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CCBHC-E New Grantee Learning Community

Session 8: Partnerships

June 11, 2024
2:30-4:00pm E.T.

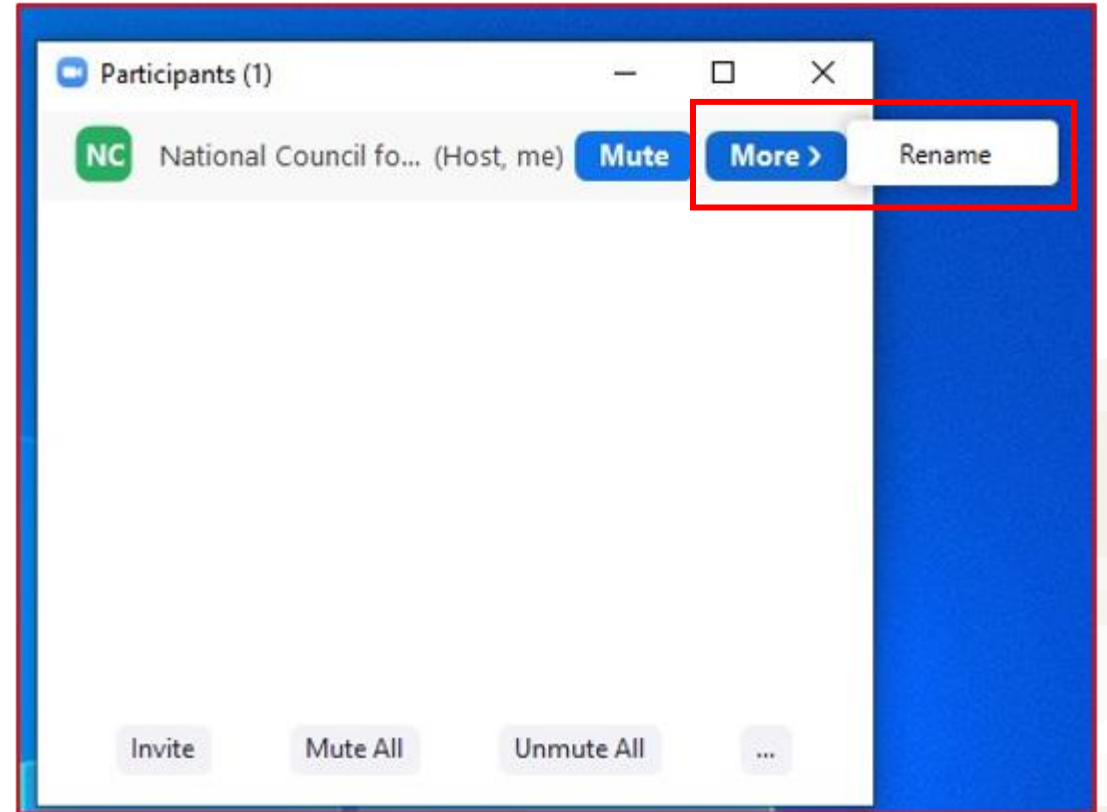
CCBHC-E National Training and Technical Assistance Center

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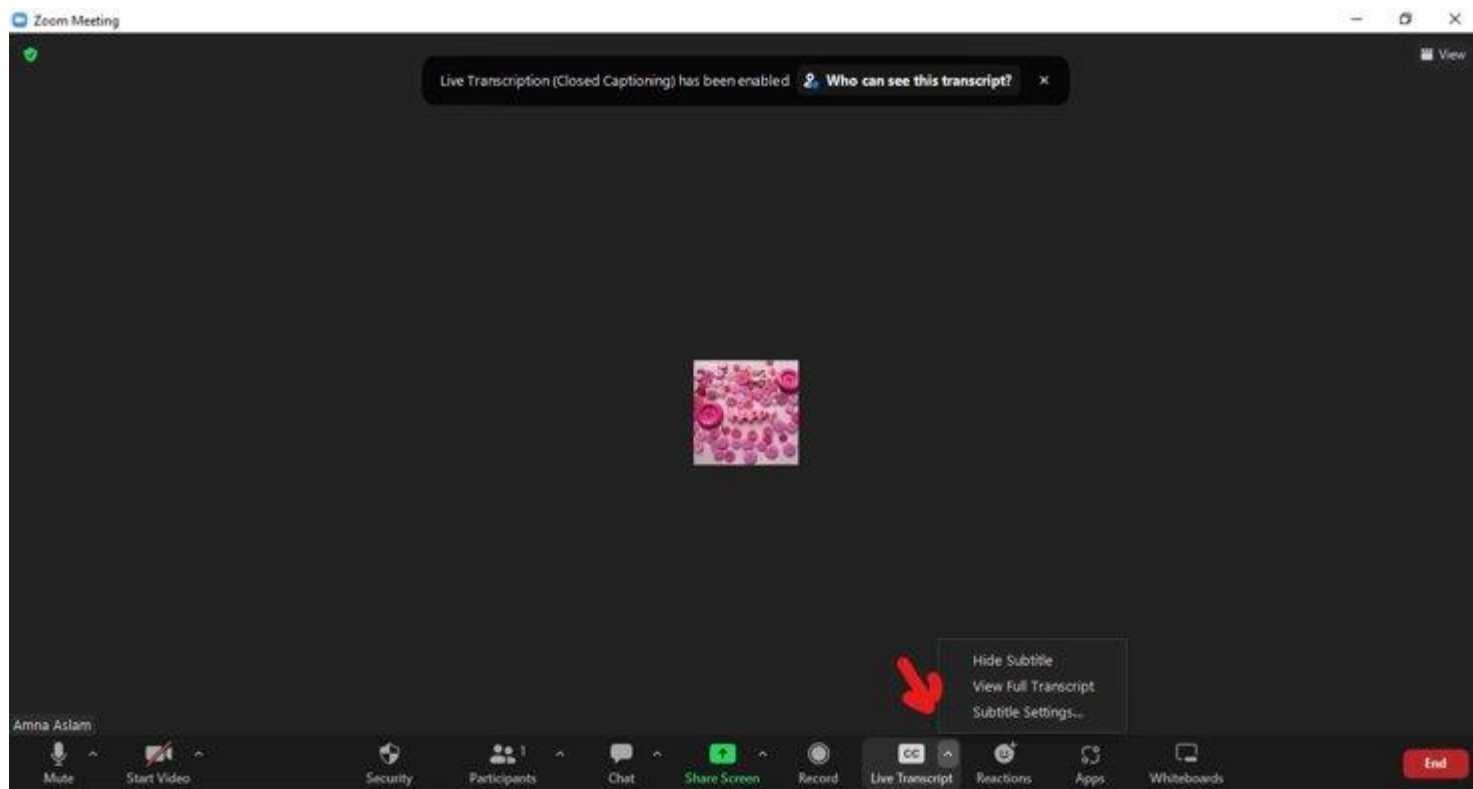
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 - **D'ara Lemon, National Council**
- *To rename yourself:*
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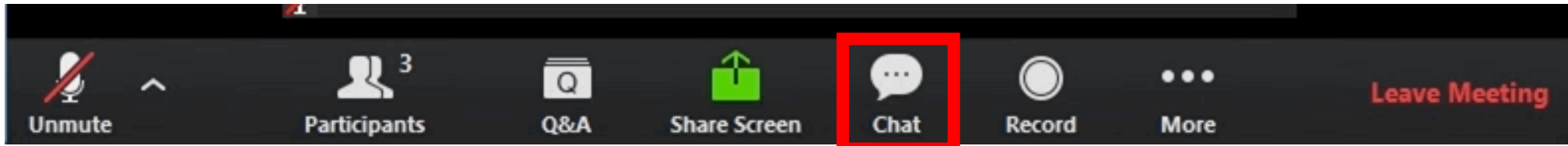


How to Enable Closed Captions (Live Transcript)



Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.

How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar.
We'll answer as many questions as we can throughout today's session.

Today's Agenda

1

-----• CCBHC pulse check

2

-----• Definitions and requirements

3

-----• Understanding CCBHC partnership requirements and contracting considerations

4

-----• Case study

5

-----• Breakout discussion

Learning Objectives

- Define CCBHC partnership types.
- Compare contracting options and considerations for care coordination and DCO partnerships.
- Identify practices for selecting partners and setting partnerships up for success.



