

California's Acute Psychiatric Bed Loss February 2019

As of 2017, California had 32 hospitals licensed as freestanding Acute Psychiatric Hospitals (APH) and 28 county-based Psychiatric Health Facilities (PHF), which provide care only to individuals with acute behavioral needs. An additional 79 facilities are dedicated psychiatric units within General Acute Care Hospitals (GACH). California has nearly 440 GACHs, of which about one-fifth have such dedicated psychiatric units. Combined, these hospitals supply the 6,777 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 (2017) financial and utilization data reports from the Office of Statewide Health Planning and Development (OSHPD). It is important to note that none of the data in this document includes beds from the five very large, state-owned hospitals in Fresno, Napa, Los Angeles, San Bernardino, and San Luis Obispo Counties, since their beds are typically not available to the general public, with most patients being admitted by court order. The remaining pages of this document are described below.

Acute Psychiatric Inpatient Bed Closures/Downsizing – Pages 2-4

These pages contain graphs illustrating the severity of the bed loss in the state. The first page, first chart shows the loss in the number of facilities with inpatient psychiatric beds since 1995. The state has lost 42 facilities, either through the elimination of psychiatric inpatient care, or complete hospital closure, a drop of over 23%.

The second chart shows the decline in beds from 1995 to the present. While there has been an increase in beds beginning in 2012, California has lost nearly 30% of the beds it had in 1995, a drop of more than 2570 beds.

The third chart displays the increase in the patient-to-bed gap, statewide. 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 has increased to nearly 4,000 beds in 2017, with the state having 17.16 psychiatric inpatient beds for every 100,000 residents. This is a loss of over 42% of the beds per capita in California since 1995.

The fourth chart shows the increase in California's population over the same period of time. Since 1995, the state has gained more than seven and a half million people, a growth of nearly 25%, with the 2017 population of more than 39.5 million.

Pages 3 and 4 show similar tracking for Child/Adolescent beds (from 2009 to present) and PHF beds (from 2000 to present).

Psychiatric Inpatient Care Units and Freestanding Psychiatric Hospitals Comparative Data – Page 5

This page provides a comparison of California to the rest of the United States. National data comes from the American Hospital Association's (AHA) Annual Survey of Hospitals. From these figures, we subtracted California's numbers to arrive at the 49-state data. Census data was used to calculate the number of beds per person. California's bed rate is one bed for every 5,834 people, as of 2017, worse than the rest of the nation's average of one bed for every 4,238 people. California's crisis is not unique, but we fare far worse, comparatively.

Acute Care Inpatient Psychiatric Bed Distribution by County – Page 6

This page of the document 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 Psychiatric Health Facilities. All data is from OSHPD annual reports. The chart also shows that 25 of California's 58 counties have no inpatient psychiatric services. The remaining pages 7-14 visually show the bed distribution across the state, illustrating the vast areas between and without particular services.

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

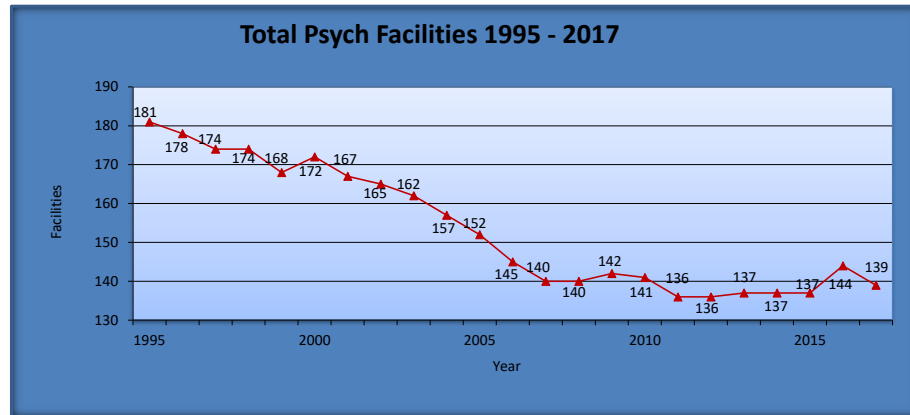
Acute Psychiatric Inpatient Bed Closures/Downsizing California, 1995 - 2017



Center for Behavioral Health

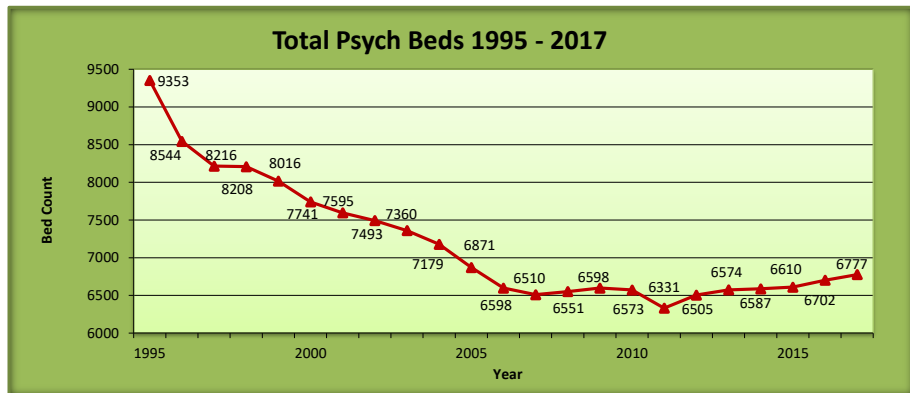
PSYCH FACILITY CHANGE

1995	181
2017	139
Total Change	-42
% Change	-23.2%



PSYCH BED CHANGE

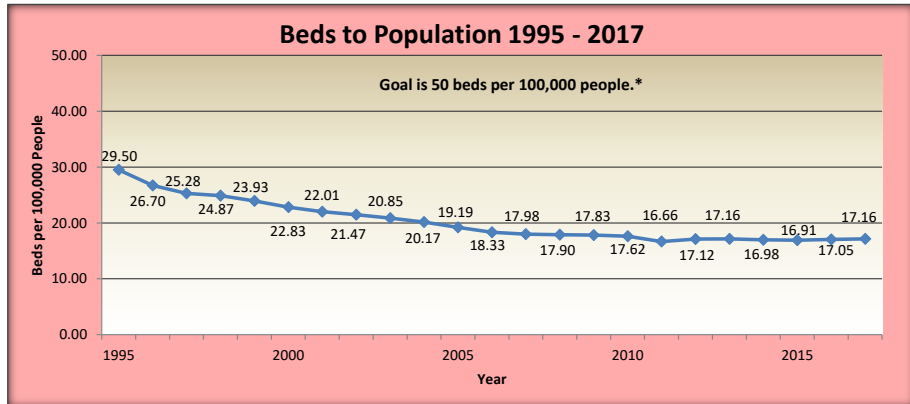
1995	9353
2017	6777
Total Change	-2576
% Change	-27.5%



