

# KANSAS MENTAL HEALTH COALITION

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

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Testimony presented to the House Social Services Budget Committee on  
the Kansas Department for Health and Environment Budget

*Amy A. Campbell – February 2, 2015*

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition. The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, pharmaceutical companies and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

Mental health funding has been cut again and again since FY 08. Although you often hear that \$20 million was cut from mental health reform grants to the Community Mental Health Centers in past years, we forget the many other reductions to MediKan, general assistance, and children's programs. Most of the people who access community mental health centers for treatment have no insurance or Medicaid coverage.

## **KanCare**

The Kansas Mental Health Coalition has consistently testified in support of changes in Kansas Medicaid that improve access to the right treatment, at the right time, in the right place, in the right amount and for as long as necessary to ensure a timely and durable recovery for people with mental illnesses.

The Coalition encourages legislative oversight of the operation of the KanCare program in order to determine whether timely, adequate, and cost effective services are being provided to all areas of the state and all types of consumers. Legislative oversight of the implementation of KanCare should include a review of prior authorization and utilization data, analysis of costs and benefits, and application of quality benchmarks.

### **KMHC believes:**

**KanCare should actively engage consumers in the implementation and evaluation of KanCare funded services.**

**The growth of Medicaid is a complex problem and there is no single answer to management of this problem. Therefore, KMHC views changes in the state's Medicaid system as experimental and recognizes that they may have unintended results. Dollars spent on specific treatments today may not reflect future costs. Some programs may need to grow in order to provide more effective and successful treatment for Kansans with serious mental illness and co-occurring disorders.**

**Certain assumptions have been made about the projected savings and state general fund expenditures for KanCare. If there are changes to the program as it was outlined initially, there must be in depth legislative review of the effects of those changes on the projected savings, state general fund expenditures, services to consumers and impacts on providers in the program. Stakeholders should be involved in any changes to the KanCare proposal. It is imperative that, in addition to the specific objectives outlined in the KanCare goals, contracts for Medicaid services for mental health care provide:**

- **Statewide access to public and private mental health providers;**
- **Health homes that are accessible to people of limited means;**

- Access to an array of services that address the critical needs of individuals with serious mental illnesses;
- Treatment by professionals with the appropriate level of expertise and education;
- Access to mental health medications that complies with current Kansas law prohibiting preferred drug lists for behavioral health medications; (See attached Issue Paper)
- Transparent utilization review and effective implementation of a medical necessity definition that recognizes the ongoing needs of persons with mental illness for services and supports;
- Sufficient preparation to prevent delays in turnaround time and backlogs in determinations of Medicaid /SCHIP eligibility;
- Provision of reliable information and assistance about eligibility, services and treatment available, complaint processes, and dispute resolution provided to participants and families by advocacy organizations; and
- Kansas should expand and support the availability of evidence based practices where feasible.

### **Children's Mental Health**

It appears that amendments to the SED Waiver eligibility process may reduce or slow access to this extremely important waiver program. The Coalition seeks assurance that the additional eligibility requirements will not pose a hardship for families seeking access to the program.

Statewide services for ALL children who need health, mental health, and substance abuse care must be supported in the budget. Parents must receive the care they need at accessible times and locations to keep their children at home and in community schools, thus reducing the need for expensive out-of-home placements.

**The Problem:** Many families are underinsured or uninsured. Parents often cannot find services nor afford them when they are available. They struggle with the new managed care systems initiated in 2013 and scramble to secure services when funds have been cut to agencies providing those services. As many as 70,000 (10%) Kansas children under 18 have emotional/behavioral problems. Around 5% or 35,000 have SED, or Serious Emotional Disturbance, requiring services that may include hospitalization and/or residential treatment. National data suggests that about half of these children do not receive the care they need.

Children with SED are at great risk for becoming a school drop out, expulsion, teen pregnancy, foster care and, like adults they face substance abuse and incarceration. When services are not available or do not work, parents may lose custody of their children. The child may lose his/her family, school, or home. However parents and children can learn to manage symptoms and navigate the service arena with quality services, parent information, and peer support, so children can remain in the most cost effective placement, their own home and local school.

**Kansans value the right of children to live with their family in their home community and attend their neighborhood school. We ask the Legislature to:**

- **Maintain Home and Community Based Services and funding for Psychiatric Residential Treatment Facilities (PRTFs).**
- **Maintain parent education and support so families learn how to manage their children's symptoms and access services throughout the continuum of care.**
- **Increase training for parents, teachers and service providers to identify mental illness; provide evidence-based services, such as wraparound and positive behavior supports.**
- **Expand regional crisis services so families can participate in treatment with their child.**
- **Return funds for family centered system of care to community mental health centers.**

## **Consumer & Family Support**

Through strong advocacy, consumer and family organizations have gained a voice in mental health research, legislation, and service delivery. While the organizations representing consumer and family members differ in their origins and philosophy, all share the goals of overcoming stigma and preventing discrimination, promoting peer support groups, and fostering recovery from mental illness. Consumer peer support is an important part of efficient and effective healthcare delivery. When consumers are provided with the information and support necessary to promote wellness, the road to recovery is shorter and less expensive.

Recognizing the importance of involving consumers and their family members in policy decisions that affect their lives, the 2012 Legislature restored funding to consumer and family organizations.

### **KMHC believes:**

**In light of agency reorganizations and the implementation of KanCare, consumers and families must have access to information and assistance from organizations unaffiliated with MCOs or providers.**

**KMHC supports maintaining dedicated funding for the consumer advisory council and annual recovery conference. KMHC also supports maintaining dedicated funding for the operation of consumer run organizations and statewide advocacy organizations.**

**Peer support programs come in many forms. These may serve as an alternative to, or complementary to, traditional mental health treatment options. In many cases, these programs are less expensive to operate or can reduce the costs of accompanying traditional treatment, such as hospitalization, medication or therapy.**

**Peer support works. Unfortunately, it is not available to many of the people who need it. As Kansas develops initiatives to improve behavioral health, peer support must be a part of those plans.**

Thank you for your consideration.

### **For More Information, Contact:**

#### **Kansas Mental Health Coalition**

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