



CCBHC Considerations for Rural Providers

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What is a CCBHC?

- A Certified Behavioral Health Clinic (CCBHC) is a specially designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks in the door, regardless of their diagnosis or insurance status.
- CCBHCs ensure access to ebp's, 24/7 crisis response, and MAT



Creation of the CCBHC

- 2014 excellence in mental health care act
- 2017 CCBHC model was implemented in an 8 state demonstration program
- 2018 Grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) funded additional clinics
- 2022 The Biden-Harris administration announced the CCBHC model will be expanded nationwide with planning grants available to help states with implementation
- 2024- Beginning July 1 and every two years thereafter, 10 additional states will be eligible to participate in the demonstration

How are CCBHCs Funded?

- Demonstration program through Medicaid
- SAMHSA grants
- State plan amendments/Medicaid waivers
- CCBHCs in the Medicaid demonstration are paid using PPS system





Who Are We?

- Incorporated in 1975 in Randolph County
- First Services Delivered – Sheltered Workshop for Adults with Intellectual Disabilities and a Substance Use Residential Program
- Expanded to provide Mental Health and Substance Use Counseling, Crisis Services, Psychiatric Services
- Expanded to Washington County in 2010
- Four outpatient locations; two residential
- Rebranded in 2020
- In FY2023 served 2149 Unique Individuals



Randolph & Washington County Demographics

RACE/ETHNICITY		SEX, SEXUAL ORIENTATION, GENDER IDENTITY	
White, not Hispanic or Latinx	86%	Sex at Birth - Male / Female	49.5% / 50.5%
Black or African American	6%	Identify as LGBTQ+iv	3-5%
American Indian and Alaska Native	2.5%	Gender Identification: Although there is not a standardized process to confirm volume of gender identify change from determination at birth in the service area, an estimate of 1,162 persons in IL, including residents of rural areas/service area, are reported as changing gender/ identifying as transgender	
Asian	.3%		
Native Hawaiian/Pacific Islander	.1%		
2 or more races	1.5%		
Hispanic or Latinx	3.2%		
AGE			
Under 5 Years / Under 18 Years	30%	Persons 65 Years and over	19.5%
SOCIAL DETERMINANTS OF HEALTH AND CONDITIONS (SDoH)			
Total Medicaid Enrollment	22%	General Unemployment Rate	4.5%
All ages in Poverty	26%	Homelessness/Under-housed	550 / 55
Anticipated Poverty Rate POF	45%	Households/state involvement/children	123+
Anticipated Unemployment Rate of POF	25%	Food Insecurity/Free/Reduced Meals	67%
Anticipated Lack of Educational Attainment of POF/Lack of High School Equivalency or GED			15-20%
Public high schools report an average Math proficiency score of 22% (compared to state 34%); Reading proficiency score of 32% (compared to 36% state); Ranking 4/10, at the bottom 50% of the state Number of Veterans in the service area is estimated at between 6.5% and 7.5% of the population.			

Our Internal Thoughts on Applying to be a CCBHC

What we Thought we knew

- We already provide many of these services anyway
- We are good at building planes in the air
- We will figure it out
- We probably won't be awarded anyway
- The application will help us determine areas of improvement to eventually become a CCBHC
- We have lots of data

What we Actually know

- **Boy were we wrong.**

CCBHC Program Goals:

Expand
community-based
services

Improve
integration with
medical care

Expand the use of
EBP's

Improve access to
high-quality care

Improve data
collection

Target PWSMI,
SED and
significant SUD
while serving the
whole community

CCBHC Standards

The Act establishes 113 standards in six areas that an organization must meet to achieve CCBHC designation

Staffing

Accessibility

Care
Coordination

Service
Scope

Quality/
reporting

Organizational
authority

CCBHC Services

CCBHCs are responsible for the provision of **nine** core services (either directly or in partnership):

