Testimony to House Health and Human Services Committee
on House Bill 2160

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Madam Chair and members of the Committee, my name is Kyle Kessler, and I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. Our Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the "safety net" for Kansans with mental health needs.

We appreciate the opportunity to appear before the Committee today in support of HB 2160, which we see as a foundational piece of legislation to address the mental health and addiction crises that Kansans face with our current overdose and suicide epidemics that have only worsened due to COVID-19. This bill seeks to create a certification process for CMHCs to ensure they are providing the nine key service areas required for a Certified Community Behavioral Health Clinic (CCBHC). The conversion of health care provider types like our CMHCs to these nationally recognized CCBHCs is an effort that has been gaining momentum for over four years. In 2017, our neighbor states of Oklahoma[1] and Missouri[2] joined to be part of eight statewide demonstrations. Today, 33 states have grant-funded clinic-based pilot projects. Kansas has one of them, at Four County Mental Health Center in Independence, Kansas.

Our Primary Goal
The primary goal of CMHCs is to provide quality care, treatment, and rehabilitation to individuals with behavioral health problems in the least restrictive environment. The CMHCs provide services to all those in need, regardless of economic level, age, or type of illness, and by mandate, regardless of ability to pay. Per the State Automated Information Management System (AIMS), CMHCs served over 145,000 Kansans in state fiscal year 2019.

Workforce
CMHCs have a combined staff of over 5,000 (although current estimates are that they are operating with approximately a 12% vacancy rate) providing mental health services in every county of the state in over 120 locations. Together they form an integral part of the mental health system in Kansas offering a network of access to a comprehensive array of community-based treatment for mental health and substance use disorders, as well as medical services across the state.

According to the *2019 Health Professional Underserved Areas Report* published by the Kansas Department of Health and Environment (KDHE), Kansas has a significant shortage of mental

health professionals. As defined by the report, a Health Professional Shortage Area (HPSA) is a geographic area, single county, partial county, or facility that lacks sufficient health care professionals in health care (primary, dental, mental). To make matters worse, Kansas is now surrounded on all four borders by states that have either expanded Medicaid, implemented the CCBHC model, or both; providing them with additional resources and the ability to recruit away already scarce Kansas behavioral health professionals.

Systemic Challenges

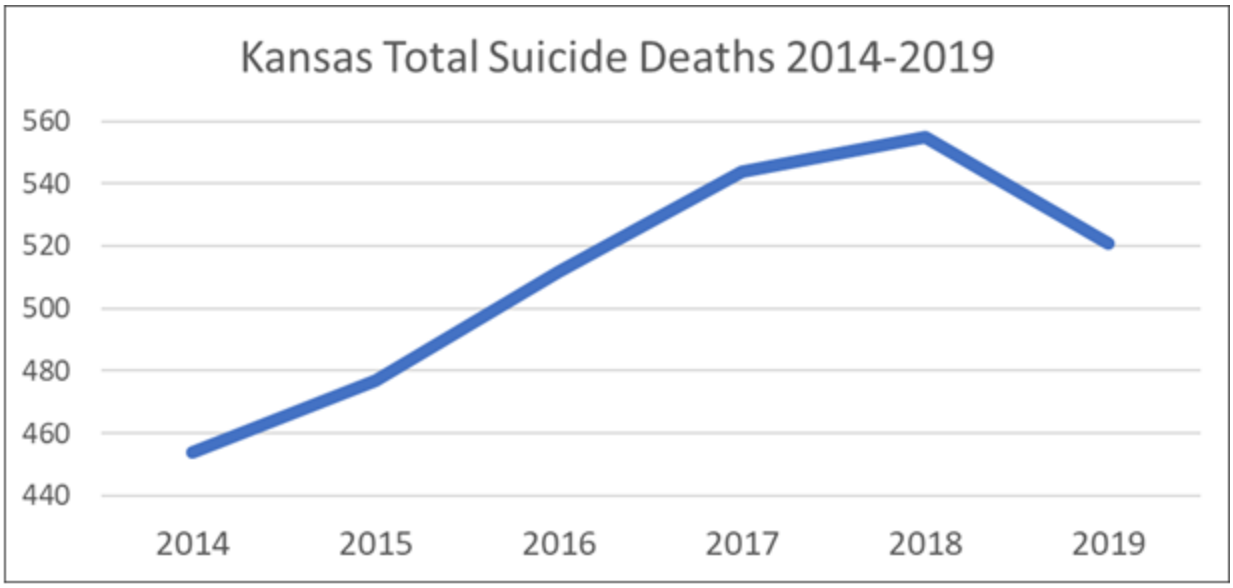
CMHCs have continually stretched their capacity to the breaking point in order to meet the needs of their communities. Estimates are that one in five people will experience a mental health condition within their lifetimes. More recent estimates are suggesting this number may actually be closer to one in three.

