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10:15 AM

NAVIGATING TO YES!

How to leverage CCBHC flexibility at your front door and beyond

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SAMHSA DISCLAIMER

ABOUT US

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SOUND
BEHAVIORAL HEALTH

Hope. Healing. Recovery.

LEARNING OBJECTIVES

What we'll learn:

01

Understand the importance of the Behavioral Healthcare Navigator

02

Explore creative solutions for increasing access in the CCBHC model

03

Develop flexibility and creative problem-solving in uncertainty

04

Learn the process of role creation and infrastructure development

05

Expand community outreach

POLL

What roles are in the room?
Do you have a CCBHC grant?

SOUND CAPITOL HILL

Seattle, Washington

The Capitol Hill clinic is one of 15 Sound outpatient clinics providing behavioral health services across King County, WA.

2294
Clients

84
Clinical Staff

*Clinic numbers from May 2025

Adult Mental Health

Substance Use Disorder

Child Mental Health

Pathways to Wellness

Forensic/ Re-Entry

Assisted Outpatient Treatment

MAT MOUD

Transition Support

Crisis

CCBHC GRANT AT SOUND

September 30, 2023 – September 29, 2027

Washington State Adoption: Likely 2028

- Piloting the CCBHC Model at the clinic level
- Capitalizing on opportunities for experimentation

- Preparing larger organization for state adoption
- Building systems that can be universalized

CCBHC CONTEXT

From Community Needs Assessment

Assistance with navigating the health care system identified as a significant need in our community
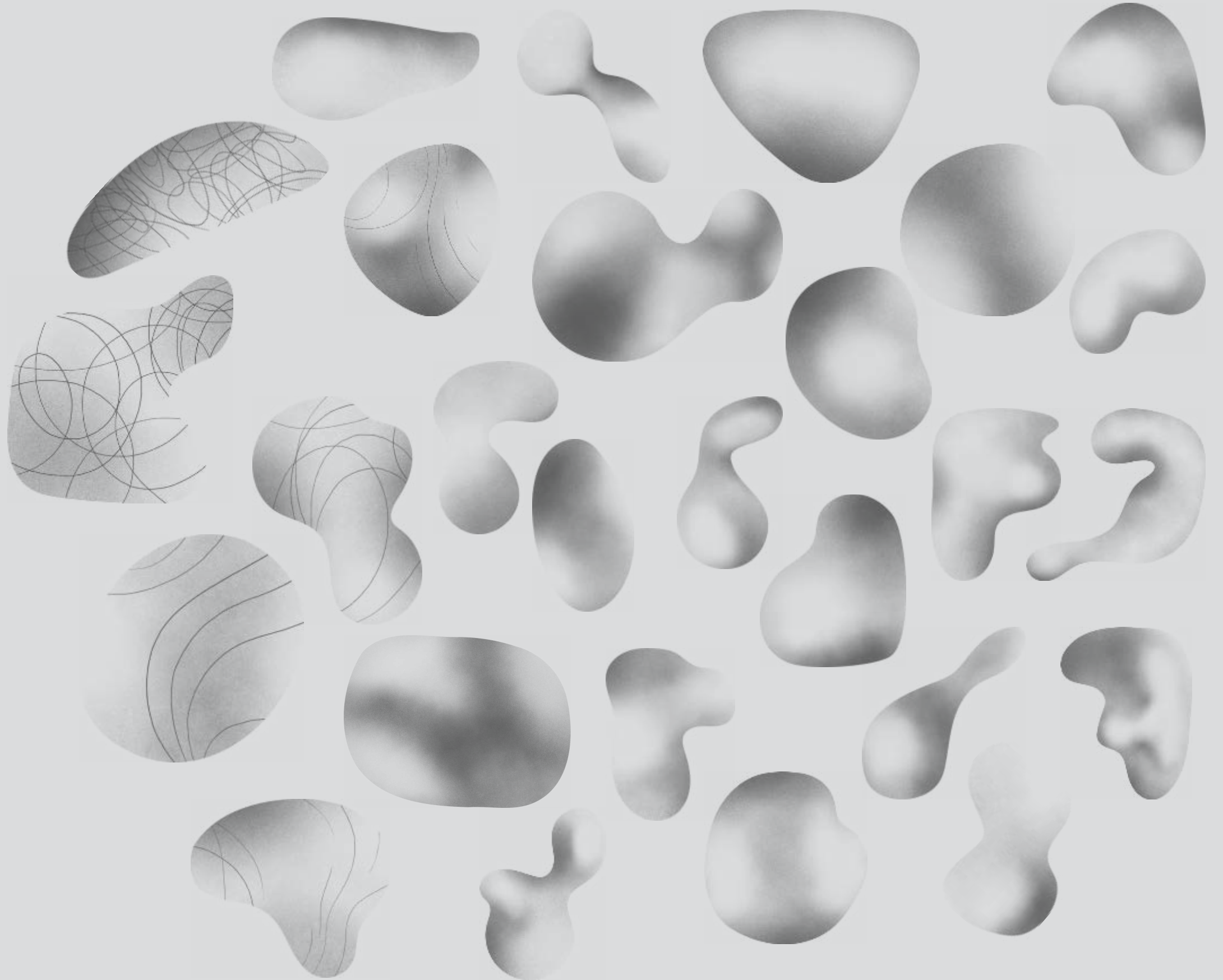
Freedom and responsibility to try new things

