

# Certified Community Behavioral Health Centers (CCBHC):

*The Ideal Financing and Delivery  
Platform for the Ideal Crisis System*

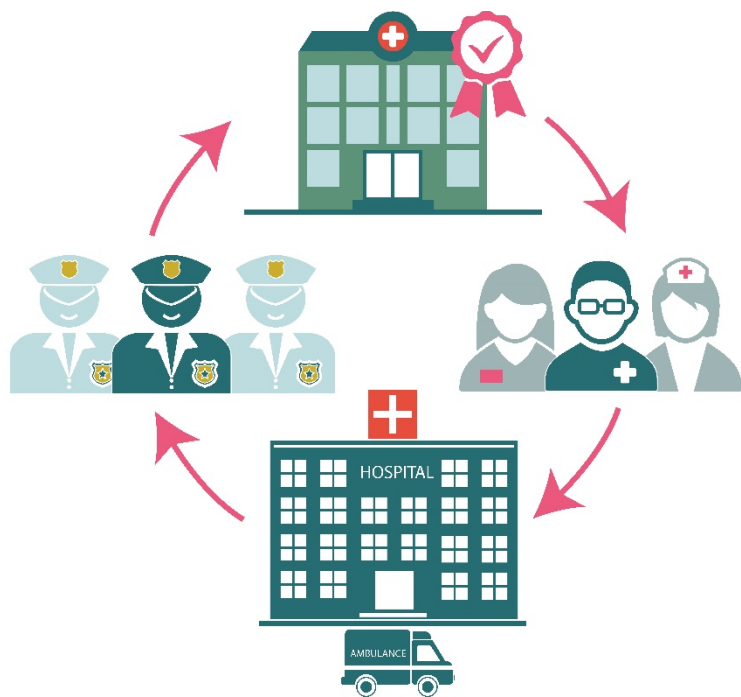


# The National Council for Behavioral Health

- 3400 Members providing or supporting treatment for Mental Illnesses and Addiction
- Services
  - Mental Health First Aid – over 1 million trained
  - Center of Excellence for Integration
  - CDC National Networks
  - Improving Business & Clinical Practices
  - Advocacy and Policy
  - Medical Director Institute

