


Revolutionizing Behavioral Health Care: An Overview of Certified Community Behavioral Health Clinics (CCBHCs)

David de Voursney, MPP
 Director, Division of Community Behavioral Health
 Center for Mental Health Services


July 22, 3:45 to 4:45



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Agenda/Overview


- Overview and History of CCBHCs
- Certification Criteria
- CCBHCs and Crisis Services
- CCBHCs and Integrated Care
- Impact of CCBHCs in the Community
- Updates and Future Directions



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Overview and History of CCBHCs

- What is a CCBHC
- Federal Partnership Guiding the CCBHC Initiative
- Financing Pathways for CCBHCs
- Spread of CCBHCs over time



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Realizing a Dream 60 Years in the Making



- On Oct. 31, 1963, President John F. Kennedy signed the Mental Health Services Act
- Supported Construction of Community Mental Health Centers across the country
- Turning point in national policy towards serving people in the community



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What is a Certified Community Behavioral Health Clinic?

- Brings a comprehensive range of services together, incorporating evidence-based practices and other supports based on a community needs assessment



- Provides for improved access to mental health and substance use disorder (MH/SUD) services, including increased capacity to respond to MH+SUD crises
- Serves individuals across the lifespan with mental health and/or substance use disorders
- Must meet CCBHC Certification Criteria



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Federal Agency Partner Roles in the CCBHC Initiative

Three Federal Agencies work collaboratively to implement the CCBHC Demonstration:



- **SAMHSA** is responsible for administration of the 1-year CCBHC planning grants for the purpose of developing proposals to participate in a time-limited Demonstration program, development and oversight of the CCBHC program criteria including clinic certification requirements, and CCBHC quality measure development and reporting. Also administers the CCBHC-Expansion Grants



- **CMS** is responsible for development and oversight of the CCBHC Prospective Payment System (PPS) requirements, development and oversight of the CCBHC cost-report to support PPS rate development, and Federal Medical Assistance Percentage (FMAP) claimed expenditures under the Demonstration



- **ASPE** is responsible for conducting an independent national evaluation of the CCBHC Demonstration. Evaluation activities are used to generate annual CCBHC Reports to Congress and Evaluation reports as required by Statute

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Main Federal Payment Sources for CCBHCs

CCBHC Medicaid Demonstration


- Authorized under Section 223 of PAMA the Protecting Access to Medicare Act as amended and administered through state Medicaid programs
- States have to receive planning grant to apply to join the demonstration
- Provides flexible and cost-based reimbursement under prospective payment systems (daily or monthly encounter rates)
- Eliminates fragmented financing and care for Medicaid beneficiaries and is integrated into existing state and local financing and administrative systems
- Includes quality incentives
- States receive an enhanced federal (eFMAP) Medicaid match for the program expenditures
- None of the original states have statewide coverage through the demonstration, though some cover larger areas of their states than others
- Some sites in the Medicaid Demonstration also receive the SAMHSA CCBHC-E grants

SAMHSA CCBHC Expansion (CCBHC-E) Grants

- Provides fixed grant amount - in most recent round up to \$1 million/year for four years directly to clinics, (in cohorts before 2022, these grants were for up to \$2 million/year for two years)
- Two tracks - one for existing CCBHCs (Improvement and Advancement or IA Grants), one for new start-up CCBHCs (Planning, Development, and Implementation or PDI grants)
- SAMHSA grant funds are used to build out program components in addition to existing funded services to meet full CCBHC requirements
- Grants are administered by SAMHSA
- Must submit a detailed attestation to SAMHSA that they meet the CCBHC certification criteria for approval if not certified by their state
- Some sites receiving CCBHC-E grants also participate in the CCBHC Demonstration

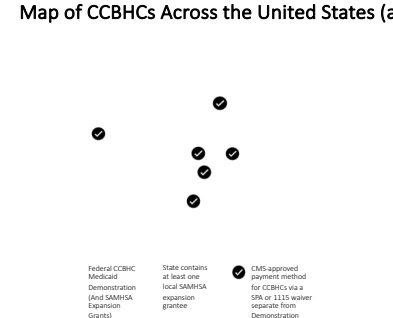
State Plan/Non-Feder CMS Approved CCBHCs

