BHC Behavioral Health Commission

Commission Meeting

October 17, 2023

Briefing

In this presentation

Monitoring: STEP-VA

Overview of CCBHCs

Peer group presentation

Monitoring: STEP-VA

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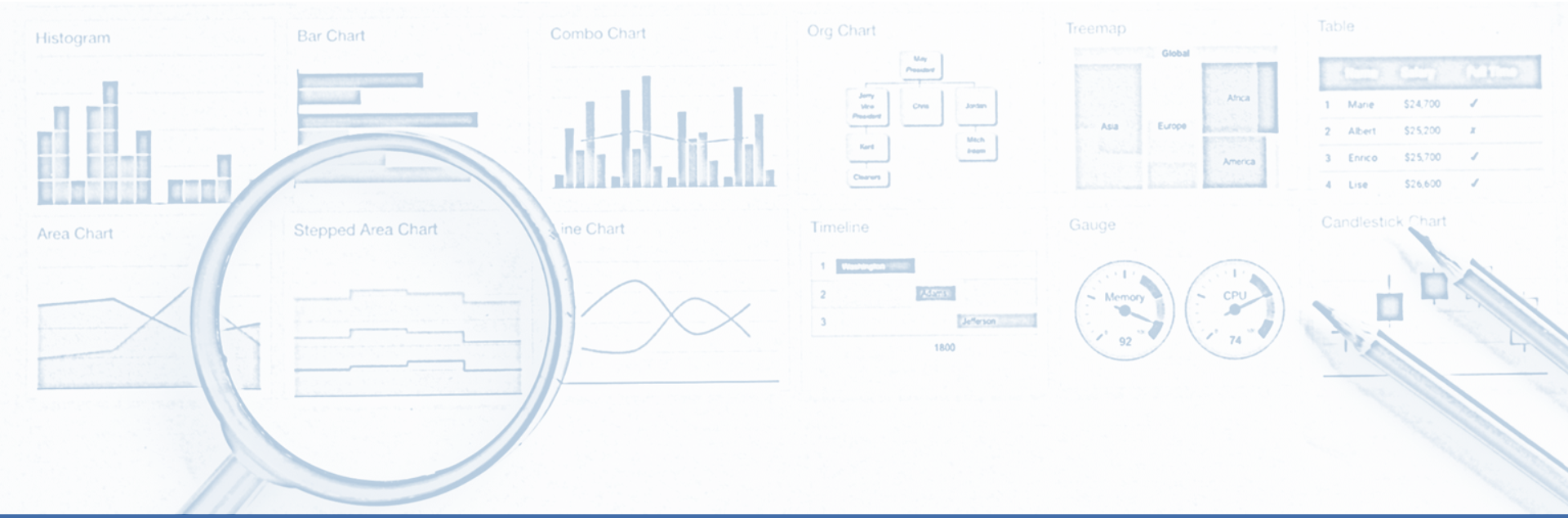


Monitoring program implementation and performance

- BHC adopted role to monitor implementation of past initiatives
  - Ensures that past initiatives yield expected results
  - Allows for course correction
- 2023 workplan directed staff to stand up monitoring program
  - Framework for assessing status of the initiative and progress toward goals and objectives
  - Data collection and analysis strategy
  - Process for reporting results in a meaningful way

Monitoring: STEP-VA

- STEP-VA required significant investment in CSB behavioral health services
  - Little information available about performance
- This monitoring report assesses implementation
  - Determines implementation status of the initiative and each of its service component
  - Identifies challenges and barriers to implementation, and offers recommendations and options to address them
- Report set the stage for more thorough performance evaluation in subsequent years

Primary research activities

- Analysis of Virginia legislation, statutes, and budgets
- Structured interviews with DBHDS, VACSB, money committee staff
- Review of reports and information from DBHDS, CSBs, JLARC, and other entities regarding Virginia's behavioral health system and initiatives to improve it

Note: Department of Behavioral Health and Developmental Services (DBHDS), Virginia Association of Community Services Boards (VACSB), community services boards (CSBs), Joint Legislative Audit and Review Commission (JLARC)

In Brief

- STEP-VA intended to improve access to and quality of essential behavioral health services provided by CSBs
- Intent of STEP-VA and scope of service components not clearly articulated, limiting ability to measure success
- STEP-VA has not fully achieved goals of expanding access to and improving quality of CSB behavioral health services
- Current initiatives build on STEP-VA strategies, could contribute to STEP-VA goals

Monitoring: STEP-VA

Background

Purpose and scope of STEP-VA

Impact of STEP-VA on access to services

Impact of STEP-VA on quality of services

Current initiatives and STEP-VA

CSBs are primary mechanism for providing publicly funded behavioral health services in Virginia

- 40 CSBs are designated as the single point of entry into the public behavioral health system
  - Every locality is served by a CSB
- CSBs provide an array of mental health, substance use, and developmental services to meet local needs including:
  - Required services mandated by state law
  - Optional services, subject to availability of funding
- CSBs provide services pursuant to contracts with DBHDS
- DBHDS administers state funds for CSB services and provides accountability to ensure quality of CSB services

CSB funding is a mix of federal, state, local, and other funds

Funding source	Mental health services	Substance use services	Developmental services	Total
State funds	$388.9	$65.7	$48.2	**$502.9**
Medicaid fees	203.4	24.5	218.1	**446.0**
Local funds	185.4	47.9	116.1	**349.4**
Federal funds	48.8	100.1	1.7	**150.6**
Other sources	56.1	13.6	18.2	**87.9**
Total	**$882.6**	**$251.8**	**$402.3**	**$1,536.8**

Source: BHC staff analysis of data from 2022 DBHDS and VACSB annual reports
Note: FY22 CSB funding by source and use by program area (in $M)

STEP-VA intended to improve access to and quality of essential behavioral health services

- STEP-VA initiative launched in 2017
- Intended to improve access by requiring all CSBs to provide consistent array of services
- Intended to improve quality of services by establishing performance measures, benchmarks, and enforcement mechanisms for DBHDS to monitor CSB performance

STEP-VA expanded core of required CSB services

- STEP-VA initiative added nine essential categories of behavioral health services to the core of required CSB services
- STEP-VA service components selected to ensure access to full array of behavioral health services across the lifespan

STEP-VA added nine service categories to the core of required CSB services

STEP-VA service components

Same day assessment	Peer & family support services
Primary care screening	Psychiatric rehabilitation
Crisis services	Care coordination
Outpatient services	Case management
Services for service members, veterans, and family members	

Source: BHC staff analysis of reports and statute regarding STEP-VA

Prior to STEP-VA, access to CSB services was inconsistent

- CSBs only required to provide:
  - Emergency services
  - Preadmission screening services
  - Case management services, subject to availability of funds
- Optional services varied by CSB
- System oriented toward emergency services and did not consistently include services to prevent or recover from crisis

STEP-VA sought to enhance quality of behavioral CSB services by improving monitoring and oversight

- Performance contracts are the primary tool that DBHDS can use to ensure accountability and quality of services
  - Not used effectively in the past
- STEP-VA initiative included actions to improve monitoring and oversight to provide accountability
  - Enhanced data reporting to provide transparency
  - Revised performance measures and benchmarks for effective monitoring
- DBHDS four phase implementation plan sets out the monitoring process

