

**COUNTY OF SACRAMENTO
CALIFORNIA**

For the Agenda of:
September 14, 2006

To: Board of Supervisors

From Department of Health and Human Services

Subject: Report Back On Mental Health Treatment Center And Proposed Pilot Program to Reduce Census At Mental Health Treatment Center

Contact: Lynn Frank, Director (875-2002)

On September 6, 2006 the Board requested information on the Mental Health Treatment Center and Proposed Pilot Program to reduce census at Mental Health Treatment Center.

BACKGROUND

The Mental Health Treatment Center (MHTC) inpatient unit is licensed by the State Department of Mental Health (DMH) as a 100-bed Psychiatric Health Facility (PHF). If the MHTC exceeds its licensed capacity the facility faces licensing sanctions that could ultimately result in a cease and desist order limiting operations or closing the facility. Sacramento County has no alternative facilities for the evaluation and treatment of adult individuals (medically indigent/Medi-Cal) who meet medical necessity for psychiatric hospitalization. There are also no facilities in Sacramento that provide hospitalization for individuals with both acute psychiatric and medical conditions.

Originally, the MHTC was a 55-bed facility which was increased to 82 beds after a new building was opened in 1992. Due to census constraints, the county was granted a licensure increase to 100 beds in 2001. Several factors led to this increase, including a 24% reduction in community psychiatric bed capacity during that period, from 407 beds in 1988 to 310 beds in 2001. In the past two years, the MHTC has seen a 36% increase in crisis services and a 25% in inpatient admissions.

During the past five years the MHTC has struggled to keep the census at or below the legal capacity of 100. When capacity is exceeded, the DMH requires immediate notification and a plan of correction that reduces the capacity to the legal limit. The only mechanism to meet this requirement is to divert admissions from the MHTC crisis unit, transfer individuals on administrative stay status to secure settings or to discharge to community based programs.

Individuals requiring secure settings often are hospitalized at the MHTC for lengthy periods of time. These long hospitalizations reduce the facility's capacity to treat individuals requiring short-term psychiatric hospitalization. The median length of stay (LOS) for individuals on acute stay status is 4 days. The median LOS for individuals on administrative stay status is 43 days. Individuals requiring secure settings are on LPS conservatorship and have challenging psychiatric, behavioral or medical conditions that preclude community placement. Out-of-County Treatment facilities are often used due to specialized treatment needs and/or refusals by local facilities.

DISCUSSION

To meet the legal census mandate, an additional 12 beds per day at Acute Psychiatric Facilities at \$793 per day for a total yearly cost of \$3,473,340 and an additional \$800,000 in Sub acute/Secure Settings are needed. The Department will contract with acute psychiatric hospitals/facilities for the additional 12 beds per day for diversion of individuals requiring acute psychiatric hospitalization at the MHTC, and patients will be diverted from the MHTC Crisis Unit to local psychiatric facilities. In addition the Department will contract with secure settings such as skilled nursing facilities or mental health rehabilitation centers that will decrease the number and/or tenure of administrative stay clients at the MHTC.

Approval of this additional funding request will create capacity and allow the MHTC to maintain the licensed census level. Contracting with local psychiatric facilities will give the MHTC sufficient capacity to serve the community as well as avoid State DMH sanctions. There are no other counties in California that operate a last resort facility without having contracts for additional service demands.

The Department reviewed the Regional Support Team (RST) Transformation Paper several months ago. The RST proposal was to provide a viable exit strategy for clients served by the RSTs. The proposal would likely reduce caseload at the RST's but would not have an impact on the MHTC census. There is no data to support the premise that the proposed Wellness Recovery Program would decrease acute care hospitalization. Typically there is a fairly low rate of hospitalization for RST clients.

The Department has been in discussion with DMH to develop a long term solution to the census and licensure challenges at the MHTC which includes addressing the regional need for a facility that is licensed for patients with acute psychiatric along with medical conditions. The MHTC is not licensed to provide care to medically compromised individuals and DMH is aware that individuals who are medically compromised are currently at the MHTC, due to this lack of appropriate facilities.

FINANCIAL ANALYSIS

The total cost of the request is \$4,273,340 that is funded by a combination of a one-time reduction of \$452,000 in the UCDMC contract, which brings the appropriation request to \$3,821,340. This request has revenues of \$987,924 from the State Department of Mental Health funding, and \$416,000 of Medi-Cal In-Lieu funding. The Net County Cost of \$2,417,416 was funded from reductions in the Department's Proposed Budget General Fund Allocation.

There is no Mental Health Realignment funding available to fund the county share of this request as the entire Mental Health Realignment revenue has been budgeted. The Board approved a plan to obligate the Mental Health Trust Account by expanding the RST Mental Health Providers contracts in Fiscal Year 2005-06 through Fiscal Year 2010-2011. Therefore, only current Mental Health Realignment Revenues are available to fund Mental Health Programs.

CONCLUSION

The Department recommends that the current request be approved as submitted.

Respectfully submitted,

APPROVED:
TERRY SCHUTTEN
County Executive

LYNN FRANK, Director
Department of Health and Human Services

By: _____
PENELOPE CLARKE, Administrator
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