

The CCBHC Model:
*Updates and Current Efforts Relating to
the Crisis Continuum of Care*

September 2023

The Vision for the CCBHC Model



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HEALTHY MINDS
STRONG COMMUNITIES

2022 CCBHC Impact Report

Expanding Access to Comprehensive, Integrated
Mental Health & Substance Use Care

- 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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The CCBHC Model



Staffing



Availability & Accessibility of Services



Care Coordination



Scope of Services



Quality & Other Reporting



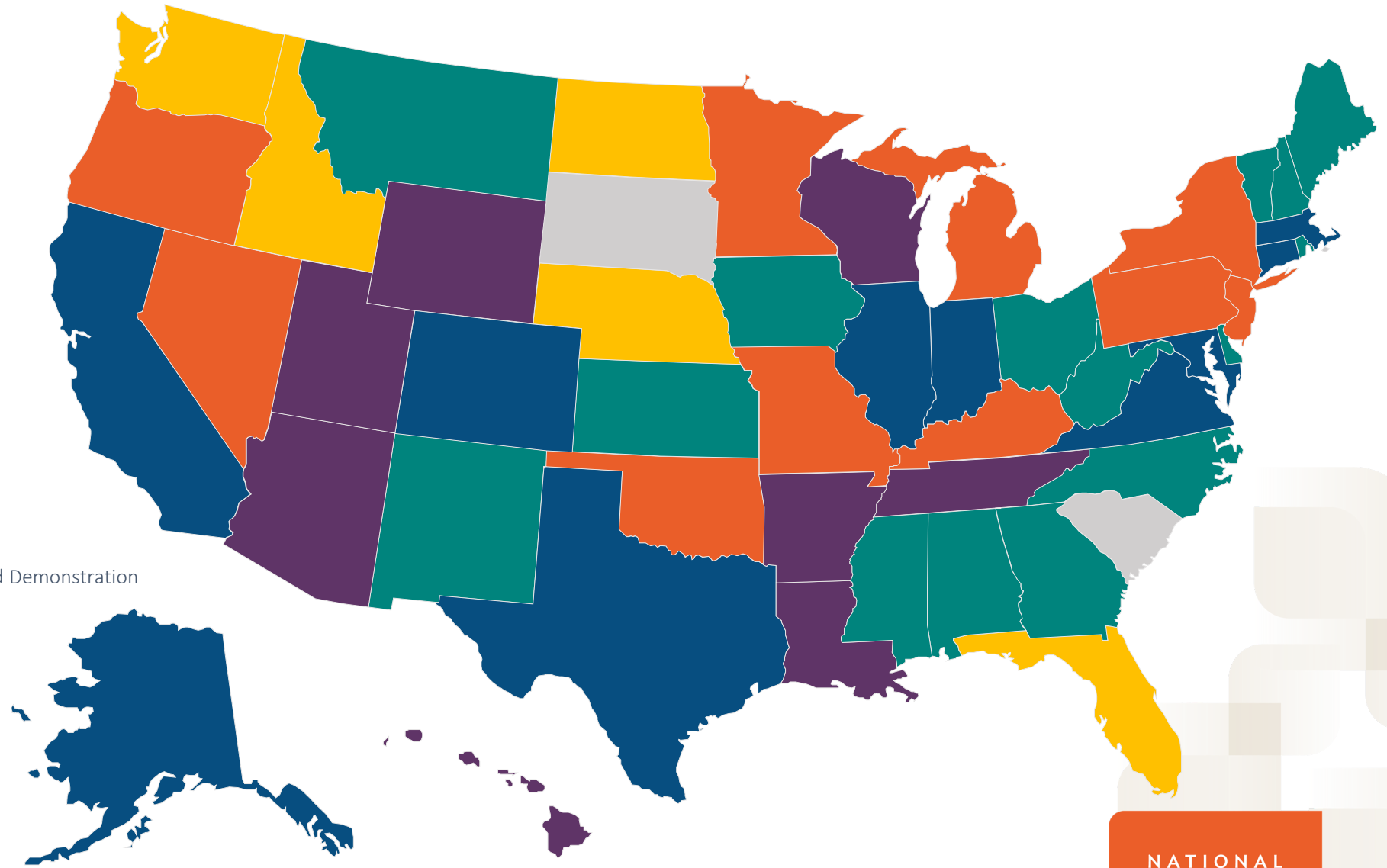
Organizational Authority, Accreditation & Governance

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)

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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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



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Certified Community Behavioral Health Clinics

