

**Statement by Mary-Catherine Bohan, MSW
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on

Investing in America's Health: Extending and Expanding Certified Community Behavioral Health Clinics

before

**Committee on Energy & Commerce,
Subcommittee on Health
U.S. House of Representatives
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Summary

In 2014, the bipartisan Excellence in Mental Health and Addiction Treatment Act began to address the desperate need for treatment for addictions and mental illnesses by establishing criteria for Certified Community Behavioral Health Clinics (CCBHCs), which provide a comprehensive range of addiction and mental health services to the communities they serve, especially vulnerable individuals. In return, CCBHCs receive a sustainable payment that is reflective of their actual cost of providing services.

Since 2017, clinics in eight states have been piloting this approach and are leading a bold shift to transform community services into a comprehensive and responsive array of clinics that provide accessible patient-centered care. CCBHCs have treated hundreds of thousands of individuals, increasing patient caseloads while decreasing patient wait times. They have hired new staff, started or expanded treatment and recovery programs. They have expanded access to medication-assisted treatment.

The Excellence in Mental Health and Addiction Treatment Act demonstration is set to expire in these eight states on June 30, 2019. The Excellence in Mental Health and Addiction Treatment Expansion Act (S. 824/ H.R. 1767) would extend the demonstration by affording the eight original states two more years and expanding the program to include the other 11 states that originally applied but were not selected for participation. The

National Council for Behavioral Health and Rutgers University Behavioral Health Care strongly support this legislation and urge the support of Congress to pass it into law.

Statement

Chairwoman Eshoo, Ranking Member Burgess, and Members of the Health Subcommittee, thank you for the opportunity to testify in support of the Excellence in Mental Health and Addiction Treatment Expansion Act and on behalf of Certified Community Behavioral Health Clinics. In 2014, Congress established criteria for Certified Community Behavioral Health Clinics (CCBHCs), which provide a comprehensive range of addiction and mental health services to the communities they serve, especially vulnerable individuals. In return, CCBHCs receive a bundled Medicaid payment rate that allows them to expand services to previously untreated populations. Since 2017, clinics in eight states (MN, MO, NJ, NV, NY, OK, OR, PA) have been piloting this approach and are leading a bold shift to transform community services into a comprehensive and responsive array of clinics that provide accessible patient-centered care. In the first year alone, CCBHCs served nearly 400,000 people with mental illnesses and addiction disorders with nearly 20 percent of those individuals having received care for the first time. However, with CCBHC demonstration funding set to expire on June 30, 2019, access to these lifesaving treatments — and the lessons learned for the nation at-large — could be lost without immediate Congressional action.

I appreciate the opportunity to speak for the 3,100 National Council for Behavioral Health member organizations that provide front-line addiction and mental health treatment across the country and for the more than 120 Certified Community Behavioral Health Clinics across the country. We deeply appreciate Congress's interest in extending CCBHCs and allowing the community-based providers who have made incredible strides the last two years the opportunity to continue expanding access to comprehensive addiction and mental health services.

About the National Council for Behavioral Health

The National Council for Behavioral Health is the unifying voice of America's health care organizations that deliver mental health and addictions treatment and services. Together with their 3,100 member organizations serving over 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery.

About Rutgers University Behavioral Health Care

I serve as Vice President of Outpatient Services for Rutgers University Behavioral Health Care. UBHC was established in 1972 and is one of the largest academic behavioral health care delivery systems in the nation, and is the largest provider of behavioral health services in the state of NJ. UBHC serves over 18,000 individuals per year and provides a comprehensive continuum of services including inpatient, outpatient, acute partial hospitalization, and community outreach, servicing children, adults, families and veterans.

LEGISLATION IS NEEDED TO EXTEND AND EXPAND THE CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC MEDICAID

DEMONSTRATION PROGRAM

The Problem

Throughout my career, I have been concerned with how siloed the behavioral health system is and with the circuitous routes one needs to take to get comprehensive care. It is incredibly difficult for individuals and families to navigate and they often have to navigate multiple systems in order to get their addiction, mental health and physical health care needs met. Recent data from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that only 43.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care. The remainder are served in homeless shelters, hospital emergency rooms and penal institutions, which serve as the largest

inpatient psychiatric facilities in the U.S. Only one in 10 Americans with an addiction disorder receives treatment in any given year.¹

Thirty five years ago, a client had to be psychiatrically stable in order to address their alcoholism or drug addiction and they had to be clean and sober for 6 months before a provider would even consider treating their mental health needs. And neither the mental health or addiction systems assessed individuals' physical health. We treated above the neck only. We have come so far in that we now treat these disorders concurrently. However, the behavioral health field has known for well over a decade that individuals with mental illness die 25 years sooner than the general public, but we struggled to adequately address their physical health concerns.

For Rutgers UBHC, CCBHCs have been the vehicle that has allowed us to finally move toward integration of services and provide holistic care to those we serve. CCBHCs are available to any individual in need of care, regardless of their ability to pay, including people with serious mental illness, opioid use disorders, serious emotional disturbance, long-term chronic addiction, substance use disorders (SUD) and complex health profiles. Quite simply, CCBHCs are a better way of providing care.

