



Virginia Department of
Behavioral Health &
Developmental Services

Transforming Behavioral Healthcare in the Commonwealth: Improving Quality, Access and Outcomes

FY 2016 SAMHSA Planning Grant for
Community Behavioral Health Clinics

Debra Ferguson, Ph.D.

Commissioner

Virginia Department of Behavioral Health
and Developmental Services

Background

- April 1, 2014 the Protecting Access to Medicare Act (PAMA) was enacted.
- Section 223 of the Act established Demonstration Programs to Improve Community Mental Health Services
- SAMHSA and CMS collaborated on implementation of Section 223
- Establishes Certified Community Behavioral Health Clinics (CCBHCs)
- There are two phases:
 - *Phase 1*: Provides up to \$2M for CCBHC Planning Grants
 - *Phase 2*: Up to 8 CCBHC Planning Grant states will be selected to participate in the demonstration program

Goals of Demonstration Program

- CCBHCS are an opportunity to improve the behavioral health of citizens by:
 - Providing community-based mental health and substance use disorder services.
 - Advancing integration of behavioral health and physical health.
 - Consistent assimilation and use of EBPs.
- Care coordination is the linchpin holding these aspects of CCBHC care together and ensuring it is an improvement over existing services.

Section 223 Key Components

1. Establishment and publication of criteria for clinics to be certified by the state as a certified community behavioral health clinic (CCBHC).
2. Issuance of Guidance on the development of a Prospective Payment System (PPS) for testing during the demonstration program
3. Awarding Planning Grants for the purpose of developing proposals to participate in the demonstration program.

Planning Grant Expectations

- Collaboration between SMHAs, SSAs and SMAs
- Include abstinence from tobacco products and cessation strategies and services in grant program.
- Integrate the SAMHSA definition of recovery and guiding principles of recovery into the grant program.
- Address the behavioral health needs of returning veterans and their families.
- Support training of direct care staff in strategies for prevention and elimination of seclusion and restraint in people with SMI and children with SED.

SAMHSA definition of recovery: A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

Planning Grant Required Activities

- Solicit input from consumers, family members, providers, tribes and other key stakeholders with respect to the development of a demonstration program (Phase 2).
- Certify clinics as CCBHCs.
- Establish a PPS for behavioral health services furnished by a CCBHCs.
- Ensure the capacity to provide behavioral health services that meet the grant criteria.
- Develop or enhance data collection in order for HHS to evaluate Virginia for participation in Phase 2.
- Prepare for Participation in the National Evaluation of Phase 2.
- Submit a Phase 2 proposal by October 31, 2016

Addressing Behavioral Health Disparities

- SAMHSA expects grantees to utilize data to:
 1. Identify subpopulations vulnerable to health disparities
 2. Implement strategies to decrease the differences in access, service use and outcomes among those subpopulations.
- Address the quality of care provided to subpopulations through alignment with CLAS standards.

CLAS: Culturally and Linguistically Appropriate Services in Health and Health Care

PAMA Criteria for CCBHCs

1. Staffing
2. Availability and accessibility of services
3. Care coordination
4. Scope of Services
5. Quality and other reporting
6. Organizational authority

CCBHC Services

1. Crisis mental health services including 24 hour mobile crisis team, emergency crisis intervention services and crisis stabilization.
2. Screening, assessment and diagnosis (including risk assessment).
3. Patient centered treatment planning (including risk assessment and crisis planning).
4. Outpatient mental health and substance abuse services.
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric Rehab Services.
8. Peer Support and Counselor Services and Family Support.
9. Intensive, community-based mental health care for members of the Armed Forces and veterans particularly those members and veterans located in rural areas...

CCBHC PPS

- Requires PPS to pay CCBHCs for services.
- CMS to issue guidance NLT September 1, 2015.
- CCBHC PPS applies to services delivered by a CCBHC or DCO.
- Must select one of two rate methodologies to use in the demonstration:
 1. FQHC-like PPS with daily cost reimbursement
 2. Monthly unit of payment that provides a quality bonus and provides rates that vary depending on population served.

Key Considerations

- Regardless of condition, CCBHCs are to provide services to all who seek help but it is anticipated that CCBHCs will prove especially valuable to individuals with SPMI, SED or SUDs.
- Designated Collaborating Organizations (DCO) provides an opportunity for another entity, with a formal relationship with the CCBHC, to provide services and earn PPS.

References

- Link to the Grant – www.samhsa.gov/grants/grant-announcements/sm-16-001
- FAQs - www.samhsa.gov/sites/default/files/grants/pdf/faq/sm-16-001-faq_1.pdf
- Chart the Course: Become a Certified Behavioral Health Clinic (National Conference) – <http://docs.google.com/viewer?a=v&pid=sites&srcid=ZGpjb25zdWx0Lm5ldHx3d3d8Z3g6MzhIZWRIZTI5ZTgxMWMxZg>
- Fact Sheet on the Excellence in Mental Health Act and Certified Behavioral Health Clinics – www.thenationalcouncil.org/wp-content/uploads/2015/04/ExAct-CCBHC-Fact-Sheet-3-2015.pdf