Overview of the State Hospitals

Presented by:
Georgianna Correll, Budget Director
Kansas Department for Aging and Disability Services
State Mental Health Hospitals

Osawatomie State Hospital (OSH), Adair Acute Care (AAC) and Larned State Hospital (LSH) serve people experiencing serious symptoms of mental illness.

- Persons who have been deemed a danger to themselves or others:
  - Generally exhibit symptoms that community providers cannot treat safely and effectively.
  - Once stabilized, can return home and be supported by their local Community Mental Health Center (CMHC).

- AAC and LSH’s Psychiatric Services Program (PSP) are certified to participate in Medicaid and Medicare and receive federal funding.

- Required to provide an array of mental health care and treatment for all their patients from their approved budget.
LSH has two additional programs outside of the Psychiatric Services Program (PSP):

- **Sexual Predator Treatment Program (SPTP)**
  - Persons committed as violent sexual predators receive treatment and services.

- **State Security Program (SSP)**
  - Persons committed by district courts for a forensic evaluation or transferred from the Department of Corrections pursuant to the Kansas Code of Criminal Procedure.
## State Mental Health Hospitals

### Summary of State Mental Health Hospital Census
(as of 1/1/2019)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Budgeted Beds</th>
<th>Average Census YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSH</td>
<td>106</td>
<td>98</td>
</tr>
<tr>
<td>AAC</td>
<td>60</td>
<td>42</td>
</tr>
<tr>
<td>LSH – PSP</td>
<td>90</td>
<td>66</td>
</tr>
<tr>
<td>LSH – SSP</td>
<td>230</td>
<td>143</td>
</tr>
<tr>
<td>LSH – SPTP</td>
<td>270</td>
<td>238</td>
</tr>
<tr>
<td>LSH – SPTP Reintegration</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>781</strong></td>
<td><strong>612</strong></td>
</tr>
</tbody>
</table>

### Summary of Staffing

<table>
<thead>
<tr>
<th>Facility</th>
<th>Authorized Positions**</th>
<th>Vacant FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSH</td>
<td>319.00</td>
<td>48.00</td>
</tr>
<tr>
<td>AAC</td>
<td>159.00</td>
<td>49.00</td>
</tr>
<tr>
<td>LSH</td>
<td>995.50</td>
<td>369.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,473.50</strong></td>
<td><strong>466.00</strong></td>
</tr>
</tbody>
</table>

**Includes FTE and Non-FTE
## Summary of State Mental Health Hospital Turnover and Vacancy Rates
(as of 1/1/2019)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Turnover Rate (%)</th>
<th>Vacancy Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSH</td>
<td>45.8</td>
<td>19.9</td>
</tr>
<tr>
<td>LSH</td>
<td>25.8</td>
<td>26.5</td>
</tr>
</tbody>
</table>
Key Points Regarding State Hospital Funding:

- Funding for the State Hospitals comes from three main sources:
  - State General Fund
  - Medicaid/Disproportionate Share (DSH) Payments
  - Medicare/Private Insurance

- All hospital Medicaid and DSH Payments are deposited into a “parent” Title XIX account at KDADS:
  - KNI and PSH bring in the majority of the Medicaid revenue
  - AAC and LSH bring in the majority of the DSH revenue
  - Funding is budgeted and distributed throughout the year through transfers from KDADS to the Hospitals
Osawatomie State Hospital

FY 2018 Actuals:
• Actual budget totals $41.5 million, including $26.7 million from SGF

FY 2019 Budget:
• Revised budget totals $43.0 million, including $34.6 million from SGF

FY 2020 Budget:
• Proposed budget totals $42.3 million, including $34.6 million from SGF
Budge

Larned State Hospital

FY 2018 Actuals:
  • Actual budget totals $66.6 million, including $54.7 million from SGF

FY 2019 Budget:
  • Revised budget totals $70.8 million, including $63.1 million from SGF

