

2023 SENATE HUMAN SERVICES

SB 2128

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2128
1/11/2023

A Bill for an Act to require human service centers to become certified community behavioral health clinics.

11:15 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Enhanced Medicare plan compensation
- Urban and rural certifications
- Behavioral health needs
- Mental health needs
- Substance crisis

11:16 AM **Michael Dulitz, Opioid Response Coordinator at Grand Forks Public Health**, testified in favor. #12905

11:24 AM **Senator Tim Mathern, District 11**, introduces SB 2128 testimony in favor. #12906

11:29 AM **Pamela Sagness, Behavioral Health Executive Director, North Dakota Department of Health and Human Services**, testified in favor with proposed amendments #12909, #12917

11:39 AM **Laura Kroetch, Medical Director with the ND Department of Health and Human Services**, online testimony in favor #12864

11:40 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2128
1/11/2023

A Bill for an Act to require human service centers to become certified community behavioral health clinics.

2:51 PM **Madam Chair Lee** called the hearing back to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Governing board
- Community health
- Authority responsibility
- Certified health clinics

2:52 PM **Pam Sagness, Behavioral Health Executive Director with the ND Department of Human and Health Services**, provided additional verbal information in favor.

3:11 PM **Kim Jacobson, Director Agassiz Valley Human Services Service Zone**, testified in favor with a suggested amendment. #12837

3:14 PM **Madam Chair Lee** closed the hearing.

3:15 PM **Pam Sagness** provided more verbal information.

3:21 PM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2128
1/17/2023

To require human service centers to become certified community behavioral health clinics.

3:27 PM **Madam Chair Lee** called the committee meeting back to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Services
- Bill review

3:32 PM Madam Chair Lee closed the committee.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2128
1/18/2023

To require human service centers to become certified community behavioral health clinics.

2:52 PM **Madam Chair Lee** called the committee meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Committee Discussion:

- Clinics
- Training
- Grants
- No end dates

3:10 PM **Pam Sagness, Executive Director of Behavioral Health Division, North Dakota Department of Health and Human Services**, provided information verbally.

3:15 PM **Madam Chair Lee** called recess.

3:31 PM **Madam Chair Lee** called the meeting back to order.

3:32 PM **Pam Sagness** provided additional information and discussed amendment. No written testimony.

Senator Hogan moved to adopt amendment by removing "and related physical health care" and "any human Service" and deleting line 9 through 14 on page 1.

Senator Clemens seconded.

Senator Hogan further moved to adopt amendment to include, the Department shall pursue additional federal funding as available." (LC 23.0186.02001)

Senator Clemens seconded.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 6-0-0.

Senator Hogan moved **Do PASS AS AMENDED** and **REREFER to APPROPRIATIONS**.

Senator Cleary seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 6-0-0.

Senator Hogan carries SB 2128

3:39 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

January 18, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2128

Page 1, line 8, remove "and related physical health care"

Page 1, line 8, remove "Any human service"

Page 1, replace lines 9 through 14 with "The department shall pursue additional federal funding
as available."

Renumber accordingly

DR
1 of 1
1-18-2023

REPORT OF STANDING COMMITTEE

SB 2128: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2128 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 8, remove "and related physical health care"

Page 1, line 8, remove "Any human service"

Page 1, replace lines 9 through 14 with "The department shall pursue additional federal funding as available."

Renumber accordingly

2023 SENATE APPROPRIATIONS

SB 2128

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2128
1/30/2023

A BILL for an Act to provide an appropriation for a certified community behavioral health clinic program
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2:33 PM Chairman Bekkedahl opened the hearing on SB 2128. Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, J. Roers, Schaible, Vedaa, Wanzek, Rust, and Mathern present. Senator Sorvaag absent

Discussion Topics:

- North Dakota Service Centers
- Certification
- Needs of the mentally ill
- Treatment model

2:33 PM Senator Mathern, North Dakota State Senate, District 11, introduced the bill and testified in favor #17915.

2:53 PM Dr. Daniel Cramer, Clinical Director of Human Service Center, Department of Health and Human Services testified in favor #17739.

3:03 PM Michael Dulitz, Opioid Response Coordinator, Grand Forks Public Health, testified neutral #17730.

3:17 PM Chairman Bekkedahl assigned the bill to the Appropriations Human Resources Division.

3:18 PM Chairman Bekkedahl closed the hearing on SB 2128.

Dave Owen on behalf of Kathleen Hall, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations

Rough Rider Room, State Capitol

SB 2128
2/16/2023

A bill for an act to require Human Service Centers to become certified community behavioral health clinics.

8:04 AM **Chairman Bekkedahl** called the meeting to order. **Senators** Bekkedahl, Burkhard, Davison, Dever, Dwyer, Erbele, Krebsbach, Kreun, Mathern, Meyer, Roers, Schaible, Sorvaag, Wanzek, Vedaa, Rust are present.

