

Testimony related to HB 2160 and Certified Community Behavioral Health Clinics (CCBHCs)

Presented to: House Health and Human Services Committee

By: Laura Howard, Secretary Kansas Department for Aging and Disability Services

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Chairwoman Landwehr and Members of the Committee,

Thank you for the opportunity to provide neutral testimony on behalf of the Kansas Department for Aging and Disability Services (KDADS) about this important topic. At KDADS, the modernization of our Behavioral Health System of Care is one of our more challenging and complex issues in behavioral health services. Certified Community Behavioral Health Clinics have been a recommendation of multiple reports to the Kansas Legislature over the last several years and were featured in the Mental Health Task Force reports in 2018 and 2019, as well as this year's report from the Interim Joint Committee on Mental Health Modernization and Reform. KDADS has been working to develop pieces of infrastructure in our state that will support the implementation of CCBHCs in Kansas and help prepare CMHCs for the transition of the system. Many of these components have been reflected in budget enhancement requests and in our agency planning documents.

SAMHSA provides a CCBHC criteria guidance document located here:

https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

This is a 60 page document that outlines and explains the services and other requirements of entities seeking certification as a CCBHC. Among other requirements for certification CCBHC's are federally required to provide the following services at a minimum:

- Targeted case management
- Crisis services
- Referrals/connects to other providers
- Screening, assessment, diagnosis, and risk assessment
- Peer support, counseling and family support services
- Psychiatric rehabilitation services
- Services for veterans
- Patient-centered treatment planning
- Primary care screening and monitoring
- Mental health and substance use disorder treatment

KDADS has spent the last two years, working to expand CMHC's capabilities in many of these areas. Specifically, we have worked to expand crisis services, peer support, counseling, family support services, and services for service members, veterans and their families. KDADS has also been able to leverage the KanCare MCO's contracts in helping to facilitate

the expansion of peer support in Kansas and is working with KDHE to pilot supported employment and supported housing programs.

This year the Governor has included in the administration's budget for KDADS a number of key pieces from the Mental Health Modernization & Reform recommendations, several of which support the infrastructure needed for CCBHCs. Among those are the \$5 Million SGF for Mobile Crisis Response Services, \$2 Million SGF for patient-centered Specialized Services in NFMHs, and \$580 Thousand SGF for Housing First services. These components are important to the future implementation of CCBHC's, as they like CMHC's, are required to assure that they serve all individuals that seek their care regardless of their ability to pay. These SGF funds will help assure that these critical components of the CCBHC model are available to help CCBHCs cover costs of treating uninsured and low-income Kansans in these programs.

KDADS and the Governor's Office is supportive of the work of the Interim Committee on Mental Health Modernization and Reform and creating a robust continuum of care, which is why we have been working to make progress on those goals and fund recommendations from the report. However, KDADS and the Governor's Office are concerned about the aggressive timeline and potential impact of this legislation on this year's state budget.

CCBHC's are vital component to the modernization effort and will have a significant impact on improving access to care, reducing hospitalizations and institutionalization of Kansas struggling with severe mental illness as well as those experiencing a behavioral health crisis. CCBHC's will help us level the playing field for recruiting and retaining qualified behavioral health staff and help us address many of the gaps in our current system of care.

KDADS believes many of the CMHCs will require significant technical assistance and additional funding to be able to meet these criteria. We anticipate it taking a significant amount of time to achieve full implementation of the CCBHC model across all CMHCs. We also want to support those CMHCs that are nearer to a state of readiness in becoming CCBHCs – consequently, we would support a process that will allow for a phased adoption of the CCBHC model across the state.

KDADS recommends giving the administration more time to assess the readiness of CMHCs, build capacity within state infrastructure to support certification and prospective payment systems, and plan for implementation of CCBHCs in the most significant overhaul in our state's Behavioral Health delivery system since the 1990s. The initial cost and effectiveness reports for the first year of CMS' CCBHC demonstration program was just made to Congress a few months ago.

KDADS is making significant strides in improving support for community-based services for behavioral health. Further progress on modernization and reform is possible with the support of the Governor's Office and the Legislature working together to empower the agency to fulfill its mission in service to Kansans. With the executive reorganization creating the Department of Human Services, we have an additional opportunity to better align state resources and infrastructure to prepare for implementation of CCBHCs and many other recommendations.

Thank you for allowing us to provide testimony on this important issue.