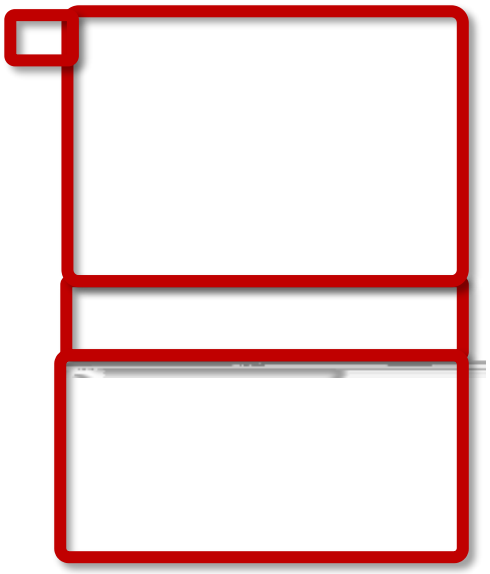
Webinar Housekeeping: Your participation



Join audio:

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Integrated Care Delivery: Lessons from CCBHCs

Julia Finken, Executive Director, Behavioral Health & Human Services, The Joint Commission
Rebecca Farley David, Senior Advisor for Public Policy, The National Council for Wellbeing
Peggy Terhune, Chief Executive Officer, Monarch North Carolina
Monique Lucas, Vice President of Integrated Care, Monarch North Carolina

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Context and CCBHC Overview

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CCBHCs: Supporting the Clinical Model with Effective Financing

Standard definition → **Raises the bar for service delivery**

Quality reporting → **Ensures accountability**

Covers anticipa

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The CCBHC Landscape

Three implementation options:

1. Medicaid demonstration (open to 10 states currently)
2. Federal grant funding
3. Independent state implementation via Medicaid SPA or waiver

CCBHC Medicaid Demonstration
Authorized through Sept. 30, 2023
8 states entering 5th year of demo in 2021
2 states will begin demo in October 2021

SAMHSA CCBHC Expansion Grants
Yearly funds appropriated since 2018
Grantees in 40 states, DC & Guam
Latest grant cycle closed March 1, 2021

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CCBHCs' Successes, 4 Years In

- Increased hiring / recruitment
- Greater staff satisfaction & retention

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CCBHC Medicaid Implementation/PPS: Driving Value

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What Goes into Being a CCBHC?

CCBHC Criteria

- Organizational Authority
- Staffing
- Access to Care
- Scope of Services
- Care Coordination
-

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CCBHC Scope of Services

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Breaking through Old Limitations

Services are not confined to delivery within the 4 walls of a clinic

- >Think creatively!
- >In-

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Care Coordination

- Partnerships or care coordination agreements required with:
  - FQHCs/rural health clinics
  - Inpatient psychiatry and detoxification
  - Post-detoxification step-down services
  - Residential programs
  - Other social services providers, including
    - Schools
    - Child welfare agencies
    - Juvenile and criminal justice agencies and facilities
    - Indian Health Service youth regional treatment centers
    - Child placing agencies for therapeutic foster care service
  - Department of Veterans Affairs facilities
  -

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CCBHC Payment and Regulation

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CCBHC Implementation & Oversight

Medicaid CCBHC Implementation	SAMHSA CCBHC Expansion Grants
10 states in CCBHC demo; others adopting model independently	Open to individual clinics in ALL states
Administered by state Medicaid and BH authorities within SAMHSA/CMS guidelines	Administered by SAMHSA
States determine certification criteria using SAMHSA guidance as a baseline	Grantees must meet SAMHSA baseline CCBHC certification criteria
CCBHCs are certified by their states	CCBHCs are funded by SAMHSA; do not receive state certification
CCBHCs receive special Medicaid payment methodology (known as PPS)	CCBHCs receive up to $4M; continue to bill Medicaid and other payers per usual

States can implement the CCBHC model without waiting to be added to the demonstp

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Sources of CCBHC Reimbursement

Medicaid CCBHCs: Prospective Payment (PPS)	CCBHC Expansion Grantees: Grant Funds + Usual Sources
Encounter-based Medicaid payment paid per visit, regardless of intensity or quantity of services delivered	
Clinics complete cost report to calculate anticipated costs and encounters	
Rate is an average perencounter amount inclusive of direct and indirect org. costs	

