



## Testimony to Senate Committee on Public Health and Welfare In Support of SB 252

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Mister Chairman and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents all 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. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. 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 strong support of SB 252.

**All CMHCs** support SB 252 because of what it will mean to the improvement and sustainability of our system of care, which will be most beneficial to the Kansans we treat and serve every day.

Some of the reasons for our support are as follows:

- **Improving Health Outcomes for Kansans in Need of Treatment through Timely Access to Care.** CMHCs are treating more Kansans than ever before, with an increase of over 10 percent in the last five years and 27 percent in the last 10 years. We know that when a person with a mental health need does not have insurance, he or she is less likely to seek out care, which means that CMHCs oftentimes are dealing with crisis situations for those without insurance. If we think not only about treatment for mental health issues but also the relationship between mental health and physical health, the sooner patients access mental health treatment, the healthier they will be physically.
- **Strengthen and Enhance the Medicaid Safety Net.** According to recent reports, CMHCs saw over 30,000 Kansans without insurance last year, nearly a quarter of the total number seen, at a cost of well over \$20 million in uncompensated care. Expansion of Medicaid will provide coverage for those who have a mental illness so they can access needed mental health treatment in their communities.

There is a growing demand for community-level crisis services, including those provided by Community Crisis Centers, and increasing access to crisis services is a key recommendation of the Legislative Mental Health Task Force. Through surveying the five programs currently in operation or starting operations, the estimate of those without any payor source is nearly 75 percent. We believe many of those individuals would be eligible for Medicaid if it is expanded.

- **Impact on Workforce.** We have testified many times over the last several years about the workforce challenges we have related to recruitment and retention of medical and clinical staff. We believe multiple causes exist that have created this challenge, but among the most

significant are all of the surrounding states taking part in federal initiatives that allow for significant increases in revenue that they are able to use for staff investment. These initiatives include Missouri and Oklahoma participating in the Certified Community Behavioral Health Center (CCBHC) Program that was created by the Federal Excellence in Mental Health Act as well as Nebraska and Colorado participating in Medicaid Expansion.

Our Association is in the process of conducting a workforce survey with the CMHCs, and we have already received some interesting early submissions. We know that our workforce shortage is exacerbated by our staff being recruited by organizations in neighboring states that now have the ability to pay higher salaries.

- **Timeliness of Implementation.** Our Association feels that it is extremely important that we implement expansion as soon as possible. This will increase access to services as quickly as possible for Kansans in need of care and will also provide us with a firm timeline with which we can fully work to retain our current staff and recruit new staff. We believe that implementing Medicaid Expansion by January 1, 2021 is a key element to improving behavioral health services in our state.

Timeliness is particularly vital in light of the growing suicide crisis across so many age groups and sections of our population. In 2018, Kansas recorded 555 suicide deaths, accounting for the highest number of suicide deaths in the last 20 years and a 22 percent increase in just the past five years. **The increase in suicide deaths in the age group of 15-44 is extraordinarily alarming as it has climbed by over 50 percent in the last five years.** Simply stated, we need the additional work force that could be funded with Medicaid Expansion. Combined with other significant challenges our system is addressing, including individual crisis events, the challenges at the state mental health hospitals, and substance use disorders, this is paramount to our state's health care access.

- **Prevention and Education.** One of the original goals of Mental Health Reform was for CMHCs to provide prevention and education programs in an effort to connect patients with timely treatment and services to prevent escalation in symptoms and life threatening conditions. The State transitioned away from a focus on higher cost inpatient programs, including the closure of two mental health hospitals, toward a commitment to outpatient treatment provided by CMHCs. However, as resources have been reduced over the years, funding streams had to be used for treatment almost solely with less focus on prevention and education. Along with a robust array of crisis services for persons with mental health issues, every CMHC has prevention and education programs in place. Medicaid Expansion would help provide a payor source for individuals who currently have no means to pay for treatment, thereby allowing other funding sources to improve and enhance prevention and education efforts like Mental Health First Aid, suicide prevention programs, and other important innovations in the future.

Thank you for the opportunity to appear before the Committee today in support of SB 252, and I will stand for questions at the appropriate time.