

## **PBH Efforts to Decrease State Hospital Utilization 2-20-07**

PBH has put forth considerable efforts into the establishment of an overarching plan to reduce unnecessary psychiatric hospitalization in general, but especially in cases of acute unit admissions and bed days utilized at state psychiatric hospitals. Associated with this, of critical importance, is the development and monitoring of a well functioning crisis services system for adults and children.

PBH has made significant progress in identifying gaps in our Crisis Services Continuum and has implemented several programs to bolster this array.

1. In October, 2005 PBH added a combination Facility Based Crisis (6 beds) and Detox (10 beds) center in our catchment area.
2. Established a contract with a local psychiatric facility (Stanly Memorial Hospital) for indigent consumers.
3. Designed and implemented a 24/7 Access Call Center with Utilization Management capabilities for screening, diverting or authorizing appropriate State Hospital referrals
4. Established and implemented a State Hospital Liaison program with discharge assistance responsibilities that is attached to a larger PBH Screening Triage and Referral (STR) Unit which has face-to-face STR Capacity to encourage and track follow-up care post hospitalization.
5. Established and implemented an Emergency Department Liaison program that provides education, training and problem solving in PBH consumer care.

These programs are further supported by coordination efforts through established Emergency Services Continuum stakeholder's meetings, involving all the major stake holders from our five county catchment area. These stakeholders' include, State and local hospitals, Law Enforcement Agencies, and representatives from all crisis service providers in our area. The meetings occur on a regular basis to educate, plan, and seek improvements in our Crisis Services Programs.

In reducing our reliance on inpatient hospitalization, PBH will remain conscious of the need for hospitalization when it is medically necessary. People will always experience a need for crisis stabilization and continued care such that an inpatient admission will be medically necessary. We also are clearly headed away from those admissions occurring at state facilities --- the only way to deal with the need for re-direction is to expand the local capacity of inpatient psychiatric beds. Our experience with this has been similar to other LMEs. The general hospital culture has not been especially sensitive to the need for services for indigent and Medicaid insured consumers requiring inpatient stays. Again, this is an area where we have worked with very good intentions and effort but only had modest success. We believe this is in part due to the fact that we are under resourced in the area of community psychiatric inpatient beds.

1. The 2007 State Medical Facilities plan documents 63 psychiatric inpatient beds available in hospitals located within the five PBH counties. However, of these 63 community adult psychiatric beds, 36 (over 50%) are geriatric only beds. The State Medical Facilities Plan for 2007 projects the need for our area at 58 beds, and shows that we are over the projection by 5 beds. Although the need projection formula certainly includes geriatric need, we believe the formula does not recognize the "set aside" of beds for geriatric only care. In reality, we have only 27 beds available for use for adults ages 18 - 64. Therefore, we believe that our region area is significantly under-resourced for adult acute psychiatric hospital resources.

2. Additionally, the State Medical Facilities Plan does not report the utilization rates for the current psychiatric bed inventory; however it has been our experience that some hospitals do not staff for full capacity for the beds that are active.
3. The State Medical Facilities Plan shows 5 child adolescent beds and a need for 9. However, the five beds showing on the inventory are not active; therefore we have a net need of 9 child adolescent beds.

Stanly Memorial Hospital has worked very collaboratively with PBH to make available both Medicaid and Indigent acute psychiatric beds, and this resource has been a very important option in our diversion efforts. At present, however, Stanly Memorial has only 12 acute psychiatric beds, which means that they are not always available for acute and complex cases. Never-the-less, we will continue to work very hard on both the contracting and acuity related admission problems because they are at the core of what needs to be accomplished at the local/regional level to shift from the historical reliance on state hospital utilization.

The following is a table of services provided through our established contract with Stanly Memorial Hospital and with the Crisis Recovery Center. These numbers represent admissions that had the potential to be referred to the State Hospital Facilities.

