

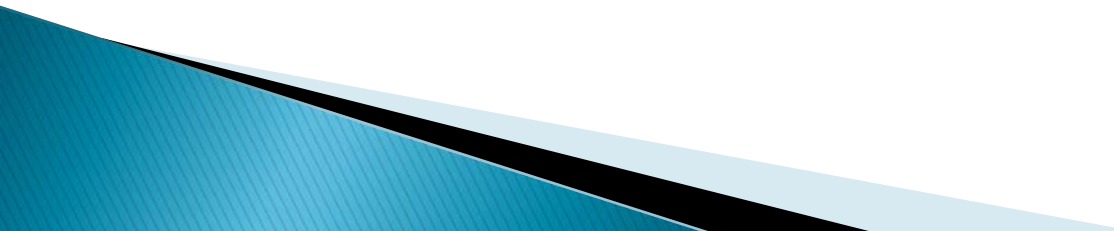
Certified Community Behavioral Health Clinics

Presentation to the CT Behavioral Health Oversight Council

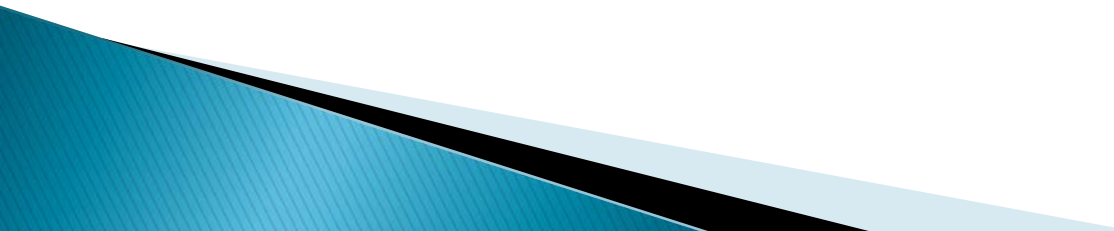
July 8, 2015



Background

- ▶ The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare & Medicaid Services (CMS) issued a Request for Applications (RFA) for states to apply for a demonstration planning grant to establish Certified Community Behavioral Health Clinics (CCBHCs)
 - ▶ Twenty-five states will be selected for a one year planning grant and of those twenty-five states, eight states will be selected for a two year demonstration program
 - ▶ States that do not apply for the planning grant are not eligible for the demonstration
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State Agency Response

- ▶ The Department of Social Services, Children and Families, and Mental Health and Addiction Services are collaborating on this project
 - ▶ Each state agency will have a program manager assigned to the project
 - ▶ The Departments are working with Yale, UCONN and ValueOptions on the application
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What is a CCBHC ?

Scope of Services:

- Crisis Behavioral Health Services*
- Screening Assessment and Diagnosis*
- Person-centered and family-centered treatment planning*
- Outpatient mental health and substance use services*
- Outpatient primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer support, peer counseling, and family/caregiver support
- Intensive community based mental health care for members of the armed forces and veterans*

*services that must be provided directly by the CCBHC.



Crisis Services

Per the RFA:

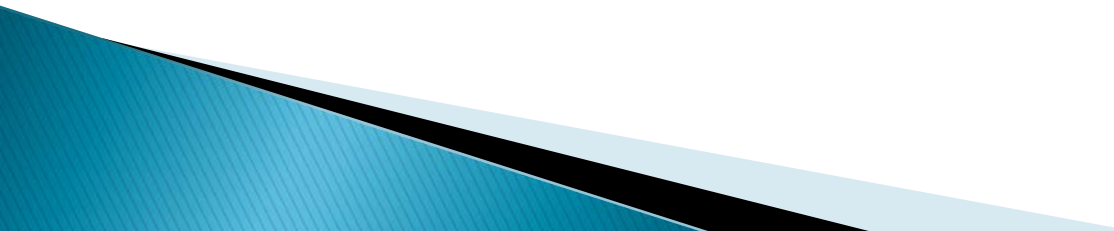
“Unless there is an existing state sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise, the CCBHC will directly provide robust and timely crisis behavioral health services.”

