

New York CCBHC Initiative:

Early results show expanded access to care, increased scope of services

Section 223 of the Protecting Access to Medicare Act of 2014 established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, provide a comprehensive range of addiction and mental health services to vulnerable individuals while meeting additional requirements related to staffing, governance, data and quality reporting, and more. In return, CCBHCs receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are currently in operation in eight states selected for participation in the Section 223 demonstration (also known as the CCBHC demonstration or the Excellence in Mental Health Act demonstration): Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania.

CCBHCs are a vehicle for expanded access to intensive community-based services for individuals with untreated severe mental illness or addiction. Recent estimates indicate that only 43.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care; the remainder are served in homeless shelters, Medicaid financed hospital emergency rooms, and penal institutions, which serve as the largest inpatient psychiatric facilities in the United States. Only 1 in 10 Americans with an addiction receive treatment in any given year. CCBHCs were established to fill the gap in unmet need and expand access to community-based treatment for these populations.

New York's participation in the demonstration began in July 2017. In November 2017, the National Council for Behavioral Health surveyed CCBHCs about the impact of their participation in the program to date; 48 of the 67 participating CCBHCs across the United States provided responses, including all thirteen of the CCBHCs in New York. This report highlights New York-specific impacts of the CCBHC Demonstration as of November 2017.

Staff / Workforce Capacity Expansion

A key goal of the CCBHC initiative was to expand clinics' capacity to serve more people via an expanded workforce. Early results show major workforce expansions at CCBHC locations across all states, with CCBHCs nationwide reporting they have hired **1,160** new staff. In New York, 13 CCBHCs (100% of those surveyed) reported that they have added new staff positions. Of those that added new positions, **338 new positions** have been added, including **17 psychiatrists** and **77 staff with an addiction specialty or focus**.

In the midst of a nationwide behavioral health workforce shortage, CCBHC status has helped clinics recruit and retain desperately needed staff. For example, CCBHCs in New York report:

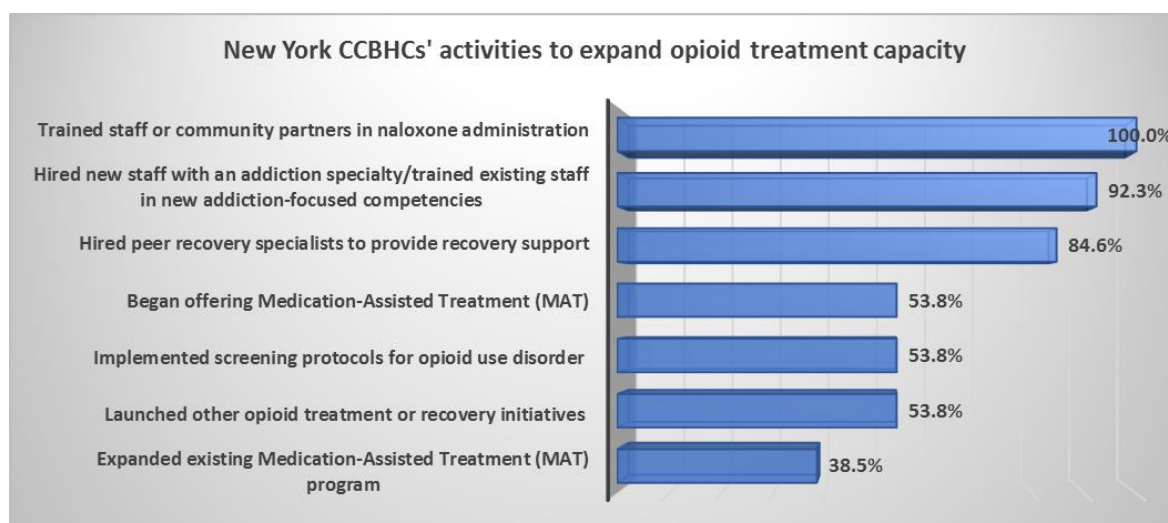
- "We have **expanded services**; we have an enhanced rate to support new hires; we can retain staff."
- "CCBHC has **allowed us to offer peer services** to all ages."
- "CCBHC has allowed us to **recruit higher level licensed individuals**."
- "Our CCBHC status has provided the funding stream needed to hire targeted case managers, crisis therapists, RNs, and peer specialists (in active recruitment). This **allows us to provide more comprehensive services to a high-risk patient population**."