Facility	Date Range	Admissions
Stanly Memorial Hospital	1-1-06 – 2-7-07	235
Crisis Recovery Center	10-1-05 – 12-31-06	495
<b>Total diverted potential admissions</b>		<b>730</b>

The following table shows very clearly how successful the actions taken by PBH to decrease State Hospital Utilization have been. PBH has had an overall decrease in the State Hospital Bed days for the last five straight months.

Month	FY05-06 State Facility Bed Days Utilized	FY06-07 State Facility Bed Days Utilized	Decrease
August	784	696	88
September	710	561	149
October	993	678	315
November	918	559	359
December	629	579	50
Total for time period	4034	3073	<b>961</b>

**961 FEWER bed days utilized for the same time period last fiscal year**

Also, during the same time period the Western region of the state had a 10% increase in the admissions to Broughton State Hospital while PBH held to *Half* (1/2) of that increase (5%) and focused on decreasing the Average Length of Stay (ALOS) as noted above by the dramatic decrease in bed days utilized. Based on the State Hospital Admissions Per Capita report generated by the MH/DD/SAS Division, PBH was the fifth lowest out of 30 on our rate of admission per 1000 population (PBH rate of 1.46 vs. State Average Rate of 2.06)

PBH State Hospital Recidivism Rates Compared to National and NC Averages

A summary of the State Hospital Readmissions rates shows PBH with a significantly lower rate when compared to North Carolina averages and as compared to National Averages.

State Facility Readmission Measures	Within 0-30 Days	Within 0-180 Days	Total Admits 7-1-06 thru 12-31-06
PBH #	13	24	431
<b>PBH Rates</b>	<b>3.02%</b>	<b>5.57%</b>	
North Carolina	11.5%	20.1%	**From 2005 CMHS Uniform Reporting System Output Table from SAMSHA.
US Average	8.7%	19%	

**Concern with Current Methodology for Calculating the Allocated Bed days**

It is very important to appreciate the significant problems associated with the current metrics used by the Division to compare inpatient utilization across LME’s. The current methodology for determining the allocated number of inpatient bed days per LME is also used to monitor utilization performance across LME’s. The major flaw associated with this methodology is that it is driven by historical utilization of inpatient bed days. There is an obvious need to work towards a typical and more accepted per capita based allocation formula, but it is also understood that this is an area of great sensitivity. Population growth for the five PBH counties increased by 25% from 1990 to 2000, and from July 2000 until July 2007 it will have increased by another 16%. Programs like PBH who are in areas of high population growth are at a great disadvantage when measured against a baseline that was simply based on historical utilization and which has never been adjusted for changes in population. In addition, establishing an equity-based methodology will give the Division a much better statewide perspective, across LMEs, of the degree of the problem associated with both real and perceived over utilization of state hospital beds. This outdated methodology is under review by a State workgroup and PBH is participating on the work group looking at how to correct this problem. The following table shows the difference between the annualized measures of PBH Utilization using the current historically based formula and a measure if based on population.

State Hospital Unit	Target Utilization	Based on Historical Formula (current)	If Based on Population Formula
Adult Acute	100%	99.66%	75%
Adult Long Term	100%	139.88%	60.13%
Geriatric	100%	184.93%	86.33%
Child and Youth	100%	72.54%	60.78%
		Several are MORE than target	All well below target

In summary, PBH has been very successful to date with designing and implementing programs needed to manage our State Hospital Utilization. PBH fully intends to continue looking for additional gaps in our crisis system and to continue monitoring for opportunities for improvement. An area of very intensive focus currently has been the desire to aggressively address the need for early intervention in urgent situations to avoid progression to full blown crises. One example of our success in that regard has been the development of “Advanced Access” opportunities in all five of our counties which allow any consumer to walk in to an outpatient center between the hours of eight AM and 8 PM and receive a crisis screening, assessment and follow up care. PBH is committed to designing its system of care in a way which will continue to reduce it’s utilization of State Hospital facilities. Our goal continues to be to provide the right level of service in the least restrictive manor within our own community to maximize the opportunity for family and natural support involvement.