



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Moving Towards Certified Community Behavioral Health Clinics (CCBHC)

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

Disclosures

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At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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Announcements

- The recording is posted here.

<https://mhttcnetwork.org/centers/mid-america-mhttc/moving-towards-certified-community-behavioral-health-clinics-ccbhc>

Webinar Series

Part 1
3/3/23

**CCBHC Model
Overview, Evolution,
and What's Ahead**

Part 2
4/5/23

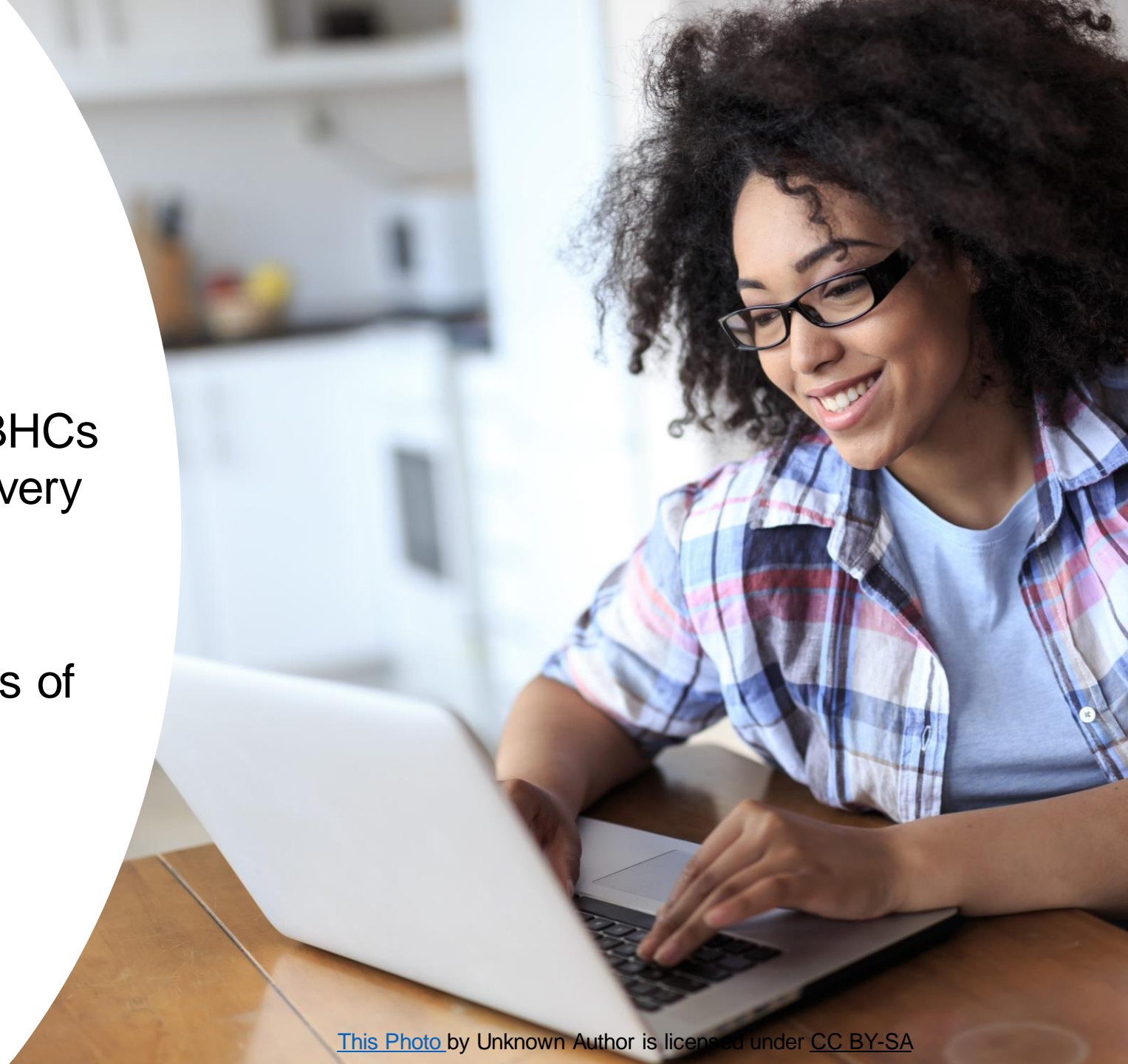
**Reflections and
Challenges When
Considering CCBHC**

Part 3
5/3/23

**If Not Now When?
Exploring Next Steps**

Objectives

- Explore the six CCBHC program requirements
- Describe what makes CCBHCs unique from traditional delivery models
- Dissect the most recent national data and outcomes of CCBHCs



States are searching for solutions that:

- Address the high health care spend attributable to people with mental illness or substance use disorders
- Reduce high levels of unmet need
- Align with existing state initiatives



Delivery System Trends

Growing interest in value-based purchasing

Growing awareness of insufficient access to behavioral health services

Increasing need for behavioral health care due to COVID-19

Increasing desire to better address health disparities

CCBHC Background and History

On April 1, 2014, Protecting Access to Medicare Act (PAMA) was signed into law, establishing the CCBHC Demonstration.

