

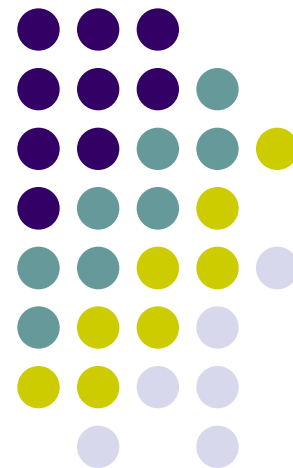
RECEIVED  
BOARD OF SUPERVISORS  
EL DORADO COUNTY  
9:02 am, Jul 18, 2011

LATE DISTRIBUTION  
Date 9:02 am, Jul 18, 2011

# Health Services Department Mental Health Division

## Psychiatric Health Facility Update

July 19, 2011





# Background

- Mental Health Division (MHD) operates a licensed, locked, 10-bed, 24-hour, adult psychiatric health facility (PHF) for persons requiring intensive psychiatric care, many of whom are involuntarily hospitalized.
- Data for FY 10-11:

	EDC Residents	Out of County	Total
Admissions	237	89	326
Bed Days	2,011	642	2,653
Average Daily Census	5.51	1.76	7.27

# Reasons for Current Analysis



- On-going fiscal challenge
  - PHF expenditures account for about 28-30% of traditional MH program expenditures in Subfund 001 (non-MHSA)
  - About 60% of MH Realignment is used to subsidize PHF
  - Structural deficit predicted in Subfund 001 (over \$350K)
  - PHF expenditures will increase as a result of recent operational issue (below), further increasing structural deficit
- Operational issue
  - PHF has relied on significant law enforcement support
  - Availability of law enforcement support has changed



# Law Enforcement Support to PHF

- Approx 111 responses in 2010
- Approx 58 responses January-June 2011
- Calls for support include:
  - Assistance with care/control of patients (i.e., escalated patient behaviors, movement of patients to seclusion, involuntary medication, etc.)
  - Threats or acts of violence

**Most calls have been for care/control of very difficult patient situations and this can no longer continue**

# Recent Notice by Placerville Police Department



- On 6/30/11, MHD was advised by the Placerville Police Department that “based on advice from legal counsel including an opinion provided by the El Dorado County District Attorney’s Office, we have come to the conclusion that effective immediately the Placerville Police Department (PPD) can no longer respond to requests to assist with the care and/or control of patients at the Psychiatric Health Facility (PHF).”
- The notice stated that “we [PPD] are specifically faced with the legal advice and opinion that officers performing psychiatric orderly duties like care or control of patients may be acting outside the scope of their duties as peace officers and may face potential civil and criminal liability.”
- The notice further clarified that “With respect to reports of criminal behavior, we [PPD] do still plan to respond to these calls for service in and around the PHF as these responses would fall within the scope of duties for the officers.”

**The County appreciates the significant support that has been provided by the PPD to the PHF.**

# Current Status



- The Sheriff agreed to provide support to the PHF through Tuesday, 7/26/11, allowing the Department and the Board to evaluate the situation and explore options for continued psychiatric hospitalization services
- MHD is taking steps to minimize the need for law enforcement support
  - We have been very successful to-date with a revised approach (different clinical strategies; involuntary medications at shift change if needed; greater use of additional MHD employees to assist with care; etc.)
  - We anticipate that some calls for law enforcement support (for other than just 911 calls) will likely still be necessary

# Options for Board Consideration



Option 1: Continue operation of local PHF (additional resources and funding needed)

Option 2: Close local PHF and buy psychiatric hospital beds (place patients in out-of-County psychiatric hospitals)

Option 3: Temporarily continue, or discontinue, operation of local PHF while further options are identified/analyzed; return to Board for further discussion within next two months

Other ?



# Option 1: Continue Operation of Local PHF

## Operational Considerations

- Decrease reliance on external assistance while still ensuring safety for patients and staff
  - Increase staffing for night shift (to provide minimum of 3 staff)
  - Provide additional training on revised clinical approach and establish/implement revised operational protocols
  - Enhance supervision on evening and night shifts to ensure effective implementation of alternative clinical strategies
- Identify plan for external assistance in dangerous situations that don't meet the criteria of criminal behavior (i.e., threats or acts of violence)



# Option 1: Continue Operation of Local PHF

## Levels of Support Required



- 911 Emergency – criminal behavior (i.e., threats or acts of violence)
  - Placerville PD will respond
- Dangerous situations, but that don't meet the criteria of criminal behavior (i.e., threats or acts of violence)
  - Requires identification of appropriate responder to ensure safety
- Extremely challenging patient care situations (beyond the ability of scheduled PHF staff to address)
  - MHD is exploring options to address with Division staff (will result in increased costs)

