



N.C. Department of Health
and Human Services



NC Psychiatric Bed Need vs. Capacity

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Overview of Psychiatric Hospital Capacity



Total Statewide Beds

(Includes Community and State Hospital Beds)



- **Psychiatric Beds in North Carolina**
 - Total Number of Beds: 2,770
 - ✦ Rate of Total Beds/100,000 Population: 28.4
 - Number of Adult Beds: 2,399
 - ✦ Rate of Adult Beds/100,000 Population: 24.6
 - Number of Child/Adolescent Beds: 371
 - ✦ Rate of Child/Adolescent Beds/100,000 Population: 3.8
 - Total Number of Beds Available to Involuntarily Committed Patients: 2,355 or 85% of Total Beds
 - ✦ 15% of Total Beds Not Available to Involuntarily Committed Patients
 - Total Number of Statewide Veterans Administration beds: 124
 - ✦ Available for adult veterans only.

Please note that except for the VA beds these numbers are from: DMH/DD/SAS List of IVC Facilities 2/2014, DHSR List of Licensed Hospitals 2/2014, 2014 State Medicaid Plan

Crisis and Inpatient System



State Hospital Inpatient

MH Child Beds 80
MH Adult Beds 812

Community Hospital & Private Psychiatric Inpatient

MH Child Beds 291
MH Adult Beds 1,587

Facility Based Crisis (24 hrs./day – Inpatient “light”)

MH/SA Beds 179

Crisis Assessment & Response services:

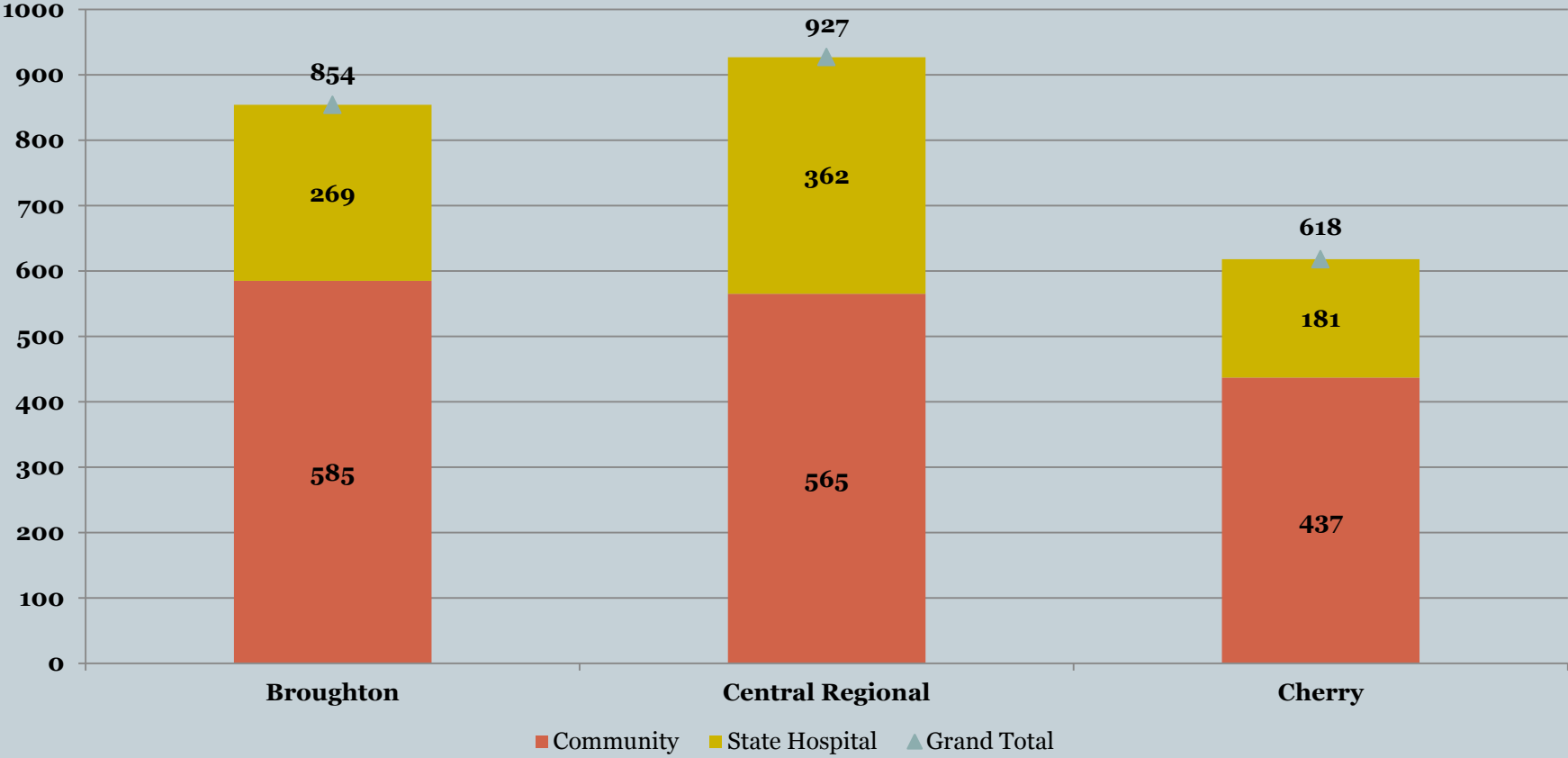
First Responder, Walk-in Crisis Centers, Mobile Crisis,
Same day access centers, Enhanced services w 24 hour crisis support

