CONVENING TAKEAWAYS

CCBHC Insights

the DELTA CENTER for a thriving safety net

On September 20-21, the Delta Center for a Thriving Safety Net convened grantees from seven states in Albuquerque, New Mexico for peer sharing and learning. One session, led by staff from the National Council for Mental Wellbeing, addressed the promise and potential of Certified Community Behavioral Health Clinics (CCBHCs). Grantees in states that have already implemented CCBHCs also shared insights from their experience.

This brief begins with takeaways for states considering CCBHCs, followed by primer on the specialized clinics.

Takeaways

1. **December 19 deadline for SAMHSA grant:** Convince your state to apply for a CCBHC demonstration planning grant before December 19 deadline. States have an important time-sensitive opportunity to apply for up to $1M Planning Grants to prepare an application for a 4-year CCBHC demonstration. To be eligible for the 4-year demonstration that 10 states will be awarded, a state must have a planning grant. Receiving a planning grant does not mean a state has to apply to be a demonstration state (the groundwork could still be used for a state-implementation like Kansas did or to help individual clinics consider being CCBHCs under the SAMHSA individual grant opportunity).

2. **Value of state demonstrations:** Individual SAMHSA grants to clinics can be helpful for standing up the CCBHC model, but a state demonstration that includes a Medicaid PPS rate is emerging as critical for sustaining the model over time.

3. **FQHC and CMHC partnerships:** FQHC and CMHC partnerships are an important foundation to a successful CCBHC model. Oklahoma reported

The Delta Center for a Thriving Safety Net is a national initiative launched in May of 2018 that brings together primary care associations (PCAs) and behavioral health state associations (BHSAs) to advance policy and practice change. The ultimate goal of the Delta Center is to cultivate health policy and a care system that is more equitable and better meets the needs of individuals and families.

The Delta Center is led by JSI Research & Training Institute, Inc., bringing together strategic partners including The Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute, Families USA, the National Association for Community Health Centers, and the National Council for Mental Wellbeing.

Email: deltacenter@jsi.com

Web: deltacenter.jsi.com

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"The purpose of CCBHC Planning Grants is to support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program."

– SAMHSA

that FQHC and CMHC relationships that became partnerships were critical in shaping their successful CCBHC applications to SAMSHA.

4. **Leadership and political influence:** Leadership and political influence can drive even a reticent state to take action. Even without being part of the federal CCBHC demonstration, Kansas is investing in CCBHC using state funds, and has set a goal that all 26 community mental health centers (CMHCs) will be CCBHCs by Dec. 2024. This was due to a successful political influence process, and some fortuitous timing. Kansas had gone through a CCBHC planning grant process (that didn't proceed due to state leaders "pulling the plug.") However, when some changes in state appointees occurred, Kansas stakeholders were ready and able to leverage the planning work. They fielded an opinion poll that showed 76% of Kansans felt KS legislators should further invest in behavioral health. CMHC leaders then got in front of as many legislators and committees as possible and explained that CCBHCs could be the state response to tremendous mental health and substance use disorder need in the state and could help Kansas respond to the workforce crisis of Kansas workforce leaving to go to surrounding CCBHC and Medicaid expansion states. The state has authorized $22M in state funds. With a phased implementation, the Kansas team reported that the CCBHC has already been helpful in responding to the workforce challenges; CCBHCs are able to hire the staff they need.

Overview of CCBHCs

What is a Certified Community Behavioral Health Clinic (CCBHC)?

The Excellence in Mental Health and Addiction Act demonstration established a federal definition and criteria for Certified Community Behavioral Health Clinics. These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate, Prospective Payment Systems (PPS), based on their anticipated costs of expanding services to meet the needs of these complex

populations.

As an integrated and sustainably-financed model for care delivery, CCBHCs:

- **Ensure access** to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).
- **Meet stringent criteria** regarding timeliness of access, quality reporting, staffing and coordination with social services, criminal justice and education systems.
- **Receive flexible funding** to support the real costs of expanding services to fully meet the need for care in their communities.

CCBHCs have dramatically increased access to mental health and substance use disorder treatment, expanded states' capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions. More data on the impact of CCBHCs nationwide can be found in the 2022 CCBHC Impact Report and 2021 State Impact Report.

CCBHCs will provide care regardless of ability to pay, caring for those who are underserved.

Who can be a CCBHC?

CCBHCs are non-profit organizations or units of a local government behavioral health authority. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

Who is Served by CCBHCs?

CCBHCs are available to any individual in need of care, including (but not limited to) people with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness and substance use disorders, and complex health profiles. CCBHCs will provide care regardless of ability to pay, caring for those who are underserved, have low incomes, are insured, uninsured, or on Medicaid, and those who are active-duty military or veterans.