DBHDS four-phase implementation plan sets out process for developing measures and benchmarks

Phase	Description
Phase 0 Start-Up	Evaluation of best practices; preparation of draft service definitions; completion of needs assessment
Phase 1 Planning & Installation	Identification and evaluation of options for metrics and measures; selection of preliminary metrics and measures
Phase 2 Initial Implementation	Initiation of service statewide; testing and validation of preliminary metrics and measures; development of benchmarks and goals
Phase 3 Full Implementation	Integration of metrics, performance measures, and benchmarks into CSB performance contracts; initiation of monitoring and oversight measures

Source: BHC analysis of DBHDS 2020 Annual Report

General Assembly staggered implementation to allow for effective planning and preparation

- Legislation expanding core of required CSBs services included staggered implementation dates
  - Same day assessment & primary care screening required to be available by July 1, 2019
  - All other services required to be available by July 1, 2021
- Staggered implementation dates were intended to allow for planning and preparation prior to statewide initiation
- Funding for STEP-VA initiative reflects staggered approach to implementation of service components

General Assembly appropriated over $420 million for STEP-VA since 2017

STEP-VA svcs.	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY18-24 Total
Same-day access	$4.9	$10.8	$10.8	$10.8	$10.8	$10.8	$10.8	$69.7
Primary care	-	3.7	7.4	7.4	7.4	7.4	7.4	40.9
BH crisis svcs.	-	-	9.8	9.8	31.2	38.4	39.1	128.3
Outpatient svcs.	-	-	15.0	15.0	21.9	21.9	21.9	95.8
Peer/family support	-	-	-	-	5.3	5.3	5.3	16.0
Veterans' BH	-	-	-	-	3.8	3.8	3.8	11.5
Psychiatric rehab.	-	-	-	-	-	2.2	3.8	6.0
Care coordination	-	-	-	-	-	6.5	6.5	13.0
Case management	-	-	-	-	-	3.2	4.1	7.3
Cross-step admin	-	-	-	-	4.9	11.9	10.9	27.8
IT infrastructure	-	-	-	-	-	2.6	5.2	7.8
TOTAL	$4.9	$14.5	$43.0	$43.0	$85.4	$114.1	$119.0	$424.0

Source: BHC staff analysis of data from annual appropriations acts and DBHDS reports

Goals of STEP-VA consistent with BHC strategic goals

BHC strategic goal	Description
Complete continuum of care	Services are available to everyone who needs them
Timely access to services statewide	Services available to when and where they are needed
Cost-efficient care for everyone	Providers can build and operate services and patients can afford to access services
Effective and efficient services	Services are high-quality and effective, and provided efficiently
Lower inappropriate criminal justice involvement	Individuals with behavioral health disorders are not unnecessarily involved in the criminal justice system, and those involved can access quality services

Source: BHC staff analysis of BHC strategic framework

Monitoring: STEP-VA

Background

Purpose and scope of STEP-VA

Impact of STEP-VA on access to services

Impact of STEP-VA on quality of services

Current initiatives and STEP-VA

Finding

- The General Assembly only specified categories of services to be provided as part of the STEP-VA initiative
- The General Assembly has not clearly articulated the intent of STEP-VA initiative with regard to access or the intended scope of each service component

General Assembly has not clearly articulated intent of STEP-VA initiative or scope of service components

- Unclear how broadly or narrowly STEP-VA is intended to expand access
  - BHC goals envision access to behavioral health services for all who need them, when and where they need them
- Lack of specificity precludes STEP-VA initiative from reaching its full potential
- Absent clear intent of STEP-VA or scope of the services components, no clear goal against which to measure success

Recommendation 1

- The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative and the scope of STEP-VA service components to provide a clear objective regarding access to STEP-VA services.

Monitoring: STEP-VA

Background

Purpose and scope of STEP-VA

Impact of STEP-VA on access to services

Impact of STEP-VA on quality of services

Current initiatives and STEP-VA

Finding

- STEP-VA has not fully achieved its goal of providing access to essential behavioral health services provided by CSBs
  - Three of the nine STEP-VA service components have not been initiated statewide
  - Scope of the six service components that have been initiated statewide has been constrained

Three STEP-VA service components have not been initiated statewide, limiting access to essential services

- Psychiatric rehabilitation, care coordination, and case management services have not been initiated statewide
- Implementation date for all three services has been delayed several times to reflect delayed funding
  - Legislation required initiation by July 1, 2021
  - Appropriation Act of 2021 delayed effective date to July 1, 2022
- Funding appropriated for all 3 service components for FY23
  - DBHDS expects services to be available statewide by July 1, 2024

Scope of six service components initiated statewide has been constrained, limiting breadth of access

- Six of nine STEP-VA service components initiated statewide consistent with established deadlines
- Access to some STEP-VA service components constrained by scarce resources, limiting access to certain types of services, or to certain locations, times, or subsets of CSB consumers

Summary assessment of STEP-VA impact on access

	Target July 1	Phase	Access	Limitations
Same-day access	2019	3	●●○	▪ Location, time
Outpatient svcs.	2019	3	●○○	▪ Population
Primary care	2021	2	●●○	▪ Unknown: insufficient data
Crisis svcs.	2021	2	●○○	▪ Service type, population
Service members, veterans, family	2021	2	●○○	▪ Unknown: insufficient data
Peer/family support	2021	2	●○○	▪ Unknown: insufficient data
Psychiatric rehab.	2022	1	●●●	▪ Not yet initiated
Care coordination	2022	1	●●●	▪ Not yet initiated
Case management	2022	1	●●●	▪ Not yet initiated

●○○ Available at all CSBs, scope or increase is very limited or unknown

●●○ Available at all CSBs, scope is limited and need unknown

●●● Available at all CSBs, scope is not limited or need is met

Source: BHC staff analysis of the Code of Virginia, legislative documents, data and information from DBHDS, JLARC reports, and SAMHSA documents

Scope of service components has been constrained by scarce financial resources

- Scarce financial resources have forced planners to limit the scope of some service components
  - Amounts appropriated for STEP-VA may not be sufficient to enable all Virginians to gain access to all service components
  - Submaximal collection of Medicaid reimbursements further reduces financial resources available to provide access to services

Funding amount necessary to meet current need for STEP-VA services is not known

- General Assembly has appropriated more than $420 million for STEP-VA since 2017
- 2020 evaluation found that funding for STEP-VA was not sufficient to meet demand
  - Additional amounts appropriated for some service components since 2020, but unclear whether sufficient to meet need

Option 1

The General Assembly may wish to consider including language in the Appropriation Act directing DBHDS to (i) conduct a needs assessment to determine the unmet need for each of the nine STEP-VA service components, (ii) develop an estimate of the cost of satisfying that unmet need, and (iii) report on their findings to the Chairs of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations and to the Behavioral Health Commission by December 1, 2024.

Maximizing Medicaid reimbursements could increase financial resources for STEP-VA service components

- CSBs are required to maximize collection of Medicaid reimbursement for eligible services, but some do not
- Complexity of MCO requirements for billing, claims, and provider credentialing is a barrier to CSB reimbursement
- JLARC recommendations would have addressed barriers that prevent CSBs from maximizing reimbursement
  - BHC members introduced budget amendments in 2023
  - Not included in final budget

Recommendations 2 & 3

The General Assembly may wish to consider including language in the Appropriation Act directing DBHDS to work with DMAS to develop and implement a targeted review process to assess the extent to which CSBs are billing for Medicaid-eligible services and provide technical assistance on appropriate billing and claiming practices to relevant CSBs staff.

