



## **The National Coalition on Mental Health & Aging**

April 18, 2016

### **Are Older Adults Being Considered in State Planning for Certified Community Behavioral Health Clinics (CCBHC)?**

#### **Recommended Actions for State and Local Mental Health & Aging Coalitions**

Twenty-three (23) states have planning grants for planning community behavioral health clinics (CCBHC). “Authorized under Section 223 of the Protecting Access to Medicare Act of 2014, the planning grants are part of a comprehensive effort to integrate behavioral health with physical health care, utilize evidence-based practices on a more consistent basis, and improve access to high quality care. The planning grants are being used to “support states to certify community behavioral health clinics, solicit input from stakeholders, establish prospective payment systems for demonstration reimbursable services, and prepare an application to participate in the demonstration program” (SAMHSA press release).

The states awarded planning grants: Alaska, California, Colorado, Connecticut, Illinois, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Mexico, New York, New Jersey, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, and Virginia.

The Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with the Centers for Medicare & Medicaid Services (CMS) and the Assistant Secretary of Planning and Evaluation (ASPE) made the awards of \$728,000- \$920,000 per state in October 2015. The announcement is found at <http://www.samhsa.gov/newsroom/press-announcements/201510191200>

“Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders.”

#### Actions for Mental Health & Aging Coalitions

Now is the time to offer support for meeting the needs of older adults through integrated care in CCBHCs. It is important to become familiar with the program and learn about the planning

under way in your state. Coalitions are encouraged to work with state agencies to make sure the needs of older adults are appropriately addressed in the demonstration projects being planned in each of the 23 states. Demonstration proposals are due to the federal government by October 31, 2016.

Coalitions are encouraged to do the following.

Develop an understanding of CCBHC planning grant and your state's efforts to develop their CCBHC demonstration proposal.

- Read the "Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs Planning Grants) Request for Applications (link provided above).
- Identify your state grantee organization and state project director on the SAMHSA website at <http://www.samhsa.gov/grants/awards/2015/SM-16-001>.
- CONTACT the state project director and ASK FOR AN UPDATE on the status of the planning for the CCBHCs and how older adults will be addressed.
- Ask what areas of the state and populations the CCBHCs will serve.
- Ask how older adults in these areas will be served by CCBHCs and designated collaborating organizations.

Coalitions are encouraged move quickly to address the needs of older adults with the state agency leading CCBHC planning; encourage attention to older adults within each of the CCBHC Program Requirements. In the boxes below, the National Coalition offers specific recommendations for older adults for each Program Requirement. See the last page for suggestions for organizing further collaboration between the older adult network and state CCBHC planning.

SAMHSA expects Mental Health Authorities, Single State Agencies for Substance Abuse, and State Medicaid Agencies within states to collaborate and certify clinics as community behavioral health clinics, establish a prospective payment system, and submit a proposal to participate in the demonstration program.

Up to eight states that participate in the CCBHC Planning Grants will be selected to participate in the Phase II demonstration program. The eight selected states will bill Medicaid under an established Prospective Payment System (PPS) approved by CMS for behavioral health services provided to individuals eligible for medical assistance under the state Medicaid program.

#### Phase I Planning Grants

States must complete the following activities as described in the "Planning Grants for Certified Community Behavioral Health Clinics (Short Title: CCBHCs Planning Grants) Request for

Applications (RFA) No. SM-16-001” found at <http://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001.pdf>

- A. Solicit input with respect to the development of such a demonstration program from consumers, family members, providers, tribes, and other key stakeholders.
- B. Certify clinics as CCBHCs using the criteria in Appendix II of the RFA for purposes of participating in a demonstration program. Establish procedures and necessary infrastructure to ensure clinic compliance with certification criteria for the demonstration period. The statute specifies six areas of criteria for CCBHCs: (1) staffing, (2) availability and accessibility of services, (3) care coordination, (4) scope of services, (5) quality and other reporting, and (6) organizational authority.
- C. Establish a Prospective Payment System (PPS) for behavioral health services furnished by a CCBHC in accordance with the PPS Methodology Guidelines developed by CMS (Appendix III of the RFA).
- D. Establish the capacity to provide behavioral health services that meet the criteria listed in Appendix II of the RFA.
- E. Develop or enhance data collection and reporting capacity and provide information necessary for HHS to evaluate proposals submitted by states to participate in the demonstration program
- F. Prepare for participation in the National Evaluation of the Demonstration Program.
- G. Submit a proposal (by October 31, 2016) to participate in the two-year Demonstration Program.

