

# CCBHC Sustainability Series, Session 3: Financing for Sustainability – Understanding Your Costs and Preparing for New Payment Models

Monday, January 9<sup>th</sup>, 2023  
2:00-3:00pm E.T.

**CCBHC-E National Training and Technical Assistance Center**

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

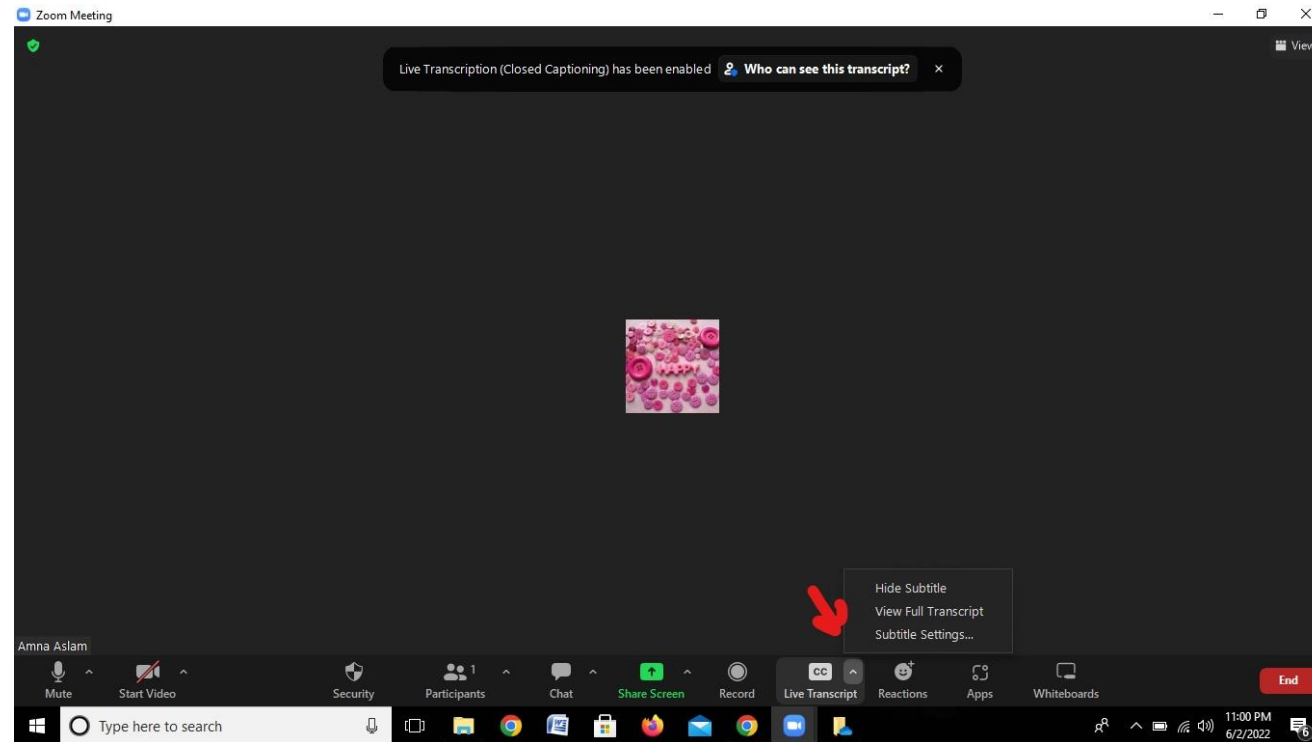
# Acknowledgements and Disclaimer

*This event/publication was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).*

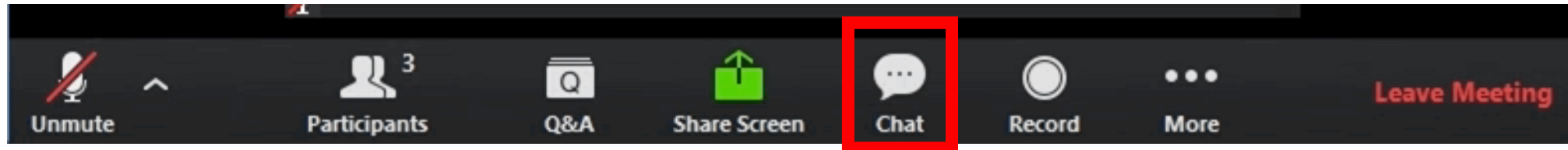


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Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.



