

CCBHC Impact: From Capacity Building Grants to State Demonstration

Testimony to the Michigan House of Representatives Health Policy Subcommittee on Behavioral Health by Kari Walker, President and CEO The Guidance Center, Southgate MI

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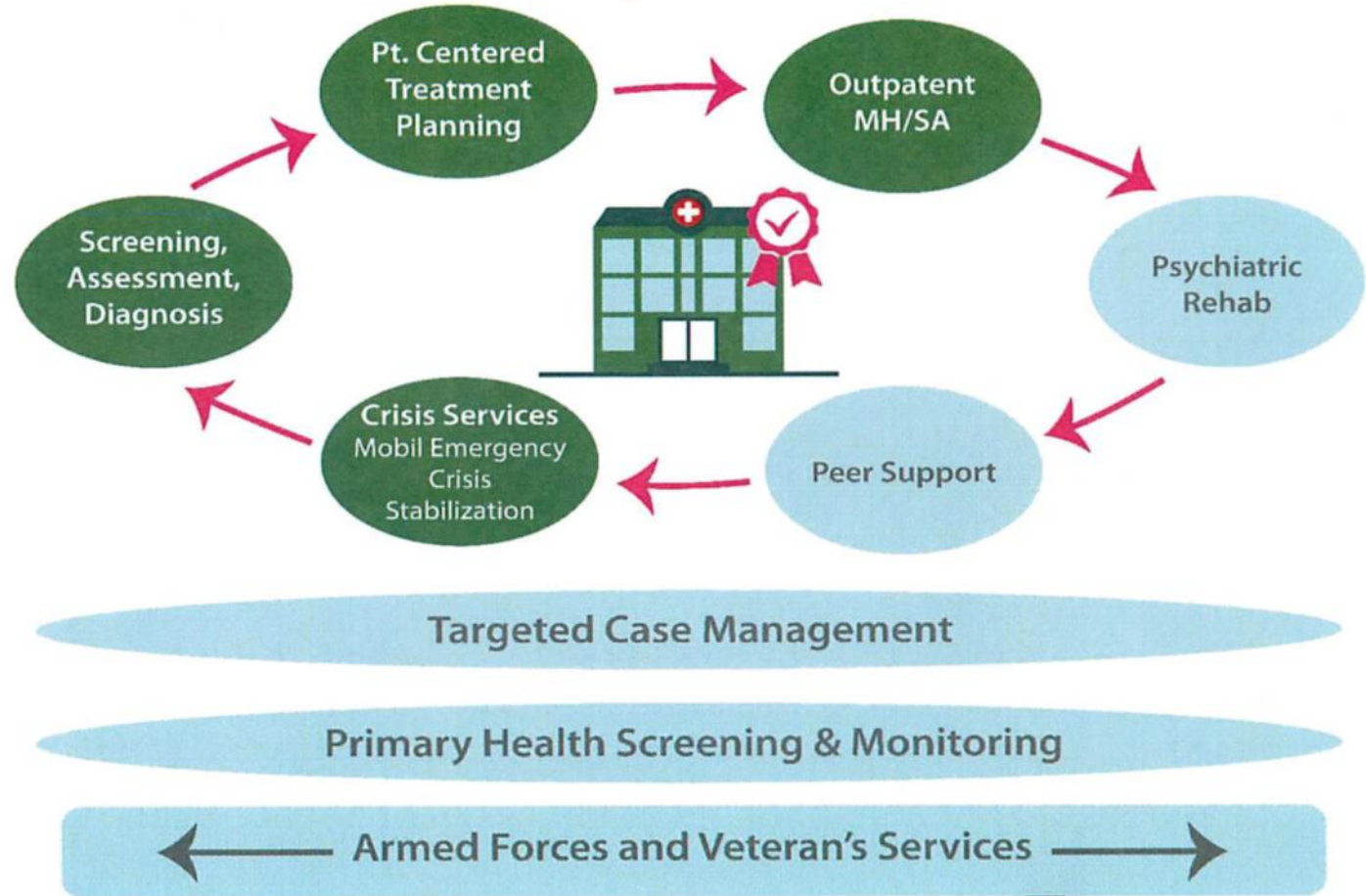
The Guidance Center Background

- ▶ Founded in 1958 as a non-profit children's mental health provider. Added adult mental health and substance use disorder services in the 1960s.
- ▶ President Kennedy signed the CMH Act into law in 1963, Michigan enacted legislation in 1964 and The Guidance Center was one of the original organizations funded by the Wayne County CMH Dept.
- ▶ Over the past 64 years several service lines were added to meet the needs of children, adults and families in Wayne County (e.g. Intellectual and Developmental Disabilities; Head Start and Early Head Start; Kids-TALK Children's Advocacy Center; Prevention, Diversion and Juvenile Justice programs)
- ▶ 2018 TGC received a CCBHC Expansion grant from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- ▶ Late 2019 TGC received a second CCBHC Expansion grant
- ▶ October 2021 Michigan joined the CCBHC Demonstration; The Guidance Center became the only demonstration site in Wayne County

What is a CCBHC?

- ▶ Championed by Michigan Senator Debbie Stabenow and Missouri Senator Roy Blunt
- ▶ A model of care designed to give people access to comprehensive and coordinated behavioral healthcare
- ▶ The Federal government has established certification standards that must be met in order for organizations to be qualified and known as CCBHCs
- ▶ CCBHCs are required to serve anyone who requests care for mental health or addictions treatment regardless of their ability to pay, place of residence or age - including developmentally appropriate services for children and youth
- ▶ CCBHCs have a financial model that takes into account the cost of providing services in the rate setting process

CCBHC Scope of Services



● Must be delivered directly by CCBHC
● Delivered by CCBHC or a Designated Collaborating Organization (DCO)



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CCBHC Expansion Grant vs. Demonstration

Expansion Grant

- ▶ Funded through Substance Abuse and Mental Health Services Administration (SAMHSA)
- ▶ Cost reimbursed grant that funds staff positions and other startup costs
- ▶ No involvement of Prepaid Inpatient Health Plans (PIHPs) or MDHHS
- ▶ Does not include people with mild to moderate conditions
- ▶ Does not include anyone with a diagnosis of an intellectual or developmental disability (IDD), even if they have a secondary mental health diagnosis

Demonstration

- ▶ Funded through Centers for Medicare and Medicaid Services (CMS)
- ▶ Daily rate for each day one or more billable service(s) is provided, with actual costs reconciled annually and the rate adjusted accordingly
- ▶ Funding flows through MDHHS to the PIHP to the CCBHC provider
- ▶ Includes people with mild to moderate conditions
- ▶ Includes people with an IDD diagnosis if they have a secondary mental health diagnosis

