

## PROGRAM DESCRIPTION

<b>Department:</b> Mental Health	<b>HB Section(s):</b> 10.115
<b>Program Name:</b> Certified Community Behavioral Health Organization	
<b>Program is found in the following core budget(s):</b> DBH CCBHO	

**1a. What strategic priority does this program address?**

Advance supports for recovery from behavioral health conditions and decrease premature deaths associated with co-morbid conditions, suicide, opioid and other substance-related deaths and other mental health conditions.

**1b. What does this program do?**

Certified Community Behavioral Health Organizations (CCBHOs) provide services to adults who have moderate or serious mental illnesses (SMI); youth who have serious emotional disturbances (SED); individuals with mild or moderate mental illnesses and/or substance use disorders (SUD), and complex health conditions.

CCBHOs are required to provide a comprehensive array of services, including psychiatric rehabilitation, healthcare homes, and outpatient mental health (MH) and SUD treatment, which include medication services. CCBHOs must provide timely access to evaluation and treatment; most offer open access at many sites. Treatment is patient centered, and includes risk assessment and crisis prevention planning. CCBHOs are required to provide primary care screening and monitoring of key health indicators and health risk. In each service area the CCBHOs must provide crisis mental health services, including a 24-hour crisis line and a mobile response team. CCBHOs provide peer support and family support services.

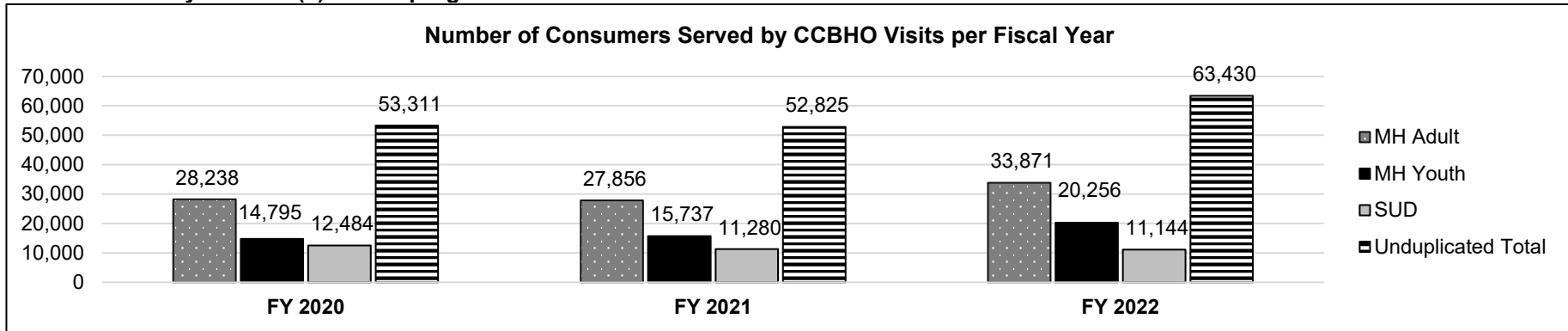
CCBHOs are required to have a variety of staff to enhance and improve services. CCBHOs provide professional treatment for individuals by employing professionals with expertise and training in evidence-based practices for trauma related disorders, smoking cessation, wellness, suicide prevention, Medication Assisted Treatment, and motivational interviewing. CCBHOs employ Community Behavioral Health Liaisons that assist law enforcement, jails, and courts by facilitating access to behavioral health services. They also have Emergency Room Enhancement (ERE) programs to help divert individuals from unnecessary visits to the ER or hospitalizations.

A key feature of the CCBHO initiative is a focus on quality and outcomes. The CCBHOs are required to perform successfully on a variety of different outcome measures in this pay-for-performance model. This core funding allows to further shift toward paying for service quality versus service volume.

