

CCBHC Demonstration

November 2017

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 the 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 data from the Substance Abuse and Mental Health Services Administration (SAMHSA) 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;¹ the remainder are served in homeless shelters, 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.²

CCBHCs in the eight participating states began operations in either April or July 2017. In November 2017, the National Council for Behavioral Health surveyed CCBHCs about the impact of their participation in the program to date; 47 of the 67 participating CCBHCs across the United States provided responses. **This report highlights the national 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 100% of CCBHCs nationwide reporting they have hired new staff, with a total of **1,160** new staff hired. These newly hired staff include **72 psychiatrists** and **212 staff with an addiction specialty or focus.**

Amid a nationwide behavioral health workforce shortage, CCBHC status has helped clinics recruit and retain desperately needed staff. For example, CCBHCs report:

- “We offer a wider range of treatment, options, hired more, better qualified staff to provide addiction services, and created new protocols to rapidly respond to need.”
- “We have an increased 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.”

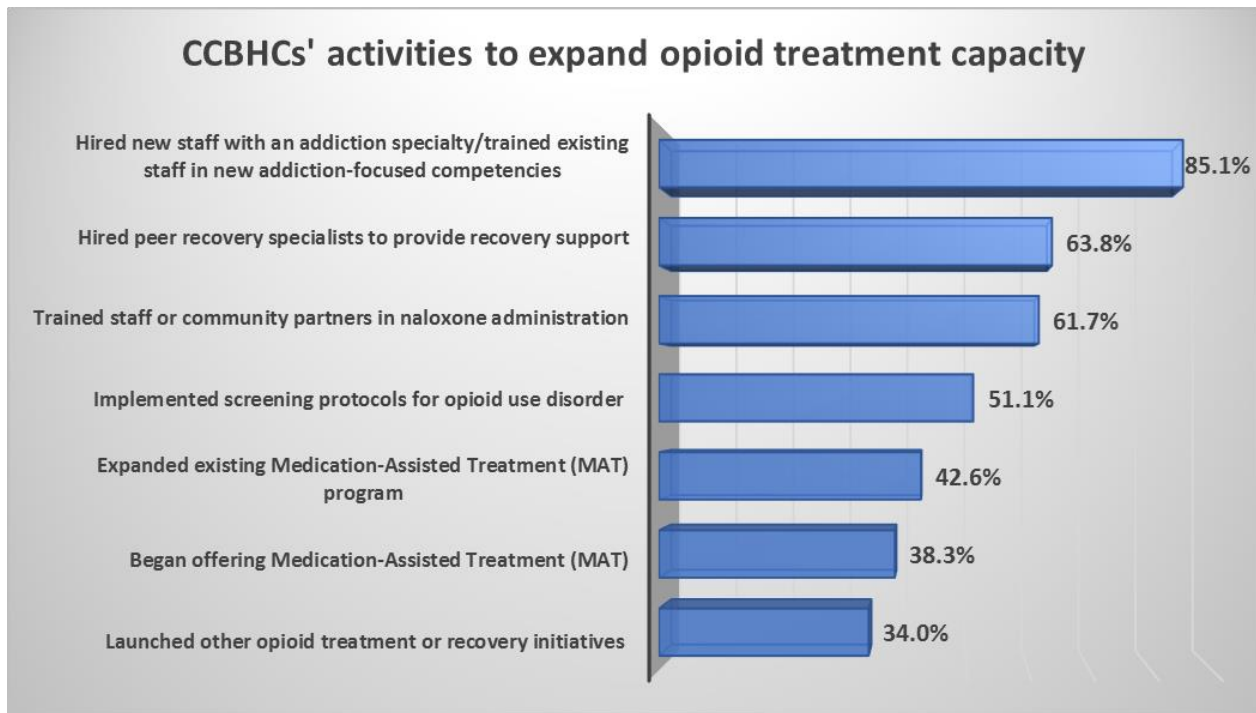
- “We have increased ability to hire at a wage that is comparable to our state/region which allowed for increased workforce to more appropriately meet the needs in our rural area. Our agency has had a welcoming opportunity to collaborate with clinics and hospitals. Discussion was open around discharge planning support with care coordination to decrease a variety of concerns including follow through with discharge plans through support, and reducing ER usage.”

Ability to Serve New/Additional Patients as a CCBHC

87% of those surveyed reported that they have seen an increase in the number of patients served. For the vast majority of CCBHCs, this represents up to a 25 percent increase in their patient caseload. The majority of CCBHCs report that most of their new clients had either not been enrolled previously in treatment despite having a mental health or substance use need, or were 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. Since the launch of the demonstration, CCBHCs have reported implementing the following activities to expand their patients’ access to opioid treatment:

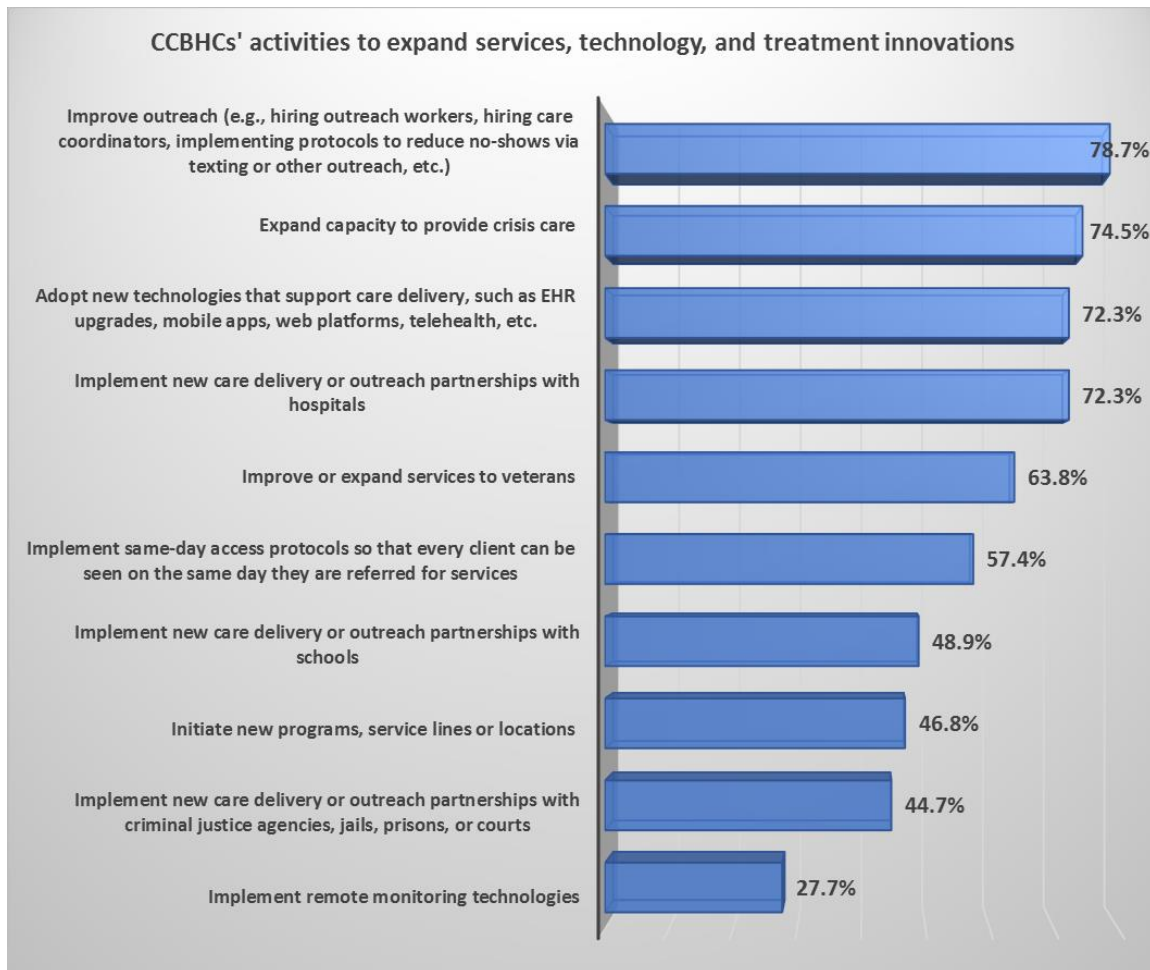


Among the ways CCBHC status has supported clinics' ability to provide opioid treatment, prevention or recovery support are:

- “Prior to CCBHC we had no recovery services whatsoever. 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 ASAM criteria.”
- “We were able to send a medical director to become MAT 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 [status] has provided the opportunity for us to collaborate more closely with hospital partners and opioid overdose recovery programs creating a horizontally integrated community treatment system.”

Expansion of Services, Technology, Other Innovations

The CCBHC demonstration was designed to support clinics in expanding service delivery and implementing the latest evidence-based practices and technologies to improve 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. These activities include:



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

- “Since becoming a CCBHC, we have had a ‘no turn away’ policy and are scheduling 300-400 more intakes per month. The organization had been essentially closed to community referrals for quite some time. This has set the stage for same day/next day access.”
- “Increased use of evidence-based screening protocols for suicide, health, and substance use disorders; capacity to serve people who have been underserved.”
- “The biggest impact has been the ability to offer all the enhanced services onsite and offsite in the community.”
- “Overall improvement in service quality - our services are more comprehensive, client-centered and trauma-informed than they were prior to CCBHC, and this will result in fewer acute care contacts and a great deal of cost savings to Medicaid and other insurers.”
- “The ability to fully integrate mental health and substance use treatment within the clinics for children, adolescents and adults, implementation of primary care screening and monitoring to improve physical health.”

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 are:

- “Because we are now getting better results with our clients, our community values us more than ever.”
- “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 times be seen on the same day or 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 a big success for our communities, and we hope that it continues to expand. I believe that in the long run it will save taxpayers. 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 fidelities 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 as a bigger TEAM that works! We can help 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.”

Future of the CCBHC demonstration

The CCBHC demonstration is transforming clinics’ ability to serve people in their communities. Unfortunately, without Congressional action, the nation’s 67 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 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.

¹ Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017, September). *Receipt of services for substance use and mental health issues among adults: Results from the 2016 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from <https://www.samhsa.gov/data/>

² Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017, September). *Receipt of services for substance use and mental health issues among adults: Results from the 2016 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from <https://www.samhsa.gov/data/>