

NATIONAL
COUNCIL
for Mental
Wellbeing

Developing Your Value Proposition: **A Guide for Certified Community Behavioral Health Clinics**



AUGUST 2026


THIRD HORIZON
STRATEGIES

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

This publication was made possible by Grant No. 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of SAMHSA or the U.S. Department of Health and Human Services (HHS).



What Is a “Value Proposition”?

Throughout the country, [Certified Community Behavioral Health Clinics \(CCBHCs\)](#) are increasing access to high-quality, evidence-based mental health and substance use disorder treatment and care coordination in their communities. Clearly understanding and articulating your value as a CCBHC is essential to positioning your organization as a behavioral health service delivery leader. The CCBHC model is still relatively new, and you may need to educate your stakeholders about the comprehensiveness of CCBHC services and how the model improves health within groups [compliance change].

By demonstrating the value and impact your CCBHC brings to the community and health system, you can help inform your state’s decision to pursue participation in the Section 223 CCBHC Medicaid Demonstration and payers’ decision to implement value-based payment arrangements. This tip sheet guides CCBHCs through developing their value proposition, from understanding what a value proposition entails to using it as a tool for education and advocacy.

A value proposition is a positioning statement explaining how the values that guide your organization are expressed in the benefits you provide, who you serve and how you do it particularly well.

A value proposition helps demonstrate that you understand a customer’s needs and provides evidence that you are well-positioned to meet those needs — whether your customers are current or potential funders, people in need of services, or other stakeholders such as state agencies or community partners. It’s why someone should support or engage with your organization or initiative over any other. To create a compelling value proposition, you must understand what your target audience wants and needs, and how you can best meet those needs.

As a CCBHC, you meet community needs, create hope and save lives. Both your mission and your demonstrated results form the basis for your value proposition.





Step 1: Identify Your Organization's Goals for a Value Proposition, and Conduct a Stakeholder Analysis

The first step in building your value proposition is to define your goals: e.g., engaging new individuals in services as informed by your CCBHC community needs assessment, educating state officials about the value of CCBHCs to encourage statewide implementation, and/or seeking an alternative payment model or enhanced payment to help expand and sustain your services.

Conducting a stakeholder analysis will help identify who you need to educate with your value proposition and tailor it appropriately. This entails defining your target audience, gaining an understanding of their needs and pain points, aligning with shared goals where possible. What are the challenges that you, as a CCBHC, can help them overcome? Once you understand their needs, you can begin crafting a message that resonates with them.

Potential stakeholders for CCBHCs include:



Individuals with mental health and substance use challenges and their family members. Demand for behavioral health services is growing, yet workforce shortages, complex intake and assessment processes, and other capacity limitations can make it difficult for people to access services. As a CCBHC, your focus on providing timely access to comprehensive and coordinated services for all — regardless of ability to pay — addresses common barriers experienced by individuals seeking or engaged in services.



State mental health authorities or single state agencies. The agency or division(s) in your state with regulatory authority over behavioral health care may be focused heavily on increasing access to crisis services and ensuring communities' capacity to meet behavioral health needs. CCBHCs increase access to comprehensive, high-quality mental health and substance use disorder prevention, treatment and recovery services while helping clients access community supports that address social and environmental factors that affect health.



State Medicaid agencies and managed care organizations (MCOs). Medicaid agencies and MCOs are under intense pressure to contain health care costs and prevent unnecessary emergency department visits and hospitalization. They are also increasingly aware of the need to reduce imbalances in access to behavioral health services. CCBHCs increase access to timely services, helping people with behavioral health conditions remain in the community and out of more costly settings.



Commercial carriers and health plans. CCBHCs that serve a significant volume of privately insured community members may be able to leverage their value proposition to negotiate for value-based payment arrangements or more favorable rates with commercial carriers.



Elected officials. Governors, attorneys general, legislators and county officials regularly hear from their constituents about the direst consequences of unmet behavioral health needs: criminal justice involvement, overdose or suicide. CCBHCs are critical partners in effecting change on these crucial issues.



