

January 11, 2023

Senate Human Services Committee

Madame Chairman Lee and Committee members,

My name is Tim Mathern. I am here to introduce SB 2128 directing our human service centers to evolve into Certified Community Behavioral Health Centers. This model has been created over the past few decades, was funded in the Trump administration and has accelerated funding in the Biden administration. We can no longer wait to implement it. The state of Oklahoma has reduced its hospitalization rate by 40% since they made the change this bill directs. You can read the interim committee report for more detail but in summary;

A Certified Community Behavioral Health Clinic 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.

CCBHCs can be supported through the CCBHC Medicaid Demonstration, through Substance Abuse and Mental Health Services Administration, SAMHSA, administered CCBHC Expansion (CCBHC-E) Grants, or through independent state programs.

Criteria

SAMHSA developed criteria for certifying community behavioral health clinics in compliance with the statutory requirements outlined under Section 223 of 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

Members of the Committee, too many people suffer and/or die from behavioral health illnesses. The costs of treatment for those fortunate enough to get it are too high. And we have finally taken this illness out of the shadows. We can do better and your support of this bill gets us on track to do that.

I will quit here as others wish to testify. Thank you for your consideration and support.

I ask for a D Pass recommendation on SB 2128.

Thank you.

Senator Tim Mathern

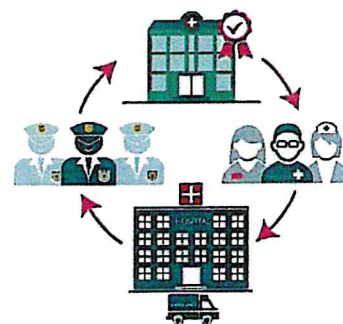
What is a CCBHC?

The Excellence in Mental Health and Addiction Act demonstration established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

CCBHCs are non-profit organizations or units of a local government behavioral health authority. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

Comprehensive Care is Key

The service selection is deliberate, expanding the range of care available. CCBHCs provide a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. These services include, but are not limited to:



- **24/7/365 mobile crisis team services** to help people stabilize in the most clinically appropriate, least restrictive, least traumatizing, and most cost-effective settings.
- **Immediate screening and risk assessment** for mental health, addictions, and basic primary care needs to ameliorate the chronic co-morbidities that drive poor health outcomes and high costs for those with behavioral health disorders.
- **Easy access to care** with criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence.
- **Tailored care for active duty military and veterans** to ensure they receive the unique health support essential to their treatment.
- **Expanded care coordination** with local primary care providers, hospitals, other health care providers, social service providers, and law enforcement, with a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services.
- **Commitment to peers and family**, recognizing that their involvement is essential for recovery and should be fully integrated into care.

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Who is Served by CCBHCs?

CCBHCs are available to any individual in need of care, including (but not limited to) people with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness and substance use disorders, and complex health profiles. CCBHCs will provide care regardless of ability to pay, caring for those who are underserved, have low incomes, are insured, uninsured, or on Medicaid, and those who are active duty military or veterans.

Addressing Financing Barriers

Insufficient funding has long posed a barrier to increasing Americans' access to behavioral health care. The CCBHC model addresses financing shortfalls by paying clinics a Medicaid rate inclusive of their anticipated costs of expanding service lines and serving new consumers. Through a prospective payment system similar to one already in place for other safety net providers, the model supports:

- **Expanded access to care through an enhanced workforce.** CCBHCs' Medicaid rates cover costs associated with hiring new staff such as licensed counselors or peer support specialists, paying employees a competitive wage in the local market, and training staff in required competencies such as care coordination and evidence-based practices.
- **A stronger response to the addiction crisis.** Addiction care is embedded throughout the CCBHC range of services, including screening for substance use disorders, detoxification, outpatient addiction services, peer support services, and other addiction recovery services at state discretion. Importantly, most states participating in the CCBHC program have also made medication-assisted treatment (MAT) a required service.
- **Enhanced patient outreach, education and engagement.** CCBHCs' Medicaid rates include the cost of activities that have traditionally been near-impossible to reimburse, yet play a critical role in behavioral health services.
- **Care where people live, work, and play.** CCBHCs may receive Medicaid payment for services provided outside the four walls of their clinic; for example, via mobile crisis teams, home visits, outreach workers and, emergency or jail diversion programs.
- **Electronic exchange of health information for care coordination purposes.** CCBHCs' Medicaid rates include the cost of purchasing or upgrading electronic systems to support electronic information exchange. The Excellence Act prioritizes improving the adoption of technological innovations for care, including data collection, quality reporting, and other activities that bolster providers' ability to care for individuals with co-occurring disorders.



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CCBHC Expansion Opportunities

Since 2018, Congress has appropriated annual funds for CCBHC expansion grants, designed to further the reach of these effective and efficient organizations. These grants have provided organizations an opportunity to expand access to comprehensive and evidence-based mental health and addiction care by offering the required array of services. However, they do not include the CCBHC Medicaid payment rate and will not provide the financial foundation to sustain expansion grantees' activities over the long term; work continues at both the federal and state level to expand the CCBHC model within state Medicaid programs.

To that end, states—including those that were not part of the original demonstration—are using **Medicaid 1115 waivers** and **State Plan Amendments** to expand or implement the CCBHC model as part of their efforts to expand access to care and implement alternative payment models that offer sufficient flexibility for providers to fully meet clients' needs. At the same time, bipartisan federal legislation, known as the **Excellence in Mental Health and Addiction Treatment Expansion Act** (S. 824/H.R. 1767 in the 116th Congress), has been introduced to extend the demonstration and expand it to new states.

For more information on the latest CCBHC expansion efforts, visit the National Council's [CCBHC Resource Hub](#) or contact Rebecca Farley David at rebeccad@thenationalcouncil.org.



