

KANSAS MENTAL HEALTH COALITION

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

Testimony presented to the House Health and Human Services Committee
Support HB 2365

February 17, 2025

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.

KMHC supports HB 2365 establishing and naming the regional psychiatric hospital in south central Kansas. This facility is desperately needed to increase hospital capacity in Kansas.

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 the hospitals 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 142 and LSH 46 for a total of publicly available adult state mental health hospital beds of 188 – a decrease 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 104 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. KMHC supports the recommendations of the South Central Regional Psychiatric Hospital Advisory Panel for state operations, including admissions and discharges.

We also support ongoing improvements, training and incentives for the 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.

Competency Evaluation and Restoration – The state hospitals provide 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. Expanding availability has been a very challenging project and we appreciate the work that is being done.

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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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.