NATIONAL COUNCIL for Mental Wellbeing

Improving Access to Treatment Services for Mental Illness and Substance Use Disorders

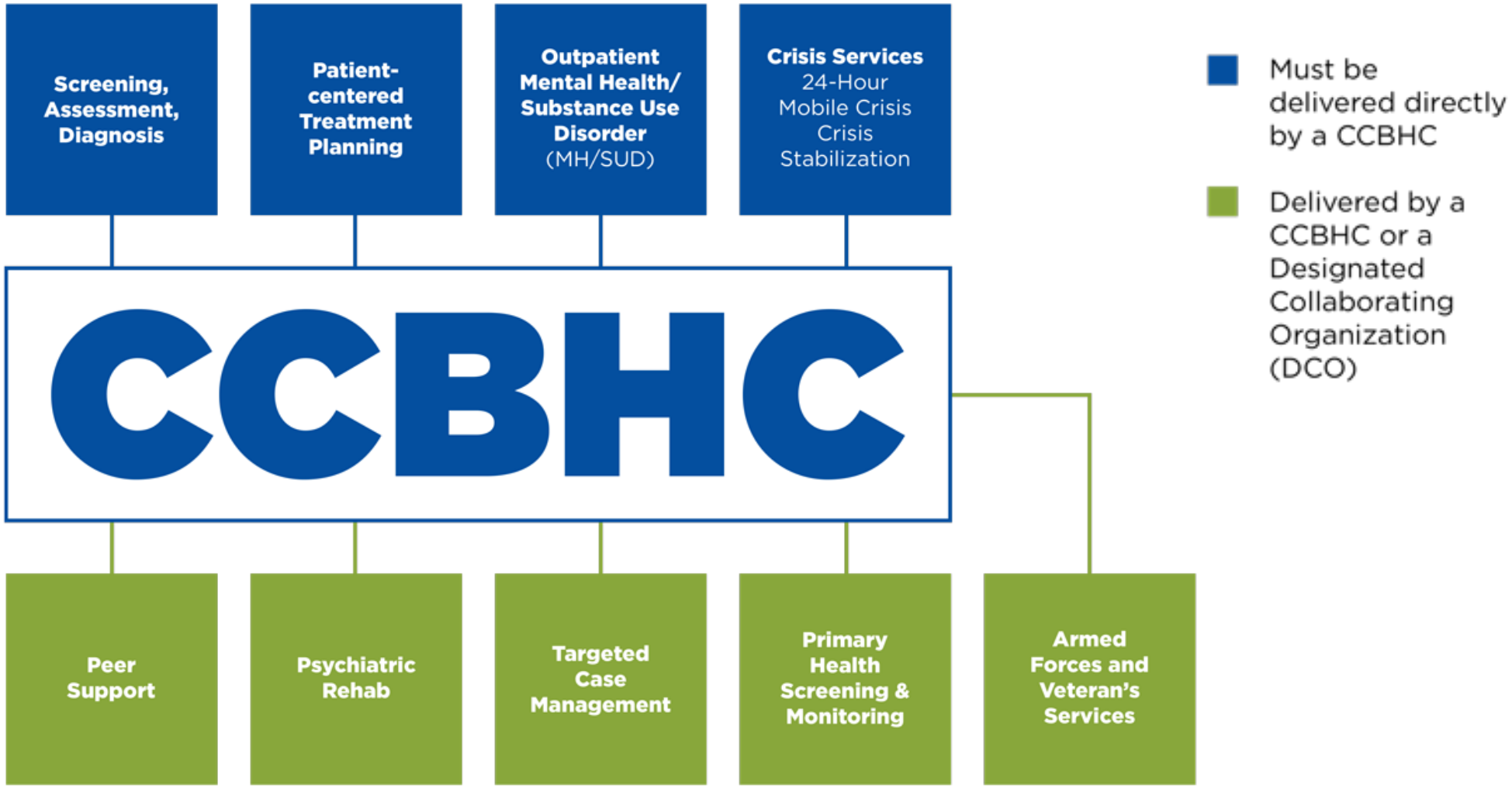
Certified Community Behavioral Health Centers (CCBHC)

