High Plains
MENTAL HEALTH CENTER

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A Licensed Community Mental Health Center
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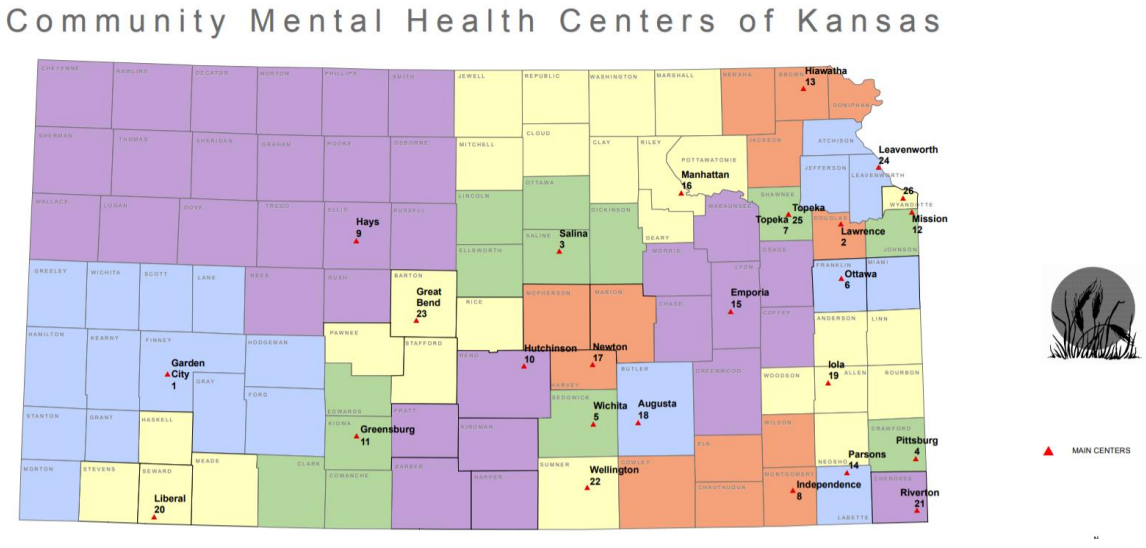
TESTIMONY TO THE JOINT LEGISLATIVE BUDGET COMMITTEE

OF THE KANSAS LEGISLATURE
DECEMBER 15, 2020
WALTER HILL
EXECUTIVE DIRECTOR
HIGH PLAINS MENTAL HEALTH CENTER

Members of the Committee, my name is Walter Hill. Thank you for the opportunity to offer perspectives on Kansas Mental Health and the COVID crisis. I serve as the Executive Director of High Plains Mental Health, the Participating Licensed Community Mental Health Center for our 20-county region of Northwest Kansas. My 42-year clinical and management career in behavioral health has been in Northwest, rural and frontier Kansas.

