

# The Certified Community Behavioral Health Clinic (CCBHC) Model

Vermont Policy Academy

July 21, 2022

# Agenda

- Welcome and Questions from Quality Metrics and QBP (10 minutes)
- Overview of Workforce and Staffing (30 minutes)
- Open Discussion (15 minutes)
- Next Steps and Follow-up (5 minutes)

# Poll and Discussion Question #1

Which types of mental health and substance use positions are impacted the most by workforce shortages in VT?

- Licensed Mental Health professionals
- Licensed Substance Use treatment professionals
- Psychiatrists
- Care Coordinators
- Peers
- Staff who speak languages other than English
- Entry level, unlicensed staff
- Other

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# Poll and Discussion Question #2

In what ways has technology helped to alleviate the burden on clinical and paraprofessional staff? In which of the following ways could technology support help at your clinic?

- Providing tele-psychiatry services to clients
- Scheduling, follow-up, and coordinating with clients
- Tracking metrics for quality outcomes
- Training staff and partners on key needs for the clinic
- Other

# CCBHC and Workforce Overview



# CCBHC Criteria Related to Workforce

## *More than just staffing*

1: Staffing

2: Availability and Accessibility of Services

3: Care Coordination

4: Scope of Services

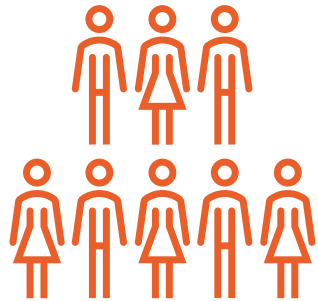
5: Quality and Other Reporting

6: Organizational Authority, Governance and Accreditation

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# Workforce Development with the CCBHC Model

The CCBHC model strengthens workforce development in states supports:



- Creating flexibilities for states to build their own needs into the criteria and for clinics to nimbly respond to community demand.
- Building necessary clinic- and community-based training as into the cost.
- Paying the salaries and benefits that will be an incentive to help in recruiting providers and non-clinical staff
- Leveraging technology through telehealth and other models to make sure unique clients are provided person-centered care

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# SUD-focused Staffing and Service Expansions

Information from CCBHC Demonstration States:

- 100% of CCBHCs employ SUD specialists and peer support specialists
  - Half of CCBHCs added peer services as a direct result of certification
- 83% of CCBHCs targeted outreach and engagement efforts to individuals who were previously incarcerated by end of year 2
- 45% of CCBHCs offered telehealth services in courts, police offices, other criminal justice-related facilities
- CCBHCs offering additional services that help support persons in SUD care:
  - Supported employment: 82%
  - Supported housing: 79%
  - Supported education: 68%

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# Workforce Opportunities in Criteria

## Staffing

- Cost based rate allowing for diversity of position types
- Focus on peers
- Implementation of Team Based Care in CCBHCs
- Delegation of assessment elements
- Mobile crisis staffing

## Care Coordination

- Care Coordination eligible providers
- Outreach
- Cultural Liaisons

# Workforce Opportunities in Criteria

## Services

- Expanded service lines due to CCBHC implementation
- Mobile crisis
- Designated Collaborating Organizations

## Quality and other reporting

- Quality measurement staffing
- Population Health Management staffing

# Data Highlights: Workforce

The CCBHC Model, including CCBHC-E grants, have increased hiring and retaining staff:

- On average, CCBHCs hired 41 new jobs per clinic .\*
- The most commonly-added staff include adult and child psychiatrists, licensed clinical social workers, nurses, counselors, case managers, and peer specialists/recovery coaches.\*\*
- State officials cited expansion of staff as one of the biggest system improvements resulting from the CCBHC model.\*\*
  - Increased retention and job satisfaction
  - Redesigning care teams to meet community needs



\*Source: [https://www.thenationalcouncil.org/wp-content/uploads/2021/05/052421\\_CCBHC\\_ImpactReport\\_2021\\_Final.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2021/05/052421_CCBHC_ImpactReport_2021_Final.pdf)

\*\*Source: [https://aspe.hhs.gov/sites/default/files/migrated\\_legacy\\_files//196051/CCBHCImpFind.pdf](https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//196051/CCBHCImpFind.pdf)

# Workforce Outcomes in OK and NV



# Workforce Enhancements

Expanded services to increase availability and access, while adding recovery supports to enhance scope of services.

