

# KANSAS MENTAL HEALTH COALITION

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

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## Testimony presented to the Kansas Department for Aging and Disability Services

*Amy A. Campbell – August 12, 2019*

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.

Each year, the Kansas Mental Health Coalition takes positions on policy issues that advance its mission to improve the lives of Kansans with mental illness. These positions reflect the consensus of our members—over 50 organizations, professionals, and consumers.

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

Kansas is working to create a stronger public mental health system, and to build an effective continuum of care - one that will no longer struggle to meet the high demand for timely behavioral health care and treatment. Our Community Mental Health Centers experienced years of funding cuts and have been challenged to meet the statutory requirement to serve everyone regardless of ability to pay. The state mental health hospitals were chronically over census for years, and now Osawatomie State Hospital has only one CMS certified unit. This means only 60 of 166 beds can receive federal reimbursement. Larned State Hospital still lacks sufficient staffing. There is a moratorium on admissions at Osawatomie State Hospital that has left individuals in crisis on a waiting list. Law enforcement agencies across the state are calling for an end to the moratorium which began June 21, 2015. Our jails house too many people with mental illness, while most communities don't have 24/7 crisis centers or housing programs. Solutions will take time, but **we must begin today.**

**Outpatient Mental Health Services:** Community based services must be restored and expanded across the State to improve a mental health system that has significant gaps in the continuum of care for people with mental illness and substance use disorders. The Coalition endorses the recommendations of the Mental Health Task Force Report including additional diversion and crisis services at the community level; new Medicaid codes for tiered community-based services, including residential, supportive housing and intensive outpatient treatment; ending the practice of Medicaid termination when individuals are hospitalized or incarcerated; expanding the opportunities for peer support programs and specialists; developing professional training and accreditation for staff across programs, and academic partnerships. We encourage the agency to explore team discharge processes for moving people into the community from higher levels of care and finding the services necessary for them to succeed in the community. ***Kansas must fulfill the promise to restore mental health reform grants, and implement integrated programs for housing, employment and addictions treatment.***

**Inpatient Psychiatric Services – State Hospitals Crisis:** Kansas should support and fully fund high-quality psychiatric inpatient services to meet the needs of all Kansans who require this care. 1. End the moratorium by immediately increasing inpatient psychiatric capacity for voluntary and involuntary admissions as recommended by the Mental Health Task Force Report (36-60 beds within 24 months). 2. Invest in the current state hospitals to stabilize staffing, expand education and training, and restore certification. Adopt a long-term strategy to replace aging infrastructure and implement a new patient information system. 3. Expand Regional Crisis Locations and fund them into the future. 3. Provide for continued public/private partnerships for local psychiatric inpatient beds to alleviate the growing demand for state psychiatric hospital

beds. This includes fully funding the Hospital Alternative to State Psychiatric Hospitalization (HAPHY). 4. Submit Federal Waiver Application for the IMD Exclusion rule. Seek revocation or waiver of the federal Institution for Mental Disease (IMD) exclusion rule to increase federal reimbursement for inpatient treatment. 5. Implement the recommendations of the 2018 and 2019 Mental Health Task Force Reports which assert that inpatient capacity must expand and community based programs, including crisis stabilization services, substance use disorder treatment and detox services (inpatient and outpatient), and housing resources need new resources or restored support in order to reduce repeated hospitalizations. 6. Work with other agencies to develop a long-term strategy for addressing the needs of court ordered competency evaluations and competency restoration. 7. Develop the rules and regulations and recommend funding for the creation of regional Crisis Intervention Centers (as per the 2017 Crisis Intervention Act),

**Children and Families:** The Kansas Legislature should fund affordable services for ALL children who need health, mental health, and substance use disorder treatment. The federal Family First program requires matching funds to achieve better prevention interventions and how this will impact Kansas families remains to be seen. The initiative for children’s crisis services needs to be implemented as soon as possible. A solution must be found for the PRTF waiting lists which continue to grow. This may include on- time grants for bed construction or remodeling or a number of other options. It should include restoring the role of the CMHC for evaluation and assessment.

Whether inpatient or outpatient, Medicaid or private pay, parents must be able to access the services they need at times and locations that work for families. This is imperative to keep children at home and in school, which reduces the need for expensive out-of-home placements - but most importantly, keeps families together. When adults in the family access housing, employment, health and substance use treatment, children need fewer long-term interventions. See the Mental Health Task Force Report and the Children’s Continuum of Care Report for more details.

