

# KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

---

Testimony presented to the House Social Services Budget Committee  
Re: Osawatomie and Larned State Mental Health Hospitals

*Amy A. Campbell – February 10, 2022*

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition. The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, pharmaceutical companies and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year.

## **The Coalition supports the Governor’s Budget Recommendations for the State Mental Health Hospitals, including:**

1. Salary increases for direct care staff that were approved and self-funded for FY 22 and cost \$1.1 million SGF (OSH) and \$349,922 SGF (LSH) for FY 23. We must provide competitive wages to recruit and retain employees at our state hospitals. Excessive overtime and understaffing create unsafe environments for employees and patients, in addition to worsening staff turnover and jeopardizing treatment quality.
2. Add 36 FTE and \$1.4 m salaries to staff the new unit being opened to accommodate voluntary and involuntary admissions as part of the OSH remodeling and expansion project to end the moratorium on admissions that has been in place since 2015. The remodel project at Osawatomie was delayed by the pandemic, but is now underway to provide needed additional inpatient beds and create a safer and healthier therapeutic environment for patients. These improvements, along with increased salaries, should improve our ability to recruit and retain staff.
3. Add 5 FTE and \$993,018 SGF to create a Social Detox Program at OSH. Addressing the medical needs of the individuals admitted to the hospital will improve health outcomes and provide more effective treatment. This is critical for individuals subjected to involuntary commitment for care and treatment as they are likely to cause harm to self or others if not immediately detained.
4. Supplemental funding for the food service contract, phone system, ligature resistant furniture and safety and security officer positions and salaries at Larned State Hospital. It is important to fully fund the programs, providing a safe environment for patients and employees, and avoid the risks of failing future certification inspections.

**Parsons State Hospital and Training Center** - Additionally, we encourage the Legislature to fully fund the crisis Behavioral Crisis Stabilization Unit at Parsons State Hospital and Training Center. The unit will provide placement and treatment for individuals with intellectual disabilities experiencing an acute behavioral or psychiatric crisis and may temporarily prohibit them from living safely in their community setting. The Unit will provide intensive behavioral assessment and interventions coupled with medication evaluations. It will create a resource with specialized expertise that has long been needed to properly care for individuals with these critical needs.

**Competency Evaluation and Restoration** – Larned State Hospital provides competency evaluation and restoration for defendants requiring such services. Due to a lack of staffing, a significant number of beds

are currently out of service. The staffing issue, the pandemic, and increased demand have led to very long waiting times. This often means that individuals wait for months in jail. It is unjust and a significant burden on jails and law enforcement. The Mental Health Modernization and Reform Committee recommended a pilot program to contract community mental health centers and others to provide mobile competency evaluations and perhaps community-based restoration.

### **The Moratorium on Admissions at Kansas State Hospitals: A Crisis for Communities**

The state's psychiatric inpatient system is broken. Simply put, it does not have the capacity to meet the current demand to serve Kansans who need inpatient treatment.

Osawatomie State Hospital lost its CMS certification for the majority of the hospital which means that most of the beds are not eligible for Medicare or private insurance reimbursement. As a result, only the Adair Acute Care Hospital is CMS certified.

In 2020, a moratorium was issued for Larned State Hospital in order to implement COVID-19 safety protocols. The moratorium at Osawatomie was created in 2015 and has been a huge burden to community hospitals and law enforcement, as well as families and individuals needing care.

KMHC supports the Special Committee on Mental Health Modernization and Reform recommendations to boost inpatient options in Kansas by adding beds to the system. The 2019 Mental Health Task Force Report includes the bed capacity study ordered by the Legislature that confirms the need for hundreds of additional beds in order to meet the need in Kansas – this number can be mitigated by continued system investments providing for alternative interventions and more effective community treatment options.

**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 and community crisis services, most 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. Whether public or private, underfunded inpatient facilities are not safe for patients or staff and they do not produce lasting recovery for patients, so we cannot reallocate hospital funding without jeopardizing lives.

The moratorium on admissions means that people who are in crisis and at risk of harming themselves or others must wait for needed treatment. There are no voluntary admissions under the moratorium, so every case must go through the legal process for involuntary commitment. Kansas law enforcement organizations and community hospitals identify the moratorium at Osawatomie State Hospital as a crisis. And now, they report that dozens of individuals who have been involuntarily committed are being rejected by the state hospital due to their diagnosis or unrelated medical conditions. If our state hospitals cannot serve these individuals, we must provide a resource that can.

Those who are involuntarily committed must wait for bed space to open up for their admission. Individuals are held in a variety of settings – placing community providers and law enforcement in the position of attempting to protect and care for them in surroundings that are not built for such situations. Local law enforcement officials confirm that under these circumstances, they have made the difficult decision to walk away from some cases where interventions might have been best, but simply can't be managed if it will require taking officers off the street.

The lack of capacity in community based mental health services and in the state hospital system exacerbates the mental health crisis of the individual through increased use of criminal charges for minor offenses to resolve immediate problems of disorder. This results in citizens being incarcerated that could

be better served by mental health services. Incarceration in these situations needlessly harms the person's ability to function in the community and places them in a setting where they are, at best, receiving minimal mental health services with diminished probability of stabilization.

### **KMHC Consensus Recommendations for Inpatient Hospital Treatment**

- 1) **End the moratorium by immediately increasing inpatient psychiatric capacity for voluntary and involuntary admissions as recommended by the Mental Health Task Force Report (36-60 beds within 24 months) and investing in the current state hospitals. The Kansas Legislature should support and fund high-quality psychiatric inpatient services to meet the needs of all Kansans who require this care including voluntary and involuntary admissions.** Beds must be restored to end the moratorium that has placed Kansans in a psychiatric crisis on a waiting list since June 2015.
- 2) **Invest in the current state hospitals.** Stabilize staffing at state hospitals by eliminating shrinkage, updating market analyses for wages, and ensuring sufficient FTEs for quality treatment and the number of licensed beds. The current state hospitals are the safety net of our mental health system and must be continually supported with the necessary supplemental funding to replace lost federal funding, salaries and wages to stabilize staffing, training investments to build our workforce – including licensed mental health technician education, and building improvements whether new or remodeled to restore CMS certification.
- 3) **Fund Regional Crisis Stabilization Locations and fund them into the future.** Develop community crisis locations in regions across the state including co-located substance use disorder (SUD) services with sustainable funding. The percentage of uninsured served within more intensive community treatment programs means that these programs struggle for sustainability. The positive outcomes of these programs are well documented but they will not survive on Medicaid and insurance reimbursements alone.
- 4) **The Crisis Intervention Act.** Open Crisis Intervention facilities that can be certified for short term commitment and stabilization require new rules and regulations as well as specialized staffing and funding. The Act was passed in 2017 and funding is included in the budget for KDADS this session. These resources can provide crisis intervention up to 72 hours.
- 5) **Provide for continued public/private partnerships for local psychiatric inpatient beds to alleviate the growing demand for state psychiatric hospital beds.** The State Institution Alternative contracts provide the state with options to alleviate waiting lists while offering quality care to patients in accredited facilities. Unfortunately, these private hospitals must face multiple challenges: including increasingly expensive demands for accreditation, including ligature proof remodeling, as well as workforce and third-party reimbursement challenges. It is very possible that we could see access to private facilities reduced.

Thank you for the opportunity to speak to you today. Please feel free to contact me at any time to discuss these issues further.

Amy A. Campbell, Kansas Mental Health Coalition, PO Box 4744, Topeka, KS 66604 785-969-1617