

Missouri 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.

Missouri'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 ten of the fifteen CCBHCs in Missouri. This report highlights Missouri-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 Missouri, 10 CCBHCs (100% of those surveyed) reported that they have added new staff positions. Of those that added new positions, **227 new positions** have been added, including **29 psychiatrists** and **25 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 Missouri report:

- "Until the CCBHC, we were never able to attract a full-time psychiatrist. We have one coming in December!...[We] have found it **easier to attract all licensed professionals**."
- "**Increased ability to hire professional clinical positions** at market salary."

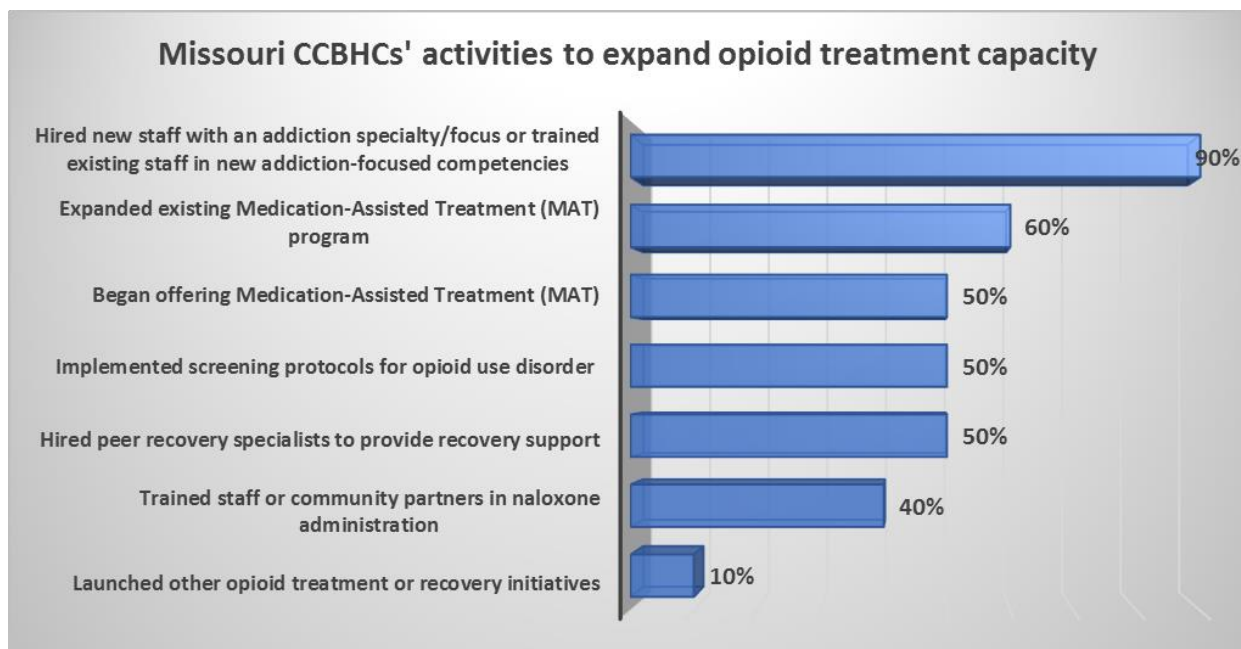
- “We serve a predominantly rural area where resources are limited. MAT has been a significant need in our community for some time. Because of the CCBHC demonstration, we were able to hire a **full time Medical Director for Medication Assisted Treatment**. This MD will focus solely on co-occurring disorders and those with just a substance use disorder. We were also able to hire an adolescent SUD [substance use disorder] specialist who has a Master's degree. This allows us to provide early intervention with youth and school based interventions. The CCBHC demonstration has also allowed our center to develop a **jail-based clinician** called a Law Enforcement Center Liaison. Our local jail had seen a significant increase in suicide attempts; zero in 2016 and nine in the first 6 months of 2017. Seven required hospitalization. The average census at the jail is 187 persons. 21% were taking a mental health medication. The jail also reported a significant increase in persons with an SUD. Because of the CCBHC demonstration, we are able to create a jail-based social worker to provide therapy, discharge planning, SUD treatment, and most importantly, create safe home plans and warm hand offs to community providers upon discharge. We know that not treating a mental illness or substance use disorder condition increases risk of recidivism. The CCBHC demonstration is going to make a significant difference in that cycle.”
- “The CCBHC status has improved our professionalism by forcing us to provide fidelity numbers. Our community is now hearing about our **high-quality services** and are coming to us to become part of a dynamic team.”

