

# Certified Community Behavioral Health Clinics (CCBHCs)

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In recent years, the federal government has increased its investment in programs that integrate physical and behavioral health services. In particular, the government has funded large-scale efforts to increase the number of community behavioral health clinics that address patients' medical, behavioral health, and socioeconomic needs through a federal demonstration project, established by Congress in 2014, to select and support Certified Community Behavioral Health Clinics (CCBHCs) across the nation.

The Coronavirus Aid, Relief, and Economic Security Act of 2020 increased funding for existing CCBHCs and added two additional states, Michigan and Kentucky, to the demonstration program. This brief describes the CCBHC model, the impact CCBHCs have had to date, and efforts to expand CCBHCs nationwide.<sup>i</sup>

## CCBHC services

Certified Community Behavioral Health Clinics are required to provide a comprehensive range of services to vulnerable individuals with both physical and behavioral health needs. The services provided by CCBHCs, which focus on wellness, recovery, trauma-informed care, and physical-behavioral health integration, include a variety of services to address complex mental illnesses and the treatment of substance use disorders.

The federal government requires CCBHCs to provide nine services, either directly or through a contract:

1. Crisis mental health services, including 24/7 crisis teams, emergency crisis intervention services, and crisis stabilization
2. Screening, assessment, and diagnosis, including risk assessment
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning
4. Outpatient mental health and substance use services
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk
6. Targeted case management
7. Psychiatric rehabilitation services
8. Peer support, counselor services, and family supports
9. Intensive, community-based mental health care for members of the armed forces/veterans, particularly those members and veterans located in rural areas <sup>ii</sup>

## CCBHC organizations

In addition to meeting the nine service requirements listed above, organizations must meet other criteria in staffing, care coordination, access to care, quality reporting, and organizational authority to receive and maintain CCBHC status.

CCBHCs must be non-profit organizations or units of a local government behavioral health authority. Tribal health organizations and health centers may also become CCBHCs if they meet the criteria and are operated under the Indian Health Service or the authority of a tribe.<sup>iii</sup>

Private, for-profit clinics or organizations cannot become CCBHCs, but can enter into a formal agreement with a CCBHC to become a designated collaborating organization.

## Legislative history of CCBHCs

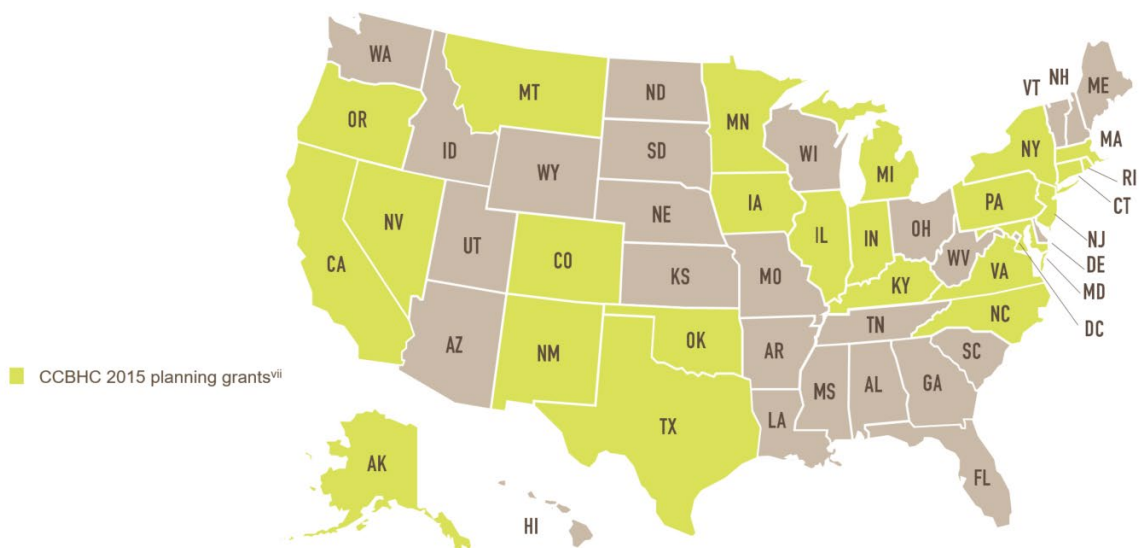
Senator Debbie Stabenow (D-MI) introduced the bipartisan [Excellence in Mental Health Act in 2009](#) to increase federal and financial support for access to high quality care for those living with mental illness and addiction. This Act established the nine required services for CCBHCs. It also addressed how this care would be financed – mainly, that CCBHCs will be reimbursed based on provider costs.<sup>iv</sup>

