

# KANSAS MENTAL HEALTH COALITION

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

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## **2021 SUMMARY OF CONSENSUS POLICY RECOMMENDATIONS**

The COVID-19 pandemic has placed increased stresses on all Kansans and we must be prepared to provide Kansans behavioral health tools and connections in order to recover. Too many people are unable to access treatment because of a lack of available services or denials by insurance. Youth and families tell us that we have a long way to go to provide the connections and the support close to home that they need. Yet, telemedicine and telehealth have been an amazing tool to reach people who may not have accessed services in the past, overcoming barriers such as transportation and lack of child care to open a much needed door.

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 many recent recommendations.

Kansas has expanded access to crisis stabilization services, restored a portion of funding to our community mental health centers, and added housing codes and health homes to Kancare. The K-12 Schools Mental Health Pilot is reporting excellent outcomes. Family First programs are just getting started to provide interventions for families in jeopardy and there is new funding for crisis interventions for youth. Peer services will be expanded under new plans by KDADS. There is so much more to do.

**Moratorium on State Hospital Admissions:** Now is the time to end the moratorium on admissions at Osawatimie State Hospital that has left individuals in crisis on a waiting list. Law enforcement agencies and advocates across the state are calling for an end to this injustice 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. The solutions include protecting current bed capacity and investing in hospital modernization and employee wages and training to improve retention. Further, the Legislature should continue to fund KDADS plan to end the moratorium set out below.

**Outpatient Mental Health Services:** Community based services must be 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 2018-19 Mental Health Task Force Report recommendations 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; building more community partnerships for adult and youth services; expanding the opportunities for peer support programs and specialists; developing professional training and accreditation for staff across programs; creating academic partnerships; and the Problem Gambling and Addictions Fund should be fully dedicated to treating gambling and substance use disorders.

**Support the Governor's Six Budget Enhancements for Behavioral Health:**

**\$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 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.

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 rehospitalization.

**\$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 the plan to increase in bed capacity through regional contracts. Funds are allocated to remodel portions of Osawatomie State Hospital and add beds, but this is on hold due to the current pandemic. 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. Ultimately, the current plan is only an initial step toward making the improvements that are necessary in our state hospitals, including workforce investments and certifying all or most of the beds at OSH by upgrading the facilities.

#### **Other Requests:**

**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 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.

**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.

**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 meet the program goals.

**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.

**Expand Peer Support:** The Coalition continues to support expanding peer support specialists and peer mentors throughout Kansas. As Kansas invests in behavioral health, peer support is integral to 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 the public behavioral health system for youth and adults, state hospitals, and community based programs for mental illness and substance use disorder treatment. As peer services grow, meaningful employment is available to individuals with lived experience who graduate from training.

**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. We support changes to behavioral health professional education requirements to aid licensure.

**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 matches State funds to achieve better prevention interventions. 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 Children’s Continuum of Care Report.

**Mental Health Parity:** The recent *Wit v. United Behavioral Health* federal court decision proves what individuals and families have known. Insurance plans routinely deny access to lifesaving treatments for mental illness and addictions. It is time for the State and Federal Governments to provide meaningful oversight in order to assure that Kansas policyholders receive the coverage required by parity statutes.

**Medicaid Medication and “Step Therapy”:** The Legislature should protect access to mental health medications in the Medicaid program by requiring transparent policy development by the Mental Health Medication Advisory Committee. KDHE should reform the MHMAC 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” 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.

**Tobacco Dependence Treatment and Mental Health:** KMHC supports HB 2129 to build on the successes experienced through our KanCare program and provide tobacco cessation treatment to state employees. This step complies with the “test track” required by state law prior to expanding the requirement to commercial insurance policies. In Kansas, the smoking rate among adults with mental illness is more than twice the rate among adults without mental illness. These individuals die up to 25 years before their counterparts. It is critical that adolescents with or at high risk of emotional disabilities and adults with mental illness and substance abuse disorders have access to meaningful tobacco prevention and dependence treatment which should include both behavioral and pharmacological interventions to quit tobacco use. Health insurance, both publicly and privately funded, should create comprehensive, barrier-free coverage for ongoing evidence-based tobacco cessation treatment.

**Mental Health and Criminal Justice:** The Kansas Legislature must adopt public policy that focuses on: (1) Mental health diversion programs that connect youth and adults with serious mental illness 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 with serious mental illnesses receive community-based services upon their release. The Coalition supports the efforts of KDHE to expedite Medicaid access after discharge from state hospitals and incarceration and the Governor’s recommendation to add a substance use treatment unit to the Dept of Corrections.