CCBHC: No refusal of services due to inability to pay

WHAT IF WE COULDN'T SAY NO STRICTLY BECAUSE OF FUNDING?

ROLE CREATION & INFRASTRUCTURE DEVELOPMENT

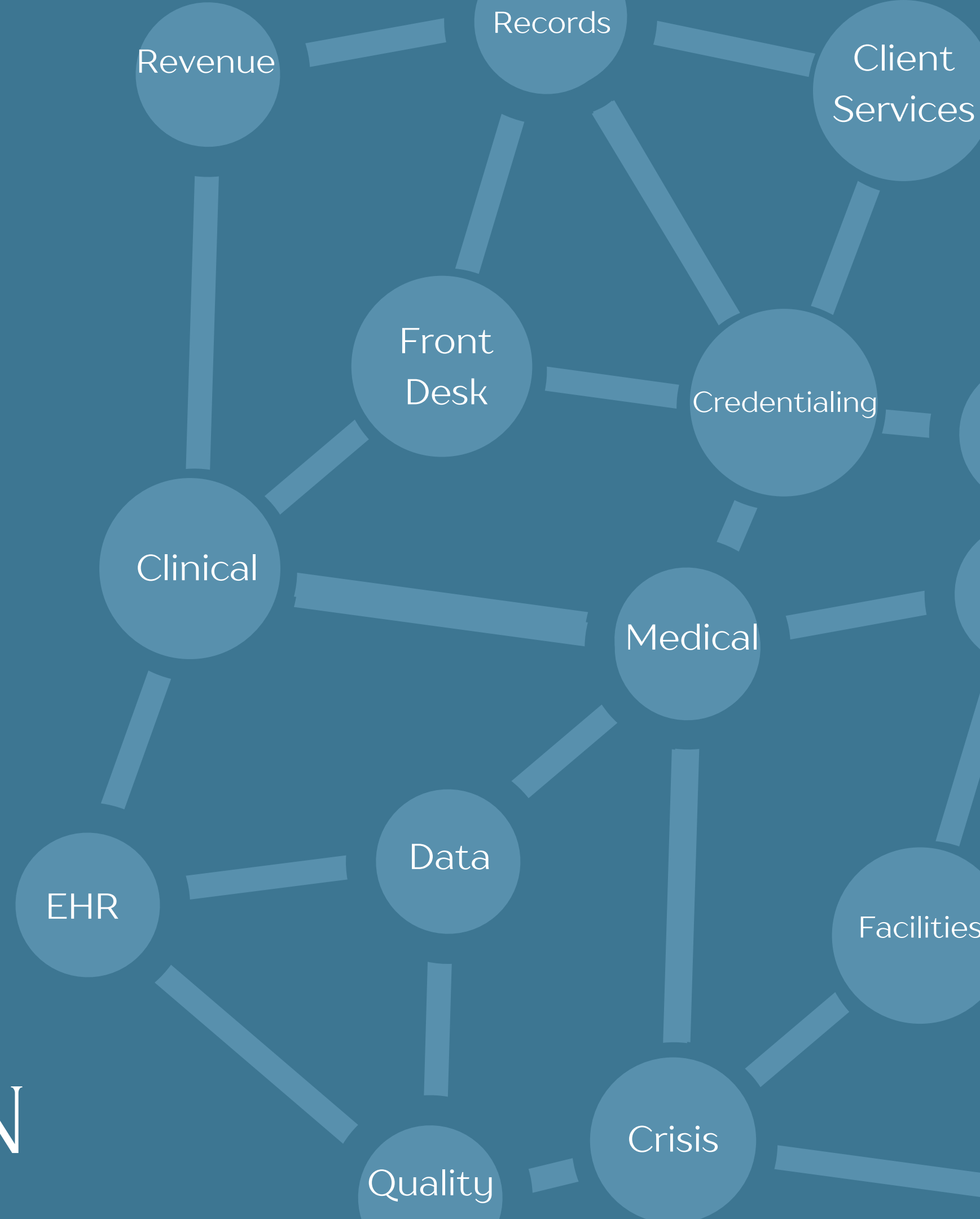Collaboration Across Teams

Building New Codes

The Name Matters

Making a Model

EVERYONE IS A PART OF CCBHC

"We all have the same goal – the whole team wants to make sure clients get services and we all play a role in that"

EXPECT RESISTENCE, PRESUME GOOD INTENTION

Records

Revenue

Client Services

Front Desk

Credentialing

Clinical

Medical

Data

EHR

Facilities

Crisis

Quality

BUILDING NEW CODES

The code interacts with multiple systems and connects to everything.

What is it?
Where does it go?
Who can use it?

We needed trust between teams to start doing the work before we have the answers to those questions.

THE NAME MATTERS

- Frame the expectation
- Show intent and purpose
- Cut the jargon
- Create a shared language

Care
Coordination

Financial Education/
Support

BEHAVIORAL
HEALTHCARE
NAVIGATOR

Insurance/
Funding Support

Community
Outreach

Connection to
Resources

Identifying Existing Gaps

"We piloted this role by being open minded.

We took the problems that came up and looked at what we can do to solve them.

We are continually building"

"I had the freedom to figure out what the role can mean to the community.

