2024 Mental Health America of the Heartland
Policy Platform/Position Statements

Approved by Board of Directors 11/22/2023

LEVEL 1 PRIORITIES

MHAH WILL BE ACTIVELY INVOLVED IN MONITORING THE STATUS OF THESE ISSUES, SHARING INFORMATION AND MOBILIZING SUPPORT FOR OUR POSITION, AND EDUCATING LEGISLATORS, STATE DEPARTMENT EMPLOYEES AND OTHERS AS NEEDED TO MAKE CHANGES WHICH BENEFIT PERSONS LIVING WITH MENTAL ILLNESS.

1. Outpatient Treatment Orders

Mental Health America of the Heartland believes that every individual has a right to mental health services in the least restrictive environment. When there is a danger to self or others a higher level of care may be needed. At times individuals may lack insight regarding mental health symptoms and need for care. As a last resort, some individuals may need involuntary admission to a hospital. Upon discharge from an involuntary admission if there are ongoing concerns regarding the individual's insight and a possibility that one would not follow through with outpatient mental health services, there can be a request for an outpatient treatment order. This court order would require the individual to comply with mental health recommendations.

Historically across the State of Kansas an outpatient treatment order is only granted after an individual has been admitted involuntarily to a hospital. The outpatient treatment order Statute 59-2967 states, "An order for outpatient treatment may be entered by the court at any time in lieu of any type of order which would have required inpatient care and treatment if the court finds that the patient is likely to comply with an outpatient treatment order and that the patient will not likely be a danger to the community or be likely to cause harm to self or others while subject to an outpatient treatment order."

There are many advantages to allowing an individual on an outpatient treatment order in lieu of hospitalization. First, it would reduce the need for hospital admissions. Hospital beds are limited, and availability continues to be an issue so this could assist with reducing the need for some admissions. Second, this could dramatically change the way in which we provide mental health treatment. Traditionally, mental health providers would have to wait for an individual to become an imminent danger to self or others before starting the process of a higher level of care. The Kansas Care and Treatment statute recommends that treatment be provided in the least restrictive environment. Providing the option of an outpatient treatment order in lieu of hospitalization allows an individual to remain in a less restrictive environment.

In early 2023, legislation was proposed (HB 2353) with the apparent intent to broaden the criteria which could subject a person to involuntary outpatient treatment by adding language "or in need of outpatient treatment to prevent a relapse or deterioration that would likely result in serious bodily harm to self or others; a substantial harm to the patient's well-being; substantial damage to another person's property; or serious physical or mental debilitation in the patient. This bill was not heard in committee in 2023, but is likely to be revisited in 2024. MHAH found this language needs to be made more specific, and noted that these standards and the requirement of treatment are not applied to other chronic medical conditions for which lack of treatment could result in deterioration. As such, there was potential risk to the right to exercise choice in, and to refuse treatment, for persons who live with mental health conditions.

The revisions proposed in HB 2353 were intended to allow an individual to be placed on an outpatient treatment order without being involuntarily admitted to a hospital, and/or without meeting criteria for involuntary inpatient treatment. As such, the amendment was intended to
allow mental health treatment to be preventative as a person's illness nears the point of becoming a danger to themselves or others, rather than reactive after an imminent harm to self or others has been identified.

MHAH does not object to expansion of involuntary outpatient treatment orders to prevent deterioration that would result in a person meeting criteria for involuntary inpatient commitment, for all the reasons outlined above, if criteria are clear and appropriate guardrails are in place to assure that civil rights are maintained, and adequate due process is afforded.

MHAH will:

-continue to work actively and collaboratively with other stakeholders to revise and clarify language and revise HB 2353 in an effort to minimize any infringement of the rights if those living with mental illness

-continue to work actively and collaboratively with other stakeholders to develop a revised version of HB 2353 that clarifies the ability and circumstances under which an outpatient treatment order can be used prior to, and with intent to prevent a person's meeting criteria for involuntary inpatient treatment.

