



DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

Don Jordan, Secretary

**Joint Committee on Legislative Budget
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**Brief Delays in Voluntary Admission to State
Mental Health Hospitals**

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Brief Delays in Voluntary Admissions to State Mental Health Hospitals

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Chairman Emler and members of the Committee, thank you for the opportunity to present information regarding recent delays in voluntary admissions to the State Mental Health Hospitals.

Twice in recent months SRS had to delay voluntary admissions to its state mental health hospitals' (SMHHs) civil psychiatric programs for short periods of time. At these times the SMHHs continued to accept involuntary admissions. The SMHHs operate with real physical and staffing constraints that limit the number of persons they can safely and effectively serve at any one time. Extremely high census jeopardizes patient and staff safety, threatens licensing and accreditation, and can exceed the maximum number of patients the state Fire Marshal allows. The difficult decision to delay voluntary admissions was only made when the census at all three SMHHs simultaneously reached levels beyond which it was too dangerous to accept any more voluntary admissions.

The exact census that might trigger a delay in voluntary admissions is not a precise number. It depends on many factors such as the acuity of the patients in the facility, the mix of male and female patients, and the day of the week. (Many more admissions than discharges occur over the week-end.) SRS leadership consulted closely with the SMHH superintendents regarding these issues before making the difficult decision to delay voluntary admissions.

The three SMHHs - Osawatomie, Rainbow Mental Health Facility, and Larned - admitted 4,256 persons for civil psychiatric treatment in FY 2010. The SMHHs are budgeted to serve the following number of persons at any one time:

Hospital	Budgeted Census
Osawatomie State Hospital (OSH) ¹	176
Rainbow Mental Health Facility (RMHF)	50
Larned State Hospital Psychiatric Services Program (LSH PSP) ²	79
TOTAL	305

With this high number of admissions, there are many times when hospitals are over their budgeted census. (See Attachment A) Occasionally a hospital has reached extremely high census, well above its budgeted census, and it is no longer safe to accept more voluntary admissions. Generally, when this has occurred, admissions have been diverted to

¹ The Legislature approved funds to open an additional 30 bed unit at OSH for six months. SRS recommended cutting these funds and not opening this unit as part of recent budget reductions. The Legislature accepted SRS' recommendation. If the unit were opened additional funds would be needed to operate it for a full year.

² LSH has recently increased its operating capacity to 90. This, however, did not increase its budgeted capacity.



other SMHHs whose census is not at critical levels. Until recent months this solution has kept SMHHs census manageable.

In mid-May all three SMHHs began experiencing extremely high census at the same time. Census reached a point where it was no longer safe to voluntarily admit more people to any of the SMHHs. As a result it was not possible to divert persons from one state mental health hospital to another. At this point SRS, unfortunately, had no choice but to delay voluntary admissions beginning with an announcement on May 19th. The delay continued until May 26th. During this time the SMHHs continued to accept involuntary admissions. Below are the census levels at the SMHHs while this delay of voluntary admissions was occurring.

Hospital	Budgeted Census	Census on May 19 th	Census on May 26 th
OSH	176	187	176
RMHF	50	58	48
LSH PSP	79	87	89
TOTAL	305	332	313

The following immediate actions were taken to address the health and safety of the persons whose voluntary admission to a SMHH might be delayed:

- Community Mental Health Centers (CMHCs) were asked to keep people where they were if they were in safe locations, like local community hospital psychiatric service programs, until the SMHHs’ census lowered.
- CMHCs were also asked to do all they could to provide needed services to those seeking voluntary admission who may not be admitted immediately. This included providing crisis services both in place and in crisis beds they may already have; providing crisis case management; and making extensive use of attendant care, psychosocial rehabilitation, CPST, and peer support around the clock if needed.
- SRS directed its Medicaid Community Mental Health Managed Care Organization, Kansas Health Solutions, to grant all reasonable requests for exceptions to Medicaid limits, and to provide extraordinary assistance with creative wrap-around plans for persons who are Medicaid eligible.

