



Overview of Mental Health and Foster Care for the House Committee on Child Welfare and Foster Care

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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 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 nearly 145,000 Kansans in state fiscal year 2021, 41,020 of whom were children/youth under the age of 18.

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 counties. 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 4,500 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 extensive required data routinely to the Kansas Department for Aging and Disability Services (KDADS). The CMHCs also conform to Medicaid and Medicare standards and audits.

As publicly structured mental health authorities, CMHCs look to the state to provide critical leadership functions that allow them to fulfill their public responsibility. CMHCs are not only a part of the Kansas public mental health system but are also the network that provides the majority of mental health services in the state.

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.

The CMHCs are the backbone of the mental health safety net in our state. CMHCs provide outpatient services to patients living with severe and persistent mental illness (SPMI) and children/youth with severe emotional disturbance (SED). CMHCs give individuals the opportunity to improve their quality of life while continuing to remain in the community, in the least restricted environment possible.

Inpatient Resources

When individuals require the level of care provided in an inpatient setting, CMHCs also act as gatekeepers to the state mental health hospitals and certain nursing facilities. Unfortunately, our State lacks the capacity to fully meet the demand for this level of care not only for adults but also youth.

The goal of our system is to provide the most safety and stability possible to the lives of these youth while eliminating or at least reducing the trauma that they experience. The sooner we can get youth connected with mental health services and reduce the potential need for Psychiatric Residential Treatment Facility (PRTF) or other placements, the greater the outcomes for the system will be. This is especially true since there is still a waiting list of nearly 100 for these services. CMHCs were once centrally involved with PRTF admission screening, but that is no longer the case as of about seven years ago. It should be noted that no waiting list existed at that time.

We applaud the investment that the Legislature has made resulting in the re-establishment of youth inpatient beds in Western Kansas that resulted in the opening of the Camber Children's Mental Health in Hays. These additional beds will help alleviate some of the strain on the current system.

Communities in Crisis

Unfortunately, since 2017, we have been closely monitoring and discussing three crises:

suicide, rising child welfare caseloads, and opioid addiction. We believe that support of appropriate funding and policies for CMHCs can provide solutions and treatment for all three of the aforementioned crises.

The statistics around suicide, and especially youth suicide, are of great concern for our Association. Thankfully, according to the *2021 Kansas Annual Summary of Vital Statistics* from the Kansas Department of Health and Environment (KDHE), Kansas recorded 555 resident suicide deaths in 2021, up 4.9 percent from 529 suicide deaths in 2020. Further, suicide was the second leading cause of death for both age groups 5-14 and 15-24.

Transition to CCBHC

Certified Community Behavioral Health Clinics (CCBHCs) are a new provider type in Medicaid, designed to provide a comprehensive range of mental health and substance use disorder services. They are required to meet established criteria related to care coordination, crisis response and service delivery; to deliver evidence-based programs; and to 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.

CCBHCs provide an expanded array of services to their communities. Some of the requirements include outpatient substance use disorder treatment, to include Medication Assisted Treatment (MAT), a highly effective substance use treatment that combines the use of medications with cognitive and behavioral therapies, as well as a coordinated statewide crisis services strategy, which in Kansas includes mobile crisis response and 988.

To date, 9 of the 26 CMHCs have achieved certification as CCBHCs. At least 9 more will be certified by the end of this fiscal year, and all will be certified by no later than July 2024.

Other states that began implementing CCBHCs several years ago have achieved promising outcomes that we hope to replicate, including increased school-based services, reductions in the need for inpatient hospitalizations or emergency department usage for individuals in need of mental health services, and increased access to community-based services. In Kansas, our first CCBHCs are already beginning to achieve similar results, including quicker access to services, more stable staffing, and expanded services.

Focus on Prevention

- **Mental Health Intervention Team (MHIT).** The MHIT program was originally created by legislative proviso in 2018 with an intent to address challenges schools were experiencing through increases in students (and families) with mental health needs and to eliminate barriers in accessing services. It has grown since the 2018-2019 school year with partnerships between 6 CMHCs and 19 school districts to 19 CMHCs and 67 school districts in the current school year. Since implementation of the program, student outcomes have been outstanding. The outcome measures tracked include improved attendance, improved academic performance, and improved behaviors. All of these measures have stayed fairly consistent around 70 percent.

The data is compelling, but the stories and experiences are nothing less than inspiring. From numerous interventions with students who had suicidal ideation, up to and including a student who had a plan and date for attempting suicide but received

lifesaving intervention, to reports of abuse or neglect on youth in foster care that resulted in the need for a change in placement. Those working in the program are not just improving lives, they are saving them. This program serves all students needing behavioral health services, but since its inception, the intent has been to specifically target outreach to youth in foster care, and progress is being made in terms of the percentage of children in foster care being served. So far, in the first semester of the current school year, over 4,800 students have been served, including over 760 students in foster care (as compared to 590 students in foster care served in the prior school year).

HB 2444, which is set for a hearing in another committee later today, will establish the program in statute, allowing more strategic and long-term planning that will help continue to improve the program.

- **Mental Health First Aid (MHFA).** Mental Health First Aid (MHFA) is an evidence-based early intervention public education program. The youth version of MHFA teaches adults how to recognize the signs and symptoms that suggest a potential mental health challenge, how to listen nonjudgmentally, give reassurance to a youth who may be developing a mental health or substance use challenge, and refer a person to appropriate professional support and services. Similarly, adult MHFA focuses on the more common mental health diagnoses that have a later onset and focuses on individuals over the age of eighteen.

Our system currently employs over 130 MHFA certified trainers who offer community workshops in all areas of the state. Our Association hosts instructor trainings annual to increase the number of trainers we have available. In FY 2022, CMHC trainers conducted 200 MHFA workshops (137 adult MHFA workshops and 63 youth MHFA workshops), for 2,447 participants.

In closing, our goal is to be the best mental health treatment system in the United States, measured by quality, innovation, and training opportunities; and that goal is unwavering.