Discussion Topics:

- Mental health center
- Insured and uninsured
- Public/private collaboration

8:05 AM **Senator Mathern** introduced SB 2128 testimony #20981

8:13 AM **Senator Mathern** moves to **ADOPT AMENDMENT** LC 23.0186.03001

Senator Kreun seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed 16-0-0.

Senator Mathern moves **DO PASS AS AMENDED**.

Senator Kreun seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed 16-0-0.

Senator Mathern will carry SB 2128.

8:16 AM **Senator Bekkedahl** closed the meeting.

Patricia Lahr, on behalf of Carol Thompson, Committee Clerk

February 15, 2023

JS
2-16-23

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2128

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for a certified community behavioral health clinic grant program."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC GRANT PROGRAM - ONE-TIME FUNDING. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$1,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing a certified community behavioral health clinic planning grant to a private entity, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department of health and human services shall develop guidelines for the grant, including eligibility criteria and reporting requirements. The funding appropriated in this section is considered a one-time funding item."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2128, as engrossed: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2128 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for a certified community behavioral health clinic grant program.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC GRANT PROGRAM - ONE-TIME FUNDING. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$1,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing a certified community behavioral health clinic planning grant to a private entity, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department of health and human services shall develop guidelines for the grant, including eligibility criteria and reporting requirements. The funding appropriated in this section is considered a one-time funding item."

Renumber accordingly

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations – Human Resources Division Roughrider Room, State Capitol

SB 2128
February 16, 2023

A BILL for an Act to provide an appropriation for a certified community behavioral health clinic grant program.

5:03 PM **Chair Dever** opened committee work. **Senators Dever, Davison, Kreun, Burckhardt, Mathern** are present.

Discussion Topics:

- FTE's
- Voucher
- Eliminate moratorium
- Resource needs

5:03 PM **Dr. Dan Cramer** provided information verbal

5:27 PM **Eric Haas** provided information verbal

5:33 PM Pam Sagness of Department Health and Human Services provided additional information verbal

5:47 PM **Chair Dever** adjourned the meeting.

Pam Dever on behalf of Sue Huntington, Committee Clerk

2023 HOUSE HUMAN SERVICES

SB 2128

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2128
3/7/2023

A BILL for an Act to provide an appropriation for a certified community behavioral health clinic grant program.

Chairman Weisz called the meeting to order at 2:27 PM.

Chairman Robin Weisz, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Vice Chairman Matthew Ruby not present.

Discussion Topics:

- Comprehensive care
- Core services
- Care coordination
- Commitment to peers and family

Sen. Mathern introduced SB 2128 with supportive testimony (#26455) (#26456) (#26672).

Carlotta McCleary, the Executive Director of the North Dakota Federation of Families for Children's Mental Health, supportive testimony (#26673).

Michael Dulitz, Opioid Response Coordinator at Grand Forks Public Health, supportive testimony (#22609).

Additional written testimony:

Heather Strandell, Senior Director of Clinic Operations at Altru Health System, supportive testimony (#22525).

Chairman Weisz adjourned the meeting at 3:10 PM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2128
3/27/2023

A BILL for an Act to provide an appropriation for a certified community behavioral health clinic grant program.

Chairman Weisz called the meeting to order at 3:21 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Rep. Clayton Fegley not present.

Discussion Topics:

- Committee work

Chairman Weisz called for a discussion on SB 2128.

Rep. Prichard moved a do not pass on SB 2128.

Seconded by Rep. Holle.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Clayton Fegley	AB
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	N
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 10-3-1.

Carried by Rep. Frelich.

Chairman Weisz adjourned the meeting at 3:27 PM.

Phillip Jacobs, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2128, as reengrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO NOT PASS** (10 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING).
Reengrossed SB 2128 was placed on the Fourteenth order on the calendar.

TESTIMONY

SB 2128

Testimony Prepared for the
Senate Human Services Committee

January 11, 2023

By: Kim Jacobson, Agassiz Valley Human Service Zone Director

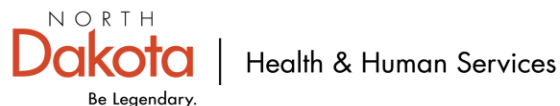
RE: Senate Bill 2128 – Certified Community Behavioral Health Clinics

Chair Lee and members of the Senate Human Services Committee, my name is Kim Jacobson. I am the Agassiz Valley Human Service Zone Director, which includes the service area of Traill and Steele Counties. In addition, I serve as President of the North Dakota Human Service Zone Director Association. Please consider my testimony in support of SB 2128 with suggested amendment.

