



September 15, 2023

Certified Community Behavioral Health Clinics (CCBHCs)

Since the 1960s, when Congress authorized the first federal grants to establish outpatient mental health clinics, the federal government has supported states’ provision of community-based behavioral health services. In 2014, Certified Community Behavioral Health Clinics (CCBHCs) were developed to improve community behavioral health services by supporting certain outpatient mental health clinics that meet specified federally designated criteria. A CCBHC is a federally designated model of care. CCBHCs can be supported by a Medicaid demonstration program for states and/or discretionary grant funding for clinics from the Substance Abuse and Mental Health Services Administration (SAMHSA).

What Is a CCBHC?

CCBHCs are community-based outpatient facilities operated by nonprofit, governmental, or tribal entities that offer a comprehensive range of behavioral health services. Federal criteria related to access and quality of mental health care are used to certify outpatient behavioral health clinics that meet these standards. The criteria require CCBHCs to provide specified services, such as risk assessment, outpatient mental health and substance use treatment, case management, psychiatric rehabilitation services, peer and family supports, 24-hour crisis management, primary care screening, and care coordination (among others), on site or through partnerships with other health and social service providers. CCBHCs must provide services to individuals with mental health and substance use disorders seeking care regardless of ability to pay or place of residence. CCBHCs can serve patients covered by Medicare, Medicaid, and private health insurance, as well as those who are uninsured. CCBHCs may receive state funds or funding from other federal discretionary grant programs.

CCBHC Medicaid Demonstration Program

Section 223 of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) authorized the Medicaid demonstration program for community behavioral health clinics that meet the federally designated CCBHC criteria specified in the law. For states participating in the demonstration program, the federal government pays a higher share of Medicaid expenditures through the enhanced federal medical assistance percentage (E-FMAP) for services provided to Medicaid enrollees at CCBHCs. In addition, CCBHCs in these states, through a prospective payment system (PPS) methodology, receive greater Medicaid payment rates than what the state pays other mental health outpatient clinics. Eight states are currently participating in the demonstration (**Table 1**).

Table 1. CCBHC Medicaid Demonstration Program States and Dates

States	Date Planning Grant Awarded	Date States Selected	Demonstration Period End Date
MO, NV, NJ, NY, OK, OR	October 19, 2015	December 21, 2016	September 30, 2025
KY and MI	October 19, 2015	August 5, 2020	Six years after implementation (MI: September 30, 2027, and KY: December 31, 2027)
Up to 10 states	March 16, 2023	On or after July 1, 2024	Four years after implementation

Source: U.S. Department of Health and Human Services (HHS), *HHS awards up to \$22.9 million in Planning Grants for Certified Community Behavioral Health Clinics*, October 19, 2015, 42 U.S.C. §1396a notes; Center for Medicaid and CHIP Services, *CMS and SAMHSA announce new participants of the Certified Community Behavioral Health Clinic Demonstration*, August 5, 2020; HHS, *HHS Awards CCBHC Planning Grants to 15 States to Help Address Ongoing Mental Health Crisis*, March 16, 2023.

Notes: CCBHC=Certified Community Behavioral Health Clinic. Pennsylvania and Minnesota were among the original eight states selected to participate in the demonstration program, but both states have since withdrawn from the demonstration.

In October 2015, HHS awarded \$23 million in planning grants to 24 states to develop proposals to participate in the CCBHC demonstration program. In December 2016, HHS selected eight states to participate: Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania. (Pennsylvania and Minnesota have since withdrawn from the demonstration.) For the six original states that continue to participate in the Medicaid demonstration program, the current expiration date of the demonstration is September 30, 2025. In 2020, HHS selected two additional states (Kentucky and Michigan) to join the demonstration program, as authorized by the Coronavirus Aid, Relief, and Economic Security Act of 2020 (P.L. 116-136). Kentucky’s demonstration expires December 31, 2027, and Michigan’s demonstration expires September 30, 2027.

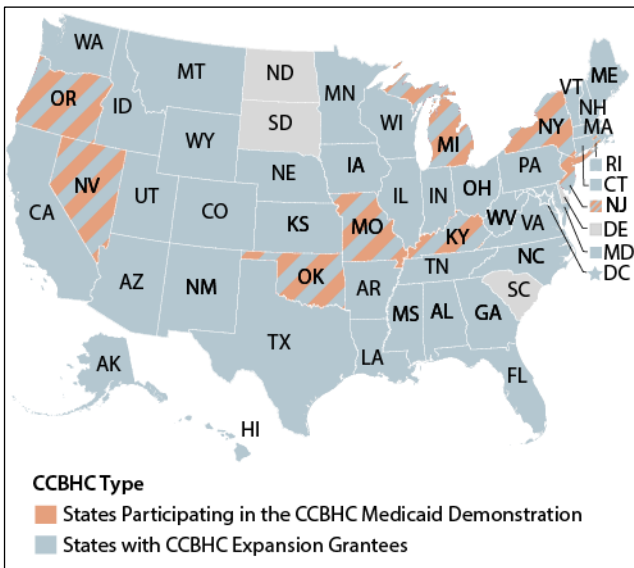
The Bipartisan Safer Communities Act of 2022 (P.L. 117-159) authorizes the HHS Secretary to select up to 10 additional states for the Medicaid demonstration program beginning July 1, 2024, and every two years after that. The demonstration program for this new group of states is authorized to last four years from the date the state implements the demonstration. On March 16, 2023, HHS awarded planning grants to 15 states: Alabama, Delaware, Georgia, Iowa, Kansas, Maine, Mississippi, Montana, North

Carolina, New Hampshire, New Mexico, Ohio, Rhode Island, Vermont, and West Virginia.

