



OREGON  
**HEALTH**  
AUTHORITY

# **Certified Community Behavioral Health Clinics**

**Christa Jones, MA, PsyD- Behavioral Health Deputy Director, Service Delivery**

**Shawna McDermott, MBA - Medicaid Deputy Director, Services and Engagement**

**Presentation to the  
Joint Committee on Ways and Means  
Subcommittee on Human Services  
February 6, 2025**

# Background

---

Senate Bill 5525 (2023) budget note directed the Oregon Health Authority to continue administering the Certified Community Behavioral Health Clinic (CCBHC) demonstration program and submit a report specifying:

1. Investments and categorized spending in the 2021-2023 biennium, to include number of people served;
2. Barriers to having fully utilized available funds;
3. Specifics on health outcomes based on individual participant's results;
4. Reduced costs resulting from the program;
5. Recommendations on whether to redirect funding from non-CCBHC programs to increase this program funding; and
6. The impact of ending the pilot and discontinuing funding beyond the 2023-2025 biennium

# Certified Community Behavioral Health Clinic Overview

---

Oregon CCBHCs are currently part of a federal demonstration pilot that began in 2017. Oregon has 12 CCBHC organizations serving individuals within 13 counties.

## Key elements of CCBHC:

- Integrated, coordinated and holistic care for all
- Emphasis on quality and addressing local needs
- Innovative payment model

## House Bill 4002 (2024): Key CCBHC Provisions

- OHA will seek federal approval for a state plan amendment and develop rules before the end of the demonstration (9/30/25)

# Key Findings

---

1. CCBHC service utilization and number of individuals served remained relatively consistent
2. OHA increased utilization of CCBHC funds by 14%
3. CCBHCs demonstrated higher performance across several CMS Core Set metrics in comparison to the CCO population
4. The CCBHC population saw reductions in utilization of some high cost services resulting in a cost savings of about \$7 million
5. CCBHCs demonstrated greater cost containment with a smaller increase in per-member-per-month cost.

# Investments and Categorized Spending

## Number/ Percent of Total Services 2021-2023

	Number	% of Total
Outpatient Mental Health Treatment	376,914	48%
Outpatient Substance Use Disorder Treatment	115,439	15%
Peer and Family Support Services	85,785	11%
Screening, Assessment, Diagnosis and Risk Assessment	58,884	7%
Psychiatric Rehabilitation Services	48,480	6%
Primary Care Screening and Monitoring	37,642	5%
Targeted Case Management	34,404	4%
Crisis Services	15,598	2%
Person-Centered Treatment Planning	14,288	2%
<b>Total</b>	<b>787,434</b>	<b>100%</b>

# Number of Individuals Served

## OHP CCBHC service users by race & ethnicity

Race/Ethnicity	People served in 2022	People served in 2023	% Change
Unknown/Declined to Answer	15,613	9,768	-37%
Other Single Race	496	446	-10%
Two or More Unspecified Races	45	1,048	2,229%
Native Hawaiian or Pacific Islander	129	169	31%
American Indian or Alaska Native	808	973	20%
Hispanic or Latino	2,059	2,421	18%
White	17,768	20,725	17%
Asian	326	358	10%
Black or African American	1,342	1,485	11%
Middle Eastern or North African	*	*	*

Note: Highlighted if % change is greater than 20%; \*Estimate suppressed due to small numbers (< 5 persons)

# Barriers to Utilizing Funds

Percent of the CCBHC budget used within the 2019-2021 biennium and the 2021-2023 biennium.

Category	Biennium	Budget	Actuals	Usage Rate
<b>FFS</b>	2021-2023	\$12,006,568	\$11,056,751	92%
	2019-2021	\$10,340,588	\$9,310,600	90%
<b>Wrap</b>	2021-2023	\$52,404,658	\$50,200,271	96%
	2019-2021	\$84,228,707	\$67,471,195	80%
<b>Total</b>	2021-2023	\$64,411,226	\$61,257,022	<b>95%</b>
	2019-2021	\$94,569,295	\$76,781,795	<b>81%</b>

