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CCBHC-E New Grantee Learning Community

Session 7: Partnerships

Tuesday, May 9th, 2023

3:00-4:30pm 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

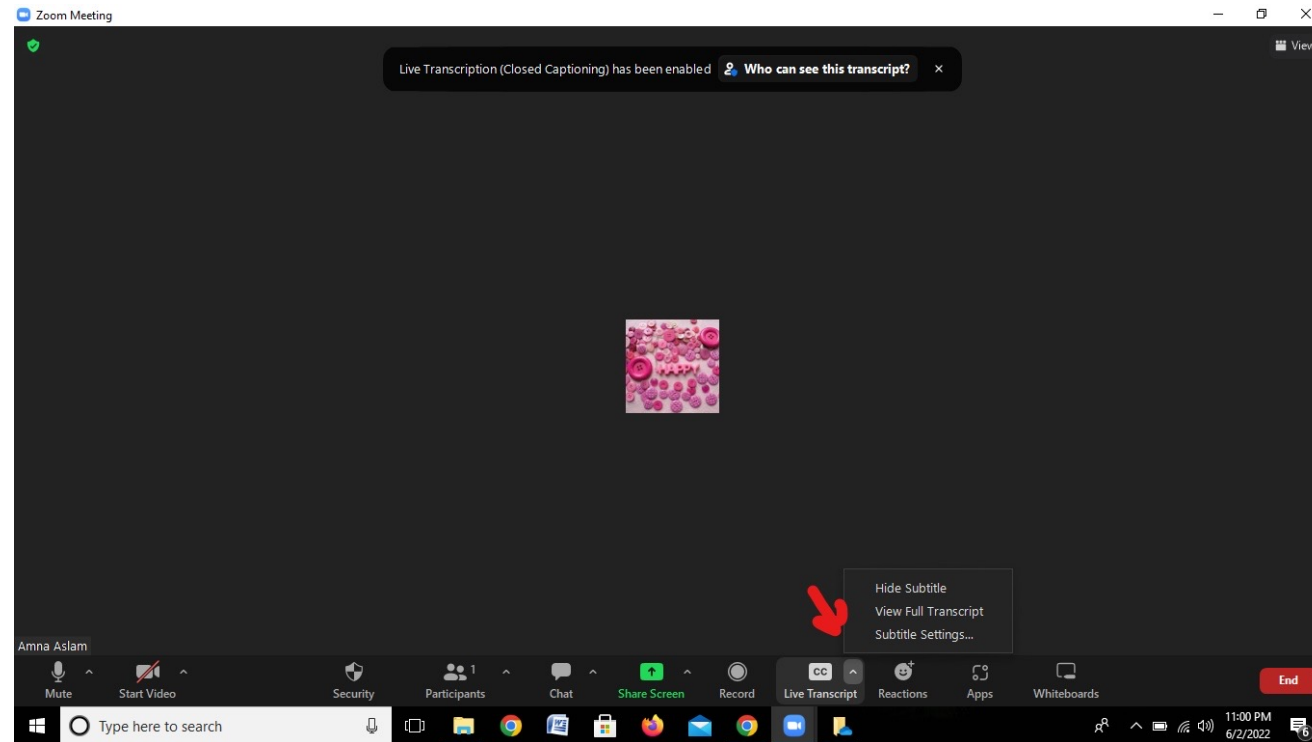
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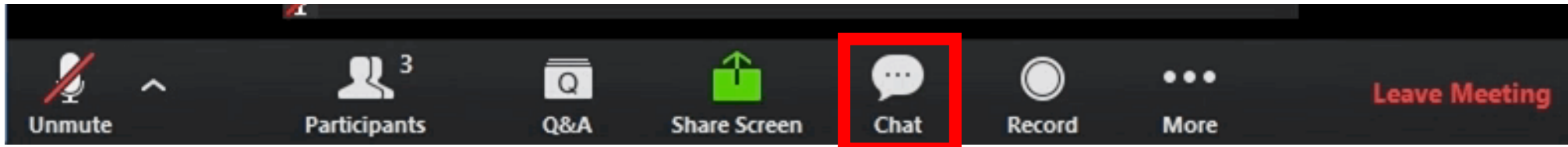


