**Kansas Mental Health Coalition**

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

Testimony presented to the Senate Ways and Means Subcommittee on

the Kansas Department of Health and Environment Health Division Budget

 *Amy A. Campbell – February 16, 2017*

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC). 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.

Today, I am speaking to you on behalf of the Kansas Mental Health Coalition. I also serve as a co-chair of the Adult Continuum of Care Task Force. This committee serves under the auspices of the Governor’s Behavioral Health Council (GBHSPC) in an advisory role to the Secretary of the Kansas Department for Aging and Disability Services (KDADS).

**The Kansas Mental Health Coalition appreciates the leadership at the Kansas Department on Aging and Disability Services and their ongoing communication with our Coalition members. KMHC has supported the agency’s work over the past several years as they have worked to provide quality mental health treatment in a restricted budget environment. Unfortunately, Kansas is not making progress.**

**Funding for Community Based Treatment**

Mental health funding has been cut again and again since FY 08. Although you often hear that $20 million was cut from mental health reform grants to the Community Mental Health Centers in past years, we forget the many other reductions to MediKan, general assistance, and children’s programs. The more recent four percent reimbursement cuts, cancellation of health homes and cancellation of the Medicaid hospitalization screening policy have reduced personnel and programs at the CMHCs. Recently, KDADS cancelled the University of Kansas contract supporting evidence based programs and reduced the Wichita State University contract supporting consumer programs and training.

According to the Executive Summary of the Adult Continuum of Care Update: “The members of the ACC Task Force are discouraged at the continued erosion of the Kansas behavioral health continuum of care since the last report. While there have been positive developments, including Rainbow Services, Inc., and the creation of new crisis services in Wichita and Topeka, the overall system has degraded and cannot meet the statewide need. ‘

“Kansans who need treatment through the behavioral health system are currently all too often unable to get the help they need. Community resources are strained, affecting both mental health treatment and substance use disorders treatment.”

**The Kansas Mental Health Coalition supports the recommendations of the Adult Continuum of Care Task Force.**

*1. Enhance the continuum of care and provide alternatives and support to state hospital treatment by*

*a. Developing additional diversion and crisis services at the community level,*

*b. Establishing residential codes for tiered community-based services, including intensive outpatient treatment (reference Missouri model),*

*c. Discontinuing the practice of Medicaid termination when individuals are hospitalized or incarcerated and implementing a suspended benefit status to ensure the timely reinstatement of benefits upon discharge,*

*d. Implementing the NFMH Work Group recommendations, and*

*e. Rejecting policies that result in the further erosion of behavioral health resources.*

*2. Improve the quality of care of consumers by*

*a. Expanding access to certified peer support specialists in hospital and community settings by reinstating availability of training,*

*b. Incentivizing professional training and accreditation,*

*c. Developing academic partnerships, including residencies and internships for clinical staff and*

*d. Assuring quality training for hospitals and community providers.*

The Medicaid program is key to our state’s options for strengthening our continuum of behavioral health care. Kancare must incentivize the key services that support healthy families and individual recovery.

* Kansas should restore the four percent Medicaid reimbursement cuts.
* Kansas should convene a working group with KDADS, KDHE, community mental health centers, MCOs, peers and other providers of varied levels of housing and residential services in order to establish the use of Medicaid codes available in Missouri and other states for these services. These codes should be added to Kancare under the new contracts. The Adult Continuum of Care Task Force gathered information from Missouri regarding codes available under Medicaid that provide 24/7 services to individuals who need transition treatment or supportive environments to maintain stability in the community.
* KDHE and KDADS should collaborate to implement recommendations from the Adult Continuum of Care Committee and the Nursing Facilities for Mental Health Work Group.
* Kansas must provide access to the training and protocols for evidence based practices that had been provided under contracts recently ended in order to assure the fidelity of these programs.
* Kansas should immediately implement a solution to allow the suspension of Medicaid benefits rather than revocation for people committed to our state hospitals or incarcerated in jails.
* Medications are a key element of effective behavioral health treatment. Kansas should maintain a central Drug Utilization Review process and single Medicaid formulary. KMHC encourages the Legislature to actively monitor the work of the Mental Health Medications Advisory Committee created by statute to see that it meets its intended purpose and provides transparency and public access to the process of establishing limitations on behavioral health medications.
* Kancare should prioritize streamlined administrative and reimbursement protocols in the new contracts and require uniform forms for key services.
* Kansas should correct the eligibility backlog.
* Kansas agencies must work together to strengthen the continuum of care and to incentivize the key services. This means collaborating to recognize and prevent policy decisions that further harm our ability to serve people in the appropriate environments.

**Mental Health Medication Advisory Committee**

The creation of the Mental Health Medication Advisory Committee in 2015 came about after the Kansas Senate defeated legislation that would have simply revoked statutory protections for mental health prescriptions in the Medicaid program. Within that debate, all parties involved agreed that, if the State would proceed with prescription controls for mental health medications, then moving forward with prior authorization policies should focus on the safety of Kansans – particularly young children – and minimize the potential harm that can occur when medications are interrupted and providers are burdened with excessive requirements. Ultimately, the Legislature adopted legislation allowing medication controls with specific guard rails for those policies and to be developed by the MHMAC.

Consumers and families were particularly concerned about the potential of interruptions, forcing use of medications that are ineffective or have side effects that are not well tolerated based on the deciding factor of cost. Research is plentiful citing the harm caused when individuals with mental illness avoid or delay important treatment or medications. This is a key concern for those who do not have their own transportation, for example, who encounter problems at the pharmacy late on Friday afternoon.

