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# Certified Community Behavioral Health Clinics Update

Senate Interim Committee on Mental Health

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# CCBHC Goals

Piloting alternate payment methods for BH services

Expanding workforce & services

Increasing coordination & other lessons learned

Aligning with health care transformation

# CCBHC Federal Timeline

## Planning Grant

- Preparing for the service model
- Develop the PPS rate
- Certify clinics

## Demonstration

- PPS rate
- Compliance & monitoring
- Metrics collection

First  
Extension

Current  
Extension

Oct 2015

April 2017

Mar 2019

June 2019

May 2020

# What is the PPS Rate?

Daily rate based on anticipated clinic costs



Includes fee-for-service and wrap reconciliation



Similar to FQHCs



Allows for federally enhanced match



# The CCBHC program leverages significant federal financial participation

Actual to date wrap & fee-for-service payments for April 2017 – June 2019	General Funding	Enhanced Federal Funding	Total Funding
Total	\$23.8 mil	\$85.3 mil	\$109.1 mil

# What services are CCBHCs required to provide?

Services	
Crisis mental health services	Patient-centered treatment planning
Screening, assessment and diagnosis, including risk assessment	Primary care screening and monitoring of key health indicators
Outpatient mental health and substance use services	Targeted case management
Psychiatric rehabilitation services	Peer support and family supports
Intensive, community-based mental health care for veterans	Coordination and integration with primary care
End of life planning	

# How do CCBHCs align with Oregon's health care transformation?



Increased scope of services



Increased ability for data collection



Increased BH integration



VBP alignment

# CCHBC Preliminary Analysis: What have we learned so far?



CCBHCs used their EHR to create intake forms, identify data points, add medical profiles, & house data



CCBHC saw over 52,000 clients in the first demonstration year and over 53,000 in the second



CCBHCs see more complex patients



Two years limited the scope



The demonstration pays based on patient needs not system codes



# Local Expansion to Services, Beneficiaries, Partners and Workforce

## Most Expanded Service

- Care coordination
- Veteran's services
- MAT
- Outpatient BH (MH + SUD)
- Primary care
- PDS
- Jail services
- ACT
- Skills training
- Provider skill training
- Screening and Assessment
- Walk-in and after hours access
- Non-office based care

## Most Benefited Populations

- Veterans
- SPMI
- Older adults
- Youth
- Homeless

## Most Coordinated Partners

- Law enforcement
- Hospitals
- Schools
- VA
- FQHC

## Most Common Expanded Workforce

- Nurse (NP, RN)
- QMHP
- Psychiatrist
- PCP
- Data analyst
- Peer

# Ongoing Analysis of Cost and Utilization

OHA is studying utilization and cost savings as a method of determining if the CCBHC demonstration is impactful and meaningful at a state level. Over time, OHA expects to observe:

1. Decreases in utilization of higher levels of health care services such as Inpatient Hospitalization services and ED Utilization.
2. Increases in utilization of outpatient services such as primary care and outpatient mental health care services.

Preliminary analysis has shown unclear outcomes. As with the study of ACA expansion, longer study is needed to show true impact.

# Key challenges & opportunities for the future

- Fiscal sustainability/cost containment strategies
- State Plan Amendment
- Rebasing rates
- Value-Based Payment
- Continue to gather quality metrics to ensure CCBHC's deliver effective outcomes

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**Thank You**

The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" portion of the word "Health Authority". The word "Health" is written in a large, dark blue, serif font, with a thin blue horizontal line extending from its base. Below the "Health" line, the word "Authority" is written in a smaller, orange, serif font.

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