The General Assembly may wish to consider including language in the Appropriation Act directing DMAS to work with MCOs to standardize, to the maximum extent practicable, policies, procedures, and requirements that CSBs must follow to receive reimbursement for the cost of Medicaid-eligible services they provide.

Preferred provider status could help CSBs maximize Medicaid reimbursement

- "Preferred provider" status eliminates need for prior authorization, reduces complexity of Medicaid reimbursement
- Lack of information about "preferred provider" status and process may be a barrier to CSB participation
- JLARC developed a recommendation in 2022 that would have addressed this barrier to CSBs participation

Option 2

- The General Assembly may wish to consider including language in the Appropriation Act directing DMAS to ensure that comprehensive information about MCO preferred provider programs is available to all CSBs, including information about covered behavioral health services and participation requirements.

Access to STEP-VA service components constrained by scarce human resources

- Difficulties recruiting, hiring, and retaining qualified providers have limited the availability of STEP-VA service components and reduced access
- Administrative burdens contribute to staff turnover and reduce capacity of existing providers
- 2022 JLARC recommendations would have helped address CSB retention and recruitment issues
  - BHC members introduced budget amendments in 2023
  - Not included in final budget

Recommendations 4 - 6

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to:

- Report annually to the State Board of Behavioral Health and Developmental Services and to the BHC on average salaries, turnover, and vacancy rates, by position type, across community services boards.
- Amend CSB performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS.
- Identify all current DBHDS requirements related to documentation and reporting of CSB behavioral health services that are duplicative of or conflict with other DBHDS requirements and eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting.

Monitoring: STEP-VA

Background

Purpose and scope of STEP-VA

Impact of STEP-VA on access to services

Impact of STEP-VA on quality of services

Current initiatives and STEP-VA

Finding

- STEP-VA has not fully achieved the goal of improving the quality of CSB behavioral health services
  - Final performance measures and benchmarks adopted for only two of nine STEP-VA service components
  - Existing performance measures and benchmarks do not allow DBHDS to assess quality of CSB behavioral health services

Summary assessment of STEP-VA impact on quality

	Phase	Quality	Limitations
Same-day access	3	●●○	▪ Not measuring all goals or capturing outcomes
Outpatient svcs.	3	●●○	▪ Not measuring all goals or capturing outcomes
Primary care	2	●○○	▪ Not measuring all goals; only partial outcomes
Crisis svcs.	2	○○○	▪ No measures or outcomes available
Service members, veterans, family	2	●○○	▪ Not measuring all goals or capturing outcomes
Peer/family support	2	●○○	▪ Not measuring all goals or capturing outcomes
Psychiatric rehab.	1	●●●	▪ Not yet initiated
Care coordination	1	●●●	▪ Not yet initiated
Case management	1	●●●	▪ Not yet initiated

●○○ Measures exist, but very inadequate or data unavailable

●●○ Measures exist, but not adequate

●●● Adequate measures exist and outcomes exceed benchmarks

Source: BHC staff analysis of the Code of Virginia, legislative documents, data and information from DBHDS, JLARC reports, and SAMHSA documents

Recommendation 7

- The General Assembly may wish to include language in the Appropriation Act directing DBHDS to finalize performance measures for every STEP-VA service component that has been initiated statewide by December 1, 2024, and finalize benchmarks for every STEP-VA service component that has been initiated statewide by December 1, 2025.

Performance measures and benchmarks do not allow DBHDS to assess quality, hold CSBs accountable

- Existing performance measures and benchmarks do not provide sufficient insight into quality of STEP-VA services
  - Performance measures often do not measure key aspects of service components and do not assess outcomes
  - Benchmarks do not provide meaningful targets against which to measure progress toward goals and objectives
- 2023 General Assembly directed DBHDS to revise CSB performance contracts to improve monitoring and oversight
  - Revisions include specific goals and objectives and specific, relevant, and measurable performance measure

Recommendation 8

The General Assembly may wish to consider including language in the Appropriation Act directing DBHDS to report to the BHC on the changes made to CSB performance contracts related to revised performance measures and benchmarks for each STEP-VA service component, by December 1, 2024.

Barriers to data collection limit transparency and effectiveness of monitoring and oversight measures

- Existing data systems repeatedly found inadequate for proper data collection and reporting
  - Do not collect or report transactional level data
  - Do not allow for assessment of patient outcomes
- DBHDS has begun process of implementing new data exchange to address issues with existing infrastructure
  - Expected to simplify reporting, improve quality and timeliness
  - Implementation expected to take 2 to 3 years
- JLARC developed a recommendation in 2022 that would have helped ensure efficient implementation

Recommendation 9

The General Assembly may wish to consider including language in the Appropriation Act directing the DBHDS to report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.

Monitoring: STEP-VA

Background

Purpose and scope of STEP-VA

Impact of STEP-VA on access to services

Impact of STEP-VA on quality of services

Current initiatives and STEP-VA

Finding

- Some elements of the Right Help, Right Now initiative build on STEP-VA strategies and could contribute to STEP-VA goals.

Right Help, Right Now includes focus on crisis services, quality of CSB behavioral health services

The Commonwealth's Behavioral Health Plan is founded on six pillars

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**	**2:** We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**	**3:** We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services	**4:** We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose	**5:** We must **make the behavioral health workforce a priority**, particularly in underserved communities	**6:** We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Source: Virginia Secretary of Health and Human Resources

Right Help, Right Now Pillar 1 builds on STEP-VA strategies to improve access to crisis services

- Pillar 1 focuses on increasing access to same day care for individuals experiencing behavioral health crisis
  - Includes crisis call centers, mobile crisis response services, and crisis stabilization services
- Approach based on the same model as the framework for STEP-VA crisis service component adopted in 2019
- $68M funding for Right Help, Right Now crisis services focuses on expansion of mobile crisis and crisis stabilization services
  - Funding is not part of STEP-VA appropriation and is not subject to monitoring and oversight requirements

Recommendation 10

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report semi-annually on plans for the use of funds appropriated during the 2023 Session of the General Assembly for expansion and modernization of the comprehensive crisis services system.

Right Help, Right Now Pillar 3 builds on STEP-VA strategies to improve capacity and quality of services

- Pillar 3 focuses on expanding capacity and quality of CSB behavioral health services, consistent with STEP-VA
  - Calls for adoption of the CCBHC model, including prospective payment system (PPS) for Medicaid reimbursement
- Adoption of CCBHC model could address STEP-VA limitations
  - Monitoring and oversight measures may address issues with existing performance measures and benchmarks
  - Existing performance data for CCBHCs in other states provides benchmark against which to measure service quality
  - Enhanced Medicaid match rate for payments through the PPS may provide additional funding for STEP-VA service components

Note: Certified Community Behavioral Health Clinic (CCBHC)

Options 3 & 4

The General Assembly may wish to consider including language in the Appropriation Act:

- Directing the Secretary of Health and Human Resources to report on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, and
- Directing DMAS examine and report on how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model.

