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# The CCBHC Model:
# *National Updates and Current Efforts*

September 2023

# The Vision for the CCBHC Model


The CCBHC model is established in every state and its providers will work to ensure:

- **Integrated Services:** Each CCBHC will provide affordable, community-based mental health and substance use services, including but not limited to evidence-based prevention, treatment and recovery supports
- **Cost-related Reimbursement:** Each CCBHC will have a site-specific bundled-payment rate such as a prospective payment system (PPS) and adhere to the CCBHC federal criteria established by SAMHSA for the CCBHC Medicaid Demonstration
- **High Quality Care:** Each CCBHC – and the state leaders in which they reside – will maintain quality measures and reporting structures required of the CCBHC model

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# History: Federal Funds Led to State Actions

| 2017 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|
| 8 states | 21 states | 33 states | 42 states | 46 states |
| 66 clinics | 113 clinics | 229 clinics | 430 clinics | 500+ clinics |

**2014:** Congress passed PAMA
**2016:** 23 states received planning grants
**2017**: 8 state demo launched!
**2019:** SAMHSA CCBHC-E grants launched
**2020:** 2 new demo states! Data published!
**2021:** State legislative options emerged.
**2022:** Congress passed BSCA
**2023:** 15 states received planning grants

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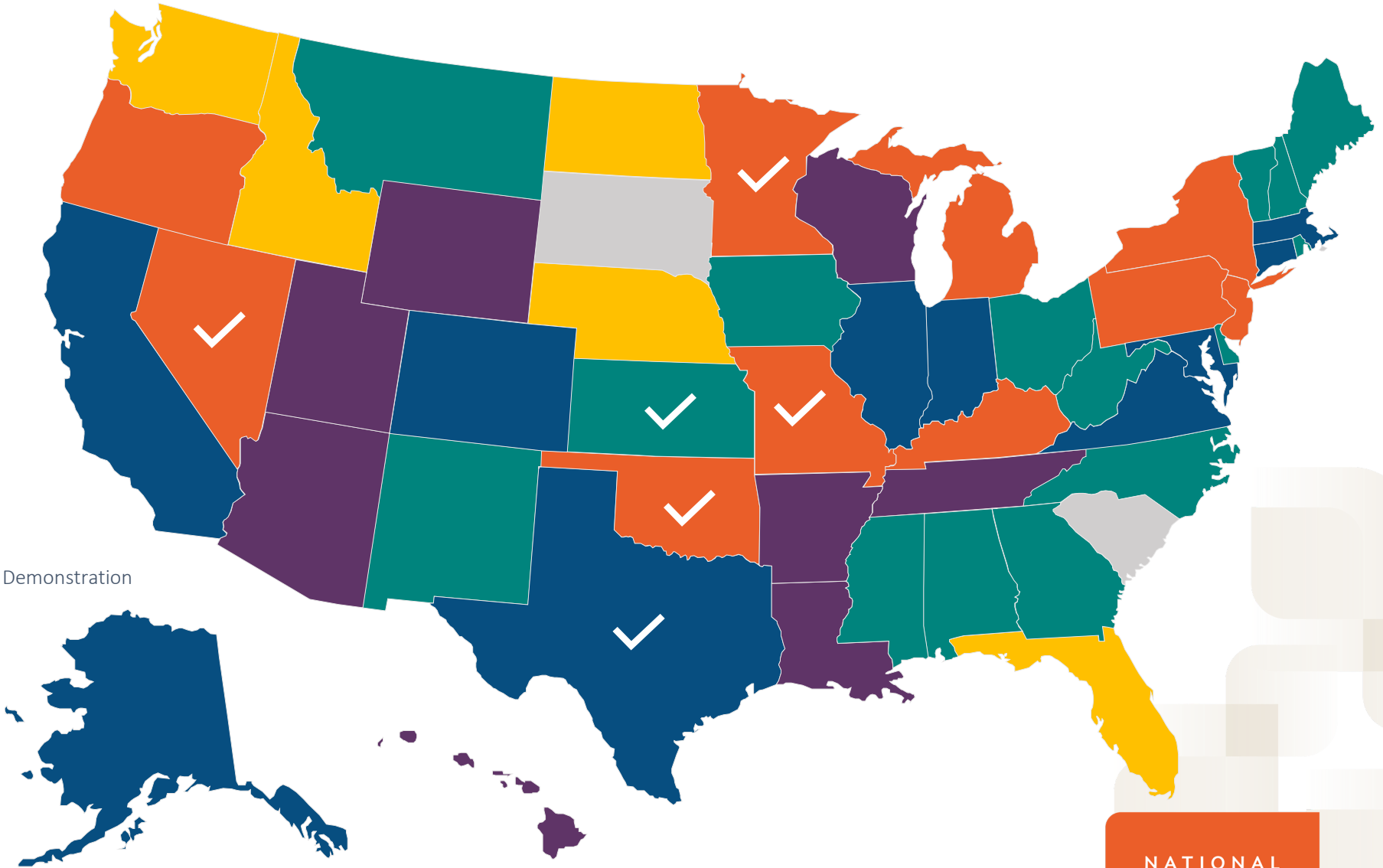
# Federal & State Actions Across the Country



- Established the CCBHC Model through Medicaid Demonstration
- CCBHC Planning Grant (2016)
- CCBHC Planning Grant (2023)
- No CCBHC Actions
- State Legislation to Pursue the CCBHC Model
- CCBHC Clinic-level SAMHSA Grant

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# CCBHC Options via Medicaid

| Medicaid Waiver (e.g., 1115) | State Plan Amendment | CCBHC Demonstration |
|---|---|---|
| Enables states to experiment with delivery system reforms | Enables states to permanently amend Medicaid plans to include CCBHC as a provider type, with scope of services, criteria and requirements, etc. | Enables states to experiment with delivery system reforms |
| Requires budget neutrality | Does not require budget neutrality | Does not require budget neutrality and provides an enhanced FMAP for states |
| Must be renewed every 5 years | With CMS approval, can continue PPS | For only 10 states every 2 years in 2024 |
| State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan) | Cannot waive "state-wideness," may have to certify additional CCBHCs (future CCBHCs may be phased in) | State may limit the number of clinics selected to receive the PPS rate |
| With CMS approval, offers opportunity to continue or establish PPS | | State must be sure to follow all CCBHC criteria with ability to build onto them |

**E-FMAP Mobile Crisis Response Rate**: 85% (3 years – CMS approval)
**Michigan Medicaid Match Rate:** 64.94%

**Michigan CHIP Rate:** 75.46%

**1115 waivers:** Texas
**SPAs:** Missouri, Nevada, Oklahoma, Minnesota – and Kansas (outside of the demo)!
**Demonstration states include** SPA states and Kentucky, Michigan, New Jersey, New York, & Oregon

# CCBHC Grants

| CCBHC Grants (SAMHSA funds) |
|---|
| $4 million available for a 4-year period; Previously for a 2-year term |
| Grants are given directly to clinics with self-attestation that they meet CCBHC criteria. |
| Clinics provide all CCBHC services and activities of a CCBHC as required by SAMHSA, including basic reporting requirements. |
| Grant funds supplement but do not supplant other coverage sources |

**400+** CCBHC grantees
**500+** in total this year

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**77%**

**CCBHCs & GRANTEES**

say their caseload has increased since becoming a CCBHC

*Nearly*

**180,000**

total new clients served by these clinics

This represents a 23% increase since becoming a CCBHC

**30%** average increase for state-certified sites vs. **18%** for grantee-only sites*

**6,220**

**STAFF HIRED**

Across the 249 responding CCBHCs and grantees as a result of becoming a CCBHC

*Estimated*

**11,240**

**STAFF HIRED**

across all 450 active CCBHCs as of August 2022

**27**

**NEW POSITIONS PER CLINIC**

on average since becoming a CCBHC

*(82% of organizations have created at least 10 new staff positions)*

**These workforce expansions represent a 13% increase** compared to prior to becoming a CCBHC.

Grantee sites had a **10%** increase in staff; state-certified sites had a **16%** increase in staff.*

