



CCBHC certified community behavioral health clinics

CCBHCs were created through Section 223 Protecting Access to Medicare Act (PAMA), which established a demonstration program based on the Excellence in Mental Health Act.



The Excellence Act is a two-year, 8-state demonstration to expand Americans' access to mental health and addiction care in community-based settings. The Excellence Act established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs) and stipulated that CCBHCs may receive an enhanced Medicaid reimbursement rate based on their anticipated costs of care.



CCBHCs are responsible for directly providing nine required types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care. Ultimately, the demonstration program is expected to infuse more than \$1.1 billion into community-based services, making it the largest investment in mental health and addiction care in generations.



CCBHCs are paid through a Prospective Payment System like that used by Federally Qualified Health Centers and other types of providers. PPS rates are CCBHC specific, and the same rate is paid regardless of the intensity of services. In establishing PPS rates, CCBHCs must create a cost report that includes the cost of providing all services to all patients in order to establish the cost of serving patients in that clinic.





projected number of individuals to be served by CCBHCs in the eight pilot states

8 STATES	State Population (in millions)	CCBHC Organizations	CCBHC Service Locations	Year 1 Total to receive CCBHC services (all pay source)	Year 1 Projected CCBHC Consumers who are Medicaid Recipients
MINNESOTA	5.52	6	22	17,600	15,000
MISSOURI	6.09	15	201	127,083	87,284
NEVADA	2.94	4	5	7,305	5,844
NEW JERSEY	8.94	7	20	79,782	50,882
NEW YORK	19.75	13	77	40,000	32,000
OKLAHOMA	3.92	3	19	23,076	11,077
OREGON	4.09	12	21	61,700	50,000
PENNSYLVANIA	12.80	7	7	27,800	17,800
	64.05	67	372	381,346	269,887

Required Services Provided by CCBHCs

- 1 Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- 2 Screening, assessment and diagnosis including risk assessment
- 3 Patient-centered treatment planning or similar processes, including risk assessment and crisis planning
- 4 Outpatient mental health and substance use services
- 5 Outpatient clinic 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

healthcare home integrated care net cost saving\$

Cost savings reported includes all individuals with at least 1-month Medicaid eligibility post enrollment with a CMHC healthcare home.

\$127.7



CCBHC Stakeholders

> Missouri Dept. of Social Services, MO HealthNet Division > Missouri Dept. of Mental Health, Division of Behavioral Health > Missouri Coalition for Community Behavioral Healthcare > CCBHC Providers

CCBHC
Provider
Outcomes
*Improving
Access to
Care*



increase in the # of
clients served each
month



decrease in wait
times to see
clinicians



increase in # of
appointments



increase in client
satisfaction
(from 91% to **94%**)

Through a prospective payment system that is like the one already in place for other safety-net providers, CCBHCs support:

Expanded access to care through an enhanced workforce.

CCBHCs' Medicaid rates cover costs associated with hiring new staff, such as licensed counselors or peer support specialists, paying employees a competitive wage in the local market and training staff in required competencies, such as care coordination and evidence-based practices.

A stronger response to the addiction crisis.

Addiction care is embedded throughout the CCBHC range of services, including screening for substance use disorders, detoxification, outpatient addiction services, peer support services and other addiction recovery services at state discretion. Importantly, most states participating in the CCBHC program have also made medication-assisted treatment (MAT) a required service.

Enhanced patient outreach, education and engagement.

CCBHCs' Medicaid rates include the cost of activities that have traditionally been nearly impossible to reimburse, such as outreach to individuals identified with behavioral health needs, and play a critical role in behavioral health services.

Care where people live, work and play.

CCBHCs may receive Medicaid payment for services provided outside the four walls of their clinic; for example, telehealth, mobile crisis teams, home visits, outreach workers and emergency or jail diversion programs.

Electronic exchange of health information for care coordination purposes.

CCBHCs' Medicaid rates include the cost of purchasing or upgrading electronic systems to support electronic information exchange. The Excellence Act prioritizes improving the adoption of technological innovations for care, including data collection, quality reporting and other activities that bolster providers' ability to care for individuals with co-occurring disorders.



CCBHC Provider Outcomes
Building A Workforce

After one year, CCBHCs increased their workforce, including these competitive positions:

15%

ADULT
PSYCHIATRISTS

67%

CHILD
PSYCHIATRISTS

34%

LICENSED CLINICAL
SOCIAL WORKERS

32%

LICENSED PROFESSIONAL
COUNSELORS

12%

QUALIFIED ADDICTION
PROFESSIONALS



year 1 or annualized access time to care



Year 1 or Annualized Increase to Individuals Served

13,629



Open Access is the CCBHC standard.

