

## **HJR 16: State-Operated Institutions** ***Converting Crisis Facilities to Provide Long-Term Treatment***

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for the Children, Families, Health, and Human Services Interim Committee  
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### Background

In March, the Children, Families, Health, and Human Services Interim Committee asked for an estimate of the costs of making changes to mental health crisis facilities so they are able to serve people who have been involuntarily committed for mental health treatment.

Experiences in Montana and elsewhere indicate that remodeling a facility so it can provide secure care is likely to cost several hundred thousand dollars, at a minimum. The facilities also would face higher operating costs because they would need to hire and train more staff and pay for additional medical costs.

This briefing paper provides an overview of:

- factors involved in changing the focus of current short-term treatment centers; and
- the potential costs associated with the changes.

### What We Have

Three facilities in Montana are currently licensed to provide both secure detention and inpatient crisis stabilization for people experiencing a mental health crisis. In each facility, those two services are provided in separate areas of the building because the services differ significantly.

Secure detention services are provided to people who pose a danger to themselves or others and are being held for evaluation or for an involuntary commitment proceeding. The individuals must be evaluated and treated in a secure, locked area until they are discharged or committed to the Montana State Hospital.

Inpatient crisis stabilization services are provided to individuals who seek treatment voluntarily, are medically stable, and are willing to follow treatment recommendations. Although they are in crisis and may require frequent observation on a 24-hour basis, they do not pose a danger to themselves or others.

The facilities that provide these co-located services are the Hope House in Bozeman, Hays Morris House in Butte, and West House in Hamilton. Two additional facilities are being built in Helena and Polson.

### What Would Change

In order to treat people who have been found in need of involuntary commitment, the crisis facilities would have to remodel or expand their existing buildings, increase their staffs, change their staffing patterns, and pay for additional pharmaceutical and medical costs. If buildings are remodeled, they may lose their ability to provide voluntary treatment to individuals in crisis.

Currently, each facility has two secure detention beds and an isolation room in an area that is physically separated from the rest of the building. Patients receiving voluntary treatment are in a more home-like area, which contains a kitchen, a dining and living area, bedrooms, and offices. That area of the building would have to be remodeled to incorporate additional safety and security features. Changes could include adding more observation areas, installing cameras, changing room configurations and furnishings, and adding treatment rooms.

As an alternative to remodeling, a facility could expand its secure detention area if the property is large enough. This approach would allow the facility to maintain its existing voluntary crisis stabilization beds.

### What It Could Cost

The cost of remodeling a facility would be several hundred thousand dollars and could go higher, if the following experiences in Montana and elsewhere are an indication:

- St. Peter's Hospital in Helena spent \$1.2 million on a remodeling project in 2009 to create 23 short-term inpatient psychiatric beds.
- The state of Montana spent about \$389,400 in 2012 to remodel a 25-bed wing of the Mental Health Nursing Care Center in Lewistown to hold prison inmates with chronic medical conditions. The project added security features to the wing but did not include treatment rooms, an observation room, a restraint room, or other services that exist elsewhere in the facility.
- The state of Vermont remodeled or built several inpatient mental health facilities in 2012 and 2013 after the Vermont State Hospital was irreparably damaged by Tropical Storm Irene in 2011. The state spent \$1.8 million to remodel a former nursing home into an eight-bed facility; \$2 million to create a temporary seven-bed treatment center; and about \$4.1 million to renovate a hospital space into a six-bed psychiatric unit.
- In December 2013, the state of Washington made grants ranging from \$880,000 to \$1.32 million to renovate existing facilities so they could be used for short-term inpatient psychiatric services.

Schlenker & McKittrick Architects, which designed the Helena crisis facility, estimated construction costs for expanding the secure side of a crisis facility at \$230 per square foot. It put the cost of remodeling the nonsecure side of the building at \$200 a square foot.

The six-bed, nonsecure portion of the Helena facility is 3,814 square feet. At \$200 a square foot, remodeling that area so it could provide secure care could cost nearly \$763,000.

The secure side of the facility is 1,418 square feet. Doubling its size, so it could treat up to five people, would cost about \$326,000. Tripling its size would cost about \$652,000.

Estimating the costs for increased staffing and other operating costs is difficult, because the current staffing levels may vary from facility to facility. However, the facilities would at a minimum need to:

- hire more direct care workers to ensure the safety of patients who have more acute needs;
- increase the number of nurses and mental health professionals who are on staff or on call; and
- pay for the patients' psychiatric medications and physical health care costs.

The current billing rates for the secure detention beds and the voluntary crisis beds give some indication of the different costs of treating people who need a more intensive level of care.

All three facilities bill \$405 per day for voluntary crisis stabilization. Two of the three bill \$555 per day for the secure detention beds, while the third bills \$500 a day — amounts that are 23 to 37 percent higher than the charge for voluntary beds. Meanwhile, the per-person cost of treating involuntarily committed patients at Montana State Hospital is \$572 per day, or 41 percent higher than the fee charged for voluntary care at the community facilities.

#### Committee Decision Points

If the committee wants to support the conversion of crisis stabilization facilities into longer-term treatment facilities, members may want to consider and decide the following questions.

1. How could the Legislature encourage private mental health providers to change the focus of their current facilities?
  - a. Should the Legislature appropriate money for necessary renovations?
  - b. Should the Legislature appropriate money to offset the additional staffing and other operational costs?
2. Would the change in facility focus be designed to increase options for community-based treatment or to reduce the census and costs at Montana State Hospital?
  - a. Most MSH patients are treated in the main hospital wing, which consists of three 32-bed wings for people under civil commitment orders. MSH costs would not be reduced significantly unless community capacity increases by 32 beds.

3. Does the committee need more information from providers about the feasibility of changing the purpose of current crisis stabilization facilities?
  - a. If so, does the committee want to solicit written comment or schedule presentations?

#### Next Steps

If the committee decides to request a bill draft, the draft bill would be presented to the committee for review and public comment at the June 20 meeting and could be further refined before the committee's final meeting in August.

If the committee wants more information, staff could schedule additional presentations or seek written comments from providers before the June 20 meeting.

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#### Sources:

- Discussions and e-mails with:
  - Scott Malloy, Director, Gallatin Mental Health Center
  - Rebecca Neer, Western Montana Mental Health Center
  - Becky Lawson, Schlenker & McKittrick Architects, P.C.
  - Russell Katherman, Architecture and Engineering Division, Montana Department of Administration
- "The Business of Hope," *Helena Independent Record*, Aug. 2, 2009
- "Eight-bed psychiatric facility to open in Morrisville," *Burlington Free Press*, Dec. 28, 2012
- "CON Implementation Report, Docket 11-106-H," *Vermont Department of Mental Health*, March 27, 2014
- "Washington State Awards Nearly \$5M to Increase Number of Short-Term Psychiatric Care Beds," *KAPP-TV*, Dec. 31, 2013.
- 2015 Biennium Fiscal Report, *Legislative Fiscal Division*, June 2013, Table 33-C

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