Other partners or potential partners. Law enforcement and criminal justice agencies, schools and youth-serving organizations, primary care partners and veterans service organizations benefit from the coordinated, comprehensive services you offer as a CCBHC. Your value proposition may explain how you meet these partners' unique concerns.



Internal stakeholders. CCBHCs can use their value proposition to help educate and create buy-in among staff, board members and volunteers whose support is essential to successfully implement and sustain the model.



Step 2: Identify and Collect Data to Build Your Value Proposition

Taking what you learned from the stakeholder analysis, begin compiling the data that will be most compelling to your audience. Consider the available data or metrics that demonstrate positive outcomes and your impact, and at what cost. There is likely a wealth of information in your electronic health records for client care and the data you are required to share with the Substance Abuse and Mental Health Services Administration (SAMHSA) for grant reporting. You may also identify additional data to augment your current collection. Reviewing the data allows CCBHCs to celebrate what they are doing well and note where they have room for improvement or opportunities for growth.

2.A: Quantitative Data¹

- The community needs assessment is a valuable source of information for understanding your community and demonstrating how the CCBHC model is addressing gaps in access or care.
- The National Outcome Measures tool provides CCBHC grantees with valuable data that other behavioral health providers may not have. This data includes the following:
 - Housing status
 - Experience of care
 - Symptom severity
 - Social connectivity
- Your CCBHC Infrastructure Development, Prevention and Mental Health Promotion indicators may offer compelling data on how your organization is increasing access to care, engaging in continuous quality improvement and ensuring a well-trained and context-aware workforce.
- CCBHCs collect and report on core quality measures demonstrating how people's health improves. The revised SAMHSA criteria published in March 2023 include the following required clinic-reported measures:
 - 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)
- Many CCBHCs conduct annual or twice-annual patient satisfaction surveys. Your target audience may be very interested to know if individuals being served are reporting high satisfaction with the care they receive.
- Data on reductions in emergency department utilization, hospitalization and hospital readmission greatly interests payers. Although most CCBHCs will not have direct access to claims data, you may be able to partner with primary care providers, hospitals or MCOs or use all-payer claims databases to measure your impact on these cost drivers.
- CCBHCs may have access to data relevant to community partners, such as demonstrated reductions in criminal justice recidivism, improved school attendance or performance, and improved housing stability.
- Some CCBHCs will also find it helpful to work through the CCBHC cost report tool to help better understand actual costs and provide data points for negotiation with state or commercial payers. Costing out your services can help you better understand services that are not reimbursed or covered adequately, so you can ramp up or down if better payment arrangements are not feasible.

³ SAMHSA. (2023, March). *Certified Community Behavioral Health Clinic (CCBHC) certification criteria*. <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>



2.B: Qualitative Data/“Success Stories”

Anecdotal data helps put a human face on your work as a CCBHC and tells the story of your impact differently than quantitative data. Collecting success stories does not have to be a big lift. It could be as simple as asking staff about the positive outcomes they have witnessed and asking individuals being served to describe, in their own words, how their lives have improved because of your CCBHC's services.

You can collect this information through a short survey, brief interviews or focus groups. Peer specialists may be particularly well suited to gather qualitative data.

Step 3: Craft Your Value Proposition and Communications Strategy

Once you have completed steps 1 and 2, you can start crafting your value proposition. Develop a short “elevator speech” and a written document highlighting the services you offer, who you serve and why you are uniquely positioned to provide the service. Incorporate the data you collected in Step 2, and weave in anecdotes or personal stories from individuals who have experienced positive outcomes. You may also want to include information about your price or cost for services and provide details showing that you offer services efficiently.

Next, develop your communications strategy. It is important to consider your target audience and implement tactics that will help achieve your goals. Who are you talking to? What are their pain points? What are the most effective ways to reach this audience, and what opportunities will you have to share your value proposition?

Get creative! Tactics may include:

- Developing a one-pager capturing your value proposition statement.
- Compiling a pitch deck that can be presented in person or at a virtual meeting.
- Defining key talking points that can be used by staff, board members and other partners.
- Incorporating your value proposition into other marketing materials or collateral.

