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Logistics

- Please rename yourself so your name includes your organization.

- *For example:*
  - Kat Catamura, National Council

- *To rename yourself:*
  - Click on the **Participants** icon at the bottom of the screen
  - Find your name and hover your mouse over it
  - Click **Rename**

- If you are having any issues, please send a Zoom chat message to **Kat Catamura, National Council**
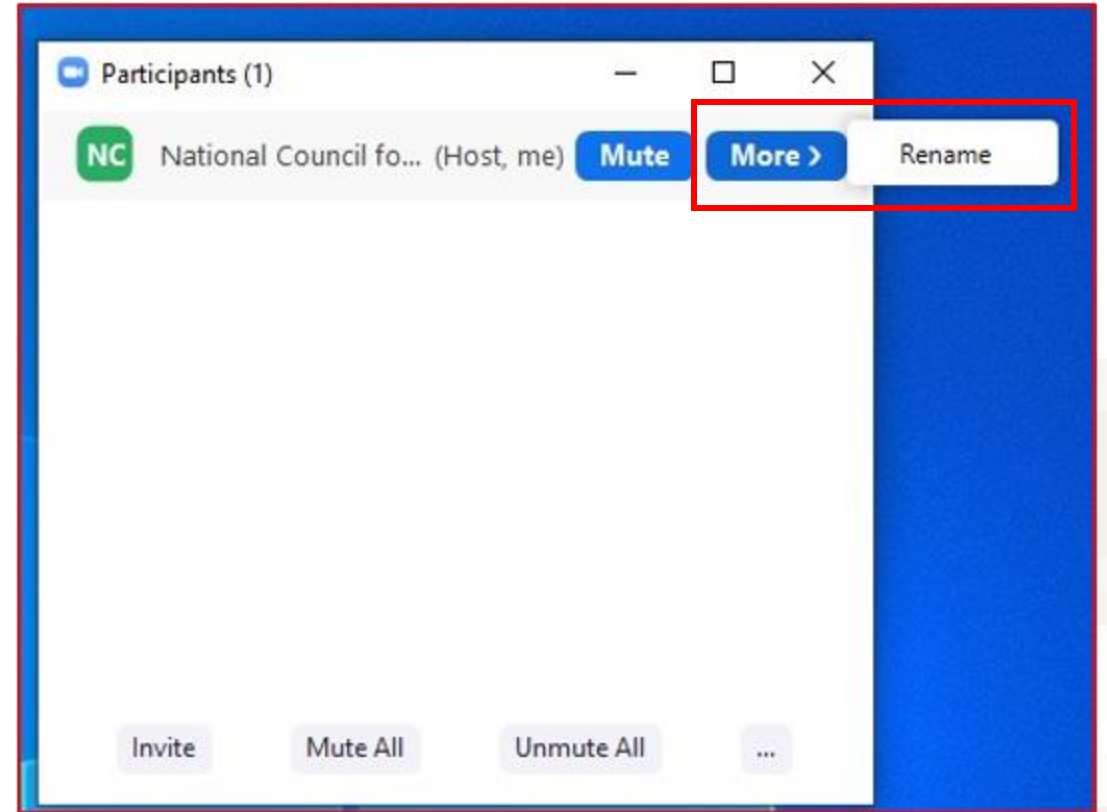
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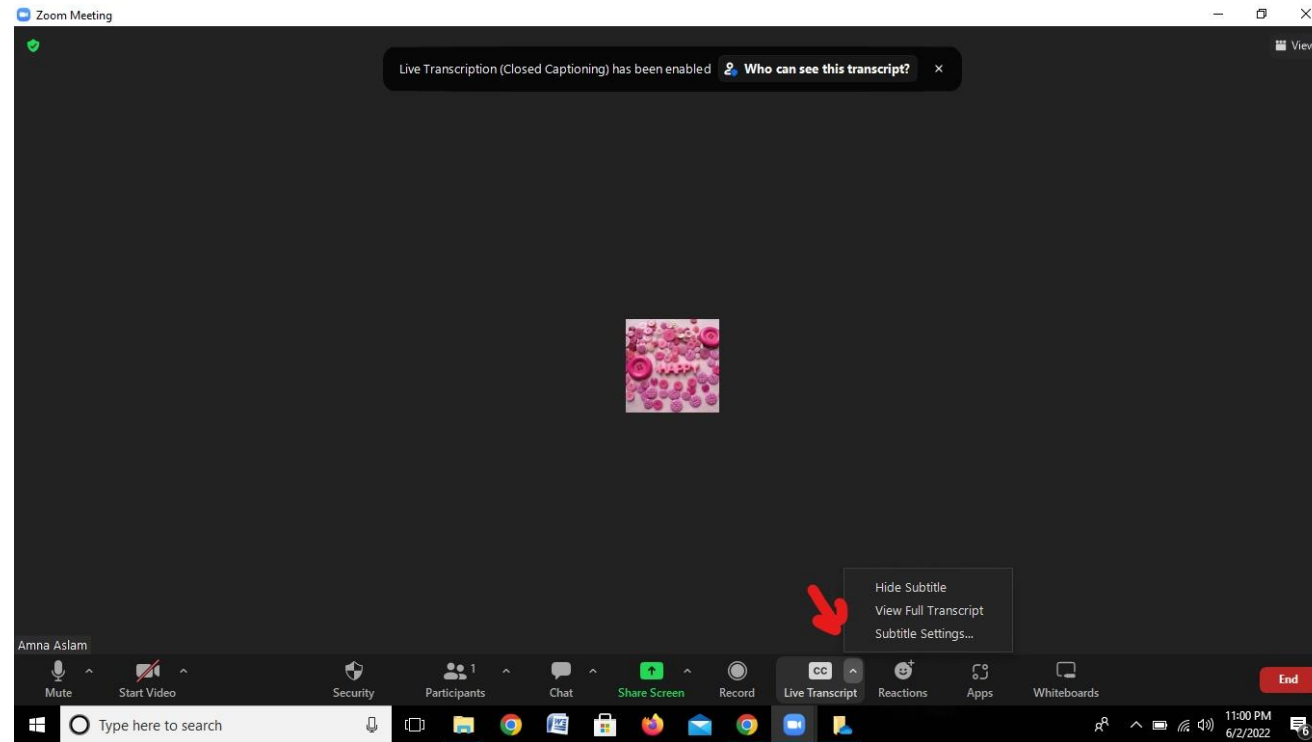
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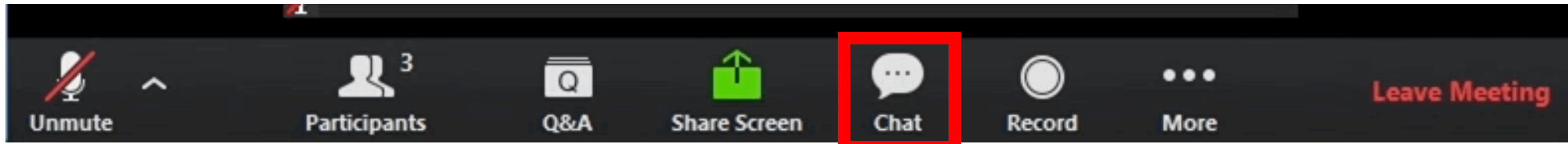
Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar.
We'll answer as many questions as we can throughout today's session.

