The CCBHC Model

How States Increase Access to Mental Health and Substance Use Care

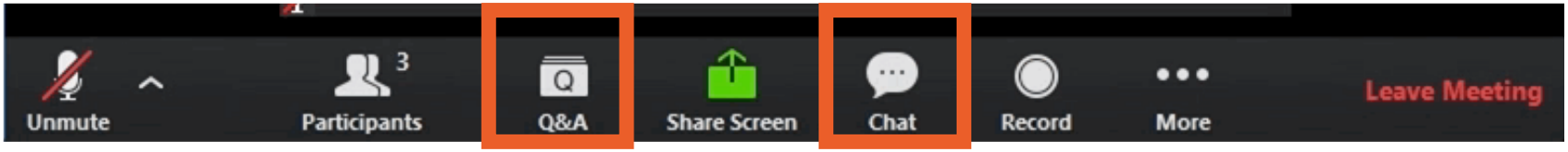
Wednesday, August 25, 2021
3:00 PM ET

NATIONAL COUNCIL for Mental Wellbeing

NCSL

NASMHPD

Zoom Logistics



- Type in a **question in the Q&A box**
- Type in a **comment** in the **Chat box**
- Both are located at the bottom of your screen. We'll answer as many questions as we can during today's session.

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Introductions & Opening Remarks

Brian Hepburn, MD
Executive Director
National Association of State Mental Health Program Directors (NASMHPD)

Charles Ingoglia, MSW
President and Chief Executive Officer
National Council for Mental Wellbeing

Karmen Hanson, MA
Director, Behavioral Health Pharmaceutical Programs
National Conference of State Legislatures (NCSL)

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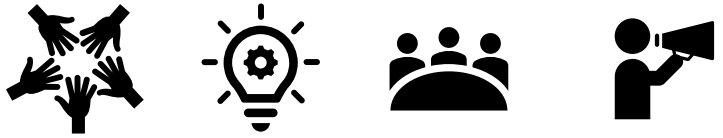
NCSL Overview

- **Bipartisan** organization founded in 1975
- Headquartered in Denver, Colorado with a federal affairs office in Washington, D.C.
- Serves 7,383 legislators and 30,000+ staff
- Staff of roughly 160 people
- Governed by an Executive Committee of 63 legislators and legislative staff members
- Does not take a position on state policies

NCSL Mission Statement:

- Improve the quality and effectiveness of state legislatures.
- Promote policy innovation and communication among state legislatures.
- Ensure state legislatures a strong, cohesive voice in the federal system.



Support Ideas Connections Voice in DC

NCSL & National Council Partnership

- Behavioral Health Training Institute: 2-day event for behavioral and public health officials, legislators and legislative staff.
  - Understand integration and potential cost savings and overall health improvements.
  - Build relationships with public health and behavioral health officials in their state.
  - And Inform their policymaking decisions and knowledge and share with legislators and staff back home.
- Resources available at:
  - https://www.ncsl.org/research/health/behavioral-health-overview.aspx
  - https://www.nationalcouncildocs.net/2021-behavioral-health-training-institute-bhti-for-health-officials

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The CCBHC Model Overview

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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 accountability**
Prospective payment system (PPS)	→	**Covers anticipated CCBHC costs**

