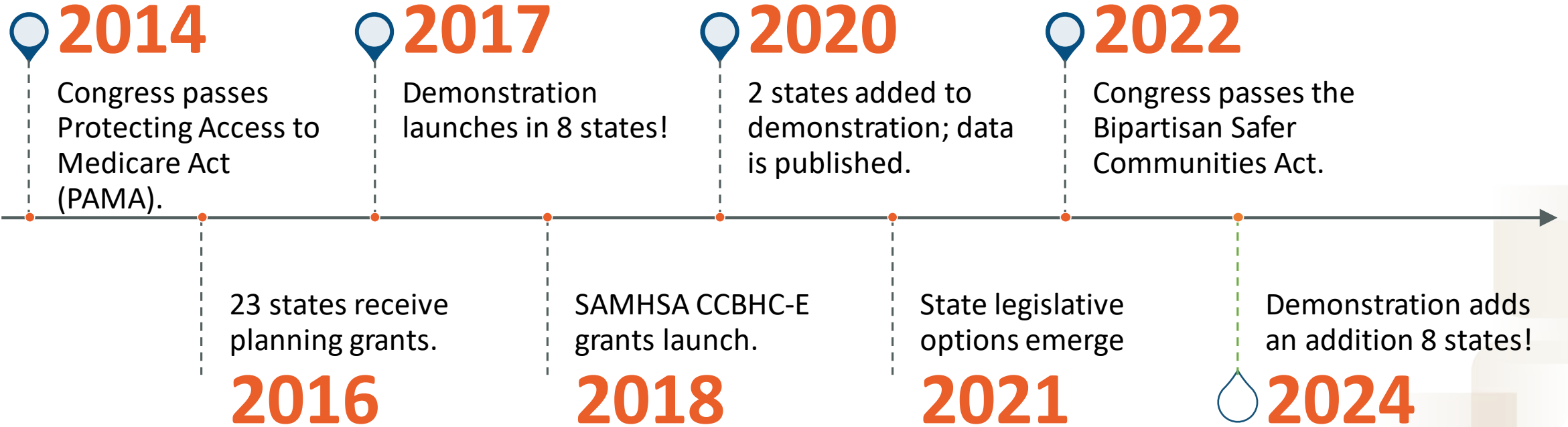


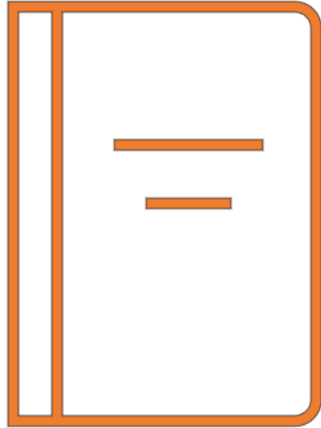
New Mexico Courts, Corrections and Justice Committee

June 27, 2024

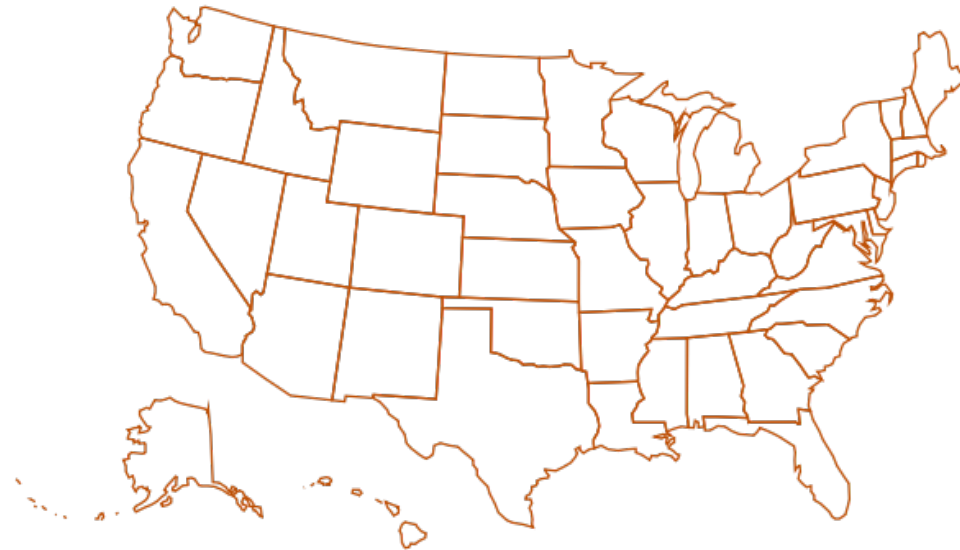
History of the CCBHC Program



The National CCBHC Model



**Federally
Defined**



State Driven

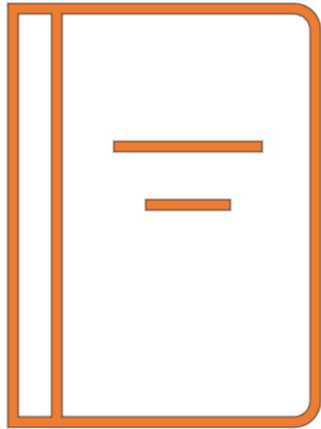


**Locally
Achieved**

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The National CCBHC Model: Federally Defined



**Federally
Defined**

The Goal

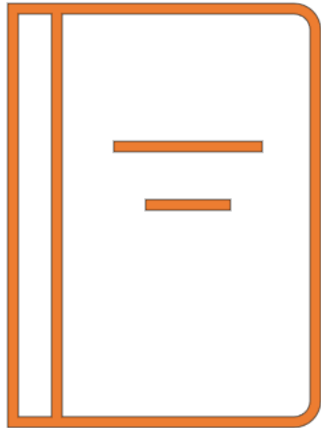
“improve **availability** of, **access** to, and **participation** in, services...and increase the **quality** of such service **without increasing net Federal spending**”

