



California's Acute Psychiatric Bed Loss

As of 2013, California had 27 hospitals licensed as freestanding Acute Psychiatric Hospitals (APH) and 23 county-run Psychiatric Health Facilities, which provide care only to individuals with acute behavioral needs. The remaining 88 facilities are dedicated psychiatric units within General Acute Care Hospitals (GACHs). California has nearly 440 GACHs, of which about one-fifth have such dedicated psychiatric units. Combined, these hospitals supply the 6,680 beds available around the state for individuals in need of short-term, acute level of care, psychiatric inpatient services.

What follows is CHA's attempt to illustrate the devastating drop in psychiatric inpatient services during the past several years. Our primary data source is the current (2013) financial data reports from the Office of Statewide Health Planning and Development (OSHPD). It is important to note that none of the data in this document includes beds from the five very large, state-owned hospitals in Fresno, Napa, Los Angeles, San Bernardino, and San Luis Obispo Counties, since the beds in these facilities are typically not available to the general public, with most patients being admitted by court order. The remaining pages of this document are described below.

Acute Psychiatric Inpatient Bed Closures/Downsizing – Page 2

This page contains graphs illustrating the severity of the bed loss in the state. The first chart shows the loss in the number of facilities with inpatient psychiatric beds since 1995. The state has lost 43 facilities, either through the elimination of psychiatric inpatient care, or complete hospital closure, representing a nearly 24% drop.

The second chart shows the decline in beds from 1995 to the present. While there has been an increase in beds over the past two years, as of 2013 data, California had lost nearly 30% of the beds it had in 1995, a drop of almost 2700 beds.

The third chart displays the increase in the patient-to-bed gap, statewide. A panel of 15 leading psychiatric experts was consulted and asked to look at specific criteria such as number of individuals who need hospitalization, the average length of hospital stays, and current state and federal financing structures. Using these criteria, the panel concluded that 50 public psychiatric beds per 100,000 individuals (or 1:2000) is the absolute minimum number required to meet current needs. This number, however, is contingent upon the availability of appropriate outpatient services in the community. In 1995, California fell short of this target by nearly 1,400 beds, having only 29.5 beds per 100,000 residents. That gap has increased to nearly 4,000 beds in 2013, with the state having 17.44 psychiatric inpatient beds for every 100,000 residents. This is a loss of nearly 41% of the beds per capita in California since 1995.

The fourth chart shows the increase in California's population over the same period of time. Since 1995, the state has gained roughly five and a half million people, a growth of more than 20%, with the 2013 population approaching 38 ½ million.

Psychiatric Inpatient Care Units and Freestanding Psychiatric Hospitals Comparative Data – Page 3

This page provides a comparison of California to the rest of the United States. National data comes from the American Hospital Association's (AHA) Annual Survey of Hospitals. From these figures, we subtracted California's numbers to arrive at the 49-state data. Census data was used to calculate the number of beds per person. As mentioned above, California's bed rate is one bed for every 5,572 people, as of 2013, worse than the rest of the nation's average of one bed for every 4,953 people. This illustrates that, while California's crisis is not unique, we fare far worse, comparatively.

Acute Care Inpatient Psychiatric Bed Distribution by County – Page 4

This page of the document breaks California data down by county in an attempt to illustrate the different types of beds available. Also listed are beds reserved for chemical dependency patients and beds in Psychiatric Health Facilities. All data is from OSHPD annual reports. The chart also shows that 25 of California's 58 counties have no inpatient psychiatric services. The remaining pages 5-12 visually show the bed distribution across the state, illustrating the vast areas between and without particular services.

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Acute Psychiatric Inpatient Bed Closures/Downsizing California, 1995 - 2013



Center for Behavioral Health

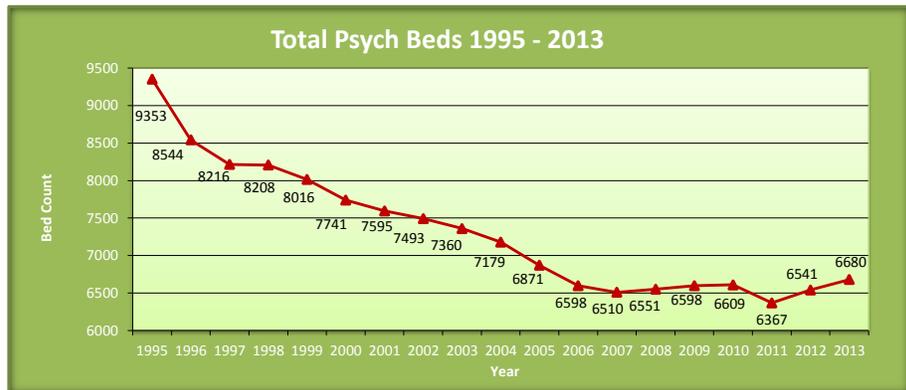
PSYCH FACILITY CHANGE

1995	181
2013	138
Total Change	-43
% Change	-23.8%



PSYCH BED CHANGE

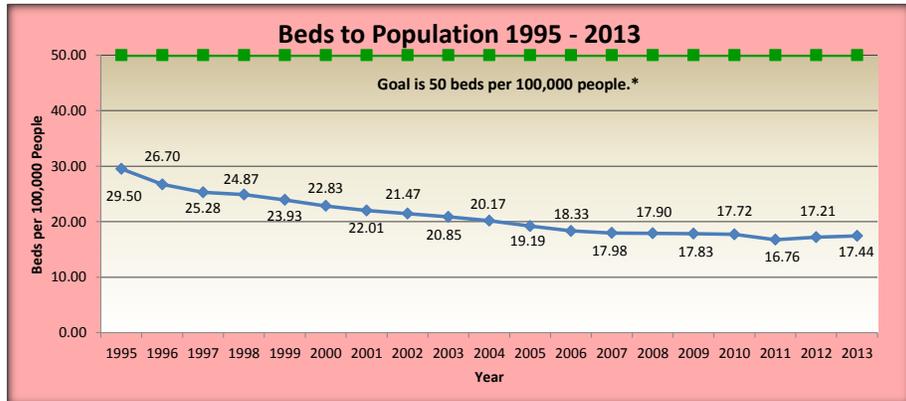
1995	9353
2013	6680
Total Change	-2673
% Change	-28.6%



