

# CCBHCs: The Future of Community Behavioral Health

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gpTRAC Telehealth Everywhere Conference  
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# Agenda

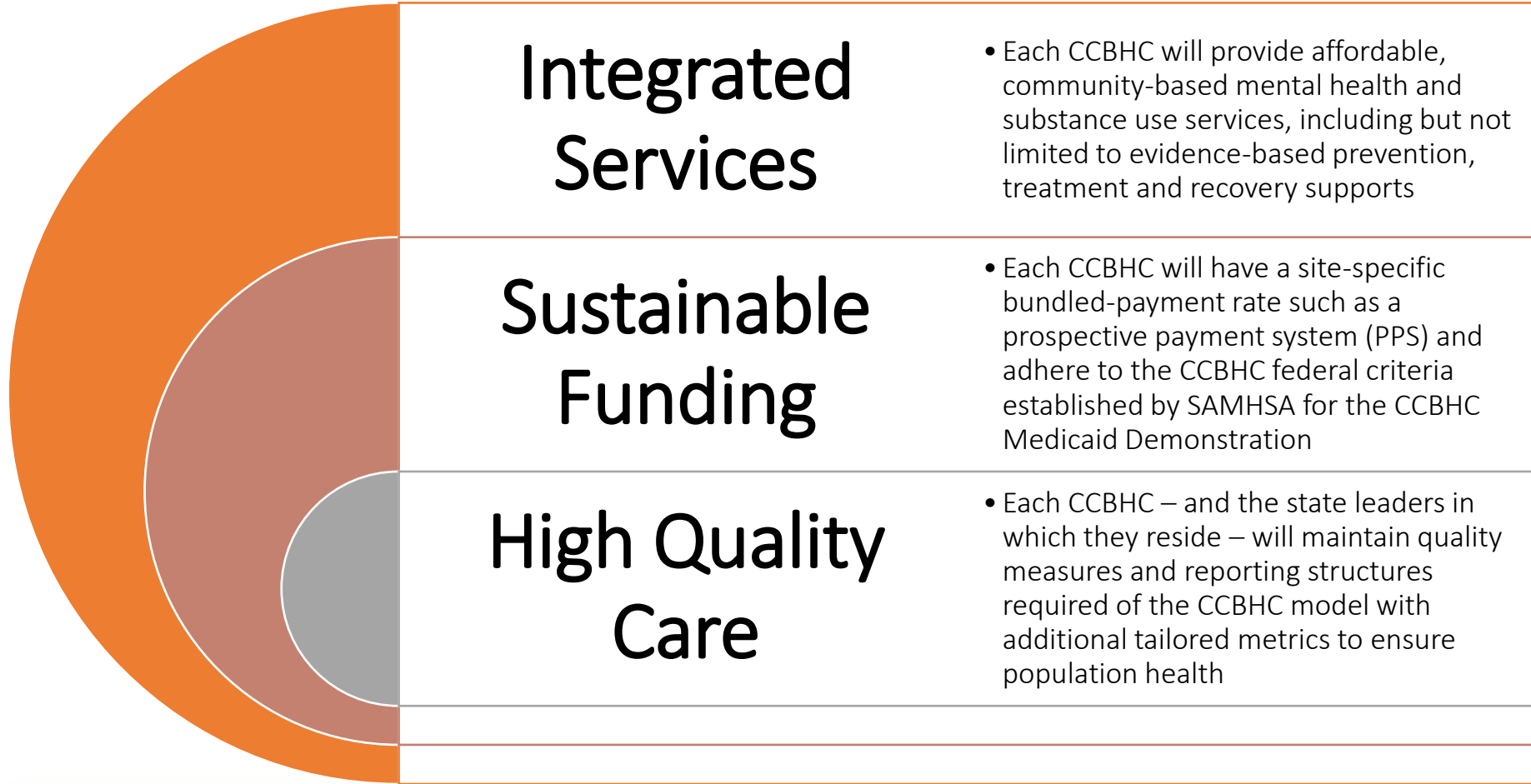
- What is a Certified Community Behavioral Health Clinic?
- Current national status
- Promising outcomes
- Clinical model
- Questions



