Integrated Care
CCBHC

KANSAS

KanCare Oversight Committee

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Topeka, Kansas
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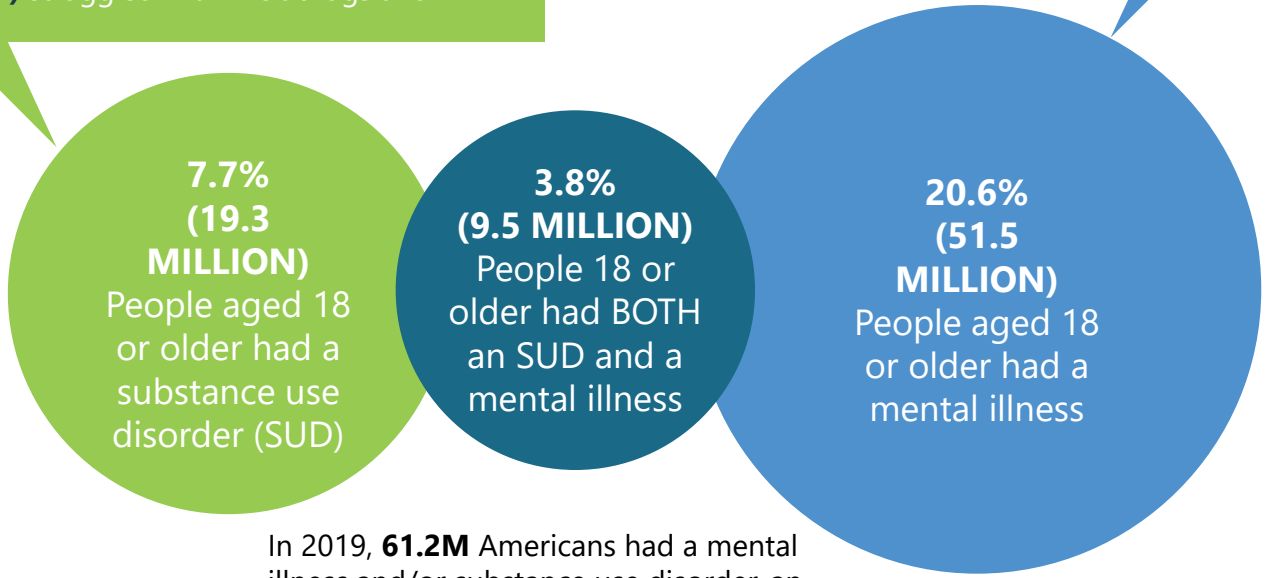
SAMHSA
Substance Abuse and Mental Health Services Administration

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:
2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
3 IN 4 (73.1% or 14.1M) struggled with alcohol use
1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (25.5% or 13.1M) had a serious mental illness



In 2019, **61.2M** Americans had a mental illness and/or substance use disorder-an increase of 5.9% over 2018 composed entirely of increases in mental illness.

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Need for Integration

People with mental health and substance use disorders die decades earlier than the general population — mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking and barriers to primary care coupled with challenges in navigating complex health care systems have been major obstacles to care.

At the same time, primary care settings have become the gateway to the behavioral health system, and primary care providers need support and resources to screen and treat individuals with behavioral and general health care needs.

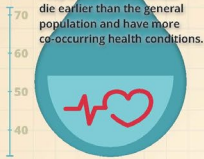
The solution lies in integrated care, the systematic coordination of general and behavioral health care. Integrating mental health and substance use treatment with primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs.

CAN WE LIVE LONGER?

Integrated Healthcare's Promise

The PROBLEM

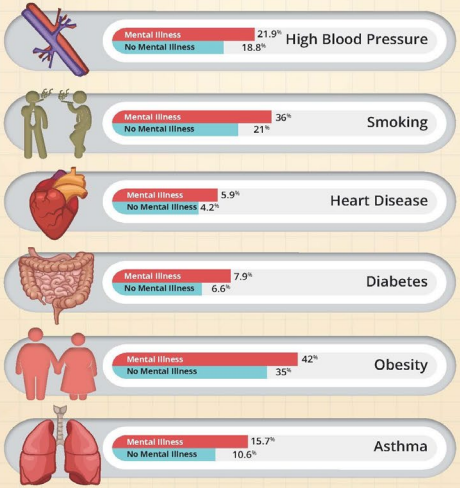
People with mental illness die earlier than the general population and have more co-occurring health conditions.



