

# CCBHC-E National Training and Technical Assistance Center

*CCBHC Crisis Services Learning Community*

*Session 4: CCBHCs, 911/988 Call Centers and Care Traffic Control*

*April 25, 2024*

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

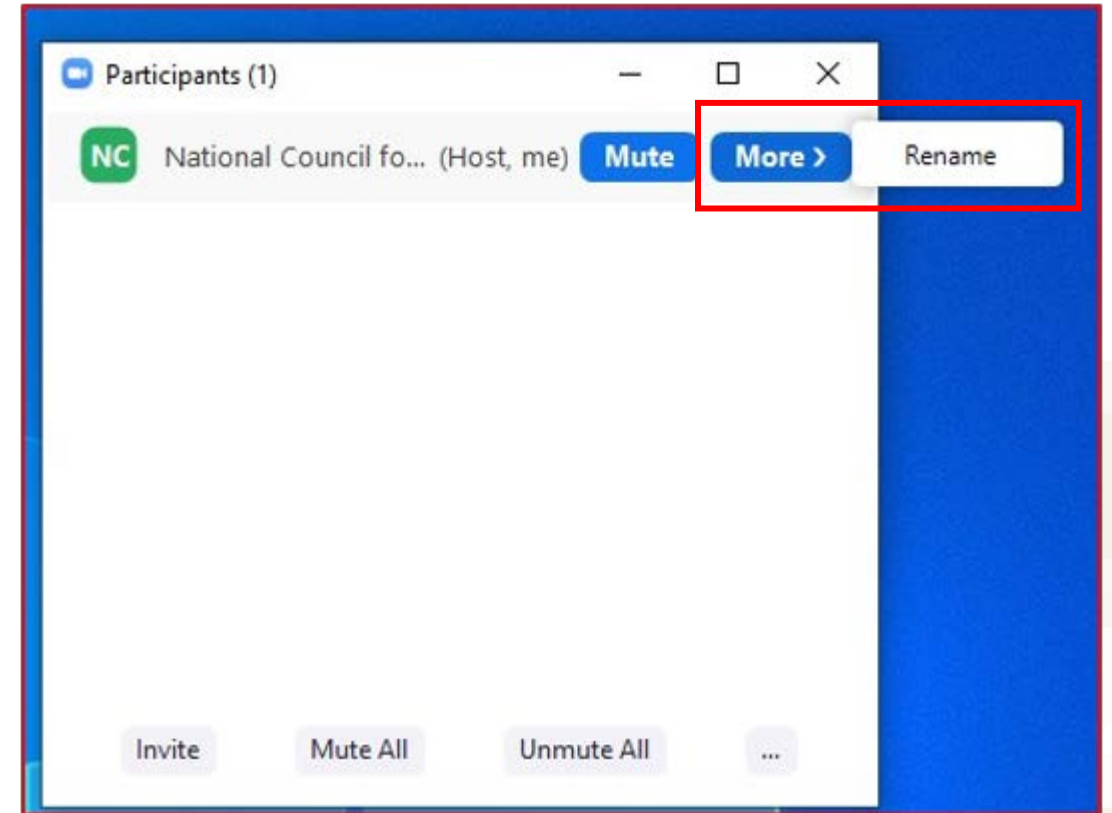
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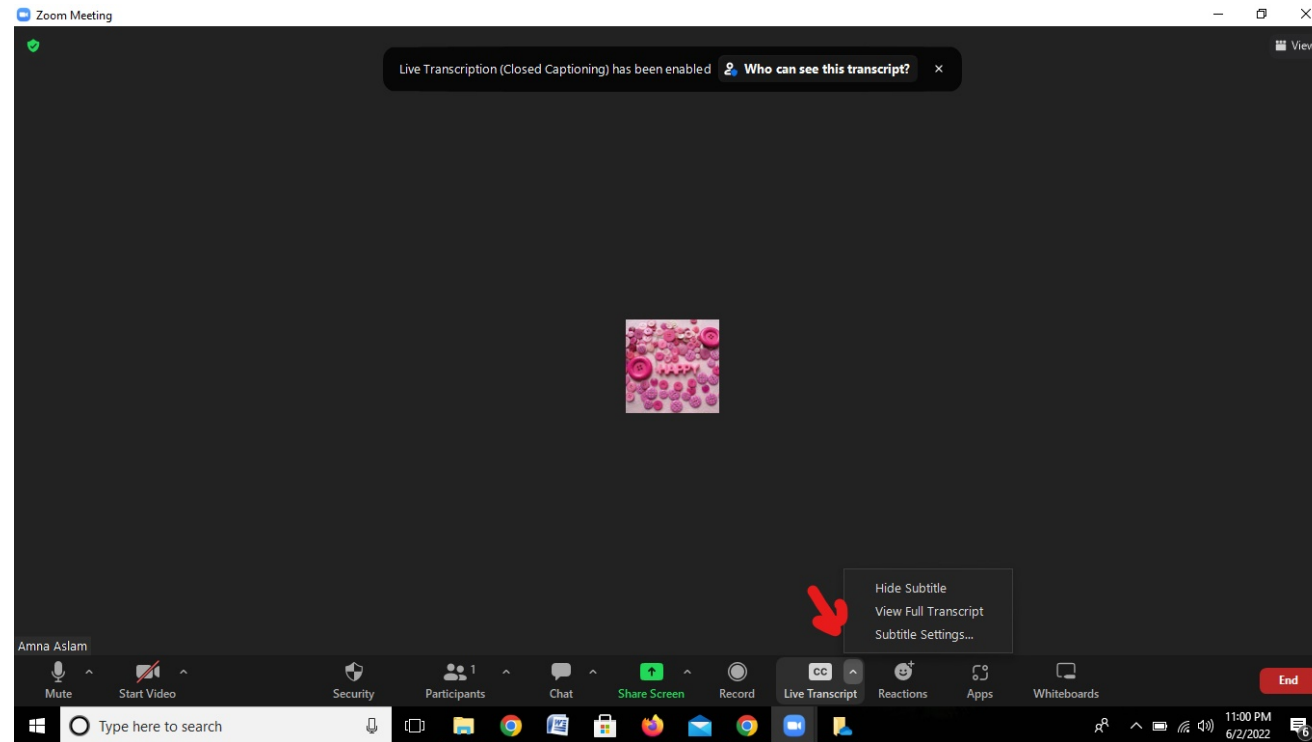


