

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 16, 2023

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC).

A Public Mental Health Crisis and a Workforce Crisis: Mental health and substance use disorder treatment providers are facing serious workforce challenges that were made substantially worse by the COVID-19 pandemic. 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, create career pathways and streamline reciprocal licensing statutes. It is important to acknowledge that Medicaid Expansion would have a strong impact.

KMHC is pleased to bring testimony today encouraging this committee to continue the effort to improve Kansans access to important mental health and substance use treatment by supporting the following:

1. **CCBHCs** – \$4.6 million for community mental health centers implementation mini-grants and support expedited certification for the Certified Community Behavioral Health Centers at the time of application rather than waiting for prescribed implementation dates. The CCBHC statute provides for certification and we are asking the agency to expedite the process as allowed by statute: K.S.A 39-2019 (d) (1) Subject to applications therefor, the Kansas department for aging and disability services shall certify community behavioral health clinics by not later than the following specified dates:
 - (A) Six facilities currently receiving grants to operate as certified community behavioral health clinics by not later than May 1, 2022;
 - (B) three additional facilities by not later than July 1, 2022;
 - (C) nine additional facilities by not later than July 1, 2023; and
 - (D) eight additional facilities by not later than July 1, 2024.
 - (2) The Kansas department for aging and disability services may certify community behavioral health clinics in advance of the deadlines established in paragraph (1), including portions of the specified numbers of facilities.
2. **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 Osawatomet State Hospital or the State Institution Alternative beds at private hospital partners – all of which are essential.
3. KMHC endorses support for local hospitals, CMHCs and community entities that are charged with providing a safe bed or accommodation for people who must wait for admission to a psychiatric treatment facility due to

the current shortage of beds. We would follow the lead of the agency for the amount of funding and outline of the program design.

4. \$266,150 to expand the availability of Mental Health First Aid training. The funds will allow for additional instructor trainings each year to increase the number of certified trainers and additional funding to support local workshops.
5. **Crisis Intervention Centers:** Find solutions to expedite rules and regulations for Crisis Intervention Centers. These centers will provide 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 funding was put forward last year – but implementation is still on hold.
6. **Expand the cap on funding for Crisis Stabilization Centers:** Continue to expand community crisis locations in regions across the state including co-located substance use disorder (SUD) services with sustainable funding. There is designated funding for these services from the Lottery Vending Machines, but we have nearly reached the statutory cap. The Legislature should consider increasing that cap in order to fund additional crisis stabilization centers and fund the newly authorized Crisis Intervention Centers that will be able to care for short-term involuntary patients. 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.
7. **Expand the cap on 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 but the allocation from the Lottery vending machine funds are approaching their cap. Please consider expanding the cap so more programs can be established.

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

- \$22.0 million from the State General Fund for behavioral health emergency room bed expansion. The funding will lapse if other federal funds become available. This will expand behavioral health services to patients of all ages. More and more patients require complex behavioral health treatment that would otherwise meet admission criteria for Osawatomie State Hospital. This enhancement is one-time funding.
- \$1.0 million from the State General Fund to expand the successfully piloted children’s crisis respite program to additional communities in Kansas. These respite services allow for children with severe emotional distress to receive a level of residential service that is shorter-term and closer to home than Psychiatric Residential Treatment Facilities. These programs also increase access to crisis care for children and provide relief to primary care givers that has been helpful for maintaining foster care placements and preventing Child in Need of Care cases. This funding will allow the state to fund three to four more programs in start-up and operational support.
- \$1.2 million from Problem Gambling and Addictions Grant Fund for an additional 2.00 FTE positions to support problem gambling prevention efforts in response to Sports Betting passage. These positions will double the size of the current problem gambling team and allow each state-run casino gaming area to be supported by a full-time problem gambling specialist.

- \$125,523 AF, \$94,143 SGF for an additional 1.00 FTE Attorney position. This position will function under the direction and guidance of the Chief Counsel of KDADS to provide legal advice to the Superintendent and hospital leadership on local state hospital matters. The position will also provide legal advice to the Secretary and Commissioners in matters related to aging, home and community-based waiver services, survey, and credentialing, with an emphasis on the growing needs of the Behavioral Health Commission, and to provide legal representation for any cases brought in administrative tribunals, and state or federal courts.
- \$222,573 SGF in FY 2024 for continued funding of 5.00 FTE positions for the Behavioral Health Commission's Quality Assurance Program. This will permit staff to continue to monitor and assist in the implementation of several ongoing and new initiatives within behavioral health services such as Mobile Crisis Response, Certified Community Behavioral Health Clinics, the Nursing Facilities for Mental Health Prelitigation Settlement Agreement requirements, 988, and more. These positions are crucial to the success of the commission moving forward and would further bolster KDADS quality response and assurance with federal, state, and local partners. Currently, these positions are funded with federal block grant dollars as part of the COVID-19 Public Health Emergency response that will end by FY 2024.
- \$3.8 million AF, \$1.5 million SGF to increase the Targeted Case Management (TCM) service rates for individuals receiving services on the HCBS I/DD Waiver program.
- \$388,991 AF, \$233,396 SGF for an additional 4.00 FTE positions to support critical information technology functions and modernization efforts.

KMHC Urges the Legislature to Continue to Support:

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 consensus caseloads. 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.

988 – Suicide & Crisis Lifeline: The implementation of the 988 Suicide & Crisis Lifeline has a strong start, and will require ongoing funding to ensure crisis services including the crisis hotline and mobile mental health crisis response. 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. This investment has led to increased staffing levels, more crisis calls answered in Kansas, and greater accessibility of crisis text and chat support. Funding is provided in the KDADS base budget.

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. Expanding these contracts must be supported as our ability to add capacity in state hospitals is severely limited.

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.

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. 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.