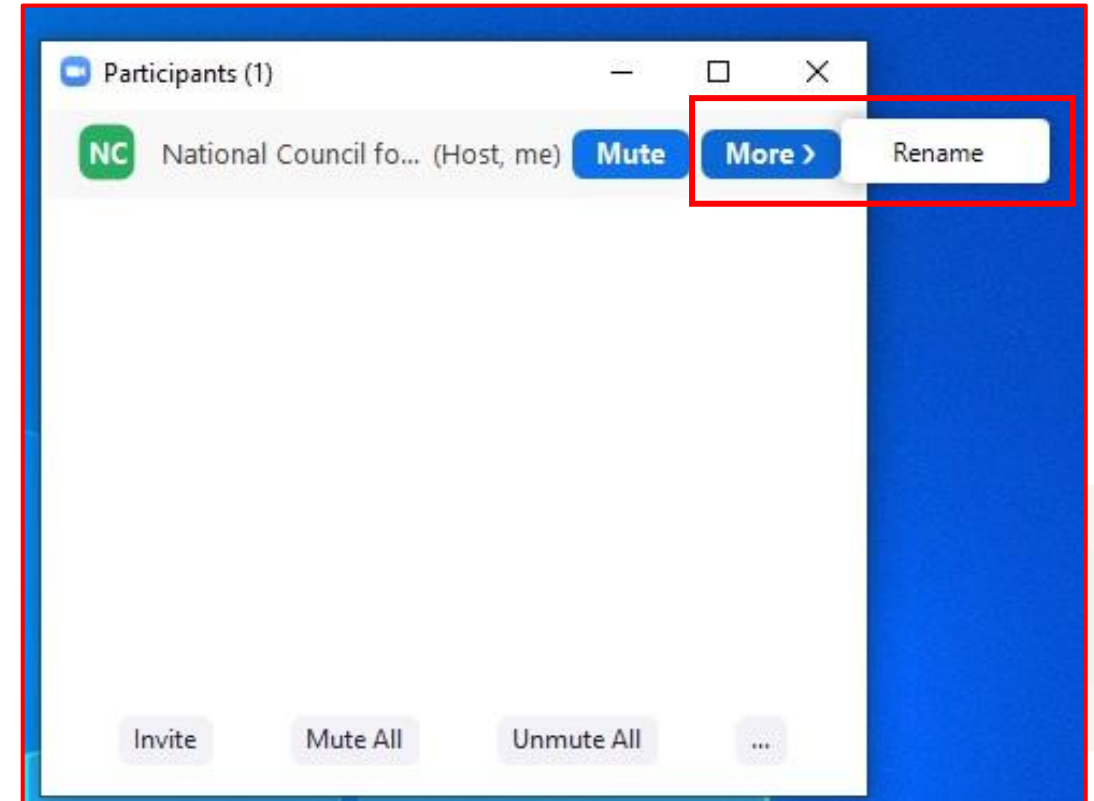
# How to Ask a Question



Please share questions throughout today's session using the **Chat Box** on your Zoom toolbar.  
We'll answer as many questions as we can throughout today's session.

# Name and Organization

- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
  - *For example:*
    - **Alexandra Meade, National Council**
  - *To rename yourself:*
    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **Ritu Dhar, National Council**



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# Today’s Session: Slides and Recording

Slides and the session recording link will be available on the [CCBHC-E NTTAC website](#) under “Training and Events” > “Past Events” within 2 business days.

The screenshot displays the CCBHC-E National Training and Technical Assistance Center website. On the left, a navigation menu under 'Training & Events' includes links for 'About Us', 'Resources', 'Training & Events' (highlighted with a red arrow), 'Learning Communities', 'On-Demand Modules/Lessons', 'Learning and Action Series', and 'Request Training/Assistance'. The main content area features a 'Calendar of Events' section with search filters for 'Search', 'Start Date', 'End Date', and 'Select Event'. A dropdown menu is open, showing 'Future Events' and 'Past Events' (highlighted with a blue bar and a red arrow). An 'Apply' button is visible below the dropdown. The page also includes a 'Relias First National T' section with a 'Read more' link.



# Today's Agenda

- Welcome and logistics
- Review of agenda, learning objectives, and presenters
- CCBHC Conceptual Financing Framework
- Overview of PPS Rate-Setting
  - CCBHC Allowable Costs, including Anticipated Costs
  - CCBHC Billable Visits
- CCBHC Case Study: Oaks Integrated Care (NJ)
- Questions



# Learning Objectives

- Describe approaches for assessing and identifying billable CCBHC services to optimize billing
- Identify considerations for capturing your costs as a CCBHC
- Demonstrate how advanced CCBHCs have explored alternative payment model opportunities





# Today's Presenters



**Jane King, PsyD, LP**  
*Senior Consultant,*  
CCBHC-E NTTAC,  
National Council for  
Mental Wellbeing



**Mindy Klowden, MNM**  
*Managing Director for*  
*Behavioral Health,*  
Third Horizon Strategies



**Peter Epp, CPA**  
*Partner*  
CohnReznick LLP



**Joanne McNamara, JD**  
*Senior Manager,*  
*Healthcare Consulting*  
*Services*  
CohnReznick LLP



**Michael D'Amico, MSW,  
LCSW**  
*Vice President,*  
Oaks Integrated Care (NJ)



# CCBHC: Conceptual Financing Framework

Peter Epp, CPA  
*Partner*  
CohnReznick LLP

Joanne McNamara, JD  
*Senior Manager,*  
*Healthcare Consulting*  
*Services*  
CohnReznick LLP

