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ASSESSING YOUR CCBHC COMPETENCY READINESS

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SPQM

ASSESSING YOUR CCHBC COMPETENCY READINESS

PRESENTERS:

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LEARNING OBJECTIVES:

- Assess your organization's readiness as a CCBHC
- Learn how to develop your CCBHC performance improvement plan
- Develop your CCBHC culture needed for implementing and sustaining change to meet the certification criteria requirements

Status of Participation in the CCBHC Model

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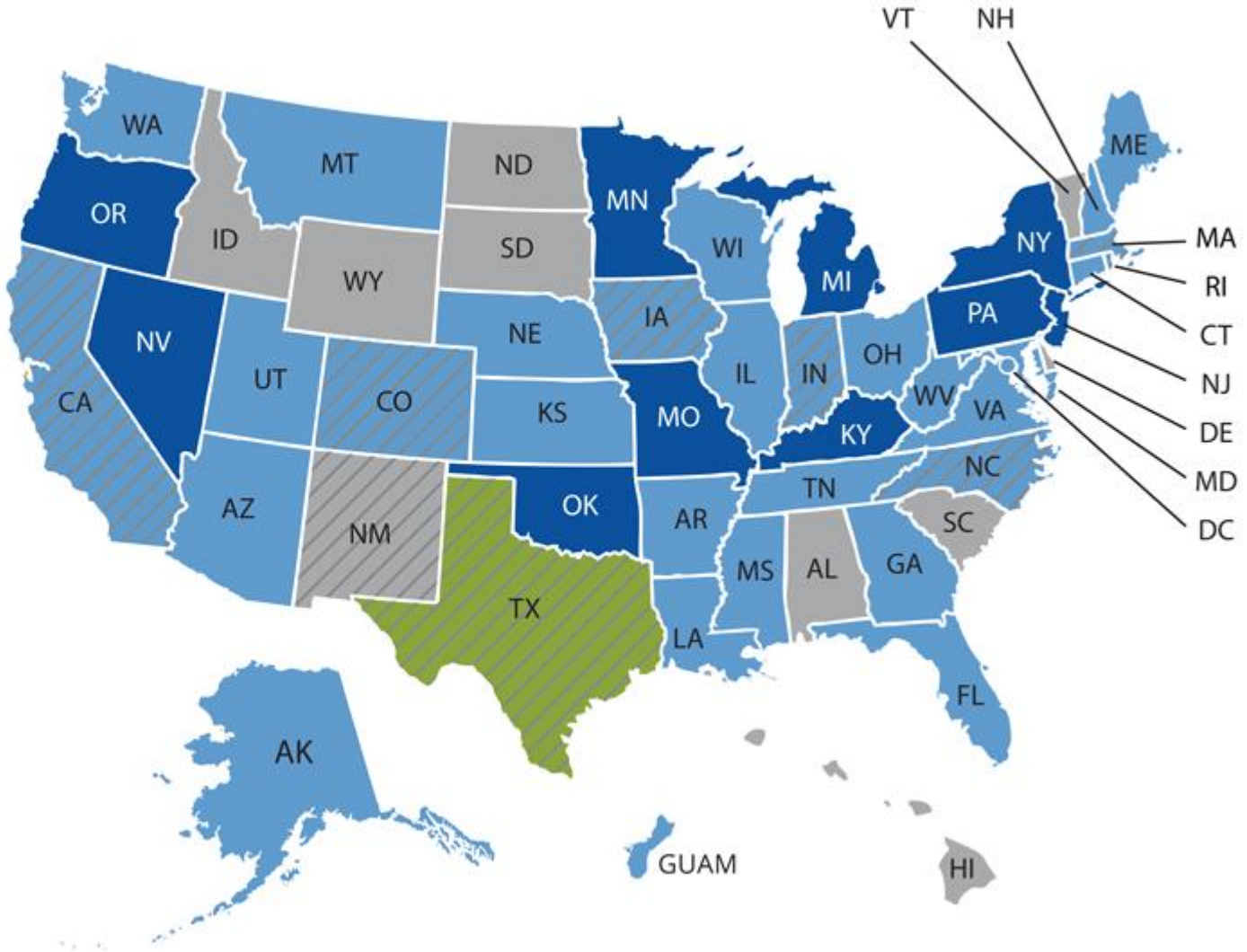
- States selected for the CCBHC demonstration
- States where clinics have received expansion grants
- States eligible for participation in the demonstration under the Excellence in Mental Health and Addiction Treatment Expansion Act
- States that have independently adopted the CCBHC model

There are **340 CCBHCs** in the U.S., across 40 states, Guam and Washington, D.C.



INCREDIBLE GROWTH IN ONLY FOUR YEARS!

