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The CCBHC Model:

A Review of the Certified Community Behavioral Health Clinic Model for the Community Behavioral Health Association of Maryland

November 10, 2022

CCBHC SUCCESS CENTER

The CCBHC Model

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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.

Standard definition	→	Raises the bar for service delivery
Evidence-based care	→	Guarantees the most effective clinical care for consumers and families
Quality reporting	→	Ensures accountability
Prospective payment system	→	Covers anticipated CCBHC costs

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Incredible Growth with the CCBHC Demonstration and with Grantees

2017	2019	2020	2021	2022
8 states	21 states	33 states	42 states	49 states
66 clinics	113 clinics	229 clinics	430 clinics	500+ clinics

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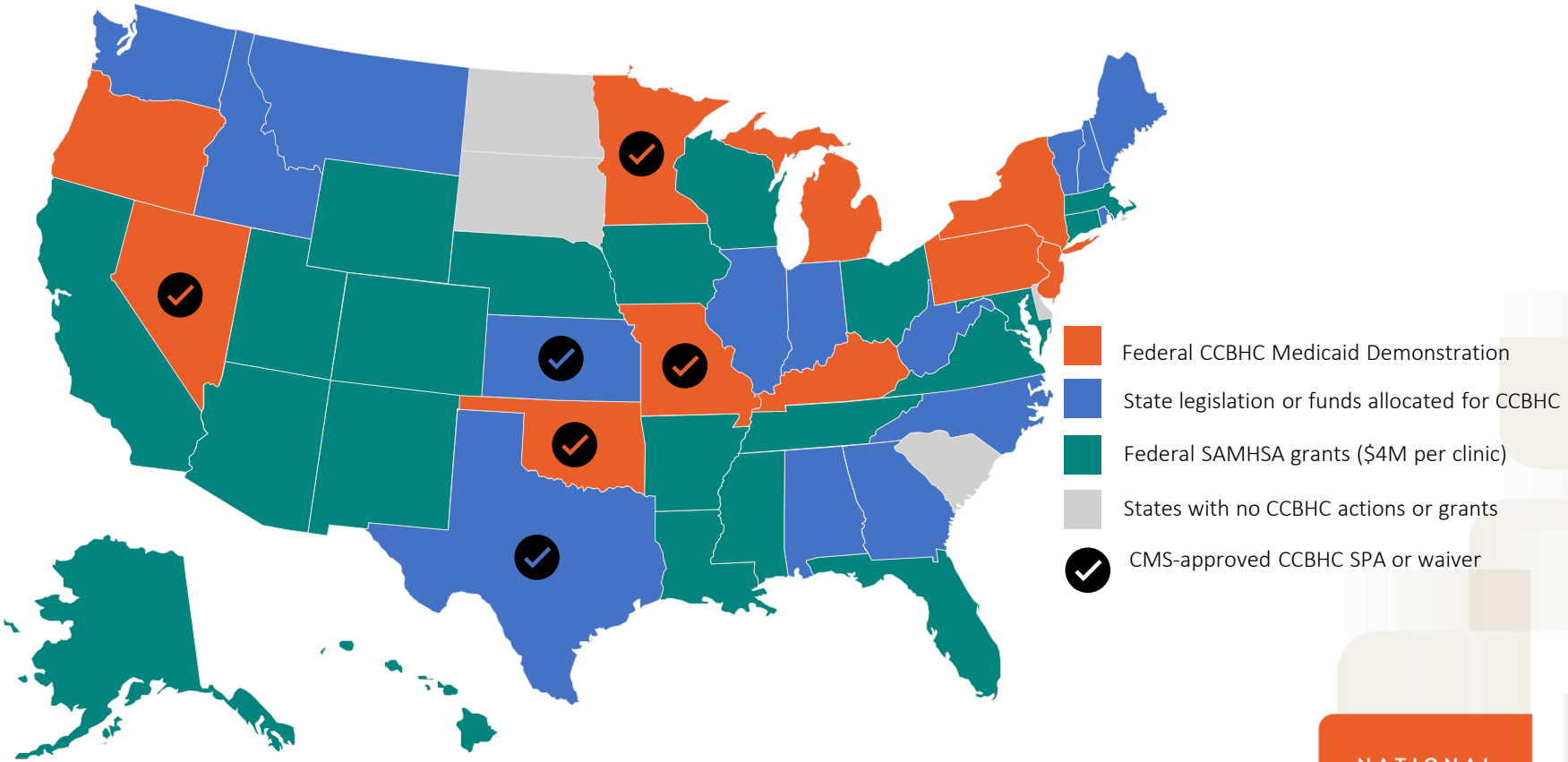
CCBHCs Across the Country



