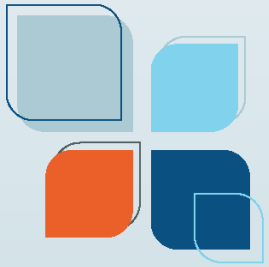
State Learning Collaborative

Achieving Integration of Substance Use Disorder (SUD) Services within the CCBHC Model



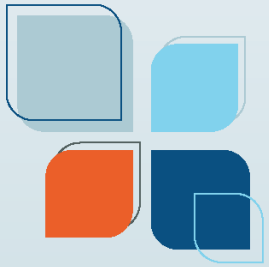
CCBHC S-TAC

CCBHC State Technical Assistance Center

NATIONAL COUNCIL
for Mental Wellbeing

HEALTHY MINDS ▪ STRONG COMMUNITIES

NASADAD National Association of State Alcohol and Drug Abuse Directors



CCBHC S-TAC

CCBHC State Technical Assistance Center

This presentation was made possible through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).

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NATIONAL COUNCIL *for* Mental Wellbeing


WELCOME

Goal

To increase the knowledge of state teams on removing barriers and increasing access to outpatient SUD care as well as better integration of that care with mental health and other services.

Participants will:

1. Increase knowledge and understanding of SUD services and their integration within the CCBHC model and apply this knowledge to program implementation requirements, strategies, and deliverables.

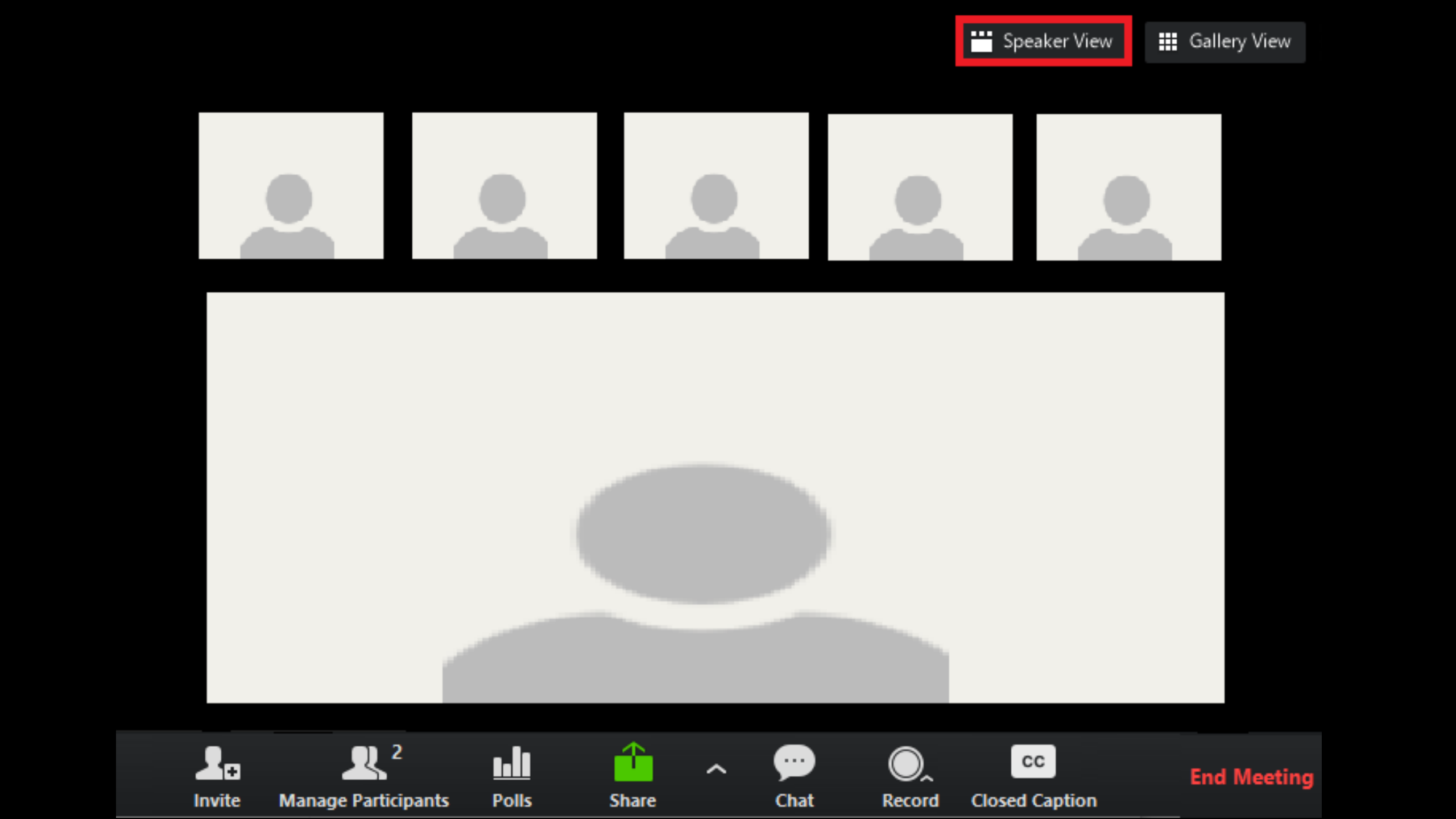
Participants will:

2. Identify systemic barriers to provision and integration of SUD services in CCBHCs and develop ways to reduce the barriers from a state policy perspective.