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# CCBHC Criteria Program Requirements

1. Staffing	<ul style="list-style-type: none"><li>• Staffing plan driven by local needs assessment.</li><li>• Licensing and training to support service delivery.</li></ul>
2. Availability and Accessibility of Services	<ul style="list-style-type: none"><li>• Standards for timely and meaningful access to services, outreach and engagement.</li><li>• 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.</li></ul>
3. Care Coordination	<ul style="list-style-type: none"><li>• Care coordination agreements across services and providers.</li><li>• Defining accountable treatment team, health information technology and care transitions.</li></ul>
4. Scope of Services	<ul style="list-style-type: none"><li>• Nine required services, as well as person-centered, family-centered and recovery-oriented care.</li></ul>
5. Quality and Other Reporting	<ul style="list-style-type: none"><li>• 21 quality measures, a plan for quality improvement and tracking of other program requirements.</li></ul>
6. Organizational Authority, Governance and Accreditation	<ul style="list-style-type: none"><li>• Consumer representation in governance.</li><li>• Appropriate state accreditation.</li></ul>

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria:  
[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)

# SAMHSA CCBHC Expansion Grants vs. Medicaid CCBHC Demonstration

Medicaid CCBHC Demonstration	SAMHSA CCBHC Expansion Grants
Open to participating demonstration states and the state determines how, and which clinics can participate.	Open to community-based behavioral health non-profit organizations, or organizations as defined by SAMHSA NOFO. Open in all states, grant application periods typically open annually.
Administered by state Medicaid and Behavioral Health authorities within guidelines set by SAMHSA/CMS.	Administered by SAMHSA.
States determine certification criteria using SAMHSA guidance as a baseline.	Grantees must submit an attestation demonstrating that they meet the CCBHC certification criteria requirements, whether through their state certification or via the federal CCBHC certification criteria.
CCBHCs are certified by their states.	Grantees can be certified by their states, where there is an option, but still, need to submit an attestation to SAMHSA.
CCBHCs receive clinic-specific Medicaid payments through the PPS methodology.	SAMHSA CCBHC grantees receive grant funds for a set period of time to implement approved services and activities and continue to bill Medicaid and other payers as usual during that period.



# CCBHC – Conceptual Financing Framework

- Holy Grail = PPS rate to cover the cost of the CCBHC bundle of services for Medicaid beneficiaries \*
- Understand the CCBHC PPS reimbursement model
- Transitioning to the PPS payment model
  - Develop the costs of the CCBHC “Total Budget”
  - Understand current revenue streams supporting the CCBHC program
  - Consider other revenue opportunities (e.g., Alternative Payment Models)
- Data elements required to successfully transition to the CCBHC PPS payment model

\* Note: CCBHC Medicaid PPS reimbursement is only available to states participating in the federal demonstration program or have implemented the payment models through a State Plan Amendment/Waiver



# CCBHCs Operating Under the PPS Reimbursement Model Are...

A Unique  
Provider Type



Must Provide the  
CCBHC Core Bundle  
of Services



Bundled Payment  
Model Covering the  
CCBHC Core Services



# CCBHC Rate Options

- CMS offers states the option of using either Certified Clinic Prospective Payment System (CC PPS-1) or CC PPS Alternative (CC PPS-2).
- PPS Methodology will depend on the state's selection

Rate Element	CC PPS-1	CC PPS-2
Base rate	Daily rate	Monthly rate
Payments for services provided to clinic users with certain conditions <sup>1</sup>	NA	Separate monthly PPS rate to reimburse CCBHCs for the higher costs associated with providing all services necessary to meet the needs of special populations
Update factor for demonstration year 2	Medicare Economic Index (MEI) <sup>2</sup> or rebasing	MEI or rebasing
Outlier payments	NA	Reimbursement for portion of participant cost in excess of threshold
Quality bonus payment	Optional bonus payment for CCBHCs that meet state-defined and CMS approved quality measures	Bonus payment for CCBHCs that meet state-defined and CMS approved quality measures

Source: SAMHSA 2016 PPS Guidance to Clinics and States, <https://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001.pdf#page=94>

1- The state will develop monthly PPS rates that vary according to users' clinical conditions and will define how PPS rates could vary

2- CMS Medicare Program Rates and Statistics, Market Basket Data, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>



# Basic PPS Rate Construct

$$\frac{\text{Total "Allowable" CCBHC Costs*}}{\text{Total CCBHC Visits*}} = \text{CCBHC PPS Rate}$$

The diagram illustrates the formula for the CCBHC PPS Rate. The numerator is 'Total "Allowable" CCBHC Costs\*' and the denominator is 'Total CCBHC Visits\*'. A blue cloud callout points to the numerator, listing: CCBHC Covered Services, Anticipated "Budgeted" Costs, and Direct Costs & Allocated Overhead. Another blue cloud callout points to the denominator, listing: Services Versus Billable Visits, Daily vs. Monthly Visits, and Anticipated Visits.