Ability to Serve New/Additional Patients as a CCBHC

Thirteen CCBHCs (100% of those surveyed) reported that they have seen an increase in the number of patients served. These thirteen CCBHCs reported that the majority of their new clients had either not previously been enrolled in treatment despite having a mental health or substance use need, or were newly referred to treatment for the first time, an indicator of these organizations' ability to expand access to care in their communities.

Opioid Treatment Expansion

In response to the recent surge in opioid addiction and opioid-related deaths, addiction treatment is a core component of CCBHCs' required service array, and the CCBHC payment rate has supported clinics in expanding the scope of addiction care they provide. In many states, individuals with opioid addiction are a target population for the CCBHC demonstration. In New York, since the launch date of the demonstration, clinics have reported implementing the following activities to expand their patients' access to opioid treatment:



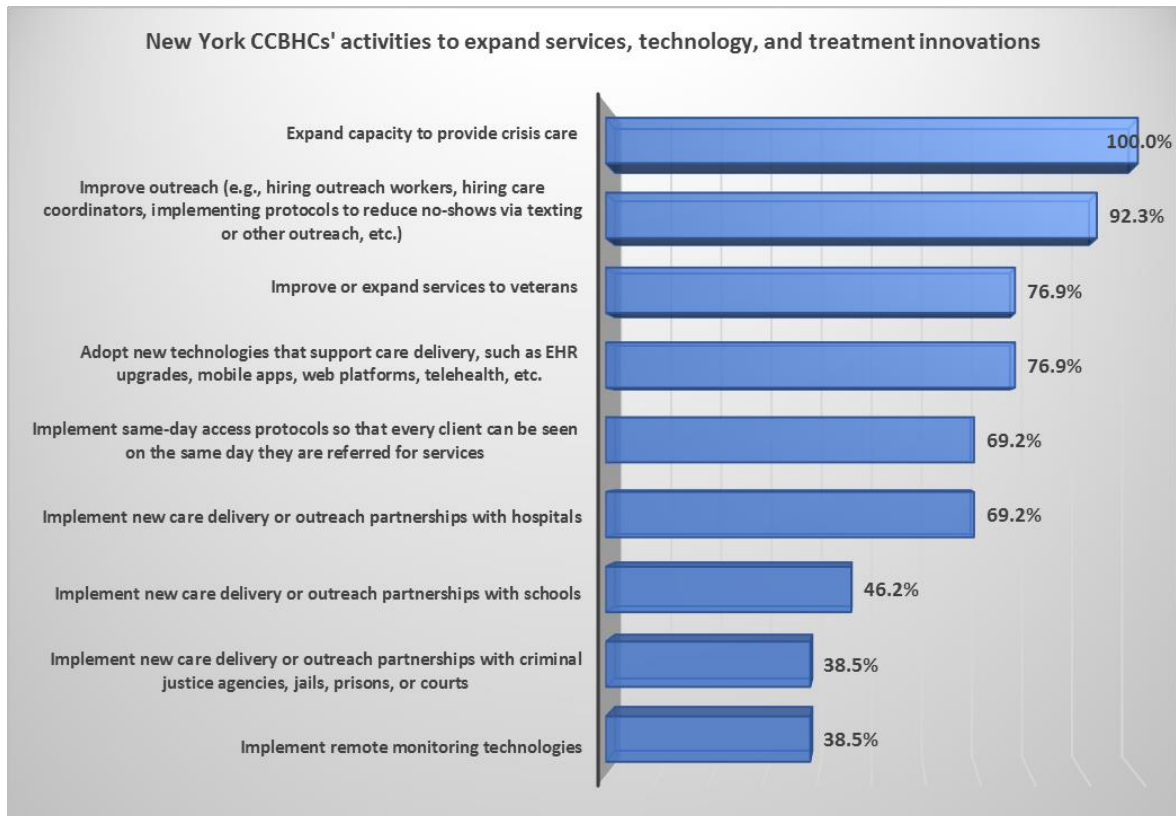
Among the ways CCBHC status has supported New York clinics' ability to provide opioid treatment, prevention or recovery support are:

- "Our CCBHC model has allowed us **provide integrated services** to existing clients that were only receiving mental health services previously. The OASAS (Office of Alcoholism and Substance Abuse Services) peer has also been able to **increase engagement and interest in SUD [substance use disorder] services.**"
- "Our CCBHC status allowed us to provide **integrated Substance Use Disorder and Mental Health services**. We are able to offer recovery support in the community and in individual and group settings."
- "We have been able to recruit and pay for MAT [medication-assisted treatment for opioid use disorder] prescribers and increased nursing capacity. Also peer recovery advocates are useful in client retention and outcomes."
- "**Reduced silos between services**, increased access, increased access to services; an understanding that the opioid epidemic is even hitting our community; great to have a place for us to bring our kids for treatment"
- "Our agency previously had ancillary withdrawal services, but lost the funding for them. CCBHC has allowed us to restart this service and address the opioid epidemic on Long Island."
- "As CCBHC is outside of the conventional behavioral health setting, **we are able to hire substance use specialists and peer advocates** with specific training and the delivery of Substance Use specific services in an integrated setting."
- "Medical staff has helped clinical staff feel more supported/secure providing opioid treatment."

