



California's Acute Psychiatric Bed Loss

California has nearly 450 General Acute Care Hospitals. About 90 of these hospitals have dedicated units providing acute psychiatric care. There are currently 27 hospitals licensed as freestanding Acute Psychiatric Hospitals and 21 county-run Psychiatric Health Facilities, which provide care only to individuals with acute psychiatric needs. Combined, these 140 hospitals supply the 6,590 beds available around the state for individuals in need of short-term, acute level of care, psychiatric inpatient services.

Hospitals across the state have been closing psychiatric units, entire acute psychiatric hospitals and decreasing bed counts for patients needing acute inpatient psychiatric care. What follows is CHA's attempt to illustrate the devastating drop over the past fifteen years. Our primary data source is the annual financial 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 the beds in these facilities 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

This page contains graphs illustrating the severity of the bed loss in the state. The first chart shows the loss in the number of facilities with inpatient psychiatric beds since 1995. The state has lost 40 facilities, either through the elimination of psychiatric inpatient care, or complete hospital closure, representing nearly a 22% drop.

The second chart shows the decline in beds from 1995 to the present. As of 2010 data, California had lost almost 30% of the beds it had in 1995, a drop of nearly 3000 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 more than 3,600 beds in 2010, with the state having only 17.67 psychiatric inpatient beds for every 100,000 residents. This is a loss of over 40% of the beds we had since 1995, which itself was far short of the mark.

The fourth chart shows the increase in California's population over the same period of time. Since 1995, the state has gained roughly five and a half million people, a growth of almost 18%, with the current population being more than 37 million.

Psychiatric Inpatient Care Units and Freestanding Psychiatric Hospitals Comparative Data

This page gives 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. As mentioned above, California's bed rate is an appalling one bed for every 5,651 people, as of 2010, worse than the rest of the nation's average of one bed for every 4798 people. This illustrates that, while California's crisis is not unique, we fare far worse, comparatively.

Acute Care Inpatient Psychiatric Bed Distribution

The final pages of the document break California data down by county in an attempt to illustrate the different types of beds available. Also listed are beds reserved for chemical dependency patients 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 at all. The maps on the last four pages visually show the bed distribution across the state, illustrating the vast areas between and without particular services.

Acute Psychiatric Inpatient Bed Closures/Downsizing California, 1995 - 2010



Center for Behavioral Health

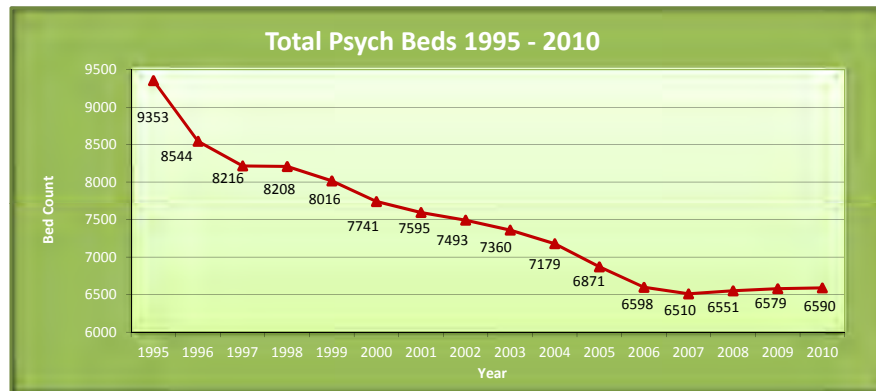
PSYCH FACILITY CHANGE

1995	181
2010	141
Total Change	-40
% Change	-22.1%



PSYCH BED CHANGE

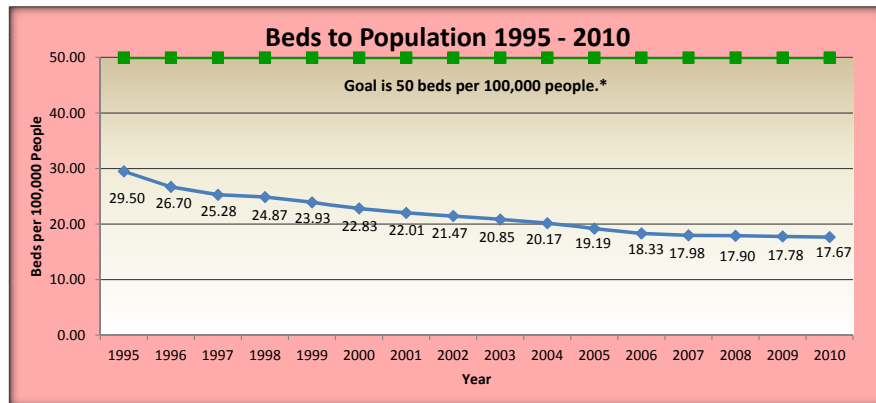
1995	9353
2010	6590
Total Change	-2763
% Change	-29.5%



