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CCBHC Impact on Staff Roles

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Presenting Today



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Principal

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Learning Objectives

- Identify the core functions and responsibilities of common staff roles within a high-functioning CCBHC.
- Explain how the CCBHC model impacts individual roles and contributes to improved outcomes for clients and the community.
- Recognize opportunities for each role to support key CCBHC tasks and advance the organization's overall success.

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CCBHC Fundamentals for all Staff

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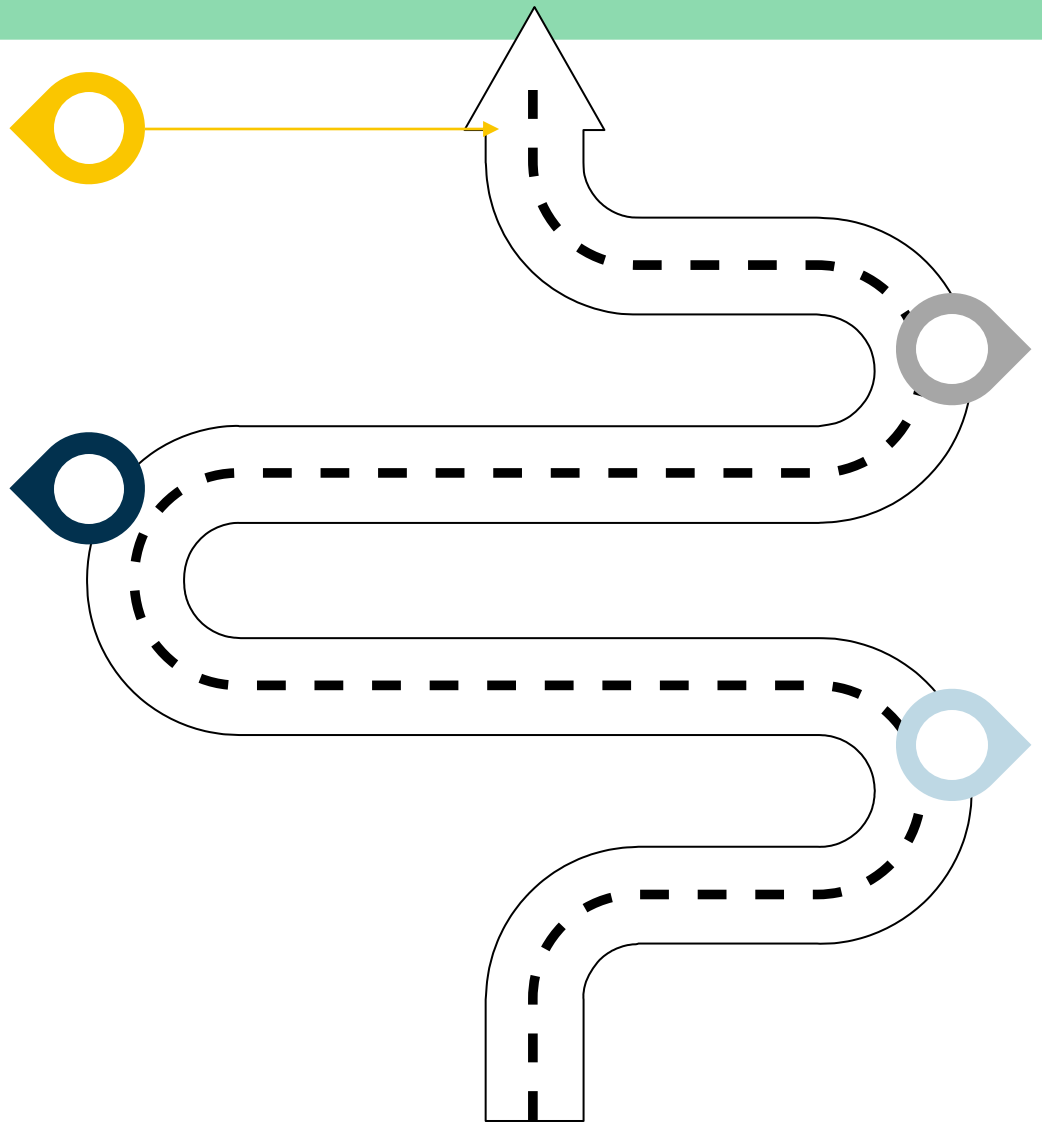
Beginning the User Journey at a CCBHC

Treatment Plan

The plan addresses the person's prevention, medical, and behavioral health needs.

