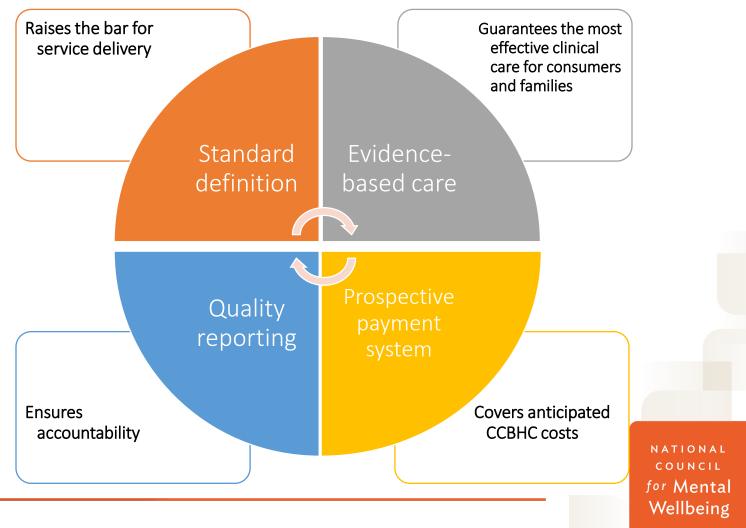


Certified Community Behavioral Health Clinics: An Overview

Jane King, PsyD, LP Senior Consultant



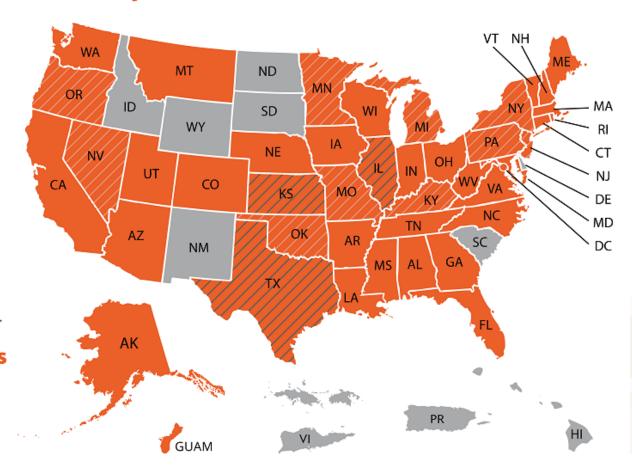
CCBHC: Key Components for Effective Care



Status of Participation in the CCBHC Model

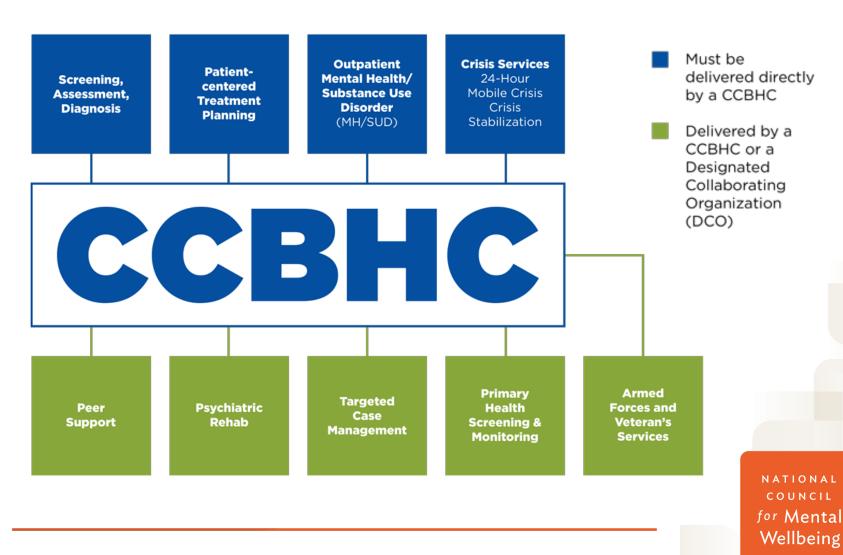
- States where clinics have received expansion grants
- States selected for the CCBHC demonstration
- Independent statewide implementation
- No CCBHCs

There are **431 CCBHCs** in the U.S., across 42 states, Guam and Washington, D.C.





CCBHC Scope of Services



CCBHC Medicaid Implementation/PPS: Driving Value

CCBHC Status

- **Certification** = standardized core requirements
- **PPS** = Medicaid reimbursement that supports costs associated with expanded access & enhanced operations

Enhanced Operations

- Expansion of service lines (e.g., crisis response, SUD treatment)
- Ability to hire and retain specialty providers
- Same-day access to care
- High-impact, flexible staffing models targeted to patient need
- Technology adoption, electronic health info exchange
- Collaboration/coordination with law enforcement, schools, others
- Data tracking & analytics
- Population health management, data-driven care

Improved Outcomes

- 25% more clients served on average
- Elimination of waitlists
- Reduced hospitalization, ED visits, incarceration
- Improved physical health



Funding Opportunities

Prospective Payment System

- Federal demonstration
 - 10 states with identified clinics
 - Extended to 2023 from original 2017-2019
- State Plan Amendment
 - 4 states have approved SPAs
 - MO, MN, NV, OK
 - State certified clinics receive PPS
- 1115 demonstration waiver
 - NJ public comment period

SAMHSA Expansion Grants

- 4 grant cycles funded 400+ CCBHCs across the country
- New grant cycle anticipated at beginning of 2022
- Up to \$2M/year for 2 years

CCBHCs' State Impact Over Time



Missouri

- Hospitalizations dropped 20% after 3 years, ED visits dropped 36%
- Overall access to BH services increased 23% in 3 years, with veteran services increasing 19%
- In 1 year, 20% decrease in cholesterol; 1.48-point Hgb A1c decrease
- Justice involvement with BH populations 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 and SMI needs, compared to 25% of other clinics

CCBHCs' State Impact Over Time (cont.)



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

Endeavor Health Services (New York)

"In just the first 72 days of [CCBHC] operations, our team did 50 hospital diversions [and] 6 arrest diversions... Hospital emergency department visits are estimated at \$500 per visit and an admission at \$10,000 so we estimate we saved at least \$372,500 for just the hospital diversions if approximately 70% were admitted. Annually that would work out to approximately \$1.8 million in savings. Additional savings to the system were realized from the 6 arrest diversions as well in the first few weeks of the program."

The National Council is here for you!



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