

Community Behavioral Health Centers – Program Overview

Executive Office of Health and Human Services

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Community Behavioral Health Centers: Goals for Increasing Access to High-Quality Outpatient Treatment

EOHHS has developed a **draft CBHC program design** that focuses on **key goals to help people find the right treatment when and where they need it** and expects to **continue dialogue with stakeholders and refinement** over next 2-3 months

Key Goals

- **Expanded access, including same-day access to assessment/referral and crisis/urgent treatment**
- **Evidence-based, goal-oriented, trauma-informed care**
- Focus on **equity** through **culturally competent, accessible** treatment
- **Coverage throughout the Commonwealth** and for all ages
- **Community-based crisis intervention** integrated with full OP continuum of services
- Significant **new funding for CBHCs – with provider accountability for quality and results**
 - Additional funding for non-CBHC BH urgent care/rapid access and base rates

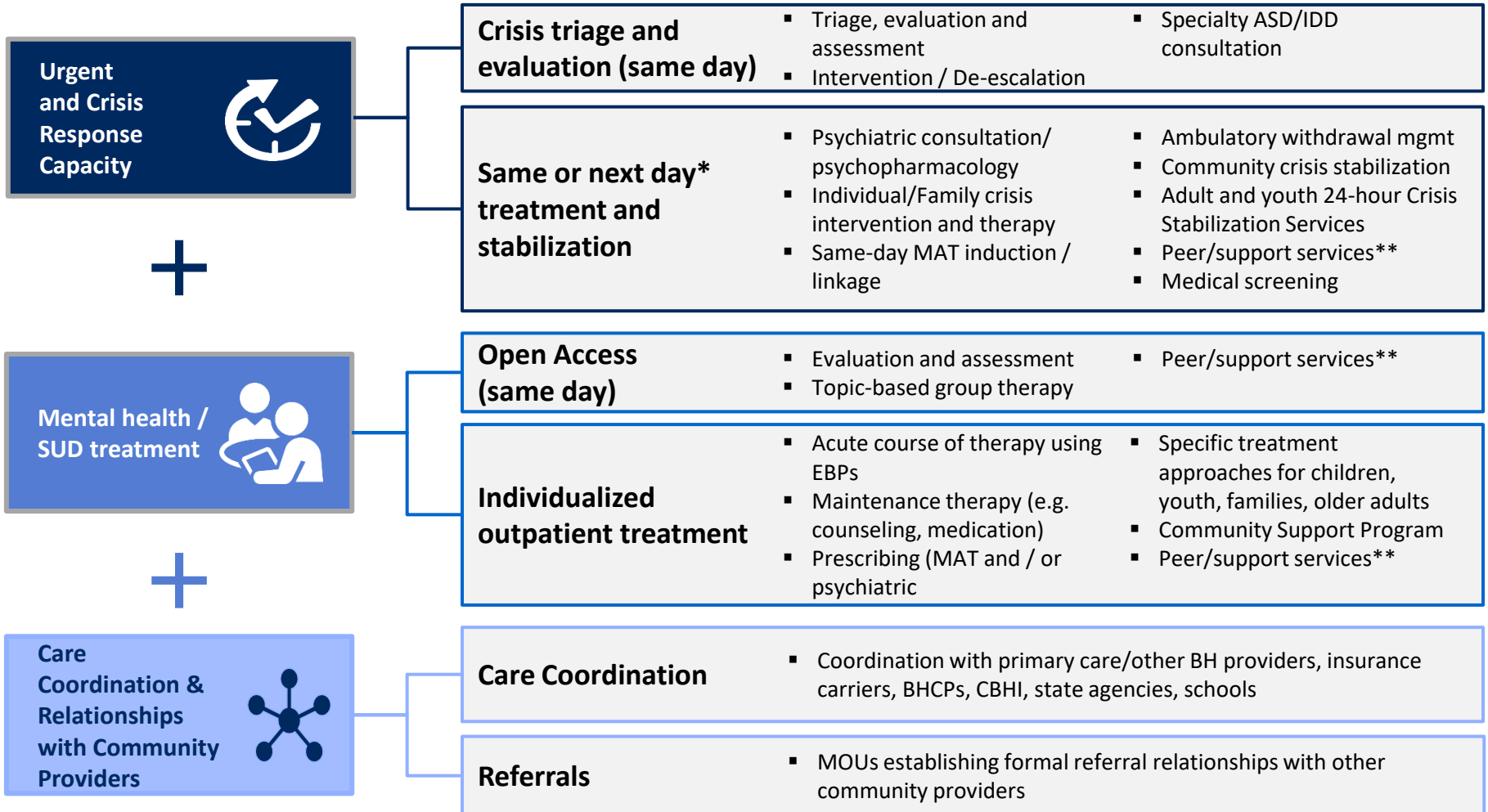
Key Features of CBHC program model

CBHCs will serve as an **entry point for timely, high-quality mental health and substance use disorder (SUD) treatment on an urgent and ongoing basis** and receive enhanced funding to support flexible, person-centered treatment

- **Integrated mental health, SUD treatment, and urgent treatment**
- **Extended hours:** weekdays 8am-8pm; weekends 9am-5pm (excluding holidays)
- **Same-day access to intake and brief assessment, urgent and crisis care, MAT** as clinically indicated, and **drop-in services** (e.g., groups, peer supports)
- **Ability to serve all ages, across the continuum of care**, including child and family-specific treatment models and models for older adults (CBHCs may be a single organization or partnership of providers that includes a child-focused provider)
- **24/7 mobile and community crisis response** with Community Crisis Stabilization for youth & adults
- **Trauma-informed, evidence-based practices** and peer supports tailored to individual needs, including clients who may need specialized interventions (e.g., individuals with ASD/IDD, youth in the care/custody of the Commonwealth)
- **Capacity to accept drop-offs from local law enforcement**, when clinically appropriate
- **Telehealth** and flexible service delivery location (e.g., home, school, etc.)