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2017	2019	2020	2021
8 states	21 states	33 states	40+ states
66 clinics	113 clinics	229 clinics	340+ clinics

CCBHC IMPLEMENTATION: DRIVING VALUE

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CCBHC Demo

- **Certification** = standardized core requirements
- **PPS or Grant Funding** = Medicaid reimbursement (PPS) or grant funds that support costs associated with expanded access & enhanced operations; Medicaid PPS can serve as sustainability mechanism post-grant

Enhanced Operations

- Expansion of service lines (e.g., crisis response, SUD treatment)
- Ability to hire and retain specialty providers (e.g., child psychiatrists, MAT prescribers)
- Same-day access to care
- High-impact, flexible staffing models targeted to patient need
- Technology adoption, electronic health info exchange
- Data tracking & analytics
- Collaboration/coordination with law enforcement, schools, others
- Population health management, data-driven care

Improved Outcomes

- More clients served
- Elimination of waitlists
- Reduced hospitalization, ED visits
- Reduced incarceration, recidivism
- Improved physical health

CCBHC OPPORTUNITIES AHEAD

- SAMHSA CCBHC Expansion Grant Funding
  - 74 awards anticipated in the spring of 2021
  - Estimated 105 additional awards expected under $420M allocated in last COVID relief package (timing unknown)
  - Additional application opportunity in FY2022 (FOA has historically been released in January; total amount of funding TBD)

- Independent state implementation via Medicaid waiver or SPA
  - Open to any state!
  - Connect with our team about advocacy opportunities in your state

CCBHC SUCCESS CENTER

https://www.thenationalcouncil.org/ccbhc-success-center/
Email us at: ccbhc@thenationalcouncil.org

ASSESS YOUR ORGANIZATION'S READINESS AS A CCBHC

Core Competencies

Considering a CCBHC

Is Your Organization Ready?

- Opportunities and successes as a CCBHC (financial start up support)
- Prepare for Value-Based Payment Model in future
- Transformation of practice for better care and long-term sustainability
- Philosophical shift to integrated, whole-person and coordinated care
- Does your vision for your behavioral health organization align with what a CCBHC is?

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GETTING STARTED

Know your Organization's Readiness

- Becoming a CCBHC requires ***transformational change*** to become a new provider type.
- There are many areas to take into consideration when assessing your readiness.
    - Your organization's ability to provide services in a non-four walls environment.
    - Assessing your organizations competency for linguistic and cultural competencies, Trauma informed care, Evidenced based practiced, service to veterans, managing and collecting required data elements.
    - Ability to meet ALL the required services either directly or through a DCO
    - Meeting the six (6) required certification standards.
    - The ability to embrace organizational wide ***Change Management.***

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GETTING STARTED

Get a head start on the Registration Process

- For new applicants, please take note of the fact that you must complete **four (4) registration processes** that are all distinct, one-time registrations in order to submit an application:
  - Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
  - System for Award Management (SAM);
  - Grants.gov; and
  - eRA Commons Registration.

- NOTE: **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**
  - **This process could take up to 6 weeks to finalize**
  - **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

Source: Developing a Successful SAMSHA Grant (2018) Substance Abuse and Mental Health Services Administration. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. www.samhsa.gov

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GET ORGANIZED

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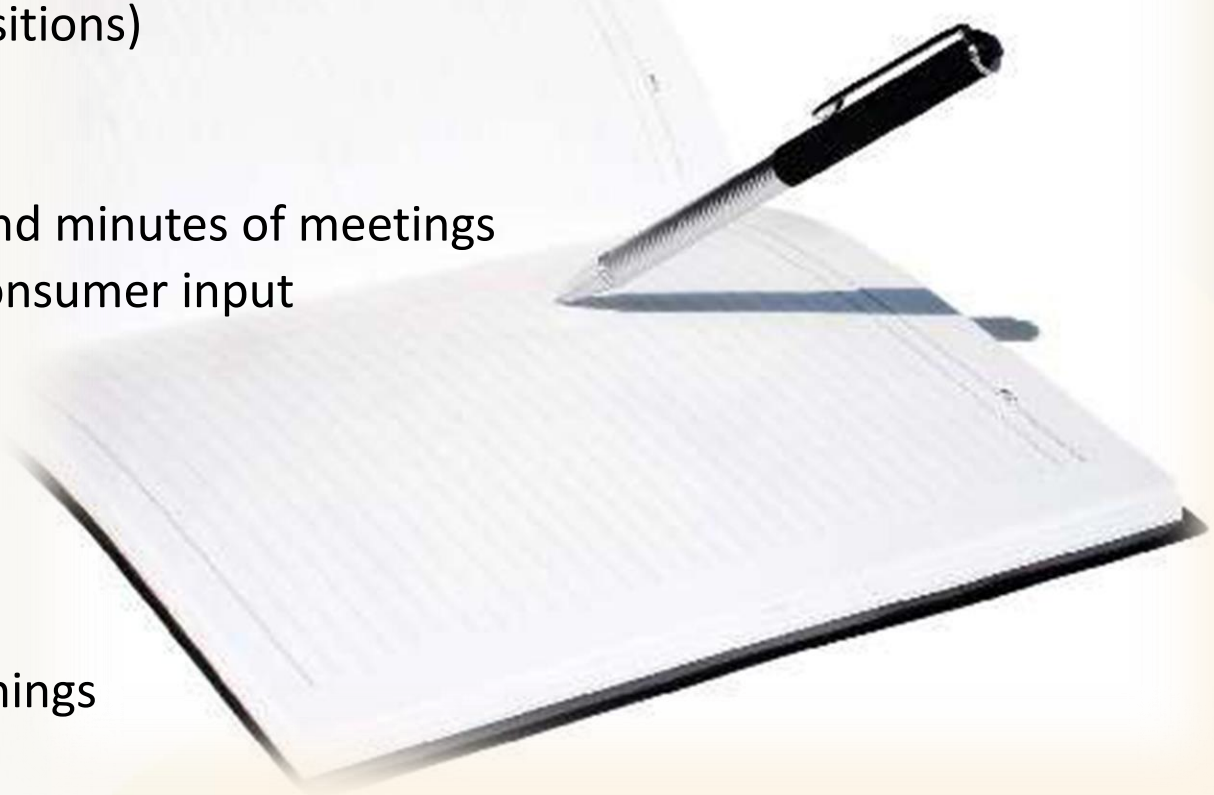
Review and Pull together your organizational information

