The availability of inpatient psychiatric beds is an important factor in providing robust behavioral health treatment to Californians.

This annual report tracks trends in the number of acute psychiatric facilities, as well as California’s population and its changing needs, over a period of more than two decades.
California Psychiatric Bed Annual Report

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This document is considered public information and may be distributed freely. It is updated annually, typically in September or October, and available for download at www.calhospital.org/PsychBedData.
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I. INTRODUCTION AND OVERVIEW

As of 2016, California had 32 hospitals licensed as freestanding acute psychiatric hospitals (APHs) and 26 county-based psychiatric health facilities (PHFs), which provide care only to individuals with acute behavioral health needs. Of the nearly 440 general acute care hospitals (GACHs) in California, 79 have dedicated psychiatric units. Combined, these hospitals supply the 6,702 beds available around the state for individuals in need of short-term, acute level of care, psychiatric inpatient services.

The primary data source for this report is the current (2016) financial and utilization data from the Office of Statewide Health Planning and Development (OSHPD). It is important to note that none of the data in this document include the five large, state-owned hospitals in Fresno, Napa, Los Angeles, San Bernardino and San Luis Obispo counties, as their beds typically are not available to the general public, with most patients being admitted by court order.

Not reflected in this report are new beds that have been opened since the OSHPD data in this report were collected, nor beds intended to open in the near future. An informal poll of hospitals has revealed plans for the opening of more than 700 new beds across the state over the next several years.
II. ACUTE PSYCHIATRIC INPATIENT BED CLOSURES/DOWNSIZING

The following graphs illustrate the severity of the bed loss in the state. Figure 1 shows the loss in the number of facilities with inpatient psychiatric beds since 1995. The state has lost 37 facilities, either through the elimination of psychiatric inpatient care — or complete hospital closure — a drop of more than 20 percent.

Figure 1.
Psych Facility Change
1995 - 2016
-37 facilities
-20.4%

Source: OSHPD 2016 data (Includes city and county hospitals, but not state hospitals. Also includes PHFs.)

Figure 2 shows the decline in beds from 1995 to the present. While there has been an increase in beds since 2012, California has lost nearly 30 percent of the beds it had in 1995, a drop of 2,651 beds.

Figure 2.
Psych Bed Change
1995 - 2016
-2,651 beds
-28.3%

Source: OSHPD 2016 data (Includes city and county hospitals, but not state hospitals. Also includes PHFs.)
Figure 3 displays the increase in the statewide patient-to-bed gap. 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 increased to nearly 4,000 beds in 2016, with the state having only 17.05 psychiatric inpatient beds for every 100,000 California residents — a loss of more than 42 percent of the beds per capita since 1995.

Figure 3.

Psych Bed Gap Progression
1995 - 2016

-12.45 beds per resident
-42.2%

Extrapolated from Treatment Advocacy Center figure of 1 bed per 2,000 individuals.

Source: U.S. Census Bureau

Figure 4 shows the increase in California’s population over the same period of time. Since 1995, the state has gained more than 7.5 million people, a growth of 24 percent, for a total 2016 population of more than 39 million.

Figure 4.

California Population Growth
1995 - 2016

7.6 million
24%

Source: U.S. Census Bureau
Figures 5-10 show similar tracking for child/adolescent beds (from 2009 to present) and PHF beds (from 2000 to present).

**Figure 5.**
Psych Facility Change
Child/Adolescent Beds
2009 - 2016

1 facility
3.2%

**Figure 6.**
Psych Bed Change
Child/Adolescent Beds
2009 - 2016

1 bed
0.1%

Source: OSHPD 2016 data (includes city and county hospitals, but not state hospitals. Also includes PHFs.)
Figure 7.
Psych Bed Gap Progression
Child/Adolescent
2009 - 2016

0.11 beds per resident
1.4%

Extrapolated from Treatment Advocacy Center figure of 1 bed per 2,000 individuals.

