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CHCF Issue Brief

Certified Community Behavioral Health Clinics in California Explained

The need for mental health and substance use disorder services among Californians has increased since the start of the COVID-19 pandemic, while access to services continues to be limited by structural and systemic barriers.[1] Those who seek Medi-Cal behavioral health services often face a confusing array of benefits and service providers operating across three different systems responsible for delivering and paying for care. Funders and policymakers continue to explore ways to meet the growing and unmet needs across the state, and Certified Community Behavioral Health Clinics (CCBHCs) have emerged as an approach for improving access and quality of care. This brief summarizes the CCBHC model and its history, impacts, and potential future in California.

What Is a Certified Community Behavioral Health Clinic?

CCBHCs are clinics or facilities that were first defined and designated by the federal government in 2014. CCBHCs are designed to ensure access to comprehensive, coordinated behavioral health care for anyone requesting care, regardless of ability to pay. CCBHCs are defined by a set of criteria and required services across the continuum of behavioral health care, from prevention through crisis.[2] CCBHCs may be funded through grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) or receive funding from Medicaid through a prospective payment system (PPS) rate, which mirrors the way Federally Qualified Health Centers (FQHCs) are paid and which is intended to support the provision of effective care and provide financial stability to clinics. SAMHSA is the agency within the US Department of Health and Human Services that leads public health efforts to advance behavioral health, and is the federal administrator of CCBHC funds.

CCBHC Requirements

The CCBHC model aligns flexible financing with a clinical care model centered around comprehensive, coordinated, person-centered care. SAMHSA has established program requirements for nonprofit and government behavioral health organizations wishing to become a CCBHC.[3] The criteria are in six areas:

1. **Staffing.** CCBHC staff must have diverse disciplinary backgrounds, necessary licensure and accreditation, and cultural and linguistic training to serve the needs of the clinic's patient population.
2. **Availability and accessibility of services.** Crisis management services must be available and accessible 24/7, clinics must use a sliding scale for payment, and patients cannot be denied services on the basis of their ability to pay or place of residence.
3. **Care coordination.** CCBHCs must coordinate across settings and providers to ensure seamless transitions for patients across the full spectrum of services, including acute and chronic physical health needs and behavioral health needs.

4. **Scope of services.** CCBHCs must provide nine core services (described below) that reflect person-centered care practices.
5. **Quality and other reporting.** Each CCBHC must report encounter data, clinical outcomes data, and quality data.
6. **Organizational authority, governance, and accreditation.** CCBHCs must be nonprofit entities or part of a local government behavioral health authority, or operated under the authority of the Indian Health Service, an Indian tribe, or a tribal organization. As with FQHCs, CCBHC board members must be representative of the people being served by the CCBHC, either through 51% of the board being family members, people receiving services, or people in recovery from behavioral health conditions, or through other specifically described methods for the inclusion of people receiving services.[4]

CCBHC Populations

CCBHCs provide services to anyone in need of care, including (but not limited to) patients with the following conditions:

- Serious mental illness
- Serious emotional disturbance
- Long-term chronic addiction
- Mild or moderate mental illness and substance use disorders

CCBHCs have a no-refusal policy and offer services regardless of ability to pay, caring for those who are underserved; have low incomes; are insured, uninsured, or on Medicaid; and are active-duty military or veterans.

CCBHC Services

Of the nine required services, SAMHSA's guidance states that four of them must currently be provided directly by the CCBHC[5]:

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization
2. Screening, assessment, and diagnosis, including risk assessment
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning
4. Outpatient mental health and substance use services

Some California CCBHCs currently meet the first requirement through partnership with county crisis response, with the county serving as a designated collaborating organization. Changes to the original 2015 version of the CCBHC criteria, released in March 2023 to go into effect in 2024, provide this flexibility across the CCBHC program. The revised version further states that CCBHCs are not required to directly provide these four core services, but are expected to directly provide more than half of encounters across all required services (excluding crisis services).[6]

