

# **Certified Community Behavioral Health Clinics (CCBHC)**

**The New Model for Mental Health and  
Addiction Care Gaining Momentum in States**

January 29, 2021

# Logistics & Housekeeping

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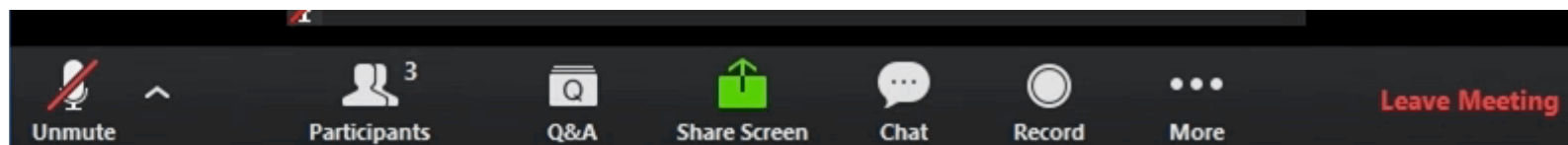
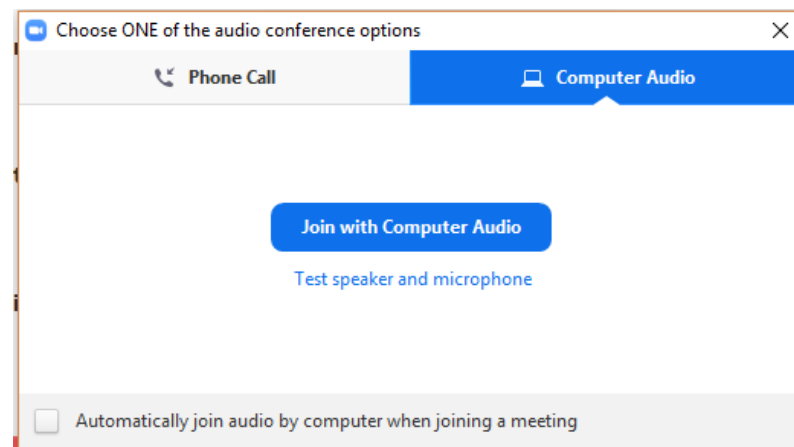
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**Participant ID:**

196798



Type questions into the Q&A tab, located on your Zoom toolbar.

**We'll answer as many questions as we can at the end of the presentation.**

**Relevant publications will be curated and emailed following the webinar.**



## Today's Conversation



### Understanding CCBHCs

- Overview of the model and its history
- Data and effectiveness nationally
- Interest and support from policymakers, clinics and advocates



### CCBHCs in Action

- **Texas:** State-level policy change for CCBHCs
- **Minnesota:** Statewide movement from a demonstration to full implementation
- **North Carolina:** One clinic's impact on care delivery and innovation in its community

## Today's Moderator and CCBHC Expert



**Rebecca Farley David, MPH**

*Senior Advisor, Public Policy  
& Special Initiatives*

**National Council for Behavioral Health**

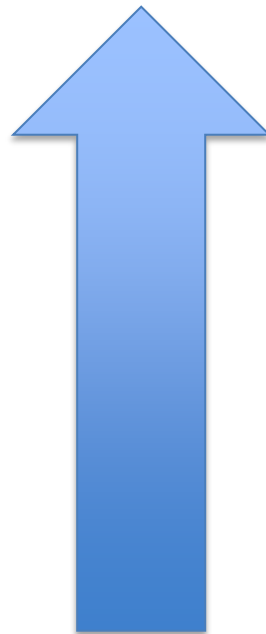


## Context and CCBHC Overview

# Delivery system trends

Growing interest in  
value-based purchasing

**Increasing need for  
behavioral health care  
due to COVID-19**



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

**Increasing pressure on  
state budgets due to  
fallout from pandemic**

**Increasing desire to better address health disparities**



# CCBHCs: A New Model

**Built on the concept that the way to expand and improve care is to pay for the activities that make those goals possible.**

- **National definition** re: scope of services, timeliness of access, etc.
- Standardized **data and quality reporting**
- **Payment rate** that covers the real cost of opening access to new patients and new services...
  - ...including non-billable activities like outreach, care coordination, and more...

# The CCBHC Landscape

## Two funding tracks, plus state options

- Medicaid demonstration (with cost-related payment methodology known as PPS)
- Federal grant funding
- Some states moving forward with their own CCBHC adoption via waiver or SPA





