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 provide you with an overview of the Kansas Community Mental Health System.

**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 needing it, regardless of economic level, age, or type of illness, and by mandate, regardless of ability to pay. The CMHCs strongly endorse treatment at the community level in order to allow individuals to continue functioning in their own homes and communities, at a considerably reduced cost to them, third-party payers, and taxpayers.

CMHCs provide treatment and recovery services to Kansans covered by Medicare, Medicaid, private insurance, and those who are uninsured and underinsured. Per the State Automated Information Management System (AIMS), CMHCs served over 145,000 Kansans in state fiscal year 2019.

**Accountability**
The 26 licensed CMHCs operating in Kansas have separate duly elected and/or appointed boards of directors. Each of these boards is accountable to the citizens served, county officials, the state legislature, and the Governor, and all are required to submit data to the state in order to receive federal mental health block grant funding.

**Shared Governance**
CMHCs are their respective counties’ legally delegated authorities to manage mental health care in Kansas and function as the local mental health authorities. The Kansas mental health system is a relationship of shared governance between two governmental entities, the State and the
This includes unique partnerships with local agencies such as law enforcement, health departments, school systems, and community hospitals.

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. The independent, locally owned and operated CMHCs are dedicated to fostering a quality, free-standing system of treatment and programs for the benefit of citizens needing behavioral health care and treatment. Outcome performance measures have been specifically delineated in contracts with the State of Kansas since the Mental Health Reform Act of 1990 was enacted.

The CMHCs operate under extensive state licensing regulations; are subject to licensure site reviews; and provide required data routinely to the Kansas Department for Aging and Disability Services (KDADS). The CMHCs also conform to Medicaid and Medicare standards and audits.

Community-Based Focus
CMHCs were originally established to allow citizens to recover from mental illness in their communities through access to preventative short-term treatment and care. The system dramatically shifted after Mental Health Reform in the early 1990s toward more public, long-term treatment and care, including case management and crisis services. As a result of this rather dramatic shift in funding, some of the prevention and early intervention programs had been reduced. However, the Legislature and other partners have helped to restore some priority prevention programs including Mental Health First Aid (MHFA) and Applied Suicide Intervention and Skills Training (ASIST), among others.

System-Level Challenges
Kansas originally had state mental health facilities in Osawatomie, Larned, Topeka, and Kansas City. With the closure of Topeka State Hospital and Rainbow Mental Health Facility in Kansas City, the State currently has two remaining state mental health hospitals in Osawatomie, which serves eastern Kansas, and Larned, which serves western Kansas. During the period from 1970 to 1997, the State Hospital average daily census declined by more than 80 percent. Many former hospital patients began to rely on CMHCs for mental health treatment to maintain their ability to live in their own communities.

Funding for these services has been cut significantly over the last decade, even though demand for mental health services continues to increase. If those 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 restoring CMHC contract funding recent years.

In 2015, the Secretary of KDADS placed a moratorium on all voluntary and involuntary admissions to Osawatomie State Hospital (OSH) as a result of the decertification of the Hospital by the Federal Centers for Medicare and Medicaid Services (CMS). The moratorium has placed
an even greater strain on an already stressed network of CMHCs that are responsible for assessing the need for admissions. These are involuntary, court-ordered admissions. When capacity is not available at OSH, the responsibility falls on the respective CMHC to maintain the patient in a safe environment until a bed becomes available. This can take days and has been an additional responsibility placed on CMHCs that did not occur prior to the moratorium, which has now been in place for over five years. Over the past year, Larned State Hospital (LSH) has reached maximum capacity multiple times, in essence, creating a managed moratorium for that area of the state as well.

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.

**Services for Older Adults**

While older adults may access many services provided by CMHCs, some CMHCs provide specific services for this population. Examples include caregiver support groups; therapy provided in nursing facilities (the CMHC may or may not be able to be reimbursed); partnerships with Area Agencies on Aging, Meals on Wheels, or other community partners for targeted outreach and service delivery; volunteer opportunities; and specialized evaluations. Approximately 30 percent of CMHCs employee staff who specialize in aging services.