- **Language and cultural competencies** to provide core services in **clients' preferred language** (including ASL) or access to trained interpreter, as well as staff and treatment that meet the needs of racially and ethnically diverse communities
- **Patient/family outreach, engagement, and care coordination**
- **Facilitate access** to MassHealth-covered **transportation** for all healthcare appointments
- **Move away from fee-for-service** to encounter based payment that enables a flexible approach to meet individualized patient needs with sufficient, reliable funding; model will also include pay-for-performance on quality and outcomes

Key Components of CBHCs

CBHCs will integrate crisis and community-based treatment by combining mobile teams, crisis stabilization, and care coordination



*Difference between need for crisis vs. urgent is based on diagnostic presentation of patient

** Certified Peer Specialists, Certified Young Adult Peer Specialists, Recovery Support Navigators, Recovery Coaches, Community Support Program services, and family support services

Core Services for CBHCs

CBHCs are responsible for providing a **full range of client-centered and family-centered services and interventions for mental health, substance use disorders, and co-occurring disorders**

- **Intake services, brief screening, triage, assessment**
- **BH urgent care services** including same/next-day assessment, crisis counseling, psychiatric consultation, urgent psychopharmacology intervention, medication management
- **Ambulatory withdrawal management**
- **Pharmacotherapy** with basic evidence-based medical monitoring and medication reconciliation
- **Case consultation services** with potential new or existing providers
- **Individual therapy** using **evidence-based practices** (see slide 7)
- **Group therapy**
- **Narcan** access and distribution
- **Peer and paraprofessional services**
- **Medical screenings** (see slide 8)
- **Prescribing of:**
 - **Buprenorphine**, including same-day induction, bridging, and maintenance for clients age 16 and older, and treatment referral services for follow-up counseling or MAT induction
 - **Naltrexone**, including direct referral and warm hand-off for administration
 - **Methadone treatment**, for clients 16 and older, including direct referral and warm hand-off for administration
- **Coordination** with primary care or other specialty providers
- **For youth-services**, the CBHC must have expertise in working with youth under the age of 21 and their families and must **refer to and coordinate with CBHI providers** when appropriate