Walk-ins are welcome for behavioral health



Comprehensive reports have zero wait time for initial assessments.

Was 2-3 weeks prior to CCBHC



Mark Twain reduced wait times for Psychiatrist and APRN appointments by **2 months.**



Clark clients who walk in to Open Access see a psychiatric medication provider

the next week.



Significant increase in access to Medication Assisted Treatment for **opioid disorders.**

This program brings **ACCOUNTABILITY** with providers being tracked on over 20 reported measures. It also represents **PAY FOR VALUE** with a **QUALITY BONUS PAYMENT** for high performers who beat the state benchmark on the specific measures.



emergency room enhancement outcomes

The Emergency Room Enhancement Project establishes a collaboration between hospitals and behavioral health providers to improve care coordination and increase access to behavioral healthcare. CCBHCs have provided teams to coordinate and respond to individuals frequenting the ER and have been referred for behavioral healthcare.

83% ↓ hospitalizations after engaging in behavioral health services

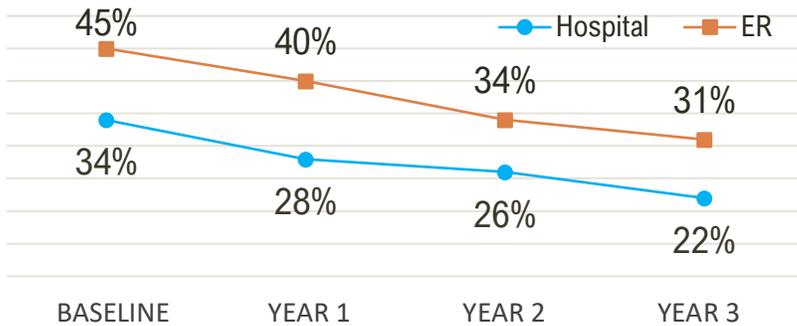
75% ↓ ER visits after engaging in behavioral health services

69% ↓ Reduction in homelessness

32% ↓ Reduction in unemployment

55% ↓ Reduction in criminal justice involvement

% of clients with 1+ hospitalization / ER



CCBHC Measures Demonstrating Value-Based Care

ER and Hospitalization Follow Up

All Cause Readmission Rate

Time to Initial Evaluation and Engagement of Alcohol and Other Drug Treatment

Suicide Risk Assessment

Tobacco and Alcohol Use Screening and Appropriate Interventions

Screening for Depression with Follow Up and Depression Remission at 12 months

Weight Screening with Counseling and Follow Up

Patient and Family Experience of Care

Medication Adherence and Management

Diabetes Screening

Housing Screening

small changes make a BIG DIFFERENCE

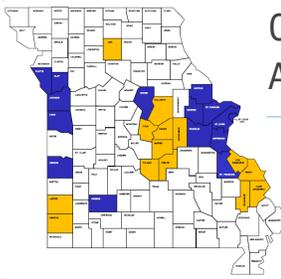


Reduction in uncontrolled levels of **cholesterol**



Reduction in unmanaged **hemoglobin A1c**





CIT Councils
April 2014



law enforcement crisis intervention teams

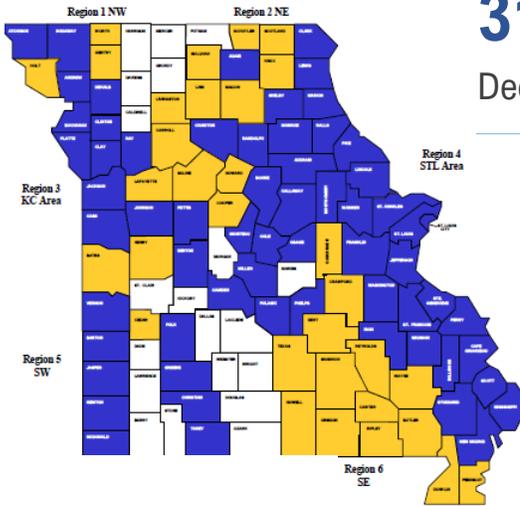
Crisis Intervention Teams (CIT) provide a model of specialized law enforcement expertise.

Law enforcement officers work in cooperation with the behavioral health system and families.

