

The background features a grayscale photograph of several hands gesturing in a group setting. Overlaid on this are large, semi-transparent geometric shapes: a teal triangle on the left, a yellow triangle at the bottom left, and several dark blue and white diagonal bars and shapes that create a dynamic, abstract pattern.

# CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

A Growth Story

C.J. Davis, CEO



# BRIGHTLI



**200** Locations

**4** States

**19**

Subsidiaries  
and/or Affiliates

**5K+**

Employees

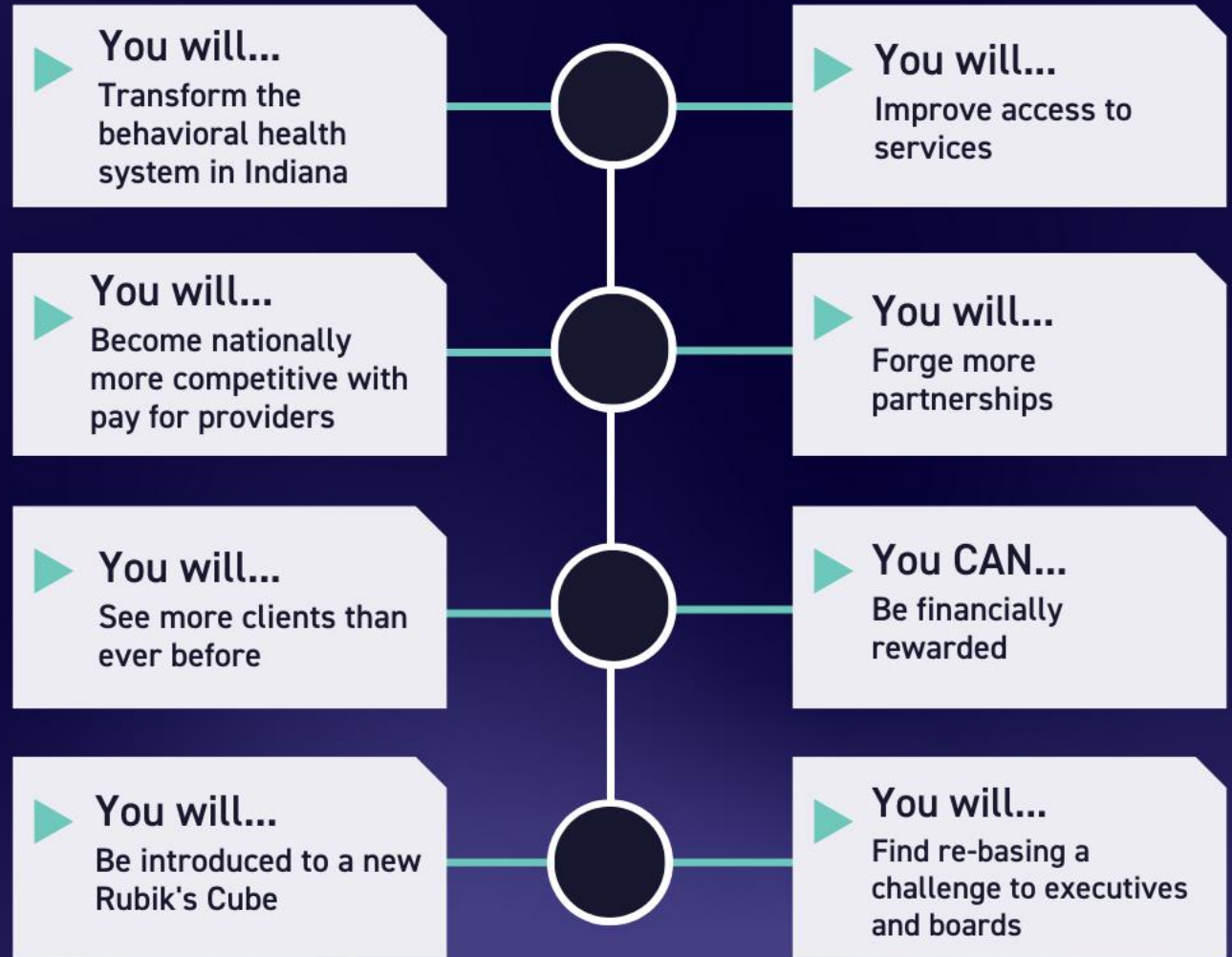
**\$391M**

Revenue

OFFERING MORE SERVICES.  
SERVING MORE PEOPLE.



**SAVING MORE LIVES.**

# DON'T BURY THE HEADLINE





# CMHC FEE-FOR-SERVICE VS. CCBHO COST-BASED SYSTEM

| Type                       | Hours Vs Daily Rate            |   |
|----------------------------|--------------------------------|---|
| CMHC<br>Fee-for-Service    | Paid for each<br>service/hours |  <p>Paid based on the number of hours a provider served a client. Incentivizes volume of services, especially by low-cost providers.</p>                 |
| CCBHO<br>Cost-Based System | Paid a<br>daily rate           |  <p>Rate is daily per person rather than hours. Incentivizes volume, but prioritizes many different clients rather than one client for many hours.</p> |

# CMHC FEE-FOR-SERVICE VS. CCBHO COST-BASED SYSTEM

| Type                          | Service/Provider                                   |
|-------------------------------|--|
| CMHC<br>Fee-for-<br>Service   | Make or lose<br>money based on<br>service/provider |
| CCBHO<br>Cost-Based<br>System | Get paid same rate<br>for all CCBHC<br>services    |

