State Learning Collaborative

Aligning Crisis Response Systems & CCBHCs

Session 1: Kick-off & Visioning

May 8, 2024

CCBHC S-TAC

CCBHC State Technical Assistance Center

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Welcome from the National Council

- **3,300+ health care** organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.
  - Advocacy
  - Education
  - Technical Assistance

NATIONAL COUNCIL *for* Mental Wellbeing

Welcome from S-TAC

Purpose: To promote national uptake of the CCBHC model and provide CCBHC-related Technical Assistance (TA) to states to facilitate knowledge, capacity, and quality improvement for statewide CCBHC development, implementation, and advancement.

Target Audience: All States and U.S. Territories, in varying phases of CCBHC implementation

Goal #1	Goal #2	Goal #3
• Design and implement a robust and effective TA strategy (including both virtual and in-person TA) using best practices in TA implementation science and knowledge translation.	• Support states to adopt the CCBHC model, certify CCBHCs, and effectively implement a CCBHC strategy.	• Contribute to efforts to accelerate adoption of the CCBHC model nationally by synthesizing and disseminating information to internal and external stakeholders and the public on CCBHC adoption and implementation.

S-TAC Team Introductions

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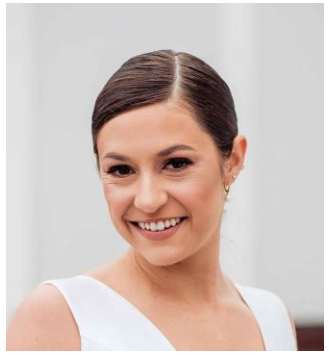

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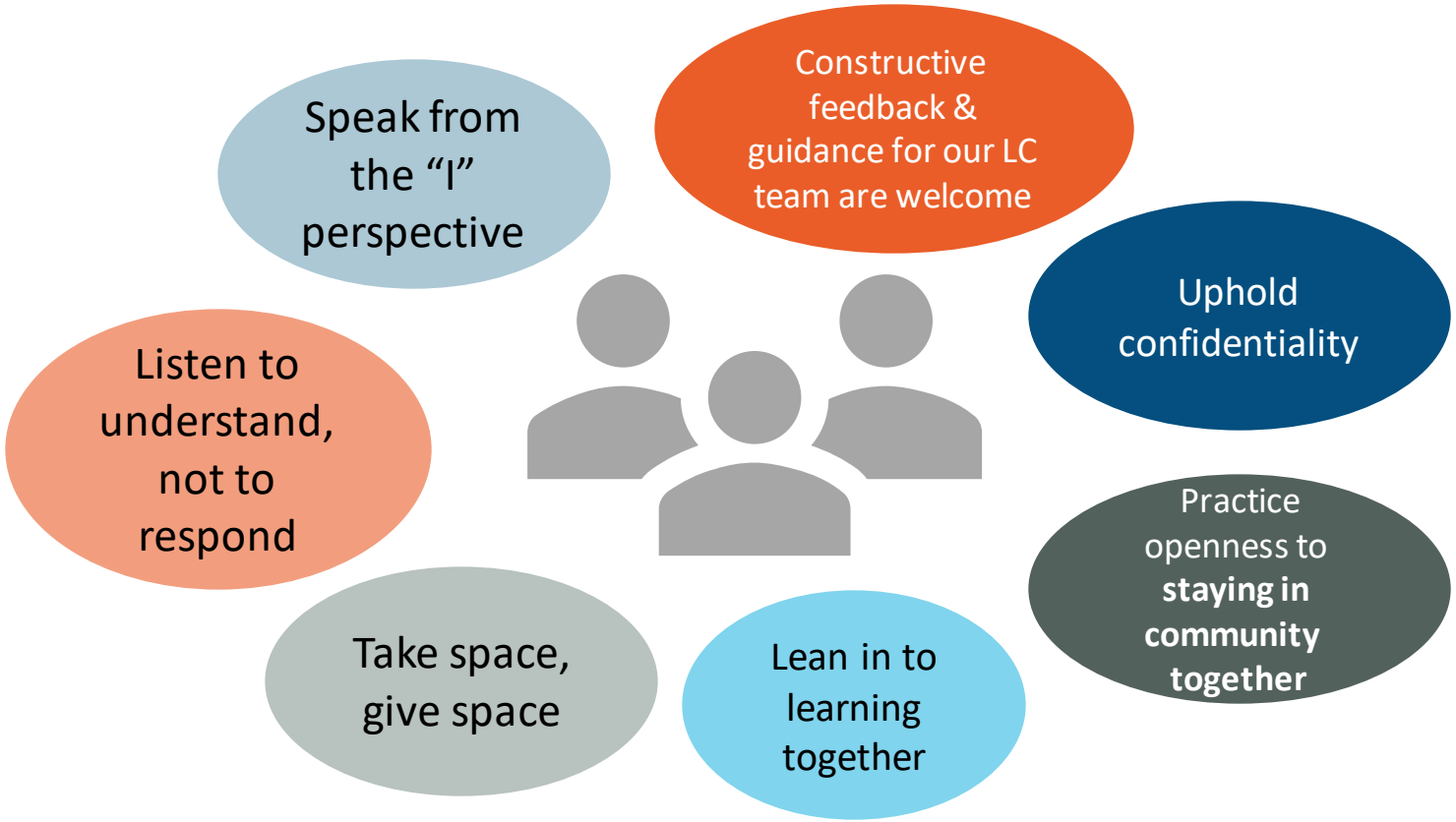
Purpose & Goals of the Learning Collaborative

