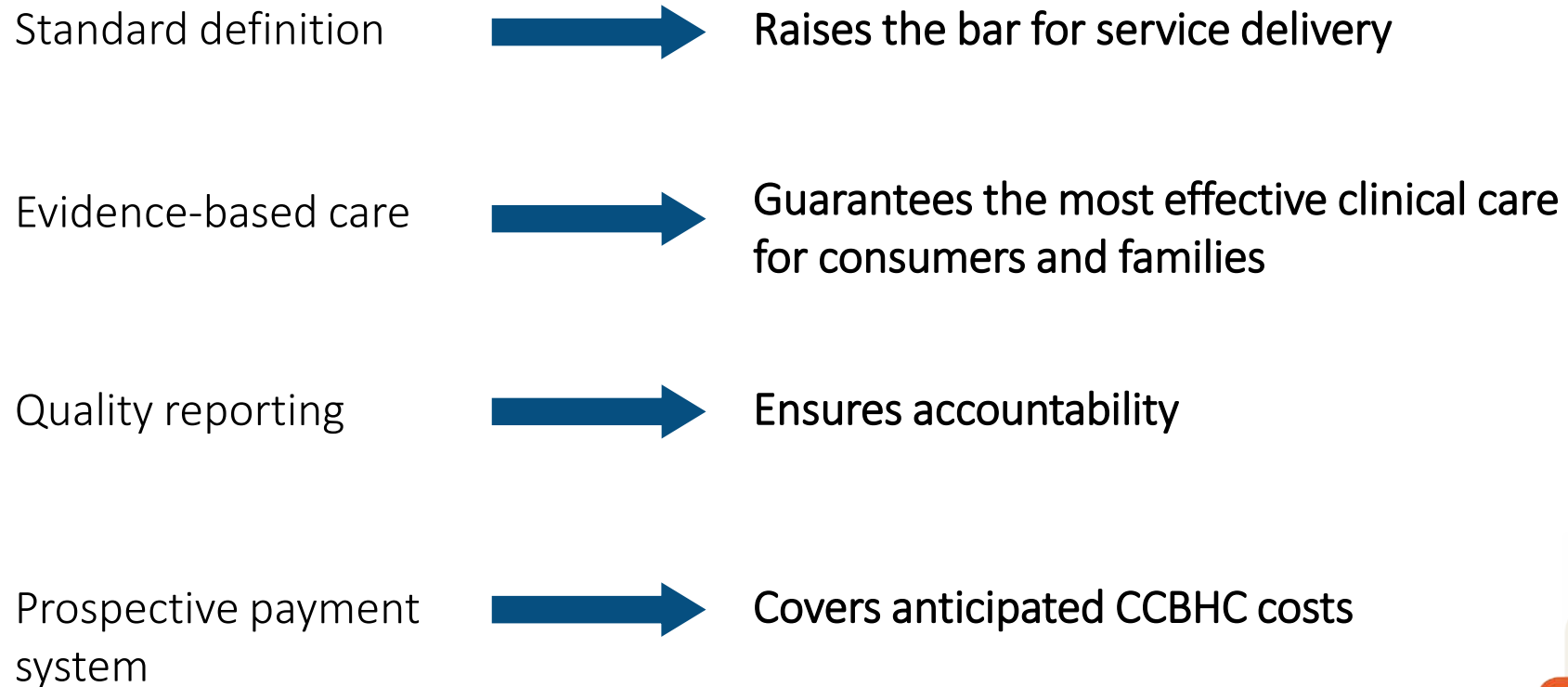


# CCBHCs: Crisis Services and Supported Employment

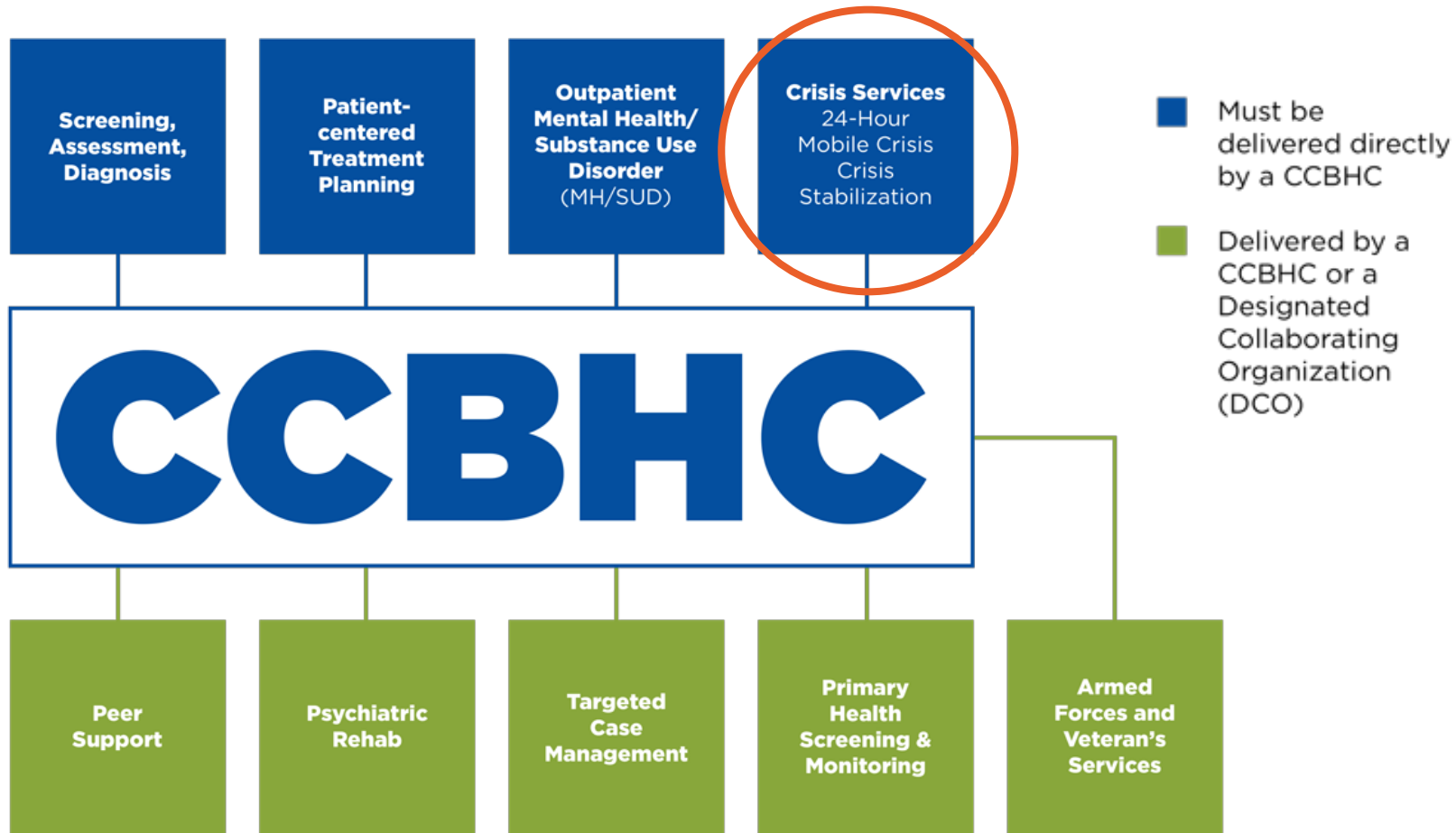
September 13, 2021

*Charles Ingoglia, MSW, President and Chief Executive Officer*

# CCBHCs: Supporting the Clinical Model with Effective Financing



# CCBHC Scope of Services



NATIONAL  
COUNCIL  
for Mental  
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# At Minimum, Crisis Response with CCBHCs Provide...



