

# State Profile Highlights



Information from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI)

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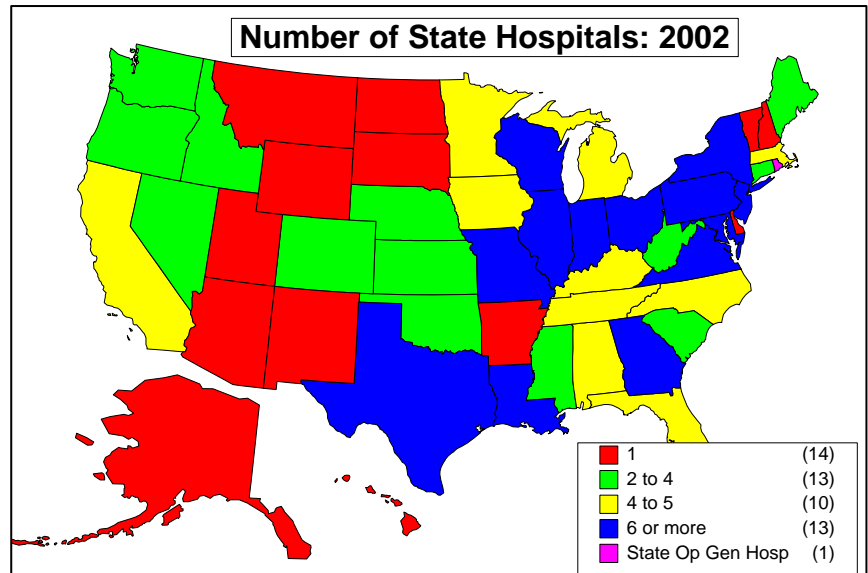
## State Psychiatric Hospitals: 2004

### MAJOR FINDINGS

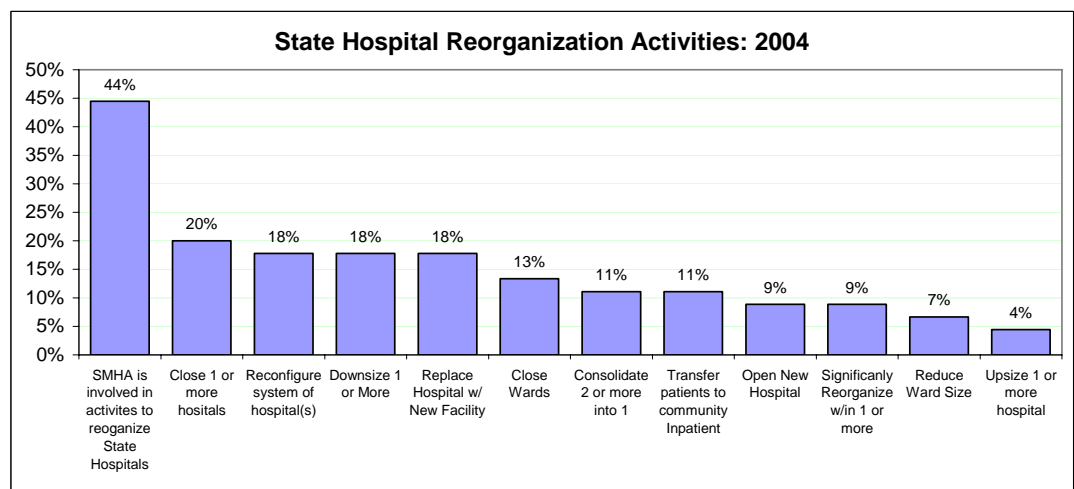
- ◆ Hospital closings continue, but at a slower pace than in 1990s.
- ◆ Nearly half of the states are reorganizing their state psychiatric hospital systems.
- ◆ 74% of the states (35) report experiencing shortages in psychiatric beds as a result of hospital downsizing and the closure of general hospital psychiatric beds and private psychiatric hospitals.

### Number of State Psychiatric Hospitals:

In 2002 there were 210 state psychiatric hospitals being operated by states totaling 49,000 beds (CMHS, “Additions and Resident Patients at End of Year, State and County Mental Hospitals”). These hospitals are distributed around the nation, with states having from none in Rhode Island (where the state operates a general hospital with psychiatric beds) to 27 in New York. The median number of state hospitals is 3 per state. The state psychiatric hospitals have an average of 247 residents.



**Reorganization of state hospitals:** Nearly half the states (20 of 45 responding) are reorganizing their state hospitals, including downsizing, reconfiguring, closing and/or consolidation. These reorganizations affect 64 state psychiatric hospitals. 5 states (MA, NE, NY, NC, TX) are consolidating two or more hospitals into one facility. In 8 states (DC, IL, MA, NE, NC, TN, TX, VA) the SMHAs are downsizing hospitals. 8 States (MA, MN, NE, NM, TN, TX, VT, VA) are reconfiguring their state hospital system.



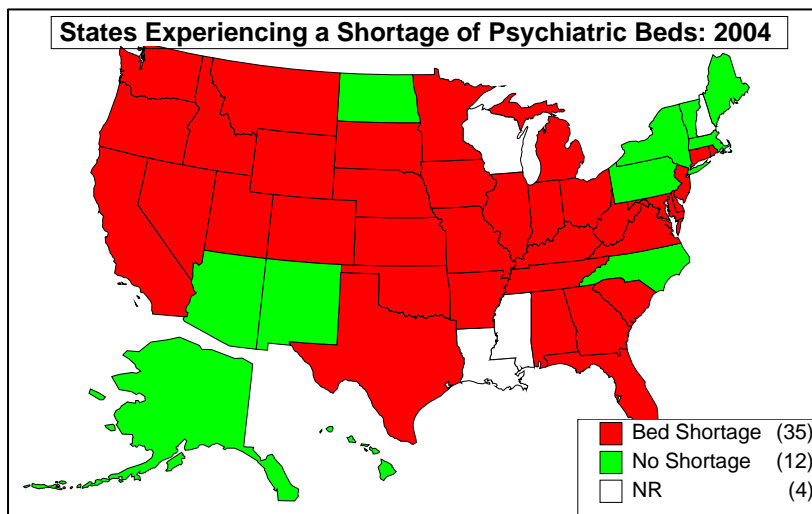
**State Psychiatric Hospital Closings:** The closure of state psychiatric hospitals and hospital beds is continuing. From 1970

