KANSAS MENTAL HEALTH COALITION

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

Testimony presented to the Legislative Budget Committee on State Mental Health Hospitals

Amy A. Campbell – September 12, 2012

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. 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 has consistently advocated for improvement of our State Mental Health Hospitals and strategic planning for our entire mental health system. The 2012 Consensus Priorities relating to the hospitals are attached to this testimony, along with our February 2012 Issue Paper.

2012 Legislative Action

The Coalition is pleased that the 2012 Kansas Legislature recognized – at least in part – the capacity crisis that threatens our State Mental Health Hospitals. The Legislature funded the following:

- $1.5 million to rehab Rainbow Mental Health Facility and re-open to full capacity at 50 beds from capital improvements fund. This is in addition to internal funding put forward by the Department of SRS to resolve fire code violations.
- $300,000, all from federal Medicaid Title XIX funds, for salaries and other operating expenditures for 14 additional beds associated with the renovation of the facility for FY 2013 at Rainbow Mental Health Facility, allowing it to reopen to its full capacity of 50 beds. *(Note: This re-opening has been delayed significantly, which will also have budget implications.)*
- $1,149,723, all from the State General Fund, and 20.0 FTE positions in FY 2012 for the bed expansion at Larned State Hospital to include 30 forensic beds in lieu of 30 beds for the Sexual Predator Treatment Program as recommended by the Governor (House - GBA). Adopted the funds, but not the FTEs.
- Concurred with Governor's Budget Amendment to add $1,933,378, all from the State General Fund, and 23.0 FTE positions for Lamed State Hospital for FY 2013. Concurred with GBA No. 4, Item 5 to delete 23.0 FTE positions from the Department of Social and Rehabilitation Services to be added to Lamed State Hospital.
- Approved salary enhancements to address the recruitment problems for important direct care staff positions at Larned State Hospital. This is a part of the agency's strategy to improve operations at Larned State Hospital and address serious deficiencies cited during the hospital's accreditation review last spring.

It was unfortunate that the Governors Budget recommendation captured early retirement savings from the already reduced mental health hospital staffing budget even as the census numbers continued to exceed capacity. It is time to acknowledge that the hospitals are in crisis, and sufficient funding should be a State priority.

Strategic Planning

This crisis is not new. As a result of the Kansas Mental Health Coalition and other advocates raising the alarm about reduced resources paired with increasing admissions, the 2007 Legislative Budget Committee ordered the Department SRS to convene a task force and to report to the Legislature the number of psychiatric beds needed in Kansas. The 2008 Senate Ways and Means Committee echoed that call. The number has never been determined. We are hopeful that this may change, as the current mental health director has indicated an interest. Effective strategic planning requires that we have a solid understanding of what the State's inpatient resources should look like. Then, we can

work toward increasing or reducing the numbers through the development of more community treatment options, crisis stabilization beds, housing initiatives, intensive case management, and improved strategies for treating co-occurring disorders.

The Department did convene a working group, called the Hospital to Home Project to look comprehensively at services needed by persons with mental illness to prevent hospitalization, and to insure effective transition post hospitalization. This group is also targeting areas of need within community treatment as they affect inpatient treatment and eventual success for individuals in the community. This group has produced a number of laudable recommendations and was recently reorganized to continue its work in the context of the Governor's Mental Health Services Planning Council. We are hopeful that there will be concrete recommendations for consideration as early as the 2013 Legislative Session.

The Coalition commends the focused efforts of SRS and now KDADS to address the staffing deficiencies at the state hospitals and to provide regular communication with our Coalition. We support the enhanced salaries of direct care staff. In recent years, the agencies have attempted to work through difficult budget conditions to prioritize the safety and health of the employees and patients at the State Mental Health Hospitals – absorbing many of the across the board budget reductions within other areas of the agency to protect the base budgets of the hospitals. When the fire safety issues emerged at Rainbow Mental Health Facility, Gary Haulmark reached out to community organizations and representatives, as well as mental health stakeholders, to create a solution.

However, the crisis at hand is serious. The accreditation of Larned State Hospital depends on improvements there, and LSH is not the only state hospital that has encountered difficulties during accreditation inspections. It was only a couple of years ago that Rainbow Mental Health Facility and Osawatomie State Hospital were also facing deficiencies.

Concerns:

Accreditation issues are serious. Meeting the Joint Commission's staffing requirements should be considered a minimum goal, with overall improvement of the quality of care as a priority.

Staffing is a continuing concern. The use of M.D.s, nursing staff, and mental health technicians should be reviewed. Please request a report including the breakdown of numbers of patients compared to numbers of direct care staff broken down by the level of credentialing over a period of five to ten years. This is not to suggest that we are using the wrong combination of staffing, but it would enhance the Hospital to Home task force's ability to evaluate the treatment provided at the hospitals.

Protect the hospitals' budgets. We know that the hospitals have been stressed. It is unreasonable to expect that a treatment facility that is over census 48% of the time can provide consistent quality care and a safe environment. Workers are stressed and forced to work overtime. Staff must spend a good deal of time addressing admissions and discharges, rather than focusing on treatment. Each Legislative Session, we must fight to protect the hospitals' budgets from across the board reductions. This year, the hospital budgets should be exempt from blanket cuts.

