



**Update on  
Osawatomie State Hospital**

House Health and Human Services Committee

Tim Keck, Interim Secretary  
February 15, 2016

# Status of Changes

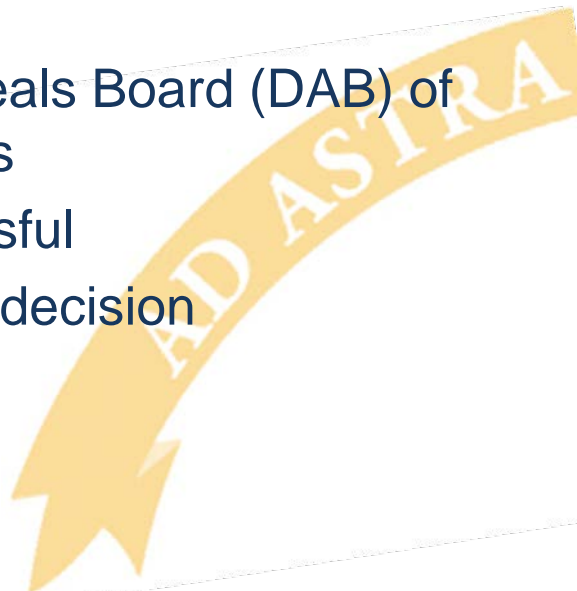
---

- OSH is still taking patients; CMS termination pertains to billing rather than admissions
- Improvements from the past year continue:
  - Established Coordinated Care Clinic and Unit Care Clinics
  - Implemented Violence Risk Screening-10 as part of triage process to plan for early interventions for patients exhibiting violent behavior prior to admission
  - New pharmacy computer program for medication management
  - Purchased personal safety alarms for all employees and trained staff on proper use
  - Added 6 Safety and Security Officers to enhance response on evening and overnight shifts
  - Formed hospital leadership team comprised of at least 50% clinicians

# Medicare Certification

---

- Financial implications
  - Approximately \$1 million per month in DSH (\$600,000) and Medicare (\$400,000) reimbursement
  - DSH payment is one-time at the beginning of the Federal fiscal year Oct. 1, mitigating current cost impact but will feel results on annual payment for FY17
- Filed formal appeal of de-certification Jan. 26
  - Lengthy legal process with Departmental Appeals Board (DAB) of US Department of Health and Human Services
  - Expensive, time consuming and rarely successful
  - Must counter ALL findings in order to overturn decision



# Re-certification

---

- Signed contract with KB Behavioral Healthcare Consulting, LLC, on Jan. 28
  - Highly specialized with CMS experience and solid record of expedited re-certification
  - Alleviates pressure of “survey fatigue” on OSH staff and allows them to focus on patient care
  - Consultants conducted mock survey on site Feb. 8-10
  - Results and analysis by the end of the week should inform timeline to re-apply for certification
- Two surveys necessary for re-certification
  - Revisit to confirm correction of termination findings
  - Full survey for certification

# Potential Public/Private Partnership

---

- Developing RFP for potential public/private partnership -
  - Given the degree of specialization in behavioral healthcare, KDADS believes it is responsible to explore all options
  - Goal is to ensure long-term future of state hospital, per statute, at Osawatomie
  - Priorities are patient care and employee satisfaction
- Senate legislation introduced to provide flexibility in 5 existing civil service statutes
- Proviso in House and Senate budget bills prohibits expenditure of funds for RFP process without express legislative authorization

# Budget

---

- Revenue shortages outside cost of decertification
  - Increased expenses first half of FY16 to meet and maintain CMS requirements for physical construction and increased staffing rounds prior to renovations
  - Savings from staffing vacancies exceed by overtime and contract labor expenses
- Increased funding for pay enhancements
  - 5% salary increase = \$1.2 million
  - 10% salary increase = \$2.4 million
- Supplemental request will be included in Governor's Budget Amendment



# Staffing

---

- Maintaining adequate staffing, but overtime is much higher than desirable and contract labor is more expensive than full-time employees
- As of Jan. 25, 34.9% vacancy rate – 296 filled positions plus 18 contract staff
  - Nursing has highest vacancy rates: Licensed Practical Nurses and Registered Nurses
  - Greatest turnover is Mental Health/Developmental Disability Technician: 72.2%
- Jan. 5 and Feb. 10 employee meetings to discuss staffing issues, CMS certification and potential public-private partnership
- Staff show strong commitment to hospital and dedication to patients

# Recruitment and Retention

---

- Viola Riggins Consulting, LLC
  - Evaluation of health records systems
  - Chart review
  - Compliance support
  - Policy review & development
  - Staff training
- 34 hired this year, including:
  - 21 MHDDTs (12 were temps recruited)
  - Masters-level Director of Nursing
  - Director of Health Information Management
- Since Jan. 1:
  - 54 new applications received
  - 63 interviews
- Receive daily reports of training and professional development opportunities



# Inpatient Community Crisis Centers

---

- Collaborative community effort to provide an array of some or all services
  - 24-hour assessment and triage for individuals experiences a behavioral health crisis
  - Sobering Beds
  - Crisis Observation
  - Crisis Stabilization
  - Detox Unite
  - Children's Crisis Unit
- Triage involves a preliminary screen to examine if clients are appropriate for admission and to determine the unit in which they will be admitted.

# Existing Crisis Centers

---

- Rainbow Services, Inc. – Kansas City metro
- Community Crises Center – Wichita area
- Valeo – Topeka
- Evergreen – Emporia



# Crisis Center Key Goals

---

- Divert consumers from unnecessary and inappropriate use of state mental health hospitals (SMHHs) and jails
- Establish and support alternative community programing that will decrease reliance on SMHHS to provide for individuals who may not need inpatient hospitalization, but have no other resources to meet their needs
- Decrease admissions to SMHHs of individuals who could be stabilized in the community in 10 days or less by connecting these persons to services/resources in their home communities
- Increase 24-hour community options for individuals with co-occurring mental health and substance use disorders
- Increase 24-hour community options for individuals who are homeless or at risk of becoming homeless, have self-care failure issues or are at risk for adult/child protective services
- Reduce utilization of Psychiatric Residential Treatment Facilities

# Inpatient Community Crisis Centers

---

- KDADS is expanding mental health community crisis centers by working with partners in Southeast Kansas (Region 5) and Western Kansas (Region 1)
  - Region 5 accounts for 28% of OSH admissions; Region 1 accounts for 43% of Larned State Hospital (LSH) admissions
  - Southeast Kansas focus on individuals with co-occurring disorder where primary diagnosis is Substance Use Disorder (SUD); Region 5 has state's highest percentage of SUD co-occurring
- Community meeting in Hays on Feb. 12 and in Independence on Feb. 16