

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Structure and Governance Overview CCBHCs Technical Assistance Presentation

January 26, 2015



Goals for Today

- Review requirements of legislation and criteria
- Discuss responses to issues SAMHSA has been asked about
- Identify other questions/issues that states are experiencing
- Identify questions or concerns for subsequent webinars

Agenda

- Statutory Requirements/Authority
- Principles Behind Organization and Governance Requirements
- Structure and Requirements – review of relevant criteria
- Relationship with Other Agencies
- Questions

Framing Principles

- Statutory Requirements
- Single point of clinical responsibility
- Increased quality and accountability for services
- Financial incentives align with clinical/programmatic incentives
- Mechanism/process for system transformation through increased payment for a range of quality services

Framing Principles cont'd

- Single Entity as CCBHC
 - A single entity is to be certified as CCBHC
 - Entity may have a variety of formal and less formal relationships with other providers and organizations
 - Must meet governance and staffing requirements through single entity
 - Scope of service requirements may be met through CCBHC alone or with DCOs

Statutory Requirements

- Organizational authority – Clinic must be:
 - Non-profit or,
 - Part of a local governmental authority or,
 - Urban Indian organization operated under grant or contract with HIS under title V of the Indian Health Care Improvement Act or,
 - Operated under authority of Indian Health Service, an Indian tribe, or tribal organization
 - Pursuant to a contract, grant, cooperative agreement, or compact with IHS pursuant to Indian Self Determination Act

Section 223(a)(2)(F) of PAMA

Review of CCBHC Requirements in Criteria

- Organizational Authority and Finances
 - If CCBHC not a tribal organization according to statute, CCBHC must reach out to such entities within their service area to assist in provision of services to AI/AN consumers
 - An independent financial audit is performed annually according to federal audit requirements and corrective action plan submitted as required

Governance

- Board members represent individuals served by CCBHC in terms of demographic factors and types of disorders
- Will incorporate meaningful input from adult consumers with mental illness, adults recovering from substance use disorders and family members
 - Through 51% of board membership
 - Or, substantial portion of board members and other specific methods for consumers, people in recovery and family members to provide meaningful input to board

Governance cont'd

- If a CCBHC is comprised of governmental or tribal entity or a subsidiary, or part of larger corporate organization that cannot meet these requirements the **state** will specify why and CCBHC will develop specific alternative methods for receiving input
- As alternative to these requirements for membership, **any organization** may establish and implement other means of ensuring CCBHC is responsive to community needs. **The state will determine if the alternative approach is acceptable**

Governance cont'd

- Members of the governing or advisory boards will be representative of communities in which service area is located and will include a variety of expertise
- No more than 50% of the governing board members may derive more than 10% of income from health care industry
- States will determine process for verifying compliance
- How are states addressing this issue?

Staffing Requirements - Overview

- Must reflect findings of needs assessment in addition to following requirements:
 - CEO/Exec Director and full management team
 - Psychiatrist as Medical Director (may be CEO):note exceptions in BH professional shortage area
 - Must include medical professional who can prescribe medications including buprenorphine and other medications used to treat opioid and alcohol use disorders
 - Staffing requirements may be met through a variety of mechanisms including using contracted staff and DCO staff, depending on services provided by the DCO

Staffing cont'd

- State will set staffing requirements based on the needs assessment and the range of services to be provided. Minimum requirements must be met, however. (see criteria)

Scope of Services – as relates to structure of CCBHC

- CCBHC is responsible for providing all required services. Four must be directly provided; others may be provided by DCO (formal relationship).
- If DCO is used to provide some of the required services, CCBHC will still be regarded as clinically responsible for the services and those services will be included in the PPS
- Other services may be provided on a referral basis, but will not be included in PPS

