

## Oklahoma CCBHC Initiative:

### Early results show expanded access to care, increased scope of services

Section 223 of the Protecting Access to Medicare Act of 2014 established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, provide a comprehensive range of addiction and mental health services to vulnerable individuals while meeting additional requirements related to staffing, governance, data and quality reporting, and more. In return, CCBHCs receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are currently in operation in eight states selected for participation in the Section 223 demonstration (also known as the CCBHC demonstration or the Excellence in Mental Health Act demonstration): Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania.

CCBHCs are a vehicle for expanded access to intensive community-based services for individuals with untreated severe mental illness or addiction. Recent estimates indicate that only 43.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care; the remainder are served in homeless shelters, Medicaid financed hospital emergency rooms, and penal institutions, which serve as the largest inpatient psychiatric facilities in the United States. Only 1 in 10 Americans with an addiction receive treatment in any given year. CCBHCs were established to fill the gap in unmet need and expand access to community-based treatment for these populations.

Oklahoma's participation in the demonstration began in April 2017. In November 2017, the National Council for Behavioral Health surveyed CCBHCs about the impact of their participation in the program to date; 48 of the 67 participating CCBHCs across the United States provided responses, including all three of the CCBHCs in Oklahoma. This report highlights Oklahoma-specific impacts of the CCBHC Demonstration as of November 2017.

### Staff / Workforce Capacity Expansion

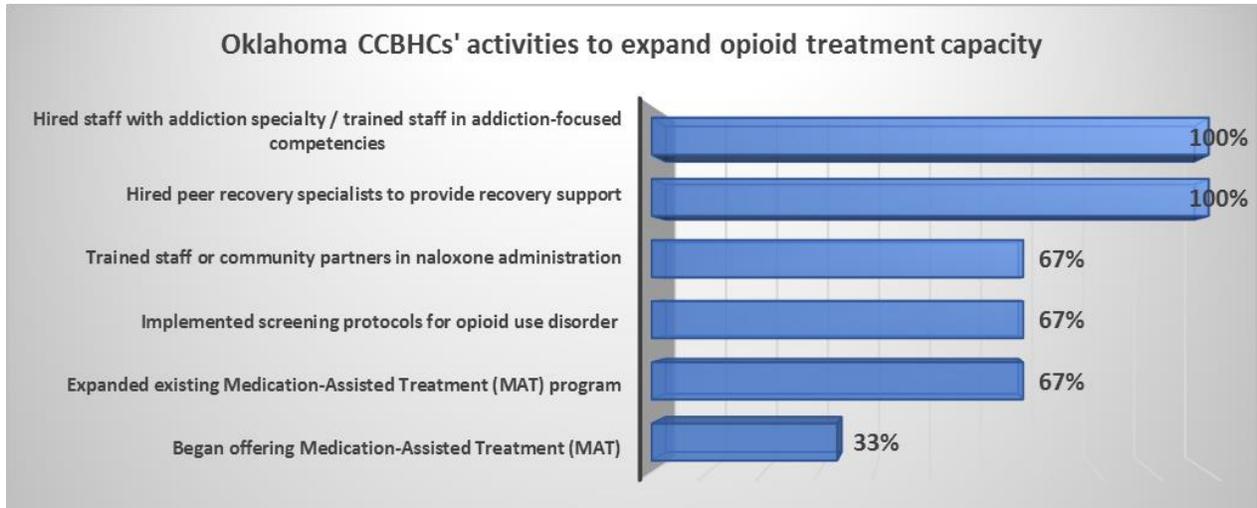
A key goal of the CCBHC initiative was to expand clinics' capacity to serve more people via an expanded workforce. Early results show major workforce expansions at CCBHC locations across all states, with CCBHCs nationwide reporting they have hired **1,160** new staff. In Oklahoma, three CCBHCs (100% of those surveyed) reported that they have added new staff positions. Of those that added new positions, **189 new positions** have been added, including **four psychiatrists** and **27 staff with an addiction specialty or focus**. In the midst of a nationwide behavioral health workforce shortage, CCBHC status has helped clinics recruit and retain desperately needed staff.

### Ability to Serve New/Additional Patients as a CCBHC

**Three CCBHCs (100% of those surveyed)** reported that they have seen an increase in the number of patients served. These three CCBHCs reported that most of their new clients had not previously been enrolled in treatment despite having a mental health or substance use need, an indicator of these organizations' ability to expand access to care in their communities.