- Substance Abuse and Mental Health Services Administration
- Centers for Medicare & Medicaid Services
- Assistant Secretary of Planning and Evaluation supports the CCBHC initiative.

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 accountability

Prospective payment system



Covers anticipated CCBHC costs

What is a Certified Community Behavioral Health Clinic?

Ensure Access

- Integrated, evidence-based substance use disorder, and mental health services
- 24/7 crisis response
- Medication-assisted treatment (MAT)

Meet Stringent Criteria

- Timeliness of access
- Quality reporting
- Coordination with social service, criminal justice, and education systems

Receive Flexible Funding

- Support the real costs of expanding services to meet the need for care in their communities fully

CCBHC Implementation Options

1. Medicaid demonstration
2. Federal grant funding
 - Planning, Development, and Implementation for new CCBHCs
 - Improvement and Advancement grants for existing CCBHCs
3. Independent state implementation via Medicaid SPA or waiver

CCBHC Medicaid Demonstration

Authorized through **Sept. 30, 2023**

8 states entered 5th year of demo in 2021

2 states began demo in October 2021

SAMHSA CCBHC Expansion Grants

Yearly funds appropriated since 2018

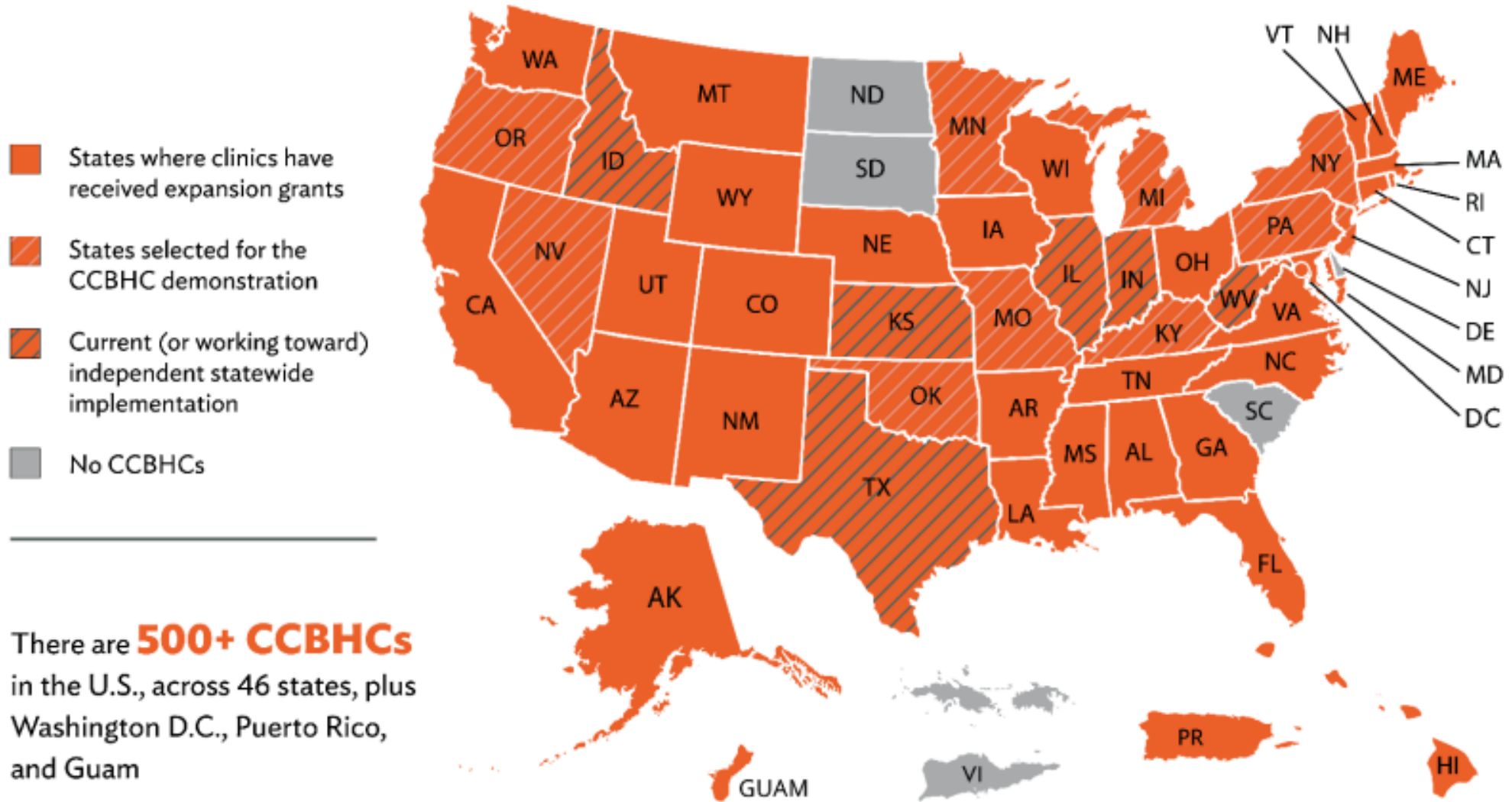
Grantees in 40 states, DC & Guam

Latest grant cycle closed December 2022

CCBHC Implementation Options

| Medicaid CCBHC Demonstration | SAMHSA CCBHC Expansion Grants |
|--|---|
| Currently active in 10 states; will be open to 10 additional states every 2 years beginning in July 2024. | Open to individual clinics in all states |
| Administered by state Medicaid and Behavioral Health Authorities within guidelines set by SAMHSA and the Centers for Medicare and Medicaid Services (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 and do not receive state certification. |
| CCBHCs receive special Medicaid payment methodology (known as PPS). | CCBHCs receive up to \$4M for a four-year term and continue to bill Medicaid and other payers per usual |

Status of Participation in the CCBHC Model



There are **500+ CCBHCs** in the U.S., across 46 states, plus Washington D.C., Puerto Rico, and Guam

Program Requirements Staffing

- General staffing requirements, community needs assessment, and staffing plan
- Licensure and credentialing of providers
- Training related to cultural competence, trauma-informed care, and other areas
- Linguistic competence



Program Requirements Availability & Access of Services

- General requirements of access and availability
- Requirements for timely access to services and assessment
- Access to Crisis Management Services
- Provision of services regardless of ability to pay and residence



Program Requirements Care Coordination

- General requirements of care coordination
- Health information systems
- Agreements to support care coordination
- Treatment team, planning, and care coordination activities