I was not held back by the limitations that exist within current systems of care."

CLINICAL SKILLS
+
SYSTEMS
KNOWLDEGE

CONNECTION TO RESOURCES

Pre-Assessment

- Does Sound best fit the client's needs? (Insurance/Location/Language/Services etc.)
- Education about what is available at Sound

Existing Clients

- Housing
- Care Giver Services
- Community Supports

INSURANCE FUNDING/SUPPORT

- Applying to Medicaid
- Applying to Medicare
- Figuring out what happened
- MIDD* funding needs
- What funding makes the most sense for the client (MIDD/Insurance/Sliding Scale)
- Clinicians: Benefit/Lost Funding Alerts
  - Benefits Requests

*King County Mental Illness and Drug Dependency Sales Tax Fund – funded by a 0.1% sales tax dedicated to supporting behavioral health services

CARE COORDINATION

- Housing Programs
  - Back rent/rent adjustment
- Hospitals
  - ITAs, Discharge Paperwork
- Disengaged Clients
- DSHS
- Social Security

COMMUNITY OUTREACH

Building mutual relationships with external organizations

Schools

Assist parents in enrolling in Medicaid

Hospitals

Relationship building with Hospital Staff

Clients

Re-engage in care, or connect for the first time

Existing Support Networks

FINANCIAL EDUCATION/SUPPORT

Payee Clients

- Assist in building a budget
- Monthly appointments with clients to discuss/work on budget

Other Clients

- Budgeting sessions

What can the person bring to the role?