*Difference is statistically significant

www.TheNationalCouncil.org

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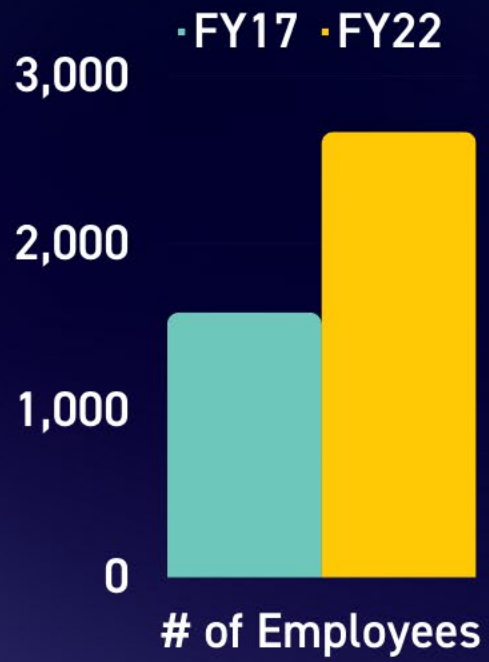
# Comparative Data – Alluma (MN)

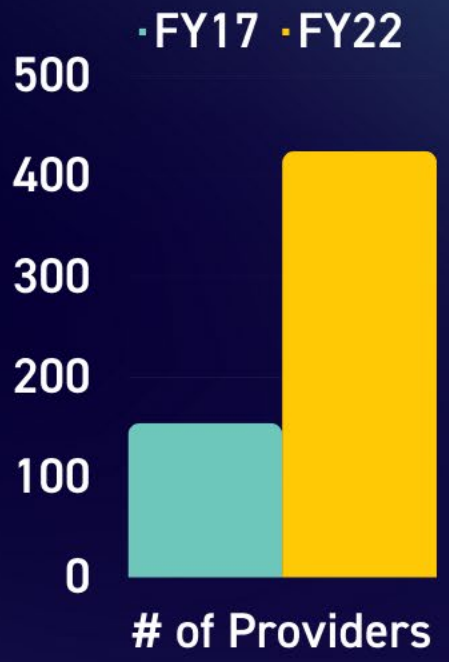
## Before CCBHC

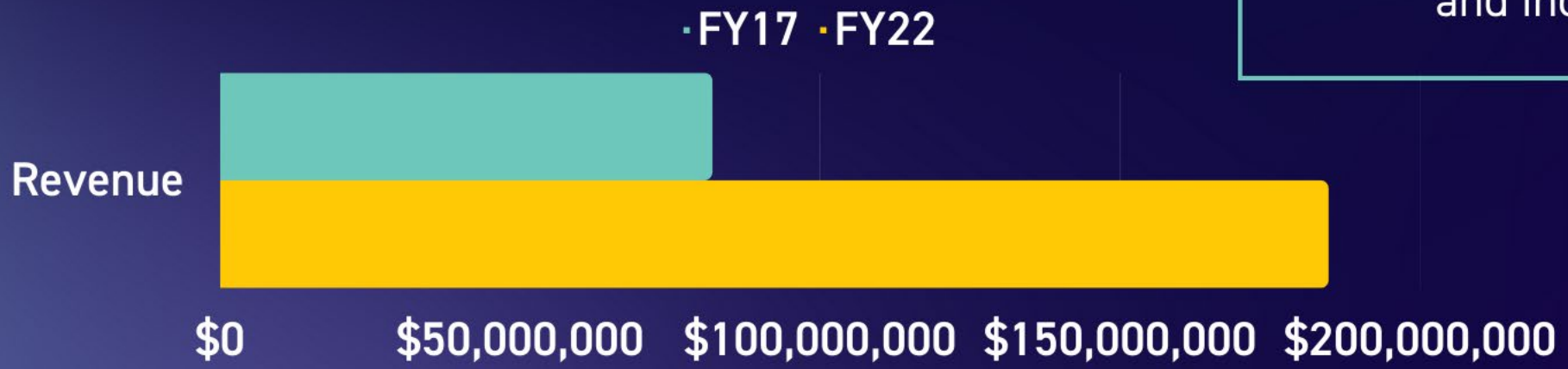
- 2,500 clients served
- 100 employees
  - Avg MHP $55,000
  - Avg Rehab $42,000
  - Avg Peer $15.00
- Access
  - To Comp Eval 19 days
  - To Ongoing Svc 15 days
- Revenue
  - $6 million

