

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