

CCBHC-E National Training and Technical Assistance Center

CCBHC New Grantee Learning Community
Session 9: Accessibility and Availability of Services

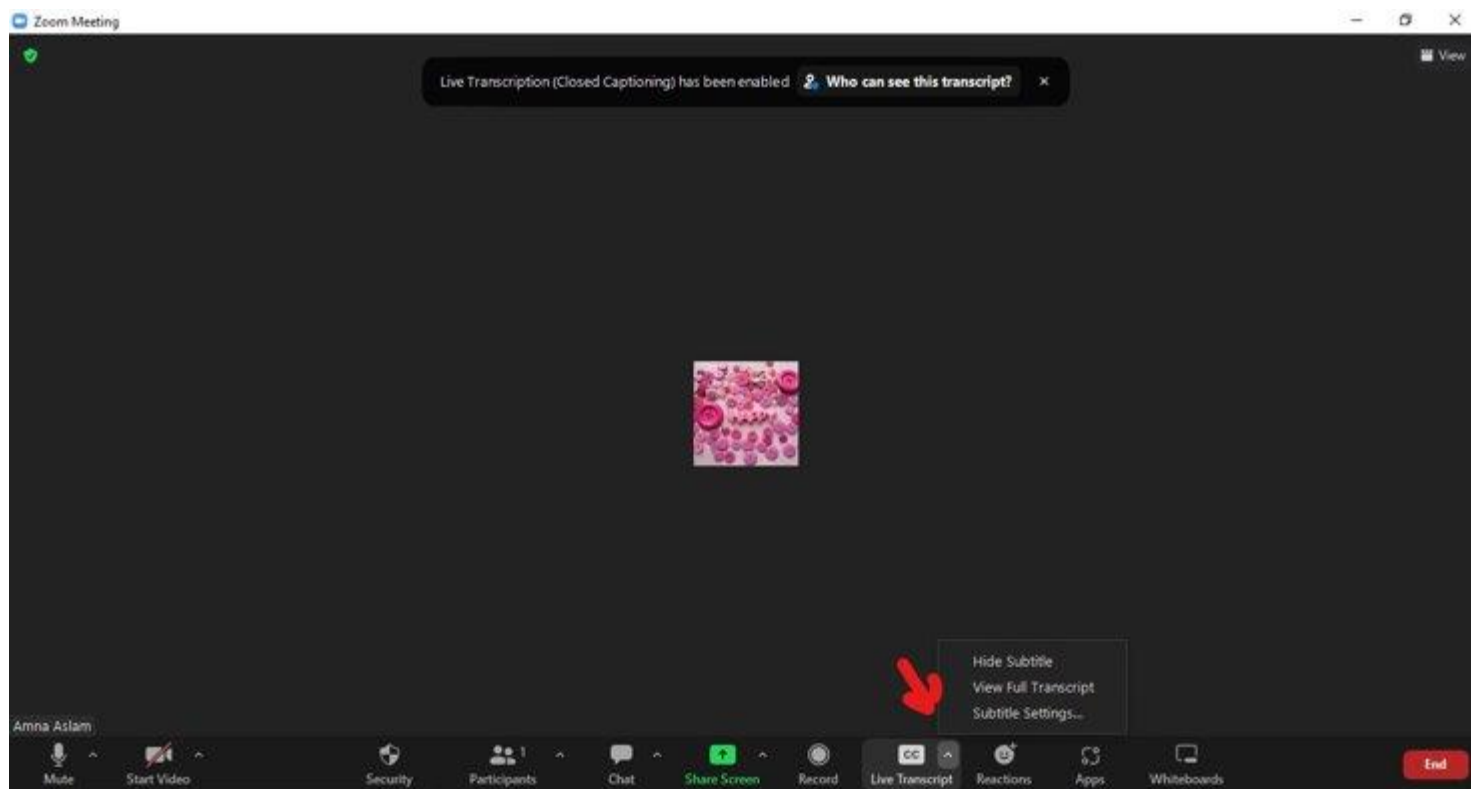
July 9, 2024

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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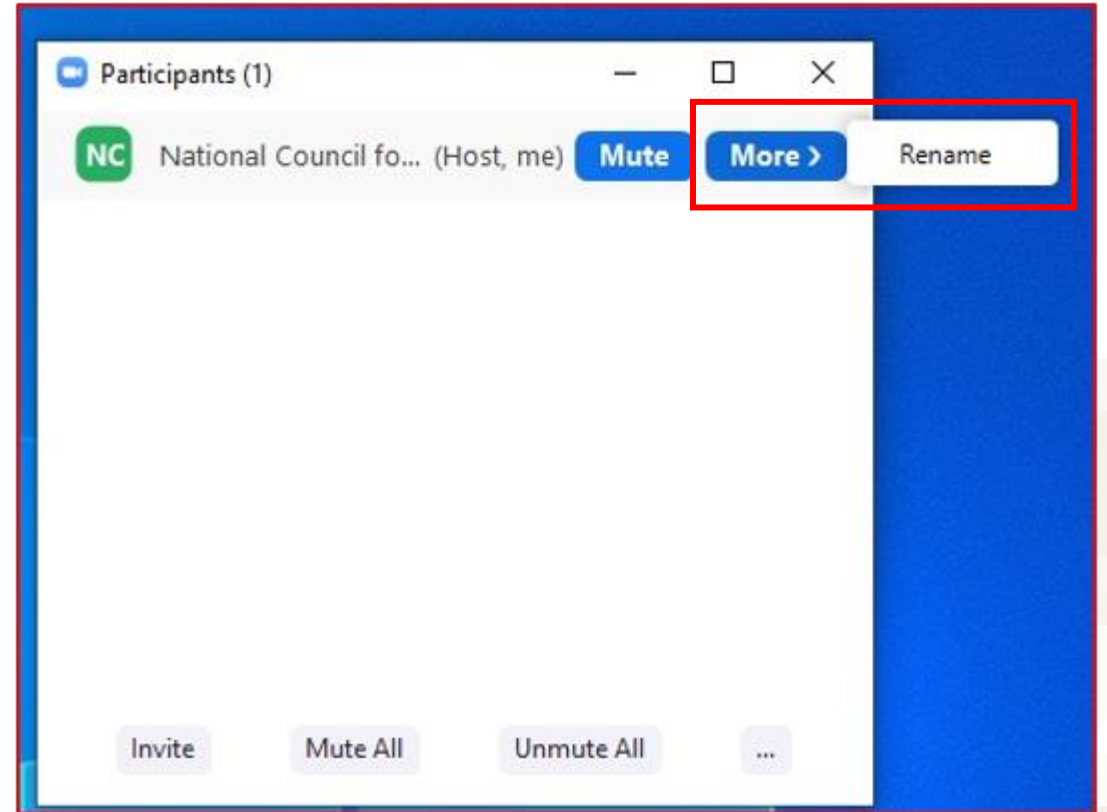
How to Enable Closed Captions (Live Transcript)