Access must be facilitated via a formal partnership to needed services that are not provided by the CBHC. Services include: Methadone/Naltrexone treatment, lab services for necessary screening/testing, specialized services requiring special training or specific credentials, EBPs that may be provided by referral (see slide 7)

Evidence-Based Practices (EBPs)

Adult Services

Required to offer in-house

- **Motivational Interviewing**
- **Cognitive Behavioral Therapy (CBT)** for Depression, including Behavioral Activation
- **Dialectical Behavior Therapy (DBT) - Skills portion**
- **EBP for Anxiety**, including CBT and **Acceptance and Commitment Therapy (ACT)**
- **Relapse Prevention for SUDs**

Required to offer in-house or through referral with a formal partnership

- **EBP for PTSD**, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), or Eye Movement Desensitization and Reprocessing (EMDR)
- **CBT for psychotic disorder**, including First Episode Psychosis treatment such as NAVIGATE
- **EBP for family therapy**, such as structural family therapy and functional family therapy
- **Dialectical Behavior Therapy (DBT)**

Youth Services

Required to offer in-house

- **Motivational Interviewing**
- **Cognitive Behavioral Therapy (CBT)**
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- **Dialectical Behavior Therapy (DBT) - Skills portion**
- **Attachment, Regulation and Competency (ARC)**
- **Child-Parent Psychotherapy (CPP)**

Required to offer in-house or through referral with a formal partnership

- **EBP for family therapy**, such as structural family therapy and functional family therapy
- **Adolescent Community Reinforcement Approach (A-CRA)**
- **First Episode Psychosis Coordinated Specialty Care**

Medical Screening Requirements

- CBHCs must have the **capacity to conduct medical monitoring of pharmacotherapy for behavioral health conditions**, e.g., addressing requests such as prescription refills and/or medication questions related to behavioral health
- CBHCs must have the **ability to provide screenings based on client presentation and refer clients to primary care and/or specialized providers** for further assessment or treatment as clinically appropriate. Such screenings could include:
 - Body Mass Index (BMI) screening
 - Waist circumference screening
 - Blood pressure screening
 - Tobacco, alcohol, opioid, and other substance use screening and medication treatment interventions
 - Cognitive impairment/dementia screening, including referral for neuropsychiatric testing, as clinically appropriate
 - Chronic pain screening, including referral for alternative therapies, as clinically appropriate
 - Medication Reconciliation related to the management of behavioral health and physical health comorbidities
 - Ordering lab work as clinically indicated, with referral to primary care as appropriate

Note: Medical activities should be limited to the scope of the CBHC's DPH clinic licensure.

CBHC Staffing Models

- **Board-certified, or eligible for such certification, psychiatrist** (Child/adolescent psychiatrist for youth services)
- **Independently licensed behavioral health clinician** (Child/adolescent trained for youth services)
- **X-waivered prescriber**
- **Peer support staff**
 - Certified Peer Specialist or Recovery Coach for adult services
 - Family support staff for youth services
- **Recovery Support Navigator** for adult services
- **Combination of at least any two of the following:**
 - Psychologist
 - Licensed Independent Clinical Social Worker
 - Psychiatric Nurse Mental Health Clinic Specialist
 - Licensed Mental Health Counselor
 - Licensed Alcohol and Drug Counselor I
 - Licensed Marriage and Family Therapist
- **Designated staff** resource to **facilitate state agency engagement**
- **Designated staff** to serve as an **Administrator**, a **Medical Director**, and a **Clinical Director**
- **Designated quality staff** for oversight of quality measurement requirements (i.e., Quality Director)
- **Safety and security staff**
- **Administrative staff**, as needed
- Any **additional staff needed to meet regional needs of patient population**

Cultural competency, trauma-informed care, and treatment for special populations

Cultural Competency	CBHCs will provide culturally and linguistically appropriate behavioral health services to meet the needs of the diverse populations in their geographic area . Providers must ensure that the content and process of all services are informed by knowledge, respect for, and sensitivity to culture , and are provided in the individual's preferred language and mode of communication .
Trauma-informed Care	Providers must ensure assessment and treatment for patients, and training for providers , is based on goal-oriented, trauma-informed, evidence-based practices .
Treatment for Special Populations	Treatment must be available for individuals across the lifespan, with specialized services for complex and high-risk populations . CBHCs must be capable of serving multiple special populations, e.g. persons who are deaf or hard of hearing , persons who are involved with the justice system , persons who are LGBTQIA+ .

