

# KANSAS MENTAL HEALTH COALITION

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

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Testimony presented to the Senate Public Health and Welfare Committee

*Amy A. Campbell – January 19, 2017*

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, non-profit and for-profit entities 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. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

## **The Kansas Mental Health Coalition supports expanding the medical student loan program and the medical residency bridging program to include psychiatry.**

The shortage of psychiatrists in Kansas, especially outside of urban areas, is well documented. While Kansas once benefited from being the home of many renowned psychiatric institutions, we have become less attractive for graduates of psychiatry, especially since the Menninger Clinic left Topeka for Houston in 2003. Many of the clinical professionals who elected to stay in Kansas have retired from practice. The challenge of employing clinical professionals affects hospitals, community mental health centers, nursing facilities, and many other community behavioral health care providers.

I also serve as a co-chair of the Adult Continuum of Care Task Force. This committee serves under the auspices of the Governor's Behavioral Health Council (GBHSPC) in an advisory role to the Secretary of the Kansas Department for Aging and Disability Services (KDADS). The ACC Task Force is working to develop specific plans for the implementation of the recommendations from the 2015 Adult Continuum of Care Committee Report.

That Report included the following: "It is this committee's unanimous assessment that the continuum in Kansas is insufficient to serve the needs of the population and makes it impossible for the state mental health hospitals to reduce capacity or pursue a more specialized role than as a broad safety net setting."

The Report highlights the challenges of our current behavioral health continuum of care and provides recommendations for improvement. Staffing and Workforce Development are identified as a key challenge and addressed on pages 24-26.

The 2015 Adult Continuum of Care Report recommends the following:

**Expand the availability of psychiatric residencies across Kansas, particularly in State Mental Health Hospitals. Provide incentives for newly trained psychiatrists to practice at the state hospitals such as scholarships, stipends, or student debt forgiveness, similar to what is offered for doctors who will practice medicine in rural settings. This should be done for CMHCS because they, too, have a severe shortage of prescribing physicians and in some areas, a great deal of turnover among prescribers.**

*Workforce Development – (from the 2015 ACC Report)*

*Current: Kansas experiences the same gaps in workforce as other states. They occur at every level of the behavioral health continuum, sometimes even when funding and reimbursement are available. Shortages are keenly felt in the rural and frontier regions, but qualified professionals can also be scarce in more populated areas. One example is Lawrence, where the inability to retain qualified psychiatrists contributed to the closure of the Lawrence Memorial Hospital 15 bed psychiatric unit in 2004. Community mental health centers are operating with as few as half the number of psychiatric care providers who are able to prescribe medications and monitor patients. The State Mental Health Hospitals have numerous open staffing positions, sometimes leading to unacceptable levels of overtime and strain on the current workforce.*

*Gaps / Barriers: Shortages of qualified workers, recruitment and retention of staff and an aging workforce and the lack of workers in rural/frontier areas are a significant problem. What are the reasons? Inadequate compensation, minimal behavioral health treatment training within nursing and medical programs, and the misperceptions and prejudice surrounding mental and substance use disorders are deterrents to new professionals entering the field. The workforce shortage itself can make employment unpleasant, with excessive demands placed on those who are working in the field today. Additionally, individual caseloads have increased in nearly every setting. This shortage has an impact on both access and quality of care.*

*Information excerpted from the SAMHSA Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues from January 24, 2013 linked here:*

*<http://store.samhsa.gov/shin/content//PEP13-RTC-BHWORK/PEP13-RTC-BHWORK.pdf>*

*The Institute of Medicine (IOM; 2006) chronicles efforts beginning as early as the 1970s that attempt to deal with some of the workforce issues regarding mental and substance use disorders, but notes that most have not been sustained long enough or been comprehensive enough to remedy the problems. Shortages of qualified workers, recruitment and retention of staff and an aging workforce have long been cited as problems. Lack of workers in rural/frontier areas and the need for a workforce more reflective of the racial and ethnic composition of the U.S. population create additional barriers to accessing care for many. Recruitment and retention efforts are hampered by inadequate compensation, which discourages many from entering or remaining in the field. In addition, the misperceptions and prejudice surrounding mental and substance use disorders and those who experience them are imputed to those who work in the field.*

