

# CCBHCs in the Crisis Continuum

## OMHC-CCSC Transformation Workgroup

April 9, 2021

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Community Behavioral Health Association of Maryland



# Agenda

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CCBHCs Defined | Overview & Maryland Grantees

Role of CCBHC in Crisis Continuum | Reducing need for crisis continuum

CCBHC as APM | Outcomes customized to state need

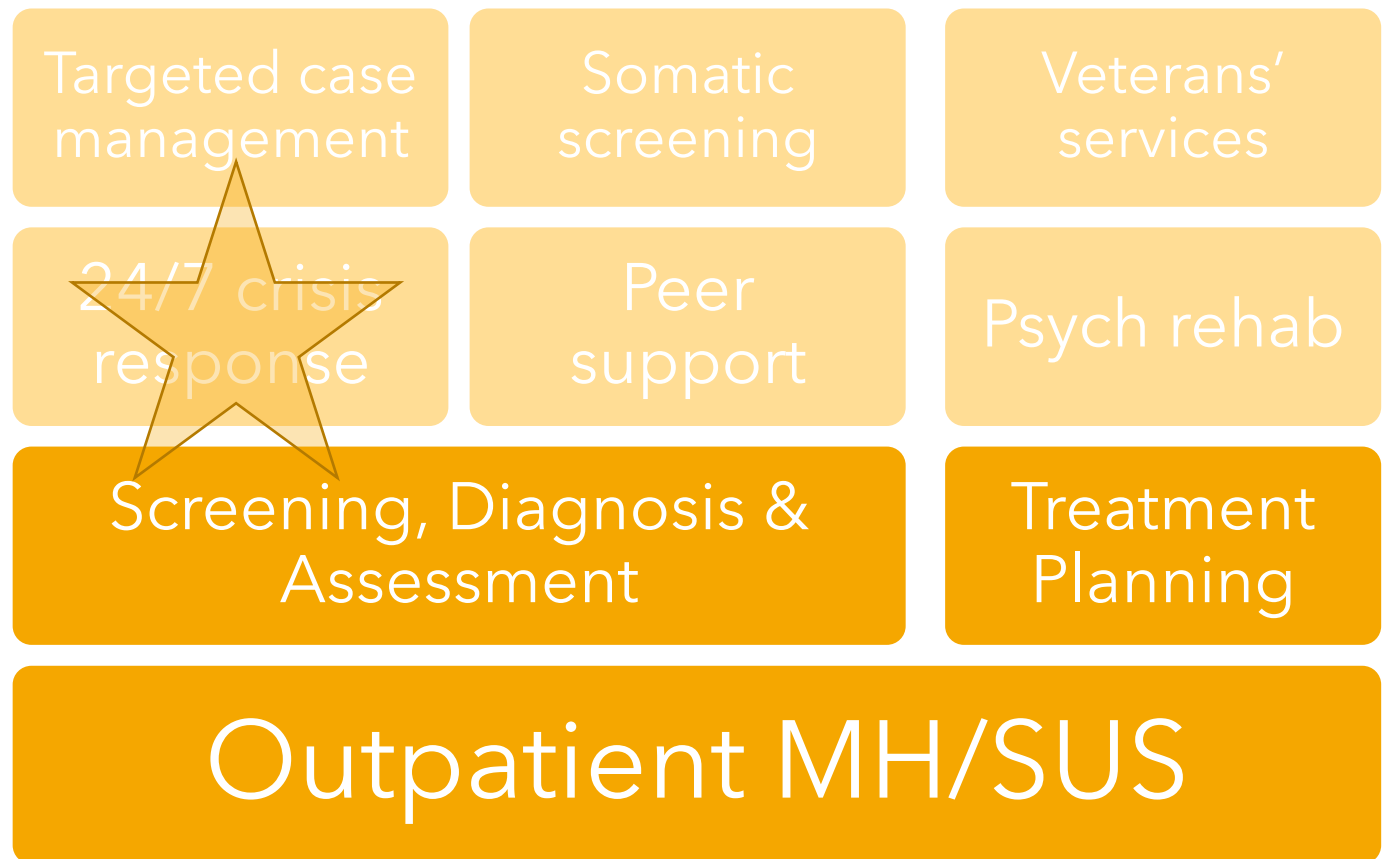


# CCBHCs Defined

Overview of  
Certified  
Community  
Behavioral  
Health Clinics

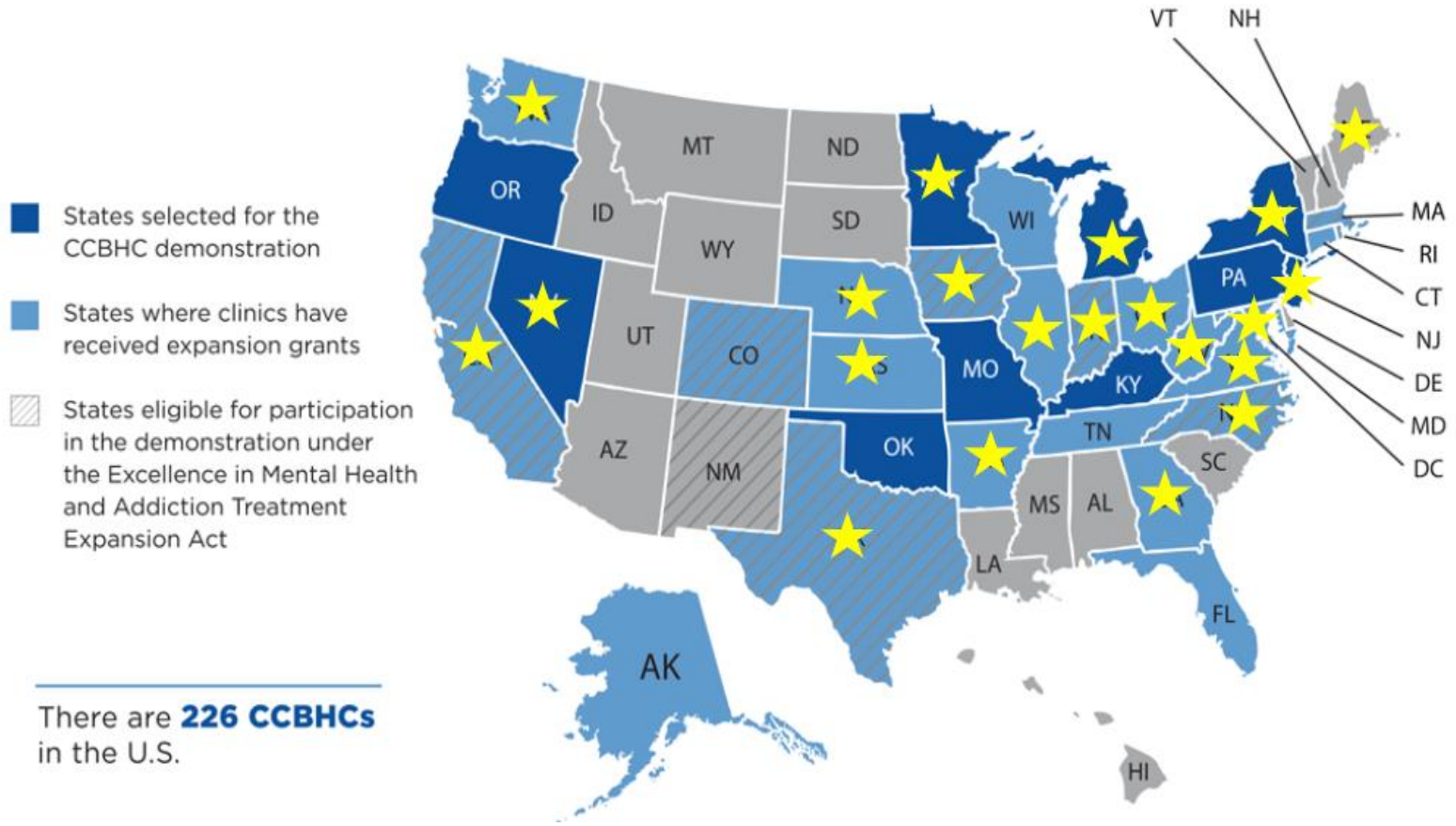
# What is a Certified Community Behavioral Health Clinic (CCBHC)?

