



**NASMHPD
RESEARCH
INSTITUTE, INC.**

GLOSSARY

**Funding Sources and Expenditures
of State Mental Health Agencies:
Fiscal Year 2009**

Please submit data no later than **December 3, 2010**

Inquiries and/or questions should be directed to:

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INTRODUCTION

This Fiscal Year 2009 Revenue/Expenditure Study is the sixteenth in a series that now includes information on State Mental Health Agency (SMHA) expenditures and revenues for FY'81, FY'83, FY'85, FY'87, FY'90, FY'93, FY'97, FY'01, FY'02, FY'03, FY'04, FY'05, FY'06, FY'07, and FY'08. This Glossary includes instructions and definitions to help states in completing the tables.

This study will provide a comprehensive database of comparable information about the SMHAs that the NASMHPD Research Institute (NRI) and states can utilize for budgeting, planning, and policy making, at the local, state, and national levels. The data will be used by NRI as a key component of its SMHA Profiling System in a new publication about the funding and characteristics of State Mental Health Agencies. These data are also used by many individual states to assist in their own budget processes. The data will also fulfill the requirements for Table 7 of the Center for Mental Health Services' (CMHS) Uniform Reporting System (URS) that is part of the each state's required Annual Mental Health Block Grant Implementation Report.

Tables 1 through 4 depict the mental health expenditures (Table 1) and revenues (Table 2) that are under the control of the SMHA. These funds include all State general funds to the SMHA, the federal mental health block grant, local funds (when required) to match State dollars, and other funds that the SMHA controls as well as the total expenditures and revenues of the community mental health system.

The term "SMHA-controlled" expenditures is meant to refer to the expenditure of funds by the SMHA or programs funded by the SMHA (such as community mental health providers), where the SMHA has some direct control over the expenditures of these funds. All state general revenues that flow through the SMHA to local providers should be included within the funds considered SMHA-controlled. Federal funds that go directly through the SMHA, such as the Mental Health Block Grant, PATH Homeless Grants, and other funds that the SMHA allocates to local providers (or county/city governments) should be counted as SMHA-controlled. In many SMHAs, the SMHA now has a role in working with the state Medicaid Agency to establish rates for mental health services, develop Medicaid options or Waivers for mental health services, or otherwise is involved in the use of Medicaid to pay for mental health services at the SMHA-funded system. In these instances, the SMHA should include these Medicaid (or other funds) within the resources it considers SMHA-controlled. Some SMHAs may allocate State General Fund and other expenditures to local mental health providers as part of a system where the expected amount of Medicaid (or Medicare or other funds) help determine how much State funds are provided. Again, in these instances, the Medicaid (and other funds) should be counted as SMHA-controlled. In instances where Medicaid (or other funds) is billed by local providers to another state government agency (such as Medicaid) and the SMHA has no involvement in the Medicaid program, then these funds should NOT be counted as SMHA-controlled.

An additional factor to be considered by SMHAs in determining the scope of their system to define as SMHA-controlled is to consider the mental health providers and system that are included in the development of the state's Mental Health Block Grant

Plan and Implementation report and the mental health services reported to CMHS under the Uniform Reporting System (URS). The NRI's Revenues and Expenditures data on SMHA-controlled expenditures should correspond to the services and clients reported within the URS as part of the SMHA system (e.g., if clients from community providers receiving services paid for by Medicaid are reported to CMHS through the URS and are part of the state's Mental Health Block Grant Plan, then the expenditures and revenues for these services should be reported here as SMHA-controlled.

Edit Checks have been built into the Excel file to help you review the data prior to submission. A few data items from the FY'08 study have been included that compare FY'08 and FY'09 data.

STUDY PROCESS

Each state should complete the attached tables as completely as possible. Please e-mail your completed data to Azeb Berhane at azeb.berhane@nri-inc.org. If you need a copy of the Table shells please contact Ping Wu at ping.wu@nri-inc.org.

Please utilize the built-in data edits to ensure accurate data reporting. If any item is flagged by the built-in data edits please review your data before returning it to NRI. If your data is accurate, then please submit explanations (data notes) for each flagged item. After each state has submitted data, NRI will run additional data edits. All errors and unresolved issues will be followed up with the state. A draft report depicting your data and information from all other states will be sent back to you for your state's review and commissioner's approval before NRI issues the final report. A copy of the final report will be sent to each SMHA Director and the state contact person for this project.