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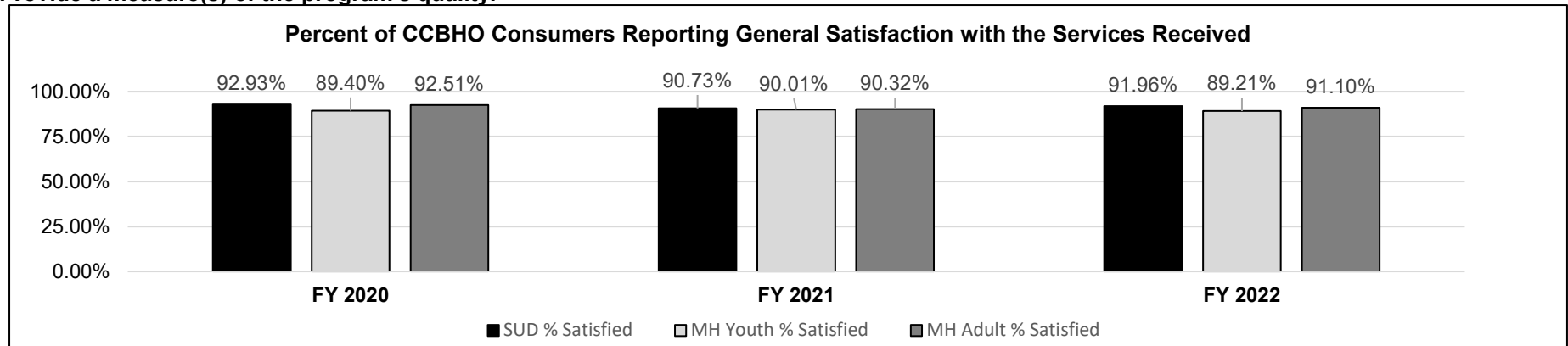
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### 2a. Provide an activity measure(s) for the program.



**NOTE:** These data show the number of consumers served per fiscal year in CCBHO paid visits. Consumers can be served via Fee-for-Service and CCBHO visits within the same time period. These data exclude the Medicaid expansion population and other programs that are paid by fund sources outside of the Department of Mental Health (DMH) budget.

### 2b. Provide a measure(s) of the program's quality.

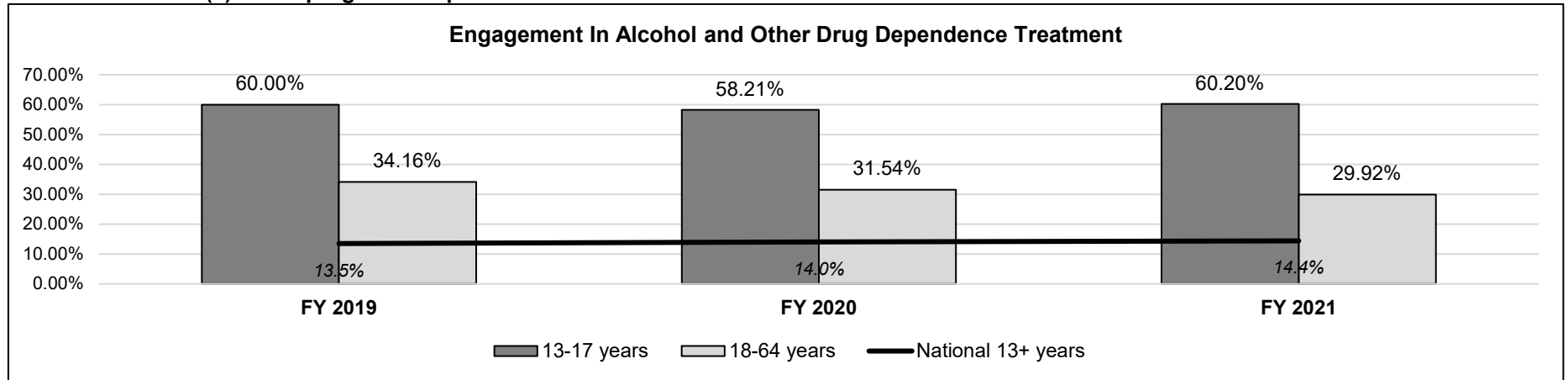


**NOTE:** The columns in the chart above show the percentage of youth and adults who are generally satisfied with services that were provided by CCBHO providers.