Set of required services  
Comprehensive model



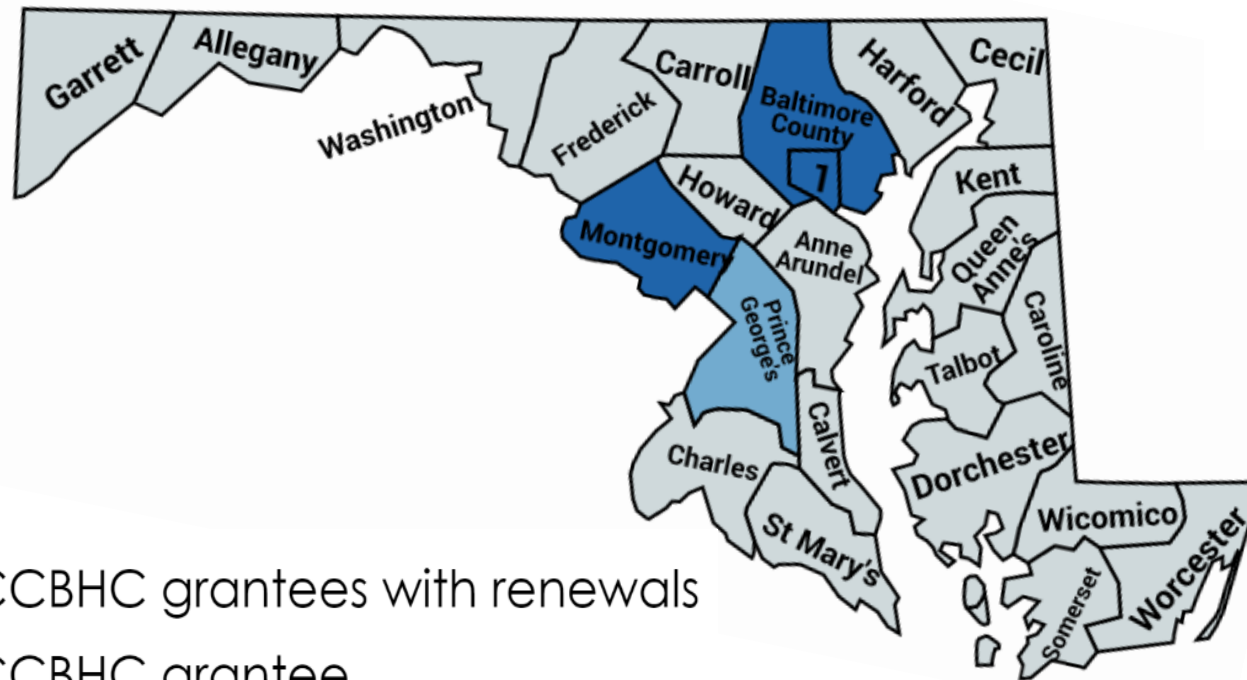


# CCBHC Model: Where It Exists



There are **226 CCBHCs** in the U.S.

