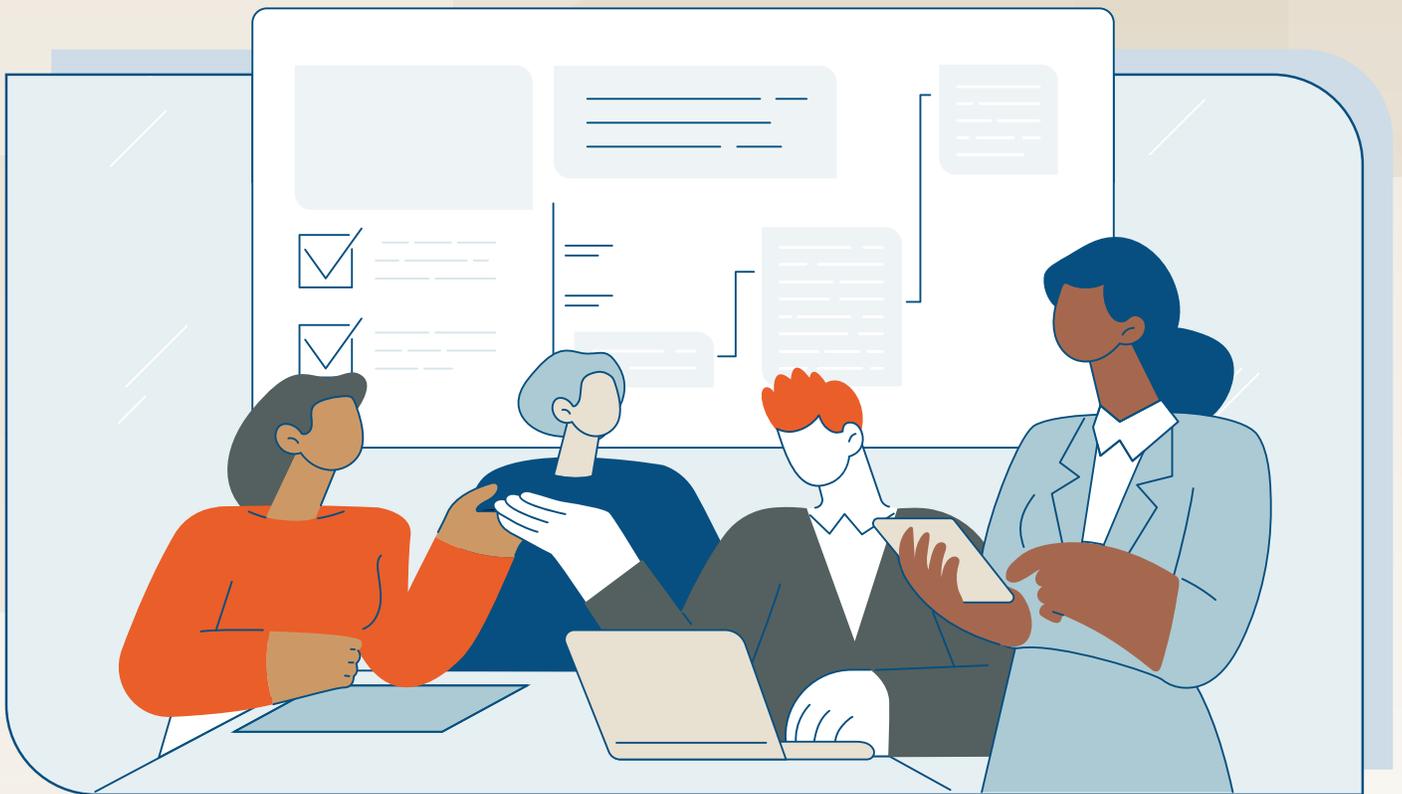


NATIONAL COUNCIL
for Mental Wellbeing

Navigating Accreditation for Certified Community Behavioral Health Clinics



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CCBHC-E National Training & Technical Assistance Center

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Overview of This Guide

This resource was developed to help Certified Community Behavioral Health Clinics (CCBHCs) understand opportunities to achieve CCBHC-specific accreditation and how this accreditation differs from both the Substance Abuse and Mental Health Services Administration attestation and state CCBHC certification. This resource guide facilitates a deeper understanding of the accreditation process, provides clear information about current CCBHC accreditation options, highlights strategic implications and offers actionable recommendations. It is designed to equip CCBHCs with the insight and confidence to choose an accreditation path that strengthens organizational capacity, advances service quality and drives sustainable impact in the communities they serve.

[Third Horizon](#), a strategic advisory firm, developed this guide in partnership with the National Council for Mental Wellbeing's [CCBHC-Expansion Grantee National Training and Technical Assistance Center](#). The firm researched publicly available information on the four national accreditation bodies, interviewed and/or obtained additional information from those entities, and interviewed three CCBHCs that have successfully undergone the accreditation process to learn from their experiences and identify best practices and recommendations for other clinics.

Introduction to CCBHC Accreditation

Certified Community Behavioral Health Clinics (CCBHCs) transform community behavioral health systems by delivering comprehensive, coordinated mental health and substance use care. They are designed to increase access to behavioral health services and improve their quality. This includes, at a minimum, providing nine core outpatient services that adhere to federally defined standards and meeting other access, quality and governance standards in the [CCBHC Certification Criteria](#) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023).

There are [several different pathways for a behavioral health clinic to become a CCBHC](#) (SAMHSA, 2025). Some have received funding from SAMHSA and attest to meeting its program requirements for delivering comprehensive, community-based behavioral health care. CCBHCs that operate in states participating in the Medicaid Demonstration may qualify for certification by their state if they meet all SAMHSA and state-defined criteria. While certification establishes compliance with the CCBHC model, some organizations may pursue voluntary accreditation from an impartial, national accrediting body to further demonstrate quality, build credibility and strengthen organizational capacity. Accreditation can provide a recognized seal of excellence, open doors to new funding or partnership opportunities, and help sustain long-term impact in the communities the CCBHC serves (see Table 1).

Per Criterion 6.c.3, SAMHSA encourages states to require CCBHC accreditation by an appropriate independent accrediting body (SAMHSA, 2023). CCBHC-specific accreditation can be pursued through the Commission on Accreditation of Rehabilitation Facilities (CARF); the Council on Accreditation (COA), a service of Social Current; the Joint Commission; or the National Committee for Quality Assurance (NCQA). Accrediting bodies differ in their processes and emphases (see Table 2).



Table 1. Summary of differences between attestation, certification and accreditation

	Attestation	Certification	Accreditation
Approval Entity	SAMHSA	States in the Medicaid Demonstration or independent state Medicaid pathway	Independent accrediting bodies: CARF, COA, Joint Commission, NCQA
Requirements	SAMHSA CCBHC criteria	SAMHSA CCBHC criteria plus other state-defined certification criteria	SAMHSA CCBHC criteria plus other accreditation requirements
Process	Clinics competitively apply for CCBHC-Expansion grants from SAMHSA, and they must submit an attestation indicating compliance with all CCBHC criteria.	Clinics are certified by their state according to state-defined criteria and processes.	Each body has its own unique accreditation process, typically including some kind of site visit or survey (see Table 2).
Reimbursement for CCBHC Services	Clinics receive a fixed amount of time-limited grant funds.	Clinics receive cost-based reimbursement through a prospective payment system (PPS).	Clinics may receive reimbursement for accreditation costs through a SAMHSA Expansion grant or from their state. Accreditation bodies do not provide reimbursement to clinics.



