

# CCBHC Innovations:

## Financial Sustainability of the CCBHC Workforce Through Planning, Development and Implementation

NATIONAL  
COUNCIL  
for Mental  
Wellbeing



“Right from the start, agencies need to regard CCBHC grant awards as a way to fund innovation, rather than a payer source for services. Financial sustainability of innovation will take the entire life of the grant award.”

— Dr. Lauren Pagel, CEO, Starting Point Behavioral Healthcare, Yulee, Florida

**Starting Point Behavioral Healthcare** is a community behavioral health care center providing mental health and substance use disorder services to Nassau County and surrounding communities in Florida. Starting Point received a Certified Community Behavioral Health Clinic (CCBHC) Planning, Development and Implementation grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2022 and is entering its third year of funding.

JANUARY 2025

## CCBHC-E National Training & Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

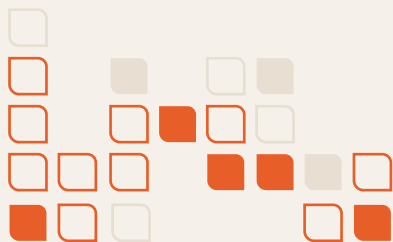


## Starting as a community mental health center and building on what works

Starting Point had a history of using grant funding as a startup resource to create innovative, outcome-oriented programs prior to becoming a CCBHC. Its largest financial investment is in its workforce; in a state without Medicaid expansion, providing services to all people regardless of payer source has meant managing workforce resources as closely as possible.

Starting Point, like many CCBHC grant award sites, has been impacted by the nationwide shortage of qualified mental health professionals at a time when the need for mental health services has become as great as the need for medical care. With the development of mobile response and open access, Starting Point saw an immediate need for proactive efforts to financially support these services within the limits of its workforce.

Upon receiving an award, four years seems like a long time for planning, development and implementation, but a lot can happen in that period. At the end of its second year, Starting Point has seen an increase in the need for behavioral health services across the community. CCBHC, American Rescue Plan Act and other special funding solutions only offer a temporary financial stopgap, with the understanding that states must find creative ways to both provide effective services and develop reimbursement processes to pay for those services.





## Using its staff at the top of their scope

Starting Point has effectively used its planning time to develop processes aligned with the reimbursement rules for services in the state of Florida. It has strategically designed staffing plans that enable staff to work at the top of their scope and credentials, while delegating administrative tasks to support staff. This approach maximizes billing capacity and supports long-term financial sustainability.

Early on, Starting Point identified the need to create a same-day access process, but it was not financially sustainable to have master's-level clinicians available on demand to provide in-depth assessments at each of their three locations, given the cost, staffing challenges, patterns of daily requests, and presenting needs of people requesting services. Instead, the staffing plan for the same-day access programs was changed, so that bachelor's-level staff respond to incoming requests and provide biopsychosocial assessment services within the scope of their credentials. When a person is identified as having more complex needs, master's-level clinicians are available to provide an in-depth assessment.

Starting Point has further used bachelor's-level staffing to provide group services, allowing the master's-level clinicians to provide therapeutic services to people presenting with higher levels of need. The addition of paid, master's-level interns with applicable experience and credentials helped to support the needs of people receiving ongoing services.

Because Starting Point accepts commercial insurance as a payment source, there is a deliberate effort at the point of entry to connect the person requesting services to a clinician who is a credentialed provider with that payer. Non-credentialed staff provide services to people who have an identified clinical need that can only be met by their unique skill sets, such as peer support services, Assertive Community Treatment and employment services.

## Financial assessment is a part of the intake process

A crucial step in its service delivery process is a financial/benefit assessment for each service request. For non-emergent services, there are processes in place at point of entry for getting prior authorizations, determining a person's ability to pay based on the agency's sliding fee scale policy, and identifying a person's financial responsibility based on their coverage, financial situation and ability to apply for available benefits. People without coverage are expected to work with Starting Point to determine their ability to pay even a small portion of the cost of care, and they are also expected to complete the process of applying for and obtaining benefits through state or other resources.

With a full understanding of a person's coverage and ability to pay for services, as well as a shared understanding across staff of what level of reimbursement is needed to financially sustain the salary, benefits and overhead of its workforce, Starting Point can expand its resources to serve more people.



## Investing in services based on presenting need

Starting Point has developed a service continuum that includes all the required CCBHC services, and it employs need-based pathways of services to ensure that people get the most effective care for their presenting symptoms, moving away from a “one-size-fits-all” menu of service types and intensity.

Starting Point has shifted to using a tailored approach to care, based on the results of screenings and assessments. Key points in this shift include:

- 1. Person-centered Care:** Starting Point’s focus on using community and natural support underscores a commitment to individualized care. By considering the type, intensity and urgency of each person’s needs, the organization can offer services that are both relevant and effective.
- 2. Targeted Care Plans:** The emphasis on brief and targeted plans for less urgent cases is a practical approach that allows resources to be allocated efficiently while ensuring that people receive appropriate care without unnecessary intervention.
- 3. Case Management Considerations:** The decision not to assign a case manager if significant needs are not indicated reflects a judicious use of resources. This approach prevents overburdening the system and ensures that people receive the level of care appropriate to their needs.
- 4. Engagement Strategies:** Addressing people in the precontemplation stage, with motivational interviewing and brief treatment strategies, is a thoughtful way to engage clients. This method respects their readiness for change and fosters a supportive environment for their potential growth.
- 5. Coordination of Services:** Starting Point’s willingness to coordinate services when prior authorization is required shows a proactive approach to overcoming potential barriers to care.





## Training bachelor's-level and other staff in clinical skills

In Florida, bachelor's-level staff can provide biopsychosocial assessments within their scope of practice. Starting Point provides assessment training to ensure its staff have the skill set necessary to perform the service, and it uses standardized tools to ensure consistency in screening and assessment services.

Bachelor's-level staff can also provide group services, with Starting Point providing group facilitation training and using a standard curriculum of evidence-based practices to build staff competencies. For larger or more complex groups or individual services, master's-level staff provide support and enhanced clinical interventions.

Medical assistants provide support to prescribers, and the use of physician assistants and nurse practitioners has not only reduced costs but further helped to meet the increased need, at a time when psychiatry resources are difficult to find.



## Using data to deploy resources

As it enters its third year as a CCBHC, Starting Point will no longer offer open access daily at all of its three sites. Instead, it will offer open access at one site each day, rotating days across the sites based on data requests from Years 1 and 2. Every site will have open access at least one day a week, and daily requests can be directed to sites that have walk-in services scheduled for that day. This will allow Starting Point to deploy its workforce in concentrated areas while still offering open access services daily, with the ability to financially sustain the cost and have an available workforce to meet the need.



## Getting started



**Know your state's reimbursement rules**, including credentials for the CCBHC required services. Medicaid and other types of reimbursement requirements vary by state and company, and what works in one state may not work in another.



Develop clinical and administrative processes that **are easy for people requesting services to follow**, but include a breakdown of administrative, supportive and clinical services that are legally and clinically necessary at different steps within the process.



Develop a service array that supports a **need-based assessment**, with brief treatment options for people with less intensive needs.



Develop job descriptions and responsibilities based on **top of scope**.



**Understand the actual cost of providing a service**, including all the direct, indirect and administrative overhead costs, to ensure the long-term financial sustainability of a service.



Overall, starting financial sustainability planning in Year 1 positions the CCBHC to **adapt and thrive** as it moves toward the end of Year 3 and beyond.