Certified Community Behavioral Health Clinic (CCBHC) and Mobile Crisis Public Planning Meetings

Tuesday, March 8

Faulkner Consulting Group

Health Management Associates

Agenda for Today

Certified Community Behavioral Health Clinic (CCBHC) & Statewide Mobile Crisis Development	
Starting Point	• Comprehensive BH Study • Prioritized Areas of Opportunity: CCBHC & Mobile Crisis • CCBHC & Mobile Crisis Implementation Planning – Extensive Community Engagement to inform implementation plans – Tailored RI Specific Program Design and Refinements Based on Feedback – Developed Medicaid Payment Models – Fiscal Analysis: Medicaid budget proposal, Supporting federal funds
Recent Efforts	***Primary Focus: How best to leverage CCBHC Startup/Infrastructure Funding as proposed by the Governor's budget***
Today's Agenda	• Brief Reminder: Why CCBHC and Mobile Crisis • Budget Status and Planned Approach • Discussion Topic #1: Statewide Mobile Crisis Model: Proposed Regional Approach • Discussion Topic #2: BH Community Infrastructure Grants - DRAFT Structure • Questions and Next Steps

Reminder: Major Identified Gaps and Shortages in the Continuum of Care

Gap indicates that there was no evidence in our qualitative or quantitative analysis of the service existing in Rhode Island.
Shortage indicates that while some level of service exists it is not adequate to meet the need of Rhode Islanders with BH/SUD conditions.

Mental Health Services for Adults and Older Adults	Gaps	Mobile Crisis Treatment
	Significant Shortages	Community Step Down Hospital Diversion State Sponsored Institutional Services Nursing Home Residential
	Moderate Shortages	Non-CMHC Outpatient Providers Intensive Outpatient Programs Dual Diagnosis Treatment Crisis/Emergency Care Inpatient Treatment Home Care Homeless Outreach
	Slight Shortage	Licensed Community Mental Health Center tied to accessibility statewide
Substance Use Services for Adults and Older Adults	Gaps	Mobile MAT
	Significant Shortages	Indicated Prevention Correctional SUD Transitional Services Recovery Housing Residential – High & Low Intensity*
	Moderate Shortages	Intensive Outpatient Services Supported Employment

*Between Aug -Dec 2020, between 55-108 people were waiting for residential services.
**Between May-Dec 2020, between 5-31 children and adolescents were waiting for residential svs.

Continuum of Care for BH for Children	Gaps	Community Step Down Transition Age Youth Services Residential Treatment for Eating Disorders**
	Significant Shortages	Universal BH Prevention Services Hospital Diversion State Sponsored Institutional Services Nursing Home Residential/Housing**
	Moderate Shortages	SUD Treatment Enhanced Outpatient Services Home and Community Based Services Mobile Crisis
	Slight Shortage	Emergency Services

Key Message: The gap in inpatient/acute services appears to driven by the lack of crisis intervention and community wrap around support and prevention. Our recommendation is *not* to build additional inpatient capacity, rather to invest resources in better community support to alleviate the bottleneck for the existing inpatient beds.

System Concern Due to Gaps
1. Access to children's BH services is significant challenge for RI families, and for RI providers trying to match treatment level need with available capacity.
2. RI'ers often struggle to access residential and hospital levels of care for mental health and substance use.
3. Capacity and access to prescribers within behavioral health treatment services is mixed.
4. Crisis services are difficult to access.
5. Access to counseling and other professional services in the community is mixed.
6. Access to prevention services is inconsistent and under-funded.

Documentation of qualitative and/or quantitative findings related to gaps and shortages are available in Section 4 of this report.

