NATIONAL COUNCIL *for* Mental Wellbeing

CCBHCs: **A Vision for the Future of Community Behavioral Health Care**

OCTOBER 2023

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Our Vision

No matter who they are or where they live, every person in the United States can access high-quality, comprehensive care at a CCBHC.

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Introduction

It has been 60 years since President John F. Kennedy laid out a vision for updating our nation's model of care for people living with substance use and mental health challenges. Much has changed since 1963 — there are new approaches to care, there is new evidence and we have learned much about effective financing with a focus on value.

The Certified Community Behavioral Health Clinic (CCBHC) model builds on the best aspects of the Community Mental Health Center (CMHC) and Federally Qualified Health Center (FQHC) movements to establish a model of care that is community based, advances evidence-based practice and is responsive to the emerging opportunities presented by the 988 Suicide and Crisis Lifeline and integrated care.

In the past 10 years, clinics, states and allied organizations seized the opportunity to expand access to high-quality mental health and substance use care through CCBHCs. The results have been transformative: CCBHCs have reduced wait times, significantly expanded access to mental health and substance use disorder treatment and enabled organizations to hire more staff. As a CEO of a rural clinic in the Midwest (and a self-described curmudgeon) told me a few years back: "Chuck, I don't get excited about much. But I'm excited about CCBHCs."

Solving the nation's ongoing mental health and substance use crises takes innovation. That's precisely what the CCBHC model allows — the flexibility to think outside the box about how best to tailor care to meet community needs. That could mean funding a forum for Colorado farmers to gather and talk about the toll inconsistent crop yields takes on their mental health. In another community, it could mean equipping clients and law enforcement with tablets that connect directly to mental health professionals who can respond to crisis calls.

This paper begins to establish a vision for how CCBHCs can transform the experience of accessing care for mental health and substance use challenges. It takes initial steps to answer the question, "How can the CCBHC model be leveraged by clinics, policymakers, payers, partner organizations and the private sector to achieve the transformation in mental health and substance use treatment and care that our nation has been working toward for 60 years?" The answer to this question will continue to evolve and improve, and this is not the last version of this paper that the National Council for Mental Wellbeing will release.

I encourage readers to use this as a development guide. Different clinics, communities and states may prioritize different elements of this vision. Some may tweak or adapt the recommendations to fit their own unique context. Some pieces may seem unattainable now but could become feasible in the future. But what an incredible opportunity this is for everyone with an interest in making mental wellbeing — thriving regardless of a mental health or substance use challenge — a reality for everyone!

The CCBHC model also presents an opportunity to engage partners across the health system, support partner organizations in expanding access to care for their clients, participate in the financial model under the umbrella of the CCBHC and weave connections throughout our system that build integration and enhance clients' experiences and outcomes.

This vision is what we're all striving for — not just to benefit the clinics that become CCBHCs, but to change the way our system interfaces with our communities, our health care partners, and ultimately, the lives of the people we serve.

Chuck Ingoglia
President & CEO
National Council for Mental Wellbeing

Background & Approach

Mental health and substance use challenges have reached crisis levels in the United States. Certified Community Behavioral Health Clinics (CCBHCs) have been established as a key strategy to tackle the nation's mental health and workforce crisis.[1] CCBHCs are a proven model of care that provide 24/7 comprehensive behavioral health care, including crisis care, to the most vulnerable Americans regardless of their ability to pay.

The CCBHC model was launched in 2017 with the Section 223 CCBHC Demonstration in 66 clinics across eight states. The CCBHC certification criteria developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) coupled with the Medicaid prospective payment system (PPS) guidance established by the Centers for Medicare & Medicaid Services (CMS) have created a comprehensive framework to improve the availability and quality of mental health and substance use care across the nation. Today there are state-certified CCBHCs in 12 states that have adopted CCBHC as part of Medicaid, with hundreds of additional clinics that have received time-limited SAMHSA CCBHC-Expansion grants to launch or strengthen services aligned with the model. Together, these organizations span the majority of states and territories.[2] Research shows that the CCBHC model has resulted in substantial expansions in staff, services, partnerships and clients served.[3]

This paper, developed by the National Council for Mental Wellbeing's CCBHC Success Center, outlines a national vision for excellence in community mental health and substance use care and describes how clinics can leverage their CCBHC status and payment to re-envision service delivery. It captures innovations and best practices being used by highly effective CCBHCs that improve client outcomes, facilitate access to care and demonstrate the value of the CCBHC model.

The National Council does not expect all CCBHCs to adopt all strategies in this document, nor should this be viewed as an alternative version of the SAMHSA CCBHC certification criteria.[4] Rather, it is meant to inspire and direct CCBHCs toward the highest-impact activities that are in alignment with SAMHSA's CCBHC certification criteria and expected to result in outstanding outcomes.

While the recommendations included here are framed as suggestions for outpatient mental health and substance use provider organizations including prospective and existing CCBHCs, this document also serves as a resource for states and other stakeholders. We encourage state policymakers, payers, prospective CCBHC partners, technology vendors, philanthropic funders and other stakeholders to examine their own role in CCBHC implementation and success and work side-by-side with CCBHCs to design and enable programs, products and initiatives in pursuit of the national vision for excellence outlined here.

Background & Approach *continued*

Nationally, payment and oversight models for CCBHCs are evolving and provider organizations in different states have varying access to state CCBHC certification along with the Medicaid CCBHC PPS rates (see sidebar for details). Full implementation of the activities described in this paper may require the financial sustainability of the Medicaid CCBHC PPS; however, SAMHSA CCBHC grantees and other behavioral health provider organizations can assess their current state and build toward the effective strategies outlined in the vision paper. While this paper is expected to inspire current and future CCBHCs to focus on the most transformative aspects of the model, it is not a "how to" guide. The National Council plans to develop future resources and technical assistance strategies to provide operational guidance to implement the strategies outlined in this document. In the interim, we have created a virtual list of resources that can help advance CCBHCs toward the national vision.

The vision and strategies outlined here represent input from a wide array of constituencies reflecting the multitude of community needs the CCBHC model can and should address. Our process began with identifying 10 high-performing CCBHCs based on input from experts and review of survey data maintained by the National Council. These CCBHCs represented diverse geographic regions covering both rural and urban areas and a mix of Section 223 CCBHC demonstration states and non-demonstration states.

The project team held semi-structured interviews with representatives from these 10 CCBHCs, along with representatives from the National Council's CCBHC Living Experience Advisory Council. The project team also interviewed officials from SAMHSA and conducted feedback sessions with representatives from an additional 21 organizations, as well as state program directors from the 10 CCBHC demonstration states along with Kansas, to solicit input on the themes, strategies and recommendations outlined in this paper. Through this collaborative process, the National Council hopes to develop and articulate a vision that will unite a multitude of stakeholders around the opportunities the CCBHC model presents. We recognize that this national vision for CCBHCs will evolve over time as the program continues to grow and mature and our team welcomes continued conversation and collaborations to refine this vision and future technical assistance efforts arising from it.

For this paper, the term "behavioral health" is used to include mental health and substance use challenges.

CCBHC Funding & Implementation Mechanisms

CCBHCs are currently funded and implemented through one of three mechanisms:

- The Section 223 CCBHC demonstration program.
- SAMHSA CCBHC grants.
- Independent state implementation via a Medicaid state plan amendment (SPA) or Medicaid waiver.

CCBHCs participating in the CCBHC demonstration and SPAs are paid using a daily or monthly PPS. CCBHC PPS supports clinics' costs related to expanding services and increasing the number of clients served, while improving clinics' flexibility to deliver client-centered care.

CCBHCs can also apply for SAMHSA CCBHC grants, which can be used to establish new CCBHCs or improve and advance existing CCBHCs. These grants are typically two to four years and have enabled the growth of CCBHCs in states that have not participated in the CCBHC demonstration program or otherwise pursued independent statewide implementation.

Please see What is a CCBHC? for additional information on where and how CCBHCs are implemented nationwide.

How States Can Use This Resource to Elevate the CCBHC Model

Although the strategies outlined here are framed for behavioral health organizations, states play a critical role in creating an environment where CCBHCs can fully realize this vision. We encourage state agencies and policymakers to leverage this resource in the following ways:

Educate state officials, payers, community members and other key stakeholders on the CCBHC model, so all interested individuals have a comprehensive understanding of its full potential.

Actively engage current and prospective CCBHCs and their designated collaborating organization (DCO) partners in state planning and development of the program to shape clinical models of implementation.

Include strategies that address unique or high priority state needs in the **state CCBHC certification criteria.**

Engage in open feedback with current or prospective CCBHCs about how **state policies could be adapted** to reduce barriers to care (e.g., strategically reducing requirements for licensure, certification, intake and treatment planning documents; ensuring that CCBHCs have the ability to provide services in the community outside the "four walls" of their clinics).