Table 2. Summary of CCBHC accrediting bodies' processes

Accrediting Body	Program Summary	Eligibility	Accreditation Process
<p><u>CARF</u></p>	<p>CARF incorporates CCBHC standards into its established behavioral health accreditation framework. It emphasizes peer-led review, organizational performance improvement and evidence-based practices.</p>	<p>Available to behavioral health organizations offering one or more CCBHC-designated services. Organizations must demonstrate readiness for peer review and compliance with CARF's quality standards.</p>	<p>The process begins with a self-evaluation using CARF's CCBHC standards manual, followed by a formal application and an on-site peer survey. Reviewers assess documentation, service delivery and staff engagement. Organizations receive a written report and an accreditation decision (typically valid for one or three years) with a requirement to submit a Quality Improvement Plan within 90 days.</p>
<p><u>COA</u></p>	<p>COA's accreditation aligns with SAMHSA's CCBHC criteria through a standards-based, organization-wide framework. It focuses on governance, quality improvement, staff training and risk management.</p>	<p>Available to behavioral health or multiservice organizations seeking full-agency accreditation. CCBHCs apply as part of a broader organizational accreditation rather than a stand-alone program.</p>	<p>Agencies complete a self-study, upload documentation through COA's online portal, and participate in an on-site or virtual peer review. Reviewers assess consistency between policy and practice and provide feedback. Accreditation decisions are typically valid for four years, with expectations for continuous improvement and periodic updates.</p>



Accrediting Body	Program Summary	Eligibility	Accreditation Process
<p><u>Joint Commission</u></p>	<p>The Joint Commission integrates CCBHC requirements into its Behavioral Health Care and Human Services accreditation program using a patient-centered, data-driven survey model. It emphasizes safety, outcomes and continuous improvement.</p>	<p>Available to behavioral health and human services organizations that are eligible for Joint Commission Behavioral Health Care and Human Services accreditation and that also provide CCBHC-designated services.</p>	<p>Organizations apply through Joint Commission Connect (Joint Commission’s online portal), select the CCBHC standards module and prepare for an on-site patient-tracer survey. Surveyors evaluate policies, clinical processes and outcomes. Accreditation decisions are issued after submission of corrective actions (if needed) and are typically valid for a three-year cycle with annual monitoring.</p>
<p><u>NCQA</u></p>	<p>NCQA’s CCBHC accreditation emphasizes quality measurement, data-driven improvement and integrated behavioral and physical health care. The program provides technical assistance and peer learning opportunities.</p>	<p>Available to current CCBHCs or behavioral health provider organizations seeking to become CCBHCs. Organizations must be licensed and able to submit quality and performance data.</p>	<p>Organizations begin with a readiness assessment and orientation, conduct an internal gap analysis, and submit documentation through NCQA’s survey tool. The process includes up to three virtual check-ins with NCQA staff and technical assistance throughout the process. Accreditation decisions are generally issued within 30 days of final review and are typically valid for three years.</p>



Benefits of Accreditation

CCBHC accreditation is a powerful way to elevate the quality of care, strengthen organizational credibility and achieve strategic positioning in a competitive health care environment. By embedding nationally recognized standards into daily operations, accreditation fosters an organizational culture where excellence is ingrained in systems and staff practices, going beyond simple compliance with SAMHSA's certification requirements. Accreditation signals to states, funders and partners that an organization is committed to the principles of the CCBHC model, not merely "checking boxes" to meet grant obligations. For organizations outside of Demonstration states, accreditation can be a proactive step to prepare for future state participation, ensuring readiness should their state receive a CCBHC Demonstration or planning grant. In addition, accreditation increases competitiveness for funding opportunities beyond the CCBHC program, as third-party oversight validates operational rigor, compliance and quality.

Beyond these direct benefits, accreditation status may demonstrate trustworthiness to oversight bodies. CCBHC-specific accreditation is a step toward state certification, enabling organizations to focus on demonstrating their compliance with state-specific requirements. Clinics interviewed by Third Horizon suggested that some private insurers and managed care organizations prefer to include accredited CCBHCs in their networks and may provide them with access to higher reimbursement tiers. In addition, employee assistance programs, workers' compensation carriers and other referral sources may prioritize accredited facilities. Accreditation may also support compliance with broader regulations like OSHA standards and HIPAA, and it can signal readiness to participate in integrated care models and Accountable Care Organizations that demand coordinated, high-quality service delivery.

