

# **KANSAS MENTAL HEALTH COALITION**

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

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## **Testimony Presented to the House Social Services Budget Committee on State Mental Health Hospitals**

David Wiebe -- February 5, 2013

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition. With over 80 members, the Coalition includes consumer and family advocates, provider associations, direct services providers, and others who share a common mission dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. At monthly roundtable meetings, participants develop and track a policy agenda that provides the basis for legislative advocacy efforts each year. The Coalition provides an opportunity for many individuals and groups, who 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. Advocating for a high quality and accessible State Mental Health Hospital System has been a consistently high priority for the Kansas Mental Health Coalition.

### **ROLE AND SIGNIFICANCE OF STATE MENTAL HEALTH HOSPITALS**

State Mental Health Hospitals have played a critically important, and historically significant, role in the Kansas public mental health system. At its peak in the 1950s our state hospital system consisted of nearly 5000 beds. This hospital system represented the only publically funded resource for persons with mental illness who were unable to pay for the cost of their care.

Since that time, and over several decades, a profound shift in responsibility for public mental health services has occurred, moving from a from a state hospital system to a community based mental health center system, which now provides services in all 105 Kansas counties. Collectively, these 27 Community Mental Health Centers (CMHCs) serve over 120,000 Kansans each year, the vast majority of whom are either indigent or low income, with few resources to pay for private care. During the same period, the state hospital system has dramatically downsized from its 5000-bed peak to just over 300 beds today.

While CMHCs serve as the mental health safety net for the vast majority of people with few other treatment options, state hospitals remain a critical resource for those whose illness simply cannot be managed in an outpatient setting, and who have no resources to pay for private care.

### **STATE HOSPITALS -- A SYSTEM IN CRISIS**

The state's psychiatric inpatient system is at the breaking point, and just 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, and require inpatient treatment. This is not a new issue. Mental health providers and consumers have long been concerned about the impact this lack of capacity has on both quality of care and accessibility. For the last several years the hospitals have frequently exceeded their licensed capacity, and the emphasis has shifted from management of clinical outcomes to management of admissions and discharges. The problem was exacerbated in late 2011 when SRS (now KDADS) closed,

for an extended period of time, all but eight of the Rainbow Mental Health Facility's 50 beds to address fire code issues. Although 30 additional beds were temporarily opened at Osawatomie to replace the closed Rainbow beds, this closure has simply added to the stress on the system. It is now projected that Rainbow will not return to full capacity until at least the spring of 2014 at the earliest. Simply put, the 300 beds in our state mental health hospital system are not sufficient to provide quality care for the approximately 4000 patients admitted each year.

## **SOLUTIONS**

We commend the Secretary of KDADS and his staff for their efforts to avoid further reductions in the state hospital budgets, and for their ongoing work to address quality of care issues in hospital staff that are stretched far too thin. We are confident that, given adequate resources, KDADS and the community will work well together in providing quality mental health services. To begin this process, we have identified three issues needing immediate attention.

### **Provide Operational Funding for the Additional 30-Bed Unit at Osawatomie State Hospital**

Recognizing the need for additional state hospital beds, the Legislature in 2008 appropriated funds to renovate a previously closed 30-bed unit at Osawatomie State Hospital, with the intention of adding those beds to Osawatomie's capacity. Although the renovation was completed, funding to staff and operate it was never provided. The Coalition recommends appropriation of the estimated \$3.4 million in operational costs to allow this unit to open.

### **Expedite the Repair and Renovation Project at the Rainbow Mental Health Facility to Allow Reopening to its Full 50-Bed Capacity**

The Rainbow Mental Health Facility has been closed since the fall of 2011, pending repairs and renovations to resolve fire code violations and to meet the Federal Centers for Medicaid and Medicare Services' (CMS) certification standards. Although the 2012 Legislature provided funding for this work, the project has yet to be placed out for bid. The Coalition recommends this project be expedited for completion as quickly as possible.

### **Complete a Strategic Planning Process to Determine How many State Hospital Beds are Needed**

In 2007 the Legislative Budget Committee asked the then Department of SRS for a report on the number of psychiatric hospital beds needed in Kansas. This request was repeated in 2008 by the Senate Ways and Means Committee. The number has never been determined or reported. The current Secretary of KDADS and his staff have communicated an interest in completing this project in the context of a broader strategic planning process addressing the entire public mental health system. The Coalition urges that this strategic planning project proceed to completion, and specifically provide guidance on size and future of our state hospital system.

Thank you for the opportunity to address the Coalition's concerns for this critically important component of our state's mental health system. I would be happy to answer any questions from Committee members.

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