



MEMORANDUM

Date: December 20, 2005

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: C.H. Huckelberry *CHH*
County Administrator

Re: **Psychiatric Urgent Care and Inpatient Psychiatric Hospital Expansion at Kino**

Attached please find a white paper designed to clarify a number of issues surrounding the possible placement on the May 16, 2006 ballot, a general obligation bond question for these two facilities. I am distributing this white paper to the Bond Advisory Committee who will once again consider this matter at their meeting of January 6, 2006 and make a final recommendation to the Board for action on January 10, 2006. I will place this matter along with the resolution for the election call on the Board's January 10, 2006 agenda. Then if the Board so desires to place the matter before the voters on May 16, 2006, it can be acted upon at this meeting.

The need for both facilities, the psychiatric urgent care and the inpatient psychiatric hospital at Kino are self evident. They are in fact urgently needed and make good economic sense. If the various psychiatric emergency visits to area hospital emergency departments could be diverted to a psychiatric urgent care, the savings alone in the emergency room costs would be over \$3 million per year, let alone the improved effectiveness of the emergency room for treating medical emergencies. Today we estimate that only 40 percent of inpatient psychiatric patients qualify as Title 36 commitments hence there is significant over spending in our inpatient psychiatric commitment process at Kino. This also could be significantly reduced with a psychiatric urgent care facility.

CHH/dr

Attachment

c: The Chair and Member, Pima County Bond Advisory Committee
Nicole Fyffe, Executive Assistant to the County Administrator

**Psychiatric Urgent Care and
Inpatient Psychiatric Hospital Expansion at Kino Campus**

By: Chuck Huckelberry, Pima County Administrator
December 16, 2005

The May 2004, \$12 Million Bond Authorization

In May of 2004, voters approved a bond authorization to construct additional psychiatric inpatient facilities and services at Kino Community Hospital, now known as University Physicians Hospital at Kino. This question was designed to begin the development of a standalone psychiatric inpatient hospital adjacent to the current medical hospital at Kino, primarily due to the number of medical/surgical inpatient beds within the Kino medical hospital being occupied by psychiatric patients. In the past, and continuing today, approximately 64 beds in the medical hospital are occupied by psychiatric patients. Hospital expansion and the growth of Kino medical hospital as a community hospital are dictated in large part on the available number of medical/surgical beds. Therefore, it was deemed desirable to begin capital building development of a standalone psychiatric hospital to expand psychiatric services at Kino and to provide inpatient psychiatric beds outside of the medical hospital.

In 2003, when the 2004 bond issue was formulated, few plans existed regarding this standalone facility. Initial thoughts were to expand the SBS, or social and behavioral services, one-story building in front of Kino Hospital to accommodate the additional psychiatric inpatient beds. However, the County subsequently, in July of 2004, entered into a long-term lease agreement turning over the operation of Kino Community Hospital to University Physicians. As part of the long-term lease agreement, the County agreed to update the master plan for the Kino Campus. This master plan update occurred in May of 2005, a full year after the \$12 million psychiatric hospital bonds were approved by the voters.

In the master plan conducted by Liu, Burkhart and Liu, a nationally recognized architectural firm who had previously performed hospital campus and master plans for the UCLA Academic Health Center, University of San Francisco, UC Irvine Medical Center, USC Medical Center, and University of Colorado Medical Center, it was determined that the best interim use of the SBS standalone, single-story building would be for conversion to a clinic building to house the Women's Center proposed by University Physicians. In the long term it will be demolished and the site used for a parking garage similar to the parking facility in front of University Medical Center. In addition, emergency department operational difficulty had continued to occur at Kino due to the very high percentage of patients presenting at the emergency department who had psychological disorders or exhibited signs of mental illness or were in acute mental health crisis. In order to make the emergency function more effective for medical emergencies, a high priority improvement developed through the master planning process was to separate the emergency functions into one dedicated solely to medical emergencies and another dedicated to mental health emergencies. It should also be noted that crowding as well as patient mix is presently a large problem in the Kino emergency department, making expansion necessary.

Hence, almost two years after the initial planning occurred for the May bond election for \$12 million related to a psychiatric hospital, Kino was transitioned from County operation to that of University Physicians. A master plan had been completed and updated by nationally recognized experts in medical facility design and planning, and previous plans were deemed to be inefficient and not desirable. The SBS Unit previously designed for psychiatric bed expansion was deemed to be more appropriate for a women's health center and it was determined that, due to the very high percentage of mental health patients presenting at the emergency department, two separate facilities were needed.

