The Impact of CCBHCs: How the CCBHC Model is Transforming Patient Care and Staff Training

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Dr. Joe Parks, Medical Director – National Council for Mental Wellbeing
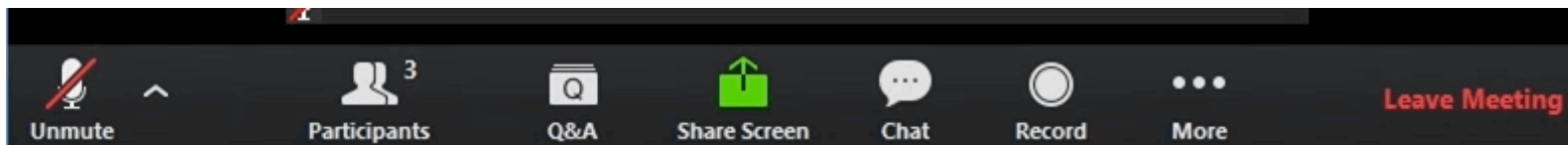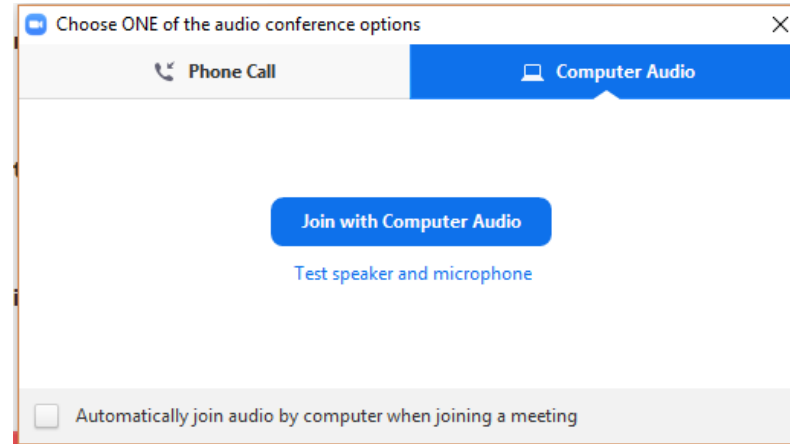
John Jay, Solution Architect - Relias

Logistics & Housekeeping

- Call in on your telephone, or use your computer audio option
- If you are on the phone, enter your Audio PIN

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 resources will be curated and available 48 hours following the webinar on the National Council Webinar Archive page.

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Disclaimer

This session is not a SAMHSA funded or sponsored event. While this session is intended to provide context and information, the National Council team and presenters are unable to answer any inquiries on behalf of SAMHSA. Any questions related to the funding opportunity itself will need to be directed to your SAMHSA project officer.

CCBHC SUCCESS CENTER

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CCBHCs: Supporting the Clinical Model with Effective Financing

