

Integration Working Group Presentation and Discussion

David de Voursney, MPP
Director, Division of Community Behavioral Health
Center for Mental Health Services

September 10, 2024



SAMHSA
Substance Abuse and Mental Health
Services Administration

What is a Certified Community Behavioral Health Clinic?

- Brings a comprehensive range of services together, incorporating evidence-based practices and other supports based on a community needs assessment



- Provides for improved access to mental health and substance use disorder (MH/SUD) services, including increased capacity to respond to MH+SUD crises
- Serves individuals across the lifespan with mental health and/or substance use disorders
- Must meet CCBHC Certification Criteria

CCBHC Certification Criteria

CCBHCs Provide Nine Core Services Directly or Through Formal Partnerships



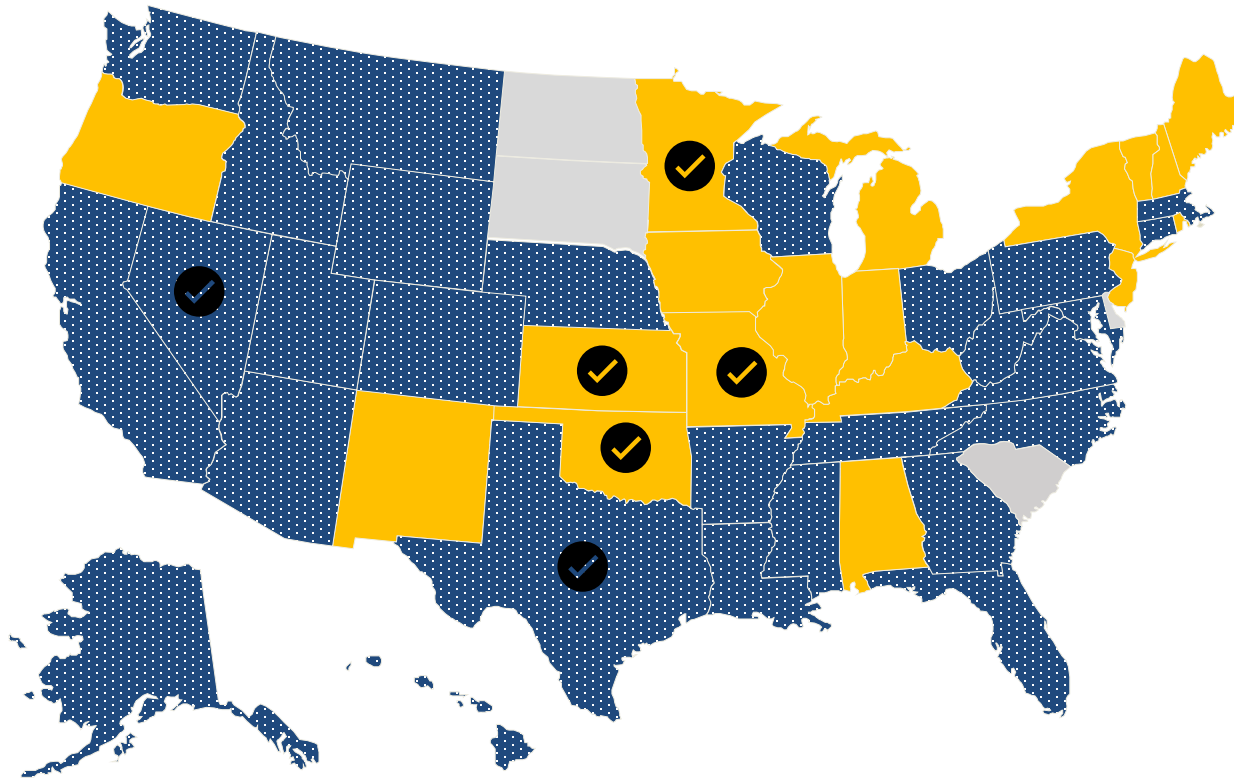
1. **Staffing:** Staffing standards informed by local needs
2. **Availability and Accessibility of Services:** Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all people who request services regardless of ability to pay or place of residence
3. **Care Coordination:** Requires care coordination plans across services and providers and health information technology infrastructure
4. **Scope of Services:** Nine required services
5. **Quality and Other Reporting:** Quality measures, a quality improvement plan
6. **Organizational Authority and Governance:** Consumer representation in governance, participation in Medicaid, appropriate state accreditation