Key Findings

The General Assembly has not clearly articulated the intent of STEP-VA initiative or the scope of service components

STEP-VA has not fully achieved its goal of providing access to essential behavioral health services provided by CSBs

STEP-VA has not fully achieved the goal of improving the quality of CSB behavioral health services

Right Help, Right Now initiative builds on STEP-VA strategies, contributing to STEP-VA goals

In this presentation

Monitoring: STEP-VA

Overview of CCBHCs

Peer group presentation

CCBHCs and STEP-VA

Ellen Harrison, Chief Deputy Commissioner
Department of Behavioral Health &
Developmental Services

	Activity
2016	VA is awarded a CCBHC Planning Grant from SAMSHA and pursues STEP-VA in lieu of the CCBHC demonstration program
July 2017	STEP-VA is under the Code of VA to increase access, quality, outcomes and accountability of the 40 CSBs 4 CSBs pursue SAMHSA CCBHC Expansion Grants
January 2019	Implementation begins with Same Day Access
July 2022	Last 3 steps of STEP-VA are funded
December 2022 ***Right Help, Right Now Plan***	Exploring the CCBHC model for fit for Virginia
June 2023	Approval to use Mental Health Block Grant funds to conduct CCBHC planning activities over one year
July 2023 - present	DBHDS to Support Community Services Boards CCBHC planning activities

STEP-VA Landscape

STEP-VA services are based on the 9 core CCBHC services

System Transformation, Excellence and Performance

Fully Implemented

1) Same Day Access
2) Primary Care Screening
3) Outpatient Services
4) Crisis Services
5) Military Services

Initial Implementation Underway

6) Peer and Family Services
7) Case Management
8) Psychiatric Rehabilitation
9) Care Coordination

DBHDS

QUALITY	ACCOUNTABILITY	DATA	FUNDING	WORKFORCE
• Enhance services available in Medicaid • Standardized quality measures across all 40 CSBs	• National outcome measures • Performance contract revisions	• Data reporting structure • Complete data collection, analytics, and reporting modernization	• Cost reporting by CSBs for all STEP-VA services to gauge true cost • Ensure flexibility in design	• Training and competency standards • Incentivize public sector employment

- Building on success of ARTS 1115 waiver
- Facilitates long-lasting transformational change
- Maximizes state and federal dollars
- Increases quality and accountability
- Drives results

Certified Community Behavioral Health Clinic

Delaying 2024 application increases future success and allows pursuit of waiver opportunities

MEDICAID 1115

Target adults and children with serious mental illness and justice-involved individuals re-entering society

Certified Community Behavioral Health Clinics: National Overview and Outcomes

Rebecca Farley David, Senior Advisor
National Council for Mental Wellbeing

Inconsistent access & quality

Workforce shortages

Burden falls on other systems

Inconsistent availability of evidence-based practices (EBPs)

Losing staff to other industries

Service gaps

People can't get the right service at the right time

Inability to do engagement with people in need of services

Persistent, high levels of unmet need

Inadequate data/technology infrastructure

But what is a CCBHC?

A nonprofit **clinic**…

…that **meets new standards** for services, technology, partnerships, and data reporting…

…to provide **more and better care,** serve more people, and alleviate the burden on partner entities.

Supported by **reimbursement** and **quality incentives** that advance these goals

CCBHC criteria

Criteria span six domains, with significant state discretion in establishing standards and expectations under each:

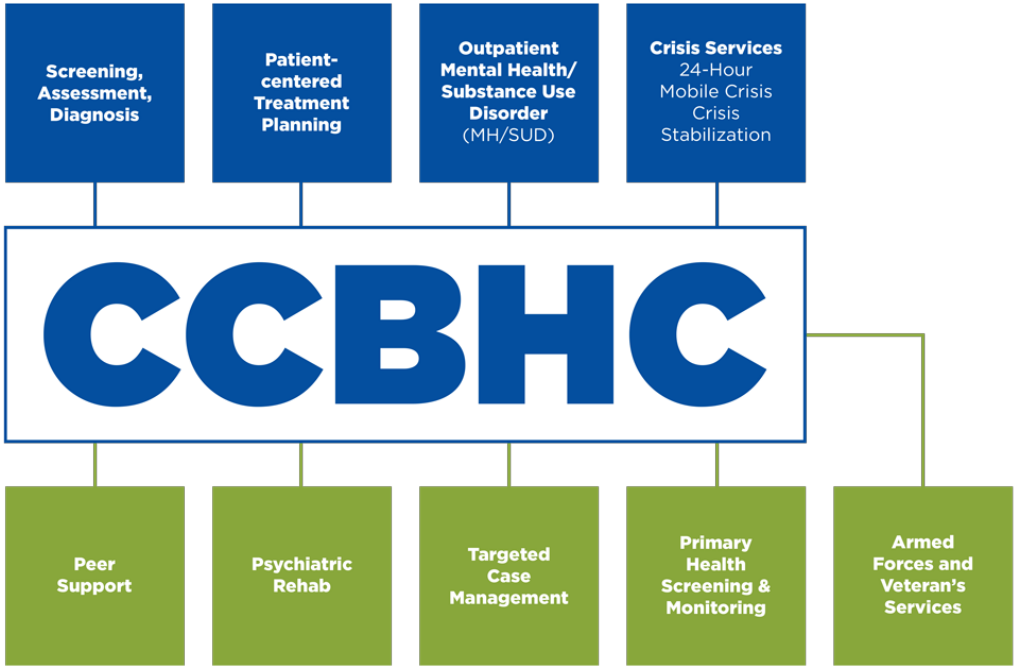
- Staffing
- Access to Care
- Care Coordination
- Scope of Services
- Quality Reporting
- Organizational Authority

Throughout the criteria, emphasis on:

- Designing requirements to meet state/local needs
- Person-centered care
- Delivery of services outside the clinic
- Innovative partnerships
- Reaching individuals not currently in care
- Measurement-based or data-informed care

To view the full criteria: https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf

CCBHC Scope of Services



- Services may be provided directly by the CCBHC, or by a **"Designated Collaborating Organization" (DCO)**
- CCBHCs are expected to directly deliver the majority (i.e., at least half) of encounters

Different types of CCBHCs

1. Section 223 CCBHC Demonstration Program*
2. Independent State Medicaid-funded CCBHC Programs
3. SAMHSA-administered CCBHC Grant Program

Medicaid CCBHC Implementation (1 & 2)	SAMHSA Grant Program (3)
CCBHCs receive cost-related Medicaid reimbursement (PPS or similar)	CCBHCs receive grant funding, do not qualify for special Medicaid rate
States finalize certification criteria and certify clinics; accountable for oversight	Clinics attest to meeting federal CCBHC criteria; states can support applications but do not have oversight role

**Section 223 is a reference to the relevant section of the Protecting Access to Medicare Act, which established the demonstration*

CCBHC Financial Model: PPS

In Medicaid demonstration or SPA:

- Bundled, cost-related Medicaid payment rate inclusive of all CCBHC services and activities
- Bundled around daily or monthly visits
- New in 2023: options for carving out special crisis services rates (PPS-3 and PPS-4)
- States may customize to align with managed care and VBP goals
- CCBHC payment supports enhanced operations, leading to improved outcomes