Participants will:

3. Utilize change management concepts and strategies to promote successful system transformation at the state level in the implementation of CCBHC programs.


COMING SOON


Speaker View
Gallery View
2
Invite
Manage Participants
Polls
Share
Chat
Record
CC
Closed Caption
End Meeting

4 90-min Sessions

- ✓Integrated Care for Co-occurring Disorders
- ✓Data and Quality Measures
- ✓Workforce
- ✓Peer-to-Peer Learning

All focused on the unique issues related to SUD services

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS ▪ STRONG COMMUNITIES

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Hello.
My name is

Hello.
My name is


Hello.
My name is


ILLINOIS
LAND OF LINCOLN


Hello.
My name is


KANSAS
THE SUNFLOWER STATE


Hello.
My name is


GRAND MARAIS
MINNESOTA
DULUTH
BRAINERD
ST. CLOUD
94
12
MINNEAPOLIS
ST. PAUL
35
90
ROCHESTER


Hello.
My name is


Love from
MISSOURI


Hello.
My name is


NEVADA
THE SILVER STATE

Hello.
My name is

_____


Hello.
My name is


NORTH DAKOTA
THE SIOUX STATE


Hello.
My name is


RHODE
ISLAND
THE
OCEAN
STATE


Hello.
My name is

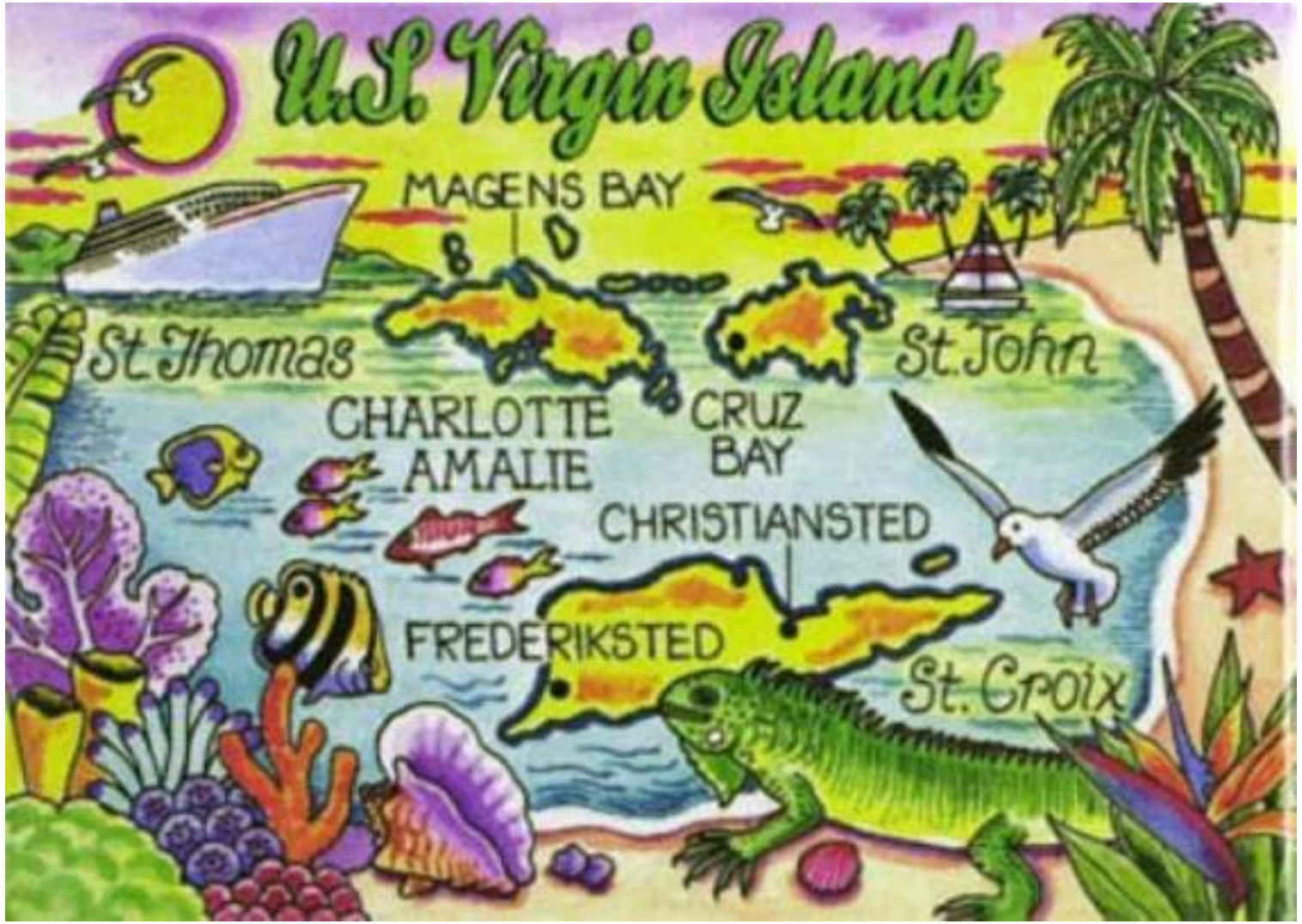

Texas
USA
Nicknamed "The Lone Star State," Texas became the 28th state on December 29th, 1845. It is ranked 2nd in size at 268,601 square miles.