CCBHCs were created through Section 223 of the Protecting Access to Medicare Act of 2014, which established a two-year, eight-state demonstration program based on the Excellence in Mental Health Act.<sup>v</sup>

In October 2015, twenty-four states (see Figure 1) were awarded planning grants to design CCBHC programs. In December 2016, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) announced that eight states would participate in the demonstration program: Minnesota, Missouri, New Jersey, New York, Nevada, Oklahoma, Oregon, and Pennsylvania.<sup>1</sup> These states launched their CCBHC demonstrations in mid-2017 with 67 CCBHC provider organizations in 372 locations across 190 counties.<sup>vi</sup>

**Figure 1**

**24 states** received CCBHC planning grants in 2015<sup>vii</sup>



<sup>1</sup> Michigan applied to be a demonstration state in 2016, but was not selected by SAMHSA as part of the original eight-state demonstration program.<sup>1</sup>

In 2018, Congress appropriated funds for two-year CCBHC expansion grants to allow new sites to become CCBHCs, particularly sites that were not located in demonstration states. Sites located in Michigan were included as part of the expansion and Michigan had the most clinics of any state that received funding through the expansion grant program (see Figure 2).<sup>viii</sup>

**Figure 2**

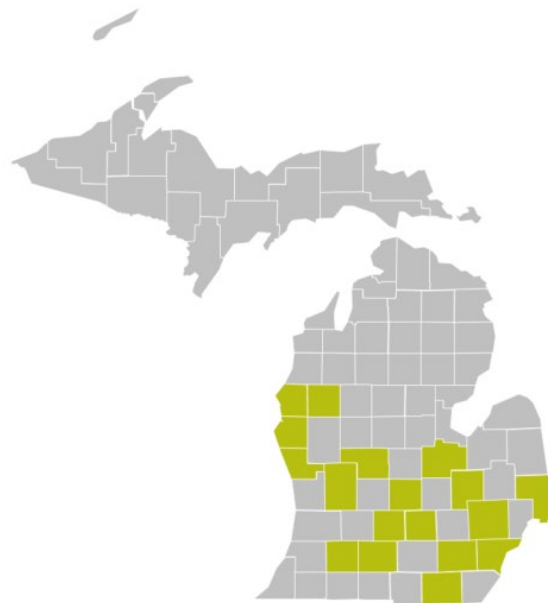
**CCBHCs in Michigan before 2020 and added in 2020**

CCBHCs in Michigan before FY 2020	New Michigan CCBHCs Awarded FY 2020
<a href="#">CMH Authority of Clinton, Eaton, &amp; Ingham Counties</a> Lansing, MI	<a href="#">Calhoun County Community Mental Health Authority</a> Battle Creek, MI
<a href="#">Community Network Services</a> Novi, MI	<a href="#">Detroit Recovery Project, Inc.</a> Detroit, MI
<a href="#">Easter Seals-Michigan, Inc.</a> Auburn Hills, MI	<a href="#">Genesee Health System</a> Flint, MI
<a href="#">The Guidance Center</a> Southgate, MI	<a href="#">Hegira Programs, Inc.</a> Livonia, MI
<a href="#">Integrated Services of Kalamazoo</a> Kalamazoo, MI	<a href="#">Judson Center, Inc.</a> Royal Oak, MI
<a href="#">HealthWest</a> Muskegon, MI	<a href="#">Macomb County Community Mental Health</a> Clinton Township, MI
<a href="#">Saint Clair County Community Mental Health</a> Port Huron, MI	<a href="#">Network180</a> Grand Rapids, MI
<a href="#">Washtenaw County Community Mental Health</a> Ypsilanti, MI	<a href="#">Team Mental Health Services</a> Dearborn, MI
<a href="#">West Michigan Community Mental Health System</a> Ludington, MI	<a href="#">Saginaw County Community Mental Health Authority</a> Saginaw, MI <sup>ix</sup>

**Figure 3**

**Michigan counties served by a CCBHC**

There are 18 CCBHCs in Michigan serving 18 of the state’s 83 counties. At this time, there are no Certified Community Behavioral Health Clinics in Northern Michigan or the Upper Peninsula.