- CCBHC Covered Services
- Anticipated "Budgeted" Costs
- Direct Costs & Allocated Overhead

- Services Versus Billable Visits
- Daily vs. Monthly Visits
- Anticipated Visits

*\* Rate calculated using **ALL** clients, regardless of payer category!*





# PPS Payment Model Fundamentals

All-Inclusive Rate  
(AIR) Equation

Total “Allowable” CCBHC Costs

Total CCBHC Visits

CCBHC PPS  
Rate

Description	Number of Visits	
	Option A	Option B
Total Allowable Costs	\$10,000,000	\$10,000,000
Threshold visits	55,000	40,000
<b>Projected CCBHC Medicaid Rate</b>	<b>\$181.82</b>	<b>\$250.00</b>
Medicaid Payer Mix	90%	90%
Number of Medicaid Visits	49,500	36,000
<b>Medicaid CCBHC Revenue</b>	<b>\$9,000,000</b>	<b>\$9,000,000</b>
<i>% of Allowable Costs Reimbursed</i>	90%	90%

AIR  
Reimbursement  
Fundamentals

Impact of Payer  
Mix

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# Transitioning to a CCBHC PPS Rate Model

- **Develop the CCBHC “Total Budget”**
  - The cost of the CCBHC program is much larger than the portion of the program funded by the SAMHSA CCBHC Expansion grants
  - 2 components of costing out the CCBHC program
    - Current baseline costs
    - New anticipated costs (budgeted)
- **What revenue sources are available now to fund the CCBHC program?**
  - CCBHC Expansion grants to support costs not covered by other sources
  - Third party billing (program income)
  - Direct client payments (based on sliding fee scale)
  - Other funding opportunities
  - Alternative Payment Models (APMs)



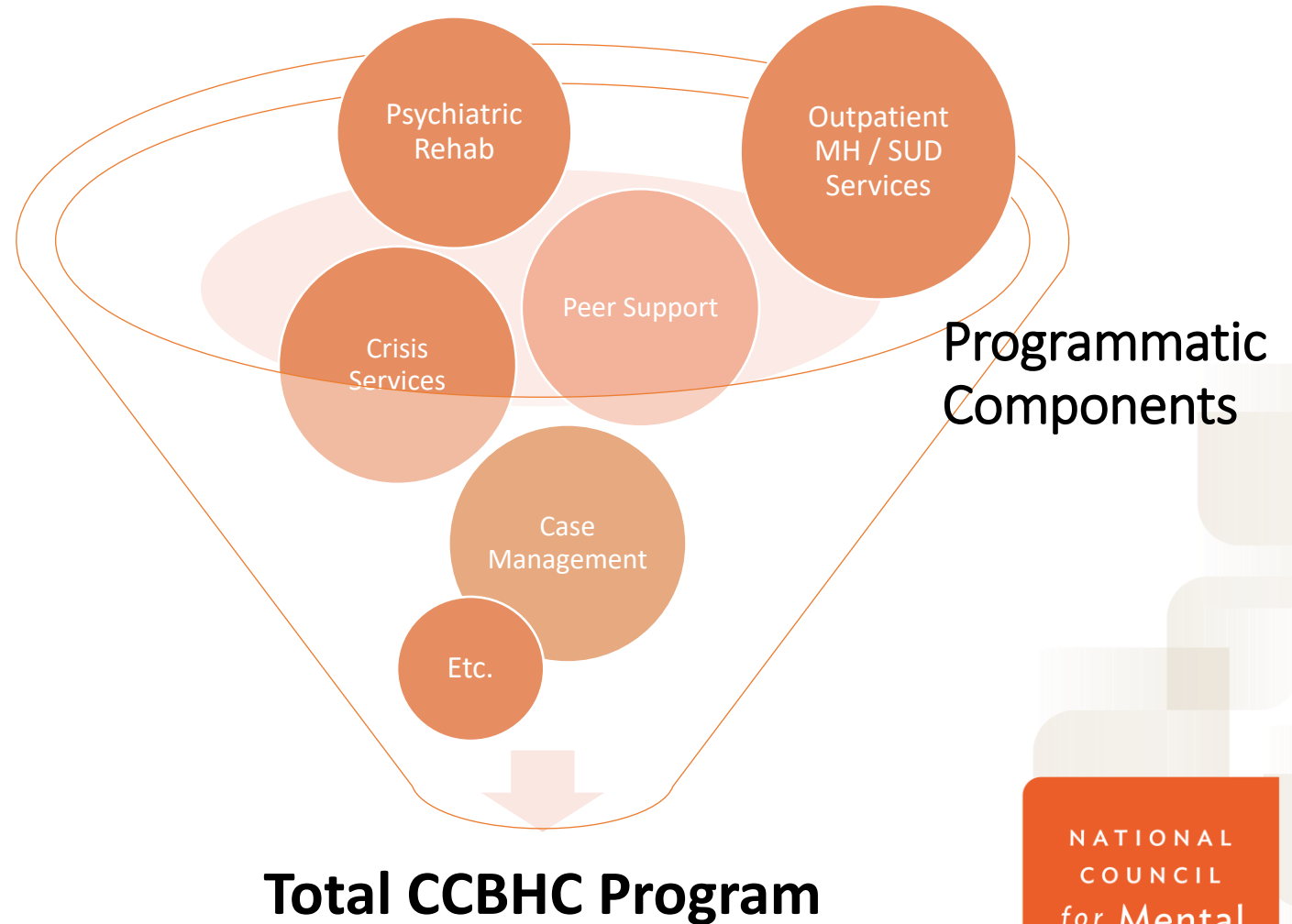
# Developing the CCBHC “Total Budget”

