

Oregon 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.

Oregon'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 eight of the twelve CCBHCs in Oregon. This report highlights Oregon-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 Oregon, eight CCBHCs (100% of those surveyed) reported that they have added new staff positions. Of those that added new positions, **172** new positions have been added, including **three psychiatrists** and **19 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. For example, CCBHCs in Oregon report:

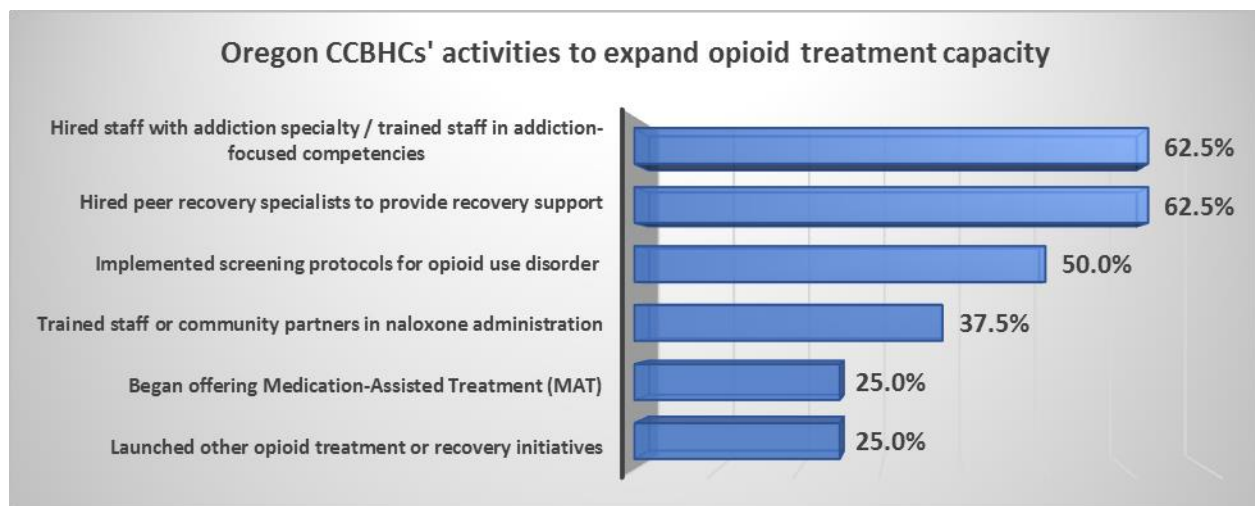
- "We are able to recruit for **new and different positions** (Certified Recovery Mentors, Care Coordinators, Family Support Specialists, Primary Care Providers) and also recruit specifically for the integrated service delivery model"
- "Increased jobs and staffing. We are able to offer open access and **double the amount of doctor time with patients.**"
- We have attracted applicants and have become a **competitive environment**"

Ability to Serve New/Additional Patients as a CCBHC

Six CCBHCs (75% of those surveyed) reported that they have seen an increase in the number of patients served. These six 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 Oregon, since the launch date of the demonstration, clinics have reported implementing the following activities to expand their patients' access to opioid treatment:

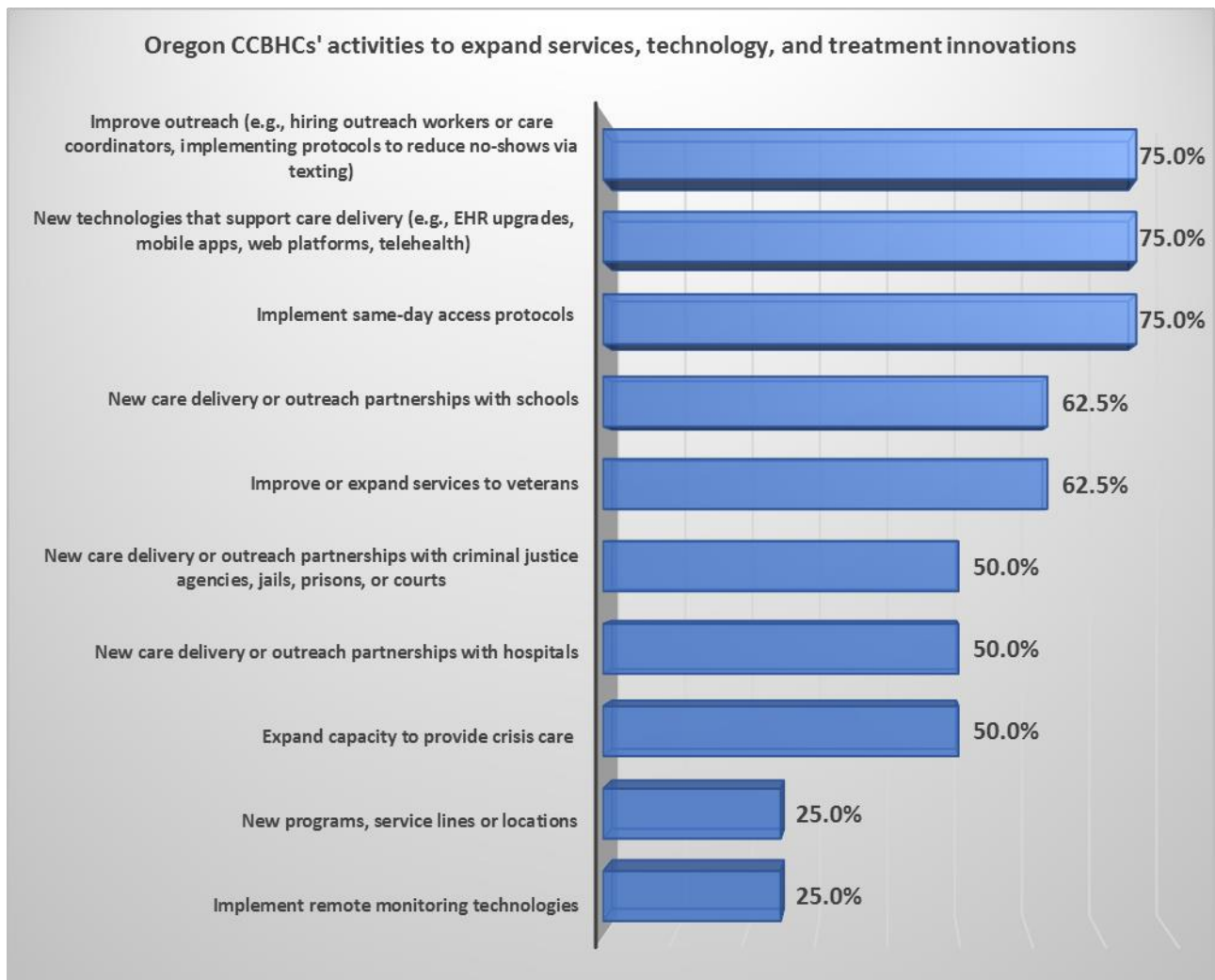


Among the ways CCBHC status has supported Oregon clinics' ability to provide opioid treatment, prevention or recovery support are:

- "Currently **training staff** on detoxification and MAT services. Our organization is part of a hub and spoke collaborative supporting MAT services. We are able to support one another and learn from each other."
- "Medical leadership received additional training and certification. **Expanding collaboration** with FQHCs"
- "Received additional funding needed to **expand service array and capacity**, and hire appropriately qualified staff."

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 Oregon, these initiatives include:



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

- “We have hired a number of care coordinators who serve as medical case managers to support **health and wellness** needs of the clients we serve. We work in both the clinic as well as in the **community** to continue providing behavioral health services, and are now including health and wellness services.”

- “The organization just hired its first **primary care provider** and we are developing workflows, policies/procedures/protocols to support this provider.”
- “We are able to **expand walk-in clinic times** so more people can have an assessment on the day they call.”
- “Able to hire a separate **full-time crisis worker**”
- “Able to **reconfigure our EHR**, and develop data collection and reporting systems that have significantly improved our ability to track, in real time, data that allows us to monitor and improve service delivery.”
- “Strengthen **treatment court work** and have been looking at how to expand services in law enforcement to help with sustainability.”

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 Oregon are:

- “Providing **health and wellness services**; getting **baseline physical health data**; looking at prevention and risk stratification for everyone and **addressing health disparities and health inequities**”
- “The addition of **care coordinators** to assist our clients in their recovery”
- “Better access to Mental Health/Substance Use Disorder treatment and family care”
- “Increased use of **evidence based screening protocols** for suicide, health, and substance use disorders; capacity to service people who have been underserved”
- “Increase in the number of consumers served; increase in our array of services”
- “Increase in the **community involvement** in our services”

Future of the CCBHC demonstration in Oregon

The CCBHC demonstration is transforming Oregon 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 Oregon 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 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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