# Congressional Actions for CCBHC

**2017**

- 8 states
- 66 clinics

**2019**

- 21 states
- 113 clinics

**2020**

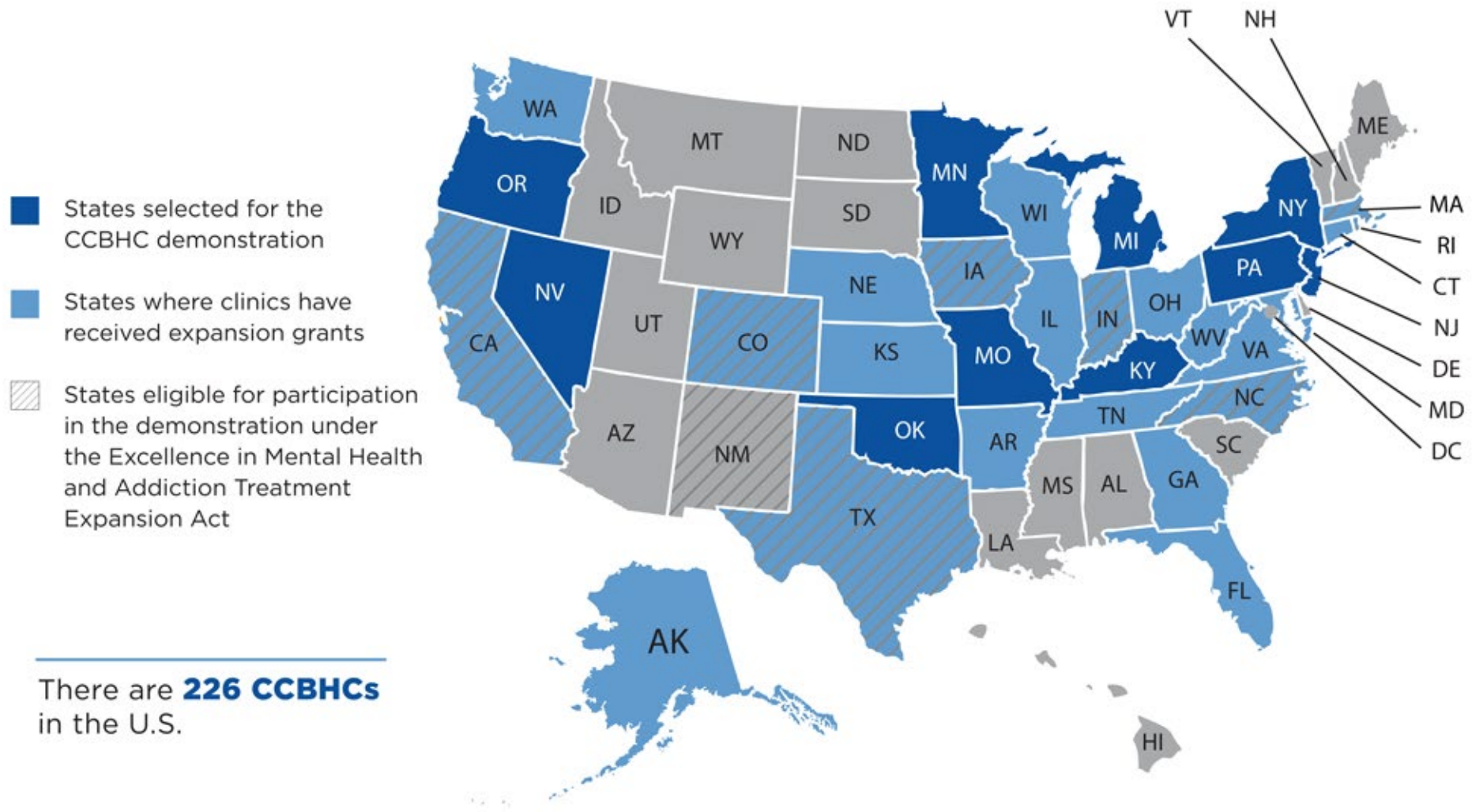
- 33 states
- 229 clinics

**2021**

- 400+ clinics projected!



## Status of Participation in the CCBHC Model



There are **226 CCBHCs** in the U.S.

# Addressing the workforce shortage

*"We're competing with grocery stores and fast food for our staff."*



*"CCBHC status has allowed us to court and hire more highly qualified candidates, because we can now offer more competitive salaries."*



## **In the first two years:**

- 66 CCBHCs hired 3,000+ staff, including specialty staff like youth psychiatrists (76%) and staff representing the demographics of communities served