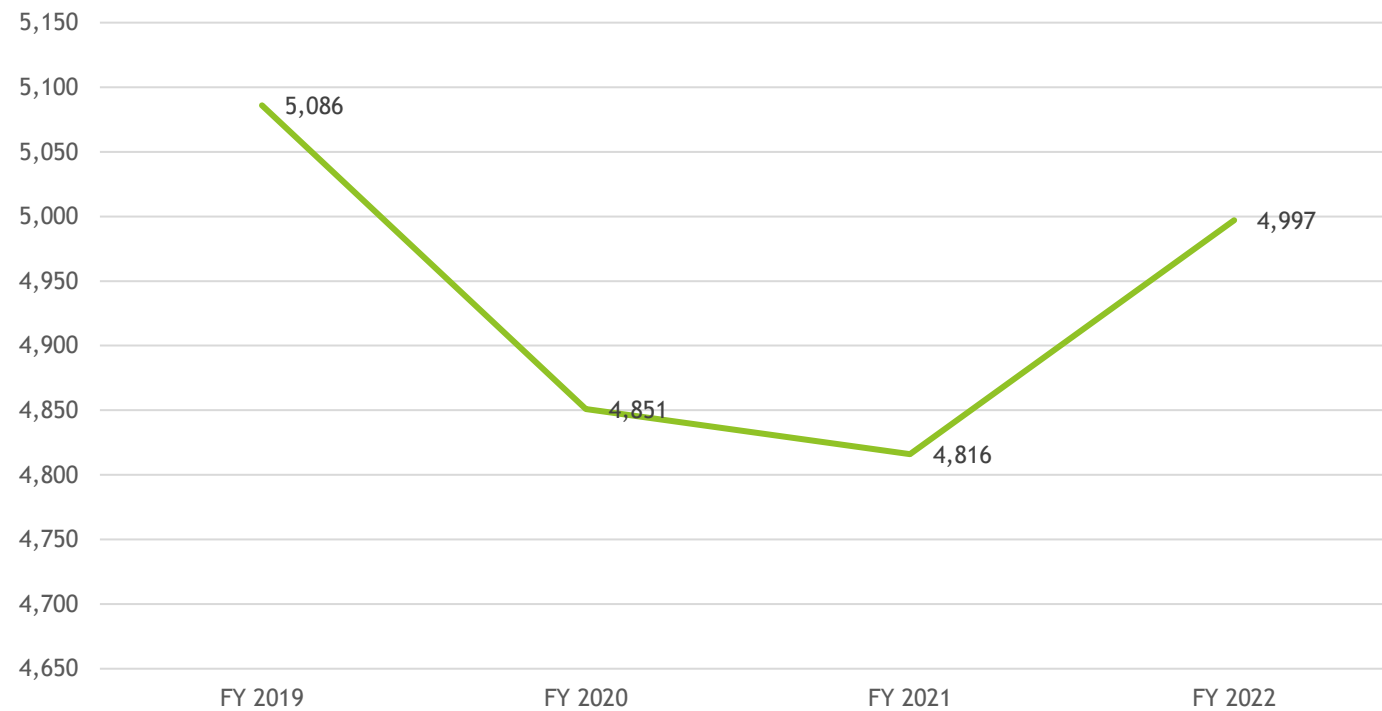
The Guidance Center before CCBHC

- ▶ Mental health and substance use disorder services for people with severe conditions were primarily paid on a fee for service basis through the Community Mental Health (CMH) system. Fees were not enough to cover the cost of services.
- ▶ Medicaid Health Plan fees to serve people with mild to moderate conditions were so low the organization could not afford to serve this population.
- ▶ Because the fee for service methodology in the CMH system did not take into account the full cost of care, compensation for staff in these programs was more than 15% below market. This made it very difficult (even before the pandemic and subsequent staffing shortages) to attract and retain qualified staff.
- ▶ Because staff compensation was below market, the organization could not compete with private clinics, schools and hospitals for staff. This resulted in decreased service capacity at a time when demand was increasing.

The Guidance Center after CCBHC

- ▶ The organization opened its doors to all people with mental health or substance use disorders, regardless of insurance or ability to pay
- ▶ Began serving people with mild to moderate conditions in addition to those with serious mental health or substance use disorders
- ▶ Significantly increased staff pay and added more than 30 employees in CCBHC programs, resulting in increased service capacity
- ▶ Added to evidence based practices including key services such as Medication Assisted Treatment for people with Opioid Use Disorders, Zero Suicide Initiative and Parenting for Change
- ▶ Opened 2 new CCBHC locations for a total of 6 CCBHC locations throughout the Downriver region of Wayne County and 1 location in Detroit
- ▶ Served more than 12,000 people through CCBHC funding, including 338 without insurance since FY 2019 through FY 2022

Persons served FY 2019 - FY 2022



CCBHC Model is Transformative

The CCBHC model is not a “program”. It is a blueprint for transforming the behavioral health care system in Michigan.

- 1) Access is open to persons with mild to moderate mental health and addictions problems before the person is in crisis - expanded access promotes routine mental health care
- 2) No payer limitations opens the door to the general public to access the specialty services and supports that are unique to the public mental health system in Michigan
- 3) Substance abuse funding is relatively limited in Michigan - CCBHC balances out the funding disparities
- 4) CCBHC model's emphasis on preparing clinical staff to use Medication Assisted Treatment, Integrated Dual Disorder Treatment, and Motivational Interviewing modalities with clients promotes more effective SUD treatment

CCBHC Model is Transformative

- 5) The Prospective Payment System model allows funding for positions not supported by fee for service models, such as integrated healthcare navigators, medical assistants, and evaluators, and supplies such as tablets and data plans, so low-income families can access telehealth services
- 6) The emphasis on veteran outreach and staff education around military cultural competence and military sexual trauma is essential when the national average for suicide by veterans is 17 per day
- 7) The 12 required Evidence-Based Practices for CCBHC cover the full age range from infancy through adulthood and a wide array of diagnoses ensuring that everyone will receive services validated as effective through research
- 8) The collection and analysis of data and quality measures enables agencies to respond to emerging trends among their service population more quickly
- 9) Vitals collection and primary care screenings encourage better healthcare integration to treat the whole person

Expansion of CCBHCs in Michigan

- ▶ Michigan's CCBHC Demonstration requires legislative support for continuation and expansion
- ▶ 13 organizations have been in the Demonstration during the first two years, many more are prepared to participate if funding for the CCBHC model can be expanded
- ▶ Since 2018 SAMSHA has funded capacity building grants and 38 Michigan mental health organizations have benefited
- ▶ In Wayne County for example only The Guidance Center is in the CCBHC Demonstration - there are 8 other organizations that have CCBHC grants that are expiring this year

Contact Information

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