- Mission Statement
- Organizational chart (think about new CCBHC Positions)
- Current policy and procedures
- Certifications/Licensures
- Board of Directors/**Advisory Board** information and minutes of meetings
- Current population consumer satisfaction data/consumer input
- Needs Assessment/Focus Populations
- A list of current community partnerships/MOUs
- Community Stakeholder data
- Referral source satisfaction data
- Review current consent forms
- Cultural and linguistic competence materials/trainings
- Admission/assessment procedures- ***GAP Analysis***



Source: Developing a Successful SAMSHA Grant (2018) Substance Abuse and Mental Health Services Administration. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. www.samhsa.gov

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Get Organized

Review your current use of Evidence-Based Practices

- What current EBPs are being used at your agency?
- Why are you using those EBPs ? What outcomes are you achieving?
- How do you assess staff competency to implement the EBPs
- How is fidelity of the EBPs is monitored
  - Observation
  - Training and Testing
  - Supervision
  - Chart review
  - Fidelity Checks
- Conduct an analysis of your your KPIs and EBPs you are currently providing and ASSESS HOW THEY LINE UP TO MEETING YOUR FOCUS POPULATION.

- Source: Viewing CCP Standard 22 – Evidence Based Treatment, 01-222 :: PolicyStat

Source: Developing a Successful SAMSHA Grant (2018) Substance Abuse and Mental Health Services Administration. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. www.samhsa.gov

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Evidenced Based Practices

Action Steps to Prepare

- Inventory of EBPs – are they provided with fidelity?
- Does the BH Program identify the population and its needs and match the EBPs to the population?
- Analyze the percentage of persons served not receiving and EBP.
- By using EBPs are disparities created?
- Analyze the top 10 diagnostic groups by population served.
- Ensure every service encounter meets the medical necessity of the service according to either the Medicaid definition or the CMS definition?
- ***Note: This is a KPI you have been reporting on in your PMR***

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Get Organized

Review your staffing patterns and staffing plan to meet the CCBHC Focus Population and Health Care Disparities

- Job descriptions of all KEY Staff
- Resume, BIOs and CVs of key management personnel and staff providing CCBHC services
- Monthly financial accounts/Program costs
- Recent audits
- Experience managing grants and providing services
- Facility licensing and compliance with Americans with Disabilities Act (ADA)
- Accounting procedures/Back office Functions
- Data Collection competencies

Source: Developing a Successful SAMSHA Grant (2018) Substance Abuse and Mental Health Services Administration. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. www.samhsa.gov

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Get Organized

Getting Data Right

- Align agency and community data specific to your population(s) of focus – numbers served, demographic characteristics, number/type of services delivered
- Local statistics and census data
- Outcome data
- How will the data be collected?
  - **EHR/IT Assessment**
- Information on gaps in service
- Care Pathways for clinical populations
  - **Including Veterans**

Source: Developing a Successful SAMSHA Grant (2018) Substance Abuse and Mental Health Services Administration. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. www.samhsa.gov

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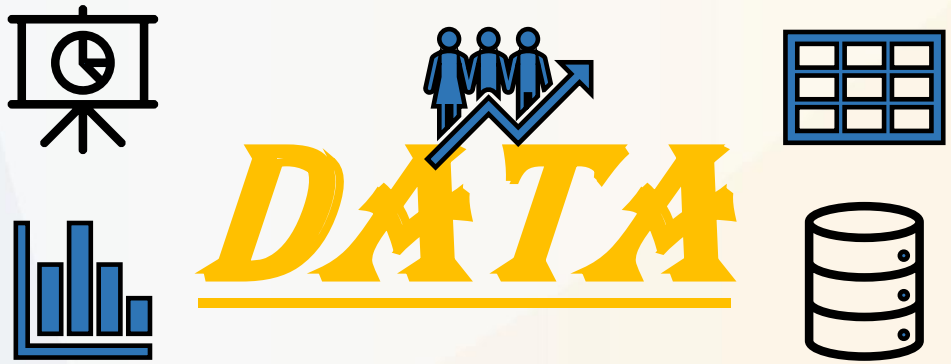
YOU'RE PREPARING TO APPLY
OR
HAVE RECEIVED YOU CCBHC GRANT …
WHAT'S NEXT?

