

KANSAS MENTAL HEALTH COALITION

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

Testimony presented to the Special Committee on Mental Health Beds

Amy A. Campbell – October 26, 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 supported the Governor's FY 23 Budget Recommendations for the State Mental Health Hospitals, including:

1. \$15 million for expanding regional inpatient capacity. I was a member of the Legislative Mental Health Task Force that recommended regionally based inpatient beds and significant investment in crisis and community-based programs to reduce the hospitalization demand.
2. Expanded State Institution Alternative beds – the State must maximize its opportunities to partner with existing hospitals to increase inpatient capacity through this program. These contracts can assist existing hospitals to underwrite their own costs for certification and staffing and provide a crucial option for psychiatric treatment outside of the state institutions. These hospitals are also more likely to be eligible for some federal reimbursement under Medicaid if they do not fall under the IMD definition (institution of mental disease).
3. 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.
4. 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.
5. We also supported the legislation to create mobile competency evaluations through CMHC contracts to battle the very long waiting times that keep individuals waiting for months in jail. It is unjust and a significant burden on jails and law enforcement. The Mental Health Modernization and Reform Committee recommended the pilot program to contract community mental health centers and others to provide mobile competency evaluations and perhaps community-based restoration and we are eager to see if it is effective.

Issues Associated with Privatization of State Hospital Beds

The Kansas Mental Health Coalition has engaged conversations throughout the current mental health system about the proposals under consideration by this committee. We are very encouraged by the

multi-faceted planning that has taken place within the Sedgwick County Coalition. We ask that you keep in mind the following cautionary points:

- South central community providers and facilities are gripped in a dire competition for workforce – to the point that many are seriously worried that the new 50 bed facility could mean a loss of their own staff to the point that they would have to reduce the capacity of their own program.
- Workforce development programs will need time and investment to work.
- Adding 50 beds to south central Kansas is absolutely needed – but it will take a balanced plan to add capacity without incurring unintended harm to other area programs. We ask the Committee to consider investments into current partner programs to stabilize their capacity.
- We ask the Committee to consider investments into current partner programs to stabilize their capacity – including State Institution Alternative providers.
- The Kansas Mental Health Coalition provided testimony in 2017 in alignment with the Adult Continuum of Care Committee opposing privatization of Osawatomie State Hospital. There were many reasons for this, but most important was the experience of our peer states with a lack of transparency and quality care concerns.
- While we appreciate that the State of Kansas has had a rough experience operating state hospital beds – handing off the operations of a new hospital or hospital units to a private entity will not change the challenges of certification, staffing and quality management. Any community hospital operating psychiatric beds today can tell you their own horror stories of dealing with the increasing CMS certification requirements, hiring challenges, and the more challenging behaviors of patients. Therefore – a private contractor will not solve Kansas’s challenges simply by replacing the State's operational role.
- It requires a short web search to find the long lists of charges, investigations and violations incurred by privatized facilities as well as state operated facilities.
- Money can't solve every problem – but Kansas has only recently begun making the necessary investments in crisis stabilization, crisis intervention (still not operating), crisis response (brand new), and community-based treatment (CCBHCs) that will truly improve our continuum of care. We must stay the course and keep the full continuum in mind while pursuing additional beds. Recent experiences and failures should no longer be the baseline once these improvements are established – especially if we can be successful with workforce development initiatives.
- We are asking this committee to pursue a complex balanced plan to improve the area workforce challenges, stabilize and enhance the necessary community-based programs, and also expand hospital capacity.
- The timing of the added beds will be a sensitive issue – if we assume an RFP was to be issued in the next few months, the 50 beds might be operational in a year? A year and a half? Could we be ready?
- If that plan ultimately includes a privatized hospital in south central Kansas, we urge you to require active State control of admissions, discharges and quality care. The budget for these hospital beds should remain a part of the state hospitals budget and budgetary process, reviewed annually by the legislative budget committees.

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.

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