

Meeting Materials for Chapter 16:
Substance Abuse Inpatient and Residential Services
(Chemical Dependency Treatment Beds)

Proposed Additional Language for Chapter 16 Narrative

Please refer to the draft narrative for Chapter 16 following this page.

Draft Tables 16A, 16B, 16C and 16D

Please refer to the draft tables following this page.

Need Determinations

Table 16B demonstrates need in the following mental health planning regions for child adolescent chemical dependency (substance abuse) treatment beds:

- South Central Region (two beds)

It is determined that there is no need for additional Child/Adolescent Chemical Dependency (Substance Abuse) Treatment Beds anywhere else in the State.

Table 16B demonstrates need in the following mental health planning regions for adult chemical dependency (substance abuse) treatment beds:

- South Central Region (three beds)

It is determined that there is no need for additional Adult Chemical Dependency (Substance Abuse) Treatment Beds anywhere else in the State.

CHAPTER 16

SUBSTANCE ABUSE INPATIENT AND RESIDENTIAL SERVICES

(CHEMICAL DEPENDENCY TREATMENT BEDS)

Summary of Bed Supply and Utilization

Three state-owned Alcohol and Drug Abuse Treatment Centers (ADATCs) provide Chemical Dependency (Substance Abuse) detoxification and treatment services with a total of 288 beds (located in Black Mountain, Buncombe County; Butner, Granville County; and Greenville, Pitt County). The non-state facilities which also provide these services include 19 specialty and acute hospitals and 19 residential treatment centers.

Changes from the Previous Plan

No substantive changes in basic principles and methodologies have been recommended for the Proposed North Carolina 2010 State Medical Facilities Plan. Throughout the chapter, data have been revised to reflect services provided during FY 2007-08, and dates have been advanced by one year, where appropriate. The base year is changed to 2008 and the base year utilization data is applied to Year 2012 population estimates.

Basic Principles

Services for people who are substance abusers should be organized in such a way that a continuum of care is available. Because their needs vary greatly, substance abusers require access to a wide array of services including outpatient treatment, housing resources, day treatment services, residential treatment services and hospitalization. For most individuals in acute distress, admission to a community-based facility is preferable to admission to a regional, state-operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community. This avoids institutionalization of individuals in acute distress and allows relocating people from state facilities to community programs to the extent appropriate services are developed in the community. Adolescents should receive substance abuse treatment services that are distinct from services provided to adults.

It is essential that a continuum of services be available for the treatment of substance abuse. Physical withdrawal from addicting substance(s) is accomplished through detoxification services. Hospitalization shall be considered the most restrictive form of therapeutic intervention or treatment and shall be used only when this level of 24-hour care and supervision is required to meet the patient's health care needs. Following detoxification, the individual should receive addiction-related services addressing his/her physical, emotional, psychological and social needs.

Also, individuals should have access to a continuum of appropriate services including periodic, day/night and residential/inpatient services. Support services (e.g., Alcoholics and Narcotics Anonymous, vocational rehabilitation) that help the individual remain in control of his/her life and prevent the possibility of relapse should also be available.

The 2003 Session of the General Assembly of North Carolina approved Session Law 2003-390, House Bill 815, which stated that it was:

“An act to amend the definition of chemical dependency treatment facility to provide that social setting detoxification facilities and medical detoxification facilities are not chemical dependency treatment facilities for the purposes of Certificate of Need requirements and to amend the definition of chemical dependency treatment bed to provide that beds licensed for detoxification are not chemical dependency treatment beds for the purposes of Certificate of Need requirements; and to provide that social setting detoxification facilities and medical detoxification facilities shall not deny admission or treatment to an individual on the basis of the individual's inability to pay.”

In response to House Bill 815, the detoxification-only beds for residential facilities were removed from the inventory in this chapter. Licenses for acute care hospitals were revised to change the existing licensed medical detoxification beds to licensed chemical dependency/substance abuse treatment beds. See DFS Advisory in Appendix E.

Basic Assumptions of the Methodology

1. Children and adolescents require treatment in units that are programmatically and physically distinct from adult patient units.
2. Target occupancy of substance abuse treatment units in hospitals and residential facilities is considered to be 85 percent.
3. Bed need is projected two years in advance because that amount of time may be required to bring a needed facility or expansion into service. The need in this Plan is projected for Year 2012.

Sources of Data

Number of Licensed Beds in Hospitals and Residential Facilities: North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure Section; Acute Care and Home Care Licensure Section.

Number of beds with CON approval but not yet licensed: North Carolina Department of Health and Human Services, Division of Health Service Regulation, Certificate of Need Section.