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CCBHC National Landscape

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Funding Streams

The CCBHC model was originally implemented in eight states through a Medicaid demonstration program, with two states added to the demonstration in 2020. Since 2018, grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) have funded clinics in dozens of states to take on the activities and services of a CCBHC. These grants have proven to be a vital springboard to CCBHC implementation, positioning clinics and states for further delivery system transformations as they implement the CCBHC model in their Medicaid programs. However, those receiving SAMHSA grant funding for CCBHC activities are not officially certified as CCBHCs nor do they receive the Medicaid prospective payment to sustain the model, like in demonstration states. This chart outlines key differences and details on the CCBHC funding streams.

Recent Policy Implications

The 2022 Bipartisan Safer Communities Act included provisions to allow the CCBHC demonstration to expand to include up to 10 new states every two years, starting in 2024— ultimately offering all states the opportunity to translate their grantees' work into a new, sustainable nationwide model of care.

States can begin their process for participating in the demonstration through applying for a CCBHC state planning grant, the first round of this new wave open from October–December 2022. CCBHC Planning Grants support states to develop and implement certification systems for CCBHCs, establish PPS for Medicaid reimbursable services, and prepare an application to participate in a four-year demonstration program.

Providers and state associations have played a leading role in CCBHC implementation in demonstration and non-demonstration states alike. The National Council's CCBHC Success Center can support stakeholders in their advocacy efforts, through consultation on strategy or preparation and delivery of presentations or other materials.

Those interested in advocating for the model within their state should consider the following strategies:

- Focus on education first. Create opportunities to educate policymakers an state government officials on the model and impact that has been realized across the country.
- Capture and share compelling data to demonstrate the value proposition of CCBHCs and promote sustainability.
- Build or expand community partnerships that can help champion the value of CCBHCs to state policymakers and payers— consider data sharing efforts between partners.
- Work alongside other grantees and state associations to educate and communicate the value of CCBHCs and explore pathways for statewide implementation.

Opportunities and Lessons Learned

Enhancing Integrated Health

People with mental health and substance use challenges have shorter life expectancy than the general population —largely due to untreated and preventable chronic illness exacerbated by health disparities and health inequity. The CCBHC model emphasizes the importance of a whole health approach through coordination and integration of mental and physical health. CCBHCs are required to provide either directly, or through partnerships, screening and monitoring for basic physical health indicators to ensure risk factors for chronic conditions are flagged early for referral and/or monitoring as well as coordinating with primary care providers to meet clients' physical health needs.

Partnerships with Federally Qualified Health Centers (FQHCs) are critical for integrated health activities. Not only are CCBHCs required to coordinate care with FQHCs, but FQHCs are the number one primary care provider that CCBHCs report contracting with to provide primary care screening and monitoring services if they do not provide them directly themselves.

Many of those who have had to newly establish primary care screening and monitoring services CCBHC for increasing their focus on integrated services and facilitating stronger referral relationships to provide

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– CCBHC Representative

a quicker path for individuals to engage with primary care services. One CCBHC noted, "We have been able to formalize and sustain our relationship with the FQHC, which prior to becoming a CCBHC, had been time-limited and grant funded."

Other CCBHCs report tactics like partnering closely with embedded for co-located FQHCs on primary care screening and monitoring and coordinating physical health services. One CCBHC spoke to the evolution of their partnership, "We went from our staff being co-located with our FQHC partner to using expansion grant funds to help them open a clinic inside our clinic that provides not just primary care but also dental care."

Addressing Workforce Challenges

Nationwide, we are experiencing an ongoing mental health and substance use workforce shortage. Clinics have struggled to hire and retain sufficient staff to meet their communities' needs, often losing staff to other employers or fields that can offer more competitive salaries. CCBHCs and grantees report being able to leverage their Medicaid payment structure and/or grant funding to recruit and retain highly qualified staff.

Many report that their CCBHC funding has enabled them to offer more competitive pay relative to other providers and industries in their area. In fact, the most common strategy CCBHCs and grantees are using to mitigate the effects of the workforce shortage is raising salaries or offering bonuses. Although many CCBHCs indicate that becoming a CCBHC has improved their experiences in recruitment, retention and vacancy rates, state-certified sites were more likely than grantees to report these improvements in all areas. These differences are likely attributable to the different funding mechanisms for each clinic type: while both types of CCBHCs have enhanced financial resources to support workforce investment, the Medicaid payment available to state-certified CCBHCs is expressly designed to support the costs of bringing on new staff to meet their communities' needs. More details can be found in the 2022 CCBHC Impact Report.