- Organizations must demonstrate and prove they are meeting the grant requirements
  - Government/tax dollars is money well spent
  - We are making a positive impact on our communities
  - We are helping more people and in a more effective/efficient manner
  - Our clients and communities are improving & getting better

- How do we do that?



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- Demonstration to Program to Improve CMHCs and Establish CCBHCs - Program Requirements 5/Appendix A
  - *"Reporting of encounter data, clinical outcomes data, quality data and such other data as the Secretary requires."*

1. Access to community-based behavioral health services, "in the area(s) of a state targeted by a demonstration program compared to other areas of the state"

2. Quality and scope of services provided by CCBHCs compared to non-CCHBC providers

3. Federal and state costs of a full range of behavioral health services (including inpatient, emergency, and ambulatory services)

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Source: SAMHSA – Section 223

WHAT DO WE HAVE TO REPORT?

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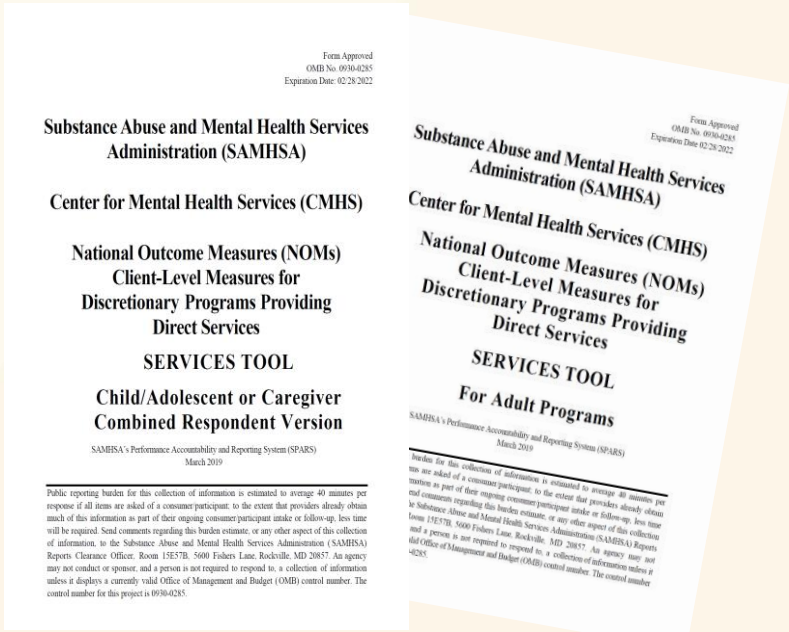
REQUIRED:

- CCBHC/Clinic-Led Quality Measures Reporting Requirements (9)
- State Reporting Requirements (12)
- Quality Bonus Measures (8)
- NOMS Data- Adult and Child
  - National Outcome Measures



Form Approved
OMB No. 0930-0285
Expiration Date: 02/28/2022

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Mental Health Services (CMHS)

National Outcome Measures (NOMs)
Client-Level Measures for
Discretionary Programs Providing
Direct Services

SERVICES TOOL

Child/Adolescent or Caregiver
Combined Respondent Version

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 40 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0285.

Form Approved
OMB No. 0930-0285
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Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Mental Health Services (CMHS)

National Outcome Measures (NOMs)
Client-Level Measures for
Discretionary Programs Providing
Direct Services

SERVICES TOOL

For Adult Programs

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

All Materials are Protected Intellectual Property of MTM Services

Source: SAMHSA – Section 223

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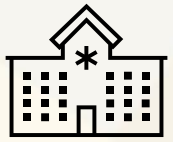
REQUIRED:

- CCBHC/Clinic-Led Quality Measures Reporting Requirements (9)



1. Time to Initial Evaluation
2. Preventative Care & Screening: BMI Screening & Follow-Up
3. Weight Assessment for Children/Adolescents: BMI Assessment for Children/Adolescents
4. Preventative Care & Screening: Tobacco Use: Screening & Cessation Intervention
5. Preventative Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
6. Children and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
7. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
8. Screening for Clinical Depression and Follow-Up Plan
9. Depression Remission at 12 Month

Source(s): Glossary of CCBHC-Related Quality Measures & Acronyms ; SAMHSA – Section 223

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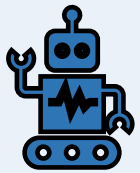
SAMPLE MTM SERVICES QM ASSESSMENT

As part of the Readiness Protocol we assess the organizations EHR and IT functionality and

State:	
rovider/Organization:	

