



Association of Community Mental Health Centers of Kansas, Inc.

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Michael J. Hammond
Executive Director

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Diane Kuhn, President
League of Women Voters of Kansas
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Dear Madame President:

First, let me congratulate the Kansas League of Women Voters on the major accomplishment of their study on Mental Health Care in Kansas. The Association appreciates the League of Women Voters' interest in the public mental health system in Kansas, and we are very pleased that the League took on the task of studying this system during the past two years. We know that League members across the state took part in the study, working long and hard to develop their position statement and final report "*Health: Mental Health Care in Kansas*".

In Kansas, there are 26 Community Mental Health Centers (CMHCs) and one affiliate Center which provide services to meet the particular mental health needs of their local communities. The CMHCs provide assessment, diagnosis, treatment, case management, medication management, crisis services, attendance care and respite care as well as many other services to individuals and families dealing with mental illness. In addition, the CMHCs provide screening for individuals who may need inpatient hospitalization to a state psychiatric hospital. The CMHCs serve more than 100,000 Kansans each year—adults, children and families. The treatment and care services provided to children are especially important in that early intervention is critical to lessen the impact mental illness can have on a person's life. As the public mental health system in Kansas, the CMHCs are the safety net for those with mental illness in our state.

The Association supports the position recommendations to improve the existing continuum of care in Kansas, to meet the needs of consumers of mental health treatment and care. We also understand that the recommendations stated in the report were developed as action statements, which the League may now advocate to correct with policy makers at the State Legislature and Congressional levels. We applaud this approach, and would like to address some of the improvement and funding recommendations included in the report.

First, let us say that the Association is in full agreement with the League's support of the President's New Freedom Commission on Mental Health report "*Achieving the Promise: Transforming Mental Health Care in America*". Each of the six goals outlined in that report are supported by the Association as well as the League. We have worked toward implementation of those goals in conjunction with the

Governor's Mental Health Services Planning Council, which has created a subcommittee to address those goals in Kansas.

The CMHCs understand the need for a continuum of care and treatment services for those with mental illness--especially severe and persistent mental illness which leads to homelessness, incarceration, poverty and frequent placement in state mental health hospitals. The CMHCs are a part of that continuum, and wherever possible, provide care and treatment for individuals based on their needs. This allows consumers to remain in their own homes and communities with their families and support systems. The CMHCs are required by Kansas Statute (K.S.A19-4005) to serve all Kansas residents, regardless of their ability to pay. They are also required by law to screen all individuals for state psychiatric hospital placement. State and private psychiatric hospitals play a critical role in public mental health and public safety in Kansas. As the League reports, there has been a profound shift from state psychiatric hospital placement to community-based treatment. In 1990, the state hospital system comprised nearly 5,000 beds; today comprising only 340 beds. These are for *involuntary* commitment and *voluntary* commitment of individuals.

Private inpatient psychiatric bed capacity statewide is at 168 for involuntary commitments and 111 for voluntary commitments. The Veterans Administration Hospitals in Kansas have only 58 psychiatric beds for adults, in two locations in Kansas. Northwest Kansas has lost the only inpatient psychiatric unit (21 beds) between Salina and Denver, Kearney, Nebraska and Wichita/ Hutchinson during this time period also.

The Association also agrees with the League's recommendations around the need for services to increase prevention and early intervention services for all populations, and strengthened crisis interventions. These are two areas which are under appreciated and under funded.

The public mental health system in Kansas does include many successful, innovative treatments and services, some of which are found only in pockets of the state now. However, if these treatments and services were adequately funded, they could be successfully replicated across the state to bring recovery to many Kansans with mental illness.

Some highlights of innovative treatments which are investments in the mental health system include:

- ❖ **Family Centered System of Care (FCSC).** The FCSC program is blended into the community based services programs for youth with Sever Emotional Disturbance (SED). It is one component of an overall movement to incorporate research based best practices into the Children's mental health service system in Kansas.
- ❖ **Therapeutic Services to Preschool Children.** These services are funded by the Children's Initiative Fund (tobacco monies) to identify young children experiencing SED early and to provide and/or connect the children and their families to the supports and services known to be successful in producing positive outcomes in children with special needs.
- ❖ **School Violence Prevention.** These programs emphasize a collaborative approach to providing children with mental health support/services in a school setting, focusing on issues related to violence prevention. This collaborative approach involves CMHCs, schools, parents, youth, and coordinating councils.
- ❖ **Telepsychiatry.** A state-wide telepsychiatry network is in place which links the CMHCs, The

