



Four County Mental Health Center

Serving the Counties of Chautauqua, Cowley, Elk, Montgomery & Wilson

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Testimony to House Health and Human Services Regarding the Impact of the CCBHC Model

Chair Carpenter and members of the Committee, my name is Greg Hennen. I currently serve as the Executive Director of Four County Mental Health Center, Inc. Our agency, who celebrated its 60th year of service as a Community Mental Health Centers (CMHC) in July 2024, provides behavioral health services to the five Kansas counties of Chautauqua, Cowley, Elk, Montgomery, and Wilson. We do so 24-hours a day, seven days a week and serve all citizens of those counties without regard to payer source or ability to pay. In our catchment area there are approximately 86,000 covered lives and we serve an unduplicated count of approximately 6,800 individual patients each year.

In representing an agency that was an early adopter of the CCBHC service model, I appreciate the opportunity to testify today about the impact the model has had on our organization and those we serve.

Over the course of the past four (4) years we have been able to add both breadth and depth to the behavioral health safety-net services being made available. Mobile Crisis, Assertive Community Treatment, Assisted Outpatient Treatment, Veteran's Specialty Services, Medication Assisted Treatment, In-Jail Services, Care Coordination/Integrated Care and Supported Employment are all areas showing growth and favorable patient outcomes since operating as a CCBHC.

General Service Access:

- **87%** of admissions occur **on the same day** as the request
- 91% of admissions occur within 10 business days with **an average wait time of 3 business days**.
- **82% of Children** served demonstrated functional stabilization or improvement based on quarterly measurement intervals
- **85% of Adults** served demonstrated functional stabilization or improvement based on quarterly measurement intervals.

Crisis Services-Assertive Community Treatment:

- The Assertive Community Treatment (ACT) served 60 unduplicated "high risk" adults with Severe Mental Illness with Co-occurring Substance Use problems. These individuals are often homeless and have been involved with the legal system. Outcomes are tracked on a quarterly basis and include:
 - **87% required no State hospitalization**
 - 84% had 0 homeless incidents
 - 65% had 0 incarceration incidents

Veteran's Specialty Services:

- **Veterans enrolled in services has tripled** (over 150 per quarter)

In-Jail Services: Of 30 inmates who were discharged while participating in in-jail services:

- All 30 remained in traditional outpatient services following release.
- 23 of 30 (76.67%) had **no additional LEO contact for 90 days or more**.
- 19 of 30 (63.33%) achieved **stable housing**
- 6 of 30 (20%) **became competitively employed**

My interest in testifying today is not to just highlight the positive patient outcomes being achieved but to emphasize the importance of the CCBHC model in sustaining the State's behavioral health safety net. CCBHC was born from efforts to modernize and reform the CMHC safety-net system and ensure its future viability. The system's presence across all 105 counties is not only critical for local community health and wellness, the CMHC/CCBHC system's success is foundational in the continuum of care and management of the State Mental Health Hospital system. Service demand has increased and so has the severity of the conditions we are asked to treat. We are meeting the needs of the more complex patients in the community through earlier intervention and well-coordinated integrated care efforts. I am convinced we could not have achieved the outcomes being observed if not for the transformative model of CCBHC.

In the 4-5 years prior to the implementation of the CCBHC model, we were severely challenged due to increases in uninsured patients but flat-funding in State grants to support them, decades-long stagnation in Medicaid FFS rates, and flat-funding from many of our local counties, and, yet, faced increased operating costs. During that time period Four County MHC was essentially cannibalizing on itself to survive one year to the next. Attrition was key to redistributing dollars in the budget but resulted in diminishing services as the workforce was reduced.

Compounding our budget challenges were area school districts and neighboring States who could offer much higher salaries to both our licensed and unlicensed professionals. I am encouraged that over the past few years our employee retention has improved significantly under the CCBHC model. We are seeing quarterly **turnover rates drop from 18% – 24% down to 5.5% - 10%**. Recruitment of new staff has improved but remains a challenge due to pressures on the market from entities seeking to recruit similarly trained staff out-of-state or into local healthcare service organizations not traditionally behavioral health in focus.

However, our ability to compensate staff at a more competitive salary only tells half the retention story. When staff see the data-driven evidence of improved patient health/well-being and enhanced quality of life, their sense of purpose is lit on fire; they are inspired to come to work and look creatively for the next way in which they can make a difference in someone's life. Making a tangible difference is important to more than just the patient. Along with necessary, market-driven salary increases, I credit demonstrable patient outcomes with our agency's job satisfaction and retention success.

In my opinion, the adoption of the CCBHC model restored to viability the State's behavioral health safety-net system through dramatically enhancing the scope of clinical offerings that make a measurable difference in the lives of the patients we serve and in the lives of the providers doing the work.

Thank you for the opportunity to provide testimony, and I will stand for questions at the appropriate time.