**Expand Medicaid:** Kansas should adopt the recommendations of the 2018 and 2019 Mental Health Task Force Reports and the Governor’s Substance Use Disorder Task Force to expand KanCare eligibility to more Kansans. Expanding Medicaid will close some of the gaps in our behavioral health continuum of care. Inpatient beds, transition programs, and community-based crisis centers struggle to sustain treatment programs for mental illness or addictions for a largely uninsured population. Expanding Medicaid will improve access to behavioral health care statewide for the Kansans who need it most.

**Housing:** Kansas Legislature should build on the work of the 2018 Legislature and continue to allocate funds for supportive housing options and permanent housing resources through grants and Medicaid options using the principles of Housing First. Implement recommendations from the Mental Health Task Force Report to maximize federal funding and alternative housing opportunities. Supportive housing is an evidence-based intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. Stable housing helps vulnerable Kansans achieve recovery and avoid re-hospitalization.

**Clubhouse Program Funding:** The 2018 Legislature established state funding for Clubhouse Model mental health services that support the Clubhouse Model Program (Wichita Breakthrough Club) as an effective part of the continuum of care, and allow for expansion to communities across the state that determine both a need and capacity to develop Clubhouse model services for people with severe and persistent mental illness. Please monitor the Lottery funding resources and be prepared to request supplemental funding if necessary.

**Medicaid Medication and “Step Therapy”:** The Kansas Legislature should protect patient access to mental health medications in the Medicaid program by requiring transparent, effective policy development by the Mental Health Medication Advisory Committee. KDHE should reform the Mental Health Medication Advisory Committee process to provide transparency and public access and expand the Committee’s advisory role to include step therapy policies and processes to assure safe and effective prescribing. Additionally, the Coalition supports legislation to establish safety parameters for private insurance step therapy policies. Step therapy requirements are also known as “Fail First” pharmacy restrictions – requiring the individual to first “fail” on other medications. Kansas should follow the lead of states that have adopted safety rules for insurance medication restrictions.

**Mental Health and Criminal Justice:** Kansas must adopt public policy that focuses on: (1) Mental health diversion programs that connect youth and adults with treatment resources that keep them out of the criminal justice system, including a long-term commitment to Juvenile Justice System Reform passed in 2016; (2) Therapeutic care for offenders who are living with mental illness; and (3) Effective discharge planning to ensure that individuals receive community-based services upon their release.

**Workforce:** Kansas must research and develop strategies for building the behavioral health workforce statewide, including following up with 2017 legislation that was passed to add psychiatry to the Medical Student Loan Act as well as amendments to the Nursing Service Scholarship Program to assure that the programs are benefitting behavioral health students and graduates. Kansas should pursue a Workforce Study as recommended by the 2019 Mental Health Task Force Report and invest in peer support – see below. Additionally, reciprocal licensing for social workers will add to the Kansas workforce.

**Peer Support:** Kansas should expand access to peer support specialists and peer mentors throughout Kansas. As Kansas invests in services and programs for behavioral health, peer support should be a part of those plans. Whether through Medicaid or agency contracts, Kansas should encourage integration of peer support services (MH) and certified peer mentoring services (SUD) into multiple levels of service, including throughout the public behavioral health system for youth and adults, in our state hospitals, and community based programs for mental illness and substance use disorder treatment. This will require additional training resources and may require some policy changes in order to expand availability across the state.

**Suicide Prevention:** Add funding for National Suicide Prevention Lifeline operations at Headquarters, Inc., and ComCare. Add a full-time suicide prevention staff position at KDADS and evaluate the need for additional positions. Work with the Attorney General, Kansas State Department of Education, Veteran’s Administration and National Guard to reverse the suicide trends in our state.

It has taken more than ten years to create this crisis, and we are encouraged that the agency and the Legislature have adopted policies and investments to begin turning around our eroding behavioral health continuum of care. We have been very encouraged by the active interest of Secretary Howard and state legislators in the Mental Health Task Force Reports. Unfortunately, the needs of this system are being overshadowed by other priorities.

Please make behavioral health recommendations a high priority.

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.

These recommendations reflect the consensus priorities of the Kansas Mental Health Coalition and the recommendations of the Mental Health Task Force Report. 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. We stand ready to collaborate with the agency to improve Kansas behavioral health care and promote agency priorities.

Thank you for your consideration.

**For More Information, Contact:**

**Kansas Mental Health Coalition**  
c/o Amy A. Campbell, Lobbyist  
P.O. Box 4103, Topeka, KS 66604  
785-969-1617; [campbell525@sbcglobal.net](mailto:campbell525@sbcglobal.net)