# CCBHC Model: Maryland Sites



- CCBHC grantees with renewals
- CCBHC grantee

CCBHC  
Model:  
Maryland  
Sites

# 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



**State Plan  
Amendment**

## 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



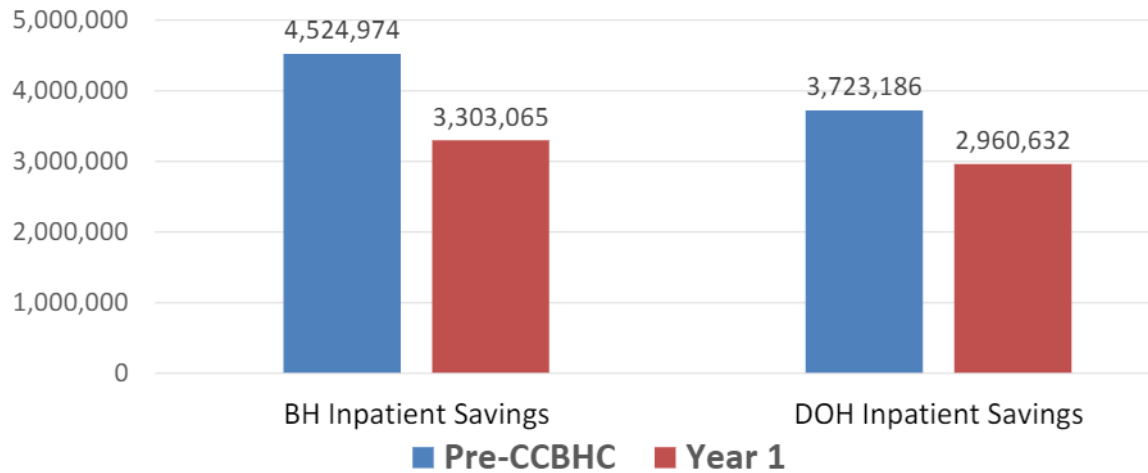
