

# Solving the Mental Health Crisis: Tackling Psychiatric Bed Shortages in California

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*Solving the Mental Health Crisis: Tackling Psychiatric Bed Shortages in California*

Testimony of Nicole K. Eberhart<sup>1</sup>  
The RAND Corporation<sup>2</sup>

Before the Committee on Budget  
Subcommittee No. 1 on Health and Human Services  
California State Assembly

May 1, 2023

Chair Arambula, and members of the California State Assembly Committee on Budget, Subcommittee on Health and Human Services, thank you for the opportunity to speak today. My name is Dr. Nicole Eberhart, and I am a senior behavioral scientist at the RAND Corporation. RAND is a nonprofit, nonpartisan research organization headquartered in Santa Monica, California. RAND has been conducting independent, county-funded evaluations of the Mental Health Services Act (MHSA) for over a decade. We recently examined psychiatric bed capacity, need, and shortages in California, including a statewide study,<sup>3</sup> which I will draw on today, and additional studies focused on specific counties or regions.<sup>4</sup>

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<sup>3</sup> Ryan K. McBain, Jonathan H. Cantor, Nicole K. Eberhart, Shreya S. Huilgol, and Ingrid Estrada-Darley, *Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California—2021*, RAND Corporation, RR-A1824-1-v2, 2022b, [https://www.rand.org/pubs/research\\_reports/RRA1824-1-v2.html](https://www.rand.org/pubs/research_reports/RRA1824-1-v2.html).

<sup>4</sup> Jonathan S. Levin, Jonathan H. Cantor, Ryan K. McBain, Nicole K. Eberhart, Christina Crowley, and Ingrid Estrada-Darley, *Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in California: Merced, San Joaquin, and Stanislaus Counties*, RAND Corporation, RR-A1824-3, 2022, [https://www.rand.org/pubs/research\\_reports/RRA1824-3.html](https://www.rand.org/pubs/research_reports/RRA1824-3.html); Ryan K. McBain, Jonathan H. Cantor, Nicole K. Eberhart, Christina Crowley, and Ingrid Estrada-Darley, *Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in Sacramento County, California*, RAND Corporation, RR-A1824-2, 2022a, [https://www.rand.org/pubs/research\\_reports/RRA1824-2.html](https://www.rand.org/pubs/research_reports/RRA1824-2.html).

## Background

Before I go into our findings, I'd like to provide some relevant background. Psychiatric beds are essential infrastructure for meeting the needs of individuals with mental health conditions.<sup>5</sup> These are beds connected to medical monitoring and care: where people at risk of harm to themselves or others, or who need support to care for themselves, are given access to treatments that stabilize them, support their medical needs, and put them on a path to recovery. Past researchers have pointed to the lack of access to psychiatric beds as contributing to growing rates of homelessness and mass incarceration.<sup>6</sup>

California, like many parts of the United States, is confronting a shortage of psychiatric beds. This shortage manifests in high bed occupancy rates (meaning, facilities are full) and long wait lists for placements. RAND researchers analyzed the size of the apparent shortages and where they occur, with respect to both geographical region and level of care. In a recent statewide study, we estimated psychiatric bed capacity, need, and shortages for adults at three levels of care:

- *Acute care* is directed toward those with the highest acuity needs, is typically shorter term (days to weeks), and is intended to stabilize patients.
- *Subacute care* is directed toward those with moderate- to high-acuity needs for a longer duration (multiple months).
- *Community residential services* are intended to address lower acuity and longer-term care (often multiple years) that is focused on recovery. We defined this level of care to include enhanced or augmented “board and care” facilities that provide additional mental health support services beyond the services in general facilities that provide housing alone.<sup>7</sup>

In this testimony, I will highlight key findings from the report, and I will discuss recommendations to address psychiatric bed shortages based on these findings.

## Key Findings

Overall, we found that California faces shortages of psychiatric beds at all three major levels of adult inpatient and residential care. Our analysis concluded that the state has a shortage of close to 8,000 beds: almost 2,000 beds at the acute level, a little under 3,000 beds at the subacute level, and almost 3,000 beds at the community residential level.

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<sup>5</sup> Jo-An Atkinson, Andrew Page, Adam Skinner, Mark Heffernan, Ante Prodan, and Ian B. Hickie, “The Impact of Reducing Psychiatric Beds on Suicide Rates,” *Frontiers in Psychiatry*, Vol. 10, July 2019; Richard O’Reilly, Stephen Allison, and Tarun Bastiampiallai, “Observed Outcomes: An Approach to Calculate the Optimum Number of Psychiatric Beds,” *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 46, No. 4, July 2019; Debra A. Pinals and Doris A. Fuller, “The Vital Role of a Full Continuum of Psychiatric Care Beyond Beds,” *Psychiatric Services*, Vol. 71, No. 7, July 1, 2020.

<sup>6</sup> Eric Slade and Marisa Elena Domino, “Are There Enough Inpatient Psychiatric Beds?” in Howard H. Goldman, Richard G. Frank, and Joseph P. Morrissey, eds., *The Palgrave Handbook of American Mental Health Policy*, Palgrave Macmillan, 2020; Y. Nina Gao, “The Relationship Between Psychiatric Inpatient Beds and Jail Populations in the United States,” *Journal of Psychiatric Practice*, Vol. 27, No. 1, 2021.

<sup>7</sup> McBain et al., 2022b, p. 2.

Bottlenecks in the system of care contribute to high bed occupancy rates and lengthy wait lists. Acute inpatient psychiatric facilities reported that they would transfer, on average, about one in ten of their patients to subacute facilities if there were placements available to do so, while administrators at the subacute level reported that they would transfer more than *one-third* of their patients if they were able to do so: a serious bottleneck caused by the lack of availability of community residential care.

These shortages may be even more dire for certain hard-to-place populations: We found that a majority of psychiatric facilities at all levels of care reported an inability to place individuals with serious co-occurring physical health conditions, and a majority of community residential facilities were unable to place individuals involved in the criminal justice system.

Without action, this bed shortage will get worse over time: Our research shows that California faces an estimated 1.7 percent growth in its psychiatric bed need in the five years following our 2021 assessment.

## Recommendations

Using these findings, we recommend prioritizing increasing psychiatric bed infrastructure at the subacute and community residential levels of care, where we found the greatest shortages on a statewide level, although there was significant variation across California's regions, as detailed in our report. Prioritizing increasing capacity at the community residential level, such as enhanced or augmented board and care, would likely ease the burden upstream at higher levels of care and allow more people to be in the most appropriate and least restrictive level of care.

The state should also consider building capacity to serve hard-to-place populations who contribute disproportionately to bottlenecks in the current system. Most notably, it is challenging to transfer patients with criminal justice involvement from the subacute level of care to community residential settings. Given this, the state might consider alternative arrangements for placing such populations.

## Conclusion

In conclusion, our study revealed significant shortages in psychiatric beds across the state that are projected to worsen if not addressed. To help resolve these challenges, we recommend prioritizing increasing psychiatric bed infrastructure at the subacute and community residential levels of care and building capacity to serve hard-to-place populations to alleviate bottlenecks in the current system.

Thank you again for the opportunity to testify, and I look forward to your questions.