Inpatient Psychiatric Hospital Beds

Rick Shults
Mental Health and Disability Services
Inpatient Hospital
Part of an Array of Mental Health Services

<table>
<thead>
<tr>
<th>All Mental Health Conditions</th>
<th>Moderately Severe Conditions</th>
<th>Acute or Very Severe Conditions</th>
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<tbody>
<tr>
<td>Prevention and outreach services</td>
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<td>Screening, assessment and evaluation</td>
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<td>Effective individual, group and family therapies</td>
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<td>Peer and caregiver education and supports</td>
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<td>Transportation services</td>
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<td>Integrated mental health and primary care</td>
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<td>Medications</td>
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<td>Case management and care coordination</td>
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<td>Integrated mental health and substance use treatment</td>
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<td>Employment and education supports</td>
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<td>Housing with supportive services</td>
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<td>Skill-building, recreation and daily living services</td>
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<td>Intensive outpatient services</td>
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<td>Assertive Community Treatment (ACT)</td>
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<td>Jail diversion and reentry services</td>
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<td>Crisis intervention and stabilization</td>
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<td>Hospital and residential care</td>
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Inpatient Psychiatric Hospital

• Most intense and restrictive service for individuals with the most serious symptoms.
• Goal is to stabilize the individual’s symptoms so the individual can successfully return to the community with needed mental health services.
Number of Psychiatric Beds

- 29 Hospitals have Psychiatric Hospital Beds including two State Mental Health Institutes
- 802 Licensed Psychiatric Hospital Beds
- 731 Staffed Psychiatric Hospital Beds
  - 489 Specifically for Adults
  - 142 Specifically for Children
    (Other beds are available, but are not specifically designated)
  - 100 Specifically for Older Adults +55 years old
Where Psychiatric Beds are Located

Hospital In-Patient Psychiatric Beds-Staffed

Map update 6/7/16

Total = 731 beds in 29 hospitals
Purpose of Bed Tracking

• Improve the efficiency of locating a psychiatric hospital bed for individuals that need inpatient treatment
• Track the availability of psychiatric hospital beds
• Improve communication between psychiatric hospitals and those seeking inpatient treatment for an individual
Reporting Hospitals

• Reporting in the Bed Tracking System is voluntary

• All 29 Hospitals with Psychiatric Hospital Beds are reporting in the Bed Tracking System
  – Most are reporting 5 to 7 days per week
  – The Department’s goal is daily reporting
Inpatient Psychiatric Hospital Beds
August 2015 – May 2016

Average Monthly Open Beds Total
- August: 74
- September: 59
- October: 64
- November: 69
- December: 94
- January: 68
- February: 61
- March: 62
- April: 46
- May: 61

Average Monthly Open Child Beds
- August: 24
- September: 17
- October: 9
- November: 9
- December: 15
- January: 11
- February: 10
- March: 13
- April: 5
- May: 11

Average Monthly Open Adults Beds
- August: 50
- September: 42
- October: 55
- November: 60
- December: 79
- January: 57
- February: 51
- March: 49
- April: 41
- May: 50
Who Uses the Bed Tracking System

- Hospital Emergency Departments
- Community Mental Health Centers
- Courts
- Law Enforcement
- MHDS Regions
Information in Bed Tracking

• The number of available Psychiatric Hospital Beds at each hospital by children and adults on the day of the report

• Basic information for each Psychiatric Hospital
  – Age of patients served
  – Whether or not involuntary admissions are accepted
  – Whether or not the unit is locked
  – Gender preference
Hospital Admission Process

• Inpatient Psychiatric Hospital Bed Tracking does not reserve a bed
• Those seeking a Psychiatric Hospital Bed must call the Hospital to discuss admitting the patient
• Some items typically discussed:
  – Is the patient medically stable?
  – What is the patient’s recent history?
  – Does the hospital have the capacity to serve the individual?
Quality Assurance

• The Department follows-up on use of the Psychiatric Hospital Bed Tracking System
  – Encourage hospitals to report timely
  – Ask users how the system is working for them
  – Identifying where and why it isn’t working
  – Ask what could be done to improve the system
Reasons Patients Are Not Admitted

• Occasionally patients are not admitted when a hospital has a bed.
• Most frequent reasons given for not admitting a patient are:
  – The individual has been or is currently aggressive
  – The individual has been or is currently under the serious influence of drugs or alcohol
Reasons for Not Admitting Continued

• Reasons often given for not admitting a patient are:
  – The individual is not medically stable
  – The make up of current patients prevent it:
    • Patient Mix – i.e., Currently have too many adult males or adult females
    • Current patients are very high acuity and require high staff ratios
  – Staff shortages
Next Steps for Bed Tracking

• Improved the first page users see to include a state map showing where vacancies exist by adults and children
• Continue encouraging daily reporting
• Continue quality assurance calls
• Recruit additional users
• Do additional training
Challenges

• Individuals with mental illness that are stable needing intensive community services – i.e., Intensive Habilitation, ACT.
• Individuals with an intellectual or developmental disability with serious behavior issues that need intensive community services – i.e., Intensive staffing and applied behavior analysis.
Next Steps

• Expand Capacity Through MCOs and MHDS Regions
  – Crisis Services
  – ACT
  – Habilitation
  – Applied Behavioral Analysis
  – Jail Diversion

• Review Service Gaps with Key Stakeholders