

HHS Behavioral Health Policy Division Committee

Testimony presented January 27, 2021

**Michael Trangle, MD, DLFAPA
MPS Legislative Committee Chair**



Minnesota Hospital Association Mental and Behavioral Health Committee: Overview of needed resources to address PADs

May 17, 2017



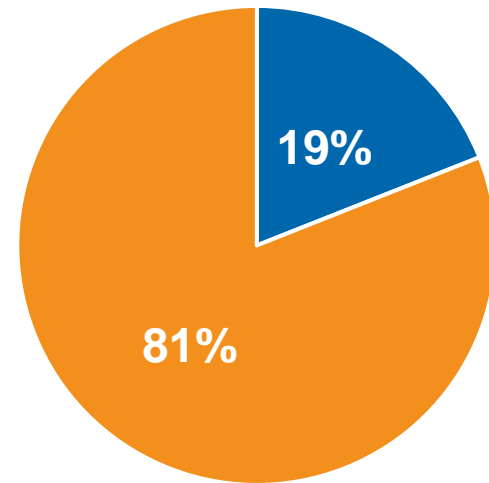
AMHERST H.
WILDER
FOUNDATION

Here for good.

Potentially avoidable days (PADs) results

Of the **32,520** possible bed days in all participating hospitals

6,052 were potentially avoidable



- Potentially avoidable days
- Non-avoidable days

Most common reasons for PADs, statewide

1. State psychiatric hospital bed unavailable at a CBHH (14%)
2. CD treatment bed not available (11%)
3. IRTS bed not available (10%)
4. Delay due to patient legal involvement, including civil commitment (8%)

Calculating needed capacity

Purpose:

To determine how many additional beds are needed in each facility on an average day given the facility's rate of patient turnover

Variables:

X – Estimated number of patients needing facility

Y – Average length of stay in facility

Z – Number of days in study

Formula:

$$(X*Y)/Z$$

Added capacity opportunities

	Estimated number of patients	Average length of stay ^a	Estimated number of additional beds needed
IRTS bed	50 patients	66 days	72 beds
AMRTC bed	24 patients	133 days	70 beds
CD treatment bed	58 patients	43 days	54 beds
CBHH bed	45 patients	47 days	46 beds
Group home bed	24 patients	3-4 years	24 beds

Sources: a – Hospital staff
b – AMRTC and DHS

Limitations of this study.

- This does not reflect the wait times and difficulty for patients to get into community / private psychiatric beds.
- The study focuses on how long these patients were sitting in inpatient beds waiting to get into an appropriate intermediate resource (i.e., they no longer needed a hospital level of care.)

Estimates are conservative!

- Findings only reflect the needs in the 20 participating hospitals' inpatient psychiatric units
 - Does NOT include other sources of referrals (ex: EDs, other non-psychiatric units, outpatient sources, other community hospitals in the state)
- 46-day sample may not reflect the full year
- Average length of stay may not represent full range of patient turnover
- Duplication of patients during 46-day pilot
- Under-represents need for AMRTC

Now is the time for action – Build on the facts.

- We desperately need inpatient psychiatric beds now.
- We also need more intermediate resources now.
- We need to periodically measure the flow so that when we actually have more intermediate resources, then we can figure out whether it's safe to decrease the more expensive inpatient psychiatric beds and by how much.

Data from MHA. Opinions from MPS.