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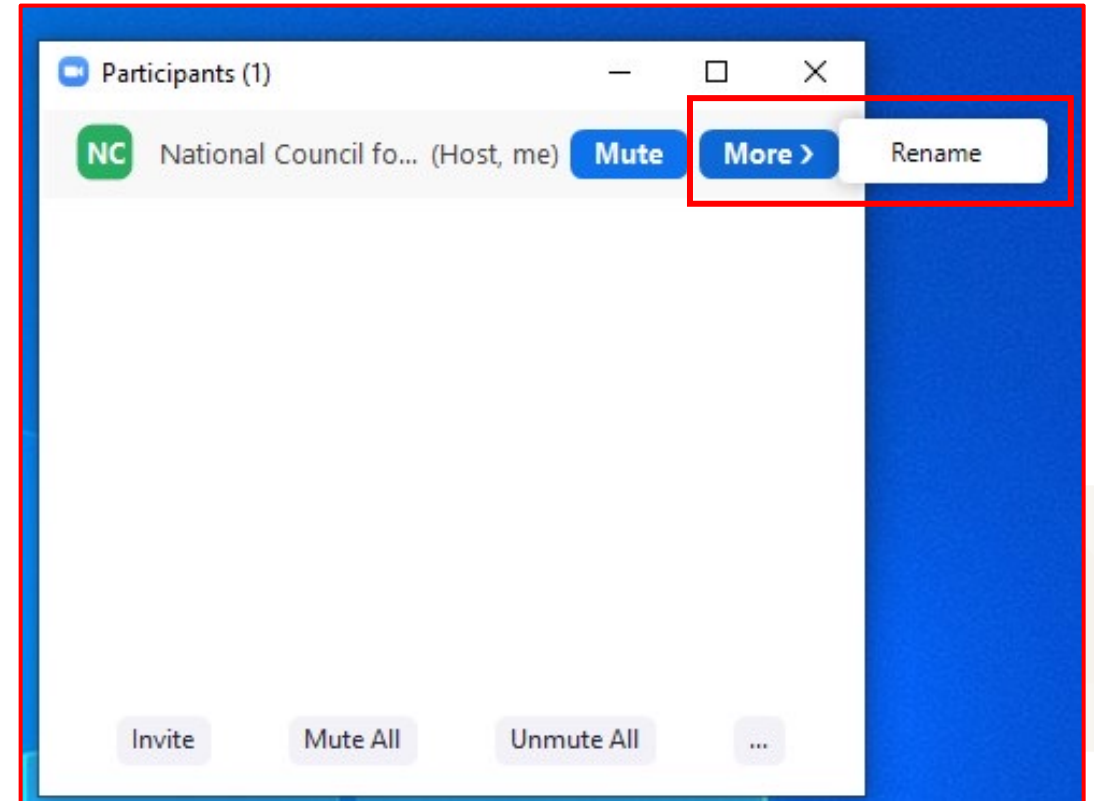
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Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. We'll answer as many questions as we can throughout today's session.

Name and Organization

- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
 - *For example:*
 - **Jane King, 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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Learning Objectives

- Define CCBHC partnership types.
- Compare contracting options and considerations for care coordination and DCO partnerships.
- Identify practices for selecting partners and setting partnerships up for success.



Today's Presenters



Sam Holcombe, MPH
Senior Director
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Susannah Gopalan
Partner
Feldesman Tucker Leifer Fidell, LLP



Tom Petrizzo
Chief Executive Officer
Tri-County Mental Health



Community Pulse Check

New Grantee Deliverables

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CCBHC PDI Grantee Grant Year 1 Deliverables



March 2023 (6 months)

- Community needs assessment
- Deliver 5 of the 9 services

May 2023 (8 months)

- Plan for staffing, training, and delivery of all required services

September 2023 (1 year)

- Attestation demonstrating compliance with the CCBHC Certification Criteria
- Licensed to provide both MH and SU services
- Delivering all required services
- Sustainability plan



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Community Check-In



What is the status of your needs assessment?

- Haven't begun needs assessment
- Have begun design but have not started data collection
- In the process of collecting data
- Have completed the needs assessment
- Have questions

- 1-4
- 5-8
- All 9

Where are you on the staffing and training plans? *(select all that apply)*

- Waiting for completion of needs assessment
- Have begun the staffing plan
- Making good progress
- Have completed the staffing plan
- Have questions

How many of the 9 required services are you currently providing either directly or through a Designated Collaborating Organization (DCO)?