You may find it beneficial to unite with other CCBHCs in your region or state to enhance your collective value proposition, such as if you are working to educate state officials about the benefits of a statewide CCBHC approach.

Most organizations will need several iterations of their value proposition, so it can be tailored to different audiences. A value proposition should be seen as a living document that is regularly updated and modified.

Step 4: Update and Tailor Your Value Proposition

Your value proposition should be updated as you collect more data in response to behavioral health policy changes and tailor information to new audiences. Take these steps:

- Determine a process for reviewing and updating your value proposition.
- Identify the person or team responsible for updating your value proposition, how often it will be reviewed and updated, and how you will engage leadership and staff in this process.
- Update your value proposition in accordance with your process.



Sample Value Propositions: Case Studies of CCBHC Grantees



Four County Mental Health Center: Using the CCBHC Value Proposition to Educate State Leadership

With eight locations in rural Kansas, [Four County Mental Health Center \(FCMHC\)](#) was one of the first providers in the state to receive a CCBHC grant from SAMHSA. FCMHC's mission is to provide "accessible, innovative services in partnership with individuals, families and our communities."

FCMHC worked closely with the Association of Community Mental Health Centers of Kansas and other clinics in the state to promote awareness of the CCBHC model and pursue a sustainable funding option: a State Plan Amendment (SPA) within the state's Medicaid program. Collectively, they made the case that behavioral health is essential to the health and wellness of communities and that the CCBHC model provides a tremendous opportunity to improve and stabilize the behavioral health system in Kansas.

According to Deputy Director Steve Denny, FCMHC engaged stakeholders extensively and tailored its messaging for different audiences, such as legislators, county commissioners and partner organizations. Its CCBHC value proposition was utilized to provide testimony to the legislature in support of a bill requiring Kansas to adopt a CCBHC certification process, establish a prospective payment system (PPS) and pursue a Medicaid SPA. In April 2021, Gov. Laura Kelly signed Senate Substitute for House Bill 2208. FCMHC was one of the first centers to receive provisional certification as a CCBHC by the state of Kansas in 2022.





FCMHC Value Proposition: Excerpts From Testimony to Kansas State Legislature

“In May of 2020, FCMHC received notification of award from SAMHSA that we were to receive a CCBHC-expansion grant. ... We applied because we saw a tremendous opportunity to advance this model in Kansas while giving our agency the unique opportunity to develop new programs and services based on the needs of the communities we serve. The grant also provided desperately needed funding to help boost our ability to recruit and retain the workforce needed to develop and sustain mission-critical programming during the CCBHC transformation process. ...

“The CCBHC focuses on ‘comprehensive care providing a variety of services to meet the complex needs of individuals with mental health and addictions.’ The CCBHC model of care is truly a ‘community’-based model that emphasizes needs-based assessments to determine which services and populations should be targeted and what services are needed to be effective. FCMHC has focused on expanding care to adults with severe mental illness and veterans. ...

“Being ‘data driven’ is a cornerstone of the CCBHC model of care. ... CCBHC involves nine core outcomes that must be tracked and reported along with numerous Continuous Quality Improvement measures. ... While the data at this time is still in the early stages of collection, I would like to share a number of promising activities and early outcomes that FCMHC has observed over the first six months (two quarters) of the project.

1. FCMHC has served 3,990 clients and is on target to increase numbers served by a minimum of 3%.
2. FCMHC has trained over 170 staff in ‘PsychArmor’ training for veterans and services members.
3. FCMHC has served a total of 74 veterans and 30 ‘new’ veterans in the second quarter of the project. FCMHC has provided care coordination services to a total of 70 veterans.
4. The ACT [Assertive Community Treatment] program has served 16 clients in only four months of operation. Two of these clients have found housing and stability after long periods of homelessness and incarceration. The ACT program has admitted clients directly from correctional facilities to reduce the chance of readmission in the future.
5. FCMHC provides same-day access to the vast majority of admissions. Those who choose to schedule an appointment have an average 4.3-day wait time.
6. FCMHC has filled 68 positions since the start of the project and had a turnover rate of 3.9% last quarter. (Annual average is 20%.) ...