Five additional services must be provided by the CCBHC or through a partnership with a designated collaborating organization[7]:

5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk
6. Targeted case management
7. Psychiatric rehabilitation services
8. Peer support and counselor services and family supports
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas

History of CCBHCs

Section 223 of the Protecting Access to Medicare Act of 2014 authorized the Certified Community Behavioral Health Center Demonstration Program to allow states to test new strategies for delivering and reimbursing behavioral health services and better meet the community behavioral health needs of patients and providers.[8] The demonstration aims to improve availability, accessibility, quality, and outcomes of mental health and substance use services in community-based settings by establishing a standard definition and criteria for CCBHCs and PPS reimbursements.[9]

Demonstration Grants

As the first phase of a two-phase process in 2015, SAMHSA, the Centers for Medicare & Medicaid Services, and the Office of the Assistant Secretary for Planning and Evaluation awarded 24 states a total of $22.9 million in planning grants. In 2017, eight of these states — Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania — were selected to participate in the implementation phase of the CCBHC demonstration. Collectively, these states designated a total of 66 CCBHCs, which began providing services that same year. Two additional states, Kentucky and Michigan, were added as demonstration states through the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020, making a total of 10 states participating in the demonstration program. The CCBHC demonstration has been extended by law numerous times, with the program currently scheduled to end September 30, 2025.[10] In March 2023, 15 states were chosen to receive one-year planning grants needed to join the Medicaid demonstration.[11] See Figure 1 for a map of CCBHC participation as of March 2023.

Expansion Grants

Based on the initial success of the demonstration, Congress in 2018 appropriated funds for two-year CCBHC Expansion grants that allow individual clinics to become CCBHCs, particularly in locations not in demonstration states. The first set of CCBHC Expansion grants funded 115 CCBHCs across the country. CARES Act funding also was used to continue the CCBHC Expansion grant program for an additional

Certified Community Behavioral Health Clinic Models

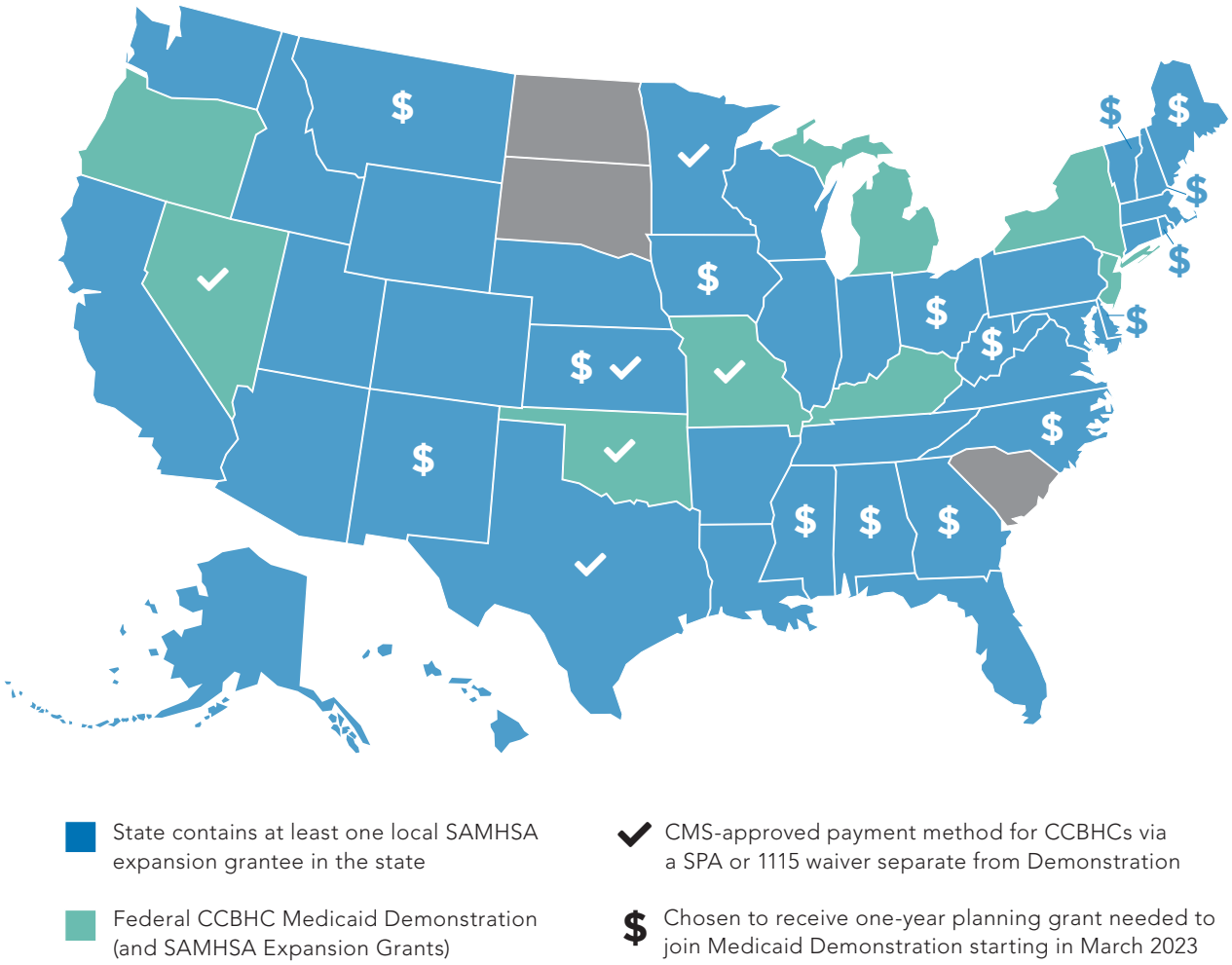
CCBHCs can be supported through the CCBHC Demonstration Program, through Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion grants, or through independent state programs.

