Funding and Characteristics of State Mental Health Agencies, 2009

Substance Abuse and Mental Health Services Administration
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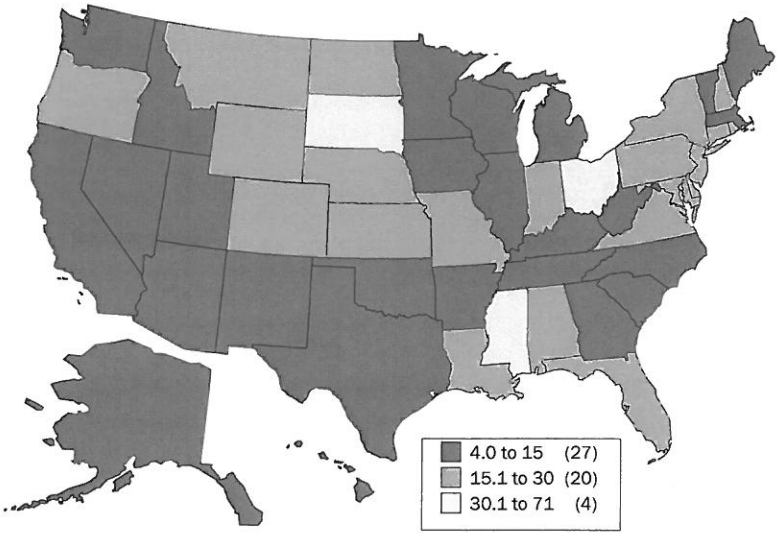
V. Psychiatric Hospitalization and Forensic Services

In 2008, SMHA-operated psychiatric hospitals and wards served approximately 3 percent of all mental health consumers who received services provided by the SMHA. These hospitals had expenditures of $8.6 billion, or 28 percent of all SMHA-controlled expenditures. Fifty SMHAs operate or fund a total of 187 state psychiatric hospitals—hospitals operated and staffed, or funded, by the SMHA that provide specialized inpatient psychiatric care. Rhode Island is the only state that does not have a stand-alone psychiatric hospital; however, Rhode Island's SMHA does operate psychiatric beds within the state's general hospital. In 42 states, the SMHA is responsible for the operation of state psychiatric hospitals; 5 states indicate another agency is tasked with this responsibility. In Colorado, the Mental Health Institutes Division, Office of Behavioral Health and Housing, Department of Human Services, oversees the operation of state psychiatric hospitals, whereas the Department of Health and Human Services oversees the operation of state psychiatric hospitals in Maine, New Hampshire, South Dakota, and Wyoming.

At the beginning of state FY 2008, 50,798 consumers were residents in state psychiatric hospitals in the 50 states and the District of Columbia. States varied widely in the number of hospital residents, ranging from 54 in Vermont to 5,926 in Ohio. The median number of state psychiatric hospital residents was 527. On average, state hospitals had 18 psychiatric residents per 100,000 of the total state population (the median was 15), ranging from a low of 4.3 in Arizona to a high of 70.2 in the District of Columbia (see figure 27 and table 19).

Figure 27: State Psychiatric Hospital Residents per 100,000 Population



Services provided by state psychiatric hospitals include acute care, intermediate care, long-term care, and forensic services. Many states are currently reorganizing their systems to decrease the number of civil status consumers served in psychiatric hospitals while increasing resources to provide expanded forensic mental health services. Civil status consumers are persons who either are voluntarily admitted or are committed to a hospital for treatment under an "involuntary-civil" commitment statute because they were found to be dangerous to themselves or to others and require inpatient psychiatric treatment.

5.1 Characteristics of Persons Served in State Hospitals

In 2008, 180,496 consumers were served in state psychiatric hospitals (3 percent of total population receiving services from SMHAs). Most consumers (82 percent) served in psychiatric hospitals were from the ages of 21 to 64 (see figure 28 for a complete breakdown, by age and gender). Fourteen states do not provide services to children in state psychiatric hospitals. Of the 37 states that do provide services to adults and children, children made up 9 percent of consumers served at the beginning of 2008. Males represented 64 percent of patients in state psychiatric hospitals.

The average length of stay for discharged consumers of all ages was 131 days. Children (ages 0 to 17) spent an average of 64 days in state psychiatric hospitals, ranging from a minimum of 6 days in Wisconsin to a maximum of 347 days in Utah. Adults (ages 18+) spent an average of 166 days in state psychiatric hospitals, ranging from a minimum of 10 days in Wisconsin to a maximum of 751 days in Oklahoma (see table 19).

5.2 Role of State Psychiatric Hospitals

Every state government operates psychiatric inpatient beds that provide services to consumers with high levels of need, including those who are a threat to themselves and/or others. State psychiatric hospitals provide acute care services, long-term treatment, and often forensic services to mental health consumers. Most states use their state psychiatric hospitals to serve adults, elderly consumers, and forensic patients. Approximately half of SMHAs use psychiatric hospital beds to treat children and adolescents. Thirteen SMHAs use their state psychiatric hospitals to provide acute, intermediate, and long-term inpatient care to all population groups (children, adolescents, adults, elderly, and forensic). See table 20 for the number of SMHAs that provide psychiatric inpatient care to particular populations.

Figure 28: Breakdown of Consumers Served in All State Psychiatric Hospitals, by Age and Gender

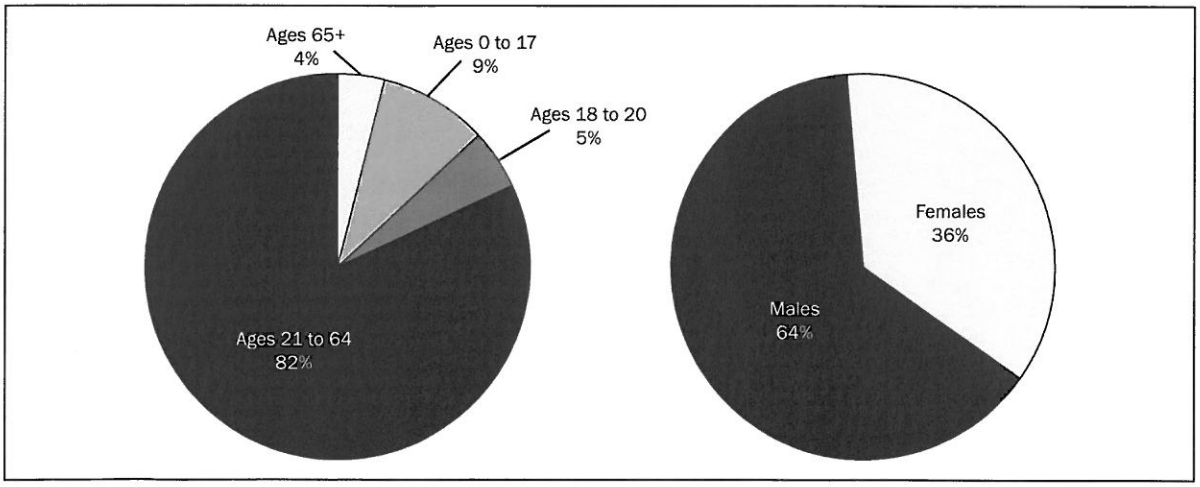


Table 19: State Operated and Funded Psychiatric Hospitals

State	Number of State Hospitals (SMHA operated & funded, 2008)	Number of Residents (start of year)[1]	Number of Children (0 17, start of year)[1]	Number of Adults (18+, start of year) [1]	Population Estimate (May 1, 2007)[2]	Residents per 100,000 Population	State Hospital Admissions (2008)[1]	Average Length of Stay—Children Ages 0 17 (in days, discharged)[1]	Average Length of Stay—Adults Ages 18+ (in days, discharged)[1]
Alaska	1	67	8	59	683,478	9.8	1,270	28	15
Alabama	6	1,144	10	1,134	4,627,851	24.7	2,662	94	140
Arkansas	1	197	20	177	2,834,797	6.9	836	206	89
Arizona	1	270	10	260	6,338,755	4.3	191	100	367
California	5	5,188	32	5,156	36,553,215	14.2	2,813	158	288
Colorado	2	1,090	118	890	4,861,515	22.4	2,457	16	42
Connecticut	5	903	243	659	3,502,309	25.8	1,244	149	184
District of Columbia	1	413	0	413	588,292	70.2	704	Not reported	Not reported
Delaware	1	239	0	239	864,764	27.6	393	0	299
Florida	7	3,169	0	3,169	18,251,243	17.4	2,602	0	353
Georgia	7	1,190	52	1,138	9,544,750	12.5	13,658	12	31
Hawaii	2	191	0	191	1,283,388	14.9	226	0	267
Iowa	4	202	54	148	2,988,046	6.8	1,404	40	53
Idaho	2	167	10	157	1,499,402	11.1	552	58	105
Illinois	10	1,483	9	1,474	12,852,548	11.5	10,364	46	49
Indiana	6	1,000	63	937	6,345,289	15.8	688	339	548
Kansas	3	630	6	624	2,775,997	22.7	4,821	18	37
Kentucky	4	492	0	492	4,241,474	11.6	8,788	0	20
Louisiana	5	923	48	875	4,293,204	21.5	4,753	67	73
Massachusetts	5	719	11	708	6,449,755	11.1	923	220	267
Maryland	9	1,172	24	1,148	5,618,344	20.9	1,820	38	272
Maine	2	140	0	140	1,317,207	10.6	588	0	80
Michigan	5	527	54	473	10,071,822	5.2	1,443	37	120
Minnesota	2	325	32	293	5,197,621	6.3	2,892	39	32
Missouri	9	1,364	35	1,329	5,878,415	23.2	6,648	22	62
Mississippi	4	1,279	70	1,209	2,918,785	43.8	4,191	81	91
Montana	1	211	0	211	957,861	22.0	723	0	102
North Carolina	4	993	105	888	9,061,032	11.0	13,570	28	38
North Dakota	0	148	5	143	639,715	23.1	629	27	62
Nebraska	2	405	47	358	1,774,571	22.8	340	150	392
New Hampshire	0	199	14	185	1,315,828	15.1	2,260	14	35
New Jersey	5	2,429	3	2,426	8,685,920	28.0	3202	0	311
New Mexico	0	141	0	141	1,969,915	7.2	981	0	37

