

# KANSAS MENTAL HEALTH COALITION

*.....Speaking with one voice to meet the critical needs of people with mental illness*

## **Certified Community Behavioral Health Centers - CCBHC**

**Position:** The Coalition supports creating a Certified Community Behavioral Health Centers system in Kansas to provide a comprehensive range of addiction and mental health services. Kansas should adopt the recommendation of the Special Committee on Mental Health Modernization and Reform and model the system after federal CCBHC pilots in place across the country.

**The Problem:** The Coalition commends the Legislature for restoring a portion of the mental health reform grants for community-based treatment in recent years, expanding crisis stabilization centers to new communities, investing in clubhouse and K-12 programs, and directing the creation of new Medicaid health homes and housing programs. It is a good beginning, but too many Kansans with mental illness or substance use disorders are being turned away from the state hospital, or jailed, or trapped in a cycle of arrests and homelessness. Thirty percent (30%) of individuals served by CMHCs have no insurance coverage. These are Kansans whose mental health care is not reimbursed by Medicaid, Medicare or private insurance. Programs are strained to meet the needs of individuals and families facing mental illness and addictions. The inefficiencies of a system with wide gaps in the continuum of care are obvious and the harm to individuals and families spills over into the community at large. This means that evidence-based recovery options are not available statewide.

**Why this matters:** Kansas community mental health centers struggle today to fulfill a comprehensive 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. 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.

**The bottom line:** Recommendations from the 2018-2019 Mental Health Task Force Reports and the 2020 Special Committee on Mental Health Modernization and Reform recommend closing the gaps in the continuum of care to improve overall behavioral health outcomes for Kansans and their families and reduce suicides. The COVID-19 pandemic has created greater stresses from school to home to workplace, and now is the time to institute evidence-based solutions. 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.

*See the back of this page for more information about CCBHCs.*

## The rest of the story about CCBHCs

**Treating the uninsured:** The state's 26 CMHCs are the backbone of Kansas' public mental health system. The CMHCs, along with state hospitals, play a critical role in providing a continuum of mental health care—from emergency crisis services to intensive case management to temporary residential services. Our CMHCs have limited resources to cover the cost of these services, yet they are required by statute to provide for uninsured or underinsured Kansans living with a mental illness. Of those with mental illness or substance use disorders that live under the federal poverty level (FPL), approximately one-third are uninsured. Under-insurance is also a problem with 34% of insured people who had unmet mental health needs indicated that cost was a barrier to seeking treatment.

The overall erosion of community based programs has been alarming – affected by a variety of factors ranging from reductions to mental health reform grants, funding reductions to state policies regarding inpatient mental health screenings, Medicaid payment restrictions for residential treatment programs, changes in contracts for training, flat funding for housing programs.

### **The Continuum of Care**

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.
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