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
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
• 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 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?
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