CYBHWG Behavioral Health Integration (BHI) subgroup

Date: August 23, 2022
Time: 10 a.m. to noon

Leads: Kristin Houser and Sarah Rafton

The status of Certified Community Behavioral Health Clinic's (CCBHCs) in Washington

Joan Miller, *Washington Council for Behavioral Health*
Alex stoker, *Health Care Authority (HCA)*
See page 3 for slides

Highlights

- Current CCBHC's are contracting with mobile crisis providers throughout the state.
- CCBHC's are taking part in the Medicaid match to maximize federal funds.
- Demonstration project starting in September to help build and enhancement the rate for teaching clinics.
- CCBHC's are the long-term solution to sustain the behavioral health system using their integration mode.

Discussion & Q/A

- Mary - *The administrative burdens in Community BH are overwhelming, therefore adding the burdens required of a CCBHC can completely overwhelm even the most sophisticated organizations. We have far too many required priorities currently, and too many entities to whom we report. We had 14 audits over 16 months last year, by 10 different entities and we too are accredited but are not yet a CCBHC; it's a lot.*
- Opportunities for a recommendation this year regarding the current CCBHC and care models to include:
    - Health screenings on site at the BH clinic.
    - Use the care coordination team to coordinate primary care needs.
- National Council for Mental Wellbeing – What is a CCBHC?

Operation of CCBHC at Excelsior in Spokane

Dr. Anna Tresidder, *Excelsior Wellness*

Highlights

- It is rare for a CCBHC to start as youth and child provider and then open to adults; most CCBHC's are set up the other way.
- The mandate for a CCBHC is to see everyone; there is no criteria to receive care.
- The clinic can pull selected reports to provide more targeted diagnosis data and track general demographic information allowing data to be received timelier.
- A focus area for CCBHC is the increased number of kids having trouble with stable homes.

Discussion of supports needed for integrated program and behavioral health agencies

- Need a funded roll for care management support.
- There are many challenges to setting up collaborative care initiatives, therefore a significant investment is needed.
- The big picture piece of the challenge is there is NO funding for care coordination time and not enough for administrative asks.
- To support staff turnover there is an ongoing need for training with new staff.

- Extend First Approach Skills Training (FAST) funding for training beyond primary care.

Chat:

First Approach Skills Training (FAST) Program
The Washington Area Health Education Center Program

Next Steps

- Continue to discuss legislative priorities; send any thoughts/ideas to Kristin and Sarah.
- Next meeting is August 30, 2022, from 10 a.m. to noon.

Attendees:

Kelsey Beck, Kaiser Permanente
Dr. Phyllis Cavens, Child and Adolescent Clinic
Gabe Evenson, Health Care Authority (HCA)
Maria Fernanda, Child and Adolescent Clinic
Libby Hein, Molina Healthcare
Andrew Hill, Excelsior Wellness
Dr. Bob Hilt, Seattle Children's
Nat Jungbluth, Seattle Children's
Bridget Lecheile, Washington AIM
Mike McIntosh
Connie Mom-Chhing, Community Health Plan Of Washington
Julia O'Connor, The Washington Council
Avery Park, Advocate
Liz Perez, HCA
Wendy Pringle, HopeSparks
Noah Seidel, Office of Developmental Disabilities Ombuds
Ashok Shimoji-Krishnan, Amerigroup
Cindi Wiek, HCA
Larry Wissow, University of Washington (UW)
Jackie Yee, ESD 113

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Certified Community Behavioral Health Clinics:
Background & Legislative Charge

Behavioral Health Integration Subgroup of the Children
& Youth Behavioral Health Work Group

August 23, 2022

CCBHC: National Context

The federal government has supported the implementation of CCBHCs at the state level and the provider level

- **State Level: CCBHC Medicaid Demonstrations**
  - Section 223 of the Protecting Access to Medicare Act of 2014 (PAMA) creates demonstration opportunity for participating states who create **certified community behavioral health clinics** (CCBHCs), offering enhanced federal funding.
- **Provider Level: CCBHC Expansion Grants**
  - SAMHSA also made available grant funding directly to providers
  - Through these grants, over 340 CCBHCs have developed in more than 40 states

