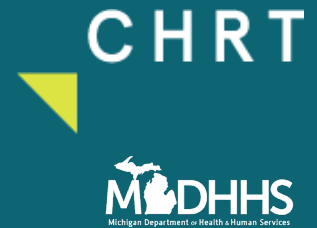


Certified Community Behavioral Health Clinics in Michigan: Early Results



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The evaluation of the Michigan CCBHC Demonstration is funded by a grant from the Michigan Health Endowment Fund.

Overview: The Michigan CCBHC Demonstration

The Michigan Certified Community Behavioral Health Clinic (CCBHC) Demonstration launched on October 1, 2021, with 13 participating sites. By October 2024, the Michigan CCBHC Demonstration was expanded to include 35 sites, making Michigan’s CCBHC Demonstration one of the largest in the country.



CCBHCs are non-profit organizations or units of a local government behavioral health authority designed to provide comprehensive, integrated mental health and substance use disorder (SUD) services to anyone who walks through their door, regardless of their diagnosis, insurance status, ability to pay, or residence. Additionally, CCBHCs must follow standards intended to make services more available and accessible, including expanding service hours, utilizing telehealth, engaging in prompt intake and assessment processes, offering 24/7 crisis interventions, and following person- and family-centered treatment planning and service provision. **The Demonstration requires CCBHCs, directly or through designated collaborating organizations (DCOs), to provide a set of nine (9) comprehensive core services deemed necessary to facilitate access, stabilize crises, address complex mental illness and addiction, and emphasize physical/behavioral health integration:**

- Crisis mental health services
- Screening, assessment, and diagnosis, including risk assessment.
- Patient-centered treatment planning
- Outpatient mental health and substance use services.
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
- Targeted case management.
- Psychiatric rehabilitation services.
- Peer support and counselor services and family supports.
- Intensive, community-based mental health care for members of the armed forces and veterans.

This document highlights select early outcomes from the original 13 CCBHC sites:

1. Community Mental Health Authority of Clinton, Eaton, Ingham Counties
2. CNS Healthcare
3. EasterSeals MORC
4. HealthWest
5. Integrated Services of Kalamazoo
6. Macomb County Community Mental Health
7. Pivotal
8. Saginaw County Community Mental Health Authority
9. St. Clair County Community Mental Health
10. The Guidance Center
11. The Right Door for Hope and Wellness
12. Washtenaw County Community Mental Health
13. West Michigan Community Mental Health

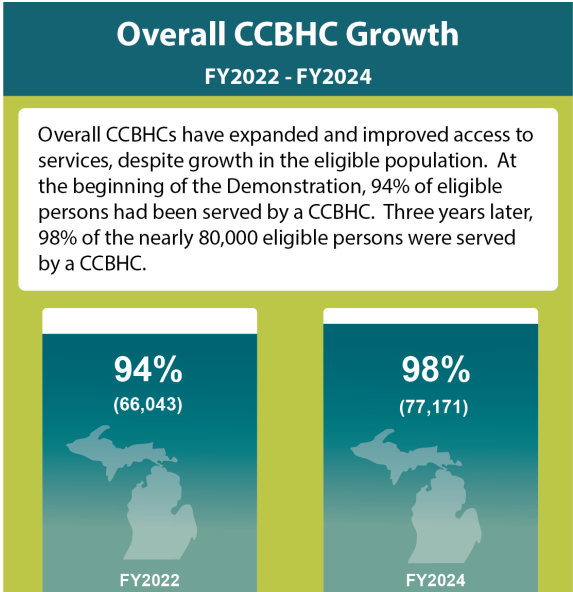
A full and detailed [evaluation report](#) can be found on CHRT’s website.

Overall early results from the Michigan CCBHC Demonstration show improved access to all core Behavioral Health services. They have done so for all demographic groups as well as for persons with mild to moderate behavioral health needs and Veterans. However, when looking at each core service individually, both increases and decreases in access are evident. This suggests where CCBHC pain points may lie to addressing increased demand for services, highlighting where more support, policy change and strategies for improvement may be needed.

Overall Increase in Access to CCBHC Services

Overall CCBHCs have expanded access and maintained a consistent level of services, despite growth in the number of persons served. By 2024, nearly all CCBHC eligible individuals received at least one of the core services.