Ability to Serve New/Additional Patients as a CCBHC

Nine CCBHCs (90% of those surveyed) reported that they have seen an increase in the number of patients served. These nine 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 Missouri, since the launch date of the demonstration, clinics have reported implementing the following activities to expand their patients’ access to opioid treatment:

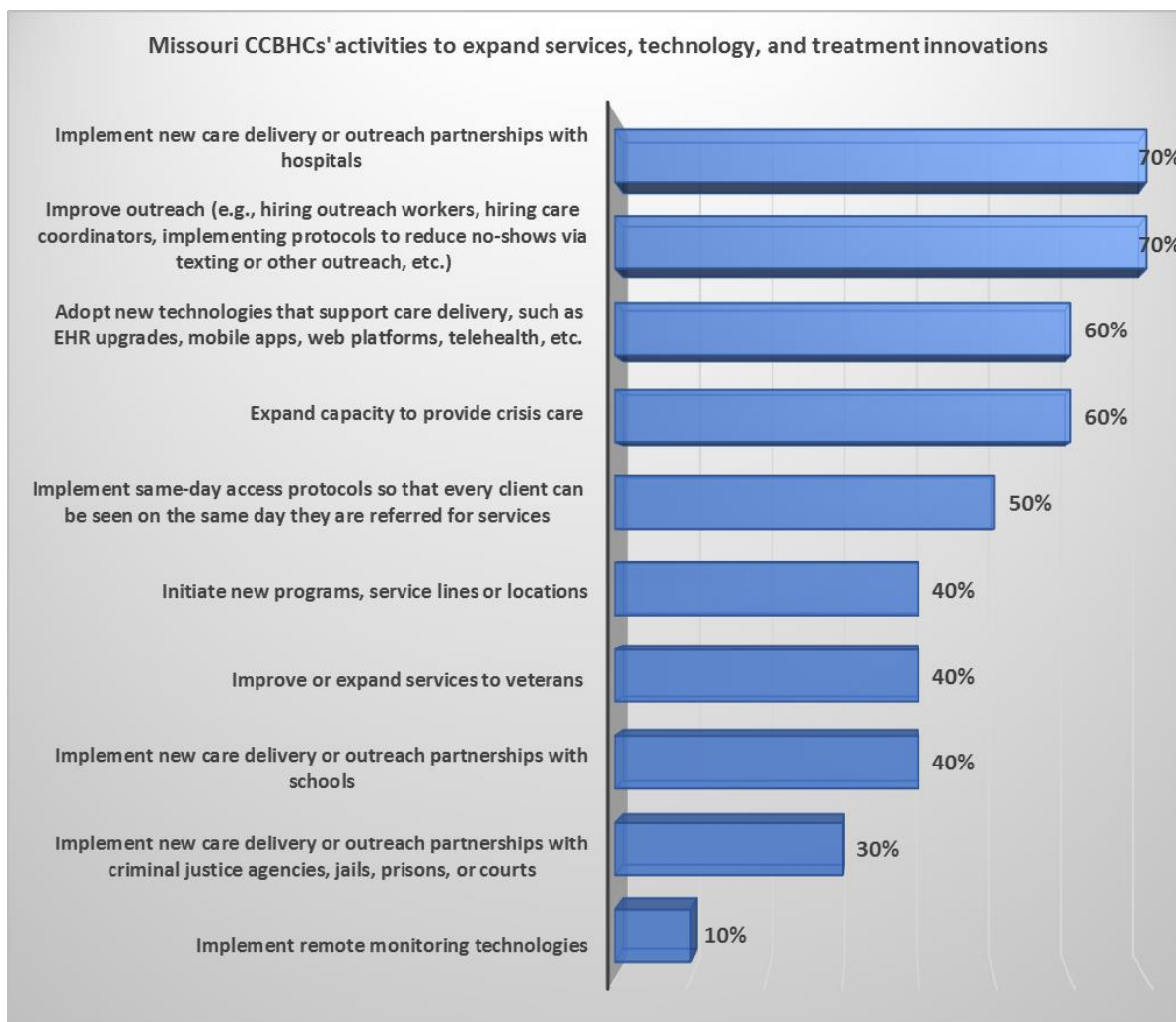


Among the ways CCBHC status has supported Missouri clinics' ability to provide opioid treatment, prevention or recovery support are:

- “Given us a louder voice in community and provided much needed **additional educational support for our physicians**”
- “We were able to send a medical director to become MAT [medication-assisted treatment] certified, and can now offer medications for opioid treatment. We have a **new substance use specialist** whose goal is to provide consistent and frequent case management with therapy. We have also seen an improvement to adherence in treatment.”
- “CCBHC requires MAT and DMH [Missouri Department of Mental Health] has provided us the **tools to begin the MAT program.**”

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 Missouri, these initiatives include:



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

- “Because of the CCBHC demonstration, we are able to start an **emergency room enhancement project**. We are building a team (Qualified Mental Health Professional, caseworkers, nursing, and Peer Support) to augment our local ER. Our area of focus will be those with a substance use disorder who are not linked with an existing provider and whom are not accessing MAT, those with an MI who have frequent crisis contact, but who are not accessing primary behavioral health services.”
- “We have **integrated new evidence-based groups and services into our practice**. We have had the opportunity to have **new technology** to support our new services and staff. We have had staff receive necessary certification to expand our services to people.”
- “CCBHC requires a psychiatrist to provide MAT [medication-assisted treatment for opioid use disorder]. We have never had a MAT program in our 9-county area before. Since we are the only mental health provider in our area, **MAT is a welcomed program.**”

