



Overview of the Kansas Community Mental Health System for House Health and Human Services Committee

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January 18, 2023

Madam Chair and members of the Committee, my name is Kyle Kessler, and I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. Our Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with mental health needs.

We appreciate the opportunity to provide you with an overview of the Kansas Community Mental Health System.

Our Primary Goal

The primary goal of CMHCs is to provide quality care, treatment, and rehabilitation to individuals with behavioral health problems in the least restrictive environment. The CMHCs provide services to all those needing it, regardless of economic level, age, or type of illness, and by mandate, regardless of ability to pay. The CMHCs strongly endorse treatment at the community level in order to allow individuals to continue functioning in their own homes and communities, at a considerably reduced cost to them, third-party payers, and taxpayers.

CMHCs provide treatment and recovery services to Kansans covered by Medicare, Medicaid, private insurance, and those who are uninsured and underinsured. Per the State Automated Information Management System (AIMS), CMHCs served over 145,000 Kansans in state fiscal year 2021.

Accountability

The 26 licensed CMHCs operating in Kansas have separate duly elected and/or appointed boards of directors. Each of these boards is accountable to the citizens served, county officials, the state legislature, and the Governor, and all are required to submit data to the state in order to receive federal mental health block grant funding.

Shared Governance

CMHCs are their respective counties’ legally delegated authorities to manage mental health care in Kansas and function as the local mental health authorities. The Kansas mental health system is a relationship of shared governance between two governmental entities, the State, and the counties. This includes unique partnerships with local agencies such as law enforcement, health departments, school systems, and community hospitals.

CMHCs have a combined staff of over 5,000 (although current estimates are that they are operating with approximately a 25% vacancy rate, making the workforce shortage one of the most daunting challenges the system faces) providing mental health services in every county of the state in over 120 locations. Together they form an integral part of the mental health system in Kansas offering a network of access to a comprehensive array of community-based treatment for mental health and substance use disorders, as well as medical services across the state. The independent, locally owned and operated CMHCs are dedicated to fostering a quality, free-standing system of treatment and programs for the benefit of citizens needing behavioral health care and treatment. Outcome performance measures have been specifically delineated in contracts with the State of Kansas since the Mental Health Reform Act of 1990 was enacted.

The CMHCs operate under extensive state licensing regulations; are subject to licensure site reviews; and provide extensive required data routinely to the Kansas Department for Aging and Disability Services (KDADS). The CMHCs also conform to Medicaid and Medicare standards and audits.

As publicly structured mental health authorities, CMHCs look to the state to provide critical leadership functions that allow them to fulfill their public responsibility. CMHCs are not only a part of the Kansas public mental health system but are also the network that provides the majority of mental health services in the state. CMHCs are aware that actions of local, state, and federal government, and other agencies, private and public, affect the future delivery of mental health services in the State of Kansas.

Community-Based Focus

CMHCs were originally established to allow citizens to recover from mental illness in their communities through access to preventative short-term treatment and care. The system dramatically shifted after Mental Health Reform in the early 1990s toward more public, long-term treatment and care, including case management and crisis services.

Kansas originally had state mental health facilities in Osawatomie, Larned, Topeka, and Kansas City. With the closure of Topeka State Hospital and Rainbow Mental Health Facility in Kansas City, the State currently has two remaining state mental health hospitals in Osawatomie, which serves eastern Kansas, and Larned, which serves western Kansas. Kansas statutes provide that participating CMHCs are the “gatekeepers” for the state hospitals and require that they conduct emergency screenings to determine if state hospital admission (voluntary admission, court ordered admission, or emergency hold admission) is appropriate. Most assessments result in referral for outpatient treatment involving counseling and psychiatric medication management.

The Mental Health Reform legislation further mandates “that no patient shall be discharged from a state hospital if there is a participating CMHC serving the area where the patient intends to reside, without receiving recommendations from such participating mental health center.” Each CMHC has one or more liaisons who work with the state hospitals to assist with discharge and aftercare plans, as well as coordinating with private psychiatric facilities and nursing facilities for mental health (NFMHs).

