

How to Create a CCBHC (In 10 *Easy* Steps)

Overview

This guide is a how-to roadmap to help organizations that are interested in becoming a Certified Community Behavioral Health Clinic. The guide, which has been prepared by the CCBHC consulting team, lists ten steps that describe a suggested preparation process.

The CCBHC Demonstration Program was not necessarily meant to include every provider in a state AT THIS TIME. It is a demonstration program to test whether organizations that meet all of the CCBHC criteria have the potential to achieve better health, better care and better costs for individuals with behavioral health disorders, with a focus on those with serious mental illness, serious emotional disturbances, and/or serious substance use disorders.

There are several points in the process where the senior management team will be confronted with the question: “Should I proceed?” At each step, make a realistic and honest assessment of whether applying for CCBHC status, AT THIS TIME, is in the best interest of your organization.

Important Notes

Not Too Long, Not Too Short

This guide has been designed to include only a modest amount of detail in order to prevent you from losing sight of the forest for the trees. There are other resources (in the form of written documents and humans) that will be available to assist you, including the Dale Jarvis & Associates Consulting Team, the Oregon Health Authority CCBHC Team, and your peers.

Additional Support

Formal support will be organized through the Learning Collaborative, but don't forget the state's CCBHC website that also contains links to a host of other resources (<https://www.oregon.gov/oha/bhp/Pages/Community-BH-Clinics.aspx>), the OHA CCBHC contact email (CCBHC.Grant@dhsoha.state.or.us), and your consulting team primary contacts, Dale Jarvis and Kathy Reynolds (dale@djconsult.net and KathyReynolds@westat.com).

Sequential and Parallel Activities

Although the Steps suggest a sequential process, each organization will realize that it needs to complete some of the work in parallel with other activities. For example, the Cost Report form (Step 9) has a section for entering data from your trial balance for a recent year and a separate section for entering Anticipated FTEs and costs. While you won't be able to fill in the Anticipated FTEs and costs until Step 8 (Staffing Plan, Encounter Projections and Budget) is completed, you can begin working on translating your trial balance for a recent year into the lines on the Cost Report's Trial Balance tab.

The Ten Steps

Step 1 – Take the Test

Should I Apply to be a CCBHC in Oregon? Take the test that we've prepared. If you can answer YES to all 10, proceed to Step 2. If you aren't able to answer YES to all 10, seriously consider whether CCBHC status is right for you AT THIS TIME.

Step 2 – Complete the Application

OHA's Application for Oregon's CCBHC Program is a 64-page document that includes six areas of SAMHSA requirements and nine Oregon CCBHC Standards. Each item is assessed on a scale of 1 – 5 (1 = Serious Challenge; 2 = Quite a bit of Concern; 3 = Moderate Concern; 4 = Small Concern; 5 = Not a Challenge). SAMHSA requires that states certify organizations that either already meet each required element in the state's design or have a state-approved plan to meet the requirement on an agreed upon timeframe.

Complete the Application. If you have assessed that your organization is a 1, 2, or 3 on a given item, you need to put this item on a list to address during Steps 3 through 8. Note that many of the items call for having policies and documents in place that address specific SAMHSA requirements. We recommend that prospective CCBHCs work with other members of the Learning Collaborative to develop a core set of material to support this effort.

Step 3 – Needs Assessment

Need assessment data are being organized by Oregon County, which is the CCBHC Geographic Region "unit of measure". Prospective CCBHCs will need to identify the Service Area they are working with and then complete a state-approved Needs Assessment as part of the certification process. A Service Area can cover one or more counties; it can also cover a portion of a county. The prospective CCBHCs Needs Assessment is used to design the organization's staffing plan and practice changes that will enable the organization to become certified.

The CCBHC Needs Assessment Form is under development along with a set of recommended resources to assist in completing your needs assessment. Recommended resources will include the AOCMHP Behavioral Health Gap Analysis, the OHA Resource Mapping Phase 1 Database, your CCO's Needs Assessment and Improvement Plan, your County Health Departments' Needs Assessment(s), and CMHP Needs Assessments.

When released, the CCBHC Needs Assessment Form will address the following high level question:

What are the current needs, capacity and gaps in your geographic region by Age, Culture, Linguistic, and Treatment Need, that could be addressed by the following?

- Additional Staffing
- Additional Services
- Auxiliary Aids and Services (e.g., sign language interpreters, teletype [TTY] lines)
- Additional Training on all of the above
- Transportation
- Hours of Operation
- Location
- Timely Access

We understand that this is a tall order and, in many cases, could take a year or more to complete. It will be important for each organization to work with available data and consider this a *rapid needs assessment process* that will provide *good enough* information to complete Steps 4 through 8.

