

Psychiatric Bed Need: 2024 Update

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August 14, 2024

Summary

The psychiatric bed need was implemented using 2023 as the base year and 2028 as the planning year. This report contains the updated adult and pediatric bed need values, as well as descriptive information about the data and comparisons to the results from previous updates.

Utilization Data and Patient Day Predictions

The number of adult psychiatric patient days had a large rebound in 2023 compared to utilization from 2020 to 2022 (likely due to the COVID-19 pandemic); surprisingly, adult utilization was the highest it has been in the prior 11 years. The number of pediatric psychiatric patient days used in 2023 increased after a slight decrease in 2022. For reference, the adult and pediatric patient days from 2013–2023 are shown in Figure 1 (only data from the last five years was used in the methodology).

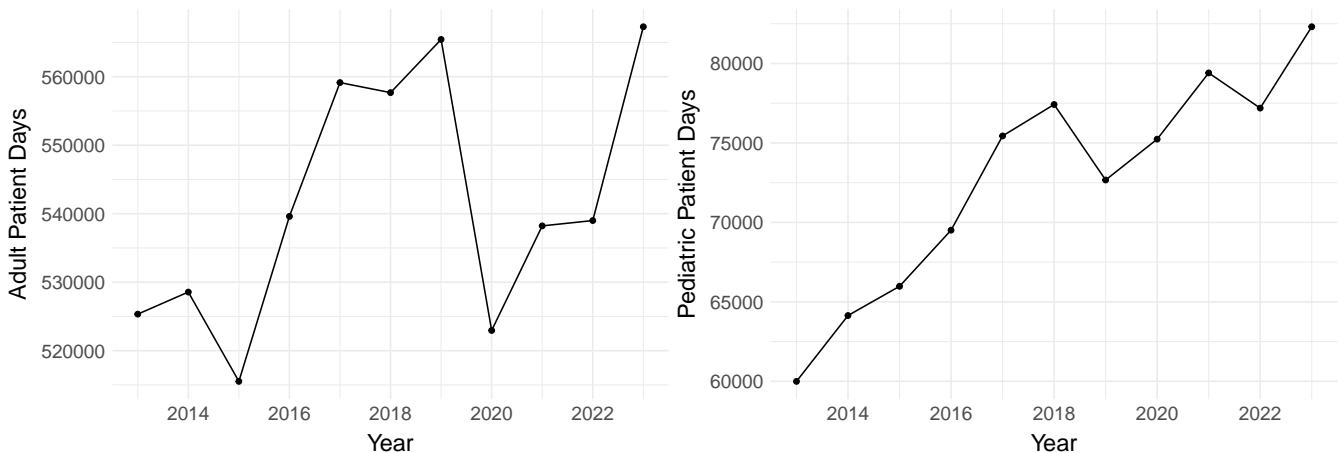


Figure 1: State level adult (left) and pediatric (right) psychiatric patient days.

Bed Need Results

The linear model fit of patient day utilization over time for the adult model ($R^2 = 0.03$) was lower than the 0.5 threshold required to use the time-series trend model. Thus, a three-year average was used per the methodology. The projected number of adult patient days in the planning year is 548,170, which is lower than the number in 2023 due to the low utilization in the prior two years.

The linear model fit of patient day utilization over time for the pediatric model ($R^2 = 0.82$) was greater than the 0.5 threshold, thus the time-series trend model was used to project patient day utilization in the planning year. The projected number of pediatric patient days in the planning year is 92,228, which is approximately 7,000 more patient days than in the base year.

The results of the adult and pediatric bed need are presented in Tables 1 and 2. For the adult bed need, HSAs 3, 5, 7, and 8 show a need for beds; however, the need is less than 10 beds in three of the HSAs. HSA 1 has

the highest projected surplus of beds in the planning year (289 beds), followed by HSA 4 (45 beds). Statewide, there is a projected 310 bed surplus in the planning year.

In the pediatric bed need, HSAs 1, 2, 4, and 6 are projected to have a surplus of beds in the planning year. Each HSA's surplus is fewer than 10 beds. HSAs 3, 5, 7, and 8 all show a projected need for additional beds in the planning year; the largest need is HSA 3 (29 beds). There is a projected 32 bed need for pediatric beds at the state level in the planning year.

Table 1: Updated results from adult psychiatric bed need methodology (Planning year: 2026).

HSA	BEDS NEEDED	CURRENT BEDS	DIFFERENCE
1	1,016	1,305	289
2	172	189	17
3	180	179	-1
4	343	388	45
5	114	110	-4
6	157	165	8
7	97	60	-37
8	64	57	-7
<i>State</i>	<i>2,143</i>	<i>2,453</i>	<i>310</i>

Table 2: Updated results from pediatric psychiatric bed need methodology (Planning year: 2026).

