

January 26, 2024

Richard Stavneak, Director
Joint Legislative Budget Committee
1716 West Adams
Phoenix, Arizona 85007

Dear Mr. Stavneak:

In accordance with ARS § 36-2903.13, please find the enclosed report on inpatient psychiatric treatment. Please do not hesitate to contact me at (602) 417-4111 if you have any questions or would like additional information.

Sincerely,



Carmen Heredia
Cabinet Executive Officer and Executive Deputy Director

cc: Sarah Brown, Director, Governor's Office of Strategic Planning and Budgeting
Zaida Dedolph Piccoro, Health Policy Advisor, Office of the Governor



**Report to the Director of the Joint Legislative Budget
Committee Regarding Inpatient Psychiatric
Treatment Availability**

January 2024

Inpatient Psychiatric Treatment Availability

BACKGROUND

ARS § 36-2903.13 requires the following:

- A. On or before January 2, 2020 and each year thereafter, the director of the Arizona health care cost containment system administration shall submit a report to the director of the joint legislative budget committee on the availability of inpatient psychiatric treatment both for adults and for children and adolescents who receive services from the regional behavioral health authorities. The report shall include all of the following information:
 1. The total number of inpatient psychiatric treatment beds available and the occupancy rate for those beds.
 2. Expenditures on inpatient psychiatric treatment.
 3. The total number of individuals in this state who are sent out of state for inpatient psychiatric treatment.
 4. The prevalence of psychiatric boarding or holding psychiatric patients in emergency rooms for at least twenty-four hours before transferring the patients to a psychiatric facility.
- B. The report shall provide the information specified in subsection A of this section separately for adults who are at least twenty-one years of age and for children and adolescents who are twenty years of age or younger.

INPATIENT PSYCHIATRIC TREATMENT DATA

Total Number of Inpatient Psychiatric Treatment Beds Available and Occupancy Rate for Those Beds

Based on calendar year 2022 (most recent available) data from the Uniform Accounting Reports (UAR) submitted to the Arizona Department of Health Services (ADHS), there are 2,371 licensed psychiatric beds available for occupancy in Arizona. This is a 1% decrease from the 2,426 available beds reported in 2021. Per the UAR data, for the same timeframe patients used a total of 532,780 inpatient psychiatric beds, which is an average utilization of 1,460 beds per day and an average 61.57% occupancy.

Expenditures on Inpatient Psychiatric Treatment

Table 1 displays data for all psychiatric inpatient stays for AHCCCS members separately for adults who are at least 21 years of age and for children/adolescents who are 20 years of age or younger.

Inpatient Psychiatric Treatment Availability

Table 1. Expenditures: Inpatient Psychiatric Treatment

	Members Less than 21 Years of Age	Members Aged 21 and Older
Total Expenditures State Fiscal Year (SFY) 2022	\$79,273,565	\$169,739,389

Total Number of Individuals in State Who are Sent Out of State for Inpatient Psychiatric Care

Table 2 displays data for all out-of-state psychiatric inpatient stays for AHCCCS members separately for adults who are at least 21 years of age and for children/adolescents who are 20 years of age or younger.

Table 2. Unique Members Receiving Inpatient Psychiatric Services Out of State

	Members Less than 21 Years of Age	Members Aged 21 and Older
Unique members with one or more psychiatric inpatient stay(s) out of state, SFY 2022	102	194

Prevalence of Psychiatric Boarding or Holding of Psychiatric Patients in Emergency Rooms for At Least Twenty-Four Hours Before Transferring Patient to a Psychiatric Facility

AHCCCS requires the Managed Care Organizations (MCOs) to monitor the number of members and time spent waiting in the emergency department (ED) for placement at a psychiatric facility and to coordinate care and monitor potential quality of care concerns. AHCCCS requires the MCOs to engage in care coordination with the hospital once an individual has been identified as awaiting discharge to the appropriate level of care in the community. AHCCCS is spearheading the standardization of the reporting methodology for this metric between the Health Information Exchange (HIE) and the MCOs. As a long-term goal, AHCCCS is working to gain access to direct source data from hospitals to utilize for monitoring and oversight. Utilizing the direct source data from the hospitals will provide more accurate reflection of this metric. Over the last year, AHCCCS facilitated collaborative meetings with hospital systems and MCO leadership to increase bed capacity and expedite discharges for those pending psychiatric admissions to community settings that appropriately met their level of care needs.

CONCLUSION

AHCCCS continues to monitor and report on psychiatric inpatient service utilization, bed availability, and how access to inpatient psychiatric care impacts members.