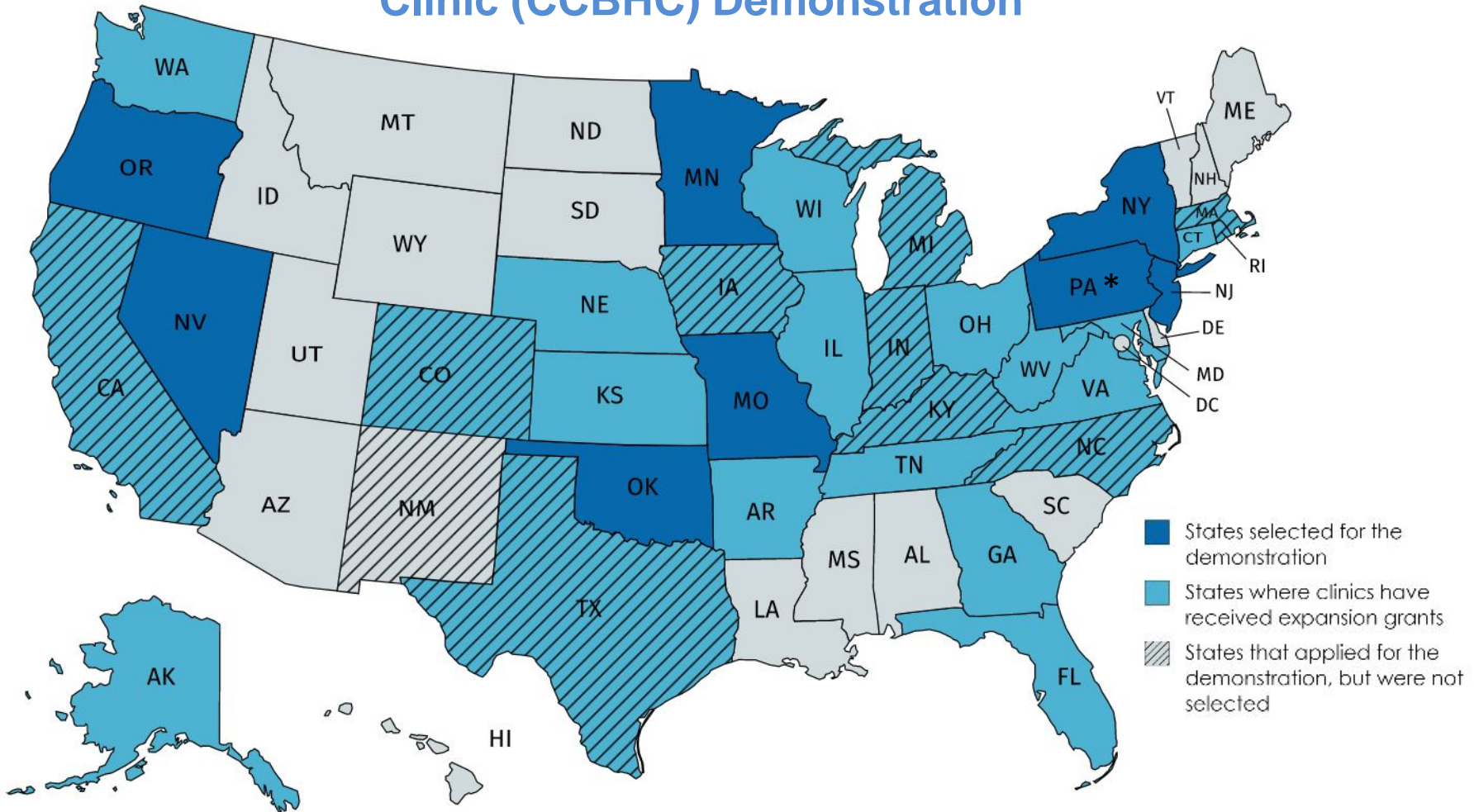


# What makes CCBHCs so different?



- New provider type in Medicaid
- Provides baseline federal definition for community services with flexibility to adapt to states' needs
- Distinct service delivery model: trauma-informed recovery outside the traditional four walls
- New prospective payment system (PPS) methodology
- Requirement to partner with other organizations

# Status of Participation in Certified Community Behavioral Health Clinic (CCBHC) Demonstration



**There are currently 220 CCBHCs across the United States**

\*PA, a former demonstration state, has permanently incorporated CCBHC criteria and a capitated payment model into its Medicaid plan under the Integrated Community Wellness Centers program

# 9 Types of CCBHC Services

1. **Crisis** mental health and addiction services
2. **Screening, assessment and diagnosis**, including risk assessment
3. Person and Family-centered **treatment planning**
4. Direct provision of **outpatient mental health and substance use** services
5. Outpatient **primary care screening and monitoring** of key health indicators and health risk
6. Targeted **case management**
7. **Psychiatric rehabilitation** services
8. **Peer support** and counselor services and family supports
9. Intensive, community-based mental health care for **members of the armed forces and veterans**, particularly those in rural areas



# Crisis care requirements

- 24-hour mobile crisis
- Emergency crisis intervention
- Crisis stabilization
- Suicide crisis response
- Ambulatory and medical detoxification
- Established protocol specifying role of law enforcement and EDs in provision of crisis services
- Psychiatric Advance Directives
- With clients, development of crisis plan to prevent future crises



# Alignment with other crisis initiatives

- Provides potential funding to scale existing crisis initiatives
- Offers source of ongoing community-based care with focus on crisis prevention
- Where state-sanctioned crisis systems already exist, requires partnerships with such systems
- Can supplement available crisis care with additional required services



# Availability & Accessibility Standards

- Crisis management services available 24 hours per day including mobile crisis response teams
- Access required at times and places convenient for those served including some nights and weekend hours
- Prompt intake and engagement in services
- Access regardless of ability to pay (sliding scale fees) and place of residence





# Care Coordination:

## *The “Linchpin” of CCBHC*

- **Partnerships or care coordination agreements required with:**
  - FQHCs/rural health clinics
  - Inpatient psychiatry and detoxification
  - Post-detoxification step-down services
  - Residential programs
  - Other social services providers, including
    - Schools
    - Child welfare agencies
    - Juvenile and criminal justice agencies and facilities
    - Indian Health Service youth regional treatment centers
    - Child placing agencies for therapeutic foster care service
  - Department of Veterans Affairs facilities
  - Inpatient acute care hospitals and hospital outpatient clinics



# Two Ways to Deal with Crises

Prevent Them



Respond To Them



PPS Can Help You Do Both

# Prospective Payment

- CCBHCs receive payment for any qualifying visit
  - A visit is a day in which there is at least one face-to-face encounter, or one eligible telehealth encounter, between a qualified practitioner and an eligible consumer involving the provision of a CCBHC service
- Prospective Payment Rates
  - Actual and Projected Costs/Projected Visits
- The costs associated with required activities that don't generate a visit are built into the costs



# Recouping Costs of Important Functions that Do Not Generate a Visit

- Outreach and engagement
  - 24-Mobile Crisis Response
  - Emergency Rooms
  - Law Enforcement and the Courts
  - High Utilizers of Medicaid Services
- Care Management
  - Coordinating with Primary Care
  - Hospital Follow-up
  - Monitoring Health Status and Chronic Disease
- Adopting Evidence-based Practices
  - Integrated Treatment for Co-occurring Disorders
  - Motivational Interviewing
  - Trauma Informed Care
  - Medication Assisted Treatment for Substance Use Disorders
  - Tobacco Treatment Specialists
  - Zero Suicide Academy
  - Wellness Coaching
  - Cognitive Behavioral Therapy



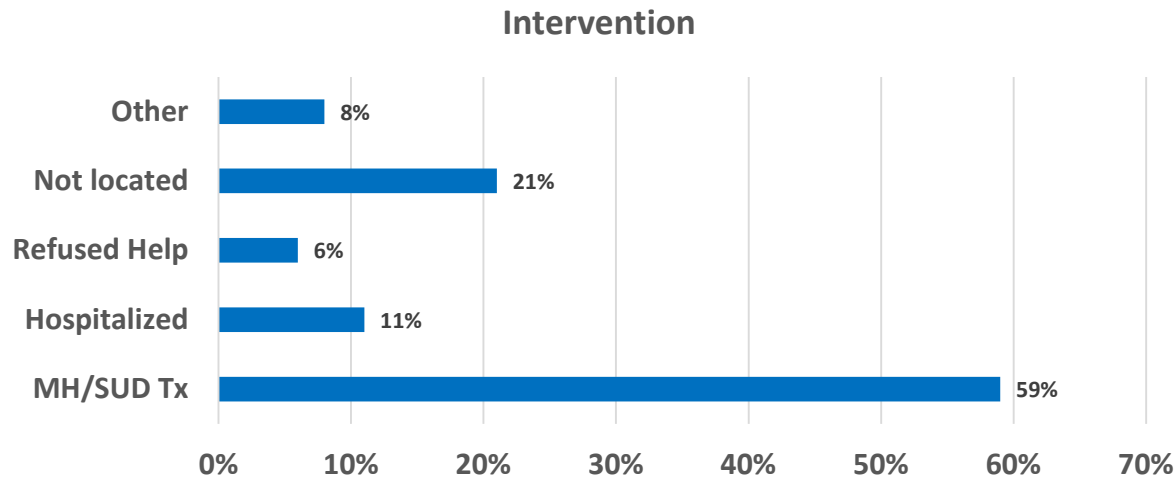
# Impacting Hospitalizations and ER Visits