Today's Presenters



Mindy Klowden, MNM
Managing Director
Third Horizon Strategies



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Bonnie Triebig
Clinic Director
Berks Counseling Center



Community Pulse Check

New Grantee Deliverables

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Community Check-In



What is the status of your **needs assessment**?

- Haven't begun needs assessment
- Have begun design but have not started data collection
- In the process of collecting data
- Have completed the needs assessment
- Have questions

How many of the **9 required services** are you currently providing either directly or through a Designated Collaborating Organization (DCO)?

- 1-4
- 5-8
- All 9

Where are you on the **staffing and training plans**? *(select all that apply)*

- Waiting for completion of needs assessment
- Have begun the staffing plan
- Making good progress
- Have completed the staffing plan
- Have questions

Where are you on the **delivery of services plan**?

(select all that apply)

- Waiting for the completion of the needs assessment
- Have begun the service plan
- Making good progress
- Have completed the service plan
- Have questions

Where are you on the **sustainability plan**? *(select all that apply)*

- Haven't begun the sustainability plan
- Have begun the sustainability plan
- Making good progress

- Have completed the sustainability plan
- Have questions

Where are you on **attestation**? *(select all that apply)*

- Haven't begun preparing for attestation
- Have begun preparing for attestation
- Making good progress
- Have submitted attestation
- Have questions



CCBHC Partnerships Overview

Mindy Klowden, MNM

Managing Director Third Horizon Strategies

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CCBHC Partnerships

Care Coordination

- Partnerships that support the CCBHC's ability to coordinate care for individuals across the spectrum of health services.
- Focus on enhancing quality of care, improving CCBHC consumers' access to services that fall outside the CCBHC benefit, and creating seamless transitions between service settings.
- Partners focus on delivery of their own services, but enhance collaboration through referrals, exchange of health information and other means.
- Care coordination relationships should be through formal agreements where possible, but if unable, can be through less formal documentation of joint protocols, processes and mutual expectations.

Designated Collaborating Organizations

- DCOs directly deliver one or more of the required CCBHC services, providing them in accordance with relevant and applicable CCBHC criteria.
- Services provided by a DCO should feel integrated and coordinated under the CCBHC.
- DCOs are formal, contractual, or legal relationships that establish parties' mutual expectations and accountability for services to be provided and, in some cases, financial exchange for services.
- Page 53 of the revised CCBHC criteria defines the DCO relationship in detail.



Care Coordination Partnerships (Criteria 3.c)

- Required: Federally-Qualified Health Centers, Rural Health Clinics (as applicable), and other primary care providers.
- The CCBHC has partnerships that establish care coordination expectations with programs that can provide inpatient psychiatric treatment, OTP services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, and residential substance use disorder treatment programs (if any exist within the CCBHC service area).
- The clinic tracks when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to a non-CCBHC entity. The CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric programs, medically monitored withdrawal management services, and residential or inpatient facilities that serve children and youth such as PRTFs and other residential treatment facilities, to a safe community setting.

Care Coordination Partnerships (Criteria 3.c)

- Required: Partnerships with schools; child welfare agencies; juvenile and criminal justice agencies and facilities; Indian Health Service (IHS) youth regional treatment centers; state-licensed and nationally accredited child placing agencies for therapeutic foster care service; 988 Suicide & Crisis Lifeline call centers serving the area in which the CCBHC is located; other social and human services; and the VA.
- These partnerships should be supported by a formal, signed agreement detailing the roles of each party or unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of staff turnover.
- Care coordination partnerships should also be established with inpatient acute-care hospitals in the area served by the CCBHC and their associated services/facilities, including emergency departments, hospital outpatient clinics, urgent care centers, and residential crisis settings.



Designated Collaborating Organization Partnerships

- A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) the CCBHC required services.
- CCBHCs must have formal arrangements (e.g., a contract, MOA or MOU) that describe the parties mutual expectations and establish accountability for services to be provided and funding to be utilized.
 - DCO agreements shall include provisions that assure that the required CCBHC services that DCOs provide under the CCBHC umbrella are delivered in a manner that meets the standards set in the CCBHC certification criteria
- There is no requirement to use DCOs.