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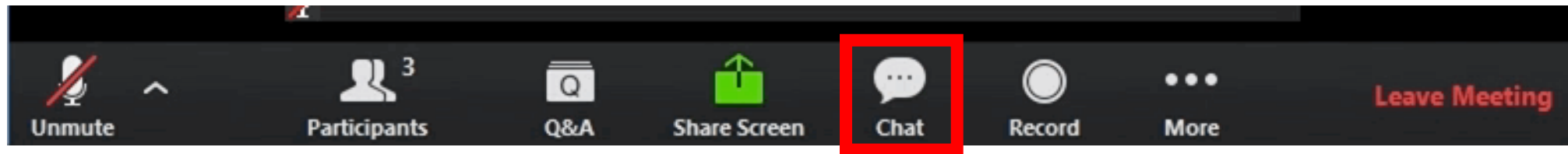


# How to Enable Closed Captions (Live Transcript)

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.

# Your Learning Community NTTAC Team



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# Today's Presenters



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Chief of Statewide Crisis Services for  
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Executive VP of Clinical  
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988 Taskforce Chair



# Today's Agenda

1

- Review of CCBHC Criteria for Call Centers and Care Traffic Control

2

- CBHCs and 988/911 Call Center Coordination - Oklahoma & Missouri

3

- CCBHCs and Care Traffic Control

4

- Volunteer Sharing and Group Discussion

# Polling Question

- Does your CCBHC have formal procedures for providing f/u with all 988 centers serving your population?
  - a) We are just starting to work on those
  - b) We have some procedures in place (e.g., walk-in but not mobile crisis) but not all
  - c) We are almost complete
- Do you have mechanisms for "care traffic control" for individuals in your service area who experience a crisis, so you can make sure they don't fall through the cracks?
  - a) We are just starting to work on those
  - b) We have some processes in place (e.g., just for current clients, OR just for ED visits or hospitalizations) but not all
  - c) We are almost complete





