**BEHAVIORAL HEALTH & COMMUNITY HEALTH CENTERS**

Community Health Centers provide access to affordable, culturally competent behavioral health care for patients in medically underserved communities.

### A GROWING CRISIS

The COVID-19 pandemic and resulting economic challenges led to a surge in the number of people facing mental health and substance use challenges. The National Institute of Mental Health estimates that 1 in 5 American adults and 1 in 2 adolescents are living with a mental illness. Drug-related overdose deaths also continue to rise, reaching over 100k in 2021 alone. A recent survey found that 90% of adults think there is a mental health crisis in America.

### HEALTH CENTERS ARE MAKING A DIFFERENCE

More than one-third of Americans live in a Mental Health Professional Shortage Area. Health centers are a key resource for these patients who otherwise may not have access to behavioral health services. Behavioral health is integrated into health centers' care model, so patients who access primary care services can also receive mental health and substance use treatment in a familiar environment free from stigma. The holistic, culturally responsive health center approach reduces access barriers and improves patient health outcomes.

**Federally-Qualified Health Centers** (FQHCs) provide quality primary and preventive health care to over 30 million people in medically underserved communities. A majority of patients are from racial and ethnic minority backgrounds. 90% of patients are low-income, and 80% are uninsured or publicly insured. Health centers provide affordable care to anyone seeking services, regardless of insurance status, using an income-adjusted sliding-fee scale.

### HEALTH CENTER SERVICE SNAPSHOT 2021

<table>
<thead>
<tr>
<th>Service</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received mental health services</td>
<td>2.7M</td>
</tr>
<tr>
<td>Received Substance Use Disorder treatment</td>
<td>285K</td>
</tr>
<tr>
<td>Received Medication-Assisted Treatment for Opioid Use Disorder</td>
<td>184K</td>
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<tr>
<td>Received evidence-based screening, intervention, and referral for treatment</td>
<td>1.5M</td>
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Fact Sheet - April 2023
BEHAVIORAL HEALTH PROFESSIONALS

97% of health centers have specialized behavioral health professionals on staff.

![Pie chart showing distribution of behavioral health professionals (LCPs 5.5%, LCSWs 29.2%, SUD 13%, Other Licensed 28.5%, Other Mental Health 18.4%)]

GROWING TO MEET DEMAND

Health centers are growing to meet increased need for behavioral health services. Since 2015, the number of patients receiving behavioral health services at health centers has grown by 200% and the number of behavioral health specialists at health centers has grown by 242%.

![Growth in Health Center Patients and Staff charts showing significant increases from 2010 to 2021](chart)

SERVICE EXPANSION

Health centers still face barriers to offering comprehensive behavioral health services. The provider workforce shortage and high rates of medical inflation make it difficult to invest in new services and staff. To continue to expand, health centers need federal investment in behavioral health. With $500M in additional grants for service expansion, health centers could serve millions of additional patients each year.

<table>
<thead>
<tr>
<th>Additional Providers</th>
<th>Patient Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,292 mental health specialists, including 185 psychiatrists</td>
<td>3.4 million additional patients receiving mental health services</td>
</tr>
<tr>
<td>510 substance use disorder specialists, including 118 psychiatrists</td>
<td>2.4 million additional patients receiving SUD services</td>
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</table>
RECENT POLICY ACHIEVEMENTS

The Consolidated Appropriations Act of 2022 expanded health centers’ ability to provide behavioral health services.

Telehealth Mental Health Visits Reimbursed at PPS Rates
Health centers can now provide virtual mental health services and receive their prospective payment system (PPS) encounter rate, without geographic requirements for the patient or provider. This includes visits using interactive, real-time telecommunications and audio-only technology. Starting in 2025, Medicare will require FQHCs to have an initial in-person visit within six months of a telehealth encounter and a 12-month subsequent in-person visit following the telehealth encounter, at the provider’s discretion.

Licensed Professional Counselors and Marriage and Family Therapists
Starting in January 2024, Licensed Professional Counselors and Marriage and Family Therapists can enroll as providers within the Medicare program. This means that health centers can hire these professionals for their care teams and bill Medicare Part B. This change will allow health centers to expand care teams and meet demand for primary and behavioral health care services.

Certified Community Behavioral Health Clinics (CCBHCs)
The Certified Community Behavioral Health Clinic (CCBHC) model is one way in which health centers can continue to provide and expand integrated primary and behavioral health care. The model allows for CCBHCs and FQHCs to work together jointly through designated contracting organization relationships (DCOs). FQHCs are also able to be certified as both FQHCs and CCBHCs. When a health center is dually certified as an FQHC and CCBHC the FQHC Prospective Payment System (PPS) rates are paid whenever at least one FQHC-covered service is provided. Additionally, the CCBHC PPS rates are also paid for the same encounter when an additional service is covered only through the CCBHC rate.

POLICY PRIORITIES
Policymakers and regulatory agencies can better support health centers’ ability to fully integrate and provide behavioral health services with four key strategies:

1. Expand the list of billable providers to include additional behavioral health professionals, and allow same day billing for behavioral health visits.
2. Invest in infrastructure and policy initiatives that support integration of behavioral health and primary care.
3. Fund educational programs which provide scholarships and loan forgiveness to trainees that serve in high-need areas.
4. Permanently extend telehealth flexibilities implemented during the COVID-19 public health emergency.