1. Screening, assessment, and diagnosis
2. Comprehensive outpatient BH service across the entire life cycle
3. Patient-centered care planning
4. Case management
5. Peer and family support
6. Psychiatric rehabilitation
7. Medical screening and monitoring
8. Services for the armed forces and veterans
9. Mobile Crisis

A CCBHC can use a Designated Collaborating Organization (DCO) to provide up to 49% of the required service encounters

Introduction to ComWell's CCBHC

- In 2022, ComWell was awarded a CCBHC Planning Development and Implementation (PDI) Grant from the Substance Abuse and Mental Health Administration (SAMHSA)
- ComWell's CCBHC serves residents of all ages and genders with physical and behavioral health needs in two rural Southern Illinois counties:
 - Randolph County
 - Washington CountySurprise? After award, we had to narrow down our location to one address.

ComWell's Rural Service Area

- Encompasses 46,452 residents spanning 1,161 square miles or approximately 40 residents per square mile
- 100% of the service area is designated rural by HRSA with the closest urban area (St. Louis) being 90 miles or 1.5 hours away

ComWell's Population of Focus

- **Extent of the Problem:**

- Frequent Mental Distress = 16%
- Suicide Mortality Deaths per 100,000 = 41
- SUD prevalence = 9.3%
- SUD related hospitalizations = 35
- SUD related emergency room visits = 38
- Youth with SED = 261
- Adults with SMI = 1,209
- Psychiatric Hospitalizations (% of crisis call clients) 29%

- **Service Gaps:**

- Lack of specialized health services
- Health workforce shortages
- Stigma related to MH & SUD (high visibility in small, rural communities)
- Complex/interrelated conditions
- SDOH needs, including poverty, lack of transportation, lack of health literacy
- Chronic conditions

ComWell Services

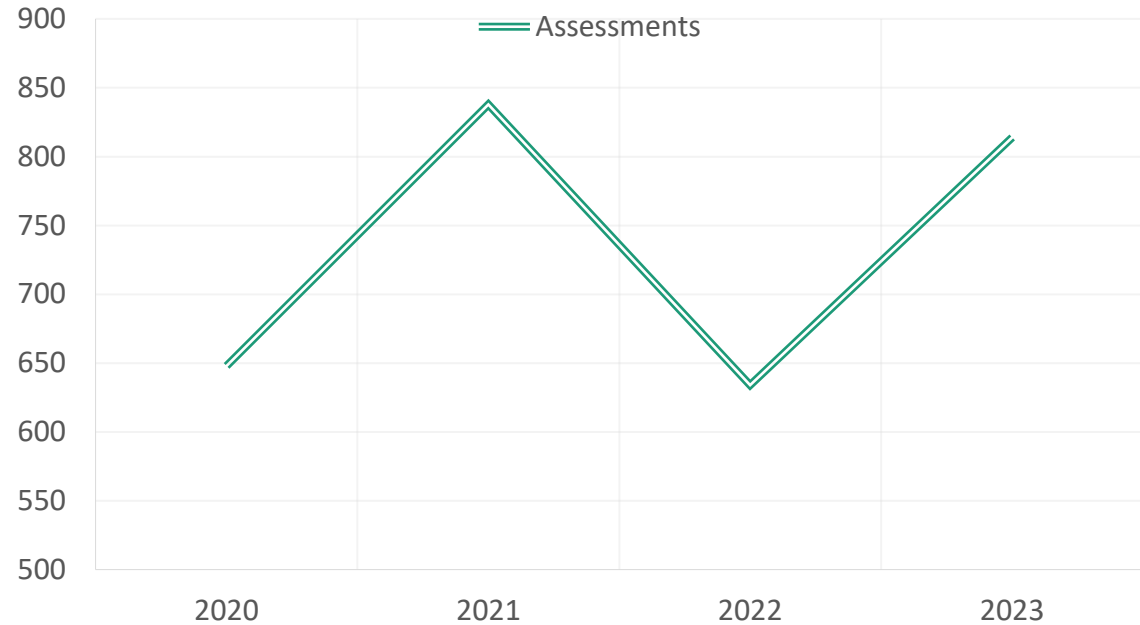
In Order of Unduplicated Individuals Receiving the Service:

- Mental Health Counseling
- Psychiatry
- Crisis
- Case Management, including Peer Support Services
- Substance Use Counseling
- Community Day Services
- Residential Services (Supervised, Supportive, Permanent Supported)
- CILA (Community Integrated Living Arrangement)

Walk-in/Call-in Assessments

July 1, 2019 through June 30, 2023

SAME DAY ACCESS

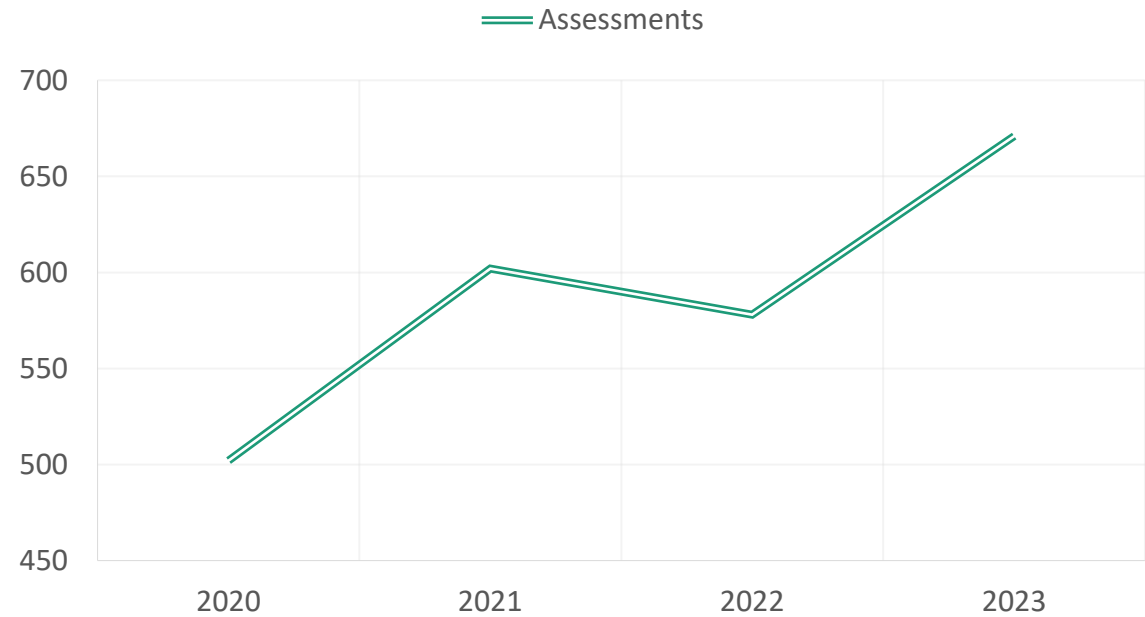


	FY2020	FY2021	FY2022	FY2023
Chester	176	280	337	236
Okawville	66	127	67	115
Red Bud	114	233	39	208
Sparta	292	198	191	247
Off-site	NA	NA	NA	8
All Sites	648	838	634	814