Ensure **CCBHC PPS rates are adequate** to cover the true costs of providing highly effective care through CCBHCs, including investments in quality monitoring infrastructure, robust training, outreach and partnerships with care coordination partners and DCOs.

Encourage or require **CCBHCs to become accredited,** when appropriate, based on the development and release of CCBHC-specific accreditation products.

Engage with established CCBHC programs and organizations in other states, as well as state officials as needed, to **identify and spread best and promising practices.**

Inform stakeholders inside and outside state government how CCBHCs fit into the larger state **health care delivery system ecosystem** and encourage or incentivize those partners to engage with CCBHCs (e.g., delineate how CCBHCs and managed care organizations, accountable care organizations, health homes, intellectual/developmental disability (IDD) systems and child welfare should work together).

Involve current and prospective CCBHCs in **planning and coordination efforts for statewide initiatives** such as implementation of the 988 Suicide and Crisis Lifeline or planning efforts to address social drivers of health.

Provide **training and technical assistance** on related topics, such as conducting a robust community needs assessment and maximizing the Medicaid CCBHC PPS.

THEME 1

Re-thinking Clinical Approaches to Care:

Embrace the CCBHC model of care as an opportunity to examine every aspect of service delivery for children, adults and communities.

Highly effective CCBHCs do not view the CCBHC model as a standalone program or "single business line" (e.g., case management, health homes), but instead as an opportunity for organizational change — including services, staffing, culture, business operations and workflow.

Effective CCBHCs use SAMHSA CCBHC criteria as a foundation for innovation, strategy and care integration. They drive quality, outcomes and person-centered care by planning upstream, focusing on prevention, outreach and engagement, including through a dedicated focus on partnerships, interventions and access points targeted toward children, youth and their caregivers. The CCBHC PPS is instrumental in enabling this because it offers a sustainable, flexible funding model that allows organizations to respond to emerging community needs and make investments in staff and quality infrastructure. CCBHCs embrace a new mindset around financial management in a PPS world; they build their financial sophistication and expertise to fully maximize their efforts and outcomes under the CCBHC PPS while braiding in other potential funding sources such as value-based payments, philanthropy, state funds and federal grants.

Successful CCBHC leaders work to convey a vision of excellence through the CCBHC model. This includes frequent and transparent communication with staff at every level of the organization, as well as service partners, people served and community members. CCBHC leaders also proactively seek out and act upon input from a wide array of internal and external stakeholders, including individuals with lived experience, staff at all levels of the organization, community members and partner agencies.

A robust community needs assessment is needed to drive CCBHC strategy.[5] Findings from the needs assessment should guide necessary changes to services, staffing, data infrastructure and partnerships and should be embedded in the organization's strategic plan and regularly revisited to assess progress. As part of the needs assessment, current and future CCBHCs can coordinate with other organizations to assess what relevant information has already been gathered to avoid duplicating efforts. For example, non-profit hospitals and Federally Qualified Health Centers (FQHCs) are required to develop their own community health needs assessment every three years; CCBHCs can consider leveraging these existing

Overview of Effective Strategies

Approach CCBHCs as an opportunity for organizational change – including services, staffing, partnerships, culture, business operations and workflow, rather than as a single business line.

Drive change efforts by planning upstream, focusing on prevention, outreach and engagement, with a dedicated focus on interventions reaching children and youth.

Convey a transformative vision at every level of the organization through frequent, transparent communication with staff, partners, people served and community members.

Conduct a robust community needs assessment and actively use the findings to guide CCBHC services, care coordination and staffing along with long-term strategic planning.

Approach CCBHC implementation with a person-centered lens which offers an opportunity to add services and partnerships, engage with new populations, including those with unmet needs, and fill gaps in access to care.

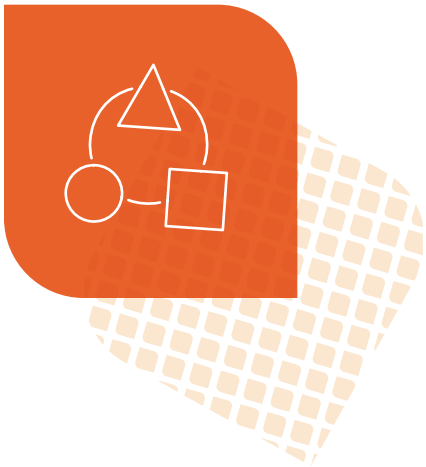
resources and build or strengthen partnerships. Successful organizations also prioritize partnerships with other service providers, viewing the CCBHC model as an opportunity to break down silos in care delivery rather than build market share.

The CCBHC model offers an opportunity for clinics to improve how they reach and engage individuals with unmet needs through innovative activities and partnerships that fill gaps in access to care and address health disparities. CCBHC interviewees noted the importance of seeking input on needs across the entire community, particularly for those *not* receiving care (e.g., the disadvantaged, disengaged or distrustful, which could include racial and ethnic minorities, as well as young, mobile and/or older individuals), organizations delivering services in the community and other stakeholders where relationships may need to be developed or strengthened. A segment of the needs assessment should be dedicated to understanding the needs of children and youth in the CCBHC's catchment area (including those not engaged with services), other youth-serving health or social service systems and prospective partners, including schools, child welfare agencies and juvenile justice systems to ensure that a comprehensive scope of services is available to young people.

The most successful CCBHCs view SAMHSA's CCBHC certification criteria as the floor, not the ceiling, for performance. In other words, becoming certified as a CCBHC is only the beginning of the organization's change efforts, not the end goal. While it can be challenging to devote significant resources that move beyond simply "checking the boxes" outlined in the criteria, it is possible to do so.

> *We made a paradigm shift. We totally shifted how we think, how we work, and we are always working toward an outcome in mind.*
>
> **LARRY SMITH,** CHIEF EXECUTIVE OFFICER, GRAND MENTAL HEALTH (OKLAHOMA)

> *The sky is the limit with the CCBHC model. You've got this opportunity to meet needs that you've never thought of before and to start thinking about key components like prevention, outreach and engagement that most of us never got paid for before. That's where you can get upstream; the earlier we can start and do early childhood work, in 20 years, hopefully you've impacted these families so they're not in your SPMI [serious and persistent mental illness] population.*
>
> **SHAUNA REITMEIER,** CHIEF EXECUTIVE OFFICER, ALLUMA (MINNESOTA)



THEME 2

Partnering for Maximum Impact: Build effective partnerships to improve health outcomes and the experience of people served.

Highly effective CCBHCs develop active partnerships that result in more tightly integrated services and more convenient access points. These partnerships improve engagement, experience of care and outcomes for people served. CCBHCs avoid "paper partnerships" and do not view care coordination and designated collaborating organization (DCO) relationships as simply a written policy or memo that is filed away for criteria compliance purposes, but as an opportunity to reshape how the organizations and their staff function together on a day-to-day basis.

CCBHCs should use findings from the community needs assessment to identify where partnership development is needed to have the greatest positive impact on individuals' access to care and outcomes. This includes understanding whether other organizations in the community already offer some of the nine core CCBHC services and considering partnering with them as DCOs. In many cases, partnering with high-performing and/or specialty providers in the local community can bring greater value than building new service lines. Similarly, CCBHCs should also consider the population served by partners to identify overlap or differences, with a goal of:

- Identifying new populations that could be reached.
- Working with trusted community partners to help keep current clients engaged in care.
- Building out DCO partnerships, as needed, for specialty populations, such as older adults, veterans or children. To build strong DCO partnerships, CCBHCs should go beyond "warm handoffs" to integrate communication and workflows more deeply through cross-team communication, integrated electronic health records (EHRs) and closed-loop referral tracking.

Developing and maintaining strong partnerships with community-based providers also streamlines the individual experience of accessing care and reduces the burden on individuals to self-navigate. CCBHCs should strive to develop partnerships with local organizations that serve individuals across their entire lifespan, including early childhood, adolescents, transition-age youth, adults, older adults and families. This care continuum should address a range of needs, including serious mental illness (SMI), serious emotional disturbance (SED), substance use disorders, co-occurring conditions and social drivers of health.

Overview of Effective Strategies

Avoid "paper partnerships" and focus on developing active partnerships that result in changed workflows, new access points, regular collaboration and a streamlined client experience of care.

Use the community needs assessment to identify where developing partnerships with high-performing or specialty providers brings greater value than building new service lines.

Understand the unique service needs and existing service delivery landscape for children and where partnerships will help expand access to care or improve the scope of services available through your CCBHC.

