CCBHC-E National Training and Technical Assistance Center

CCBHC Crisis Services Learning Community

Session 8: CCBHCs and the Implementation of Pre-Crisis and Post-Crisis Services

August 22, 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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- *For example:*
  - **Kat Catamura, National Council**
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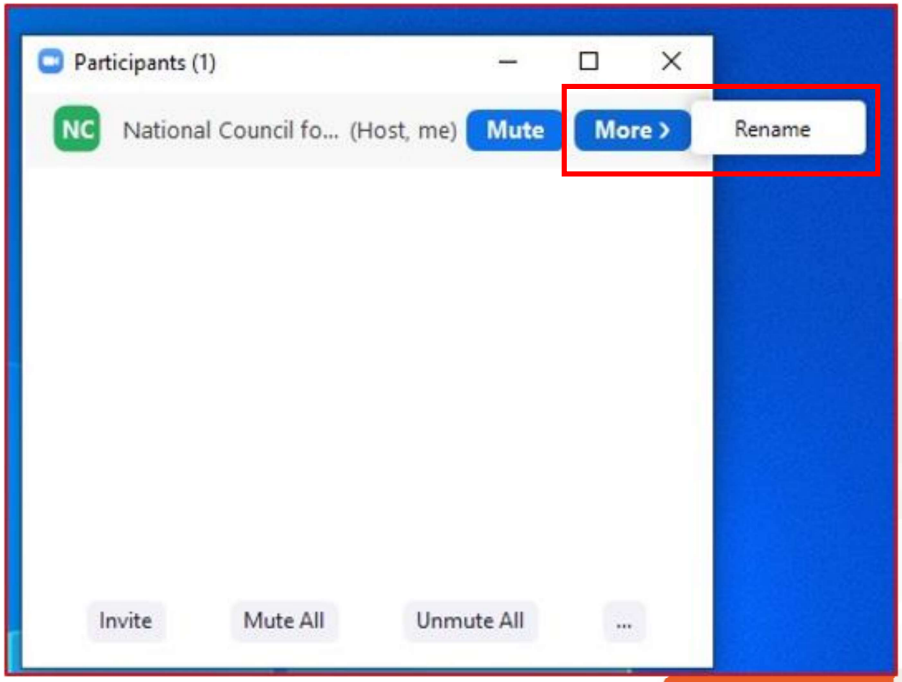

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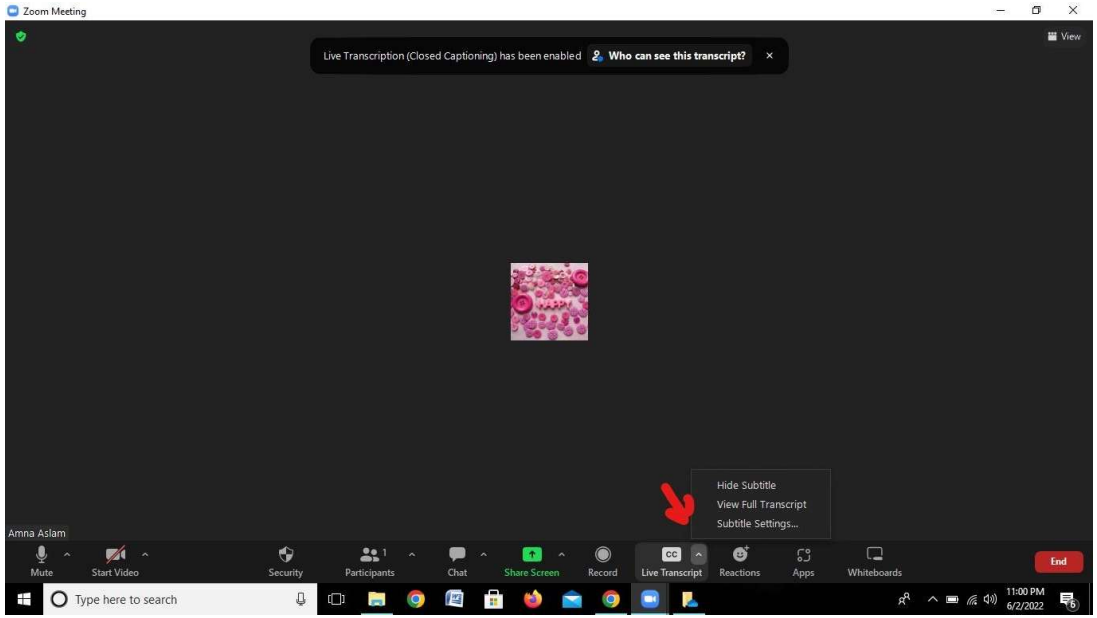

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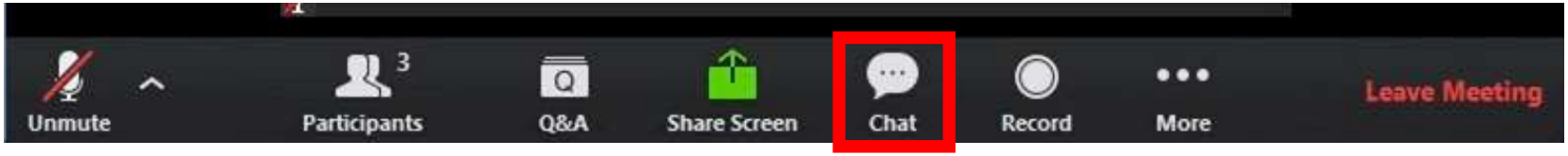
How to Ask a Question



