

Certified Community Behavioral Health Clinics

What they are | How they work | Where Montana stands

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What is a CCBHC?

A Certified Community Behavioral Health Clinic (CCBHC) is a federally-designated clinic model that provides a comprehensive, integrated array of outpatient mental health and substance use disorder services regardless of ability to pay or insurance status.

Created by the Excellence in Mental Health Act (2014), CCBHCs must meet SAMHSA certification criteria across six domains and nine required service types. They operate as a new provider type under a daily Prospective Payment System (PPS) in Medicaid.

SAMHSA'S 6 CERTIFICATION CRITERIA

1. Organizational Authority & Governance

2. Needs Assessment and Staffing

3. Availability & Accessibility of Services

4. Care Coordination

5. Person & Family- Centered Care Plans

6. Quality Improvement & Data Reporting



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9 Required CCBHC Service types



Crisis Mental Health Services

24/7 crisis intervention, Mobile Crisis, Crisis receiving (walk-in facilities)



Outpatient Mental Health and SUD

Core Therapy and Counseling



Psychiatric Rehabilitation Services

Skills, employment, housing support
For community integration



Screening, Assessment & Diagnosis

For MH and SUD conditions- including risk assessment



Outpatient Primary Care Screening & Monitoring

Physical health integration



Peer & Family Support Services

Lived- experience peer specialists



Patient Centered Treatment Planning

Whole-person, individualized plans



Targeted Case Management

Direct support for service access



Intensive Community- Based MH & Recovery Support

Housing, social, follow-up care
For members of the armed forces
And Veterans



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Designated Collaborating Organizations and how they fit into the CCBHC model.

- CCBHC's must provide the 9 required behavioral health services, either directly or through formal partners. DCO's exist to help clinics meet those requirements while maintaining a unified standard of care.
- Designated Collaborating Organizations (DCO's) deliver specific CCBHC services under the same quality, licensure, cultural competency, and compliance standards as the CCBHC.

Why CCBHC's use DCO's?

Expand the clinic's ability to offer the full continuum of required services.

Leverage community partners with specialized expertise (e.g., primary care screening, Veteran services, Mobile crisis).

Ensure consistent access across all service categories without having everything "in house".



CCBHC and the DCO develop a contractual agreement to arrange payment for services



Seems a lot like
services we already
have...what is the
difference?



CCBHCs are required to...

- Provide comprehensive, high-quality, community-based behavioral health (BH) care.
- Serve anyone who requests care for mental health or substance use regardless of their ability to pay, place of residence, or age –this includes developmentally appropriate care for children and youth.
- Get people into care quickly with the services they need, when they need it -including providing crisis services 24 hours a day, 7 days a week.
- Meet people where they are, with a range of comprehensive BH services and supports. Providing access to a continuum of care so people who need care do not have to piece together behavioral support they need across multiple providers.



CCBHCs are required to...(cont.)

- Provide care coordination and other enabling services to help people navigate BH care, physical health care, social services and other systems individuals are involved in to ensure access to care and services
- Employ interdisciplinary teams (medical and BH) and patient-centric approaches
- Be community-based and collaborate with other services, providers, and programs to improve access to care and community resources



Quality Metric Requirements

Quality Metrics purpose within CCBHC's:

- Demonstrate timely access, effective care, and client progress
- Support state and federal reporting requirements

Domains Measured

- **Access to Care:** Time to evaluation, services, crisis response
- **Clinical Outcomes:** Depression remission, suicide risk assessment, functional change
- **Preventive Screening:** Alcohol use, depression, social needs (SDOH)
- **Social Stability:** Housing, employment, law-enforcement involvement



The PPS-1 Model: Montana's Choice

Prospective Payment System (PPS)

A cost-based Medicaid reimbursement mode that pays clinics based on the actual cost of delivering the full scope of required CCBHC services.

Why PPS exists: Traditional Fee for service doesn't cover comprehensive Behavioral Health care. PPS ensures clients can sustainably expand access, hire needed staff and deliver integrated services.

What PPS funding covers: Supports all nine required services areas, to deliver a full continuum of care ensuring faster access, fewer gaps and community level impact.

PPS- 1

PPS-1 uses a daily, per-client rate for any day a person receives a qualifying CCBHC service.

Provides predictable funding to support rapid access, crisis care, and care coordination.

DY2 – After a full year of services, the actual costs will be reflected in the cost report and new PPS1 rate established to reflect actual utilization



Montana's Path to CCBHC Implementation

Legislative foundation:

- **HB 574 (2025 session)- Directed DPHHS to apply for CMS CCBHC demo; mandates launch Oct. 1, 2026.**
- **Application submitted April 1, 2026- And May 2026 Application was approved with 100% rating! Montana awarded the Federal Demonstration opportunity.**
- **PPS-1 (Daily rate) was selected; biennial rebasing after DY2 cost report.**
- **100% state share from BHSFG special revenue- No general fund.**
- **2027 legislative session- DPHHS proposes CCBHC into Medicaid base budget.**

Flow of funds

BHSFG special Revenue appropriated to DPHHS under HB 2

DPHHS draws federal Medicaid match (FMAP)- no General funds used

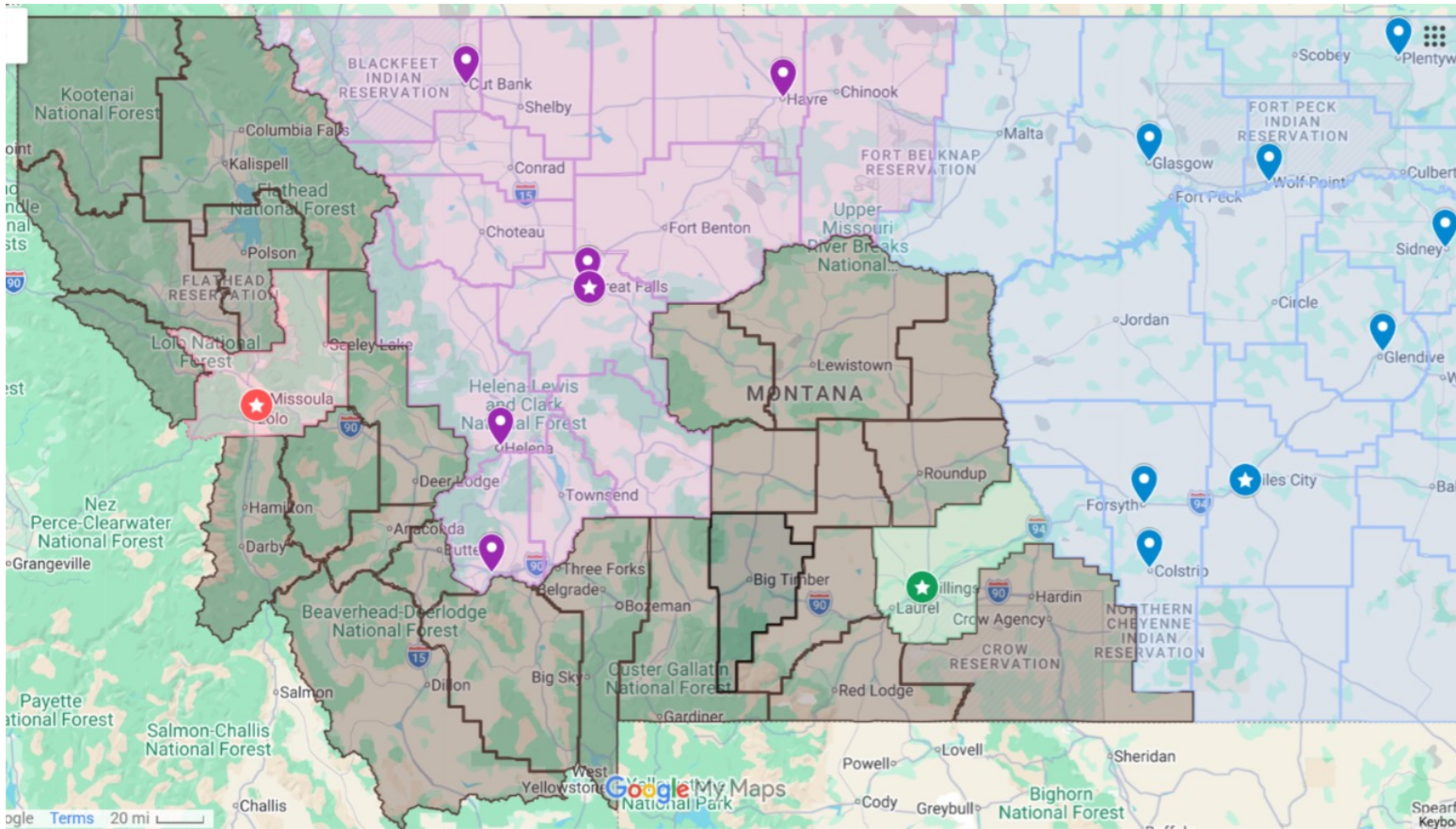
Combined State + federal funds flow to CCBHC's as PPS-1 Daily rate payments

