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Housing Is Care: Advancing Stability Through CCBHC Partnerships

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CSH

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Authors

Marcella Maguire, PhD
Director, Health Systems Integration,
Corporation for Supportive Housing

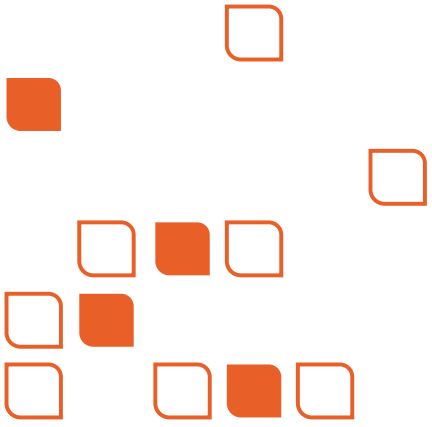
Jane King, PsyD, LP
Sr. Consultant,
National Council for Mental Wellbeing

Reviewers

Samantha Holcombe, MPH
Sr. Director, Practice Improvement & Consulting Technical Excellence, National Council for Mental Wellbeing

Clement Nsiah, PhD, MS
Project Director,
National Council for Mental Wellbeing

Renee Boak, MPH
Sr. Consultant,
National Council for Mental Wellbeing



Background

Certified Community Behavioral Health Clinics (CCBHCs) are community clinics designed to provide services that address behavioral health needs. CCBHCs and organizations providing services to individuals experiencing homelessness or housing insecurity operate in similar regions and serve many of the same people, but they have a limited history of collaborating to effectively serve their community members. This sector of services includes unsheltered outreach, shelters, and various housing programs and interventions within communities. One such intervention, supportive housing, is an evidence-based model that serves families with at least one member who has a disability, including those with behavioral health conditions.

Both CCBHCs and supportive housing programs serve low-income individuals and those facing behavioral health challenges. Both models serve people with significant, complex health care needs using an approach that addresses their mental health, substance use, housing, and other social and environmental needs. Both CCBHCs and supportive housing providers function within systems that are often overextended, with large missions and funding that's too limited to offer the necessary capacity and quality of services. Both systems are working to improve access to high-quality services, address the persistent lack of access to affordable housing, and ensure effective use of limited public resources. Serving our aging populations, those left behind by the affordable housing crisis, and those returning to our communities from long-term incarceration are all priorities for providers in both industries. CCBHCs and supportive housing programs are valued community partners, and both models are likely to grow and change significantly in the coming years.

The burden of navigating between the housing system and the mental health and substance use treatment system typically lies with the person needing assistance, their family members, or natural support. Too often, the complexity of accessing coordinated services between these systems leads to increased mental health and substance use crises, which can further exacerbate housing instability. The CCBHC model is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s CCBHC Certification Criteria (SAMHSA, 2023). Supportive housing services are informed by SAMHSA-supported, evidence-based service models (SAMHSA, 2010), while housing quality, operations, and fidelity are guided by established housing sector standards, including those developed by the Corporation for Supportive Housing (CSH, n.d.).

SAMHSA's evidence-based model focuses primarily on supportive housing services, while CSH's quality standards integrate a focus on both housing and services. CCBHCs are funded via SAMHSA grants or state adoption of the CCBHC model within Medicaid. Supportive housing programs commonly braid together funding across three federal departments: the Treasury for capital funding via the Low-income Housing Tax Credit program, Housing and Urban Development for operating subsidies, and Health and Human Services (including SAMHSA) for supportive housing services. Guidance and funding authorities across federal departments are distinct, which can create operational complexity for providers seeking to align housing and behavioral health services.

This paper establishes a shared framework for collaboration between CCBHCs and housing providers, including supportive housing programs. The framework emphasizes treatment-first principles, accountability, and recovery-oriented outcomes. It outlines practical partnership models that can improve access to services, reduce system fragmentation, and support long-term stability through clinically appropriate housing pathways. The approaches described are intended to be adaptable to state and local policy environments and to leverage existing funding authorities rather than establish new federal requirements.