Expanded Inpatient Psychiatric Hospital

The \$12 million previously approved by the voters, of which none has been spent, will be used for the same primary purpose identified in the May 2004 bond election; however, it is also now desirable to increase investments based on presently known factors associated with the provision of inpatient psychiatric services and the community's handling of acute mental health crisis occurrences. Regardless of any future funding, the \$12 million approved by the voters in May 2004 will be used to construct a standalone psychiatric hospital and an emergency department for the handling of patients who are solely seen in an emergency setting for mental illness or mental health crisis. The number of inpatient psychiatric beds will be limited to available funding, and it is likely that as many as 30 beds as well as the psychiatric emergency department can be constructed with the existing funding. As has been stated previously, approximately 64 inpatient medical/surgical beds are now presently occupied within the medical portion of University Physicians Hospital at Kino. These beds, along with those in the SBS unit of approximately 20 beds, need to be replaced in order to allow Kino to continue its transition to a full service community hospital. Today, the desirable number of inpatient psychiatric beds, given current psychiatric inpatient bed utilization at the Kino medical hospital, will more appropriately be between 90 and 100 beds. Of these new beds, 10 to 20 will be targeted as high security medical/surgical beds adjacent to the inpatient psychiatric beds to support the needs of regional law enforcement. Hence the need for additional bond funding of \$36 million.

Psychiatric Urgent Care Center

As part of providing full service for community mental health patients, psychiatric urgent care has been proposed by the regional behavioral health authority, in this case the Community Partnership of Southern Arizona. Developing and operating a psychiatric urgent care center is a major community goal and will fill perhaps one of the more significant gaps in the mental healthcare delivery system. Today the community-wide mental health crisis response system in Pima County is not as good as it should or could be. Providing a psychiatric urgent care center would vastly improve system response capability for individuals and families experiencing mental health or substance abuse crises.

Such a facility would also relieve the pressure and demands on other over-burdened healthcare resources, such as hospital emergency rooms as well as law enforcement. At present the number of emergency rooms is essentially the same as it was 15 years ago and we now have one less trauma center. Therefore, given population growth, we need to make the most and best use of our emergency medical services. Increasingly these emergency medical resources are being consumed and overwhelmed in some cases with individuals

seeking psychiatric services. Anecdotal information from the University Medical Center Emergency Department, the only present Level I trauma facility in Southern Arizona, indicates that a significant percentage of the psychiatric patients seeking emergency services could be served in an alternative psychiatric urgent care setting such as that proposed. The Carondelet Emergency Departments at St. Mary's and St. Joseph's have had to hire full-time, onsite behavioral health crisis evaluators. Fully one-half or more of all patients presenting at the Kino Emergency Department are experiencing psychiatric crisis. In a single year, law enforcement of the Tucson Police Department and Sheriff's Office responded to 300 to 500 calls each month from people who were suicidal, or in mental health crisis. A psychiatric urgent care center would serve the needs of the community by closing a serious gap in the present mental healthcare system. It would also substantially reduce the number of psychiatric or mental health patients being seen in local emergency rooms, freeing the emergency rooms to provide emergency medical care, and it would unburden law enforcement personnel who now often respond to individuals in mental health crisis within the community.

The Case for Human Need

The case for increased investment of psychiatric care facilities, whether they be inpatient, hospital capacity, or psychiatric urgent care centers, can be made based on the number of individuals needing mental health services. The Community Partnership of Southern Arizona has reported that over 30,000 individuals are presently receiving some sort of publicly-funded mental health service in Pima County, mostly with diagnosed mental health disorders. Quite likely there are an equal amount in the community who have mental health illnesses or symptoms who have not been diagnosed or are not receiving any form of treatment. Of the over 25,000 individuals receiving services in the CSPA system as of August 1, 8,000 are children, 6,400 are seriously mentally ill, and 12,000 have mental health issues or substance abuse problems. In addition, 80 percent of the individuals receiving mental health treatment are poor or are on the state health insurance plan. Today the Pima County jail houses approximately 2,000 detainees each day. Fully 25 percent of those are mentally ill or require mental health or substance abuse treatment.

Recent headlines of community tragedies with the loss of life of law enforcement personnel, good Samaritans, relatives murdered by a mentally ill family member, and other serious crimes and homicides related to mental illness point to the need for a substantial increase in preventive services for those who may have a mental health illness, symptom, or a severe substance abuse problem.

