GRANTEE SPOTLIGHT

Celebrating the Success of the Kansas CCBHC Model

The Association of Community Mental Health Centers of Kansas

the DELTA CENTER for a thriving safety net

NOVEMBER 2023

Introduction

In 2022, Kansas celebrated the certification of its first Certified Community Behavioral Health Clinic (CCBHC). Now, the state is less than one year away from a major victory for its mental health care system.

The Association of Community Mental Health Centers of Kansas (ACMHCK), along with Community Care Network of Kansas, received funding as part of the Delta Center for a Thriving Safety Net's State Learning and Action Collaborative, with a goal of advancing integrated care through the CCBHC model that Kansas adopted in 2021.* By July 2024, ACMHCK will conclude a nearly 5-year effort to transition all its states' 26 Licensed Community Mental Health Centers into CCBHCs.

The CCBHC model is one of the most important advances in community behavioral health access and quality in decades. It greatly expands the mental health and substance use services and coordination of care offered within community behavioral health settings. CCBHCs are equipped and designed to provide evidence-based, comprehensive, and coordinated mental health and substance use services to any individual, regardless of

Background on Mental Health Services in Kansas

- Kansas Community Mental Health Centers (CMHCs) provide care to over 100,000 patients per year
- ACMHCK represents all 26 licensed CMHCs in Kansas
- ACMHCK have a combined staff of over 4,000 providing mental health services in every county of the state in over 120 locations

Source: Association of Community Mental Health Centers of Kansas

The Delta Center for a Thriving Safety Net is a national initiative launched in May of 2018 that brings together primary care associations (PCAs) and behavioral health state associations (BHSAs) to advance policy and practice change. The ultimate goal of the Delta Center is to cultivate health policy and a care system that is more equitable and better meets the needs of individuals and families.

The Delta Center is led by JSI Research & Training Institute, Inc., bringing together strategic partners including The Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute, Families USA, the National Association for Community Health Centers, and the National Council for Mental Wellbeing.

Email: deltacenter@jsi.com
Web: deltacenterinitiative.org

Support for this program was provided by the Robert Wood Johnson Foundation (RWJF). The views expressed here do not necessarily reflect the views of RWJF. Funding stipulations from RWJF prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying.

their ability to pay, their place of residence, or their age.

Additionally, the model provides a more sustainable funding mechanism for the community mental health centers, which have been underfunded for decades in most states. CCBHCs can be financially supported through (1) the Section 223 CCBHC Medicaid Demonstration, (2) SAMHSA-administered CCBHC Expansion (CCBHC-E) Grants, and/or (3) independent state programs separate from the Section 223 CCBHC Medicaid Demonstration.

CCBHCs participating in the Section 223 CCBHC Demonstration receive funding through a prospective payment system model that covers all anticipated costs of implementing the model. Independent state programs can similarly adopt this payment model.

The typical pathway for states to participate in the CCBHC model is through winning a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), and then by applying to participate in the demonstration. Despite consumer demand for improved mental health and substance use care, Kansas's state government did not apply for federal funding when the first call for Section 223 Demonstration participation arose in 2015.

Beginning in 2019, ACMHCK led a broad advocacy effort that brought together advocates from sectors across the state—including law enforcement. By 2021, Kansas passed legislation that set the stage for CCBHC implementation. The new law provided a mandate and funding for a cross-agency, multistakeholder process that put Kansas well ahead of its peers in establishing CCBHCs without waiting for federal congressional action. To date, Kansas and Texas are the only states to pursue this pathway.

The next step was getting CCBHCs off the ground in Kansas. To this end, the Kansas team focused their Delta Center project on bringing the CCBHC model to life. To learn more, we spoke with Michelle Ponce, Associate Director of AMHCK. Here, she describes the benefits it has had on not only KS citizens' mental health but on its mental health workforce as well. As she put it, "It's hard to overstate what a difference it is making. But it's dramatic."

Components of the CCBHC Model of Care

- Data-driven approach
- 24/7/365 mobile crisis team services
- Immediate screening and risk assessment
- Easy access to care
- Tailored care for active duty military and veterans
- Expanded care coordination
- Commitment to peers and family
- Primary care health screening and referral

Q&A with Michelle Ponce, Associate Director of AMCHK

What was the initial impetus for Kansas to pursue the CCBHC Model?

The same crises you read about at a national level (2020 CCBHC Impact Report, page 6)—rising suicide rates, difficulties with access, years of funding cuts, poor outreach to veterans—all of those things were happening in Kansas.

