

# Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant Deep Dive

**Tuesday, January 28<sup>th</sup>, 2020**  
**2:00-3:00pm E.S.T.**



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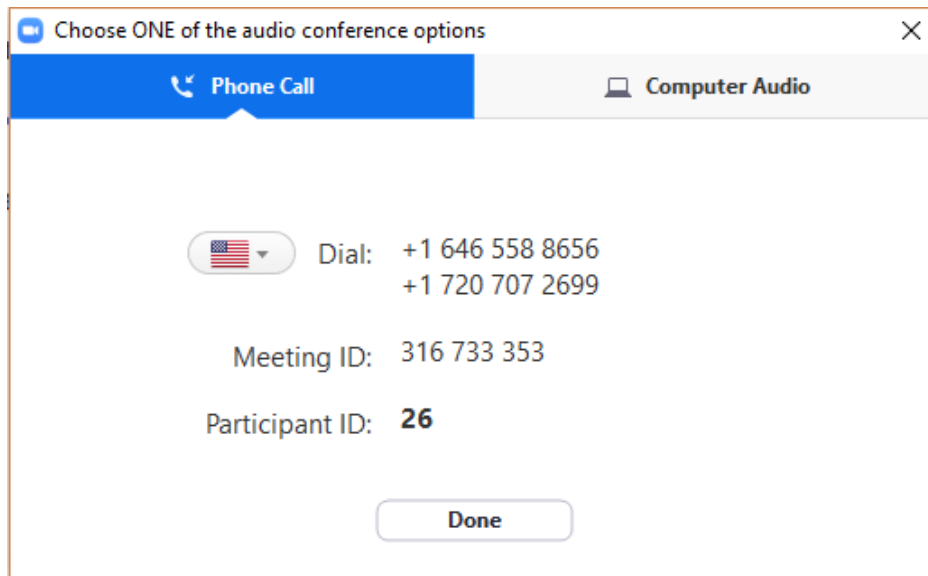


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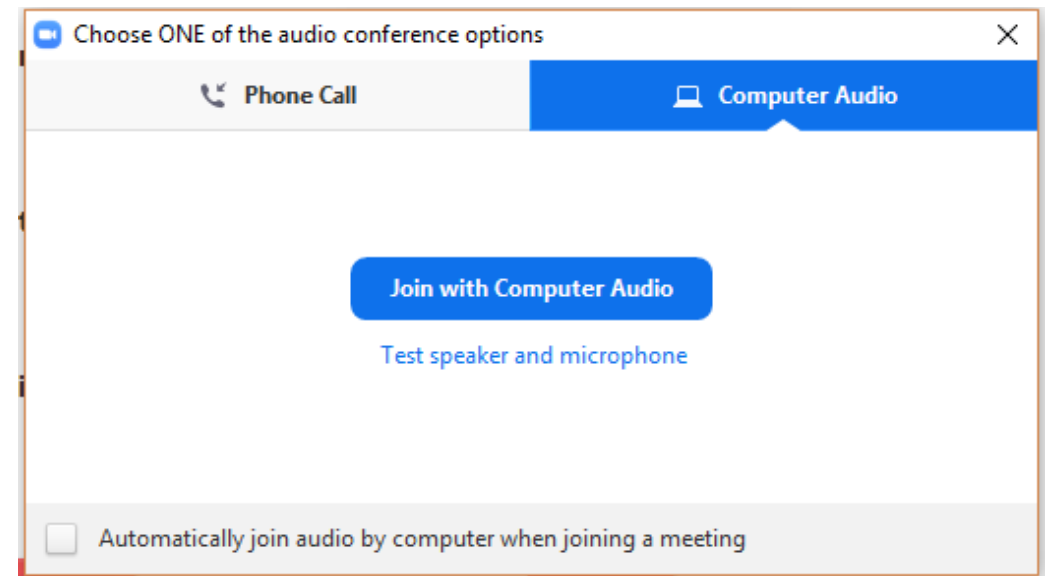
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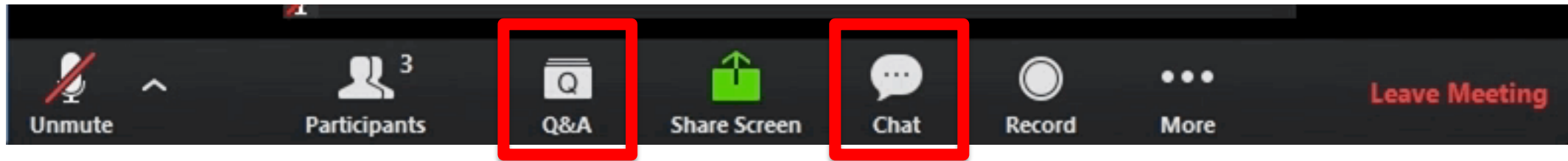
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# How to Ask a Question



Type in the chat box or use the Q&A function. Both are located at the bottom of your screen.  
You can choose who to send a chat or question to.

