CCBHC SHORT TAKE

A Vehicle for Building and Sustaining BH System Capacity

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AGENDA

CCBHC Short Take: *A Vehicle for Building and Sustaining BH System Capacity*

- What is a CCBHC?
- Why Should my Agency Consider Becoming a CCBHC?
- How Can My Agency Become a CCBHC?

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WHAT IS A CCBHC?

CCBHC = CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

- National definition re: scope of services, timeliness of access, etc.
- Standardized data and quality reporting
- Funding to cover service integration, expansion, and/or enhancement…
  - …including traditionally non-billable activities like outreach, care coordination, and more

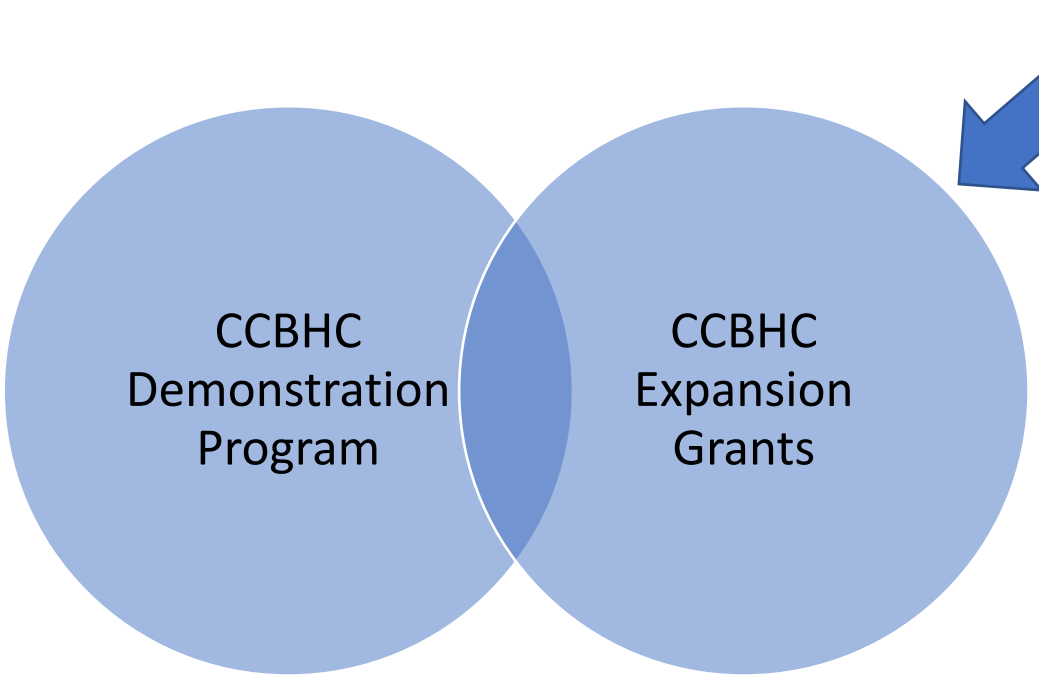
CCBHC REQUIREMENTS: CERTIFICATION DOMAINS

HMA INTEGRATED CARE DC

- Staffing
- Availability/Accessibility
- Care Coordination
- Scope of Services
- Quality & Reporting
- Organizational Authority

CCBHC Certification Criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

CCBHC DEMONSTRATION PROGRAM VERSUS CCBHC EXPANSION GRANTS



- CCBHC Expansion grantees look a lot like their Demonstration program counterparts, but there are a few key distinctions:
  - Oversight from SAMHSA (not State MH/SUD Authority)
  - Grant funded (no PPS rate)
  - Report SAMHSA data elements, like the NOMS and IPP Indicators (not Demonstration program data requirements)

WHY SHOULD I BECOME (OR PARTNER WITH) A CCBHC?

WHAT'S AT STAKE?

- People with Serious Mental Illness die 25 years younger than the general population.[1]

- Access to Care is a Significant Issue:
  - Only 65% of the 10.4 million U.S. adults with SMI receive mental health services[2]
  - Nearly 1 in 5 children have a mental, emotional, or behavioral disorder.[3]
    - But only about 20% of those children receive care from a specialized mental health care provider.[4]
  - People with SMI and/or SUD frequently have limited access to primary care, due to stigma and environmental factors, and are often underdiagnosed and undertreated[5]

WHAT'S AT STAKE?

