Psychiatric Beds and Services Workgroup 2006

Discussion Items – Working Document

1. Discuss establishing a high occupancy exception.	
Current Standards: No applicable sections.	Possible Solutions:
2. Review replacement zone.	
Current Standards: Section 2(1)(kk) "Replacement zone" means a proposed licensed site which is: (i) in the same planning area as the existing licensed site; and (ii) on the same site, on a contiguous site, or on a site within 2 miles of the existing licensed site if the existing licensed site is located in a county with a population of 200,000 or more, or on a site within 5 miles of the existing licensed site if the existing licensed site is located in a county with a population of less than 200,000. Sec. 8. An applicant proposing replacement beds shall not be required to be in compliance with the needed bed supply set forth in Appendix A or B, as applicable, if the applicant demonstrates all of the following: (a) The project proposes to replace an equal or lesser number of beds currently licensed to the applicant at the licensed site at which the proposed replacement beds are currently located. (b) The proposed licensed site is in the replacement zone. (c) The applicant meets all other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements. (d) Not less than 50 percent (50%) of the beds proposed to be replaced shall be allocated for use by public patients. (e) Previously made commitments, if any, to the Department or CMH(s) to serve public patients have been fulfilled. (f) The applicant has, at the time the application is deemed submitted, a signed letter of agreement, with the Department or the CMH(s) that serve the planning area in which the beds are located, to enter into a contract with the CMH(s) or the Department to meet the needs of the public patient when the proposed replacement beds are licensed for use. At a minimum, the letter of agreement shall specify the number of beds to be allocated to the public patient and the applicant's intention to serve patients with an involuntary commitment status.	Possible Solutions:

3. Review bed need methodology.	
Current Standards: Sec. 3. (1) Until changed by the Commission in accordance with Section 4(3) and Section 5, the use rate for the base year for the population age 0-17 is set forth in Appendix D. (2) The number of child/adolescent inpatient psychiatric beds needed in a planning area shall be determined by the following formula: (a) Determine the population for the planning year for each separate planning area for the population age 0-17. (b) Multiply the population by the use rate established in Appendix D. The resultant figure is the total patient days. (c) Divide the total patient days obtained in subsection (b) by 365 (or 366 for leap years) to obtain the projected average daily census (ADC). (d) Divide the ADC by 0.75. (e) The number determined in subsection (d) represents the number of child/adolescent inpatient psychiatric beds needed in a planning area for the planning year. (3) The number of needed adult inpatient psychiatric beds shall be determined by multiplying the population aged 18 years and older for the planning year for each planning area by the either: (a) The ratio of adult beds per 10,000 adult population set forth in Appendix C; or (b) The statewide ratio of adult beds per 10,000 adult population set forth in Appendix C, whichever is lower; and dividing the result by 10,000. If the ratio set forth in Appendix C for a specific planning area is "0", the statewide ratio of adult beds per 10,000 adult population shall be used to determine the number of needed adult inpatient psychiatric beds.	Possible Solutions:
4. Review planning areas for both Adult and Child/Adolescent.	
Current Standards: Section 2 (1)(aa) "Planning area" means either: (i) for child/adolescent beds and services, the geographic boundaries of the groups of counties shown in Section 14(1); or (ii) for adult beds and services, the county or groups of counties served by each CMH as shown in Section 14(2). Section 14(1) – (2).	Possible Solutions:

5. Review Section 6(2)(f).	
Current Standards: Section 6(2) (f) If approved, the number of beds proposed in the CON application will not result in the number of existing adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the needed bed supply set forth in Appendix A or B, as applicable. However, an applicant may request and be approved for up to a maximum of 20 beds if, when the total number of "existing adult beds" or existing child/adolescent beds" is subtracted from the bed need for the planning area set forth in Appendix B, the difference is equal to or more than 1 or less than 20.	Possible Solutions:
6. Discuss relocation of an existing licensed bed to another facility.	
Current Standards: No applicable sections.	Possible Solutions:
7. Utilize Michigan Mental Health Commission (MMHC) Final Report.	
Final Report dated October 14, 2004 of the MMHC is available at: http://www.michigan.gov/mentalhealth Goals of MMCH identified in Final Report: • The public knows that mental illness and emotional disturbance are treatable, recovery is possible, and people with mental illness and emotional disturbance lead productive lives. • The public mental health system will clearly define those persons it will serve and will address the needs of those persons at the earliest time possible to reduce crisis situations. • A full array of high-quality mental health treatment, services, and supports is accessible to improve the quality of life for individuals with mental illness or emotional disturbance and their families. • No one enters the juvenile and criminal justice systems because of inadequate mental health care. • Michigan's mental health system is structured and funded to deliver high-quality care effectively and efficiently by accountable providers. • Recovery and resilience is supported by access to integrated mental and physical health care and housing, education, and employment services. • Consumers and families are actively involved in service planning, delivery, and monitoring at all levels of the public mental health system.	Possible Solutions: