Impact on State Facilities and Community Psychiatric Hospitals

Laura White, Hospital Team Leader
Division of State Operated Healthcare Facilities
Department of Health and Human Services

Outline

- Community Capacity Expansion and Hospital Downsizing
- State Hospital and Community Inpatient Bed Capacity
- Referrals and Delays
- State Facility Admission Regions

Community Capacity Expansion and Hospital Downsizing

Background

- 1999: Olmstead Court decision required states to provide community-based treatment
- 1998 and 2001: MGT Studies recommended to close gero long-term, nursing and youth units; treat SA consumers at ADATCs (studies directed by SL 1997-443 and 1999-237)
- 2000: PCG report recommended to reduce state hospital beds by 667, direct saving to the community and use bridge funding to establish services (study directed by SL 1998-212)

Source: DMH/DD/SAS Presentation to Commission for MH/DD/SAS, Oct. 12, 2004

Background (cont.)

- 2001: Mental Health Reform
  - Guiding Principle: services should be provided in the most integrated community setting suitable to the needs and preferences of the individual
  - GS 122-C(2): It is further the obligation of the state and local government to provide community-based services when such services are appropriate…

The Plan – Community Capacity Expansion

- Collaborative planning with LMEs, hospitals and State Operated Services (now Division of State Operated Healthcare Facilities) to plan expansion of services
- Local plans varied based on types of beds that were closing and local service expansion needs
- Mental Health Trust Fund established to support community capacity expansion

The Plan – Hospital Downsizing

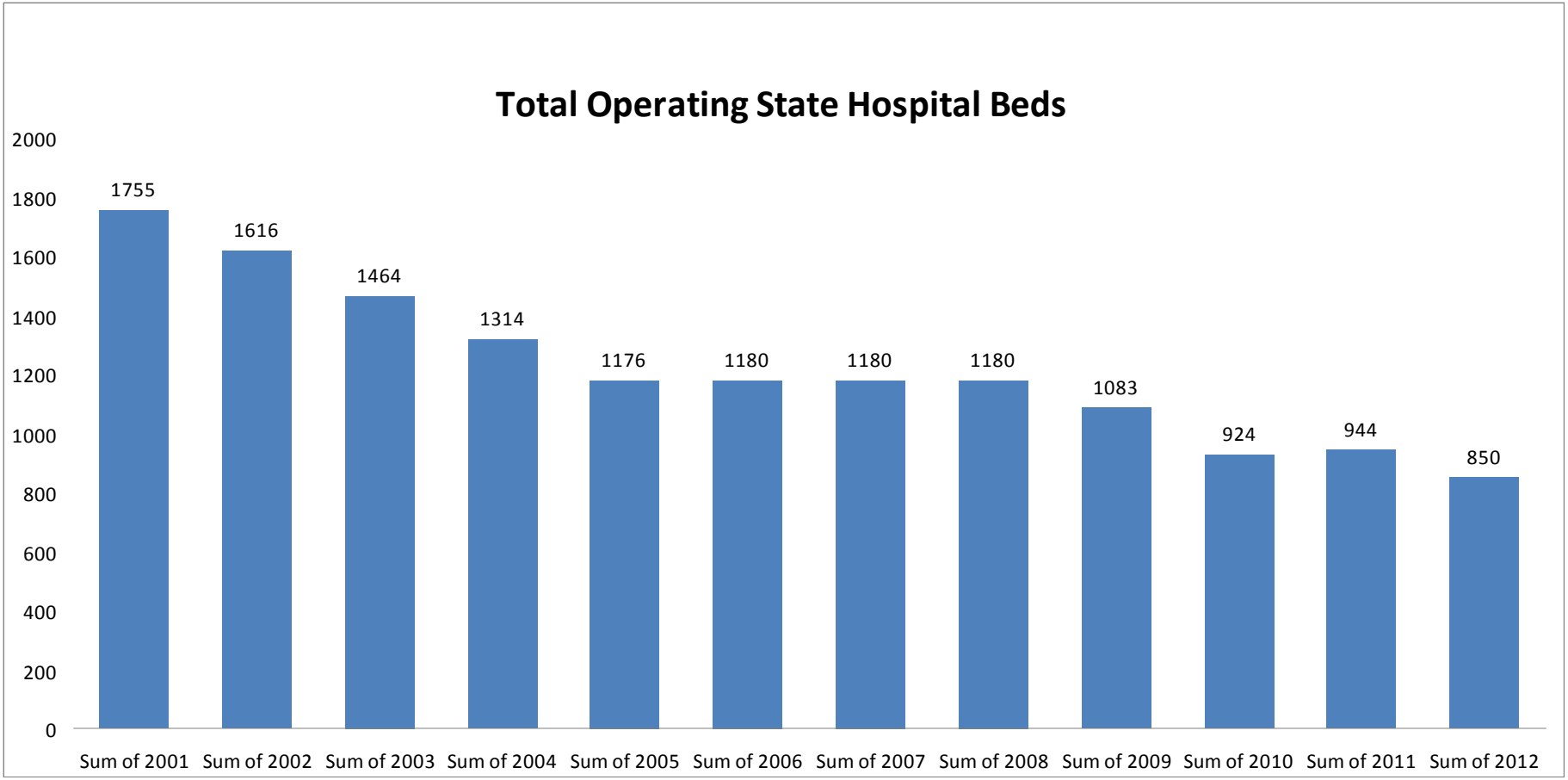
- Establish target number of beds for each service in each state hospital
- Establish closure schedule for beds at each hospital beginning in FY2002 and ending in FY2006 (note: downsizing was stopped in FY05 due to continued high admissions)

