



**Joint Legislative Oversight Committee
on Health and Human Services
April 12, 2016**

**Department of Health and Human Services
Rural Bed Plan**



Requirements for the Plan

Maximum of \$25million for inpatient capacity and community services

- Conversion of unused physical health beds
- New construction
- Rural hospital conversion without CON review
- Funding needed for new beds
- Method to equitably distribute beds across NC
- Recurring operations funding
- Name new beds in honor of Dorothea Dix
- Recommendations for increasing community services



Regional Eligibility

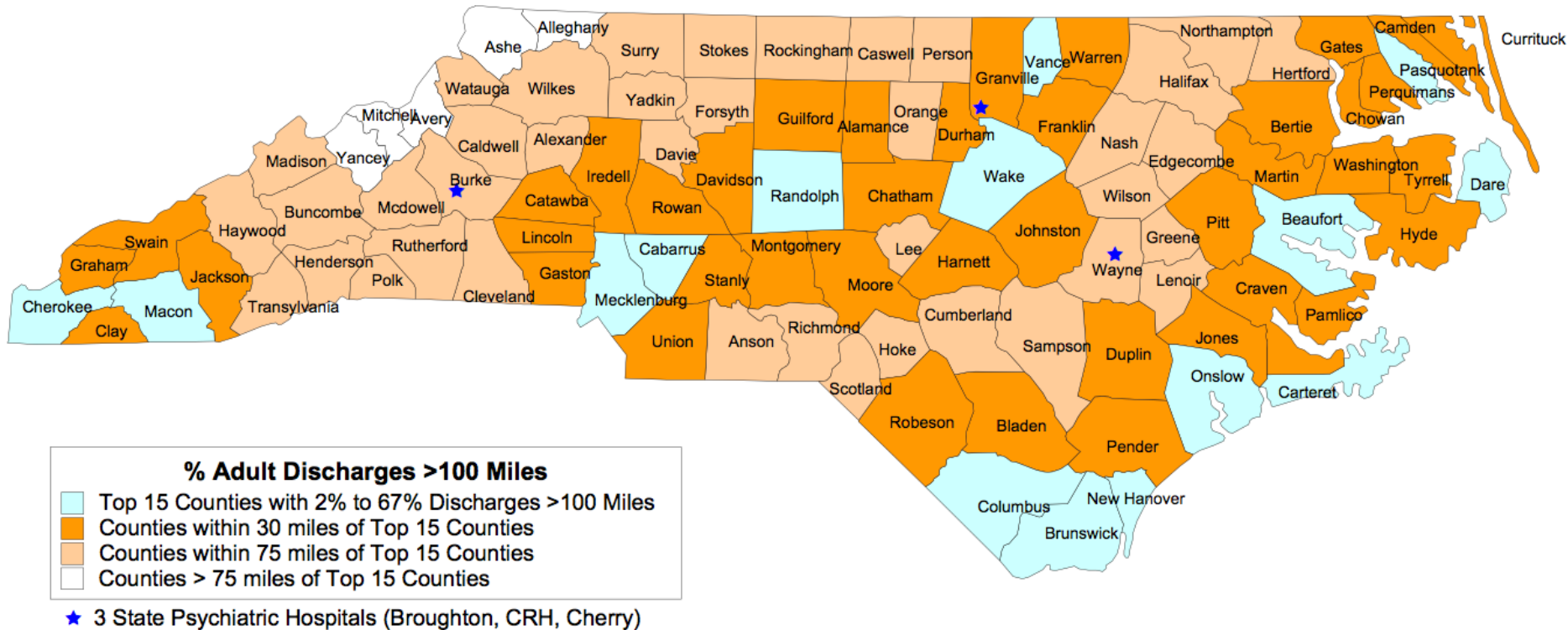
Top 15 Discharges 100+ Miles From Residents - Adult Inpatient (CY2011-13)

Patient County of Residence	% >100 Miles	# >100 Miles	Total Discharges
Beaufort	67%	600	890
Cherokee	52%	179	345
Dare	40%	142	354
Macon	40%	148	370
Carteret	33%	274	819
Pasquotank	33%	118	362
Vance	27%	141	523
Brunswick	18%	217	1198
Columbus	15%	117	797
Onslow	11%	231	2115
Cabarras	10%	186	1864
Randolph	8%	199	2400
Wake	5%	509	10634
New Hanover	5%	201	4362
Mecklenburg	2%	200	10766



Regional Eligibility

Top 15 Counties In NC With Highest Number of Discharges 100+ Miles From County Of Residence -- Adult Inpatient (CY2011 - 2013)



