

HEALTH MANAGEMENT ASSOCIATES



THE CCBHC OPPORTUNITY

*Leveraging Your CCBHC-E Grant for Greater
Success*

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W W W . H E A L T H M A N A G E M E N T . C O M

■ TODAY'S PRESENTERS



Heidi Arthur, LMSW
Principal
HMA



Kristan McIntosh, LMSW
Senior Consultant
HMA



Melissa Jilson, LMSW
VP of Integrated Healthcare
Liberty Resources



Elizabeth (Liz) Krell, RHIA
Assistant Director of Process
Optimization
Liberty Resources

■ Today's Agenda



- + Overview of the CCBHC-E Opportunity
- + Approach to Leverage Your CCBHC-E Grant to Support Your Organization's Overall Growth and Impact
- + Getting Started with Implementation Following Your Award
- + Questions and Discussion

The background of the slide features a blurred image of a laptop and several papers scattered on a desk. A semi-transparent blue filter is applied over the entire image, creating a professional and modern aesthetic.

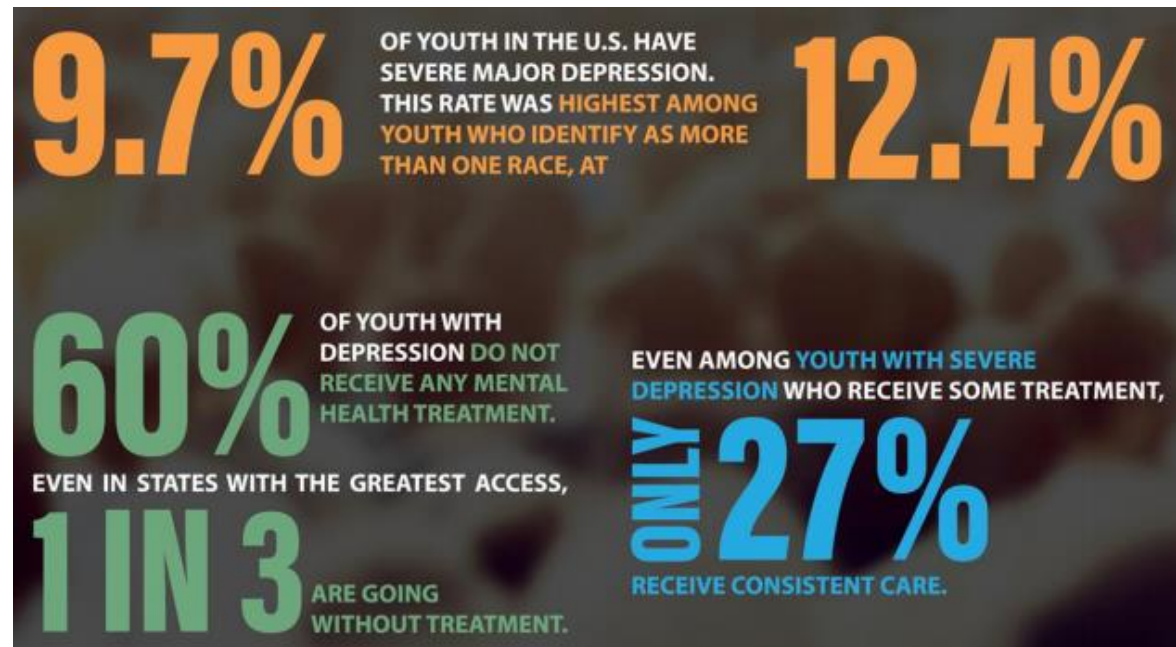
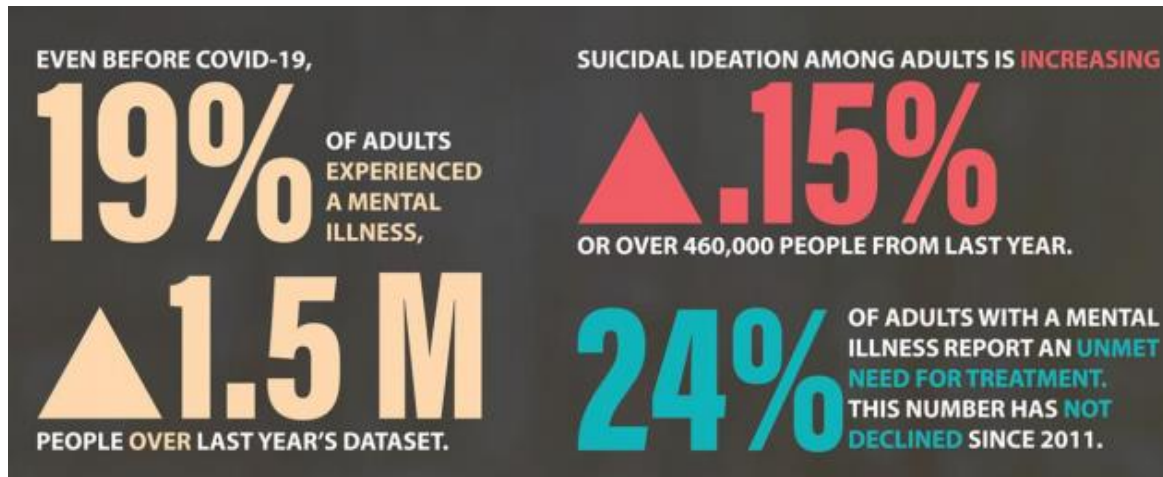
OVERVIEW OF THE CCBHC-E OPPORTUNITY

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People with Serious
Mental Illness die
25 years younger
than the general
population.

Source: National Association of State Mental Health Program Directors Council. (2006). Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: Parks, J., et al.

WHAT'S AT STAKE



Source: 2021: The State of Mental Health in America. MHA

<https://mhanational.org/issues/mental-health-america-printed-reports>

Access to Care is a Significant Issue

Approximately 10.4 million adults in the United States had an SMI in 2016, but only 65 percent received mental health services in that year¹

Nearly 1 in 5 children have a mental, emotional, or behavioral disorder².

Only about 20% receive care from a specialized mental health care provider³.

1. Center for Medicaid Services <https://www.cms.gov/newsroom/press-releases/cms-announces-new-medicaid-demonstration-opportunity-expand-mental-health-treatment-services>
2. National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. E. O'Connell, T. Boat, & K. E. Warner Eds. Washington, DC. The National Academic Press.
3. Martini R, Hilt R, Marx L, et al.; for the American Academy of Child and Adolescent Psychiatry. *Best principles for integration of child psychiatry into the pediatric health home*. pdf icon[217 KB, 13 pages]external icon

Racial Disparities are Profound

Over 50% of Latinx young adults ages 18-25 who have a serious mental illness may not receive treatment¹

58.2 percent of Black and African American young adults 18-25 and 50.1 percent of adults 26-49 with serious mental illness do not receive treatment.²