Source: DMH/DD/SAS Presentation to Commission for MH/DD/SAS, Oct. 12, 2004

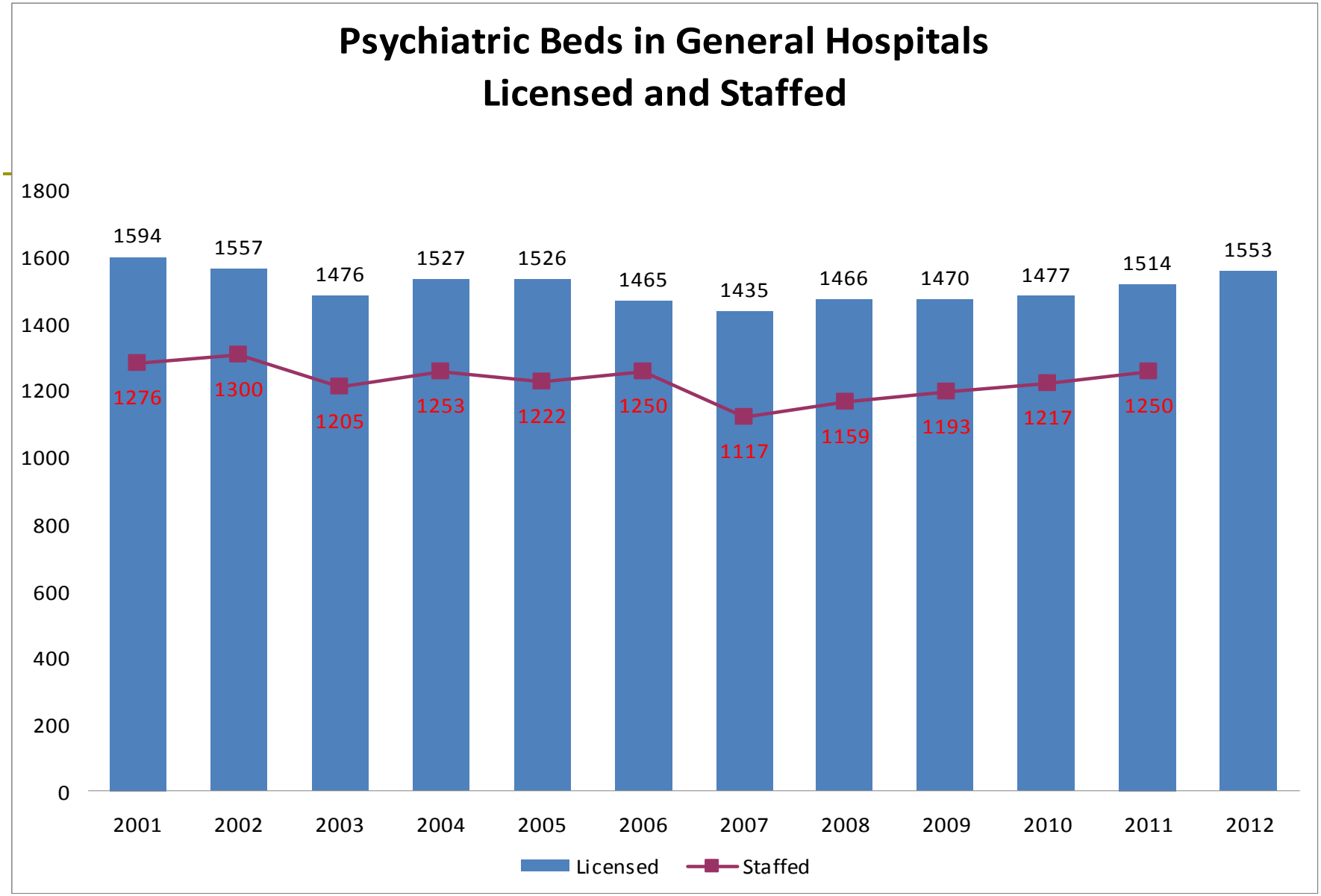
Individuals Discharged When…

- Clinically ready for discharge
- Appropriate discharge plan developed by hospital, LME and individual/guardian
- Discharge plan reviewed and approved by State Operated Services

