

EP. 193

988 Crisis Jam

CCBHC
AND THE
CRISIS
RESPONSE

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Realizing a Dream 60 Years in the Making



- On Oct. 31, 1963, President John F. Kennedy signed the Mental Health Services Act
- Supported Construction of Community Mental Health Centers across the country
- Turning point in national policy towards serving people in the community

What is a Certified Community Behavioral Health Clinic?

- Brings a comprehensive range of services together, incorporating evidence-based practices and other supports based on a community needs assessment



- Provides for improved access to mental health and substance use disorder services, including increased capacity to respond to crises
- Serves individuals across the lifespan with mental health and/or substance use disorders
- Must meet CCBHC Certification Criteria

Federal Agency Partner Roles in the CCBHC Initiative

Three Federal Agencies work collaboratively to implement the CCBHC Demonstration:



- **SAMHSA** is responsible for administration of the 1-year CCBHC planning grants for the purpose of developing proposals to participate in a time-limited Demonstration program, development and oversight of the CCBHC program criteria including clinic certification requirements, and CCBHC quality measure development and reporting. Also administers the CCBHC-Expansion Grants
- **CMS** is responsible for development and oversight of the CCBHC Prospective Payment System (PPS) requirements, development and oversight of the CCBHC cost-report to support PPS rate development, and Federal Medical Assistance Percentage (FMAP) claimed expenditures under the Demonstration
- **ASPE** is responsible for conducting an independent national evaluation of the CCBHC Demonstration. Evaluation activities are used to generate annual CCBHC Reports to Congress and Evaluation reports as required by Statute



Main Federal Payment Sources for CCBHCs

CCBHC Medicaid Demonstration

- Authorized under Section 223 of PAMA the Protecting Access to Medicare Act in 2014
- Administered through state Medicaid programs – States certify and oversee the CCBHCs in these programs
- States must first receive a SAMHSA planning grant
- Provides flexible and cost-based reimbursement under prospective payment systems (daily or monthly encounter rates)
- Can include quality incentives
- States receive an enhanced federal (eFMAP) Medicaid match for the program expenditures
- States can now add additional CCBHCs to demonstration programs over time
- Under the Bipartisan Safer Communities Act adding up to 10 states every two years
- Some sites in the Medicaid Demonstration also receive the SAMHSA CCBHC-E grants