Grant funding for these services has been cut significantly over the last decade, even though demand for mental health services continues to increase. If those in need of services do not receive timely treatment, they may have to be served in emergency rooms, state hospitals, or jails, all of which are much more expensive than community-based services. One complicating factor is that CMHC services have transitioned from grant funding to Medicaid reimbursement over the last couple decades. While our longstanding state funding and county support continue on to this day, our reliance on the Kansas Medicaid program to fund the majority of our services means that we should be very cautious of any initiatives that might disrupt the funding and structure of CMHC services. Leaders in the Legislature stepped forward to begin the process of restoring the promise of mental health reform by partially restoring CMHC contract funding over the past few years, .

Particularly in the past year, the community mental health system has undergone significant changes. Implementation of the Certified Behavioral Health Clinic (CCBHC) model represents the biggest transformation of the system since Mental Health Reform and is a long-anticipated and welcomed development. In the midst of this transition, the CMHC network has continually been asked to do more and more.

Just this year, the State has increased expectations for provision of housing services, mobile crisis services for both youth and adults, specialized services for residents of nursing facilities for mental health, and implementation of mobile competency and restoration services. These new expectations come at the same time as the State is struggling with limited inpatient capacity, even for involuntary, court-ordered admissions. When

beds are unavailable at the State Mental Health Hospitals (SMHHs), it falls on the CMHC to maintain the patient in a safe environment until a bed becomes available. This has become a major stressor at the local level as both SMHHs have been routinely operating with waiting lists.

Systemwide, there is a critical need for additional resources, both in terms of inpatient bed capacity and the workforce needed to provide appropriate staffing levels for those beds.

To that end, there are several ongoing or proposed initiatives that could help to support and stabilize the system.

Looking Toward the Future

- **Certification of Certified Community Behavioral Health Clinics (CCBHCs).** The 2021 Kansas Legislature passed monumental behavioral health legislation to implement the CCBHC model in Kansas. As of July 2022, nine CMHCs have achieved provisional certification as CCBHCs. This new model of care focuses on integrated, whole person care, expands the array of services provided to the community, and provides a sustainable funding mechanism through a prospective payment system (PPS) reimbursement mechanism designed to cover the true costs of providing services. The CCBHC is a provider type under the Medicaid program, and through the PPS, provides more funding than the traditional fee-for-service payment model of CMHCs. These additional resources help the CCBHC to recruit and retain staff, which in turn also translates to more consistency for patients as the Clinic is able to reduce staff turnover. We are already seeing positive results from the first CCBHCs that have been successful in reducing their staff turnover rate.

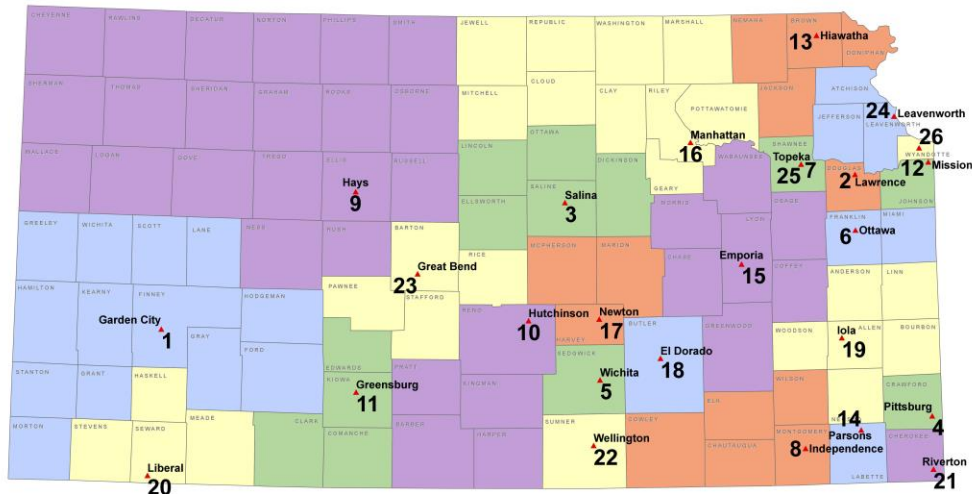
The current schedule for certifying additional CCBHCs assumes nine clinics will become certified by July 2023 and the final eight by July 2024. We have recently surveyed our membership regarding readiness for certification and believe most will be ready to certify even more quickly than the statutory deadlines. As such, we recommend the State allow CMHCs to complete the CCBHC certification process as they are ready. Allowing CMHCs to certify as they are ready reduces inequities across the system, helps to address workforce challenges, and ensures more Kansans have access to CCBHC services.

