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CCBHC-E National Training and Technical Assistance Center

CCBHC Rural Services
Session 3: Access to and Delivery of Core CCBHC Services

December 17, 2024

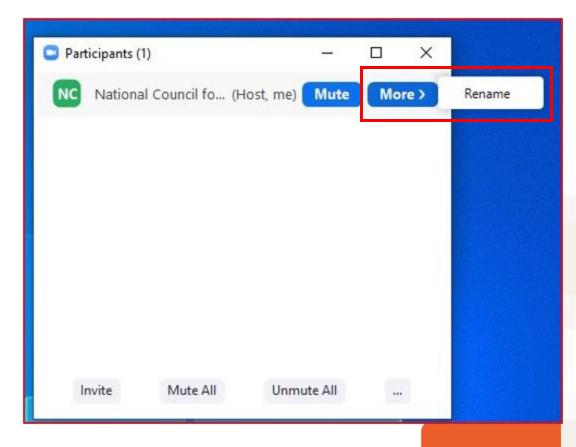
CCBHC-E National Training and Technical Assistance Center

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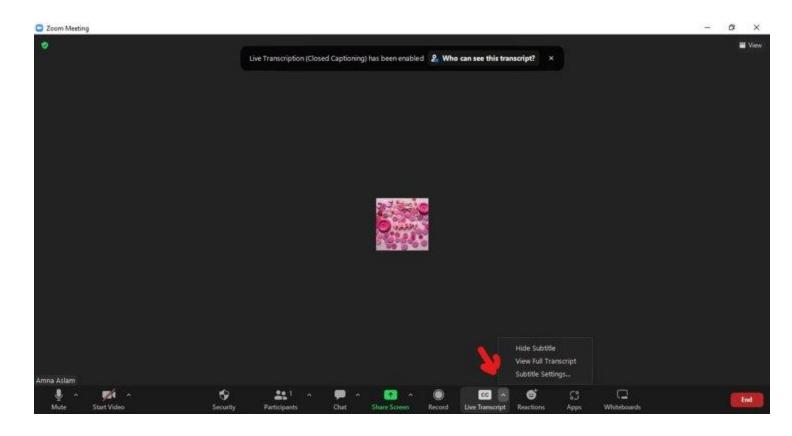
Logistics

- Please rename yourself so your name includes your organization.
- For example:
 - Emma Hayes, 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 Emma Hayes, National Council



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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.

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Learning Objectives

- Identify challenges in access to and delivery of core services for rural CCBHCs
- Increase strategies that support access to and delivery of services in rural CCBHCs
- Engage opportunity to learn from peers who have demonstrated innovations in access to and delivery of services

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Your Learning Community Team



Renee Boak, MPH
Consultant and
Subject Matter Expert



Clement Nsiah, PhD, MS
Project Director

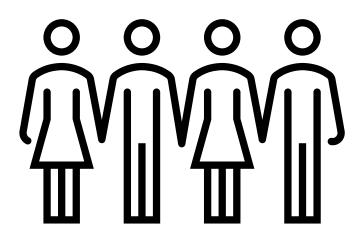


Roara Michael, MHA
Project Manager



Emma Hayes, MSW Project Coordinator

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Polling Questions

Does your agency provide telehealth services? Yes No Does your agency provide services outside of traditional business hours (evenings, weekends)? Yes No Does your agency provide services to individuals in languages other than English? Yes No



What happens to service delivery when inclement weather arises?

We pivot- staff are able to work from home and clients are able to receive services via telehealththere is little interruption.

We are not well equipped to deal with inclement weather- the agency closes and we try our best to notify clients

Other

Does your agency provide services in the community (including embedding staff in other locations, like emergency department)?

Yes

No

Does your agency leverage peer delivered services to support outreach and engagement?

Yes

No



Does your agency offer relocation costs for employees who move to the area?

Yes

No

Does your agency offer a differential for staff who speak a second/additional languages?

Yes

No

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Rural Health





Reality of Rural Healthcare

Rural Communities face a unique set of challenges and health inequities that are not seen in urban communities (transportation, internet and infrastructure, distance to provider, workforce shortages, etc.).