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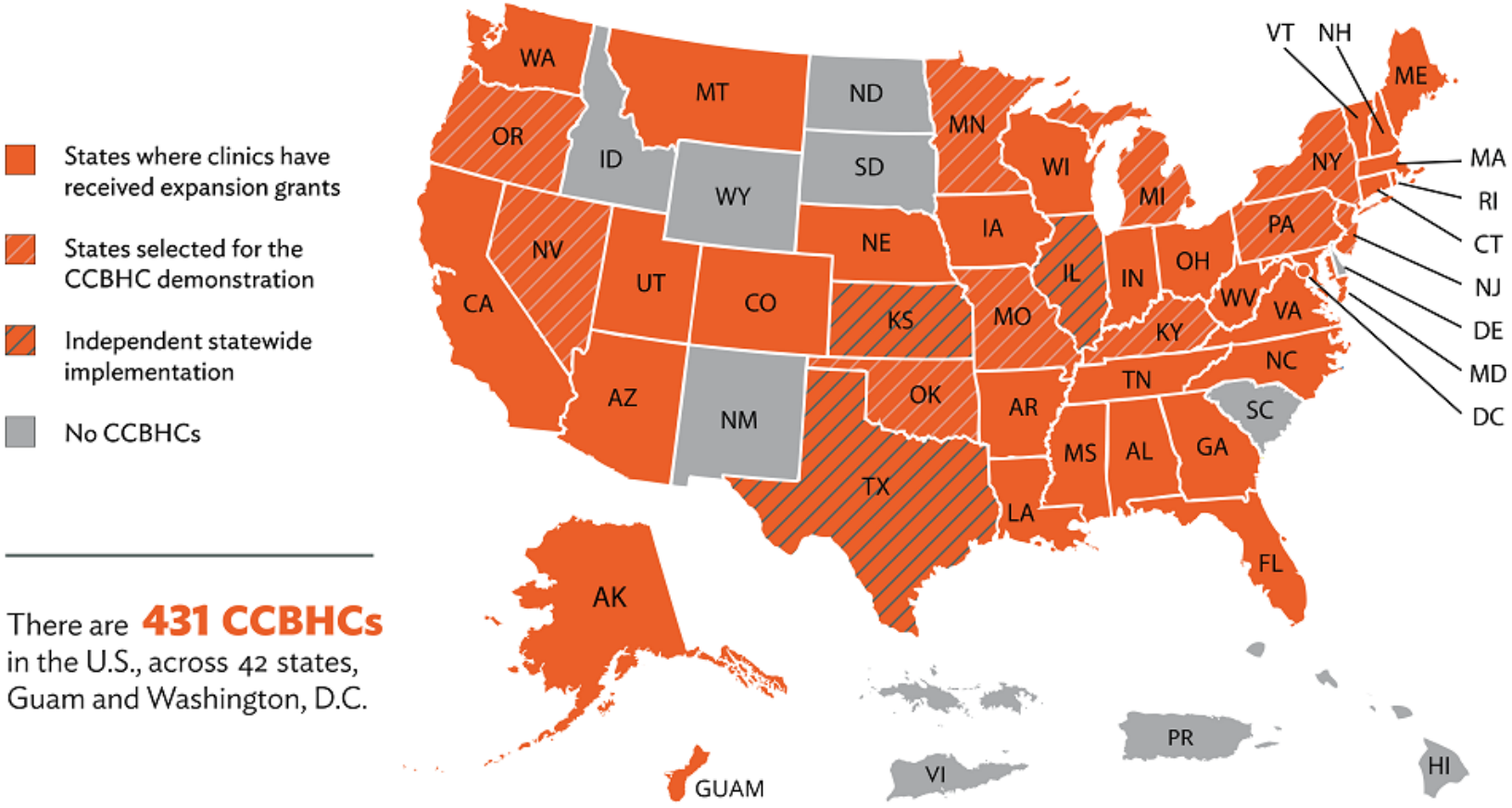
Status of Participation in the CCBHC Model



There are **431 CCBHCs** in the U.S., across 42 states, Guam and Washington, D.C.

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CCBHCs' Impact on States: Data Preview

Stay tuned: the National Council's CCBHC State Impact Report will be published in September 2021.

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State officials report that:

The CCBHC model has lowered costs, improved outcomes, and contributed to building critical behavioral health system capacity and infrastructure required to meet rising levels of need for care while integrating services with the rest of the health care system.

State officials credit the CCBHC prospective payment system (PPS) as being instrumental to the success of their CCBHC programs.