Standard definition ➡ Raises the bar for service delivery

Evidence-based care ➡ Guarantees the most effective clinical care for consumers and families
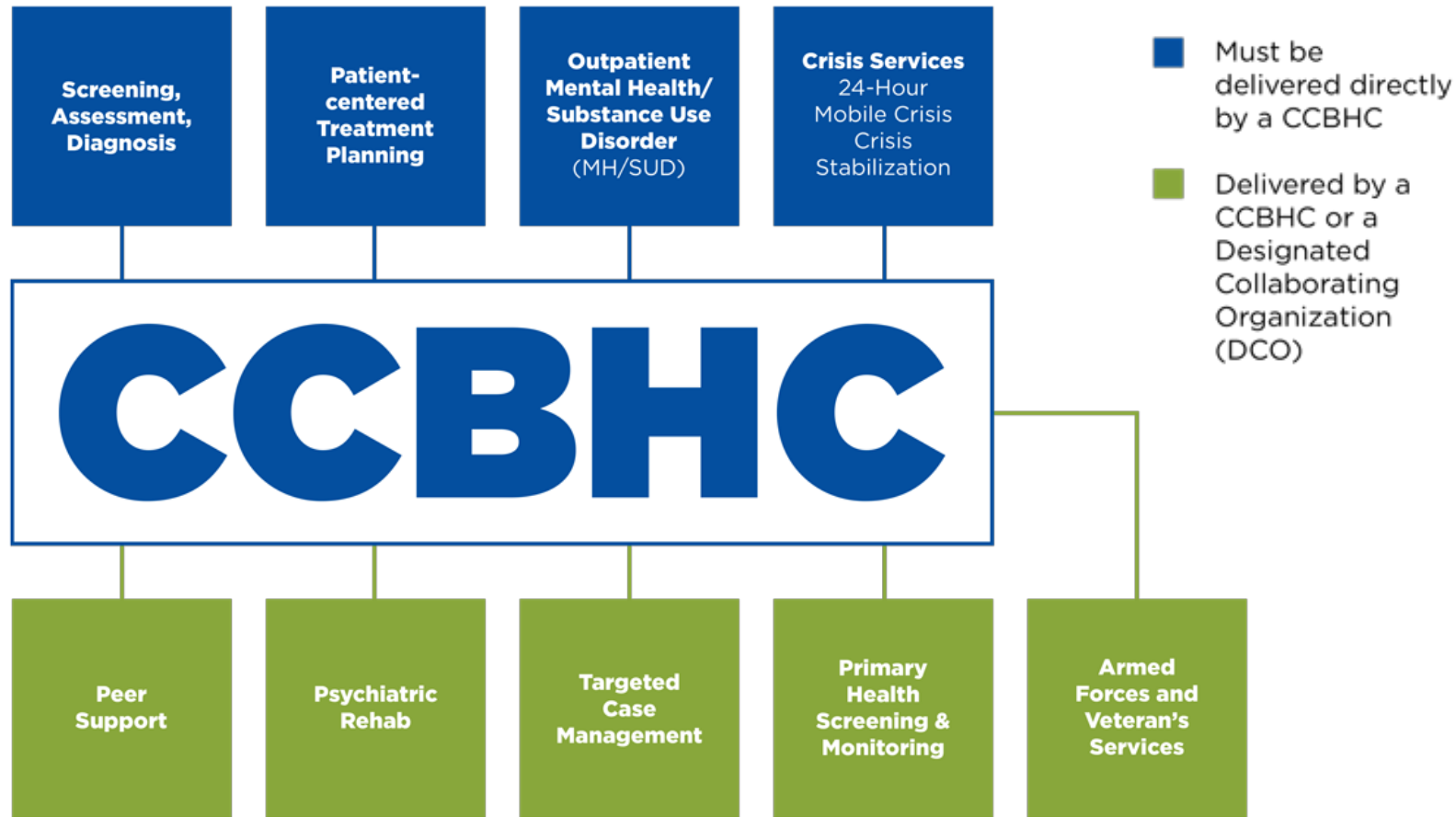
Quality reporting ➡ Ensures accountability
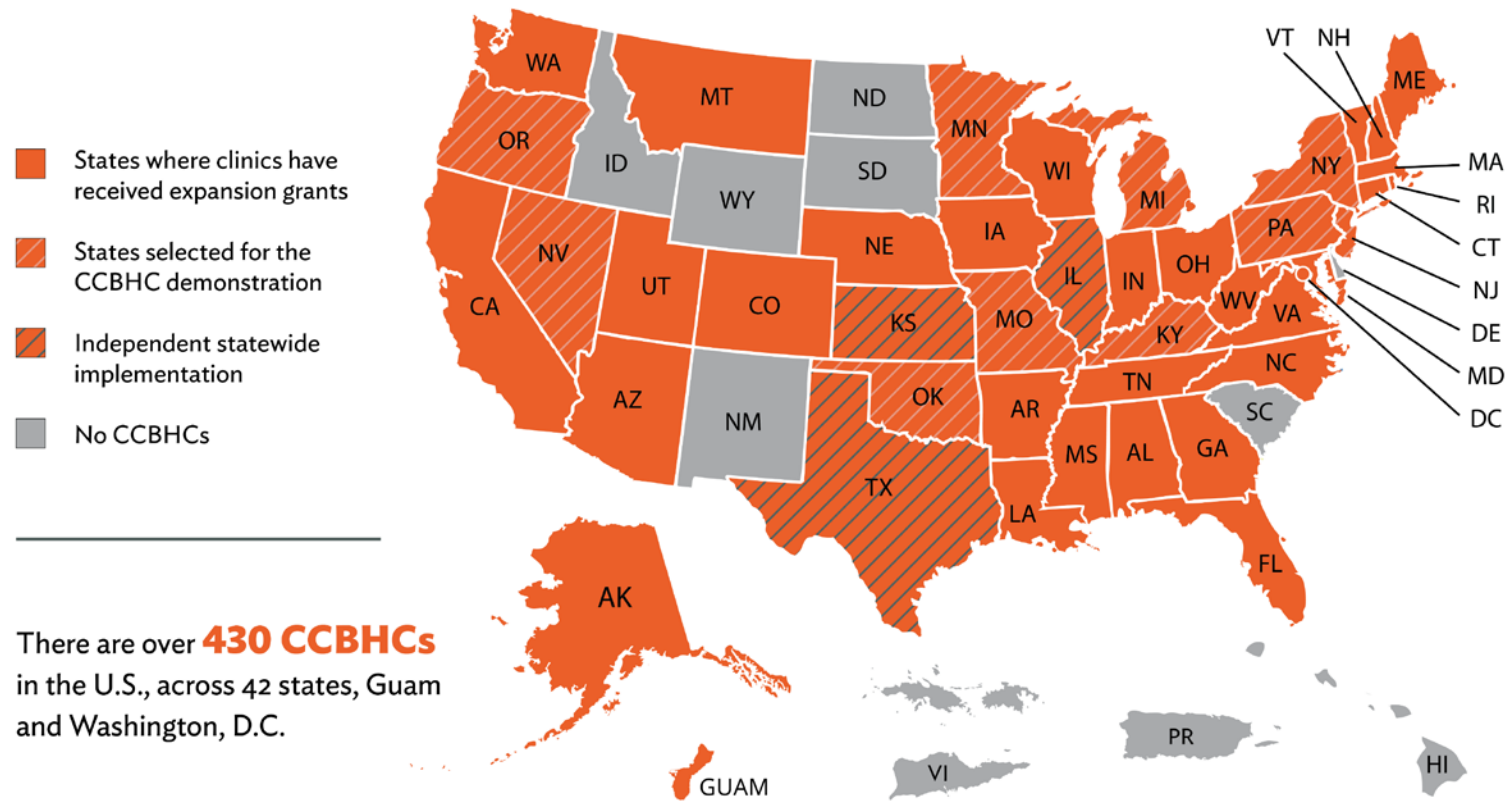
Prospective payment system ➡ Covers anticipated CCBHC costs

