

# KANSAS MENTAL HEALTH COALITION

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

---

Testimony presented to the House Health and Human Services Committee

*Amy A. Campbell – January 26, 2017*

Thank you for the opportunity to address your committee today 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 Kansas Mental Health Coalition supports adding clubhouse reimbursement codes to the Kansas Medicaid program for certified clubhouse providers to provide needed recovery focused services to people who struggle with mental illness.**

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. In the midst of this gloomy picture, the Secretary of the Kansas Department on Aging and Disability Services and his staff are energetically pursuing CMS recertification for Osawatomie State Hospital and important improvements in training, staffing and treatment delivery at both state hospitals, but more capacity will have to be created before we can lift the moratorium, so individuals in crisis must wait.

House Bill 2044 will help to make available important programs that aid individuals' recovery and their ability to build stable lives for themselves in the community.

The gaps in our continuum of care mean that individuals are sometimes unable to access the supportive services that could help them with the challenges of living independently with mental illness, finding stable living arrangements and job training. Other states have utilized their Medicaid program to incentivize these services and Kansas should follow that example to add another tool to our toolbox.

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. Additional strategies should be implemented to support the work of our community mental health centers and other community providers in areas where current funding structures are insufficient.

For more information, see the Executive Summary from the 2015 Adult Continuum of Care Committee Report on the back of this page.

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

Amy A. Campbell, Kansas Mental Health Coalition, PO Box 4103, Topeka, KS 66604 785-969-1617

---



## 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.