CCBHCs: What are they, and why should I care?

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August 13, 2013
Q: What do vegetables and community health centers have in common?
Where is behavioral health in U.S. public policy?

- Broad recognition that behavioral health is essential to overall health
- MH/addiction parity in almost all federal programs
- Included in aspects of the ACA as essential part of healthcare
...But significant roadblocks to being full and equal partners in the safety net

- Small margins
- Lack of capital for improvements (health IT, human capital, new service lines)
- No federal status to support improvement
- No national data to support investment
Q: What do vegetables and community health centers have in common?
A: A definition in US Code
## What is a...?

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
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<tbody>
<tr>
<td>Federally Qualified Health Center?</td>
<td>42 U.S.C. §1396d (l)(2)</td>
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<tr>
<td>Hospital?</td>
<td>42 U.S.C. §1395x</td>
</tr>
<tr>
<td>Rural health center?</td>
<td>42 U.S.C. §1395x</td>
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<tr>
<td>Nursing home?</td>
<td>42 U.S.C. §1396r</td>
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How Many Are There?

- Nursing homes: 15,531
- Hospitals: 5,010
- FQHCs: 1,048
- Rural Health Centers: 3,755

What services do they provide?

- Clearly delineated in federal law
What is...

- An addictions treatment organization?
  ✓ No definition

- A mental health treatment organization?
  ✓ No definition

- A psychiatric rehabilitation facility?
  ✓ No definition

- A community mental health center?
  [ § 1913(c)(1)]
  ✓ Definition is limited to participation in Medicare Partial Hospitalization Program
How Many Are There?

- Addiction Treatment Organizations: **8,200** (as of 2009)
- Mental Health Treatment Organizations: **508** residential treatment centers (as of 2004)
- Psychiatric Rehabilitation Facilities: **Data not available**
- Community Mental Health Centers: **672** (as of 1991)
What services do they provide?
Why Does This Create Problems?

Medicaid makes up a major share of public spending on behavioral healthcare…

Figure 5.3: Distribution of Public SA Expenditures by Payer, 2003

Figure 3.3: Distribution of Public MH Expenditures by Public Payer, 2003

SA Public = $16.1 billion in 2003

All Public = $58 billion in 2003

…but all addiction & mental health services are optional in Medicaid.
FQHCs and other safety net providers get paid for their actual costs of providing services…

…while behavioral health centers cobble together patchwork funding for their services.
Major spending legislation often includes funding for established safety net providers…

<table>
<thead>
<tr>
<th></th>
<th>ARRA</th>
<th>Affordable Care Act</th>
<th>HITECH Act</th>
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<tbody>
<tr>
<td>FQHC Construction</td>
<td>$1.5 billion</td>
<td>FQHC Construction: $1.5 billion</td>
<td>National Health Service Corps: $1.5 billion</td>
</tr>
<tr>
<td>FQHC Expansion</td>
<td>$500 million</td>
<td>FQHC Expansion: $9.5 billion</td>
<td></td>
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…but without a definition, behavioral health organizations are less easily included.
An Example of Why FQHC/CBHO Parity is Important

Proposed FQHC Grant Funding

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding (B)</th>
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<tbody>
<tr>
<td>FY2010</td>
<td>$2.98B</td>
</tr>
<tr>
<td>FY2011</td>
<td>$3.86B</td>
</tr>
<tr>
<td>FY2012</td>
<td>$4.99B</td>
</tr>
<tr>
<td>FY2013</td>
<td>$6.45B</td>
</tr>
<tr>
<td>FY2014</td>
<td>$7.33B</td>
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<tr>
<td>FY2015</td>
<td>$8.33B</td>
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Excellence in Mental Health Act

• Creates federal definition/criteria for Certified Community Behavioral Health Centers (CCBHCs)
• Improves Medicaid reimbursement for CCBHC services
• Makes CCBHC services mandatory in Medicaid
• Creates a loan fund to support the modernization and construction of community-based mental health and addiction treatment facilities.

Senator Debbie Stabenow, author of the Excellence in Mental Health Act
Who can become a CCBHC?

• Nonprofit organizations or local government centers…
• …that meet the CCBHC criteria
Required CCBHC services

- Screening, assessment & diagnosis
- Person-centered treatment planning
- Evidence-based outpatient mental health AND substance use services, including integrated treatment for co-occurring MH/SUD conditions

☑ Includes Cognitive Behavioral Therapy “and other such therapies which are evidence-based”
Required CCBHC services (cont.)

- Outpatient primary care screening and monitoring of key health indicators
  - Includes screening for diabetes, hypertension, cardiovascular disease, and monitoring weight, height, BMI, blood pressure, blood glucose or HbA1C, and lipid profile
- Crisis mental health services
- Targeted case management
Required CCBHC services (cont.)

- Psychiatric rehabilitation
  ✔ Includes Assertive Community Treatment, family psychoeducation, supported employment, supported housing, therapeutic foster care

- Peer support, counselor services and family supports
Must maintain linkages and/or contracts with:

- Primary care (including FQHCs)
- Inpatient psychiatric facilities and substance use detox and residential programs
- Adult and youth peer support
- Family support
- Other community services (e.g. schools, child welfare, housing agencies, etc.)
- Health/wellness services, including for tobacco cessation
Some of the benefits

• Foundation from which we can build
  ✓ Become a known entity with data to support asks

• Status within Medicaid becomes more fixed
  ✓ Entering time of even greater uncertainty regarding options services and payment rates

• Assured Medicaid reimbursement that at least covers your costs
Who has this approach worked for?

- All other safety-net providers
- FQHCs
- Critical access hospitals
- Public hospitals

It’s time for parity in the safety net!
An FQHC perspective

• Deborah Ekstrom
  President & CEO
  Community Healthlink
  Worcester, Massachusetts
Excellence Act: Legislative Status

• Referred to Senate HELP and House Energy and Commerce
• 20 bipartisan cosponsors in House; 21 in Senate
• Current version of the bill creates a Medicaid state option for CCBHCs
• Seeking additional cosponsors and vehicle to move bill forward
Questions?

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