FOUNDATION – Comprehensive Continuum of Community Services

Total Adult Beds by State Hospital Region



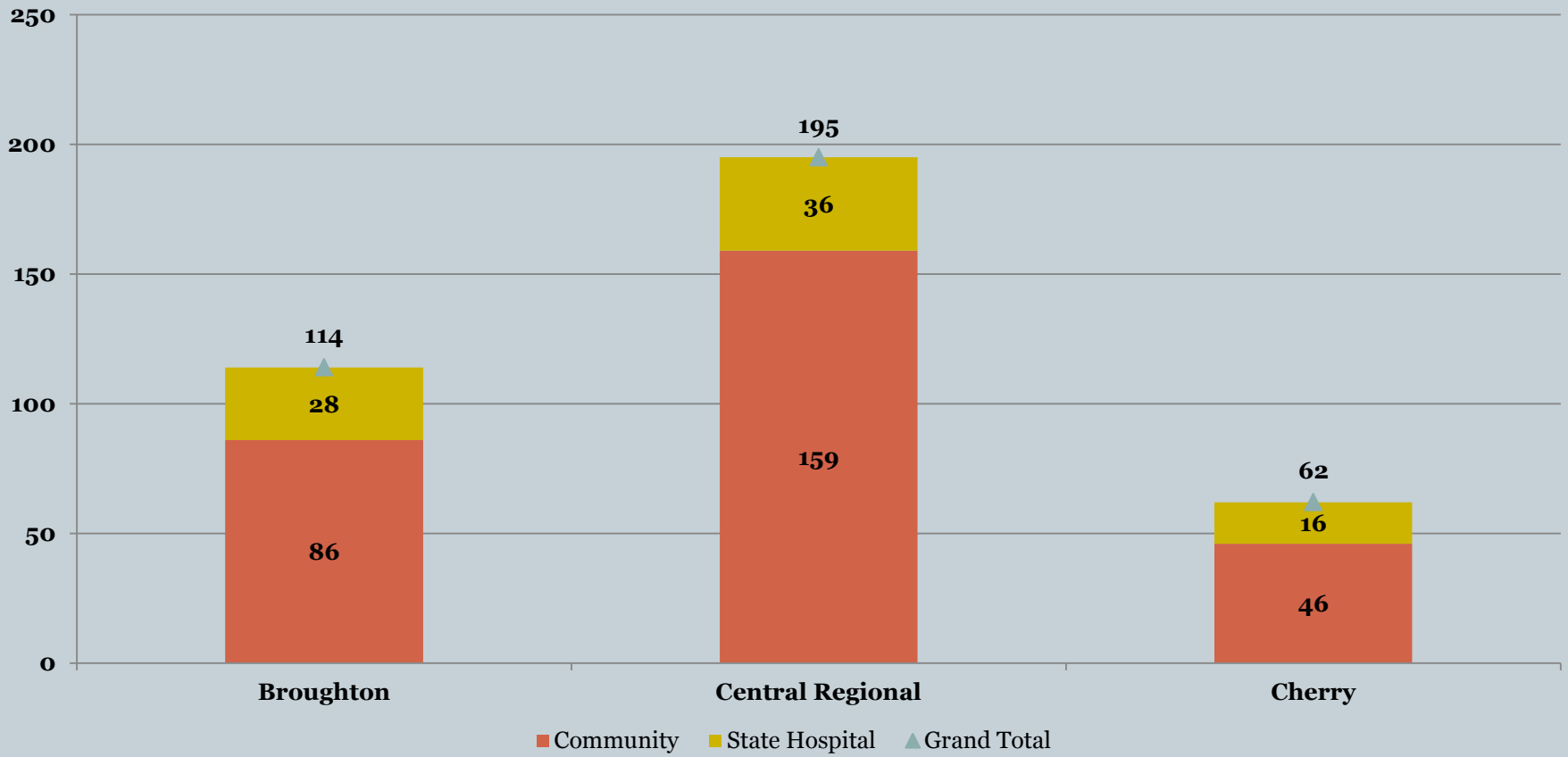
Adult Beds