The HHS Secretary is required to submit annual reports to Congress about the demonstration program. In addition, the HHS Secretary is required to issue recommendations by September 30, 2025, regarding whether the CCBHC demonstration program should be continued, expanded, modified, or terminated.

Figure 1. CCBHCs in the United States

States Participating in the CCBHC Medicaid Demonstration and States with CCBHC Expansion Grant Recipients



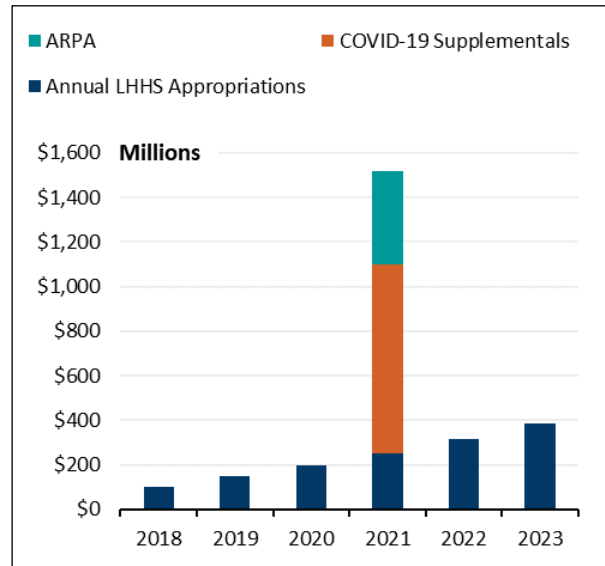
Source: Substance Abuse and Mental Health Services Administration (SAMHSA).

Notes: CCBHC=Certified Community Behavioral Health Clinic.

SAMHSA CCBHC Expansion Grants

The Consolidated Appropriations Act of 2018 (P.L. 115-141) authorized a CCBHC Expansion grant program and provided \$100 million in expansion grant funding for FY2018. Grants awarded under the initial CCBHC Expansion grant program provided up to \$2 million annually for two years to CCBHCs (or comparable community-based behavioral health facilities that met the federal certification criteria) to increase access and improve the quality of their behavioral health services. In 2018, SAMHSA awarded the first CCBHC Expansion grants directly to facilities that met the CCBHC criteria. (SAMHSA also administers the Medicaid demonstration planning grants.) The CCBHC Expansion grant program received further funding through the COVID-19 supplemental appropriation laws (P.L. 116-136 and P.L. 116-260), the American Rescue Plan Act of 2021 (P.L. 117-2), and subsequent annual Labor-HHS appropriations laws (Figure 2). Beginning in FY2022, SAMHSA awarded up to \$1 million annually for four years to clinics to establish new CCBHCs or support existing ones. Since 2018, SAMHSA has awarded grants to over 350 clinics across 46 states and the District of Columbia (Figure 1).

Figure 2. CCBHC Expansion Grant Appropriations



Source: CRS analysis.

Notes: ARPA=American Rescue Plan Act of 2021 (P.L. 117-2); COVID-19=Coronavirus Disease 2019; LHHS=Labor, Health, and Human Services. COVID-19 supplemental appropriations were in P.L. 116-136 and P.L. 116-260. ARPA funding is available until expended. Medicaid demonstration planning grant funding is not included here.

Program Differences

While all CCBHCs are required to provide certain specified services, some differences exist between facilities in states participating in the Medicaid demonstration and facilities receiving CCBHC Expansion grants directly. For instance, while all CCBHCs provide the required scope of services, CCBHCs in states participating in the Medicaid demonstration must collect, track, and report on a range of encounter, outcome, cost, and quality data. Medicaid demonstration states certify CCBHCs through state entities or independent accrediting bodies, whereas not all CCBHCs receiving CCBHC Expansion grants are formally certified by their state (CCBHCs not formally certified attest to SAMHSA that they meet CCBHC criteria). States that are not part of the CCBHC Medicaid demonstration program are not required to pay CCBHCs through a PPS, but those states could use a PPS model. Nonetheless, only states participating in the Medicaid demonstration program are eligible for the E-FMAP for CCBHC services.

CCBHC Outcomes

Reports from HHS agencies and partner organizations on the Medicaid demonstration associate CCBHCs with improved access to a range of behavioral health services. Reports to Congress suggest that CCBHCs have increased the number of people served per clinic, augmented staffing of credentialed providers, improved care coordination, and expanded provider networks, among other outcomes. Initial findings on costs and quality of care at CCBHCs show that providing more comprehensive services is generally associated with higher costs, and that quality of outcomes varies among clinics and states.

Megan B. Houston, Analyst in Health Care Financing
Johnathan H. Duff, Analyst in Health Policy

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.