Consider the mental health hospital issues separately from other institutional programs. Each year, there is continued competition for resources from the Sexual Predator Treatment Program. The Legislature should address the obligations associated with the SPTP separately.

The privatization of the children's inpatient psychiatric beds has resulted in less focus on these programs. The Coalition endorsed privatization, and continues to encourage review of the program as a part of the overall array of services necessary for an effective mental health system and the role of public/private partnerships.

Mental health hospitals will continue to be a priority for the Kansas Mental Health Coalition. We are pleased to be a part of the Hospital to Home workgroup and look forward to communicating with you and the Kansas Department on Aging and Disability Services further regarding the needs of our hospitals.

Thank you for your kind attention to these comments.

For More Information, Contact:

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2012 CONSENSUS POLICY RECOMMENDATIONS – State Hospitals – February 2012

State Psychiatric Hospitals and SRS Hospital to Home Project

Osawatomie State Hospital (OSH), Larned State Hospital (LSH), and the Rainbow Mental Health Facility (RMHF)serve Kansans who present the most acute, challenging, and difficult to treat symptoms of mental illnesses. Their budgets have not kept pace with the need to address deteriorating physical plants, recruitment and retention of competent professional and direct care staff, the bed capacity to serve the mounting number and acuity of admissions, and the growing number of forensic patients. In early 2011 the system capacity was actually reduced further with the closure of 14 beds at the Rainbow Facility. As a result, the hospitals frequently exceed their licensed capacity and the emphasis has shifted from management of clinical outcomes to management of admissions and discharges. This is neither the most appropriate nor the most effective way to deliver inpatient treatment to the most acutely ill and difficult to treat people in the mental health system.

Five years ago the Kansas legislature recognized that, while planning the operation of the state psychiatric hospitals based upon operational crises and emergent budget issues may have temporarily fixed immediate problems, it also seriously eroded the physical and programmatic capacity of the hospitals to address the state's changing inpatient treatment needs. In 2007, SRS established a ***Hospital to Home Project*** tasked with determining what services are needed by persons with mental illnesses in order to prevent hospitalization and to insure effective and timely transition to community services post hospitalization. Although the Hospital to Home project provided many useful tactical recommendations for managing the mental health hospital and community interfaces, it did not deal with the strategic issues that should be the framework for planning the future of the state's psychiatric hospitals. A critical part of the project, assigned by the Legislature, was the development of a strategic plan for the future of the state's psychiatric hospitals. The development of such a strategic plan was never undertaken.

KMHC believes that:
The licensed and budgeted bed capacity of our state mental health hospitals is currently inadequate and must not be reduced any further. Additionally, funds should be immediately appropriated to re-open the 14 RMHF beds closed last year. Staffing for the 30 bed unit at Osawatomie must continue beyond FY 12. Any changes to the future mission, capacity, and operation of these facilities must be based upon a strategic plan that incorporates meaningful participation by all stakeholders. The Kansas Mental Health Coalition believes that it is imperative the Department for Aging and Disability Services undertake this strategic planning process at the earliest possible date.

Local Public/Private Partnerships to Create Psychiatric Inpatient Beds

Admissions to the state mental health hospitals have increased dramatically over the past decade, while the total number of beds in these facilities has declined. The most recent reduction, early in 2011, was the above referenced closure of 14 adult beds at the Rainbow Mental Health Facility. During this decade most of the community based psychiatric inpatient beds have also closed. Although the majority of Kansans who need psychiatric inpatient treatment come from the urban counties of Wyandot, Johnson, Sedgwick or Shawnee and are relatively close to a state hospital, people from rural areas of the state must travel great distances under very difficult conditions to receive inpatient treatment. Because of the distance, it is often impossible for rural families to maintain close contact while a loved one is being treated and this makes recovery more difficult. Additionally, at times of high bed utilization, all CMHCs, including those in urban areas, are periodically asked to defer admissions to the state hospitals, or send patients to a hospital other than the one assigned to their area.

KMHC believes that:
People who can be treated safely and effectively in a community general hospital or a private psychiatric hospital should have that option. Financially viable contracts with regional inpatient facilities should be funded to provide the inpatient psychiatric treatment necessary to eliminate the onerous distances rural people must travel for treatment, reduce isolation from family and community, and alleviate the shortage of psychiatric inpatient beds for people with serious mental illness. Such contracts should also accommodate the overflow situations which arise when state psychiatric hospitals are over capacity and cannot accept additional patients.

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Psychiatric Inpatient Needs: Stemming a Crisis

Position: The Legislature should appropriate $1.5 million to address safety issues at Rainbow Mental Health Facility and another $600,000 for operating expenses, allowing it to reopen to its full capacity of 50 beds; fund the $4 million to open an additional 30 beds at Osawatomie State Hospital; and provide additional funding for local private mental health inpatient hospital beds across Kansas, thus alleviating demand for SMHH beds.