Where are you on the delivery of services plan? *(select all that apply)*

- Waiting for the completion of the needs assessment
- Have begun the service plan
- Making good progress
- Have completed the service plan
- Have questions

Where are you on the sustainability plan? *(select all that apply)*

- Haven't begun the sustainability plan
- Have begun the sustainability plan
- Making good progress
- Have completed the sustainability plan

- Have questions

Where are you on attestation? *(select all that apply)*

- Haven't begun preparing for attestation
- Have begun preparing for attestation
- Making good progress
- Have submitted attestation
- Have questions



Upcoming Events

CCBHC Financial Management and Sustainability Series: This five-part series will run from May-August will support CCBHC grantees in understanding and establishing strong financial management practices, including cost tracking and utilization monitoring, and building these practices into their sustainability plan.

First session is May 17! Details on the session and registrations can be accessed here:

<https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/training-events/learning-and-action-series/>

CCBHC Partnerships Overview

Sam Holcombe, MPH

Senior Director

CCBHC-E NTTAC, National Council for Mental
Wellbeing

CCBHC-E National Training and Technical Assistance Center

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CCBHC Partnerships

Care Coordination

- Partnerships that support the CCBHC's ability to coordinate care for individuals across the spectrum of health services.
- Focus on enhancing quality of care, improving CCBHC consumers' access to services that fall outside the CCBHC benefit, and creating seamless transitions between service settings.
- Partners focus on delivery of their own services, but enhance collaboration through referrals, exchange of health information and other means.
- *Care coordination relationships should be through formal agreements where possible, but if unable, can be through less formal documentation of joint protocols, processes and mutual expectations.*

Designated Collaborating Organizations

- DCOs directly deliver one or more of the required CCBHC services, providing them in accordance with relevant and applicable CCBHC criteria.
- DCOs are more than care coordination or referral partners, and there is an expectation that relationships with DCOs will include more regular, intensive collaboration across organizations than would take place with other types of care coordination partners. Services provided by a DCO should feel integrated and coordinated under the CCBHC.
- DCOs are formal, contractual or legal relationships that establish parties' mutual expectations and establishing accountability for services to be provided and, in some cases, financial exchange for services.
- *Page 53 of the revised CCBHC criteria defines the DCO relationship in detail.*

Orange indicates new clarity provided in revised CCBHC criteria and will need to be addressed by clinics by July 2024.

Care Coordination Partnerships (Criteria 3.c)

- Required: Federally-Qualified Health Centers; Rural Health Clinics (as applicable) to provide health care services not provided directly by the CCBHC
- Required: Programs that can provide inpatient and residential mental health and substance use disorder services for individuals served by the CCBHC, including inpatient psychiatric treatment; inpatient substance use treatment; **OTP services; medical withdrawal management facilities and ambulator withdrawal management providers for SUD**; residential programs that serve adults, children and youth; emergency departments
 - The CCBHC can track when consumers are admitted to and discharged from these facilities and established protocols for transitioning to a safe community setting – including transfer of health records, active follow-up after discharge and plan for suicide prevention and safety and provision of peer services.

Care Coordination Partnerships (Criteria 3.c)

- Required: Partnerships with schools; child welfare agencies; juvenile and criminal justice agencies and facilities; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; **988 Suicide & Crisis Lifeline call centers serving the area in which the CCBHC is located**; and other social and human services.
 - **Partnerships support joint planning for care and services, provide opportunities to identify individuals in need of services, enable the CCBHC to provide services in community settings, enable the CCBHC to provide support and consultation with a community partner, and support CCBHC outreach and engagement efforts.**
- Recommended care coordination partners include a wide range of health, social and human service partners as listed in Criteria 3.c.3 (including but not limited to specialty providers, crisis lines, homeless shelters, housing agencies, employment services, peer-run programs)