Recommendations to Prepare for Accreditation

Third Horizon conducted case study interviews with three clinics that have successfully completed the accreditation process and then synthesized those CCBHCs' recommendations for other clinics that are exploring accreditation.

CCBHCs can prepare for accreditation by identifying the necessary staff resources and carving out sufficient time for these staff to work with accreditors before, during and after their time on-site. Integrating the principles and practices of the CCBHC model into organizational culture and operations can help meet accreditation standards. Clinics may need to adopt new workflows and higher accountability standards.

Having achieved accreditation in other domains may make it easier to add CCBHC accreditation. Otherwise, organizations must build the necessary systems, documentation and processes from the ground up. It is vital that even experienced clinics allocate sufficient resources for preparation, data collection, staff training and internal review before an external survey.

The cost of accreditation is another consideration, with fees varying by accrediting body. None of the accrediting bodies make their pricing information publicly available. The bodies generally indicate that pricing varies depending on organization type, size/number of clinics, scope and other factors, and they



prompt potential applicants to contact them for pricing information. Fees are associated with maintaining accreditation, as well, and it may entail additional staffing costs. CCBHCs can build these costs into their cost report when determining their PPS rate.

The three interviewed clinics recommended the following actions to prepare for CCBHC accreditation:

- **Develop a multidisciplinary accreditation team.**
Accreditation requires collaboration across leadership, quality improvement, clinical, compliance and administrative functions. Forming a dedicated team ensures shared responsibility, consistent communication and balanced oversight throughout the process. Including varied perspectives also helps identify operational gaps and align accreditation standards with daily practice.
- **Allow adequate time for preparation.**
Accreditation is a resource-intensive process that demands careful planning. Organizations benefit from beginning preparation at least a year before their desired accreditation date. This allows time to review requirements, update policies and procedures, conduct mock reviews and address documentation gaps before formal submission or site visits.
- **Ensure policies and procedures are well-documented and consistently applied.**
Comprehensive, clearly written policies are the foundation for achieving accreditation. Policies should reflect current practice, regulatory requirements and CCBHC criteria. Staff should be trained to understand and implement these policies, ensuring that written procedures align with daily operations and support compliance.
- **Engage staff across all levels of the organization.**
Accreditation is most effective when every team member understands its purpose and their role in meeting standards. Providing training, communication and opportunities for staff involvement promotes shared ownership and prepares employees for interactions with reviewers. Including staff in preparation fosters an organizational culture of quality improvement and accountability.
- **Integrate accreditation standards into continuous quality improvement.**
Rather than treating accreditation as a one-time event, organizations should embed its principles into ongoing performance and quality improvement processes. Regular internal reviews, data monitoring and policy updates ensure sustained compliance and position the organization for long-term success. Accreditation can serve as a structured framework for maintaining high-quality, person-centered care.





Key Steps in the Accreditation Process*

The accreditation process is a structured, multistep journey that guides CCBHCs from understanding program standards to achieving formal recognition. Each accrediting body offers its own unique approach and support tools.