BED GAP PROGRESS

1995	29.50
2017	17.05
Total Change	-12.45
% Change	-42.2%

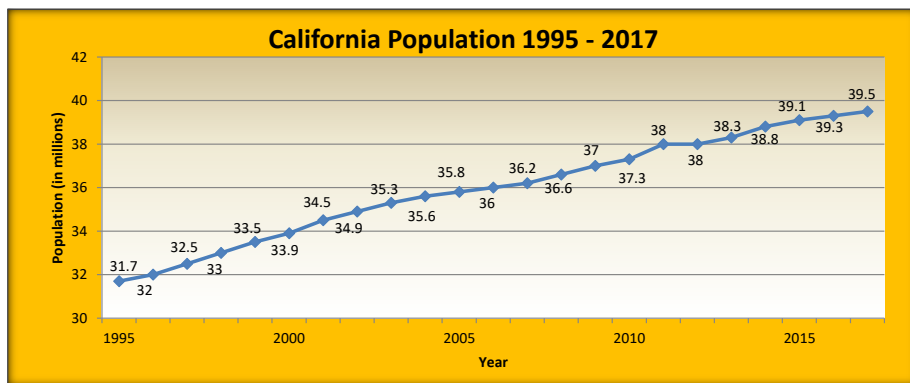
*Extrapolated from Treatment Advocacy Center figure of 1 bed per 2000.



POPULATION* GROWTH

1995	31.7
2017	39.5
Total Change	7.8
% Growth	24.6%

*estimated in millions



Psych Data Source: OSHPD (Includes city and county hospitals, but not state hospitals. Also includes Psychiatric Health Facilities).
Population Data Source: U.S. Census Bureau

Updated 2/26/2019

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Contact:

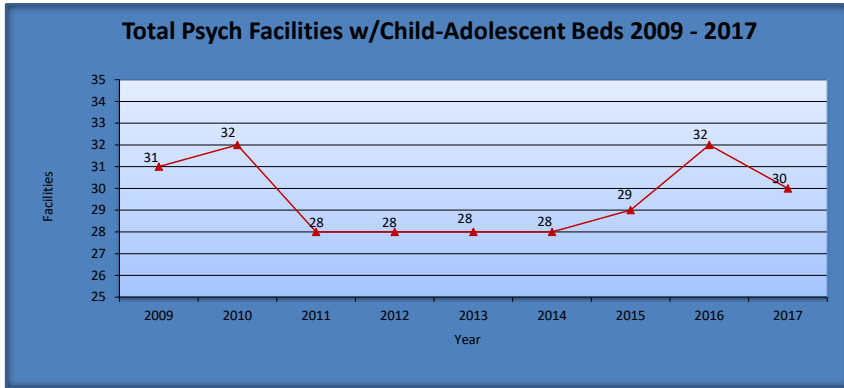
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**Child/Adolescent Acute Psychiatric Inpatient Bed Closures/Downsizing
California, 2009 - 2017**



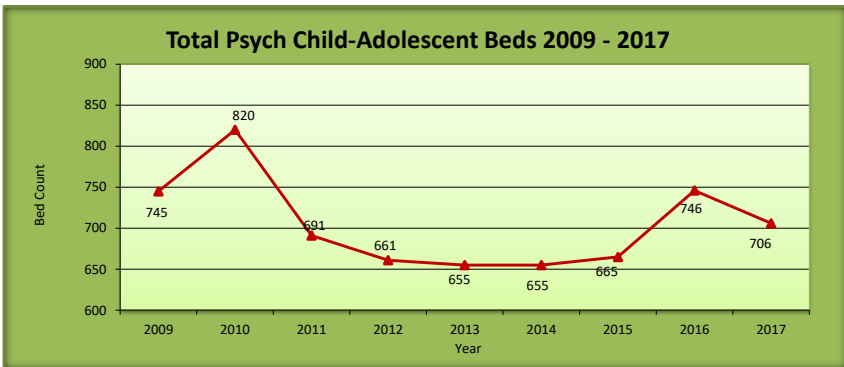
PSYCH FACILITY CHANGE

2009	31
2017	30
Total Change	-1
% Change	-3.2%



PSYCH BED CHANGE

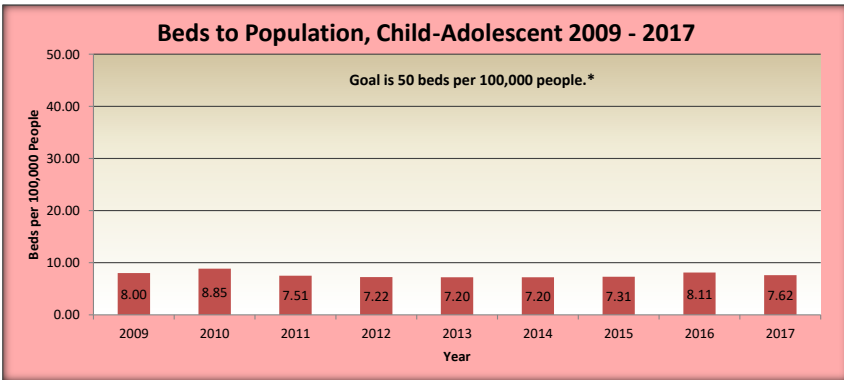
2009	745
2017	706
Total Change	-39
% Change	-5.2%



BED GAP PROGRESS

2009	8.00
2017	7.62
Total Change	-0.38
% Change	-4.8%

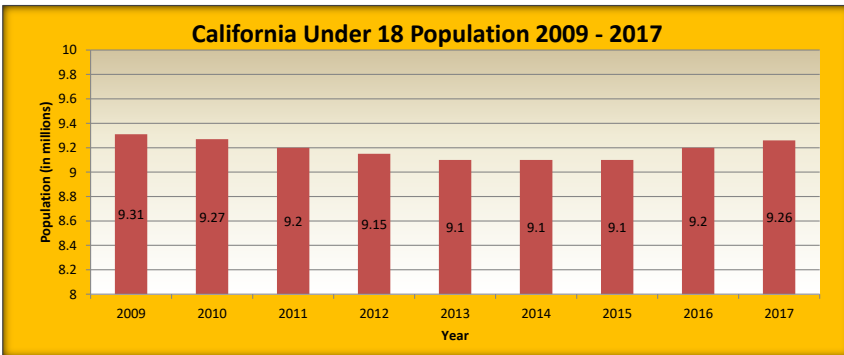
*Extrapolated from Treatment Advocacy Center figure of 1 bed per 2000.



