

KANSAS MENTAL HEALTH COALITION

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

2022 SUMMARY OF CONSENSUS POLICY RECOMMENDATIONS

The COVID-19 pandemic has placed increased stresses on many Kansans and behavioral health care is more important than ever. 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.

On the other hand, there are positives: telemedicine and telehealth have been amazing tools to reach people who may not have accessed services in the past, overcoming barriers such as transportation and lack of child-care. Stigma is reduced – with young people leading the way to a public conversation about mental health, and how important this is for our overall health.

In recent years, the Legislature has prioritized behavioral health and worked to restore community-based treatment, added crisis stabilization centers, and enacted Certified Community Behavioral Health Centers. The work to reform and modernize our continuum of care is not over, and the recommendations of the Mental Health Modernization and Reform Committee provide a good roadmap. The erosion of our system did not happen overnight, so repairing the system will also require a long-term commitment. Nowhere is this need more obvious than within our state hospitals.

The following recommendations reflect the consensus priorities of the Kansas Mental Health Coalition:

988 Crisis Hotline – HB 2281 - Sen. Jerry Moran was a key supporter of the National Suicide Hotline Designation Act of 2020 (S. 2661). This bill created 988, a 3-digit mental health crisis line. 988 will be a crucial tool to link people with crisis response, reducing the burden on local law enforcement, emergency rooms, jails and state hospitals. However, the federal legislation is not funded – recommending a state-enacted fee on phone services. Converting and expanding our current National Suicide Prevention Lifeline to a fully functional front door to behavioral health crisis response in Kansas resolves a glaring gap in the continuum of care. Families need somewhere to call when a crisis occurs for themselves or their loved ones – a link to a live voice to deescalate the situation or link to appropriate interventions and resources. The Legislative Mental Health Task Force Reports and the Mental Health Modernization and Reform Committee Reports endorse 988.

KDHE's annual vital statistics report shows that the suicide death rate increased by 15 percent between 2014 and 2019. 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. Utilization of crisis call centers has been on the rise across the state of Kansas for the last five years. KDADS has fulfilled the federal planning requirements and phone services will start directing 988 calls July 16, 2022.

The Legislature must act to assure the hotline is operational and the necessary trained response services are in place with sustainable funding.

State Suicide Prevention Plan: The Legislature should approve \$1.5 million SGF FY 23 for suicide prevention and to implement the new State Suicide Prevention Plan as recommended by the Governor. The Plan was created in collaboration with stakeholders from across Kansas and has led to the creation

of the State Suicide Prevention Coalition empowering communities to implement evidence-based suicide prevention programs.

Moratorium on State Hospital Admissions: This could be the year to end the practice of holding individuals in crisis in emergency rooms or jails because of waiting lists for admissions to Osawatomie State Hospital or Larned State Hospital. 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. KDADS Budget proposes wage increases, completes the remodeling project at OSH to add bed capacity, funds crisis intervention centers, funds State Institution Alternatives beds in community hospitals, and \$15 million for 50 new regional beds. **The Legislature should approve the Governor's proposed budget to expand inpatient capacity and increase salaries to assure that fewer people must wait for critical hospital admissions and improve employee retention.**

Competency Evaluation and Restoration – Larned State Hospital provides competency evaluation and restoration for defendants requiring such services. Due to a lack of staffing, a significant number of beds are currently out of service. The staffing issue, the pandemic, and increased demand have led to very long waiting times. This often means that individuals wait for months in jail. It is unjust and a significant burden on jails and law enforcement. The Mental Health Modernization and Reform Committee recommended a pilot program to contract community mental health centers and others to provide mobile competency evaluations and perhaps community-based restoration.

KMHC Inpatient Recommendations:

- 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) and investing in the current state hospitals. The Kansas Legislature should support and fund high-quality psychiatric inpatient services to meet the needs of all Kansans who require this care including voluntary and involuntary admissions.** Beds must be restored to end the moratorium that has placed Kansans in a psychiatric crisis on a waiting list since June 2015.
- 2) **Invest in the current state hospitals.** Stabilize staffing at state hospitals by eliminating shrinkage, updating market analyses for wages, and ensuring sufficient FTEs for quality treatment and the number of licensed beds. The current state hospitals are the safety net of our mental health system and must be continually supported with the necessary supplemental funding to replace lost federal funding, salaries and wages to stabilize staffing, training investments to build our workforce – including licensed mental health technician education, and building improvements whether new or remodeled to restore CMS certification.
- 3) **Fund Regional Crisis Stabilization Locations and fund them into the future.** Develop community crisis locations in regions across the state including co-located substance use disorder (SUD) services with sustainable funding. The percentage of uninsured served within more intensive community treatment programs means that these programs struggle for sustainability. The positive outcomes of these programs are well documented but they will not survive on Medicaid and insurance reimbursements alone.

- 4) **The Crisis Intervention Act.** Open Crisis Intervention facilities that can be certified for short term commitment and stabilization require new rules and regulations as well as specialized staffing and funding. The Act was passed in 2017 and funding is included in the budget for KDADS this session. These resources can provide crisis intervention up to 72 hours.

Provide for continued public/private partnerships for local psychiatric inpatient beds to alleviate the growing demand for state psychiatric hospital beds. The State Institution Alternative contracts provide the state with options to alleviate waiting lists while offering quality care to patients in accredited facilities. Unfortunately, these private hospitals must face multiple challenges: including increasingly expensive demands for accreditation, including ligature proof remodeling, as well as workforce and third-party reimbursement challenges.

Community Based Services are the heart and soul of the mental health system -less expensive and more effective than hospitalization. Kansas can once again be a national leader for behavioral health by closing gaps in the continuum of care and providing evidence based person-centered care for Kansans.

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; 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.

Certified Community Behavioral Health Clinics (CCBHC) – 2021 HB 2208 - A priority recommendation of the Mental Health Task Force and the more recent Mental Health Modernization and Reform Committee is to implement Certified Community Behavioral Health Clinics. The Governor’s Budget provides continued funding for the CCBHC Medicaid program and the Legislature should endorse SPARK funds for implementation grants for 12 additional community mental health centers to complete the planning and transition work for certification.

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 and whole person health care.

Kansas community mental health centers struggle today to fulfill the needs of our communities, facing a workforce shortage. Most of their Medicaid rates have not been updated in 10 years.

Workforce Crisis

Mental health and substance use disorder treatment providers face serious workforce challenges made substantially worse by the COVID-19 pandemic. Medicaid Expansion would provide comprehensive

improvement across the system by providing reimbursed care for our uninsured and underinsured Kansans. Funding for crisis services, CCBHCs, and school-based programs are helpful, but Kansas must consider action to expand our workforce and fully compensate those who are providing these services, whether they are clinical professionals, peers, mental health technicians, case managers, or others. **We recommend the Legislature investigate potential partnerships with additional educational institutions to build this workforce and SPARK federal relief funds be used to support our workforce needs.**

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.

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. **The Coalition endorses the Mental Health Modernization and Reform Report recommendation to expand the K-12 Mental Health Pilot providing important mental health connections in schools.**

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.

Mental Health Parity: The *Wit v. United Behavioral Health* federal court decision points out the need for better enforcement of federal and state parity laws. Insurance plans should implement standardized medical necessity utilization review standards to avoid denying access to lifesaving treatments for mental illness and addictions. It is time for the State and Federal Governments to provide meaningful oversight to assure that Kansas policyholders receive the coverage required by parity statutes.