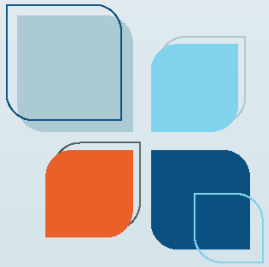
Increasing Access to Medications for Opioid Use Disorder (MOUD) within CCBHCs Part 2:

Low-Barrier Approaches and Strategies

July 22, 2025



CCBHC S-TAC

CCBHC State Technical Assistance Center

*This presentation was made possible through funding from the **U.S. Department of Health and Human Services (HHS)**. Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of HHS.*

Contract Number: 75S20322D00024/75S20323F42001

The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the ***National Council for Mental Wellbeing****, its employees or partners. We are providing this content for informational purposes only.*

Today's Agenda

- Welcome
- Reducing Barriers to MOUD, an example from Burrell Behavioral Health, MO
- Reducing Barriers to MOUD – an example from VIP Community Services, NY
- Q&A and Closing

Webinar Objectives

By the end of this 2-part series, participants will:

- Increase knowledge and understanding of why and how medications are used to treat OUD within the CCBHC model, the importance of ensuring low-barrier care to improve access, and how to apply this knowledge to program implementation.
- Identify systemic and other barriers to rapid access to MOUD for individuals served in CCBHCs.
- Identify appropriate strategies to provide and incentivize low-barrier care within CCBHCs, utilizing examples of successful models designed to improve access from a clinic and state policy staff perspective.

Today's Presenters

Drew Shoemaker, MD
Medical Director of Addiction Services
Brightli Medical Group

Debbian Fletcher-Blake, APRN, FNP
President & CEO
VIP Community Services

Darcia Bryden-Currie, PhD
Senior Vice President & Chief Clinical Officer
VIP Community Services

Reducing Barriers to MOUD - Burrell Behavioral Health, MO

Rapid Access

BRIGHTLI

Building Healthy Communities

Low Barrier MOUD Strategies
Brightli Medical Group

Drew Shoemaker, MS, MD, FASAM

MOUD Care Previously:

- Previously to establish care for MOUD, **a comprehensive assessment** is performed for each client at our Connection Center.
- Client would then be **scheduled with a provider for MAT services**, which may take several weeks for an available appointment. **Appointments were often limited** as many of our psychiatry providers did not provide MAT.
- Many clients **did not keep their appointments** with their MAT providers.

BRIGHTLI
Building Healthy Communities

Opportunities to Improve

- Those of us who provide recovery medicine services are very aware that the need to **shorten the interval** between the time a patient decides to seek services and the date that those services can be accessed is paramount.
- Most patients experiencing opiate use disorder **also have other needs influencing their ability to access and utilize care well,** including needs for therapy, housing and treatment of mental health disorder.

MOUD Care Now:

- In May of 2020, Burrell Behavioral Health opened their **first Behavioral Crisis Center** in Springfield.
- This center is **open 24 hours per day** and has psychiatric and addiction medicine providers available from 7:00 am to 7:00 pm.
- Clients can **stay up to 23 hours**, and when it first opened, the center had space for 16 patients to stay on the unit if needed.
- The Behavioral Crisis Center also includes **staff who are peers support specialists, therapists and techs**, as well as 24-hour nursing.

BRIGHTLI
Building Healthy Communities

MOUD Care Now, contin.

- All clients are seen on a **walk-in basis and no appointment is needed**. Clients are seen regardless of payor status.
- The Behavioral Crisis Center staff include clinical intake specialists, **Medicaid enrollment specialists** as well as staff who can enroll patients in grants.
- Inductions can be performed at the Behavioral Crisis Center; **medications both for induction as well as comfort medications** are kept on site and available with a provider order.
- All providers who staff the Behavioral Crisis Center **must be trained in the utilization of MOUD**, including induction.

BRIGHTLI
Building Healthy Communities

Same Day Virtual Clinic

- For patients who miss an appointment with their provider, we have a “virtual walk-in clinic” called the Same Day Virtual Clinic.
- Utilization of this resource minimizes disruptions to patients MOUD as well as mental health medications.

We're Growing Our Staff

- In the past five years we have actively recruited providers who are seeking to provide MAT services.
- We provide MAT training to all new providers during onboarding, if they have not provided MAT previously.

We're Growing Our Centers

- Additional Behavioral Crisis Centers have been opened in Independence and Columbia.
- Another opening in Sedalia in July/August.
- All centers follow the same model with staffing and access to psychiatry and addiction medicine providers from 7am to 7pm.
- In 2026 the youth Behavioral Crisis Center will open, called the Youth Resiliency Center in Springfield, which will include residential services for those 18 and younger.