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CCBHC Scope of Services

Status of Participation in the CCBHC Model

Legend:
- States where clinics have received expansion grants
- States selected for the CCBHC demonstration
- Independent statewide implementation
- No CCBHCs

There are over **430 CCBHCs** in the U.S., across 42 states, Guam and Washington, D.C.

Approved 1115 waivers: Minnesota
Approved SPAs: Missouri, Nevada, Oklahoma, and Minnesota
Legislation requires state to implement CCBHC: Kansas and Illinois

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www.TheNationalCouncil.org

Incredible Growth in Only 4 Years!

2017	2019	2020	2021
8 states	21 states	33 states	40+ states
66 clinics	113 clinics	229 clinics	430+ clinics
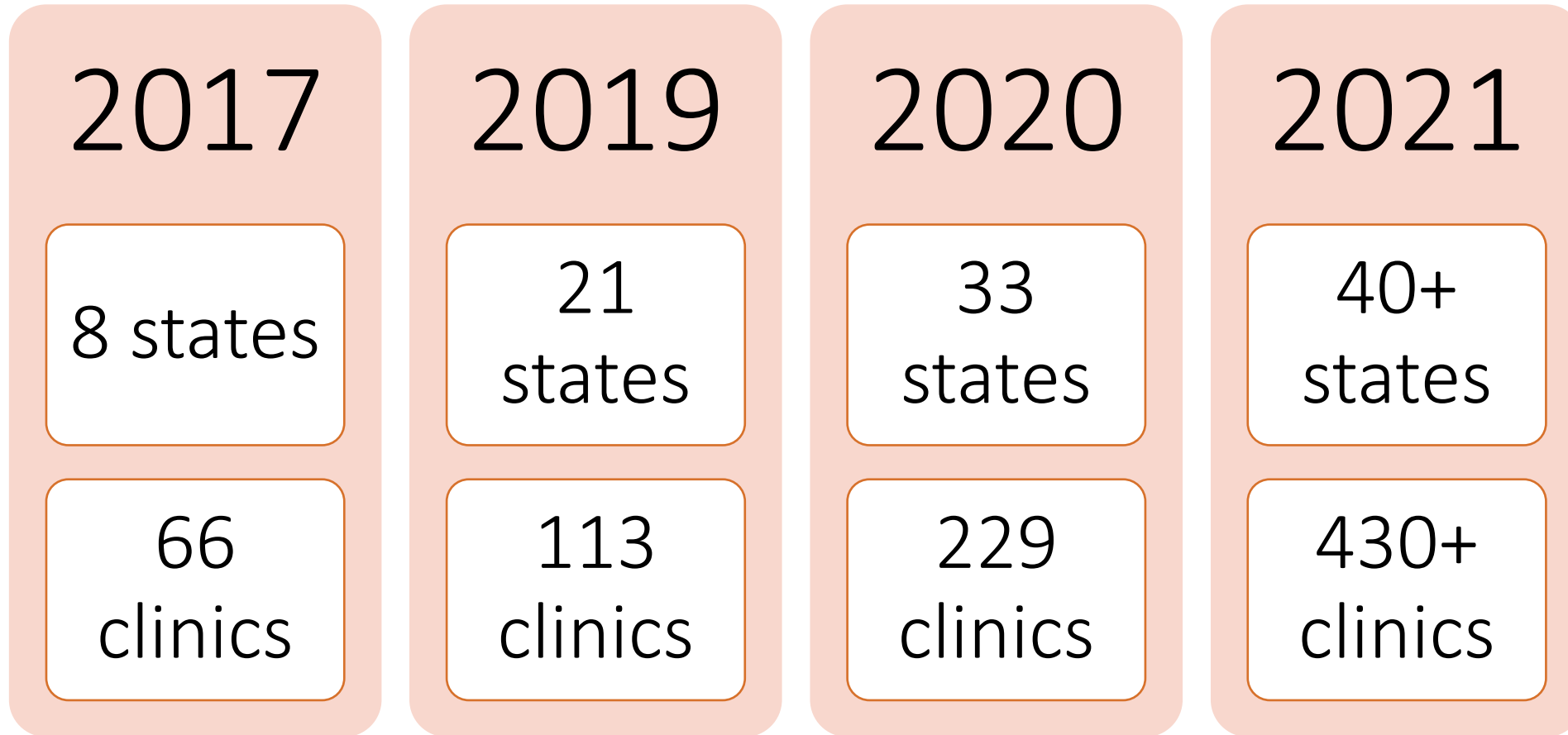
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CCBHCs' Successes, 4 Years In

- Increased hiring / recruitment

- Greater staff satisfaction & retention

- Redesigning care teams

- Improved access to care

- Launch of new service lines to meet community need
  - New initiatives designed to reach target populations or address key Medicaid agency goals

- Deploying outreach, chronic health management outside the four walls of the clinic

- Improved partnerships with schools, primary care, law enforcement, hospitals

- Reduction in hospitalizations/ED visits

- Improvements in physical health indicators

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Investing in the Workforce

- **5,200+** staff hired at 128 CCBHCs in 4 years
  - Average = 41; median = 19

- **Psychiatrists, SUD treatment** and **peer support professionals** among most commonly added staff

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

"Who we employ is equally as important as who we serve. Since April 2017, we've hired 38 new staff within our CCBHC services; **88% of whom are from communities of color**—similar percentages to our client populations."

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Advancing Peer Support Services

- **100%** of CCBHCs offered peer services by end of Year 2 (compared to 69% pre-CCBHC)

- **86%** of CCBHCs also partner with consumer operated/peer service provider organizations.