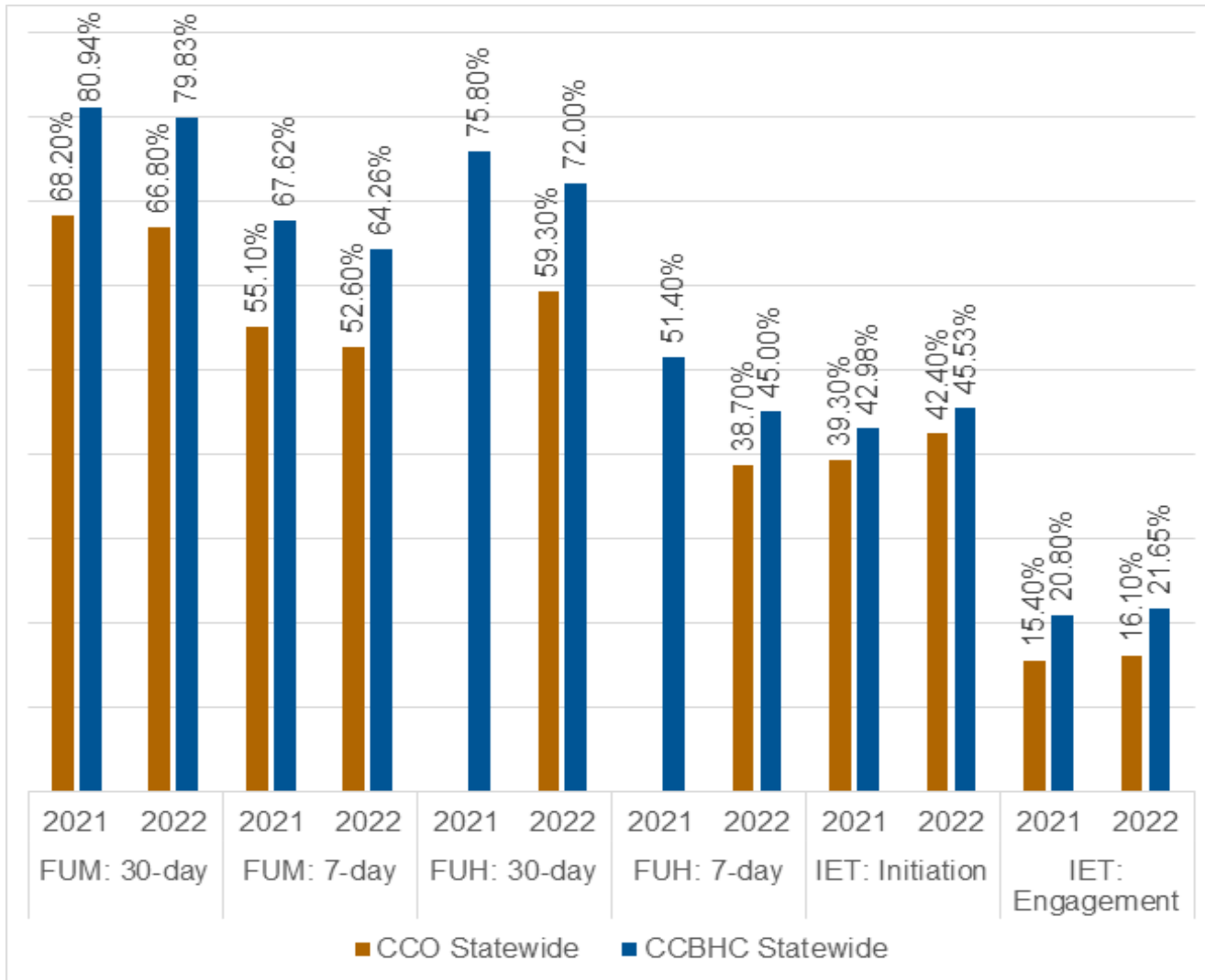
# Barriers to Utilizing Funds

---

- Three CCBHCs dropped from the demonstration in the 2019-2021 biennium due to uncertainty and instability in federal funding
- OHA brought these 3 clinics back into the demonstration in 2021 and 2022, resulting in an increase in utilized funds.
- Lastly, OHA has rebased the rates for all clinics in 2023, adjusting the rates to reflect the costs of the program more accurately .



# Health Outcomes



- CCBHCs perform better compared to the CCOs although the CCBHC population is likely a higher acuity population than the general CCO population.

