



2019 Behavioral Health Public Policy Agenda

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FY 2019

The Association supports funding in the amount of \$1.8 million from the State General Funding (SGF) to support the community crisis centers which were to be funded by 2017 HB 2194 relating to lottery vending machines. However, this revenue is no longer anticipated to be received this fiscal year.

FY 2019 and 2020

Mental Health 2020

The Association proposed a package of mental health improvement initiatives in August 2017 that we called Mental Health 2020. This aimed to restore funding balance to the Community Mental Health Center (CMHC) System as well as assist in workforce development programs to increase the number of psychiatrists who will be trained and incentivized to stay in Kansas. The Association also requested funding for the Kansas Department of Aging and Disability Services (KDADS) to invest in community-based crisis stabilization and treatment services similar to programs commenced in Kansas City with Rainbow Services, Inc. and in Wichita with the COMCARE Crisis Center.

Addressing the Needs of the Uninsured and Underinsured-Restoring the Promise of Mental Health Reform. The Kansas Mental Health Reform Act of 1990 paved the way for all Kansans to receive community based mental health treatment. The CMHCs are required to serve every person who walks through their doors, regardless of their ability to pay, much like community hospitals. This funding stream has been reduced significantly over the last decade, though the demand for services from the uninsured and underinsured continues to increase. If those in need of services do not receive timely treatment, they may have to be served in emergency rooms, state hospitals or jails, all of which are much more expensive than community-based services.

Leaders in the Legislature stepped forward to begin the process of restoring the promise of mental health reform during the 2017-2018 Legislative Biennium. \$8.5 million was restored to the CMHC contracts program for FY 2018 and an additional \$6 million was restored to this program for FY 2019. We ask that legislators help us keep these commitments and work toward the goal of returning to at least the same level of funding as FY 2007 and restoring the process of mental health reform and supporting Community Mental Health Centers. **To account for the growth in persons served, our request to the Legislature is for \$13.2 million.**

Support Community Crisis Center Funding. Support and enhance current funding community crisis centers for FY 2019 as necessary. Funding to establish local public/private partnerships for regional Crisis Stabilization Units has helped provide treatment for those individuals who can be stabilized without utilizing a State psychiatric hospital. This model of care that provides a “port of calm” for patients should be replicated where possible across all communities in Kansas.

Medicaid Expansion. More than half of those who present for treatment at CMHCs have no insurance. Expansion of Medicaid will provide coverage for those who have a mental illness so they can access needed mental health treatment in their communities. What we know is that if a person with a mental health need does not have insurance, he or she is less likely to seek out care, which means that CMHCs oftentimes are dealing with crisis situations for those without insurance. Our Association strongly believes that mental health treatment parity needs to be a requirement of any expansion plan.

Enhance Medicaid Rates for Behavioral Health. Medicaid reimbursement rates for providers of specialized services are not adequate to maintain and enhance the behavioral health network in Kansas. With stagnant rates and increased expectations, we have seen increased turnover in many of the professions we employ. In order to support a robust public mental health system that can provide specialized services to individuals experiencing a mental illness, we need to ensure that our professionals are adequately reimbursed.

Support Increase of the Residency Program at the University of Kansas Department of Psychiatry. CMHCs and the State psychiatric hospitals are facing an alarming shortage of licensed psychiatrists who specialize in the treatment of persons with mental illness. Kansas has lost a significant number of psychiatrists over the last decade due to a reduction in training programs and retirements. This trend needs to be reversed and could be achieved by doubling the number of residents at KU to begin the process of replenishing this shortage and helping Kansas to be a national leader in mental health treatment.

Address Critical Needs in Psychiatric Inpatient Resources. Reductions in State psychiatric inpatient budgets, coupled with funding reductions in Mental Health Reform dollars, have resulted in our system reaching a crisis. The State hospitals are the inpatient safety net for individuals with severe mental illness in Kansas. Seventy (70) percent of those admitted to State hospitals do not have Medicaid as a payor source. We support returning the bed capacity at Osawatomie State Hospital to 206 beds either on that campus or through regional psychiatric hospital sites. Our state cannot afford to lose any more inpatient beds.

Support Use of Problem Gambling and Addictions Fund (PGAF) As Provided in Statute. Senate Bill 66, the Expanded Lottery Act, established the Problem Gambling and Addiction Fund to treat pathological gambling and other addictions. Two percent of state gaming revenues are supposed to go to establish prevention and treatment programs as well as long-standing funding gaps in the prevention and treatment of substance use disorders.

Support initiatives providing care coordination. Kansas should be a leader in establishing care coordination programs for individuals on Medicaid with chronic conditions. Health homes type programs that integrate physical and behavioral healthcare should be the cornerstone of Medicaid. Providing the right care at the right time for patients, and linking those patients to other community resources is a core value of CMHCs.

Increase access to critical housing resources. Lack of stable housing resources for individuals with a mental illness remains as an issue across Kansas. What we oftentimes see, is that without the availability of housing, recovery for those individuals remains beyond their reach. The Association supports the funding and implementation of the Medicaid housing programs that were approved and funded by the 2018 Legislature.

Support Recommendations of the Mental Health Task Force. The 2017 and 2018 Legislatures respectively authorized and reauthorized a Mental Health Task Force supported and facilitated by the Kansas Health Institute. Recommendations made by the Task Force as part of its work cover a wide array of issues not just in mental health, behavioral health and health care overall.

Oppose efforts that could destabilize the public mental health system. CMHCs are the foundation of the public health safety net. They have a statutory and contractual responsibility to serve every patient regardless of their ability to pay. Any changes to Medicaid, which is an integral partner in helping CMHCs provide behavioral health treatment, must be thoughtfully and thoroughly vetted.