



HEALTHY MINDS
STRONG COMMUNITIES

CCBHC Availability and Accessibility: Strategies for Timely Access

April 4, 2025

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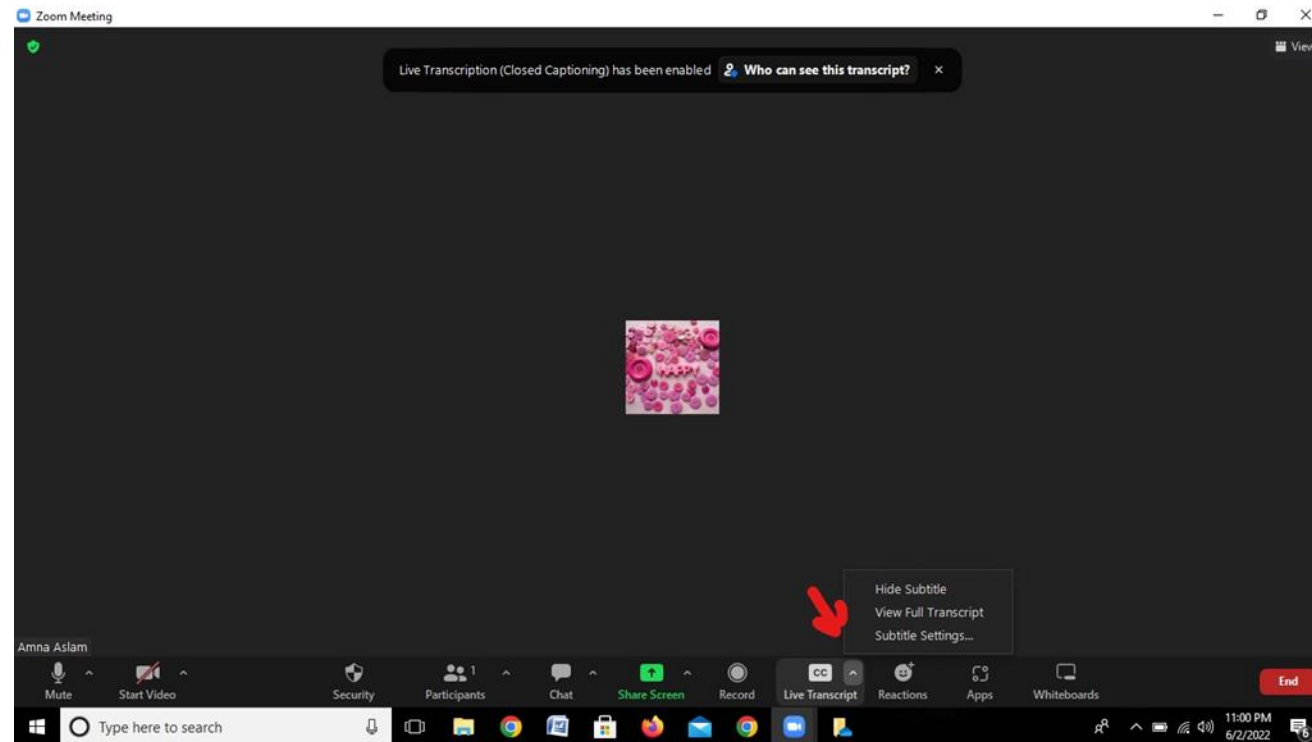
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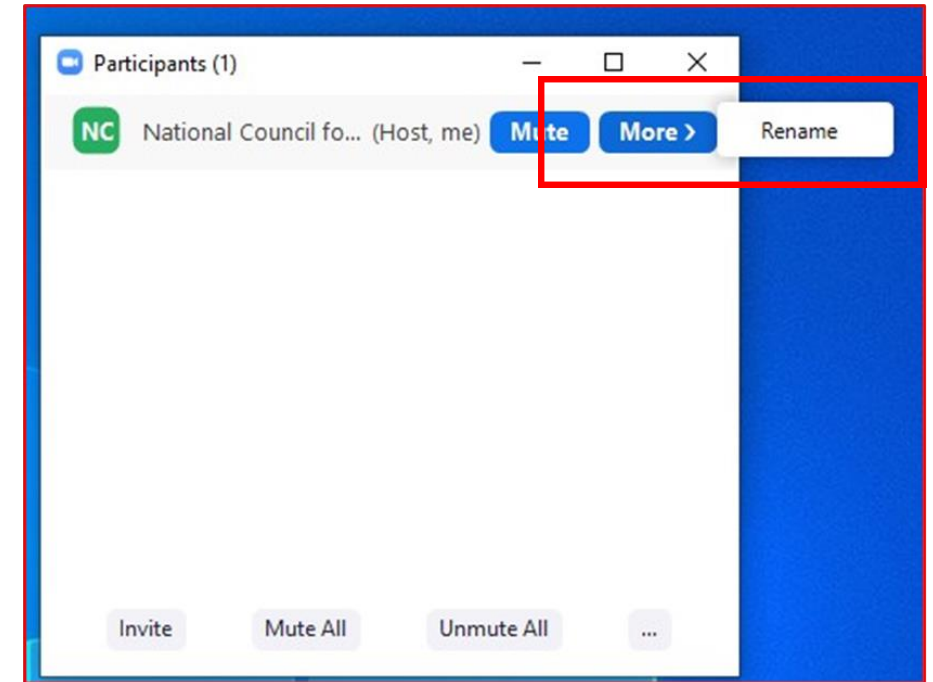