Initial Evaluation

The initial evaluation includes information gathered as part of the preliminary triage and risk assessment.



Comprehensive Evaluation

This evaluation builds on the initial evaluation and includes a deeper dive into history, and symptoms, as well as validated screenings.

Triage

Needs are identified as crisis, urgent, or routine and care is scheduled accordingly.

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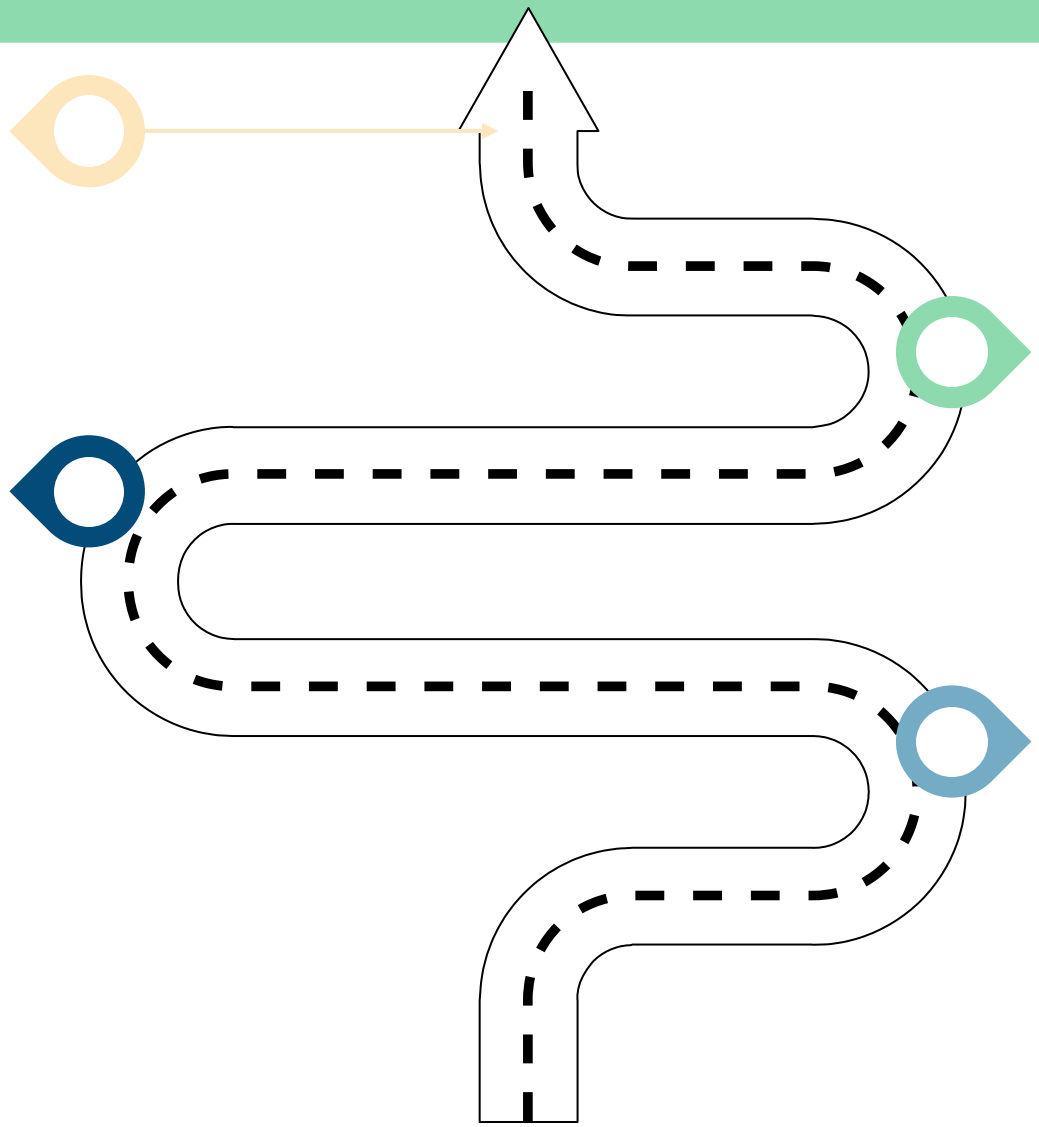
Continuing the User Journey at a CCBHC

