



**Testimony submitted to the  
Senate Health Committee  
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Good afternoon, Chair Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee. My name is Don Schiffbauer and I am the Chief Executive Officer of The Nord Center in Lorain County. With me today is Eric Morse, President, and CEO of The Centers in Cuyahoga County.

Our organizations share common missions as long-standing community behavioral health centers that provide integrated mental health and addiction treatment services to people of all ages, no matter their background or circumstances. Together, we rise in support of Governor DeWine's budget request, particularly his proposals for the Departments of Medicaid and Mental Health and Addiction Services. The proposed budget includes funding for Medicaid rate increases that will help community behavioral health agencies like ours keep pace with the rising costs of providing healthcare, as well as offer competitive wages as we combat a historic workforce shortage. We also applaud OhioMHAS' proposed investments toward strengthening the behavioral health workforce, crisis services infrastructure, early childhood mental health, multi-system adult programs, and recovery housing. This budget is a positive step toward a future where all Ohioans have access to mental health and addiction treatment and supports.

At our organizations, we are often reminded of the disparity between physical health services and mental health services. In an effort to resolve that disparity, our agencies have opened some of the state's first behavioral health urgent care clinics. The behavioral health urgent care model capitalizes on the need, and at times the courage, of our community to seek services when they need them. These urgent care centers offer an alternative to traditional client throughput of the emergency room or outpatient therapy setting. Behavioral health urgent care, like our counterparts in physical medicine urgent care, provides an alternative that is on-demand, high quality and more cost-effective than an emergency room visit.

While this care delivery model is innovative, high quality and high value, it is still subject to the same billing codes that agencies would submit if they were performing traditional outpatient services. Unlike outpatient services, where staffing is designed to meet the demands of the community, behavioral health urgent care requires a static amount of staffing in order to effectively manage the ebbs and flows of volume throughout the day.

Providing an enhanced reimbursement structure for behavioral health urgent care services would allow behavioral health urgent care operations to utilize a staffing model that delivers comprehensive care during all hours of operation. Providing behavioral health urgent care "upstream" —that is when the lowest level of care is still possible—will lead to lower costs as a

result of diverting client or patients from emergency rooms or allowing their health problems to go untreated and become more severe. While we know there is work being done at the state level to enhance Medicaid reimbursement for services across the healthcare continuum, we also know that that will take time to implement. This is why we are requesting one-time funding to support our services.

We appreciate the efforts from the federal government, specifically the Substance Abuse and Mental Health Services Administration (SAMHSA), for finding value in this care delivery model, and supporting the initial launch of these urgent care centers. Behavioral health urgent care is a proven effective resource for delivering high quality, just-in-time behavioral health services.

I'd like to share with you the story of a 19-year-old young woman that came to our behavioral health urgent care accompanied by her mom. The client admitted to increased symptoms of depression as well as sleeping a lot more and losing her appetite. While conducting the initial assessment, the counselor learned that the client was also hearing voices and had some suicidal ideation, but no plan or intent to act on these thoughts. The client met with a nurse practitioner, another important member of our multidisciplinary team, who in turn prescribed medication. Both the counselor and nurse practitioner worked with the client and her family to develop a safety plan. That plan also included connecting her with ongoing services. Approximately one month later, the client came back to the behavioral health urgent care due to an increase in symptoms, and now she was hearing voices that were commanding her to harm herself. She came back to behavior health urgent care because she was too afraid to go to the emergency room and equally afraid of the voices that she was hearing. Her mother was able to get her back to our facility, in part due to the relationship and experience that she had on her first visit. The counselor and nurse practitioner realized that she needed a higher level of care at this point. As a result, they were able, voluntarily, to get the person to go to the emergency room, where she was subsequently admitted to inpatient treatment for her illness. A week later, the mother of the client called and shared with the behavioral health urgent care team that as a result of her seeking services at the urgent care and getting the recommendation to go to the ER, that her daughter was in a in a "good place and was starting to look like herself again."

I share the story for the simple fact that not only can the behavior health urgent care be an alternative to emergency departments or help to mitigate wait times related to seeing a therapist or psychiatrist, but also, it can be a place for people to go, develop a trust with their treatment team and get connected with the right level of care.

This is just one story. Within the first two and a half months after opening, our startup behavioral health urgent care had a total of 189 encounters, providing care to almost 150 unique clients. When they visit, they are connected with a provider on average within 20 minutes. Their entire length of stay on average is about 45 minutes. Age demographics show almost a 50% age 20 through 40, followed by 40 to 50. The majority of clients seeking care are employed full-time. 60% are female. Our data also shows access to clients in the military. The top three diagnosis

within our behavioral health urgent care are: major depressive disorder, bipolar disorder, and schizoaffective disorder.

At The Centers in Cleveland, more than 1,600 behavioral health urgent care visitors have been served since opening our doors at two locations in February of last year, with a total of approximately 3,800 encounters. More than 70% of clients are diagnosed with a depressive or anxiety disorder, 19% with schizophrenia spectrum disorder, and 15% with bipolar disorder. More than 99% of clients surveyed reported that our care team was accessible, met their needs, and their experience was positive. Perhaps most importantly, one third of clients said they would have gone to the emergency room if behavioral health urgent care was not an option. Another 43% said they were unsure if they would have gone to the ED.

The bottom line is that behavioral health urgent care centers provide high-quality and high value care when clients and their families need it. We are grateful to our state legislators who have been supportive of our agencies over the years and who have taken the time in recent weeks to learn about our behavioral health urgent care clinics. We also thank Governor Mike DeWine and OMHAS Director Lori Criss for their commitment to ensuring that people suffering from a behavioral health illness or substance use disorder have access to care and services within their respective communities. Thank you for the opportunity to testify; we would be happy to take any questions.

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