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
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.
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
- 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…