Four County Mental Health Center
Serving the Counties of Chautauqua, Cowley, Elk, Montgomery & Wilson

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# Testimony to House Health and Human Service on HB 2578

Chair Landwehr and members of the Committee, my name is Greg Hennen. I currently serve as the Executive Director of Four County Mental Health Center, Inc. Our agency, celebrating its 60th year of service as a Community Mental Health Centers (CMHC) in 2024, provides behavioral health services to the five Kansas counties of Chautauqua, Cowley, Elk, Montgomery, and Wilson. We do so 24-hours a day, seven days a week and serve all citizens of those counties without regard to payer source or ability to pay. In our catchment area there are approximately 86,000 covered lives and we serve an unduplicated count of approximately 6,800 individual patients each year.

In representing an agency that has also been an early adopter of the CCBHC service model, I appreciate the opportunity to testify in support of HB 2578.

Over the course of the past three (3) years we have been able to add both breadth and depth to the behavioral health safety net services being made available. Mobile Crisis, Assertive Community Treatment, Assisted Outpatient Treatment, Veteran's Specialty Services, Medication Assisted Treatment, In-Jail Services/Care Coordination and Supported Employment are all areas showing growth and favorable patient outcomes since operating as a CCBHC.

General Service Access:

- **87%** of admissions occur **on the same day** as the request
- 91% of admissions occur within 10 business days with **an average wait time of 3 business days**.
- **82% of Children** served demonstrated functional stabilization or improvement based on quarterly measurement intervals
- **85% of Adults** served demonstrated functional stabilization or improvement based on quarterly measurement intervals.

Crisis Services-Assertive Community Treatment:

- 2% of inpatient admissions resulted in a readmission within 90 days of the event
- The Assertive Community Treatment (ACT) served 60 unduplicated "high risk" adults with Severe Mental Illness with Co-occurring Substance Use problems. These individuals are often homeless and have been involved with the legal system. Outcomes are tracked on a quarterly basis and include:
  - **87% required no State hospitalization events**
  - 84% had 0 homeless incidents
  - 65% had 0 incarceration incidents

Veteran's Specialty Services:

- **Veterans enrolled in services has tripled** (over 150 per quarter)
- Veteran's family members participation in services has increased

In-Jail Services: Of 30 inmates who were discharged while participating in in-jail services:

- All 30 currently remain in traditional outpatient services.
- 23 of 30 (**76.67%**) have had **no additional LEO contact for 90 days or more.**
- 19 of 30 (**63.33%**) have achieved **stable housing**
- 12 of 30 (40%) have some form of health insurance
- 1 of 30 (3.33%) had a private hospital admission
- 5 of 30 (16.67%) completed inpatient SUD treatment.
- 6 of 30 **(20%) are competitively employed**

My interest in testifying today is not to just highlight the positive patient outcomes being achieved but to emphasize the importance of the CCBHC model to the success of the State's behavioral health safety net. CCBHC was born from efforts to modernize and reform the CMHC safety-net system and ensure its future viability. It was not adopted as an entrepreneurial opportunity for business entities who have not historically served as part of the State's continuum of safety-net behavioral health providers. Allowing multiple CCBHCs in a single catchment area would not only dilute the gains made in securing the safety-net system's future but it would fragment the continuity of established patient care.

HB 2578 helps shore up the progress our system is seeing in both patient outcomes and workforce retention. I am encouraged that over the past year our employee retention has improved significantly under the CCBHC model. We are seeing quarterly **turnover rates drop from 18% – 24% down to 6.5% - 10%.** Recruitment of new staff has improved but remains a challenge due to pressures on the market from outside entities seeking to recruit similarly trained staff out-of-state or into healthcare service organizations not traditionally behavioral health in focus.

My final hope with HB 2578 is the administrative simplification it will allow by acknowledging the enhanced value of CCBHCs seeking and achieving accreditation from a nationally recognized accrediting body. Currently our organization is faced with licensing/certification audits to maintain our status as a CMHC, a CCBHC, and as a substance-use disorder (SUD) treatment provider. Being able to benefit from national accreditation would reduce licensure/certification to a single on-site review, gaining cost efficiencies for both the State of Kansas and the CCBHC provider network.

Thank you for the opportunity to provide testimony, and I will stand for questions at the appropriate time.