

State Profile Highlights



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

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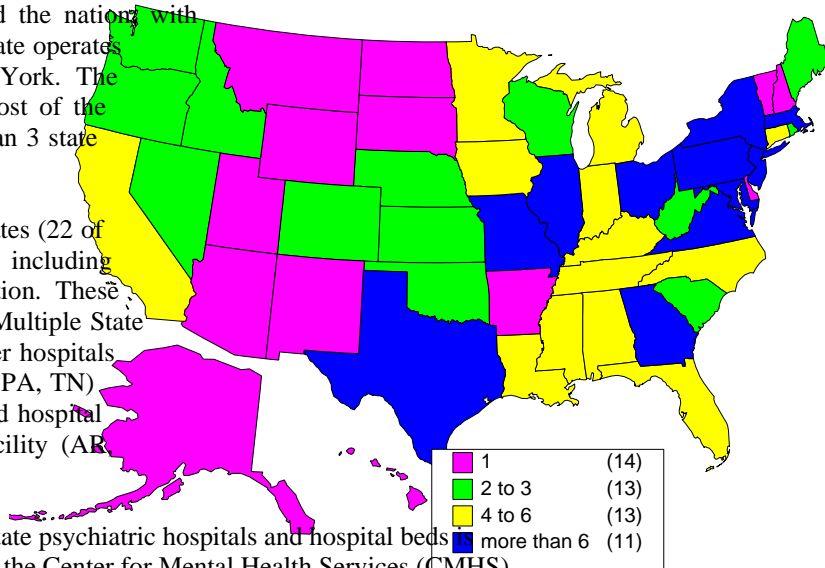
State Psychiatric Hospitals: 2006

MAJOR FINDINGS

- ◆ Nearly half of the states are reorganizing their state psychiatric hospital systems, Hospital closings continue, but at a slower pace than in 1990s. 11 States are building new hospitals to replace an old facility and 2 are building new hospitals.
- ◆ States expended over \$8 billion on state psychiatric hospital expenditures—29% of total SMHA-controlled Expenditures
- ◆ 80% of the states (35) report experiencing shortages in psychiatric beds as a result of hospital downsizing and the closure of general hospital psychiatric units and private psychiatric hospital beds.

Number of State Psychiatric Hospitals: In 2006 there were 228 state psychiatric hospitals being operated by states totaling nearly 49,000 beds. 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 25 in New York. The median number of state hospitals is 3 per state. Most of the states in the Great Plains and the West have fewer than 3 state hospitals.

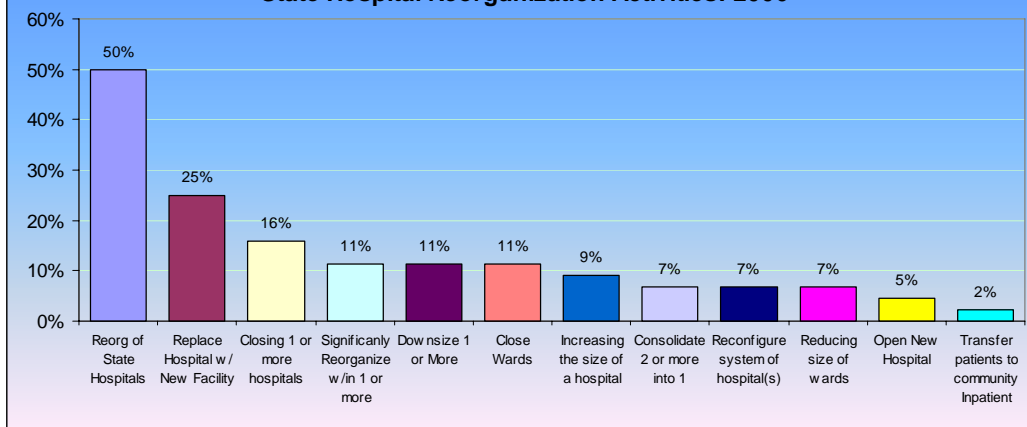
Number of State Psychiatric Hospitals: 200