- **Building Career Pathways and Supporting Workforce.** Kansas is experiencing a workforce shortage across health care sectors, particularly in behavioral health. The workforce shortage of Qualified Mental Health Professionals (QMHPs) and medical staff has become a significant challenge. CMHCs compete with Managed Care Organizations (MCOs), the Veterans Administration (VA), schools, hospitals, private providers, and so on. Some of this strain should be alleviated by implementation of the CCBHC model, but more needs to be done to increase the human resources necessary to adequately staff our CMHCs/CCBHCs. We support investment in building career pathways in behavioral health to increase the number of professionals within the workforce through programs such as development of behavioral health technician certificate programs within community and technical colleges, behavioral health scholarships provided in partnership with the Kansas Board of Regents, and development of a rural psychiatric residency program.
- **Mental Health Medications.** In 2015, a substantial change was made to how mental health medications were to be managed in the Medicaid program. The current statute has been in place for nearly six years without achieving any improvement in patient care or cost savings for the State. Furthermore, the process relies on numerous physicians and nurses who are required to take days away from helping patients each year while participating in what has become an unnecessary and tedious process, and this change has created hurdles for clients to access necessary and life-saving medications.

- **School-Based Behavioral Health Programs.** CMHCs provide treatment programs and interventions designed to ensure youth are able stay in their own homes and communities while receiving behavioral healthcare. Local partnerships allow CMHCs to provide services in the school-based setting, allowing schools to focus on education and CMHCs to focus on treatment and improving care. Students benefit from timely access to mental health services and missing less time in the classroom, leading to improved attendance, behavior, and academic performance. The Mental Health Intervention Team (MHIT) program is one example of a successful school-based local program.
- **Coordinated Crisis Response Program.** The CCBHC model requires a statewide, coordinated crisis response system. For Kansas, there are several components in place now or in the process of implementation.
 - In the fall of 2021, the State implemented a statewide mobile crisis response program for youth under the age of 21. This hotline is managed by Beacon Health Options; Beacon staff answer hotline calls and attempt to de-escalate the situation. If it is determined that an in-person, mobile response is needed, that call is referred to the local CMHC/CCBHC to deploy a mobile crisis response.
 - The State is now in the process of implementing an adult mobile crisis program. The requisite Medicaid policy is in place, and implementation is in process. As with the youth mobile crisis program, when it is determined that an in-person, mobile response is needed, that call is referred to the local CMHC/CCBHC to deploy a mobile crisis response.
 - In July 2022, the 988 National Suicide Prevention hotline went live. Legislation passed in 2022 ensures that calls originating in Kansas are answered by Kansas hotline centers. There are currently four hotline centers with plans in place for a potential fifth. The early results from 988 implementation appear to be strong, and we continue to see increasing utilization of the hotline, with utilization increasing from 1,565 calls in June, to 2,203 calls in July.
 - Funding to establish local public/private partnerships for regional crisis stabilization centers has helped provide treatment for those individuals who can be stabilized without utilizing a State psychiatric hospital. This model of care that provides a “port of calm” for patients should be replicated where possible across all communities in Kansas. Further, the passage of the Kansas Crisis Intervention Act in 2017 allows for targeted interventions and emergency care and treatment for individuals experiencing crisis due to mental illness, substance abuse, or a co-occurring condition; however, we are still awaiting promulgation of the required regulations in order to fully implement these programs in the community.
- **Telehealth.** Telemedicine was a the gamechanger for behavioral health treatment during the pandemic. The Centers for Medicare and Medicaid Services (CMS) allowed more flexibility in treating patients than ever before. The Covid-19 pandemic made it clear that CMHCs are essential service providers, and mental health treatment and services are a vital part of a community’s healthcare service array. In areas of rural and frontier Kansas, telemedicine had been used in behavioral health with success for nearly two decades. Gaps such as broadband and technology hardware had been a barrier. However, the use of telephone has been a significant addition, and the ability to use telemedicine in urban areas helped provide an additional access venue as well. We believe continuing the current policies indefinitely increases access to care.