## 1) Prevention

- Early engagement in care
- Crisis prevention planning
- Outreach & support outside the clinic



## 2) Crisis Response

- 24/7 mobile teams
- Crisis stabilization
- Suicide prevention
- Detoxification
- Coordination with law enforcement & hospitals



## 3) Post-crisis Care

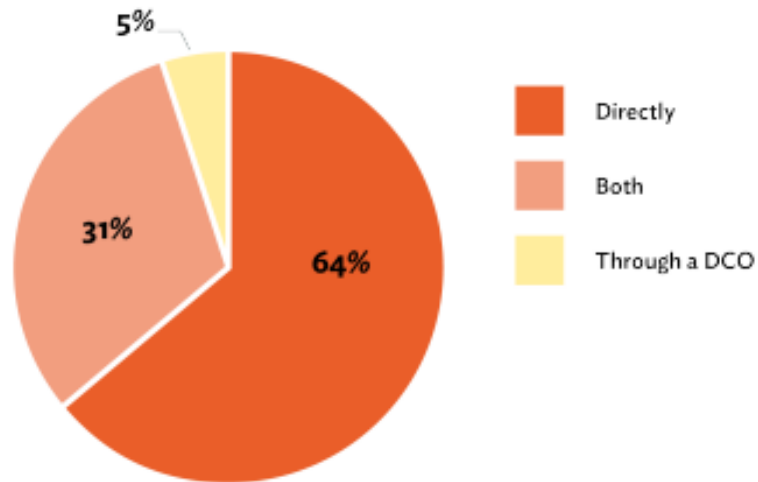
- Discharge/release planning, support & coordination
- Comprehensive outpatient MH & SUD care



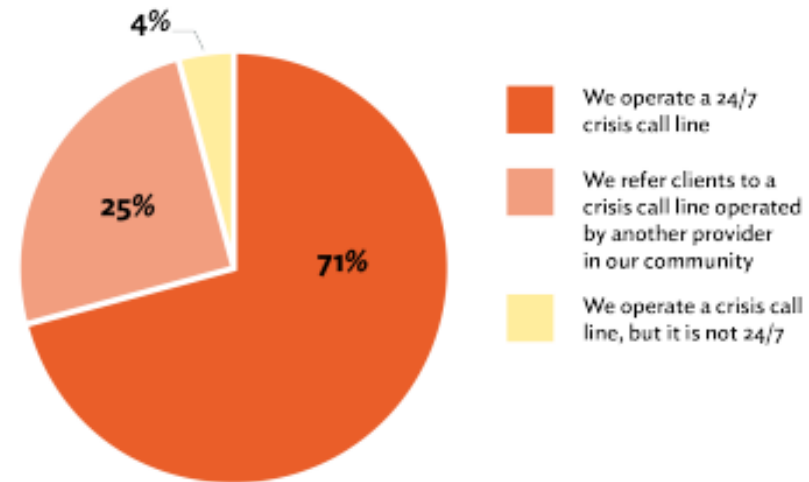


# Making Crisis Services and Supports Available to All through CCBHC

How CCBHCs deliver crisis services



Crisis Call Lines Offered by CCBHCs



# Innovative Crisis Response Practices for CCBHCs

Innovative Practices in Crisis Response	Percentage of participating CCBHCs
Coordinates with hospitals/emergency departments to support diversion from emergency departments and inpatient care	79%
Behavioral health provider co-responds with police/EMS (e.g., clinician or peer embedded with first responders)	38%
Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g., 23-hour observation)	33%
Member of the National Suicide Prevention Lifeline network	21%
Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g., CAHOOTS or similar model)	19%
Partners with 911 to have relevant 911 calls screened and routed to CCBHC staff	13%



# CCBHC & Crisis Response Examples



“In just the first 72 days of [CCBHC] operations, our team did 50 hospital diversions, six arrest diversions, had direct contact with 95 people and reached out to 89 more. Hospital emergency department visits are estimated at \$500 per visit and an admission at \$10,000 so we estimate **we saved at least \$372,500** for just the hospital diversions if approximately 70% were admitted. **Annually that would work out to approximately \$1.8 million in savings.** Additional savings to the system were realized from the six arrest diversions as well in the first few weeks of the program and measurement period.” — **Endeavor Health Services (New York)**

