

# KANSAS MENTAL HEALTH COALITION

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

---

Testimony in support of SB 195 to the Senate Public Health and Welfare Committee

*Amy A. Campbell – January 23, 2018*

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition. The Kansas Mental Health Coalition is a statewide roundtable grassroots organization dedicated to improving the lives of Kansans living with mental illness and behavioral health needs.

**The Kansas Mental Health Coalition supports implementing a suspended benefits status for individuals who are incarcerated or hospitalized rather than terminating benefits. This would enable the reinstatement of benefits upon discharge and timely referral to services for the transition into the community.**

Medicaid is the state and federally funded health care safety net for people with incomes between 50 and 138 percent of the federal poverty level. States and localities must provide health care for people who are incarcerated. Individuals lose Medicaid coverage while incarcerated, leaving them uninsured until they are able to reapply for and be reinstated on Medicaid, or secure private insurance. Some states have addressed this gap in coverage by suspending rather than terminating Medicaid benefits.

Health needs of prisoners may include chronic conditions such as asthma, diabetes, cardiac or mental health conditions. They may receive treatment while in jail or prison that stabilizes such a condition, but then be released without coverage and access to health care. A lapse in treatment, especially for serious health conditions, may result in negative health consequences for individuals and more in costs to the state for uncompensated care.

At least 35 states currently suspend rather than terminate Medicaid coverage for those incarcerated. This policy approach yields administrative savings related to the reapplication and eligibility determination process, which can take 45 to 90 days. It also allows for maintenance of treatment, contributing to better health outcomes and more successful offender re-entry. <http://www.ncsl.org/research/health/medicaid-and-re-entry-postcard.aspx>

**This is a priority recommendation of the Adult Continuum of Care Report (January 2017) and the Mental Health Task Force Report (January 2018).**

I have been honored to serve as a co-chair of the Adult Continuum of Care Task Force and as a member of the 2017 Mental Health Task Force established by the Legislature.

We are grateful the 2017 Legislature recognized the crisis facing Kansas communities and added funding to our community mental health system. The reports cited above lay out multiple recommendations to more fully close the gaps in our continuum, which result in recurring hospitalizations and unnecessary incarceration.

We spend millions of dollars to serve individuals in our State Mental Health Hospitals and our jails. It is shortsighted and wasteful to drop the ball during the discharge process, but there are only so many workers in the field. Kansas should spend resources linking individuals with services, whether it is for mental illness, addictions, or primary health, rather than repeating eligibility processes already in place.

We do understand that there are currently “workarounds” in place for state hospitals and prisons, but these are not available to the jails and are an inefficient use of staff time. Reinventing these processes could be avoided by simply implementing a plan for benefits suspension as 35 other states have.

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