FY 2020 Budget:
  • Proposed budget totals $70.0 million, including $62.2 million from SGF
Larned State Hospital (LSH)

Presented by:
Kimberly M.J. Lynch, Chief Counsel
Kansas Department for Aging and Disability Services
Larned State Hospital operates 3 distinctly different treatment programs:

- Psychiatric Services Program (PSP)
- State Security Program (SSP)
- Sexual Predator Treatment Program (SPTP)
Larned State Hospital (LSH)

Psychiatric Services Program (PSP):

- Serves voluntary as well as civilly committed adults with mental illness.

- Patients enter the program once screened by a qualified mental health professionals from one of the community mental health centers in Central and Western Kansas, or are referred under an order of evaluation or treatment from a judge.

- Budgeted for 90 beds.
Larned State Hospital (LSH)

State Security Program (SSP):

- Serves primarily male and female adults committed from all state district courts pursuant to the Kansas Code of Criminal Procedure. This program is also known as State Security Hospital. One treatment unit also serves male inmates who have been transferred by the Secretary of Corrections for the evaluation or treatment of acute psychiatric symptoms.

  - The Security Behavior Unit (SBU), serves a group of male patients who were civilly committed by district courts but pose a threat of harm to other patients and staff if treated in one of the state’s two general psychiatric hospitals, either OSH or LSH-PSP. Once these patients have been stabilized, so they no longer need the added structure of a secure treatment unit, they are transferred back to the general psychiatric hospital serving their home county.

- Budgeted for 230 beds.
Larned State Hospital (LSH)

Sexual Predator Treatment Program (SPTP):

- Was established by a 1994 statute that provides for the civil commitment of persons identified by the law as sexually violent predators. SPTP has a dual mission:
  
  - Provide for the safety of Kansas citizens by establishing a secure environment in which persons identified as sexually violent predators can reside.
  - Offer treatment with the aim of reducing their risk for re-offending allowing motivated persons who complete treatment to return to society.

- Currently, LSH has 239 residents on campus and 25 in reintegration facilities and 16 individuals on Conditional Release.
Sexual Predator Treatment Program (SPTP) at LSH:

- Under current law, transitional housing may house a maximum of 16 individuals per county.

- The program has a current census of 281 individuals and the agency estimates that number to continually increase as more offenders are committed to the program.

- As individuals advance through the program, there will be a need to increase capacity at reintegration facilities for those individuals.

- The agency notes that as the program continues to increase in size, there will be an expanded need for funding for both staff and housing for individuals in the inpatient program at LSH and in reintegration facilities.
Larned State Hospital (LSH)

SPTP Program Participation Rates
July 2016 – December 2018

Percentage of SPTP Program Participation Rates

- New Program
- Royal Badge Privilege Level

February 11, 2019
SPTP Phase 6/Tier III, Transitional Release, and Conditional Release
2012 – 2018

* 3 awaiting court approval for transitional release
** 2 awaiting court approval for conditional release
Agency Initiatives

Agency-wide Recruiting and Retention:
- Partnering with Pawnee County to re-brand not only the community’s image but also the image of LSH. Reaching out to educate the public and potential employees as to what LSH is, educating and encouraging individuals to “Be The One.”
- Creating a ‘Larned Cares’ website where individuals seeking employment can connect with Human Resources directly, where recruiting can reach further, and a positive image of LSH presented.
- Developing a recruiting video as part of the ‘Larned Cares’ website, which puts LSH as a central focus with a solid push in recruitment of MHDD (front-line nursing) staff.
- Focusing on the positive aspects of LSH through an active Facebook page that highlights positive endeavors, accomplishments and events.
- Holding routine Citizen’s Advisory Committee meetings with LSH staff, Pawnee County Leaders and other closely involved agencies to focus on recruiting and retention efforts.