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Your Learning Community NTTAC Team

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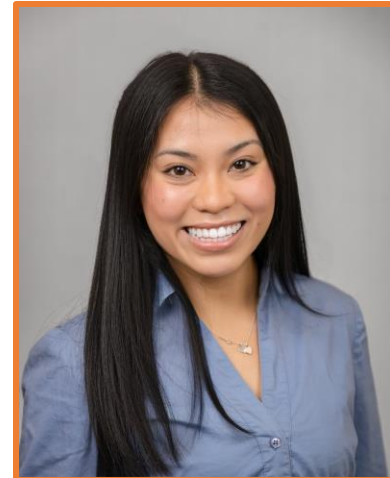
Kathryn Catamura, MHS
Project Coordinator

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Today's Presenter
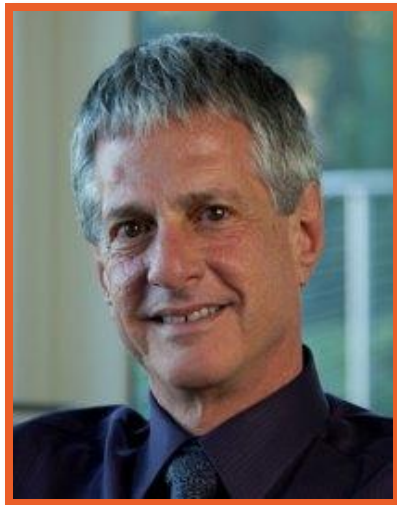
Kenneth Minkoff, MD

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ZiaPartners in Catalina, AZ
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Dr. Minkoff is a community psychiatrist and addiction psychiatrist who is recognized as a national expert on recovery oriented integrated systems, including crisis systems. He is one of the lead authors of the NCMW published report: **Roadmap to the Ideal Crisis System: Essential Elements, Measurable Indicators, and Best Practices (2021)**, and a consultant to the CCBHC-E NTTA Center.

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Today's Agenda

1 ---- • **Crisis Learning Community Overview and Expectations**

2 ---- • **CCBHC Role in the Crisis System**

3 ---- • **Review Essential Elements for CCBHCs in the Implementation of an Effective Crisis System**

4 ---- • **Review the Requirements for Emergency Crisis Intervention: Call Center and Triage**

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Today's Learning Objectives

Identify the structure and curriculum of the learning community.

Review expectations of learning community participants.

Introduce Crisis 101 systems.

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Learning Community By the Numbers

30 Clinics, 21 states

Geographic Locations Clinics Serve

Location	Value
Urban	19
Suburban	17
Rural	21
Frontier	3

CCBHC Knowledge

- Strong — 36%
- Moderate — 56%
- Limited — 8%

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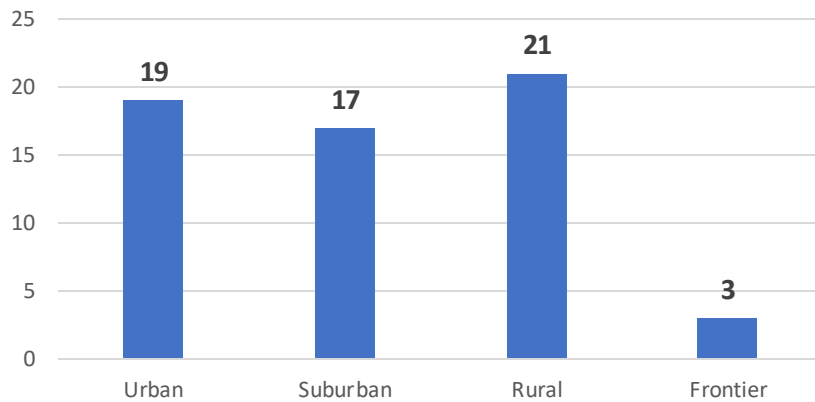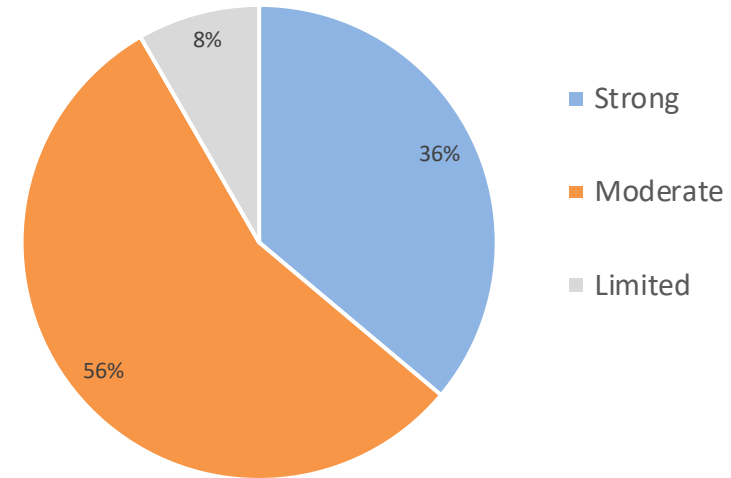
Poll Questions

