

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the Senate Assessment and Taxation Committee in support of SB 447

Amy A. Campbell – March 15, 2016

Thank you for the opportunity to address the committee today on behalf of the Kansas Mental Health Coalition (KMHC) in support of SB 447. The behavioral health voluntary tax checkoff could help to create grant funding to enable the Kansas Department for Aging and Disability Services to offer grant funding to fill some of the gaps in our continuum of care for behavioral health.

Requested Amendment: The bill indicates that funds would be used for “Kansas mental health and substance use awareness, prevention and stigma reduction programs.” Please add **treatment** to this description.

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 right care at the right time in the right place for Kansas citizens. 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. Our state mental health hospitals are struggling, with Osawatomie State Hospital losing Medicare certification.

The Legislature should commit to investments to close gaps in the continuum of care.

The current continuum of care is insufficient to meet the needs of Kansans with mental illness (Adult Continuum of Care Report July 2015). 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 to the community at large. As programs are restricted and grant funding 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. Untreated mental illness leads to worsening of chronic medical conditions. Families face repeated hospitalizations or arrests of their loved ones. There are also increased expenses related to the overuse of jails, prisons and emergency rooms. 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 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.

Gaps in the Continuum of Care: The Adult Continuum of Care Committee Report of July 2015 puts a finer point on the issue that many Kansas families already know – the Kansas mental health system is scrambling to meet the needs of Kansans with mental illness and substance use disorders. The Kansas Mental Health Coalition endorses the 43 page report, and hopes the strategies suggested in the report will help the Department on Aging and Disability Services to build on its recent work – bringing together Kansas City area stakeholders to form Rainbow Services Inc. and providing grant funds to Sedgwick County to create crisis services there. There is more to be done.

Last summer, the further reduction of state mental health hospital beds made the gaps in our continuum of care obvious. The State and the community mental health centers partnered to respond to the growing need, but financial and staff resources are in short supply. The lack of appropriate, more intensive treatment options at the community level for people needing a higher level of treatment or a step down from hospitalization has been a barrier. Where you live determines your opportunities for recovery, and even in the Kansas City region it is uncertain whether the model

crisis and referral program at Rainbow is sustainable. As stated in the report: “An underfunded system is challenged to meet the basic needs of people with severe mental illness, let alone develop evidenced based practices, enhance existing services, or create needed alternatives of care.”

We hope the Report will stimulate broader support for further community level investments and strategies targeted to improving the continuum. The Report advocates expanding access to crisis services, residential programs, housing and peer programs, in addition to boosting community based outpatient programs. The Committee also encourages improved transitions between facilities and communities, with treatment provided while people await admissions and after discharge.

The Committee recommended short term goals: Kansas should endorse change to the federal IMD Exclusion that prevents Medicaid reimbursement for some residential psychiatric treatment, and re-open the 60 beds at Osawatomie State Hospital as soon as practically possible. (Note: the reconstruction has since been completed and KDADS is working toward recertification for OSH.)

For the long term: ***“Develop a multi-faceted approach to develop a regional service array to better meet the needs of persons with behavioral health disorders outside of the state mental health hospitals. This would allow the hospitals to focus on specialized inpatient psychiatric services consistent with tertiary care hospitals.”***

SB 447 won’t solve all of the challenges for mental health and substance use treatment in Kansas. But it could add another tool to the toolbox. One thing is certain, when we do not treat persons with mental illness, communities pay the price. Individuals pay the price. People are all too often caught in an unending cycle of repeated hospitalizations or incarceration and the costs are more than fiscal, they include broken families, broken people and the loss of life itself.

Thank you for this opportunity to address the committee.

Please do not hesitate to contact me about this or any other mental health issues.

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, pharmaceutical companies 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.

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