Treatment Plan

The plan is updated as the individual's needs change.

Care Pathways

Enhance quality by improving individual outcomes, promoting safety, increasing satisfaction, and optimizing the use of resources.



Primary Care Monitoring

This includes coordinating care with physical health providers.

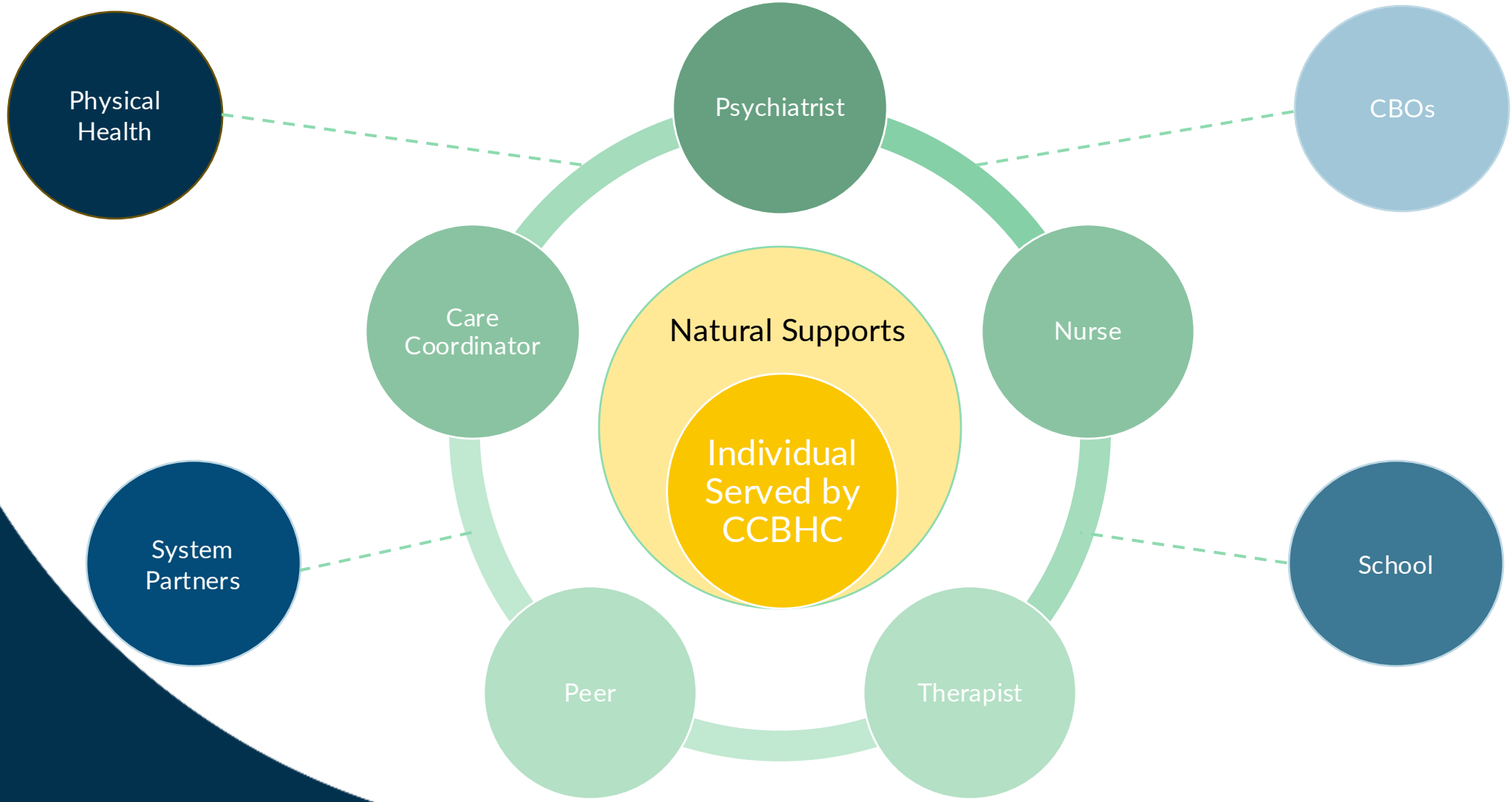
Care Coordination

Organized *set of activities*, *systems*, and *tools* incorporated into service delivery.

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Interdisciplinary Teams



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Person-Centered Planning

Person-centered planning focuses on people and their needs by **facilitating and honoring their role in defining the direction for their lives**, instead of the systems that may or may not be available to serve them. This ultimately leads to **greater inclusion and empowerment** as valued members of both community and society.

Adapted from Definition from Cornell University, Employment and Disability Institute



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Trauma-Informed

All levels of the system need to understand and respond to present and past trauma to improve care for an individual and family

- Safety
- Trustworthiness
- Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

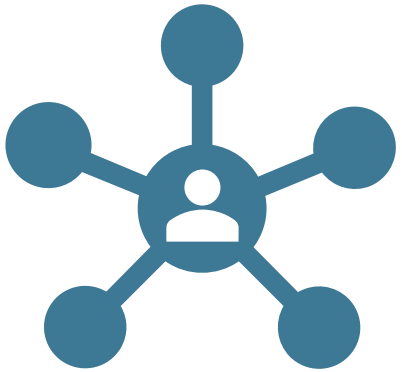
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Care Coordination