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

Logistics

- Please rename yourself so your name includes your organization.
- *For example:*
 - **D'ara Lemon, 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 **D'ara Lemon, National Council**



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Today's Agenda

1

-----• CCBHC overview

2

-----• Definitions and requirements

3

-----• Best practices for availability and accessibility of services

4

-----• Case study

5

-----• Breakout discussion

Learning Objectives

- Increase knowledge and understanding of CCBHC criteria Availability and Accessibility section and implications for clinic implementation and organizational changes
- Support clinics in implementation of Availability and Accessibility requirements of the CCBHC model



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Your Learning Community Team



Renee Boak, MPH

*Consultant and Subject Matter
Expert*

National Council of Mental Wellbeing



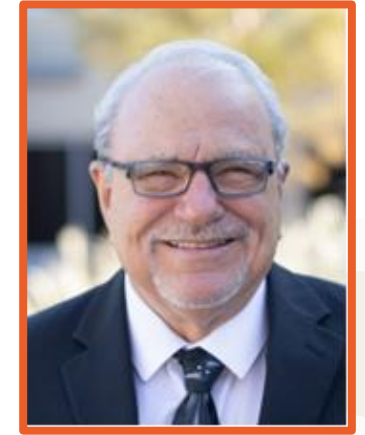
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MTM Services*



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Availability and Accessibility of Services: Requirements

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Availability and Accessibility 2.a.1-8: Access and Availability Generally

- The CCBHC uses telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions and other technologies to support access to all required services.
- Services are subject to all state standards for the provision of both voluntary and court-ordered services.
- The CCBHC continuity of operations/disaster plan:
 - Includes the process for notifying staff, people receiving services and health care and community partners when a disaster occurs/services are disrupted.
 - Identifies alternative locations and methods to sustain service delivery.
 - Addresses health IT systems security/ransomware protection and backup and access to these IT systems, including health records.






Availability and Accessibility 2.b.1: Timely Access to Services and Initial and Comprehensive Evaluations

- All people new to receiving services receive a preliminary triage, including risk assessment, to determine acuity of needs.
- If the triage:
 -  Identifies urgent needs, clinical services will be provided, including an initial evaluation, within one business day of the time the request is made.
 -  Identifies routine needs, services will be provided, and the initial evaluation completed, within 10 business days.
- For those presenting with emergency or urgent needs, the initial evaluation may be conducted by phone or through use of technologies for telehealth/telemedicine and video conferencing.

Availability and Accessibility 2.b.2: Timely Access to Services and Initial/Comprehensive Evaluations

- The preliminary triage and risk assessment will be followed by:
 - An initial evaluation.
 - A comprehensive evaluation.
- Subject to more stringent state, federal or applicable accreditation standards, all new people receiving services will receive a comprehensive evaluation to be completed within 60 calendar days.
- The person-centered and family-centered treatment plan is reviewed and updated as needed and no less frequently than every six months, unless the state, federal or applicable accreditation standards are more stringent.

Availability and Accessibility 2.b.3: Timely Access to Services and Initial and Comprehensive Evaluations

- People who are already receiving services from the CCBHC:
 -  Seeking routine outpatient clinical services must be provided an appointment within **10 business days**.
 -  Presenting with an urgent, non-emergency need are generally provided clinical services within **one business day**.
 -  Presenting with an emergency/crisis need are immediately offered appropriate action, including **crisis response**.
- Same-day and open access scheduling are encouraged.

Availability and Accessibility 2.C: 24/7 Access to Crisis Management Services

- The CCBHC provides crisis management services **24 hours a day, 7 days a week**.
- A description of the methods for providing a continuum of crisis prevention, response and postvention services is included in the CCBHC policies and procedures and made available to the public.
- People served are educated about crisis planning; psychiatric advanced directives; how to access crisis services, including the 988 Suicide & Crisis Lifeline (by call, text or chat) and other area hotlines and warmlines; and overdose prevention.
- This includes educating individuals with Limited English Proficiency (LEP) or disabilities (in ways that meet their needs).

Availability and Accessibility 2.C: 24/7 Access to Crisis Management Services

- The CCBHC maintains a working relationship with local hospital emergency departments (EDs).
- Protocols are in place to reduce delays for initiating services during and following a behavioral health crisis including those for:
 - The involvement of law enforcement.
 - People receiving services in psychiatric crisis who come to EDs.
 - Maximizing the delivery of recovery-oriented treatment and services.
 - Minimizing contact with law enforcement and the criminal justice system.
- In conjunction with the person receiving services, the CCBHC creates, maintains and follows a crisis plan.



