Certified Community Behavioral Health Clinics

Formative Evaluation Report

A foundational review of the purpose, requirements, and funding structures for Certified Community Behavioral Health Clinics (CCBHC), the status of CCBHC development in the region, and progress in year one of the CCBHC Demonstration project.

PREPARED BY

January 2023

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Introduction

As one of ten Prepaid Inpatient Health Plans (PIHP) in Michigan, the LRE is responsible for managing behavioral health services under contract with the Michigan Department of Health and Human Services (MDHHS).[1] Beginning in FY22 the LRE became responsible for the management and oversight of Certified Community Behavioral Health Clinics (CCBHCs) funded as Demonstration sites through MDHHS's CMS CCBHC Demonstration Grant. Demonstration sites in the LRE region include West Michigan Community Mental Health Services (WMCMHS) and HealthWest.

Background Information

State-Level CCBHC Infrastructure:

The intention of SAMHSA working with states under the Demonstration Project is for state departments, such as MDHHS, to develop the structures necessary to implement a new funding model to support CCBHCs that provide the resources and flexibility to:

1. Expand the scope of mental health and substance use disorder (SUD) treatment services.
2. Increase access to serve anyone who needs care, regardless of insurance or ability to pay, as required for CCBHC certification.

During the Demonstration Project, participating PIHPs are charged with developing the capabilities to implement the new funding model and provide the required oversight and management of CCBHC sites.

The state's CCBHC Demonstration Grant was originally scheduled to end 9.30.23 but was recently extended by at least two years. Staff at MDHHS have verbally indicated that following the Demonstration Project, there is an intention to sustain the model as an alternative approach to funding behavioral health services.

Local CCBHC Development:

Due to the commitment and innovation of Member CMHSPs, the LRE is the only PIHP region in the state with certified CCBHCs in place for their entire region.

HealthWest and WMCMHS were among the first in the state to transform their behavioral health systems under SAMHSA CCBHC Expansion grants beginning in FY19. Since then, they have supported others in the region to pursue CCBHC development.

Network180, OnPoint, and Community Mental Health of Ottawa County (CMHOC) have each successfully applied and been awarded funding under SAMHSA CCBHC Expansion grants with SAMHSA funding each organization directly. The Expansion grant is designed to support organizations in achieving CCBHC certification. MDHHS and the LRE have no direct involvement in Expansion grants.

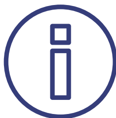
1. To simplify terminology, the term "behavioral health" when used in this document, refers to services for persons with mental illness, emotional disturbance, intellectual/developmental disabilities, or substance use disorders.

Purpose of Report

During FY22, the LRE began efforts under the Demonstration Project to establish the mechanisms necessary to oversee and provide funds to CCBHCs. In anticipation of the CCBHC model becoming the future approach for behavioral health services in Michigan, the LRE is committed to the establishment of sustainable CCBHCs throughout the region, not just those supported by the Demonstration Project. To support this aim, the focus of this report is not limited to the Demonstration Project.

Through this report the LRE seeks to:

- Achieve a clear and shared understanding of the CCBHC model, including current and future funding structures.
- Assess the LRE's progress in establishing the necessary mechanisms to oversee and monitor CCBHCs during year one of the Demonstration project.
- Provide an overview for stakeholders on the status of local CCBHC development throughout the region, including those not yet receiving CCBHC funds through the LRE. Please note that this report only seeks to evaluate regional effort of the LRE. This information is provided solely to assist stakeholders in understanding the current context of CCBHC development.
- Identify opportunities for how the LRE can assist local efforts of CCBHCs in the region as they establish CCBHCs.



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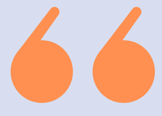


Because of the hard work of so many of our community partners, our mental health care and addiction initiative is a proven success story. In Michigan and across our country, we are finally transforming the way we deliver high-quality services in our communities and the results are clear. Now more people who are struggling with mental health issues or addiction will get the treatment they need close to home. [2]

Senator Debbie Stabenow

2. https://www.stabenow.senate.gov/news/senator-stabenow-announces-1-million-in-funding-to-expand-mental-health-and-addiction-services-at-west-michigan-community-health

Methodology

To inform development of this report the following activities were conducted:

LRE Progress Updates

The evaluator developed a form that is completed bi-annually by LRE staff and provided to the evaluator. Updates include:

- Status and efforts related to fulfillment of each of the LRE's required responsibilities for management and oversight of the Demonstration Grant as defined by the CMS CCBHC Demonstration Handbook published in February 2022. This document has since been revised and the most recent version can be found here.
- Efforts by the LRE to support and enhance CCBHC development, sustainability, and regional collaboration.
- Enhancements and successes at Demonstration sites.
- Status of service providers for each required service, including the number of Designated Care Organizations contracted by each Demonstration site.

Interviews

Interviews were conducted with representatives from each Member CMHSP to discuss their progress and successes and to identify opportunities for how the LRE could best support their local efforts. Although these interviews were optional, each Member CMHSP chose to participate.

Document Review

A review of meeting minutes, documents related to CCBHC published by state and national behavioral health related organizations, and data reports generated by the LRE.

CCBHC 101

Rationale

According to the National Council for Mental Wellbeing, the behavioral health system has long needed significant investment and transformation to meet the true needs of communities. After decades of underfunding, ongoing struggles to recruit and retain staff, and dual mental health and substance use crises nationwide, the Certified Community Behavioral Health Clinic (CCBHC) model provides the resources and flexibility necessary to address these challenges and transform how care is delivered.

Structural changes implemented to support this transformation of the behavioral health system include:

Funding

Flexible funding to expand the scope of mental health and substance use services available in the community. The flexible funding model supports development of a comprehensive integrated service array. In addition to traditional therapeutic services, the service array includes physical health screenings, crisis intervention and management, medication assisted treatment, and care coordination.

Expanded Eligibility

CCBHCs serve anyone who walks through the door, regardless of their diagnosis, insurance coverage, place of residence, or age. CCBHCs restructure the way that outpatient care is provided to enhance services and increase access to care for people with unmet needs. Any person with a mental health or substance use disorder (SUD) ICD-10 diagnosis code is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are also eligible for CCBHC services.[3]

Certification

SAMHSA has established criteria for CCBHCs to achieve certification. By meeting these standards, SAMHSA seeks to ensure that CCBHCs provide comprehensive and high-quality services in a manner reflecting evidence based and best practices in the field. CCBHCs must meet specific standards for the range of services they provide and are required to get people into care quickly.