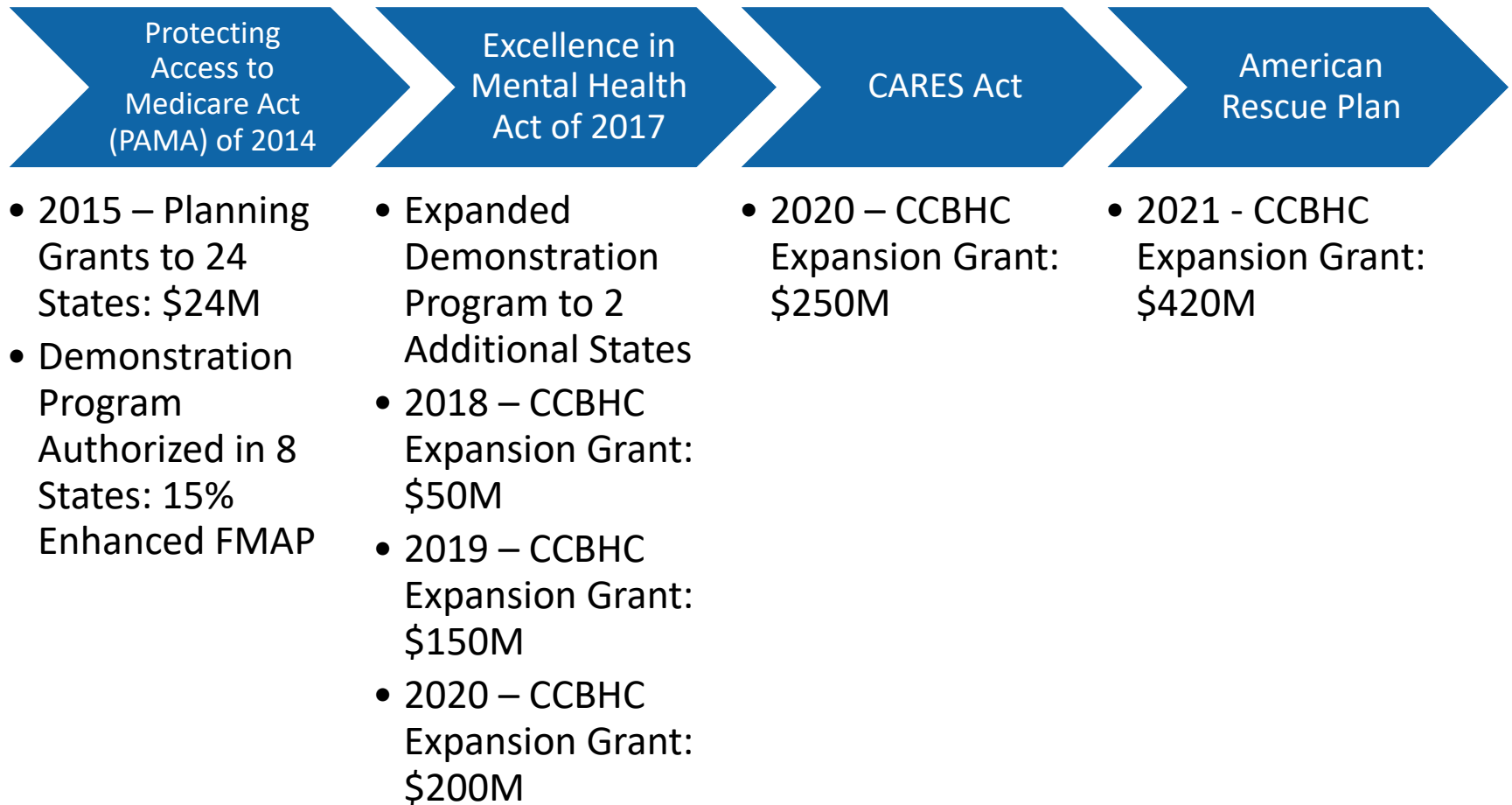
90 percent of Black and African American people over the age of 12 with a substance use disorder do not receive treatment.³

1. NAMI <https://www.mhanational.org/racial-trauma>
2. Kaiser Family Foundation. (2020). Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>
3. CDC. (2019). Summary Health Statistics: National Health Interview Survey: 2017. Table A-7. Retrieved from <https://www.cdc.gov/nchs/nhis/shs/tables.htm>

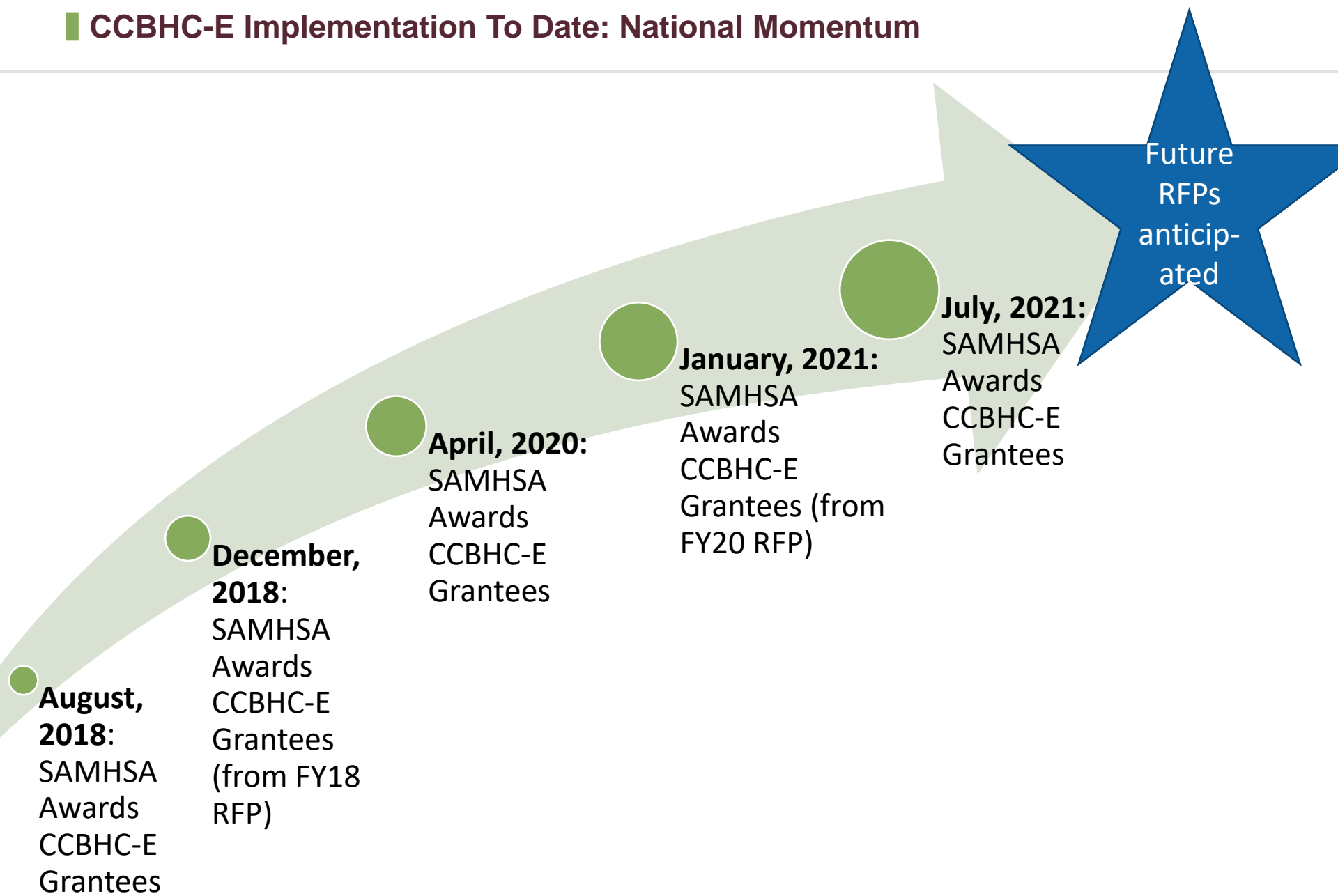
Enhanced standards and reporting + alternative payment model

- + National definition re: scope of services, timeliness of access, etc.
 - + Customized by each state that is participating in the CCBHC Demonstration Program
- + Standardized data and quality reporting
- + Funding to cover service integration, expansion, and/or enhancement...
 - + ...including traditionally non-billable activities like outreach, care coordination, and more
- + CCBHC funds can support providers to build capacity to move towards the longer-term goal of VBP