Goal is 50 beds per 100,000 people.

Source: U.S. Census Bureau

Figure 8.
California Population
Under Age 18
2009 - 2016

-0.11 million
-1.2%

Source: U.S. Census Bureau
Figure 9.
Psychiatric Health Facility (PHF) Change 2000 - 2016

10 facilities 62.5%

Source: OSHPD 2016 data

Figure 10.
Psychiatric Health Facility (PHF) Bed Change 2000 - 2016

117 beds 33.3%

Source: OSHPD 2016 data
III. PSYCHIATRIC INPATIENT CARE UNITS AND FREESTANDING PSYCHIATRIC HOSPITALS — COMPARATIVE DATA

The information below compares California to the rest of the nation. National data are from the American Hospital Association’s (AHA) Annual Survey of Hospitals. From these figures, California’s numbers have been subtracted to arrive at the 49-state data. Census data were used to calculate the number of beds per person. As of 2016, California’s bed rate was one bed for every 5,856 people — lower than the nation’s average of one bed for every 4,959 people. California’s crisis is not unique, but the state fares far worse, comparatively.

<table>
<thead>
<tr>
<th></th>
<th>GACHs w/ Psych</th>
<th>Psych Beds</th>
<th>APHs &amp; PHFs</th>
<th>Psych Beds</th>
<th>Total Hospitals</th>
<th>Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation</td>
<td>1,187</td>
<td>37,717</td>
<td>223</td>
<td>26,229</td>
<td>1,410</td>
<td>69,946</td>
</tr>
<tr>
<td>49 States</td>
<td>1,101</td>
<td>34,133</td>
<td>165</td>
<td>23,111</td>
<td>1,266</td>
<td>57,244</td>
</tr>
<tr>
<td>California</td>
<td>86</td>
<td>3,584</td>
<td>58</td>
<td>3,118</td>
<td>144</td>
<td>6,702</td>
</tr>
</tbody>
</table>

### 2016 Population Comparison

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
<th>Bed Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation</td>
<td>323,127,513</td>
<td>1 psych bed for every 5,053 people</td>
</tr>
<tr>
<td>49 States</td>
<td>283,877,496</td>
<td>1 psych bed for every 4,959 people</td>
</tr>
<tr>
<td>California</td>
<td>39,250,017</td>
<td>1 psych bed for every 5,856 people</td>
</tr>
</tbody>
</table>

Experts estimate a need for a minimum of one public psychiatric bed for every 2,000 people for hospitalization for individuals with serious psychiatric disorders.¹ This number is contingent upon the availability of appropriate outpatient services in the community.²

**Sources:**

## IV. ACUTE CARE INPATIENT PSYCHIATRIC BED DISTRIBUTION BY COUNTY

Figure 11 breaks California data down by county in an attempt to illustrate the different types of beds available. Also listed are beds reserved for patients with chemical dependency needs and beds in PHFs. All data is from OSHPD annual reports. Figure 11 also shows that 25 of California’s 58 counties (all counties highlighted in blue) have no inpatient psychiatric services. Figures 12-19 show the bed distribution across the state, illustrating the vast areas between and without particular services.

### Doing Without — Fast Facts in Numbers

- **25** Counties without adult beds (45% of state)
- **42** Counties without child/adolescent beds (72% of state)
- **56** Counties without gero-psych (long-term) beds (97% of state)
- **55** Counties without psych intensive care beds (95% of state)
- **48** Counties without chemical dependency beds (83% of state)
- **25** Counties have ZERO inpatient psych services (45% of state)

**NOTE:** Not all beds are available to individuals on Lanterman-Petris-Short (LPS) Act involuntary holds.

Does not include data from state-operated hospitals.

