

RI Certified Community Behavioral Health Clinic (CCBHC)

CCBHC Development Grant
Discussion

Tuesday, May 10, 2022

**RHODE
ISLAND**

TODAY'S AGENDA

01

BACKGROUND AND CONTEXT

Reminder: What are CCBHCs
CCBHC Supporting Evidence
Broader Context of State BH Reform Efforts

02

CCBHC DEVELOPMENT GRANT PLAN

Who would be eligible
Draft grant structure, deliverables
Allowable uses of funds

03

SEEKING YOUR INPUT

Approach to Health Equity
DCO Engagement
CCBHC Program Leadership Model

04

NEXT STEPS

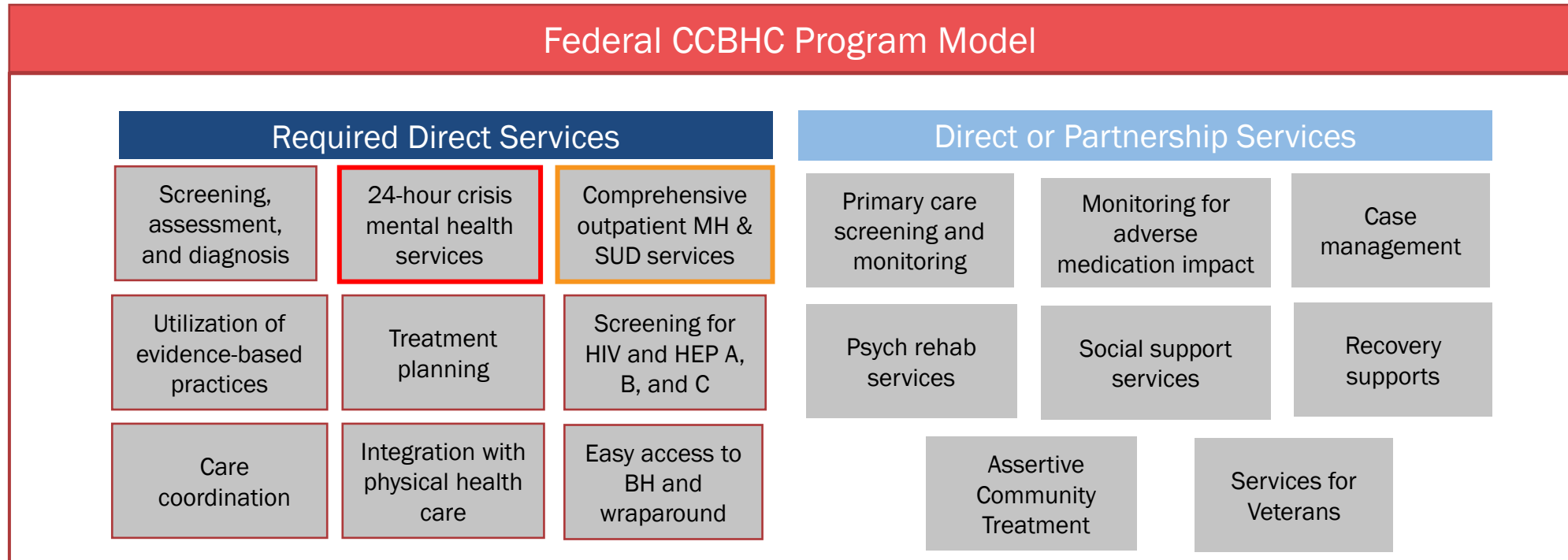
Immediate Next Steps
Public Comment

01 Background & Context

Reminder: CCBHC Model Overview

CCBHC is a federally defined service delivery model that will address identified gaps in Rhode Island’s BH system and improve BH and SUD-related outcomes, with targeted supports for diverse/ underserved populations.

the intent is to leverage the Federal CCBHC model and tailor it to RI specific BH needs & landscape



Rhode Island CCBHC Enhancements

- Medicaid payment model
- DCO vs. Direct service requirements: Allowing for tailored service models, providers for specific populations (i.e. Children/Youth vs. Adults, PWIDD)
- Statewide mobile crisis model

Certified Community Behavioral Health Clinic (CCBHC)

Rhode Island is leveraging the federal CCBHC model and tailoring it to meet state specific needs.