BRIGHTLI
Building Healthy Communities


BURRELL
BEHAVIORAL CRISIS CENTER
RAPID ACCESS UNIT


BURRELL
RAPID ACCESS UNIT


Comprehensive
Mental Health Services
Behavioral Crisis Center
Rapid Access Unit
17421 E. Medical Center Pkwy.
A BRIGHTLI AFFILIATE

Reducing Barriers to MOUD - VIP Community Services, NY

Comprehensive Services

VIP Community Services

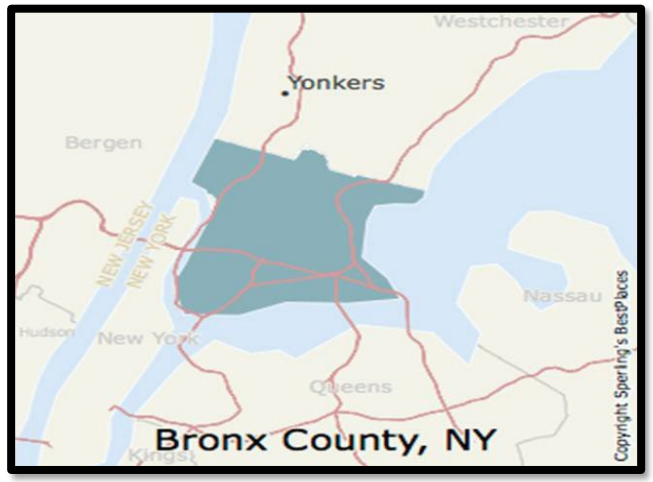
Debbian Fletcher-Blake, APRN, FNP
President & CEO
&
Darcia Bryden-Currie, PhD
SVP & Chief Clinical Officer

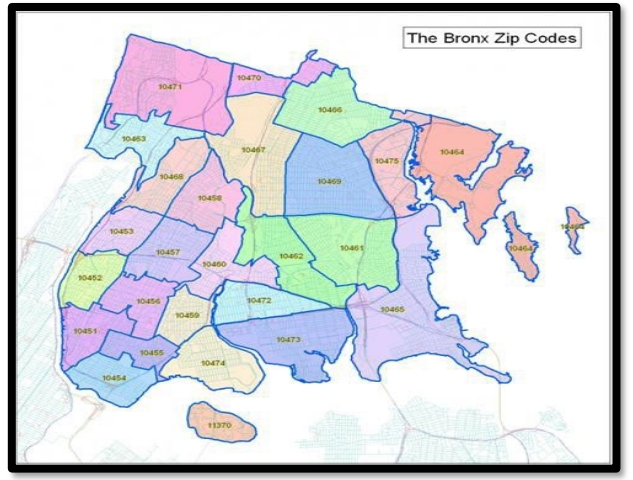
Who We Are

Mission: ***VIP*** offers comprehensive and integrated medical, behavioral health, housing, and *wraparound* services that promote positive outcomes for the people served, their families, and the community.

Service delivery:

- Federally Qualified Health Center (FQHC)
- Certified Community Behavioral Health Clinic (CCBHC)
- Addiction services (outpatient treatment, opioid treatment, MMU and residential)
- Housing (affordable, supportive)
- Shelter (single adults and families)
- Vocational (employment assessment, training, placement)
- 24-hour Open Access





VIP Community Services

Population Served

- 88% of our patients live below poverty (Bronx- 30% live in poverty)
- 59% of our patients are Hispanics; (Bronx- 54.9%)
- 31% of the patients are African Americans; (Bronx 34.1%)
- 60% of the patients are enrolled in Medicaid; (Bronx 45.1% in public insurance)
- 19% of the patients are uninsured; (Bronx 10.6%)
- 34% of the patients are experiencing homelessness
- The Bronx has the highest rate of opioid overdose deaths in NYS despite decreasing rates nationally

VIP Community Services

Source: Data Profiles | American Community Survey | U.S. Census Bureau

Technology, Physical, and Behavioral Health Care Resources

Technology and Telehealth Resources

- 19 community districts with 33% of households without broadband subscription.
- Residents in the Bronx
  more likely to report difficulties with internet access and inadequate number of digital devices at home.

