

FINDING A SOLUTION, TOGETHER.

**MENTAL HEALTH &
SUBSTANCE ABUSE COALITION
2022 POLICY PRIORITIES**



— Mental Health and —
Substance Abuse Coalition

ABOUT THE COALITION

The Mental Health & Substance Abuse Coalition is a collection of passionate partners who want a better future for the community.

Vision Create a community where people in crisis find a place of hope and a path to health.

Mission Develop a sustainable, accessible and integrated system of care that serves people with mental health and substance abuse disorders who are in crisis, in order to efficiently and effectively deliver services that create positive outcomes.

COALITION GOALS



ACCESS TO CARE:

To reduce barriers so patients can get to services they need when they need them.



COORDINATION, COMMUNICATION, COLLABORATION:

To create a system of care that relies on improved communication, coordination and collaboration among service providers.



WORKFORCE:

To have enough employees to meet demand in mental health, substance abuse, social work and other behavioral health professions.

CONTACT

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2022 POLICY PRIORITIES

Request:

Address workforce shortage in behavioral health professions



- Expand the use of SPARK money to retain behavioral health professionals
- Develop a loan repayment program for BH professionals
- Develop a tax credit program for BH professionals
- Institute in state tuition for students who study behavioral health and practice in Kansas

What

The shortage of qualified behavioral health professionals in the Wichita area is at a crisis. COMCARE, our local Community Mental Health Center currently has over 200 openings with over 150 of those being provider positions. Ascension Via Christi hospital is currently down 30% of the behavioral health social workers that are needed.

Why

In the last few years, it has become more difficult to recruit and retain behavioral health (BH) professionals due to low pay, burnout due to high caseloads and staffing shortages, people leaving to go into private practice, and violence. Recently, four BH professionals left COMCARE and moved to Oklahoma due to higher pay in the state where Medicaid expansion funds higher wages. On a weekly basis, BH staff at our local hospitals are physically assaulted. The lack of BH professionals is also a pipeline issue that is not easily resolved. There needs to be incentives in place that encourages those who are interested in pursuing a career in behavioral health and make it a viable career field for them and their families.

Request:

Increase the Medicaid rate for all in-patient and out-patient behavioral health services by 10%

What

Providers have had the same reimbursement rates since 2008. The cost to provide services has increased 20%. In 2020, Kansas Legislature approved a 2 to 2.5% increase. Due to the pandemic, that was stricken from the budget. The Association of CMHCs of Kansas, Inc. estimates the cost for a 10% increase would be \$22,500,000 to \$25,000,000 for the State of Kansas.

Why

Providers need to be able to recover the cost of providing services. With many reimbursement rates not changing for 13 years, providers are the ones covering the additional cost. Providers also have a workforce shortage because they CANNOT provide decent wages at the 2008 reimbursement rate. Fewer providers mean less access to care at a higher cost to emergency services. The 2018 High Utilizers Study conducted for Sedgwick County and the City of Wichita by the Public Policy and Management Center found:

- 519 high utilizer patients received almost \$56 million in care
- Almost \$17 million (30%) was funded through public and uncompensated care assistance

Who

A parent of a child in COMCARE services: *"My child is so upset that her therapist is leaving - she is the first person my child has connected with and now we have to start over."* This is a daily reality at Community Mental Health Centers (CMHC) as reimbursement rates are so low it is difficult to recruit and retain staff. CMHC's are at a severe disadvantage as are many nonprofit providers as we cannot pay market value for these positions resulting in turnover and continuity of care issues for patients and their families.

Request: Fully Fund 988 – Support HB2281

What

- Full fee of \$0.50 per phone line per month. An average cost of \$24 a year for the average family with four telephone lines.
- Fully fund all crisis call centers and all services along the comprehensive crisis continuum (e.g. crisis stabilization centers, crisis residential services and mobile response teams)

In July of 2022, 988 will become the national three-digit number for those who are having a mental health crisis. It will replace the current National Suicide Prevention Lifeline and expand its purpose to include a continuum of crisis services that include 24/7 call centers that answer 988 calls locally (someone to talk to), mobile response teams (someone to respond) and crisis stabilization programs (somewhere to go). To offer personalized service, it is important that the National 988 line be operated by local supports. If we are not able to offer services to manage calls, the callers will be directed to speak with a national representative that will not have the personal knowledge of our local area.