Priority Initiatives: CCBHC & Mobile Crisis

Goals Addressed by CCBHC Model

- Expanded access to evidence-based assessment, treatment, and referral
- Focus on equity issues
- Application of evidence-based, trauma informed, and measurement-based care (foundations for VBP)
- Coverage throughout the state for all ages
- Emphasis on MH/SUD care in one location
- **Required 24/7 mobile crisis services**
- Focus on community-based intervention
- Coordination for all communities accessing the BH system, including people with I/DD
- Maximize federal financial participation in the form of matching funds or other revenue opportunities

Goals Addressed by Mobile Crisis Services Model

- Expanded access to statewide 24/7 mobile crisis services for adults
- Provision of 24/7 mobile crisis services for youth
- Quality standards are identified, formalized, measured and continuously monitored.
- Divert people from the ED
- Mobile crisis access regardless of neighborhood, insurance status, or language capability
- Integrating mental and substance use disorders within the crisis system
- Criminal justice diversion for an appropriate and humane response to individuals in BH crisis
- Ensure connection to follow-up care
- Maximize federal financial participation in the form of matching funds or other revenue opportunities

Budget Status

The administration is proposing to provide $28.1 Million in infrastructure and one-time funds to support CCBHC and MCT development

CCBHC Startup/Infrastructure Funding ***$28.1 M over 3 FY*** Grant program + administrative support	**$28.1 M over 3 FY** *funded thru ARPA*

As stated in the Governor's budget:

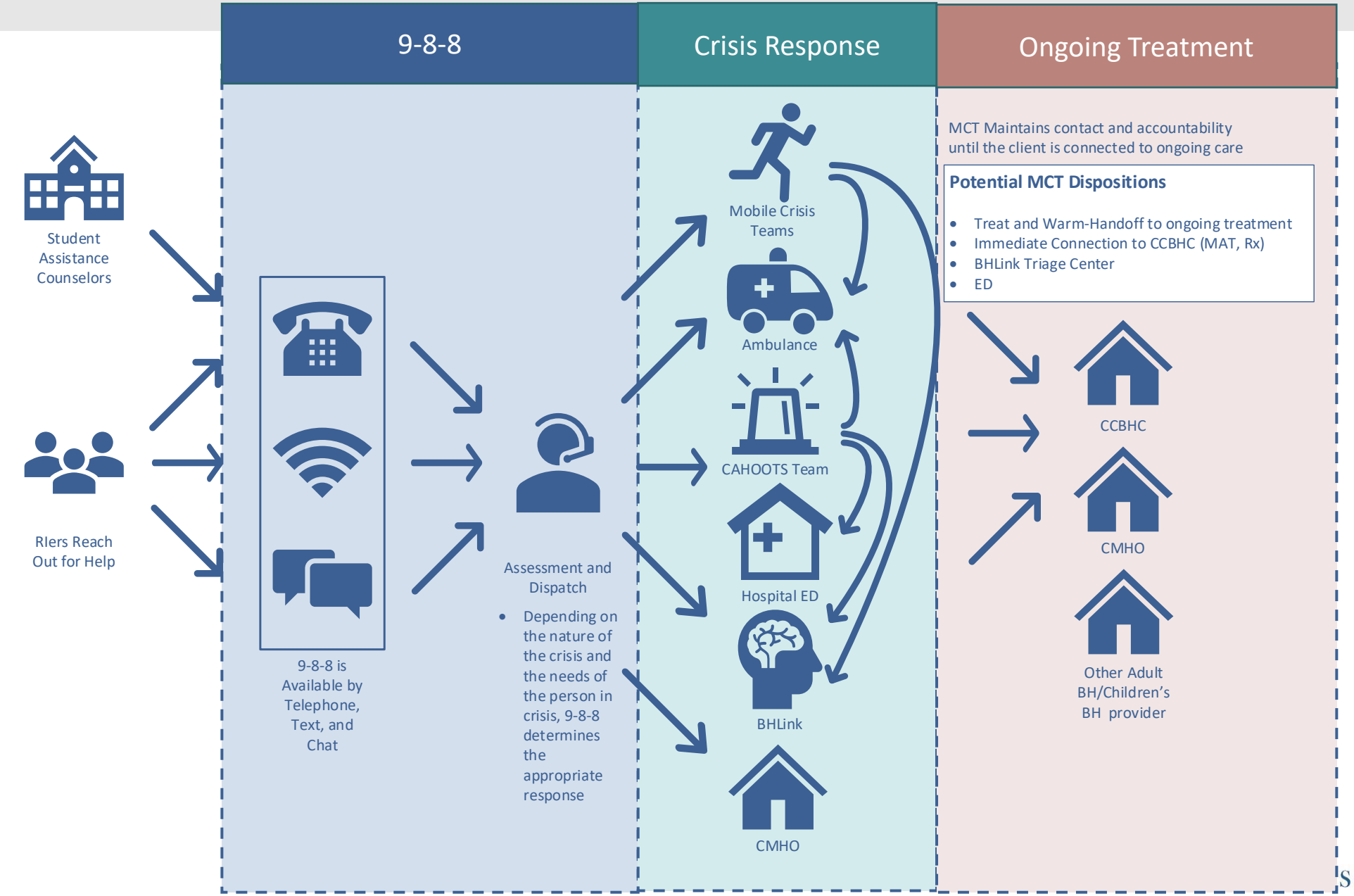
- *"The proposal includes **$28.1 million to support Certified Community Behavioral Health Clinics,** which are designed to provide a de-institutionalized, comprehensive range of behavioral health supports, medical screening and monitoring, and social services to particularly vulnerable populations with complex needs.*
- ***Infrastructure grants** will be established to pave the way for behavioral health providers and community mental health organizations to*
  - *develop the capacity to operate as clinics;*
  - *enable designated collaborating/partner organizations to be equipped to participate in service delivery and collaboration with clinics; and*
  - *support State implementation of this initiative through project management, evaluation, technical assistance, and administration. "*