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**

NATIONAL COUNCIL *for* Mental Wellbeing

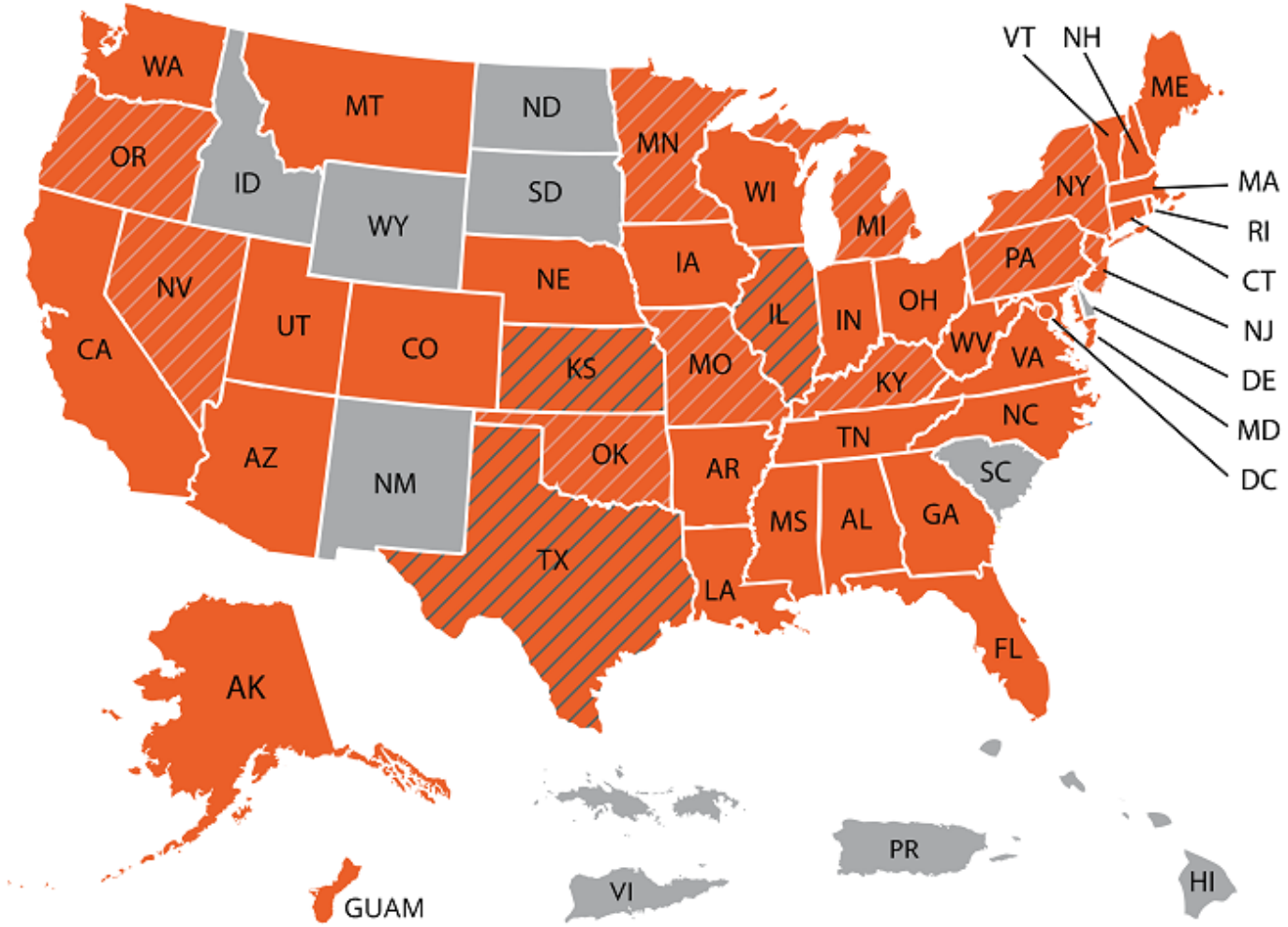
CCBHC Scope of Services



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



NATIONAL COUNCIL *for* Mental Wellbeing

CCBHCs' Role in the Crisis Continuum

Prevention	Crisis Response	Post-crisis care
• Early engagement in care • Crisis prevention planning • Outreach & support outside the clinic	• 24/7 mobile teams • Crisis stabilization • Suicide prevention • Detoxification • Coordination with law enforcement & hospitals	• Discharge/release planning, support & coordination • Comprehensive outpatient MH & SUD care