Work with partners to design and implement appropriate collaboration strategies, such as shared client registries, team huddles, co-locating staff and/or data sharing.

Ensure adequate staff time and resources to maintain strong partnerships, such as facilitating interdisciplinary huddles with partners and screening for social drivers of health and/or adverse childhood experiences.

CCBHCs should not approach children's services as an afterthought; they should intentionally customize service delivery to meet their unique needs, relying on child-serving partners in the community to enhance or improve what is made available through the CCBHC. To do this, CCBHCs must understand the existing service delivery landscape for children and families and where partnerships will help expand access to care or improve the scope of services available through the CCBHC. Partnering with entities such as schools, child welfare and legal clinics can help CCBHCs navigate more complex social needs for children and families, such as custody disputes, evictions or access to public benefits.

CCBHCs should work with partners to explore appropriate collaborative strategies, including, but not limited to:

Spend time **learning about each other's services and operations.**

Develop **"care compacts"** to clearly delineate care roles and functions.

Develop intake and data-sharing protocols that **eliminate paperwork** for individuals and families.

Schedule **weekly or daily "huddles"** to coordinate care for high-needs individuals.

Develop or adopt **shared technologies to facilitate data sharing,** such as shared EHR, scheduling systems or client registries.

Coordinate treatment planning and initiate **joint measurement-based care efforts** to support outcomes measurement and continuous quality improvement (CQI).

Embed or co-locate CCBHC services and staff within partner locations and/or embed providers from partner organizations on CCBHC care teams. *[Note: This strategy is covered in more detail in Theme 3.]*

CCBHCs must ensure adequate staff time, data infrastructure and budgets for ongoing activities to build and maintain active partnerships. For example, CCBHCs can join state or regional health information exchanges, if available; integrate admission, discharge and transfer feeds (ADTs) from hospitals and emergency departments into CCBHC EHRs or can help drive adoption of statewide population health management and data tracking platforms that integrate Medicaid claims data, among other strategies. Although CCBHCs cannot be solely responsible to ensure widespread implementation of data and information technology (IT) improvements across the system, such as those required for robust health information exchanges, they should devote time and resources to work with their partners and states to build out or enhance appropriate mechanisms for electronic communication, data tracking and care coordination.

CCBHCs should ensure their staffing plan includes roles related to partnership development and day-to-day collaboration, such as outreach and engagement staff, liaisons to emergency rooms, schools or community cultural organizations, population health managers and data specialists. CCBHCs can leverage the PPS to ensure these staff, technologies and activities are appropriately resourced within their overall payment rate. CCBHCs should also work with DCOs to understand their costs of delivering care and establish adequate payment rates to support DCO partners.

We created 'care coordination zones.' At one o'clock every day we do interdisciplinary team meetings and treatment planning to discuss anyone who has been in crisis due for a treatment plan review or in need of additional support. We're bringing in other community partner organizations to the huddles to help with treatment planning.

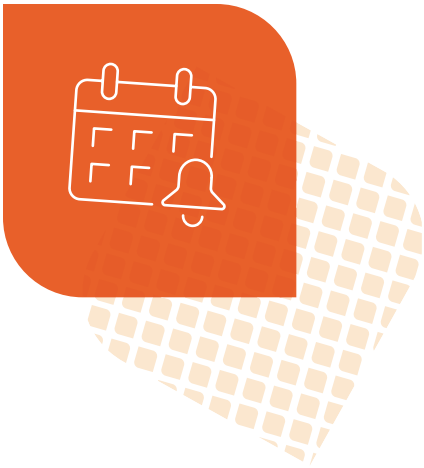
SHAUNA REITMEIER, CHIEF EXECUTIVE OFFICER, ALLUMA (MINNESOTA)

People may have complex health conditions and situations that can make it hard to navigate and access services. CCBHCs can step into that gap and go beyond just having care coordination policies on paper. The central principle should be, 'What does it look like for the person being served?' The whole point is that person is getting everything needed across the nine core CCBHC services – and in coordination with the broader health care and social services system – and CCBHCs should support that as a seamless experience.

DAVID DE VOURSNEY, DIVISION DIRECTOR OF COMMUNITY BEHAVIORAL HEALTH AND COMMUNITY MENTAL HEALTH SERVICES, SAMHSA

THEME 3

Promoting Access: Ensure help is available when and where people need it by offering streamlined, same-day access to treatment and access points across diverse community settings.



Highly effective CCBHCs prioritize community members' access to services, recognizing that long wait times and burdensome intake processes turn people away from care, inhibit ongoing engagement in services and fail people in need of care, especially those with the highest-acuity or most complex needs. Many organizations in recent years have moved to a same-day intake model for new clients and referrals, a step that has reduced or eliminated waitlists; however, this approach may still result in lengthy wait times before individuals can access treatment for the need that brought them to the clinic.

The most highly effective CCBHCs strive to ensure same-day access to *treatment,* for example, by simplifying intake protocols, thoughtfully considering when and how comprehensive biopsychosocial assessments are conducted and otherwise removing barriers to initiating treatment on the same day individuals present for services. CCBHCs should also build on the findings of the needs assessment to create a person-centered intake experience that is recovery-oriented and responsive to the needs and desires of the people served. States and payers play a critical role in helping CCBHCs achieve this goal by examining their own intake, treatment admission and medical necessity requirements and partnering with CCBHCs to streamline access.

Although the workforce crisis poses a major challenge to achieving same-day access to care, highly effective CCBHCs think creatively about how to efficiently leverage staff resources and establish access points throughout their communities to meet people where they are. For example, the CCBHC PPS rate can support the cost of proactively staffing-up based on anticipated future demand rather than waiting for access bottlenecks before bringing on new staff. CCBHCs also reported that embedding staff and services in high-need settings across the community — such as jails, prisons, homeless camps, emergency departments, schools and juvenile systems — is an effective partnership strategy. CCBHC services can also be co-located in other health care settings, such as primary care, pediatric clinics and dental offices, to reduce stigma in accessing behavioral health care services and create a more convenient experience for clients. Similarly, primary care or pediatric providers can embed their services within CCBHCs to improve access to care and other health outcomes. Telehealth can also be leveraged to expand the availability of staff to provide services across this wide range of access points, as can DCO partnerships.

Successful CCBHCs conduct assertive outreach and engagement to ensure historically underserved and high-needs populations can access and stay in care. Some CCBHCs have created new

staff roles such as care engagement specialists and cultural community liaisons. They use data to assess who is not using care and who entered care but did not come back. They implement workflows and partnerships to establish crisis services as a moment to engage with people who need more comprehensive services, moving clients from crisis care to ongoing care. The same approach is applied to people transitioning to the community from higher levels of care, such as discharging from the hospital or residential treatment facility or being released from incarceration. They recognize that simply "retrofitting" an adult crisis response system to serve the needs of youth and families is insufficient;[6] CCBHCs directly provide or work with partners to ensure that home-based stabilization services are provided for youth and families for six to eight weeks after the initial crisis response. Many interviewees, including representatives of the National Council's CCBHC Living Experience Advisory Council, emphasized the importance of having peers involved in crisis response services to improve outcomes and create a more person-centered experience.

CCBHCs also develop tactics tailored to their local communities to redesign workflows and improve care accessibility. Needs and approaches may vary across communities according to available resources and anticipated utilization, but examples include:

Create **behavioral health urgent care centers for people in crisis, home-based stabilization programs for youth and diversion centers** as an alternative to incarceration for people with mental illness.

Improve availability of **peer respite services.**

Expand access to immediate behavioral health consults by distributing **telehealth-enabled tablets** to clients and community partners, such as law enforcement.

Partner with first responders, including 911 dispatchers, to enable mental health and substance use-related calls to be routed to onsite CCBHC staff.

Provide training to ensure staff across all levels of the organization, including administrative and front office staff, **recognize signs of crisis, understand the unique needs of children in crisis and know how to link clients to appropriate care.**

Ensure **same-day treatment for substance use,** including medications if desired by the client and medically appropriate, supporting inductions in a variety of settings such as the client's home and via mobile treatment.

Highly effective CCBHCs leverage technology to support care coordination, information exchange and delivery of virtual services, including for crisis care. Some CCBHCs distribute telehealth-enabled tablets directly to clients and to community partners to help expand access to care. These tablets are often coupled with quality improvement initiatives that track data on crisis response times and outcomes. While telehealth and digital therapeutics such as web-based cognitive behavioral therapy programs or applications (apps) have been useful in expanding access to care, CCBHCs should still ensure that in-person services are available for those who want or need them, which could include individuals who do not have the bandwidth or technology to support effective telehealth sessions.

Overview of Effective Strategies

Offer same-day access to treatment for urgent and routine needs, not just same-day access to intake.

