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Certified Community Behavioral Health Clinics: Integration in Action

CCBHC SUCCESS CENTER

What is a CCBHC?

CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

- Provide integrated, evidence-based, trauma-informed, recovery-oriented and person-and-family-centered care
- Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services
- Have established collaborative relationships with other providers and health care systems to ensure coordination of care

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CCBHCs: Supporting the Clinical Model with Effective Financing

Standard definition	→	Raises the bar for service delivery
Evidence-based care	→	Guarantees the most effective clinical care for consumers and families
Quality reporting	→	Ensures continuous quality improvement
Prospective payment system	→	Covers anticipated CCBHC costs

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Current CCBHC Program Status

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The CCBHC Landscape

Three implementation options:

1. Medicaid demonstration (open to 10 states currently)
2. Federal grant funding
3. Independent state implementation via Medicaid SPA or waiver

CCBHC Medicaid Demonstration
Authorized through **Sept. 30, 2023**
8 states entering 5th year of demo in 2021
2 states will begin demo in October 2021

SAMHSA CCBHC Expansion Grants
Yearly funds appropriated since 2018
Grantees in 40 states, DC & Guam
Latest grant cycle closed March 1, 2021

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Medicaid CCBHC Demonstration vs. SAMHSA CCBHC Expansion Grants

Medicaid CCBHC Demonstration	SAMHSA CCBHC Expansion Grants
Open to only 10 participating states	Open to individual clinics in ALL states
Administered by state Medicaid and Behavioral Health authorities within guidelines set by SAMHSA/CMS	Administered by SAMHSA
States determine certification criteria using SAMHSA guidance as a baseline	Grantees must meet SAMHSA baseline CCBHC certification criteria
CCBHCs are certified by their states	CCBHCs are funded by SAMHSA; do not receive state certification
CCBHCs receive special Medicaid payment methodology (known as PPS)	CCBHCs receive up to $4M; continue to bill Medicaid and other payers per usual

States can implement the CCBHC model without waiting to be added to the demonstration. CCBHC expansion grants serve as a springboard.

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Options for States via Medicaid

Medicaid Waiver (e.g., 1115)
Enables states to experiment with delivery system reforms
Requires budget neutrality
Must be renewed every 5 years*
State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)
With CMS approval, offers opportunity to continue PPS

State Plan Amendment
Enables states to permanently amend Medicaid plans to include CCBHC provider type, scope of services, requirements, etc.
Does not require budget neutrality
With CMS approval, can continue PPS
Cannot waive "state-wideness," may have to certify additional CCBHCs (future CCBHCs may be phased in)

Approved 1115 waivers: Minnesota
Approved SPAs: Missouri, Nevada, Oklahoma, and Minnesota
Legislation enacted to require state to implement via SPA or waiver: Kansas and Illinois

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Incredible Growth in Only 4 Years!

2017	2019	2020	2021
8 states	21 states	33 states	40+ states
66 clinics	113 clinics	229 clinics	430+ clinics

