

Certified Community Behavioral Health Clinics

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Crisis in the safety net



- Low payment rates = unsustainable
 - Difficulty recruiting & retaining staff
- Funding cuts year after year
- No support for key, non-billable activities that improve health
- Behavioral health providers excluded from critical health care & funding bills



Enacted in 2014 as Section 223 of the Protecting Access to Medicare Act



Senators Roy Blunt and Debbie Stabenow



Representatives Leonard Lance and Doris Matsui



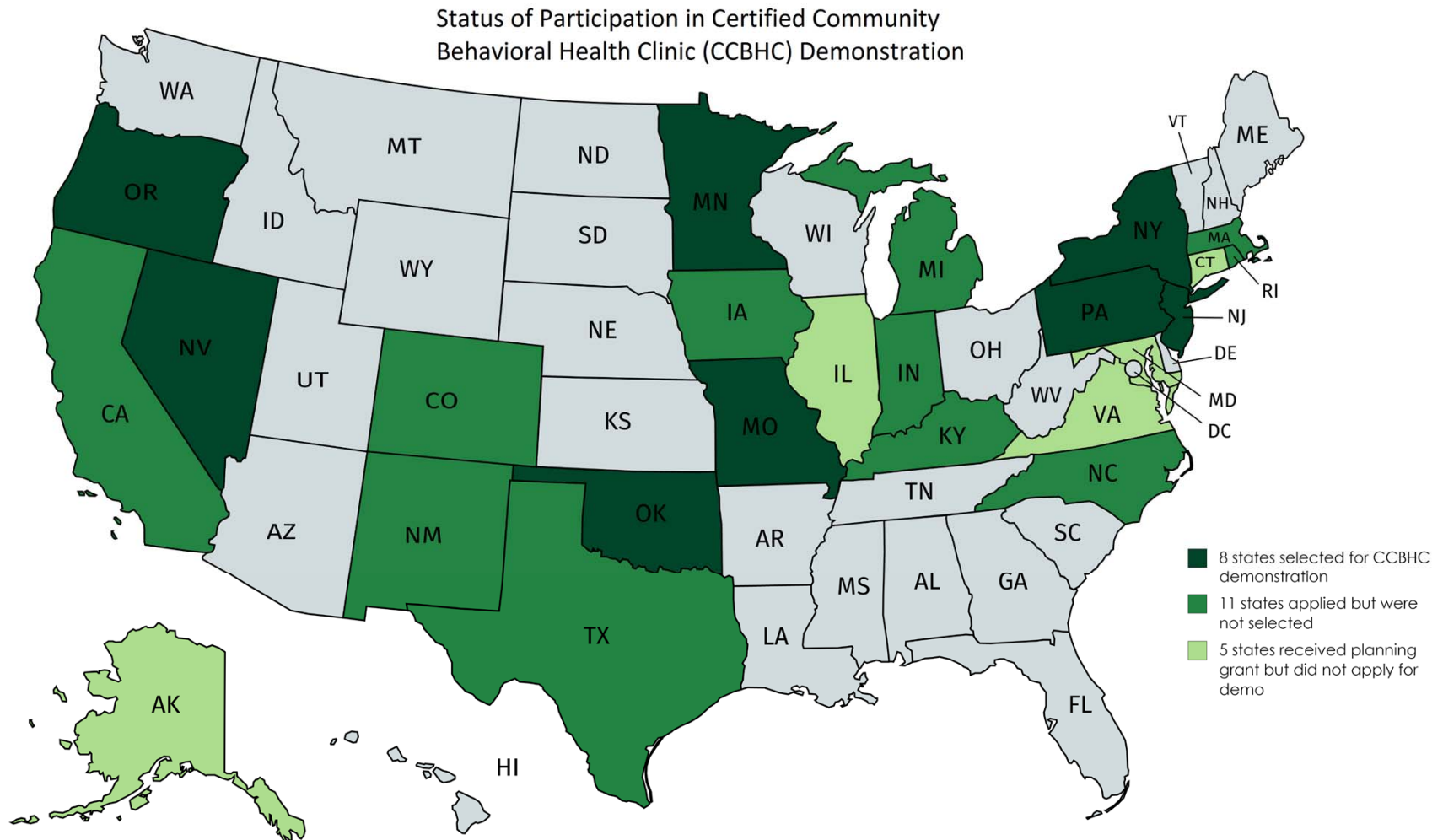
CCBHCs: A New Model

Built on the concept that the way to expand care is to pay for it

- **National definition** re: scope of services, timeliness of access, etc.
- Standardized **data and quality reporting**
- **Payment rate** that covers the real cost of opening access to new patients and new services...
 - ...including non-billable activities like outreach, care coordination, and more...



8 of 24 States were Selected



In the first 6 months of implementation...

CCBHCs added

1160+

new positions to their staff...
and mass hiring continues!

“CCBHC status has allowed us to court and hire more highly qualified candidates, because we can now offer more competitive salaries.”



Key staff expansions

Within the first 6 months, CCBHCs hired:

72
psychiatrists

64% hired peer
recovery specialists



90% of CCBHCs have a
psychiatrist on staff with an
addiction specialty/focus

Within the first year:

398 new staff with an
addiction specialty or focus



In the first 6 months of implementation:

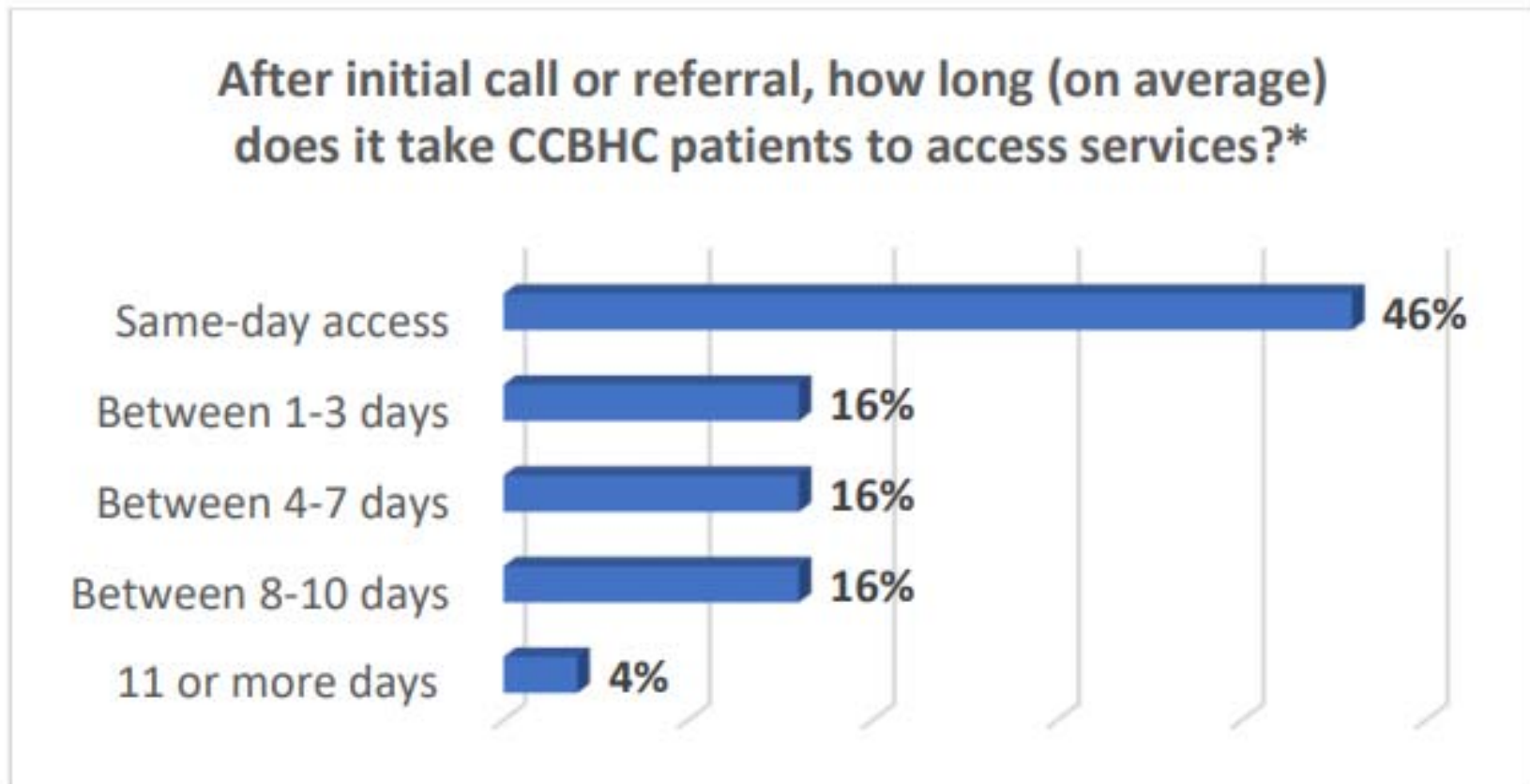
87%

of CCBHCs report an increased number of patients served, representing up to a **25% increase** in total patient caseloads for most clinics



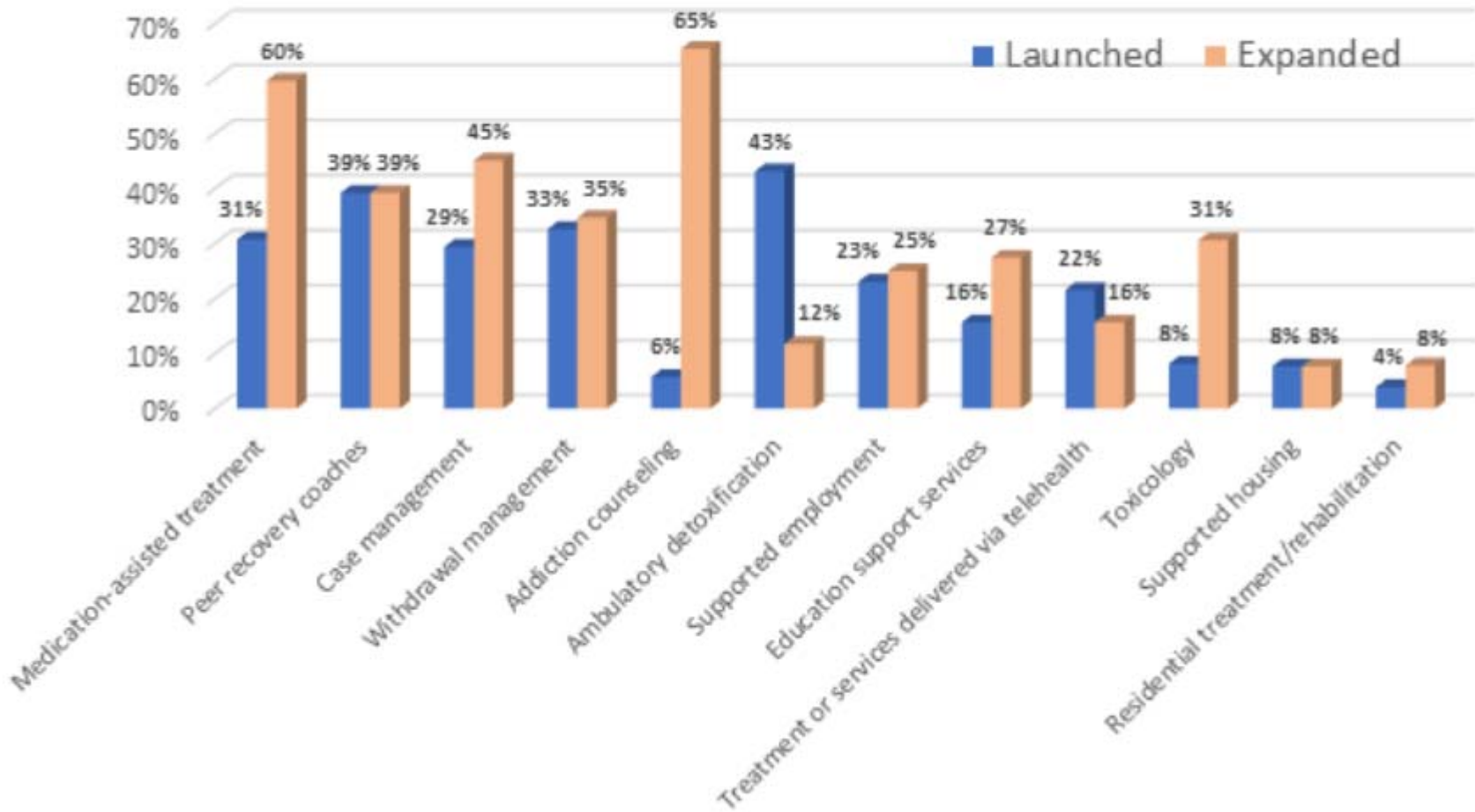
By end of Year 1:

68% of CCBHCs have *decreased* patient wait times



CCBHCs' expanded service array

Since becoming a CCBHC, have you launched or expanded the following addiction-focused treatment and recovery services?



Randy Tate, National Council Board Member and CEO of NorthCare in Oklahoma City



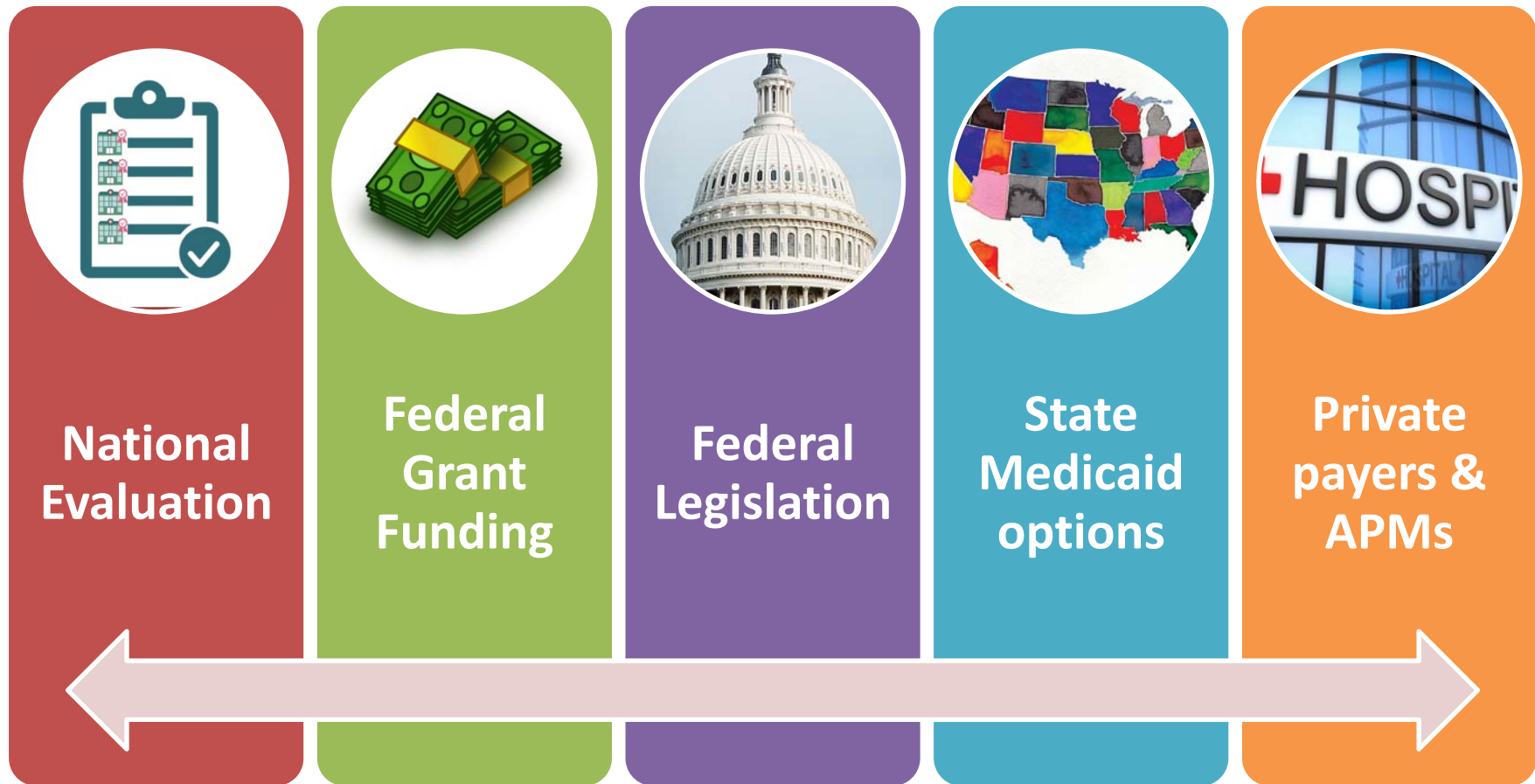
“Now that we’ve seen what service delivery can be like, it would be impossible to go back.”



