

# Understanding State Mental Health Agencies

NRI Research Conference

Wednesday, February 13, 2008

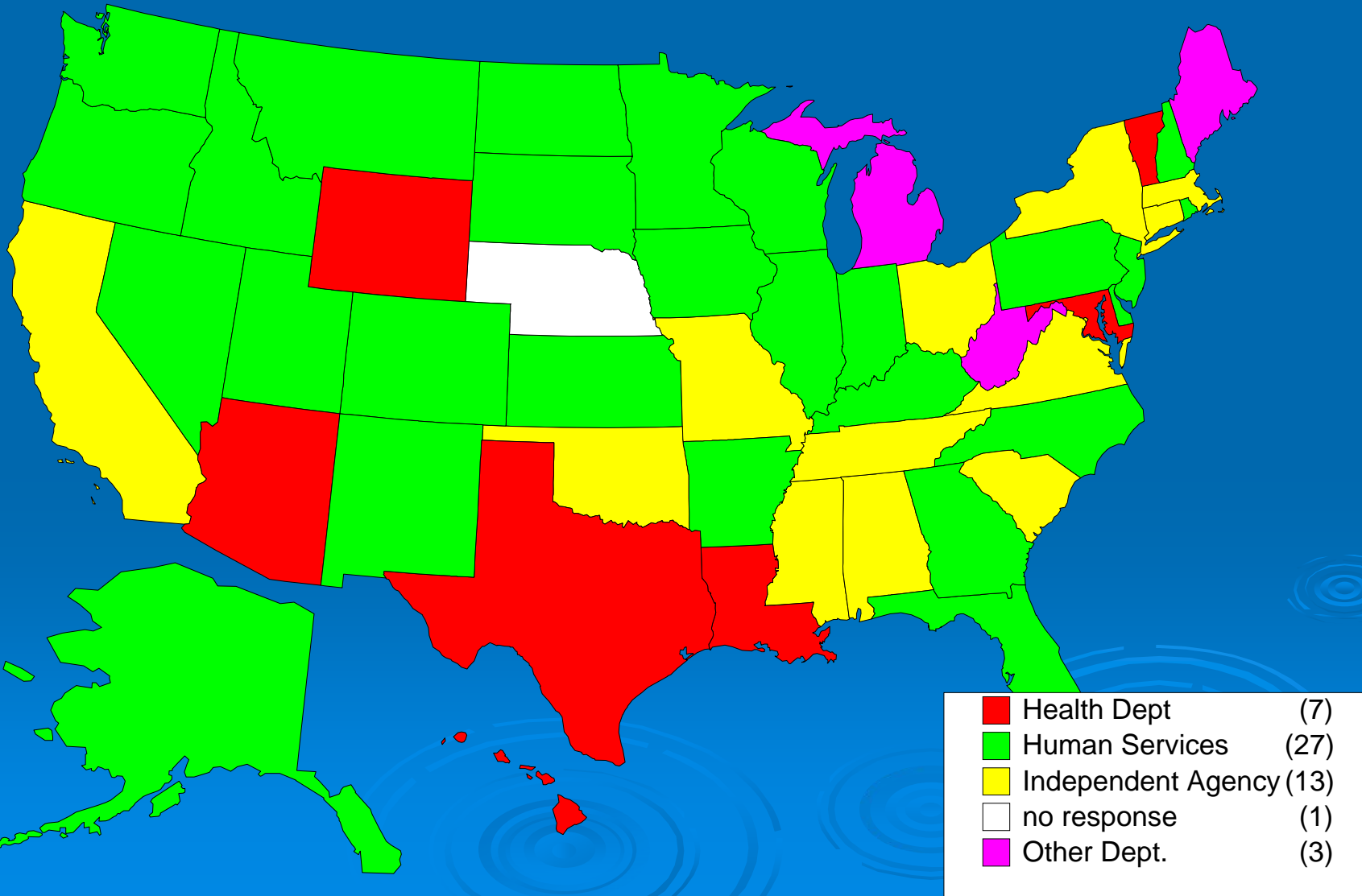
Ted Lutterman and

Bernadette Phelan, Ph.D.

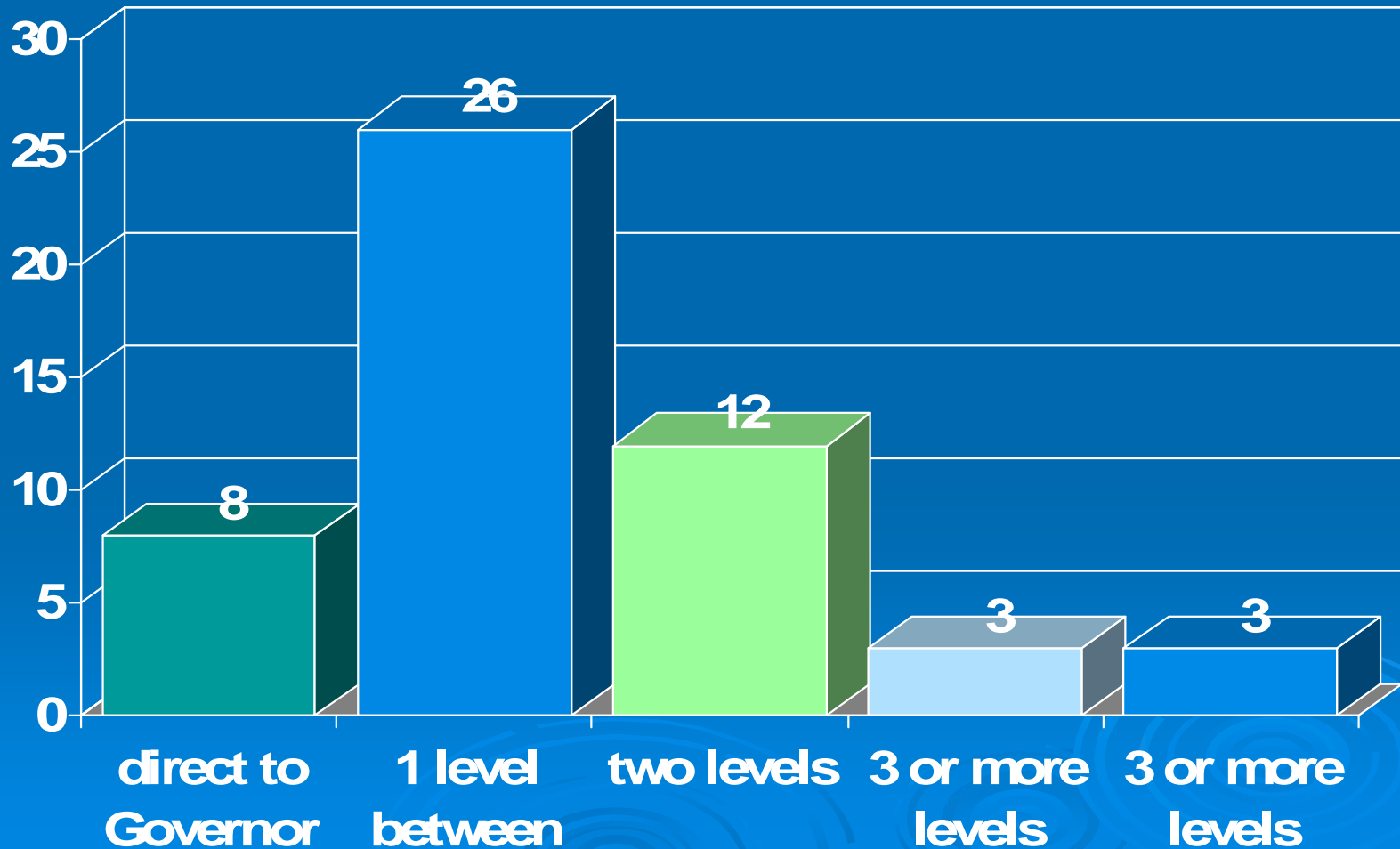
# SMHA Roles

- Provision of Mental Health Services
  - Every State operates inpatient psychiatric beds
    - Both Civil Status and Forensic Beds
  - Every state either Operates Community-based mental health services or Fund Community mental health services
  
- Public Health Function
  - SMHAs develop plans for comprehensive mental health systems.
  - Administer the federal Community MH Block Grant
  - Coordinate mental health services and essential supports with other state government agencies
  - Documenting mental health services and outcomes through information systems
  - Stigma, Suicide Prevention and other Public Health Activities
  
- Public Safety
  - Involuntary Commitments and Involuntary Treatment for persons who are dangerous or unable to care for themselves

# SMHA Location within State Government: 2007



# Numbers of Layers between SMHA Commissioner/Director and State Governor (2007)



# SMHA Location in State Government

## ➤ Independent Department of Mental Health

1981

19 States

2007

13 States

## ➤ Levels between the SMHA Commissioner and the Governor:

1981

17 Directly to Governor

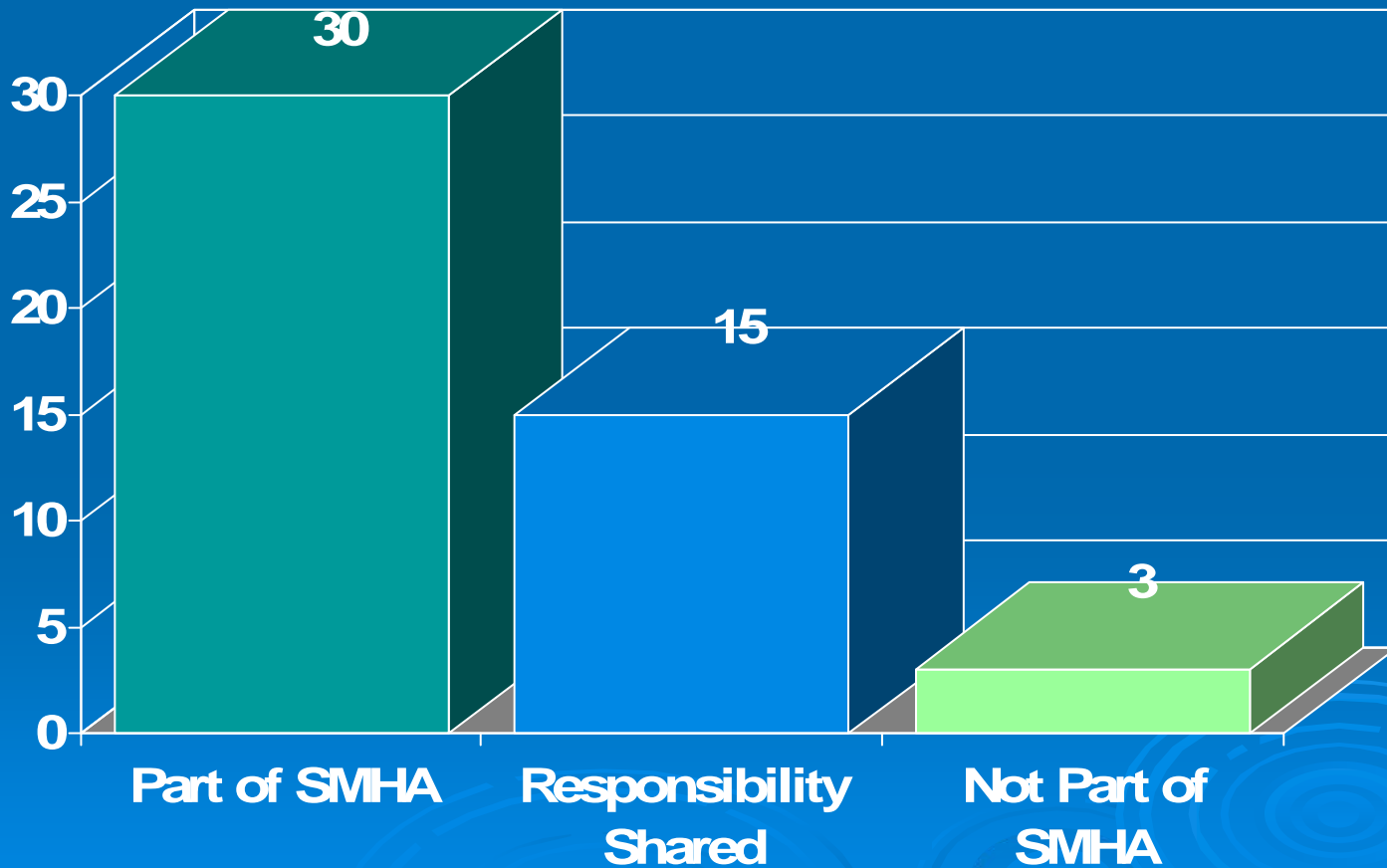
22 On level to Gov.

2007

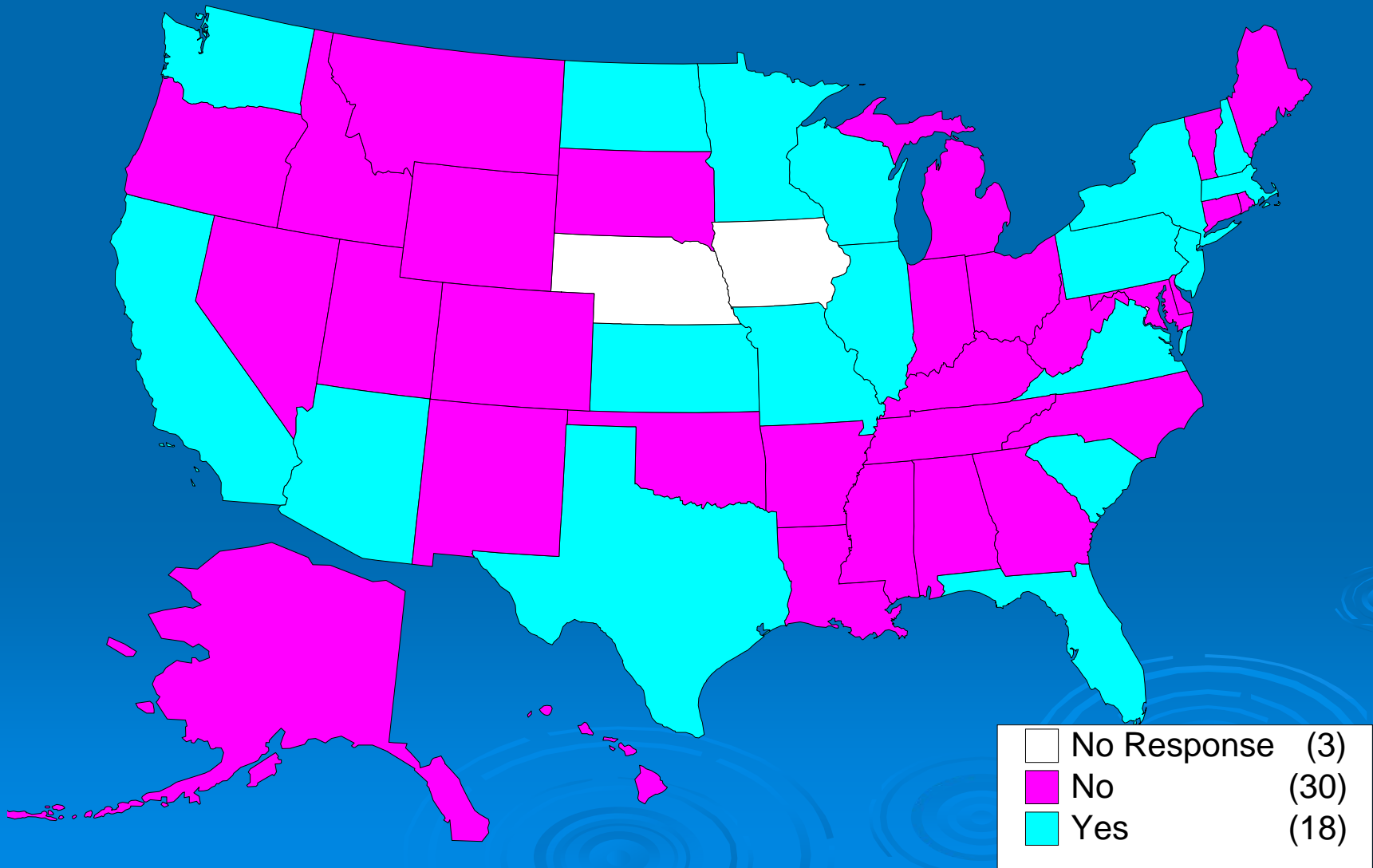
6 Direct to Governor

26 One level to Gov.

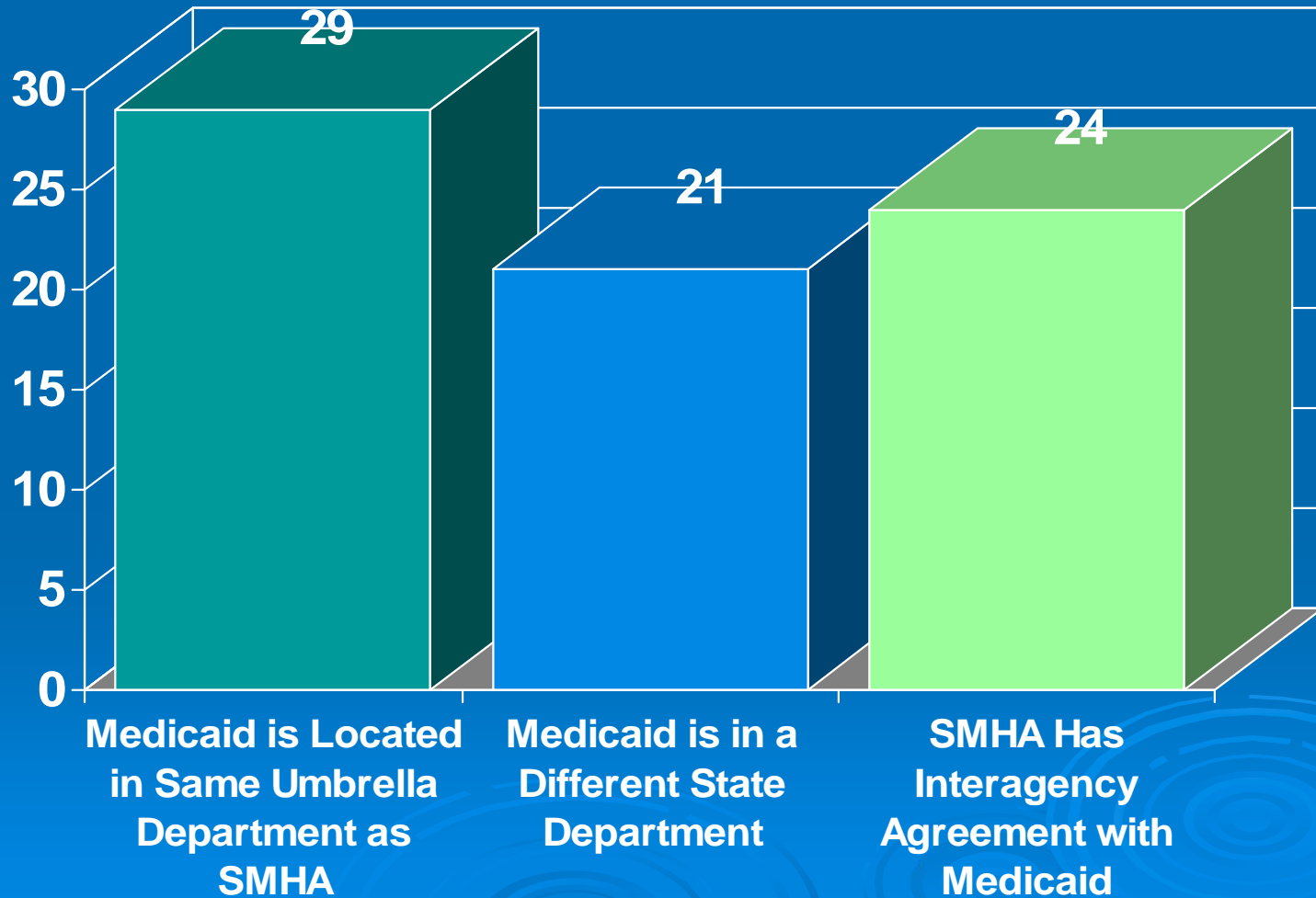
# Responsibility for Children's Mental Health Services and the Adult SMHA: 2007