Nursing Department Recruiting:
- Enhancing Nursing Department recruiting and training efforts by sending LSH RNs to schools and other recruiting sites to connect with RNs, presenting LSH as a viable, teaching hospital for new nurses.
- Increasing connections with colleges to recruit nurses from the many colleges and universities that come to LSH through clinical rotation.
Agency Initiatives

Renewing LSH’s accreditation with the American Psychological Association’s Post-Doctoral Fellowship and Internship Programs:

• Larned Psychology Internship Program (LSHPIP) is in the midst of the accreditation renewal process. LSHPIP anticipates receiving information regarding accreditation status within the next 6-8 months.

• Larned State Hospital Psychology Post-doctoral Fellowship program (LSHPFP) is a member of the Association of Psychology Postdoctoral and Internship Centers. This membership is due for review and renewal every three years. LSHPFP successfully accomplished renewal in 2018.

Social Services Internship Program:

• Increasing involvement and collaboration with schools of social work in Kansas, particularly Fort Hays State University, bringing in social work interns with an interest in mental health.

• Becoming a mark of distinction in western Kansas, providing agency tours and educational social work panels.
Agency Initiatives

Physical Changes to Adult Treatment Center (ATC) Building (PSP Program):
• In 2018 ATC was updated to create a safer environment and to meet CMS and TJC requirements by removing fixtures and replacing them with ligature resistant furniture, door closures, handles, hinges, paper towel holders, and by adding door alarms.

Empowering Employees at All Levels:
• Establishing a new Employee Executive Committee (EEC) to involve front line staff (direct care and non-supervisory staff) selected by their peers to participate and engage in dialog with each other and administrative staff to promote input in decision making and policy development.

Mental Illness Awareness Efforts/Education:
• Holding internal and external educational opportunities for patients, staff, and the public in efforts to reduce the stigma of mental illness and increase an understanding of recovery.
• Reaching out to youth in the school system and receiving over 100 poster entries from Pawnee County middle and high school-aged students demonstrating stigma through their eyes and ways to reduce the stigma of mental illness.
• Partnering with the United Way of Central Kansas to educate and collaborate.
Agency Initiatives

Physical Changes to Reintegration Facilities of SPTP

- Completion of remodeling at the MiCo House (SPTP Reintegration Facility on the Campus of OSH) increased bed capacity from 9 to 16.
- Soon to be completed remodeling of Maple House (SPTP Reintegration Facility on the Campus of PSH) will provide for a more effective treatment milieu and better living space for Residents.
Supplemental Requests

Reduce Shrinkage Rate:

• LSH requested $4,800,000 in additional SGF to the FY19 base budget and beyond to reduce shrinkage:
  – PSP – $914,803
  – SSP – $1,817,627
  – SPTP – $2,045,032

• Governor Kelly recommended $871,031 in SGF to the FY19 base budget and beyond.

DSH Revenue Shortfall:

• LSH requested and the Governor recommended $617,164 in additional SGF for FY19 and $717,141 for FY20 to reduce the anticipated DSH shortfall.
Osawatomie State Hospital (OSH)

Presented by:
Iryna Yeromenko MA, MHSA, CJCP, SSBBP – Asst. Superintendent
Osawatomie State Hospital (OSH)

- OSH has served the State of Kansas for more than 152 years.
- OSH serves civilly committed adults with mental illness.
- OSH serves adults from 45 Kansas and other states.
- 55% of the people served by OSH present with co-occurring substance use issues that would benefit from substance use treatment.
Admissions by County
3-Year Snapshot

ADMISSIONS BY COUNTY 2016-2018

- Douglas: 19%
- Johnson: 9%
- Montgomery: 12%
- Sedgwick: 11%
- Shawnee: 4%
- Wyandotte: 4%
- Other: 3%
- Out of state: 28%
- Riley: 6%
- Miami: 4%
- Other: 2%
Osawatomie State Hospital (OSH)

- Patients are admitted once screened by qualified mental health professionals from one of the community mental health centers, or are referred under an order of evaluation from a judge.

