

## **Testimony to the Kansas House Health and Human Services Committee**

## 1/27/2024

Madame Chair and members of the committee, thank you for allowing me to appear before you today. My name is Will Warnes and I am a child and adolescent psychiatrist serving as the medical director for the Association of Community Mental Health Centers of Kansas since February 2022. I also serve as the medical director for The Guidance Center, the Certified Community Behavioral Health Clinic (CCBHC) for Leavenworth, Atchison, and Jefferson counties in northeastern Kansas since July 2011. In addition, I am a former rural family practitioner, having practiced in rural Nebraska prior my current position. It is on behalf of the Association that I am here today to discuss House Bill 2578.

The biggest accomplishment The Guidance Center has attained in the past year is that of provisional CCBHC licensure. Other than introducing a different acronym into our nomenclature, this means that we are providing many more services to our three-county catchment area, both in volume and in types of service. We are performing these services faster than ever before. We have added more than fifty employees performing a wide variety of mental health services. For our center this has meant a 25% increase in workforce. We are seeking out community members needing services we have never been able to reach before. We are responding to crises out in the community. We are treating patients in their homes, homeless shelters, and out of doors if necessary. We have service lines now dedicated to helping patients achieve gainful employment, obtain housing, and improve other social determinants of health. In my medical clinic, my providers are offering Medication Assisted Treatment to individuals suffering from opioid addition. My nurses and prescribers are working together to see patients the same day they need to be seen whenever possible. This is something we are succeeding at with an increasingly successful rate the more we grow as a CCBHC. All of this growth would not be possible without a more robust reimbursement structure built within the CCBHC payment system.

In my three counties reside Federally Qualified Health Center (FQHC) sites. Despite our center having obtained its CCBHC provisional status less than seven months ago, we have now witnessed the FQHC system express interest to the Kansas legislature in obtaining CCBHC licensure. This is concerning to me in a number of ways, two of which I will emphasize.



The first aspect is that each CMHC in Kansas has a designated set of communities, or "catchment area", that it serves. From the time of it's founding in 1937, my center's one and only mission has been to serve the communities of Atchison, Leavenworth, and Jefferson counties. And for me personally this means that since 2011 I have been focused on the mental health needs for these same communities.

When I arrived at The Guidance Center in 2011 I was amazed by the wide array of services provided by the center – medication management, therapy, case management, attendant care, respite care, and peer support just to name a few. I was equally amazed to see that every county in the state of Kansas had a designated Community Mental Health Center (CMHC) assigned to it. No county was left behind from the larger populated urban counties to the most sparsely populated frontier county. All 105 counties were being served.

A key piece of the reimbursement system is the calculation of a Prospective Payment System (PPS) rate. While this calculation is complicated, one important point I want to make is that the numerator for this rate is patients served. When CCBHCs emphasizing providing access to as many patients as possible, CMHCs (because of their defined catchment area), focus on finding those individuals within their communities that they have not been able to historically access. For The Guidance Center this has meant providing care to individuals in prison, military members on post at Fort Leavenworth, children in our schools, non-English speaking individuals, individuals experiencing homelessness, individuals on probation, patients in jail, patients reaching out to our police and sheriff's office, etc.

In our catchment area we have an FQHC based within our catchment area, one based in a neighboring Kansas county, and one based out of state. None of these entities are restricted by catchment area. I believe that this is a major problem in that they are not as consistently tied in with the communities we serve. In addition, since the PPS rate for FQHCs also are predicated on number of patients served, a PPS rate can be increased through an increase in sheer volume of patients. I believe that the ramifications of this could lead to expanding entities not doing their due diligence in serving the communities in which they reside.

My second concern is that of workforce. The committee is well aware of the ongoing mental health workforce shortage experienced by the entire nation. As I mentioned above, in order to more adequately provide the wide array of mental health services that CCBHC demands and that our communities need, we have added fifty employees to date, with many more positions planned for the future. Should FQHCs and others obtain CCBHC status and be held to the same standards, I would



imagine that they would have similarly increase their staff. I do not believe that northeast Kansas would be able to handle the burden of multiple facilities in the same community competing for staff as they create duplicate lines of service mimicking those delivered at my center. FQHCs have had longer to establish themselves in Kansas and Missouri (compared to CCBHCs). They typically pull a larger PPS rate (especially the larger their patient population is). I am not sure my center could survive a conflict of this nature, and I'm even less sure that the patients in the community would benefit from it.

On a final note, I do believe that FQHCs and CCBHCs can provide excellent integrated care while maintaining their independent licensures. The Guidance Center has an excellent relationship with our FQHC partner in Atchison. We are developing a liaison who helps FQHC patients needing a higher level of mental health care access that care at The Guidance Center. The FQHC likewise is actively recruiting a liaison to be stationed in The Guidance Center, helping our staff screen for physical health needs of the patients we serve and find that care at either the FQHC or another primary care resource in the community. There is a minimum of duplication of services rather an efficient flow of complementary services by us working together. We believe with this center in particular through its willingness to share this vision, that this is only the first step in our respective centers providing a higher level of care for our patients in Atchison County and that much more is yet to come through this model of care.

Thank you for your time and I stand for guestions.

Will Warnes, MD