JOHNSON COUNTY KANSAS
Mental Health

October 29, 2019

Senator Tom Holland
134 NW Capitol Dr.
Topeka, KS 66617

Senator Holland:

Leadership at Johnson County Mental Health would like to add our voice to the Cook family's efforts in advocating for change in Kansas' mental health system. In the 1990's and into the early 2000's, Kansas' community mental health and state hospital systems were considered to be innovative, robust and an example for other systems around the country. Since the late 2000's, this system has been slowly dismantled by inadequate funding and disinterested leadership at the state level. We ask for your advocacy in supporting the rebuilding of Kansas' Behavioral System.

Based on our collective years of experience working in Kansas' mental health system, below are thoughts and recommendations for improvement in closing insurance related gaps:

- Medicaid gaps
  - Medicaid expansion: This would inject much needed resources into the behavioral health system that would allow for expansion of those treated and potential expansion of services.
  - Medicaid reimbursement rates regarding Psychiatric Residential Treatment Facilities are inadequate. There is a minimum three-month waiting list for these beds in Kansas. PRTF providers often take children from other states with Medicaid that have higher reimbursement rates. This exacerbates the wait list meaning more children are hurting themselves or others, more expensive inpatient treatment stays and more kids into the foster care system.
- Insurance drives the length of stay for insured and even for uninsured. This is also a problem at the state hospital where insurance is not a factor. Individuals are being released too quickly back into the community leading to revolving doors for emergency rooms and inpatient beds.
- Acute stays are often 3-5 days. This is often just enough time for the crisis to subside, but not enough for adequate stabilization to return safely to the community.
- Private therapists are switching to a self-pay model due to inadequate reimbursement rates and the administrative complexity of billing insurance.
- The threshold of inpatient treatment emphasizes imminent harm to self and/or others while minimizing historical needs or risk factors. This is driven by insurance reimbursement, but even uninsured are held to this standard.
- Many companies now require physical wellness checks to be done annually to qualify for a lower rate. Mental wellness checks should be incentivized in a similar manner. If someone is taking care of their mental well-being, they will also have better outcomes regarding their physical health.

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- Require physician offices to assess for suicide and have a plan for how to respond when someone is suicidal. Research shows a high percentage of individuals that complete suicide visit their primary care doctor within thirty days of the suicide completion.

Aside from insurance, there are several additional gaps in our system that impact access and care to those in need of behavioral health services:

- Crisis Stabilization Centers (CSC)
  - The Crisis Intervention Act passed in 2017 allows for a 72-hour involuntary hold option at designated CSCs as licensed by KDADs. However, the state has yet to create regulations for CSCs. Also, it will be up to local communities to fund such centers unless Medicaid billing changes. RSI, Inc. has the infrastructure to be a CSC once the regulations are created and licensing can occur. A CSC would likely be a substantial resource for communities in Kansas with the following benefits:
    - Creates another option, not based upon insurance or income, for someone in crisis.
    - Less Osawatomie State Hospital (OSH) beds utilized.
    - A law enforcement drop-off that would help to decrease the number of individuals suffering from mental illness entering the criminal justice system.
    - Decrease in expensive emergency rooms (ER) boarding of people waiting for an inpatient bed.
- Osawatomie State Hospital (OSH) Moratorium & Involuntary treatment
  - With the OSH Moratorium and addition of Adair Acute Care at OSH, the focus has been on quicker stabilization and acute care, meaning individuals are discharged within 7-10 days. Historically individuals were staying at OSH closer to a month. The longer stay allowed for increased stabilization for those in need, as well as increased success in reintegrating back into the community.
  - Lack of statute required involuntary detox beds at OSH. The detox beds were no longer accessible once the OSH moratorium went into effect in 2015.
  - Shortage of inpatient psychiatric hospital beds in Kansas. Unfortunately, this is a result of the lack of adequate funding by insurance and the state.
  - The threshold for involuntary is resulting in family, and those providing services, wondering if “I have to wait for them to kill themselves or someone else before they can get help.”
  - Substance abuse is considered a disqualifier for involuntary treatment, even though there is a high probability of co-morbidity, higher risk associated with substance abuse and often poor decision making resulting from the substance abuse
- Funding
  - Lack of funding for step down crisis centers. A day rate that is less than inpatient rates would incentivize the creation of respite facilities that can provide longer term residential support to assist someone transitioning back to the community from an inpatient stay.
  - More funding and beds for inpatient substance abuse is needed. We have seen a significant increase in substance abuse issues driving a behavioral health crisis over the last ten years. It would be beneficial if the funding of mental health and substance abuse services were aligned instead of bifurcated.

- State funding for co-responder programs. A co-responder is a mental health professional paired with law enforcement to assist in first responding to behavioral health crisis, as well as follow up to those at risk. There is no insurance reimbursement for this role. Many communities in Kansas now have a mental health co-responder. These programs have shown to be effective in diverting people with mental illness from emergency rooms and jail. However, the funding burden is often on the local municipalities and community mental health centers, while the savings are had by the state hospital, Medicaid managed care companies and private insurance companies.

Thank you for your consideration and time. If you have questions or would like to discuss anything further, please do not hesitate to contact me at (913) 826-4077.

Sincerely

Rob MacDougall, LMSW
Director of Emergency Services
Johnson County Mental Health Center

cc: The Cook Family