State Hospital and Community Mental Health Bed Capacity

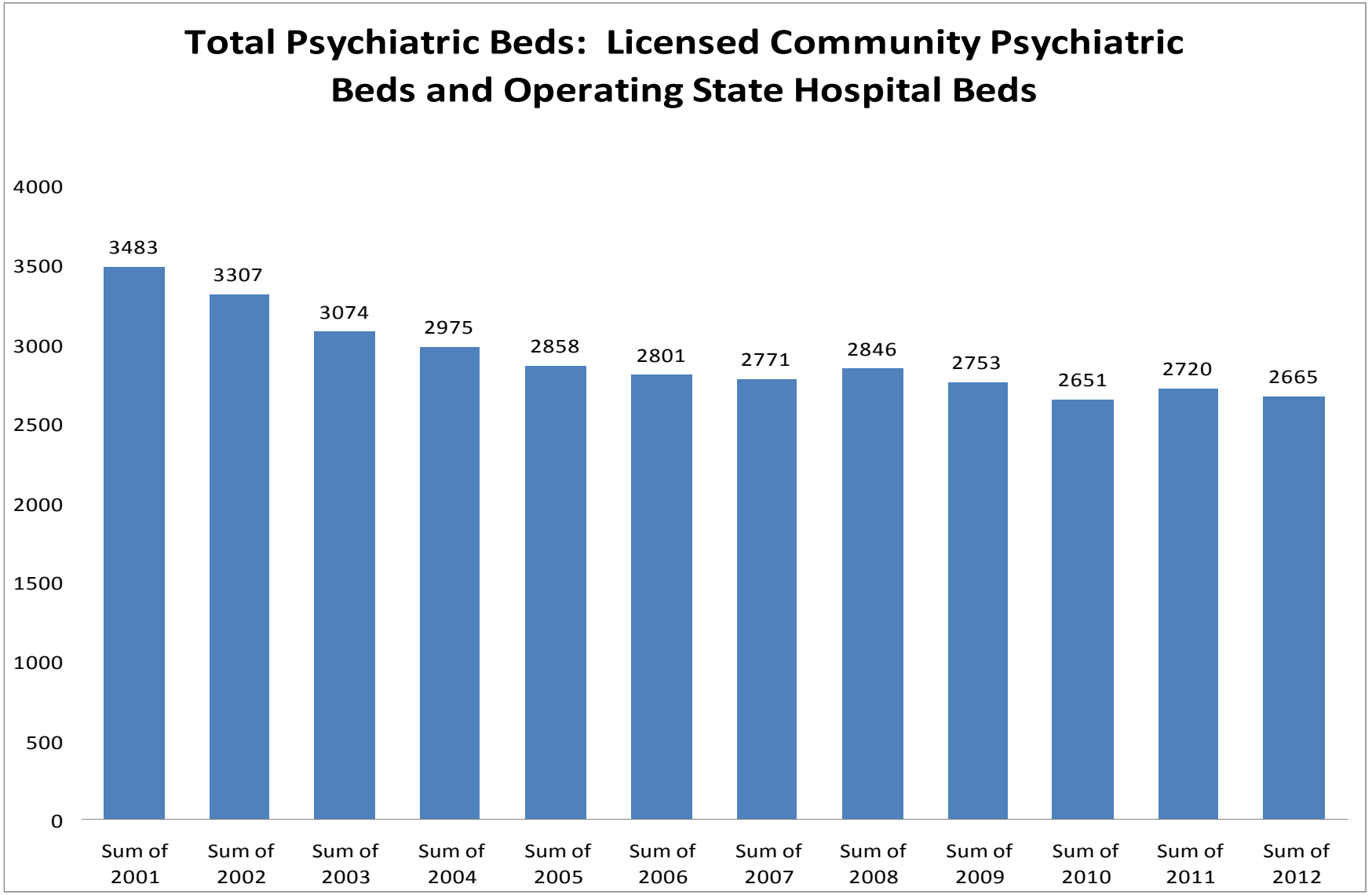

Total Operating State Hospital Beds
2000
1800
1600
1400
1200
1000
800
600
400
200
0
1755
1616
1464
1314
1176
1180
1180
1180
1083
924
944
850
Sum of 2001
Sum of 2002
Sum of 2003
Sum of 2004
Sum of 2005
Sum of 2006
Sum of 2007
Sum of 2008
Sum of 2009
Sum of 2010
Sum of 2011
Sum of 2012

Psychiatric Beds in General Hospitals
Licensed and Staffed



Source: DHSR Annual Applications

Total Psychiatric Beds: Licensed Community Psychiatric Beds and Operating State Hospital Beds



Source: DHSR Annual Applications

Referrals and Delays

Behavioral Health – ED Dispositions

- 53% - discharged to home or self-care
- 28% - admitted to community psychiatric beds
- 11% - admitted to acute care bed
- 1% - admitted to state hospital
- 1% - admitted to ADATC
- 6% - other disposition

Average Length of Stay (ALOS) for individuals presenting to the ED with a behavioral health crisis was 15 hrs, 52 min.

