



## Association of Community Mental Health Centers of Kansas, Inc.

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Michael J. Hammond  
Executive Director

March 1, 2006

Michael Fitzpatrick, CEO  
National Alliance on Mental Illness  
Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201

Dear Mr. Fitzpatrick:

I am writing in response to the NAMI Report Card issued for the Kansas public mental health system, which was released today. I would like to share with you our concerns about the assessment by NAMI, what we believe to be inaccuracies in data, as well as identify areas we believe we agree with.

The Association of Community Mental Health Centers of Kansas, Inc., represents the 29 licensed Community Mental Health Centers (CMHCs) in Kansas who provide home and community-based, as well as outpatient mental health services in all 105 counties in Kansas, 24-hours a day, seven days a week. The CMHC network is the publicly funded community-based mental health service delivery system for the State of Kansas.

The Association's initial reaction to the NAMI report is that in reviewing it, we are very disappointed with it. We believe, at first glance, it misrepresents the Kansas public mental health system, and does not accurately score Kansas based on what is happening in Kansas. Some comments I have to offer about the content of the report for Kansas include the following:

- NAMI is quick to criticize the State for not being open to ACT. Yet, Kansas has a long history with strengths-based case management which time has proven to show positive outcomes for consumers and families.
- NAMI states that the availability, quality and timeliness of crisis services are inconsistent from one CMHC to another. However, data maintained by our State Mental Health Authority indicates otherwise.

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- NAMI states that Kansas needs increased numbers of clinically trained staff to ensure that consumers receive a higher quality care, yet consumer satisfaction surveys in Kansas indicate consumers and families rate quality, appropriateness, treatment outcomes high for the Kansas system.

Some comments about the points given to items in particular categories:

- NAMI scores Kansas a 2 out of 3 for prioritizing services for SPMI population. However, Kansas has the highest penetration rate among the target populations of the surrounding States. Kansas also has a mandate to serve everyone that walks in the doors of a CMHC. The publicly funded network of CMHCs serves over 100,000 people a year – 70,000 of which are non-target populations.
- NAMI scores Kansas a 1 out of 2 for demonstrated innovation, yet Kansas has been quick to embrace recovery along with a series of promising practices, best practices and evidence-based practices.
- NAMI scores Kansas 0 out of 2 for insurance parity, yet Kansas does have limited parity and is exploring with policy makers opportunities to increase parity.
- NAMI scores Kansas a 0 out of 2 for a written mandate ensuring consumer and family input. Yet licensing standards in Kansas require consumer and family input on treatment planning as well as serving on CMHC Boards.
- NAMI scores Kansas a 0 out of 3 for no outpatient mental health co-pays, yet CMHCs have a State mandate to serve everyone regardless of their ability to pay. CMHCs also have sliding fee scales based on the person's ability to pay.
- NAMI scores Kansas a 0 out of 3 for jail diversion programs, yet there are CMHCs across the state participating in jail diversion programs.

In fairness to NAMI, I would also like to share with you our thoughts on where we likely agree with NAMI in their report. Those include:

- Access to acute inpatient treatment is a problem and an approach of regional, state-operated inpatient facilities to supplement the existing SMHH system is needed.
- More can be done in the area of jail diversion, but there is also a need to recognize the efforts in place now.
- Greater focus on cultural diversity and cultural competence.
- There is always room for increased innovation.
- Workforce development is an issue nationwide as public mental health systems struggle to attract and retain professionals, especially in rural areas. In addition, psychiatry and particularly child psychiatry are two areas of tremendous need.
- Increased consumer and family involvement and access to information.
- We have great access to mental health medications (no Medicaid restrictions).
- Recognition of evidence-based practices currently in place in Kansas.

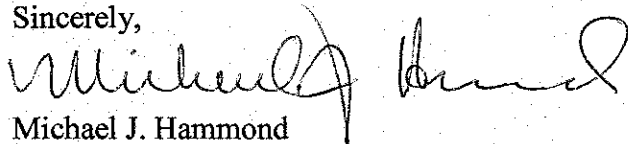
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Kansas is actively engaged in transforming its public mental health system and NAMI-Kansas, along with a multitude of system stakeholders across service delivery systems are engaged in these efforts through the past work of the Kansas Mental Health Coalition in hosting six regional summits around the work of the President's New Freedom Commission, and most recently through the Transformation Subcommittee of the Governor's Mental Health Services Planning Council. The Governor's Mental Health Services Planning Council is assimilating the recommendations coming from the six regional summits in Kansas and will be using those recommendations to guide the work of the Planning Council in transforming the public mental health system in Kansas. The Planning Council is an excellent arena in which to further explore and address the issues where we believe NAMI accurately captured the status of efforts in Kansas. Incidentally, the areas cited above where we believe they are accurate as consistent with the recommendations of the six summits hosted in Kansas around the President's New Freedom Commission Goals.

Finally, I would like to share with you a report (enclosed) compiled by the Association which is based on both national and state data, which compares the Kansas public mental health system to those of surrounding states. We believe it demonstrates Kansas stacks up well.

I would like to thank you for allowing me this opportunity to share our thoughts with you about the NAMI Report Card for Kansas.

Sincerely,



Michael J. Hammond  
Executive Director

cc: The Honorable Kathleen Sebelius, Governor of Kansas  
Gary Daniels, Secretary, Kansas Department of SRS  
Wes Cole, Chairman, Governor's Mental Health Services Planning Council  
Rick Cagan, Executive Director, NAMI Kansas