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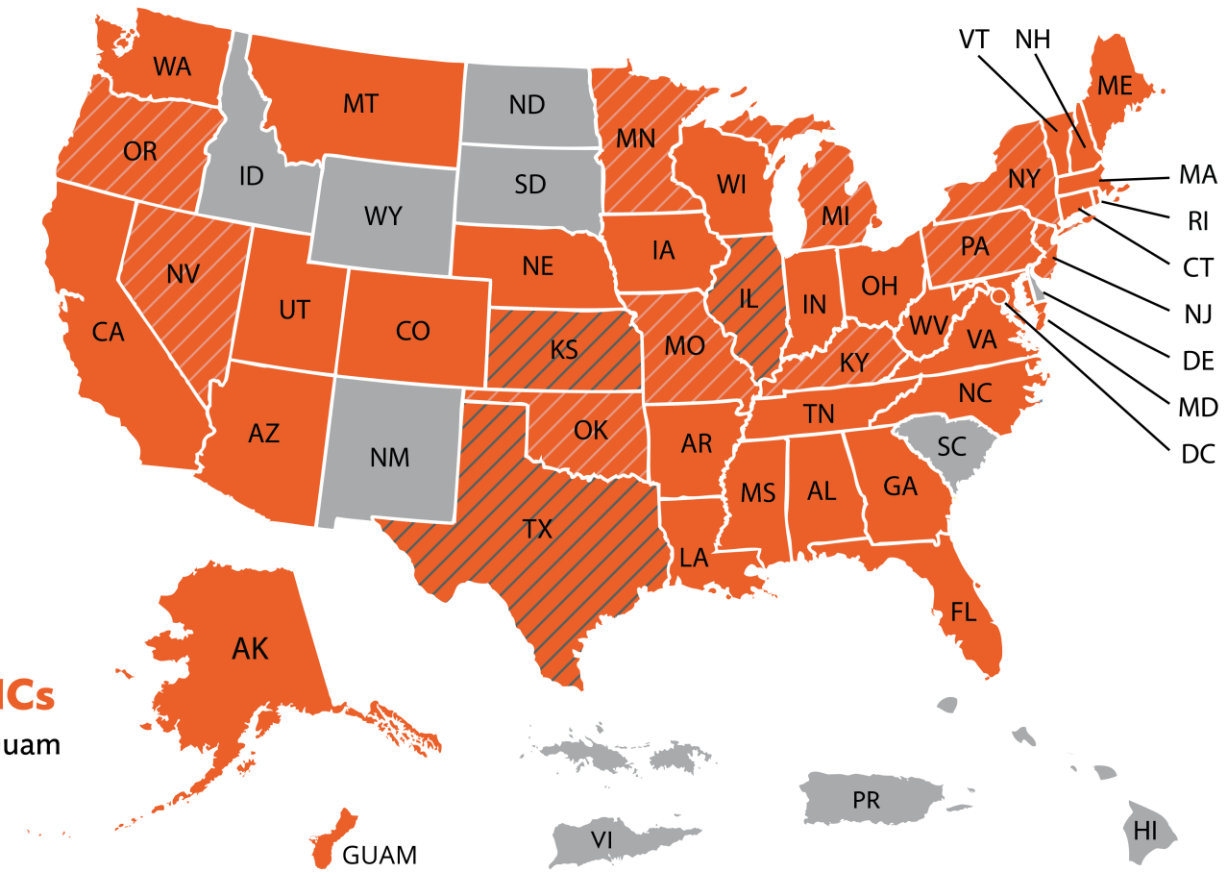
Status of Participation in the CCBHC Model

- States where clinics have received expansion grants
- States selected for the CCBHC demonstration
- Independent statewide implementation
- No CCBHCs

There are over **430 CCBHCs** in the U.S., across 42 states, Guam and Washington, D.C.



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What Goes into Being a CCBHC?

CCBHC Criteria

- Organizational Authority
- Staffing
- Access to Care
- Scope of Services
- Care Coordination
- Quality Reporting

CCBHC Payment

- Cost-related Medicaid reimbursement rate (demonstration participants)

OR

- Grant funds: $2 million/year for 2 years (expansion grantees)

