

**Testimony**  
**Senate Bill No. 2128**  
**Senate Human Services Committee**  
**Senator Lee, Chairman**  
January 11, 2023

Chairman Lee, and members of the Senate Human Services Committee, I am Pamela Sagness, Behavioral Health Executive Director with the Department of Health and Human Services. I appear before you today to provide testimony in support of Senate Bill 2128 with suggested if amended.

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a **comprehensive range of mental health and substance use services**. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status. As an integrated and sustainably-financed model for care delivery, CCBHCs:

- **Ensure access** to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).
- **Meet stringent criteria** regarding timeliness of access, quality reporting, staffing and coordination with social services, criminal justice and education systems.
- **Receive flexible funding** to support the real costs of expanding services to fully meet the need for care in their communities.

CCBHCs have dramatically increased access to mental health and substance use disorder treatment, expanded states' capacity to address the overdose crisis and established innovative partnerships with

law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions. (National Council of Wellbeing)

SAMHSA identifies a Certified Community Behavioral Health Clinic (CCBHC) model is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth.

CCBHCs must meet standards for the range of services they provide and they are required to get people into care quickly. An important feature of the CCBHC model is that it requires crisis services that are available 24 hours a day, 7 days a week. CCBHCs are required to provide a comprehensive array of behavioral health services so that people who need care are not caught trying to piece together the behavioral health support they need across multiple providers. In addition, CCBHCs must provide care coordination to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

SAMHSA has identified criteria for certifying community behavioral health clinics in compliance with the statutory requirements outlined under Section 223 of the Protecting Access to Medicare Act (PAMA). These criteria, which establish a basic level of service at which a CCBHC should operate, fall into six key program areas:

1. **Staffing** – Staffing plan driven by local needs assessment, licensing, and training to support service delivery

2. **Availability and Accessibility of Services** – Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all patients regardless of ability to pay or place of residence
3. **Care Coordination** – Care coordinate agreements across services and providers (e.g., Federally Qualified Health Centers, inpatient and acute care), defining accountable treatment team, health information technology, and care transitions
4. **Scope of Services** – Nine required services, as well as person-centered, family-centered, and recovery-oriented care
5. **Quality and Other Reporting** – 21 quality measures, a plan for quality improvement, and tracking of other program requirements
6. **Organizational Authority and Governance** – Consumer representation in governance, appropriate state accreditation

CCBHCs are required to provide **nine core services**, which they can provide directly or via formal relationships with Designated Collaborating Organizations (DCOs):

1. Crisis Services
2. Treatment Planning
3. Screening, Assessment, Diagnosis & Risk Assessment
4. Outpatient Mental Health & Substance Use Services
5. Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Community-Based Mental Health Care for Veterans
8. Peer, Family Support & Counselor Services
9. Psychiatric Rehabilitation Services



Currently, there are over 450 CCBHCs operating across the country in 46 states.

For the past year the Department has been working to become CCBHC's by applying for the SAMHSA grants that support the planning, development, and implementation. We have not been award funding at this time. However, these grants would have provided \$1,000,000/year for up to 4 years for each clinic. The Department has 8 clinics in North Dakota called regional Human Service Centers (HSCs).

The Department is recommending the following amendments to Senate Bill 2128:

- On line 8 remove "and related physical health care services".
- On line 8, remove "Any human service".
- Remove lines 9-14 requiring the clinic to be dissolved and the zones to provide services once dissolved.

This concludes my testimony. I would be happy to answer any questions.  
Thank you.