“Our current system is heavily dependent on ‘fee for service,’ which creates pressure to focus more on ‘time spent’ with a client. The PPS system still emphasizes visits and contacts but attaches payment to outcomes and quality measures. ... The cost-based system creates the opportunity to modernize the mental health system and stabilize a long-underfunded system. ... It most certainly will improve care for adults with severe mental illness and children with severe emotional disturbance.”



Aurora Mental Health & Recovery: Using the CCBHC Value Proposition to Make the Case to Managed Care

[Aurora Mental Health & Recovery](#) (AMHR) is a SAMHSA CCBHC grantee in Aurora, Colorado, with a mission to “deliver state-of-the-art care impacting emotional wellbeing and addiction recovery.” Colorado does not currently participate in the CCBHC Medicaid demonstration. As part of its CCBHC sustainability planning, AMHR determined it needed to develop a value proposition to support contract negotiations with Medicaid MCOs, which are under intense pressure to contain health care costs and prevent unnecessary emergency department use and hospitalization. AMHR gathered key data, including inpatient admissions, emergency room utilization and total cost of care, to help illustrate how it supports MCOs through the CCBHC scope of services, access to care, quality systems and the impact of client outcomes on the total cost. The next step is to share the value proposition with the largest MCO in the region to strengthen AMHR’s negotiating position in the contracting process and secure more favorable reimbursement rates or potential value-based payment arrangements.

Using Data to Demonstrate Impact

“At AMHR, we deliver state-of-the-art care impacting emotional wellbeing and addiction recovery in our [varied] community. Recognized as a SAMHSA CCBHC grantee, we offer a comprehensive continuum of care that supports clients in achieving their health goals. We meet clients where they are and increase access to timely services that help individuals avoid more costly settings.

“AMHR uses measurement-based care and evidence-based practices to ensure clients receive the right care at the right time. Our data-driven approach ensures that all clients receive appropriate screening and corresponding evidence-based interventions in a timely manner. Clients that consistently engaged in our measurement-based care approach demonstrated a 75% reduction in inpatient admissions, a 64% reduction in the use of emergency department care and a \$99 per-member per-month cost savings, compared to clients that did not consistently engage in measurement-based care. When extended to the population AMHR treats, that results in a \$25 million savings to RAE [Regional Accountable Entities] Region 3.

“Improving overall wellbeing through whole-person care often involves addressing the social [and environmental factors that affect] health through effective care coordination and case management. This treatment concept is a pillar of the CCBHC model. It can be most notably observed when providing services for individuals experiencing homelessness, who are at an increased risk of hospitalization and emergency department utilization. Our success in addressing the social [and environmental factors], particularly for our most vulnerable and at-risk community members, is perhaps best demonstrated in this testimonial from an AMHR client: ‘It’s crazy to think that I was homeless on the street, sleeping on the sidewalk dealing with my symptoms asking God to just take me away. One day, I decided to go to my father’s estate and ask for help. If it wasn’t for [AMHR staff member], I would have never gotten the apartment that I am typing this message in. I thank God every day as well as those who have helped me get to where I am today. The organization has also helped me get four jobs in the time I have been with them, and I very much appreciate the help.’

“At AMHR, we help individuals achieve their goals related to their overall wellbeing, and our clients have an overwhelmingly positive perception of the whole-person care they receive. Our National Outcome Measures data shows that 97% of clients assessed have a favorable perception of their care. As a CCBHC grantee, we provide comprehensive behavioral health care to anyone, regardless of their ability to pay, place of residence or age. At AMHR, we excel at delivering cost-effective, evidence-based, whole-person care that helps the clients we serve live life to the fullest.”