Demonstration program. Clinics receive funding from Medicaid through a prospective payment system (PPS) rate intended to cover services in an ongoing way. The state administers the program and certifies clinics according to SAMHSA's requirements. Ten states are currently participating in the demonstration and receive enhanced federal match funding, and 15 have received planning grants that may allow them to join the program.

Expansion grants. Grant funding goes directly to individual clinics from SAMHSA, in the form of one-, two-, or four-year grants meant to cover start-up and one-time costs or improving access to community-based mental health and substance use disorder treatment and support. Clinics from any state can apply, regardless of whether there is a state-based program in their state, as long as they meet the CCBHC criteria. Expansion grantees do not receive a PPS rate. CCBHCs in California all receive expansion grants from SAMHSA.

Independent state programs. States that are not participating in the Medicaid demonstration program can choose to implement a statewide CCBHC program through a Medicaid State Plan Amendment or waiver. States have more flexibility under this model but receive less federal funding to support the program (versus the enhanced federal match offered through the demonstration). Kansas and Texas have established independent state programs.

Figure 1. Map of CCBHC Participation as of March 2023



Source: SAMHSA CCBHC Map, updated on March 6, 2023.
Notes: *CCBHC* is Certified Community Behavioral Health Clinic. *CMS* is Centers for Medicare & Medicaid Services. *SAMHSA* is the Substance Abuse and Mental Health Services Administration. *SPA* is State Plan Amendment.

two years, allowing existing CCBHCs to apply for additional funding as well as funding new expansion clinics. The first CCBHCs in California were funded through this additional expansion grant funding. The expansion grants under CARES included $200 million in annual funding for CCBHCs, in addition to the $250 million in emergency funding provided to existing expansion CCBHCs.