Table 19: State Operated and Funded Psychiatric Hospitals (Continued)

State	Number of State Hospitals (SMHA operated & funded, 2008)	Number of Residents (start of year)[1]	Number of Children (0 17, start of year)[1]	Number of Adults (18+, start of year) [1]	Population Estimate (May 1, 2007)[2]	Residents per 100,000 Population	State Hospital Admissions (2008)[1]	Average Length of Stay—Children Ages 0 17 (in days, discharged)[1]	Average Length of Stay—Adults Ages 18+ (in days, discharged)[1]
Nevada	3	309	43	266	2,565,382	12.0	4,143	64	25
New York	27	5,282	461	4,819	19,297,729	27.4	6,942	101	306
Ohio	7	5,926	6	5,920	11,466,917	51.7	6111	41	191
Oklahoma	6	327	24	303	3,617,316	9.0	2,982	175	751
Oregon	2	728	0	728	3,747,455	19.4	1,097	0	269
Pennsylvania	7	2,069	1	2,068	12,432,792	16.6	1,641	17	694
Rhode Island	0	141	0	141	1,057,832	13.3	863	0	45
South Carolina	4	523	17	506	4,407,709	11.9	2,740	22	154
South Dakota	0	254	49	205	796,214	31.9	2,003	34	32
Tennessee	5	849	23	826	6,156,719	13.8	12,058	Not Reported	Not Reported
Texas	12	2,023	112	1,911	23,904,380	8.5	15,773	45	48
Utah	1	335	62	273	2,645,330	12.7	407	347	283
Virginia	11	1,541	36	1,505	7,712,091	20.0	4,960	18	129
Vermont	1	54	0	54	621,254	8.7	278	0	61
Washington	3	531	16	515	6,468,424	8.2	1,433	254	195
Wisconsin	3	537	86	451	5,601,640	9.6	6,917	6	10
West Virginia	2	247	0	247	1,812,035	13.6	1,688	0	48
Wyoming	1	112	0	112	522,830	21.4	197	39	234
Total	**216**	**50,798**	**2,019**	**48,694**	**301,621,157**	**912**	**172,869**	**3,150**	**8,336**
Average	**4**	**996**	**40**	**955**	**5,914,140**	**18**	**3,390**	**64**	**170**
Median	**3**	**527**	**16**	**492**	**4,241,474**	**14**	**1,820**	**34**	**102**
Maximum	**27**	**5,926**	**461**	**5,920**	**36,553,215**	**70**	**15,773**	**347**	**751**
Minimum	**0**	**54**	**0**	**54**	**522,830**	**4**	**191**	**0**	**10**

Sources:
[1] 2008 Uniform Reporting System (URS) Tables.
[2]U.S. Census 2007 Resident Population (http://www.census.gov/popest/datasets.html) - May 1, 2008, Release.

Table 20: Number of SMHAs Using State Psychiatric Hospitals, by Age and Service, 2009 (55 SMHAs reporting)

Population	Acute Inpatient (less than 30 days)		Intermediate Inpatient (30 90 days)		Long Term Inpatient (more than 90 days)	
	Number of SMHAs	Percent	Number of SMHAs	Percent	Number of SMHAs	Percent
Children (0–12)	26	47%	24	44%	20	36%
Adolescents (13–17)	34	62%	34	62%	27	49%
Adults (18–64)	46	84%	49	89%	50	91%
Elderly (65+)	43	78%	46	84%	47	85%
Forensic	44	80%	46	84%	47	85%

5.3 The Closing and Reorganization of State Psychiatric Hospitals

States have been under pressure to reduce the presence and size of state psychiatric hospitals since before the 1963 Community Mental Health Centers Act, a measure that established a goal of creating a nationwide network of community mental health centers (CMHCs). Twenty-six SMHAs are currently involved in activities to downsize, reconfigure, close, and/or consolidate one or more of their state psychiatric hospitals. Several SMHAs are also privatizing state hospitals to reduce costs.

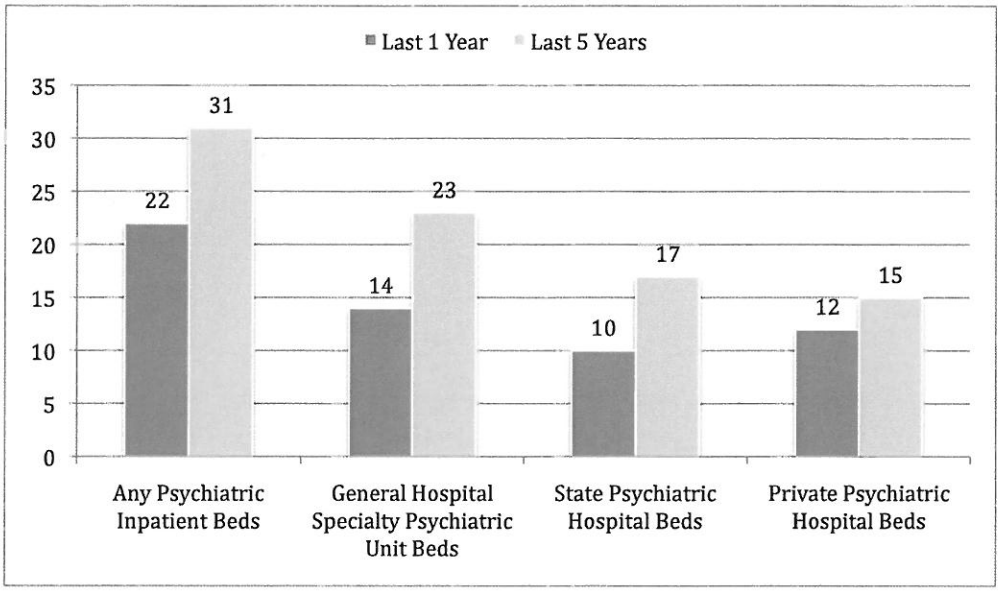
Twenty-six SMHAs indicated that they either have closed, or are planning to reorganize, downsize, or close, a total of 44 state hospitals. Four states have closed a total of seven facilities in the past 2 years, and five states are currently planning to close one or more state psychiatric hospitals. Rather than eliminate state-operated inpatient psychiatric services altogether, many states are opting to reorganize their systems. Of the 26 SMHAs with plans to reorganize, the most frequently cited activities include closing hospital wards (58 percent), significantly reorganizing within one or more state hospitals (46 percent), downsizing one or more hospitals (42 percent), and consolidating two or more hospitals (23 percent). Eleven SMHAs are replacing old state psychiatric hospitals with new hospitals. North Carolina opened Central Regional Hospital in 2008 and has plans to open Cherry Hospital in 2011 and Broughton Hospital in 2014. Oregon plans to replace the old Oregon State Hospital with a new facility in 2012. Tennessee is constructing a new building at Western Mental Health Institute, which will house patient care units and should be completed in early 2010. Seven other states (Alabama, the District of Columbia, Georgia, Kentucky, Massachusetts, New Jersey, and Vermont) have plans to replace old hospitals in the near future; however, details on these projects are not available at this time. SMHAs often report that the cost savings from reduced maintenance and other overhead expenses actually help pay for the new buildings.

Recently, three states privatized operations within seven state hospitals. Missouri privatized the entire Mid-Missouri Health Center along with the emergency room department, emergency operations unit, and the 25-bed acute unit within the Western Missouri Mental Health Center in 2009. In 2006, Kansas privatized the children's services department of KVC Behavioral Health Care and the acute adults department of Via Christi Hospital. In 2002, Maryland privatized civil admissions in the emergency department of the Spring Grove Hospital, the W.P. Carter Center, and the Springfield Hospital Center.

5.4 Shortages of Inpatient Psychiatric Beds

The closing and reorganizing of state psychiatric hospitals, in tandem with a decline in community-based acute care beds, have led to shortages of inpatient psychiatric beds in some states. The closing and reorganizing also have contributed to increased waiting lists for psychiatric beds and to overcrowding in public and privately run inpatient facilities.

Figure 29: Number of States Experiencing Shortages of Psychiatric Beds Over the Last 1 and 5 Years



SMHA, along with clinicians, consumers, and family members) to examine the acute care system and put forth recommendations. Early themes include piloting and evaluating alternative early intervention programs (including peer-delivered options), reorganizing the county-based Systems Review Committee, reviewing funding structures to better maximize Medicaid and other available funding, and improving data collection methods to be more meaningful and informative.

Indiana is attempting to reduce the length of stay in hospitals to decrease wait time for admission into hospitals, whereas Missouri is exploring the development of staffing-enhanced residential facilities and other housing options to free long-term care beds and accelerate discharges. North Carolina is attempting to increase the variety of crisis services and diversion programs to decrease the need for hospitalization. The shortage of inpatient psychiatric beds has led some states, such as Arizona, to require the continued development of bed capacity by its providers, and Florida is converting forensic beds to civil beds to reduce the wait list for civil consumers.

The shortage of forensic beds has also been an issue for several states. The District of Columbia contracts to use beds for the Department of Mental Health (DMH) with local hospitals for a total of 44 psychiatric inpatient beds to accommodate involuntary uninsured commitments. DMH almost always has capacity to refer all appropriate involuntary acute admissions to the community hospitals. West Virginia has also contracted with private hospitals to add forensic beds and has plans to eventually add additional forensic beds to its state hospital. The wait list for forensic beds in Texas is presenting a challenge to the SMHA. On average, more than 175 people are in jails and other correctional facilities waiting to be admitted to a state psychiatric hospital forensic bed. To handle this demand, the Texas Legislature appropriated $82 million in state FY 2008 to the SMHA to redesign the community mental health crisis service system. This redesigned system now includes jail diversion programs for nonviolent offenders to be treated in the community and provides for an "over capacity plan" that allows consumers to be diverted from hospitals that are full to hospitals that have beds available, allowing for full utilization of all beds in the state system. In the long run, Texas plans to implement strategies that will reduce the overall admission rate to state psychiatric hospitals, thus reducing the wait list in jails and other correctional facilities.