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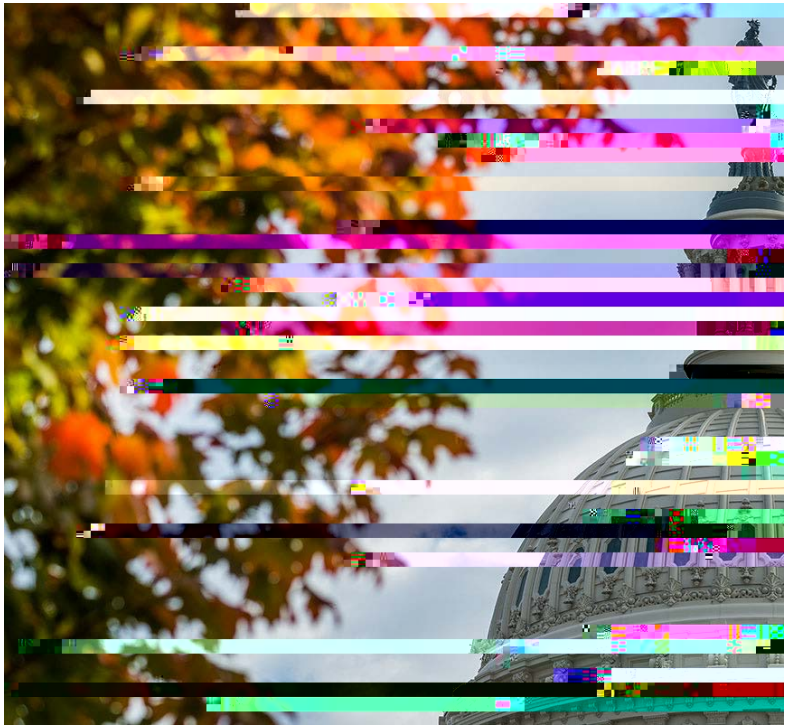
What's Next for CCBHCs?



- Broad bipartisan support in Congress and 3 latest Administrations
  - Medicaid demonstration extended through Sept. 30, 2023; 2 states added
  - Legislation to extend and expand the demonstration gaining support
  - Continued/expanded funding of CCBHC Expansion Grants
- **States can implement without congressional action**
  - State Plan Amendment
  - Medicaid waiver (e.g. 1115)

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CCBHC: The New Model for Behavioral Health

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Monarch Overview

Monarch serves more than 28,000 people with intellectual and developmental disabilities, mental

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CCBHC Expansion Grant

- In 2018 we received our first round of funding to create the very first CCBHC in North Carolina
- In 2020 we received our second round of grant funding to continue the work we had begun and build upon what was created in the first grant

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> The requirements of the CCBHC certification include multiple standard programing that must be offered.

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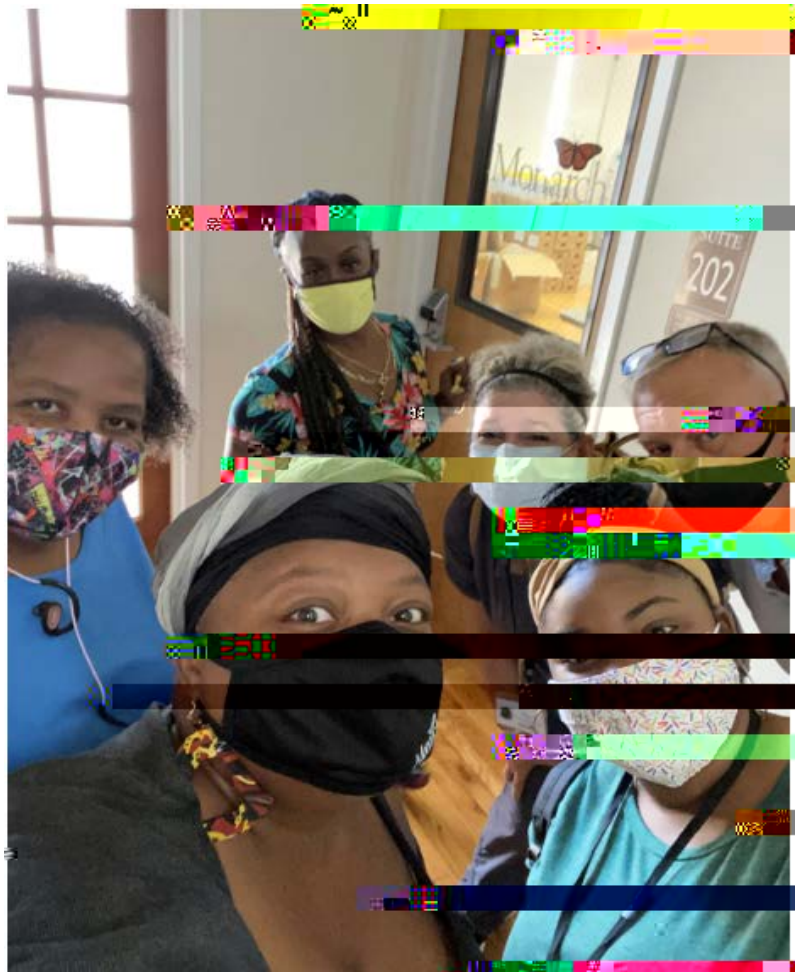
Targeted Case Management Program