INSTRUCTIONS

Data reported on the Tables should include expenditures/revenues for **mental health only**. Expenditures for mental retardation/intellectual disabilities, alcohol abuse, or drug abuse programs should **NOT** be included. **If the SMHA has earmarked funds for dual diagnosis services, they should be included.**

Age group breakdowns are:

Children/Adolescents	through age 17
Adult/Elderly	age 18 and older
Age unknown	please use this category only if you cannot breakout expenditures by any age group distinctions.

Note: If exact expenditures are not available by these age categories, please estimate how the expenditures would have been spent based on your client caseload statistics. If you must report estimated age group expenditures, please so note on the tables. Please only use the "Age Unknown" column (Table 1) as a last resort if you are unable to either report actual age group related expenditures or to estimate age group expenditures.

Please report data for each major Administrative Auspice (State Psychiatric Hospitals, Community Mental Health, and SMHA Administration) If you are unable to depict expenditures for a services that are part of your system, a "NA" should be used in the tables to show that "services are provided, but that exact expenditures (or revenues) are not allocatable." If the service is not provided in your state, then a zero (\$0) should be used in the tables to show no expenditures for that service.

(For example, if your state funds Community mental health centers to provide Residential and Ambulatory Services, but the expenditure data submitted to you by local providers does not supply the detail needed to break out expenditures between Residential and Ambulatory Services, then place an "NA" in the

appropriate cells for both Residential and Ambulatory Services and put the actual expenditure amounts in the Other/Unknown row).

Round dollar amounts to the nearest \$100,000.

Capital Improvement expenditures and/or revenues to be used for capital improvements should **not** be included.

Fringe Benefit costs associated with State Mental Health Agency employees should be included, even if they are paid by another State agency. Please note this with a footnote. For example, if a State Department of Administration actually pays for employee fringe benefits, and these fringe benefits are 20% of salaries, please increase the SMHA expenditures by the fringe benefit rate (a 20% increase in personnel costs).

Footnotes

Please provide footnotes as necessary. Footnotes should document the source of the figures reported. They will be a useful reference if questions arise about the data requiring assessment of the reported figures.

Fiscal Year 2009 is your state's fiscal year that ended in calendar year 2009. For example, for most states, Fiscal Year 2009 ended on June 30, 2009.

TABLES FOR DOCUMENTING SMHA REVENUES AND EXPENDITURES

TABLE 1: SMHA-CONTROLLED MENTAL HEALTH EXPENDITURES

All mental health expenditures controlled by the SMHA are depicted in this table. The glossary provides definitions of each item. Expenditures for mental retardation/intellectual disabilities, alcohol abuse, or drug abuse programs are not to be included on this table.

Only TOTALS are required for the “Administration” line items.

In order to provide some contextual information for users of the data, please respond “yes” or “no” to the three questions at the bottom of Table 1.

Note: If the SMHA has earmarked funds for dual diagnosis services, they should be included in this table.

TABLE 2: SMHA-CONTROLLED MENTAL HEALTH REVENUES

Revenues specifically dedicated to each of the three Administrative Auspice Types are depicted on this table which will match revenue sources with the type of setting in which these revenues are ultimately expended. These include:

- SMHA-Controlled revenues dedicated to state psychiatric hospital programs;
- SMHA-Controlled revenues for Community-Based Programs; and
- SMHA-Controlled revenues dedicated to SMHA support activities of Research, Training, Prevention, and SMHA Administration.

The glossary section provides definitions to explain the allocations to the appropriate cells in the table. SMHA funds received and dedicated to MR/DD, alcohol abuse, or drug abuse services should not be included.

Include all funds that the State receives for services provided by SMHA operated programs. Thus, Medicaid, Medicare, and First/Third Party funds collected by the State for services provided at the SMHA **should be depicted** even if the funds revert directly to the state General Fund.

TABLE 3: DISPROPORTIONATE SHARE MEDICAID

Table 3 compiles information about Disproportionate Share Medicaid Revenues received by the State for mental health services provided at State psychiatric hospitals.

TABLE 4: STATE MENTAL HEALTH AGENCY STATE HOSPITAL EXPENDITURES BY PRIORITY GROUPS

Table 4 compiles additional data on mental health expenditures in state psychiatric hospitals reported on Table 1 for some of the priority populations that SMHAs are serving. Categories to report include forensic clients, sexually violent predators, and civil commitments. For each of these priority population groups, please use the SMHA’s definition. If you have to estimate the expenditures, please note on the table that these

figures are estimates.

Note: Totals from this table must match the total inpatient expenditures for state psychiatric hospitals reported on Table 1, row 1. Please include data for both children and adults.