The History

The Excellence in Mental Health and Addiction Treatment Act demonstration established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). As a CCBHC, Rutgers UBHC is designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, UBHC receives an enhanced Medicaid reimbursement rate based on our anticipated costs of expanding services to meet the needs of these complex populations we serve in New Jersey.

¹ Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017, September). Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health. NSDUH Data Review. Retrieved from <https://www.samhsa.gov/data/>

The service selection is deliberate, expanding the range of care available. Rutgers UBHC provides a comprehensive collection 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.

The required service line for CCBHCs includes but is not limited to the following:

- **24/7/365 crisis services** including a 24-hour psychiatric care facility 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. UBHC is proud to offer our clients same day/next day access for services.
- **Tailored care for active duty military and veterans** to ensure they receive the unique health support essential to their treatment.
- **Expanded care coordination** with 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.

Positive Impact of CCBHC on Workforce, Client Access

At Rutgers UBHC, outpatient services before CCBHC provided traditional services, including individual counseling, group therapy and medication management. Substance use disorder treatment was limited to three small, state funded grants. Rutgers UBHC transitioned three clinics in Middlesex County, NJ into CCBHC

programs on July 1, 2017. These clinics collectively served 3,300 unique individuals in the year prior to CCBHC implementation. Of this number, 100 individuals with substance use disorder were treated and only 30 individuals received medication-assisted treatment (MAT). In the first year of CCBHC, UBHC increased the number of people served by 65 percent to over 5,000 individuals and tripled the number of persons served with Substance Use Disorder and those treated with MAT. Across the nation, CCBHCs cared for nearly 400,000 people with mental illnesses and addiction disorders in the program's first year alone. Patient caseloads have increased by nearly 25 percent based on expanded staff capabilities and new programs, with most of the increase from individuals seeking services for the first time.

Access to care used to be limited primarily to referrals from within the UBHC system. The average wait time for first appointment was 21 days and half of these individuals would not show up. But now, we proudly offer same day/next day access for our clients. Our no-show rate is down to 24 percent, and continues to improve. Across forty-seven CCBHCs surveyed by the National Council for Behavioral Health in 2018, 78 percent of CCBHCs can offer an appointment within a week after an initial call or referral compared to the national average of up to 48 days.

Where before, clinicians and physicians reported that up to fully half of their time with individuals was spent dealing with social determinants of health like housing, food insecurity, and insurance benefits, UBHC now employs 15 case managers and 3 peer support specialists who have freed practitioners up to practice at the top of their licensure. Nationwide, over 2,100 new staff were hired including psychiatrists specializing in addiction, and children and adolescents.

When individuals become disengaged in treatment, outreach was limited to phone calls or letters. Because of the CCBHC demonstration, Rutgers UBHC is able to offer staff who work in the community and to check on and connect with clients face-to-face and person-to-person. In one instance, a clinician was concerned about an

adolescent who had missed an appointment and could not be reached by phone. The case manager did a wellness check at her home and intervened with the client who was in the middle of a self-harm episode. The case manager contacted EMS, the family, and facilitated getting this client to the appropriate level of care. This type of intervention would not have been available to us in this way prior to CCBHC.

Outlook for Rutgers UBHC if CCBHC Demonstration Expires

As we get near our second full year in this new model, Rutgers UBHC is just now hitting its stride. We are poised to go further and do more for our community, but with the continued funding at risk, we have been unwilling to hire additional staff or pursue business agreements with other entities.

If the CCBHC Medicaid demonstration is not extended, the impact on Rutgers UBHC will be enormous. Case management and peer support services will have to be discontinued. Access to interventions targeted to address the Opioid Epidemic in our community, such as MAT and Ambulatory Withdrawal Management (AWM,) is at risk of being restricted or eliminated. Physical health screens and subsequent linkage to primary care will be greatly reduced. Our same day/next day access model, which relies heavily on a team approach to function, will return to the traditional model without case management and peer support. Wait times for appointments will again grow to be weeks long.

Should this program expire, all of the success shared with the Committee today is at risk. We cannot go back to business as usual. Not Rutgers, not the other CCBHCs and most importantly, not our clients. They are the ones that will lose out the most if the CCBHC program ends.

National Support for the Continuation of CCBHCs

The National Council appreciates the efforts this Committee, including Representatives Matsui and Mullin, for introducing legislation to extend and expand Certified Community Behavioral Health Clinics. The Excellence in

Mental Health and Addiction Treatment Expansion Act (S. 824/ H.R. 1767) would afford the current eight-states participating in the Medicaid demonstration an additional two years, while expanding the program to include the other 11 states that initially applied but were not chosen for participation in the demonstration.

The National Council is proud to support this legislation in concert with over 50 national advocacy organizations representing providers, consumers, family members, law enforcement officers, first responders and other interested stakeholders.

Conclusion

Thank you again for considering my testimony in support of the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 824/ H.R. 1767) that would extend the current eight demonstration states while expanding the program to include the other 11 states ready to transform their behavioral health service model.