

Minnesota CCBHC Initiative:

Early results show expanded access to care, increased scope of services

Section 223 of the Protecting Access to Medicare Act of 2014 established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, provide a comprehensive range of addiction and mental health services to vulnerable individuals while meeting additional requirements related to staffing, governance, data and quality reporting, and more. In return, CCBHCs receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are currently in operation in eight states selected for participation in the Section 223 demonstration (also known as the CCBHC demonstration or the Excellence in Mental Health Act demonstration): Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania.

CCBHCs are a vehicle for expanded access to intensive community-based services for individuals with untreated severe mental illness or addiction. Recent estimates indicate that only 43.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care; the remainder are served in homeless shelters, Medicaid financed hospital emergency rooms, and penal institutions, which serve as the largest inpatient psychiatric facilities in the United States. Only 1 in 10 Americans with an addiction receive treatment in any given year. CCBHCs were established to fill the gap in unmet need and expand access to community-based treatment for these populations.

Minnesota's participation in the demonstration began in July 2017. In November 2017, the National Council for Behavioral Health surveyed CCBHCs about the impact of their participation in the program to date; 48 of the 67 participating CCBHCs across the United States provided responses, including five of the six CCBHCs in Minnesota. This report highlights Minnesota-specific impacts of the CCBHC Demonstration as of November 2017.

Staff / Workforce Capacity Expansion

A key goal of the CCBHC initiative was to expand clinics' capacity to serve more people via an expanded workforce. Early results show major workforce expansions at CCBHC locations across all states, with CCBHCs nationwide reporting they have hired **1,160** new staff. In Minnesota, five CCBHCs (100% of those surveyed) reported that they have added new staff positions. Of those that added new positions, **89 new positions** have been added, including **3 psychiatrists** and **11 staff with an addiction specialty or focus**.

In the midst of a nationwide behavioral health workforce shortage, CCBHC status has helped clinics recruit and retain desperately needed staff. For example, CCBHCs in Minnesota report:

- "Our **focus on client-centered care and full spectrum services** has been attractive to prospective new employees. We have **been able to successfully fill over 90% of positions** posted since CCBHC launch."
- "Increased our ability to **offer a living wage**, and be part of innovative efforts to provide **integrated care in rural areas**"

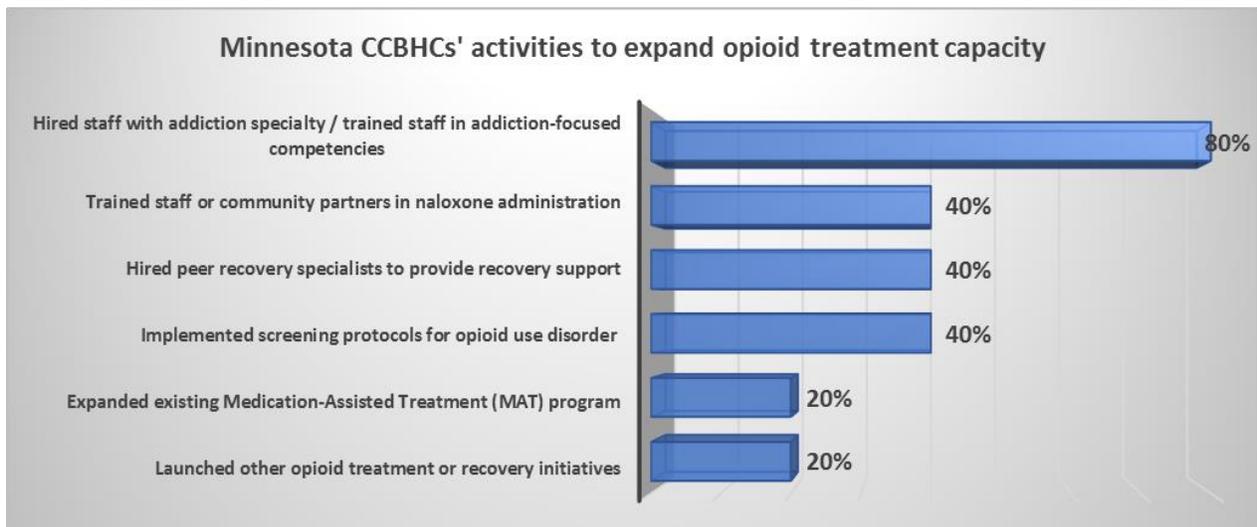
- “We were able to move our entire agency **salaries up to market rates** that allowed for more competitive recruiting. We were also able to add a neuropsychologist, an additional psychologist and key administrative skill sets.”
- “We recently **recruited a nurse** who took the job because of her interest in integrated care and CCBHC.”