## Improving access to care

### Increased numbers of individuals served

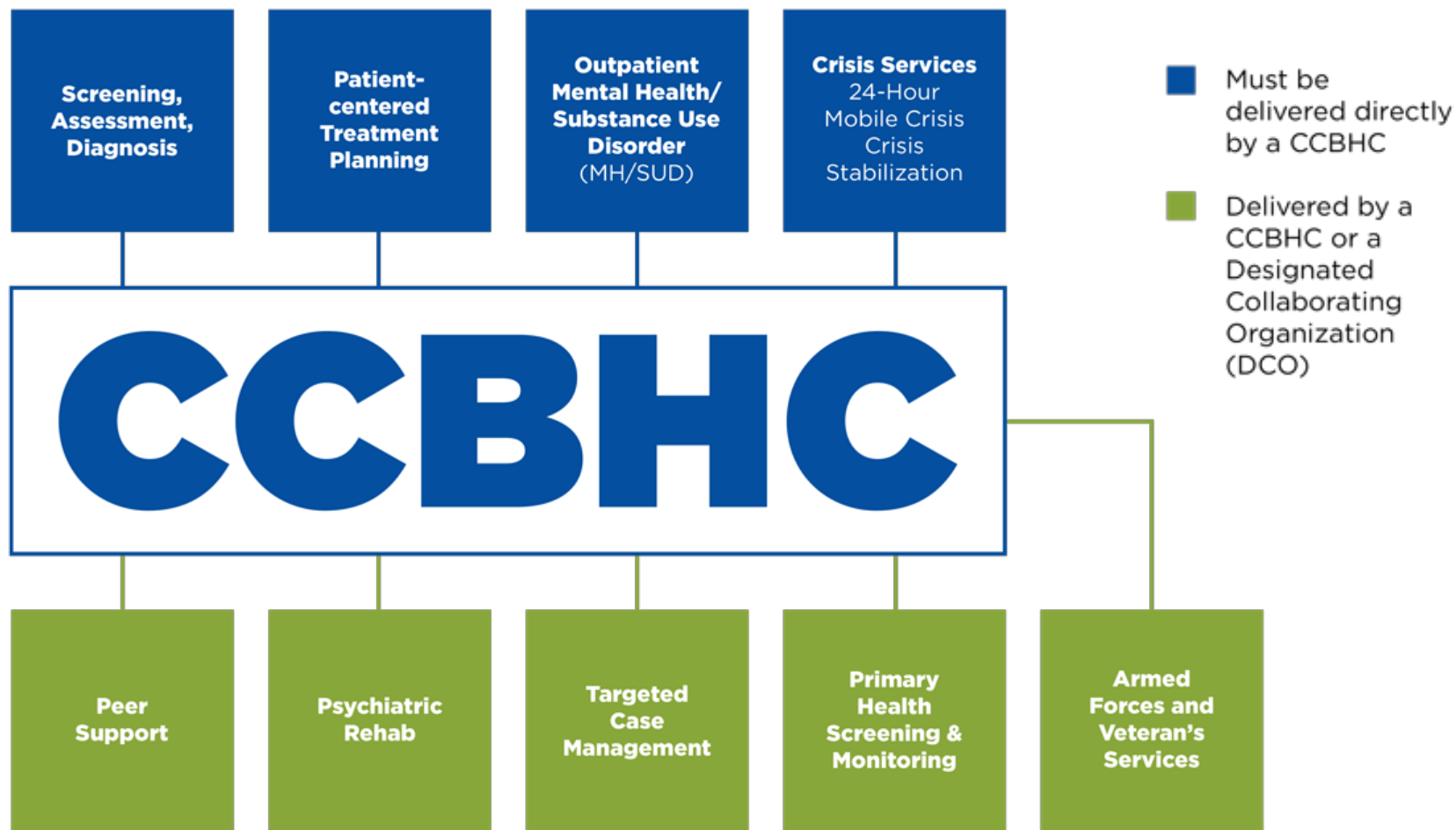
- Average client caseload growth of 25% across demonstration states
- Most new clients previously had an unmet need

### Reduced wait times

- Half of CCBHCs can offer same-day access to care, and 96% ensure access within 10 days
- National average wait time for psychiatric services is 48 days

**CCBHCs are closing the gap in unmet need for care.**

# Expanding the scope of services available in every community



# Improving outcomes across systems

- Heavy focus on care coordination and partnerships
- Required partnerships with health and social service entities, including:
  - Schools
  - Law enforcement
  - Hospitals
  - Primary care
  - And more...

**Nowata, OK:** Crisis stabilization drop-off facility and telehealth support for law enforcement officers responding to crisis calls reduces incarceration, lowers emergency psychiatric hospitalizations by 95%

**St Joseph, MO:** School-based crisis clinician helps reduce ED and psych hospital admissions by 72% (122 children)

**Across all first-round grantees:** 15.2% of clients increased employment or started going to school

# CCBHCs Produce Substantial Cost Savings Over Time

## Case Study: Missouri

- Hospitalizations dropped **83%** after year 1
- Net savings of **\$127.7M** statewide with integrated care
- ED services show a **75% decrease** after year 1
- **20% decrease** in cholesterol and **1.48 point decrease** in hemoglobin A1c for CCBHC patients
- Criminal justice services **decreased 55%** in 1 year

## Case Study: New York

- All-cause readmission dropped **55%** after year 1
- BH inpatient services show a **27% decrease** in monthly cost
- BH ED services show a **26% decrease** in monthly cost
- Inpatient health services **decreased 20%** in monthly cost
- ED health services **decreased 30%** in monthly cost



# What's next for CCBHCs? What is needed?

- Federal action
  - Demonstration expansion
  - Expanding CCBHCs' footprint across federal programs
- State action
  - Medicaid SPA/waiver options
  - COVID-driven surge in MH/SUD needs
  - State budget shortfalls
  - 988 implementation
- Clinics moving toward readiness
- Fostering implementation success
- Path to sustainability for grantees?
- Payer education and using data to drive the value proposition
- Research and evaluation