- “Provide additional **engagement and outreach into the community**, utilize peers as a support, provide ancillary withdrawal services”

Expansion of Services, Technology, Other Innovations

The CCBHC demonstration was designed to support clinics in expanding service delivery and bringing the latest evidence-based practices and technologies to bear on improving the quality and scope of care. Many of these activities have not been reimbursable under previous funding streams, making it impossible for organizations to implement the latest treatment innovations known to improve outcomes. CCBHCs nationwide report that the new payment rate has enabled them to open new service lines and leverage new technologies to improve care. In New York, these initiatives include:



CCBHCs in New York report that the demonstration has expanded their ability to provide innovative treatment in the following ways:

- “Our crisis services have become innovative through our PROMESA call center that operates off-hours and through our ability to respond with a **mobile crisis team** within 3 hours of being dispatched. Our ability to provide **timely outreach** via the peers who can conduct outreach to disconnected/disengaged clients as soon as they are identified.”
- “CCBHC allows the clinical leadership to plan and develop the new programming focusing on the outcomes and clinical work; **Integrated care between services, wrap around treatment**; we believe we are seeing a **reduction in hospitalizations** because of the wraparound”
- “We have been able to add additional service components to our already robust organization; CCBHC has **allowed us to explore telehealth and non-four walls treatment**. We have greatly improved our ability to coordinate care and provide comprehensive services to our clients.”
- “Having the additional revenue allows them to look more at quality improvement, data, technology and improve workflows”

- “Providing comprehensive services on site has allowed us to utilize a **broad scope of services** that our clients have been asking for, for years.”
- “We are able to use current data to perform **health population interventions and increase outreach and engagement activities**. Reimbursement for peer services allows for the increased supports for individuals to access community services and programs while decreasing hospital presentations.”
- “We have upgraded to a **new and improved electronic health record** that allows staff to all use one EHR. We have implemented 24/7 mobile crisis services.”
- “Our CCBHC status has allowed us to provide **services in the community**, outreach high risk individuals in their preferred setting, and offer crisis services.”

Biggest Impact as a CCBHC to Date

While the demonstration is still in its early stage, CCBHCs have already seen major benefits in their communities. Among the biggest successes reported in New York are:

- “The biggest impact has been the ability to offer all the enhanced **services onsite and offsite** in the community.”
- “Being able to provide **community based, beyond 4 walls services**.”
- “**Integration** of our clinics, change in workflows, expansion of open access for referrals; The **overall improvement in service quality** - our services are more comprehensive, client-centered and trauma-informed than they were prior to CCBHC, and this will result in fewer acute care contacts and a great deal of cost savings to Medicaid and other insurers; Open access/community based treatment.”
- “**Coordination of care** with primary care providers, hospital and other community organizations.”
- “**Addressing Substance Use more effectively** by being to add substance use services and specialists into the treatment team and modalities.”
- “The ability to actively engage individuals in treatment and **provide clinical interventions either site based or in the community**.”
- “The ability to **fully integrate mental health and substance use treatment** within the clinics for children, adolescents and adults, implementation of primary care screening and monitoring to improve physical health.”
- “Ability to provide **integrated care** by eliminating the use of multiple electronic health records.”
- “Our biggest impact has been our ability to reach more individuals in the community, **increasing our ability to service people in need**. Our program has robust, integrated services, which are provided in our program and in the community. The integration of services has been of core importance to our success - having all of these services in one setting has been invaluable.”

Future of the CCBHC demonstration in New York

The CCBHC demonstration is transforming New York clinics’ ability to serve people in their communities. Unfortunately, without Congressional action, the state’s six CCBHCs will be forced to stop in their tracks when the program ends in 2019. The Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931) would extend New York CCBHCs’ activities for an additional year and expand the program to include 11 other states that applied for the demonstration but were barred from participation by the eight-state limit in current law. The National Council for Behavioral Health urges Congress to take quick action to extend the life of this important demonstration program.

Please contact Rebecca Farley David at the National Council with questions
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