5.5 Forensic Mental Health Services

Forensic services provide evaluation and treatment to persons who have a mental illness and come into contact with the criminal justice system. SMHAs vary widely in their responsibilities for providing mental health services to forensic clients. Nearly one-third of all consumers in state hospitals were involuntarily criminally committed. Since 1993, state psychiatric hospital expenditures have increasingly been applied to forensic services, jumping from 10.7 percent of total state psychiatric hospital expenditures in 1993 to 26 percent in 2007. In FY 2007, SMHAs spent $1.99 billion of funds allocated to state psychiatric hospitals on forensic services and an additional $233 million on sex offender services. The amount of funds individual SMHAs spend on each classification varies widely from state to state. New York spent the most ($161.3 million), and Mississippi spent the least ($3.7 million) on forensic services (see table 21).

Table 21: SMHA-Controlled Mental Health Expenditures for Forensic and Sex Offender Services in State Psychiatric Hospitals, FY 2007 (in millions)

State	Forensic	Per Capita	% of Total	Rank	Sex Offenders	Per Capita	% of Total	Rank	Total State Psychiatric Hospital Inpatient
Alabama	$13.10	$2.84	9%	38	$0.00				$152.00
Alaska (a)	$2.94	$4.45	12%	36	$0.00				$24.56
Arizona	$28.70	$4.53	40%	11	$11.30	$1.78	15.7%	6	$72.20
Arkansas (a)	$6.14	$2.17	17%	31	$0.00				$37.04
California	NR				NR				NR
Colorado	$45.51	$9.45	46%	7	NA				$99.20
Connecticut (ac)	$90.30	$25.93	47%	6	$0.00				$190.90
Delaware (ac)	$6.86	$7.99	15%	32	NA				$45.26
District of Columbia	$33.52	$57.31	40%	10	$0.68	$1.16	0.8%	14	$84.21
Florida	$129.56	$7.15	39%	13	$26.24	$1.45	7.9%	7	$330.53
Georgia	$52.05	$5.50	24%	27	$0.00				$214.76
Hawaii	NR				NR				NR
Idaho	$1.32	$0.89	5%	40	$1.70	$1.14	6.5%	9	$26.09
Illinois	$122.90	$9.61	41%	9	$21.60	$1.69	7.3%	8	$297.50
Indiana	$42.40	$6.70	23%	28	$0.00				$183.74
Iowa	NR				NR				NR
Kansas	$24.00	$8.69	28%	22	$17.00	$6.15	20.1%	4	$84.50
Kentucky	$12.30	$2.92	11%	37	$0.00				$115.00
Louisiana	$78.14	$17.95	50%	4	$0.00				$156.25
Maine (b)	$16.75	$12.77	30%	21	NA				$55.84
Maryland (b)	$123.70	$22.13	50%	3	$0.00				$245.20
Massachusetts (c)	$56.80	$8.79	26%	24	$0.00				$216.00
Michigan (b)	NA		NA		NA				$0.00
Minnesota	$69.69	$13.46	33%	19	$68.49	$13.22	32.4%	1	$211.63
Mississippi (b)	$3.70	$1.27	2%	42	$0.00				$191.40
Missouri	$89.10	$15.21	39%	12	$13.61	$2.32	6.0%	10	$225.67
Montana	$9.60	$10.07	38%	15	NA				$25.26
Nebraska (b)	$11.86	$6.73	27%	23	$8.10	$4.60	18.2%	5	$44.52
Nevada	$8.50	$3.34	13%	34	$0.00				$65.48
New Hampshire	NA		NA		NA				$52.18

Table 21: SMHA-Controlled Mental Health Expenditures for Forensic and Sex Offender Services in State Psychiatric Hospitals, FY 2007 (in millions) (Continued)

State	Forensic	Per Capita	% of Total	Rank	Sex Offenders	Per Capita	% of Total	Rank	Total State Psychiatric Hospital Inpatient
New Jersey	$83.60	$9.67	18%	30	$9.10	$1.05	1.9%	13	$475.90
New Mexico	$0.00		0%		$0.00				$20.90
New York (b)	$161.30	$8.31	14%	33	NA				$1,173.20
North Carolina	$7.26	$0.81	2%	41	$0.00				$298.61
North Dakota	$0.00		0%		$3.54	$5.62	20.9%	3	$16.95
Ohio	$141.22	$12.31	66%	1	NA				$215.40
Oklahoma	$18.10	$5.05	36%	16	$0.00				$49.80
Oregon	$60.10	$16.10	52%	2	NA				$116.30
Pennsylvania (b)	$60.37	$4.86	12%	35	$0.00				$503.10
Rhode Island (c)	NA		NA		NA				$31.10
South Carolina	$20.90	$4.79	24%	26	$4.20	$0.96	4.9%	11	$85.70
South Dakota	$0.00		0%		$0.00				$20.72
Tennessee	$41.90	$6.84	25%	25	NA				$168.50
Texas (b)	$112.20	$4.73	34%	17	NA				$331.10
Utah (b)	$15.68	$5.89	31%	20	$0.00				$50.59
Vermont	$8.60	$13.87	45%	8	NA				$19.10
Virginia (b)	$21.40	$2.82	7%	39	$6.30	$0.83	2.1%	12	$306.40
Washington	$39.00	$6.08	18%	29	NA				$217.30
West Virginia (b)	$16.50	$9.13	34%	18	$0.00				$49.10
Wisconsin	$91.70	$16.39	50%	5	$40.70	$7.27	22.2%	2	$183.70
Wyoming (a)	$7.33	$14.09	38%	14	$0.00				$19.20
Total	$1,986.61		25.9%		$232.57		3.0%		$7,657.73
Average (Mean)	$41.39				$6.29				$152.93
Median	$21.15		26.6%		$0.00		7.6%		$85.70
States Reporting	42				$14.00				47

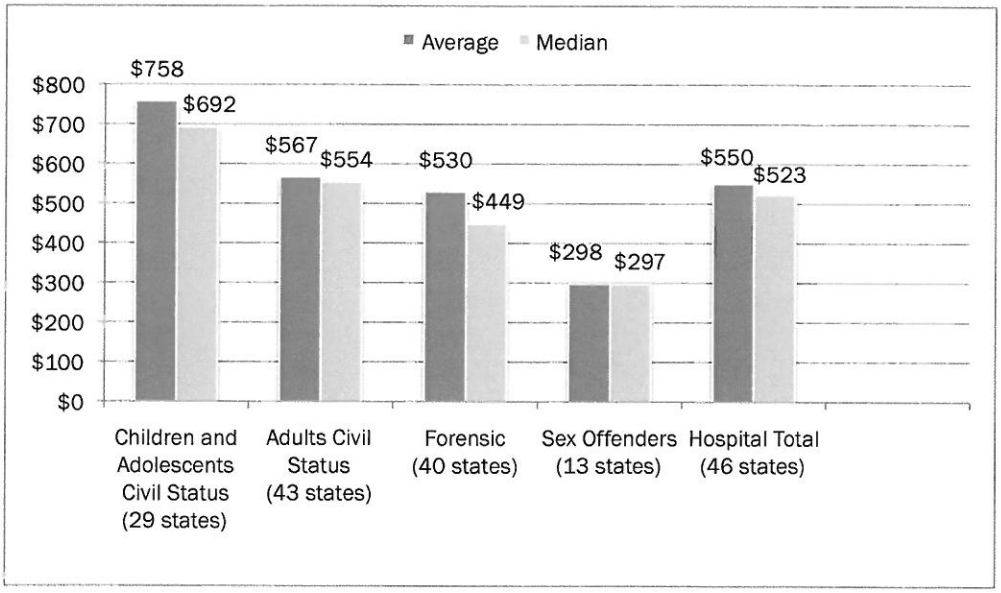
a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
c = Children's mental health expenditures are not included in SMHA-controlled expenditures.
NA = Services provided but exact expenditures are unallocatable.
NR = not reported.

5.5.1 State Psychiatric Hospital Expenditures per Patient Day

Expenditures in state psychiatric hospitals are often compared on the basis of the average cost of providing care per patient day (how many days total patients were in the hospital divided by total hospital expenditures). In FY 2007, state psychiatric hospitals provided $15.3 million on patient days of care (46 states reporting). In these states, the average expenditures per patient day were $550.48, and the median expenditures were $522.74.

Civil status (both voluntary and involuntary) clients had higher costs per patient day than forensic status clients (see figure 30). Civil status children had the highest average expenditures per patient day at $758.16, followed by civil status adults at $566.80. Forensic status patients and persons in state psychiatric hospitals under sexual offender commitment statuses had the lowest average costs per patient day.

Figure 30: Average and Median State Psychiatric Hospital Expenditures per Patient Day, by Type of Patient, FY 2007



Note: Numbers are rounded.

5.5.2 Organization of State Forensic Mental Health Services

In 25 states, forensic mental health services are the direct responsibility of the SMHA. In 15 states, the SMHA and the Department of Corrections share the responsibility of forensic mental health services. Four SMHAs share the responsibility with the Psychiatric Security Review Board and the Department of Corrections (Oregon), Family and Social Services Administration (FSSA) Legal Services (Indiana), the Human Services Department (New Mexico), and the state hospital/Department of Health (Wyoming).

Only seven SMHAs (California, Maine, Missouri, New Mexico, New York, South Dakota, and Wisconsin) are responsible for providing direct services to consumers within the prison system. The state's corrections agency is most often responsible for administering services and perimeter security for these consumers.

Thirty SMHAs have a central administrative management unit responsible for planning, administration, and/or monitoring forensic services. Twenty SMHAs have a designated mental health

forensic director who has responsibilities for overseeing forensic mental health services, and this person most often reports directly to the SMHA Commissioner (10), the Division Director (7), or the Deputy Assistant Director of Mental Health (6). Four SMHAs report that no person or group within the SMHA is responsible for overseeing forensic services.

