

KANSAS MENTAL HEALTH COALITION

.....Speaking with one voice to meet the critical needs of people with mental illness

Community Based Mental Health Services: Repair the Safety Net

Position: Community based services must be restored and expanded across the State in order 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 2019 Mental Health Task Force Report recommendations including restoring CMHC funds; additional diversion and crisis services at the community level; increased Medicaid rates for mental health and addictions treatment; funding for Housing First; expanding the opportunities for peer support programs and specialists; developing professional training and accreditation for staff across programs, and academic partnerships, including residencies and internships for clinical staff and conducting a behavioral health workforce study. The Legislature must take action to restore mental health reform grants and pursue innovative integrated programs across the state, as well as expand funding for crisis and peer based programs.

The Problem: The Coalition commends the Legislature for recognizing the crisis and restoring a portion of the mental health reform grants for community based treatment, expanding crisis stabilization centers to new communities, investing in clubhouse and K-12 programs, and directing the creation of new Medicaid health homes and housing programs. It 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. Kansas continues to have a waiting list for admission to Osawatometie State Hospital – these are people who are in a psychiatric crisis! This is far from the goal of delivering the right care at the right time in the right place. Thirty percent (30%) of individuals served by CMHCs have no insurance coverage. These are Kansans whose mental health care is not reimbursed by Medicaid, Medicare or private insurance.

Why this matters: Programs are strained to meet the needs of individuals and families facing mental illness and addictions. The inefficiencies of such a system are obvious and the harm to individuals and families spills over into the community at large. This means that evidence based recovery options are not available statewide. There are few options available for children in crisis, and Medicaid policies have reduced the availability of PRTFs without replacing them with better programs. Families face repeated hospitalizations or arrests of their loved ones. The overuse of jails, prisons, and emergency rooms is expensive and ineffective. Further, we must not ignore the cost in lives to suicide, the costs of broken families and the lost opportunity for recovery for people struggling to survive.

The bottom line: The Kansas Mental Health Coalition supports the priority recommendations of the Mental Health Task Force Report. The Report provides recommendations to close the gaps in the continuum of care and provide alternatives and support to state hospital treatment. These steps, including timelines and cost estimates, will move Kansas toward strategic planning and away from one crisis response after another. We must set Kansas on a path toward strengthening the array of mental health services to all Kansans regardless of insurance through CMHCs and other crisis, residential, outpatient, employment, housing and peer services for both mental illness and substance use disorder treatment.

Investing in regional infrastructure, including crisis stabilization centers, crisis intervention centers and alternative models for rural areas, will improve access and potentially reduce demand for long-term inpatient bed capacity. A combination of funding strategies is necessary to incentivize effective services and to assure that both adults and children can access effective integrated programs. At the end of the day, we must reject new policies that further erode the overall continuum of care.

The rest of the story about our community mental health system

Treating the uninsured: The state's 26 CMHCs are the backbone of Kansas' public mental health system. The CMHCs, along with state hospitals, play a critical role in providing a continuum of mental health care—from emergency crisis services to intensive case management to temporary residential services. Our CMHCs have limited resources to cover the cost of these services, yet they are required by statute to provide for uninsured or underinsured Kansans living with a mental illness. Of those with mental illness or substance use disorders that live under the federal poverty level (FPL), approximately one-third are uninsured. Under-insurance is also a problem with 34% of insured people who had unmet mental health needs indicated that cost was a barrier to seeking treatment.

The overall erosion of community based programs has been alarming – affected by a variety of factors ranging from reductions to mental health reform grants, funding reductions to state policies regarding inpatient mental health screenings, Medicaid payment restrictions for residential treatment programs, changes in contracts for training, flat funding for housing programs.

2019 MENTAL HEALTH TASK FORCE REPORT: The 2019 Report includes a strategic plan detailing 23 recommendations that build on the 2018 Report – including action steps, timing considerations, implementation timeline, budget estimates, and the agencies and organizations responsible for implementation. Read the report at: <http://kansasmentalhealthcoalition.onefireplace.com/resources/Documents/MentalHealthTaskForce2019Report.pdf>

KEY POINTS FROM THE REPORT (include Report page references)

- Expanding Medicaid would undergird many of the recommendations by improving access to behavioral health services at all levels of care and allowing investment in workforce and capacity (Recommendation 2.5, page 36);
- Restoring and increasing community outpatient mental health and substance use disorder treatment, primary care, housing, employment and peer programs will improve outcomes for individuals and families (Recommendation 1.5, page 21; Recommendation 2.1, page 26; Recommendation 2.6, page 38; and Recommendation 5.1, page 60);
- Immediately increasing inpatient psychiatric capacity for voluntary and involuntary admissions (36-60 beds within 24 months) and investing in the current state hospitals will end the moratorium on admissions at Osawatomie State Hospital and begin to alleviate pressure on other systems, including hospital emergency departments and jails (Recommendation 1.1, page 5);
- Implementing a comprehensive plan to address needs at all levels and in all settings, including adding inpatient capacity up to a total of 221 new beds over five years, would stabilize the system (Recommendation 1.1, page 5);
- Investing in regional infrastructure, including crisis stabilization centers, crisis intervention centers and alternative models for rural areas, will improve access and potentially reduce demand for long-term inpatient bed capacity (Recommendation 1.2, page 13);
- Ensuring financial support for prevention, assessment, early intervention and integrated care will have long-lasting effects (Recommendation 3.1, page 42; Recommendation 3.4, page 48; and Recommendation 6.1, page 64).