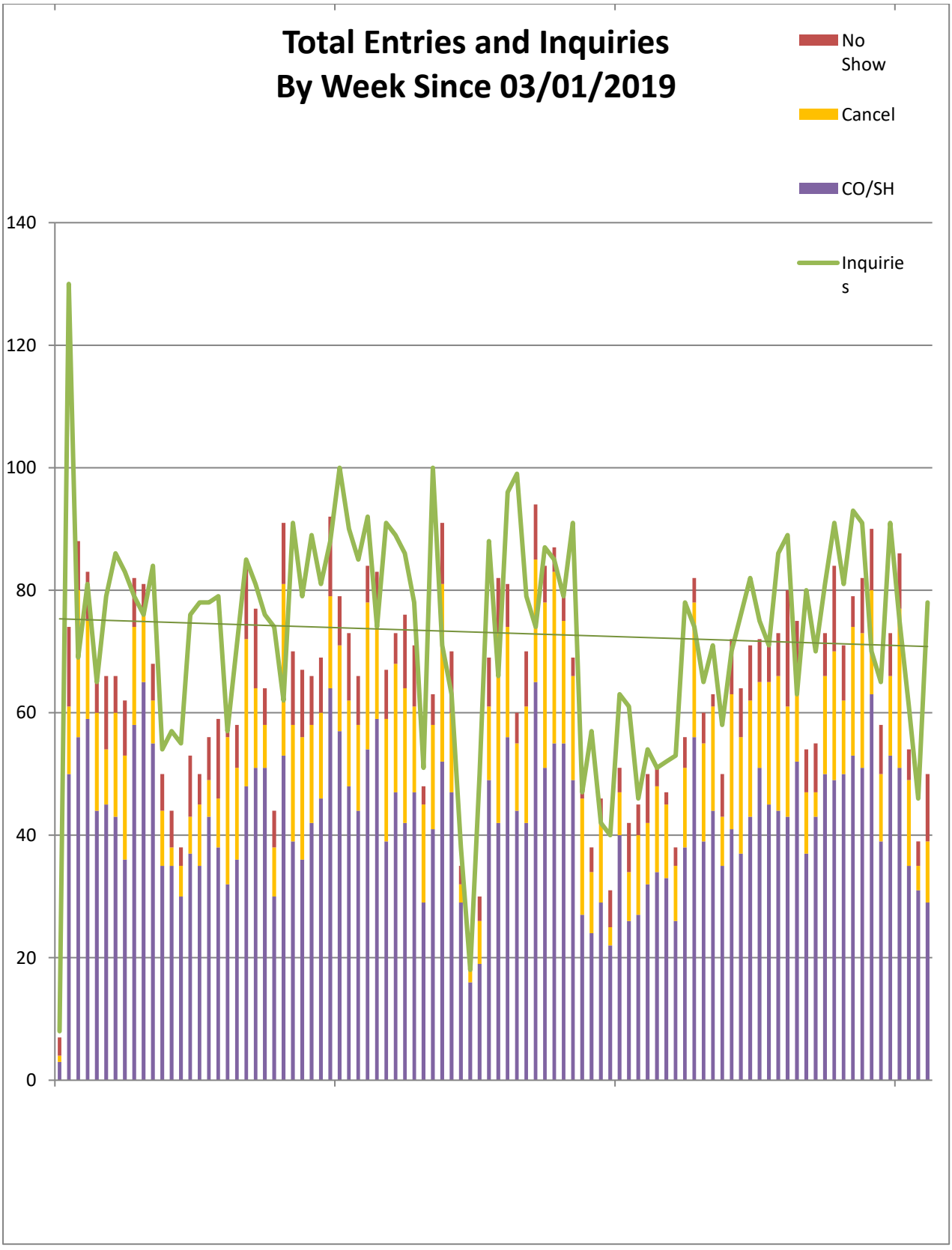


We have seen across the world great increases in depression, anxiety, and other mental health impacts from the stress and trauma of COVID. Our families, many of whom are struggling financially, are challenged to help their children understand this upside-down world with at-home school. Substance abuse and domestic violence have increased dramatically with these stresses. Foster homes are not immune from these challenges.