### **Please adopt Senate Bill 32.**

Many of you are aware that Kansans ability to access behavioral health care is inconsistent across the state. The Osawatomie State Hospital moratorium on admissions, the four percent Medicaid reimbursement cut and other policy changes have strained our system's capacity to provide needed care. In the midst of this gloomy picture, the Secretary of the Kansas Department on Aging and Disability Services and his staff are energetically pursuing CMS recertification for Osawatomie State Hospital and important improvements in training, staffing and treatment delivery at both state hospitals, but more capacity will have to be created before we can lift the moratorium, so individuals in crisis must wait.

There is still a lot of work to be done and we hope the 2017 Legislature will actively support multiple strategies to improve the State's ability to address overall behavioral health treatment delivery for Kansans. These efforts must go beyond the state hospitals and also address the needs at the community level. We hope that Senate Bill 32 can help to address one key piece of the puzzle, the training and retention of quality psychiatrists in Kansas.

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

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## **Executive Summary – 2015 Adult Continuum of Care Committee Report**

Kansas has identified the need to move beyond a mental health system that is stretched beyond its ability to provide the right care at the right time in the right place for Kansas citizens since 2006. The health and safety of our citizens, families and communities are at risk in a system where we must desperately seek alternative placements in order to avoid unacceptable hospital census numbers.

Recovery and independence are best achieved through an array of psychiatric and SUD services and supports that provide quality care, individual choice, and treatment options that are specific to the needs of the individual. As the public mental health system struggles to meet the critical needs of increasing numbers of Kansans, we must address the available continuum of care now rather than later.

Why do we need a continuum? Providing the right care in the right setting at the right time enhances patient care and improves health outcomes for Kansans. It assures the effective use of resources and promotes individual recovery. It is this committee's unanimous assessment that the continuum in Kansas is insufficient to serve the needs of the population and makes it impossible for the state mental health hospitals to reduce capacity or pursue a more specialized role than as a broad safety net setting. The 60 beds at Osawatomie State Hospital must come back into service as soon as the federally ordered renovations are complete.

While the current shortage of state mental health hospital beds has placed a significant strain on state hospitals, community hospitals, community mental health centers, and housing resources; it also presents an opportunity for Kansas to evaluate the strengths and weaknesses of our current adult continuum of care.

The committee endorses the report and recommendations of the Hospital and Home Core Team and asserts that the gaps in our continuum of care present a past, present and future barrier to achieving the Core Team goals for the state hospitals. One of those goals is for the state mental health hospitals to become more of a tertiary care hospital setting with a focus on treatment of chronic mental illness. The Hospital and Home Core Team also developed recommendations regarding screening and discharge processes. This committee did not attempt to repeat that work in the short time available, but hopes to build on that report with further recommendations focusing on the continuum.

To move our mental health system toward better health outcomes and the best chance of recovery for Kansans facing behavioral health issues, particularly chronic mental illness and chronic substance use disorders, we must bridge some of the gaps in our continuum of care. The State's innovation and investment in Rainbow Services Inc. (RSI) is an excellent step forward to strengthen at least one level of the continuum that has needed attention. The successes of RSI to date can be replicated in other communities if we can stimulate the partnerships and community support established there. But there is more work to be done to assure the sustainability of RSI, through funding, policy and statutory initiatives. The committee encourages the Department to lead those efforts and transfer lessons learned to invest in RSI model services in other Kansas communities.

In addition to recommending expansion of the RSI model to other communities, the committee recommends strategies to boost other levels of the continuum. When the continuum of care offers multiple levels of treatment addressing varied individual needs, such as those with chronic mental illness co-occurring with substance use disorders, developmental disabilities, and traumatic brain injuries, people are less likely to require referral to treatment at a state mental health hospital. Further, Kansas lacks appropriate treatment for transitional age youth, forensic, and geriatric populations, which are sometimes grouped together.

Within the body of this report, the committee has included a number of recommendations to strengthen the Adult Continuum of Care and recommends reconvening the committee periodically to monitor progress, revise the recommendations, and provide input regarding more specific circumstances.