Hello.
My name is


VERMONT
THE GREEN
MOUNTAIN STATE

Hello.
My name is

_____




Hello.
My name is


VIRGINIA
THE OLD DOMINION STATE


EXPECTATIONS
1 2 3 4 5 6 7 8

What we will bring

- Related CCBHC criteria
- National perspectives
- Examples from other states
- Subject matter expertise
- Opportunities for helpful conversations

What we ask you to bring

- Your unique situations
- Your questions
- Your challenges
- Your ideas
- Your engagement and participation


LET'S GET
STARTED

What is a Certified Community Behavioral Health Clinic (CCBHC)?

CCBHC is a model of care that aims to improve service quality and accessibility. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age – including developmentally appropriate care for children and youth. CCBHCs do the following:

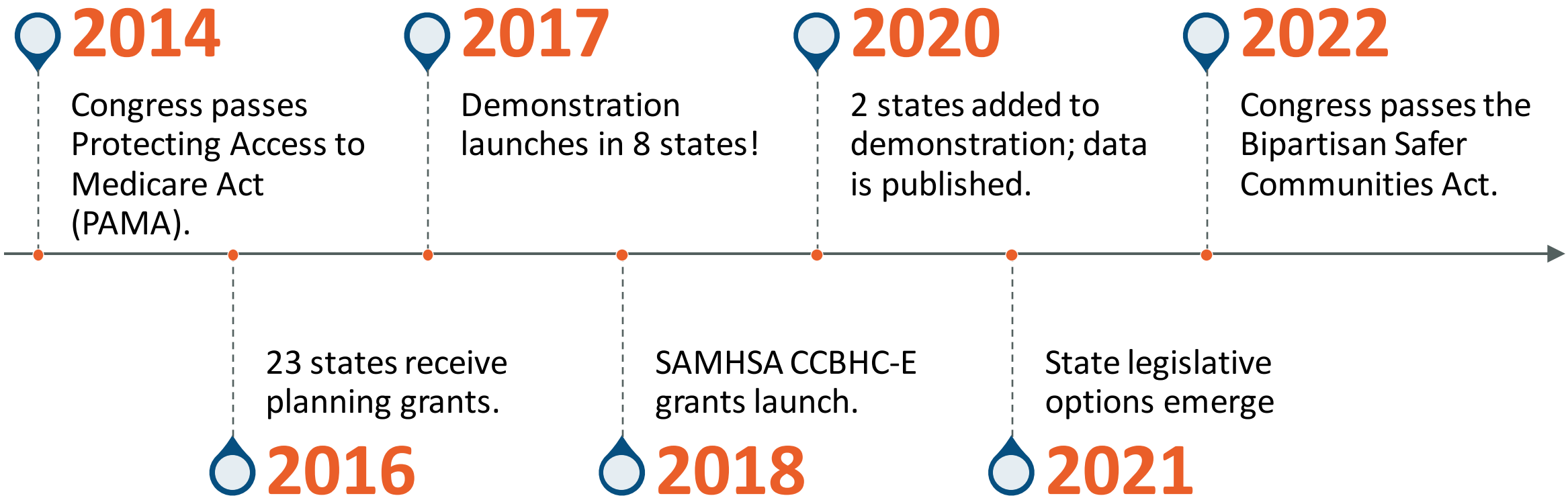
Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.

Offer the full array of CCBHC-required mental health, substance use and primary care screening services.

Coordinate care with other behavioral health, physical health, and social services systems in the community.

The primary goal of the CCBHC program is to increase access to mental health and substance use care for underserved communities.