CCBHC Financing

One of the unique aspects of the CCBHC program is the financing model. CCBHCs that are part of the federal demonstration program receive funding through a PPS rate. To establish a PPS rate, each clinic submits a cost report that reflects the current costs and estimated future costs associated with providing CCBHC services and complying with CCBHC requirements. Clinics also submit historical and projected numbers of qualifying visits.[12] Approved annual costs are divided by anticipated visits to establish one of two PPS rates, selected by the state:

- **Daily rate (PPS-1).** This is similar to the PPS rates used by FQHCs. Under this model, CCBHCs receive a set payment for each day that a Medicaid enrollee receives CCBHC services. This model includes the option for states to provide quality bonus payments based on state-defined performance measures.
- **Monthly rate (PPS-2).** Under PPS-2, a fixed monthly payment is provided for each month in which a beneficiary receives CCBHC services, regardless of how many days they receive services within that month. This model includes multiple tiered rates: one standard rate and additional, higher rates for target subpopulations (defined by the state) with more complex care needs. By providing higher rates for these groups, the state can incentivize CCBHCs to target high-utilizing populations or those with the greatest unmet need for care. States using monthly PPS rates are also required to provide quality bonus payments; this further incentivizes efficient, high-quality care.

Payment via a PPS rate has the potential to decrease administrative burden and speed up reimbursements relative to fee-for-service and cost-based reimbursement models, and aligns behavioral health with payment models used in primary care for FQHCs.

For CCBHCs that are part of the expansion program, grant funding goes directly to individual clinics from SAMHSA, in the form of one- or two-year grants meant to cover start-up and one-time costs. Expansion grantees do not receive a PPS rate or any other change to their existing reimbursement and payment models.

Behavioral Health and Primary Care Integration in Certified Community Behavioral Health Clinics

Because of the requirement to provide outpatient primary care screening and monitoring of key health indicators as well as care coordination for the full spectrum of CCBHC services, CCBHCs may be an effective tool for advancing the integration of behavioral health and primary care. The required primary care services can be provided directly by the CCBHC or by a designated collaborating organization, so integration can take a number of forms:

- The CCBHC may have both primary care and behavioral health providers on-site, allowing people to receive integrated care under one roof. Some demonstration states have added additional primary care services requirements to their CCBHC care models to ensure colocation of primary care and behavioral health services.[13]
- People receiving behavioral health services at a CCBHC may be referred to an established partner to receive primary care services, with a warm handoff and continued care coordination.

When people seek care at a Federally Qualified Health Center (FQHC) or other primary care organization that is also a CCBHC or designated collaborating organization, they may be screened for behavioral health conditions and referred to a partner CCBHC behavioral health provider for services. This integrated care may include same-day in-person, phone, or video consultation; coordination across an interdisciplinary care team; care management; and the support of a system navigator.

CCBHCs in California

In 2015, the California Department of Health Care Services, the County Behavioral Health Directors Association of California, and the California Institute for Behavioral Health Solutions collaborated to develop and submit California's CCBHC Planning Grant application. California was awarded a planning grant from SAMHSA and developed the program in five counties across the state. In 2016, California submitted an application to take part in the implementation of CCBHCs through the demonstration grants but was not accepted.

Once SAMHSA opened the CCBHC Expansion grant program, however, clinics in California became eligible to apply individually for CCBHC funding. As of March 2023, there are 19 CCBHCs in California, all of which receive expansion grant funding and 12 of which are also FQHCs (see Figure 2).

CCBHCs and FQHCs in California

FQHCs are common partners for behavioral health providers that become CCBHCs, supporting care coordination and providing the primary care services that are required to receive CCBHC designation. In California, as in some other states, some FQHCs have also been able to meet the criteria to become a CCBHC themselves. For patients who receive primary care through an FQHC, FQHCs that become CCBHCs can offer access to behavioral health services in a setting they are already familiar with, rather than referring them to a separate clinic and increasing the risk that the person will face additional barriers to access. More than half of current CCBHCs in California are FQHCs, which sets California apart from most other states, where FQHCs are more likely to participate as partners to CCBHCs.