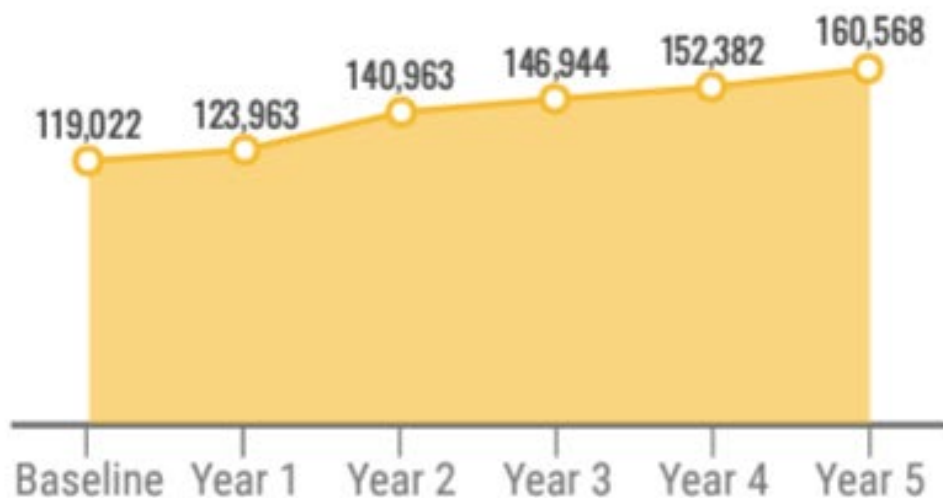
Missouri's Impact Report | Year 5
Improving Outcomes
& Access to Care

 **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%**

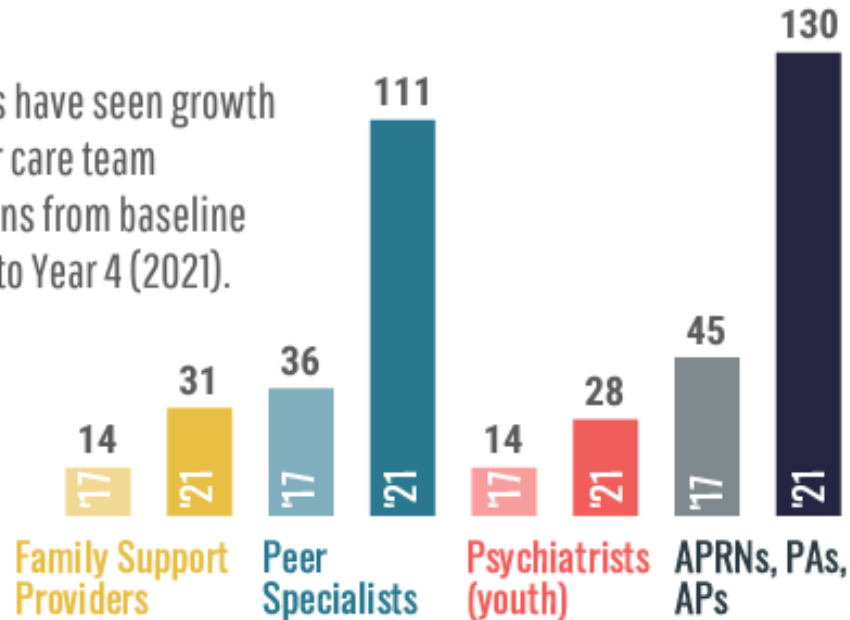
Overall increase in
veterans and active
military served from
baseline to Year 5

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

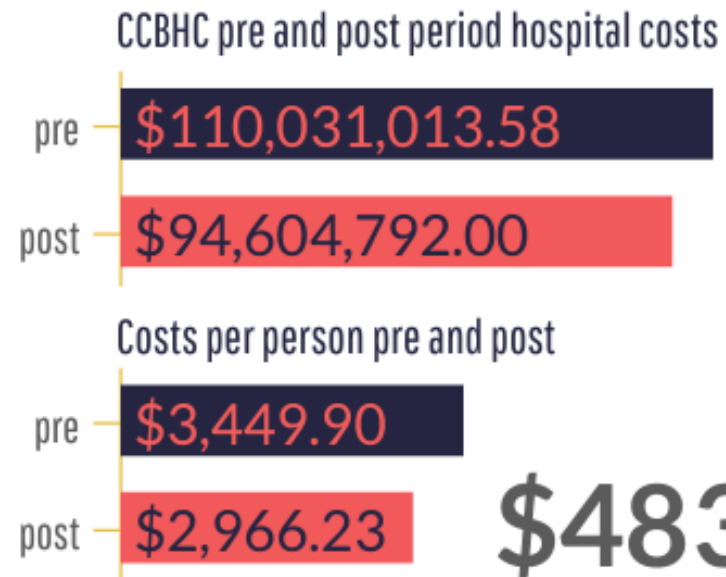


Workforce Recruitment

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



Cost Savings



14%

Decrease from pre to post period hospital costs totaling

\$15.4 million in savings

\$483.67 savings per person



Criteria Updates for the CCBHC Model



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

CCBHC PPS



PPS Structure and Options (Current)

- **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.



