January 19, 2023

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857

RE: Revised Draft Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria

Submitted via email to: CCBHCCriteria@samhsa.hhs.gov

Dear Assistant Secretary Delphin-Rittmon,

UnityPoint Health appreciates this opportunity to provide comments on the revised draft regarding CCBHC certification criteria. UnityPoint Health is one of the nation's most integrated health care systems. Through more than 32,000 employees and our relationships with more than 480 physician clinics, 40 hospitals in urban and rural communities and 14 home health agencies throughout our 9 regions, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin. On an annual basis, UnityPoint Health hospitals, clinics and home health agencies provide a full range of coordinated care to patients and families through more than 8.4 million patient visits. UnityPoint Health has four CCHBCs located throughout Iowa and Illinois.

UnityPoint Health appreciates the time and effort of SAMHSA in developing this revised draft of CCBHC certification criteria and respectfully offers the following comments:

CERTIFICATION IMPLEMENTATION AND FUNDING

SAMHSA updated and revised the criteria to 1) respond to developments in the field, 2) update sections of the criteria that are no longer current, and 3) address areas suggested by CCBHCs, states, and other stakeholders.

Comment: In general, UnityPoint Health is supportive of the revised certification criteria. As with any new requirement, CCBHCs will need time to address operational and clinical workflows in meeting new standards. We would **encourage SAMHSA to permit adequate time for current CCBHCs to implement new requirements for program certification**. Additionally, **UnityPoint Health would recommend the bolstering of SAMHSA grants, such as the SAMHSA CCBHC Planning, Development and Implementation grants**, to financially assist prospective CCBHCs in achieving revised program certification.

PROGRAM REQUIREMENT 2: AVAILABILITY AND ACCESSIBILITY OF SERVICES

SAMHSA outlined requirements for general access and availability, timely access to services and assessment, and access to crisis management services and the provision of services regardless of ability to pay and residence.

Comment:

- 2.b.2 – Revised criteria include an assessment no less frequently than every 6 months unless the state, federal or applicable accreditation standards are more stringent. In our clinical experience, each client is unique, and many do not require an assessment updated every 6 months. As such, **UnityPoint Health recommends extending this revision to 12 months with the option to update the assessment more frequently as clinically indicated**.

- 2.e.2 – Revised criteria state that the CCBHC is responsible for providing, at a minimum, crisis response, evaluation, and stabilization service regardless of place of residence. We believe the intent of the language is to treat any patient who comes to a CCBHC as well as assist them with the transition of care to a provider closer to the patient's place of residency. However, as currently drafted, it is unclear how the revised requirements apply to mobile crisis services provided at a location outside of a CCBHC service area or established state. For example, a CCBHC may be located near a state border, seeing patients from multiple states within the office setting. With mobile crisis services, a CCBHC may be challenged to provide out-of-state care due to licensure limitations. While we agree with the intent of revision, **UnityPoint Health recommends clarity around this requirement as it relates to mobile crisis and other home and community-based services.**

PROGRAM REQUIREMENT 3: CARE COORDINATION

SAMHSA outlined requirements for general care coordination, health information systems, agreements to support care coordination, as well as treatment team, planning and care coordination activities.

Comment:

- 3.a.6 – Revisions include that a CCBHC's agreements for care coordination should not limit a client's freedom to choose their provider with the CCBHC or its designated collaborating organizations (DOCs). We agree CCBHC clients should have the freedom to select the care team of their choice; however, as currently drafted, this revision appears to negate a team-based care protocol. In alignment with the National Council for Mental Wellbeing[1], we support a model where care is provided in the context of a care team as opposed to an ala carte provider selection model. This not only supports enhanced care coordination of services for a client, but it also allows for a high-functioning team-base care model within the CCBHC. **UnityPoint Health recommends adopting language as follows: "*Nothing about the CCBHC's agreements for care coordination should limit a client's freedom to choose their <u>provider care team</u> with the CCBHC or its DCO.*"**

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[1] High-Functioning Behavioral Health Team-based Care - National Council for Mental Wellbeing (thenationalcouncil.org)

PROGRAM REQUIREMENT 4: SCOPE OF SERVICES

SAMHSA outlined general requirements about service delivery and described the services that must be provided by the CCBHC and/or a DCO through a formal agreement including, emergency crisis intervention, 24-hours mobile crisis and crisis stabilization services. Additionally, SAMHSA outlined protocols for members of the Armed Forces and veterans.

Comment:

- <u>4.c.1</u> – Revisions include, whether provided directly by the CCBHC or by a DOC, available services must include, emergency crisis intervention services, 24-hour mobile crisis teams, and crisis stabilization. As currently drafted, it is unclear if this section is a requirement or a best practice a CCBHC should strive towards. While 24-hour mobile crisis units and crisis receiving/stabilization services allow for additional access to care, barriers exist to operationalize and support these models. For example, a rural community may not have the population volume to support the expense of a 24-hour crisis unit, nor the staffing. UnityPoint Health opened a 24 hours per day, 7 days a week behavioral health urgent care clinic in Fort Dodge, Iowa, a primarily rural part of the state. Over a three-month period, data indicated little to no client visits during the 1 a.m. to 6 a.m. time period. The clinic has since adjusted hours of operation and staffing accordingly with the caveat that mobile crisis is available 24 hours a day. **UnityPoint Health recommends omitting *"Crisis receiving/stabilization services should ideally [be] available 24 hours per day, 7 days per week."***

- <u>4.k.2</u> – Revisions include specific language around care for veterans and more specifically around protocols as they relate to TRICARE. In our experience, some veterans choose to use providers and health care services outside of the Department of Veteran Affairs (VA) network. The revisions in the certification criteria fail to address veterans who often pay for services outside of the VA network utilizing other sources of payment for their treatment such as a spouse's insurance or private pay. While we understand specific payor protocols, **it's important that revised language remain unrestrictive for veterans who select health care providers and differing services that work best for them.**

We are pleased to provide input on this revised draft of CCBHC certification criteria and its impact on our providers, clients, and communities. To discuss our comments or for additional information on any of the addressed topics, please contact Stephanie Collingwood, Government Relations Specialist at stephanie.collingwood2@unitypoint.org.

Sincerely,

Aaron McHone, MBA
Behavioral Health Service Line Operations Director

Stephanie Collingwood
Government Relations Specialist