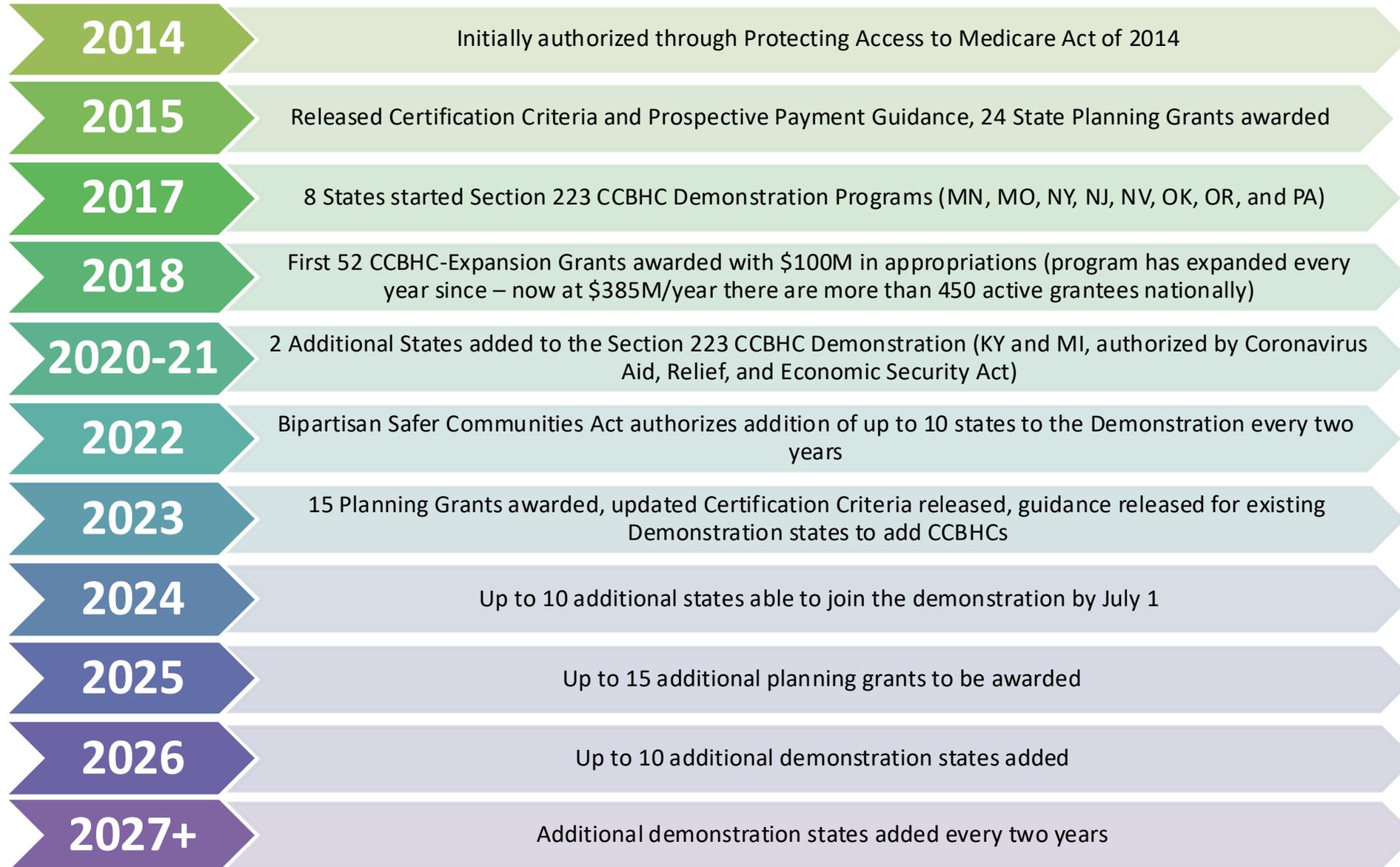
SAMHSA CCBHC Expansion (CCBHC-E) Grants

- Provides fixed grant amount - in most recent round up to \$1 million/year for four years directly to clinics, (in cohorts before 2022, these grants were for up to \$2 million/year for two years)
- Two tracks – one for existing CCBHCs (Improvement and Advancement or IA Grants), one for new start-up CCBHCs (Planning, Development, and Implementation or PDI grants)
- SAMHSA grant funds are used to build out program components in addition to existing funded services to meet full CCBHC requirements
- Grants are administered by SAMHSA
- Must submit a detailed attestation to SAMHSA that they meet the CCBHC certification criteria for approval if not certified by their state
- Some sites receiving CCBHC-E grants also participate in the CCBHC Demonstration

