



Public Psychiatric Inpatient Needs in Travis County 2008 Update

In early 2008, ATCMHMR and the MMHTFMC worked in collaboration to develop a methodology and estimate of the number of public psychiatric inpatient beds needed for our community. Based upon utilization of public beds in Fiscal Year 2007, we estimated that there was a total need of 99.2 civil inpatient beds.¹ At the time of that report, our community had a total of 33.2 available beds for civil inpatients, leaving an estimated unmet need of 67 additional beds.

The unmet need was re-analyzed in early 2009, again jointly by ATCMHMR and the MMHTFMC. Because the service system changed in a number of ways since the initial analysis, including a policy change made by ATCMHMR to remain within its allocated capacity at Austin State Hospital, we have modified the methodology for estimating unmet need.

Data:

- **As of March, 2009, the current public inpatient civil capacity in Austin/Travis County is 43 beds (including Austin State Hospital (ASH), Seton Shoal Creek Hospital (SSC) and the Austin Lakes Hospital (ALH)).**
- **Between May of 2008 and December of 2008, an average of 20 *persons* per month were diverted to area Emergency Departments from ATCMHMR Psychiatric Emergency Services because there were no public psychiatric inpatient beds available.**
- **The average length of stay (ALOS) at ASH is approximately 18 days, while the average length of stay at SCC and ALH is approximately 4.5 days. This means that each public bed in the latter two facilities is essentially four times the contribution to the overall capacity as compared with ASH.**
- **The estimated cost of adding one public psychiatric inpatient bed in our community is \$801.36 per day.**

Because diversion to Emergency Departments is measured in numbers of persons, not numbers of days, we must estimate the number of additional *bed days* needed in the system to have potentially avoided these diversions. Because the ALOS is so varied between ASH and SCC/ALH, we utilized an average between the two of 11 days.

¹ There are also patients hospitalized at Austin State Hospital under forensic commitments. They are excluded from this analysis, as the utilization of these forensic beds is not under community control.



If we calculate that the 20 individuals diverted each were hospitalized for an average of 11 days, that would reflect that an average of 220 additional *bed days* were needed each month, or essentially 7.3 beds per day.

We were puzzled about this vast difference from last year's estimated unmet need. Upon further analysis, however, we realized in looking at the ALOS that the addition of the 1 bed in the private psychiatric hospitals is actually the equivalent of adding 4 beds at ASH, since the ALOS at ASH is 4 times as long. This would mean that essentially 44 public psychiatric inpatient *bed days* were added to the system in 2008. This, in addition to many other service system changes, including expansion and modification of crisis services in our community, likely explains this trend. We also suspect that, in light of community awareness about the policy change with regard to hospital bed utilization, mental health consumers and providers are likely also seeking care from alternate venues, bypassing Psychiatric Emergency Services, so would not be calculated in the diversion data. We are monitoring these trends, as well.

Thus, we believe the addition of 7.3 additional civil public psychiatric hospital beds to the current system might have prevented the diversion of individuals from Psychiatric Emergency Services to local hospital Emergency Departments in 2008, at a total overall cost of \$ 5,850 per day or \$2.141M per year.

In any event, the addition of 11 additional public psychiatric hospital beds, through collaborative funding between ATCMHMR and the Travis County Health Care District, to the overall public system in 2008 is great progress. In our original analysis of FY 2007 data, we estimated that the overall need for public psychiatric hospital beds was 15.2 beds per 100,000 people. Our system currently stands at 11.4 per 100,000, which is certainly moving things in the right direction.

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