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Data highlights: increased care access

- Nevada: **250% increase** in individuals served from year 1 to year 3 (from 903 patients to 2,270)
- New York: 21% increase in individuals served in first year, **with one-quarter having not received a BH service in the prior 3 years**
- Oregon: **17% increase in number of individuals with serious mental illness** served (double non-CCBHCs' increase)
- New Jersey: 55% of CCBHC consumers identified as unhealthy drug users **did not previously have a previously identified SUD**

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Data highlights: reduced ED/inpatient 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
- Data to be shared in a moment from Missouri and Oklahoma…

Data highlights: workforce recruitment

- CCBHCs participating in the demonstration program **hired an average of 117 new staff positions each, with a median of 43.***
- The most commonly added staff include adult and child psychiatrists, licensed clinical social workers, nurses, counselors, case managers, and peer specialists/recovery coaches.**
- State officials cited expansion of staff as one of the biggest system improvements resulting from the CCBHC demonstration.**
- CCBHCs' ability to hire additional staff is **"one big win for the [CCBHC prospective payment] rate."** –Nevada state official

*Source: https://www.thenationalcouncil.org/wp-content/uploads/2021/05/052421_CCBHC_ImpactReport_2021_Final.pdf

**Source: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//196051/CCBHCImpFind.pdf

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Other highlights

- Improved integration of primary and behavioral health care services
- Improved rates of care initiation, engagement and follow up relative to non-CCBHCs (where comparison data was available)
- Increased access to medication-assisted treatment
- Strengthening of treatment system capacity
  - EHR and HIE usage
  - Quality, cost and other data reporting
  - Increased use of evidence-based practices
  - Improved partnerships with other sectors (e.g. law enforcement, courts, schools, etc.)

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

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 next 4-5 months

SAMHSA CCBHC Expansion Grants
Yearly funds appropriated since 2018
Grantees in 42 states, DC & Guam
Latest grants awarded July 2021

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Conversations with State Leaders on the CCBHC Model

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CCBHC State Leaders

Kayla Hahn
Policy Director, Office of Governor Michael Parson
Missouri

Carrie Slatton-Hodges
Commissioner, Department of Mental Health and Substance Abuse Services
Oklahoma

Brenda Landwehr
State Representative, Chair of Health and Human Services
Kansas

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MISSOURI

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Background of CCBHC's in Missouri

- Missouri received a SAMHSA Planning Grant for prospective reimbursement for community behavioral health services (2015)
- Missouri was 1 of 8 states selected to actually pilot the prospective payment system (2016)
- DMH-DBH determined that several community behavioral healthcare organizations were in compliance with the federal standards for CCBHCs, and were eligible to participate in the demonstration pilot.
- The demonstration project (7/1/2017-9/20/2023) was designed to demonstrate the cost effectiveness of converting Medicaid reimbursement for community behavioral health services from a fee-for-service system to a prospective payment system while improving the availability, accessibility, and quality of community behavioral healthcare.
- The populations of focus for the demonstration project in Missouri include:
  - Adults with serious mental illness
  - Children and adolescents with serious emotional disorders
  - Children, adolescents, and adults with moderate to severe substance use disorders
  - Children and adolescents in state custody who have behavioral health issues
  - Young adults with mental illness or substance use disorders identified as in need of treatment by the courts, law enforcement, or hospital emergency rooms.

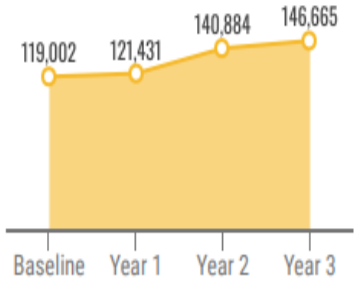
Outcomes of CCBHC's in Missouri

23%

Increase in patient access to care

Overall increase in patients served from baseline to Year 3

Missourian's Served by CCBHCs



2,993

Veterans Served by CCBHCs

19%

Overall increase in veterans served from baseline to Year 3

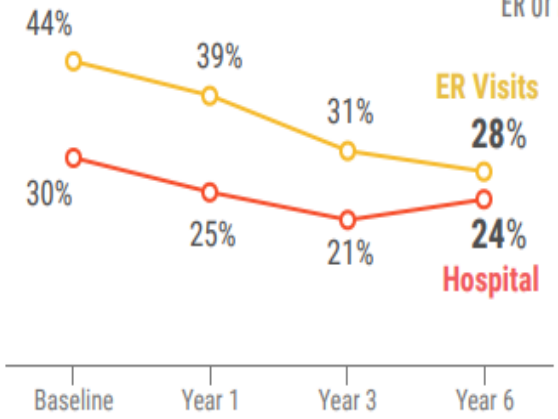
Missouri Success

53,295

Referrals from law enforcement Jan2017-Nov2020

Reducing Hospital & ER Utilization

CCBHCs continue to reduce the number of patients with 1 or more ER or hospital encounter



