

KANSAS MENTAL HEALTH COALITION

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

Community-Based Mental Health Services: Repair the Safety Net

Position: Community based services must be restored and expanded across the State in order to improve a mental health system that is stretched beyond its ability to provide the right care at the right time in the right place for Kansas citizens. The health and safety of our citizens, families and communities are at risk in a system where we must desperately seek alternative placements in order to avoid unacceptable hospital census numbers. The Legislature should commit to investments to close gaps in the continuum of care and restore the \$15 million in grant funding that has been cut from Community Mental Health Centers.

The Problem: Since 2008, funding for mental health services has been restricted. 53% 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% since 2008. As a result, jobs have been cut, employees laid off, and wait times for services have increased. Services have been refocused to crisis response and a more limited array of treatment options, which are unable to successfully meet the varied needs of individuals and families facing mental illness.

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.

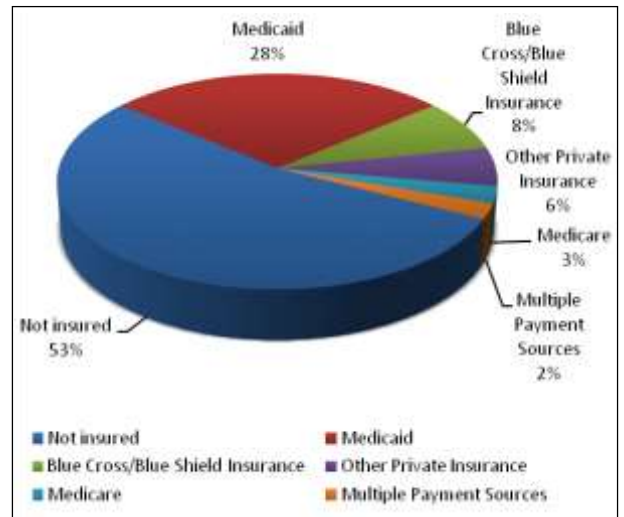
Why this matters: The current continuum of care is insufficient to meet the needs of Kansans with mental illness.* As a result, individuals are often referred to services based on what is available in a particular region at a given time, and not referred to the most appropriate treatment in the most effective setting. The inefficiencies of such a system are obvious, and the harm to individuals and families spills over to the community at large. As programs are restricted and grant funding reduced, the state has shifted costs to other service providers and to local governments, placing an undue burden on local taxpayers. This also means that recovery options are not available statewide. Untreated mental illness leads to worsening of chronic medical conditions. Families face repeated hospitalizations or arrests of their loved ones. 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. We must set Kansas on a path toward strengthening the array of mental health services to all Kansans, whether or not they are uninsured or underinsured - through CMHCs and other crisis, residential, outpatient, employment, housing and peer services.

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

The rest of the story about our community 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 that live under the federal poverty level (FPL), approximately one-third are uninsured. Under-insurance 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 Adult Continuum of Care Committee Report:** In the summer of 2015, the Secretary of the Kansas Department for Aging and Disability Services convened a diverse group of stakeholders to review the current behavioral health system and make recommendations. The Committee was formed to build upon the work of the Governor's Mental Health Task Force and Hospital and Home Committee to make recommendations to ensure an effective array of behavioral health services were available to promote recovery and community integration. The Kansas Mental Health Coalition endorses the report and its recommendations for Inpatient Care, Community Based Services, and Workforce Development, Policy, and Funding - primarily, to invest in filling the gaps in the current continuum of care.

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 that are most at risk. The Coalition appreciates the Governor's attention to mental health issues, and the continued communication and engagement of the Department for Aging and Disability Services. Unfortunately, it has become clear that the initiatives undertaken with existing mental health funding have come at the expense of other much-needed mental health services. For example, the Governor's initiative used funds dedicated to the Family Centered Systems of Care grant, a \$5 million grant which supported crucial services for families and children, and created collaborations in communities to improve care and treatment for children.

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

- **Elimination of the Medicaid Health Homes program.** This program funded coordinated care for Medicaid recipients with serious mental illness and accompanying health conditions, but was delayed in its implementation and halted when federal funds ended.
- **Reallocation of \$5 million** away from the Family Centered Systems of Care grant.
- **\$9.4 million** from the 10 percent Medicaid cut from January through June of 2010.
- **\$3.1 million** in MediKan funding beginning FY 2010 – a 45 percent reduction, this continues year after year, as fewer people qualify for MediKan reimbursement.