- **83%** of CCBHCs offer peer support services for families

" [Consumer and family organization representatives] noted **that [CCBHCs'] ability to hire and retain peers has substantially increased consumer engagement.** In one state, for example, a representative reported that several CCBHCs have partnered with hospitals and other organizations to embed peers in order to engage consumers in times of crisis, noting 'the peers bring a lot to the table to help individuals and families navigate the systems with a lived experience perspective.' Representatives from organizations in the other states noted that **CCBHCs have continued to create and fill peer specialist and recovery coach positions throughout the demonstration, further confirming peers' importance to the model**."

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SUD-focused Staffing and Service Expansions

- 100% of CCBHCs employ SUD specialists and peer support specialists
  - Half of CCBHCs added peer services as a direct result of certification
- 46% of CCBHCs added MAT as a result of certification; nearly all (92%) offered MAT by end of Year 2
- 83% of CCBHCs targeted outreach and engagement efforts to individuals who were previously incarcerated by end of year 2
- 45% of CCBHCs offered telehealth services in courts, police offices, other criminal justice-related facilities
- Proportion of CCBHCs offering:
  - Supported employment: 82%
  - Supported housing: 79%
  - Supported education: 68%

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Making Crisis Services & Supports Available to All

- **100%** of CCBHCs offer crisis response services.
  - **51%** newly added crisis services as a result of certification.

- Required crisis activities: 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization

- **91%** are engaging in one or more research-based practices in crisis response, incl.:
  - Coordinates with hospitals/emergency departments to support diversion from EDs and inpatient (79%)
  - Behavioral health provider co-responds with police/EMS (e.g. clinician or peer embedded with first responders) (38%)
  - Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g. 23-hour observation) (33%)
  - Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g. CAHOOTS or similar model) (19%)
  - Partners with 911 to have relevant calls routed to CCBHC (17%)

Staffing: Required Training

- Training must address:
  - Cultural competence
  - Person-centered and family-centered
  - recovery-oriented,
  - evidence-based
  - trauma-informed care
  - Primary care/behavioral health integration
  - Risk assessment, suicide prevention and suicide response
  - The roles of families and peers
  - Other trainings as required by the state
- Trainings may be provided online

Additional requirements are specified in the CCBHC criteria:
https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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Evidence-based Practices

- **Based on community needs assessment**, states must establish a minimum set of required evidence-based practices, **such as**:
  - Motivational Interviewing
  - Cognitive Behavioral individual, group, and on-line therapies (CBT)
  - Dialectical Behavioral Therapy (DBT)
  - First episode early intervention for psychosis (60%)
  - Multi-systemic therapy
  - Assertive Community Treatment (ACT)
  - Forensic Assertive Community Treatment (F-ACT)
  - Community wrap-around services for youth and children
  - And more…

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Getting Started in Your State

- The National Council CCBHC team is here to help!

  - Advice on SPA/waiver approach

  - Lessons learned from other states

  - Implementation "roadmap"

  - Training for prospective CCBHCs

  - Data, informational materials, and more

CCBHC SUCCESS CENTER

https://www.thenationalcouncil.org/ccbhc-success-center/
Email us at: ccbhc@thenationalcouncil.org

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About Relias

The Industry Experts

"Relias has really been able to help us support all the different specialties in their growth and their development."

DIEUDONNEE KOKOSZKA,
Talent Development Manager, Wheeler Health

"With Relias, the support and problem-solving, the data you will see, and the streamlining of training–I only have positive things to say!"

HEIKE JOHNS,
Learning & Development Coordinator,
Missouri Division of Developmental Disabilities

11,200 Total number of B2B Customers	**1,050** Total number of publications	**9,000+** Total number of courses
5M+ Average number of daily users	**60M+** Total # of courses taken in 2020	**1,000+** Years of Healthcare and segment-specific experience
120 industry partners	**4,500+** Certified or accredited courses	**250+** Industry Accreditations by AHIMA, AMA, AWOHNN, and more
9,200 Total number of hours of content	**~50** Clinicians on staff and	**200+** subject matter experts who contribute to content
1.8M+ Number of licenses on the RLMS in 2020	**500+** Contracted to create content	**20+** Years of avg healthcare experience per SME