- Racial disparities in access to services are profound:
  - Over 50% of Latinx young adults ages 18-25 who have a serious mental illness may not receive treatment.[6]
  - 58.2% of Black and African American young adults 18-25 and 50.1% of adults 26-49 with serious mental illness do not receive treatment.[7]
  - 90 percent of Black and African American people over the age of 12 with a substance use disorder do not receive treatment.[8]
- Individuals with SMI or substance use disorder also have higher utilization of emergency and inpatient resources, resulting in higher costs[5]

DELIVERY SYSTEM TRENDS LEADING TO THE CCBHC MODEL (AND ITS CONTINUED EXPANSION)

Growing interest in value-based purchasing

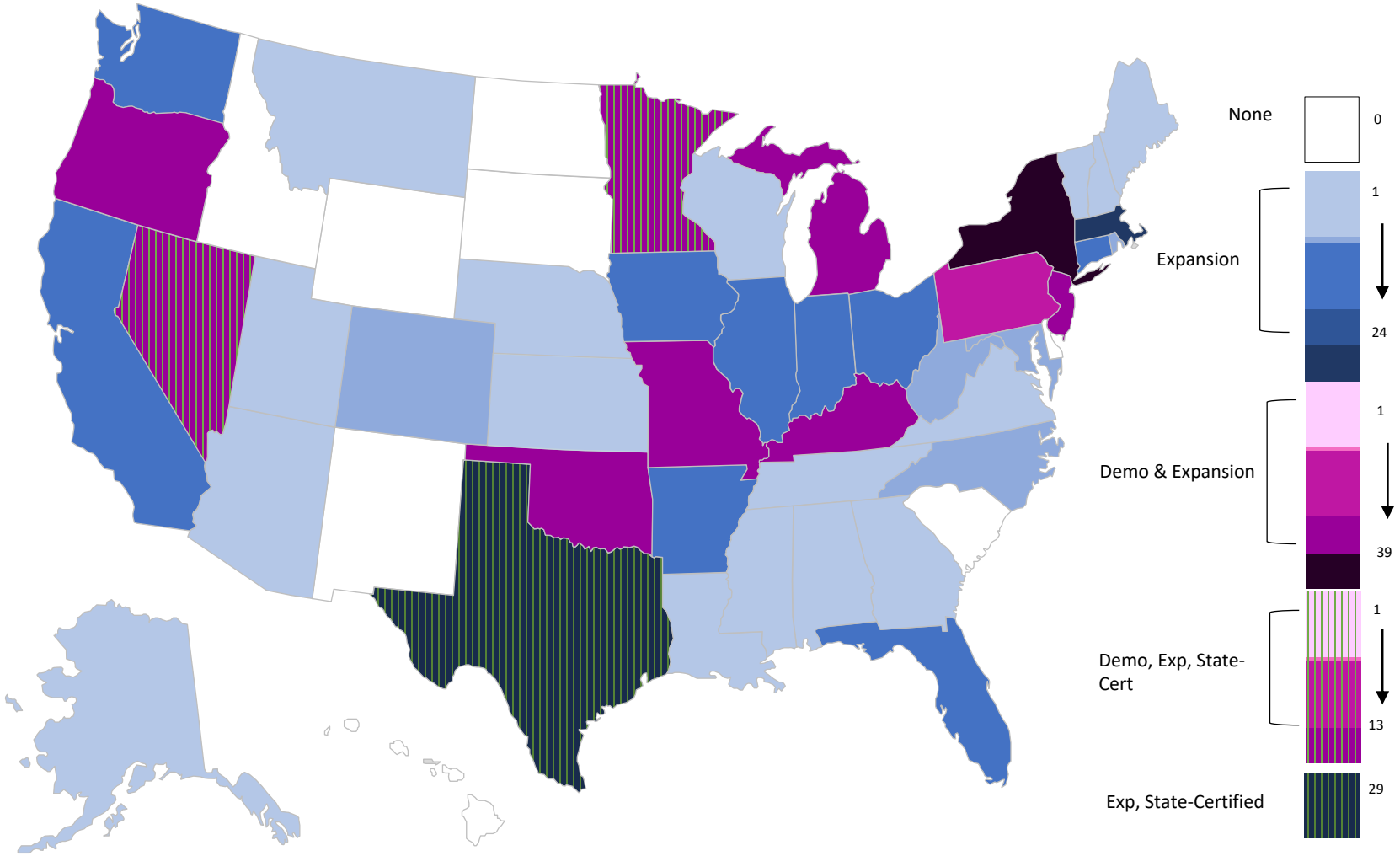
Growing awareness that insufficient access to behavioral health is a big problem