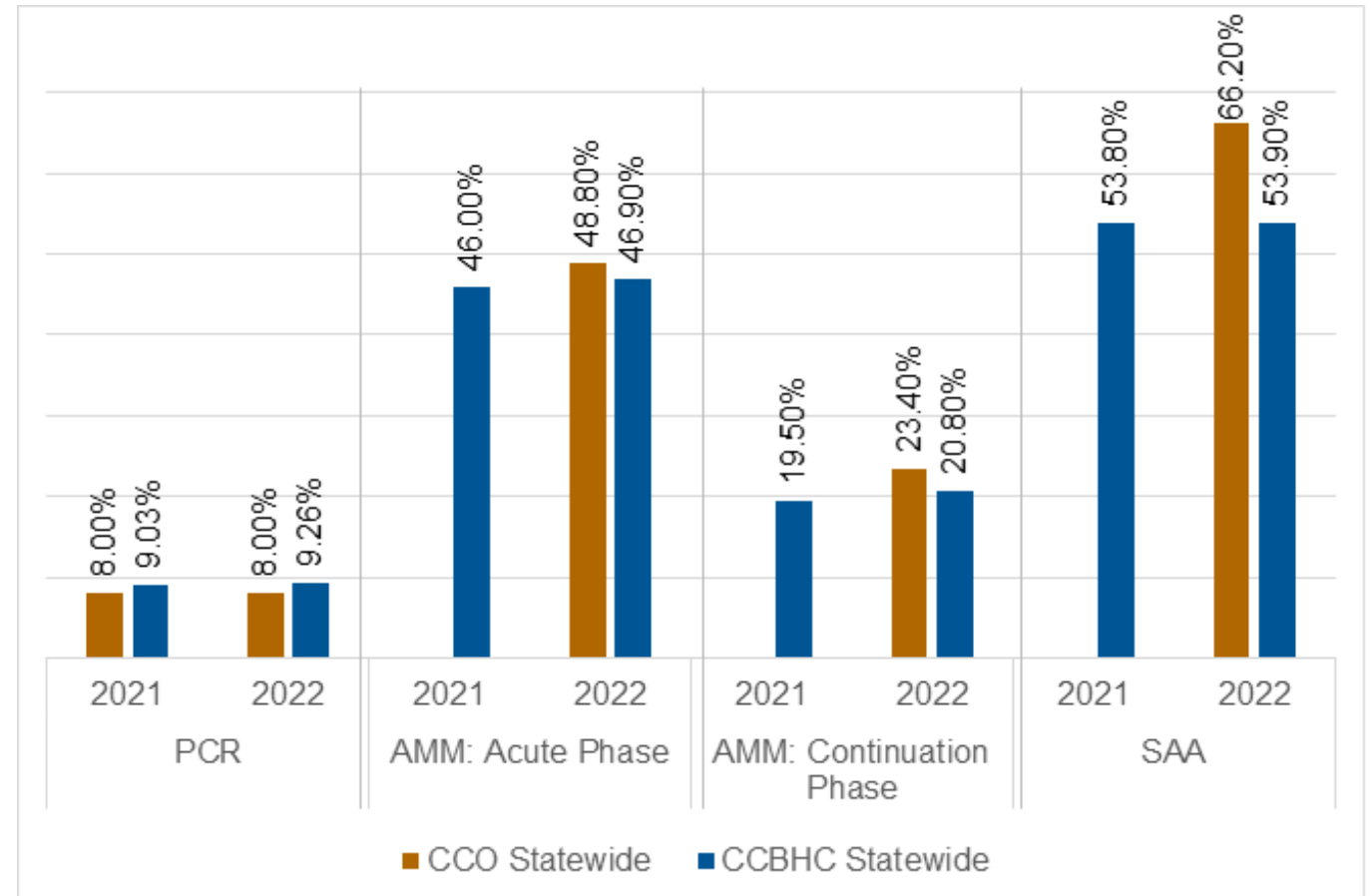
FUM 30-day and 7-day: Follow-up after emergency visit for mental illness

FUH 30-day and 7-day: Follow-up after inpatient visit for mental illness

IET Initiation and Engagement: Initiation and engagement periods of Substance Use Disorder (SUD) treatment

# Health Outcomes

- CCBHCs are generally within a comparable range with exception to adherence to antipsychotic medications for individuals with schizophrenia (SAA).



