

# KANSAS MENTAL HEALTH COALITION

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

## Expand Kansas Psychiatric Inpatient Capacity

**Position:** Kansas must expand Kansas Psychiatric Inpatient capacity to serve individuals who need the highest level of acute treatment, especially when individuals are in crisis.

**The Problem:** 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 Centers for Medicare & Medicaid Services (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. Private employment contracts are costing the state \$20 million to \$40 million to maintain necessary staffing.

**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.

Those who are involuntarily committed must wait for a bed to become available, which forces community providers and law enforcement 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.

Kansas is supplementing its lack of state mental health hospital beds by contracting for beds with community hospitals and private psychiatric hospitals in the State Institutions Alternatives contracts – a public/private partnership that the Coalition wholeheartedly endorses. However, we must keep an eye on our overall capacity and do what it takes to enact the recommendations of the Special Committee on Mental Health Modernization and Reform and the 2019 Mental Health Task Force to increase capacity to care for these Kansans at one of the most vulnerable times in their lives.

**The bottom line:** Kansas is supplementing its lack of state mental health hospital beds by contracting for beds with community hospitals and private psychiatric hospitals in the State Institutions Alternatives contracts – a public/private partnership that the Coalition wholeheartedly endorses. KMHC supports increasing hospital capacity through multiple strategies carefully implemented to maximize safe and accredited treatment while also investing in workforce initiatives and supporting existing programs.

*See the back of this page for more information about psychiatric inpatient facilities.*

## The Rest of the Story

**KMHC supports the recommendation of the Special Committee on Mental Health Beds to add 50 beds in south central Kansas.** Our members do have concerns about the impact of a new facility on area providers with the current workforce shortage, so we encourage aggressive legislative initiatives to boost workforce and to stabilize existing programs in the area – through additional funding if necessary. If privately operated, the contracts must provide transparency to the public and the legislature and must include active oversight by the state for admission and discharges. Beds should be CMS certified to allow for federal and state oversight and funding.

We also support ongoing improvements, training and incentives for the many state hospital employees who continue to care for those in crisis who need hospitalization. We commend the state hospital superintendents, doctors, nurses and staff who provide this care, often in difficult circumstances.

**The crisis didn't happen overnight.** KMHC has been among only a few conferees to stand up to testify regarding state mental health hospitals for the past twenty years. The role of the state mental health hospitals in the continuum of care for behavioral health is crucial, and when they are in crisis – the impact is seen throughout our Kansas communities, law enforcement, hospitals and families.

The history of utilization of inpatient beds for mental health is well known. When community based mental health reform swept the nation– bringing improved community-based treatment to millions of people – states rushed to close institutions, and the federal government restructured its funding programs to disincentivize inpatient care.

Advocates agree that this reform went too far, and (like many other states) did not reinvest the millions of dollars in savings from closing institutional beds to build a resilient mid-level or intensive community-based treatment system.

**There has been a detrimental decrease in state mental health hospital beds.** In 1975, Kansas reported an average census of 1311 state mental health hospital beds, ten years later it was just under 1200. See attached page 17 from the 1985 Report on Mental Health and Mental Retardation from the Kansas Department of Social and Rehabilitation Services.

Also attached is a chart reporting adult mental health inpatient beds in Kansas for December 2018 from the 2019 Mental Health Task Force Report. This chart reports 256 adult state mental health hospital beds. *(These exclude security unit, sexual predator treatment program, and SPTP transition.)*

The current Governor's Budget Report currently shows that OSH has 128 beds and LSH has 72 beds. That is a total of only 200 publicly available state mental health hospital beds for adults. *These numbers exclude the security unit, sexual predator treatment program, and SPTP transition.* Kansas is supplementing its lack of state mental health hospital beds by contracting for beds with community hospitals and private psychiatric hospitals in the State Institutions Alternatives contracts – a public/private partnership that the Coalition wholeheartedly endorses. However, we must keep an eye on our overall capacity and do what it takes to enact the recommendations of the Special Committee on Mental Health Modernization and Reform and the 2019 Mental Health Task Force to increase capacity to care for these Kansans at one of the most vulnerable times in their lives.