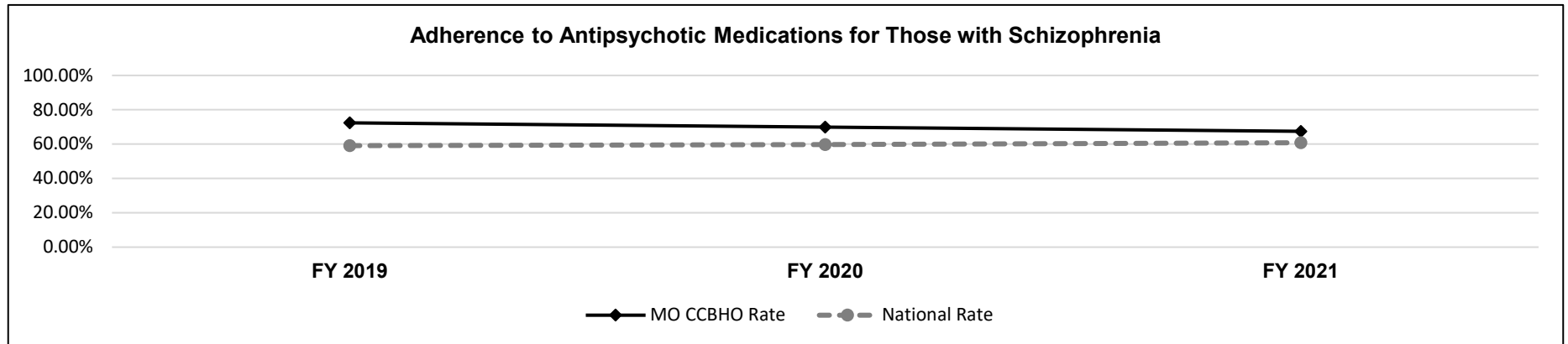
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### 2c. Provide a measure(s) of the program's impact.



**Note:** The youth and adult rates for Missouri CCBHO providers are above the national average for adults (ages 13+). A national rate for youth is not available. This measure shows the rate at which providers engage individuals in treatment. The annual national rates are from the HEDIS Measures, IET, for the measure years 2018, 2019, and 2020. FY 2022 data will be available June 2023.

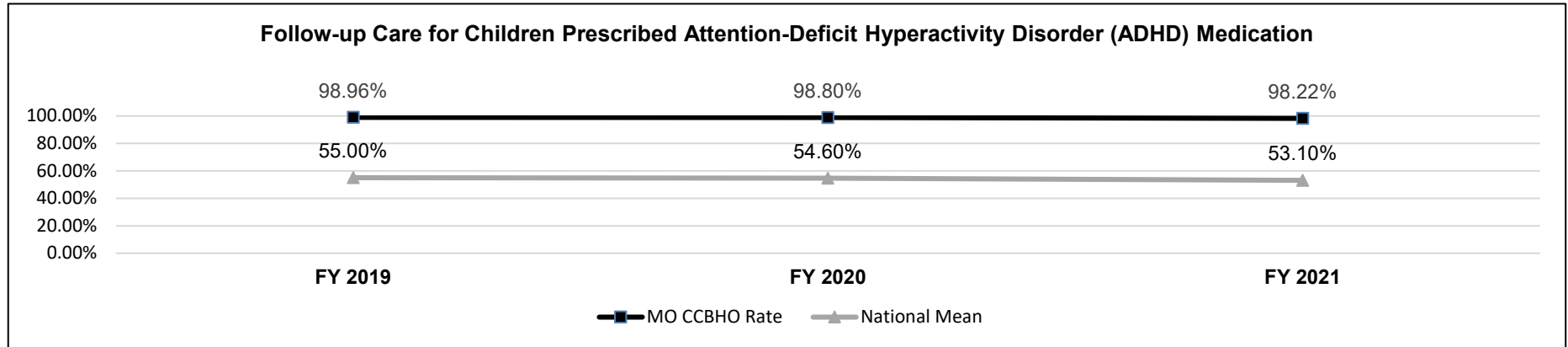


**Note:** The rates show percentage of CCBHO consumers ages 18-64 who remained on an atipsychotic medication for at least 80% of their treatment period. The antipsychotic medication adherence rates for Missouri CCBHOs are higher than the overall national rates. The annual national rates are from the HEDIS Measures, SAA, for the measure years 2018, 2019, and 2020. FY 2022 data will be available June 2023.