POPULATION* GROWTH

2009	9.31
2017	9.26
Total Change	-0.05
% Growth	-0.5%

*estimated in millions



Psych Data Source: OSHPD (Includes city and county hospitals, but not state hospitals. Also includes Psychiatric Health Facilities).
Population Data Source: U.S. Census Bureau

Updated 2/26/19

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**Psychiatric Health Facility (PHF) Closures/Downsizing
California, 2000 - 2017**



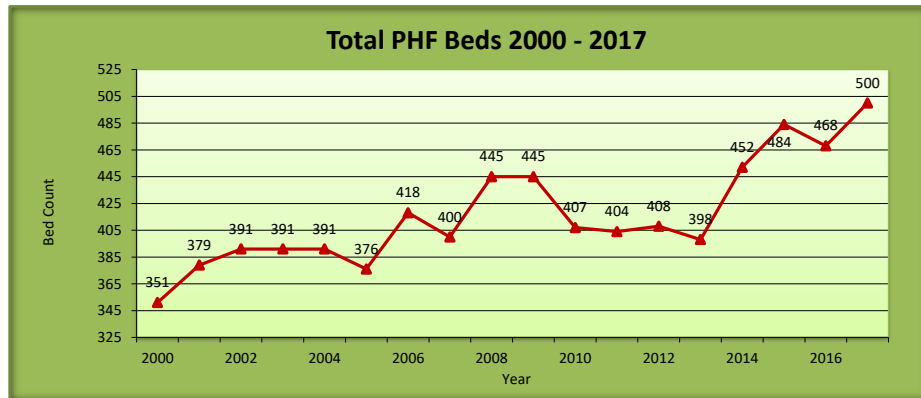
**CALIFORNIA
HOSPITAL
ASSOCIATION**

Center for Behavioral Health

FACILITY CHANGE	
2000	16
2017	28
Total Change	12
% Change	75.0%



BED CHANGE	
2000	351
2017	500
Total Change	149
% Change	42.5%



Psych Data Source: OSHPD

Updated 2/26/19

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Psychiatric Inpatient Care Units and Freestanding Psychiatric Hospitals
2017 Comparative Data – Nation and California

Table with 7 columns: GACHs w/Psych, # Psych Beds, APHs & PHFs, # Psych Beds, Total Hospitals, Total Beds. Rows include Nation, 49 States, and California.

2017 Population Comparison

Table comparing population and psychiatric beds for Nation, 49 States, and California. Includes ratios like '1 psych bed for every 4383 people'.

Experts estimate a need for a minimum of 1 public psychiatric bed for every 2000 people for hospitalization for individuals with serious psychiatric disorders.* This number is contingent upon the availability of appropriate outpatient services in the community.**

1 General Acute Care Hospitals 2 Acute Psychiatric Hospitals 3 Psychiatric Health Facilities

Sources

National data: Health Forum, AHA Annual Survey of Hospitals
Hospitals with psychiatric or alcoholism/chemical dependency units are registered community hospitals that reported having such a unit for that year.

California data: OSHPD

General Acute Care Hospitals include city and county hospitals, but not state hospitals. Acute Psychiatric Hospitals include city and county hospitals, but not state hospitals. Also includes county-owned Psychiatric Health Facilities.

49 State data: OSHPD data subtracted from AHA data. Includes the District of Columbia.

Population data: U.S. Census Bureau

*Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. J. (2008). "The Shortage of Public Hospital Beds for Mentally Ill Persons."

**Stetka, B. (2010). "US Psychiatric Resources: A Country in Crisis."

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Revised 2/26/19

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Acute Care Inpatient Psychiatric Bed Distribution

Not all beds are available to individuals on LPS involuntary holds. Does not include data from state-operated hospitals.

County	Population	Total Psych	Adult	Child /Adol	Gero-Psych*	Psych IC**	PHF***1	Beds per 100k²	Beds Needed³	Chem/Dep¹
Alameda	1,663,190	349	293	56	0	0	42	20.98	832	74
Alpine	1,120	0	0	0	0	0	0	0.00	1	0
Amador	38,626	0	0	0	0	0	0	0.00	19	0
Butte	229,294	46	46	0	0	0	16	20.06	115	0
Calaveras	45,670	0	0	0	0	0	0	0.00	23	0
Colusa	21,805	0	0	0	0	0	0	0.00	11	0
Contra Costa	1,147,439	108	84	24	0	0	0	9.41	574	8
Del Norte	27,470	0	0	0	0	0	0	0.00	14	0
El Dorado	188,987	16	16	0	0	0	16	8.47	94	0
Fresno	989,255	93	77	16	0	0	32	9.40	495	0
Glenn	28,094	0	0	0	0	0	0	0.00	14	0
Humboldt	136,754	16	16	0	0	0	16	11.70	68	0
Imperial	182,830	0	0	0	0	0	0	0.00	91	0
Inyo	18,026	0	0	0	0	0	0	0.00	9	0
Kern	893,119	156	123	33	0	0	16	17.47	447	0
Kings	150,101	0	0	0	0	0	0	0.00	75	0
Lake	64,246	0	0	0	0	0	0	0.00	32	0
Lassen	31,163	0	0	0	0	0	0	0.00	16	0
Los Angeles	10,163,507	2,328	2011	231	0	86	48	22.91	5,082	191
Madera	156,890	0	0	0	0	0	0	0.00	78	0
Marin	260,955	17	17	0	0	0	0	6.51	130	0
Mariposa	17,569	0	0	0	0	0	0	0.00	9	0
Mendocino	88,018	0	0	0	0	0	0	0.00	44	0
Merced	272,673	16	16	0	0	0	16	5.87	136	0
Modoc	8,859	0	0	0	0	0	0	0.00	4	0
Mono	14,168	0	0	0	0	0	0	0.00	7	0
Monterey	437,907	40	40	0	0	0	0	9.13	219	0
Napa	140,973	37	37	0	0	0	0	26.25	70	0
Nevada	99,814	0	0	0	0	0	0	0.00	50	0
Orange	3,190,400	507	475	32	0	0	0	15.89	1,595	193
Placer	386,166	16	16	0	0	0	16	4.14	193	0
Plumas	18,742	0	0	0	0	0	0	0.00	9	0
Riverside	2,423,266	199	178	12	0	9	16	8.21	1,212	121
Sacramento	1,530,615	451	393	58	0	0	82	29.47	765	0
San Benito	60,310	0	0	0	0	0	0	0.00	30	0
San Bernardino	2,157,404	359	283	76	0	0	0	16.64	1,079	18
San Diego	3,337,685	694	480	65	0	149	0	20.79	1,669	31
San Francisco	884,363	300	218	35	47	0	0	33.92	442	1
San Joaquin	745,424	50	50	0	0	0	16	6.71	373	1
San Luis Obispo	283,405	16	16	0	0	0	16	5.65	142	0
San Mateo	771,410	117	92	1	24	0	0	15.17	386	0
Santa Barbara	448,150	36	36	0	0	0	16	8.03	224	34
Santa Clara	1,938,153	246	246	0	0	0	40	12.69	969	0
Santa Cruz	275,897	16	16	0	0	0	16	5.80	138	0
Shasta	179,921	37	37	0	0	0	16	20.56	90	0
Sierra	2,999	0	0	0	0	0	0	0.00	1	0
Siskiyou	43,853	0	0	0	0	0	0	0.00	22	0
Solano	445,458	77	64	13	0	0	16	17.29	223	0
Sonoma	504,217	95	75	20	0	0	0	18.84	252	0
Stanislaus	547,899	83	83	0	0	0	16	15.15	274	4
Sutter	96,648	32	32	0	0	0	32	33.11	48	0
Tehama	63,926	0	0	0	0	0	0	0.00	32	0
Trinity	12,709	0	0	0	0	0	0	0.00	6	0
Tulare	464,493	63	63	0	0	0	0	13.56	232	0
Tuolumne	54,248	0	0	0	0	0	0	0.00	27	0
Ventura	854,223	130	96	34	0	0	0	15.22	427	0
Yolo	219,116	31	31	0	0	0	0	14.15	110	0
Yuba	77,031	0	0	0	0	0	0	0.00	39	0