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.**

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Today's Agenda

1. Overview of CCBHC Pre-Crisis and Post Crisis Services: Ken Minkoff
2. CCBHC Spotlight: Integrated Services of Kalamazoo, MI
3. CCBHC Spotlight: Henderson BH, Ft. Lauderdale, FL
4. Building post-crisis capacity in OK: Carrie Slatton-Hodges

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Polling Questions

Question 1: Which of the following post-crisis services do you offer for adults? (Check all that apply)

a) Next day walk in services
b) Next day outreach by phone
c) Next day home visit
d) Medication monitoring
e) Follow up for up to 30 days or longer if needed
f) Flexible services multiple times per week
g) Peer bridger services
h) Home visiting as needed multiple times per week.

Question 2: Which of the following post-crisis services do you offer for children?

a) Next day walk in services
b) Next day outreach by phone
c) Next day home visit
d) Medication monitoring
e) Follow up for up to 30 days or longer if needed
f) Flexible services multiple times per week
g) Family Peer bridger services
h) Home visiting as needed multiple times per week.

Question 3: If a client with AUD presents in the ER with suicidality and is discharged home, having refused to be referred to SUD detox services, would your CCBHC routinely offer next day follow up?

a) Yes, proactively
b) Yes, if client accepted a walk in appointment.
c) Yes, but not next day.
d) No
e) Not Sure

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Overview of CCBHC Pre-Crisis and Post Crisis Services

ZIA PARTNERS

CCBHC Crisis Requirements: Six Essential Elements

- Crisis System Needs Assessment
- Crisis System Collaboration and Partnership Development
- Crisis Services Implementation –
  - Someone to Call: Emergency Crisis Intervention: 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 “Pre-Crisis” Best Practices

Goal: Proactively provide easy access to help that prevents crises BEFORE they happen

Examples:

- Open access and routine triage
- Suicide screening and suicide prevention protocols
- Opioid overdose prevention: Narcan, fentanyl/xylazine test strips
- Missed appointment/drop out follow up and outreach

CCBHC “Post-Crisis” Best Practice Framework

“Crisis is not a one and done. Each person’s crisis is likely to continue for days/weeks/months till they are stabilized in ongoing care. They may not be “appointment keepers”, so we need to provide services that fit their ability to engage.”

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CCBHC "Post-Crisis" Best Practice (Examples)

- Next day f/u following ANY crisis event (ED, hospital, mobile, etc.)
- Proactive outreach and care coordination for new and existing client crises
- Ongoing access to med management
- Immediate f/u post opioid overdose, with connection to MAT
- Ongoing flexible visits multiple times per week – in home/office/elsewhere
  - (e.g., MRSS)
- Routine access to f/u by crisis services for 30, 60, 90 days as needed till engaged.
- Using clubhouse or peer drop in for immediate crisis support
- Peer bridger services from crisis site to our site.
- Using data to flag individuals at high risk for more intensive outreach.

Henderson Behavioral Health

Brittany Biba, LCSW
Director of Project Management

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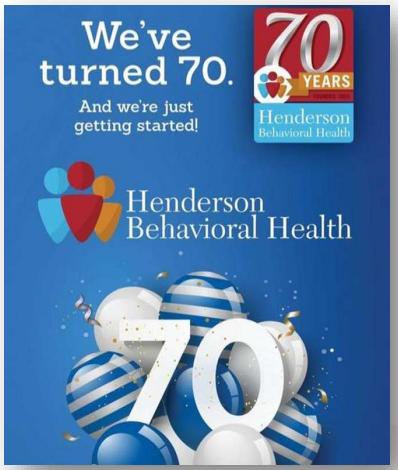
Overview

- Safety-net behavioral health organization in South Florida, *Broward County (Ft. Lauderdale), Palm Beach County, Treasure Coast, Brevard (small).
- Serves about 20,000+ clients a year (all ages)
- Approx. 700 Staff
- CCBHC-E grant 2020-2022
- CCBHC-IA grant 2022-2026
- CCBHC CARF Accredited December 2023
- Provides all 9 core services- No DCOs



