



The nation's Heartland can be proud of Kansas' plucky spirit. In 2006, Kansas' mental health system received an F grade. Since then, the state seems to have acknowledged its challenges and begun building on its strengths, working to identify a clear path for the future. Three years later, however, much work still needs to be done. The state has achieved a D.

The Division of Disability and Behavioral Health Services (DDBHS) of the Kansas Department of Social and Rehabilitative Services (SRS) provides oversight of the community mental health system, including Kansas Health Solutions (the Medicaid-managed care program) and three state hospitals. Kansas contracts with 27 state- and county-funded and locally administered community mental health centers that serve 105 counties, many of which are rural or frontier.

SRS is to be commended for its collaborative Hospital and Home Initiative, which has brought diverse stakeholders to the table to identify best practices, needs, and barriers to care. It also makes recommendations for a comprehensive array of hospital and community services that promote wellness and recovery.

Kansas deserves praise for emphasizing development of safe and affordable housing options for people living with serious mental illnesses or co-occurring disorders. The state has expanded evidence-based practices (EBPs) and now has 16 supported employment programs—six more than in 2006—and a number of integrated dual diagnosis treatment programs. Further, Kansas is building on its support of consumer-run organizations by establishing certified peer specialists within community mental health centers and consumer liaisons to assist with state hospital discharge planning.

Kansas has historically provided excellent access to psychiatric medications—an important tool in the recovery of many people who live with serious mental illness. The state is also noted for nurturing a culture in which consumers and families feel valued and included as key partners in policy development.

Although Kansas is making important efforts to improve mental health services and supports, a growing shortage of psychiatric inpatient beds and community alternatives challenge the state. The Hospital and Home Initiative's priority recommendation is to address this gap by investing in community-based inpatient care and crisis services throughout the state.

Kansas is challenged by a pressing need for permanent supportive housing. In addition, transportation and

Innovations

- Peer-run and peer-provided supports
- Collaboration to develop housing
- Consumer/family partnership in policy development

Urgent Needs

- Community-based inpatient care
- Supportive housing
- Alternatives to incarceration
- Comprehensive parity legislation

Consumer and Family Comments

- *"I worked on an ACT Team in [another state] for over six years. I witnessed its value in keeping people out of the hospital and receiving the varying amount of support they needed over time. In my experience, no one I have dealt with in Kansas knows anything about it!"*
- *"My peer services are great. One of the things that has been most helpful is the Pathways to Recovery group at my CRO."*
- *"There has to be more funding available to provide the services. There are not enough beds or service providers and so we have a major problem. My son ends up being placed in jail to keep him and others safe. He does not belong in jail, but the services he needs are not available!"*

expansion of EBPs remain a concern. Kansas still lacks Assertive Community Treatment (ACT) for populations in need of highly intensive services. Although the state has taken steps to reduce criminalization of people living with mental illness through support of police Crisis Intervention Teams (CIT) in five communities, more action is needed to develop alternatives to incarceration.

Kansas is hampered by its lack of equitable coverage for mental health and substance use disorders in private insurance plans. In 2008, Congress passed a federal mental health insurance parity law that enjoyed wide support from the business, insurance, and mental health communities. Kansas should follow suit by extending parity to all residents covered by state-regulated health insurance plans.

Kansas' willingness to acknowledge weaknesses and work collaboratively to identify appropriate solutions is the kind of response to a report card grade that NAMI applauds. However, political will is needed to preserve the gains recently made and provide the funding necessary to implement the recommendations of the Hospital and Home Initiative.