)

Pros/Cons of Crisis Walk-in Crisis Service Arrangements

If CCBHC alone – may be natural addition to comprehensive crisis service already available

If Hybrid – have benefits of natural supports, facility and expertise of a local provider, like a hospital or urgent care provider

If All Partner- Responsibility with partner and may be natural service addition to partner's already existing services.

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Community Crisis Arrangements - Care Traffic Control

This service lends itself to partnering – With Whom?

- Local Hospitals or Regional Medical Center – collect client data, report bed availability and disposition

- Regional or State Tracking System – Bed Availability, Utilization and Reporting Disposition

- Utilize technology in partnership, e.g., Chorus, Bamboo Health

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Practice Reminders for Crisis Services

- Crisis response should be a coordinated community system of care, not individual services.

- Community is key – who is your audience and who are partnering with?

- Data and Outcomes – collecting and reporting relevant crisis service data and clinical outcomes

- Utilize peers and persons w/lived experience

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Practical Considerations for Your Community

How is the crisis response system working?

Be able to show demonstrable change and results – How?

- Care Traffic Control data

- Hospital Diversion Data

- Crisis Stabilization Data

- Peer Services Data

- Individual Case Stories

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Practical Considerations - What's Next?

Plan for your Crisis System in your community

- Identify potential crisis system partners and make connections w/them

- Identify crisis system service and staffing gaps using your needs assessment

- Include peers and persons w/lived experience in planning and services

- Don't forget data systems and reporting

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Open Discussion

- What are your next steps as a crisis system leader and partner?

- What steps will you take to help develop an organized crisis system collaboration in your community?

- How will you work with state and county/regional leaders to be a great partner in helping your community's crisis system to flourish?

- What role will you play as a leader and partner (beyond just providing services) in establishing an "accountable" high-performing BH crisis system to serve your community's population?

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Closing: Sharing and Preparing

- Brave Volunteers: We need 2-3 volunteers to lead off the discussion next time

- Next Session: April 25th: 3pm ET

- Topic: CCBHCs, 911/988 Call Centers and Care Traffic Control

- Prep work:
  - Review your partnership with the 988 Call Centers that serve people from your area
  - Consider how 988 or 911 triages calls and dispatches your mobile crisis team. How can that be improved?
  - What is the Care Traffic Control system in your community? How can your CCBHC make it better?

All slides and recordings will be posted to our learning community website within 48 hours

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