The 16-Bed MHRC Model in California

A Discussion & Exploration of Its Role, Results and Potential Opportunities for California Counties

Today's Agenda

3:00 to 3:15	Welcome (Louise Rogers)
3:15 to 3:45	16-Bed MHRC Presentation (Ross Peterson & Faith Richie)
3:45 to 4:45	Feedback, Discussion, Brainstorming (Group)
4:45 to 5:00	Recap & Next Steps (Louise)

Today's Intentions

- Review current challenges counties face in providing services to people who need longer-term secure settings
- Gain deeper knowledge about the 16-bed MHRC model as a possible solution: its structure, services, outcomes, and how it's currently used in other states
- Explore how it could work in California: licensing, funding, services, facilities, and budget impact
- Generate feedback, ideas and actions to help us move the conversation/model forward.



Joining Today's Conversation

San Mateo County

- Louise Rogers
- Steve Kaplan
- Chris Coppola
- Bob Cabaj

Alameda County

- Marye Thomas
- Barbara Majak
- Gary Spicer
- Marlene Gold

Los Angeles County

Mary Marx

Orange County

- Mark Refowitz
- Debbie Lent
- Kevin Smith

• Telecare

- Ross Peterson
- Faith Richie

Challenges for Consumers

- For people requiring an extended stay in a secure environments, California options include:
 - State hospitals
 - Skilled nursing facilities
 - Mental health rehab centers
- Data show consumers do better in:
 - Smaller, more home-like settings
 - Services closer to home





Challenges for Counties

- IMD rule prohibits use of Medi-Cal funds for:
 - State hospital / institutional settings
 - Ancillary costs, including medical care
- Industry is moving toward smaller, locally-based, unlocked environments

What Are Other States Doing?

- **Oregon** and **Nebraska** have faced similar challenges on a smaller scale.
 - Overuse of institutional settings
 - Lack of locally-based secure alternatives
 - Inadequate recovery supports for consumers/families
- New service level in state service definitions

State of Oregon: Services

- Secure Residential Treatment Facilities (SRTF)
- Three different populations:
 - 90-Day
 - Post Acute Intensive Services (PAITS)
 - Long-Term Adult SMI
 - Long-Term Forensic Adult SMI
 - Psychiatric Services Review Board (PSRB)



Recovery Center at Woodburn

State of Oregon: Outcomes

- The Recovery Center at Gresham 16-Bed SRTF
 - Saved \$37,000 per admission
 - Reduced length of stay
 - Shortened wait times in acute
 - No denial of admissions
 - Diverted over 650 people from state hospitals during first 8.5 years of operations
 - Recovery philosophy (RCCS)



State of Nebraska: Services

- Secure Psychiatric Residential Rehabilitation Facility (SPRRF)
- Approach:
 - Longer-Term (6-months to 2 years)
 - Program design based on changing system need and available resources



Region Six Recovery Center

State of Nebraska: Outcomes

- Recovery Center at Sarpy, Region Six Recovery Center
 - Annual savings of \$1.2M in state and local funds before leveraging Federal dollars
 - 60 individuals transitioned to the community
 - Closure of a state hospital
 - Sustained community tenure
 - Recently approved for Medicaid;
 savings will more than double



Recovery Center at Sarpy

Seclusion & Restraint

- Seclusions and restraints (S&R) capacity accepts all comers
- Intent is restraint-free, recovery environment
 - Recovery-Centered Clinical System power with people versus power over people
- Seclusion & restraint data:
 - Oregon Programs
 - 2002 to 2011: 7 seclusions, 7 hands-on, 0 mechanical restraints
 - During last two years: 10,092 patient days, 1 seclusion
 - Nebraska Programs
 - No use of seclusion and restraint since opening
 - Programs opened in 2005 and 2006

How This Might Work in CA

Licensing

Mental Health Rehabilitation Center (MHRC)

Reimbursement

- With Short-Doyle MediCal rate structure, daily rate would be between rates of crisis residential (\$337.15) and PHF (\$597.88)
- Bottom line... After considering facility needs, bottom line financial impact to counties would be generally cost-neutral.

Benefits for Counties

• Smaller Counties

- Local/regional secure inpatient service
- Closer to county services and families

• Larger Counties

- Specialized to meet geographic and population need
- Eventually eliminate use of institutional settings
- Long-term savings in facility costs
- Solves ancillary funding issues

Concerns of 16-Bed MHRC

Program Cost

- Program is more costly due to its size.
- With Medicaid drawdown, change is cost-neutral

Facilities

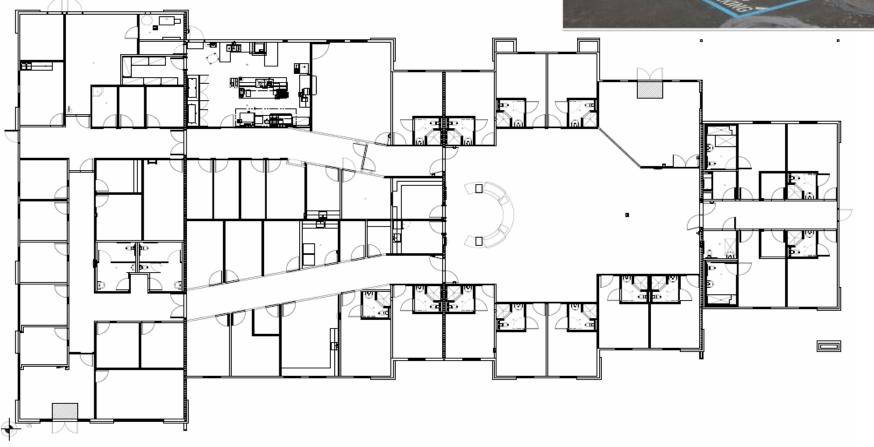
- Availability and cost of facilities can pose a barrier
- Options include building ground-up or retrofitting

Facility Options

- Ground Up
 - Sanger Place
- Convert Existing Hospital/Skilled Nursing Facility
 - Recovery Center at Gresham
 - Region Six Recovery Center
- Renovate Existing Building
 - Recovery Center at Sarpy

Sanger Place





Moving Toward 16-Bed MHRC

- To be Medicaid/Medi-Cal eligible, must meet 3 conditions:
 - Consumer must be eligible
 - Provider must be eligible
 - Service must be eligible

- Working Toward Service Eligibility Two Options:
 - State Plan Amendment to Specialty MH Waiver 1915(b)
 - Counties submit amendments to their Low Income Health Plans (LIHPs) under the 1115 research and demonstration waiver

Feedback, Discussions & Brainstorming

More info needed?
Suggested follow-up actions?
Ideas and/or considerations?

Recap & Next Steps

What we covered today and what we'll be working on next...

Resources & More Information

- www.telecarecorp.com/16bed
 - PowerPoint presentation
 - Mental Health Weekly article
 - Recovery Center at Gresham
 - Service definitions
 - Oregon
 - Nebraska
 - Videos from consumers
 - Recovery Center at Gresham
 - Woodburn Recovery Center
 - Region Six Recovery Center
 - Recovery Center at Sarpy