

New Jersey CCBHC Initiative:

Early results show expanded access to care, increased scope of services

Section 223 of the Protecting Access to Medicare Act of 2014 established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, provide a comprehensive range of addiction and mental health services to vulnerable individuals while meeting additional requirements related to staffing, governance, data and quality reporting, and more. In return, CCBHCs receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are currently in operation in eight states selected for participation in the Section 223 demonstration (also known as the CCBHC demonstration or the Excellence in Mental Health Act demonstration): Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania.

CCBHCs are a vehicle for expanded access to intensive community-based services for individuals with untreated severe mental illness or addiction. Recent estimates indicate that only 43.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care; the remainder are served in homeless shelters, Medicaid financed hospital emergency rooms, and penal institutions, which serve as the largest inpatient psychiatric facilities in the United States. Only 1 in 10 Americans with an addiction receive treatment in any given year. CCBHCs were established to fill the gap in unmet need and expand access to community-based treatment for these populations.

New Jersey's participation in the demonstration began in July 2017. In November 2017, the National Council for Behavioral Health surveyed CCBHCs about the impact of their participation in the program to date; 48 of the 67 participating CCBHCs across the United States provided responses, including six of the seven CCBHCs in New Jersey. This report highlights New Jersey-specific impacts of the CCBHC Demonstration as of November 2017.

Staff / Workforce Capacity Expansion

A key goal of the CCBHC initiative was to expand clinics' capacity to serve more people via an expanded workforce. Early results show major workforce expansions at CCBHC locations across all states, with CCBHCs nationwide reporting they have hired **1,160** new staff. In New Jersey, 6 CCBHCs (100% of those surveyed) reported that they have added new staff positions. Of those that added new positions, **97 new positions** have been added, including **11 psychiatrists** and **39 staff with an addiction specialty or focus**.

In the midst of a nationwide behavioral health workforce shortage, CCBHC status has helped clinics recruit and retain desperately needed staff. For example, CCBHCs in New Jersey report:

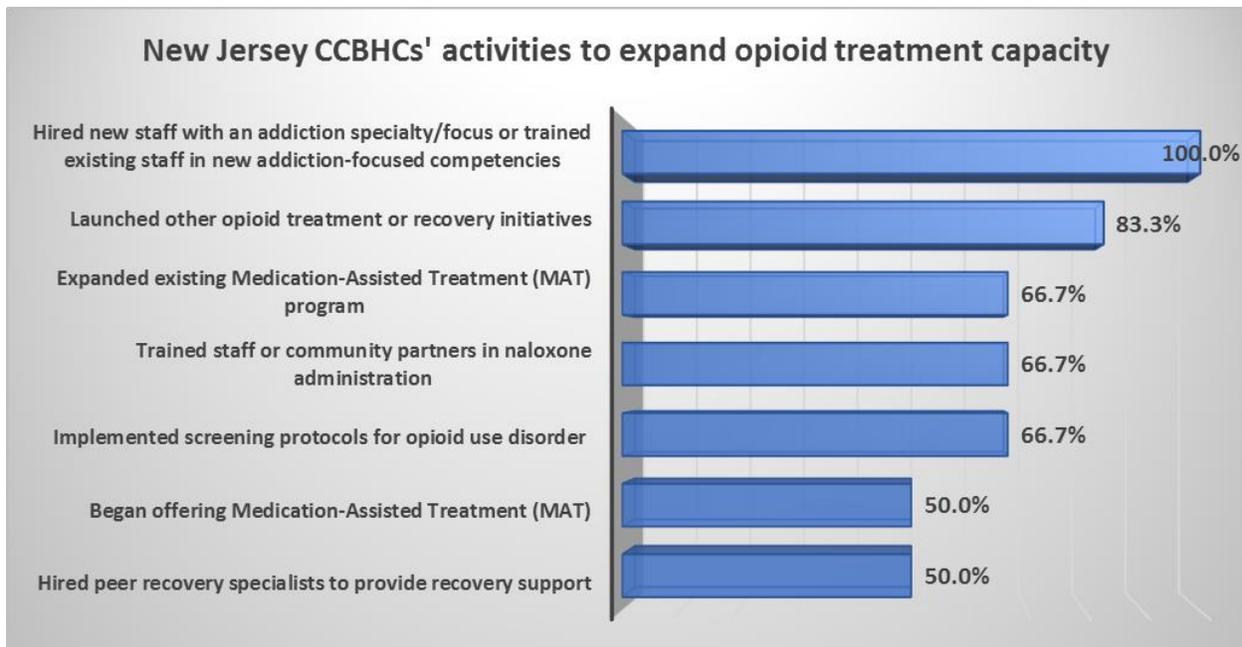
- "CCBHC has enhanced our ability to recruit new staff, as many **clinicians and medical professionals agree with the philosophy** and the structure of the CCBHC model and see the it as having the ability to significantly improving outcomes."
- "It has allowed us to replace positions previously put on hold for budgetary reasons. We transferred several positions from the previously grant funded positions; have not had to do much external recruitment."