Scope of Services 4.A – 4.K

CCBHC

The CCBHC organization delivers the **majority of services** under the CCBHC umbrella directly rather than through DCOs (i.e., a majority of total service volume delivered across the nine required services).



Crisis Services



Screening, Assessment and Diagnosis



Person-centered and Family-centered Treatment Planning



Outpatient Mental Health and Substance Use Services



Primary Care Screening and Monitoring



Targeted Case Management Services



Psychiatric Rehabilitation Services



Peer Supports and Family/Caregiver Supports



Community Care for Uniformed Service Members and Veterans

While CCBHC can use DCOs to provide CCBHC services, the CCBHC must be able to directly provide mental health/substance use services to individuals across the lifespan.



CCBHC Partnership Provisions and Contracting Considerations

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CCBHC Care Coordination

"(C) CARE COORDINATION.-Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:

"(i) Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally-qualified health center services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.

"(ii) Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.

"(iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.

"(iv) Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in section 1801 [probably should be 1701] of title 38, United States Code.

"(v) Inpatient acute care hospitals and hospital outpatient clinics.

Protecting Access to Medicare Act (PAMA) 2014 § 223(a)(2)(C), Social Security Act § 1902 (Note)



Key Differences between DCO and Care Coordination Relationships

	DCO	Care Coordination Outside of DCO
Scope	DCO relationship may be used to furnish required CCBHC services where CCBHC does not furnish the service directly (or cannot fully furnish it directly)	Care coordination regarded as activity, rather than service
Type of Agreement	Subrecipient agreement, referral agreement, or purchase of services	Referral agreement
Responsibility	CCBHC Expansion Grantee responsible to ensure DCO furnishes services per CCBHC requirements	CCBHC not responsible for services provided by other entity
Consideration	Depending on type of agreement, CCBHC may compensate DCO	Typically, no consideration (money, discounts, etc.) is exchanged
Schedule of fees/discounts	DCOs furnish CCBHC services in accordance with a schedule of discounts as required for CCBHC services	The entity bills consumers or payors for the services it provides in accordance with its own fee schedule
Mandatory or optional	Optional (for CCBHC to pursue, if needed, to cover full scope of CCBHC services)	Mandatory

Goals Carried Out through Community Partnerships – Care Coordination

Care coordination relationships – “linchpin” of the CCBHC program, per SAMHSA

- Care coordination relationships are required
- Memorialized in agreements (formal or informal) between CCBHCs and other providers or social service agencies
 - Specific providers and entities with which CCBHCs are expected to have care coordination arrangements are listed in the law
- Agreements describe parties’ mutual expectations
- Relationship should enhance quality of care, improve CCBHC consumers’ access to services that fall agreements with various types of entities listed in SAMHSA funding announcement outside the CCBHC benefit, and create seamless transitions between service settings
- Benefits are achieved primarily through referrals and through the exchange of health information

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The Referral Arrangement



- Referral Entity agrees to furnish services to consumers referred by Entity (and possibly vice versa, in mutual referral arrangement).
- Referral Entity may agree to furnish referral services under conditions set forth by Entity (*e.g.*, application of discount schedule).
- Typically, unless the referral arrangement is part of a larger contractual transaction, no consideration is exchanged between the parties.

SAMHSA CCBHC Criteria, as Updated in 2023, Reflect Key Changes in Care Coordination Expectations

- Acknowledges that where CCBHCs face challenges in finalizing formal care coordination “agreements,” less formal “protocols” may suffice:

“At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed.”

- Clarifies that consent for release of information must be obtained from CCBHC clients if required by law in order to share information with providers outside of the CCBHC.

SAMHSA, [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria \(Updated March 2023\)](#), p. 23



Which Providers Are Authorized To Provide CCBHC Services?

