

Alternatives to Psychiatric Institutionalization for Adults- Site-Based Diversion/Post-Admission Services

March 22, 2013

	Respite	Crisis Stabilization	Short-Term Crisis Residential	Transitional Residential
A.K.A./Common Definition	<p>A.K.A. Peer Respite, Relief Respite.</p> <p>There is an array of respite services provided. Some are operated by peers to relieve situational pressures for clients experiencing intense distress/crisis. Some operate with the intended outcome of diverting hospitalization. Some therefore are staffed and operated by peers with professional training in providing crisis support to build mutual, trusting relationships. Others are staffed by MDs, Nurses and Licensed Mental Health Clinicians.</p>	<p>A.K.A. Mental Health Urgent Care.</p> <p>Helps clients in mental health situational crisis for up to 23 hours. Services include nursing health assessment, mental health assessment, and administration of medication, counseling and referrals for additional mental health services. Open 24 hours a day, 7 days a week.</p> <p>Model originally served individuals with homes, but has transitioned to serve individuals who are or soon will be homeless.</p> <p>Can only be provided on-site at a licensed 24-hour health care facility or hospital based outpatient program or certified provider site.</p> <p>Does not include the 9 Psychiatric Emergency Services (psychiatric emergency departments) operating in California.</p>	<p>A.K.A. ADU – Acute Diversion Unit.</p> <p>Therapeutic/residential rehabilitative services provided in a non-institutional setting which provides a structured program as an alternative to hospitalization, reduction of inpatient hospital days and post hospital step down with defined criteria.</p> <p>Available 24/7. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.</p>	<p>A.K.A. RTF – Residential Treatment Facility.</p> <p>Therapeutic/residential rehabilitative services provided in a non-institutional setting which provides a structured program where clients receive individualized support to maintain their stability and to work on long-term goals.</p> <p>As in the ADU’s, clients are active in the operation of the household. There is a structured schedule for program services, and some clients participate in individual activities such as job training, school, work or day treatment, developing social skills and coping strategies, finding housing and securing ongoing services and supports. Many clients have physical health conditions that have gone untreated due to lack of access to appropriate health care.</p>
Level of Distress/Acuity (moderate, high, acute)	Moderate, High	High, Acute	High, Acute	Moderate, High
Term of Care	5 hours to 2 weeks	Less than 24 hours	2-21 days	30 days to 1 year

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Statute/Regulation Including Medi-Cal Reference (See attached detail)	None	CCR Title 9, Sec. 1810.210. Staffing requirements Sec. 1840.348 SPA #10-016 – Rehabilitative Mental Health Services	W&I CODE § 5671 CCR Title 9, Section 1820.208	W&I CODE § 5671
Statewide # of Facilities; Statewide Client Capacity; Average Site Capacity and Location	In 2013 at least 5 Peer Respite Programs will be established in Sacramento, LA, Santa Cruz and San Francisco.	No Known Data Source	43 Facilities with total capacity of 530; Average facility size 12 37 % in Bay Area; 31% in Southern Coastal including LA; 14% Central Valley North and South	39 Facilities with total capacity of 478; Average facility size 12 50% in Bay Area; 13% in Southern Coastal including LA; 12% Central Valley South; 9% Central Coast
LPS Designation	Voluntary	Can include psychiatric evaluations for persons who are on involuntary holds. Some police departments transport when clients are willing to enter voluntarily.	Voluntary	Voluntary
Start-Up Cost/Timeline	Facility upgrades, furnishings, staff training time; 3 months start-up time. Easier/faster if housed in government funded entity.	Facility upgrades, furnishings, staff time for licensing and certification, hiring, policy and procedure development, security clearances and staff orientation. 3 months start-up time if facility is in place; up to 6 months if facility must be located and developed.	Property and staff costs. Use permit process e.g. licensure/fire clearance (could take up to 8 months).	Property and staff costs. Use permit process e.g. licensure/fire clearance (could take up to 8 months).

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Mean Cost (See attached detail) An occupancy rate of 85% is generally contracted for in order to ensure openings for individuals in psychiatric crisis.	Variation in cost due to geographical facility cost and salary ranges. Average cost up to \$300 depending on use of licensed staff.	Short-Doyle Medi-Cal maximum hourly reimbursement ranges from \$57.55 (Sonoma) to \$177.50 (Contra Costa) depending on County. Gross cost for 8-12 person capacity facility= \$2M to3M annually. Variation in cost due to voluntary versus involuntary (required staffing), geographical salary ranges, and average length of stay, facility cost among other factors. Staffing increases with each increment of 4 clients.	Short-Doyle Medi-Cal maximum daily reimbursement (when the SMA was in effect) = \$354.71. Gross cost for 6-16 bed facility = \$800K to \$1.9M annually.	Short-Doyle Medi-Cal maximum daily reimbursement (when the SMA was in effect) = \$164.45 residential rate; \$131.24 day rate for on-site day treatment programs. Gross cost for 6-16 bed facility = \$650K to \$1.2M annually.
Barriers to Implementation	Newer models, less evidence, NIMBY	Budget shortfalls , NIMBY	NIMBY, leasing, purchasing, costs	NIMBY, leasing, purchasing
Who Owns: County-Owned, Provider-Owned	Lower % of Provider-Owned	County and Provider-Owned	Higher % of Provider-Owned	Higher % of Provider-Owned
Consumer Outcomes	Reduced emergency room usage, inpatient stays, incarcerations; successful linkage to community supports.	Reduced emergency room usage, inpatient stays, incarcerations; successful linkage to community supports.	Reduced hospital inpatient stays, incarcerations; successful linkage to community supports, movement to lower levels of care. Reduced hospital recidivism.	Attain stable and secure housing; Address physical health conditions, strengthen social skills and community engagement; Develop healthier coping strategies.

Attachments:

- Title 9 1810.208 (Adult Crisis Residential Treatment Services); 1810.210 (Crisis Stabilization); 1840.348 (Crisis Stabilization Staffing Requirements)
- California Welfare and Institutions Code 5671
- SPA #10-016 (Rehabilitative Mental Health Services)
- Mental Health Medi-Cal Billing Manual