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STATE OF IOWA DEPARTMENT OF

Health <sup>AND</sup> Human

SERVICES

# Certified Community Behavioral Health Clinic (CCBHC) Stakeholder Committee

Meeting #3

July 24, 2023

# Agenda

- Welcome and Updates – 5 minutes
- CCBHC Focus Groups Debrief – 15 minutes
- CCBHC Certification Progress Update – 10 minutes
- Approach to CCBHC Mobile Crisis – 30 minutes
- CCBHC Access Standards – 30 minutes
- Public Comment – 20 minutes
- Next Steps/Questions – 10 minutes

# Welcome and Updates

# CCBHC Focus Groups Debrief

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- **Thank you to Stakeholder Committee members for your attendance at our Focus Groups!**
- 12 focus groups attended in-person and virtually
  - 101 in-person attendees
  - 148 virtual attendees (not including 7/26 virtual focus group)
- A full summary of findings will be shared in the coming weeks

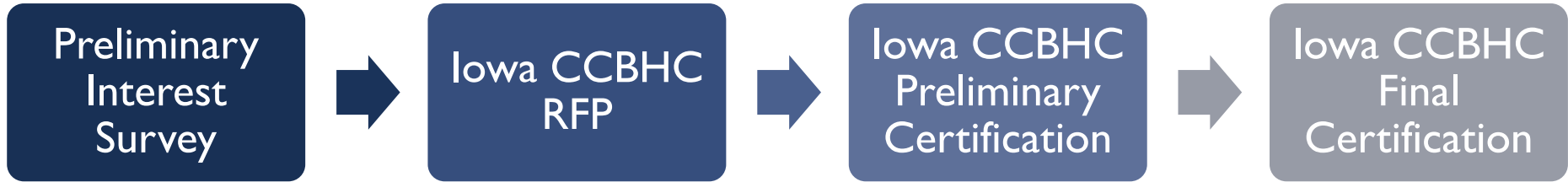
# CCBHC Focus Groups Debrief

## Key Preliminary Themes

- Individuals are struggling with access to timely BH care and face stigma in their communities, which prevents timely preventive care; particularly challenging for children and families
- Workforce issues are severe and pervasive across Iowa and CCBHC planning must integrate strategies beyond traditional recruitment/retention, including “top of license” approaches and workforce extenders, including use of peers
- Several administrative barriers serve as barriers to delivering timely, trauma-informed care
- Every catchment area is impacted by rural access challenges, which must be factored in the determination of final catchment areas, access standards, and overall CCBHC certification approach
- Telehealth is an important and effective access strategy, but it must be available as a hybrid with in-person access
- Transportation is a key barrier to access throughout Iowa
- Clear roles and responsibilities across entities in Iowa’s BH continuum is key to ensure CCBHC does not unintentionally disrupt current access and collaboration
- There is inconsistency in access to crisis services across the State – particular gaps in crisis stabilization/respite

# CCBHC Certification Progress Update

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- We are Here
- Responses **Due 8/1**
- To date, we have 20 responses



# Approach to CCBHC Mobile Crisis

# Section 98 | 3 Compliant Mobile Crisis Services

- Available 24 hours a day, 365 days a year
- Provide all required components
  - Screening and assessment
  - Stabilization and de-escalation
  - Coordination and referrals to health, social and other services, as needed
- Provided to individuals who reside in the community and outside of a hospital or other facility setting
- Provided by a multi-disciplinary team with appropriate expertise
  - At a minimum, one behavioral health care professional who is qualified to provide an assessment within scope of practice requirements under state law
- All members of the multi-disciplinary team are trained in trauma informed care, de-escalation strategies and harm reduction
- Respond to crises “in a timely manner”
- Maintain relationships with relevant community partners
- Maintain the privacy and confidentiality of beneficiary information consistent with federal and state requirements.

# CCBHC Mobile Crisis Strategy

- **SAMHSA Standard:** The CCBHC shall provide crisis services directly or through a DCO agreement with existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services.
- Crisis continuum must include:
  - Emergency crisis intervention services
  - 24-hour mobile crisis teams
  - Crisis receiving/stabilization

# CCBHC Mobile Crisis Strategy

## ■ 24 Hour Mobile Crisis Team Questions:

- How should CCBHCs collaborate with existing State crisis system?
- Should 988 be mandated as dispatch for mobile crisis?
- Should we require partnership with existing providers to support crisis stabilization/respite?
- Are there any special considerations for children's crisis services?

# CCBHC Access Standards

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- There are typically two approaches for setting access standards:
  - Distance/time standards (i.e., CMS' 30 minute/30 miles rule)
  - Provider ratio requirements (i.e., XX providers per XX members)
- When we are developing access standards for CCBHC what types of services/access points should we consider?
- Do we need differential strategies for rural/non-rural counties?
- For rural counties, how can we leverage transportation supports to bridge access barriers in our overarching CCBHC strategy?

# Public Comment

[IowaCCBHC@dhs.state.ia.us](mailto:IowaCCBHC@dhs.state.ia.us)

# Upcoming Stakeholder Meetings

<b>Date</b>	<b>Time</b>	<b>Location</b>
Thurs. August 24 <sup>th</sup> 2023	2pm-4pm	Lucas State Office Building 321 E. 12 <sup>th</sup> Des Moines, Iowa 50319
Thur. September 28 <sup>th</sup> 2023	2pm-4pm	TBD
Thurs. October 26 <sup>th</sup> 2023	2pm-4pm	TBD