



Testimony to the Special Committee on Economic Recovery

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Chairwoman Lynn 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 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. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. This makes the community mental health system the “safety net” for Kansans with mental health needs.

We appreciate the opportunity to provide testimony today on the effects of the pandemic on our system of care and on a larger scale on the behavioral health of Kansans.

The pandemic has triggered symptoms associated with anxiety and depression. The result on the communities and employers in our state is substantial. One month ago, the Centers for Disease Control published a report in the *Morbidity and Mortality Weekly Report* 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,” and that “symptoms of anxiety disorder and depressive disorder increased considerably in the United State during April-June of 2020, compared with the same period in 2019.” Furthermore, our Association has commissioned a polling firm to ask Kansans questions about mental health policy and funding the last two years, and the number of people reporting that they knew someone who suffered from mental illness or a mental health issue. This number from last year to this year rose by nine points.

We know that anxiety and depression are significant factors in lost workforce productivity. A little over a year ago the World Health Organization published a report that “globally, an estimated 264 million people suffer from depression, one of the leading causes of disability, with many of these people also suffering from symptoms of anxiety,” and the study estimated that depression and anxiety disorders cost the global economy over a trillion dollars each year in lost productivity. The study further noted that, “Unemployment is a well-recognized risk factor for mental health problems, while returning to, or getting work is protective. A negative working environment may lead to physical and mental health problems, harmful use of substances or alcohol, absenteeism and lost productivity. Workplaces that promote mental health and support people with mental disorders are more likely to reduce absenteeism, increase productivity and benefit from associated economic gains.”

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. Nearly 41% of respondents reported at least one adverse mental or behavioral health condition including symptoms of anxiety disorder or depressive disorder; 31% had symptoms of a trauma or trauma related disorder related to the pandemic and 26.3% 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.” Lastly, the report states, “Markedly elevated prevalences of reported adverse mental and behavioral health conditions associated with the COVID-19 pandemic highlight the broad impact of the pandemic and the need to prevent and

treat these conditions.”

This is all to say that the impact on the economy at both the state and national level as a result of increased anxiety and depression related to the pandemic could be significant without timely access to high quality behavioral health treatment.

Community Mental Health Centers (CMHCs) Brief Experience in the Pandemic. The Kansas Mental Health Reform Act of 1990 paved the way for all Kansans to receive community-based mental health treatment. The CMHCs are required to serve every person who walks through their doors, regardless of their ability to pay, much like community hospitals. Those who crafted this law thirty years ago did not envision the importance of these services during a global pandemic or how those services would need to pivot toward different models.

CMHCs report 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 are substantially lower than they have been at this time of year in the past. 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.

The economic impact on CMHCs in terms of lost revenue and unexpected costs is estimated to be nearly \$30 million since the emergency order in March. This amounts to approximately 10 percent of the overall CMHC budget for a system that has provided treatment and services to a record number of patients over the last several years, plus moratoriums establishing waiting lists at not only Osawatomie State Hospital (OSH), but recently, Larned State Hospital (LSH) as well.

Policy recommendations that would assist CMHCs during and after the pandemic.

Several issues have emerged that would assist CMHCs and other providers with doing their work and maintaining their financial sustainability. Some are as follows:

- **Maximize the flexibility for using stimulus funding.** The need for whatever flexibility possible for expenditure of stimulus funds would be most helpful. This is not intended to only cover losses or unexpected expenditures so far but to address whatever unknown costs may occur in the future.
- **Approval by Medicaid at KDHE to allow therapy to be billed without patient present.** Medicaid Code 90846 would allow for billing therapy without the patient being present. Several states like Texas and Iowa allow this, and it is extremely valuable in treating youth or others who may have Medicaid while their parents, foster parents, or other caregivers do not. This allows for development and communication of treatment strategies, among other things, without discussing the patient in front of them, which many clinicians believe could result in triggering the patient, thus being counterproductive or even harmful. This would be considered cost neutral.
- **Continuation by Medicaid to allow telemedicine parity for treatment by telephone and televideo.** Telemedicine has been the gamechanger for behavioral health treatment during 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. Gaps such as broadband and technology hardware had been a barrier. However, the use of telephone has been a significant addition and the ability to use telemedicine in urban areas helped provide an additional access venue as well. We would strongly request the current policies to be continued indefinitely and see this as a cost neutral proposal.
- **Expansion of Medicaid.** More than half of those who present for treatment at CMHCs

have no insurance. Expansion of Medicaid will provide coverage for those who have a mental illness or mental health issues, so they can access needed mental health treatment in their communities. We know that if 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.

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