

Certified Community Behavioral Health Clinics (CCBHC)
Stakeholder Engagement Committee
Meeting Notes
December 12th, 2023
12:00 pm to 2:00 pm
Grimes State Office Building
400 E. 14th Street, Des Moines, IA 50319

COMMITTEE MEMBERS PRESENT:

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COMMITTEE MEMBERS PRESENT VIA ZOOM:

Andrew Allen	Devon McClurken
Alicia Gaddy for Samantha Cannon	Sarah Nelson
Leslie Carpenter	Mary O'Neill
Rod Courtney	Jen Pearson
Mae Hingtgen	Rebecca Peterson
Peggy Huppert	Christine Ross
Chad Jensen	Cynthia Steidl-Bishop
Kathy Johnson	Lauren Vorwald
	Rich Whitaker

COMMITTEE MEMBERS ABSENT:

Emily Blomme	Rudy Papakee
Todd Jacobus	Laura Semprini

OTHER ATTENDEES:

Rachel Adams	Julie Enockson
Darci Alt	Kevin Gabbert
Theresa Armstrong	Clay Gemmill
Kelly Bakewell	Lisa Green
Kelly Barkley Mane	Cara Henley
Jill Barr	Chris Hoffman
Laura Bell	Gangseok Hur
Amy Berg-Theisen	Theresa Jochum
Caylyn Bishop	Char Joens
Maranda Buckley	Torie Keith
Rachel Cecil	Kim Keleher
Amber Champine	June Klein-Bacon
Tiffany Conroy	Bethany Kohoutek
Beth Dahl	Natalie Krebs
Bre Degelau	Todd Lange
Wendy DePhillips	Laura Larkin
Alaina Elliott-Wherry	Nikki Lawson
Kyle Endres	Bob Lincoln

Brooke Lovelace
Shannon Mahnke
Patti Manna
Missy Martini
Aaron McHone
Mary McKinnell
Dawn Mentzer
Brenda Miller
Vicki Mueller
Hannah Olson
Jerilyn Oshel
Tracy Peden
Jennifer Pullen

Brad Richardson
Todd Rickert
Joshua Rubin
Flora Schmidt
Darcey Sebolt
Mikki Stier
Monica Van Horn
Tammy Wetjen-Kesterson
Kerry Wiles
Lu Wingfield
Ryenne Wood
Danielle Workman

Materials Referenced

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Welcome and Introductions

Laura Larkin, CCBHC Project Director at Iowa Health and Human Services (HHS) welcomed the Stakeholder Engagement Committee and thanked them for their participation. Cara Henley and Joshua Rubin of Health Management Associates (HMA) reviewed the presentation materials.

Presentations

HMA staff provided updates on the upcoming CCBHC certification process and explained that the stages completed may overlap. The anticipated process steps include announcing successful bidders, executing contracts with HHS, submitting community needs assessments, uploading sample client data to the Iowa Behavioral Health Reporting System (IBHRS), submitting Prospective Payment System (PPS) cost reports, submitting criteria assessments, and identifying final certified CCBHCs.

HMA staff provided an update on the five Technical Assistance (TA) general sessions offered so far and upcoming TA targeted support to successful CCBHC bidders and their Designated Collaborative Organizations (DCOs), if applicable. HHS staff shared that there is an understanding that the Managed Care Organizations (MCOs) will require guidance and will determine how to best provide that.

HMA staff shared information regarding the upcoming demonstration application with anticipated dates of completion of each step over the next 6 months.

HMA shared that, based on the 2016 application, there are assumptions that can be made regarding the current application. It is anticipated that the Substance Abuse and Mental Health Services Administration (SAMHSA) will want to know the impact of the state's participation in the demonstration.

HMA explained that HHS will likely need to select from four goals offered by SAMHSA and asked for stakeholder input regarding HHS's selection of Iowa's specific goal(s) for the initiative. The four goals outlined for feedback were:

1. Provide the most complete scope of services required in the CCBHC Criteria to individuals who are eligible for medical assistance under the State Medicaid program. Address the gaps in the Medicaid-funded BH service continuum in Iowa.
2. Improve availability of, access to, and participation in, services described in subsection (a) (2) (D) to individuals eligible for medical assistance under the State Medicaid program. Improve access to the nine CCBHC services for Medicaid recipients in Iowa.
3. Improve availability of, access to, and participation in assisted outpatient mental health treatment in the State. Increase the number of Iowans receiving outpatient treatment under a court order.
4. Demonstrate the potential to expand available mental health services in a demonstration area and increase quality of such services without increasing net Federal spending. Improve Behavioral Health service volume and quality without increasing federal spending.

The stakeholder input included the following suggestions, questions, and feedback:

- There is a need to consider the data that and how can it be tracked.
- Goal 1 almost contains an admission that Iowa does not have the full spectrum of services.
- There was a recommendation to look at the evaluation in the gaps in Medicaid.
- The overall goal of CCBHC is more specific to the 9 services and is more complete, addresses what we may be missing.
- Goal 1 gives a better 'bang for your buck' as it addresses the gaps in service especially with special populations.
- Goal 2 improves both availability as well as access and participation.
- There was discussion regarding goal 3 and whether assisted outpatient mental health treatment is same as receiving outpatient treatment under a court order. Assisted Outpatient Treatment (AOT) was discussed, which is a specific program in Johnson County.
- The data tracked regarding AOT reflects whether costs with higher level services have been prevented.
- The Regions are collecting data that could be shared.
- There was discussion that cost savings regarding CCBHC's is something that has not yet been answered, consideration should be given to what the Federal government is trying to achieve with CCBHC's and how Iowa can show that it is increasing access to behavioral health services.
- There was discussion on goal 4 and a question whether states could be advantaged for choosing goal 4 since it would not increase Federal spending.
- Goal 4 could benefit by looking at the peer workforce and that peer support could be a key part of reducing costs.
- Goal 4 is a big unknown and requires a different way of thinking in order to be cost neutral.
- There was discussion that it is possible to work on all 4 goals, though each goal requires a significant lift and HHS will likely aim for one.
- Reducing bureaucracy by moving decisions to the lowest level possible in behavioral health care is a solution that could prevent cost.

- It is important to choose a goal that has a realistic ability to collect the data without being too time intensive.
- There was clarification on the time frame for the goals, with these being 4-year goals which align with the 4-year demonstration grant.

Lastly, HMA shared ongoing stakeholder engagement. HHS is intending to schedule at least one meeting in early 2024 to give the group an update on where Iowa is in the application and a last opportunity to provide feedback before submission of the demonstration application in March.

Public Comment

Members of the public were given the opportunity to make statements. Public comments included the following suggestions, questions, and feedback.

- Materials should be developed in accessible formats for individuals with disabilities.
- HHS should take into consideration what a gap in services is, with the commenter defining that as something we don't know we don't have rather than something we know we don't have.
- Screening for brain injury and brain injury training should be included as a part of the process.
- What is the target date for announcement of successful bidders? HHS stated this date is December 19, 2023.

Meeting notes respectfully submitted by Patti Manna.