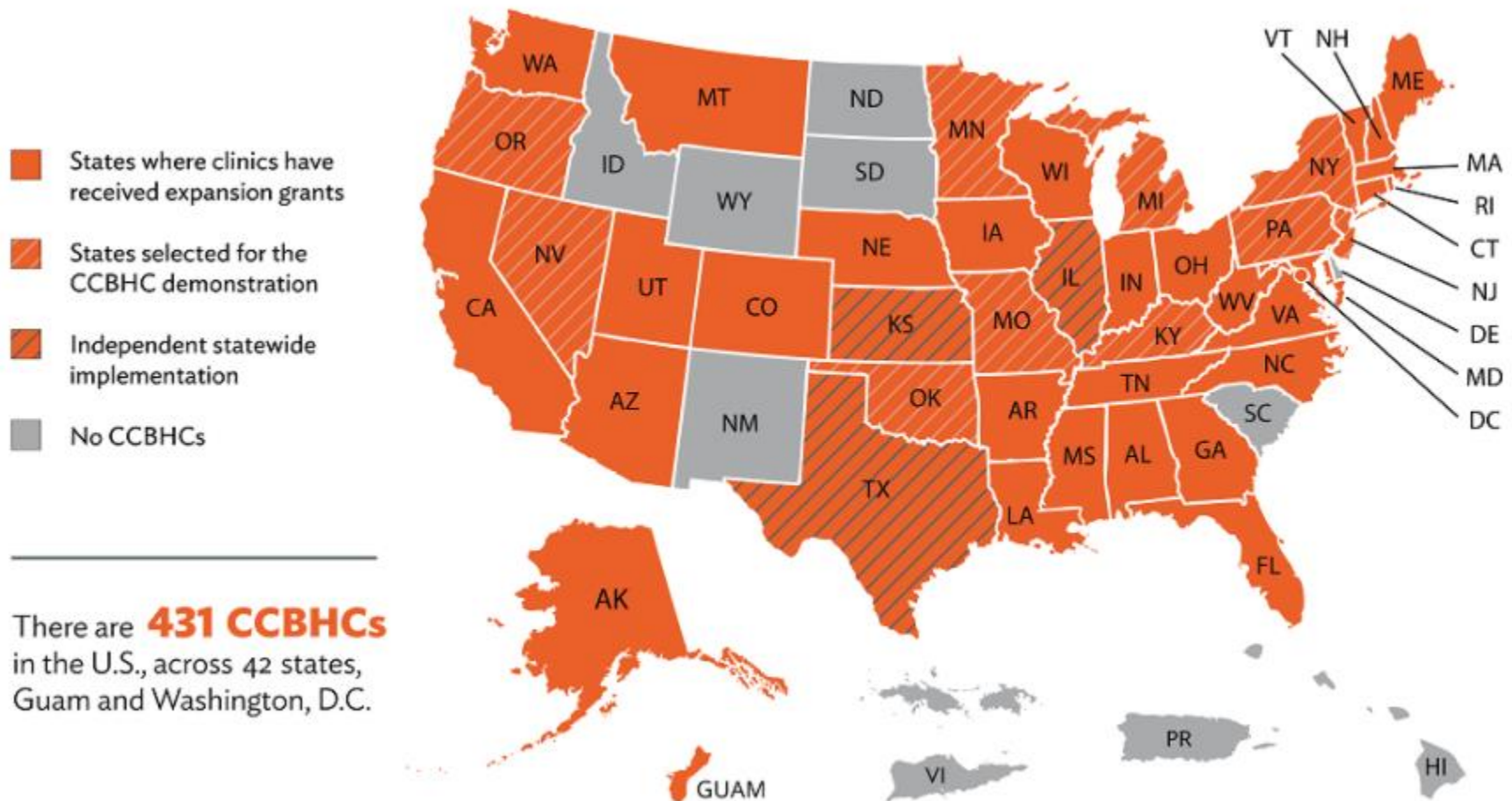
■ CCBHC Implementation To Date: National Momentum