Child/Adolescent Beds by State Hospital Region



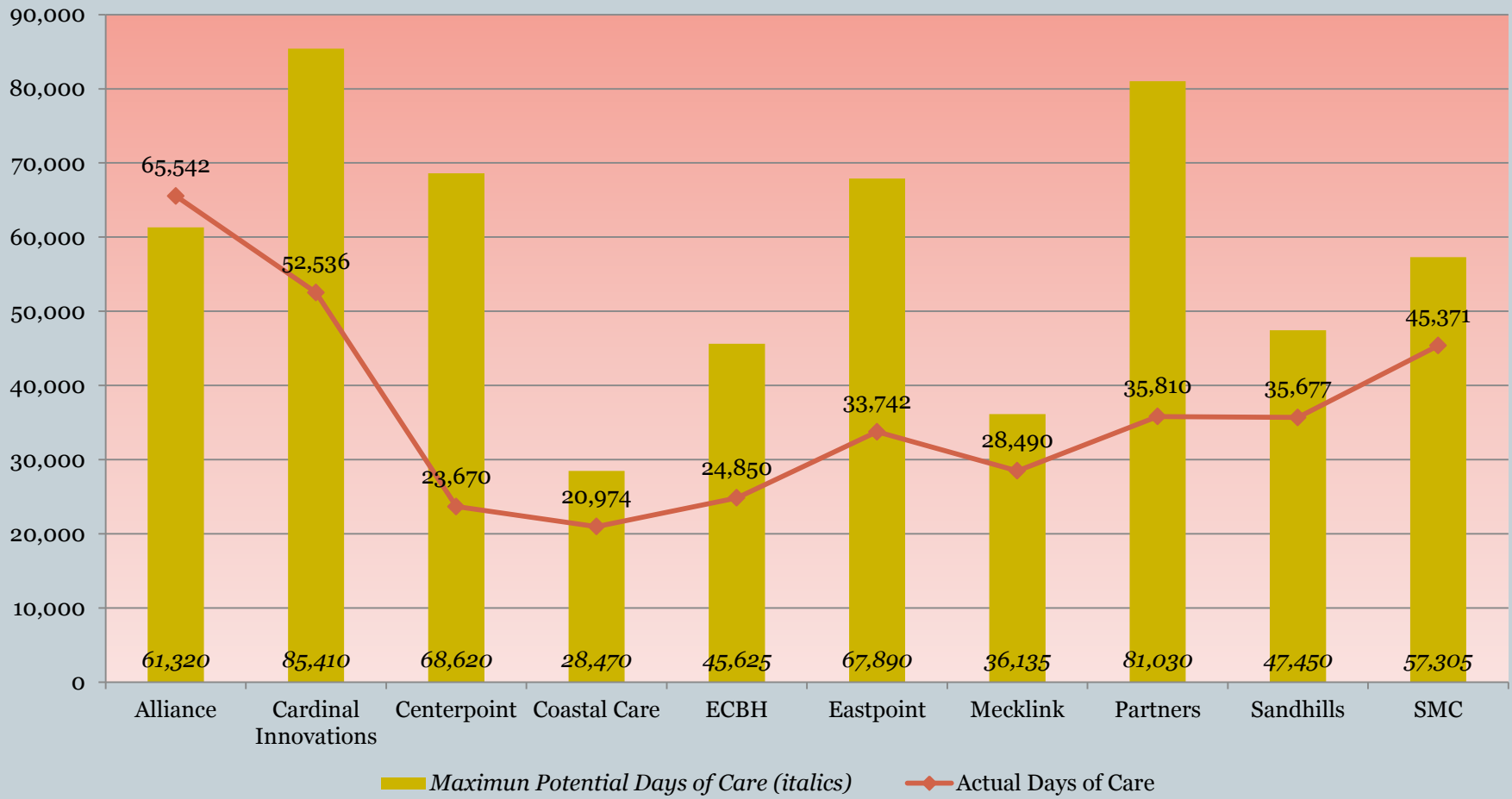
Child/Adolescent Beds



Community Hospital Capacity

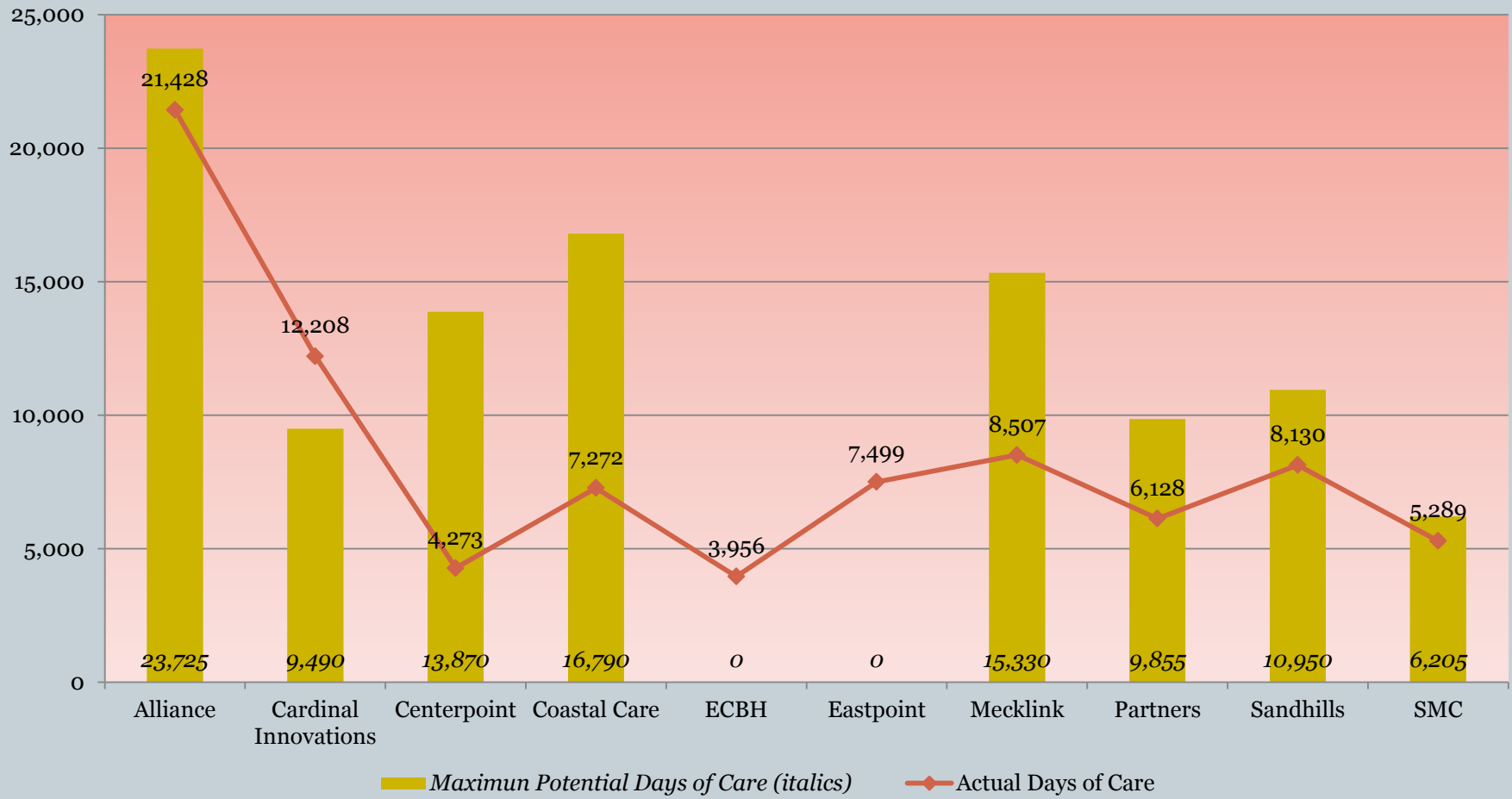


Community-Based Adult Inpatient Psychiatric Bed Capacity FY 2012



Data Source: Truven Health Analytics & 2013 Mental Health Hospital License Renewal Applications

