Certified Community Behavioral Health Centers (CCBHC)

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Nov. 15, 2022

CCBHCs won’t replace Mental Health Centers

- CCBHCs are a financing new model for providing mental health care.
- CCBHC certification is a goal that any provider type may achieve – should the state see fit to approve them.
- Just as Community Health Centers did not replace primary care, CCBHCs won’t replace mental health centers.

CCBHCs serve the community's needs

- While CCBHCs must provide the same baseline services, the state – in partnership with clinics – will conduct a needs assessment for each region.
- The CCBHC will provide the services each region determines it needs.

Which organizations can become CCBHCs?

CCBHC has strict governance rules, and the state can even define it more specifically. SAMHSA guidance states they must be:

- A nonprofit organization*
- Part of a local government behavioral health authority
- An entity operated under authority of the IHS, an Indian tribe, or tribal organization
- An entity that is an urban Indian organization

*For profit organizations can become Designated Contracting Organizations (DCOs)

How are CCBHCs different from FQHCs (community health centers, i.e., Partnership Health Center)

- While payment structures are similar (not the same), services are different, and flexibilities are more aligned with the needs of behavioral health care
- They are a group of different services that meet the client in the community, including in someone's home, as well as having the client come to them.

CCBHCs have been proven to be effective at providing services in rural/frontier states

Grand Mental Health Center – A CCBHC in Rural Oklahoma has the following outcomes in 2021 compared to the baseline year 2015 –

- Inpatient hospitalizations among GLMHC adult clients at any Oklahoma psychiatric hospital fell from 959 (2015) to 66 (2021), a reduction of 93.1%
- From 2016-2021, decreases in inpatient hospitalizations saved more than $62 million dollars.
- The number of adult clients served increased by 163.5% from 4,326 (2015) to 11,401 (2021).
- Law enforcement in seven counties saved 576 days in time spent transporting clients.
- Law enforcement in seven counties saved over $718,000 from reductions in time and distance and spent transporting clients

SAMHSA CCBHC Expansion Grants vs. Medicaid CCBHC Demonstration

Medicaid CCBHC Demonstration	SAMHSA CCBHC Expansion Grants
Open to only 10 participating states	Open to individual clinics in ALL states and territories
Administered by state Medicaid and Behavioral Health authorities within guidelines set by SAMHSA/CMS	Administered by SAMHSA
States determine certification criteria using SAMHSA guidance as a baseline	Grantees must meet SAMHSA baseline CCBHC certification criteria
CCBHCs are certified by their states	CCBHCs are funded by SAMHSA; do not receive state certification
CCBHCs receive special Medicaid payment methodology (known as PPS)	CCBHCs receive up to $4M; continue to bill Medicaid and other payers per usual

States can implement the CCBHC model without waiting to be added to the demonstration. CCBHC expansion grants serve as a springboard.

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CCBHC GOALS

- INCREASED ACCESS TO CARE
- REDUCTION IN HOSPITAL AND ER USAGE
- FOLLOW UP AFTER HOSPITALIZATION
- ENGAGEMENT IN SUBSTANCE USE TREATMENT
- INCREASED ACCESS TO MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE TREATMENT
- ADDRESS BEHAVIORAL HEALTH WORKFORCE SHORTAGES
- IMPROVED INTEGRATION OF CARE

New Services and EBPs

New Services

- Mobile Crisis Teams
- MH & SUD Outpatient Services
- Medication Assisted Treatment
- Weekend & Evening hours
- Peer & Family Support Services
- Screening/Monitoring Health Status & Chronic Disease

Evidence-based Practices

- Integrated Treatment of Co-occurring Disorders
- Trauma Informed Care
- Motivational Interviewing
- Tobacco Treatment Specialists
- Eye Movement Desensitization and Reprocessing

Activities with Criminal Justice Agencies

Activities Conducted in Partnership With Criminal Justice Agencies to Improve Outcomes for People who Have Criminal Legal System Involvement or are at Risk of Being Involved With the Criminal Legal System	Percentage of participating CCBHCs
Collaboration with court systems: Provide services or take referrals in partnership with courts	86%
Outreach and engagement: Increase outreach and / or access to individuals who have criminal legal system involvement or are at risk of being involved with the criminal legal system	77%
Training: Train law enforcement or corrections officers in Mental Health First Aid, CIT, or other mental health / SUD awareness training	65%
Re-entry support: Provide pre-release screening / referrals or engage in related activities to ensure continuity of care upon re-entry to the community from jail or prison	64%
Community supervision support: Embed services within parole / probation agencies or coordinate with these agencies	41%
Data-sharing: Initiated data or information sharing with law enforcement or local jails / prisons to support improved collaboration	36%
Technology: Provide telehealth support to law enforcement officers responding to mental health / SUD calls	33%

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Needs for Support Related to Crisis Care

When thinking about your organization's ability to participate in or coordinate with local/state crisis systems (including efforts emerging from 988 implementation), which of the following types of support would be most helpful to you?