36%

Decrease in ER Visits

20%

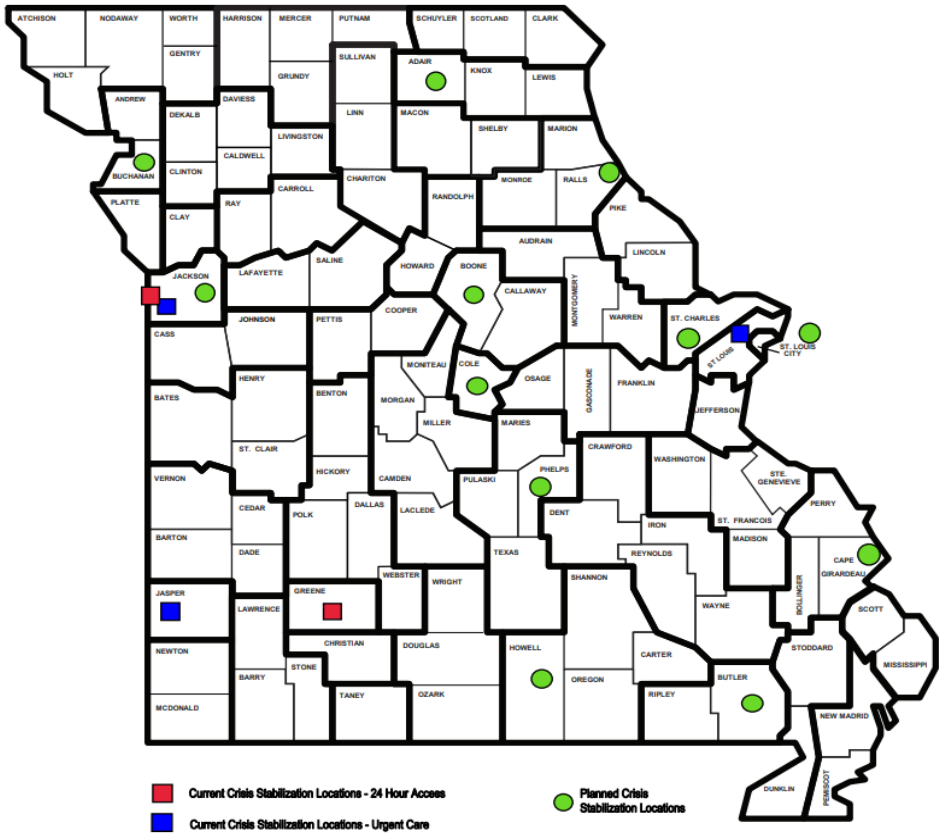
Decrease in hospitalizations

New Efforts Utilizing CCBHC's in Missouri

6 New Crisis Stabilization Centers

1 in each Missouri State Highway Patrol troop district (Kirksville, Cape Girardeau, Jefferson City, West Plains, St. Joseph, Rolla), in addition to each existing location (KC, STL, SGF)

Crisis Stabilization Unit (CSU) Locations



New Efforts Utilizing CCBHC's in Missouri

CCBHC Expansion Start Ups

One-time startup costs for CCBHC expansion to include new services and recruitment at 7 proposed locations across the state

CBHLs/SUDLs

50 new CMHLs/SUDLs, with 10 focusing on currently underserved areas. This is in addition to the 31 liaisons currently employed.

"Our community has benefitted from working with a CBHL since the inception of the position. The responsive, responsible work for people found in our courts at all levels, connecting them to vital services, no matter the time of day or night, is simply irreplaceable. I have witnessed many success stories that result in individuals breaking free of a cycle of law enforcement contacts, incarceration, and involvement with the criminal justice system thanks to the efforts of the CBHL."