Connecticut has a state sanctioned crisis system

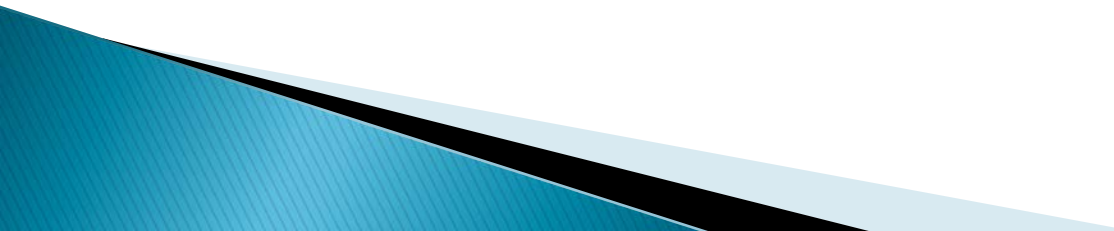


Additional Details on Services

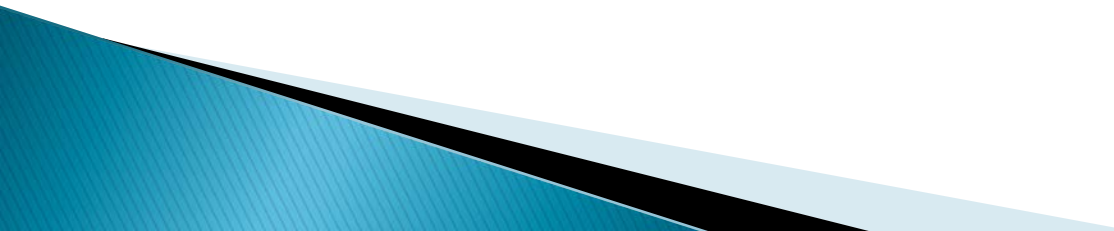
Significant emphasis on:

- Trauma screening and trauma informed care
 - Recovery principles and recovery oriented care
 - Shared decision making
 - Person-centered, family-centered treatment planning and care
 - Peer support services
 - Care coordination
 - Cultural and linguistic competence
 - Integration of primary care and behavioral healthcare
 - Data collection
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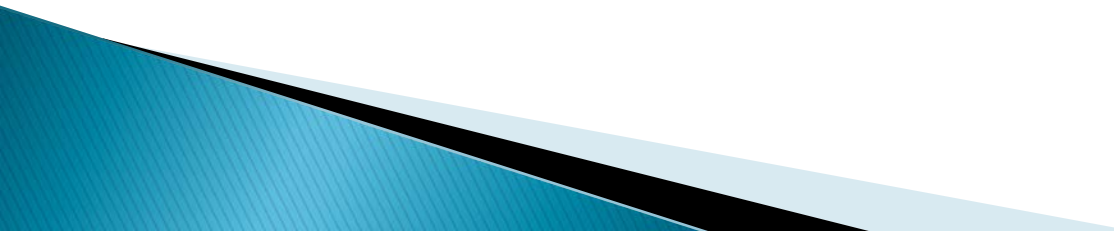
CCBHCs Continued

- ▶ Services must include evidence-based programs
 - ▶ CCBHCs must serve the lifespan
 - ▶ SAMHSA is aware of the bifurcated behavioral health system in CT; we are working to develop a strategy to include non-lifespan providers in the model
 - ▶ Eligible clinics must have been established by April 1, 2014
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Care Coordination

- ▶ “Care Coordination is the linchpin of the CCBHC program”
 - ▶ Care coordination requirements shall include partnerships or formal contracts with the following:
 - FQHCs
 - Inpatient psychiatric facilities
 - Community/regional services: schools, child welfare, juvenile and criminal justice, Indian Health Service
 - Department of Veterans Affairs medical centers, drop-in centers, outpatient clinics
 - Inpatient acute care hospitals and hospital outpatient clinics
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Population Focus