History of the CCBHC Program



CCBHC Funding Pathways

Section 223 CCBHC Demonstration

- States awarded the opportunity to participate in the Section 223 CCBHC Demonstration Program established in 2017.
- State certification for eligible clinics utilizing the federal CCBHC criteria and Prospective Payment System (PPS) rate.

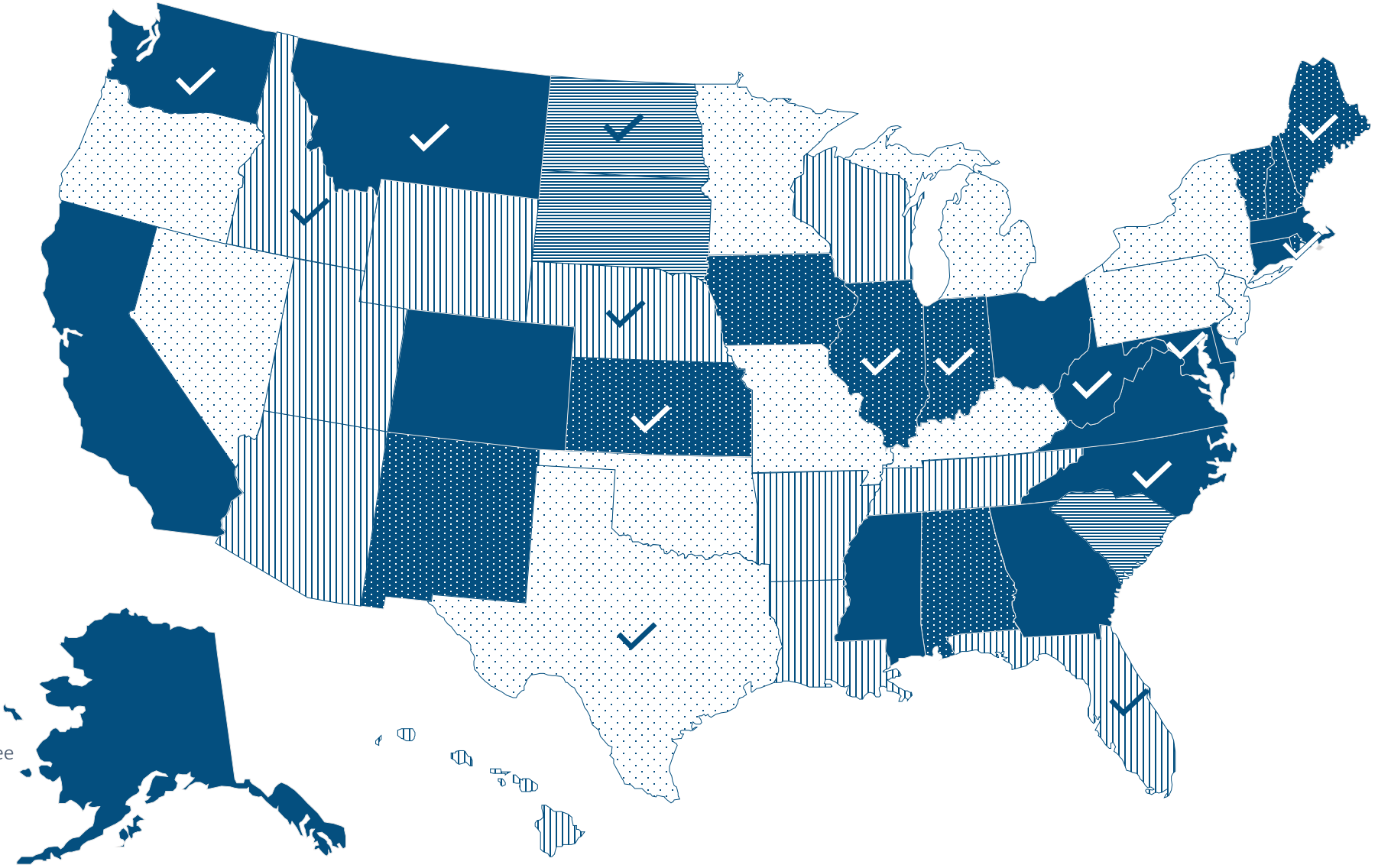
Independent State Medicaid-funded CCBHC Programs

- States that have enacted the CCBHC program through a Medicaid State Plan Amendment or Waiver with approval from CMS.
- State certification for eligible clinics that may or may not use the federal CCBHC criteria and Prospective Payment System (PPS) rate.

SAMHSA-administered CCBHC Grant Program

- SAMHSA awards grant funding directly to clinics to support adoption and implementation of the CCBHC model
- Clinic attestation to SAMHSA describing how meet CCBHC criteria requirements and grant funding of up to $1M/year for 4 years.