CCBHC National Context

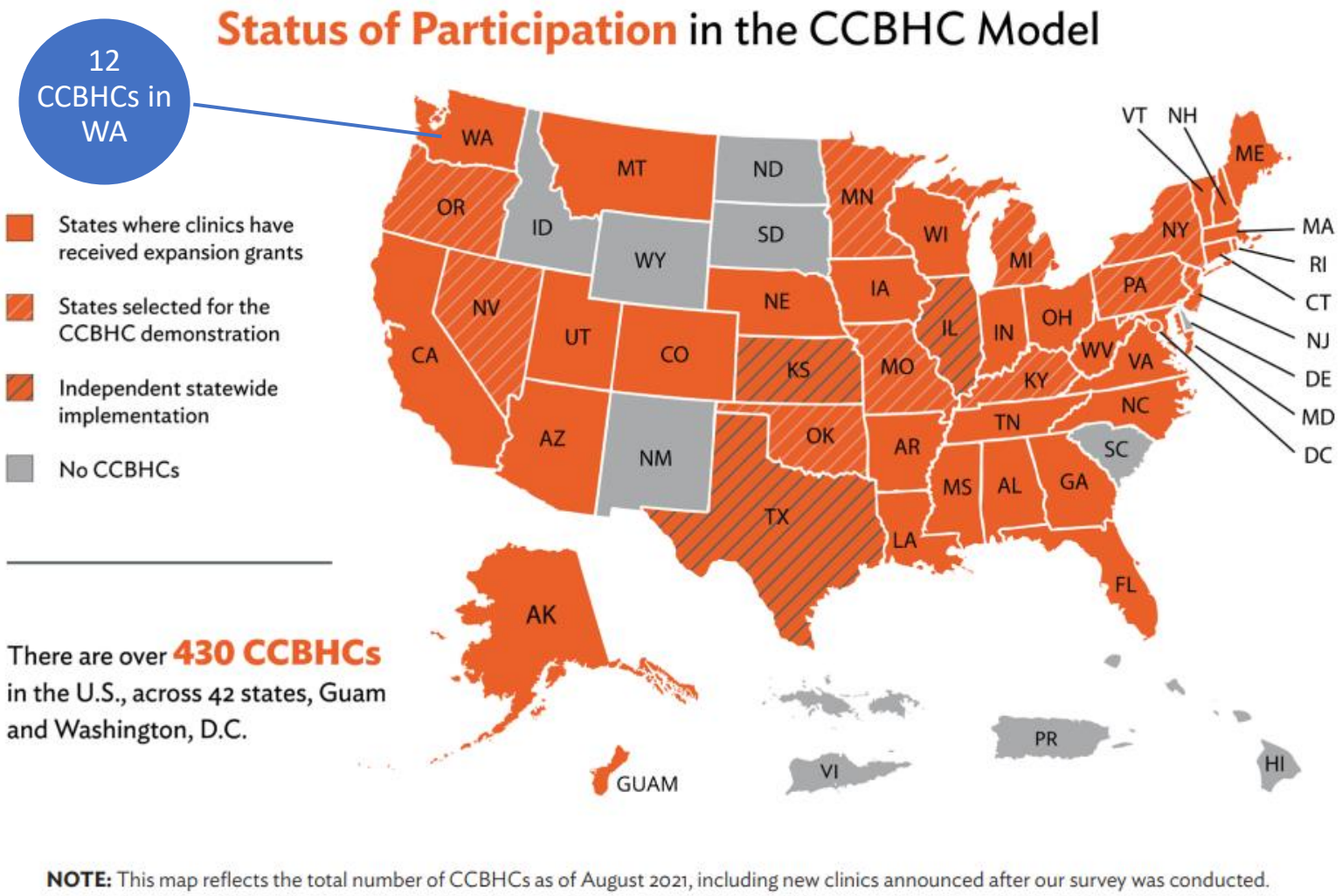
State Level: Additional Context

- 24 states participated in original planning grants; Washington State chose not to apply.
  - Only 8 states were selected to participate in the demonstration in 2016

    MN, MO, NJ, NV, NY, OK, OR, PA
  - CARES Act expanded authorization for 2 additional states in 2020

    KY, MI
- Bipartisan Safer Communities Act expands the demonstration opportunity, starting in 2024
  - Up to 10 states will be selected every 2 years
  - States must receive planning grant before applying to the demonstration; Washington State intends to apply during this next round

Status of Participation in the CCBHC Model



NOTE: This map reflects the total number of CCBHCs as of August 2021, including new clinics announced after our survey was conducted.

