

Certified Community Behavioral Health Clinics: Expanding Access to Care in Times of Crisis

November 2017

Nationally, one in eight emergency department (ED) visits involve a mental health or substance use concern.¹ Meanwhile, law enforcement officials are frequently called upon to respond to crisis episodes, taking them away from their other duties and resulting in jails annually housing two million individuals with a serious mental illness.² These cases are increasing³ and straining state budgets, law enforcement resources, and hospitals' capacity.

Effective crisis response programs link emergency departments, law enforcement and other first responders with trained mental health and addiction professionals to help those in crisis get access to timely treatment services in the most appropriate setting. Unfortunately, lack of funding for these types of crisis interventions means that for too many Americans, their only recourse in a crisis is the hospital or jail.

Improving access to crisis care was a cornerstone of the Excellence in Mental Health Act, enacted in 2014 to expand Americans' access to addiction and mental health treatment in community-based settings. The Excellence Act established certification criteria and a sustainable payment model for Certified Community Behavioral Health Clinics (CCBHCs), supporting a robust community treatment infrastructure that includes 24/7 crisis care, mobile crisis teams, and partnerships with local law enforcement and hospitals. This two-year initiative is underway in eight states; early results show great promise for expanding communities' crisis care capacity and lend support for an expansion of the program.

What is a CCBHC?

The [Excellence in Mental Health Act demonstration](#) established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, provide a comprehensive range of addiction and mental health services to vulnerable individuals. In contrast to traditional community behavioral health centers, CCBHCs must provide a federally-specified range of addiction and mental health services to vulnerable individuals while meeting additional requirements related to staffing, governance, data and quality reporting, and more.⁴ In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

CCBHC Requirements for Crisis Care

By statute, a CCBHC must provide crisis management services that are available and accessible 24 hours a day. These services include:

- **24-7 crisis response.** CCBHCs must—either directly or through a state-recognized third party—provide 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
- **Care coordination.** CCBHCs must establish partnerships with organizations where individuals in crisis may frequently present—such as local EDs and local law enforcement agencies—to facilitate care coordination, discharge, and follow-up, as well as relationships with other sources of crisis care.

CCBHCs Expanding Access to Crisis Care: Results from a 2017 Survey

75% of CCBHCs report having expanded their capacity to provide crisis care since the start of the demonstration in Apr-Jul 2017.

88% of CCBHCs have increased their number of patients served

72% have implemented new partnerships with hospitals

45% have implemented new partnerships with law enforcement

- **Staffing.** CCBHCs must have an interdisciplinary care team that works together to coordinate the full range of support services needed by individuals in crisis and following a crisis. Staff must be culturally competent and have access to language services depending on the community the CCBHC serves.
- **Screening, assessment and diagnosis.** Following a crisis, CCBHCs work with the individual on a crisis plan to prevent and “de-escalate” potential future crisis situations.

Addressing Sustainability and Financing Barriers in Crisis Care

CCBHCs were specifically designed to address financing shortfalls by paying clinics a Medicaid rate that is inclusive of their anticipated costs of expanding services and serving new consumers. Via a prospective payment system similar to that already in place for other safety net providers, the demonstration supports:

- **Expanded access to crisis care through an enhanced workforce.** CCBHCs’ Medicaid rates include the cost of hiring new staff such as nurse care managers, training staff in required competencies such as suicide prevention and naloxone administration, and placing staff liaisons in settings like EDs or jails where individuals in crisis commonly present.
- **Timely follow up and “warm hand-off” from the ED to ongoing, community-based services.** CCBHCs must establish partnerships with hospitals and other providers and ensure services are available to transition patients from an ED or hospital to a community-care setting. Through quality reporting requirements, CCBHCs are held accountable for the timeliness of a patient’s transition between care settings and ensuring that no patient falls through the cracks.
- **Electronic exchange of health information for care coordination purposes.** CCBHCs’ Medicaid rates include the cost of purchasing or upgrading electronic systems for real-time electronic information exchange—along with data collection, quality reporting, and population health approaches to care.
- **Enhanced patient outreach, education and engagement.** CCBHCs’ Medicaid rates include the cost of activities that have traditionally been near-impossible to reimburse, yet play a critical role in crisis intervention, care management, and coordination of services.
- **Care where people live, work and play.** CCBHCs may receive Medicaid payment for services provided outside the four walls of their clinic: for example, via mobile crisis teams, home visits, telemedicine, outreach workers, and emergency- or jail-diversion programs.

*“Because of the CCBHC demonstration, we were able to create a jail-based social worker to provide therapy, discharge planning, SUD [substance use disorder] treatment, and most importantly, create safe home plans and warm hand offs to community providers upon discharge. **We know that not treating a mental illness or SUD condition increases risk of recidivism.** The CCBHC demonstration is going to make a significant difference in that cycle.”*

—CCBHC survey respondent, Nov. 2017

Excellence Act Expansion Legislation Introduced

The Excellence Act demonstration advances crisis care by establishing new certification requirements and a sound fiscal footing for CCBHCs. Unfortunately, under current law, the demonstration is limited to eight states over just two years. Senators Roy Blunt (R-MO) and Debbie Stabenow (D-MI) and Representatives Leonard Lance (R-NJ) and Doris Matsui (D-CA) introduced the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931), which will extend the current CCBHC demonstration by one year and allow 11 additional states to join. By renewing and expanding the demonstration, Congress could expand behavioral health capacity and alleviate the pressure on our nation’s jails and emergency rooms. **Please join us in supporting this key legislation to continue the progress made by the Excellence Act.**

¹ U.S. Agency for Healthcare Research and Quality, "Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007," *HCUP Statistical Brief #92* (July 2010).

² German Lopez, "How America's criminal justice system became the country's mental health system," *Vox* (Dec. 2016).

³ U.S. Agency for Healthcare Research and Quality, "Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013," *HCUP Statistical Brief #216* (Dec. 2016).

⁴ CCBHCs must provide: crisis mental health services; screening, assessment and diagnosis; patient-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring*; targeted case management*; psychiatric rehabilitation services*; peer support, counseling, and family support services; and services for veterans.* (**may be provided directly by CCBHC or through contract with Designated Collaborating Organization*)