Federal & State CCBHC Actions Across the Country



Implementing

- Established CCBHC Model through Medicaid Demonstration or Independent Medicaid Pathway
- Launching CCBHC Model through Medicaid Demonstration or Independent Medicaid Pathway

Readiness

- Previous Planning Grant Recipient & Eligible for Demonstration
- At least 1 Clinic-level SAMHSA CCBHC Grantee
- No State Certified or CCBHC Grantees
- ✓ State Legislation to Pursue the CCBHC Model

Future of the CCBHC Program

That's all 50 states!

2023

- 15 states awarded planning grants to establish CCBHC programs and apply to join the Section 223 CCBHC Demonstration.
- SAMHSA awarded CCBHC grants directly to clinics.

2024

- Up to 10 states will be selected to join the Section 223 CCBHC Demonstration.
- SAMHSA may continue to award CCBHC grants directly to clinics.

2026

- Up to 10 additional states will be selected to join the Section 223 CCBHC Demonstration.
- SAMHSA may continue to award CCBHC grants directly to clinics.

2028

- Up to 10 additional states will be selected to join the Section 223 CCBHC Demonstration
- SAMHSA may continue to award CCBHC grants directly to clinics

2030

- Up to 10 additional states will be selected to join the Section 223 CCBHC Demonstration
- SAMHSA may continue to award CCBHC grants directly to clinics

Focus of CCBHC Criteria

The Protecting Access To Medicare Act of 2014 (PAMA) makes clear that, regardless of condition, CCBHCs must provide services to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age. This includes any individual with a mental or substance use disorder who seeks care, including:

- Those with serious mental illness (SMI)
- Substance use disorder (SUD) including opioid use disorder (OUD)
- Children and adolescents with serious emotional disturbance (SED)
- Individuals with co-occurring mental and substance use disorders (COD)
- Individuals experiencing a mental health or substance use-related crisis

CCBHC Criteria Program Requirements

1: Staffing

2: Availability and Accessibility of Services

3: Care Coordination

4: Scope of Services

5: Quality and Other Reporting

6: Organizational Authority, Governance and Accreditation

To view the full criteria, visit Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria Updated March 2023 (samhsa.gov)

30-minute videos overviewing the model: On-Demand Modules/Lessons - National Council for Mental Wellbeing (thenationalcouncil.org)

Criteria 1.A: General Staffing Requirements

- A community needs assessment and staffing plan that is responsive to the community needs assessment are completed and documented for certification and/or attestation. Both the needs assessment and staffing plan will be updated no less frequently than every three years.
- If a CCBHC does not have the ability to prescribe methadone for the treatment of opioid use disorder directly, it shall refer to an OTP (if any exist in the CCBHC service area) and provide care coordination to ensure access to methadone. The CCBHC must have staff, either employed or under contract, who are licensed or certified substance use treatment counselors or specialists. If the Medical Director is not experienced with the treatment of substance use disorders, the CCBHC must have experienced addiction medicine physicians or specialists on staff, or arrangements that ensure access to consultation on addiction medicine for the Medical Director and clinical staff.

Criteria 1.B: Licensure and Credentialing of Providers

CCBHC staff must include:

- A medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine and other FDA-approved medications used to treat opioid, alcohol and tobacco use disorders.
- Staff, either employed or under contract, who are licensed or certified substance use treatment counselors or specialists.
- Staff with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance and adults with serious mental illness.

Criteria 2.b.3: Timely Access to Services and Initial and Comprehensive Evaluations

- People who are already receiving services from the CCBHC:
  - Seeking routine outpatient clinical services must be provided an appointment within 10 business days.
  - Presenting with an urgent, non-emergency need are generally provided clinical services within one business day.
  - Presenting with an emergency/crisis need are immediately offered appropriate action, including crisis response.
- Same-day and open access scheduling are encouraged.

Care Coordination 3.A: General Requirements

Based on a person- and family-centered treatment plan, the CCBHC coordinates care across the spectrum of health services, including access to:

High-quality physical health care (acute and chronic) and behavioral health care.

Social services, housing, educational systems and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

Other systems necessary to meet the needs of the people they serve, including criminal and juvenile justice and child welfare.