BED GAP PROGRESS

1995	29.50
2013	17.44
Total Change	-12.06
% Change	-40.9%

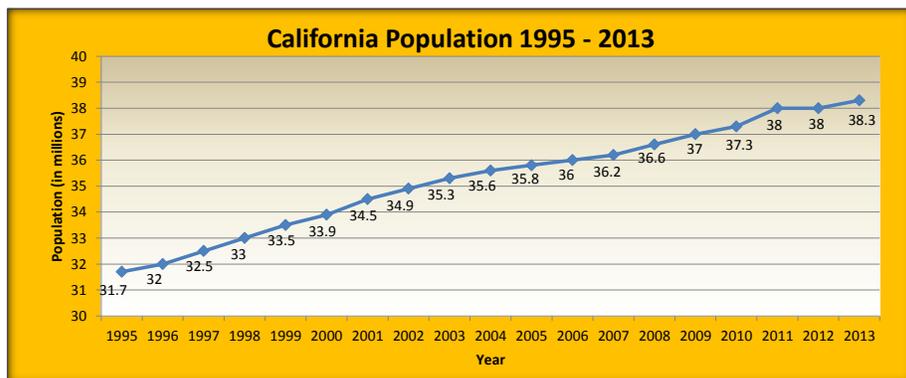
*Extrapolated from Treatment Advocacy Center figure of 1 bed per 2000.



POPULATION* GROWTH

1995	31.7
2013	38.3
Total Change	6.6
% Growth	20.8%

*estimated in millions



Psych Data Source: OSHPD (General Acute Care Hospitals include city and county hospitals, but not state hospitals).
Acute Psychiatric hospitals include city and county hospitals, but not state hospitals. Also includes county-owned Psychiatric Health Facilities.)
Population Data Source: U.S. Census Bureau

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This document may be found on the CHA website at www.calhospital.org/PsychBedData.



Psychiatric Inpatient Care Units and Freestanding Psychiatric Hospitals
2013 Comparative Data – Nation and California

Table with 7 columns: GACHs w/Psych, # Psych Beds, APHs & PHFs, # Psych Beds, Total Hospitals, Total Beds. Rows include Nation, 49 States, and California.

2013 Population Comparison

Table comparing population and psychiatric bed ratios for Nation, 49 States, and California.

Experts estimate a need for a minimum of 1 public psychiatric bed for every 2000 people for hospitalization for individuals with serious psychiatric disorders. * This number is contingent upon the availability of appropriate outpatient services in the community. **

1 General Acute Care Hospitals 2 Acute Psychiatric Hospitals 3 Psychiatric Health Facilities

Sources

National data: Health Forum, AHA Annual Survey of Hospitals
Hospitals with psychiatric or alcoholism/chemical dependency units are registered community hospitals that reported having such a unit for that year.

California data: OSHPD

General Acute Care Hospitals include city and county hospitals, but not state hospitals. Acute Psychiatric Hospitals include city and county hospitals, but not state hospitals. Also includes county-owned Psychiatric Health Facilities.

49 State data: OSHPD data subtracted from AHA data. Includes the District of Columbia.

Population data: U.S. Census Bureau

*Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. J. (2008). "The Shortage of Public Hospital Beds for Mentally Ill Persons."

**Stetka, B. (2010). "US Psychiatric Resources: A Country in Crisis."

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Acute Care Inpatient Psychiatric Bed Distribution

Not all beds are available to individuals on LPS involuntary holds. Does not include data from state-operated hospitals.

