

COUNTY OF SACRAMENTO CALIFORNIA

For the Agenda of:
September 11, 2009

To: Board of Supervisors

From: Department of Behavioral Health Services

Subject: Report Back – How Much Funding Is Needed To Restore Beds At The Mental Health Treatment Center In 10 Bed Increments And How Much Will A Mobile Crisis Team Cost

Supervisory
District: All

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BACKGROUND

During the hearing on September 10, 2009, the Board requested information regarding the amount of funding required to increase the bed capacity at the Mental Health Treatment Center in 10 bed increments.

DISCUSSION

This analysis was done in preparing for the reduction planning and it was determined that for every 10 beds, there is an approximate \$2 Million cost. Due to the Mental Health Treatment Center's ineligibility for MediCal dollars, there is no offset to this expense. In order to increase capacity at the Treatment Center to 100 beds (it's original capacity), the cost would be approximately 10 Million dollars.

In order to adequately serve the emergency mental health needs in our community, 125 acute psychiatric beds for indigent and MediCal funded patients are required. Prior to the budget reductions which began in Fiscal Year 2008-09, the Mental Health Treatment Center operated at full capacity of 100 beds and contracted an average of 25 overflow beds per day. With the Fiscal Year 2008-09 midyear reductions, the funding was no longer available to contract the additional 25 overflow beds. The Treatment Center could not manage the census without these additional beds and routinely exceeded 100 beds. The State Department of Mental Health issued a letter of deficiency and forced the Treatment Center to stay within licensed capacity. This led to the current situation of diversions which will be exacerbated with the Fiscal Year 2009-10 reductions as the Crisis Stabilization Unit will be closed and bed capacity reduced to 50. In order to adequately meet community needs, the bed capacity issue has to be resolved before other emergency services can be implemented to ensure those services can refer patients to acute inpatient care when absolutely necessary.

In finding ways in which to increase bed capacity it is necessary to strategically increase those beds in MediCal eligible facilities. Simply increasing the bed capacity at the Treatment Center up to its original 100 bed capacity negates significant revenue that could otherwise be obtained by developing smaller psychiatric health facilities (PHF). These smaller facilities have also been

shown to be more therapeutic for patients and safer for patients and staff. The net cost for a 12-bed contracted PHF is approximately \$2.5 Million. The budget for Fiscal Year 2009-10 includes \$1 Million to be used for this purpose leaving a need for an additional \$1.5 Million.

At the hearing on September 10, 2009, testimony was given that an additional PHF of 16 beds can be operational by January 1, 2010. The net cost for a 16 bed contracted PHF is approximately \$3.5 Million for which funding would be needed.

With the addition of a 12 bed and a 16 bed PHF in our community, the bed capacity will total 78. This number of beds would mitigate the impact to emergency rooms and other stakeholders but would not resolve the impact of these reductions since service needs require 125 beds.

A meeting has been scheduled for later this month with the local hospitals to discuss this issue and, hopefully, identify funding that can be used to open smaller psychiatric health facilities. Additionally, staff has been meeting regularly with the hospital diversion committee to formulate procedures that will be used once the reductions are effective in order to assist in mitigating impacts to the extent possible. This diversion committee has been expanded to include other stakeholders including law enforcement, county clinics and the Public Guardian/Conservator.

The Board also inquired as to the cost of creating a mobile crisis team. A mobile crisis team is a program that has been lacking in Sacramento County. With the closure of the Crisis Stabilization Unit, it is tempting to implement such a team that would focus on providing clinical assessments in the emergency rooms for psychiatric patients. Utilizing data from the current configuration of the Crisis Stabilization Unit, it can be surmised that approximately 50% of the patients being diverted to local emergency rooms could be stabilized and returned to the community via a mobile crisis assessment team and the anticipated telemedicine project. However, without adequate bed capacity in the community, the remaining 50% of patients would have to remain in the emergency room until an acute treatment bed is available which may take several days. The cost for a Sacramento County crisis mobile team has not been fully vetted. However, to provide minimal clinical services to local hospitals 16 hours per day (2 shifts), 365 days per year, will cost approximately \$1.0 Million to \$1.4 Million annually. This estimate is in line with the \$1.3 Million annual cost of one of Alameda County's mobile crisis teams that serve a large sector of their county, including 3 hospitals.

In conclusion, at this time it is critical that any available funding be put towards increasing bed capacity to meet minimum requirements for Sacramento County. At the same time, we will continue working with all stakeholders to mitigate the impacts of these reductions as well as work to identify other funding sources to assist in meeting the acute care mental health needs of Sacramento County.

RECOMMENDATION

Any additional available funding should be applied to increasing bed capacity.

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Respectfully submitted,

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