Certified Community Behavioral Health Clinics: Opportunities to Partner with Schools to Improve Youth Mental Health

National Council for Mental Wellbeing
Disclosures

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Meet the Speakers

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Learning Objectives

1. Understand the Behavioral Health landscape and growing scale of the Certified Community Behavioral Health Clinic (CCBHC) model of comprehensive, integrated and accessible care.

2. Recognize the key principles of Integrated Care and how it can impact the behavioral health needs of children and youth in schools.

3. Understand the importance, and potential, of partnerships between schools and community behavioral health organizations, including CCBHCs.
The Behavioral Health Landscape

- In the U.S. there are **350 individuals for every one mental health provider**.

- Nationally, **1 in 10 youth** who are covered under private insurance do not have coverage for mental or emotional difficulties – totaling over 1.2 million youth.

- **60% of youth** with major depression do not receive mental health treatment.

- **43% of US adults** who say they needed substance use or mental health care in the past 12 months did not receive that care.

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Sounding the Alarm on Youth Mental Health

In 2021:

- **more than 4 in 10 students** felt persistently sad or hopeless and nearly one-third experienced poor mental health.

- **more than 1 in 5 students** seriously considered attempting suicide and 1 in 10 attempted suicide.

These feelings were found to be more common among LGBQ+ students, female students, and students across racial and ethnic groups.

45% of LGBQ+ students in 2021 seriously considered attempting suicide—far more than heterosexual students.

Black and African American students were more likely to attempt suicide than students of other races and ethnicities.

*CDC Youth Risk Behavior Survey, 2011-2021.*

*TheNationalCouncil.org*
What is Integrated Care?

The provision and coordination of appropriately matched interventions for both physical health and behavioral health conditions, along with attention to the social determinants of health, in the setting in which the person is most naturally engaged, meaning where a person is seen most frequently or prefers to be the practice responsible for integrating their care.

All people served receive a comprehensive array of integrated services and interventions including primary and secondary prevention for their needs.


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Principles of Integrated Care

1. People-centered Interdisciplinary Teams
2. Comprehensive and Coordinated Continuum of Services
3. Defined Population and Outcomes
4. Systematically Measurement Informed
5. Evidence Based Interventions
6. Engagement with Broader Community
7. Accountable and Aligned Funding
Rationale for Integrating Care

Integrated Care helps eliminate barriers to access and ensure that patients receive whole person care through shared responsibility and coordination across services providers.

Michigan State University, 2021. Racial/ethnic difference is education disruptions during the COVID-19 pandemic.
Social Influencers of Health and Education

Social Influencers of health such as poverty, unequal access to health care, lack of education, stigma, and racism are underlying, contributing factors of health inequities.

For youth, these outcomes are often experienced disproportionately by race and ethnicity and contribute to health inequities, learning disruptions, and opportunity gaps.


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Integrated Care in Practice

What might Integrated Care look like?

Evidence supported impacts of team-based care:

- Increased access to care and reduced complications
- Improved safety and better communication
- Decreased burnout, turnover and tension and conflict among care providers
- Increased team productivity and satisfaction

Integrated Care in Practice Impact on Workforce

- Increased access to care and reduced complications
- Improved safety and better communication
- Decreased burnout, turnover and tension and conflict among care providers
- Increased team productivity and satisfaction

National Academy of Medicine, Implementing Optimal Team-Based Care to Reduce Clinician Burnout, 2018.
Comprehensive Health Integration Framework (CHI), 2021.
Barriers to advancing Integrated Care

- Workforce
- Systemic Healthcare Barriers
- Social Determinants
- Stigma and Mistrust
- Funding Sources
- Infrastructure
- Model Limitations
Spotlight on CCBHC: An ideal Model

The **Certified Community Behavioral Health Clinic (CCBHC)** is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

- Provide integrated, evidence-based, trauma-informed, recovery-oriented and person-and-family-centered care
- Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services
- Have established collaborative relationships with other providers and health care systems to ensure coordination of care
- Culturally and Linguistically responsive services and competent care

97% of CCBHCs indicated that they offered services **outside** of the clinic.
## CCBHC Options via Medicaid

<table>
<thead>
<tr>
<th>Medicaid Waiver (e.g., 1115)</th>
<th>State Plan Amendment</th>
<th>CCBHC Demonstration</th>
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<tbody>
<tr>
<td>Enables states to experiment with delivery system reforms</td>
<td>Enables states to permanently amend Medicaid plans to include CCBHC as a provider type, with scope of services, criteria and requirements, etc.</td>
<td>Enables states to experiment with delivery system reforms</td>
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<tr>
<td>Requires budget neutrality</td>
<td>Does not require budget neutrality</td>
<td>Does not require budget neutrality and provides an enhanced FMAP for states</td>
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<tr>
<td>Must be renewed every 5 years</td>
<td>With CMS approval, can continue PPS</td>
<td>For only 10 states every 2 years in 2024</td>
</tr>
<tr>
<td>State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)</td>
<td>Cannot waive “state-wideness,” may have to certify additional CCBHCs (future CCBHCs may be phased in)</td>
<td>State may limit the number of clinics selected to receive the PPS rate</td>
</tr>
<tr>
<td>With CMS approval, offers opportunity to continue or establish PPS</td>
<td></td>
<td>State must be sure to follow all CCBHC criteria with ability to build onto them</td>
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## CCBHC Grants

