

Mental Health Task Force Report Overview

House Committee on Appropriations – January 24, 2018

Chairman Waymaster and Members of the Committee:

The 2017 Kansas Legislature directed the creation of an 11-member task force to review the mental health system in Kansas through a budget proviso. The report before you is the product of that task force. It is a compilation of information from 11 reports, the work of stakeholders who have served on variety of advisory committees, including the subcommittees of the Governors Behavioral Health Services Planning Council.

As a representative of the Kansas Mental Health Coalition and a member of the Task Force, I commend the leadership at the Kansas Department for Aging and Disability Services (KDADS) for the implementation of the proviso. The agency was supportive to the group, but not directive. The facilitation by the Kansas Health Institute was excellent, and provided the direction necessary to keep the Task Force pushing forward to evaluate and prioritize approximately 150 recommendations within the time constraints of 8 meetings.

The list of priority recommendations includes 26 recommendations to form a multi-faceted approach that can be used by policymakers to reverse the erosion of our behavioral health continuum of care and see improved outcomes for Kansas families – most within the first year of implementation.

It is impossible to give proper acknowledgement to the hundreds of hours donated by the stakeholders: family members, patients, provider representatives and advocates who have contributed to this report through subcommittees and task forces over the years. There are many other report recommendations that were not prioritized at this time due to the screening tool and consensus process, but the Task Force recognizes their merit and they also deserve consideration (see Appendix B, page B-1).

Topic 1: Maximizing Federal Funding and Funding From Other Sources.

- **Proviso #5: The maximization of federal and other funding sources for mental health services.**

Recommendation 1.1: IMD Waiver. Seek revocation or waiver of the federal Institution for Mental Disease (IMD) exclusion rule. ([page 6](#))

Recommendation 1.2: Medicaid Expansion Models. Adopt one or more models of Medicaid expansion to pursue solutions for serving the uninsured and underinsured. Such model(s) should improve access to behavioral health services. ([page 8](#))

Recommendation 1.3: Housing. Instruct the Kansas Department for Aging and Disability Services (KDADS) to convene key agencies and the entities that currently provide housing programs, facilitate community collaborations, and prepare for federal funding opportunities. ([page 10](#))

Recommendation 1.4: Reimbursement Rates. Facilitate a detailed review of the costs and reimbursement rates for behavioral health services, including mental health and substance use disorder treatment, and update rates accordingly. ([page 11](#))

Recommendation 1.5: Excellence in Mental Health Act. Support expansion of the federal Excellence in Mental Health Act and then pursue participation. ([page 12](#))

Topic 2: Crisis Stabilization

- **Proviso #6: The statewide absence of crisis stabilization centers to provide short-term mental health crisis care of 48 hours or less.**

Recommendation 2.1: Regional Crisis Locations. Develop community crisis locations in regions across the state, including co-located substance use disorder (SUD) services. ([page 16](#))

Recommendation 2.2: Access to Effective Practices and Support. Deliver crisis and prevention services for children and youth in natural settings (e.g., homes, school, and primary care offices) in the community. ([page 17](#))

Recommendation 2.3: Comprehensive Housing. Expand an array of housing that would include a range of options from residential care facilities, long-term and transitional supported housing, and independent housing units following evidence-based practices and principles, such as permanent supportive housing and home ownership. Include state contracts and Medicaid funding and ensure that housing serves people with disabilities, mental illness, and/or substance use disorders. [\(page 18\)](#)

Recommendation 2.4: Funding for Crisis Stabilization Centers. If Crisis Stabilization Centers are to be part of the state safety net system, the state must provide ongoing base funding for these services. The structure of Medicaid should be robust enough to sustain these services. Make sure that services are available to the uninsured and underinsured. [\(page 20\)](#)

Recommendation 2.5: Warm Hand-Off. Establish a 24-hour uniform hotline and implement a warm hand-off based on the 911 model. [\(page 21\)](#)

Topic 3: Inpatient Capacity

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 3.1: Regional Model. Implement a regional hospitalization model for provision of additional acute care and treatment to meet bed goals and geographic dispersion. [\(page 25\)](#)

Recommendation 3.2: Number of Beds. Develop a plan to add more than 300 additional hospital beds, or create and expand alternatives that would reduce the number of new beds needed. KDADS should execute a study to determine a Kansas-specific estimate of beds needed, while simultaneously moving forward with implementing other recommendations included in this report to provide a functioning safety net and eliminate the waiting list process for Osawatomi State Hospital (OSH). [\(page 26\)](#)