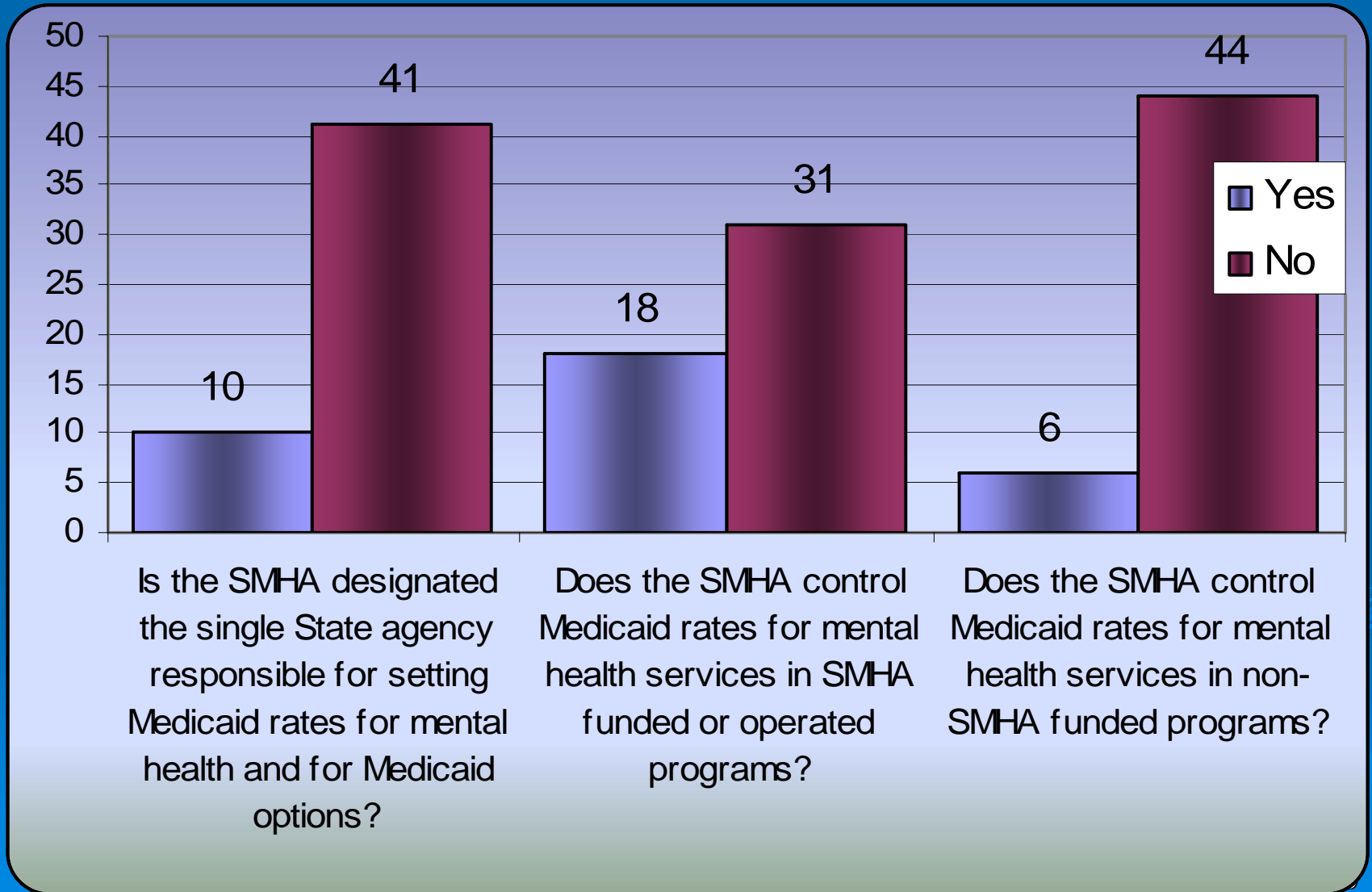
# Laws for Hospitalization/ Commitment of Sex Offenders: 2007



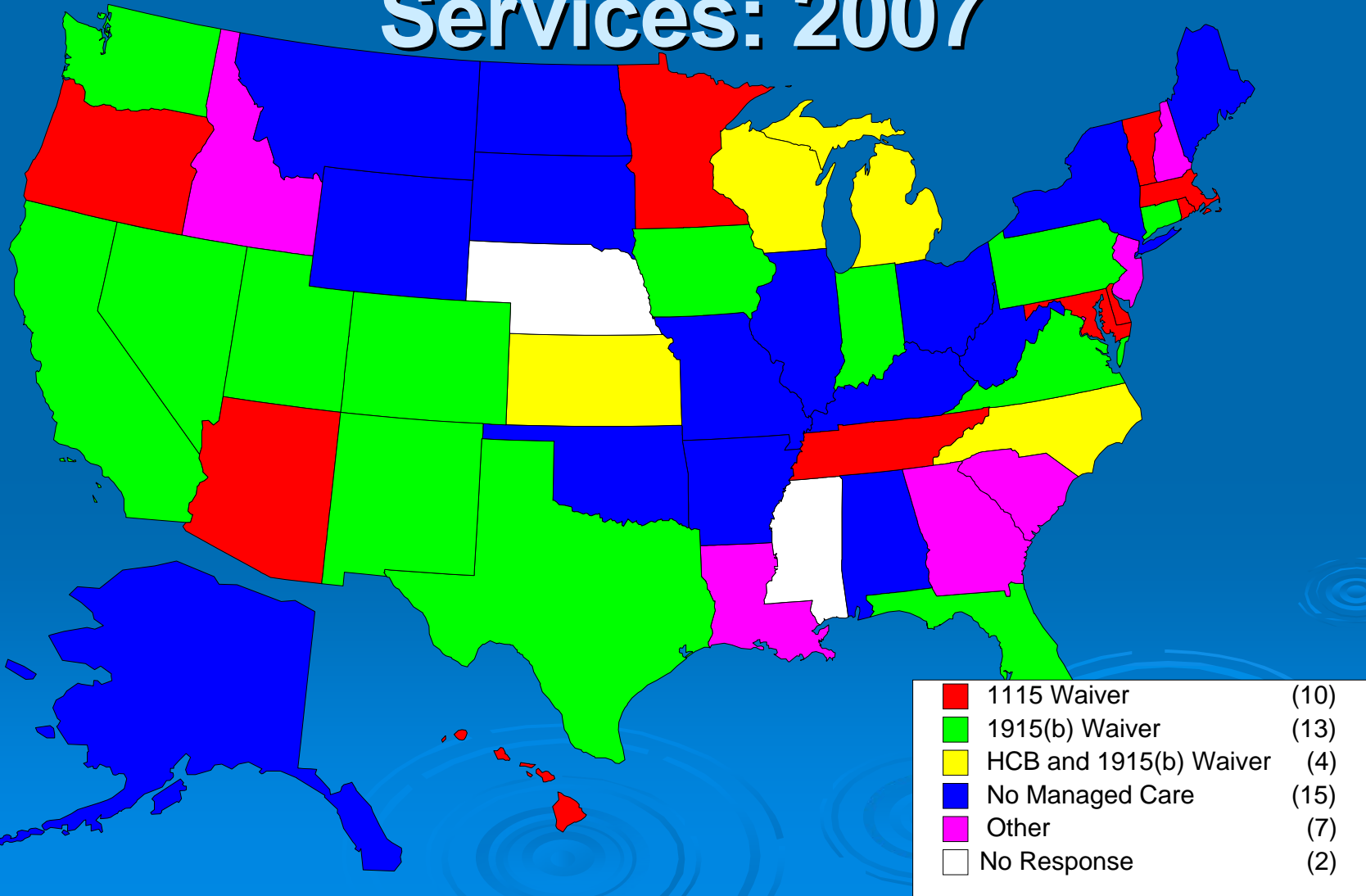
# SMHA Relationship to Medicaid in State Government: 2007



# SMHA Role in Setting Medicaid Rates for Mental Health: 2007

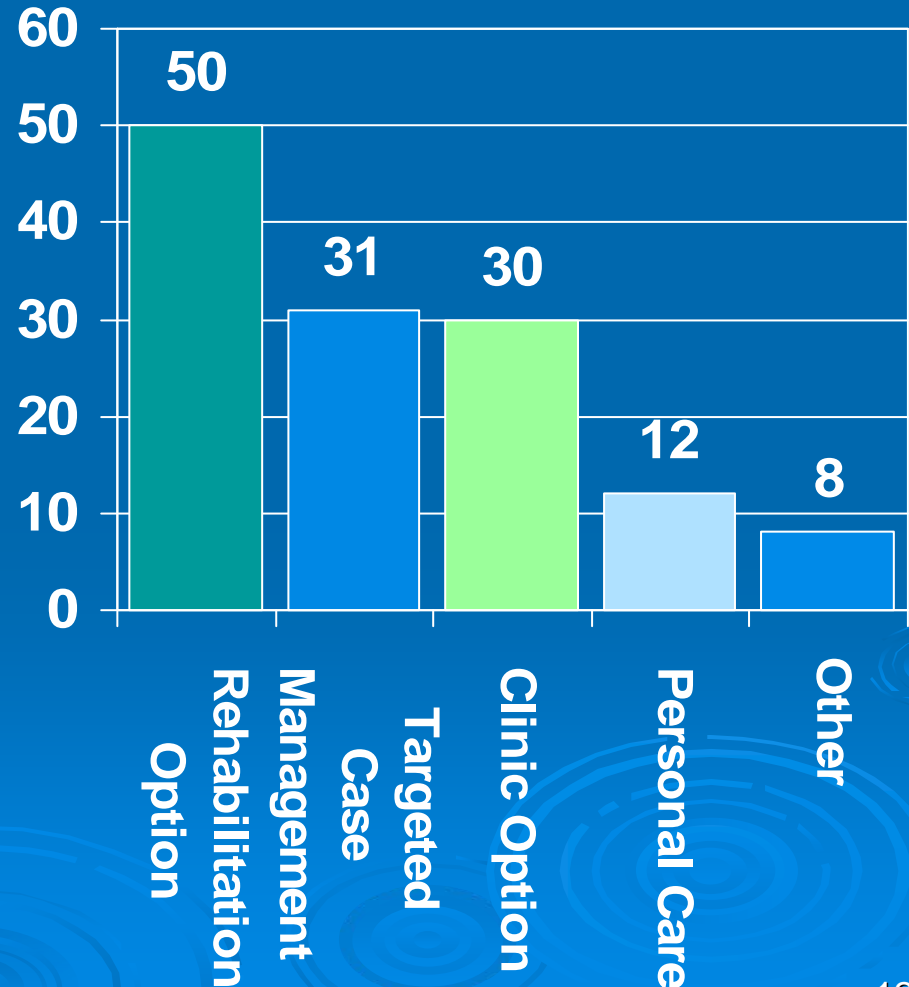


# Medicaid Waivers Used To Provide Behavioral Health Services: 2007



# Community Mental Health Services are supported by Medicaid Optional Services: 2007:

- **Rehabilitation Option:**  
50 states:
  - **Clinic Option:** 30  
States,
  - **Targeted Case  
Management:** 31  
States
  - **Personal Care:** 12  
States
  - **Other:** 8 states
- Many states use multiple  
Medicaid Options



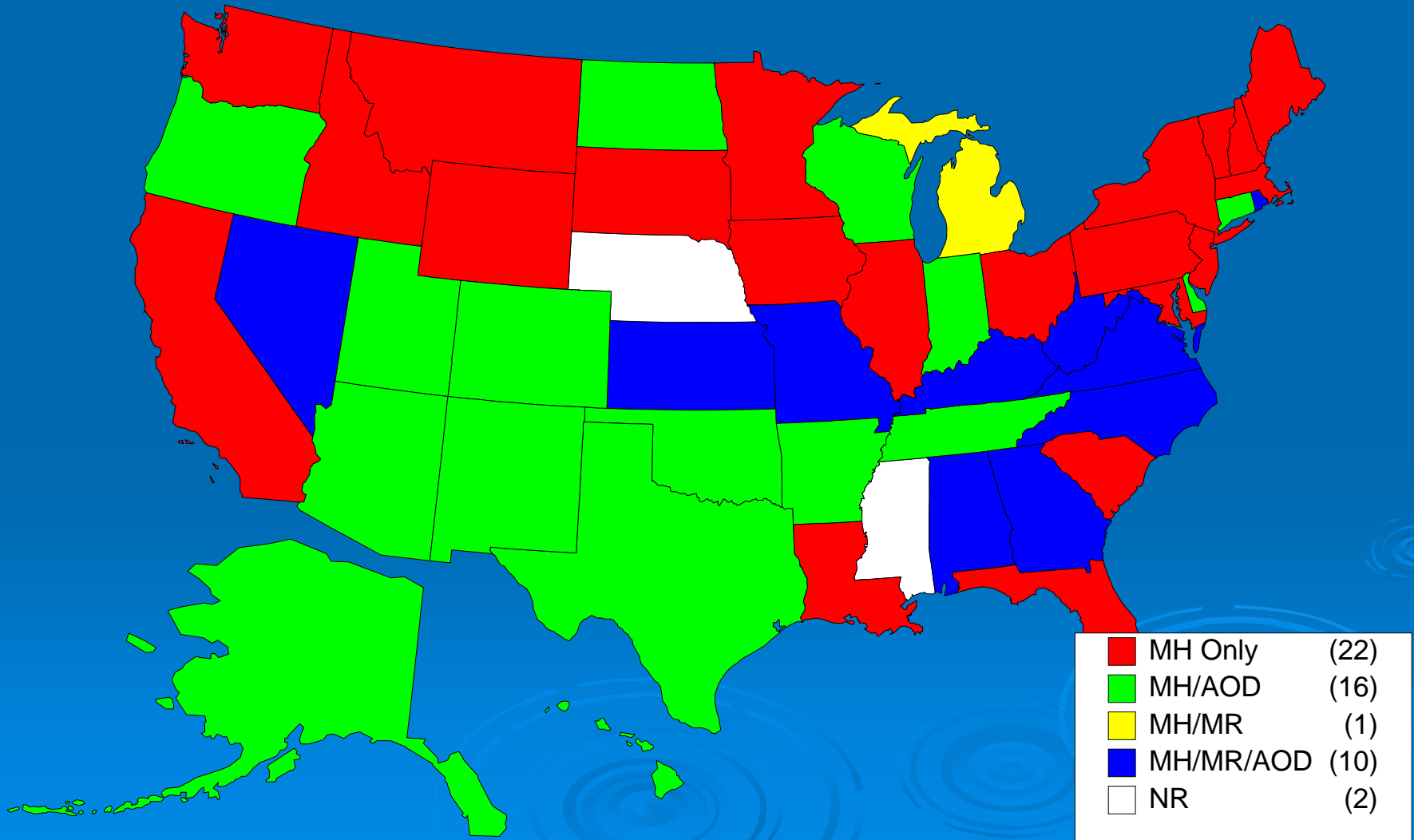
# State Medicaid Plan Amendments Related to Mental Health: 2007

- 24 States reported they submitted a Medicaid Plan Amendment that was reviewed by CMS during the last year
  - 9 States were required to Un-Bundle some mental health services (usually Assertive Community Treatment) in order to have their Amendment Approved
  - 4 States were required to make other modifications to mental health services

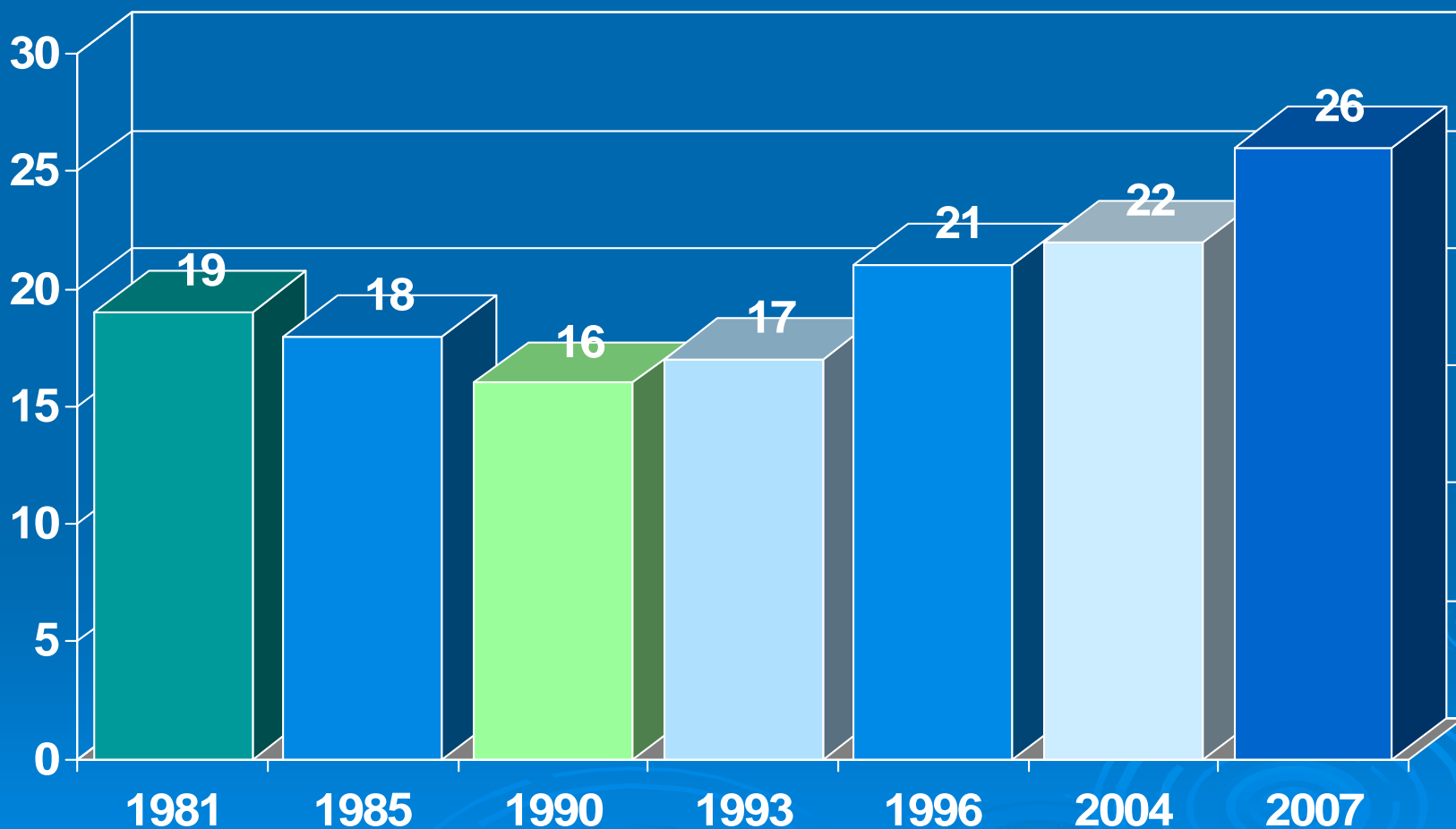
# Relationship of AOD Services to the SMHA: 2007

- 26 States - Mental Health and Alcohol and Other Drug (AOD) Services are combined into a single agency
- 16 States have MH and AOD in separate agencies within the same umbrella state agency
  - 7 States have interagency agreements between the SMHA and AOD agency to coordinate care
- 11 States have Mental Health and Mental Retardation/Developmental Disability Services Combined

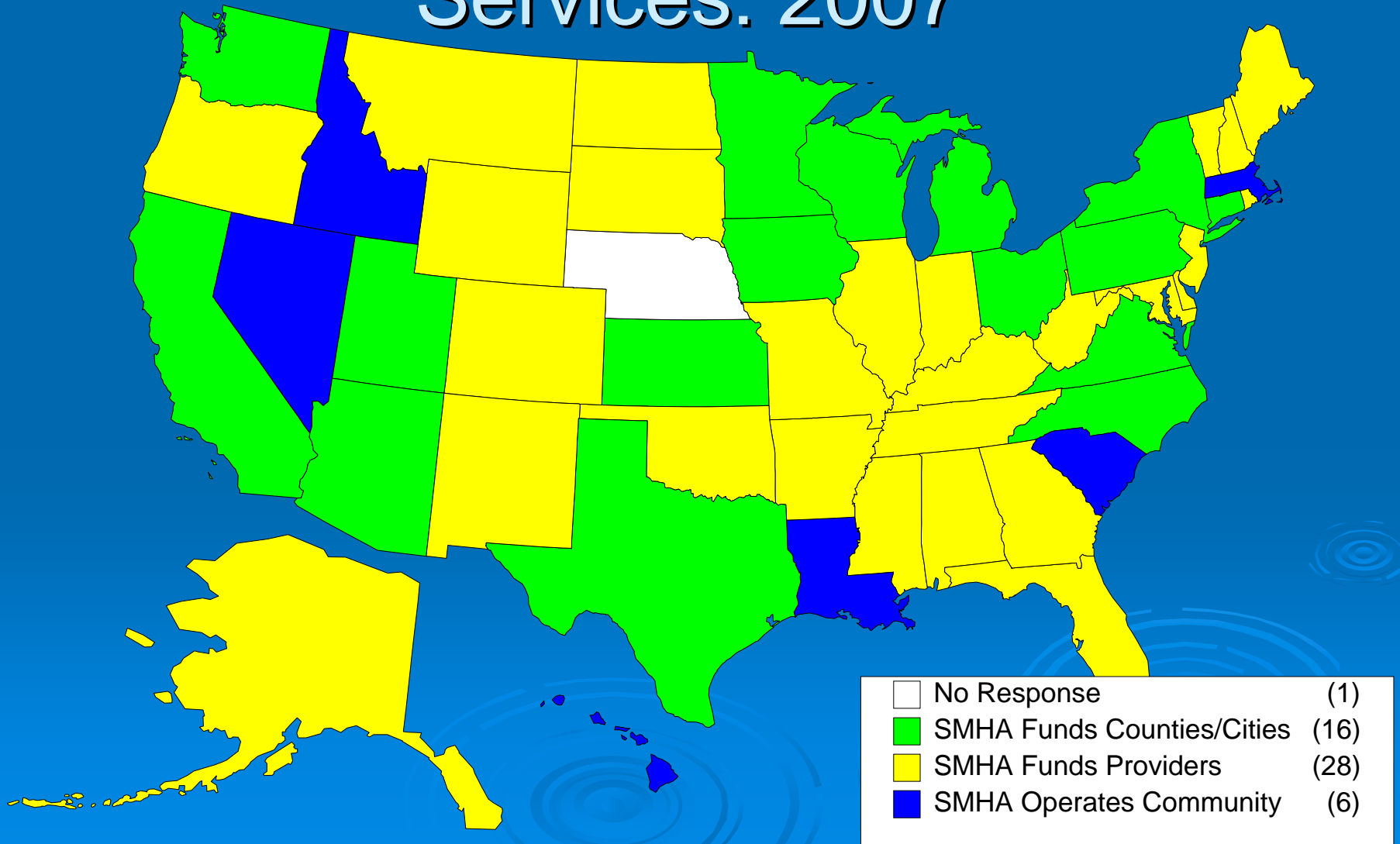
# SMHA Responsibilities for MH, MR and AOD Services: 2007