CCBHC Required Clinic-led Data Quality Reporting Measures (9) Assessment

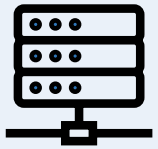
#	Measure ID*	Measure Name	Measure Description/Detail	Numerator Calculation	Denominator Calculation	Suggested Data Source	Currently Collected?	Captured in EHR?	Currently Reported?	Can DCO Report This Data?	Explain what is would take or any challenges/barriers to collect & report this data? (explain)	What work flow and/or work force issues exist with reporting this data? (explain)	What, if any, infrastructure changes are needed to accommodate DCO (Remote Access/ Licenses)	How does your organization plan to operationalize this measure?	Other Comments
1	I-EVAL	Time to Initial Evaluation	1. % of new customers w/ initial evaluation provided within 10 business days of first contact. 2. The mean number of days until initial evaluation for new consumers	1. # of consumers who received an initial eval. w/in 10 business days of first contact w/ BHC 2. Sum of number of days from first contact to initial eval, for consumers who received an initial eval. after first contact w/ BHC	New consumers (ages 12+) who contacted BHC seeking services during the measurement period -New=not seen by NHC in past 6 months	EHR-Pt. Chart /Records Schedule									



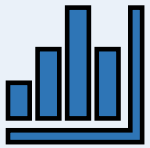
Reporting, Business Intelligence & Analytics Capabilities

- Are data elements currently captured/collected?
  - Where? How?
  - In EHR? Manual?

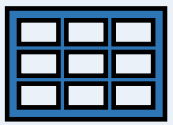
- Are data elements currently reported?
  - Where? How?



- Can I easily export & upload required data elements



- Automate:
  - Aggregation of data
  - Calculation of metrics
  - Reporting
  - *Manual data collection, abstraction & aggregation is costly and time-consuming



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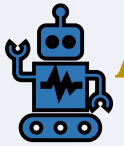
WE DON'T HAVE 'MTM DATA BOT'…

ORGANIZATIONAL ANALYSIS/ASSESSMENT

- Is/Are the data element(s) collected? Electronically?
  - YES → For what population? Can we report on it?
- What are the barriers/challenges to collect & report this data?
- What **workflow** issues exist and need to be adjusted?
- What **workforce** issues exist and need to be adjusted?
- Are infrastructure or IT changes needs to accommodate CCBHC requirements?
  - DCO access/information exchange?

Develop an organizational plan to operational <u>data collection</u> & <u>reporting</u>



AND <u>automate</u> wherever possible

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Plan a Community Needs Assessment

Documentation of need may come from a variety of qualitative and quantitative sources. You can obtain qualitative and quantitative data by:

- Compiling existing data – this involves gathering and comparing national, State, and local information and/or data already collected by individual agencies, State and county public agencies, school systems, health systems, and court systems (e.g., alcohol, tobacco, drug abuse, and mental health data from SAMHSA at SAMHSA data, SAMHSA's National Survey on Drug Use and Health, and the National Center for Health Statistics/Centers for Disease Control reports at CDC Reports);
  - HPSA/MUA
  - Persons served vs. community prevalence data
  - Poverty and unemployment data
  - Documented healthcare disparities and needs
- NOTE: Any technique you choose must reflect an understanding and appreciation of the cultural characteristics of your community and population(s) of focus.

Source: Developing a Successful SAMSHA Grant (2018) Substance Abuse and Mental Health Services Administration. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. www.samhsa.gov

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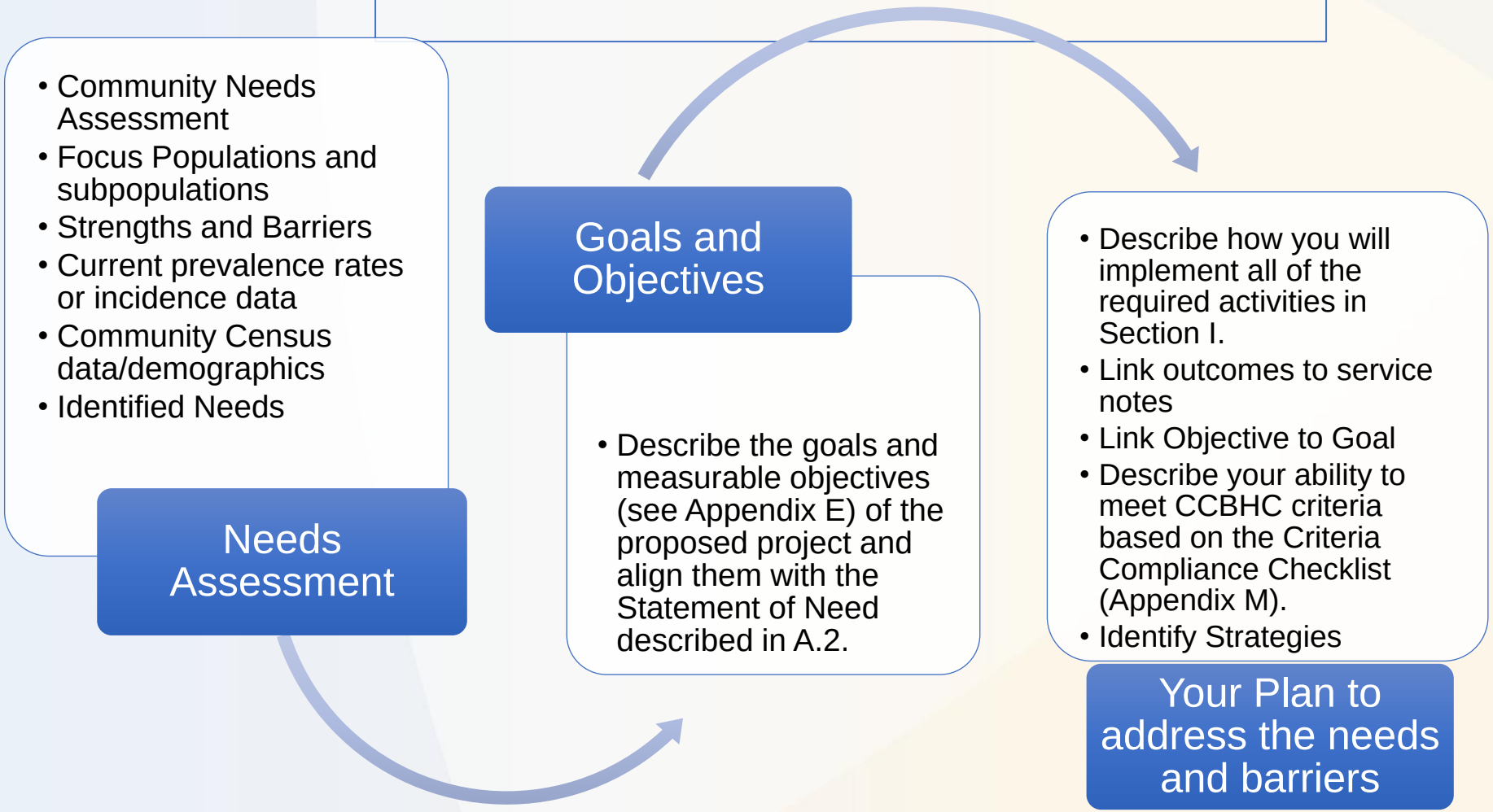
The Golden Thread