Community-Based Child/Adolescent Inpatient Psychiatric Bed Capacity FY 2012

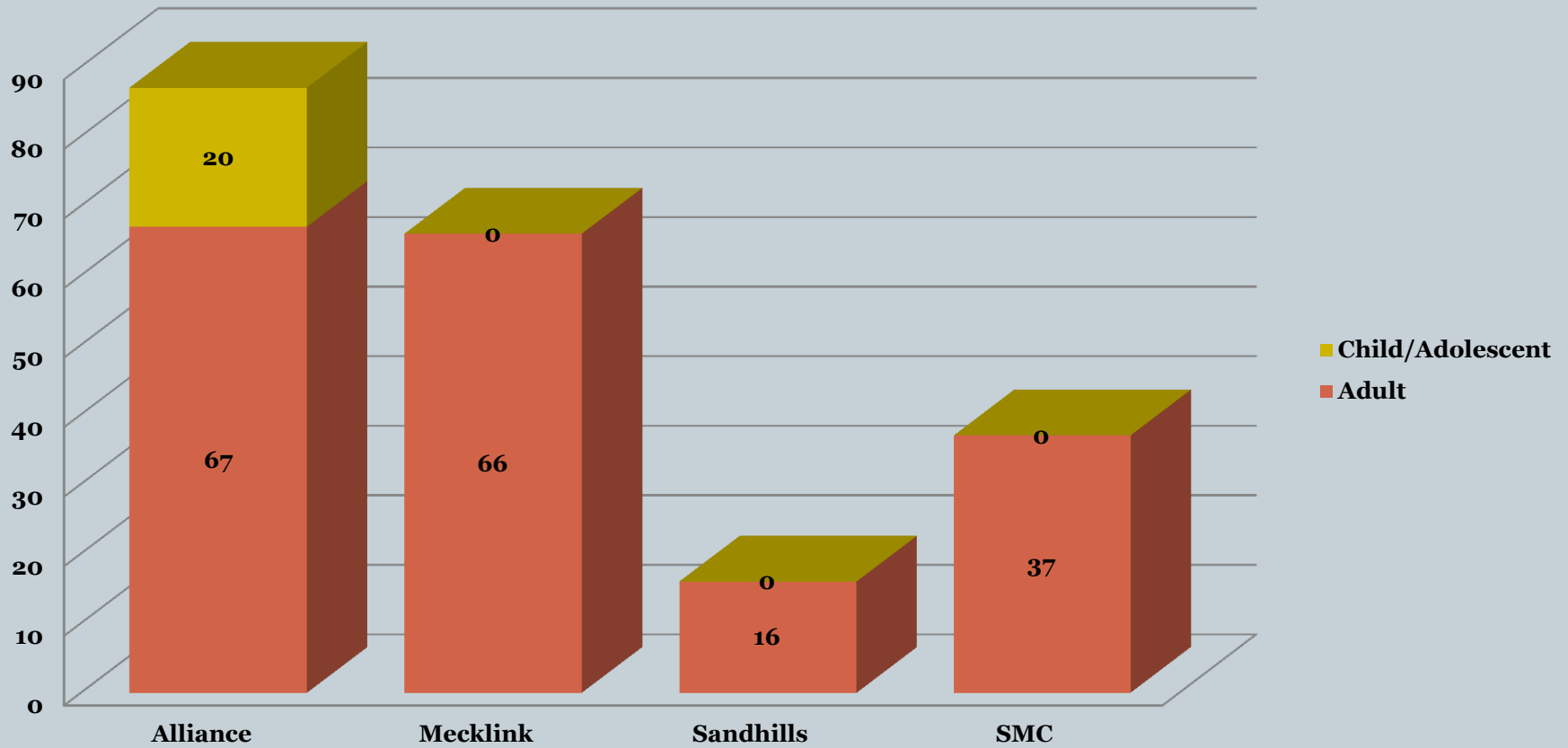


Data Source: Truven Health Analytics & 2013 Mental Health Hospital License Renewal Applications