- In FY'19, CCBHOs engaged 1837 individuals in hospital ERs
- An UMSL evaluation found as of June 2018, when examining improvements in outcomes across the life of the project:
  - the number of ER visits has been reduced on average by 2.52 visits per 90 days per client served. Extrapolating out, this is **a potential reduction of over 18,500 visits to the emergency room** just this year
  - Hospitalizations have been reduced, on average across project year...by 1.25 visits per 90 days – amounting to **a potential 9,185 hospitalizations avoided.**



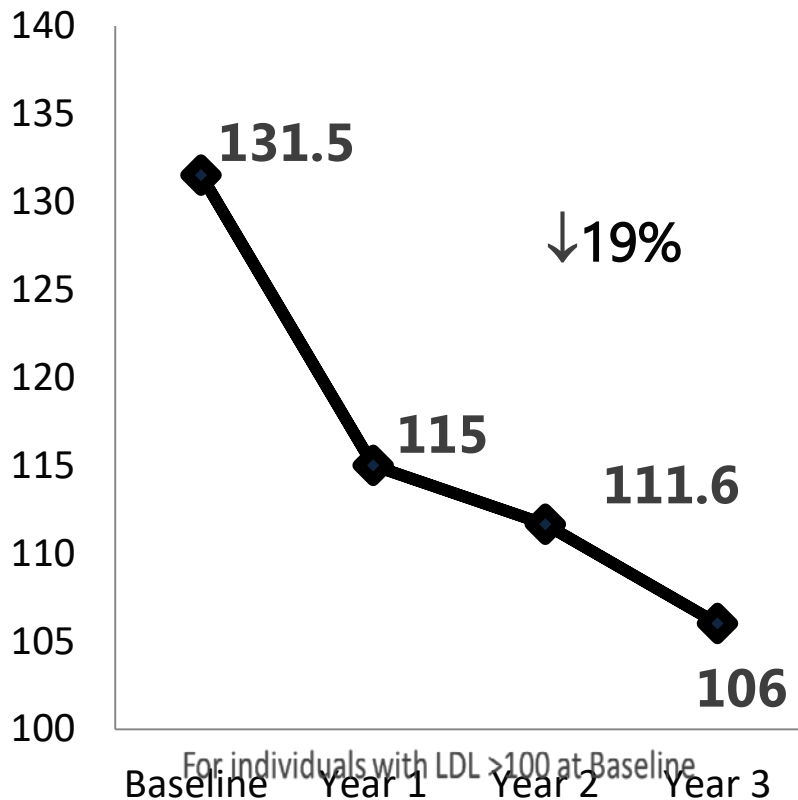
## Impacting Law Enforcement, Courts and Jails

- In FY'18 Community Mental Health Liaisons received 13,000 law enforcement and court referrals



- St. Joseph jails were sending 2-3 inmates a week to the hospital's behavioral health inpatient unit. In FY' 19, FGC placed an LPC in the jail who provided services to 361 inmates – only 2 were hospitalized.

# Small Changes Make a Big Difference



A **10%** reduction in uncontrolled cholesterol results in a **10%** reduction in cardiovascular disease

## Cost Savings Year 1 (2012)



### Community Mental Health Center Healthcare Homes have saved Missouri **\$31 million** (**\$98 PMPM Cost Savings**)



Disease Management 3700 cohort  
enrolled in CMHC Health Homes  
saved **\$22.8 million**  
(**\$395 PMPM Cost Savings**)  
DM3700 N =4,800 lives

Current per member  
per month (PMPM)  
rate for CMHC Health  
Homes is \$85.23 (Jan.  
2016)





# Learn more and get support

- [CCBHC@thenationalcouncil.org](mailto:CCBHC@thenationalcouncil.org)
- Request a briefing for your team
- Get more information and data about the model
- Explore how the model could integrate with existing state initiatives
- And more...