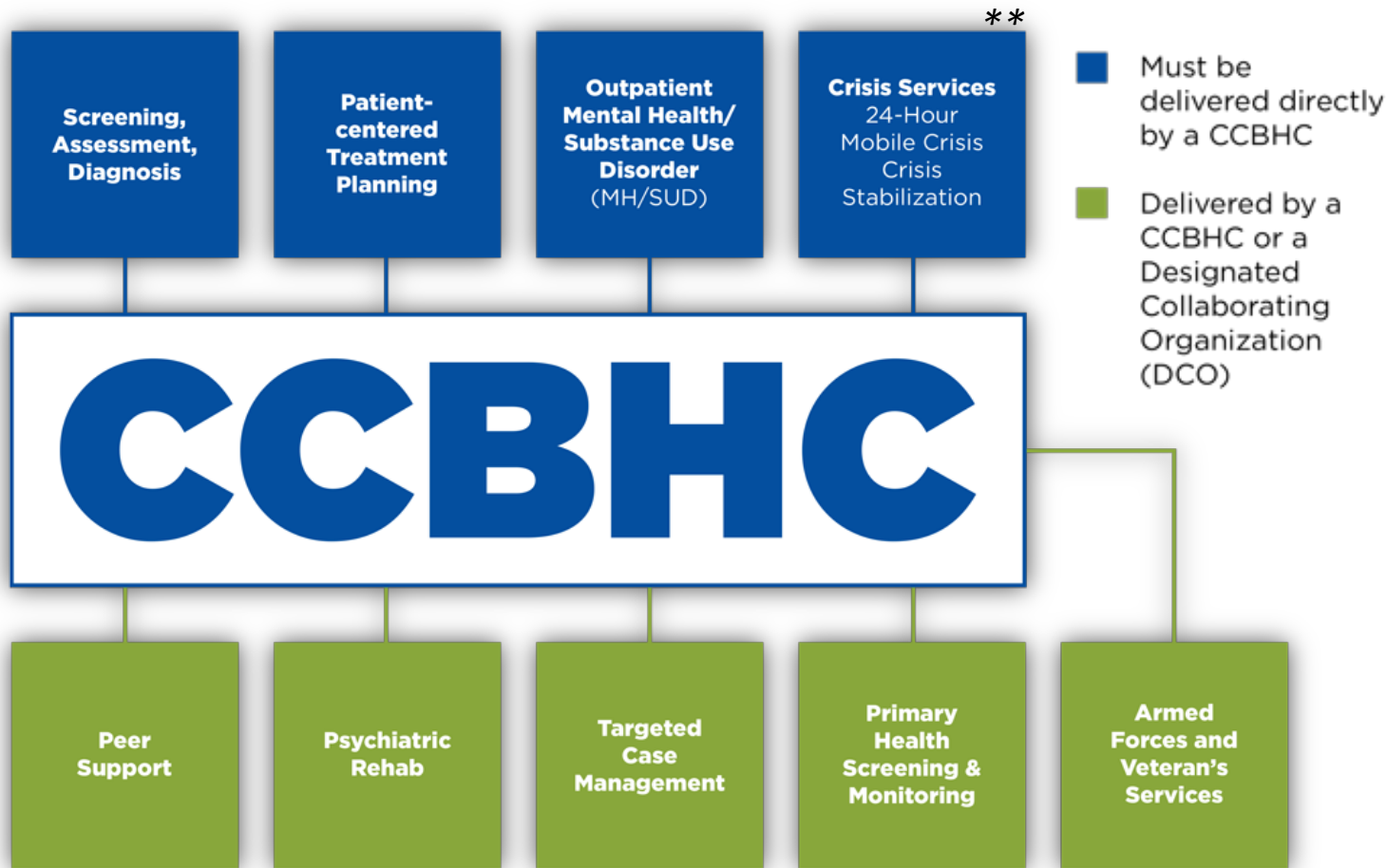
Care Coordination Partnerships (3.c)

- Recommended Care Coordination Partners: Specialty providers including those who provide medications for treatment of opioid and alcohol dependence; Suicide/crisis hotlines and warmlines; Indian Health Service or other tribal programs; Homeless shelters; Housing agencies; Employment services systems; **Peer-operated programs**; Services for older adults, such as Aging and Disability Resource Centers; State and local health departments and behavioral health and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs)

Designated Collaborating Organization Partnerships

- A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) the CCBHC required services.
 - Arrangements with organizations for provision of support, training, or coordination or other services that are not direct service provision of CCBHC-required services are not DCO relationships
 - Current CCBHC Criteria: Designates that CCBHCs must directly provide 5 of the 9 key services (as indicated in the next slide) and can utilize a DCO for the other 4 services
 - **Revised CCBHC Criteria: Designates that CCBHC will directly deliver 51% or more of encounters across the required services (excluding crisis services) rather than through DCOs.**
- No pre-determined “list” of DCO partners and no requirement to use DCOs
 - CCBHCs should strategically consider the community needs and gaps (as evidenced by the community needs assessment), existing providers and organizations within the community and their capacity to partner and meet CCBHC criteria, as well as the CCBHC’s capacity for new service provision and/or partner capacity building and oversight

Scope of Services 4.A – 4.K



Current CCBHC Criteria: Designates that CCBHCs must directly provide 4 of the 9 core services directly and can utilize a DCO for the others.