Under the federal grant program:

- $4M per year for 4 years

Grants are an important springboard to CCBHC readiness, but capped, time-limited funding limits long-term impact and sustainability, alignment with state VBP goals

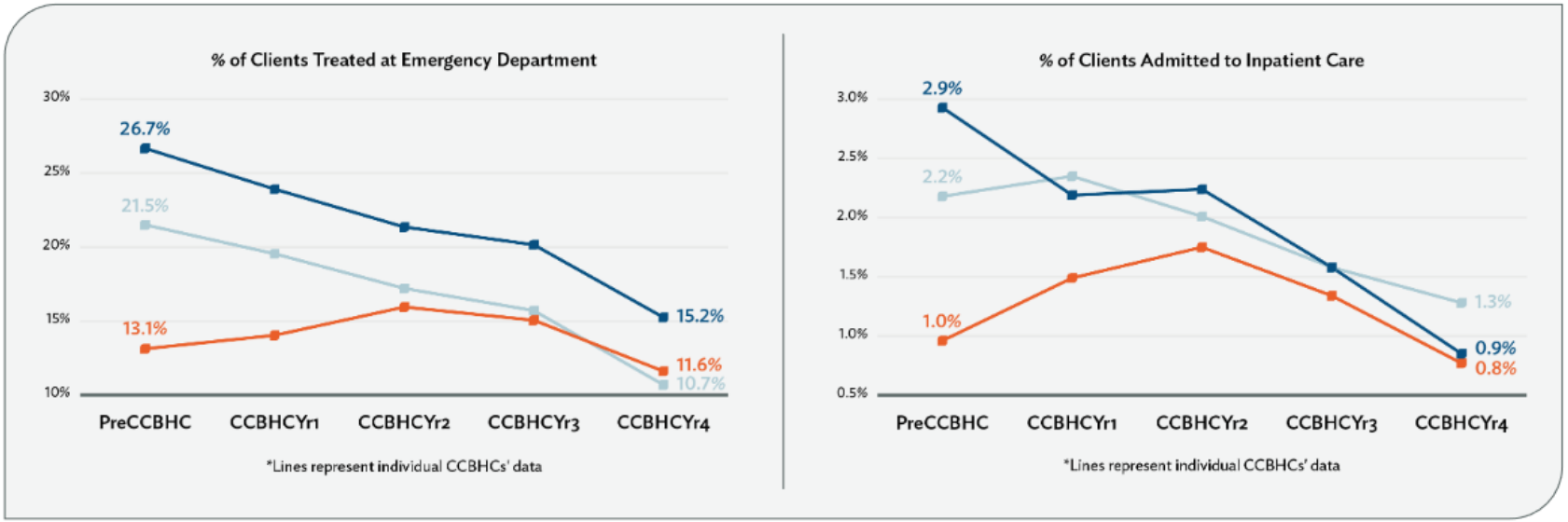
Clinic-Collected Measures (Required)
Time to Services (I-SERV)*
Depression Remission at Six Months (DEP-REM-6)*
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)
Screening for Social Drivers of Health (SDOH)*
State-Collected Measures (Required)
Patient Experience of Care Survey
Youth/Family Experience of Care Survey
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)
Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)
Plan All-Cause Readmissions Rate (PCR-AD)
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)
Antidepressant Medication Management (AMM-BH)
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)*
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)*

*new or adopted measure

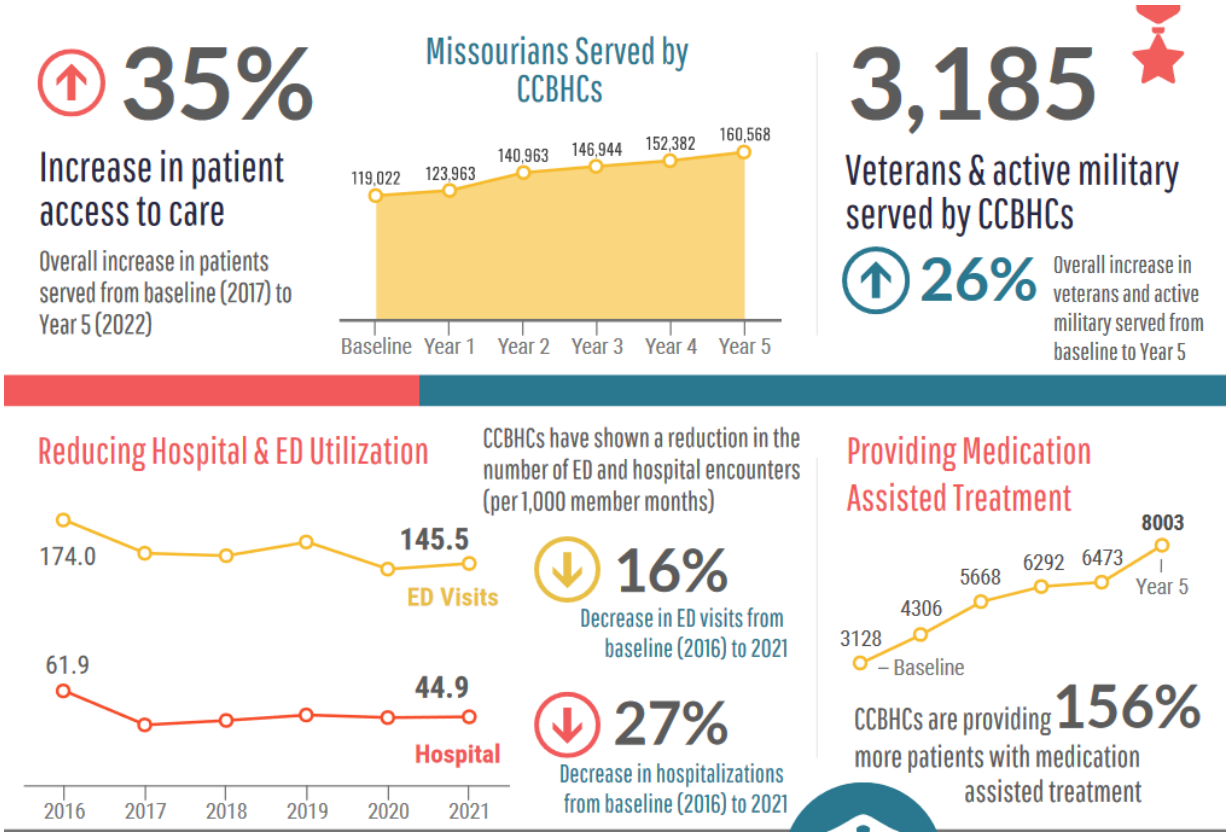
CCBHC requirements reflect best practices

- Requires **greater scope of services** than most clinics previously provided
- Establishes standards and expectations related to **active collaboration** with health and non-health partners, aimed at producing measurable improvements in clients' lives
- Requires and supports **improved coordination and integration** across partner organizations
- Supports delivery of services **outside the four walls of the clinic**… with innovative use of clinical and non-clinical staff to engage with individuals in the right place at the right time
- Introduces **risk (and flexibility) into provider pay** via encounter-based payment
- Offers opportunities for partner provider organizations to **participate in the financial model** under the umbrella of the CCBHC