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CCBHC Basics

CCBHC model

The Certified Community Behavioral Health Clinic (CCBHC) model of care aims to improve the quality and accessibility of mental health and substance use care and treatment. CCBHCs are required to serve anyone regardless of the person's ability to pay, place of residence, or age — this includes providing developmentally appropriate care for children and youth. CCBHCs provide integrated, evidence-based, recovery-oriented, and person- and family-centered care. They offer a full array of required mental health and substance use services, including primary care screening. Where CCBHCs do not offer care directly, they coordinate care with other behavioral health, physical health, and social services systems in the community.

The CCBHC model makes three foundational changes beyond traditional community mental health centers: the clinical model, the sustainable funding model, and the quality measurement model. The clinical model ensures all clinics provide integrated mental health and substance use treatment, including care coordination. The sustainable funding model is achieved through a clinic-specific, cost-based prospective payment system (PPS) Medicaid rate methodology. The quality measurement model is data-driven programming, including continuous quality improvement.

CCBHC scope of services

CCBHCs are required to directly provide nine outpatient services under the CCBHC umbrella: crisis services; screening, assessment and diagnosis; person- and family-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring; targeted case management services; psychiatric rehabilitation services; peer supports and family/caregiver supports; and community care for uniformed service members and veterans. If a CCBHC is unable to provide one of these required services directly, it can establish a contractual partnership with another community organization to provide that service on its behalf. The CCBHC criteria (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023) refer to these external partners as Designated Collaborating Organizations. Such partnerships are often necessary and help to ensure that the clinic meets the comprehensive behavioral health care requirements of the CCBHC model.

Care coordination partnerships

CCBHCs are tasked with building a coordinated behavioral health system in their communities. They are required to have written care coordination agreements with many other local service and social welfare organizations that the people they serve often use. This approach is one way to provide whole-person services and coordinate with external providers for other needs. The CCBHC criteria define the required and recommended types of organizations with whom care coordination agreements should be established, including:

- Department of Veterans Affairs medical centers
- Independent outpatient clinics, drop-in centers and other facilities
- Federally Qualified Health Centers, Rural Health Centers and primary care
- Hospitals/emergency departments
- Inpatient acute care hospitals and hospital outpatient clinics
- Inpatient psychiatric facilities, substance use detox, post-detox step-down services, and residential programs
- Other community or regional services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies, and facilities
- Indian Health Service Youth Regional Treatment Centers
- State-licensed and nationally accredited child-placing agencies for therapeutic foster care services and other social and human services

It is recommended that CCBHCs also partner with:

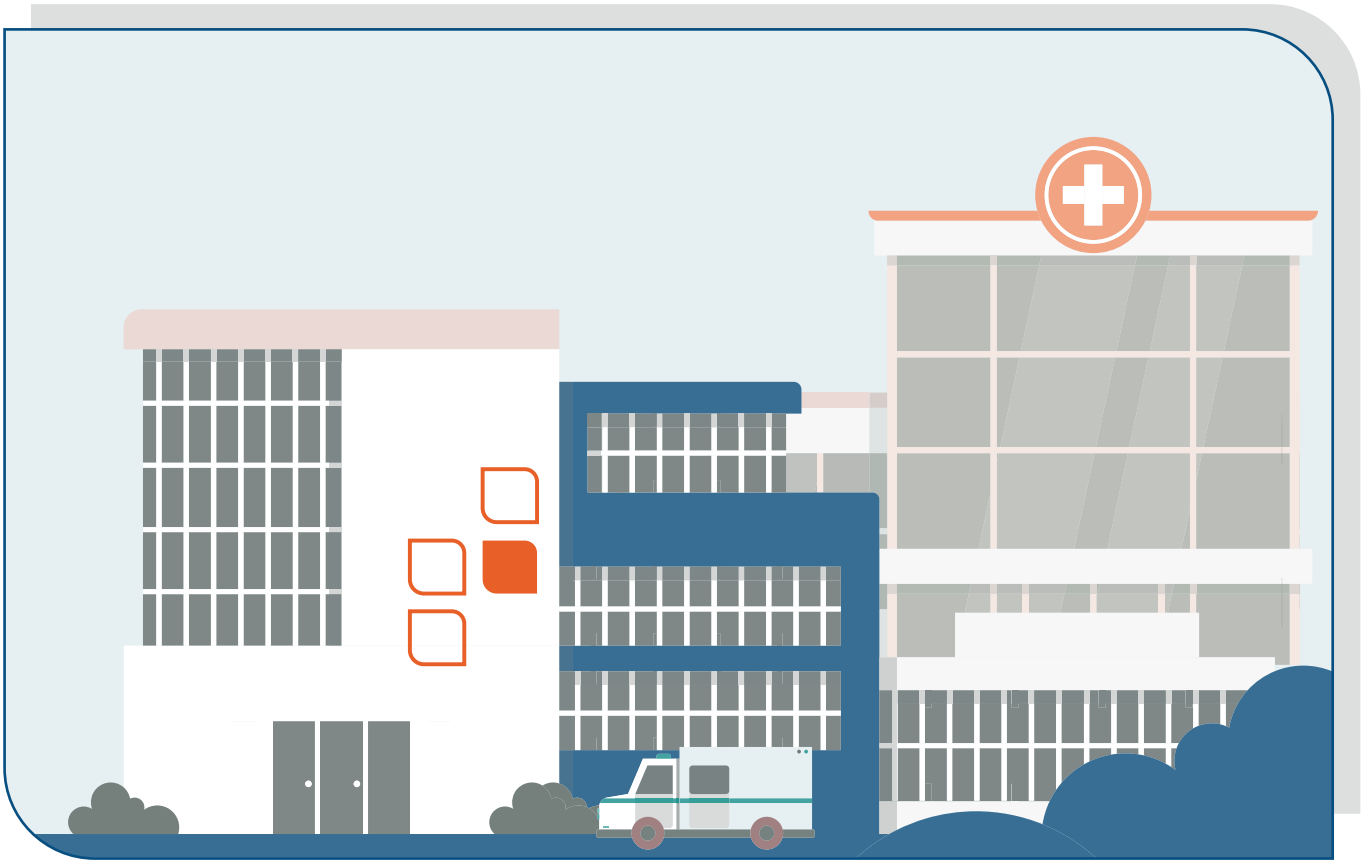
- Other specialties and social and human services providers
- Indian Health Service and Tribal programs
- Suicide and crisis hotlines and warmlines
- Shelters and housing agencies
- Employment services systems
- Peer-operated programs
- Developmental disabilities agencies and resource centers
- Substance use prevention and overdose prevention programs
- Programs and services for families with young children
- Any other health care organization or social service provider supporting CCBHC clients

CCBHC funding pathways

There are currently three funding pathways for CCBHCs. One pathway is the Section 223 CCBHC Demonstration program in Medicaid. It was established in 2017 in eight states and has now grown to 18 states, with the potential for all 50 states to join eventually. The second pathway is through a Medicaid state plan amendment or waiver with approval from the Centers for Medicare and Medicaid Services (CMS). These states establish state-specific eligibility criteria and a process for certifying eligible clinics, and those certified clinics are paid a PPS rate through Medicaid. The third pathway is through a SAMHSA-administered CCBHC-Expansion grant directly to clinics to support the adoption and implementation of the CCBHC model. Grant recipients submit an attestation to SAMHSA describing how they are meeting the federal CCBHC criteria requirements, if the organization is not certified by its state.

Future of the CCBHC program

In 2026, 2028 and 2030, up to 10 additional states will be selected to join the Section 223 CCBHC Demonstration each year. SAMHSA may continue to award CCBHC grants directly to CCBHCs. Note that this expectation reflects the current statutory framework and recent implementation patterns of the CCBHC program. Future participation and funding decisions are subject to federal and state policy determinations.