BHN CLIENTS SERVED

558 People Served   145 Clients Served Pre Enrollment

60%
Pre-enrollment clients enrolled in ongoing services at Sound
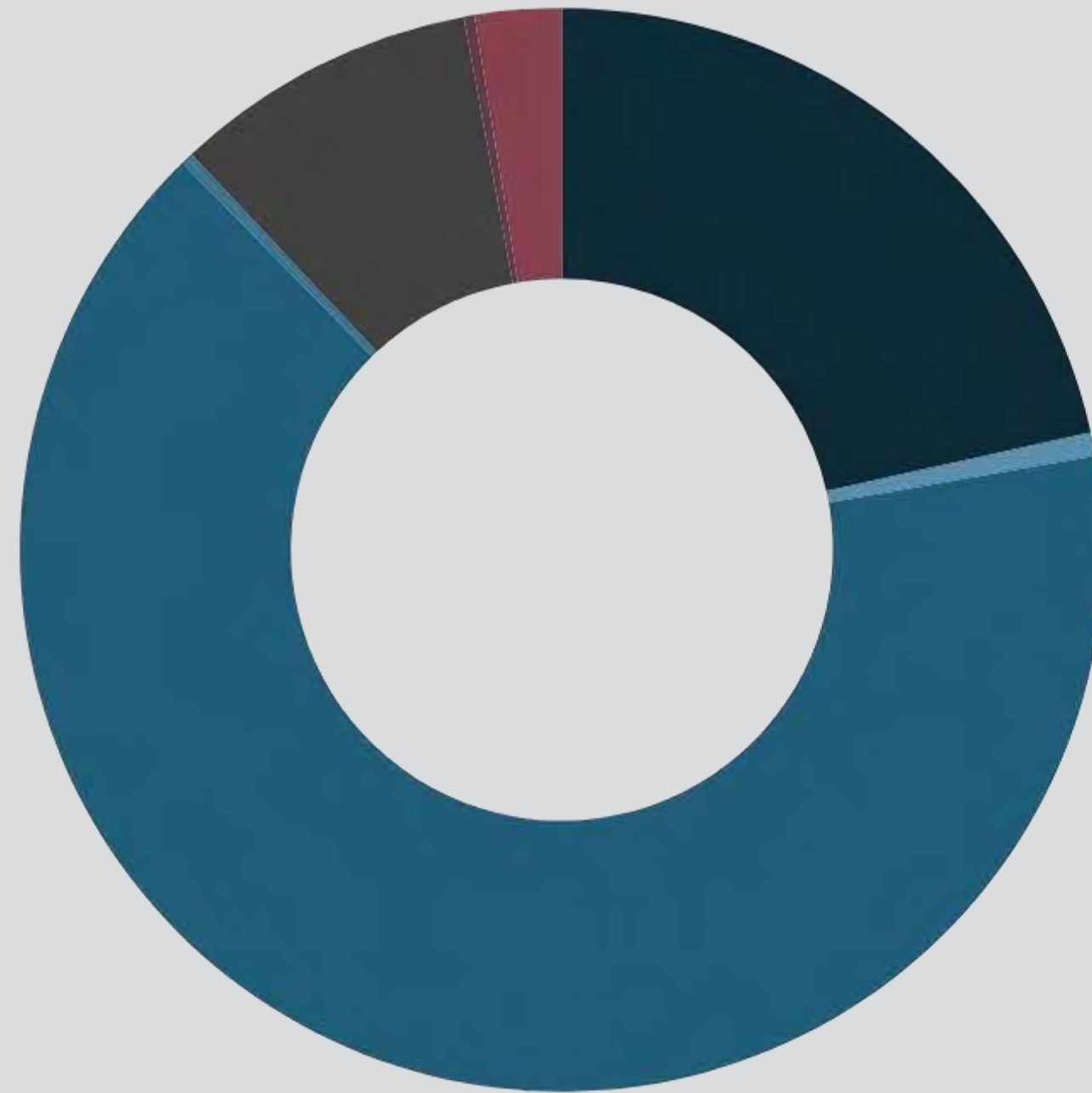
22%
of Enrolled Clients have worked with BHN

BHN SERVICES

Behavioral Health Counseling
9.1%

Financial Counseling (new code!)
21.5%

Pre-Treatment Coordination (new code!)
0.7%

Comprehensive Community Support
65.4%

- Comprehensive Community Support
- Financial Counseling
- Behavioral Health Counseling
- Information For Record
- Pre-Treatment Coordination
- Inactive Client Outreach
- Care Coordination/Community Integration

BEHAVIORAL HEALTHCARE NAVIGATOR IMPACT

"One of the best parts of this job is that I'm not limited to current clients.

As a clinician, I was limited to who I was able to provide services to.

In this role, we can provide services to the whole community"

–Behavioral Healthcare Navigator

"With the help of the Behavioral Healthcare Navigator, we've connected so many clients to important insurance navigation, care giving, problem solving with folks who have complicated insurance, and it's been incredibly helpful to have her bridge the gap on a variety of things our folks need."