County	Adult	Child/Adol	Gero-Psych*	Psych IC**	Chem/Dep	PHF***	Beds per 100k ²	Population	County
Alameda	234	45	0	22	74	42	19.06	1,578,891	Alameda
Alpine	0	0	0	0	0	0	0.00	1,159	Alpine
Amador	0	0	0	0	0	0	0.00	36,519	Amador
Butte	46	0	0	0	0	16	20.71	222,090	Butte
Calaveras	0	0	0	0	0	0	0.00	44,515	Calaveras
Colusa	0	0	0	0	0	0	0.00	21,358	Colusa
Contra Costa	80	28	0	0	8	0	9.87	1,094,205	Contra Costa
Del Norte	0	0	0	0	0	0	0.00	27,873	Del Norte
El Dorado	10	0	0	0	0	10	5.50	181,737	El Dorado
Fresno	77	0	0	0	0	16	8.06	955,272	Fresno
Glenn	0	0	0	0	0	0	0.00	27,940	Glenn
Humboldt	16	0	0	0	0	16	11.90	134,493	Humboldt
Imperial	0	0	0	0	0	0	0.00	176,584	Imperial
Inyo	0	0	0	0	0	0	0.00	18,467	Inyo
Kern	140	0	0	0	0	16	16.20	864,124	Kern
Kings	0	0	0	0	0	0	0.00	150,960	Kings
Lake	0	0	0	0	0	0	0.00	63,860	Lake
Lassen	0	0	0	0	0	0	0.00	32,163	Lassen
Los Angeles	2053	243	0	86	375	32	23.78	10,017,068	Los Angeles
Madera	0	0	0	0	0	0	0.00	152,389	Madera
Marin	17	0	0	0	0	0	6.58	258,365	Marin
Mariposa	0	0	0	0	0	0	0.00	17,755	Mariposa
Mendocino	0	0	0	0	0	0	0.00	87,192	Mendocino
Merced	16	0	0	0	0	16	6.08	263,228	Merced
Modoc	0	0	0	0	0	0	0.00	9,147	Modoc
Mono	0	0	0	0	0	0	0.00	14,074	Mono
Monterey	40	0	0	0	0	0	9.33	428,826	Monterey
Napa	37	0	0	0	0	0	26.37	140,326	Napa
Nevada	0	0	0	0	0	0	0.00	98,200	Nevada
Orange	481	32	0	0	115	0	16.47	3,114,363	Orange
Placer	16	0	0	0	0	16	4.36	367,309	Placer
Plumas	0	0	0	0	0	0	0.00	18,859	Plumas
Riverside	182	12	0	9	131	16	8.85	2,292,507	Riverside
Sacramento	321	64	0	15	0	82	27.36	1,462,131	Sacramento
San Benito	0	0	0	0	0	0	0.00	57,600	San Benito
San Bernardino	304	76	0	0	38	0	18.20	2,088,371	San Bernardino
San Diego	523	65	0	152	95	0	23.04	3,211,252	San Diego
San Francisco	239	35	47	0	0	0	38.33	837,442	San Francisco
San Joaquin	49	0	0	0	2	16	6.96	704,379	San Joaquin
San Luis Obispo	16	0	0	0	0	16	5.79	276,443	San Luis Obispo
San Mateo	60	13	24	0	13	0	12.98	747,373	San Mateo
Santa Barbara	36	0	0	0	0	16	8.26	435,697	Santa Barbara
Santa Clara	166	0	0	0	0	40	8.91	1,862,041	Santa Clara
Santa Cruz	28	0	0	0	0	0	10.39	269,419	Santa Cruz
Shasta	16	0	0	0	0	16	8.94	178,980	Shasta
Sierra	0	0	0	0	0	0	0.00	3,047	Sierra
Siskiyou	0	0	0	0	0	0	0.00	43,799	Siskiyou
Solano	48	13	0	0	0	0	14.36	424,788	Solano
Sonoma	95	0	0	0	0	0	19.19	495,025	Sonoma
Stanislaus	67	0	0	0	0	0	12.75	525,491	Stanislaus
Sutter	32	0	0	0	0	32	33.56	95,350	Sutter
Tehama	0	0	0	0	0	0	0.00	63,057	Tehama
Trinity	0	0	0	0	0	0	0.00	13,448	Trinity
Tulare	63	0	0	0	0	0	13.87	454,143	Tulare
Tuolumne	0	0	0	0	0	0	0.00	53,874	Tuolumne
Ventura	131	29	0	0	0	0	19.06	839,620	Ventura
Yolo	31	0	0	0	0	0	15.15	204,593	Yolo
Yuba	0	0	0	0	0	0	0.00	73,340	Yuba

TOTALS

All Psych	Adult	Child/Adol	Gero-Psych	Psych IC	Chem/Dep	PHF ¹	Beds per 100k ²	State
6680	5670	655	71	284	851	414	17.43	38,332,521

25 Counties w/o Adult Beds (45% of state)
 46 Counties w/o Child/Adolescent Beds (79% of state)
 56 Counties w/o Gero-Psych (Long-Term Care) Beds (97% of state)
 53 Counties w/o Psych Intensive Care Beds (91% of state)
 49 Counties w/o Chemical Dependency Beds (84% of state)
25 Counties Have ZERO Inpatient Psych Services (45% of state)

Sources: Population data from US Census Bureau
 All other data from OSHPD 2012 reports

¹ NOTE: PHF bed totals are included in their respective categories (e.g., adult, child/adolescent, etc.).

² NOTE: Beds per 100,000 residents goal is 50

***Gero-Psych** - Medical care, nursing and auxiliary professional services and intensive supervision of the chronically mentally ill, mentally disordered or other mentally incompetent geriatric persons, rendered in the structured, secure, therapeutic milieu of a psychiatric long-term care program.
 ****Psych IC** (Psychiatric Intensive Care) - Provides nursing care to psychiatric patients which is of a more intensive nature than the usual nursing care provided in Medical, Surgical, and Psychiatric Units.
 *****PHF** (Psychiatric Health Facility) - Defined as a health facility, licensed by the State Department Health Care Services, that provides 24-hour inpatient care. This care includes, but is not limited to: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings. (Health & Safety Code Section 1250.2)

