



Testimony of Steve Denny
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Before the Senate Health Education, Labor and Pensions Committee Hearing Entitled:

“A Crisis in Mental Health and Substance Use Disorder Care: Closing Gaps in
Access by Bringing Care and Prevention to Communities”

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Chairman Markey and Senator Marshall, thank you for the opportunity to testify before the Senate HELP Committee this morning. My name is Steve Denny, and I serve as Deputy Director of Four County Mental Health Center, Inc. (FCMHC) located in Southeast Kansas, where I also serve as the Certified Community Behavioral Health Clinic (CCBHC) project director. FCMHC was the first Kansas organization awarded a SAMHSA CCBHC expansion grant in May of 2020. Six additional Community Mental Health Centers followed suit and were awarded expansion grants in 2021. I have had the privilege of bearing witness to the milestones that created the rapid development of CCBHCs in Kansas. These milestones include the passage of the Kansas House Bill 2208 which established CCBHCs in Kansas and led to the eventual development of a State Plan Amendment to fund these clinics. By July 1st, 2024, our goal is to have all Kansas Community Mental Health Centers become CCBHCs. It is my honor today to speak to the exciting opportunity that the CCBHC model has brought to Kansas and to our nation.

The second “C” in “CCBHC” represents the word “community.” My community is Montgomery County, Kansas. It is a rural Kansas county located on the Oklahoma border that contains both industry and agriculture and where CCBHCs have saved lives. The CCBHC model requires 9 core services based on the unique needs assessment of the communities served by each clinic. These services include **1) crisis services, screening, 2) diagnosis and risk assessment, 3) psychiatric rehabilitation services, 4) outpatient primary care screening and monitoring, 5) targeted case management, 6) outpatient mental health and substance use services, 7) person and family centered treatment planning, 8) community based mental health care for veterans and 9) peer and family support services.** This community focus combined with comprehensive care, data-driven approaches, and a continuous focus on quality is what makes the CCBHC model such a game changer.

I have worked in the field of behavioral health since 2002 as a therapist and supervisor for services to adults diagnosed with severe mental illness, crisis services, substance use treatment services, and adult and child outpatient therapy services. During this time, our field has experienced funding cuts, reduction of inpatient resources that brought us to the breaking point. Many colleagues have left the field for less demanding jobs that pay more. Meanwhile, the behavioral health needs of our communities continue to rise, leading us to a mental health and substance use crisis. Both personally and professionally, I've experienced the impact of suicide involving a variety of demographics, including adults, older adults, veterans and adolescents. One out of every five of FCMHC's crisis assessments are in response to a suicide attempt. In addition, we are facing an unparalleled mental health and substance use provider workforce shortage that has been growing for years and now is at a tipping point.

CCBHCs serve as a lifeline to the people of Kansas. Legislative efforts in Kansas established CCBHCs and provided the foundation for us to apply for the recent CCBHC planning grant to expand this model, with the tremendous support from Senator Marshall, for which we are immensely thankful. CCBHC implementation meant our organization could start and bolster mental health and substance use services based on the community needs. One shining example is FCMHC's Veterans Services program, which provides specialized care coordination for Veterans, service members, and their families. As a result, our organization serves an average of 140 unduplicated veterans each quarter which is a 51% increase from baseline all while improving our working relationship with two Veterans Administration facilities with the support of Senator Moran.

Part of the nationwide mental health and substance uses crisis involves our youth. Our children have been isolated with nothing but screens and devices, left alone at times to try and survive without the support of a community that teaches them to not just survive but to thrive. Youth suicide rates in Kansas increased by 63.8% in the most recent 15 year period (Kansas Health Institute) Outpacing the national

average, which is also rising.. 36% of adolescent admissions at FCMHC are identified as at risk for suicide or self-harm and 35% of the same demographic report that social media is a negative factor in relationship to their mental wellness. In response, we started a robust school-based program along with long standing programs that offer rehabilitation services to youth with more intensive needs. We are currently serving 9 school districts with CCBHC staff embedded in schools. We anticipate that opportunities to serve our youth will increase under the CCBHC model.

In addition, we have created special programs to work with the most “at risk” adults who have been diagnosed with mental health and substance use challenges and are often homeless and/or involved with the legal system. This program is known as the Assertive Community Treatment (ACT) model and has provided a crucial relief valve to law enforcement. The initial outcome data shows 80% of the population has avoided homeless incidents and 76% have avoided new legal incidents. Nationally, 96% of CCBHCs are actively engaged in one or more innovative activities in partnership with criminal justice agencies, including 77% who—like us—have used their CCBHC status to launch intensive outreach and engagement services to divert people at high risk from further involvement with the criminal justice system.

Of equal importance is the increased access to services in a timely manner while improving care coordination. Since CCBHC implementation, our organization provides 70% of admissions on the same day that they seek services. For those who do have to wait, the average wait time is 3 days compared to the national average of 48 days. Individuals in our care receive enhanced care coordination with primary care. 74% of our active population has an active primary care provider. When individuals do not have a primary care provider or require additional referrals, care coordinators work hard to close the referral loop. Through data collection, we identified the need to develop a tobacco cessation program. FCMHC currently provides tobacco cessation services to 72 individuals with 47% successfully quitting or reducing

usage by more than half after starting the program. This is especially encouraging for the long-term cost implications for populations that have co-occurring chronic health conditions.

As we look ahead to CCBHC implementation in Kansas, we need to develop more mobile crisis services in partnership with the national 988 crisis hotline. Mobile crisis services reduce the number of emergency room visits. National data indicates that the CCBHC model reduces emergency room admission percentages by **68%**. In addition, the CCBHC model emphasizes care coordination agreements between the CCBHC and the hospital. This improves partnerships and helps individuals from falling through the cracks upon discharge to the community.

In conclusion, I wish to express my support that the CCBHC model should move beyond “demonstration” status and become a staple of our healthcare system. As Danial Tsai, the Director of Center for Medicaid and CHIP services at the Center for Medicare and Medicaid Services (CMS) and past Medicaid Director for the State of Massachusetts articulated during the national meeting for the National Council for Mental Wellbeing just a few weeks ago, the CCBHC model represents a crucial part to the pyramid of health care that we need to ensure high quality access to care for all people across our nation. We have clearly seen this to be true for Kansas. Thank you for the opportunity to testify on behalf of the countless individuals that the CCBHC system serves and the incredible workforce that provides this care.