



2024 Behavioral Health Public Policy Agenda

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Cross-Certification Status for Certified Community Behavioral Health Clinics (CCBHCs). Allow for CCBHCs who have previously been certified by the secretary for aging and disability services and that have also been accredited by the commission on accreditation of rehabilitation facilities or the joint commission, or another national accrediting body approved by the secretary for aging and disability services, to be granted a certification renewal based on such accreditation.

Addressing the Needs of the Uninsured and Underinsured—Keeping the Promise of Mental Health Reform. Since enactment of the Kansas Mental Health Reform Act of 1990, 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. 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. Even with recent enhancements made to the Medicaid system through implementation of CCBHCs, there remains an ongoing need to sustain funding for services provided to the uninsured. In order to meet the demand for services and account for the growth in persons served, current funding levels must be maintained.

Support CMHC Crisis Centers.

- Support and enhance current funding for community crisis centers operated by CMHCs. Regional crisis stabilization centers provide treatment for those individuals who can be stabilized without hospitalization.
- The passage of the Kansas Crisis Intervention Act in 2017 allows for establishment of Crisis Intervention Centers (CICs) that provide targeted interventions and emergency care for individuals experiencing crisis due to mental illness, substance abuse, or a co-occurring condition. CICs are able to take involuntary admission, which could reduce the level of demand for state hospital care; however, we are still awaiting promulgation of the regulations. We urge the State to expediently finalize the regulations.

Building Career Pathways and Supporting Workforce. The workforce shortage of Qualified Mental Health Professionals (QMHPs) and medical staff has become a significant challenge. Some of this strain should be alleviated by implementation of the CCBHC model, but more needs to be done to increase the human resources necessary to adequately staff our CMHCs/CCBHCs. A multiprong approach must be taken to not only retain current staff but also to increase the number of professionals entering the field, such as the following:

1. Amend the graduate student loan repayment legislation to allow program eligibility to include out-of-state students in the psychiatry program at KUMed
2. Amend the Kansas State Loan Repayment program to include Licensed Clinical Psychotherapists and Licensed Masters Level Psychologists as covered disciplines
3. Implement a rural psychiatric residency program
4. Develop, in partnership with the Kansas Board of Regents, service scholarship program for students committing to service commitments at CMHC and State Mental Health Hospitals
5. Create a behavioral health technician program to be offered by community and technical colleges

Restore Inpatient Capacity. The State hospitals are the inpatient safety net for individuals with severe mental illness in Kansas, and both Osawatomie State Hospital (OSH) and Larned State Hospital (LSH) have been operating at reduced capacity due to 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 at the State Mental Health Hospitals as well as potentially addressing the need for additional beds by implementing a regional model to supplement state hospital capacity through addition of state-certified hospital beds in a centralized location. Any expansion of beds through a regional model must be developed in conjunction with strategies to increase workforce.

988 Suicide Prevention Lifeline Funding: The passage of SB 19 by the 2022 Kansas Legislature was a huge success and helped create the foundation of the suicide and mental health crisis hotline. As awareness of this resource grows and call volume increases, there is a need for ongoing, sustainable funding.

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.

Supported Housing Resources. Funding is needed for housing navigation, stabilization, and landlord/tenant mediation to help those living with severe mental illness who are precariously housed or living unsheltered access and maintain housing as well as for 24/7 programs for those needing ready access to supports and help with activities of daily living who may be able to remain in a community setting if provided support and assistance to manage activities of daily living, preventing the need for more costly and restrictive levels of care. To that end, we support specific funding and program recommendations put forth by the Housing and Homelessness Subcommittee of the Governor's Behavioral Health Services Planning Committee (https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/gbhspc/subcommittee-reports-2022/housing-homelessness-subcommittee-annual-report-2022.pdf?sfvrsn=6421d973_3)

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.

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.

Strong Guidance on Regulation and Prescription of Medical Marijuana. As policy makers consider legalization of medical marijuana, our Association believes that the regulation and prescription of it should be firm to prevent abuse or potential escalation of addiction. Much can be learned from the experience of surrounding states.

Oppose Efforts That Could Destabilize the Public Mental Health System. CMHCs are the foundation of the public mental health safety net. They have a statutory and contractual responsibility to serve every patient regardless of their ability to pay. Any changes to Medicaid, which is an integral partner in helping CMHCs provide behavioral health treatment, must be thoughtfully and thoroughly vetted as they could disrupt the transition to the CCBHC System that is underway.