The Problem: The state's psychiatric inpatient system is at the breaking point. Simply put, it does not have the capacity to meet the demand placed on it to serve the large numbers of Kansans who experience mental health crises every day. On two separate occasions in 2010, SRS took the unacceptable step of stopping voluntary admissions at its state hospitals. Frequently throughout 2011, the state hospitals operated at or above their capacity. Mental health providers and consumers have long been concerned about these capacity issues, but were especially alarmed last year when SRS announced it would close 14 beds at Rainbow Mental Health Facility. This problem was exacerbated later in the year when SRS was compelled to close the facility to address safety issues. As it stands, eight beds remain available at Rainbow to address short-term crises. Additionally, the contracts for private hospital beds at Via Christi and Prairie View to address overflow from our state hospitals are predicted to run out of money before the current fiscal year ends.

The state's mental health hospitals are at the breaking point. Simply put, they do not have the capacity to meet the demand placed on them.

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 whose crises send them to a state hospital, more than 70 percent do not have Medicaid or other forms of reimbursement. Because of this, these people do not have access to private hospital beds. Indeed, private psychiatric units in community hospitals have decreased from more than 30 units ten years ago to just 13 units today. The reason? These hospitals do not receive reimbursement for more than two to three days of treatment.

All this underscores the need to preserve the state's mental health hospital system as a safety net for those experiencing a mental health crisis. Without that safety net, the crises people experience can escalate and bring them in contact with law enforcement, contributing to the overcrowding of our jails and hospital emergency rooms.

The bottom line: Kansas must develop long term strategic planning in order to provide the right level of treatment to people at the right time and to address the overcrowding of its state hospitals. In the meantime, investing in our state's psychiatric inpatient system now will avoid even greater costs later.

Need more information? Drill deeper into this issue on the back of this page.

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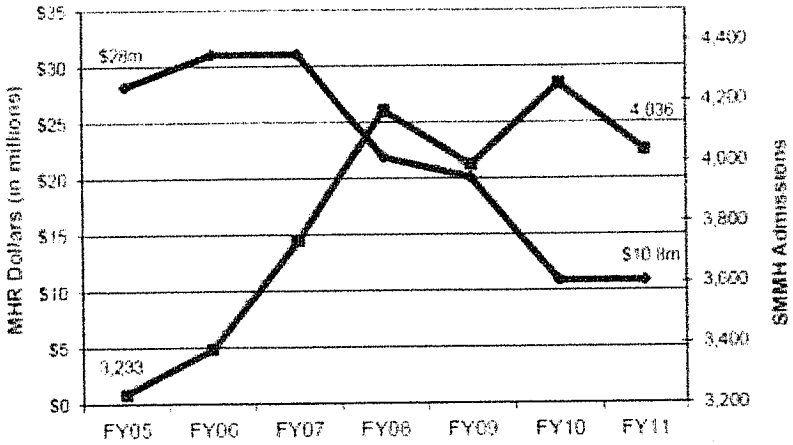
The rest of the story about psychiatric inpatient needs

The system: The Department of SRS operates three state mental health hospitals: Osawatomie State Hospital (OSH), Larned State Hospital (LSH) and Rainbow Mental Health Facility (RMHF). Together, these hospitals have approximately 350 beds. As the chart below demonstrates, the demand placed on these beds has risen at the same time that the state's investment in community-based care has decreased.



Some history: In the 1950s, Kansas had more than 5,000 state hospital beds. Today, that figure stands at less than a tenth of that peak. Not only has the number of beds decreased, but the nature of care the state hospitals provide has radically changed. No longer do the hospitals serve as long-term treatment facilities. Instead, they are structured to provide short term acute care. This reflects a change in philosophy about how to best serve people with mental illness. Rather than segregate people with serious mental illness, the public mental health system is now designed to provide care in the community. Its goal is to help these people live independent and fulfilling lives. But despite this shift in care, hospitals are still an important part of the public mental health system. They not only help stabilize people experiencing a mental health crisis, but also relieve the burden placed on local criminal justice systems that frequently come into contact with people experiencing a mental health crisis.

Children's Inpatient Needs: From time to time, children with a serious emotional disturbance (SED) require more intensive treatment than provided through community-based treatment programs. For this reason, Kansas contracts with KVC Prairie Ridge Psychiatric Hospital in Kansas City and the KVC Wheatland Psychiatric Hospital in Hays to provide inpatient treatment for children. Additionally, the Kansas Medicaid mental health program provides for care at private psychiatric residential treatment facilities (PRTFs). In 2011, SRS directed the Medicaid program to reduce utilization of PRTFs to correct a perceived problem of overutilization and to meet budgetary goals. The resulting decrease in admissions has effectively closed two PRTFs to date – creating concern about the availability of residential treatment. The Coalition supports consensus recommendations to ensure that children receive the right level of treatment in the right place at the right time. More detail is available in the Childrens Issues Paper.

Crisis Stabilization Treatment Centers: A network of crisis stabilization treatment centers is needed to provide a destination for persons in crisis short of being admitted to regional or state hospitals. In addition to serving those in crisis with a serious mental illness, these centers would also offer resources to assist with persons in crisis who have contact with law enforcement. These centers should be closely located to hospitals so those whose crises stem from a physical illness can have their needs immediately addressed.

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