Step 4 – Identify High Priority Gaps

It is not reasonable to expect that limited additional funding for the CCBHC Demonstration Program will provide enough resources to close all of the identified gaps, especially when we already know from the AOCMHP Behavioral Health Gap Analysis that there are significant gaps in the number served that will require several hundred million dollars to close.

Step 4 involves a two-part activity:

- **Brainstorm:** What are the potential strategies you could roll out to address the gaps in the areas in the Needs Assessment?
- **Prioritize:** Assuming that you will be able to receive a modest amount of additional revenue to support your CCBHC Program, what are the highest priority strategies that are both feasible (we have the space, can hire the people, etc.) and actionable (we have enough control over closing the gap that we can actually move the needle)?

This prioritized list is then moved on to Step 5.

Step 5 – Revise Your Clinical Design

A CCBHC is envisioned as a comprehensive, high performing, integrated organization that generates better health, better care, and better cost. For most community behavioral health providers this will require more than implementing priority strategies identified in Step 4. It will require changes in what care is provided, how care is provided, where care is provided, and in some cases who provides that care. This could mean expanding the service offerings, increasing the understanding of trauma among all staff, moving to team-based care, providing more services in the community, and expanding the workforce to include more peers and family support specialists.

Step 5 involves a process that describes how your clinical design will change as these strategies are implemented. This type of work is often done through a technique called *process mapping*. This involves identifying key processes/clinical workflows, diagramming the *as-is state* (how it's done now), and then designing an improved *to-be state* (how it ought to be done). Sometimes the *as-is state* step is skipped.

Like the Needs Assessment, we understand that this could take many months to complete and that kind of time is not available. It will be important to prioritize a small number of workflows that are relevant to the highest priority gaps, and complete a rapid clinical design process, keeping the design work as simple as possible. We anticipate that this will be an important topic for the Learning Collaborative.

Step 6 – Identify Key Partners and DCOs

Steps 2 through 5 will surface the following questions:

- What other organizations do I need to coordinate with to improve care for my clients? (the list of the types of organizations a CCBHC must Coordinate Care with is a great starting point)

- Are there organizations I need to enter into a Designated Collaborating Organization (DCO) relationship with in order to provide all of the nine required services?
- What do I already have fully in place regarding these first two questions?
- What do I partially have in place regarding these first two questions?
- What is not in place yet regarding these first two questions?

Step 7 – Infrastructure Assessment

Once the previous activities are completed, it's time to assess what infrastructure changes are needed to support your CCBHC. Examining each change through the lens of “what financial, administrative, contracting, technology gaps have we created” will likely result in something like the following:

- We need to put in place people and processes to complete a periodic needs assessment;
- We need new technology to support care management, services in the field, data collection, and outcomes-based care;
- We need to reengineering our contracting function to support care coordination agreements;
- We need to build a mini-managed care company to manage our DCO contracts;
- We need to revise our financial and billing systems to support PPS-1.

Step 8 – Change Plan

Steps 2 through 7 have generated an impossibly long list of improvements to make, even if you assessed that you are in good shape on the Application in Step 2. This material needs to be synthesized into a Change Plan that organizes all of the pieces into a reasonable number of change projects that will be carried out over the next several months. Each project will need its own workplan that includes a lead, a project team, the activities, resources needed and timeline. There will also need to be one person tasked with serving as the overall CCBHC Project Manager to coordinate all of the projects. Does it sound like we're recommending a formal change management effort? YES.

The Change Plan should be divided into two phases.

Phase 1: What do I need to move forward in 2016, that will bring significant benefits to my organization (even if Oregon doesn't become one of the Demonstration States), and I have the resources to complete the effort?

Phase 2: What can wait or will have to wait until we hear whether Oregon becomes one of the Demonstration States.

Step 9 – Staffing Plan, Encounter Projections, Budget and Cost Report Preparation

Steps 2 through 8 must now be translated into a staffing plan, a projection of daily CCBHC encounters, and an annual budget, sorted by current staffing & expenditures and new staffing & expenditures, and sorted by CCBHC services, non-CCBHC services, and overhead staffing and expenditures.

Once the above is finished, the CCBHC Cost Report can be prepared, yielding a PPS Rate per Daily Encounter. All of the assumptions and material used to complete the cost report must be organized into a set of work papers that will pass a Desk Review by the firm that is being hired to examine the Cost Reports.

Step 10 – Certification Activities

This is the part of the process where your organization works internally as well as with the State, the consultants, and your peers to complete the activities on your Change Plan. As mentioned above, it will be important to have an overall CCBHC Project Manager to manage the workplan, guide the effort, solve problems, work with the senior management team to remove barriers, adjust the plan when needed, and do whatever it takes to get to the finish line.

This is one step that, while listed last, is something you will begin working on as soon as you complete the Oregon CCBHC Application.