Revised CCBHC Criteria: Designates that CCBHCs must deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs – allows flexibility in integrating DCOs across various service elements.

NOTE: While CCBHC can use DCOs to provide CCBHC services, the CCBHC must be able to directly provide mental health/substance use services to individuals across the lifespan.

CCBHC Partnership Provisions and Contracting Considerations

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Key Differences between DCO and Care Coordination Relationships

	DCO	Care Coordination Outside of DCO
Scope	DCO relationship may be used to furnish required CCBHC services where CCBHC does not furnish the service directly (or cannot fully furnish it directly)	Care coordination regarded as activity, rather than service
Type of Agreement	Subrecipient agreement, referral agreement, or purchase of services	Referral agreement
Responsibility	CCBHC Expansion Grantee responsible to ensure DCO furnishes services per CCBHC requirements	CCBHC not responsible for services provided by other entity
Consideration	Depending on type of agreement, CCBHC may compensate DCO (see slide 26)	No consideration (money, discounts, <i>etc.</i>) is exchanged
Schedule of fees/discounts	DCOs furnish CCBHC services in accordance with a schedule of discounts as required for CCBHC services	The entity bills consumers or payors for the services it provides in accordance with its own fee schedule
Mandatory or optional	Optional (for CCBHC to pursue, if needed, to cover full scope of CCBHC services)	Mandatory

Goals are carried out through community partnerships – Care Coordination

Care coordination relationships – “linchpin” of the CCBHC program, per SAMHSA

- Care coordination relationships are required
- Memorialized in agreements (formal or informal) between CCBHCs and other providers or social service agencies
 - Specific providers and entities with which CCBHCs are expected to have care coordination arrangements are listed in the law
- Agreements describe parties’ mutual expectations
- Relationship should enhance quality of care, improve CCBHC consumers’ access to services that fall agreements with various types of entities listed in SAMHSA funding announcement outside the CCBHC benefit, and create seamless transitions between service settings
- Benefits are achieved primarily through referrals and through the exchange of health information

The Referral Arrangement



- Referral Entity agrees to furnish services to consumers referred by Entity (and possibly vice versa, in mutual referral arrangement).
- Referral Entity may agree to furnish referral services under conditions set forth by Entity (*e.g.*, application of discount schedule).
- Typically, unless the referral arrangement is part of a larger contractual transaction, no consideration is exchanged between the parties.

Sample Key Changes in Care Coordination Expectations in Revised SAMHSA Criteria

- Acknowledges that where CCBHCs face challenges in finalizing formal care coordination “agreements,” less formal “protocols” may suffice:

“At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed.”
- Clarifies that consent for release of information must be obtained from CCBHC clients if required by law in order to share information with providers outside of the CCBHC.

SAMHSA, [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria \(Updated March 2023\)](#), p. 23

Orange indicates new clarity provided in revised CCBHC criteria and will need to be addressed by clinics by July 2024.

Goals are carried out through community partnerships – DCO relationships

- **Designated collaborating organization (DCO) relationships** – a means for CCBHCs to make available to their consumers, services they do not directly provide
 - CCBHC does not directly supervise the DCO but is in a formal relationship to ensure that services rendered by the DCO meet CCBHC program rules
 - For CCBHC Expansion Grantees, the DCO relationship may be structured as a formal referral arrangement; may also have a contractual element
 - If CCBHC Expansion Grantee chooses to support financially the DCO's discounted provision of services to low-income, uninsured patients, the arrangement may be structured either as a contract or as a subaward of the Expansion Grant



What does it mean for the CCBHC to be responsible for services rendered by DCOs?