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Funding Opportunity Announcement (FOA)

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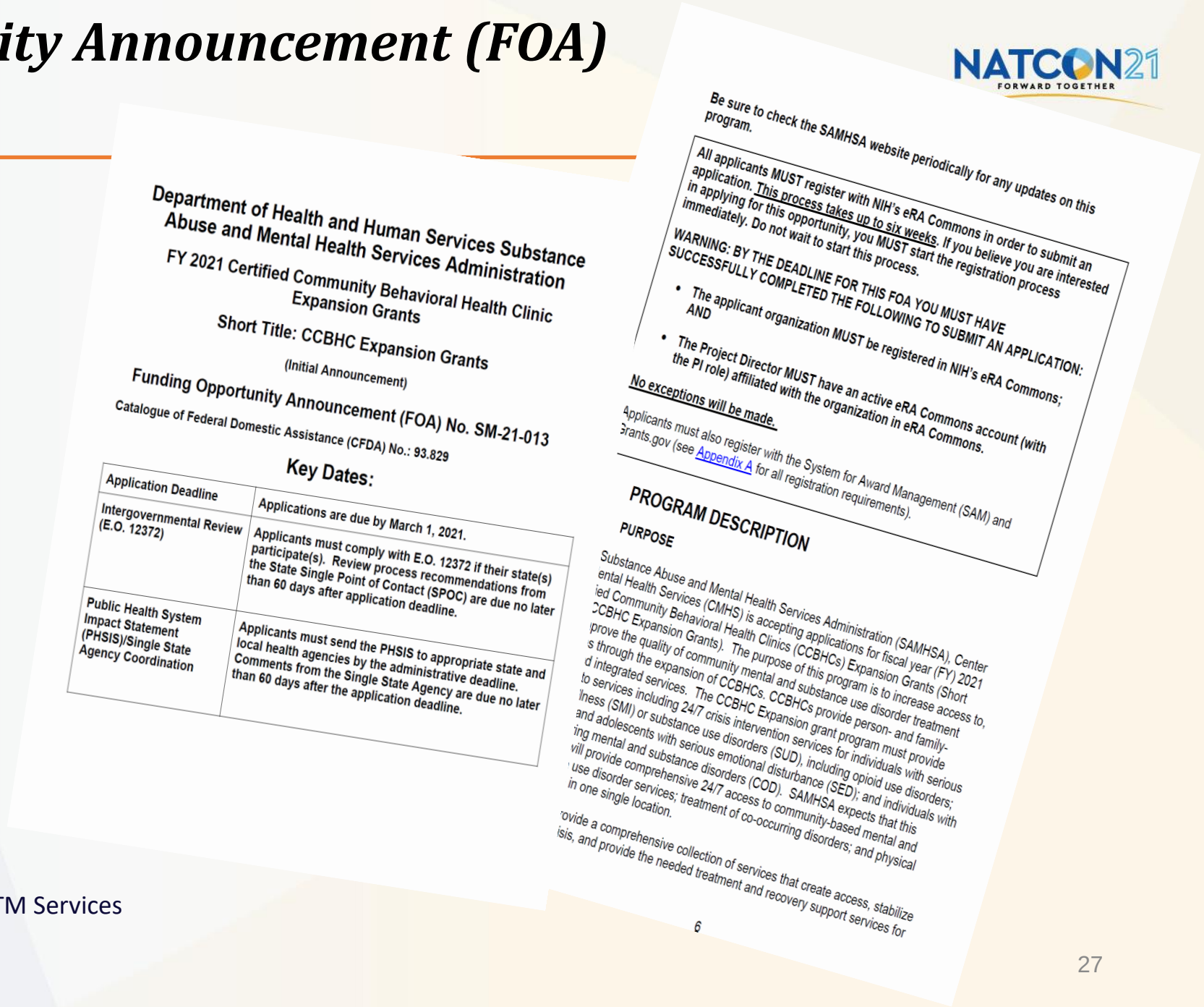
Develop your Action Plan to address the FOA



