TO: Sen. Gene Suellentrop, Chair
Senate Public Health and Welfare Committee

FROM: Robyn Chadwick, Vice President
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COMCARE of Sedgwick County

SUBJECT: Follow-up to presentation on SCK Community Collaborative on Mental Health and Substance Abuse Treatment Reform

DATE: February 5, 2019

Mr. Chairman, given the concerns raised by a committee member about references to the waiting list to admit a patient into the Osawatomie State Hospital (OSH), we wanted to follow-up and provide clarification on the true intent of our presentation. While we are comfortable the information presented about state officials implying the waiting list to admit patients into OSH has been significantly reduced is accurate, we believe it is more important to focus more on the goal of the presentation, which is to continue to shine light on the challenges that remain in this state's "entire" mental health and substance abuse treatment system.

While some improvements have been made at OSH with respect to facility upgrades and addressing staffing issues, we believe OSH continues to be under-resourced, thus making it difficult to not only obtain full CMS accreditation, but more importantly lift the moratorium and expand their capacity to receive more patients by both opening more beds and relaxing the criteria for a patient to qualify for admission. The dedicated and hard-working staff at OSH are essentially trying to do their work with one hand tied behind their back.

With respect to the information we presented last week (January 29), we hope to achieve three things:

1) Continue to bring awareness to the significant challenges in our current mental health and substance abuse treatment system at both the local and state levels;
2) Highlight some of the progress that has been made particularly with the funding of the community crisis centers that has resulted in not only better care for the patients served by these centers, but also the significant cost savings to the state; and
3) Provide a vision for a pathway forward for treating these patients under a more regional approach.

We envision this regional approach to include the following:

1) Limited number of regional state hospital beds;
2) Limited number of long-term state hospital beds;
3) Developing more local clinically integrated care models like Bexar County Texas by utilizing strong local community partnerships and diverse funding sources;

4) The Bexar County model has created an effective public safety net that keeps individuals with mental health and substance abuse disorders out emergency rooms, jails, prisons and state hospitals and links them to effective treatment programs. Their model has saved thousands of lives, significantly reduced their homeless population, and has achieved millions of dollars in cost savings to the community. We believe this type of model can be done not only in South Central Kansas but can be replicated around the state.

This approach to improving our mental health and substance abuse treatment system will take financial and access pressure off our current state hospital system and allow those facilities to be a strong and vital point of care for this patient population.

Thank you for allowing us to provide this additional input and clarification to the key points we want the committee to take away from our presentation.