The CCBHC: An Innovative Model of Care for Behavioral Health

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Overview of the CCBHC

- The Certified Community Behavioral Health Clinic is authorized under Section 223 of the Protecting Access to Medicare Act (PAMA) (PL 113-93).
- Program objectives are to integrate behavioral health with physical health care, increase consistent use of evidence-based practices, improve access to high-quality care and demonstrate cost efficiencies.
- Selected states participating initiated a two year demonstration project utilizing a Prospective Payment Rate system.
The Mission and Purpose

1. Improve overall health and wellness by expanding and improving community mental health care, housing, and care coordination.
2. Implement a model that provides integration of behavioral health, physical health and addictions treatment; serving the whole person.
3. Enhance services provided through implementation of Evidenced Based Practices endorsed by the model.
NJ CCBHC Providers

- AtlantiCare Behavioral Health
- Oaks Integrated Care
- Catholic Charities Diocese of Trenton
- CarePlus New Jersey
- Northwest Essex Community Healthcare Network
- Rutgers University Behavioral Health Care
- CPC Behavioral Healthcare
- SERV Behavioral Health System, Inc.
CCBHC and the Pillars of Program Success

The CCBHC Model gives us the framework to bolster the key pillars upon which our programs rest:

1. Access to services: 24/7 access to care; integrated health care; crisis response; care coordination
2. Quality Care: Making services Evidence Based and data driven
3. Outcomes: Improved wellness and client satisfaction
Components of the CCBHC System

- Primary Health Screening and Monitoring
- Care Coordination
- Targeted Case Management
- Crisis Services
- Peer Supports
- Psych Rehab
- Patient Centered Treatment Planning
- Veterans Services
- Outpatient MH/SA
- Psychiatric Care and MAT
- Ambulatory Detox Services
- Screening, assessment, and diagnosis
- Ambulatory Detox Services
- Psychiatric Care and MAT
- Outpatient MH/SA
Core Services

Core Service must be provided by CCBHC directly:

- Behavioral Health Crisis Services
- Comprehensive Behavioral Health Screening, Assessment, Diagnosis and Risk Assessment
- Comprehensive Outpatient MH and SA Services
- Patient Centered Treatment Planning
- Care Coordination
- ASAM Level 1 Withdrawal Management for adults
Other Required Services

The services listed below are also required, but can be provided by a CCBHC directly, through a Designated Collaborating Organization, referral or other partnership.

- Outpatient primary care screening and monitoring of key health indicators and risk
- Psych Rehab Services
- Community Wellness and Recovery Centers
- Targeted Case Management
- Peer and family supports
- Community based MH and SA services for Armed Forces and Veterans
- ASAM Levels of Withdrawal Management for Adults 2WM, 3.2WM, 3.7WM
The CCBHC seeks to make an impact in five (5) diagnostic categories:

1. Children w/Serious Emotional Disturbances (SED)
2. Adults with Severe and Persistent Mental Illness (SPMI)
3. Adults w/Substance Use Disorders (SUD)
4. Veterans w/PTSD (VETS)
5. General Population w/any other Mental Health of Substance Use Diagnosis
<table>
<thead>
<tr>
<th>Required Evidence-Based Practices</th>
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<tbody>
<tr>
<td>Illness and Management Recovery (IMR)</td>
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<tr>
<td>Motivational Interviewing (MI)</td>
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<tr>
<td>Medication Management and Education</td>
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<tr>
<td>Trauma Informed Care (TIC)</td>
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<tr>
<td>Medication Assisted Treatment (MAT)</td>
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<td>Assessment and Screening Tools (PHQ9, Audit, CSSRS, etc..)</td>
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<td>Smoking Cessation</td>
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Care Coordination Partnerships

The “Linch-Pin” of program success:

- Coordinates Care across the spectrum of services internally and externally
- Care coordination for ongoing treatment and aftercare services
- Helps to establish the “Treatment Team”
- Fosters relationships and collaboration with:
  - Schools
  - Justice and Legal System
  - Hospital System; Psych and Medical
  - DCPP
  - Veterans Affairs
  - FQHCs
  - Residential Substance Abuse Treatment
  - Methadone Treatment
  - Other Community Providers
- Done through electronic exchange of information (e.g. HIE) as well as through connecting via telephone, e-mail and in-person
- All staff are involved with the care coordination process
Improving Overall Health and Wellness

- Improved Access to Care
- A Wraparound model of service delivery that is seamless
- How does this change the experience for the individuals we serve?
- The Journey toward health and wellness...
## The Journey: Mr. K

**Homelessness and Basic Needs**
- Triage
- Case Management

**Acute Medical Needs**
- Care Coordination
- Primary and Specialty Care w/FQHC

**Motivation for Treatment**
- Peer Supports
- Motivational Interviewing

**Substance Use**
- Addictions Counseling
- MAT

**Trauma and MH Needs**
- Outpatient Mental Health Services
- Psych Rehabilitation

**Compromised Support System**
- Involvement of Natural Supports in Treatment
- Family Support Services (IFSS)
Prospective Payment System (PPS2)
- PPS2 rates are monthly bundled rates similar to capitation
- Allows for non-billable staff and activities; Nurses, collaboration, peer specialists and flexibility in providing services,
- Separate monthly PPS rate to reimburse to meet the needs of the special populations

Rates Driven by Cost Report
- Cost reports allows agencies to receive rates that align with the cost of providing services

Outlier Payments and Quality Bonus Payments
An Overview of the CCBHC Measures

CCBHCs are required to report on CCBHC Behavioral Health Clinic Measures

32 measures in total – structured data from EHRs, Assessments, Surveys

Federal CCBHC measures – 14

State led measures – 18

DY1 = July 1, 2017 to June 30th 2018
How are the CCBHC providers doing so far?
## CCBHC Impact and Outcomes

<table>
<thead>
<tr>
<th>Improved Access to Care</th>
<th>Expanded Addictions Services</th>
<th>Holistic Treatment</th>
<th>Technological Improvements</th>
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<tbody>
<tr>
<td>• Open Access</td>
<td>• Expanded or implemented MAT services and treatment services</td>
<td>• Treating behavioral, environmental, physical, and emotional needs of individuals</td>
<td>• HIE</td>
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<td>• Intake Appts. within 24hrs</td>
<td>• Implemented AWM 2 Service</td>
<td>• Partnerships with FQHCs and other healthcare providers</td>
<td>• Improved Data Collection and Reporting</td>
</tr>
<tr>
<td>• Served 18,000 individuals in Year 1</td>
<td>• Provided true co-occurring services</td>
<td>• Providing Peer, Family and Case Management services</td>
<td>• Maximizing EHR capabilities</td>
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<td></td>
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<td>• Preparing for Value Based Models of Payment</td>
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Connection to Housing

CCBHC

Supportive Housing
Implications of Federal & State policy on the viability of CCBHC in differing scenarios

- Demonstration vs. Grant
- ACA changes
- Medicaid Expansion
- Excellence in Mental Health Act
- 1115 Waiver
- Quality Measures in the move to Managed Care/Population Health
- Advocacy efforts
- Creating Partnerships with other Community Providers
Questions?
Thank you!