Access to Behavioral Health Crisis Services in NC: Shortages and Solutions

DHHS LEGISLATIVE OVERSIGHT COMMITTEE MENTAL HEALTH SUBCOMMITTEE

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Problems to address

- Shortage of inpatient psychiatric and substance abuse beds
- Shortage of alternatives to inpatient beds
- Lack of 24 hour coverage
- Shortage of trained mental health professionals
- Shortage of psychiatrists
- Weak crisis plans and implementation
- Continuous changes in policy directions
- High rates of uninsured (~37% of persons with MH/SA disorder)

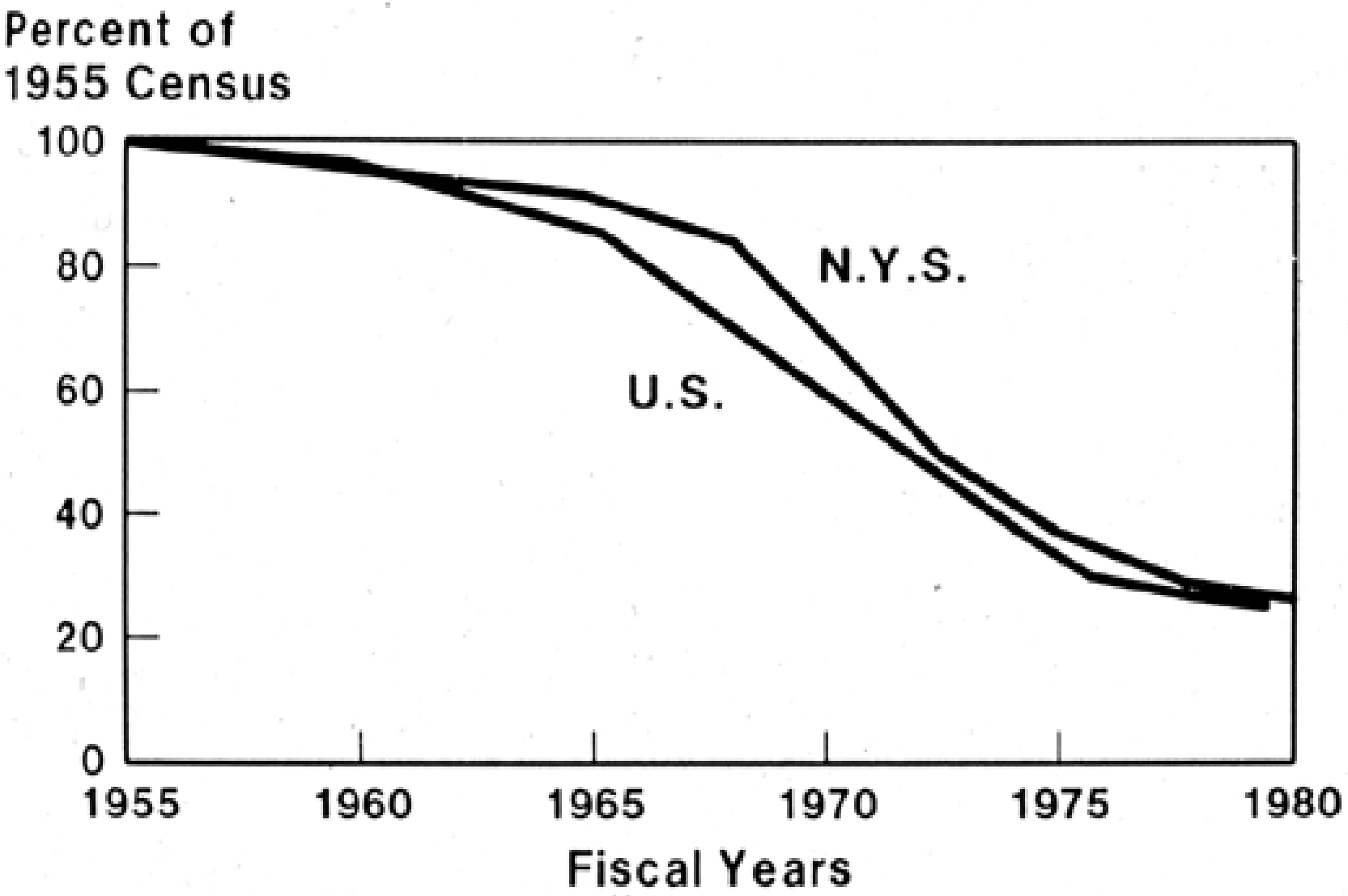


Figure 2. Percent of 1955 census state psychiatric centers in United States and New York. From New York State Office of Mental Health, 1981.