Also: District of Columbia, Guam and Puerto Rico

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CCBHC Criteria

CCBHC Criteria

1. Staffing
2. Availability & Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality & Other Reporting
6. Organizational Authority, Governance and Accreditation

- 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)

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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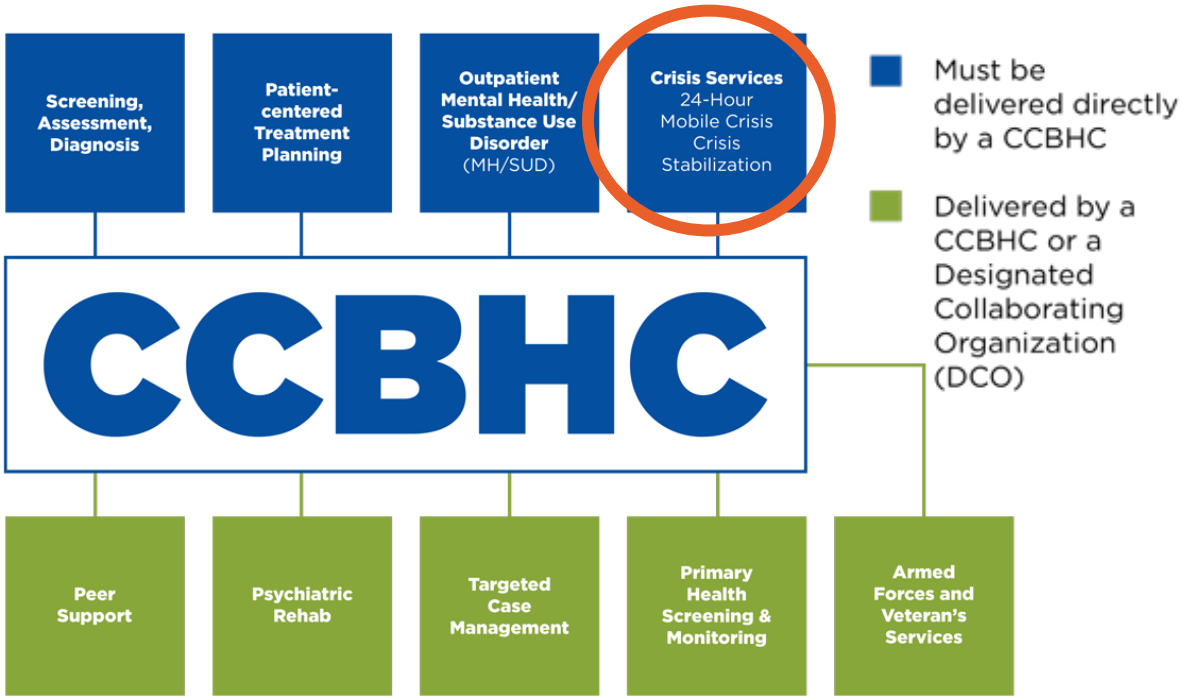
Scope of Services



CCBHCs are not intended to supplant their communities' existing crisis response networks. Crisis response may be delivered directly by the CCBHC or by a DCO partnering with the CCBHC.