- Supporting states in building crisis response systems that maximize the role of CCBHCs in those systems
- Advancing the sustainability of the CCBHC model through alignment with state crisis response systems
- Developing a vision and action plan for advancing state CCBHC and crisis system efforts

Session Norms

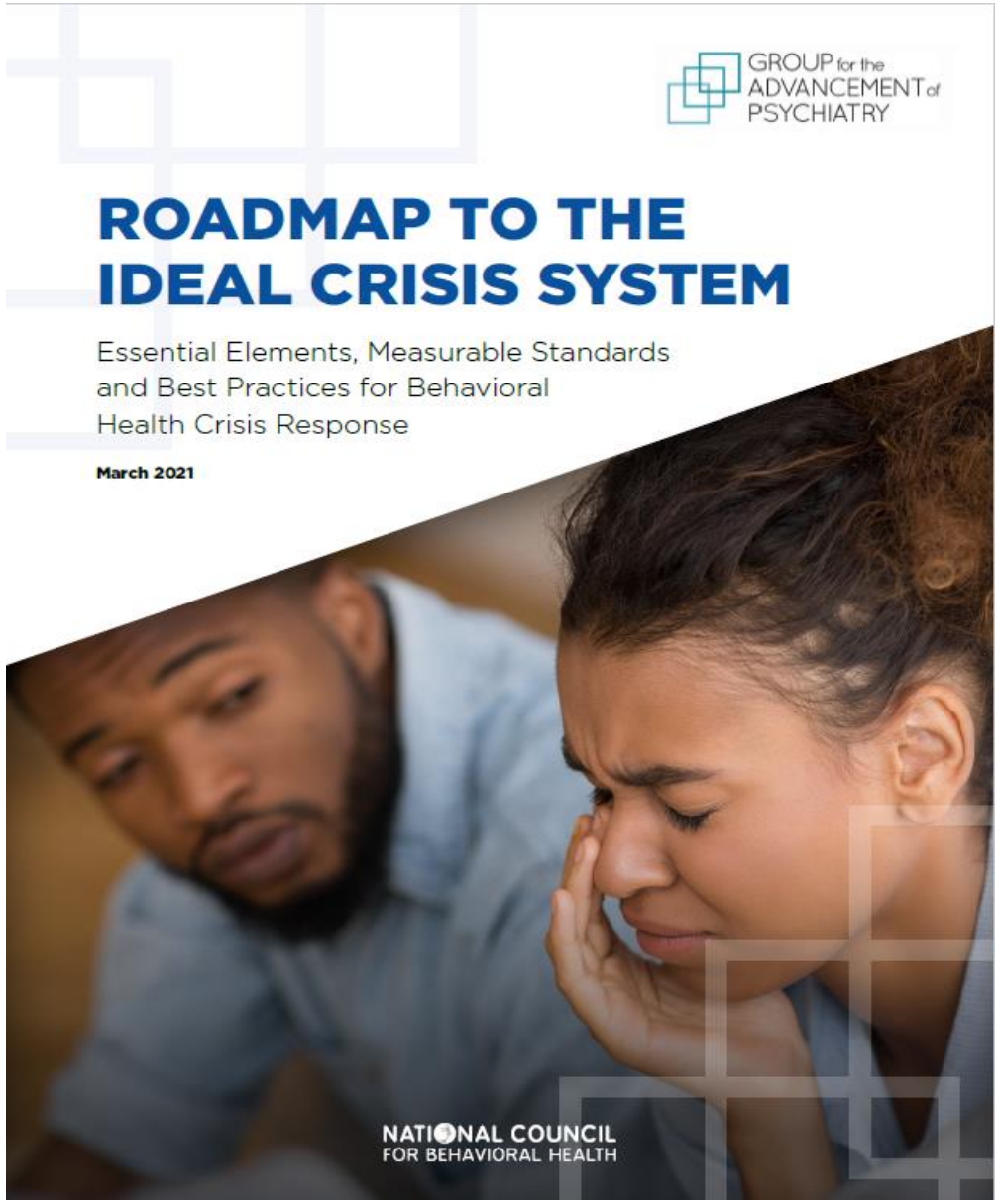


The Lay of the Land - CCBHC

- CCBHC- started with the first demonstration 2017, but state planning efforts started several years prior.
- Started with 1 urban, 1 rural and 1 combination of both
- Developed a state plan amendment (SPA) to take CCBHC statewide
- Current status: All moved back into the demonstration to receive enhanced match and to have one set of rules/outcomes for all