- Supports our population with Care Coordination
- Promotes basic health education
- Encourages optimum health and functioning
- Encourage those who can self advocate
- Coordinates access to appropriate community resources
- Coordinates navigation to appropriate level of care
- Encourage optimal level of independence
- Decrease crisis episodes and Hospitalization by encouraging healthy behaviors and lifestyles



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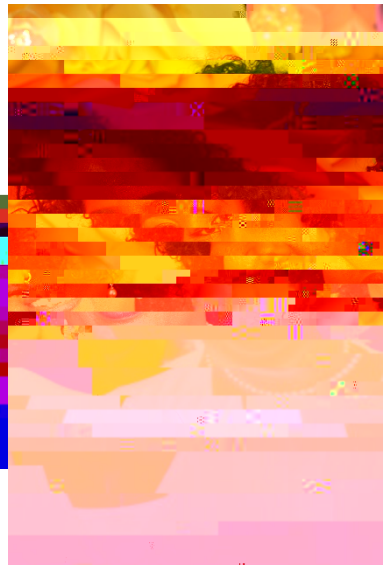
Family Partner Program

- A peer led program to support parents with children who have behavioral health or substance abuse diagnosis.
- Assists parents with navigating the system to provide better advocacy for children



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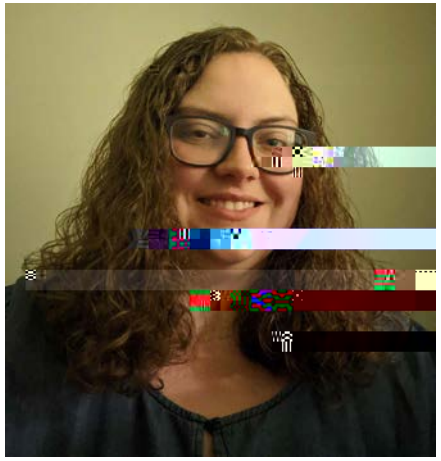
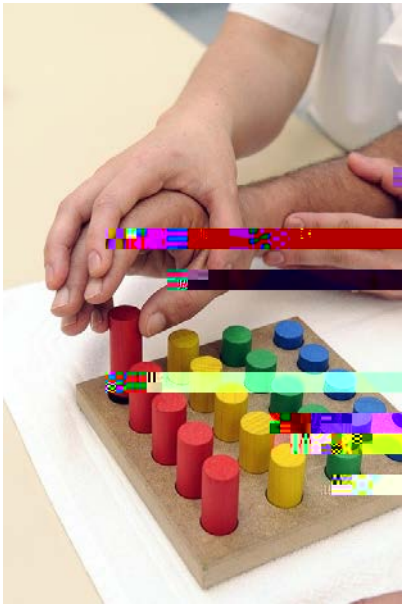
Occupational Therapy

- An innovative approach to integrate occupational therapy into an outpatient behavioral health clinic.
- We provide group and individual support to help improve social and functional occupations in adults and children





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>Our Peer recovery

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A New Approach to Care

- Team based value focused care
- Increased coordination of care
- Care that is focused on the whole person
- Patient centered treatment planning
- Integrated care model
- Access to primary care screening
- Increase use of evidence-based screeners
- An integrated approach to co-occurring disorders