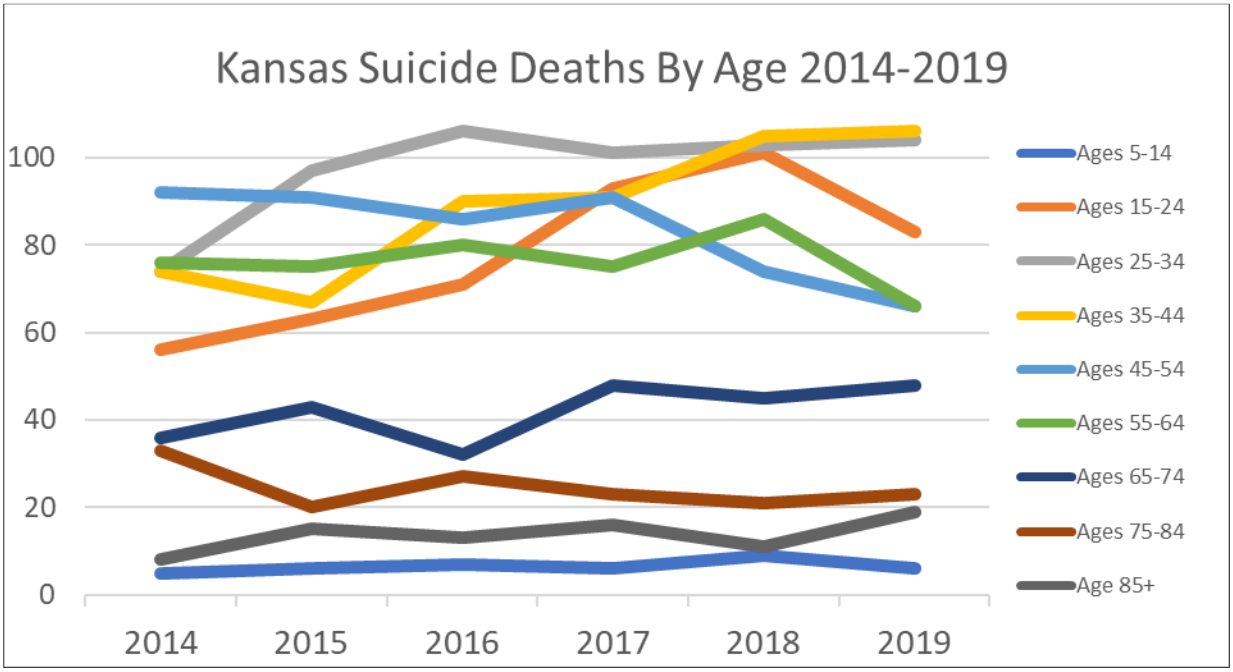
Kansas Morbidity and Mortality Rates Are Higher Than Ever: CDC data show[3] that as of *this week* nearly 35 percent of Kansans now have diagnosable anxiety or depression, which is up from 21 percent at the beginning of the pandemic in April 2020. Additionally, 2020 data show that overdose deaths have skyrocketed—a 40% increase in deaths nationally[4]—for both opioid and cocaine use. Kansas data are not yet available for overdose deaths in this time period, but news reports underscore the rise in deaths.

Kansas Loses Its Workforce to Neighboring States: As of 2018, when our association was part of the Behavioral Health Economic Network (BHECON), Kansas had the greatest shortage[5] of mental health and addiction care providers in the United States, with uniquely low rates in rural communities. This has recently been exacerbated by Oklahoma's participation in the CCBHC program, especially along the Kansas-Oklahoma border and Missouri's participation in the CCBHC program statewide as they can pay more competitive salaries and provide a more diverse portfolio of work than we can in Kansas.

Kansas Incarcerates too Many People Who Need Treatment: In Kansas prisons, 31 percent of those incarcerated have a diagnosed serious mental illness compared to 22 percent nationally, costing the state $110M annually[6] just to care for people with these conditions. These costs do not include the additional costs for people with substance use disorder. Again, our neighbors to the east and south have been able to be innovative in saving general fund dollars through embedding CCBHC staff through co-responder efforts with law enforcement and coordination through the court systems.