Crisis Assessments

July 1, 2019 through June 30, 2023

MOBILE CRISIS RESPONSE



	FY2020	FY2021	FY2022	FY2023
All Sites	502	602	578	671

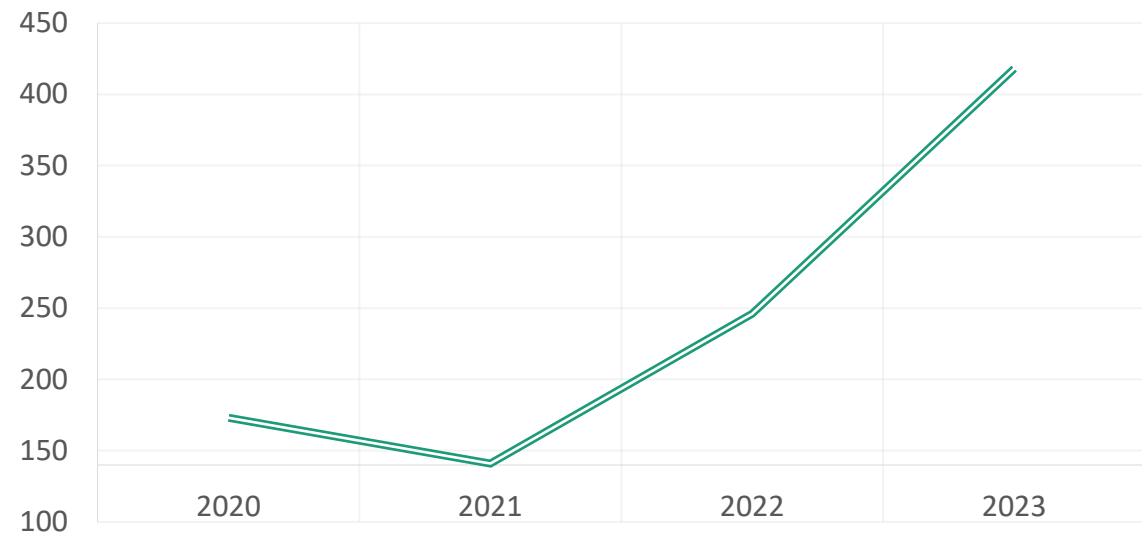
Psychiatric Assessments

July 1, 2019 through
June 30, 2023

Increased Days of Service offered from 6 days per month to 8 Days per week during this timeframe thanks to a PMHNP leasing agreement with one of our local Critical Access Hospitals.

NEW PSYCHIATRIC ASSESSMENTS

Assessments



	FY2020	FY2021	FY2022	FY2023
All Sites	173	141	246	418



Services & Relationships

- Workforce Development
 - SBIRT Training for staff and medical workforce
 - Counsel to Quit with Peer Workforce
 - CBT, DBT, MRT, Seeking Safety
 - Medications for Opioid Use Disorder / Long Acting Injectables
 - Trauma Informed Care and Compassion Fatigue Focus
 - Capacity Building Assessment Tool for Organization –
Score of 113/136 (102 = Trauma Informed Status)
- Incorporation of Peers:
 - Mobile Crisis Response
 - Mental Health
 - Substance Use
- Expanded Capacity
- Focus on Community Health, instead of 'your people / our people'
- Co-location and off-site staff
- Coalition Building and Shared Goals Across Agencies
- Crisis Stabilization Unit for Individuals in Any Crisis

ComWell's Progress to Date

- **Community Needs:** ComWell completed its Community Needs Assessment, leveraging survey data and focus group feedback from internal and external stakeholders.
- **Staffing:** ComWell has added a Veteran Service Coordinator, Same Day Access Coordinator, Same Day Access Manager, Employment Specialist, Training Coordinator. Currently recruiting bilingual staff person and additional clinical staff.
- **Training:** Staff were sent through multi-day CBT and DBT training programs and SBIRT training. ComWell provided on-site trauma-informed services training. Relias's CCBHC module and competency checks have been incorporated for each employee.
- **Accessibility:** Key documents available in pictorial form to aid with accessibility. ComWell contracted with Hoyleton Bridges to Hope to translate all screening and assessment documents.
- **Services:** standing up community-based MH services for armed forces and veterans. Same Day Access has expanded.

CCBHC Challenges

- Developing and strengthening partnership with VA and VSO's
- Data Infrastructure Development
- Workforce (lack thereof)
- Rate Sustainability
 - This includes how to manage one CCBHC and three CMHC's with differential funding



Lessons Learned

- What went right?
- What went wrong?
- What needs improved?