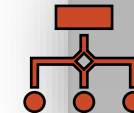
Program Requirements: Scope of Services

Crisis Services



Outpatient Mental Health & Substance Use Services

Screening Diagnosis & Risk Assessment



Person & Family Centered Treatment Planning

Psychiatric Rehabilitation Services



CCBHC



Community-Based Mental Health Care for Veterans

Outpatient Primary Care Screening & Monitoring



Peer, Family Support & Counselor Services



Targeted Case Management



Must be delivered directly by a CCBHC



Delivered by a CCBHC or a Designated Collaborating Organization (DCO)



Program Requirements Data Collection, Reporting, and Tracking

- Data collection, reporting, and tracking
- Continuous quality improvement planning



CCBHC Reported Measures (9)

- #/% of new clients with initial evaluation provided within 10 business days
- # of days until initial evaluation for new clients
- Preventive care and screening: adult BMI screening and f/u
- Weight assessment & counseling for nutrition & physical activity for children/adolescents
- Preventive care & screening: tobacco use- screening & cessation intervention
- Preventive care & screening: unhealthy alcohol use- screening & brief counseling
- Child & adolescent major depressive disorder: suicide risk assessment
- Screening for clinical depression & f/u plan
- Depression remission at 12 months

State Reported Measures (12)

- Housing status (residential status at admission or start of the reporting period)
- F/U after ER for mental health
- F/U after ER for alcohol or other dependence
- Plan all-cause readmission rate
- Diabetes screening for people who are using antipsychotic medications
- Adherence to antipsychotic medications for individuals with schizophrenia
- F/U after hospitalization for mental illness (Adult)
- F/U after hospitalization for mental illness (Child/Adolescent)
- F/U care for children prescribed ADHD medication
- Antidepressant medication management
- Initiation & engagement of alcohol and drug dependence treatment
- Client experience of care survey and family experience of care survey

Program Requirements

Organizational Authority, Governance, and Accreditation

- 1 Is a non-profit organization, exempt from tax under Section 501(c)(3)
- 2 Is part of a local government behavioral health authority
- 3 Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization
- 4 Is an urban Indian organization or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act



Demonstration Impact: Expanding Access

- 1.2 million people are currently served across 249 responding clinics, which means that an estimated 2.1 million people are served nationwide by all 450 CCBHCs and grantees active as of August 2022.
- This estimated total represents an increase of about 600,000 clients compared to the estimated total number of individuals served by all CCBHCs in 2021.
- CCBHCs and grantees are, on average, serving more than 900 more people per clinic than prior to CCBHC implementation, representing a 23% increase.