Why

These services would help mitigate the tragic suicide deaths, negative contacts with law enforcement and homelessness and help reduce the number of expensive revolving door solutions of ER visits, arrests, and incarceration. Between 2015 and 2020, one in four fatal police shootings involved a person with a mental illness. (NAMI.2021). In the Sedgwick County Jail, approximately 70% of all inmates have a substance use disorder and 35% have a diagnosed mental illness.

Request: Fully fund established crisis stabilization centers

What

Crisis stabilization centers were initially funded by the State as part of a state-wide plan for continuum of care for people in crisis. However, funding to support crisis centers, like COMCARE, has not kept up with demand. Our request is to add \$1.5 million for the crisis stabilization center in Wichita. Our request is that of the additional statewide funds of \$9.5 million, that \$1.5 million be utilized for the Sedgwick County crisis stabilization center in Wichita. This amount is being requested based upon the service volume and length of operation.

Why

Crisis Stabilization Centers, like COMCARE, provide a service that no other entity does. Centers provide an alternative to hospitalization and law enforcement involvement at a lower cost with better outcomes. If crisis centers are not supported by the State, that burden falls solely on local communities, putting the stability of the State Safety Net program at risk.

Who

A client from COMCARE provides insight to the impact on his life: *“I came in contact with a Wichita police officer who saw that I was in trouble and he took me to the crisis unit. After a couple of days, they sent me to COMCARE and I was basically watched 24 hours a day. It was a lifesaver for me quite frankly. They diagnosed deep depression and anxiety and taught me how to recognize when I was getting into a problem area. Literally they saved my life. I now have a job and housing.” - Rusty*

Request: Develop and implement long and short-term solutions to ease the wait times for state hospital beds

A: Long Term

Build a regional hospital in the Wichita area to include:

- 25 Involuntary Beds
- 10 Competency Beds
- 15 Restoration Beds

B: Build a Resource Center

C: Short Term

Provide solutions to ease the wait times for state hospital beds.

- Fund state mobile units
- Provide state staffing that would complete competency evaluations inside of the Sedgwick County jail. (Office space would be provided.)

What

In October 2021, the Sedgwick County Jail had 27 inmates awaiting transport to Larned State Hospital for competency evaluations with an average wait time of 146.4 days and the longest wait time of 327 days.

Why

Building a regional hospital in the Wichita area would help this region of the state manage the flow of patients in and out of the facility and expedite competency evaluations and restoration efforts so inmates could move quickly through the criminal justice system. This solution would also eliminate long travel times reducing costs and providing a safer alternative for both the inmate and those transporting them.

Another long-term solution that is needed in Wichita, is a one-stop resource center. This would allow providers to have a presence, at the minimum, during initial contact with those needing assistance in a variety of service-related areas. These services would include, but not limited to, case management, medical care, mental health treatment, housing, addiction treatment, legal services, employment and job training.

The short-term solutions would assist in the interim to ease wait times at Larned State Hospital and move people through the criminal justice system more quickly.

Request: Approve Medicaid expansion or fund the gap

What

Currently, there are 165,000 Kansans who fall in a coverage gap which would be covered either by funding the gap or Medicaid expansion. It would also strengthen our hospitals by mitigating uncompensated care and would support higher wages to help retain our valuable healthcare workers. Kansas is one of 12 states that has not expanded and all of the surrounding states have adopted Medicaid expansion.

Why

A Government Accountability Office analysis of Iowa, New York, Washington, and Virginia (states that expanded in 2014) found that 17% to 25% of enrollees covered by expansion had behavioral health diagnoses. In Sedgwick County, 28.9% of adults are uninsured, and 15,248 adults are potentially eligible for Medicaid, if expanded. Another reason to expand or fund the gap is that we are losing behavioral healthcare workers to surrounding states due to higher wages that Medicaid expansion has afforded.



