

# Human Services Committee JOINT FAVORABLE REPORT

**Bill No.:** SB-315

AN ACT IMPLEMENTING THE CERTIFIED COMMUNITY BEHAVIORAL

**Title:** HEALTH MODEL IN THE MEDICAID PROGRAM.

**Vote Date:** 3/19/2024

**Vote Action:** Joint Favorable

**PH Date:** 3/5/2024

**File No.:**

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

## **SPONSORS OF BILL:**

Human Services Committee

## **REASONS FOR BILL:**

Connecticut is experiencing a mental health and substance abuse crisis but lacks funding for the needed staff and services leaving many without access to the care they need, underscored by the recent Medicaid rate study. Undertreated mental health or substance abuse issues are more likely to result in use of emergency services or other intensive services and are more likely to be incarcerated, experience homelessness, or perhaps even die prematurely. Comprehensive services are needed to address these issues and CT is being given the opportunity to opt into the Certified Community Behavioral Health Care (CCBHC) model based on prospective Medicaid payment, first authorized in 2016. In each of the eight original CCBHC demonstration states, there was improved access to care, expansion in the state's capacity to address the overdose crisis, reduced mental health-related hospitalizations, help to address the workforce shortage, and innovative partnerships with law enforcement, schools, and hospitals to improve care. Accepting this model could be the first step to a transformative opportunity for access to behavioral healthcare in CT.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

None expressed.

## **NATURE AND SOURCES OF SUPPORT:**

**Bridges Healthcare Inc, CEO, Jennifer Fiorillo, and CCBHC Project Director, Debra Daly Gannon;** support this bill stating that other states that have implemented the CCBHC model have seen dramatic increases in access to services for people working through mental health and addiction problems. It is stated that the funding mechanism for CCBHCs incentivizes

providers to serve the people most in need, help with budgeting, and increase access to care, making the whole system more effective and more efficient.

**Catholic Charities, Senior Director of Behavioral Health, Andrea Swenson;** supports this bill stating that the Hartford Clinic for Catholic Charities was able to become a CCBHC, which allowed them to transform their behavioral health and substance use services for both children and adults. It is stated that they were able to bring in primary care providers, targeted case managers, peer recovery specialists, and community health workers all without having to worry about how people are going to pay. It is also stated they have formed new partnerships with other agencies, including the Veterans Administration which now serves veterans in their clinic. Lastly, it is stated that with CCBHC policies in place, the total number of people receiving care has increased by 10%.

**Community Health Resources, President & CEO, Heather Gates;** supports this bill stating CCBHCs allow for a collaborative care model that utilizes team-based care, uses evidence-based treatment, creates a population health/client registry, and provides accountability to clients. It is stated that because the CCBHC model allows flexible appointments, and walk-ins are encouraged they have seen an increase in mental health patients. It is shared that they have also been able to train their staff to meet these needs and they're able to recruit more people for these jobs as they can better plan our budget.

**Community Health Resources, Senior Program Director, Courtney Sheehan;** supports this bill stating that CCBHC resources currently support several crucial services such as 24/7 crisis services to community outreach efforts after an emergency room visit. It is stated that effective behavioral health services are an essential component of a complete healthcare system.

**CT Community Nonprofit Alliance, Director of Government Relations, Ben Shaiken;** supports this bill stating that CCBHCs in the Medicaid demonstration saw a 305 increase in clients and hired an average of 44 new staff per clinic. It is stated that CCBHCs save states money, as New York saw a 27% decrease in monthly costs associated with mental health clients, while also reporting a 46% decrease in clients using the emergency department, which led to a further 26% reduction in monthly costs. It is stated the current Medicaid rate study shows how severely Connecticut has been underfunding its behavioral health system for many years.

**LifeBridge Community Services, President & CEO, Edith Boyle;** supports this bill stating that Bridgeport has been federally designated a Mental Health Professional Shortage Area. It is stated that Bridgeport suffers from historical trauma, poverty, the prevalence of violence, and educational and economic inequality, all of which are factors of mental health risk. It is stated that by using the CCBHC model, LifeBridge would be able to prioritize helping these people without regard to their ability to pay.

**National Council, Senior Advisor, Rebecca David;** supports this bill stating that the CCBHC model is based on best practices in mental health and substance use care. It is stated that clinics can offer quick access to services, and life-long care, making it possible to meet clients where they are, when they need care. It is stated with CCBHC models, 87% of CCBHCs offer access to routine care within 10 days or less, with a third providing same-day access. It is expressed that this is possible due to a corresponding workforce expansion,

hiring an average of 44 new staff per clinic. It is stated that participating states have reported substantial reductions in hospitalizations and emergency department visits.

**United Services, President & CEO, Diane Manning;** supports this bill stating that with a CCBHC certification, they could see everyone who needs their services, regardless of their ability to pay or their demographic. It is stated that Missouri reported a 24% increase in access to client care and that in New York, all 13 CCBHCs have no waiting lists and report a 24% increase in providing child and adolescent services.

**United Services, Director of Development & Prevention Services Division Director, Emily Morrison;** supports this bill stating United Services is servicing 21 towns in northeastern Connecticut and becoming a CCBHC has allowed them to "catch" people who were previously falling through the cracks of mental health care. It is stated that care coordination has been the biggest benefit, with some of their biggest success stories around people with complex medical issues who hadn't been able to navigate the health system on their own. It is also stated that these individuals would previously turn to emergency care, but with this care coordination in place, they were instead able to obtain appointments with specialists with their staff there to advocate for them and help them better understand their care.

**The following individuals have submitted written testimony in support of the bill.** It is stated that CCBHCs would be able to treat patients regardless of the individual's ability to pay and the proposed funding structure incentivizes treating those with the most significant needs. It is stated that Medicaid would be able to cover the costs of care, allow for the hiring of more staff, cut down on waiting lists, and address the mental health and addiction crisis needs of Connecticut. It is stated that the legislation would improve financial planning, and provide increased care to individuals, which realizes long-term savings for the state. It is also expressed that this would improve outcomes for children, adults, and families.

**BHcare, President & CEO, Roberta Cook**  
**BHcare, Compliance Analyst, Karen Seliga**  
**BHcare Safety Specialist, Amanda Sellers**

#### **NATURE AND SOURCES OF OPPOSITION:**

None expressed.

**Reported by: Danielle Landes**

**Date: April 1, 2024**