3. https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/ccbhc/consumer

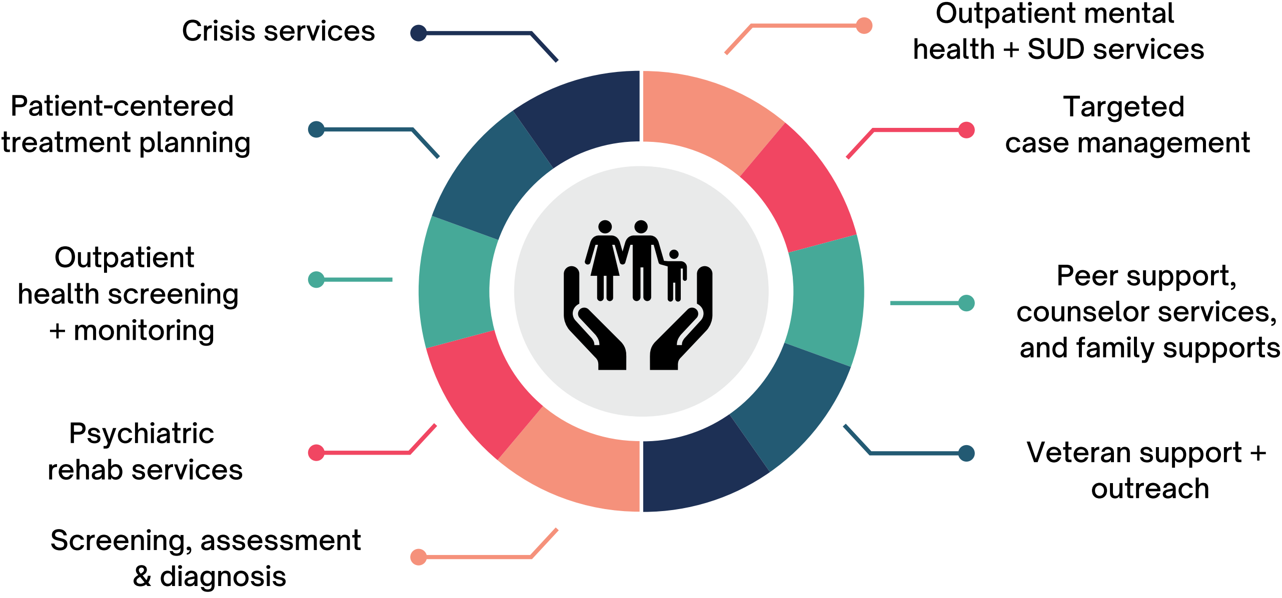
CCBHC Services

A recent national evaluation found that CCBHCs served 23% more people on average, provided much faster access to mental health services, and increased access to certain forms of substance use disorder (SUD) treatment than non-CCBHCs. They were also better able to hire and retain staff and develop integrated care partnerships with other organizations such as federally qualified health centers (FQHCs), schools, hospitals, and law enforcement.[4]

Required Services:

CCBHCs are required to provide a set of nine comprehensive services and meet federally defined criteria. Services can be provided directly by the CCBHC or through designated collaborating organizations (DCOs).[5]

Required services include:



> *In some ways, it feels like the world is our oyster. This grant allows for a lot of creativity to figure out how to better serve consumers.*
>
> Community Mental Health of Ottawa County

4. https://www.thenationalcouncil.org/wp-content/uploads/2022/10/2022-CCBHC-Impact-Report.pdf
5. https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

Service Standards:

The following standards are expected for services provided by a CCBHC:[6]

Comprehensive

A comprehensive array of behavioral health services so that people who need care are not caught trying to piece together the behavioral health support they need across multiple providers.

Staffing

CCBHC staffing will include providers who adequately address the needs of the population served. Credentialed, certified, and licensed professionals with adequate training in person-centered, family-centered, trauma-informed, culturally competent, and recovery-oriented care.

Timely

Immediate screening and risk assessment for mental health, addictions, and basic primary care needs.

Easy access to care with criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence.

Peer & Family

Commitment to peers and family, recognizing that their involvement is essential for recovery and should be fully integrated into care.

Coordinated

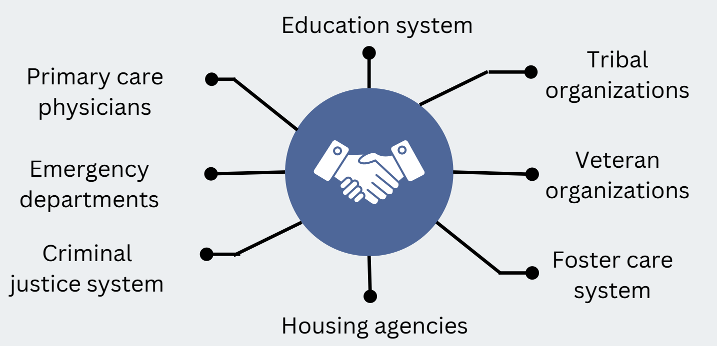
Care coordination to help people navigate behavioral & physical health care, social services, and the other systems in which they are involved. Expanded care coordination with primary care, hospitals, other health care providers, social service providers, and law enforcement. Focus on whole health and access to a full range of medical, behavioral & supportive services.

Military & Veterans

Tailored care for active-duty military and veterans to ensure they receive the unique health support essential to their treatment.

Key Partnerships

To provide holistic treatment, it is imperative that CCBHCs have strategic partnerships with organizations that coordinate outreach to specific subsets of the population.



Section 223 (a)(2)(C) of PAMA

6. [Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics (samhsa.gov)]

CCBHC Funding

There are two primary federal programs through the Substance Abuse and Mental Health Services Administration (SAMHSA) that currently support CCBHC development within the LRE region, including the CCBHC Expansion Grant and the CCBHC Medicaid Demonstration Grant.

SAMHSA EXPANSION

A competitive federal grant awarded directly to behavioral health providers to transform their system and achieve CCBHC certification.

The intention is to support expansion of CCBHCs throughout the country that pursue sustainability under other funding sources following the grant period.

CMS Demonstration

Federal funds are provided to state's development of funding mechanisms and oversight to support CCBHCs. The intention is for states to develop an implementation model and then make CCBHCs a central and permanent part of the behavioral health system following the grant.

In Michigan, the grant supports 13 CCBHCs identified in the state's original application.

SAMHSA CCBHC Expansion Grant

Since 2018 this federal grant has awarded funds to local clinics to support development of CCBHCs. Eligible organizations include clinics that are CCBHC certified or self-report that they meet certification criteria and can expect to achieve certification within 4-months of award.

The intention for these grants is to support development of the organization's infrastructure and serve as a foundation for establishing a CCBHC. This grant is not designed to provide long-term funding to sustain a CCBHC.

As an Expansion Grantee, clinics must provide all CCBHC required services and meet service standards.

