



**Testimony to Senate Committee on Public Health and Welfare
on House Bill 2571
March 16, 2016**

Mister Chairman and Members of the Committee, I am Jessie Kaye, President and CEO at Prairie View, based in Newton, Kansas. I appreciate the opportunity to testify today. Prairie View is a licensed community mental health center and member of the Association of Community Mental Health Centers of Kansas.

My interest in educating you and expressing support for House Bill 2571 is multi-faceted. I believe the extension of deemed status would conserve human and financial resources for the state, as well as save significant administrative time, dollars and energy for organizations like ours. Prairie View has been accredited by The Joint Commission (TJC) for at least 30 years. This accrediting entity was formerly referred to as JCAHO, or the Joint Commission for the Accreditation of Healthcare Organizations.

In addition to serving three counties as a Community Mental Health Center (CMHC), Prairie View operates a psychiatric residential treatment facility for adolescents; a free-standing, private psychiatric hospital; an inpatient addictions treatment center; a special purpose school; an integrated community health collaboration which houses our health home services, the county health department and a federally qualified health center, along with a pharmacy. We also have a crisis and respite service, along with five locations for the provision of comprehensive outpatient mental health and addictions treatment services for all ages.

I didn't recite that listing of programs or locations as a marketing activity for Prairie View, but rather to make you aware of the sites and services that require our compliance with accreditation standards. Because our inpatient services are required, as a condition for state licensing, to maintain national accreditation and because the national accreditation for these particular programs requires that every program we operate must also be accredited, we do not have a program by program option for accreditation. Meaning: if any program or service we operate is accredited, every program or service must meet all accreditation standards.

As a result, Prairie View experiences unannounced site visits by our accrediting entity, The Joint Commission (TJC), that encompass every aspect of our organization, its programs, services, staffing, operations, governance and facilities. Because The Joint Commission has a deemed status

agreement with CMS (the federal Centers for Medicare and Medicaid Services), we are also subject to unannounced verification surveys, as well as complaint related surveys to confirm that we are meeting all requirements set forth by both CMS and The Joint Commission.

In addition to the rigorous accreditation requirements, we work with state licensing field staff with great frequency, to ensure that we are in continuous compliance with all applicable requirements and expectations.

Here are a few examples: Our administrators, compliance, risk management, health information management office and hospital direct care staff interact with KDADS (Kansas Department for Aging and Disability Services) staff at least once each month. The field staff (sometimes just one, occasionally more than one) are onsite for several hours each time, to monitor and observe patient care activities, review documentation and talk with patients and staff. Such visits require travel and a full day of KDADS staff time and several hours from multiple Prairie View staff in the hospital.

In addition, the biannual licensing survey involves multiple state staff for multiple days, requiring the time and responsive attention of a number of hospital staff. This administrative time comes at a cumulative cost and does very little to directly improve the quality of patient care.

That was just for the hospital. The same routine is repeated for the Addictions Treatment Center and again for the Psychiatric Residential Treatment Facility. Then in our outpatient areas, we participate in the continuous compliance licensing activities for our CMHC and the licensing and certification of our outpatient addictions programming. This becomes even more frustrating when these survey activities include a review of personnel files, board minutes, accreditation reports and a multitude of plans, policies and procedures -- very few of which have typically changed since the previous review. These requests are sometimes conducted by the same state employee within days or weeks of a previous request. It does not seem to be a good use of anyone's resources, especially at a time when we lack adequate funding to care for those desperately in need of our services.

The national accreditation standards are comprehensive and quite stringent. The Joint Commission survey teams include a psychiatrist, a master's level nurse, an engineer to survey the environment of care and other credentialed behavioral health professionals with no affiliations in the state where an organization is being surveyed.

The accreditation standards are also kept current in terms of changes to privacy laws, new technology, medical science and best practices in service delivery, quality and healthcare outcomes.

The most recent TJC standards became effective January 1, 2016. The State's standards for psychiatric hospitals were last updated in 1991; for CMHCs in 2003. The last revision for alcohol and drug abuse programs was in 2006 and the newest standards for PRTFs were developed in 2013.

In terms of resources that are consumed for such surveys and redundant oversight in just one organization, Prairie View conservatively estimates that approximately 187 hours of KDADS and KDHE staff are spent on our site each year. Add this to the estimated 221 hours that our employees spend accompanying and scheduling for state field staff, the total human resources consumed are at the very least, 400 hours. Potentially multiply that by the number of CMHCs that could be impacted by the granting of deemed status in recognition of the national accreditation we are required by the state to maintain as a condition of our licensing -- and the opportunity to convert that savings to the actual provision of services becomes quite substantial.

For these reasons I have summarized, I ask that your committee support HB 2571.

I thank you for the opportunity to share this information with you this afternoon. I am happy to receive your questions.

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