Sources: National Council for Mental Wellbeing. 2021.CCBHC Impact Report. Accessed online: *https://www.thenationalcouncil.org/wp-content/uploads/2021/05/2021-CCBHC-Impact-Report1.pdf*
National Council for Mental Wellbeing. 2021. CCBHC Location List. Accessed online: https://www.thenationalcouncil.org/wp-content/uploads/2022/03/CCBHC-Location-List-Updated-7.22.21.pdf

What is a CCBHC?

CCBHCs are community-based clinics that provide a comprehensive range of mental health and substance use disorder services

Provider Standards

Non-profit community-based providers or government clinics with consumer-centered governance structure, accessibility standards, and staffing requirements

Scope of Services

Comprehensive array of outpatient services that can be provided by the CCBHC or a Designated Collaborating Organization (DCO). Focus on integration, prevention, and crisis stabilization.

Care Coordination

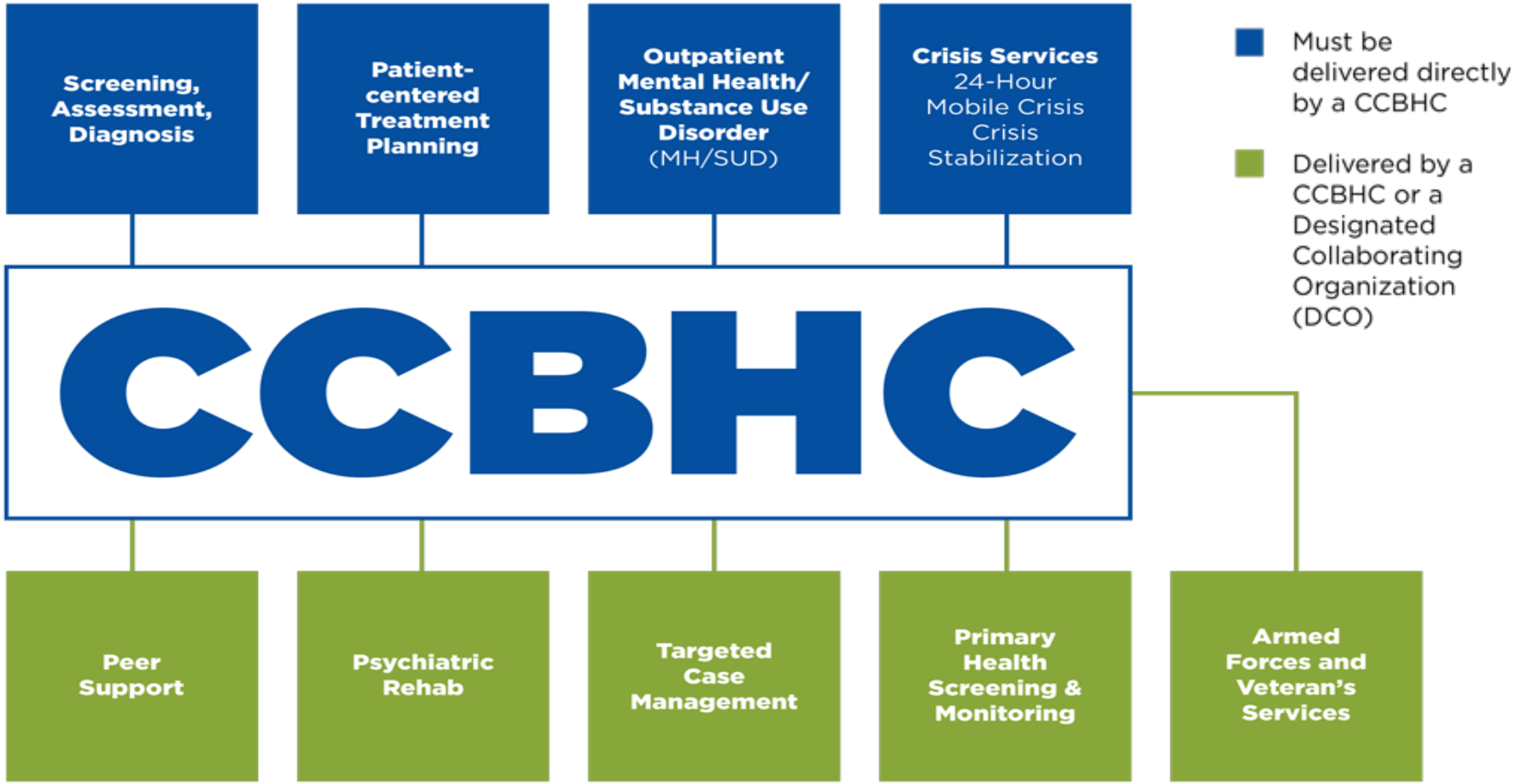
Person- and family-centered planning and ongoing coordination with care team to integrate care delivery for mental health, SUD, physical health, and social needs