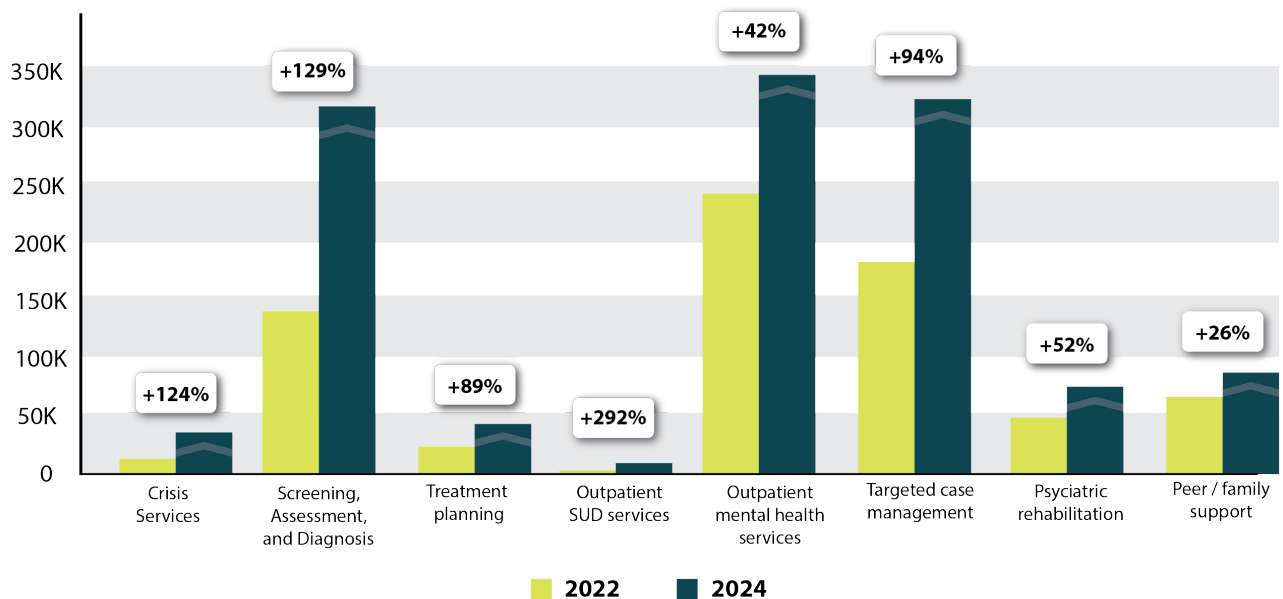
“It’s our...promise that if someone comes to our front door—whether through our referral system or just walking in—we’ll serve them. I think that’s made the biggest impact because there’s no wrong door for them. They have immediate access, and they don’t have to deal with the eligibility requirement through the Medicaid system.”
 — CCBHC Staff Member



CCBHCs Provided More Services to More Individuals...

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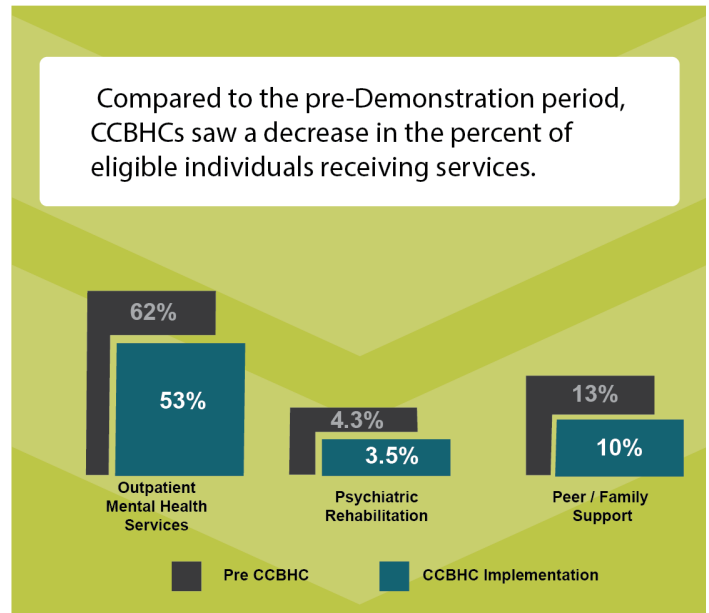
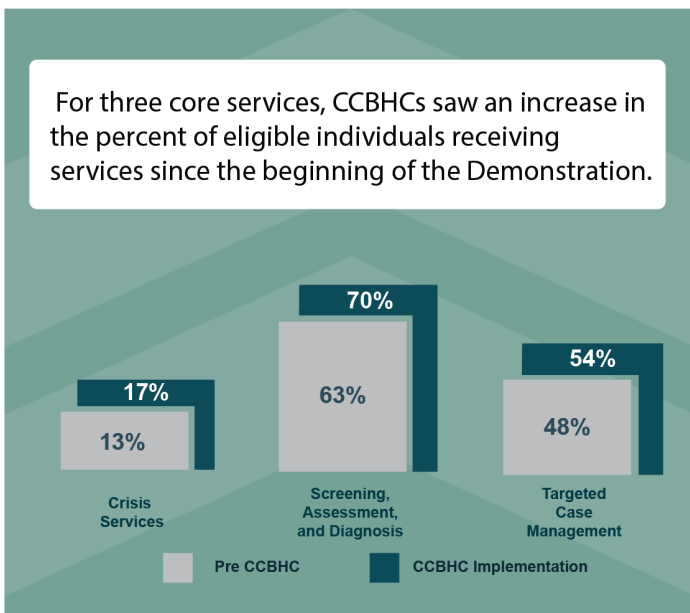
Since the beginning of the Demonstration, utilization of all core services grew by 26% to 292%. Outpatient SUD services, although the smallest number of core services provided, nearly quadrupled (from 1,236 to 4,842) claims.



