

February 21, 2017

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

Dear Mr. Stavneak:

Pursuant to Laws 2016, Chapter 122, Section 32, please find the enclosed report on the availability of inpatient psychiatric treatment both for adults and for children and adolescents who receive services from the regional behavioral health authorities.

If you have any questions regarding this report, please feel free to contact me at (602) 417-4776.

Sincerely,

1 Post

Thomas J. Betlach, Director

cc: Lorenzo Romero, Director, Governor's Office of Strategic Planning and Budgeting Bret Cloninger, Assistant Director, Governor's Office of Strategic Planning and Budgeting Christina Corieri, Senior Policy Advisor, Office of the Governor



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

February 2017

Director, Tom Betlach

# BACKGROUND

Laws 2016, Chapter 122, Section 32, requires the following:

A. On or before January 2, 2017, the Arizona Health Care Cost Containment System administration shall 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 care.

4. The prevalence of psychiatric boarding or the holding of psychiatric patients in emergency rooms for at least twenty-four hours before transferring the patient 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-two years of age and for children and adolescents who are twenty-one years of age or younger.

The report provides information regarding the availability of inpatient psychiatric treatment for both adults and children/adolescents who receive services from the Regional Behavioral Health Authorities (RBHAs).

# **INPATIENT PSYCHIATRIC TREATMENT DATA**

The legislation requires reporting on the following four areas:

1. The total number of inpatient psychiatric treatment beds available and the occupancy rate for those beds.

Based on 2015 data from the Uniform Accounting Reports (UAR), submitted to the Arizona Department of Health Services, there are 1,590 licensed psychiatric beds in Arizona, with 1503 available for regular use. Also per the UAR data, there was a total of 441,140 inpatient psychiatric patient days reported for the same timeframe, which averages to 1,208 beds utilized per day (80.4 percent occupancy).

#### 2. Expenditures on inpatient psychiatric treatment.

Table 1 below displays data for all psychiatric inpatient stays for AHCCCS members in State Fiscal Year (SFY) 2016, including both in-state and out-of-state stays.

#### Table 1

	Members Under 22 Years of Age	Members Over 22 Years of Age
Unique members with at least one psychiatric inpatient stay	16,653	50,811
Total psychiatric inpatient stays	43,373	142,642
Total expenditures	\$74,921,300	\$163,485,400

*3. The total number of individuals in this state who are sent out of state for inpatientpsychiatric care.* 

Table 2 below contains data specific to out-of-state psychiatric inpatient services. Contractors are expected to utilize in-state services wherever possible. However, there may be times when out-of-state placements may be required, such as specialized programming that is not currently available in Arizona, a lack of in-state capacity, or proximity to family members to facilitate family involvement in treatment. For the placement of children out-of-state, AHCCCS has established multiple criteria contractors must follow, including approval of the child's family, consideration of all less-restrictive and clinically appropriate approaches, and demonstrating that a minimum of three in-state facilities have declined to accept the person. As a result, out-of-state placements represent only a small portion of overall inpatient psychiatric spending on AHCCCS members.

Contractors submit monthly reports on the status of every member in an out-of-state placement. The report is reviewed by AHCCCS clinical staff. The review includes but is not limited to the appropriateness of discharge planning, any potential Quality of Care concerns, and any changes in member status.

	Members Under 22 Years of Age	Members Over 22 Years of Age
Unique members with at least one psychiatric inpatient stay out of state	348	1,190
Total psychiatric inpatient stays out of state	951	2,555
Total expenditures for out of state psychiatric inpatient stays	\$2,980,700	\$2,883,700
Percent of total stays that are out of state	2.2%	1.8%
Percent of inpatient psychiatric expenditures that are out of state	4.0%	1.8%

#### Table 2

4. The prevalence of psychiatric boarding or the holding of psychiatric patients in emergency rooms for at least twenty-four hours before transferring the patient to a psychiatric facility.

AHCCCS requires the Regional Behavioral Health Authorities (RBHAs) to report information about psychiatric boarding. The most recent data available is a six-month span between May 2016 and October 2016. During that time, the RBHAs reported the following information:

### Health Choice Integrated Care

No emergency department holds.

### Mercy Maricopa Integrated Care (MMIC)

93 children were maintained in an emergency room while awaiting placement services. The total number of hours was 9,077.75, which equates to 97.6 hours on average (just over 4 days) per child.

For the adult population, there were 308 individuals that were maintained in an emergency room until placement was available. The total number of hours spent in the emergency room was 26,681.98 hours, which averages to 86.6 hours (3.6 days) per person.

#### Cenpatico Integrated Care

Nine children were maintained in an emergency room while awaiting placement services. The total number of hours was 755, which equates to 83.9 hours on average (approximately 3.5 days) per child.

For the adult population, there were 55 individuals that were maintained in an emergency room until placement was available. The total number of hours spent in the emergency room was 4,599 hours, which averages to 83.6 hours (3.5 days) per person.

#### **RBHA Expansion Efforts**

Over the past two years, a statewide effort has been underway to expand service capacity in areas impacted by psychiatric boarding. Efforts include increasing the number of and geographic distribution of behavioral health crisis mobile teams, the use of behavioral health crisis stabilization/observation chairs in Northern Arizona, expansion of stabilization/observation chairs in other areas of the state as well as increasing the availability of psychiatric beds, both inpatient and observation. Additional efforts to address the needs of children include a focus on enhanced discharge planning activities, increasing the availability of psychiatric beds, both inpatient and observation and crisis respite beds for youth. Maricopa Integrated Health System opened a 14 bed adolescent unit in January 2017 and in April 2017, Aurora Behavioral Health needs and developmental disabilities. AHCCCS is monitoring these efforts closely and expects these service capacity expansions should reduce the number of children experiencing holds in the emergency room.