1. What is the entity responsible for the overall performance of the BH crisis system in your service area?

2. What percentage of people experiencing BH crisis in your service area are served by your community crisis continuum vs EDs or law enforcement?

3. Have you seen the National Council's Roadmap to the Ideal Crisis System?

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Learning Community Purpose

Purpose: The purpose of the Learning Community is to bring together CCBHC-E grantees interested in learning how to understand and best meet the full range of requirements for providing a continuum of crisis services in their communities, including needs assessment, partnering, care traffic control, and crisis best practices, as well as the core services of call center connection, mobile crisis, and crisis walk-in and stabilization.

Objectives

- Understand the 6 elements of meeting CCBHC Criteria for crisis services.

- Understand the importance of a crisis system community needs assessment.

- Identify key crisis system partners and be able to work with them on crisis system development.

- Become familiar with successful strategies for call center linkage, mobile crisis team implementation, and provision of crisis stabilization.

- Understand how to design crisis services for diverse age groups and populations, including for SUD.

- Become familiar with best practices for including peers in the provision of crisis services.

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Learning Community Structure

Monthly, 90-minute learning sessions

- Sessions will follow a curriculum of topics

- Expect approximately 60 minutes of content and 30 minutes of peer engagement

Resources

- Welcome packet serves as a reference for expectations, accessing sessions and resources

- Resources such as on-demand videos or other materials complimenting content will be shared

- Session recording, slides, and any accompanying resources will be maintained on a webpage shared with all participants, so you can access them and share them with others at any time.

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Participant Expectations

Attendance

- CCBHC implementation requires **organization buy-in** and **team collaboration** – we welcome organizations to bring extended teams to these sessions
- All content is intended to build upon past sessions, so we ask for **participant commitment** in all sessions
- Life happens! If you can't attend some sessions, **please make efforts to have others on your team join** to represent you

Engagement

- Meeting and engaging with your peers can be one of the most rewarding parts of this experience – **we ask for you to have your camera on** and to share experiences so we can all benefit
- **Speak up and ask** – there NO dumb questions, everyone is new to this – drop questions in the chat as they come to you
- If you have multiple teammates joining a call, **consider joining from separate laptops** to be able to fully engage in breakout discussions

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Learning Community Curriculum

Date	Topic
January 2024	Crisis 101 Parts 1 and 2
February 2024	Crisis 101 Parts 3 and 4
March 2024	CCBHCs as Crisis System Partners and Leaders in Their Communities
April 2024	CCBHCs, 911/988 Call Centers and Care Traffic Control
May 2024	Engaging Peers in the Provision of CCBHC Mobile Crisis and Urgent Care Services
June 2024	Providing a Continuum of CCCBHC Crisis Services for Children
July 2024	Fundamentals of CCBHC Crisis Services for People with SUD and COD crises
August 2024	CCBHCs and the Implementation of Pre-Crisis and Post-Crisis Services

Note: Curriculum order is subject to adapt or change if needs are expressed by participants. Participants will be alerted to any changes in advance.