## Resources



NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH

<https://www.thenationalcouncil.org/ccbhc-success-center/>

### **Recent publications:**

Wellbeing Trust: A Unified Vision for Transforming Mental Health and Substance Use Care ([https://wellbeingtrust.org/wp-content/uploads/2020/10/Unified-Vision-v8-10\\_28\\_2020.pdf](https://wellbeingtrust.org/wp-content/uploads/2020/10/Unified-Vision-v8-10_28_2020.pdf))

RAND: How to Transform the U.S. Mental Health System  
Evidence-Based Recommendations  
([https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR800/RR889-1/RAND\\_RRA889-1.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR800/RR889-1/RAND_RRA889-1.pdf))

# Introducing Our Speakers



**Sonja Gaines, MBA**

Deputy Executive  
Commissioner, Intellectual &  
Developmental Disability  
and Behavioral Health  
Services, State of Texas



**Jin Lee Palen, MPH**

*Executive Director*  
Minnesota Association of  
Community Mental Health  
Programs (MACMHP)



**Monique Lucas, BSN, RN**

*Director of Integrated Care*  
Monarch – A CCBHC Grantee  
North Carolina



## The State's Perspective



### **Sonja Gaines, MBA**

Deputy Executive Commissioner,  
Intellectual & Developmental  
Disability and Behavioral Health  
Services

State of Texas



# Texas Certified Community Behavioral Health Clinics (CCBHCs)

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Sonja Gaines, MBA  
Deputy Executive Commissioner  
IDD-BH Services



TEXAS  
Health and Human  
Services



# Building a Presence



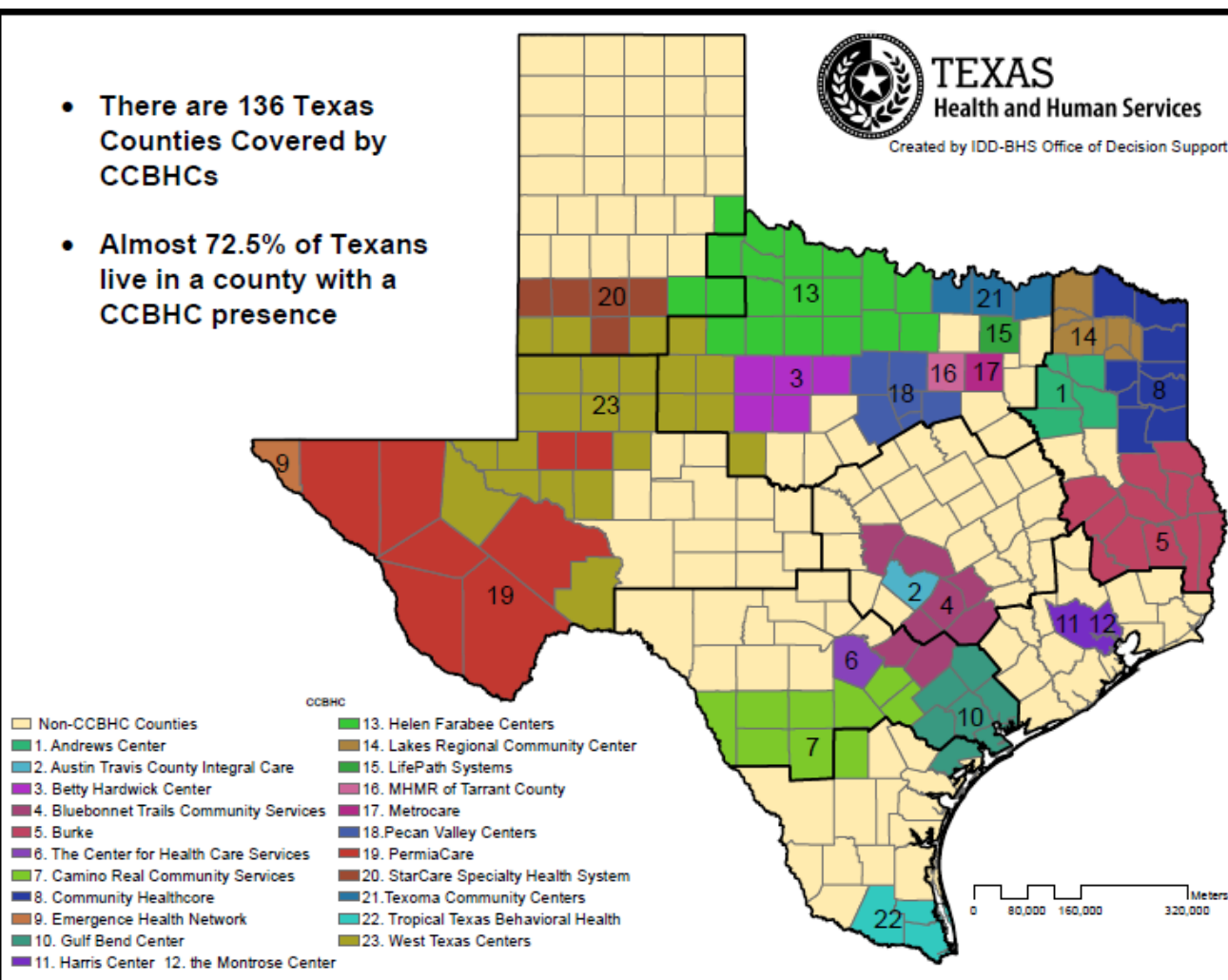
**TEXAS**  
Health and Human  
Services

- There are 136 Texas Counties Covered by CCBHCs
- Almost 72.5% of Texans live in a county with a CCBHC presence



**TEXAS**  
Health and Human Services

Created by IDD-BHS Office of Decision Support





# Building a Brand



**TEXAS**  
Health and Human  
Services



**CCBHC Academy**  
Virtual Scavenger  
Hunt - Criteria 1

- CCBHC Academy
- General
- Criteria 1
- Criteria 2
- Criteria 3
- Criteria 4
- Criteria 5
- Criteria 6
- Care Coordination Training



Care Coordination	Cultural and Linguistic	Visions and Data	Services	CCBHC Facts
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400
500	500	500	500	500
CCBHC Jeopardy game to teach to review training information.				
Team 1	Team 2	Team 3		
0	0	0		
+	+	+		

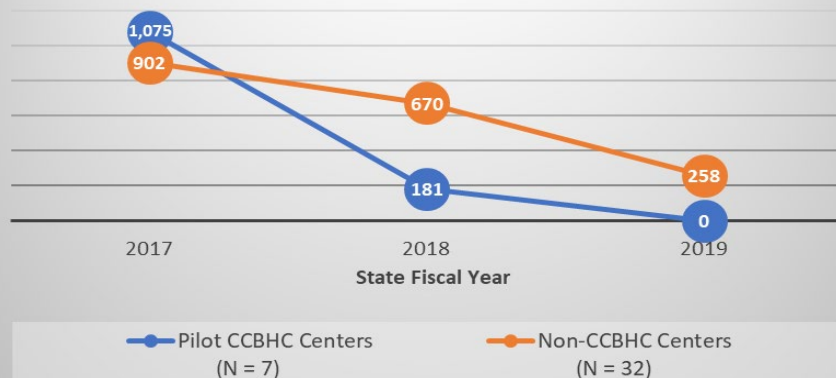


**TEXAS**  
Health and Human  
Services

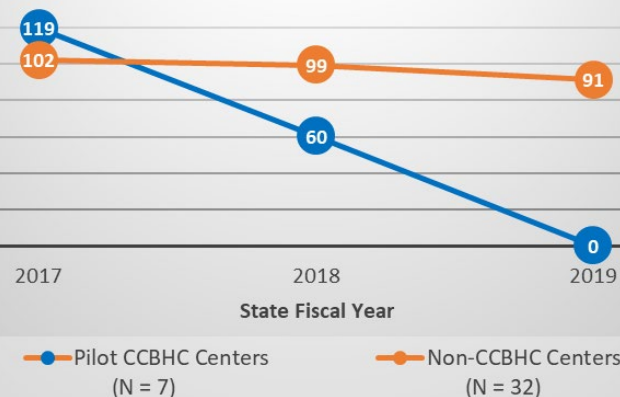
# Early Outcomes

## Eliminated Adult Waitlists in Seven Pilot Sites

**Average Adult Waitlist  
(Group Total per Month)**



**Average # of Days on Adult Waitlist**



**Percentage of Adults Showing ANSA Improvement**



# CCBHC Financing



- In January 2021, CMS approved Texas' request for an 1115 Waiver Extension
  - Original waiver was set to expire September 2022
  - Extension provides approval through September 2030
- Creates a directed payment program (DPP) to incentivize LMHAs to become and maintain CCBHC certification
- Creates a Public Health Provider – Charity Care Program
  - Public providers only
  - Offsets costs associated with care – including behavioral health
  - Provider pool of \$500 million in FY 22 and FY 23, with a resize beginning in FY 24
- Projected to save an estimated \$10 billion for taxpayers over the life of the waiver



# Guiding Principle



*In Texas, CCBHCs are built on a philosophy that emphasizes consistent quality, care coordination, and the best outcomes for our clients.*

# Texas CCBHC Contacts



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## The Association's Perspective



Jin Lee Palen, MPH

*Executive Director*

Minnesota Association of Community Mental  
Health Programs (MACMHP)

# Minnesota Association of Community Mental Health Programs MACMHP



Future Directions of Health Care:  
Integration  
Payment  
Delivery Innovations

CCBHC

# **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS**



# **CCBHC: MN Status Update**

## ***2017 Federal 223 Demonstration***

- ❖ MN selected as one of 8 demonstration states

## ***2018 Congressional Appropriation***

- ❖ SAMHSA Expansion grants - Two (2) MN sites awarded

## ***2019 MN Statute changed by MN Legislature***

- ❖ State authorized & funded to seek federal approval CCBHCs extension & expansion

## ***2019 CMS-approved MN 1115 Waiver (12-month extension bridge to SPA)***

- ❖ MN to submit a State Plan Amendment (SPA) by June 30, 2020

## ***2019 Congress passed Federal extension to May 22, 2020***

- ❖ Advocating for two (2) year extension and expansion

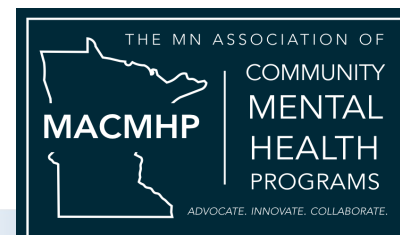
## ***2020 (January) SAMHSA announces new round of funding for CCBHC Expansion Grants***

- ❖ Two (2) MN sites awarded

## ***2020 (October) MN State Plan Amendment Submission to CMS***

- ❖ Effective October 1, 2020
- ❖ Expand and sustain CCBHC model in Minnesota

## ***2020 (December) Congress passes 3-year extension of Demo***



# Certified Community Behavioral Health Clinics (CCBHC)

## Outcomes

- ❖ In the 20 months of the demonstration, CCBHCs have served over 17,000 clients
- ❖ reduced the time between a client first presenting and initial service from 22 to 11 days on average.
- ❖ Increased peer services
- ❖ Increased integrated school-linked mental health



# **CCBHC**

## **What's Next?**

### State of MN CCBHC Model:

- State-based payment system
- Evaluation program
- Quality bonus program
- Expansion/ onboarding new CCBHCs
- Expanding eligible services (address SDOH)
- CCBHC licensure structure
- Expanded relationships with DCOs





# CCBHC Model: Opportunities

## HRSA Rural Communities Opiate Response Program (R-CORP) Planning Grant

- MN NorthStar Consortium
  - Rural CCBHCs
  - Dept. Human Services
  - Dept. Health
  - MN Hospital Association (rural hospital partners)
  - MACMHP
- Care coordination pathway: client transition from inpatient hospitals to CCBHCs focused on opioid tx, education and prevention
- Implementation grant application



# CCBHC Model: Opportunities

## **SMAHSA – COVID Emergency mental health/ SUD grant (CARES ACT funding)**

- ❖ mental issues less than SMI
- ❖ screen and triage individuals and families into the care
- ❖ innovative ideas - serve healthcare, police, EMTs, other first responders
- ❖ specialized training for licensed mental health & SUD professionals
  - focus on trauma and the difficult decisions facing healthcare providers,
  - establishing outreach systems,
  - adding primary care physicians to their behavioral health clinic
    - prevent clients from exposure to potential infection in other healthcare settings
  - developing quality assurance systems
  - develop specific outcome measurements, data rep



# CCBHC:

## Mental Health Systems Reform

- ❖ Designing integrated care pathways with hospital partners
- ❖ Integration with value-based care
- ❖ MACMHP clinically integrated network: Convergence Integrated Care
  - Value-based care contract with state of MN building care pathway model from CCBHC experience and model
  - Using Medicaid claims data to build a statewide model of care
    - Standardized care pathway
    - Performance and outcome metrics
    - Network-wide accountability



# **CCBHC as a Future for Behavioral Health Care**

- ❖ *Integrated care: agency and community-wide*
- ❖ *Sustainability under the pandemic*
- ❖ *Telemedicine expansion (COVID-19)*
- ❖ *Piloting tablets in crisis response*
- ❖ *Model for outpatient & community-based BH care*
- ❖ *Near a dozen more CMHCs interested in being certified as CCBHCs in MN*



# THANK YOU!

For more information, questions or ideas for  
MACMHP, please contact:

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651-233-3502





## The Clinic's Perspective



Monique Lucas, BSN, RN, CCM, CCCTM  
*Director of Integrated Care*  
Monarch – A CCBHC Grantee  
North Carolina



# **CCBHC: The New Model for Behavioral Health**

Presented by Monique Lucas BSN, RN  
CCM, CCCTM

# Monarch Overview

Monarch serves more than 28,000 people with intellectual and developmental disabilities, mental illness and substance use disorders annually across North Carolina

Monarch serves 1,400 people annually through comprehensive behavioral health services in Stanly County, NC where our CCBHC is located.