## Current

- 4,205 clients served (2022)
- 160 employees
  - Avg MHP $70,000
  - Avg Rehab $51,000
  - Avg Peer $18.25
- Access
  - To Comp Eval 7 days
  - To Ongoing Svc 12 days (covid)
- Revenue (2022)
  - $15.6 million



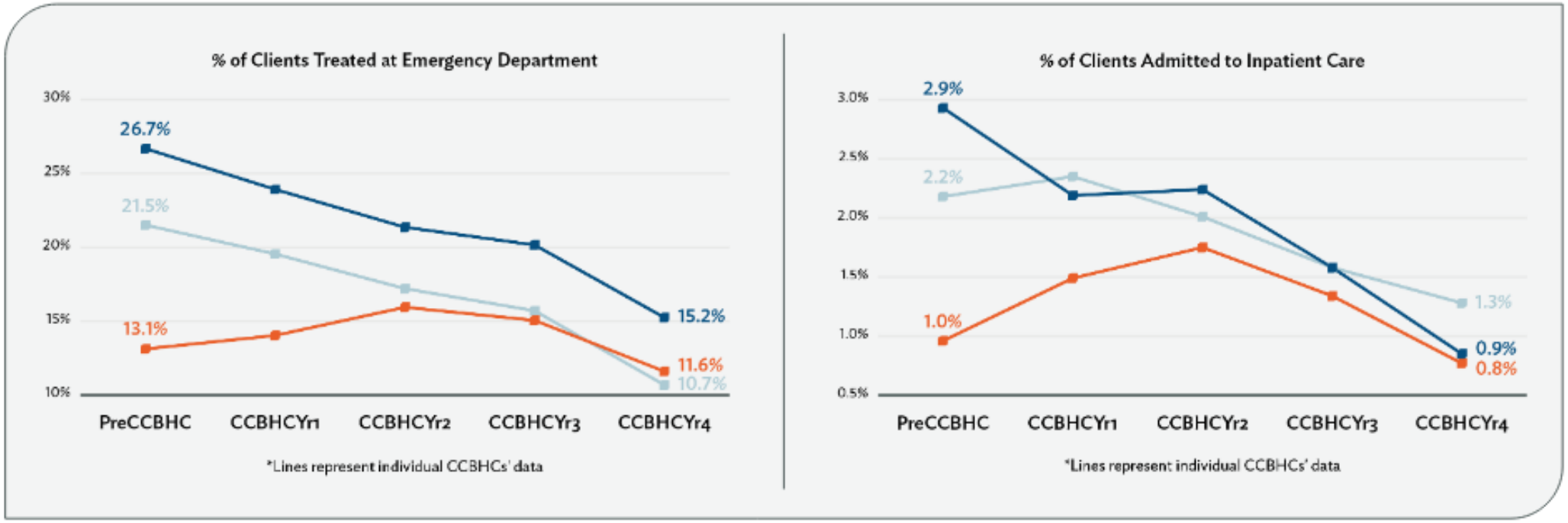

CCBHC VALUE FOR BRIGHTLI

# Workforce & Revenue

Since CCBHC, we increased workforce by more than 1,000 employees, including 270 providers and increased revenue by 125%.

BRIGHTLI
Building Healthy Communities

## FIGURE 2: Oklahoma Data Snapshot: Percent of CCBHC Clients Treated at Emergency Department and/or Hospital Inpatient Setting, By Program Year




https://www.thenationalcouncil.org/resources/2021-ccbhc-state-impact-report-transforming-state-behavioral-health-systems/

