CCBHCs in the Crisis Continuum
OMHC-CCSC Transformation Workgroup
April 9, 2021

Community Behavioral Health Association of Maryland
Agenda

CCBHCs Defined | Overview & Maryland Grantees
Role of CCBHC in Crisis Continuum | Reducing need for crisis continuum
CCBHC as APM | Outcomes customized to state need
CCBHCs Defined

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

Set of required services
dComprehensive model

- Targeted case management
- Somatic screening
- Veterans’ services
- 24/7 crisis response
- Peer support
- Psych rehab
- Screening, Diagnosis & Assessment
- Treatment Planning
- Outpatient MH/SUS
CCBHC Model: Where It Exists

There are 226 CCBHCs in the U.S.
CCBHC Model: Maryland Sites

CCBHC Model: Maryland Sites

CCBHC grantees with renewals

CCBHC grantee
CCBHCs in Maryland

Cornerstone Montgomery
- **Enhancing capacity** by adding treatment for children and addiction disorders.
- **Improving quality** through enhanced technology for EMR and analytics.

Sheppard Pratt Community Services
- **Enhancing capacity** by adding 24-hour care
- **Improving quality** through additional of nurse and somatic care coordination for Medicare-enrolled individuals

Volunteers of America
- **Enhancing capacity** by ensuring all referrals seen within 24 hours of initial contact.
- **Improving quality** through enhanced technology for care management.
Role of CCBHC in a crisis continuum

CCBHCs strengthen states’ continuum of care to reduce hospital costs
CCBHC Deep Dive: Crisis Services

Current Model

- **Limited availability** of mobile crisis dictated by contract terms, often trimmed to daytime or weekday
- **State-funded** services rely exclusively on Maryland general funds
- **Deployment** limited to county funding the service

In CCBHC Model

- **24/7** availability of mobile crisis means deployment round-the-clock.
- **Medicaid-matched** funding draws down federal match.
In the first year of operations:

- 96% of CCBHCs had a relationship with law enforcement.
- 97% of CCBHCs were working with adult criminal justice agencies/courts and 90% with juvenile justice agencies.
- 93% of CCBHCs were working with mental health/drug courts.

CCBHC Deep Dive: Crisis Services

24/7/365 mobile crisis response deployed to assist law enforcement, hospital & criminal justice diversion
Results: Reduced Hospital Utilization

1915b Waiver

New York
- All-cause readmission dropped 55% after year 1
- BH inpatient services show a 27% decrease in monthly cost
- BH ED services show a 26% decrease in monthly cost
- Inpatient health services decreased 20% in monthly cost
- ED health services decreased 30% in monthly cost
- 21% increase in BH services for children and youth

1115 Waiver

Missouri
- Hospitalizations dropped 20% after 3 years, ED visits dropped 36%
- Overall access to BH services increased 23% in 3 years, with veteran services increasing 19%
- In 1 year, 20% decrease in cholesterol; 1.48-point Hgb A1c decrease
- Justice involvement with BH populations decreased 55% in 1 year

State Plan Amendment

Texas
- The CCBHC model in Texas is projected to save $10 billion by 2030
- In 2 years, there were no wait lists at any CCBHC clinic
- 40% of clients treated for cooccurring SUD and SMI needs, compared to 25% of other clinics
Results: Reduced Hospital Utilization
New York

CCBHC Monthly IP Savings in First Year (in dollars)

- BH Inpatient Savings:
  - Pre-CCBHC: 4,524,974
  - Year 1: 3,303,065
  - 27% decrease in BH Inpatient spend

- DOH Inpatient Savings:
  - Pre-CCBHC: 3,723,186
  - Year 1: 2,960,632
  - 26% decrease in DOH Inpatient spend

CCBHC Monthly ER Savings in First Year (in dollars)

- BH ER Savings:
  - Pre-CCBHC: 367,329
  - Year 1: 270,721
  - 26% decrease in BH ER spend

- DOH ER Savings:
  - Pre-CCBHC: 1,114,917
  - Year 1: 780,521
  - 30% decrease in DOH ER spend
Results: No Waitlist
Texas

Adult Functional Improvement
In a field that has been severely underfunded for years, just increasing access to behavioral health services is a huge return on investment.
CCBHCs as APM

Outcomes customized to state needs
CCBHCs fall within categories 2.C (in states with quality bonus payments) and 4.A (in states using PPS-2)
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<tr>
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<th>Measure or Other Reporting Requirement</th>
<th>NQF Endorsed</th>
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<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)</td>
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Summary

The CCBHC model has shown that it bridges gaps in state behavioral health system to strengthen access to care for vulnerable populations. Funding mechanisms support the elimination of waitlists and broader patient engagement. Investing in a stronger community behavioral health system reduces hospital utilization across states.
Thank you

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