Care coordination is an organized *set of activities*, *systems*, and *tools* incorporated into CCBHC management and service delivery and embedded in the treatment delivered to all enrolled CCBHC members.





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Care Coordination

Everyone’s Role is Care Coordination

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CCBHC Care Coordination

An activity rather than a service.

It is the action of ensuring care is coordinated across the full spectrum of health services a person receives, including within the CCBHC and across the various CCBHC partners.

Individualized

This activity can vary in intensity and frequency depending on the person's needs and engagement with other service systems.

Ensures the person is connected to services that could benefit them.

Services are not exclusively health related. They include health-related social needs provided by community-based organizations (CBOs).

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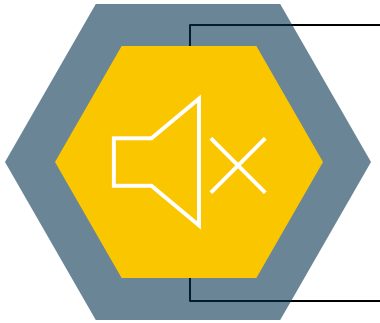
Key Competencies for Care Coordination

- Establish accountability & negotiate responsibility
- Communicate roles and commitments with/across the team
- Facilitate transitions
- Assess needs and goals
- Create proactive plan of care
- Monitor, follow up, and respond to change
- Support self-management goals