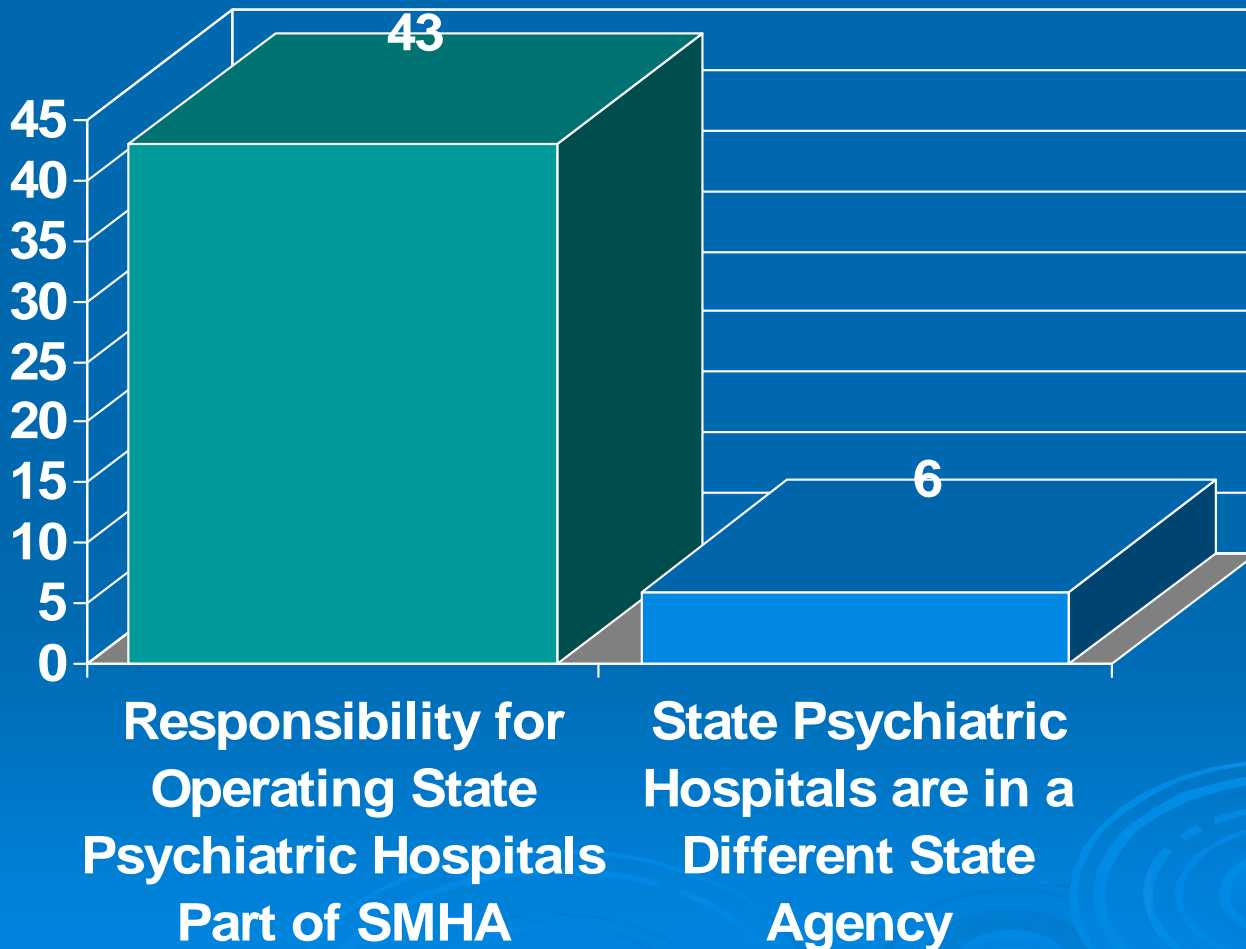
# Number of States with Mental Health and Alcohol and Other Drug Abuse Co-located within One Agency: 1981 to 2007



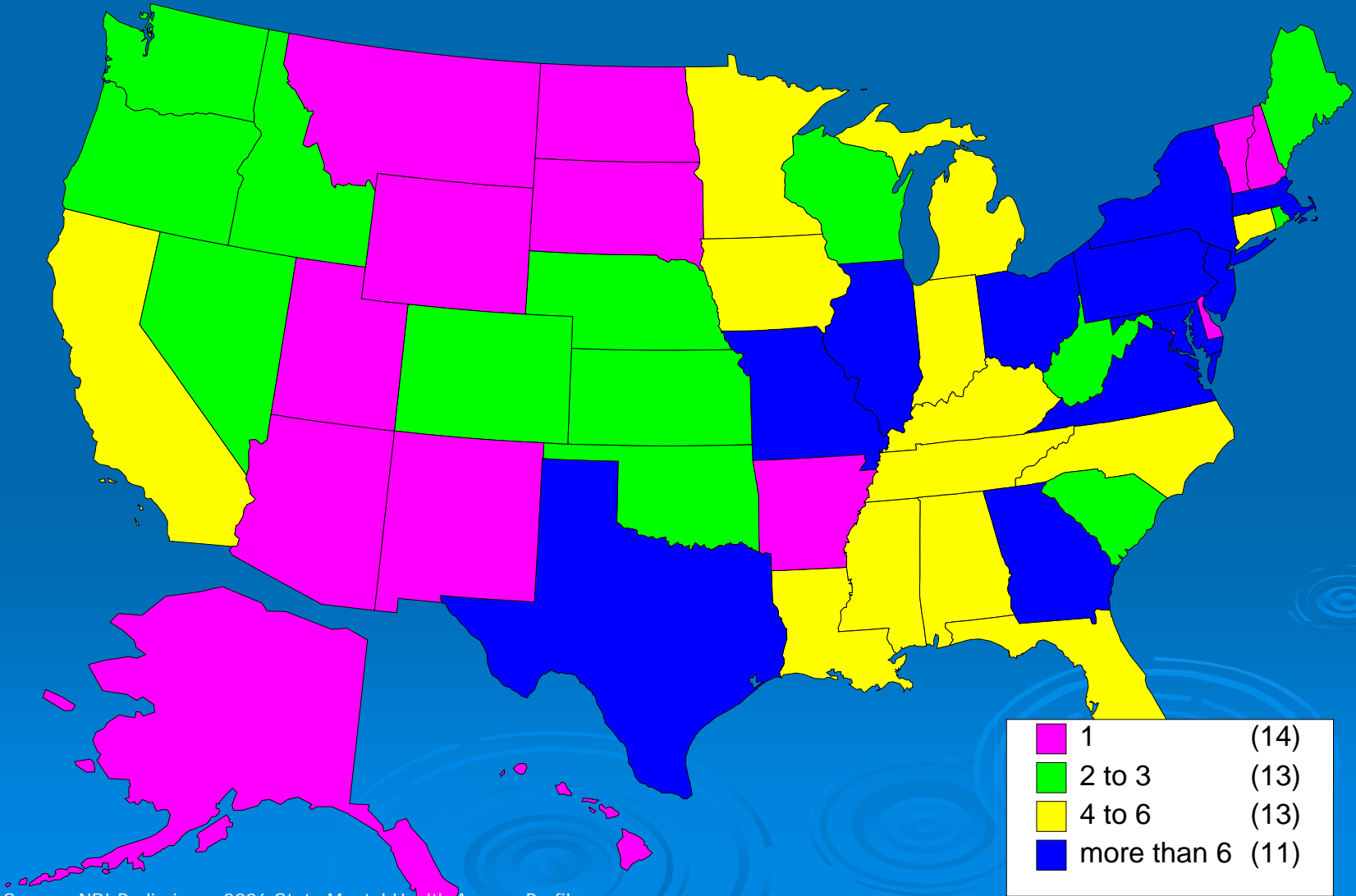
# Primary Methods Used by SMHAs to Fund Community Mental Health Services: 2007



# Responsibilities for Operating State Psychiatric Hospitals: 2007



# Number of State Psychiatric Hospitals: 2007



# History of State Hospitals

## ➤ In 1954 there were:

- 352 state hospitals
- 553,979 Residents in SH at the end of the year
- 178,003 Admissions during the year
- 42,652 Deaths in state hospitals during the year  
*(Peaked in 1958 at 51,383 deaths)*

## ➤ In 2007:

- 228 state hospitals (2007 NRI State Profiles)
- 49,000 Residents (2007 NRI State Profiles)
- 174,013 Admissions during the year (2006 URS)
- Deaths: not reported

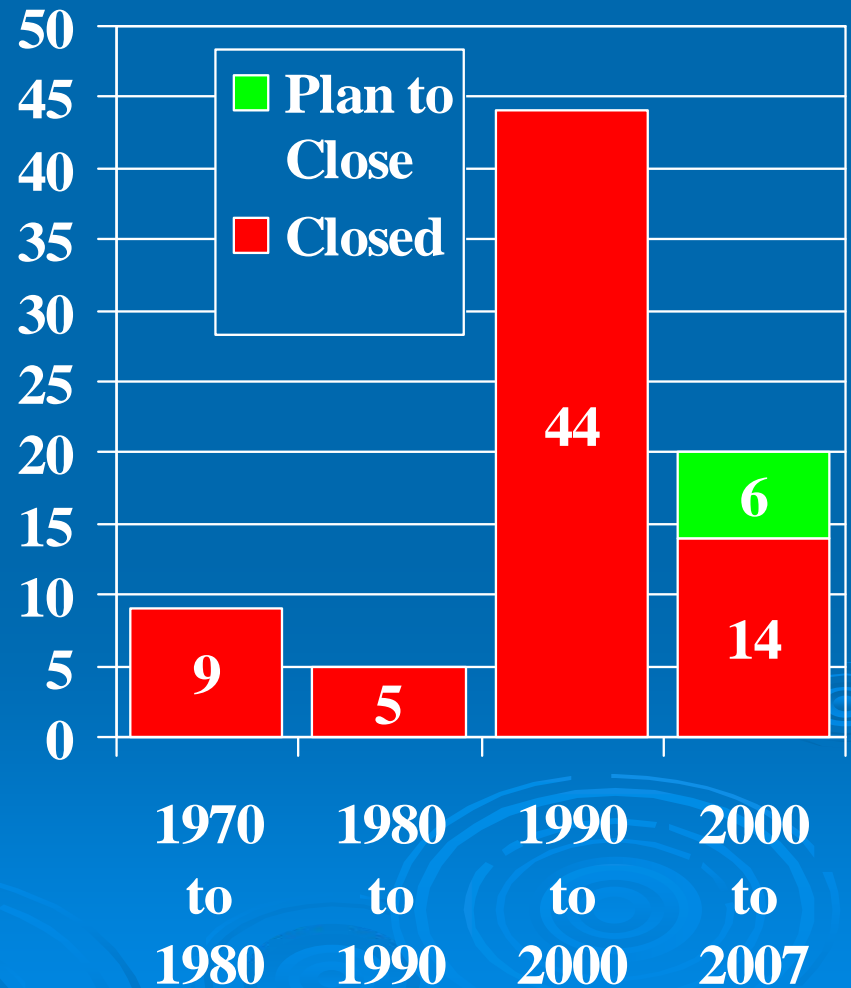
# Number of State Psychiatric Hospitals and Resident Patients at End of Year: 1950 to 2007



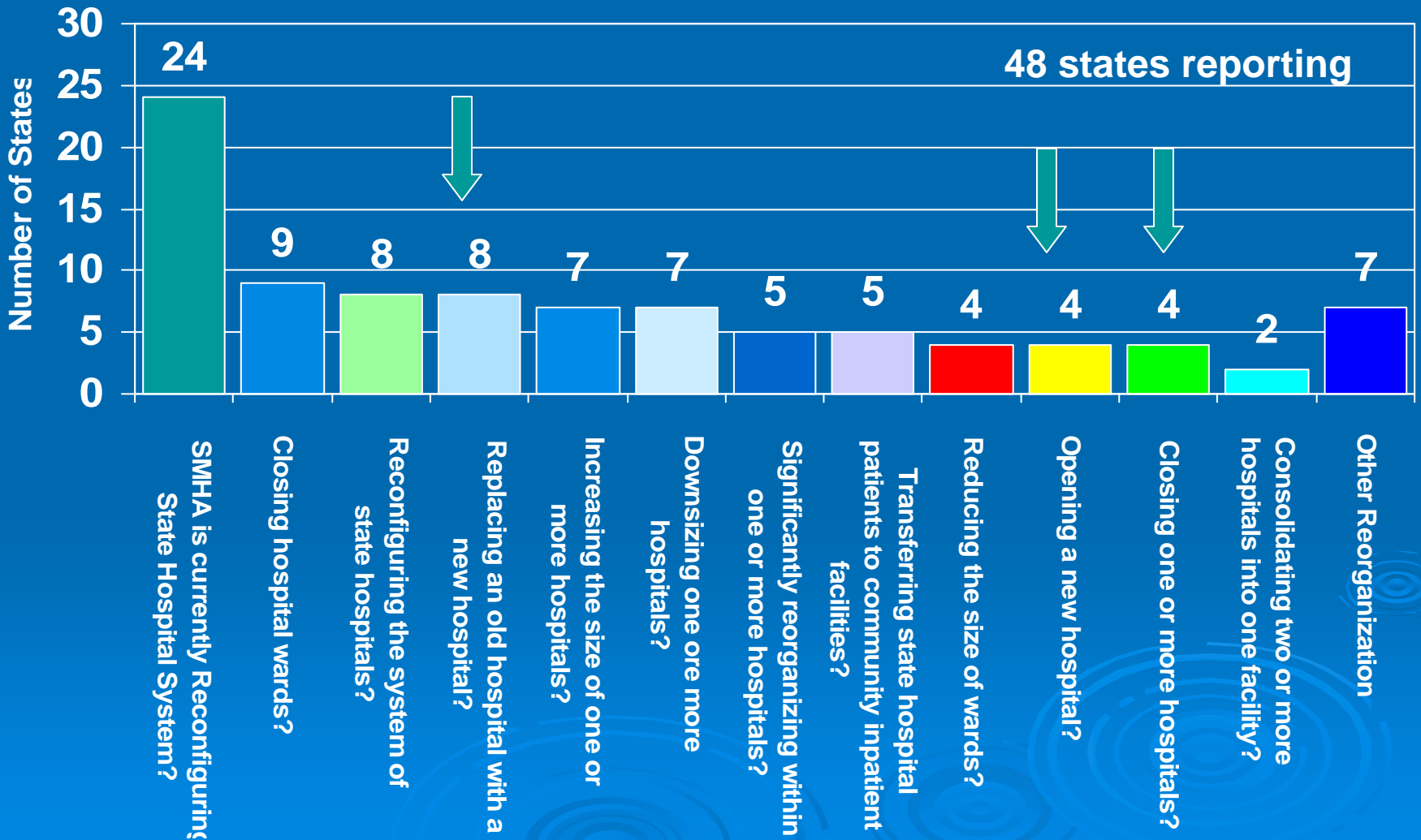
Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, 2007, Age and Diagnosis, by State, United States, 2002, and NRI 2007 State MH Agency Profiles System

# Closing State Hospitals: 2007

- More State Psychiatric Hospitals were closed in the 1990s than in the 1970s or 1980s combined
- In the last 2 years, 7 state psychiatric hospitals were closed in 4 states
- 4 States report plans to close additional hospitals in the next 2 years.



# State Psychiatric Hospital Reorganization: 2007

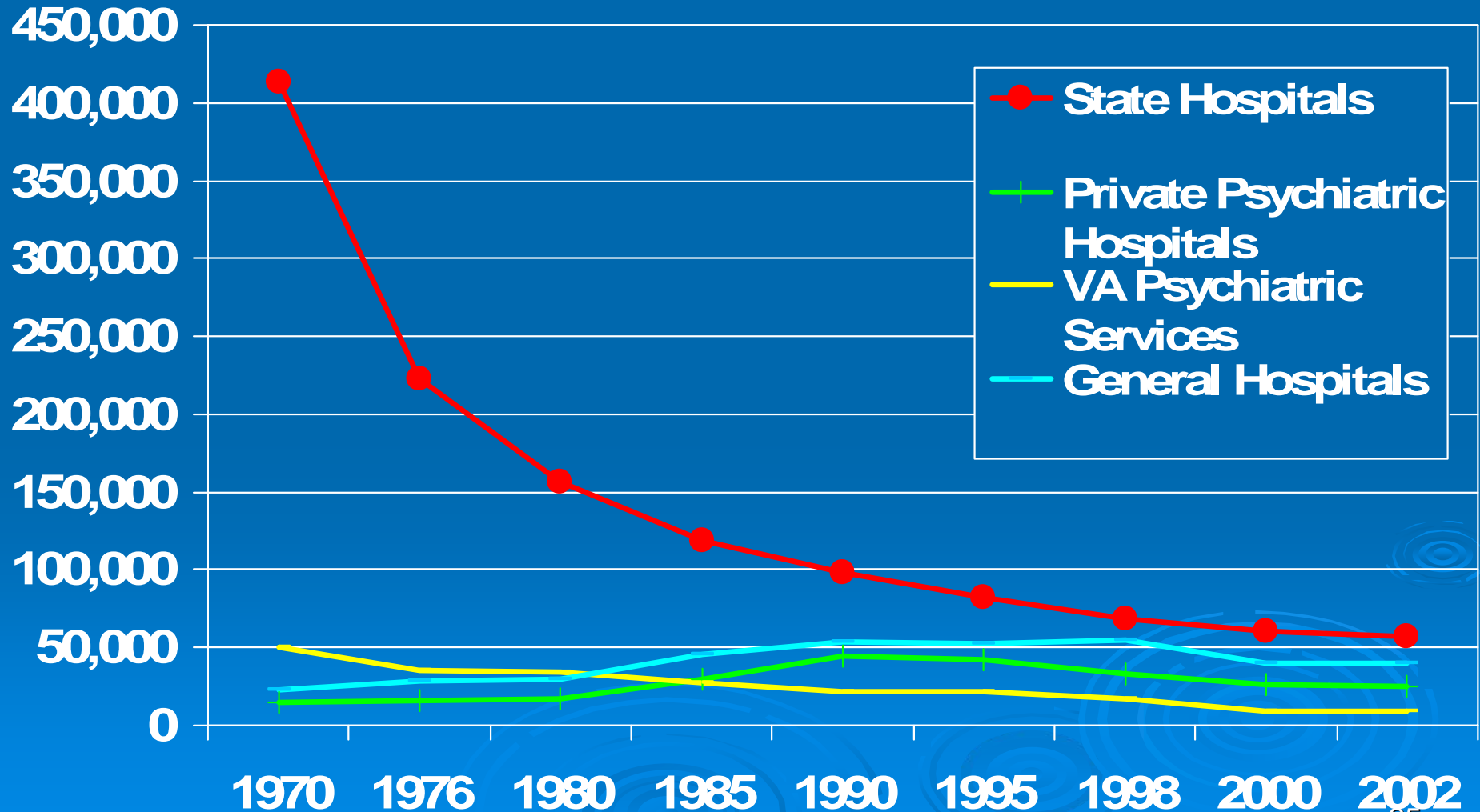


# State Hospitals are NOT the ONLY Psychiatric Beds That Have been Closing

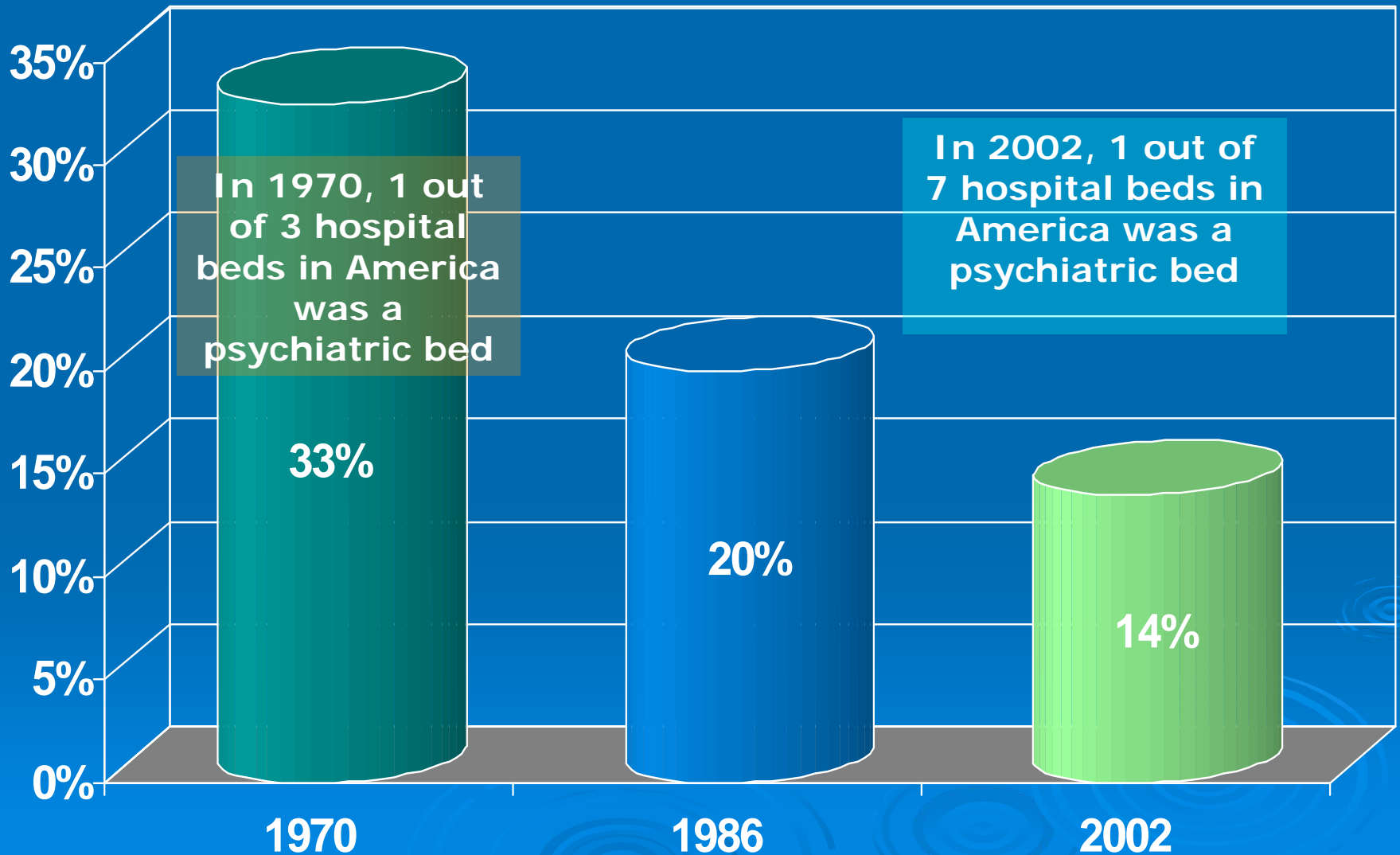
## Over the Last 5 Years:

- 28 of 44 (64%) states have seen a decline in General Hospital Specialty Unit Psychiatric beds
- 12 states (29%) have seen a decline in Private Psychiatric Hospital Beds
- Plus: Veterans Hospitals have been closing Beds

# Number of Psychiatric Beds, By Type of Hospital and Year, U.S. 1970 to 2002



# Psychiatric Beds as a Percent of Total Hospital Beds in the US, 1970 to 2002



Source: NIMH and NRI

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# Shortages of Psychiatric Inpatient Capacity: 2007

- 77% of the states (36 of 48) are experiencing a Shortage of Psychiatric Inpatient Beds
  - 34 States have a Shortage of Acute Care Beds
  - 24 States have a shortage of Forensic Beds
  - 14 States have a shortage of Long Term Care Beds

# Shortages of Acute Psychiatric Inpatient Capacity: 2007

States report these shortages are resulting in:

- Increased waits for state psych beds: 24 states
- Overcrowding in state hospitals: 18 states
- Resistance to closing additional beds: 15 states
- Increased waits for other psych beds: 13 states

# Shortages of Acute Psychiatric Inpatient Capacity: 2007

## State Solutions to Shortages are Not Just to Open More beds

- State are developing and supporting Alternative Forms of Treatment to Reduce the Need for Hospitalizations
  - Crisis Stabilization Programs
  - Assertive Community Treatment
  - Diversion Programs
  - Respite Residential Programs

# SMHA Initiatives with Emergency Rooms To Improve Crisis Services: 2007

- 25 SMHAs reported they are working with General Hospital Emergency Departments (EDs) to improve Crisis Services for persons with mental illnesses
- 19 States report there are consumers remaining in EDs because there are no suitable placements for them.