- **Added** Care Coordination, Vocational, Housing, Nutrition, and Occupational Therapy
- Numbered served grown **102%**
- Increased number of **Urgent Recovery Centers**
- Established infrastructure for **Mobile Crisis Teams**

Service Type	Pre CCBHC	Year 4	Percent Increase
Care Management	19	887	4568%
Case Management	5797	10265	77%
Crisis	1290	1467	14%
Peer and Family Supports	5237	9239	76%
Primary Care	7046	8290	18%
Therapy	8354	12392	48%
Vocational and Housing	34	138	306%
Wellness	819	2425	196%

# Workforce Expansion and Consumer Impact

Added **981** new jobs to the healthcare workforce sector -an estimated economic impact of **\$34,953,525.41** annually.

Reduction of unemployment for persons receiving treatment services resulting in **\$31.6M** new wages earned.



# Oklahoma Outcomes



Reduced the average time for initial assessment to **3.2 days**



**78.4%** change in adults receiving a body mass index and follow-up counseling

**82.4%** increase in children's weight assessments

**70%** change in suicide risk assessment

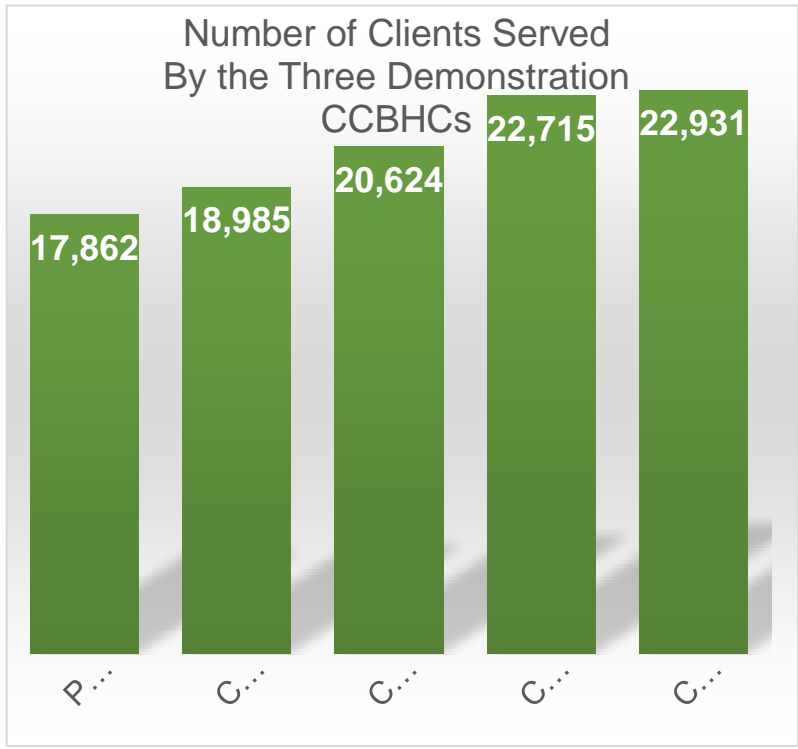


**76.4%** change in adult suicide risk assessment

**75%** percent of adults are seen within seven days following a hospitalization and **93%** are seen within 30 days.



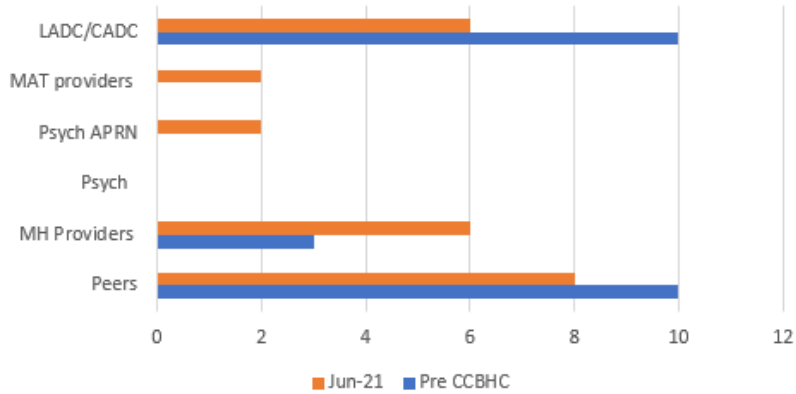
**70.1%** of children are seen within seven days and **92.3%** are seen within 30 days.