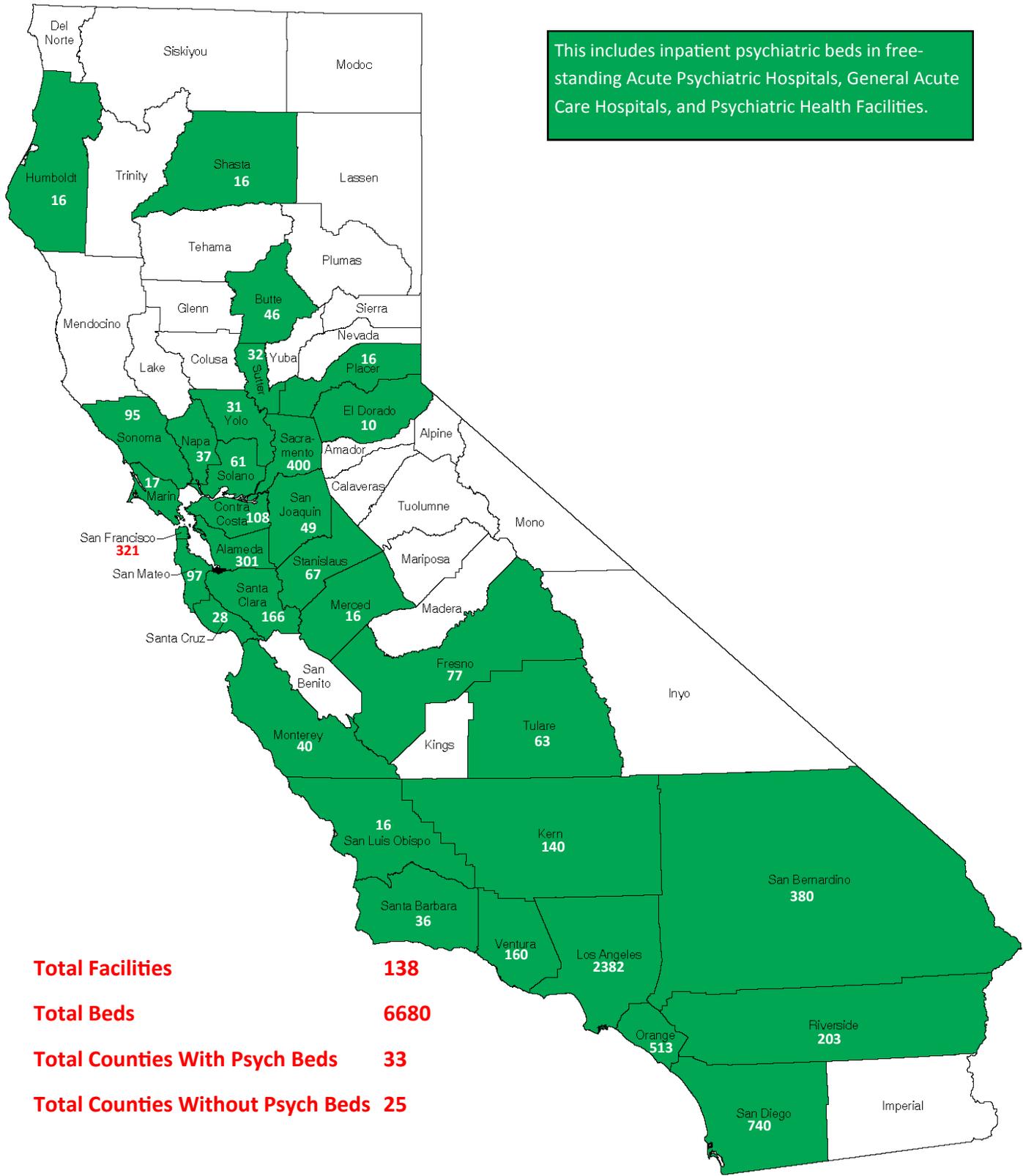
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This document is available at: <http://www.calhospital.org/PsychBedData>

Acute Care Inpatient Psychiatric Bed Distribution Counties with Psychiatric Inpatient Beds

This includes inpatient psychiatric beds in free-standing Acute Psychiatric Hospitals, General Acute Care Hospitals, and Psychiatric Health Facilities.



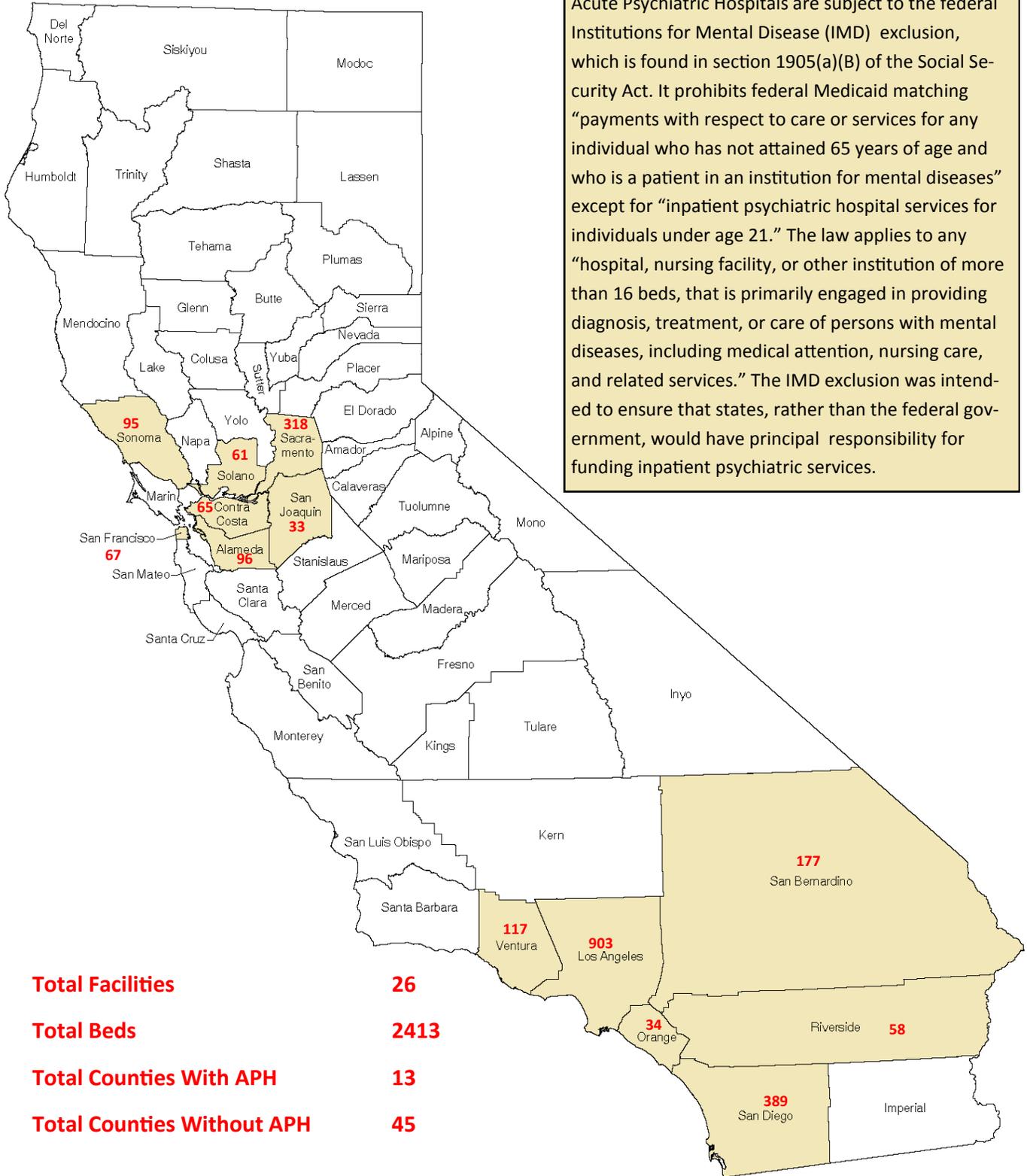
Total Facilities **138**
Total Beds **6680**
Total Counties With Psych Beds **33**
Total Counties Without Psych Beds **25**