In addition to that, workforce was a huge issue for us. At the time the legislation was introduced, Kansas was bordered on all four

sides by states that had either expanded Medicaid, implemented CCBHC, or both. And at the time, Kansas had done neither—we still have not expanded Medicaid. But we were seeing dramatic workforce challenges: the same traditional workforce challenges, along with losing staff across state lines, particularly on the Oklahoma and Missouri borders.

There was one story in particular that I've heard legislators repeat. A [Kansas] center down on the southern border, which is probably 20 miles away from a CCBHC in Oklahoma, had just lost one of their best supervising therapists for a less than 30 mile commute. She was getting a $30,000 annual salary increase and took two case managers with her on her way out the door. We simply could not compete under the traditional Medicaid fee-for-service model with rates that largely hadn't changed since 2008.

We also referenced some of the outcomes that the National Council for Mental Wellbeing publishes in its annual impact report (2021 CCBHC Impact Report), along with some other data points that highlighted the types of successes that we would like to replicate from Missouri, Oklahoma, and Texas. We talked about the decreases in hospitalizations, increases in access, and decreases in emergency department usage for individuals with severe mental illness. At the same time, our state was and still is really struggling with a lack of in-patient capacity. Anything we could do to help alleviate the need for that intensive level of care, which we think CCBHCs will do, was also a compelling argument.

Looking back, why do you think the push for CCBHCs resonated?

I think timing was definitely a factor. We were somewhere near the light at the end of the tunnel of a pandemic that increased awareness of the impacts of social isolation, [and] increased rates of anxiety and depression. Just prior to the start of the COVID pandemic, for a couple years in a row, our association worked with a polling organization to conduct a public opinion poll across the state of Kansas.

A couple of the answers to poll questions that we made sure to share with our legislators were: Do you think the state of Kansas needs to invest more in the mental health system? 76% said yes, both years. Does the Kansas legislature need to make more investments in mental health?

Establishing CCBHCs in Kansas Though H.B 2208

- Dictates that the KS Department of Aging and Disability Services (the state mental health authority) will **develop a CCBHC model certification process** for the state's existing 26 mental health centers no later than May 2022.
- Dictates that the KS Department of Health and Environment (the state Medicaid agency) will apply for a state plan amendment through Medicaid to **implement the Prospective Payment System (PPS) rate structure** for CCBHCs.
- Specifies the **nine required services** of the CCBHC model.
- Specifies the **deadline(s) for certification**:
  - First three CCBHCs certified no later than May 2022
  - Six more CCBHCs certified no later than July 2022
  - Nine more CCBHCs certified no later than July 2023
  - Final eight CCBHCs certified no later than July 2024

Overwhelmingly [respondents said] yes. And there were questions asking 'if you or someone you know has struggled with mental illness such as anxiety, depression, or substance use. 'Yes.'

So I think there's growing awareness around mental health and growing support for investment in mental health.

For better or for worse, we're also in a political environment in which the majority of legislators in our state have yet to approve Medicaid expansion. But I think that there was a want and need to do something to help. We offered [legislators] another way to help through this CCBHC model.

I think all of those factors combined were really what made the argument. But I think there are so many compelling stories and so many compelling arguments around what we hope to achieve with this model.

Now, over a year after the initial certification, we are going to have to go back and show them what we have achieved, which doesn't happen overnight. But we want to be able to start reporting on the same kind of data points from Missouri, Oklahoma, and other states that we used to make our argument for why this was a smart investment for the state.

"It's really hard to 'sell' prevention to policymakers—to advocate for programs and talk about the long-term impacts—because often those outcomes don't change neatly in one budget cycle."

What changes have you noticed in terms of access to behavioral services since the launch of the Kansas CCBHC? Do you have any evidence of success yet, anecdotal or otherwise?

Yes, I would refer to them as promising outcomes. We do not yet have a coordinated ability to gather those data points. We are in the process of developing a data warehouse similar to Missouri's. I think probably within a year, we'll have it up and running. At that point, we'll be able to easily pull both clinic and statewide outcome measures.

Until then, I check in with our CCBHCs periodically. We have a group of CCBHC directors that meet monthly and I'm often asked to talk about the CCBHC model with other stakeholders and communities. I like to be able to share information about what those early CCBHCs have been able to accomplish. There have been some really impressive outcomes in terms of reductions in staff turnover and increased ability to fill vacant positions.

What is the importance of accountability through data?