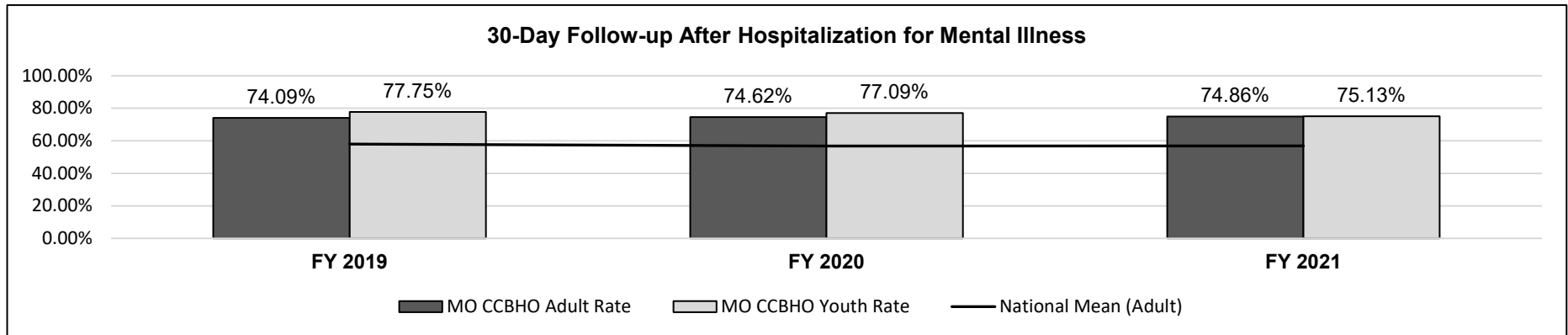
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2c. Provide a measure(s) of the program's impact.



**Note:** The rates show the percentage of children (ages 6-12) who remained on an ADHD medication for at least 210 days and who had a follow-up appointment with a practitioner in addition to the initial visit. The Missouri CCBHO rates are above the average national rates. The annual national rates are from the HEDIS Measures, ADD-Follow-Up Care During Continuation of Treatment, for the measure years 2018, 2019, and 2020. FY 2022 data will be available June 2023.



**Note:** The rates show the percentage of discharges for which the CCBHO consumers received follow-up within 30 days of discharge. The Missouri CCBHO rates are above the average national rates. The annual national rates are from the HEDIS Measures, Adult FUH, for the measure years 2018, 2019, and 2020. A national rate for youth is not available. FY 2022 data will be available June 2023.

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Department: **Mental Health**