# Safety Net System

Community Mental  
Health Center

# The Vision for the CCBHC Model



# Increasing Access to Behavioral Health Care

The primary goal of CCBHC is to increase access to Mental Health and Substance Use care for underserved communities

- States and clinics have been removing barriers to access
- Federal CCBHC criteria developed in 2016 required the use of telehealth especially for rural and frontier locations (long before COVID!)
- The intake process was re-imagined to prevent people from abandoning treatment after the first assessment
- It requires a “Non-4 walls”, community-based service delivery system
- The payment structure allows for clinic-specific, cost-based rates that cover outreach, care coordination, and “whole-person” care that has not previously been covered by Medicaid in Behavioral Health



# CCBHC requirements reflect best practices

- Requires **greater scope of services** than most clinics previously provided
- Establishes standards and expectations related to **active collaboration with other behavioral health providers**, aimed at producing measurable improvements in clients' lives
- Requires **improved coordination and integration across health (such as FQHCs) and non-health partner organizations**
- Supports delivery of services **outside the four walls of the clinic** with innovative use of clinical and non-clinical staff to engage with individuals in the right place at the right time
- **Standardizes and aligns quality reporting** with national model (with options for state customization)
- Introduces **risk (and flexibility) into provider pay** via encounter-based payment
- Offers opportunities for partner provider organizations to **participate in the financial model** under the umbrella of the CCBHC



# Two types of CCBHCs

- **CCBHC expansion grantees (CCBHC-IA and CCBHC-PDI)**
  - Funded through SAMHSA grants, \$4M over 4 years
  - Grant funding is time-limited, supplements but does not supplant other payment
  - Grantees are not “certified” – they self-attest to SAMHSA that they meet program requirements
- **State-certified CCBHCs**
  - Clinics participating in their state’s CCBHC model either through the federal demonstration or within the Medicaid State Plan (SPA)
  - CCBHCs receive Medicaid PPS
  - CCBHCs are certified by their states through state-developed certification processes in alignment with federal framework



# Options for states via Medicaid

## Federal CCBHC Medicaid demonstration

- 10 current or previous participant states\*

10 states may join the demo every 2 years (2024, 2026, 2028, etc.) and current demo states can add clinics