- All CCBHC's required to provide mobile crisis teams (MCT) as defined in rules, 24/7 operation of a crisis receiving facility in each county
- Seeded state money, then picked up by re-base of PPS

Visioning document and outline for learning

- Part 1: Crisis system structure and accountability
- Part 2: The role of CCBHC in the crisis system
- Part 3: Financing the Crisis System
- Part 4: Monitoring, managing, and performance improvement



A report of the Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry

Jacqueline Maus Feldman MD co-chair
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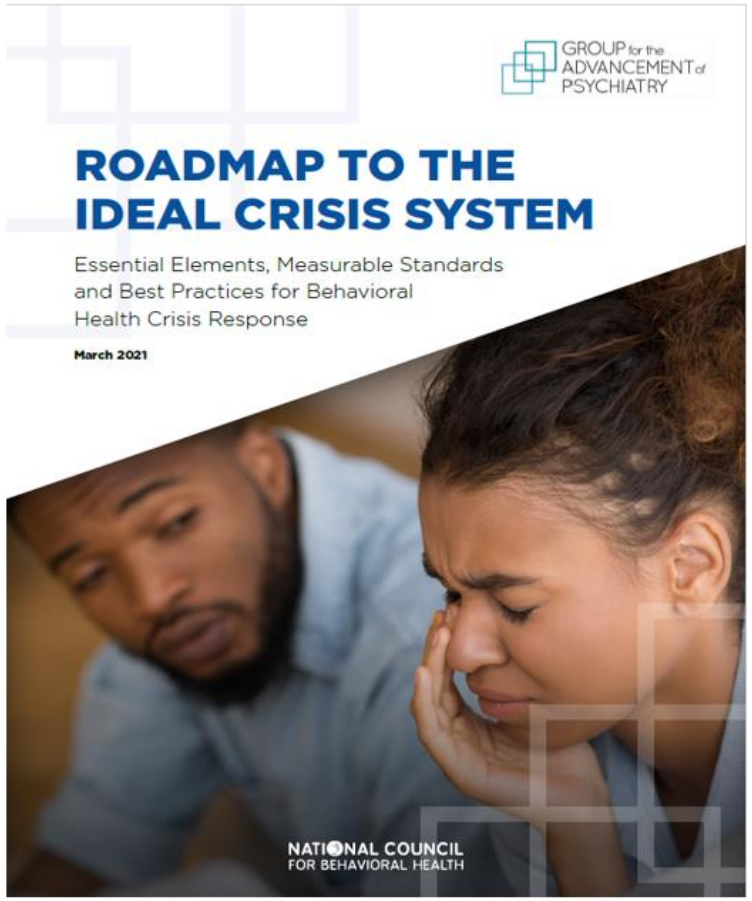
GROUP for the ADVANCEMENT of PSYCHIATRY