Consortium, UKMC, SMHHs and others through a state-wide, interactive, televideo system for the purpose of expanding specialty services, 24-hour crisis intervention/stabilization, and crisis/medication management. Specifically, this project addresses needs in the following ways: improve and expand the availability of and accessibility to psychiatric services, particularly in rural and underserved areas; improve continuity of patient care; allow for consultations with other professional experts in specialized areas of care; opportunities for increased training; and increase the accessibility and availability of psychiatric consultation to primary care physician.

- ❖ **Community Support Medication Program (CSMP).** The CSMP is funded by the Kansas Legislature and provides for the purchase of atypical antipsychotic drugs for patients who are released from a SMHH to reside in a Kansas community as well as those consumers currently being sustained on atypical antipsychotic medication through a CMHC. The intended outcome of this appropriation is that no patient who is receiving such medication is denied access because of their financial need.
- ❖ **Implementing Evidence-Based Treatments.** Kansas is participating in the 8-state demonstration project with Supported Employment sites and Integrated Dual Diagnosis Treatment sites. Additionally, Kansas is participating in the further research of Strengths Based Case Management, identifying specific fidelities necessary for the most effective case management services.
- ❖ **Expansion of Crisis Services.** In response to growing concern about the availability of crisis and emergency services, the State began to explore with CMHCs ways to improve crisis and emergency services.
- ❖ **Greater Consumer/Family Involvement.** Kansas joined 40 other States in creating a state-level position for an Office of Consumer Affairs; training mental health consumers to work as provider; providing funding and support to Consumer Run Organizations, just to name a few.
- ❖ **Mental Illness and Corrections.** As many as 40% of individuals who come in contact with the Corrections system have a mental illness, both adults and juveniles. They may have exhibited behaviors unacceptable or violent, and families may not know what to do except contact law enforcement in a crisis. These individuals may land in jail or before a judge to decide their placement. Some CMHCs have offender re-entry programs, some have diversion for those with mental illness, some have mental health courts, some have transition programs—all to assist offenders with mental illness as they return to their communities.

The Association does work to collaborate with federal, state and local agencies and private providers whenever possible, including the State Department of Social and Rehabilitation Services (SRS), Department on Aging, Department of Health and Environment, Juvenile Justice Authority, Department of Corrections, child welfare providers, private practitioners, hospitals, advocacy organizations such as NAMI and Keys for Networking, county commissioners, and policy makers at all levels of government. However, we do see a need for the collaboration between these agencies, in particular, Kansas state government, county government, and providers. Policies are many times developed in one agency, without consultation with other agencies impacted by the policy or funding decisions. The Association encourages collaboration and cooperation at all levels of government and throughout the mental health system to meet the needs of those with mental illness in our state.

The Association supports the use of advancing technologies, and have invested in a statewide televideo conferencing network. The CMHCs continually expand their use of televideo for meetings, for

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discussions, for healthcare and for psychiatry and other purposes. The Leagues' recommendation along this line is very welcome by the CMHCs.

The Association believes, as does the League, in true mental health parity, which means equal insurance coverage for mental illnesses on par with physical conditions, or at least increased incentives to improve employee benefits for mental health coverage. Kansas currently has a form of mental health coverage mandated for private insurance policies, but it is limited and not equal to physical health coverage. Research shows that there is a decrease in total health care costs following mental health interventions, even when the cost of the intervention is included. We believe that having mental health parity would increase access to treatment. We know from a national survey that costs and insurance issues are the number one reason why people don't seek treatment.

In the League recommendations around funding for these programs, the maximization of state and federal dollars and linking funding with services provided are both initiatives supported by the Association. The recommendations to develop public and private sector revenue sources along with a public awareness campaign to educate citizens about mental illness and treatment are outstanding ideas and the Association supports them as well. Mental Health parity in insurance is critical to the success of these initiatives from the League.

The CMHCs have implemented evidence based practices for treatment of children and adults in the state. Evidence based practices in treatment demonstrate measurable outcomes, and are backed up by expansive research or evidence. The recommendation by the League to offer such treatments shows their concern for Kansans with mental illness.

