**Certified Community Behavioral Health Clinic (CCBHC) Update**

**Florida CCBHC Data**

* National Outcome Measures Data required from all CCBHC grantees as of November 2022.
  + - Additional National Outcome Measures Data reported by a subset of grantees as of November 2022 from baseline to 6 months in CCBHC services.
* Individuals who utilized an **ED** for behavioral health issues in the past 30 days **decreased 81%.** (N=31)
* Individuals **hospitalized i**n the past 30 days for mental health care **decreased 69%**. (N=45)
* Individuals utilizing **inpatient substance abuse treatment** in the past 30 days **decreased 46%**. (N=72)
* Individuals who were **homeless** **decreased 30%**. (N=89)
* Individuals **using illegal substances** in the past 30 days **decreased 38%**. (N=396)
* Individuals in a **correctional facility** in the past 30 days **decreased 92**%. (N=50)
* National Council for Mental Wellbeing, 2022 CCBHC Impact Report
  + Florida CCBHCs **serve 23% more people** than prior to CCBHC implementation.
  + **87% of Florida’s CCBHCs see patients for routine needs within 10 days** of the initial call or referral (compared to national average of 48 days).
  + On average, Florida CCBHCs **hired 27 new staff.**

**State Assessments of Potential Cost Savings Resulting from the Certified Community Behavioral Health Clinics** **(CCBHC) Demonstration** (Source: United States Government Accountability Office, GAO-21-104466 - Medicaid Behavioral Health)

* **Midwest:** Examined inpatient psychiatric hospitalization utilization for CCBHC clients in 6 month intervals and compared annual costs of CCBHCs and Community Mental Health Centers. Inpatient psychiatric hospitalizations decreased by approximately 1,400 days for CCBHC clients after 6 months of CCBHC services. Primarily through a reduction in psychiatric inpatient hospitalizations and crisis intervention, the CCBHC model resulted in annual savings of over $2 million compared with the Community Mental Health Center model.
* **Northeast:** Estimated the difference in costs for utilization of inpatient hospitalizations and emergency room visits for CCBHC clients in demonstration year one compared to the period before the demonstration. For CCBHC clients in demonstration year one, monthly inpatient hospitalization costs and monthly emergency room costs each decreased over 25 percent, resulting in monthly cost savings of over $1 million from decreased hospitalizations and nearly $100,000 from decreased emergency room visits.

The GAO report noted that *as cost savings may take longer to materialize, some state officials expressed an interest in evaluating the CCBHC model’s ability to avoid certain client outcomes that drive increased state spending on medical care, such as inpatient hospitalizations, or the model’s ability to reduce costs for other state government functions, such as law enforcement.*