KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the Senate Subcommittee on Social Services
Re: Kansas Department for Aging and Disability Services Budget

Amy A. Campbell – February 15, 2018

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC). The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, non-profit and for profit entities and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

Kansas needs Funding for Community Based Treatment Options for Mental Health and Substance Use Disorders to Close Gaps in the Continuum of Care

The Coalition commends the 2017 Legislature for recognizing the crisis and restored the FY 17 4% Medicaid reimbursement cuts and a portion of the mental health reform grants for community based treatment, as well as the Crisis Intervention Act and other legislation designed to turn around this crisis. This was an extremely important investment to begin turning around our eroding behavioral health continuum of care. We have been very encouraged by the active interest of state legislators in the Adult Continuum of Care Report (2015 and January 2017 Update) and now the Mental Health Task Force Report (January 2018).

This is a good beginning, but too many Kansans with mental illness or substance use disorders are being turned away from the state hospital, or jailed, or trapped in a cycle of arrests and homelessness. This is far from the goal of delivering the right care at the right time in the right place.

The Adult Continuum of Care Report highlighted the continued erosion of the behavioral health continuum of care that has occurred over more than a decade. That report called out the positive developments, including RSI, Inc., and other diversion and crisis programs in Topeka and Wichita, but clearly stated that the overall system has degraded and cannot meet the statewide need. The Mental Health Task Force Report prioritized recommendations developed through years of task forces and advisory committees.

The Kansas Mental Health Coalition supports the recommendations of the Adult Continuum of Care Task Force and the priority recommendations of the Mental Health Task Force Report.

The objectives of these reports are to close some of the gaps in the continuum of care and provide alternatives and support to state hospital treatment in order to move us toward strategic planning and away from managing one crisis after another.

- Develop additional diversion and crisis services at the community level,
- Put the rules and funding in place for the creation of regional Crisis Intervention Centers (as per the Crisis Intervention Act),
- Implement Medicaid codes for tiered community-based services, including residential, supportive housing and intensive outpatient treatment (reference Missouri model),

- Discontinue the practice of Medicaid termination when individuals are hospitalized or incarcerated and implementing a suspended benefit status to ensure the timely reinstatement of benefits upon discharge (SB 195),
- Allocate $500,000 to the Kansas Department of Aging and Disability Services (KDADS), to create supportive housing options for those discharged from inpatient mental health facilities and implement recommendations from the 2018 Mental Health Task Force Report to maximize federal funding and alternative housing opportunities,
- Establish a dedicated funding source for the Clubhouse model funded for FY 18 and currently run by Breakthrough Club of Wichita (this is currently funded by a portion of the mental health reform grants),
- Expand the number and opportunities for peer support programs and specialists in hospital and community settings,
- Develop professional training and accreditation for staff across programs,
- Develop academic partnerships, including residencies and internships for clinical staff, and
- Reject policies that result in the further erosion of behavioral health resources.

2018 Report of the Mental Health Task Force – Recommendations Below

The 2017 Kansas Legislature directed the creation of an 11-member task force to review the mental health system in Kansas through a budget proviso. The report before you is the product of that task force. It is a compilation of information from 11 reports, the work of stakeholders who have served on variety of advisory committees, including the subcommittees of the Governors Behavioral Health Services Planning Council.

As a representative of the Kansas Mental Health Coalition and a member of the Task Force, I commend the leadership at the Kansas Department for Aging and Disability Services (KDADS) for the implementation of the proviso. The agency was supportive to the group, but not directive. The facilitation by the Kansas Health Institute was excellent, and provided the direction necessary to keep the Task Force pushing forward to evaluate and prioritize approximately 150 recommendations within the time constraints of 8 meetings.

The list of priority recommendations includes 26 recommendations to form a multi-faceted approach that can be used by policymakers to reverse the erosion of our behavioral health continuum of care and see improved outcomes for Kansas families – most within the first year of implementation.

It is impossible to give proper acknowledgement to the hundreds of hours donated by the stakeholders: family members, patients, provider representatives and advocates who have contributed to this report through subcommittees and task forces over the years. There are many other report recommendations that were not prioritized at this time due to the screening tool and consensus process, but the Task Force recognizes their merit and they also deserve consideration (see Appendix B, page B-1).

Topic 1: Maximizing Federal Funding and Funding From Other Sources.

- **Proviso #5: The maximization of federal and other funding sources for mental health services.**

Recommendation 1.1: IMD Waiver. Seek revocation or waiver of the federal Institution for Mental Disease (IMD) exclusion rule. (page 6)

Recommendation 1.2: Medicaid Expansion Models. Adopt one or more models of Medicaid expansion to pursue solutions for serving the uninsured and underinsured. Such model(s) should improve access to behavioral health services. (page 8)

Recommendation 1.3: Housing. Instruct the Kansas Department for Aging and Disability Services (KDADS) to convene key agencies and the entities that currently provide housing programs, facilitate community collaborations, and prepare for federal funding opportunities. (page 10)

Recommendation 1.4: Reimbursement Rates. Facilitate a detailed review of the costs and reimbursement rates for

behavioral health services, including mental health and substance use disorder treatment, and update rates accordingly. (page 11)

Recommendation 1.5: Excellence in Mental Health Act. Support expansion of the federal Excellence in Mental Health Act and then pursue participation. (page 12)

Topic 2: Crisis Stabilization

- **Proviso #6: The statewide absence of crisis stabilization centers to provide short-term mental health crisis care of 48 hours or less.**

Recommendation 2.1: Regional Crisis Locations. Develop community crisis locations in regions across the state, including co-located substance use disorder (SUD) services. (page 16)

Recommendation 2.2: Access to Effective Practices and Support. Deliver crisis and prevention services for children and youth in natural settings (e.g., homes, school, and primary care offices) in the community. (page 17)