Immediately thereafter the following actions were taken to reduce the likelihood of needing to delay voluntary admissions:

- SRS initiated its agreement to pay Via Christi for uncompensated care provided to persons from Sedgwick County that COMCARE determined would have otherwise been placed at OSH. Via Christi agreed to accept persons they believed they could effectively service when OSH’s census was too high to accept more voluntary patients.
- LSH PSP immediately opened an additional 11 beds in the space previously used for children’s services.³ LSH at first staffed the additional 11 beds by paying overtime to existing employees. Soon thereafter, LSH was given authority to hire permanent employees to staff their expanded bed capacity.

³ As a result of a competitive bid, SRS entered into an agreement with KVC Behavioral Healthcare to provide inpatient psychiatric services to children and adolescents who would have otherwise been served at LSH. The program, called Wheatland Psychiatric Hospital, is located in Hays, Kansas.



- SRS and Prairie View established an agreement whereby SRS would pay Prairie View for providing uncompensated inpatient psychiatric hospital care for persons diverted to their facility from LSH PSP when it was experiencing extremely high census. Soon thereafter SRS, Prairie View, and three other CMHCs agreed to expand this agreement to the other CMHC's catchment areas.
- SRS and Prairie View arranged for their agreement to apply to persons from Sedgwick County when their admissions to OSH were being diverted and Via Christi was full.

In mid-July census was once again extremely high at all three SMHHs and diversions were insufficient to meet the need. So once again SRS was unfortunately forced to delay voluntary admissions to all SMHHs. Census at that time was as follows:

Hospital	Budgeted Census	Census on July 16th	Census on July 20th
OSH	176	187	179
RMHF	50	51	48
LSH PSP	79	90	84
TOTAL	305	328	311

We are very thankful for the hard work and cooperation of the state mental health hospitals, CMHCs, local inpatient psychiatric programs, and other community providers. They have gone above and beyond the call during these difficult times. Not only have all areas of the system stepped up and served people who needed inpatient treatment, but they have worked hard to successfully and timely discharge people when they are ready to return home. As a result of everyone's hard work these instances of delayed voluntary admissions have been relatively short and, to our knowledge, no serious incidents have occurred.

Like you, we are concerned that there are limits to the community and inpatient mental health service systems. We are carefully examining recent admissions data and have begun discussions with the Association of Community Mental Health Centers of Kansas regarding what more can be done to reduce the risk of future delays of voluntary admissions. We are committed to working collaboratively in finding positive ways to keep these episodes to an absolute minimum. We appreciate your support in these efforts.



KANSAS
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Attachment A

Osawatomie State Hospital							
State Fiscal Year	Admissions	Average Daily Census	High Census	Low Census	Days Over Census	Per Cent Days Over Census	Average Length of Stay
2005	1,943	167	193	136	74	20%	31
2006	2,016	166	198	134	81	22%	29
2007	1,969	170	199	150	100	28%	28
2008	2,181	169	195	145	64	17%	25
2009	2,042	169	195	145	82	23%	30
2010	2,193	172	197	142	123	34%	29

Rainbow Mental Health Facility							
State Fiscal Year	Admissions Adult & Youth	Average Daily Census Adult Only	High Census Adult Only	Low Census Adult Only	Days Over Census	Per Cent Days Over Census	Average Length of Stay Adult Only
2005	671	24	40	3	76	21%	21
2006	664	26	41	10	52	14%	21
2007	671	30	40	20	19	5%	23
2008	810*	44	56	32	36	10%	19
2009	875	42	55	24	27	7%	17
2010	840	49	61	37	131	36%	22

* Stopped admitting children and adolescents. All children and adolescents are now served at KVC STAR.

Larned State Hospital Psychiatric Services Program							
State Fiscal Year	Admissions Adult & Youth	Average Daily Census Adult & Youth	High Census Adult Only	Low Census Adult Only	Days Over Census Adult Only	Percent Days Over Census Adult Only	Average Length of Stay Adult Only
2005	990	72	84	52	2	.5%	49
2006	1,064	81	86	59	31	8%	25
2007	1,097	82	92	56	34	9%	27
2008	1,177	94	102	71	259	71%	33
2009	1,071	86	99	63	141	39%	30
2010	1,223*	93	108	72	302**	83%	44

Note:
 *Youth Services Closed May 6, 2010.
 **Effective May 21, 2010, Psychiatric Services Program (PSP) capacity changed from 79 to 90, although the budgeted census remains at 79. The number above reflects days over our budgeted census of 79. There were 296 days or 81% of days over capacity.