■ CCBHC-E Implementation To Date: National Momentum

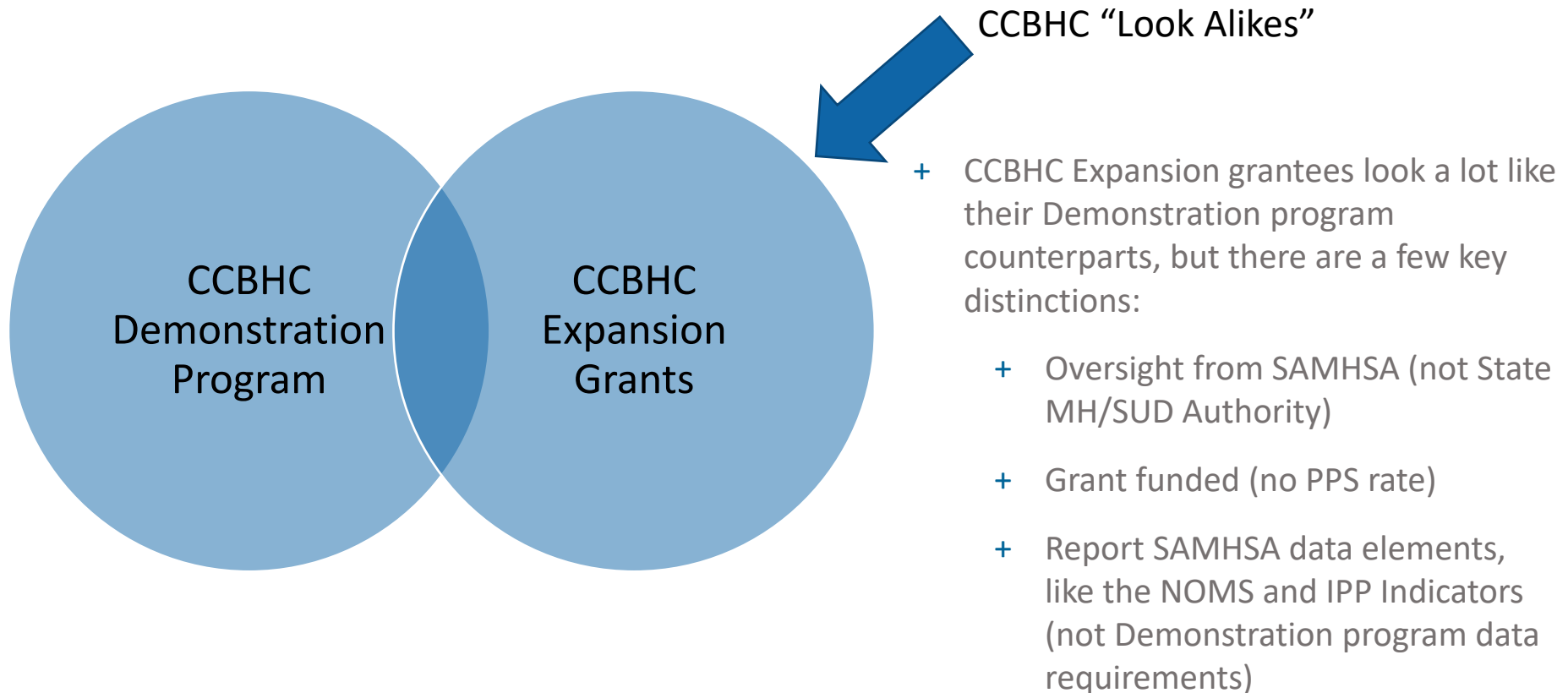


Status of Participation in the CCBHC Model

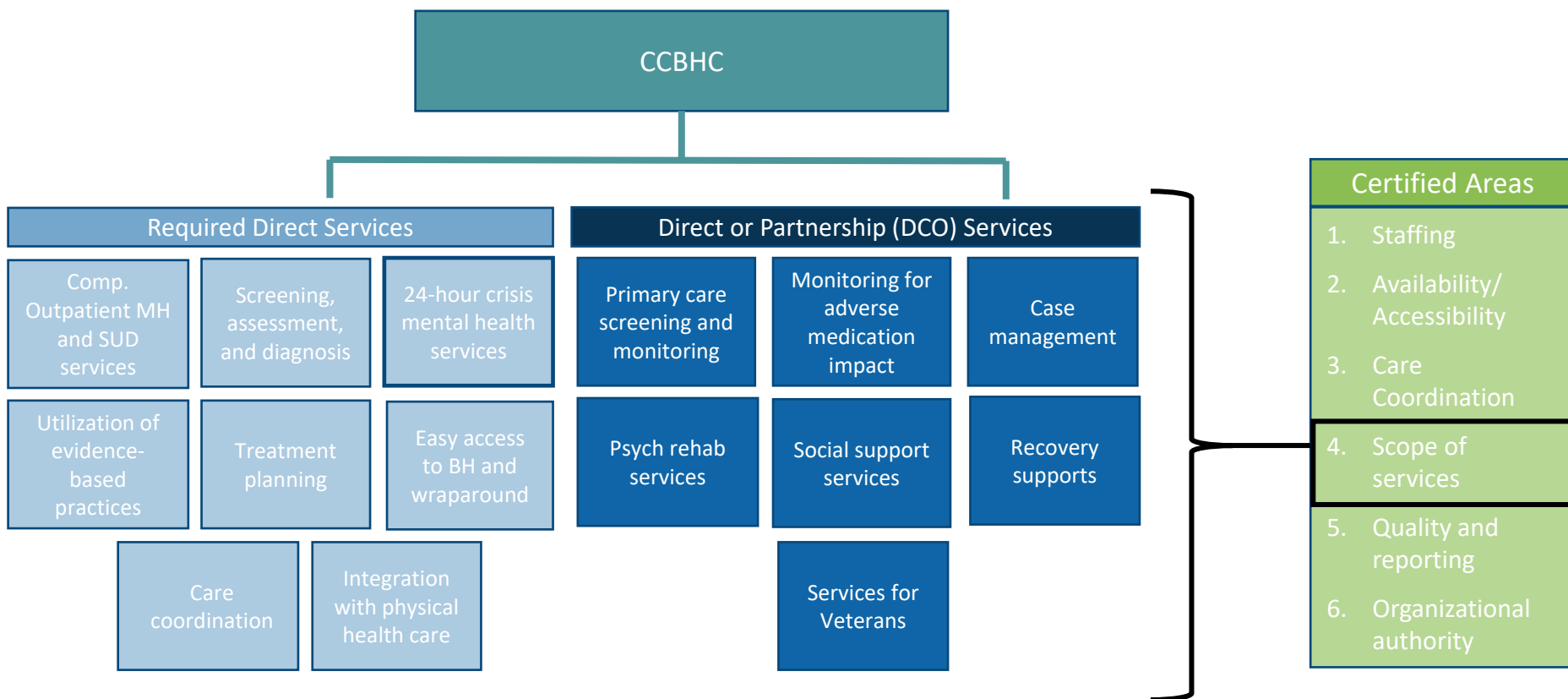


Source: National Council for Mental Wellbeing

■ CCBHC Demonstration Program versus CCBHC Expansion Grants



CCBHC Scope of Services

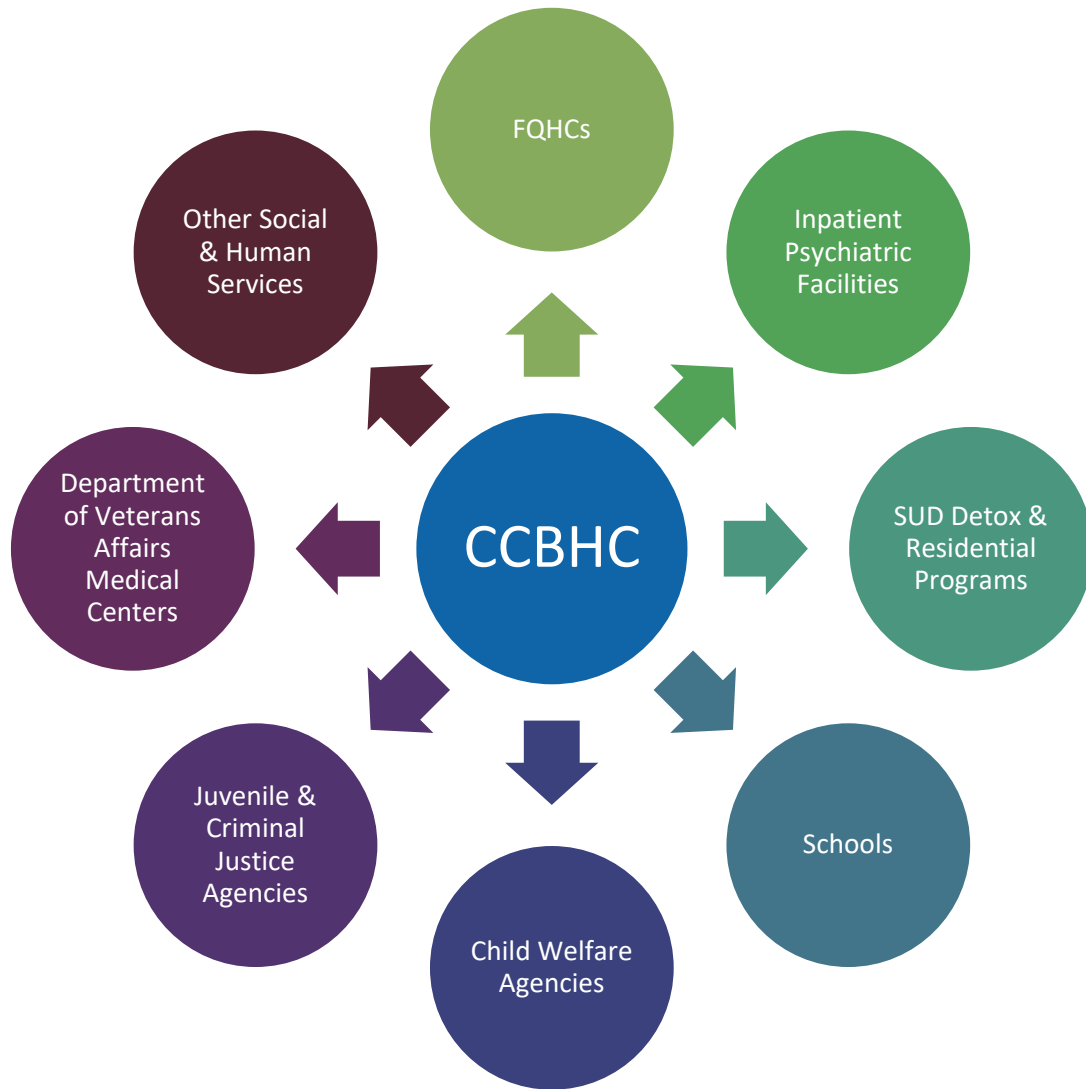


CCBHC Expansion Grantees are also expected to directly provide Screening for HIV and viral hepatitis (A, B, C)

And they must provide or contract for:

- **Provision of vaccinations when needed**
- **Assertive Community Treatment**

CCBHC Requirements



CCBHCs coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs.

Care coordination requirements include partnerships or formal contracts with named entities.

■ CCBHC OFFERS GREAT OPPORTUNITY IN A NUMBER OF WAYS



WHAT DOES THIS MAKE POSSIBLE FOR YOUR CLIENTS AND AGENCY?