North Dakota should be very proud of the progress made on strengthening our behavioral health system over recent years. While there is more work to do, North Dakota has certainly improved behavioral health services. There are many merits to the establishment of certified community behavioral health clinics. I support the next chapter of improved behavioral health services to include the implementation of certified community behavioral health clinics. They would provide expanded behavioral health services and offer community-driven response.

In reviewing SB 2128, lines 9-14, pose concern. I appreciate the confidence the Bill Sponsors have in the ability of human service zones to serve as an option for establishing certified behavioral health clinics. However, human service zones do not have the structure or ability to assume these important responsibilities. For these reasons, I suggest amendment that would remove alternative designation for human service zone to become certified community behavioral health clinics.

Thank you for consideration of my testimony. I stand for questions from the committee.



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 Laura Kroetsch, Human Service Center Medical Director with the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2128, with Department of Health and Human Service (DHHS) recommended amendments.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

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,

Michael Dulitz
Opioid Response Coordinator
Grand Forks Public Health
Grand Forks, ND

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

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.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2128

Page 1, line 8, remove “and related physical health care services”

Page 1, line 8, remove “Any human service”

Page 1, remove lines 9 through 14

Renumber accordingly



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Sen. Bekkedahl and Members of the Committee,

I am Michael Dulitz, Opioid Response Coordinator at Grand Forks Public Health, and I am testifying as **NEUTRAL** on SB 2128.

A couple weeks ago, I came before the Human Services committee in favor of this bill with modifications. I would refer you to that testimony to help understand what Certified Community Behavioral Health Clinics (CCBHC) are. Since then, the bill was amended to promote the Human Service Centers to become CCBHCs rather than enabling and supporting non-profit organizations to enter the market and expand behavioral health services through the CCBHC model.

Therefore, attached to my testimony is sample language which can be used as the basis for an amendment to this bill. Specifically, I would propose:

1. Providing the Department of Health and Human Services (DHHS) Behavioral Health Division with the ability to certify CCBHCs.
2. Directing the DHHS Medicaid Division to seek an 1115 waiver to establish a prospective payment system rate for CCBHCs
3. Providing a grant program to at least one urban and one rural community to develop a CCBHC as statewide demonstrations
4. Supporting the vertical integration of CCBHCs into healthcare systems by incentivizing healthcare systems to retain behavioral health beds in our regional communities while simultaneously improving the way those beds are used.

As I stated in my original testimony, the greatest opportunity to improve behavioral health care in North Dakota is to incentivize the private (and in this case, non-profit) sector to improve the way they provide care. Over the past 5 years in my role addressing the opioid epidemic, I have seen the private sector step up to expand services in the community to help fill critical gaps in innovative ways. Whether that was our non-profit federally qualified health clinic stepping up to add medications for addiction treatment and addiction counselors or a private behavioral health clinic providing services at area correctional centers through the substance use disorder voucher program, we have seen innovation much faster than we would see from state-run behavioral healthcare.

With CCBHCs, I see opportunity for the legislature to do what you do best – implement the policies to enable the private sector, provide stimulus to speed implementation, and then allow the innovation of the private sector help us fill the growing gaps in behavioral healthcare in our communities. By taking this approach, we can combine these state funds with federal grants to stimulate more innovation at a lower cost than the bill in the current form. With that, I will stand for any questions.

1. Department of Health and Human Services – Behavioral Health Division.
Beginning the effective date of this Act, the Department of Health and Human Services Medicaid Division shall begin the process of establishing a certification program for certified community behavioral health clinics. The department of health and human services shall complete implementation of a certification program pursuant to this section by June 30, 2025. The department of health and human services shall report to the legislative management during the 2023-24 interim and to the sixty-ninth legislative assembly regarding the status of any Medicaid plan amendments or Medicaid waivers applied for and implemented during the 2023-25 biennium.
2. Department of Health and Human Services – Medicaid Division.
Beginning the effective date of this Act, the Department of Health and Human Services Medicaid Division shall begin the process of applying for and implementing Medicaid plan amendments or Medicaid waivers to allow federal funding reimbursement for services provided by certified community behavioral health clinics under a prospective payment system daily rate. The department of health and human services shall complete implementation of Medicaid plan amendments or Medicaid waivers approved pursuant to this section by June 30, 2025. The department of health and human services shall report to the legislative management during the 2023-24 interim and to the sixty-ninth legislative assembly regarding the status of any Medicaid plan amendments or Medicaid waivers applied for and implemented during the 2023-25 biennium.
3. A new section to __ of the North Dakota Century Code is created and enacted as follows:
Comprehensive behavioral health treatment system grants.
 - a. A licensed hospital may apply for a competitive comprehensive behavioral health treatment system grant. A licensed hospital is eligible for a one-time grant award. To receive a grant, a licensed hospital shall:
 - i. Submit an application in the form and manner prescribed by the department;
 - ii. Enter a grant agreement with the department;
 - iii. Use grant funds to establish sixteen or more behavioral health beds in an area, as determined by the department, that is underserved or at risk of losing more than fifty percent of the acute care behavioral health beds in the area;
 1. Behavioral health beds established may include beds that were able to be retained at the hospital due to the receipt of grant.
 - iv. Use the grant funds to support the provision of behavioral treatment in underserved or at risk of losing more than fifty percent of the acute care behavioral health beds in the area of the state's behavioral health treatment system;
 - v. Provide and disclose information needed to comply with the department's data collection requirements; and
 - vi. Operate in compliance with grant requirements.
 - b. The licensed hospital shall establish a certified community behavioral health clinic before June 30, 2025.
 - c. The licensed hospital shall accept Medicaid reimbursement for behavioral health services provided.

