Advocacy Champion Sponsor

OMNI Family of Services
The Role of CCBHCs and Supporting Children, Youth, and Families

National Council for Mental Wellbeing
National Council for Mental Wellbeing

Founded in 1969, the National Council for Mental Wellbeing is a non-profit membership organization that drives policy and social change on behalf of nearly 3,500 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. Together, we...

- Advocate for policies to ensure equitable access to high-quality services.
- Build the capacity of mental health and substance use treatment organizations.
- Promote greater understanding of mental wellbeing as a core component of comprehensive health and health care.
Public Policy Mission Statement

National Council advocates for assertive public policies that:

**Ensure**  
 equitable access to high-quality services

**Build**  
 the capacity of mental health and substance use treatment organizations

**Promote**  
 a greater understanding of mental wellbeing as a core component of comprehensive health and health care
Assertive Public Policy Priorities for 2024

**Strengthen the mental health and substance use workforce** through initiatives aimed at improving reimbursement rates, supporting value-based contracting, removing barriers to employment and reimbursement, increasing workforce diversity, recruitment, and retention and creating a pipeline for the future workforce.

**Bolster substance use disorder prevention, care, and recovery** by expanding access to medication-assisted treatment, overdose prevention, and recovery supports.

**Protect and grow funding** for mental health and substance use programs, mental health awareness training programs such as Mental Health First Aid, and prevention and treatment initiatives including recovery and housing supports.
Increase equitable access to high-quality services by expanding CCBHCs through initiatives that ensure ongoing SAMHSA grant support, define CCBHCs in the Social Security Act, and provide adequate funding for data collection.

Promote comprehensive 988 implementation that ensures a robust crisis care continuum, including enhanced mobile crisis response, coordination with CCBHCs, sustainable funding, and a strong workforce.

Elevate initiatives impacting justice-involved populations that focus on prevention from entering the system, pre-entry, care while in the system, re-entry and warm handoffs, and recidivism prevention.
Assertive Public Policy Priorities for 2024: Cont.

- Support mental health and substance use disorder parity implementation and enforcement, including consideration of enforcement mechanisms.

- Expand access to mental health and substance use disorder services provided via telehealth, ensuring the provision of high-quality, effective care.

- Support youth and maternal mental health and substance use prevention and treatment, including school-based initiatives to support mental health awareness and increased coverage for prenatal and postnatal care.

- Address social determinants of health through improving access to supportive housing, including re-entry and recovery housing and additional community support.
Roadmap

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs and Children, Youth, and Families

Related Legislation and Appropriations

Next Steps and Resources
Certified Community Behavioral Health Clinics (CCBHCs)
CCBHC Scope of Services

Unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise.

- **Screening, Assessment, Diagnosis**
- **Patient-centered Treatment Planning**
- **Outpatient Mental Health/Substance Use Disorder (MH/SUD)**
- **Crisis Services 24-Hour Mobile Crisis Crisis Stabilization**

**CCBHC**

- **Peer Support**
- **Psychiatric Rehab**
- **Targeted Case Management**
- **Primary Health Screening & Monitoring**
- **Armed Forces and Veteran's Services**

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

To make mental wellbeing, including recovery from substance use challenges, a reality for everyone.
The CCBHC Landscape

Three implementation options:

1. Medicaid demonstration
   a. Open to 10 states as of December 2021, Medicaid Demonstration Expansion with the addition of 10 new states every two years starting in 2024.

2. Federal grant funding

3. Independent state implementation via Medicaid SPA or waiver
## The CCBHC Landscape Cont.

<table>
<thead>
<tr>
<th>Medicaid CCBHC Demonstration</th>
<th>SAMHSA CCBHC Expansion Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial state-run program authorized through Sept 2025. New expansion available starting in 2024 authorized until 2028</td>
<td>Direct to clinic funding with yearly funds appropriated since 2018</td>
</tr>
<tr>
<td>8 states initiated in 2017 (MN, MO, NJ, NY, NV, PA, OK, OR)</td>
<td>Four-year grant cycles (previously two-year until 2022)</td>
</tr>
<tr>
<td>2 states initiated in 2021 (KY, MI)</td>
<td>Grantees in over 40 states</td>
</tr>
<tr>
<td>Open to only 10 additional states every 2 years</td>
<td>Open to individual clinics in ALL states</td>
</tr>
<tr>
<td>Administered by state Medicaid and Behavioral Health authorities within guidelines set by SAMHSA/CMS</td>
<td>Administered by SAMHSA</td>
</tr>
<tr>
<td>States determine certification criteria using SAMHSA guidance as a baseline</td>
<td>Grantees must meet SAMHSA baseline CCBHC certification criteria</td>
</tr>
<tr>
<td>CCBHCs are certified by their states</td>
<td>CCBHCs are funded by SAMHSA; do not receive state certification</td>
</tr>
</tbody>
</table>
CCBHCs and Children, Youth, and Families
CCBHCs are Required to...

