
Evaluation of Certified Community Behavioral Health Clinics (CCBHC)

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Certified Community Behavioral Health Clinics

Oregon is 1 of 8 original demonstration states selected for the national Certified Community Behavioral Health Clinic (CCBHC) pilot launched in 2017.

CCBHCs provide:

- Multi-disciplinary team care coordination and treatment for all persons with complex and persistent behavioral health needs and other social determinants of health
- Wraparound treatment and case management, community outreach, equitable and culturally responsive care, provision of basic needs, peer-delivered services
- Flexible payment methodology that pays non-billable activities like care coordination and outreach
- **Oregon CCBHCs** also have state-specific requirement to integrate 20 hours of primary care on site

Oregon CCBHCs

- Community-based street outreach by peers
- Care coordination with community partners (jail, court, hospitals, schools, housing/shelters, primary care)
- Supports (re-) integration (Aid & Assist/Civilly Committed populations)

- Required to serve most acute, complex, and persistent behavioral needs
- Integrates behavioral health and primary care
- Equipped to provide culturally-responsive needs through alternative and complementary services

Community-Based

Integrated Behavioral Health

Equitable Service Delivery

Safety Net Payment Model

- National CLAS standards (culturally and linguistically appropriate services) required
- Community-based needs assessment required
- Disaggregated data by REALD required

- PPS (Prospective Payment System) allows non-billable activities, like care coordination & outreach
- Everyone is served, regardless of address or ability to pay

CCBHC Evaluation

A budget note attached to HB 5024 (2021) requires OHA to evaluate whether CCBHCs:

- Increase access to behavioral health treatment for residents of this state
- Provide integrated physical and behavioral health care
- Offer services that result in improved health outcomes, lower overall health care costs and improved overall community health
- Reduce the cost of care for coordinated care organization members

OHA contracted with Portland State University to conduct an independent evaluation of these areas. The report was submitted to the legislature on Feb 1 2023.

OHSU-PSU Evaluation of CCBHCs

Scope of Work:

- Combined qualitative and quantitative evaluation of demonstration period 2017-2022
- Included legislature's request as well as an additional focus on equitable service delivery
- Evaluation of the 9 CCBHC's that remained part of the demonstration throughout funding gaps and pandemic

Challenges to Evaluation:

- **Uncertain continuity of federal demonstration** (2019) constrained OHA and county-level resources for ongoing technical assistance and program development from 2019-2021
- **Workforce shortage and pandemic** greatly affected clinics' and states' ability to monitor and submit all tracking and reporting required of program
- **Limited statewide data infrastructure** constrains evaluation of comprehensive data analysis

Findings

Aim 1: Increased Access

- CCBHCs increased access across Oregon
 - 4.3 % increase for residents statewide
 - 23.4% increase in Rural communities
 - 18.3% increase in Remote communities
- Racial and ethnic diversity of service users also increased, primarily by Hispanic/Latino/a/x service users
- All CCBHCs provide culturally and linguistically responsive outreach and services

Aim 2: Integrated Care

- According to service users, CCBHC's integration of physical healthcare made behavioral health services more accessible
- Primary care use increased up to 3.2%, with Hispanic/Latino/a/x service users having generally higher increases
- Some CCBHCs do not have financial leverage to maintain primary care onsite

Findings

Aim 3: Improve Health Outcomes & Lower Cost Overall

- Users had decreased use of mental health emergency department visits (14.1%) and inpatient services (22.4%)
- Black/African American adults and children, Hispanic/Latino/a/x and American Indian/Native Alaskan children had improved treatment experiences
- Increased collaboration with community based partners

Aim 4: Reduce Cost for CCO Members

- There were cost savings in some areas but no overall reduction in costs of care or the cost of care for CCO members
- Historic underinvestment in Oregon's healthcare system limited the ability of CCBHCs to lower the cost of care; increase of up to 14.9% in cost-per-person was reported
- Increased access to care and cross-sector collaboration supported individual and community health in ways that may not be accounted for in cost analyses

Questions