Implement workflows, partnerships or other strategies that establish crisis services and transitions to the community as a moment to engage with people who may need comprehensive, ongoing care.

Adopt technology tools to support care coordination, information exchange and delivery of telehealth services to help advance easy access to care across the system.

Embed or co-locate CCBHC staff and services in multiple high-needs settings across the community such as jails, prisons, homeless camps and juvenile systems, as well as health care settings such as primary care and pediatric offices.

Conduct assertive outreach and engagement to help ensure historically underserved and high-needs populations access and remain in care.

Successful CCBHCs emphasized the importance of a "back door" to ensure people not only enter treatment but are also discharged, as appropriate, to primary care or other supportive community partners, when aligned with clients' goals and preferences. This helps ensure access to care for those who need it. From the beginning of treatment, CCBHCs can create the expectation that the time will come when care is no longer needed because clients have developed the skills and support they need to live a meaningful life in the community.

> *We believe in unbridled access. We started giving telehealth-enabled tablets to clients leaving our crisis center. They could hit a button to talk to a therapist back at the crisis center 24/7. We started with high-need clients but recognized that everyone can benefit from that level of access, so now we have thousands of clients with tablets at home.*

JOSH CANTWELL, CHIEF OPERATING OFFICER, GRAND MENTAL HEALTH (OKLAHOMA)

> *Our Crisis Call Diversion program embeds Integral Care clinicians into the Austin Police Department 911 Call Center, allowing clinicians to receive a direct transfer of calls from 911 call takers for mental health crisis. So, in Austin, if you dial 911, the operator answers 'fire, police, EMS or mental health.' The first year we took about 7,600 calls and the majority of those were resolved on the call, but we also have the capacity to send out mobile crisis outreach teams rather than law enforcement as needed.*

DAVID EVANS, CHIEF EXECUTIVE OFFICER, INTEGRAL CARE (TEXAS)

CASE STUDY

Compass Health Network – Increasing Access to Care

Compass Health Network provides behavioral health, substance use disorder, dental, pediatric and family care services to adults and children in Missouri. Compass was one of the first organizations to become a CCBHC in 2017 and has helped lead the growth of the CCBHC model in the state. Serving 26 counties, Compass has expanded access to care through staffing and programmatic growth. Since becoming a CCBHC, annual revenue has more than doubled, largely through organic growth. Compass has added 1,800 new staff members in recent years to proactively meet community needs and now serves over 109,000 individuals annually.

Compass recognized the need to increase staffing and enhance their training to effectively reach and serve the community. In collaboration with the Missouri Department of Mental Health, Compass reviewed their program requirements to identify where educational requirements could be replaced with more vigorous, on-the-job training, helping to expand the pool of potential candidates. Staff are also hired proactively based on projected future needs to ensure clients can receive timely access to care, rather than waiting until existing providers are over capacity and bottlenecks have developed.

Providing comprehensive training has been critical for staff retention and professional development. Compass develops tailored training based on the types of knowledge and skills needed for various roles, such as problem solving, trauma-informed supervision or suicide care. For example, front desk staff are trained in crisis de-escalation to equip them to respond to a potential situation, while primary and dental care teams are trained in suicide risk assessment and can refer to psychiatry.

With a robust and well-trained staff, Compass offers 24/7 access to services, from traditional open access 8 a.m.-5 p.m., to after-hours and virtual access, to crisis services. Recently, Compass launched a pilot to become a Medical Transportation Management (MTM) provider, enabling them to provide clients with timely transportation to services and receive reimbursement. They employ mobile crisis staff and operate a 24/7 988 crisis call center, which has a 100% in-state answer rate and average response speed of one second, as of June 2023.

Compass also conducts same-day intake for clients discharged from the psychiatric inpatient hospital, given the elevated suicide risk in the first week post-discharge. This has increased the follow-up appointment engagement rate by 87% and decreased the rate of hospital readmissions within 30 days. Compass also connects clients to opioid treatment services, including precipitated withdrawal, methadone at the opioid treatment program and buprenorphine onsite and on the mobile medical van. Anyone at risk for overdose receives overdose education and naloxone distribution training (OEND), and Compass works with the local health departments to stock free naloxone for clients.

"We've made incredible strides in our access to care since the beginning of CCBHC. The CCBHC model forces organizations to reexamine how they bring people into services, how they get people through the door and help people get better," said Jennifer Lee, chief quality officer.

THEME 4

Delivering Services that Make a Difference: Offer services that are tailored to the identified needs of the community across the lifespan and designed to achieve the most impact.

CCBHCs should have deep capacity to serve individuals across the entire lifespan — including children and older adults — with complex and serious needs, including SMI, SED, more severe substance use disorders and co-occurring conditions. Highly effective CCBHCs build on the framework of the nine core CCBHC services and tailor offerings based on the specific population needs and gaps identified in the community needs assessment. For example, successful CCBHCs use needs assessment findings to offer directly or through partnership specialized services, programming or access points targeted to specific high-needs populations, such as children with complex needs, individuals with co-occurring substance use disorder, veterans, individuals experiencing homelessness, individuals in rural areas and/or the perinatal population, to help address unmet needs and long-standing disparities in care. Successful CCBHCs also noted the importance of providing evidence-based services to improve client outcomes and wellbeing, such as assertive community treatment (ACT), eye movement desensitization and reprocessing (EMDR), cognitive behavioral therapy (CBT) and parent-child interaction therapy (PCIT).

The most successful CCBHCs work to break down internal silos between service lines. Some CCBHCs have created "access hubs" to enable easy access to the appropriate staff and level(s) of care. This approach typically includes:

- Identifying at-risk populations, assessing all their health, social and behavioral risk factors.
- Developing tailored "pathways" to different programs inside and outside the CCBHC to help eliminate organizational silos and reduce duplication of services
- Leveraging care coordinators to overcome barriers to care, document progress and ensure clients complete recommended pathways.[7]

Highly effective CCBHCs offer comprehensive, low-threshold, medication-first access to care for substance use disorders, with interventions across a continuum consisting of primary prevention (e.g., education on risk factors), early intervention (e.g., screening and brief intervention), treatment (e.g., medication and counseling) and recovery (e.g., social, educational and legal supports to aid long-term recovery).[8] Medication-first approaches include encouraging but *not* requiring counseling as a condition for receiving medications and ensuring access is available in places convenient to people with substance use disorders, such as their homes, syringe service programs and mobile treatment sites. CCBHCs should ensure access to all three Food and Drug Administration (FDA)-approved forms of medication for opioid use disorder – methadone, buprenorphine and naltrexone – with methadone available either directly or through partnerships with local opioid treatment programs (OTPs). Harm reduction services, such as needle/syringe exchange programs, viral hepatitis and HIV testing, overdose prevention education and naloxone to reverse potentially lethal opioid overdose, are made available either directly or through DCO partnerships.

When DCO arrangements are used for substance use disorder treatment, CCBHCs should ensure strong collaborative processes are in place to enable clients to easily move across different levels of care as needed and appropriate. In rural areas where access to methadone through OTPs is particularly challenging, CCBHCs may want to consider becoming certified as an OTP to address disparities in methadone access.

Highly effective CCBHCs also enhance their services in other distinct ways. Examples include:

Ensure availability of **long-acting injectable medication options.**

Coordinate with or embed **pharmacy and laboratory services** to streamline access to medications, conduct drug tests as needed, manage polypharmacy, check medication levels and conduct testing required for primary care screening and monitoring.

Strive to understand how service delivery, outreach and organizational protocols may differ for children and customize services to **meet the special needs of children and families.**

Offer **supportive services to parents and families** as an adjunct to school-based mental health and other youth-focused services.

Develop **strong partnerships with housing providers** and adopt a housing first philosophy to connect individuals to housing resources such as crisis stabilization units, residential care facilities, group homes, recovery housing and supportive community housing.

Measurement-based care is an evidence-based practice that has been shown to lead to faster improvement in symptoms and increased remission rates. It involves three essential components:

Routinely collecting client-reported outcomes through the course of treatment using standardized assessments such as the Patient Health Questionnaire-9 (PHQ-9).

Sharing feedback with the client about their reported progress scores and trends over time.

Acting on the data in the context of the provider's clinical judgment and client experiences to guide the course of care. For details, visit the American Psychological Association's web page on measurement-based care.

Finally, CCBHCs should use data to inform all aspects of care delivery, including what staff will deliver services, what modality of care to use and the frequency of care needed. A key strategy to achieve this is measurement-based care, the evidence-based practice of using systematic and routine assessment of the client's reported progress and outcomes to inform treatment decisions and engage individuals as partners in their care. CCBHCs should be sure to appropriately budget for data analytics staff, technology tools and training for clinical staff to support measurement-based care and clinical quality improvements.

