CCBHCs: Crisis Services and Supported Employment

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CCBHCs: Supporting the Clinical Model with Effective Financing

- Standard definition: Raises the bar for service delivery
- Evidence-based care: Guarantees the most effective clinical care for consumers and families
- Quality reporting: Ensures accountability
- Prospective payment system: Covers anticipated CCBHC costs
CCBHC Scope of Services

Screening, Assessment, Diagnosis
Patient-centered Treatment Planning
Outpatient Mental Health/Substance Use Disorder (MH/SUD)
Crisis Services
- 24-Hour Mobile Crisis
- Crisis Stabilization

CCBHC

Peer Support
Psychiatric Rehab
Targeted Case Management
Primary Health Screening & Monitoring
Armed Forces and Veteran’s Services

Must be delivered directly by a CCBHC
Delivered by a CCBHC or a Designated Collaborating Organization (DCO)
At Minimum, Crisis Response with CCBHCs Provide...

1) Prevention
- Early engagement in care
- Crisis prevention planning
- Outreach & support outside the clinic

2) Crisis Response
- 24/7 mobile teams
- Crisis stabilization
- Suicide prevention
- Detoxification
- Coordination with law enforcement & hospitals

3) Post-crisis Care
- Discharge/release planning, support & coordination
- Comprehensive outpatient MH & SUD care
Status of Participation in the CCBHC Model

- **States where clinics have received expansion grants**
- **States selected for the CCBHC demonstration**
- **Independent statewide implementation**
- **No CCBHCs**

There are **431 CCBHCs** in the U.S., across 42 states, Guam and Washington, D.C.
Making Crisis Services and Supports Available to All through CCBHC

How CCBHCs deliver crisis services
- Directly: 64%
- Through a DCO: 31%
- Both: 5%

Crisis Call Lines Offered by CCBHCs
- We operate a 24/7 crisis call line: 71%
- We refer clients to a crisis call line operated by another provider in our community: 25%
- We operate a crisis call line, but it is not 24/7: 4%
Innovative Crisis Response Practices for CCBHCs

<table>
<thead>
<tr>
<th>Innovative Practices in Crisis Response</th>
<th>Percentage of participating CCBHCs</th>
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<tbody>
<tr>
<td>Coordinates with hospitals/emergency departments to support diversion from emergency departments and inpatient care</td>
<td>79%</td>
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<tr>
<td>Behavioral health provider co-responds with police/EMS (e.g., clinician or peer embedded with first responders)</td>
<td>38%</td>
</tr>
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<td>Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g., 23-hour observation)</td>
<td>33%</td>
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<tr>
<td>Member of the National Suicide Prevention Lifeline network</td>
<td>21%</td>
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<td>Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g., CAHOOTS or similar model)</td>
<td>19%</td>
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<tr>
<td>Partners with 911 to have relevant 911 calls screened and routed to CCBHC staff</td>
<td>13%</td>
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“In just the first 72 days of [CCBHC] operations, our team did 50 hospital diversions, six arrest diversions, had direct contact with 95 people and reached out to 89 more. Hospital emergency department visits are estimated at $500 per visit and an admission at $10,000 so we estimate we saved at least $372,500 for just the hospital diversions if approximately 70% were admitted. Annually that would work out to approximately $1.8 million in savings. Additional savings to the system were realized from the six arrest diversions as well in the first few weeks of the program and measurement period.” — Endeavor Health Services (New York)

“We have prevented over 1,000 visits yearly to area emergency rooms by providing psychiatric medication bridges for persons in care with external psychiatric providers, who otherwise would have gone to the emergency department to get a temporary medication bridge.”
— Access: Supports for Living (New York)

“We have more than 20 care coordination agreements in place, which has led to greater than 50% diversion rate from jail when mobile response happens.” — Seasons Center (Iowa)
CCBHC and 988 Implementation

CCBHCs can serve as 988 call centers
• 75% of CCBHCs already operate a crisis call line, with 21% reporting they participate in the National Suicide Prevention Lifeline Network.

CCBHCs can serve as partners to 988 call centers for services the call centers do not directly provide (e.g., mobile crisis response, crisis stabilization)
• 100% of CCBHCs deliver the required services described above

CCBHCs can serve as referral partners to 988 call centers and other crisis responders for post-crisis or non-urgent needs
• CCBHCs serve all clients regardless of ability to pay.

CCBHCs are eliminating waitlists that pose a barrier to care in other settings
• 50% of CCBHCs can offer same-day access to care, with 93% offering access within 10 days or less.
Vocational Supports for Clients

- **Individualized Placement and Support (IPS)** was developed by the Dartmouth Psychiatric Rehabilitation Center.
  - The program is defined by eight practice principles and by a 25-item fidelity scale and is consistent with the supported employment approaches recommended in the SAMHSA Supported Employment Toolkit.
  - Many states have established IPS programs in various service areas for people with mental health conditions.
  - Some CCBHC demonstration states include Medicaid billing codes for IPS as a reimbursable service, other states include IPS in the model as a CCBHC service that is not covered by Medicaid.
Getting Started in Your State

The National Council CCBHC team is here to help!