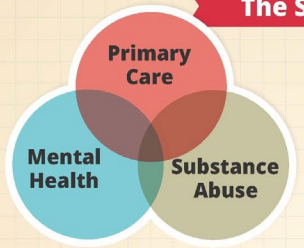
68% of adults with a mental illness have one or more chronic physical conditions

more than **1 in 5** adults with mental illness have a co-occurring substance use disorder

Co-occurrence between mental illness and other chronic health conditions:



The SOLUTION

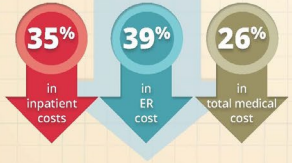


The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

INTEGRATION WORKS

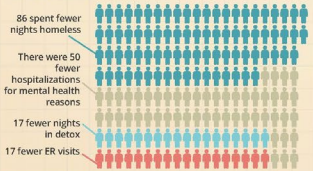
Community-based addiction treatment can lead to...



Reduce Risk ➡ Reduce Heart Disease
(for people with mental illnesses)

Maintenance of ideal body weight (BMI = 18.5 – 25)	=	35%-55% decrease in risk of cardiovascular disease
Maintenance of active lifestyle (~30 min walk daily)	=	35%-55% decrease in risk of cardiovascular disease
Quit Smoking	=	50% decrease in risk of cardiovascular disease

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:



This is **$213,000** of savings per month.

That's **$2,500,000** in savings over the year.

Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.

SAMHSA-HRSA
Center for Integrated Health Solutions

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
SAMHSA

www.integration.samhsa.gov

Sources

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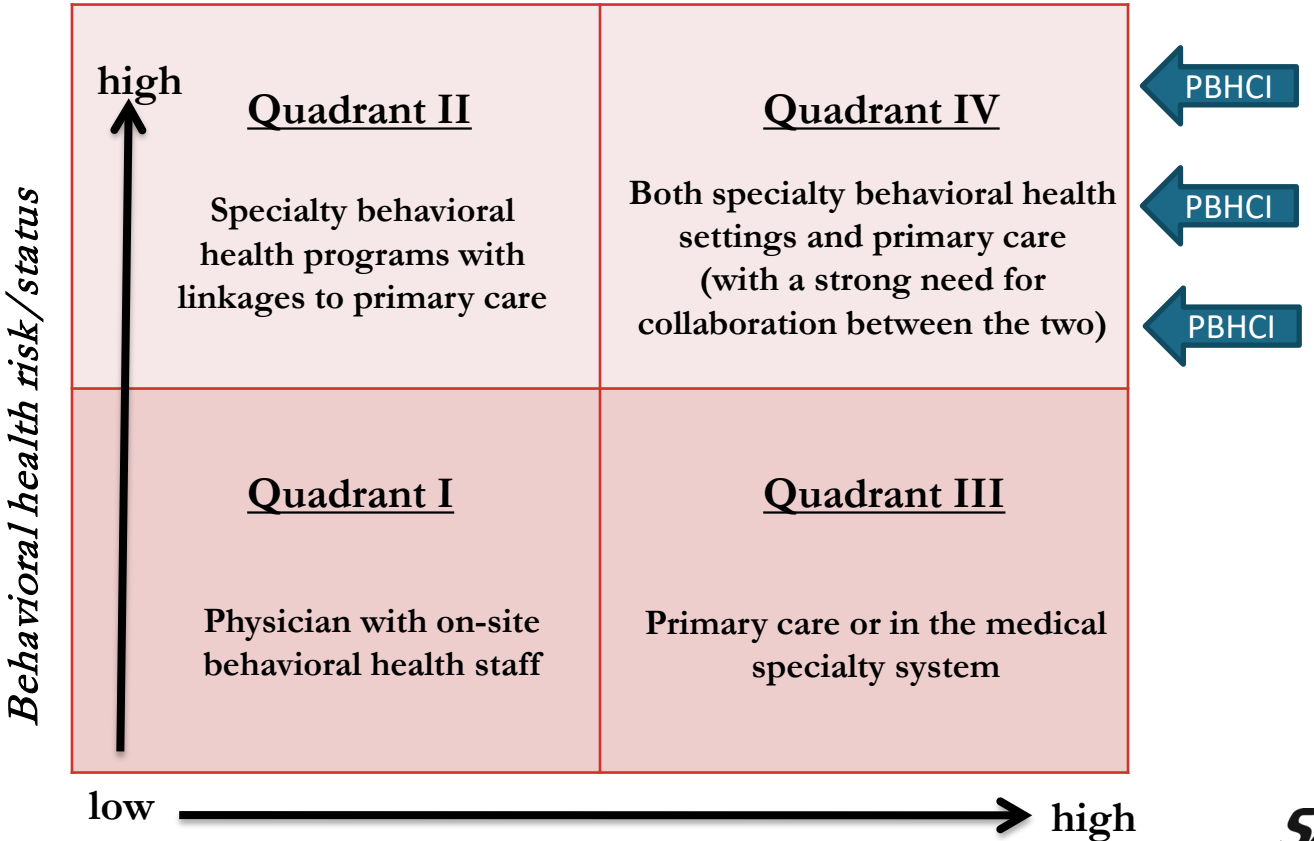
Heritage Behavioral Health Center, based on data in... www.ahrq.gov/research/findings/evidence-based-reports/mhsapc-evidence-report.pdf

* A grantee of the Substance Abuse and Mental Health Services Administration's Primary and Behavioral Health Care Integration program.

Integration Evolution



Milbank 2010--Adapted from Mauer 06

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Demonstration Project Begins…..

- On April 1, 2014, Congress enacted the Protecting Access to Medicare Act of 2014 (PAMA)1. Under Section 223 of PAMA, Congress required the Department of Health and Human Services (HHS) to establish a process for certification of Certified Community Behavioral Health Clinics (CCBHCs) as part of a two-year demonstration project under Medicaid.

Context – Why CCBHCs?

- Systemic Issues Addressed:
  - Mental health and substance use (MH/SUD) services are fragmented, of varying quality, and often do not offer evidence-based practices
  - Problems with access to MH/SUD services, particularly in the midst of the current opioid crisis
- CCBHCs are the most promising systemic solution that we currently have:
  - They must provide a comprehensive set of services that respond to local needs
  - Under the CCBHC Medicaid Demonstration, CCBHCs have a reimbursement model that covers provider costs and allows for the full set of services needed to be offered
- Relevant Departmental and Agency Initiatives:
  - Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) – CCBHCs address several recommendations from the ISMICC, including Recommendation 5.8: "Expand the Certified Community Behavioral Health Clinic (CCBHC) program nationwide."
  - 21st Century Cures Act – Section 9007: CCBHCs helping to advance crisis systems

CCBHC Timeline

I. Medicaid Demo – Preparation Phase

Apr 2014	Authorized through Protecting Access to Medicare Act
Nov 2014	National Listening Session and Public Feedback to Develop Certification Criteria
Apr 2015	Finalized Criteria and Prospective Payment System (PPS) Guidance
May 2015	Published Planning Grant FOA, Criteria, and PPS Guidance

II. Medicaid Demo – Planning Phase

Oct 2015	24 State Planning Grants Awarded
Oct 2016	Demonstration Application
Dec 2016	8 Demonstration States Selected and Announced

III. Medicaid Demo – Demonstration Phase

Jan - July 2017	Demonstration Program Started
Apr - July 2019	2 Year Demonstration Program Ends
Sept 2016 – Sept 2021	Demonstration Evaluation

IV. SAMHSA Expansion Grants (CCBHC-E)

May 2018	Released FOA
Sept 2018	Awarded 52 Grants
Dec 2018	Awarded 12 OTS Grants
Jan 2020	Released FOA
May 2020	Awarded 166 Grants

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Key PAMA Provisions

CCBHCs are to provide services to all who seek help, but will be especially helpful to those with SMI, SED, and COD.

Those who are most in need of coordinated, integrated quality care will receive it from CCBHCs.

The statute directs the care provided by CCBHCs be "patient-centered."

CCBHC demonstration program and Prospective Payment System (PPS) are designed to work within the scope of state Medicaid Plans and to apply specifically to individuals who are Medicaid enrollees.

CCBHCs will serve persons for whom services are court ordered.

CCBHCs are not to refuse service to any individual on the basis of either ability to pay or place of residence

CCBHC Certification Criteria

- Required certification criteria developed by SAMHSA, including extensive public engagement
- Six program requirements correspond to language in the Protecting Access to Medicare Act 2014:

1. **Staffing** – Staffing plan driven by local needs assessment, licensing, and training to support service delivery
2. **Availability and Accessibility of Services** – Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all patients regardless of ability to pay or place of residence
3. **Care Coordination** – Care coordinate agreements across services and providers (e.g. FQHCs, inpatient and acute care), defining accountable treatment team, health information technology, and care transitions
4. **Scope of Services** – Nine required services, as well as person-centered, family-centered, and recovery-oriented care
5. **Quality and Other Reporting** – 21 quality measures, a plan for quality improvement, and tracking of other program requirements
6. **Organizational Authority and Governance** – Consumer representation in governance, appropriate state accreditation

Quality Measures

Nine Required Clinic Quality Measures	
1	New clients with initial evaluation within 10 business days
2	Adult BMI screening and follow-up
3	Weight assessment and counseling for nutrition and physical activity – children and adolescents
4	Tobacco use: screening and cessation intervention
5	Unhealthy alcohol use: screening and brief counseling
6	Child and adolescent MDD: Suicide risk assessment
7	Adult MDD: Suicide risk assessment
8	Screening for clinical depression and follow-up plan
9	Depression remission at 12 months

Twelve Required State-Reported Quality Measures	
1	Housing status
2	Follow-Up after emergency department for MI
3	Follow-up after emergency department for Alcohol and Other Drugs (AOD)
4	All-cause readmission rate (for physical or behavioral health)
5	Diabetes screening for people with schizophrenia or bipolar on psychiatric medications
6	Adherence to antipsychotic medication for individuals with schizophrenia
7	Follow-up after hospitalization for MI ages 21+
8	Follow-up after hospitalization ages 6-21
9	Follow-up care for children prescribed ADHD med
10	Antidepressant medication management
11	Initiation and engagement of AOD dependence treatment
12	Family/patient experience of care surveys

CCBHC Planning Grants

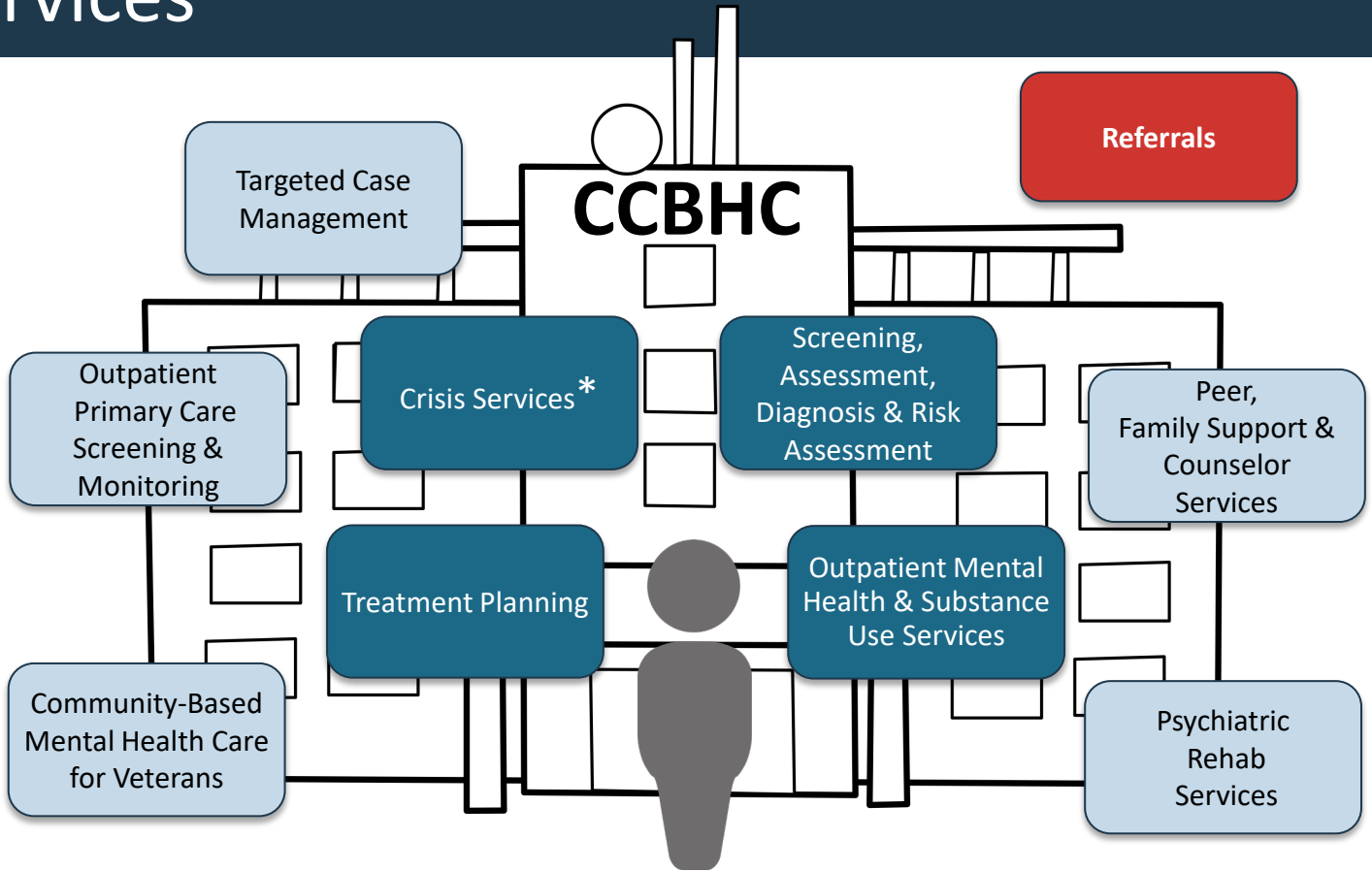
In October 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded planning grants to twenty-four (24) states to design a CCBHC program.

The purpose of the planning grants is to help states plan for and prepare to participate in the two-year demonstration program. The funding supports states' efforts to:

- Certify CCBHCs
- Establish a PPS
- Improve data collection and reporting systems
- Engage stakeholders in how the state will implement the program

Required Services

- *Must be provided directly by CCBHC*
- *May be provided through formal relationships with Designated Collaborating Organizations (DCOs)*
- *Referrals are to providers outside the CCBHC and DCOs*



* "unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise."

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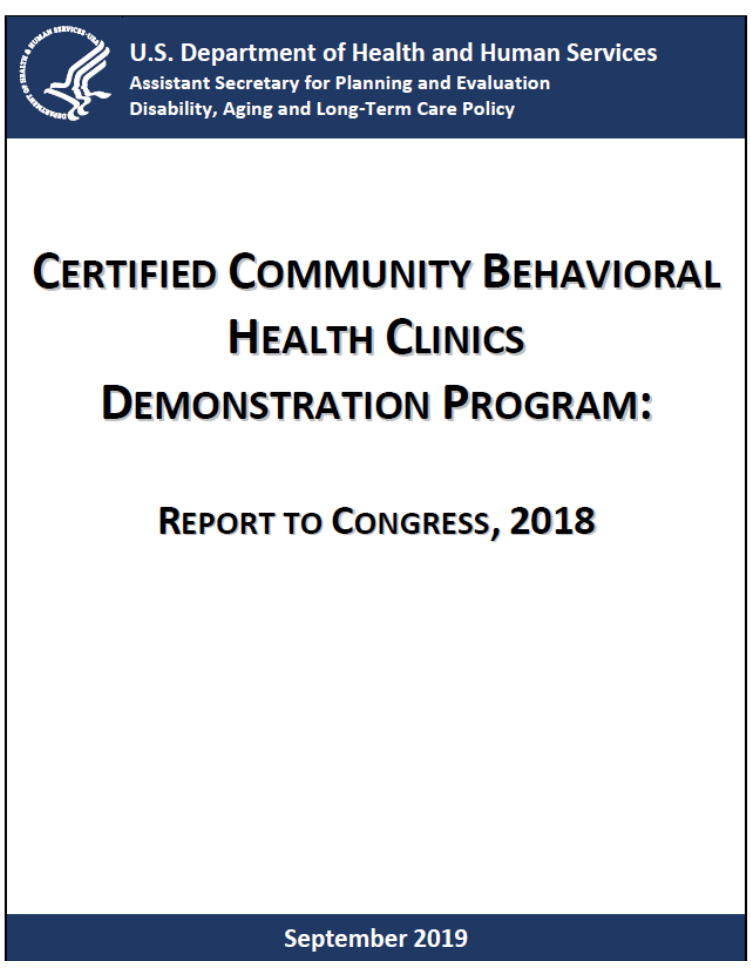
Reports to Congress

Report Year	Due Date	Topics Covered
First Year	Complete	Program Basics - Initial qualitative information about the program and implementation
Second Year	Complete	State Strategies for CCBHCs to Improve Quality and Access to Care – Uses survey data about implementation to describe increases in service capacity
Third Year	Complete	Quality and Access to Care – Demonstration Year (DY) 1. This report will include qualitative and quantitative information primarily from DY1
Fourth Year	Due 1/2021	Quality and Access to Care DY1 and DY2 Outcomes. This report will note impact of demonstration programs on state plan amendments (SPAs) and Medicaid 1115 waivers. This report will contain qualitative and quantitative information from DY2
Final Report	Due 12/2021	Impact of Programs – This final report will include analysis of Medicaid claims, as well as: • Expenditures for both DYs • Quality and access to care • SPAs and 1115s • Volume by type of service, etc.