The Case for Public Safety

By substantially improving the mental health services available to the community at the Kino Campus, whether it be through psychiatric urgent care or psychiatric inpatient services, the community will benefit from a public safety perspective. First, law enforcement personnel who often have to deal with the acutely mentally ill or those in psychiatric crisis would have a consistent location and triage system for treating those who are in the custody of law enforcement and must be taken to higher security settings, such as the jail or inpatient

hospital commitment. This will actually improve law enforcement performance, reduce wait times, and allow law enforcement officials to perform case processing of persons in custody with mental illness or substance abuse problems sooner and return to their basic law enforcement function.

Providing a known location for emergency medical personnel to divert persons experiencing acute mental illness, substance abuse or mental health crisis will also allow the balance of the emergency medical system to perform much better. Local area hospital emergency departments should see substantially reduced behavioral health patients, allowing these limited emergency departments to concentrate on medical emergencies.

Providing a psychiatric urgent care facility where persons undergoing mental health crisis can be observed and receive continuous treatment is much better than the sporadic emergency room visits that now occur where continuity of behavioral health services are not available. Very often persons with multiple emergency room visits for behavioral health problems who receive less than continuous behavioral health treatment become involved in incidents with law enforcement, exposing law enforcement, themselves, and sometimes innocent bystanders to injury or death.

A recent analysis of persons booked into the Pima County jail identified inmates incarcerated as a result of arrest for a Class 6 drug violation or a misdemeanor drug violation, both considered qualified for diversion to a psychiatric urgent care facility. On the sampling date there were 288 individuals with a Class 6 drug charge and 71 individuals with misdemeanor drug charges incarcerated at the Pima County jail. Approximately 50 percent of those with a Class 6 drug charge could be diverted to a psychiatric urgent care facility, and all of those with a misdemeanor drug charge could be diverted to such a facility. Given successful diversion to a psychiatric urgent care, approximately 215 individuals occupying the jail during the sample period would be diverted, freeing up 215 beds for individuals who may be arrested on more serious charges. Given the jail is and remains at capacity, freeing up jail capacity for individuals charged with more serious crimes should result in increased overall community and public safety.

The Fiscal Case

The fiscal case for additional investment in psychiatric and mental health services is self-evident. Today, a person experiencing behavioral health crisis, either because of mental illness or substance abuse, generally has four alternative paths to follow. The first is simply that they go untreated and become even more problematic and potentially more dangerous in future incidents. Second, they can experience severe mental illness symptoms and be involuntarily committed through the legal process to inpatient psychiatric services now provided at University Physicians Hospital at Kino, where the County is the responsible financial party. Third, they could end up either as a family or a self-referral to a local emergency department at a local hospital where the emergency department is better equipped to deal with medical emergencies as opposed to behavioral health emergencies. Fourth, they could end up in a confrontation with law enforcement, be taken into custody, and placed in either the adult corrections facility or jail, if an adult, or if a juvenile, at juvenile detention, again with both functions fully supported by local taxpayers.

All of these alternatives are undesirable. The best fiscal outcome would be to have as many of these individuals as possible treated through a psychiatric urgent care facility, which would be the lowest cost alternative of the options identified. Typically, most commercial insurance as well as state sponsored insurance provides payment for psychiatric urgent care visits. The County's plan, through the Pima Health System, allows a payment of \$150 per psychiatric urgent care visit. This cost is substantially lower than other alternatives. For example, it is likely that the average cost for an emergency room visit for a person in behavioral health crisis is no less than \$1,000, and could be as high as \$1,600. If a person is involuntarily committed to an inpatient psychiatric bed at Kino, the cost, based on the average length of stay, is closer to \$3,000. If the person is incarcerated in the Pima County jail, the cost would be approximately \$800, and if confined in the Juvenile Court detention center, approximately \$2,500. Hence, psychiatric urgent care is much more cost-effective than any of the previously described alternatives.

For a variety of reasons, not the least of which is the present mental health crisis in the community, the behavioral health patient base at Kino continues to grow. Almost 3,500 visits occurred to the Kino emergency department in 2005. It is now estimated that this will increase to 4,200 in 2006, a 21 percent increase. Of those visits, it is estimated that 58 percent involve some form of substance abuse. In a sample four month study, 600 behavioral health visits to the Kino emergency department could have been diverted to a psychiatric urgent care center. Annualized, this represents 1,800 visits, and if an equal number of behavioral health visits from all other area hospitals could also be diverted to such a center, the resulting cost savings to health plans, individuals and taxpayers could exceed \$3.1 million per year.

CHH/jj