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CCBHC Crisis System Vision

CCBHC Vision of Crisis Services

- The purpose of CCBHC is to transform community behavioral health systems to provide timely, high-quality comprehensive, coordinated behavioral healthcare.

- CCBHC grantees use grant funds to transform their organizations in accordance with the CCBHC criteria.

- This includes engaging with community partners in the development of a high-quality behavioral health services and system to serve the community.

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What is the Crisis System Vision?

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

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.

Essential Reading
- SAMHSA (2020): National Guidelines for Behavioral Health Crisis Care
- National Council for Mental Wellbeing (2021): Roadmap to the Ideal Crisis System
- CMS (2021): Medicaid Guidance on Scope of and Payments For Qualifying Community-Based Mobile Crisis Intervention Services

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Roadmap to the Ideal Crisis System

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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CCBHC Crisis Requirements: Six Essential Elements

- Crisis System **Needs Assessment**

- Crisis System **Collaboration and Partnership Development**

- **Crisis Services Implementation** –

- **Someone to Call (Connection to 988)**
  - **Someone to Respond (Mobile Crisis)**
  - **Safe Place to be (Walk-in Urgent Care and Crisis Stabilization)**

- Crisis Services **Best Practice Implementation**

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CCBHC Crisis System Needs Assessment
Mapping the System

- Should be integrated, as relevant, into the required community needs assessment.
  - **Current service array:** What services are currently being offered and by whom? Where are the gaps? How does service volume compare to recommendations of the **Crisis Need Calculator**?
  - **Types of services and programs to assess**: 988, mobile crisis, urgent care, 23-hour observation, inpatient, crisis follow-up, transport.
  - **Population-specific needs**: Children, youth, transition-aged, adults, older adults, mental health and substance use, cultural/linguistic needs and gaps, racial equity.
  - **Systems considerations**: Hours available, scale of services, system collaborations already in place, current roles of law enforcement and emergency department.

- **Assessing Crisis System Metrics**: **ACCESS TO HELP** acronym (NCMW Report on Quality Measurement in Crisis Services, 2023)

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CCBHC Grantee Crisis System Needs Assessment
Defining Your Role

- All **required** services are delivered by the CCBHC or a Designated Collaborating Organization

- When considering what you provide directly vs. where you partner, ask:
  - Which services are already in place? How do we partner with and support those services?
  - Which services are missing or need expansion? What is the best role for our agency in filling those gaps?
  - What is our best contribution as a CCBHC to creating a full continuum for our community?
  - How do we share data, support "Care Traffic Control", and manage quality?

- MOTTO: **COLLABORATION NOT COMPETITION**

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CCBHC Grantee Crisis System Collaborations

- Crisis system collaborations are **required** as part of both client-specific and systemwide care coordination
- CCBHCs should approach **ALL** crisis partners (see list on the right) with the following questions:
  - *How do we learn about what you do?*
  - *How do we help you and your clients be successful*

Priority crisis-related collaborations: 988 and other call centers; 911 PSAPs, law enforcement and first responders, EMS, emergency departments, hospitals, and other crisis providers for adults/children, MH/SUD/IDD.

Other recommended crisis-related collaborations: schools, child and adult protective services, juvenile and adult probation, homeless services, supported housing providers, domestic violence providers

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CCBHC Grantee Crisis System Collaborations

- **Collaborations are partnerships**. Take time to build trust and work out the details for sharing responsibility in a crisis.
  - *Establish regular standing meeting times for relationship building, problem solving, and information exchange.*
  - *Develop joint protocols to outline processes for working together*
  - *Identify shared metrics for individual and collective performance and built trust to share honest information for improvement*
  - *Map client journeys to highlight areas where there is risk of disconnection or poor access, and where improving collaboration and flow is essential*

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CCBHC Required Services: Someone to Call

Emergency Crisis Call Center Services

- 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 this requirement in Part 2 of this series*