<table>
<thead>
<tr>
<th>OSH: 106 licensed beds</th>
<th>AAC: 60 certified/licensed beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute/intensive inpatient psychiatric treatment</td>
<td>Only acute/intensive inpatient psychiatric treatment</td>
</tr>
<tr>
<td>Criminal court commitment</td>
<td></td>
</tr>
<tr>
<td>Dual commitment</td>
<td></td>
</tr>
</tbody>
</table>

- All the rooms on AAC are semi-private rooms and if a patient, due to medical necessity requires a private room, this impacts the number of beds available.
Moratorium

What Led to the Moratorium:

• Over licensed capacity for extended period of time:
  – OSH was licensed for 206 beds
  – July through December 2014 daily census was averaging 30 patients over the number of licensed beds (max. 258 patients)

• CMS Survey in 2014
  – New requirements that require a ligature free environment

Moratorium established in June of 2015.
To ensure the hospital no longer exceeds its capacity and capability:

- Introduction of waiting list/triage process
  - Clear admissions criteria
  - Admissions occur in order of placement on the list

- Admission of involuntary patients only

- Initial moratorium maximum number
  - 148 beds
  - 166 beds (as of Jan 2019)
Grant funding allocated to provide diversion beds:

- KVC in Kansas City is the primary diversion with up to 12 beds

- Additional capacity is provided by other hospital partners throughout the state including Via Christi, Cottonwood Springs, KU and Prairie View

<table>
<thead>
<tr>
<th># of Diversions to KVC</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016</td>
<td>117</td>
<td>74</td>
<td>57</td>
</tr>
</tbody>
</table>
Admissions / Triage Process

Clear admissions criteria based on:
KDADS Admissions Process to State Psychiatric Hospital Policy

Admission criteria include, but are not limited to:
• Primary mental health diagnosis
• Imminent harm to self/others
• Ability to participate and benefit from treatment
• Not solely diagnosed with substance-abuse disorder, anti-social personality disorder, intellectual disability, organic personality syndrome or organic mental disorder

<table>
<thead>
<tr>
<th>Average # of people on the wait list per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016</td>
</tr>
<tr>
<td>10.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average wait times in hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016</td>
</tr>
<tr>
<td>64.45</td>
</tr>
</tbody>
</table>

February 11, 2019
Osawatomie State Hospital (OSH)

AAC Patient Days and Census

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT days</td>
<td>15471</td>
<td>15165</td>
</tr>
<tr>
<td>Ave census</td>
<td>49</td>
<td>42</td>
</tr>
</tbody>
</table>

Admissions

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>855</td>
<td>1006</td>
<td>669</td>
</tr>
</tbody>
</table>

Discharges

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>861</td>
<td>1020</td>
<td>660</td>
</tr>
</tbody>
</table>

ALOS

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
<td>15</td>
<td>13</td>
</tr>
</tbody>
</table>

February 11, 2019
### OSH Patient Days and Census

<table>
<thead>
<tr>
<th></th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT days</td>
<td>52504</td>
<td>35036</td>
<td>35036</td>
</tr>
<tr>
<td>Ave census</td>
<td>143</td>
<td>92</td>
<td>96</td>
</tr>
<tr>
<td>total # of beds</td>
<td>146</td>
<td>94</td>
<td>94-106*</td>
</tr>
</tbody>
</table>

**Admissions**

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>296</td>
<td>244</td>
<td>169</td>
</tr>
</tbody>
</table>

**Discharges**

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>286</td>
<td>250</td>
<td>153</td>
</tr>
</tbody>
</table>

**Average Length of Stay (ALOS)**

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>76</td>
<td>60</td>
<td>132</td>
</tr>
</tbody>
</table>

---

**Osawatomie State Hospital (OSH)**

February 11, 2019
Osawatomie State Hospital (OSH)