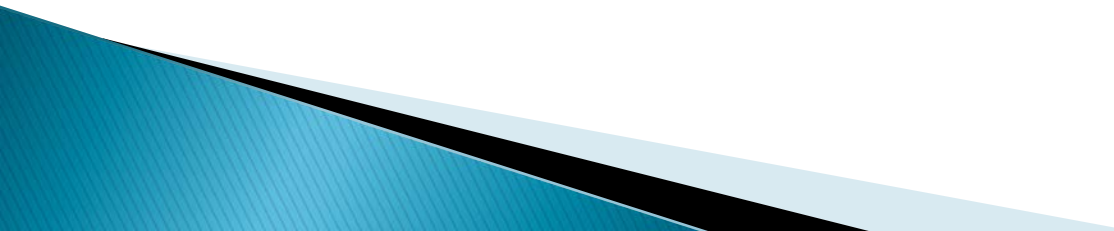
- ▶ Adults with serious mental illness
 - ▶ Children with serious emotional disturbances
 - ▶ Individuals with long term and serious substance use disorders
 - ▶ Other individuals with mental illness and substance use disorders
 - ▶ Veterans with behavioral health conditions and their families
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CCBHC Payment Model

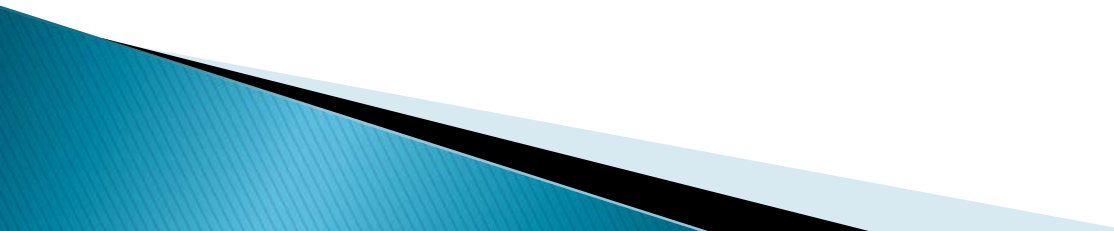
Payment Model

- CCBHCs will be reimbursed through a prospective payment system (PPS), similar, but not identical to the current payment process for Federally Qualified Health Centers
- The Departments are considering a daily encounter rate or a monthly encounter rate
- Additional payment considerations include, but are not limited to:
 - Performance incentive payments
 - Outlier payment process
 - Add on payment for crisis services

CCBHCs Quality Measures

- ▶ SAMHSA and CMS have established a core set of quality measures that must be collected and reported to SAMHSA and CMS
 - ▶ The state may select additional quality measures for the demonstration
 - ▶ If a Quality Bonus Payment is established, providers must meet the quality measure standards in order to be eligible for the Quality Bonus Payment
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Who can be a CCBHC?

- ▶ Only those community behavioral health clinics that meet the state certification criteria including consumer presence on governance boards
 - ▶ Non-profit organizations
 - ▶ Part of a local government behavioral health authority
 - ▶ Operated under the authority of the Indian Health Services
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Key Dates

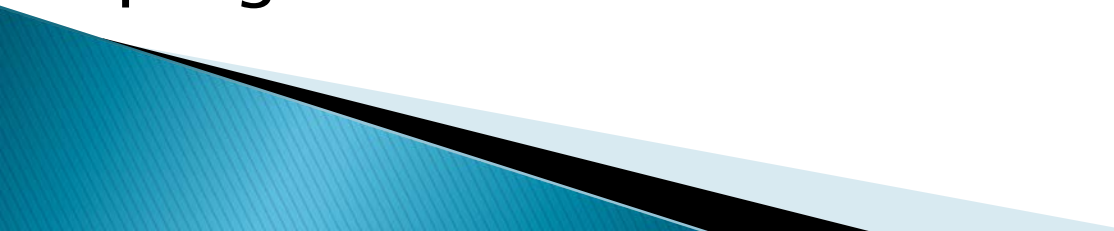
August 5, 2015: Submit application for planning grant for federal fiscal year 2016 (Oct. 1, 2015 – Sept. 30, 2016)

If Selected as one of the 25 states:


October 31, 2016: submit demonstration proposal

If selected as one of the eight demonstration states:

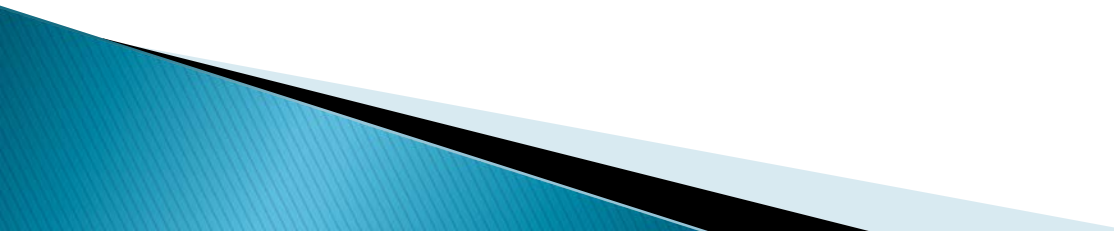
January 2017: Initiate two-year demonstration program



Additional Information

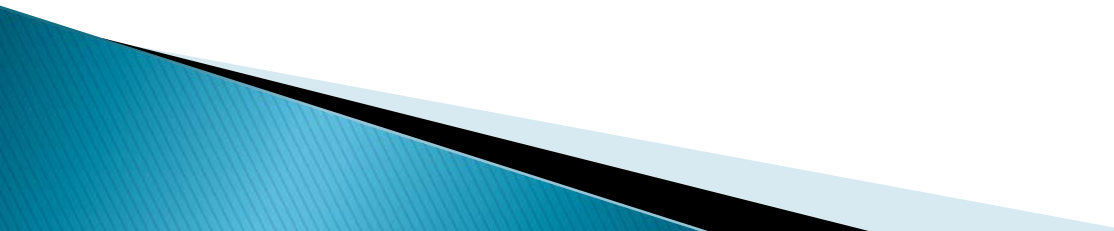
- ▶ States may apply for up to \$2 million for the planning grant
 - ▶ Eligible applicants include the State Mental Health Authority, Single State Agency, or the State Medicaid Agency
 - ▶ SAMHSA and CMS require the state to have a comparison group for an assessment of access, quality and scope of services available to Medicaid enrollees served by the CCBHCs compared to Medicaid enrollees served by other community based behavioral health clinics
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Required Activities for Demonstration Proposal during Planning Grant Period


- ▶ Develop steering committee
 - ▶ Conduct outreach, recruitment, and engagement of the population of focus
 - ▶ Coordination with other local, federal, and tribes to ensure services are accessible
 - ▶ Develop certification criteria for clinics
 - ▶ Develop prospective payment system using actuarially sound principles
 - ▶ Certify at least two CCBHCs that represent diverse geographical areas, including rural and underserved areas
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Application vs. Planning Grant

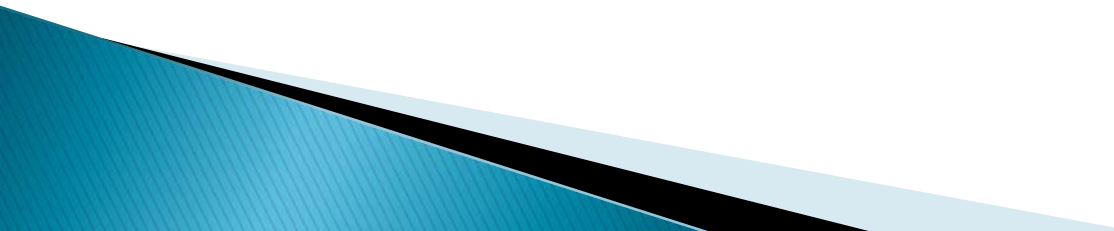
There are two distinct components of the application process

- ▶ The application for the planning grant is due to SAMHSA on August 5, 2015
 - ▶ If selected, the state would use federal fiscal year 2016 to develop a formal proposal for the demonstration
 - ▶ If selected, the state would submit a demonstration proposal in October 2016.
 - ▶ The demonstration proposal requires significant provider, advocate, and consumer participation
 - ▶ Yale, UCONN, and ValueOptions are providing assistance to the departments
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Steering Committee

- ▶ Should Connecticut receive the planning grant, a steering committee will need to be established
 - ▶ The state agencies must establish a steering committee including, but not limited to the following entities:
 - Providers (must include providers serving rural and underserved populations)
 - Advocates
 - Family members
 - Consumers of mental health and addiction services
 - Individuals in recovery
 - Veterans
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August 5th Submission Activities

- ▶ Public meeting at CVH on July 6th
 - ▶ MOU among state agencies
 - ▶ Consumer feedback/focus groups
 - ▶ The Departments are requesting a letter of support from the BHPOC
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Questions?