Judge Cotton Walker
Circuit Court Judge
19th Judicial Circuit, State of Missouri

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OKLAHOMA

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Why CCBHC's?

What makes the CCBHC model work?

A comprehensive service model joined with a unique payment structure.

CCBHC Successes

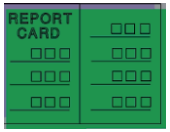
CCBHC expanded services to better suit individual needs of Oklahomans and number of recipients receiving these services continues to rise.

- **Added** Care Coordination, Vocational, Housing, Nutrition, and Occupational Therapy
- The number of Oklahomans served by CCBHCs has grown **102%** in year 4.
- Increased **Urgent Recovery Centers** from 3 to 10
- Established infrastructure for **Mobile Crisis Teams**

Service Type	Pre CCBHC	Year 4	Percent Increase
Care Management	19	887	4568%
Case Management	5797	10265	77%
Crisis	1290	1467	14%
Peer and Family Supports	5237	9239	76%
Primary Care	7046	8290	18%
Therapy	8354	12392	48%
Vocational and Housing	34	138	306%
Wellness	819	2425	196%

Oklahoma Innovations

Consumer Report Card



Individualized, one-page consumer “report card” included lab results, medication compliance, services received and screenings for each consumer. The cards assigned a grade to the agency on how well services to each consumer were coordinated and provided, with results also available to staff involved in the individual’s care.

Most in Need

Prioritized treatment recipients accounting for the most crisis center and inpatient stays, distributed information in real time to each provider identifying consumers to prioritize stabilization of these individuals.

Telehealth and Law Enforcement

Approximately 12,000 tablets with built-in cellular connection are being used across the state, providing immediate access to care and treatment services.

Devices are within homes, health and emergency departments, sheriffs and police departments helping Oklahomans overcome transportation barriers to accessing care in rural communities.

Technology use Increase

900%

On any given month, over 317 hours of services are provided through mobile technology established through CCBHC

Oklahoma Outcomes

Added **981** new jobs to the healthcare workforce sector -an estimated economic impact of **$34,953,525.41** annually.

CCBHC also realize

- **21% reduction** in the use of psychiatric inpatient beds
- **14% reduction** in ER visits
- **69% reduction** in the use of crisis stabilization and rehabilitation.

OKLAHOMA Mental Health & Substance Abuse

Oklahoma Outcomes

Reduced the average time for initial assessment to **3.2 days**

78.4% change in adults receiving a body mass index and follow-up counseling

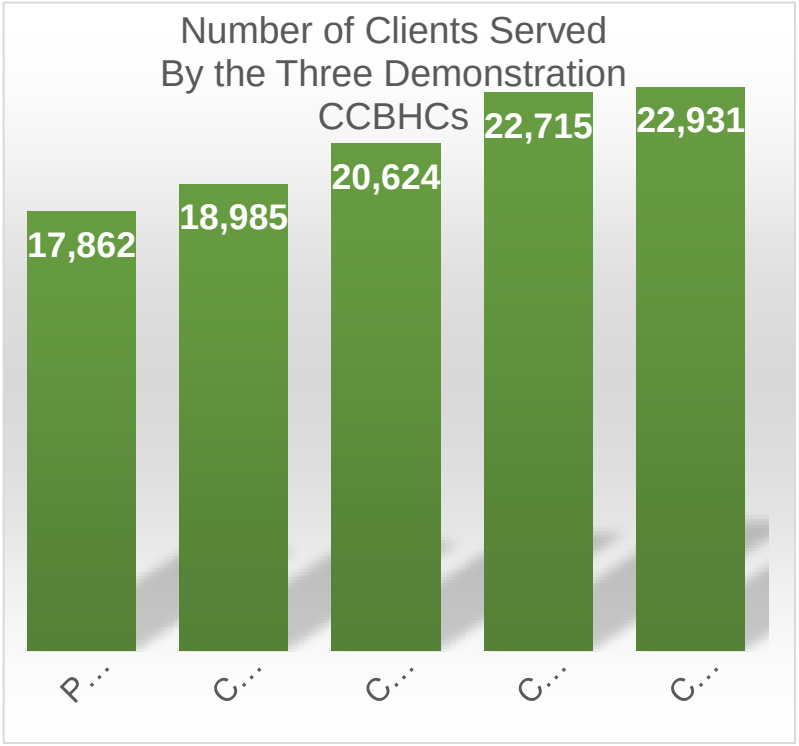
82.4% increase in children's weight assessments

