



---

348 W. Adams Burns, OR 97720 (541) 573-8376

---

Date: 07/16/2019

### CCBHC Data Points- Symmetry Care Inc.

To help address the questions of effectiveness and cost savings associated with Certified Community Behavioral Health Clinic (CCBHC) operations, Symmetry Care Inc. (SC) is offering the following analysis in the areas of patient access, clinical improvement, and overall healthcare cost savings. Keep in mind that SC is located in Harney County, a frontier community in Eastern Oregon. Successes in a remote and sparsely populated area of Oregon would indicate that the CCBHC model can be effective in all parts of this State.

#### Access:

Access to services was simply a measure of the time a patient has to wait after enrolling to the time they receive their first therapeutic service. Concerns about access to services has consistently been identified as a weakness in the behavioral health system in Oregon.

- Prior to CCBHC implementation the average time from enrollment to first service was 14.6 days.
- After implementation of CCBHC Symmetry Care was able to hire a position that allowed same day appointments for both enrollment and first service. This reduced the average time to 1.8 days.

#### Clinical Improvement:

CCBHC requires extensive data reporting on outcome measures that have not been consistently provided by behavioral health providers in the past. SC like other CCBHC's, track clinical outcomes in several different areas including, depression remission (PHQ-9 scores), anxiety improvements (GAD-7 scores), alcohol abuse (Audit-C scores) and overall functional improvements in daily living (DLA-20 scores). To highlight the effectiveness of the services provided, DLA-20 scores for individuals with severe and persistent mental illness are offered for patients enrolled in the SC psychiatric residential facility, Independence Place. The DLA-20 has been adopted as the guiding tool to determine a person's progress in the residential program and when they have returned to a level of functioning that they are able to live on their own or step down to a less intensive level of care.

- During the past year an analysis of DLA-20 scores for Independence Place residents improved from an entry score of **3** to a discharge score of **4.09**. A score of 4 or greater

indicates that patients are functioning at level where they may be able to live independently and certainly are eligible to stepdown from residential care to a less supported and less expensive living situation. The CCBHC requirement of implementing these types of outcome measures have resulted in shortening the length of stay for residents which is addressed in the cost savings section of this report.

### **Cost Savings:**

To highlight how CCBHC operations have saved money on the care of people served, SC will use the example of how Independence Place has reduced cost in several areas.

- The average length of stay at Independence Place prior to CCBHC was 230 days in 2015. In 2018 the length of stay was reduced to 144 days. This is an average reduction of 86 days per individual. The average cost per day has not changed significantly and is approximately \$255 per day, which when multiplied by 86 equals \$21,930 per person.
- This reduction in length of stay has meant that Independence Place has been able to accept more referrals directly from Oregon State Hospital. This has helped ease access issues at OSH and saved the cost of unnecessary continued stays while awaiting placement as the average cost per day at OSH is about \$1300.

### **Summary:**

CCBHC programs have been an ambitious demonstration project that Oregon can be proud of. For the first time, real data about the effectiveness and cost savings of an integrated behavioral healthcare approach is available and being utilized to improve existing programs. The results summarized here are encouraging but likely do not capture the full benefit of what has been achieved. There is certainly enough to promote that this project has succeeded and warrants continuation. Returning to a previous model after knowing what can be done does not seem possible or in the best interests of Oregonians. The new Coordinated Care Organization contracts are now being developed with a heavy emphasis on behavioral health integration, pay for performance, and care coordination. CCBHC's are an example of how these principals can be shown as effective in improving the health outcomes for people served. CCBHC's welcome the opportunity to partner with the Oregon Health Authority in finding state matching funds so that if/when federal legislation continues CCBHC funding Oregon is ready to capitalize on that opportunity.