Overview of Effective Strategies

Build on the nine core CCBHC services by adopting tailored and additional elements to increase community impact, address unmet needs and reduce health care disparities.

Break down internal and external silos, such as offering integrated substance use and mental health care to improve the client experience and achieve better outcomes for people with co-occurring disorders.

Offer low-threshold, comprehensive, medication-first access to substance use treatment, with access available in places convenient to people with substance use disorders.

Expand access to specialty or social services in many ways, such as partnering or integrating with housing providers, pharmacists and laboratories in the community.

Use data-driven strategies such as measurement-based care to inform all aspects of care delivery, including what staff will deliver services, what modality of care to use and the frequency of care needed.

We have a continuum of services for youth and families, in schools and in the community. We have youth behavioral health liaisons who are working with school systems to provide more school-based therapy. A subset of our crisis staff make home visits to work with parents on how to de-escalate a crisis when it's happening. These staff go into clients' homes every day for up to eight weeks, which ultimately prevents hospitalizations. We have youth urgent care to ensure enough protective placements. Oftentimes, young people don't need an acute care setting or residential placement. They just need a safe, homelike environment to recover in.

LAUREN MOYER, EXECUTIVE VICE PRESIDENT, CLINICAL INNOVATION, COMPASS HEALTH NETWORK (MISSOURI)

CCBHC has this sort of 'web effect' that has promoted more thinking as a system of care as opposed to all these standalone, isolated individual cost centers and services. We now look at data across a population of individuals rather than program by program.

HEATHER GATES, CHIEF EXECUTIVE OFFICER, COMMUNITY HEALTH RESOURCES (CONNECTICUT)

CASE STUDY

CarePlus New Jersey – Primary Care Integration

CarePlus New Jersey (CarePlus) has provided comprehensive, recovery-focused integrated primary care, mental health care and substance use treatment services to adults and children since 1978. Since becoming a CCBHC demonstration program in 2017, CarePlus has leveraged the CCBHC model to enhance primary care integration through meaningful partnerships, staffing and training and technology systems.

Having a primary care practice onsite at CarePlus enables efficient referrals and warm handoffs, but their primary care integration goes beyond co-location. All clients are screened and referred, as needed, for primary care, as many do not have a primary care provider. Both teams share a medical assistant, who takes vital signs and triages clients during psychiatry visits to coordinate care and escalate needs within primary care, including referring to a cardiologist and neurologist who come onsite monthly. Leadership from both teams also meet regularly to discuss transfers between primary care and psychiatry, as well as any other medical services that clients may need, ensuring that clients receive timely psychiatry, primary and specialty care.

CarePlus continues to grow staff capacity to support primary care integration with medical social workers and health navigators coordinating care and supporting hospital discharge planning, crisis workers embedded within hospitals and a psychiatrist providing care on Saturdays. The CCBHC model allowed CarePlus to provide tailored training, such as trauma-informed care, cognitive behavioral therapy and motivational interviewing, to prepare and attune staff to the needs of their clients. Leadership also participates in integration training and quality improvement meetings to enhance protocols and workflows.

Additionally, CarePlus has invested in an EHR system that is integrated with primary care and local hospitals to enhance care coordination and communication within the CCBHC and across health systems. The EHR streamlines registration for new patient online referrals and data collection for client intake, which can be completed via a secure link sent before appointments or onsite using a "virtual kiosk" or tablet. "Prior to being a CCBHC, we wouldn't have had the funds to invest in this technology. For us, this is a lifesaver in terms of efficiency and accessibility," said Ann Marie Zihal, senior vice president of Clinical Services.

THEME 5

Strengthening the Workforce: Develop a workforce with the background and expertise to provide the best evidence-based care to help clients get better.

Highly effective CCBHCs use the model as an opportunity to re-envision individual staff and team roles. The shift from fee-for-service to CCBHC PPS payment offers financial flexibility for teams to work together and support one another in new ways — such as interprofessional consultation, team huddles and increased capacity for supervision, allowing for increased collaboration across providers. This allows staff to practice at the top of their license, meaning each employee practices to the full extent of their education and training. Some CCBHCs also made strategic decisions in the face of workforce shortages to scale back educational and vocational requirements for certain roles, such as positions previously filled by master's level staff. These CCBHCs coordinated with state agencies to ensure adherence with applicable regulations and supported new hires with more comprehensive on-the-job training. This type of approach enables sufficient staffing and high-quality care even in light of the U.S. behavioral health workforce shortage and can be helpful for CCBHCs in rural areas.

Informed by the community needs assessment, highly effective CCBHCs create new clinical and non-clinical staff positions to ensure individuals have access to the care and support needed for recovery. CCBHCs should have staff with expertise to care for individuals across the entire lifespan — including children and older adults — as well as those with complex and serious needs. Among the strategies highly effective CCBHCs have used:

Build a strong **peer workforce,** either by hiring peers directly or engaging peer-run organizations, such as peer respites and recovery community organizations (RCOs), as DCOs.

Ensure an adequate number of staff who are capable of **prescribing and managing medications,** including for treatment of both mental health and substance use disorders.

Increase capacity for **integrated primary care screening and monitoring** services, including chronic disease management, through the addition of nurses and medical assistants to the CCBHC team.

Build robust **administrative support,** including human resources, information technology, data analysis, program evaluation and financial expertise.

Develop **new and innovative staff roles,** such as employee retention specialists, medical social workers to support psychiatrists, population health analysts, cultural community liaisons, care coordinators for children with complex co-morbidities and new leadership roles such as chief diversity, equity and inclusion officer; director of nursing; and vice president of hospital diversion.

Note: More detailed information about engaging individuals with lived and living experience and increasing staff diversity and other health equity efforts are included in Themes 6 and 9, respectively.

Centers of Excellence are specialized programs which combine expertise and related resources delivered in a comprehensive, interdisciplinary fashion which can help provide leadership, best practices, research, support and/or training both internal to the CCBHC and to the broader community.

CCBHCs can also establish themselves as community Centers of Excellence to build the behavioral health workforce of the future. This can involve adopting a teaching clinic model that promotes a culture of continuous learning through ongoing training and reflective supervision for all staff. CCBHCs emphasize the importance of structured training on evidence-based practices, including those that are operational in nature such as measurement-based care, and adherence to professional evidence-based guidelines, such as those promulgated by the American Society of Addiction Medicine (ASAM). To accomplish this, CCBHCs may consider partnering with academic institutions and training/certification programs to help develop curricula, including historically Black colleges and universities (HBCUs), which also serves as an avenue for engaging interns and building a strong workforce pipeline.

Highly effective CCBHCs regularly assess the needs, satisfaction and workload of all staff. CCBHCs should set clear goals and key performance indicators (KPIs) for staff satisfaction, turnover and other metrics, addressing workforce challenges using a CQI process. Successful CCBHCs also provide mentoring, recognize accomplishments and promote staff wellbeing to increase satisfaction and reduce turnover. CCBHCs report that effective on-the-job training helps improve retention rates, an observation also backed by research.[9]

Overview of Effective Strategies

Re-envision approaches to staffing and team collaboration, implementing new team structures and allowing all staff to practice at the top of their license.

Informed by the needs assessment, create new clinical and non-clinical staff positions to ensure clients and staff have access to the training, care and supports needed to deliver high-quality care.

Adopt a teaching clinic model that promotes a culture of continuous learning through ongoing training and reflective supervision for all staff and partner with colleges and universities to build a strong workforce pipeline.

Address workforce challenges using a CQI process, including setting goals and KPIs for staff satisfaction, turnover and other metrics.

Recognize accomplishments and promote staff wellbeing to increase satisfaction and reduce turnover.

We've used care engagement specialists to a great degree to re-engage people who dropped out of services because of the pandemic. This is an example of the kind of previously unfunded, yet needed, component of any high-functioning behavioral health service system that has historically been undervalued. People see these roles as 'nice to have,' but, in fact, they are an essential component to working with individuals who have many serious and comorbid conditions.

HEATHER GATES, CHIEF EXECUTIVE OFFICER, COMMUNITY HEALTH RESOURCES (CONNECTICUT)

We redefined what a therapist was. We don't hire therapists anymore; we hire 'integrated team managers.' They manage the overall health outcomes of 40 clients and oversee two other staff: a peer and a care coordinator. They are taking on management tasks and we're able to pay them more, which drastically improved our ability to recruit and retain.

JOSH CANTWELL, CHIEF OPERATING OFFICER, GRAND MENTAL HEALTH (OKLAHOMA)

THEME 6

Engaging People with Lived and Living Experience:

Engage people with lived and living experience in decision-making and service design to improve client health and wellbeing.

