

KANSAS MENTAL HEALTH COALITION

.....*Speaking with one voice to meet the critical needs of people with mental illness*

Public Mental Health Services: Repair the Safety Net

Position: Beginning this year, the Kansas Legislature should commit to restoring the \$15 million in grant funding that has been cut from Community Mental Health Centers (CMHCs) since FY 2008. This will set Kansas on a path toward strengthening the CMHCs' ability to provide mental health services to uninsured and underinsured Kansans.

The Problem: Fifty-three percent of individuals served by CMHCs do not have insurance. This amounts to 65,000 Kansans whose mental health care is not reimbursed by Medicaid, Medicare or private insurance. The state's Mental Health Reform Grant is designed to help CMHCs fulfill their mission as the state's mental health "safety net." But Legislators have slashed that grant by 50 percent over the last seven years, fraying the safety net beyond recognition. As a result, jobs have been cut, employees laid off, and wait times for services have increased. Some CMHCs are no longer able to provide psychiatric services to non-Medicaid consumers, who are now turning to safety net health clinics for their medications, placing a burden on another system of care that may not have the clinical expertise to manage these medications effectively.

The state has slashed its Mental Health Reform Grants by 50% over the last six years, relegating many individuals in crisis to emergency rooms and jails.

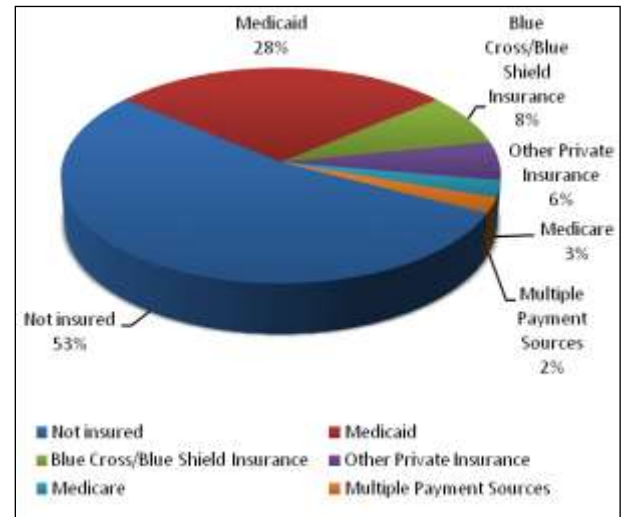
Why this matters: The Mental Health Reform Grant was created to ensure that all Kansans, regardless of their ability to pay, have access to mental health care and treatment. By curbing that access, the state has shifted costs to other service providers and to local governments, placing an undue burden on local taxpayers. Untreated mental illness leads to costs associated with lost productivity and the worsening of chronic medical conditions. There are also increased expenses related to the overuse of jails, prisons and emergency rooms. Further, we must not ignore the cost in lives to suicide, the costs of broken families and the lost opportunity for recovery for people struggling to survive.

The bottom line: If we don't pay for these services now, we will pay even more later. Cost shifting is inevitable. It costs approximately \$10/day to provide community-based mental health care for a Medicaid member at a CMHC; \$22/day if that same person is chronically mentally ill. Compare that to the cost of untreated mental illness: \$428/day at a state run psychiatric hospital; \$80/day at Larned Correctional Mental Health Facility; \$90/day at some county jails.

Need more information? Drill deeper into this issue on the back of this page.

The rest of the story about our public mental health system

Treating the uninsured : The state's 27 CMHCs are the backbone of Kansas' public mental health system. The CMHCs, along with state hospitals, play a critical role in providing a continuum of mental health care—from emergency crisis services to intensive case management to temporary residential services. Our CMHCs have limited resources to cover the cost of these services, yet they are required by statute to provide for uninsured or underinsured Kansans living with a mental illness. Of those with mental illness or substance use disorders who live under the federal poverty level (FPL), approximately one-third are uninsured. Underinsurance is also a problem: 34 percent of insured people who had unmet mental health needs indicated that cost was a barrier to seeking treatment.



The Governor's mental health initiative: In January, 2013, Gov. Sam Brownback outlined a proposal that would use nearly \$10 million in existing mental health funding to target services for Kansans with mental illness who are most at risk. The Coalition appreciates the Governor's attention to mental health issues, and the continued communication and engagement of the Department on Aging and Disability Services. But as the planning has moved forward it has become clear that the initiatives undertaken with the existing mental health funding have come at the expense of other much-needed mental health services. For example, the Governor's initiative uses funds dedicated to the Family Centered Systems of Care grant to support his initiative. This \$5 million grant supported crucial services that empower families to care for their children, and created collaborations in communities to improve care and treatment for children.

Other recent cuts: The state's public mental health system has suffered other losses in addition to the reduced Mental Health Reform grant funding. Consider:

- **\$9.4 million** resulting from the 10 percent Medicaid cut from January through June of 2010.
- **\$3.1 million** in MediKan funding in FY 2010 – a 45 percent reduction.
- **\$560,000** in Community Support Medication Program funding – a 53 percent reduction.