- Some states support the CCBHC models under Medicaid authorities outside of the Demonstration
- Programs align with CCBHC model but operate under different Medicaid authorities from the demonstration, with different rules
- States do not receive the enhanced FMAP for CCBHCs that are funded through these mechanisms and are reimbursed at regular Medicaid rates
- Most of these programs are in states that are a part of the CCBHC Medicaid demonstration, and they are using these mechanisms to include clinics that are not a part of the original Demonstration
- Some have SAMHSA CCBHC-E grants




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Map of CCBHCs Across the United States (as of June 2024)



- There are now more than 500 CCBHCs across 46 States, the District of Columbia, and Puerto Rico
- CCBHCs may be a part of the Section 223 Medicaid Demonstration, independent State programs, or participating in SAMHSA's expansion grants
- 18 States are participating in the Section 223 CCBHC Medicaid Demonstration (recent additions in blue below):
 - Alabama
 - Indiana
 - Iowa
 - Kansas
 - Kentucky
 - Maine
 - Michigan
 - Minnesota
 - Missouri
 - New Hampshire
 - New Mexico
 - New York
 - New York
 - Oklahoma
 - Oregon
 - Rhode Island
 - Vermont
- Most demonstration states are not statewide, but many are adding sites over time.
- Newly added demonstration states are beginning their demonstration programs over the next year.

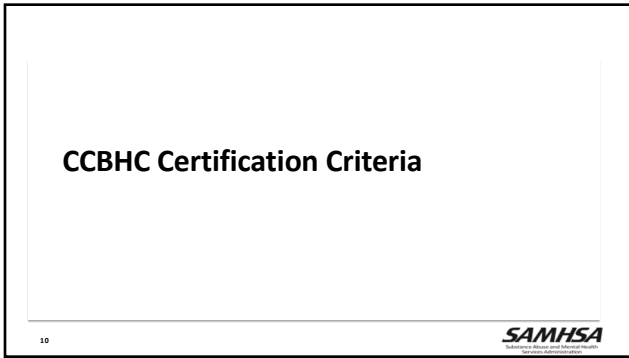


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CCBHC Timeline

2014	Initially authorized through Protecting Access to Medicare Act of 2014
2015	Released Certification Criteria and Prospective Payment Guidance, 24 State Planning Grants awarded
2017	8 states started section 223 CCBHC demonstration programs (MN, MA, WI, NC, WV, OK, OR, and PA)
2018	First 12 CCBHC Expansion grants awarded with \$100M in appropriations program first awarded every year since - now at \$385M/year with more than 400 active grantees
2019	7 Additional States added to the Section 223 CCBHC Demonstration (NY and MI, authorized by Coronavirus Aid, Relief, and Economic Security Act)
2020	Separation safer communities act authorized addition of up to 10 states to the demonstration every two years
2021	13 Planning grants awarded, updated certification criteria released, providers released for seeking demonstration states to add CCBHCs
2022	10 additional states chosen to join the demonstration (Alabama, Illinois, Indiana, Iowa, Kansas, Maine, New Hampshire, New Mexico, Rhode Island, Vermont)
2023	Up to 15 additional planning grants to be awarded (planning to release the application in FY 2024 with awards in FY 2025)
2025	Up to 20 additional demonstration states added
2027	Additional demonstration states added every two years

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CCBHC Certification Criteria

CCBHCs Provide Nine Core Services Directly or Through Formal Partnerships

- Staffing:** Staffing standards informed by local needs
- Availability and Accessibility of Services:** Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all people who request services regardless of ability to pay or place of residence
- Care Coordination:** Requires care coordination plans across services and providers and health information technology infrastructure
- Scope of Services:** Nine required services
- Quality and Other Reporting:** Quality measures, a quality improvement plan
- Organizational Authority and Governance:** Consumer representation in governance, participation in Medicaid, appropriate state accreditation

Updated Criteria: <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>
Original Criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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Updated Quality Measures (Appendix B)

- Proposing 5 clinic collected measures and 13 state collected measures - a change from 9 clinic reported measures and 12 state reported measures.
- Strengthened the focus on time to services, crisis response, social determinants of health (SDOH), and Medications for Opioid Use Disorder (MOUD).
- Will be using updated technical specifications that are now out-of-date for existing CCBHC measures that are retained.
- Removing or making optional some of the existing quality measures that have been problematic. This will balance the burden created by new measures.