to 2002, according to data from the Center for Mental Health Services (CMHS), residents in state and county psychiatric hospitals decreased over 85 percent (from 337,691 to 49,443). During this time, the number of state psychiatric hospitals declined by 30 percent (from 315 to 220). In the last 2 years, 5 states have closed hospitals (one each in AL,

The SMHA Profiles System was developed by the NASMHPD Research Institute, Inc., under contract No. 280-99-0502 from the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (CMHS)/Division of State and Community Systems Development/Survey and Analysis Branch. Cited reproductions, comments and suggestions are encouraged. Please contact Ted Lutterman (ext.121) with any questions or comments.

MD, MA, MI, SC). At least 8 states (IL, MN, NE, NJ, NY, NC, PA, VT) plan to close 10 state hospitals over the next two years. States continue to close psychiatric hospital beds: over the last 5 years, 28 states reported a decrease in the number of their state hospital beds and 3 states report they are planning to close a total of 419 beds over the next two years (AK, GA, NE). Only 2 states (MA, TX) plan to increase the size of one or more of its hospitals. There are 8 States (DC, GA, KY, ME, MN, NJ, NC, VT) that are currently in the process of replacing an older hospital with a newer facility and 4 are building new hospitals (CA, MA, NC, VA).

**Psychiatric Inpatient Bed Shortages:** SMHAs have not been alone in closing psychiatric beds. Over the last five years, (23 of 39) states have experienced declines in the number of general hospital specialty unit psychiatric beds and 22 states have experienced a decline in the number of private psychiatric hospital beds. The impact of all these closings is that over 74% (35 of 47) of the states are experiencing a shortage in psychiatric beds. In 34 states, the result is a shortage of acute care beds, in 14 states a shortage of long-term care beds, and in 12 states forensic beds. The impact of these bed shortages are increased waiting lists for state hospital beds in 17 states, increased waits for other psychiatric beds in 10 states, overcrowding in state hospitals in 14 states, increased resistance to closing additional state hospital beds in 10 states, and persons being in held in emergency rooms in 4 states. States describe having to undertake a variety of activities and expenditures to address these problems. These initiatives include increasing funding to community providers to provide inpatient and crisis services, increasing assertive community treatment programs, and launching studies of the problem. 34 states report they are developing or supporting alternatives forms of mental health treatment to reduce the need for these hospitalizations.

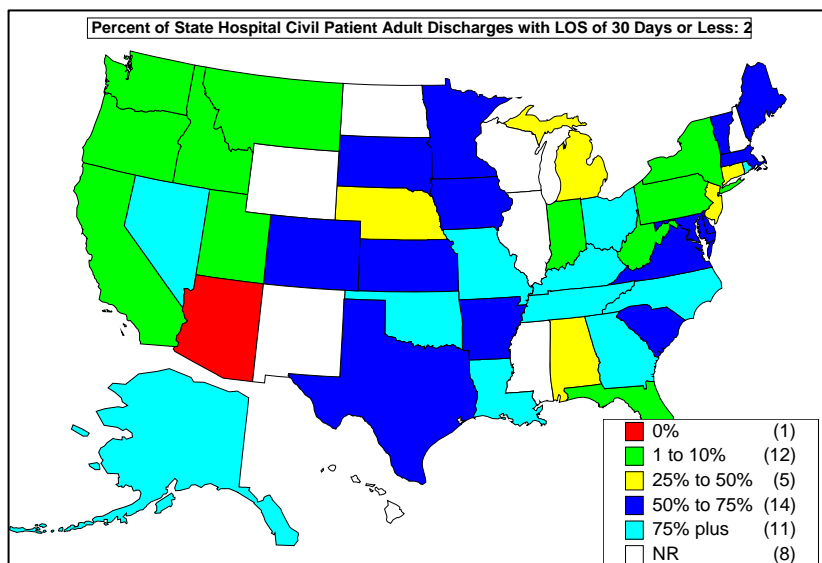


**State Hospital Length of Stay:** SMHAs vary widely in how they use their state hospitals to provide care. In the majority of states reporting, over half of all discharged adults have a length of stay under 30 days. Some states have elected to focus the state hospitals on acute care, others on long-term care, and some states have hospitals that provide both acute and long-term care.

State Psychaitric Hospitals Use By Types of Care

	Children	Adolsecents	Adults	Elderly	Forensic
Acute Only	2	3	2	1	0
Acute/Intermediate	6	5	1	1	0
Intermediate/Long Term	2	4	2	2	6
Long Term Only	0	0	1	1	2
All Levels	14	18	35	33	30
No Response	27	21	10	13	13

**Hospital – Community Linkage:** In 1 State, the administration of state psychiatric hospitals is located with a separate state government agency from the community mental health services (SD). In most states, 77% community-based programs perform a gate-keeping function over entry to state psychiatric hospitals via a single portal of entry, screening, or other procedures and mechanisms. Several states now require the use of public general and local hospitals as an initial admission site psychiatric inpatient before utilizing state hospitals: 30% of states (13) for adults and 18% for adolescents. 23 states do not require the use of these local hospitals.



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