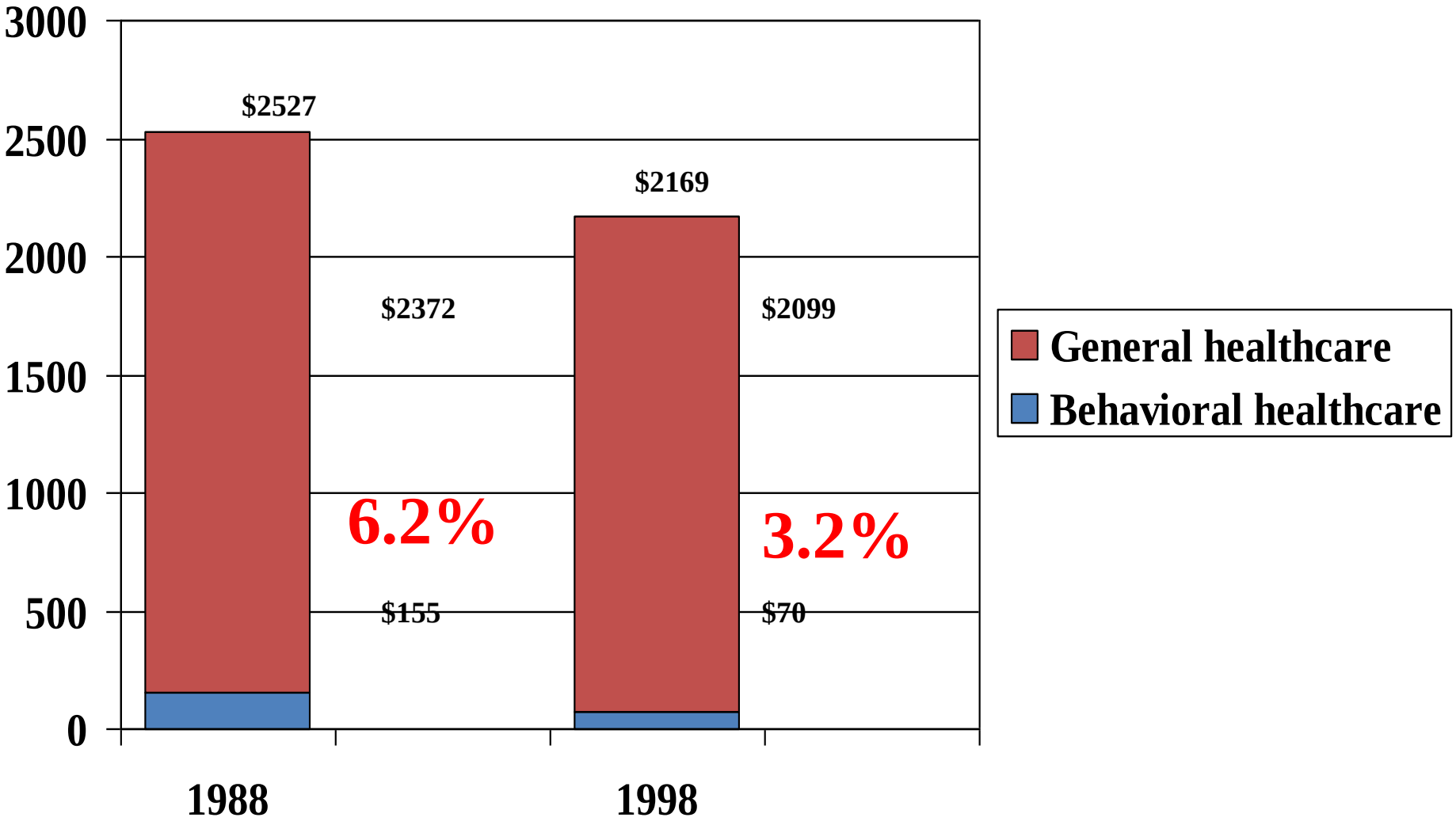
Community Mental Health Center Movement

- Passage of CMHC Act in 1963
- Build out and growth in 1960s—serving catchment areas of ~200,000
- Initial direct federal funding
- Hampered by lack of clear direction or consensus on target populations
- Dwindling direct federal support and transition to Medicaid and state and local dollars

