



Testimony to Senate Public Health and Welfare on Senate Bill 195

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Madam Chair and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with behavioral health needs.

The Association is supportive of legislation that allows for Medicaid coverage to be suspended, rather than terminated upon incarceration. The correlation between mental illness and crime is well known. It was not uncommon to hear a previous Sheriff of Johnson County talk about running the largest mental health facility in the state. From a national picture, this is a similar comment to what used to be said about the Cook County Jail in Illinois and the Los Angeles County Jail in California. The current Legislative Post Audit on Mental Health in Jails certainly will provide additional information along these lines.

Continuity of care for individuals suffering from mental illness is an extremely important issue, and nowhere is this issue more prevalent than with justice-involved individuals. When Medicaid coverage is terminated as opposed to suspended, it can take months for an individual to be reauthorized to receive Medicaid services upon release from incarceration. This break in access to needed mental health and addiction treatment is unnecessary, and ultimately creates a barrier for accessing healthcare in the community. Individuals with mental health and addiction treatment needs shouldn't have to face this barrier to access –it negatively impacts their health and wellbeing and it can also lead to re-arrest. Over thirty states allow for Medicaid to be suspended instead of terminated to ensure that incarcerated individuals can access necessary healthcare.

The evidence is striking for making this policy change. We already know that individuals with co-occurring mental illness and substance used disorders are over represented in the criminal justice system. In Monterey County, California, a study found that inmates from the county jail who received treatment for behavioral health disorders after release spent an average of 51.74 fewer days in jail per year than those who did not receive treatment.

We feel like this policy change would have a greater benefit if Kansas expands Medicaid, but even without it, we know that ensuring access to services upon release can achieve positive outcomes for our patients and their families.

The discussion of this requested policy change goes back over ten years, and we believe it is time to implement it. The Association appreciates this committee's review of this very important issue. Thank you for the opportunity to appear before the Committee today and I will stand for questions at the appropriate time.