Suicide Continues to Be a Significant Public Mental Health Crisis in Kansas: The statistics around suicide, and especially youth suicide, are of great concern for our Association. Thankfully, according to the *2019 Kansas Annual Summary of Vital Statistics* from the Kansas Department of Health and Environment (KDHE), the overall number of suicides decreased from 2018 to 2019.[7] However, the second leading cause of death of people aged 15 to 44 remains suicide. Based on the reported numbers from 2014 to 2019, our state experienced a nearly 50 percent increase in deaths by suicide in the 15 to 24 age group.





Over the past year, the Covid-19 pandemic has made it clear that CMHCs are essential service providers, and mental health treatment and services are a vital part of a community's healthcare service array. During times of crisis, the need for services due to increased rates of anxiety, depression, and social isolation grows.

The impact on the communities and employers in our state is substantial. The Centers for Disease Control published a report in the *Morbidity and Mortality Weekly Report*[8] that stated "the pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders."

The CDC report identifies some particularly concerning, albeit not surprising, statistical findings. This included higher levels of adverse mental health conditions, substance use, and suicidal ideation in June 2020 as compared to the same time period in 2019. Nearly 41 percent of respondents reported at least one adverse mental or behavioral health condition including symptoms of anxiety disorder or depressive disorder; 31 percent had symptoms of a trauma or trauma related disorder related to the pandemic, and 26.3 percent reporting starting or increasing use of alcohol or substances. For context, "the prevalence of symptoms of anxiety disorder was approximately three times those reported in the second quarter of 2019, and prevalence of depressive disorder was approximately four times that reported in the second quarter of 2019."

Since the beginning of the pandemic, Kansas CMHCs have reported an increase in new clients in crisis services, especially in community crisis centers. This affects not only the respective CMHC but also the community hospital and local law enforcement, including sheriffs' offices and police departments. However, CMHCs are reporting their overall number of new intakes is lower during the past year than in previous years. Some believe a whiplash effect may occur where the system will see a significantly high number of new patients in a short amount of time when people feel safer to seek treatment in person. While we are hopeful that we are nearing the end of the pandemic's threat to the physical health of our communities, we anticipate the impact on Kansans' mental health will continue well into 2021 and beyond.

Despite the increasing demand for mental health services, funding for these services has been cut significantly over the last decade. When individuals in need of services do not receive timely treatment, they may have to be served in emergency rooms, state hospitals, or jails, all of which are much more expensive than community-based services. Leaders in the Legislature stepped forward to begin the process of restoring the promise of mental health reform by partially restoring CMHC contract funding in 2017, 2018, and 2019. Then, the 2020 Kansas Legislature approved an increase of $2 million for FY 2021, but that was later deleted through the process of allotments.

Reductions in State psychiatric inpatient budgets, coupled with funding reductions in CMHC contract dollars, have resulted in our system reaching a crisis. As a result, The CMHC network has continually been asked to do more and more over the last several years, including assisting in managing a waiting list of over 100 youth who should be treated in psychiatric residential treatment facilities as well as assisting with managing moratoriums at the two State Mental Health Hospitals.

Strengthening the System

With increased demand for services and stagnant reimbursement rates, the State's ability to ensure a fully resourced and effective behavioral health system is in jeopardy. Kansas CMHCs are struggling to recruit and maintain an adequate workforce and have seen increased turnover in many of the professions they employ. One potential solution to commit sufficient resources to ensure access to mental health and substance use disorder services and to provide Kansas CMHCs the ability to adequately reimburse the mental health professionals needed to provide these specialized services is to move toward the CCBHC model.

The CCBHC model provides an integrated and sustainably financed model for care delivery. The

model is designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.

A recent report by the National Council for Behavioral Health[9] lists the challenges CCBHCs were designed to address, including the suicide crisis, overdose deaths, barriers to timely access to addiction and mental health treatment, delayed care, inadequate care for veterans, overburdened jail and emergency departments, and decades of funding cuts that have led to workforce shortages and providers struggling to meet the needs of their communities; all of which affect the Kansas mental health system.

The State of Kansas has missed out on previous opportunities to participate in the program provided under the 2014 Excellence in Mental Health and Addiction Treatment Expansion Act. States with Excellence Act funded CCBHCs are referred to as "demonstration states." In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a grant opportunity to establish CCBHCs, to which over one-third of Kansas CMHCs submitted applications indicating that they could meet the requirements of becoming certified within four months of award, and one was funded. Unfortunately, grant-funded CCBHCs do not receive the prospective payment structure inherent to the demonstration sites created under the Excellence Act.