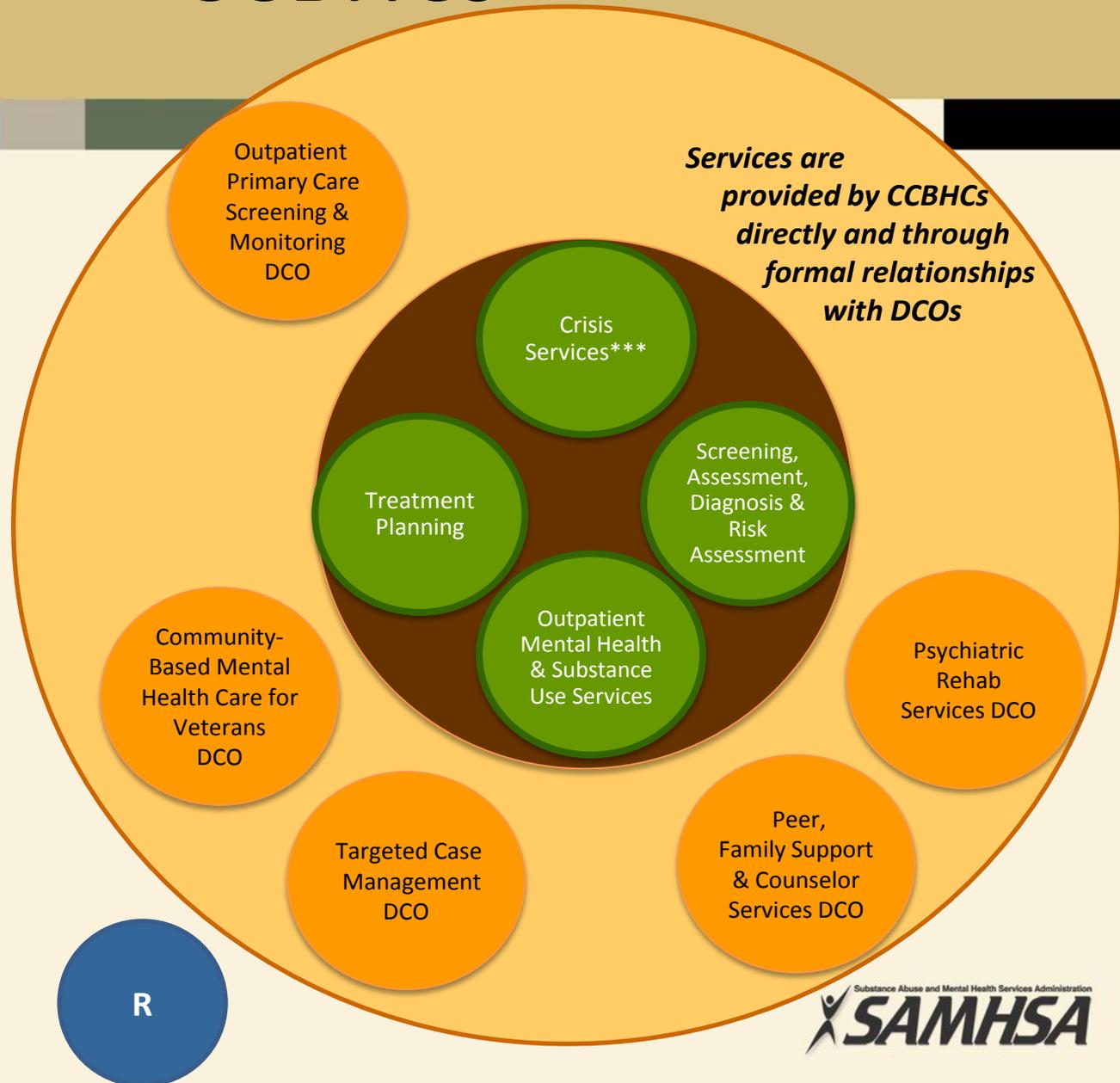
CCBHCs

CCBHCs directly provide services in green***

Additional required services are provided directly or through formal relationships with Designated Collaborating Organizations (DCOs)

Referrals (R) are to providers outside the CCBHC and DCOs

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



Four Required Services

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention services and crisis stabilization; also must include suicide crisis response and services capable of addressing substance abuse and detoxification
 - Must be provided directly by CCBHC or
 - Through state sanctioned network acting as DCO

Four Required Services

- Screening, Assessment, and Diagnosis
- Person-centered treatment planning
- Outpatient behavioral health, to include outpatient substance abuse services

Types of contracts/agreements that may exist

- Contract between state and CCBHC
- Agreement/Contract between CCBHC and DCO's
- Agreements/MOU's for purposes of care coordination

These will be covered in detail in subsequent webinars.....

Implications for Structure of CCBHCs

- Organizations cannot execute requirements to create a CCBHC through an MOU
- If organizations are to come together, there must be a merger or other legal relationship which provides for one legal governance structure for the organization for the purpose of meeting the requirements
- Clinical responsibility is housed in the CCBHC
- CCBHC provides required services and meets other requirements across the life span and for all populations

CCBHC – DCO Relationship

- CCBHC can utilize a DCO to provide services, except for four required to be directly provided by CCBHC (note crisis services exception)
- Relationship is a formal one with DCO expected to meet requirements of the CCBHC
- Must meet same quality standards and reporting requirements
- May refer for services outside CCBHC or DCO, but will not be included in PPS

Agreements/MOUs for Care Coordination

- Exist between CCBHCs and organizations with which care is coordinated
- May be a contract, MOU or other agreement
- Must be in place for the range of treatment and other community agencies with which CCBHC clients may interact



Questions?

Contact

Sarah Steverman

Sarah.Steverman@samhsa.hhs.gov

Mary Fleming

Mary.fleming@samhsa.hhs.gov

Doug Slothouber

Doug.slothouber@samhsa.hhs.gov