Source: NCHA Behavioral Health ED Utilization, 2012 First Quarter Summary

FY2011-2012 Delay Data

Admissions to State Hospitals from Emergency Departments

- 28%: admitted immediately (no delay)
- 72%: delayed prior to admission

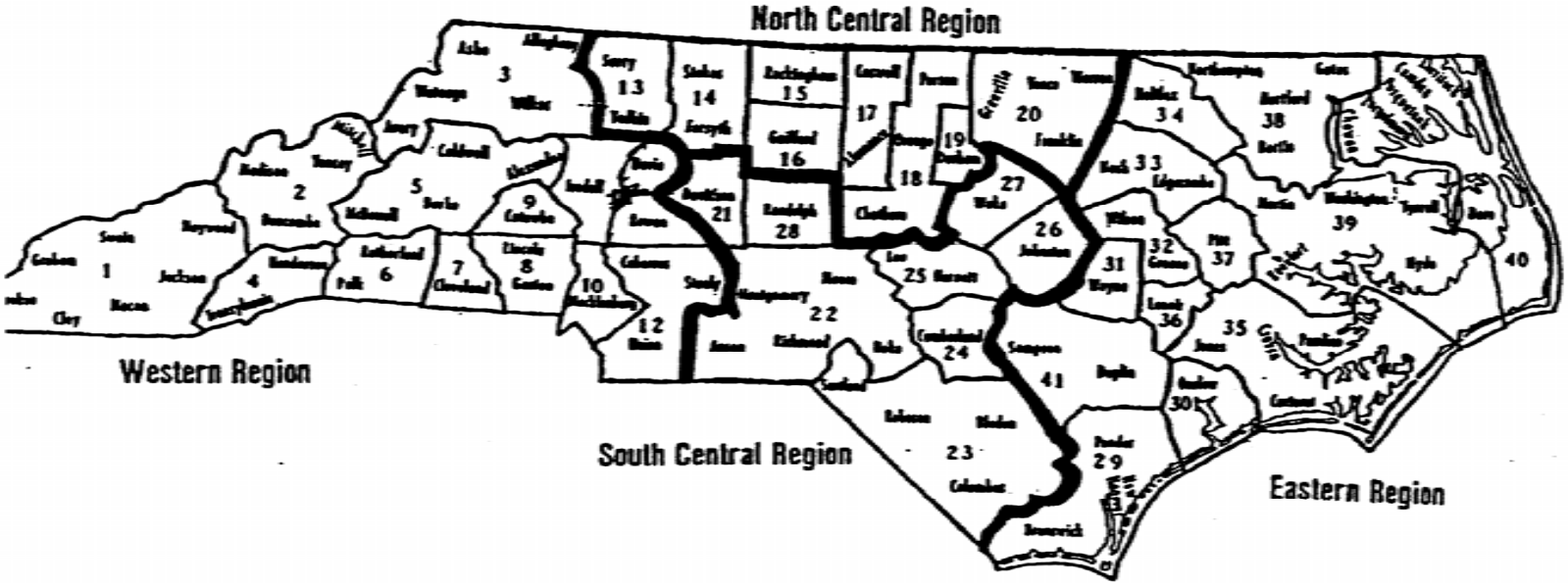
2012-2013 Appropriations Act

- Cherry Hospital: 124 beds ($3,472,954 R)
- Broughton Hospital: 19 beds* ($3,513,000 R)
- Three-way Contracts for local inpatient psychiatric beds: 45 beds* ($9,000,000 R)
  (increase from 141 to 186 beds)

* Available in Jan. 2013 pending certification from OSBM that funds are not needed for the Medicaid Program

State Facility Admission Regions

MAP OF AREA MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE AUTHORITIES



Alamance-Caswell = 17
Albemarle = 40
Blue Ridge = 2
Catawba = 9
Cleveland = 7
Cumberland = 24
Davidson = 21
Duplin-Sampson = 41
Durham = 19
Edgecombe-Nash = 33
Foothills = 5
Pamlico = 44
Gaston-Lincoln = 8
Guilford = 16
Halifax = 34
Johnston = 26
Lee-Harnett = 25
Lenoir = 36
Mecklenburg = 14
Monroe = 35

New River = 3
Onslow = 30
Orange-Person-Chatham = 18
Piedmont = 12
Pitt = 33
Randolph = 28
Roanoke-Chowan = 30
Rockingham = 15
Rutherford-Polk = 4
Sandhills = 22
Smoky Mountain = 1
Southeastern Area = 29
Southeastern Regional = 23
Surry-Yadkin = 13
Tideland = 39
Triad = 6
Twin County = 11
Vance-Warren-Granville-Franklin = 20
Wake = 27
Wayne = 31
Wilson-Greene = 32