Increasing need for behavioral health care due to impact of COVID-19

Increasing pressure on state budgets due to fallout from pandemic

Increasing desire to better address health disparities

STATUS OF PARTICIPATION IN THE CCBHC MODEL



Source: National Council for Mental Wellbeing

CCBHC OFFERS GREAT OPPORTUNITY IN A NUMBER OF WAYS

HMA INTEGRATED CARE DC

WHAT DOES THIS MAKE POSSIBLE FOR YOUR CLIENTS AND AGENCIES?

CCBHC Successes To Date:

- Increased hiring/recruitment, with greater staff satisfaction
- Higher staff salaries and expansion of Care Teams
- Improved access to care, including more clients served
- Clients accessing greater scope of services (e.g., addiction care)
- Launch of new service lines to meet community needs
- Deploying outreach, chronic health management outside of the clinic
- Improved partnerships with schools, primary care, law enforcement, etc.
- Outcome-driven treatment
- Population health strategies, i.e., risk-based care coordination that targets the right care, at the right time, in the right amount

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BEFORE CCBHCs

Mary is hearing voices and doesn't know where to get help, so she turns to opioids to help dull the problem.

- Mary develops an opioid addiction and overdoses. Emergency responders are called.
- Mary is revived with naloxone and discharged from the hospital with a referral to a community provider.
- Mary attends the appointment, but the provider cannot issue a prescription for MAT and makes a referral to a MAT clinic two hours away where she can receive the needed prescription.
- Mary gets worse and never makes it to the MAT clinic. She resumes opioid use and begins drinking alcohol.
- Mary causes a public disturbance while intoxicated and experiencing a mental health crisis. The police are called and Mary spends the night in jail detoxing.
- Mary is released from jail the next day and referred for substance use disorder (SUD) services, but there is a six-week wait for an appointment.
- Mary continues a dangerous downward spiral, prompting continued interaction with law enforcement and ED professionals.

AFTER CCBHCs

Mary is hearing voices and doesn't know where to get help, so she turns to opioids to help dull the problem.