States do not have any direct role in these grants. CCBHC Expansion Grantees are eligible for a SAMHSA Expansion Grant while receiving funds through their state's Demonstration Grant.

Both HealthWest and WMCMHS were awarded Expansion grants in FY19 and were two of only four Michigan grantees awarded funds that year. WMCMHS was recently awarded another Expansion grant that began in FY23. Since FY21, OnPoint, Network180, and CMHOC have each successfully applied and been awarded SAMHSA Expansion grants and each has achieved their CCBHC certification.

In 2021, SAMHSA awarded funds to the National Council for Mental Wellbeing to provide technical assistance and advocacy for CCBHC expansion grantees. Under this grant, a mentorship program is available to clinics in Michigan that are moving from expansion into their state's Demonstration grant. For more information about this resource visit the National Council for Mental Wellbeing.

CMS CCBHC Demonstration Grant:

This SAMHSA grant allocates funding to state agencies to support existing certified CCBHCs. Michigan applied to become a Demonstration state in 2016, identifying the 14 local CCBHCs to receive support under this grant which included WMCMHS and HealthWest in the LRE region. Initially in 2017, 8 other states were selected and in 2020 Michigan and one other state were approved to join, with the project beginning October 1st, 2021.

Under this grant states are responsible for overseeing the funded CCBHC sites, including clinic certification, payment, and compliance with federal reporting requirements. The Michigan Department of Health and Human Services (MDHHS) relies on the regional PIHPs to provide oversight. The intention for these grants is for states to cement the comprehensive benefit within the Medicaid system following the Demonstration Project to create a long-term sustainable approach to maintaining the expanded CCBHC service array.

Under this grant, Demonstration sites are required to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder diagnosis, not just those with Medicaid.

Reimbursement Model:

Through this grant CCBHCs are funded using a Prospective Payment System (PPS) rate for qualifying encounters provided to Medicaid beneficiaries. The PPS system pays CCBHCs a fixed daily rate for all services provided on any given day to a Medicaid beneficiary. To account for the expanded service requirements, the state's PPS rate must provide an enhanced payment rate to properly cover costs and offer greater financial predictability and viability. The PPS is integral to sustaining expanded services, investments in the technological and social determinants of care, and serving all eligible Michiganders regardless of insurance or ability to pay.

The Demonstration grant may only reimburse the PPS rate for Medicaid beneficiaries. However, consumers with no insurance, private insurance, or Medicare must be served and the Demonstration sites must pursue reimbursement from private insurance or Medicare.

To offset the costs of serving non-Medicaid recipients, additional funds were allocated to support Demonstration sites including funding approved under the federal American Recovery Plan Act (ARPA) and General Funds dedicated by MDHHS.

To request reimbursement through APRA funds, Demonstration sites submit CCBHC qualifying daily visits (encounters) for non-Medicaid recipients. These encounters are multiplied by the CCBHC's PPS rate minus any fees, collections or other sources of funds received. The Demonstration site can request reimbursement for the remaining amount from the LRE. The PIHP reimburses the Demonstration site when funds are available. For FY22, MDHHS allocated a total of $315k in ARPA funds to the LRE region this purpose. These funds were entirely drawn down in only a 3-month period. ARPA funds are expected to continue through FY25 with decreasing allocations for the region (FY23 - $210k, FY24 - $17k, and FY25 - $15k).

A total of $5M in General Funds were allocated for this by MDHHS in FY22 with the LRE region receiving $694k. MDHHS determined the allocation for each Demonstration site based on the proportion of non-Medicaid daily visits reported on the Milliman CCBHC Drive Dashboard between October and March of 2022 by each Demonstration site in the state.

Funding Sustainability

At the end of Michigan's CCBHC Demonstration grant, the MDHHS website states that they will evaluate the program's impact and assess the potential to continue or expand the initiative under the CMS State Plan option.[7] The Demonstration grant was originally scheduled to expire on September 30, 2023 but has been extended. The Bipartisan Safer Communities Act, passed in June 2022, extends the grant until September 30, 2025.[8] However, MDHHS has indicated to PIHPs that they anticipate an additional four years under the Demonstration grant which would extend the grant to September 30, 2027.

Currently, only the CCBHC sites listed in Michigan's original 2016 application are eligible to participate in the state's Demonstration program which includes only HealthWest and WMCMHS in the region.[9] LRE staff report that MDHHS has submitted a request to SAMHSA to allow for the state to expand the Demonstration grant to additional CCBHC sites. The results of this request were unknown at the time of this report.

To ensure long-term viability of CCBHC sites in the region, it is imperative that two things occur:

- Michigan must make CCBHCs a permanent component of the behavioral health system following the Demonstration Project. States can do so through a Medicaid State Plan Amendment (SPA) or via legislation.[10]
- CCBHCs that are not currently supported by the Demonstration grant must be supported as their SAMHSA Expansion grants end. This could be addressed temporarily through the Demonstration grant if the state's request to allow additional sites is approved, or by making CCBHC permanent as discussed in the previous item.

The Community Mental Health Association of Michigan (CMHAM) indicates that there is some level of certainty that CCBHCS will become a central and permanent part of Michigan's behavioral health system. As the Bipartisan Safer Communities Act demonstrates, CCBHCs are considered to be an emerging cornerstone of the system by national policy makers.

If CCBHCs are not made a permanent component of Michigan’s mental health system, there will be a substantial loss of access to care by a significant number of Michiganders.

CMHAM

7. https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/ccbhc

8. https://www.congress.gov/bill/117th-congress/senate-bill/2938/text

9.CCBHC Demonstration Handbook

10. https://www.ncsl.org/research/health/the-value-of-certified-community-behavioral-health-clinics-magazine2022.aspx

LRE Role & Responsibilities

Demonstration Grant Oversight

The Michigan Department of Health and Human Services (MDHHS) relies on the regional PIHPs to provide management and oversight of Demonstration funds. To fulfill this role, the LRE provides reimbursement and coordinates data collection and reporting to MDHHS. In addition, the LRE seeks to enhance collaboration between grantees in the region.

A summary of LRE progress in fulfilling the required responsibilities related to management of this grant during year one are provided below. For more information refer to Attachment A.

Oversight & Support

Status

- Agreements have been established with each Demonstration site to fulfill requirements. Training and and technical assistance (TA) are provided during regular meetings to monitor progress and provide support.
- Each Demonstration site has established the necessary care coordination and required services.
- A primary focus in FY22 was establishing the necessary data collection, sharing and reporting capabilities to fulfill requirements.