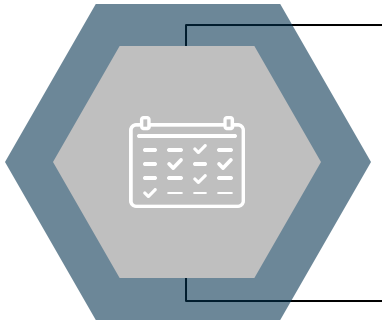
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Tailoring Communication Across the Team



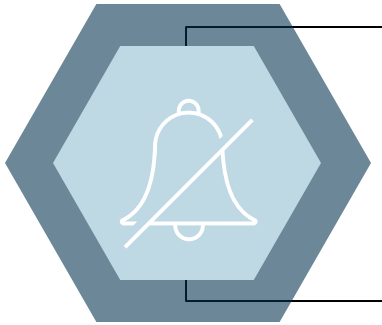
Not everyone needs to know everything!



Team members require a varying level of knowledge, based on their specific roles.



Tailoring (and limiting) verbal and written communication to each role will support their understanding and the change management process.



Beware alert fatigue!

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Elements of Provider Communication

Having open discussion

Gathering information



Sharing information

Understanding the patient's perspective

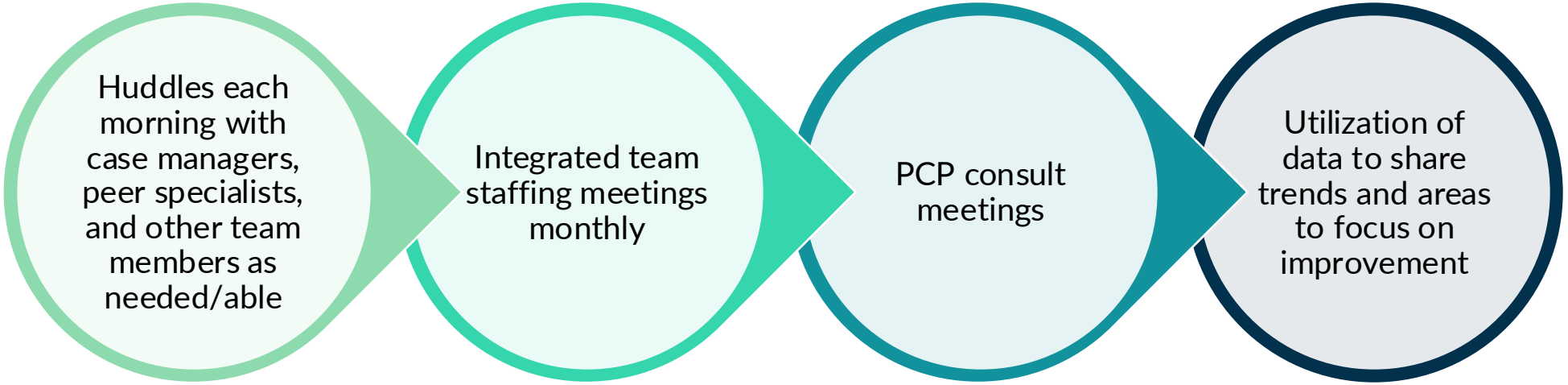
Reaching agreement on problems and plans

Providing closure

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Examples of Team Communication Protocols



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Considerations in Care Coordination for Children, Youth & Families

Developmentally Appropriate:

- Children and youth's cognitive, physical and emotional stages develop at varying rates

Child and Youth Guided:

- To the degree it is developmentally appropriate, children and youth should have a say regarding their needs and what they think will address their needs.
- Their voice should be part of the planning and coordination process.

Family Centered:

- Ensure the care coordination and planning considers the family's perspective and expertise regarding their family.

Other Child, Youth and Family Serving Entities:

- They are involved with a lot of other entities (schools, childcare, child protection) that provide support and are expecting their engagement. Collaboration with those supports and helping families prioritize so they aren't overburdened is key.