# Mental Health Stigma and Discrimination Initiatives: 2007

- 44 (of 49 reporting SMHAs) have Mental Health Stigma/Anti-Discrimination Initiatives
  - 30 Universal Initiatives (designed to address all groups)
  - 34 Targeted Initiatives
    - 27 Focused on Adults
    - 24 Focused on Youth
    - 15 Focused on Older Adults
    - 11 Focused on Cultural/Ethnic Populations

# Health--Mental Health: 2007

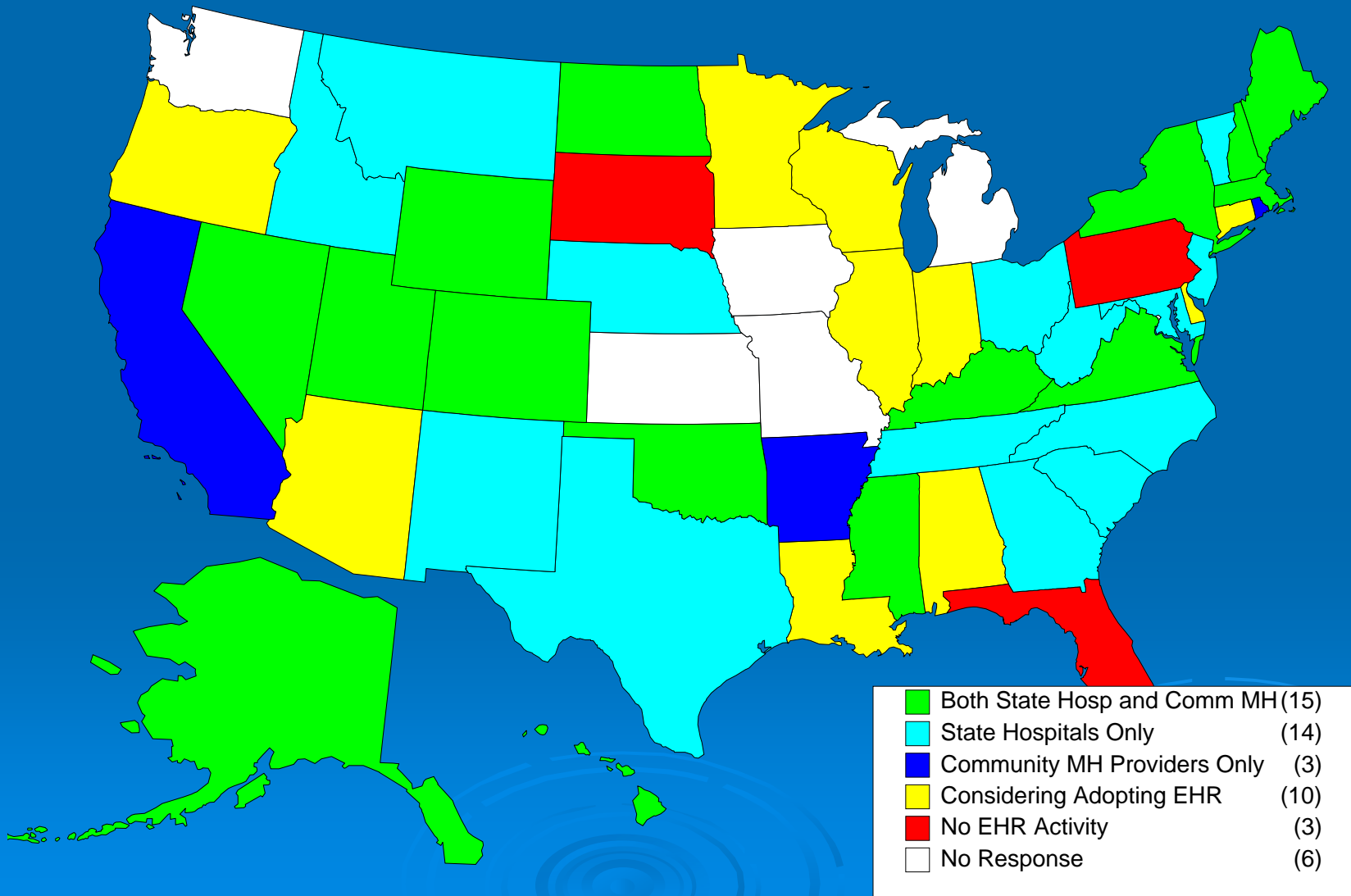
- 34 SMHAs are collaborating with state Health Departments to increase the Recognition and Treatment of mental illnesses by Primary Care Providers
- 30 SMHAs are working with Public Health Providers to increase the recognition and Treatment of the Physical Health needs of Person with Mental Illness
  - 24 States are working with Private Health Providers

# SMHA Initiatives to Reduce Fragmentation in Services: 2007

➤ Almost all SMHAs have initiatives to reduce Fragmentation in Services as a Barrier to mental health services

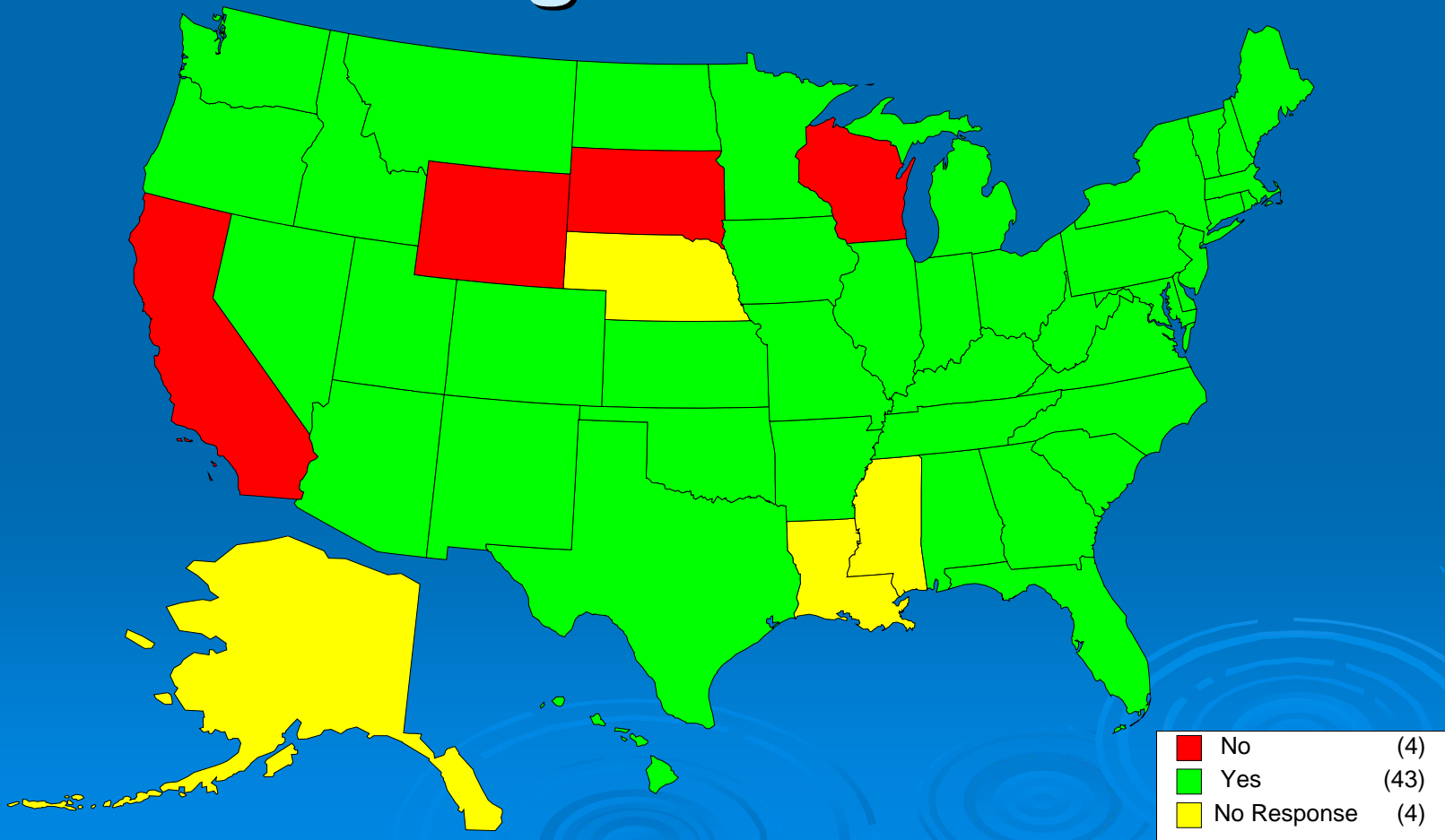
- Housing 45 States
- Employment 36
- Juvenile Justice 39
- Criminal Justice 43
- Education 45
- Child Welfare 35
- Medicaid 42
- Substance Abuse 45
- National Guard 15

# Electronic Health Records Implemented by SMHAs: 2007



Source: NRI State Profiles 2007

# States with Mental Health Courts and/or Jail Diversion Programs: 2007



# SMHA Systems: 2006

- 6 Million Consumers Were Served by the SMHA Systems
- 2% of the population of the United States received state mental health agency services
  - Range from 0.45% to 4% of state population
  - Increase of 1.6% from 5.8 million consumers in 2005
- 3.8 Million Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances were served
  - 25% Percent of the SAMHSA estimated U.S. population with SED and SMI
- \$29.5 billion in mental health related expenditures were controlled by the SMHAs

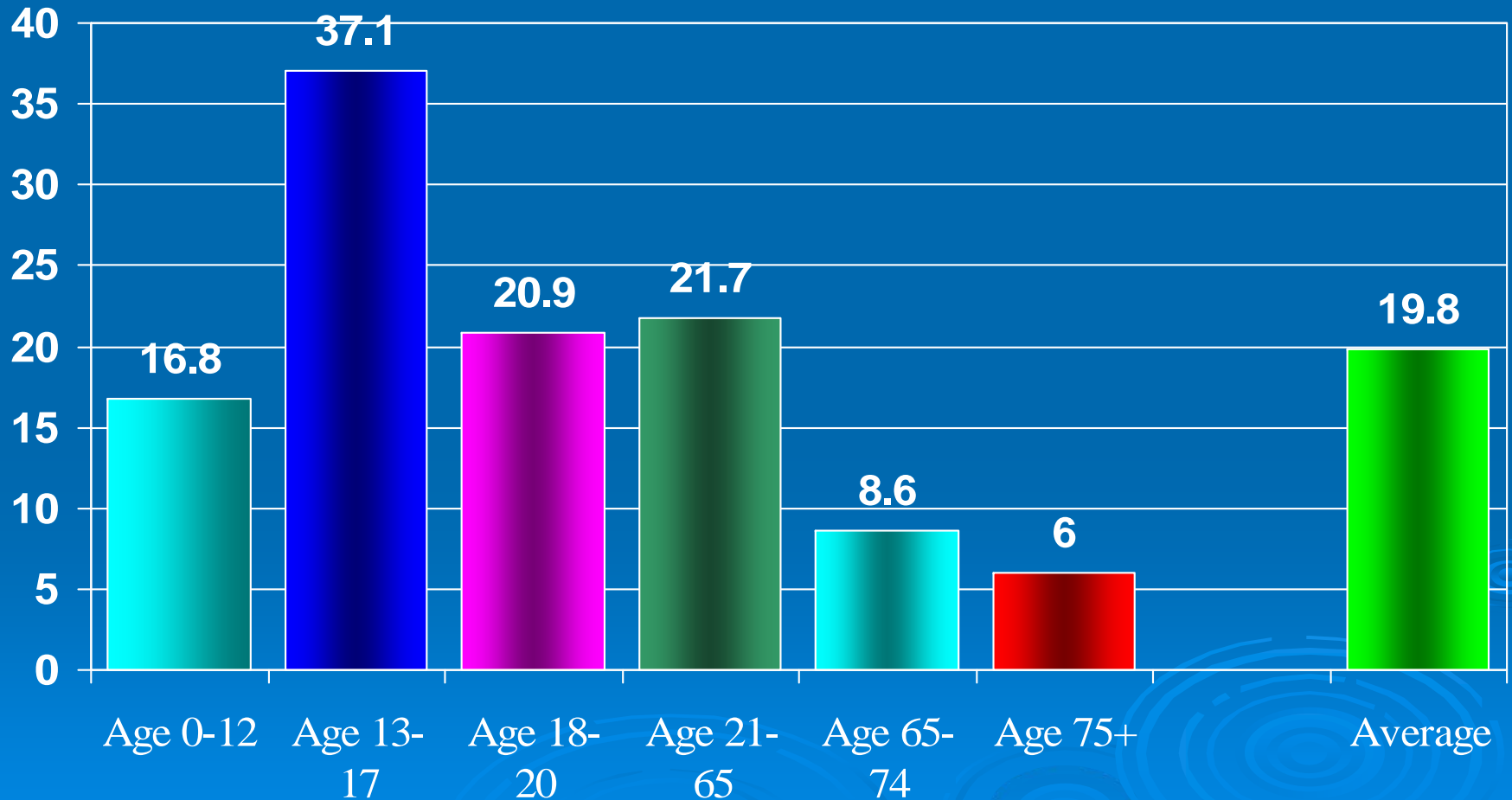
# Persons Served by SMHA Systems: 2006

- 96% were served in the Community
  - 3.1% served in state psychiatric hospitals
- 22% were Employed
  - 48% were not in Labor Force
- 79% lived in Private Residences
  - 2.9% were homeless
- 71% reported positive outcomes from their services
- 62% had some Medicaid coverage for their Mental health services
  - 38% had No Medicaid Coverage

# Number of Persons Served by SMHAs: 2006

- Age of Consumers Served:
  - 14.6% were Age 12 and under
  - 13.2% were Age 13 to 17
  - 4.4% were Age 18 to 21
  - 63% were age 21 to 64
  - 4.5% were Aged 65 and Older
  - 0.3% had “unknown” age
  
- Gender
  - 51% were Female
  - 48% were Male (>1% Gender not collected)

# Number of Persons Served by Age (rate per 1000), 2006



# Characteristics of Persons Served by SMHAs: 2006

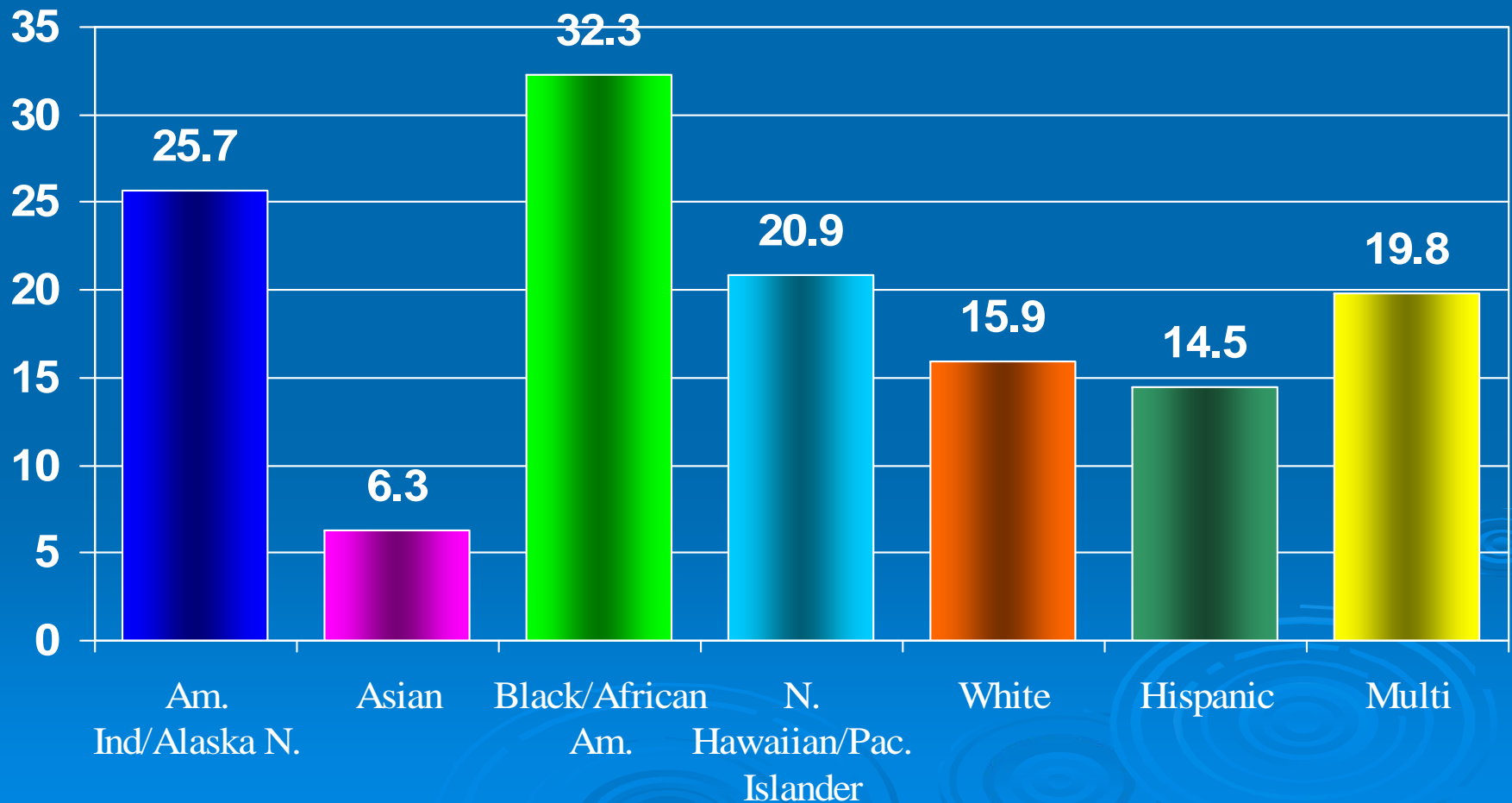
## ➤ Race:

- 63% Were White
- 21% were Black/African American
- 1% each were Asian, American Indian or Alaskan Native, Multi-racial.
- Native Hawaiian/Pacific Islander was 0.1%
- 8% were “Not Available” Race