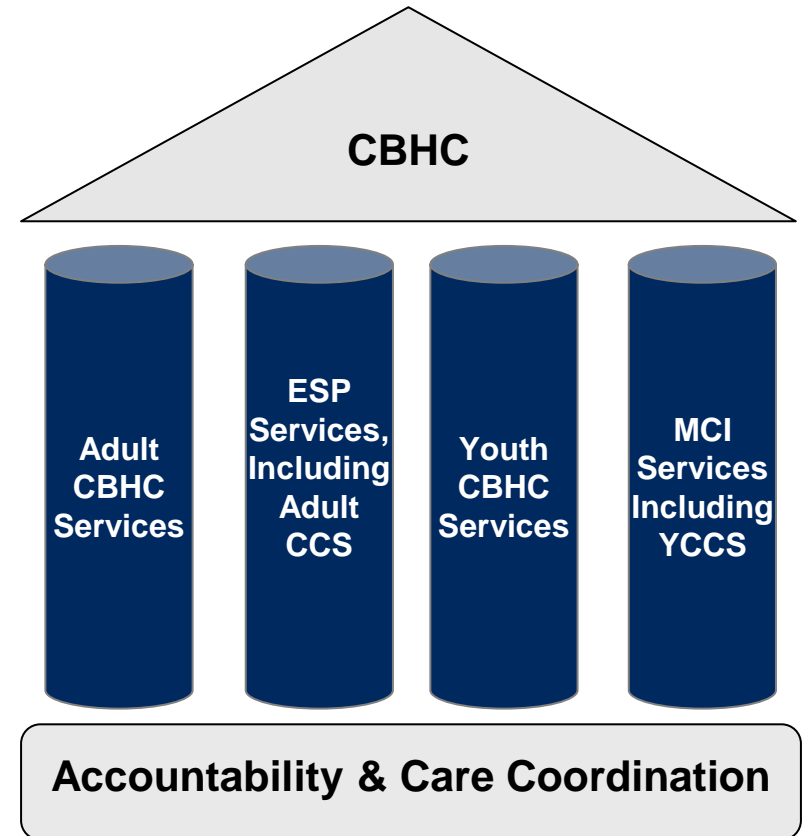
Enhanced crisis intervention capacity in the community

Individuals and families can **access timely crisis stabilization and treatment wherever they present** to promote avoidance of the Emergency Department

- Each **CBHC will provide the full continuum of CBHC services, including outpatient, urgent, and 24/7 community-based crisis services** (ESP/MCI and CCS for youth and adults)
 - There will be a **single, combined procurement** for CBHC outpatient, urgent and 24-7 community crisis services
 - CBHC contracts will include **community-based and mobile crisis intervention for a designated region of the Commonwealth**
 - **CBHCs** will also operate **Community Crisis Stabilization** services, including **new Youth Community Crisis Stabilization (CCS) services**
- CBHCs will be expected to form partnerships with local law enforcement and/or Emergency Medical Services (EMS) providers doing Mobile Integrated Health, including **required capacity to accept police drop-off**
- In alignment with CBHC/ESP implementation, **hospitals** will be required to **provide or arrange for BH crisis evaluation and stabilization in the ED setting for adults**