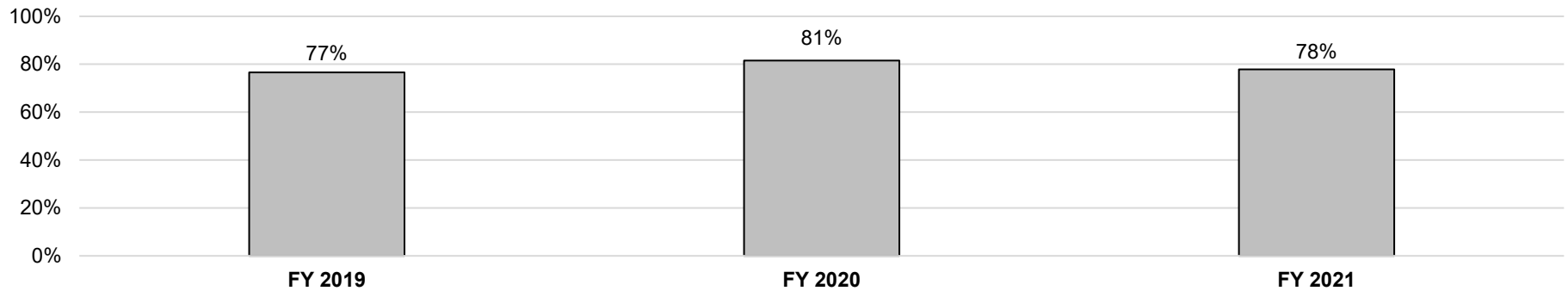
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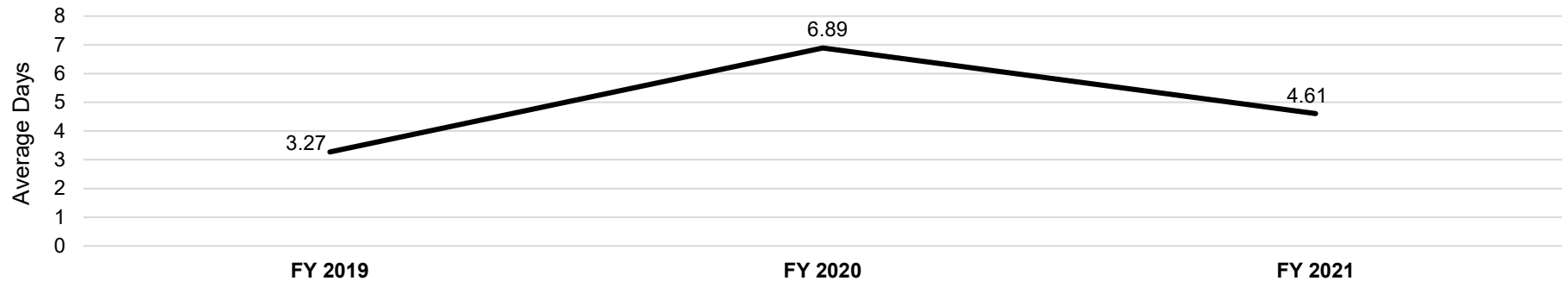
2d. Provide a measure(s) of the program's efficiency.

**Percentage of New Clients with Initial Evaluation within 10 Business Days**



**NOTE:** The chart above shows the rate at which CCBHO providers complete an initial evaluation for a consumer within ten days by fiscal year. FY 2022 data will be available June 2023.

**Average Number of Days until Initial Evaluation**



**NOTE:** The chart above shows the average number of days for individuals to receive an initial evaluation at a CCBHO provider by fiscal year. FY 2022 data will be available June 2023.

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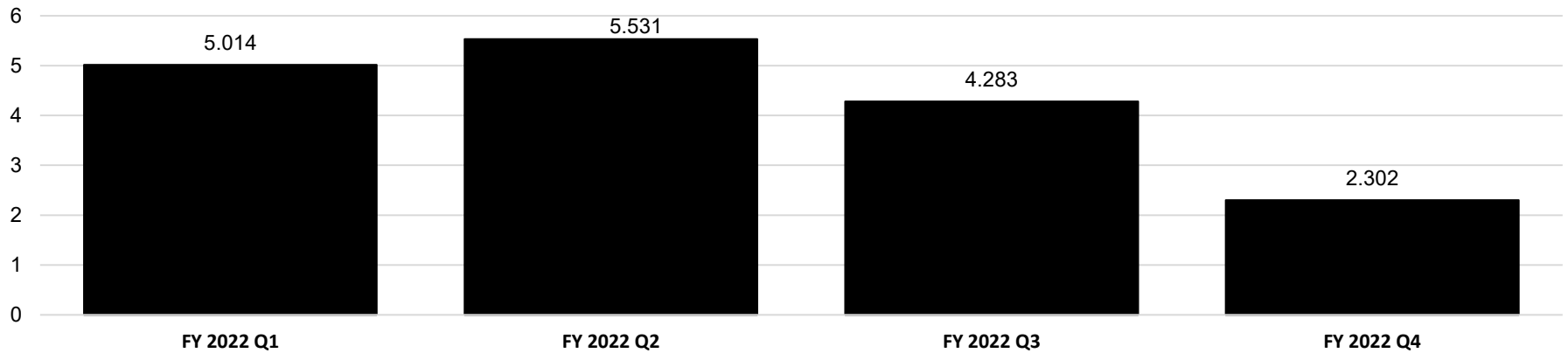
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2d. Provide a measure(s) of the program's efficiency.

