Testimony to the Legislative Budget Committee

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Chairwoman McGinn and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The 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. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. This makes the community mental health system the "safety net" for Kansans with mental health needs.

Throughout the pandemic, in particular, it is clear that CMHCs are essential service providers, and mental health treatment and services are a vital part of a community's healthcare service array. During times of crisis, the need for services due to increased rates of anxiety, depression, and social isolation grows. CMHCs have been actively engaged in planning and developing policies designed to keep staff and clients safe and have worked tirelessly to ensure access to care through innovative means, including telehealth, to ensure the safety of patients and staff.

We appreciate the opportunity to provide testimony today on the effects of the pandemic on our system of care and on a larger scale on the behavioral health of Kansans.

The pandemic has triggered symptoms associated with anxiety and depression. The result on the communities and employers in our state is substantial. The Centers for Disease Control published a report in the *Morbidity and Mortality Weekly Report* that stated "the pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders," and that "symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April-June of 2020, compared with the same period in 2019."

The CDC Report identifies some particularly concerning, albeit not surprising, statistical findings. This included higher levels of adverse mental health conditions, substance use, and suicidal ideation in June 2020. Nearly 41% of respondents reported at least one adverse mental or behavioral health condition including symptoms of anxiety disorder or depressive disorder; 31% had symptoms of a trauma or trauma related disorder related to the pandemic and 26.3% reporting starting or increasing use of alcohol or substances. For context, "the prevalence of symptoms of anxiety disorder was approximately three times those reported in the second quarter of 2019, and prevalence of depressive disorder was approximately four times that reported in the second quarter of 2019." Lastly, the report states, "Markedly elevated prevalences of reported adverse mental and behavioral health conditions associated with the COVID-19 pandemic highlight the broad impact of the pandemic and the need to prevent and treat these conditions."

Community Mental Health Centers (CMHCs) Brief Experience in the Pandemic. The Kansas Mental Health Reform Act of 1990 paved the way for all Kansans to receive community-based mental health treatment. The CMHCs are required to serve every person who walks

through their doors, regardless of their ability to pay, much like community hospitals. Those who crafted this law 30 years ago did not envision the importance of these services during a global pandemic or how those services would need to pivot toward different models.

CMHCs report an increase in new clients in crisis services especially in community crisis centers. This affects not only the respective CMHC but also the community hospital and local law enforcement including sheriffs' offices and police departments. However, CMHCs are reporting their overall number of new intakes are substantially lower than they have been at this time of year in the past. Some believe a whiplash effect may occur where the system will see a significantly high number of new patients in a short amount of time when people feel safer to seek treatment in person.

The economic impact on CMHCs in terms of lost revenue and unexpected costs is over $37 million since the emergency order in March. This amounts to over 15% of the annual CMHC system budget that has provided treatment and services to a record number of patients over the last several years.

The CMHCs have been able to recoup some of this loss through public and private grants and federal programs (e.g., the Provider Relief Fund and Paycheck Protection Program), as well as federal funds provided through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. To date, KDADs has allocated $14.2 million CARES funding directly to CMHCS.

We are very thankful for this support but also recognize that the impact of the pandemic is far from over, and the consequences and financial strain will continue well into 2021, if not longer. While we are hopeful that as vaccinations become widely available to the general public that we are nearing the end of the pandemic's threat to the physical health of our communities, we know that the mental health impact of stress, trauma, and isolation will continue for some time.

Policy recommendations that would assist CMHCs during and after the pandemic. Several issues have emerged that would assist CMHCs and other providers with doing their work and maintaining their financial sustainability. Some are as follows:

- **Approval by Medicaid at KDHE to allow therapy to be billed without patient present.** Medicaid Code 90846 would allow for billing therapy without the patient being present. Several states like Texas and Iowa allow this, and it is extremely valuable in treating youth or others who may have Medicaid while their parents, foster parents, or other caregivers do not. This allows for development and communication of treatment strategies, among other things, without discussing the patient in front of them, which many clinicians believe could result in triggering the patient, thus being counterproductive or even harmful. This would be considered cost neutral.
- **Continuation by Medicaid to allow telemedicine parity for treatment by telephone and televideo.** Telemedicine has been 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. 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 strongly request the current policies to be continued indefinitely and see this as a cost neutral proposal.
- **Ensure that behavioral health professionals are prioritized in the State's vaccine distribution plan.** Federal guidance on the equitable distribution of vaccines recommends that initial distribution efforts should include healthcare workers, and direct care behavioral health workers fall into this category. We request that the Kansas vaccination plan include these providers in the initial phase of vaccine distribution.

- **Implementation of State hospital alternative.** Reductions in State psychiatric inpatient budgets, coupled with funding reductions in Mental Health Reform dollars, have resulted in our system reaching a crisis. The State hospitals are the inpatient safety net for individuals with severe mental illness in Kansas. Both Osawatomie State Hospital and Larned State Hospital have been operating at reduced capacity due to a moratorium and census management measures that have limited the number of available beds, and there is a particular gap in capacity in south central Kansas. Development of a regional model to supplement the traditional state hospital setting with regionalized facilities that accept both voluntary and involuntary admissions for persons in acute services as well as longer-term/tertiary specialized care would alleviate the strain on the system and ensure that individuals in need of inpatient care receive the services they need in the appropriate setting.
- **Support participation opportunities to expand the Certified Community Behavioral Health Clinic (CCBHC) model in Kansas.** The CCBHC model provides an integrated and sustainably financed model for care delivery. The model is 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, providing vital resources needed for workforce recruitment and retention. There is currently one CCBHC in Kansas. We urge the State to support movement to the CCBHC prospective payment system and expansion of the CCBHC model when additional opportunities arise.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.