

CCBHC Financial Management and Sustainability Learning and Action Series, Session 1: Overview: A Glidepath to CCBHC Sustainability

Wednesday, May 17th, 2023

2:30-4:00 pm 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

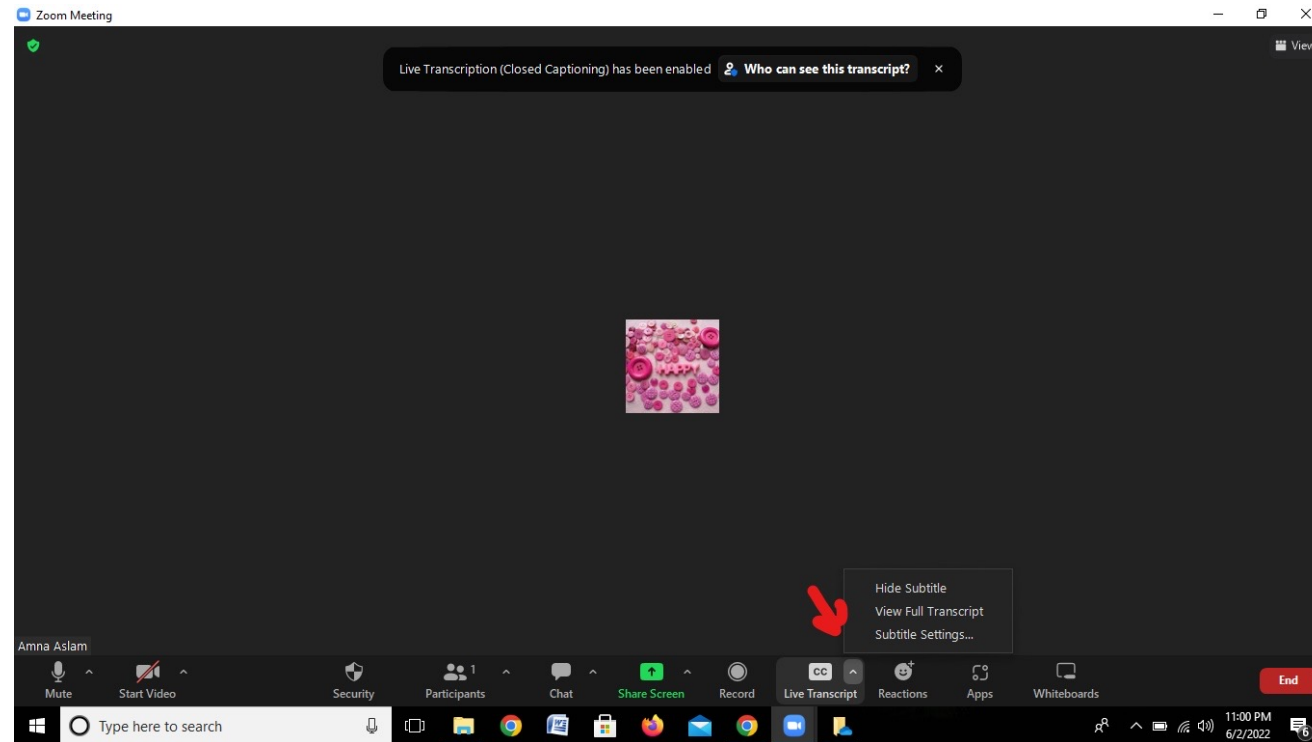
Acknowledgements and Disclaimer

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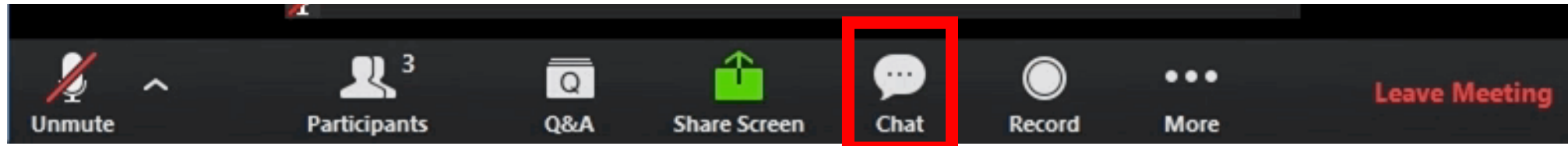


How to Enable Closed Captions (Live Transcript)