Section 223(d)(4)A(ii) &(iv)

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The National CCBHC Model: Federally Defined



**Federally
Defined**

The Components

- SAMHSA CCBHC Certification Criteria ([Updated Guidance released in 2023](#))
- CMS Guidance regarding development of organization-specific, cost-based reimbursement rates ([Prospective Payment System or PPS Guidance](#))

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Federally Defined SAMHSA: CCBHC Certification Criteria

- Define the array of services
- Outline care coordination responsibilities
- Establish access requirements
- Promote data collection and reporting
- Specify organizational requirements



CCBHC Services

- Crisis Response including 24-hour mobile crisis teams
- Screening, Assessment and Diagnosis
- Treatment Planning
- Outpatient Mental Health and Substance Use Disorder Services
- Primary Care Screening and Monitoring
- Targeted Case Management
- Psychiatric Rehabilitation
- Peer and Family Supports
- Services for Veterans and Members of the Armed Forces



**Care
Coordination:**

**The
“Linchpin”**



Care coordination with Primary Care Physicians, FQHCs, Specialty Care Providers, Community Service and Support Providers



Following up on Referrals



Tracking Admissions and Discharges



Following up after Discharges



CMS Guidelines

Prospective Payment System (PPS)

- Organization-specific rates
- Organizations receive payment for any qualifying visit
- A visit is a day or month 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 qualifying service



CMS Guidelines

Cost Reports

CCBHCs complete cost reports using a standard format developed by CMS that requires estimating cost and visits

$$\frac{\text{Total **allowable costs** of providing services per year}}{\text{Total number of visits per year}} = \text{Per-visit rate}$$

Federally Defined

CMS: Prospective Payment Reimbursement Guidance

PPS allows organizations to

- recoup the costs associated with providing direct service
- build in the costs associated with indirect services and responsibilities
 - Care coordination
 - Outreach and engagement
 - Adopting and maintaining EBP fidelity
 - Data collection and reporting

PPS is essential to offsetting the costs associated with increased community behavioral health services expenditures

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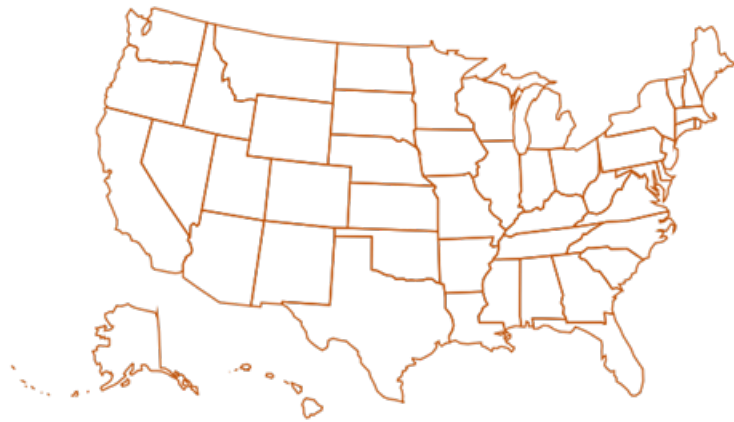


CMS Guidelines

PPS-1	Daily Rate
PPS-3	Daily Rate + Special Crisis Services Rate(s)
PPS-2	Monthly Rate w/wo Special Population Rates
PPS-4	Monthly Rate w/wo Special Populations Rates + Special Crisis Services Rate(s)



The National CCBHC Model: State Driven



State Driven



The state establishes its own priorities, expectations and goals for adopting the CCBHC Model



The state behavioral health authority certifies CCBHCs in accordance with the SAMHSA Certification Criteria



The state chooses the PPS approach and approves the CCBHC cost reports establishing the final provider-specific PPS reimbursement rates

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State Driven

Begin with the End in Mind

The Goal

“improve **availability** of, **access** to, and **participation** in, **the most complete scope of services**....and increase the **quality** of such service **without increasing net Federal spending**”

State Priorities and Expectations for System Enhancements

- **Availability**
- **Accessibility**
- **Participation**
- **Quality**
- **Generating Cost Offsets**