Easterseals MORC: Using the CCBHC Value Proposition to Engage New Partners

Easterseals MORC (EM) provides a comprehensive array of services to create access, stabilize people in crisis and provide the appropriate treatment for those with substance use and mental health challenges. EM is in Auburn Hill, Michigan, and is both a SAMHSA grantee and a state-certified CCBHC.

The organization determined that its value proposition should focus on attracting new community partners and designated collaborating organizations (DCOs). Staffing has been a significant pain point for EM, and it hopes to partner with DCOs serving the “mild/moderate” population in its region to help augment its outpatient workforce capacity.

EM identified this as a mutually beneficial relationship because, as a CCBHC, it could provide a better reimbursement rate than the DCO could obtain on its own. EM’s first step in utilizing its value proposition is to issue a request for information and specifically target potential partners. Subsequently, it will share its value proposition and request a follow-up meeting.

EM’s Value Proposition Statement: Demonstrating Value to Potential New Partners

“EM seeks to remove any barriers to access, increase outreach and offer robust, comprehensive and evidence-based services to all individuals, regardless of their ability to pay. As a CCBHC, we offer a full network array of specialty services and programs that complement and enhance core therapy services. Services we provide include psychiatry, medication-assisted treatment, care management, peer support and parent support, crisis services, evidence-based therapies, primary care integration and psychosocial rehabilitation services. The CCBHC integrated approach incorporates social [and environmental factors], physical and mental health in all treatment services. We network with various established organizations to coordinate care, such as school districts, crisis centers, hospitals, the justice system, shelters and primary health providers.

“We are seeking DCO agreements with network partners for outpatient therapy services to serve ‘mild/moderate’ Medicaid beneficiaries in our community. We will provide individual referrals that are ‘ready for therapy.’ We aim to reduce our partners’ front office burdens, such as collecting high-deductible plans or payment copays. We will complete a thorough intake assessment and screening on your organization’s behalf before the referral is provided. A DCO partner will also have access to our vast network of collaborating organizations for referrals and care coordination. To differentiate your practice, we can offer marketing resources and education to support comprehensive behavioral health services advertisement. DCO therapists will have access to training for evidence-based practices and other professional development opportunities that EM provides.

“Our highly competitive reimbursement will be an assured rate, guaranteed payment and reduced billing or claims management. We can offer an enhanced premium rate for our DCO outpatient therapy services partner, who will serve individuals with Medicaid.

“As a CCBHC, we have increased access to care and improved the overall engagement of individuals served, as evidenced by the following data:

EM's Value Proposition Statement (cont.)

- 
 During our first CCBHC demonstration year (DY), 73% of our individuals were seen within 10 business days of initial contact. In DY2, we had an 83% engagement rate in first service following intake for our individuals served. In DY2, 19.3% of individuals received a same-day or one-business-day intake following their screening. We are seeking to enhance our same-day access to our individuals served by engaging in a partnership to achieve low-barrier access, including comprehensive screening and assessment for individuals seeking services.
- 
 According to our 2020–2022 National Outcome Measures data on the perception of care ('agree' and 'strongly agree'), 94% of adults and children served were satisfied with CCBHC services; 95% of parents of children served reported that the EM team stuck with them no matter what, and 99% agreed they got the help they wanted with EM; 92% of adults indicated they would still get services with EM if they had other choices, and 94% would recommend EM to a friend or family member.

“We can offer our DCO partners various benefits, including completing the intake process, focusing our efforts on engagement and outreach of the individual into treatment and saving your organization time and resources on the screening and intake process. The partnership will achieve our mission to best serve individuals seeking therapy services within the community while continuing to remove barriers to access, provide comprehensive person-centered services and integrate care.”

Kennebec Behavioral Health: Using the CCBHC Value Proposition to Secure Board Member Support

[Kennebec Behavioral Health \(KBH\)](#) has been providing comprehensive community mental health services in central Maine since 1960. KBH's mission is “to promote the wellbeing of persons who experience mental illness, emotional difficulties or behavioral challenges.” While KBH is a SAMHSA CCBHC grantee, an active state certified CCBHC organization. The Maine Department of Health and Human Services (DHHS) was awarded a \$1 million, one-year SAMHSA CCBHC planning grant (SM-23-015). By July 2024, Maine DHHS aims to have a certification process, reimbursement structure and programmatic infrastructure in place.