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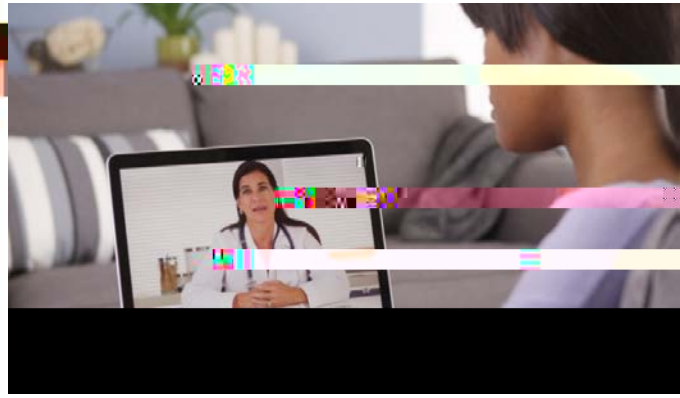
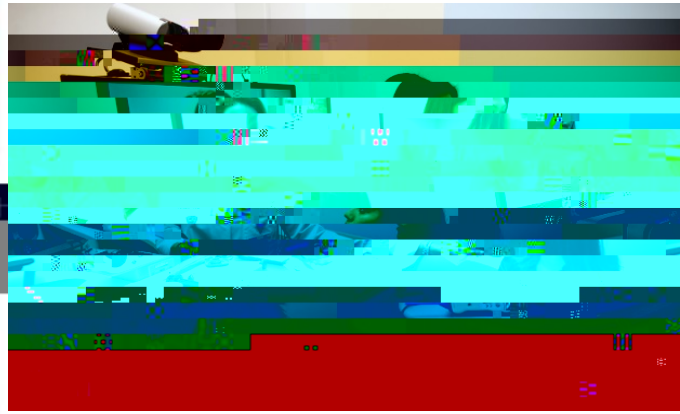
Outcomes





Monarch

CERTIFIED BEHAVIORAL HEALTH CLINIC

Care coordination focusing on the whole person: health care, community resources, housing, employment and other needs.

3,213 SERVED TO DATE

xxxx adults and xxx children in Stanly County sought help for mental health and substance use disorders

1,027 ENROLLED IN CARE MANAGEMENT OR CARE COORDINATION

Providing direct support as people we support navigate treatment plus connection to resources

50 PEOPLE WITH

Administered Medication Assisted Treatment (MAT) for opioid and substance use disorders.

893 PEOPLE SCREENED QUARTERLY

To assess behavioral health and substance use disorder diagnoses and develop treatment plans

through December 2020.

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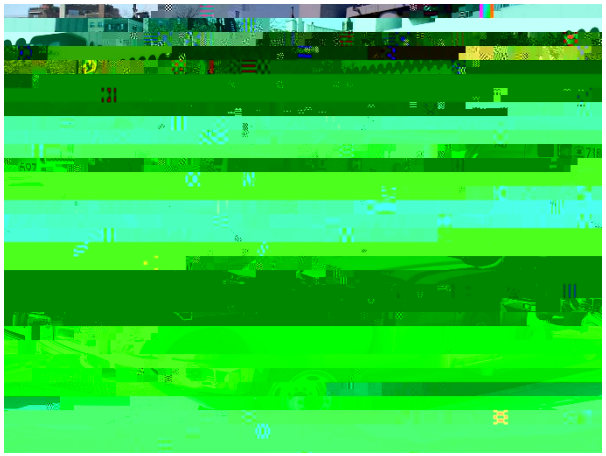
Collaborative Partnerships

- EMS Rapid Opioid Overdose Team
  - Collaboration between Monarch and Stanly County EMS to administer Suboxone in the field and connect to treatment
  - Over a 2-year period this team was able to provide support to 120 people in our community who had suffered from an overdose
  - Monarch's Peer Support was utilized as the key engagement piece to build relationships and connect people in the community with the right level of care needed for each individual.



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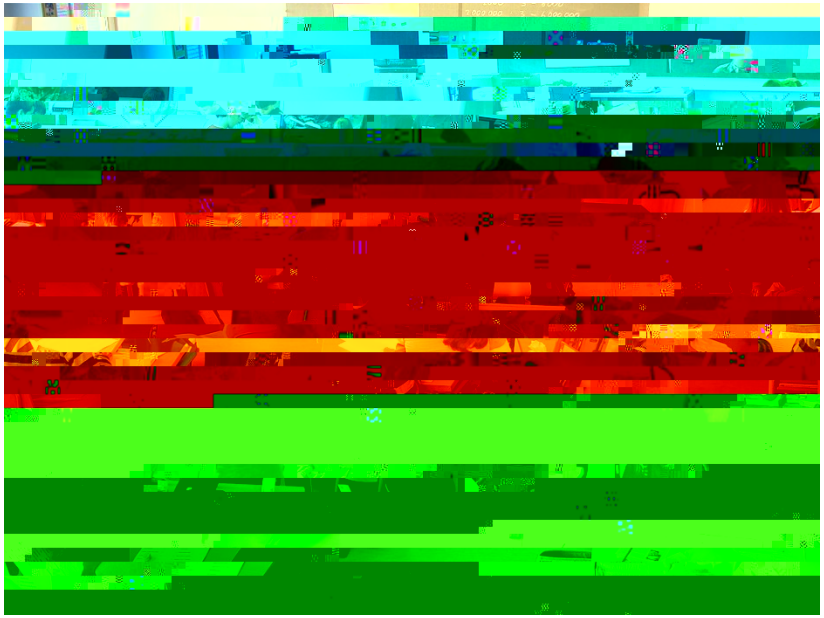
School collaboration

