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

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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:

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

- 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
- 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 personcentered, 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
- Organizational Authority and Governance Consumer representation in governance, appropriate state accreditation

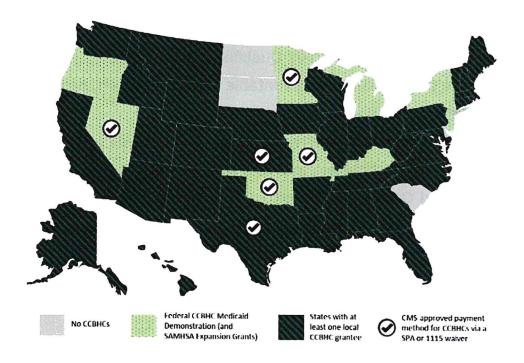
CCBHCs are required to provide **nine core services**, which they can provide directly or via formal relationships with Designated Collaborating Organizations (DCOs):

- 1. Crisis Services
- 2. Treatment Planning
- 3. Screening, Assessment, Diagnosis & Risk Assessment
- 4. Outpatient Mental Health & Substance Use Services
- 5. Targeted Case Management
- 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.