



CCBHCs

are *transforming*
Oklahoma families

Proven whole-person care that
addresses issues impacting the
wellbeing of all Oklahomans



Family & Children's
SERVICES

fcsok.org

and

the *impact* of losing funding
would be . . .

DEVASTATING



CCBHC Care

for a healthier Oklahoma



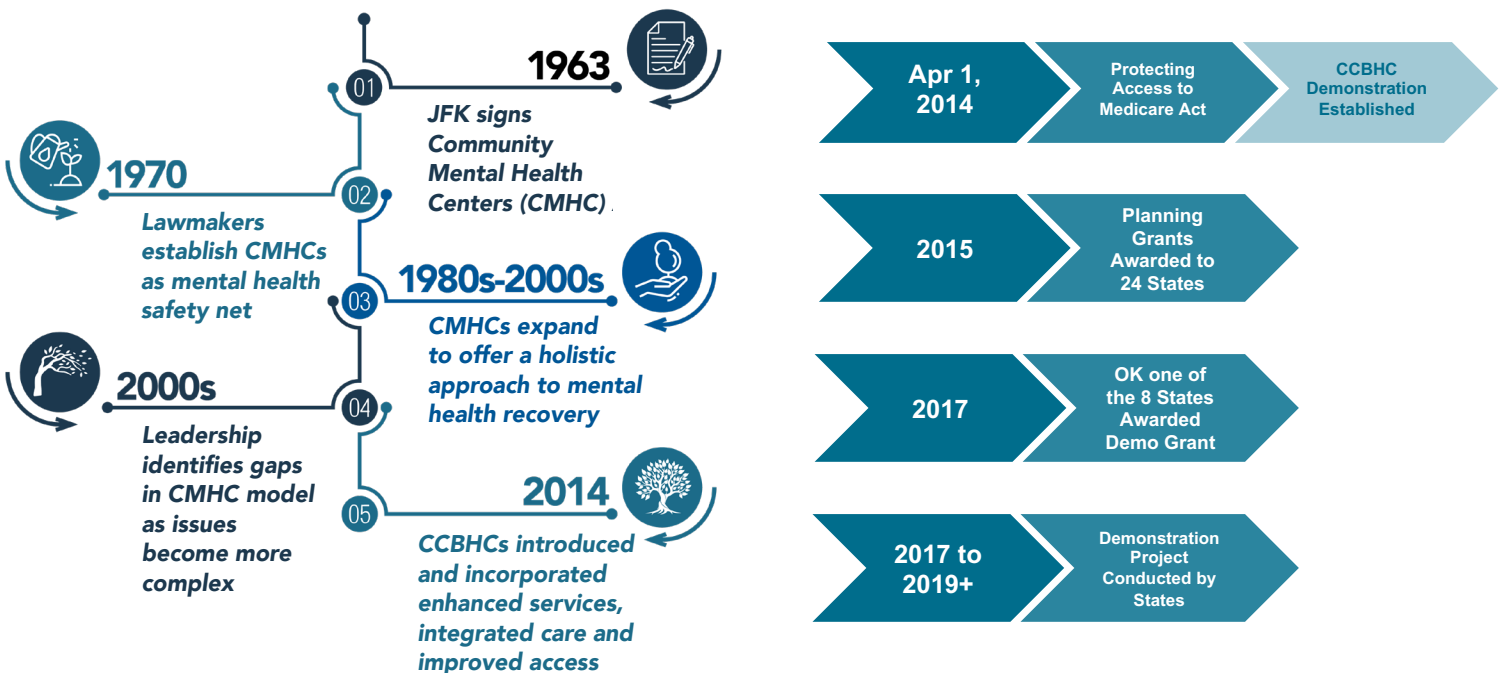
Family & Children's Services (FCS) is a Certified Community Behavioral Health Clinic (CCBHC)

CCBHCs Address Issues that Impact Client Wellbeing



CCBHCs enable clients to get the care they need while *alleviating the costly burden* other institutions would have to bear if CCBHCs did not exist.