Source: OSHPD 2013 data
 Updated October 29, 2015

Acute Care Inpatient Psychiatric Bed Distribution

Counties with Freestanding Acute Psychiatric Hospitals (APH)

Acute Psychiatric Hospitals are subject to the federal Institutions for Mental Disease (IMD) exclusion, which is found in section 1905(a)(B) of the Social Security Act. It prohibits federal Medicaid matching “payments with respect to care or services for any individual who has not attained 65 years of age and who is a patient in an institution for mental diseases” except for “inpatient psychiatric hospital services for individuals under age 21.” The law applies to any “hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.” The IMD exclusion was intended to ensure that states, rather than the federal government, would have principal responsibility for funding inpatient psychiatric services.

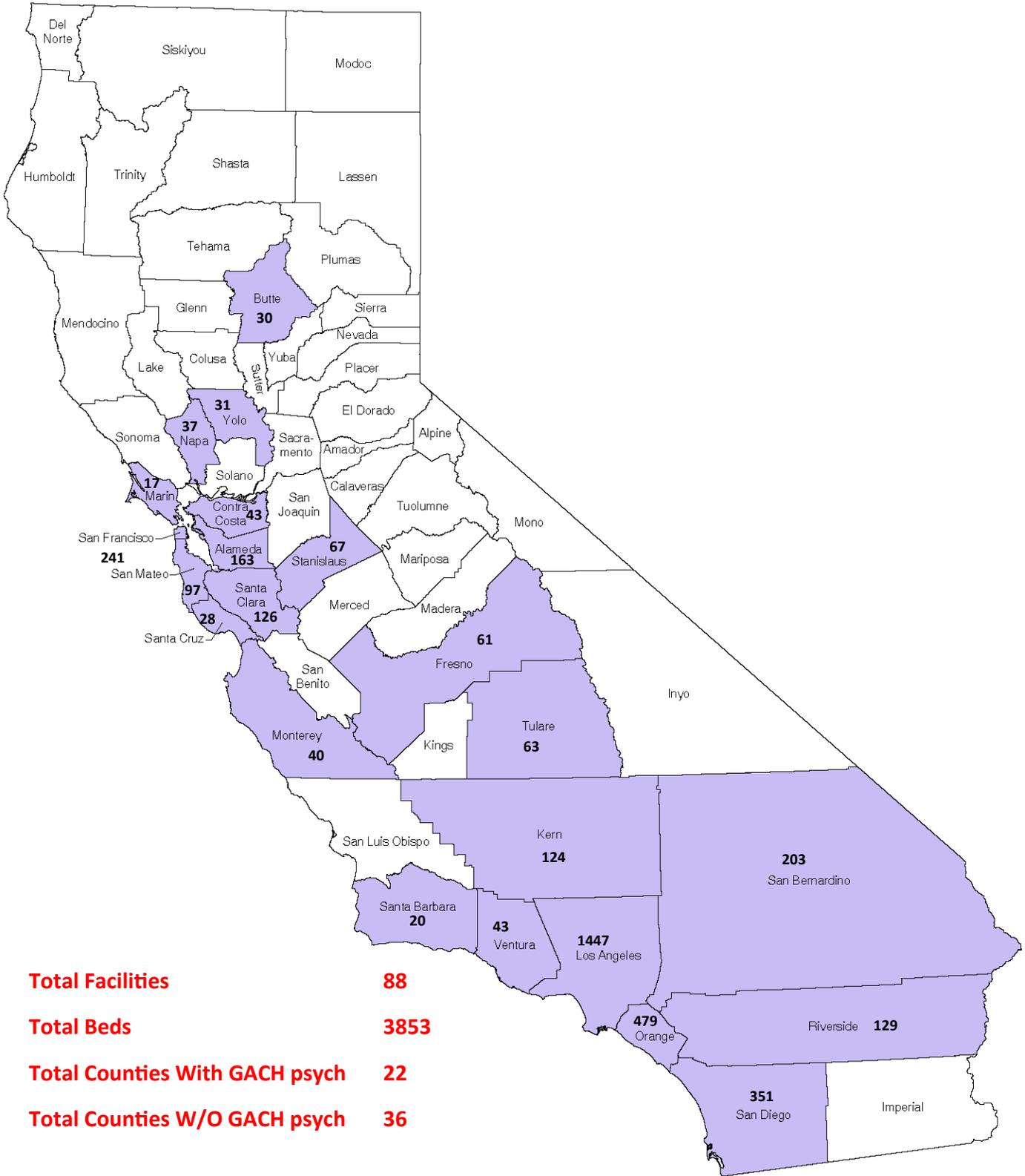


Total Facilities	26
Total Beds	2413
Total Counties With APH	13
Total Counties Without APH	45

