

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the Senate Public Health and Welfare Committee for SB 138

Amy A. Campbell – February 23, 2021

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC). The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, non-profit and for-profit entities and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

The Kansas Mental Health Coalition supports SB 138 to establish a Certified Community Behavioral Health Center system in Kansas.

Filling the Gaps in the Continuum of Care

SB 138 fulfills a recommendation from the Special Committee on Mental Health Modernization and Reform. The legislation also aligns with the 2018 and 2019 Mental Health Task Force Reports. The work of the Task Force focused a great deal on the full continuum of care, identifying gaps and proposing solutions. One of the priority recommendations of that report is to participate in the federal CCBHC program.

CCBHCs adopt a standard model to improve the quality and availability of addiction and mental health care and, in doing so, address some of the nation's most urgent challenges. They provide care to people regardless of ability to pay — those who are underserved; have low incomes; are insured, uninsured or on Medicaid; and active-duty military or veterans. CCBHCs are different than other federally funded mental health providers: they must, by statute, provide a comprehensive range of addiction and mental health services, including:

- 24/7/365 mobile crisis team services to help stabilize people in the most clinically appropriate, least restrictive or traumatizing and most cost-effective settings.
- Immediate screening and risk assessment for mental health, addictions and basic primary care needs.
- Easy access to care to ensure people receive needed services without lengthy wait times and that every person can receive care regardless of ability to pay.
- Tailored care for active-duty military and veterans to ensure they receive the unique health

support essential to their treatment.

- Expanded care coordination with local primary care providers, hospitals, other health care providers, social service providers and law enforcement.
- Commitment to peers and family, recognizing that their involvement is essential for recovery.

Kansas community mental health centers struggle today to fulfill a similar list of obligations, facing a workforce shortage and Medicaid rates that have not been updated in 10 years or so. A state based CCBHC model fills multiple gaps in our current system in a comprehensive, quality-based format.

Workforce Shortage

To participate in the federal program, CCBHCs must meet uniform federal requirements related to quality reporting, governance and staffing. In exchange for meeting these additional criteria, CCBHCs qualify for a Medicaid payment rate that covers the real costs of delivering enhanced services to an increased number of patients and represents an important transformation in the sustainability of clinics, eliminating the uncertainty of time-limited grant funding.

Data reporting from the states, including Missouri, that have already implemented the CCBHC model indicate healthier staffing for suicide prevention screening and interventions, addictions treatment, and care coordination. Additionally, centers are adding liaisons for better coordination with hospitals and law enforcement. Ultimately, improved quality oversight and realistic cost-based payments result in greater employee retention and training for these centers.

We recognize that the federal government is slow to expand access to this program and urge Kansas to move forward now to modernize our public mental health system by creating a state based CCBHC system.

Thank you for your consideration.

For More Information, Contact:

Kansas Mental Health Coalition
c/o Amy A. Campbell, Lobbyist
P.O. Box 4744, Topeka, KS 66604
785-969-1617; campbell525@sbcglobal.net