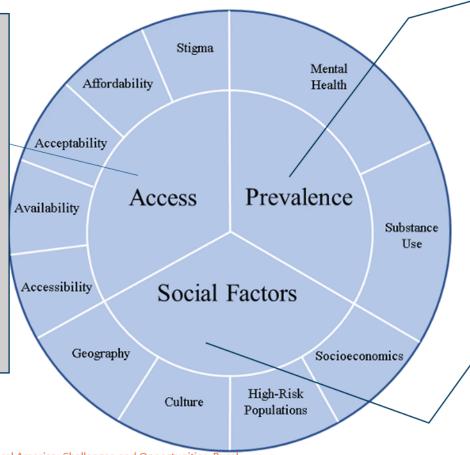
Approximately 63% of Primary Care Health Professional Shortage Areas are in rural areas and related to mental health and substance use treatment services, 65% of rural areas do not have a psychiatrist, and 47% do not have a psychologist.



Rural Health Disparities

Figure 1: The Context for Understanding Rural Mental Health and Substance Use

- Less access to providers
- Limited availability of specialty providers
- Lack of trained mental health providers and care coordination
- Underutilization of available services
- Higher % public insurance or underinsured
- Reimbursement rates
- Stigma



- Higher risk of suicides
- Higher rates of alcohol use among 12 - 20year-olds
- More likely to engage in risky behavior
- Growing need for MH/SU services
- Higher rates of opioidrelated deaths

- Stigma
- Privacy concerns
- Higher proportion of families living below poverty level
- High rates of unemployment
- Higher sense of isolation and hopelessness
- Lower education rates

Sources:

- Gale, J., Janis, J., Coburn, A., Rochford, H. (2019). Behavioral Health in Rural America: Challenges and Opportunities. Rura Policy Research Institute.
- Morales DA, Barksdale CL, Beckel-Mitchener AC. <u>A call to action to address rural mental health disparities</u>.
- · Richman L, Pearson J, Beasley C, Stanifer J. Addressing health inequalities in diverse, rural communities: An unmet need.
- Jean-Louis, F. 2022, July 7. Rural Health Disparities: Changes and Challenges.

Please Welcome...



Mindy Klowden, MNM

Managing Director of Behavioral Health
Third Horizon Strategies



Access to and Delivery of Core CCBHC Services -Third Horizons Strategies





Scope of Services 4.A-4.K

CCBHC

The CCBHC organization will deliver the **majority of services** under the CCBHC umbrella directly rather than through DCOs (i.e., a majority of total service volume delivered across the nine required services).



Crisis Services



Screening, Assessment and Diagnosis



Personcentered and Familycentered Treatment

Planning



Outpatient
Mental
Health and
Substance
Use Services



Primary Care Screening and Monitoring



Targeted Case
Management
Services



Psychiatric Rehabilitation Services



Peer
Supports
and Family/
Caregiver
Supports



Community
Care for
Uniformed
Service
Members and
Veterans

The primary goal of the CCBHC program is to increase access to mental health and substance use care for underserved communities.

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Mitigating Stigma and Privacy Concerns

- Community education and anti-stigma campaigns
- Behavioral health literacy training or Mental Health First Aid
- Integrating CCBHC and primary care services
- Providing services in community locations
- Clinician/client matching process





The Importance of Partnerships

- VFWs, Veterans Services Organizations
- Faith communities
- Other nonprofits and human service providers
- Employment services
- Law enforcement
- Transportation services
- Schools and community programs serving children and youth
- Local health departments



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Targeted Campaigns

- This Colorado based campaign focused on rural and frontier agricultural and ranching communities
- It was the result of a partnership between the Colorado Department of Agriculture, the Colorado Department of Human Services and Colorado Crisis Services
- Several CCBHCs in the state heavily promoted the campaign and utilized the free resources





Increasing Access: Mobile Services

CCBHCs in some rural areas use mobile services for:

- Medication Assisted Treatment
- Mobile crisis services
- Primary care and behavioral health screening
- Outpatient clinics in areas without a physical location
- To reach migrant farm-workers and other seasonal workforce