In closing, This is a time of great change and great opportunity for the community mental health system. Our goal is to be the best mental health treatment system in the United States, measured by quality, innovation, and training opportunities; and that goal is unwavering.

Community Mental Health Centers of Kansas



Locations of Community Mental Health Centers
Key to Map

- Compass Behavioral Health**
Garden City – (820) 276-7689
Counties Served: Finney, Ford, Grant, Gray, Greeley, Hamilton, Hodgeman, Kearney, Lane, Morton, Scott, Stanton, Wichita
www.compassbh.org
- Bert Nash Community Mental Health Center Inc.**
Lawrence – (785) 843-9192
Counties Served: Douglas
www.bertnash.org
- Central Kansas Mental Health Center**
Salina – (785) 823-6322
Counties Served: Dickinson, Ellsworth, Lincoln, Ottawa, Saline
www.kcmhc.org
- Community Mental Health Center of Crawford County**
Pittsburg – (620) 231-5141
Counties Served: Crawford
www.crawfordmentalhealth.org
- COMCARE of Sedgewick County**
Wichita – (316) 660-7600
Counties Served: Sedgewick
www.sedgewickcounty.org/comcare
- Elizabeth Layton Center, Inc.**
Ottawa – (785) 242-3780
Counties Served: Franklin, Miami
www.laytoncenter.org
- Family Service & Guidance Center**
Topeka – (785) 232-5005
Counties Served: Shawnee
www.fsgtopeka.com
- Four County Mental Health Center**
Independence – (820) 331-1748
Counties Served: Chautauqua, Cowley, Elk, Montgomery, Wilson
www.fourcounty.com
- High Plains Mental Health Center**
Hays – (785) 628-2871 or (800) 432-0333
Counties Served: Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Osborne, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Sherman, Smith, Thomas, Trego, Wallace
www.highplainsmentalhealth.com
- Horizons Mental Health Center**
Hutchinson – (620) 663-7595
Counties Served: Barber, Harper, Kingman, Pratt, Reno
www.hmhbc.com
- Iroquois Center for Human Development Inc.**
Greensburg – (620) 723-2272
Counties Served: Clark, Comanche, Edwards, Kiowa
www.ircenter.com
- Johnson County Mental Health Center**
Mason – (913) 715-5000
Counties Served: Johnson
<https://www.jccgov.org/dept/mental-health/home>
- Kanza Mental Health & Guidance Center**
Hiawatha – (785) 742-7113
Counties Served: Brown, Doniphan, Jackson, Nemaha
www.kanzamhgc.org
- Labette Center for Mental Health Services**
Parsons – (620) 421-3770
Counties Served: Labette
www.lcmhs.com
- CrossWinds Counseling & Wellness**
Emporia – (620) 343-2211 or (800) 279-3645
Counties Served: Chase, Coffey, Greenwood, Lyon, Morris, Osage, Wabaunsee
www.crosswindsks.org
- Pawnee Mental Health Services**
Manhattan – (785) 587-4300
Counties Served: Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pottawatomie, Republic, Riley, Washington
www.pawnee.org
- Prairie View, Inc.**
Newton – (316) 284-6310
Counties Served: Harvey, Marion, McPherson
www.prairieview.org
- South Central Mental Health Counseling Center Inc.**
Augusta – (316) 775-5491
Counties Served: Butler
www.scmhcc.org
- Southeast Kansas Mental Health Center**
Iola – (620) 365-8641
Counties Served: Allen, Anderson, Bourbon, Linn, Neosho, Woodson
www.sekshc.org
- Southwest Guidance Center**
Liberal – (620) 624-8171
Counties Served: Haskell, Meade, Seward, Stevens
www.swguidance.org
- Spring River Mental Health & Wellness**
Riverton – (620) 848-2300
Counties Served: Cherokee
www.srmhw.org
- Sumner County Mental Health Center**
Wellington – (620) 328-7448
Counties Served: Sumner
www.sumnermentalhealth.org
- The Center for Counseling and Consultation**
Great Bend – (620) 792-2544
Counties Served: Barton, Pawnee, Rice, Stafford
www.thecentercc.org
- The Guidance Center Inc.**
Leavenworth – (913) 682-5118
Counties Served: Atchison, Jefferson, Leavenworth
www.theguidance-ctr.org
- Valco Behavioral Healthcare**
Topeka – (785) 233-1730
Counties Served: Shawnee
www.valcotopeka.org
- Wyandot Center for Community Behavioral Health Inc.**
Kansas City – (913) 328-4800
Counties Served: Wyandotte
www.wyandotcenter.org



