

Testimony to the House Committee on Health and Human Services

House Bill #2160 “Certified Community Behavioral Health Clinics (CCBHCs)”

Madam Chairwoman and members of the Committee, my name is Tim DeWeese. I am the Director of the Johnson County Mental Health Center, which is a department of Johnson County (KS) Government. We employ more than 320 staff who provide behavioral health services to more than 10,000 county residents annually. Johnson County Mental Health Center began operation in 1962 providing outpatient services in one location. Today, the center provides services in four separate facilities located throughout the county and serves as the local mental health authority coordinating the delivery of publicly funded community-based “safety-net” mental health services. The Mental Health Center is licensed by the State of Kansas as a Community Mental Health Center and has earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

I appreciate the opportunity to present testimony on this bill which I would consider a roadmap forward to improving the health and well-being of the entire State of Kansas. Thanks to bipartisan leadership in the U.S. Congress, Certified Community Behavioral Health Clinics (CCBHCs) are leading a bold shift to increase access to high-quality mental health and addiction treatment which is making a difference in the lives of thousands of individuals and communities across the nation.

Lack of access to timely, high-quality mental health and addiction treatment is the greatest barrier to a healthier Kansas. It is estimated that more than a quarter million Kansans experience serious psychiatric distress annually and they are more likely to abuse or be dependent on alcohol or illicit drugs. Additionally, people living with mental illness who are untreated are more likely to encounter the criminal justice system, resulting in a large number of arrests and incarcerations. Compounding the lack of access to care is the fact that Kansas has a lower number of behavioral health care professionals per capita compared to the rest of the U.S., and shortages are particularly evident in rural areas. However, in recent years we have seen a behavioral workforce shortage in Johnson County due to the implementation of CCBHCs in Missouri and our inability to match those competitive wages for behavioral health care professionals.

As Kansas explores opportunities to implement the CCBHC initiative via Medicaid waivers or State Plan Amendments, it is clear that the (CCBHC) designation will place an emphasis on quality of services that will manifest in the following ways:

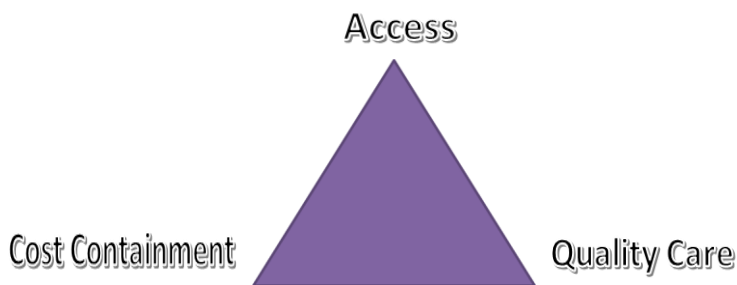
- Service recipients will receive whole-person care, avoiding disjointed, duplicative services and services with potentially poor outcomes.
- Service recipients will have better access to services when they need them and where they need them. Individuals will have immediate and timely access to treatment through a single point of entry.

- Service recipients will have access to a comprehensive range of high-quality substance use treatment and mental health services across their lifespan, either directly or through formal relationships with other high-quality providers.
- Service recipients will be provided primary care screening and monitoring that might otherwise be missed in acute care settings.

In return, CCBHCs receive an enhanced Medicaid payment through a daily or monthly Prospective Payment System (PPS) rate that is clinic-specific and reimburses the expected cost of demonstration services. The rate is intended to reimburse CCBHCs their expected cost of care. The Centers for Medicare & Medicaid Services (CMS) provides technical assistance to states on how to determine the PPS rates.

Finally, the CCBHC model delivers the Triple Aim of Health Care:

- If you provide **Access** to services and you provide them in a **High-Quality** way with positive outcomes, then you see **Cost Containment** across all systems of care.



Meeting the federal definition and criteria for CCBHCs and receiving that designation will represent a return to Community Mental Health in Kansas and renew the promise that was made with the Mental Health Reform Act of 1990 by providing a comprehensive range of mental health and substance use disorder services to vulnerable individuals. Given the increasingly complex and challenging needs of individuals and families within our communities as well as the prevalence of drugs, and the rise in suicides, it is more important than ever that people have access to the services they need. It is my hope that in Kansas we can collaborate and compromise to pass meaningful legislation this session that will ensure individuals have access to quality healthcare.