- Prior to covid-19 we had a therapist who provided in-school therapy to children. Our family partner helped to support parents with registration to help meet families where they were.
- Post covid-19 we continue to support the schools with telehealth visits.
- We are working on providing some small groups to engage social connectedness in one of our local charter schools.



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How CCBCH Helped us prepared for Covid -19

- Increased access to care with virtual open access model
- Increase knowledge and connectivity with community resources
- Increase number of positions to support new programing
- Community-based teams in place to support individuals where they were safe at home

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Decrease in Emergency Room Utilization

Through partnerships with Patient Ping, we were able to see how patients enrolled in the CCBHC were utilizing Emergency Room services

Overall, we saw a decrease in utilization for patients supported by the CCBHC

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- Thanks to CCBHC funding and program requirements 16 new positions were created to support one clinic.

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Safety Culture Improvement

	Response		

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Near Misses – Important for Risk management and people's lives

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Tracers

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Tracers

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Emergency Management

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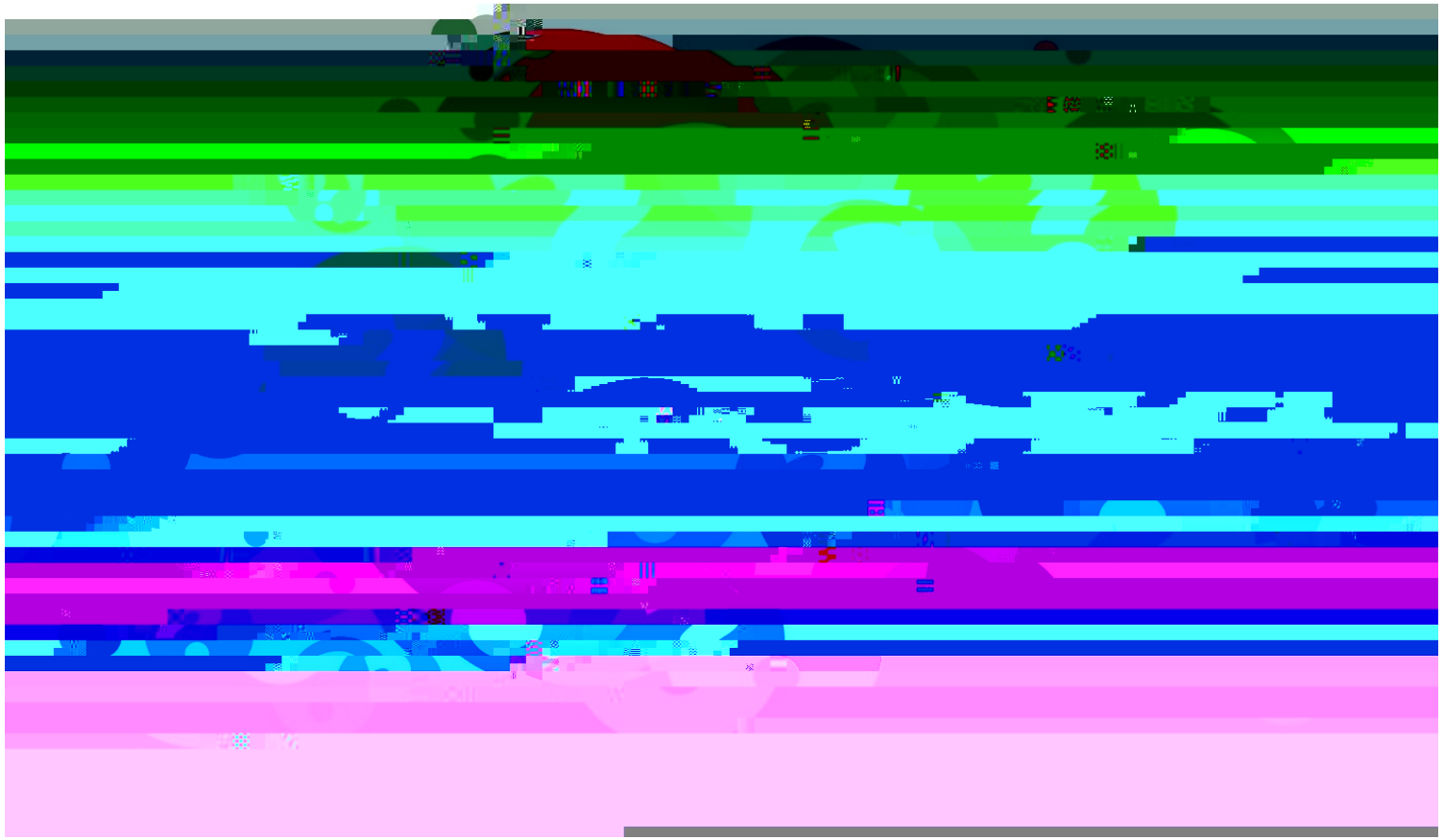
Questions ?



