

CCBHC-E National Training and Technical Assistance Center

CCBHC New Grantee Learning Community
Session 5: Practice Transformation as a CCBHC

March 12, 2024

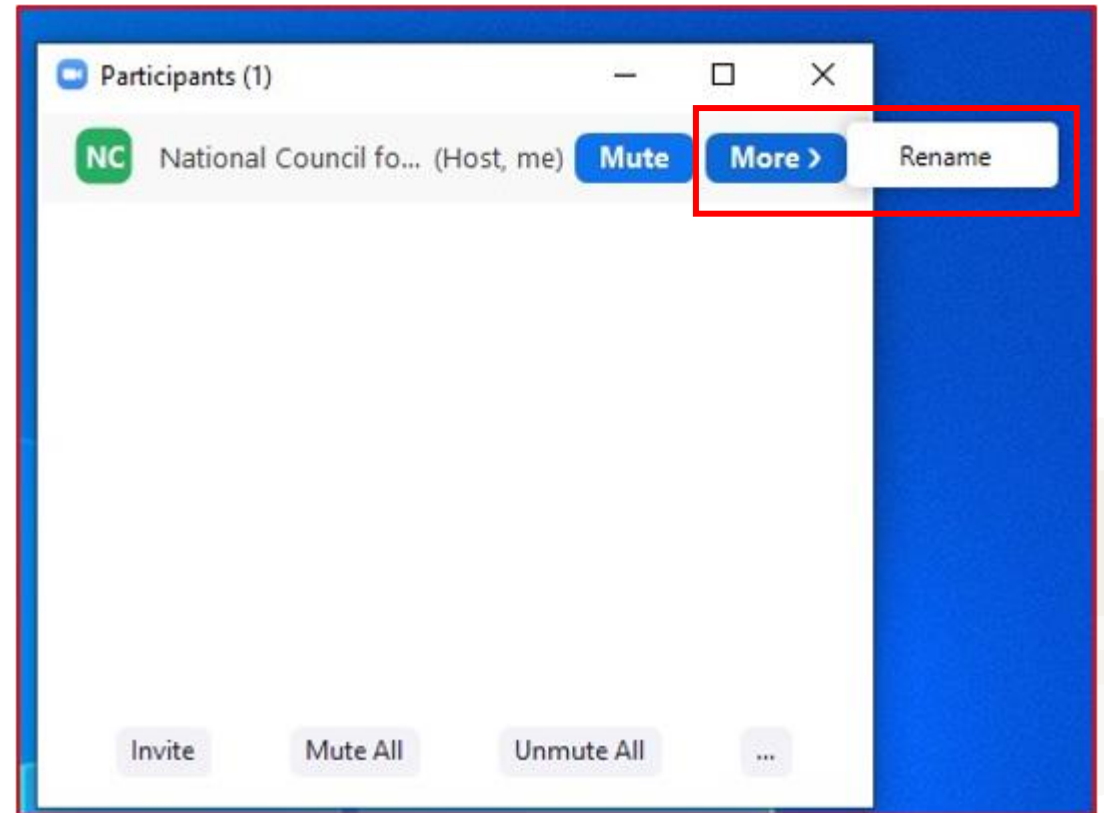
CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