TOTALS

State Population	Total Psych	Adult	Child/Adol	Gero-Psych	Psych IC	PHF¹	Beds per 100k²	Beds Needed	Chem/Dep
39,536,653	6,777	5,756	706	71	244	500	407.47	19,768	676

- 25 Counties w/o Adult Beds (43% of state)
- 42 Counties w/o Child/Adolescent Beds (72% of state)
- 56 Counties w/o Gero-Psych (Long-Term) Beds (97% of state)
- 55 Counties w/o Psych Intensive Care Beds (95% of state)
- 48 Counties w/o Chemical Dependency Beds (83% of state)
- 25 Counties Have **ZERO** Inpatient Psych Services (43% of state)

Sources: Population data from US Census Bureau
All other data from OSHPD 2017 report

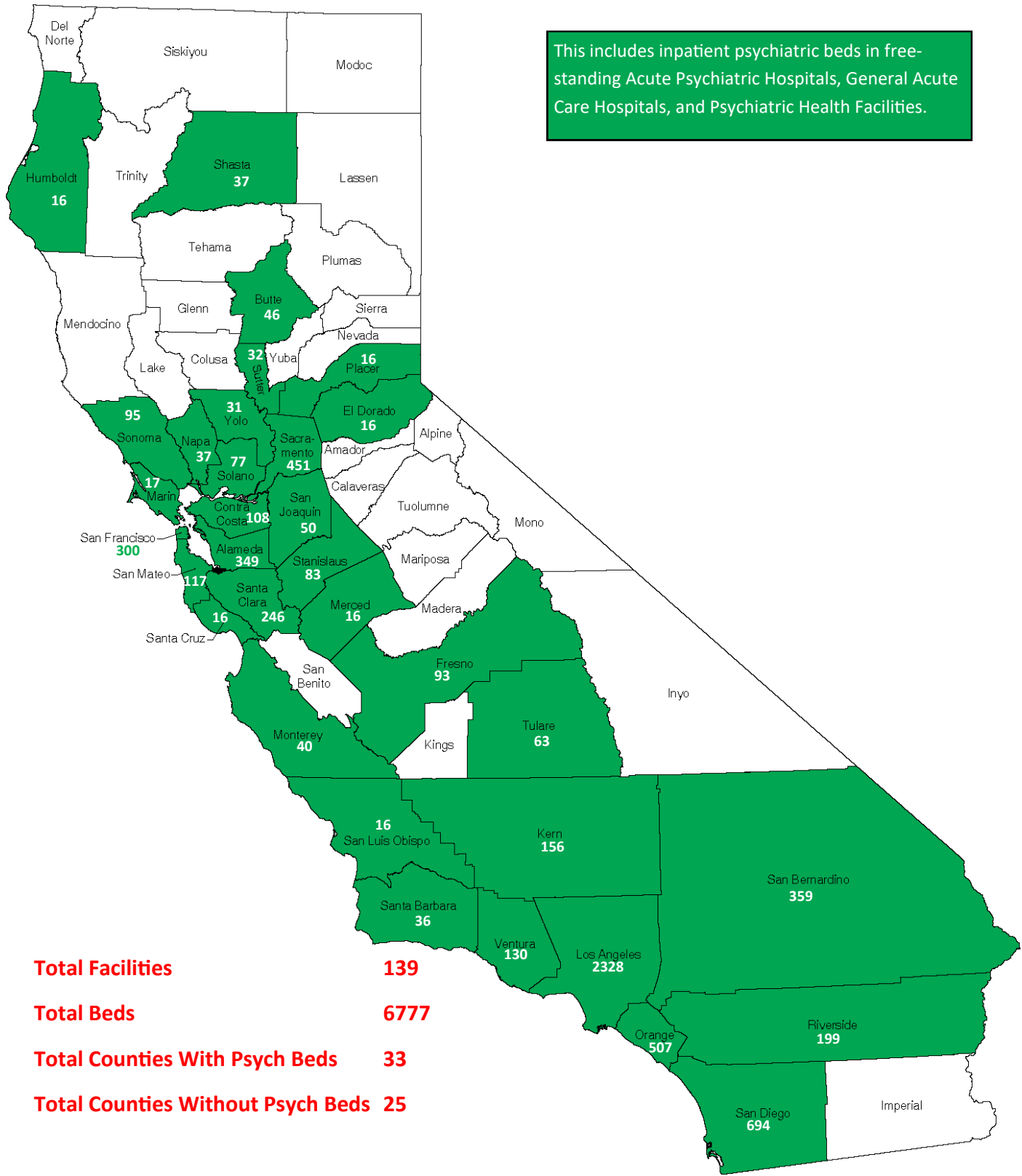
¹ NOTE: PHF beds included in respective categories (e.g., adult, etc.). CD beds are not.