## Opioid Treatment Expansion

In response to the recent surge in opioid addiction and opioid-related deaths, addiction treatment is a core component of CCBHCs' required service array, and the CCBHC payment rate has supported clinics in expanding the scope of addiction care they provide. In many states, individuals with opioid addiction are a target population for the CCBHC demonstration. In Oklahoma, since the launch date of the demonstration, clinics have reported implementing the following activities to expand their patients' access to opioid treatment:

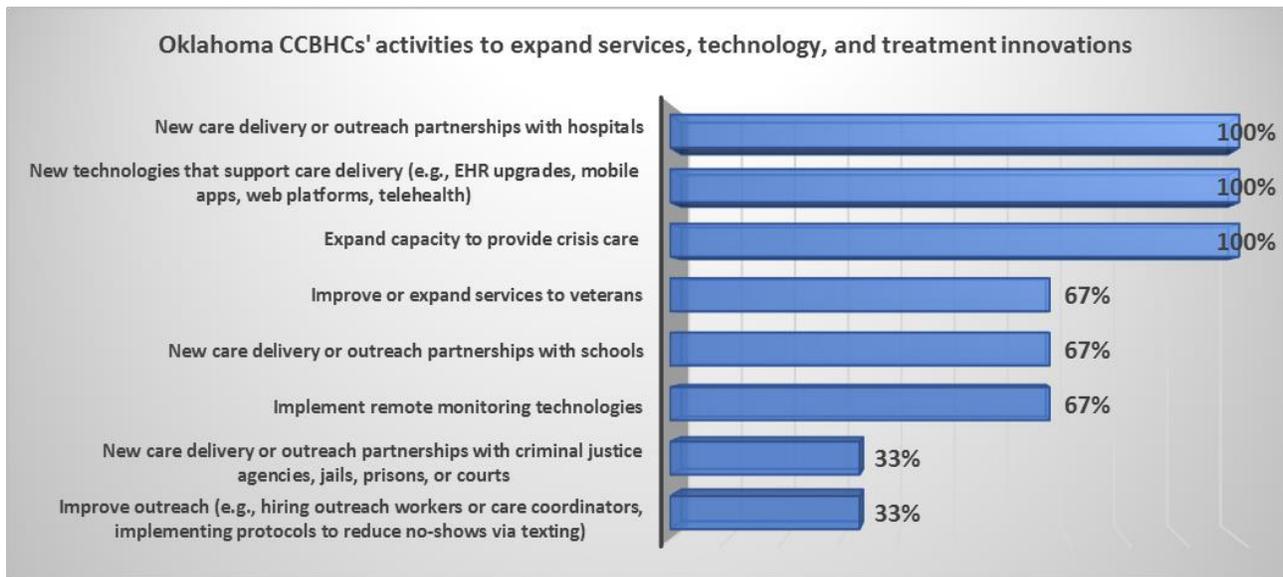


Among the ways CCBHC status has supported Oklahoma clinics' ability to provide opioid treatment, prevention or recovery support are:

- "CCBHC status has allowed us to **expand in all substance use areas** and add additional staff with appropriate credentials."
- "We have a dedicated team and a Licensed Alcohol and Drug Counselor (LADC) supervisor who coordinates this team in **providing opioid treatment**. We have also expanded the number of staff who utilize Adolescent Community Reinforcement Approach (ACRA) as an evidence based practice."

## Expansion of Services, Technology, Other Innovations

The CCBHC demonstration was designed to support clinics in expanding service delivery and bringing the latest evidence-based practices and technologies to bear on improving the quality and scope of care. Many of these activities have not been reimbursable under previous funding streams, making it impossible for organizations to implement the latest treatment innovations known to improve outcomes. CCBHCs nationwide report that the new payment rate has enabled them to open new service lines and leverage new technologies to improve care. In Oklahoma, these initiatives include:



CCBHCs in Oklahoma report that the demonstration has expanded their ability to provide innovative treatment in the following ways:

- “CCBHC status has allowed us to **expand the use of technology** (developing mobile app to push data to consumers via [special, treatment-customized] iPads). We are **increasing care coordination** with local hospitals, schools and law enforcement.”
- “We have hired a team for our homeless population, **expanded our community based services** for children and adults and have hired additional staff to coordinate care with crisis centers and hospitals.”

### Biggest Impact as a CCBHC to Date

While the demonstration is still in its early stage, CCBHCs have already seen major benefits in their communities. Among the biggest successes reported in Oklahoma are:

- “Offering a wider variety of mental health/substance use services to a larger community, **impacting Opioid use with MAT** and becoming more involved in diversion court programs and community sentencing.”
- “The overall focus on **integrated care** and utilizing the team approach; the openness to truly meet clients with where they are and help guide the resources and needs they have.”
- “**Expanding mobile crisis services and addiction treatment services.**”

### Future of the CCBHC demonstration in Oklahoma

The CCBHC demonstration is transforming Oklahoma clinics’ ability to serve people in their communities. Unfortunately, without Congressional action, the state’s six CCBHCs will be forced to stop in their tracks when the program ends in 2019. The Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931) would extend Oklahoma CCBHCs’ activities for an additional year and expand the program to include 11 other states that applied for the demonstration but were barred from participation by the eight-state limit in current law. The National Council for



Don Miskowiec, MBA, Board Chair  
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Behavioral Health urges Congress to take quick action to extend the life of this important demonstration program.

Please contact Rebecca Farley David at the National Council with questions  
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