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



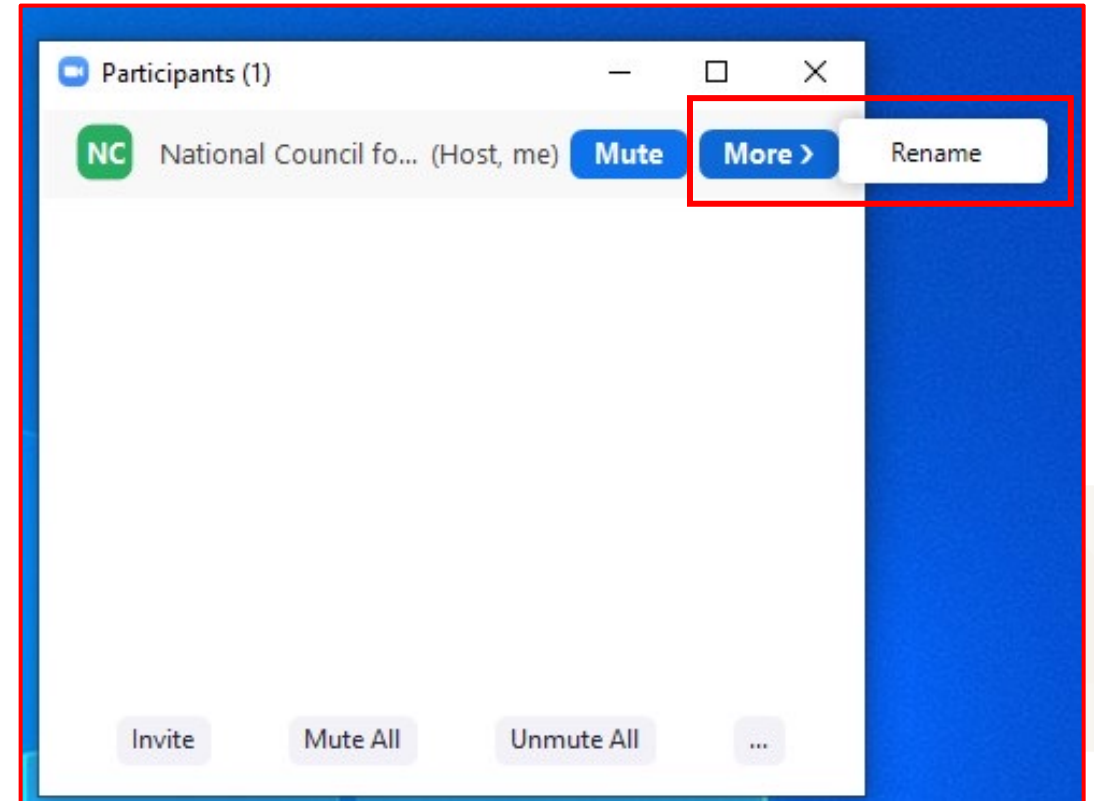
How to Ask a Question



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:*
 - **Hope Rothenberg, 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**
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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 website's navigation and event calendar. On the left, the 'Training & Events' menu is highlighted with a red arrow. The main content area shows the 'Calendar of Events' section, which includes search filters for 'Search', 'Start Date', 'End Date', and 'Select Event'. A dropdown menu is open, showing 'Future Events' and 'Past Events' (highlighted in blue), with an 'Apply' button below it. A red arrow points from the 'Past Events' option in the dropdown to the main content area.



Today's Agenda

- Welcome and logistics
- Review of agenda, learning objectives, and presenters
- What is a CCBHC “Sustainability” Business Plan
- Elements of the Sustainability Business Plan
- CCBHC Program Requirements and the Total Budget Concept
- Components of the CCBHC Total Budget
- Approaches to Sustain the CCBHC Program
- Homework Assignment
- Questions



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Learning Objectives

- Understand the entire CCBHC program design/budget framework, inclusive of the CCBHC grant budget and other funding streams
- Identify various approaches that can be utilized to sustain the fully compliant CCBHC program
- Understand the core elements and framework for a sustainability business plan



Today's Presenters



Peter R. Epp, CPA
*Partner,
Community Health –
Practice Leader*
CohnReznick LLP



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

Overview: A Glidepath to CCBHC Sustainability

Peter R. Epp, CPA
*Partner, Community
Health – Practice
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CCBHC Sustainability Plan Requirement

- Development of a Sustainability Plan is a **Required Activity** for grant funded CCBHCs, as listed in SAMHSA's Notice of Funding Opportunity (NOFO):
 - Within 1 year of award, grantees must develop and implement a Sustainability Plan to support delivery of services once federal grant funding ends
 - The Sustainability Plan shall be updated annually.
- CCBHCs should view the development of a Sustainability Plan as an opportunity to create a CCBHC Business Plan that identifies actionable pathways to support the service delivery model
 - As a best practice, this should include the development of a value proposition to entice funders to invest in the CCBHC model*

* For development of a value proposition – “Development Your Value Proposition – A Step-by-step Guide for Behavioral Health Providers”, National Council for Mental Wellbeing



What is a Business Plan?

How to run your company with a cohesive vision and convince someone to invest in your business

EXECUTIVE SUMMARY

COMPANY AND MANAGEMENT TEAM

OPPORTUNITY

- The Problem and Solution
- Target Market
- Competition
- Future Products and Services

EXECUTION

- Marketing Plan
- Operations
- Strategic Alliances
- Milestones and Metrics
- Key Assumptions and Risks

FINANCIAL PLAN/ PROJECTIONS

- Patient Volume and Services
- Personnel/Staffing
- Profit and Loss
- Cash Flow

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What is a “Sustainability” Business Plan?

- Alignment of the CCBHC Sustainability Plan with a Business Plan

Potential Elements of a CCBHC Sustainability Plan

- An Executive Summary that describes, in narrative form, the previously described elements of the Business Plan
- The Sustainability Plan should be supported by a financial plan/projection covering the CCBHC “Total Budget” concept with the following components:
 - Summary revenue and expense projections
 - Client and services/volume budget
 - Revenue budget
 - Including detailed patient revenue budget linked to the services/volume budget
 - Expense budget
 - Including detailed personnel services budget lined to services/volume utilizing clinical productivity benchmarks