Source: OSHPD 2013 data
 Updated October 29, 2015

Acute Care Inpatient Psychiatric Bed Distribution

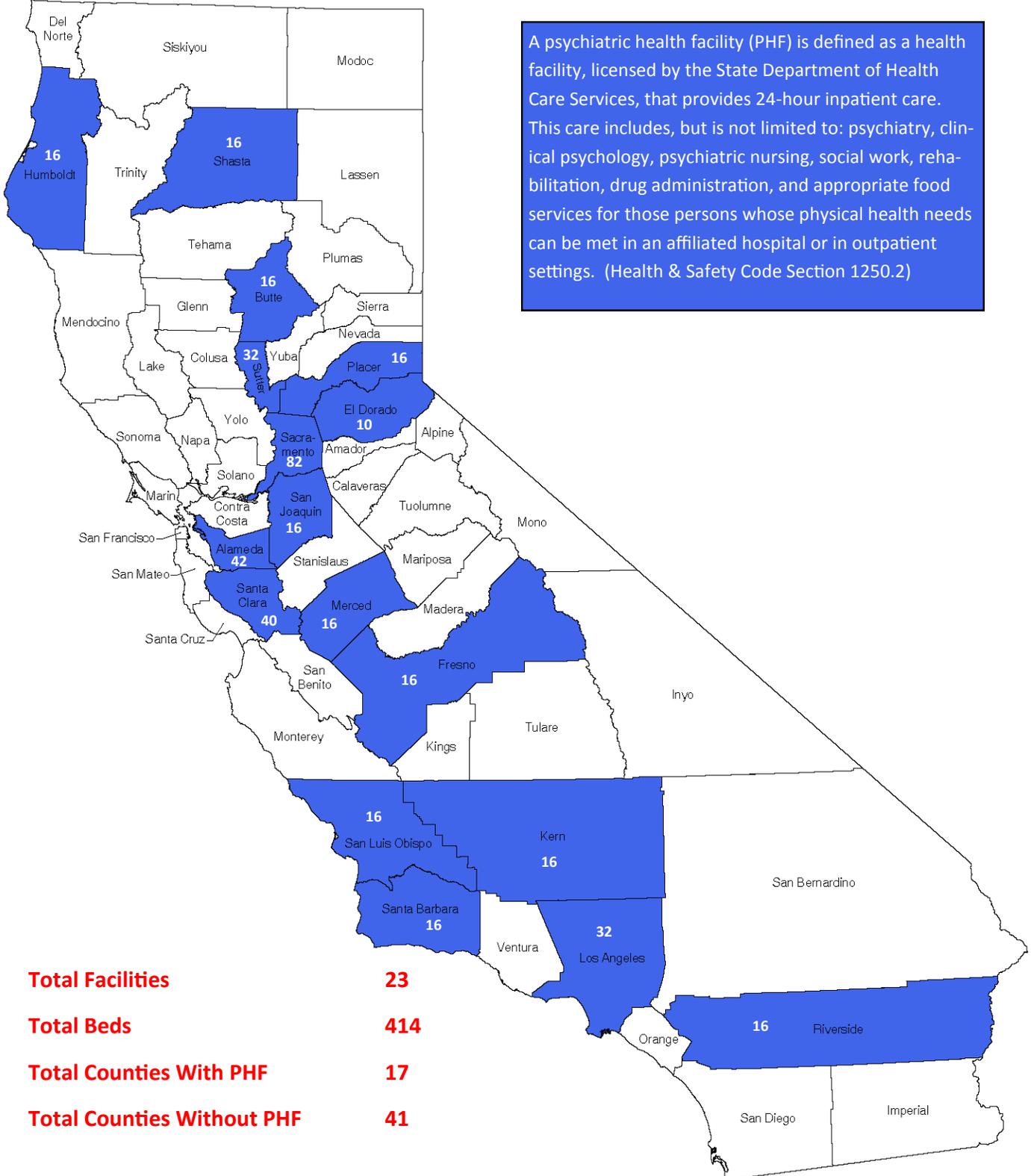
Counties with General Acute Care Hospitals (GACH) with Dedicated Psychiatric Units



Total Facilities	88
Total Beds	3853
Total Counties With GACH psych	22
Total Counties W/O GACH psych	36

Source: OSHPD 2013 data
 Updated October 29, 2015

Acute Care Inpatient Psychiatric Bed Distribution Counties with Non-Hospital Psychiatric Health Facilities (PHF)



