

The Public Behavioral Health Service System

Introduction

Research demonstrates that recovery¹ from mental illness is possible and should be expected. But many people with severe mental illness and/or substance use disorders (SUD) do not have the financial means to pay for the treatment and services they need to support their recovery. Therefore, a comprehensive, effective, efficient public behavioral health system is needed to ensure behavioral health treatment and services are provided to support persons with mental illness and/or SUD with their recovery and to assist them in living safe, healthy, successful, self-determined lives in their homes and communities regardless of their ability to pay.

Prevalence of Mental Illness, Substance Use Disorders, and Co-occurring Disorders

According to the Surgeon General's report 9 percent of adults have an identifiable mental illness that results in significant functional impairment.² About 7 percent of adults have mental health disorders that persist for at least a year.

The Surgeon General's report estimates that 2.6 percent of adults have a severe and persistent mental illness (SPMI) that includes schizophrenia, bipolar disorder, or other severe forms of depression, panic disorder, and obsessive-compulsive disorder. Based on these statistics, the following chart shows how many Kansas adults are directly affected by these various categories of mental illness.

Total Kansas Adult Population	Identifiable Mental Illness Persists at Least One Year	Severe and Persistent Mental Illness
2,147,136	7% 150,312	2.6% 55,830

The Surgeon General notes that the prevalence of mental disorders in children and adolescents is not as well documented as that for adults. About 20 percent of children are estimated to have mental disorders that result in at least a mild functional impairment. Approximately 5 to 9 percent of children and adolescents ages 9 to 17 experience more severe functional mental health limitations, known as "serious emotional disturbance"

¹ "Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again. . . . The need is to meet the challenge of the disability and to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution" (Deegan, 1988)

² "Mental Health: A Report of the Surgeon General" US Department of Health and Human Services 1999

(SED). Based on this estimate, after factoring in adjustments for socioeconomic circumstances, between 35,772 to 42,927 children and adolescents in Kansas between ages 9 and 17 have an SED.

Twelve-month prevalence rates of substance dependence in US adults (about 12 % for alcohol and 2-3 % for illicit drugs) approximate those of other mental disorders as well as chronic physical disorders with major public health impact. Based on this estimate the potential number of individuals in Kansas that may be experiencing substance dependence to alcohol could be as high as 257,656 individuals and those with dependency for illicit drugs could be as high as 64,414 individuals. New findings from the nationally representative samples of US youth reveal that the lifetime prevalence of alcohol use disorders is approximately 8 % and illicit drug use disorders is 2-3 % (Merikangas et al. in *J Am Acad Child Adolesc Psychiatry* 49(10):980-989, 2010; Swendsen et al. in *Arch Gen Psychiatry* 69(4):390-398, 2012; Among adults with substance use disorder, 42.8 percent had co-occurring mental illness. Based on this estimate the potential number of individuals in Kansas that may be experiencing could be as high as 137,846 individuals.

Program Overview

Any person-needing mental health services, especially those with a severe and persistent mental illness (SPMI) and children with a serious emotional disturbance (SED), receive services through the public mental health system without regard to their ability to pay. During 2012 approximately 89,000 individuals received mental health services. A number of providers make up Kansas' public mental health service system including: community mental health centers (CMHCs), state psychiatric hospitals, private mental health providers, psychiatric residential treatment facilities, nursing facilities for mental health, residential care facilities, and community hospital inpatient psychiatric treatment programs.

In 2012 there were 13,900 admissions to publicly funded SUD treatment programs.

In addition, many mental health and SUD consumer and family organizations provide critical support for the Behavioral Health service system. These include, but are not limited to: the Governor's Behavioral Health Services Planning Council and its subcommittees, the Kansas Citizens Committee, Consumer Run Organizations and their Association, the Consumer Advisory Council, Kansas' Chapter of the National Alliance on Mental Illness (NAMI), KEYS for Networking, associations for MH and SUD professionals and families.

In addition, many persons in jails, prisons, and juvenile corrections experience mental illness and or substance use issues. Ensuring these persons are not unnecessarily incarcerated due to their mental illness and ensuring they receive needed behavioral health services while in jail or prison is a significant challenge that needs to be explored further.