Trained CIT officers carry on the normal duties of law enforcement but switch to a specialist role when a potential behavioral health-related crisis is identified.

CIT focuses on de-escalation strategies and redirecting the individual from the criminal justice system to the mental health care system – avoiding the placement of individuals in emergency rooms.

The Missouri CIT Council is a state collaboration of locally established CIT Councils and community partners working to expand the CIT model throughout the state.



31 CIT Councils
December 2018



9,600

law enforcement officers
trained in CIT

community mental health liaisons collaborations with law enforcement



The Community Mental Health Liaison (CMHL) position was established through the Strengthening Missouri's Mental Health Initiative.

31 CMHLs are employed by CCBHCs and actively engage and collaborate with law enforcement agencies across the state to:

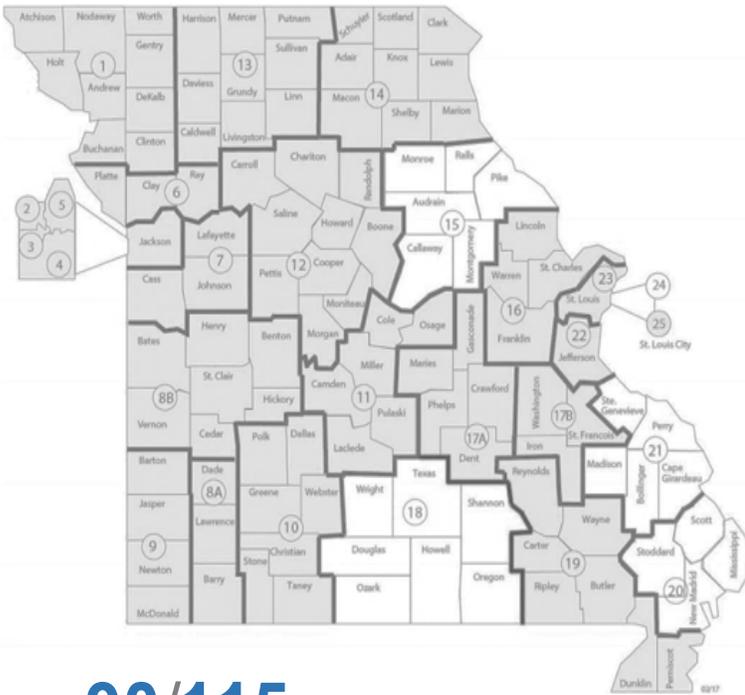
- » Facilitate access to behavioral health services for persons referred by law enforcement
- » Provide certified training to law enforcement officers at no cost
- » Assist with crisis situations and home wellness checks

over **11,000**

Referrals to CMHLs from
law enforcement and courts
July 2017-June 2018



Missouri
CCBHC
Provider
Network



90/115

counties served by CCBHCs

BURRELL BEHAVIORAL HEALTH

Boone, Carroll, Chariton, Christian, Cooper, Dallas, Greene, Howard, Moniteau, Morgan, Pettis, Polk, Randolph, Saline, Stone, Taney, Webster

CLARK COMMUNITY MENTAL HEALTH CENTER

Barry, Dade, Lawrence

COMPASS HEALTH NETWORK

Cass, Johnson, Lafayette; Bates, Benton, Cedar, Franklin, Henry, Hickory, St. Clair, Vernon; Camden, Cole, Laclède, Lincoln, Miller, Osage, Pulaski; Crawford, Dent, Gasconade, Maries, Phelps, St. Charles, Warren

COMPREHENSIVE MENTAL HEALTH SERVICES

Jackson

COMTREA COMMUNITY TREATMENT

Jefferson

FAMILY GUIDANCE CENTER

Andrew, Atchison, Buchanan, Clinton, De Kalb, Gentry, Holt, Nodaway, Worth

FCC BEHAVIORAL HEALTH

Butler, Carter, Dunklin, Pemiscomt, Reynolds, Ripley, Wayne

MARK TWAIN BEHAVIORAL HEALTH

Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby

NORTH CENTRAL MO MENTAL HEALTH CENTER

Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

OZARK CENTER

Barton, Jasper, McDonald, Newton

PLACES FOR PEOPLE

St. Louis County, St. Louis City

PREFERRED FAMILY HEALTHCARE

Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

REDISCOVER

Jackson

SWOPE HEALTH SERVICES

Jackson

TRI-COUNTY MENTAL HEALTH SERVICES

Clay, Platte, Ray