...But the Proportion of Persons Receiving Specific Services Varied

While CCBHCs experienced tremendous growth in the average number of services and individuals served since FY2018, the proportion of persons served with a specific core service varied. In other words, demand for a service increased at a faster rate than service capacity. These show potential pain points for CCBHCs as increased demand and current limits on service capacity are exacerbated by challenges in the larger behavioral health ecosystem, such as persistent workforce shortages.

CCBHCs successfully increased access for eligible persons to three of the core behavioral health services—crisis services, screening, assessment and diagnosis, and targeted case management. During the same period, they experienced challenges in providing three others—outpatient mental health services, psychiatric rehabilitation, and peer/family support. Again, while the **overall number of services increased**, the relative proportion of those getting these services decreased. As noted previously, this is tied to a variety of challenges and pain points, most prominent of which are well-documented behavioral health workforce shortages. Both successes and challenges of CCBHC growth and expansion are detailed in the [full evaluation report](#).



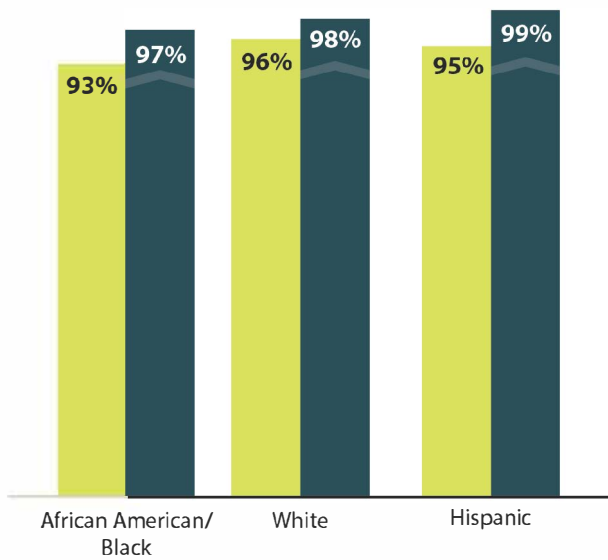
“We had to grow and expand our outpatient therapy clinic, and with that, the demand for psychiatric care increased as well. However, this growth brought its own challenges. As services expanded, we had to keep up with staffing, which has been tough due to shortages. For psychiatric care, we’ve had to ensure we have enough pre-prescribers to meet the growing demand, which has been another hurdle.”