Published by the National Council for Behavioral Health

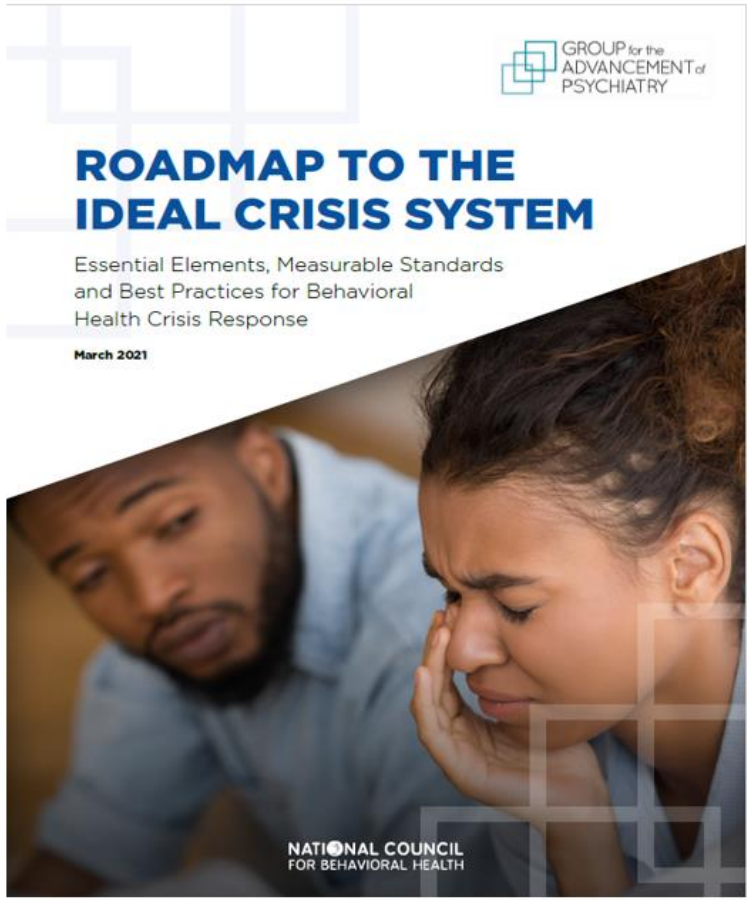
States, Communities, and CCBHCs: Partners and Leaders on the Road to "Ideal" Crisis Systems



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."

States must work with their "intermediary" partners (including CCBHCs) to adopt those values to guide their collaborative development of the crisis system.

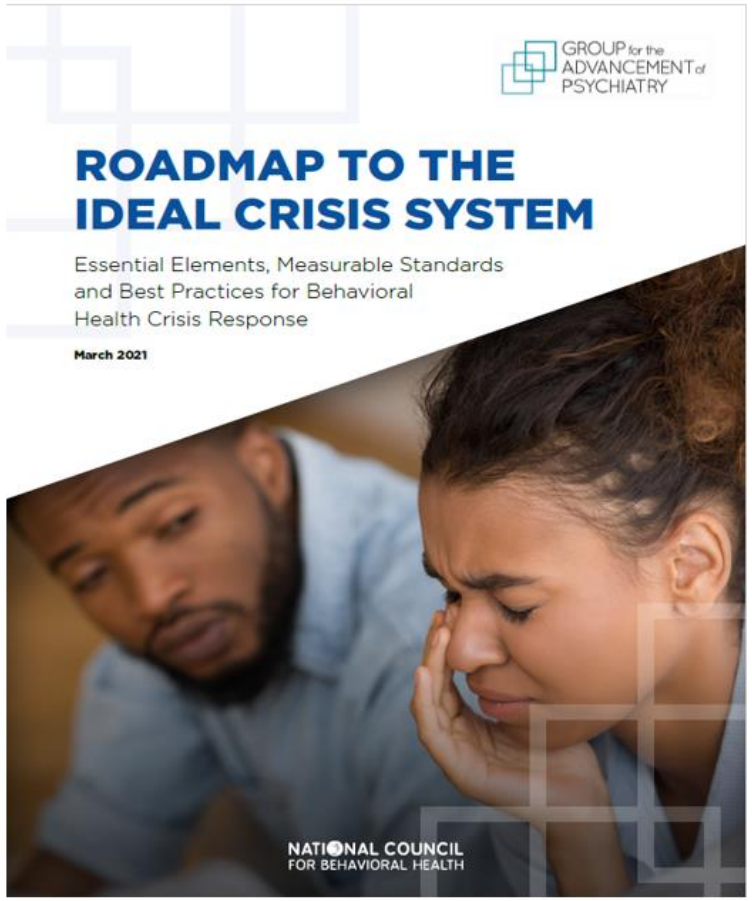
States, Communities, and CCBHCs: Partners and Leaders on the Road to "Ideal" Crisis Systems