Availability and Accessibility 2.D: No Refusal of Services Due to Inability to Pay

- The CCBHC ensures no individuals are denied behavioral health care services – including, but not limited to, crisis management services – because of the individual’s inability to pay for such services.
- The CCBHC has written policies and procedures describing eligibility for and implementation of a sliding fee discount schedule that is:
 - Readily accessible on the CCBHC website.
 - Posted in the CCBHC waiting room.
 - Communicated in languages/formats for those with LEP, literacy barriers or disabilities.



Availability and Accessibility 2.E: Provision of Services Regardless of Residence

- The CCBHC ensures no individual is denied behavioral health care services, including, but not limited to, crisis management services, because of place of residence, homelessness or lack of a permanent address.
- The CCBHC has protocols addressing the needs of individuals who do not live close to the CCBHC:
 - Providing, at a minimum, crisis response, evaluation and stabilization services.
 - Addressing management of the individual's ongoing treatment needs beyond the minimum services.
 - May provide for agreements with clinics in other localities.
- These criteria do not require the CCBHC to provide continuous services, including telehealth, to individuals who live outside of the CCBHC service area.



Best Practice – Same Day Access

Joy Fruth

Same Day Access Lead

MTM Services

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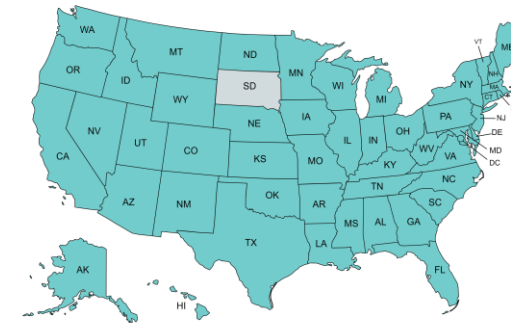
In 1995, MTM Services was founded by David Lloyd using proven, data driven change to assist teams with service delivery. Today, after his retirement in 2023, MTM Services continues to lead and drive innovation for providers desiring to achieve meaningful outcomes in the current healthcare reality.



Experience – Improving Quality in the Face of Healthcare Reform

“Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!”

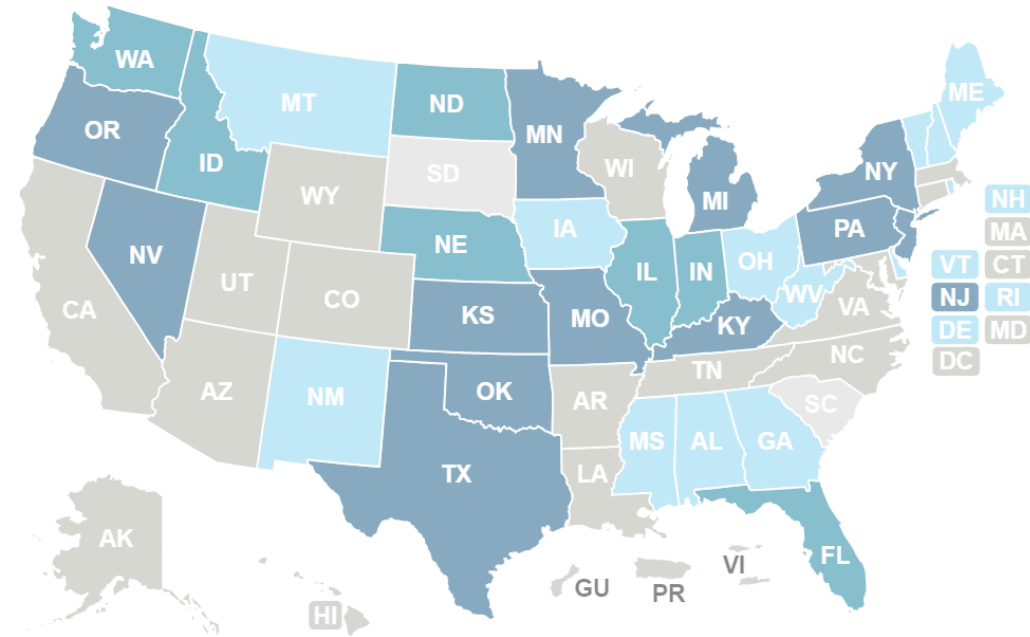
- MTM Services has delivered consultation to over 1,000 providers (MH/SA/DD/Residential) in 49 states, Washington, DC, and 2 foreign countries since 1995.
- **MTM Services’ Access Redesign Experience** (*Excluding individual clients*):
 - 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
 - 12 Statewide efforts with over 300 organizations
 - Over 30,000 individualized flow charts created
- Leading CCBHC Set up and/or TA efforts in 5 states



Current State of CCBHC Access

In 2024¹, for patients with routine needs, CCBHCs reported:



- 81% see patients within 10 days of the initial call or referral,
- 65% offer access within one week or less, and
- 21% offer same-day access to routine services.



Source: thenationalcouncil.org

¹ National Council for Mental Wellbeing. (2024). *2024 CCBHC Impact Report*. National Council for Mental Wellbeing. <https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>

Availability and Accessibility 2.b.1: Timely Access to Services and Initial and Comprehensive Evaluations

- All people new to receiving services receive a preliminary triage, including risk assessment, to determine acuity of needs.
- If the triage:
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- For those presenting with emergency or urgent needs, the initial evaluation may be conducted by phone or through use of technologies for telehealth/telemedicine and video conferencing.

Why Same Day Access?

Considered a best practice because:

- It is the fastest and most efficient way to serve clients, same day or next day.
- It results in better client engagement – they show up at a higher rate for *treatment*.
- For CCBHCs, it not only meets access requirements, but *exceeds* them.
- It is the most efficient use of precious staff time with a 0% no-show rate.
- Clients like it and so do staff!