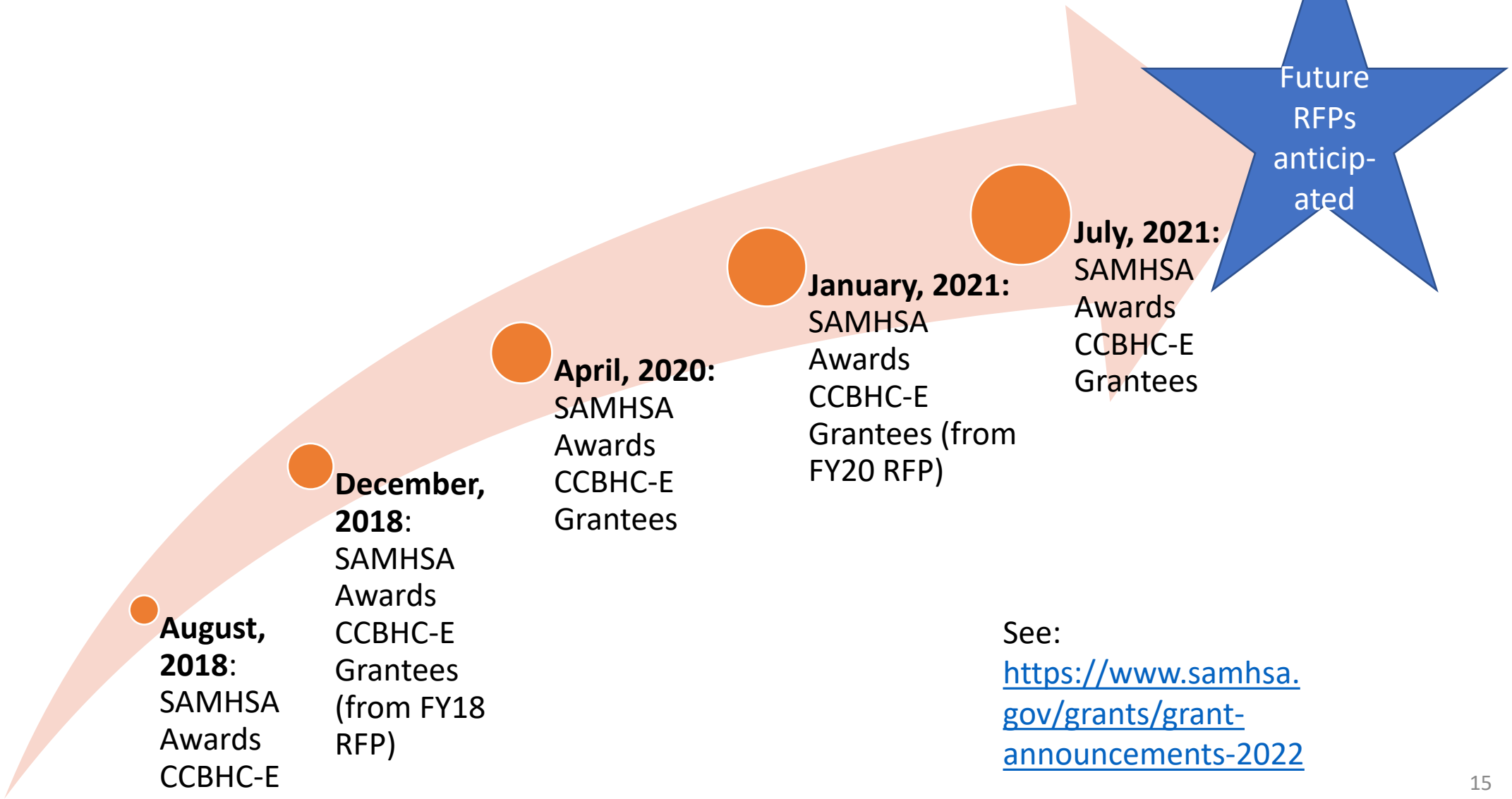
- Mary is contacted by a care coordinator working with the hospital and the local CCBHC as part of routine community outreach to opioid users.
- Outreach worker schedules a same day appointment for Mary at the CCBHC.
- Mary is transported to the CCBHC, where MAT is prescribed and administered immediately.
- The CCBHC also conducts a mental health screening, which determines Mary is experiencing a first episode of psychosis. A psychiatric treatment plan is developed and a care team is assembled with follow-up plan in place.
- Mary's outreach manager ensures she has what she needs to attend appointments (transportation, access at convenient times, etc.) and maintain her treatment plan.
- Mary is stabilized and maintains her treatment plan and no longer requires urgent or high intensity services.

HMA INTEGRATED CARE DC

Source: https://www.thenationalcouncil.org/wp-content/uploads/2020/03/2020-CCBHC-Impact-Report.pdf?daf=375ateTbd56

HOW DO I BECOME A CCBHC?