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 Missouri are:

- **“Improved access to care”**
- “The ability to work **toward fully integrated same day/next day access** in our offices. We are adding staff to meet the demand for urgent clients.”
- “MAT [medication-assisted treatment] expansion, **increased criminal justice partnerships**, and our planned emergency room enhancement service.”
- “Our biggest impact to date as a CCBHC is that we are **providing higher quality, evidence-based services to our patients**. We have **expanded our substance use services** due to having new staff and new expertise. We have been able to reduce our waiting times for patients due to the increase in staff. Our patients can often be seen on the same day or be scheduled within a couple of days. We have been very successful thus far, and have great hopes in continuing as a CCBHC. This demonstration to date has been big success for our communities, and we hope that it continues to expand. I believe that in the long run it will save taxpayer money. We will be able to serve more patients, reduce hospital readmission rates, and save money.”
- “Since becoming CCBHC, we have become more aware as providers. Through quality fidelity assessments, we can see what we are doing and where we need to go. **We have become more professional and more efficient**. We have come together in a bigger TEAM that works! We can people navigate the mental health services faster and more effectively. Because we are now getting better results with our clients, our community values us more than ever.”
- “Ability to hire psychiatrist; Able to serve clients where they are”
- **“Same day intakes!!”**

Future of the CCBHC demonstration in Missouri

The CCBHC demonstration is transforming Missouri 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 bipartisan Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931), authored by Missouri Senator Roy Blunt with Senator Debbie Stabenow and Reps. Leonard Lance and Doris Matsui, would extend Missouri 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)