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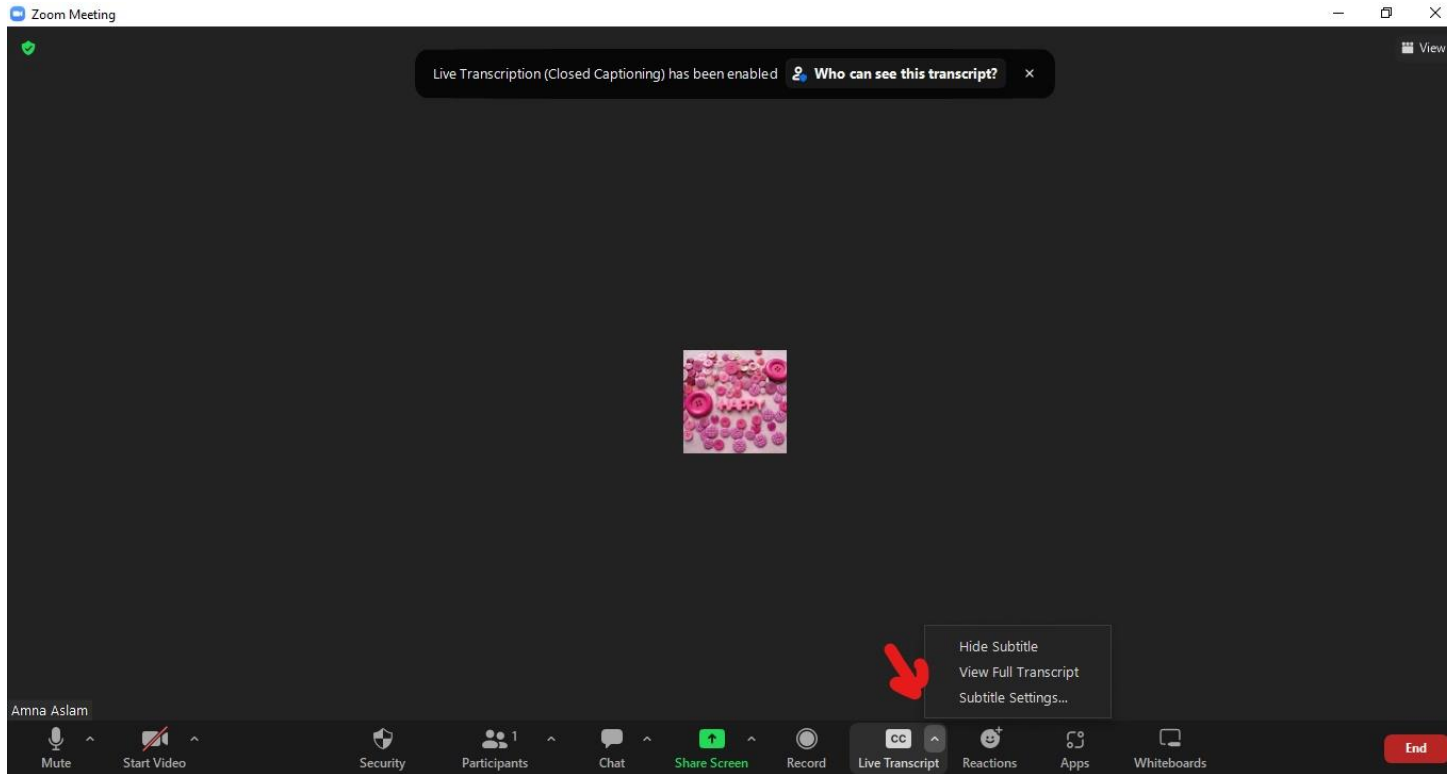
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 - Click on the **Participants** icon at the bottom of the screen
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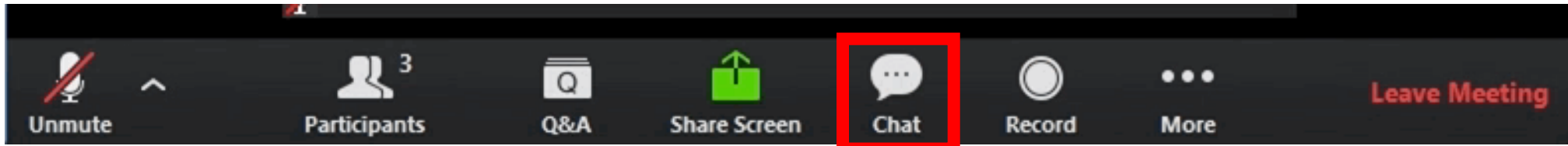


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Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.

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.

Today's Agenda

1

-----• **Overview of Practice Transformation as a CCBHC**

2

-----• **Lessons Learned from the Field**

3

-----• **Case study**

4

-----• **Breakout discussion**

Today's Learning Objectives

- Identify best practices for change management strategies and tactics to facilitate successful CCBHC implementation
- Discuss approaches to integrate and align CCBHC with your organization's culture and strategic plan/mission/vision
- Define elements of an effective communications plan for internal and external stakeholders

Today's Presenters



Mindy Klowden, MNM
Managing Director
Third Horizon Strategies



Tom Petrizzo
Chief Executive Officer
Beacon Mental Health (MO)



Cortney Sheehan, LPC
Sr. Program Director/CCBHC Project Director
Community Health Resources (CT)

Community Pulse Check

New Grantee Deliverables

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Community Check-In



What is the status of your needs assessment?

- Haven't begun needs assessment
- Have begun design but have not started data collection
- In the process of collecting data
- Have completed the needs assessment
- Have questions

How many of the **9 required services** are you currently providing either directly or through a Designated Collaborating Organization (DCO)?

- 1-4
- 5-8
- All 9

Where are you on the staffing and training plans? *(select all that apply)*

- Waiting for completion of needs assessment
- Have begun the staffing plan
- Making good progress
- Have completed the staffing plan
- Have questions

Where are you on the delivery of services plan?

(select all that apply)

- Waiting for the completion of the needs assessment
- Have begun the service plan
- Making good progress
- Have completed the service plan
- Have questions

Where are you on the sustainability plan? *(select all that apply)*

- Haven't begun the sustainability plan
- Have begun the sustainability plan
- Making good progress

- Have completed the sustainability plan
- Have questions

Where are you on attestation? *(select all that apply)*

- Haven't begun preparing for attestation
- Have begun preparing for attestation
- Making good progress
- Have submitted attestation
- Have questions