# **CCBHC "Someone to Call": Call Center Hub and Care Traffic Control**



# CCBHC Crisis Requirements: Six Essential Elements with Today's Focus in Bold

- Crisis System Needs Assessment
- Crisis System Collaboration and Partnership Development
- Crisis Services Implementation –
  - **Someone to Call: Emergency Crisis Intervention: Call Centers, Triage, Care Traffic Control, and Quality Coordination**
  - Someone to Respond (Mobile Crisis)
  - Safe Place to Be (Walk-in Urgent Care and Crisis Stabilization)
- Crisis Services Best Practice Implementation

# CCBHC Required Services: Someone to Call

## Emergency Crisis Call Center Services (CCBHC 2023 Criteria, page 27)

- CCBHC provides or coordinates with telephonic, text, and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide, as well as responding to any type of MH and/or SU crisis call.
- Can DCO with state-sanctioned systems.
- Participates in any state, regional, and/or local “care traffic control” system
- Develops protocols to ensure smooth hand off from call center to CCBHC (or DCO crisis provider) for mobile crisis, crisis stabilization, or other follow up.
- *More detail on each element of this requirement in the following slides*



# CCBHC Requirements for Call Center Services

- The CCBHC must **coordinate with the 988 designated call center(s) that serve its area**. The designated 988 centers, by definition, meet the required Lifeline standards. They are designed to respond to all types of BH Crisis by call, text, and chat – MH and/or SUD – including but not limited to suicide risk. There may be separately designated 988 lines to respond to calls not in English.
- The CCBHC may choose to be designated as a 988 provider if that option is available, but it is more common to create a formal relationship with separate 988 providers.
- The CCBHC may or may not have its own 24/7 call center for clients in crisis. Because 988 is not yet GPS enabled (**but is starting to pilot this**), many CCBHCs elect to have a designated number for their communities. If the center has its own 24/7 line, it **MUST** coordinate that line with 988, and establish the same triage and care coordination functions as with the 988 center(s).
- The Call Center requirements include (see next slide for more detail):
  - Triage protocols
  - Care Traffic Control
  - Quality Coordination of Crisis Care



# CCBHC Crisis Required Triage Protocols (CCBHC 2023 Criteria p. 12)

- All people presenting for service, whether in-person, or by call/text/chat, receive a **preliminary triage, including risk assessment**. The triage protocol determines whether response is routine, urgent, or emergent.
- The CCBHC **MUST delineate protocols for 988 or other call centers to have next steps** for each level of response, both for new and current clients. Protocols include instructions for accessing and using any existing Crisis Plans or Advance Directives.
- For emergent/urgent needs, the initial evaluation may occur via telehealth or phone, but in-person is preferred. If telephonic crisis evaluation occurs, **the person MUST be seen in person at the next subsequent encounter** and the initial evaluation reviewed.
- For emergent needs, there **MUST be a protocol for handoff (if needed) from 988/call center to CCBHC/DCO mobile crisis, or for referral or transport to a crisis observation or stabilization center (MH or SUD), or for referral or transport to an ED**, as well as for determining need for law enforcement or EMS to respond.
- **ALL clients MUST be educated** about how to access 988 or other hotlines/warmlines when in crisis, as well as –if at risk– about overdose protection interventions. (p. 14)



# CCBHC Required Care Traffic Control (CCBHC 2023 Criteria p. 27)

- Care (formerly “Air”) Traffic Control is a model for **real-time coordination of crisis care and linkage to crisis response services for individuals/families in a crisis system.**
- It may involve technology enabled systems, such as GPS enabled mobile teams, “bed boards or registries”, and 24/7 next-day appointment (NDA) scheduling through the call center (at the CCBHC and/or at other services).
- The **CCBHC MUST participate in using available technology and data-sharing arrangements in any existing care traffic control systems that are operated by the state, region, county, or local system.** For example, the CCBHC is required to connect for NDA scheduling when that capacity is available and/or required to participate in “service capacity registries” for access to immediate services (“bed registries”).
- Care Traffic Control systems require **effective, formalized collaboration and information sharing protocols** with EDs, hospitals, crisis stabilization units, law enforcement, EMS.
- The CCBHC may use CCBHC funding (grant or PPS) to enhance its own technology infrastructure to improve its ability to be an effective partner in Care Traffic Control