FQHCs receive a PPS rate for their traditional scope of services; in the 10 states that are part of the CCBHC demonstration, clinics that are both FQHCs and CCBHCs can receive both PPS rates whenever the relevant services are provided, even within the same encounter or visit. California FQHCs that are CCBHCs, however, receive CCBHC Expansion grant funds on top of their FQHC PPS rate but do not receive a second CCBHC PPS rate. For three different models of CCBHC funding, see Table 1.

Figure 2. California Certified Community Behavioral Health Clinics

Behavioral Health Services, ***Gardena***
Bienstar Human Services,* L***os Angeles***
Center Point, ***San Rafael***
Chinatown Service Center,* ***Los Angeles***
Community Medical Wellness Centers USA,* ***Long Beach***
HealthRIGHT 360,* ***Pomona***
Hill Country Community Clinic,* ***Round Mountain***
JWCH Institute,* ***Commerce***
La Familia Counseling Service ***Hayward***
Los Angeles Centers for Alcohol and Drug Abuse ***Santa Fe Springs***
Mission City Community Network,* ***North Hills***
Pacific Clinics, ***Campbell***
Santa Barbara Neighborhood Clinics,* ***Santa Barbara***
San Ysidro Health,* ***San Diego***
Siyan Clinical Research, ***Santa Rosa***
South Central Family Health Center,* ***Los Angeles***
Southern California Health & Rehabilitation Program, ***Lynwood***
Tarzana Treatment Centers,* ***Tarzana***
Wellspace Health,* ***Sacramento***

Source: "List of CCBHCs by State (March 2023)," National Council for Mental Wellbeing, January 19, 2023.
*This CCBHC is also a Federally Qualified Health Center.

Opportunities in California

In California's Medi-Cal behavioral health system, enrollees seeking services may have to navigate three different care systems: Medi-Cal managed care plans, responsible for physical health care and non-specialty mental health services, typically for mild to moderate conditions; county Mental Health Plans, responsible for covering specialty mental health services, typically

Table 1. California Certified Community Behavioral Health Clinic Profiles: Three Models

CCBHC NAME	LOCATION	TYPE	DESCRIPTION
San Ysidro Health	San Diego	FQHC	San Ysidro Health is a dual FQHC-CCBHC that prioritizes patients experiencing serious mental illness for their CCBHC services, while continuing to serve patients with mild to moderate mental health needs through their existing FQHC behavioral health infrastructure. This approach allows them to do direct referrals for patients with higher-level needs, which makes transitions between levels of care smoother; fewer patients are lost in the referral process, and they can continue to track and follow up with patients through a shared EHR. The CCBHC Expansion grant funding also supports comprehensive care coordination for their behavioral health patients. All of this has led to more timely access to behavioral health care for their patients within an organization they are comfortable and familiar with. With their recent round of expansion grant funding, San Ysidro Health aims to integrate reproductive mental health care into their CCBHC services.
Pacific Clinics in partnership with School Health Clinics of Santa Clara County*	Campbell	Community-based organization with an FQHC partnership	Pacific Clinics, a merger of Uplift Family Services and Pacific Clinics, is California's largest community-based nonprofit provider of behavioral and mental health services and supports. Pacific Clinics' CCBHC operated as a partnership with School Health Clinics of Santa Clara County (SHC), an FQHC, under a joint venture agreement. Pacific Clinics personnel provided behavioral health services at five SHC sites across Santa Clara County, using the collaborative care model to integrate mental health, substance use, and care management services with SHC's primary care services. Pacific Clinics had 12 full-time CCBHC staff members, in addition to staff who provided telepsychiatry, training, and consultation remotely. This collaboration under the CCBHC model led to increased behavioral health screenings in primary care patients, increased primary care referrals to behavioral health services, and improved access to behavioral health services.
MFI Recovery Center+	Riverside	Community-based organization	MFI Riverside is an integrated outpatient behavioral and physical health program funded by SAMHSA's CCBHC Expansion grant. This project works with pregnant and parenting women with a special focus on people with serious mental illness, people with substance use disorders, children and adolescents with serious emotional disturbance, people with co-occurring substance use and mental health disorders, and veterans with serious mental illness and/or co-occurring substance use and mental health disorders. CCBHC funding allowed MFI to introduce new services, including intensive community-based mental health care for members of the armed forces and veterans and Assertive Community Treatment.

