

Proposed Language Changes

CHAPTER 16 SUBSTANCE ~~USE DISORDER ABUSE~~ INPATIENT AND RESIDENTIAL SERVICES (CHEMICAL DEPENDENCY TREATMENT BEDS)

Summary of Bed Supply and Utilization

Three state-operated Alcohol and Drug Abuse Treatment Centers are certified by the Centers for Medicare & Medicaid Services as acute inpatient psychiatric hospitals and provide substance ~~use disorder abuse~~/psychiatric stabilization and treatment.

Basic Principles

Services for people ~~who are~~ with substance ~~use disorders~~ ~~abusers~~ should be organized in such a way that a continuum of care is available. Because their needs vary greatly, ~~people with~~ substance ~~use disorders~~ ~~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 ~~use disorders~~ ~~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.

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In response to House Bill 815, the detoxification-only beds for residential facilities were removed from the ~~planning~~ inventory in this chapter. Licenses for acute care hospitals were revised to change the existing licensed medical detoxification beds to licensed chemical dependency/substance ~~use disorder~~ ~~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 ~~use disorder~~ ~~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. Need in the North Carolina 2016 State Medical Facilities Plan is projected for Year 2018.

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

The methodology is based on 2014 hospital utilization data obtained from Truven Health Analytics, a collector of hospital patient discharge information. Data reflecting utilization of chemical dependency (substance abuse) residential treatment facilities and mental health hospitals who did not submit data to Truven Health Analytics in 2014 were derived from the 2015 “Substance Abuse Residential Treatment Data Collection Form” and the 2015 “Mental Health/Substance Abuse Hospital License Renewal Application,” as submitted to the North Carolina Division of Health Service Regulation. The data collected and calculated include the number of discharges, days of care, and average lengths of stay for all substance ~~use disorder~~ ~~abuse~~ patients by their county of residence and age group, for a one-year time period.