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Senate Public and Welfare
Testimony on SB 138
February 23, 2021

Mister Chair and members of the Committee,

My name is Steve Denny. I serve as Deputy Director of Four County Mental Health Center, Inc. (FCMHC). I am a Licensed Clinical Social Worker and a Licensed Clinical Addictions Counselor. I have worked at FCMHC since 2005 and have worked in the field of behavioral health since 2002. FCMHC serves Montgomery, Cowley, Wilson, Chautauqua, and Elk Counties in Southeast Kansas. I am here to testify regarding the implementation of the Certified Community Behavioral Health Clinic (CCBHC) model of care in Kansas. I sincerely appreciate the opportunity to testify in support of SB 138.

Background and History

In May of 2020, FCMHC received notification of award from SAMHSA that we were to receive a CCBHC-expansion grant. FCMHC was the only grantee who received the award in Kansas out of many applicants. We applied because we saw a tremendous opportunity to advance this model in Kansas while giving our agency the unique opportunity to develop new programs and services based on the needs of the communities we serve. The grant also provided desperately needed funding to help boost our ability to recruit and retain the workforce needed to develop and sustain mission-critical programming during the CCBHC transformation process. This need was particularly amplified as we observed multiple employees leave FCMHC to work for organizations in Oklahoma and surrounding communities for higher wages. FCMHC has spent the past several months transforming into a CCBHC "look-alike" with the goal of seeking to become a Certified CCBHC by the end of the 2 year grant cycle in May of 2022. While there is still work to be done, we believe that we are positioned to meet this goal and we are learning a lot along the way.

What is a CCBHC?

As stated, a CCBHC stands for "Certified Community Behavioral Health Clinic." The Excellence in Mental Health and Addiction Act established a federal definition and criteria for CCBHCs. These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are non-profit organizations or units of a local government behavioral health authority. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care (Richardson, Ingolia, 2021). The CCBHC focuses on "comprehensive care providing a variety of services to meet the complex needs of individuals with mental health and addictions. The CCBHC model of care is truly a "community" based model that emphasizes needs-based assessments to determine which services and populations should be targeted and what services are needed to

be effective. FCMHC has focused on expanding care to adults with severe mental illness and veterans. The following components are integrated into the CCBHC Model of Care:

- 24/7/365 mobile crisis team services
- Immediate screening and risk assessment
- Easy access to care
- Tailored care for active duty military and veterans
- Expanded care coordination
- Commitment to peers and family
- Primary Care Health Screening and Referral

Data Driven Approach

Being "data driven" is a cornerstone of the CCBHC Model of Care. CCBHC involves 9 core outcomes that must be tracked and reported along with numerous Continuous Quality Improvement (CQI) measures. These outcomes include suicide risk assessment screening, substance use screening, access to care standards, and follow up after inpatient admissions. The integration of data, reporting, and analysis creates a continuous cycle of evaluation, planning, and improvements to meet the needs of the populations served as well as the strategic partnerships involved in the CCBHC model of care. Below are some examples of programming and decisions made based on data collected through the project.

1. Establishment of Assertive Community Treatment (ACT) programming to provide intensive services to individuals with severe mental illness. These individuals are at high risk for legal problems, co-occurring addiction, and homelessness.
2. Development of a specialized care pathway for Veterans, Active Duty Service Members, and family members.
3. Establishment of enhanced care coordination procedures and expectations across the entire system.
4. Modification of admission processes and expansion of "non-four wall" methods for clients to access care in the community
5. Development of Tobacco Screening and Cessation activities (40% of population served used tobacco daily).
6. Health screening activities for BMI and Blood pressure at admission.

Promising Numbers

While the data at this time is still in early stages of collection, I would like to share a number of promising activities and early outcomes that FCMHC has observed over the first 6 months (2 quarters) of the project.

1. FCMHC has served 3,990 clients and is on target to increase numbers served by a minimum of 3%.
2. FCMHC has trained over 170 staff in "PsychArmor" training for veterans and services members.
3. FCMHC has served a total of 74 veterans and 30 "new" veterans in the 2nd quarter of the project. FCMHC has provided care coordination services to a total of 70 veterans.
4. FCMHC has identified a Primary Care Provider for 53% of clients served.
5. The ACT program has served 16 clients in only 4 months of operation. Two of these clients have found housing and stability after long periods of homelessness and incarceration. The ACT program has admitted clients directly from correctional facilities to reduce the chance of readmission in the future.

6. FCMHC provides same day access to the vast majority of admissions. Those who choose to schedule an appointment have an average 4.3 day wait time.
7. FCMHC has filled 68 positions since the start of the project and had a turnover rate of 3.9% last quarter (annual average is 20%).

Funding and Future Implications

While grant funds have provided a temporary boost to FCMHC, our goal is to develop a cost-based or Prospective Payment System (PPS) through the CCBHC certification process. This system creates a fundamental shift in how behavioral health organizations receive payment from the Medicaid system by establishing a day (PPS 1) or monthly rate (PPS 2). This model allows centers to deliver positions and programs based on actual cost. Our current system is heavily dependent on "fee for service," which creates pressure to focus more on "time spent" with a client. The PPS system still emphasizes visits and contacts but attaches payment to outcomes and quality measures. This creates the opportunity for providers to focus both on time spent and quality of time spent based on the needs of the population. The cost-based system creates the opportunity to modernize the mental health system and stabilize a long under-funded system. The cost-based system also creates opportunity through the "non-four walls" design and comprehensive focus to integrate community outreach programs such as the MHIT school grant. It most certainly will improve care to adults with severe mental illness and children with severe emotional disturbance.

Conclusion

At FCMHC, we believe that behavioral health is essential to the health and wellness of our communities. The CCBHC model provides a tremendous opportunity to significantly improve and stabilize the behavioral health system in Kansas. Thank you for your consideration during this crucial time in Kansas.

Sincerely,

Steve Denny
Deputy Director
Four County Mental Health Center, Inc.