## Medicaid State Plan Amendment (SPA) with PPS

- 5 SPAs approved

## Other Medicaid mechanism

- 2 states

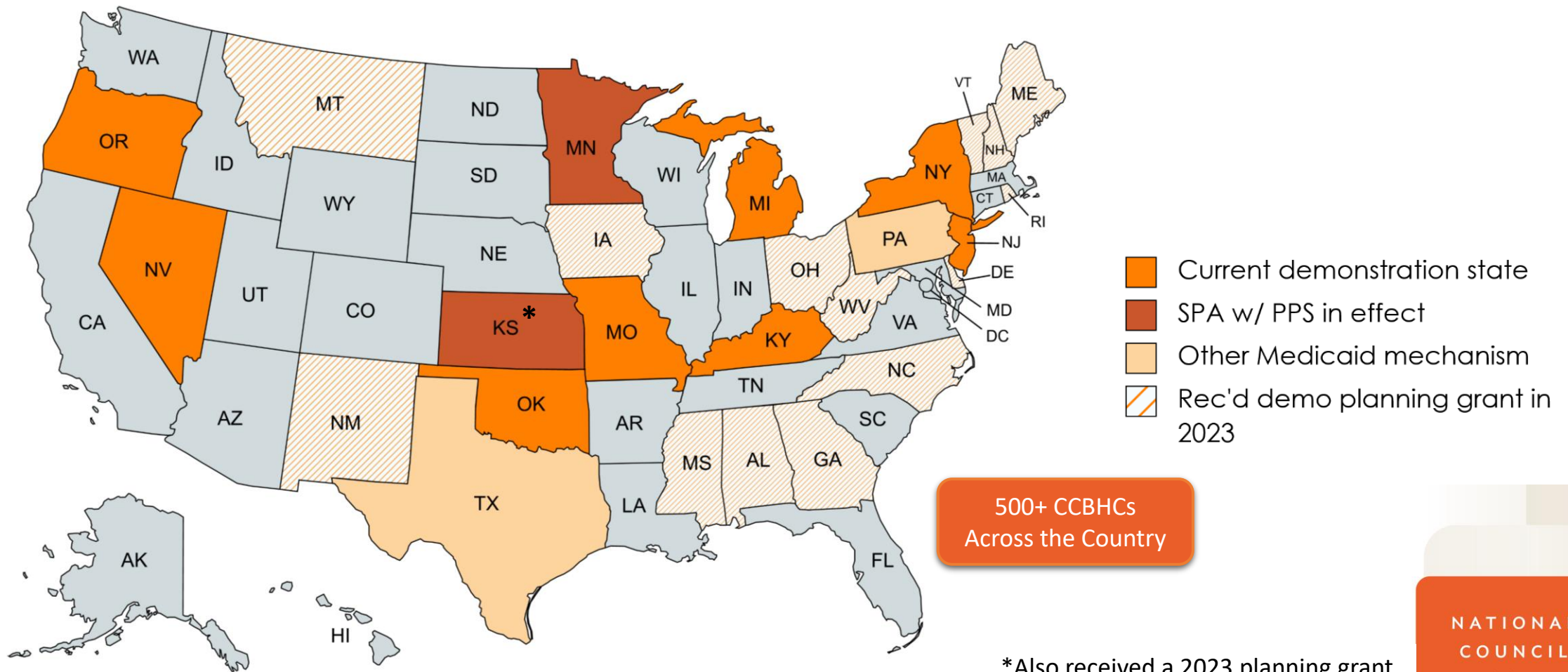
States may implement at any time

\*Pennsylvania and Minnesota have both left the demonstration but continue to pay for the model within Medicaid (in PA, CCBHCs are now known as ICWCs). Minnesota intends to rejoin the demonstration in July of 2024.





# State CCBHC Implementation Landscape



\*Also received a 2023 planning grant

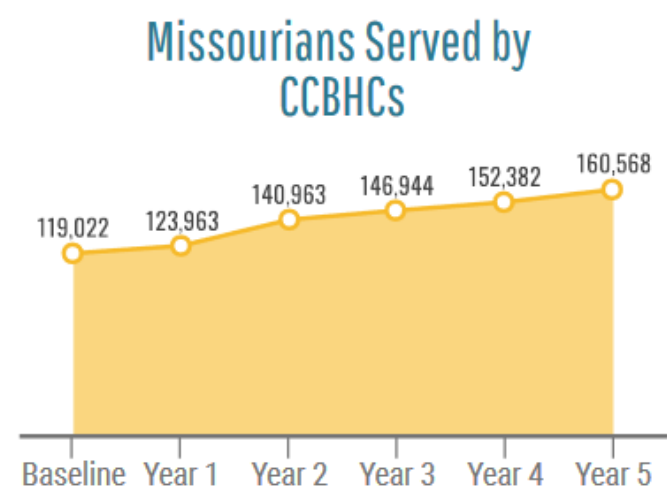
# Outcomes at GRAND Mental Health and OK