BED GAP PROGRESS

1995	29.50
2010	17.67
Total Change	-11.83
% Change	-40.1%

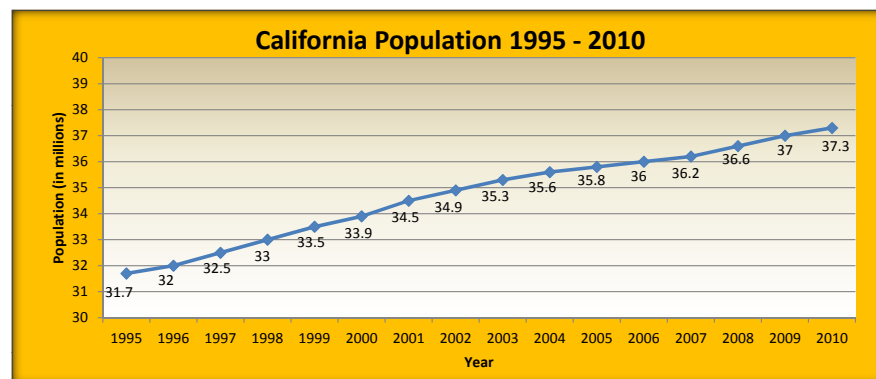
*Extrapolated from Treatment Advocacy Center figure of 1 bed per 2000.



POPULATION* GROWTH

1995	31.7
2010	37.3
Total Change	5.6
% Growth	17.7%

*estimated in millions



Psych Data Source: 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.)
Population Data Source: U.S. Census Bureau

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**Psychiatric Inpatient Care Units and Freestanding Psychiatric Hospitals
2010 Comparative Data – Nation and California**

	GACHs¹ w/Psych	# Psych Beds	APHs² & PHFs³	# Psych Beds	Total Hospitals	Total Beds
Nation	1201	36,484	229	26,699	1430	63,183
49 States	1110	32,567	179	24,026	1289	56,590
California	91	3917	50	2673	141	6593

2010 Population Comparison

Nation	308,745,538	1 psych bed for every 4887 people
49 States	271,491,582	1 psych bed for every 4798 people
California	37,253,956	1 psych bed for every 5651 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 Hospital ² Acute Psychiatric Hospital ³ Psychiatric Health Facility

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. Acute Psychiatric Hospitals also include children’s psychiatric hospitals, but exclude chemical dependency hospitals. State owned facilities are similarly excluded.

