

KANSAS MENTAL HEALTH COALITION

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

Testimony presented to the House Social Services Budget Committee Kansas Department for Aging and Disability Services Budget

Amy A. Campbell – February 17, 2022

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC). KMHC is pleased to bring testimony today encouraging this committee to support recommendations to improve our mental health system by adopting multiple recommendations.

The Coalition supports the Governor’s Budget Recommendations for the Kansas Department for Aging and Disability Services, including:

1. Approve \$2.0 million for FY 22 and \$10 million for FY 23 from the State General Fund for implementation of Crisis Intervention Centers. Crisis Intervention Centers allow for short-term community based involuntary admissions and directly reduce the pressure on our state hospitals, while provided intensive inpatient care for individuals that may avoid longer hospitalization and more rapidly be directed to appropriate community-based services. This is a higher level of care than provided by our Crisis Stabilization Centers but will likely be jointly located. The Crisis Intervention Act passed several years ago and we are pleased to finally see the funding put forward.
2. Approve \$2.8 million SGF FY 23 to expand the providers and locations where competency and restoration treatment can be provided. Ongoing workforce and state hospital capacity challenges mean that individuals facing criminal charges are waiting far too long for competency evaluation and restoration treatment. The situation is fundamentally unjust. HB 2697 is scheduled for hearing by House Judiciary today and we support the legislation.
3. Approve \$15 million SGF FY 23 to contract and build capacity of 50 new regional inpatient beds, including \$10 million in start-up and construction support and \$5 million for ongoing costs. This is a very important piece of the puzzle to restore sufficient inpatient capacity for Kansas and will add another resource for individuals needing the highest level of psychiatric care in our system. These beds will not replace the bed expansion at Osawatomie State Hospital or the State Institution Alternative beds at private hospital partners – all of which are essential.
4. Approve \$1.5 million SGF FY 23 for suicide prevention and to implement the new State Suicide Prevention Plan. Kansans have seen tragic increases in suicide deaths in the past decade in Kansas. KDHEs 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. Calls from Kansans to the National Suicide Prevention Lifeline have risen 65% in this time. Johnson County Mental Health Center also reports a 64% increase in calls to their county crisis line from 2016-2021. Executing the State Suicide Plan with active engagement in multiple communities across the state will help to reverse these devastating trends.
5. Approve \$1.7 million supplemental funding and \$8.1 million from the State Institutions Building Fund for increased costs related to the Biddle building remodel at Osawatomie State Hospital and projects at the four state hospitals. The remodeling at OSH is necessary to reach the promised bed expansion that will

help to reduce wait times and improve the safety and efficiency of the current hospital. These projects include rehabilitation and repair and razing buildings.

6. Continued funding for the Certified Community Behavioral Health Centers within the consensus caseloads including an additional \$1.6 million all funds to implement 2021 HB 2208.

All of these budget items align with recommendations of the Mental Health Modernization and Reform Committee and even go back to the reports of the Legislative Mental Health Task Force in 2018 and 2019. Each initiative is part of a bigger effort to address and resolve the many gaps in the Kansas mental health system. It is very encouraging to see some of these pieces coming together over time.

Last year, this committee helped to implement improvements for community integrated housing, CMHC treatment and services within the nursing facilities for mental health, and important improvements to electronic medical health records for the hospitals. The Legislature funded the remodeling and bed expansion project at Osawatomie State Hospital and boosted wages at the hospitals. The Legislature also approved \$3 million startup funds to meet the federal requirements for implementation of the 988 Crisis Line and passed the legislation and funding to create Certified Community Behavioral Health Clinics in Kansas. Thank you for those actions. With these efforts underway and the opportunities before you this session, Kansas could be on its way to moving beyond a system in crisis.

Workforce

Mental health and substance use disorder treatment providers are still facing serious workforce challenges that were 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.

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. *Please support HB 2281 to enact 988 Crisis Line and sustainable funding through phone services fees as authorized by the federal legislation. The federal legislation enacted the hotline to begin July 2022 without federal funding, instead authorizing the phone fees.*

Certified Community Behavioral Health Clinics (CCBHC) – HB 2160 passed in 2021, fulfilling a priority 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.

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.

Continued funding for the program is a part of the Governor's Budget Recommendations. This initiative will provide a strong boost to our Kansas community mental health centers who 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. The state based CCBHC model fills multiple gaps in our continuum of care.

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.

The Coalition also commends the Kansas Department on Aging and Disability Services and their ongoing communication with our Coalition members. Agency collaboration and transparency with KDADS and KDHE have been very positive.

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.