### Figure 11.

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>Total Psych</th>
<th>Adult</th>
<th>Child/Adol</th>
<th>Gero-Psych</th>
<th>Psych IC</th>
<th>PHF**</th>
<th>Chem/Dep¹</th>
<th>Beds Needed³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>39,250,017</td>
<td>6,702</td>
<td>5,641</td>
<td>746</td>
<td>71</td>
<td>244</td>
<td>468</td>
<td>644</td>
<td>406.75</td>
</tr>
</tbody>
</table>

Sources: Population data from US Census Bureau. All other data from OSHPD 2016 reports.

¹ NOTE: PHF beds included in respective categories (e.g., adult, etc.). CD beds are not.

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

³ NOTE: Lacking sufficient community resources.
Figure 12.

Counties With Psychiatric Inpatient Beds

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Facilities</td>
<td>136</td>
</tr>
<tr>
<td>Total Beds</td>
<td>6,702</td>
</tr>
<tr>
<td>Total Counties with Psych Beds</td>
<td>33</td>
</tr>
<tr>
<td>Total Counties without Psych Beds</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: OSHPD 2016 data

Counties in green include inpatient psychiatric beds in freestanding APHs, units in GACHs and PHFs.
APHs 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.
In California's more than 440 community-based GACHs, 20 percent provide inpatient psychiatric services in dedicated units. This represents 53.5 percent of the total acute inpatient psychiatric beds in the state.

### Counties With GACHs with Dedicated Psychiatric Units

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Facilities</td>
<td>79</td>
</tr>
<tr>
<td>Total Beds</td>
<td>3,584</td>
</tr>
<tr>
<td>Total Counties with GACH Psych</td>
<td>22</td>
</tr>
<tr>
<td>Total Counties without GACH Psych</td>
<td>36</td>
</tr>
</tbody>
</table>

Source: OSHPD 2016 data
A PHF is defined as a health facility, licensed by the state Department of 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 whose physical health needs can be met in an affiliated hospital or in outpatient settings. [Health and Safety Code Section 1250.2]
**Figure 16.**

**Counties With Psychiatric Inpatient Beds for Adults**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Facilities</td>
<td>130</td>
</tr>
<tr>
<td>Total Beds</td>
<td>5,641</td>
</tr>
<tr>
<td>Total Counties with Psych Beds</td>
<td>33</td>
</tr>
<tr>
<td>Total Counties without Psych Beds</td>
<td>25</td>
</tr>
</tbody>
</table>

*Indicates a county with a non-hospital psychiatric health facility

Source: OSHPD 2016 data

"Adult" beds are those for individuals aged 18 and older. These beds are found in general acute care hospitals, freestanding acute psychiatric hospitals and psychiatric health facilities.
Figure 17.

Counties With Inpatient Beds for Children/Adolescents

<table>
<thead>
<tr>
<th>Total Facilities</th>
<th>32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds</td>
<td>746</td>
</tr>
<tr>
<td>Total Counties with Child/Adolescent Beds</td>
<td>16</td>
</tr>
<tr>
<td>Total Counties without Child/Adolescent Beds</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: OSHPD 2016 data

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. Because child and adolescent together are a single license category, OSHPD data do not reflect the difference between them.

Many of the hospitals providing adolescent inpatient psychiatric services also provide child services, and several hospitals utilize “swing” beds, which may be used for children or adolescents, depending on the demand. No facility offers inpatient child services without adolescent services.
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.
Figure 19.

Counties With Hospital-Based Chemical Dependency Beds

<table>
<thead>
<tr>
<th>Total Facilities</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds</td>
<td>644</td>
</tr>
<tr>
<td>Total Counties with CD Beds</td>
<td>10</td>
</tr>
<tr>
<td>Total Counties without CD Beds</td>
<td>48</td>
</tr>
</tbody>
</table>

Source: OSHPD 2016 data

Chemical dependency recovery hospitals are health facilities that provide 24-hour inpatient care for persons who have a dependency on alcohol, other drugs or both. These facilities provide innovative inpatient treatment programs including patient counseling, group therapy, physical conditioning, family therapy and outpatient therapy.