Improving Care & Generating Cost Savings

Crisis response system

Same day/next day access

Outreach and engagement

Emergency Room Enhancement Teams

Community Behavioral Health Liaisons

Outreach to High Users of Medicaid

Managing chronic disease and improving health status

Evidence-based and promising practices

Promoting peer services

Missouri CCBHC Impact

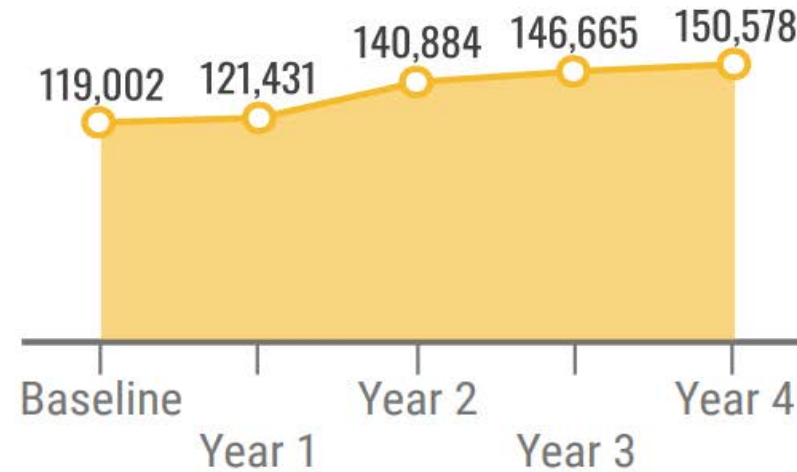
27% + 



Increase in patient access to care

Overall increase in patients served from baseline to Year 4

Missourian's Served by CCBHCs



<https://dmh.mo.gov/media/pdf/ccbhc-year-6-impact-report-2023>



Improving Care & Generating Cost Savings

Crisis response system

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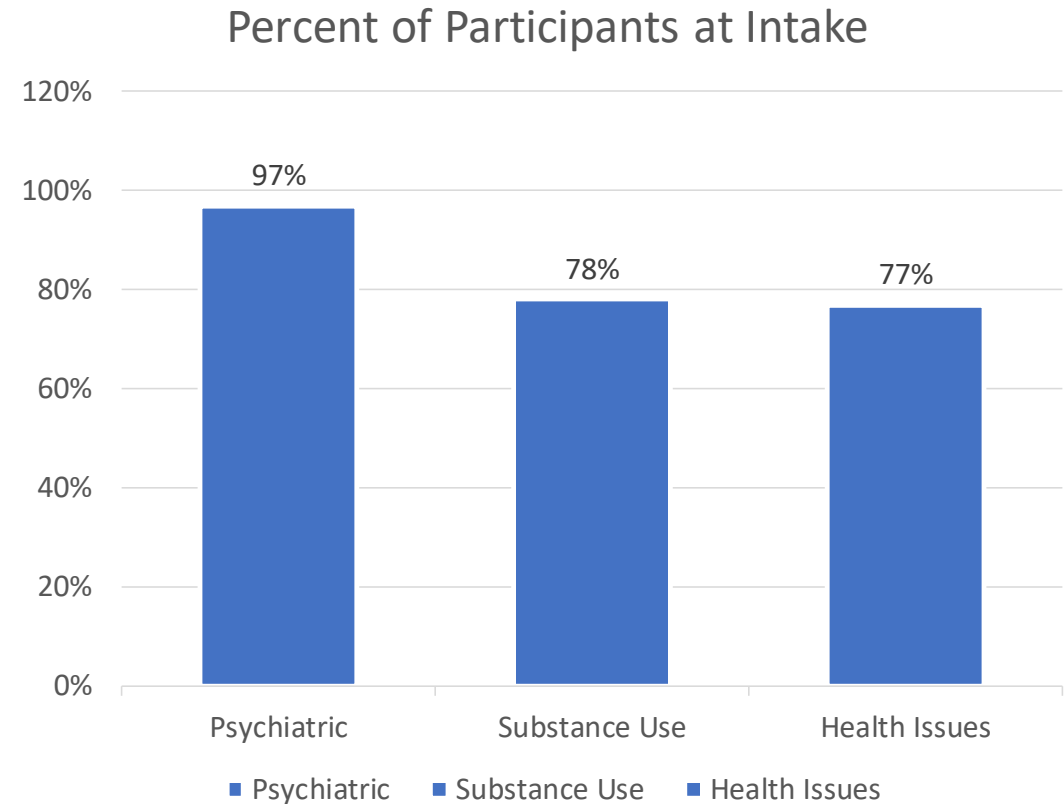
Emergency Room Enhancement Teams

- Year 10

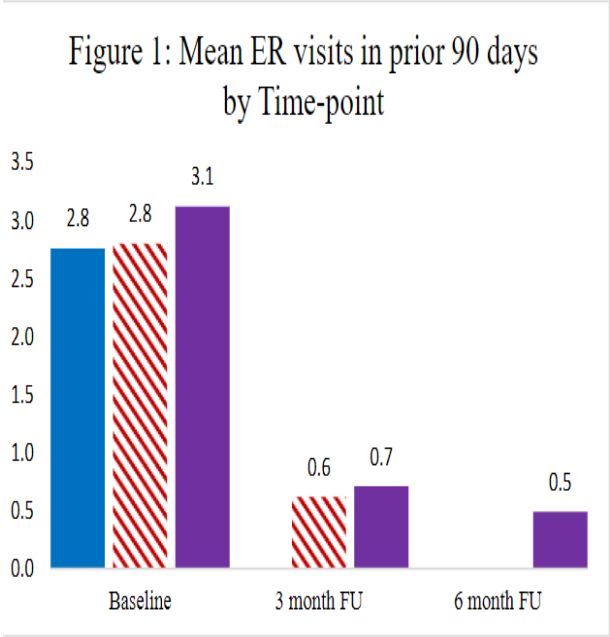
- Total served: 2,307
- 3 month follow up: 1,356 (59%)
- 6 month follow up: 708 (31%)

- Since 2013

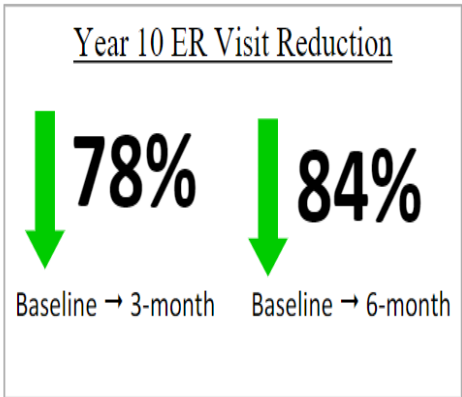
- Total served: 17,069



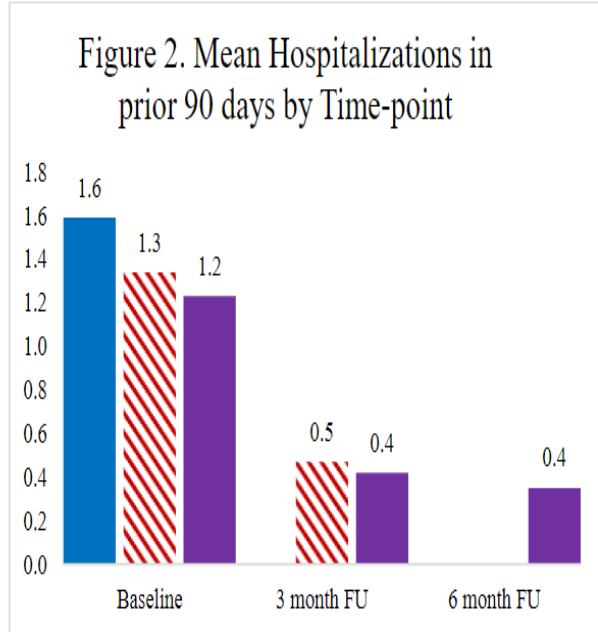
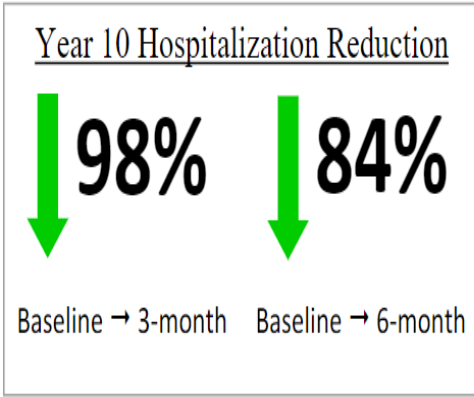
ERE Teams Impact