(D) SCOPE OF SERVICES.—Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:

Protecting Access to Medicare Act (PAMA) 2014 § 223(a)(2)(D), Social Security Act § 1902 (Note)

Definition of DCO in SAMHSA CCBHC Criteria

Designated Collaborating Organization (DCO): A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) of the required services as described in criteria 4. CCBHC services provided through a DCO must conform to the relevant applicable CCBHC criteria. The formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal, legal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. The formal relationship between CCBHCs and DCOs creates the platform for seamlessly integrated services delivered across providers under the umbrella of a CCBHC. DCO agreements shall include provisions that assure that the required CCBHC services that DCOs provide under the CCBHC umbrella are delivered in a manner that meets the standards set in the CCBHC certification criteria. To this end, DCOs are more than care coordination or referral partners, and there is an expectation that relationships with DCOs will include more regular, intensive collaboration across organizations than would take place with other types of care coordination partners.

SAMHSA, [CCBHC Criteria](#), p. 53 (Mar. 2023)

Goals Carried out through Community Partnerships – DCO Relationships

- **Designated collaborating organization (DCO) relationships** – a means for CCBHCs to make available to their consumers services they do not directly provide
 - CCBHC does not directly supervise the DCO but is in a formal relationship to ensure that services rendered by the DCO meet CCBHC program rules
 - For CCBHC Expansion Grantees, the DCO relationship may be structured as a formal referral arrangement; may also have a contractual element
 - If CCBHC Expansion Grantee chooses to support financially the DCO's discounted provision of services to low-income, uninsured patients, the arrangement may be structured either as a contract or as a subaward of the Expansion Grant



CCBHCs Must Ensure, Through Agreements, That Services Rendered By DCOs:

- Meet SAMHSA CCBHC standards for accessibility of services (application of sliding fee scale; no denial of services based on ability to pay, regardless of insurance status; services rendered within specified time period after appointment request)
- Meet cultural competency requirement in SAMHSA CCBHC requirements
- Are reflected in CCBHC required data reporting
- Meet all relevant SAMHSA program requirements applicable to the specific contracted service
- Are rendered in keeping with State law, *e.g.*, each clinician is acting within the scope of his/her license/certification and applicable supervision requirements are met



Overview of Key Differences Between CCBHC Demonstration and CCBHC Expansion Grant Program

	Demonstration	Expansion Grant
Eligibility	States compete to participate in CCBHC demonstration; states select and certify CCBHCs to carry out services under demonstration	Individual behavioral health providers that can demonstrate compliance with CCBHC program criteria compete for SAMHSA grant funds
Medicaid Payment Methodology	Participating States pay certified CCBHCs according to a prospective payment system (PPS)	No impact on Medicaid payment
Nature of DCO relationship	Agreement may be structured as contract (purchase of services)	Agreement structured as memorandum of agreement or understanding, or as a contract or subaward
Billing payors	CCBHC may serve as billing provider for Medicaid services furnished by DCO	Each provider bills payors separately

Purchase of Services



Purchasing Entity contracts with Other Entity to furnish services to Purchasing Entity's consumers on behalf of Purchasing Entity

DCO Expectations in SAMHSA CCBHC Criteria

- Any CCBHC service may be furnished by a DCO; however, collectively, the CCBHC must directly furnish **at least 51% of all CCBHC encounters**
- CCBHC Criteria emphasize the enhanced requirements of coordination between CCBHCs and DCOs

SAMHSA, [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria \(Updated March 2023\)](#), p. 53

DCO Contracting Considerations

Because the DCO agreement will place the CCBHC in a position of ensuring that another provider furnishes services in keeping with CCBHC program requirements, the CCBHC will be motivated to ensure that the agreement includes robust requirements.

For example, does the DCO agreement:

- ✓ **Reimbursement (if the agreement includes a contractual element)**
 - ✓ Establish fair market value for clinical services and other services rendered by DCO, and specifically identify which services are eligible for a contractual payment?
- ✓ **Care coordination**
 - ✓ Require DCO to adhere to policies and protocols re: communication with CCBHC to improve patient care?
- ✓ **Quality of Care**
 - ✓ Require the DCO to observe all substantive CCBHC requirements in delivering care?
- ✓ **Indemnification (if the agreement includes a contractual element)**
 - ✓ Contain provisions for the DCO to indemnify the CCBHC for risks associated with the DCO relationship?

DCO Contracting Considerations, cont'd.