2. Involuntary Commitment in Crisis Stabilization Centers

Community crisis stabilization units enable persons in acute psychiatric distress to receive intensive and essential care closer to their natural and clinical support systems; additionally these centers relieve pressure on emergency rooms, jails and state hospitals by providing diversion and treatment at early stages of crisis. While MHAH believes that involuntary commitment for psychiatric care is the treatment of last resort, it currently supports the admission of persons involuntarily committed to community crisis stabilization units. Statute was amended in 2016 and in late 2022, Kansas Department of Aging and Disability Services (KDADS) prepared regulations to implement the 2016 statute allowing these commitments. As of August 2023 these regulations are awaiting review by the Kansas Attorney General's office, after which they will be posted for public comment.

MHAH will:

-Review, offer public comment and pursue involvement in oversight of draft, adopted and implemented regulations to safeguard the spirit of the statute without erosion of civil or patient rights or due process

MHAH will also advocate for:

-funding of centers currently operating in Kansas

-increasing the total number of Crisis Stabilization Center units and beds

-increasing the number of funded centers in non-metro and non-urban areas of Kansas

-supporting the development of such centers in Missouri, if proposed

3. Housing

Taking care of basic living needs is essential for mental health recovery. Permanent, stable housing meets a basic need and promotes functional stability and quality of life in recovery. Many individuals with severe and persistent mental illness cannot afford housing and a significant number are homeless.

MHAH recognizes that every person dealing with a mental illness has a right to safe and affordable housing that affords a permanent home.

MHAH will:

-support and encourage Kansas Department of Aging and Disability Services and Kansas Department of Health and Environment in pursuit of a 9115 waiver that would allow these housing services to be billed under Medicaid

-strongly encourage state and federal agencies and local governments to increase and sustain and funding to provide permanent housing opportunities
-promote the funding of supportive services such as residential management and peer support in order to help maintain permanent housing and further recovery
-encourage funding opportunities to be available to providers of non-traditional mental health and housing support services

LEVEL 2 PRIORITIES

THROUGH ITS COALITION INVOLVEMENTS, MHAH WILL MONITOR THE STATUS OF THESE ISSUES, AND IN CONCERT WITH STATE COALITIONS AND OTHER ADVOCATES WILL SHARE INFORMATION AND EDUCATE LEGISLATORS, STATE DEPARTMENT EMPLOYEES AND OTHERS AS NEEDED TO MAKE CHANGES WHICH BENEFIT PERSONS LIVING WITH MENTAL ILLNESS.

1. Supported Decision Making

Supported Decision Making (SDM) 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. SDM is a mid-level, non-guardianship option available for individuals that live with a disability or mental illness, which allows persons to assist loved ones who may want the advice and counsel of trusted family members or professionals, but do not want to give up their decision-making rights by living under guardianship. SDM allows a person with mental illness or other disability to select trusted family members, friends, or professionals to provide support when making and communicating decisions; to assist in accessing and understanding information about, options for, and responsibilities and consequences of decisions necessary to managing their affairs. Under SDM this would include medical, psychological, financial, educational, treatment, and records. Two bills were introduced in the 2023 Kansas Legislative session HB 2250 and HB 2345, but no final action was been taken.

MHAH will work collaboratively with other advocates in Kansas to:

-research and review various self-determination initiatives, including Self-Directed Care, Shared Decision-Making and Advance Directives, as well as Supported Decision Making to assure revised or proposed legislation is clear and thorough
-secure sponsor/s, and assisting in drafting legislation
-advocate for passage of legislation that enables persons with mental illness to receive self-selected support in effectively understanding and managing their affairs without loss of civil rights under guardianship

MHAH will also advocate for:

-the passage of such legislation in Missouri, if needed or proposed

2. Medication Access

Medication is a critical element of recovery for many persons with mental illness, as it is for many other medical conditions. Psychiatric medications, like the brain they treat, are complicated and work by different mechanisms, at different rates and with different side effects, even within a class or type of medicine. For this reason, individual patients differ in which medications they can tolerate, which are effective and which they prefer. Patient preference and history must be included in any prescribing, as many times prescribers are not psychiatrists and patients prescribed an intolerable medication, or medication which they know from past experience to be ineffective will not take it, resulting in waste, and slowed recovery and/or return/increase of symptoms. For these reasons, MHAH believes decisions about medication are best left to patient and doctor.

