



**Testimony submitted to the  
House Finance Subcommittee on Health and Human Services  
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**Kate St. James, President & CEO of Behavioral Healthcare Partners of Central Ohio  
(Licking & Knox Counties)**

Good afternoon, Chair Carruthers, Ranking Member Liston, and members of House Finance Subcommittee on Health and Human Services. My name is Don Schiffbauer and I am the Chief Executive Officer of The Nord Center in Lorain County. With me today are Eric Morse, President and CEO of The Centers in Cuyahoga County; and Courtney Burrow, Clinical Director at Zepf Center in Lucas County. Kate St. James, President & CEO of Behavioral Healthcare Partners of Central Ohio, was unable to attend today but sends her support for our testimony.

Our four 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, each of our agencies, along with several others across the state, 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 want them. It offers 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 a one-time appropriation of \$7 million over the biennium to support our services across seven urgent care locations as we work with OMHAS and Ohio Medicaid to achieve sustainability.

As with any prudent agency, our care delivery model has an associated business plan that ultimately leads to sustainability of the service. That sustainability will take time, but it will be achieved; hence this request for one time funding. 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 its initial launch. 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 was 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. In a little over two months our start up behavioral health urgent care has 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 1,500 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 3,500 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, 36% of clients said they would have gone to the emergency room if behavioral health urgent care was not an option. Another 42% said they were unsure if they would have gone to the ED.

At the Zepf Center in Toledo, approximately 300 clients have been seen at our adult psychiatric urgent care since it opened last August, and more than 50 children have been served at our youth location since it opened just last month. Reasons people come to our urgent care include: dealing with ongoing depression and anxiety and growing tired of being on waiting lists; having recently moved to the area and being unable to find a provider before their meds run out; experiencing recent changes, loss, trauma, or behavior disruptions at school; and many others. We have been successful in timely follow-up of urgent care appointments with internal referrals, avoiding unnecessary hospitalizations, and assisting families with linkage to community resources. Additionally, we assist people who are leaving rehab or incarceration to meet their needs immediately upon release and avoid crisis situations. All of our clients have left feeling safe, not needing hospitalization, and agreeable to their treatment plan.

The bottom line is that behavioral health urgent care provides 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 and consider our request for state funding. 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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