The Advisory Committee was created through conversations with a work group that created new statutory language for K.S.A. 39-7,121b. In addition, this work group developed “guard rails” – basic operational guidelines – for how the Advisory Committee would work and how prior authorization policies would be implemented.

Guard rails:

* Patients who are already on stable, safe regimens will be able to continue their prescribed treatment.
* Creation of a Mental Health Medication Advisory Committee made up of mental health practitioners and pharmacists with specific experience in providing service to the mental health community.
* Review certain medications for safety and dose optimization.
* New prescriptions or changes in medication will be subject to evidence-based guidelines developed by the Drug Utilization Review Board with the counsel of the Mental Health Medication Advisory Committee.
* Increase length of emergency prescription fills from 3 days to 5 days to allow for processing time in situations where prior authorizations are required and assure that these are paid to the pharmacies.
* Hold the number of prior authorizations needed to a minimum, while still providing for the appropriate protections.
* The three MCOs will be required to follow policies set by the state, and no changes to the current system will be allowed until such time that policies are put in place to assure minimal disruptions to providers and patients.

The Coalition was very pleased to finally see some collaboration on the initiative and supported the creation of the MHMAC.

The Mental Health Medication Advisory Committee has been meeting since September 2015. The Kansas Mental Health Coalition commends the members of the MHMAC for the work accomplished to date, and their amount of time spent discussing how prior authorization policies can be implemented carefully to minimize potential harm to the Medicaid member.

At this point, “process improvement initiatives” have been discussed, but are being handled outside the Committee itself. These include recommendations for uniform procedures by all three MCOs to minimize disruption and time taken away from patients and, development of preferred provider status for expert prescribers.

The Coalition encourages focus on these processes, because we believe they will be the key to whether or not the implementation will be a positive or negative experience to Medicaid providers and participants.

The MHMAC has had a good beginning, but we respectfully have some concerns and recommendations.

Concerns:

- The ability of the public to participate meaningfully in the MHMAC meetings is limited by the lack of information available. The public is unable to access the language of proposed policies nor the list of medications included in the proposed policies in order to provide informed public comment. After the committee has discussed a proposed policy, we are unable to get a copy of the proposal as discussed nor as amended. After policies are approved by the MHMAC to be forwarded to the Medicaid DUR Committee, the policies should be posted.

- Last year, the Secretary added a step to the process to allow for public input to occur at the next meeting after policies have been determined. We appreciate that change very much. At this point, the actual policies are still not being posted.

- MHMAC meeting agendas are posted 14 days in advance and public comment is required to be submitted 7 days in advance. This means that if you are sitting in the audience and would like to share information during the public comment portion of the meeting, you are not allowed to speak unless you have sent in written comments 7 days in advance.

Recommendations:

- The MHMAC should have the ability to approve and revise process initiatives to assure good implementation with minimal disruption.

- We encourage the agency to bring forward supporting evidence for proposed policies, beyond simply citing the number of program participants affected.

- Policy proposals, including a list of medications, should be posted before and after meetings – these can be clearly marked “DRAFT”.

**More Recommendations for Mental Health Policy – not included in Governor’s Budget:**

**Consumer & Family Support**

Through strong advocacy, consumer and family organizations have gained a voice in mental health research, legislation, and service delivery. While the organizations representing consumer and family members differ in their origins and philosophy, all share the goals of overcoming stigma and preventing discrimination, promoting peer support groups, and fostering recovery from mental illness. Consumer peer support is an important part of efficient and effective healthcare delivery. When consumers are provided with the information and support necessary to promote wellness, the road to recovery is shorter and less expensive.

This summer, changes to the agency contract with Wichita State University place more of the cost for consumer run organizations’ support on the groups themselves.

Peer support programs come in many forms. These may serve as an alternative to, or complementary to, traditional mental health treatment options. In many cases, these programs are less expensive to operate or can reduce the costs of accompanying traditional treatment, such as hospitalization, medication or therapy.

Peer support works. Unfortunately, it is not available to many of the people who need it. As Kansas develops initiatives to improve behavioral health, peer support must be a part of those plans.

**Substance Abuse Treatment**

The State of Kansas funds substance use disorder treatment through the State match of Federal Block Grant funding and the State match of Medicaid funds. State funding of substance use disorder treatment through both these resources has been reduced since 2009. All available funds should now be used to ensure consumers receive necessary treatment including the problem gambling funds.

In 2007, Kansas passed the Kansas Expanded Lottery Act (KELA) and allowed for state controlled casinos in Kansas. This Act also established the Problem Gambling and Addiction Fund. The legislative intent of this Act was to support additional funding for addiction treatment and prevention programming. The Act specifically set aside 2 percent of the state gaming revenues for an “addictions fund” for use in a broader range of addictions, address long-standing funding deficiencies and co-occurring diagnoses, and broad-based treatment and prevention services.

The Governor and the Legislature have continued to use the Problem Gambling Initiative Funds to match Medicaid funds and not for expanding services. Instead of adding additional funding to increase needed treatment capacity, the funds have been used to replace state general funds for Medicaid match and also to fill in for state general funds in other programs.

Federal Block Grant funding and prevention funds need to continue to flow to treatment and prevention providers in the most effective manner to ensure the current provider network can maintain the means to treat consumers.

Thank you for your consideration.

**For More Information, Contact: Kansas Mental Health Coalition**

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