**KMHC: Our History**

In April of 1982, there was a revolution in the mental health community of Kentucky. Representatives of nine mental health organizations formed the Kentucky Mental Health Coalition (KMHC) to support collaboration and to speak with one advocacy voice. In the 30 years since its inception, KMHC has grown to include 80 Consumer, Family, Advocacy and Provider organizations and many individual members.

**KMHC: Our Purpose**

To bring together the collective voices of consumers, family members, advocates and providers to educate the public, to engage policy makers and to increase the resources necessary to address the Commonwealth’s human service needs and to improve the mental health and well-being of all Kentuckians.

**KMHC: Our Legislative Advocacy**

2014: Provided testimony on the biennial budget, emphasizing the need for CMHCs to receive increased funding to help with their pension problems. An additional $19M was included in each year of the biennium to cover the cost of the last increase. Also, additional Medicaid waiver slots were funded. Worked with large number of stakeholders and Rep. Burch to craft HB 221 to provide additional services for outpatient treatment of those committed under KRS 202A. Unfortunately, legislation did not pass, nor did SB 85 to correct a problem with the Duty to Warn statute. HB 527 to allow CMHCs to provide primary medical care services did pass and will become law. An Advocacy Day was held with the 874K Coalition bringing nearly 800 consumers, family members, advocates and providers to the Rotunda Rally.

2013: Worked on legislation to address the retirement pension problem negatively affecting 13 of the 14 Community Mental Health Centers. 874K Coalition held one Advocacy Day in Frankfort, with nearly 900 consumers, family members, advocates and providers in attendance. Gov. Beshear and House Speaker Stumbo addressed the Rotunda Rally.

2012: Biennial budget included new funding for outpatient Medicaid substance abuse treatment and housing and employment supports for individual with severe mental illness. Advocated unsuccessfully for legislation to address managed care protections for Medicaid consumers; preclude the death penalty for individuals with severe mental illness; tax credits for hiring persons with disabilities; restoration of voting rights. 874K Coalition held three Advocacy Days and Rotunda Rallies during the session with a total attendance of 1,150 individuals.

2011: Passed legislation to expand Medicaid Technical Advisory Committees to include Behavioral Health, Developmental & Intellectual Disabilities and Children’s Health (HB 264). Advocated for protection of persons with severe mental illness from the death penalty; for tax credits when hiring persons with disabilities (did not pass). Advocated for preserving Medicaid from cuts (regular and special sessions). 874K Coalition hosted Gubernatorial Candidates’ Forum at advocacy event in Frankfort Convention Center attended by 1,200 participants.
2010: Worked to include additional funding for CMHCs in budget bill (did not pass). Autism treatment insurance mandate and recognition of new providers (HB 159); creation of new level of PRTF to bring children back to Kentucky for treatment (HB 231). Special Session: budget passed which included additional funding for CMHCs to defray cost of KERS increase. 874K Coalition held three Advocacy Days and Rotunda Rallies during the session with a total attendance of 1,000+.

2009: Budget passed which included 30-cent increase in cigarette excise tax. 874K Coalition hosted advocacy event with over 1,200 participants at Frankfort Convention Center.

2008: Passage of the anti-bullying bill after unsuccessful attempts over four sessions; worked to raise the cigarette excise tax and to increase funding for health and human services in the biennial budget (did not pass); legislation on problem gambling and disabilities employment made gains, but failed to pass. 874K Coalition hosted advocacy event with over 1,100 participants at Frankfort Convention Center.

2007: Addition of community-based psychiatrist to Medicaid Pharmacy & Therapeutics Advisory Committee (SB 69); infrastructure established to take Crisis Intervention Team (CIT) training statewide (SB 104); increased funding for additional social workers (Boni Bill); Medicaid coverage of smoking cessation for recipients (HB 127); anti-bullying bill and tax credits for disabilities employment (did not pass). 874K Coalition hosted Gubernatorial Candidates’ Forum at advocacy event in Frankfort Convention Center with 1,000 participants.

2006: Budget for MH/MR Boards (improved funding to Crisis Stabilization Units; additional CSU in Jefferson County). Advocated for tobacco excise tax increase; school nutrition legislation; anti-bullying bill; increasing employment opportunities for persons with disabilities (did not pass). 874K Coalition hosted advocacy event with over 1,000 participants at Convention Center.

2005: Budget for MH/MR Boards; anti-bullying bill (did not pass); Medicaid Buy-In (did not pass). 874K Coalition hosted advocacy event with over 850 participants at Convention Center.

2004: No budget was passed; introduced anti-bullying bill (did not pass); repeal of Juvenile death penalty (did not pass); protection of MH/SA parity in health insurance legislation. 874K Coalition hosted advocacy event with over 800 participants at Frankfort Convention Center.

2003: Budget for MH/MR Boards (successfully opposed further budget cuts); Advance Directive for Mental Health Treatment (HB 99); Extension of HB 843 Strategic Planning for Mental Illness, Substance Abuse Disorders and Dual Diagnoses (HB 194); Medicaid Buy-In (unsuccessful attempt to pass study legislation); Tobacco Excise Tax increase (did not pass); Adult Foster Care provisions. 874K Coalition hosted Gubernatorial Candidates’ Forum at Advocacy Event in the Frankfort Convention Center with 900 attendees.

2002: Budget for MH/MR Boards (Adoption of Governor’s Spending Plan); Medicaid formulary and prior authorization; Tobacco Excise Tax increase (did not pass); Medicaid waiver program for Autism. 874K Coalition hosted advocacy event with over 1,000 participants at Frankfort Convention Center.

2000: Mental Health Parity (Passage of HB 268); Strategic Planning for Mental Health & Substance Abuse (Unanimous passage of HB 843); Health Care Reform (unsuccessful defense against high risk pool); Health Insurance Reform (SB 273, HB 391 establishing prompt payment; external review; regulation of MBHOs; AWP extended to mental health plans); Involuntary Commitment (defeated 2 bills); Budget for MH/MR Boards; Governor’s Early Childhood Initiative (passed).

1998: Health Care Reform (defeat of high risk pool; structuring and passage of HB 315 to establish patient protections for Kentuckians covered by private insurance plans); K-CHIP authorization; Medicaid Formulary; Insurance Reform (Women’s Health Act, Autism); Budget for MH/MR Boards; Medicaid Managed Care.

1997: Health Care Reform (defeat of SB 1, high risk pool)

1996: Health Care Reform (defeat of high risk pool; structuring and passage of SB 343); Insurance Reform; Juvenile Justice; Domestic Violence and Child Abuse legislative package; Budget for MH/MR Boards; prohibition of death penalty for the mentally retarded.

1994: Health Care Reform (HB 250); Health Insurance Reform (Insurance Reimbursement for Psychologists and Social Workers); Budget for MH/MR Boards

1993: Special Session: Health Care and Health Insurance Reform

1992: Budget for MH/MR Boards

1990: Psychotherapist Liability (Duty to Warn) Legislation; Budget for MH/MR Boards

1988: Budget for MH/MR Boards

1986: Monitored implementation of Mandatory Mental Health Parity Insurance Offering passed in 1984

1984: Mandatory Offering by Insurers of Rider to cover Mental Health Parity benefit