Clinic-Collected Measures (Required)	
Time to Services (I-SERV)*	
Depression Remission at Six Months (DEP-REM-6)	
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	
Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)	
Screening for Social Drivers of Health (SDOH)*	
State-Collected Measures (Required)	
Patient Experience of Care Survey	
Youth/Family Experience of Care Survey	
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)	
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	
Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)	
Plan All-Cause Readmissions Rate (PCR-AD)	
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADH-CH)	
Antipsychotic Medication Management (AMM-BH)	
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)*	
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)*	

*new or significantly expanded measure

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CCBHCs and Crisis Services


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Certified Community Behavioral Health Clinics (CCBHCs) and Crisis Response

SAMSHA recently updated these criteria to include a stronger focus on helping people in crisis and, in July 2024, CCBHCs will be required to:

"Someone to contact"



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- Coordinate with the 988 call center serving the area where the CCBHC is located - **New**
- Coordinate with local emergency departments, inpatient systems, and law enforcement
- Must educate people served about crisis planning and how to access crisis services, **including 988**

"Someone to respond"
(mobile crisis)

↓

- Determine if a person is in crisis at first contact with the CCBHC, and if necessary, **provide a mobile crisis response within 3 hours** (available 24 hours a day)
- **Participate in their local "air traffic control" system** – coordinating with other entities and working with other systems to track individuals as they are connected with the support they need - **New**

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Certified Community Behavioral Health Clinics (CCBHCs) and Crisis Response

"A safe place for help"
(specialized facilities and stabilization services)

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- Provide **crisis walk-in capacity** available during extended hours - **New**

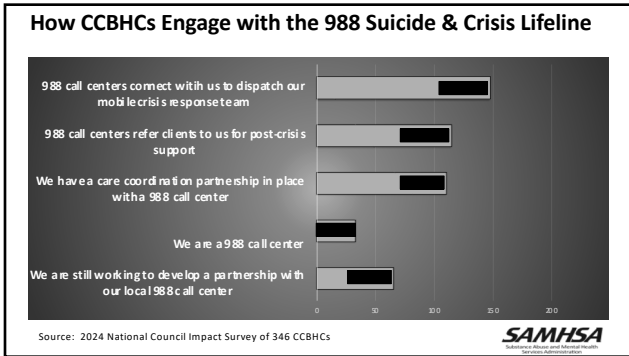
Comprehensive, coordinated, follow-up care



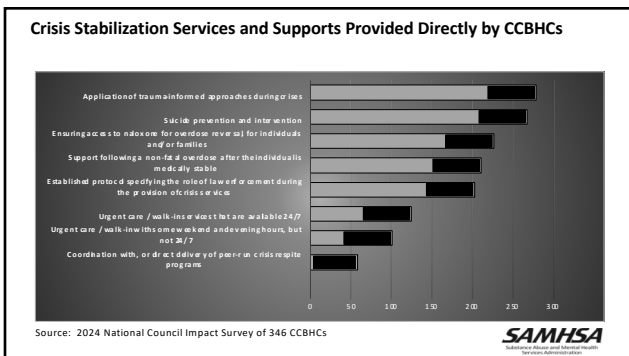
- Provide care, regardless of ability to pay or place of residence, to anyone who needs it
- Provide a **comprehensive set of outpatient mental health and substance use supports**
- Provides care coordination, including with primary care/physical health and social services
- Initial evaluation and comprehensive assessment must address **suicide risk, substance use, other safety concerns**
- Develop a **crisis plan for every person** they serve
- **Train their staff on suicide and overdose prevention and response** - **Partially New**
- Engage in **continuous quality improvement** to improve processes around emergency department use, hospitalization, repeated crisis episodes, suicide deaths and attempts, fatal and non-fatal overdoses - **Partially New**

