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North Carolina Considers Building Fourth State Psychiatric Hospital

By Mebane Rash

In its January 2013 report to the N.C. General Assembly, the Joint Legislative Oversight Committee on Health and Human Services included the following recommendation for the state to explore the costs and feasibility of building a new state psychiatric facility:

RECOMMENDATION 1:

Explore Costs and Feasibility of New Psychiatric Facility:

The Joint Legislative Oversight Committee on Health and Human Services encourages the General Assembly to direct the Department of Health and Human Services to (i) determine the cost of increasing the number of beds in State psychiatric hospitals, (ii) explore the possibility of creating a south central mental health region to include at least Anson, Cabarrus, Davidson, Mecklenburg, Montgomery, Moore, Randolph, Richmond, Rowan, Scotland, Stanly, and Union counties, and (iii) investigate the possibility of placing a new psychiatric facility in this region of the State. The Department shall provide a written report to the Joint Legislative Oversight Committee on Health and Human Services no later than April 1, 2013.¹

On April 1, 2013, the N.C. Department of Health and Human Services (DHHS) submitted its report on the costs and feasibility of building a new state psychiatric facility to the Mental Health Subcommittee of the Joint Legislative Oversight Committee on Health and Human Services.²

Filed on April 17, 2013, House Bill 981 would appropriate the funds for a new state psychiatric hospital in the south central region of the state. It was referred to the Appropriations Committee in the N.C. House.³

Based on our research on mental health reform, the Center recommends that the state develop a methodology that provides a consistent way to determine the required ratio of psychiatric beds to population that would adequately serve diverse areas of the state.⁴

As the state considers whether to build a fourth state psychiatric hospital, the Center recommends that the state first determine (a) how many short-term and long-term beds are needed in North Carolina, (b) what kinds of beds are needed, (c) where those beds should be located, and (d) what type of facility would best serve the needs of mental health patients. Other options should also be considered.

How Many Beds Are Needed?

Dr. Marvin Swartz at Duke and Dr. Joseph Morrissey at the Sheps Center for Health Services Research at UNC-Chapel Hill, wrote in the *North Carolina Medical Journal*, “The larger problem underlying the growing shortage of psychiatric beds in North Carolina is the absence of a rational bed-need methodology for determining the required ratio of beds to population that would adequately serve diverse areas of the state. Current beds allocations are based largely on historical trends rather than on careful assessments of population needs and the varying availability of state, private, and general hospital psychiatric beds and crisis services that can help to meet needs for intensive care with fewer beds per capita.”⁵

Some experts contend that states need 50 psychiatric beds per 100,000 people.⁶ DHHS says that number is too high, and the staff suggests a range of 22–31 per 100,000.⁷ In 2014, North Carolina has 28.4 beds per 100,000 (2,770 total psychiatric beds, including adult and child beds, and including state and community beds).⁸

What Kind of Beds?

Once the state knows how many psychiatric beds are needed, the next question is what kind of beds?

If the need is for additional *short-term crisis treatment beds*, then the state should consider expanding the three-way bed contracts first. These are beds that the state purchases at local hospitals to treat mental health patients in short-term crisis.⁹

If *longer-term public beds* are needed, then it is prudent, as the DHHS report suggests, to maximize capacity at the existing state psychiatric hospitals first.¹⁰ In February 2014, the three state psychiatric hospitals were funded for 892 beds, and it is expected that by 2015 capacity could expand to 1,137 beds if funded.¹¹

Where To Locate the Beds?

The next question is where to locate the beds. As instructed by the Joint Legislative Oversight Commission, the DHHS report only considers the south central region of North Carolina. Is that the best location given the resources in that region, including a new planned 66-bed unit in Davidson? As the DHHS report notes, admissions for the south central region historically have been lower per

capita than the rest of the state.¹² Mecklenburg County also has the only psychiatric emergency room in the southeastern United States.

The 2014 State Medical Facilities Plan notes a need for additional adult psychiatric hospital beds by 2016 in the Coastal Care Managed Care Organization (serving Brunswick, Carteret, New Hanover, Onslow, and Pender counties), Cumberland County, the Smoky Mountain Managed Care Organization (serving Cherokee, Clay, Graham, Haywood, Jackson, Macon, and Swain counties), and Wake County.¹³ Mecklenburg County is projected to have a surplus of beds.

What Type of Facility Would Best Serve Mental Health Patients?