Does the DCO agreement:

- ✓ **Confidentiality** (patient and business information)
 - ✓ Contain provisions to ensure protection of patient privacy?
 - ✓ Contain provisions requiring each party to appropriately guard the other's sensitive business information?
- ✓ **Records and reports**
 - ✓ Require the DCO to maintain and timely submit to the CCBHC all required data (e.g., quality reporting)?
- ✓ **Other compliance issues**
 - ✓ Require the DCO to provide attestations:
 - ✓ That its clinicians meet applicable licensure, supervision, and accreditation (if applicable) requirements?
 - ✓ That neither it nor its clinicians or management have been excluded from participating in federal programs?
 - ✓ (For DCOs of CCBHC Expansion Grantees) That the DCO has at minimum two years of relevant experience providing the services at issue?
- ✓ **Specify how CCBHC will ensure that CCBHC consumers accessing DCO care are offered sliding fee discount**
 - ✓ For example: CCBHC could inform DCO of sliding fee discount status at time of referral; responsibility for collecting discounted fee could be contractually delegated from CCBHC to DCO





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CCBHC Partnerships in Practice

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CCBHC-E National Training and Technical Assistance Center

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DCO Relationships

- Threshold Rehabilitation Services
 - Psychosocial Rehab (Clubhouse)
- Holcomb Behavioral Health
 - Crisis Services after hours
- Lessons Learned
 - County Support is vital
 - If there is someone in your community who does something well – don't reinvent the wheel
 - Partner with agencies who share the same values
 - Make sure you include discussions about documentation



Care Coordination Relationships

- Haven Behavioral Health
 - Berks Community Health Center
 - Penn State Health
 - LGBT Center
 - Hope Rescue Mission
- Lessons Learned
 - These require more effort ongoing to maintain
 - BH-MCO expectations play a role in who you select partnership
 - Partner with agencies who share the same values



Community Partnerships

- Reading Area Community College
 - Tulpehocken School District
 - Tower Behavioral Health ED
 - Hope Rescue Mission
- Lessons Learned
 - These often start as Care Coordination relationships
 - BH-MCO and county support are important
 - Partner with agencies who share the same values



Lessons Learned



Be sure to partner with organizations that share your values



It is imperative to maintain contact regularly



Be flexible – the partnership may end up looking different than you originally thought



You don't have to partner with everyone



Questions?



Breakout Discussion



In each room, each participant will share:

- What partnerships have been most challenging to establish?
- What are the keys to effective partnerships?
- Are you using DCO arrangements, and if so, what for? How are you ensuring strong communication and accountability with your DCOs?

During the breakout room, assign someone to take notes. Upon returning to the large group, these questions can then be entered into the chat and become part of the question log.

Closing: Sharing and Preparing



Brave Volunteers: What did you hear from others in terms of questions and needs?

QUESTION LOG: Take 2-3 minutes to put any questions you generated in the chat to continue to add to our question log

Next Session: July 9th, 2:30-4pm ET
Topic: Accessibility & Availability

Upcoming Events

Event Type	Title	Date + Time	Registration Link
Learning and Action Series	Optimizing Data through Measurement Informed Care (MIC): Session 2 - Implementing and Optimizing Measurement Informed Care	Tuesday, June 18 th 3pm-4pm ET	Register Here



Monthly Cohort Calls

Monthly cohort calls from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The last Friday of each month from 12:00-1:00pm E.T.	Register here
Program Directors	The first Wednesday of each month from 12:00-1:00pm E.T.	Register here
Evaluators/CQI Leads	The first Tuesday of each month from 3:30-4:30 pm E.T.	Register here

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[CCBHC-E National Training and Technical Assistance Center](#)



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Thank You!





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Your feedback is important to us!

Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.

Calendar of Events

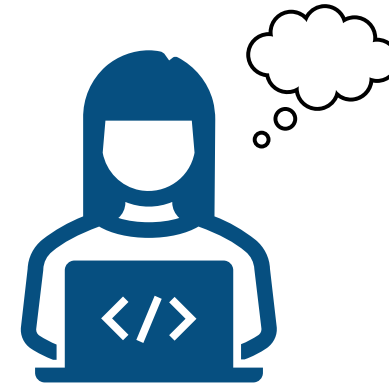
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