Kansas mental health providers in receive approximately \$385 million in public funds annually to provide needed mental health services. These funds come from a variety of different sources. Medicaid reimburses qualified, enrolled providers for covered Medicaid services provided to Medicaid eligible recipients. The Federal government covers 60 percent of the reimbursement and the state pays the remaining 40 percent. KDADS awards most of its state funding to CMHCs to fulfill their statutory service requirements. KDADS also awards state funds to support Consumer Run Organizations, family advocacy and support groups, and a community medication program. In addition, KDADS contracts with Kansas Universities to provide mental health research and training. Most of KDADS support for the Universities comes from Medicaid administrative funding.³

The following chart illustrates the amounts of these various funding sources for state fiscal year 2013(FY 2013). The chart shows specific mental health programs that receive direct funding either through Medicaid, state funding, or direct state appropriations. These include: Nursing Facilities for Mental Health, Psychiatric Residential Treatment Programs, , and State Psychiatric Hospitals.

PUBLIC MENTAL HEALTH FUNDING	FY 2013
Medicaid Funding for Community Mental Health	\$203,636,076
KDADS Grants & Contracts Funded with State Funds	\$37,296,604
KDADS Grants & Contracts Funded with Medicaid Administrative	\$9,353,051
KDADS Grants & Contracts Funded with Federal Block Grants	\$3,363,536
SRS Grants & Contracts Funded with PATH Housing Funds	\$365,000
Nursing Facilities for Mental Health	\$41,398,003
Psychiatric Residential Treatment Facilities	\$20,391,600
State Psychiatric Hospitals Excluding Forensics ⁴	\$66,687,751
KDADS Grant s & Contracts funded with Special Federal Grant	\$2,330,061
Total	\$384,821,682

Community Mental Health Centers

Community Mental Health Centers (CMHCs) are charged by statute with providing the community based public mental health services safety net. In addition to the full range of outpatient clinical services, the 27 CMHCs provide comprehensive mental health rehabilitation services such as psychosocial group and individual counseling, community psychiatric supportive treatment, peer support, case management, and attendant care. Rehabilitation services, have been proven to be a key factor in supporting people with SPMI or SED in their recovery. In FY 2012, about 42,900 adults with SPMI and children with an SED were enrolled to receive services from one of the Kansas CMHCs.

Kansas law designates CMHCs as the gatekeeper for admission to state mental health

³ Federal Medicaid pays 50% of the cost to the state to manage and administer Medicaid programs. Research and training done by Universities are critical in managing Medicaid funded mental health services.

⁴ Forensics includes the state security hospital that does court ordered competency evaluations and treatment for prisoners and inmates, and the sexual predator treatment program.

hospitals. Under contract CMHCs also carry out similar functions for, nursing facilities for mental health, psychiatric residential treatment facilities, and Medicaid funded community hospitals.

CMHCs also perform a liaison function with all inpatient and residential treatment programs to assure continuity of care as individuals transition from institutional care back to the community service environment.

State Psychiatric Hospitals

The state psychiatric hospitals – Osawatomie State Hospital (OSH), Rainbow Mental Health Facility (RMHF) and Larned State Hospital (LSH) – provide the inpatient public mental health safety net. They serve persons experiencing serious symptoms of severe mental illness that CMHCs have determined are a danger to themselves or others and whose symptoms of mental illness cannot be treated safely and effectively in the community. Once the persons' severe symptoms of mental illness are stabilized, they can return home with supports provided by their CMHCs or other mental health providers. The State Psychiatric Hospitals also provide forensic evaluation and treatment.

Private Mental Health Providers

On July 1, 2007, with the inception of the community based mental health managed care program, access to Medicaid funding was made available to licensed mental health practitioners. Private practitioners provide Medicaid covered clinical mental health outpatient services to Medicaid eligible beneficiaries. These practitioners primarily provide therapy and medication management services.

Community Based Mental Health Medicaid Managed Care

The state manages Medicaid member's behavioral health care through an integrated managed care program called KanCare. Three state-wide managed care entities (Amerigroup, Sunflower and United) ensure provision of all health care services each of their members need to include physical, behavioral health and long term supports and services. Primary focuses of KanCare include better coordinating care for improved health outcomes. The following outcomes are pay for performance in nature. Each managed care plan can earn 5% of their capitated payment by achieving improvements set by the state on the below behavioral health metrics:

- **Increased Competitive Employment:** An increased number of people with developmental or physical disabilities, or with significant mental health treatment needs, will gain and maintain competitive employment.
- **National Outcome Measures (NOMs):**
 - The NOMs for people receiving Substance Use Disorder services will meet or

exceed the benchmark in at least 4 of these 5 areas: Living Arrangements; Number of Arrests; Drug and Alcohol Use; Attendance at Self-Help Meetings; and Employment Status.