CCBHC Panel Discussion



Sustainability & Expansion Planning for CCBHCs



Excellence Act Expansion: S. 1905/H.R. 3931



Sens. Roy Blunt and Debbie Stabenow



Reps. Leonard Lance
and Doris Matsui

115TH CONGRESS
1ST SESSION

S. 1905

To increase the number of States that may conduct Medicaid demonstration programs to improve access to community mental health services.

IN THE SENATE OF THE UNITED STATES

OCTOBER 2, 2017

Ms. STABENOW (for herself and Mr. BLUNT) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To increase the number of States that may conduct Medicaid demonstration programs to improve access to community mental health services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Excellence in Mental
5 Health and Addiction Treatment Expansion Act”.

6 **SEC. 2. COMMUNITY MENTAL HEALTH SERVICES DEM-**
7 **ONSTRATION PROGRAM.**

8 Section 223(d) of the Protecting Access to Medicare
9 Act of 2014 (42 U.S.C. 1396a note) is amended—



CCBHC Expansion Grants

Funding and Awardees

- Up to **\$2 million** per grantee, per year for **2 years** (Total = \$4 million)
- Up to **25 clinics** will be selected
- Total available funding ~\$100 million
- Grant terms begin Sept 30, 2018 and extend through Sept. 30, 2020
- Grantees do **NOT** receive PPS (differs from Medicaid demonstration)



Options for States via Medicaid

Section 1115 Waiver

Enables states to experiment with delivery system reforms

Requires budget neutrality

Must be renewed every 5 years

State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in state plan)

With CMS approval, offers opportunity to continue PPS

Subject to CMS approval process; consider timing of request

State Plan Amendment

Enables states to permanently amend Medicaid plans to include CCBHC provider type, scope of services, requirements, etc.

Does not require budget neutrality

With CMS approval, can continue PPS

Cannot waive statewideness, may have to certify additional CCBHCs

Subject to CMS approval process; consider timing of request



Discussion & Questions

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