

KANSAS MENTAL HEALTH COALITION

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

2023 SUMMARY OF CONSENSUS POLICY RECOMMENDATIONS

Kansas has a behavioral health crisis and a workforce crisis. Suicide was the second leading cause of death for Kansas youths aged 15-24 in 2016-2020, and the 5-year combined number of Kansas youth suicide deaths increased from 271 in 2001-2005 to 442 in 2016-2020. Kansas experienced the 10th highest youth suicide rate in the nation in 2016-2020. Too many people are unable to access treatment because of a lack of available providers and programs. The fact is, people in crisis must wait to access psychiatric beds in spite of pay increases. We have a long way to go to provide connections and support close to home that youth and adults 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 has been reduced and young people are leading a public mental health conversation.

The Legislature passed 988 Crisis Hotline and suicide prevention legislation, added crisis stabilization centers, enacted Certified Community Behavioral Health Centers, enacted K-12 Mental Health Intervention Pilot and added capacity for children's psychiatric beds, PRTF beds, and Osawatomie State Hospital beds. And now, a 50 bed hospital project in south central Kansas is in development.

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 requires a long-term commitment. The need is exposed by nationwide reports. The Mental Health America 2022 report of the states ranks Kansas #44 for access to care.

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 many uninsured 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 create partnerships with additional educational institutions to build this workforce, streamline licensing and certification requirements, and expand medical student loan and scholarship opportunities for clinical students.**

Expand Medicaid: Kansas should adopt recommendations of the 2018 and 2019 Mental Health Task Force Reports and the Governor's Substance Use Disorder Task Force to expand Medicaid. Expanding Medicaid will close gaps in our behavioral health continuum of care, reduce uncompensated care and support wages and benefits for our struggling workforce. 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 care statewide for the Kansans who need it most. See the Kansas Health Institute Report "Impact on the Kansas Behavioral Health System and Users of Behavioral Health Services".

988 Suicide and Crisis Lifeline - The implementation of the 988 Suicide & Crisis Lifeline, a three-digit mental health and suicide crisis line, requires sufficient and reliable funding to ensure crisis services include hotlines and mobile response teams. In 2022, the legislature invested 10 million dollars from the General Fund in 988 Suicide Prevention and Mental Health Crisis Hotline Fund with the passage of SB 19. 988 has created a more accessible service with a 39% average increase in calls from Kansans since implementation, with a 54% spike in August 2022. To meet the needs, the legislature must provide reliable funding stream and seek innovative rural solutions.

KMHC supports the recommendation of the Special Committee on Mental Health Beds to add 50 beds in south central Kansas. Our members do have concerns about the impact of a new facility on area providers with the current workforce shortage, so we encourage aggressive legislative initiatives to boost workforce and to stabilize existing programs in the area – through additional funding to existing programs where necessary. If privately operated, the contracts must provide transparency to the public and the Legislature and active oversight by the State for admission and discharges. Beds should be CMS certified to allow for federal and state oversight and funding. These beds will not replace the needed bed remodeling and expansion at Osawatomie State Hospital or the State Institution Alternative beds at private hospital partners – all of which are essential.

KMHC urges the Legislature to approve ongoing improvements, training and incentives for the many state hospital employees who continue to care for those in crisis who need hospitalization. We commend the state hospital superintendents, doctors, nurses and staff who provide this care, often in difficult circumstances, and recommend continued salary increases and training. KMHC supports remodeling projects at Osawatomie to provide needed capacity and create a safer and healthier therapeutic environment. Supporting state employees and moving away from supplemental employment contracts will save millions of dollars.

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 opportunities for peer support programs; expanding professional training and accreditation for staff across programs; creating academic partnerships; and improving funding for gambling and substance use disorders treatment.

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.

The 2022 reimbursement rate increases were not applied to all behavioral health services – specifically SED Waiver services. All reimbursement rates deserve review and updating

Certified Community Behavioral Health Clinics (CCBHC) – 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 for all communities. The Governor’s Budget provides continued funding for the CCBHC Medicaid program and **the Legislature should endorse certifying additional community mental health centers as soon as they have completed the planning and transition work and qualify 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.

The Coalition supports the agency request for \$5 million enhancement for behavioral health addictions treatment to supplement insufficient block grant funding.

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.

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.

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. 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.

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. Family First evidence based programs and parent support training should be expanded.**

Clubhouse Program Funding: Clubhouse Model Programs are consumer centered programs providing skills and recovery planning. These programs are an effective option within the continuum of care. There are opportunities for expansion to communities 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. KMHC supports amending the Lottery Vending Machine statutes to increase the cap on funding available for clubhouse programs to add more communities.

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.

Supported Decision Making: Kansas does not have a mid-level, effective alternative for a non-guardianship option available for individuals that live with a disability or mental illness. The Kansas Legislature should support a Supported Decision-Making Agreement for individuals and families in Kansas. The Coalition believes that it is an important tool for Kansans who may face difficulties due to living with disabilities or mental illness. Supported Decision Making offers options to individuals seeking assistance with financial or health decisions without requiring them to give up their independence and ability to make their own life decisions