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Specific Staff Roles

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Front Desk

Traditionally	In the CCBHC Model
No role in care coordination	Staff member calls to remind people of appointments; first person to see person coming in: may identify issues (e.g., physical presentation) and alert clinician.
Helped manage wait lists	Helps prevent wait lists by flagging for management when availability is limited
Determines eligibility for services	Welcomes anyone, regardless of insurance coverage
No role in crisis	May conduct initial triage to determine urgency of care

Giving a tour to a new client to ensure they feel comfortable in the clinic, recognizing that some people are anxious in healthcare spaces or new environments.

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Peers

Traditionally	In the CCBHC Model
Mental health OR substance use	Integrated mental health, substance use, and physical health care
Basic system navigation	Identifies additional needs, e.g., transportation for social supports
Limited participation in treatment planning	Active participation in the interdisciplinary care team
Minimal role in crisis response	Active role in crisis response

Shares their own recovery journey in a way that normalizes struggle and empowers the participant, emphasizing choice and resilience.

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Medical Director

Traditionally	In the CCBHC Model
Mental health OR substance use care	Integrated mental health, substance use, and physical health care
Participates in the chart review process	Provides guidance in the CQI plan and monitoring of specific reporting metrics
Little to no physical health responsibilities	Develops physical health screening protocols
Supervises psychiatrists	Guides clinical practice for the whole CCBHC and serves as a model for interdisciplinary care teams

Models trauma-informed care for all staff by asking “what happened to them” in teaming meetings rather than “what’s wrong with them.”

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Psychiatrists

Traditionally	In the CCBHC Model
Prescribed psychotropic medications	Reviews and considers physical history and other HIE data
Reviewed self reported history	Reviews and considers screening results
Limited collaboration with external providers	Active collaboration with physical health providers
Signed off on treatment plans	Active participation in the interdisciplinary care team
Reviewed discharge plans	Coordinates with bed-based facilities on discharge planning

Involves the participant in medication decisions, explains side effects transparently, and respects their choice to pause or decline treatment.

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Therapists

Traditionally	In the CCBHC Model
Little to no role in care coordination	May notice changes in person that raises need for additional support; Discusses/makes recommended referral, documents in treatment plan, closes loop/updates later
Primarily responsible for treatment planning	Active participation in interdisciplinary care team
Reviewed discharge plan after bed-based stay	Coordinates with bed-based facilities on discharge planning
Little to no physical health responsibilities	Reviews physical health screenings, history, and physical health treatment plans to incorporate into CCBHC care plan

Uses grounding techniques during sessions if a participant shows signs of distress, ensuring they feel safe and in control.

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Case Managers/Care Coordinators

Traditionally	In the CCBHC Model
Monitored specific needs	Reviews broad range of needs including physical health needs.
Provided referrals	Facilitates closed-loop referrals using warm hand-offs as needed. Addresses any barriers to referred organizations.
Requested records from bed-based facilities after discharge or transfer	Provides proactive in-reach to bed-based facilities to share information and coordinate care.
Maintained case management plan	Serves as care coordination hub, ensuring that all care team members are kept informed and information flows bidirectionally.

Prepares participants before a medical appointment by explaining what to expect and offering to attend with them for support.

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Psych Rehab Specialist

Traditionally	In the CCBHC Model
Mental health OR substance use	Integrated mental health, substance use, and physical health care
PRS treatment plan development/monitoring	Active participation in the interdisciplinary care team
Limited or reactive involvement in crises	Proactive and integrated crisis planning
Basic life and social skills support	Life and social skills support integrated with other services including physical health needs.

Supports a participant in practicing job interview skills in a low-stress, encouraging way, validating their progress rather than focusing only on outcomes.

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Nurses & LPNs

Traditionally	In the CCBHC Model
Mental health OR substance use	Integrated mental health, substance use, and physical health care
Medication administration	Physical health screenings and medication administration
Psychotropic treatment planning only	Active participation in the interdisciplinary care team
Psychotropic education	Whole-health education and compliance support
Limited collaboration with external providers	Active collaboration with physical health providers

Before giving an injection or taking vitals, the nurse explains each step, asks permission, and checks in frequently to ensure the participant feels comfortable and in control.