Next Steps

- Continue working to improve SUD service data to support enhanced coordination of care. Work with MI Health Information Network to develop via LRE software.
- Finish development of dashboard to monitor whether individuals who have been admitted to an Emergency Department for drug/alcohol issue have initiated or engaged in SUD treatment using data collected through the CC360 data system.
- Develop a training on Waiver Support Application (WSA) enrollment to ensure clients are assigned accurately.

Enrollment & Engagement

Status

- LRE has established procedures to use the WSA tool for CCBHC assignment activities and distributed monthly to CCBHC sites.
- Consistent collection of consent forms has been incorporated into audits and was reviewed during September 2022 audits.

Next Steps

In FY23, assess the need for policy and procedure for the following & develop if necessary:

- WSA info collection for non-Medicaid recipients receiving services under CCBHC.
- Verification of diagnostic criteria for recipients not automatically CCBHC enrolled.

Coordination and Outreach

Status

- Demonstration sites provide each of the required services, ensuring service availability. In addition, DCOs can be contracted to provide additional services and expand capacity. One DCO has been contracted to provide outpatient services by HealthWest. Statewide staffing shortages have made it challenging to establish additional DCOs due to lack of capacity. Each site has established working relationships with healthcare providers.
- The LRE offers technical assistance and holds regular meetings with Demonstration sites to identify challenges and provide support related to outreach and coordination.

Next Steps

- Ongoing support and technical assistance as necessary.

Payments

Status

- The LRE has established the necessary reimbursement mechanisms and provides payments to each site at their PPS rate for each encounter as required, up to the amount paid to the LRE by MDHHS.
- The LRE has established the mechanisms and tracks encounters and daily visits with PowerBI reports, updated twice per month and accessible by Demonstration sites.

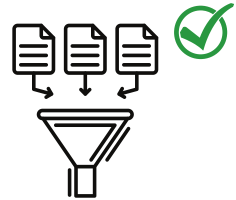
Next Steps

- Once reconciliation templates are provided by MDHHS, the LRE will implement a reconciliation process to determine whether the amounts that have been paid are appropriate.

Reporting

Status

- The LRE collects and reports all access and quality data to MDHHS as required.



PIHP collects & reports access data

PIHP reviews and submits CCBHC cost + quality metric reports

PIHPs must monitor, collect, & report grievances, appeals and fair hearing information

PIHPs must submit other MDHHS reports to MDHHS

Next Steps

- LRE will ensure processes are in place to collect and report on grievances, appeals, and fair hearing information.

Regional Support

In addition to requirements related to oversight of the Demonstration grant, the LRE seeks to foster regional innovation and collaboration to support CCBHC development at all Member CMHSPs.

To identify opportunities, each Member CMHSP was asked how the LRE could best provide assistance. Based on the input provided, the LRE should consider the following:

Sustainability

If the state has not made CCBHCs a permanent part of the behavioral health system prior to the Demonstration grant ending, sustainability of CCBHCs in the LRE region is in danger.

As noted by one local CCBHC, "It is critical that the PIHP achieves a high level of understanding of what it means to be a CCBHC and uses that knowledge to effectively advocate with MDHHS." Local CMHSP members that are not a Demonstration site noted that this advocacy must include ongoing funding to support their CCBHCs in a timely manner.

If MDHHS's request to expand Demonstration sites is approved, advocacy may be necessary to ensure OnPoint, Network180, and CMHOC are added. In addition, the LRE must ensure these sites are able to access Demonstration Project funds in a timely manner upon addition. If the state's request for expansion of Demonstration sites is not approved, advocacy to accelerate the state's timeline for making CCBHC a permanent part of the behavioral health system may be necessary.

Regional Forum

Provide ongoing opportunities for all CCBHCs in the region to learn and support their peers, including:

- Share local approaches to implementation, best-practices and processes, and emerging evidence regarding effective CCBHC services and structures.
- Support Member CMHSPs that are not currently a Demonstration sites to prepare for transition to CCBHC funding through the LRE, with the assumption that Michigan will continue and expand support for CCBHCs following the Demonstration Project.
- Coordinate regional efforts to advocate for timely process by MDHHS to sustain CCBHCs and prevent the discontinuation of sites due to lack of funds. This must ensure that Member CMHSPs that are not currently a Demonstration site are supported as their SAMHSA Expansion grants end, and that structures are in place to sustain all CCBHCs beyond the Demonstration Project.

Promotion

Promote and advocate for the value and benefits of the CCBHC model in general. With such a high concentration of CCBHCs in one area the LRE is in a unique position to celebrate and promote the benefits and successes possible with a CCBHC model.

Local Successes & Learnings

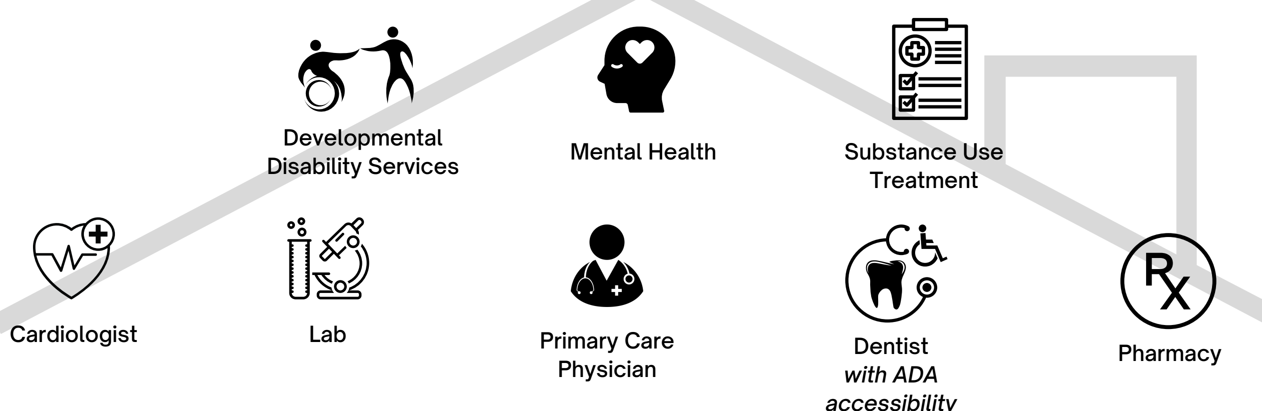
HealthWest

Subject matter experts: Cyndi Blair and Linda Closz

HealthWest began their journey toward integrated care in 2014 when they participated in SAMHSA's Primary and Behavioral Health Care Integration Grant. This grant assisted to create a framework for CCBHC.

To reflect the transformation that the organization went through to provide integrated care, they changed their name to HealthWest in 2015. Their vision was to become a leader in integrated healthcare, inspiring hope and wellness among residents, and making the region more inclusive through innovation and collaboration.[11] HealthWest now provides mental health, disability, substance use disorder treatment, and physical health services to all populations who seek them.