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Mobile Services Implementation Considerations

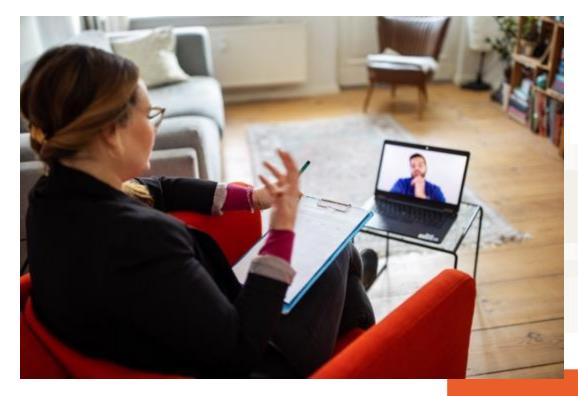
- Stigma can be a barrier to receiving mental healthcare in rural communities. Rural mental health programs looking to implement a mobile unit should consider integrating their services with primary care and other health services. Additionally, branding that overtly displays mental health services may deter community members from seeking services. Carefully designing the exterior of a mobile unit and curating branding materials or wraps on units can help reduce the fear of stigma or judgment.
- Considerations for operating a mobile mental health unit differ from those of a brick-and-mortar clinic. For example, mobile units need to be located on flat surfaces. Parking on uneven surfaces can be dangerous for mobile unit staff and community members. Additionally, rural mental health programs may need to adjust hours of operation and location during inclement weather. Staying on top of mobile unit maintenance, such as emptying septic tanks and fixing hydraulics, is another consideration for operating a mobile mental health unit.

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Source: Rural Health Information Hub

Mitigating Workforce Shortages

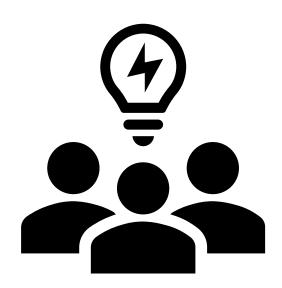
- Telehealth can increase access to care but requires broadband and access to technology
- CCBHCs can offer on-site access to telehealth or pursue funds to help clients access the needed technology
- Clinicians trained in both mental health and substance use disorder treatment can address comorbid conditions and create efficiencies
- Maximizing use of peers, behavioral health technicians or other non-licensed professionals can help augment clinical staff



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Getting Creative

- Adapting evidence-based practices while maintaining the spirit of fidelity
- Co-locating staff and programs in nontraditional settings
- Working with your state to increase loan repayment, scholarship opportunities, or more flexibility in training and supervision requirements
- "Grow Your Own" programs
- Utilizing Designated Collaborating Organizations (DCOs)



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Please Welcome...

Brandi Smith, LCSW

Chief Clinical Officer & Clinical Director
CREOKS Health Services



Access to and Delivery of Core CCBHC Services – CREOKS Health Services







- Founded in 1980 to serve Creek, Okfuskee, and Okmulgee Counties
- 24 clinics providing services to 48 Oklahoma counties
 - Encompasses 80% of the state population
 - Largest Children's Behavioral Health Provider in the State
- 2 clinics in Arkansas
- Approximately 940 employees
- Serve approximately 18,000 persons a year