The experiences of other states who have implemented the CCBHC model are promising. In Missouri, a CCBHC "demonstration" state, three years after implementation, they are reporting improved outcomes and access to care, including a 23 percent increase in access to care, a 19 percent increase in services provided to veterans, a 36 percent decrease in emergency department visits, and a 20 percent decrease in hospitalizations. The State of Texas took a different approach to CCBHC implementation, using an 1115 Waiver.

In order to create a statewide, systemic approach to strengthening the Kansas mental health system, there are two primary paths forward to implement the CCBHC model: a Medicaid state plan amendment or an 1115 waiver. Either approach necessitates ongoing involvement, support, and partnership between Kansas CMHCs, primary care providers, the Kansas Department for Aging and Disability Services (KDADS), and the Kansas Department of Health and Environment (KDHE). We believe the state plan amendment provides the most timely path forward for CMHCs. While additional research and planning will be required, the CMHC response to the SAMHSA funding opportunity indicates a readiness and desire within the system to move toward a more integrated and fully resourced one able to address the current challenges of stress and underfunding.

This Bill Makes Kansas Competitive for Health Care Providers: As mentioned, the CCBHC model provided Missouri and Oklahoma the groundwork to de-fragment how people with mental health and addictions needs are getting care. This bill will create the initial steps to build this model in a way that syncs with what has proven to work nationally and can be tailored to meet Kansans' needs through our own certification process, a component that all statewide CCBHC models have created. This process will take advantage of our current Kansas designed and Kansas defined system of behavioral healthcare.

The Bill Supports Expanding What Currently Works: This legislation would ensure Kansas is not only meeting the needs of our communities but also that we are competitive for our mental health and addictions provider workforce. Here is what our one clinic has been able to accomplish in under six months as a CCBHC:

- **Hired 68 positions** and decreased **turnover rate to only 3.9%,** whereas previous years had 20% of the organization turn over annually
- Increased **access by 3%** with a large portion of those new clients as veterans, given 170 staff were specifically trained in caring for veterans and service members.
- Scaled-up its Assertive Community Treatment (ACT) program to serve justice-involved person and reducing risks of recidivism through housing supports and other basic needs.
- **Over 50% of its clients** have also received primary care (physical health)
- Reduced wait times for care to just a few days (**4.3 days**), whereas previous wait times could be weeks long

We are at a critical point in our State's history and one in which we must make the decision to at least match the investments that are being made in behavioral health by states surrounding us. The CCBHC model provides our state with the opportunity to build the system in a way that can serve our children and grandchildren and those students who may sit next to them in class; to serve our parents and neighbors and those with whom they work or even walk by on the street. This is about serving our communities to the best of our ability and providing high quality treatment in a timely manner throughout our state.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.

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[1] Oklahoma Mental Health and Substance Abuse, https://oklahoma.gov/odmhsas/mental-health/certified-community-behavioral-health-center-ccbhc.html.
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[3] Centers for Disease Control and Prevention, " Anxiety and Depression: Household Pulse Survey," January 27, 2021, https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm.
[4] Centers for Disease Control and Prevention Newsroom, "Overdose Deaths Accelerating During COVID-19: Expanded Prevention Efforts Needed," December 17, 2020, https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html#:~:text=Synthetic%20opioids%20(primarily%20illicitly%20manufactured,leading%20up%20to%20May%202020.
[5] Health Resources & Services Administration, "HPSA Find," https://data.hrsa.gov/tools/shortage-area/hpsa-find.
[6] Hanke Heun-Johnson, Michael Menchine, Dana Goldman, Seth Seabury, "The Cost of Mental Illness: Kansas Facts and Figures," March 2018, USC Schaeffer, Center for Health Policy and Economics.
[7] Kansas Department of Health and Environment. (2019). Annual summary of vital statistics. Retrieved from https://www.kdheks.gov/phi/as/2019_Annual_Summary.pdf
[8] Centers for Disease Control and Prevention, "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020, *Morbidity and Mortality Weekly,* August 14, 2020, https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm.
[9] National Council for Behavioral Health. (2020b). Hope for the future: CCBHCs expanding mental health and addiction treatment, an impact report. Retrieved from https://www.nationalcouncildocs.net/wp-content/uploads/2020/03/2020-CCBHC-Impact-Report.pdf.