- d. The department, within legislative appropriations, may distribute up to two grants under this section to licensed hospitals.
 - e. The department may recapture grant funds distributed to a licensed hospital found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral treatment services in the underserved or vulnerable area.
 - f. The department may not collect property, equipment, or supplies purchased with grant funds from the licensed hospital after successful completion of the terms of the grant.
 - g. The grant term must be for five years.
4. A new section to ___ of the North Dakota Century Code is created and enacted as follows:
Certified community behavioral health clinic grants.
- a. A non-profit organization may apply for a competitive certified community behavioral health clinic grant. A non-profit organization is eligible for a one-time grant award. To receive a grant, a licensed non-profit organization shall:
 - i. Submit an application in the form and manner prescribed by the department;
 - ii. Enter a grant agreement with the department;
 - iii. Use grant funds to establish a certified community behavioral health clinic within two years of entering in a grant agreement with the department.
 - iv. Provide and disclose information needed to comply with the department's data collection requirements; and
 - v. Operate in compliance with grant requirements.
 - b. The department, within legislative appropriations, may distribute up to two grants under this section to non-profit organizations.
 - c. The department may recapture grant funds distributed to a non-profit organization found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral treatment services.
 - d. The department may not collect property, equipment, or supplies purchased with grant funds from the non-profit organization after successful completion of the terms of the grant.
 - e. The grant term must be for five years.

5. Appropriation – Department of Health and Human Services – Certified Community Behavioral Health Clinic Grants

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$2,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing grants to establish certified community behavioral health clinics, for the biennium beginning July 1, 2023, and ending June 30, 2025.

- a. The department of health and human services shall award grants from the funds appropriated in this section to two or more non-profit organizations who currently provide behavioral health services in North Dakota who will become certified community behavioral health clinics. At least one grant shall be awarded to an organization in a county with a population of more than 50,000 people. At least one

grant shall be awarded in a county with a population of fewer than 50,000 people. No non-profit organization may receive more than 50 percent of the total amount of grants awarded under this subsection.

6. Appropriation – Department of Health and Human Services – Comprehensive behavioral health treatment system grants

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$10,500,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing grants to establish acute care behavioral health beds in underserved or vulnerable areas, for the biennium beginning July 1, 2023, and ending June 30, 2025.

7. Appropriation – Department of Health and Human Services – Certified community behavioral health clinic program

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$600,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of establishing a certified community behavioral health clinic program, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department of health and human services is authorized two full-time equivalent positions to administer this section

Testimony
Senate Bill No. 2128
Senate Appropriations
Senator Bekkedahl, Chairman
January 30, 2023

Chairman Bekkedahl, and members of the Senate Appropriations Committee, I am Dan Cramer, a licensed psychologist and Clinical Director of the Human Service Centers within the Department of Health and Human Services. I appear before you today to provide testimony in support of engrossed Senate Bill 2128.

According to the National Council of Wellbeing, 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.