■ Total Sample (N= 2307)
■ 3 month follow-up data available (n = 1351)
■ 6 month follow-up data available (n = 698)



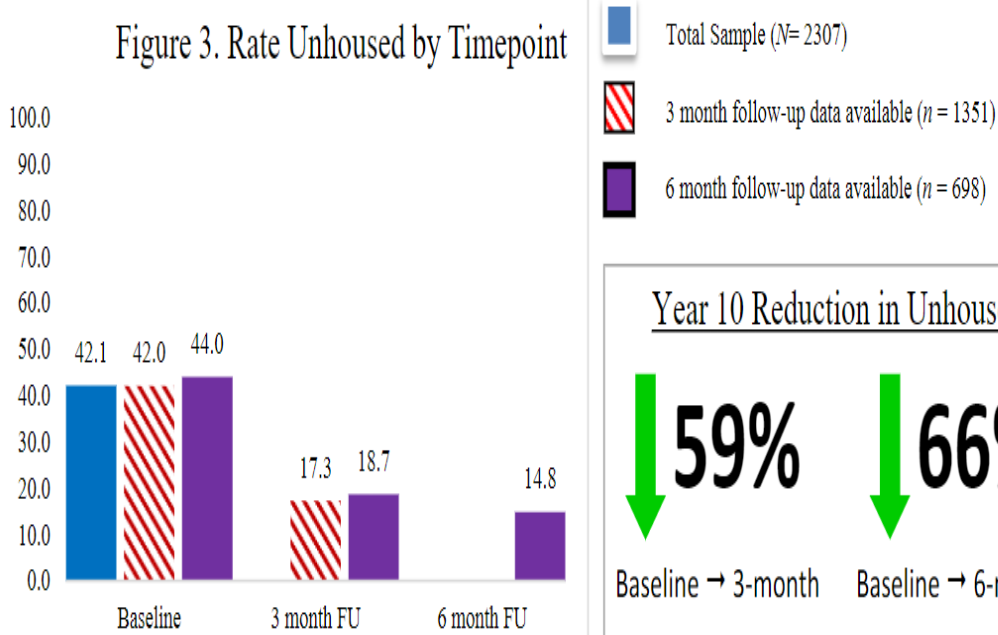
■ Total Sample (N= 2307)
■ 3 month follow-up data available (n = 1351)
■ 6 month follow-up data available (n = 698)



<https://dmh.mo.gov/media/pdf/ccbhc-year-6-impact-report-2023>

ERE Teams Impact

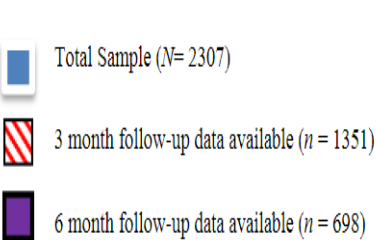
Figure 3. Rate Unhoused by Timepoint



Year 10 Reduction in Unhoused

↓ **59%** ↓ **66%**

Baseline → 3-month Baseline → 6-month

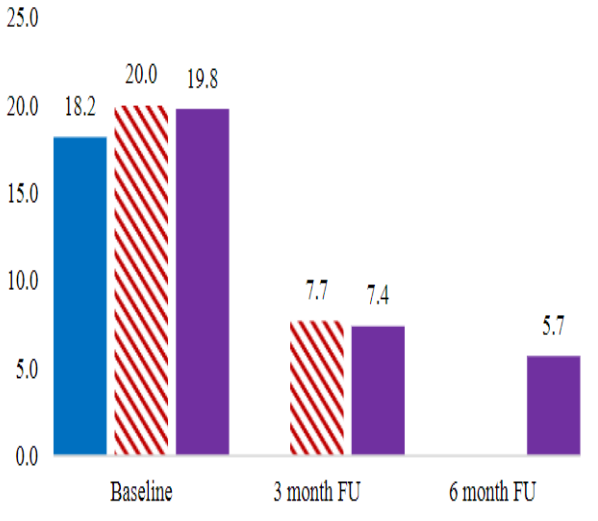


Year 10 Unemployment Reduction

↓ **62%** ↓ **71%**

Baseline → 3-month Baseline → 6-month

Figure 4. Unemployment Status by Timepoint



<https://dmh.mo.gov/media/pdf/ccbhc-year-6-impact-report-2023>

Community Behavioral Health Liaisons

- Coordinating with local systems of care and accessing services for individuals with behavioral health needs who come to the attention of law enforcement, the courts and jails
- Assist law enforcement with residency and wellness checks
- Facilitate civil commitment procedures
- Coordinate with local crisis response resources and all agencies with co-responders to prevent duplication of efforts and data, and to prevent confusion for law enforcement
- Participate and assist local law enforcement in developing Crisis Intervention Teams
- Provide support and referral for law enforcement related to coping with stress/trauma

Community Behavioral Health Liaisons

Law Enforcement Collaboration

“Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them.

