

Certified Community Behavioral Health Clinics (CCBHCs) Policy Series

2020 Update

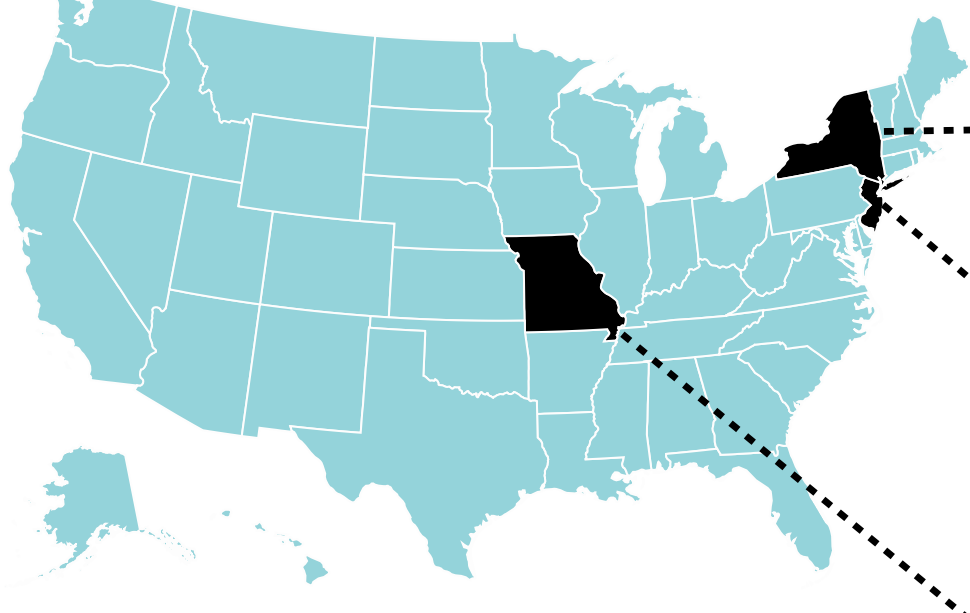
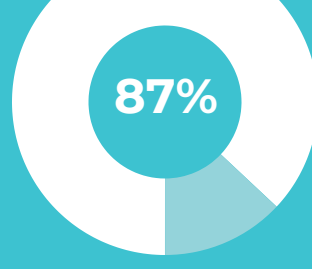
SAMHSA's CCBHC initiative identified the services a community mental health program should offer to deliver high quality, accessible, and comprehensive care. In early 2017, 8 states started CCBHC programs in a demonstration program. As of August 2020, two additional states (Kentucky and Michigan) were selected as demonstration sites through the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The National Council completed a survey to obtain early results from the original 8 states. This infographic summarizes preliminary findings in 4 key areas:



Treatment Access

87% of the CCBHCs increased the overall number of patients they served.



One program in New York had a waitlist of 140 patients which has now been eliminated due to the CCBHC program.

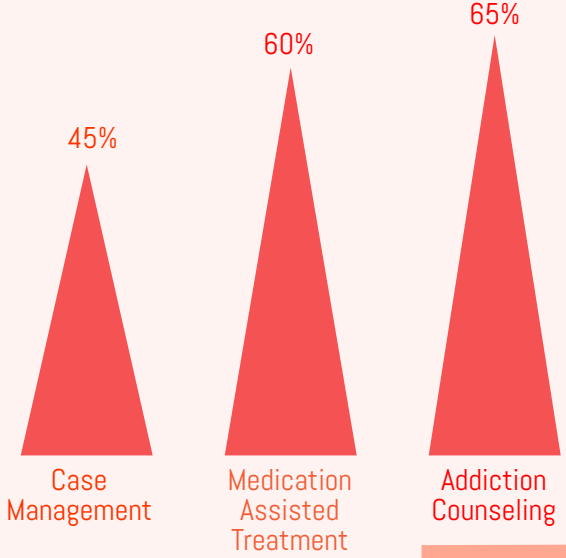
In New Jersey, a program was closed to community referrals prior to CCBHC funding, but is now scheduling 300-400 new intakes each month, allowing for same-day access to care.

A CCBHC in Missouri hired a Medical Director for substance abuse medication-assisted therapy, including co-occurring mental illness. They also hired an adolescent substance abuse specialist, and a jail-based clinical social worker.

