

# KANSAS MENTAL HEALTH COALITION

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

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Testimony presented to the Senate Ways and Means Subcommittee on Human Services  
Kansas Department for Aging and Disability Services Budget

*Amy A. Campbell – February 11 2021*

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC).

Thank you to Commissioner Andy Brown and Secretary Laura Howard for their quick work in the past year to access federal emergency funds and many layers of CMS regulatory changes, putting them to work as quickly as possible. We hope to see telemedicine/telehealth, emergency housing and other support services getting to the people who need them well into the future. One of the unexpected benefits of being forced to work differently, is that we have seen assistance provided to people who were formerly out of reach.

**Please support the Governor's enhancement recommendations for high impact areas of need.** These are listed for the combined Department of Human Services in the Governor's Budget Report:

**\$5.0 million for Statewide Mobile Response & Stabilization:** Provides community-based interventions and individualized care planning for systemwide crisis response. This is major priority for both Mental Health Task Force Reports and a pillar for modernizing our behavioral health continuum of care. This is a key to reducing the burden on local law enforcement by providing an important answer to the needs for people in crisis with nowhere to go. This funding will support a modernized CMHC network, providing reimbursement for services required for the Certified Community Behavioral Health Centers (CCBHC) funded by current federal grants and proposed for statewide implementation under HB 2160.

**\$3.0 million for Family Crisis Response and Support:** Provides any child/youth up to 18 in the community, or any young adult (ages 18 – 21) who is a foster care alum who is experiencing behavioral or psychiatric emergency with rapid, community-based crisis intervention services, regardless of health care insurance status. 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.

The effects on families from COVID-19 will be felt far into the future – open help lines for families could relieve pressure and link people to the assistance they need, whether it is financial assistance or counseling (see 988 below). We commend the agency's work to expand access to parent support and training, as well as adding capacity to the Psychiatric Residential Treatment Facility network. The Family First program in the Dept. for Children and Families has also been a positive investment for improving access to needed services for many families.

**\$0.6 million for Community Integration Housing First Program:** KDADS is to be commended for obtaining federal emergency housing funds during the pandemic. A federal Housing First grant expired in 2019. Please support this enhancement to fill a gap in our current continuum of care. It is very important for people transitioning from the hospitalization or nursing facilities as well as homeless shelters. In the past, the agency has utilized resources through grants and Medicaid options using the principles of Housing First. These priorities

were recommended by the Mental Health Task Force Report to maximize federal funding and alternative housing opportunities. KMHC has been requesting the funds for many years.

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as their own healthcare, getting a job, budgeting, or attending to substance use issues. It is a key component of many veteran's housing programs.

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. Rental assistance with or without attached services would also go a long way in providing stability for individuals and families.

**\$2.0 million for CMHC specialized services in Nursing Facilities for Mental Health:** Both Mental Health Task Force Reports recommended funding services provided by community mental health centers for residents of nursing facilities for mental health to provide treatment and coordination of care. Current NFMH rates are not sufficient to provide mental health treatment and individuals need care coordination to facilitate improvement of their conditions and transition to the community. There are excellent examples of this work provided at a small scale, such as the work with Iroquois Center for Human Development (Greensburg CMHC) and their transitional living apartments – but we must fund broader access to these services to assure individuals are served in the least restrictive setting.

**\$2.0 million for EHR Support and Maintenance:** We continue to support the long past due investments in the electronic medical records systems for the agency and its facilities. Funding technical modernization rarely grabs headlines, but we know how important this is for maximizing care coordination, care quality oversight and billing from third parties.

**Regional Bed Capacity Contracts:** The Coalition commends the 2020 Plan to End the Moratorium on admissions at Osawatomie State Hospital and urges the agency to expedite an increase in bed capacity through regional contracts. If regional beds are not achievable through private partnerships, we encourage a strategy to establish the capacity with one or more additional state hospital patient units.