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Criteria 4.G - Outpatient Clinic Primary Care Screening and Monitoring

4.g.1 - The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risks. The Medical Director establishes protocols, including for:

- HIV and viral hepatitis
- Conditions included in CCBHC Quality Measures
- Other clinically indicated primary care key health indicators

4.g.2 - The Medical Director will develop organizational protocols to:


- Identify people receiving services with chronic diseases
- Ensure that people receiving services are asked about physical health symptoms; and
- Establish systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g.

The CCBHC should have the ability to collect biologic samples directly, through a DCO, or through protocols with an independent clinical lab organization, or in coordination with primary care (though the CCBHC maintains responsibility for ensuring screening and monitoring happens).

4.g.3 - The CCBHC will provide ongoing primary care monitoring of health conditions, including:

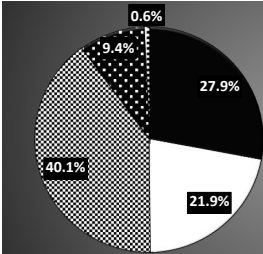
- ensuring individuals have access to primary care services;
- ensuring ongoing periodic laboratory testing and physical measurement of health status;
- coordinating care with primary care and specialty health providers; and
- promoting a healthy behavior

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How CCBHCs Provide Access to Primary Care



- Fully integrated Provider: Our CCBHC is also a comprehensive primary care provider, and services are available in the same location(s)
- Co-location or arrangement: Our primary care partner provides services on-site at our CCBHC location, we provide services on-site at their primary care location, or both
- Care coordination: We provide referrals to our primary care partner(s), track follow-up and proactively coordinate care
- Referrals only: We provide referrals to primary care organizations but do not actively track or coordinate care at this time
- None

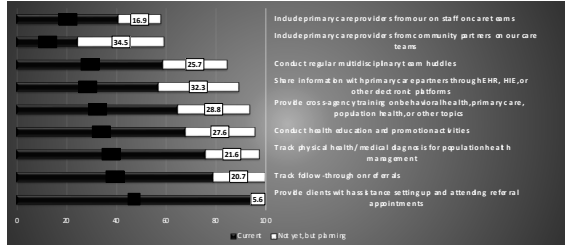
Source: 2024 National Council Impact Survey of 346 CCBHCs

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CCBHC Integrated Care and Care Coordination Activities



- Independent primary care providers from our staff on care teams
- Independent primary care providers from community partners on our care teams
- Conduct regular multidisciplinary team huddles
- Share information with primary care partners through HIE, or other data link platforms
- Provide ongoing training on behavioral health, primary care, population health, or other topics
- Conduct health education and promotional activities
- Track physical health/medical diagnosis for population health management
- Track follow-through on referrals
- Provide clients with host location setup and attending referral appointments

Source: 2024 National Council Impact Survey of 346 CCBHCs

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CCBHC Impacts and Findings

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SPARS data findings between FY2021-FY2023

From baseline to 6-month reassessment

- **Health:** A 14.5% increase in overall health.
- **Functioning:** 25.8% increase in functioning in everyday life from baseline to most recent interview.
- **Psychological Distress:** A 30.6% decrease in the number of consumers reporting serious psychological distress
- **Illegal Substance Use:** 13.2% decrease in use of illegal substances
- **Binge Drinking:** A 20.9% decrease in binge drinking
- **Experience of Homelessness:** 32.7% fewer reported experiencing homelessness (Past 30 days)
- **Hospitalization:** 73.1% fewer reported being "hospitalized for mental health care (Past 30 days)"
- **Inpatient SU Treatment:** 63.1% fewer reported in-patient substance use disorder treatment (Past 30 days)
- **ER Visits:** 68.5% fewer reported having "utilized an emergency room for behavioral health issues (Past 30 days)"
- **Social Connectedness:** 15.1% of adults increase in social connectedness.

