

Certified Community Behavioral Health Clinic (CCBHC) Planning Grant and Demonstration Program

What can you tell me about the 2015-2016 Planning Grant?

- In October 2015, Oregon Health Authority (OHA) was awarded approximately \$728,000 to support one year of planning efforts and prepare materials to apply for an opportunity to participate in a two-year pilot program (the CCBHC Demonstration)
- As a condition of award, states participating in planning grant activities were required to submit applications to participate in the two-year demonstration.
 - Only states who participated in the planning grant year were eligible to apply for the two-year demonstration
 - The application included all certified CCBHCs and Designated Collaborating Organizations (DCOs)
 - The application was submitted in October, 2016
- All Planning Grant activities were scheduled for completion in October 2016. A no-cost extension request was approved by SAMHSA in October 2016, allowing activities associated with the planning grant to continue through March 31, 2017
- Planning grant activities included:
 - Development of a Prospective Payment System (PPS)
 - Planning and testing of data systems to ensure accurate reporting on required metrics
 - Application of federal criteria and state standards to certify up to 30 CCBHCs in Oregon

What can you tell me about the two-year Demonstration Program?

- Twelve organizations are currently certified and participating in the CCBHC Demonstration Program
- CCBHCs “go live” on April 1, 2017
- Each CCBHC has participated in a rigorous application process and agreed to participate in the CCBHC pilot for two years. However, there is no penalty if a CCBHC wishes to withdraw from the program prior to the end of the demonstration period
- CCBHCs are required to meet federal and state criteria
- OHA and CCBHCs are required to report on a set of 21 metrics (9 clinic-led measures, 12 state-led measures)
- Each CCBHC has a unique payment rate and will be reimbursed for demonstration services at that rate
- CCBHCs were certified by organization. Some organizations have multiple CCBHC clinics which must meet all service delivery requirements at each location. Other organizations may have two buildings on one “campus” which must meet all the requirements.

What makes a CCBHC unique?

- CCBHCs must provide outpatient mental health and substance use services to adults and children, regardless of insurance type or ability to pay. The CCBHC program also encourages work outside the four walls – working with populations such as homeless, formerly incarcerated, veterans, and outreach to schools is highly encouraged.
- Services must be offered in one location or on one campus
- 20 hours of onsite primary care requirements (for adults) are required beginning in the second year of the demonstration.
- Board requirements include 51% consumer representation and guidance around geographic and income distribution

What are the core requirements of a CCBHC?

- There are nine core CCBHC requirements. A CCBHC must be able to directly provide:
 - Crisis services (through a state sanctioned system is permissible)
 - Treatment planning
 - Outpatient mental health and substance use services
 - Screening assessment and diagnosis and risk assessment
 - Psychiatric rehab services
 - Targeted case management
- Additional required services which may be provided by the CCBHC or a Designated Collaborating Organization (DCO) are:
 - Outpatient primary care screening and monitoring
 - Community based mental health care for veterans
 - Peer, family support and counselor services.

Outside of the core requirements, what else do CCBHCs provide?

- Access to services (full scope, at levels required):
 - CCBHCs must meet routine needs within 10 business days, urgent needs within 1 business day, and respond to crisis events within 3 hours
 - No refusal policy and sliding fee scale
 - Transportation assistance
 - Telehealth (in rural and frontier settings)
- Care coordination agreements (formal and informal)
 - Local VA (encouraged not required, as the state is developing a statewide letter of agreement)
 - Local hospital/EDs, tribes, tribal clinics, rural health clinics, and other community partners