NATIONAL COUNCIL for Mental Wellbeing

CCBHC Increases the Availability of Crisis Response

100% of CCBHCs offer crisis response services, with **51%** of them having newly added crisis services as a result of certification.

Required crisis activities: 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization

Common crisis response activities include:

- Partners with 911 to have relevant 911 calls screened and routed to CCBHC staff (17%)
- Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g., CAHOOTS or similar model) (19%)
- Behavioral health provider co-responds with police/EMS (e.g., clinician or peer embedded with first responders) (38%)
- Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g., 23-hour observation) (36%)
- Coordinates with hospitals/emergency departments to support diversion from EDs and inpatient (78%)

Timely Access Requirements

- If a crisis need is identified, care must be provided immediately or within 3 hours at the latest.
- If an urgent need is identified, clinical services must be provided within 1 business day.
- If routine needs are identified, services must be provided within 10 business days.
- Evening and weekend clinic times must be available

Workforce recruitment data

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

NATIONAL COUNCIL for Mental Wellbeing

Data highlights: increased care access

Nevada: **250% increase** in individuals served from year 1 to year 3 (from 903 patients to 2,270)

Missouri: 27% increase in access to client care from baseline to the fourth year of the program, increasing the total number of individuals served to 150,578.

Texas: In 2 years, there were no wait lists at any CCBHC clinic

Oregon: 17% increase in number of individuals with serious mental illness served (double non-CCBHCs' increase)

New York: 21% increase in individuals served in first year, **with one-quarter having not received a BH service in the prior 3 years**

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

Other Positive Impacts

- Increased use of Medication assisted treatment (MAT) for substance use disorder
  - **Missouri: 122% increase in MAT over 3 years**
  - **Oklahoma had very few individuals receiving MAT prior to the CCBHC demonstration reported a 700% growth over 4 years.**
- Missouri: Of those engaged in care who had some type of prior law enforcement involvement, nearly 70% had no further law enforcement involvement at six months.
- Texas: 40% of CCBHC clients treated for cooccurring SUD and SMI needs, compared to 25% of other clinics

Spotlight On: Diversion Crisis Support

Grand Lake Mental Health (Oklahoma) developed an intensive outpatient urgent care facility as a place for police officers to bring individuals who are in crisis and need behavioral health treatment, rather than booking them in jail or taking them to a psychiatric hospital. The drop-in center provides crisis stabilization and support services from trained mental health professionals and links individuals to ongoing outpatient treatment and health management support. In its first three years, the program produced a 99% reduction in emergency psychiatric hospitalizations, producing an estimated $14.9 million in savings.

36% of CCBHCs operate a crisis drop-in facility, contributing to jail and hospital diversion.

Spotlight On: Community Re-entry

Family Guidance Center (Missouri) created a Law Enforcement Center Liaison, a full-time position located in their local jail, to work as a discharge planner with individuals who are set to be released from incarceration. The Liaison also completes assessments, connects individuals to needed behavioral health treatment and provides crisis services or mental health services on site at the correctional facility.

72% of CCBHCs provide pre-release screening, referrals, or other activities to ensure continuity of care upon re-entry to the community from jail

NATIONAL COUNCIL *for* Mental Wellbeing

Spotlight On: Peer Co-Responders

Monarch (North Carolina) launched an EMS Rapid Opioid Overdose Team, a collaboration between Monarch and Stanly County EMS to administer Suboxone in the field, connect individuals to peer support during the moment of emergency response, and link them to appropriate treatment. Over a 2-year period this team was able to provide support to 120 people in their community who had experienced an overdose. Monarch's Peer Support was utilized as the key engagement piece to build relationships and connect people in the community with the right level of care needed for each individual.