**We'll answer as many questions as we can at the end of the presentation.  
Q&A will be curated and emailed following the webinar.**

# Today's Presenters



**Rebecca Farley David, MPH**  
*Senior Advisor,  
Public Policy & Special Initiatives*  
**National Council for Behavioral Health**



**Gail P. Hutchings, MPA**  
*President and CEO*  
**Behavioral Health Policy Collaborative**



# Today's Purpose



Overview of core CCBHC requirements



FAQs



Strategic guidance and tips



Lessons learned



Training and support



# CCBHC Expansion Grants



**Applications due March 10, 2020**

**New this year: Open to organizations in any state.** The expansion of the grants nationwide is an important step towards making CCBHCs available across the country.

***FOA Linked [Here](#)***

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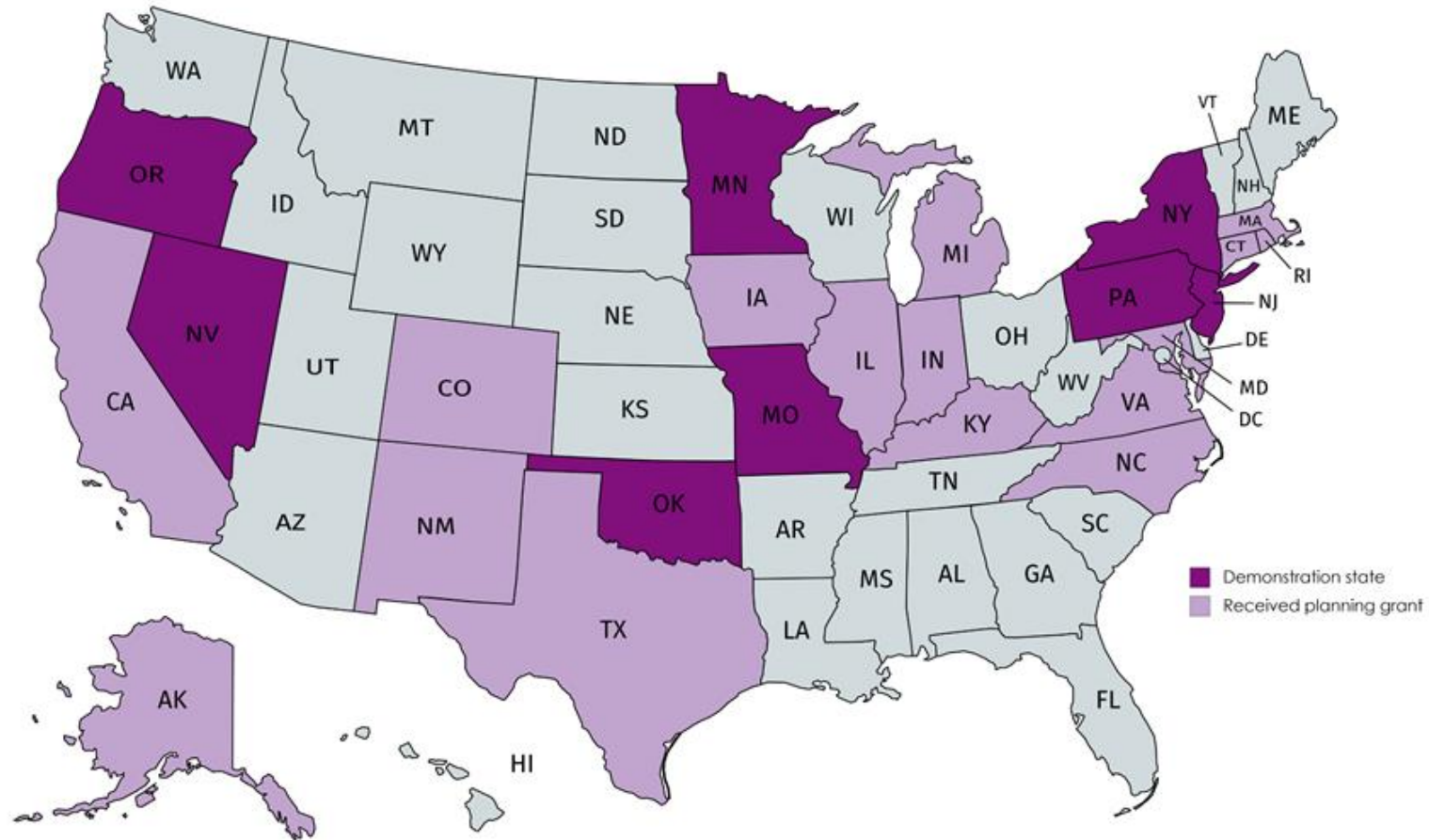
# Key differences between Medicaid CCBHC Demo and SAMHSA CCBHC Expansion Grants