Quality Improvement

Incentives for improving quality of care and requirements for reporting on encounters and clinical outcomes

Source: Substance Abuse and Mental Health Services Administration. 2016. Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics. Accessed online: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

CCBHC Scope of Services



Scope of Services Example

Person-centered Treatment Planning

- *An individualized plan integrating prevention, medical, and behavioral health needs and service delivery must be developed in collaboration with the consumer (& family, if the consumer wishes).*
- The treatment plan documents the consumer's advance wishes related to treatment and crisis management.
- CCBHCs must use culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities.
- States may specify other aspects of person-centered treatment planning they will require.
- Person-centered treatment planning evaluation must be done within 60 days of the first request for services and updated at least every 90 days.

Additional requirements are specified in the CCBHC criteria:
https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

What is a DCO?

"Designated Collaborating Organization"

Activities & requirements	Relationship with CCBHC	Advantages to the DCO
• Augment or fill gaps in CCBHCs' service array • Coordinate care with CCBHC • Provide access to all CCBHC clients (regardless of ability to pay)	• Formal contract = "purchase of services" • DCO reports patient visits to CCBHC; CCBHC bills for visits and pays DCO the agreed-upon rate	• Negotiate favorable (i.e. cost-related) payment with CCBHC • Improved access to full continuum of care for clients and/or families through CCBHC/DCO network

A DCO Can be Many Things

- Organization offering a category of services the CCBHC lacks (e.g., psych rehab)
- Organization supplementing CCBHCs' basic services in a category with a more comprehensive range of care (e.g., OTP)
- **Organization serving a special population (e.g., child/youth serving organization)**
- "State-sanctioned" crisis system
- And more…

CCBHC Initiative: Legislative Charge

The Washington State Legislature directed HCA to produce a comprehensive report exploring "the development and implementation of a sustainable APM for comprehensive community behavioral health services, including the [CCBHC] model"

Required Activities:

- Actuarial analysis
- Research:
  - National data
  - Other state models
  - Resources and expertise from the National Council for Mental Wellbeing
- Interested party engagement

Required Report Components:

- CCBHC alternative payment model options
- Analysis of behavioral health system impacts
- Regulatory considerations
- Payment rate design options
- Managed care considerations
- Actuarial analysis preliminary cost estimates
- Implementation recommendations

The report is due to the legislature by **December 31, 2022**

Source: Washington State Legislature. ESSB 5693. Proviso 106. Regular Session 2022. Accessed online: https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Senate%20Passed%20Legislature/5693-S.PL.pdf?q=20220311101341

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**

CCBHCs Provide a Financial Foundation to…

Participate in value-based payment

- Data infrastructure
- Electronic health records and health information exchanges
- Assertive care coordination
- Population health management
- Sophisticated management of clinic finances

Alleviate the crisis in access

- Workforce expansion
- Access supported by technology
- Increased service capacity
- Increased access to substance use treatment
- Evidence-based, non-billable activities

WA State CCBHC Update (HCA)

- The WA State Healthcare Authority is currently seeking legislative authority to proceed towards application as a demonstration state for CCBHCs.
- This would allow Washington State to:
  - Certify the participating agencies directly, as well as
  - Have more control over the specific requirements for a CCBHC.
  - Generate additional funding for CCBHC transformations.