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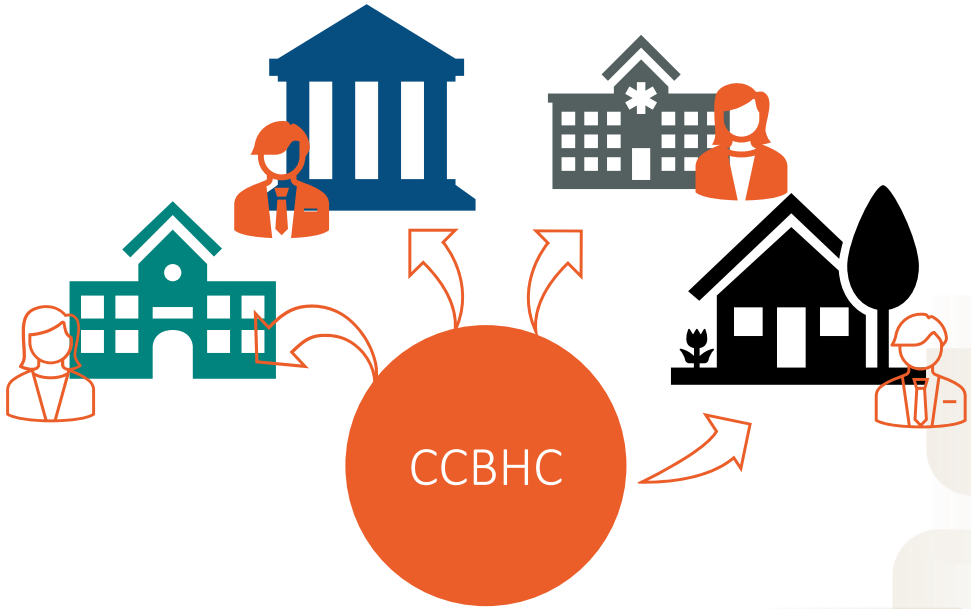
Care Coordination

Section 223 of the Protecting Access to Medicare Act (PAMA) of 2014

- The CCBHC statutory requirements outline specifically which partnerships, through formal contracts or otherwise, are required, including but not limited to "**schools, child welfare agencies, and juvenile and criminal justice agencies and facilities**."



https://aspe.hhs.gov/system/files/pdf/263986/CCBHCImpFind.pdf

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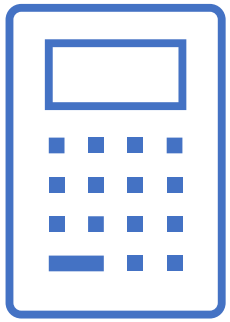
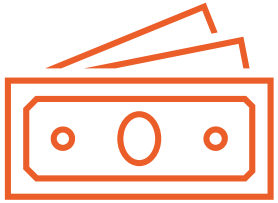
PPS Structure and Options





- **Daily rate (PPS-1):** One payment per client for any day in which the client receives at least one service
- **Monthly rate (PPS-2):** One payment per client for any month in which the client receives at least 1 service
    - Rate may be stratified by population complexity, with higher rates for higher-complexity clients and lower rates for the general population
- **Quality Bonus Payments** are optional in PPS-1 and required in PPS-2.
- CCBHCs are required to develop annual cost reports.
- The cost of DCO services is included in the CCBHC prospective payment rate, and DCO encounters are treated as CCBHC encounters for purposes of the prospective payment.

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CCBHC State Outcome Data

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CCBHCs Provide a Financial Foundation to…

Participate in value-based payment

- Data infrastructure
- Electronic health records/Health information exchanges
- Assertive care coordination
- Population health management
- Sophisticated management of clinic finances

Alleviate the crisis in access

- Workforce expansion
- Access supported by technology
- Increased service capacity
- Increased access to substance use services
- Evidence-based, non-billable activities

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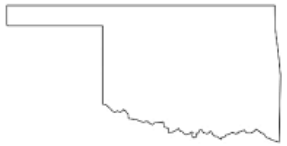
CCBHCs' State Impact Over Time

New York

- All-cause readmission dropped **55%** after year 1
- BH inpatient an overall inpatient services show a **27% and 20% decrease in monthly costs** respectively
- BH ED and overall ED services showed **26% and 30% decrease in monthly cost** respectively
- **24% increase** in BH services for children and youth