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

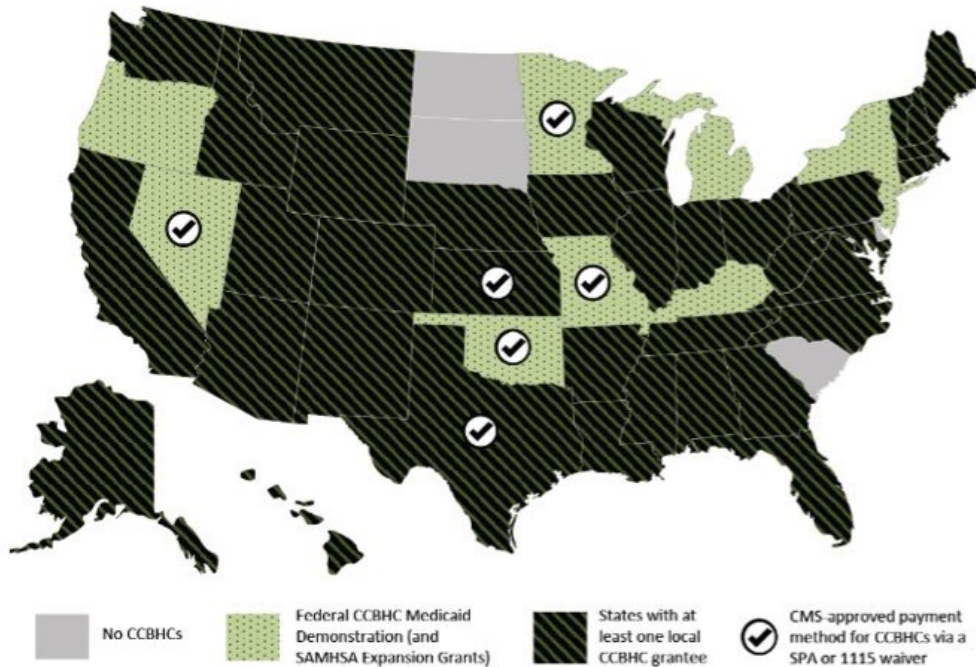
2. **Availability and Accessibility of Services** – Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all patients regardless of ability to pay or place of residence
3. **Care Coordination** – Care coordinate 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.

Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.



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 awarded 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).

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

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

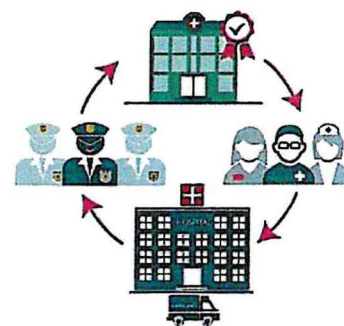
What is a CCBHC?

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.

CCBHC SUCCESS CENTER

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.



CCBHC SUCCESS CENTER

NATIONAL
COUNCIL
for Mental
Wellbeing

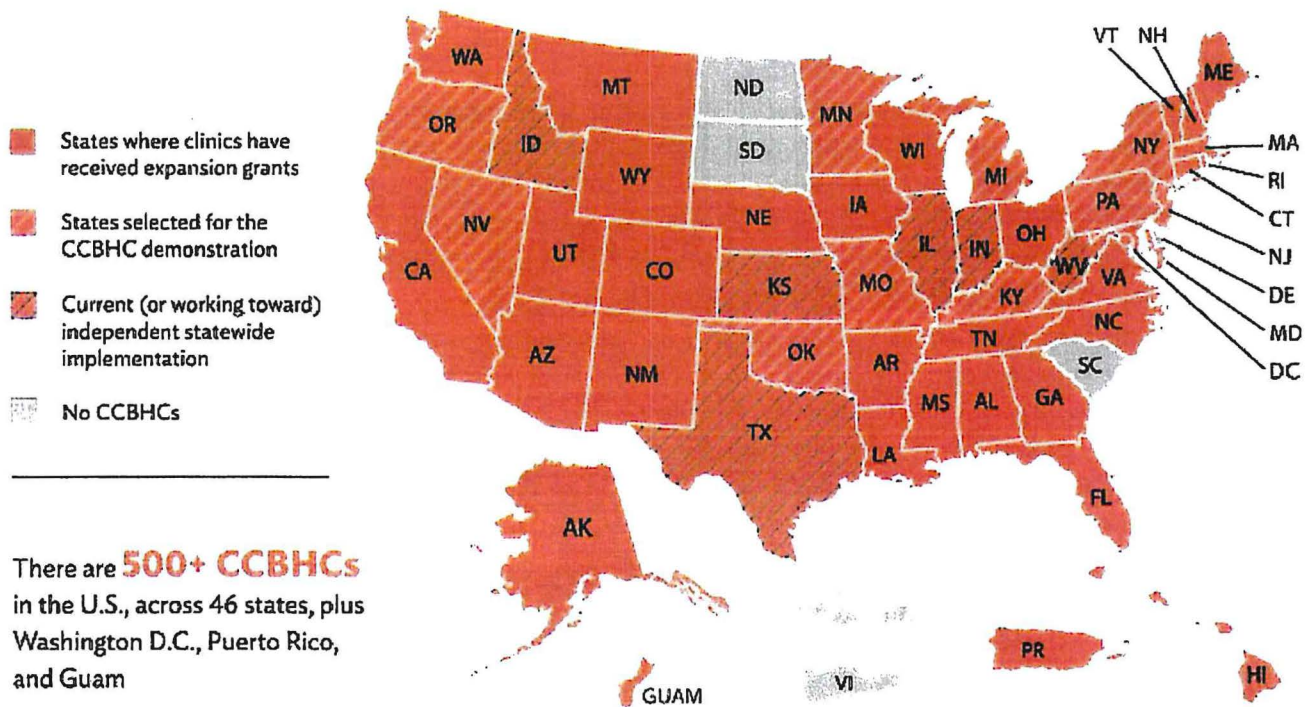
CCBHC Expansion Opportunities

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.