A five-state study of public mental systems which included Kansas, showed that Kansas leads the way in number of clients served, penetration rates indicate we are reaching more of the target populations than surrounding states, and access to treatment and services meets state and national standards. In addition, the consumer satisfaction levels are high across the public mental health system in Kansas.

Finally, the League recommendations targeted at improving mental health care services for consumers are all valid. They include transitional and long-term housing options; wrap around services such as physical health, dual diagnosis treatment; a wide range of transitional and long-term housing options--from fully structured to fully independent; geriatric treatment; employment/education assistance; outreach to those who are homeless and/or resistant to treatment; and humane mental health policies in the law enforcement, corrections and justice systems. All of these are values the CMHCs strongly supports.

All of the Leagues' recommendations are solid and on target. The League has grasped the fact that there is a need for transitional and long-term housing options, wrap-around services including physical health care, dual-diagnosis treatment, geriatric treatment and employment/education assistance, outreach for homeless and treatment resistant individuals, effective crisis intervention, humane, quality mental health policies/services within law enforcement, corrections and justice systems. The only piece missing from the puzzle are the avenues for funding treatment for those with mental illness in community based settings. The current funding for CMHCs in Kansas is outlined below, identifying gaps in funding resources across the system.

CMHCs operate through a combination of state general funds, Medicaid funds, county funds, and individual co-payments. The mandatory access to mental health treatment for all Kansans, screening for state psychiatric hospital placement, crisis intervention services, is now threatened by a number of circumstances that have the potential to bankrupt community mental health centers. These items include:

- **Uninsured Coverage:** The CMHCs serve over 100,000 individuals a year, with an estimated two thirds of those being uninsured or underinsured.
- **Increased Caseload:** Increase in caseload every year since 1992, when we served 13,800 severely mentally ill adults and children, to 2005, when we served 45,000 of these “target” individuals. In addition to that number, in 2005 we served nearly 70,000 additional individuals.
- **Level State and County Funding:** There have been NO basic increases in both State and County funding to CMHCs since 1990, to cover the cost of county residents who are indigent. These funds are used to provide care and treatment to those county residents who have no other resources. In 2006, the CMHCs treated nearly 70,000 such Kansans.
- **High Cost of Maintaining Infrastructure:** CMHCs are required by the State to have on site doctors, nurses, qualified mental health professionals, crisis staff members (24/7), transportation, and programming for those with mental illness. The reimbursement for these requirements do not include the cost of the infrastructure maintenance that the State mandates CMHCs provide.
- **Screening for State Hospital Admission:** CMHCs are required by the State to screen ALL consumers for state psychiatric hospital admission, whether the individual is at an emergency room, police station, or home. Screeners are required to be available 24/7 by CMHCs, with no reimbursement for transportation or staffing costs incurred to maintain such services.
- **New Medicaid State Plan:** With a new Medicaid state plan in effect since July 1, 2007, there will be a total elimination of \$30 million statewide, formerly called “certified matching funds”, which the CMHCs were able to use to draw down nearly \$60 million in federal Medicaid funds. This change impacts those populations we serve that are not Medicaid eligible as it reduces funding for treatment and care of those individuals who are mentally ill but do not qualify for Medicaid coverage. The Association was successful in securing a \$17 million appropriation from the 2007 Legislature to help fill this gap.

In the past decades, mental health centers have experienced a 400% increase in the number of patients presenting for treatment, while state psychiatric hospitals have experienced a huge influx of patients, with 3,347 admissions in fiscal year 2005. Consider that private and community hospital psychiatric beds have all but disappeared in the state. The culmination of these events has resulted in a situation of highly restricted cash flow, widespread CMHC employee layoffs, inability to meet treatment demands—all of which equate to a near crisis situation for at least 10 of the 26 CMHCs in Kansas at this juncture. All this could ultimately lead to a negative impact on those Kansans who have mental illness, their families and their communities.

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Thank you for your consideration of this response to the League of Women Voters Mental Health Care study. We appreciate your interest in this subject, and hope to collaborate with you on all of the recommendations made in the report. Please let me know when we can get together to discuss our future collaboration.

Sincerely,



Michael J. Hammond
Executive Director

cc: Kay Hale, LWV Mental Health Study Chair
Walt Hill, ACMHCK Public Policy Chair
Dave Johnson, ACMHCK President