▲ MAIN CENTERS



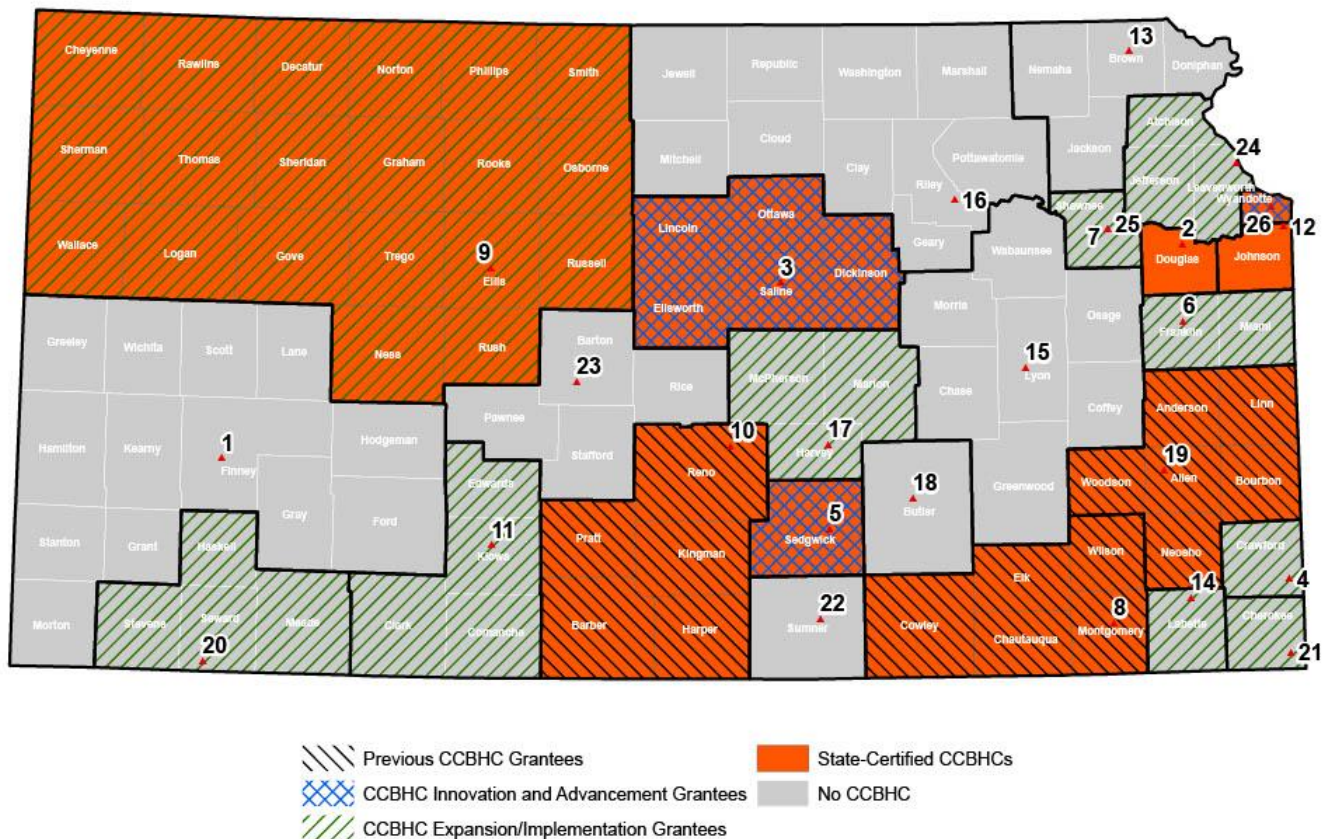
AIMS
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January 10, 2018