UPCOMING FUNDING OPPORTUNITY

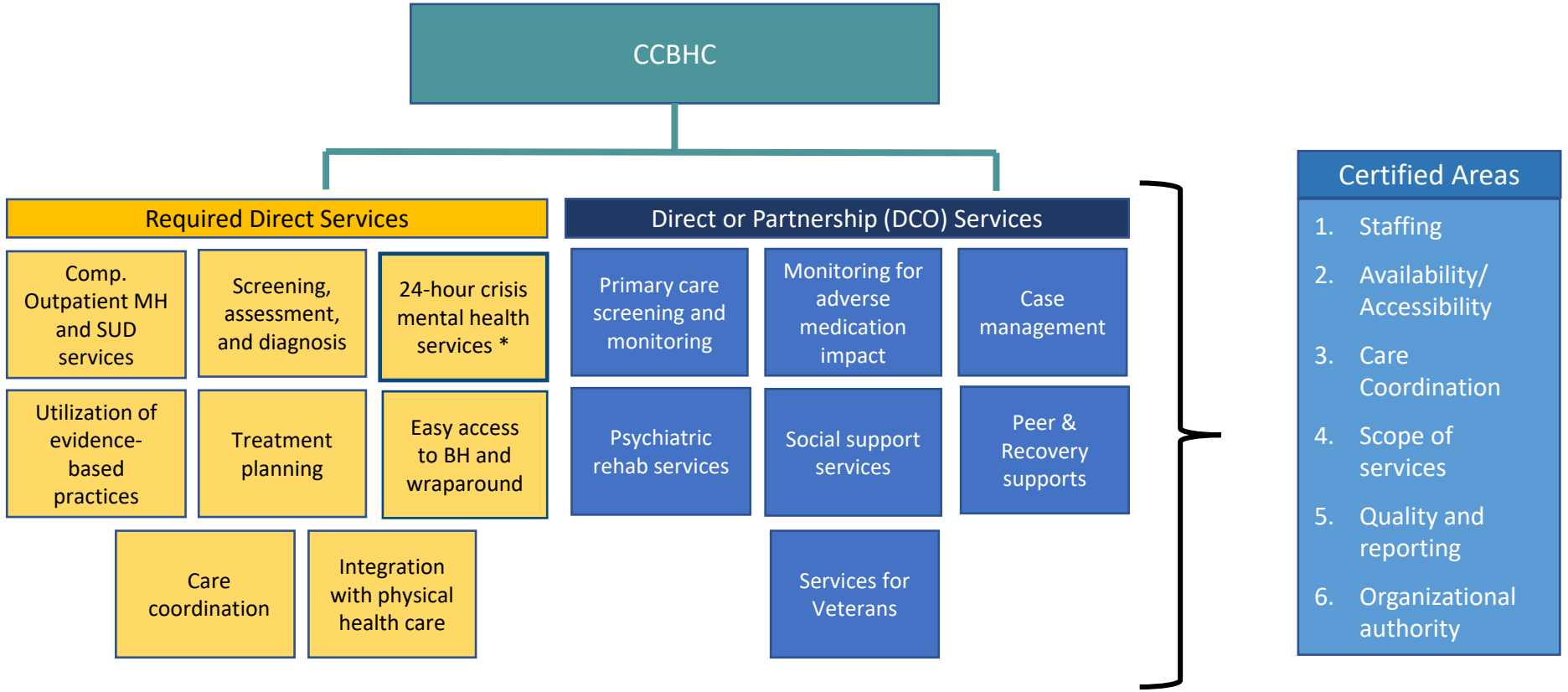


See: https://www.samhsa.gov/grants/grant-announcements-2022

CCBHC REQUIREMENTS: CERTIFICATION DOMAINS

CCBHC Certification Criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

CCBHC SCOPE OF SERVICES



CCBHC Expansion Grantees are also expected to directly provide screening for HIV and viral hepatitis (A, B, C)

And they must provide or contract for:

- **Provision of vaccinations when needed**
- **Assertive Community Treatment (ACT)**

DESIGNATED COLLABORATING ORGANIZATIONS (DCOS)