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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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	Adult	Child/Adol	Psych LTC*	Psych IC**	Chem/Dep	PHF***	Population	County
Alameda	281	46	0	33	74	42	1,510,271	Alameda
Alpine	0	0	0	0	0	0	1,175	Alpine
Amador	0	0	0	0	0	0	38,091	Amador
Butte	46	0	0	0	0	16	220,000	Butte
Calaveras	0	0	0	0	0	0	45,578	Calaveras
Colusa	0	0	0	0	0	0	21,419	Colusa
Contra Costa	64	24	0	0	8	0	1,049,025	Contra Costa
Del Norte	0	0	0	0	0	0	28,610	Del Norte
El Dorado	15	0	0	0	0	15	181,058	El Dorado
Fresno	77	0	0	0	0	16	930,450	Fresno
Glenn	0	0	0	0	0	0	28,122	Glenn
Humboldt	16	0	0	0	0	16	134,623	Humboldt
Imperial	0	0	0	0	0	0	174,528	Imperial
Inyo	0	0	0	0	0	0	18,546	Inyo
Kern	76	0	0	0	0	30	839,631	Kern
Kings	0	0	0	0	0	0	152,982	Kings
Lake	0	0	0	0	0	0	64,665	Lake
Lassen	0	0	0	0	0	0	34,895	Lassen
Los Angeles	1898	283	0	86	377	32	9,818,605	Los Angeles
Madera	0	0	0	0	0	0	150,865	Madera
Marin	17	0	0	0	0	0	252,409	Marin
Mariposa	0	0	0	0	0	0	18,251	Mariposa
Mendocino	0	0	0	0	0	0	87,841	Mendocino
Merced	16	0	0	0	0	16	255,793	Merced
Modoc	0	0	0	0	0	0	9,686	Modoc
Mono	0	0	0	0	0	0	14,202	Mono
Monterey	36	0	0	0	0	0	415,057	Monterey
Napa	37	0	0	0	0	0	136,484	Napa
Nevada	0	0	0	0	0	0	98,764	Nevada
Orange	482	68	0	0	62	15	3,010,232	Orange
Placer	16	0	0	0	0	16	348,432	Placer
Plumas	0	0	0	0	0	0	20,007	Plumas
Riverside	136	28	40	9	131	16	2,189,641	Riverside
Sacramento	288	69	0	11	8	62	1,418,788	Sacramento
San Benito	0	0	0	0	0	0	55,269	San Benito
San Bernardino	248	132	0	0	38	0	2,035,210	San Bernardino
San Diego	547	76	0	151	95	0	3,095,313	San Diego
San Francisco	261	35	47	0	0	0	805,235	San Francisco
San Joaquin	51	17	0	0	7	40	685,306	San Joaquin
San Luis Obispo	16	0	0	0	0	16	269,637	San Luis Obispo
San Mateo	74	10	24	0	12	0	718,451	San Mateo
Santa Barbara	36	0	0	0	0	16	423,895	Santa Barbara
Santa Clara	150	0	0	0	0	0	1,781,642	Santa Clara
Santa Cruz	28	0	0	0	0	0	262,382	Santa Cruz
Shasta	0	0	0	0	0	0	177,223	Shasta
Sierra	0	0	0	0	0	0	3,240	Sierra
Siskiyou	0	0	0	0	0	0	44,900	Siskiyou
Solano	24	37	0	16	0	16	413,344	Solano
Sonoma	38	0	0	0	0	0	483,878	Sonoma
Stanislaus	67	0	0	0	0	0	514,453	Stanislaus
Sutter	16	0	0	16	0	32	94,737	Sutter
Tehama	0	0	0	0	0	0	63,463	Tehama
Trinity	0	0	0	0	0	0	13,786	Trinity
Tulare	63	0	0	0	0	0	442,179	Tulare
Tuolumne	16	0	0	0	0	0	55,365	Tuolumne
Ventura	142	34	0	0	0	0	823,318	Ventura
Yolo	20	0	0	0	0	0	200,849	Yolo
Yuba	0	0	0	0	0	0	72,155	Yuba

TOTALS	All Psych	Adult	Child/Adol	Psych LTC	Psych IC	Chem/Dep	PHF	State
	6590	5298	859	111	322	812	412	37,253,956

- 25 Counties w/o Adult Beds
- 45 Counties w/o Child/Adolescent Beds
- 55 Counties w/o Psych Long-Term Care Beds
- 51 Counties w/o Psych Intensive Care Beds
- 48 Counties w/o Chemical Dependency Beds
- 25 Counties Have No Inpatient Psych Services At All**

Sources: Population data from US Census Bureau
 All other data from OSHPD 2010 reports
 *NOTE: PHF bed totals are included in their respective categories (e.g., adult, child/adolescent, etc.).

*Psych LTC - Medical care, nursing and auxiliary professional services and intensive supervision of the chronically mentally ill, mentally disordered or other mentally incompetent persons, is rendered in the structured, secure, therapeutic milieu of a psychiatric long-term care program.
 **Psych IC (Psychiatric Intensive Care) - Provides nursing care to psychiatric patients which is of a more intensive nature than the usual nursing care provided in Medical, Surgical, and Psychiatric Units.
 ***PHF (Psychiatric Health Facility) - Defined as a health facility, licensed by the State Department of Mental Health, 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)

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Acute Care Inpatient Psychiatric Bed Distribution

Adult Beds by County



Note: White counties on this map are counties with *no inpatient psychiatric services whatsoever*.

Acute Care Inpatient Psychiatric Bed Distribution

Child/Adolescent Beds by County



Note: Child beds and adolescent beds are not interchangeable. A hospital may have a dozen adolescent beds, but zero child beds. 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. However, because child and adolescent together are a single license category, OSHPD data does not reflect the difference between them.

Acute Care Inpatient Psychiatric Bed Distribution

Psychiatric Long Term Beds by County



Acute Care Inpatient Psychiatric Bed Distribution

Chemical Dependency Beds by County