The RI Proposed CCBHC model:

01

Provides **mobile crisis services** statewide 24/7/365

02

Increases **behavioral health services available to Rhode Islanders** and pays providers a PMPM to provide 9 core CCBHC services

03

Eliminates the health home “cliff” by expanding the populations eligible for the 9 core CCBHC services beyond just the ACT and IHH populations to include moderate acuity adults, and moderate to high acuity children

04

Creates integrated systems of care that **support all populations by requiring partnerships** with Direct Contracting Organizations (DCOs) that connect SUD providers, children’s BH providers, and culturally-responsive CBOs

05

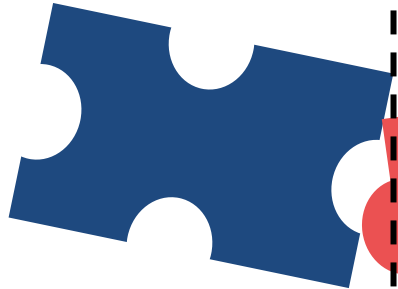
Supports the **move away from fee for service** toward value-based payment with incentives to improve quality and access

06

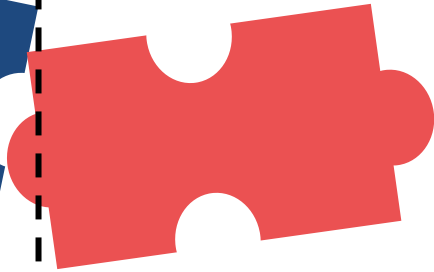
Allows the state to **maximize federal funding opportunities** to implement an evidence-based care delivery model; under this initiative, the state will be able to leverage enhanced federal funding for mobile crisis services made available through ARPA via an 85% federal match rate

CCBHC and Mobile Crisis Development Initiatives

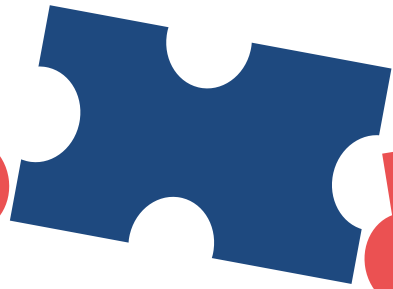
EOHHS, BHDDH and DCYF are together seeking one-time ARPA funding and additional funding outside state budget request to support the development of CCBHC and mobile crisis capacity



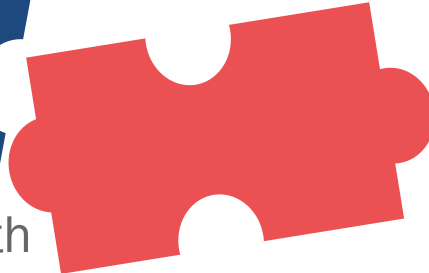
RI CCBHC
Development
Grants



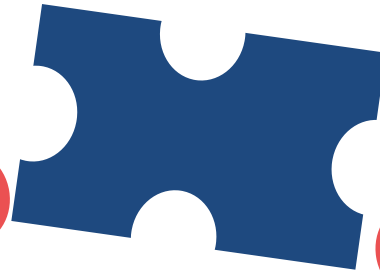
Federal
SAMHSA Grant
(CMS)



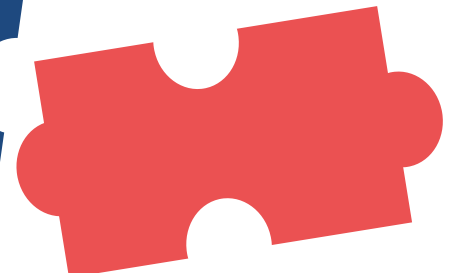
Children/Youth
Mobile Crisis
Building Blocks



Mobile Crisis
Procurement



Mobile Crisis
Statewide Call
Center/988



Law
Enforcement
Crisis Diversion
Pilots

*Today's
Discussion*



02

CCBHC Development Grant Overview



CCBHC State Fiscal Proposal*

— The Governor’s budget includes a proposal to provide \$28.1 Million of ARPA funded startup/infrastructure funds to support CCBHC development

As stated in the Governor’s budget:

- *“The proposal includes **\$28.1 million to support Certified Community Behavioral Health Clinics**, which are designed to provide a de-institutionalized, comprehensive range of behavioral health supports, medical screening and monitoring, and social services to particularly vulnerable populations with complex needs.*
- ***Infrastructure grants will be established** to pave the way for behavioral health providers and community mental health organizations to*
 - *develop the capacity to operate as clinics;*
 - *enable designated collaborating/partner organizations to be equipped to participate in service delivery and collaboration with clinics; and*
 - *support State implementation of this initiative through project management, evaluation, technical assistance, and administration. “*

CCBHC Development Grants – Who Might Be Eligible?

