## Academy for Policymakers Podcast Transcript Certified Community Behavioral Health Clinics: Blueprint for a Recovery-Oriented Service System

Recorded by Samuel Shore & Kelsi Urrutia

Announcer: Thank you for visiting the University of Illinois at Chicago's Health & Recovery Academy for Policymakers. The following recording comes to you from the UIC Center on Integrated Health Care and Self-Directed Recovery. Visit our online Academy to obtain free information and resources about policies that promote health, self-direction, and employment for the behavioral health field.

KU: Hello. My name is Kelsi Urrutia. I'm here with Samuel Shore, Director of the Academy for Policymakers at the University of Illinois at Chicago's Center on Integrated Health Care and Self-Directed Recovery. Today, we'll be talking about Certified Community Behavioral Health Clinics, and their potential to revolutionize the delivery of community behavioral health care. Thanks for joining me today Sam. Please tell our listeners what Certified Community Behavioral Health Clinics are and why they are important.

SS: I'll be happy to Kelsi. The Certified Community Behavioral Health Clinic or CCBHC for short, is a new provider designation for Medicaid. CCBHCs are clinics that provide comprehensive outpatient behavioral health services with a focus on recovery, evidence-based practices, and trauma-informed care. These certified clinics treat the "whole person" and coordinate services across different settings, such as schools, criminal justice systems, and primary health care settings. This is done to make sure that everyone receives the care they need and no one is left out, regardless of their ability to pay.

## KU: Where did CCBHCs come from?

SS: These certified clinics are part of a federally-funded demonstration program called for in the Protecting Access to Medicare Act, passed in March of 2014. This legislation invested \$1.1 Billion dollars in the behavioral health system, and established the CCBHC designation and definition. A main component of this legislation was the CCBHC demonstration program which allowed states to apply for CCBHC planning grants. Twenty-four states were selected and received funds to improve their behavioral health services, prepare to certify CCBHCs, and apply to be one of the 8 states that will be chosen to demonstrate the implementation and impact of CCBHCs.

KU: What is the significance of CCBHCs for improving the public mental health system?

SS: This initiative to create these certified clinics is significant because it establishes a federal definition and criteria for programs or organizations serving people with behavioral health disorders. In particular, it is expected to significantly impact people with serious mental illness. There are over 600 Community Mental Health Centers in this country, in addition to many more organizations that serve people with behavioral health disorders, including co-occurring mental health and substance use disorders. These organizations provide critical safety net services to almost 7 million people annually.

However, unlike other safety net care providers - such as hospitals, Federally Qualified Health Centers, and nursing homes – there isn't a comprehensive federal designation, uniform standards, or payment structure for these programs. The CCBHC initiative is designed to ensure the availability and sustainability of high-quality, comprehensive behavioral health clinics. It is long overdue for this critical component of the public healthcare system to be clearly defined and appropriately supported.

KU: Okay, so under this new federal designation, what exactly are CCBHCs?

SS: CCBHCs are community based centers that integrate behavioral health with physical health care. They provide services based on research evidence about what works, thereby increasing access to high quality care. One of the most unique and important aspects of CCBHCs is that they use care coordination. Care coordination involves integrating behavioral health services with medical services and all other social services to ensure that the people receive the services and supports that they need to live a healthy and productive life in the community. This involves coordinating services from places like Veteran's Administration centers, hospitals, child-welfare agencies, juvenile justice agencies, and schools. The end result is an emphasis on whole health and access to comprehensive care.

KU: Could you tell our listeners more about the specific criteria that define a Certified Community Behavioral Health Clinic?

SS: Sure. There are 6 specific requirements of every CCBHC. The first is care coordination, which I just described. The second is diverse and competent staffing including both licensed professionals and individuals with lived experience of mental illness. The third is that services are accessible 24-hours a day, 7 days a week. In addition, each CCBHC must have 9 specific services available, each reflecting personcentered care practices. Some of those services include case management, peer support, and person-centered treatment planning. All of these were intentionally chosen to provide trauma-informed care to people who have experienced physical or sexual abuse, or life-threatening violence.

KU: You mentioned funding is different. Can you describe how?

SS: CCBHCs will be funded using a cost-based prospective payment system designed to support the actual costs of doing business. This will also allow programs to invest in critical infrastructure such as personnel, facilities and equipment needed to provide high-quality, effective services. There are also changes in the way costs are reported to Medicaid. These changes are intended to result in payments that are better matched to exactly what is being provided at each center.

KU: Who will receive care in these types of clinics?

SS: Any person in need of care will receive services, regardless of ability to pay. This includes adults with serious mental illness and addictions, and children with serious

emotional disturbance. CCBHCs will also serve underinsured and uninsured people, individuals with mild or moderate mental illness, individuals with complex needs, and veterans. It's important to note that these clinics will be especially valuable for people with serious mental illness, severe substance use disorders, or co-occurring disorders. These are the individuals who are most likely to need the type of integrated care that CCBHCs are designed to provide.

KU: Are CCBHCs already providing services in this demonstration program?

SS: Not yet. The demonstration program is divided into two phases. The first phase, which has been operating since October of 2015, awarded grants to 24 states to help them prepare for potential participation in the demonstration phase. Going into the second phase, SAMHSA, the Substance Abuse and Mental Health Services Administration, will fund 8 qualified states to operate CCBHCs for a two-year demonstration project. The outcomes of these demonstration sites will inform future legislation and possible modifications and expansion of CCBHCs.

KU: Where we right now with this initiative, and what are the next steps for states involved in this program?

SS: We're at the end of the project's first phase. Services will start in phase two, which is slated to begin by July, 2017.

KU: Thanks, Sam. Can you tell our listeners where to find additional information about the CCBHC initiative?

SS: SAMHSA has some excellent information on their website at www.samhsa.gov/section-223. There is also an abundance of information about CCBHCs on the National Council for Behavioral Health website at www.thenationalcouncil.org.

Announcer: Thank you for listening. You can obtain additional recordings, or download a transcript, by visiting the Academy for Policymakers on the Center's web site.