Advent of Behavioral Health Managed Care

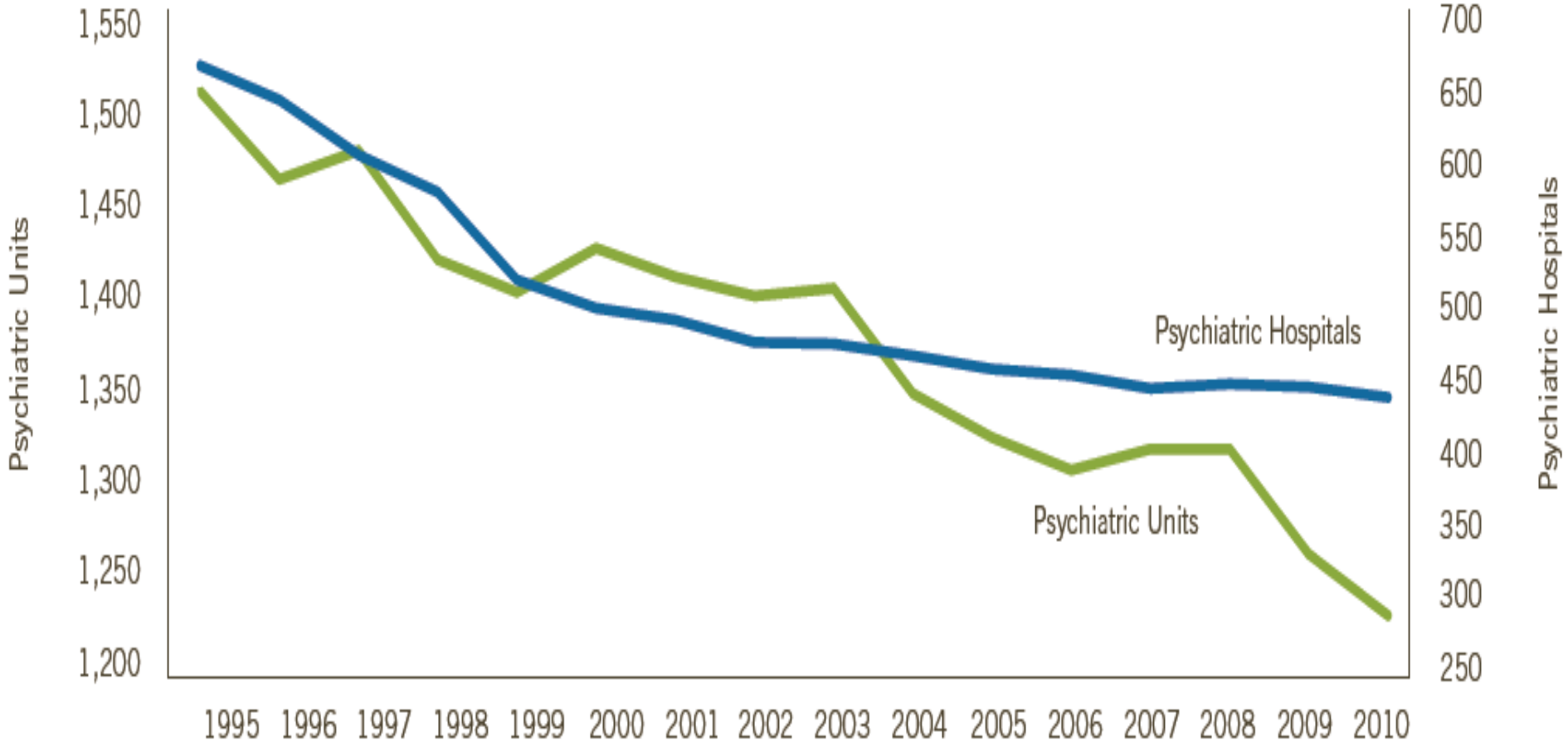
- Late 1980s --Mental health care seen as open-ended & discretionary ("worried well").
- Co-incident rise of private psychiatric hospitals led to unnecessary stays
- Specialized (carve-out) managed care companies offered employers separately managed behavioral health insurance plans.
- Many insurers chose to implement these carve out plans—legally—due to lack of parity

Value of Private Behavioral Health Benefits, 1988-1998 (NAPHS/Hays Group)



The health care system's capacity to deliver mental health services has been shrinking.

Chart 5: Total Number of Psychiatric Units[1] in U.S. Hospitals and Total Number of Freestanding Psychiatric Hospitals[2] in U.S., 1995-2010



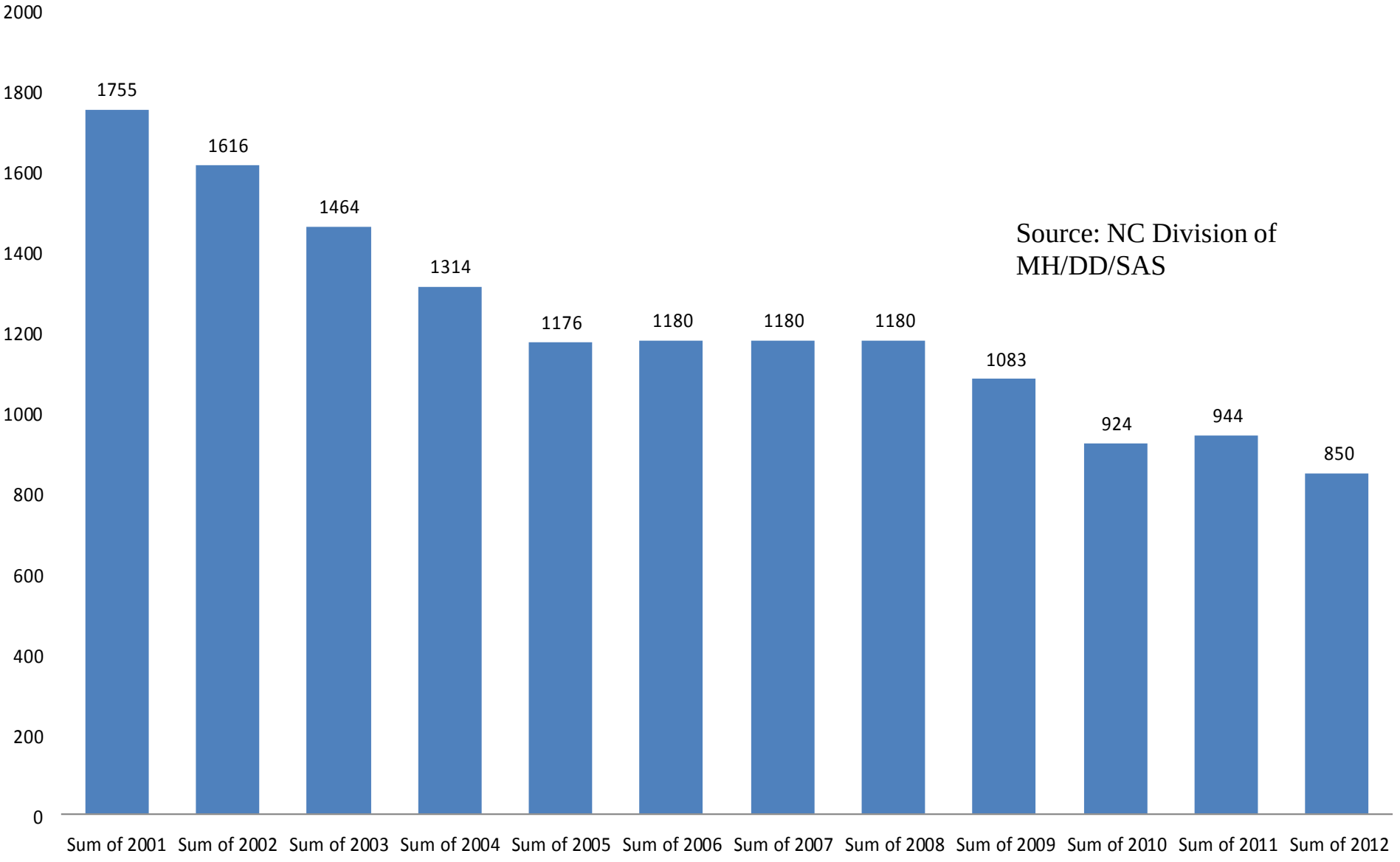
Note: Includes all registered and non-registered hospitals in the U.S.