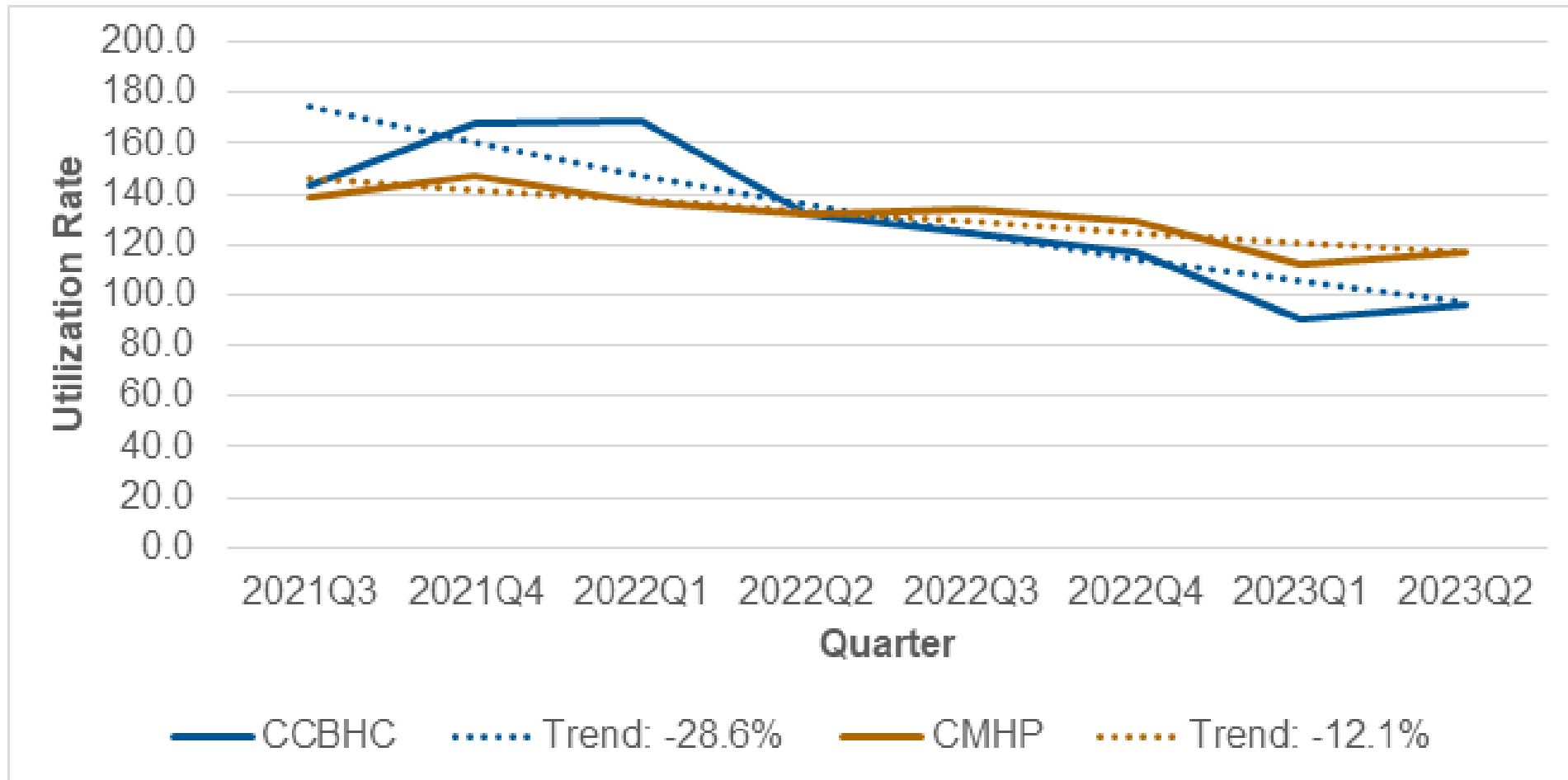
PCR: Plan All-Cause Readmission

AMM: Antidepressant medication management

SAA: Adherence to antipsychotic medications for individuals with schizophrenia

# Reduced Costs and Cost Containment

## Change in SUD ED Utilization Rates for Clients with Significant BH Needs



# Reduced Costs and Cost Containment

---

- **Annual CCBHC Cost Savings:** Estimated annual cost saving of **\$7.2M** was observed during 2022-2023 because of reduced use of high-cost services.
- Both CCBHCs and non-CCBHCs demonstrated an increase in per-member-per-month cost; however, CCBHCs saw a lower increase (10% compared to 13.1%)
- The cost savings does not cover the cost of the program; however, CCBHCs demonstrated greater cost containment, better health outcomes for individuals, and meaningful reduction in some higher cost service utilization.

# Recommendations on Redirecting Funds

---

- HB 4002 (2024) directed OHA to expand the CCBHC program through a state plan amendment.
- Once under state plan, OHA will be required to provide the state share for CCBHC services and will not be able to unilaterally limit access.
- The Governor's Office has submitted a sustainable budget with appropriate federal match in the Governor's Request Budget to ensure adequate Medicaid funding.

# Impact of Discontinuing Program

---

- CCBHC demonstration ends 9/30/25. Pursuant to HB 4002, a state plan amendment will be submitted to CMS prior to 10/1/25
- OHA estimates 12-15 new CCBHC sites will come online in the first year of expansion under SPA.

# Summary

---

CCBHCs are making a significant impact on health outcomes, reducing costs, lowering use of high-cost services, and improving the care experience compared to non-CCBHC models over time.

1. CCBHCs generally perform higher on CMS core metrics than CCO population
2. CCBHCs demonstrated greater decreases in the utilization of some high-cost services
3. CCBHCs demonstrated greater cost containment
4. Most CCBHC spending goes towards outpatient mental health and substance use treatment, and peer and family services.

# Next Steps

---

- Continued evaluation with greater emphasis on health equity and health disparities
- Expand reach of CCBHC services statewide.
- Expand CCBHC statewide.
- Guide the clinics with continuous quality improvement (CQI).
- Increase the number of CLSS providers in clinics.



---

# Thank you!

Contact:

Robert Lee

**Senior Policy Advisor**

Robert.Lee@oha.oregon.gov