Report to Congress


U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Disability, Aging and Long-Term Care Policy

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS DEMONSTRATION PROGRAM:

REPORT TO CONGRESS, 2018

September 2019

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Medicaid Demonstration vs. SAMHSA Expansion Grants

Medicaid Demonstration

- Provides flexible and complete reimbursement under prospective payment systems (states may choose between 2 models based on daily or monthly encounter rates)
- Eliminates fragmented financing for many served
- Integrated into existing state and local financing and administrative systems
- Includes quality incentives
- Implemented through HHS partnership
- Awards to States

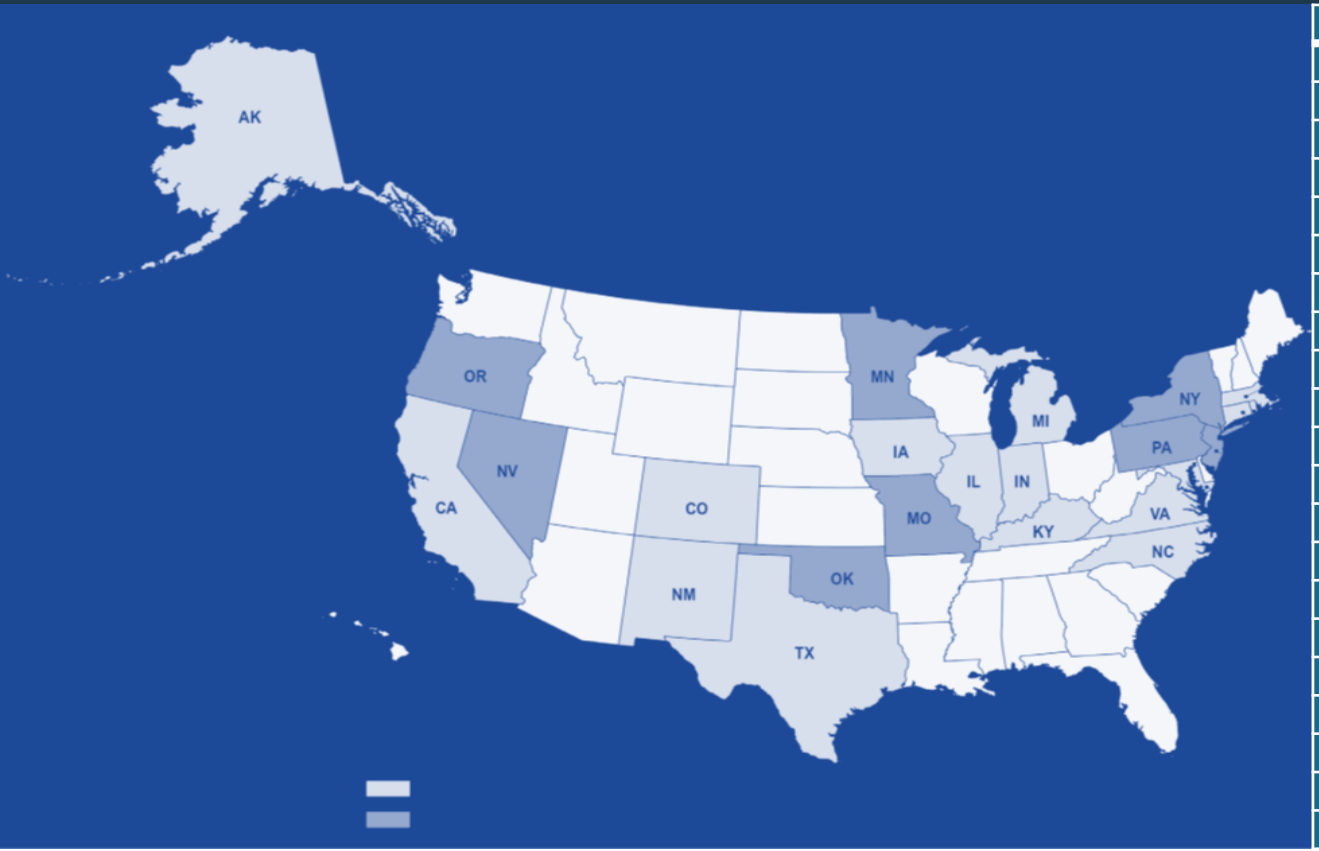
SAMHSA Expansion Grants

- Provides fixed grant amount (up to $2 million/year for 2 years)
- Adds another funding stream with different rules and administrative processes
- Does not support the full collection of cost and quality data
- Does not require reporting on Quality Measures
- Run primarily by SAMHSA
- Awards to Certified Community Behavioral Health Clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award.