- Advice on policy approach (e.g., Medicaid SPA, Waiver)
- Lessons learned from other states
- Implementation “roadmap”
- Training for prospective CCBHCs
- Data, informational materials, and more

https://www.thenationalcouncil.org/ccbhc-success-center/
Email us at: ccbhc@thenationalcouncil.org
Certified Community Behavioral Health Clinics:

Incubator for Innovation

Commissioner
Carrie Slatton-Hodges
CCBHC: State Perspective

• Oklahoma’s Approach
• Demonstration and Beyond
• Opportunities for Innovation
CCBHC Successes

CCBHC expanded services to better suit individual needs of Oklahomans and number of recipients receiving these services continues to rise.

• **Added** Care Coordination, Vocational, Housing, Nutrition, and Occupational Therapy
• The number of Oklahomans served by CCBHCs has grown 102% in year 4.
• Increased **Urgent Recovery Centers** from 3 to 10
• Established Infrastructure for **Mobile Crisis Teams**

<table>
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<tr>
<th>Service Type</th>
<th>Pre CCBHC</th>
<th>Year 4</th>
<th>Percent Increase</th>
</tr>
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<tbody>
<tr>
<td>Care Management</td>
<td>19</td>
<td>887</td>
<td>4568%</td>
</tr>
<tr>
<td>Case Management</td>
<td>5797</td>
<td>10265</td>
<td>77%</td>
</tr>
<tr>
<td>Crisis</td>
<td>1290</td>
<td>1467</td>
<td>14%</td>
</tr>
<tr>
<td>Peer and Family Supports</td>
<td>5237</td>
<td>9239</td>
<td>76%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>7046</td>
<td>8290</td>
<td>18%</td>
</tr>
<tr>
<td>Therapy</td>
<td>8354</td>
<td>12392</td>
<td>48%</td>
</tr>
<tr>
<td>Vocational and Housing</td>
<td>34</td>
<td>138</td>
<td>306%</td>
</tr>
<tr>
<td>Wellness</td>
<td>819</td>
<td>2425</td>
<td>196%</td>
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Housing and Employment

• Individualized Placements and Supports (IPS)
• 16.6% decrease in unemployment and 1,849 newly employed individuals
• 24.4% reduction in homelessness
Urgent Recovery Center

• No Wrong Door
• Flexible Capacity
• 80% diversion from higher levels of care
Youth Mobile Crisis Response

• Approximately 8,000 calls responded to annually
• 90% of students from school detention and suspension
• 69% of youth in OKDHS custody from disrupting placements
Additional Oklahoma Innovations

Consumer Report Card

Individualized, one-page consumer “report card” included lab results, medication compliance, services received and screenings for each consumer. The cards assigned a grade to the agency on how well services to each consumer were coordinated and provided, with results also available to staff involved in the individual’s care.

Most in Need

Prioritized treatment recipients accounting for the most crisis center and inpatient stays, distributed information in real time to each provider identifying consumers to prioritize stabilization of these individuals.

Telehealth and Law Enforcement

Approximately 12,000 tablets with built-in cellular connection are being used across the state, providing immediate access to care and treatment services.

Devices are within homes, health and emergency departments, sheriffs and police departments helping Oklahomans overcome transportation barriers to accessing care in rural communities.
On any given month, over 317 hours of services are provided through mobile technology established through CCBHC.
Oklahoma Outcomes

Added 981 new jobs to the healthcare workforce sector - an estimated economic impact of $34,953,525.41 annually.

CCBHC also realize

• 21% reduction in the use of psychiatric inpatient beds
• 14% reduction in ER visits
• 69% reduction in the use of crisis stabilization and rehabilitation.
Oklahoma Outcomes

- Reduced the average time for initial assessment to **3.2 days**
- **78.4%** change in adults receiving a body mass index and follow-up counseling
- **82.4%** increase in children’s weight assessments
- **70%** change in suicide risk assessment
- **76.4%** change in adult suicide risk assessment
- **75%** percent of adults are seen within seven days following a hospitalization and **93%** are seen within 30 days.
- **70.1%** of children are seen within seven days and **92.3%** are seen within 30 days.

![Number of Clients Served By the Three Demonstration CCBHCs](chart.png)

Number of Clients Served By the Three Demonstration CCBHCs

- 17,862
- 18,985
- 20,624
- 22,715
- 22,931
For More Information go to:

- [odmhsas.org](#)
- [@odmhsas](#)
- [@csh_ok](#)
- [@odmhsasinfo](#)
- [OKImReady.org](#)
- [@rxforchangeok](#)