HSA	BEDS NEEDED	CURRENT BEDS	DIFFERENCE
1	173	182	9
2	28	30	2
3	35	6	-29
4	63	67	4
5	21	14	-7
6	24	33	9
7	16	0	-16
8	10	6	-4
<i>State</i>	<i>370</i>	<i>338</i>	<i>-32</i>

Comparison to Past Results

The results from the prior seven implementations of the psychiatric bed need methodology (planning years 2015, 2017, 2020, 2022, 2024, 2026 [not adopted], and 2028) are presented in Tables 3 (adult) and 4 (pediatric). Overall, the projection for adult beds was lower than recent (pre-COVID-19 pandemic) updates, which can be attributed to the substantial downturn in utilization over the 2020-2022 period (not shown are the results of an implementation of the methodology using 2022 as the base year, which resulted in extraordinary low projections due to low patient day utilization). The most recent utilization data suggests that this downturn may have been temporary though. The projection for pediatric beds in 2028 appears to have rebounded from the low projection for 2026 (due to a downturn in patient days in 2019 and 2020).

Moving forward, it is unclear whether psychiatric bed utilization will stabilize or continue to be highly variable (even at a state level). One potential issue that may be affecting adult utilization is an artificial depression of patient days due to staffing issues; if this is the case, utilization “should be higher” because there is unmet

need for services in the population. However, the methodology does not account for potential unmet need, as this is quite difficult to estimate and model, and hence justify its inclusion in a methodology.

Table 3: Past results from adult psychiatric bed need methodology (PY = Planning year).

HSA	PY2015	PY2017	PY2020	PY2022	PY2024	PY2026	PY2028
1	1,084	1,044	1,051	1,107	1,169	1,008	1,016
2	169	163	187	185	197	170	172
3	188	179	183	194	207	179	180
4	300	289	324	370	386	337	343
5	143	144	140	128	134	115	114
6	95	110	106	165	184	157	157
7	48	30	30	101	120	96	97
8	64	62	77	65	75	64	64
<i>State</i>	<i>2,091</i>	<i>2,021</i>	<i>2,098</i>	<i>2,315</i>	<i>2,472</i>	<i>2,126</i>	<i>2,143</i>

Table 4: Past results from pediatric psychiatric bed need methodology (PY = Planning year).

HSA	PY2015	PY2017	PY2020	PY2022	PY2024	PY2026	PY2028
1	113	114	122	173	163	142	173
2	15	16	18	30	26	23	28
3	17	19	20	35	33	29	35
4	32	35	40	61	59	52	63
5	12	13	13	25	21	18	21
6	14	16	16	26	23	20	24
7	8	9	9	17	15	13	16
8	6	7	7	10	9	8	10
<i>State</i>	<i>217</i>	<i>229</i>	<i>245</i>	<i>377</i>	<i>349</i>	<i>305</i>	<i>370</i>

CON Statewide Summary of Psych Beds - New Bed Need (Base Year-2023 & Planning Year-2028)

Adult

H	Dept	Curr	New	Diff fr	Unmet	
S	Lic	Inv	Bed	Curr	Need or	
A	Beds	Beds	Need	Need	(Surpl)	
1	1347	1329	1169	1016	(153)	(313)
2	178	189	197	172	(25)	(17)
3	148	179	207	180	(27)	1
4	310	388	386	343	(43)	(45)
5	110	110	134	114	(20)	4
6	129	165	184	157	(27)	(8)
7	50	60	120	97	(23)	37
8	57	57	75	64	(11)	7
Total:	2329	2477	2472	2143	(329)	(334)

Child/Adolescent

H	Dept	Curr	New	Diff fr	Unmet	
S	Lic	Inv	Bed	Curr	Need or	
A	Beds	Beds	Need	Need	(Surpl)	
1	160	160	163	173	10	13.00
2	30	37	26	28	2	(9.00)
3	6	6	33	35	2	29.00
4	67	107	59	63	4	(44.00)
5	14	14	21	21	0	7.00
6	33	33	23	24	1	(9.00)
7	0	0	15	16	1	16.00
8	6	6	9	10	1	4.00
Total:	316	363	349	370	21	7.00

CON Statewide Special Pool Psych Beds - New Bed Need (Base Year-2023 & Planning Year-2028)

The number of beds in the developmental disability, geriatric and medical psychiatric pools are based on 10.5 percent of the statewide bed need for psychiatric inpatient beds rounded up to the next ten with a minimum of 50 child/adolescent beds in each special pool, as applicable. The number of beds in the high acuity pool is based on 13 percent of the statewide bed need for psychiatric inpatient beds rounded up to the next ten with a minimum of 50 child/adolescent beds.

NEW ADULT BED NEED **2143** **NEW CHILD BED NEED** **370**

Adult Sp. Pool	Current Bed Need	New Bed Need at 10.5% or 13%	New Bed Need - Final	Difference in Bed Need
DEVELOPMENTAL DISABILITY	260	225.015	230	(30)
GERIATRIC	260	225.015	230	(30)
MEDICAL PSYCHIATRIC	260	225.015	230	(30)
HIGH ACUITY	330	278.59	280	(50)

Child/Adolescent Sp. Pool	Current Bed Need	New Bed Need at 10.5% or 13%	New Bed Need - Final	Difference in Bed Need
DEVELOPMENTAL DISABILITY	50	38.85	50	0
MEDICAL PSYCHIATRIC	50	38.85	50	0
HIGH ACUITY	50	48.1	50	0