Supportive Housing Basics

- People with behavioral health challenges live in a variety of settings, including:
- Affordable housing
- Supportive housing
- With family
- Board and care homes
- Institutions such as nursing homes, assisted living, recovery housing, Rapid Rehousing and transitional housing
- Incarcerated
- Homeless

People with behavioral health challenges, like others with disabilities, often have extremely low incomes and are the first to be priced out of expensive housing markets.

Supportive housing is a combination of affordable housing and supportive services, integrated at the program level and designed to help individuals and families use stable housing as a platform for health, recovery and personal growth. It focuses on balancing three distinct components of the model: affordable housing, supportive services and property and housing management. These three components can be viewed as a "three-legged stool" — each part must bear equal weight to have a balanced stable housing program. Supportive housing, however, should not be isolated from the larger community. A project's relationship to the community adds a fourth leg, turning the stool into a community table at which supportive housing tenants and providers must have a seat.

To qualify for most subsidized supportive housing, tenants must have income below 30% of Area Median Income, per U.S. Department of Housing and Urban Development (HUD) guidelines. HUD standards recommend that tenants pay no more than 30% of their income in rent, since those with lower incomes are priced out of most rental markets nationwide (Technical Assistance Collaborative, n.d.). Most supportive housing tenants have incomes that are lower than this standard, so these programs clearly serve an extremely low-income target population. Over time, supportive housing has been primarily funded via the HUD homelessness systems or Continuum of Care (CoC) grants, so those programs have stringent access requirements and only serve families or individuals that are experiencing HUD-defined homelessness (HUD, n.d.-a). But that requirement is an artifact of the funding, not the model, and supportive housing is effective for a variety of populations, including those exiting institutions, carceral systems and foster care.

CoCs are HUD-defined local homeless services systems that manage large federal grants implemented by a network of housing and services agencies. Local governments often look to the CoCs to address homelessness in their communities. Also, Public Housing Authorities (PHAs) provide affordable housing options for low-income renters (HUD, n.d.-c). State housing agencies may also operate rental assistance programs that would be valuable for CCBHCs to understand and partner with.

Supportive housing services operate using a whole-person care coordination model and a "do whatever it takes" attitude to help people remain housed. Supportive housing may offer a variety of services on-site but also connect with community providers such as CCBHCs to meet residents' needs. One entity may develop, operate and deliver services in supportive housing, but a more common model is for multiple agencies to partner and capitalize on their strengths. One agency might implement a project, another might manage the property and a third might deliver the supportive housing services. All partners work together for the success of the project. The Corporation for Supportive Housing (CSH) has developed a **Ensuring Quality Supportive Housing - Corporation for Supportive Housing** standards and toolkit to help states, systems and providers ensure that the supportive housing they fund, guide or operate meets fidelity standards and ensures positive community outcomes.

CCBHC and Housing Provider Partnership Possibilities

Housing partnerships: A give and take

There are four models of partnership and collaboration that CCBHCs and supportive housing providers can use to better serve their shared populations. The goal is a fair, integrated and seamless system for those needing assistance. Those four models include:

1. Homeless outreach
2. Referrals within care coordination
3. CCBHCs providing on-site services in supportive housing programs
4. A Medicaid housing supportive services benefit included within a state CCBHC program's scope of services

Homeless outreach

CCBHCs are required to conduct outreach and engagement of homeless individuals with the overarching goal of expanding access to mental health and substance use care in their communities. Outreach models that prioritize engagement with people experiencing unsheltered homelessness are increasingly recognized as critical components of community responses to homelessness, particularly for individuals with serious mental illness or co-occurring conditions. Outreach can also include CCBHC staff visiting community settings such as homeless shelters, housing programs and drop-in centers where people who need CCBHC services tend to congregate. Medicaid-funded CCBHCs can include the cost of outreach and engagement in the CCBHC cost report used to calculate the Medicaid clinic-specific cost coverage PPS rate.