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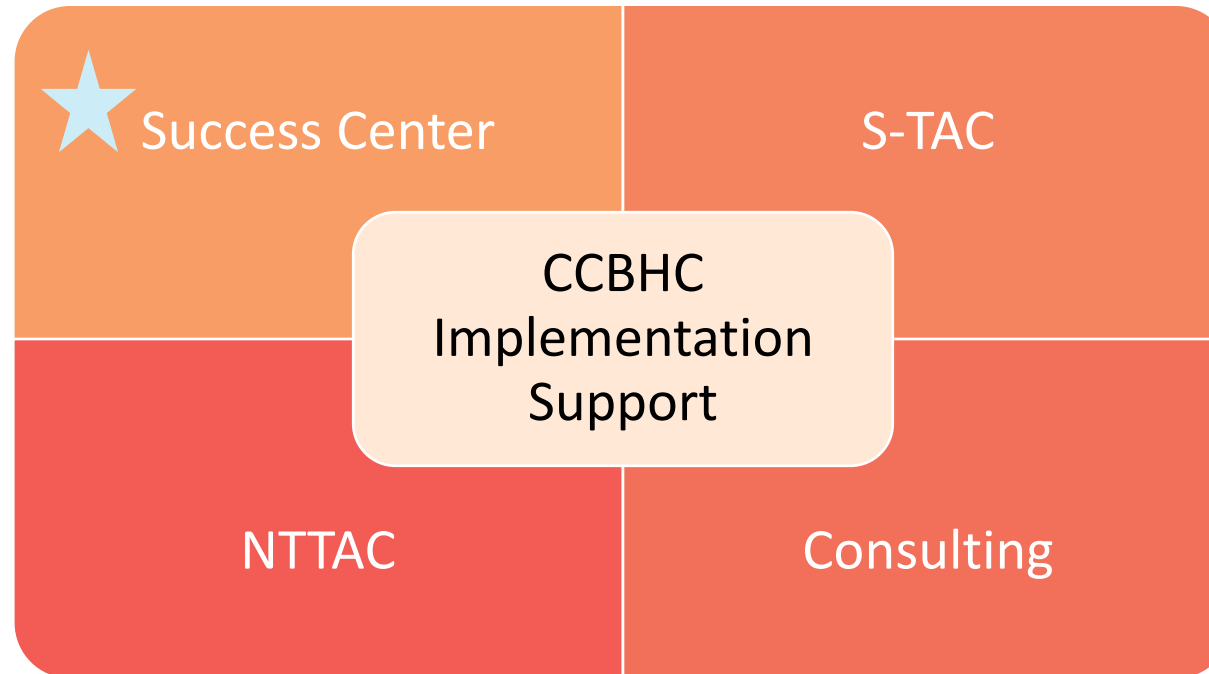
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Logistics

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



Implementation Support for CCBHCs



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Today's Presenters



Brian Mallow, MSW

Senior Advisor, Practice Improvement & Consulting
National Council for Mental Wellbeing



Shauna Reitmeier, MSW, LICSW

Chief Executive Officer
Alluma, Inc.