Selection criteria for the Phase II Demonstration are important. Selection of states for the demonstration program will be prioritized based on CCBHCs that: 1. Provide the most complete scope of services outlined in Appendix II (of the RFA noted above) to individuals eligible for medical assistance under the state Medicaid program; 2. Improve the availability of, access to, and participation in, services outlined in Appendix II of the RFA for individuals eligible for medical assistance under the state’s Medicaid program; 3. Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state; or 4. Demonstrate the potential to expand available behavioral health services in a demonstration area and increase the quality of such services without increasing net federal spending.

The “Guidance to Planning Grant States to Apply to Participate in the Section 223 CCBHC Demonstration Program” can be found on the SAMHSA website at [http://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-application-guidance.pdf](http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-application-guidance.pdf)

In 2015 the National Coalition on Mental Health & Aging (NCMHA) encouraged SAMHSA and CMS to address the needs of older adults in this 223 CCBHC program. A number of the recommendations made by the Coalition were included in the final program description. We encourage State and Local Coalitions to further advance attention to older adults in this key program that will influence behavioral health services going forward.

## Program Requirements and Criteria

Most of the program requirements and criteria relate to serving populations across the lifespan, including older adults. It is important to understand the full program to see how it can benefit older adults in specific communities. We draw attention below to a few items in the program requirements and criteria for meeting the requirements that have special pertinence to older adults.

**Program Requirement 1. Staffing.** Criteria 1.a.1 states: “As part of the process leading to certification, the state will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs. The needs assessment will include cultural, linguistic and treatment needs. The needs assessment is performed prior to certification of the CCBHCs in order to inform staffing and services. Criteria include staffing that is diverse, accredited, and culturally competent.

Coalitions are encouraged to emphasize the importance of:

- Understanding the mental and behavioral health needs of older adults in the designated CCBHC areas.
- The use of science-based age appropriate needs assessments and assessments specific to older adults.
- Staff recruited to serve older adults be qualified to treat them, i.e. geriatric mental health providers (where possible) and experience working with older adults. Where geriatric expertise/experience is not possible, providers should be trained in the unique needs, issues of the population.
- Care coordinators also need to have geriatric competencies.

Coalitions might also help local CCBHC clinics identify staff with adequate training for addressing the needs of older adults or secure needed training.

**Program Requirement 2. Availability and Accessibility of Services.** Criteria include for example, 2.A.3.” The CCBHC provides services at locations that ensure accessibility and meet the needs of the consumer population to be served; and, 2.a.4. To the extent possible within the state Medicaid program or other funding or programs, the CCBHC provides transportation or transportation vouchers for consumers... and, 2.a.6. The CCBHC engages in outreach and engagement activities to assist consumers and families to access benefits, and formal or informal services to address behavioral health conditions and needs.” This requirement also includes availability of 24/7 crisis services; everyone served regardless of ability to pay, use of Medicaid and sliding fee scales.

Coalitions are encouraged to emphasize the importance of using:

- Outreach and engagement strategies effective with older adults including: training community members to be gatekeepers who can identify and refer at-risk older adults to behavioral health providers; nonjudgmental motivational and educational approaches; avoiding stigmatizing terms; working with older adults in the setting they prefer (primary care, senior center, home); active “warm hand-off” from the primary clinician to behavioral health; engaging professionals who have a trusted relationship with the older adult; transportation; and tailoring approaches to cultural views while maintaining fidelity to essential components of evidence-based practices. Resource with examples: AoA SAMHSA Older Americans Behavioral Health Issue Brief 11: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions found at [http://www.aoa.acl.gov/AoA\\_Programs/HPW/Behavioral/docs2/Issue%20Brief%2011%20Reaching%20and%20Engaging.PDF](http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/docs2/Issue%20Brief%2011%20Reaching%20and%20Engaging.PDF)
- Home visits when needed (as tested in the evidence-based PEARLS and Healthy IDEAS, older adult depression care management and, telehealth when home visits are needed but not feasible.
- Service environments that are welcoming, safe and clean, with no physical barriers where older adults are attended to upon arrival and addressed courteously.

**Program Requirement 3. Care Coordination.** CCBHCs must coordinate care across the full spectrum of health services, mental and behavioral health care and other social and human services. 3.c.3 states that “The CCBHC has, to the extent necessary given the population served and the needs of individual consumers, an agreement with such other community or regional services, supports, and providers as may be necessary, such as the following: Specialty providers of medications for treatment of opioid and alcohol dependence; Suicide/crisis hotlines and warmlines; Indian Health Service or other tribal programs; Homeless shelters; Housing agencies; Employment services systems; Services for older adults, such as Aging and Disability Resource Centers; and Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).”

Coalitions are encouraged to emphasize the importance of CCBHCs working with:

- Aging and Disability Resource Centers (ADRCs) Program, a collaborative effort of the [U.S. Administration on Community Living](#) (including [AoA](#)) and the [Centers for Medicare & Medicaid Services \(CMS\)](#). ADRCs serve as single points of entry into the long-term supports and services system for older adults and people with disabilities. Sometimes referred to as a “one-stop

shops" or "no wrong door" systems, ADRCs address many of the frustrations consumers and their families experience when trying to find needed information, services, and supports. Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services programs. Examples of the resources in many communities include: home care, assistance with activities of daily living, transportation, mental and behavioral health services, money management, housing, chore services, legal services, and many more.