Relias and CCBHCs by the Numbers

140+
CCBHC Organizations served by Relias

$350MM +
Amount of grant money received by Relias CCBHC Clients

647
Average number of staff using the Relias Platform

1 Million +
Number of Relias courses completed by CCBHCs in past 12 months

87,000 +
Number of CCBHC learners impacted

CCBHC Scope of Services

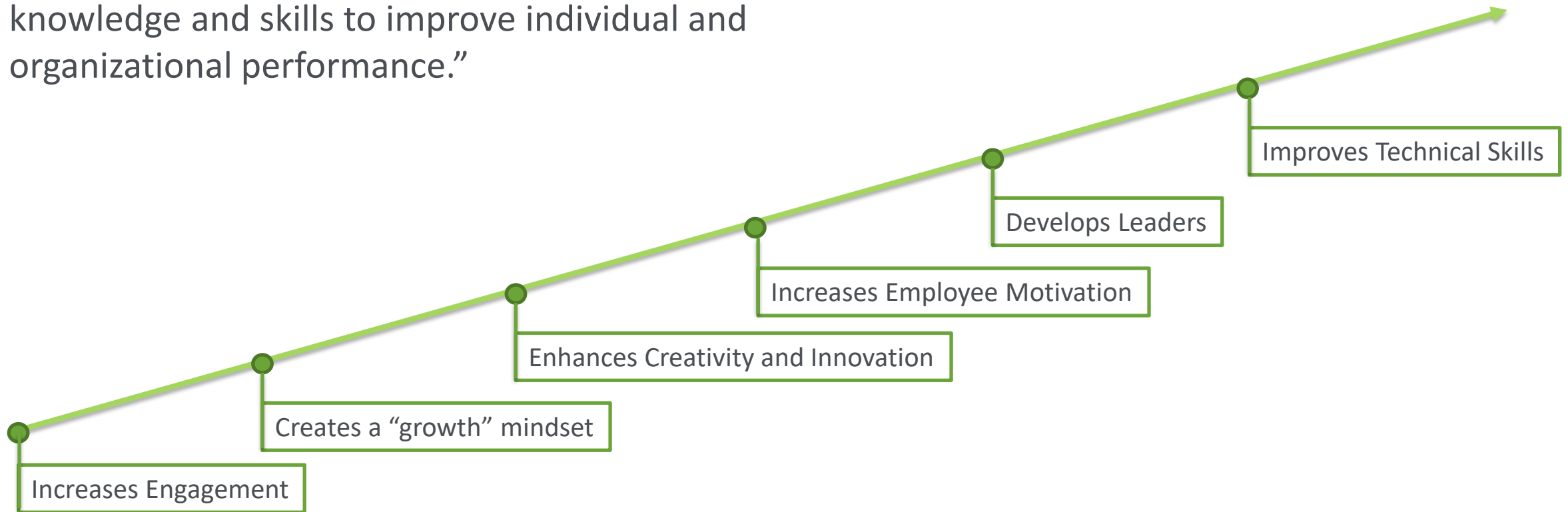|			
Crisis mental health services	Screening, Assessment and Triage/Referral	Patient Centered Treatment Planning	Outpatient Mental Health and Substance Use services
Primary Care Screening and Monitoring	Targeted Case Management	Psychiatric Rehab and Veteran's Services	Peer Support, Counselor Services, Family Supports

Technology is Your Friend

- Automate Processes
- Onboard Efficiently
- Train Effectively
- Track and Report
- Increase Engagement

Creating Culture of Learning

"A culture of learning, or learning culture, is one in which employees continuously seek, share, and apply new knowledge and skills to improve individual and organizational performance."

Improves Technical Skills

Develops Leaders

Increases Employee Motivation

Enhances Creativity and Innovation

Creates a "growth" mindset

Increases Engagement

Theme Areas of Focus

Trauma- Informed Care

"…credentialed, certified, and licensed professionals with adequate training in person-centered, family-centered, *trauma-informed*, culturally-competent and recovery-oriented care will help ensure this objective is attained."

Medication- Assisted Treatment

"Evidence-based medication evaluation and management (including but not limited to medications for psychiatric conditions, *medication assisted treatment* for alcohol and opioid substance use disorders."