Ability to Serve New/Additional Patients as a CCBHC

Two CCBHCs (40% of those surveyed) reported that they have seen an increase in the number of patients served. These two CCBHCs reported that most of their new clients had either not previously been enrolled in treatment despite having a mental health or substance use need, or were newly referred to treatment for the first time, an indicator of these organizations’ ability to expand access to care in their communities.

Opioid Treatment Expansion

In response to the recent surge in opioid addiction and opioid-related deaths, addiction treatment is a core component of CCBHCs’ required service array, and the CCBHC payment rate has supported clinics in expanding the scope of addiction care they provide. In many states, individuals with opioid addiction are a target population for the CCBHC demonstration. In Minnesota, since the launch date of the demonstration, clinics have reported implementing the following activities to expand their patients’ access to opioid treatment:

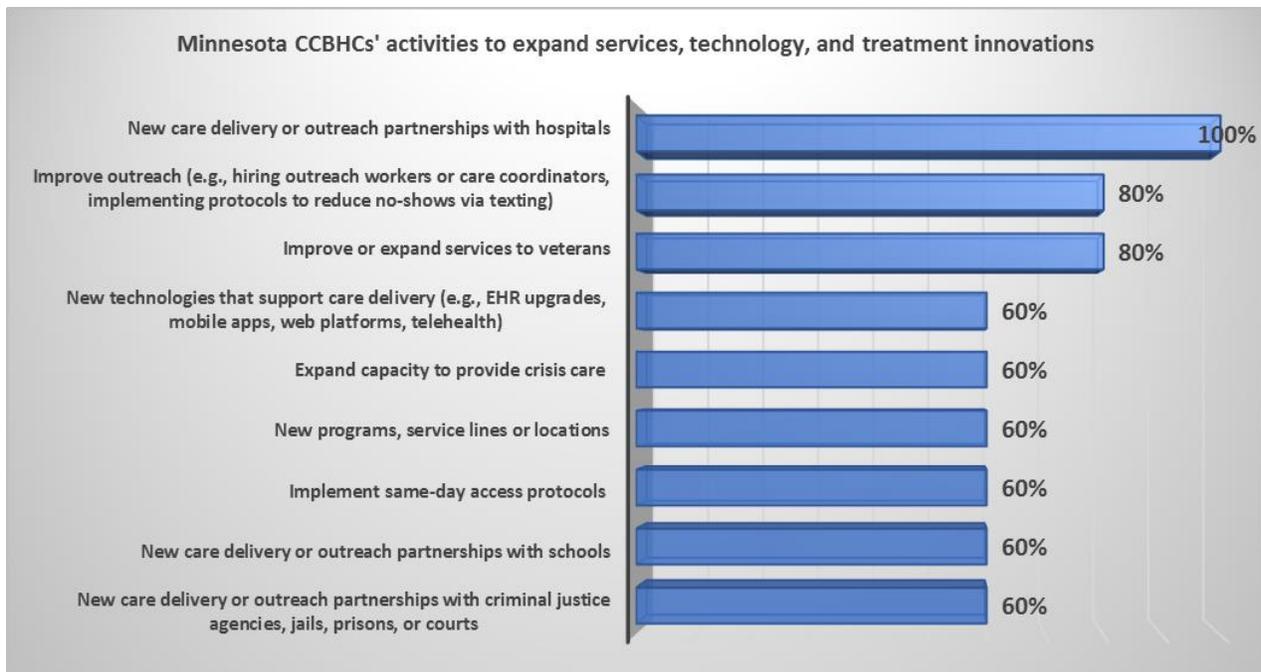


Among the ways CCBHC status has supported Minnesota clinics’ ability to provide opioid treatment, prevention or recovery support are:

- “Due to our CCBHC work, we have **opened addiction services and trained all mental health and chemical dependency providers in dual-diagnosis care, integrated treatment planning, substance use screening, and American Society of Addiction Medicine (ASAM) criteria.**”
- “CCBHC has **opened the conversation with existing prescribing providers.** We also have interest with our primary care providers to partner together in MAT.”