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

States, Communities, and CCBHCs: Partners and Leaders on the Road to "Ideal" Crisis Systems



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

Ideal Crisis System 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 behavioral health crisis system is more than a single crisis program.

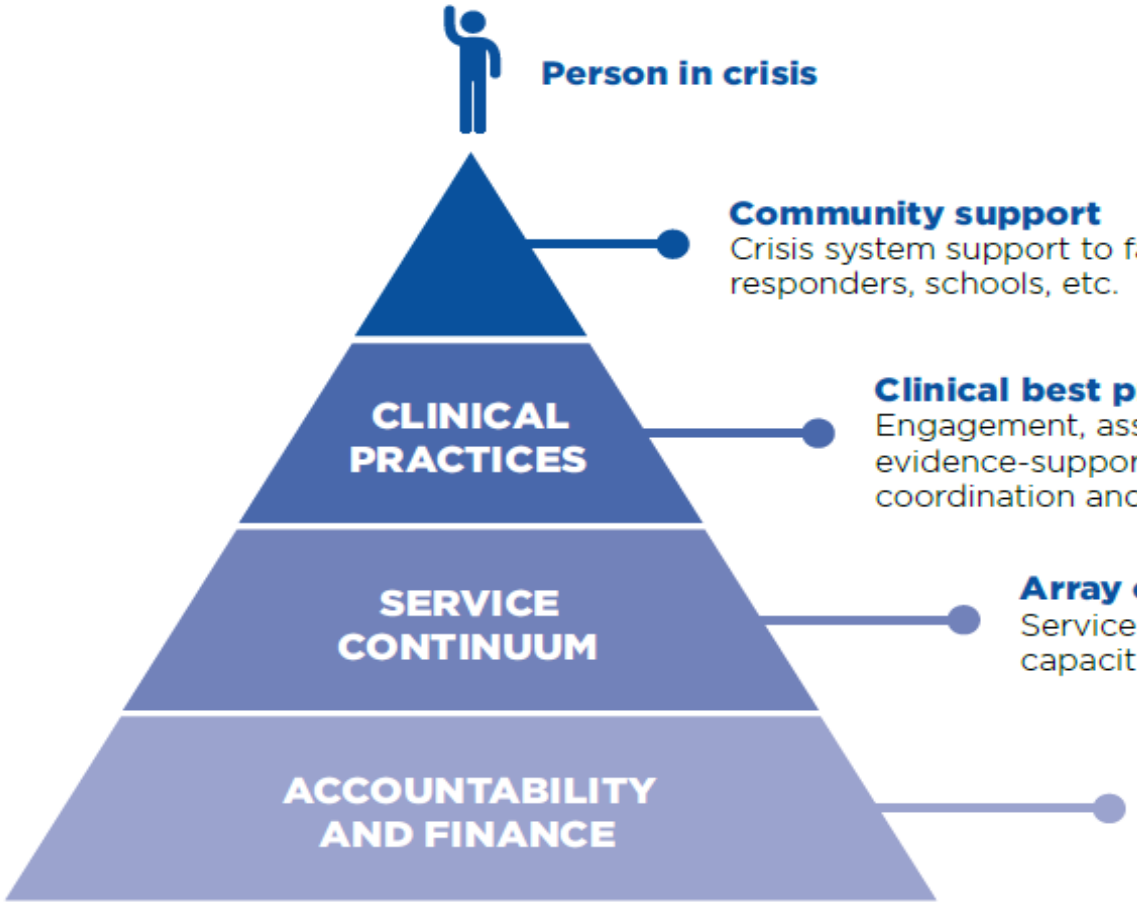
It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent BH crisis needs in a defined population or community, effectively and efficiently.