Status of Participation in the CCBHC Model



23.0186.03001
Title.

Prepared by the Legislative Council staff for
Senator Mathern
February 15, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2128

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for a certified community behavioral health clinic grant program.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC GRANT PROGRAM - ONE-TIME FUNDING. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$1,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing a certified community behavioral health clinic planning grant to a private entity, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department of health and human services shall develop guidelines for the grant, including eligibility criteria and reporting requirements. The funding appropriated in this section is considered a one-time funding item."

Renumber accordingly

Testimony
Senate Bill No. 2128
Senate Appropriations
Senator Bekkedahl, Chairman
January 30, 2023

Chairman Bekkedahl, and members of the Senate Appropriations Committee, I am Dan Cramer, a licensed psychologist and Clinical Director of the Human Service Centers within the Department of Health and Human Services. I appear before you today to provide testimony in support of engrossed Senate Bill 2128.

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- **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.
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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.

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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

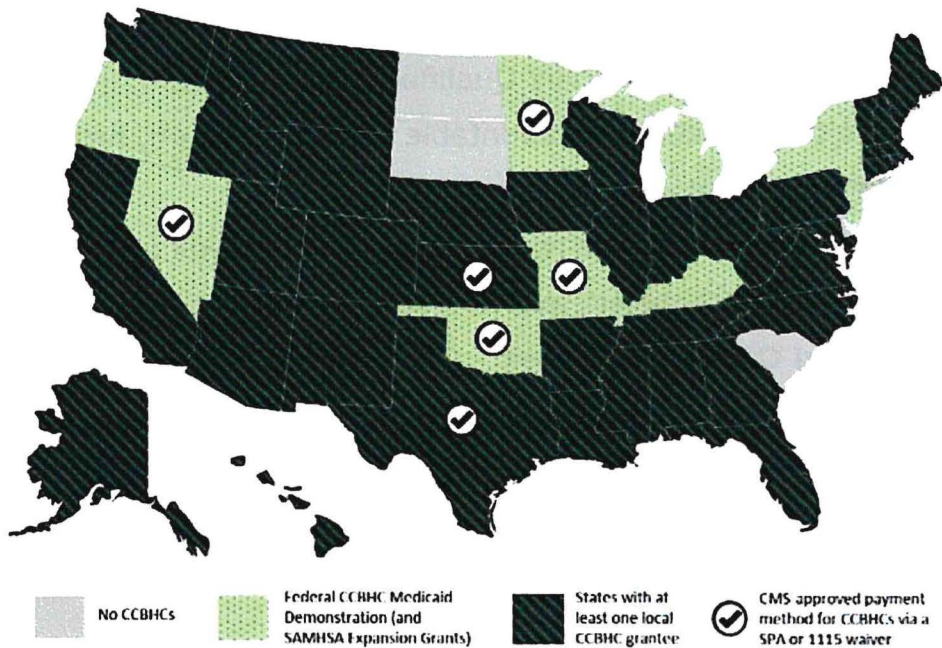
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For the past year the Department has been working to become CCBHC's by applying for the SAMHSA grants that support the planning, development, and implementation. We have not been awarded funding at this time. However, these grants would have provided \$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).

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

March 2023 | Legislative Session | SB 2128

Good afternoon Representative Weisz and Members of the Committee,

I am Heather Strandell, Senior Director of Clinic Operations at Altru Health System, and I am providing testimony in **SUPPORT** of SB 2128. I am here to share Altru's current challenges and future vision for mental health and chemical dependency services.

As a clinical leader, I have been working for Altru for 19 years and overseeing clinic operations for 3 years. In advance of sharing more about Altru and our vision, I want to briefly share my perspective as a clinical leader. The increase in mental health needs and the lack of resources to meet those needs is real. My colleagues and I are now caring for more patients with mental health needs than ever before. We are working right up to and beyond the scope of our care to fill the gap in care due to the increased need for, and the lack of services available. With this in mind, we at Altru are committed to working toward a solution.

Altru's Commitment to Mental Health Services

Altru Health System is the primary healthcare provider for northeast North Dakota. We work closely with the critical access hospitals in our service area to ensure care is provided as close to home as possible. Altru provides behavioral health services to our region, and we are committed to continuing to do so. With that, we acknowledge the urgent need for improved access to these services in our region, and throughout the state. We appreciate your focus on these efforts and your time today.

Barriers & Altru's Vision

Altru's vision for mental health services and chemical dependency treatment is to maintain our long-standing commitment of providing access to high-quality care, close to home. To fulfill that commitment, we must expand our capacity and change the way we care for our patients.