CCBHC Successes To Date:

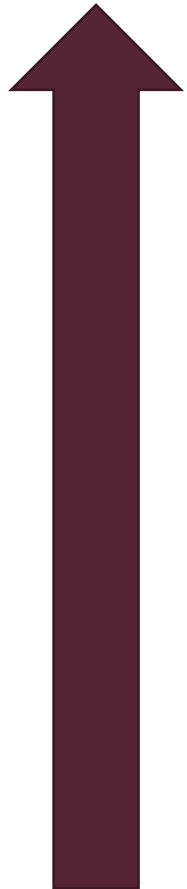
- + Increased hiring/recruitment, with greater staff satisfaction
- + Higher staff salaries and expansion of Care Teams
- + Improved access to care, including more clients served
- + Clients accessing greater scope of services (e.g., addiction care)
- + Launch of new service lines to meet community needs
- + Deploying outreach, chronic health management outside of the clinic
- + Improved partnerships with schools, primary care, law enforcement, etc.
- + Outcome-driven treatment
- + Population health strategies, i.e., risk-based care coordination that targets the right care, at the right time, in the right amount



LEVERAGING THE CCBHC-E PROGRAM TO SUPPORT YOUR ORGANIZATION'S GROWTH & IMPACT

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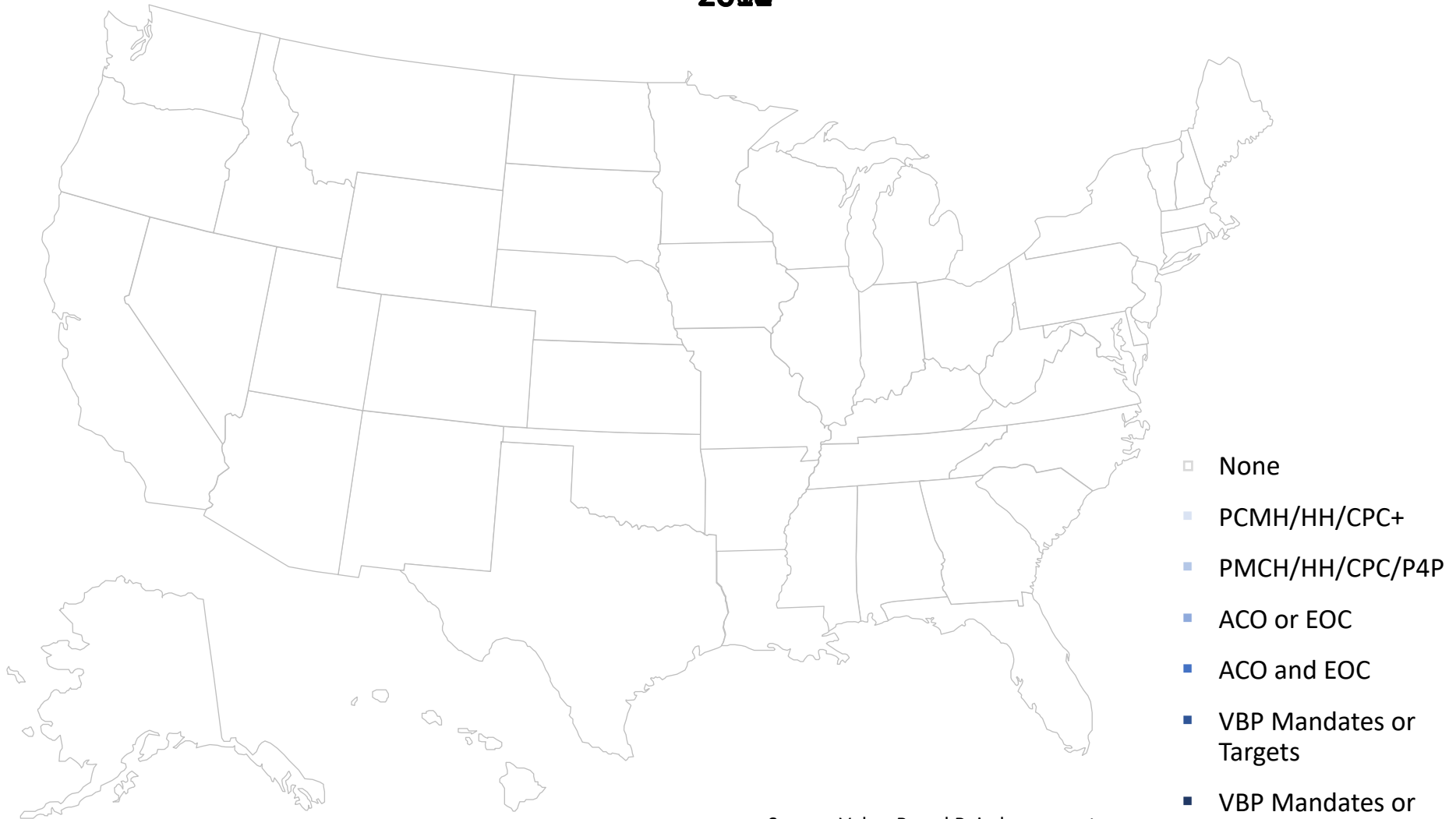
■ LONG-TERM TRENDS IN THE BH SYSTEM



- + Government investment and regulation
- + Attention to Workforce Shortages, Retention and Recruitment
- + Integration
 - + Community
 - + Other service systems
- + Whole person approach
 - + Social Drivers of Health
- + Level of complexity
- + Respect for the humanity of people with mental illness
- + Centrality of people with mental illness and their wants/needs

VBP SPREAD

2008



Source: Value-Based Reimbursement
State-By-State: A 50-State Matrix Review
of Value-Based Payment Innovation.
Change Healthcare, 2017.

■ VALUE BASED CARE

+ Value-Based Payment (VBP) is an emerging type of payment approach that:

+ Pays for value

+ Better care

+ Better outcomes

+ Reduced costs

+ Instead of paying for volume

+ Visits

+ Procedures

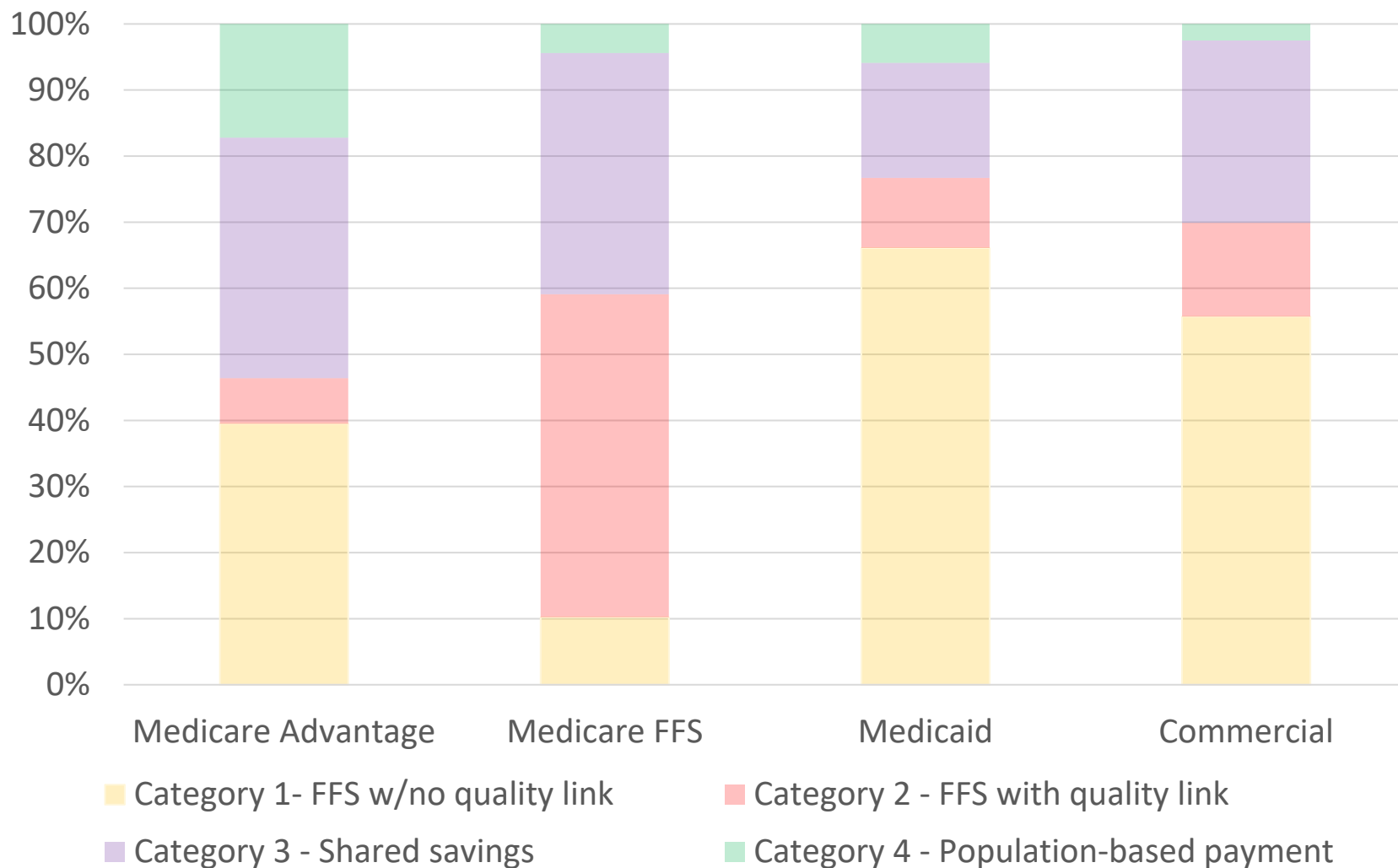
VBP will increasingly become the dominant payment method for health care providers, including from Medicare, Medicaid, and commercial payers

■ THE QUADRUPLE AIM



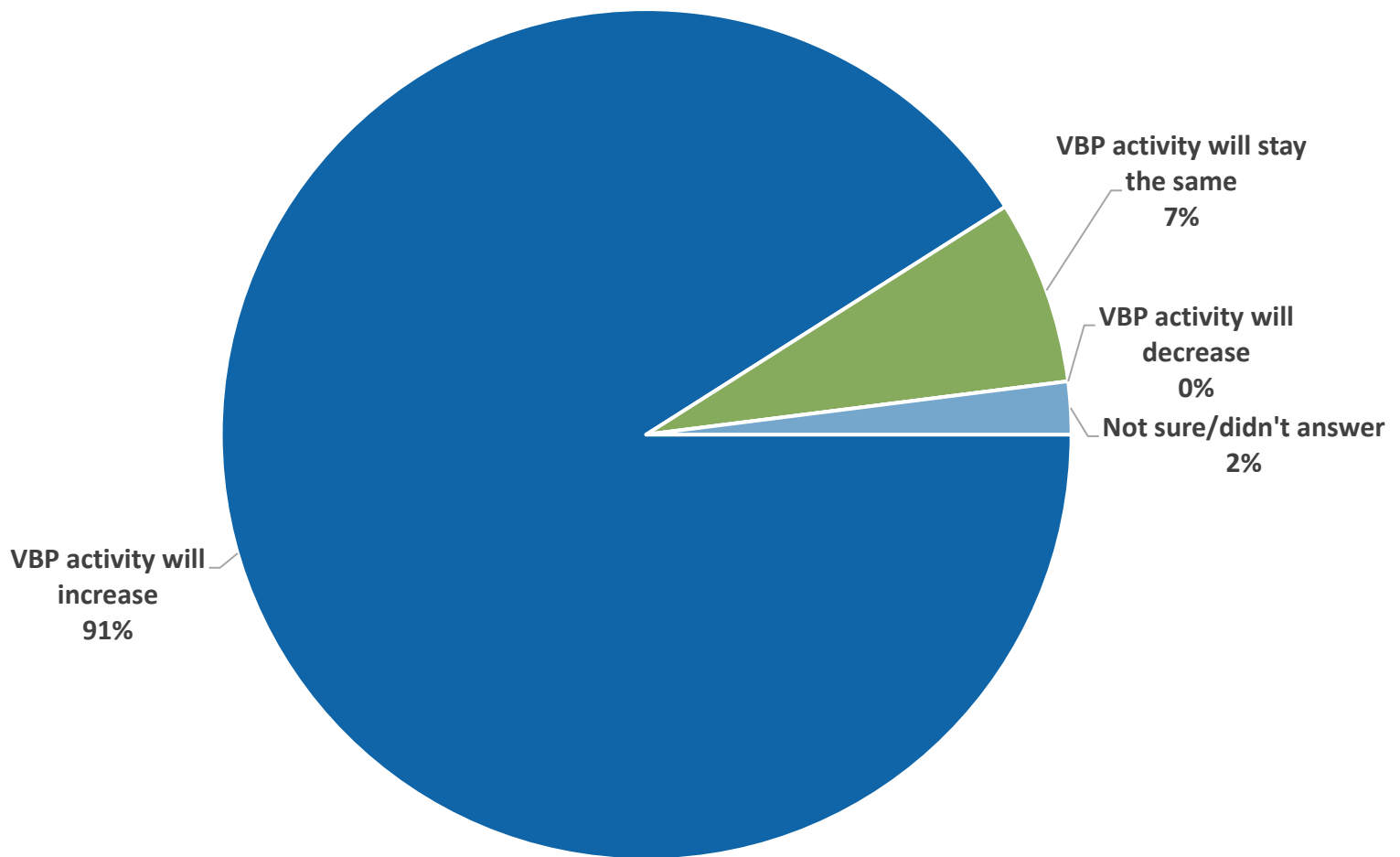
Source: Bodenheimer T and Sinsky C, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014;12:573-576.