Key Question for this Learning Community

1. How has your state defined responsibility for organizing and managing the BH crisis system in each defined population or community?

2. How has your state defined the potential role of CCBHCs as partners and leaders in these community BH systems, including community BH crisis systems?

The Crisis System Pyramid



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

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

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

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

Section I: Accountability And Finance – Defining your Accountable Entity

- An ideal community 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 for its defined population, geography, or catchment area.
- 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 (and in turn to the State) for meeting performance standards and the needs of the population**.
- **There are numerous different models of these structures.**

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.

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

What “entities” are “accountable” in your state for the design, operation, and performance of each "community’s" BH crisis system?

Your state's array of CCBHCs can be planned to fit the "accountability entity" system that best fits your state.

Possibilities may include:

- **State BH Authority** –The State BH Authority directly manages each community's BH crisis system from the Central Office
- **County (e.g., County BH Dept.) or Regional BH Authority (e.g. CSB, ADMHS Board)** - The State works with designated intermediaries assigned to manage BH systems in counties or multi-county regions. (Examples: OH, VA, GA, MD)
- **Lead Provider Organizations –** The State has identified lead provider organizations each of whom is responsible for core BH system development and service delivery in their designated catchment area. These may or may not be designated formally as "Local MH Authorities" (as in TX). They may or may not be CCBHCs at present.

What “entities” are “accountable” in your state for the design, operation, and performance of each "community’s" BH crisis system?

Your state's array of CCBHCs can be planned to fit the "accountability entity" system that best fits your state.

Possibilities may include:

- **Public Managed Care Organizations –** The State has delegated designated primary geographic/population responsibility for BH system design and operation to MCOs who manage Medicaid and/or indigent funding (e.g., PIHP in MI, Managing Entity in FL; RBHA in AZ)
- **Overlapping Responsibilities -** The State may currently have a system in which there may be overlapping responsibilities in each jurisdiction (e.g, Health Choices and County BH in PA) or in which the role of intermediary systems like counties or regional boards is incompletely defined and overlaps with other state and regional entities. These responsibilities should be clarified with regard to both the BH Crisis System and the role of CCBHCs within it.
- **Still Evolving –** The State has recognized that our current/previous system for accountability doesn't fit what we are trying to create, but we have not yet defined what our new "accountable entities" for BH crisis systems should be.

CCBHC and Crisis Systems Intersection

- CCBHC implementation with PPS can be the catalyst to assist a state in the development of the ideal crisis system.
- By design, CCBHC development in each community supports and encourages not only an assessment of the needs and gaps of the current system but encourages a full inventory of what exists in the present.
- After the completion of a robust needs assessment, the assessment can be compared to the SAMHSA ideal crisis system to develop a roadmap to full implementation.
- CCBHC PPS can be one of the biggest financial supports for a state's crisis continuum

CCBHC and Crisis Systems Intersection

CCBHC PPS and the financial support it brings to the crisis continuum of care

- As we know, crises do not just happen during business hours. An ideal crisis system requires available staffing 24 hours a day/7 days a week, often on an "on-call" status. This can be incredibly challenging to support on a fee for service system.

- The PPS model based upon allowable costs within a cost report, supports the infrastructure required to promote and provide crisis services.

CCBHC and Crisis Systems Intersection

Evidence-Based Practices

- For both crisis services and continuing care, evidence-based practices (EBPs) can and should be woven throughout the CCBHC system, particularly for persons with SMI and SED, as well as those with co-occurring MH/SUD.