The Need for CCBHCs has Existed for Decades, and Oklahoma has been a Pioneer



CCBHCs have seen *success* in other demonstration states in the US

CCBHCs Are Part of a Bipartisan Plan to Save the Country Money

The CCBHC model grew out of the bipartisan Excellence in Mental Healthcare Act of 2014. States representing both sides of the aisle have launched CCBHC initiatives since then, and there have been significant investments in the program under our last three presidential administrations as lawmakers realize that healthcare “above the neck” should be treated the same as healthcare “below the neck.”



“

Certified Community Behavioral Health Clinics have become a *cornerstone of bipartisan strategies* to increase access to and improve the equality of behavioral healthcare in the United States.

— Amanda Mauri, assistant professor/faculty fellow at the NYU School of Global Public Health

77.6%
fewer CCBHC clients reported that they “used an emergency room for behavioral health issues”

86%
fewer CCBHC clients reported being “hospitalized for mental healthcare”

CCBHCs such as FCS serve people who do not have the means to access care elsewhere, and they do so efficiently, saving the State money by reducing expenses.

CCBHCs Reward Reinvestment and Partnerships

- » Cost-based model *increases accountability*
- » Enhances ease of *establishing local partnerships*
- » Promotes *community-wide embedment*





“Our Excellence in Mental Health demonstration program has shown that *treating mental health like all other health* is not only the right thing to do, *it’s the smart thing to do* . . . For too long, emergency rooms and law enforcement have served as the de facto mental health care delivery system in our country.

Certified Community Behavioral Health Clinics are changing that, helping people get the *comprehensive behavioral health care* they need, when they need it.

— Roy Blunt, former US Senator

CCBHCs Touch Millions of Lives Across the Country

Today, CCBHCs serve an estimated 3 million people, with continued yearly growth since the model began. Gains among Medicaid CCBHCs expanded their number of people served by an average of 33%. According to National Council for Mental Wellbeing, here’s how they’re doing it:

87%

of Medicaid CCBHCs and established grantees offer one or more forms of Medication-Assisted Treatment (MAT) for opioid use disorder, compared to 64% of substance use treatment facilities nationwide.

68%

of CCBHCs reported that their number of clients engaged in MAT of opioid use disorder has increased since becoming a CCBHC, with 29% reporting increases of 20% or higher.

98%

of CCBHCs and grantees are actively engaged in one or more innovative activities in partnership with criminal justice agencies.

68%

of Medicaid CCBHCs and established grantees reported the number of children/youths they serve has increased.

83%

of CCBHCs provide services onsite in one or more schools, childcares or other youth-serving settings.

CCBHCs Provide an Array of Strategies that Address Health Disparities

Increased screening for unmet social needs that affect health

81%

Increased outreach to individuals who have been underserved or underrepresented

75%

Hiring staff who are demographically representative of the population served

75%

OKLAHOMA needs a *proven* safety net

CCBHCs have contributed to a **decline of up to 47% in emergency department admissions** and a **decline of up to 69% in hospital admissions.**

Oklahoma Has Vetted the CCBHC Model

Enhanced federal match rate of 90% for CCBHC services



2017

FCS joins the OK CCBHC Demonstration



LATE 2023

Enhanced federal match expires but CCBHC in OK must continue!



SEPTEMBER 2025

Proven Success from Inception to Outcome

Oklahoma led the way in CCBHC Care

First state to convert all CMHCs to CCBHCs

Although CCBHCs are still in early stages, Oklahoma's demonstration history shows that the model is working and funding **MUST** continue. CCBHCs have elevated our state as one of the nation's leaders in behavioral health, and there is still more work to do.