Updated Criteria: <https://www.samhsa.gov/sites/default/files/ccbh-criteria-2023.pdf>

Original Criteria:

https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbh-criteria.pdf

Map of CCBHCs Across the United States (as of June 2024)



- Federal CCBHC Medicaid Demonstration (And SAMHSA Expansion Grants)
- State contains at least one local SAMHSA expansion grantee
- ✓ CMS-approved payment method for CCBHCs via a SPA or 1115 waiver separate from Demonstration

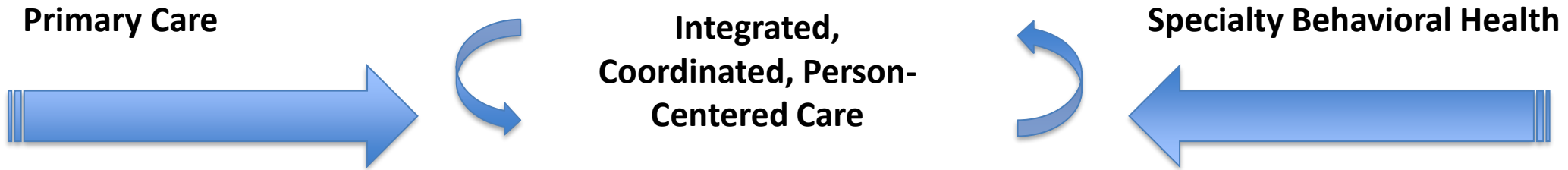
- There are now more than 500 CCBHCs across 46 States, the District of Columbia, and Puerto Rico
- CCBHCs may be a part of the Section 223 Medicaid Demonstration, Independent State programs, or participating in SAMHSA’s expansion grants.
- 18 States are participating in the Section 223 CCBHC Medicaid Demonstration (recent additions in *blue italics*):

1. *Alabama*
2. *Illinois*
3. *Indiana*
4. *Iowa*
5. *Kansas*
6. Kentucky
7. *Maine*
8. Michigan
9. Minnesota
10. Missouri
11. *New Hampshire*
12. *New Mexico*
13. New Jersey
14. New York
15. Oklahoma
16. Oregon
17. *Rhode Island*
18. *Vermont*

- Most demonstration states are not statewide, but many are adding sites over time.
- Newly added demonstration states are beginning their demonstration programs over the next year.

CCBHCs and Integrated Care

Integration Needs Across Settings



Eight Domains of Integration (See [Appendix 3](#) for detailed descriptions)

The processes identified in each Domain are all related specifically to addressing PH and BH issues in an integrated manner. The eight broad Domains:

1. **Screening, Referral and Follow-up**
2. **Prevention and Treatment of Common Conditions**
3. **Continuing Care Management**
4. **Self-management Support**
5. **Multidisciplinary Teamwork**
6. **Systematic Measurement and Quality Improvement**
7. **Linkage with Community/Social Services for SDOH**
8. **Financial Sustainability**

Criteria 4.G - Outpatient Clinic Primary Care Screening and Monitoring

4.g.1 - The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risks. The Medical Director establishes protocols, including for:

- HIV and viral hepatitis
- Conditions included in CCBHC Quality Measures
- Other clinically indicated primary care key health indicators

