## CCBHC: Certified Community Behavioral Health Clinics



Are you ready?

## **Excellence in Mental Health Act: An Introduction**

In March 2014, Congress passed and the President signed <u>the Protecting Access to Medicare Act.</u> This legislation included provisions of the *Excellence in Mental Health Act*, in the form of a demonstration program intended to radically improve quality and expand access to mental health and substance use treatment services.

The Certified Community Behavioral Health Center (CCBHC) demonstration program gives states the opportunity to develop innovative behavioral health delivery models and to use a Prospective Payment System to more accurately reimburse CCBHCs for services provided. Specifically, the law:

- <u>Defines CCBHCs</u>: what they are, who they must serve, and what outcomes they must achieve
- Requires coordination with other providers such as primary care, law enforcement, hospitals, and other health and social services
- Calls for states to adopt a Prospective Payment System to assure clinics have the financial resources to provide high quality, comprehensive care
- Rolls out these changes in two phases:
  - Phase 1: Provides funding and guidance for states to develop a demonstration program for CCBHCs—24 states have been selected and are creating their programs at this time. These states will submit their program proposals to the federal Substance Abuse and Mental Health Service Agency (SAMHSA) by October 23, 2016.
  - o Phase 2: SAMHSA will select and fund eight of the 24 demonstration projects for two years

By infusing an estimated \$1.1 billion into the community behavioral health system, the Excellence Act is the largest federal investment in mental health and addiction treatment in more than a generation. By creating a common definition for comprehensive certified behavioral health providers and providing a reimbursement rate that supports the cost of doing business, the Excellence Act paves the way to dramatically transform the way organizations deliver care that is accessible, high-quality, and coordinated.

## **How Did We Get Here?**

For years, behavioral health care providers, patients, and their families have been all too familiar with the biggest barriers to effective care: high cost, lack of access to services, and insufficient coordination among health care providers across the spectrum. After generations of sustained funding cuts, our nation's community-based mental health and addiction treatment providers are overburdened, underfunded, and stretched beyond their capacity to meet the country's behavioral health needs.

In 2009, lawmakers introduced the bipartisan Excellence in Mental Health Act to apply federal infrastructure and financial support to resolve the difficult questions of how to ensure access to quality care for those living with complex mental illness and/or addiction. Building on the successful model of Federally Qualified Health Clinics (FQHCs) offering primary physical health care services, the Excellence Act establishes parity for behavioral health services.



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The Excellence Act was reintroduced in subsequent sessions of Congress, championed by Senators Debbie Stabenow (D-MI) and Roy Blunt (R-MO), along with Representatives Doris Matsui (D-CA) and Leonard Lance (R-NJ). Ultimately, it was enacted in 2014 as an 8-state, 2-year, two-phase demonstration project for states to develop Certified Community Behavioral Health Clinics (CCHBCs), improve coordination, and get paid for the true cost of providing services. The Excellence Act does three things:

 It establishes federal status and criteria for Certified Community Behavioral Health Clinics (CCHBCs) that provide comprehensive mental health and addiction outpatient services including 24-hour crisis

"This represents the largest single federal investment in community-based mental health and substance use treatment in over a generation," said Linda Rosenberg, President and CEO of the National Council for Behavioral Health.

care, services to address chronic comorbidities, basic primary care screenings, and peer support services. It also emphasizes the special needs of populations like veterans, who have served our country with honor but whose health needs we, as a country, have shamefully failed to meet. CCBHCs will provide and be paid for the required full service array even if some services are not included in a state's Medicaid or insurance plans.

- It defines what a coordinated delivery system looks like for the safety net, requiring CCBHCs to engage in partnerships with a variety of health system partners (e.g., law enforcement, hospitals, VA centers, and more). This emphasis on partnerships is a move toward the health care world of the future: systems that work together to achieve concrete health outcomes and high-value care. Behavioral health providers around the country are already engaging in these partnerships; with the Excellence Act, they will become part of the standard scope of care and be supported through a sound reimbursement rate.
- It addresses how to pay for this care. Rather than managing budgets based on fluctuating rates set by public and private funders—rates that often don't cover the actual costs of care and leave organizations scrambling to cobble together enough funding to keep their doors open—CCBHCs will be reimbursed based on providers' actual costs. States will adopt one of two "Prospective Payment System" models, calculating reimbursements based on anticipated costs. States may also offer additional value-based bonus payments, incentivizing providers to achieve defined outcomes.

The Excellence Act dramatically improves access, value and coordination: When someone walks through any CCBHC's door, they will have <u>access</u> to the same set of comprehensive services, they will receive care <u>coordination</u> from a trained and competent team of providers, and states will have uniform, measurable ways to demonstrate <u>value</u> and calculate costs.

For more information, please visit the National Council's <u>CCBHC Resource Hub</u> or contact Rebecca Farley at the National Council (RebeccaF@thenationalcouncil.org).