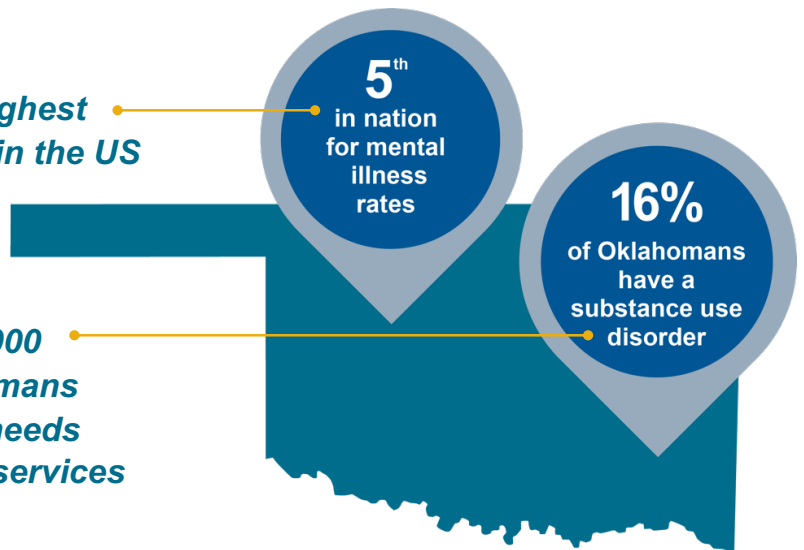
Without CCBHCs, Oklahomans in need are faced with inadequate access to care, more expensive care and overly complicated levels of care.

One of the highest prevalences in the US

5th in nation for mental illness rates

700,000-950,000 adult Oklahomans have unmet needs for recovery services

16% of Oklahomans have a substance use disorder



CCBHCs *benefit* FCS clients and the local community



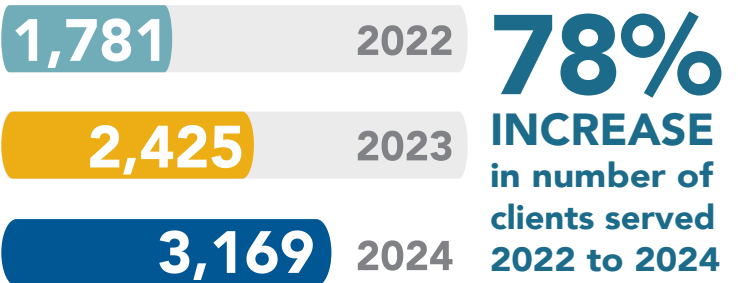
FCS has established over 200 local embedments in schools, prisons, etc.

FCS Crisis Care Continuum **SAVED**
\$4,813,161
in 2024 through prevention, intervention and diversion

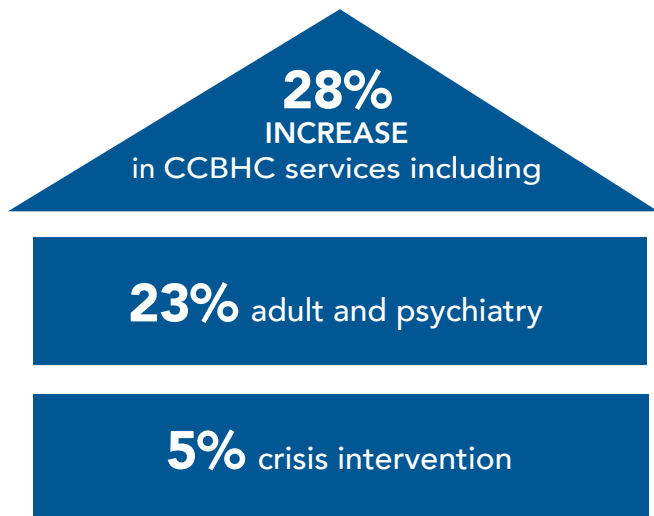
CCBHCs Save Communities Millions on Hospital Visits, Law Enforcement Costs and First Responders

These numbers represent thousands of adults and children whom we see in our *neighborhoods*, in our *schools*, at our *places of worship* and in *local businesses* throughout rural, urban and suburban Oklahoma communities.