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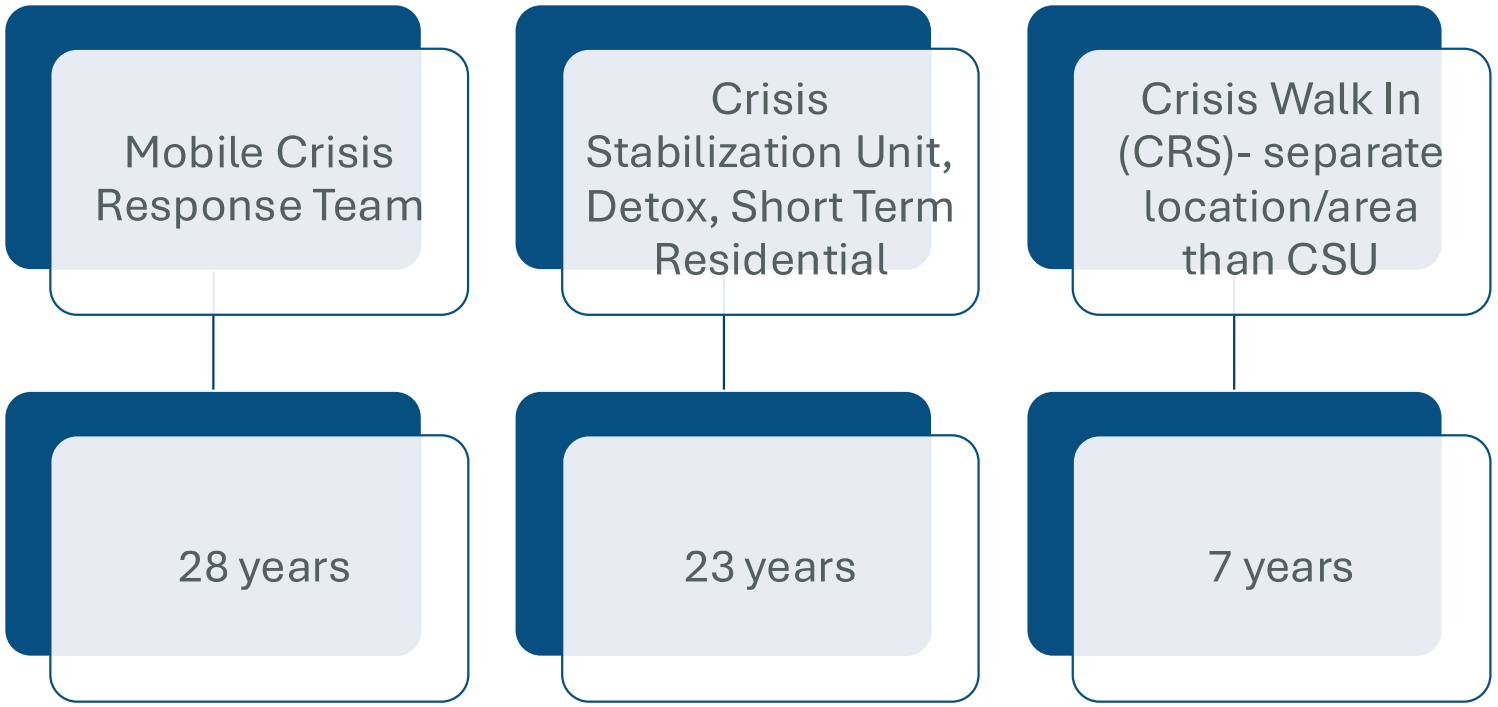
Crisis Programs



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Pre-Crisis

Intake/Phone triage tool	• Includes CSSRS
Referrals from LEO	• Direct referral where don't need MCRT, but identify a mental health or substance use concern
Clinical Pathway-Zero Suicide	• Auto assigns-Evidence Based • Cancel, reschedule, no show appointments notification system
Safety Wellness Toolbox	• On admission to prevent a crisis
NARCAN access	• All staff, all locations, and given to clients

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Post Crisis

Clinical Pathway-Zero Suicide	CRS daily staffing until linked with ongoing services/warm hand off	MCRT Care Navigators	MCRT Peers	Aftercare Specialist
CSU Post Stay Peer-pending	ENS- Encounter Notification System, contacting after discharge from hospitalization within 24 hours (including ER)	Aftercare appointments from hospitals within 48 hours	FIT team- Youth	Outpatient Medication Mangement and Therapeutic Services
	Safety Wellness Toolbox-evaluated again post crisis	Continual data evaluation so people do not fall through the cracks	Ongoing re-evaluation/assessment to identify and ensure access to appropriate level of care	

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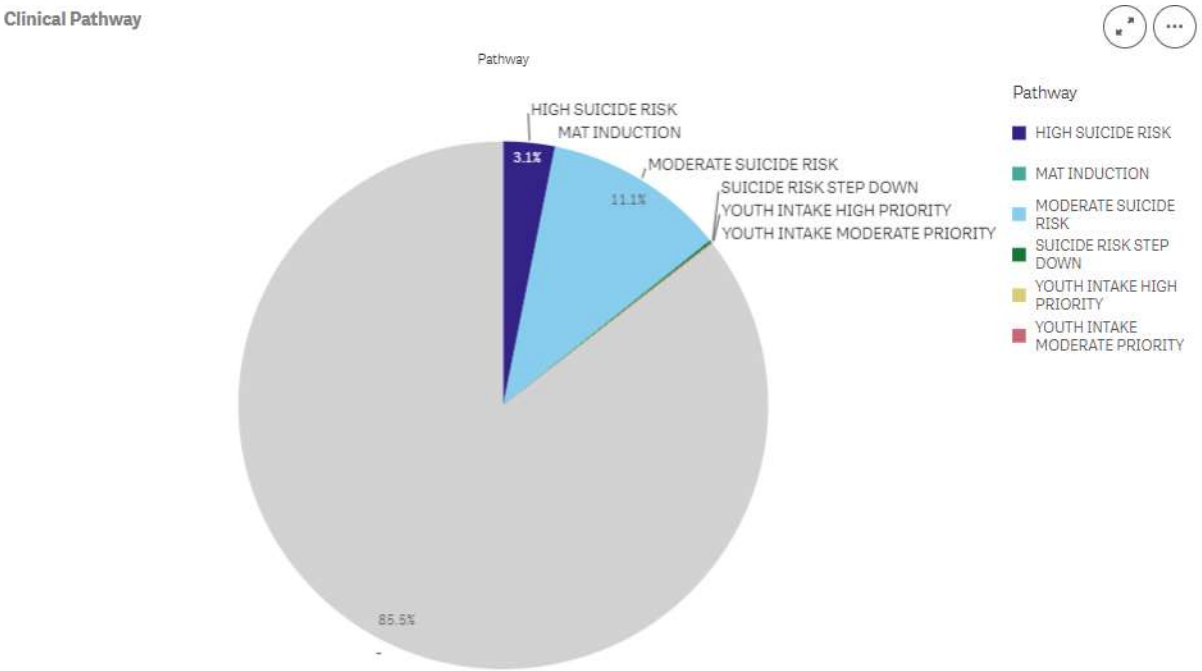
Clinical Pathway