Preliminary Triage

- Conduct a brief triage to include risk assessment.
- Give SDA hours and location.
- Inform the client what documents to bring.
- Target 3-5 minutes.



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Same Day Access Assessment

- Client walks in or logs in, unscheduled.
- Administrative paperwork is completed – releases, consents.
- Client begins assessment in the waiting room, ideally, by entering their own information into the patient portal.
- Assessment is completed in session with the clinician along with one individualized goal of the treatment plan. (target 60 minutes or less)
- Client schedules appointments for treatment with support staff. (target 5-8 calendar days)

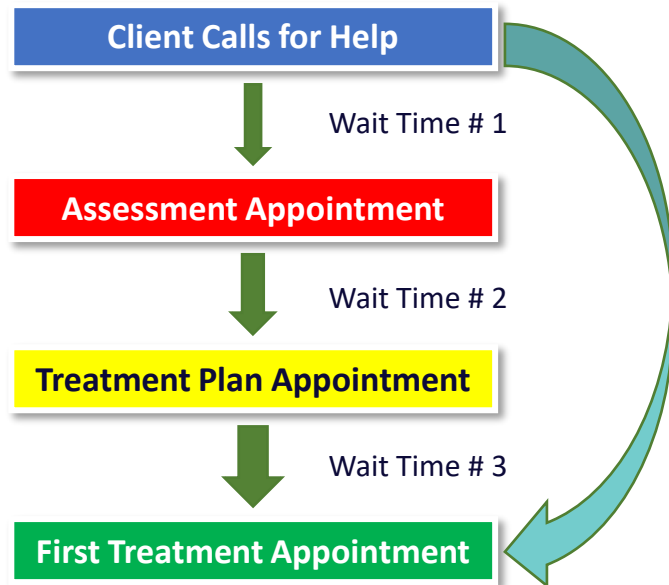


What is Same Day Access?

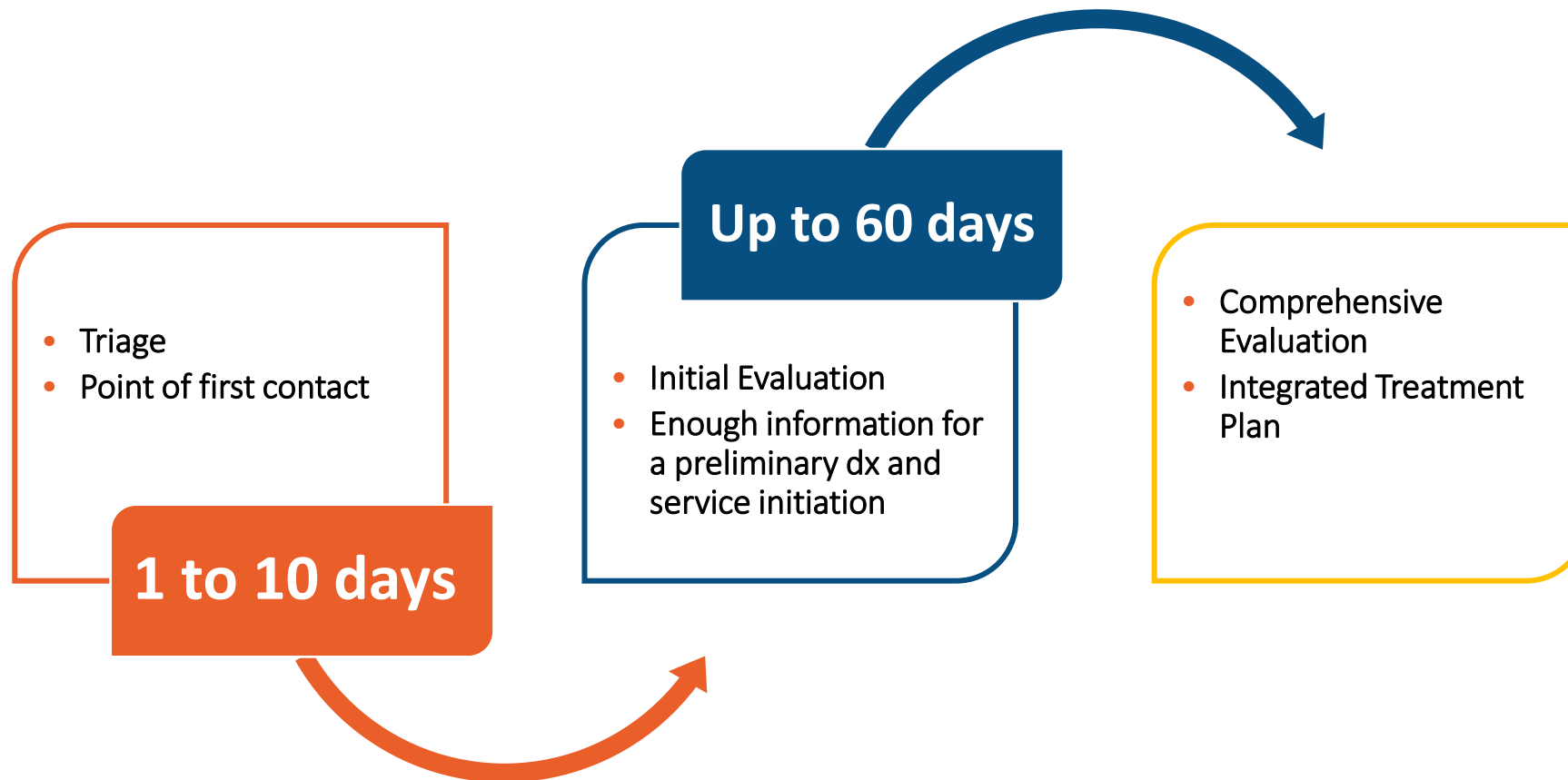
- SDA is a model of *unscheduled* assessment.
- We offer blocks of time when clients are invited to walk in (or log in).
- Once the client presents, then they would
 - Complete initial paperwork – releases, consents, etc.
 - Complete the clinical assessment and one individualized goal of the treatment plan.
 - Leave with appointments for treatment to occur, ideally within 5-8 calendar days.