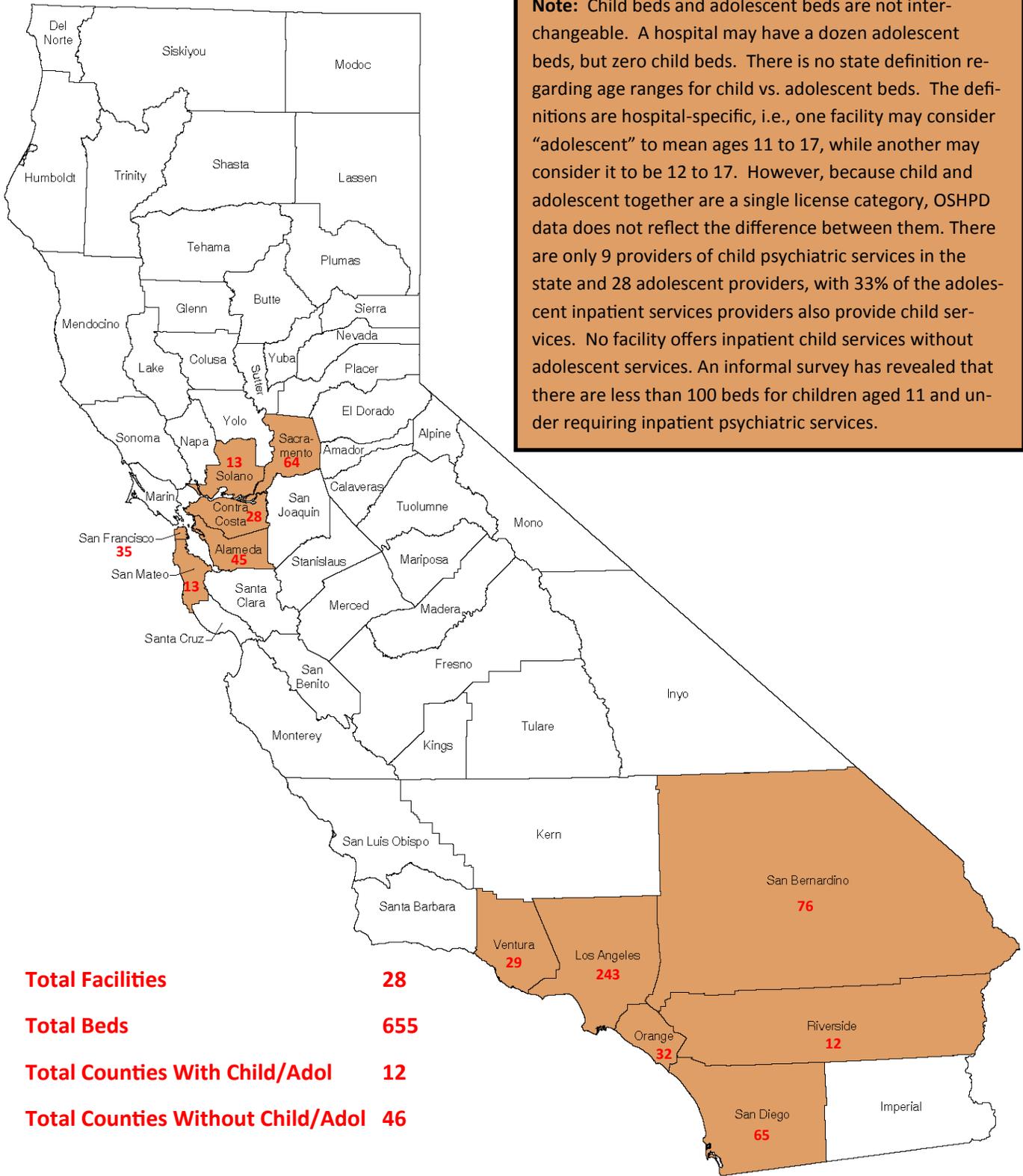
Total Facilities 23
Total Beds 414
Total Counties With PHF 17
Total Counties Without PHF 41

Source: OSHPD 2013 data

Updated September 18, 2015

Acute Care Inpatient Psychiatric Bed Distribution Counties with Inpatient Beds for Children/Adolescents

Note: Child beds and adolescent beds are not interchangeable. A hospital may have a dozen adolescent beds, but zero child beds. There is no state definition regarding age ranges for child vs. adolescent beds. The definitions are hospital-specific, i.e., one facility may consider “adolescent” to mean ages 11 to 17, while another may consider it to be 12 to 17. However, because child and adolescent together are a single license category, OSHPD data does not reflect the difference between them. There are only 9 providers of child psychiatric services in the state and 28 adolescent providers, with 33% of the adolescent inpatient services providers also provide child services. No facility offers inpatient child services without adolescent services. An informal survey has revealed that there are less than 100 beds for children aged 11 and under requiring inpatient psychiatric services.