(1) Hospitals with a psychiatric unit are registered community hospitals that reported having a hospital-based inpatient psychiatric care unit for that year.

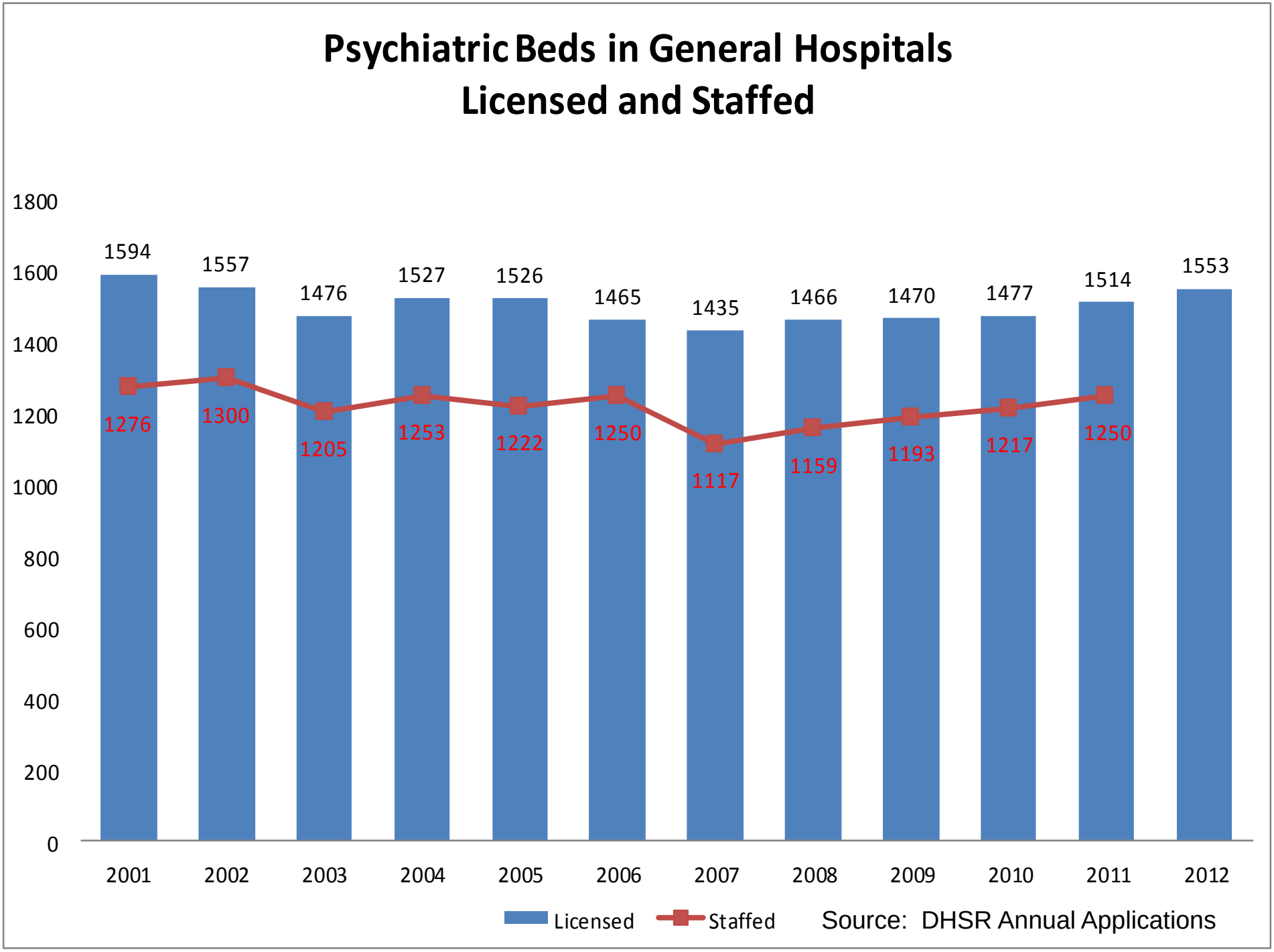
(2) Freestanding psychiatric hospitals also include children's psychiatric hospitals and alcoholism/chemical dependency hospitals.