Unfortunately, patients aren't getting the timely care they need. Altru continues to see patients present to the ER with needs that meet the inpatient requirements. We continue to see patients on a weekly basis that get transferred to our medical floor due to alcohol or substance abuse (narcotics, illegal drugs, etc.) that utilize resources from these floors. There are patients under the age of 13 years old that require assistance that we don't currently have the ability to perform (child psychiatrist, programming, etc.).

As we look to the future, Altru aims to be a statewide leader in mental health and chemical dependency treatment.

In partnership with Grand Forks Public Health and collaborating agencies, we seek to explore opportunities to develop a CCBHC within our system to enhance the spectrum of behavioral health care in our community. We believe Altru is best suited to offer these types of services to our community.

The current state of behavioral health means that hospital emergency departments have a particular interest in getting the right service at the right time. EDs end up as a provider of last resort and the CCBHC framework allows hospitals to reduce hospitalizations through proactive care, crisis services and close follow up available - and required - by the CCBHC framework.

Additionally, hospital systems like Altru have more experiencing in scaling operations. We have depth across departments and the ability to align staffing quickly to meet demand. Our system can reach and refer a larger population through our team of healthcare providers.

The behavioral health crisis in North Dakota requires big solutions. Hospital systems have the skill and expertise to meet the needs of the broader community.

Ask

We appreciate your time today, and your continued support of mental health services in our state. Altru seeks to be a strong partner to the state in providing solutions to this growing problem. I'm requesting your support of SB 2128 to allow us to continue down this path of expanding access and enhancing care to patients.

Thank you for your time, we would be happy to take any questions you may have.



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www.grandforksgov.com/publichealth

Chairman Weisz and Members of the Committee,

I am Michael Dulitz, Opioid Response Coordinator at Grand Forks Public Health, and I am testifying in **SUPPORT** on SB 2128.


Senate Bill 2128, in its current form, represents a significant step forward in proposing complimentary ways to address our behavioral health services access and delivery challenges in North Dakota. Namely, it provides a private, non-profit entity support to develop a certified community behavioral health clinic (CCBHC) to complement existing services and scale to meet unmet needs of individuals with mild, moderate, and severe behavioral health illnesses.

The CCBHC model requires an organization to provide or contract for nine core behavioral health services, such as outpatient treatment, addiction treatment, veterans services, crisis services, and case management. These services must be provided in a timely basis and to everyone who presents, which comes with additional costs for the organization. The organizations are compensated in part for these services through an enhanced Medicaid reimbursement based on the costs of providing these services.

While Human Service Centers currently provide many of these services, the HSCs have been challenged in their ability to scale services to meet the growing needs of the community – which results in clients referred out to the private providers, with varying capacities and limited follow up. HSCs would continue to provide important service under this system, but this bill trials an alternative, private method in one region for addressing this growing gap instead of growing government.

With the proper policies in place, healthcare systems have opportunity and incentive to help meet these gaps. For instance, emergency departments serve as a treatment of last resort for many people with behavioral illness, and the challenges with outpatient behavioral health scheduling makes it difficult to reliably ensure follow up. A hospital affiliated crisis team would have additional resources available to ensure quick and appropriate follow up, reduce the amount of time an emergency department bed is tied up, and reduce acute behavioral health hospitalizations. In this example, the ability to integrate services leaves the possibility for better outcomes with more appropriate service utilization.

In closing, the CCBHC model represents a tremendous opportunity for the private sector to help improve gaps in behavioral healthcare in North Dakota. I have worked closely with Altru Health System to develop their interest in this model as a component of their overall strategy to improve behavioral health in the Grand Forks region. They are present with me today, and I look forward to their testimony further demonstrating their interest in innovation by bringing a CCBHC to Northeast North Dakota. With that, I would stand for any questions.




SB 2128

Chairman Weisz and members of the House Human Services Committee,

My name is Tim Mathern. I am here to introduce SB 2128 regarding community behavioral health centers. I am a senator from Fargo, have served on the interim committees regarding mental health and substance use services, and have been involved on a professional level in behavioral health services for 50 years.

In summary, the bill authorizes the use of \$1,000,000 for a planning process for the Department of Health and Human Services to work with other organizations to establish a Certified Community Behavioral Health Clinic that operates in the private sector. Though no location is required in the bill, thus far the community of Grand Forks has indicated an interest to proceed in this regard.



A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated clinic that provides a comprehensive range of mental health and substance use services. Innovative partnerships with law enforcement, schools, and hospitals to improve care, reduce recidivism and prevent hospital readmissions.

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 services in a way that people are not caught trying to piece together the behavioral health support they need across multiple providers. These Centers must provide care coordination to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

Currently, there are over 450 CCBHCs operating across the country in 47 states. Funding began in the Trump administration and continued in the Biden administration.

The NDDHHS and other organizations are here to tell you more.