Publication from Bureau of Justice Assistance & Council of State Governments Justice Center, April 2019



Missouri Success



70,909

Referrals from law

enforcement Jan 2017-Dec 2021

<https://dmh.mo.gov/media/pdf/ccbhc-year-6-impact-report-2023>



Outreach to High Users of Medicaid Services

Eligibility

- 18 years of age or old
- \$20,000 or more in Medicaid pharmacy and medical charges, excluding certain services (e.g. dialysis, intermediate care facility, hemophilia)
- Diagnosis eligible for DMH psychiatric or substance use rehab programs
- No open episode of care in the DMH system

Outreach Staff

- List of potential enrollees provided quarterly
- Locate and engage individuals
- Connect individuals to ongoing health home and rehabilitation services



Missouri CCBHO Hospitalization Savings (N=31,984)

CCBHO client hospitalization costs by Medicaid eligibility code

ME Code	CCBHO pre period hospital cost	CCBHO post period hospital cost	% change pre-post	cost per person pre	cost per person post
13 - Medical Assistance - PTD	\$ 55,744,212.50	\$ 49,971,085.22	-10%	\$ 7,342.49	\$ 6,582.07
40 - Medicaid for Children Poverty	\$ 5,493,468.78	\$ 2,417,148.52	-56%	\$ 1,002.27	\$ 441.01
06 - Medical Assistance for Families (MAF) Child	\$ 2,235,670.04	\$ 1,375,147.46	-38%	\$ 633.87	\$ 389.89
55 - QMB Only	\$ 4,826,718.94	\$ 2,420,778.08	-50%	\$ 1,846.49	\$ 926.08
05 - Medical Assistance for Families (MAF) Adult	\$ 1,827,467.42	\$ 1,049,051.45	-43%	\$ 967.94	\$ 555.64
11 - Medical Assistance - Old Age Assistance	\$ 4,933,752.54	\$ 4,521,261.98	-8%	\$ 3,181.01	\$ 2,915.06
16 - Supplemental Nursing Care - PTD	\$ 6,198,612.29	\$ 5,200,642.89	-16%	\$ 6,636.63	\$ 5,568.14
37 - HDN FS/Title XIX	\$ 6,089,557.94	\$ 8,399,780.10	38%	\$ 6,604.73	\$ 9,110.39
56 - Title IV-E - Adoption Subsidy	\$ 2,971,496.32	\$ 4,031,430.92	36%	\$ 4,502.27	\$ 6,108.23
38 - Independent Foster Care Children Ages 18-21	\$ 3,841,908.43	\$ 2,047,821.04	-47%	\$ 11,008.33	\$ 5,867.68
All other codes	\$ 7,934,074	\$ 6,585,322	-17%	\$ 2,488.73	\$ 2,065.66
	\$ 110,031,013.58	\$ 94,604,792.00	-14%	\$ 3,449.90	\$ 2,966.23
		\$ 15,426,221.58			\$ 483.67

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Primary Care Screening and Monitoring

Primary care monitoring includes

- Identifying individuals with chronic illness and/or unhealthy lifestyles
- Connecting individuals to Primary Care
- Monitoring chronic conditions
- Care coordination
- Promoting healthy behavior change
- It is behavioral health service involving
 - Knowledge of the states of change
 - Skill in motivational interviewing
 - Support and coaching to develop/maintain healthy behaviors





The CATIE Study

At baseline investigators found that:

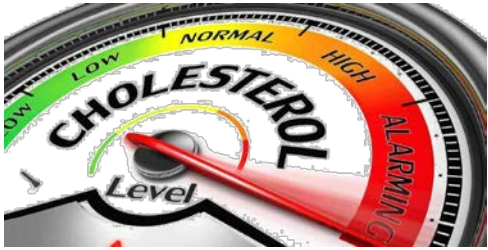
88.0% of subjects who had dyslipidemia

62.4% of subjects who had hypertension

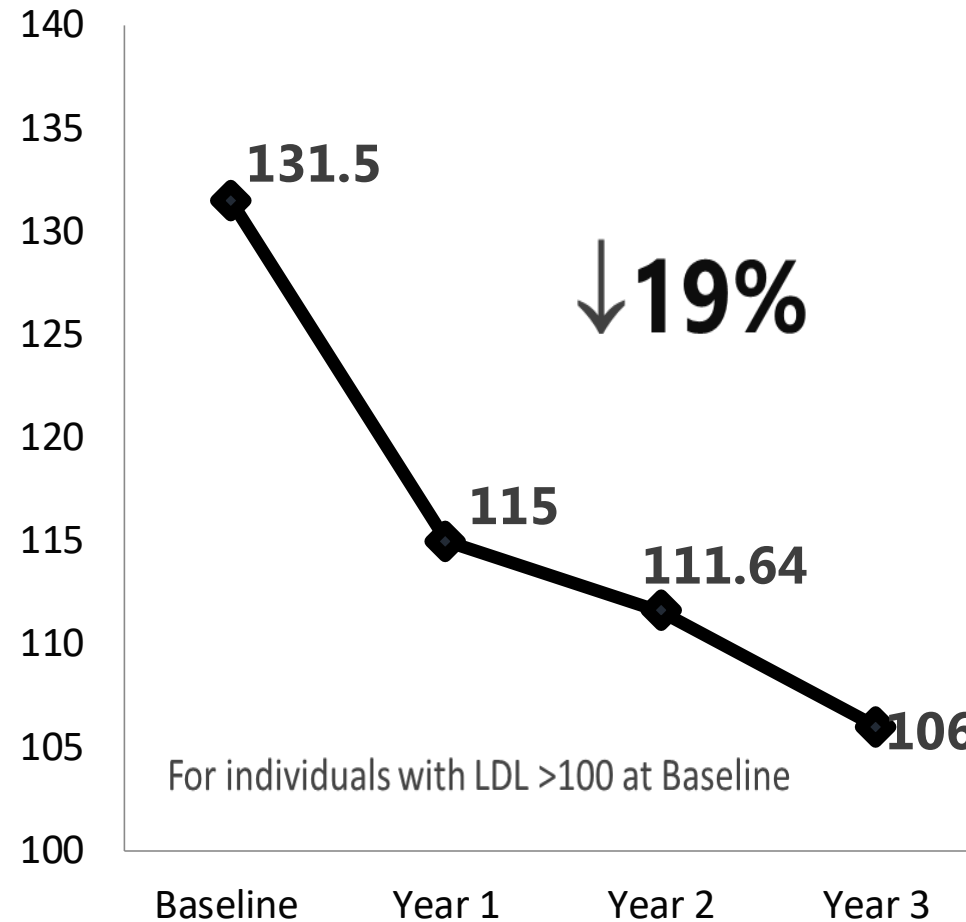
30.2% of subjects who had diabetes

were **NOT** receiving treatment.

Reduction in Cholesterol Levels



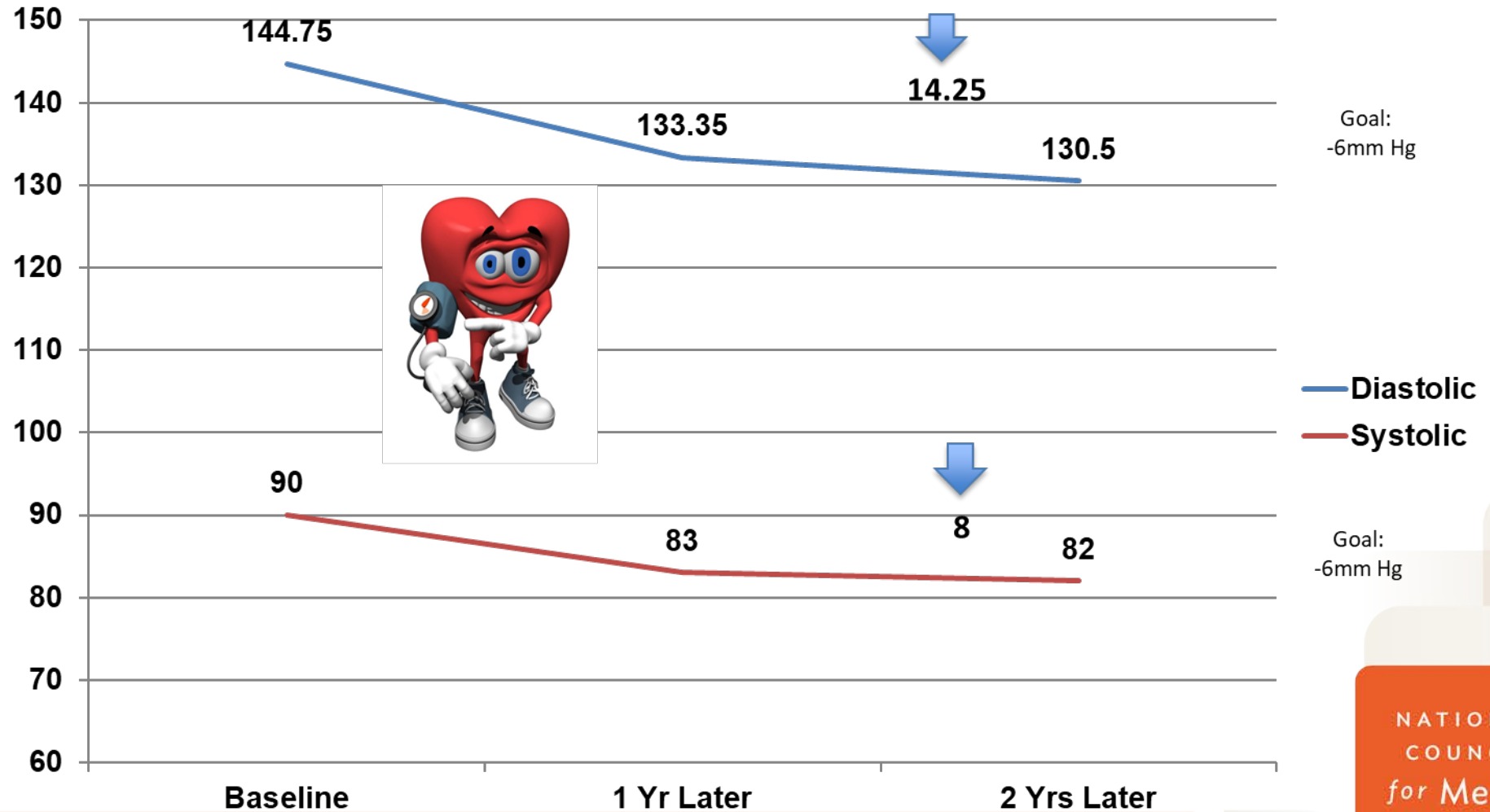
A **10%** reduction in uncontrolled cholesterol results in a **10%** reduction in cardiovascular disease



