

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 has significant gaps in the continuum of care for people with mental illness and substance use disorders. The Coalition endorses many 2018 Mental Health Task Force Report recommendations including additional diversion and crisis services at the community level; new Medicaid codes for tiered community-based services, including residential, supportive housing and intensive outpatient treatment (reference Missouri model); ending the practice of Medicaid termination when individuals are hospitalized or incarcerated; expanding the opportunities for peer support programs and specialists; developing professional training and accreditation for staff across programs, and academic partnerships, including residencies and internships for clinical staff. **The Legislature must fulfill the promise of Mental Health 2020, restoring mental health reform grants and pursuing innovative integrated programs, such as health homes.**

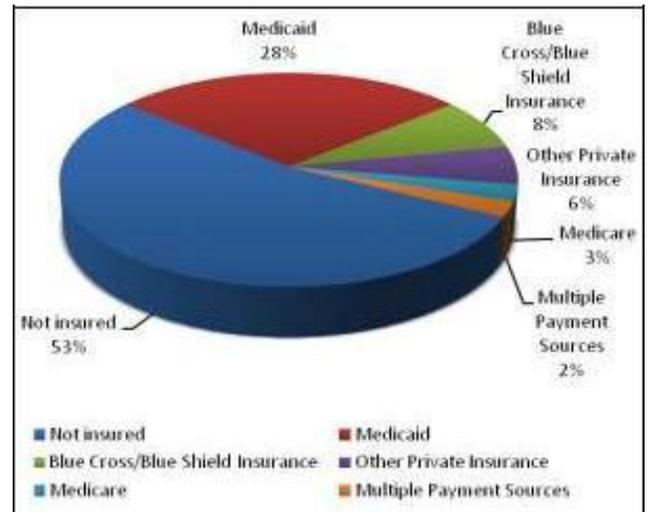
The Problem: The Coalition commends the 2017 Legislature for recognizing the crisis and restoring the FY 17 4% Medicaid reimbursement cuts and a portion of the mental health reform grants for community based treatment. This was an extremely important investment to begin turning around our eroding behavioral health continuum of care. It is a good beginning, but too many Kansans with mental illness or substance use disorders are being turned away from the state hospital, or jailed, or trapped in a cycle of arrests and homelessness. This is far from the goal of delivering the right care at the right time in the right place. It will take a long term approach to reverse the damage caused in the past ten years or more. 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. It will take an ongoing commitment to restore stability and rebuild staffing. 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 – expanding addictions treatment.

Why this matters: 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 – expanding addictions treatment. The inefficiencies of such a system are obvious and the harm to individuals and families spills over into the community at large. This means that evidence based recovery options are not available statewide. There are few options available for children in crisis, and intentional Medicaid policies have reduced the availability of PRTFs without replacing them with better programs. 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: The Kansas Mental Health Coalition supports the recommendations of the Adult Continuum of Care Task Force and the priority recommendations of the Mental Health Task Force Report*. The objectives of these reports are to close the gaps in the continuum of care and provide alternatives and support to state hospital treatment in order to move us toward strategic planning and away from managing one crisis after another. 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 for both mental illness and substance use disorder treatment. A combination of funding strategies is necessary to incentivize effective services and to assure that both adults and children can access effective integrated programs. At the end of the day, we must reject new policies that further erode our system.

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 for mental health and SUD treatment 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.

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.

*As of March 1, 2018, the Coalition has not developed full consensus regarding Recommendation 3.3 of the 2018 Mental Health Task Force Report regarding funding sources for the Crisis Intervention Act and new CIA centers.