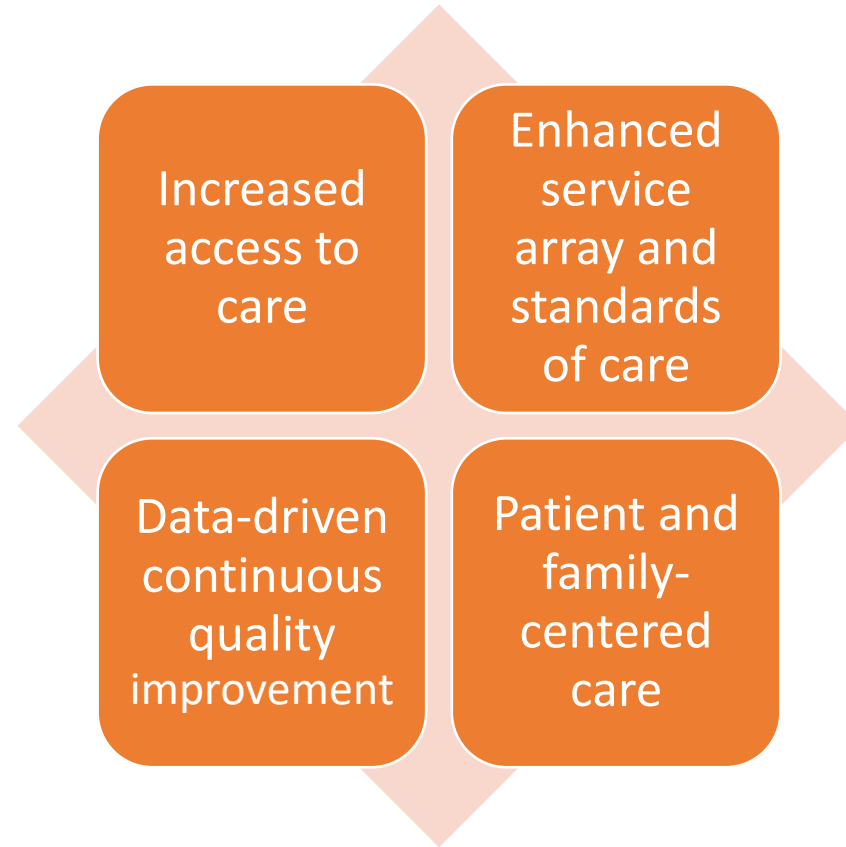


What is Practice Transformation?

- A process of change in the organization to advance quality improvement and patient-centered care.
- The practice transformation process involves goal-setting, leadership, workflow changes, quality improvement and outcomes measurement, and adapting organizational tools and processes to support advances in team-based care.



CCBHC: The Opportunity for Transformation



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Why is Change Hard?

People **Don't Feel Ready**

The status quo is comfortable

People **Don't Understand**

The benefits, or risks, leading up to the change may not have been well communicated

People Have **Fatigue**

Changing too many things at once, or being required to change by external forces can be exhausting

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Why Does Change Management Fail?