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Today's Learning Objectives

- Increase knowledge and understanding of CCBHC availability and accessibility criteria and implications for clinic implementation.
- Identify common challenges CCBHCs face in ensuring timely access to services.
- Define same-day access and open access and explore best practices and operational strategies to ensure timely access to services.



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Quick Poll

- What is your CCBHC status?
- What is your role at your organization?



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Availability and Accessibility of Services Requirements



2.A: General Requirements of Access and Availability



- Services are available at times and locations that meet community needs
- CCBHC provides transportation support; utilizes telehealth and other technologies to support access to services
- CCBHC conducts outreach, engagement, and retention activities to support access
- Services are subject to all state standards for the provision of both voluntary and court-ordered services
- The CCBHC has a continuity of operations/disaster plan that ensures the CCBHC is able to effectively notify staff and individuals served when a disaster/emergency occurs; to the extent feasible, the clinic has identified alternative locations and methods to sustain service delivery and access to medications during emergencies and disasters

CCBHC Criteria On-Demand Lessons



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2.B: General Requirements for Timely Access


- All people new to receiving services receive a preliminary triage, including risk assessment, to determine acuity of needs
- If the triage:
 -  Identifies urgent needs, clinical services will be provided, including an initial evaluation, **within one business day** of the time the request is made
 -  Identifies routine needs, services will be provided, and the initial evaluation completed **within 10 business days**
- The preliminary triage and risk assessment will be followed by an initial evaluation and a comprehensive evaluation
- Subject to more stringent state, federal or applicable accreditation standards, all admissions will receive a comprehensive evaluation **within 60 calendar days**




2.B: General Requirements for Timely Access

- People who are already receiving services from the CCBHC:

 Seeking Routine outpatient clinical services must be provided an appointment **within 10 business days**

 Presenting with an urgent, non-emergency need are generally provided clinical services **within one business day**

 Presenting with an emergency/crisis need are immediately offered appropriate action, including **crisis response**

- Same-day and/or open access scheduling are encouraged

2.C: 24/7 Access to Crisis Management Services

- CCBHC provides crisis management services 24/7
- CCBHC has methods for providing a continuum of crisis prevention, response, and postvention services
- Individuals served are educated about crisis planning, psychiatric advanced directives, and how to access crisis services, including 988 Suicide & Crisis Lifeline and other hotlines/warmlines, including those with Limited English proficiency (LEP)
- CCBHC maintains a working relationship with local hospital emergency departments (EDs)
- Protocols are in place to reduce delays for initiating services during and following a behavioral health crisis, including those for the involvement of law enforcement, people in psychiatric crisis who go to EDs, maximizing recovery-oriented services, and minimizing contact with law enforcement
- In conjunction with the person receiving services, the CCBHC creates, maintains, and follows a crisis plan



Availability and Accessibility 2.D & 2.E

No Refusal of Services Due to Inability to Pay

- The CCBHC ensures
 - No individuals are denied behavioral health care services because of the individual's inability to pay
 - Any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to provide services
- The CCBHC has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule.

Provision of Services Regardless of Residence

- The CCBHC ensures no individual is denied behavioral health care services because of place of residence, homelessness, or lack of a permanent address
- The CCBHC has protocols addressing the needs of individuals who do not live close to the CCBHC
 - Providing at a minimum, crisis response, evaluation, and stabilization services
 - Addressing management of the individual's ongoing treatment needs beyond minimum services



**The Best Strategy is the Strategy that
Fixes the Problem**

How to Identify the Real Problem?