FCS Improves Access to Key Services for Children and Adults



From 2022 to 2024, FCS saw a 78% increase in the number of clients reached through School-Based services.



FCS served clients **5X faster** than the national average

30% increase in FCS services provided to adults and children **MOST IN NEED**

CCBHCs are able to see clients faster than the national average for services which means an increase in providing for people.

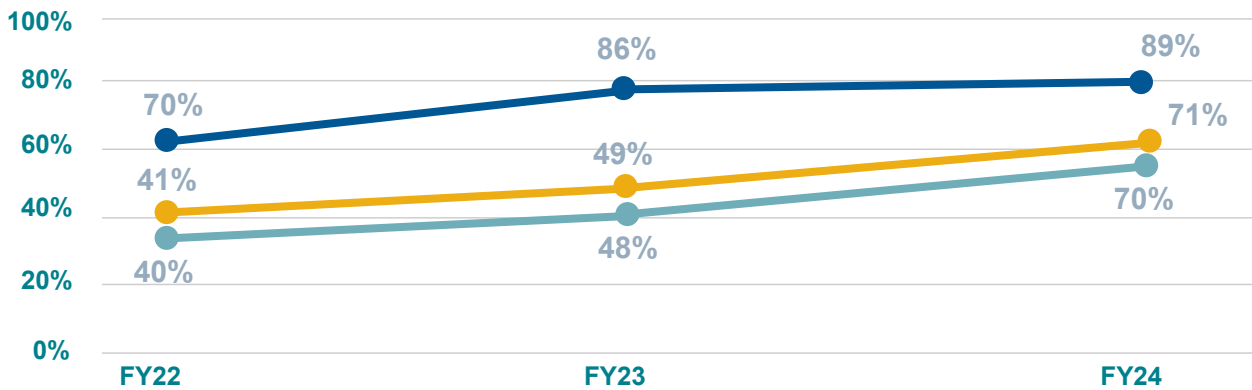
FCS Community Outreach Psychiatric Emergency Service (COPES) and CrisisCare Center (CCC) *are available and accessible 24 hours a day.*

CCBHCs Address Key Pain Points



IN 2024
55%
 of CCBHC Clients
 reported a REDUCTION
 in substance use

Untreated mental health needs impact families, schools, workplaces and the criminal justice system and can be addressed by whole-person care provided by CCBHCs.



- BMI Adherence
- Tobacco Screening and Intervention Adherence
- Alcohol and Brief Counseling

Healthcare pain points like tobacco, alcohol and BMI measures are addressed by the CCBHC whole-person care model.

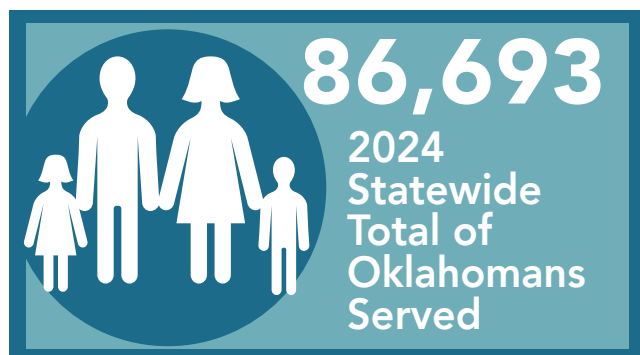
Employment Affects More than Whole-Person Wellness; It Saves Money

In 2024, **FCS** Women in Recovery (WIR) workforce development programs saved the state nearly \$3 MILLION by diverting clients from incarceration to **employment.**



IPS served 500 clients, and the average salary of those served was \$13.53/hour, nearly twice the federal minimum wage. Employees averaged 30 hrs./week.