Substance-Use Disorder

"The CCBHC directly provides outpatient mental and *substance use disorder* services that are evidence-based or best practices, consistent with the needs of individual consumers as identified in their individual treatment plan."

Crisis Prevention

"…the CCBHC creates, maintains, and follows a *crisis plan to prevent* and de-escalate future crisis situations, with the goal of preventing future crises for the consumer and their family."

Onboard Efficiently

Theme Area of Focus - TIC

Trauma-Informed Care Onboarding Training Plans

+ All new hires

+ Enrollment based on job title

+ Due dates align with in-person onboarding components
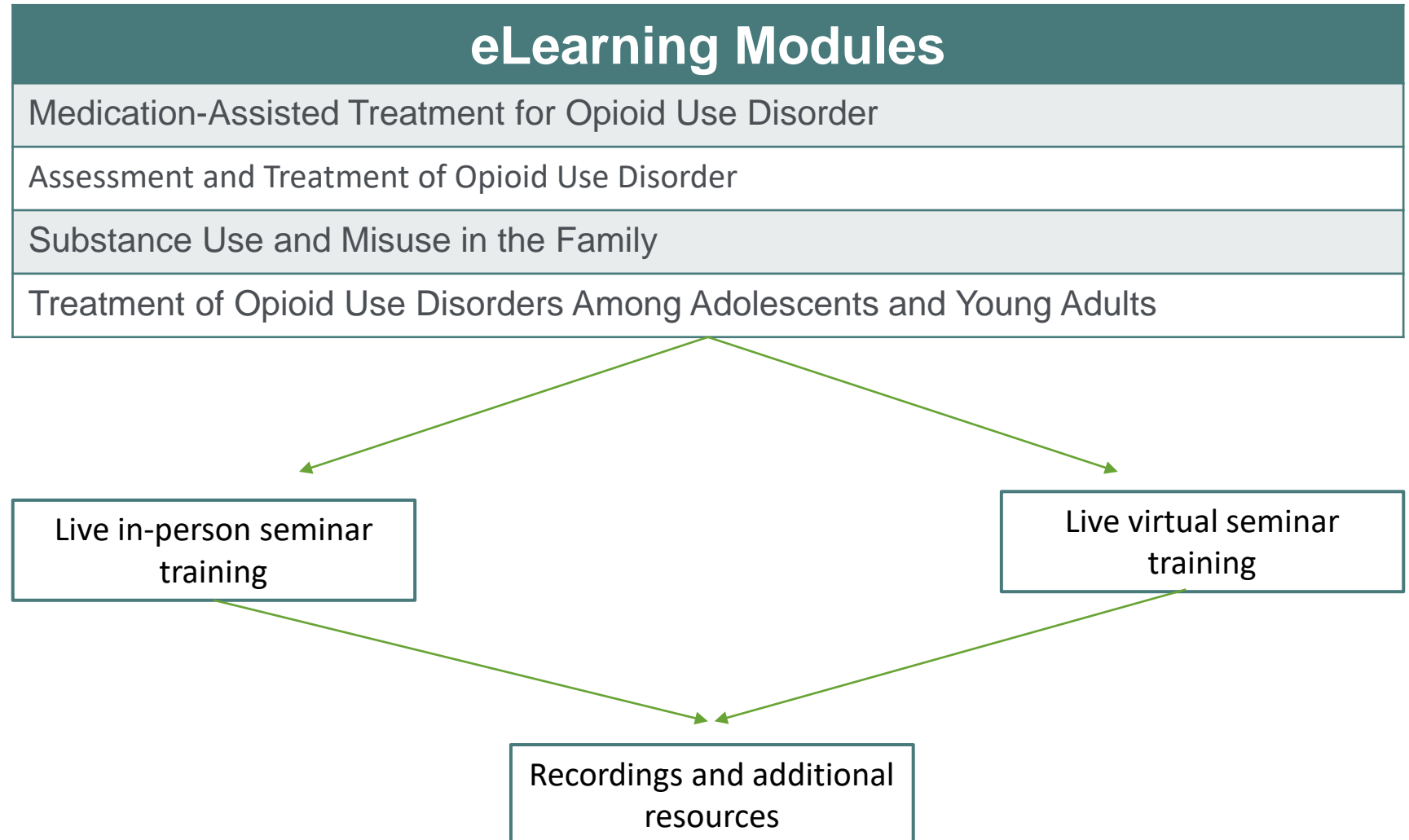
Train Effectively

