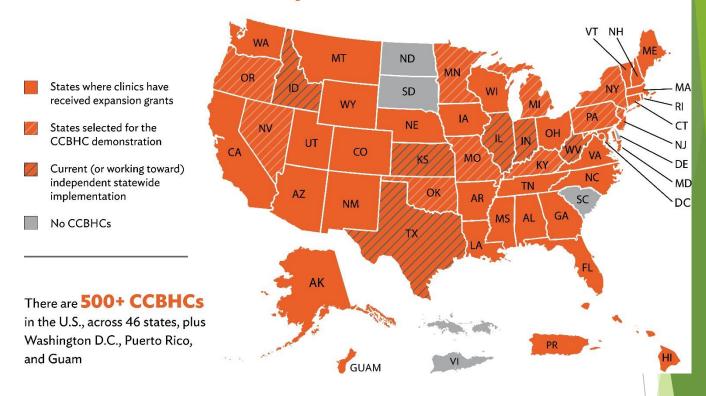
Indiana Council of Community Mental Health Centers, Inc.

CCBHC

Certified Community Behaviorral Health Clinics



Status of Participation in the CCBHC Model



Today, there are more than 500 CCBHCs and CCBHC grantees in 49 states and territories, including new grantees awarded in September 2022. This report contains data collected from CCBHCs and grantees that were active as of August 2022, covering 249 of 450 sites.



What is a CCBHC?

CCBHCs provide a **comprehensive range of mental health and substance use services.** The CCBHC model alleviates decades-old challenges that have led to a crisis in providing access to mental health and substance use care.



Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf



Comprehensive Care is Key

CCBHCs provide a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders.



24/7/365 Mobile Crisis Team Services

Help people stabilize in the most clinically appropriate, least restrictive, least traumatizing, and most cost-effective settings.



Immediate Screening & Risk Assessment

To ameliorate the chronic comorbidities that drive poor health outcomes and high costs for those with behavioral health disorders.



Easy Access to Care

With criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence.



Expanded Care Coordination

With a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services.



Tailored Care for Active Duty Military and Veterans

To ensure they receive the unique health support essential to their treatment.



Commitment to Peers and Family

Recognizing that their involvement is essential for recovery and should be fully integrated into care.



Pathways to CCBHC

CCBHC E-Grant

SAMHSA \$2 million per year for two years

CCBHC Bridge Grants

State funds to help fill the gap between E-grants and longterm implementation CCBHC
Certified Community
Behavioral Health Clinic



CCBHCs can be established via multiple pathways:

CCBHC Model

Cost-related Medicaid reimbursement rate through:

- CCBHC Demonstration
- CMS-approved SPA or waiver



CCBHC Timeline for Indiana

Flexibility may be available with both Medicaid Demonstration and SPA

December 2022

Apply for CCBHC Planning Grant

Planning grant may up approximately \$1 million

March 2023

Establish Goals & Stakeholders

After receiving the CCBHC planning grant, begin key steps

July 2024

Launch the CCBHC Model

Certify the clinics that meet
Indiana's criteria and provide them
a bundled payment

March 2024

Apply for the CCBHC Demonstration

Apply for the Medicaid Demonstration to receive an enhanced match

July 2025

Review CCBHC Impacts

Look at strengthen and opportunities for improvement with clinic and state efforts

July 2027

Submit a State Plan Amendment

If not selected for the Demonstration, a SPA may be needed sooner in this process to stay competitive



A Plan for Indiana to Expand the Use of CCBHCs



Establish Indiana-specific CCBHC goals

- Establish a shared understanding of state agency roles and responsibilities
- Form an internal planning team
- Form a stakeholder advisory committee
- Articulate CCBHC goals and timelines



EXPANDING ACCESS TO CARE

CCBHCs and grantees are closing the treatment gap that leaves millions of Americans with unmet mental health and substance use needs¹, bringing thousands of new clients into care.

- 1.2 million people are currently served across 249 responding clinics, which means that an estimated 2.1 million people² are served nationwide by all 450 CCBHCs and grantees active as of August 2022.
 - This estimated total represents an increase of about 600,000 clients³ compared to the estimated total number of individuals served by all CCBHCs in 2021.
- CCBHCs and grantees are, on average, serving more than 900 more people per clinic than prior to CCBHC implementation, representing a 23% increase.



INVESTING IN WORKFORCE

The CCBHC model is alleviating the impact of the community-based mental health and substance use workforce shortage by enabling clinics to increase hiring.

- Responding clinics hired 6,220 new staff positions, or an average of 27 new staff per clinic, as a result of becoming a CCBHC.
- An estimated 11,240 new staff positions⁴ were added across all 450 active CCBHCs and grantees active as of August 2022.
- to CCBHC implementation, representing a 23% increase.



EXPANDING ACCESS TO MEDICATION-ASSISTED TREATMENT

CCBHCs and grantees are addressing the nation's opioid crisis by dramatically expanding access to medication-assisted treatment (MAT), which when combined with counseling and behavioral therapy to provide a "whole patient" approach, is considered to be one of the most effective ways to treat substance use disorder (SUD).