What Does *Access* Actually Mean?

Defining Access...Based upon ~30,000 Access Flows...Hundreds of interviews and focus groups



Organizational View -
Client's View -



-
-
- ```
graph LR; A["1 to 10 days"] --> B["Comprehensive Evaluation
Integrated Treatment Plan"]
```
- Triage
  - Point of first contact

**1 to 10 days**

- Comprehensive Evaluation
- Integrated Treatment Plan

# Same Day Access – model fidelity

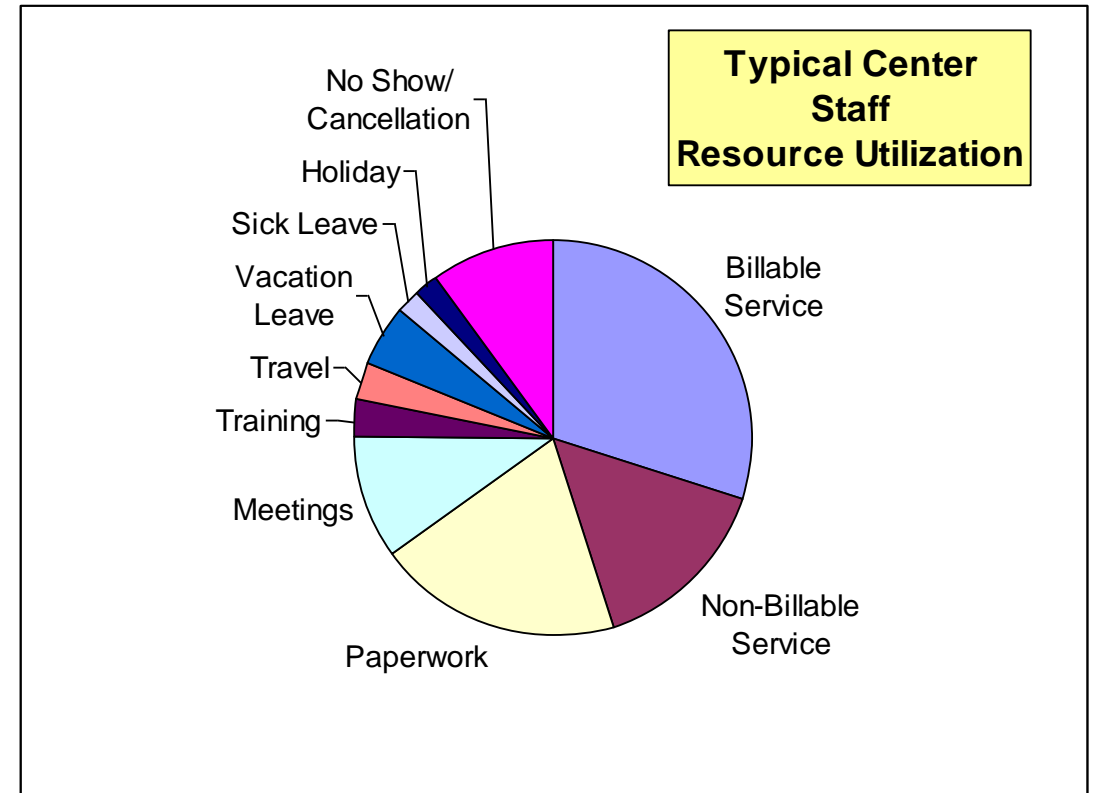
What does “to fidelity” mean here? It means adherence to the rules/targets.

- No scheduling assessments. Instead utilize Fast Passes when tempted to schedule.
- Never say, “First come, first served” when talking about SDA.
- If a client would wait longer than 30 minutes to see the next available clinician, initiate the contingency plan to get them seen sooner by another clinician who happens to have a no-show or a cancellation.
- Design the workflow so assessment sessions take no more than 60 minutes and the client’s throughput is no longer than 2.5 hours.
- Target a return for scheduled treatment within 5-8 calendar days.

# How do you sustain Same Day Access?

## Efficiency is key:

- Examine your productivity expectations, are they too low? Alternately, are staff able to achieve them?
- Set Collaborative Documentation as an expectation. This increases client engagement and saves staff time.
- Control no-shows, with proven policy and procedures (utilize an engagement specialist), target 10%. No recurring appointments.
- Ensure that clinicians are not doing any of their own scheduling = Centralize Scheduling.
- Use Episode of Care/Level of Care Guidelines to address dependence that can develop on both sides.



# Same Day Access Consultation Results

| Access Comparison Worksheet      |                        |                                           |                  |                        |
|----------------------------------|------------------------|-------------------------------------------|------------------|------------------------|
|                                  | Total Staff Time (Hrs) | Total Client Time without Wait-time (Hrs) | Cost for Process | Total Wait Time (Days) |
| Old Process Averages:            | 5.13                   | 3.48                                      | (\$388.55)       | 48.96                  |
| New Process Averages:            | 3.91                   | 2.99                                      | (\$301.05)       | 26.11                  |
| Savings:                         | 1.22                   | 0.49                                      | \$87.50          | 22.85                  |
| Change %:                        | 24%                    | 14%                                       | 23%              | 47%                    |
| Avg. Number of Intakes Per Month |                        |                                           | 35,970.48        |                        |
| Intake Volume Change %:          |                        |                                           | 12%              |                        |
| Monthly Savings:                 |                        |                                           | \$2,891,551.29   |                        |
| Annual Savings:                  |                        |                                           | \$34,698,615.47  |                        |
| Average Savings Per Center:      |                        |                                           | \$128,513.39     |                        |



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270 Organizations included in this sample, from 29 states

These change numbers are averages, as teams have different starting points. For example, the average wait time change percentage is 47%, while the highest wait time change percentage recorded is 91%

Change measurements are taken after the first cycle, typically nine to twelve months after the baseline is established. Often, teams continue their work beyond this measurement. Due to the transformative nature of these changes, some organizations require more than one cycle to fully implement the new processes.