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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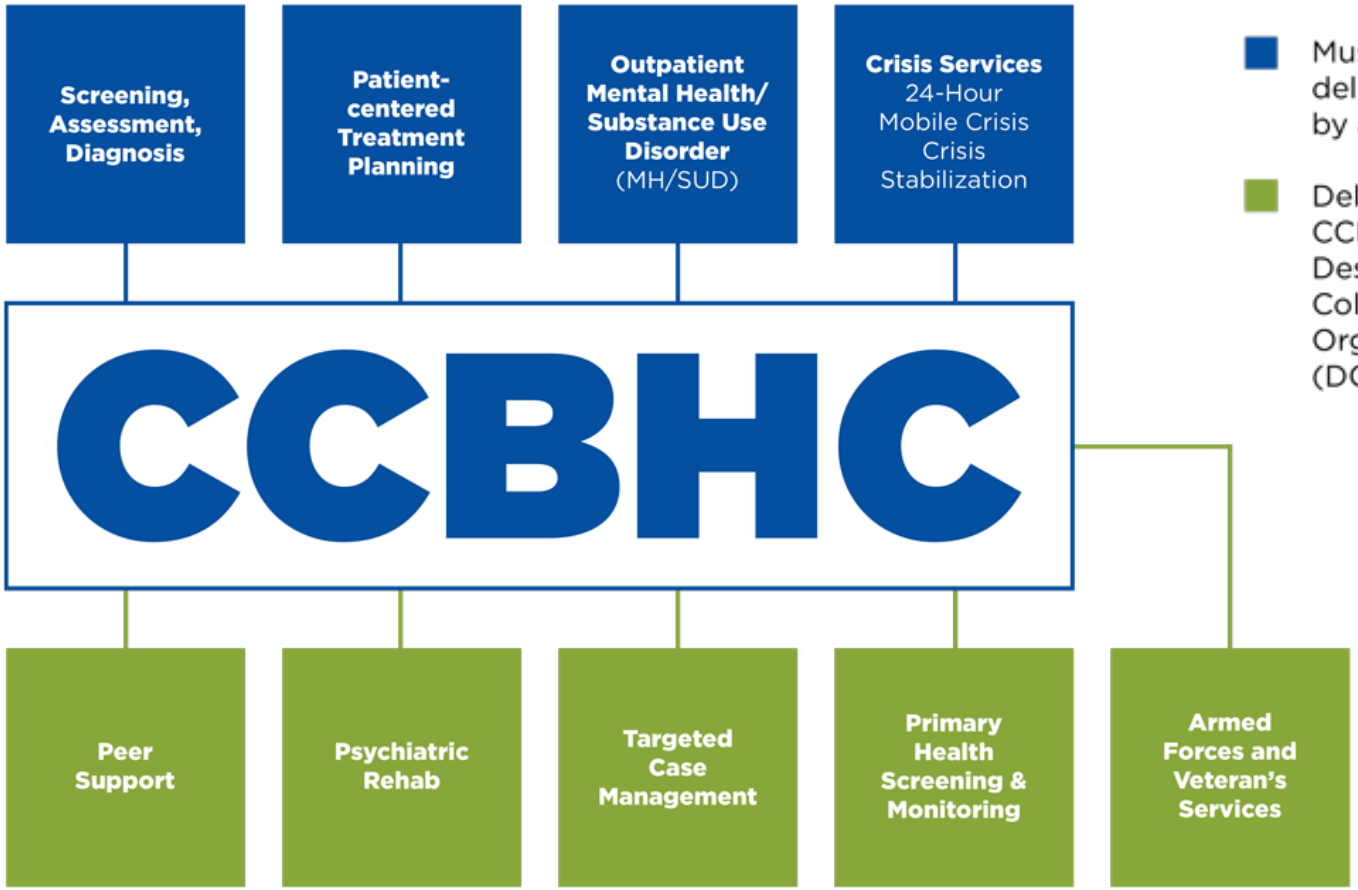
Criteria	Key Elements
Organizational Authority	• CCBHCs must be nonprofits, part of local government behavioral health authority, or under the authority of Indian Health Service, Indian Tribe or Tribal organization • Governing board members "reasonably represent" those served
Staffing	• **Required staff**: Clinical and peer staff; psychiatrist as medical director; medically trained behavioral health care provider; Individuals with expertise in addressing trauma, SED, SMI, SUD • Required regular training includes cultural competence, trauma-informed care, integration
Access to Care	Timely access requirements; access regardless of ability to pay; 24/7 crisis

Criteria	Key Elements
Scope of Services	Core service requirements delivered directly or by a designated collaborating organization (DCO)
Care Coordination	Required partnerships and coordination agreements include: FQHCs/rural health clinics; Inpatient psychiatry and detoxification; Post-detoxification step-down services; Residential programs; Other social services providers
Quality Reporting	9 clinic-reported metrics; 11 state-reporting (claims-based) metrics

CCBHC Scope of Services



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Care Coordination:
The "Linchpin" of CCBHC

- Partnerships or care coordination agreements required with:
  - FQHCs/rural health clinics
  - Inpatient psychiatry and detoxification
  - Post-detoxification step-down services
  - Residential programs
  - Other social services providers, including
    - Schools
    - Child welfare agencies
    - Juvenile and criminal justice agencies and facilities
    - Indian Health Service youth regional treatment centers
    - Child placing agencies for therapeutic foster care service
  - Department of Veterans Affairs facilities
  - Inpatient acute care hospitals and hospital outpatient clinics

CCBHC Integration Requirements

- coordinates care across the spectrum of health services, including access to high-quality physical health
- determine any medications prescribed by other providers and provide information to other prescribers
- population health management and interoperability
- Contact within 24 hours of ER or Hospital discharge
- assessment of need for medical care and a physical exam
- primary care screening and monitoring of key health indicators and health risk
- Staff training in integration

Targeting Population Health

PPS provides resources and incentives to target population health. CCBHCs are:

- Hiring **dedicated population health** analysts, clinicians, other staff
- Using **data analysis** to understand utilization and risk among client population
- Developing **care pathways** to ensure comprehensive, assertive service delivery to high-risk populations
- Strengthening **integration with primary care** to help clients manage chronic physical health conditions that are cost drivers
- Partnering with hospitals to **streamline care transitions** and prevent readmission
- Assessing for **non-health needs** that are determinants of health (e.g. housing, food, etc.)
- And much, **much more**!

