

PROGRAM DESCRIPTION

Department: Mental Health

HB Section(s): 10.235

Program Name: YCP Certified Community Behavioral Health Organization

Program is found in the following core budget(s): YCP CCBHO

1a. What strategic priority does this program address?

Strengthen and integrate community services and advance supports for youth with a serious emotional disturbance.

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. CCBHOs also employ a Medical Director who is a licensed psychiatrist along with licensed mental health professionals who are trained in evidence-based, best, and promising practices, including Cognitive Behavioral therapy, Eye Movement Desensitization and Reprocessing, and Integrated Treatment for Co-occurring Disorders.

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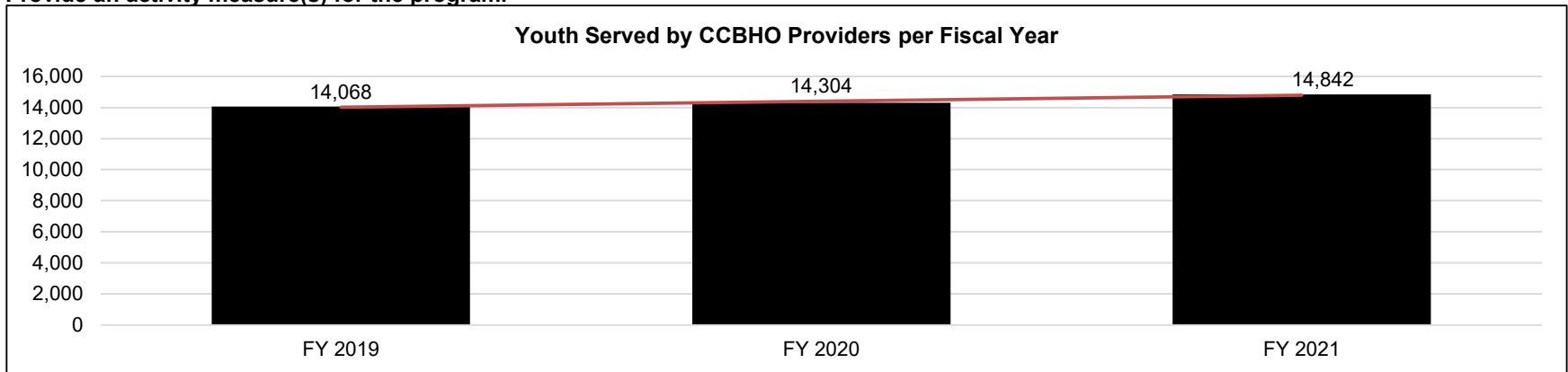
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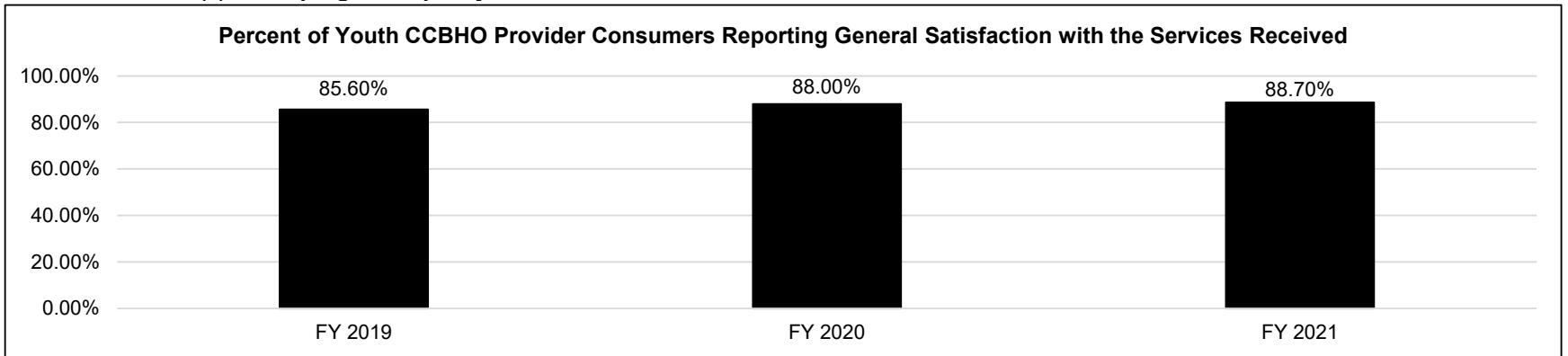
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2a. Provide an activity measure(s) for the program.