The following came after becoming a CCBHC-reviewed data, wanted evidence-based practice for zero suicide

- Zero Suicide Protocol
- CSSRS
- Clinical Pathway auto assigns based off CSSRS, reduces data entry errors/errors by staff
- Alerts on chart
- Different color MRs
- Cancelation, No show, Re-Schedule direct alerts
- Youth Intake has their own alerts/priorities

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Warm Hand Offs

- **No wrong door**
  - Telehealth office to office, if they show up at a different location
  - Customer Service Policy
  - Culture shift/contests
  - What can we do, not what can't we do
  - Redesigned our phone system

- **CRS daily staffing** until linked with ongoing services/warm hand off (Moderate/High Suicide Risk)
  - This includes calling the client, offering therapy appointments at the CRS, providing case management and care coordinators going to the client's home
  - Can be daily contact if needed
- CRS also has peer support available

- **Aftercare Specialist at CSU**
  - Links to appropriate outpatient/long term ongoing support
  - Follows up with client until fully linked in the community

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Warm Hand Offs

- **MCRT Care Navigators**
  - Deep dive into chart, assessment, multi disciplinary staff, understanding complexities
  - Follow up call with at least 3 resources that will provide the best long term supportive relationship
  - Consider client's strengths, interests, and past achievements when considering recommendations
  - Use language that is trauma informed, reduces stigma, and strongly encourage peer support
  - Calls the client within 24 hours of the MCRT going out
  - Care Navigators ensure linkages to needed services
- **MCRT Peer Support**
  - Can go out on crisis calls as well as follow up with client in home and via phone

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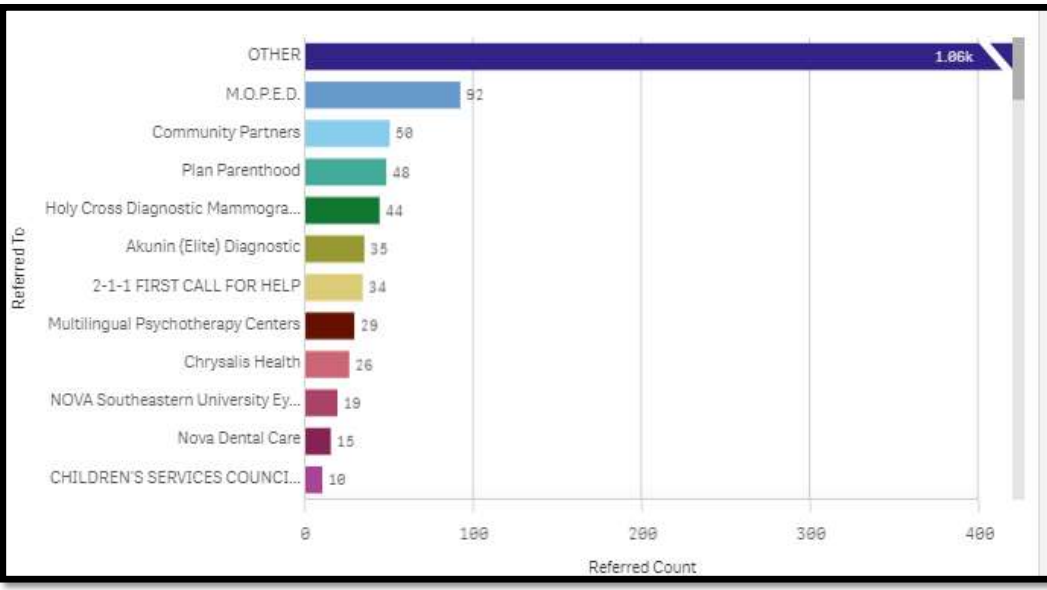
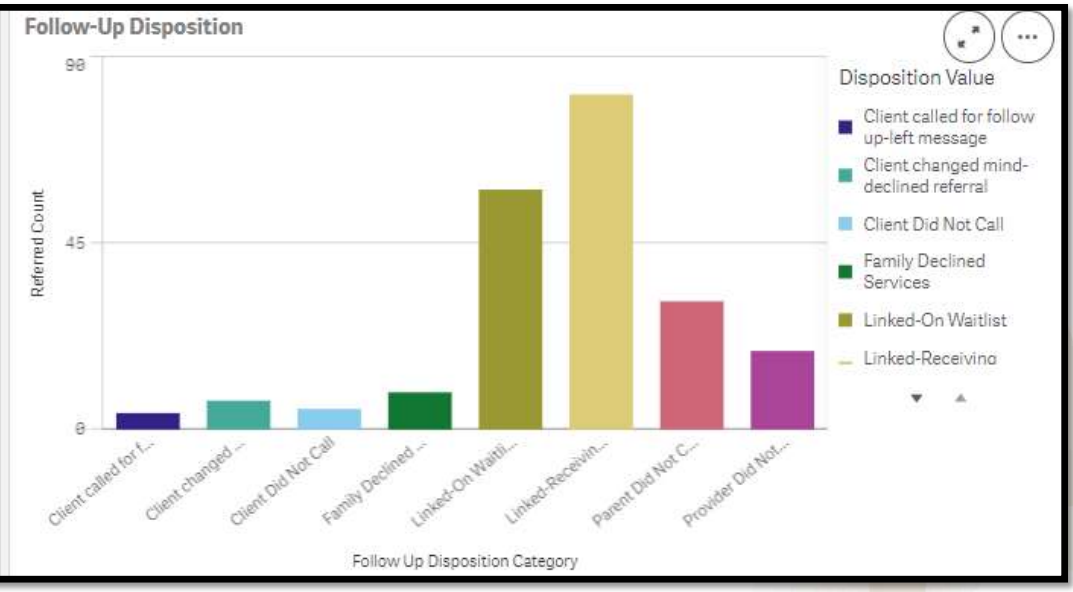
Referral Tracking w/Follow Up