The final question is what type of facility would best serve the needs of mental health patients in North Carolina?

The Center’s evaluation of the state’s efforts in mental health reform includes research on what kind of mental health facilities North Carolina will need in the future. We are researching approaches in other states—traditional state psychiatric facilities and state psychiatric facilities with community-based components, as well as smaller, regional state facilities. Our researchers visited Michigan, which has opted for a hub-and-spoke design of state facilities— one central state institution with smaller, regional facilities located throughout the state providing a continuum of care. North Carolina might consider building regional crisis facilities supported by the existing state psychiatric hospitals across the state.

Massachusetts has a new state psychiatric hospital that incorporates a building plan emphasizing the phases of recovery. However, this state-of-the-art facility cost \$302 million, much more than the \$132 million DHHS estimates it would cost to build a new state psychiatric hospital here in North Carolina.¹⁴

It is important to remember that mental health reform in North Carolina and throughout the United State is premised on the U.S. Supreme Court decision in *Olmstead*, which requires states to treat people with mental disabilities in the *least restrictive setting possible* and in *community settings*, rather than in state institutions.



Worcester Recovery Center and Hospital in Massachusetts opened in August 2012. The design of this 320-bed facility reflects the stages of recovery, encouraging the return to community living as patients progress from their unit or “house,” to “neighborhoods” of shared space, to the “downtown” with a bank and gym and other aspects of community living.



Massachusetts Department of Mental Health

Endnotes

¹ Joint Legislative Oversight Committee on Health and Human Services, “Report to the 2013 General Assembly,” Raleigh, NC, January 2013, p. 19. On the Internet at <http://www.ncleg.net/documents/sites/committees/JLOCHHS/Final%20Reports%20to%20the%20NCGA%20from%20Oversight%20Committee/2013%20Joint%20Legislative%20Oversight%20Committee%20on%20HHS%20Report.pdf>, accessed Feb. 19, 2014.

² N.C. Department of Health and Human Services, “Report on Exploring the Costs and Feasibility of New Psychiatric Facility,” Raleigh, NC, April 1, 2013. On the Internet at <http://www.ncleg.net/documents/sites/committees/JLOCHHS/Final%20Reports%20to%20the%20NCGA%20from%20Oversight%20Committee/2013%20Joint%20Legislative%20Oversight%20Committee%20on%20HHS%20Report.pdf>, accessed on Feb. 19, 2014.

³ Bill status on the Internet at <http://www.ncleg.net/gascrpts/BillLookup/BillLookup.pl?Session=2013&BillID=H981>

⁴ John Quintero with Mebane Rash, “Serving Mental Health Patients in Crisis: A Review of the State’s Program To Buy Beds and Build Capacity in Local Hospitals,” *North Carolina Insight*, Vol. 23, No. 4/Vol. 24, No. 1, N.C. Center for Public Policy Research, Raleigh, NC, December 2012, p. 85.

⁵ Marvin Swartz and Joseph Morrissey, “Public Behavioral Health Care Reform in North Carolina: Will We Get It Right This Time Around,” *North Carolina Medical Journal*, Vol. 73, No. 3, North Carolina Institute of Medicine and The Duke Endowment, Morrisville, NC, May/June 2012, p. 181.

⁶ Quintero, note 4 above, p. 85.

⁷ *Ibid.*

⁸ Dave Richard, “NC Psychiatric Bed Need v. Capacity,” PowerPoint to the Joint Legislative Oversight Committee on Health and Human Services Subcommittee on Mental Health, Raleigh, NC, February 24, 2014, Slide 3.

⁹ Quintero, note 4 above, p. 85.

¹⁰ DHHS Report, note 2 above, p. 15.

¹¹ Richard, note 8 above, Slide 13.

¹² DHHS Report, note 2 above, p. 8.

¹³ N.C. Division of Health Service Regulation, “2014 State Medical Facilities Plan,” Chapter 15, Table 14, Part 2, Raleigh, NC, January 2014. On the Internet at <http://www.ncdhhs.gov/dhsr/ncsmfpl/>, accessed on Feb. 19, 2014.

¹⁴ On the Internet at <http://www.mass.gov/anf/property-mgmt-and-construction/design-and-construction-of-public-bldgs/current-and-completed-projects/human-services-projects/dmh-new-worcester-recovery-center-and-hospital.html>, accessed on Feb. 19, 2014.