# Option 1: Continue Operation of Local PHF

## Fiscal/Risk Considerations



- Adds about \$250K to current projected structural deficit (of \$350K) in Subfund 001 (for a total projected structural problem of about \$600K)
- Deficit estimates could increase if historical funding sources diminish under new 2011 Realignment
- Risk of injuries, litigation, etc., associated with operations
  - Experienced incidents/injuries prior to change
  - Risk may increase during transition period

# Option 1: Continue Operation of Local PHF Fiscal/Risk Considerations (Cont'd)



- Ability to address structural deficit is already severely limited due to mandated programs/services in Subfund 001
  - New client assessments
  - Limited, required outpatient services for Medi-Cal eligibles
  - EPSDT (Medi-Cal services for children)
  - Mental health services in juvenile detention facilities
  - Psychiatric emergency services
  - Longer term residential placements, including institutes for mental disorders and group home placements for youth

## Option 2: Close Local PHF Operational Considerations



- Contracts are currently in place for psych hospital services (additional/amended contracts necessary for expanded access to beds, particularly at Medi-Cal facilities)
- MHD's role would shift primarily to contract management, case coordination, and discharge planning
- Would result in reduction-in-force of approx. 15 FTEs (plus significant Extra-Help) currently required for PHF operations
- Reduces MHD's need for psychiatry services

## Option 2: Close Local PHF

### Potential Partner/System Impacts



- Patients/families – Medi-Cal and uninsured patients would be placed in out-of-County psych hospitals (this currently occurs for Medicare and other privately insured patients requiring psych hospitalization)
- Marshall and Barton hospitals – availability of out-of-county psych beds could impact length of time 5150 patients remain at local hospitals
- Law enforcement – no on-going support required at local PHF
- Jails – no local PHF beds for jail inmates requiring psych hospitalization
- Ambulance system – transports to out-of-County psych hospitals
- Courts – no local PHF for court-referred inpatient evaluations
- Public Guardian – no voluntary admission of conserved clients who don't meet 5150 criteria

## Option 2: Close Local PHF Fiscal/Risk Considerations



- Reduces fiscal pressure on Subfund 001 (traditional programs), increasing MHD's ability to live within available special revenue funding
- Increases fiscal pressure on Subfund 003 (Mental Health Services Act programs) as greater share of MHD admin/infrastructure costs will be distributed to MHSA programs (allocated based on salary and benefit costs)
  - MHD is evaluating program options to most effectively use MHSA resources and will continue coordination with stakeholders
  - BOS has final approval authority for MHSA program plans
- Decreases risk related to operating psych hospital

# Fiscal Comparison

## Continue to Operate PHF vs Close PHF



	Expenditures	Revenues	Net Cost (Subsidy from MH Realignment)
Operate PHF Baseline Budget Prior to Changes	\$2.5M	\$.7M	\$1.8M
Operate PHF with Required Changes	\$2.7M	\$.7M	\$2.0M
Close PHF Buy 5.5 Beds (1.5 Medi-Cal)	\$1.8M	\$.2M	\$1.6M
Close PHF Buy 5.5 Beds (2.5 Medi-Cal)	\$1.8M	\$.3M	\$1.5M



## Additional Fiscal Considerations

- Structural deficit over \$350K already predicted in Subfund 001 (traditional MH programs)
- Option 1: Continue operation of local PHF – expected to increase the deficit in Subfund 001 to about \$600K
- Option 2: Close local PHF – expected to reduce the deficit in Subfund 001 to about \$175K to \$300K (the range depends on number of bed days and mix of Medi-Cal versus non-Medi-Cal)



# Option 3: Temporarily continue, or discontinue, operation of PHF while further options are identified/analyzed



- Temporarily continue
  - Requires plan for continued support to PHF for dangerous situations (non-911) if needed, despite active efforts to minimize/avoid
- Temporarily discontinue
  - Significant fiscal impact
  - Most local PHF expenses (e.g., fixed staffing costs, etc.) will continue; however, offsetting revenue will not be available
  - Additional expenses will be incurred for contracted psych hospital beds/services; net cost of each contracted Medi-Cal bed is approx \$492/day (\$15K/month) and each non-Medi-Cal bed is approx \$833/day (\$25K/month)

# Options / Next Steps



Option 1: Continue operation of local PHF (additional resources and funding needed)

Option 2: Close local PHF and buy psychiatric hospital beds (place patients in out-of-County psychiatric hospitals)

Option 3: Temporarily continue, or discontinue, operation of local PHF while further options are identified/analyzed; return to Board for further discussion within next two months

**Staff are prepared to evaluate other options Board may desire**