# Same Day Access Consultation Results

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## Highlights:

- Average *Reduction* in Wait Days = 47%
- Average *Increase* in Intake Volume = 12%
- Average Savings per Center = **\$128,513**

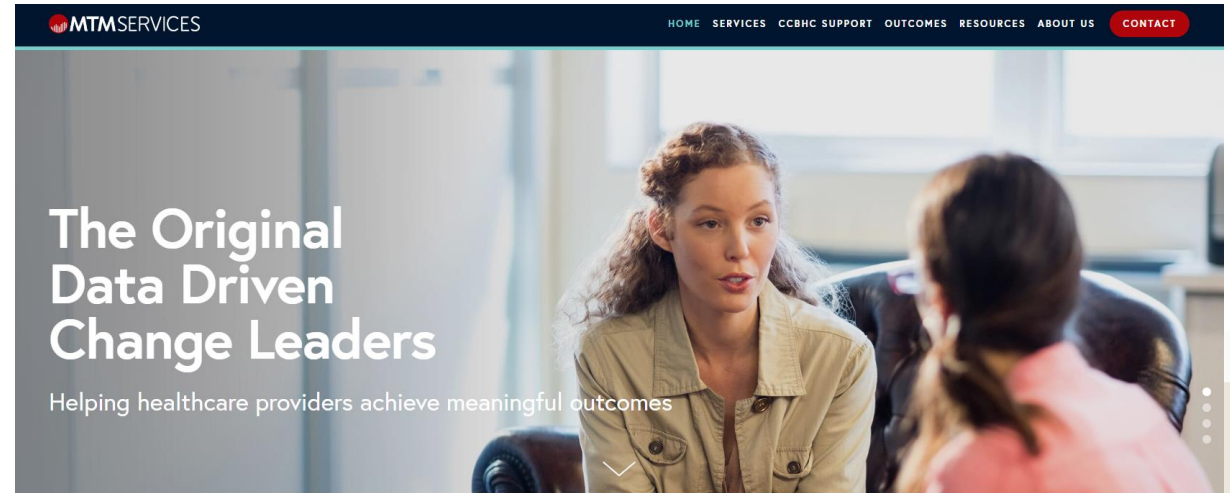


# Thank You

[Joy.fruth@mtmservices.org](mailto:Joy.fruth@mtmservices.org)

See our outcomes, resources and more...

[www.mtmservices.org](http://www.mtmservices.org)