Serve anyone, including youth.

- Providers must include individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance.

Include child-serving entities in their care coordination partnerships.

- Such partnerships include schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, state licensed and nationally accredited child placing agencies for therapeutic foster care service, etc.

Collect child-focused data.

- This includes child and adolescent major depressive disorder (Suicide Risk Assessment); Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents. In addition, states require reporting on follow-ups after hospitalization for mental illness, ages 6-21, and follow-up care for children prescribed ADHD medication.
Activities to Address Health Disparities

100% of responding clinics indicate that CCBHC status has helped them in some way to serve people of color, improve access to care and reduce health disparities in their communities.

*Percent is less than 1% but greater than 0%
CCBHCs: Delivering Services in Schools

The CCBHC model supports clinics to provide comprehensive services **beyond the four walls of the clinic** to meet community members when and where they need care.

Data from the 2022 Impact Survey show:

- 94% deliver services directly to children and youth, and others (8%) collaborate with a DCO for child/youth services
- 79% deliver services on site at schools

Specifically, high schools (74%), middle schools (73%), and elementary schools (68%).
CCBHCs: Delivering Services in Schools Cont.

84% of CCBHCS either already provide direct services on site at elementary, middle and high schools or plan to in the future.

- 63% engage in suicide prevention programming targeted to children, youth and/or teens.
- 42% provide Mental Health First Aid training to middle or high school teachers/staff.
- 20% provide Mental Health First Aid training to middle or high school students.

To make mental wellbeing, including recovery from substance use challenges, a reality for everyone.
CCBHC Examples Across the States

- **New Jersey**: clinics established telehealth-based child and adolescent service lines, created afterschool hours services for children and youth, began in-home counseling with children, youth, and their families, and hired clinical staff for primary care and supplement needs for youth.

- **Michigan**: Children were over a third (34%) of all Easterseal’s clients and five new colocation partners were added, with 121 students newly enrolled in school-based mental health services. In addition, the guidance center of Michigan has been able to provide services to an additional 552 children because of the CCBHC grant.

- **Arkansas**: Western Arkansas Counseling and Guidance Center embedded staff into a juvenile detention setting where they provided care to 75 youth in that facility within just four months.

- **Missouri**: Compass Health created new staff positions, including Youth Behavioral Health Liaison and Youth Emergency Room Enhancement Clinician.

- **Nevada**: New Frontier created a dedicated mobile crisis team for youth.
CCBHC Example: Providing SUD Care for People Who are Pregnant or Postpartum

**For My Baby & Me (FMBM)** is a collaborative opioid treatment program for pregnant women and new mothers in Mercer County, New Jersey.

- Composed of a horizontally integrated network of services designed for the unique needs of pregnant women who are using substances and experiencing homelessness
- Anchored under the CCBHC demonstration payment bundle, coupled with State Opioid Response funding for the obstetric and hospital components
- Collaborative approach consists of medication assisted treatment (MAT), case management, peer support, and housing and wrap-around supports accessible by a 24/7 hotline to initiate services
- Participant outcomes from the program have shown increased rates of sobriety, long term housing stability, and enhanced family unification
CCBHCs Example: Community Mental Health and Foster Care Programs

**CHRIS 180** is a non-profit in Atlanta, Georgia that offers community support inclusive of counseling, substance use prevention, school-based services, early childhood mental health, and foster care programs.

- Awarded a grant to establish a CCBHC in its programs in 2022, will be a fully certified CCBHC by 2026
- Trauma-informed approach for placement into foster care services for children ages 0-17, involves one-on-one case management, peer support, and pre-service and monthly trainings
- Transitional Housing Program helps young adults ages 17-24 transition out of foster care with permanent supportive housing program where residences are paired with a Life Coach
  - Apartments provide supervised living for those who are experiencing homelessness, parenting at a young age or those who are leaving the juvenile justice and/or mental health systems
- Independent Living Program for foster youth ages 18-21
  - Includes 24-hour crisis support, educational and employment assistance, treatment planning, fully furnished apartments, monthly food allowance, and transportation assistance
Related Legislation and Appropriations
Legislation
Under the bipartisan Excellence in Mental Health Act demonstration, the CCBHC demonstration took effect in 2017 and it established:

- A federal definition to participate in a Medicaid demonstration,
- Clinic certification criteria, and
- An enhanced FMAP for CCBHCs.

