



## Update on the Kansas Community Mental Health System for Special Committee on Mental Health

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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 update 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 over 145,000 Kansans in state fiscal year 2021.

### **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 5,000 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. CMHCs are aware that actions of local, state, and federal government, and other agencies, private and public, affect the future delivery of mental health services in the State of Kansas.

### **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.

Kansas originally had state mental health facilities in Osawatomie, Larned, Topeka, and Kansas City. With the closure of Topeka State Hospital and Rainbow Mental Health Facility in Kansas City, the State currently has two remaining state mental health hospitals in Osawatomie, which serves eastern Kansas, and Larned, which serves western Kansas. The statutory authority vested in CMHCs is the foundation on which local, community-based mental health services are provided. Kansas statutes provide that participating CMHCs are the “gatekeepers” for the state hospitals and require that they conduct emergency screenings to determine if state hospital admission (voluntary admission, court ordered admission, or emergency hold admission) is appropriate. We work without community stakeholders including hospitals and law enforcement daily to try and divert individuals from higher levels of care and the data illustrates that most assessments result in referral for outpatient treatment involving counseling and psychiatric medication management.

The Mental Health Reform legislation further mandates “that no patient shall be discharged from a state hospital if there is a participating CMHC serving the area where the patient intends to reside, without receiving recommendations from such participating mental health center.” Each CMHC has one or more liaisons who work with the state hospitals to assist with discharge and aftercare plans, as well as coordinating with private psychiatric facilities and nursing facilities for mental health (NFsMH).

Particularly in the past year, the community mental health system has undergone significant changes. Implementation of the Certified Community Behavioral Health Clinic (CCBHC) model represents the biggest transformation of the system since Mental Health Reform and is a long-anticipated and welcomed development. The CCBHC transition builds upon the strengths we have across our system of care in Kansas, by enhancing funding for services while ensuring that we remain accountable to our stakeholders. In the midst of this transition, the CMHC network has continually been asked to do more and more.

Systemwide, there is a critical need for additional resources, both in terms of inpatient bed capacity and the workforce needed to provide appropriate staffing levels for those beds.

To that end, there are several ongoing or proposed initiatives that could help to support and stabilize the system.

### **Looking Toward the Future**

- **Certification of Certified Community Behavioral Health Clinics (CCBHCs).** The 2021 Kansas Legislature passed monumental behavioral health legislation to implement the CCBHC model in Kansas. As of July 2023, twenty CMHCs have achieved provisional certification as CCBHCs. This new model of care focuses on integrated, whole person care, expands the array of services provided to the community, and provides a sustainable funding mechanism through a prospective payment system (PPS) reimbursement mechanism designed to cover the true costs of providing services. The CCBHC is a provider type under the Medicaid program, and through the PPS, provides more funding than the traditional fee-for-service payment model of CMHCs. These additional resources help the CCBHC to recruit and retain staff, which in turn also translates to more consistency for patients as the Clinic is able to reduce staff turnover. We are already seeing positive results from the first CCBHCs that have been successful in reducing their staff turnover rate.

The current schedule for certifying additional CCBHCs assumes the remaining six CMHCs will become certified by July 2024.

The significance of this initiative cannot be overstated with what it means to fulfilling the promise of mental health reform. The CMHC system has been underfunded for the vast majority of the time since its inception as the public mental health safety net in the early 1990s. The continued focus on serving adults with severe and persistent mental illness and youth with severe emotional disturbances while providing treatment and services to patients with initial symptoms of mental health issues are the core components of the system. Furthermore, we believe that this model also will provide us the latitude to do more prevention and education work, which was one of the original intentions of mental health reform.

- **Building Career Pathways and Supporting Workforce.** Kansas is experiencing a workforce shortage across health care sectors, particularly in behavioral health. The workforce shortage of Qualified Mental Health Professionals (QMHPs) and medical staff

has become a significant challenge. CMHCs compete with Managed Care Organizations (MCOs), the Veterans Administration (VA), schools, hospitals, private providers, and so on. Some of this strain should be alleviated by implementation of the CCBHC model, but more needs to be done to increase the human resources necessary to adequately staff our CMHCs/CCBHCs. We support investment in building career pathways in behavioral health to increase the number of professionals within the workforce through programs such as development of behavioral health technician certificate programs within community and technical colleges, behavioral health scholarships provided in partnership with the Kansas Board of Regents, and development of a more robust psychiatric residency program.