CCBHCs Allow Oklahoma a Pipeline to People in Need



CCBHCs serve all 77 Oklahoma counties with a no-wrong-door approach, **never turning away people in need** of behavioral health services. CCBHCs often function as a mental health safety net, **servicing people who do not have the means to access care elsewhere.**



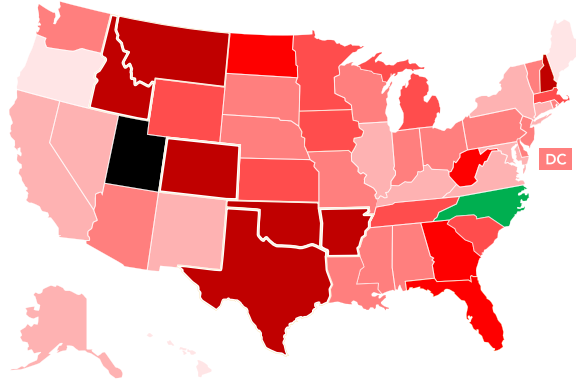
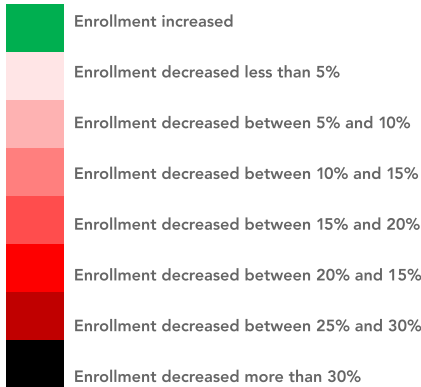
CCBHCs Provide the Safety Net Oklahoma Needs



1. *Mental health and substance use*
2. *Primary care screening/monitoring*
3. *Skills for improving health and daily life*
4. *24/7 crisis services*
5. *Screening, diagnosis and risk assessment*
6. *Targeted case management*
7. *Community-based mental healthcare for veterans*
8. *Peer family support counseling services*
9. *Patient-centered treatment planning*

Oklahoma CCBHCs *are facing* a funding gap that *will have* a severe impact

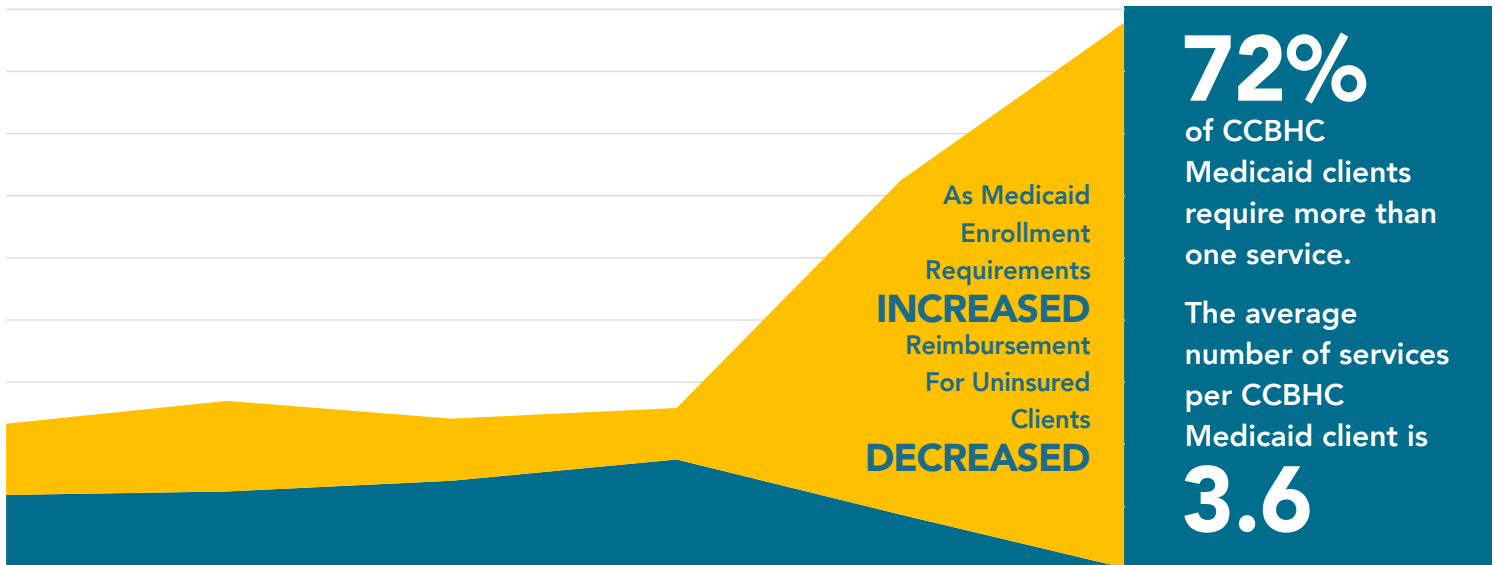
CCBHC Care in Oklahoma Is Facing a Financial Cliff