Medicaid CCBHC Demonstration 2017	SAMHSA CCBHC Expansion Grants 2020
Open to only 8 participating states	Open to organizations in ALL states
Medicaid cost-related payment rate (PPS) covers anticipated costs of delivering all CCBHC services	Medicaid PPS is not available for new CCBHCs or for new services outside original scope of Medicaid CCBHC demo
PPS rate is paid as qualifying visits occur, with no limit on number of visits or clients	Grant amount is capped at \$2 million per year; clinics should carefully project costs and client volume
States certify CCBHCs and make final decisions about required EBPs/other activities	States do not certify new CCBHCs; applicants attest to meeting CCBHC criteria in Appendix M of the FOA.





# CCBHC demonstration and planning grant states





# CCBHC Expansion Grants

## Funding and Awards

- Up to **\$2 million** per grantee, per year for **2 years** (Total = \$4 million)
- Up to **98 awards**
- Grant terms begin August 30, 2020
- Priority given to those entities in states which were awarded a 2015 Planning Grant from SAMHSA



# CCBHC Expansion Grants

## Eligibility

- **Eligible:**
  - Certified CCBHCs in the 8 demonstration states
  - CCBHC Expansion Grantees whose funding was awarded in Sept. 2018
  - Organizations in any state that can meet the CCBHC requirements **within 4 months of award**
- **Not Eligible:**
  - CCBHC Expansion Grantees whose funding was awarded **after Sept. 2018** [\(SM-18-019\)](#)



## Eligibility FAQs

- If my organization is not in one of the priority states, should we bother applying?
- Can more than one organization per state win a grant award?
- Can we still apply if we are not able to provide all of the required CCBHC services within 4 months?



## Certification FAQs

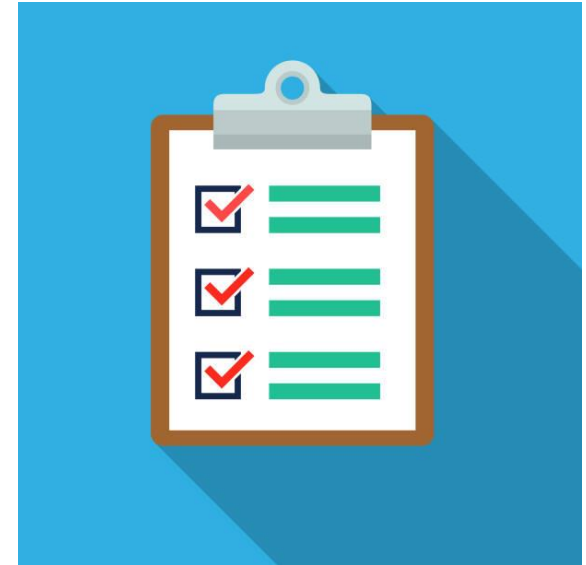
- Does my state have to certify my organization as a CCBHC?
- Does my state have to sign off on the grant proposal?
- What if my state Medicaid authority is not supportive?



