

North Carolina Department of Health and Human Services

Pat McCrory
Governor

July 1, 2013

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

The Honorable Justin Burr, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
Room 307A, Legislative Office Building
Raleigh, North Carolina 27603-5925

The Honorable Nelson Dollar, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
Room 307B1, Legislative Office Building
Raleigh, North Carolina 27603-5925

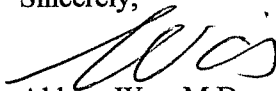
The Honorable Louis Pate, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
Room 1028, Legislative Building
Raleigh, NC 27603

Dear Senator Pate and Representatives Burr and Dollar:

The Mental Health Crisis Management Report: 2nd Quarter Status Report, required by Session Law 2012-128, Section 2, was initially submitted to the NC General Assembly on April 1, 2013, as required. Subsequently, the report authors made a revision to this report to correct a graph on page 12. The graph with the error presented a combination of State Fiscal Year 2012 Community Psychiatric Inpatient utilization rates with SFY 2011 State Psychiatric Hospital Inpatient rates, instead of SFY 2012 utilization rates for both community and state inpatient utilization. The graph was corrected in the attached revision, reflecting SFY 2012 rates for both. This changed the percentage in the paragraph below the graph from 44% to 32%. The footnote pertaining to the graph was also removed as it was believed to be more confusing than helpful.

I apologize for this error. Should you have any questions related to this revision, please contact Dave Richard, Director, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Mr. Richard can be contacted at dave.richard@dhhs.nc.gov or by calling 919-733-7011.

Sincerely,


Aldona Wos, M.D.
Secretary

AW:mth

Attachment

cc: Susan Jacobs
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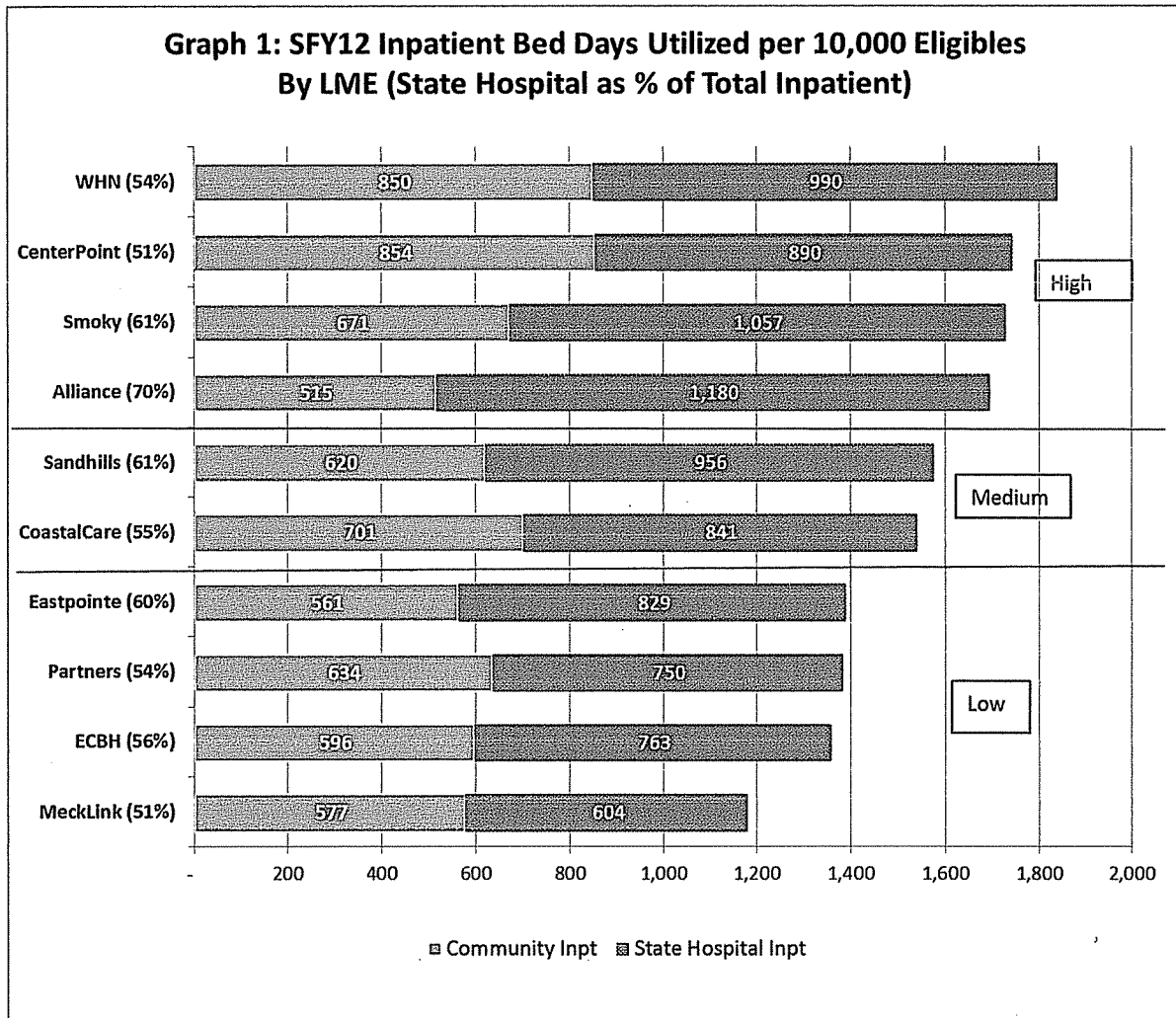
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Results

Graph 1 depicts the inpatient psychiatric utilization by LME for SFY 12, inclusive of both community and State Hospital psychiatric inpatient.



Graph 1 depicts bed day utilization rates, which combines admission and length of stay data to give a fuller picture of inpatient resource consumption. Bed day utilization of psychiatric inpatient resources varies significantly across the LMEs. The LMEs with “high” inpatient rates utilize 32% more bed days than the “low” group of LMEs, on average. As stated previously, however, these rates may not reflect the entire picture. MeckLINK’s and Alliance’s utilization rate may be affected by County funded community inpatient beds that are not reflected in this data. Additionally, the variation in rates of utilization of State Hospital psychiatric inpatient are likely influenced by proximity to the State Hospitals (accessibility) and urban drift of persons with mental disorders.