Number of Beds in State-Owned Facilities:

North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Population Data:

North Carolina Office of State Budget and Management (OSBM).

Utilization Data:

Thomson collected data for the period from October 2007 through September 2008 from hospital providers, and the Cecil G. Sheps Center distilled the data down to the individual counties.

Methodology for Determining Chemical Dependency (Substance Abuse) Treatment Bed Need

The methodology is based on 2008 hospital utilization data obtained from Thomson, a collector of hospital patient discharge information. Data utilization of chemical dependency (substance abuse) residential treatment facilities in 2008 were derived from the “2009 Substance Abuse Residential Facilities Data Collection Form” as submitted to the North Carolina Division of Health Service Regulation. The data that are collected and calculated include the number of discharges, days of care, and average lengths of stay for all substance abuse patients by their county of residence and age group, for a one-year time period.

Application of the Methodology

A chemical dependency treatment bed’s service area is the mental health planning region in which the bed is located (i.e., Western, North Central, South Central, Eastern). The local management entities comprising the four mental health planning regions are listed in Table 16B. The counties comprising each of the 24 local management entity catchment areas for mental health, developmental disabilities, and substance abuse services are listed in Table 15B. Each step explained below is applied individually to the 24 mental health local management entities (LMEs), and then bed surpluses/deficits in the LMEs are combined to arrive at the total surpluses/deficits for the four mental health planning regions. Treatment utilization data from acute care and specialty hospitals and from residential treatment facilities were incorporated into the methodology.

~~Any bed need determination shall be designated as a residential treatment bed need determination. Any residential treatment bed need determination not applied for would be reallocated in accordance with Policy GEN-1 and designated for either a residential or a hospital-based treatment bed need determination.~~

Part 1: Determining Projected Patient Days of Care and Total Bed Need

Step 1: The estimated Year 2012 days of care for all age groups is determined by taking the actual Year 2008 days of care, multiplying that number by the projected Year 2012 population and then dividing by the Year 2008 population.

Step 2: The Year 2012 days of care is divided by 365 and then by 85 percent to arrive at the total bed need in Year 2012, assuming an 85 percent occupancy. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency (substance abuse) treatment beds in hospitals and residential treatment facilities.

Part 2: Determining Projected Unmet Bed Need for Children and Adolescents and for Adults

- Step 1. The number of existing beds in the planning inventory is then subtracted from the total bed need (from Part 1, Step 2) in order to arrive at the Year 2012 *unmet* bed need for all age groups (“total bed surplus/deficit”).
- Step 2: Nine percent of the total bed need is subtracted as the estimated Year 2012 bed need for children and adolescents, based on utilization patterns reflected in past data (nine percent of the days of stay were for children and adolescents).
- Step 3. The child/adolescent planning inventory is subtracted from the child/adolescent bed need (from Part 2, Step 2) to arrive at the Year 2012 child/adolescent unmet bed need.
- Step 4. The adult bed need is then calculated by subtracting the child/adolescent bed “surplus/deficit” from the total bed “surplus/deficit.”

Need Determination for Adult Chemical Dependency (Substance Abuse) Treatment Beds (for Review in 2010)

Through the standard methodology, there is a need determination for three adult chemical dependency (substance abuse) treatment beds for the South Central Mental Health Planning Region. However, the need determination shall be initially limited for development of only residential chemical dependency treatment beds and not hospital-based inpatient chemical dependency treatment beds. If no CON applications are received for the need determination in the scheduled review period, the need determination shall be reallocated in accordance with Policy GEN-1 and revised to permit development of either residential or hospital-based chemical dependency treatment beds. It is determined that there is no need for any additional adult chemical dependency (substance abuse) treatment beds (inpatient or residential) anywhere else in the State. The need determination is indicated in Table 16C.

Need Determination for Child/Adolescent Chemical Dependency (Substance Abuse) Treatment Beds (for Review in 2010)

Through the standard methodology, there is a need determination for two child/adolescent chemical dependency (substance abuse) treatment beds for the South Central Mental Health Planning Region. However, the need determination shall be initially limited for development of only residential chemical dependency treatment beds and not hospital-based inpatient chemical dependency treatment beds. If no CON applications are received for the need determination in the scheduled review period, the need determination shall be reallocated in accordance with Policy GEN-1 and revised to permit development of either residential or hospital-based chemical dependency treatment beds. It is determined that there is no need for any additional child/adolescent chemical dependency (substance abuse) treatment beds (residential or inpatient) anywhere else in the State. The need determination is indicated in Table 16D.