OK data snapshot



Missouri data snapshot



Caseload Expansions

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

State-certified clinics had larger average caseload increases (**30%** average increase for state-certified sites vs. **18%** for grantee-only sites).*

*Difference is statistically significant

Full report: https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/

Reduction in wait times

- **87%** report seeing patients for routine needs **within 10 days** of the initial call or referral
- **71%** offer access **within one week** or less
- **32%** offer **same-day** access to services
- National average among CHMHCs: **48 days** between a client's first outreach/referral until their first appointment

Full report: https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/

Employees and Vacancies

6,220
STAFF HIRED

Across the 249 responding CCBHCs and grantees as a result of becoming a CCBHC

Estimated
11,240
STAFF HIRED

across all 450 active CCBHCs as of August 2022

27
NEW POSITIONS PER CLINIC

on average since becoming a CCBHC

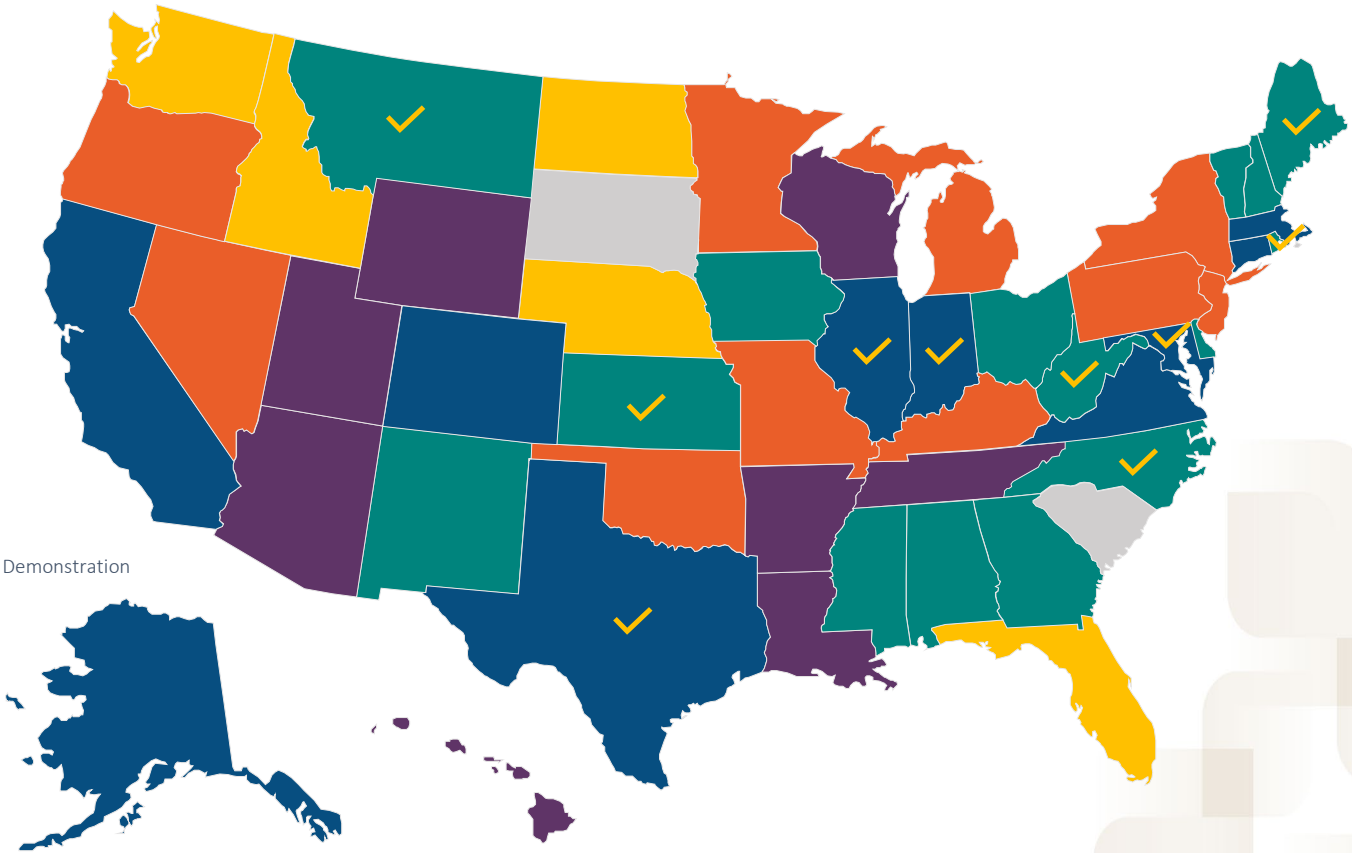
(82% of organizations have created at least 10 new staff positions)

- **These workforce expansions represent a 13% increase** compared to prior to becoming a CCBHC.
- Grantee-only sites had a **10%** increase in staff, and state-certified sites had a **16%** increase in staff.*

*Difference is statistically significant

Full report: https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/

Federal & State Actions Across the Country



- Established the CCBHC Model through Medicaid Demonstration
- CCBHC Planning Grant (2016)
- CCBHC Planning Grant (2023)
- No CCBHC Actions
- State Legislation to Pursue the CCBHC Model
- CCBHC Clinic-level SAMHSA Grant
- ✓ CCBHC State Legislation or Appropriations

Options and timelines for Virginia

- **Section 223 CCBHC Medicaid demonstration**
  - Current planning round underway with 15+ states
  - Next planning round: application for state planning grants expected in 2024; next opportunity to join demonstration in 2026
- **Independent CCBHC implementation via Medicaid SPA or waiver**
  - Option available at any time
- **Federal CCBHC grants (CCBHC-IA and CCBHC-PDI)**
  - Yearly funding cycle
  - Funding level subject to congressional appropriation each year

Questions and discussion

Rebecca Farley David
Senior Advisor
rebeccad@thenationalcouncil.org

In this presentation

Monitoring: STEP-VA

Overview of CCBHCs

Peer group presentation

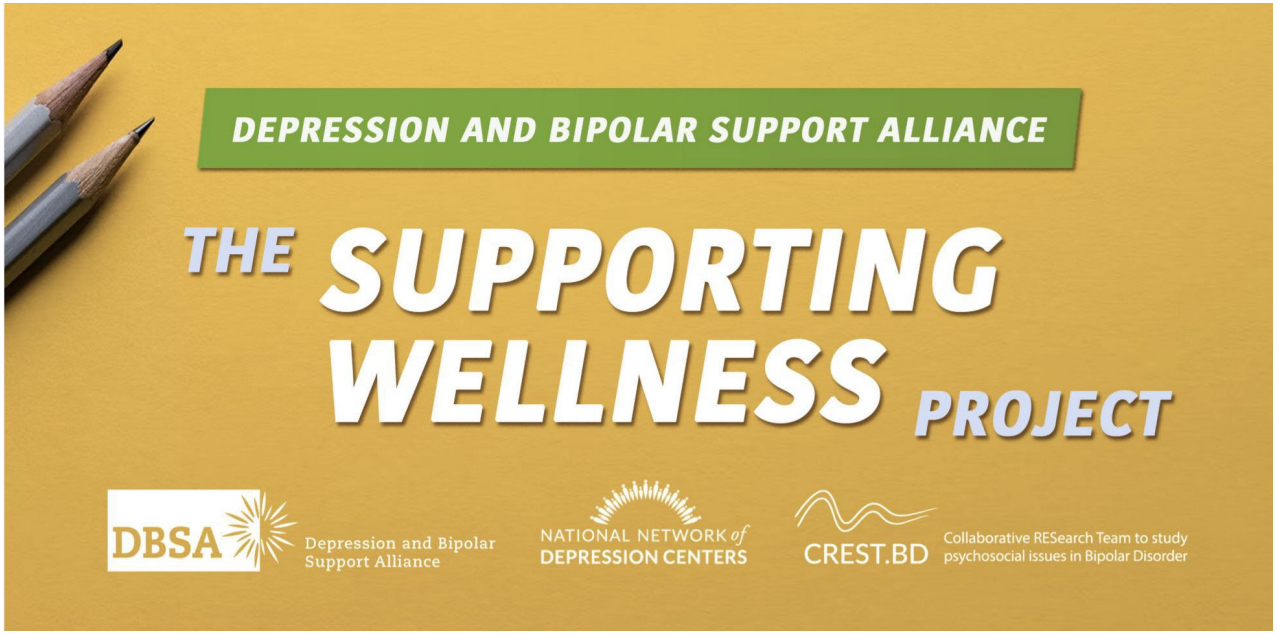
Behavioral Health Commission
Access to Services