Department of Health and Human Services Substance Abuse and Mental Health Services Administration

FY 2021 Certified Community Behavioral Health Clinic Expansion Grants

Short Title: CCBHC Expansion Grants

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-21-013

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.829

Key Dates:

Application Deadline	Applications are due by March 1, 2021.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

Be sure to check the SAMHSA website periodically for any updates on this program.

All applicants MUST register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process.

WARNING: BY THE DEADLINE FOR THIS FOA YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:

- The applicant organization MUST be registered in NIH's eRA Commons; AND
- The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

No exceptions will be made.

Applicants must also register with the System for Award Management (SAM) and Grants.gov (see Appendix A for all registration requirements).

PROGRAM DESCRIPTION

PURPOSE

Substance Abuse and Mental Health Services Administration (SAMHSA), Center ental Health Services (CMHS) is accepting applications for fiscal year (FY) 2021 ied Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short CCBHC Expansion Grants). The purpose of this program is to increase access to, prove the quality of community mental and substance use disorder treatment s through the expansion of CCBHCs. CCBHCs provide person- and family- d integrated services. The CCBHC Expansion grant program must provide to services including 24/7 crisis intervention services for individuals with serious 'iness (SMI) or substance use disorders (SUD), including opioid use disorders; and adolescents with serious emotional disturbance (SED); and individuals with ing mental and substance disorders (COD). SAMHSA expects that this vill provide comprehensive 24/7 access to community-based mental and use disorder services; treatment of co-occurring disorders; and physical in one single location.

ovide a comprehensive collection of services that create access, stabilize isis, and provide the needed treatment and recovery support services for

6

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DEVELOPING YOUR CCBHC CULTURE NEEDED FOR IMPLEMENTING AND SUSTAINING CHANGE TO MEET THE CERTIFICATION CRITERIA REQUIREMENTS

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WHY THIS CHANGE IS NECESSARY

Your providers need to know the reason for the change before they can buy into it.
Why is the change necessary?
To stay competitive?
To serve needy patients?
To support caregivers?
To expand?
To stay financially solvent?
To prevent bad outcomes ?
To limit liability?

Dig deep to find a compelling reason that goes beyond compliance.
Anchor your changes in your mission, values and guiding principles.

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HOW TO DEVELOP YOUR CCBHC PERFORMANCE IMPROVEMENT PLAN

Integrated CCBHC Certification Criteria Feasibility and Readiness Tool (I-CCFRT)

The I-CCFRT assesses the organizations ability to address the required activities to meet the Department of Health and Human Services Substance Abuse and Mental Health Services Administration requirements for Certified Community Behavioral Health Clinics

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INTEGRATED CCBHC CERTIFICATION CRITERIA FEASIBILITY AND READINESS TOOL (I-CCFRT)

Program Requirement 1: Staffing
Program Requirement 2: Availability and Accessibility of Services
Program Requirement 3: Care Coordination
Program Requirement 4: Scope of Services
Program Requirement 5: Quality and Other Reporting
Program Requirement 6: Organizational Authority, Governance and Accreditation

Findings and Recommendations

Deliver
Consultant's Reports

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I-CCFRT Scoring

MTM SERVICES

I-CCRT Assessment Findings

Color Key: Red (1) = High Concern/RCCP Focus
Yellow (3) = Consider Change Needs
Green (5) = No Change Recommended

CCBHC Readiness Assessment	SAMPLE AGENCY
	2.1
Section A - Non Four Walls CCBHC Design:	2
Section B - Trauma-Informed Service Delivery Model	2.7
Section C - Prospective Payment System Rate Support Requirements	3.3
Section D – Other Considerations	3.4
Section E – Operational Requirements	2.5
Section F: Program Requirements	
Program Requirement 1: Staffing	2
Program Requirement 2: Availability and Accessibility of Services	1.5
Program Requirement 3: Care Coordination	2
Program Requirement 4: Scope of Services	1
Program Requirement 5: Quality and Other Reporting	2
Program Requirement 6: Organizational Authority,	1
Section G: Change Management and Decision-Making:	2
Decision Making Cumulative Score	27