## Current State:

Assessing and monitoring the financial performance of an array of siloed programs

## Future State:

Understanding and monitoring the total cost of CCBHC program operations to strategically plan for sustainability



# Anticipated/Budgeted Services & Costs

- *Project/Manage Year 1 budgeted costs to comply with CCBHC requirements as well as existing baseline services!*
- Review the 9 core CCBHC services with operations, clinical, and financial personnel to determine:
  - Which services are currently provided to identify gaps
  - Determine whether the CCBHC will expand to provide the new service directly or through a Designated Collaborating Organization (DCO)

Service Requirement	Services Currently Provided	Services Not Currently Provided	Gap to be Covered Internally	Gap to be Covered Thru DCO

- Review additional activities outside of the 9 core CCBHC services to determine whether additional services needed to be considered in a cost accounting exercise (e.g., care coordination, quality reporting)



# Anticipated/Budgeted Services & Costs

- **For services that are currently provided, determine:**
  - The staff who provide the service
  - The number/type of services provided by staff (to understand productivity)
  - The number of unique people served during the year (to identify service utilization)
  - Where these services currently reside in the accounting and billing system
- **For those services that need to be added, determine:**
  - Who will be performing the services – internal expansion of services or contract with DCO?
  - What and how many additional staff will be required
  - The number/type of new services to be provided
  - How to best quantify the Anticipated New Costs of services
  - Are market adjustments to salaries required for existing staff?
- **Review additional infrastructure needs required to comply with the CCBHC requirements (e.g., reporting, care coordination, CQI)**



# Developing the CCBHC “Total Budget”

- **Current Assessment: What is the cost of your CCBHC services “today,” and what is the cost of becoming CCBHC compliant?**

<i>CCBHC Scope of Services</i>	<i>Current Annual Actual Costs</i>	<i>Anticipated Annual Costs</i>	<i>TOTAL ANNUAL PROGRAM COST</i>
<b>24/7 Crisis Services</b>			
<i>Example: Mobile Crisis Response Services</i>	\$ 250,000	\$ 100,000	\$ <b>350,000</b>
<i>Example: 23-hour Crisis Stabilization Unit</i>	\$ 300,000	\$ 250,000	\$ <b>550,000</b>
<b>Subtotal</b>	\$ 550,000	\$ 350,000	\$ <b>900,000</b>
<b>Outpatient Mental Health and Substance Use Services</b>			
<i>Example: Medication Management</i>	\$ 250,000	\$ 100,000	\$ <b>350,000</b>
<i>Example: Medication Assisted Treatment</i>	\$ 250,000	\$ 100,000	\$ <b>350,000</b>
<i>Example: Psychotherapy Services</i>	\$ 250,000	\$ 100,000	\$ <b>350,000</b>
<b>Subtotal</b>	\$ 750,000	\$ 300,000	\$ <b>1,050,000</b>
<b>Continue with all Core CCBHC services...</b>			
Outpatient Primary Care Screening and Monitoring	\$ 120,000	\$ 50,000	\$ <b>170,000</b>
Targeted Case Management Services	\$ 75,000	\$ 25,000	\$ <b>100,000</b>
Psychiatric Rehabilitation Services	\$ -	\$ 130,000	\$ <b>130,000</b>
Peer Supports, Peer Counseling, and Family/Caregiver Supports	\$ -	\$ 75,000	\$ <b>75,000</b>
<b>TOTAL SERVICE COST</b>	\$ <b>1,495,000</b>	\$ <b>930,000</b>	\$ <b>2,425,000</b>