Financial Plan - Overview of Approach

- **Develop the CCBHC “Total Budget”**

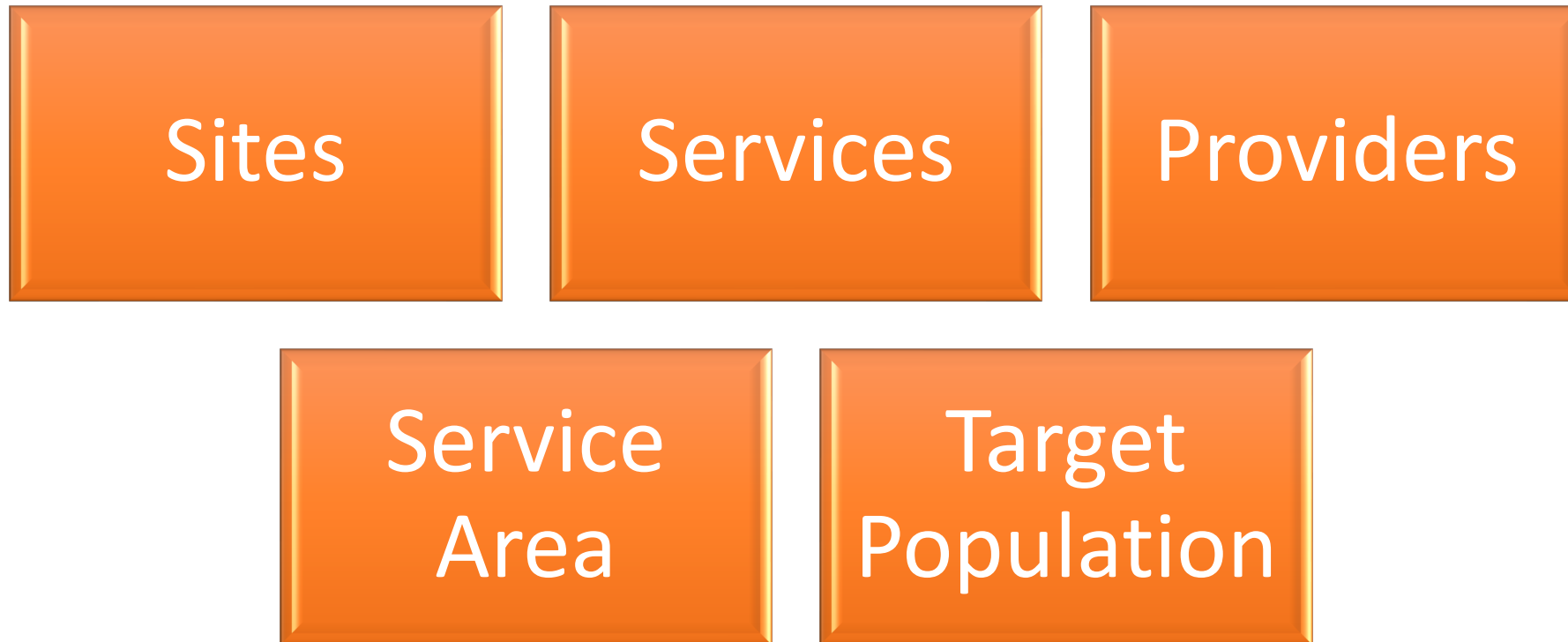
The cost of the CCBHC program is much larger than the portion of the program funded by the SAMHSA CCBHC grants

- Understand the CCBHC program criteria and Total Budget Concept
- 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
 - Program income - Third party billing & direct client payments (based on sliding fee scale)
 - Potential – Medicaid Prospective Payment System (PPS) rates
 - Other funding opportunities (e.g., Alternative Payment Models)



Total Budget Framework Considerations

- When conceptualizing the Total Budget, consider these operational elements of the CCBHC program:



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CCBHC Criteria Program Requirements



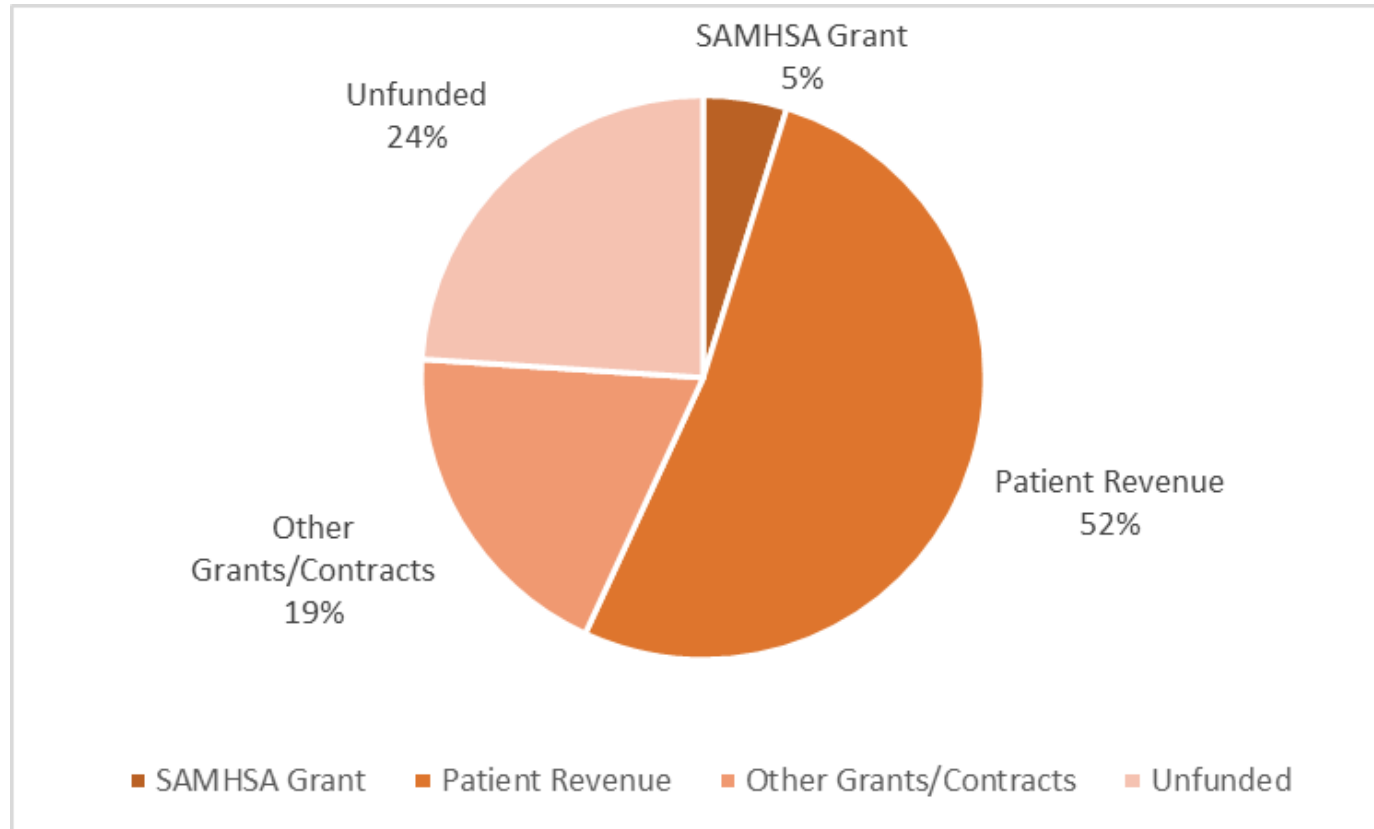
Components of the CCBHC Total Budget

- Expense Budget –
 - Baseline – segregate CCBHC versus non-CCBHC services
 - Anticipated costs to become CCBHC compliant
 - Allocation of overhead costs