Jennifer Spangler, MS
Disability Policy Advocate

Access to Services

- What is wellness?
- What is needed stay well?

- Touch points to access services
- Challenges
- Progress


DEPRESSION AND BIPOLAR SUPPORT ALLIANCE
THE SUPPORTING WELLNESS PROJECT
DBSA
Depression and Bipolar Support Alliance
NATIONAL NETWORK of DEPRESSION CENTERS
CREST.BD
Collaborative RESearch Team to study psychosocial issues in Bipolar Disorder

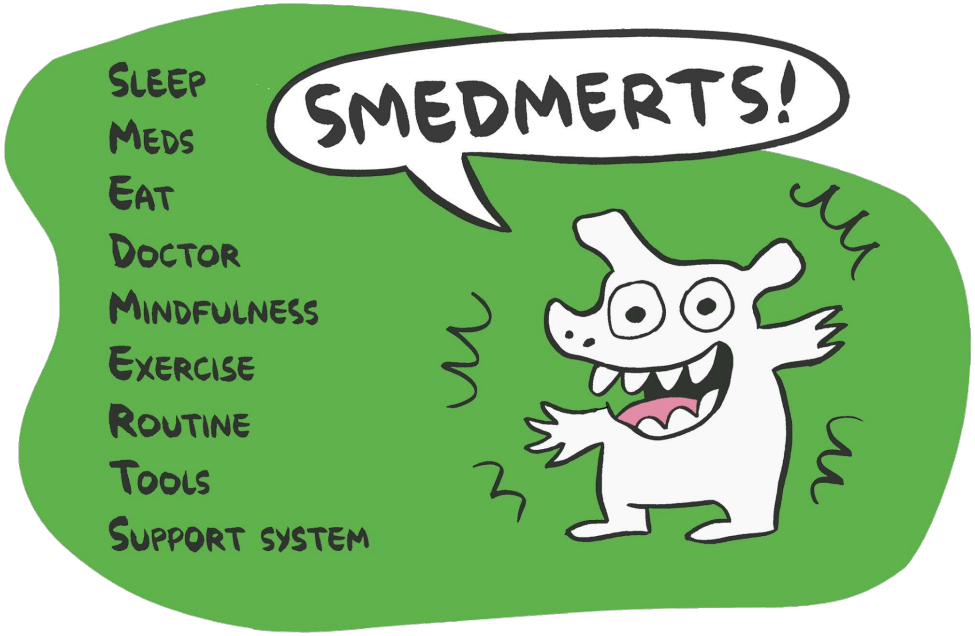
What is wellness: clinical

- Reduce symptoms
- Delay the onset of new episodes
- Lower the number of hospitalizations
- Lower other treatment costs

What is wellness: peers

- The ability to act independently
- Purpose in life
- Getting through the day
- Experiencing feelings of contentment

Well



Ellen Forney Rock Steady

Thrive

Challenges

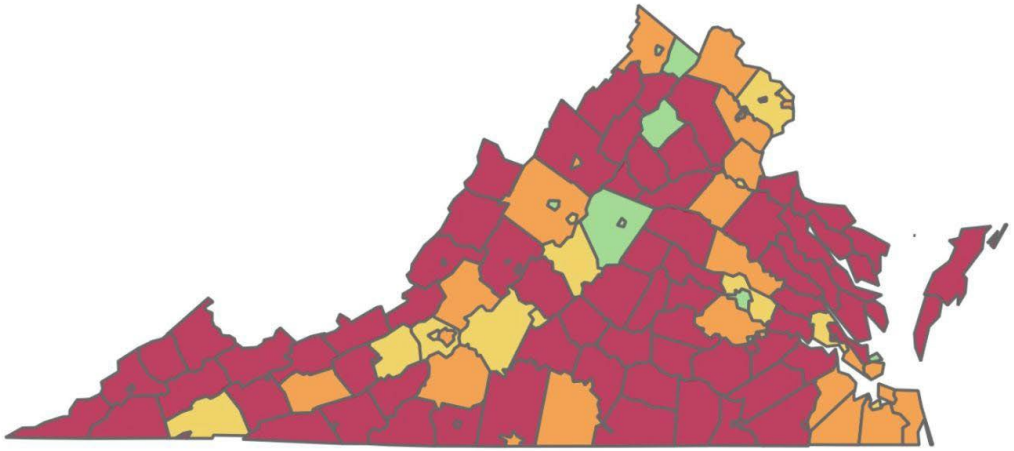
Progress

- Individual's Cost
- Stigma
- Transportation
- Lack of providers
- What is available besides medicaid and crisis services
- What is available besides medication and hospitalization

Lack of providers

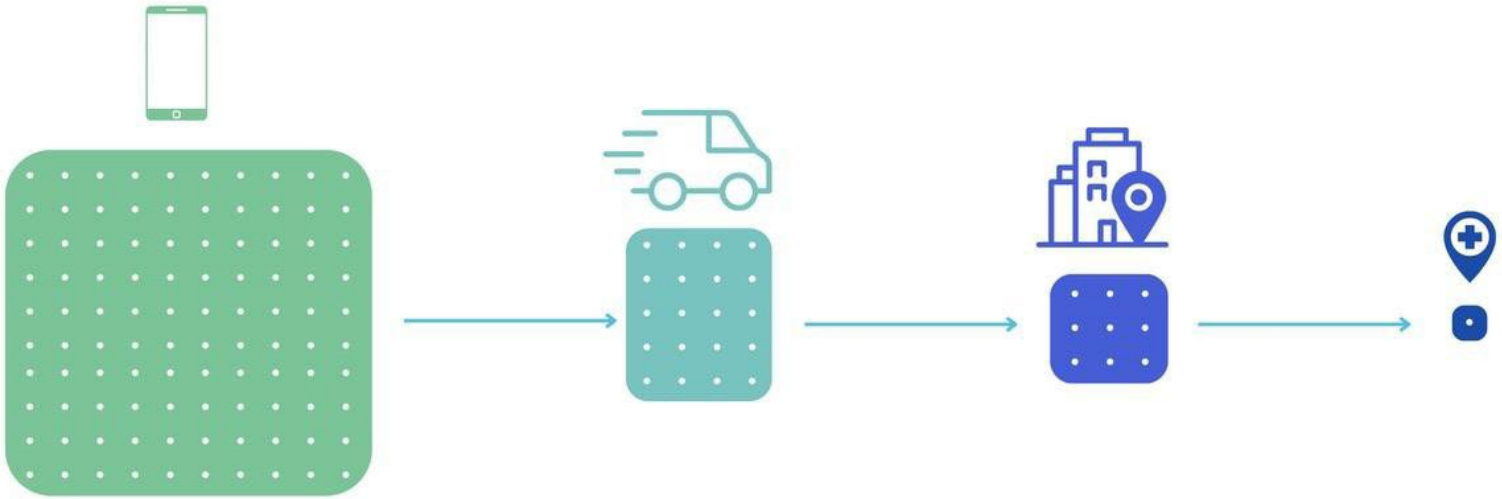
Practicing Child and Adolescent Psychiatrists per 100,000 Children Age 0-17 by County