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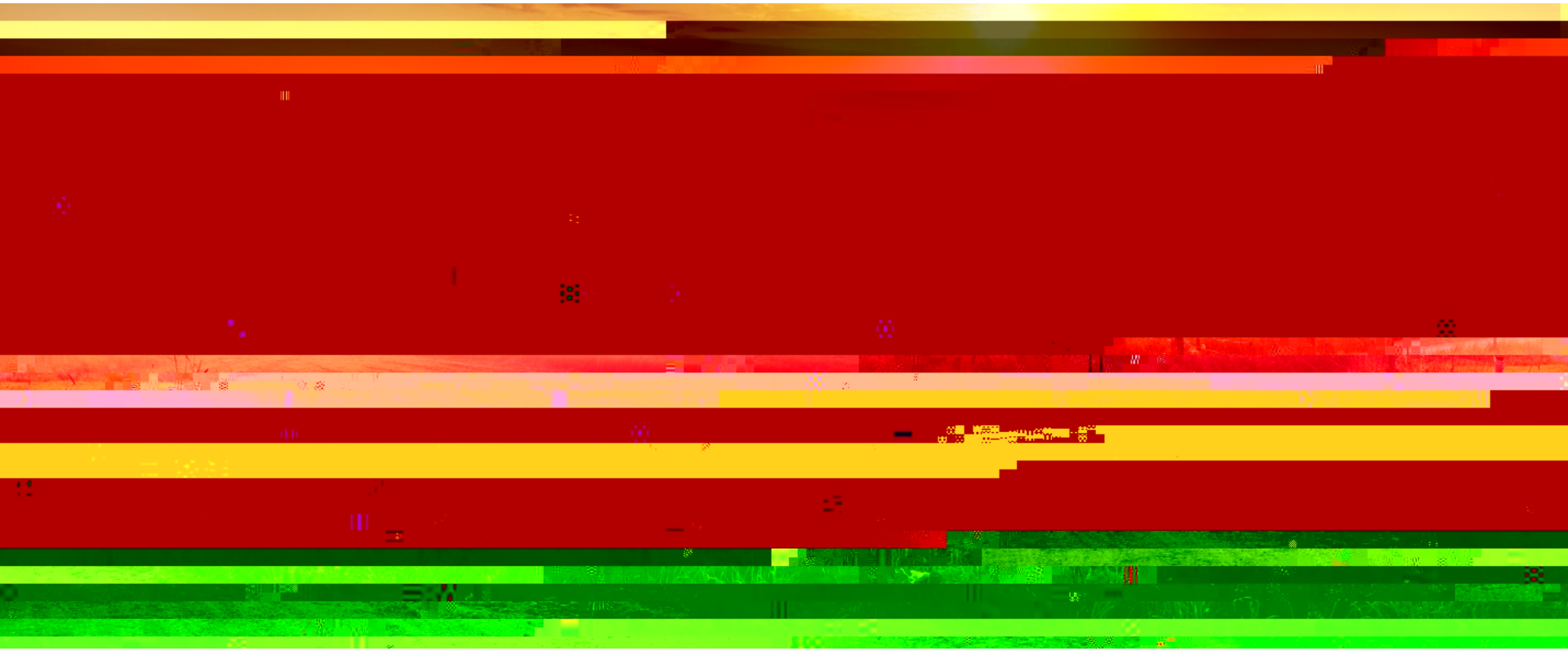

Thank You!

Don’t forget: Join us Thursday for our next COVID Q&A webinar for Behavioral Health Care!