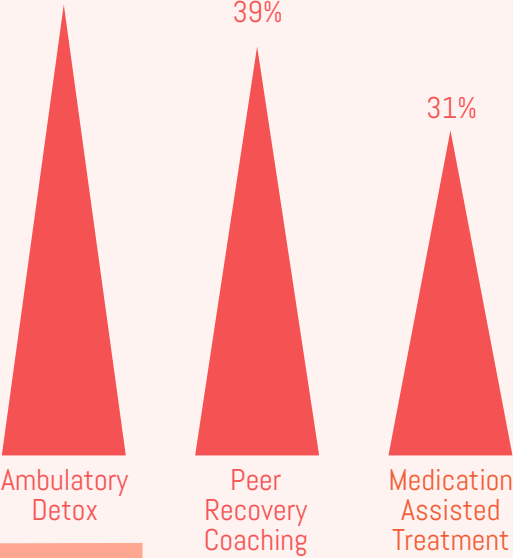
Addiction Treatment & Recovery

100% of the CCBHCs reported expanded addiction treatment. This is the first time that these services have been available in many communities.

Top 3 expanded services as a result of the CCBHC program (% of clinics)



Top 3 new services as a result of the CCBHC program (% of clinics)



While 94% of CCBHCs increased the number of clients with addictions served, most (68%) have seen a decrease in wait times. Over three quarters offer appointments within 1 week. Nearly half have same-day services.

In New Jersey, CCBHC funding led to new integrated care programs for pregnant women with substance use disorders and ambulatory detox for Medicaid enrollees. Both of these are vulnerable populations that previously did not have services available to them.

Integrated Care

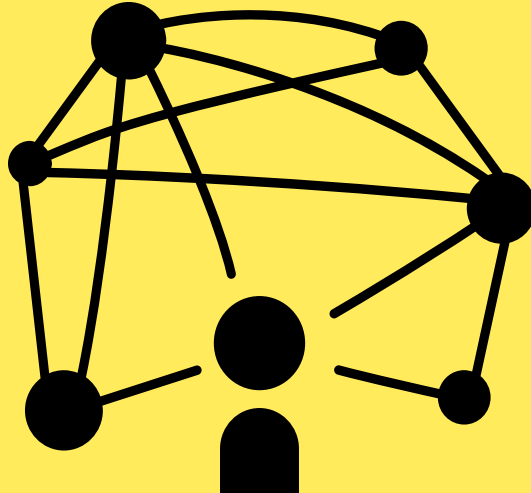
100% of CCBHCs provide integrated mental health and substance use care, supported through:



To provide integrated care, CCBHCs partner with many different agencies:

- Hospitals
- Inpatient detoxification units
- Residential treatment centers
- Outpatient treatment clinics
- Recovery housing
- Child and adolescent providers
- Crisis units
- Intensive outpatient clinics
- Recovery community centers (including recovery high schools)

A CCBHC in Pennsylvania now provides health screenings in its clinic and has identified previously untreated conditions, including diabetes and cardiovascular disease. Good physical health can significantly improve mental health and ability to respond to treatment.



Reducing Hospitalizations

Preventable hospitalizations are a major cost-driver in the medical system. CCBHCs can help reduce these costs through care coordination and partnerships with other providers and clients.

81% of CCBHCs engage in shared decision making with clients.

90% of CCBHCs work with patients to establish plans to prevent future hospitalizations.

81% of CCBHCs use care coordinators to manage care during outpatient services.

In Missouri, a clinic's ER enhancement project led to better services for people with psychiatric and substance use disorders who had no primary care and frequently used crisis services. They built a team comprised of qualified mental health professionals, caseworkers, nurses, and peer specialists to support emergency room staff.

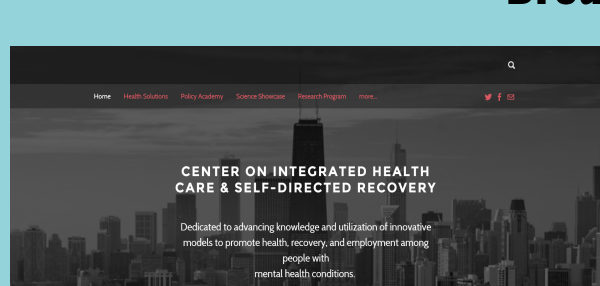


SOURCE:

National Council for Behavioral Health. Bridging the Addiction Treatment Gap: Certified Community Behavioral Health Clinics. May 2018.

<https://www.thenationalcouncil.org/wp-content/uploads/2019/07/CCBHC-Addictions-Treatment-Impact-survey-report-FINAL-5-24-18-1.pdf>

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