

# KANSAS MENTAL HEALTH COALITION

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

## Fund a Complete Continuum of Care for Substance Use Disorder

**Position:** Kansas should take steps to support a complete continuum of care throughout Kansas

**The Problem:** Substance Use Disorders are a complex mix of biological, psychological, and social factors that combine to deliver a powerful punch. The starting point of a recovery journey is like walking away from an accident, surviving a disaster, or arriving at a place that has been wiped out. Thinking has been affected. Trauma, medical issues, and adverse life events cause people to lose "executive function," the ability to make plans or take action when there are no clear guidelines. Feelings are affected. Shame, fear, sadness, loneliness, and anger must be expressed, worked through, and processed, not repressed. Relationships are critical, but may need to be rebuilt. This is unavoidable tough work. Information is missing. Time and technology move forward when people are stuck in troubled circumstances. Healing from all this is a lengthy process. Fortunately, there are strategies to support recovery that are known to work, and many people find recovery. People are most likely to succeed when they are supported through a process of recovery that begins with the clinical system, continues with safe housing and other supports, and intervenes as needed once the person is restored to community life. But substance use disorder is a lifelong concern, a chronic and often fatal disorder. When systems are disconnected, service is fragmented, and supports are not available, people often relapse, and many people die.

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**The Solution:** Kansas should provide a comprehensive and coherent system of supports for people with substance use disorder – in other words, a full continuum of care. Most elements of the continuum are funded through public and private health insurance systems. Some are part of the social service system. Others are provided by the community, including church groups and volunteers, or mutual support groups. A service path must address the specific risks of the particular substance involved, and the personal factors like co-occurring mental health conditions and the effects of trauma. A typical service path for opiate use disorder consists of eight basic milestones: (1) Enrollment in a medical system that tracks and supports the person; (2) First aid medication (naloxone) to prevent overdose death; (3) safety from infection (syringe exchange and other harm reduction strategies); (4) medicine, not street drugs – to address biological cravings; (5) social support, meaning case management, peer support, and volunteer programs that help people stabilize and conduct them through the further steps of recovery; (6) rehab, meaning therapy in residential or outpatient settings; (7) sober living, meaning safe housing while a person further stabilizes and rebuilds a functional way of life; and (8) sustained recovery in the community, with periodic checkups from a medical team, plus mutual support groups and other volunteer supports as needed. Because of the organic nature of substance use disorders, a journey of recovery usually takes several, many years, or a lifetime.

**The bottom line:** Treatment works, and recovery is real. Many people do find recovery without treatment, but those with severe disorders, those who cannot move past substance use without treatment and supports are at very high risk. Substance use disorder is chronic, lifelong, devastating to families, and corrosive to community life. For every dollar spent on treatment, seven dollars are saved in other healthcare costs, in child welfare systems and in criminal justice system costs.

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## THE CURRENT STATE OF THE KANSAS CONTINUUM OF CARE

State officials admit the inadequacies and limitations of the Kansas behavioral health system. The state's FY 2018/2019 application for federal block grant funding reveals many of these systemic deficiencies, including the following.

- Block grant funding does not last the full fiscal year.
- The lack of available providers impacts consumer choice. Consumers are told where to go rather than given options. People who prefer a faith-based choice are not given that option.
- There is a lack of access to mental health treatment and medication management for consumers with co-occurring substance use disorder and mental illness.
- A growing number of children in the child welfare system are being removed from their homes due to parental substance use. But expectations of the treatment system and child welfare often conflict, delaying permanency for the child.
- Providers have indicated the need for access to other services, including: affordable housing, transportation, primary care, mental health care, education, childcare, etc.
- Coordination of admission, discharge, and follow-up services can often take hours of a provider's and/or support staff's time, but there are no codes to support reimbursement for this type of care.
- Many clients go to inpatient treatment and return to the same harmful environment.
- Reimbursement for peer mentoring services is very minimal but the billing and documentation workload is intensive. This makes the service cost-prohibitive.

A 2018 needs assessment for Kansas City and surrounding counties states that the care system is “not enough to curb rising drug-related overdoses and deaths.” It notes that federal block grant funding typically runs out by the third quarter of the budget year. In rural counties, “risks are high, yet service density is low.” For low-income people, “the system is insufficient to address service demand.” In addition, the report notes a lack of capacity to serve non-English speaking populations. For pregnant and post-partum women and other high-risk, vulnerable populations “there is relatively low availability of services.”

The report recommended new investments in services, in partnerships, in technology, and in planning to address service challenges in rural counties. The authors of the report also noted that “affordability is likely a larger issue than we can assess here, given we did not specifically address the gap that exists for clients who do not qualify for Medicaid, have insufficient private medical coverage, and cannot afford to pay out-of-pocket.”

Addiction care is cost-effective and comparatively inexpensive to implement compared to other healthcare investments. Because the work mostly occurs in outpatient settings, brick-and-mortar costs are low. The most effective approaches combine primary care doctors and nurse practitioners with therapists, case managers, and peer support workers. This clinical team helps clients connect with employers, churches, support groups, housing, transportation, and other community resources.