33% of CCBHCs employ a co-responder model, with a peer or clinician embedded with first responders to provide onsite support.

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

NATIONAL COUNCIL *for* Mental Wellbeing

CCBHC Payment methodology makes your state and local funds go further

- Prospective payment methodology allows costs for many services in the rate that either
  - Are not billable in FFS Medicaid payment methodology
  - Do not have a standard FFS billing unit available -
- All states that of implemented the CCBHC PPS payment methodology have been able to identify costs that were previously being paid for with 100% state funds that are allowable costs in the CCBHC PPS payment methodology
- Making these 100% state-funded functions part of the CCBHC program allows the state to obtain federal match for the previously unmatched funds.
- Some common examples include: Community outreach, Training, Care by nontraditional providers, Supports and services that are not clinical treatment, Consultation and support the courts and schools

CCBHC Demonstration/PPS: Driving Value

CCBHC Demo

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

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

Improved Outcomes

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

NATIONAL COUNCIL for Mental Wellbeing

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.

NATIONAL COUNCIL for Mental Wellbeing

Resources

CCBHC SUCCESS CENTER

https://www.thenationalcouncil.org/ccbhc-success-center/

Email us at: ccbhc@thenationalcouncil.org

NATIONAL COUNCIL for Mental Wellbeing

best|self

BEHAVIORAL HEALTH

Who is BestSelf Behavioral Health

- **Largest Community-based Behavioral Health Organization serving all ages in WNY**
- **Annual Budget: $74 million**
- **Employees: 1,100+**
- **In 2019 Served: 35,000+ children, adolescents & adults**
- **14 Outpatient Clinics**

best|self
BEHAVIORAL HEALTH

BestSelf CCBHC Clinics provide:

- Immediate Access
- Personalized Care
- “No Wrong Door” Approach

CCBHC services include:

- Mental Health Disorders
- Substance Use Disorders *(including rapid access to Medication Assisted Treatment)*
- Health Assessment & Monitoring
- Targeted Case Management
- Peer support
- Education Assistance & Vocational Services

best|self
BEHAVIORAL HEALTH

No Wrong Door

Agency-Wide Changes

- Created singled Integrated Assessment, Tx Plan, & other clinical documentation
- Culture change
  - Through increased communication and collaboration
  - Through cross-training
  - Through policy change