CARF

- 1. Contact CARF and be assigned a resource specialist.**
Submit the New Organization Questionnaire. CARF assigns a resource specialist and gives the organization access to Customer Connect.
- 2. Conduct self-study.**
Conduct a self-study against the CCBHC standards manual. (CARF publishes a dedicated guide, the [CCBHC Standards Manual with Survey Preparation Questions](#).)
- 3. Submit application for peer survey and preferred two-month scheduling window.**
Include leadership, services and site details to scope the survey.
- 4. Receive invoice and schedule; survey team is matched to your programs.**
Fees are based on surveyor count/days. CARF selects peer surveyors with relevant experience.
- 5. Host team for on-site peer survey.**
Surveyors observe services, review documentation and interview staff and people served. They also provide consultative feedback.
- 6. Receive accreditation decision and report (six to eight weeks after survey).**
CARF issues the accreditation decision, which ranges from Three-year Accreditation to Provisional to No Accreditation. Clinic receives a written report and, within 60 days of a positive decision, the certificate.
- 7. Submit Quality Improvement Plan (within 90 days of accreditation decision and report).**
Submit actions taken or planned to address findings. (Note for organizations with opioid treatment program components: These programs must also submit a SAMHSA Implementation Report within 180 days.)
- 8. Submit Annual Conformance to Quality Report.**
Report annually to show ongoing conformance to accreditation standards during your accreditation term.

* Third Horizon compiled these details based on brief conversations with the accrediting bodies and review of publicly available information.



COA

1. **Initiate the accreditation process and confirm eligibility.**

Begin by contacting Social Current to confirm eligibility and determine the appropriate scope of accreditation. COA gives organizations the opportunity to integrate CCBHC accreditation standards into the other COA accreditations they've earned, rather than requiring a stand-alone process.

2. **Conduct a preliminary self-study and prepare documentation.**

Complete a detailed self-study using COA's online platform, aligning the clinic's policies, procedures and practices with COA's accreditation standards. This includes governance, human resources, risk management, quality improvement and service delivery standards that correspond with CCBHC criteria.

3. **Submit documentation for review.**

Upload required materials to COA's online platform for initial review. The COA team evaluates the documentation for alignment with standards and may request clarification or additional evidence prior to scheduling the site visit.

4. **Participate in the peer review process.**

COA assigns trained peer reviewers — professionals with experience in similar organizations — who evaluate materials, observe programs and interview staff and stakeholders. The peer review emphasizes consistency between written policy and daily practice, as well as the clinic's approach to quality improvement and integrated care.

5. **Receive the accreditation decision and report.**

After the site visit, COA issues an accreditation decision based on the clinic's level of conformance to standards. The agency receives a written report highlighting strengths, identifying areas for improvement and confirming compliance with CCBHC-related expectations. Accreditation is typically granted for a four-year term.

6. **Maintain continuous quality improvement.**

Accredited clinics are expected to have continuous quality improvement processes in place throughout the accreditation cycle. COA encourages regular monitoring, ongoing data collection and periodic updates to ensure sustained alignment with both COA and CCBHC standards.

Joint Commission

1. **Apply via Joint Commission Connect® and be assigned an account executive.**

Submit information on clinic services/volume via the application to size the survey. A Joint Commission account executive supports the clinic pre- and post-survey and helps the clinic team use E-dition® (the electronic standards manual).

2. **Select CCBHC on the application to add CCBHC-specific standards.**

Choose "CCBHC" in the E-dition so the SAMHSA-aligned CCBHC requirements are added to the accreditation review.

3. **Review standards and prepare.**

Access standards in E-dition. Use the Survey Activity Guide to plan documentation, staff readiness and tracer flow.



4. Host team for on-site survey (patient-tracer methodology).

The survey is patient-centered and data-driven; surveyors conduct tracers, interview staff and review records and processes. Most Joint Commission surveys are unannounced (though the company indicates that initial surveys may come with notice).

5. Participate in exit conference and receive preliminary findings.

The clinic receives a preliminary Summary of Survey Findings at exit. Joint Commission issues the final decision after post-survey steps.

6. Receive post-survey corrective actions and decision.

Submit Evidence of Standards Compliance within 60 days for any requests for information. Joint Commission issues the final decision, which includes Accreditation, Accreditation w/ Follow-up Survey or (Preliminary) Denial.

7. Maintain readiness between surveys (three-year cycle).

Maintain readiness using the Intracycle Monitoring and Focused Standards Assessment tools. Expect the next full survey about 30-36 months after the last one.

