State Learning Collaborative

Aligning Crisis Response Systems & CCBHCs

Session 2

May 29, 2024

CCBHC S-TAC

CCBHC State Technical Assistance Center

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Agenda

Welcome back!
Faculty Re-Introductions
Goals & Learning Objectives
Visioning Introduction - Examples from Oklahoma & Nevada
Visioning Exercise
Discussion & Reflections
Close Out & Next Steps

Faculty Introductions

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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

Oklahoma's Experience

Carrie Slatton-Hodges

The Vision

To have a State which had statewide CCBHC's coverage

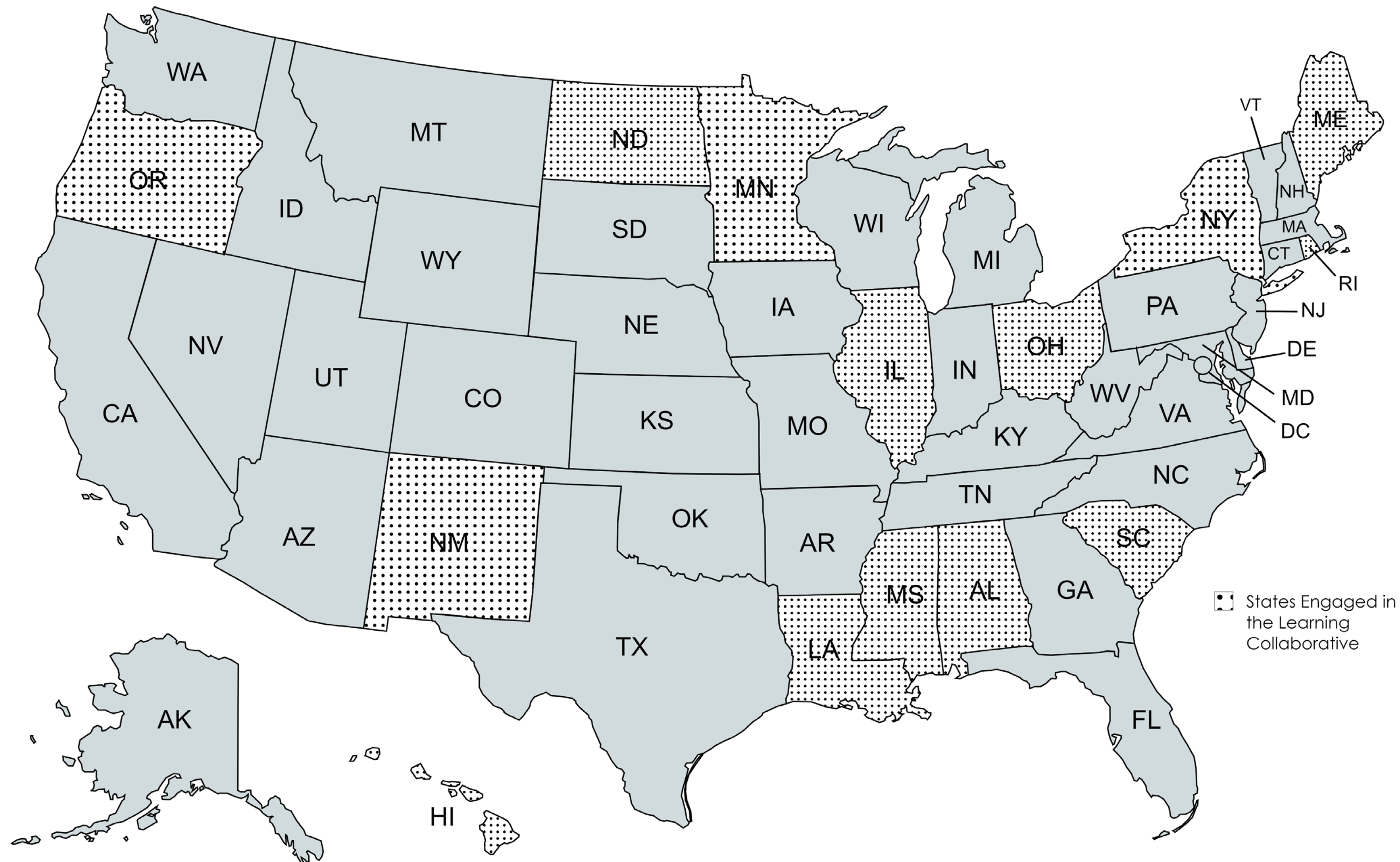
Oklahoma knew this was needed for several reasons