Goals &
Metrics

Community
Needs
Assessment

Resource
Inventory

Community
Input

Staff Input

Stakeholder
Input



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Strategies for Improving Access & Availability

Leverage
Technology &
Telehealth

Optimize
Scheduling and
Operations

Expand
Partnerships

Alternative
Service Delivery
Models

Training &
Development

Focusing on
Community
Needs

Crisis & Interim
Services



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Increasing Access and Engagement Through Group Therapy and Group Sessions

Enhanced Access to Services

- Serves multiple clients in one session, increasing service capacity
- Reduces wait times for individual appointments

Efficient Resource Utilization

- Maximizes clinician time by addressing shared needs in a single session
- Reduces strain on staffing resources

Cost-Effectiveness

- Offers a lower per-client cost compared to individual sessions
- Facilitates sustainability for clinics with limited budgets

Increased Availability

- Frees up individual appointment slots for high-acuity cases
- Provides an alternative for clients with less urgent needs



Considerations for Choosing the Best Strategy

Is It Feasible?

Reduce/Eliminate Waste

Role of Technology

Length of Assessment and Paperwork

What is the Impact?

Measure Existed Reality and Demand

Appropriate Level of Care (LOC)

Plan and Control Wait Times and No-Shows

Is It Scalable? What is the Return on Investment?

Develop Your Model

Return on Investment (i.e., Cost-effectiveness Analysis)

Is There Stakeholder Alignment?

Communication

Client-Centered Approach



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Strategies for Improving Access & Availability



Access Challenges and Response

Challenge

- Staffing (internal/external)
- Defining Staff Roles & Team Design
- Capture & Use of Data
- Intake Care Pathway Efficiency (scheduling) & Effectiveness (engagement)
- Discharge Planning to Improve Capacity

Response

- Workforce Recruitment
- Developing staff roles that focus on staff interests
- Data dashboards that allow for leadership monitoring, early intervention and QI
- Intake design and flexibilities
- Measurement Informed Levels of Care with Clearly Defined Discharge Criteria/Processes



What is Same Day Access and Open Access?

Same Day Access (SDA)

- Clinic has the capacity to provide a same-day assessment, without a scheduling delay or waitlist. The assessment determines which services are clinically appropriate moving forward.