Note: These data show that CCBHO providers are serving more Missouri youth.

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



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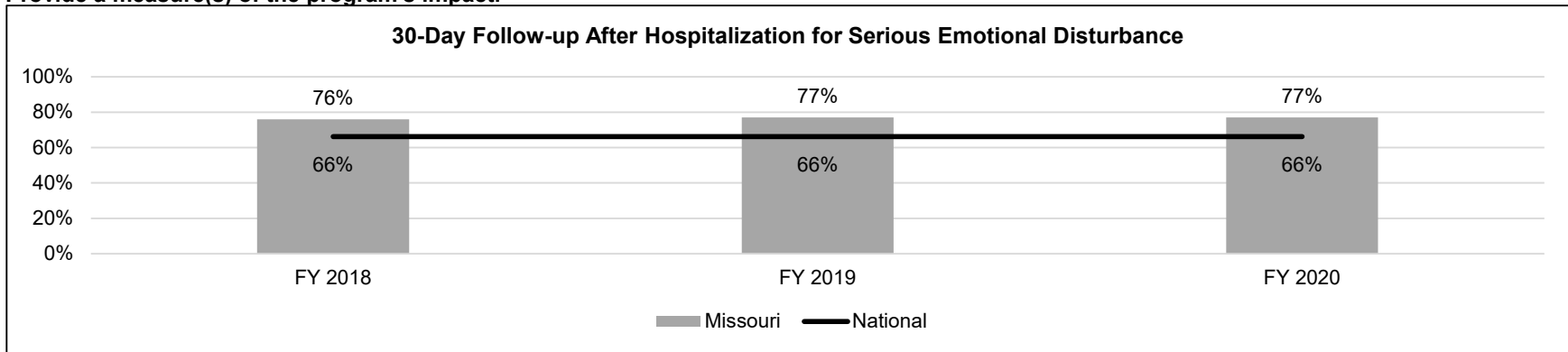
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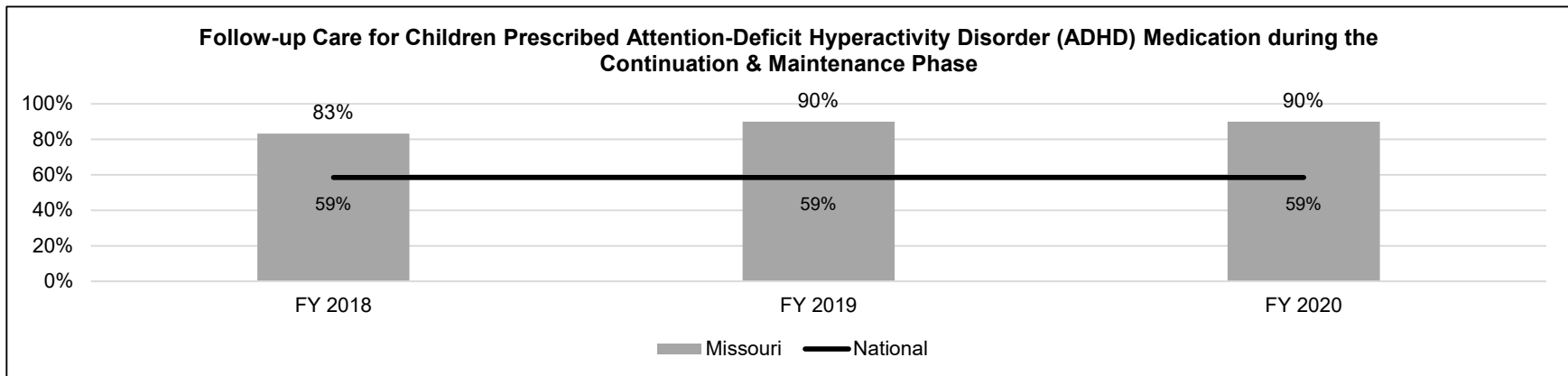
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2c. Provide a measure(s) of the program's impact.



Note: This measure shows the rates at which CCBHO providers perform a qualifying 30 day follow-up after a hospitalization for serious emotional disturbance for youth consumers. These data show that the CCBHO rate is well above the national average for all mental health provider types. The national data is from the FFY 2019 Child Core Set, FUH-CH. FY 2021 data not yet available.

