

# 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 expedited certification for the Certified Community Behavioral Health Centers at the time of application rather than waiting for prescribed implementation dates, and to provide transition grants to enable certification for CMHCs to begin that work.

**The Problem:** The transition from Community Mental Health Center to Certified Community Behavioral Health Center requires a great deal of planning, restructuring and hiring. This is made more difficult if some centers are held back while others use their CCBHC funds to offer better salaries and benefits in neighboring counties.

The Coalition commends the Legislature for enacting the Certified Community Behavioral Health Centers (CCBHCs) system to provide a comprehensive range of addiction and mental health services across the state. HB 2160 passed in 2021, fulfilling a priority recommendation from the Special Committee on Mental Health Modernization and Reform. The legislation also aligns with the 2018 and 2019 Mental Health Task Force Reports and recommendations of the Mental Health Modernization and Reform Committee. The work of the Task Force focused on the full continuum of care, identifying gaps and proposing solutions. CCBHCs will close many of those gaps by providing a required array of services funded by a prospective payment system under Medicaid.

**Why This Matters:** Kansas community mental health centers struggle today to fulfill a comprehensive list of obligations, facing a workforce shortage. 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.

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.

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. Certified Community Behavioral Health Centers should be certified when ready, as permitted by state law, in order to expand access to the array of services they provide.

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

## Telling More 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 having unmet mental health needs indicating 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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