#### **Other Requests:**

**988 – National Suicide Hotline Designation Act of 2020:** Sen. Jerry Moran stood up for Kansans' mental health with the passage of the National Suicide Hotline Designation Act of 2020 (S. 2661). This bill created 988, a 3-digit mental health crisis line. State agencies, mental health providers and policy makers must prepare our state for the transition to 988 in order to deliver high-quality, timely and appropriate crisis services for Kansans in every community in our state. All telecommunications carriers have until July 16, 2022 to enable 988 calls to be routed to the National Suicide Prevention Lifeline Network. Some carriers are already routing. Vibrant Emotional Health, the administrator of the Lifeline, projects the Lifeline's call volume will increase between threefold and eightfold by the fifth year of full 988 implementation. Suicide is on the rise. KDHE's annual vital statistics report shows that the suicide death rate increased by 15 percent between 2014 and 2019. Children are particularly vulnerable. The 2020 Kansas Child Death Review report shows the youth suicide death rate has increased 63 percent, from 2.03 per 100,000 in 2009-2013 to 3.38 per 100,000 in 2014-2018. Suicide is preventable when Kansans have access to free, 24/7, evidence-based crisis services. Additionally, COVID-19 has placed an unimaginable burden on the immediate and long-term mental health of Kansans. 988 can be the response

Kansas needs if it is well planned and funded. *Funding a fully functioning Kansas 988 emergency line is anticipated to cost \$3 million.*

**Certified Community Behavioral Health Clinics (CCBHC)** – HB 2160 fulfills a recommendation from the Special Committee on Mental Health Modernization and Reform. The legislation also aligns with the 2018 and 2019 Mental Health Task Force Reports. The work of the Task Force focused a great deal on the full continuum of care, identifying gaps and proposing solutions. One of the priority recommendations of that report is to participate in the federal CCBHC program and this legislation would create a Kansas based solution.

CCBHCs adopt a standard model to improve the quality and availability of addiction and mental health care and, in doing so, address some of our most urgent challenges. They provide care to people regardless of ability to pay — those who are underserved; have low incomes; are insured, uninsured or on Medicaid; and active duty military or veterans. CCBHCs are different than other federally funded mental health providers: they must, by statute, provide a comprehensive range of addiction and mental health services, including:

- 24/7/365 mobile crisis team services to help stabilize people in the most clinically appropriate, least restrictive or traumatizing and most cost-effective settings.
- Immediate screening and risk assessment for mental health, addictions and basic primary care needs.
- Easy access to care to ensure people receive needed services without lengthy wait times and that every person can receive care regardless of ability to pay.
- Tailored care for active duty military and veterans to ensure they receive the unique health support essential to their treatment.
- Expanded care coordination with local primary care providers, hospitals, other health care providers, social service providers and law enforcement.
- Commitment to peers and family, recognizing that their involvement is essential for recovery.

Funding has not yet been established for CCBHCs aside from the federal grants recently made available to six CMHCs. Kansas community mental health centers struggle today to fulfill the needs of our communities, facing a workforce shortage and Medicaid rates that have not been updated in 10 years or so. A state based CCBHC model fills multiple gaps in our current system in a comprehensive, quality-based format.

**Protect 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. These programs are succeeding and the allocation from the Lottery vending machine funds continue to grow. Please protect these resources to assure the programs can meet their goals.

**Expand Peer Support:** The Coalition continues to support expanding 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. As utilization of peer services grows, meaningful employment is available to individuals with lived experience who are able to graduate from the training programs.

**Please make behavioral health recommendations a high priority for 2021.** Families are crumbling under the pressures of our current environment – but through innovation and determination, we can provide the support they need.

These recommendations reflect the consensus priorities of the Kansas Mental Health Coalition and are consistent with the recommendations of the Mental Health Task Force Report and the Special Committee on Mental Health Modernization and Reform Report. The Kansas Mental Health Coalition appreciates the leadership of the Kansas Legislature in commissioning these reports and implementing recommendations.

The Coalition also commends the Kansas Department on Aging and Disability Services and their ongoing communication with our Coalition members. We have seen improved transparency and communication every year. We stand ready to continue to collaborate with the agency to improve the Kansas behavioral health continuum of care.

Thank you for your consideration.

**For More Information, Contact:**

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*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.*

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