# CCBHC Expansion Grants

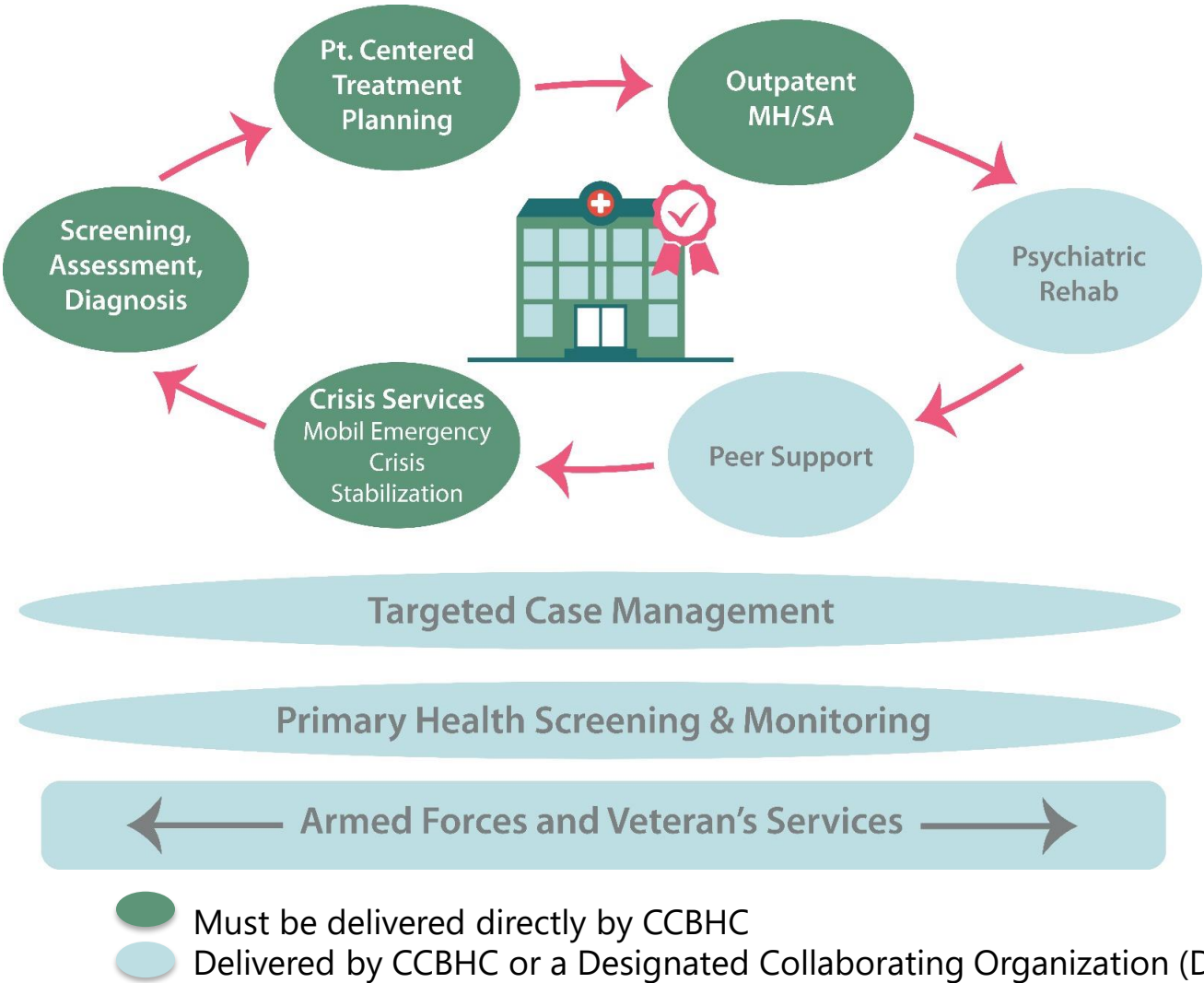
## Criteria Checklist

- Organizational authority/governance
- Scope of services
- Staffing
- Availability and accessibility of services
- Care coordination
- Quality and other reporting



**Criteria Linked [HERE](#)**

# CCBHC Scope of Services



# Additional Required Services

- Provision of appropriate psychotropic medication inclusive of long-acting injectable anti-psychotic medication and FDA-approved medication treatments for substance use disorders including for tobacco, alcohol and opioid use disorders
- Screening for HIV and viral hepatitis (A, B, and C)
- Clinical monitoring for adverse effects of medications, including monitoring for metabolic syndrome\*
- Assertive Community Treatment\*
- Social support opportunities through established models such as clubhouses that provide therapeutic individual and group interactions, assistance with employment, housing, and other community recovery supports\*
- Provision of vaccinations where indicated, including for Hepatitis A and B\*

\*Can be provided by DCO





# What is a Designated Collaborating Organization (DCO)?

- Partner organizations that provide direct care
- Must have 2+ years' experience providing the relevant services and meet applicable state licensing, accreditation, and certification requirements
- Augment or fill gaps in CCBHCs' service array
- Formal agreement in place for delivery of services to CCBHC clients