**Average # of people on the wait list per day**

<table>
<thead>
<tr>
<th></th>
<th>FY2016</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>7.0</td>
<td>7.0</td>
<td>7.1</td>
</tr>
</tbody>
</table>

**Average wait times, hrs. ***

<table>
<thead>
<tr>
<th></th>
<th>FY 2016</th>
<th>FY2017</th>
<th>FY 2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>64.45</td>
<td>70.65</td>
<td>40.68</td>
<td>50.75</td>
</tr>
</tbody>
</table>
Agency Initiatives

Addition of Adair Acute Care (AAC) at Osawatomie State Hospital:

• Staffing changes at ACC included:
  – Clinical groups increased from 5 days to 7 days a week
  – Psychosocial evaluations and treatment plans are now completed within 72 hours, down from 5 days
  – A certified recreation therapist was added to oversee the activity therapy department which resulted in the addition of activity assessments, formal activity interventions on treatment plans, and enhanced level of group and individual services
  – Increase in number of RN supervisors has resulted in an on-site manager being present 24/7 which results in greater consistency and oversight.
  – Increase in the level of staffed nurses allows for unit nurses to participate actively in treatment planning while also maintaining a visible presence on the unit
  – Mental Health Tech increased by 1 staff on each shift each unit
  – Assessments and treatment planning completed more quickly than previously.
Agency Initiatives

Transparency Initiatives
• Introduction of quarterly Town Hall meetings
• Communication of hospital strategy to staff at all levels
• Introduction of Executive Rounds
• Information sharing through Facebook and local newspaper

Increased Strategy & Accountability
• Development of comprehensive Strategic Plan with involvement of department heads
• Accountability systems and tools implemented to provide a data-driven approach to management
• Implementation of Leader Rounding for outcomes
• Redesign of annual performance evaluations to ongoing evaluations

Improved Treatment Initiatives:
• Increased number of activity and therapy groups
• Introduction of art, music, and dance therapies
• Introduction of a patient council
Agency Initiatives

Enhanced Training and Education Programs:
• Maintaining 100% passing rate for Licensed Mental Health Technician program
• Continuing Education provider status from Behavioral Services Regulatory Board
• Introduction of Psychiatric-Mental Health Nursing Certification (RN-BC) preparation program
• Free continuing education for hospital staff
• Partnering with community colleges to provide clinical hours for nursing students at Neosho Community College, Johnson County Community College (New), Fort Scott Community College, and Labette Community College
• CPR classes for local establishments

Introduction of Leadership Development Institute
• Evidenced-based leadership development model
• Leadership development training for nurse managers

Continued Safety Improvements in 2019
• Community training initiatives Emergency preparedness, active shooter
• Introduction of new safer restraint systems
• Improved EOC program
Support Services Improvements:

- Redesigned and improved warehouse operations
- Updated equipment for fire safety, including newer firetruck purchased through sale of unused items through contracted auction service
- Successful launch of food service contract, creating improved food quality, safety, and sanitary conditions
- Upgrade of support services equipment that was no longer functional, including lawn mower and fork lift for power plant
- Increased use of surveys to determine quality of service in several support service areas
- Patient Canteen scheduled remodel set to be completed by December 2019
Supplemental Requests

Reduce Shrinkage Rate:
• OSH requested additional SGF to reduce the shrinkage rate and Governor Kelly recommended $2.014M in SGF for the FY19 base budget and beyond.

DSH Revenue Shortfall:
• AAC requested and Governor Kelly recommended $1.122M in SGF to cover the DSH shortfall for FY19. This was a funding switch from Title XIX to SGF.

Additional DSH Revenue Shortfall:
• The initial DSH revenue shortfall was calculated incorrectly, and therefore AAC continues to have a revenue shortfall. KDADS and AAC will monitor revenues and expenditures closely to determine if this shortfall can be mitigated or reduced prior to requesting a GBA.