Recently, the State has entered into a pre-settlement agreement with the Disability Rights Center to expand specialized services to residents of Nursing Facilities for Mental Health (NFsMH) and to develop a plan to reduce the number of NFMH residents and referrals for admission. CMHCs employ liaisons who work closely with the NFsMH and who will work with KDADS to develop strategies for increasing community resources for those discharged from, or at risk of placement in, NFsMH and strengthening discharge planning.

**Looking Toward the Future**

*Telehealth:* Telehealth has been a gamechanger for behavioral health treatment throughout the pandemic. The Centers for Medicare and Medicaid Services (CMS) allowed more flexibility in treating patients than ever before. In areas of rural and frontier Kansas, telemedicine had been used in behavioral health with success for nearly two decades, though gaps such as broadband and technology hardware had been a barrier. However, the use of telephone (audio only) has been a significant addition, and the ability to use telemedicine has helped overcome other barriers, such as lack of transportation, in both rural and urban areas alike.

*Certified Community Behavioral Health Centers (CCBHCs):* The Kansas community mental health system is in the process of a major transition. Based on the recommendation of the 2020 Special Committee on Mental Health Modernization and Reform, as well as enthusiastic support from behavioral health providers, advocates, and other community partners, the 2021 Kansas Legislature passed Sen Sub for HB 2208, establishing the CCBHC model in Kansas. In short, the legislation requires KDADs to establish a state certification process and the Kansas Department for Health and Environment (KDHE) to establish a prospective payment system by May of 2022.
To date, seven CMHCs have received grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to build capacity (staffing, training, expanded service array) to meet the CCBHC criteria. The Kansas legislation assumes a phased approach to CMHC-CCBHC transition, with these grantees likely to complete the state certification process before the end of this fiscal year. SAMHSA has announced that an additional grant funding opportunity will be released in December 2021. Additionally, six other CMHCs have received support from KDADs to help increase capacity to meet the CCBHC criteria, and they may be in the next group of CMHCs to seek certification.

CCBHCs are a new provider type in Medicaid, designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. They are required to meet established criteria related to care coordination, crisis response and service delivery, and be evaluated by a common set of quality measures. The model focuses on whole-person care, providing access to mental health services but also to integrated care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration.

Equally as important, the model provides a sustainable approach for providing the necessary resources to providers, which is one potential solution to commit sufficient resources to ensure access to a comprehensive range of 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.

The CCBHC model requires delivery of nine core services as well as mandatory staff training/competencies:

**Services**

- Crisis services
- Screening, assessment, and diagnosis; includes risk assessment
- Person-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring of key indicators/health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and family supports
- Community-based mental health care for active-duty military members and veterans

**Training**

- Cultural competence
- Person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care
- Primary health/behavioral health integration
- Risk assessment, suicide prevention, and suicide response
- The roles of families and peers

The CCBHC is responsible for ensuring patients have access to all services, some of which may be provided through partnerships with other providers ("designated collaborating
organizations”). Prevention is a key component of the services provided by the CCBHC, including screenings for depression, suicide risk assessments, and age-appropriate primary care screenings for older adults.

CCBHCs provide a high return on investment. States with fully established CCBHC systems are already reporting promising outcomes, including increased access to care as well as decreased hospitalizations and emergency department visits for individuals experiencing mental health crises.

As our Kansas CMHCs are preparing for the transition to this whole-person model of integrated care, they are planning for ways to ensure appropriate services are available across the lifespan, including a focus on individuals with severe mental illness over the age of 65, to be provided by special rapid access evaluators and navigators.

It has been said that this is the biggest transformation of the Kansas mental health system since Mental Health Reform, and it is our goal to be the best mental health treatment system in the United States, measured by quality, innovation, and training opportunities.