Reorganization of state hospitals: Nearly half the states (22 of 44 responding) are reorganizing their state hospitals, including downsizing, reconfiguring, closing and/or consolidation. These reorganizations affect 46 state psychiatric hospitals. Multiple State Psychiatric Hospitals are being consolidated into fewer hospitals in 3 states (MA, NC, TX). In 5 states (GA, MA, NC, PA, TN) the SMHAs are downsizing hospitals. In 11 states old hospital facilities are being replaced with a new building/facility (AR, CO, DE, KY, MA, NC, NJ, OR, TN, VA, VT).

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). From 1970 to 2006, the number of state psychiatric hospitals declined by 28% percent (from 315 to 228). In the last two years, 4 states have closed hospitals (one each in MD, NJ, NY, PA,). At least 7 states (IL, MA, MN, NC, NJ, PA, VT) plan to close state hospitals over the next two years. States continue to close psychiatric hospital beds: over the last 5 years, 22 states reported a decrease in the number of their state hospital beds and 4 states report they are planning to close a total of 237 beds over the next two years (GA, MA, TN, VT). Only 4 states (IN, MA, SC, TX) plan to increase the size of one or more of its hospitals. There are 11 States (AR, CO, DE, KY, MA, NC, NJ, OR, TN, VA, VT) that are currently in the process of replacing an older hospital with a newer facility and 2 are building new hospitals (CA, MA).

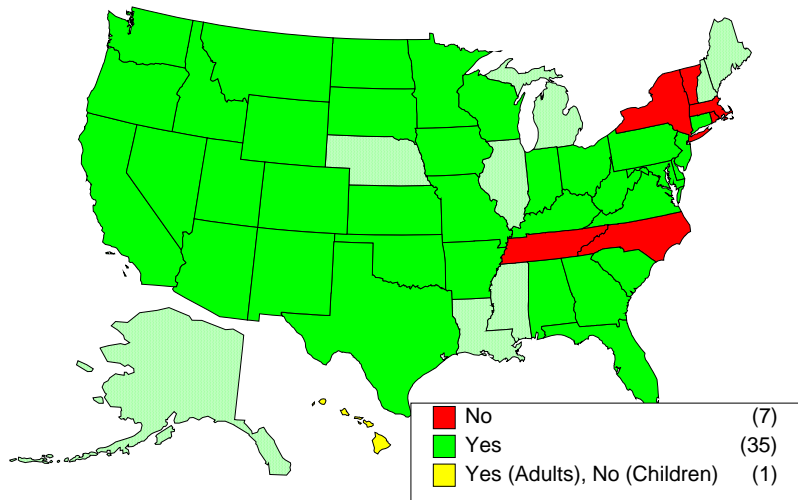
State Hospital Reorganization Activities: 2006



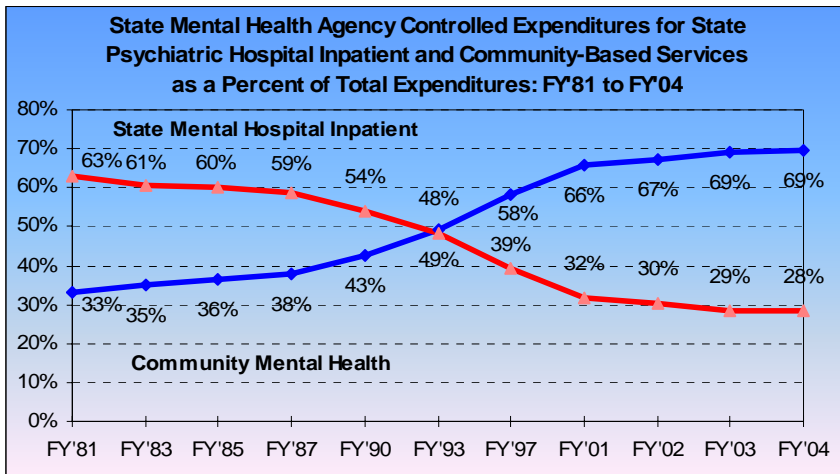
The SMHA Profiles System was developed by the NASMHPD Research Institute, Inc., under contract No. 280-99-0502 from the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (CMHS)/Division of State and Community Systems Development/Survey and Analysis Branch. Cited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