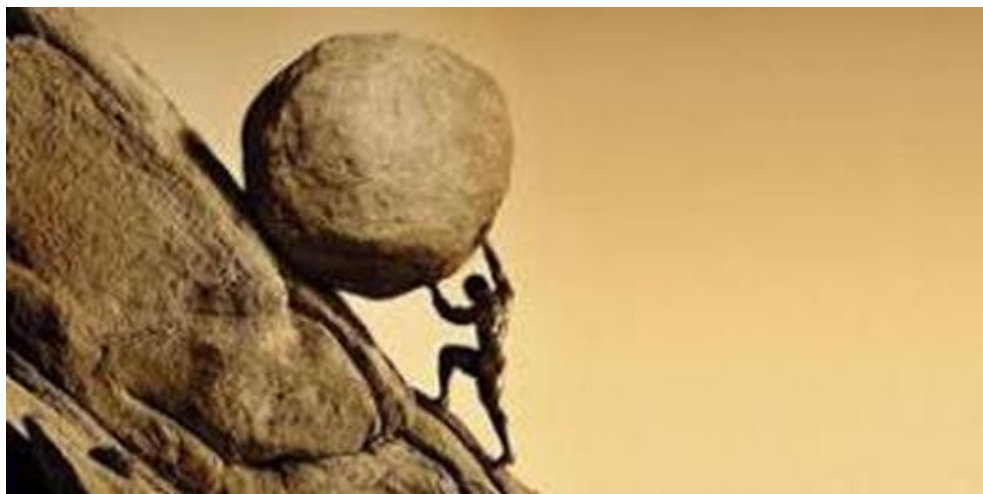


# Programs and Resources

- Patient Centered Treatment planning
- Targeted Case Management
- Peer support Programs
- Access to primary care screening
- Integrated Care Model
- Assertive Community Treatment

# What was the Impact

Wrap around coordinated care provided by the CCBHC helped to look at the individuals whole picture to provide



# Collaborative Partnerships

- EMS Rapid Opioid Overdose Team
  - Collaboration between Monarch and Stanly County EMS to administer Suboxone in the field and connect to treatment
  - Over a 2-year period this team was able to provide support to 120 people in our community who had suffered from an overdose
  - Monarch's Peer Support was utilized as the key engagement piece to build relationships and connect people in the community with the right level of care needed for each individual.



# How CCBCH Helped us prepared for Covid-19

- Increased access to Care with virtual open access model
- Increase knowledge and connectivity with community resources
- Increase number of positions to support new programming
- Community Based teams in place to support individuals where they were safe at home







# Monarch

## CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

Care coordination focusing on the whole person: health care, community resources, housing, employment and other needs.



3,213  
SERVED TO DATE

xxxx adults and xxx children in Stantley County sought help for mental health and substance use disorders

1,027 ENROLLED IN CARE  
MANAGEMENT  
OR CARE COORDINATION

Providing direct support as people we support navigate treatment plus connection to resources

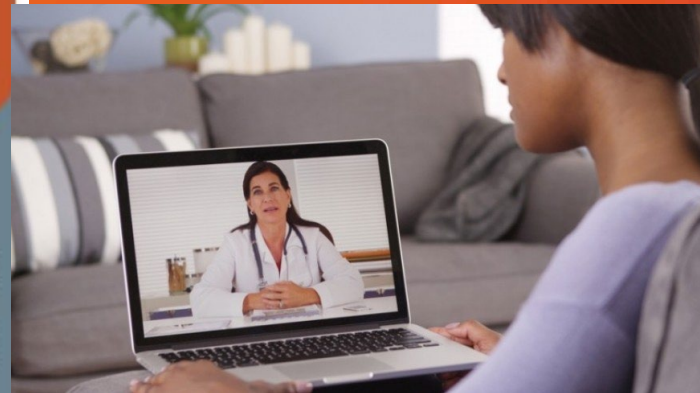


50 PEOPLE WITH  
SUBSTANCE USE  
DISORDERS

Administered Medication Assisted Treatment (MAT) for opioid and substance use disorders.