# Developing the CCBHC “Total Budget”

- **Current Assessment: What is the cost of your CCBHC services “today,” and what is the cost of becoming CCBHC compliant?**

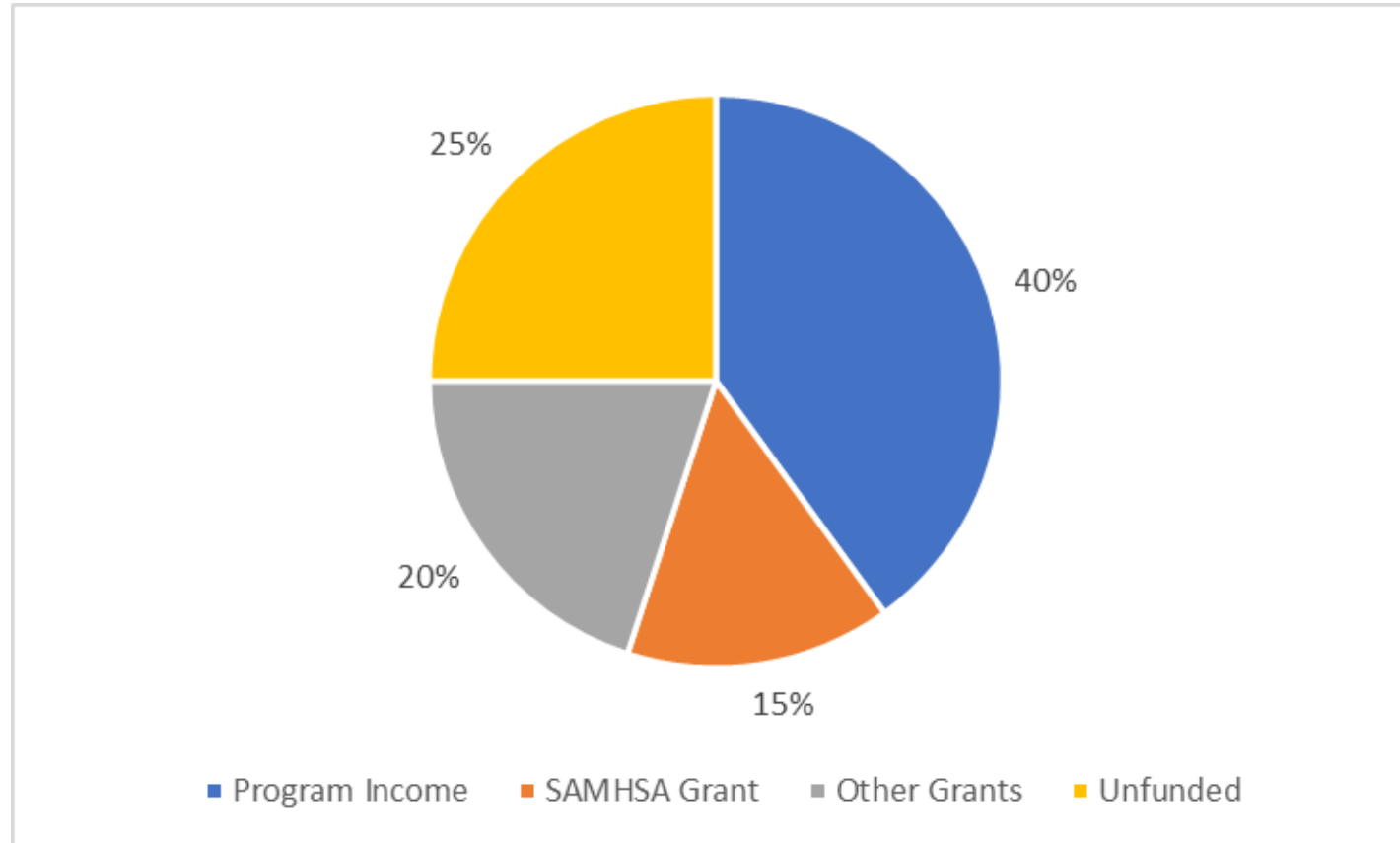
<i><b>CCBHC Scope of Services</b></i>	<i><b>Current Annual Actual Costs</b></i>	<i><b>Anticipated Costs</b></i>	<i><b>TOTAL ANNUAL PROGRAM COST</b></i>
CCBHC Service Delivery	\$ 1,495,000	\$ 930,000	\$ <b>2,425,000</b>
Care Coordination	\$ 20,000	\$ 80,000	\$ <b>100,000</b>
Quality Monitoring and Reporting	\$ 35,000	\$ 50,000	\$ <b>85,000</b>
Program Administration	\$ 140,000	\$ 250,000	\$ <b>390,000</b>
Other Costs (infrastructure, HIT, etc.)	\$ 30,000	\$ 100,000	\$ <b>130,000</b>
<b>TOTAL SERVICE COST</b>	<b>\$ 1,720,000</b>	<b>\$ 1,410,000</b>	<b>\$ 3,130,000</b>

