Certified Community Behavioral Health Clinics Panel: Statewide and National Perspectives
5 Months Ago We Talked About...

Certified Community Behavioral Health Centers National Perspective

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The “Big Nine” Required Services
This Afternoon We’re Back...

• Although California has gotten a late start in designing its CCBHC Demonstration, the design and preparation wheels are beginning to turn and County Behavioral Health providers are at the center of the effort.

• 19 County Behavioral Health Programs and 1 Organizational Provider have submitted “Expressions of Interest” to DHCS to apply to become a CCBHC.

• Today we want to talk about the implications of the program for EVERYONE in the room.
Our Panelists

• Mike Geiss
• Don Kingdon
• Thad Dixon
• Karin Kalk
• Dale Jarvis
We will be...

• Describing the key Element of the CCBHC Program and Planning Process.
• Asking the Panelists their opinion of how an element might change the existing behavioral health system.
• Weaving in your comments and questions.
Question #1: The Process

• How is the CCBHC Planning Process unfolding in California, now that the state has gotten such a late start?

• What are the Key Activities and Timelines?
Question #2: The Services

- A CCBHC has a responsibility to ensure that their clients have access to 9 required services, including four that are provided directly by the CCBHC and five that can be provided directly or through contractual arrangement with a Designated Collaborating Organization (DCO).

- What is the biggest change for County BH Programs?
Question #3: Integrated MH/AOD Services

• A CCBHC has to directly provide mental health and substance use disorder services at every CCBHC site; it cannot tell a client that it only provides one or another and they have to go somewhere else.

• SAMHSA has also said that CCBHCs cannot refer out any of the 4 Core Services to Designated Collaborating Organizations; they must be provided by the CCBHC or you can receive the PPS Funding for them.

• How will these rules affect California?
Question #4: Care Coordination

• A CCBHC must have written care coordination agreements with FQHCs, inpatient psychiatric and SUD facilities, schools, Department of Veterans Affairs treatment centers, inpatient acute care hospitals and other community services including juvenile and criminal justice agencies; and then be able to coordinate care across those settings to ensure seamless transitions for clients.

• Is this a “ho hum” or a “big deal”?
Question #5: Medical Screening and Monitoring

- A CCBHC has to screen for physical health conditions (e.g. diabetes, hypertension, asthma, congestive heart failure) and then monitor those conditions, either with CCBHC staff or through contract with a DCO.

- Why should Behavioral Health programs have this responsibility?
Question 6: The 19 and the 39 Counties

• We’ve touched on the CCBHC Service Requirements.

• I believe that these are a blueprint of the behavioral health system of the near future and if a County BH System doesn’t rise to these standards, it will be toast.

• Questions:
  • Can the 39 Counties not applying leverage other strategies such as Whole Person Care, PRIME, and 2703 to help them get there?
  • What do YOU think will happen to County BH Programs that don’t rise to these standards over the next handful of years?
Question 7: Prospective Payment System

- A CCBHC must be able to bill all CCBHC services as a bundled payment – either a daily bundle if PPS-1 is selected or a monthly bundle if PPS-2 is selected, replacing the Short Doyle per minute billing model.
- Which method is California going with?
- Assuming that the state will be looking to you to answer this question (which means you can’t say “I don’t know”)...
- How will DHCS simultaneously handle two different methods of claiming?
Question 8: Care Management Software

- A CCBHC must have care coordination/patient registry software to support the whole health management of their clients across multiple provider organizations.
- What the heck does such software look like?
- What gaps currently exist with County BH IT systems, if any?
- Thad, how are you and others going to help Counties close these gaps?
Question #9: Quality Measures & Reporting

• A CCBHC must be able to track and report on 11 quality measures and other data as required (e.g. demographics, access to care, care coordination).

• What’s new?

• How will any needed changes be implemented?

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<tr>
<th>#</th>
<th>Measure or Other Reporting Requirement</th>
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<tbody>
<tr>
<td>1</td>
<td>Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients</td>
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<td>2</td>
<td>Patient and family experience of care survey</td>
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<td>3</td>
<td>Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up</td>
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<td>4</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)</td>
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<td>5</td>
<td>Preventive Care &amp; Screening: Tobacco Use: Screening &amp; Cessation Intervention</td>
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<td>6</td>
<td>Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling</td>
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<td>7</td>
<td>Initiation and engagement of alcohol and other drug dependence treatment (see Medicaid Adult Core Set)</td>
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<td>8</td>
<td>Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment</td>
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<td>9</td>
<td>Adult major depressive disorder (MDD): Suicide risk assessment (use EHR Incentive Program version of measure)</td>
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<td>10</td>
<td>Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set)</td>
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<td>11</td>
<td>Depression Remission at 12 months</td>
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Question #10: What Else?

• To the Panelists:
  • What key question did I miss?

• To the Audience Members who are in the group of 19:
  • What other questions do you have?

• To the Audience Members who are in the group of 39:
  • What other questions do you have?