	CCBHC	Non-CCBHC	Indirect/Overhead	TOTALS
<u>Salaries & Wages:</u>				
Base Year, Adjusted	\$ 7,500,000	\$ 1,000,000	\$ 1,500,000	\$ 10,000,000
Anticipated	\$ 5,000,000	\$ -	\$ 500,000	\$ 5,500,000
Total Salaries & Wages	\$ 12,500,000	\$ 1,000,000	\$ 2,000,000	\$ 15,500,000
<u>Fringe Benefits & Payroll Taxes:</u>				
Base Year	\$ 1,500,000	\$ 200,000	\$ 300,000	\$ 2,000,000
Anticipated	\$ 1,312,500	\$ 25,000	\$ 150,000	\$ 1,487,500
Total Fringe Benefits & Payroll Taxes	\$ 2,812,500	\$ 225,000	\$ 450,000	\$ 3,487,500
<u>Other Than Personnel Services:</u>				
Base Year	\$ 2,500,000	\$ 500,000	\$ 250,000	\$ 3,250,000
Anticipated Costs	\$ 500,000	\$ -	\$ 100,000	\$ 600,000
Total Other Than Personnel Services	\$ 3,000,000	\$ 500,000	\$ 350,000	\$ 3,850,000
Total Expenses, Before Allocation	\$ 18,312,500	\$ 1,725,000	\$ 2,800,000	\$ 22,837,500
<i>Direct Program Expense %s</i>	<i>91.39%</i>	<i>8.61%</i>		<i>100.00%</i>
Allocation of Indirect/Overhead	\$ 2,558,952	\$ 241,048	\$ (2,800,000)	\$ -
Total Expenses, After Allocation	\$ 20,871,452	\$ 1,966,048	\$ -	\$ 22,837,500

“Slicing-Up” The CCBHC Funding Pie

Revenue Budget – Identifying Current Funding Streams for the CCBHC Program (Example)



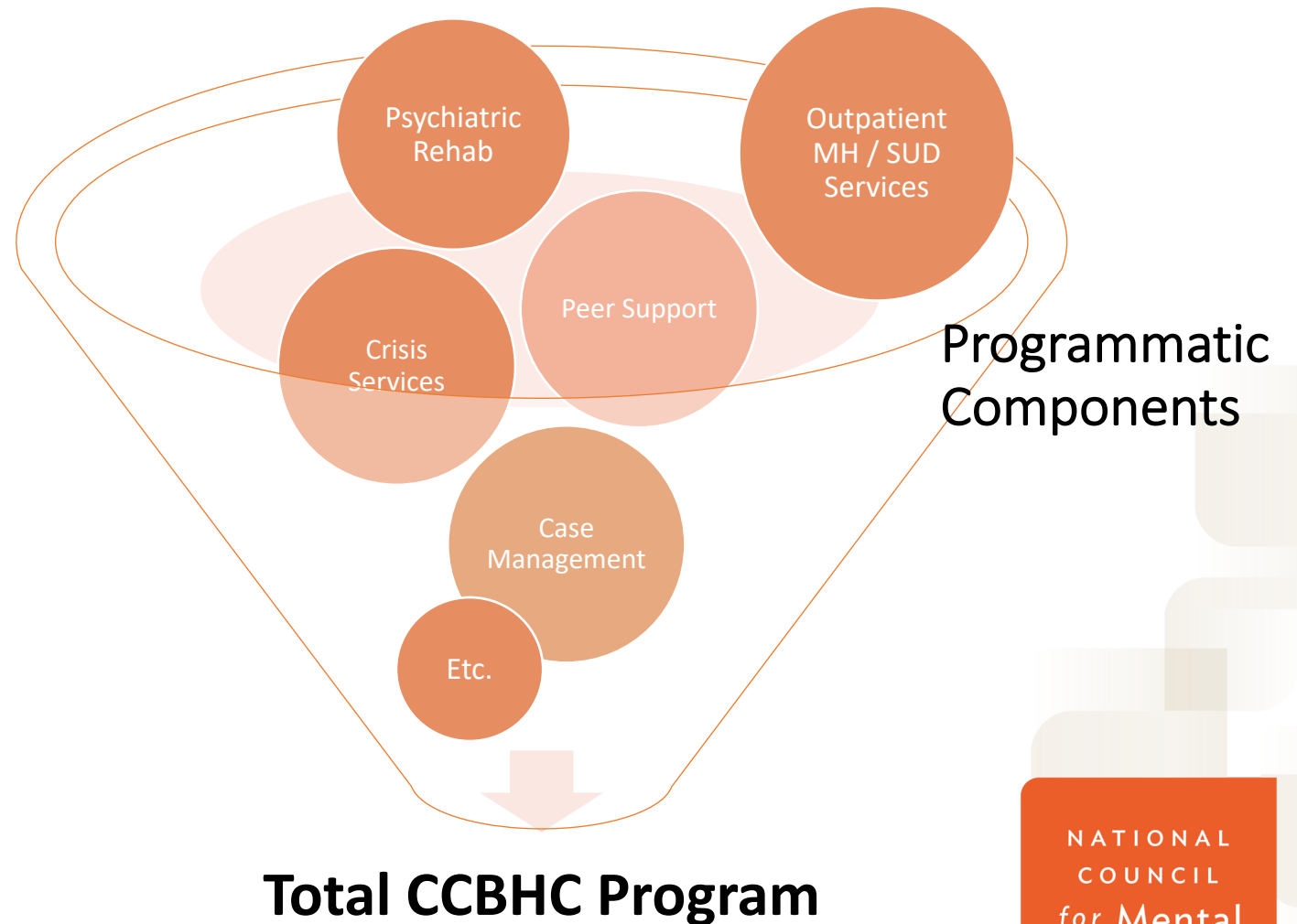
Developing the CCBHC “Total Budget”

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



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



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?