Community-Based Beds Pending Licensure



Community-Based Beds with CONs, Not Yet Licensed



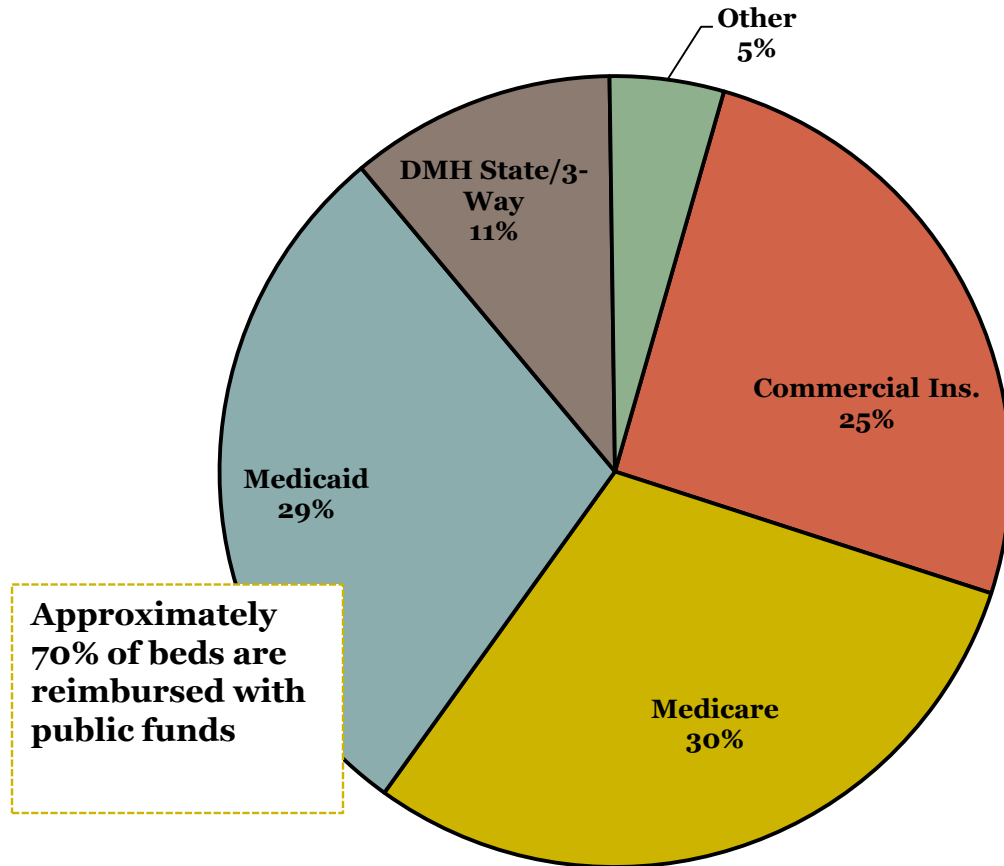


Community Bed Payment Source

Percentage of Bed Days paid by each Payer Source for Psychiatric Units in Acute Care Hospitals

Note - Includes data from acute care hospitals with psychiatric units only. Excludes data from free standing psychiatric hospitals and State hospitals.

FY12 Community Psychiatric Inpatient Bed Days Utilized by Payer



State Psychiatric Hospital Capacity



Current and Potential Operating Capacity State Hospital Beds



| | Current Beds (February 2014) | Funded: Additional Potential Beds (February 2014) | Not Funded: Additional Potential Beds | Total Potential Beds (2015) |
|-----------------------------|--|--|--|--|
| Broughton | 297 | 0 | 85 | 382 |
| Central Regional | 398 (includes 84 forensic beds) | 0 | 43 | 441 |
| Cherry | 197 | 117 | 0 | 314 |
| Total | 892 | 117 | 128 | 1137 |

State Hospital Bed Capacity



○ Forensic Patient Needs

✦ Total Number of Forensic Beds: 84

○ All Forensic Beds are Located at Central Regional Hospital (CRH)

- However, Patients with Incapacity to Proceed to Trial (ITP) Status Occupy **134** Civil Beds across the three State Hospitals

| Number of ITP Patients as of 2.18.14 by Hospital | | Percent of Census with ITP Status |
|--|----|-----------------------------------|
| Broughton | 53 | 20.8% |
| Cherry | 44 | 25.9% |
| CRH | 37 | 9.8% |

Factors Impacting State Hospital Bed Availability



- People referred to the State Psychiatric hospitals have chronic, severe illnesses that the community hospitals cannot adequately serve.
- Many in need of hospitalization at a State hospital have multiple problems related to mental illness that also impact discharge options, including:
 - aggressive behaviors,
 - housing issues,
 - lack of family/social support,
 - financial problems,
 - problems with medications,
 - co-occurring drug/alcohol abuse, chronic medical problems, and/or intellectual/developmental disabilities.

