

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: The Coalition supports Mental Health 2020. 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 appropriate care at the right time in the right place for Kansans. The Legislature should commit funding to close gaps in the continuum of care for children and adults and restore the \$20 million in grant funding that has been cut from Community Mental Health Centers, restore the 4% Medicaid reimbursement cuts for CMHCs and other community providers and adopt legislation to expand the behavioral health workforce including psychiatrists and other clinical professionals.

The Problem: Approximately 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". Over the last ten years, that grant has been slashed by 70%. 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. Programs are strained to meet the needs of individuals and families facing mental illness and addictions. Even the Gambling Addictions Fund has been partially diverted, instead of fully serving its purpose – addictions treatment.

The state has slashed its Mental Health Reform Grants by 70% over the last 10 years, relegating individuals in crisis to emergency rooms and jails.

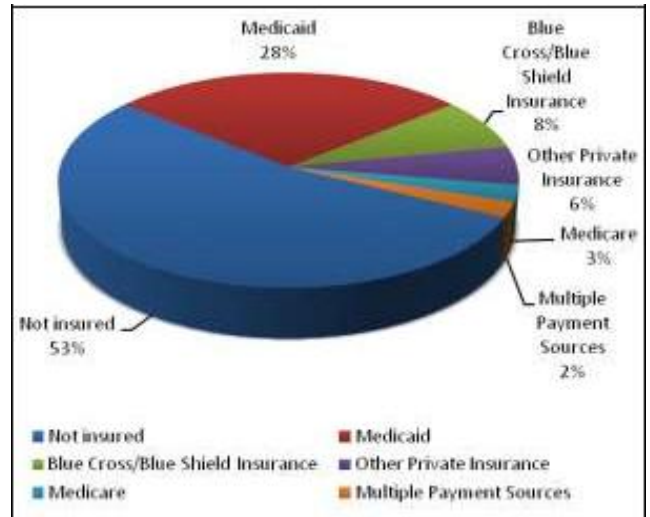
Why this matters: The current continuum of care is insufficient to meet the needs of Kansans with mental illness and addictions. As a result, individuals are often referred to services based on what is available in a particular region at a given time and not referred to the most appropriate treatment in the most effective setting. The inefficiencies of such a system are obvious and the harm to individuals and families spills over into the community at large. As programs are restricted and grant funding is 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. Families face repeated hospitalizations or arrests of their loved ones. The overuse of jails, prisons, and emergency rooms is expensive and ineffective. 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: Community based services are better for individuals and families, and also more cost effective. It costs approximately \$10/day to provide community based mental health care for a Medicaid member at a CMHC and \$22/day if that person is chronically mentally ill. The cost of untreated mental illness ranges from \$377/day at a state run psychiatric hospital to \$80 - \$140 per day in jails or correctional facilities. We must set Kansas on a path toward strengthening the array of mental health services to all Kansans regardless of insurance through CMHCs and other crisis, residential, outpatient, employment, housing and peer services. A combination of funding strategies is necessary to incentivize effective services and to assure that both adults and children can access the programs.

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 26 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 with 34% 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 overall erosion of community based programs has been alarming – affected by a variety of factors ranging from funding reductions to state policies regarding inpatient mental health screenings, Medicaid payment restrictions for residential treatment programs, changes in contracts for training, flat funding for housing programs, and .

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

- **4% Medicaid Rate Reimbursement Reduction** as a result of the budget crisis for FY2017.
- **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.
- **Removal of screening process for persons in need of inpatient behavioral health treatment in hospitals and Psychiatric Residential Treatment Facilities.** Resulting in increased hospital and PRTF admissions that could have been diverted by CMHCs during the screening process.
- **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.