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

- *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*

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?

CCBHC Scope of Services	Identify potential for billing for services			
	Medicaid	Medicare	Commercial Payers	Other Payer
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					



Projecting Revenue in the CCBHC “Total Budget”

- CCBHCs generally cover the costs of the CCBHC program through various revenue streams
 - Federal/state/local grants and contracts
 - Patient revenue (e.g., Medicaid, self-pay)
 - Other
- Projecting revenue for each revenue stream have different drivers
 - Grant and contracts – usually driven by past funding experiences and future, known funding opportunities
 - Patient revenue – based on 2 factors
 - Projected clients and services/visits
 - Services/visits split by payer and payer specific payment rates



Projecting Revenue in the CCBHC “Total Budget”

Projecting Patient Revenue (Example):

1st Project services/visits based on projected clients

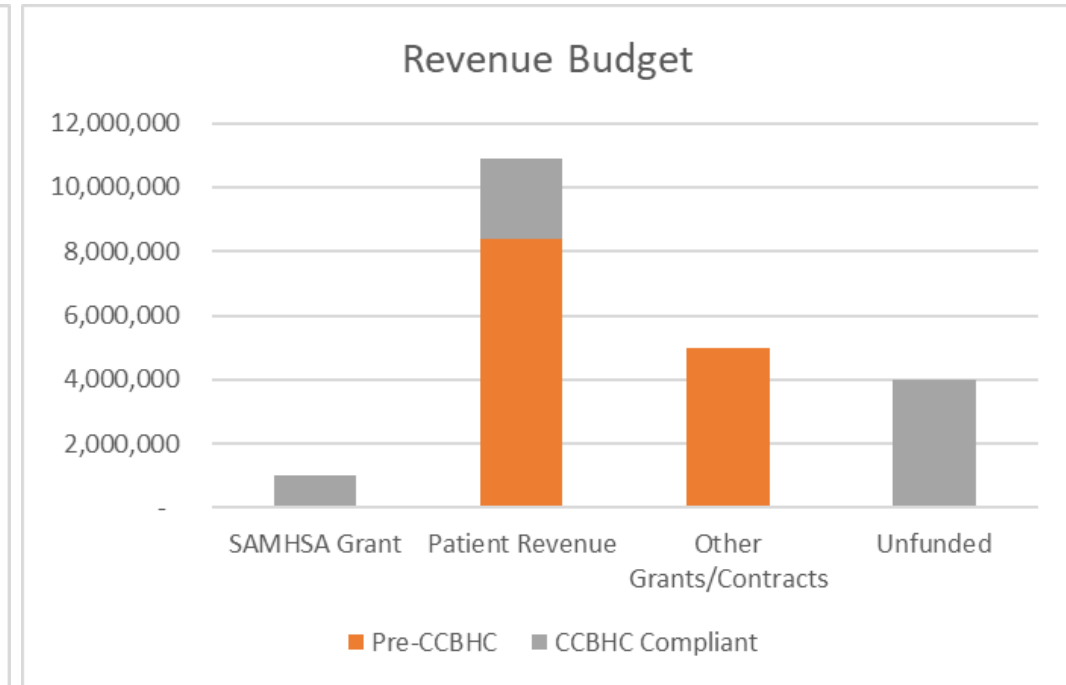
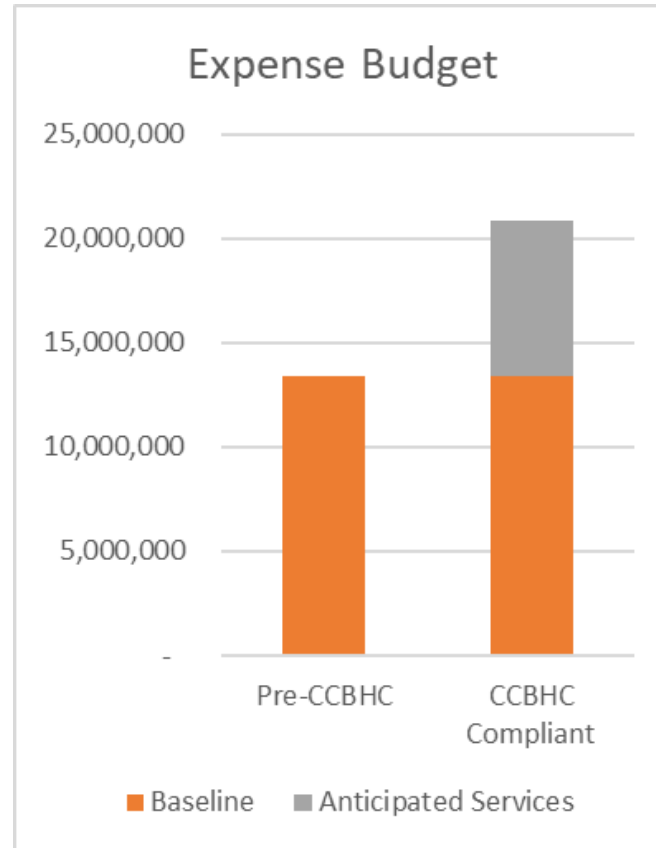
Projected # of Clients	10,000
Average # of Services per Client per Year	8
<u>Projected # of Services</u>	<u>80,000</u>