Care Coordination 3.C: Partnerships

Required Partnerships

- Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers and other facilities
- Federally qualified health centers (FQHCs)/Rural Health Centers/primary care
- Hospitals/Emergency Departments (EDs)
- Inpatient acute care hospitals and hospital outpatient clinics
- Inpatient psychiatric facilities, medical withdrawal management, step-down services, and residential programs
- Other community or regional services, supports and providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, state-licensed and nationally accredited child-placing agencies for therapeutic foster care service and other social and human services

Care Coordination 3.C: Partnerships

Additional Recommended Partnerships

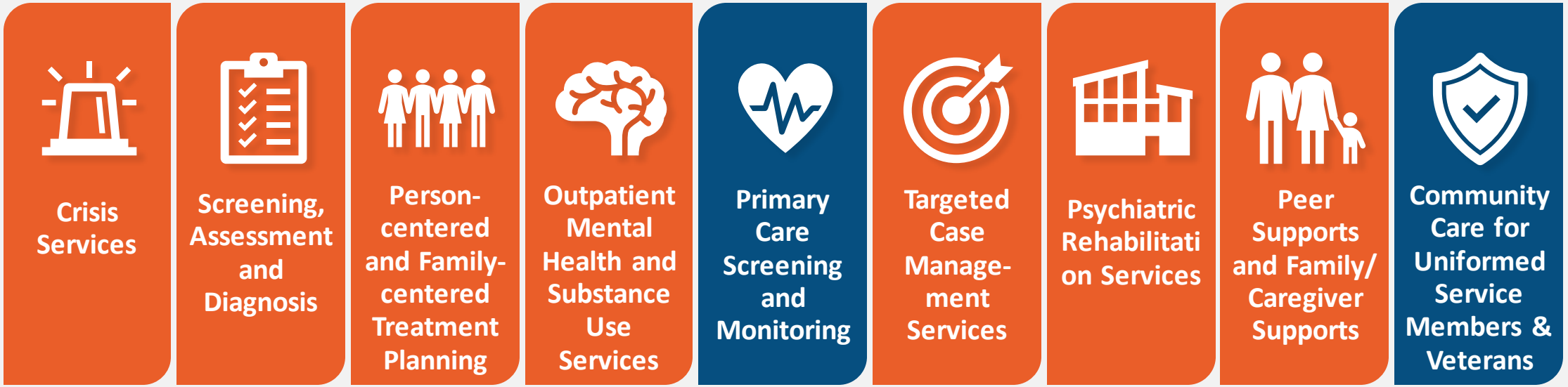
- Other specialty and social and human services providers
- Indian Health Service and tribal programs
- Suicide and crisis hotlines and warmlines
- Shelters and housing agencies
- Employment services systems
- Peer-operated programs
- Developmental disabilities agencies and resource centers
- Substance use prevention and harm reduction programs
- Programs and services for families with young children

***Any health care organization or social service provider supporting CCBHC clients.**

Scope of Services 4.A-4.K

CCBHC

*The CCBHC organization will deliver the **majority of services** under the CCBHC umbrella directly rather than through DCOs (i.e., a majority of total service volume delivered across the nine required services).*



The primary goal of the CCBHC program is to increase access to mental health and substance use care for underserved communities.

Scope of Services 4.B: Requirement of Person-centered and Family-centered Care

- The CCBHC ensures all CCBHC services, including those supplied by its DCOs, reflect person- and family-centered, recovery-oriented care that is respectful of the needs, preferences and values of the person receiving services.
- Services for children and youth are family-centered, youth-guided and developmentally appropriate. A shared decision-making model for engagement is the recommended approach.
- Care is responsive to the race, ethnicity, sexual orientation and gender identity of the person receiving services.
- For people receiving services who are American Indian/Alaska Native (AI/AN), access to traditional approaches or medicines may be part of CCBHC services provided either directly or by arrangement with tribal organizations.

Scope of Services 4.C: Crisis Behavioral Health Services

Three required crisis services:

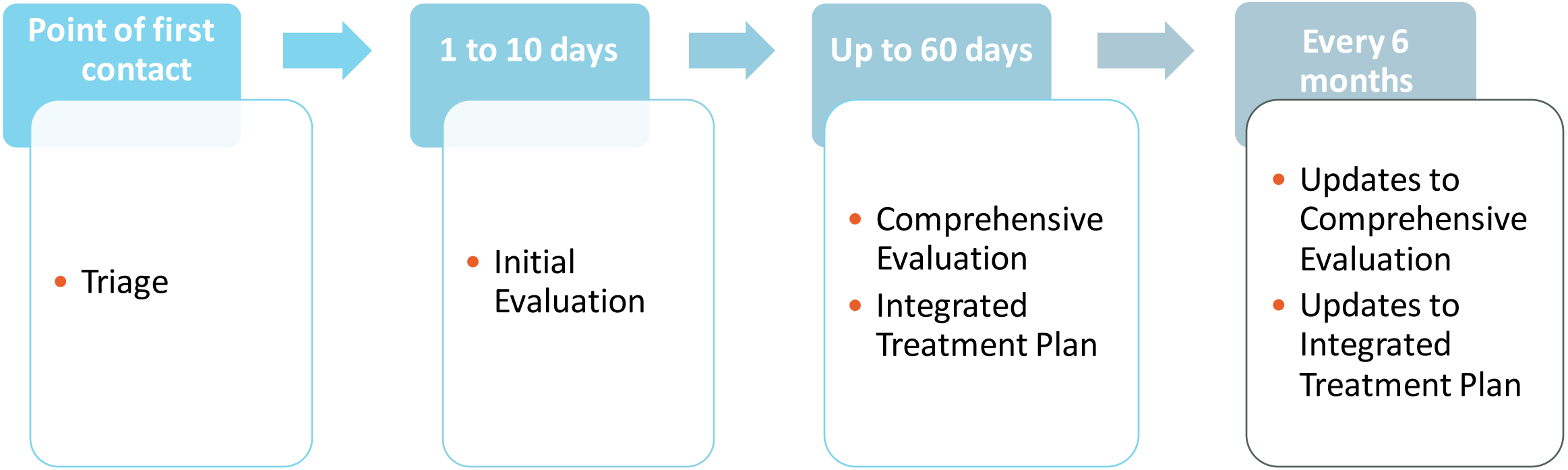
- Emergency crisis intervention services: Provides or coordinates with telephonic, text and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards with protocols established to track referrals made from the call center.
- 24-hour mobile crisis teams: Provides mobile crisis 24/7 to adults, children, youth and families. Teams are expected to arrive in person within one hour (2 hours in rural and frontier settings), not to exceed 3 hours. Telehealth/telemedicine may be used.
- Crisis receiving/stabilization: Provides urgent care/walk-in services. Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted. The CCBHC may consider supporting or coordinating with peer-run crisis respite programs.

