

IMPACT HIGHLIGHTS



Expanding timely access to care

CCBHCs continue to close the treatment gap that leaves millions of people in the US unable to access lifesaving mental health and substance use care.

- Today, CCBHCs serve an estimated **3 million people**, representing continued yearly growth since the inception of the model.
- Access gains were particularly pronounced among Medicaid CCBHCs, which expanded their number of people served by an average of **33%**.
- The most commonly reported access expansions were among children/youth, uninsured people and those without a prior source of outpatient care.



Expanding access to substance use care

CCBHCs are addressing the nation's opioid crisis and surging demand for substance use care by expanding access to a wide range of services, such as medication-assisted treatment (MAT).

- **87%** of Medicaid CCBHCs and established grantees offer one or more forms of MAT for opioid use disorder, compared to **64%** of substance use treatment facilities nationwide.
- **68%** of CCBHCs reported that their number of clients engaged in MAT for opioid use disorder has increased since becoming a CCBHC, with **29%** reporting increases of **20%** or higher.



Investing in the workforce

The CCBHC model is alleviating the impact of the behavioral health workforce shortage by enabling clinics to increase hiring.

- Medicaid CCBHCs and established grantees hired **11,292** new staff positions, or a median of **15** new positions per clinic.
- Hiring was greatest among Medicaid CCBHCs, which reported a median of **22** new positions per clinic.
- Licensed clinicians, peer support specialists, care coordinators and nurses were among the most commonly hired staff.





Coordination and integration with primary care

CCBHCs work closely with primary care partners, using multiple strategies to coordinate and integrate care — with the result that access to primary care is increasing among individuals served.

- Half of CCBHCs exceed minimum requirements by making comprehensive primary care available on-site.
- **76%** of CCBHCs reported that referrals to primary care have increased since becoming a CCBHC, including 30% reporting that referrals have increased by **20%** or more.



Making crisis services and supports available to all

CCBHCs are expanding the availability of services across the crisis continuum directly and through partnerships with 988 call centers, mobile crisis response providers and state-sanctioned crisis systems.

- More than **80%** of CCBHCs were already working in partnership with 988 Suicide and Crisis Lifeline call centers as of March 2024, well ahead of their July 2024 deadline.
- **29%** of CCBHCs were able to add mobile crisis response as a result of certification, an indication of the expansion of mobile crisis availability in their communities. The greatest gains in mobile crisis availability were found among Medicaid CCBHCs and rural CCBHCs.



Improving collaboration with criminal justice agencies

CCBHCs and grantees work with law enforcement agencies and other partners to improve outcomes for people who are involved or at risk of involvement with the criminal justice system.

- Nearly all CCBHCs and grantees (**98%**) are actively engaged in one or more innovative activities in partnership with criminal justice agencies, such as providing services in partnership with courts (**86%**), increasing outreach to people with criminal legal system involvement (**63%**), or training law enforcement officers in Mental Health First Aid or other awareness training (**59%**).





Meeting children, youth and families where they are

CCBHCs are increasing access for children and youth through an expanded workforce, targeted services and community partnerships.

- **68%** of Medicaid CCBHCs and established grantees reported the number of children/youth they serve has increased, including **24%** that indicated the increases to their number of child/youth clients were substantial.
- The vast majority of CCBHCs (**83%**) provide services on-site in one or more schools, childcare or other youth-serving settings.



Addressing social and environmental factors that affect health

CCBHCs and grantees reported that the model has helped them engage in targeted access expansions for people with long-standing unmet needs and address social and environmental factors that affect health in their communities.

- CCBHCs engaged in a wide array of strategies to address health discrepancies, including increasing screening for unmet social needs that affect health (**81%**), increasing outreach to individuals who have long-standing unmet needs (**75%**), and hiring staff who are demographically representative of the population they serve (**75%**).
- CCBHCs are making particularly focused efforts to support access among veterans, people experiencing homelessness and those who are involved or at risk of involvement with the criminal justice system.
- The vast majority of CCBHCs (**91%**) proactively assist clients with finding or maintaining stable housing.