# Missouri data snapshot

↑ **35%**

**Increase in patient access to care**

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



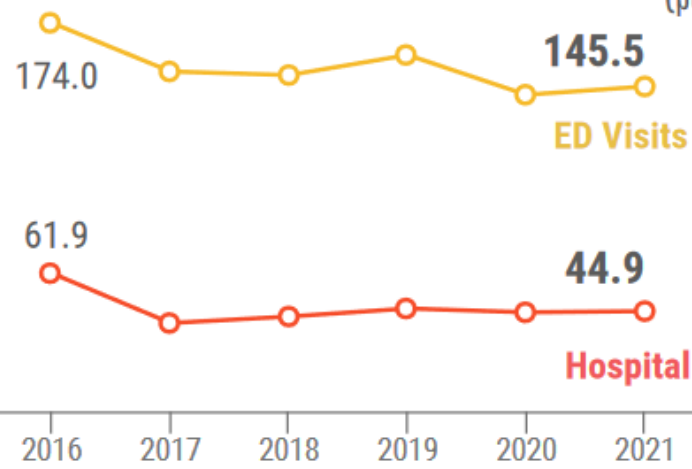
**3,185** ★

**Veterans & active military served by CCBHCs**

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

## Reducing Hospital & ED Utilization

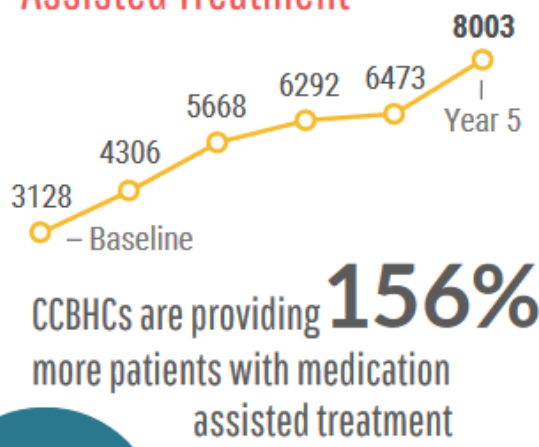
CCBHCs have shown a reduction in the number of ED and hospital encounters (per 1,000 member months)



↓ **16%**  
Decrease in ED visits from baseline (2016) to 2021

↓ **27%**  
Decrease in hospitalizations from baseline (2016) to 2021

## Providing Medication Assisted Treatment



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# Innovations in Telehealth in Mental Health and Substance Use During COVID-19 (2022)

Successes

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[Innovations in Telehealth in Behavioral Health During COVID-19 - National Council for Mental Wellbeing](https://thenationalcouncil.org)  
[\(thenationalcouncil.org\)](https://thenationalcouncil.org)

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Wellbeing

# Updated CCBHC criteria



- Introduction
- 6 Program Requirements
  - Staffing
  - Availability and Accessibility of Services
  - Care Coordination
  - Scope of Services
  - Quality and Other Reporting
  - Organizational Authority, Governance, and Accreditation
- Appendix A – Terms and Definitions
- Appendix B – Behavioral Health Clinic Quality Measures
- Appendix C – Summary of Changes



# CCBHC Criteria Program Requirements

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

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria Updated March 2023 \(samhsa.gov\)](https://www.samhsa.gov/certified-community-behavioral-health-clinic)



# Staffing 1.a – 1.d

- Needs Assessment
- General staffing requirements (1.a)
- Licensure and credentialing of providers (1.b)
- Cultural competence and other training (1.c)
- Linguistic competence (1.d)

## Key Requirement Highlights

- **Required staff:** Clinical and peer staff; psychiatrist as medical director; medically trained behavioral health care provider; Individuals with expertise in addressing trauma, SED, SMI, SUD.
- Required regular training includes cultural competence, trauma-informed care, integration.





# Access and Availability 2.a – 2.c

- General requirements of access and availability (2.a)
- Requirements for timely access to services and initial and comprehensive evaluation for new consumers (2.b)
- Access to crisis management services (2.c)
- “The CCBHC uses telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies...”

## Key Requirement Highlights

- New consumers with initial screening that identifies routine screenings needs receive an initial evaluation within 10 business days
- The CCBHC provides crisis management services 24 hours a day and are required to be delivered within 3 hours





# Care Coordination 3.a – 3.d

- General requirements of care coordination (3.a)
- Care coordination and other health information systems (3.b)
- Care coordination agreements (3.c)
- Treatment team, treatment planning, and care coordination activities (3.d)