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



Individual's Cost

Transportation



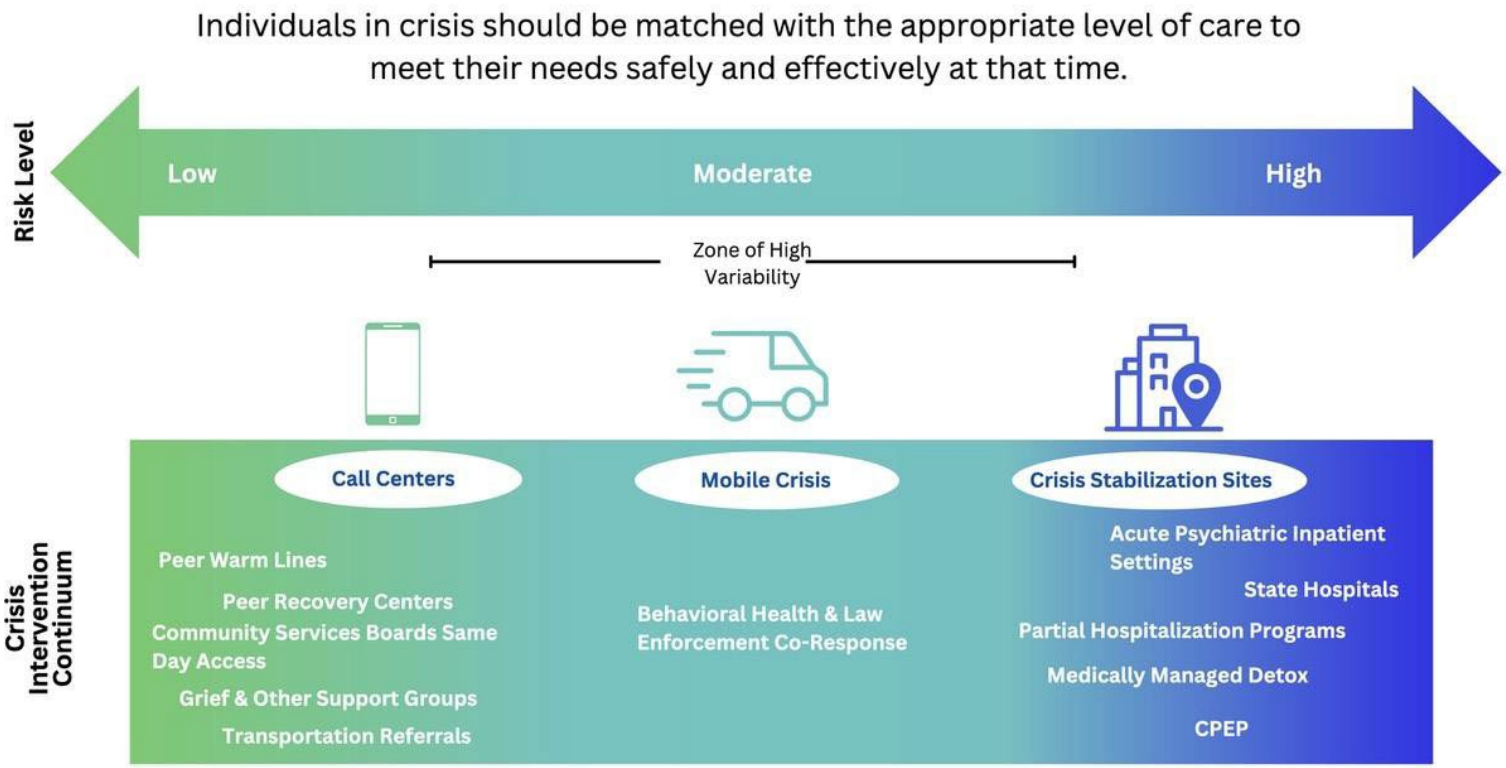
If **100** people call 988, **80** of those calls can be resolved over the phone.

Mobile response can be dispatched for the remaining **20**.

Of those 20, nine may need further treatment at a Crisis Stabilization Site.

Out of those nine, one may require services at a higher level of care, like a hospital, while the other eight return safely to the community.

What is appropriate? What is available?



What is available?

"Come back and see us when you are in crisis."

Challenges

Progress

- Individual's Cost
- Stigma
- Transportation
- Lack of providers
- What is available besides medicaid and crisis services
- What is available besides medication and hospitalization

Self- stigma

Help-seeking

	Public Stigma	Institutional Stigma
Stereotypes/ prejudices	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable.	Stereotypes are embodied in laws and other institutions
Discrimination	Therefore, employers may not hire them, landlords may not rent to them, the healthcare system may offer a lower standard of care.	Intended and unintended loss of opportunity

Psychological Medicine (2015), 45, 11–27. © Cambridge University Press 2014 Corrigan et al

Who can assess this?

Do these assessments create a barrier to services?

Perceived Disruptive, Dangerous, or Violent

Perceived Aggression or Desperation

Expressing Anger, frustration, annoyance or perceived dysregulated

Empathy? Or Stigma?

Double Empathy:

The theory of double empathy suggests that the traditional view of empathy as a one-way street is flawed. According to this theory, individuals with autism are not inherently less empathetic than neurotypical individuals. Instead, the difficulty in understanding and empathizing with others is mutual.

Challenges

Individual's Cost

Transportation

Progress

Stigma

Lack of providers

What is available besides medicaid and crisis services

What is available besides medication and hospitalization

Success Stories

- Fire and EMS' Mobile Integrated Healthcare team in Chesterfield County
- From Crisis to Care - VA is highlighted in the National Association of State Mental Health Program Directors.
- Family and Youth Support Partners helping school based mental health
- Virginia Mental Health Access Program (VMAP) - resource for primary care providers for child and adolescent mental health
- There are currently 1,080 certified peer recovery specialists in Virginia

Virginia certified peer recovery specialists provide person-centered services for living well and thriving instead of just surviving

Questions?

Maslow's hierarchy of needs

BHC Behavioral Health Commission

Next meeting
November 13, 2023 at 2:00

Richmond, VA

Visit bhc.virginia.gov for meeting materials