Expansion of Services, Technology, Other Innovations

The CCBHC demonstration was designed to support clinics in expanding service delivery and bringing the latest evidence-based practices and technologies to bear on improving the quality and scope of care. Many of these activities have not been reimbursable under previous funding streams, making it impossible for organizations to implement the latest treatment innovations known to improve outcomes. CCBHCs nationwide report that the new payment rate has enabled them to open new service lines and leverage new technologies to improve care. In Minnesota, these initiatives include:



CCBHCs in Minnesota report that the demonstration has expanded their ability to provide innovative treatment in the following ways:

- “We have significantly **improved our access metrics**, with a focus on providing urgent care and walk-in services. This has been achieved through the addition of a triage therapist with a background in crisis services and same-day assessment, as well as changes in flexible scheduling. We have added cultural expertise as well through the addition of a care coordinator and multilingual call center staff who work to get clients scheduled. Changes were also made in the call center and front desk to improve access and improve customer services. Direct service referrals are also available for the first time, including to our case management services which used to require intermediate referral to the County, significantly reducing wait time until service start.”
- “CCBHC has supported our ability to be creative in areas of service delivery, including the **addition of a pharmD to provide medication therapy management (MTM) services** and to be an advocate between Primary Care and our agency, as well as consult availability throughout the continuum of care (discharge planning routine).”
- “We are becoming very **proactive with trauma informed treatment**, including evaluating and improving our agency's knowledge and response. As well, we are offering trauma informed training and support at our area schools and our probation/jail services/adolescent detention

center. We have redesigned our community based services by regions to be multidisciplinary across the lifespan to meet intensity levels of services that uses a wrap around and "quasi" ACT approach. We have increased our **staff trained in Trauma Focused Cognitive Behavioral Therapy**, have staff trained in EMDR and all staff have been trained in Motivational Interviewing and **working with military and veterans.**"

- "New **partnership with county probation office** where we send a social worker to their reporting center once per week. Increased our clinic's walk-in hours. Developed direct referral process for high utilizers how are homeless. **Increased communication with hospitals** to plan discharge and do follow up care."

Biggest Impact as a CCBHC to Date

While the demonstration is still in its early stage, CCBHCs have already seen major benefits in their communities. Among the biggest successes reported in Minnesota are:

- "We have **increased our number of encounters** and have significantly reduced our wait time from initial contact to first visit, nearing our stated goal of 10 business days"
- "We have **increased our ability to hire at a wage that is comparable** to our state/region which allowed for increased workforce to more appropriately meet the needs in our rural area. Our agency has a renewed focus on internal collaboration and integration to better meet client needs.
- "We launched **same day access** and have heard very positive messages about this enhancement. Clients are getting into services sooner and are beginning services when they are in contemplation or action stage of treatment. Also, adding two Licensed Alcohol and Drug Counselors (LADCs) and two interns will greatly assist us in treating individuals with chemical health and mental health services."
- "**Accessibility metrics have improved**, our ability to truly do an integrated assessment and integrated treatment for mental health/substance use disorder."
- "Implementation of care coordination teams has allowed us to do **better coordination** within the clinic and with outside providers and systems."
- "Improved access, more coordinated care through the **integrated treatment plan**, better referrals"

Future of the CCBHC demonstration in Minnesota

The CCBHC demonstration is transforming Minnesota clinics' ability to serve people in their communities. Unfortunately, without Congressional action, the state's six CCBHCs will be forced to stop in their tracks when the program ends in 2019. The Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931) would extend Minnesota CCBHCs' activities for an additional year and expand the program to include 11 other states that applied for the demonstration but were barred from participation by the eight-state limit in current law. The National Council for Behavioral Health urges Congress to take quick action to extend the life of this important demonstration program.

Please contact Rebecca Farley David at the National Council with questions
(RebeccaD@TheNationalCouncil.org)