Oklahoma

- **Nearly 1,000 new jobs to health care with an economic impact of $35 million dollars** and an overall reduction in unemployment.
- Inpatient hospitalizations among adult clients at any Oklahoma psychiatric hospital **reduced by of 93.1%.**
- From 2016-2021, the decreases in inpatient hospitalizations produced a **$62 million dollars cost savings.**

Missouri

- Hospitalizations **dropped 20%** after 3 years, ED visits **dropped 36%**
- Access to BH services **increased 35% in 5 years,** with a 156% increase in MAT
- **In 1 year, 20% decrease** in cholesterol; **1.48-point Hgb A1c decrease**
- **41% increase in deflection and diversion programs** with law enforcement
- **14% decrease in spend** equated to $484 saved/person served ($15.4M)

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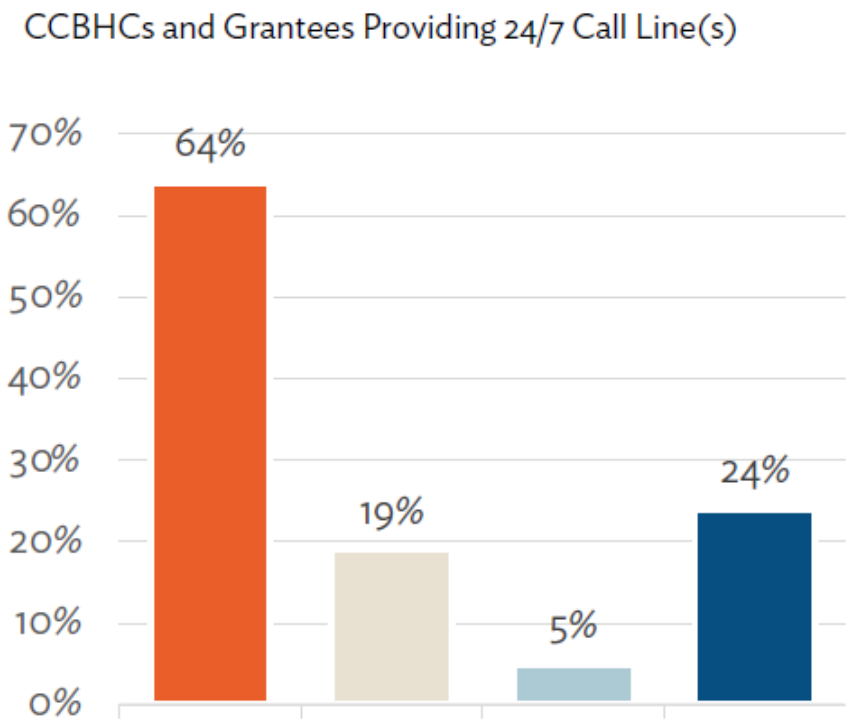
Availability of Crisis Call Lines



With their array of crisis response services and partnerships, CCBHCs are ideal partners in states' efforts to strengthen their 988 and crisis response systems.

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Caseload Expansions

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

State-certified clinics had larger average caseload increases (**30%** average increase for state-certified sites vs. **18%** for grantee-only sites).*

*Difference is statistically significant

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Employees and Vacancies

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-only sites had a **10%** increase in staff, and state-certified sites had a **16%** increase in staff.*