Additionally, MHAH recognizes that purchasers of medications, whether state, federal, private insurers or consumers are faced with high costs of medications, which can impede access, either through adoption of regulatory restrictions or through the inability of the consumer to pay for medications. MHAH is aware that

the root cause of many of these restrictions and increased prices to purchasers is Pharmacy Benefits Managers (PBMs), large, corporate "middlemen" in the drug supply chain, who charge fees to and claw back money from pharmacies, exclude drugs from their formularies, implement step-therapy restrictions, withhold drug rebates from consumers and generate revenue by favoring higher priced medications. Further, these entities operate with little transparency regarding how they directly and indirectly generate revenue, block access to consumer support tools that would enable consumers to find their medication at the best price, and are not accountable to the purchasers of medications.

Finally, MHAH is aware that the 340B Drug Pricing Program, designed to support safety-net providers such as community mental health centers, Federally Qualified Health Clinics and hospitals serving a disproportionate share of low income and un- or under-insured consumers, by providing medications to these providers at reduced cost. Funded entirely by pharmaceutical companies, this program has been under-regulated, resulting in diversion of these low cost medications and savings to for-profit providers who are not serving the intended target population, as well to Pharmacy Benefits Managers.

There are often profound consequences (hospitalization, homelessness, incarceration, job loss, school failure, and suicide) that occur when a person with mental illness is unable to obtain an acceptable, effective, and needed medication. MHAH believes it is essential that there be no barriers to patients receiving medications prescribed by their doctors, and that costs for these medications should be minimized through controls and oversight of the supply chain and programs designed to lower medication costs.
MHAH will:

- -strongly support open access to the full range of medications effective in treating any and all psychiatric conditions
- -actively protect and promote statutes that ensure or expand this access
- - strongly oppose any statutory or regulatory method , including but not limited to formularies, preferred drug lists, prior authorization fail first policies, step-therapy that prevents reduces or impedes this access
- -strongly support efforts to regulate and increase transparency of the operations and revenue streams of Pharmacy Benefits Managers
- -strongly support efforts to regulate access to and utilization of the 340B program to assure it benefits its intended population

3. Inpatient Psychiatric Beds

Inpatient beds for intensive treatment of acute symptoms of mental illness are an essential element of a continuum of mental health services, just as medical/surgical hospital beds are an essential element in care for other medical conditions. In both Kansas and Missouri, the number of available hospital beds has decreased over the past 20-30 years. This decrease is acute in Kansas, with state hospital beds (used generally for persons requiring involuntary treatment, or without resources to pay for voluntary hospitalization), dropping from 1,200 in 1985 to 256 in 2018.
MHAH believes it is essential to secure an adequate number of beds to meet the needs of individuals across the state, and that these beds must be geographically dispersed to enable ease of access, and improved coordination and continuity of care with community resources and supports including the patient's friends and family. Multiple factors influence this number, including but not limited to population density, age and other demographics, availability and location of crisis stabilization units, and distance to and robustness of community mental health and private counseling and psychiatric services including those for veterans.
MHAH recognizes that aging infrastructure and regulations have impacted Kansas' ability to maintain and safely operate beds in its state institutions, and commends it efforts to seek additional beds through contracts

with private providers; and that workforce shortages dramatically impact the ability of the state and private providers to "open" existing beds.
MHAH will:

-encourage legislative initiatives and increased funding to boost workforce including improvements, training and salary increases and incentives for state hospital employees, particularly in Kansas
- encourage Kansas and Missouri to conduct studies and local/regional community meetings to determine location and number of needed beds within the context of other available/desired services, and to identify means and entities available to develop and sustain those beds