There is a hearing scheduled to consider this proposal on Thursday, 3/10, at the rise of the Senate.

Strawperson Implementation Approach

	Key Elements	Description	Estimated Funding
Total Budget $28.1 M	BH Community Infrastructure Grants	Develop BH community infrastructure, capacity to support population health approach serving all populations with expanded services incorporating a health equity model	60-70%
	Mobile Crisis	Statewide mobile crisis system Support both startup/infrastructure and initial service delivery	20-30%
	Technical Assistance Program	Facilitated Learning Collaborative	5-10%
	State Administration	Project management, evaluation, payment model development	

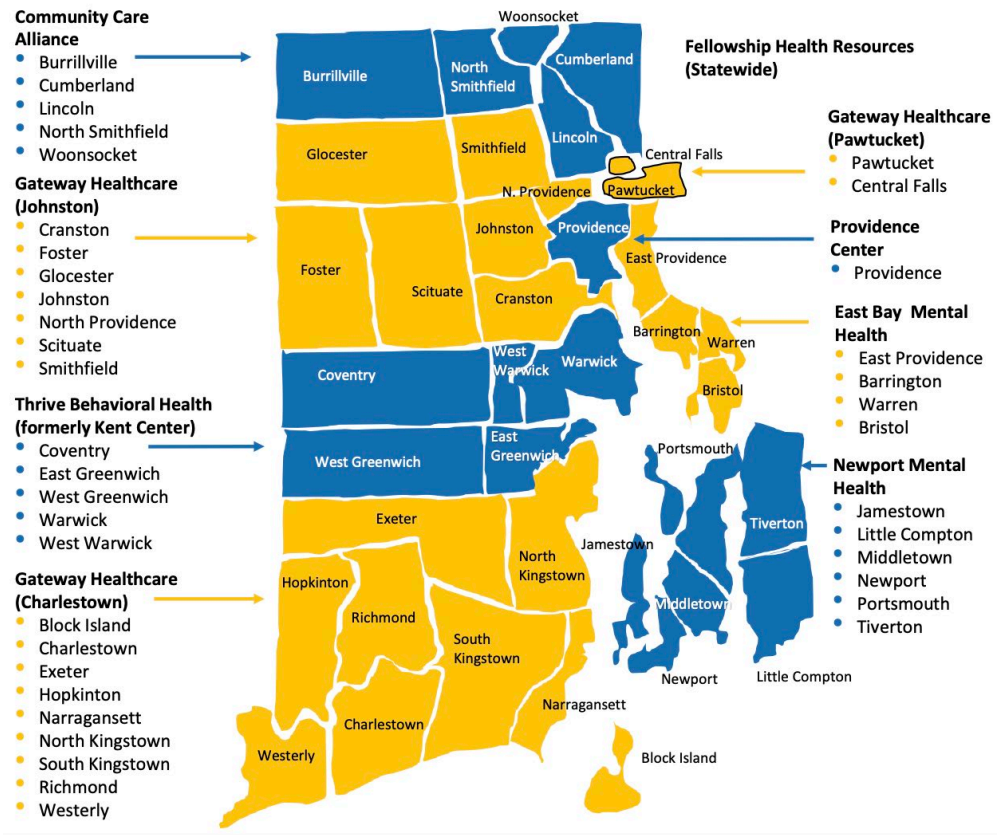
Mobile Crisis Response System: Overview of the Process



