

# CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

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JANICE GARCEAU, LCSW – BEHAVIORAL HEALTH DIRECTOR  
DESCHUTES COUNTY HEALTH SERVICES

[JANICE.GARCEAU@DESCHUTES.ORG](mailto:JANICE.GARCEAU@DESCHUTES.ORG)

# Mental Health Parity

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***Excellence in Mental Health Care Act of 2014*** aspired to establish ***parity*** between mental health and physical health

Led to the 2017 launch of an 8 state ***Certified Community Behavioral Health Clinic (CCBHC)*** demonstration project

Oregon is one of the 8 states funded, with 12 original grantees located throughout the state

Deschutes County's Community Mental Health Program has been a CCBHC since April 2017



# Why is Parity Important?

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For decades community mental health was left out of federal funding for health care, resulting in frayed infrastructure, paucity of services and poor outcomes for individuals

CCBHC was the largest commitment of resources to mental health this generation – ***an estimated 1.1 billion dollars***

Federal match dollars allowed states to support chronically underfunded community mental health services through an enhanced Medicaid rate

# CCBHC Clinical Strategies

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## IMPROVE SERVICES....

Increased access to addiction and mental health treatment

Integration with primary care

Improved screening for risk

Enhanced outreach to vulnerable populations – older adults, veterans, seriously mentally ill...

## TO SAVE LIVES

Reduce mortality & suicide

Reduce substance abuse

Reduce hospitalization

Reduce incarceration

Reduce homelessness

# How did we do? In Deschutes County...

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Added Primary Care to include all locations

Improved screening for depression, suicide risk, chronic health conditions and substance use disorders

Increased access for Veterans and un/underinsured

Expanded Peer delivered services

Enhanced diversion from ED & Incarceration

# Outcomes

## Harriman Health Care

As a result of the integrated Harriman Health Care location:

**59%** Medical appointment attendance increased from 13% to 72%

**79%** For those with active peer and case management support, medical appointment attendance increased from 13% to 92%

### 2019 DATA:

- DCDC clients screened for depression, hypertension, diabetes and substance abuse at significantly higher rates than Mosaic average population.
- 94% had A1C (diabetes controlled) vs. 75% of Mosaic average.
- Higher percentage ( 73% vs. 70%) had hypertension control.

Deschutes County  
Downtown Clinic (DCDC)  
serves seriously mentally ill



# Outcomes

## Additional CCBHC Outcomes

**96%** of those identified with problem alcohol use received counseling

**8%** reported reduction in cannabis use

**3.4** point average decrease in measures depression

### Diversion from More Restrictive Costly Environments:

**94%**

Increase in # of cases diverted  
from the Emergency Department

**31%**

Decrease in Emergency  
Department visits and for high  
utilizer population

(15% decrease for Urgent Care)

**60%**

Reduced recidivism for  
incarcerated mentally ill  
individuals

**63%**

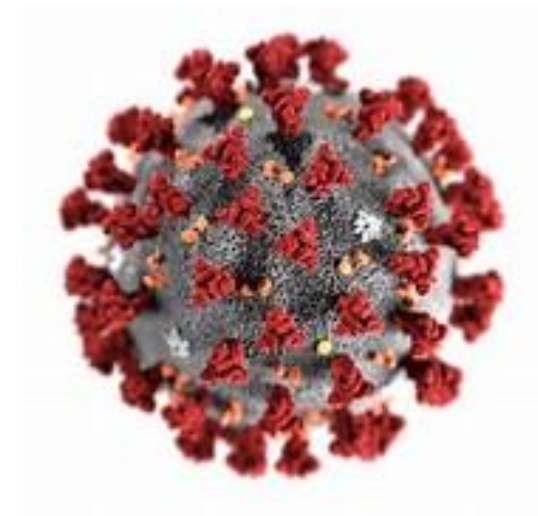
Increase of children and youth in  
Wraparound attending schools  
(from 27% to 90%)

# During COVID 19

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CCBHC integration prepared staff to:

- Screen for health risk
- Ensure continued access to primary care
- Collaborate with hospital and primary care on community response
- Plan to divert psychiatric patients in the event of a COVID related hospital surge
- Develop a plan for housing homeless COVID + individuals





# Where are we now?

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Deschutes County opted to give up  
County Financial Assistance dollars to  
provide federal match

Allowed us to maintain services and  
avoid lay-offs in FY 21

CCBHC continuation will mitigate losses  
in FY 22

Without sustainable funding, CCBHC gains will be lost



# What is at stake?

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Research and history show increased depression, substance use and suicide risk associated with isolation and job losses

June Census Bureau - CDC data shows a third of Americans report depression and anxiety, up from 11% in prior months  
*(highest among young adults and seniors)*

Domestic Violence reports are up nationally *(Bend Bulletin noted 20% increase in April, 2020)*

While child abuse reports are down, data from previous recession showed increases during times of economic distress

# What we recommend

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DO maintain Oregon's commitment to the CCBHC model

DO ensure Oregon continues to be able to participate in Federal CCBHC match program

DO continue to advocate for congress to extend CCBHC

DO continue to work with OHA on demonstration of value

DO identify funds to provide CCBHC State Match – CFAA dollars as match is not a sustainable solution