“We have **prevented over 1,000 visits yearly to area emergency rooms** by providing psychiatric medication bridges for persons in care with external psychiatric providers, who otherwise would have gone to the emergency department to get a temporary medication bridge.”  
— **Access: Supports for Living (New York)**

“We have more than 20 care coordination agreements in place, which has led to **greater than 50% diversion rate from jail** when mobile response happens.” — **Seasons Center (Iowa)**





# CCBHC and 988 Implementation

## CCBHCs can serve as 988 call centers

- 75% of CCBHCs already operate a crisis call line, with 21% reporting they participate in the National Suicide Prevention Lifeline Network.

## CCBHCs can serve as partners to 988 call centers for services the call centers do not directly provide (e.g., mobile crisis response, crisis stabilization)

- 100% of CCBHCs deliver the required services described above

## CCBHCs can serve as referral partners to 988 call centers and other crisis responders for post-crisis or non-urgent needs

- CCBHCs serve all clients regardless of ability to pay.

## CCBHCs are eliminating waitlists that pose a barrier to care in other settings :

- *50% of CCBHCs can offer same-day access to care, with 93% offering access within 10 days or less.*

# Vocational Supports for Clients

- **Individualized Placement and Support (IPS)** was developed by the Dartmouth Psychiatric Rehabilitation Center.
  - The program is defined by eight practice principles and by a 25-item fidelity scale and is consistent with the supported employment approaches recommended in the SAMHSA Supported Employment Toolkit.
- Many states have established IPS programs in various service areas for people with mental health conditions.
- Some CCBHC demonstration states include Medicaid billing codes for IPS as a reimbursable service, other states include IPS in the model as a CCBHC service that is not covered by Medicaid.



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# Getting Started in Your State

The National Council CCBHC team is here to help!

- Advice on policy approach (e.g., Medicaid SPA, Waiver)
- Lessons learned from other states
- Implementation “roadmap”
- Training for prospective CCBHCs
- Data, informational materials, and more

**CCBHC** SUCCESS CENTER

<https://www.thenationalcouncil.org/ccbhc-success-center/>

Email us at: [ccbhc@thenationalcouncil.org](mailto:ccbhc@thenationalcouncil.org)



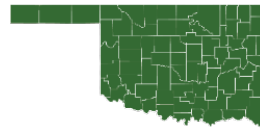
# Certified Community Behavioral Health Clinics: Incubator for Innovation

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Commissioner  
Carrie Slatton-Hodges

# CCBHC: State Perspective

- Oklahoma's Approach
- Demonstration and Beyond
- Opportunities for Innovation



# CCBHC Successes

CCBHC expanded services to better suit individual needs of Oklahomans and number of recipients receiving these services continues to rise.

- **Added** Care Coordination, Vocational, Housing, Nutrition, and Occupational Therapy
- The number of Oklahomans served by CCBHCs has grown 102% in year 4.
- Increased **Urgent Recovery Centers** from 3 to 10
- Established Infrastructure for **Mobile Crisis Teams**

Service Type	Pre CCBHC	Year 4	Percent Increase
Care Management	19	887	4568%
Case Management	5797	10265	77%
Crisis	1290	1467	14%
Peer and Family Supports	5237	9239	76%
Primary Care	7046	8290	18%
Therapy	8354	12392	48%
Vocational and Housing	34	138	306%
Wellness	819	2425	196%

## Housing and Employment



- Individualized Placements and Supports (IPS)
- 16.6% decrease in unemployment and 1,849 newly employed individuals
- 24.4% reduction in homelessness



## Urgent Recovery Center



- No Wrong Door
- Flexible Capacity
- 80% diversion from higher levels of care





## Youth Mobile Crisis Response

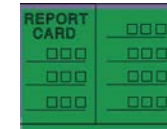


- Approximately 8,000 calls responded to annually
- 90% of students from school detention and suspension
- 69% of youth in OKDHS custody from disrupting placements

# Additional Oklahoma Innovations

## Consumer Report Card

Individualized, one-page consumer “report card” included lab results, medication compliance, services received and screenings for each consumer. The cards assigned a grade to the agency on how well services to each consumer were coordinated and provided, with results also available to staff involved in the individual’s care.