national-guidelines-for-behavioral-health-crisis-care-02242020.pdf (samhsa.gov)

Scope of Services 4.C: Crisis Behavioral Health Services - Detail

- Crisis receiving/stabilization: The CCBHC provides crisis receiving/stabilization services that must include at minimum, urgent care/walk-in mental health and substance use disorder services for voluntary individuals. Urgent care/walk-in services that identify the individual's immediate needs, de-escalate the crisis, and connect them to a safe and least-restrictive setting for ongoing care (including care provided by the CCBHC). Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted.
- Services provided must include suicide prevention and intervention, and services capable of addressing crises related to substance use including the risk of drug and alcohol related overdose and support following a non-fatal overdose after the individual is medically stable. Overdose prevention activities must include ensuring access to naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.

Progressive Evaluation and Treatment Planning



Initial Evaluation Data Elements

1. Preliminary diagnoses
2. The source of referral
3. The reason for seeking care, as stated by the person receiving services
4. Identification of the immediate clinical care needs related to the diagnosis for mental and substance use disorders of the person receiving services
5. A list of all current prescriptions and over-the counter medications, herbal remedies, and dietary supplements and the indication for any medications
6. A summary of previous mental health and substance use disorder treatments with a focus on which treatments helped and were not helpful

Initial Evaluation Data Elements

7. The use of any alcohol and/or other drugs the person receiving services may be taking and indication for any current medications
8. An assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors
9. An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence
10. Assessment of need for medical care (with referral and follow-up as required)
11. A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services
12. For children and youth, whether they have system involvement (such as child welfare and juvenile justice)

Comprehensive Evaluation Data Elements

1. Reasons for seeking services at the CCBHC
2. An overview of relevant social supports
3. A description of cultural and environmental factors that may affect the treatment plan of the person receiving services
4. Pregnancy and/or parenting status.
5. Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations
6. Relevant medical history and major health conditions that impact current psychological status
7. A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services

Comprehensive Evaluation Data Elements

8. Current mental status, mental health and substance use disorders
9. Basic cognitive screening for cognitive impairment
10. Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions
11. The strengths, goals, preferences, of the person receiving services
12. Assessment of any relevant social service needs of the person receiving services
13. An assessment of need for a physical exam
14. Preferences for telehealth/telemedicine

Additional Assessment and Brief Intervention

If screening identifies unsafe substance use including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the person receiving services is provided a full assessment and treatment, if appropriate within the level of care of the CCBHC or referred to a more appropriate level of care. If the screening identifies more immediate threats to the safety of the person receiving services, the CCBHC will take appropriate action.

Scope of Services 4.F: Outpatient Mental Health and Substance Use Services

- The CCBHC directly, or through a DCO, provides outpatient behavioral health care, including psychopharmacological treatment using evidence-based services and best practices for treating mental health and substance use disorders (SUDs) across the lifespan.
- SUD treatment and services shall be provided as described in the American Society of Addiction Medicine (ASAM) Levels 1 and 2.1 and include treatment of tobacco use disorders.

Scope of Services 4.F: Outpatient Mental Health and Substance Use Services

- The CCBHC or DCO makes specialized, more intensive services or traditional practices/treatments available through referral or through use of telehealth.
- The CCBHC is strongly encouraged to use motivational techniques and harm reduction strategies to promote safety and/or reduce substance use.
- Treatments are provided that are appropriate for the phase of life and development of the person receiving services, specifically considering what is appropriate for children, adolescents, transition-age youth and older adults as distinct groups for whom life stage and functioning may affect treatment.