–Capitol Hill Clinician

Seattle EMT's tried to get someone connected to care at 15 other organizations before coming to Sound and getting help from the Behavioral Healthcare Navigator

A Middle School Social Worker shared the relief they felt being able to connect families with someone to help navigate Medicaid
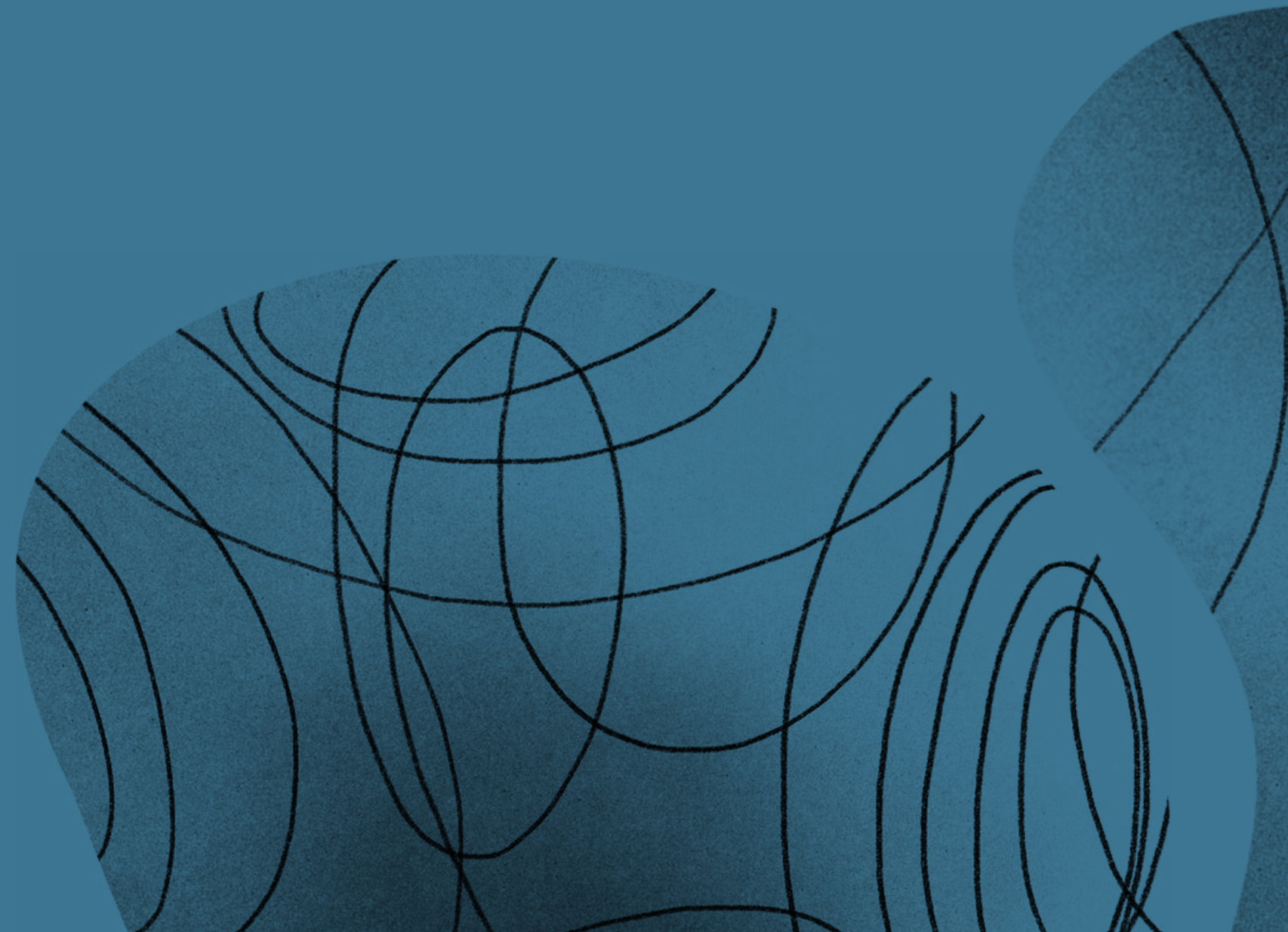
MAKING A MODEL
Expanding the role

Defining Core Competencies while giving freedom to center the needs of the community and specific skills of the person in the role

