

Osawatomie State Hospital (OSH) and  
Rainbow Mental Health Facility (RMHF) and  
Associated Catchment Area Community Mental Health Centers (CMHC)

Protocol for Managing State Mental Health Hospital Census  
*September 2005*

Background & Values

The state mental health hospitals (SMHH) in Kansas have experienced significant growth in admissions during the past several years. Already increasing at 10% and more per year, in state fiscal year 2003 there were 3,115 admissions. That growth rate surged over 27% in two years, with 3,964 admissions at the three state mental health hospitals in state fiscal year 2005.

The hospitals continue to address growing admissions by increasing the intensity and effectiveness of hospital treatment, resulting in reduction in lengths of stay and stabilizing their census. Osawatomie State Hospital, in particular, changed its service delivery to include extensive crisis stabilization services for those who would benefit from a short-term, intensive hospital stay.

SRS will continue to actively explore and implement strategies to meet the increasing demand for state mental health hospital services. We have not implemented any suspension of admissions, and no one seeking admission has been denied access to state hospital services. The option of suspending admissions has been eliminated at this time.

*Ultimately, it is the obligation of the state to meet the needs of patients with acute psychiatric inpatient treatment needs that cannot be met in their communities.*

State mental health hospital staff, SRS Mental Health Services program staff, and Community Mental Health Centers (CMHCs) must work together on a continuous basis to prevent, identify and respond to census and capacity difficulties.

The very best use of existing resources will not accommodate extensive or prolonged additional treatment demand, and if the admission surge continues new resources will be required to meet the continued and growing demand for these critical safety net services.

Management Protocol

State Hospital administration will provide total census numbers through daily email updates to SRS, Health Care Policy staff and CMHCs. Weekly updates will be provided of total daily census by CMHC, and these weekly updates will be supplied to each CMHC.

Census status and concerns, as well as issues which may be contributing to census concerns, will be regularly discussed between each State Hospital and the CMHCs in their service area. This subject should be a topic of discussion at periodic business meetings between the State Hospital and CMHCs, and specific census issues should be communicated electronically to each involved CMHC.

Each State Hospital will define its operational capacity (based upon such factors as budget status, staffing situation, and other contributing factors), and will communicate that operational capacity to CMHCs and Health Care Policy staff. Likewise, as changes develop in the operational capacity, those changes will be communicated. Included in the definition of operational capacity will be a description of what threshold issues, events or status will trigger a notice that the State Hospital is "approaching capacity" and needs assistance from CMHCs and others.

When a State Hospital's census increases to the point of approaching capacity, CMHC staff, State Hospital staff and SRS Mental Health Services staff will work together to attempt to decrease admissions, increase discharges, and

explore other measures to avoid exceeding capacity. Responses could include any one, or any combination of, the following:

1. The State Hospital Superintendent (or the State Mental Health Program staff) shall notify CMHCs that census status has triggered a notice of approaching capacity.

<b>Hospital</b>	<b>Full Bed Capacity</b>	<b>Trigger Point of Approaching Capacity</b>
Osawatomie - Adults	176	170
Rainbow - Adults	50	47

When a trigger point has been reached, notice will go to each CMHC. While the practice goal will be to avoid the sending of such notice, we all recognize that on occasion such a notice will be necessary. All persons communicating about these issues will keep in mind that rushed and pressured communication inherently carries the increased risk of alarming its recipient and prompting a defensive reaction. Extraordinary effort should be made by all involved to be available for dialogue and open to hearing both creative solutions and frustrating realities during these discussions. If there are particular communication protocols available during these situations (such as the availability of 24/7 phone access to a management staff at the SMHH), they should be included in the notice.

2. The State Hospital Superintendent shall conduct a review of all patients who are at or nearing completion of treatment/stabilization, and who are prepared or preparing for discharge. In this regard, the following information shall be provided to the SRS Director of Mental Health Services and the applicable CMHCs :
  - A. Summary information about individuals who are clinically prepared for discharge, including name, county of residence and CMHC; why discharge is not occurring; and a brief description of the anticipated discharge plan.
  - B. Summary information about individuals who appear to need developmental disability services including name, county of residence and CMHC; if already being served through a CDDO, which one; if not already being served, whether a CDDO referral has been made (and which CDDO, date of referral and status or results of referral).
  - C. Summary information about individuals who appear to need substance abuse services including name, county of residence and CMHC; whether a RADAC referral has been made (and which RADAC, date of referral and status or results of referral).
  - D. Summary information about individuals who appear to need aging-related services including name, county of residence and CMHC; whether an aging services (AAA or nursing facility) referral has been made (and which service system, date of referral and status or results of referral).
  - E. Other current issues that individuals at the SMHH are experiencing which present challenges for discharge.
3. The State Mental Health Director will notify Mental Health Field Staff of census issues generally. Only if specifically requested, Mental Health Field Staff will make themselves available to assist with problem solving a particular issue associated with census management. Involvement of field staff will be on a case- or issue-specific and as-requested basis only.

4. When census continues to approach or exceed State Hospital capacity, the State Hospital Superintendent, CMHC staff as designated by each CMHC, and State Mental Health Director should consider and decide upon pursuit of the following options:
  - A. The State Hospital Superintendent may contact other state hospitals, including State Mental Retardation Hospitals, to consider possible patient transfers or to refer patient admissions (with referral of new admissions being considered first). State Hospital staff will continue to work with applicable CMHCs to assess best options for such transfers or referrals. If new admissions need to be diverted to another state hospital, it will be done in active consultation with any CMHC involved and the other state hospital involved, and with geographic and volume variables taken into consideration.
  - B. Admission and/or discharge problems related to a specific state hospital will be identified. Resolution could include accessing or providing technical assistance related to contributing treatment issues, exploring alternative community service options or arrangements, sharing of resources from other hospitals, and/or contracting with other CMHCs or private providers for short-term solutions.
  - C. Partnerships will be explored with community inpatient facilities, to determine the feasibility of those facilities providing treatment through contracting arrangements under specified census conditions.
5. If it appears that new resources will be essential to meet the demand for SMHH services, the State Hospital Superintendents and Director of Mental Health should develop specific recommendations about such resources and present them to the Deputy Secretary for review and decision.