## CARES Act CCBHC expansion

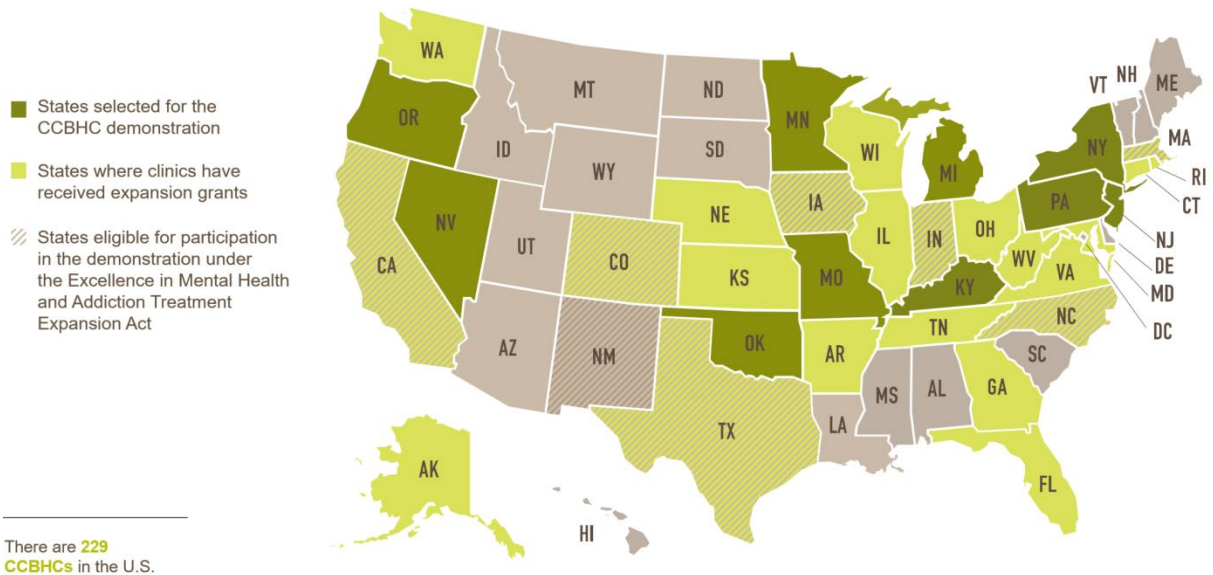
The [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) was signed into law on March 27, 2020 in response to the economic hardships states were facing as a result of the COVID-19 pandemic. This Act expanded the CCBHC demonstration to two additional states for two full years, chosen from the group of original applicants for the program.<sup>x</sup>

In August 2020, the U.S. Centers for Medicare & Medicaid Services (CMS) and SAMSHA announced that Michigan and Kentucky would join as demonstration states for a total of ten states participating in the CCBHC demonstration program.<sup>xi</sup> These states are now both demonstration states and states with direct-to-site CCBHC expansion grants. The rollout plans for Michigan’s statewide implementation are currently in development.

In April 2020, SAMHSA announced 166 awards for CCBHC expansion grants. The expansion grants included \$200 million in annual funding for CCBHCs, in addition to the \$250 million in emergency funding provided to CCBHCs under the CARES Act. All funding was exclusively awarded to those organizations that had applied for CCBHC expansion grant funding prior to the COVID-19 pandemic. With the expansion, there will be almost 230 CCBHCs organizations operating in thirty-three states (see Figure 3).<sup>xii</sup>

**Figure 4**

**Status of participation in the CCBHC model<sup>xiii</sup>**



## Populations Served by CCBHCs

Although the CCBHC demonstration program is designed to work within the scope of state Medicaid plans and to specifically service Medicaid enrollees, CCBHCs are not permitted to refuse service to any individual on the basis of ability to pay or place of residence. CCBHCs serve a wide array of populations, including many individuals with serious mental illness, serious emotional disturbance, mild to moderate mental illness, and substance use disorders, and those who are active-duty military and veterans, as well as individuals who are low-income, uninsured, or court-ordered to receive services.<sup>xiv</sup>

