

Senator Jim Abeler, Chair
Senate Human Services Reform Finance & Policy Committee
Minnesota Senate
March 29, 2022

Chair Abeler and Members of the Senate Human Services Reform Finance and Policy Committee,

On behalf of Sanford Health, thank you for hearing SF 4151, which will make key policy changes to the Certified Community Behavioral Health Clinics (CCBHC).

Sanford Health established their CCBHC after receiving a Substance Abuse and Mental Health Services Administration (SAMHSA) grant last year. Our primary goal is to improve care coordination, decrease the number of inpatient placements outside of our region, and fully integrate behavioral health into our health system. We expect to reach 4,800 individuals throughout our two-year grant period. Our CCBHC is located in Beltrami County, which includes three Ojibwe reservations, and has disproportionately high Native American representation in our jail population and youth out of home placement rate. Through fully integrating behavioral health into our larger health system, using the CCBHC model, we will allow for the seamless provision of healthcare and serve the whole person. Integrating service programs and quality care coordination as well as improving access to all CCBHC required services will allow improved ability to provide local service support and family support and to help patients move to each level of care with the support they need.

Minnesota's CCBHCs started as a new model of delivering integrated behavioral health care to Minnesotans. Originally a federal demonstration, Sanford Health is thrilled CCBHC is now a Medical Assistance (MA) benefit in Minnesota. We are a SAMHSA grantee and hope to be certified by DHS soon.

Sanford Health decided to pursue a CCBHC model because it will allow for us to provide seamless, whole person care. Services that we are providing through our grant includes:

- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization;
- Screening, assessment, and diagnosis, including risk assessment;
- Patient-centered treatment planning;
- Comprehensive outpatient mental health and substance use services; and
- Case management, psychiatric rehabilitation services, social support opportunities, and clinical monitoring.

CCBHC as a model was designed with the vision to be a one-stop shop for all eligible client to receive integrated community mental and chemical health services, with care coordination and streamlined supports from our mental health system, as opposed to experiencing fragmented systems for care. Currently, there is no single statutory or regulatory authority today that recognizes all the CCBHC services and requirements under one integrated clinic entity. These current standards have conflicting requirements. This means increased costs and time for providers that are already strapped under the pandemic and workforce crisis. These conflicting requirements can make it confusing and less attractive for more providers to join the CCBHC program.

SF 4151 seeks to take steps in streamlining the CCBHC's requirements as it grows and evolves in Minnesota. Please support the passage of SF 4151 and help us continue to increase access and sustain mental health care in Minnesota.

Sincerely,

Molly M. Carmody, JD
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