Source: Disconnected: The Digital Divide & Disrupted Schooling in NYC | Community Service Society of New York (cssny.org)

Physical and Behavioral Health Care Challenges

Map: Medically Underserved Areas

Source: HRSA Map Tool, 2025

Unintentional Drug Overdose

Map: Highest rates of unintentional drug poisoning (overdose) deaths by neighborhood of residence, New York City, 2023

Behavioral Health Care Utilization

Map of Past-Year Unmet Mental Health Treatment Needs Among Adults With SPD

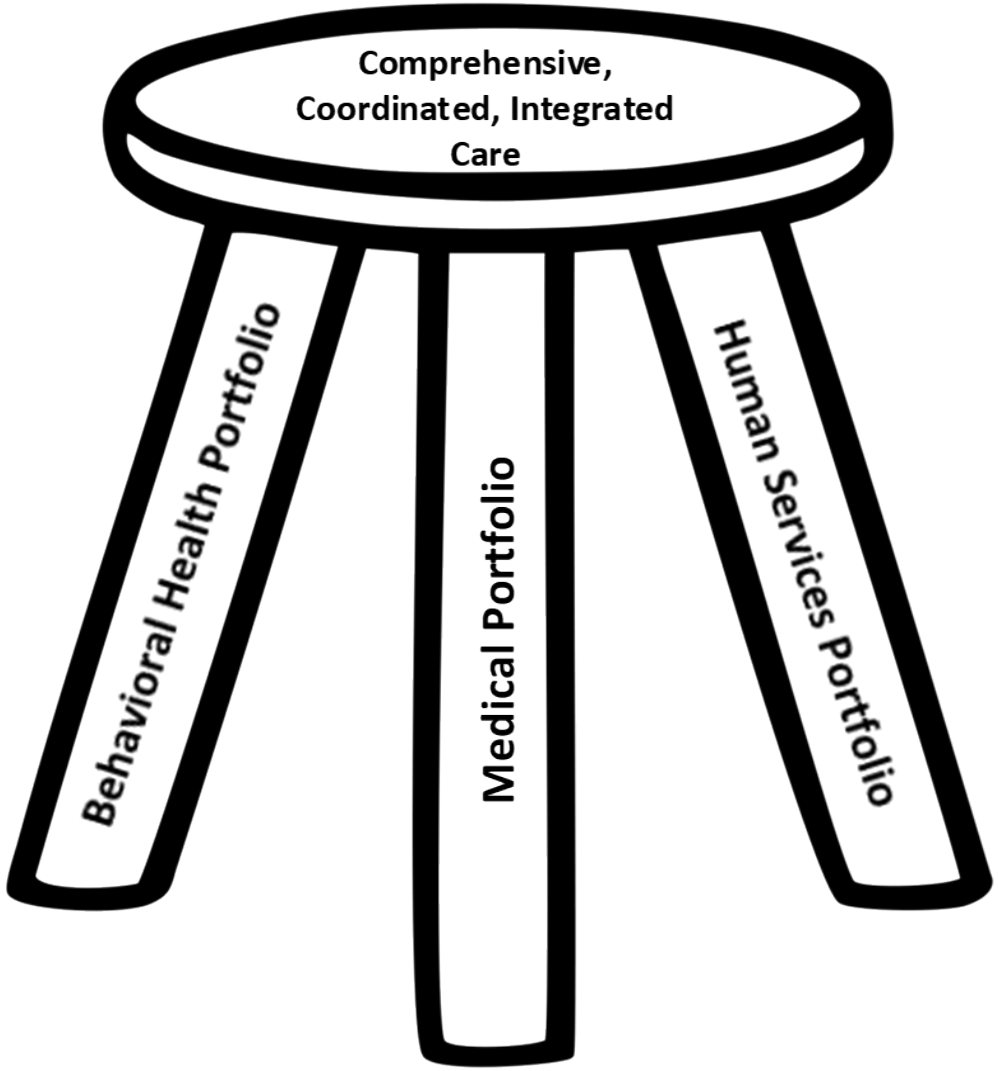
Sources: State of Mental Health of New Yorkers

Health System's Challenges

- Increasing Medicaid spend on behavioral health services
- Inadequate integrated systems of care to meet the needs of highly vulnerable populations
- Lack of control of avoidable emergency department use and hospitalizations
- Overall GNP spent on health care
- High health care costs and low equal health outcomes

VIP Community Services

Comprehensive, Coordinated, Integrated Model



VIP Community Services

Challenges to Integrated Care

- Increased need for access to primary care services
- Inadequate access to behavioral health care/treatment
- Stigma
- Insurance status
- Co-occurring and co-morbid conditions
- Over reliance on emergency departments
- Health care system overload
- Workforce
- Inadequate resources to address social needs