Psychiatric Inpatient Bed Shortages: SMHAs have not been alone in closing psychiatric beds. Over the last five years, 63.2% (24 of 38) states have experienced declines in the number of general hospital specialty unit psychiatric beds and 19 states have experienced a decline in the number of private psychiatric hospital beds. The impact of all these closings is that over 80% (35 of 44) of the states are experiencing a shortage in psychiatric beds. In 34 states, the result is a shortage of acute care beds, in 16 states a shortage of long-term care beds, and in 24 states forensic beds. The impact of these bed shortages are increased waiting lists for state hospital beds in 23 states, increased waits for other psychiatric beds in 11 states, overcrowding in state hospitals in 14 states, increased resistance to closing additional state hospital beds in 11 states, and persons being held in emergency rooms in 3 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. 43 states report they are developing or supporting alternative forms of mental health treatment to reduce the need for these hospitalizations.

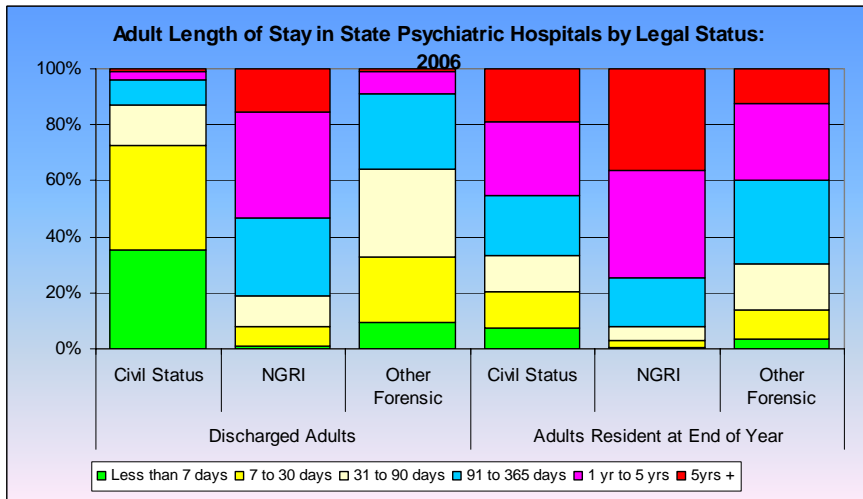
States Experiencing a Shortage of Psychiatric Inpatient Beds: 20



Expenditures for State Psychiatric Hospitals: FY'2004: In Fiscal Year 2004, SMHAs expended \$7.7 billion on inpatient care in state psychiatric hospitals (28% of their \$27.2 billion total mental health expenditures). From FY'01 to FY'04, expenditures for state psychiatric hospitals increased by 5.5% and their share of total mental health expenditures decreased from 32% in FY 2001. Expenditures for Forensic patients continue to grow and now represent 33% of all state hospital expenditures.



State Hospital Length of Stay: In the majority of states reporting, over 75% of all discharged civil status adults have a length of stay 30 days or less. However, SMHAs vary widely in how they use their state hospitals to provide care. Some states 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. Thus, length of stay patterns vary widely between states.



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 (CO). In most states (78%) 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 for psychiatric inpatient care before utilizing state hospitals: 37% of states (17) for adults and 11 for adolescents. 54% (25 of 45) states do not require the use of these local hospitals.

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