Community Mental Health Centers Status of Participation in the CCBHC Model



As of September 2022

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COMMUNITY MENTAL HEALTH CENTER OF CRAWFORD COUNTY

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FAMILY SERVICE & GUIDANCE CENTER

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2023 Behavioral Health Public Policy Agenda

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Certification of Certified Community Behavioral Health Clinics (CCBHCs). As of July 2022, nine CMHCs have achieved provisional certification as CCBHCs. This new model of care expands the array of services provided to the community and provides a sustainable funding mechanism through a prospective payment system, which provides additional resources for recruitment and retention of workforce and to implement new programs. The current deadlines for certifying additional CCBHCs require nine clinics to become certified by not later than July 2023 and the final eight by not later than July 2024. Most of the remaining Community Mental Health Centers (CMHCs) are projected to be ready to certify more quickly than the statutory deadlines. As such, we recommend the State allow CMHCs to complete the CCBHC certification process as they are ready, to reduce inequities across the system, to address workforce challenges, and to ensure more Kansans have access to CCBHC services.

Addressing the Needs of the Uninsured and Underinsured—Keeping the Promise of Mental Health Reform.

Since enactment of the Kansas Mental Health Reform Act of 1990, CMHCs are the designated local Mental Health Authorities, coordinating the delivery of publicly funded community-based mental health services, and are required to serve every person who walks through their doors, regardless of ability to pay. If those in need of services do not receive timely treatment, they may have to be served in emergency rooms, state hospitals, or jails, all of which are much more expensive. Even with recent enhancements made to the Medicaid system through implementation of CCBHCs, there remains an ongoing need to sustain funding for services provided to the uninsured. In order to meet the demand for services account for the growth in persons served, our request to the Legislature is for \$3.0 million for FY 2024 for CMHC contract funding.

Support CMHC Crisis Centers.

- Support and enhance current funding for community crisis centers operated by CMHCs. Regional crisis stabilization centers provide treatment for those individuals who can be stabilized without hospitalization.
- Further, the passage of the Kansas Crisis Intervention Act in 2017 allows for establishment of Crisis Intervention Centers (CICs) that provide targeted interventions and emergency care for individuals experiencing crisis due to mental illness, substance abuse, or a co-occurring condition. CICs are able to take involuntary admission, which when provided regionally could reduce the level of demand for state hospital care; however, we are still awaiting promulgation of the required regulations. We urge the State to expediently finalize the regulations so that this level of care can be implemented.

Building Career Pathways and Supporting Workforce. The workforce shortage of Qualified Mental Health Professionals (QMHPs) and medical staff has become a significant challenge. Some of this strain should be alleviated by implementation of the CCBHC model, but more needs to be done to increase the human resources necessary to adequately staff our CMHCs/CCBHCs. A multiprong approach must be taken to not only retain current staff but also to increase the number of professionals entering the field, such as the following:

1. Amend the graduate student loan repayment legislation to allow program eligibility to include out-of-state students in the psychiatry program at KUMed
2. Implement a rural psychiatric residency program
3. Develop, in partnership with the Kansas Board of Regents, service scholarship program for students committing to service commitments at CMHC and State Mental Health Hospitals
4. Create a behavioral health technician program to be offered by community and technical colleges