■ ALTERNATIVE PAYMENT MODEL PENETRATION 2018



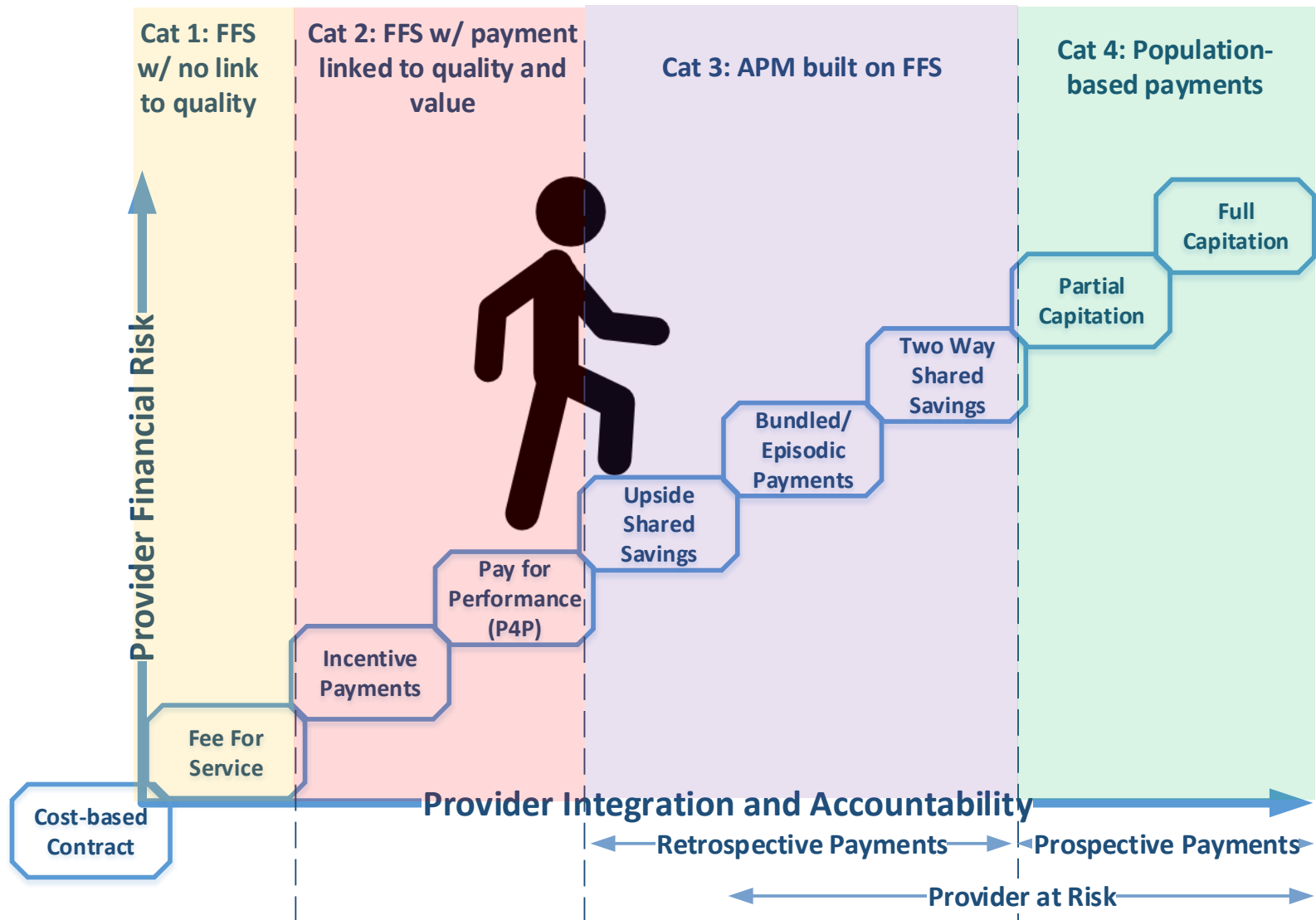
Source: <https://hcp-lan.org/apm-measurement-2020/2019-infographic/>

PAYORS' PERCEPTIONS OF VBP'S FUTURE



Source: <https://hcp-lan.org/apm-measurement-2020/2019-infographic/>

■ CCBHC GRANT FUNDS CAN SUPPORT MOVE TO VBP



■ VBP ADVANTAGES PROVIDERS WITH CERTAIN CHARACTERISTICS



CCBHC-E funds can help agencies build capacity related these core competencies.

■ CCBHCs are Demonstrating Savings

Case Study: Missouri

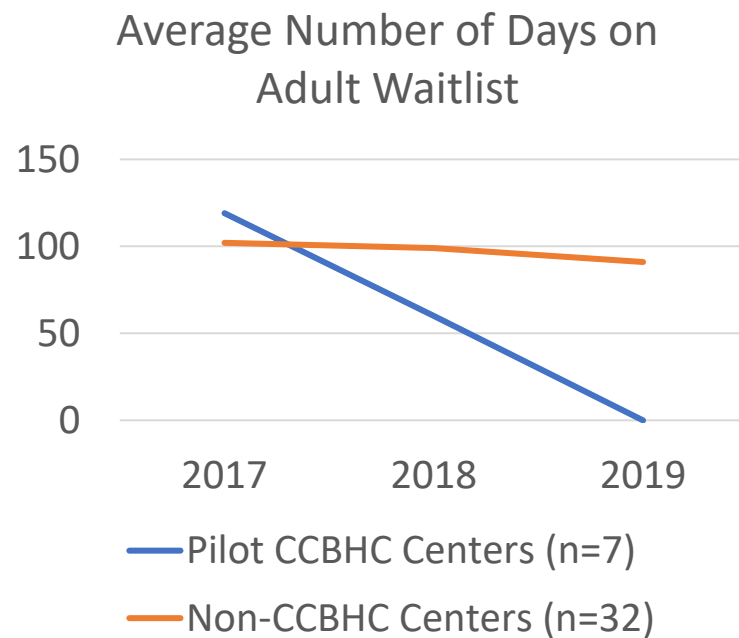
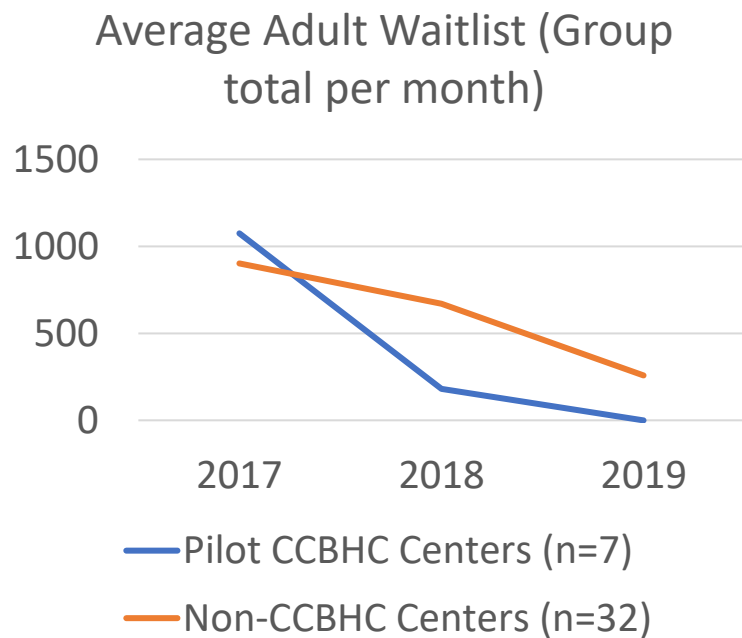
- + Hospitalizations declined by 83% after year 1
- + Net savings of \$127.7M statewide with integrated care
- + ED services decreased by 75% after year 1
- + 20% decrease in cholesterol and a 1.48 point decrease in hemoglobin A1c for CCBHC recipients
- + Criminal justice services decreased 55% in one year