Homeless outreach activities may include collaborating with an existing SAMHSA Projects for Assistance in Transition from Homelessness-funded outreach team, providing homeless outreach directly or partnering with other homeless outreach providers in the CCBHC's service area. HUD has recently funded a significant expansion of unsheltered outreach activities. Certain communities may have their own locally funded unsheltered outreach systems, especially if there is a growing number of people experiencing homelessness due to a lack of affordable housing. Many of these unsheltered outreach services use a peer support model.

CCBHCs may offer a variety of resources and support to local unsheltered homeless outreach systems. If no such system exists, CCBHCs may start their own outreach to encampments or other places where people with behavioral health challenges are unsheltered. They may start with **Reducing Unsheltered Homelessness - Corporation for Supportive Housing's** to guide such efforts. If unsheltered outreach efforts already exist, CCBHC outreach staff may partner with current outreach providers to offer engagement, behavioral health services and other support. Many communities have created a "**by-name list**" of who is experiencing homelessness locally, and CCBHCs can collaborate with the local list holder to see who they are already serving and who they should be serving to address significant behavioral health needs. CCBHCs may have specialized clinical staff, such as psychiatrists or nurses, who can join unsheltered outreach teams in their efforts. A growing **Street Medicine Team model** is being used across the country would also benefit from a partnership with CCBHCs for staff and services.

Community programs may require a signature from a physician or a licensed therapeutic practitioner; CCBHCs may have staff who meet qualifications and can offer such assistance. CCBHCs could offer resources, training and technical assistance on mental health and substance use challenges for unsheltered outreach teams. Access to services may be expanded by creating flexible and responsive referral systems for those people experiencing unsheltered homelessness and the agencies that provide outreach to them. To expand homeless outreach, a good first step is for CCBHCs to research who currently provides homeless outreach in the communities they serve and reach out for collaboration. A conversation with current practitioners about their needs for behavioral health services would be an ideal starting point for the partnership.

Referrals within care coordination

CCBHCs are required to provide care coordination through agreements with all sorts of providers, including housing and homeless services agencies. These agencies may offer emergency shelter, Rapid Rehousing, transitional housing, recovery housing or long-term affordable housing. All of these programs serve people with mental health and substance use challenges. CCBHCs should strategically consider what housing systems and individual agency partners make sense for their needs and the needs of those they serve. CoCs, PHAs and state housing finance agencies are all potential partners to open doors for networks of agencies that would find value in care coordination referrals.

These agreements should define two-way referral systems, data sharing and "closing the loop." Increasingly, communities are using technology platforms such as **Unite Us** or **Findhelp** to coordinate local referral processes. Your community may also have a **211 system** that offers information regarding social care. Any of these systems can be used to ensure that your CCBHC is listed as a referral option, and you can use their data to help you find the right partners for referrals in the geographic area you serve.

Once you are aware of priority partners, the next step may include reaching out to the local CoC to find housing provider contacts, researching the Coordinated Entry system in your community, and designing a facilitated referral process. Coordinated Entry is the HUD-defined entry point to a local homeless system. Care coordination activities may include signing care coordination agreements with homeless and housing providers and building connections with CoCs to support access to Coordinated Entry systems. To build a system for referrals, a good first step is to research the local CoC. Next, it would be helpful to connect with any housing partners, including PHAs, local housing developers and state housing finance agencies. More rural states may find better traction with the state housing finance agency, as it may coordinate housing opportunities for many communities that are large in area but have population too small to effectively manage their own affordable housing resources. Most counties also have a **Community Action Agency** that would be a strong starting point for initial engagement around referrals (Community Action Partnership, n.d.).

CCBHCs providing on-site services

Several Federally Qualified Health Centers and supportive housing providers have successfully partnered to offer co-location of services and housing within one building. This model allows ease of access to residents and neighbors and offers synergy between clinical staff and housing staff to improve outreach and tenancy. Examples are found in **Portland**, **Oregon**, **Denver**, and **Baltimore**. The CCBHC financing model allows CCBHCs to develop similar partnerships with local housing developers and locate clinic locations in new, affordable and supportive housing developments.