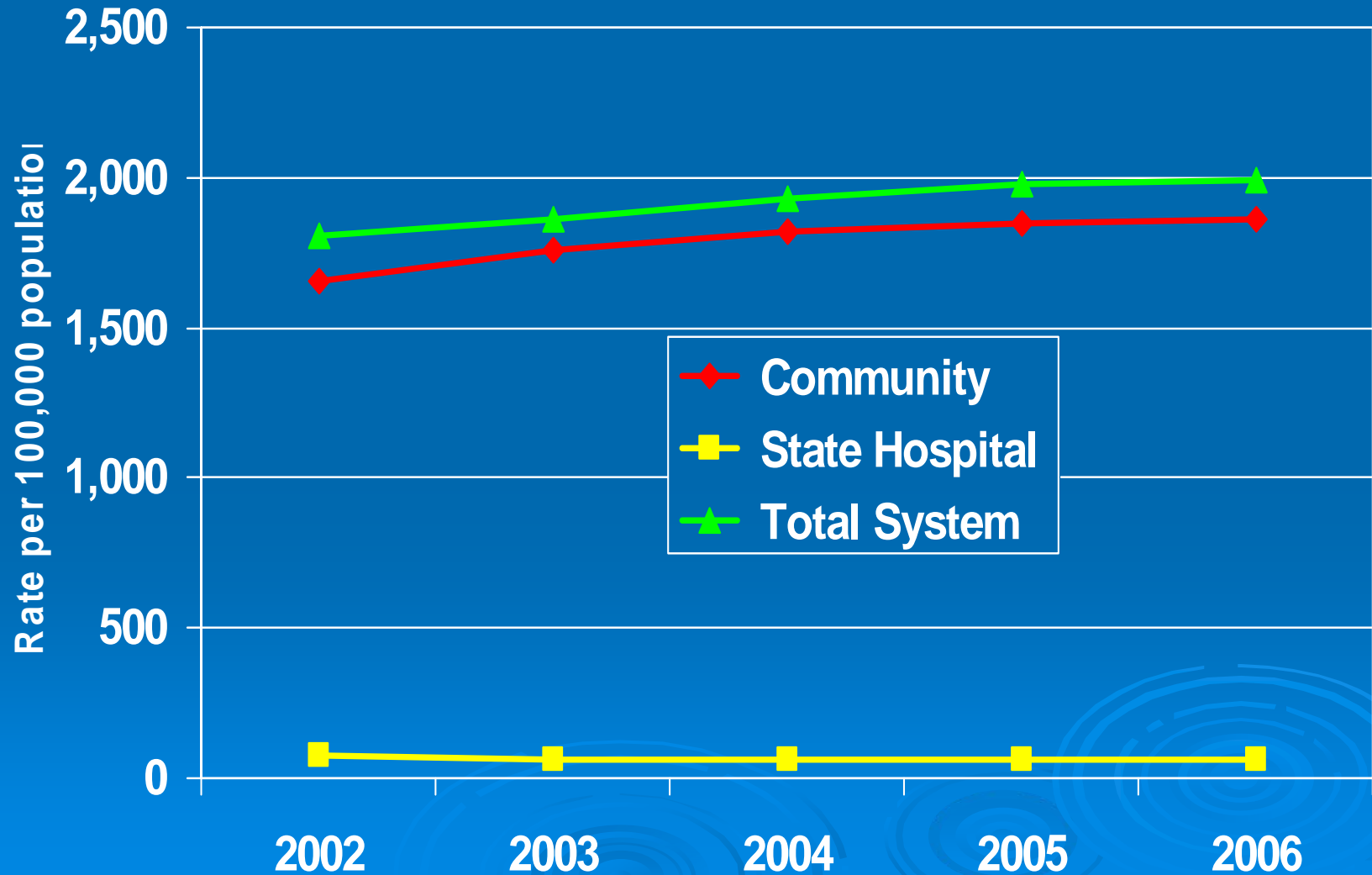
## ➤ Hispanic Origin: (52 states reporting)

- 14% Were of Hispanic or Latino Origin
- 12% Hispanic Status Unknown

# Number of Persons Served by Race (rate per 1000), 2006



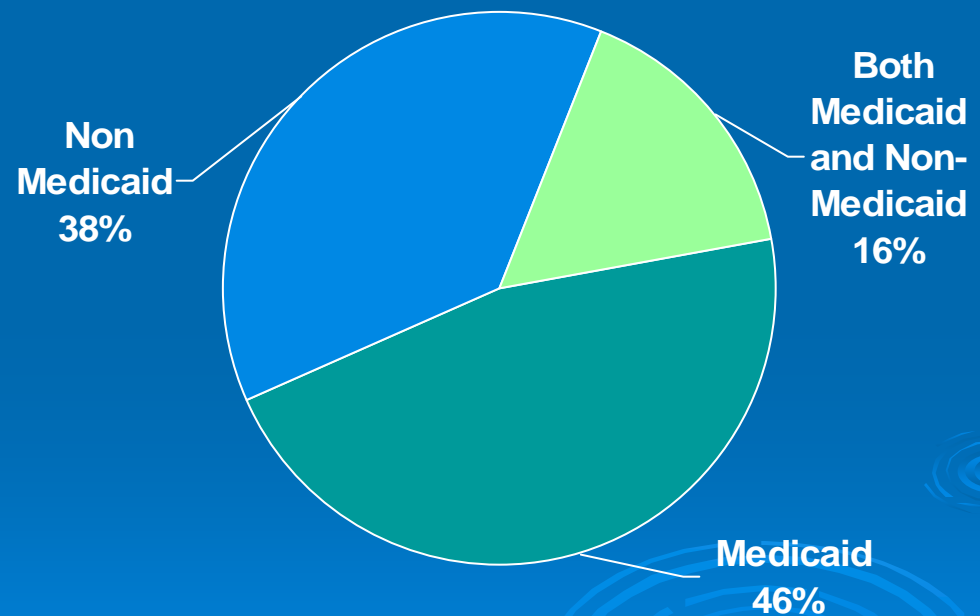
# Change in Persons Served: 2002 to 2006 *(states with data both years)*



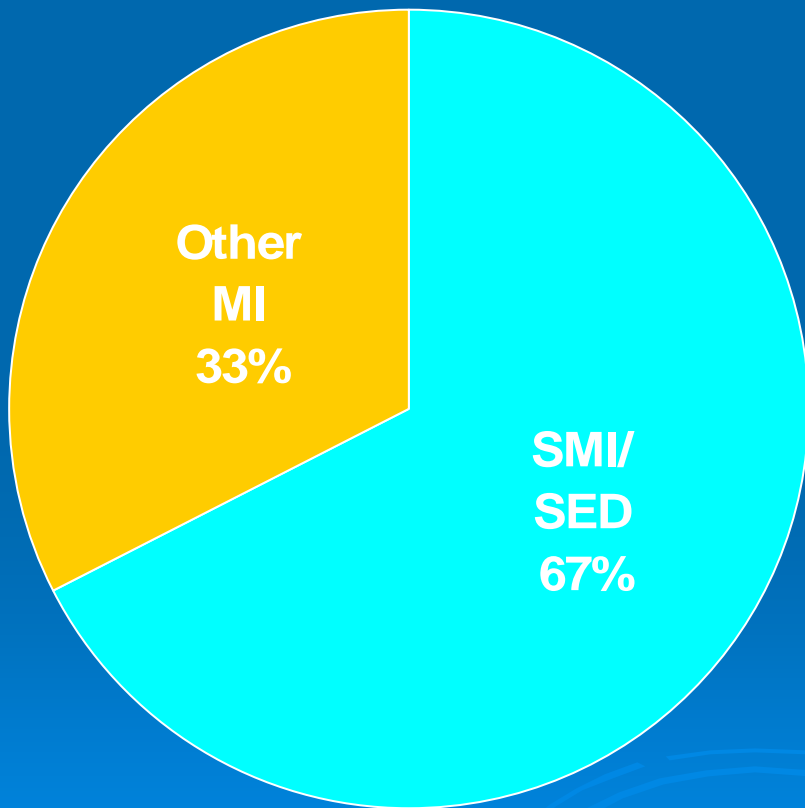
# Persons Served by SMHAs: Medicaid Status: 2006

- 62% of SMHA Clients had Medicaid pay for at least part of their mental health services
- 38% of SMHA clients had no Medicaid coverage

Persons Served by Medicaid Funding  
Status: 2006

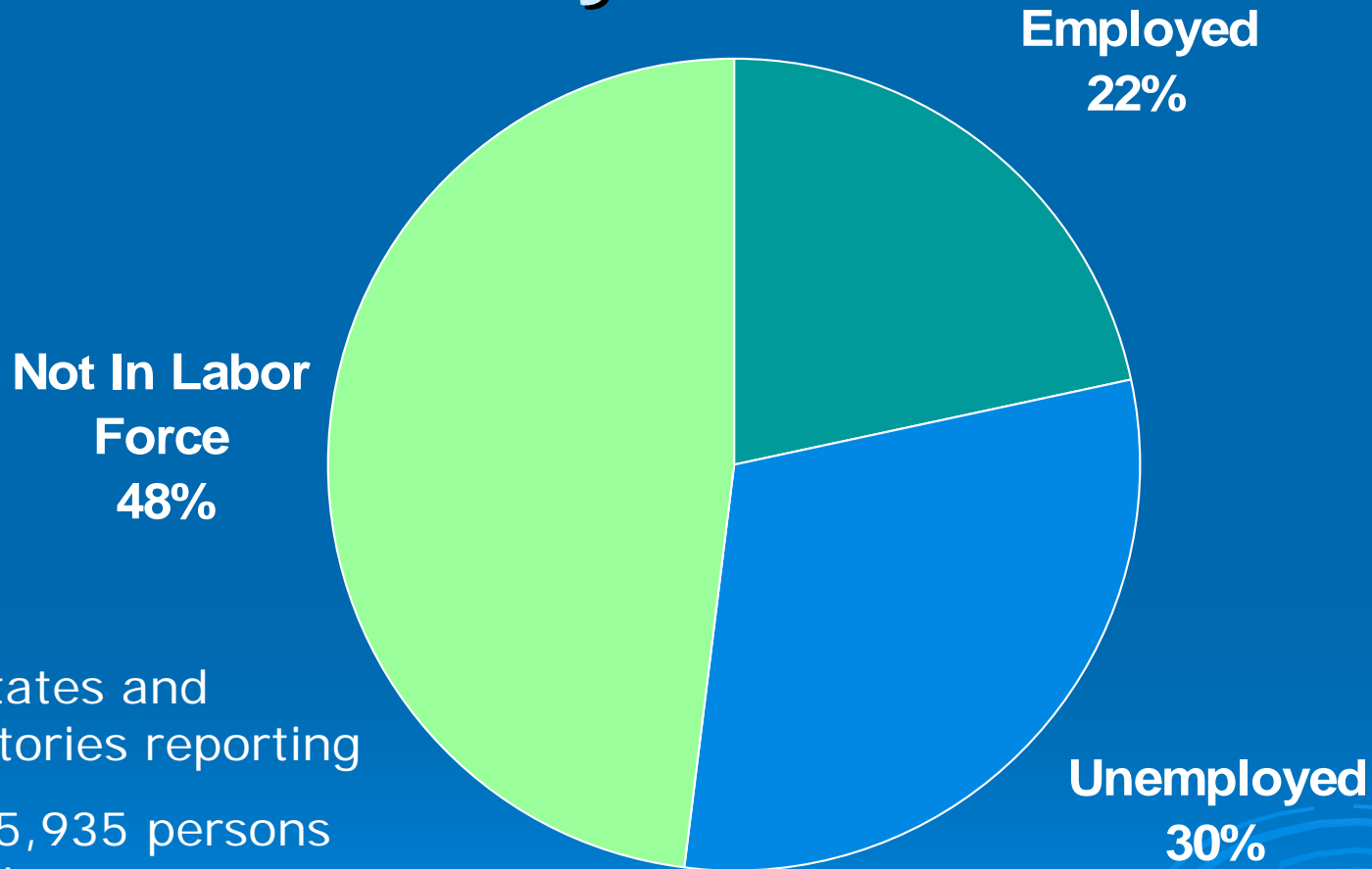


# SMI/SED Status of Persons Served by SMHAs: 2006



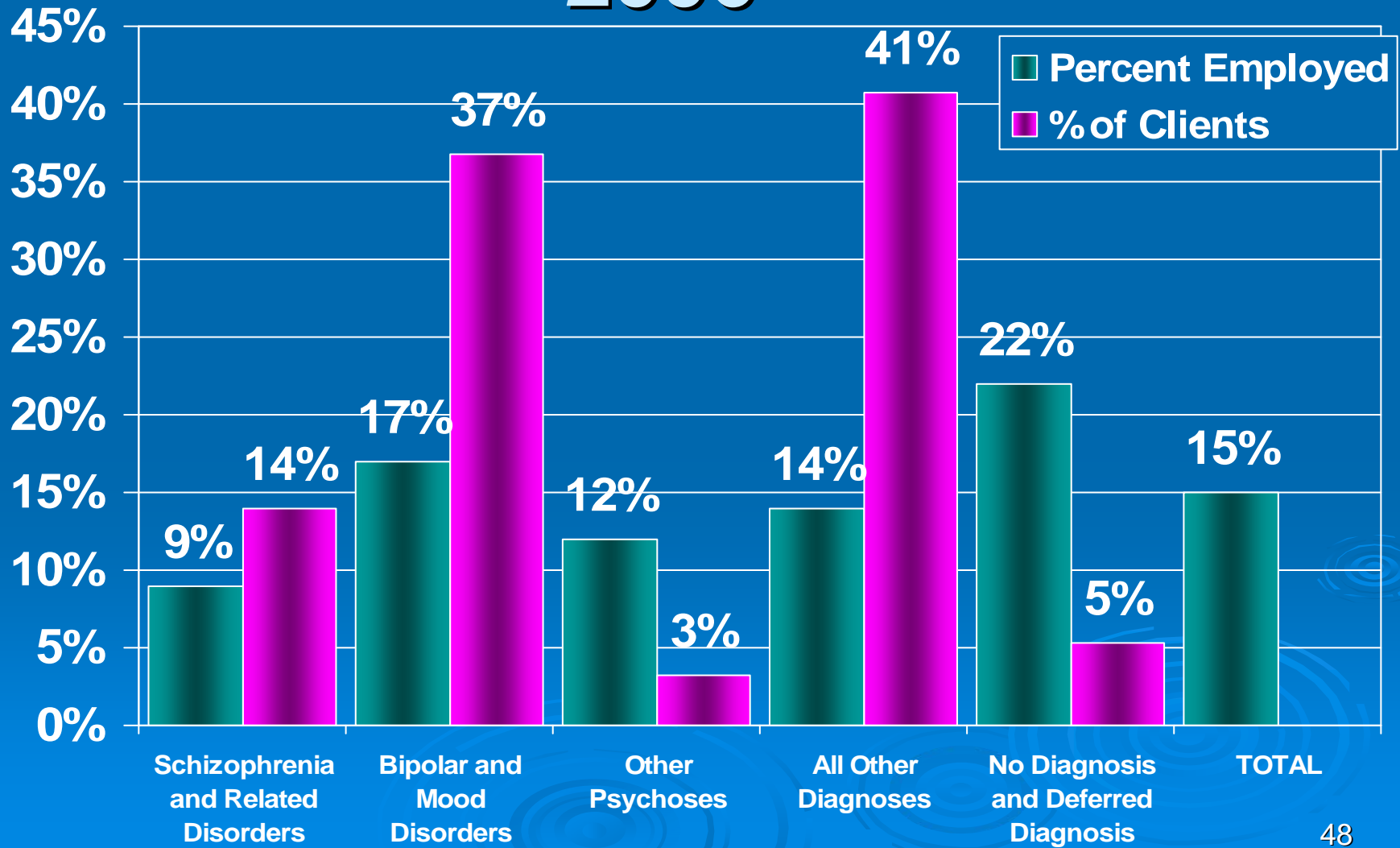
- 3.8 million of the persons served by SMHAs meet definitions for Serious Mental Illness and/or Serious Emotional Disturbances
  - 67% of consumers served meet SMI/SED definition

# Employment Status of Persons Served by SMHAs: 2006

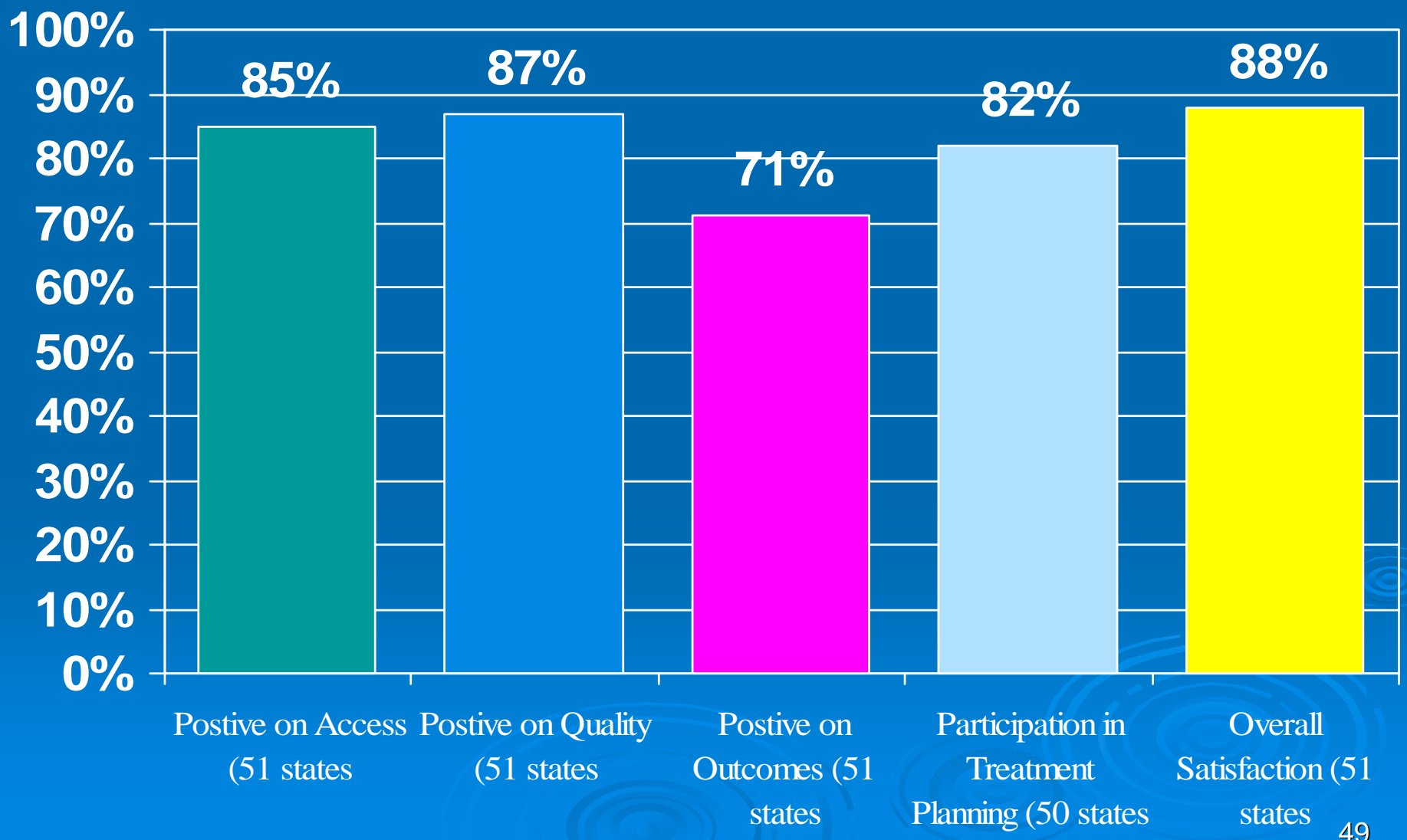


54 states and Territories reporting  
2,885,935 persons with known employment status

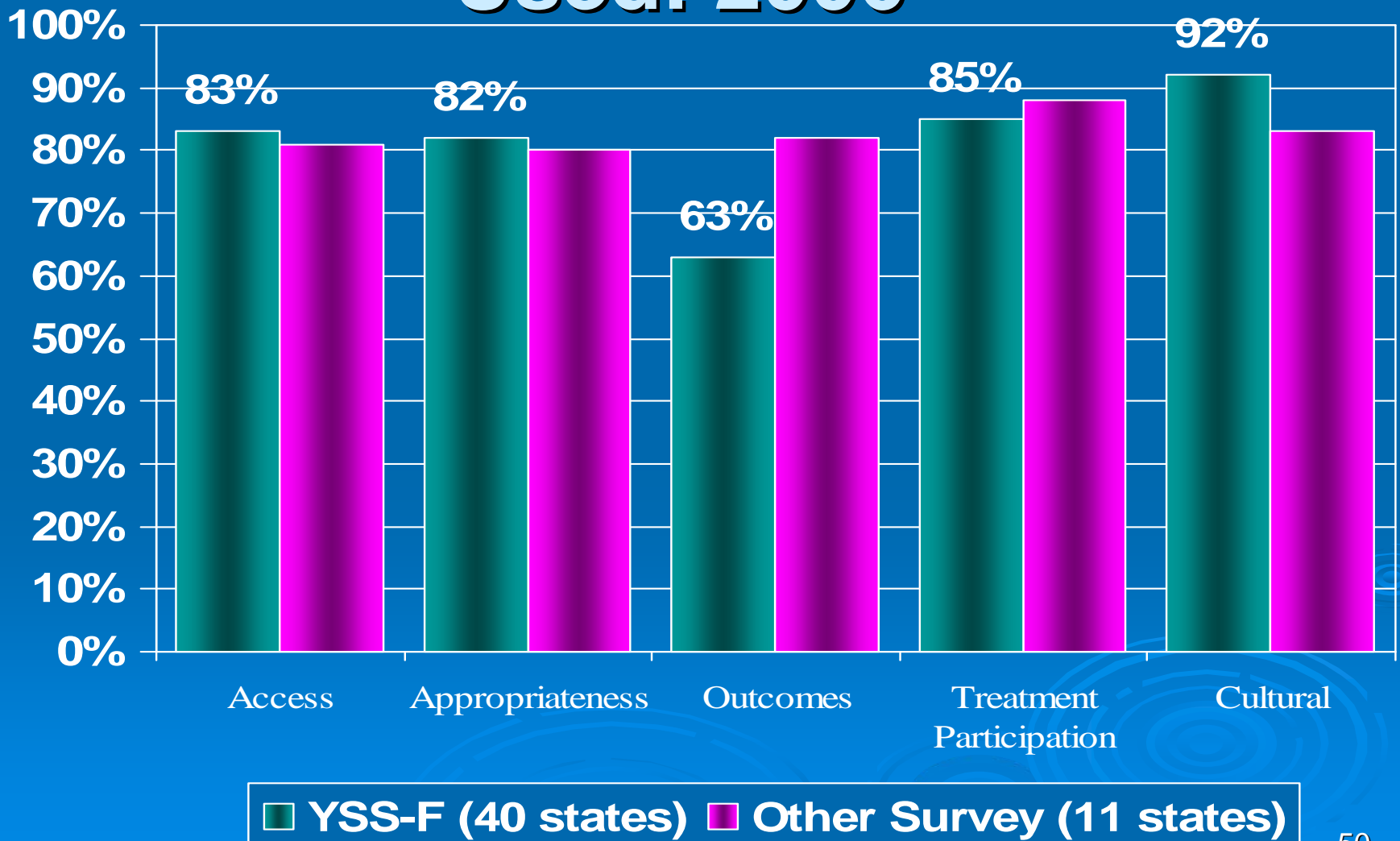
# Percent of Consumers Employed, and Diagnosis of Consumer Served: 2006



