

HJR 16: State-Operated Institutions

Use of Small Facilities: Considerations and Decision Points

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Background

During the House Joint Resolution 16 study of state-operated institutions, a number of stakeholders have suggested the use of 16-bed facilities for mental health treatment. For discussion purposes, this briefing paper looks at questions related to proposed operation of 16-bed facilities for people experiencing a mental health crisis or in need of involuntary commitment because of their mental illness.

Key Decision Points

Questions related to the use of short-term facilities generally fall into one of the following categories: construction, operation, use, and purpose.

Within each of those categories are several options for the committee to consider. The decisions made on those options would shape the direction of any legislation or other action taken to encourage or require use of the facilities.

Decision points and related considerations in each category are outlined below.

Construction of Facilities

Montana currently does not have any 16-bed mental health treatment facilities, so one or more facilities would need to be built if the state opts to use these as an alternative to treatment at the Montana State Hospital. Facilities could be constructed by:

- a hospital or mental health provider;
- a private developer who would lease the facility to a provider or the state; or
- a local government or the state.

The following considerations may factor into any committee review or decision on this question.

- Previous legislative efforts to fund services at 16-bed “behavioral health inpatient facilities,” or BHIFs, did not succeed. Legislative appropriations in 2003 and 2007 did not include money for construction of the facilities and assumed that private providers would bear that cost.
- Construction costs would depend on several factors, including whether the facility provides treatment in a secure, locked setting and the level of medical care the facility is expected to provide. Crisis stabilization beds typically cost less than secure beds for people being detained or treated as part of an involuntary commitment process.

- The state of Minnesota has leased several 16-bed treatment facilities at a cost of about \$1.5 million per year per facility.
- Gallatin County paid \$2 million for construction of the Hope House in Bozeman. That facility has two secure detention beds and eight voluntary treatment beds.
- Lewis and Clark County has appropriated \$1.3 million for construction of a crisis stabilization facility in Helena that will be similar to the Hope House.

Operation of Facilities

A 16-bed facility could be operated by either:

- the state; or
- a private provider who bills available payment sources, including the state, to cover the costs of operation.

The following considerations may factor into any committee review or decision on this question.

- The Legislature appropriated \$1.8 million in 2003 and \$6.2 million in 2007 for operation of one BHIF, but no private provider submitted proposals to operate a facility. In 2003, providers voiced concerns that the costs of providing services would exceed the amount appropriated and that they would be unable to recover the additional costs by billing sources such as private insurance, Medicaid, and Medicare.
- If the state operated the facilities, costs would depend on the type and duration of treatment provided. Current law allows a BHIF to provide treatment to people who are involuntarily committed to the state's custody, as well as people who seek voluntary admission and those who are on an emergency or court-ordered detention.
- The state of Minnesota operates 16-bed facilities at an annual cost of about \$4.4 million per facility. The average length of stay for patients, who are involuntarily committed, is 22 to 30 days.
- Other states use 16-bed facilities for short-term, court-ordered detention and treatment through a variety of payment arrangements with providers. The average length of stay appears to be 30 days or less in some states. Although information may be available on the costs of operating those facilities, an apples-to-apples cost comparison may be difficult because of managed care or other payment arrangements in those states.
- Montana currently uses general fund to pay for some short-term crisis stabilization and emergency detention services in communities, while counties currently pay the costs of transporting individuals to the State Hospital and for some other pre-commitment costs. Sixteen-bed facilities may have an effect on state and county costs.
- Availability of mental health professionals may affect decisions related to where a facility could be located.

- Medicaid may reimburse a provider for Medicaid-eligible services in a 16-bed facility. However, payments could be made only for individuals who meet Medicaid eligibility requirements. MSH data may provide an indication of how many MSH patients may be eligible for Medicaid if they were being treated in a 16-bed facility, rather than an institutional setting.

Use of the Facilities

While current law establishes some parameters for use of 16-bed facilities, stakeholders have suggested a variety of uses for the facilities. Options include using the facilities:

- only for short-term crisis stabilization, typically three to seven days;
- only for long-term mental health treatment of up to 90 days or longer, if recommitment is necessary;
- only for short-term emergency or court-ordered detentions, typically three to five days; or
- for a combination of purposes.

The following considerations may factor into any committee review or decision on this question.

- Under current law, BHIFs are designed to provide a secure setting for treatment of individuals who are involuntarily committed by a judge or who are the subject of an emergency or court-ordered detention. BHIFs also may provide treatment to individuals who voluntarily seek admission, if space is available.
- To be licensed as a BHIF, a facility must meet more stringent facility and staffing standards than other community-based licensed mental health facilities.
- A facility providing only short-term crisis stabilization may not need to meet the same licensure standards as BHIFs.
- A facility providing emergency or court-ordered detentions must meet a variety of staffing and security standards.
- A facility providing short-term stabilization services or emergency or court-ordered detentions would not have as many staffing needs as a facility providing longer-term mental health treatment.
- A facility providing both voluntary and involuntary treatment would most likely need to have rooms with differing levels of security. The different types of treatment may require different staffing levels.

Purpose of the Facilities

A 16-bed facility could serve a variety of purposes. The final design or use of the building may depend on the intended purposes. Options include:

- providing mental health treatment closer to a patient's home, family, and support systems;
- avoiding long transports to the Montana State Hospital;
- reducing pressure on the Montana State Hospital; or
- reducing the size of the Montana State Hospital.

The following considerations may factor into any committee review or decision on the purpose of establishing 16-bed facilities.

- Approximately 39 percent of MSH admissions in Fiscal Year 2013 involved short-term emergency or court-ordered detentions with stays of six or fewer days. These admissions involve about the same amount of time for the initial admission as do admissions for people who are being committed for 90 days.
- Eleven counties had three or more emergency or court-ordered detentions at MSH in FY 2013. Six counties accounted for 80 percent of those admissions: Missoula, with 81; Lewis and Clark, 26; Ravalli, 19; Silver Bow, 19; Deer Lodge, 15; and Lake, 15.
- The remaining counties with three or more admissions were: Gallatin, 6; Custer, 5; Fergus, 4; Hill 3; and Lincoln, 3.
- The county seats of two of the six counties with the highest number of short-term admissions are 25 miles or less from MSH (Anaconda and Butte), while two other county seats are 75 to 100 miles away (Helena and Missoula). Two are 150 to 165 miles from MSH (Hamilton and Polson).
- Two of the six counties — Ravalli and Silver Bow — have crisis stabilization and emergency detention facilities. Efforts are underway in Lake and Lewis and Clark counties to build similar facilities.
- A facility that provides short-term stabilization and emergency detention could reduce transportation of individuals to Warm Springs by law enforcement officers and reduce pressure on MSH by freeing up more staff time and more beds for patients who are committed for 90 days.
- The main hospital facility at MSH is divided into four wings of about 32 beds each, with one of the wings designed to hold forensic patients — individuals who have been charged with or convicted of a crime and who are undergoing evaluation or treatment at MSH. To reduce the size of the facility and the related cost of staffing a wing, the state would need two 16-bed facilities to equal the number of beds in one wing at MSH. The community facilities likely would need to provide long-term treatment of 90 or more days to individuals who have been involuntarily committed — not just those who are undergoing short-term treatment to determine whether a commitment petition should be filed.