Ability to Serve New/Additional Patients as a CCBHC

Nine CCBHCs (90% of those surveyed) reported that they have seen an increase in the number of patients served. These nine CCBHCs reported that the majority of their new clients had not previously been enrolled in treatment despite having a mental health or substance use need, an indicator of these organizations' ability to expand access to care in their communities.

Opioid Treatment Expansion

In response to the recent surge in opioid addiction and opioid-related deaths, addiction treatment is a core component of CCBHCs' required service array, and the CCBHC payment rate has supported clinics in expanding the scope of addiction care they provide. In many states, individuals with opioid addiction are a target population for the CCBHC demonstration. In New Jersey, since the launch date of the demonstration, clinics have reported implementing the following activities to expand their patients' access to opioid treatment:

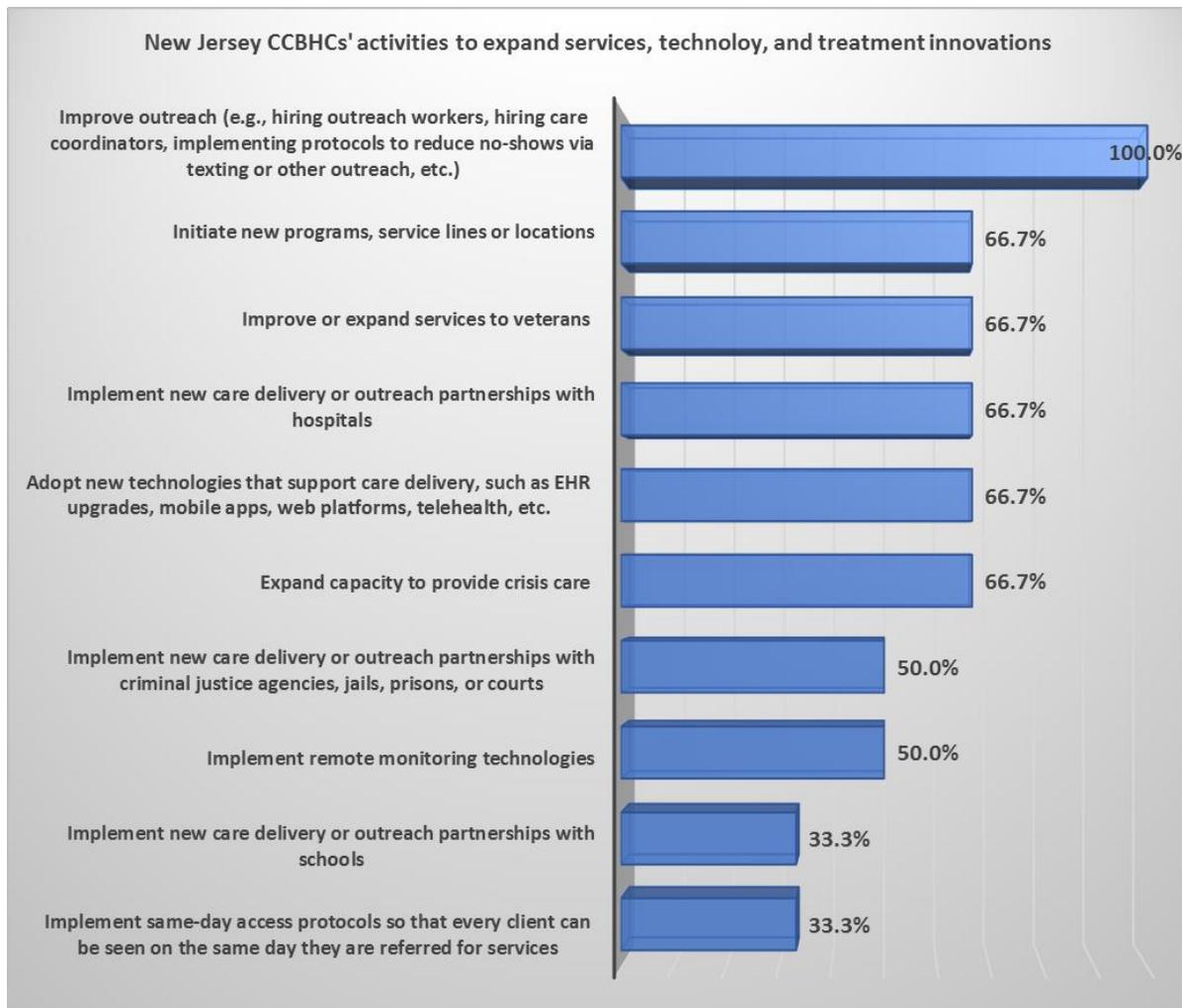


Among the ways CCBHC status has supported New Jersey clinics' ability to provide opioid treatment, prevention or recovery support are:

- “The CCBHC has **expedited our ability to obtain licensure for ambulatory detox services** and has provided the opportunity for us to collaborate more closely with hospital partners and opioid overdose recovery programs creating a horizontally integrated community treatment system.”
- “Allowed us to work with local Police, providing case management and working with local ER to engage people who have been “reversed” with Narcan into treatment.”
- “We **offer a wider range of treatment**, options, hired more, better qualified staff to provide addictions services, and created new protocols to rapidly respond to need.”
- “We are now **licensed for Ambulatory Withdrawal Management**. We will be hiring peer specialists specifically for that program. We are moving towards having a specific service line for Addictions, which is a result of CCBHC expansion into substance use disorder treatment.”

Expansion of Services, Technology, Other Innovations

The CCBHC demonstration was designed to support clinics in expanding service delivery and bringing the latest evidence-based practices and technologies to bear on improving the quality and scope of care. Many of these activities have not been reimbursable under previous funding streams, making it impossible for organizations to implement the latest treatment innovations known to improve outcomes. CCBHCs nationwide report that the new payment rate has enabled them to open new service lines and leverage new technologies to improve care. In New Jersey, these initiatives include:



CCBHCs in New Jersey report that the demonstration has expanded their ability to provide innovative treatment in the following ways:

- “CCBHC has **expanded our reach in the community** and provided for much needed care coordination. Through CCBHC, we have been able to increase capacity and become a full data partner with the HIE [health information exchange] and area hospitals.”