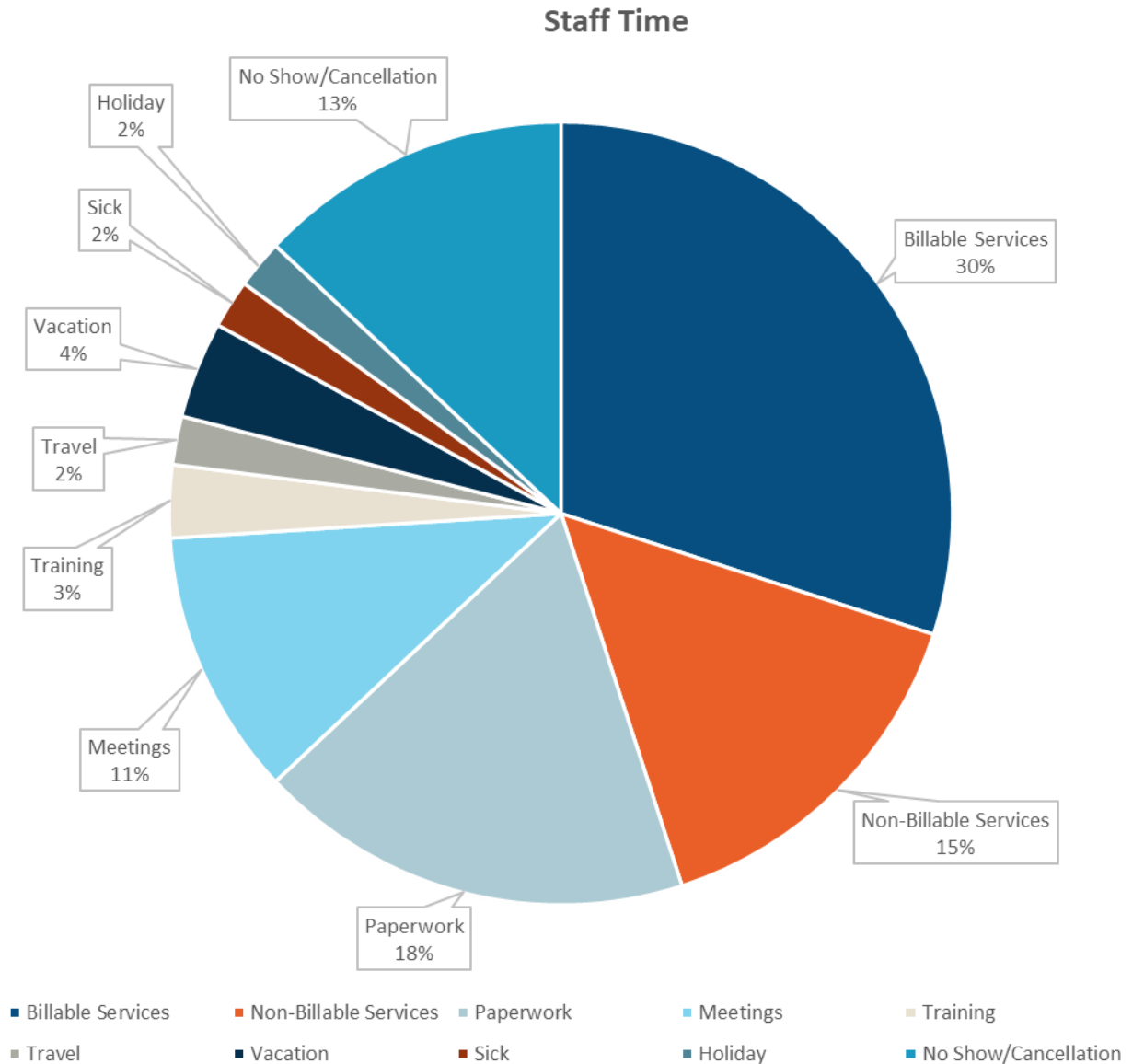
Open Access

- A broader concept than SDA, open access refers to flexible scheduling that allow walk-in or short-notice appointments. Open access can include same-day scheduling or guaranteeing appointments within a set timeframe (e.g., 24-48 hours).



Resource Utilization: Efficiency is Key

- Examine productivity expectations
- Expectation of Collaborative Documentation
- Control no-shows; no recurring appointments
- Centralize scheduling
- Use Episode of Care/Level of Care Guidelines to address dependence that can develop on both sides



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Intake Staffing Before & After CCBHC Status

Before Becoming a CCBHC

Business Office

- Supervisor (1)
- Registration Specialists (2)
- Billing Coordinators (2)
- Schedulers (2)

Intake Staff

- FFS Intake Specialist (1)
- FFS Therapist (1)
- Intake Coordinator (1)



After Becoming a CCBHC

Business Office

- Manager (1)
- Admin I (3)
- Admin II (1)

Intake Staff

- **Peer Support (1)**
- **FT Therapists (2+)**
- Intake Director (1)
- Clinical Supervisor (1)
- **Medical Assistant (1)**



Services Staffing Before & After CCBHC Status

Before Becoming a CCBHC

- FFS MH Therapists/SUD Counselors to meet demand



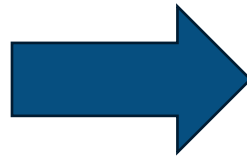
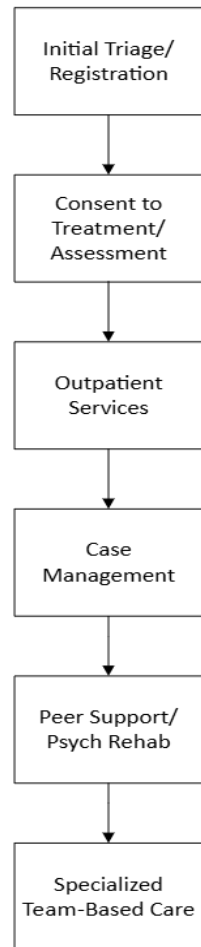
After Becoming a CCBHC

- 8-16 FT MH Therapists/SUD Counselors
 - With 5-8 hours flex time for intakes and urgent outpatient service needs
 - Trained in Solution Focused Brief Therapy EBP
- Additional FFS Therapists

