

Where We Stand:

NAMI believes that all people with mental health conditions deserve accessible, affordable, and comprehensive health care. NAMI supports the Certified Community Behavioral Health Clinic (CCBHC) program to expand access to health care, including mental health and substance use disorder care, in community-based settings across the country.

Why We Care:

In the U.S., one in five adults have a mental illness, yet fewer than half received treatment in the past year.

In 2014, the Protecting Access to Medicare Act (PAMA) authorized a demonstration program to improve community mental health services by establishing Certified Community Behavioral Health Clinics (CCBHCs) in up to eight states. Currently there are ten states participating in the demonstration, Kentucky, Michigan, Minnesota, Missouri, New York, New Jersey, Nevada, Oklahoma, Oregon and Pennsylvania. In 2020, Congress expanded the program to Michigan and Kentucky.

CCBHCs are required to offer a broad array of coordinated, evidence-based services for people with mental illnesses and substance use disorders. Specifically, CCBHCs must provide:

- 24/7 mobile crisis teams, and crisis stabilization
- Screening, assessment, and diagnosis
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring of key health indicators
- Targeted case management
- Psychiatric rehabilitation services
- Peer and family supports and
- Tailored mental health care for members of the armed forces and veterans

CCBHCs provide care regardless of an individual's ability to pay. To do that, they receive an enhanced Medicaid reimbursement rate for anticipated costs of care, similar to that of Federally Qualified Health Centers (FQHCs). This funding allows CCBHCs to offer services that are important for behavioral health but are not always eligible for reimbursement from insurance providers. These include efforts such as patient outreach and education and collaboration with community partners to improve health outcomes and reduce criminal justice involvement.

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Although it was originally a time-limited demonstration program, Congress has repeatedly extended the CCBHC program through several short-term authorizations and provided funding for expansion grants for states that were not selected for the demonstration. CCBHCs have been shown to improve access to a comprehensive range of treatment and recovery support services, and NAMI supports permanent renewal and a nationwide expansion of this program.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities