

EXPANDING ACCESS TO CARE THROUGH CCBHCS



Certified Community Behavioral Health Clinics (CCBHCs) are proven to improve access to high-quality mental health and substance use care. Establishing CCBHCs as an enduring part of our country's health care landscape will ensure more people can access lifesaving care, when and where they need it.



Cosponsor and support passage of the Ensuring Excellence in Mental Health Act (<u>H.R.8543</u>/<u>**S.2993**</u>).

Passing this legislation would build upon previous bipartisan congressional action and create the infrastructure required to sustain and expand access to CCBHCs nationwide. Doing so safeguards people's access to comprehensive mental health and substance care in their communities, allowing more individuals to receive care and access critical services, including crisis care.

WHY WE NEED THIS LEGISLATION

Ensuring Excellence in Mental Health Act

CCBHCs were established by Congress in 2014 and launched through a demonstration program in 2017. Under the 2022 Bipartisan Safer Communities Act, the demonstration program was expanded to add 10 new states every two years until 2032. But to more swiftly expand access to critical care through CCBHCs, and to continue supporting clinics post-demonstration, we need a more formally established structure.

Most recently, the Consolidated Appropriations Act, 2024 (H.R.4366) codified a permanent CCBHC option for states without the CCBHC payment mechanism under the Medicaid program. Further action is now needed to cement the payment structure within Medicaid and to establish CCBHCs in Medicare so everyone in need of mental health or substance use care can access it through a CCBHC. The Ensuring Excellence in Mental Health Act would:

Establish CCBHCs under the Medicare program, allowing comparable Medicare status and designated payment as other safety net health care providers. While CCBHCs serve Medicare beneficiaries, establishing designated payment for CCBHCs under Medicare will improve workforce sustainability and foster the same outcome quality measures as demonstrated under CCBHCs in Medicaid.

- Authorize CCBHC-Expansion grants at a level that allows all current grantees to continue their efforts and ensure availability of technical assistance to help the grantee clinics succeed.
- Improve oversight of the program by allowing the Substance Abuse and Mental Health Services Administration (SAMHSA) to require grantees to be accredited by an independent agency, ensuring grantee clinics comply with program requirements.
- Promote accountability within the program by establishing a national data infrastructure and repository, similar to the Federally Qualified Health Center Uniform Data System, that would allow SAMHSA and Congress to track program progress and outcomes.

CCBHCs are making a difference — the Ensuring Excellence in Mental Health Act ensures they'll be able to continue doing so. Today, around 500 CCBHCs across 48 states and territories (covering 40% of all U.S. counties) serve an estimated 3 million people nationwide. Key findings^{1,2} from across the U.S. include:

- Improved access to services: Medicaid CCBHCs report a 33% increase in the number of individuals served; 60% of CCBHCs report the number of individuals engaged in medication-assisted treatment for opioid use disorder has increased since becoming a CCBHC.
- Timely connection to care: More than 80% of CCBHCs see clients for routine needs within 10 days of the initial call or referral, in contrast to the national average of 48 days.
 - CCBHCs decreased emergency room visits by 55%, reduced mental health care hospitalization by 55% and decreased homelessness measured in the past 30 days by 31%.
- Strengthening the Workforce: Medicaid CCBHCs have reported increased hiring, adding a median of 22 new positions per clinic.



¹ <u>https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/ccbhc-data-impact/</u>

² <u>https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf</u>