Table 16A: Inventory of Chemical Dependency (Substance Abuse) Beds, Excluding State Facilities

LME	FACILITY NAME	TYPE	HSA	COUNTY	DETOX/TREATMENT BEDS:			DETOX/TREATMENT BEDS:			DETOX/TREATMENT BEDS:			DETOX ONLY BEDS				
					TOTAL ALL BEDS	TOTAL		CON APPR NOT YET LICENSED	ADULT		CON APPR NOT YET LICENSED	ADOLESCENT			TOTAL APPR. + LIC.+REW.	LIC. BEDS	CON APPR NOT YET LICENSED	BEDS UNDER REVIEW
						TOTAL APPR. +LIC.	LIC. BEDS		LIC. BEDS	TOTAL APPR. +LIC.		LIC. BEDS	TOTAL APPR. +LIC.	LIC. BEDS				
Western Highlands	Robert Swain Recovery Center	R	I	Buncombe	22	22	22	0	16	16	0	6	6	0	0	0	0	0
	Transylvania Community Hospital	H	I	Transylvania	40	40	40	0	40	40	0	0	0	0	0	0	0	0
	Pavillon International	R	I	Polk	46	46	46	0	46	46	0	0	0	0	0	0	0	0
	TOTAL FOR WESTERN HIGHLANDS				108	108	108	0	102	102	0	6	6	0	0	0	0	0
Pathways	Kings Mountain Hospital	H	I	Cleveland	6	6	6	0	6	6	0	0	0	0	0	0	0	0
	The Recovery Center	R	I	Gaston	6	6	6	0	6	6	0	0	0	0	0	0	0	0
	TOTAL FOR PATHWAYS				12	12	12	0	12	12	0	0	0	0	0	0	0	0
Mental Health Partners	Frye Regional Med. Ctr.	H	I	Catawba	16	16	16	0	16	16	0	0	0	0	0	0	0	0
	TOTAL FOR MENTAL HEALTH PARTNERS				16	16	16	0	16	16	0	0	0	0	0	0	0	0
Mecklenburg	McLeod Addictive Disease Center	R	III	Mecklenburg	36	36	36	0	36	36	0	0	0	0	0	0	0	0
	Children's Comprehensive Services	R	III	Mecklenburg	18	18	18	0	0	0	0	18	18	0	0	0	0	0
	Behavioral Health Center Pineville	H	III	Mecklenburg	2	1	1	0	0	0	0	1	1	0	1	1	0	0
	Mercy Hospital	H	III	Mecklenburg	11	11	11	0	11	11	0	0	0	0	0	0	0	0
	Mecklenburg County SAS Center	R	III	Mecklenburg	32	32	32	0	32	32	0	0	0	0	0	0	0	0
	TOTAL FOR MECKLENBURG				99	98	98	0	79	79	0	19	19	0	1	1	0	0
Piedmont	Union Regional Medical Center - First Step	R	III	Union	20	16	16	0	16	16	0	0	0	0	4	4	0	0
	Rowan Regional Medical Center	H	III	Rowan	15	15	15	0	15	15	0	0	0	0	0	0	0	0
	Path of Hope, Men's Division	R	II	Davidson	12	12	12	0	12	12	0	0	0	0	0	0	0	0
	Path of Hope, Women's Division	R	II	Davidson	6	6	6	0	6	6	0	0	0	0	0	0	0	0
	TOTAL FOR PIEDMONT				53	49	49	0	49	49	0	0	0	0	4	4	0	0
Crossroads	Hope Valley, Inc. (Women)	R	II	Surry	8	8	8	0	8	8	0	0	0	0	0	0	0	0
	Hope Valley, Inc. (Men)	R	II	Surry	22	22	22	0	22	22	0	0	0	0	0	0	0	0
	TOTAL FOR CROSSROADS				30	30	30	0	30	30	0	0	0	0	0	0	0	0
Center-Point	Old Vineyard Youth Services	H	II	Forsyth	8	8	8	0	0	0	0	8	8	0	0	0	0	0
	Addiction Recovery Care Association	R	II	Forsyth	36	36	36	0	36	36	0	0	0	0	0	0	0	0
	TOTAL FOR CENTERPOINT				44	44	44	0	36	36	0	8	8	0	0	0	0	0
A-C-R	Alamance Regional Medical Center	H	II	Alamance	12	12	12	0	0	0	0	12	12	0	0	0	0	0
	TOTAL FOR A-C-R				12	12	12	0	0	0	0	12	12	0	0	0	0	0
Guilford	High Point Regional Hospital	H	II	Guilford	23	23	23	0	23	23	0	0	0	0	0	0	0	0
	Fellowship Hall	H	II	Guilford	60	54	48	6	54	48	6	0	0	0	6	0	6	0
	The Guilford County Substance Abuse Treatment Center	R	II	Guilford	40	40	40	0	40	40	0	0	0	0	0	0	0	0
	TOTAL FOR GUILFORD				123	117	111	6	117	111	6	0	0	0	6	0	6	0
Sandhills	FirstHealth Moore Regional Hospital	H	V	Moore	14	14	14	0	14	14	0	0	0	0	0	0	0	0
	Samaritan Colony	R	V	Richmond	12	12	12	0	12	12	0	0	0	0	0	0	0	0
	TOTAL FOR SANDHILLS				26	26	26	0	26	26	0	0	0	0	0	0	0	0
South-eastern Regional	Southeastern Regional Medical Center	H/R	V	Robeson	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Amethyst at Scotland (Scotland Mem)	H	V	Scotland	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL FOR SOUTHEASTERN REGIONAL				0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumberland	Cape Fear Valley Medical Center	H	V	Cumberland	4	0	0	0	0	0	0	0	0	0	4	4	0	0
	TOTAL FOR CUMBERLAND				4	0	0	0	0	0	0	0	0	0	4	4	0	0

Table 16A: Inventory of Chemical Dependency (Substance Abuse) Beds, Excluding State Facilities

LME	FACILITY NAME	TYPE	HSA	COUNTY	DETOX/TREATMENT BEDS:			DETOX/TREATMENT BEDS:			DETOX/TREATMENT BEDS:			DETOX ONLY BEDS				
					TOTAL ALL BEDS	TOTAL			ADULT			ADOLESCENT			TOTAL APPR. + LIC.+REW.	LIC. BEDS	CON APPR NOT YET LICENSED	BEDS UNDER REVIEW
						TOTAL APPR. +LIC.	LIC. BEDS	CON APPR NOT YET LICENSED	TOTAL APPR. +LIC.	LIC. BEDS	CON APPR NOT YET LICENSED	TOTAL APPR. +LIC.	LIC. BEDS	CON APPR NOT YET LICENSED				
Johnston	Day-by-Day Treatment Center	R	IV	Johnston	17	17	17	0	17	17	0	0	0	0	0	0	0	0
	TOTAL FOR JOHNSTON				17	17	17	0	17	17	0	0	0	0	0	0	0	0
Wake	Holly Hill Hospital	H	IV	Wake	28	28	28	0	20	20	0	8	8	0	0	0	0	0
	Wake Co. Alcoholism Treatment Center	H	IV	Wake	34	26	26	0	26	26	0	0	0	0	8	8	0	0
	TOTAL FOR WAKE				62	54	54	0	46	46	0	8	8	0	8	8	0	0
South-eastern Center	Wilmington Treatment Center	H	V	New Hanover	44	44	44	0	44	44	0	0	0	0	0	0	0	0
	Pathways	R	V	New Hanover	8	8	8	0	8	8	0	0	0	0	0	0	0	0
	Stepping Stone Manor	R	V	New Hanover	10	10	10	0	10	10	0	0	0	0	0	0	0	0
	TOTAL FOR SOUTHEASTERN CENTER				62	62	62	0	62	62	0	0	0	0	0	0	0	0
Onslow-Carteret	Brynn Marr Behavioral Health System	H	VI	Onslow	12	8	8	0	4	4	0	4	4	0	4	4	0	0
	TOTAL FOR ONSLOW-CARTERET				12	8	8	0	4	4	0	4	4	0	4	4	0	0
Beacon Center	Mary Frances Center	R	VI	Edgecombe	66	66	66	0	46	46	0	20	20	0	0	0	0	0
	Nash General Hospital	H	VI	Nash	16	12	12	0	12	12	0	0	0	0	4	4	0	0
	TOTAL FOR BEACON CENTER				82	78	78	0	58	58	0	20	20	0	4	4	0	0
STATE TOTALS					762	731	725	6	654	648	6	77	77	0	31	25	6	0

Table 16B: 2012 Projection of Chemical Dependency (Substance Abuse) Treatment Bed Need By Mental Health Planning Region

A LOCAL MANAGEMENT ENTITIES AND REGIONS	B DAYS OF CARE 2008	C 2008 POPULATION	D PROJECTED 2012 POPULATION	E 2012 PROJECTED DAYS OF CARE (B x D) ÷ C	F NUMBER OF BEDS (E ÷ 365)	G TOTAL BEDS NEEDED (F ÷ 85%)	H TOTAL BED INVENTORY	I		J CHILD/ ADOL. BED NEED (G x9%)	K CHILD/ ADOL. BED INVENTORY	L		M		N		O
								TOTAL BED SURPLUS/DEFICIT (H - G)				CHILD/ADOL. BED NEED (SURPLUS/ DEFICIT) (K - J)		ADULT BED NEED (SURPLUS/ DEFICIT) (I-L)		2010 Treatment Bed Need Determination		
								(Deficits are Shown as Minuses)				(Deficits are Shown as Minuses)		(Deficits are Shown as Minuses)		CHILD/ ADOL	ADULT	
Smoky Mountain	3,737	517,620	537,743	3,882	11	13	0	-13	1	0	-1	-12						
Western Highlands	4,849	500,760	526,062	5,094	14	16	108	92	1	6	5	87						
Pathways	3,222	377,519	407,081	3,474	10	11	12	1	1	0	-1	2						
Mental Health Partners	2,888	244,246	256,901	3,038	8	10	16	6	1	0	-1	7						
Mecklenburg	22,786	877,173	945,316	24,556	67	79	99	20	7	19	12	8						
Piedmont	10,971	718,760	804,307	12,277	34	40	53	13	4	0	-4	17						
WESTERN REGION	48,453	3,236,078	3,477,410	52,321	143	169	288	119	12	25	10	109	NONE	NONE				
Crossroads	2,680	265,733	285,863	2,883	8	9	30	21	1	0	-1	22						
CenterPoint	7,217	431,415	458,709	7,674	21	25	44	19	2	8	6	13						
A - C - R	2,154	261,081	274,933	2,268	6	7	12	5	1	12	11	-6						
Guilford	13,734	468,439	502,003	14,718	40	47	123	76	4	0	-4	80						
OPC	2,032	227,724	241,787	2,157	6	7	0	-7	1	0	-1	-6						
Durham	1,196	260,471	288,565	1,325	4	4	0	-4	0	0	0	-4						
Five County	1,958	232,796	239,150	2,011	6	6	0	-6	1	0	-1	-5						
NORTH CENTRAL REGION	30,971	2,147,659	2,291,010	33,037	91	201	209	103	10	20	10	94	NONE	NONE				
Sandhills	10,050	537,784	575,334	10,752	29	35	26	-9	3	0	-3	-6						
Southeastern Regional	2,962	254,355	262,312	3,055	8	10	0	-10	1	0	-1	-9						
Cumberland	1,471	316,945	329,653	1,530	4	5	4	-1	0	0	0	-1						
Johnston	3,390	162,776	186,976	3,894	11	13	17	4	1	0	-1	5						
Wake	13,549	864,582	1,007,113	15,783	43	51	62	11	5	8	3	8						
SOUTH CENTRAL REGION	31,422	2,136,442	2,361,388	35,013	96	113	109	-4	10	8	-2	-3	2	3				
Southeastern Center	2,703	346,990	378,980	2,952	8	10	62	52	1	0	-1	53						
Onslow - Carteret	767	239,549	252,680	809	2	3	12	9	0	4	4	5						
Beacon Center	2,300	245,954	255,616	2,390	7	8	82	74	1	20	19	55						
East Carolina Behavioral Health	1,665	399,648	418,640	1,744	5	6	0	-6	1	0	-1	-5						
Albemarle	500	182,587	182,092	499	1	2	0	-2	0	0	0	-2						
Eastpointe	1,101	292,109	299,716	1,130	3	4	0	-4	0	0	0	-4						
EASTERN REGION	9,036	1,706,837	1,787,724	9,524	26	31	156	125	3	24	21	102	NONE	NONE				

**Table 16C: Year 2012
Need Determination For Adult
Chemical Dependency Residential Treatment Beds*
(Scheduled for Certificate of Need Review During 2010)**

H S A	Mental Health Planning Region	Adult Residential Chemical Dependency Treatment Bed Need Determination	CON Application Due Date**	CON Beginning Review Date
II, IV, V	South Central Region	3	To be determined	To be determined
It is determined that there is no need for additional adult chemical dependency treatment beds anywhere else in the State.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).

**Table 16D: Year 2012
Need Determination For Adolescent
Chemical Dependency Residential Treatment Beds*
(Scheduled for Certificate of Need Review During 2010)**

H S A	Mental Health Planning Region	Adolescent Residential Chemical Dependency Treatment Bed Need Determination	CON Application Due Date**	CON Beginning Review Date
II, IV, V	South Central Region	2	To be determined	To be determined
It is determined that there is no need for additional adolescent chemical dependency treatment beds anywhere else in the State.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).