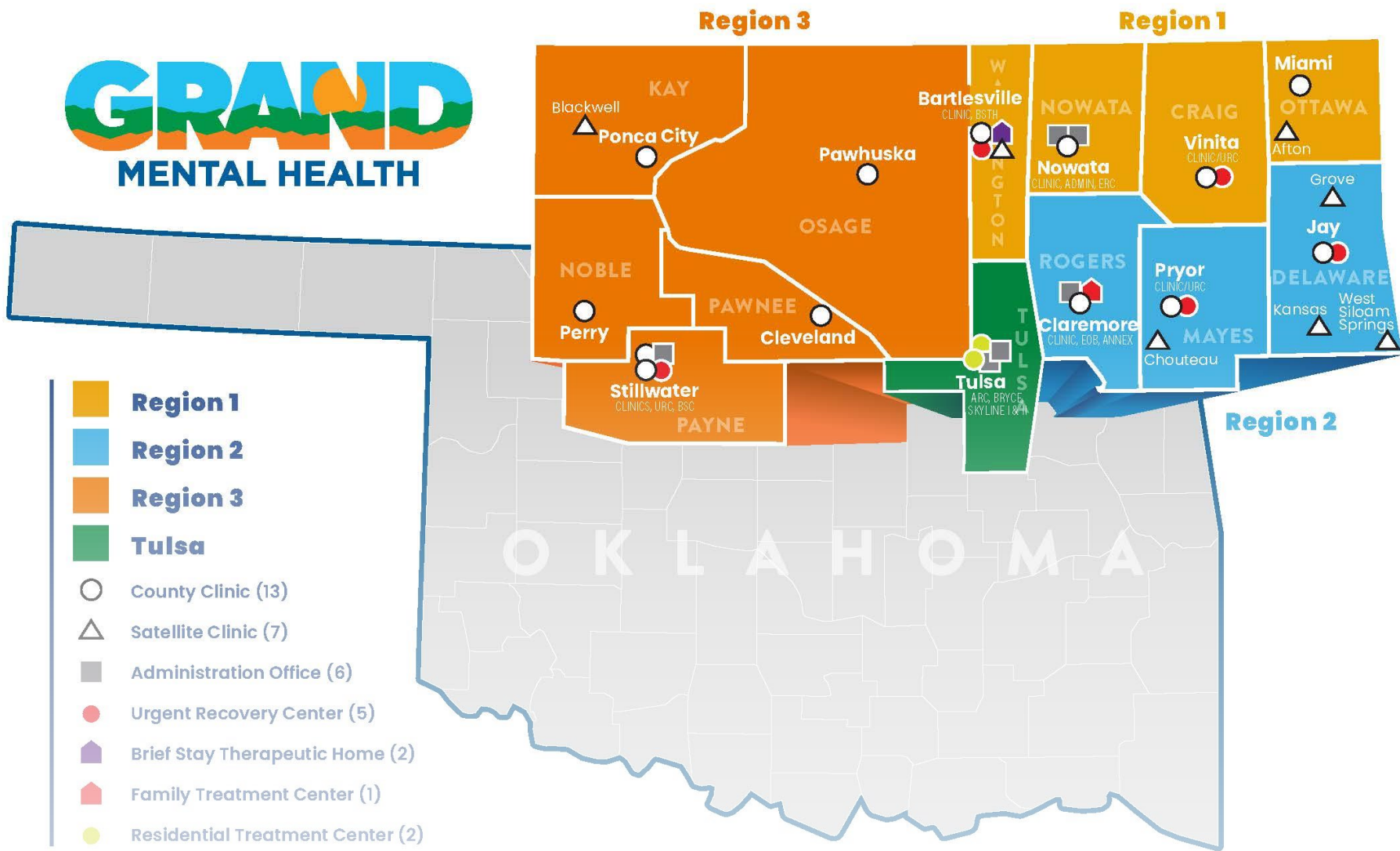
# Case Study

Nic Allgood and Larry Smith  
GRAND Mental Health

**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*

# GRAND MENTAL HEALTH



# Mobile Crisis

- Community partners, including Department of Human Services, hospitals, law enforcement, and schools have access to immediate crisis response 24/7 via iPad, equipped with the MyCare App or crisis line.
- A significant decrease in wait times for crisis response leads to safer and more positive outcomes for the child and community.
- In the school setting, we utilize behavioral health coaches for meeting with students and families that have identified a current behavioral health crisis.
- On-site therapeutic support is always provided when necessary.



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# Access

Unbridled access to 24-hour Crisis prevention and intervention can be defined as building rapport and trust between clients and therapists, fostering connections, and reducing loneliness.

## iPads with the GRAND Model Integrated Support Access App

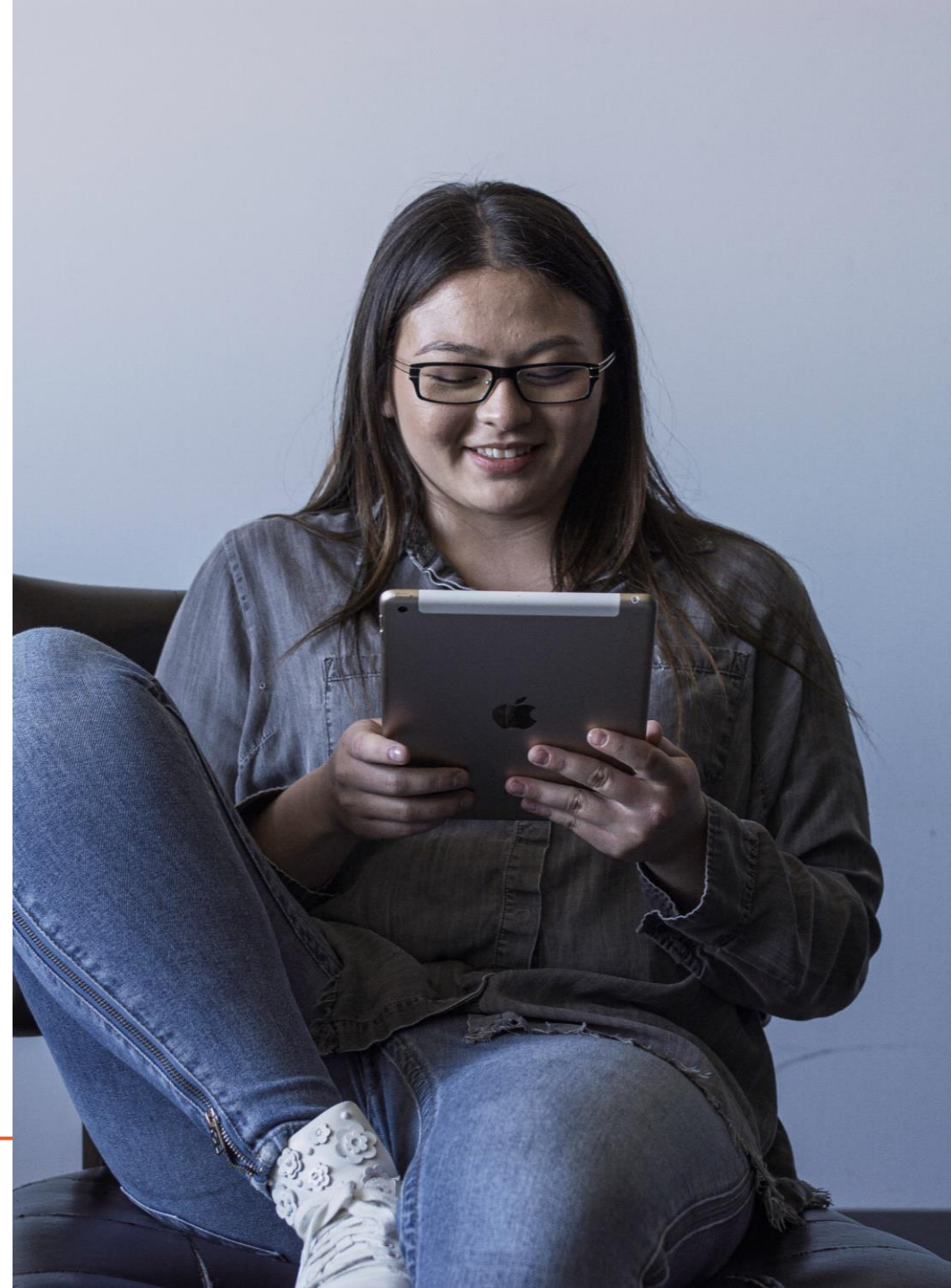
- Referred to as “mental health devices,” these iPads work in single-app mode and only run the MyCare custom application.
- The primary feature of the MyCare App is a large crisis button that connects instantly to a GRAND therapist anytime of the day as well as functions that track, monitor, and coordinate their care needs, appointments, and outcomes all in one place.

