

# KANSAS LEGISLATIVE RESEARCH DEPARTMENT

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**To:** House Committee on Health and Human Services  
**From:** Iraida Orr, Principal Analyst  
**Re:** SB 121- Osawatomie State Hospital and Rainbow Mental Health Center

During the March 12, 2013, House Committee on Health and Human Services hearing on SB 121, a request was made for information regarding Osawatomie State Hospital (OSH) and Rainbow Mental Health Facility (RMHF). The request was for the number of patients at each facility and the nature of patients' disabilities, a summary of the treatment provided at each facility with an indication of differences and similarities in the treatment provided, and the process for renewal of accreditation for the facilities.

## **Number of Patients and Disabilities**

According to information provided by Lea Stueve with the Kansas Department for Aging and Disability Services (KDADS), there are no differences in the types of patients treated at RMHF and OSH. Patients at these psychiatric hospitals have been diagnosed with psychiatric disorders such as personality disorders, bi-polar, schizophrenia, and others. Both facilities are adult only, as RMHF no longer has any adolescents. On March 13, 2013, the census for the facilities was:

- OSH had 175 patients, with a licensed capacity of 176; and
- RMHF had 28 patients at the OSH facility, with a licensed capacity of 30 beds, and two patients at the Admissions and Evaluation Center (AEC) facility in Kansas City, with a licensed capacity of six beds.

## **Treatment**

### ***Osawatomie State Hospital***

Information on KDADS website indicates OSH has six units and each unit contains a treatment program designed for patients with individualized treatment needs. The treatment programs are:

- Managing and Preventing Symptoms (MAPS), which consists of two units for a total of 60 available beds, houses patients with psychotic symptoms and

disorders. The program centers on focusing patients on reality-based concepts and assisting in managing symptoms that interfere with daily functioning. The typical length of stay is 25 days. Treatment offerings include Current Events, Music, Art, and Symptoms Prevention and Management.

- The Continuing Care Program (CC) is in a 30 bed unit with 26 beds designated for CC patients and 4 beds for the Detox Care and Treatment Program. The CC program is for patients with longer term hospitalization needs including either complex behavioral and criminal histories, or both. The treatment programming includes competency evaluations and focuses on helping patients identify behavioral patterns and attitudes that consistently interfere with their healthy functioning in the community. Patient length-of-stays range from a few weeks to years, and depend on their clinical need and risk to the community. Treatment offerings include community government, corrective thinking, anger management, and stress management. Greenhouse and supportive employment programs also are available.
- The Detox Care and Treatment Program (DTC) has four designated beds in the CC unit. The program specializes in addressing initial inpatient intervention for patient exhibiting intoxication and a need for psychiatric assessment and treatment. The patient's length of stay is usually two to three days, and individuals typically are referred by law enforcement. Treatment programming includes psychiatric and substance abuse assessment, discharge planning, and referral to continued psychiatric care or substance abuse treatment based on the identified clinical need.
- The Successful Living Program is a 26 bed unit designed for patients with a variety of psychiatric problems and with multiple admissions, unsuccessful placements due to aggressive behaviors, lack of responsiveness to conventional treatments, and persistent violent and sexually aggressive behaviors, or a combination thereof. The unit is primarily for males. The length of stay can range from a few weeks to years depending on the clinical need and risk to the community. The program focuses on managing aggression, boundaries, and intensive planning with the community to increase the patient's success after discharge.
- Healthy Options, Plans, and Experiences (HOPE) is a program housed in a 30 bed unit designed for patients with mood disorders, primarily depression and anxiety. The treatment focus is on the need for motivation and hope in recovery and learning health ways to address emotional and mental needs. The length of stay is about 20 days. The patients receive an intensive intervention approach to increase safety from harm (especially from self) and optimism for the future. Treatment offerings include Dialectical Behavioral Therapy training, Wellness and Recovery development, and Co-existing Disorder treatment; and
- The Crisis Stabilization Program is a 30 bed unit designed for patients who are in acute crisis and likely will respond to intensive short term intervention. Patients who are being admitted to the hospital for the first time or who are clinically determined to need brief hospitalization are assigned to the program. Patient symptoms vary and include acute psychosis, suicidal behaviors, aggression, and

substance induced disorders and symptoms. The typical length of stay is 12 to 14 days with a focus on stabilizing the presenting problem and returning to the community for follow up treatment. Groups on behavior and emotional management, Co-existing Disorders, and problem solving are part of the treatment.

### ***Rainbow Mental Health Facility***

The KDADS website describes RMHF as consisting of two units, each with 18 beds. The treatment is usually provided off-unit at a treatment center designed for a variety of treatment options. Opportunities for leisure, fitness, and other activities also are provided. The RMHC AEC unit in Kansas City provides a place for crisis placement for determination of admissions and evaluation. The RMHF programs are:

- The MAPS program is in one unit with 18 available beds. The program focus, patient length of stay, and treatment offerings are the same as those of the MAPS program at OSH.
- The HOPE program is in one unit with 18 available beds. The program focus, patient length of stay, and treatment offerings are the same as those of the HOPE program at OSH.

### **Accreditation Renewal**

According to information available on The Joint Commission (TJC) website, both RMHF and OSH have Hospital accreditation, and OSH also has Pathology and Clinical Laboratory accreditation. To earn and maintain Hospital accreditation, a hospital is required to undergo an on-site survey by a TJC survey team. With a few exceptions, TJC surveys are unannounced. Unannounced surveys occur between 18 and 36 months after a previous full survey. During an accreditation survey, TJC evaluates a hospital's performance of functions and processes to continuously improve patient outcomes. A hospital is evaluated on its compliance with applicable standards based on tracing the care delivered to patients, verbal and written communication provided to TJC, on-site observations and interviews by TJC surveyors, and documents provided by the hospital.

Annual fees for hospitals depend on the type of hospital and are weighted values for volume based on the types of service provided by a hospital. For 2012, the costs ranged from \$1,505 to \$37,620. Those entities already accredited with TJC receive the annual fee invoice in January of each year. The on-site survey fee is billed within seven days of the survey's completion.

The survey process for laboratory accreditation evaluates actual care processes by tracing patients through the care, treatment, and services received and analyzes the systems that directly affect the quality and safety of diagnostic services. The Centers for Medicare and Medicaid Services (CMS) officially recognize The Joint Commission Laboratory Accreditation program as meeting the requirements of the Clinical Laboratory Improvement Amendment (CLIA). The CLIA regulations require all laboratories be surveyed on a two year cycle and also require there be an on-site survey or inspection by an approved agency such as TJC, for all

tests of moderate or high complexity. CLIA regulations and TJC standards require a laboratory be enrolled in a CMS approved proficiency testing program for all regulated tests conducted by the lab. Verification of annual enrollment in a proficiency testing program must be reported annually by laboratories to TJC. Further, CLIA requires on-going monitoring by TJC of a laboratory's proficiency testing results.

The on-site survey fee is paid at the end of the on-site survey to cover survey-related direct costs, and the starting cost is \$2,090 for one surveyor per day. The annual fee, based on a laboratory's volume and the type of services provided, is due each January and covers TJC accreditation related services. The annual fee starts at \$1,230 for a small lab and is weighted based on the number of CLIA specialties, subspecialties, and locations for which testing is performed.

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