Restore Inpatient Capacity. The State hospitals are the inpatient safety net for individuals with severe mental illness in Kansas, and both Osawatomie State Hospital (OSH) and Larned State Hospital (LSH) have been operating at reduced capacity due to census management measures that have limited the number of available beds. Our state cannot afford to lose any more inpatient beds, and we support returning to full capacity at the State Mental

Health Hospitals as well as potentially addressing the need for additional beds by implementing a regional model to supplement state hospital capacity through addition of state-certified hospital beds in a centralized location. Any expansion of beds through a regional model must be developed in conjunction with strategies to increase workforce.

988 Suicide Prevention Lifeline Funding: The passage of SB 19 by the 2022 Kansas Legislature was a huge success and helped create the foundation of the suicide and mental health crisis hotline. As awareness of this resource grows and call volume increases, there is a need for ongoing, sustainable funding.

Medicaid Expansion. More than half of those who present for treatment at CMHCs have no insurance. Expansion of Medicaid will provide coverage for those who have a mental illness so they can access treatment in their communities. We know that if a person with a mental health need does not have insurance, he or she is less likely to seek out care until becoming more ill, needing more services, and taking longer to recover. Oftentimes, CMHCs are dealing with crisis situations for those without insurance. Expansion of the Medicaid program, including enhanced care coordination and work referral programs, will result in better outcomes and reduction of costs in other sectors.

Supported Housing Resources. Funding is needed for housing navigation, stabilization, and landlord/tenant mediation to help those living with severe mental illness who are precariously housed or living unsheltered access and maintain housing as well as for 24/7 programs for those needing ready access to supports and help with activities of daily living who may be able to remain in a community setting if provided support and assistance to manage activities of daily living, preventing the need for more costly and restrictive levels of care.

Exercising Caution in Changes to Tax Policy. Changes to tax policy should be pursued with the greatest of caution in light of reports of possible recession and the results of past tax policy changes like dramatic reductions.

Promote Increased Collaboration and Support for CMHC-School Partnerships at the Local Level. CMHCs provide treatment programs and interventions designed to ensure youth are able to stay in their own homes and communities while receiving behavioral healthcare. Local partnerships allow CMHCs to provide services in the school-based setting, allowing schools to focus on education and CMHCs to focus on treatment and improving care. Students benefit from timely access to mental health services and missing less time in the classroom, leading to improved attendance, behavior, and academic performance. The Mental Health Intervention Team program is one example of a successful school-based local program.

Reform the Kansas Communities That Care Survey (KCTC). The KCTC student survey was developed based on national research that found that there are specific risk and protective factors in regard to youth and their substance abuse behaviors. The survey is anonymous, voluntary, and confidential. Due to the current opt-in protocol, the data collected is too limited and unreliable to inform prevention programs. Returning to an opt-out protocol would increase the response rate and providing the data necessary to develop informed prevention strategies and prioritize efforts to address the most relevant issues facing our communities.

Strong Guidance on Regulation and Prescription of Medical Marijuana. As policy makers consider legalization of medical marijuana, our Association believes that the regulation and prescription of it should be firm to prevent abuse or potential escalation of addiction. Much can be learned from the experience of surrounding states in this area.

Repeal the Mental Health Medication Advisory Committee and Return to Previous Statute that Prohibited Prior Authorization or Preferred Drug Lists on Mental Health Medications for Individuals in the State Medicaid Program. The current statute has been in place for nearly six years without achieving any improvement in patient care or cost savings for the State. The committee has several provider members that are required to take days away from helping patients each year while participating in what has become an unnecessary process.

Oppose Efforts that Could Destabilize the Public Mental Health System. CMHCs are the foundation of the public mental health safety net. They have a statutory and contractual responsibility to serve every patient regardless of their ability to pay. Any changes to Medicaid, which is an integral partner in helping CMHCs provide behavioral health treatment, must be thoughtfully and thoroughly vetted as they could disrupt the transition to the CCBHC system that is underway.