KANSAS MENTAL HEALTH COALITION

.....Speaking with one voice to meet the critical needs of people with mental illness

Adult Psychiatric Inpatient Services: Stemming a Crisis

Position: The Kansas Legislature should support and fund high-quality psychiatric inpatient services to meet the needs of all Kansans who require this care. Specifically, the Legislature should: 1) Provide necessary funding and support to replicate throughout the state the crisis stabilization services established recently at the former Rainbow Mental Health Facility serving Wyandotte and Johnson Counties; 2) Provide for the establishment of public/private partnerships for local psychiatric inpatient beds to alleviate the growing demand for state psychiatric hospital beds, and allow many who need inpatient care to be treated close to home.

The problem: The state's psychiatric inpatient system is at the breaking point. Simply put, it

does not have the capacity to meet the demand placed on it to serve the large numbers of Kansans who experience mental health crises every day. The majority of time throughout 2014 the state hospitals operated above their capacity. In July, the census at Osawatomie State Hospital reached an all time high of nearly 50 patients over capacity. Larned State Hospital was over capacity 92% of the time for the year. This chronic

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overcrowding raises significant concerns about both quality of care and accessibility.

Why this matters: Kansans who experience a mental health crisis need the care and treatment required to help stabilize them and allow them to return to the community. Of those who use our state hospitals, more than 70 percent do not have Medicaid or other forms of reimbursement, limiting their access to private hospital beds. All this underscores the need to support a state mental health hospital system as a safety net for those who experience a mental health crisis. Without that safety net, many of these individuals will become involved with law enforcement or be seen in emergency rooms, shifting the cost to other systems.

The bottom line: Kansas must develop a long-term strategic plan to guide the future of its psychiatric inpatient services, and to address the longstanding overcrowding issue. Such a strategic plan should address: (1) The role, size, and scope of our 2 state hospitals; (2) A plan for developing locally accessible crisis stabilization services throughout the state; and (3) How best to integrate state hospitals and crisis stabilization services with community based (CMHC) treatment systems to provide a seamless system of services for consumers.

Need more information? Drill deeper into this issue on the back of this page.

The rest of the story about psychiatric inpatient needs and the development of community based crisis stabilization services

The system: The Department for Aging & Disability Services (KDADS) operates two mental health hospitals: Osawatomie State Hospital (OSH) and Larned State Hospital (LSH). Together, these hospitals have approximately 300 beds. Over the last decade admissions to both hospitals have risen consistently, while at the same time the state's SGF investment in community-based care has decreased by nearly \$15 million annually.

Some history: In the 1950s, Kansas had more than 5,000 state hospital beds. Today, 94% of those beds no longer exist. This dramatic reduction in beds reflects a change in public mental health services from offering care and treatment through long-term institutionalization to providing care in the community with a goal of helping individuals live independent and fulfilling lives. Despite this shift, hospitals remain a critical part of the public mental health system. They not only help stabilize people experiencing a mental health crisis, but relieve the burden placed on local criminal justice systems, hospital emergency rooms, and other public safety agencies.

Development of Local, Accessible, Crisis Stabilization Services Statewide: In April, 2014, KDADs implemented a contract with the Wyandot Center, in partnership with Johnson County Mental Health Center and the Heartland Regional Alcohol and Drug Assessment Center, which established the former Rainbow Mental Health Facility into a crisis stabilization center (Rainbow Services Inc., also known as RSI). This partnership effort includes a 24-hour intake, assessment, and triage service; crisis observation beds; a short term crisis stabilization unit; and substance abuse sobering and detoxification services. The facility has capacity to serve up to 30 people in a 24-hour period, including 10 crisis stabilization beds for short-term stays. It also includes a strong focus on connecting individuals to community services and avoiding admissions to Osawatomie State Hospital.

RSI provides a model for replication across the state of crisis stabilization services, which could and should be available to all Kansas residents. Since opening in April, 2014, admissions to Osawatomie State Hospital from Wyandotte and Johnson Counties have been reduced by 40% compared to the same time period in the previous year. Clearly, implementation of such a service statewide would have a dramatic impact on state hospital use, and allow hundreds of people to be served locally in their home community.