

Senator Lee and Members of the Committee,

I am Michael Dulitz, the Opioid Response Coordinator at Grand Forks Public Health. I am providing testimony in **SUPPORT** of SB 2128.

Certified Community Behavioral Health Clinics (CCBHCs) are government or non-profit clinics established by federal law to provide a comprehensive range of mental health and substance use disorder services in exchange for an enhanced Medicaid reimbursement rate. The first CCBHCs were established in 2017, including a pilot site at Alluma in Crookston and East Grand Forks, MN. Since establishment, there are over 500 CCBHCs in 46 states.

CCBHCs differ from other clinics in both the services they provide and how they provide them. CCBHCs are required to provide four core services for mental health and substance use disorder including: screening, assessment, and diagnosis, treatment planning, outpatient services, and crisis response services. Additionally, they must deliver or contract for five other services including peer support, psychiatric rehab, case management, primary care screening, and veterans services.

The services of a CCBHC must be provided in accordance with performance standards and criteria. Most important, anyone seeking care from a CCBHC must have their initial visit within one business day for acute needs, 10 business days for routine needs, or 24/7 for crisis needs. CCBHCs also provide care regardless of the ability to pay or place of residence.

In exchange for the broad level of service with low barriers, CCBHCs are compensated through an enhanced reimbursement from Medicaid through a Prospective Payment System (PPS) rate. Clinics are reimbursed for Medicaid clients served through a single daily rate based on the overall allowable costs of operating the clinic – in Minnesota, that is around \$250 per day. Other payers such as private insurance are also encouraged and billed.

I support this bill as it opens the doors for the CCBHC discussion in North Dakota, but the Human Service Centers may not be the right avenue for establishing these clinics. Over the past decade, HSCs have been decreasing their patient populations, evolving their practice model, and becoming a specialty provider for individuals with serious behavioral health needs. While Human Service Centers have the broad expertise with the variety of services they offer, they may not have the experience in payment systems, marketing, management, and service line development that would be required to successfully establish CCBHCs that would be able to meaningfully help to solve our behavioral health services crisis.

There are, however, a multitude of non-profit behavioral health providers in North Dakota with this expertise, including two in Grand Forks who have shown interest in developing a CCBHC. Providing the non-profit sector with the necessary policies and seeds to establish CCBHCs would help enhance the spectrum of behavioral health care in North Dakota – particularly to the groups which have been hit the hardest with increasing behavioral health needs over the past three years.

To that end, this bill may be better served providing those policy and building blocks for the private sector to improve behavioral health care. Specifically:

- Provide the DHHS Behavioral Health Division with the authority to certify CCBHCs
- Provide the DHHS Medicaid Division with the authority to seek Medicaid waivers and implement a PPS rate for CCBHCs
- Establish a grant program for at least two non-profit behavioral health providers, one urban and one rural, to begin steps to establish CCBHCs in parallel with the state's efforts – and eventually transition to federal development grants.
- Support the overhaul and regionalization of acute care behavioral health beds as a part of this cost saving continuum through the pursuit of the Medicaid 1115 waiver for the IMD exclusion.

The pursuit of non-profit CCBHCs to combine with a more specialized Human Service Center system could provide a vital improvement in the access to and delivery of care. The CCBHC model is an excellent opportunity to carry out the goals of numerous legislative committees and with that I stand for any questions.

Respectfully Submitted,

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