*Difference is statistically significant

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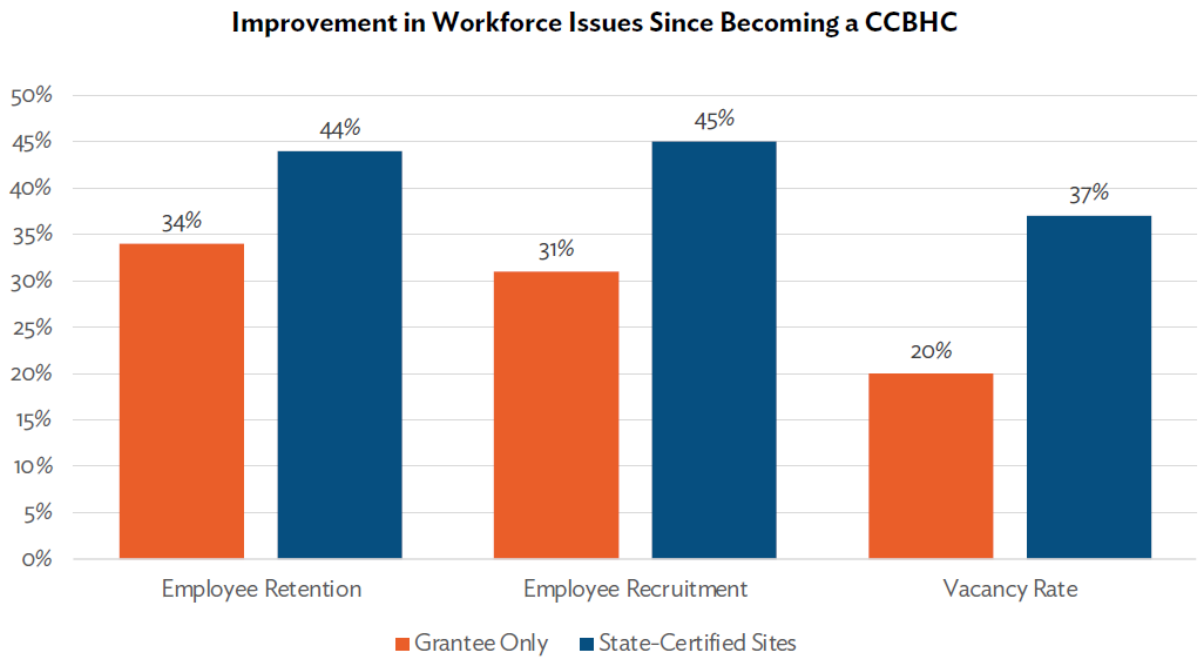
Recruitment, Retention and Vacancy Rates

State-certified sites were more likely than grantee-only sites to report that since becoming a CCBHC they have had a better experience with recruitment, retention and vacancy rates.



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CCBHC Federal and State Actions

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CCBHC in Federal Legislation

Current Demonstration States

- Extends the demo with enhanced match for the original 8 states to Sept. 30, 2025
- Gives the newer 2 demo states (KY & MI) 6 years of enhanced match
  - Moves MI to Oct. 2027 and KY to Jan. 2028
- Clarifies that if a state implements a CCBHC SPA or waiver after its demo is over, FFP continues to be available for CCBHC services or continuing PPS

Reporting

- Requires annual reports to Congress through the year in which the last demonstration ends
- Postpones the report, including recommendations on whether the demo should be continued, to Sept. 30, 2025, and specifies that the recommendations should include "data collected after 2019, where feasible"
- Adds a final evaluation of the program, due 24 months after all demo programs have ended

Demonstration Expanded

- Beginning July 1, 2024, and every 2 years thereafter, ≤10 additional states may participate in the demo
- New states get 4 years of enhanced match
- Makes planning grants available for new states to develop proposals to participate
  - Participation in the demo appears to be open to states that either received a planning grant in 2016 or those that receive new planning grants under this law
  - States wishing to participate must submit a new application
- Appropriates $40M in FY23 for planning grants and technical assistance to states applying for the grants, "to remain available until expended"
  - The statute doesn't specify whether the new planning grant funding is available all at once or if it will be parceled out to a new group of states every 2 years

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CCBHC Options for States 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

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

1115 waivers: Texas
SPAs: Missouri, Nevada, Oklahoma, and Minnesota – and Kansas!
Demonstration states include SPA states and Kentucky, Michigan, New Jersey, New York, & Oregon

Note: 85% Medicaid match available for qualifying mobile crisis services and activities for mental health AND substance use crisis needs