FY 2018 CCBHC-E Grant Program

- 64 total grants
  - 52 grants awarded in FY2018
    - Anticipated completion date: September 2020
  - 12 off the shelf grants awarded in FY2019
    - Anticipated completion data: December 2020
- 166 Grantees are funded for two years
  - Funding level is up to $2 million per year

FY 2018 CCBHC-E Grantees by State



States	# of Grants
Colorado	1
Connecticut	1
Iowa	2
Illinois	1
Indiana	2
Kentucky	3
Massachusetts	5
Maryland	2
Michigan	9
Minnesota	2
Missouri	3
North Carolina	1
New Jersey	6
Nevada	1
New York	8
Oklahoma	4
Oregon	2
Pennsylvania	3
Rhode Island	1
Texas	6
Virginia	2

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FY 2020 CCBHC-E Grantees by State

States	# of Grants	States	# of Grants
Alaska	2	North Carolina	4
Arkansas	3	Nebraska	2
California	5	New Jersey	14
Colorado	2	New York	30
Connecticut	7	Ohio	2
Florida	4	Oklahoma	5
Iowa	6	Oregon	3
Illinois	3	Pennsylvania	6
Indiana	3	Rhode Island	2
Kansas	1	Tennessee	1
Kentucky	5	Texas	11
Massachusetts	10	Virginia	2
Michigan	18	Washington	3
Minnesota	2	Wisconsin	1
Missouri	5	West Virginia	2

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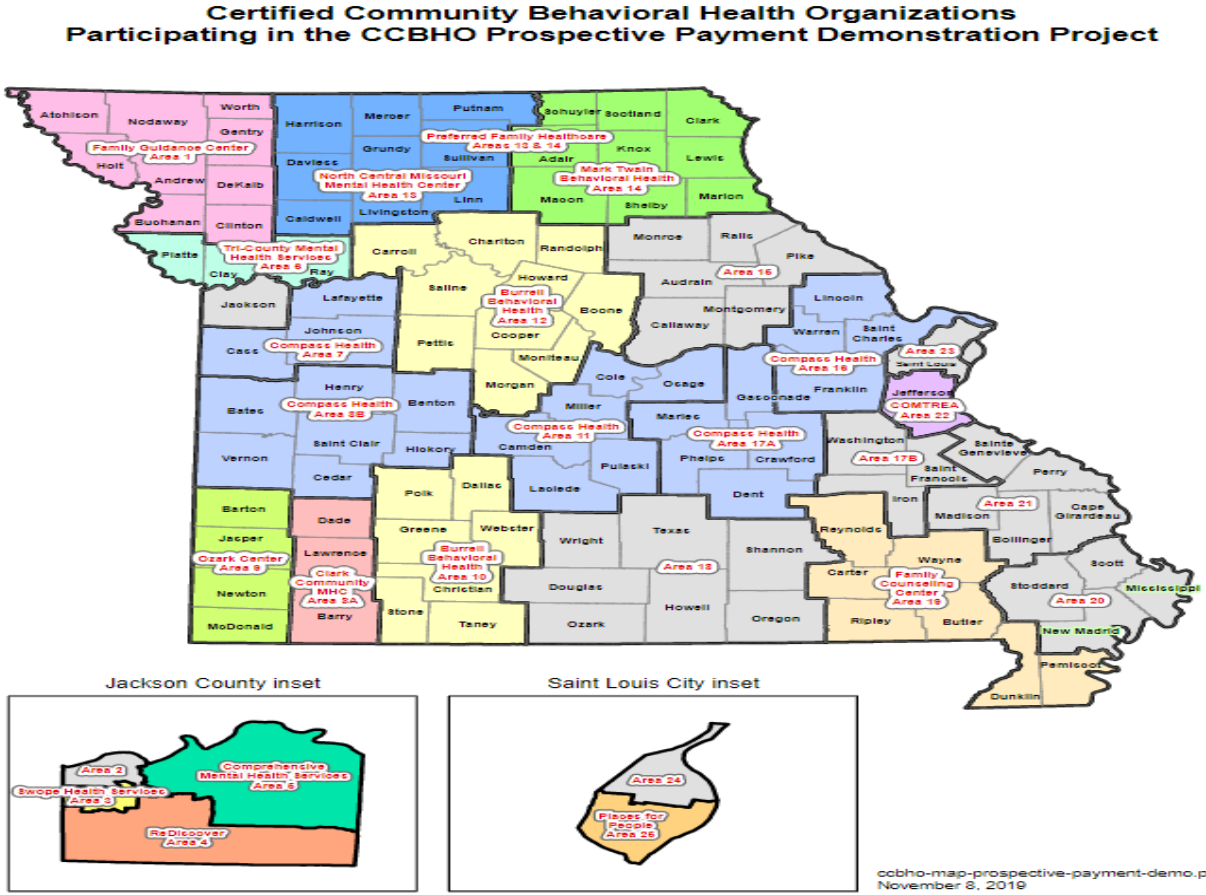
Missouri CCBHO Locations



