

# ABSTRACT

## **Certified Community Behavioral Health Clinics and Federally Qualified Health Centers: A qualitative analysis of relationships between Medicaid-funded community behavioral healthcare models in Michigan**



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## **Abstract**

Unlike other community mental health clinics, Certified Community Behavioral Health Clinics (CCBHCs) are required to coordinate their care with Federally Qualified Health Centers (FQHCs). This project aimed to produce novel insights into the design and purpose of these arrangements.

## **Methods**

We conducted semi-structured interviews with 13 CCBHCs and 3 FQHCs in Michigan. To sample CCBHCs, we used a purposive sampling approach to achieve participant variation in federal CCBHC program participation and Medicaid managed behavioral healthcare region. Interviewed FQHCs were also recruited using a purposive sampling approach in which we contacted all clinics in Michigan with publicly available contact information. Interview data were video-recorded, transcribed, and iteratively coded using thematic analysis.

## **Findings**

CCBHCs and FQHCs establish formalized care coordination arrangements that vary on shared clinic hours and do not involve electronic health record integration. Relationships primarily serve to support primary care referrals from the CCBHC to the FQHC. Referrals from FQHCs to CCBHCs happen less frequently and typically involve patients with complex or severe mental health conditions. FQHCs and the majority of CCBHCs provide services to patients with mild-to-moderate mental health disorders and substance use disorders.

## **Conclusions**

Examining the design and utility of CCBHC–FQHC best practices will aid policymakers in understanding the dynamics of behavioral health and primary care integration at the community level.

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