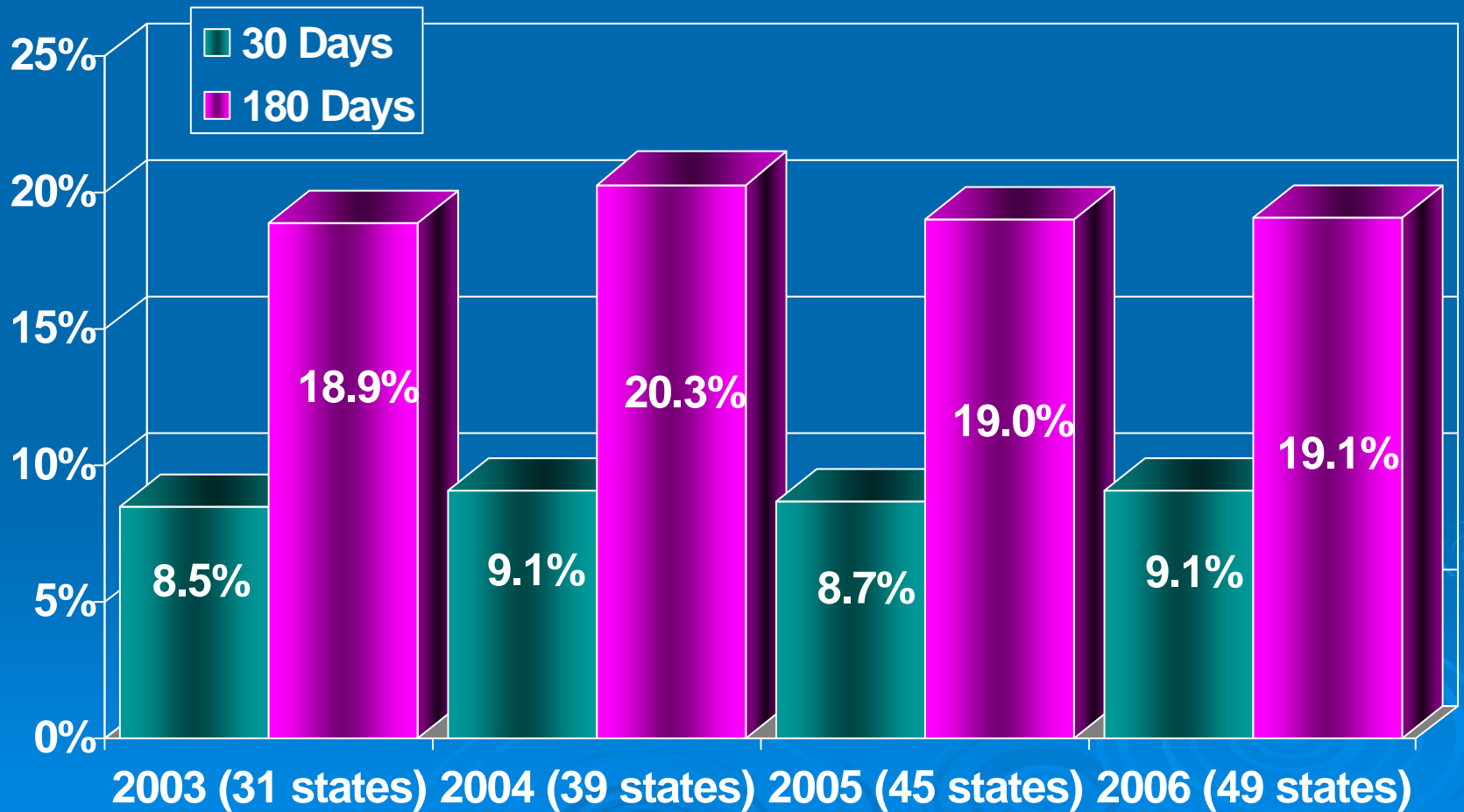
# Adult Consumer Evaluation of Care: 2006



# Family Member/Child Consumer Evaluation of Care: By Survey Used: 2006



# Readmissions to State Psychiatric Hospitals within 30 and 180 Days: 2003 to 2006



# Living Situation of MH Consumers: 2006

## URS Measure: Percent of Consumers Living in Selected Settings

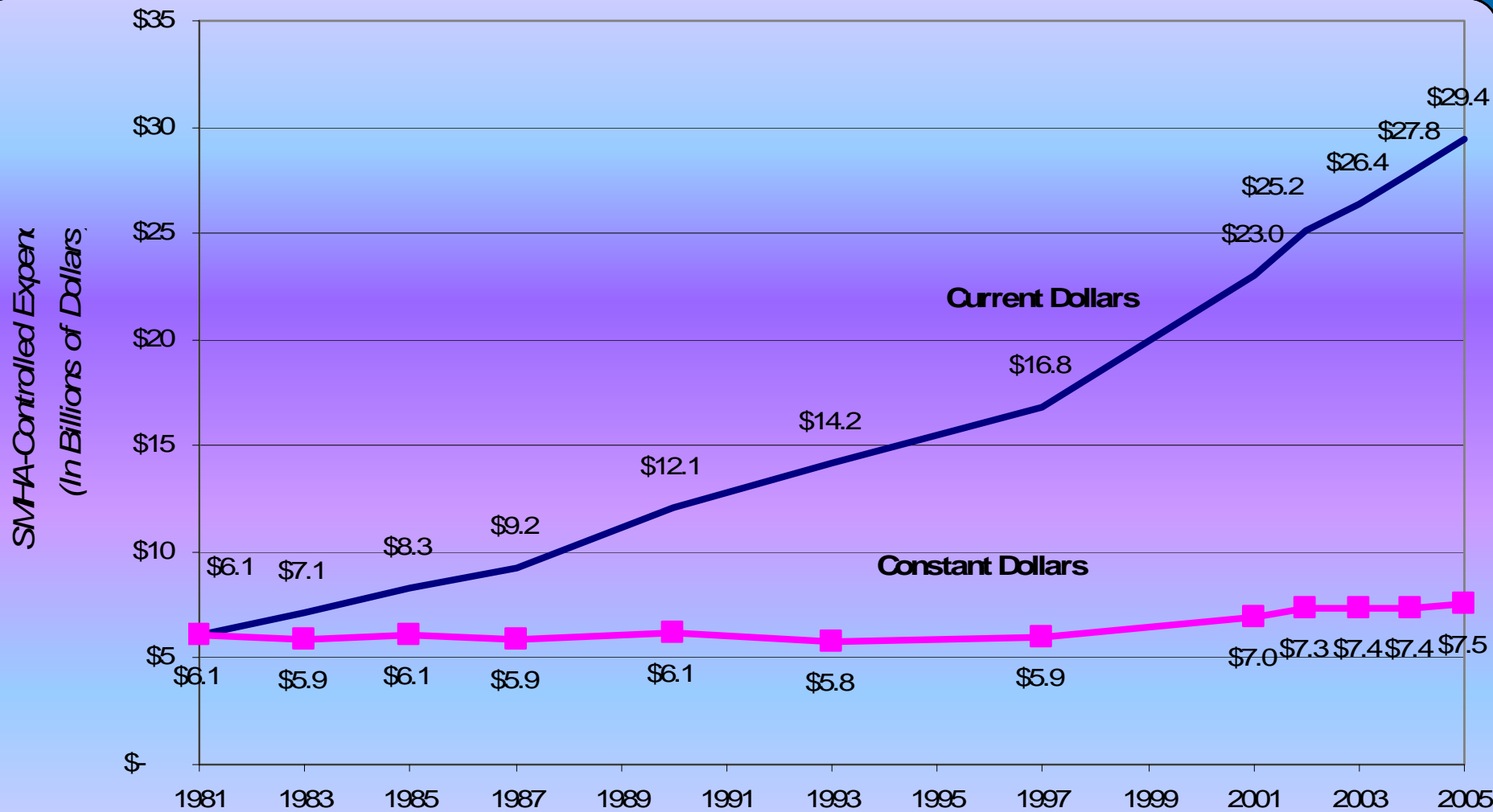
54 States reported data in URS 2006

- Most Consumers (79.5%) live in Private Residences
- More Children (83.3%) live in Private Residences
- 871,181 (16.9%) of all consumers had no reported Living Situation data.
  - Down from 23% of consumers in 2004

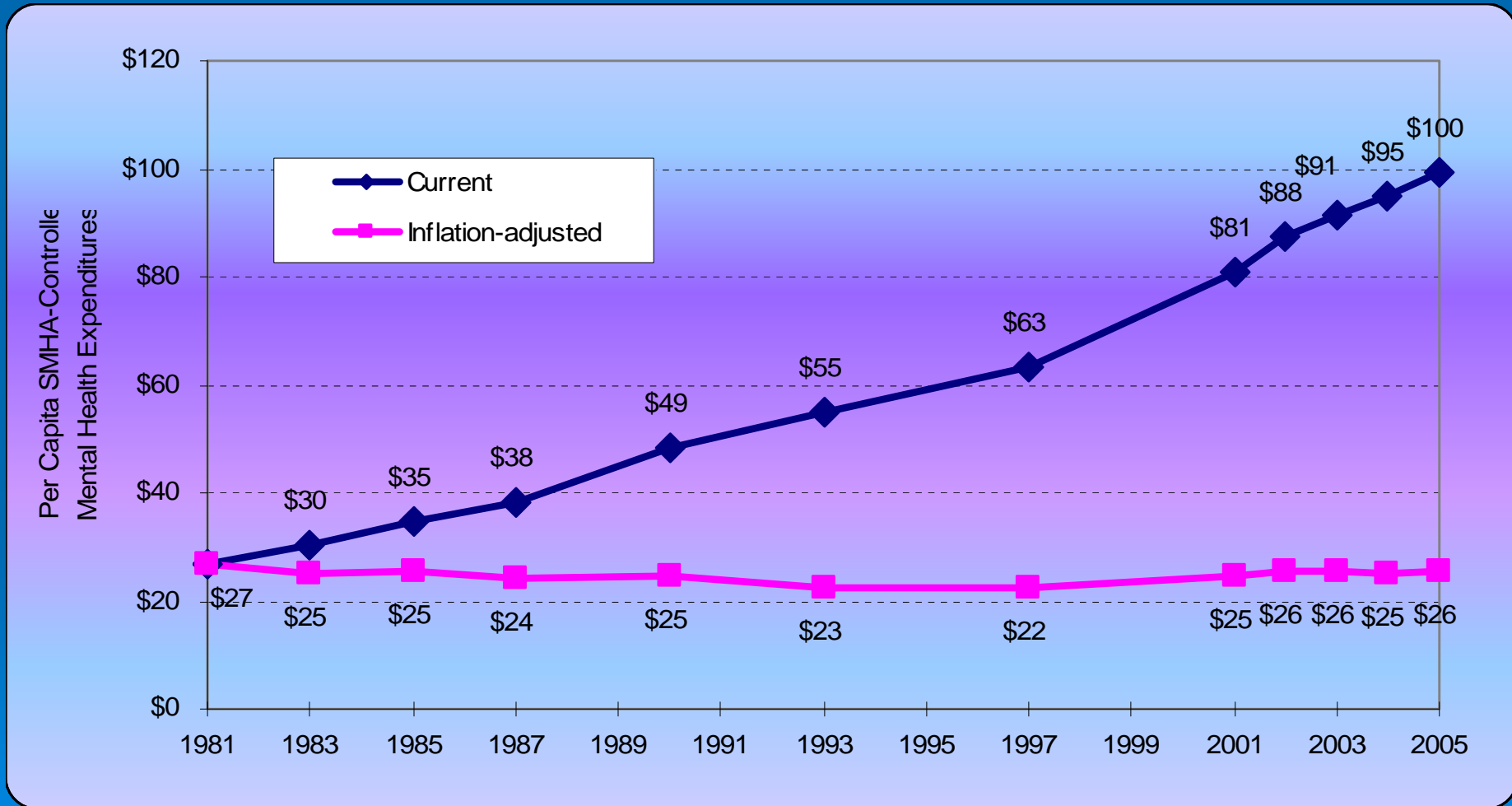
# State MH Agency-Controlled Revenues and Expenditures:

- FY'05 study has just been completed
- Focus on the Expenditures for mental health services and the major Funding Sources that are Controlled by the SMHA.
  - Does not collect all state government expenditures for MH, but focuses on the funds used to serve the 6 million people that are served by the SMHA system.

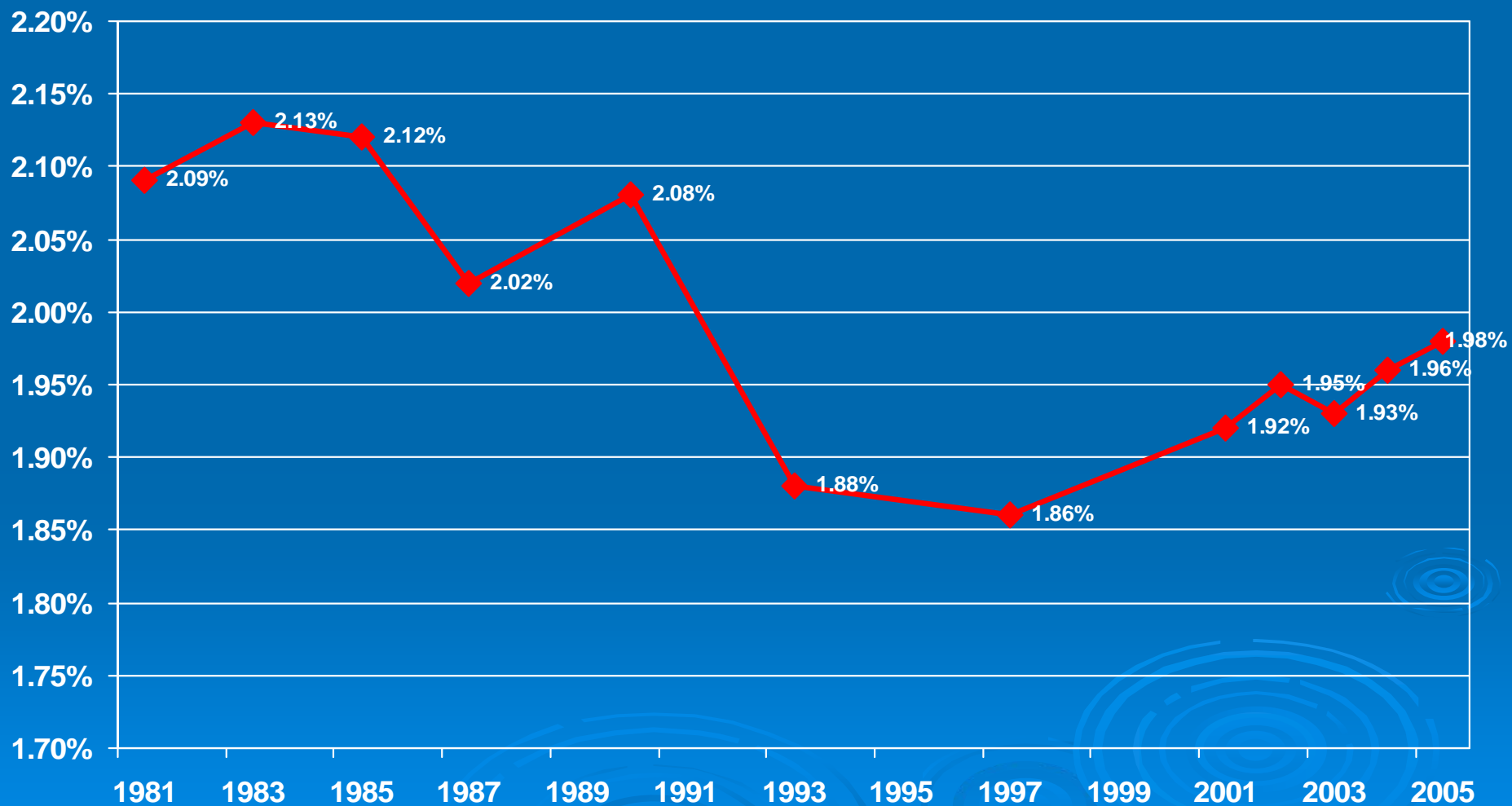
# Trend in State Mental Health Agency Controlled Mental Health Spending, FY'81 to FY'05



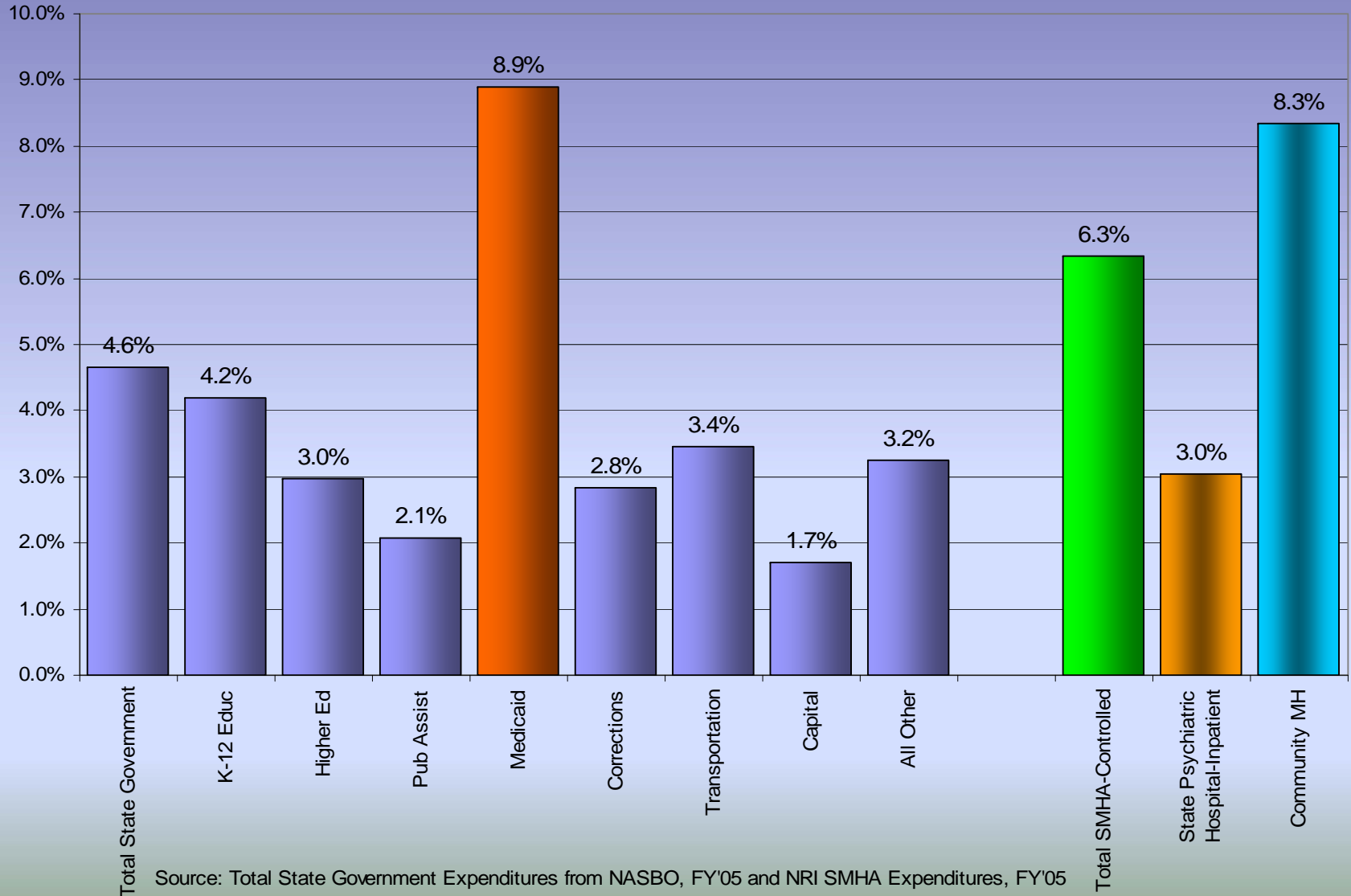
# Trend in Per Capita State Mental Health Agency Controlled Mental Health Spending, FY'81 to FY'05