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



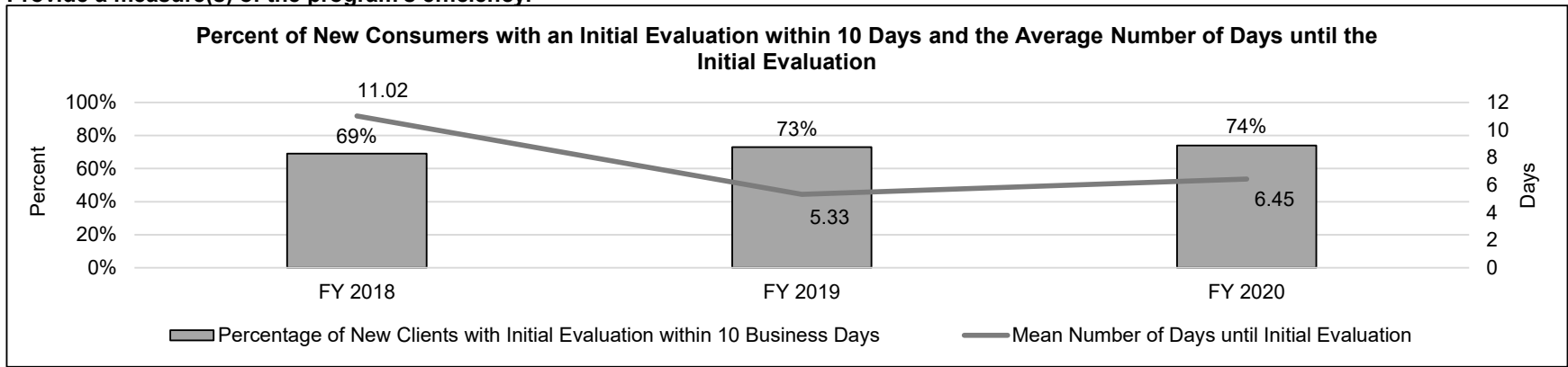
Note: This measure shows the rate at which CCBHO providers maintain medication compliance for youth prescribed medication for Attention Deficit Hyperactivity Disorder for at least 210 days and follow-up with at least two medication related appointments during the maintenance phase. The national rate is for all mental health provider types. The national data is from the FFY 2019 Child Core Set, FUH-CH. FY 2021 data not yet available.

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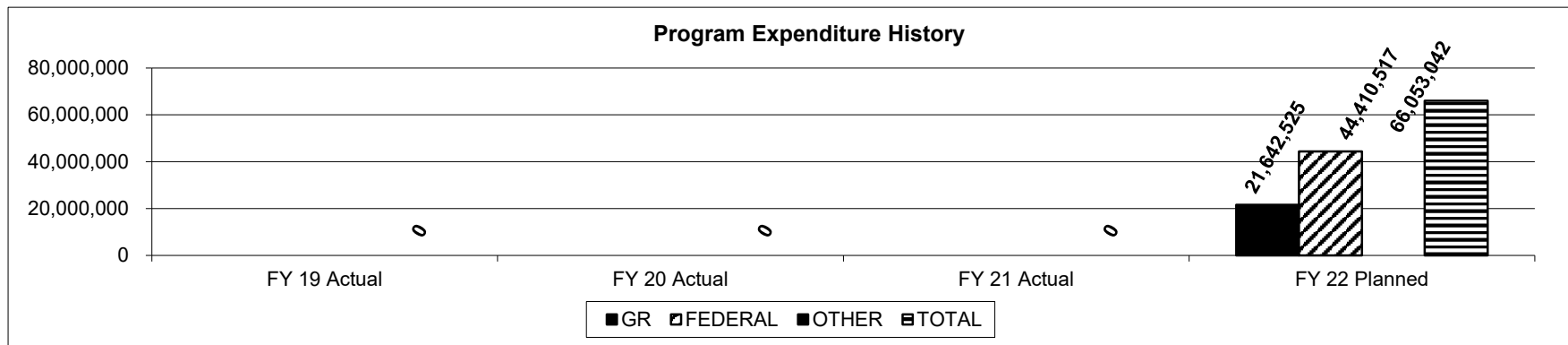
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2d. Provide a measure(s) of the program's efficiency.



Note: The percentage of new clients with an initial evaluation within 10 days has increased. The average days until evaluation increased from FY 2019 to FY 2020, but remains lower than the first CCBHO year in FY 2018. FY 2021 data not yet available.

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.

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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, 632.010.2(1), 632.050 and 632.055, RSMo.

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

The federal Community Mental Health Services Block Grant requires that the state maintain an aggregate level of general revenue spending for mental health services that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement.) Community Psychiatric Rehabilitation and Targeted Case Management are MO HealthNet services and require a 40% state match.

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

No. However, 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.