Members of the committee; You know the needs, this is the model that we finally have before us to meet them. I ask for a Do Pass on SB2128

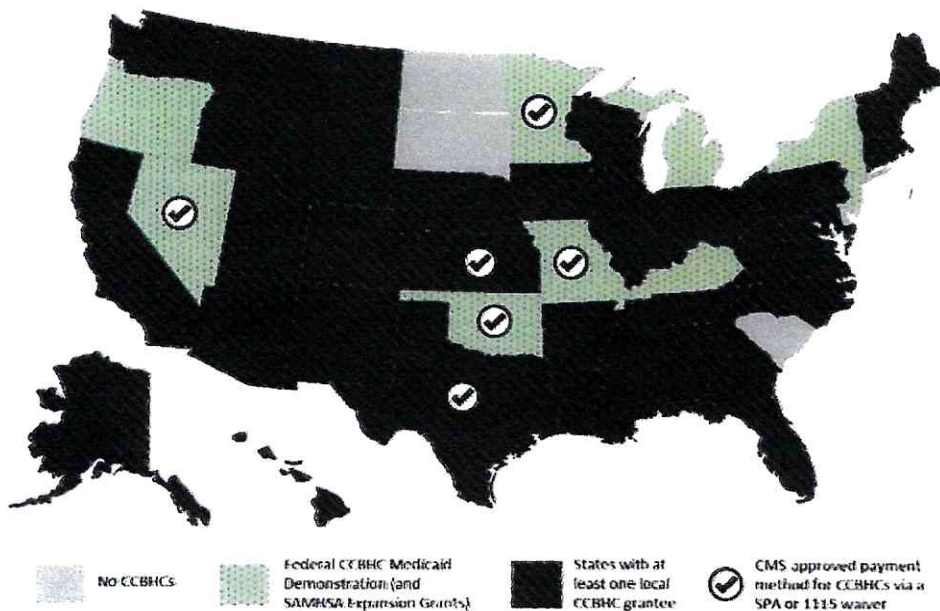


Thank you, Senator Tim Mathern

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SB 2128

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

Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.



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.

SB 2128 Testimony
House Human Services
Representative Weisz, Chairman
March 7, 2023

Chairman Weisz and Members of the Committee, I am Carlotta McCleary, the Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. I am also the Executive Director for Mental Health America of ND (MHAND) which is a consumer-run organization whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals. Today I am testifying as the Chairman of the Behavioral Health Planning Council (BHPC). Members of the BHPC are appointed by the Governor. BHPC's objective is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in North Dakota. The BHPC has a focus and vision on wellness and recovery that is consumer and family driven. Part of the BHPC's work has been to oversee the implementation of the Human Services Research Institute's (HSRI) report Implementation Plan. We work with HSRI and the North Dakota Department of Health and Human Services to provide advice on the implementation process.

The ND Behavioral Health Planning Council (BHPC) is testifying in support of SB 2128, which provides \$1 million of one-time funding for the Department of Health and Human Services to provide a planning grant to a private entity to become a Certified Community Behavioral Health Clinic (CCBHC). The Behavioral Health Planning Council urges the legislature to have CCBHCs in all eight regions of our state. Currently, North Dakota is

only one of three states (South Dakota and South Carolina) in the United States which do not have at least one CCBHC.

In North Dakota we have over 30,000 adults with Serious Mental Illness (SMI) and over 18,000 children with Serious Emotional Disturbance (SED). The federal Substance Abuse and Mental Health Services Administration has said that North Dakota is supposed to have a public and private mental health system that is capable of serving all 30,000 adults with SMI and all 18,000 children with SED. From July 2021 to June 2022, North Dakota Human Service Centers served 5,482 adults with SMI, while giving 935 adults with SMI with case management services. During that same timeframe, North Dakota served 1,101 children with SED and provided 135 children with case management services. We clearly have a long way to go to meet those requirements.

CCBHCs are required to serve anyone who requests care for behavioral health, regardless of their ability to pay, place of residence, or age-including developmentally appropriate care for children and youth. CCBHCs are required to provide crisis services 24 hours a day, 7 days a week. As such, facilities that are designed as CCBHCs must have adequate staffing, timely and meaningful access to services, care coordination, person-centered, family-centered, and recovery oriented care, meet 21 quality standards, and have consumer representation in governance and appropriate state accreditation. The CCBHCs are required to provide nine core services, either directly or through formal relationships with other providers, including: 1) crisis services, 2) treatment planning, 3) screening, assessment, diagnosis, and 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.

As you can see, CCBHCs provide a wide array of services to all North Dakotans with behavioral health needs and can serve the community all day, every day. North Dakota remains in a behavioral health systems crisis and CCBHCs, when established throughout the state of North Dakota, can do a great deal to dig us out of this crisis.

Thank you for your time. I would be happy to respond to any questions that you may have.

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