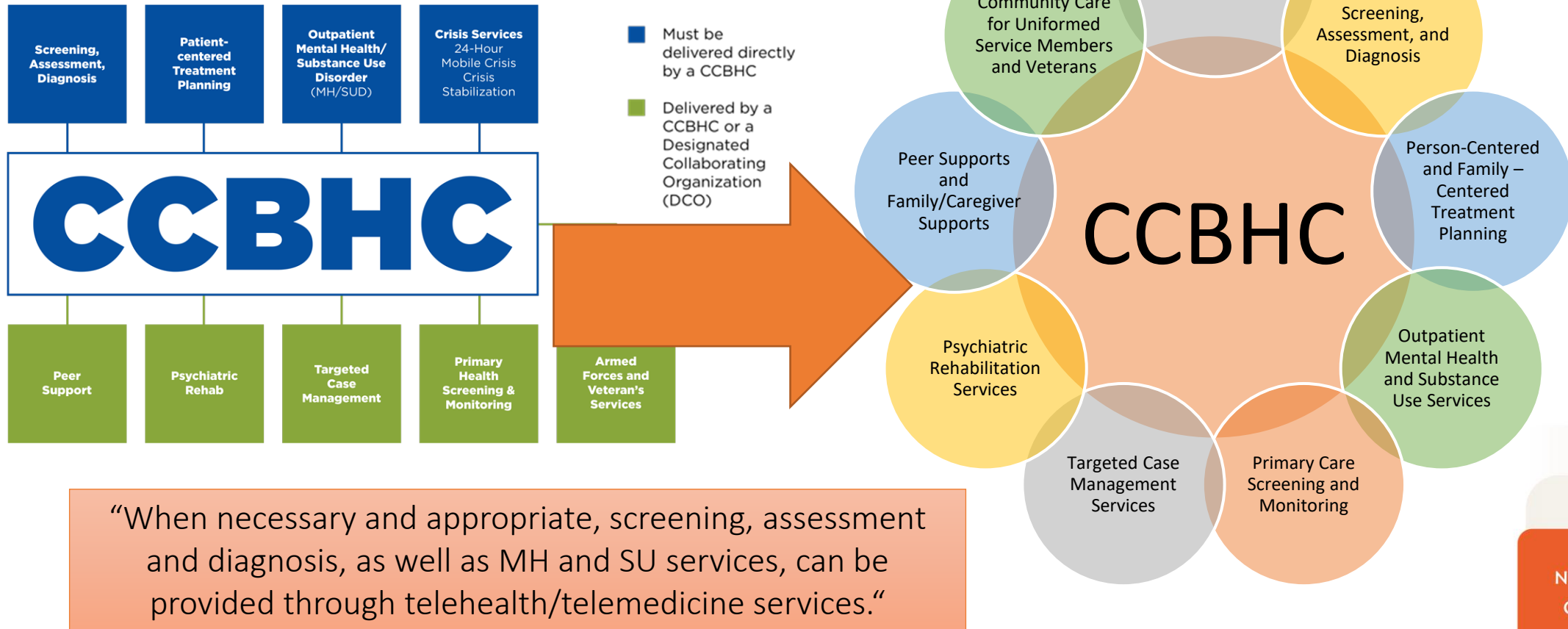
## Key Requirement Highlights

- The CCBHC coordinates across the spectrum of health services and has protocols in place for care coordination
- The CCBHC has an HIT in place that captures demographic information, provides clinical decision making, and can electronically transmit RX



# Scope of Services

Provision of all services are person and family-centered



# Data Collection, Reporting, & Tracking 5.a – 5.b

- Data collection, reporting, and tracking (5.a)
- Continuous quality improvement (CQI) plan (5.b)

## Key Requirement Highlights

- Data requirements for certified clinics v expansion grantees
- CQI plans to address suicide attempts and completions, hospital readmissions, and quality of care issues



