

## **Certified Community Behavioral Health Clinics: Advancing the Movement toward Integrated Care**

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Across the nation, our health system faces a growing recognition that behavioral health is essential to whole health – and that Americans living with serious mental illnesses and addictions typically experience substantially worse health outcomes and higher total health care expenditures than the general population.

Payers and policymakers at all levels are exploring how to incentivize integrated care delivery, streamline patients' transitions among care settings, and support proactive care management to address the drivers of poor outcomes and high costs. Medicaid health homes, Accountable Care Organizations, and similar initiatives have shown promising early returns—but barriers to success and sustainability remain. The Excellence in Mental Health Act demonstration, through its creation of Certified Community Behavioral Health Clinics, moves beyond health homes to address these challenges and advance the movement toward integrated care.

### **What is a CCBHC?**

The [Excellence in Mental Health Act demonstration](#) established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services,<sup>1</sup> with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care. Ultimately, the demonstration program is expected to infuse more than \$1.1 billion into community-based services, making it the largest investment in mental health and addiction care in generations.

### **Advancing Integrated Care through Screening, Partnerships, Care Management**

The Excellence Act demonstration advances integrated care by imposing a number of requirements on CCBHCs related to direct provision of primary care services along with integrated care partnerships:

- CCBHCs must ensure that all clients receive basic primary care screening and monitoring of health risk for selected chronic conditions. Key health indicators that must be monitored include tobacco use, weight/BMI, and diabetes risk; patients may also be monitored for high blood pressure, cholesterol, blood sugar, metabolic syndromes and heart disease.
- CCBHCs must establish formal care coordination partnerships with primary care providers in their community (including federally qualified health centers and/or rural health centers), along with hospitals and other health system entities. Working with these partners, CCBHCs are responsible for

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<sup>1</sup> CCBHCs must provide: crisis mental health services; screening, assessment and diagnosis; patient-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring\*; targeted case management\*; psychiatric rehabilitation services\*; peer support, counseling, and family support services; and services for veterans.\* (*\*may be provided directly by CCBHC or through contract with Designated Collaborating Organization*)

leading an interdisciplinary care team that works together to coordinate the medical, psychosocial, emotional, therapeutic and recovery support needs of consumers.

- CCBHCs must ensure seamless transitions for patients across the full spectrum of health services. For example, they must work with hospitals to ensure patients receive a “warm hand-off” to community-based care upon discharge. Through quality reporting requirements, CCBHCs are held accountable for ensuring that no patient falls through the cracks in their transitions between care settings.
- CCBHCs must be able to exchange electronic patient health information with other entities involved in consumers’ care. In the framework of the demonstration, electronic health information exchange is the bedrock both of care coordination as well as quality tracking and reporting.

Experience with a variety of integrated care models has shown that care coordination activities alone are not enough to produce the improved health outcomes we desire. To meet the CCBHC requirements, clinics must move from merely connecting and coordinating among service providers, to proactively managing patients’ care. By formalizing and standardizing care coordination and care management as required elements of community-based behavioral health care, the Excellence Act demonstration establishes minimum expectations for integration and a foundation from which to build.

#### **Addressing Sustainability and Financing Barriers in Integrated Care**

Financing has emerged as the top sustainability issue in bringing health homes and other integrated care models to scale. Unlike other initiatives, CCBHCs were specifically designed to address sustainability issues by paying clinics a Medicaid rate that is inclusive of their anticipated costs of expanding their service lines and integrated care activities. Via a prospective payment system similar to that already in place for other safety net providers, the Excellence Act demonstration supports:

- ***Expanded access to integrated care through an enhanced workforce.*** CCBHCs’ Medicaid rates include the cost of hiring new staff such as nurse care managers, paying employees a competitive wage in the local market, and training staff in required competencies such as care coordination and integration.
- ***Electronic exchange of health information for care coordination purposes.*** CCBHCs’ Medicaid rates include the cost of purchasing or upgrading electronic systems to support electronic information exchange—along with data collection, quality reporting, and population health approaches to care.
- ***Enhanced patient outreach, education and engagement.*** CCBHCs’ Medicaid rates include the cost of activities that have traditionally been near-impossible to reimburse, yet play a critical role in care management and coordination of services.
- ***Care where people live, work and play.*** CCBHCs may receive Medicaid payment for services provided outside the four walls of their clinic; for example, via mobile crisis teams, home visits, outreach workers and emergency or jail diversion programs.

The Excellence Act demonstration advances integrated care to its next phase by establishing a sound fiscal footing for certified clinics, reimbursing them for the full range of required coordination and integration activities. Unfortunately, under current law, the demonstration is limited to eight states over just two years. Continued advocacy will be needed to ensure the continuation of the Excellence Act and its expansion to new states.

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