# Care Coordination Partners

Partnerships or care coordination agreements required with:

- FQHCs/rural health clinics
- Primary care providers
- Inpatient psychiatric treatment including SUD services
- Other social services providers, including
  - Schools
  - Child welfare agencies
  - Juvenile and criminal justice agencies and facilities
  - Indian Health Service youth regional treatment centers
  - Child placing agencies for therapeutic foster care service
- Department of Veterans Affairs facilities
- Inpatient acute care hospitals and hospital outpatient clinics

Full requirements are specified in the CCBHC criteria:

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)



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# CCBHC Expansion Grant – Other Expectations

- Establish cooperative relationships with judicial officials/court systems and provide Assisted Outpatient Treatment when ordered.
- Establish an Advisory Work Group comprising individuals with mental and substance use disorders, and family members, to provide input and guidance to the CCBHC on implementation, services, and policies.
- Develop and implement plans for sustainability to ensure delivery of services once federal funding ends
- Develop a behavioral health disparities impact statement
- Collaborate with Ryan White HIV/AIDS Programs
- Adopt tobacco/nicotine inhalation (vaping) product free facilities policy
- Utilize EBPs for problems or disorders being addressed among your client population – ***Reference SAMHSA's resource on EBPs [HERE](#)***
- **Additional required and allowable activities are described in the FOA**



## Poll Question

Is your organization planning to apply for a CCBHC expansion grant?

- Yes, definitely!
- Probably, but not 100% sure
- Maybe, still thinking it through
- No, it's not for us



## Scope of Services & Care Coordination FAQs

- Can we partner with other organizations to provide some of the required services?
- As a grantee, does my organization pay our partner organizations for services they provide?
- Am I required to establish an MOU with an FQHC?
- What evidence-based practices do we need to provide?
- How do we prepare to be certified by the fourth month?
- Where can I find technical assistance and support?



# National Council Training and Support

- Addiction services implementation
- Organizational change management
- Data-driven decision making
- Electronic health record and workflow optimization
- Evidence-based practices and staff development
- Integrated care
- Preparing for value-based payment arrangements
- Meeting grant requirements

***For information on Training and Support, click [HERE](#)***



# CCBHC Expansion Grants – Use of Grant Funds

- Grant funds must primarily be used to support direct services
- Grant funds are NOT a PPS and cannot be used to supplant Medicaid funding for covered services
- **No more than 15%** may be used for data collection and evaluation
- **Technical Assistance:** Up to \$25,000 per year may be used to purchase Technical Assistance (TA).





## Data Reporting & Payment FAQs

- How will my state pay for our Medicaid services if we are awarded a CCBHC Expansion Grant?
- As a potential grantee, what can I do to prepare for sustainability?
- How do grantee organizations report on quality measures requiring access to Medicaid claims data?



# Grant Application Tips

- Register early – four (4) registration requirements including DUNS, SAM, Grants.gov, eRA Commons
- Sign up for Grants.gov for email notifications
- Project narrative no longer than 10 pages
- Include letters of commitment from qualifying DCOs
- Review CCBHC Criteria Compliance Checklist that identifies required criteria for CCBHCs and DCOs
- Clearly describe ability to meet CCBHC criteria and become certified by **within four months following award**
- Study your SMART goals – ***Reference pg. 47 of [FOA](#)***



## Past Grantee Lessons Learned

- Data - establish **workflows** and **methodology** for tracking and monitoring individuals served through grant – think about this before you start providing services.
- DCOs and Care Coordination - relationships are critical *and* challenging, define **shared goals**, establish compliant processes for **sharing** information, and measure **success** together!
- Sustainability – consider how you will make the case for the sustainability of your services
- Engage - with state and local payors and policy makers **early on** – make them aware of your intention to apply and share the successes of the model/grant – get their attention!



# 2020 CCBHC Advocacy Fly-In



**March 10-11, 2020**

*Washington, D.C.*

All CCBHCs are welcome and encouraged to join to help secure support for an extension and expansion of the CCBHC Demonstration!

**Stay tuned for more information, coming soon.**



# Questions?



## Rebecca Farley David

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*Public Policy & Special Initiatives*

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# Thank You!

Please take a moment to share your feedback in the **post-webinar survey**. It will pop up once the webinar is closed.

Thank you!

