
Variation in Certified Community Behavioral Health Clinics' Staffing Approaches: A Pilot Project

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Background

Expanded service requirements and reimbursement rates for Certified Community Behavioral Health Clinics (CCBHC) may have implications for the behavioral health workforce, yet it is unclear how CCBHC clinics staff their teams. This study describes the variation in CCBHC staffing composition during the demonstration period (2017-2019).

Methods

This retrospective cohort study used CCBHC Medicaid cost report data obtained from 40 clinics in 3 of the 8 CCBHC demonstration states (MO, NY, OR). We assessed differences in the percentage of staff FTE dedicated to psychiatry, SUD specialists, general practitioners, graduate-level clinicians, and unlicensed staff to measure workforce composition. We tested whether 1) composition differed across states using one-way ANOVA tests, and 2) within clinic over time using paired t-tests.

Findings

CCBHC clinics in MO were double the size of those in NY and OR (255.6 mean total staff FTE vs. 111.9 and 111.3 respectively, $p < 0.01$). On average, 4% of CCBHC staff FTE was dedicated to psychiatrists, 10% to SUD specialists, and 14% to general practitioners. Percentage of unlicensed staff differed significantly by state: 58% of MO clinic staff FTE was dedicated to unlicensed staff vs. 13% in NY and 10% in OR.

Conclusions and Policy Implications

We found significant state variation in CCBHC staff composition and that a significant proportion of total staffing FTE was dedicated to general practitioners. These findings can inform future behavioral health workforce projections to ensure that projections match the needs of comprehensive models such as the CCBHC program.