Recommendation 2.3: Comprehensive Housing. Expand an array of housing that would include a range of options from residential care facilities, long-term and transitional supported housing, and independent housing units following evidence-based practices and principles, such as permanent supportive housing and home ownership. Include state contracts and Medicaid funding and ensure that housing serves people with disabilities, mental illness, and/or substance use disorders. (page 18)

Recommendation 2.4: Funding for Crisis Stabilization Centers. If Crisis Stabilization Centers are to be part of the state safety net system, the state must provide ongoing base funding for these services. The structure of Medicaid should be robust enough to sustain these services. Make sure that services are available to the uninsured and underinsured. (page 20)

Recommendation 2.5: Warm Hand-Off. Establish a 24-hour uniform hotline and implement a warm hand-off based on the 911 model. (page 21)

Topic 3: Inpatient Capacity

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 3.1: Regional Model. Implement a regional hospitalization model for provision of additional acute care and treatment to meet bed goals and geographic dispersion. (page 25)

Recommendation 3.2: Number of Beds. Develop a plan to add more than 300 additional hospital beds, or create and expand alternatives that would reduce the number of new beds needed. KDADS should execute a study to determine a Kansas-specific estimate of beds needed, while simultaneously moving forward with implementing other recommendations included in this report to provide a functioning safety net and eliminate the waiting list process for Osawatomie State Hospital (OSH). (page 26)

Recommendation 3.3: Implementation of CIA. Develop regulations and funding resources to implement the Crisis Intervention Act (CIA). (page 29)

Recommendation 3.4: Suspension of Medicaid. The state should implement policies that allow for the suspension of Medicaid benefits when persons enter an institution rather than terminating their coverage entirely to improve transition planning. (page 30)

Topic 4: Privatization of Services

- **Proviso #3: The certification process of Osawatomie State Hospital.**
- **Proviso #7: Options for privatization of mental health services.**

Recommendation 4.1: Comprehensive Approach. While the Task Force appreciates the intention of the current request for proposal (RFP) to create better and safer treatment and work environments for patients and staff at Osawatomie State Hospital, any proposal involving new construction should only be executed as part of a comprehensive financing package addressing a full range of needs in the behavioral health system for mental health and substance abuse disorder treatment, including inpatient and outpatient community-based services, crisis

stabilization, housing, and peer programs. (page 33)

Recommendation 4.2: Regional Model. In lieu of a single RFP, the Task Force recommends a regional model that would supplement the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute psychiatric crisis. The state hospital setting must continue to provide both acute services as well as longer-term/tertiary specialized care. (page 35)

Recommendation 4.3: Vigorous Oversight. Any process that could result in privatized services – including requests for proposals as well as oversight of any resulting privatized facility – should include thorough and ongoing oversight, including an advisory board to include clinicians, accountants, legal counsel, persons with lived experience who are in recovery, persons with lived experience who have been voluntarily and involuntarily hospitalized, family members and guardians of persons with mental illness, Community Mental Health Center staff, law enforcement and community corrections, and advocacy organizations. If a single bidder responds to any RFP, additional oversight may be required. (page 36)

Topic 5: Nursing Facilities for Mental Health (NFMHs)

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 5.1: Licensing Structure. Update licensing structure to allow for necessary rehabilitative services in NFMHs and inclusion within continuum of care. (page 39)

Recommendation 5.2: Presumptive Approval of Medicaid. Coordinate with the Kansas Department of Health and Environment (KDHE) and determine if a policy could be developed that allows presumptive approval upon discharge for anyone leaving an IMD environment, including NFMHs. (page 40)

Recommendation 5.3: Crisis Services at NFMHs. Develop a process for crisis services to be accessed/provided for individuals in NFMHs to include the creation of additional crisis stabilization units with medical and mental health abilities to help stabilize people up to 14 days. (page 41)

Topic 6: Continuum of Care for Children and Youth (Note: The Children's Continuum of Care Committee was meeting concurrently, and their report was not yet available to the Task Force.)

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 6.1: Expand Service Options. Create additional options such as therapeutic foster care and home-based family therapy, among others, in regions across the state. (page 44)

Recommendation 6.2: Intensive Outpatient Services. Expand community-based options, such as intensive outpatient services. (page 45)

Recommendation 6.3: Quality of Care. Managed care organization (MCO) contracts should incentivize reduced Psychiatric Residential Treatment Facility (PRTF) readmissions instead of reduced lengths of stay. (page 46)

Recommendation 6.4: Early Intervention. Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. Ensure children and caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress. (page 47)

Topic 7: Other Recommendations

- **Proviso #1: The Kansas mental health delivery system.**

Recommendation 7.1: Workforce: Encourage integration of peer support services into multiple levels of service, including employment services at the CMHC's, hospitalization, discharge, and transition back to the community. (page 49)

Recommendation 7.2: Health Homes: The state should take steps to ensure that all Kansas adults with mental illness, including those with co-occurring substance use disorders, and children and adolescents with serious emotional disturbance are enrolled in a health home to provide access to activities that help coordinate their care. (page 50)

The supporting information and background for these recommendations are included in pages 5 – 48 of the report.

We would also encourage you to review Appendix A for the implementation status of actions taken by the Kansas Department for Aging and Disability Services from eight reports developed between 2015 and 2017, as well as two other sources. This is a useful reference showing the ongoing work within the agency.

The Kansas Mental Health Coalition appreciates the leadership at the Kansas Department on Aging and Disability Services and their ongoing communication with our Coalition members. KMHC has supported the agency's work over the past several years as they have worked to provide quality mental health treatment in a restricted budget environment.

Thank you for your consideration.

For More Information, Contact:

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