What does integrated care look like at HealthWest?



HealthWest partnered with Hackley Community Care Center to provide physical health services onsite including a lab, primary care physician, cardiologist, dentist with ADA accessibility and a pharmacy.

HealthWest has observed incredible benefits to providing holistic care. As Cyndi Blair highlighted, "To have our staff be a part of this transition and experience the goodness of having everything in one system - it changed the way we operate. All of the needs of our clients became our needs. It helped our staff to see the importance and feasibility of coordinating care."

Having everything in one space, and a team that interacts across specialties, allows for interdisciplinary problem solving which puts the client's needs first. An example of this was a consumer who lost their medications in a house fire. Because of the integration of health services, the case management team was able to coordinate with the onsite pharmacy to work with their insurance to provide an emergency medication refill in 24 hours. A process that typically takes weeks was accomplished in one day. This coordination of care allowed for the consumer to seamlessly continue their medication while they navigated challenges following a house fire.

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11. https://www.mlive.com/news/muskegon

Innovative Solutions:

CCBHC provides flexibility for organizations to think creatively about how to engage consumers and provide holistic care. At HealthWest, some of these innovations include:

- Stationary bikes installed in the lobby to encourage people to use them as they wait for their appointments.
- Wellness Wednesdays to provide cooking classes, making smoothies, or other activities with consumers. The team has found that this can be a good introduction to topics like WRAP (Wellness Recovery Action Plan). Providing information in brief snippets has been successful as it doesn't require an initial commitment for a multi-session course.
- Prize closet: To help individuals celebrate small victories and create incremental change, consumers receive a stamp for activities like checking in with healthcare providers. Once they achieve a certain number of stamps, they can pick something out of the prize closet. Prizes are all wellness based and HealthWest reports that consumers are excited about this program.
- The pharmacy works closely with the care team to communicate individuals that missed picking up medications so that reminders and conversations between the consumer and care team can occur.
- Have established a Care Coordination Subcommittee that is developing a Care Coordination Model and have a Care Coordination Document available within our electronic health record.
- Have added Referral Specialists at the front door to discuss what services individuals are eligible for within HealthWest and at other providers.

Key Learnings:

Based on their experience, HealthWest would share the following lessons learned with others:

- To successfully transform into a CCBHC, it is important to understand that this is an opportunity not just for your organization, but to better serve your community.
- Challenge yourself to think outside the box. For example, HealthWest has struggled to find a space for the crisis stabilization team. In other communities, crisis stabilization teams are connected to the emergency department, which isn't possible in their community. As an alternative they are in discussion with an alternative school that provides housing about potentially hosting the crisis stabilization space. The school is looking to provide wrap around care for their students and because of the shared goal of providing holistic care for the community, the two organizaition may be able to work together to meet both needs.
- CCBHC will encourage collaboration across teams within your organization and with other organizations.
- It is important to understand that providing holistic care requires more than one organization. Believing that we are all in this together has shifted HealthWest's approach to problem solving.
- Learn from others. Reach out to other CCBHCs to see what they have done for programming and reporting.
- Change management is not just about bringing your staff along, it's also about bringing your consumers along.

West Michigan CMH Services (WMCMHS)

Subject Matter Experts: Lisa Williams, Josh Snyder, and Julie Sherlock

WMCMHS serves Lake, Mason, and Oceana Counties. They began the expansion to CCBHC in 2018 with a SAMHSA CCBHC Expansion Grant. In 2021, WMCMHS began receiving funds through the state's CCBHC Demonstration Grant. Since 2018, they have increased access to care by 14%.[12] WMCMHS reports that their unique strength is in change management. In conversation, it was obvious that transforming into a CCBHC required strategy, resources, communication, and growth. As Josh Snyder highlighted, "It often feels like you are taking a master's level class in CCBHC and change management. But stick with it, the change is worth it."

Transforming into a CCBHC

Change was an operational and cultural shift that required restructuring several aspects of the agency. The team invested in LEAN processing to identify improvements necessary to evolve into a CCBHC.

The way things have always been done	LEAN framework for data driven operations
Serving consumers with Medicaid or no insurance	Serving anyone with any type of insurance
Only providing services for "severe" cases	Expansion to serving mild & moderate diagnosis
Assigned a team based on population	Clinicians see clients with a variety of diagnoses

A few of the biggest changes are listed below:

- The entire agency was restructured so that all clinicians now provide all services, including substance use, mental health, and developmental disabilities. Prior to this, consumers were assigned to a team based on diagnosis, which is the traditional approach.
- Expansion of services into mild and moderate populations felt like a tipping point for change. Ongoing feedback was required after implementation so the leadership team could remove structural barriers encountered and to adjust and pivot as challenges arose.
- Transitioning into data driven operation requires consistent collection of data. SAMHSA requires collection of National Outcome Measures (NOMS). However, agencies that seek to improve processes will use this data internally to drive client outcomes which results in an organization and staff that recognize the value of meaningful data collection.
- Serving anyone, regardless of insurance type, required a change in clinical and hiring processes to ensure clinicians can bill private insurance as well as Medicaid.
- CCBHC allowed the organization to become more trauma-informed as an agency and therapists are now trained in a trauma specialty area within six months of hire.

WMCMH's focus on changing well has paid off. They report that people in the community who would never have approached the agency before now receive services through their organization. Staff report that it has been rewarding to expand services and provide the best care possible for anyone seeking services.

12. https://www.wmcmhs.org/news/west-michigan-cmh-receives-provisional-state-designation-to-increase-access-to-integrated-health-care-services/

Innovative Solutions:

CCBHC provides flexibility for organizations to think creatively about how to engage consumers and provide holistic care. At WMCMHS, some of these innovations include:

- All therapists are trained in a trauma specific, evidenced-based practice within 6 months of hire to ensure that the past trauma many consumers have experienced is addressed effectively.
- To continue quality improvement efforts related to coordination of care, WMCMHS is embedding tools, processes, training, and practices within their processes that support care coordination activities.
- To increase therapy capacity WMCMHS contracted a full-time tele-health therapist.
- Expanded the service array for individuals with mild to moderate mental health needs to add basic care management, peer group, and individual services. This provides ongoing services for those who are stable, who continue on medications, or who need additional support following a higher level of care (Level 3 or 4) or from therapy services, potentially decreasing the need for higher-level, high-cost services.
- Hold a monthly integrated care case consultation meeting for staff to discuss cases with both behavioral health and physical healthcare needs to discuss with the agency RN care managers, and nurse practitioners.
- Quality Bonus Payment Measures (QBPMs) and CCBHC-reported quality measures are reviewed regularly by the teams who do the work. Teams have received training to understand the data and related workflows. Data reports include out-of-compliance cases so teams can conduct targeted interventions to bring these cases into compliance.