5.5.3 Not Guilty by Reason of Insanity and Guilty but Mentally Ill Statutes

Forty-four states have a Not Guilty by Reason of Insanity (NGRI) statute, where persons charged with a crime can be found not guilty or not criminally responsible because of their mental illness. Persons ruled NGRI are often sent to state psychiatric hospitals for treatment until they are deemed to be well and safe enough to be discharged into the community. Twenty-seven states reported a total of 1,296 individuals had been found NGRI in 2008. The range of NGRI was from 1 (Delaware, Indiana, New Hampshire, and Nevada) to 147 (Wisconsin), with an average of 48 per SMHA and a median of 23.

Fifteen states have a Guilty but Mentally Ill (GBMI) statute, where criminal defendants can be found guilty of a crime even though they have been diagnosed with a mental illness. Only 13 states have both statutes (Alaska, Florida, Hawaii, Illinois, Indiana, Michigan, Montana, New Mexico, Nevada, Pennsylvania, South Carolina, South Dakota, and Utah). Eight states reported a total of 154 consumers had been found GBMI last year. The range of GBMI was from 1 (Alaska) to 75 (Oregon), with an average of 19 per SMHA and a median of 14.

5.5.4 Sex Offenders

Seventeen states are required by state law to provide specifically for the hospitalization or commitment of sex offenders (such as those classified as sexually violent predators and as sexually dangerous persons). The use of such laws has increased since the 1997 U.S. Supreme Court decision in *Kansas v. Hendricks,* which affirmed state laws that allow persons completing prison sentences to be committed to psychiatric institutions for treatment if they are deemed a danger by the courts (*Kansas v. Hendricks,* 1997). These laws sometimes require agencies such as the SMHA, the Department of Corrections, or another state agency to provide services to sexual offenders; however, the responsibility of these services is often divided among several agencies. Table 22 displays the breakdown of responsibilities.

SMHAs spent $233 million to provide sex offender services in state psychiatric hospitals in 2007.

Table 22: Responsibilities for Sex Offender Services

Services	SMHA	Department of Corrections	SMHA w/ Corrections or Another Agency	Other	Total
Screening corrections inmates to identify candidates for commitment proceedings	1	9	5	4	19
Evaluating individuals whose commitment someone else has petitioned	9	3	0	7	19
Providing the facility in which the committed individual is served	13	5	0	1	19
Providing for administration of the commitment facility	14	3	1	1	19
Providing or paying for clinical services	12	3	2	3	20
Providing or paying for security services	9	5	4	1	19

On average, SMHAs spent $6.29 million to provide these services. Minnesota spent the most ($68.5 million), and the District of Columbia spent the least ($700,000).

5.6 Financing of SMHA Operated and Funded Psychiatric Hospitals

5.6.1 Overall Expenditures for State Hospitals, FY 2007

In FY 2007, SMHAs expended $8.6 billion, or 28 percent of all SMHA-controlled expenditures, on state psychiatric hospitals. New York spent the highest amount ($1.6 billion, or 37 percent of total SMHA-controlled expenditures), and Vermont spent the least amount ($19 million, or 14 percent of total SMHA-controlled expenditures). South Dakota spent the highest percentage of SMHA-controlled expenditures on state psychiatric hospitals (62 percent), whereas Arizona spent the lowest percentage (7 percent). Of the $8.6 billion state psychiatric hospital expenditures, 91 percent were spent providing services to adults and the elderly over the age of 18, 7 percent for children under age 18, and 2 percent were unallocated by age (see table 23).

The majority (92 percent) of expenditures for state psychiatric hospitals are dedicated to inpatient psychiatric services (see table 24). The remainder of funds is applied to less than 24-hour services (4 percent) and other 24-hour services—a variety of services along a continuum of living arrangements ranging from basic room and board with minimal supervision through 24-hour medical, nursing, and/or intensive therapeutic programs—(3 percent).

Table 23: SMHA-Controlled Mental Health Expenditures for State Psychiatric Hospitals, by Age, FY 2007 (in millions)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated by Age			Total State Hospital Expenditures	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita
Alabama	$0.00	$0.00	0%	$0.00	$0.00	0%	$152.00	$32.95	100%	$152.00	$32.95
Alaska (a)	$3.43	$18.81	14%	$21.13	$44.11	86%	$0.00	$0.00	0%	$24.56	$37.14
Arizona	$3.80	$2.27	5%	$68.40	$14.69	95%	$0.00	$0.00	0%	$72.20	$11.40
Arkansas (a)	$2.75	$3.93	4%	$65.18	$30.68	96%	$0.00	$0.00	0%	$67.93	$24.05
California	NR			NR			NR			NR	
Colorado	$14.51	$12.19	14%	$87.96	$24.25	86%	$0.00	$0.00	0%	$102.47	$21.27
Connecticut (ac)	$0.00	$0.00	0%	$190.90	$71.68	100%	$0.00	$0.00	0%	$190.90	$54.82
Delaware (ac)	$0.00	$0.00	0%	$45.26	$69.31	100%	$0.00	$0.00	0%	$45.26	$52.75
District of Columbia	$0.00	$0.00	0%	$84.21	$178.46	100%	$0.00	$0.00	0%	$84.21	$143.96
Florida	$0.00	$0.00	0%	$330.53	$23.43	100%	$0.00	$0.00	0%	$330.53	$18.23
Georgia	$13.37	$5.30	6%	$201.39	$28.99	94%	$0.00	$0.00	0%	$214.76	$22.68
Hawaii	NR			NR			NR			NR	
Idaho	$2.08	$5.11	8%	$24.01	$22.15	92%	$0.00	$0.00	0%	$26.09	$17.50
Illinois	$2.20	$0.69	1%	$295.30	$30.74	99%	$0.00	$0.00	0%	$297.50	$23.26
Indiana	$9.86	$6.23	5%	$173.88	$36.62	95%	$0.00	$0.00	0%	$183.74	$29.02
Iowa	NR			NR			NR			NR	
Kansas	$7.10	$10.16	8%	$77.40	$37.51	92%	$0.00	$0.00	0%	$84.50	$30.59
Kentucky	$0.00	$0.00	0%	$115.00	$35.85	100%	$0.00	$0.00	0%	$115.00	$27.30
Louisiana	$23.73	$21.54	15%	$137.04	$42.13	85%	$0.00	$0.00	0%	$160.77	$36.92
Maine (b)	$0.00	$0.00	0%	$55.84	$54.08	100%	$0.00	$0.00	0%	$55.84	$42.56
Maryland (b)	$36.80	$27.16	13%	$243.90	$57.60	87%	$0.00	$0.00	0%	$280.70	$50.22
Massachusetts (c)	$14.60	$10.16	11%	$119.10	$23.70	89%	$0.00	$0.00	0%	$133.70	$20.69
Michigan (b)	$19.10	$7.83	9%	$189.30	$24.89	91%	$0.00	$0.00	0%	$208.40	$20.75
Minnesota	$12.85	$10.21	6%	$205.77	$52.48	94%	$0.00	$0.00	0%	$218.62	$42.21
Mississippi (b)	$19.50	$25.45	10%	$178.50	$83.44	90%	$0.00	$0.00	0%	$198.00	$68.15
Missouri	$21.66	$15.21	9%	$223.53	$50.42	91%	$0.00	$0.00	0%	$245.20	$41.86
Montana	$0.00	$0.00	0%	$27.15	$37.03	100%	$0.00	$0.00	0%	$27.15	$28.49
Nebraska (b)	$2.67	$5.99	6%	$41.85	$31.78	94%	$0.00	$0.00	0%	$44.52	$25.26
Nevada	$9.90	$15.02	14%	$63.33	$33.59	86%	$0.00	$0.00	0%	$73.23	$28.78

Table 23: SMHA-Controlled Mental Health Expenditures for State Psychiatric Hospitals, by Age, FY 2007 (in millions) (Continued)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated by Age			Total State Hospital Expenditures	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita
New Hampshire	$4.67	$15.66	7%	$66.89	$66.03	93%	$0.00	$0.00	0%	$71.56	$54.58
New Jersey	$0.00	$0.00	0%	$475.90	$72.30	100%	$0.00	$0.00	0%	$475.90	$55.06
New Mexico	$0.00	$0.00	0%	$44.80	$30.84	100%	$0.00	$0.00	0%	$44.80	$22.93
New York (b)	$215.20	$48.34	13%	$1,389.40	$92.91	87%	$0.00	$0.00	0%	$1,604.60	$82.69
North Carolina	$30.35	$13.74	9%	$293.24	$43.43	91%	$0.00	$0.00	0%	$323.59	$36.12
North Dakota	$1.31	$9.15	6%	$21.81	$44.75	94%	$0.00	$0.00	0%	$23.12	$36.66
Ohio	$0.00	$0.00	0%	$215.40	$24.72	100%	$0.00	$0.00	0%	$215.40	$18.78
Oklahoma	$6.60	$7.34	13%	$43.20	$16.10	87%	$0.00	$0.00	0%	$49.80	$13.90
Oregon	$0.00	$0.00	0%	$116.30	$40.53	100%	$0.00	$0.00	0%	$116.30	$31.16
Pennsylvania (b)	$0.00	$0.00	0%	$503.10	$52.27	100%	$0.00	$0.00	0%	$503.10	$40.54
Rhode Island (c)	$0.00	$0.00	0%	$31.10	$38.06	100%	$0.00	$0.00	0%	$31.10	$29.64
South Carolina	$9.90	$9.36	10%	$86.30	$26.10	90%	$0.00	$0.00	0%	$96.20	$22.04
South Dakota	$4.99	$25.28	13%	$15.73	$26.42	41%	$17.37	$21.91	46%	$38.09	$48.05
Tennessee	$9.30	$6.33	6%	$159.20	$34.17	94%	$0.00	$0.00	0%	$168.50	$27.50
Texas (b)	$36.20	$5.48	11%	$304.60	$17.79	89%	$0.00	$0.00	0%	$340.80	$14.36
Utah (b)	$11.63	$14.06	23%	$38.95	$21.23	77%	$0.00	$0.00	0%	$50.59	$19.00
Vermont	$0.00	$0.00	0%	$19.10	$39.07	100%	$0.00	$0.00	0%	$19.10	$30.80
Virginia (b)	$10.20	$5.60	3%	$296.20	$51.45	97%	$0.00	$0.00	0%	$306.40	$40.43
Washington	$10.40	$6.78	5%	$206.90	$42.43	95%	$0.00	$0.00	0%	$217.30	$33.90
West Virginia (b)	$0.00	$0.00	0%	$49.10	$34.55	100%	$0.00	$0.00	0%	$49.10	$27.15
Wisconsin	$21.90	$16.58	12%	$161.80	$37.85	88%	$0.00	$0.00	0%	$183.70	$32.83
Wyoming (a)	$0.57	$4.50	2%	$26.16	$66.42	98%	$0.00	$0.00	0%	$26.72	$51.41
Total	$593.13	$8.03	7%	$7,831.03	$34.61	91%	$169.37	$31.33	2%	$8,593.54	$33.09
Average (Mean)	$11.63			$153.55			$3.32			$168.50	
Median	$3.43	$5.48		$86.30	$36.62		$0.00	$0.00		$102.47	$29.64