NCQA

1. Engage NCQA and get oriented.

Use NCQA's "[Get Started](#)" workflow to connect with the program team; they'll answer standards questions and explain the survey approach for CCBHCs. NCQA provides a CCBHC-focused standards set, readiness assessment and community needs assessment templates and up to three virtual check-ins with NCQA staff during preparation.

2. Conduct internal gap analysis and build documentation.

Clinics typically conduct a self-assessment against NCQA's CCBHC standards (using NCQA's templates) and assemble policies, workflows and evidence to show conformance to SAMHSA criteria via NCQA's framework.

3. Apply and schedule your survey start.

Submit the Survey Tool (the formal documentation package). For some NCQA accreditation products/programs, a required file review is subsequently scheduled approximately seven weeks after submission. *NCQA programs generally define the "survey start date" as the date of this submission.*

4. NCQA conducts its review.

The NCQA team evaluates the submitted evidence against the CCBHC standards. This evaluation includes virtual check-ins with NCQA staff to clarify expectations and close gaps along the way. *NCQA does not indicate that the CCBHC accreditation process includes an on-site review. Overall this process appears consistent with other NCQA accreditation programs, relying primarily on documentation submission with targeted reviews as needed.*

5. Receive decision and maintain improvements.

NCQA typically issues a decision within approximately 30 days of final review. Following accreditation, maintain improvements and prepare for renewal per NCQA guidance.



Case Studies

Third Horizon interviewed three organizations that have undergone the CCBHC accreditation process to gain insight into their experiences. These case studies offer insights for other CCBHCs on what they can expect, as well as some best practices and lessons learned.

SouthLight Healthcare, North Carolina

[SouthLight Healthcare](#) has been a trusted mental health and substance use service provider organization since 1970, serving upwards of 5,500 individuals and families annually. In July 2022, the state's Department of Health and Human Services [awarded SouthLight a three-year grant](#) to implement the CCBHC model and improve the quality and accessibility of behavioral health services in Wake County, the most populous county in North Carolina.

SouthLight sought accreditation to ensure its work met the highest standards. While the state recognized SouthLight as meeting all CCBHC criteria, the organization wanted a third party to verify that the organization fully met the requirements in both spirit and practice. Furthermore, SouthLight determined that achieving accreditation would set it up for success if North Carolina became a Demonstration state, allowing the state to certify CCBHCs in the future.

SouthLight became a CARF-accredited CCBHC in October 2024 and, at the time of interview, was pursuing NCQA accreditation, with anticipated completion by December 2025. SouthLight has long been CARF-accredited in other areas, so it started by working towards CCBHC accreditation with that accreditation body and then decided to participate in the NCQA pilot for CCBHC accreditation, as well.

SouthLight noted that during the accreditation process, NCQA organized a monthly meeting with a cohort of other CCBHCs and provided ongoing technical assistance to guide them through. On the other hand, for CARF accreditation, SouthLight had an intensive site visit led by CARF peer reviewers (i.e., people who have previously worked in CCBHCs).

SouthLight leadership dedicated the right level and intensity of staff resources to working with both accrediting agencies, ensuring staff were equipped to liaise with teams and leadership to secure the appropriate documentation for reviewers. SouthLight recommended that organizations thoroughly review their policies and procedures, make any necessary adaptations and fully document how they meet each CCBHC criterion. Additionally, SouthLight recommended planning one year in advance of the accreditation deadline for the best results, with dedicated staffing and time set aside to work on and plan for accreditation. SouthLight brought together its chief operations officer, sr. director of clinical quality and chief program officer to form a committee to spearhead the accreditation process, and then others were pulled in ad hoc.



Henderson Behavioral Health, Florida

[Henderson Behavioral Health](#) is one of the oldest and largest community-based, not-for-profit behavioral health care systems in Florida. Operating since 1953, its mission is to be the premier provider of accessible, cost-effective and quality behavioral health services to the people of South Florida, to promote their mental health and wellbeing. The organization serves about 25,000 people across Central and South Florida.

