

Senator Stabenow, Senator Daines and Members of the Committee, thank you for inviting me to talk about one of the most complex and far-reaching issues facing Montana and our Nation. My name is Lenette Kosovich, I'm the CEO of Rimrock Foundation, the largest Behavior Healthcare facility in Montana. We provide a full continuum of services, including peer support, medical detoxification, inpatient, residential, and outpatient treatment. We have extended treatment - 12 months or longer, for mothers with their children, and those recently released from incarceration. We serve 7 treatment courts, including Family Drug Court, Veteran Court, and Indian Child Welfare Act Family Recovery Court. All in all, we see nearly 2000 clients a year.

There is no doubt that COVID has exacerbated an already complex problem.
Before COVID:

- Substance use disorders and mental illness were *already* the top HEALTH needs in our county.
- We had a methamphetamine-fueled increase in violent crime, and a burgeoning child welfare system where four out of every five cases involved drugs or alcohol.
- Over the last 5 or 6 years our clients are considerably more compromised than a decade ago. Along with serious illicit substance use disorders, patients most likely have mental health issues accompanied by 1 or 2 co-morbidities, like hypertension or diabetes.
 - It has become the norm to have 25 year old patients in our care who have already received a heart valve replacement due to endocarditis resulting from IV drug use.

Enter COVID.

- 1) Alcohol consumption, drug use, and mental illness are UP.
 - Our referrals are up **FORTY PERCENT**.
 - Calls to our state suicide hotline have doubled.
 - Violent crime in our county has increased nearly **70%** in the past twelve months. One thing is certain, drugs played a role.
- 2) While increasing the need, COVID *complicated* and *delayed* service delivery.

- Quarantine and social distance needs reduced the space we have to provide treatment *by about one third*. Many of our industry partners suspended services, so waitlists increased.
- With physical space at a premium, COVID accelerated adoption of telehealth ten-fold. With that acceleration came incredible pressure. iPad needed for all – except you couldn't get iPad. Group therapy via telehealth, except Johnny's internet doesn't work. Family week via Zoom – great. Except Suzy's mom doesn't have a computer. Training, new admit policies, new safety protocols.... **Every** part of our industry was stretched to the max.
- But the worst challenge of COVID for me, was workforce. Before COVID, the workforce shortage was severe. Wait times for COVID results and positives made the problem *much* worse. When I don't sleep at night, it is often because I am worried about the number of my employees pulling double shifts, on the brink of mental break down themselves.

History teaches us that the mental health impact of a catastrophic event such as the pandemic, will far out last the physical impact. So I am buckled in for a bumpy road.

Fortunately there is hope on the horizon with the expansion of the Certified Community Behavioral Health Clinic model or CCBHCs. Rimrock in Billings, and 2 other organizations in Montana were recently granted a CCBHC expansion pilot.

In active CCBHC sites, this innovative model of care has dramatically increased access to mental health and substance use disorder treatment and been proven to address the pain points I just shared. I look forward to achieving outcomes like those highlighted in the recent impact study by The National Council for Mental Wellbeing. We **must**:

- Increase the number of clients served – according to The National Council, CCBHCs increased clients served by 17%
- Decrease wait times for care – remarkably 84% of clients in a CCBHC are seen within one week.
- Invest in the Workforce – there is an enhanced reimbursement with CCBHC which allows clinics to increase hiring

- Make crisis services and supports available to all – CCBHCs deliver crisis support services in the community – not just in facilities. Innovative collaboration with criminal justice and community services help to divert people in crisis from emergency rooms and jails and get them to the appropriate level of care
- Address health disparities – CCBHCs increase screening for unmet social needs that affect health, like housing, or transportation. We improve care coordination and partnerships to address those needs.

Thanks to federal and state investment, today, 340 CCBHCs are operating in 40 states, Washington, D.C. and Guam.

Senator Stabenow, Senator Daines, and the committee, there is not one of your constituents whose life has not been impacted by substance use disorder or mental illness. There is not one of your economies that has not suffered. We CAN do better and the CCBHC model DOES do better. I unequivocally urge your continued support of the CCBHC model of care.