# CCBHC

Certified Community Behavioral Health Clinics

Missouri's Impact Report | Year 5

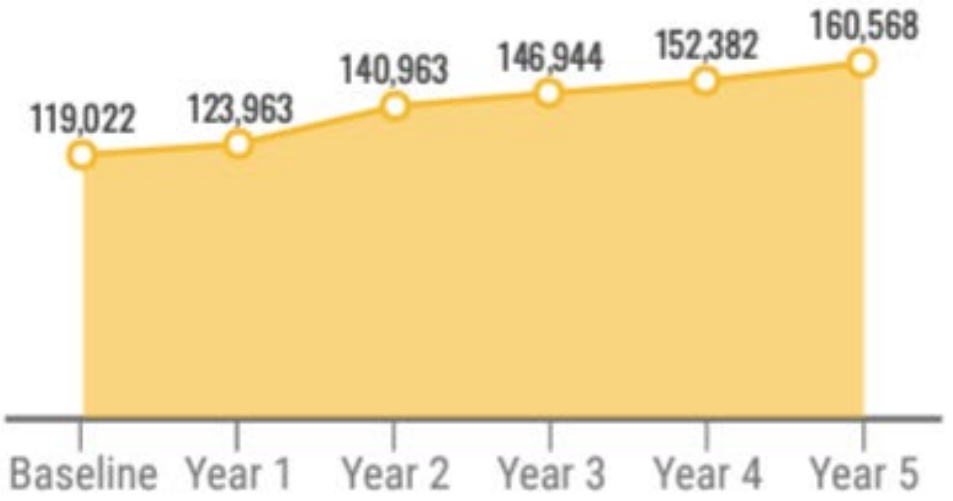
# Improving Outcomes & Access to Care

## 35%

### Increase in patient access to care

Overall increase in patients served from baseline (2017) to Year 5 (2022)

### Missourians Served by CCBHCs




## 3,185

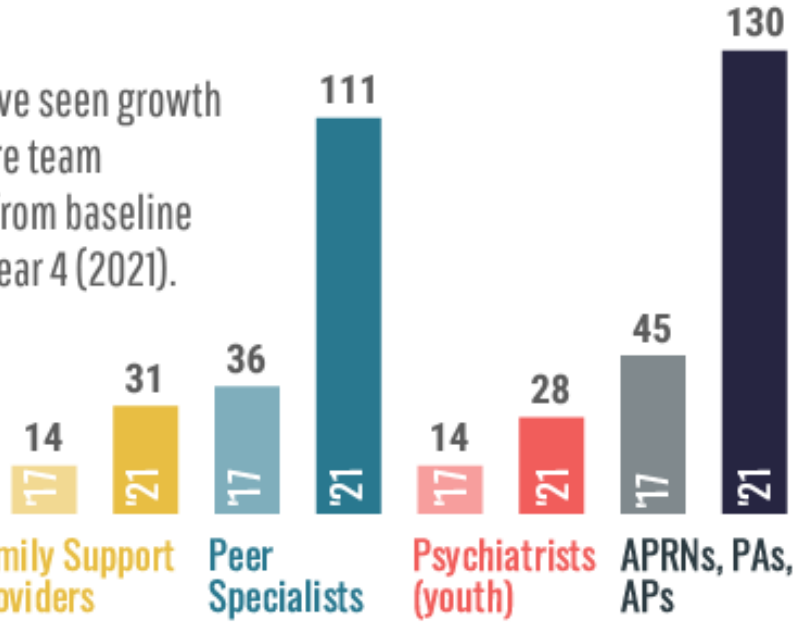
### Veterans & active military served by CCBHCs

**26%** Overall increase in veterans and active military served from baseline to Year 5

# Certified Community Behavioral Health Clinics > Missouri's Impact Report | Year 5

## Workforce Recruitment

CCBHCs have seen growth in their care team positions from baseline (2017) to Year 4 (2021).




## Cost Savings

CCBHC pre and post period hospital costs


Costs per person pre and post


**14%**

Decrease from pre to post period hospital costs totaling

**$15.4 million in savings**

**$483.67** savings per person

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# The CCBHC Model

- Staffing
- Availability & Accessibility of Services
- Care Coordination
- Scope of Services
- Quality & Other Reporting
- Organizational Authority, Accreditation & Governance

A CCBHC is a specially-designated clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community to ensure health equity and high-quality care for underserved populations.

