

Child and Adolescent Inpatient Services Capacity Expansion

According to 2015 US census data, Ohio is home to more than 2.6 million children. We know that more than half of all mental illnesses present before age 14 with 13-20% of youth experiencing a serious emotional disorder during childhood or adolescence. This makes childhood and adolescence a critical developmental period to provide effective mental health treatment services. When intensive and acute psychiatric services are needed, Ohio is ill equipped to meet the needs of our youth and their families.

OhioMHAS licenses 385 inpatient psychiatric beds statewide, a decrease from 456 beds that were available in 2009. Making matters worse we estimate the actual number of accessible and fully staffed psychiatric inpatient service beds for children and youth is around 300 and shrinking. This translates to 11 inpatient psychiatric bed per every 100,000 children, which is far short of the recommended 50 beds per 100,000 benchmark that also assumes access to a comprehensive continuum of treatment services. Further complicating the puzzle is that child and youth inpatient facilities can be found in only 12 counties, and it is common for children to find access to needed inpatient services hours away from their family, friends, and home.

Families report that the wait time in emergency rooms is long – sometimes days to access needed inpatient care for their child. Medical boarding, placing a child in a medical bed without psychiatric care, is also a common stop gap measure to at least address safety concerns, but does not result in effective treatment or treatment engagement. Often, an inpatient setting will deny admission if the child's behavior is too aggressive, disruptive, or risky to be effectively managed. Many times the real issue is that the inpatient unit is understaffed and underfunded to be able to increase staffing to meet the needs of children and youth seeking care in the inpatient unit.

Psychiatric units report significant challenges recruiting and retaining psychiatrists and child psychiatrists. With the national shortage of psychiatrists and child psychiatrists, it is challenging to create sufficient incentives for psychiatrist to work in 24 hour settings that require evening and weekend staff coverage. As an example, a psychiatric unit in Miami County licensed to provide 18 beds and staffed to provide 8 youth beds recently suspended admissions after their child psychiatrist accepted a higher paying position out of state. The hospital had been recruiting for a child psychiatrist for 2 years. This leaves the closest child psychiatric units in the region in Cincinnati and Toledo.

BUDGET REQUEST: Require OhioMHAS to develop and fund an initiative that results in a net increase of 100 fully staffed inpatient psychiatric service beds for children (under age 12) and youth (age 13-18). Include at least 20 beds that are designed to offer psychiatric intensive care for children and youth with severe disruptive, aggressive, or risk taking behavior.

ESTIMATED INVESTMENT: \$45 million to support infrastructure development, operating costs, personnel costs, and non-personnel costs. This is intended to be new investment above all third party payments that may be available.