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

³ NOTE: Lacking insufficient community resources

Acute Care Inpatient Psychiatric Bed Distribution Counties with Psychiatric Inpatient Beds

This includes inpatient psychiatric beds in free-standing Acute Psychiatric Hospitals, General Acute Care Hospitals, and Psychiatric Health Facilities.



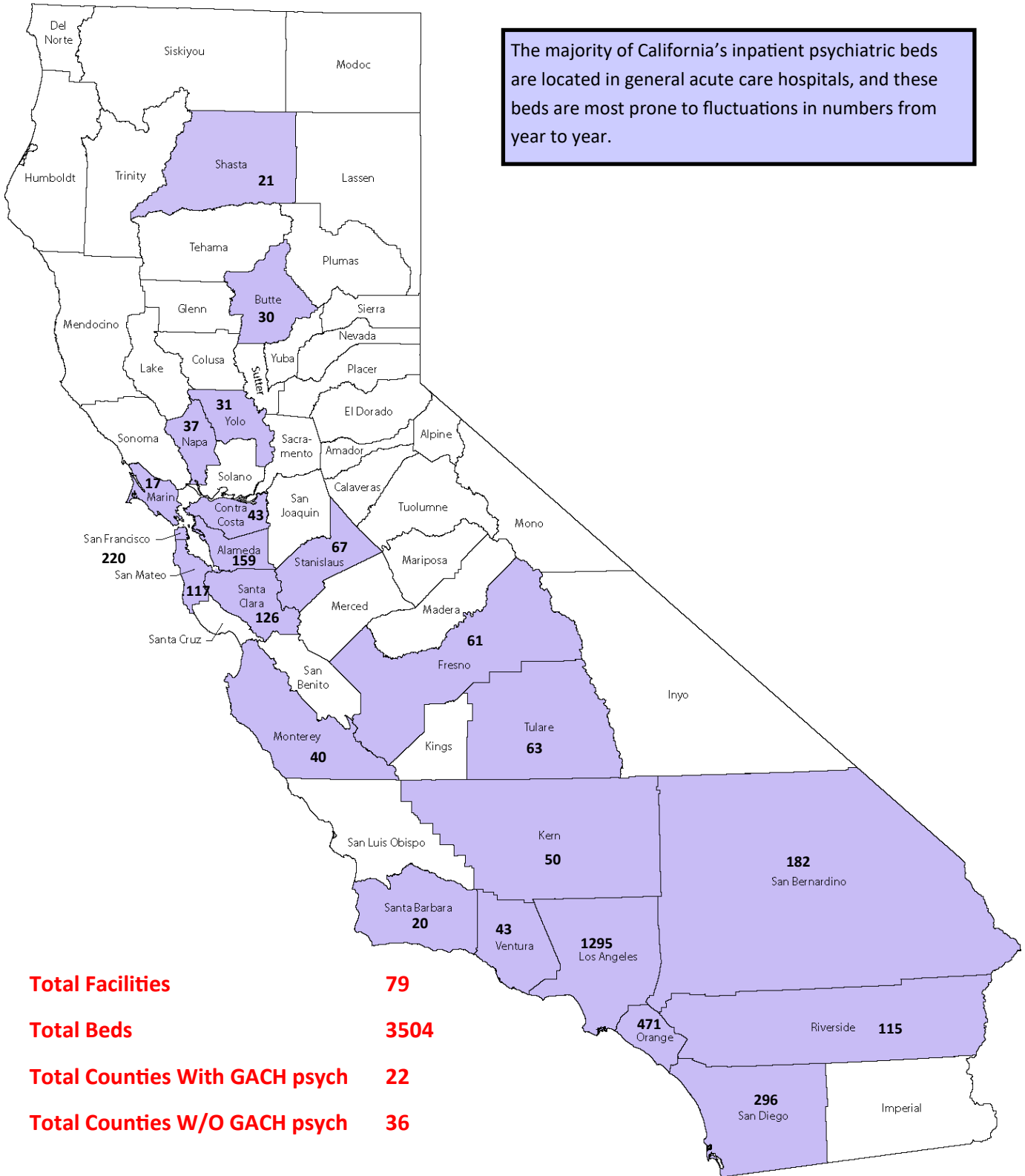
Total Facilities **139**
Total Beds **6777**
Total Counties With Psych Beds **33**
Total Counties Without Psych Beds **25**

Source: OSHPD 2017 data
 Updated February 26, 2019

This document is updated annually, typically in September or October.
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Acute Care Inpatient Psychiatric Bed Distribution

Counties with General Acute Care Hospitals (GACH) with Dedicated Psychiatric Units