Key Learnings:

Based on their experience, WMCMHS would share the following lessons learned with others:

- Change is slow. The leadership team believed that transforming into a CCBHC would take 1 year when it actually took 3-4 years for the culture shift to take place.
- When restructuring the vision and process, the leadership team's style has to change and requires working with staff individually and as a group.
- Behavior proceeds belief. Communication of the *why* driving the change is important, but there will still be resistance to change. After communicating, implement the new way of doing business. Belief will follow, and you adjust as feedback is received which drives continuous improvement.
- CCBHC requires a lot of change that results in large scale impacts for the front-line staff. Leadership should be careful not to push too hard, too quickly because staff who are implementing changes will feel immense pressure.
- Celebrate successes along the way - even small ones!

What's next?

WMCMHS will focus on education and outreach to primary care, schools, and emergency departments to ensure access for an additional 575 individuals from specific underserved populations (uninsured, underinsured, and Hispanic/Latino and LGBTQIA+). CCBHC has fundamentally changed how we deliver services in our rural communities, making evidence-based treatment and recovery possible for everyone." [13]

Lisa Williams, CEO WMCMH

13. https://www.stabenow.senate.gov/news/senator-stabenow-announces-1-million-in-funding-to-expand-mental-health-and-addiction-services-at-west-michigan-community-health

Network180

Subject Matter Experts: Kristin Spykerman and Beverly Ryskamp

Network180 was awarded the SAMHSA Expansion Grant in 2020 and began receiving funds during FY21. At the time of the award, leadership of Network180 expressed excitement about the expansion of services to anyone needing mental health and substance use disorder treatment, regardless of their insurance, and expansion of mobile crisis services. Since then, the Network180 team has worked hard to expand crisis services, to collaborate closely with community partners, and to adjust operations to expand the scope of who receives services.[14]

Transforming into a CCBHC:

Beverly and Kristin highlighted the following changes:

- Change in Access Center procedures to allow for expanded eligibility for services. As a CCBHC Network180 can now provide services for anyone who seeks therapy, whether that is short or long term. For example, if someone is going through a divorce and wants short term support, Network180 can now provide those services.
- Establishing the operations necessary to bill private insurance; including considerations such as hiring clinicians that can bill multiple payers.
- Streamlining documentation requirements during intake. The substantial amount of documentation required for Medicaid services can be stigmatizing. As an organization, Network180 considered how to reduce this burden for mild and moderate cases. By only collecting the necessary information consumers are able to start services faster and staff report that the reduced paperwork allows them to provide therapy to more consumers.
- For mobile crisis services, Network180 now works closely with dispatch in Kent County to pair a clinician with an officer to co-respond to calls involving a behavioral health crisis so the clinician can provide support in stabilizing the individual and connections to community resources or services.

Key Learnings:

Based on their experience, Network180 would share the following lessons learned with others:

- CCBHC provides the opportunity to expand services. In doing so it was necessary to consider how to reform and streamline operations to best serve consumers.
- Recognize as an agency that providing holistic care takes time. Leadership has to work closely with staff to share the vision and what that looks like. Provide consistent messaging for change and work with teams to provide feedback for process improvement.
- Communication is key. Communication with staff, community members, and your Board of Directors. It is important to ensure that people understand the shift in care, why that shift is occurring, and how it better serves our community.
- "Culture eats strategy for lunch." This is a paradigm shift for people who have spent most of their career working at a Community Mental Health. If staff don't understand the why, they will feel like you are just adding more work to their plate.
- The organizations must buy into the model of care because grant funding will not cover all expenditures needed to become a CCBHC.

14. https://grbj.com/news/health-care/network180-wins-2m-grant-to-expand-mental-health-services-in-kent-county/

OnPoint

Subject Matter Expert: Leanne Kellogg

OnPoint was awarded a two-year CCBHC Expansion Grant from SAMHSA in 2021 to begin their journey toward becoming a CCBHC in Allegan County. At the time of the award, their director Mark Witte stated that "SAMHSA funds will support access to care (including mobile response) for those previously ineligible for services, identify and treat trauma, and integrate physical care for those with mental illness and/or substance use issues. There are a lot of needs in Allegan County that we care a lot about. This grant will go a long way toward meeting those needs." [15]

During their first year of funding, OnPoint was able to enhance capacity in several areas including:

- Staffing of both clinical and operational teams to create an integrated health system.
- Clinical staff received a variety of Evidence Based Practice trainings.
- Services were expanded for substance use disorder treatment to provide intensive outpatient services for individuals who would have been eligible previously.
- Procedural change for access and assessment processes to streamline assessments and services.

Development of their CCBHC has also resulted in a strengthening of their community partnerships and referral relationships, including:

- Referral relationships and partnerships with a variety of community stakeholders established and increased coordination.
- Mobile crisis team partnering closely with local school districts.
- Public Health has become a close partner for referring consumers to STD/STI testing and treatment when appropriate.

OnPoint is especially proud of their progress related to data collection and tracking. They established an evaluation team that researched CCBHCs across the country to learn about best practices for data collection and evaluation. Following this, a dashboard was created, based on the Thread concept, to allow staff to track progress and outcomes for individual clients in real-time. In addition, data collection has allowed them to track individuals throughout the continuum of care to ensure consumers don't "fall through the cracks".

Key Learnings:

Based on their experience, OnPoint would share the following lessons learned with others:

- Learn from others. Find out what other CCBHCs are doing across the country; take their work and make it your own. The OnPoint evaluation team did this by taking the best of what they learned and used it to create a custom data tracking system for them to use.
- Educate yourself and your team about how to communicate about change. Consider how feedback is received and what should be done with that feedback. A lot of people instinctively do not like change, and they need to understand that the change will occur regardless of negative opinions.
- The culture change that accompanies CCBHC is equal to, or even more important than, the clinical and process changes that need to be made.

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15. https://www.mlive.com/news/kalamazoo/2021/07/4m-awarded-to-improve-access-to-mental-health-and-substance-abuse-services-in-allegan-county.html

CMH of Ottawa County (CMHOC)

CMHOC was awarded a two-year CCBHC Expansion Grant from SAMHSA in 2021 with funding beginning in FY22. CMHOC reports they are excited to approach care with the whole person in mind. The Expansion Grant has allowed CMHOC to expand their infrastructure to better integrate care for the people we serve.

What does integrated care look like at CMHOC?