Once we start collecting outcome measures and have the ability to run reports, we'll be able to use them in future legislative hearings. It's really hard to 'sell' prevention to policymakers—to advocate for programs and talk about the long-term impacts—because often those outcomes don't change neatly in one budget cycle.

That being said, our state made a huge investment; we want to be able to show them what they're getting for that investment and how it's really improving services for the communities—in terms of access, crisis services, etc.

Success Story: Wyandot Behavioral Health Network

In May 2022, Wyandot Behavioral Health Network became one of Kansas' first six CCBHCs. The following outcomes of CCBHC certification were reported as of February 2023.

Services Enhancement:

- Added Mobile Crisis Response
- Created an Assertive Community Treatment Team (ACT)
- Began process of launching Medication Assisted Treatment (MAT) program
- Added substance use disorder (SUD) treatment services
- Added a shared staff position to coordinate services with local Federally Qualified Health Center (FQHC)
- Created a walk-in/open access intake process
- Increased number of clinicians
- Created and filled additional therapist positions
- Hired first pediatric substance use counselor

Initial Client Outcomes:

- 400 more clients served in the first 8 months of CCBHC certification as compared to the 8 months prior
- 10% increase in intakes
- 21% increase in clients receiving therapy
- 18% increase in clients receiving case management
- 6% increase in psychiatric services provided
- 60 clients treated under new SUD treatment program

Initial Workforce Outcomes

- Market rate salary adjustments
- Decrease in turnover rate from 47% to 13%
- Decrease in number of open positions from 107 to 31

"To call the CCBHC model transformational for the behavioral healthcare system in Kansas would be an understatement."

— Randy Callstrom

Source: Randy Callstrom, President & CEO, testimonials to Joint Committee on Child Welfare System Oversight (Sept. 2022) and Senate Ways & Means Human Services Subcommittee (Feb. 2023)

How is the CCBHC certification process going?

We have actually sped up the timeline, because we've had 12 certified this year versus the nine that were required. This past legislative session, we advocated strongly that mental health centers that met the criteria should be certified as they become ready (as opposed to sticking to the 9-9-8 schedule) so that they can take advantage of the benefits of the PPS reimbursement rate. The mental health centers that achieve certification and get that additional revenue are able to, in some cases fairly dramatically, raise salaries and expand access to services needed by their communities.

"The mental health centers that achieve certification and get that additional revenue are able to, in some cases fairly dramatically, raise salaries and expand access to services needed by their communities."

Kansas's CCBHC program is unique in part because it was designed at the state-level rather than in the federal CCBHC Medicaid Demonstration. Did that offer flexibility in the design of the Kansas model? Did you change the service model in any way?

Kansas did not pursue the opportunity to join the federal CCBHC demonstration in 2015, but there were two other options to implement the CCBHC model—either through a Medicaid waiver, or through a state plan amendment which would give us the opportunity to "make it right for Kansas." Ultimately, working closely with our Medicaid agency, we decided to take the state plan amendment route. But we wanted the CCBHC model, so we really did not change the model from the criteria for the original demonstration.

In March 2023, our state was awarded a planning grant for the current opportunity, and they intend to apply next year for the opportunity to become part of the federal demonstration.

The one thing that's slightly different [from the federal model] is around the certification process itself. Our state mental health authority that manages this certification process, the Department of Aging and Disability Services, developed what they refer to as 'provisional certification.' If the mental health center has most but not all of the elements of the model in place, they have 12 months to have everything fully implemented. Even the 12 that came on board this year are technically "provisionally certified," but that gives them access to that PPS pay model right away.

Success Story: Four County Mental Health Center, Inc. (FCHMC)

FCMHC became a SAMHSA CCBHC Grantee in May of 2020. Over the first six months (two quarters) of the grant period, FCMHC:

- Served 3,990 clients and was on target to increase numbers served by at least 3%.
- Provided "PsychArmor" training for veterans and service members to over 170 staff.
- Served 74 veterans and 30 "new" veterans in the 2nd quarter of the project.
- Provided care coordination services to a total of 70 veterans.
- Identified a Primary Care Provider for 53% of clients served.
- Provided same day access to the vast majority of admissions.
- Averaged a 4.3 day wait time for appointments.
- Filled 68 positions
- Had a turnover rate of 3.9% in Q2 (vs. 20% annual average).

Additionally, FCMHC's ACT program served 16 clients in its first 4 months of operation. Two of its ACT clients found housing and stability after long periods of homelessness and incarceration.