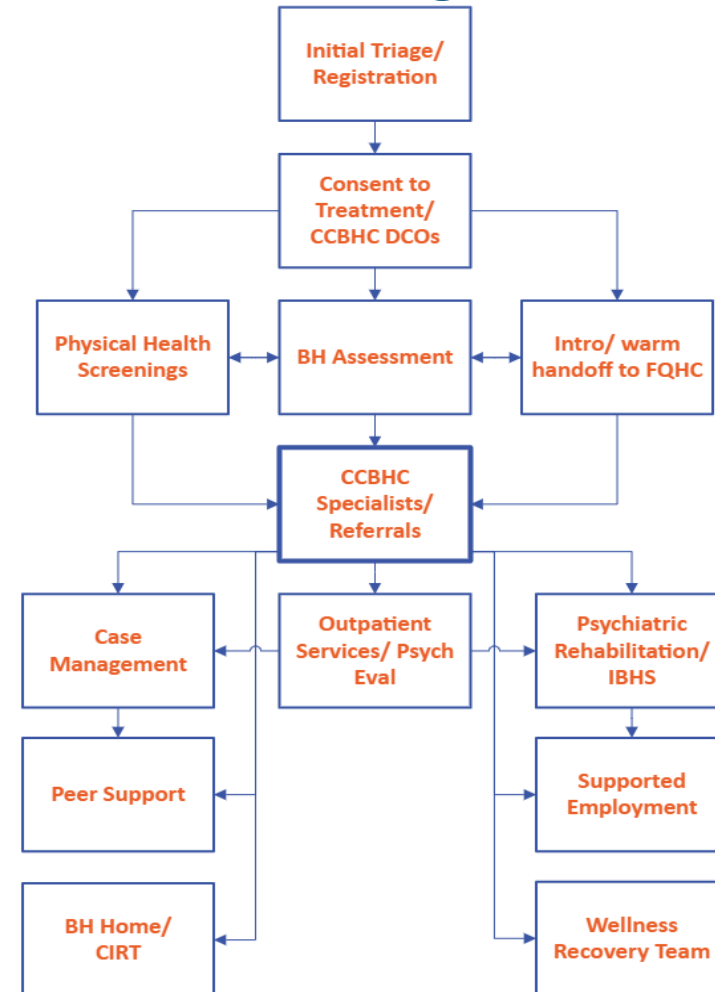


Intake and Referrals Process Before CCBHC

Before Becoming a CCBHC



After Becoming a CCBHC



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Strategies for Improving Access & Availability in Rural/Frontier Areas



Healthcare Delivery Innovation

Telehealth
Mobile Health Clinics
Community Health Workers
Telemonitoring



Workforce Development

Loan Repayment Programs
Scholarship Programs
Mentorship Programs
Rural Healthcare Workforce Training Programs



Community Engagement

Health Education Campaigns
Partnerships with Community-Based Organizations
Patient Navigators
Ride-sharing Partnerships



