

# 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 Health and Human Services Committee

*February 8, 2017*

ATTN: Chairman Dan Hawkins and members of the Committee:

Thank you for the opportunity to provide written testimony 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, non-profit and for-profit entities 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.

The Coalition supports HB 2064 and the expansion of KanCare, a move that would make the state's Medicaid plan eligible to adults with an income at or below 138% of federal poverty guidelines. The federal government will pay between 90% and 95% of the costs, which gives Kansas an opportunity to improve access to care for people who live with mental illness while paying a portion of the costs.

Kansans have difficulty accessing important behavioral health programs in many areas of the state. Expanding Medicaid is one of the best options available to close some of the gaps in our behavioral health continuum of care. Community mental health centers, transition programs, inpatient psychiatric units, community based crisis centers and substance use treatment programs struggle to sustain services for a largely uninsured population. There is a serious lack of 24 hour crisis and treatment options, as well as supported housing programs, at the community level. These programs also face a workforce shortage. At least five community hospitals have closed their psychiatric units in recent years. Mental health programs have restricted or triaged services due to reductions in grant funding and unreimbursed care.

The Bridge to a Healthy Kansas plan expands the number of Kansans with access to quality healthcare, and gives our state a greater share of federal funding to support the programs that provide the care.

According to the 2015 Adult Continuum of Care Report: **"It is this committee's unanimous assessment that the continuum in Kansas is insufficient to serve the needs of the population and makes it impossible for the state mental health hospitals to reduce capacity or pursue a more specialized role than as a broad safety net setting."**

The Report recommends the State should: **"Pursue solutions for serving the uninsured, such as exploring one or models of Medicaid Expansion. Such model should consider the impact on access to behavioral health services. Facilitate a detailed review of the reimbursement rates**

**to enhance our ability to achieve priorities of access to a continuum of care and workforce development.”**

9% of Kansans are uninsured. In most cases these are working people whose employers do not offer coverage, or who work too few hours to qualify. They are also farmers, truckers and other self-employed citizens. Without insurance, they forgo regular health care and often do not obtain medical and mental health care when they become ill. When they finally are forced, in crisis and desperation, to seek treatment, the cost of that treatment shifts to emergency rooms, state mental health hospitals and to taxpayers. Too many of our citizens are currently homeless or incarcerated due to the gaps in our behavioral health continuum of care.

**Why this matters:** 53 percent of the people treated by community mental health centers in Kansas are uninsured. Nearly 70% of individuals served at community mental health centers have an income of less than \$20,000. As a result, services are often provided in crisis situations. In too many cases this results in lost opportunities to intervene early to prevent violence and suicide. Now, the moratorium on admissions at Osawatomie State Hospital means that even individuals in crisis must wait for needed care. Law enforcement and local emergency departments have been placed in an impossible position to hold individuals waiting for inpatient admissions. Expanding KanCare would qualify some of these Kansans for essential health benefits, including mental health and substance abuse treatment. In Kansas, untreated mental illness is associated with an estimated 128 suicides, 21,000 incarcerations and 29,000 unemployed adults, costing the private sector, including employers, nearly \$429 million per year.

Many of you are aware that Kansans ability to access behavioral health care is inconsistent across the state. The Osawatomie State Hospital moratorium on admissions, the four percent Medicaid reimbursement cut and other policy changes have strained our system’s capacity to provide needed care.

For many Kansans, access to important behavioral health treatment and supports is out of reach. Medicaid expansion can improve access to care by supporting important inpatient and outpatient programs with federal funding support. A study by George Washington University and Regional Economic Models Inc., concludes that expansion will more than offset the costs the state would incur due to KanCare expansion. Costs would be offset by increased revenues driven by the economic and employment growth KanCare expansion would bring, including 3,500 – 4,000 jobs and other economic impacts.

There is still a lot of work to be done and we hope the 2017 Legislature will actively support multiple strategies to improve the State’s ability to address overall behavioral health treatment delivery for Kansans. These efforts must go beyond the state hospitals and also address the needs at the community level. House Bill 2064 would provide a significant solution to addressing the number of uninsured Kansans with mental illness.

Thank you for the opportunity to submit testimony. Please feel free to contact the Coalition at any time to discuss these issues further.

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## **Executive Summary – 2015 Adult Continuum of Care Committee Report**

Kansas has identified the need to move beyond 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 since 2006. 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.

Recovery and independence are best achieved through an array of psychiatric and SUD services and supports that provide quality care, individual choice, and treatment options that are specific to the needs of the individual. As the public mental health system struggles to meet the critical needs of increasing numbers of Kansans, we must address the available continuum of care now rather than later.

Why do we need a continuum? Providing the right care in the right setting at the right time enhances patient care and improves health outcomes for Kansans. It assures the effective use of resources and promotes individual recovery. It is this committee's unanimous assessment that the continuum in Kansas is insufficient to serve the needs of the population and makes it impossible for the state mental health hospitals to reduce capacity or pursue a more specialized role than as a broad safety net setting. The 60 beds at Osawatomie State Hospital must come back into service as soon as the federally ordered renovations are complete.

While the current shortage of state mental health hospital beds has placed a significant strain on state hospitals, community hospitals, community mental health centers, and housing resources; it also presents an opportunity for Kansas to evaluate the strengths and weaknesses of our current adult continuum of care.

The committee endorses the report and recommendations of the Hospital and Home Core Team and asserts that the gaps in our continuum of care present a past, present and future barrier to achieving the Core Team goals for the state hospitals. One of those goals is for the state mental health hospitals to become more of a tertiary care hospital setting with a focus on treatment of chronic mental illness. The Hospital and Home Core Team also developed recommendations regarding screening and discharge processes. This committee did not attempt to repeat that work in the short time available, but hopes to build on that report with further recommendations focusing on the continuum.

To move our mental health system toward better health outcomes and the best chance of recovery for Kansans facing behavioral health issues, particularly chronic mental illness and chronic substance use disorders, we must bridge some of the gaps in our continuum of care. The State's innovation and investment in Rainbow Services Inc. (RSI) is an excellent step forward to strengthen at least one level of the continuum that has needed attention. The successes of RSI to date can be replicated in other communities if we can stimulate the partnerships and community support established there. But there is more work to be done to assure the sustainability of RSI, through funding, policy and statutory initiatives. The committee encourages the Department to lead those efforts and transfer lessons learned to invest in RSI model services in other Kansas communities.

In addition to recommending expansion of the RSI model to other communities, the committee recommends strategies to boost other levels of the continuum. When the continuum of care offers multiple levels of treatment addressing varied individual needs, such as those with chronic mental illness co-occurring with substance use disorders, developmental disabilities, and traumatic brain injuries, people are less likely to require referral to treatment at a state mental health hospital. Further, Kansas lacks appropriate treatment for transitional age youth, forensic, and geriatric populations, which are sometimes grouped together.

Within the body of this report, the committee has included a number of recommendations to strengthen the Adult Continuum of Care and recommends reconvening the committee periodically to monitor progress, revise the recommendations, and provide input regarding more specific circumstances.