Regional Eligibility

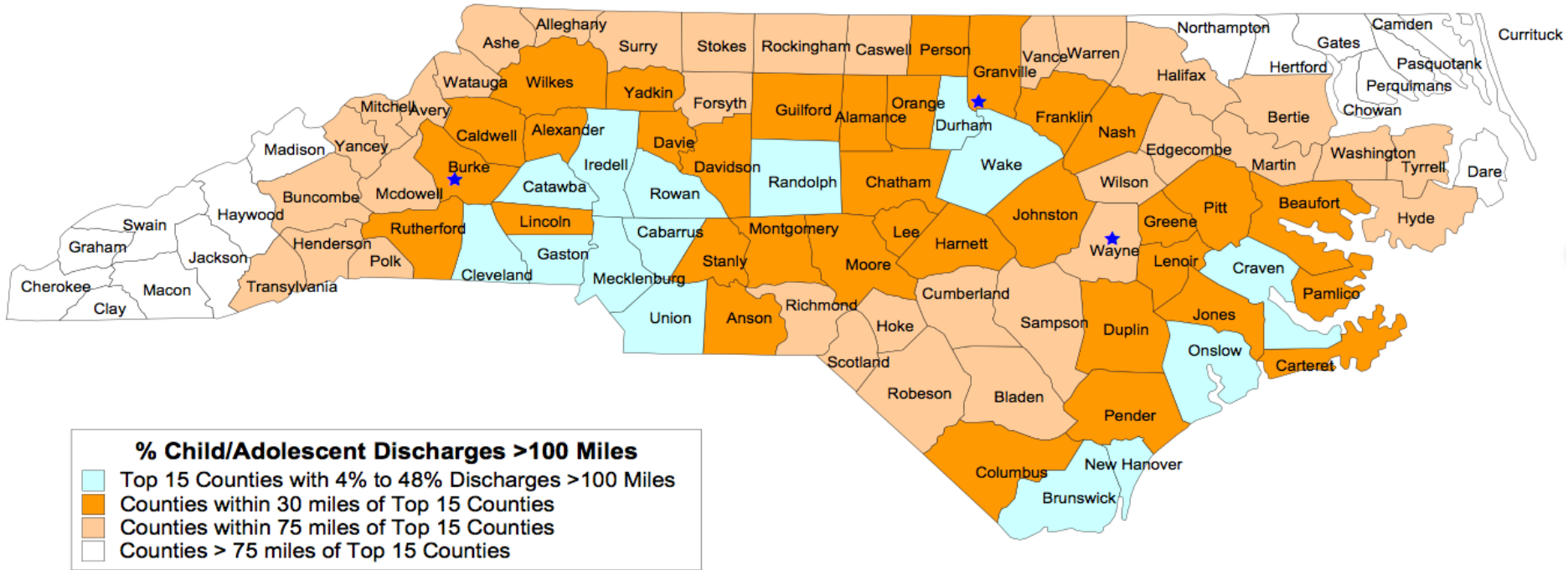
Top 15 Discharges 100+ Miles From Residents - Child Inpatient (CY2011-13)

Patient County of Residence	% >100 Miles	# >100 Miles	Total Discharges
Brunswick	48%	116	242
Rowan	40%	121	301
New Hanover	35%	222	629
Cleveland	29%	77	268
Cabarrus	28%	127	461
Iredell	25%	98	397
Craven	24%	89	367
Union	20%	112	557
Randolph	20%	74	375
Catawba	18%	56	317
Durham	15%	76	520
Gaston	12%	90	777
Onslow	9%	77	826
Wake	7%	237	3200
Mecklenburg	4%	134	3186



Regional Eligibility

Top 15 Counties In NC With Highest Number of Discharges 100+ Miles From County Of Residence -- Child/Adolescent Inpatient (CY2011 - 2013)



Regional Eligibility

Recommendation

- **Upfitting, renovation or construction of inpatient units or facility-based crisis (includes conversion beds)**
- **Request for Proposals for use of funds**
- **Prioritize funding for those closest to eligible counties**
- **At least one project in each region (east, west, central)**
- **Strong relationships with referring hospitals**
- **Prioritize existing rural hospitals meeting significant gaps or needs**
- **Those receiving support from partnering hospitals could receive higher “points” on application**



Funding Needs

Recommendation

- **Up to \$12,000,000 across three years**
 - Average of 64 beds at \$190,000 per bed
 - Actual beds available will depend on cost of each renovation or construction project



Operating Costs

Recommendation

- **Dorothea Dix funds are one-time use funds**
- **Invitation to apply requires a sustainability plan**
 - Intended insurers to pursue
 - Partnership with LME/MCOs
- **Redistribution of Three-Way Bed funds could provide funding**
- **Allowing Three-Way Bed funds to support facility-based crisis could also enhance sustainability**



Additional Requirements

Recommendation

- **Licensure**
 - NC DHSR approval process
- **Involuntary Commitment Designation (IVC)**
 - Accept individuals under IVC
- **Local Community Partnerships**
 - Demonstrate partnership with regional referral sources
 - Work closely with LME/MCOs



Dorothea Dix Memorial Beds

Recommendation

- **Consumer and family workgroup to determine appropriate way to name/memorialize the beds**



Community Services

Recommendation

- **One-Time Funds:**
 - Training (fill access gaps in community)
 - Grants to solve problems
 - Start-up funds
- **Governor’s Task Force on Mental Health and Substance Use and Crisis Solutions Initiative**
 - Child Facility-Based Crisis start-up funds
 - Mental Health First Aid expansion
 - Psychiatric Advanced Directives
 - Veterans Homelessness Project
 - Scholarship to increase workforce to serve individuals who are deaf and hard of hearing
 - Local partnerships to foster collaboration to divert people from jails to treatment