- CCBHCs are **required to serve everyone** regardless of insurance status or diagnosis
- CCBHCs must meet **timeliness of access standards**, including **immediate response for crisis needs** and access within 10 days or less for routine needs
- CCBHCs must **directly provide** or **ensure access to an array of crisis response services and supports,** including 24/7 mobile crisis response and crisis stabilization
- CCBHCs must **partner and coordinate with other entities involved in crisis response** (e.g., law enforcement, emergency departments)

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# Updated Criteria Areas of Focus

## Crisis Care

- **Required coordination with 988 crisis center serving the CCBHC service area**
- Updated crisis service requirements to align with SAMHSA's National Guidelines, including coordination with area air traffic control and urgent care/crisis walk-in capacity, aligned mobile crisis response with guidelines

## Responding to Overdose Epidemic

- Must have addiction medicine staffing or consultation
- Placed stronger emphasis on the ability **to prescribe buprenorphine and coordinate with OTPs** (if not an OTP)
- Added provisions to strengthen ability to address overdose risk
- Included requirement to provide intensive outpatient services for SUD
- Added focus on harm reduction and motivational techniques
- Requires **quality improvement plans to address fatal and non-fatal overdoses**

## Addressing Health Equity

- Updated training requirements to align with National Cultural and Linguistically Appropriate Services (CLAS) standards
- Included stronger focus on **outreach to underserved populations as required activity**
- Added including stronger focus on SDOH and community and social supports in comprehensive diagnostic and treatment planning evaluation
- Required that quality improvement plans have an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and that CCBHCs disaggregate data to track and improve outcomes for populations facing health disparities

# Updated Quality Measures

Proposing 5 clinic collected measures and 13 state collected measures - a change from 9 clinic reported measures and 12 state reported measures.

Strengthened the focus on time to services, crisis response, social determinants of health (SDOH), and Medications for Opioid Use Disorder (MOUD).

Will be using updated technical specifications that are now out-of-date for existing CCBHC measures that are retained.

Removing or making optional some of the existing quality measures that have been problematic. This will balance the burden created by new measures.

| **Clinic-Collected Measures (Required)** |
|---|
| Time to Services (I-SERV)* |
| Depression Remission at Six Months (DEP-REM-6) |
| Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) |
| Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD) |
| Screening for Social Drivers of Health (SDOH)* |
| **State-Collected Measures (Required)** |
| Patient Experience of Care Survey |
| Youth/Family Experience of Care Survey |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD) |
| Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD) |
| Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH) |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD) |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD) |
| Plan All-Cause Readmissions Rate (PCR-AD) |
| Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH) |
| Antidepressant Medication Management (AMM-BH) |
| Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)* |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)* |

*new or significantly expanded measure

# Key Changes to General Provisions

- Changes requirement for CCBHCs to directly provide four of the nine CCBHC required services to requirement that *CCBHCs directly deliver the majority (51% or more) of encounters* across the required services (excluding Crisis Services) rather than through Designated Collaborating Organizations (DCOs) (Criteria 4.a).
- *Enhances definition of Designated Collaborating Organization (Appendix A – Terms and Definitions)*. Additional clarity provided on the mechanisms for formal relationships and payment mechanisms with DCOs. Addresses expectations that DCO relationships require more regular, intensive collaboration across organizations than would take place with other types of care coordination partners.
- *Detailed expectations of Needs Assessments (Appendix A – Terms and Definitions).* The CCBHC needs assessment is critical to development of staffing, services and implementation plan. The revised criteria include a detailed list of required elements, inputs and engagements within the needs assessment.

# CCBHC-PPS Proposed Updates

The Centers for Medicare & Medicaid Services is seeking public comment on proposed updates to the Certified Community Behavioral Health Clinic (CCBHC) Prospective Payment System (PPS) Technical Guidance published as part of the Substance Abuse and Mental Health Services (SAMSHA) CCBHC 2015 Notice of Funding Opportunity.
A summary of the proposed updates include:

- Simplifying the PPS-2 methodology to make special population rates optional,
- Addition of two new PPS rate options (PPS-3, daily; PPS-4, monthly) which includes a Special Crisis Service rate component,
- Updating the quality bonus payment measure-set and providing clarification and examples regarding flexibilities for quality bonus payments,
- Updating specific sections of the existing CCBHC PPS Guidance to bring it up-to-date, and provide additional flexibilities as allowable under the Demonstration, and
- Establishing a standard 3-year cadence for states to rebase clinic-specific PPS rates.



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# Questions?

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