MHAH does not have a position on whether inpatient psychiatric services should be state-run. However, MHAH believes any contract for privatization of services must include meaningful input of patients, providers and advocates in the bidding, award and oversight process; transparency to the public and legislature; active oversight by the state of admissions and discharges; and that the costs of any contract must not detract or be shifted from funding of community-based services.
MHAH will:

-support and provide input into studies and community focus groups
-seek to provide input and assistance in development of requests for and review of contracts
-advocate strongly for inclusion in oversight processes and groups

LEVEL 3 PRIORITIES

MHAH RECOGNIZES BOTH THE IMPORTANCE OF THESE ISSUES AND THAT OTHER ADVOCACY ORGANIZATIONS AND COALITIONS ARE ACTIVELY MONITORING THE STATUS OF THESE ISSUES, SHARING INFORMATION AND MOBILIZING SUPPORT, AND EDUCATING LEGISLATORS, STATE DEPARTMENT EMPLOYEES AND OTHERS AS NEEDED. MHAH WILL PROVIDE SIGN ON SUPPORT IN FUTHERANCE OF THESE CHANGES THAT BENEFIT PERSONS LIVING WITH MENTAL ILLNESS.

1. Peer Support

In 1909 the Mental Health Association (now Mental Health America) was founded by a person with mental illness who realized the power of lived experience and peer support. To support its mission, MHAH in 1999 stepped to the Kansas City forefront and began to provide mental health peer services. Peer support continues to be a primary agency service commitment and advocacy priority. These efforts are in step with the nationwide recognition and acceptance of the benefit of lived experience shared through peer-to-peer support of persons in behavioral and/or substance use recovery. MHAH adopts the definition of "peer support specialist" established by Mental Health America National Office, which is "an individual who has received treatment for a diagnosed mental health or addiction condition and who is working as part of a clinical care team in the community or a health care setting".
MHAH will:

- strongly advocate for increased funding, from more diverse funding streams, including Federal Medicare, for policies and programs to expand the quality and availability of peer support in Kansas and Missouri
- encourage expanded Kansas and Missouri Medicaid reimbursement to increase access to individual and group peer support
- advocate for diverse recruitment strategies that expand sites and settings for outreach to potential peer specialists and increase diversity among peer specialists
-advocate for enhancement of peer training and supervision models to establish peer Learning Communities

2. Mental Health Parity

State and Federal laws require equal treatment of behavioral health conditions in comparison to primary care. Persons living with mental health and substance use conditions experience barriers in accessing care based on

violations of state and federal parity statutes and regulations by their insurance carriers. Enforcement of parity violations is lacking at the state level, and in Kansas, the procedures for filing complaints and appeals are onerous and unrealistic for individuals dealing with serious mental health and substance use conditions. When reimbursement for services is denied, treatment may be discontinued, and patients then have the financial burden of paying out of pocket.

MHAH believes, among its Core Values, that mental health treatment should be provided and paid for at the same levels as other illnesses.

MHAH will

-advocate for and strongly support legislative oversight ensure that insurance company practices do not limit the access of persons with mental illness to medically necessary treatment.

3. Medicaid Expansion

Medicaid combines state and federal dollars to provide insurance for medical care to low-income and disabled individuals. Many persons with mental illness need this insurance to assist them in addressing both mental and physical health needs. Medicaid insurance is only available to individuals that cope with mental health issues who are impoverished or disabled. Many persons who struggle with mental illness do not fit these categories, and therefore have no insurance, and cannot seek timely treatment. This leads to increased mental and physical health symptoms, and expensive emergency room visits and hospitalizations.

In addition, there is mounting evidence that Medicaid expansion is affording greater coverage for behavioral health and substance use disorders through access to appropriate treatment, and innovations in service delivery; and that expansion has resulted in state budgetary savings which can be used for reinvestment in behavioral health and substance use.

MHAH believes that every person has the right to affordable health care to address and prevent any illness whether medical or mental; and in the provision of mental health treatment in the earliest stages of illness or symptoms.

MHAH will:

-encourage and support Kansas in pursuing expansion of eligibility for Medicaid insurance to enhance quality of care, and provide preventative services to increase recovery