Case Study: 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

Source: National Council for Mental Wellbeing

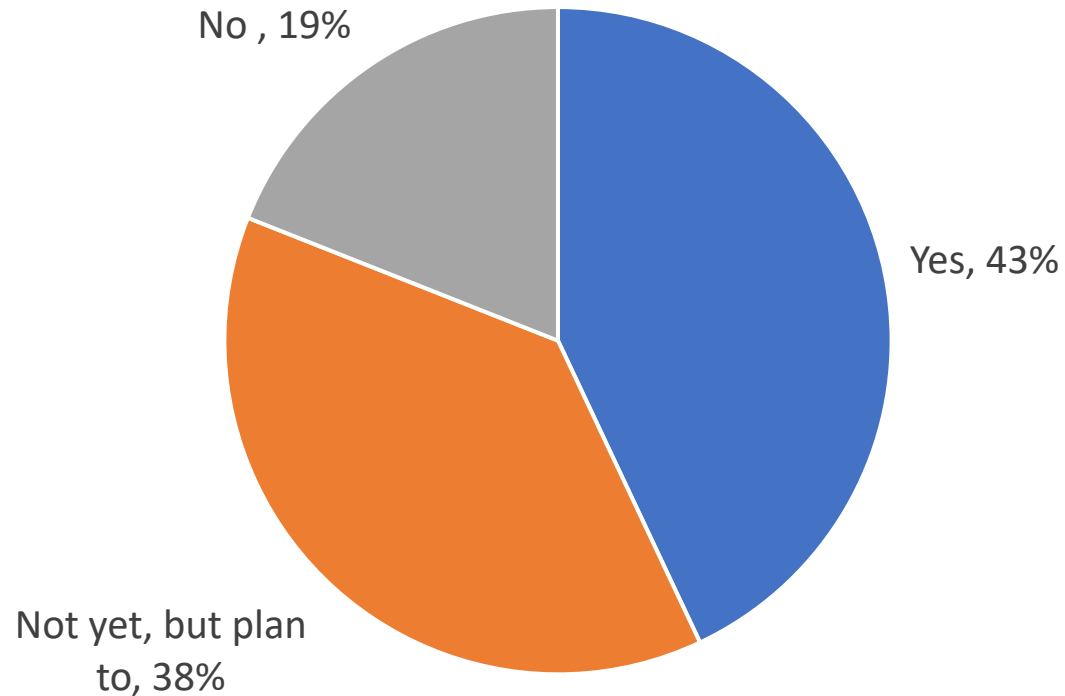
■ CCBHCs are Reducing Waitlists



Source: National Council for Mental Wellbeing

■ CCBHCs are Moving Toward VBP

CCBHCs negotiating Alternative Payment Models with Private Payers



Source: National Council for Mental Wellbeing

The background of the slide is a green-tinted image of a document. A pen is visible, and there are handwritten notes and diagrams on the paper, though they are out of focus.

GETTING STARTED WITH IMPLEMENTATION

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Experience of a CCBHC-E Grantee: Liberty Resources

“CCBHCs represent an essential and long-overdue shift in the way mental health and addiction treatment services are funded and provided. What began as a bold experiment is proving to be a compelling roadmap for the future — a future that promises to ensure more Americans have access to the health care they need.”



Chuck Ingoglia
PRESIDENT & CEO
National Council for Mental
Wellbeing



■ KEY IMPLEMENTATION CONSIDERATIONS

Behavioral
Health
Disparities
Impact
Statement

Annual
Goals &
Budget

Attestation
Statement

- *Appendix M
of the FOA*

Notice of
Award (NOA)
Requirements:
• *Special Terms
and Conditions*

■ CCBHC Requirements: Staffing

+ Staffing

- + “Staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic’s patient population.”
- + Needs assessment of target population – cultural, linguistic and treatment needs
- + CEO and fully staffed management team
- + Properly licensed and credentialed
- + LEP, ADA, Sign Language

■ CCBHC Requirements: Staffing

- + CCBHC-E Grantees Should:
 - + Finalize Job Descriptions and start hiring ASAP
 - + Train staff on the CCBHC-E model to promote broad understanding and buy-in
 - + Initiate a CCBHC-E Workgroup consisting of a diverse team of professionals that can support start up and implementation

■ CCBHC Requirements: Availability and Accessibility of Services

- + Availability and Accessibility
 - + “Availability and accessibility of services, including: crisis management services that are available and accessible 24 hours a day, the use of sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient’s ability to pay or a place of residence.”
 - + Safe, functional, clean and welcoming environment
 - + Hours of operation that ensure accessibility
 - + To extent allowed by law, use of mobile in-home, telehealth/telemedicine and on-line treatment to ensure access
 - + Preliminary screening and risk assessment at first contact, followed by initial evaluation, comprehensive person-centered diagnostic and treatment planning evaluation, with each evaluation building on what came before it
 - + No individual refused service based on ability to pay or residence

■ CCBHC Requirements: Availability and Accessibility of Services

- + CCBHC-E Grantees Should:
 - + Engage in a Needs Assessment process to identify under/unserved populations in your geographic area who need proactive/customized outreach
 - + Finalize your plan for 24/7 crisis response services, based on whether or not there is an existing “state-sanctioned, certified, or licensed system or network for the provision of crisis BH services” in your region (if not, you must provide this service directly)
 - + Identify any areas where you need to make modifications in your processes, infrastructure, and/or physical site to promote accessibility for all
 - + Develop workflows that allow you to triage clients based on a preliminary screening/risk assessment that occurs at first contact in order to identify whether they have routine, urgent, or emergent needs

+ Care Coordination

- + CCBHC coordinates care across the spectrum of health services
- + CCBHC makes and documents reasonable attempts to determine any medications prescribed by other providers
- + Maintain health information technology (HIT) system that includes, but is not limited to, electronic health record. Capability to capture structured information in consumer records, provide clinical decision support and electronically transmit prescriptions to the pharmacy
- + Written care coordination agreements

■ CCBHC Requirements: Care Coordination

- + CCBHC-E Grantees Should:
 - + Identify whether you have in place the needed care coordination agreements with an array of entities in your geographic area (i.e., FQHCs, VA, schools, SUD Detox and Residential Programs, etc.)
 - + Assess the capabilities of your HIT system in alignment with CCBHC criteria and make needed updates

■ CCBHC Criteria: Scope of Services

+ CCBHC-E Grantees Should:

- + Develop internal capacity and/or enter into DCO agreements to establish capacity to deliver all CCBHC services

“Designated Collaborating Organization”

Activities & requirements

- Augment or fill gaps in CCBHCs' service array
- Coordinate care with CCBHC
- Provide access to all CCBHC clients (regardless of ability to pay)

Relationship with CCBHC

- Formal contract/DCO Agreement
- DCO reports patient visits and other information to CCBHC
- For CCBHC-E grantees, DCOs may either receive grant funding for services and/or bill directly themselves

■ CCBHC Criteria: Quality and Other Reporting

- + CCBHCs should have the capacity to collect, report, and track encounter, outcome, and quality data including but not limited to:

Consumer characteristics

Staffing

Access to services

Use of services, including screening, prevention, and treatment

Care coordination

Other processes of care

Costs*

Consumer outcomes

■ CCBHC Criteria: Quality and Other Reporting

- + Collection of some data and quality measures that are responsibility of the CCBHC may require access to data from the DCOs
- + CCBHC-wide data driven continuous quality improvement plan for clinical services and clinical management.
 - + Specific events are expected to be addressed as part of CQI Plan:
 - + Consumer suicide attempts and deaths
 - + 30-day hospital readmissions
 - + Quality of care issues, including monitoring for metabolic syndrome, movement disorders, and other medical side effects of psychotropic medications.

■ CCBHC-E Evaluation Requirements: Overview

CCBHC-E Grantees also have very specific grant requirements related to data and evaluation.

NOMS (aka GPRA) on every client served

- Enrollment
- Every Six Months
- Discharge

Section H Health Measures

- Enrollment
- Every Three Months
- Discharge

IPP Indicators

- Quarterly

SAMHSA Implementation Reports

- After 6 months
- After 1 year
- After 2 years

CCBHC-E Grantees should develop workflows and infrastructure to capture all required data elements.

■ CCBHC Requirements: Organizational Authority

- + Organizational Authority Governance and Accreditation
 - + Annual, independent financial audit
 - + Board members are representative of individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation and in terms of types of disorders
 - + States are encouraged to require accreditation as part of the Demonstration Program (Joint Commission, Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation, Accreditation Association for Ambulatory Health Care)

CCBHC-E Grantees are required to establish an Advisory Work Group comprising individuals with mental and substance use disorders, and family members, to provide input and guidance to the CCBHC on implementation, services, and policies.

The Requirements are Extensive...But Don't Lose Sight of the Forest for the Trees



- + The most successful agencies use these CCBHC-E grant funds as an opportunity to build capacity within their BH clinic that can be sustained and allows them to better serve their communities, while also grow as an organization



Questions? Discussion

CONTACT US



HEIDI ARTHUR
Principal

646.590.0245
harthur@healthmanagement.com
www.healthmanagement.com



KRISTAN MCINTOSH
Senior Consultant

646.590.0238
kmcintosh@healthmanagement.com
www.healthmanagement.com

HMA

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