



CHEAT SHEET
for the entire health care ecosystem

The Role of Community-Based Organizations in Behavioral Health Care

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Key takeaways

- Community-based behavioral health organizations can be organized into two categories: organizations dedicated solely to meeting non-clinical needs and organizations that provide clinical behavioral health care alongside non-clinical support.
- Challenges to sustainable funding often limit the ability for community-based organizations to invest in the infrastructure needed for scale and growth.

What is it?

Community-based behavioral health care organizations provide services that address both the clinical and non-clinical needs that impact behavioral health outcomes. This care is a critical component to achieve comprehensive, quality behavioral health care, especially for patients of color and those with low incomes and/or high-acuity needs. This care often involves an interdisciplinary team of behavioral health professionals and para-professionals, including peer specialists, social workers, care advocates, and case management workers.

There are two categories of community-based behavioral health organizations.

- 1. Organizations dedicated to meeting non-clinical needs.** They provide peer support, housing, employment, and other supported living services to those with behavioral health conditions. A prime example would be Clubhouses, which are entities that give patients a space to connect with peers and focus on psychosocial rehabilitation together.
- 2. Organizations that provide clinical behavioral health care alongside non-clinical support.** For example, Certified Community Behavioral Health Centers (CCBHCs) are specifically designated clinics that provide a comprehensive range of behavioral health services. In tandem with clinical care, they are required to provide access to targeted case management, patient centered treatment planning, peer services, and family support. There are over 450 CCBHCs operating in over 46 states as of 2022.

How does it work?

Financial overview

Community-based behavioral health care organizations are generally not-for-profit entities that operate as a safety net for those who have significant barriers to accessing care, as their services often come at no cost to the patient. These organizations rely primarily on government funding and private donations.

With their increased focus on community-based behavioral health care, the federal government has invested in multiple grants and demonstration programs to fund community-based care (like at Certified Community Behavioral Health Care Centers) at higher rates than more traditional behavioral health sites of care. This bolsters scalability for these care models that have clear patient benefits but insufficiently demonstrated profit potential for many traditional health care stakeholders.

Along with grant funding, a few payers reimburse for community-based care services. For example, Medicaid health plans are required to cover CCBHC services in 24 states. The growth of payer coverage for these services is critical, since grant funding can come with strict sets of requirements and a fixed payment term. Challenges to sustainable funding limit the ability for these community-based organizations to invest in the infrastructure needed for growth, including innovative payment contracts.

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