Factors Impacting State Hospital Bed Availability



- Even when beds are available in the community a hospital often makes a clinical decision to deny admissions due to anticipated longer length of stay, aggression, extreme self injurious behavior and co - occurring Intellectual/Developmental Disability.
- Limitations on appropriate and safe discharge options also result in referral to a State Hospital.
- The same factors that result in community hospitals denying admission to a community bed result in community step-down placements not accepting the person.

Projected Need for Community- Based Beds in 2016



2014 STATE MEDICAL FACILITIES PLAN

**PREPARED BY THE
DIVISION OF HEALTH SERVICE REGULATION,
MEDICAL FACILITIES PLANNING BRANCH**

**UNDER THE DIRECTION OF
THE NORTH CAROLINA
STATE HEALTH COORDINATING COUNCIL**

Community-Based Inpatient Psychiatric Beds



- **Non-state operated care settings**
 - 6 free-standing psychiatric hospitals
 - 45 general acute care hospitals with designated psychiatric units

- **1,878 licensed, non-state operated beds**
 - 291 child/adolescent beds
 - 1,587 adult beds

How Need is Projected in the SMFP



- Actual patient days from the previous year are multiplied by the projected population for the age group two years in advance and then divided by the population for the age group in the previous year to determine the projected days of care for the projection year.
- Due to historical data trends, the projected child/adolescent patient days are adjusted downward by 20%.
- The projected days of care are divided by 365 and then by 75% to determine each service area's projected bed need. When calculating bed need occupancy is assumed to be 75%.
- The size of the service area's projected surplus/deficit is determined when the current inventory of beds is subtracted from the projected need.

Child/Adolescent Community-Based Bed Need Determinations for 2016



| PLANNING AREA | NEED |
|---|------|
| Smoky Mountain Center 1: Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain | 3 |
| Smoky Mountain Center 2: Alleghany, Alexander, Ashe, Avery, Caldwell, McDowell, Watauga, Wilkes | 4 |
| Cardinal Innovations 1: Cabarrus, Davidson, Rowan, Stanly, Union | 17 |
| Durham (Alliance Behavioral Healthcare) | 1 |
| Johnston (Alliance Behavioral Healthcare) | 5 |
| Cumberland (Alliance Behavioral Healthcare) | 8 |
| Eastpointe: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson | 22 |
| East Carolina Behavioral Health: Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington | 12 |

Adult Community-Based Bed Need Determinations for 2016



| PLANNING AREA | NEED |
|---|------|
| Smoky Mountain Center 1: Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain | 8 |
| Wake (Alliance Behavioral Healthcare) | 44 |
| Cumberland (Alliance Behavioral Healthcare) | 1 |
| Coastal Care System: Brunswick, Carteret, New Hanover, Onslow, Pender | 4 |
| Special Need Determination (statewide) | 25 * |

* State Health Coordinating Council approved a special need determination for beds dedicated to eating disorder patients across the state.

Determining Long-Term Needs



Determining Long-Term Needs



- State Facility Plan methodology, based on current and past utilization, projects a need of **154** beds
 - Total Child Beds needed = 72
 - Total Adult Beds needed = 57
 - Total Special Determination Beds needed = 25
- State hospitals are used at/over capacity due to the multi-faceted patient needs and lack of sufficient discharge options

Determining Long-Term Needs



- Currently NC has a total of **2,040 state & community public, civil beds** (21.4 beds per 100,000 population)
 - Excluding 84 forensic beds and 134 patients with Incapacity to Proceed to Trial in State hospitals
 - Excluding 30% of community bed use paid by commercial funds
- National experts* recommend from 22 to 50 public beds per 100,000
 - 22 beds per 100,000 = **2,092 beds** (Would need 52 more beds)
 - 50 beds per 100,000, = **4,754 beds** (Would need 2,714 more beds)

**No Room at the Inn: Trends and Consequences of Closing Public Psychiatric Hospitals 2012, Treatment Advocacy Center*

Addressing Pressing Issues



- To reduce Emergency Department use for Behavioral Health
 - Increase community service capacity to prevent need for crisis and inpatient services
- To reduce wait times for State Hospital admissions
 - Improve use of current Community Hospital capacity