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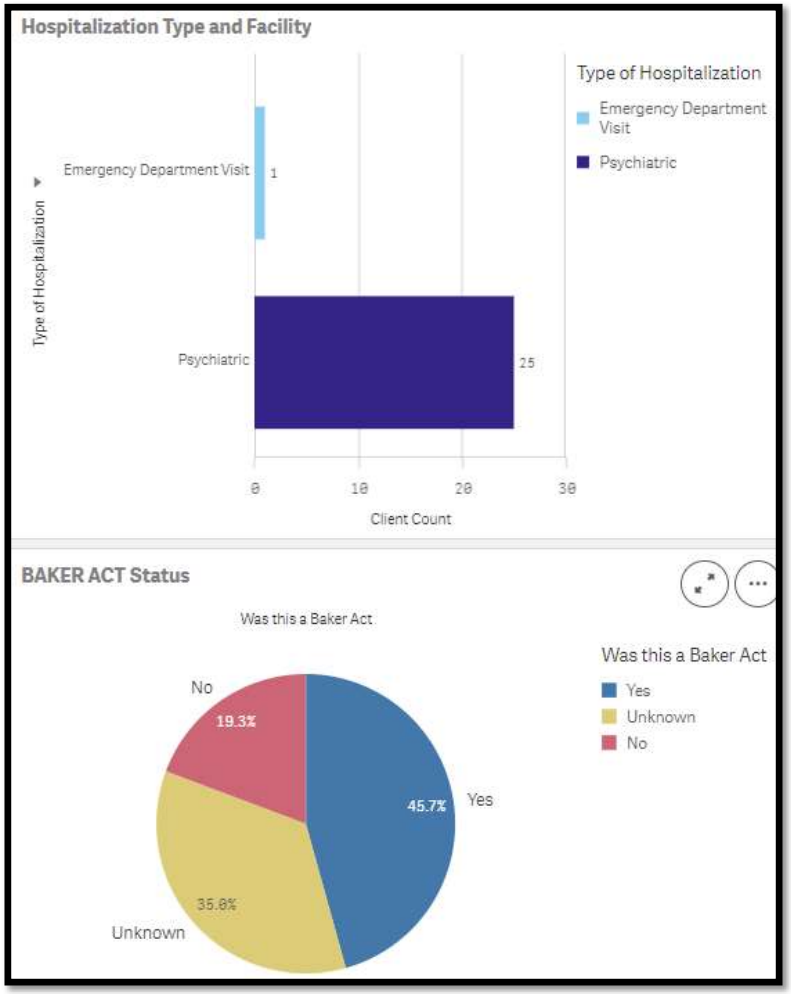

Hospitalization Follow-Up

Encounter Notification System (ENS)

Includes if client is in the ED

ED can send client to CRS, driver picks up client

If Medical reason for ED department, educate on PCP/HILL program and reasons to go to ED

Phone call within 24 hour of discharge

Direct appointments from hospitals with discharge planners- try to get client appointment within 2 days=better show rate, than the 7 day "requirement"

FIT team referrals for youth, direct from hospital

KPI that shows discharge to appointment and discharge to service

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FIT Team, Outpatient Med Mgmt, Therapy

FIT Team

- Intense in-home family therapy for ages 5-22, 8 weeks
- No limit to hours in the home, i.e., can meet everyday if needed
- Includes parent-advocates (peer)

Outpatient Medication Management, Therapy and MORE

- Offer a wide array of services post crisis for adults
  - Co-occurring PSR group, Peers, MAT, Walk In, Care Coordination, Case Management, Residential, FACT, FMT, Early Treatment