# CCBHC Quality Crisis Care Coordination (CCBHC 2023 Criteria p. 27)

- Care Traffic Control systems are intended to enable effective quality crisis care coordination. **Call center functions can include being a “hub” for care coordination.**
- **Quality crisis care coordination is REQUIRED for the CCBHC** whether or not there is a sophisticated care traffic control system in place.
- Quality crisis care coordination involves developing collaborative protocols to locate and track progress of all individuals/families moving through the BH crisis system with which the CCBHC is involved, so that **everyone gets what they need in real time, and no one falls through the cracks.** This includes new clients who are being served by the CCBHC (or its DCOs) in crisis, as well as existing clients who are experiencing a crisis.
- These protocols identify who is being referred from/to each step in the crisis continuum, whether they have been served, whether the response was timely and appropriate, whether additional support is needed, or whether further outreach and engagement is necessary. **The CCBHC should define responsibility for who will follow up when needed.**
- Steps include (e.g.) call center to mobile crisis or urgent care, from there to crisis center or ED, from there to hospital or CSU, from there to post-crisis intensive follow-up, etc.





# Innovators in Crisis Care



**Tony Stelter, LPC**

Chief of Statewide Crisis Services for the  
Oklahoma Department of Mental Health and  
Substance Abuse Services



**Lauren Moyer**

Executive VP of Clinical Innovation  
for Compass Health Network and Missouri  
988 Taskforce Chair



**Oklahoma's Crisis Continuum: Focusing on 988  
Contact Center, Warm Handoffs to CCBHCs, Dispatch  
of Mobile Crisis Teams, and key collaborations with  
Law Enforcement and Community Partners**



# 988 Crisis Contact Center and Crisis Lines

- What is a contact center?
- How to identify the contact centers in your area?
  - Reach out to Vibrant [Contact Us - Vibrant Emotional Health : Vibrant Emotional Health](#)
  - Meet with your 988 contact centers to become a resource and to collaborate on referral, warm hand-offs, MOUs, etc.
    - Oklahoma has a warm transfer procedure, an automated daily report sent to CCBHCs
- CCBHC 24/7 Crisis Line
- Why are both needed?



# Dispatching Mobile Crisis Teams, 911, and Law Enforcement

- Centralized Dispatching via 988 Contact Center
  - Technology
- CCBHC Mobile Crisis Teams
  - KPIs
- First Responder Backline
  - Establish Protocols
  - Point of Contact
  - Regular and Consistent Communication
  - Ensure Infrastructure and Follow-Through to Meet Demand
- Follow-Up



# Urgent Recovery Center and Crisis Stabilization Units

- In Oklahoma, the CCBHCs provide Urgent Recovery Centers as well as Crisis Stabilization Units
  - These are key to the crisis continuum for 988, mobile crisis response, law enforcement, and the community.
  - Access point to engage in services
  - Stabilization at the lowest level



# Special Populations

- Cultural Competence and Training
- Language
- Oklahoma 988 and Tribes
  - 988 Tribal Workgroup
  - Oklahoma 988 Tribal Warm-Transfer Procedure

# MISSOURI'S 988 CRISIS CONTINUUM

## ENGAGING OUR COMMUNITIES



LAUREN MOYER, COMPASS HEALTH NETWORK, 988 TASKFORCE CHAIR



TheNationalCouncil.org



Compass Health  
Network

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# Missouri's 988 Model



7 Centers handle all 988 contacts (calls, texts, chats, and follow-up)



Each of Missouri's 115 counties are covered by 7 centers



Provident Behavioral Health handles all backup calls for Missouri



DeafLEAD handles all texts and chats for Missouri



MISSOURI DEPARTMENT OF MENTAL HEALTH  
DIVISION OF BEHAVIORAL HEALTH

## 988 CALL, TEXT, AND CHAT COVERAGE IN MISSOURI



June 2023



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# Mobile Crisis Response

- On-site crisis response deployed to wherever a person in crisis is located in the community (home, school, work, library, McDonalds, etc.)
- Available 24/7 across the state
- Connection to resources and services, including follow-up services, if needed
- Goal is to support individuals in the community, prevent the need for a higher level of care and future crises, and reduce the overuse of public health and safety resources