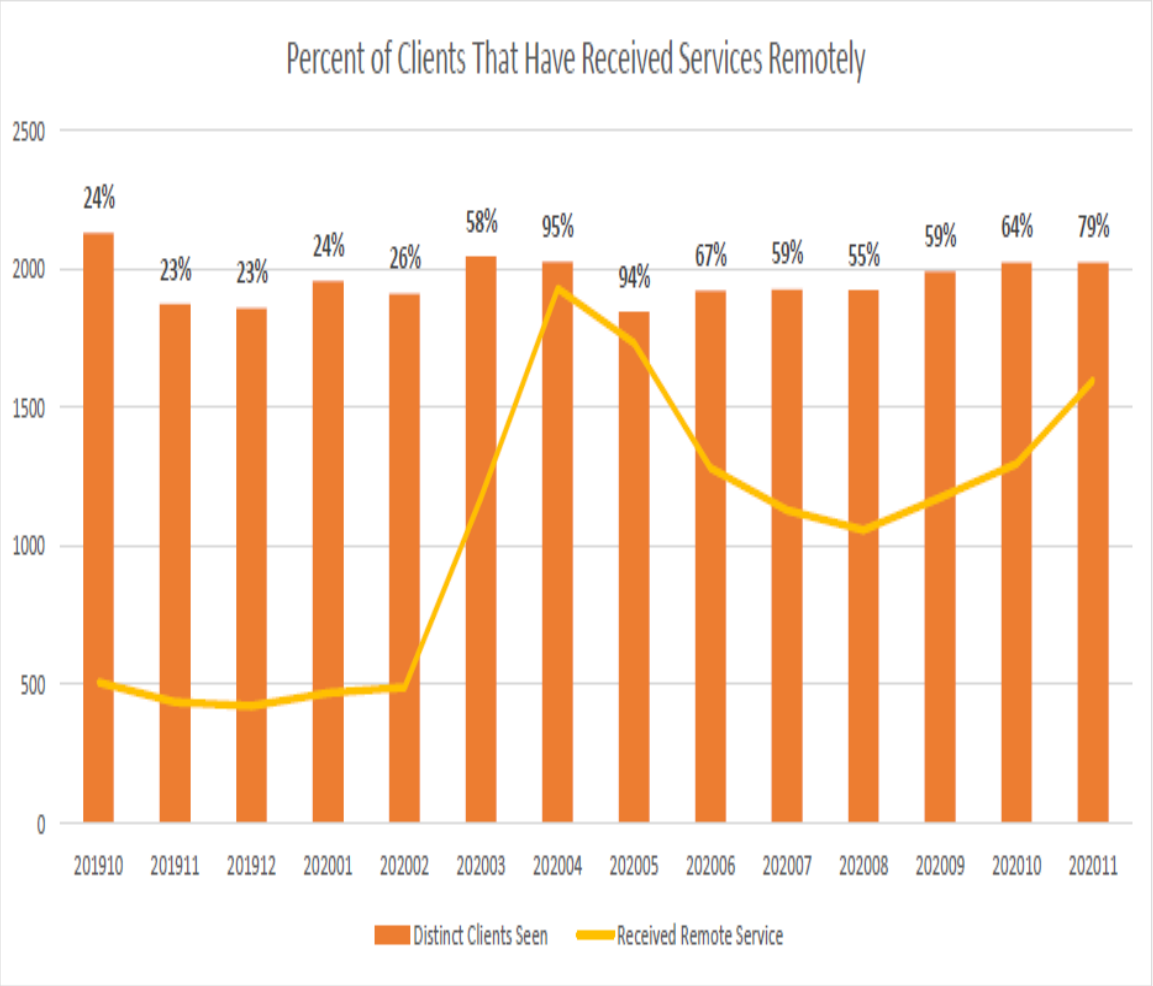
Each year, High Plains provides $10 million of services to over 6,500 patients in this 20-county region, through our 140 staff. Services include statutory gatekeeping screens to state mental health hospitals, short-term overnight adult crisis stabilization beds, youth professional family resource homes, Westside School, outpatient therapy, and psychiatric medication management services. Though we have full-time offices in five branch office communities and four office buildings in Hays, we also provide weekly outreach clinics in each of the other counties. In addition, we have for, a number of years, had an extensive network of telemedicine sites in most of the community hospitals and county jails in our region to extend our reach both geographically and for rapid access in emergencies.

However, recently, most of our services are delivered, because of the COVID threat, through virtual service delivery, with many of our therapists and case managers currently working from home. We were very fortunate to be in a position with availabity and added technology to relatively smoothly shift to up to 96% of our services to being virtual in the spring and now again in the late fall. Patient acceptance of virtual services has been very positive, with two-thirds of patients either preferring or being satisfied with virtual services.