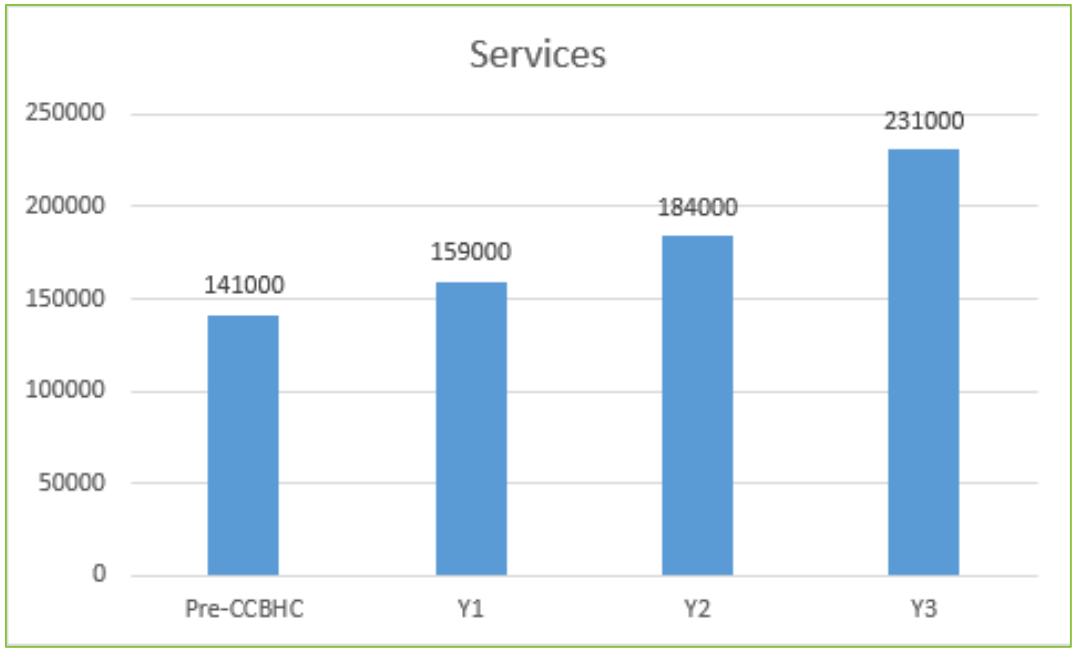
Outpatient Clinic Changes

- New Leadership Structure for clinics
- Single team meetings/case conferences
- Everyone trained in assessing SUD and MH
- Work to reduce stigma
- Enhance clinical skills and applications of EBPs

