



W A L L O W A V A L L E Y  
CENTER *for* WELLNESS

Hearing on “Mental Health Care in America: Addressing Root Causes and Identifying Policy Solutions”

Written testimony, as prepared, to:  
The Senate Finance Committee  
Subcommittee on Health

The Honorable Ron Wyden, Chair  
The Honorable Mike Crapo, Ranking Member

June 15, 2021

As submitted by:

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### **Introduction/Background**

Good morning, Chairman Wyden, Ranking Member Crapo and members of the Senate Finance Committee. Thank for you for the opportunity to appear before the Committee to discuss policy solutions to address both the mental health and substance use crises impacting the United States and in particular the rural and frontier areas of our nation. My name is Chantay Jett, and I am Executive Director of Wallowa Valley Center for Wellness (WVCW), which provides community-based mental health and substance use treatment services in the most remote region of the great state of Oregon.

We represent a truly frontier area of our nation where the cows outnumber the people and our closest major airport is in Boise, Idaho – nearly four hours away. We are literally at the end of the road where everybody knows everybody which unfortunately contributes to both stigma and lack of access for people seeking treatment services. I am here to tell you that the Certified Community Behavioral Health Clinic (or CCBHC) model has truly made a difference in our frontier community. I hope every state in the near future has the opportunity to use the resources this model has made available to us to meet the specific needs of our wonderful community.

The State of Oregon participates in a ten-state demonstration of Excellence in Mental Health and Addiction Treatment Act that this committee helped to establish in 2014 through the bipartisan leadership of Senators Stabenow and Blunt. The Center for Wellness is one of twelve CCBHCs that operate in our state. We provide high-quality, integrated, community-based mental health and substance use services to individuals, while also screening for possible co-morbid conditions like heart disease, diabetes, and HIV/AIDS. Among the most important services that CCBHCs provide – both in Oregon and nationwide – are immediate access to Medication Assisted Treatment (MAT) for substance use and 24-hour emergency psychiatric care.

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### **Prevalence of Behavioral Health Conditions in Oregon/MH Professional Shortages**

Please permit me to provide some very brief context of CCBHC's within rural and frontier counties in the state of Oregon. According to the Oregon Health Authority (OHA), our state reports higher rates of mental health conditions, including severe and persistent mental illness and suicidal ideation. The COVID-19 pandemic has only exacerbated an ongoing mental health and substance use crisis in rural Oregon.

OHA also details a lack of access to mental health and substance use care, especially in frontier communities which face greater distances for referral to outpatient and inpatient services. To give you a sense, there is no stoplight within a 76-mile radius of Wallowa County. The OHA reports average wait times of as much as six months statewide due to a lack of providers. However, we are the lucky ones because the CCBHC model helped create an internal reorganization of service delivery which resulted in same day access to care.

### **Wallowa Valley Center for Wellness: The CCBHC Experience**

Prior to becoming a CCBHC, The Center for Wellness was heavily reliant upon grants. Grant funding is crucially important, but it carries limitations. Grants typically end every two to three years; they all have different reporting requirements and different program specifications, which unfortunately results in more time spent filling out paperwork, rather than treating our patients.

By contrast, the CCBHC prospective payment system permits us to do three big things. First, The Center for Wellness is able to contract with more skilled clinicians – including psychiatrists and medical professionals to prescribe Medication Assisted Treatment for patients with opioid use disorder. This directly results in decreased wait times and reduced emergency department utilization.

Secondly, the CCBHC program is designed to expand access to underserved populations. In our case, becoming a CCBHC really opened the door for mental health care to veterans as it requires the staffing of

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services specifically for veterans. According to the Veterans Service Organizations (VSO) in our county, there are at least 1,000 community members who have donned the uniform out of 7,000 residents. One of our CCBHC funded clinicians has been invited to the weekly PTSD groups at the Veterans of Foreign Wars (VFW) for veterans and their families. Becoming a CCBHC has allowed us to increase our services to 23 veterans in our community, this may not seem significant to you, but it's an increase of 300% a big deal for us here in rural Oregon.

Thirdly, consistent CCBHC resources are a fundamental driver of integrated care. In Oregon, the CCBHC demonstration financing has made it possible to integrate with a local Federally Qualified Health Center (FQHC) allowing primary care, specialty medical services, and behavioral health services to be accessible under the same roof. We also share a single Electronic Health Record with our partner FQHC and local critical access hospital to permit immediate care coordination. Patients tell me that it is such a relief to not have to retell their story with every multidisciplinary provider they see. I will add that if there is no open acute psychiatric bed in our hospital or an acute bed is too distant in time traveled, we are lucky to have a great neighbor and partner across the state line in Idaho to access acute care psychiatric hospitalization. This component of care coordination and partnership with primary care and hospitals even across state lines is imperative because patients with severe mental illness and substance use challenges have shockingly high rates of chronic conditions, encompassing everything from cirrhosis to emphysema to heart disease. The CCBHC model allows us to have these partnerships and get patients the services they deserve in a timely manner.

In closing, I strongly believe that this model represents the future of community-based mental health care and substance use treatment in the United States. This is why I am asking you to make this model available to every state nationwide. As a nation, we can do better than first treating mental health and substance use in hospital emergency departments, homeless shelters, and the county jails. Investing in CCBHC's is

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streamlining services in efficient ways that drive costs down over the entire continuum of care. Despite being from a tiny frontier community at the end of the road in northeastern Oregon, I hope you see that CCBHC's make an enormous impact.

Again, thank you for the opportunity to testify, I am happy to answer any questions you may have.