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
c = Children's mental health expenditures are not included in SMHA-controlled expenditures.
NR = not reported.

Table 24: SMHA-Controlled State Psychiatric Hospital Expenditures, by Service Type, FY 2007 (in millions)

State	Inpatient Services		Other 24 Hour Services		Less Than 24 Hour Services		Total State Hospital Expenditures	Rank
	$	%	$	%	$	%	$	
Alabama	$152.00	100%	$0.00	0%	$0.00	0%	$152.00	22
Alaska (a)	$24.56	100%	$0.00	0%	$0.00	0%	$24.56	46
Arizona	$72.20	100%	$0.00	0%	$0.00	0%	$72.20	31
Arkansas (a)	$37.04	55%	$30.90	45%	$0.00	0%	$67.93	33
California	NR		NR		NR		NR	
Colorado	$99.20	97%	$3.26	3%	$0.00	0%	$102.47	26
Connecticut (ac)	$190.90	100%	$0.00	0%	$0.00	0%	$190.90	17
Delaware (ac)	$45.26	100%	$0.00	0%	$0.00	0%	$45.26	38
District of Columbia	$84.21	100%	$0.00	0%	$0.00	0%	$84.21	29
Florida	$330.53	100%	$0.00	0%	$0.00	0%	$330.53	5
Georgia	$214.76	100%	$0.00	0%	$0.00	0%	$214.76	14
Hawaii	NR		NR		NR		NR	
Idaho	$26.09	100%	$0.00	0%	$0.00	0%	$26.09	45
Illinois	$297.50	100%	$0.00	0%	$0.00	0%	$297.50	8

Table 24: SMHA-Controlled State Psychiatric Hospital Expenditures, by Service Type, FY 2007 (in millions) (Continued)

State	Inpatient Services		Other 24 Hour Services		Less Than 24 Hour Services		Total State Hospital Expenditures	Rank
	$	%	$	%	$	%	$	
Indiana	$183.74	100%	$0.00	0%	$0.00	0%	$183.74	18
Iowa	NR		NR		NR		NR	
Kansas	$84.50	100%	$0.00	0%	$0.00	0%	$84.50	28
Kentucky	$115.00	100%	$0.00	0%	$0.00	0%	$115.00	25
Louisiana	$156.25	97%	$3.09	2%	$1.43	1%	$160.77	21
Maine (b)	$55.84	100%	$0.00	0%	$0.00	0%	$55.84	34
Maryland (b)	$245.20	87%	$35.50	13%	$0.00	0%	$280.70	9
Massachusetts (c)	$127.40	95%	$6.30	5%	$0.00	0%	$133.70	23
Michigan (b)	$208.40	100%	$0.00	0%	$0.00	0%	$208.40	15
Minnesota	$211.63	97%	$6.99	3%	$0.00	0%	$218.62	11
Mississippi (b)	$191.40	97%	$0.70	0%	$5.90	3%	$198.00	16
Missouri	$225.67	92%	$14.34	6%	$5.19	2%	$245.20	10
Montana	$25.26	93%	$1.88	7%	NA	NA	$27.15	43
Nebraska (b)	$44.52	100%	$0.00	0%	$0.00	0%	$44.52	40
Nevada	$65.48	89%	$0.00	0%	$7.75	11%	$73.23	30
New Hampshire	$52.18	73%	$19.38	27%	$0.00	0%	$71.56	32
New Jersey	$475.90	100%	$0.00	0%	$0.00	0%	$475.90	3
New Mexico	$20.90	47%	$23.90	53%	$0.00	0%	$44.80	39
New York (b)	$1,173.20	73%	$98.60	6%	$332.80	21%	$1,604.60	1
North Carolina	$298.61	92%	$24.98	8%	$0.00	0%	$323.59	6
North Dakota	$16.95	73%	$6.17	27%	$0.00	0%	$23.12	47
Ohio	$215.40	100%	$0.00	0%	$0.00	0%	$215.40	13
Oklahoma	$49.80	100%	$0.00	0%	$0.00	0%	$49.80	36
Oregon	$116.30	100%	$0.00	0%	$0.00	0%	$116.30	24
Pennsylvania (b)	$503.10	100%	$0.00	0%	$0.00	0%	$503.10	2
Rhode Island (c)	$31.10	100%	$0.00	0%	$0.00	0%	$31.10	42
South Carolina	$85.70	89%	$3.40	4%	$7.10	7%	$96.20	27
South Dakota	$38.09	100%	$0.00	0%	$0.00	0%	$38.09	41
Tennessee	$168.50	100%	$0.00	0%	$0.00	0%	$168.50	20
Texas (b)	$331.10	97%	$9.70	3%	$0.00	0%	$340.80	4
Utah (b)	$50.59	100%	$0.00	0%	$0.00	0%	$50.59	35
Vermont	$19.10	100%	$0.00	0%	$0.00	0%	$19.10	48
Virginia (b)	$306.40	100%	$0.00	0%	$0.00	0%	$306.40	7
Washington	$217.30	100%	$0.00	0%	$0.00	0%	$217.30	12
West Virginia (b)	$49.10	100%	$0.00	0%	$0.00	0%	$49.10	37
Wisconsin	$183.70	100%	$0.00	0%	$0.00	0%	$183.70	19
Wyoming (a)	$19.20	72%	$7.13	27%	$0.40	1%	$26.72	44
Total	$7,936.76	92%	$296.21	3%	$360.56	4%	$8,593.54	
Average (Mean)	$155.62		$5.81		$7.21		$168.50	
Median	$99.20		$0.00		$0.00		$102.47	

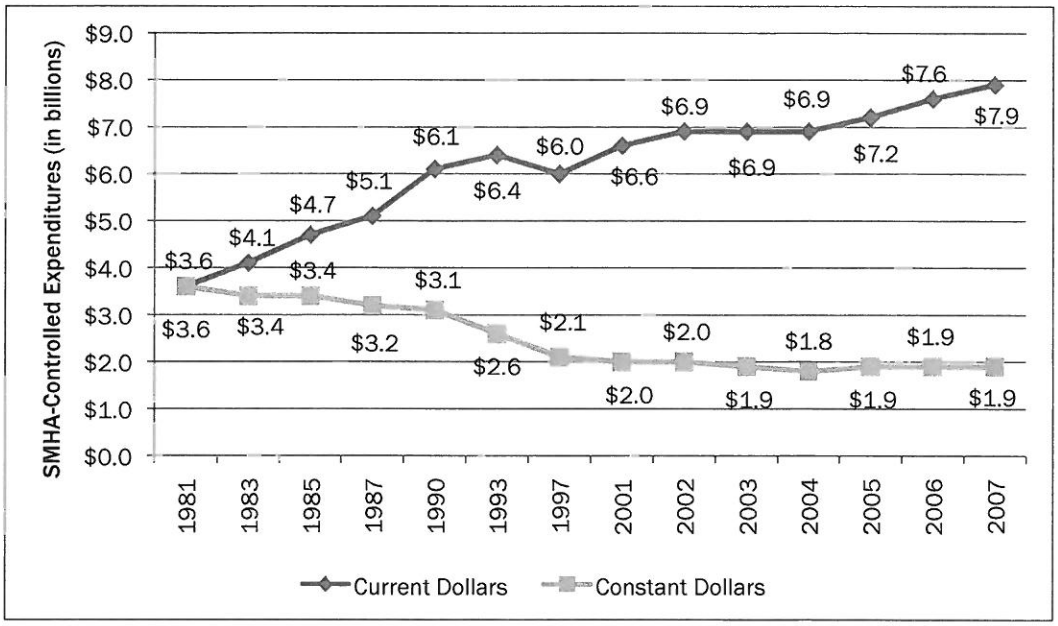
a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
c = Children's mental health expenditures are not included in SMHA-controlled expenditures.
NR = not reported.

5.6.2 Trends in State Psychiatric Hospital Expenditures

As SMHAs continue to reduce the size and presence of state psychiatric hospitals and more frequently treat consumers in community-based treatment settings, funding for psychiatric hospitals continues to decline. From FY 1981 to FY 2007, SMHA-controlled expenditures for state psychiatric hospitals increased from $3.6 billion to $7.9 billion. However, when adjusted for inflation, expenditures actually decreased from $3.6 billion in FY 1981 to $1.9 billion in FY 2007 (see figure 31).

From FY 2001 to FY 2007, state psychiatric hospital expenditures increased by 2.1 percent per year. However, when adjusted for inflation and population growth, expenditures decreased by 2 percent per year. During the same time period, 39 SMHAs increased their state psychiatric hospital expenditures, whereas 9 expended less in 2007 than in 2001. As shown in figure 32, over the 26-year time period from FY 1981 to FY 2007, SMHA-controlled state psychiatric hospital expenditures increased by 2 percent. When adjusted for inflation and population growth, expenditures actually decreased by 3.5 percent over this time period.