Source: Health Forum, AHA Annual Survey of Hospitals, 1995-2010.

Total Operating State Hospital Beds



Source: NC Division of MH/DD/SAS


Psychiatric Beds in General Hospitals
Licensed and Staffed
1800
1600
1400
1200
1000
800
600
400
200
0
1594
1557
1476
1527
1526
1465
1435
1466
1470
1477
1514
1553
1276
1300
1205
1253
1222
1250
1117
1159
1193
1217
1250
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
Licensed
Staffed
Source: DHSR Annual Applications

Source: Treatment Advocacy Center:
http://www.treatmentadvocacycenter.org/storage/documents/the_shortage_of_publichospital_beds.pdf

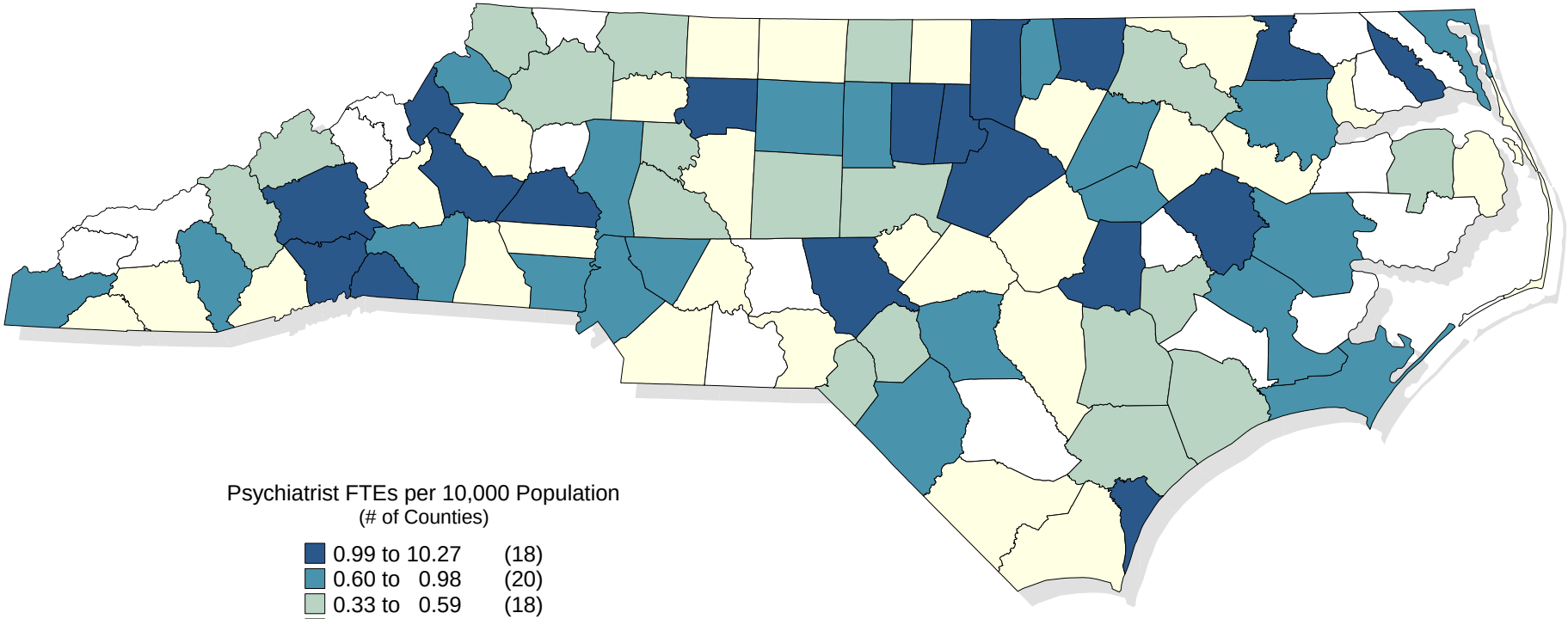
State	Number of beds 2010	Number of beds 2005	Number of beds lost or gained	Percent of beds lost or gained	2010 beds/ 100,000 total population	Percent of target beds per capita (50/100k)	State ranking per capita (highest to lowest)
TOTALS	**43,318**	**49,907**	**-7,797**		**14.1**		
North Carolina	**761**	**1,461**	**-700**	**-48%**	**8.0**	**18%**	**44**
Alabama	1,119	1,001	118	+12%	23.4	49%	5
Arkansas	203	184	19	+10%	7.0	14%	46
Florida	3,321	2,101	1,220	+58%	17.7	38%	18
Georgia	1,187	1,635	-448	-27%	12.3	27%	26
Pennsylvania	1,850	2,349	-499	-21%	14.6	30%	20
Kentucky	446	646	-200	-31%	10.3	21%	32-35
South Carolina	426	443	-17	-4%	9.2	20%	39-40
Louisiana	903	914	-11	-1%	19.9	40%	12
Tennessee	616	1,068	-452	-42%	9.7	21%	38
Maryland	1,058	1,203	-145	-12%	18.3	38%	15-16
Mississippi	1,156	1,442	-286	-20%	39.0	79%	1
Virginia	1,407	1,659	-252	-15%	17.6	37%	19

Will the MH/SA Workforce be Adequate?

"IT IS DIFFICULT TO OVERSTATE THE MAGNITUDE OF THE WORKFORCE CRISIS IN BEHAVIORAL HEALTH."

--SAMHSA /ANNAPOLIS COALITION

Psychiatrist Full-Time Equivalents per 10,000 Population
North Carolina, 2004



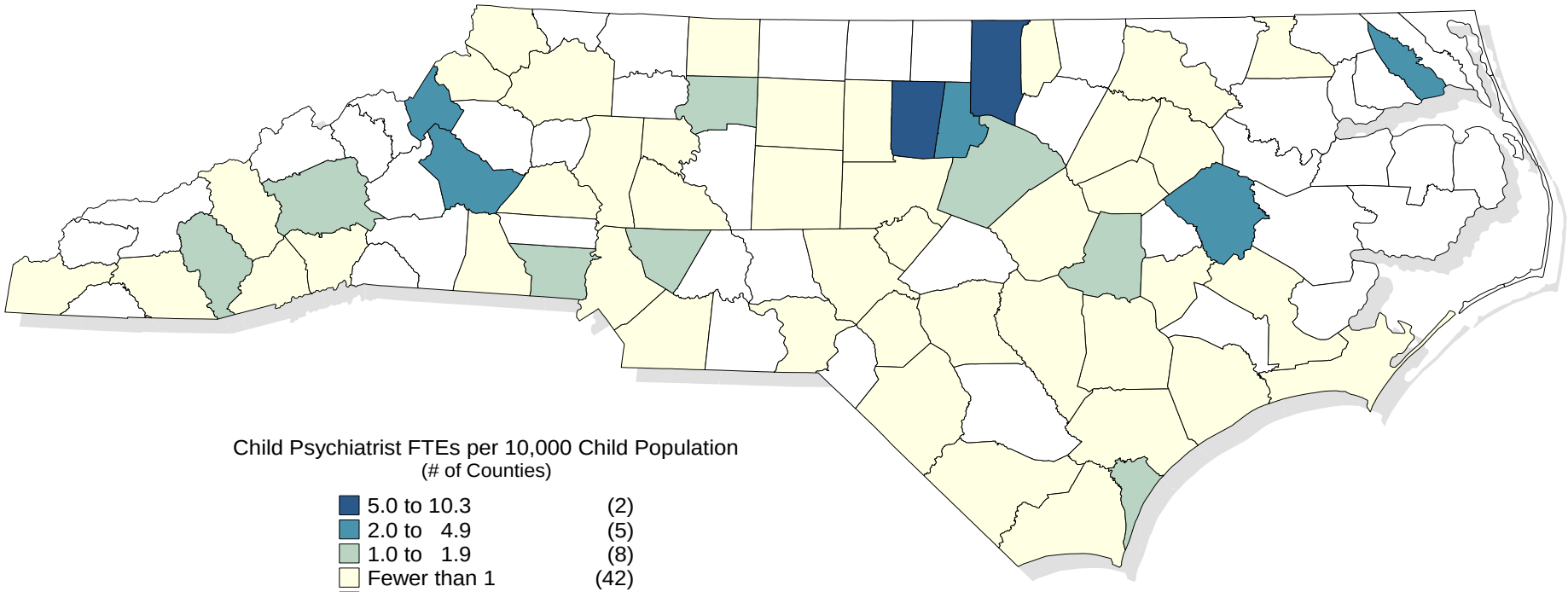
Total Psychiatrists = 1,061

Source: North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2004; LINC, 2005.

Produced by: North Carolina Health Professions Data System and the Southeast Regional Center for Health Workforce Studies, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

*Psychiatrists include active (or unknown activity status), instate, nonfederal, non-resident-in-training physicians who indicate a primary specialty of psychiatry, child psychiatry, psychoanalysis, psychosomatic med, addiction/chemical dependency, forensic psychiatry, or geriatric psychiatry, and secondary specialties in psychiatry, child psychiatry and forensic psychiatry.

Child Psychiatrist Full-Time Equivalents per 10,000 Child Population
North Carolina, 2004



Total Child Psychiatrists = 223

Source: North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2004; LINC, 2005.

Produced by: North Carolina Health Professions Data System and the Southeast Regional Center for Health Workforce Studies, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