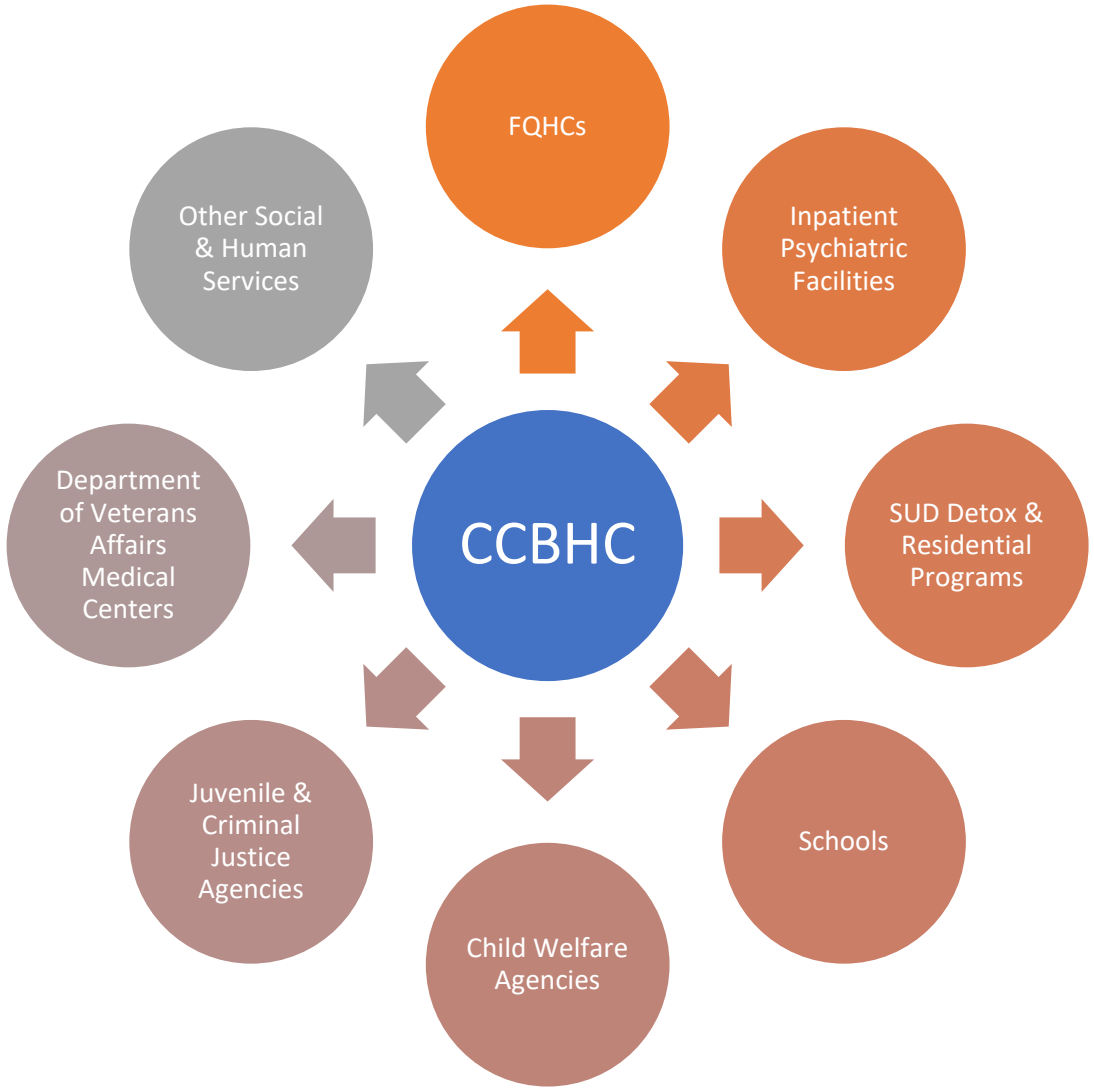
Activities and Requirements:

- Augment or fill gaps in CCBHCs' service array
- Coordinate care with CCBHC
- Provide access to all CCBHC clients (regardless of ability to pay)

Relationship with CCBHC:

- Formal contract/DCO Agreement
- DCO reports patient visits and other information to CCBHC
- For CCBHC-E grantees, DCOs may either receive grant funding for services and/or bill directly themselves

CCBHCS COORDINATE CARE ON BEHALF OF THE CONSUMERS THEY SERVE



CCBHCs coordinate care across setting and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs.

Care coordination requirements include partnerships or formal contracts with named entities.

THE REQUIREMENTS ARE EXTENSIVE…BUT DON'T LOSE SIGHT OF THE FOREST FOR THE TREES

+ The most successful agencies use these CCBHC-E grant funds as an opportunity to build capacity that can be sustained and allows them to better serve their communities, while also grow as an organization

CONTACT US

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