Reduction in Blood Pressure Levels

6 point drop in blood pressure

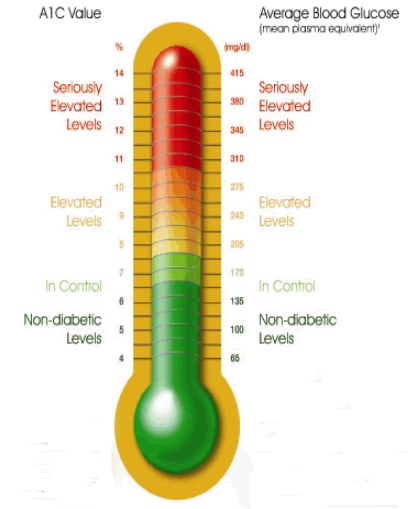
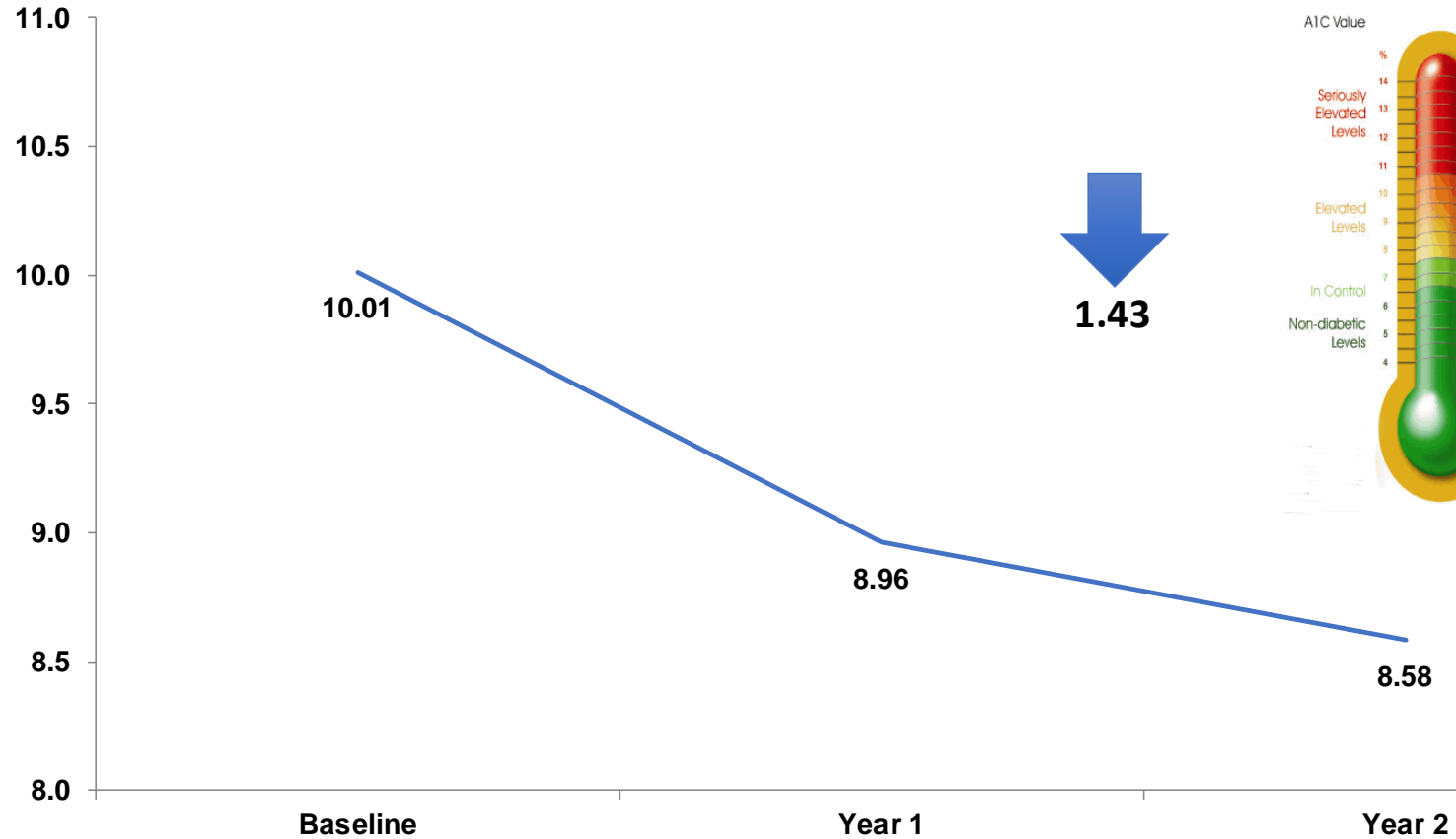
- 16% ↓ in cardiovascular disease
- 42% ↓ in stroke



Reduction in A1C Levels

1 point drop in A1c

- 21% ↓ in diabetes-related deaths
- 14% ↓ in heart attack
- 31% ↓ in microvascular complications



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Evidence Based Practices

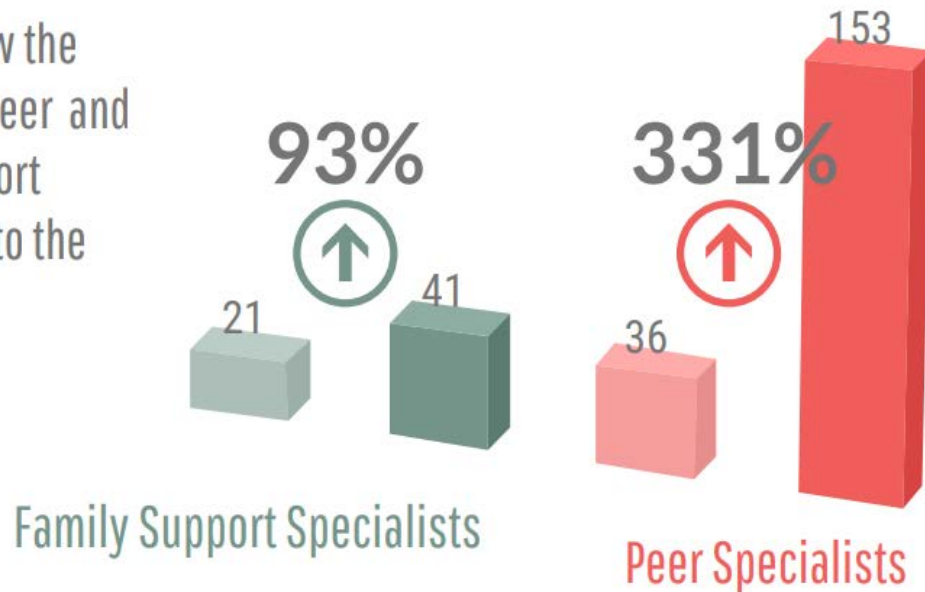
- Participate in Zero Suicide Academy
- Adopt Trauma Informed Care
- Eye Movement Desensitizing and Reprocessing
- Adopt Integrated Treatment for Co-occurring Disorders
- Adopt Medication Assisted Treatment for Substance Use Disorders
- Employ Tobacco Treatment Specialists
- Train Community Support Specialists as Wellness Coaches
- Utilize Motivational Interviewing and Cognitive Behavioral Therapy