Henderson received its first SAMHSA CCBHC grant in 2020 to serve Broward County, Florida, and it was competitively selected for a second grant that ends in 2026. Henderson earned CARF accreditation in January 2024, making it the second-ever accredited CCBHC in the nation.

Henderson has an organizational culture devoted to continuous improvement and believes the most significant benefit of accreditation is ensuring the highest-quality care. The organization had been CARF-accredited in other areas for more than 30 years, and the organization determined that CCBHC-specific accreditation was the right step — going beyond SAMHSA requirements to further its commitment and accountability. Staff also noted that third-party oversight may give Henderson a competitive advantage and better credentials in the eyes of the state and other funders. Getting accredited by an independent agency is a good way to demonstrate that Henderson is taking CCBHC criteria compliance seriously.

Henderson staff noted that if organizations are not CARF-certified in other areas, completing the CCBHC accreditation may take longer and be more complicated. Staff worked proactively to establish a collaborative relationship with CARF reviewers and recommended that other CCBHCs take a similar approach. They also recommended that other CCBHC clinics allocate dedicated staff time and sufficient administrative, operational and clinical expertise to the process.

BestSelf Behavioral Health, New York

Headquartered in Buffalo, [BestSelf Behavioral Health](#) is one of New York's largest community-based behavioral health organizations. The organization has been a CCBHC since 2017, participating as part of the state's original Medicaid Demonstration cohort. The CCBHC serves approximately 12,000 clients annually. BestSelf was originally accredited by COA as Child & Adolescent Treatment Services; following a merger with Lake Shore Behavioral Health, it completed three successful COA accreditation cycles.

BestSelf leaders described COA accreditation as a defining framework that helped strengthen and formalize the organization's quality improvement, compliance and governance infrastructure. Following the merger, BestSelf rebuilt its quality improvement department around COA's administrative and service standards, weaving accreditation expectations into risk management, board governance and performance monitoring. The agency now maintains a comprehensive policy and procedure manual that serves as both an operational guide and a living compliance document, updated continuously to align with COA and SAMHSA standards.

Staff emphasized that COA accreditation encompasses the entire agency, not just the CCBHC program. This includes all administrative and clinical functions such as human resources, finance, training and facilities. They noted that COA's standards are often more granular than SAMHSA's, requiring specific documentation, annual consent updates and quarterly case reviews. BestSelf manages the process using shared platforms such as Microsoft SharePoint and Excel with clear file naming conventions, assigning subject matter experts to lead documentation for specific standards.



The organization highlighted several benefits of accreditation, including a stronger internal quality improvement system, improved audit readiness and a more unified organizational structure. BestSelf also found that accreditation standards helped guide the development of new programs, such as its crisis stabilization center, by providing a ready-made framework for operations. While accreditation does not directly affect reimbursement rates, staff shared that it enhances credibility with funders and supports the agency’s grant applications, annual SAMHSA attestation process and State of New York certification process.

BestSelf advised other CCBHCs to begin preparation well in advance — at least a year ahead of a scheduled review — and to invest in staff training across all levels of the organization. The BestSelf team developed a “super user” model, in which trained representatives from each organizational program site help ensure readiness and reinforce accreditation standards with their peers. Leaders emphasized that this intensive process builds teamwork, strengthens consistency and reinforces an organizational culture of accountability and continuous improvement.



About Third Horizon

Third Horizon is a strategic, boutique advisory firm focused on designing integrated health and social systems so that all communities, families and individuals can thrive. Through its work in behavioral health, community health, payment design and market analytics, the firm offers a 360-degree view of complex challenges across three horizons — past, present and future — to help industry leaders and policymakers interpret signals and trends and develop upstream innovations, strategies and structural changes that maximize the value of the yearly spend on health care. Learn more at ThirdHorizon.com.



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