Highly effective CCBHCs engage people with lived and living experience in decision-making and service design. Clients and community members bring a unique and valuable set of skills, experiences and resources that are essential to providing high-quality care. In addition to working with peers, CCBHCs should engage people with lived experience of mental health and substance use conditions, individuals who have received services from your CCBHC and their family members as CCBHC advisors. In addition to meeting the CCBHC requirements for meaningful participation of people with lived and living experience in governance structures, CCBHCs should consider developing tailored advisory groups to advise on the needs of specific populations or specific topic areas (e.g., a veterans' governance advisory council, a peer services advisory council). People who are *not* currently receiving CCBHC services should also be engaged and consulted through the community needs assessment process.

It is important to create a shared understanding among all staff of the unique value of peer support and the role of peers in promoting recovery. Successful CCBHCs leverage their peer workforce to help develop organizational policies and train staff, including as part of the onboarding process. This training covers the role of peers and helps address stigma related to behavioral health and the professional capabilities of people with lived experience.

Highly effective CCBHCs develop a comprehensive structure for their peer workforce, including training and supervision that aligns with peer ethics and values, as well as national standards.[10] CCBHCs should consider training on trauma-informed supervision,[11] helping supervisors promote safety, trust, collaboration and empowerment among all employees, including peers. Peers not only directly expand access to care, their services in a variety of settings (e.g., supporting crisis care, assisting in care coordination services, supporting individuals during and after emergency room visits and hospital stays and helping individuals transition from justice settings) may also allow for different staffing compositions that support other staff to optimize their licensure. As CCBHCs explore the variety of settings and capacities of peers, they must approach this work with clear understanding and alignment with the role and values of a peer's work so as to not propagate scope creep.

Overview of Effective Strategies

Engage people with lived experience of mental and substance use conditions, individuals who have received services from your CCBHC and their family members as advisors to your CCBHC.

Based on gaps identified in the community needs assessment, develop tailored advisory groups to advise on the needs of specific populations or specific topic areas.

Create a shared understanding among all staff of the unique value of peer support in promoting recovery, empowering peers to drive development of related training, policies, procedures and collaborative structures.

Develop a comprehensive structure for the CCBHC's peer workforce, including training and supervision that aligns with peer ethics and values.

Ensure that staff across the organization and at various levels represent people with lived and living experience, not just those in the role of peer specialists.

Successful CCBHCs develop career pathways, clinical and management training and advancement opportunities for peer staff. Staff across the organization and at various levels should represent people with lived and living experience, and the peer perspective should not just be limited to the specific role of peer support. For this to happen, peer specialists must have access to a career ladder that does not necessarily require them to move away from peer services to more traditional clinical service delivery, such as becoming a case manager.

> *We grew exponentially with our peer services. We changed the way peer services are delivered and created opportunities for advancement, as well as supervision and training. We have veteran peers, family peers, mental health peers, substance use peers and youth peers who we've hired through our CCBHC.*

DEBBIAN FLETCHER, CHIEF EXECUTIVE OFFICER, VIP COMMUNITY SERVICES (NEW YORK)

> *My [peer] team started coming into new hire trainings at our CCBHC and we share our stories. One of my teammates has schizophrenia and one of the staff said 'I've never seen a person with schizophrenia do what you do.' And he laughed because he thought 'I'm a person first, and that gets lost in the sauce.'*

MALKIA NEWMAN, MEMBER OF NATIONAL COUNCIL FOR MENTAL WELLBEING'S LIVING EXPERIENCE ADVISORY PANEL (MICHIGAN)

> *It comes down to two simple questions to ask the person every time you meet with them, regardless of your role in the organization, 'What do you need and how can I help you get there?'*

DEB CARLSON, MEMBER OF NATIONAL COUNCIL FOR MENTAL WELLBEING'S LIVING EXPERIENCE ADVISORY PANEL (RHODE ISLAND)

THEME 7

Developing Systems to Measure Outcomes and Improve Quality: Build strong quality improvement teams who use data to inform what services are offered and how they are delivered.

Highly effective CCBHCs have well-staffed quality improvement teams that use data to inform CCBHC workflows and operations, including what services are delivered, how they are delivered and what staff are hired. These quality improvement teams work closely with staff from other departments, including clinical, administrative and fiscal, to guide staffing decisions and service delivery. CCBHCs with robust data and quality infrastructure hold regular quality improvement team meetings to measure outcomes and track progress on clinical indicators such as high risk utilizers, active safety plans for Zero Suicide and CQI measures such as follow-up after discharge from the hospital or emergency room. When an area for improvement is identified, CCBHCs look for adjustments to workflows and regularly track whether progress is being made.

CCBHC PPS provides the opportunity to invest in technology, but these approaches can also be adapted more incrementally for those earlier in their implementation or not currently receiving PPS. For example, CCBHCs can leverage hospital ADT feeds and other clinical data to segment their population into different levels of complexity, such as mild, moderate and severe. This enables CCBHCs to determine which population groups are growing and whether more programming, staff or training is needed to care for the higher risk population. CCBHCs can also leverage screening tools, including social driver of health screenings, to help with risk stratification.

Successful CCBHCs build data-informed cultures that involve not only the board of directors and advisory boards in quality improvement efforts, but also clinical and other front-line staff to better understand the impact and outcomes of their work. Numerous leaders of highly effective CCBHCs reported implementing measurement-based care,[12] including client satisfaction survey data, to engage and inform the work of clinical staff. Measurement-based care is especially helpful not only in preventing disengagement and flagging treatment deterioration, but also in providing objective data to help inform when a client is ready for discharge.

Highly effective CCBHCs also use data to identify populations facing health disparities and undertake specific quality improvement projects to improve outcomes. CCBHCs make data findings more actionable by reporting regularly on key measures and using tools like real-time data dashboards. CCBHCs

Overview of Effective Strategies

Build robust quality improvement teams to work closely with staff from other departments, including clinical, administrative and fiscal, to guide staffing decisions and service delivery.

Use population health strategies like risk stratification to drive care decisions, inform care coordination activities and improve effectiveness.

Include the board of directors, advisory boards and staff in quality efforts, reporting regularly on key measures and using tools like measurement-based care and real-time data dashboards to make findings more actionable.

Use data to identify populations facing health disparities and undertake specific quality improvement projects to improve outcomes.

Select and maximize an EHR platform that is user-friendly for staff and supports integration across programs.

should consider developing separate dashboards for different audiences and purposes. For example, providing clinical staff with data on their no-show rates, caseloads and clinical outcomes can enhance supervision, while advisory boards may be more interested in data linked to the CCBHC's strategic goals.

Highly effective CCBHCs select and use an EHR platform that is user-friendly for staff, supports integration across programs and does not silo program notes or assessment results, while ensuring that any client-level data sharing with internal or external providers is consistent with individual preference and consent. They also work collaboratively with and provide support as needed to DCOs on data collection and reporting.

> *We're using data in real time treatment. In addition, we've implemented a dashboard for our board of directors that gives them information on a quarterly basis about how we're doing on certain indicators. We have an internal dashboard for all our staff. All of this is very different in our organization now than it was six years ago. That's directly related to the CCBHC model and its focus on quality. It has been critically important to have funding for the IT and quality infrastructure that other payers do not want to fund.*
>
> **HEATHER GATES,** CEO, COMMUNITY HEALTH RESOURCES (CONNECTICUT)

> *The quality assurance (QA) department has grown tremendously and has helped us link and integrate all of our services. Our QA department makes sure we're looking at everything that's happening in the program: patient outcomes, administrative outcomes, fiscal outcomes and also solicits client input into the way services are delivered. That has really, really helped us.*
>
> **DEBBIAN FLETCHER,** CHIEF EXECUTIVE OFFICER OF VIP SERVICES (NEW YORK)

CASE STUDY

GRAND Mental Health – Using Measurement-based Care and Outcome-based Treatment Plans

GRAND Mental Health (GRAND) has provided integrated mental health, physical health and substance use services to adults and children in Oklahoma since 1979. GRAND was among the very first CCBHCs in the United States, receiving a CCBHC planning grant from SAMHSA in 2015. Over time, GRAND has leveraged the CCBHC framework and funding model to make vital investments in staff, technology and resources and improve mental health and substance use disorder care for Oklahoma residents.

Across the agency, GRAND collects and maintains data on hospitalizations, outpatient services and cost savings. GRAND has developed a client report card dashboard that tracks progress toward treatment plan goals and key physical health indicators such as blood pressure and hemoglobin A1c readings. Building on the patient report card, GRAND has developed and launched outcome-based treatment plans that incorporate a measurement-based care approach for all CCBHC clients.