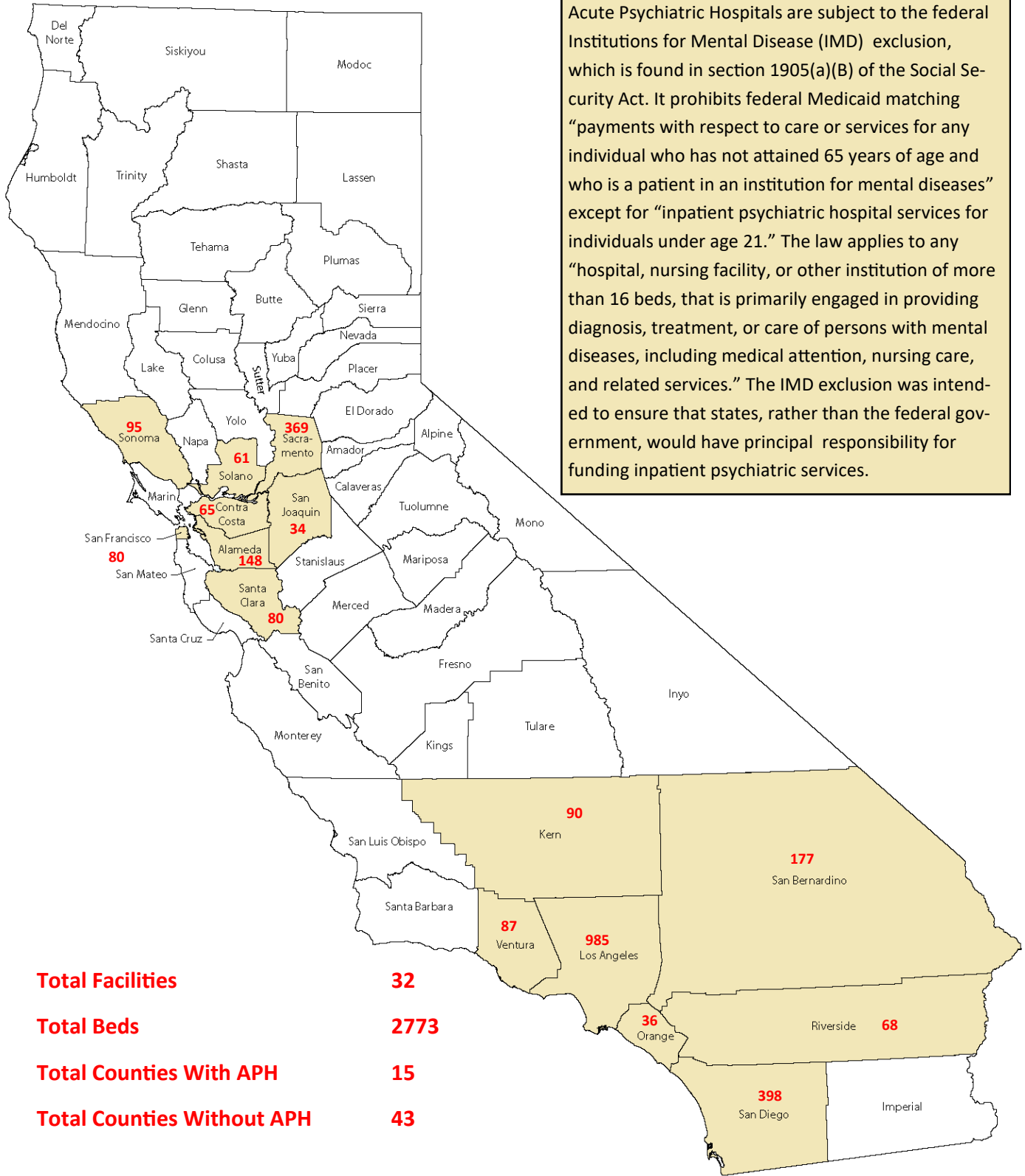
The majority of California's inpatient psychiatric beds are located in general acute care hospitals, and these beds are most prone to fluctuations in numbers from year to year.

Total Facilities	79
Total Beds	3504
Total Counties With GACH psych	22
Total Counties W/O GACH psych	36

Source: OSHPD 2017 data
 Updated February 26, 2019

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Acute Care Inpatient Psychiatric Bed Distribution Counties with Freestanding Acute Psychiatric Hospitals (APH)



Acute Psychiatric Hospitals 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.

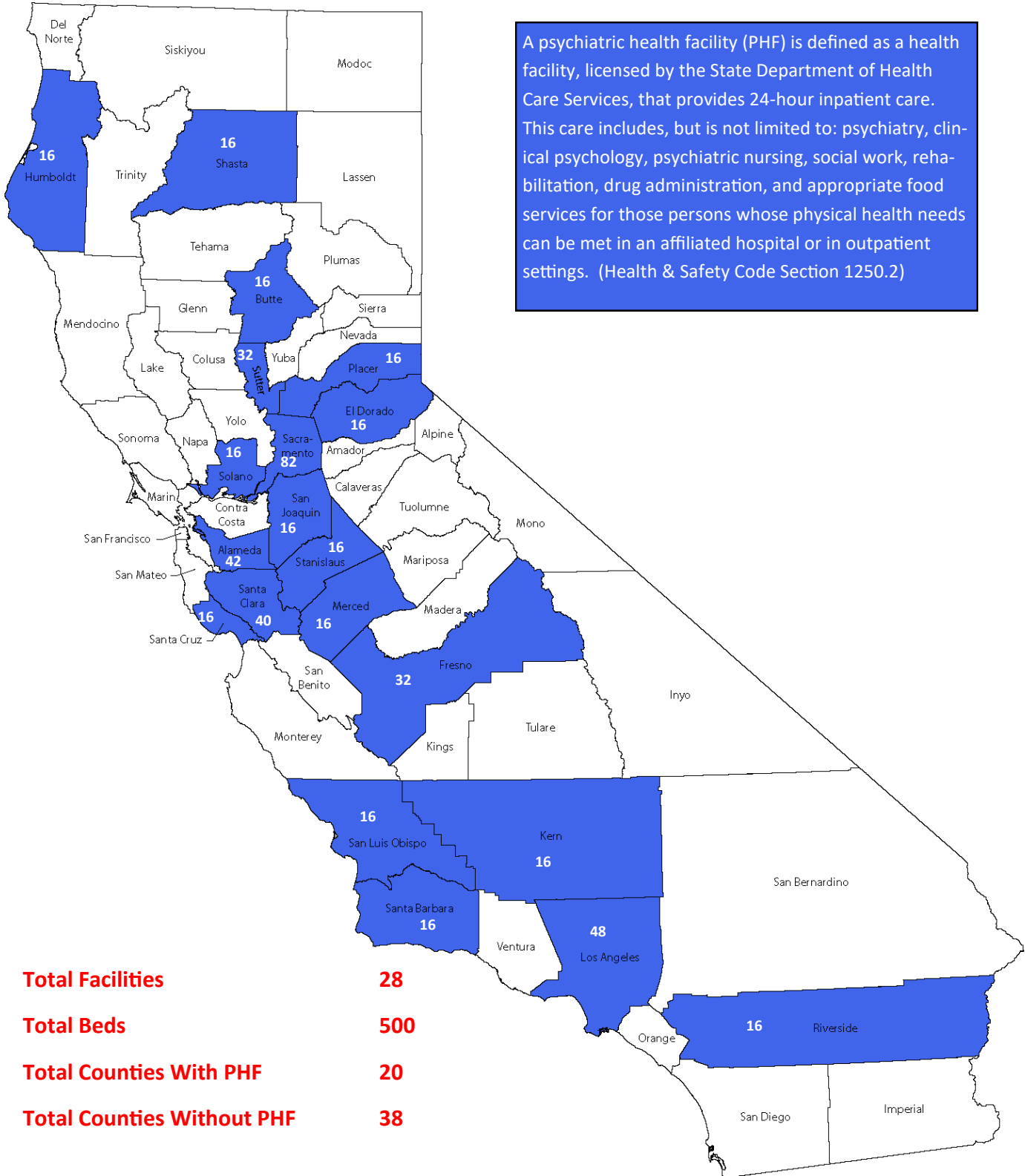
Total Facilities	32
Total Beds	2773
Total Counties With APH	15
Total Counties Without APH	43