Figure 31: Trends in SMHA-Controlled Spending for State Psychiatric Hospitals, FY 1981 to FY 2007



5.6.3 Overall Revenues of State Psychiatric Hospitals, FY 2007

SMHAs controlled $8.8 billion in revenues (30 percent of total SMHA-controlled revenues) dedicated to state psychiatric hospitals in FY 2007. SMHAs received funding from a variety of sources, including state general funds, Medicaid, Medicare, other federal sources, local government, miscellaneous funding sources, and the MHBG.

In FY 2007, 76 percent of SMHA-controlled funds for state psychiatric hospital services came from state government sources. The largest share of state funds came from state general funds (59 percent) and the state Medicaid match (12 percent).

Funding from the federal government accounted for 20 percent of the total SMHA-controlled state psychiatric hospital revenues. Medicaid was the single largest source of federal revenues, accounting for 16 percent of state psychiatric hospital revenues.

Medicaid's Institution for Mental Disease (IMD) rules restrict payments for inpatient treatment in psychiatric hospitals to children (under age 21) and older adults (over age 65). Services to adult patients between the ages of 21 and 64 in psychiatric hospitals (IMDs) are not eligible for Medicaid reimbursement.

State psychiatric hospitals received over $316 million in Medicare payments (3 percent of revenues) in FY 2007. Medicare payments at state psychiatric hospitals ranged from a high of 11 percent of hospital funding in New Hampshire and 10 percent in Kentucky, to seven states that reported no Medicare payments at their state psychiatric hospitals (California, Florida, Kansas, Maine, Maryland, Oregon, and Wyoming).

In addition, SMHAs received 1 percent of their revenues from local city and county governments and 2 percent from other sources, which include private health insurance reimbursements and consumer copays, as well as donations and all other funding sources. See figure 33 for a breakdown of total revenues, by funding sources, and table 25.

Figure 32: Average Annual Change in SMHA-Controlled State Psychiatric Hospital Expenditures, by Decade, FY 1981 to FY 2007

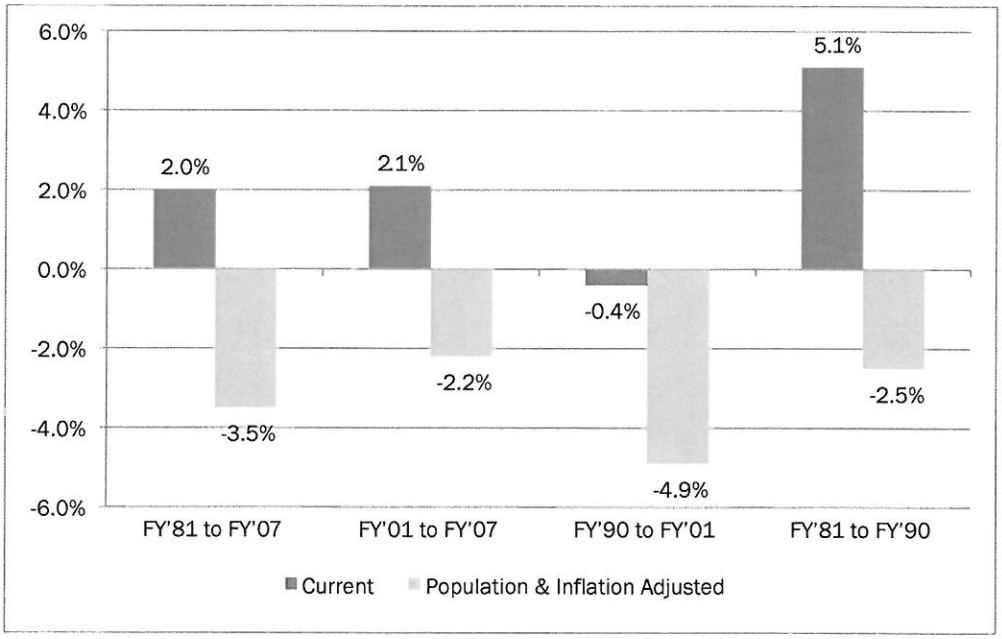


Figure 33: SMHA-Controlled Revenues for State Psychiatric Hospitals, by Funding Sources, FY 2007

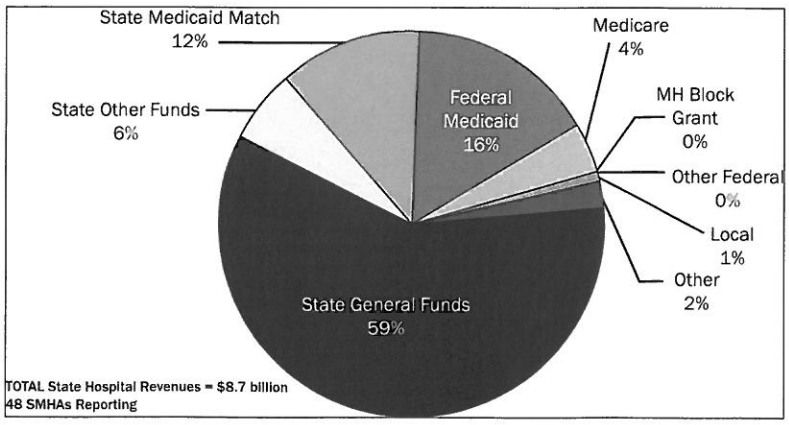


Table 25: SMHA-Controlled State Psychiatric Hospital Revenues, by Funding Sources and State, FY 2007 (in millions)

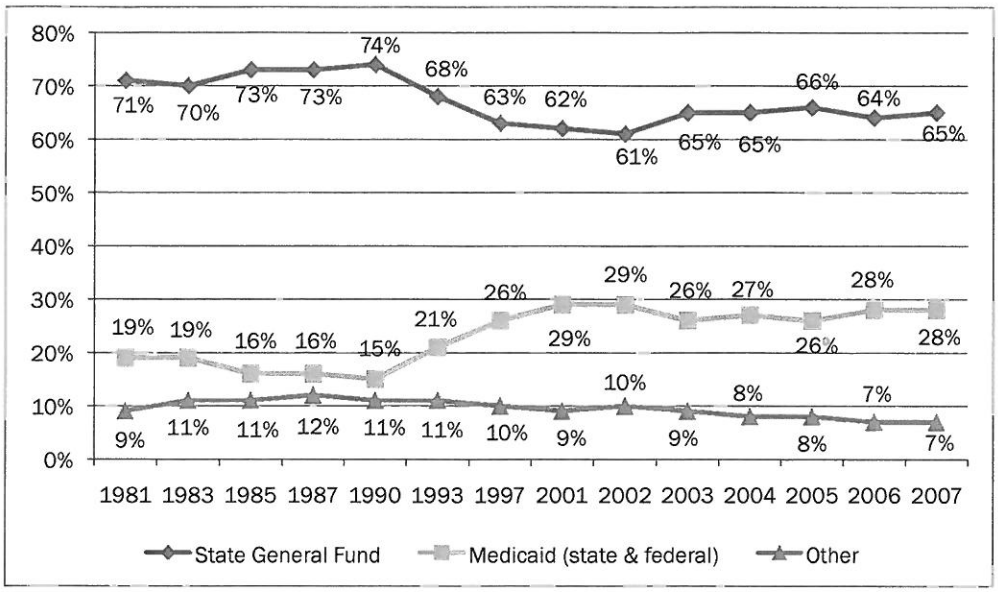
State	State General Funds		Total Medicaid		Medicare		CMHS MHBG		Other Federal		Local Government		1st/3rd Party Payments		Other Revenues		Total SMHA Revenues
	$	%	$	%	$	%	$	%	$	%	$	%	$	%	$	%	
Alabama	$118.2	77%	$19.7	13%	$12.6	8%	$0.0	0%	$0.1	0%	$0.0	0%	$0.0	0%	$3.8	2%	$154.4
Alaska (a)	$6.7	27%	$14.6	59%	$1.3	5%	$0.0	0%	$0.6	3%	$0.0	0%	$1.3	5%	$0.0	0%	$24.6
Arizona	$39.0	53%	$28.5	39%	$0.4	1%	$0.0	0%	$1.7	2%	$0.0	0%	$3.4	5%	$0.0	0%	$73.0
Arkansas (a)	$32.5	48%	$28.9	42%	$2.2	3%	$0.0	0%	$0.0	0%	$0.0	0%	$4.0	6%	$0.4	1%	$67.9
California	NR		NR		NR		NR		NR		NR		NR		NR		NR
Colorado	$78.8	77%	$10.2	10%	$8.7	9%	$0.0	0%	$0.3	0%	$1.0	1%	$3.0	3%	$0.3	0%	$102.5
Connecticut (ac)	$189.7	92%	$5.8	3%	$6.4	3%	$0.0	0%	$0.4	0%	$0.0	0%	$2.0	1%	$0.8	0%	$205.1
Delaware (ac)	$44.1	93%	$0.7	2%	$0.6	1%	$0.0	0%	$1.1	2%	$0.0	0%	$1.0	2%	$0.0	0%	$47.6
District of Columbia	$78.6	93%	$1.7	2%	$1.5	2%	$0.0	0%	$2.4	3%	$0.0	0%	$0.0	0%	$0.0	0%	$84.2
Florida	$223.8	68%	$103.8	31%	$0.0	0%	$0.0	0%	$3.0	1%	$0.0	0%	$0.0	0%	$0.0	0%	$330.5
Georgia	$195.2	91%	NA		$9.1	4%	$0.0	0%	$0.1	0%	$0.0	0%	$0.5	0%	$9.9	5%	$214.8
Hawaii	NR		NR		NR		NR		NR		NR		NR		NR		NR
Idaho	$16.0	61%	$7.2	27%	$2.3	9%	$0.0	0%	$0.0	0%	$0.0	0%	$0.5	2%	$0.2	1%	$26.1
Illinois	$276.4	93%	$8.6	3%	$10.3	3%	$0.0	0%	$0.0	0%	$0.0	0%	$2.2	1%	$0.0	0%	$297.5
Indiana	$128.8	70%	$46.7	25%	$6.5	4%	$0.0	0%	$0.3	0%	$0.0	0%	$0.9	0%	$0.5	0%	$183.7
Iowa	NR		NR		NR		NR		NR		NR		NR		NR		NR
Kansas	$63.2	75%	$21.1	25%	$0.0	0%	$0.0	0%	$0.2	0%	$0.0	0%	$0.0	0%	$0.0	0%	$84.5
Kentucky	$66.3	58%	$35.4	31%	$11.3	10%	$0.0	0%	$0.0	0%	$0.0	0%	$2.0	2%	$0.0	0%	$115.0
Louisiana	$58.9	37%	$88.7	55%	$0.1	0%	$0.6	0%	$5.3	3%	$0.0	0%	$0.0	0%	$7.2	4%	$160.8
Maine (b)	$0.0	0%	$55.8	100%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$55.8
Maryland (b)	$256.9	92%	$23.7	8%	$0.0	0%	$0.0	0%	$0.1	0%	$0.0	0%	$0.0	0%	$0.0	0%	$280.7
Massachusetts (c)	$133.7	91%	$8.9	6%	$3.8	3%	$0.0	0%	$0.0	0%	$0.0	0%	$0.7	0%	$0.1	0%	$147.2
Michigan (b)	$174.2	84%	$19.1	9%	$1.3	1%	NA		$0.1	0%	$11.6	6%	$2.1	1%	$0.0	0%	$208.4
Minnesota	$155.6	71%	$17.9	8%	$5.3	2%	$0.0	0%	$0.0	0%	$26.5	12%	$13.2	6%	$0.0	0%	$218.6
Mississippi (b)	$135.5	68%	$43.4	22%	$7.1	4%	$0.0	0%	$0.0	0%	$0.0	0%	$0.7	0%	$11.3	6%	$198.0
Missouri	$238.4	61%	$149.1	38%	$2.2	1%	$0.0	0%	$0.2	0%	$0.0	0%	$2.8	1%	$0.0	0%	$392.8
Montana	$27.1	100%	$0.0	0%	NA		$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$27.1
Nebraska (b)	$40.2	90%	$0.7	2%	$0.7	2%	$0.0	0%	$2.9	6%	$0.0	0%	$0.0	0%	$0.0	0%	$44.5
Nevada	$59.4	81%	$9.2	13%	$4.1	6%	$0.0	0%	$0.1	0%	$0.0	0%	$0.0	0%	$0.4	1%	$73.2
New Hampshire	$3.1	4%	$54.6	76%	$8.1	11%	$0.0	0%	$0.2	0%	$0.0	0%	$0.0	0%	$5.5	8%	$71.6
New Jersey	$391.7	82%	$25.0	5%	$24.9	5%	$0.0	0%	$0.0	0%	$29.0	6%	$5.4	1%	$0.0	0%	$475.9
New Mexico	$37.6	84%	$4.7	10%	$0.3	1%	$0.0	0%	$0.0	0%	$0.0	0%	$0.4	1%	$1.8	4%	$44.8
New York (b)	$439.8	27%	$1,097.4	68%	$31.9	2%	$0.0	0%	$0.0	0%	$19.1	1%	$16.4	1%	$0.0	0%	$1,604.6
North Carolina	$219.1	68%	$52.0	16%	$29.1	9%	$0.0	0%	$0.0	0%	$3.0	1%	$9.1	3%	$11.3	4%	$323.6
North Dakota	$15.6	67%	$2.3	10%	$1.7	7%	$0.0	0%	$0.0	0%	$0.0	0%	$1.5	6%	$2.1	9%	$23.1
Ohio	$205.0	92%	$1.0	0%	$15.1	7%	NA		$0.0	0%	$0.0	0%	$1.6	1%	$0.0	0%	$222.6