The following charts and graphs show the service requests we continue to receive and to deliver through this crisis and our moves to virtual services:


Total Entries and Inquiries
By Week Since 03/01/2019
No Show
Cancel
CO/SH
Inquiries
140
120
100
80
60
40
20
0

Delivery Method	201910	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011
Distinct Clients Seen	2128	1872	1856	1956	1910	2044	2026	1844	1920	1926	1923	1990	2023	2023
Received Remote Service	509	437	423	470	490	1176	1929	1733	1283	1130	1059	1174	1297	1597
Percent	24%	23%	23%	24%	26%	58%	95%	94%	67%	59%	55%	59%	64%	79%



Use of COVID SPARK funding—High Plains has used federal CARES Act funding to build our service delivery system, which cost nearly one-half of a million dollars by replacing most of the cars in our 50-vehicle fleet with vans to transport patients and maintain social distance, greatly increase our information technology system, purchase iPads and televideo capacity to deliver services primarily virtually and remotely, and to position ourselves to conduct nearly all of our clinical and business operations remotely, if we reach the point that none of our staff can be in offices. Though we had lost revenues of $361,000 from March to November, being positioned to continue service delivery has allowed us to return from an over one-half million dollar loss in

our budget to nearly whole. Our philosophy has been to use CARES Act funding to position us for ongoing operational self-sufficiency to operate, including financially.

We continue to see every patient needing care and continue to provide overnight adult crisis care, screenings and full medication, therapy, and community support services, in as safe a way as possible.

Public awareness about the mental health impacts of COVID and the availability of virtual services has been a vital need we have addressed in radio, TV, and social media campaigns.

GAPS AND SYSTEMIC CHALLENGES: But there are huge gaps, which I believe must be mentioned and addressed:

1. **State Mental Health Hospital moratorium and closed beds—**Patients are waiting for psychiatric hospital admission in emergency departments for days or in police custody. Children and families are finding travel to Wichita for youth inpatient care is not practical. We would suggest funding of a Northwest Kansas inpatient community psychiatric hospital unit for adults and youth along with a Crisis Intervention Center, with assistance in building such a facility for use by community partners who are interested in pursuing this concept. It is becoming clear that to meet the state's obligation to provide inpatient care to our most needy citizens, and for public safety,

that there must be a shift in investment of physical plant infrastructure as well as service payments, to local communities from state institutions, but with some state hospital back-up capacity defined as the final and ultimate safety net. COVID has stressed the system and heightened and brought to a rapid crisis point the underlying and fundamental gaps in safety net services.

2. **Financial Issues**—There has been a variety of funding to help us through these tough times. At several points, we were $500,000 to $600,000 in the red in a $10,000,000 budget, even with added funding. Medicaid rates need to be adjusted, and more patients who are uninsured need to have access to Medicaid. However, the best long-term solution is a change to cost-based reimbursement in a **Certified Community Behavioral Health Center (CCBH)** statewide arrangement for all Centers and the State. We need to move to outcome-oriented payments for the value of service, cost-based reimbursement, and reductions of micromanagement by MCOs that are holdovers of a volume-based rather than value-based system of reimbursement. Had we had **CCBH** funding in place, I believe High Plains could have been self-sufficient financially through COVID without CARES Act funding.
3. **Workforce—**We struggled before with recruitment and retention (in part because of low wages related to #2 above). Virtual services help with workforce gaps, but we suggest a concerted effort on the part of the CMHCs, the State, and universities to quantify and develop plans to address workforce shortages. We have had at least four therapist positions and two case manager positions go unfilled for up to two years recently.
4. **Virtual Services**—Broadband expansion is vitally needed. We appreciate that the State is in the process of making large investments in broadband for rural areas and believe this will be of great help to both our staff providing services and our patients in accessing telehealth services. Equipment is expensive, and it would be useful to also consider underwriting communications capacity for telehealth providers, which would allow us as professionals and our patients the latitude to determine when virtual services are most appropriate and effective.