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CCBHC Showcase: Alluma



Background of Alluma



Established
1962

Became a CCBHC
2017

Clients
4,300



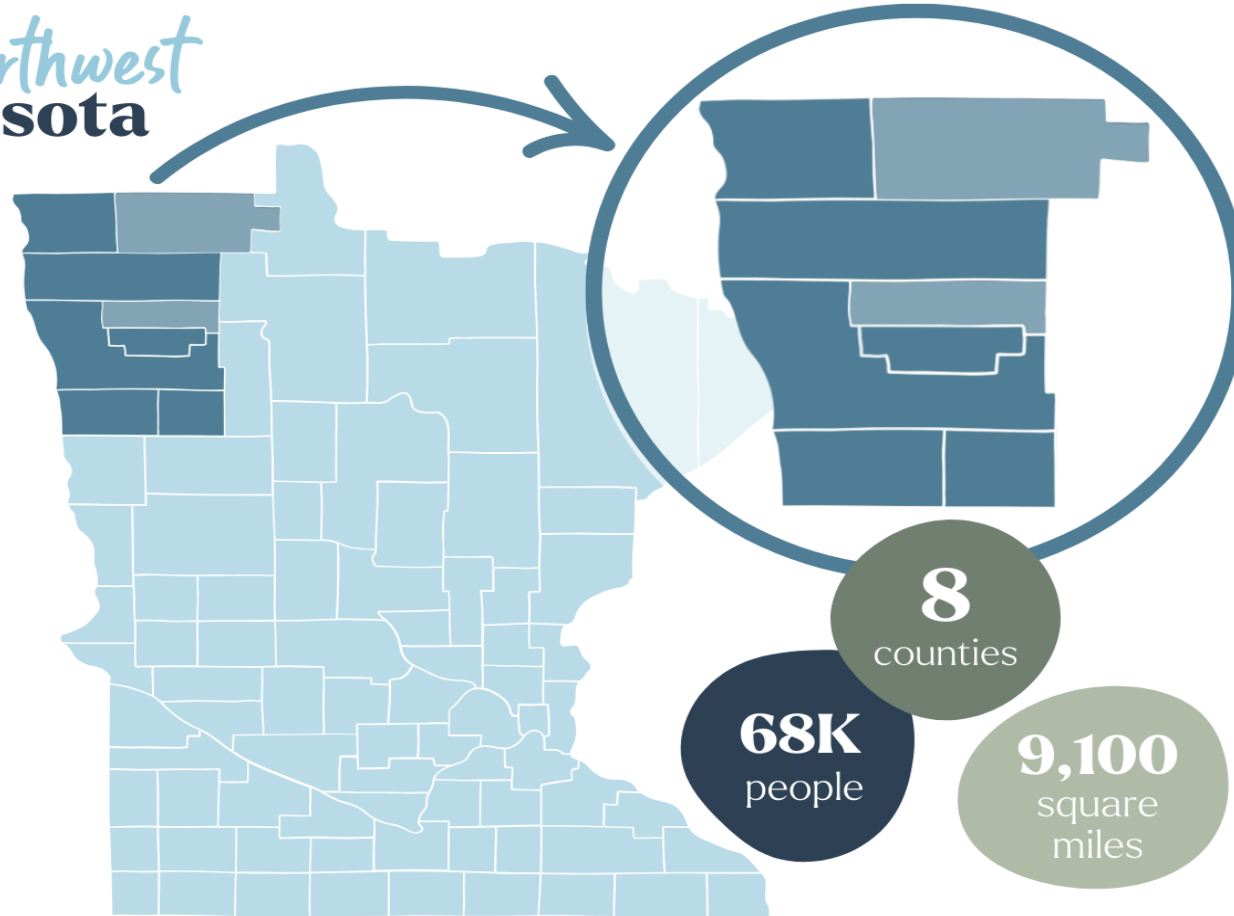
Primary Industry
Agriculture



Employees
170



Northwest
Minnesota



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Why we embarked on our journey



- Mission Alignment: Promote Wellbeing; Instill Hope
- Already delivering majority of CCBHC services
- Payment Model (70% Medicaid Revenue)
- Allowed for integration & increased availability
 - Dedicated Mobile Crisis Team & Stabilization Unit
 - Workforce: medical director, prescribing, nursing, peers, professionals
 - Increased SUD & MAT services
 - Training & Development
 - Consultation (Open Access, Just In Time, Revenue Cycle, Leadership)
 - Care Coordination allowed staff to work at top of License
 - Interdisciplinary Team mtgs



Comparative Data



Before CCBHC

- 2,500 clients served
- 100 employees
 - Avg MHP \$55,000
 - Avg Rehab \$42,000
 - Avg Peer \$15.00
- Access
 - To Comp Eval 19-30 days
 - To Ongoing Svc 15+ days
- Revenue
 - \$6 million

Post Covid

- 4,440 clients served (2023)
- 174 employees
 - Avg MHP \$70,000
 - Avg Rehab \$51,000
 - Avg Peer \$18.25
- Access: Centralized
 - To Comp Eval
 - Emergent immediately 24/7 crisis
 - Urgent 24 hours
 - Routine within 7 days
 - To Ongoing Svc 7 days (Covid)
- Revenue (2023)
 - \$18.2 million



Growing Problem



- Waitlist of over 352 end of '23
 - Workforce
 - Growing Need
 - Wide open funnel and slow movement through services
 - Bottle neck
- Wildly Important Goal
- Each Dept involved
- Decentralized access
- Set Expectations w/ partners
- Set own expectations: always have a waitlist
- 92% improvement



Continual Evaluation and Refinement



- Community Based
 - Cars as mobile offices
- Care Coordination
 - SDOH Screening
 - Jail Coordinator
 - No Schedule Zone/Interdisciplinary Team Mtg
- Increased locations
 - Co-location (schools, primary care, library, churches)
 - Community Youth Centers, Art Centers
- Telemedicine
 - Crisis, Jail, Schools, Home
- MyAlluma: Client Portal



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Lessons Learned

- Cannot underestimate communicating the WHY!
- Go Bold to create an integrated model
- Keep Client perspective in the forefront
- Move from Compliance to Commitment
- Think long game as new CCBHCs come on board
- **BEST DECISION MADE!!!!**



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Questions?