A person wearing a white lab coat is seated at a light-colored desk, writing on a clipboard with a black pen. The desk also holds a blue folder and a keyboard. The background is a bright, clean office environment.

Expanding Access to Medication-Assisted Treatment

-
- 82% of CCBHCs and grantees use one or more forms of MAT for opioid use disorder, compared to only 56% of substance use clinics nationwide that provide any MAT services.
 - An estimated 69,400 clients nationwide are engaged in MAT across the 450 CCBHCs and grantees that were active as of August 2022.
 - 65% of CCBHCs and grantees have increased the number of clients engaged in MAT since becoming a CCBHC, including 27% who say the increase has been significant.

Coordination and Integration with Primary Care

- 81% of respondents report increasing the number of referrals to primary care since becoming a CCBHC.
- CCBHCs also engage in numerous activities to coordinate and integrate care, from electronic information sharing with care coordination partners (94% currently do this or plan to) to co-locating physical health services on site (88% currently do this or plan to) and more.



Addressing Health Disparities

- Since becoming a CCBHC, 100% report taking steps to improve access to care, reduce health disparities among, and serve people of color or other historically marginalized populations; at the top of the list is staff training on culturally sensitive/competent care (94%).
- Nearly three in five (58%) are currently engaged, or plan to engage, in work related to affordable housing by providing services at a site that provides affordable or supportive housing.



CCBHCs' State Impact Over Time

Missouri

- Hospitalizations dropped 20% after 3 years, ED visits dropped 36%
- Access to BH services increased 23% in 3 years, with veteran services increasing 19%
- In 1 year, 20% decrease in cholesterol; 1.48-point Hgb A1c decrease
- Justice involvement with BH populations decreased 55% in 1 year

Texas

- Projected to save \$10 billion by 2030
- In 2 years, there were no wait lists at any CCBHC clinic
- 40% of clients treated for cooccurring SUD and SMI needs, compared to 25% of other clinics

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 organization based on your state's unique “take” on the CCBHC model



Questions and Answers



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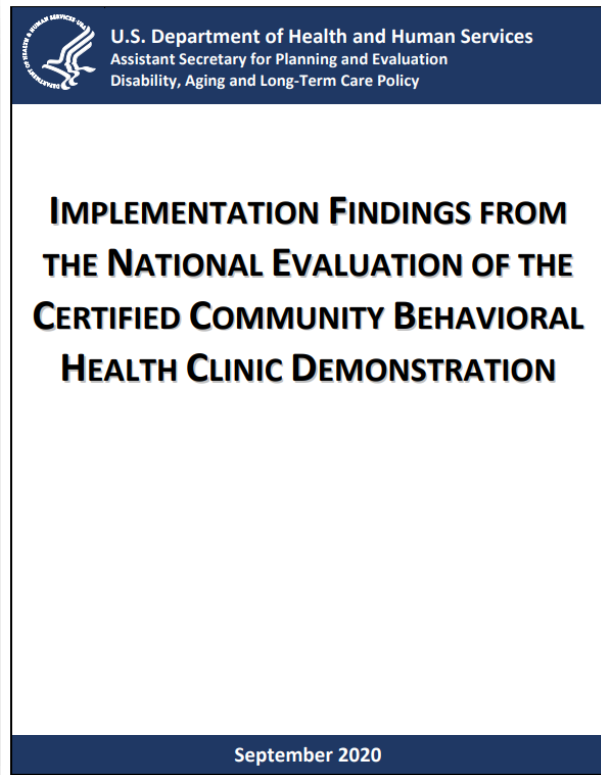


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Resources



[Implementation Findings From The National Evaluation of The CCBHC Demonstration](#)



[The Value of Certified Community Behavioral Health Clinics - National Conference of State Legislatures \(ncsl.org\)](#)



[Expanding Access to Comprehensive, Integrated Mental Health & Substance Use Care](#)