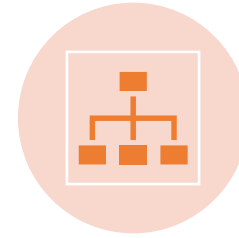
STAFF NOT
ENGAGED IN
PLANNING AND
DRIVING
SOLUTIONS



LACK OF EFFECTIVE
COMMUNICATION
ACROSS THE
ORGANIZATION



IMPACT OF
CHANGE NOT
MEASURED OR
DEMONSTRATED



LACK OF AGILITY
OF NIMBLENESS IN
LEADERSHIP AND
ORGANIZATIONAL
CULTURE

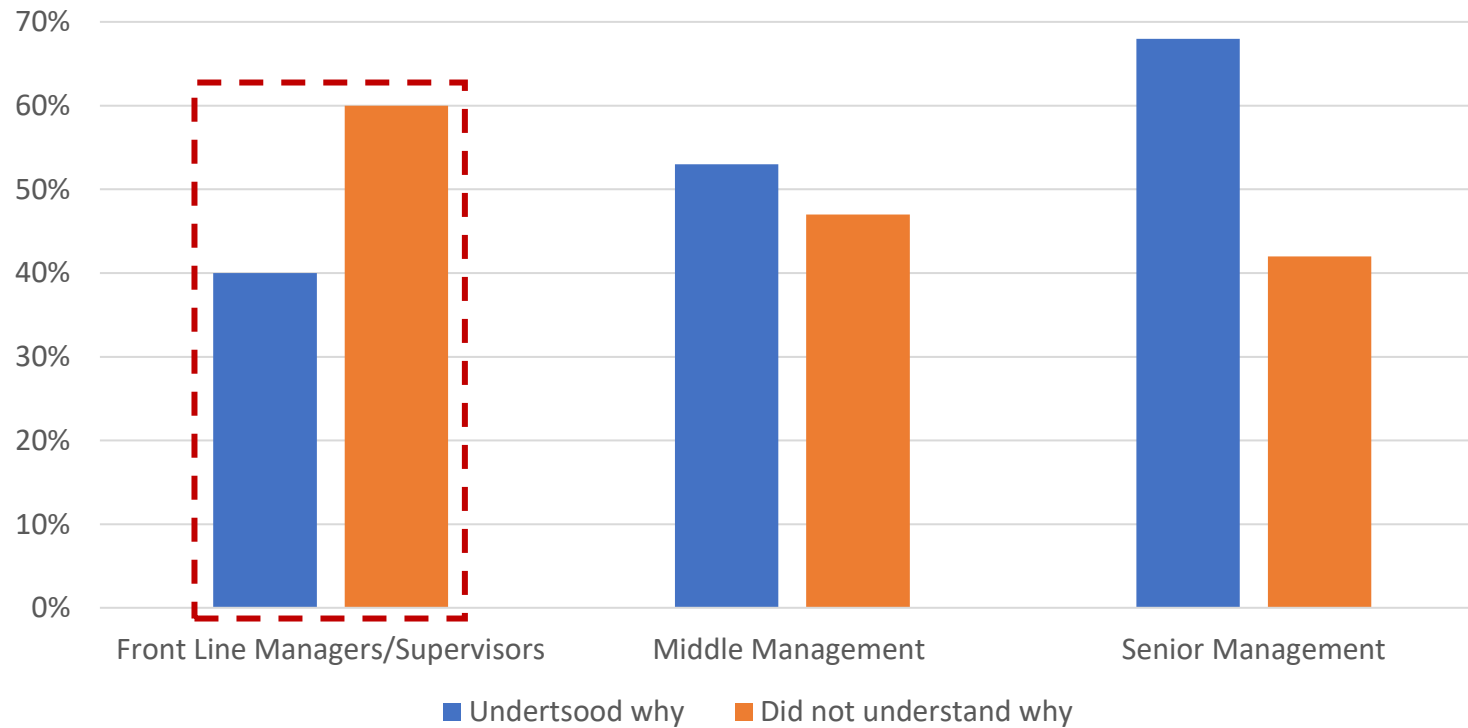


INADEQUATE
RESOURCES TO
SUPPORT THE
CHANGE



Why Does Change Management Fail?

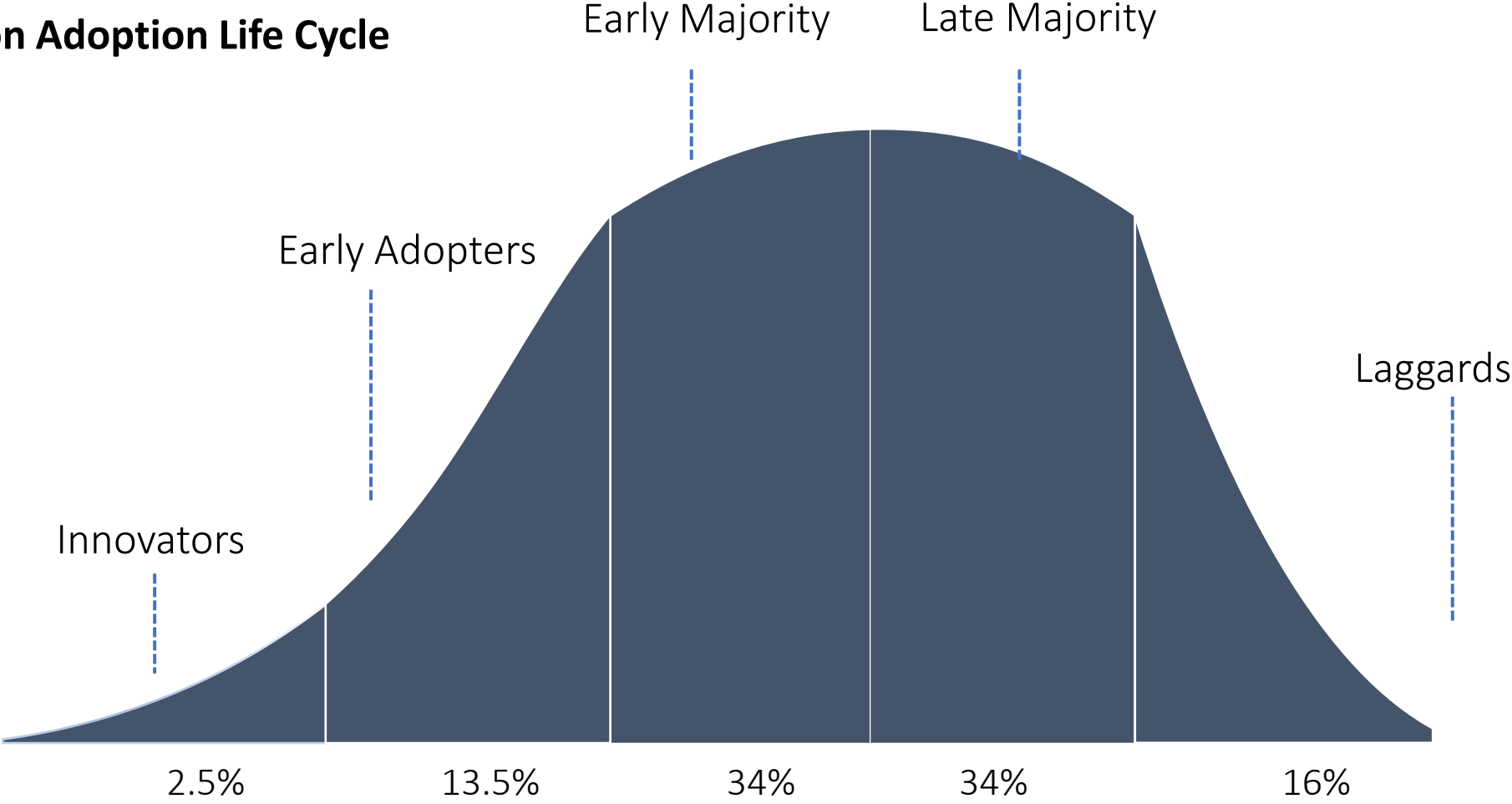
Research by [Towers Watson](#) found that only 40% of front-line managers understood why organizational changes were happening