A survey of CCBHCs conducted by the National Council for Behavioral Health along with the University of Michigan Behavioral Health Workforce Research Center found that populations served by CCBHCs are diverse. All respondent CCBHCs reported that their site serves individuals within the LGBTQ populations, and 94 percent of CCBHCs responded that they serve racial minority populations. Another 19.4 percent of CCBHCs responded that they serve tribal populations, and 83.3 percent reported that they serve populations with language-based disabilities or individuals with Limited English Proficiency.<sup>xv</sup>

## Funding for CCBHCs

There are two different federal funding tracks for CCBHCs. CCBHCs in states participating in the demonstration program receive an enhanced Medicaid reimbursement rate through a Prospective Payment System (PPS).<sup>xvi</sup> The PPS methodology is also sometimes referred to as “cost-related reimbursement,” and although providers are not guaranteed to recover all costs associated with providing these specific services, the reimbursement rates are established by a base year cost report for each CCBHC that includes the cost of providing all services to all patients in a clinic. This allows each CCBHC to set a unique rate for reimbursement commensurate with costs, and that same rate is paid, regardless of intensity of services.<sup>xvii</sup>

States were allowed to choose between two PPS methodologies developed by CMS.

- The first methodology (PPS-1) is similar to that used by Federally Qualified Health Centers—it is a cost-based reimbursement that pays a fixed daily rate for all services rendered to a Medicaid beneficiary. The PPS-1 methodology also lets states provide quality bonus payments to CCBHCs that meet defined quality metrics.
- The second methodology (PPS-2) is a cost-based reimbursement that pays a standard monthly rate per Medicaid beneficiary served, with separate monthly rates that vary with beneficiaries' clinical conditions. Under the PPS-2 methodology, states reimburse participating CCBHCs at a fixed monthly rate for all services provided to a Medicaid beneficiary.<sup>xviii</sup>

Michigan is currently in the planning phase of the CCBHC implementation and has not yet selected a payment methodology.

The second funding track for CCBHCs is through federal grants, also known as CCBHC expansion grants awarded by SAMHSA. Each of the CCBHCs that were not part of the initial demonstration program are funded through expansion grants of up to \$2 million per year for two years. This funding is not exclusively for new CCBHCs though, as some sites that were a part of the initial demonstration program have also received expansion grants.<sup>xix</sup>

## Impact of CCBHCs

CCBHCs have only been in effect a short time and data are not yet available to measure their impact on outcomes; however, [positive process measures have been reported](#) by the National Council for Behavioral Health, an advocacy organization representing CCBHC clinics. These process improvements include:

- Training staff in suicide prevention.
- Reaching out to school-age youth and creating formal referral relationships with local schools.
- Increasing the number of CCBHCs offering medication-assisted treatment (MAT), the gold standard for opioid addiction treatment.
- Reducing patient wait times and increasing the number of patients served.

- Creating relationships with local law enforcement agencies, mental health and drug courts, and adult and juvenile criminal justice agencies/courts.
- Expanding staff capacity and opportunities (CCBHCs added over 3,000 staff members in the first year alone).<sup>xx</sup>

## Ongoing workforce challenges

Workforce shortages remain a concern in behavioral health, and the impact of CCBHC status on the workforce of behavioral health organizations is particularly significant. The increased funding provided to CCBHCs allows them to pay more competitive salaries and hire more qualified candidates.

CCBHCs have been able to increase their workforce and improve staff retention, but onboarding many new staff members in a short amount of time presents challenges and recruiting staff continues to be difficult as the behavioral health field is experiencing a shortage nationwide.<sup>xxi</sup>

## Conclusion

The CCBHC model offers the opportunity to improve behavioral health service delivery, and there is broad bipartisan support for the CCBHC model going forward. Both funding and support for CCBHCs increased in 2020, and eligibility for expansion grants was extended nationwide.

Opportunities, funding, and support for CCBHCs continue to increase, and CCBHCs have become a promising structure for integrating and improving the behavioral health care delivery system nationwide.<sup>xxii</sup>



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