Source: OSHPD 2017 data
Updated February 26, 2019

This document is updated annually, typically in September or October.
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Acute Care Inpatient Psychiatric Bed Distribution Counties with Non-Hospital Psychiatric Health Facilities (PHF)

A psychiatric health facility (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 persons whose physical health needs can be met in an affiliated hospital or in outpatient settings. (Health & Safety Code Section 1250.2)

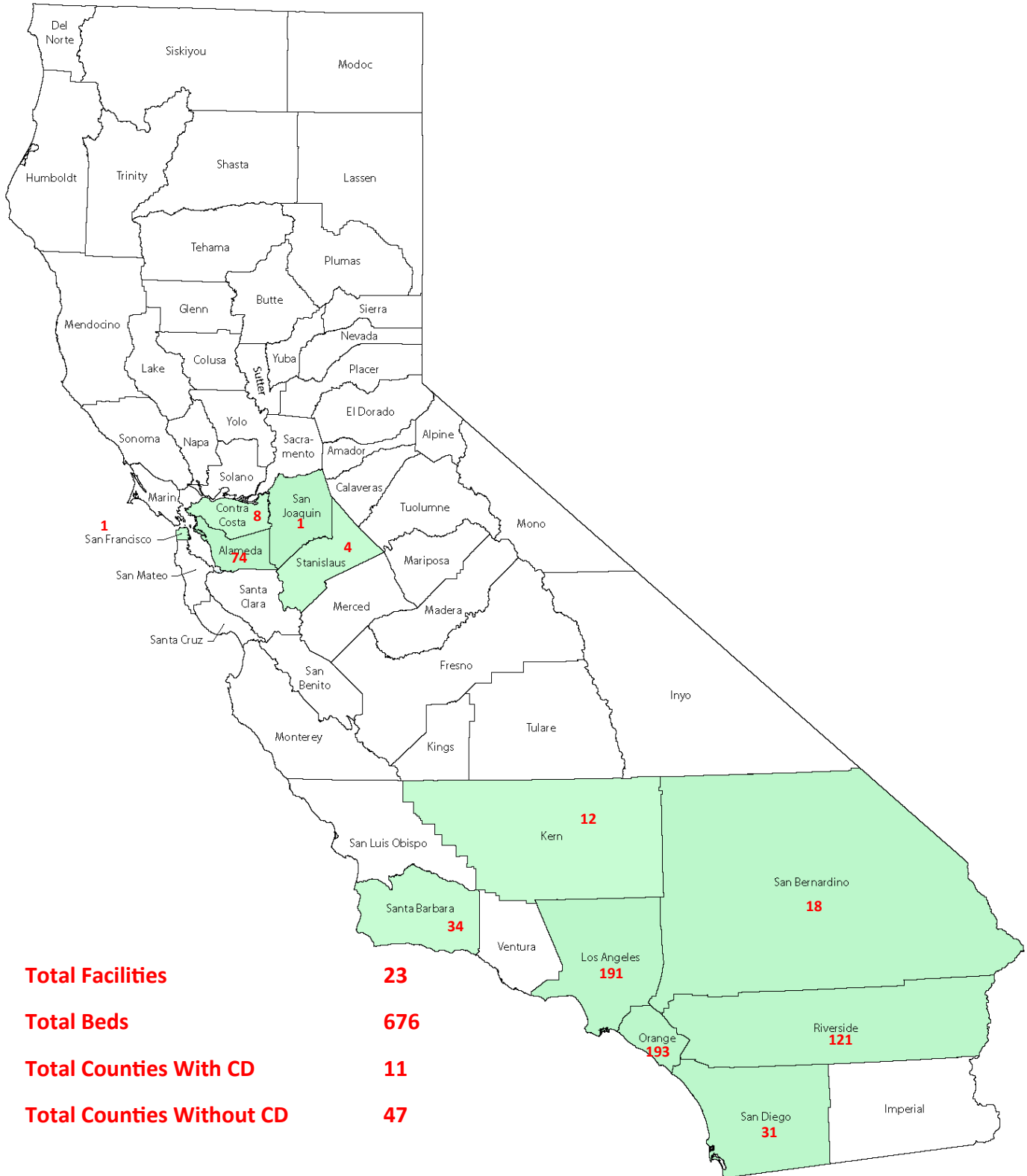


Total Facilities 28
Total Beds 500
Total Counties With PHF 20
Total Counties Without PHF 38

Source: OSHPD 2017 data
 Updated February 26, 2019

This document is updated annually, typically in September or October.
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Acute Care Inpatient Psychiatric Bed Distribution Counties with Hospital-Based Chemical Dependency Beds