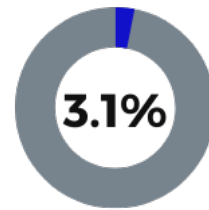
MISSOURI DEPARTMENT OF MENTAL HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
**MOBILE CRISIS RESPONSE MAP**



# Crisis & Emergency Response Data

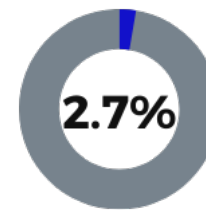
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Of all 988 and Mobile Crisis Response contacts answered from July 2022 - February 2024:



988 contact with First  
Responders

2.74% resulted in contact with first responders for involuntary detention or active rescue, and .39% for non-active rescue



MCR contact with First  
Responders

1.66% resulted in contact with first responders for involuntary detention or active rescue, and 1.03% for non-active rescue





# UPSTREAM PREVENTION TAKES TRUE COLLABORATION

- 988 and 911 PSAP formal partnerships
- 11 counties, however 185 PSAPs
- True Collaboration takes time to cultivate trust
- Formal MOUs, staff training each other, co-locating and call transfer
- Overcoming liability concerns



# Behavioral Health Crisis Centers

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- Crisis support in a trauma-informed setting
- Triage, assess, stabilize, and provide immediate resources (including medications)
- 18 operational, 6 more planned (5 serving youth) - scan QR code for locations
- Accepts walk-ins, ambulance, and law enforcement drop-offs
- Connection to resources and services, including follow-up services, if needed
- Goal is to divert from hospital and jail settings where possible



# Strategies that contributed to growth

- Plan upstream –prevention, outreach and engagement
- Hire, hire, hire – before you bottleneck
- Improve overall infrastructure – IT, QI, Financial, HR, Training, Data analysis and program evaluation
- Stay competitive with yourself – Better and Better mindset
- Community Needs assessment – gaps, demographics, stakeholder needs
- Substantial investments in facility improvements
- Major investments in quality and compliance
- Continued focus and commitment to community health - focus on what we do best and partner with the rest



# Closing: Sharing and Preparing



- Brave Volunteers: We need 2-3 volunteers to lead off the discussion next time
- Next Session: May 30th: 3pm ET
- Topic: Engaging Peers in the Provision of CCBHC Mobile Crisis and Urgent Care Services
- Prep work:
  - Identify one or more places where you have engaged peers in doing any type of crisis work in your CCBHC, and share what your experience has been
  - Be prepared to share at least one way in which you have used – or could use - CCBHC funds to expand peer capacity in crisis services
  - Identify one barrier in your community to engaging peers in crisis services that you would like to ask the group for help in addressing.

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



# CCBHC-Expansion Grantee National Training and Technical Assistance Center

*We offer CCBHC grantees...*



## Virtual Learning Communities, Webinars and Office Hours

Regular monthly offerings that are determined based on grantees expressed needs.



## Opportunities for Collaboration with Other Grantees

Monthly Peer Cohort Calls for CCBHC Program Directors, Executives, Evaluators and Medical Directors.



## Direct Consultation

Request individual support through our website requesting system and receive 1:1 consultation.



## On-demand Resource Library

Includes toolkits, guidance documents, and on-demand learning modules.



Access our website to register for upcoming events, submit a consultation request or scan our on-demand resource library:  
<https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/>

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# Questions or Looking for Support?



Visit our website  
and complete the [CCBHC-E  
NTTAC Request Form](#)



*[thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/request-training-assistance/](https://thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/request-training-assistance/)*

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