WA State CCBHC Update (Council)

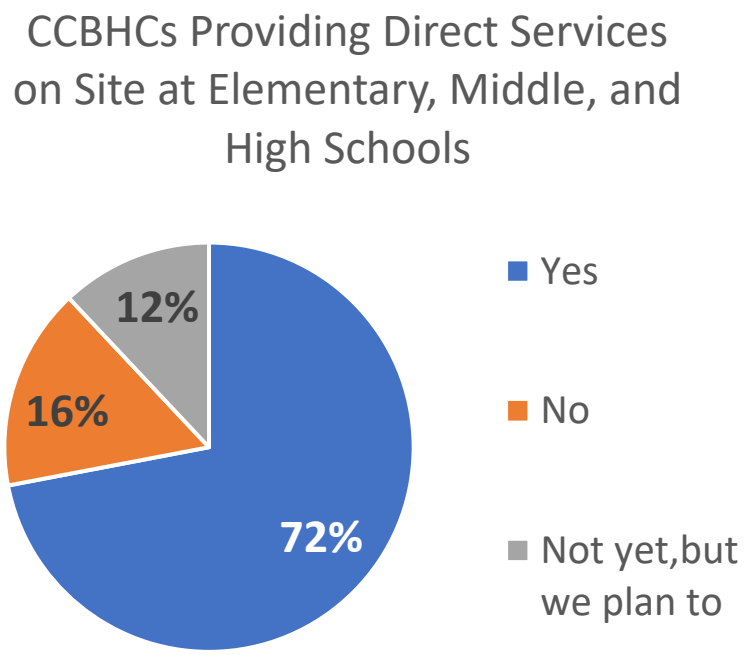
- The Washington Council and its members will continue to actively participate in implementing the CCBHC budget proviso from 2022.
  - Technical calls with HCA/Milliman/National Council for Mental Wellbeing
  - CCBHC Care Model Workgroup
  - CCBHC Financial Model Workgroup
- CCBHC advocacy by the Council will be included in other implementation efforts as well.
  - 988 Suicide Prevention and Crisis Response Hotline
  - Behavioral Health Teaching Clinic Demonstration Project

How Do CY&F Populations fit into the CCBHC Model?

- Children, Youth and Family behavioral health treatment is a core pillar of the CCBHC model.
- By integrating primary care, children and youth receive holistic care that addresses a variety of potential issues in one office, improving outcomes for all families.
- As part of the integrated model, CCBHCs are working to engage children and youth in the community at potential intervention points, such as: schools, primary care, juvenile detention, and child welfare.

Meeting Children, Youth, and Families Where They Are

- **84%** of CCBHCs provide direct services on site in schools or plan to
- **63%** engage in suicide prevention efforts targeted to children/youth
- **42%** provide Mental Health First Aid training to middle or high school teachers and staff
- **20%** provide Mental Health First Aid training to middle or high school students



CCBHCs' State Impact Over Time

Missouri

- Hospitalizations **dropped 20%**, ED visits **dropped 36%** at 3 years
- Access to BH care **increased 23%,** with 19% increase with veteran services **in 3 years**
- **In 1 year, 20% decrease** in cholesterol; **1.48-point Hgb A1c decrease**
- Justice involvement with persons with BH needs **decreased 55%** in 1 year

Texas

- The CCBHC model in Texas is projected to save **$10 billion by 2030**
- In 2 years, there were **no wait lists** at any CCBHC clinic
- **40% of clients** treated for cooccurring SUD & SMI needs, only 25% of other clinics

New York

- All-cause readmission dropped **55%** after year 1
- BH inpatient services show a **27% decrease** in monthly cost
- BH ED services show a **26% decrease** in monthly cost
- Inpatient health services **decreased 20%** in monthly cost
- ED health services **decreased 30%** in monthly cost
- **24% increase** in BH services for children and youth

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QUESTIONS?

Need More Information?

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Alex Stoker: alex.stoker@hca.wa.gov