70% change in suicide risk assessment

76.4% change in adult suicide risk assessment

75% percent of adults are seen within seven days following a hospitalization and **93%** are seen within 30 days.

70.1% of children are seen within seven days and **92.3%** are seen within 30 days.



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KANSAS

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Motivation for Pursuing the CCBHC Model in Kansas

Some of the factors that resulted in the pursuit of the CCBHC Model at the statewide level in Kansas are as follows:

- Concerns around rising suicide rates
- Access to care, particularly for youth and students
- Workforce shortage
- Overburdened hospitals and emergency rooms
- Overstressed law enforcement and jails

Report of the Special Committee on Kansas Mental Health Modernization and Reform to the 2021 Legislature (kslegresearch.org)

The Process, Formation & Recommendations of the Mental Health Modernizatization and Reform Committee

- One year ago, the Committee consisting of **13 members of the Kansas House and Senate**, began.
- We established three work groups initially that include **Finance and Sustainability**, **Policy and Treatment**, and **System Capacity and Transformation**. The work groups included an additional 25 non-legislative members from across the behavioral health stakeholder landscape such as executive branch staff, health care associations, treatment providers and others.
- The CCBHC Model was mentioned several times while we **reviewed data from the Missouri and Oklahoma models** and recognized their significant successes.
- Our full Committee received an outstanding presentation from **the Texas Council of Community Centers** illustrating what could be done a statewide level with an 1115 waiver even without being part of the federal demonstration program.
- The outcomes and data measurement that the other states discussed was also a major selling point among some key Kansas legislators. The thought being that it is **helpful to see what we are achieving for the money we appropriate**.
- The Committee adopted this recommendation by consensus, *"Support expansion of the federal Excellence in Mental Health Act and then pursue participation. **If participation in the Excellence in Mental Health Act is not possible, pursue a state plan amendment** or change to the 1115 Waiver to allow interested providers to gain access to the Certified Community Behavioral Health Clinic (CCBHC) model."*

The Legislation

- Legislation **was introduced in the first week of the legislation session** in both the House Health and Human Services Committee and the Senate Public Health and Welfare Committee.

- The bill had **3 primary components** that the relevant state agencies partnered with us to craft.
  1) The state mental health authority develops and operates a process for certification of licensed community mental health centers as CCBHCs that provide a set of 11 services.
  2) The state Medicaid agency establishes a prospective payment system for CCBHCs.
  3) The state mental health authority certifies CCBHCs using a phased in approach.

- Hearings were held and the legislation quickly passed out of both committees to the full chambers where it eventually **passed on votes of 120 to 2 in the House and 34 to 4 in the Senate**. The bill was signed into law by the Governor on April 22, 2021.

"This is a monumental step, and will ensure that more Kansans can receive timely, high quality mental health service. This matters for our children suffering from anxiety while waiting for school to return to normal. This matters for our veterans suffering from post-traumatic stress disorder after bravely serving our country. This matters for our farmers and ranchers suffering from increased rates of depression, fearing the loss of their family farm. This matters for our friends and neighbors who are suffering from addictions and are prepared to walk through the doorway to recovery." ***RON RYCKMAN, JR. – Speaker of the Kansas House in his explanation of vote on the bill.***

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Questions for our Panelists?

Getting Started in Your State

The National Council CCBHC team is here to help!

- Advice on SPA/waiver approach
- Lessons learned from other states
- Implementation "roadmap"
- Training for prospective CCBHCs
- Data, informational materials, and more

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https://www.thenationalcouncil.org/ccbhc-success-center/
Email us at: ccbhc@thenationalcouncil.org

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