



2022 Behavioral Health Public Policy Agenda

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Strengthen and Enhance the Medicaid Safety Net

Maintain support of the Certified Community Behavioral Health Clinic (CCBHC) model in Kansas. The CCBHC model provides an integrated and sustainably financed model for care delivery. The model is designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate, providing vital resources needed for workforce recruitment and retention. There are currently seven CCBHC grantees in Kansas. We appreciate the collaboration and strong working relationship with the State in establishing the certification and payment processes that will allow all CMHCs to transition to CCBHCs by 2025 and urge the State to maintain the momentum we've built to date.

Enhancement of Medicaid Rates for Behavioral Health. Medicaid reimbursement rates for providers of specialized services are not adequate and jeopardize the State's ability to ensure a fully resourced and effective behavioral health system in Kansas, and most behavioral health rates have not been increased in over a decade. We are now bordered on all sides by states that are accessing increased federal resources and compensating behavioral health professionals at significantly higher rates; at times, successfully recruiting away our already scarce workforce. With stagnant rates and increased expectations, we have seen increased turnover in many of the professions we employ. In order to support a robust public mental health system that can provide specialized services to individuals experiencing a mental illness, we need adequately reimbursed staff.

A 4 percent increase in Medicaid rates for behavioral health would result in approximately \$12 million in additional funding to providers. All four surrounding states have taken measures to participate in federal initiatives that will bring significantly more revenue to their respective systems. This includes Medicaid expansion in Nebraska, Colorado, and Missouri and the Certified Community Behavioral Health Center (CCBHC) initiative in Missouri and Oklahoma. Nebraska took the added step of significantly increasing their behavioral health Medicaid rates. These states have started and will only increase their recruitment from the Kansas behavioral health workforce without action from our legislative and executive branches.

Addressing the Needs of the Uninsured and Underinsured—Restoring the Promise of Mental Health Reform.

Since enactment of the Kansas Mental Health Reform Act of 1990, Community Mental Health Centers (CMHCs) are the designated local Mental Health Authorities, coordinating the delivery of publicly funded community-based mental health services, and are required to serve every person who walks through their doors, regardless of ability to pay, much like community hospitals. If those in need of services do not receive timely treatment, they may have to be served in emergency rooms, state hospitals, or jails, all of which are much more expensive.

Leaders in the Legislature stepped forward to begin the process of restoring the promise of mental health reform by partially restoring CMHC contract funding in FYs 2018, 2019, 2020, and FY 2022. We ask that legislators help us keep these commitments, and to account for the growth in persons served, our request to the Legislature is for \$3.0 million for FY 2023.

Support Community Crisis Center Funding. Support and enhance current funding for community crisis centers for FY 2021, as necessary. Funding to establish local public/private partnerships for regional crisis stabilization centers has helped provide treatment for those individuals who can be stabilized without utilizing a State psychiatric hospital. This model of care that provides a "port of calm" for patients should be replicated where possible across all communities in Kansas. Further, the passage of the Kansas Crisis Intervention Act in 2017 allows for targeted interventions and emergency care and treatment for individuals experiencing crisis due to mental illness, substance abuse, or a co-occurring condition; however, we are still awaiting promulgation of the required regulations by the Department of Aging and Disability Services in order to fully implement these programs in the community.

Medicaid Expansion. More than half of those who present for treatment at CMHCs have no insurance. Expansion of Medicaid will provide coverage for those who have a mental illness so they can access treatment in their communities. We know that if a person with a mental health need does not have insurance, he or she is less likely to seek out care until becoming more ill, needing more services, and taking longer to recover. Oftentimes, CMHCs are dealing with crisis situations for those without insurance. Expansion of the Medicaid program, including enhanced care coordination and work referral programs, will result in better outcomes and reduction of costs in other sectors.

Restore State Hospital Capacity. Reductions in State psychiatric inpatient budgets, coupled with funding reductions in Mental Health Reform dollars, have resulted in our system reaching a crisis. The State hospitals are the inpatient safety net for individuals with severe mental illness in Kansas, and 70 percent of patients admitted to State hospitals do not have Medicaid as a payor source. Both Osawatomie State Hospital (OSH) and Larned State Hospital (LSH) have been operating at reduced capacity due to a moratorium and census management measures that have limited the number of available beds. Our state cannot afford to lose any more inpatient beds, and we support returning to full capacity of 206 psychiatric beds at OSH and 90 psychiatric beds at LSH.

Reestablish Youth Inpatient Psychiatric Services in Western Kansas. The State privatized youth inpatient psychiatric beds nearly 10 years ago, and until 2019, this vital resource was available to youth and families in both the east and west sides of the state. Now, families in Western Kansas are faced with either no access to this level of care or having youth admitted to care hours away from their homes. The 2020 Legislature allocated \$4 million SGF in FY21 to support acute care psychiatric beds for youth in Western Kansas, and we urge the State to complete the process of re-establishing this vital resource as soon as possible.

Increase Access to Critical Housing Resources. Lack of stable housing resources for individuals with a mental illness remains an issue across Kansas. Stable housing is a social determinant of health, and without such a basic need being met, recovery becomes more challenging. The Association supports the funding and implementation of the Medicaid housing programs that were approved and funded by the 2018 Legislature.

Support Workforce Initiatives to Increase Medical and Clinical Resources. CMHCs and the State psychiatric hospitals are facing an alarming shortage of licensed medical and clinical staff who specialize in the treatment of persons with mental illness. We support development of a two-year behavioral health tech certificate program at community or technical colleges. Such a program would include basic levels of training and education for students to be hired as attendant care, respite care, or other entry-level positions in behavioral health or child welfare and would also create a career path that may subsequently lead to bachelor's degrees in psychology, social work, criminal justice, or related degrees and eventually master's degrees in a related field to lead to greater home-grown clinical resources in our state.

We also support the establishment of a rural psychiatric residency program. This would help replenish continually diminishing medical resources at a time when we could become a behavioral health destination for practitioners.

Exercising Caution in Changes to Tax Policy. Changes to tax policy should be pursued with the greatest of caution in light of reports of possible recession and the results of past tax policy changes like dramatic reductions and the county tax lid. These have resulted in significant damage to statutory and constitutional responsibilities like mental health. We support explicitly removing CMHCs from being under the tax lid.

988 Suicide Prevention Lifeline Funding: Once the 988 National Suicide Prevention Lifeline (NSPL) phone number is implemented, Kansas should collect fees via cellular phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state crisis and stabilization resources.

Promote increased collaboration and support for CMHC-school partnerships at the local level. CMHCs provide treatment programs and interventions designed to ensure youth are able stay in their own homes and communities while receiving behavioral healthcare. Local partnerships allow CMHCs to provide services in the school-based setting, allowing schools to focus on education and CMHCs to focus on treatment and improving care. Students benefit from timely access to mental health services and missing less time in the classroom, leading to improved attendance, behavior, and academic performance. The Mental Health Intervention Team program is one example of a successful school-based local program.