The CCBHC model is community based, rather than clinic based. In states that have implemented the model in Medicaid either through the federal Demonstration or independently through a state plan amendment, CCBHCs can claim their Medicaid PPS rate for services provided in housing programs. States determine allowable service locations and billing methodologies under their approved Medicaid authorities. Clinics that have SAMHSA CCBHC-Expansion grant funds can also use those funds to support housing services. Outpatient services provided in housing settings might include care coordination, targeted case management or even outpatient therapeutic services for residents, all required services within the CCBHC model.

To provide outpatient services in partnership with housing organizations, a good first step is to research which housing developers received the most recent Low-income Housing Tax Credit program funds and reach out to make connections. Alternatively, CCBHCs could identify current housing organizations that need on-site service providers or identify housing developers with projects in the pipeline who could list the CCBHC as their official service provider for the supportive housing program. The CCBHC would then use Medicaid to fund those services rather than alternative, unsustainable funding.

CCBHCs could also co-locate services in other settings, such as shelter, transitional or Rapid Rehousing programs, to build synergy and referrals between services and offer ease of access to individuals and families that need both types of assistance.

Medicaid housing support services benefit within a state CCBHC program's scope of services

States that have both CCBHCs and housing-related services (HRS) in Medicaid may choose to include HRS as allowable services within their CCBHC program design, subject to CMS approval. Therefore, the cost of providing HRS could be factored into the clinic-specific cost-based PPS rate for the CCBHC. Currently, only Minnesota, Oregon and New Jersey include CCBHC services and HRS within Medicaid.

CCBHCs interested in this option could research if their state covers HRS via Medicaid and begin discussions with state policy staff to include HRS in the CCBHC program (CSH, 2025b). CSH's **State Actions on Medicaid & Housing Services** offers detailed information regarding how states are implementing the benefit, including priority populations, delivery systems, payment mechanisms and rates. CSH has identified six strategies that states may consider when implementing HRS to support housing stability and system capacity (CSH, 2025a):

1. Integrate Medicaid services and housing systems.
2. Align eligibility criteria between housing and services.
3. Meaningfully include people with lived expertise (PLE) in systems integration.
4. Ease the transition to Medicaid billing.
5. Build Medicaid capacity for housing and homeless agencies.
6. Align quality standards across sectors.

If you are a supportive housing provider looking to partner with a local CCBHC, please consult the National Council for Mental Wellbeing's **CCBHC locator tool**.

CCBHCs and Housing in Medicaid

States vary in their use of Medicaid authorities to support HRS and care coordination for individuals with behavioral health needs. Mapping these approaches can help stakeholders understand opportunities for alignment between CCBHC programs and housing systems. The following examples illustrate how partnerships may be structured based on local context, financing arrangements and organizational capacity.

Catholic Charities of Trenton (New Jersey)

Catholic Charities of Trenton is a local CCBHC that operates the Coordinated Entry system in the community. An initial phone call or referral to this provider includes screening for both behavioral health and housing needs, resulting in a true "no wrong door" approach. The agency's internal fiscal system can track staff activities by billing cost centers, so Coordinated Entry work and CCBHC work are billed to separate funders but the individual or family experiences one staff person who can address multiple needs. Community partners can use their intake system to make referrals to both systems.

The agency also operates supportive housing programs, and integrated care coordination is part of the base of services offered for those residents. In the agency's supportive housing programs, internal referrals are made to CCBHC services, and CCBHC clinical staff assist the supportive housing team with consultation, screening and direct services. All services operate from a single electronic health record that allows easy care coordination options. The Catholic Charities of Trenton team has integrated records for medical, behavioral health, housing and other social services.

