

KANSAS MENTAL HEALTH COALITION

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

2024 SUMMARY OF CONSENSUS POLICY RECOMMENDATIONS

Kansas has a behavioral health crisis and a workforce crisis. Suicide was the second leading cause of death for Kansans age 15-44 in 2022, with more suicide deaths in 2022 (590) compared to 2021 (555). The fact is, people in crisis must wait to access psychiatric beds in Kansas. Behavioral health programs struggle to sustain treatment capacity for mental illness and addictions for insured and uninsured populations. On the other hand, there are positive changes. Stigma has reduced and young people are leading a public mental health conversation. Kansas has begun to move from reactive policymaking to strategic planning for the behavioral health continuum of care.

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 Osawatimie State Hospital beds. And now, the 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 the Mental Health America 2023 Report of the States that ranks Kansas #48 for access to care.

Workforce Crisis: Mental health and substance use disorder treatment providers face 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 incentivize young people to seek behavioral health jobs and fully compensate the current workforce, 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 and seek innovative rural solutions.

Certified Community Behavioral Health Clinics (CCBHC) – CCBHCs 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 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, mental health services and whole person health care. Full implementation of the array of mandated CCBHC services depends on building and training workforce and community partnerships. CCBHCs are required to fulfill an array of services unlikely to be performed outside of the public mental health safety net, many for difficult to serve populations. The challenge for the Centers to fulfill these comprehensive roles over time will require the support of the state and local governments.

Crisis Centers: KMHC supports amending the Lottery Vending Machine statutes to increase the cap on funding available for crisis centers. Regional crisis stabilization centers provide treatment for 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. CICs take involuntary admission, which could reduce the level of demand for state hospital beds while keeping individuals experiencing a mental health crisis closer to home and for shorter stays.

Housing: KMHC supports HB 2723 and the Governor's plan for \$40 million for infrastructure matching grants. Support additional housing initiatives across agencies. As rental prices skyrocket and affordable housing inventories shrink, more Kansans are at risk of becoming unhoused. Kansas needs bold initiatives in partnership with cities and counties to confront this problem. Emergency housing, transitional housing and permanent supported housing are key parts of the continuum.

Children and Families and MHIT for K-12: The Coalition supports affordable services for ALL children who need health, mental health, and substance use disorder treatment. We endorse the federal Family First program that match State funds to implement effective prevention interventions. The goal is to keep children at home and in school, which reduces the need for expensive out-of-home placements – and leads to healthier lives. When adults access housing, employment, health and substance use treatment, children need fewer long-term interventions. The Mental Health Intervention Teams pilot program provides mental health in schools, while keeping kids in school, providing year-round support for the child and family, and maximizing use of mental health professionals through provider / school partnerships. It currently operates by budget proviso. **KMHC supports establishing the program in statute and expanding access to additional school districts. PRTF pilot projects with improved aftercare should be expanded along with Family First evidence-based programs and parent support training.**

Clubhouse Program Funding: KMHC supports increasing the cap on Lottery Vending Machine funding available for clubhouse programs to add more communities. Clubhouse Model Programs are consumer centered programs providing skills and recovery planning. Clubhouse members engaged in supported employment programs have nearly 50 % competitive employment rates, earn higher wages and work more hours than participants in other vocational programs. 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.

Addictions Treatment: Kansas must improve access to addictions treatment and respond to the increases in substance abuse and overdoses that have occurred with the pandemic. Medication Assisted Treatment, recovery programs, and residential placements for women, men, parents and youth require enhanced reimbursement rates and additional funds for treatment for the uninsured.

Reimbursement Rates: KMHC urges the Legislature and KDHE to evaluate and increase reimbursement rates more often. One example is the rates for SED waiver services serving children which were not increased when other behavioral health rates were increased by the Legislature in 2022. Outdated reimbursement rates create disincentives for clinical degrees and services that Kansas families need.

Expand Peer Support: Hiring peer support and peer mentors strengthens our overall workforce in many venues beyond traditional peer work sites. Another way to improve access to peer support is through expansion of Clubhouse Programs and Consumer Run Organizations with additional funding and support. The Coalition

continues to support expanding peer support specialists and peer mentors throughout Kansas. 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. Expand access to consumer run organizations to more communities and increase funding.

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 HB 2345 creating a Supported Decision-Making Agreement option 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.

Competency Evaluation and Restoration: KDADS is pursuing solutions to the shortage of competency evaluation and restoration access – but the overall numbers are still very poor. Support the funding, staffing, partnerships and resources necessary to address this injustice as soon as possible.

Specialty Courts: Kansas is encouraging local jurisdictions to establish specialty courts. Specialty Courts are also known as treatment courts or problem-solving courts. These courts are designed to lead people out of a cycle with the justice system, encouraging improved self-sufficiency with support.

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.

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.

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.