Increased overall clients and services served

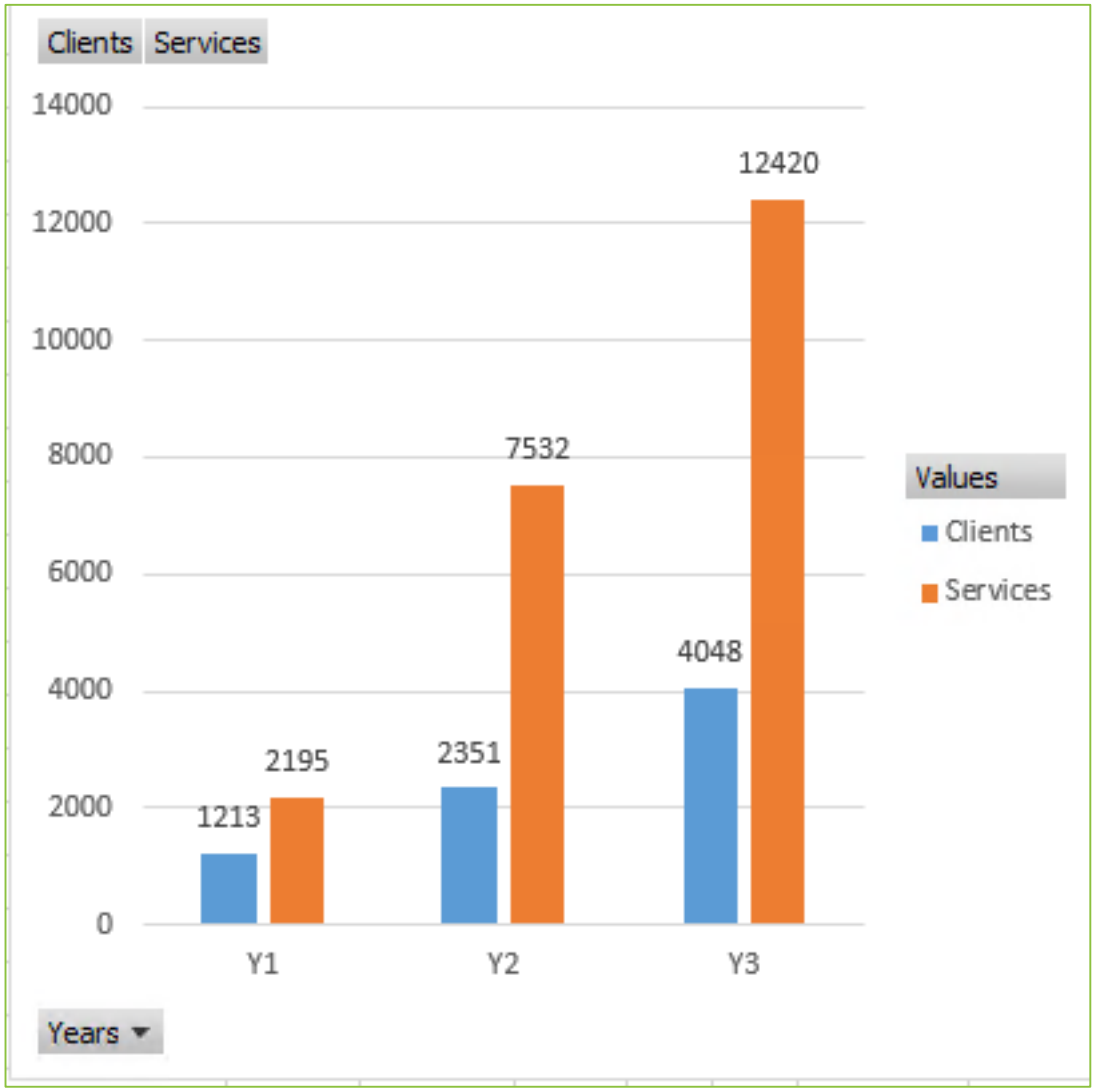
Number of clients increased by 38%

Number of services increased by 64%



best|self
BEHAVIORAL HEALTH

Integration of Primary Care



Began providing Health Monitoring and Health Physicals to clients in Y1 of CCBHC

Increased # of clients receiving services by 234%

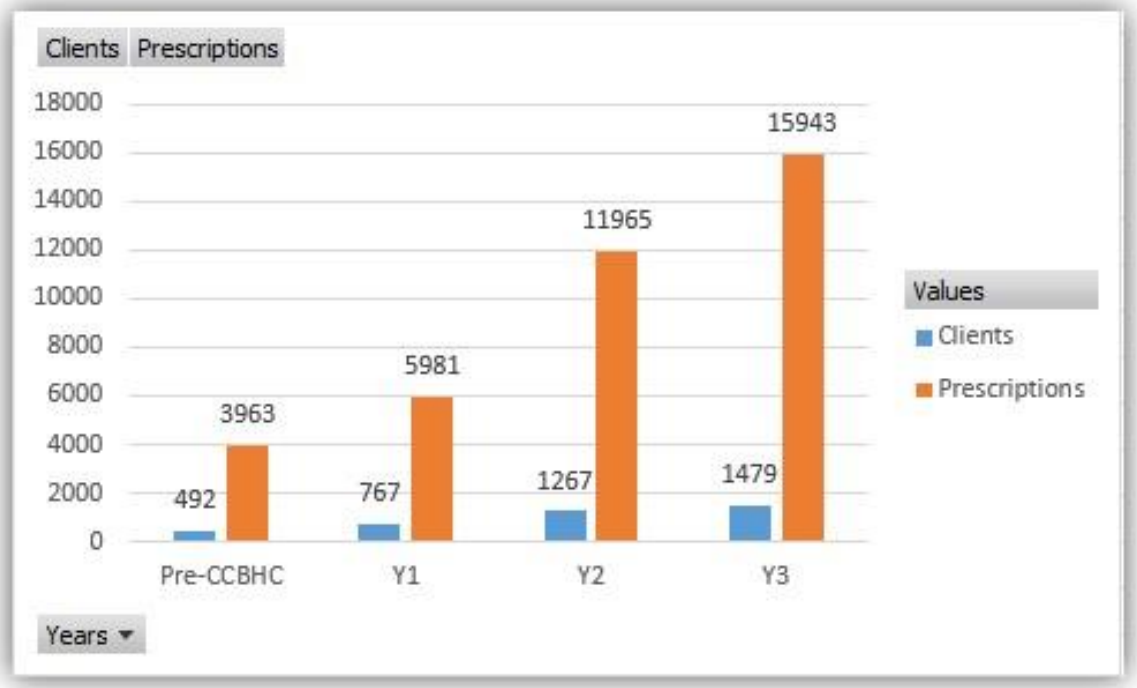
Increased health services provided by 466%