a) To no longer exist on a fee for service (FFS) system and be held to appropriations for rate adjustments where all providers were paid the same rate.
b) To meet basic health needs of those served.
c) To be able to reward those who grew to meet the assessed needs of their communities including the use of technology, excellent crisis care, and to serve more individuals.
d) To leverage state dollars in the most cost-effective manner (most bang for our buck).

Lay of the land in Oklahoma

- Oklahoma has a regional CMHC system with a set of rules for certification that all must adhere to (McDonalds model)
- CMHC's have always been an active part of the crisis continuum with responsibility for their regions
- Varied greatly in substance use work and experience with MCT, operations of receiving facilities, and beds
- Transitioning to MCO for expansion population
- Statewide system

Who's in the room



The Lay of the Land – Crisis Continuum of Care

- First crisis stabilization unit 30 years ago
- 7 in 2019
- Added first Urgent Recovery Center (crisis receiving facility) in 2012
- Mobile crisis existed in many areas of the state for 20 years but diversity in how it was provided
- Switched to one statewide call center at launch of 988, MCT dispatched out of call center
- Statewide bed availability site
- Must honor evaluations/referrals across the CCBHC network

Bringing the two together and improving the system

- Developed and continue to tweak the CCBHC certification/rules to grow and enhance crisis system: i.e., criteria for mobile crisis statewide, requirement for crisis receiving facility in each county over 20,000 population.
- Measure and pay enhancements for follow up after crisis, after hospitalization, after crisis unit stay and engagement.
- Most in need receive higher PPS
- Data, Data, Data

Nevada's Experience

Stephanie Woodard, Psy.D.

The Vision

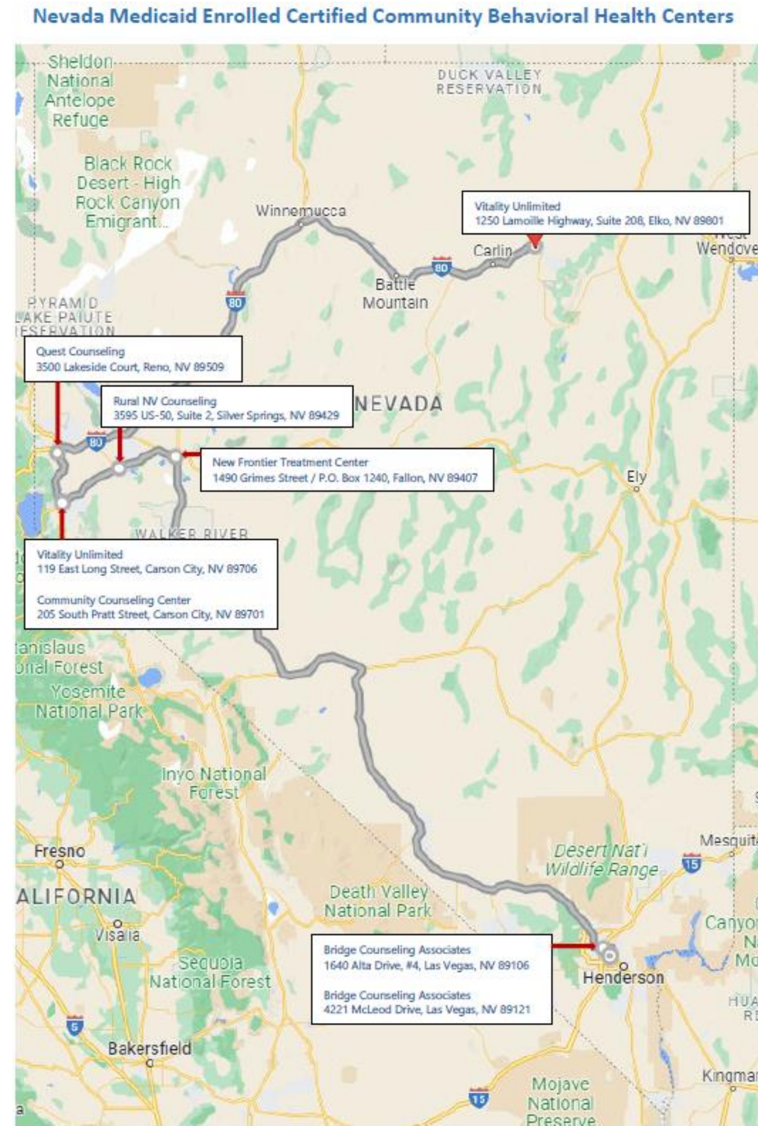
Improved timely availability of, and access to, high quality, evidence based behavioral health services.