# Organizational Authority, Governance, and Accreditation 6.a – 6.b

- General requirements of organizational authority and finance
- Governance

## Key Requirement Highlights

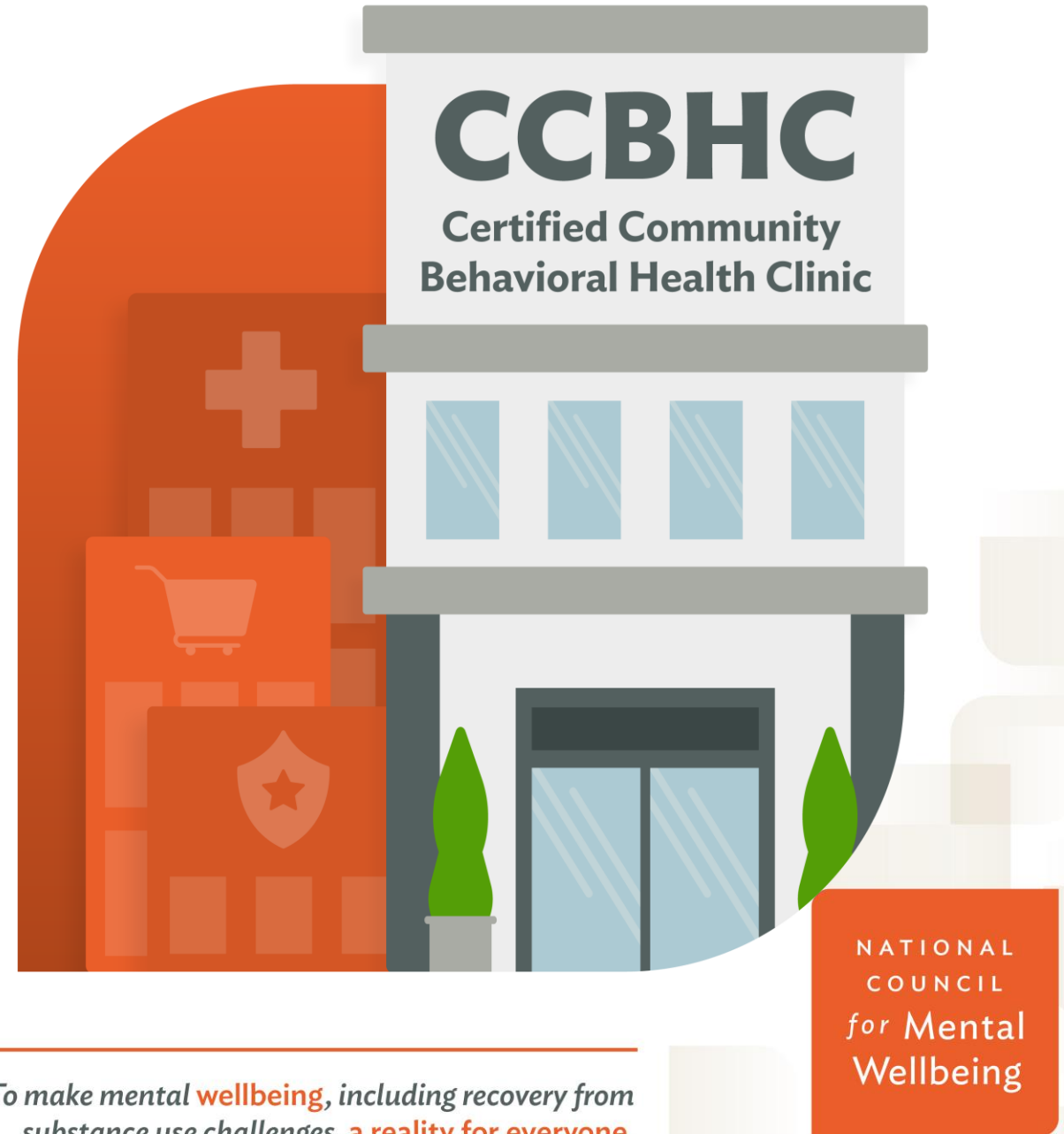
- Board members are representative of the individuals being served



# CCBHC Success Center

[CCBHC Success Center - National Council for Mental Wellbeing](https://thenationalcouncil.org)  
[\(thenationalcouncil.org\)](https://thenationalcouncil.org)

**CCBHC@TheNationalCouncil.org**



# CCBHC-E TTA Center Website



Access to our ever-growing resource library, upcoming trainings and events, and request for individualized support.