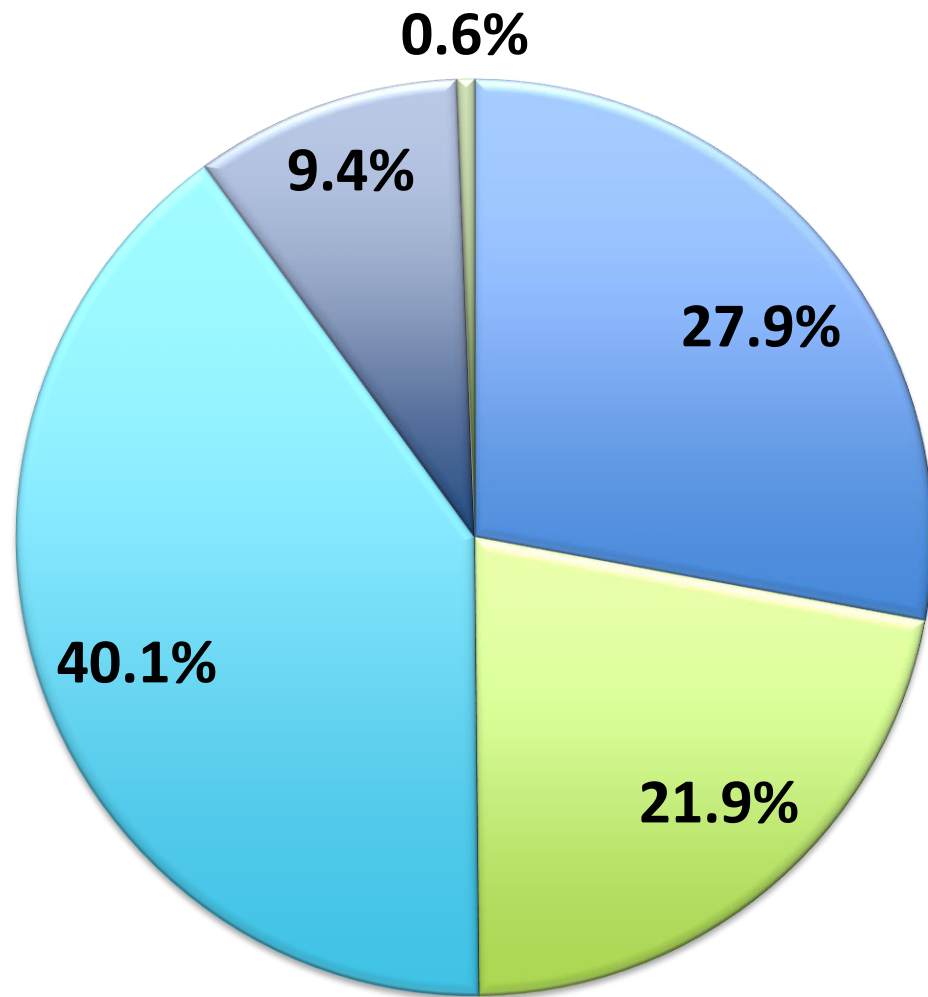
4.g.2 - The Medical Director will develop organizational protocols to:

- Identify people receiving services with chronic diseases
- Ensure that people receiving services are asked about physical health symptoms; and
- Establish systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g.
- The CCBHC should have the ability to collect biologic samples directly, through a DCO, or through protocols with an independent clinical lab organization, or in coordination with primary care (though the CCBHC maintains responsibility for ensuring screening and monitoring happens).

4.g.3 - The CCBHC will provide ongoing primary care monitoring of health conditions, including:

- ensuring individuals have access to primary care services;
- ensuring ongoing periodic laboratory testing and physical measurement of health status;
- coordinating care with primary care and specialty health providers; and
- promoting a healthy behavior