- 82% of CCBHCs and grantees use one or more forms of MAT for opioid use disorder, compared to only 56% of substance use clinics nationwide that provide any MAT services⁵.
- An estimated 69,400 clients⁶ nationwide are engaged in MAT across the 450 CCBHCs and grantees that were active as of August 2022.
- 65% of CCBHCs and grantees have increased the number of clients engaged in MAT since becoming a CCBHC, including 27% who say the increase has been significant.



COORDINATION AND INTEGRATION WITH PRIMARY CARE

CCBHCs and grantees work closely with primary care partners, using multiple strategies to coordinate and integrate care.

- 81% of respondents report increasing the number of referrals to primary care since becoming a CCBHC.
- CCBHCs also engage in numerous activities to coordinate and integrate care, from electronic information sharing with care coordination partners (94% currently do this or plan to) to colocating physical health services on site (88% currently do this or plan to) and more.



Expanding Timely Access to Care

12 MILLION CLIENTS

are currently served by 249 responding CCBHCs and grantees Estimated

2.1 MILLION

people currently served across all 450 active CCBHCs and grantees

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This represents a steep increase from the estimated 1.5 million people served across 224 active CCBHCs as of 2021.

77%CCBHCs & GRANTEES

say their caseload has increased since becoming a CCBHC

Nearly **180,000**

total new clients served by these clinics

,~~

This represents a 23% increase since becoming a CCBHC



Making Crisis Services and Supports Available to All

The ideal mental health and substance use crisis system is more than a single program¹⁵. It is a continuum of structures, processes and services that address increasing intensity of needs and connect individuals to care both during and beyond the moment of crisis¹⁶. CCBHCs services span this continuum, offering prevention services, direct crisis response, and post-crisis care. Clinics have the option to provide 24/7 crisis response care directly via internal staff, or contract with a state-sanctioned crisis response network as a designated collaborating organization (DCO).

Elements of the SAMHSA CCBHC criteria related to provision of crisis care¹⁷:



Prevention

- Early engagement in care
- · Crisis prevention planning
- Outreach & support outside the clinic



Crisis Response

- 24/7 mobile teams
- Crisis stabilization
- Suicide prevention
- Detoxification
- Coordination with law enforcement & hospitals



Post-crisis Care

- Discharge/release planning, support & coordination
- Comprehensive outpatient
 MH & SUD care

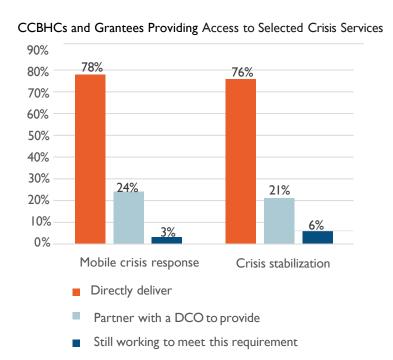
What is a DCO?

A DCO is an organization that works with a CCBHC to deliver the full array of required services. CCBHCs and DCOs establish formal agreements ensuring delivery of care in alignment with the federal criteria.

The DCO relationship represents an opportunity to align and integrate other community providers under the "umbrella" of the CCBHC model.



CCBHCs and grantees are building out behavioral health crisis response capacity in their communities. Most CCBHCs and grantees provide mobile crisis response and crisis stabilization, either directly or through DCO partnership. For about half, at least one of these services was added since becoming a CCBHC – mobile crisis response (40%) and crisis stabilization (26%), an indication of expanded availability of crisis care and expanded coordination with crisis service providers in these communities.

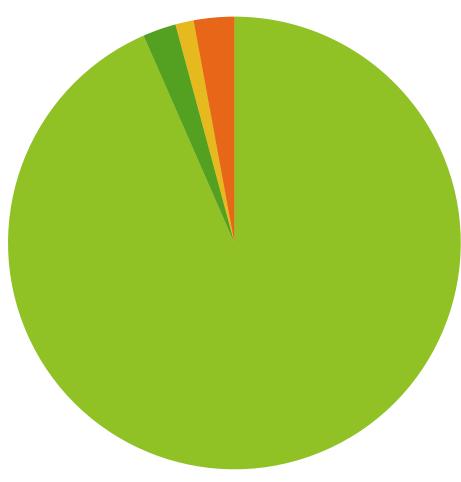




Innovative Practices in Crisis Response	Percentage of participating CCBHCs
Offers post-crisis wrap around services to facilitate linkage and follow-up	83%
Partners with statewide, regional, or local crisis call line to take referrals for non-urgent or post-crisis care	67%
Has mental health and substance use provider co-respond with police / EMS	45%
Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization	38%
Has mobile mental health and substance use teams respond to relevant 911 calls instead of police / EMS	30%
Partners with 911 to have relevant 911 calls screened and routed to CCBHC staff	22%
Other	18%



Where are we at currently in Indiana - with pilot funding



■ Total Number	of	Clients	provided	services	by
CCBHC					

■ Clients provided same day access to care

602,640

1	5	292
	J	, L / L



53,850 CLIENTS

received SUD services

87,078 CLIENTS

Enrolled in targeted

Case Management services

36

Average number of clients

Number of outreach, engagement and other services

CRISIS SERVICES 55.964

Total number of calls received

31,452

Total number of individuals served



Next Steps for Indiana

- 988/CCBHC policy
- State application for Demonstration of CCBHC
- 4 year demonstration
- SPA in 2025 for continued CCBHC sustainability