CCBHC ensures that services rendered by DCOs:

- Meet SAMHSA CCBHC standards for accessibility of services (application of sliding fee scale; no denial of services based on ability to pay, regardless of insurance status; services rendered within specified time period after appointment request)
- Meet cultural competency requirement in SAMHSA CCBHC requirements
- Are reflected in CCBHC required data reporting
- Meet all relevant SAMHSA program requirements applicable to the specific contracted service
- Are rendered in keeping with State law, *e.g.*, each clinician is acting within the scope of his/her license/certification and applicable supervision requirements are met

Overview of Key Differences Between CCBHC Demonstration and CCBHC Expansion Grant Program

	Demonstration	Expansion Grant
Eligibility	States compete to participate in CCBHC demonstration; states select and certify CCBHCs to carry out services under demonstration	Individual behavioral health providers that can demonstrate compliance with CCBHC program criteria compete for SAMHSA grant funds
Medicaid Payment Methodology	Participating States pay certified CCBHCs according to a prospective payment system (PPS)	No impact on Medicaid payment
Nature of DCO relationship	Agreement typically structured as contract (purchase of services)	Agreement structured as contract, subaward, or referral
Billing payors	CCBHC serves as billing provider for Medicaid services furnished by DCO	Each provider bills payors separately

Purchase of Services



Purchasing Entity contracts with Other Entity to furnish services to Purchasing Entity's consumers on behalf of Purchasing Entity

Key Changes in DCO Expectations in Revised SAMHSA CCBHC Criteria

- The original CCBHC criteria required CCBHCs to provide directly 4 core services. The revised criteria provide that any CCBHC service may be furnished by a DCO; however, collectively, the CCBHC must furnish at least 51% of all CCBHC encounters
- Revised criteria no longer refer to CCBHC's obligation to be "clinically responsible" for services furnished via DCO, but do emphasize the enhanced requirements of coordination between CCBHCs and DCOs:

"To this end, DCOs are more than care coordination or referral partners, and there is an expectation that relationships with DCOs will include more regular, intensive collaboration across organizations than would take place with other types of care coordination partners"

SAMHSA, [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria \(Updated March 2023\)](#), p. 53

DCO Contracting Considerations

Because the DCO agreement will place the CCBHC in a position of ensuring that another provider furnishes services in keeping with CCBHC program requirements, the CCBHC will be motivated to ensure that the agreement includes robust requirements.

For example, does the DCO agreement:

- ✓ **Reimbursement (if the agreement includes a contractual element)**
 - ✓ Establish fair market value for clinical services and other services rendered by DCO, and specifically identify which services are eligible for a contractual payment?
- ✓ **Care coordination**
 - ✓ Require DCO to adhere to policies and protocols re: communication with CCBHC to improve patient care?
- ✓ **Quality of Care**
 - ✓ Require the DCO to observe all substantive CCBHC requirements in delivering care?
- ✓ **Indemnification (if the agreement includes a contractual element)**
 - ✓ Contain provisions for the DCO to indemnify the CCBHC for risks associated with the DCO relationship?

DCO Contracting Considerations, cont'd.

Does the DCO agreement:

- ✓ **Confidentiality** (patient and business information)
 - ✓ Contain provisions to ensure protection of patient privacy?
 - ✓ Contain provisions requiring each party to appropriately guard the other's sensitive business information?
- ✓ **Records and reports**
 - ✓ Require the DCO to maintain and timely submit to the CCBHC all required data (e.g., quality reporting)?
- ✓ **Other compliance issues**
 - ✓ Require the DCO to provide attestations:
 - ✓ That its clinicians meet applicable licensure, supervision, and accreditation (if applicable) requirements?
 - ✓ That neither it nor its clinicians or management have been excluded from participating in federal programs?
 - ✓ (For DCOs of CCBHC Expansion Grantees) That the DCO has at minimum two years of relevant experience providing the services at issue?
- ✓ **Specify how CCBHC will ensure that CCBHC consumers accessing DCO care are offered sliding fee discount.**
 - ✓ For example: CCBHC could inform DCO of sliding fee discount status at time of referral; responsibility for collecting discounted fee could be contractually delegated from CCBHC to DCO





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CCBHC Partnerships in Practice

Tom Petrizzo
Chief Executive Officer
Tri-County Mental Health

CCBHC-E National Training and Technical Assistance Center

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Partnership Alignment Considerations

- Mission Alignment
- Trust/Reputation
- Financial Value
- Mutual Benefit
- Equity/Inclusion