Statewide Mobile Crisis System: Regional Approach Challenge

According to SAMHSA a state the size of Rhode Island requires seven MCT. Based on SAMHSA's projections, one MCT can cover approximately 143,000 people.[1]

Catchment Area Map



Catchment Area	CMHO	Population[2]
Bristol/East Bay	East Bay MH	87,849
Kent	Thrive	163,869
Newport	Newport MH	62,821
Northern RI	CCA	125,463
Providence	The Providence Center	204,924
Pawtucket	Gateway - Pawtucket	98,187
Washington	Gateway Charleston	129,839
Johnston/West	Gateway Johnston	193,561

1: SAMHSA. National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit
2: https://www.rhodeisland-demographics.com/cities_by_population. Pawtucket, Washington, and Johnston/ West population data has not been updated for most recent population survey

Mobile Crisis Approach Discussion

- **Priorities**
  - Utilize resources effectively and efficiently
  - Integrate Mobile Crisis Teams into the continuum of care to maximize connection to ongoing treatment
  - Develop children's-specific MCT where possible
  - Ensure MCTs are culturally appropriate for the communities they serve
- **Decision points**
  - How to establish catchment areas for MCTs
    - Given that there are eight current catchment areas, but only demand for seven teams, how should capacity be distributed?
    - Note: They will ***always*** have a role backing up and supporting each other
  - How to ensure adequate capacity for both children and adults?

Strawperson CCBHC Readiness Types of Grantees

- Lead CCBHCs
- DCOs
  - SUD
  - Children's
  - Culturally Capable
  - Specialized BH

- Who else?

BH Community Infrastructure Grants : Strawperson Phase 1 Deliverables

Phase 1	Fixed amount planning grant based on intention to become lead CCBHC or DCO
Phase 1 Deliverable	• **Readiness Assessment** (in accordance with template provided by EOHHS) • **A Health Equity Plan** • Demonstrated **participation** in the EOHHS planning collaborative • DCO Specific requirements: (1) **Identify roles** the organization could provide to support CCBHCs; and (2) **Letters of support** from potential lead CCBHC partner
Continuation Application	All Phase 1 grantees invited to submit a **Continuation Application** to move into Phase 2, to include: • **A workplan** for capacity and infrastructure development • **An associated budget** to support capacity and infrastructure development based on identified gaps in readiness identified in Phase 1 (in accordance with template to be provided by EOHHS).

Based on the information submitted, ***EOHHS would make a determination of capacity and readiness to move into Phase 2, and award grantees who are deemed ready.***

BH Community Infrastructure Grants : DRAFT Phase 2 Deliverables

Eligible Expenses

• Capital investments
• Technology
  • Data capture
  • Data analysis
  • Data sharing
• Workforce
  • Recruitment
  • Retention
  • Training
• Collaborative relationships between Lead CCBHCs and DCOs
  • Legal
  • Technology
• Project management

For what else do you need infrastructure money?

BH Community Infrastructure Grants: Strawperson Timeline

Behavioral Health Community Infrastructure Grants

Spring 2022	Post Funding Opportunity *(*Pending budget approval)*
Summer 2022	Applicants Selected Initial Phase 1 Funds Distributed
Phase 1	July 2022 thru Oct 2022
Phase 2	Nov 2022 thru Dec 2023
Phase 3	TBD (depending upon SFY 2024 budget commitments) Sep 2023-Jan 2024

Next Steps

- Public Hearings this week – Thursday, March 10, at the rise of the Senate
- Next Public Meeting – mid to late April