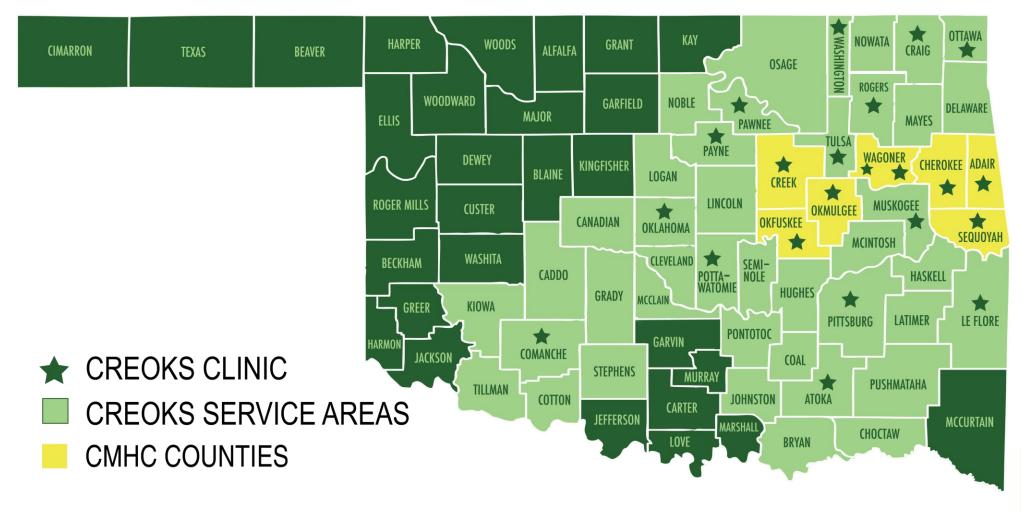




- Certified as a State CCBHC in 2019 in seven rural counties:
 - Adair, Cherokee, Creek, Okfuskee, Okmulgee, Sequoyah, and Wagoner.
 - Highest Native American Population in the State (30%)
 - 4,800 sq miles, total pop: 306,605
 - Current CCBHC Population 6,423
- Recipient of three CCBHC grants; 2 Expansion, 1
 Improvement/Advancement
- In November 2024 Tulsa County became our 8th CCBHC!



CCBHC Locations



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Access to Services: Telehealth

- Providing Telehealth for 10 years in a variety of circumstances
 - Furnishing devices with data to clients in need
- Intake and Assessment
 - Crisis
 - Same Day or Urgent Access
- Therapy, Psychosocial Support Groups, etc.
- Medication Management



Access to Services: Telehealth cont.

- Telehealth and Crisis System
 - Mobile Crisis: Being Everywhere All At Once
 - Hospitals
 - Law Enforcement
 - Centralized Scheduling & Intake
- Telehealth and Court Systems
 - Reduce transport to court houses for detention hearings
 - Reduce trauma
 - Reduce costs





Overcoming Barriers: Transportation

- Contract for Crisis Transport with the State & 988
- Medicaid Transportation: "SoonerRide"
 - Limited locations and long waits
 - State is experimenting with Uber for SoonerRide
 - We are considering becoming a SoonerRide provider
- We have designated transport staff and vehicles in some locations
- Embed staff in different locations in the community (FQHCs, Schools, etc.)
 - Service provision in schools and for online schools



Client Connection: Resources

- Food Pantries and Clothing Closets
- Sober Living Homes
- Housing Teams in each County
 - Special Flex Funds
 - Partnering with Landlords
- Supported Education & Employment Team for each County
 - Focuses on employers and rapid placement
- Propio Language Services



Access to Service through Partnerships

- A New Leaf increasing access for the IDD population
- Meals on Wheels to increase access for those restricted to their homes
- Increased crisis teams specific to schools
- Functional Family Therapy teams through the Office of Juvenile Affairs
- College and University Campus involvement
- Federal Probation and Parole
- Community Sentencing

- Jail based services
- Tribal Partnerships
- Veterans Services
- Aging Population
- Enhanced Foster Care and DHS involved families
- Law Enforcement
- 208 MOUs, and 23 miscellaneous Letters of Support

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Discussion





Webinar Dates and Topics

	Date	Session Focus
Session 1	October 15, 2024	Orientation to Learning Community
Session 2	November 19, 2024	Workforce: Recruitment, Retention, and Innovations in Rural Communities
Session 3	December 17, 2024	Access and Delivery of Core CCBHC Services
Session 4	January 21, 2025	Strategies for Meeting the CCBHC Crisis Services Requirements in Rural Communities
Session 5	February 18, 2025	Innovative Partnerships in Rural Communities
Session 6	March 18, 2025	Addressing Disparities and DEI-B Efforts
Session 7	April 15, 2025	Care Coordination and Population Health Management

Resources

- CCBHC-E National Training and Technical Assistance Center
- Rural Health Information Hub

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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:



Questions or Looking for Support?



Visit our website and complete the <u>CCBHC-E</u>
NTTAC Request Form

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