- *Reminder: the total cost of the CCBHC program is not limited to provision of the core services!*
- *Identify current and needed cost for all components required to be fully CCBHC compliant, including those outside of direct service delivery*



# “Slicing-Up” The CCBHC Funding Pie

Example – Identifying Current Funding Streams for the CCBHC Program





# Developing the CCBHC “Total Budget”

- **Current Assessment: What revenue sources will support CCBHC services?**

Assess service revenue opportunities:

- What are the CPT/HCPC codes used during service delivery for each type of CCBHC service
- What providers are used, and what payers will reimburse for them?
- What is your payer mix per service type?

<i>CCBHC Scope of Services</i>	<i>Identify potential for billing for services</i>			
	<i>Medicaid</i>	<i>Medicare</i>	<i>Commercial Payers</i>	<i>Other Payer</i>
24/7 Crisis Services				
Screening, Assessment, and Diagnosis				
Person-Centered Treatment Planning, including Risk/Crisis Planning				
Outpatient Mental Health and Substance Use Services				
Outpatient Primary Care Screening and Monitoring				
Targeted Case Management Services				
Psychiatric Rehabilitation Services				
Peer Supports, Peer Counseling, and Family/Caregiver Supports				
Intensive, community-based BH care for members of the Armed Forces and Veterans				

# Developing the CCBHC “Total Budget”

- **Current Assessment: What revenue sources will support CCBHC services?**
- What other sources of revenue can/will support the CCBHC program?

<i>CCBHC Scope of Services</i>	<i>Patient Services Revenue</i>	<i>Supported with SAMHSA Grant Funding</i>	<i>Supported with Other Grant Funding</i>	<i>Supported by Contracts</i>	<i>Other (e.g., Health Home programs, APMs, other case rates, etc.)</i>
24/7 Crisis Services					
Screening, Assessment, and Diagnosis					
Person-Centered Treatment Planning, including Risk/Crisis Planning					
Outpatient Mental Health and Substance Use Services					
Outpatient Primary Care Screening and Monitoring					
Targeted Case Management Services					
Psychiatric Rehabilitation Services					
Peer Supports, Peer Counseling, and Family/Caregiver Supports					
Intensive, community-based BH care for members of the Armed Forces and Veterans					



# Developing the CCBHC “Total Budget”

- **Current Assessment: What revenue sources will support CCBHC services?**

CCBHC Scope of Services	Funded Today			Future Funding Model			
	Traditional FFS Reimbursement	CCBHC Grant Funding	Other Grant/Contract Funding	Base Compensation	"New" Base Compensation	Care Management Fee	Enabling / Social Drivers of Health (SDOH)
<b>Core Services</b>							
24/7 Crisis Services			✓		✓		
Screening, Assessment, and Diagnosis	✓			✓			
Person-Centered Treatment Planning, including Risk/Crisis Planning	✓			✓			
Outpatient Mental Health and Substance Use Services	✓			✓			
Outpatient Primary Care Screening and Monitoring	✓			✓			
Targeted Case Management Services		✓				✓	
Psychiatric Rehabilitation Services		✓			✓		
Peer Supports, Peer Counseling, and Family/Caregiver Supports		✓					✓
BH care for members of the Armed Forces and Veterans	✓			✓			
<b>Additional Components</b>							
Care Coordination		✓				✓	
Quality Improvement/Reporting		✓				✓	
<b>Payment Model</b>				FFS or Capitation (PMPM) \$		PMPM \$	FFS vs. PMPM

- *Understanding total costs is critical for preparing for sustainability – whether through future PPS rate, APM, or other payment arrangement – to manage and track financial performance*

# Revenue Opportunities During Transition

- Opportunities exist to negotiate reimbursement for some of the “unfunded” CCBHC services and activities
  - *Often providers pursue innovative payment models as a group (e.g., IPAs) or through state behavioral health associations*
- Third party payers (e.g., Medicaid, commercial insurance) have acknowledged the need to adequately reimburse providers for behavioral health services
- Before a PPS is available in your state or with non-Medicaid payers, behavioral health providers should leverage the nationally-recognized CCBHC program into the development of new Alternative Payment Models (APMs)
  - *Quality incentive payments*
  - *Reimbursement of care management/coordination services and quality programs through a care management fee paid on a per member per month (PMPM) basis (e.g., health homes)*
  - *Creation of bundled case rates – “a predetermined amount of money paid to a provider organization to cover the average costs of all services needed to achieve a successful outcome for a given defined episode of care for an individual over an agreed upon time period.”\**