Shadowing – seeing the process, learning different systems
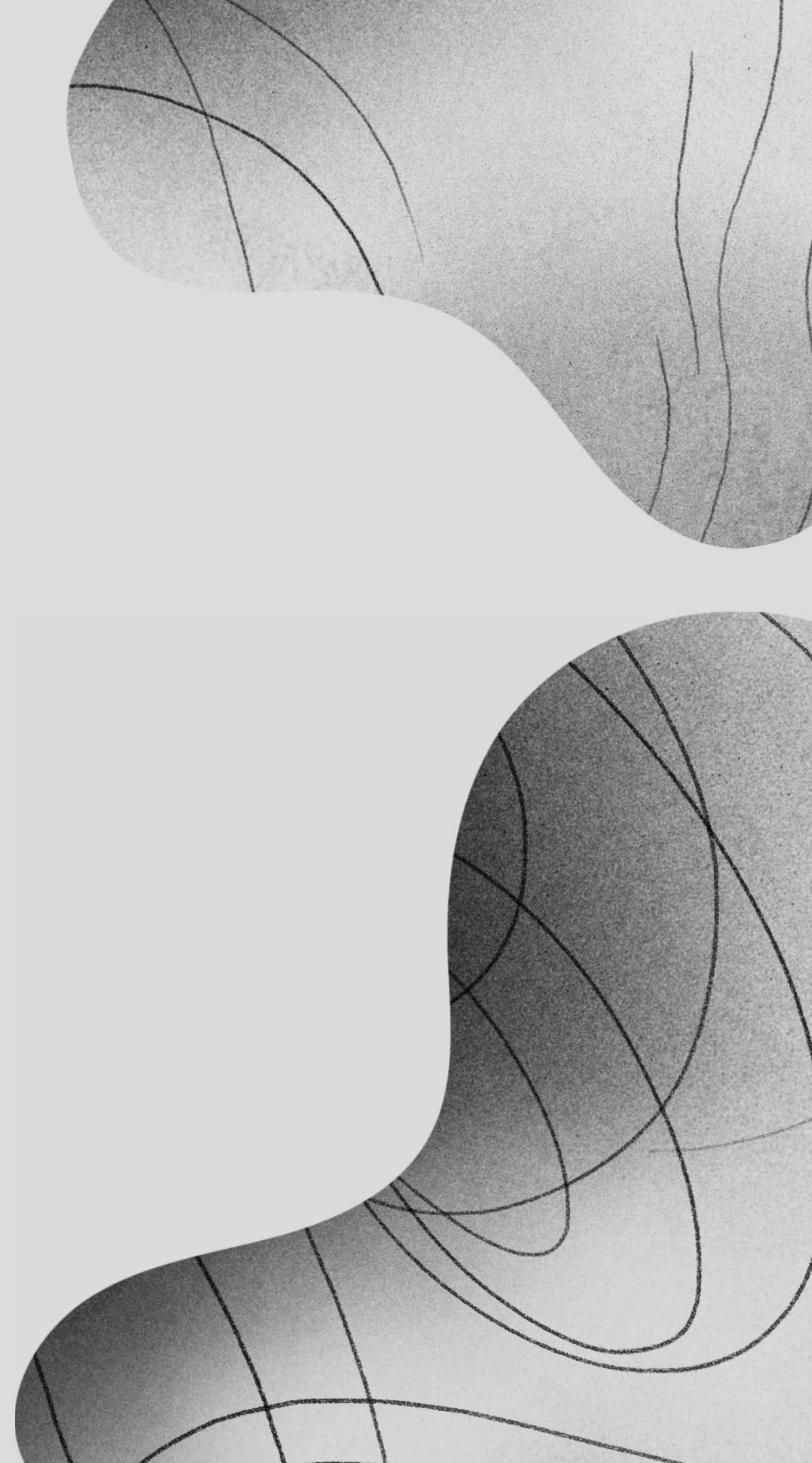
Working as a team

SUSTAINABILITY

~10%
Increase in enrollment

77%
of services provided by the Behavioral Healthcare Navigator are billable

Workload management for clinical team members

NEXT STEPS

The question was:
how do we see people
regardless of funding?

NOW the question is:
how can we support people
who don't need *our* care?

How do we take what we learned and apply it to the
new question?

THANK YOU!

SOUND
BEHAVIORAL HEALTH