



CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTERS (CCBHC) FREQUENTLY ASKED QUESTIONS

1. Will CCBHCs replace community mental health centers?

CCBHCs are a financing new model for providing mental health care. CCBHC certification is a goal that many provider types may achieve if the state approves them.

Just as Community Health Centers did not replace primary care, CCBHCs won't replace mental health centers.

2. Will CCBHCs serve the community's needs?

While CCBHCs must provide the same baseline services, the state – in partnership with clinics – will conduct a needs assessment for each region. CCBHCs will provide the services each region determines it needs.

3. Which organizations can become CCBHCs?

CCBHC has strict governance rules, and the state can even define it more specifically. SAMHSA guidance states they must be:

- A nonprofit organization*
- Part of a local government behavioral health authority
- An entity operated under authority of the IHS, an Indian tribe, or tribal organization
- An entity that is an urban Indian organization

*For profit organizations can become Designated Contracting Organizations (DCOs)

4. How are CCBHCs different from Federally Qualified Health Centers (community health centers)?

While payment structures are similar (not the same), services are different, and flexibilities are more aligned with the needs of behavioral health care. They are a group of different services that meet the client in the community, including in someone's home, as well as having the client come to them.

5. Have CCBHCs been effective in rural/frontier states like Montana?

Yes, you can view the most recent impact report for CCBHCs here:

[2022 CCBHC Impact Report - National Council for Mental Wellbeing \(thenationalcouncil.org\)](https://thenationalcouncil.org/2022-ccbhc-impact-report)

For example, Grand Mental Health Center – A CCBHC in Rural Oklahoma has the following outcomes in 2021 compared to the baseline year 2015 –

- Inpatient hospitalizations among GLMHC adult clients at any Oklahoma psychiatric hospital fell from 959 (2015) to 66 (2021), a reduction of 93.1%
- From 2016-2021, decreases in inpatient hospitalizations saved more than \$62 million dollars.
- The number of adult clients served increased by 163.5% from 4,326 (2015) to 11,401 (2021).
- Law enforcement in seven counties saved 576 days in time spent transporting clients.
- Law enforcement in seven counties saved over \$718,000 from reductions in time and distance and spent transporting clients.