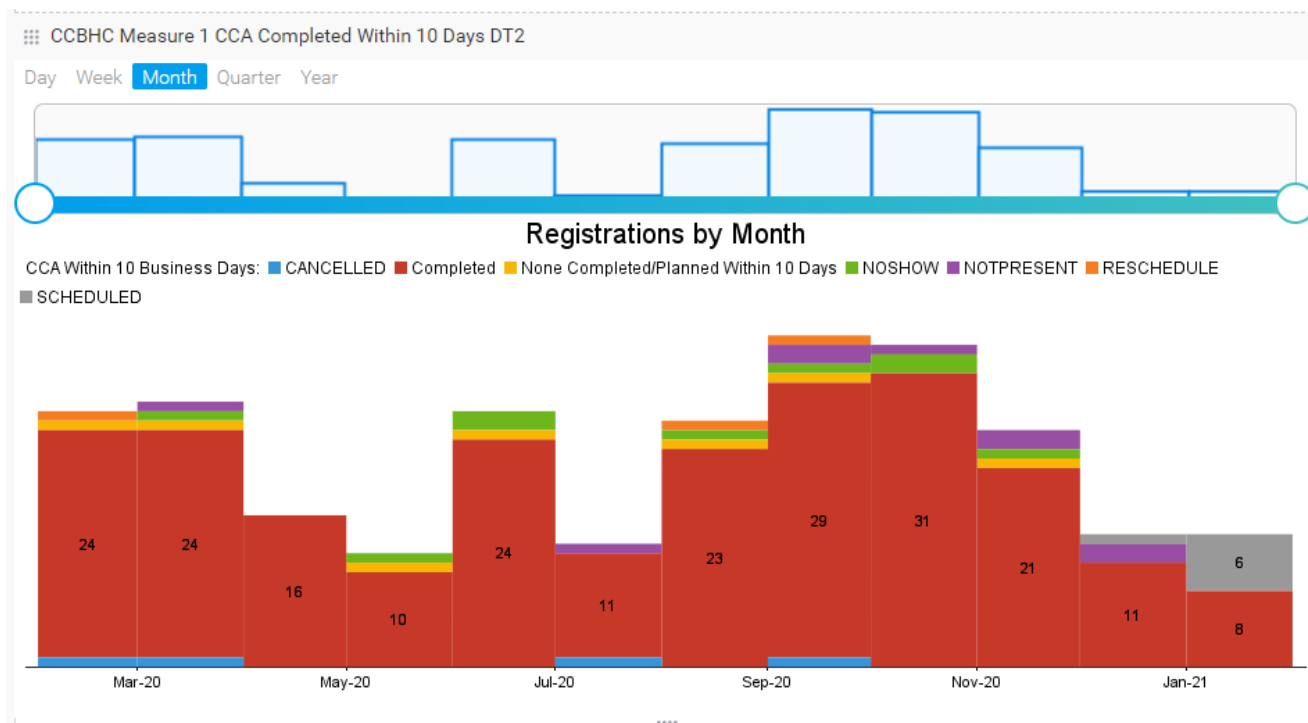
893 PEOPLE SCREENED  
QUARTERLY

To assess behavioral health and substance use disorder diagnoses and develop treatment plans



# Access to Care

Using our virtual open access program 90% of all patients who needed a Comprehensive Clinical Assessment received that service within 10 days

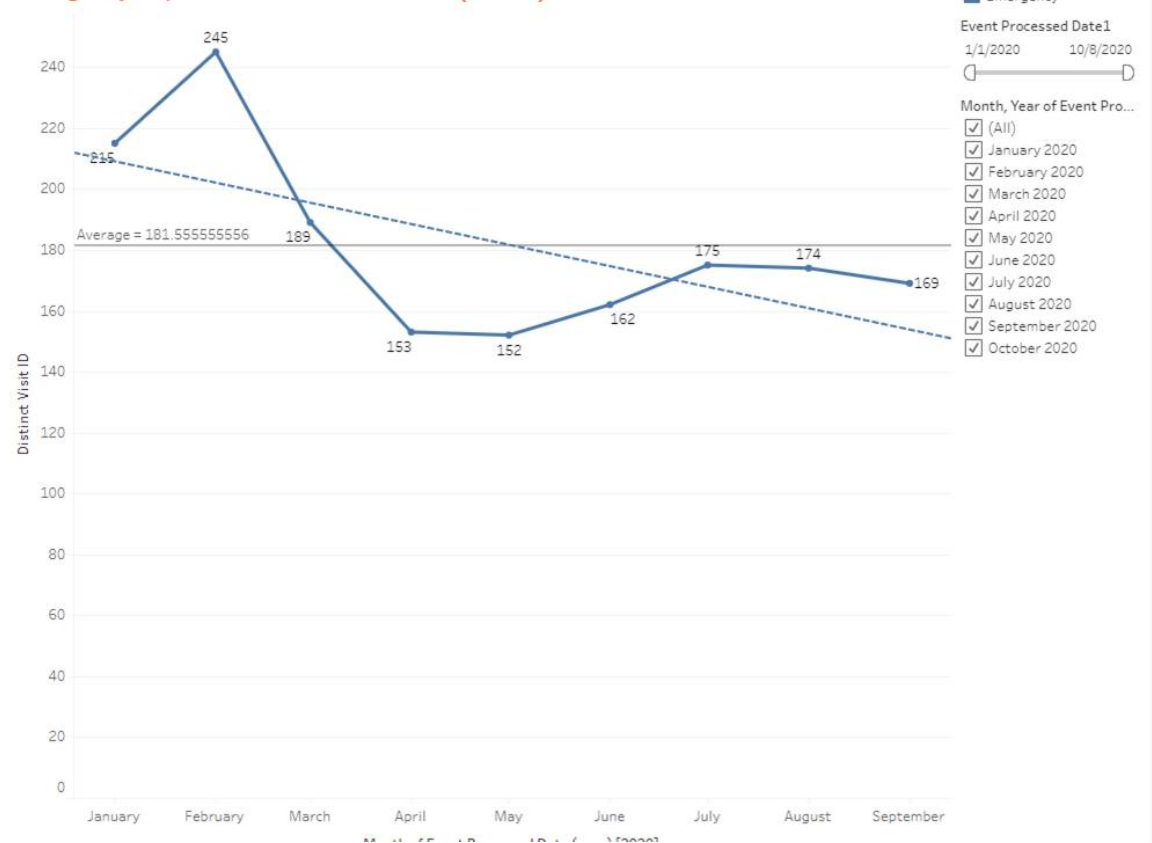


# Decrease in Emergency Room Utilization

Through partnerships with Patient Ping, we were able to see how patients enrolled in the CCBHC were utilizing Emergency Room Services

Overall, we saw a decrease in utilization for patients supported by the CCBHC

Emergency Department Visits Over Time (Month)



# Employment Opportunities

- Thanks to CCBHC funding and program requirements 16 new positions created to support one clinic.







## Questions & Discussion