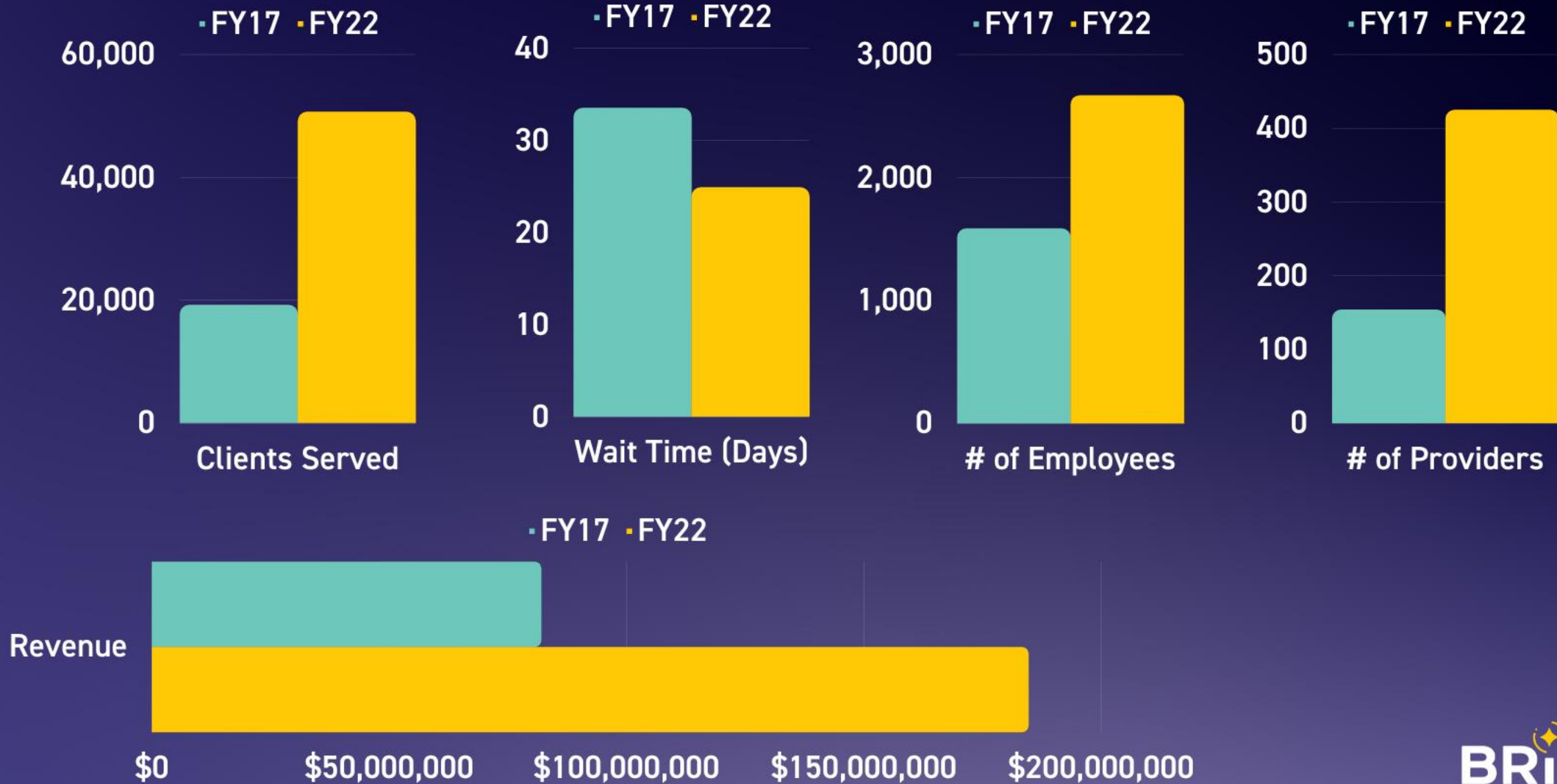
Psychiatry – High Cost (Salary) =  
LOSE MONEY

Therapy/Counseling – Moderately  
High Cost (Salary) = BREAK EVEN

Community Services – Low  
Cost/High Volume = LOTS OF MONEY

Same reimbursement rate for  
all CCBHC services because cost  
is built into the PPS rate.

# HIGH-LEVEL ADVANTAGES




# THE GOLDEN TICKET

- This is good for the system, but doesn't cure all issues and perhaps only delays them
- Those who are operationally strong/efficient rule the day
- The “transition to” is a key period
- Maximize market share/penetration for five years
- Competitive advantage is in larger markets
- Harder to underserve a county



# LEVELING THE PLAYING FIELD



Big systems will grow faster, but all will grow

More equitable than FFS for larger and smaller systems

Spending is rewarded

Scaling up is a process



# THE BEST PLAYBOOK



Prepare  
from  
day 1



Mergers,  
affiliations,  
partnership  
in efforts to  
pool  
resources



Lean on the  
ICCMHC  
and  
partnership  
with DMHA



We can't  
afford  
this?



Understand  
your  
competition

# The REAL Lessons Learned

▶ Don't become  
Disney World

▶ Board management  
(board optics and  
preparation)

▶ Plan your anticipated  
spending and  
re-basing year

▶ Have a brilliant finance  
team and CFO who  
understands cost  
reports and anticipated  
costs

▶ Stay plugged in  
with state and  
association

▶ Data analytics

▶ The wage  
conundrum  
(incentives, wage  
increases, benefits)

# WHAT YOU SHOULD BE DOING NOW

Prepare and/or build:

**Analytics Team**

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**Board of Directors**

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**Market Intelligence**

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**Operational Efficiencies**

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# THE BOTTOM LINE

- It is SO worth it!
- Services will be transformed.
- Every CCBHC in MO has grown!

# QUESTIONS?

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# THANK YOU

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