Given the upcoming potential of state certification, KBH identified its need for strong support of the CCBHC model from staff and board members, so its value proposition efforts focused on these two stakeholder groups. KBH's next step is a “social marketing” effort to gather feedback on what staff members know about CCBHCs and their questions. KBH will then be able to respond with more targeted communications on the value and benefits of its CCBHC work that are informed by what was learned from that staff outreach. In the meantime, KBH has prepared a draft value proposition statement for board members.



KBH's Value Proposition Statement: Making the Case for Board Members' Investment in the CCBHC Model

"At KBH, becoming a CCBHC is vital to helping the people in our communities who most need us. It's helping us improve access to care, coordinate with community resources and build more integrated, person-centered workflows within KBH. No matter what part of KBH you work in, you are helping make it happen.

"Being a CCBHC enabled us to hire new staff, create new positions, build new features into our electronic health record and offer new training and support. Working with other behavioral health providers and our partners at the state, we are building on our success as a CCBHC to develop a Maine CCBHC reimbursement rate. A state-designated CCBHC program and rate will ensure sustainability while allowing us new flexibility to meet people's needs across our different service programs with fewer program eligibility constraints and billing restrictions.

"Who benefits from our CCBHC services?

"As a CCBHC, KBH reaches ...vulnerable populations with mental health and/or substance use disorders, including:

-  People who are at risk of overdose, experiencing a serious mental health crisis or at risk of suicide. Maine continues to see a record number of overdose deaths, and, even before COVID, Maine's suicide rate was 45% higher than the national rate.
-  Families and children living in poverty, who make up a staggering 22.6% of the population in Somerset County and nearly 14% of the population in Kennebec County.
-  People who are involved in the justice system, where rates of mental health and substance use and co-occurring disorders are staggering. In April of 2023, for example, 82% of the individuals admitted to the Somerset County Jail had a substance use disorder, mental illness or co-occurring disorder. ...
-  Veterans, who make up a higher portion of our population here in Maine than in all but four other states and who experience a suicide rate more than 52% higher than the general population in the U.S.

"The CCBHC model is designed to improve access, integrate our care teams more effectively to provide the specific services people need, and coordinate with community resources.

"The positive results are already clear in the less than 18 months since we started CCBHC enrollment.

"With our 24/7 CCBHC crisis services, people can get help any time, day or night. Through CCBHC care coordination, we can enroll people and start helping them right away — which is why we're on pace to enroll 46.7% more new clients this year [2023] than in 2022. And with evidence-based practices focused on the specific needs of the people we serve, we can help people achieve the outcomes they want in their lives.

"Our six-month CCBHC reassessments show that CCBHC is making a difference. The number of clients who are functioning well in everyday life is up by 32%, and 41% fewer clients say they're experiencing serious psychological distress after their first six months in CCBHC services.

"This change is real, thanks to the work of people in every department of KBH who are making it happen. As we continue to build out the CCBHC service model across our agency, KBH is helping lead the way in meeting the needs of people in our communities every day."



Conclusion



Defining and articulating the value you bring as a CCBHC is essential to educating people needing services, payers, elected officials and other key stakeholders on the importance of your services. CCBHCs have many quantitative and qualitative data points that can be incorporated into a value proposition. Developing strong value propositions makes it easier to connect with target audiences and provides employees, board members and partners with a consistent and cohesive way to describe how your CCBHC meets community needs. Lastly, a strong value proposition is essential to planning and achieving sustainability of the vital behavioral health services CCBHCs provide for communities and populations in need.



Disclaimer: Any links to external websites and resources are provided for informational purposes only. The views, opinions and content expressed on those sites are solely those of the original authors or organizations and do not necessarily reflect the views or positions of the National Council. Including these links also does not imply endorsement, oversight or legal relationship with such authors or organizations.