Theme Area of Focus - MAT

Medication-Assisted Treatment with Opioid Use Disorder

+ Blended learning curriculum

+ Live virtual events

+ Access to additional resources

eLearning Modules
Medication-Assisted Treatment for Opioid Use Disorder
Assessment and Treatment of Opioid Use Disorder
Substance Use and Misuse in the Family
Treatment of Opioid Use Disorders Among Adolescents and Young Adults

Live in-person seminar training

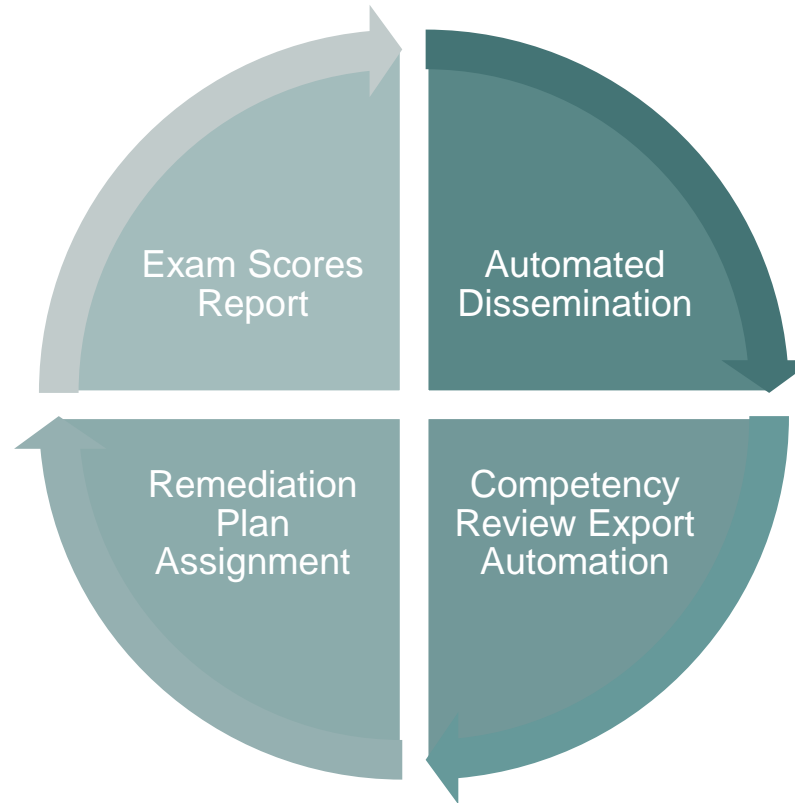Live virtual seminar training

Recordings and additional resources

![Automate Processes]

Theme Area of Focus - SUD

Substance Use Disorder

+ Knowledge evaluation

+ Automate reporting

+ Pre-built Remediation plans

Exam Scores Report

Automated Dissemination

Remediation Plan Assignment

Competency Review Export Automation

Remediation Plans

+ Substance Use Disorder - Adolescent

+ Substance Use Disorder - Adult

+ Substance Use Disorder – Veteran

+ Substance Use Disorder – Assessment and Screening

Theme Area of Focus – Crisis Prevention

Crisis Prevention

+ Simulate Environment

+ Experience different populations

+ Evaluate knowledge

Crisis Prevention Simulations	
	In Session: Practicing Clinical Skills to Prevent Other-Directed Violence in Adults
	In Session: Practicing Clinical Skills to Prevent Other-Directed Violence in Children and Adolescents
	In Session: Practicing Clinical Skills to Prevent Suicide
	In Session: Practicing Clinical Skills to Prevent Suicide in Children and Adolescents
	In Session: Practicing Clinical Skills to Prevent Suicide in Older Adults
	In Session: Suicide Assessment and Intervention for Adults

Questions?

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