Short and Long View

- Short-term – what do we need or want to achieve with this partnership in the first 6 months to one year?
 - Example – Start client screening and monitoring and identify those that need additional primary care services.
 - Example – Create service flow from CCBHC to and from primary care provider with exchange of info
- Long-term – What are other potential spin offs or service enhancements that could come from this partnership?
 - Example – Move from client screening and monitoring to primary care service provision and consultation.
 - Example – Move from adult peer support to add family and recovery support services

Early Partnership Considerations (6 months to one year)

- Identify lead persons for each partner and who to contact for what
- Establish a communication protocol
- Determine a regular check-in protocol/schedule
- Identify 2-3 mutually agreed upon goals
 - Goals should align with CCBHC criteria and requirements
- Create simple report metrics - # of referrals, # of unique individuals served, services delivered, demographics

Mature Partnership Considerations – greater than 1 year

Mini or Short-Form Quality Improvement Process

- What's working/What's not?
- How do we enhance or grow what's working?
- How do we fix, amend or eliminate what's not working?
- What data and outcomes do we need beyond what we have already? Consider what are they and how do they add value?
- Are we meeting our original goals, and do we need to revise or add goals?
 - Check goal progress versus CCBHC criteria and requirements

CCBHC Required Services (Demo and Grantees)

- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization.
- Screening, assessment and diagnosis.
- Patient-centered treatment planning.
- Outpatient mental health and substance use disorder services.
- Primary care screening and monitoring.*
- Targeted case management.*
- Psychiatric rehabilitation services.*
- Peer support services and family support services.*
- Services for members of the armed services and veterans.*

Primary Care Screening and Monitoring (PCSM) - Models of Partnership

- Contract with FQHC or local primary care provider for PCSM in the community – (DCO or not DCO?)
- FQHC establishes SPOE at CCBHC location(s) and does PCSM on site at CCBHC - (DCO or not DCO?)
- CCBHC embedded at FQHC does PCSM of its clients at FQHC location (DCO or not DCO?)
- CCBHC does PCSM in-house and refers to FQHC for primary care services (DCO or not DCO?)

Peer Support and Family Support Services – Models of Partnership

- CCBHC hires peer and family support providers directly and provides the services (DCO or not DCO?)
- CCBHC contracts with a peer run organization to provide peer support services for its clients (DCO or not DCO?)
- CCBHC contracts with a local non-profit to provide peer services for persons with Opioid Use Disorders in hospital ERs (DCO or not DCO?)



Take Home Items:

- To DCO or not DCO – consider pros/cons of providing required service in-house or through a partnership (DCO or otherwise).
- Remember Partnership Alignment Considerations when choosing a partner (DCO or otherwise).
- Remember – DEI and Trauma Informed Care Principles when partnering.

"I can do things you cannot, you can do things I cannot; together we can do great things."

— Mother Teresa

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Upcoming Events

Event Type	Title	Date + Time	Registration Link
Learning and Action Series	<p>Financial Management and Sustainability Series Session One: <i>Overview: A Glidepath to CCBHC Sustainability:</i></p> <p>This session will set the stage for setting establishing strong cost tracking and utilization monitoring as a cornerstone of financial management and how this intersects with the grantee sustainability plan requirement.</p>	Wednesday, May 17 th , 2:30pm – 4:00pm ET	Register Here
Webinar	<p>Peer Support Specialist Skill Development Series Session One: <i>Navigating Ethics and Boundaries:</i></p> <p>This session will provide a nuanced dive into the ethics and boundaries that support the effective provision of peer support services.</p>	Tuesday, May 23 rd 2:00pm – 5:00pm ET	Register Here



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 last Friday of each month from 12:00-1:00pm E.T.	Register here
Program Directors	The first Wednesday of each month from 12:00-1:00pm E.T.	Register here
Evaluators/CQI Leads	The first Tuesday of each month from 3:30-4:30 pm E.T.	Register here

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](#)



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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.

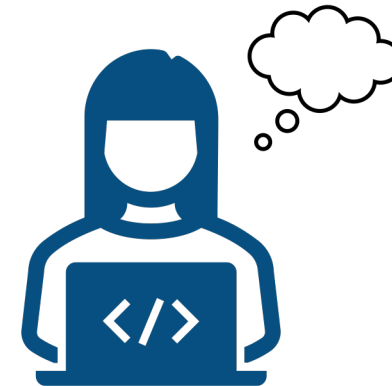
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