**1115 Waiver**

## 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

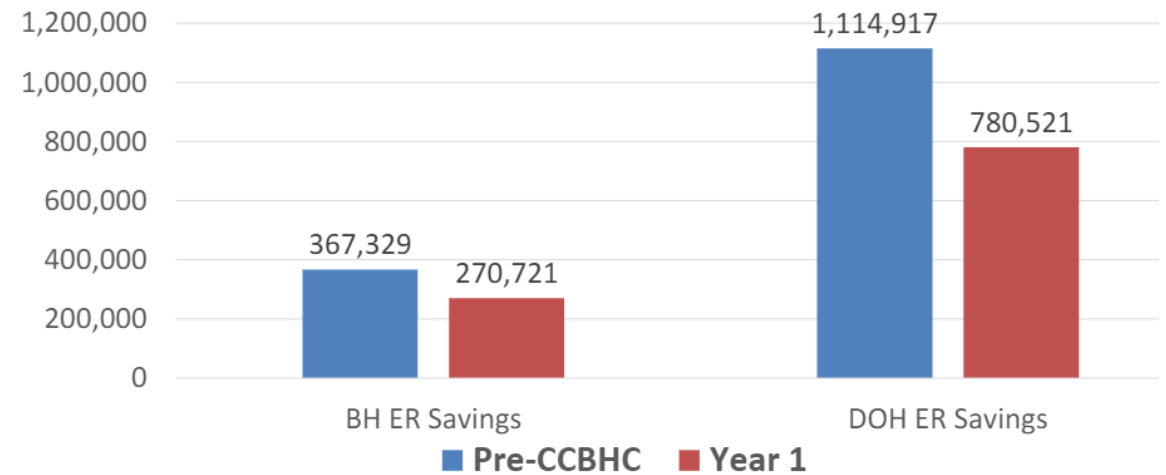
# Results: Reduced Hospital Utilization New York

### CCBHC Monthly IP Savings in First Year (in dollars)



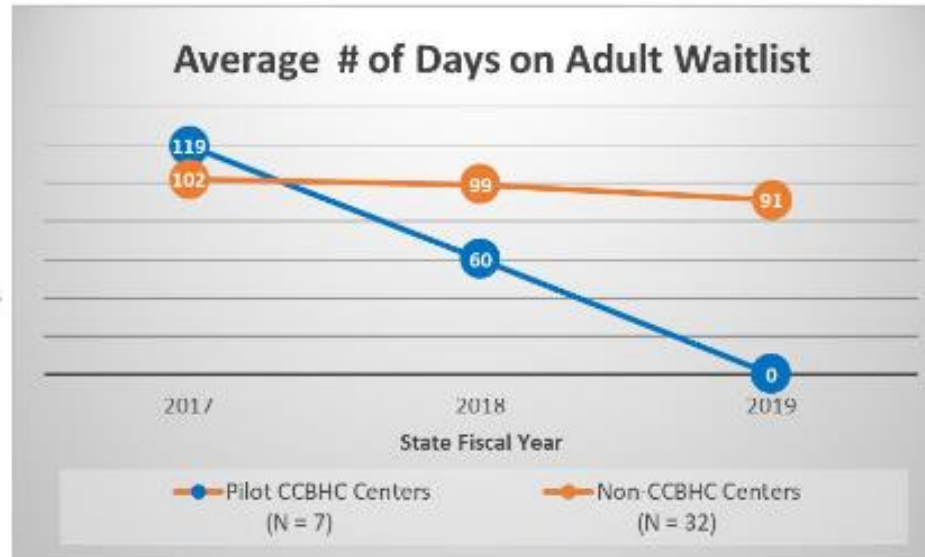
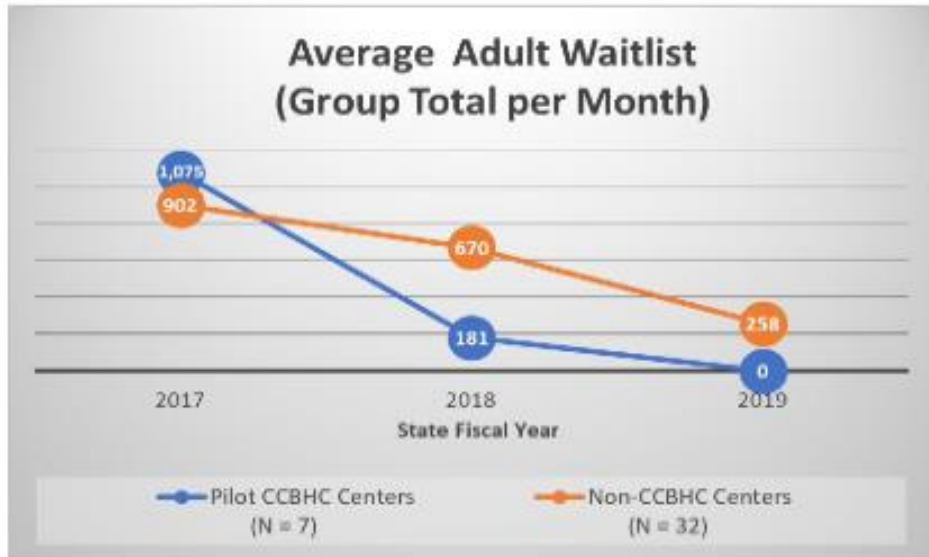
- 27% decrease in BH Inpatient spend
- 20% decrease in DOH Inpatient spend