Table 25: SMHA-Controlled State Psychiatric Hospital Revenues, by Funding Sources and State, FY 2007 (in millions) (Continued)

State	State General Funds		Total Medicaid		Medicare		CMHS MHBG		Other Federal		Local Government		1st/3rd Party Payments		Other Revenues		Total SMHA Revenues
	$	%	$	%	$	%	$	%	$	%	$	%	$	%	$	%	
Oklahoma	$41.2	83%	$4.9	10%	$2.4	5%	$0.0	0%	$0.0	0%	$0.0	0%	$0.7	1%	$0.7	1%	$49.9
Oregon	$84.4	73%	$23.8	20%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$8.1	7%	$116.3
Pennsylvania (b)	$403.3	80%	$64.7	13%	$23.7	5%	$0.0	0%	$0.0	0%	$0.0	0%	$11.4	2%	$0.0	0%	$503.1
Rhode Island (c)	$0.0	0%	$31.1	100%	NA		$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$31.1
South Carolina	$62.8	65%	$30.5	32%	$0.5	1%	$0.0	0%	$0.0	0%	$0.0	0%	$1.2	1%	$1.3	1%	$96.3
South Dakota	$25.5	66%	$9.7	25%	$2.7	7%	$0.0	0%	$0.2	0%	$0.0	0%	$0.0	0%	$0.6	2%	$38.6
Tennessee	$109.9	65%	$45.1	27%	$10.5	6%	$0.0	0%	$0.0	0%	$0.0	0%	$1.4	1%	$1.6	1%	$168.5
Texas (b)	$279.4	82%	$29.2	9%	$22.5	7%	$0.0	0%	$0.3	0%	$0.0	0%	$9.4	3%	$0.0	0%	$340.8
Utah (b)	$33.6	66%	$14.2	28%	$1.2	2%	$0.0	0%	$0.1	0%	$0.0	0%	$0.0	0%	$1.6	3%	$50.6
Vermont	$18.8	98%	$0.0	0%	$0.1	1%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.2	1%	$19.1
Virginia (b)	$225.0	73%	$51.0	17%	$18.3	6%	$0.0	0%	$0.0	0%	$0.0	0%	$10.0	3%	$3.0	1%	$307.3
Washington	$46.6	21%	$147.0	68%	$14.9	7%	$0.0	0%	$0.0	0%	$0.0	0%	$8.9	4%	$0.0	0%	$217.4
West Virginia (b)	$19.1	44%	$19.7	46%	$3.4	8%	$0.0	0%	$0.0	0%	$0.0	0%	$0.9	2%	$0.0	0%	$43.1
Wisconsin	$148.8	81%	$16.3	9%	$7.2	4%	NA		$0.0	0%	$0.0	0%	$11.4	6%	$0.0	0%	$183.7
Wyoming (a)	$29.7	100%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$0.0	0%	$29.7
Total	**$5,677.3**	**65%**	**$2,473.8**	**28%**	**$316.2**	**3.6%**	**$0.6**	**0.0%**	**$19.7**	**0.2%**	**$90.2**	**1.0%**	**$130.0**	**1.5%**	**$72.7**	**0.8%**	**$8,780.3**
Average (Mean)	**$111.3**		**$49.5**		**6.5**		**$0.0**		**0.4**		**$1.8**		**$2.5**		**$1.4**		**$172.2**
Median	**$63.2**		**$19.4**		**2.4**		**$0.0**		**0.0**		**$0.0**		**$0.7**		**$0.0**		**$102.5**

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
c = Children's mental health expenditures are not included in SMHA-controlled expenditures.
NA = Services provided but exact expenditures are unallocatable.
NR = not reported.

Figure 34: Percentage of SMHA-Controlled State Psychiatric Hospital Mental Health Revenues, by Major Sources, FY 1981 to FY 2007



5.6.4 Trends in Financing of State Psychiatric Hospitals

Since FY 1981, state general funds have been the largest source of state psychiatric hospital revenues. While state general funds continue to be the largest source of funding for state psychiatric hospitals, starting in FY 1993, Medicaid funding increased, whereas state general funding decreased. In FY 1981, state general funds represented 71 percent of SMHAs' state psychiatric hospital revenues, whereas Medicaid (state and federal) accounted for 19 percent. By FY 2007, state general funds decreased to 65 percent, whereas Medicaid increased to 28 percent (see figure 34, above).

5.7 Summary

Every state government operates psychiatric inpatient beds that provide intensive services to consumers with high levels of need, including those who are a threat to themselves or others. In 2008, 3 percent of SMHA consumers were served in state psychiatric hospitals. Seventy-seven percent of the consumers served in these hospitals were from the ages of 21 to 64 and had an average length of stay of 125 days.

Psychiatric hospitals often provide forensic services to mental health consumers. Forensic services provide evaluation and treatment to persons who have mental illnesses and are referred to the SMHA after contact with the criminal justice system. Nearly one-third of all consumers in state hospitals were involuntarily criminally committed.

In FY 2007, SMHAs expended $8.7 billion, or 28 percent of all SMHA-controlled expenditures, on state psychiatric hospitals. The majority of expenditures for state psychiatric hospitals were dedicated to inpatient services (92 percent), with the rest spent on less than 24-hour services (4 percent), and other 24-hour services (3 percent). SMHAs expended $2 billion on forensic services and an additional $233 million on sex offender services.

VI. Summary

SMHAs are designated by the state's Governor as the government agencies charged with assuring the provision of mental health services to over 6.3 million persons (just over 2 percent of the U.S. population) each year. The vast majority (94 percent) of persons served by the SMHA systems are served in community settings, whereas 3 percent are served in state psychiatric hospitals and 7 percent in other psychiatric inpatient settings (some consumers are served in more than one service setting during the year).

The organizational location of SMHAs within state government varies. In most states, the SMHA is organized as a division within a larger state umbrella agency, usually the state's Health or Human Services Department. In a few states, the SMHA is an independent stand-alone state agency, where the commissioner reports directly to either the Governor or a mental health oversight board.

Most SMHAs are working with Medicaid and other state government agencies such as substance abuse, health, housing, corrections, juvenile justice, child welfare, aging, and employment, to reduce fragmentation in the funding and delivery of services. SMHAs often collaborate with state health departments regarding the recognition and treatment of mental illnesses within health services and the better recognition and treatment of physical health problems of SMHA consumers.

SMHAs in every state are responsible for funding or operating community mental health services and administering the federal Community Mental Health Services Block Grant. SMHAs are also responsible for developing and implementing comprehensive plans to meet the mental health needs of individuals in their state. Every state government also operates psychiatric inpatient beds, which are part of the SMHA in most states. In states where the state psychiatric hospitals are administered by a separate state government agency, the SMHA works with the state psychiatric hospital to facilitate the transition of consumers between the hospital and SMHAs' community mental health system.

Community mental health services provided by SMHAs include a variety of individual and group therapies, along with residential, crisis, and some inpatient services. Increasingly, SMHAs are providing services identified by SAMHSA and other experts as Evidence-Based Services—including assertive community treatment, supported housing, supported employment, illness self-management, family psychoeducation, medication algorithms, and an array of additional children and adult services.

Although only 3 percent of the consumers were served in state psychiatric hospitals during the year (2008), SMHAs expended almost $8 billion on these intensive services. The financing of state psychiatric hospitals relies much more heavily on state general and other state funds (65 percent) than on Medicaid (28 percent) or Medicare (4 percent).

Almost half (24) of the SMHAs are engaged in some activities to reorganize or downsize their state psychiatric hospital system. In part because of the effects of the recent overall state budget shortfalls, 15 states are currently planning to close, downsize, or consolidate their state psychiatric hospitals. During the last 2 years, seven state psychiatric hospitals have been closed, and five states are currently planning to close one or more additional state psychiatric hospitals. In addition to downsizing, several SMHAs are privatizing the operation of state psychiatric hospitals.

Iowa 2009

Division of Mental Health & Disability Services **Department of Human Services** **1305 East Walnut,** **Hoover Building, 5th Floor** **Des Moines, IA 50319** **www.dhs.state.ia.us/MHDD/**	**The Division of Mental Health and Disability Services, within the Department of Human Services, is the state mental health authority for Iowa. The system of community-based services for adults with a mental illness is uniquely decentralized and remains largely under the control of county governments. The responsibility of mental health services for children and adolescents is centralized at that state level with a number of Iowa agencies, including the mental health authority and child welfare, juvenile justice, the Department of Education, the Department of Public Health, and county governments providing and managing various service programs.**

Statistics:

State Population (2007):	2,988,046
Number of Persons Served (2008):	80,676
Utilization Rate for Adults:	20.6 per 1,000
Utilization Rate for Children:	47.5 per 1,000

Responsibilities of the SMHA in Administering Specific Mental Health Services:

Services Arena	Responsibility
Children and Youth Mental Health Services	Shared with another agency
Elderly Mental Health Services	Shared with another agency
Adult Forensic Services	No responsibility
Brain Impaired Services	Shared with another agency
Alzheimer's Disease and Organic Brain Syndrome Services	No responsibility
Court Evaluation of Mental Health Status	No responsibility
Services to Persons With Mental Illness in Prison/Jail	No responsibility
Sex Offender Services	Shared with another agency

Location of Other State Agencies in Relation to the SMHA:

Agency	Location
Medicaid Agency	Same umbrella department as the SMHA
Substance Abuse Agency	Different state department
Housing Agency	Different state department
Health Department	Different state department

The Number of Mental Health Providers the SMHA Operates or Funds:

Mental Health Providers	SMHA Operated	SMHA Funded	Total
State Psychiatric Hospitals	0	4	4
Community Mental Health Providers	0	41	41

Interagency Collaboration:

The SMHA is working with other Iowa government agencies to coordinate, reduce, or eliminate barriers between delivery systems and funding streams for the provision of appropriate mental health services. Iowa has initiatives to transform the way it delivers mental health services. These initiatives include the Money Follows the Person Demonstration Project, Children's Mental Health System of Care, Emergency Crisis Services, transition from the county of legal settlement having responsibility for managing a person's

services to the county of residence having this responsibility, uniform functional assessments to support individual services, the statewide Training Institute, a co-occurring disorder (substance abuse and mental health) academy, Behavioral Health Workforce Initiative, Anti-Stigma Campaign, and the Iowa Peer Support Training Academy.

Agency	Working To Reduce Fragmentation	Client Eligibility Determination	Combine or Coordinate Funding Streams	Combine or Coordinate Service Delivery
Housing Services	No	No	No	No
Employment	No	No	No	No
Juvenile Justice	Yes	No	No	Yes
Criminal Justice	No	No	No	No
Education	Yes	No	No	Yes
Child Welfare	No	No	No	No
Medicaid	Yes	No	No	No
Substance Abuse	Yes	No	Yes	Yes
National Guard	No	No	No	No

The SMHA collaborates with the state health department and Medicaid agency to increase the recognition and treatment of persons with mental illness by primary care providers.

The SMHA has the following initiatives to promote the understanding that mental health is essential to overall health: Mental Health First Aid and Community Emergency Crisis.

Evidence-Based Services:

Evidence-Based Practices	Implementation
Assertive Community Treatment (ACT)	Parts of the state
Supported Employment	Statewide
Family Psychoeducation	Parts of the state
Integrated Mental Health/Substance Abuse Services	Parts of the state
Illness Self-Management	Parts of the state
Supported Housing	Parts of the state
Consumer-Operated Services	Parts of the state
Multisystemic Therapy (Conduct Disorder)	Parts of the state
Therapeutic Foster Care	Parts of the state
Functional Family Therapy	Statewide

Emerging Evidence-Based and Innovative Practices:

Evidence-Based Practices	Implementation	Number of Programs
Parent-Child Interactive Therapy	Available in parts of the state	3
The Incredible Years	Available in parts of the state	8
Trauma-Focused Cognitive Behavioral Therapy	Available in parts of the state	8
Interpersonal Psychotherapy	Available in parts of the state	6
Wellness Recovery Action Program	Available in parts of the state	5
Systems Training for Emotional Predictability and Problem Solving (STEPPS) for Borderline Personality Disorder	Available in parts of the state	NR
Collaborative Model of Mental Health Care for Older Iowans	Available in parts of the state	5

NR = not reported.

Staffing and Workforce Development Initiatives:

Iowa reimburses adult consumer peer specialists through Medicaid for providing mental health services.

Managed Behavioral Healthcare:

Mental health and substance abuse services are being delivered through managed care. These behavioral health services are administered through a Medicaid Research and Demonstration (1115) waiver.

Custody Relinquishment:

Iowa has laws or policies designed to avoid parents' having to relinquish custody of children (to the SMHA, child welfare, or juvenile justice systems) in order for them to obtain mental health services. Description of the policies/laws: Added a children's mental health waiver to Medicaid to reduce the need to use this option to access services.

Telemedicine:

The SMHA does not promote the use of telemedicine.

Electronic Health Records (EHRs):

The SMHA is installing an EHR in state hospitals. The state does not use a single EHR system for all community mental health providers. Local providers do not use a variety of EHR systems.

The SMHA does not have a Regional Health Information Organization (RHIO) or Health Information Exchange (HIE) that includes mental health in its plans to share electronic health information.

Client-Level Data:

The SMHA maintains an individual client-level database for consumers served in community mental health settings. The SMHA receives information for only some providers. Community provider data are received for those clients who are served by the counties.

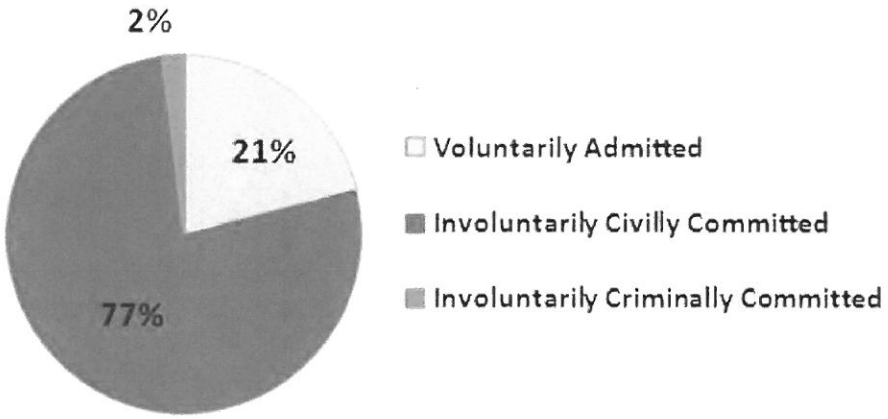
State Psychiatric Hospitals:

The responsibility for the operation of state psychiatric hospitals is within the same agency responsible for the funding and/or delivery of community-based mental health services. Iowa has not indicated the number of SMHA-operated state psychiatric hospitals.

The SMHA uses its state psychiatric hospital beds for:

Target Population	Acute Inpatient (less than 30 days)	Intermediate Inpatient (30 90 days)	Long Term Inpatient (more than 90 days)
Children	Yes	Yes	Yes
Adolescents	Yes	Yes	Yes
Adults	Yes	Yes	Yes
Elderly	Yes	Yes	Yes
Forensic	Yes	No	No

State Psychiatric Hospital Patient Legal Status on the Last Day of FY 2008:



Psychiatric Inpatient Bed Shortages:

Iowa is experiencing a shortage of psychiatric beds. There have been declines in private psychiatric hospital beds since 2008.

Services for Armed Forces Veterans and National Guard Members:

There have been specific initiatives to address the need for mental health services for returning veterans and their families. These initiatives have addressed National Guard members. For example, volunteer marriage counselors, psychologists, and therapists meet with returning National Guard members and their families.

Iowa has not appropriated funds specifically to address the mental health service needs of returning veterans and their families. There is no arrangement in place to refer or pay for the mental health needs of returning veterans or their families who do not have access to military reimbursed or provided services.