CBHC Scope and Structure

- **Each CBHC must ensure all contractual obligations, performance standards, and quality metrics are met**
- **Each CBHC must offer the full suite of services**, including Adult and Youth CBHC Services, ESP Services (including CCS), and MCI services (including Youth CCS (see slide 13))
- **Each CBHC will be required to cover a defined region**
 - Entities may **bid to operate a CBHC within all or part** of a defined CBHC region
 - Entities may **bid to operate a CBHC within one or more** defined CBHC regions
- **Responses to the procurement shall demonstrate how the CBHC will meet the specified requirements**, whether services are provided by a single entity or through partnerships with other provider entities
 - As part of the response, **the prospective CBHC must demonstrate how it will achieve a high level of coordination and integration**



Key Components of Youth Community Crisis Stabilization (YCCS)

YCCS will be provided to **children/adolescents** up to the age of 18 with serious behavioral health disorders who require a **24/7, staff secure treatment setting**

YCCS provides short term (0-5 days) **crisis stabilization, therapeutic intervention, and specialized programming** in a staff-secure environment with a **high degree of supervision and structure**, with the goal of stabilizing the youth to ensure **rapid and successful transition** back to the community.

- **Extended Hours for intake:**
 - 24/7
- **Service Components**
 - Evaluation and treatment
 - Assessment & Screening
 - Coordination
 - Development of behavioral and safety plan
 - Intensive Therapeutic milieu
 - Intensive family stabilization work
- **Staffing Components**
 - Supportive and clinical staff 24/7/365
 - Child trained psychiatrists
 - Independently licensed Clinicians
 - 24/7 nursing
 - Family Partner/Young Adult Peer Mentor
- **Process Specifications**
 - Patients are assigned an on-site child psychiatrist and a multi-disciplinary treatment team
 - Daily individual, family and/or group therapy
- **Service, Community, and Collateral Linkages**
 - Collaboration with involved state agencies
 - Communication with CBHC/ESPs/MCIs
 - Contact with the local education authority when necessary
 - Collaboration with PCP and/or existing prescriber
 - Collaboration/Coordination with existing BH providers, e.g., CBHI/OP to ensure smooth transition back to community

Quality Monitoring and Payment for Performance

Payment for Performance Measures Under Consideration

Data Source	Measure / Reporting Requirement	Measure Steward
Claims	Follow up after hospitalization for mental illness (FUH) adult and child/adolescent	NQF 0576
Claims	Initiation and engagement in treatment those screening positive for alcohol and other drug use (IET)	NQF 4
Encounter Data / Claims	Suicide risk assessment for adult and child/adolescent with major depressive disorder	NQF 1365, 104
Claims	Adherence to antipsychotic medication for individuals with schizophrenia	NQF 1879
Claims	ED visits for individuals with mental illness, SUD, or co-occurring conditions	EHS/MCO, BHCP

P4P Measurement Plan

- Alignment between MassHealth methods, CMS, & NCQA
- Data collection for 1 year (Pay for Reporting) followed by analysis to set baselines and benchmarks. EHS will evaluate appropriateness of continued measurement before setting goals tied to P4P for Year 2

Additional reporting on timeliness and member experience:

Timeliness Requirements	Method
<ul style="list-style-type: none"> • Initial evaluations provided within 24 hours of first contact • Crisis visits, including ESP, within 1 hour • Urgent visits within 1 calendar day • Routine visits within 14 calendar days 	Monthly reporting via standardized format such as OnBase or REDCap
Member Experience Survey	Method
<ul style="list-style-type: none"> • Follow ACO/CP MES process • Response reporting could transition to P4P 	EHS to administer and collect responses

Timeline to Implementation

Spring 2021: Stakeholder engagement on CBHC program model

Spring 2021: CBHC Rate Structure RFI

Summer 2021: RFP released (includes CBHC, ESP, CCS, and start-up funding)

Fall 2021: CBHC selection finalized, start-up funding awarded

Winter 2021 – Spring 2022: Program preparation, MCE contracting, readiness review

Winter 2021-Spring 2022: MassHealth and DMH regulatory processes

Spring 2022: MassHealth go live in managed care (all programs, including ACPPs, MCOs, BH vendor, SCO, and One Care)

Spring /Summer 2022: MassHealth go live in FFS