CMHOC has enhanced capacity in several areas including:

- Health and wellness initiatives provided both at CMHOC and through partnering organizations.
- Medical assistants are embedded on each team at CMHOC to better integrate physical care.
- Increased support at the front door to meet the needs of community members walking in with questions and resource needs.
- Short term navigation team to provide short term case management and therapy services to individuals and families who do not qualify for the full array of services.
- Peer recovery coach assists with coordinating care at sober living facilities and outpatient treatment providers.
- Facilitation of co-occurring groups to provide support and resources to individuals experiencing both SUD and mental health diagnosis.

Key Partnerships:

Based on their experience, CMHOC reports that establishing partnerships to better meet community needs has been very effective during CCBHC development, including the following examples:

The crisis intervention team has been an investment through CCBHC that has been invaluable. This program allows for therapists to accompany law enforcement on calls to assist with crisis situations. Since October 2021, the CIT team has had over 400 calls. Each of these calls provide an opportunity to connect an individual with resources or support. [16]

Local partnership with Intercare to improve care coordination and working with Genoa, the CMHOC onsite pharmacy, to provide education opportunities for staff and consumers.

Enhancements to the electronic health record has allowed for increased collaboration with contract agencies and improved data collection and analysis.

Established a partnership with Nottawaseppi Huron Band of the Potawatomi, a local tribe, to improve services and to connect individuals who identify as Native American with tribal resources. This partnership resulted in improvements of the assessment process to ask about tribal affiliation during a person's initial assessment. In addition, site visits have been mutually beneficial in helping them best serve Native Americans within the community.

Cooking Demonstrations & food access membership are provided through partnership with local nonprofit.

16. https://www.secondwavemedia.com/lakeshore/features/Ottawa_County_CIT_team_bridge_to_mental_health_resources.aspx

Conclusions & Next Steps

LRE Role

Demonstration Grants Management

During FY22 the LRE successfully established the necessary mechanisms and processes to oversee and reimburse CCBHCs under the state Demonstration Grant. In addition to maintaining these processes and responding to MDHHS ongoing changes in requirements, the LRE will address the following:

- Determine necessity of policy development related to WSA data tracking for non-Medicaid recipients of CCBHC services and verification of diagnostic criteria for recipients not automatically CCBHC enrolled.
- Continue efforts to improve access to SUD service data for enhanced coordination of care.
- Finish development of dashboard to monitor whether individuals who have been admitted to an Emergency Department for drug/alcohol issue have initiated or engaged in SUD treatment.
- Develop and provide training on WSA enrollment to help ensure clients are assigned accurately.
- Conduct reconciliation to ensure amounts paid during FY22 were appropriate once MDHHS provides the necessary templates.
- Ensure that the required grievance, appeal, and fair hearing information for each site is being monitored and reported to MDHHS.

Regional Support

To support local CCBHCs, the LRE should consider the following (as detailed in the Regional Support section):

- Sustainability: Advocacy to ensure that ongoing funding support is available in a timely manner that is able to effectively support CCBHCs in the region.
- Regional Forum: Provide ongoing opportunities for every CMHSP to discuss CCBHC development to learn from each other, support Member CMHSPs that are not currently a Demonstration site to increase readiness to transition to CCBHC funding through the LRE, and coordinate regional advocacy efforts. Promote the availability of the National Council for Mental Wellbeing Mentoring program for Expansion grantees planning to move into the Demonstration Project.
- Promotion and advocacy regarding the value and benefits of the CCBHC model based on local CCBHC successes.

Local Successes & Lessons Learned

Local CMHSPs report excitement about expanding services and report that their transformations to CCBHCs have resulted in:

- Improved data tracking for client outcomes.
- The ability to offer all types of services, not just those covered by Medicaid.
- Holistic care allows for better meeting consumer needs and increased coordination of care.
- The ability to invest in evidence-based practices.
- Increased partnerships and referral sources throughout the community.
- Reduced paperwork is less stigmatizing and allows treatment to start sooner.
- The ability to align operations to address the needs of our consumers.

Each CMHSP reported many lessons learned, including the following common themes:

- Change is hard. To successfully create change, leadership teams must change how they operate to bring staff and consumers along.
- Reach out to other CCBHCs. Seek out peers and learn. Don't recreate the wheel. Explore what others have done to inform your initiatives. There is too much work to do to not share.
- Communication is key. Communication with staff, community members and your board. Make sure that people understand what the shift is, why that shift, and how it will result in better services for the community.
- Expanding services may result in decreased stigma associated with receiving services from a CMHSP and allow them to move toward being considered just like other healthcare providers.

Sustainability

As discussed in the Funding Sustainability section, if MDHHS does not make CCBHCs a permanent component of Michigan's behavioral health system, sustainability of the region's CCBHCs is in danger.

MDHHS had indicated that at the end of the Demonstration grant they will evaluate the program's impact and the potential to continue or expand the initiative under the CMS State Plan option. As the only prospective mechanism to ensure long-term viability it is imperative that the structures developed to support CCBHCs under this grant become a permanent component of the MI behavioral health system.

While the Community Mental Health Association of Michigan (CMHAM), indicates that there is some level of certainty that CCBHCS will become a central and permanent part of the MI behavioral health system, it is not guaranteed. If the state has not taken action prior to the Demonstration grant ending, LRE will need to work closely with Member CMHSPs to mitigate the impact on service access if CCBHC funding is discontinued. This will also need to occur if MDHHS has not begun funding the current Member CMHSPs that are not a Demonstration site (through the Demonstration grant or the CMS State Plan option) prior to their CCBHC Expansion grants ending.

Attachment A

CCBHC PIHP Responsibilities, LRE Status Detail

Details around PIHP requirements for the oversight and support of CCBHCs within their region.

Green checkmark to demonstrate PIHP is meeting the requirement

Work is still in progress to meet the requirement

Requirement cannot be completed at this time

Oversight and Support		
Contract or develop a MOU with all CCBHCs in the region and ensure access to CCBHC services for enrollees; must permit subcontracting with DCOs and reflect CCBHC Scope of services with compensation that reflects clinic specific PPS-1 rates.	LRE has established MOUs and contracts with both HW and WMCMHS that meet these requirements.	
Capacity to identify providers and DCOs who meet CCBHC standards.	LRE monitors compliance with service requirements. HW and WMCHS identify providers and DCOs who meet standards.	
Establish infrastructure to support CCBHCs in care coordination and providing required services, including but not limited to crisis services, SUD services, and primary care services.	The LRE meets regularly with HW and WMCMHS to ensure services meet these requirements and to provide support when necessary. Per member request, the LRE is working to improve access to SUD service data to allow for enhanced coordination of care. LRE is working with MI Health Information Network to determine how this can be done via LRE software.	
Collecting and sharing member-level information regarding healthcare utilization and medications with CCBHCs.	The LRE provides access to Zenith ICDP system for all CCBHCs which displays integrated healthcare information.	
Providing implementation and outcome protocols to assess CCBHC effectiveness.	Data dashboards have been developed for each CCBHC. Feedback from CCBHC will drive continuous improvement. An audit process was developed.	
Develop training and technical assistance activities that will support CCBHC in effective delivery of CCBHC services.	Technical assistance provided during FY22 included: • Development of a transfer policy for transferring an individual to a CCBHC in a different county • Regular support related to WSA • Finance meetings twice a month • Discussions about root cause for encounter errors	

Oversight and Support, continued		
Must utilize Michigan claims and encounter data for the CCBHC population	Data dashboards were developed that provide: • Enrollment breakdowns by gender • Medicaid status • # 1st time enrollees per month • WSA enrollments over time • Medicaid payments by sources • PPS-1 calculations • Utilization by CPT codes • Quality/audit page which identifies potential CCBHC services missing a required element to qualify	
PIHPs must use CareConnect 360 to analyze health data spanning different settings of care for care coordination purposes among CCBHC Medicaid beneficiaries.	Currently in development of a data dashboard to monitor Initiation & Engagement in SUD treatment following an Emergency Dept. admission with drug/alcohol involved using CC360.	
PIHPs must provide support to CCBHCs related to Health Information Technology including WSA, CareConnect360, EHR, and HIEs.	LRE provides training and assistance for WSA. In FY23 the LRE intends to create a training on WSA enrollment to help ensure clients are assigned accurately.	
Monitor CCBHC performance and lead quality improvement efforts. PIHPs are not responsible for overseeing and monitoring any certification corrective action plan. However, MDHHS will share the plans with the PIHP and the PIHP may be asked to assist the CCBHC in meeting goals where appropriate.	LRE Maintains oversight of Demonstration sites through regular meetings, both with the sites and internally to ensure compliance with the model standards. LRE has created dashboards to measure CCBHC performance against established metrics. LRE provides guidance on prospective action to improve CCBHC performance.	
Establish a continuous quality improvement program and collect/report on data that permits an evaluation of increased coordination of care and chronic disease management on clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.	LRE has created dashboards to measure CCBHC performance against established metrics. CCBHCs have access to the dashboards for real-time performance monitoring.	

Oversight and Support, continued		
Design and develop prevention and wellness initiatives and referral tracking.	CCBHCs have established referral agreements with agencies in their service areas. LRE to create tracking for referrals and wellness initiatives.	
Network monitoring and performance.	CCBHCs have begun to onboard DCOs in support of CCBHC objectives. LRE will monitor the process and ensure DCO requirements are met.	
Cost and quality report audit and compliance review.	LRE hosts a bi-monthly CCBHC Finance meeting to monitor and discuss financial aspects of CCBHC Demonstration, including encounters, PPS payments and FSR completion.	
Compliance with other State and/or Federal reporting requirements.	LRE monitors CCBHC reporting requirements and works with CCBHCs to ensure compliance.	
Enrollment and Assignment		
WSA should be utilized for CCBHC assignment activities for Medicaid and non-Medicaid patients served by CCBHCs.	WSA reports are distributed monthly to CMHs for new consumers. LRE is evaluating the need for a policy and procedure for WSA information on non-Medicaid recipients served by CCBHC.	
Verify diagnostic criteria for CCBHC recipients who aren't automatically identified and enrolled (ie: walk-ins and non-Medicaid recipients).	PIHP will evaluate the need for a policy and procedure in FY23.	
Monitor consistent collection of MDHHS-5515 consent forms for participants.	LRE conducted an audit that included consent documentation in September 2022.	

Coordination and Outreach		
Maintain a network of providers that support the CCBHC to service all Michiganders with a mental illness or substance use disorder.	Both HW and WMCMHS provide directly each of the required services and ensure service availability. To expand capacity, HW and WMCMHS may contract with DCOs. In FY22, HW had 1 DCO to provide outpatient mental health and SUD services. Statewide staffing shortages have caused challenges because many providers do not have staff capacity to expand programming.	✓
Develop and maintain working relationships with primary and specialty care providers such as Federally Qualified Health Centers, Rural Health Clinics, inpatient hospitals, crisis services providers, and SUD providers.	Each Demonstration site has established working relationships with primary and specialty providers and maintains their own provider network. The LRE offers technical assistance to the Members as requested. Note: Members note that staffing shortages have made it difficult to establish and maintain these working relationships.	✓
Assist CCBHC with outreach of eligible CCBHC recipients, if requested by CCBHC.	The LRE will provide assistance as necessary. To date no requests have been made.	✓
Coordinate crisis and other referral services with the Michigan Crisis and Access Line (MiCAL), when available in PIHP region.	The MiCAL system was not available in FY22. When it is, each site will ensure they coordinate as necessary.	N/A
Coordinate services when eligible individuals utilize the PIHP's centralized access system, including assigning them to a CCBHC of their choice.	Not applicable. The LRE has a decentralized access system.	N/A

Payments		
PIHPs are responsible for reimbursing CCBHCs at the site-specific PPS-1 rate for each valid CCBHC service encounter. The full PPS-1 payment amount (less any applicable cost offsets) must be received by the CCBHC within 60 days following the month service was rendered.	CCBHCs are being paid monthly for the PMPM for each Medicaid enrollee and the Supplemental portion of the Medicaid PPS-1 rate, up to the amount paid by MDHHS to the PIHP. CCBHCs will report final FY22 data in Feb 2023 and the LRE will determine at that time if the appropriate amount has been paid during FY22.	
Develop a process to collect CCBHC "encounters" for the non-Medicaid population for cost reporting and monitoring purposes.	Twice a month, LRE tracks encounters and daily visits utilizing PowerBI reports.	
PIHPs submit encounters to MDHHS.	Completed monthly per normal encounter submission schedule.	
Reporting		
Metrics: • Review, audit and submit quality metrics to MDHHS • Collect and report access data quarterly inc. the # of individuals requesting services and the # receiving their 1st service.	CCBHC handbook requires the PIHP to have quarterly reconciliation between the PIHP and CCBHC utilizing a template provided by MDHHS. The template has not been provided.	N/A
PIHPs must monitor, collect, and report grievance, appeal, and fair hearing information, with details, by CCBHC, to MDHHS Note: MDHHS will specifically monitor this activity as it relates to CCBHC services related to certification criteria requiring CCBHCs to serve all populations regardless of severity, ability to pay, or county of origin). PIHPs are not responsible for recipient rights reporting.		
PIHPs must submit other MDHHS-required reports such as FSRs pursuant to MDHHS-defined instructions and timelines.	Non-Medicaid reports are due in Egrams and are submitted on time FSR's are submitted as required.	