The Medicaid demonstration was limited to eight states over just two years.
Bipartisan Safer Communities Act (2022)

The Bipartisan Safer Communities Act expanded the CCBHC Demonstration nationwide.

- Beginning July 1, 2024, and every 2 years thereafter, 10 additional states can join the demo.

Additionally, this legislation:

- Provides 4 years of enhanced Medicaid match for CCBHC services (E-FMAP)
- Makes planning grants available for new states to develop proposals to participate
- Appropriates $40M for planning grants and technical assistance to states applying for the grants
- Requires annual reports to Congress through the year in which the last demonstration ends
Consolidated Appropriations Act, 2024 (CAA, 2024)

- Establishes a formal definition for CCBHCs within the Medicaid program.
- This enables people living in a CCBHC demonstration state to continue accessing a CCBHC post-demonstration and allows states to more swiftly take action to establish and certify CCBHCs statewide.
- Does NOT include other provisions of the Ensuring Excellence in Mental Health Act.
Ensuring Excellence in Mental Health Act (2023)

Passing the *Ensuring Excellence in Mental Health Act (S.2993)*, is the next federal legislative step. This legislation would:

1. Establish CCBHCs under the Medicare program. While CCBHCs serve Medicare beneficiaries, establishing designated payment for CCBHCs under Medicare will improve workforce sustainability and foster the outcome quality measures as demonstrated under CCBHCs in Medicaid.

2. Formally authorize CCBHC-Expansion grants at a level that allows all current grantees to continue their efforts and ensure availability of technical assistance to help the grantee clinics succeed.

3. Improve oversight of the program by allowing SAMHSA to require grantees to be accredited by an independent agency, ensuring all grantee clinics are compliant with program requirements.

4. Promote accountability within the program by establishing a national data infrastructure and repository similar to the Federally Qualified Health Center (FQHC) Uniform Data System that would allow SAMHSA and Congress to track program progress and outcomes.
Appropriations
## CCBHC Specific Funding Levels

<table>
<thead>
<tr>
<th>Program</th>
<th>FY23 Enacted</th>
<th>FY24 Enacted</th>
<th>FY25 Request</th>
<th>FY25 President Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAMHSA, HHS</strong></td>
<td></td>
<td></td>
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<tr>
<td>CCBCH-E Grants</td>
<td>$385M</td>
<td>$385M</td>
<td>$552.5M</td>
<td>$450M</td>
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<tr>
<td>CCBHC Data Infrastructure</td>
<td></td>
<td></td>
<td>$2.5M</td>
<td>-</td>
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<tr>
<td>Paperwork Reduction Initiative</td>
<td></td>
<td></td>
<td>$500K</td>
<td>-</td>
</tr>
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Fiscal Year (FY) 2025 Appropriations Status

• Again, this year, we face a challenging appropriations environment.
  • We see it as being a big win to secure level funding for critical programs we advocate.

• In March, President Biden released his FY 2025 budget request.
  • The Administration’s budget adheres to the funding limits established as part of the debt ceiling deal, which means most discretionary funding line items are proposed to be level funded.

• National Council is working directly with offices, supporting Dear Colleague Letters, submitting appropriations requests, and working with coalition partners and advocates to advance key mental health and substance use priorities.
Next Steps and Resources
Next Steps

- Pass Ensuring Excellence in Mental Health Act
- Secure appropriations at adequate levels
- Rally advocates and the field together for forward movement
Resources

- CCBHC State TA Center
- 2022 CCBHC Impact Report
- Partnering with Schools to Improve Youth Mental Health Toolkit
- CCBHC-E National TTA Center
- CCBCHs and Youth Mental Health Fact Sheet
- Getting Candid Campaign

To make mental wellbeing, including recovery from substance use challenges, a reality for everyone.
Thank You FFTA!

A huge thank you to FFTA’s partnership and advocacy; we are grateful to be in this work with you.
Questions?

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Thank you!