Sources: Author research, November 2022; "Our Approach," Pacific Clinics, accessed May 3, 2023; and "Certified Community Behavioral Health Expansion (CCBHC-E)," MFI Recovery Center, accessed May 3, 2023.

Notes: *CCBHC* is Certified Community Behavioral Health Clinic. *EHR* is electronic health record. *FQHC* is Federally Qualified Health Center. *SAMHSA* is Substance Abuse and Mental Health Services Administration.

*As of March 2023, the Pacific Clinics/School Health Clinics of Santa Clara County CCBHC Expansion partnership has ended. Pacific Clinics continues to be funded as a CCBHC. School Health Clinics maintains an integrated behavioral health program internally but is not CCBHC designated.

+MFI Recovery Center's CCBHC Expansion grant funding ended February 14, 2023.

for more serious mental illness and severe emotional disturbance; and county Substance Use Disorder services, provided through Drug Medi-Cal or the Drug Medi-Cal Organized Delivery System. In this context, CCBHCs present an opportunity to streamline care access on an individual level by providing access to a comprehensive set of coordinated services, minimizing the need for a consumer to navigate multiple complex systems and potential delays to receive the care they need. This coordination of care is particularly valuable in California's trifurcated primary care behavioral health system.

Initial evaluation of the national CCBHC demonstration suggests that CCBHCs are having a positive impact on access to appropriate mental health and substance use care.[14] This includes reports of reductions in emergency department and hospital visits; improvements in rates of initiation, engagement, and follow-up for mental health and substance use care; and improved integration of physical care with mental health and substance use care. Early data from California's CCBHCs also reveal signs of promise, particularly in the following areas:

- **Access to care and improved quality of life.** CCBHCs report increased access to behavioral health care for high-need patients, increased enrollment in services, and adherence to follow-up appointments, compared with their pre-CCBHC rates. Statewide, CCBHCs have been correlated with improvements in functioning in everyday life, reductions in use of illegal substances and incidents of psychological distress, and increases in the number of people who have a stable place to live.[15]
- **Advancing integration.** One of the services required under the CCBHC model is "outpatient clinic primary care screening and monitoring of key health indicators." For CCBHCs that provide most or all of the scope of services under one roof, like FQHCs, a patient can receive primary care and all of their behavioral health care without being referred out. This facilitates better coordination of care between providers, who are using the same electronic health record, and a smoother patient experience. CCBHCs that operate in a primary care setting are also seeing increases in primary care patients being screened for behavioral health conditions and referred to appropriate care.[16]
- **Building partnerships.** The CCBHC model encourages partnerships between providers that can offer complementary services to fulfill the requirements of the CCBHC model. Novel partnerships are forming between FQHCs and local community-based behavioral health providers, veterans' service providers, HIV/AIDS service providers, and local community colleges. These partnerships could lead to a less fragmented system and easier transitions between systems of care.

CCBHCs also have the potential to impact two important areas of the behavioral health system in California:

- **Supporting the workforce.** If California were to participate in the demonstration grant program, the stability and flexibility afforded by the PPS rate could allow clinics to sustainably support higher salaries and more stable positions over time. Staff working under any CCBHC funding model may find improved satisfaction with their work if they are better able to access and coordinate care for their patients.[17]
- **Intersection with CalAIM.** CCBHCs may be well prepared to support implementation of select pieces of CalAIM (California Advancing and Innovating Medi-Cal) as it rolls out, particularly the coordination required under Enhanced Care Management, the "no wrong door" approach, and the planned Full Integration Pilots. The data collection and reporting requirements of a CCBHC may also better equip providers to meet the data reporting requirements of CalAIM.