Nevada knew this was needed for several reasons:

a) Nevada lacked a network of CMHC's to meet the needs for community-based care
b) Paired with the workforce shortages, traditional behavioral health systems were fragmented and insufficient community BH needs
c) An overreliance on high cost, deep end care without continuity of care up and down the continuum, driven by resource availability not individual need
d) Innovation was needed to spark transformation through accelerated adoption of evidence-based practices, payment methodologies, and continuous quality improvement. Needed to move away from FFS model toward incentivizing for quality and outcomes.

The Lay of the Land - CCBHC

- CCBHC- started with the first demonstration 2017
- Started with 3 urban, 2 rural (5 sites), progressed with 3 sites
- Developed a state plan amendment (SPA) to take CCBHC statewide, allocated block grant funding to establish 7 more CCBHCs
- 2023 moved all CCBHCs to state plan to have one set of rules/outcomes for all; opened state plan to all qualifying clinics
- All CCBHCs required to provide mobile crisis and 24/7 crisis stabilization; implementation has been limited
- Re-base of PPS occurred during pandemic, re-instated pre-pandemic rates, however, rates do not reflect cost to provide robust crisis services



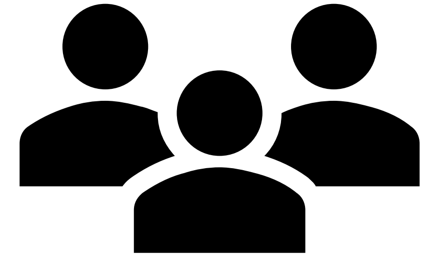
The Lay of the Land – Crisis Continuum of Care

- 2018: Received NASMHPD funding for Bed Registry work in 2018, work included regional crisis assets and gaps mapping, statewide crisis summit, paired work with suicide prevention efforts
- Long standing statewide crisis call center, began state block grant funding in 2018
- Strong, evidence-based Children's Mobile Crisis, adult mobile crisis primarily co-responder models
- Legislative progress toward crisis stabilization centers, 988 fee, and federal direction for mobile crisis with CMS Mobile Crisis Planning Grant
- Request for proposals (RFP) for 988 call center with statewide dispatch capabilities, bed capacity, and case management

Bringing the two together and improving the system

- CCBHCs are a critical part of the crisis continuum infrastructure, however, they lack current capabilities and are not statewide
- Created a CCBHC Crisis specific measure
- Crisis SPA will allow for CCBHCs to be reimbursed as designated mobile crisis teams if enhanced criteria are met, CCBHCs are expected to be deployed by 988 once established
- Most in need to receive higher PPS to meet costs associated with full crisis service capacity; opportunities to augment PPS with additional services in addition to PPS-1 daily rate
- Data, Data, Data

Breakouts – Visioning in Practice



- Faculty-led facilitated discussion
- Topic: Crisis System Structure and Accountability
- Questions to consider:
    - In your state, what is your vision for how crisis system design is matched to designated populations? That is, by multi-county region, county, zip codes, catchment areas, etc.?
    - Within each allocated community/population/geography, in your vision, what entities in your state should be accountable by the state for the performance of the crisis system?
    - What are you trying to accomplish? Who would be the providers? Who would contract and oversee the performance of the providers?
    - Would you like to have at least one CCBHC receiving PPS providing mobile crisis that meets Medicaid standards in EACH designated region or catchment area?
- Reconvene and share out

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.

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Thank you!

Next Session: Tuesday, June 18, 2024

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