- “[Prior to the CCBHC demonstration], we had never been able to provide crisis, increased MAT, outpatient case management, tele-psychiatry or increased use of technology because no one paid for it.”

- **“We have reorganized services which were previously siloed** into a coordinated care system. Our new screening and assessment process channels people into the CCBHC or fee for service programs, all of which are under the same management. The care management/crisis team is embedded in the CCBHC and not one more program to which people have to be referred. Prescriber is not just devoted to one program, but is available based on the needs of all people within the CCBHC. We are planning ways to create a more integrated care approach with the health care provider which is co-located at one of our sites. We have trained more staff on evidence based practices and have changed some of our clinical processes. We are monitoring a broader array of outcomes addressing mental health, physical health and substance use.”

Biggest Impact as a CCBHC to Date

While the demonstration is still in its early stage, CCBHCs have already seen major benefits in their communities. Among the biggest successes reported in New Jersey are:

- **“Greater care coordination”**
- “To be able to rapidly **expand addiction treatment** and to be able to move those in addiction treatment through levels of care, based on need, seamlessly”
- “Increased ability to provide MAT, psychiatric services and case management so far.”
- “We anticipate that the biggest impact will be our **ambulatory detox services** that will provide detoxification from opiates, alcohol, benzos, and other classes of drugs.”
- “Since becoming a CCBHC, we have had a “no turn away” policy and are scheduling **300-400 more intakes per month**. The organization had been essentially closed to community referrals for quite some time. This has set the stage for same day / next day access, which is a huge culture shift.”

Future of the CCBHC demonstration in New Jersey

The CCBHC demonstration is transforming New Jersey clinics’ ability to serve people in their communities. Unfortunately, without Congressional action, the state’s six CCBHCs will be forced to stop in their tracks when the program ends in 2019. The bipartisan Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931), authored by New Jersey Congressman Leonard Lance with Rep. Doris Matsui and Senators Debbie Stabenow and Roy Blunt, would extend New Jersey CCBHCs’ activities for an additional year and expand the program to include 11 other states that applied for the demonstration but were barred from participation by the eight-state limit in current law. The National Council for Behavioral Health urges Congress to take quick action to extend the life of this important demonstration program.

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