Review Safety Wellness Toolbox- what did not work to prevent the crisis, if new client create one

Quality Improvement

KPI Dashboards

- MCRT
- Zero Suicide
- Hospitalization-Including re-admission
  - Includes appointment and service data post hospitalization/ED visit
- Acute Care
- Appointment Data
  - Utilizing post crisis follow up appointment data to demonstrate need for new positions- ex CSU Aftercare Specialist and CSU peer

Incident Report Data

- Uses Survey Monkey

Use all the above data for quality improvement

Staff knowledge of all services both internal and external

Overdose Prevention (Zero Overdose)- In process

Integrated Services of Kalamazoo

Dianne Shaffer, LMSW
Chief Project Officer

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Overview

- County community mental health organization in Kalamazoo County, Michigan, population approximately 250,000
- Serves about 8,000 clients each year
- Approx. 500 Staff
- CCBHC-E grant 2018-2020
- CCBHC-E 2020-2022
- CCBHC-IA grant 2022-2026
- Provides all 9 core services and utilizes 8 DCOs

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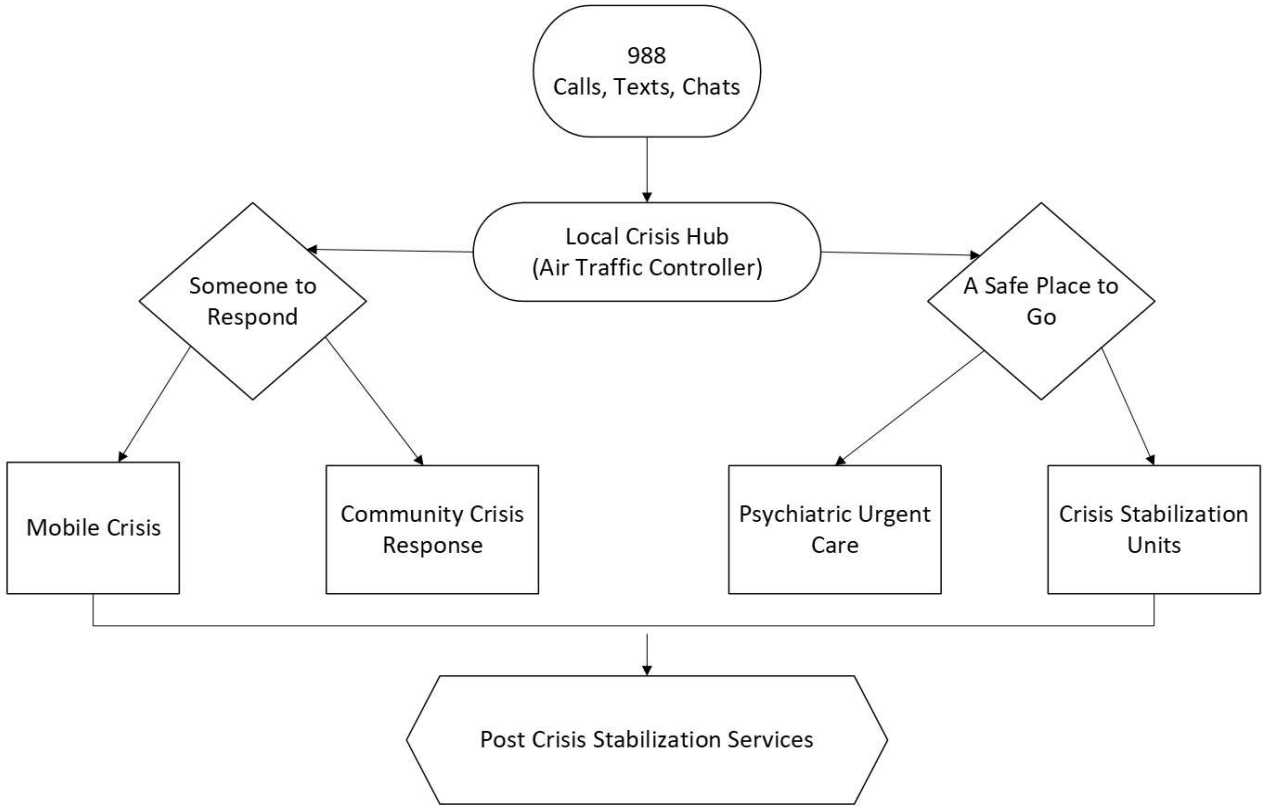
Michigan Crisis System Model



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Prior to CCBHC Grants (2018)

- *Emergency Mental Health Workers*
- *Crisis Residential*
- *Mobile Crisis Response (only youth)*

After 2018 (3 CCBHC SAMHSA Grants and 2022 State Demonstration)

- *Behavioral Health Urgent Care/Access Center*
- *Mobile Crisis Response (cover youth and adults)*
- *Intensive Crisis Stabilization (typically 30 day follow up)*
- *Crisis Stabilization (up to 72 stay)*

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Post Crisis

Care Coordinators follow up phone calls after hospitalization or ED visit	Caring letters	Phone call and letter after no show
Intensive Crisis Stabilization	Opioid Overdose Response Program	Engagement Team