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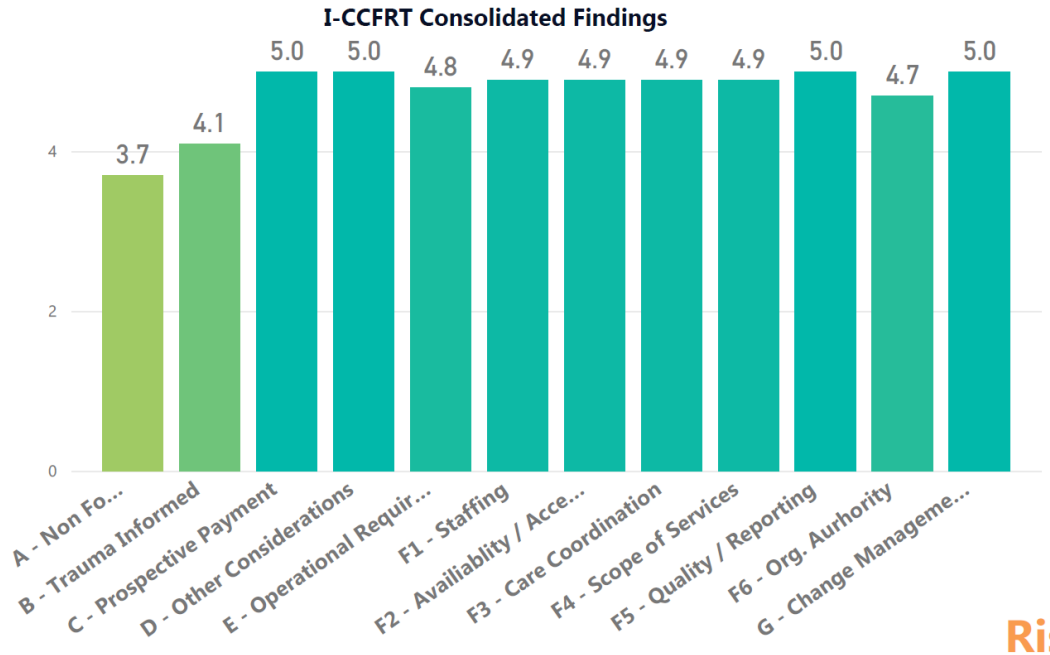
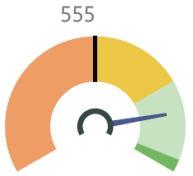


High Hopes Community Service Board

132.60 Total Wait-time (Days)	4.13 Total Client Time wit...	4.71 Total Staff Time (Hrs)	-565.83 Cost for Intake Process
356.05 Revenue for Intake P...	-4,635.95 Monthly Margin	-209.78 Gain/Loss per Intake	



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I-CCFRT Cumulative Score

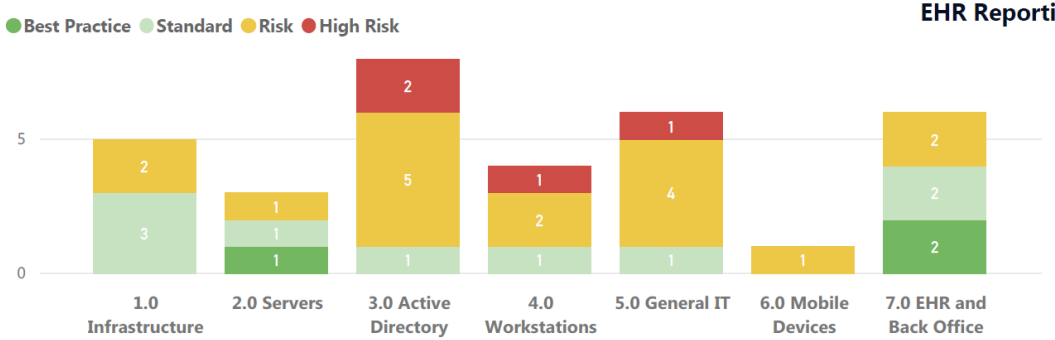
High Hopes Community Service Board

Risk

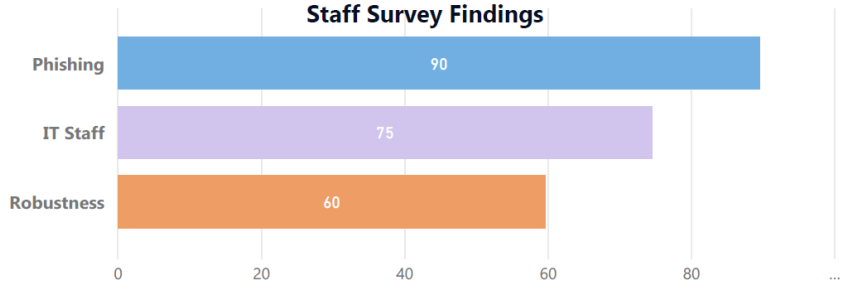
EHR Reporting Finding

HealChart

EHR



IT and EHR Assessment Findings



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Final Notes

- You have a good story to tell
- You may have already implemented many of the aspects of CCBHC as part of your core service line
- Demonstrate the level of preparedness you have put into place
- Speak about your KPIs in your performance and how you are using data and tracking outcomes

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FORWARD TOGETHER

Thank you!

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