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“We want the public system to succeed, and our future is interdependent with the public system.” Yet from the hospitals’ perspective, the economics of psychiatric care is a serious concern.

A lack of psychiatric beds makes it harder for local mental health management entities (LMEs) to provide comprehensive services, especially care for mental health patients in crisis. Under the mental health reform legislation of 2001, LMEs were gradually to assume responsibility for managing services in their areas and must ensure the availability of core services by contracting with private, public, and nonprofit providers.<sup>21</sup> Furthermore, LMEs must incorporate crisis services into their continuums of care.<sup>22</sup> Essential to that task is the availability of beds in local hospitals for people who are temporarily unstable and pose a risk to themselves or others. Absent local inpatient beds, local mental health systems will have a service gap.

### **Structure and Use of Three-Way Contracts for Local Hospital Beds**

The three-way contract program currently is the state’s main strategy to maintain and expand the supply of short-term inpatient psychiatric beds. It does so in a way that, at least on paper, reflects the institutional concerns of the N.C. Department of Health and Human Services (DHHS), local mental health management entities (LMEs), and community hospitals—the three partners in the

## ***The Challenges of Serving People Far from Home***

*by Mebane Rash with Renee Elder*

The three-way contracts are cross area service programs (CASPs) where hospitals treat individuals from outside their LME’s service area if asked to do so. The benefit is that beds across the state are made available to those in need despite where they live. The disadvantage is that patients may be served far from home and away from their support network.

Patients often do not know which government program is paying for their bed, so it was difficult to find people to interview who were stable enough to consent to an interview and also knew their bed had been funded through a three-way contract. We did find one 25-year-old male with schizophrenia and bipolar disorder. Although he and his father live in Wake County, the son has been hospitalized twice at Vidant Duplin Hospital in a bed funded under the three-way contracts. The hospital is in Kenansville, which is 80 miles from Raleigh. This hospital uses its three-way contract to serve patients from other LMEs more than

any other hospital participating in the program. More than 60 percent of those served by Duplin Hospital are from another LME (see also Table 7, p.90).

The father said that both times his son was having a psychotic episode, the beds at Duplin Hospital were the ones available. The son said the experience was isolating and caused issues with his medications because the doctors didn’t really communicate with his psychiatrist in Raleigh. The dad said the distance made visiting problematic for him and for the social worker in charge of his son’s case. Both expressed the need for community support services outside the hospital setting to follow up with medication and paperwork.

The son is now in a group home in Raleigh. His father says the group home has done a good job of providing the support that his son needs to take his medication regularly and establish routines in eating and sleeping. These are the first steps toward getting a job and financial independence.