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## Chairman Suellentrop and members of the Senate Public Health and Welfare Committee:

My name is Ryan Speier and I am President of KVC Hospitals. Thank you for the opportunity to provide neutral written testimony today regarding Senate Bill 407.

KVC Hospitals (<u>www.kvchospitals.org</u>) is a nonprofit network of children's psychiatric hospitals and residential treatment facilities in Kansas. Each year, we serve thousands of youth ages 6 to 18 who are experiencing depression, anxiety, suicidal thoughts, impacts of childhood trauma, and other behavioral and mental health needs. At KVC Hospitals, our team combines expert and compassionate treatment with neuroscience-based resources to teach youth about their brains and emotions and provide hands-on tools that will continue to help them when they return to their home and community. Within our treatment centers, we provide two types of treatment programs for youth in need. Inpatient acute hospitalization provides shorter-term treatment and immediate stabilization for youth experiencing a mental health emergency. The average length of stay for inpatient acute treatment is four to six days. In a psychiatric residential treatment facility (PRTF), youth receive intensive clinical services in a structured, home-like environment to practice skills. The average length of stay for PRTF is 80 to 90 days.

KVC Hospitals also operates as the 'safety-net' for the State of Kansas to provide High Acuity Psychiatric Hospitalization for Youth (HAPHY) services under a "no reject/no eject" philosophy to ensure all children have access to the highest levels of treatment available. This youth-focused program has operated as a public/private partnership between KVC Hospitals and KDADS since 2007, like how Osawatomie State Hospital and Larned State Hospital provide acute services for adults (voluntary and involuntary). These services are vital for the children and families in Kansas who are either denied admission by other Kansas psychiatric providers, ejected prematurely from other psychiatric providers due to aggressive behaviors or lack of payor source, or denied treatment altogether due to limited or lack of payor source. KVC partners with KDADS in Kansas City, Wichita and formerly Hays to provide this level of care regardless of any of those challenges. This model has saved the State millions of dollars since the inception of this partnership and continues to successfully operate in Kansas City and Wichita.



Our mission has always been to serve the most vulnerable children in Kansas, and we are continuing to do so in Hays with increased PRTF services. However, we no longer have the option to provide acute hospitalization in Hays since the State is no longer offering the dual license. This licensing change, mandated by CMS guidelines, required a level of financial investment in building infrastructure that we could not financially sustain on our own. We were transparent with the State regarding this matter but funding at that time was not available to help us continue providing acute hospitalization in addition to PRTF services. While we would have preferred to keep the dual-licensed facility and for 10 years operated safely and effectively, we were forced to adjust our operations.

In response to the dual license changes preventing us from continuing to provide HAPHY services in Hays, we instantly began working to add 38 new PRTF beds (in addition to our existing 12), which will greatly reduce wait times for children in need of long-term psychiatric care. From 2011 to 2017, the number of PRTF beds in Kansas dropped from 780 to 272 and most recent reports say there are more than 140 Kansas children on the PRTF waiting list. As of March 5, 2020, we received approval from the State to open all 38 PRTF beds (for a total of 50 beds in Hays).

In the past eight months, KVC Hospitals has increased BOTH acute hospitalization and PRTF beds in Kansas. We are the only organization to increase opportunities for both levels of treatment in the past five or more years. Between the opening of 54 acute beds at KVC Hospitals Wichita, adding a new 12-bed acute unit at KVC Hospitals Kansas City, and the new PRTF beds at KVC Hospitals Hays, we have added a total of 92 new psychiatric treatment beds in Kansas. We are adding these new beds with 100 percent private fundraising efforts. No state funding or tax dollars have been used to date. Additionally, currently and in the past, we have operated the HAPHY agreement without payment for these services and have never halted services due to our inherit belief that all children deserve care. This is a commitment that other businesses may feel is too high of a risk, but KVC is committed to ensuring Kansas' safety-net is strong and available for all children.

Our proven commitment to Kansas children and families has been shown in the past and we are hopeful all our efforts to add beds and services in Kansas will continue to show improvements for children in all communities. We have always been here as a partner to the State, working alongside the State to create long-term solutions, and we are eager to partner on new solutions.

Thank you again for this opportunity to provide neutral written testimony.

Ryan Speier President KVC Hospitals

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