\*Source: “Case Rate Toolkit” – National Council for Mental Wellbeing

# Data Required for Transition to CCBHC PPS

- **Development of the CCBHC “Total Budget”**
  - Completion of the CCBHC services and activities gap analysis
  - Collection of current CCBHC costs
    - Accounting records designed to capture CCBHC versus non-CCBHC direct costs
  - Development of budget for new “anticipated” costs required for compliance with CCBHC program
    - New staffing profile and infrastructure requirements
- **Capture all contacts with clients**
  - Capture contacts with clients by direct care staff **including currently non-billable services and activities**
    - Upgrade EHR and practice management systems to capture AND report on these services
- **Review all systems to ensure capability to support/manage CCBHC operations**
  - Accounting systems
  - EHR and practice management (billing) system(s)



# CCBHC Case Study: Oaks Integrated Care

Michael D'Amico, MSW, LCSW  
*Vice President,*  
Oaks Integrated Care (NJ)

**CCBHC-E National Training and Technical Assistance Center**

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# Case Study:



Community  
Partner



Our Roots



Branches of  
Service



# The Future of CCBHC

## CCBHC Sustainability

State Planning Grants	CCBHC Demonstration	CCBHC E-Grants	SPAs/1115 Medicaid Waivers	Federal CCBHC Demo Expansion	Commercial Partnerships
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# Developing Commercial Partnership

Building the  
Relationship

Developing the  
Model

Contracting and  
Delivering  
Services

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# Key Takeaways



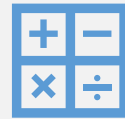
Readiness for  
Organizational Change



Embracing Integrated  
Care



Relationships and  
Partnerships



Calculating Cost of Care



# Next Steps

- Develop CCBHC “Total Budget”
- Identify funding streams to increase sustainability in anticipation of eventual state CCBHC certification and Prospective Payment System (PPS)
- Explore APMs and payments from commercial insurance providers
- Research and experiment with completing the CCBHC Cost Report created by CMS for the CCBHC demonstration found on the CMS website
- [Section 223 Demonstration Program to Improve Community Mental Health Services | Medicaid](#)





# Questions?



# Review of Sustainability Series

## Session 1: Building the Value Case for Statewide CCBHC Implementation

- This session identified how CCBHC-E grantees align and organize alongside other grantees, state associations and other stakeholders to educate and communicate the value of CCBHCs and explore pathways for statewide implementation. It showcased how clinics have used data to demonstrate the impact of their program to effectively engage their states in conversations about CCBHC implementation.
- Steve Denny (Four County) and Rusti Holwick (WACGC)

## Session 2: Transitioning from Grant Programs to State Certification

- With the Bipartisan Safer Communities Act paving a pathway to expand the CCBHC demonstration program nationwide, many grantees could have the opportunity to transition to a state certified CCBHC program in coming years. This session identified strategies for using your CCBHC grant program to prepare your organization for certification, where available, and how to leverage attestation as practice for certification.
- Beth Ann Meints (Kalamazoo) and Sarah Ackerman (Western MHC)

## Session 3: Financing for Sustainability – Understanding Your Costs and Preparing for New Payment Models

- Understanding and optimizing your costs as a CCBHC is critical for sustainability of services. This session identified processes CCBHC-E grantees can establish to capture their costs and optimize billing as a CCBHC, as well as considerations for alternative payment models.
- Michael D'Amico (Oaks Integrated Care), Peter Epp and Joanne McNamara (CohnReznick)

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# Upcoming Events

Event Type	Title	Date + Time	Registration Link
Learning and Action Series	<b>Workforce Innovations Series, Session 1: Staffing Model Redesign</b> <ul style="list-style-type: none"><li>During this session, we'll uncover how to optimize staffing models and refine job descriptions. Our goal? To empower staff to practice with their full capabilities! You'll also gain insight on maximizing care management functions and other pertinent non-clinical positions.</li></ul>	<b>Thursday, February 9th, 2023</b> 3:00-4:30pm E.T.	<a href="#">Register here</a>



# Monthly Cohort Calls

**Monthly cohort calls** from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The <b>last Friday</b> of each month from <b>12:00-1:00pm E.T.</b>	<a href="#">Register here</a>
Program Directors	The <b>first Wednesday</b> of each month from <b>12:00-1:00pm E.T.</b>	<a href="#">Register here</a>
Evaluators/CQI Leads	The <b>first Tuesday</b> of each month from <b>3:30-4:30 pm E.T.</b>	<a href="#">Register here</a>
Medical Directors	The <b>first Monday</b> of each month from <b>12:00-1:00 pm E.T.</b>	<a href="#">Register here</a>



# CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

[CCBHC-E National Training and Technical Assistance Center](https://www.nationalcouncilformentalwellbeing.org/ccbhc-e-national-training-and-technical-assistance-center)





# Thank You!

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Slides and the session recording link will be available on the CCBHC-E NTTAC website under “Training and Events” > “Past Events” within 2 business days.

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