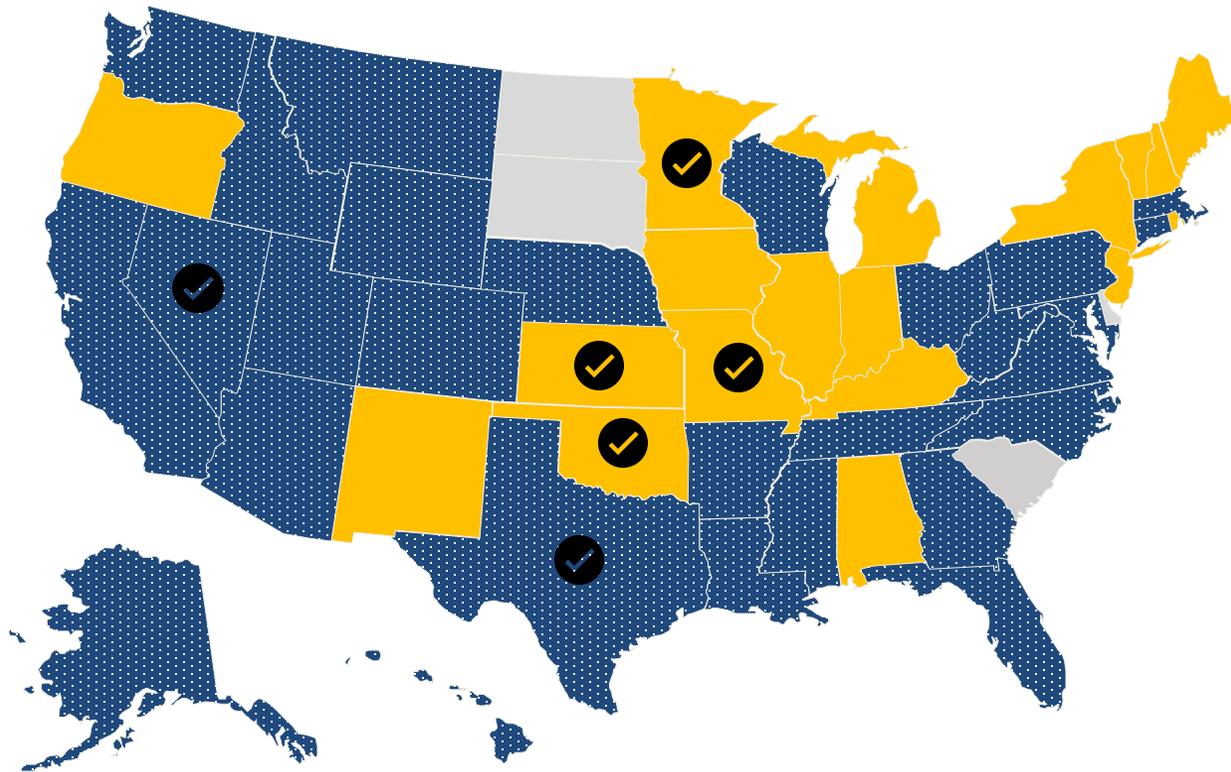
State Plan/Waiver CMS Approved CCBHCs

- Some states support the CCBHC models under Medicaid authorities outside of the Demonstration
- Programs align with CCBHC model but operate under different Medicaid authorities from the demonstration, with different rules
- States do not receive the enhanced FMAP for CCBHCs that are funded through these mechanisms and are reimbursed at regular Medicaid rates
- Most of these programs are in states that are a part of the CCBHC Medicaid demonstration, and they are using these mechanisms to include clinics that are not a part of the original Demonstration
- There is a new option established under the Consolidated Appropriations Act of 2024
- Some have SAMHSA CCBHC-E grants

CCBHC Development Timeline



Map of CCBHCs Across the United States (as of June 2024)



 Federal CCBHC Medicaid Demonstration (And SAMHSA Expansion Grants)

 State contains at least one local SAMHSA expansion grantee

 CMS-approved payment method for CCBHCs via a SPA or 1115 waiver separate from Demonstration

- There are now more than 500 CCBHCs across 46 States, the District of Columbia, and Puerto Rico
- CCBHCs may be a part of the Section 223 Medicaid Demonstration, Independent State programs, or participate in SAMHSA’s expansion grants
- 18 States are participating in the Section 223 CCBHC Medicaid Demonstration (recent additions in *blue italics*):

1. *Alabama*
2. *Illinois*
3. *Indiana*
4. *Iowa*
5. *Kansas*
6. Kentucky
7. *Maine*
8. Michigan
9. Minnesota
10. Missouri
11. *New Hampshire*
12. *New Mexico*
13. New Jersey
14. New York
15. Oklahoma
16. Oregon
17. *Rhode Island*
18. *Vermont*

- Most demonstration states are not statewide, but many are adding sites over time
- Newly added demonstration states are beginning their demonstration programs over the next year

CCBHC Certification Criteria

CCBHCs Provide Nine Core Services Directly or Through Formal Partnerships



1. **Staffing:** Staffing standards informed by local needs
2. **Availability and Accessibility of Services:** Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all people who request services regardless of ability to pay or place of residence
3. **Care Coordination:** Requires care coordination plans across services and providers and health information technology infrastructure
4. **Scope of Services:** Nine required services
5. **Quality and Other Reporting:** Quality measures, a quality improvement plan
6. **Organizational Authority and Governance:** Consumer representation in governance, participation in Medicaid, appropriate state accreditation

Updated Criteria: <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

Original Criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

Certified Community Behavioral Health Clinics (CCBHCs) and Crisis Response

“Someone to contact”



- In 2023 SAMSHA updated the criteria to include a stronger focus on helping people in crisis and, as of July 2024, CCBHCs are required to:
 - **Coordinate with** the **988** crisis contact center serving the area where the CCBHC is located - **New**
 - **Coordinate with local emergency departments, inpatient systems, and law enforcement**
 - Educate people served about crisis planning and how to access crisis services, **including 988.**

“Someone to respond” (mobile crisis)



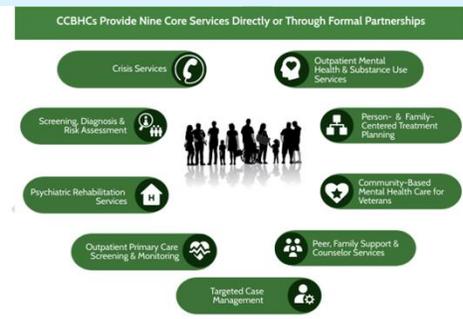
- Determine if a person is in crisis at first contact with the CCBHC, and if necessary, **provide a mobile crisis response within 3 hours** (available 24 hours a day)
- **Participate in their local “air traffic control” system** – coordinating with other entities and working with other systems to track individuals as they are connected with the support they need - **New**

Certified Community Behavioral Health Clinics (CCBHCs) and Crisis Response

“A safe place for help”
(specialized facilities and stabilization services)