Since 2023, Oklahoma Medicaid clients have seen increased challenges in enrollment that have caused many eligible individuals to lose coverage, and while their coverage has discontinued, their medical and mental health needs have not. As the number of unenrolled, uninsured individuals has gone up, compensation has gone down, resulting in a financial cliff that, if not addressed, will cause the CCBHC system to break under its own weight!

Data as of March, 2024 as reported on <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/>
Health Management Associates, Inc. All Rights Reserved

Oklahoma's Uninsured Contingent Is Increasing While State Funding is Decreasing



The financial impact of the growing number of uninsured clients being treated at FCS has risen from **\$2.5M to over \$30M in just 5 years.**

FCS provides services to 25% of Oklahoma's uninsured clients.

CCBHCs *directly impact* individuals and families

While this vignette is fictional, it represents a very real and concerning possibility.

It is in these situations that CCBHCs serve as a safety net, not just for the state, but for real-life individuals and families. Sometimes, individuals just need a little help getting back on their feet following one of life's minor calamities while others require longer term treatment by mental healthcare professionals, employment specialists, criminal justice specialists, or medical professionals.

The Hendricks family had enjoyed stable finances, medical care, and employment for years. This was important, as their nine-year old son, Alex, had Type 1 diabetes. The Hendricks had been able to manage his condition via a healthy diet that was monitored closely by their family doctor. However, Alex and his parents had to visit his doctor regularly for blood tests and monitoring.

Alex's father, Edward, was a talented young geophysicist who had joined an upstart energy company less than two years ago. In accepting this opportunity, Edward had resigned from a more established company in another state where he had worked for five years previously. The change required a move that was somewhat expensive, and the upstart company was unable to reimburse for moving expenses, but they assured Edward that after a vestment period of a mere 36 months, Edward would be more than compensated for the sacrifice he and his family had made.

Unfortunately, Edward never reached the end of the vestment period, as the national economy began to spiral downward for a variety of reasons, and energy companies bore the brunt of the economic downturn. Edward's company was forced to conduct layoffs, being relatively new to the company, Edward fell victim to this action. Edward and his wife, Amelia, had not had time to build a strong savings yet; not to mention, they had to pull extensively from their modest savings to make the move not quite two years ago.

Amelia's part-time job as a paraprofessional at Alex's school was not sufficient to cover expenses, and Amelia found herself dealing with intense anxiety and depression because of their situation. Concerns about Alex's condition exacerbated her situation, and she eventually had to take time off work, worsening their already tenuous financial situation, as the depression became overwhelming at times.

Edward pleaded with Amelia to seek help, and in the meantime, they attempted to keep up with Alex's doctor visits, but it was becoming almost impossible to afford even a simple office visit, let alone tests or treatment for Alex. They spent what they had on Alex's doctor visits, which left nothing extra for Amelia to seek the temporary mental health services she so desperately needed.

Edward had no idea where to turn, and it seemed he had no advocate, no resources, and no options available to him and his family. It seemed they had to brave the mental and physical healthcare landscape alone, with no solution in sight.



Scan to
learn more about
CCBHCs and
their impact.