Proposed Solutions to Integrated Care

- Systems of care to provide whole person health care
- Increase access to comprehensive and integrated health care in underserved and high-cost populations
- Greater emphasis and reimbursement for quality outcomes
- Reimagine partnerships (hospital, community, payors)
- Reimagine the workforce
- Reimagine the role of peers and community health workers

VIP Community Services

VIP's Comprehensive, Coordinated, and Integrated Care

- No wrong entrance- patients enter care through any modality- FQHC, OTP, CCBHC
- Increased access to medications- access is fast and uncomplicated
- MOUD is prescribed in the FQHC, CCBHC and OTP
- Full access to all forms of MOUD including long-acting medications regardless of ability to pay
- An electronic health record allows for sharing health information across modalities
- MOUD through the FQHC removes stigma to opioid treatment and minimizes fear to enter treatment
- Patients receive social supports to help them remain in care

VIP's Impact

51+ years experience in Bronx County	Comprehensive, coordinated and integrated service model	Emphasis on addressing comprehensive needs
• Community Partnerships • Community trust	• FQHC • CCBHC • OTP • Approximately 78% of patients receive care in OTP/FQHC/CCBHC • Care management	• Robust care management team • Vocational services • Housing • Shelter • Nutrition services

VIP's Priorities

Open and available access	Linkage to primary care	Workforce	Hospital relationship
• Patients seen within 48 hours • Crisis services • 988 provider	• FQHC • Health Home care coordination services	• Trauma informed training • Organization wide mental health first aid training • Promotion of team-based care • Staff works at the top of their licenses	• Close connection and linkage to local hospital system

CCBHC Clinical Performance Metrics

Met\Exceeded Close to Meeting Not Met

	VIP Goal	FY2022	FY2023	FY2024	2025 Jan-May
Adult Body Mass Index (BMI) Screening & Follow-Up	90%	83%	83%	96%	89%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	90%	23%	100%	100%	100%
Tobacco Use: Screening & Cessation Intervention	90%	92%	96%	97%	87%
Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (AUDIT-C)	90%	84%	86%	97%	96%
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	90%	100%	100%	100%	N/A
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	90%	94%	99%	100%	96%

CCBHC Clinical Performance Metrics

Met\Exceeded Close to Meeting Not Met

	VIP Goal	FY2022	FY2023	FY2024	2025 Jan-May
Screening for Clinical Depression & Follow-Up Plan (PHQ2/PH9 & follow-up plan)*	90%	94%	96%	98%	92%
Screening for Clinical Depression & Follow-Up Plan (PHQ2/PH9 & follow-up plan): Adults (18 years old +) **		n/a	n/a	n/a	84%
Screening for Clinical Depression & Follow-Up Plan (PHQ2/PH9 & follow-up plan): Children (12-17 years old) **		n/a	n/a	n/a	100%
Depression Remission at Twelve Months *	20%	20%	23%	28%	16%
Depression Remission at Six Months **		n/a	n/a	n/a	Validating
Deaths by Suicide	0%	0%	0%	0%	0%
Housing Status	100%	100%	100%	100%	100%
Suicide Attempts	0%	0%	0%	0%	0%

*Retired Measure **New Measure

Transitions of Care: Reduction of Avoidable ED Visits

- Baseline, Trailing Year, January 2021
- 30-Day Readmit Rate: 66%
- Follow Up Call within 24 Hours: 0%
- Follow Up Call within 48 Hours: 0%

Trailing Year, May 2025

- 30-Day Readmit Rate: 39%
- Follow Up Call within 24 Hours: 68%
- Follow Up Call within 48 Hours: 32%

27% decrease in the Readmission Rate

VIP Community Services

Pilot Hospital Project

Hospital-MCO partnership

- In the first month, 30 (18%) highly valuable
- patients were engaged in the hospital's ED upon discharge
- 10 referred for services at VIP as new patients
  - 7 linked to care
- 20 referred and linked to their PCPs

- After one year 500 engaged
  - 46 linked to care
  - Cost to administer the model $48,768
  - Savings to the system $442,012-
  - $769,199

VIP Community Services

Questions or Comments?

How did we do?

Please answer a few questions to let us know how we did and what we can do to support you in future sessions.

CCBHC S-TAC

CCBHC State Technical Assistance Center

Request Technical Assistance

Email CCBHC@TheNationalCouncil.org

Resources

The CCBHC State Technical Assistance Center is here to provides accessible, timely and evidence-based technical assistance designed to meet the needs of all states implementing the CCBHC model, as well as individualized consultation to support the needs of specific states. Please request technical assistance by clicking “Request TA” above.

CCBHC S-TAC

CCBHC State Technical Assistance Center