— CCBHC Staff Member

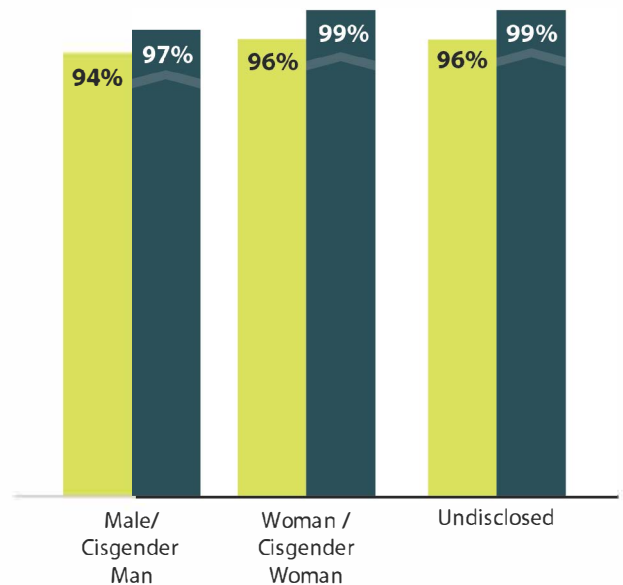
Access to Services across Demographic Groups

CCBHCs provided equitable access with no major disparities among groups. By 2024, nearly all people who were eligible for CCBHC services had received at least one core service.