Thrive Behavioral Health (Rhode Island)

Thrive Behavioral Health is another example of systems- and agency-level integration that leads to coordinated care for those with multiple challenges. Thrive is a community mental health center that has received the CCBHC-Expansion grant for years. Rhode Island provisionally certified Thrive as a CCBHC starting in October 2024 and will be joining the CCBHC Demonstration program. Thrive was created from a 2018 merger of Riverwood Mental Health Services and the Kent Center. Riverwood began its Housing First in 2007 when implementing Assertive Community Treatment services. Thrive now provides unsheltered homeless outreach and Health Home services, as well as operating a variety of supportive housing programs. During the COVID pandemic, Thrive was asked to operate an emergency shelter because the established shelters were closing due to the pandemic. Thrive stepped up and brought its CCBHC services to support these efforts. Rhode Island covers home stabilization services via its Medicaid program; for Thrive participants not served by Assertive Community Treatment, Home Stabilization Services can assist people experiencing homelessness and housing instability. As a member of the statewide CoC board operated by the state housing finance agency, Thrive is well-informed about the development of the homeless system and other affordable housing resources that may benefit its participants.

As a supportive housing program operator and sponsor, Thrive was also awarded 75 Mainstream vouchers that are for people who are disabled but not old (HUD, n.d.-b). The agency owns and manages two supervised apartments using **HUD multifamily housing program** funds. These programs offer long-term rental subsidies for Thrive participants. Thrive has built its internal capacity to understand, connect with, access and operate affordable housing resources to serve low-income community members with behavioral health challenges.

Conclusion

Too often, the same people within a community experience both homelessness/housing instability and behavioral health challenges. Imbalances in housing stability and behavioral health access persist across many communities, underscoring the importance of coordinated, accessible systems of care. CCBHCs and housing and homeless systems all have large mandates and often too few resources. Strengthened partnerships between CCBHCs and housing and homeless services systems can improve access, efficiency and outcomes while leveraging existing resources to support community stability.

References

Community Action Partnership. (n.d.). *Find your CAA*. Retrieved January 30, 2026, from https://communityactionpartnership.com/find-a-cap/

Community Solutions. (2021, January 28). *What is a by-name list?* https://community.solutions/what-is-a-by-name-list/

Corporation for Supportive Housing. (n.d.). *Ensuring quality supportive housing*. Retrieved January 30, 2026, from https://www.csh.org/csh-solutions/quality/

Corporation for Supportive Housing. (2025, June). *Using Medicaid's housing related services (HRS) to create new supportive housing*. https://www.csh.org/resource/using-medicaids-housing-related-services-hrs-to-create-new-supportive-housing/

Corporation for Supportive Housing. (2025, November). *Summary of state actions: Medicaid and housing services*. https://www.csh.org/wp-content/uploads/Summary-of-State-Action-Medicaid-and-Supportive-Housing-Services-Fall-2025.pdf

National Health Care for the Homeless Council. (2022, June). *Street medicine and outreach: Bringing care to people where they are*. https://nhchc.org/wp-content/uploads/2022/06/healing-hands-june-2022.pdf

Substance Abuse and Mental Health Services Administration. (2010). *Permanent supportive housing: Evidence-based practices (EBP KIT)*. https://library.samhsa.gov/product/permanent-supportive-housing-evidence-based-practices-ebp-kit/sma10-4509

Substance Abuse and Mental Health Services Administration. (2023, March). *Certified Community Behavioral Health Clinic (CCBHC) certification criteria*. https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf

Technical Assistance Collaborative. (n.d.). *Priced out: The housing crisis for people with disabilities*. Retrieved January 30, 2026, from https://www.tacinc.org/resources/priced-out/

U.S. Department of Housing and Urban Development. (n.d.-a). *Four categories of the homeless definition*. Retrieved January 30, 2026, from https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/

U.S. Department of Housing and Urban Development. (n.d.-b). *Mainstream vouchers*. Retrieved January 30, 2026, from https://www.hud.gov/helping-americans/public-indian-housing-mainstream-vouchers

U.S. Department of Housing and Urban Development. (n.d.-c). *PHA contact information*. Retrieved January 30, 2026, from https://www.hud.gov/contactus/public-housing-contacts