

## Certified Community Behavioral Health Clinics: Expanding Access to Addiction Treatment

November 2017

In recent decades, addiction treatment organizations have seen steadily decreasing resources while struggling to meet a growing demand for services, including dire increases in the need for treatment caused by the opioid crisis. As a result, provider organizations are stretched too thin to meet the full need for care in their communities. The Excellence in Mental Health and Addiction Act, an initiative that began in 2017, begins to address these challenges through a two-year, eight-state demonstration to expand Americans' access to addiction and mental health treatment in community-based settings.

### What is a CCBHC?

The [Excellence in Mental Health Act demonstration](#) established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs), which provide a comprehensive range of addiction and mental health services to vulnerable individuals. In return, CCBHCs receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs must provide nine types of services,<sup>1</sup> with an emphasis on the provision of both substance use and mental health care, 24-hour crisis care, evidence-based practices, and care coordination.

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*"Prior to CCBHC we had no recovery services whatsoever. Due to our CCBHC work, we have opened addiction services and trained all mental health and chemical dependency providers in dual-diagnosis care, integrated treatment planning [and] substance use screening."*

*—CCBHC survey respondent, Nov. 2017*

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### CCBHC Requirements for Addiction Care

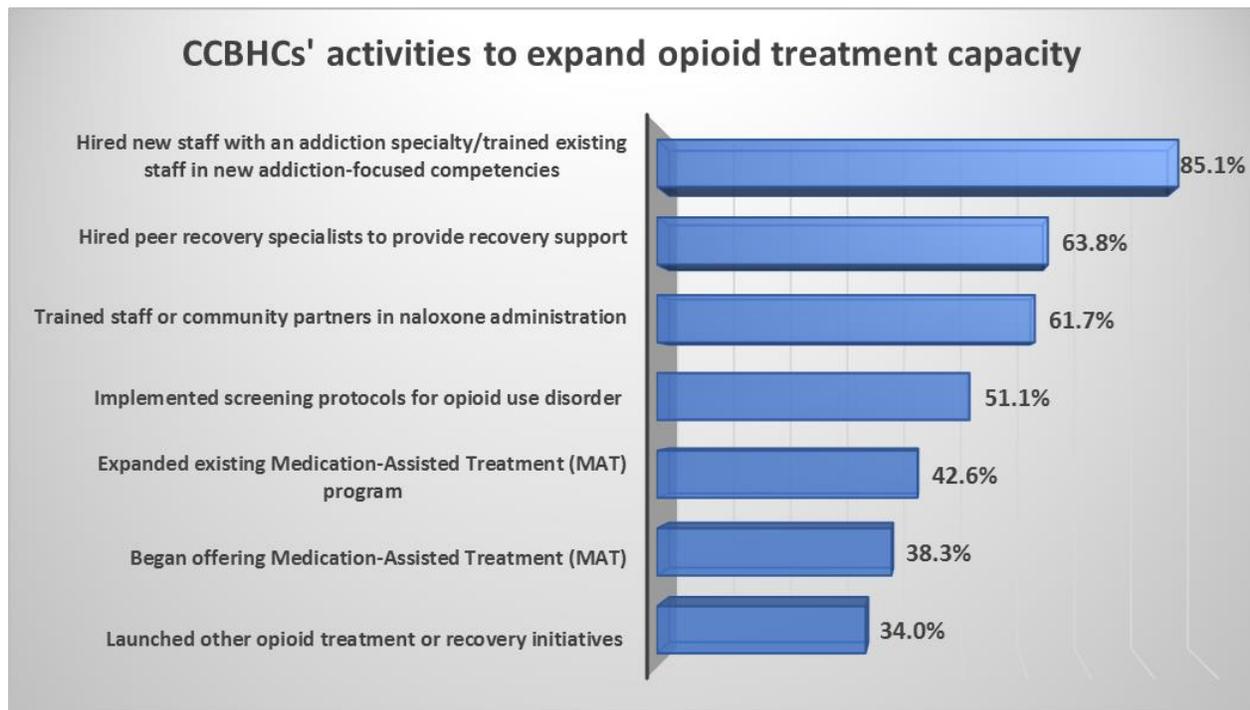
Addiction care is embedded as a core requirement throughout the CCBHC criteria, including:

- **Scope of services.** Outpatient substance use and mental health services are a required core service. Substance use providers who meet the CCBHC criteria may be certified by their state as CCBHCs.
- **Crisis care.** CCBHCs must provide services capable of addressing crises related to substance use and intoxication, including ambulatory and medical detoxification.
- **Evidence-based practices.** States have specified medication-assisted treatment for opioid use disorder and other key evidence-based addiction practices as required CCBHC services.
- **Staffing.** CCBHCs must employ staff who are credentialed substance use specialists, or establish contracts with substance use specialists who provide services to CCBHC clients.
- **Screening, assessment and diagnosis.** Initial assessments and evaluations must include information related to clients' substance use diagnosis and service needs, including assessment for use of alcohol, tobacco, and other drugs. In the event specialized services outside the expertise of the CCBHC are required, the CCBHC must make them available through referral with other providers.
- **Care coordination.** If they do not provide these services directly, CCBHCs must establish formal partnerships with local providers of substance use detoxification, post-detoxification step-down services, and residential programs.
- **Peer services.** CCBHCs must provide support services from peer specialists living in recovery from addiction and/or mental health conditions.

States recognize the promise of expanding access to addiction care through their participation in the CCBHC demonstration. For example, one state noted in its application: “We intend to use this demonstration program as an opportunity to strengthen [our state’s] response to individuals with substance use disorders, increasing staff capacity and client penetration rates and reducing the negative and deadly consequences of addiction.”

### Early Program Results Show Major Increases in Communities’ Opioid Treatment Capacity

[Early results](#) show that CCBHCs are fulfilling their promise of expanding access to timely, evidence-based care—and the results are particularly striking when it comes to opioid treatment. In November 2017, 100% of surveyed CCBHCs reported they have engaged in one or more activities to increase their opioid treatment capacity. Among those activities:



The result has been a dramatic growth in the availability of opioid treatment services in CCBHCs’ communities. As one CCBHC described its efforts, “we were able to send a medical director to become MAT [medication-assisted treatment] certified, and can now offer medications for opioid treatment. We have a new substance use specialist whose goal is to provide consistent and frequent case management with therapy. We have also seen an improvement to adherence in treatment.”

### Addressing Financing Barriers to Addiction Treatment

Financing has emerged as a critical issue in increasing Americans’ access to addiction prevention, treatment and recovery services. Recent infusions of grant funding via the Comprehensive Addiction and Recovery Act and 21<sup>st</sup> Century Cures Act have provided much-needed support to local efforts, and these grants deserve to continue into the future. Unfortunately, because grants are time-limited and support pockets of innovation around the country, additional sustainable financing sources are needed to permanently turn the tide of the opioid crisis.

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

- **Expanded access to addiction care through an enhanced workforce.** CCBHCs' Medicaid rates cover costs associated with hiring new staff such as licensed addiction counselors or peer addiction support specialists, paying employees a competitive wage in the local market, and training staff in required competencies such as care coordination and evidence-based practices.
- **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 addiction prevention, recovery and outreach 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, outreach workers and emergency or jail diversion programs.
- **Electronic exchange of health information for care coordination purposes.** CCBHCs' Medicaid rates include the cost of purchasing or upgrading electronic systems to support electronic information exchange—along with data collection, quality reporting, and other activities that bolster providers' ability to care for individuals with co-occurring disorders.

### **Excellence Act Expansion Legislation Introduced**

The Excellence Act demonstration advances opioid treatment 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.**

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<sup>1</sup> 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)