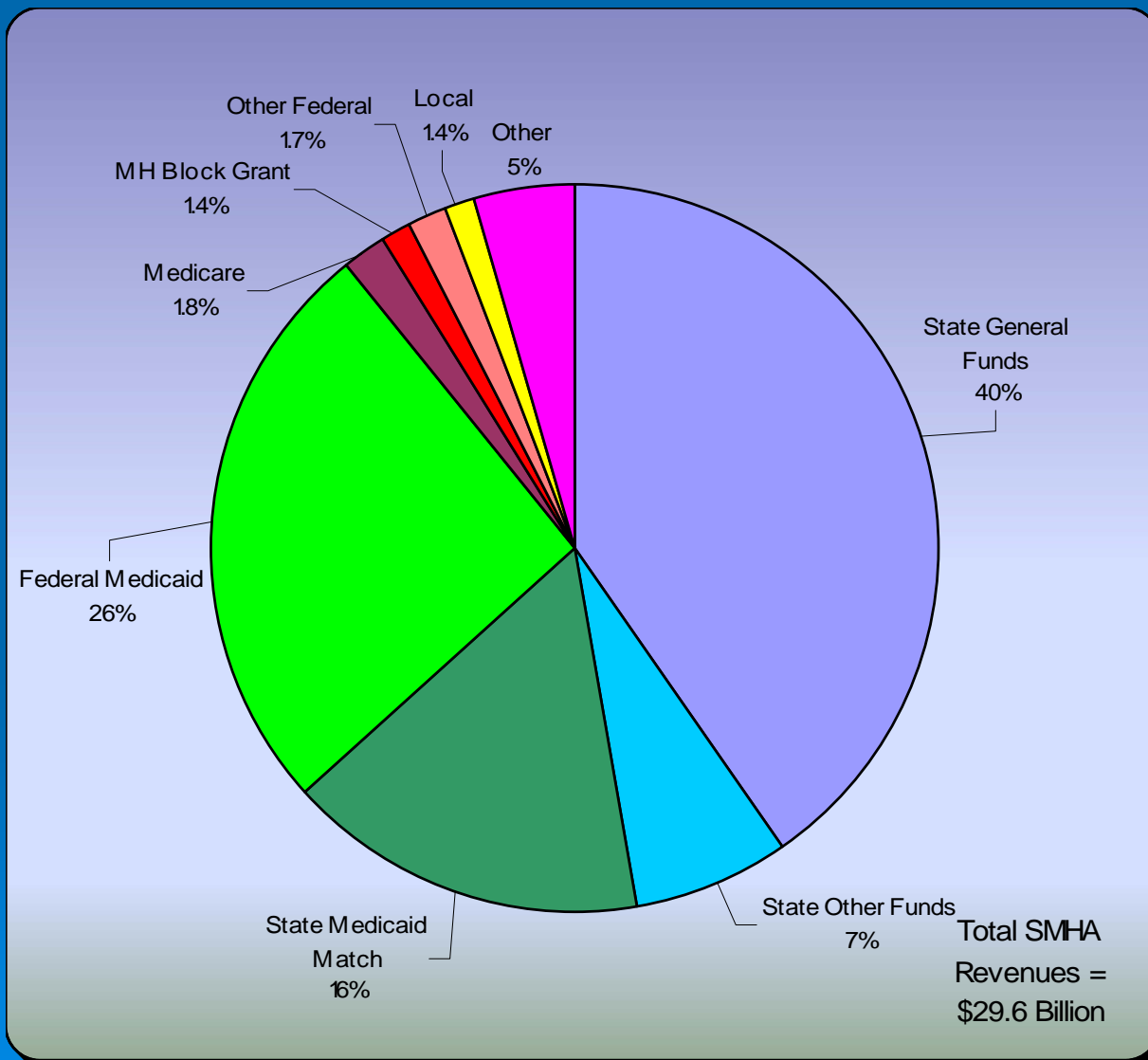
# Total SMHA Controlled Mental Health Expenditures as a Percent of Total State Government Expenditures: FY'81 to FY'05



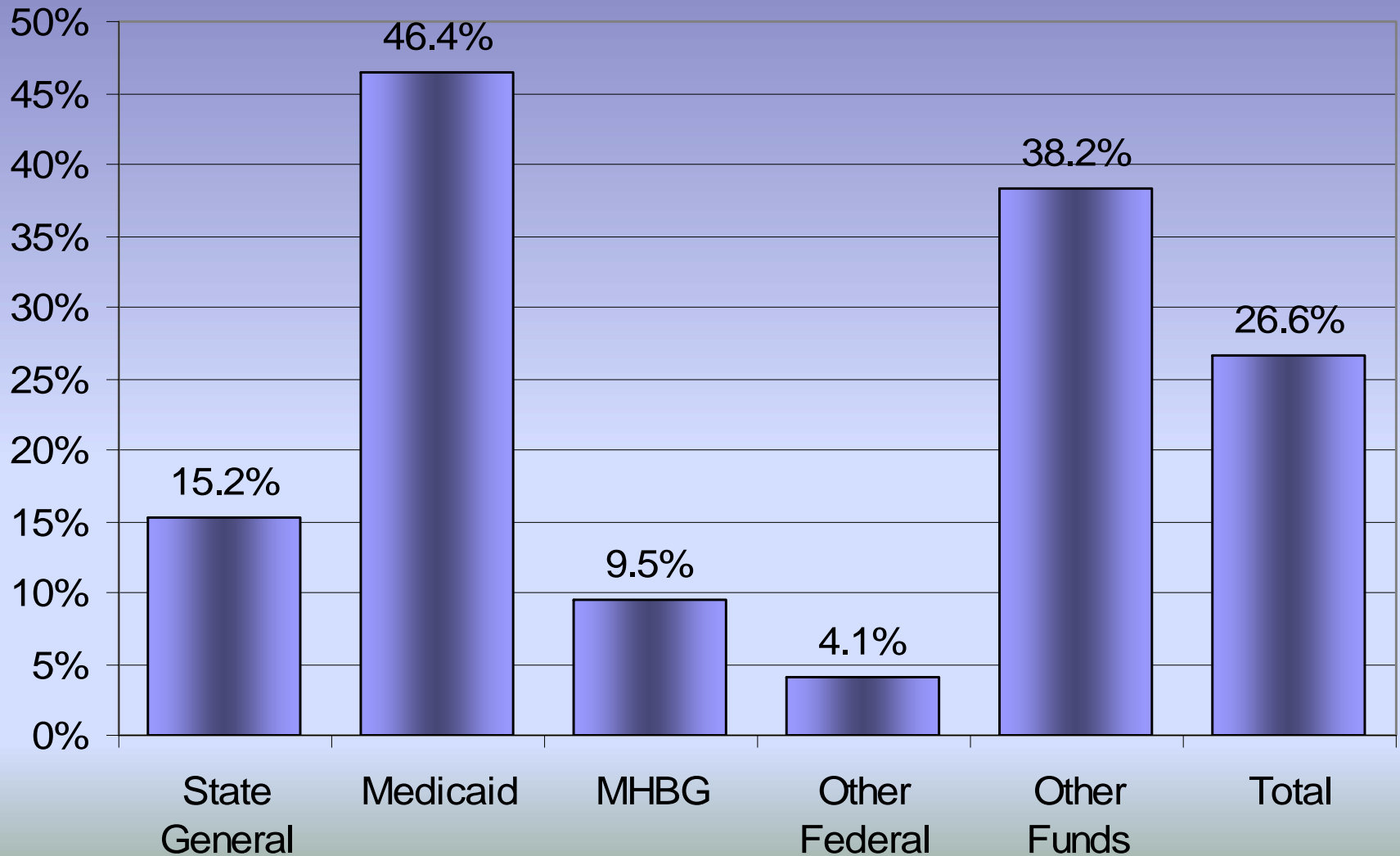
# Average Annual Change in State Government Expenditures: FY'01 to FY'05



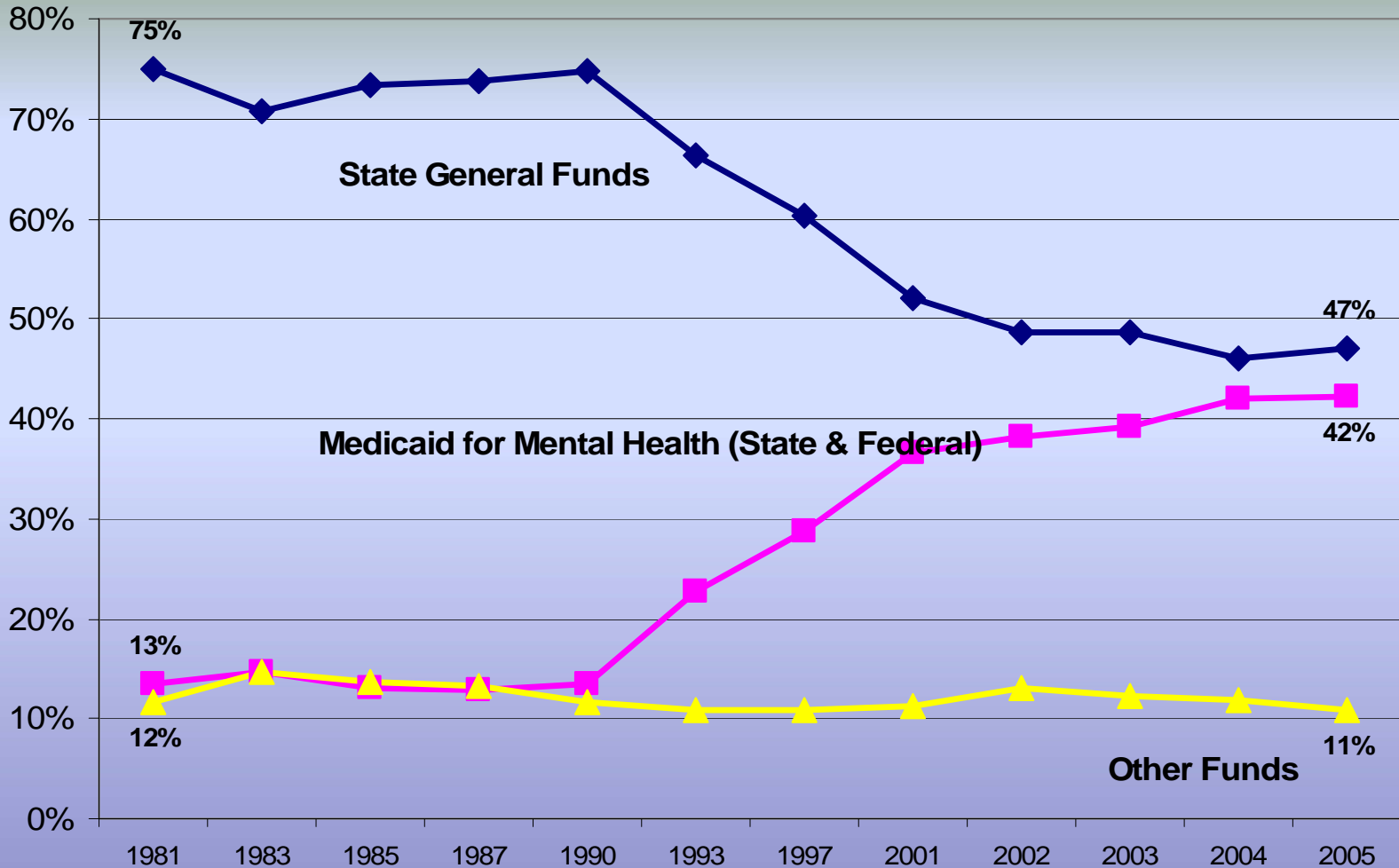
# SMHA-Controlled Revenues for Mental Health, FY 2005



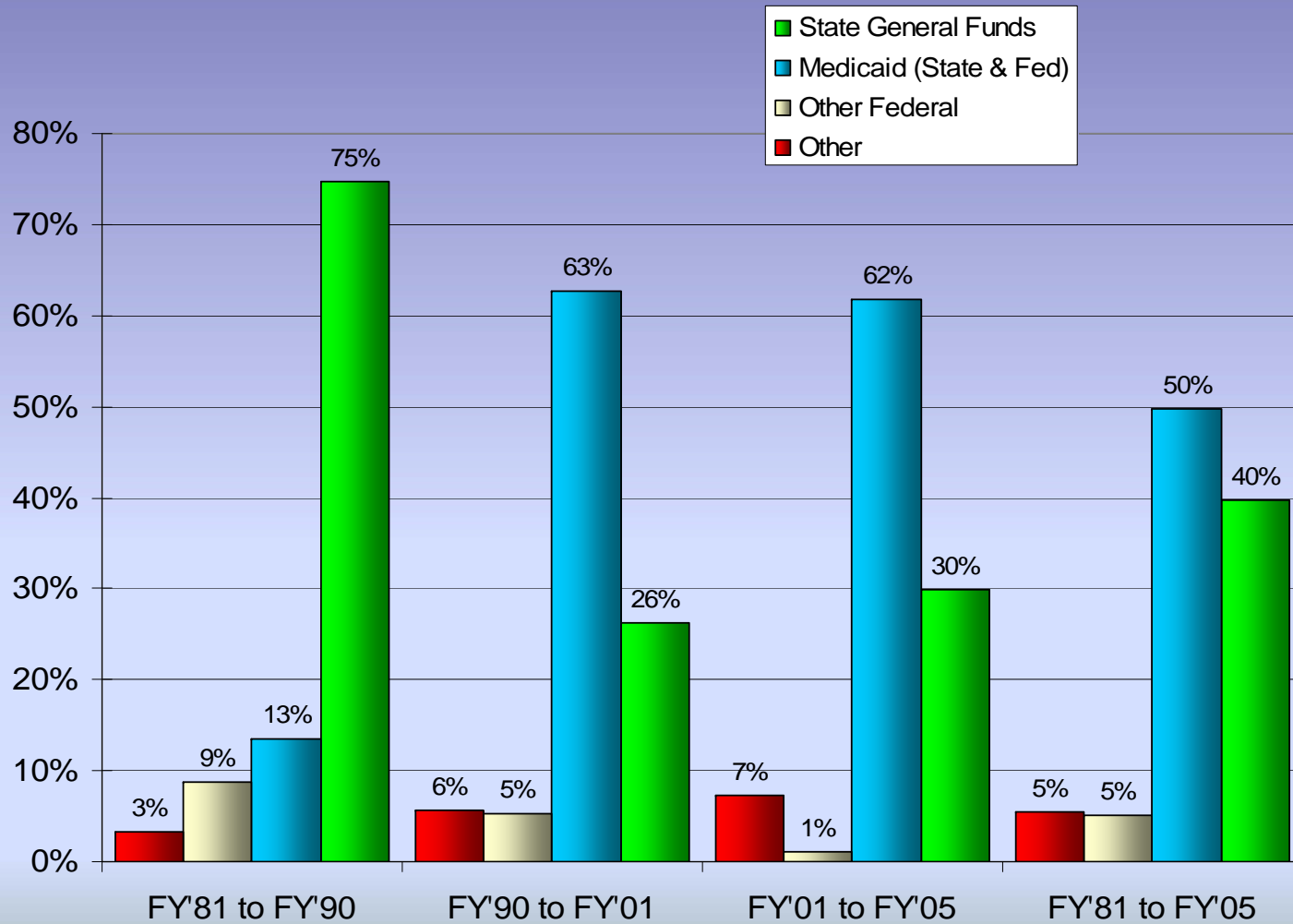
# Percent Change in SMHA-Controlled Revenues, FY'01 to FY'05



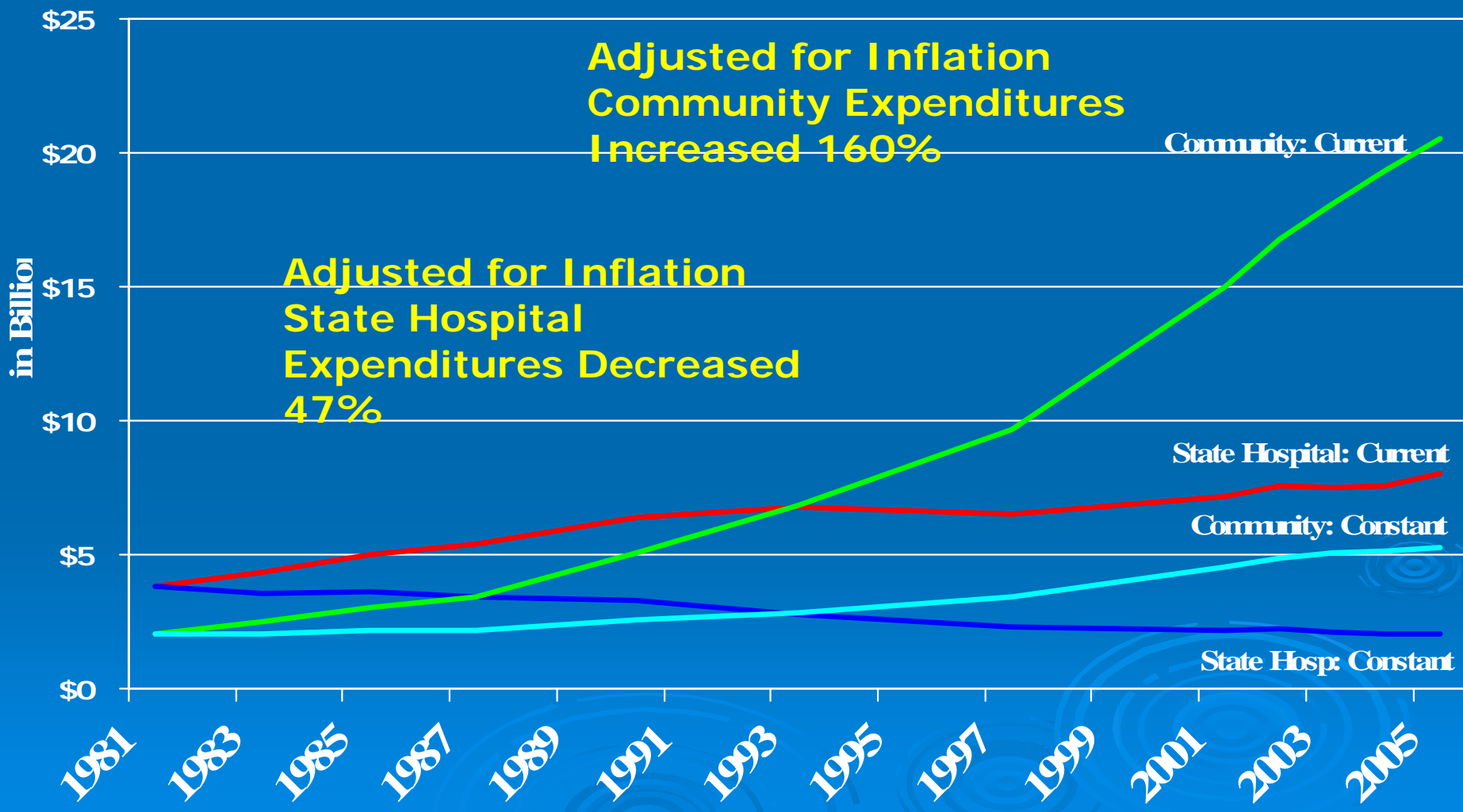
# SMHA-Controlled Revenues By Source As a Percent of Total Funds: FY 1981 to FY 2005



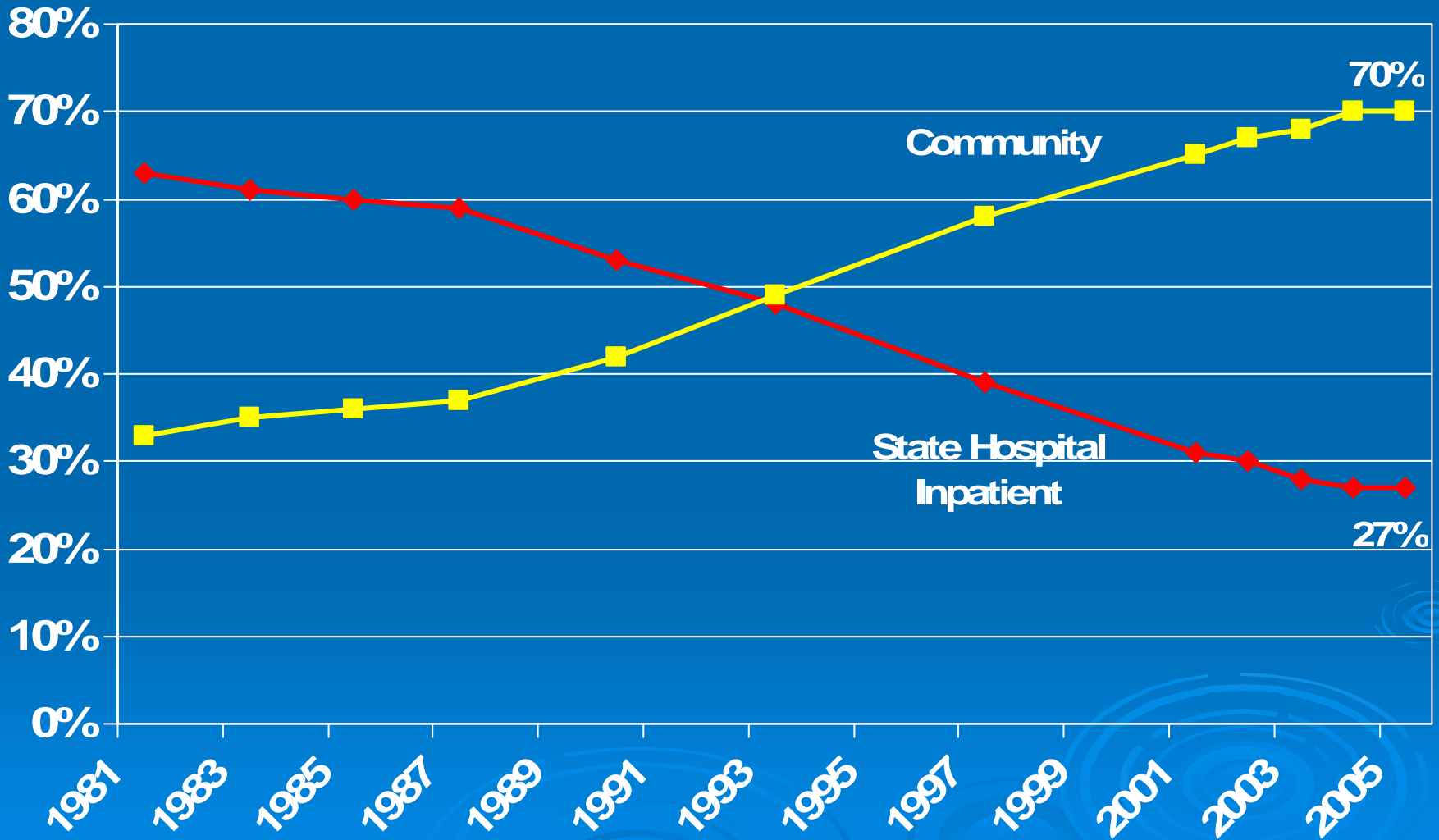
# Percent Increase in SMHA-Controlled Revenues From Major Funding Sources: FY'81 to FY'05