2nd Project patient revenue based on the payer mix of visits and payer specific payment rates

	Services/Visits	Payer %	Average Pymt. Rates	Revenue
Medicaid	64,000	80%	\$150	\$ 9,600,000
Other Third Parties	8,000	10%	\$75	\$ 600,000
Self-pay	8,000	10%	\$50	\$ 400,000
Total Patient Revenue	80,000	100%	\$133	\$ 10,600,000

Developing the CCBHC “Total Budget”

- Transitioning the current baseline revenue and expense profile to a fully compliant CCBHC under the “Total Budget” concept will create a need to identify alternative revenue streams to sustain the CCBHC program



Sustaining the CCBHC Service Delivery Model

Sustaining the CCBHC service delivery model (or plugging the “unfunded” hole) can be accomplished through a combination of available alternatives:

- Improve the efficiency of the current revenue cycle
- New Base Compensation Models
 - Case Rates
 - Partial Capitation
 - Prospective Payment System (PPS)
- Care Management/Care Coordination fees
- Value Based Payment (VBP)/Value Based Care (VBC) and APMs
- Other program designations (e.g., Federally Qualified Health Center (FQHC))
- Partnerships with other community-based providers



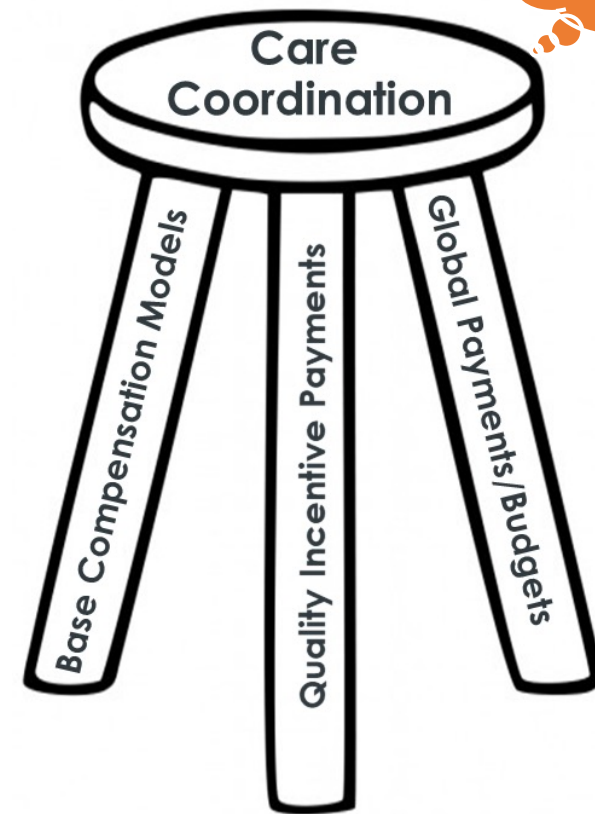
Sustaining the CCBHC Service Delivery Model



- When Value-Based Payment began, payers were concerned with moving payment from volume to value
- Patient/consumer advocates were successful in adding individuals being served to the center of the value equation
- The “silver lining” of the COVID pandemic has been a heightened concern with health equity for inclusion in value-based arrangements
- “Value-Based Payment” (VBP) has evolved to “Value-Based Care” (VBC)

Sustaining the CCBHC Service Delivery Model

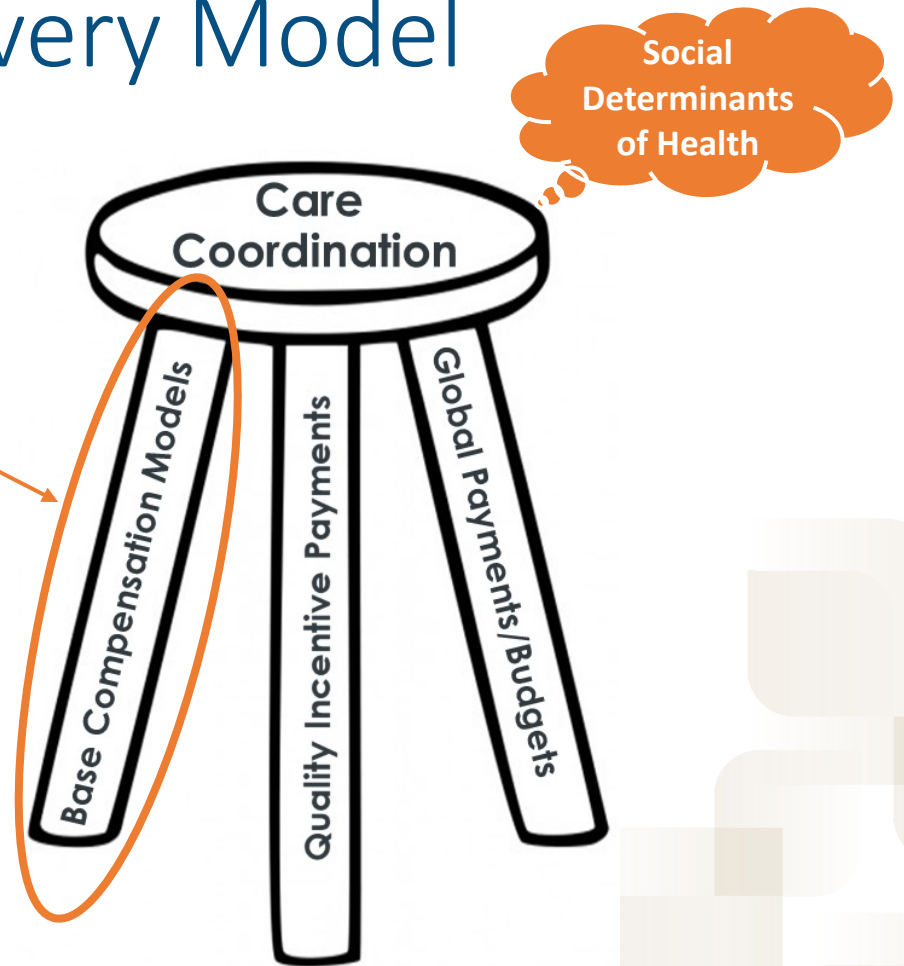
- VBP arrangements contain a hybrid of several different payment methodologies to incentivize and tie together desired behaviors
- The key components of VBP arrangements include:
 - Base Compensation Models
 - Fee-for-service
 - Partial capitation
 - Care Coordination Fee PMPM
 - Quality Incentive Payments
 - Global Payments/Budgets (Total Cost of Care)
 - Surplus-sharing/Risk-sharing
 - Support of Social Determinants of Health