Challenges in California

The PPS rate is an important part of the CCBHC model, and part of what makes it unique and potentially transformative. Moving to a PPS payment rather than the current cost-based reimbursement and fee-for-service models would provide flexibility and stability to CCBHC behavioral health providers, as well as reducing administrative burden. Without the PPS rate, CCBHCs in California face challenges related to sustainability. Expansion grants are short-term (one to two years of up to $1 million per year before the recipient needs to reapply) and are meant to cover only start-up and infrastructure costs. This means many non-FQHCs are looking for additional funding to continue or scale up their CCBHC program while simultaneously getting the program up and running. Notably, not all of the original expansion grantees in California have continued to pursue subsequent rounds of expansion grant funding, highlighting the challenges and relative value of this type of funding.

The behavioral health workforce shortage and the difficulty in providing competitive salaries make it difficult for community-based organizations to recruit and retain sufficient staff and providers to meet the requirements of the model. The nature of expansion grant funding exacerbates these workforce challenges because the grants do not provide organizations with sustained funding to cover permanent positions. Data collection and reporting requirements can also be a challenge for CCBHCs, particularly smaller community-based organizations that are not already routinely reporting the kind of data required from a CCBHC.

Smaller community-based organizations, which are often led by and serving people of color and deeply rooted in communities, are key to advancing equity and expanding the reach of CCBHCs. However, they face additional barriers to being successful CCBHCs. They often have fewer resources and need more support to access funding, meet data reporting requirements, integrate care, and build partnerships.

Because California has a county-based specialty mental health care system, a statewide CCBHC program would need to consider the role of counties in implementation. This would include questions related to the role of counties in overseeing the program and certification process, and how much would be decided and managed at the state level versus the county level. At least one other state with a county-based mental health care system, Minnesota, has been able to implement the CCBHC model with county entities and could serve as a model for California.

CCBHCs Moving Forward

Nationally

To date, there are more than 500 CCBHCs operating in 46 states, Washington, DC; Puerto Rico; and Guam. The demonstration grant program is set to be expanded to additional states through the Bipartisan Safer Communities Act, which establishes a new four-year demonstration grant program; Congress will also have the opportunity to extend the current demonstration grant program for existing grantees, which is set to expire on September 30, 2023. Though the original two-year expansion grants have started to expire, the CCBHC program has been sustained and expanded through the annual release of new expansion grant funding, most recently in March 2022.[18]

In March 2023, SAMHSA released updated CCBHC criteria, which will go into effect for most clinics and states by July 1, 2024.[19] Changes include amendments to the crisis care requirements to align with SAMHSA's National Guidelines for Behavioral Health Crisis Care — A Best Practice Toolkit and the implementation of the 988 Suicide & Crisis Lifeline, additional criteria related to substance use disorders and overdose, and increased focus on disparities and social determinants of health.[20]

In California

CCBHCs are not a cure-all for California's behavioral health system, but are an approach that shows promise for improving access to quality behavioral health care. Several avenues for securing sustainable funding for CCBHCs in California are currently being explored:

As part of the Bipartisan Safer Communities Act, every two years 10 states could be selected to participate in the federal demonstration program. The next opportunity for California to apply for the planning grants is 2024, with the planning period in 2025 and live demonstration beginning in 2026.[21] Becoming part of the demonstration program would give California access to enhanced federal match funding to implement a statewide CCBHC, which would include PPS payments for state-certified CCBHCs.

- **California could use a State Plan Amendment or Section 1115 waiver to implement a statewide CCBHC program.** Through this path, California would not receive enhanced federal match funding but would have flexibility to adapt the CCBHC model to fit the unique needs of the state.
- **Individual CCBHCs can advocate for state budget allocations in addition to the SAMHSA expansion grants, to support the CCBHCs while they pursue sustainable funding.**

Without sustainable funding through one of the options above, the role of CCBHCs in the California behavioral health landscape may diminish in the years to come, particularly for community-based organizations that are not receiving a PPS rate through the FQHC program.

About the Author

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About the Foundation

The California Health Care Foundation (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

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