

**Long-Term and Behavioral Health Committee
Agency Report
Adjusted Need Petition for
Fourteen Substance Use Disorder Treatment Beds for
Women in the Central Region in the
2018 State Medical Facilities Plan**

Petitioner:

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Request:

The petitioner requests “an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore or Richmond County in the 2018 SMFP”... “...to be used for a residential treatment center for women.”

Background Information:

The standard methodology for projecting need for substance use disorder (SUD) treatment beds is based on the total number of inpatient days of care. For facilities that report to Truven, Truven provides the data on days of care to the Cecil G. Sheps Center for Health Services Research for dissemination to DHSR. For facilities that do not report to Truven, the methodology uses days of care reported on License Renewal Applications. The methodology projects days of care four years beyond the reporting year by multiplying the reporting year days of care by the projected population four years into the future, and then dividing by the reporting year population. The projected days of care figure is divided by 365/366 to obtain the projected total beds needed. This result is then divided by 85% because facilities are assumed to need additional capacity when they reach 85% occupancy. This adjusted number is then subtracted from the planning inventory to arrive at the projected total unmet bed need. Nine percent of the total projected need is assigned to child/adolescent facilities. The child/adolescent planning inventory is subtracted from the projected child/adolescent bed need to obtain the child/adolescent bed surplus or deficit. The adult bed need is then calculated by subtracting the child/adolescent bed surplus or deficit from the total bed surplus or deficit. Bed need is determined for three regions of the state (Eastern, Central, and Western), as defined by the SHCC. Each region consists of multiple LME-MCOs. Initial need

determinations are for residential beds unless reallocated; reallocated beds can be either residential or inpatient.

Chapter Two of the *North Carolina Proposed 2018 State Medical Facilities Plan (SMFP)* provides that “[a]nyone who finds that the North Carolina State Medical Facilities Plan policies or methodologies, or the results of their application, are inappropriate may petition for changes or revisions. The planning process and time allow for submission of petitions requesting adjusted need determinations in the summer. It should be noted that any person might submit a certificate of need (CON) application for a need determination in the Plan. The CON review could be competitive and there is no guarantee that the petitioner would be the approved applicant.

Neither the bed inventory in the SMFP nor the need determination differentiate whether beds are categorized for men and women separately. Although it is common for some residential SUD treatment programs to separate the sexes, the Agency has no information on utilization of SUD treatment beds specifically by women. The Central Region has 363 SUD treatment beds in the Proposed 2018 SMFP. In addition, North Carolina has two other types of facilities that are not included in the SMFP because their beds are not covered by the CON law. Approximately 850 beds exist in therapeutic communities; some of these beds are designated for women. Therapeutic communities are long-term programs (minimum six months) and it is challenging to retain women in such programs, especially if they have children. There are also about 275 beds in treatment programs that house women and children together¹.

Analysis/Implications:

According to the 2015 National Survey on Drug Use and Health (NSDUH), about half of the roughly 16 million people 18 years of age and older who report having a substance use disorder are women. For persons 18-25 years of age, about 70% are women. Nationally, approximately 11% of the persons age 12 and older who were determined to need SUD treatment (based on questions in the NSDUH), received treatment in the past year. Estimates are not available for men and women separately².

Although treatment is needed for many drugs, opioid use is at the forefront of the efforts to address substance dependence. The need for additional SUD treatment in North Carolina is clear, as is North Carolina’s commitment to expanding treatment availability. From 2005 to 2014, the national rate of opioid-related inpatient stays in acute care hospitals increased about 55 percent for men and 75 percent for women. By 2014, the rates converged and both sexes had a hospitalization rate of about 225 per 100,000. However, in North Carolina, women still had a higher rate than men, 240 versus 199 per 100,000³. In May 2017, the Substance Abuse and Mental Health Services Administration awarded North Carolina DHHS \$31 million to address the opioid crisis. The grant will be used for prevention, treatment and recovery support, reduction of overdoses and deaths,

¹ DHSR, Mental Health Licensure Section.

² Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *Results from the 2015 National Household Survey on Drug Use and Health* [https://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015.htm#tab5-6b](https://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015.htm#tab5-6b)

³ https://www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf?utm_source=ahrq&utm_medium=en&utm_term=sb&utm_content=1&utm_campaign=ahrq_opwom_2017

and the reduction of unmet treatment need. In addition, the 2017-2018 state budget includes funds to provide services for individuals who are dependent upon and/or abusing opioids. In June, DHHS Secretary Dr. Mandy Cohen released “North Carolina’s Opioid Action Plan: 2017-2021” that outlines how the state will address the crisis. Expansion of treatment is an important part of this plan. Moreover, pregnant women and women with dependent children are Federally-mandated priority populations under the Public Health Service Act. It is not yet known exactly how the new funding will affect the number of treatment beds available for indigent patients and patients without insurance.

As mentioned above, the methodology projects bed need determinations for three regions of the state. The Petitioner requests SUD beds for either Moore or Richmond County, which are in Sandhills Center, an LME-MCO in the Central Region (see Table 1). While several programs in the Central Region have slots for women, most are outside Sandhills Center. Others may restrict admissions to residents of certain counties or to private-pay patients. Only one program in Sandhills Center, Mose Kiser, Jr. Lodge of Fellowship Hall in Guilford County, has a separate facility for women. It is a 23-bed facility with a 30% utilization rate. Although Fellowship Hall’s other programs also accept women, all programs are private-pay only (i.e., private insurance or personal funds). Beds at the two acute care hospitals in the LME-MCO are available to women, but they do not provide comprehensive treatment. In general, treatment facilities that accept women who are indigent are well utilized. The average utilization is 84.7% among the residential facilities (excludes acute care hospitals) in the Central Region that accept indigent adult patients (designated in Table 1). The methodology, however, considers utilization at all types of facilities and for both adults and adolescents when determining bed need.

Agency Recommendation:

The agency supports the standard methodology for substance use disorder (chemical dependency) bed need determination. Given available information and comments submitted by the August 10, 2017 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends that the 2018 SMFP include a need determination for 14 adult substance use disorder treatment beds in the Sandhills Center LME-MCO for women, with a preference for development of beds in Moore or Richmond County. The Agency further recommends that the need determination stipulate that CON applicants must commit to establishing a contract with an LME-MCO to treat underserved populations (indigent and/or uninsured).

Table 1. Utilization of Substance Use Disorder Beds for Facilities in the Central Region, FY 2016

| LME-MCO | County | Facility | Number of Licensed Beds | % Utilization* |
|--|-------------|--|-------------------------|----------------|
| Sandhills Center | | | | |
| Residential** | Guilford | Fellowship Hall (8 detox beds for women) | 60 | 78.0 |
| | Guilford | Daymark (accepts Guilford Co. residents only) | 40 | 72.9 |
| | Guilford | Mose Kiser Jr. Lodge (Fellowship Hall) | 23 | 30.5 |
| | Richmond | Samaritan Colony **** | 12 | 88.9 |
| Hospital*** | Guilford | High Point Regional Hospital | 4 | 151.2 |
| | Moore | FirstHealth Moore Regional Hospital (10 operational beds) | 14 | 33.0 |
| Alliance Behavioral Healthcare | | | | |
| Residential** | Wake | Holly Hill Hospital | 28 | 45.5 |
| Hospital*** | Cumberland | Cape Fear Valley Medical Center | 4 | 2.0 |
| Cardinal Innovations Healthcare Solutions | | | | |
| Residential** | Davidson | Path of Hope-Men **** | 12 | 86.6 |
| | Davidson | Path of Hope-Women **** | 6 | 79.8 |
| | Forsyth | Addiction Recovery Care Association **** | 36 | 99.4 |
| | Forsyth | Old Vineyard Youth Services **** | 4 | 195.4 |
| | Mecklenburg | Anuvia Prevention & Recovery Center **** | 32 | 76.7 |
| | Mecklenburg | McLeod Addictive Disease Center **** | 30 | 48.6 |
| Hospital*** | Alamance | Alamance Regional Medical Center | | |
| | Mecklenburg | Carolinas Medical Center | 11 | 110.7 |
| | Rowan | Novant Health Rowan Medical Center (has no operational beds) | 15 | 8.5 |

* Calculated as: (days of care) ÷ (number of licensed beds x 366 days)

** Days of care data come from License Renewal Applications.

*** Days of care data come from billing information submitted to Truven Health Analytics. Percentages can exceed 100% if a SUD patient was treated in a psychiatric treatment bed.

**** Residential facility that accepts indigent patients.

Note: Three facilities that appear in Chapter 16 of the SMFP are not in the above table because they had no SUD treatment days of care for the 2016 reporting year.