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Sustaining the CCBHC Service Delivery Model

- **Base Compensation** acknowledges that providers must still be reimbursed for the provision of services
- Today, payers are developing new payment designs to cover services not covered in traditional payment models (e.g., Alternative Payment Models, or APMs)
 - Case Rates
 - Partial Capitation Arrangements
 - Prospective Payment System (PPS) Methodologies



Sustaining the CCBHC Service Delivery Model

- Define alternative Base Compensation models
 - **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.*
 - **Partial Capitation** - a fixed amount of money per patient per unit of time paid in advance to a provider organization for the delivery of covered health care services in the agreement.
 - Capitation payments often vary based on the actuarial class of a patient
 - **Prospective Payment System (PPS)** - PPS is a single, bundled rate for each qualifying patient visit for all covered services and supplies provided during the visit; the PPS rate is established using a base year, and trended annually for inflation and future changes in operations.



Basic CCBHC PPS Rate Construct

- CCBHC Covered Services
- Anticipated “Budgeted” Costs
- Direct Costs & Allocated Overhead

Total “Allowable” CCBHC Costs*

=

CCBHC PPS Rate

Total CCBHC Visits*

- 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
Projected CCBHC Medicaid Rate	\$181.82	\$250.00
Medicaid Payer Mix	90%	90%
Number of Medicaid Visits	49,500	36,000
Medicaid CCBHC Revenue	\$9,000,000	\$9,000,000
<i>% of Allowable Costs Reimbursed</i>	90%	90%

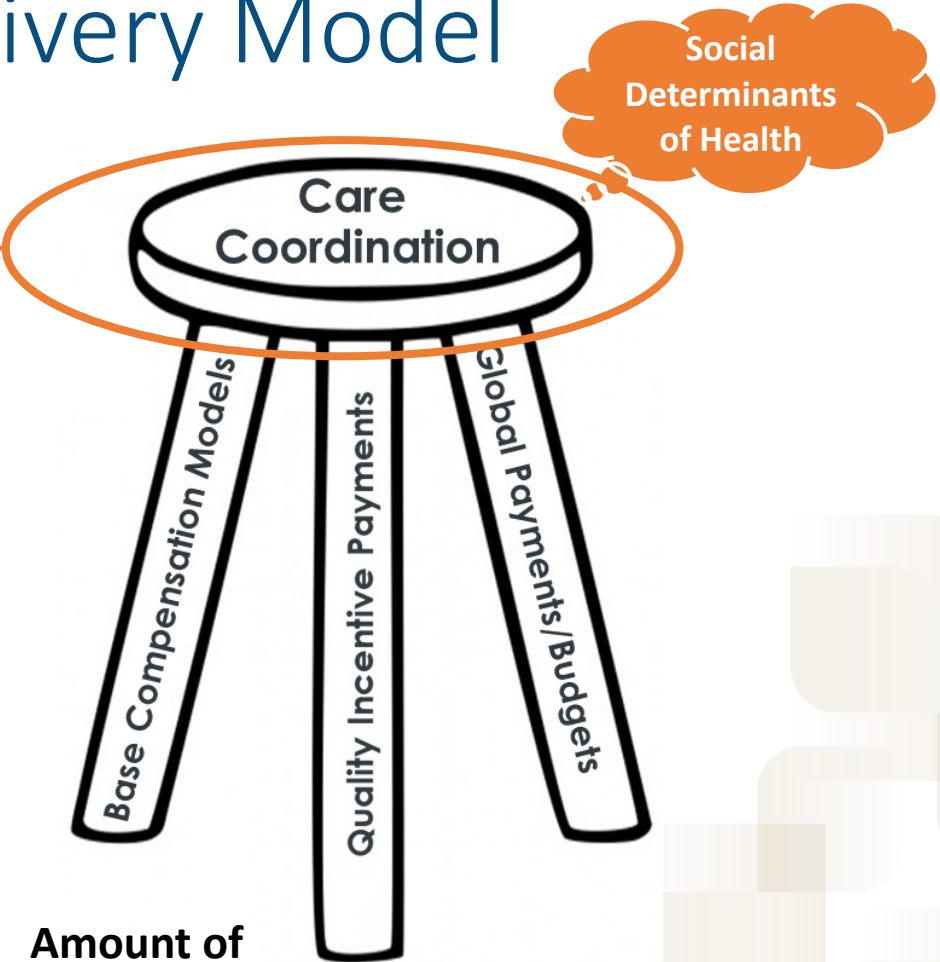
AIR
Reimbursement
Fundamentals

Impact of Payer
Mix

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Sustaining the CCBHC Service Delivery Model

- **Care Coordination/Management Fees** — acknowledge that providers must coordinate services with other providers in the delivery system to improve health outcomes and reduce the total healthcare expenditure
- Today, payers are reimbursing for care coordination/management services under a per fixed per member per month (PMPM) basis



# of Attributed Members	×	Rate PMPM	=	Amount of Payment
<hr style="width: 100%;"/>		<hr style="width: 100%;"/>		<hr style="width: 100%;"/>
5,000 Members		\$ 5.00 PMPM		\$ 25,000