**For GRAND clients, the purpose of the mental health devices is to provide them with the services they need, when and where they need them.**



# iPad and Crisis Calls are Answered by Trained Staff that are Awake and On-Site at the URC

- For any iPad or mobile technology crisis response program to work, the calls have to be immediately answered every time and result in tangible help (versus providing an empathetic ear only). The need to answer and respond in a quick, dependable, and helpful manner is equally critical whether the crisis call is coming from a patient or a community partner (i.e., law enforcement officer).
- To ensure that there are no missed calls, MyCare developed a complex call hunt group that makes use of a specific ring order, waiting room and call-back feature. However, the goal is to have all calls answered with 1-3 rings and staff are held accountable for missed calls.



# Tulsa Urgent Recovery Center (TURC)

- URC Admits to TURC since 12/29: 1587
- Admits to TURC as Structured Crisis Center since 12/29: 26
- Tulsa Sobering Center admits to TURC since transitioning on 4/1: 78
  - (15% stayed and transitioned into URC for treatment of substance use)
- 63% of all TURC admits have transitioned into ARC
- 12% have transitioned into alternative placement since 12/29 for treatment of substance use

# Brief Stay Therapeutic Home

Our BSTH model addresses a community need for:

- Short term intensive treatment
- Addressing behavioral health challenges for the entire family

GRAND teams are onsite and common areas of the home are wired for audio and video, and parents receive therapeutic feedback during structured therapy sessions and family interactions.

We begin the process of wraparound services for continued family support after returning home.

Since implementation in November of 2022 in Bartlesville, we have witnessed incredible family success for 67 families and 228 individuals.

Since implementation in February 2024 in Rogers County we have been able to provide services to 17 families and 67 individuals.

The data we have gathered for our BSTH in Washington County has indicated most families served are experiencing an increase in hope following their stay with 84% improvement in hope post discharge for the parents.





# Family Assessment Center



- 24-hour assessment for appropriate level of care
- Goal of crisis stabilization and continued treatment in the least restrictive environment
- Facilitate placement in higher level of care if deemed appropriate
- When the crisis is stabilized the family is issued an iPad, equipped with the MyCare application, providing 24-hour access to additional crisis management services and access to general outpatient services

Resulting in a

**73.3% diversion from inpatient**

- Family Urgent Recovery Center
- Family Structured Crisis Center

# Team-Based Care

- Client –centered with individual consumers being the nucleus of all GRAND efforts
- Core team comprised of:
  - Integrated Team Manager (LMHP)
  - Care Coordinator
  - **Staff with lived experience (Peer Recover Support Specialist or Family Support Provider)**
  - Average caseload of 40 clients
- Auxiliary team comprised of:
  - Team Support Specialist
  - RN Care Manager
  - Specialty Clinicians (Dietician, Housing Specialist, Employment Specialist, OT)
  - Advance Practice Provider
  - Child Certified Psychiatrist

# TEAM-BASED CARE



# Recruiting

- Creating pipeline relationships with trade schools, universities, other social service placement organizations through a robust internship and practicum program.
- Recruiting Peers (very good)
  - Self help groups
  - Past clients who has discharged successfully
  - Creative ad postings in unique environments
  - Local workforce and employment offices
  - Openness to hire individuals with non-violent offenses

# Retaining

- Wellness Days (up to 26 days per year)
- GRAND Learning and Development Program providing continuing professional development
- Continuous focus on employee experience, values focused and meaningful for staff
- Recovery supportive environment for peers



# Questions?



# 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: Tuesday, August 13th 2:30pm - 4pm ET**  
Topic: Sustainability Planning



# Upcoming Events

| Event Type                 | Title                                                                                                                                                                                                                                                           | Date + Time                                                                                                                              | Registration Link                                                                    |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Learning and Action Series | <b>Optimizing Data through Measurement Informed Care (MIC): Session 3</b> – Sustaining Measurement-informed care                                                                                                                                                | Tuesday, July 16 <sup>th</sup> 3pm-4pm ET                                                                                                | <a href="#">Register Here</a>                                                        |
| Webinar                    | <b>CCBHCs and Supportive Housing Webinar:</b><br><b>Session 1:</b> <i>Housing and Homelessness in America and its Impact on Persons with Behavioral Health Challenges</i><br><b>Session 2:</b> <i>Housing Partners: Partner Priorities, Needs and Resources</i> | <b>Session 1:</b> Wednesday, July 17 <sup>th</sup> 3:30pm-5pm ET<br><br><b>Session 2:</b> Wednesday, July 31 <sup>st</sup> 3:30pm-5pm ET | <a href="#">Session 1 Registration</a><br><br><a href="#">Session 2 Registration</a> |



# 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 <b>last Friday</b> of each month from <b>12:00-1:00pm E.T.</b>     | <a href="#">Register here</a> |
| Program Directors    | The <b>first Wednesday</b> of each month from <b>12:00-1:00pm E.T.</b> | <a href="#">Register here</a> |
| Evaluators/CQI Leads | The <b>first Tuesday</b> of each month from <b>3:30-4:30 pm E.T.</b>   | <a href="#">Register here</a> |

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## National Training and Technical Assistance Center

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

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# Thank You!

**Your feedback is important to us!**

Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.

