

Health Policy Subcommittee on Behavioral Health

Every Michigander Deserves Access to Quality Behavioral Health Care, When & Where They Need It.

Testimony, June 13, 2024

Good morning, Chair Brabec and members of the Behavioral Health Subcommittee. Thank you for this opportunity to speak in support of House Bills 5371 and 5372.

I am Daniel Cherrin, a resident of Huntington Woods, and I represent behavioral health providers across all 83 counties through the MI Behavioral Health & Wellness Collaborative, the MI Care Council, and the Michigan Association of Substance Addiction Providers. Our group includes CCBHCs, those seeking to become Certified Community Behavioral Health Clinics (CCBHCs), and others who will not qualify under current criteria.

The Urgent Need for Comprehensive Behavioral Health Care

In Michigan, the demand for behavioral health services is growing rapidly amid a workforce shortage and other systemic barriers. Data from [Altarum](#) (2019) highlights this crisis, showing that while 1.76 million Michiganders experience mental illness, only 62% receive treatment. This underscores the critical need for expanding community-based care, which not only moves the locus of care from institutions back to communities but also ensures that effective, interconnected services are accessible to all Michiganders.

The Role and Impact of CCBHCs

CCBHCs are designed to provide comprehensive, high-quality services to everyone, irrespective of their ability to pay or where they live. In Michigan, there is tangible evidence of their impact—reducing hospitalizations for mental health issues and enhancing overall access to care. The recent [National Council for Mental Wellbeing's 2024 CCBHC Impact Report](#) illustrates the positive outcomes of CCBHCs, including reduced hospitalizations and expanded access to treatments like medication-assisted treatment (MAT) for opioid use disorder. Expanding the scope of CCBHCs will allow community-based providers to serve more people, hire more professionals, and enhance support for children and families, significantly improving the state's behavioral health landscape, in both rural and urban communities.

Addressing Conflicts of Interest and Ensuring Fairness

However, we face challenges, particularly concerning potential conflicts of interest with PIHPs and CMHSPs becoming CCBHCs. To preserve the integrity of CCBHCs, it is crucial to implement conflict of interest safeguards, maintain a clear separation of roles, and ensure that all entities, including PIHPs and CMHSPs, adhere to the same rigorous standards for certification and funding. This will promote fairness and consistency across all certified entities, ensuring they can serve their communities effectively.

Governance, Accountability, and Equity in Funding

To support the expansion and sustainability of CCBHCs, we must establish a certification and funding mechanism that holds all entities to the same high standards. This includes independent oversight, stringent reporting requirements, and standardized fair rates, especially ensuring that PIHP-operated CCBHCs adhere to fair Prospective Payment System (PPS) rates. Additionally, all designated CCBHCs must have equal operational rights, including access to statewide data

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systems, the authority to self-authorize services, eligibility to act as a pass-through for funding, and direct payment mechanisms from the state. We are also advocating for the use of readiness assessments to prepare providers for CCBHC designation, leveraging tools developed by MDHHS that many are eager to utilize. These measures are essential for maintaining fairness and consistency across all certified entities and ensuring that CCBHCs can effectively serve their communities on a level playing field.

In addition, there are some providers who won't qualify as a CCBHC or do not want to become one. It is essential to protect specialty services, like those SUD providers, skills support or children's specific providers and ensure they won't be treated differently or given reduced rates if they are not a CCBHC or a Designated Collaborating Organization (DCO).

Furthermore, we need clear standards should be created around Designated Collaborating Organization (DCO) arrangements to ensure client choice and fairness in providing services. This includes guaranteeing that CCBHCs serving as DCOs receive equitable Prospective Payment System (PPS) rates, allowing CCBHCs to negotiate terms of DCO agreements, and ensuring that PIHPs designated as CCBHCs offer fair PPS rates. This framework will prevent any organization's DCO status from hindering its potential to become a CCBHC, thus promoting a more inclusive and equitable mental health care system.

Every provider that meets the requirements to become a CCBHC should become a CCBHC. But some won't qualify. By implementing alternative methods to prepare providers for CCBHC certification without relying on SAMHSA funding, we can protect specialty services like substance addiction providers or support services and ensure fair reimbursement rates.

Call to Action

Expanding CCBHCs, including non-profit organizations, and addressing these issues is a crucial step toward resolving Michigan's mental health crisis. This transformation will ensure every Michigander has access to the care they need, exactly where they need it, creating a legacy of health, hope, and resilience.

Today, with HB 5371 and HB 5372, you have the power to transform Michigan's behavioral health system into a more equitable, accessible, and effective framework. Your support will catalyze a statewide change, breaking the cycle of unmet needs and transitioning our system from crisis to routine care.

Thank you for your leadership in making Michigan a national model in behavioral health care. I urge your support for House Bills 5371 and 5372 and am ready to answer any questions you may have.

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