- Coalitions might offer assistance to the state and local clinics to work with the ARDCs with other aging services in the designated local areas.

Coalitions should emphasize:

- Care coordination systems need to attend to older adults and care managers need to have geriatric competencies.
- Note: In 2015 NCMHA asked SAMHSA and CMS to encourage agreements between CCBHCs and the Aging and Disability Resource Centers (ADRCs); and this was included in the program announcement. We said that "Care coordination with ADRCs and other aging and disability service organizations can offer important support to CCBHCs in their development, delivery and extension of needed services to people age 60 and older and adults of any age with disabilities. NCMHA also said that care coordination with older adults should be carried out by care coordinators with geriatric competencies."

**Program Requirement 4. Scope of Services** includes criteria 4.a.1 stating "CCBHCs are responsible for the provision of all care specified in the statute (PAMA), including: crisis services; screening, assessment and diagnosis; person-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans. Many of these services may be provided either directly by the CCBHC or through formal relationships with other providers. Section 4.b.1 notes that all CCBHC services, including those supplied by its Designated Collaborating Organizations (DCOs), are provided in a manner aligned with the requirements of reflecting person and family-centered, recovery-oriented care, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received."

Criteria 4.F: Outpatient Mental Health and Substance Use Services. 4.f.3 notes "Treatments are provided that are appropriate for the consumer's phase of life and development, specifically considering what is appropriate for children, adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment. ... When treating older adults, the individual consumer's desires and functioning are considered and appropriate evidence-based treatments are provided... These treatments are delivered by staff with specific training in treating the segment of the population being served."

Coalitions are encouraged to foster the adoption of specific evidence-based screening and intervention practices by CCBHCs.

ACL/SAMHSA Older Adult Behavioral Health Issue Brief 6. Depression and Anxiety: Screening and Interventions offers several tools; it is found at [http://www.aoa.acl.gov/AoA\\_Programs/HPW/Behavioral/docs2/Issue%20Brief%206%20Depression%20and%20Anxiety.pdf](http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/docs2/Issue%20Brief%206%20Depression%20and%20Anxiety.pdf) Several depression and anxiety scales are

available without charge, and have been translated into several languages, including:

- Geriatric Depression Scale (GDS): A 15-item screening measure for depression in older adults. (<http://www.stanford.edu/~yesavage/GDS.html>).
- Patient Health Questionnaire (PHQ-9): A 9-item scale that assesses depression (<http://www.phqscreeners.com>).
- The Generalized Anxiety Disorder 7-item Scale (GAD-7): A 7-item scale that assesses common anxiety symptoms.

This issue Brief notes that "The most common and effective treatments for depression and anxiety, based on scientific evidence, include medications and psychotherapy. Many communities have embedded effective depression treatments into service models delivered within primary care or social service settings, or within the older adult's home. These programs often include meaningful collaboration across different types of service providers (e.g., aging service, behavioral health, and primary care providers). Models of care include PEARLS and Healthy IDEAS models of community-based depression care management" and "the IMPACT model of integrated physical and behavioral health". "Evidence-based treatment includes: cognitive behavioral treatment, problem solving therapy, and interpersonal therapy".

ACL/SAMHSA Older Americans Issue Brief 3: Screening and Preventive Brief Interventions for Alcohol and Psychoactive Medication Misuse/Abuse is found at [http://www.aoa.acl.gov/AoA\\_Programs/HPW/Behavioral/docs2/Issue%20Brief%203%20Screening%20Brief%20Interventions.pdf](http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/docs2/Issue%20Brief%203%20Screening%20Brief%20Interventions.pdf)

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach is described in the Issue Brief. It is a well-established evidence-based model used to address alcohol and medication misuse and abuse among older adults.

Coalitions are also encouraged to:

- Identify and promote the inclusion of existing evidence-based older adult behavioral health services that have a potential “good fit” into CCBHC planning and services.
- Identify additional evidence-based screening and intervention practices that address the needs of the populations to be served, including older adults.

Criteria 4.G: Outpatient Clinic Primary Care Screening and Monitoring. 4.g.1 notes “The CCBHC is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risks...The CCBHC ensures ... older adults receive age appropriate screening and preventive interventions. Prevention is a key component of primary care services provided by the CCBHC.”

Coalitions are encouraged to recommend one of the National Quality Forum’s quality indicators for Care of Older Adults (No. 0553) that calls for medication reviews of all medications including prescription medications, over-the-counter medications and herbal or supplemental therapies by a prescribing practitioner or clinical pharmacist.