Race

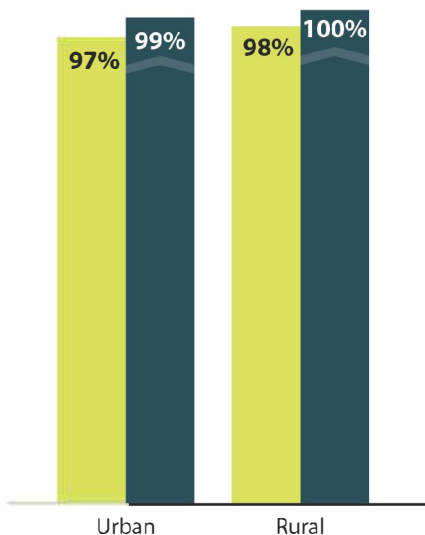


Gender

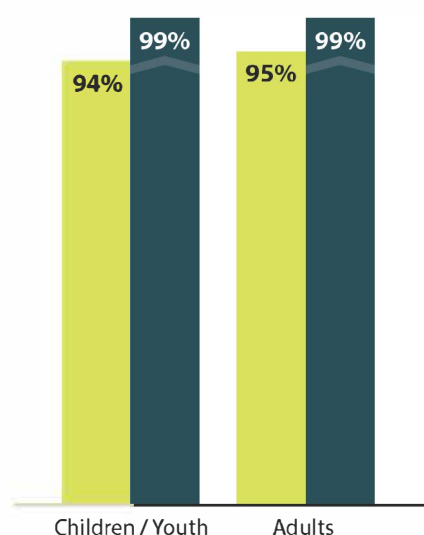


2022 2024

Region



Age

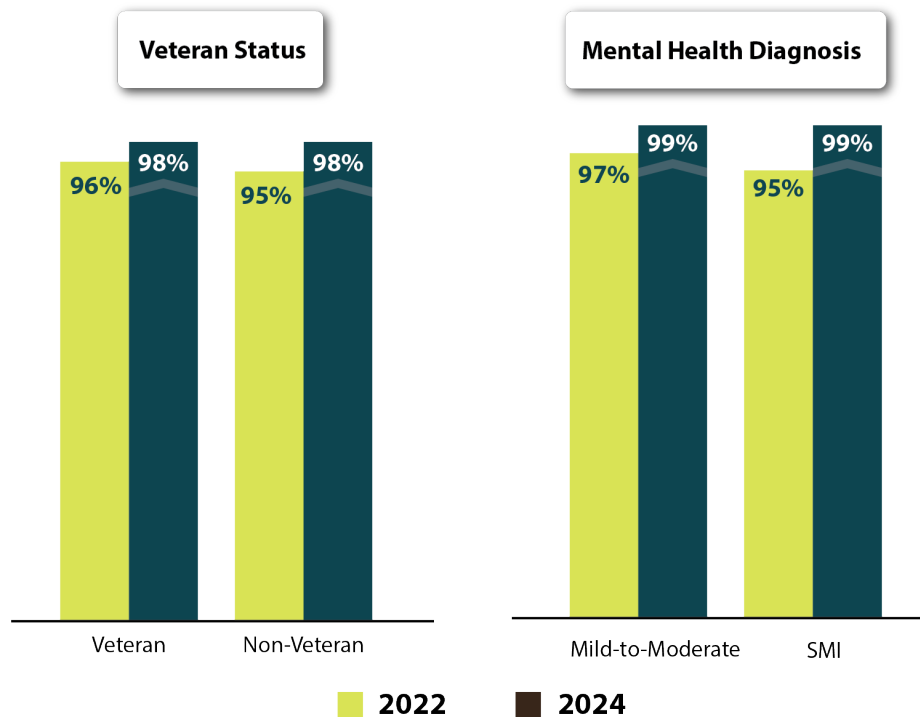


2022 2024

“We’re in a rural setting with fewer resources, but the CCBHC Demonstration has significantly impacted us by providing more opportunities and resources to improve treatment quality, enhance evidence-based practices, and offer staff training. It supports our mission and vision, making our efforts more sustainable while strengthening our role in mental health and SUD services for our communities. However, the implementation of these practices can be burdensome at times due to staffing levels.” – CCBHC Staff Member

Access to CCBHC Services among Veterans and Persons with Mild to Moderate Diagnoses

CCBHCs expanded behavioral health care to individuals regardless of mental health diagnosis or Veteran status. By 2024, nearly all Veterans who were eligible for CCBHC services had received at least one core service. Similarly, 99 percent with either mild to moderate or SMI diagnoses had received at least one core service.



“The ability to serve more people with mild to moderate types of mental health needs, who traditionally have not met criteria for community mental health services, is significant.”

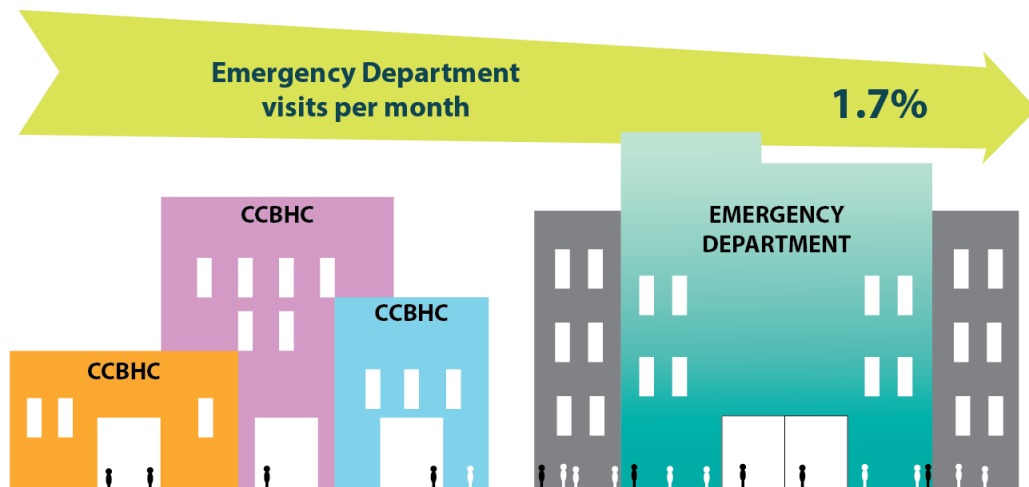
– PIHP Staff Member

Decrease in Emergency Department Utilization among Persons Served by CCBHCs

Emergency Department (ED) utilization is widely used as an indicator to measure whether an effort to improve and coordinate care for a particular population is working as intended. Early indications from the CCBHC Demonstration show promise at reducing ED use for persons served by a CCBHC. More detailed analysis on ED use among the CCBHC population can be found in the [full report](#).

CCBHC Impact on Emergency Departments

Compared to years prior to the Demonstration, persons served by a CCBHC were **1.7%** less likely to have used the Emergency Department (from 119 ED visits per 1000 patient months to 117 visits from FY2018-FY2024), a small but statistically significant decrease.



“The difference is night and day—people aren’t waiting until they’re in crisis. We’re seeing folks earlier, which changes outcomes.”

— PIHP Staff Member

Conclusion

Based on the early results from the Michigan CCBHC Demonstration, CCBHCs have successfully expanded overall access to behavioral health services for more people, including veterans and those with mild to moderate needs. Despite this growth in the number of people served, challenges remain in meeting the increased demand for specific core services like outpatient mental health, psychiatric rehabilitation, and peer support, largely due to workforce shortages. The demonstration shows promise in improving outcomes for persons served, as indicated by a decrease in emergency department utilization. These early findings suggest that while the CCBHC model is effective at expanding access to care, future effort and strategies should focus on addressing the challenges related to service capacity and staffing.