- The NOMs for people with SPMI or SED receiving mental health services will meet or exceed the benchmark in at least 4 of these 5 areas: Adult Access to Services; Youth Access to Services; Homeless SPMI; Youth School Attendance; and Youth Living in a Family Home.
- Decreased Utilization of Inpatient Services: A decreased number of people with mental health treatment needs will utilize inpatient psychiatric services, including state psychiatric facilities and private inpatient mental health services.
- Improved Life Expectancy: The life expectancy for people with disabilities will improve.
- Increased Integration of Care: The rate of integration of physical, behavioral (both mental health and substance use disorder), long term care and HCBS waiver services will increase.

Psychiatric Residential Treatment Facilities

PRTFs provide out of home residential psychiatric treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. These programs are intended to provide active treatment in a structured therapeutic environment for children and youth with significant functional impairments resulting from an identified mental health diagnosis, substance use diagnosis, sexual abuse disorders, and/or mental health diagnosis with co-occurring disorder (i.e., substance related disorders, intellectual/developmental disabilities, head injury, sexual misuse disorders, or other disabilities which may require stabilization of mental health issues). Once the youths' mental health symptoms are stabilized, the PRTF and the CMHC plan and arrange to provide community based services that will allow the youth to return to their families and communities where they can receive community based mental health services.

Nursing Facilities for Mental Health

Nursing facilities for mental health (NF/MHs) provide out-of-home residential care and rehabilitation treatment for persons experiencing severe symptoms of mental illness. NF/MHs provide around the clock supervision, care, and treatment for persons with mental illness needing this level of care.

Residential Care Facilities

Residential Care Facilities (RCFs) provide housing and needed supports to persons with severe and persistent mental illness that cannot find their own housing and/or who need staff support to live successfully in the community. RCFs are not mental health treatment facilities and residents needing mental health treatment receive that treatment from the

CMHC or other private providers. RCFs do not receive state or federal funding, but are funded by fees charged to the residents who pay from federal Supplemental Security Income or other disability benefits.

Community Hospital Inpatient Psychiatric Treatment Programs

Some community hospitals provide inpatient psychiatric treatment to persons in their communities. The most frequent admissions to these programs are persons experiencing a mental health crisis who cannot be effectively or safely served in a community setting. The community hospitals provide needed psychiatric treatment to stabilize the persons' symptoms of mental illness. In addition to community hospitals, there are three "free standing" community psychiatric hospitals in Kansas licensed by KDADS. Free standing psychiatric hospitals provide only inpatient psychiatric services. Two of these free standing psychiatric hospitals serve only children and adolescents and one serves adults.

SUD Treatment

There are 267 licensed SUD treatment providers across the state. One hundred and sixty of these receive Medicaid funding, 43 providers, with a total of 103 locations statewide, are designated to provide state funded treatment services, these programs also receive Medicaid funding, and are included in the total number of Medicaid programs listed. These providers offer a range of services including assessment, outpatient, intensive outpatient, reintegration, social detox, and intermediate care. They are also able to provide support services (transportation), person centered case management, Peer Mentoring, and overnight boarding for children in residential services at the designated women's programs. Medicaid and State funded services are all based on clinical need/medical necessity and providers must obtain authorization to provide the services. Several of the programs licensed to provide substance use disorder treatment are also Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs). SUD providers have begun to collaborate with primary care providers and health care facilities to work toward more cohesive care across the state.

Prevention Services

State and Federal funding supports a prevention infrastructure comprised of:

- data management and evaluation systems,
- mentoring, and
- a network of prevention specialists responsible for providing training, and assistance for:
 - community level mobilization,
 - coalition development, and
 - implementation of evidence-based prevention strategies

This infrastructure is designed to provide training and technical assistance to community-based coalitions in support of each step of the Strategic Prevention Framework, and allows communities to employ a data-driven assessment approach. Priority prevention outcomes and populations are identified, and the needs of these targeted groups are addressed efficiently and effectively through the implementation of evidence-based prevention strategies.

Data and information management services in support of community, county, regional, and state-level assessment and outcome evaluation are provided through an online data portal maintained by the Southeast Kansas Education Service Center (Greenbush). Process and system change evaluation services are made available to community coalitions and technical assistance providers through The Kansas Workgroup on Community Health and Development. The Kansas RADAR network and access to prevention resource information is provided by Kansas Family Partnership, and prevention training. Technical assistance is provided to coalitions and communities throughout Kansas by the Regional Prevention Center system. The Regional Prevention System is comprised of a workforce of prevention consultants trained and experienced in the delivery of science-based prevention services to communities.

All 105 Kansas counties have access to resources to conduct comprehensive community-level prevention planning processes. Data concerning substance abuse prevalence and the levels of associated risk and protective factors is available online and can be used to analyze rate, trend, and comparison to state averages. Archival and epidemiological data for risk and protective factors is also immediately accessible via the online data portal. This data management system enables community coalitions, schools, youth serving organizations, and other prevention providers to easily access information to target priority populations, establish prevention priorities, create outcome targets, and address needs through appropriate evidence-based prevention programs, policies, and practices.

Problem Gambling

In 2007, K.S.A. 79-4805 established the Problem Gambling and Addictions Grant Fund from a percentage of net revenues from three state-owned casinos. The problem gambling services program employs 4.5 FTEs. Through this funding, Kansas provides:

- problem gambling treatment,
- a public awareness campaign,
- helpline services,
- crisis intervention,
- prevention programs in the state-owned casino regions,
- workforce development for certified gambling counselors, and
- research and grants for strategies developed by community problem gambling task forces.

The Solutions Recovery Care Coordination (SRCC)

SRCC is a statewide program delivered in all Department of Children and Families (DCF) offices. This program serves to identify persons who are experiencing issues with SUD that result in barriers to being successful in completing the expectations of the EES/TANF cash benefits program. This program operates under the philosophy that strength based case management focuses on the whole person and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a client’s life. Solutions Recovery Care Coordinators function with customers to assess, plan, link, monitor, and advocate for their needs in order to increase opportunities for recovery from SUD and for self-sufficiency. The SRCC also works toward reducing the number of children that are removed from the home and increasing the number of children that can be returned home as result of the TANF recipient-overcoming their issues with substance use. The TANF SRCC services have been in operation since 2001. Economic and Employment Services (EES) provides KDADS/BHS with \$1,408,000 each year to operationalize and monitor this program.

3rd and Sequential DUI Treatment Program

KDADS/BHS provides care coordination services to offenders convicted of 3 or more DUIs under the provisions as set in K.S.A. 8-1567. Each offender, upon release from incarceration, is mandated to participate, for one year, in this care coordination service delivered in partnership with the Kansas Department of Corrections (KDOC), Community Corrections, and Court Services. Each offender receives a comprehensive SUD assessment, is provided with recovery services that include care coordination, treatment as indicated, recovery coaching, case management, and accountability monitoring. The parole services officers and the probations services officers and a network of treatment providers work with the KDADS/BHS Contractor (RADACs) to implement this program. KDADS/BHS receives funding through a % of State fee funds as designated under statute to provide administration of this program. KDOC provides funding through a % of State fee funds as designated under statute for the treatment services reimbursement to KDADS/BHS. Approximately 600 offenders receive services each year through this program.

Public SUD, Prevention and Problem Gambling, DUI, and Solutions TANF	FY 2013
State Funds	\$7,998,514
Federal Funds	\$13,204,958
All Funds	\$21,203,472
SUD Prevention	\$3,649,907
SUD Treatment	\$11,648,885
DUI Treatment	\$650,000
Problem Gambling Treatment/Programs	\$740,000
Women & Children Treatment	\$3,106,680
Case Management Services/Administration	\$1,408,000
Total	\$21,203,472

Planning and Program Improvement Efforts

In 2007, the Hospital and Home Initiative began as result of a legislative directive. The Hospital and Home Team was charged with providing advice and direction in developing a plan that identifies the necessary components of a comprehensive array of mental health services including inpatient treatment. The Hospital & Home Team is made up of a cross section of consumers, family members, advocates, public mental health and substance abuse providers, academia, and state hospital staff. The Hospital & Home Team's planning efforts are coordinated with the Governor's Behavioral Health Services Planning Council (GBHSPC). The original Hospital & Home Team chartered smaller Work Teams to develop recommendations in the following areas:

- Screening, Assessment, and Discharge from Inpatient Services
- Crisis Services
- Access to Supports and Services

Numerous recommended action steps that will improve recovery for persons with mental illness emerged from this process and are referenced in this report. KDADS took the lead in implementing these seven priority action steps:

- Decrease the Frequency of Readmissions to Inpatient Facilities;
- Develop and implement a plan for expanding evidence based practices (EBP) statewide;
- Support local entities in expanding the availability of safe, decent, affordable housing for persons with disabilities (referred to as "Creating Homes for Kansans");
- Establish a new Vision for NF/MHs;
- Increase gainful employment for persons with a severe and persistent mental illness;
- Assess the extent to which Crisis Services, as defined by the Crisis Services Work Team, are provided in Kansas; and
- Ensure there are post discharge services available for persons with multiple complex needs once they have successfully completed inpatient mental health treatment.