Recommendation 3.3: Implementation of CIA. Develop regulations and funding resources to implement the Crisis Intervention Act (CIA). [\(page 29\)](#)

Recommendation 3.4: Suspension of Medicaid. The state should implement policies that allow for the suspension of Medicaid benefits when persons enter an institution rather than terminating their coverage entirely to improve transition planning. [\(page 30\)](#)

Topic 4: Privatization of Services

- **Proviso #3: The certification process of Osawatomi State Hospital.**
- **Proviso #7: Options for privatization of mental health services.**

Recommendation 4.1: Comprehensive Approach. While the Task Force appreciates the intention of the current request for proposal (RFP) to create better and safer treatment and work environments for patients and staff at Osawatomi State Hospital, any proposal involving new construction should only be executed as part of a comprehensive financing package addressing a full range of needs in the behavioral health system for mental health and substance abuse disorder treatment, including inpatient and outpatient community-based services, crisis stabilization, housing, and peer programs. [\(page 33\)](#)

Recommendation 4.2: Regional Model. In lieu of a single RFP, the Task Force recommends a regional model that would supplement the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute psychiatric crisis. The state hospital setting must continue to provide both acute services as well as longer-term/tertiary specialized care. [\(page 35\)](#)

Recommendation 4.3: Vigorous Oversight. Any process that could result in privatized services – including requests for proposals as well as oversight of any resulting privatized facility – should include thorough and ongoing oversight, including an advisory board to include clinicians, accountants, legal counsel, persons with lived experience who are in recovery, persons with lived experience who have been voluntarily and involuntarily hospitalized, family members and guardians of persons with mental illness, Community Mental Health Center staff, law enforcement and community corrections, and advocacy organizations. If a single bidder responds to any RFP, additional oversight may be required. [\(page 36\)](#)

Topic 5: Nursing Facilities for Mental Health (NFMHs)

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 5.1: Licensing Structure. Update licensing structure to allow for necessary rehabilitative services in NFMHs and inclusion within continuum of care. ([page 39](#))

Recommendation 5.2: Presumptive Approval of Medicaid. Coordinate with the Kansas Department of Health and Environment (KDHE) and determine if a policy could be developed that allows presumptive approval upon discharge for anyone leaving an IMD environment, including NFMHs. ([page 40](#))

Recommendation 5.3: Crisis Services at NFMHs. Develop a process for crisis services to be accessed/provided for individuals in NFMHs to include the creation of additional crisis stabilization units with medical and mental health abilities to help stabilize people up to 14 days. ([page 41](#))

Topic 6: Continuum of Care for Children and Youth (Note: The Children’s Continuum of Care Committee was meeting concurrently, and their report was not yet available to the Task Force.)

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 6.1: Expand Service Options. Create additional options such as therapeutic foster care and home-based family therapy, among others, in regions across the state. ([page 44](#))

Recommendation 6.2: Intensive Outpatient Services. Expand community-based options, such as intensive outpatient services. ([page 45](#))

Recommendation 6.3: Quality of Care. Managed care organization (MCO) contracts should incentivize reduced Psychiatric Residential Treatment Facility (PRTF) readmissions instead of reduced lengths of stay. ([page 46](#))

Recommendation 6.4: Early Intervention. Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. Ensure children and caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress. ([page 47](#))

Topic 7: Other Recommendations

- **Proviso #1: The Kansas mental health delivery system.**

Recommendation 7.1: Workforce: Encourage integration of peer support services into multiple levels of service, including employment services at the CMHC’s, hospitalization, discharge, and transition back to the community. ([page 49](#))

Recommendation 7.2: Health Homes: The state should take steps to ensure that all Kansas adults with mental illness, including those with co-occurring substance use disorders, and children and adolescents with serious emotional disturbance are enrolled in a health home to provide access to activities that help coordinate their care. ([page 50](#))

The supporting information and background for these recommendations are included in pages 5 – 48.

We would also encourage you to review Appendix A for the implementation status of actions taken by the Kansas Department for Aging and Disability Services from eight reports developed between 2015 and 2017, as well as two other sources. This is a useful reference showing the ongoing work within the agency.

Thank you for the opportunity to speak to you today. Please feel free to contact me at any time.

Amy A. Campbell, Kansas Mental Health Coalition, PO Box 4103, Topeka, KS 66604 785-969-1617