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Directors/Managers

Traditionally	In the CCBHC Model
Managed waitlists	Caseload management to avoid the need for waitlists
Oversee compliance activities	Ensures use of integrated data to drive care and program operations
Ensure treatment plans are signed on time	Facilitates interdisciplinary treatment planning
Participate in chart reviews	Reviews data to ensure continued access appropriate with triage and adjusts accordingly
Execute performance improvement plans	Provides guidance to continuous quality improvement efforts
Internally focused on the program staff	Brokers/maintains relationships with partners with other CCBHC programs and outside partners including physical health and CBOs.

Ensures staff have regular training in TIC, builds reflective supervision into workflows, and creates policies that emphasize flexibility, choice, and staff wellness.

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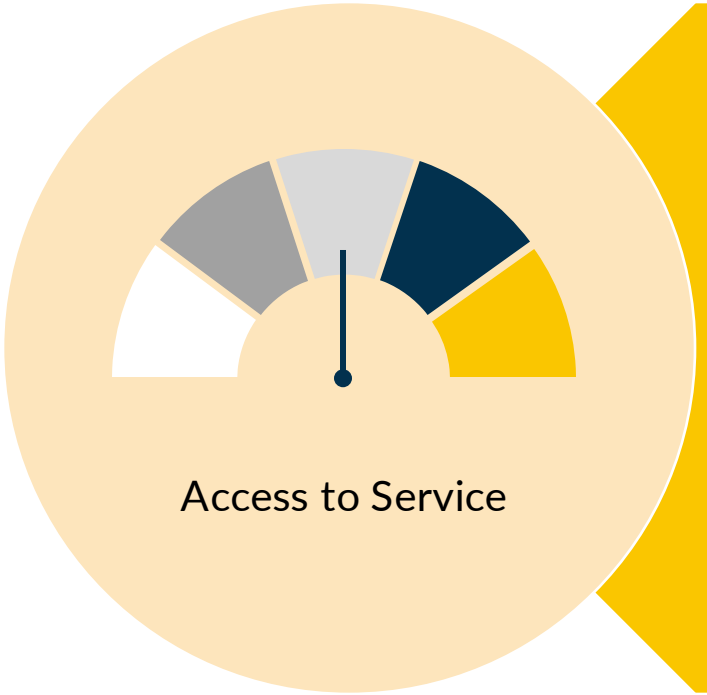
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Advocacy