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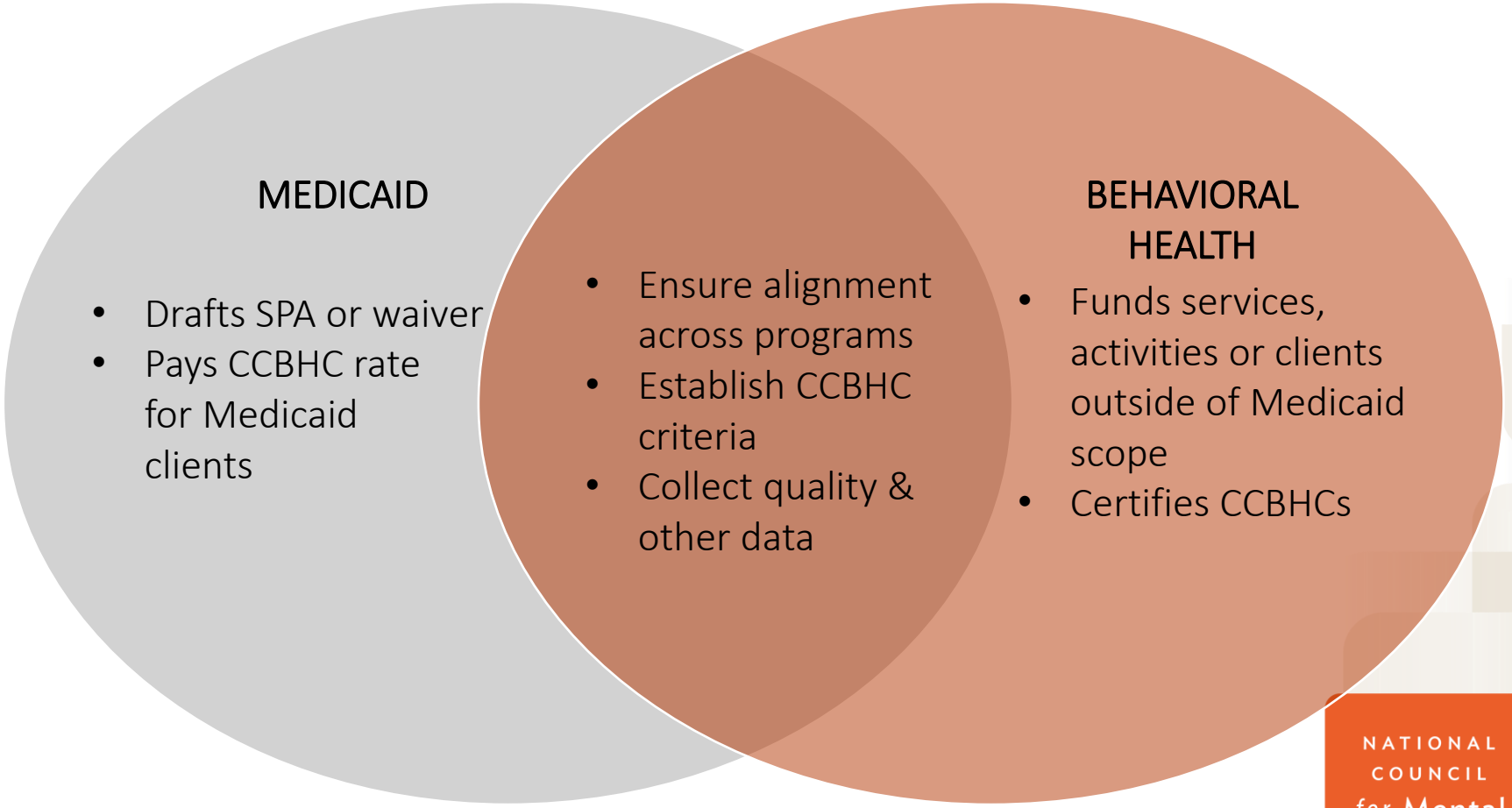
State Agency Collaboration Example for CCBHC Implementation



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Questions?