- Because crisis services are a moment in time, not an end point in care, linkage to appropriately intensive EBP programs and interventions are of the utmost importance.

CCBHC and Crisis Systems Intersection

Evidence-Based Practices

The CCBHC model lends itself to the layering of EBPs throughout the continuum:

- ACT teams
- Co-occurring capable services
- Rapid initiation of medication and peer engagement for OUD
- First episode psychosis programs (e.g,, RAISE and CSC)
- Wraparound services for children (Children's Systems of Care)
- Functional Adaptive Skills Training,
- Intensive Case Management and Critical Time Intervention

CCBHC and Crisis Systems Intersection

Workforce Support

- The PPS model not only supports the crisis framework, but it also supports the recruitment and careers of persons to work within that system.

- Due to the cost reporting model, staff can be reimbursed at competitive rates and at rates that reflect the additional training needs, diverse hours, and responsive need of crisis work. The model in turn supports the hiring and use of a wide range of behavioral health disciplines.

CCBHC and Crisis Systems Intersection

Peers as an integral part of the CCBHC model

As noted in SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit

"One specific, transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible".

The CCBHC encourages and requires that peers be an integral part of the CCBHC crisis work, allowing the system to benefit from persons who have interacted with the crisis system, have knowledge and experience from real life scenarios and can proved hope for those starting on the path to recovery.

CCBHC and Crisis Systems Intersection

Technology

A key component and goal of the CCBHC model is to grow the use of technology and its innovative application. Nowhere does this better fit than within the crisis continuum.

- workforce expanding use of connecting evaluators to the field during mobile crisis interventions,
- connecting law enforcement in the field with resources to assist with persons in need of mental health or substance abuse expertise,
- utilizing technology to dispatch mobile crisis statewide,
- or to equip persons served with technology to avert crisis by having services on demand, when and where needed.

Technology is an important complimentary component of crisis work that the CCBHC model can assist in creating and expanding.

Visioning Exercise & Action Planning Throughout the Learning Collaborative

Visioning Exercise: Crisis System Structure

- What is your vision for how crisis system design is matched to designated populations? (Counties? Regions? Catchment Areas?)
- What is your vision for defining the accountable entities for each of those designated populations or geographies?
- What is your vision for the adult and child crisis service array available to each designated population?

Visioning: CCBHCs Role in the Crisis System

- What is your vision for how CCBHCs will be distributed to each designated population/geography in the BH system and crisis system?
- What is your vision how CCBHCs will best contribute directly or through DCO to each community crisis system?
- What is your vision for how CCBHCs will collaborate with other providers, including other CCBHCs to help develop the crisis continuum in each designated population/geography?

Visioning: Financing the Crisis System

- What is your vision for how the BH crisis system in each designated population/geography will be funded to scale?
- What needed BH crisis services in your vision would most benefit from having a funding source for "non-billable" services?
- What is your vision for how you might benefit from CCBHC PPS to fund those non-billable services in your BH crisis system?

Vision: Managing Crisis System Performance

- What is your vision for how crisis system performance data will be collected in each community?
- What is the potential role of CCBHCs in being a leader and partner in collecting data and managing crisis system and crisis service performance in each community?
- What is your vision of how you might use the CCBHC PPS methodology to incentivize crisis system performance outcomes?

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

CCBHC SUCCESS CENTER

Additional SAMHSA References

Referenced in 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

CCBHC-E NTTAC CRISIS 101 WEBINAR SERIES

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Crisis Services and Crisis Systems Series

- Part 1: Fundamentals of Crisis Services and Systems – Overview (Zoom Link)
- Part 2: Requirements for Emergency Crisis Intervention Services: Call Centers, Care Traffic Control, and Quality Coordination -- Overview (Zoom Link)
  - Part 2.1 (Zoom link)
- Part 3: Mobile Crisis Team -- Overview (Zoom Link)
- Part 4: Crisis "Receiving/Stabilization" Services -- Overview (Zoom Link)

How did we do?

Please answer a few questions to let us know how we did and what we can do to support you in future sessions.

CCBHC S-TAC

CCBHC State Technical Assistance Center

Thank you!

Next Session: Wednesday, May 29, 2024

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