

Adult Inpatient Committee Minutes
Illinois Mental Health Planning and Advisory Council
February 18, 2019

The Adult Inpatient Committee of IMHPAC met on February 18, 2019. We discussed the fact that we were pleased to hear that services are available in other places that support our previous recommendations of small 16-bed mental health facilities scattered throughout the state. Two problems continue: 1) when someone is in need of mental health treatment where do they go? To state facilities? Admission rates to state facilities appear to be a rarity unless the client is transferred from a hospital after a somewhat expensive stay. 2) Too frequently clients go to an emergency department and end up taking residence in the ER. Why is this happening? A detailed list of procedures for hospitals to take in order to fund placement for a client is suggested by us. What are these procedures and available resources?

Our committee discussed options for taking care of clients who show up at ERs. We discussed having peer support in ERs and the Living Room as an alternative to ERs. However, some clients will need hospitalization and therefore we propose small 16-bed hospitals as an alternative to state hospitals.

Our committee found several states that have built 16-bed or less than 16-bed facilities to take care of clients with mental illness that receive some federal funding. Because of the Medicaid Institutions for Mental Disease (IMD) Exclusion rule clients who are non-geriatric cannot be treated in a facility that has more than 16 beds.

According to a report published in 2014, Minnesota closed several of its state hospitals and placed patients in 16-bed “community behavioral health hospitals” where the state can be

reimbursed by Medicaid. Minnesota has nine of these small facilities and maintains a large state hospital to treat patients with complex issues.

According to the same report, Arizona has one large state hospital which serves those civilly committed and those who are not responsive to treatment by the smaller facilities. These smaller facilities have 12 to 16 beds. These smaller facilities are called Regional Behavioral Health Authorities (RBHAs) and the state receives Medicaid funds for them. Patients are primarily stabilized there and also court-ordered evaluations are performed in these facilities.

In addition, the state of Washington operates Evaluation and Treatment Centers, which are 16-bed facilities that offer psychiatric services, but do not offer full medical services. Patients who need medical services are admitted to hospitals. Those needing involuntary treatment can be admitted to these treatment centers for up to 14 days and if they need more involuntary treatment, they are admitted to a state hospital.

We advocate that these small facilities that can receive funding from Medicaid be built in Illinois to handle the patients who do not qualify for admission to a state hospital and need mental health treatment. Here clients can be stabilized and returned to the community and the federal government shares in the cost of these facilities.