Missouri CCBHC Impact



Increasing Peer & Family Services

CCBHCs grew the number of peer and family support specialists to the care team



Providing Medication Assisted Treatment



CCBHCs are providing **122%** more patients with medication assisted treatment

<https://dmh.mo.gov/media/pdf/ccbhc-year-6-impact-report-2023>

The National CCBHC Model: Locally Achieved



Locally Achieved

CCBHCs achieve the goals by bringing the model to life in the context of local needs and conditions.

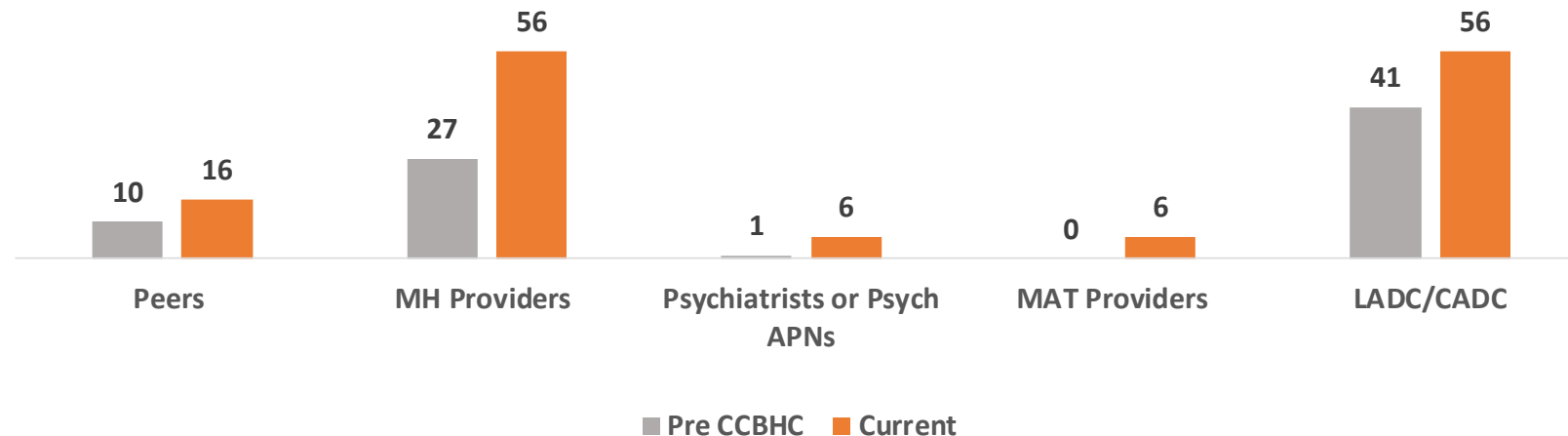


Federal, State and Local
It's a Demonstration

- Expect to Learn
- You'll Probably Make Mistakes
- Be Patient with Yourself and your System
- Start Where You Are

Start Where You Are

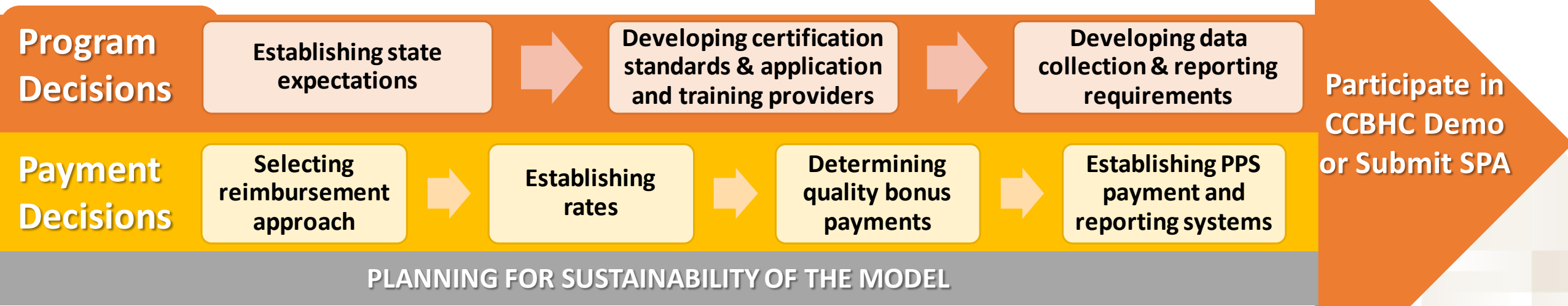
Prior to CCBHC, Nevada had “no strong community-based mental health services delivery system” and no means of ensuring that their clinics provided quality behavioral health care. Historically, Nevada had a bi-furcated behavioral health system that only offered separate state-run mental health and state-run substance use treatment centers; prior to CCBHCs, many services were either not available at all or there were long wait times to begin care. According to Dr. Stephanie Woodward, NV CCBHC Program Director, **“The CCBHC demonstration has moved the needle on community-based behavioral health services in Nevada by a decade or more.”**



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Roadmap for CCBHC Planning



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[Questions](#)

[Request TA](#)

[Resources](#)

The [CCBHC State Technical Assistance Center](#) is here to provide accessible, timely and evidence-based technical assistance designed to meet the needs of all states implementing the CCBHC model, as well as individualized consultation to support the needs of specific states. Please request technical assistance by clicking “Request TA” above.



CCBHC S-TAC

CCBHC State Technical Assistance Center