Projections Below:

Period	State (BHSFG)	Federal	Total
SFY 2027	\$8.5M	\$32.0M	\$40.5 M
SFY 2027-31	>\$13.5M	>\$41.5 M	>\$55M



Proposed Cohort 1 locations & Catchment areas



Many Rivers

- Many Rivers WHOLE HEALTH
- Many Rivers Whole Health
- 1210 E Main St
- 900 N Jackson St
- 513 1st Ave S
- 621 1st Ave S
- 312 3rd St

Rimrock

- Rimrock Foundation

AWARE

- AWARE Inc

Eastern

- Eastern Montana Community Mental Health ..
- Mental Health Center
- Mental Health Center
- Eastern Montana Community Mental
- Mental Health Center
- Eastern Montana Comm Mental
- 2508 Wilson St
- 121 N 11th Ave
- 6230 Main St
- 121 Wilson St W



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Service Eligibility & Non-duplication Care Requirements

CCBHC's may serve individuals in these situations if they do not duplicate services already provided by another program:

- Individuals enrolled in Medicaid Waiver Programs
- Individuals living in Assisted Living Facilities not covered by a waiver
- Individuals in Partial Hospitalization Programs (PHP)
- Individuals participating in ASAM Level 2.5 SUD programs
- Youth receiving Comprehensive School & Community Treatment (CSCT)
- Youth in Therapeutic Foster Care
- Adults in Adult Foster Care settings

****If another program is already providing a service as part of its own package or rate, CCBHCs cannot provide the same service at the same time. Organizations must collaborate to avoid duplication.**

CCBHC's must pause services when someone is in a higher level, facility-based program that assumes full responsibility for treatment.

- Individuals admitted to an inpatient medical or psychiatric hospital
- Individuals in a 72+ hour crisis stabilization program
- Individuals in ASAM 3.1 – 3.7 residential SUD treatment
- Individuals in psychiatric residential treatment programs
- Youth in therapeutic group homes
- Adults in behavioral health group homes
- Individuals living in nursing homes or skilled nursing facilities

CCBHCs must not provide services during the stay – but should stay involved in care transitions, including; help with discharge planning, Coordination between providers, Supporting re-engagement once the person returns to the community



Montana's CCBHC Crisis Model

Mobile Crisis Requirements determined by County Population :

Tier 1: Crisis De-Escalation (Frontier <10,000)

- 24/7 crisis access via shared/contracted models
- Coordination with 988 for calls & follow-up
- First responders provide in-person response when needed
- Licensed BH clinician available via telehealth for real-time consults

Tier 2: On-Call Co-Response (10,001–50,000)

- 24/7 on-call paraprofessional co-responders
- Licensed therapist always on-call (in-person or telehealth)
- Integrated with 988, EMS, and local first responders

Tier 3: Full Mobile Crisis (>50,001)

- 24/7 mobile crisis program
- Two-person mobile team for 16 hours/day
- At least one qualified responder available during remaining hours
- Includes licensed therapist + clinical supervision

All Counties

- CCBHCs encouraged to form DCO partnerships with state-sanctioned mobile crisis providers
- Enhances capacity and leverages existing infrastructure