<table>
<thead>
<tr>
<th>CCBHC Grants (SAMHSA funds)</th>
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<tr>
<td>CCBHC Grants</td>
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<td>Grants are given directly to clinics with self-attestation that they meet CCBHC criteria.</td>
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<td>Clinics provide all CCBHC services and activities of a CCBHC as required by SAMHSA, including basic reporting requirements.</td>
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<td>Grant funds supplement but do not supplant other coverage sources</td>
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- **400+** CCBHC grantees
- **500+** in total to date

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CCBHC Partnership Opportunities

Two types of partnerships with CCBHCs:

1. **Care Coordination Relationships**: It is critical that integrated care services are coordinated across the spectrum of safety-net services, including in-patient care, primary care, social supports, schools, etc.

2. **Formal Relationships with Designated Collaborating Organizations**: Collaborating Organization may furnish services accessible to your patient population

Partnerships provide a full array of unique skills and access to health and mental health supports directly where youth and families are, in schools and communities, which furthers accessible and equitable care.
Partnering with Schools to Improve Youth Mental Health
A Resource for Community Mental Health and Substance Use Treatment Organizations
## Key Informant Acknowledgements

<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
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<tbody>
<tr>
<td>Burrell Behavioral Health</td>
<td>Missouri &amp; Arkansas</td>
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<tr>
<td>Chestnut Health Systems</td>
<td>Illinois</td>
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<tr>
<td>Community Counseling Solutions*</td>
<td>Oregon</td>
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<tr>
<td>Community Mental Health Center*</td>
<td>Indiana</td>
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<td>Easterseals Michigan</td>
<td>Michigan</td>
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<td>Endeavor Health</td>
<td>New York</td>
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<td>Helio Health</td>
<td>New York</td>
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<td>Integral Care</td>
<td>Texas</td>
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<td>Saginaw County CMH Authority</td>
<td>Michigan</td>
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<td>Seasons Center for Behavioral Health</td>
<td>Iowa</td>
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<td>St. Clair County Community MHA</td>
<td>Michigan</td>
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<td>The Guidance Center</td>
<td>Pennsylvania</td>
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Key Considerations

1. What does partnership look like?
2. Assessing needs and potential for impact
3. Forming and Formalizing Partnerships
4. Developing and Supporting the Workforce
5. Implementing Services in Schools
6. Sustaining and Scaling
What does partnership look like?


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Complimentary Collaboration


TIER 3
Indicated Services and Supports

TIER 2
Selective Services and Supports

TIER 1
Universal Services and Supports

COMMUNITY PARTNERS

SCHOOL DISTRICTS

1

2

3

1

2

3


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Assessing Needs and Potential for Impact

1. Conduct a **needs assessment** and **resource map** to understand the need in your community and school system.

2. Conduct an **internal assessment** to understand organizational strengths and gaps.

3. Design a **value proposition** in support of effective partnership.

"School-based health care services from our vantage point were about investing in school-age kids to screen and assess for socio-emotional challenges and provide early intervention access vs. meeting them in acute crisis later at our local emergency department or a juvenile court hearing."

Saginaw County Community Mental Health Authority, Michigan
Forming and Formalizing Partnerships

Outreach and Shared Vision
- Gather information; explore mutual benefit with long-term potential

Formalizing Expectations
- Take time to define and formalize with contract, memorandum of understanding or designated collaborating organization agreement

Champions and Buy-In
- Champions support relationships, information sharing, value statement, and reassurance

Gathering Data for Buy-In and Continuous Feedback
- Evaluate current trends and urgent needs via state or local surveys; build in evaluative measurements and formal touchpoints to regularly assess progress and outcomes

Service Delivery Methods
- Culturally appropriate and stakeholder informed

“The Michigan Profile for Healthy Youth survey helps us, and school districts, identify needs within their student bodies. We can identify needs, create care pathways, develop referral/resources to support our staff and the individuals/families, as well as send staff for evidence-based training to help support treatment.”

Easterseals Michigan
Developing and Supporting the Workforce

Recruitment and Retention

- Financial incentives
- Tuition reimbursement
- Clinical supervision
- Professional growth
- Internships
- Mentoring
- National Health Service Corps
- Team-based collaboration
- Flexible scheduling
- Telehealth

“You can usually tell in an interview whether they’re going to be a good school-based therapist or not and if they’re up for the kind of schedule Tetris that you have to do every day to see kids in the schools, or what it takes to be integrated into the campus or build relationships with other providers and school staff.”

Integral Care, Texas
Developing and Supporting the Workforce
Joint Training and Continuous Education

Seek out, build, and deliver school-based, setting specific trainings, clinical supervision and team-building activities on: culture & environment, priorities, common language, roles, developmentally age-appropriate evidence-based or evidence-informed interventions

**Resources**

- Trauma-informed, Resilience-oriented Schools toolkit (National Center for School Safety and the National Council for Mental Wellbeing)
- Practices to Increase Healing and Trauma-informed Services (School Based Health Alliance)
- Consider Youth and teen Mental Health First Aid (National Council for Mental Wellbeing)
- SBHA, the MHTTC School Mental Health Initiative and the National Center for School Mental Health offer regular trainings to support school-based health care provider professional growth.

“One thing that really sets our program apart is we have a department that focuses on professional development and consultation. There are tons of trainings throughout the course of the year on trauma-informed care and suicide prevention; we have a whole menu that we put out.”

Burrell Behavioral Health, Missouri, and Arkansas
Implementing Services In Schools

• Unique to the setting, needs and resources
• Iterative learning process – trial, error, and lessons on the ground

Strategies for Success

Messaging and Promotion
to promote school-based health care services to the school community

Continuous Planning and Quality Improvement
including regular convening of community partner, school and stakeholders

Engaging Youth Voice
via e.g., advisory council

“Just pitching in and building relationships, being a part of the school team, and being someone, the kids know and trust. It’s a success when the average person doesn’t necessarily know that the clinician isn’t a school employee.” Community Counseling Solutions, Oregon

The School Health Assessment and Performance Evaluation (SHAPE) System supports mental health in schools and districts by helping users map and assess existing services, providing planning supports, tools, dashboards and more.
“We approach schools with the question: ‘How can we be a team, and how can we help and support you?’ We let them know that we don’t need the school to fill our staff caseloads, but we want to provide a service that helps students and teachers and school counselors. The mental health needs of today are beyond what any teacher is trained to handle. Let us do our job to make your job easier.” Seasons Center for Behavioral Health, Iowa

**Sustaining and Scaling**

- Payment options: billing for services and patient revenue from Medicaid or other third-party insurances; federal, state or local grants or other funding; or direct contracts between community organizations and schools

- Productivity numbers are different across settings; Understand critical non-billable services (school meetings, building relationships)

**Strategies for Success**

**Ongoing Collaboration**
- Multidisciplinary Student Support Teams identify, prevent, and address issues for individuals or groups of students

**Financial Planning for Partnership**
- Budget and business plan
- Combine funding streams
- Contracting as best practice

**CCBHC Mechanisms**
- Increased Medicaid reimbursement rates
- Core requirements enable comprehensive service array and support formal partnerships

Review the [SBHA Quality Counts: Sustainable Business Practices Toolkit](#) and [Blueprint](#) for more funding and sustainability ideas and case examples
Challenges & Opportunities

WORKFORCE SHORTAGES

"Finding therapists in a rural area can be difficult, so by putting school-based facilitators in each of those locations, we could reduce staffing issues.‖ Community Mental Health Center, Indiana

PRIVACY AND CONFIDENTIALITY

“HIPAA and confidentiality requirements are quite different for medical providers than they are for schools... that was one of the bigger challenges moving into this...” St. Clair County Community Mental Health, Michigan

COMPLEX SYSTEMS

“We partnered with the schools... signed MOUs... hired staff and then we hit this wall with the state approval. We are ready, schools are ready, but we are still waiting for the state.” Helio Health, New York
The Jessie Trice Community Health System, Inc. (JTCHS) is a Florida 501(c)3, not-for-profit, 1st Federally Qualified Health Center in the state and 5th in the nation, which has been serving Miami-Dade County since 1967.

A community mainstay, JTCHS owns and/or operates fifty-three (53) facilities, which includes eleven (11) Comprehensive Primary Care centers, a 40-bed women’s substance use residential facility, forty (40) school-based locations and one (1) university center. JTCHS’ multicultural, multilingual, and multidisciplinary staff serves a diverse population of over 45,686 patients who make more than 154,000 visits annually.
Questions & Discussion

Thank you!
Continuing Education

In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This conference is intended for Nurses, Nurse Practitioners, Physicians, Physician Assistants/Associates, Psychologists, Registered Dietitians, and Social Workers

Please go to the link for the CME web platform (Weitzman Education) posted in the mobile app to complete the post-session survey to access your continuing education credit.

A comprehensive certificate will be available in the CME platform after completing the post-session surveys for all sessions you attended.