



## KANSAS HEALTH INSTITUTE

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**Senate Ways and Means Committee**

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**Mental Health Task Force Report to the Legislature:  
Process Overview**

**Kari M. Bruffett, Vice President for Policy  
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***Informing Policy. Improving Health.***

*The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.*

Chair McGinn and Members of the Committee:

Thank you for the opportunity to provide a report on the Mental Health Task Force report to the 2019 Kansas Legislature. My name is Kari Bruffett, and I'm the vice president for policy at the Kansas Health Institute. KHI provided facilitation and research support to the Task Force in the preparation of its 2018 and 2019 reports.

The 2018 Legislature adopted a proviso directing the Kansas Department for Aging and Disability Services (KDADS) to continue the Mental Health Task Force that had been established by the Legislature in 2017. This time around, the purpose of the Task Force was to create a strategic plan to implement the recommendations in the 2018 report, and others as developed, and to determine how many inpatient psychiatric beds are needed to most effectively deliver needed services.

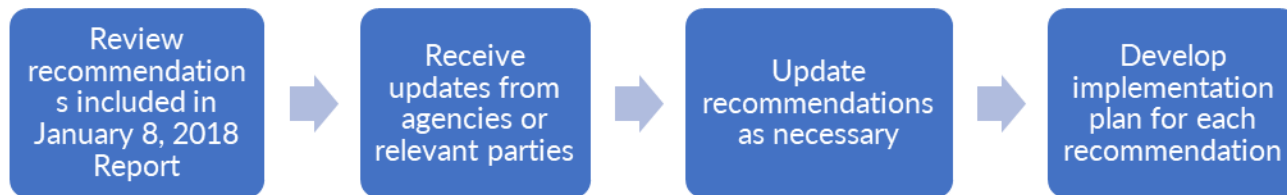
My brief testimony will provide background information about the Task Force structure and process. Following my testimony, Task Force members Amy Campbell and Jason Miller will provide an overview of the report itself, and particularly of the priority recommendations identified by the Task Force.

The Task Force was comprised of 13 behavioral health providers, advocacy organizations, citizens with lived experience and other behavioral health experts. The group met 15 times between June and December 2018 to discuss issues included in the proviso and develop the strategic plan for the recommendations included in the Mental Health Task Force's previous report. (A 16<sup>th</sup> meeting was held in January to ratify the report.) Attendees at meetings included several KDADS staff members, a representative from the Kansas Legislative Research Department (KLRD) and the Kansas Department of Health and Environment (KDHE). KHI facilitated the meetings, provided research and summarized the information discussed during the meetings in the Mental Health Task Force report to the Kansas Legislature. The work of KHI was designed to supplement, not supplant, Mental Health Task Force and KDADS capacity. KHI services were provided as a form of professional consultation, and all decisions regarding recommendations were made by the Mental Health Task Force.

During the seven-month process, the Task Force reviewed, discussed and created the implementation plan for the recommendations, the majority of which came from the 2018 Report. To ensure that recommendations continued to be timely and relevant, the Task Force reviewed each recommendation and made updates as necessary. Some of the updates were driven by the information produced by the Governor's Substance Use Disorders Task Force, Child Welfare Task Force and the Children's Continuum of Care Task Force and/or presentations received from invited speakers, including the University of Southern California Leonard D. Schaffer Center for Health Policy, the federal Substance Abuse and Mental Health Services Administration, the Department for Children and Families, and KDADS.

The Task Force also was provided regular updates by KDADS and KDHE regarding the status of current initiatives related to the recommendations, the KDADS regional community bed expansion project Request for Proposals, and topics related to housing, Psychiatric Residential

Treatment Facilities (PRTFs), suicide prevention, adverse childhood experiences (ACES), Crisis Intervention Act (CIA), Institution for Mental Disease (IMD), and transition age youth, among others. To develop the strategic plan, the Task Force utilized the decision-making process described in the figure below. All decisions were made by consensus.



*Source: Mental Health Task Force Report to the Kansas Legislature, January 14, 2019.*

The Task Force developed the implementation plan for each recommendation by considering the rationale for each recommendation, the target population, detailed action steps required to implement the recommendation, and considerations related to timing (for example, does the action step require federal approval, or will it require new appropriations?), cost, responsible parties, and other organizations that could be involved in implementation.

The recommendation related to added adult inpatient capacity were developed by the Task Force using a study conducted by KHI. You may recall that the 2018 report of the Mental Health Task Force included a recommendation to develop a plan to hospital beds for voluntary and involuntary admissions – or to create and expand alternatives that would reduce the number of new beds needed. The Task Force also had called for a study to determine a Kansas-specific estimate of psychiatric inpatient beds needed for the system, and the 2018 Legislature directed KDADS to have the requested study completed.

KDADS contracted with KHI to perform the study, which was designed to determine the number of inpatient psychiatric beds needed to meet current needs. The study incorporated the following data to derive an estimate of beds needed:

- Osawatomie State Hospital, Adair Acute Care, and Larned State Hospital data, calendar years (CY) 2013-2017, from KDADS;
- Hospital discharge survey data for hospitalizations for principal diagnosis of schizophrenia, bipolar disorder or major depressive disorder in general acute hospitals, CY 2013-2017, from the Kansas Hospital Association;
- Free-standing psychiatric hospital and state hospital alternative data from CY 2013-2017, from KDADS (supplemented by Prairie View Inc.); and
- Bed counts from KDADS and the Kansas Hospital Association.

The Task Force used the study results to develop its inpatient capacity recommendation and action steps. The final report was delivered by KDADS to the Legislature on Jan. 14, 2019.

Thank you for the opportunity to provide background information about the Task Force report. I will be happy to stand for questions at the appropriate time.