| | |
|-----------------------------------|--|
| Lead CCBHCs | <ul style="list-style-type: none">• Licensed by BHDDH to provide behavioral health services or commit to a process and timeline to become licensed in accordance with BHDDH guidelines (prior to Phase 3 funding)• At least three (3) years of experience providing services to a Medicaid eligible population relevant to CCBHC criteria• Organizations who can demonstrate experience engaging diverse populations and communities, or existing partnership within the local service system by attaching at least two Letters of Support will be prioritized for funding |
| DCO - Specialized BH | <ul style="list-style-type: none">• At least three (3) years of experience offering one or more of a specified set of CCBHC services to either all or a specified subset of the eligible population OR• At least three (3) years of experience providing a portion of the core community-based outpatient behavioral health service to either all or a specified subset of the population (e.g., adults, children, people with SUD); OR |
| DCO –Health Equity Partner | <ul style="list-style-type: none">• Demonstrated ability to facilitate the engagement of diverse populations who are impacted by behavioral health conditions in their target communities, thereby helping CCBHCs reduce disparities and promote health equity among the communities they serve as demonstrated by a history of at least three (3) years of service to that community |
| All Applicants | <ul style="list-style-type: none">• Ability to receive payments from the State RIFANS systems, or willingness to develop the capacity• Demonstrated experience & capacity relevant to the specific capacity the agency is working to build (CCBHC, DCO)• Attestation of willingness to partner with the BH Interagency Collaborative, as well as Medicaid MCOs• Attestation of commitment to participate in the EOHHS Learning Collaborative |

For discussion: Will these requirements encourage a diverse set of applicants to participate in the program and develop CCBHCs? Sufficient? Too restrictive?

CCBHC Development Grants: DRAFT Structure

These CCBHC development grants are intended to meet organizations where they are – with a commitment to a workplan and a flexible set of milestone based projects

| | Share of Funds | Funds Distribution | Key Deliverables |
|---|----------------|---|--|
| Phase 1 <i>Readiness Assessment</i> | ~10% | Upon Award | <ul style="list-style-type: none"> Readiness Assessment and Equity Plan Continuation Application Workplan, budget based on gaps identified in the Readiness Assessment Tool, Equity Plan. This workplan must include documented community feedback that is representative of the community being served. |
| Phase 2 <i>Capacity Development</i> | ~80% | Upon completion of specified milestones | <ul style="list-style-type: none"> Capacity and Infrastructure Development Milestones Achievement of milestones identified in Continuation Application (at least three), Quarterly CCBHC Program Report in accordance with EOHHS defined templates, incorporating an equity scorecard |
| Phase 3 <i>Collaboration</i> | ~10% | TBD | <ul style="list-style-type: none"> TBD - Final deliverables and funding amounts for Phase 3 will be released during Phase 2 |

For discussion: Is this sufficiently structured to accomplish the goals? Does it offer sufficient flexibility to support a wide range of starting points across organizations?

CCBHC Development Grants: Eligible Uses of Funds

All CCBHC Development funds must be used to directly support program goals & objectives. NOTE – there may be changes in the federal guidance here

Phase 1

- Staffing and other operational costs to support Readiness Assessment activities that are not otherwise reimbursed by other payers, such as Medicaid or SAMHSA
- Technical Assistance and Consultation

Phase 2

- Infrastructure development costs, such as the purchase or enhancements of supplies, equipment,
- Data capture, analysis, and sharing costs, such as the purchase and connection to Electronic Health Records or data sharing capabilities
- Data reporting capabilities
- Client engagement technology, such as wearables or applications
- Minor alternations, renovations related to facility upgrades of up to \$50,000 unless explicitly approved by EOHHS
- Staff training and workforce development costs
- Staffing and other operational costs to support Infrastructure and Capacity Development activities that are not otherwise reimbursed by other payers, such as Medicaid or SAMHSA
- Credentialing, licensing, or accreditation fees
- Other Technical Assistance and Consultation

Phase 3

- Staffing and other operational costs to support start up and implementation

For discussion: Anything missing from this list?