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Adopter Categories to Change

Innovation Adoption Life Cycle



Communication Best Practices



You cannot
over-
communicate

- Communicate consistently, frequently, and through multiple channels
- Share what is known and what is not yet known
- Provide ample time and space for questions and discussion
 - Leaders need to LISTEN

Bottom Line for most staff:

How does this impact **me**? How does this impact **the people we serve**?

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Lessons Learned From The Field

Tom Petrizzo

Chief Executive Officer

Beacon Mental Health (MO)

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Key Steps

1. Define your vision as a leader, with your leadership team

2. Communicate and socialize the vision to everyone

3. Identify important targets that resonate with values

4. Create an empowered change structure that involves everyone

5. Align the grant funded program elements within the change structure

6. Identify change agents that represent a horizontal and vertical partnership

7. Utilize Continuous Quality Improvement to organize your transformation

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The Opportunity for Transformation

The vision of becoming a CCBHC can mean:

We are becoming an organization where we can put our values into reality.

We are becoming an organization that implements the core components of the CCBHC model to provide comprehensive care to the community

Every process, program, policy, procedure, and practice; every person providing help, with every penny that we have can become about the needs and hopes of the people and community that we serve, and the values that got us into this business in the first place.

Questions to Ask:

- Who are we as an organization?
- What's our purpose or Why do we exist?
- How does the CCBHC grant complement or enhance our "why"?

1. Define your vision as a leader, with your leadership team



What do you want to **transform** about your service delivery system with this grant?

- **Answer this fundamental question** for your board/community, for all your staff, and for your clinical staff.
- **Determine a strategic reason for grant.** The CCBHC-E grant should align with a significant service gap goal or partnership goal identified in your strategic plan or from survey data or community needs assessment.
- **Identify a Big Audacious Goal (BAG).** It could be wanting to serve more people, but what else? What is your big audacious goal for this grant?
- **Leverage the grant required Community Needs Assessment** to be a driver for staffing, training, cultural/linguistic responsiveness, access, and service array.

1. Define your vision as a leader, with your leadership team

Goal Examples

Big Service Goal
and/or
Partnership Goal



Have a Communication Plan

Consider starting with the following questions:

How would your agency identify targets that can involve everyone?

How would your agency empower your change team with your messaging?

How does the CCBHC grant fit into the agency wide plan?

Communication for Target Audiences:

Board/Community
All Staff
Clinical Staff

2. Communicate and socialize the vision to everyone

3. Identify important targets that resonate with values

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For Board/Community, What Does Becoming a CCBHC-E Grantee Mean?

- We are on the cutting edge of a national trend in community mental health.
- Creates new or builds upon an existing community partnership that we have long wanted to create or bolster (e.g., hospitals, primary care/FQHC, schools, health departments, law enforcement)
- Enhanced ability to respond to community needs (cultural, open access, language access, transportation, etc.)
- Current pandemic and explosion of need for mental health and substance use treatment.

2. Communicate and socialize the vision to everyone



For Clinical Staff, What Does Becoming a CCBHC-E Grantee Mean?

- Improving our clinical expertise through training and service growth.
- Implementing evidence-based practices, e.g., DBT, MAT, Zero Suicide
- Utilizing peers and peer supports as a SAMHSA best practice
- Meeting some of the social determinants of health, e.g., housing, employment.
- Fills a significant service gap we know exists based on internal data and/or community needs assessment data.
- Improvement of clinical quality outcomes through measures, e.g., engagement, follow-up after hospitalization, suicide risk assessment and intervention.

2. Communicate and socialize the vision to everyone



For All Staff, What Does Becoming a CCBHC-E Grantee Mean?

- We are growing in concert with our purpose/mission.
- We are living/growing the Big Goal of serving our community in a greater way.
- We are all in this together – the grant means more/better services but also more non-clinical support (e.g., data analyst, billing, front desk, quality management).
- Creating opportunities for staff growth (recruitment, retention and promotion).