Evidence Based Practices

- Based upon the findings of the community needs assessment, certifying states must establish a minimum set of evidence-based practices required of the CCBHCs.
- Among those evidence-based practices states might consider are the following:

  Motivational Interviewing; Cognitive Behavioral Therapy (CBT); Dialectical Behavior Therapy (DBT); Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP); Seeking Safety; Assertive Community Treatment (ACT); Forensic Assertive Community Treatment (FACT); Long-acting injectable medications to treat both mental and substance use disorders; Multi-Systemic Therapy; Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Cognitive Behavioral Therapy for psychosis (CBTp); High-Fidelity Wraparound; Parent Management Training; Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation.

Scope of Services 4.I: Psychiatric Rehabilitative Services

- The CCBHC is responsible for providing directly, or through a DCO, evidence-based rehabilitation services for both mental health and substance use disorders.
- Rehabilitative services include:
  - Services and recovery supports that help individuals develop skills and functioning to facilitate community living; support positive social, emotional and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community.
  - Skills for addressing social determinants of health such as housing, employment, filling out paperwork, securing identification documents, developing social networks, negotiating with property owners or property managers, paying bills and interacting with neighbors or co-workers.
- Psychiatric rehabilitation services must include supported employment programs.

Scope of Services 4.J: Peer Supports, Peer Counseling and Family/Caregiver Supports

- The CCBHC is responsible for providing directly, or through a DCO, peer supports, including peer specialist and recovery coaches, peer counseling and family/caregiver supports.
- Peer services may include:
  - Peer-run wellness and recovery centers; youth/young adult peer support; recovery coaching; peer-run crisis respites; warmlines; peer-led crisis planning; peer navigators to assist individuals transitioning between different treatment programs and especially between different levels of care; mutual support and self-help groups; peer support for older adults; peer education and leadership development; and peer recovery services.
- Potential family/caregiver support services that might be considered include:
  - Community resources education; navigation support; behavioral health and crisis support; parent/caregiver training and education; and family-to-family caregiver support.

Quality and Other Reporting 5.B: CQI Plan

- In order to maintain a continuous focus on quality improvement, the CCBHC develops, implements and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided.
  - Establishes a critical review process to review CQI outcomes and implement changes to staffing, services and availability that will improve the quality and timeliness of services.
  - Medical Director is involved in the aspects of the CQI plan that apply to the quality of the medical components of care, including coordination and integration with primary care.
- The CQI plan is to be developed by the CCBHC and addresses how the CCBHC will review known significant events including, at a minimum: (1) deaths by suicide or suicide attempts of people receiving services, (2) fatal and non-fatal overdoses, (3) all-cause mortality among people receiving CCBHC services, (4) 30-day hospital readmissions for psychiatric or substance use reasons
  and (5) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.

SUD Care Considerations from Demonstration States

- Collaboration between MH and SU and Medicaid agencies/departments/divisions at the state level is essential
- Collaboration with provider associations (PC, MH, SU, BH) builds buy-in
- Consider the challenges with instituting integrated care without integrated licenses for the clinic and/or staff
  - New York created a new integrated clinic license for CCBHC

SUD Care Considerations from Demonstration States

- Determining authority for signing off on and submitting claims for integrated assessments and treatment plans (MH and/or SU professionals, clinical supervision) avoids confusion
- Providing information to CCBHCs when a person is discharged from hospital, residential care transitions (care coordination and follow-up after hospitalization requirements) takes planning and reduces overall state costs by reducing hospitalizations

SUD Care Considerations from Demonstration States

- Create alignment through defining required elements of assessments and treatment planning or creating forms for CCBHCs in EHRs
- Defining Ambulatory Withdrawal Management requirements early helps clinics estimate anticipated costs more accurately
- Providing TA to clinics on structuring EHRs to work with different confidentiality requirements for MH (HIPAA) and SU (42 CFR Part 2) will avoid problems in the future

Time to Vote!

Topics for Session 5

- ❑ Medications for SUD treatment/recovery support
- ❑ Confidentiality
- ❑ Monitoring partnerships: DCOs and referrals
- ❑ Technical Assistance to Providers
- ❑ Withdrawal management and other SU crisis issues
- ❑ HEI, HIT, EHR, and other technology issues
- ❑ Quality Assurance and criteria compliance monitoring
- ❑ Sustainability of the CCBHC model

How did we do?

Please answer a few questions to let us know how we did and what we can do to support you in future sessions.

CCBHC S-TAC

CCBHC State Technical Assistance Center

Thank you!

Next Session: Thursday, March 28, 2024

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