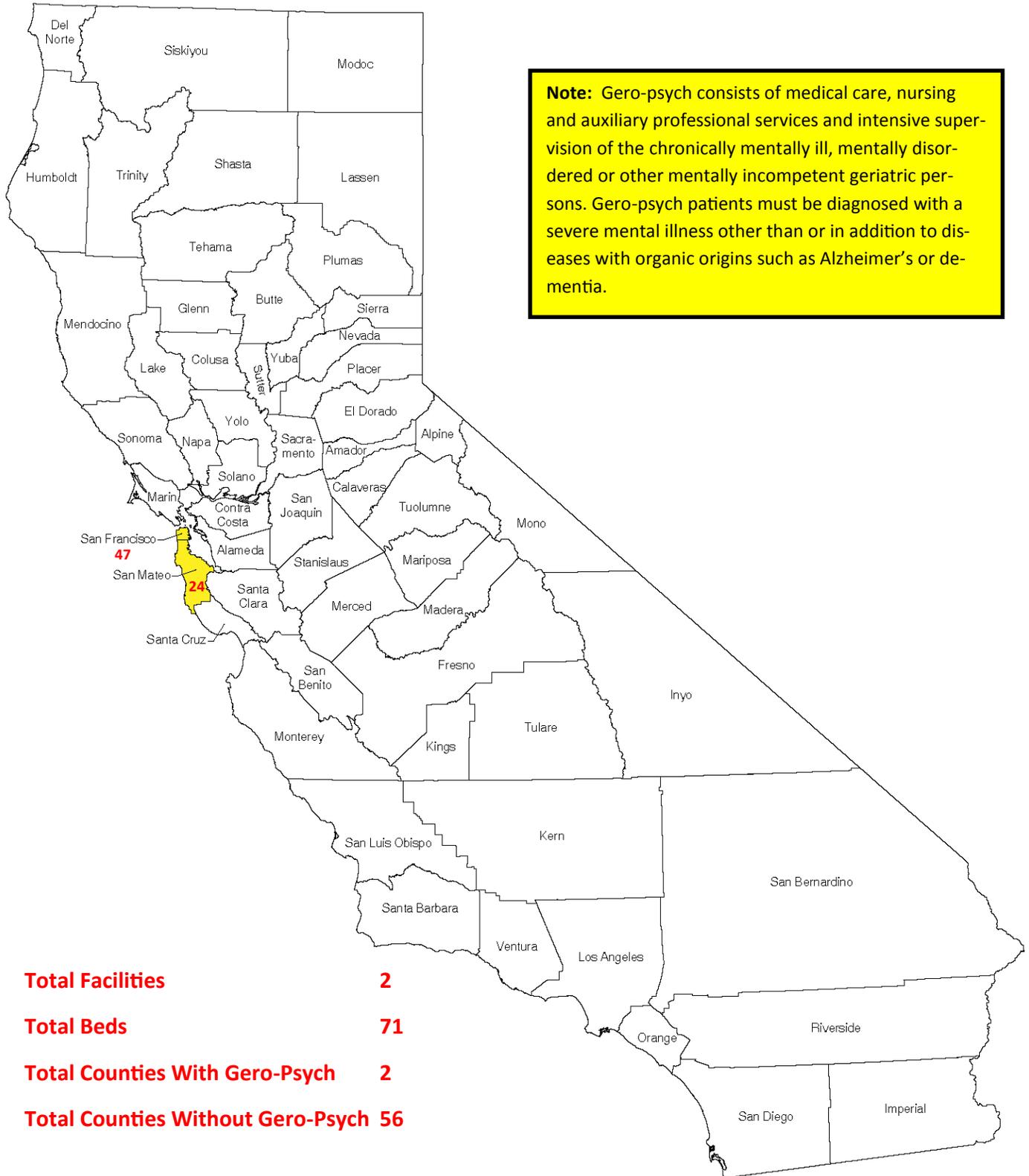


Total Facilities 28
Total Beds 655
Total Counties With Child/Adol 12
Total Counties Without Child/Adol 46

Source: OSHPD 2013 data
 Updated October 29, 2015

Acute Care Inpatient Psychiatric Bed Distribution Counties with Inpatient Beds for Gero-Psych

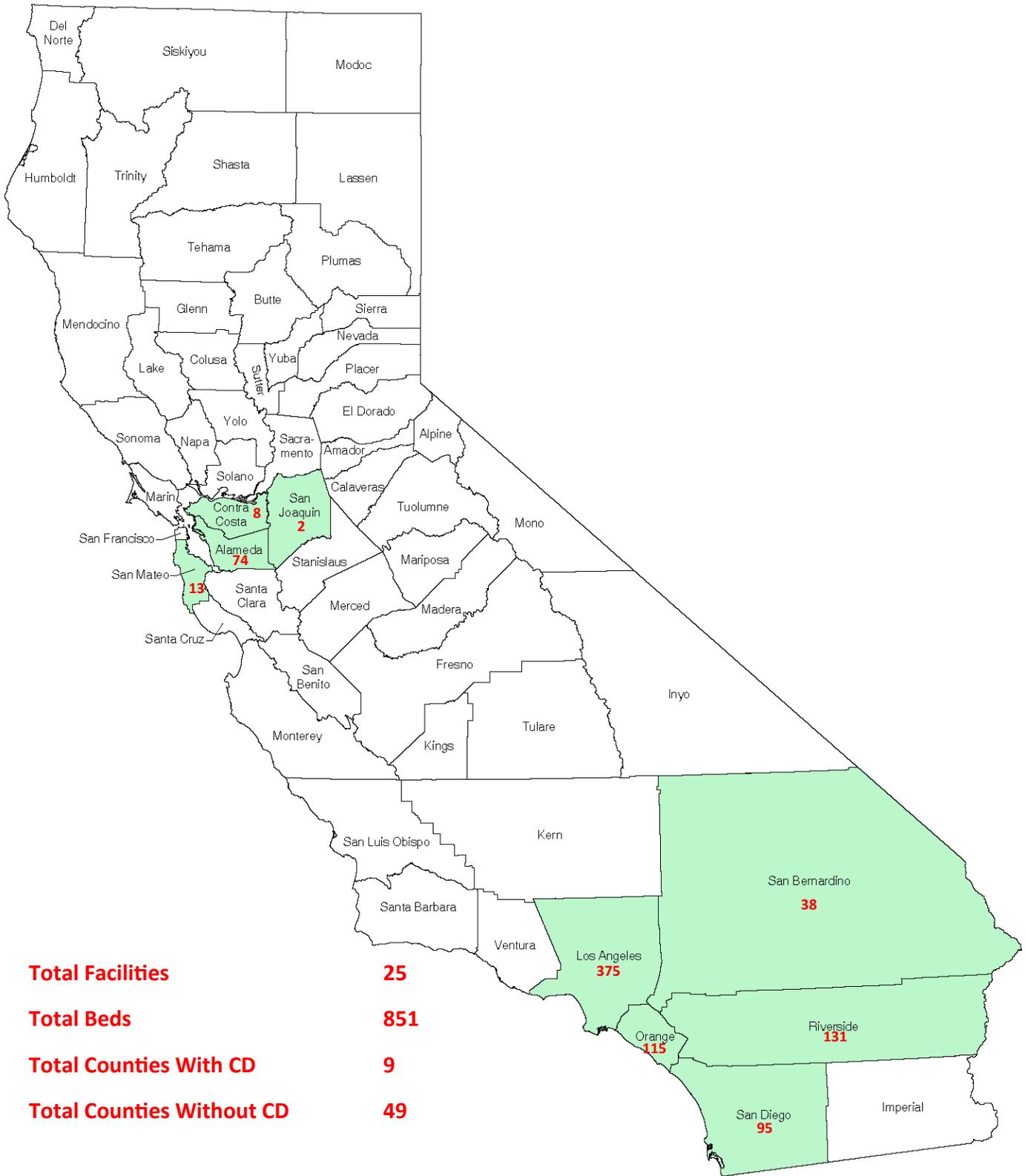
Note: Gero-psych consists of medical care, nursing and auxiliary professional services and intensive supervision of the chronically mentally ill, mentally disordered or other mentally incompetent geriatric persons. Gero-psych patients must be diagnosed with a severe mental illness other than or in addition to diseases with organic origins such as Alzheimer's or dementia.



Source: OSHPD 2013 data

Updated October 29, 2015

Acute Care Inpatient Psychiatric Bed Distribution Counties with Hospital-Based Chemical Dependency Beds



Total Facilities 25
Total Beds 851
Total Counties With CD 9
Total Counties Without CD 49

Source: OSHPD 2013 data

Updated September 18, 2015