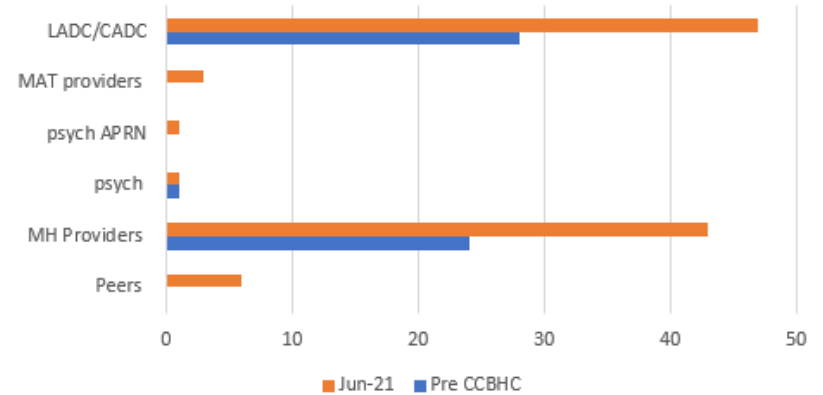
# Workforce



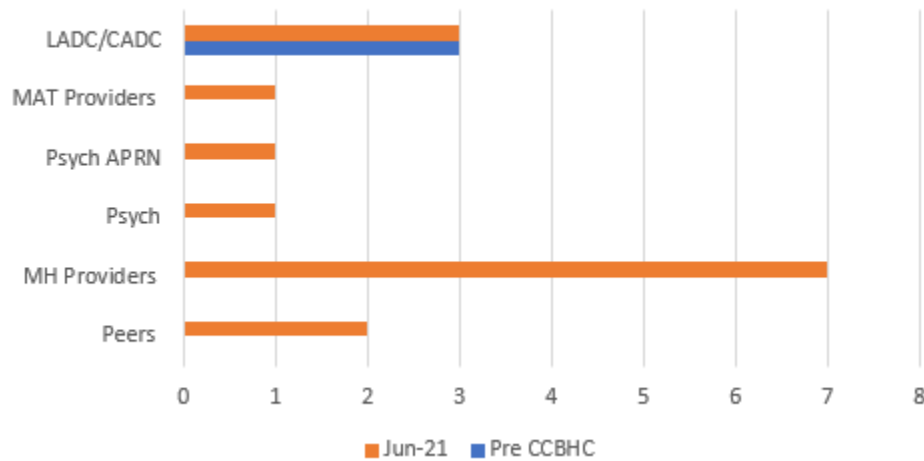
New Frontier



Bridge Alta



Vitality Elko





# Staffing Section of CCBHC Criteria



# Staffing Requirement 1.a.1

- As part of the process leading to certification, the state will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs.
- The needs assessment will include cultural, linguistic and treatment needs.
- The needs assessment is performed prior to certification of the CCBHCs in order to inform staffing and services.
- After certification, the CCBHC will update the needs assessment and the staffing plan, including both consumer and family/caregiver input.
- The needs assessment and staffing plan will be updated regularly, but no less frequently than every three years.



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# Staffing Requirements

- CCBHC staff (both clinical and non-clinical) is **appropriate in size and composition** for the population to be served by the CCBHC
- If **veterans** are served by the CCBHC, staffing satisfies the requirements of criteria 4.K
- For a CCBHC **without a psychiatrist as Medical Director**, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe as the Medical Director.
- Staffing plan meets **requirements of the state behavioral health authority** and any accreditation/other standards required

# Staffing Requirements

- Staffing plan requires a medically trained behavioral health care provider, who can **prescribe and manage medications** independently under state law, **including buprenorphine products and naltrexone**
- Staffing plan requires credentialed **substance abuse specialists**
- Staffing plan requires individuals with expertise in addressing **trauma** and promoting the **recovery** of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI)
- The CCBHC has taken steps to **alleviate workforce shortages** where they exist

# Training Plans

- Training plans require the following training at staff orientation and annually thereafter: **risk assessment, suicide prevention and suicide response; and the roles of families and peers**
- Training plan requires the following training at staff orientation and thereafter as needed: **cultural competence; person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; integration of primary care and behavioral health care; and a continuity plan**
- If active-duty military and/or veterans are served, CCBHC cultural competency training includes information related to **military culture**

# Meaningful Access

- CCBHC takes reasonable steps to provide meaningful access to their services for such consumers, including consumers with **Limited English Proficiency (LEP)** or with **language-based disabilities**
- **Interpretation and translation service(s)** are appropriate and timely for the size and needs of the LEP population
- **Interpreters are trained to function in a medical setting.**
- **Auxiliary aids and services** are available

Questions?

# Poll Question #3

Which types of mental health and substance use position shortages could be impacted the most by implementation of CCBHC?

- Licensed Mental Health professionals
- Licensed Substance Use treatment professionals
- Psychiatrists
- Care Coordinators
- Peers
- Staff who speak languages other than English
- Entry level, unlicensed staff
- Other