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

January 30, 2024

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 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 re-invest the millions of dollars in savings from closing institutional beds to build a resilient mid-level or intensive community based treatment system.

State Mental Health Hospital Beds Numbers: 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 note that 2019 Mental Health Task Force Report included a chart reporting adult mental health inpatient beds in Kansas for December 2018. This chart reported 256 adult state mental health hospital beds. *(These exclude security unit, sexual predator treatment program, and SPTP transition.)*

The current Governors Budget Report numbers are: OSH 141 and LSH 72 for a total of publicly available adult state mental health hospital beds of 213 – a gain of 13 beds since last session. *These numbers exclude 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.

KMHC supports the current project as recommended by 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 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.

Recommendations

The Kansas Mental Health Coalition has been pleased to support a number of budget enhancements and modernization plans for the State Mental Health Hospitals in the past few years.

- We thank the Legislature and the Governor for the crucial salary increases for direct care staff. 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.

- Please support the supplemental funding of $20.7 million from the State General Fund for contracted nurses at Larned State Hospital and Osawatomie State Hospital as the hospitals continue to experience a shortfall in direct care staff. We understand the Governor will consider funding for contracted nursing services for FY 2025 at a later date as has been the pattern the past several years.

- Please support the full funding of requested salaries and wages, including the 24/7 pay plan. (KDADS Budget)

We hope to stand before you in the near future to support additional remodeling projects at Osawatomie to provide needed capacity and create a safer and healthier therapeutic environment for patients and staff. Remember – the state licensed portion of Osawatomie continues to operate as non-CMS certified beds and as such, those beds are ineligible for federal cost-sharing.

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. We have received periodic updates from KDADS regarding the pilot program to contract community mental health centers and others to provide mobile competency evaluations and perhaps community-based restoration. Thank you for supporting this initiative through new legislation and funding. The availability of these services is progressing. Expanding availability has been a very challenging project and we appreciate the work that is being done.

Attached please find the KMHC Consensus Recommendations for Inpatient Hospital Treatment.

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

KMHC Consensus Recommendations for Inpatient Hospital Treatment

Support MHMR and Mental Health Task Force Recommendations: 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.

1) **Increase inpatient psychiatric capacity for voluntary and involuntary admissions as recommended by the Mental Health Task Force Report 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.

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. There is designated funding for these services from the Lottery Vending Machines, but we have nearly reached the statutory cap. The Legislature should consider increasing that cap in order to fund additional crisis stabilization centers and fund the newly authorized Crisis Intervention Centers that will be able to care for short-term involuntary patients. 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.** The Crisis Intervention Act creates licensed facilities that can be certified for short term commitment and stabilization. The rules and regulations have recently been released for public input. 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.

AVERAGE RESIDENT POPULATION
STATE MENTAL HEALTH HOSPITALS

1975-1985

	75	76	77	78	79	80	81	82	83	84	85
LSH	539	460	(1) 393	427	414	400	427	436	(2) 404	421	(3) 452
OSH (4)	369	355	380	363	359	(5) 350	369	382	354	355	338
TSH	375	353	334	343	318	(6) 302	316	329	346	353	360
RMHF (7)	(8) 28	39	42	41	44	41	45	45	46	48	49
TOTAL	1311	1207	1149	1174	1135	1093	1157	1192	1150	1177	1199

(1) LSH initiated a policy of deinstitutionalization in the mid - 1970s to reduce its resident population.

(2) 30 residents transferred to Norton State Hospital in FY 82.

(3) 80 beds added to LSH/State Security Hospital by 1984 Legislature.

(4) OSH bed capacity decreased from 526 beds in FY 74 to 428 in FY 86. Reduction due to movement of professionals to wards, causing conversion of patient bedrooms to offices; installation of air conditioning vents, group activity rooms, and an examining room for senior citizen patients decreased living space; and new space standards requiring more floor space per patient bed further reduced patient/bed capacity.

(5) OSH Substance Abuse Program capacity reduced from 60 beds to 45 beds by legislative mandate.

(6) Reduced census at TSH in early 1980s due to fewer beds available during period of ward remodeling and removal of asbestos ceilings from patient wards.

(7) RMHF average resident population does not include the numbers of clients in the Partial Hospitalization Program, with a capacity for 20 participants. The average resident population for the Partial Hospitalization Program was 14 on September 3, 1985.

(8) RMHF started its inpatient program in January of 1984.