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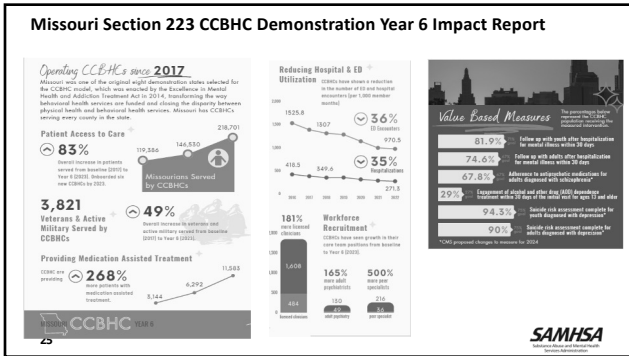
Selected Services Added as a Result of Medicaid Demonstration

Service	% Providing Service After First Year*	% that Added Service
24-hour mobile crisis services	97%	46%
MAT for alcohol and opioid use	92%	46%
Peer support services	100%	43%
Peer support for family members	83%	34%
Specialty MH/SUD services for children/youth	85%	22%
Supported employment	82%	27%

* Provided directly or through designated collaborating organization relationship.
Implementation Findings From the National Evaluation of the Certified Community Behavioral Health Clinic Demonstration (September 2020). Mathematica Policy Research. Prepared for the Office of Behavioral Health, Disability, and Aging Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Contract #HS193320400017.
https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/156951/CCBHCImeFind.pdf

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Grantee Story

- Received first SAMHSA CCBHC-E Grant in 2018.
- On October 1, 2021, Family and Children's Services announced that it was certified by Oklahoma as a CCBHC.
- See: <https://www.fcsok.org/hope-starts-here-at-fcs/>
- Click [Here](#) for Video

Family & Children's SERVICES
Hope Starts Here
Certified Community Behavioral Health Clinic (CCBHC)

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Updates and Future Directions

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<https://www.samhsa.gov/certified-community-behavioral-health-clinics/technical-assistance-resources>



Technical Assistance and Resources

The Certified Community Behavioral Health Clinic Expansion, Grants, National Training, and Technical Assistance Center (CCBHC-E National TTA Center) is committed to advancing the CCBHC model by providing Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Programs (including CCBHC-E, CCBHC-PDI, and CCBHC-IA) training and technical assistance related to certification, sustainability and the implementation of processes that support access to care and evidence-based practices.


SAMHSA's Certified Community Behavioral Health Clinic (CCBHC) State Technical Assistance Center (CCBHC-S-TAC) is a national technical assistance (TA) center dedicated to supporting states as they implement and advance the CCBHC model. Operated by the National Council for Mental Wellbeing (NCMW), their team of CCBHC experts are ready to partner with you and your state to provide customized TA to support your state's uptake of integrated care through the CCBHC model.

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CCBHC and Integrated Care Grant Opportunities at Current Funding Levels


- CCBHC State Planning Grants
 - Anticipate release of NOFO in FY 2024 and Award in FY 2025
- Promoting Integration of Primary and Behavioral Health Care (PIPBHC)
 - Two Tracks
 - Traditional and Collaborative Care Model (Texas has current PIPBHC grant awarded in FY 2023)
- Potential CCBHC Expansion Grants
 - At current levels, likely next cohort in FY 2026

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Next Steps and Future Directions

- States area adding additional CCBHCs to their existing state demonstration programs
- Bipartisan Safer Community Act Expansions mean that a majority of states will have CCBHC programs in Medicaid by 2026
- Independent accrediting bodies are building CCBHC standards
- A permanent option has been established in Medicaid
- Examining potential for CCBHC Healthcare Learning Network

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Discussion/Questions – Future Directions



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Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.
Please send questions and input to CCBHC@samhsa.hhs.gov

www.samhsa.gov

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