Criteria 4.J: Peer Supports, Peer Counseling and Family/Caregiver Supports. “The CCBHC is responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. States should specify the scope of peer and family services they will require based upon the needs of the population served. Peer services that might be considered include: ... peer support for older adults ... and other peer recovery services. Potential family/caregiver support services that might be considered include: family/caregiver psychoeducation...”

Coalitions are encouraged to offer specific approaches for older adult peer and family support including help to family caregivers.

One approach to Older Adult Peer support is described in the ACL/SAMHSA Older Americans Behavioral Health Issue Brief 11: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions found at [http://www.aoa.acl.gov/AoA\\_Programs/HPW/Behavioral/docs2/Issue%20Brief%2011%20Reaching%20and%20Engaging.PDF](http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/docs2/Issue%20Brief%2011%20Reaching%20and%20Engaging.PDF)

The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) offers Certified Older Adult Peer Support Services (COAPS) under the state’s Medicaid program. Working with the Department of Aging and the University of Pennsylvania, OMHSAS has developed, tested, and implemented a curriculum to train peer specialists ages 50 and older to work effectively with older adults. The Pennsylvania Behavioral Health and Aging Coalition and the Mental Health Association of Southeast PA are approved vendors for the Older Adult Certified Peer Specialist Training (<http://www.olderpa.org/>).



Issues and resources for family caregivers of older adults with behavioral health problems are discussed in another ACL/SAMHSA brief, Older Americans Behavioral Health Issue Brief 12: Caregivers as Partners and Clients of Behavioral Health Services. The brief includes individualized caregiver interventions, psychotherapy and counseling, and multicomponent interventions. The brief is found at [http://www.aoa.acl.gov/AoA\\_Programs/HPW/Behavioral/docs2/Issue%20Brief%2012%20Caregivers.pdf](http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/docs2/Issue%20Brief%2012%20Caregivers.pdf)

4.k.1 Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans. “The CCBHC is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour’s drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law.”

**Program Requirement 5. Quality and Other Reporting** includes “criteria to elicit the data needed to ensure improved access to care, high-quality services and appropriate state reporting. States also may wish to encourage the use of consumer and family led evaluations of the CCBHCs to ensure consumers and families are involved in this aspect of service design and delivery.”

5.a.1 states “The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing: (1) consumer characteristics; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) consumer outcomes.”

Coalitions are encouraged to emphasize the need for:

- Reporting to include client age in meaningful cohorts such as age 55-64, 65-74, 75-84 and 85 and older.
- Clinical outcomes to be reported by meaningful age cohorts, especially identifying goal attainment and/or need for intervention modification.

Coalitions can help the state and local clinics recognize value of securing and analyzing population and treatment outcome data to understand how well the needs of older adults are being met.

**Requirement 6. Organizational Authority, Governance and Accreditation**. Criteria 6.b.5 states that “Members of the governing or advisory boards will be representative of the communities in which the CCBHC's service area is located and will be selected for their expertise in health

services, community affairs, local government, finance and banking, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served.”

Coalitions are encouraged to emphasize the importance of:

- Needs and interests of older adults be represented on governing and advisory boards.
- Older adult consumers, family members as well as service providers should be named to governing and advisory boards.

To access additional information on the Section 223 CCBHC demonstration and resources see <http://www.samhsa.gov/section-223>.

CCBHC planning is already underway. Coalition input is needed immediately. If time permits based on your state’s planning process, the following actions may help CCBHC planning as well as future behavioral health planning.

#### Develop Opportunities for Networking and Collaboration between Older Adult Network and State Planning Initiatives

- Identify key stakeholders, advocates, grant holders in older adult behavioral health and related support services (such as state long term care coordinating bodies, state aging services network, educational institutions, peer advocate groups, long term care (long term services and supports) providers and associations, Long Term Care Ombudsman program, housing & homeless supports and other Coalition members)
- Identify potential forums for networking between state CCBHC planners and older adult behavioral health community partners:
  - Facilitate invitation for CCBHC planners to Older Adult network meetings
  - Facilitate agenda in older adult network activities with potential to support grant planning initiatives
  - Facilitate development of community focus groups and/or meetings with key informants on older adult behavioral health needs, system gaps, and potential solutions.
  - Identify (or rapidly develop) related educational material for dissemination among state grant planners and older adult network.
- Propose establishing an Older Adult Planning Workgroup for CCBHCs and future behavioral health services development.

NCMHA is very interested in hearing from you about CCBHC planning in your state. Do you have questions? Are older adults being considered, how so? Are you willing to share your experience with other states? Please contact Alixe McNeill, NCMHA Executive Committee, at [alixe.mcneill@gmail.com](mailto:alixe.mcneill@gmail.com).