



# County of El Dorado

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## Legislation Details (With Text)

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**Title:** Mental Health Department updating the Board on the feasibility of restructuring the Psychiatric Health Facility (PHF) and requesting authorization to proceed with recommended program and operational changes as presented on May 6, 2008 and direction to incorporate the fiscal effects of those changes in the FY 2008-09 Proposed Budget. (Refer 5/6/08, Item 25)

### Sponsors:

### Indexes:

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**Attachments:** 1. MHD BOS PP.pdf, 2. MHD Sources of Revenue Detail.pdf

Date	Ver.	Action By	Action	Result
3/11/2014	2	Board Of Supervisors	Approved	Pass
5/6/2008	1	Board Of Supervisors		

Mental Health Department updating the Board on the feasibility of restructuring the Psychiatric Health Facility (PHF) and requesting authorization to proceed with recommended program and operational changes as presented on May 6, 2008 and direction to incorporate the fiscal effects of those changes in the FY 2008-09 Proposed Budget. (Refer 5/6/08, Item 25)

### Background:

On May 6, 2008, the Board asked the Mental Health Department to report back on May 20<sup>th</sup> regarding the feasibility of implementing the recommended actions proposed on that date. Those actions included:

Recommended Action:	FY 09-10 Savings	FY 08-09 Savings
Reduce IMD Costs	\$ (340,000)	\$ (255,000)
Alternative Funding for Uninsured Clients	(294,036)	(220,527)
Reduce PHF Beds to 10	(214,448)	(160,836)
Create a Crisis Residential Facility	(474,921)	(237,461)
<b>Total Estimated Savings</b>	<b>\$ (1,323,405)</b>	<b>\$ (873,824)</b>

The Board specifically asked the Mental Health Director to consult with Doug Nowka, Director of Human Services and Gayle Erbe-Hamlin, Director of Public Health regarding the Crisis Residential Facility's (CRF) psychosocial impact on the DHS and PH programs that are in immediate proximity to the PHF/CRF, and meet with staff from General Services regarding the costs of renovating the current PHF facility.

The Director and Deputy Director of Mental Health, along with the staff from the Chief Administrative

Office, met with Doug and Gayle on May 8<sup>th</sup> to discuss concerns and safeguards with reference to the proposed CRF. Plans for the CRF residents include 24/7 monitoring and programmatic involvement by the Department's professional staff. For example, residents would be transported to Prospect Place at 2808 Mallard Lane every weekday for participation in the clinical programs there. Additional clinical programming would be put in place for the weekends and evenings to ensure appropriate supervision of CRF clients. After the discussion, the three Directors concluded that the proposed CRF could be appropriately located within the current PHF facility with the planned monitoring of the residents.

General Services has estimated the cost of renovating the current PHF facility for the proposed CRF at \$25,000. The Department is exploring the possibility of using already approved, one-time MHSA housing dollars to meet this cost.

Related to the CRF plan is the Department's goal of reducing IMD costs by moving appropriate residents into lower levels of institutional care for which reimbursement is available. It is imperative to note that recommendations regarding the placement of IMD clients will be made based on a case-by-case assessment with the goal of promoting the client's recovery. Each IMD resident is well known to our professional staff and each will be evaluated individually for placement alternatives. The existence of a CRF will add to flexibility to the Department's options in making these placements.

Questions about reducing PHF bed availability to 10 have been raised in the context of there being sufficient beds to house and treat El Dorado County residents. The average daily PHF census over the calendar year to date shows that five to six PHF patients, at any given time, are EDC residents. The remaining beds are filled with (paying) out-of-county residents. Our plan is to always have PHF beds available for EDC residents. Again, the existence of a CRF will add to the Department's flexibility in providing treatment options for acutely ill EDC residents.