



**KANSAS HEALTH INSTITUTE**

*Informing Policy. Improving Health.*

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**Robert G. (Bob) Bethell Joint Committee on Home and Community Based  
Services and KanCare Oversight**

December 15, 2020

**Integrated Care**

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The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.

Chair Landwehr and Members of the Committee:

Thank you for the opportunity to introduce a discussion of the integration of primary medical and behavioral health care. My name is Kari Bruffett, and I am vice president for policy at the Kansas Health Institute (KHI).

KHI is a nonprofit, nonpartisan educational organization based in Topeka, founded in 1995 with a multiyear grant from the Kansas Health Foundation.

KHI had the honor to help facilitate the working groups for the Special Committee on Mental Health Modernization and Reform. I would like to draw your attention to a list of the membership of the System Capacity and Transformation Working Group, which developed a recommendation I'll describe shortly.

The Special Committee, as many of you know, was tasked with analyzing the state's behavioral health system and developing a strategic effort to modernize the system. To achieve this directive, the Special Committee established three Working Groups to review and update recommendations from five previous collaborative efforts to improve components of the behavioral health system. The Working Groups established by the Special Committee included those on Finance and Sustainability, Policy and Treatment, and System Capacity and Transformation.

The effort was made possible by the previous work of the Child Welfare System Task Force, the Governor's Behavioral Health Services Planning Council, the Governor's Substance Use Disorder (SUD) Task Force, the Mental Health Task Force and the Crossover Youth Working Group. Recommendations from these past efforts provided the foundation for the working groups' efforts, but each working group's members brought their own experiences and perspectives.

As you will see, the working group that developed the recommendation related to integrated care was comprised of members including legislators, state agency leaders and staff, provider associations and payers.

In its introduction to recommendations related to system transformation, the working group report provides this context:

*"A modernized system will work both in evidence-based treatment and prevention with focus on the patients to address a continuum of needs. Transformation will result in a mission driven, rationally funded and outcome-oriented system of providers that uses data as an asset to identify problems and develop solutions. **An important strategy for system transformation will be addressing the continuum of care to ensure an integrated and coordinated approach to care delivery** [emphasis added]. The System Capacity and Transformation Working Group also discussed barriers related to cross system collaboration, infrastructure changes, and Medicaid payment for services to families."*

One of the working group's recommendations designated for immediate action – defined in the context of the report as in the next two years – was:

**Recommendation 9.3 Integration.** Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. Adopt coding practices that allow for the integration of services across the continuum of care domains (including, but not limited to, primary care, substance use

disorder, and mental health) to provide more integrated services to clients with co-occurring conditions.

The rationale for the recommendation cited in the report is:

*“Multiple previous collaborative efforts developed recommendations highlighting the importance of integration (e.g., Governor’s Substance Use Disorders Task force, Governor’s Behavioral Health Services Planning Council), and the System Capacity and Transformation Working Group built this recommendation from that work. SAMHSA describes integration as, ‘The care that results from a practice team of primary care and behavioral health clinicians and other staff working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.’ Integrated care can lead to better outcomes for patients, as well as more streamlined care delivery. Adopting coding practices in support of integration is seen as critical to the goal of providing best practice, whole-person care.”*

Another working group, the Finance and Sustainability Working Group (membership attached), included a recommendation, also for action in the next two years, related to a model that you will hear about today: Certified Community Behavioral Health Clinics. I will defer to other conferees to describe the model, but the recommendation prepared by the working group was:

**Recommendation 2.1 Certified Community Behavioral Health Clinic Model.** Support expansion of the federal Excellence in Mental Health Act and then pursue participation. If participation in the Excellence in Mental Health Act is not possible, pursue a state plan amendment or change to the 1115 Waiver to allow interested providers to gain access to the Certified Community Behavioral Health Clinic (CCBHC) model.

Thank you for the opportunity to present today, and to introduce the topic that you will hear more about from some great conferees. I would be happy to stand for questions when appropriate.

### **Finance and Sustainability Working Group (WG1)**

- Senator Larry Alley
- Charles Bartlett, Director of Adult Services, Kansas Department for Aging and Disabilities Services
- Andy Brown, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disabilities Services
- Representative Will Carpenter
- Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment
- Coni Fries, Vice President of Government Relations, Blue Cross and Blue Shield of Kansas City
- Greg Hennen, Co-Chair, Executive Director, Four County Mental Health Center
- Laura Howard, Secretary of Kansas Department for Aging and Disabilities Services and Kansas Department for Children and Families
- Don Jordan, Former Superintendent, Osawatomie State Hospital, Former Secretary, Social and Rehabilitation Services (SRS)
- Representative Brenda Landwehr
- Representative Megan Lynn
- William Warnes, Co-Chair, Medical Director for Behavioral Health, Sunflower Health Plan

### **System Capacity and Transformation Working Group (WG3)**

- Representative Tory Marie Arnberger
- Sandra Berg, Executive Director, United Behavioral Healthcare
- Representative Elizabeth Bishop
- Andy Brown, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disabilities Services
- Andrea Clark, Co-Chair, CIT/Veterans Program Coordinator, Kansas Department for Aging and Disabilities Services
- Denise Cyzman, Chief Executive Officer, Community Care Network of Kansas, formerly known as Kansas Association for the Medically Underserved
- Laura Howard, Secretary of Kansas Department for Aging and Disabilities Services and Kansas Department for Children and Families
- Kyle Kessler, Co-Chair, Executive Director, Association of Community Mental Health Centers of Kansas, Inc.
- Spence Koehn, Court Services Specialist, Office of Judicial Administration
- Representative Brenda Landwehr
- Representative Rui Xu