2. Communicate and socialize the vision to everyone



For Clients/Peers, What Does Becoming a CCBHC-E Grantee Mean?

- Better access – ability to receive services more quickly; more flexibility in where and how you receive supports in the community, at home, virtually
- More seamless support – More services being offered in a more integrated manner; Care coordination to assist in connections and transitions with non-health related services or other healthcare providers and navigation support
- Putting you and lived experience at the center – Greater focus on working collaboratively to determine treatment approaches; expanded peer support and connection; involvement of people with lived experience in organizational governance and strategy

2. Communicate and socialize the vision to everyone



Identifying Targets

Not too many, not too few (3-4)

Targets should be both value-based and specific:

- Welcoming open access
- Effective crisis response for all
- Reach kids in schools
- Team-based care to help us serve those in need
- Improve co-occurring MH/SUD capability
- Improve integration of health care into our services
- Implement an Evidence-Based Practice like Zero Suicide or ACT Team

3. Identify important targets that resonate with values

Staff Inclusion:

Develop targets with a broad array of staff (clinical and non-clinical). Keep them informed along the way.

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Empowering Staff & Managing the Grant

We need to meet grant requirements, but our most important message to our organization is this:

- *Our new funding provides some capacity to make progress toward our vision*
- *Everyone in the organization can be a partner in change (clinical and non-clinical, including billing, QI, data reporting, outcomes)*
- *We address “attestation” to help us to make progress toward our vision*

4. Create an empowered change structure that involves everyone

5. Align the grant funded program elements within the change structure

All inclusive change structure:

Include clinical and non-clinical staff in your grant change management team (e.g., Clinicians, Data, Billing, HR, Quality, and Crisis/Access)

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Tactics to Keep CCBHC Grant Front and Center

- Keep CCBHC on organization agendas with regular reporting at Executive, Leadership and Management Meetings.
- Promote CCBHC Grant on Social Media Platforms and Website.
- Add CCBHC Grant implementation to overall strategic plan or service plans.
- Review CCBHC at Board meetings and community coalitions.



Implementation & Follow-Through

As the grant begins...

- It's natural to identify successful strategies to address grant requirements (checklist, NOMs), staffing, budgets, reporting, etc.
- Strategic principles must always be there as a baseline or reminder – why did we do this?

The long view...

- CCBHC-E grant is a foundational step toward comprehensive, permanent services delivery change and to future, permanent CCBHC status.
- Establish the foundations to address community gaps and needs, expand access to care, delivering services that improve outcomes and the lives of people served.
- Transformed care focused on integrated and coordinated and person-centered care.

Take care of the grant operational items but keep the **transformational vision** alive together with the **long view**

5. Align the grant funded program elements within the change structure



Lessons Learned From The Field

Courtney Sheehan, LPC
Senior Program Director/CCBHC Project Director
Community Health Resources

CCBHC-E National Training and Technical Assistance Center

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Background

- About Community Health Resources (CHR)
 - Comprehensive PNP Behavioral health system of care in Connecticut
 - We serve 24,000+ annually across lifespan.
 - North-Central and North-Eastern CT. Mix of Suburban, Urban and Rural areas.
 - First in state of Connecticut to meet CCBHC criteria.
 - CCBHC grantee in 2018, 2020 and 2022. Currently 2 CCBHC-IA grants
 - Provide all 9 Core Services in majority of our service region; One DCO to supplement crisis services in Eastern CT
- Courtney Sheehan, LPC
 - Senior Program Director/CCBHC Project Director
 - Background includes Mental Health & Substance Abuse clinical experience, Crisis Services, Integrated Care, Data-driven decision making, Practice improvements, CCBHC, PBHCI, Behavioral Health Home, Auricular Acupuncture



The Project: Take. Record. Respond

CCBHC Integrated Care Training Initiative for direct care staff in 16 Rehab & Community Outreach programs. How to **TAKE, RECORD, & RESPOND** to **blood pressure** and other health screenings.



The Why

Prevent early deaths

- Staff education on “25 years” statistic.
- Hypertension as the “silent killer”

Highlight CCBHC Model

- “Not just a grant”
- Primary care screening, monitoring key health indicators, health risk

Model Integrated Care

- Integrating medical expertise; Director of Nursing position
- Meeting clients where they’re at; in the community
- Wellness Interventions; tobacco cessation, walking groups, education

Identify Care Coordination opportunities

- Primary Care, Community, Wellness, Pharmacy, Benefits, Transportation

NOMS

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The Who

Programs trained:

- ACTT, YACTT, CSP, OTP, Residential programs

Client POF:

- High Medical/SMI, Co-occurring, High SDOH

Staff trained:

- Mostly bachelor level staff and Managers

Trainers:

- Dir. of Nursing, RN & CCBHC Project Director, LPC

Takeaway: It helped that our trainers had Behavioral Health and Medical expertise to draw upon to model integrated care in action. This was especially valuable to address resistance and as an ongoing resource to staff and managers.