Utilizing Data to Assist with Pre and Post Crisis Care

Oklahoma

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Data Collection and Use in Oklahoma

- Oklahoma collects and analyzes a robust set of data to ensure quality improvement and care for individuals served. The data collection occurs in two main ways:

    1. Claims data (Oklahoma has a blended claims system where all Medicaid, State, and Federal claims run though the MMIS system)
    2. The client data core set

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ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I Agency: | Member ID: | Date of Transaction (MMDDYYYY): | Date of Birth (MMDDYYYY): | Transaction Time (0000-2359): | Service Focus*: | Transaction Type:* (Contacts: 21, 27) (23, 40, 41, 42) (60,61,62,63,64,65,66,67,68,69,70,71,72)

RACE: (1=Yes for all that apply; Blank = No)
White | Black/African American | American Indian | Native Hawaiian or Other Pac. Islander | Asian
SSN: | **ETHNICITY:** Hispanic/Latino (1=Yes; 2=No)

GENDER: (F=Female; M=Male)

Alert Information:

SCREENING: (1=Pos; 2=Neg; 3=Not Admin)
Mental Health Screen | Substance Abuse Screen | Trauma Screen

PRIMARY REFERRAL:* AGENCY #:
SECONDARY REFERRAL:* AGENCY #:
COUNTY OF RESIDENCE: (01-77 or Other State Initials)
ZIP CODE: (99999 for Homeless-Streets) -

SECTION II & III

RESIDENCE:
A. Permanent Housing
B. Perm Sup Hous-Non-Cong
C. Perm Sup Hous-Cong
D. Transitional Housing
E. Temporary Housing
F. RC Facility/Group Home
G. Nursing Home
H. Institutional Setting
I. Homeless-Shelter
J. Homeless-Streets

Is customer in PRISON/JAIL?: (If 1, Residence must=H)
1. Prison 2. No 3. Jail

LIVING SITUATION:
1. Alone
2. With Family/Relatives
3. With Non-Related Persons

CHRONIC HOMELESSNESS: (1=Yes; 2=No)

EMPLOYMENT:
1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days)
2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below)

TYPE OF EMPLOYMENT/ Not in Labor Force:
1. Competitive
2. Supported
3. Volunteer
4. None
5. Transitional
6. Sheltered Workshop
A. Homemaker
B. Student
C. Retired
D. Disabled
E. Inmate
F. Other

EDUCATION: (Highest Grade Completed 00-25)
(00-Less Than 1 Grade Completed, GED = 12)

Is customer currently IN SCHOOL?: (1=Yes; 2=No)

MILITARY STATUS: (1=Veteran; 2=No; 3=Active)

MARITAL STATUS:
1. Never Married 3. Divorced 5. Living as Married
2. Married 4. Widowed 6. Separated

Is customer PREGNANT?: (1=Yes; 2=No)
If Yes enter expected DOB, blank if No (MMDDYYYY)

ANNUAL INCOME: $

Number contributing to and/or dependent upon "Annual Income" above: (01-15)

SSI: (1=Yes; 2=No) **SSDI:**
Medicare : (1=Yes; 2=No) **Medicaid:**

LANGUAGE PROFICIENCY:
Does customer speak English well?: (1=Yes; 2=No)
If no, what language is preferred?: (1-9*)
If language 2 or 9, then specify:

DISABILITY: (01-11 or Blank)

LEGAL STATUS:* (01,03,05,07,09,12,13,15,17,20,21)
County of Commitment: (If Legal Status = 01 or 17, County of Commitment not required)

TOBACCO USE: Times tobacco used on a typical day (00-99)

PRESENTING PROBLEM: * (Primary | Secondary | Tertiary)
Drugs of Choice (01-21*)
Usual Route of Administration:* (1-5) (1-5)
Frequency of Use in Last 30 days:* (1-5) (1-5)
Age First Used (00-99):

LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN*)

CAR: (Mental Health) (01-50)
Feeling Mood
Thinking
Substance Use
Medical/Physical
Family
Interpersonal
Role Performance
Socio-Legal
Self Care/Basic Needs

NOTE:
If CAR:Substance Use is scored 30 or above, the customer should be referred for a substance abuse assessment.

If ASI/TASI:Psychiatric Status is scored 4 or above, the customer should be referred for a mental health assessment.

ASI: (Substance Abuse) (0-9)
Medical
Employ/Support
Alcohol Use
Drug Use
Legal Status
Family/Social Rel.
Psychiatric Status

TASI:* (Ages 12-17) (0-4)
Chemical
School
Emp/Sup
Family
Peer/Soc
Legal
Psychiatric

CURRENT LOF: (GAF SCALE) (01-99*)

SMI: (1=Yes; 2=No) **(For customer 18 and older)**
SED: (1=Yes; 2=No) **(For customer under 18)**

In the past 30 days, how many times has the customer been arrested, or since admission if less than 30 days ago? (00-99)

In the past 12 months, how many times has the customer been arrested, or since admission if less than 12 months ago? (00-99)

In the past 30 days, how many times has the customer attended self-help/support groups, or since admission if less than 30 days ago? (00-99)

FAMILY ID, DOC #, or DHS Case Number:

CLINICIAN OF RECORD (NPI):

SECTION IV
(Required if under 18 years old)

Is this customer in the custody of ?: (1=Yes; 2=No)
OJA **DHS**

In what type of **out-of-home** placement is the customer currently living? (select only one from below)
1. Not in out-of-home placement
2. Residential Treatment
3. Specialized Community Group Home
4. Foster Care
5. Group Home
6. Other

In the past 90 days, how many days was the customer in **restrictive** placement? (00-90)

In the past 90 days, on how many days did an incident of self-harm occur? (00-90)

SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable)
In the past 90 days of the school year, how many days was the customer absent from school?