Office Hours for CCBHC Demo Sites

Have Questions? We've Got Answers!

Drop by our monthly office hours for an open, friendly space to ask anything about this month's topic, next month's focus, or general inquiries. Plus, learn from peers facing similar challenges!

Upcoming Office Hours: April 11, 2025, at 1-2 pm E.T

- Cadence: Every second Friday from 1-2 pm E.T (*except for January and July 2025 due to Holidays).

[Register here.](#)



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NEW! Prospective Payment System (PPS) TA Series

This three-part series is intended particularly for operational and programmatic staff at CCBHC Demonstration sites. Participants will learn how to manage PPS funding and gain hands-on financial management and training skills for ensuring sustainability.

- Overview of PPS Rate-setting and Cost Reporting
Session recording [here](#)
Learn how CCBHC PPS cost reporting and PPS rate-setting works, including reimbursement fundamentals, and state-specific implementation options to support efficient and effective service delivery.
- Living Within the PPS Rate
April 28, 3–4 p.m. ET
Gain further insight into how service delivery influences PPS rates and discover strategies for planning future services, rebasing the rates, and ensuring CCBHC sustainability and growth.
- Financial Reporting and Management in a PPS Environment
May 27, 10:30–11:30 a.m. ET
Engage in hands-on training on the required financial reporting systems for managing a CCBHC PPS rate and identifying its differences from grant funding.



CCBHC Forum at NatCon25

- **What:** National Council is hosting a **full-day pre-conference CCBHC Forum**
- **When:** Sunday, May 4, 2025
- **Who:** Designed for everyone- state health officials, policymakers, CCBHCs, advocacy groups, researchers and other stakeholders.
- Forum activities include:
 - Joint programming with National Council's Crisis Response Services Summit, exploring how the CCBHC model enhances effective crisis systems
 - Deep-dives into current CCBHC topics such as evaluating statewide impact, DCOs, SUD care, children's services, and more
- [Registration is available now!](#) CCBHC E-Grantees will receive a half day registration.



CCBHC Success Center Support

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Subscription Link:

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Questions? Contact us at:

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Thank You!

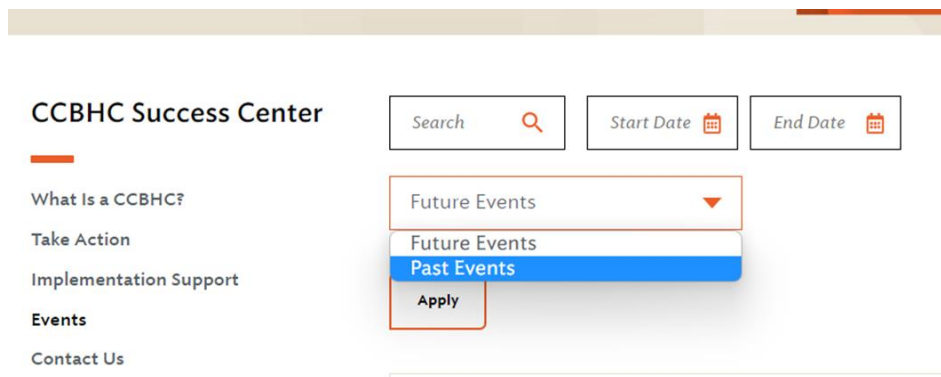
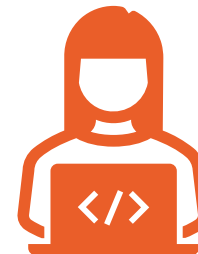
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Slides and the session recording
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“Events” > “Past Events” within 2
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Your feedback is important to us!

Please complete the [brief event survey](#)
that will open in a new browser window at
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*You may also scan the QR code (below) to
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