## Most in Need

Prioritized treatment recipients accounting for the most crisis center and inpatient stays, distributed information in real time to each provider identifying consumers to prioritize stabilization of these individuals.



## Telehealth and Law Enforcement

Approximately 12,000 tablets with built-in cellular connection are being used across the state, providing immediate access to care and treatment services.

Devices are within homes, health and emergency departments, sheriffs and police departments helping Oklahomans overcome transportation barriers to accessing care in rural communities.



Technology use  
Increase   
900%

On any given month, over 317 hours of services are provided through mobile technology established through CCBHC



## Oklahoma Outcomes

Added **981** new jobs to the healthcare workforce sector -an estimated economic impact of **\$34,953,525.41** annually.

CCBHC also realize

- **21% reduction** in the use of psychiatric inpatient beds
- **14% reduction** in ER visits
- **69% reduction** in the use of crisis stabilization and rehabilitation.



# Oklahoma Outcomes



Reduced the average time for initial assessment to **3.2 days**



**78.4%** change in adults receiving a body mass index and follow-up counseling

**82.4%** increase in children's weight assessments

**70%** change in suicide risk assessment

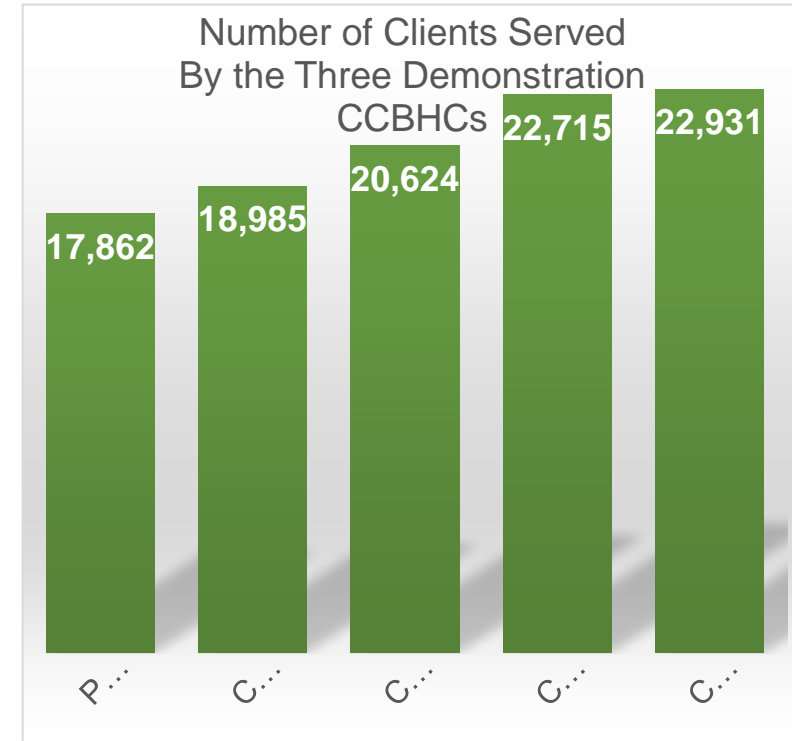


**76.4%** change in adult suicide risk assessment

**75%** percent of adults are seen within seven days following a hospitalization and **93%** are seen within 30 days.



**70.1%** of children are seen within seven days and **92.3%** are seen within 30 days.



## For More Information go to:



[odmhsas.org](http://odmhsas.org)



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**Carrie Slatton-  
Hodges**  
ODMHSAS Commissioner