In the past 90 days of the school year, how many days was the customer suspended from school?

CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable)
In the past 90 days, how many days was the customer not permitted to return to day care?

LEGAL NAME: Last: | Maiden: | First: | Middle: | Suffix:

ADDRESS: (1) (2) **CITY:** **STATE:**

CDC Revised August 8, 2011 by MAR

(*Some codes may be found on the back of the CDC form or check the manual for further information)

Claims Data

- Date and time of service
- Service provided
- Admission/discharge dates
- Where/Who provided the service
- Services prior and after (can build a timeline)
- Diagnosis

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Most in Need

- ODMHSAS creates, through the use of data elements described above, a “Most In Need” list. This list is in order of highest rates of usage of higher levels of care and crisis care needs.
- This list is used to identify persons for whom current pathways of care are not successful and it flags their provider and the care management team when that person touches the system. This allows for immediate outreach and the ability to meet that person where they are at, including a special focus on social needs i.e. housing, in home care, transportation, daily services if needed. This list creates an instant authorization for the highest levels of outpatient care available or created.

Care Traffic Control

Through the use of the data collected, tracking a person pre-crisis, if they have had prior crisis events and need additional outreach to prevent future crisis, and post crisis from discharge through engagement is possible. Each CCBHC is required to monitor and outreach to the most in need in their regions to ensure engagement in care, social needs, barriers to care, and any additional flexibilities are in place to reach the person where they are at are met. They are sent a message when an encounter happens and engaging that individual at that location is an expectation.

Thank you!

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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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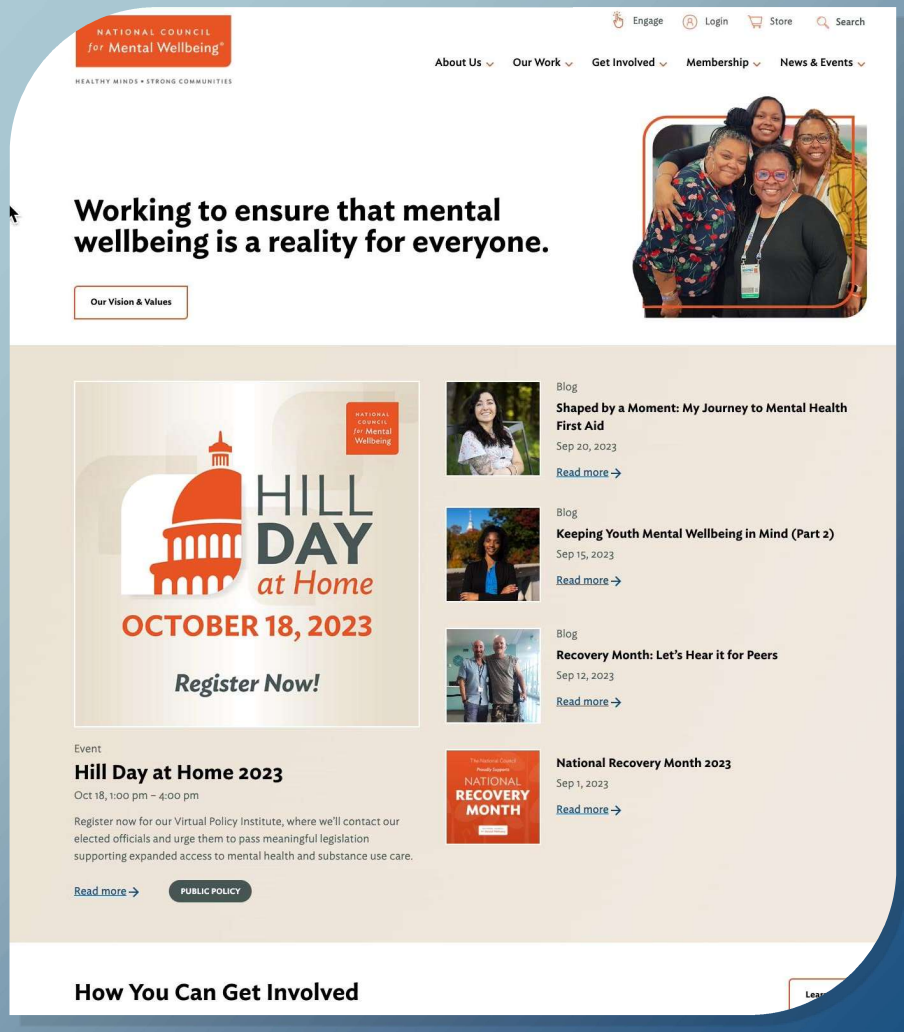

Questions or Looking for Support?

Visit our website and complete the CCBHC-E NTTAC Request Form

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

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