CCBHC Required Services: Someone to Respond

24/7 mobile crisis teams for adults, children, youth, families

- Available anywhere within the service area including at home, work, or anywhere else where the crisis is experienced
- 1 hr response time from dispatch (2 hrs in rural/frontier), 3 hrs max.
- Telehealth and technology support during transit times and in remote settings allowable, but does not replace need for in-person response when necessary
- Must have protocols for partnering with first responders, including law enforcement and EMS, emergency departments and transport.
- Capacity for continuing follow up (including mobile outreach) is recommended.
- Complements access to walk-in services (see next slide)
- *More detail on this requirement in Part 3 of this series*

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CCBHC Required Services: Safe Place to Be

Crisis Stabilization Services: Walk-in Urgent Care plus Crisis Center with Observation

- Minimum requirement is walk-in behavioral health urgent care services with after-hours capacity, plus other (direct or with a DCO partner) provision for 24/7 response

- Urgent care team should include prescribers, clinicians, peers.

- Needs assessment should determine hours of operation. Maximize use of walk-in behavioral health urgent care as alternative to ED.

- Can be combined with "open access" services, including meds, for both front end and post-crisis f/u.

- **Recommendation** to have capacity (direct or via DCO) to have a walk-in and drop-off site for **extended (to 23 hr) observation** for stabilization.

- **Recommendation** to have capacity (direct or via DCO) to have **ability to admit people on involuntary hold** for 23-hour observation, with law enforcement as a priority customer.

- **Recommendation to consider access to other residential crisis services:** Consider developing or partnering with peer respite, Living Room model, or other residential crisis services for adults, children, MH and/or SUD. **Note: Residential services beyond 23-hour observation cannot be paid for with CCBHC funds.**

- *More detail on this requirement in Part 4 of this series*

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CCBHC Crisis Required Best Practice Implementation

CCBHC Criteria include multiple requirements:

- Triage system for emergent/urgent/routine response
- No reject criteria
- Welcoming, trauma-informed, "no force first", peer support
- EBP risk assessment (CSSRS) and suicide prevention protocols
- Integration of attention to MH/SUD/IDD
- Overdose prevention (naloxone); rapid MAT initiation
- Involvement of families and other partners
- Crisis assessment and intervention, plus f/u crisis planning
- Facilitation of post-crisis continuity of care

SOMEONE TO CALL:

CCBHC Emergency Crisis Response:

Call Center and Triage Services

Care Traffic Control and Quality Coordination

CCBHC Crisis Requirements: Six Essential Elements with Current Focus in Bold

- Crisis System Needs Assessment

- Crisis System Collaboration and Partnership Development

- Crisis Services Implementation –

- **Someone to Call: Emergency Crisis Response: 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

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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*

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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, 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

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CCBHC Crisis Required Triage Protocols

- 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)

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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

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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.

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Closing: Sharing and Preparing

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

- Next Session: February 22, 2024: 3pm ET
  - **Topic: Crisis 101: Parts 3 and 4. Mobile Crisis, Urgent Care, and Crisis Center with Observation**
  - Prep work: For the next session, come prepared to share the results of the following:
    - Review your crisis system needs assessment and your crisis system collaborators. What have you learned?
    - What is the "accountable entity" for your crisis system and "care traffic control"?
    - Which of the following are or will be provided by your CCBHC, and which by other partners? 988/Call center, mobile crisis, walk-in urgent care, 23-hour crisis observation. Be ready to discuss your role in each.
  - All slides and recordings will be posted to our learning community website within 48 hours
  - Return your Learning Community **Letter of Commitment** to Kathryn Catamura @: KathrynC@thenationalcouncil.org by Friday, 2/2/24.

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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?

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and complete the CCBHC-E NTTAC Request Form

Slides, recordings and session resources will be available on our CCBHC Crisis Serivces Learning Community webpage approximately 2 days following each session

thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/request-training-assistance/