

Acute Care: Recent NASMHPD Activities

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**NASMHPD Summer Meeting
July 10, 2006**

Recent NASMHPD Activities

- 32 states interested in NASMHPD meeting on acute care pressures (9/05)
- 26 states responded to 5/30/06 survey (see handouts)
- June 2006 meeting

Acute Care

“That part of the continuum of mental health care that provides an array of immediate, short term services including inpatient and a full range of community-based treatment services that respond to urgent needs. The services appropriately provided for acute care crises involve assessment, treatment planning, and brief, focused intervention(s) to stabilize the individual and, when needed, provide referral for further, less intensive services.”

Bed Reductions

- 85% fewer state hospital residents, 1970 – 2002 (337,691 to 49,443)
- 30% decline in state hospitals over same period (315 to 220)
- In past 5 years, 28 states reported decrease in number of state hospital beds
- In past 5 years, 23 states reported declines in general hospital specialty beds; 22 states reported decline in private psychiatric hospital beds

(SMHA Profiles System, NRI)

Bed Shortage

- In 2004, 35 states reported a shortage of psychiatric beds; 12 states reported no shortage.

Private Hospitals

- High occupancy: 73.1% (2004), up from 70.9% (2003)
- Nearly half (48.8%) of private psychiatric hospital admissions in 2004 paid by government programs

(NAPHS 2005 Annual Survey)

June 2006 Acute Care Meeting

- 17 participants: 7 SMHAs, APA, NAPHS, NMHA, NAMI, NCCCBH, NASMHPD

June 2006 Acute Care Meeting

- Overview of problem
- Review of state strategies: what works, what doesn't

June 2006 Acute Care Meeting

- Draft Report
- *Next steps?*