Current Model: Crisis Receiving Structure

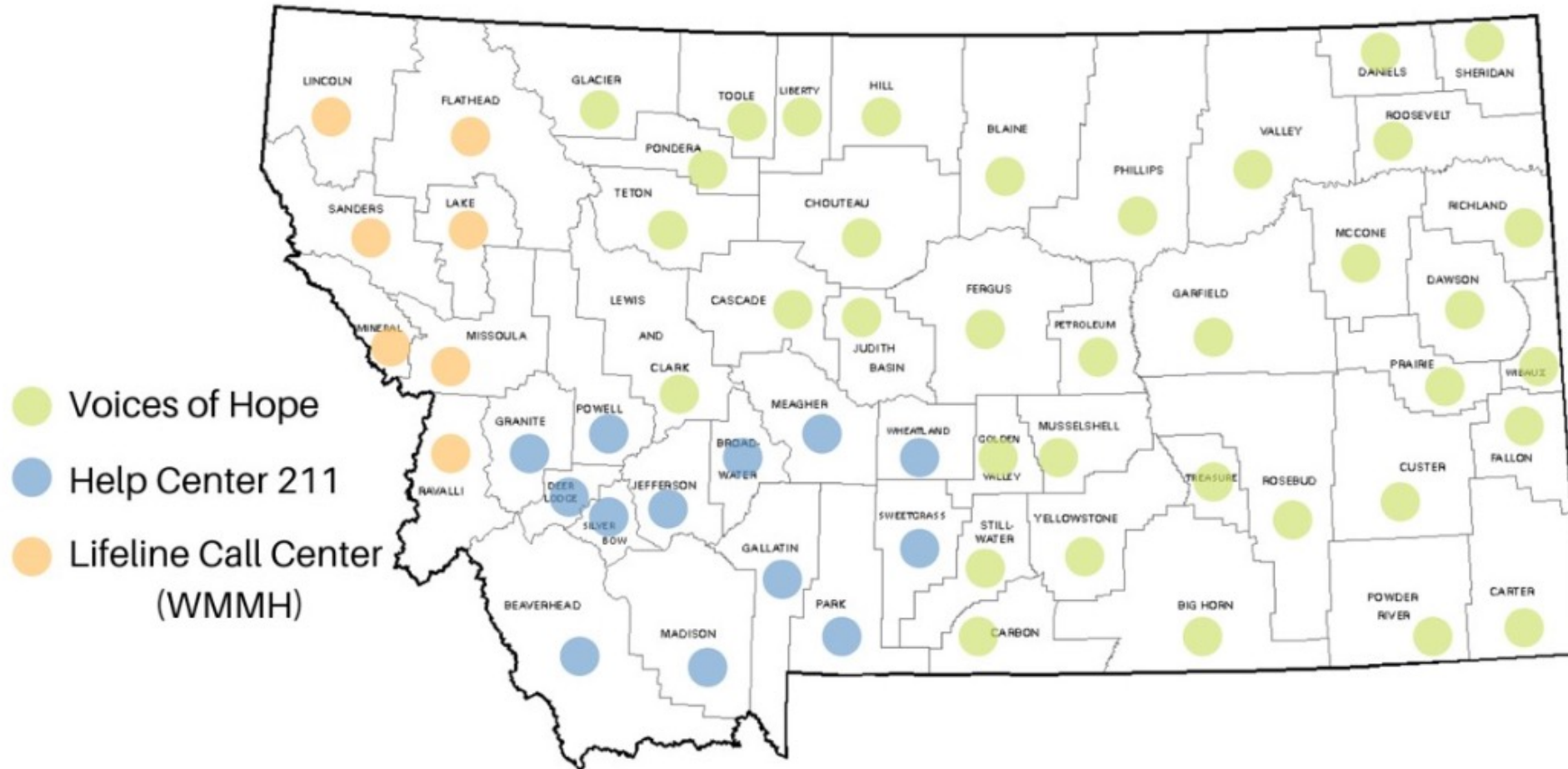
All counties with a mobile crisis program will have a crisis receiving location, either a Tier 1 (crisis receiving) or Tier 2 (crisis drop-in). Additional crisis drop-ins (Tier 2) are distributed across the state to support a roughly 3-hour drive time from any location.

Crisis drop-in programs: Facilities that can support a living room model, with peers or paraprofessionals providing a safe place to stabilize in a lower acuity crisis event. Staffing will be 24/7 across 8-hour shifts.

Crisis receiving: Facilities that can provide Crisis Receiving for less than 24 hours. The lowest staffing requirement is for a licensed mental health professional, 2 paraprofessional staff, and a nurse for 24/7/365.



988 Integration



All CCBHC sites must have agreements with existing 988 Suicide & Crisis Lifeline providers to ensure coordination of crisis call response and follow-up regardless of what population crisis tier.

The Role of Non-CCBHC partners

How Non-CCBHCs Are Impacted

- Support care coordination for shared clients
 - Align with CCBHC expectations around timely access and follow-up
 - Collaborate on screenings and referrals (e.g., SDOH, depression, crisis services)
- Ensure Continuity of care
- Strengthen linkages across behavioral health, medical, and social services
- Help ensure clients experience seamless transitions between providers



How to become a CCBHC



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Eligibility to become a CCBHC

What organizations are eligible to become or operate as a CCBHC?

Organizations must:

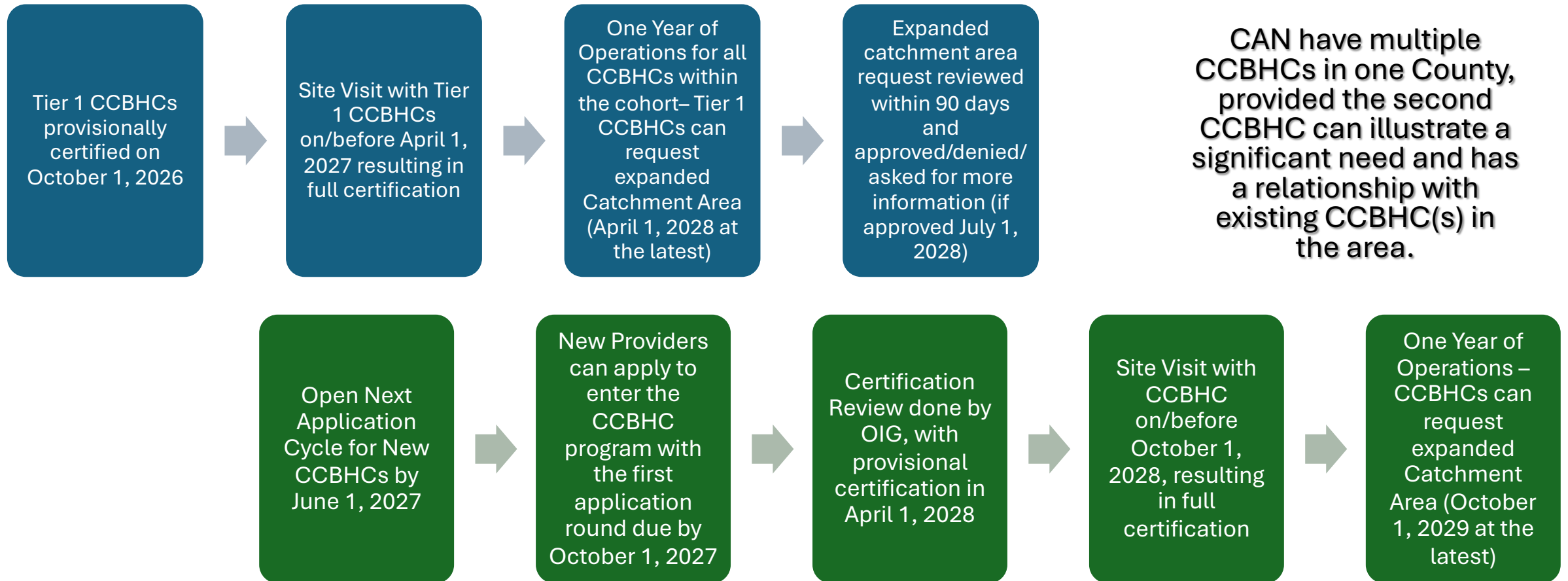
- Be a community-based behavioral health provider
 - Deliver (or contract/DCO for) all nine required CCBHC services
(at least 51% of services must be provided in-house.)
 - Meet Montana's staffing, access, governance, and financial standards
 - Have the ability to provide 24/7 crisis services, care coordination, and outpatient behavioral health.
 - Operate within a defined catchment area and accept all individuals regardless of ability to pay.
- *Both nonprofit and governmental behavioral health organizations may qualify.

Will the State of Montana allow more than 1 CCBHC in a county?

The State of Montana will allow more than one CCBHC in a county. The application and selection process is still under development. As the process is finalized, the state will provide clear guidance for communities and providers. The goal is to support collaboration among local organizations and ensure that communities have expanded access to behavioral health services without duplication of services.



Timeline for expansion and New CCBHC's



Additional information

The State of Montana is working with the communications team to develop a website within DPHHS for CCBHC's Which will provide new information as it comes out during the demonstration.

Program Contact email: CCBHC@mt.gov



Questions?



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Thank you for supporting Behavioral Health in Montana!

Kara Brockett – CCBHC Program Specialist 2



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