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Identifying Gaps

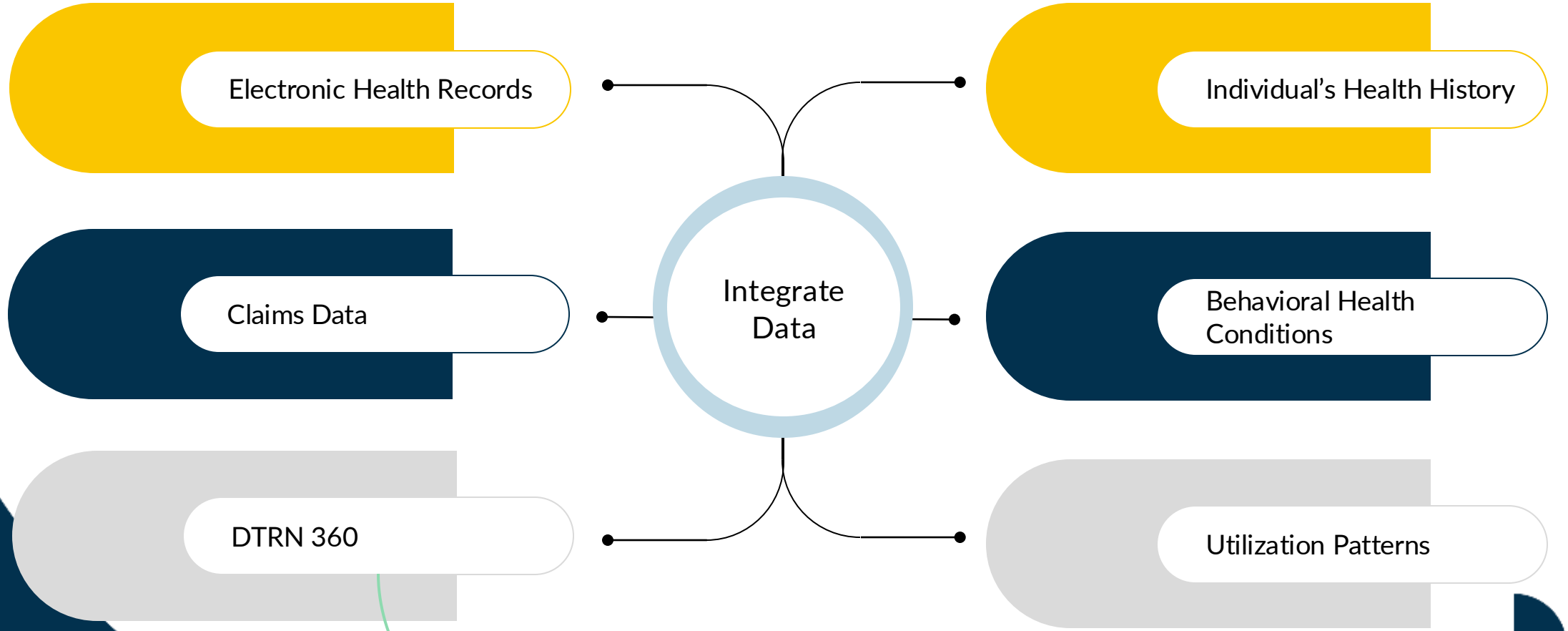


Because CCBHCs cover such a broad population– all ages, all diagnoses, all payment types– they are in a strong position to identify gaps in the broader health system locally.

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Data Collection and Integration



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Using Data

Risk stratification	Caseload management	Waitlist strategies	Hours of operation
Advocacy	Identifying and filling gaps	Measurement-based care	Fidelity monitoring

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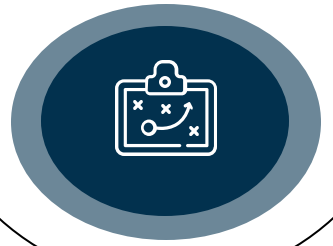
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Community Care Coordination Activities

Reviewing ADT data to understand care patterns and clients needing f/u and/or increased support.



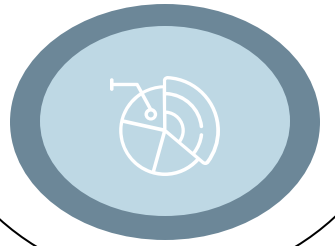
Reviewing referral data to determine rate of completion.



Meeting with partners to discuss ways to strengthen connections in referral and follow-up.



Making improvements to workflows and processes.



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Identifying Gaps Example

TCM Director has strong partnerships with first responders and the crisis team



Over the past year, the TCM director and team noticed a pattern of individuals in crisis being hospitalized on psychiatric units when they could commit to being safe but had limited natural supports.

TCM Director discussed this observation with first responders and crisis team.

First responders and crisis team confirmed that there are many cases where TCM clients would be best served in a 1–2 week crisis stabilization residence rather than a hospital but that service isn't available in the region.

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A Powerful Voice

WIDE LENS



CCBHCs have a wide lens because they touch so many parts of the health system.

SIZE

CCBHCs have a powerful voice because of their size and scope.

ADVOCATE

CCBHCs are credible messengers when advocating with policy-makers.

ELEVATE



CCBHCs can elevate their clients' voices.

Questions?

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References

- SAMHSA CCBHC Certification Criteria
- Cornell University, Employment and Disability Institute
- Trauma-Informed Care Implementation Resource Center

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