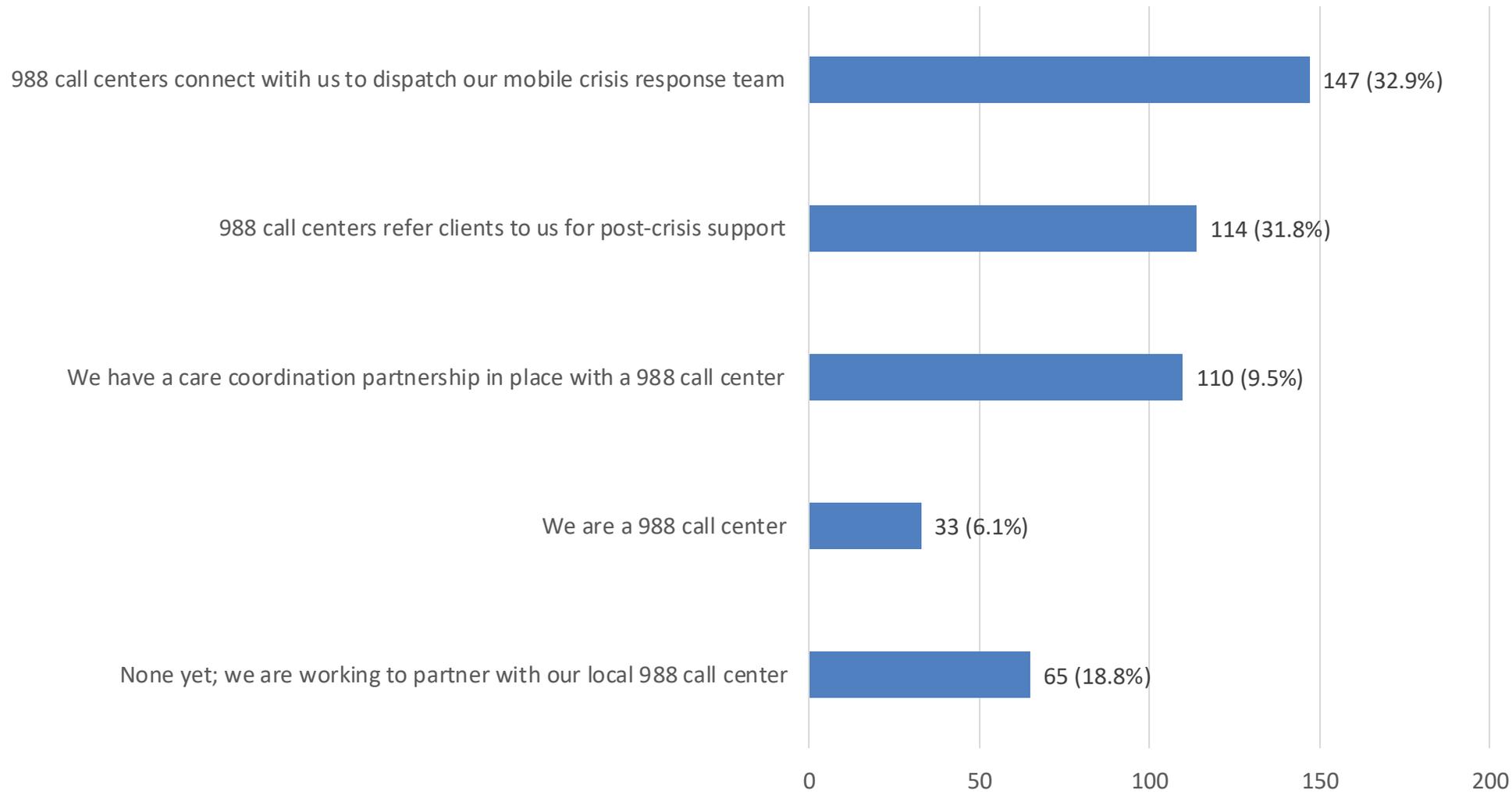


**Comprehensive,
coordinated,
follow-up care**



- Provide **crisis walk-in capacity** available during extended hours - **New**
- Provide **care, regardless of ability to pay or place of residence**, to anyone who needs it
- Provide a **comprehensive set of outpatient mental health and substance use supports**
- Provides **care coordination**, including with primary care/physical health and social services
- **Initial evaluation and comprehensive assessment** must address **suicide risk, substance use, other safety concerns**
- Develop a **crisis plan for every person** they serve
- **Train their staff on suicide and overdose prevention and response** - **Partially New**
- Engage in **continuous quality improvement** to improve processes around emergency department use, hospitalization, repeated crisis episodes, suicide deaths and attempts, fatal and non-fatal overdoses - **Partially New**

How CCBHCs Engage with the 988 Suicide & Crisis Lifeline



Source: 2024 National Council Impact Survey of 346 CCBHCs

Certified Community Behavioral Health Clinics - Key Takeaways:

- Create a federal standard – a floor that providers and states can build upon to meet unique community needs
- Shift the equation for providers under the Medicaid Demonstration, enabling flexible team-based care instead of disconnected services driven by billing codes
- A vital part of the crisis continuum in their communities, providing crisis response and guaranteed access to continuing care
- Have seen significant growth since 2017 and will be incorporated into many more state systems over the next few years