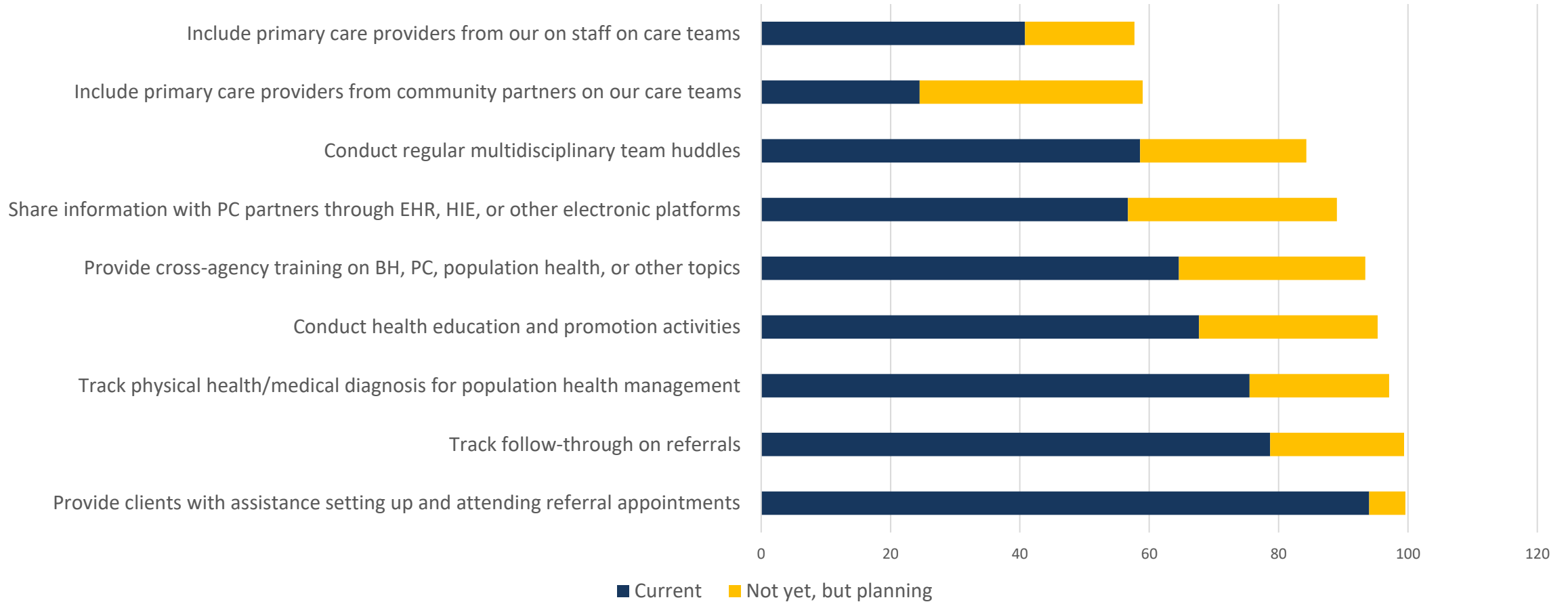
How CCBHCs Provide Access to Primary Care



- Fully Integrated Provider: Our CCBHC is also a comprehensive primary care provider, and services are available in the same location(s)
- Co-location arrangement: Our primary care partner provides services on-site at our CCBHC location, we provide services on-site at the primary care location, or both
- Care coordination: We provide referrals to our primary care partner(s), track follow-up and proactively coordinate care
- Referrals only: We provide referrals to primary care organizations but do not actively track or coordinate care at this time
- None

Source: 2024 National Council Impact Survey of 346 CCBHCs

CCBHC Integrated Care and Care Coordination Activities



Source: 2024 National Council Impact Survey of 346 CCBHCs

Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

- Established in 2017
- Two Tracks
- Traditional and Collaborative Care Model
- New Cohorts Recently Awarded
- Center of Excellence on Integrated Health Solutions

Year of Award	State	Type of Project
FY20	Alabama	behavioral health integration program
FY20	Nebraska	behavioral health integration program
FY20	New Jersey	behavioral health integration program
FY20	Tennessee	behavioral health integration program
FY21	Indiana	behavioral health integration program
FY22	West Virginia	behavioral health integration program
FY23	New York	Collaborative Care Model project
FY23	Puerto Rico	behavioral health integration program
FY23	American Samoa	behavioral health integration program
FY23	Washington	behavioral health integration program
FY23	Texas	behavioral health integration program
FY23	Arkansas	Collaborative Care Model project
FY23	Rhode Island	behavioral health integration program
FY23	Minnesota	Collaborative Care Model project
FY23	Connecticut	behavioral health integration program
FY23	Kansas	Collaborative Care Model project
FY23	Indiana	behavioral health integration program
FY23	Louisiana	behavioral health integration program
FY23	Florida	Collaborative Care Model project
FY23	Kentucky	behavioral health integration program
FY24	Virginia	Collaborative Care Model project
FY24	Kansas	behavioral health integration program
FY24	Alaska	Collaborative Care Model project
FY24	Oklahoma	Collaborative Care Model project
FY24	New Jersey	Collaborative Care Model project
FY24	Pennsylvania	Collaborative Care Model project
FY24	Tennessee	Collaborative Care Model project
FY24	Illinois	behavioral health integration program
FY24	District of Columbia	behavioral health integration program
FY24	Massachusetts	behavioral health integration program
FY24	Georgia	behavioral health integration program

Discussion/Questions – Future Directions



Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Please send questions and input to CCBHC@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)