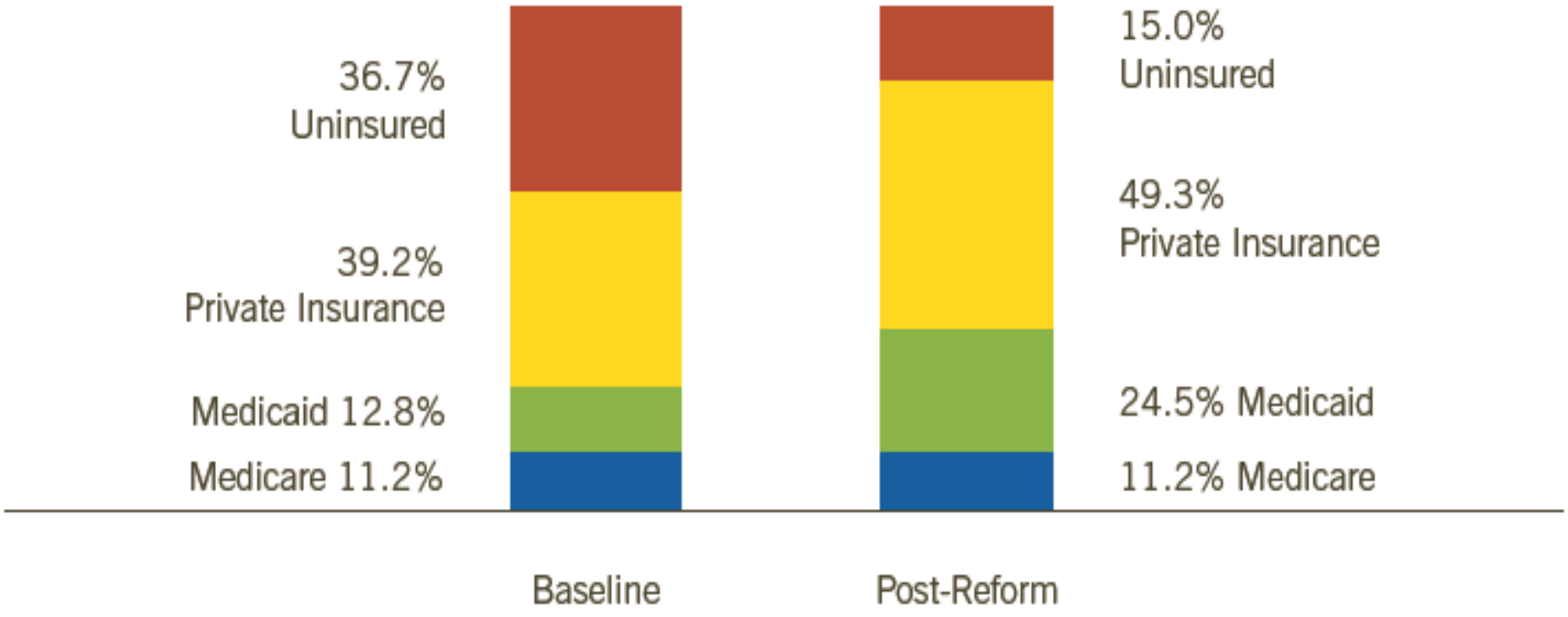
*Child psychiatrists include active (or have unknown activity status), instate, nonfederal, non-resident-in-training physicians who indicate a primary or secondary specialty of child psychiatry. Child population includes children 18 and under.

Provider Shortages and Psychiatry

- In every health care reform scenario there is a shortage of psychiatrists
- If we can not grow our way out of psychiatry manpower shortages—what remedies do we propose?
- What is our strategy for primary care?
- Specialty mental health care?
- What is the role of collaborative and team-based care?

A substantial number of uninsured adults with mental health needs will gain coverage under health reform.

Chart 10: Simulated Change in Coverage After Reform Among Adults with Probable Depression or Serious Psychological Distress



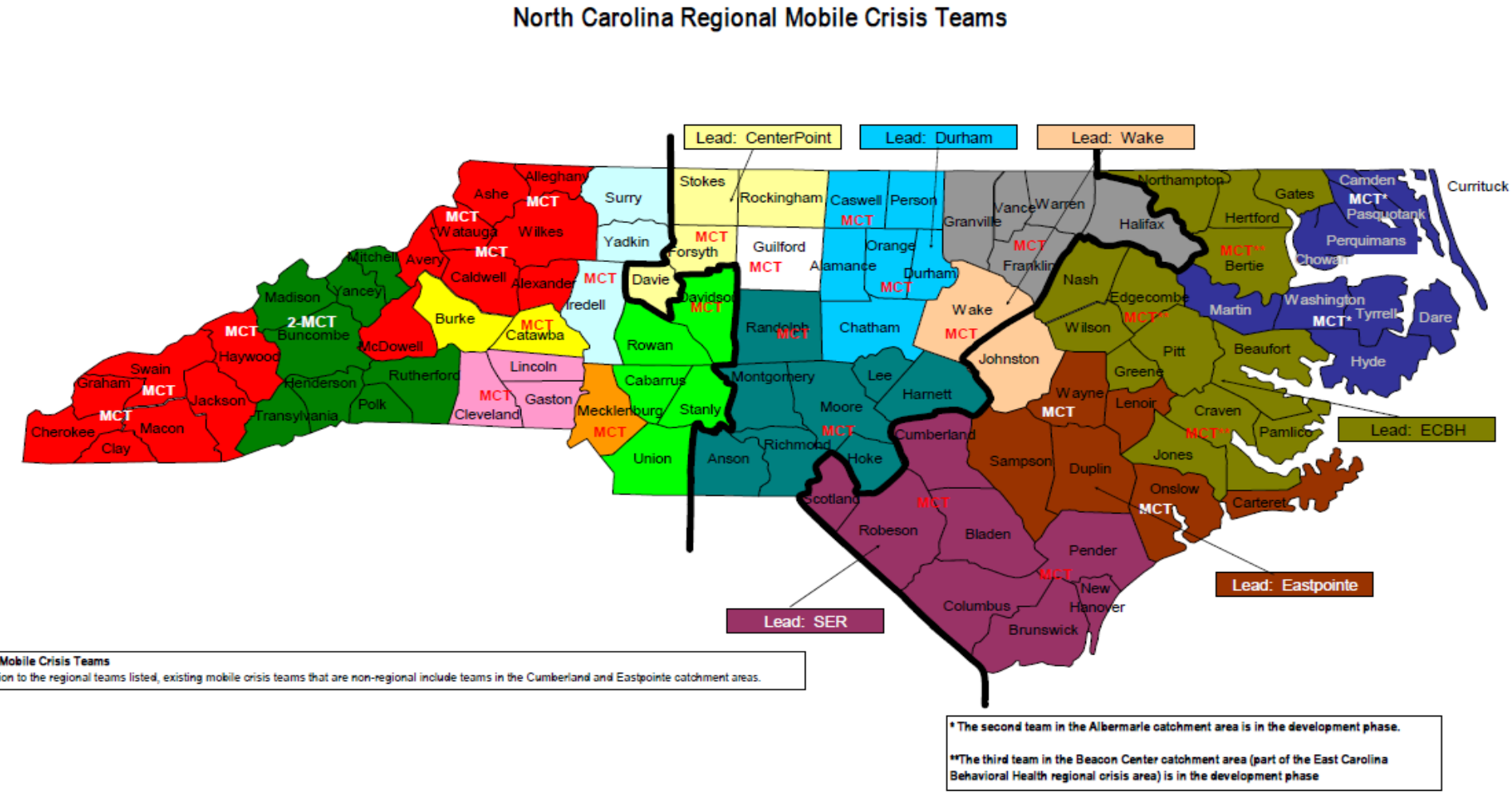
Note: Based on data for adults ages 18-64 in the 2004-2006 Medical Expenditure Panel Surveys.

Source: Garfield, R., et al. (2011). The Impact of National Health Care Reform on Adults With Severe Mental Disorders. *American Journal of Psychiatry*, 168(5): 486-494.

Solutions!

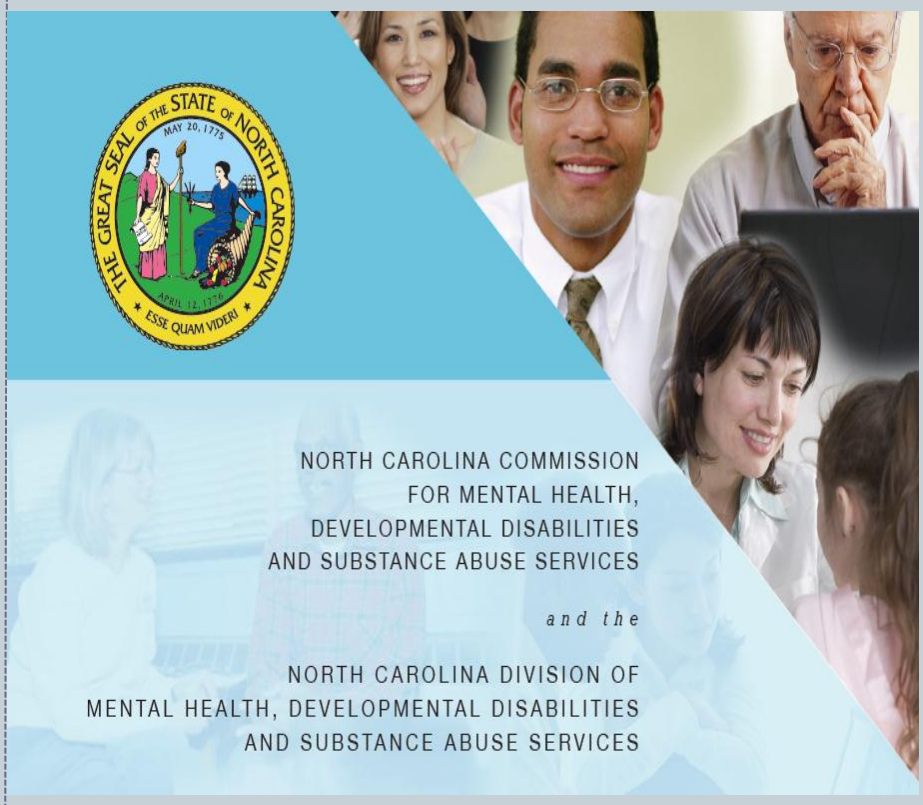
- Bed Shortages
  - Increase local inpatient capacity through 3-way contracts
  - Consider increasing state beds
  - Review involuntary commitment laws and procedures
- Strengthen alternatives to inpatient beds
  - Walk-in/Crisis centers with strong medical/psychiatric coverage (<1 hour travel max)
  - Mobile Crisis Teams with realistic coverage areas
  - Facility-Based Crisis Units with strong med/psych coverage
  - Supported housing with wrap-around services
  - Strengthen (enforce) after hours coverage by providers

Crisis Services State-wide Coverage: Example of Mobile Crisis Teams



Solutions!

- Shortage of trained mental health professionals
  - Fully implement 2008 Division/MH Commission Workforce Development Plan
  - http://www.ncdhhs.gov/mhddsas/statspublications/reports/workforcedevelopment-4-15-08-initiative.pdf



Solutions!

- Strengthen Crisis Planning
  - Crisis plans
  - Psychiatric Advance Directives
- Shortage of psychiatrists
  - Assist communities with psychiatrist employment and retention (Psychiatrist Service Core)
  - Expand telepsychiatry
  - Strengthen primary care-based mental health capacity
  - Expand integrated care
- High rates of uninsured
  - Encourage health insurance enrollment
  - Consider Medicaid expansion or alternative
  - Enforce mental health parity

Questions?

THANKS!