The Resistance

- “What if I do it wrong?”
- “Clients will be too embarrassed to talk about their weight.”
- “I’m not a nurse, it’s out of my scope”
- “I don’t have enough time.”
- “I want to help, but don’t know how” “Need equipment and protocols”

A: We regularly named the “resistance elephants” in the room and provided staff with training, trauma-informed techniques, protocols, equipment and ongoing support to feel more comfortable.



The How: First Establish the Buy In

Engaging Managers

- Sent Project kick off letters to all program managers
- Signed by Associate Medical Director, Director of Nursing & CCBHC Project Director.
- Provided reports of clients in their program(s) diagnosed with **Hypertension**, and/or in need of **health screenings**.

Engaging Staff

- Group discussions during staff meetings.

“Who’s experienced loss of a client?”

How old were they?

What was the cause?



The How: Build Infrastructure

Ordered Equipment

*Automatic BP Monitors, Measurement Tape,
Scales*

Established Protocols

*5 Tiered BP Protocol based on AHA/Amer.
College Cardiology*

Expanded Access to Medical Fields in our EHR

More staff able to enter health data

Supported workflows

*Health Education materials
PCP letter templates
Wellness Activity flyers*

Developed Post-Training Staff Survey

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The How: Hands on Trainings in Team Meetings

OVERVIEW- CCBHC, Integrated Care, The “Why”, Hypertension, Whole Person Care.

TAKE - How to take health measurements in a Trauma-Informed way. Demonstrations and Hands on Practice with Equipment

RECORD- How to enter health data into the EHR, how to document response and follow up care coordination.

RESPOND- Review of BP Protocol and related interventions based on BP readings including Education, PCP coordination, care coordination, Wellness linkage, Urgent Care etc.

Staff Survey

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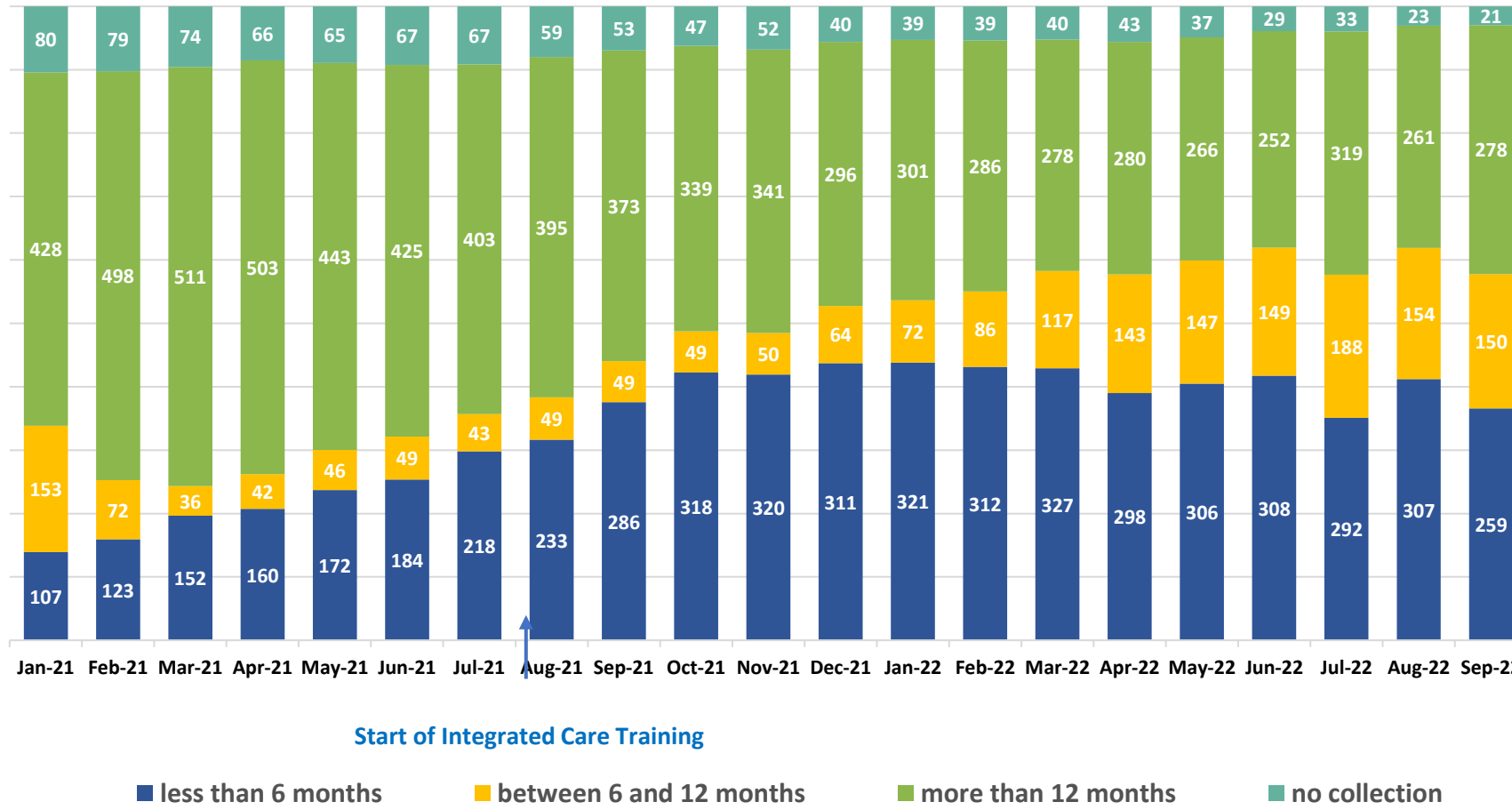


Post-Training Implementation

- Program Managers received regular data updates on clients who were missing or due vitals
- Staff began to incorporate health screenings and related interventions into their visits
- Staff would enter health data into our EHR, provide follow up care coordination and/or treatment plan updates as appropriate
- Trainers would proactively offer on-going support to programs as needed and field questions.
- Repeat steps as needed

The Results

Change in the Frequency of Health Measurements Collection for CCBHC client served from January 2021 to September 2022



*Good news.
WE Screened people we
hadn't Reached before. And,
more people received
updated health screenings.*



More Results

More good news. Staff reported improved understanding of Integrated Care, and a Greater understanding of Hypertension and the Importance health screenings.

142%

Increase in the number of clients served who had a vitals collection within 6 months

100%

Of the 16 CCBHC CT NOW programs received Integrated Care trainings

90%

Staff surveyed reported a greater understanding of the value of a whole person approach/Integrated Care for our clients

92%

Staff surveyed report greater understanding of High Blood pressure and why it's important to screen our clients

74%

Improvement in the number of CT Now clients with first time collection of vitals

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A Work in Progress: Next Opportunities

- Staff turnover; re-training
- Staffing shortages; spread thin
- Equipment needs replenishing fairly often
- Multiple initiatives, “it’s all important”

Key takeaway- We made a very large leap in shifting our culture. Managers re-train and support sustainability with mixed capacity to do so due to other operational demands; this is our next challenge/opportunity. The buy-in and infrastructure lives on.

Best Tips



- Client stories were a powerful motivator
- Picking one condition, hypertension, helped keep focus
- Establishing manager buy-in was time well spent
- Medical and Behavioral Health co-trainers w IC experience
- Giving staff tools; templates, materials and protocols etc.
- Post training surveys
- Sharing the data. What we measure tends to get better
- Support, support, support.

Q&A

Questions, comments, or collaborate further?

Courtney Sheehan, LPC

Community Health Resources (CHR)

csheehan@chrhealth.org

Thank you



Questions?



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Breakout Discussion



- What are the impacts of implementing CCBHC organization-wide?
- How does becoming a CCBHC impact your organization's identity and external messaging? How do you explain CCBHC to others?
- What communication strategies have you (or do you plan to) employ across the organization about CCBHC implementation?
- How can your organization avoid some of the change management pitfalls discussed at the beginning of today's session?



Closing: Sharing and Preparing



- **Brave Volunteers:** What did you hear from others in terms of questions and needs?
- **QUESTION LOG:** Take 2-3 minutes to put any questions you generated in the chat to continue to add to our question log
- **Next Session: April 9th, 2:30-4pm ET**
 - Topic: Staffing



Upcoming Events

Event Type	Title	Date + Time	Registration Link
Webinar	<p>Lived and Living Experience in Governance Resource Webinar</p> <p>The CCBHC-E NTTAC will host the Lived and Living Experience webinar, formally introducing the Meaningful Representation of Lived and Living Experience in Governance toolkit. This webinar will dive into the resource, providing an overview of the CCBHC requirements for meaningful representation of people with lived and living experience</p>	Thursday, March 21 st 3:30pm – 4:30pm ET	Register Here



Monthly Cohort Calls

Monthly cohort calls from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The last Friday of each month from 12:00-1:00pm E.T.	Register here
Program Directors	The first Wednesday of each month from 12:00-1:00pm E.T.	Register here
Evaluators/CQI Leads	The first Tuesday of each month from 3:30-4:30 pm E.T.	Register here

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ABOUT US RESOURCES TRAINING & EVENTS REQUEST TRAINING/ASSISTANCE

About the CCBHC-E National Training and Technical Assistance Center

The Certified Community Behavioral Health Clinic Expansion Grantee National Training and Technical Assistance Center (CCBHC-E National TTA Center) is committed to advancing the CCBHC model by providing Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grantees (CCBHC-E grantees) training and technical assistance related to certification, sustainability and the implementation of processes that support access to care and evidence-based practices.

Learn More

Questions or Looking for Support?



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

Slides, recordings and session resources will be available on our [New Grantee Learning Community webpage](#) approximately 2 days following each session



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

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