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.

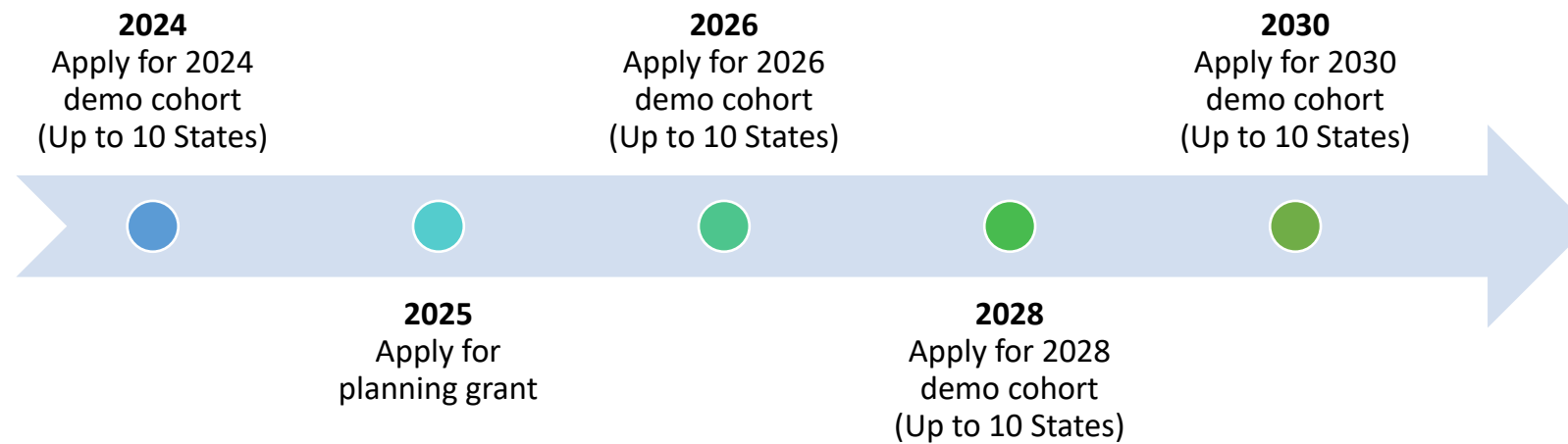


Conducting Planning Activities for the CCBHC Demonstration or SPA



Options and timeline for Prospective CCBHC States

- If your state has received a planning grant in 2016 or 2023, apply to join the demonstration on **March 20, 2024**
- If your state received a planning grant but did not get in the demonstration, pursue a SPA, 1115 waiver or apply to join the demonstration in **2026**
- If your state has never received a CCBHC planning grant, apply in **2025**



12-month Process	Planning for CCBHC Sustainability											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Steering committee(s)	Develop committee(s)		Maintain committee, subcommittees, and partnerships (state, clinic, association) with regular meeting cadence									
Populations & service areas	Solicit input from focus populations, identify potential CCBHCs/catchment areas					Establish a CCBHC-PPS system and work with clinics to help calculate a site-specific rate						
CCBHC training & education	Identify and provide TA needs for providers (e.g., CCBHC-PPS, billing, quality measures) as possible											
Infrastructure for data quality	Develop a data collection infrastructure and process for quality measures					Establish a CCBHC-PPS system and work with clinics to help calculate a site-specific rate						
Assess clinic & community needs	Launch and complete community needs assessments and clinic readiness assessments					Assure clinics' needs assessment for their community are complete and accurate and clinic readiness assessment is also						
Certification & planning						Formalize CCBHC criteria & Create certification process			Work with clinics to meet SAMHSA and state certification criteria, certify clinics, and plan for future certifications			
Establish CCBHC-PPS						Select the CCBHC-PPS		Establish a CCBHC-PPS system and work with clinics to help calculate a site-specific rate				
CMS Approval for CCBHC											Apply for the demo, waiver, or SPA	



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Questions?

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