1 = Smoky Mountain
2 = Blue Ridge
3 = New River
4 = Triad
5 = Foothills
6 = Rutherford-Polk
7 = Cleveland
8 = Gaston-Lincoln
9 = Catawba
10 = Mecklenburg
11 = Gaston-County
12 = Piedmont
13 = Surry-Yadkin
14 = Pamlico-Stokes
15 = Rockingham
16 = Guilford
17 = Alamance-Caswell
18 = Orange-Person-Chatham
19 = Durham
20 = Vance-Warren-Granville-Franklin

21 = Davidson
22 = Sandhills
23 = Southeastern Region
24 = Cumberland
25 = Lee-Harnett
26 = Johnston
27 = Wake
28 = Randolph
29 = Southeastern Area
30 = Onslow
31 = Wayne
32 = Wilson-Greene
33 = Edgecombe-Nash
34 = Halifax
35 = Monroe
36 = Lenoir
37 = Pitt
38 = Roanoke-Chowan
39 = Tideland
40 = Albemarle
41 = Duplin-Sampson

N.C.G.S. 143B-147 Commission for MH/DD/SAS- creation, powers and duties

(a)…The Commission for MH/DD/SAS shall have the authority:

(1) To adopt rules regarding the

a. Admission, including the designation of regions….of individuals admitted to a facility operated under the authority of G.S. 122C-181(a) that is now or may be established.

10A NCAC 28F

.0101 REGIONS FOR DIVISION INSTITUTIONAL ADMISSIONS

10A NCAC 28F .0101 REGIONS FOR DIVISION INSTITUTIONAL ADMISSIONS

- (a) Except as otherwise provided in rules codified in this Chapter and Chapters 26 through 29 of this Title and except for State-wide programs and cross-regional admissions approved by the Division Director based upon the clinical need of the individual or for the purpose of accessing available beds or services, a person seeking admission to a regional institution of the Division shall be admitted only to the institution which serves the region of the state which includes the person's "county of residence" as defined in G.S. 122C-3.
- (b) For state operated facilities, the regions of the state and the counties which constitute the regions are as follows:
- (1) Western Region: Broughton Hospital, Julian F. Keith Alcohol and Drug Abuse Treatment Center (ADATC), and J. Iverson Riddle Developmental Center shall serve Alleghany, Alexander, Ashe, Avery, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Cherokee, Clay, Cleveland, Davidson, Gaston, Graham, Haywood, Henderson, Iredell, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Polk, Rowan, Rutherford, Stanly, Surry, Swain, Transylvania, Union, Watauga, Wilkes, Yadkin, and Yancey County;
- (2) Central Region: Central Regional Hospital, Murdoch Developmental Center, R. J. Blackley ADATC, Whitaker School, and Wright School shall serve Alamance, Anson, Caswell, Chatham, Davie, Durham, Forsyth, Franklin, Granville, Guilford, Halifax, Harnett, Hoke, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Stokes, Vance, Wake, and Warren County; and
- (3) Eastern Region: Cherry Hospital, Caswell Developmental Center, and Walter B. Jones ADATC shall serve Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Hertford, Hyde, Johnston, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Scotland, Tyrrell, Washington, Wayne, and Wilson County.

- *History Note: Authority G.S. 122C-3; 143B-147;*
- *Eff. February 1, 1976;*
- *Amended Eff. June 1, 2009; April 1, 1990; July 1, 1983.*

Why Revise Admission Regions?

- Establish 3 rather than 4 regions
  (consolidation of Dix and Umstead into CRH)
- Equitable populations in each region
- Consistency – all counties in each LME admitted to the same regional facilities
- Consistency – each county admitted to all facility types in a particular region

Current Regional Populations and State Hospital Beds per capita

Region	Current Estimated Population	State Hospital Beds Per Capita*
West	3,622,518	1 : 13,722
Central	3,406,788	1 : 11,829
East	2,546,359	1 : 13,402

*Does not include state-wide program beds

Source: NC OSBM, population estimates revised 5/8/12

Hospitals and the MH Service System

- Inpatient psychiatric hospitalization is the most intensive care setting in the system
- Should only be used as a last resort when an individual's needs cannot be met in the community
- A strong mental health system requires robust community services and effective inpatient hospital beds