best|self BEHAVIORAL HEALTH

Medicated Assisted Treatment

Provided Suboxone, Vivitrol and Buprenorphine medications

Increased the number of clients provided scripts by 201%



Opened Opioid Treatment Program in year #2 of CCBHC Pilot

Provided methadone dosing

Row Labels	Clients	Dosings
Y2	48	3192
Y3	154	23375
Grand Total	**159**	**26567**

Provided counseling and health physicals

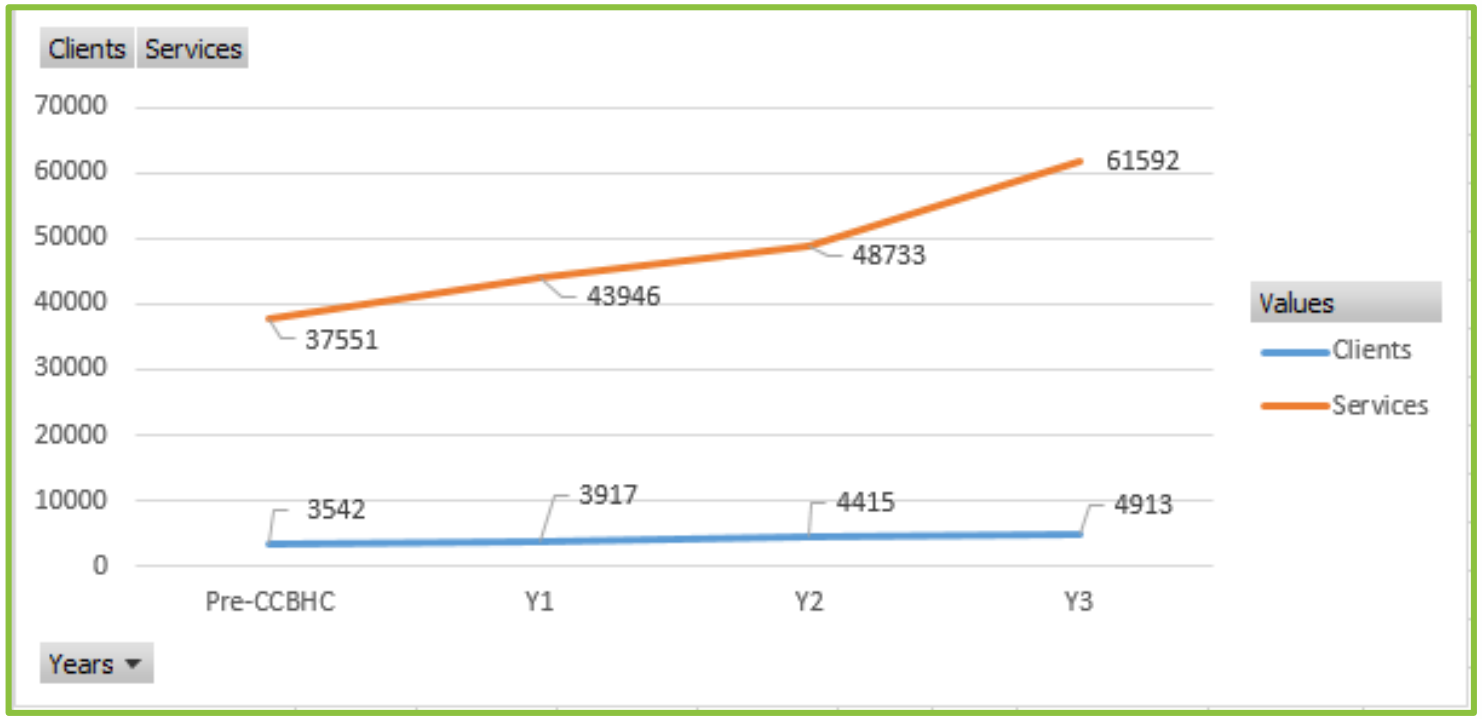
Row Labels	Clients	Services
Y2	62	877
Y3	191	3498
Grand Total	**205**	**4375**

best|self BEHAVIORAL HEALTH

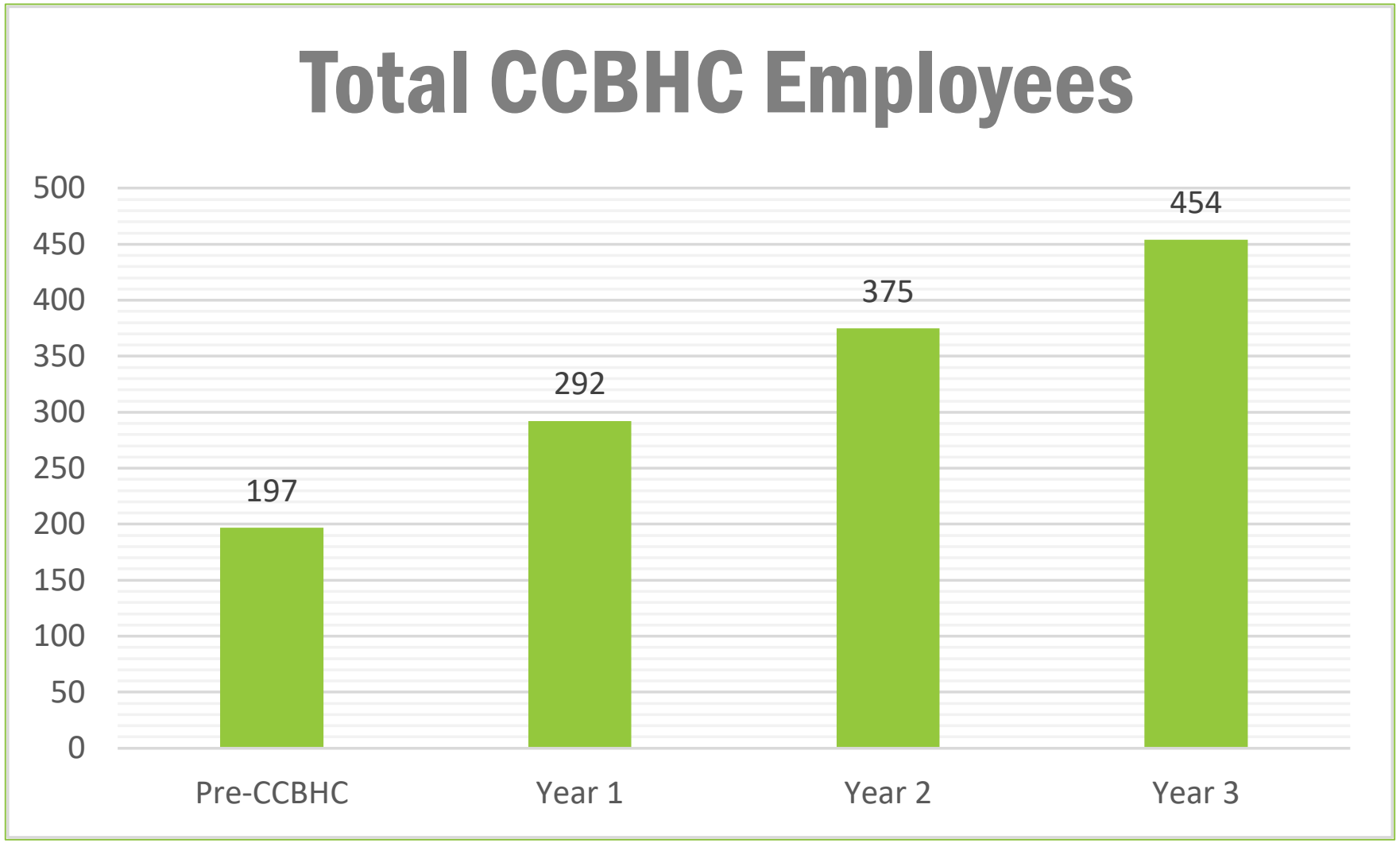
Increased services for clients under 18 years

Increased # of clients under the age of 18 by 38%

Increased services for clients under the age of 18 by 64%



Workforce Growth of 130%



best|self
BEHAVIORAL HEALTH

Addressing Health Disparities

- Evaluating how services are accessed
- Same Day Access
- Mobile Services
- Telehealth
- TCM to link with housing and voc services
- Applying a Racial Equity Lens to services

Thank You

BestSelf Behavioral Health
255 Delaware Ave, Buffalo NY 14202
BestSelfWNY.org | 716-884-0888

best|self
BEHAVIORAL HEALTH