"The outcome-based treatment plan guides everything we do," said Josh Cantwell, chief operating officer. "There's a face sheet that pops up instantly when any clinician opens up a person's chart. For example, with depression, a client will complete a PHQ-9 at least once per session. Over time, this allows us to understand trends in depression and we can track progress toward an identified outcome."

GRAND has incorporated this approach into its EHR and integrated a client-facing app, creating outcomes-based treatment plans for all people receiving regular care at the CCBHC. Technology enables clinicians to easily tailor treatment plans by diagnosis and each client's readiness for change. Once treatment has begun, GRAND continues to use a data-informed approach to determine what staff will deliver services, what modality of care to use and the frequency of care needed. If a client's scores on a validated instrument are trending down or their self-reported symptoms are trending up, the clinical team can move quickly to adjust its approach.

"We use the philosophy of 'starting at the end,'" he continued. "We determine what we want that health outcome to be, and then we develop an approach that is laser-focused towards achieving it."

THEME 8

Demonstrating Value: Track and analyze data on outcomes at the CCBHC and community level to demonstrate positive impact and return on investment.

Highly effective CCBHCs track and analyze data at the CCBHC and community levels to demonstrate outcomes and return on investment. Interviewees expressed enthusiasm about having the resources to collect and analyze data to support quality and outcomes for clients, as opposed to collecting and reporting data solely for funders or payers. However, CCBHCs still engage in regular dialogue with states and payers to understand what outcomes they are looking for and communicate how CCBHCs address those goals and any pain points in the system. CCBHCs can build trust and awareness with the community at large through information sharing. Interviewees underscored the importance of data transparency, sharing findings from the needs assessment and other analyses with staff and the public to build trust and increase awareness of mental health and substance use challenges.

CCBHCs should use data and outcomes to tell a compelling story about the value they provide to the community in both the short- and long-term. Effective CCBHCs make use of the data sources available to them to track clinical outcomes and financial metrics of broad interest to the community. While clinics' access to timely data varies widely, outcomes of interest to community partners may include hospital, jail and emergency department diversion rates; hospital and emergency room readmission rates; reduced rates of depression and substance use; mobile crisis response time; and speed of answer for crisis calls.

For example, interviewees from one CCBHC reduced inpatient care rates by 93% from 2015 to 2021 through an on-demand crisis care model. Findings such as these help highlight the role CCBHCs play in supporting states' efforts to reduce avoidable and costly inpatient utilization. In places where external data sources such as Medicaid claims are not available to CCBHCs, they can work with states to encourage adoption of statewide data-sharing platforms, leverage other reporting tools (such as the National Outcomes Measures [NOMS]) to collect information about clients' self-reported experiences or leverage other strategies that make use of the information available to them.

Effective CCBHCs have strong relationships with policymakers and communicate regularly and proactively about the CCBHC's work with key community stakeholders. However, interviewees cautioned that CCBHCs and other stakeholders should not focus exclusively on the bottom line, as comprehensively transforming access to care can require a significant upfront investment.

CCBHCs should think expansively about the IT platforms and staffing necessary to support data collection and quality. Interviewees reported making significant progress simply by making a purposeful effort to leverage existing data in their EHR, rather than implementing sophisticated new software. For example, one CCBHC maximized the business intelligence components of their EHR, in part by hiring staff such as health informatics specialists who could efficiently extract data and build better reports to assist with quality improvement efforts. The financial support available through the CCBHC PPS also offers opportunities for CCBHCs to upgrade existing technologies or adopt new ones aligned with their goals for expanding service access and quality.

Behavioral health historically has had a lot of high-performing silos, meaning you go in one door and you get what you get. CCBHC has allowed us to have enough staff positions to collect, process, analyze, evaluate and report on meaningful data. The data allows you to look at the collective impact of the work and how the pieces fit together.

JEFF RICHARDSON, VICE PRESIDENT AND CHIEF OPERATING OFFICER, SHEPPARD-PRATT (MARYLAND)

Behavioral health is essential to the wellbeing of all communities. The current behavioral health crisis in the United States requires a more robust behavioral health system. Needs have increased and the CCBHC model creates an opportunity to stabilize and potentially improve the negative trends we have been seeing. If CCBHCs base their programs and services on the actual needs of each community served while continuously improving quality, we will achieve positive outcomes.

STEVE DENNY, DEPUTY DIRECTORY, FOUR COUNTY MENTAL HEALTH CENTER, INC. (KANSAS)

Overview of Effective Strategies

Collect and analyze data to support quality and outcomes for clients, as opposed to collecting and reporting data solely for funders or payers.

Share the findings from your needs assessment with the community at large to build trust and increase public awareness of mental health and substance use challenges.

Collect the clinical and financial data necessary to demonstrate short- and long-term return on investment and community impact, using data to tell a compelling story about the value your CCBHC provides to the community.

Communicate regularly and proactively about the CCBHC's work with key community stakeholders, including policymakers.

Think expansively about IT platforms, staff and other technologies or functions needed to support data collection, CQI and community impact.

CASE STUDY

Integral Care – Using Data to Drive Innovation and Improve Outcomes

Integral Care supports adults and children with mental illness, substance use disorder and IDDs, reaching over 31,000 adults and children annually. Integral Care was certified as a Texas CCBHC (T-CCBHC) in 2016, after being selected as one of the first pilot sites in the state.

Integral Care's housing and homelessness initiatives are one example of how this CCBHC uses data to drive innovation and improve outcomes. Recognizing that homelessness is a driver of poor health outcomes, Integral Care has collected data on client housing status for many years. Approximately one out of every five Integral Care clients is unhoused. These clients tend to have complex needs, with 80% having co-occurring diagnoses.

Beginning in 2022, Integral Care incorporated new screening questions about housing instability into all client assessments to identify clients at risk of homelessness more proactively. Based on screening results, Integral Care now links clients to flexible in-kind resources and funding to prevent homelessness through its supportive housing initiatives. The team also works to ensure evidence-based clinical and housing supports are available when needed, such as permanent supportive housing (PSH).

Analysis led by Integral Care's population health administrator, conducted in partnership with the Diversity and Inclusion Council, indicated that clients experiencing homelessness use Integral Care services at a much higher rate than other clients. For example, 52% of all crisis division services were provided to clients experiencing homelessness, even though they represented only 19% of the total client population. Findings like these help validate and maintain momentum for its housing strategy.

Integral Care also uses data to determine the impact of PSH on client outcomes. By comparing PSH residents' utilization of hospital and emergency services prior to move-in and one year after, they found a sharp reduction in emergency medical services (EMS) encounters, emergency department visits, Medicaid inpatient bed days and arrests. There was an average savings of nearly $15,000 per resident during the first year of being housed.

"Today, we are providing care to clients in about 1,500 clinically supported or affordable housing units, many of which we manage directly. We are providing supportive housing services to people at risk of homelessness," said David Evans, chief executive officer. "To me, this represents the promise of the CCBHC model. It's not the old way of doing things, where you're just starting programs based on whatever funding you can get. Part of the CCBHC strategy is understanding the needs of your community through data and then creating a system of care that is responsive. Community-based prevention must be part of that continuum of care."

THEME 9

Centering Health Equity: Invest in workforce, training, technology and outreach to better understand and address health disparities in your community.

Highly effective CCBHCs intentionally center their work in health equity, investing in the workforce, training, technology and outreach necessary to better understand where individuals and groups within their communities experience gaps in access, inferior care quality, worse health outcomes, a lack of knowledge about available services or a sense of disconnection or exclusion from services.

To this end, CCBHCs proactively seek out feedback from people and populations that have been historically marginalized and those who are underserved by the CCBHC. CCBHCs should think expansively about the communities within their service area that may experience significant health disparities, including (but by no means limited to): people of color, individuals living in rural areas, immigrant communities, agricultural workers, tribal populations, LGBTQ+ individuals, people with co-occurring substance use and mental health disorders, pregnant and postpartum individuals, veterans, and people with physical or intellectual disabilities.

Outreach to these communities should be part of the community needs assessment process, as well as ongoing community engagement efforts. For example, one CCBHC co-sponsors the annual Central Texas African American Family Support Conference, which addresses the health care needs of the Black community in the organization's catchment area. The event draws hundreds of people and provides a venue for building relationships and sharing information. Another CCBHC grantee established an Ag Advisory Board focused on rural stress. The board develops culturally competent material about the CCBHC's services and provides training and education on behavioral health interventions. Most recently, they developed a support group where local farmers, ranchers and others involved in agriculture can access mental health check-ins along with conversations on weather, commodities, increases in cost of fertilizer and diesel fuel and more.