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Six Quality Measures Depend on How Well CCBHCs Handle Transitions of Care

- Follow-up after hospitalization for mental illness, adult
- Follow-up after hospitalization for mental illness, child/adolescent
- Follow-up after emergency department for mental health
- Follow-up after emergency department for alcohol or other dependence
- Plan all-cause readmission rate
- Adherence to antipsychotic medications for individuals with schizophrenia

Addressing Health Disparities

100% of CCBHCs said their CCBHC status has helped them serve people of color, improve access to care, and reduce health disparities in their communities

- **75%** increased screening for unmet social needs (e.g., housing, income, insurance status, transportation)
- **67%** developed organizational policies and protocols to improve diversity, equity, and inclusion
- **60%** hired staff who are demographically similar to the populations their clinics serve
- **53%** initiated or expanded translation services

Reduced ED/inpatient visits data

- Oklahoma: CCBHCs reduced the proportion of their clients seen in emergency departments by 18-47% (rates varied by clinic) and those admitted to inpatient care by 20-69% over the first four years of the program, compared to baseline.
- Missouri: **20% decrease** in all cause hospitalization and **36% decrease** in all cause ER visits
- New York: 54% decrease in the number of CCBHC clients using behavioral health inpatient care, translating to a 27% decrease in associated monthly costs in year 1
- New Jersey: decline the in all-cause acute readmission rates from the year 1 to year 2

Improving Access to Care

CCBHCs are, on average, serving **17% more people** than prior to CCBHC implementation.

CCBHCs have improved access to treatment by sharply reducing wait times for services, which reach an average of 48 days nationwide.

- **50%** of responding CCBHCs provide **same-day access** to care.
- **84%** see clients for their first appointment **within one week**.
- **93%** see clients **within 10 days**.

State Snapshot

Nevada: **250% increase** in individuals served from Y1-Y3

New York: 21% increase in individuals served in first year

Oregon: 17% increase in number of individuals with serious mental illness served

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Driving Change in Communities

Addressing Health Disparities

100% of CCBHCs indicate that CCBHC status has helped them in some way to **serve people of color**, improve access to care and reduce health disparities in their communities.

Making Crisis Supports Available to All

91% of CCBHCs are engaging in one or more innovative practices in crisis response in partnership with hospitals, first responders and others.

Meeting People Where They Are

97% of CCBHCs offered services outside the clinic in 2019.

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How does the CCBHC financial model support these gains?

- CCBHC **Prospective Payment System (PPS)** establishes a Medicaid rate reflective of clinics' costs
- Advantages include the ability to:
  - Hire new staff and fill vacancies in competitive markets
  - Add new service lines
  - Have staff number and mix that reflects level of community need, not historically available reimbursement
  - Support non-billable activities (e.g. care coordination, outreach)
  - Support technology and data costs
  - Build partnerships with hospitals, police, and others

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CCBHC Demonstration/PPS: Driving Value

- **Certification** = standardized core requirements
- **PPS** = Medicaid reimbursement that supports costs associated with expanded access & enhanced operations

- Expansion of service lines (e.g., crisis response, SUD treatment)
- Ability to hire and retain specialty providers (e.g., child psychiatrists, MAT prescribers)
- Same-day access to care
- High-impact, flexible staffing models targeted to patient need
- Technology adoption, electronic health info exchange
- Data tracking & analytics
- Collaboration/coordination with law enforcement, schools, others
- Population health management, data-driven care

- 25% more clients served on average
- Elimination of waitlists
- Reduced hospitalization, ED visits
- Reduced incarceration, recidivism
- Improved physical health

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Clinic Readiness Considerations

- Current service delivery landscape and gaps
  - Staffing needs
  - New service lines and/or new contractual partnerships
  - Infrastructure needs
  - Technology/billing/data reporting capacity
- Financial considerations
  - Knowing your costs: Historic and anticipated
  - Payer mix: Will the math work?
- State-specific options and opportunities
  - Possibilities for your org based on your state's unique "take" on the CCBHC model

Not all organizations will be a CCBHC—
many opportunities are available as a "DCO"

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State Implementation Considerations

- Requires collaboration between Medicaid and BH agencies
  - E.g. crafting certification and payment standards, setting rates, filing for SPA/waiver
- Significant work goes into the organizational and system transformations required for CCBHC implementation. Federal funding can help:
  - **CCBHC Expansion grants** build system capacity and readiness
  - **Mental Health Block Grant funding** can be used to support clinic readiness
- CCBHCs may be able to incorporate previously state-funded initiatives to leverage federal dollars

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What's Next for CCBHCs?

- Broad bipartisan support in Congress and the Administration
  - Medicaid demonstration extended through Sept. 30, 2023
  - 2 states added to demonstration in August 2020
  - Legislation to extend and expand the demonstration gaining support
  - Continued/expanded funding of CCBHC Expansion Grants; eligibility extended nationwide
- **States can implement without congressional action**

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