**Community Behavioral Health Liaisons (CBHL) Days to Attempted First Contact**



**NOTE:** CBHLs handled 22,063 referrals during FY 2022. The chart above shows the average number of days it took to attempt the first contact with referred individuals.

**Law Enforcement Time (in minutes) on Site for Behavioral Health Crisis Center (BHCC) Referrals**

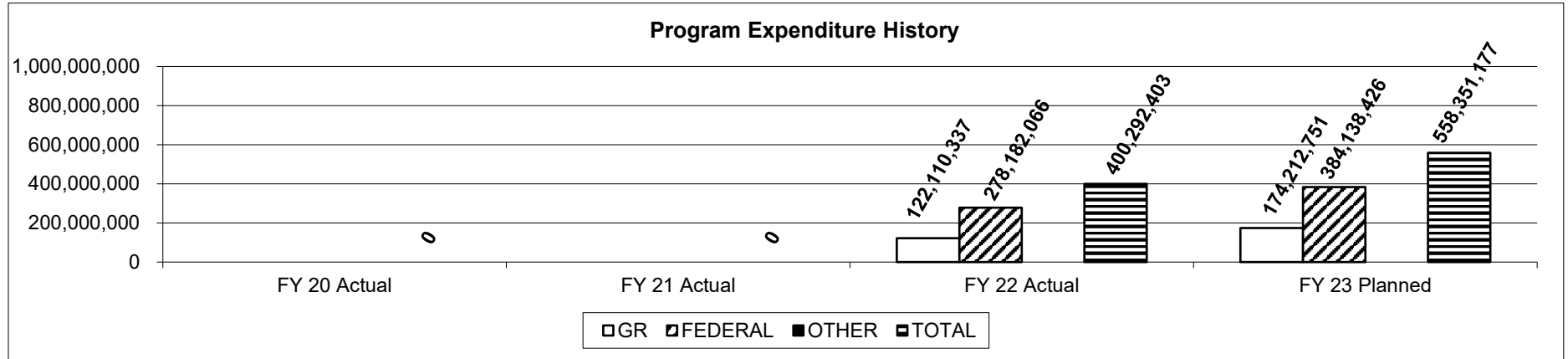


**NOTE:** The time (in minutes) on site metric removes 11 outliers of more than 120 minutes and all law enforcement referrals where the time in and time out are the same.

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**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**Note:** This house bill was newly created during the FY 2021 legislative session. For FY 2024, house bill sections previously referred to as Adult Community Programs (ACP) CCBHO, Youth Community Programs (YCP) CCBHO and Alcohol and Drug Abuse (ADA) CCBHO are combined to become Division of Behavioral Health (DBH) CCBHO. All historical and FY 2023 anticipated expenditures are reported in the DBH CCBHO core and program form.

**4. What are the sources of the "Other " funds?**

None.

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 630.405 - 630.460, 631.010, 632.010.1, 632.010.2(1), 632.050, 632.055 and 191.831, RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

Some of the expenditures made are for MO HealthNet services requiring a state match. In addition, the federal Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants requires that the state maintain an aggregate level of general revenue spending that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement.)

**7. Is this a federally mandated program? If yes, please explain.**

Yes. The federal Substance Abuse Prevention and Treatment Block Grant requires provision of specialized programs for women and children. Additionally, the Community Mental Health Services Block Grant requires children's expenditures to continue to meet their MOE requirement. In addition, 10% must be spent on young adults, 16 to 25 years of age, experiencing early serious mental illness, including psychotic disorders.