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CCBHC

Improving Outcomes & Access to Care

Missouri's Impact Report | Year 2

20%

Increase in patient access to care

Overall increase in patients served from baseline to Year 2

Missourian's Served by CCBHCs

3,130

Veterans Served by CCBHCs

25%

Overall increase in veterans served from baseline to Year 2

Serving More Patients in the Community

A rural MO CCBHC served **85%** more patients by Year 2 of the demonstration period

Reducing Time to Access Care

One CCBHC reduced the wait time to see a psychiatrist by **66%**

41 Days to 14 Days

One CCBHC reduced the time from initial evaluation to first service provided by **93%**

80 Days to 5.7 Days

Providing Medication Assisted Treatment

CCBHCs are providing **83%** more patients with medication assisted treatment

Law Enforcement Collaboration

"Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them.

Publication from Bureau of Justice Assistance & Council of State Governments Justice Center, April 2019

Missouri Success

38,277

Referrals from law enforcement 2017-2019

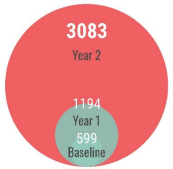
Missouri's Impact Report | Year 2

Improving Outcomes & Access to Care

Increasing School Services

One CCBHC grew the number of school-based services provided in their community by **81%**

599 to 3083 services



Achieving Patient Satisfaction

Individuals receiving services from CCBHCs responded feeling positive about the care they received in the following areas:

86% Access to Care

91% Quality of Care

88% Engaged in Care

Performance Measures

adult > over 21 years of age
youth > ages 20 and under

Follow Up After Hospitalization in 30 Days

- adult: 74%
- youth: 76%

Follow Up After ER Visit in 30 Days

- adult: 78%

Suicide Risk Assessment for Depression

- adult: 78%
- youth: 75%

Metabolic Syndrome Screening

- adult: 89%
- youth: 88%

This report was prepared by the Missouri Coalition for Community Behavioral Healthcare using data reported by the state and CCBHCs as of Sept. 2019.

Providing Early Screening & Intervention

During the 2018-19 school year at Joplin Middle School, the school identified:

300 students with suicidal ideations, self-harm, depression, emotional distress and other behaviors

230 of those students were referred to the local CCBHC for mental health services

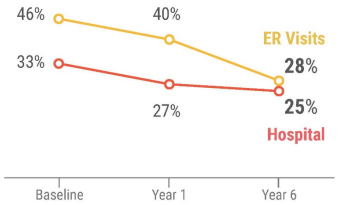
zero suicides occurred during the school year

Reducing Hospital & ER Utilization

CCBHCs continue to reduce the number of patients with 1 or more ER or hospital encounter

38% Decrease in ER Visits

23% Decrease in Hospitalizations



COALITION

Jefferson City, Missouri
www.mocoalition.org

SAMHSA Resources

- SAMHSA Website: https://www.samhsa.gov/section-223. Has a host of information including:
  - Quality measures,
  - Certification criteria, guides and resources,
  - Care coordination
  - Cultural competence
  - Governance and Oversight
  - Agreements and Transitions (also working with DCOs)
- Complete Certification Criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

Resources Cont.

SAMHSA Funded Center of Excellence on Integrated Health Solutions at the National Council

https://www.thenationalcouncil.org/integrated-health-coe/

National Council CCBHC Success Center

https://www.thenationalcouncil.org/ccbhc-success-center/

Thank you

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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