CCBHCs can also intentionally partner with minority-led organizations in a DCO or care coordination capacity. These partnerships can improve CCBHC staff's understanding of diverse communities' needs, support and elevate partner organizations through the CCBHC financial model, help CCBHCs connect with individuals who might not otherwise seek CCBHC services and build relationships and trust with communities that the CCBHC has historically underserved.

Overview of Effective Strategies

During the needs assessment and on an ongoing basis, seek firsthand input from populations and people who have been historically marginalized, to understand individuals' experiences of accessing care through the CCBHC or the reasons that led them not to access care through the CCBHC.

Supplement firsthand input using data and technology to identify disparities in health care access, utilization, outcomes and experiences of seeking care among the population served.

Analyze data to identify root causes, set goals for addressing disparities, implement action plans and use CQI processes to monitor progress.

Set and meet high expectations for culturally and linguistically appropriate services. Provide care that respects and responds to the health beliefs, practices and needs of diverse patients.

Actively work to ensure CCBHC board members, leadership and staff reflect the demographics, culture and experiences of the population served.

Create new staff positions as needed to better address health disparities in your community and align efforts across community partners.

Highly effective CCBHCs supplement their community outreach and engagement with data and technology to identify root causes of disparities, implement action plans to address them and use CQI processes to monitor progress toward internal and external health equity-related efforts. For example, one CCBHC reported using artificial intelligence embedded in its EHR to help identify and address overdiagnosis of conduct disorder and schizophrenia among people of color.

CCBHCs should set and meet high expectations for culturally and linguistically appropriate services. For example, one CCBHC regularly reviews the national Culturally and Linguistically Appropriate Services (CLAS) standards to assess progress toward language access and diverse staff demographics. CCBHCs strive to provide care that is:

Respectful of and responsive to the health beliefs, practices and needs of diverse patients.

Available in all languages spoken in the local community.

Accessible to clients with a variety of physical challenges.

Accessible and welcoming to neurodiverse individuals, including those with IDD and their caregivers.

Effective workforce strategies may include (but are not limited to):

Actively working to ensure CCBHC board members, leadership and staff reflect the demographics, culture and experiences of the population served.

Hiring non-clinical community engagement staff to conduct outreach and share information about CCBHC services and support.

Elevating the voices of people served in organizational governance and decision-making.

For example, numerous CCBHCs have instituted new staff positions, such as cultural community liaisons, or leadership positions such as chief diversity, equity and inclusion officers. Cultural community liaisons can help develop and maintain relationships with community members and organizations representing people and populations that have been economically or socially marginalized. While some CCBHCs use these types of designated staff roles to help advance health equity, staff at all levels of the organization share a role in eliminating health disparities and should be empowered to contribute to change.

Highly effective CCBHCs recognize that diversifying approaches to hiring and recruitment along with creating new staff roles may require additional human resources and training support. One CCBHC reported revamping its entire onboarding process and creating an employee retention specialist role tasked with positioning new hires for success. CCBHCs have also implemented training for staff on topics such as stigma in mental health, cultural humility and racial/ethnic health care disparities, such as those related to maternal health.

We put an equity lens on all that we do. Rather than check boxes, we create accountable standards for culturally and linguistically appropriate services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients. We report regularly on them to ensure we're making progress on things like language access and staff demographics.

DAVID EVANS, CHIEF EXECUTIVE OFFICER, INTEGRAL CARE (TEXAS)

The topic of diversity, equity and inclusion is not only embedded in what we're doing, but we're also measuring our efforts. We have the IDEA committee — the Inclusion, Diversity, Equity, Action Committee — that trains on topics such as health care disparities, microaggressions and cultural humility, and we've added related measures of cultural competence to staff performance assessments and client surveys.

BRIGITTE JOHNSON, CHIEF EXECUTIVE OFFICER, CAREPLUS (NEW JERSEY)

THEME 10

Becoming Community Leaders: Encourage staff at all levels of the organization to act as community leaders, promoting the CCBHC as a community hub for mental wellbeing and advocating for community needs.

Highly effective CCBHCs view themselves as community leaders, serving as a community hub for mental health and advocating for community needs. They leverage the needs assessment process to "kickstart" interactions with other local organizations, building trust and strengthening community partnerships through open dialogue and transparent communication. Interviewees also reported the importance of maintaining awareness of the mental health needs of staff working at their partner organizations. For example, first responders tend to experience high rates of suicide and early death because of the stress and trauma of the job. CCBHCs can offer mental health supports directly to firefighters, EMS and law enforcement officers in addition to coordinating with them to help address the mental health and substance use needs of justice-involved populations.

CCBHCs can convene a diverse array of stakeholders and host large-scale community-building events to listen and learn how to better address the most pressing behavioral health needs of the community. They work toward enhancing health through primary prevention efforts and fostering recovery- focused communities by supporting peer-run organizations and combating stigma and discrimination. Interviewees reported that they design and lead training for community partners such as Mental Health First Aid (MHFA) training in schools and for law enforcement, trauma-informed care training in hospitals and more.

CCBHCs offer training to community members and laypeople to build awareness of CCBHC services and address stigma. For example, CCBHCs can work with parents to help normalize talking about behaviors that may be related to mental health concerns in children. Peer support specialists, including youth or young adult peers, may conduct proactive outreach to schools and colleges/universities to help people struggling with mental health and substance use challenges understand that they are not alone. This type of community outreach is also an opportunity to influence referral pathways and career pathways, potentially increasing the flow of individuals interested in a career in behavioral health.

Highly effective CCBHCs partner with federal, state and local governmental leaders to coordinate on large-scale initiatives, such as affordable housing projects and implementation of the 988 Suicide and Crisis Lifeline. For example, one CCBHC interviewed has a long history of leadership in community planning efforts around housing and support for unhoused individuals. This organization participated in a Summit to Address Unsheltered Homelessness, which resulted in a community-wide goal of housing 3,000 people in three years. CCBHCs reported using tools like the health impact pyramid[13] to help ensure that needs were addressed across the entire continuum, including upstream prevention strategies for the whole community and downstream interventions (individual treatment) for children, adults and older people.

> *We had a horrific racist mass shooting in our community a little over a year ago. We were able to immediately deploy resources and show up as trusted leaders for the community in a time of need. With the CCBHC model, we can be more nimble in our response. We can bill offsite, we can deploy people and we can do things in a more flexible, culturally-responsive way.*

ELIZABETH WOIKE-GANGA, PRESIDENT AND CEO, BESTSELF BEHAVIORAL HEALTH (NEW YORK)

> *I think community is a huge part of person-centeredness. What does my community need? Where do I exist in my community? How can my community be utilized to heal me? How can we heal the community to assist in healing the individuals within that community? All of that to me is at the heart of person-centeredness.*

SADIE THOMPSON, MEMBER OF NATIONAL COUNCIL FOR MENTAL WELLBEING'S LIVING EXPERIENCE ADVISORY PANEL (NEBRASKA)

Overview of Effective Strategies

Leverage the needs assessment process to build trust and strengthen community partnerships through open dialogue and transparent communication.

Convene diverse stakeholders and host community-building events to address the most pressing behavioral health needs of the community.

Design and lead training for community partners including law enforcement, hospitals and schools.

Offer training to community members and laypeople to build knowledge of CCBHC services and address stigma.

Work with federal, state and local leaders to develop coordination strategies for statewide initiatives, such as implementing the 988 Suicide and Crisis Lifeline.

Conclusions & Recommendations

Highly effective ccbhcs and other stakeholders interviewed for this paper offered a concrete vision of excellence and promise for the CCBHC model to lead to transforming the experience of accessing care for mental health and substance use challenges in the United States. The National Council recommends the following actions from behavioral health organizations, state leaders and other interested stakeholders.

For CCBHCs and other behavioral health provider organizations:

Assess your current strategy/approach to CCBHC implementation alongside this guidance, such as whether CCBHC is being embraced as a change effort or a service line. Consider how you might adjust your strategy and approach long term to drive the most impactful change.

Assess your work as it relates to the goals and strategies described here to understand your CCBHC's current strengths and gaps.

Even if it is not currently feasible to implement all strategies, review your own capacity with these recommendations in mind and consider which areas should be prioritized for investment.

Review the findings of your community needs assessment and consider the effective strategies from this paper that would be most impactful given the unique context and needs of your local community.

Consider what additional support you will need to grow and evolve and advocate for it internally and externally.

For state leaders and other interested stakeholders:

Work in partnership with CCBHCs to develop program requirements, financing and partnership opportunities that support CCBHCs in achieving the goals outlined here.

Encourage or require CCBHCs to become accredited, especially as accreditation organizations that work specifically with CCBHCs emerge.

Review the callout box on page six of this document for additional ideas regarding how states can leverage this resource to advance highly effective CCBHC programs.

Endnotes

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