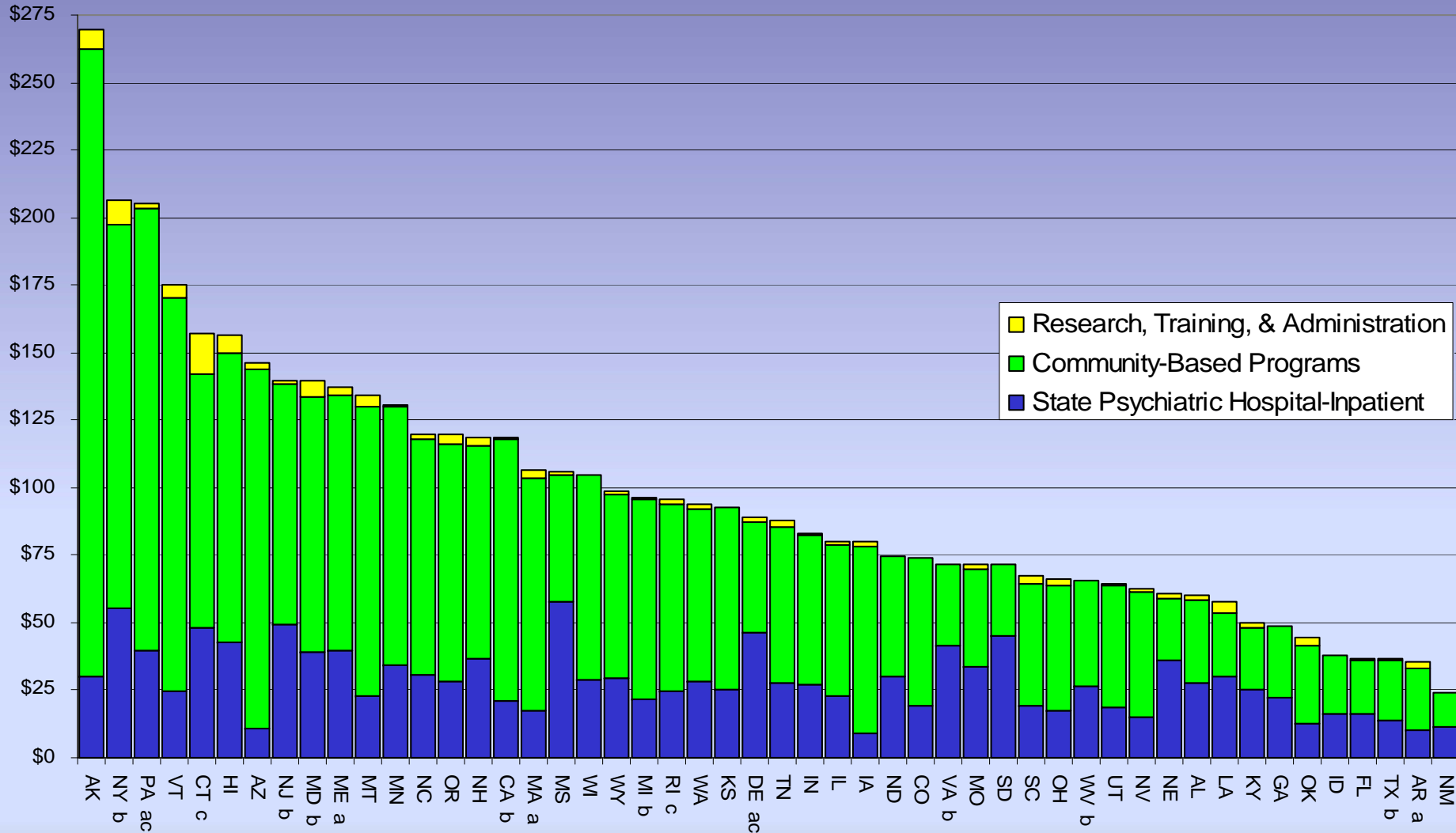
# SMHA-Controlled Expenditures for State Psychiatric Hospitals and Community MH: 1981 to 2005: Current and Constant (inflation adjusted)



# State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY'81 to FY'05



# Fiscal Year 2005 SMHA-Controlled Per Capita Expenditures For Mental Health Services



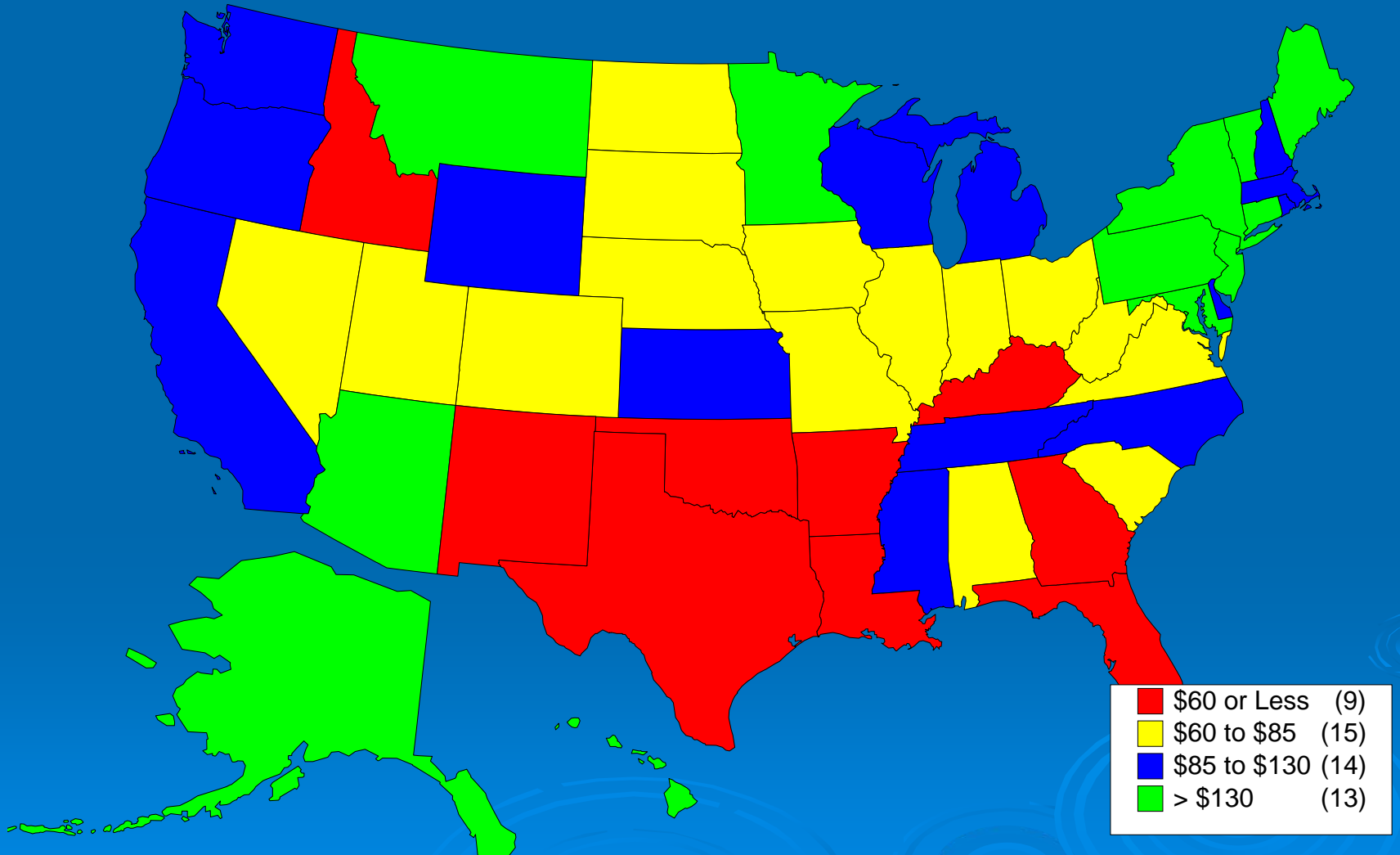
a = Medicaid Revenues for Community Programs are not included in SMHA-Controlled Expenditures

b = SMHA-Controlled Expenditures include funds for mental health services in jails or prisons.

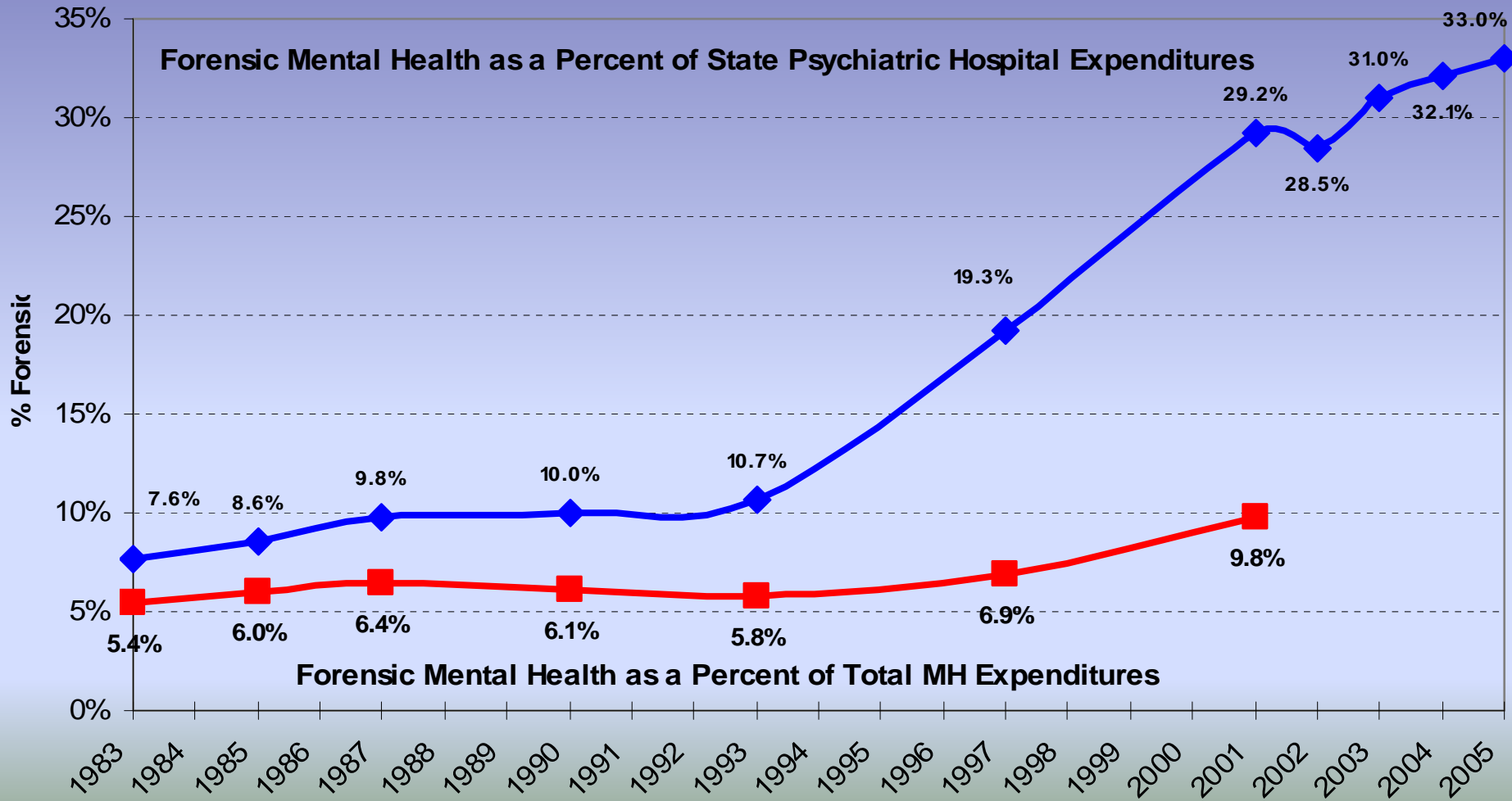
c = Children's Mental Health Expenditures are not included in SMHA-Controlled Expenditures

d = SMHA-Controlled Expenditures includes the "majority" of publicly supported housing provided to Adults with SMI and/or Children with SED

# Total FY 2005 SMHA-Controlled Per Capita Mental Health Expenditures



# SMHA-Controlled Forensics and Sex Offender Mental Health Expenditures, FY'83 to FY'05

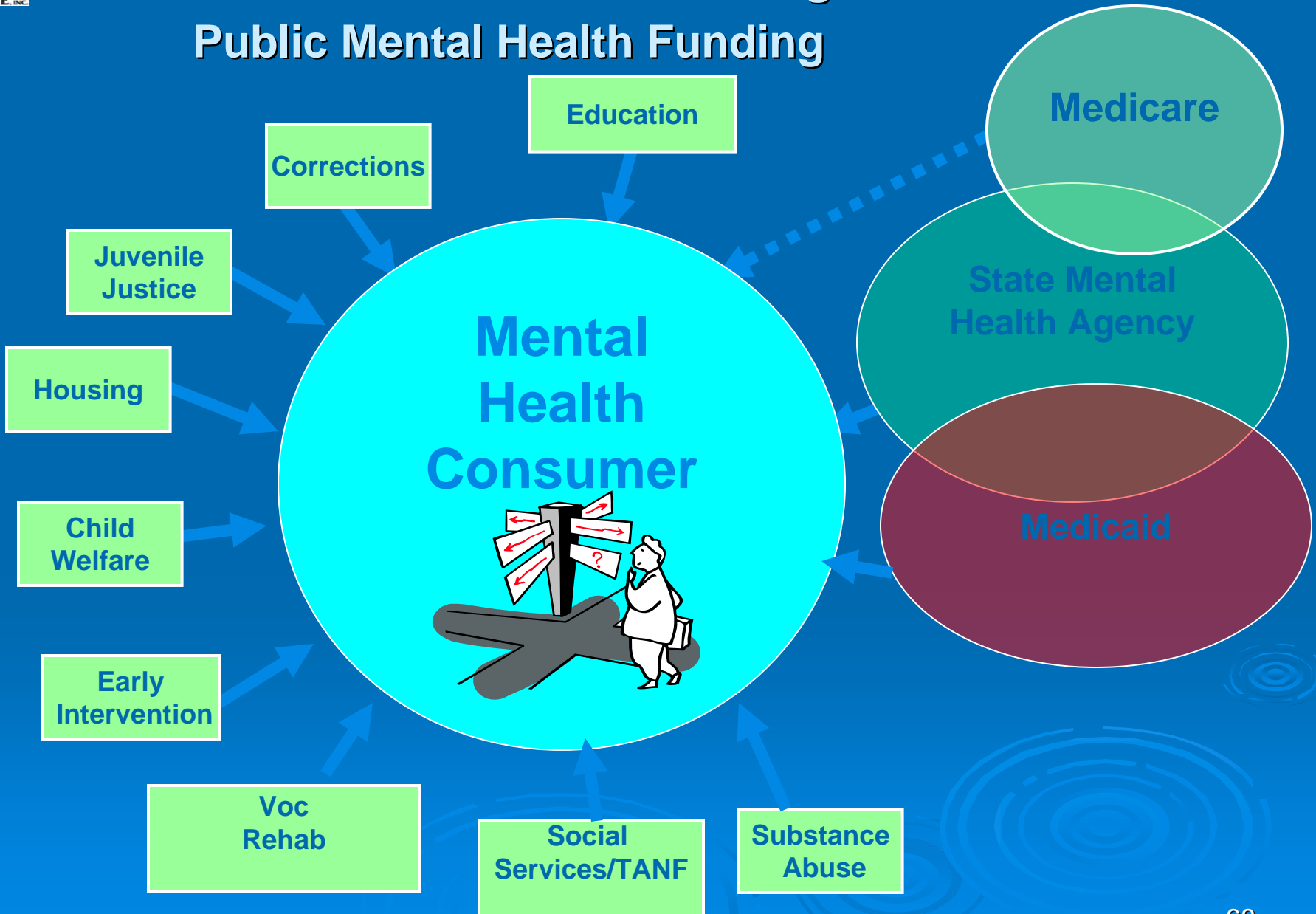


# Other State Agency Study

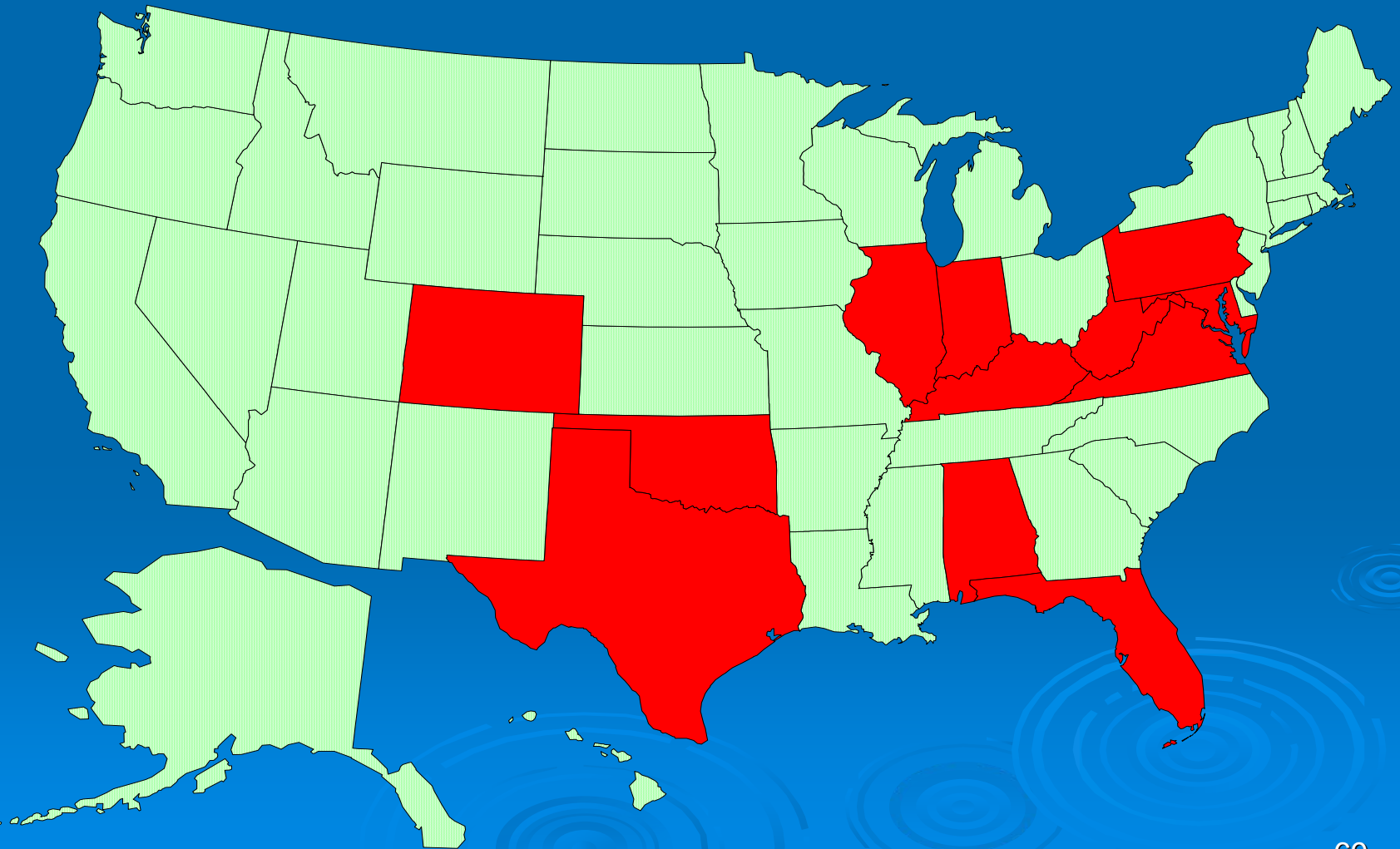
- **Funded by SAMHSA/CMHS**
- **Primary purpose is to explore feasibility of collecting data from other state agencies on their mental health expenditures, number of agency clients receiving such services, and sources of funding for mental health services.**
- **Some states tested the feasibility of identifying clients receiving MH services from both the SMHA and the OSA.**
- **Implemented in two phases:**
  - Phase 1: At varying degree of completeness, data for FY 2004-2005 were collected from 8 participating states
  - Phase 2: At varying degree of completeness data for FY 2005-2006 were collected from 9 participating states (with 3 overlapping states in both phases)

# SAMHSA Response: OSA Project

## Goal: To Gain Better Understanding of the Public Mental Health Funding



# States Participating in the NRI's OSA Study Phase II



# Other State Agency Study: Phase II

- Builds on Experience of States piloted in Phase I
  - Found that States could document mental health expenditures and clients of OSAs
  - 4 states are briefly describing their experiences today
- 15 States have elected to participate in Phase II
  - Protocol was refined to reflect state experiences
  - State stipends to support completion of work

# Other State Agency Study: Phase II

- **Some Preliminary Insights:**
  - **Other State Agencies are equally interested as the SMHA in documenting and understanding their role in mental health service delivery**
  - **The effort enabled many States to identify opportunities for inter-agency initiatives in line with the principles of transforming the mental health system**
  - **Limitations were set by the current state of recording and reporting data characterized by variation across state agencies**

# Other State Agency Study: Phase II

- Available OSA data by number of submitting states:
  - Medicaid – 9 states
  - Vocational Rehabilitation – 8 states
  - Juvenile Justice – 6 states
  - Corrections – 5 states
  - Education – 5 states
  - Child Welfare – 4 states
  - Housing – 3 states
  - Early Intervention – 3 states
  - Substance Abuse – 2 states
  - SCHIP – 2 states
  - Other agencies (3) – 3 states
  
- Contextual information collected across states that includes:
  - Implementation problems and issues encountered by the state
  - Strategies in engaging other agencies to the project
  - Lessons Learned

# Other State Agency Study: Phase II

- Other information collected or identified in the course of project implementation:
  - RSA 911 (Case Service Report): 2004 and 2005 National databases on Vocational Rehabilitation
  - HUD's Management Information System data elements
  - Identification of other agencies providing mental health services in the state
  - Sources of information on mental health expenditures by the Education Department

# Other State Agency Study: Phase II

## ➤ Final Products:

- Final Project Report will provide both process and data analysis, spell out the implications in state policy on mental health service delivery, and identify future research areas.
- A “Do-It-Yourself” Guide will be developed to help other states carry out this type of work.

## ➤ Ultimate Project Contribution:

States have better understanding of the full scope of state mental health service delivery and resources essential for improving state planning and care coordination for better client outcomes.