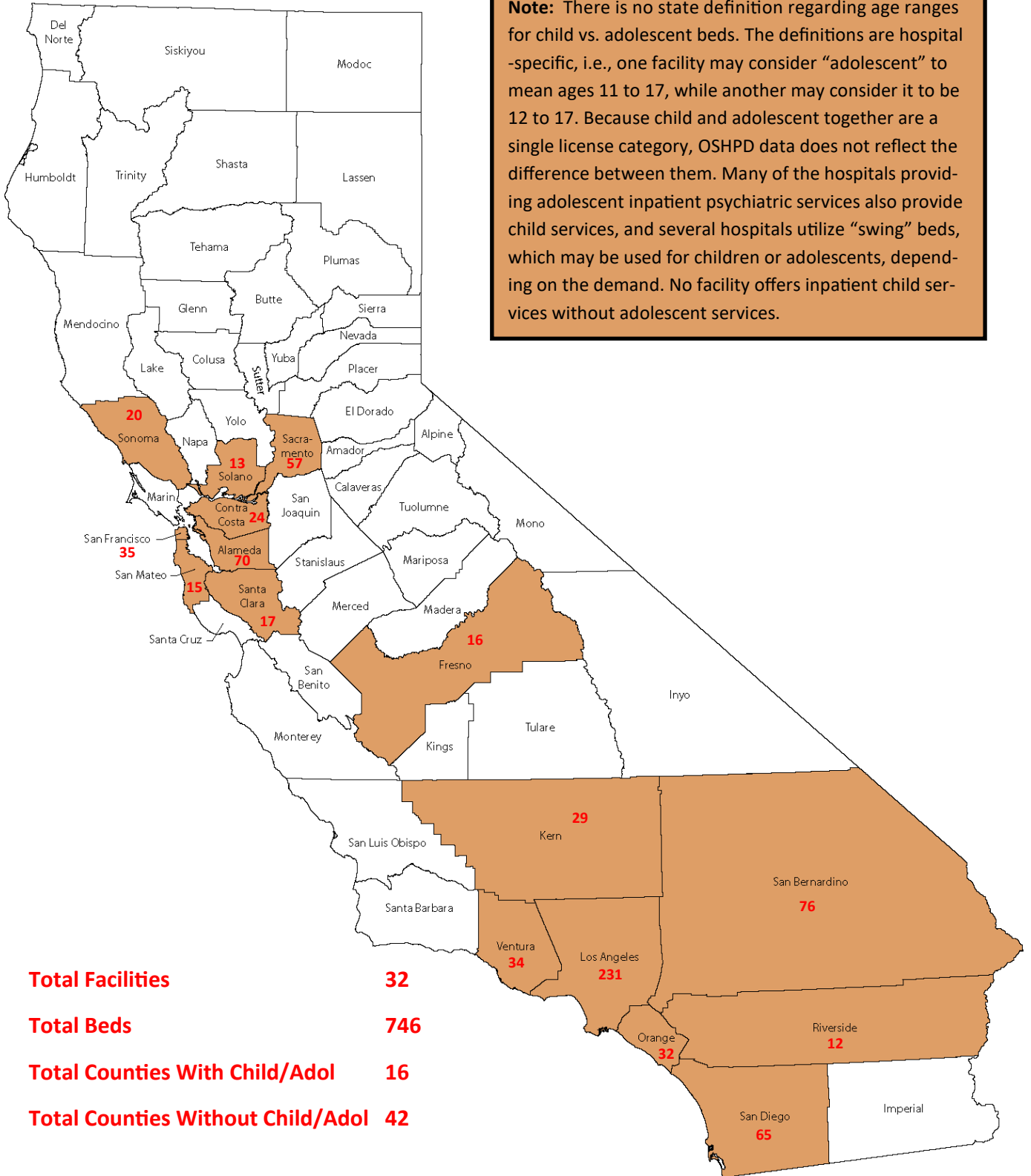


Source: OSHPD 2017 data
Updated February 26, 2019

This document is updated annually, typically in September or October.
The current version can be found at www.calhospital.org/PsychBedData

Acute Care Inpatient Psychiatric Bed Distribution Counties with Inpatient Beds for Children/Adolescents

Note: 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 does 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.



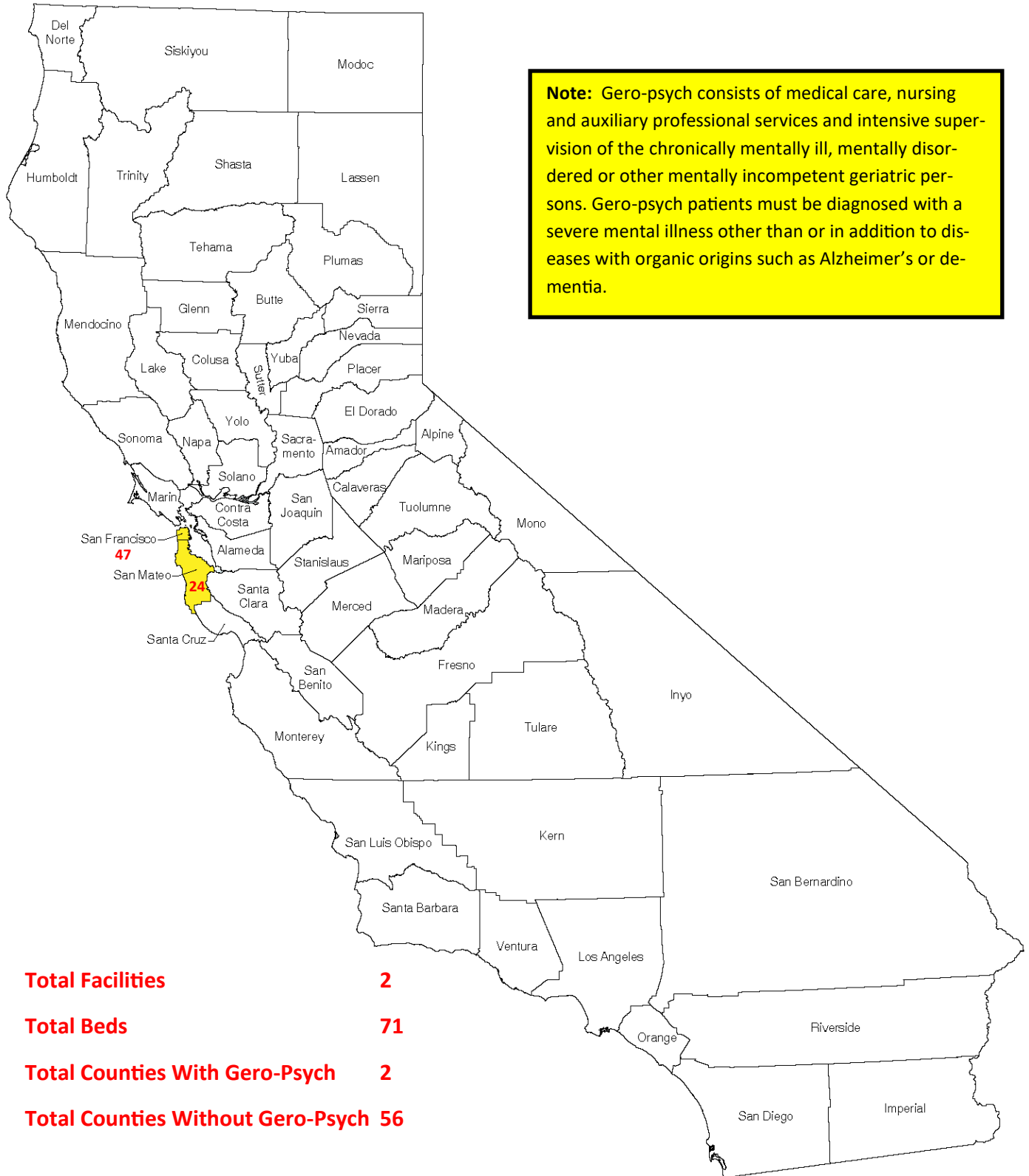
Total Facilities 32
Total Beds 746
Total Counties With Child/Adol 16
Total Counties Without Child/Adol 42

Source: OSHPD 2016 data
 Updated March 28, 2018

This document is updated annually, typically in September or October.
 The current version can be found at www.calhospital.org/PsychBedData

Acute Care Inpatient Psychiatric Bed Distribution Counties with Inpatient Beds for Gero-Psych

Note: 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.



Total Facilities 2
Total Beds 71
Total Counties With Gero-Psych 2
Total Counties Without Gero-Psych 56

Source: OSHPD 2017 data
 Updated February 26, 2019

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