Request: Continue telemedicine reimbursement rate at the in-person rate post-Pandemic

What

Due to COVID, telemedicine (phone and virtual) reimbursement rates have increased to the in-person rate. The request is to continue at the same reimbursement rate as face-to-face post-pandemic. As of now, it will end when the National Disaster Declaration ends. We request state leaders to lobby for the continuation of these reimbursement rates at the Federal level through our congressional delegation, SAMSHA, and Region 7 CMS Regional Administrators in Kansas City.

Why

Telemedicine helps address barriers such as transportation, social anxiety, childcare and time. A recent survey from Tridium found:

- 81% of providers began using telemedicine for the first time during the pandemic
- Patients' adherence to clinical recommendations improved 25%
- Adherence to psychiatric medications improved 16%
- Appointment attendance improved by 35%

Who

A client from DCCCA Women's Recovery/Options Adult explains the impact of having telemedicine services: *"I would just thank you for all your help, all your support during my recovery. I would like to continue the virtual sessions because I have no way to get from my job to my house and then clear out east to where a face-to-face would happen. There's no bus that runs out there. I have no other family. I just need to continue this like it's going now. I'm successfully staying sober clean. I'm staying with my sponsor. I'd go to Virtual Meetings online with my support group, I would just like for this to continue for many reasons but most of all it's helping me stay sober and clean."* - JL

Also Consider:

What

Recommendations from the State of Kansas Mental Health Taskforce and the Kansas Criminal Justice Reform Commission

CONTACT

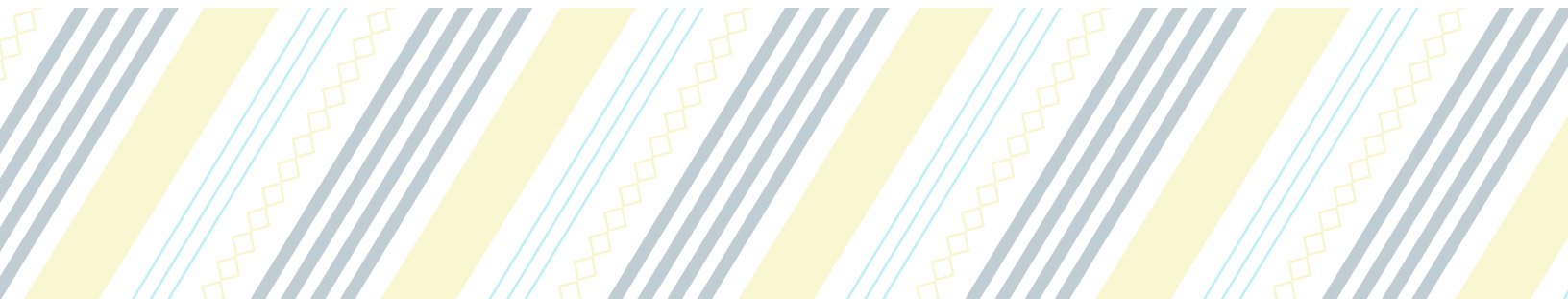
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WORKING TOGETHER

With an ambitious plan with those in need at its heart, the Mental Health & Substance Abuse Coalition seeks to create greater collaboration, helping all in the community to work smarter, while tirelessly pursuing their own organizational missions.

COALITION BOARD MEMBERS

- Terry Atwater, It Takes a Village, Inc.
- Marc Bennett, Office of the District Attorney 18th Judicial District
- Harold Casey, SACK, *Treasurer*
- Robyn Chadwick, Ascension Via Christi Hospital, *Secretary*
- Lacey Cruse, Board of County Commissioners
- Steve Dixon, P.B. Hoidale Co, Inc.
- Jeff Easter, Sedgwick County Sheriff's Office, *Chair*
- Monique Garcia, Kansas Health Foundation
- Todd Johnson, Wichita Crime Commission
- Richard Kerschen, The Law Company Inc.
- Maria Kury, USD 259
- Terri Moses, USD 259
- Chief Gordon Ramsay, Wichita Police Department
- Gary Schmitt, INTRUST Bank
- Deann Smith, UMOD
- Joan Tammany, COMCARE, *Vice Chair*
- Michelle Vann, Vanntastic Solutions





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