Source: Steve Denny, Deputy Director, testimony in support of HB 2160 (Feb. 2021)

Now that you're looking to join the federal demonstration, what do you expect might change?

If we were to become part of the federal demonstration before the final CCBHCs are certified, they may not be eligible for the 12-month provisional period option, but I really don't know that it will impact them that much.

The other is a positive impact: becoming part of the demonstration gives us a higher Federal Medical Assistance Percentage (FMAP) rate. So there would be more federal funding to the state, which is one of the primary motivations on the part of the state to become part of the demonstration.

And finally, I don't think this changes anything for us, but it's just another reason [to become a part of it]: A couple of years ago, you might have heard a question like, 'Is this a trend? Is this something that's going to last?' But I think as the number of CCBHCs grow across the country, and as more states become part of the demonstration, it just becomes more and more entrenched into the system. And I think that's a good thing ultimately.

It's also why, even though we went through the state initiative route to get there, we felt that it was really important to stay as true to the model as possible, and why we didn't really make any changes to it.

What lessons can you share for other state associations who might be interested in moving to a CCBHC model without having joined the federal demonstration first?

Find Your Champions

Not only did we have the benefit of the special committee recommendations going into the session; we had champions on both health committees that really helped get things pushed through.

Reach Out to Other Stakeholders

There were no opponents [for this legislation]. But it certainly helped that we also were not the only proponents. Having law enforcement testify and talk about the impact that they saw and the benefit from the CCBHC model was really important, and I think persuasive.

"Anytime I'm in conversation with a sheriff (and I don't think it matters what county) they will tell me, 'I run the biggest mental health facility in my county.'"

In Kansas, as in many states, the corrections and law enforcement system in Kansas also serves as a de facto mental health and substance use system to fill the unmet need. When the CCBHC model arose as a potential solution, law enforcement was an important ally in passing the legislation. The Kansas Sheriffs Association and the Chiefs of Police Association, for instance, both offered their support and testimony.

Pull Data
Pull data from the states that your policymakers look to as similar to yours, [such as] border states. We could not walk into a committee and talk about what New York had achieved. We talked about Missouri and Oklahoma because they're similar demographically, philosophically, and politically, and also because they're border states.

Harness the Power of Storytelling
I've heard legislators repeat the story about the therapists and the case managers going across the border for [the] $30,000 [salary increase]. They remember stories. When I pull the [National Council CCBHC Impact Report], I talk about what other states have been able to achieve. Talk about why it's relevant to you and your system.

Highlight What You Want to Replicate
If you have clinics that have received those SAMHSA grant funds, talk about what they were able to achieve through their grant period. Because we did have a few SAMHSA expansion grantees prior to becoming certified and they were already able to say, we're implementing the model and developing their programs. They were able to give us some compelling early outcomes that I think helps show what they could achieve if they were allowed to continue operating as a CCBHC.

Celebrate Successes
Take the time to celebrate successes with your communities. Thank the legislators, thank the State Government, thank the Governor that helped you get there. We were meeting three times a week for months with state agencies to get this to work. It is a lot of work. But I think it pays off. And then hopefully, we'll be able to come back next year or the year after with some of that data warehouse reporting and be able to illustrate that.

Acknowledgments

The Delta Center would like to thank Michelle Ponce, MPA, Associate Director of the Association of Community Mental Health Centers of Kansas, Inc., for her time and reflections.

Michelle Ponce is the Associate Director of the Association of Community Mental Health Centers of Kansas, where she has served since 2019. Her education and work experience have focused on public management, with an emphasis on public and nonprofit administration and health and human services. Previously, Michelle served as Executive Director of the Kansas Association of Local Health Departments for over seven years. Prior to that, she served in the Office of the Secretary of the Kansas Department of Social and Rehabilitation Services, where she held several positions, including Director of Communications and Special Assistant to the Deputy Secretary. She currently serves on the Board of Directors for the Healthworks foundation of the Kansas Hospital Association and Oral Health Kansas. Michelle earned a bachelor's degree in political science from Emporia State University and a master's degree in public administration from Wichita State University.

*Funding stipulations from the Robert Wood Johnson Foundation prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying. Grantees used their Delta Center funding to support a broad array of policy activities, including background research, education and training, stakeholder engagement and convening, and building shared policy agendas. As state associations, Delta Center grantees used other non-Delta Center funding sources when they engaged in lobbying and legislative advocacy to advance policy.