We hope to announce a major workforce initiative in the very near future. This would connect the principles of timely access to high quality treatment and services with premium educational and training opportunities that result in innovation and identification of emerging treatments.

- **School-Based Behavioral Health Programs.** CMHCs provide treatment programs and interventions designed to ensure youth are able stay in their own homes and communities while receiving behavioral healthcare. Local partnerships allow CMHCs to provide services in the school-based setting, allowing schools to focus on education and CMHCs to focus on treatment and improving care. Students benefit from timely access to mental health services and missing less time in the classroom, leading to improved attendance, behavior, and academic performance. The Mental Health Intervention Team (MHIT) program is one example of a successful school-based local program.
- **Coordinated Crisis Response Program.** The CCBHC model requires a statewide, coordinated crisis response system. For Kansas, there are several components in place now or in the process of implementation.
  - In the fall of 2021, the State implemented a statewide mobile crisis response program for youth under the age of 21. This hotline is managed by Carelon Behavioral Health; Carelon staff answer hotline calls and attempt to de-escalate the situation. If it is determined that an in-person, mobile response is needed, that call is referred to the local CMHC/CCBHC to deploy a mobile crisis response.
  - Mobile crisis services are now available for adults as well. As with the youth mobile crisis program, when it is determined that an in-person, mobile response is needed, that call is referred to the local CMHC/CCBHC to deploy a mobile crisis response.
  - In July 2022, the 988 National Suicide Prevention hotline went live. Legislation passed in 2022 ensures that calls originating in Kansas are answered by Kansas hotline centers. There are currently four hotline centers with plans in place for a potential fifth. The early results from 988 implementation appear to be strong, and we continue to see increasing utilization of the hotline, with utilization increasing from 1,565 calls in June 2022, to 2,203 calls in July of 2023.
  - Funding to establish local public/private partnerships for regional crisis stabilization centers has helped provide treatment for those individuals who can

be stabilized without utilizing a State psychiatric hospital. This model of care that provides a “port of calm” for patients should be replicated where possible across all communities in Kansas. Current crisis centers can be expanded without significant establishment of new ones that may unnecessarily increase expenses in the state. Further, the passage of the Kansas Crisis Intervention Act in 2017 allows for targeted interventions and emergency care and treatment for individuals experiencing crisis due to mental illness, substance abuse, or a co-occurring condition; however, we are still awaiting promulgation of the required regulations in order to fully implement these programs in the community.

- **Mobile Competency to Stand Trial Evaluation and Competency Restoration Services.** In 2022, the legislature updated the Kansas Code of Criminal Procedure regarding competency of defendants to stand trial, proceedings to determine competency, and commitment of incompetent defendants, persons found not guilty by reason of mental disease or defect, and convicted defendants. The legislation now allows for the state security hospital, a QMHP, an individual qualified by training and experience, or a physician to provide competency evaluation and/or restoration services. This change was necessary to address the challenge of individuals waiting, often for excessively long periods of time, in jail to receive evaluation or restoration services. CMHCs/CCBHCs across the state are providing competency evaluations and are in the process of implementing competency restoration services.

### **Deemed Status for CCBHCs**

The 2016 Legislature passed a law referred to as “deemed status” for CMHCs. This allows “Programs and treatment provided by a community mental health center that have been previously licensed by the secretary for aging and disability services and that have also been accredited by the commission on accreditation of rehabilitation facilities or the joint commission, or another national accreditation body approved by the secretary for aging and disability services, shall be granted a license renewal based on such accreditation.” This reduces redundancy in administrative processes, which saves time and resources for both CMHCs and State staff as well. Our Association would like to see similar legislation passed in 2024 as national accrediting bodies are in the process of developing standards for national accreditation of CCBHCs as well.

In closing, this is a time of great change and great opportunity for the community mental health system. 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.