### CCBHC Monthly ER Savings in First Year (in dollars)

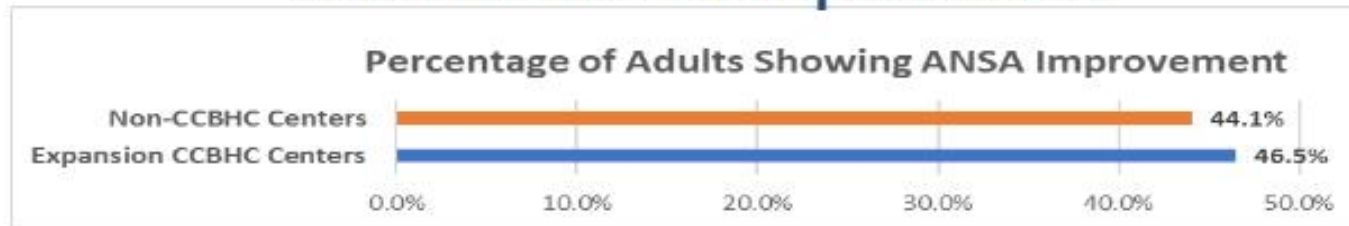


- 26% decrease in BH ER spend
- 30% decrease in DOH ER spend

# 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.

CCBHC demonstrate state official



# CCBHCs as APM

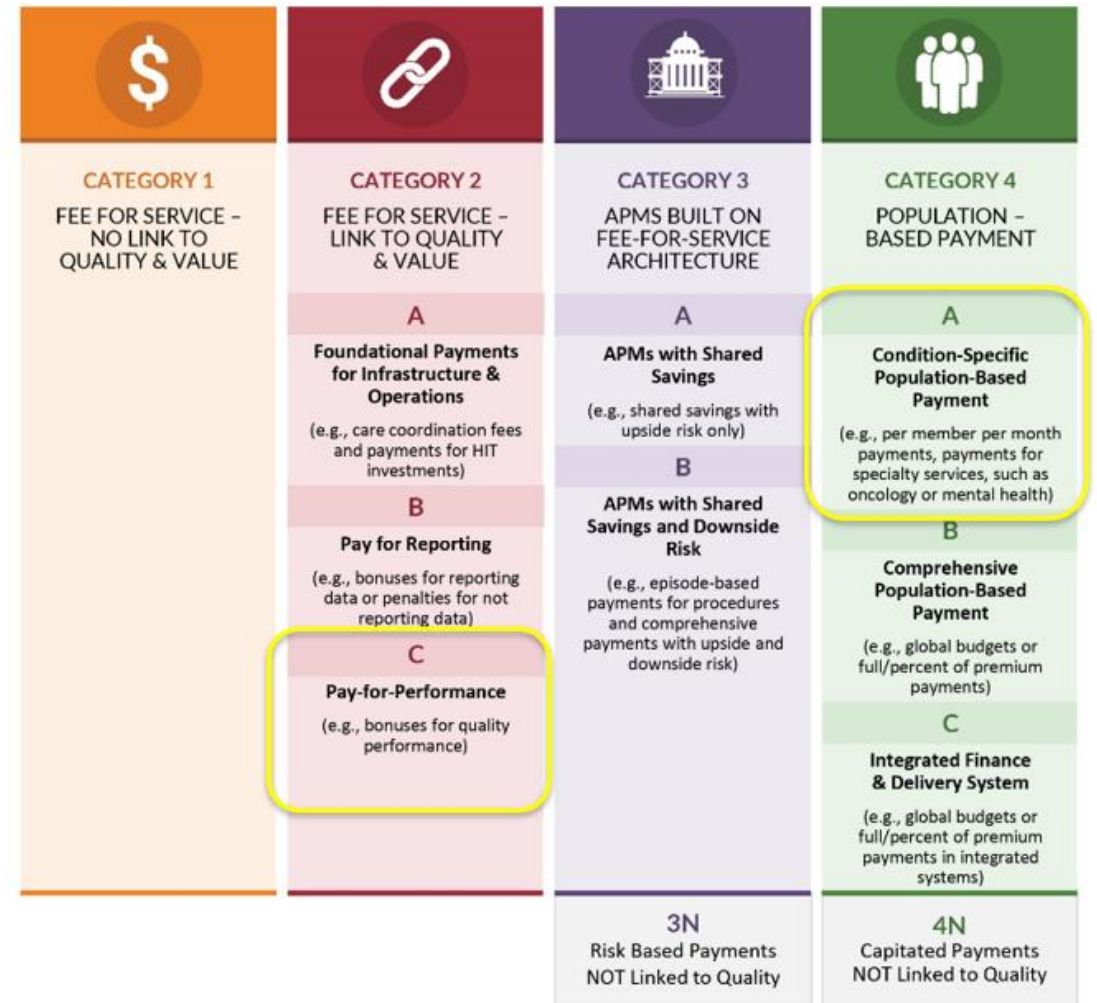


Outcomes  
customized to  
state needs

# CCBHC as APM



CCBHCs fall within categories **2.C** (in states with quality bonus payments) and **4.A** (in states using PPS-2)





# CCBHC Model | Outcomes & Impact

Potential Data Source	Measure or Other Reporting Requirement	NQF Endorsed
EHR, elect scheduler	Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients	N/A
EHR	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up	0421
EHR	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)	0024
EHR	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	0028
EHR	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	2152
EHR	Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment (see Medicaid Child Core Set)	1365
EHR	Adult major depressive disorder (MDD): Suicide risk assessment (use EHR Incentive Program version of measure)	0104
EHR	Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set)	0418
EHR	Consumer follow-up with standardized measure (PHQ-9) Depression Remission at 12 months	0710

# CCBHC Model | Outcomes & Impact

Potential Data Source	Measure or Other Reporting Requirement	NQF Endorsed
URS	Housing Status (Residential Status at Admission or Start of the Reporting Period Compared to Residential Status at Discharge or End of the Reporting Period)	N/A
Claims/encounter data	Follow-Up After Emergency Department for Mental Health	2605
Claims/encounter data	Follow-Up After Emergency Department for Alcohol or Other Dependence	2605
Claims/encounter data	Plan All-Cause Readmission Rate (PCR-AD) (see Medicaid Adult Core Set)	1768
Claims/encounter data	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications	1932
Claims/encounter data	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (see Medicaid Adult Core Set)	N/A
Claims/encounter data	Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (see Medicaid Adult Core Set)	0576
Claims/encounter data	Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (see Medicaid Child Core Set)	0576
Claims/encounter data	Follow-up care for children prescribed ADHD medication (see Medicaid Child Core Set)	0108
Claims/encounter data	Antidepressant Medication Management (see Medicaid Adult Core Set)	0105
EHR	Initiation and engagement of alcohol and other drug dependence treatment (see Medicaid Adult Core Set)	0004
MHSIP Survey	Patient experience of care survey; Family experience of care survey	N/A

# 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



Shannon Hall  
Executive Director, CBH



[shannon@mdcbh.org](mailto:shannon@mdcbh.org)



[mdcbh.org](http://mdcbh.org)