	All respondents
Securing additional financing to support hiring, technology, or other needs	79%
Staff training (e.g., training for crisis responders or clinic leadership, etc.)	64%
Stakeholder alignment (e.g., cross-sector workgroups, local/state/national level convenings, etc.)	55%
Building tools and staff capacity to leverage data	53%
Learning and/or sharing high-impact innovations	53%
Changing state laws or regulations to reduce barriers in accessing services	46%
Building a research base to adapt existing models/tools to meet the needs of specific groups or improve interventions	42%
Support with launching or strengthening direct service lines	37%
Other, please specify	3%
Nothing	1%

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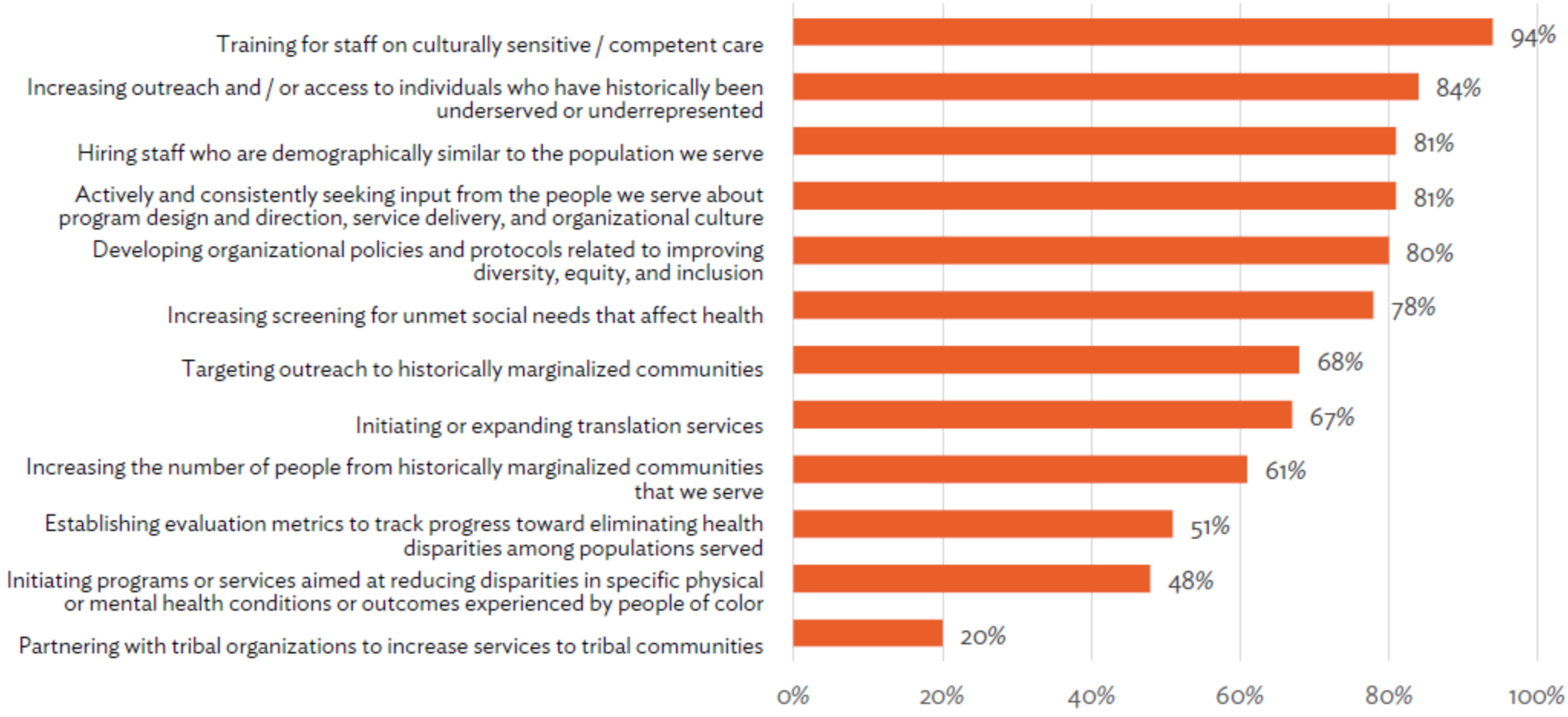
Activities to Improve Access to Care, Reduce Health Disparities Among, and Serve People of Color or Other Historically Marginalized Populations



NEXT STEPS FOR MONTANA

- ✓DPPHS CONDUCTS SURVEY OF INTERESTED AGENCIES
- ✓DPPHS CAN APPLY FOR A CCBHC PLANNING GRANT THIS FALL
- ✓2023 LEGISLATURE MUST PASS BILL REQUIRING DPHHS TO IMPLEMENT CCBHCs

HOW YOU CAN HELP

- EDUCATE YOURSEL ABOUT CCBHCs

- GO TO THE BHAM WEBSITE AT https://montanabehavioralhealth.org/
  FOR TALKING POINTS

- ADVOCATE TO YOUR LEGISLATORS
  FOR CCBHCs

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