VBP/APM Opportunities

- 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/partial capitation



Sustaining the CCBHC Service Delivery Model

- 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)
Core Services							
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	✓			✓			
Additional Components							
Care Coordination		✓				✓	
Quality Improvement/Reporting		✓				✓	
Payment Model				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*

Coming up:

Session 1: Sustainability Overview

- Overview of CCBHC Sustainability Planning
- Framework for development of total budget and total revenue concepts
- Overview of approaches to sustain CCBHC operations

Session 2: Understanding Baseline Operations

- Identification of baseline (current) services and allocation between CCBHC and non-CCBHC programs
- Review of data capture systems and discussion of modifications to existing systems to support data capture

Session 3: Evaluating “Anticipated” Costs

- Framework for evaluating costs for new or expanded services
- Approaches for projecting need for services based on identified gaps, utilization patterns, and staffing requirements

Session 4: Capturing CCBHC Services/Visits

- Translating visits and utilization to costing units and identifying impact on financial management systems
- Linkage of utilization to various payment models and impact to sustainability planning

Session 5: Pulling All the Elements Together

- Review of foundational elements across sessions to project costs and evaluate approaches to sustainability planning
- Process for monitoring and updating sustainability plans

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Homework Assignment for Session #2

The first section of Session #2 will be a discussion with participants on what was learned during this session and comments on developing a Sustainability Plan. Please review these 2 questions and be prepared to discuss next time:

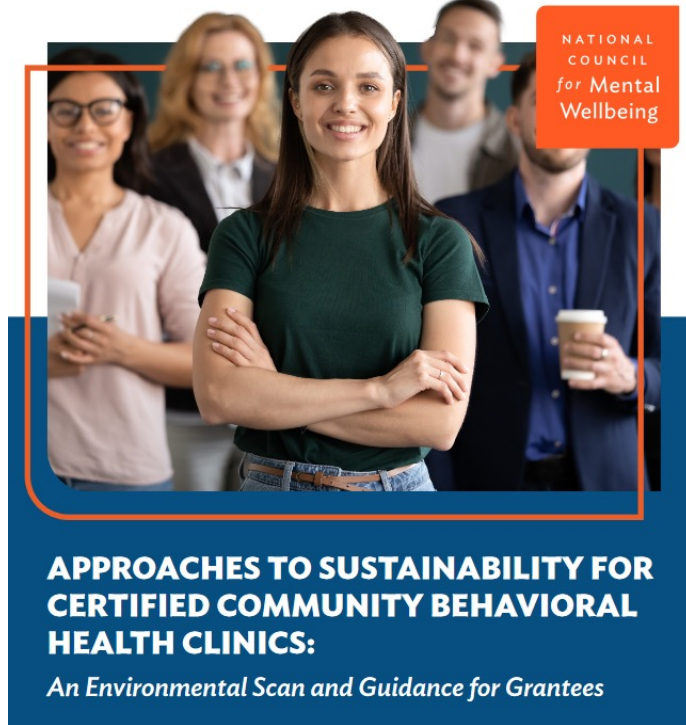
- What services should be included and excluded from the CCBHC Total Budget?
- What are your current thoughts on revenue streams that may support the implementation of the fully-compliant CCBHC program? What are the obstacles?
- Other concerns?





Questions?

Additional Resources



[Approaches to Sustainability for CCBHCs: Guidance for Grantees](#)

This resource identifies strategies being utilized by CCBHC grantees to achieve sustainable funding for model implementation.

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Upcoming Events

Financial Management and Sustainability (May-August 2023)

- **Session Two:** [Understanding your Baseline CCBHC Program](#) – June 14, 2:30-4 p.m. ET. Define baseline services and allocation between CCBHC and non-CCBHC services and activities.
- **Session Three:** [Evaluating the “Anticipated” Costs of Becoming a CCBHC](#) – June 28, 2:30-4 p.m. ET. Learn approaches for forecasting future clients served as a CCBHC and their impact on future services provided and staffing needs.
- **Session Four:** [Capturing CCBHC Services/Visits](#) – July 12, 2:30-4 p.m. ET. Understand CCBHC Medicaid Prospective Payment System (PPS) and learn how to project future clients and services that will impact future potential revenue streams.
- **Session Five:** [Pulling It All Together](#) – August 2, 2:30-4 p.m. ET. Understand the different approaches of sustaining the CCBHC program and learn the elements and structure for pulling together a sustainability plan.

Population Health Management Learning Series (June-August 2023)

- The CCBHC-E NTTAC is hosting a three session Learning and Action series focused on Population Health Management. Building on foundational concepts covered in the Optimizing Data Series, this series will expand and advance on effective population health management approaches and strategies to drive clinical care decisions focusing on topics including risk stratification to identify gaps in care, continuous quality improvement to identify and address health disparities and using advance data analytics assess patient needs and support.
 - **Session One:** [Population Health Management \(PHM\) and the Role of Health Information Technology](#) – June 29, 3-4:30 p.m. ET.
 - **Session Two:** [Risk Stratification](#) – July 27, 3-4:30 p.m. ET.
 - **Session Three:** [Preventative Health Care and Predictive Data Analytics](#) – August 24, 3-4:30 p.m. ET.

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CCBHC-E TTA Center Website



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

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Thank You!





Thank you for attending today's event.


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.

Your feedback is important to us!

Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.

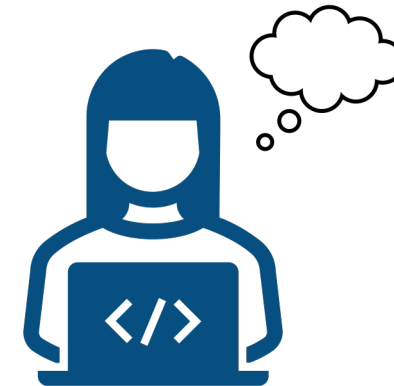
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