Certified Community Behavioral Health Clinics Moving Beyond "Business as Usual" to Fill the Addiction and Mental Health Treatment Gap

Only 43.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care,[i] and only one in 10 Americans with a substance use disorder receives treatment in any given year.[ii] In 2014, Congress enacted the bipartisan Certified Community Behavioral Health Clinic (CCBHC) demonstration program to test a model to improve the quality of addiction and mental health care and fill the gap in the unmet need for care.

In order to qualify for the CCBHC demonstration, all participating clinics had to make changes to expand their service array in required categories such as crisis services and care coordination, developing sliding fee schedules and implementing same-day access. Since launching in 2017, CCBHCs have dramatically increased access to mental health and addiction treatment,[iii] expanded capacity to address the opioid crisis[iv] and established innovative partnerships with jail diversion and hospitalization-reduction programs to improve care and reduce recidivism.[v] These entities differ from business as usual in that they are required, by statute, to provide a comprehensive range of addiction and mental health services regardless of an individual's ability to pay and are supported by a restructured payment system.

How Services are Different

Unlike traditional service organizations that operate differently in each state or community, CCBHCs are required to meet established criteria related to

care coordination, crisis response and service delivery, and be evaluated by a common set of quality measures. Furthermore, CCBHCs establish a sustainable payment model that differs from the traditional system funded by time-limited grants that only support pockets of innovation for specific populations. Early experiences demonstrate that CCBHCs have shown tremendous progress in building a comprehensive, robust behavioral health system that can meet the treatment demand.

Key Differences in CCBHC Service Delivery vs. Business as Usual

	Traditional Delivery Models	CCBHC Service Delivery
Access to Care	Low reimbursement rates result in workforce shortages, inability to recruit and retain qualified staff and limited capacity to meet the demand for treatment resulting in clinics turning away patients or placing them on long waiting lists.	CCBHCs are required to serve everyone, regardless of geographic location or ability to pay. Nationally, 100% of CCBHCs have hired new staff including 72 psychiatrists and 212 staff with addiction specialty focus expanding their capacity to meet the demand for treatment. As a result, CCBHCs report an aggregate increase of 25% in patient caseload.
Wait Times	Wait times from referral to first appointment average 48 days nationally at community-based behavioral health clinics.	For routine needs, 46% of CCBHCs offer same-day access to services and 94% offer access within 10 days or less.
Evidence- based Practices (EBPs)	No standard definition of services that requires evidence-based practices. Services vary widely between clinics with little guarantee that clients will have access to high quality, comprehensive care. Array of services and staff training is dependent upon grant funds.	CCBHCs are required to provide a comprehensive array of services including 24/7 crisis services, integrated health care, care coordination, medication-assisted treatment (MAT), peer and family support and care coordination. Across CCBHCs, 75% have expanded capacity to provide crisis care, 73% have adopted innovative technologies to support care, 57% have implemented same-day access protocols and 64% have expanded services to veterans.
Quality Measures	Quality measures are inconsistent across states, communities and grant programs.	Clinics are required to report on standardized quality metrics, while states report on additional quality and cost measures. Nationally, 79% of CCBHCs reported using quality measures to change clinical practice.
Crisis Services	Crisis services provide necessary assessment, screening, triage, counseling and referral services to individuals in need but vary nationally due to limited reimbursement.	All CCBHCs offer 24/7 access to crisis care, including mobile crisis teams, ensuring individuals of all ages receive the care they need and avoid unnecessary hospitalizations. A CCBHC in Oklahoma reported a 64% reduction in psychiatric hospitalizations as a result of its crisis response activities and improved care transitions with the hospital.

Care Coordination	Care coordination and integration of physical and behavioral health care services result in improved health outcomes and reduced costs. Traditional reimbursement does not cover care coordination services; therefore, physical and behavioral health conditions are seldom diagnosed and treated simultaneously.	CCBHCs are required to coordinate care with hospitals, schools, criminal justice agencies and other providers to improve health outcomes and reduce use of emergency room and inpatient facilities. Estimated savings of guiding one high-resource-user to care coordination is estimated to be $39,000 per year. These activities are incorporated into the reimbursement rate.
MAT Access	Nationally, only 36% of substance use treatment facilities offer access to one or more types of MAT, due in part to funding shortfalls that prevent hiring prescribers.	92% of CCBHCs offer MAT due to state-driven requirements and a reimbursement rate that supports prescriber hiring and training.
Payment	Services are supported by grant funding that is limited in scope and not sustainable.	CCBHCs establish a sustainable payment model that ends reliance on time-limited grants.

CCBHCs are leveraging their status and payment to expand treatment capacity and serve more individuals in their communities with a comprehensive array of evidence-based services. The model moves the treatment system beyond "business as usual" to fill the treatment gap and hold clinics accountable for high-quality outcomes.

Preparing the Next Generation

Since Fiscal Year 2018, Congress has appropriated annual grant monies to help organizations build readiness to become CCBHCs. There are now organizations across 33 states operating or preparing to operate as CCBHCs. While these grantees do not receive the same sustainable payment as those in the original demonstration, they are building the infrastructure and capacity to perform as a CCBHC should the program be expanded.

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[i] Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017, September). Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health. NSDUH Data Review. Retrieved from https://www.samhsa.gov/data/report/receipt-services-substance-use-and-mental-health-issues-among-adults-results-2016-national

[ii] Ibid.

[iii] National Council for Mental Wellbeing. (2017, November 28). CCBHC Demonstration. Early results show expanded access to care, increased scope of services [fact sheet]. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2017/11/National-CCBHC-survey-write-up-FINAL-11-28-17.pdf

[iv] National Council for Mental Wellbeing. (2018, May 24). Bridging the Addiction Treatment Gap: Certified Community Behavioral Health Clinics [fact sheet]. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2018/05/CCBHC-Addiction-Treatment-Impact-survey-report-FINAL-5-24-18.pdf

[v] National Council for Mental Wellbeing. (2018, October 15). Certified Community Behavioral Health Clinics; Supporting Criminal Justice Systems and Professionals [fact sheet]. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2018/12/CCBHC-Criminal-Justice-one-pager-10-15-18.pdf