For Discussion

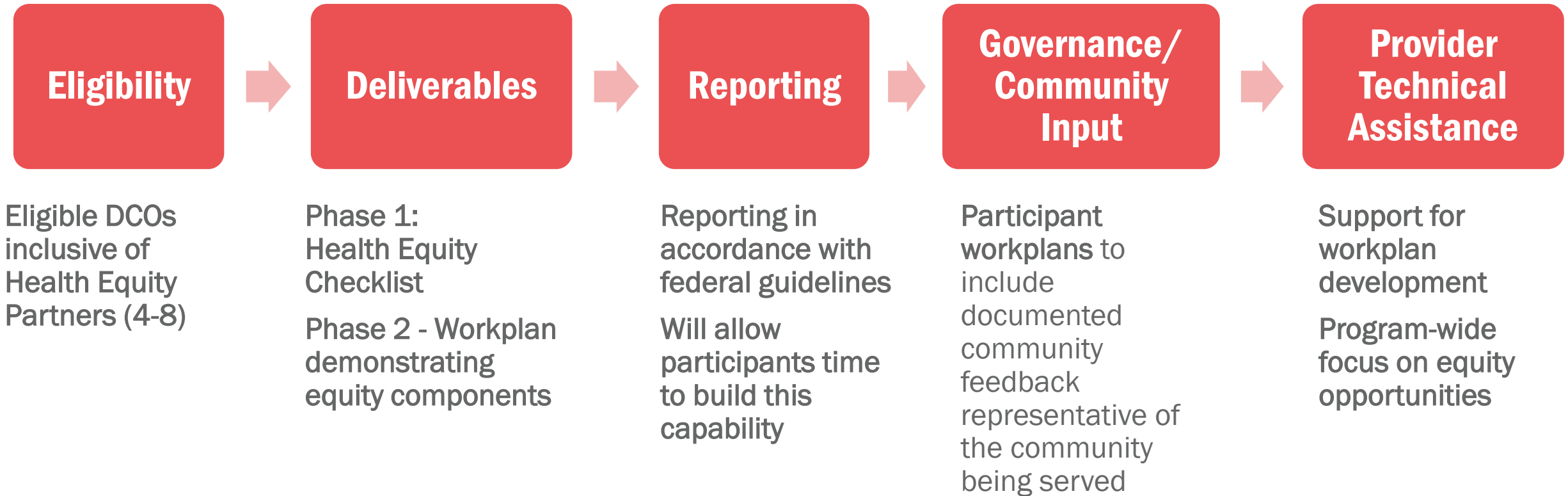


(1) Approach to Health Equity

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|---|--|
| Intent | Use the opportunity of CCBHC conversion to address the historical inequities of our Behavioral Health System – and avoid replicating the structural inequities that already exist |
| Defining Health Equity | <p>Based on the state’s priorities, aligned with President Biden’s Executive Order On Advancing Racial Equity and Support for Underserved Communities, which defines equity as the consistent and systematic fair, just, and impartial treatment of all individuals , including individuals who belong to underserved communities that have been denied such treatment, such as</p> <ul style="list-style-type: none">• Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders & other persons of color;• members of religious minorities;• lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons;• persons with disabilities;• persons who live in rural areas; and• persons otherwise adversely affected by persistent poverty or inequality. |
| Investing in BH as a pathway to Health Equity | <ul style="list-style-type: none">• African Americans living below the poverty line are 2x more likely to report psychological distress• Only about half of Black adults who need mental health care for serious conditions receive it• 86% of psychologists are white – providers require training and support to effectively serve populations whose culture they are less familiar with; workforce development efforts are needed to expand provider diversity |
| Incorporating Health Equity Throughout the CCBHC Grant Program | <ul style="list-style-type: none">• Eligibility• Deliverables• Reporting Requirements• Governance Expectations• Technical Assistance |

Incorporating a Health Equity Lens

EOHHS intends to incorporate Health Equity throughout the CCBHC Grant Program



(2) DCO Engagement and Expectations

EOHHS has estimated allocation of funds based on the following assumptions of participants – however final funding allocations will depend upon the number of qualified applicants

| | |
|--------------------------|--|
| <i>Lead Participants</i> | Estimated Participants: ~10 Lead Agencies |
| <i>DCO Participants</i> | Estimated Participants: ~22 DCOs <ul style="list-style-type: none">• DCO Behavioral Health Participants<ul style="list-style-type: none">~6 (4-8) SUD providers~6 (4-8) Youth providers~4 (3-5) Specialized BH providers• DCO Equity Partners<ul style="list-style-type: none">~6 (4-8) Equity Partners |
| <i>For Discussion</i> | <ul style="list-style-type: none">• How best to encourage community providers and equity partners to participate in this grant?• Who are potential organizations (especially Equity Partners) that might participate?• Are there specific Equity Partner roles the state should consider? |

(3) Program Leadership Model

| | | |
|----------------------------|--|--|
| Program Leadership | <p>Anticipate establishing a Statewide Leadership structure for the CCBHC initiative</p> <ul style="list-style-type: none">• State Lead: EOHHS with participation from BHDDH, DCYF, Medicaid, OHIC• Diverse and broad community representation• Structure: Monthly meetings, tackle key decision points, advisory to the state leads• Include an Equity Officer | <p><i>What should this leadership structure look like?</i></p> |
| Provider Leadership | <ul style="list-style-type: none">• Intend to use CCBHC program model to incent more diversity of Board membership and providers• Under the federal model, CCBHCs are required to meet specific governance requirements- | <p><i>How best to ensure that a broad and diverse community perspective is included in leadership?</i></p> |

*For Discussion:
How to bring a broad and diverse leadership team to the table?*

Next Steps & Public Comment

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Next Steps

- **Await Legislative Process: Governor's Budget & ARPA Funding Approval Process**
- **Design and Implementation of CCBHC Startup/Infrastructure Funding**
- **Continue CCBHC Model Planning**
 - EOHHS will continue to provide status updates on the ARPA-funded initiatives and overall CCBHC planning

Public Comment