EDIT CHECKS: The “Edit Checks” worksheet lists some data edits that will help you review data prior to submission. Please reconcile edits before sending the data to NRI.

GLOSSARY OF TERMS

STATE PSYCHIATRIC HOSPITALS

This category includes all SMHA funded and operated organizations operated as hospitals that provide primarily inpatient care to mentally ill persons from a specific geographical area and/or statewide. These hospitals may provide a variety of treatment and rehabilitative services. They may be designated as "mental health institutes," "centers," "State hospitals" "State forensic hospitals," "State psychiatric centers," or similar titles. A State operated community mental health center that operates inpatient beds should only be included if the center is licensed by the State as a hospital (otherwise, it should be included in community-based programs).

Only expenditures for inpatient, other residential and less than 24-hour care services that occur on a state hospital campus should be reported. All mental health services that are provided off the hospital grounds should be reported as part of the "SMHA Community-Based Programs" section on Tables 1 and 2.

Less than 24-hour care includes such services as: case management, partial care, and emergency services that are provided at a state hospital.

COMMUNITY-BASED PROGRAMS

This category includes services, programs, and activities provided in settings that are based in the community. These types of organizations include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including club houses and drop in centers), and all Community Support Programs (CSP). Include any services provided by state hospitals that are provided off the grounds of state hospitals.

Also county, city, general, and/or all other (non-State operated psychiatric hospitals) hospitals that either directly or indirectly receive, SMHA funds to provide inpatient, outpatient, residential, or other services, should also be reported as "SMHA-controlled community expenditures." These programs should be counted as community expenditures, even if the payments to such hospitals are made directly from the SMHA and do not pass through community-based programs (e.g., community mental health center, county level mental health board, clinic, etc.).

INPATIENT: Services offered in an inpatient setting to include diagnosis, treatment, and care to mentally ill individuals on a comprehensive 24-hour basis. Such services may be directly operated by the community-administered agency and/or such agency may, in turn, purchase inpatient services from another public or private agency or facility. Inpatient care may be offered in one or more of the following settings:

- Within the inpatient unit of a community mental health center or clinic.
- Via general medical/surgical beds within a public or private community-administered general hospital.
- By an established, organizationally separate, psychiatric unit, ward, or facility with assigned staff for inpatient care, operating within a public or private

community-administered general hospital.

- A designated, public (including county and/or city mental hospital) or private "psychiatric hospital" in which the majority of the facility's resources are devoted to inpatient care of mentally ill persons.

OTHER 24 HOUR CARE: Other 24 hour care refers to a setting, other than hospital inpatient setting, that provides congregate overnight living. A variety of services along a continuum of living arrangements may be offered, ranging from basic room and board with minimal supervision through 24 hour medical, nursing, and/or intensive therapeutic programs. Activities include: diagnosis, treatment, and care to mentally ill individuals, either on a residential treatment or residential support services basis. Residential treatment is overnight care in conjunction with an intensive treatment program. Residential support is overnight care in conjunction with supervised living and other support services. Depending upon the nomenclature used in the State, residential settings may include, but may not be limited to, any and all of the following:

1. RESIDENTIAL TREATMENT:

INTERMEDIATE CARE FACILITY (ICF): A residential facility providing room, board, social and rehabilitative services, and nursing services to include treatment, medication, and counseling. One registered or licensed nurse per 40 patients is usually minimal

SKILLED NURSING FACILITY (SNF): A residential facility offering services characteristic of the Intermediate Care Facility (ICF) with the addition of 24-hour, seven day per week nursing services required for complex patient medical conditions. These facilities usually have no less than one registered licensed nurse per 15 patients. SNF must have at least one or more medically-related health services such as physical services, physical, occupational or speech therapy, diagnostic and laboratory services, and/or medication.

RESIDENTIAL TREATMENT CENTER FOR EMOTIONALLY DISTURBED CHILDREN: An organization that provides individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients. It serves children and youth primarily under the age of 18.

2. HOUSING WITH SUPPORT SERVICES:

GROUP HOME: A residential facility providing post-institutional care or alternative to institutional care to include counseling, rehabilitation, supervised living, personal care, and other supportive services.

SUPPORTIVE LIVING FACILITY: A long-term residential facility that provides room, board, and possibly mental health care.

HALFWAY HOUSE: A residential facility providing short-term supervised living and/or care.

BOARD AND LODGING HOME/DOMICILIARY: Providing only room and board.

UNSUPERVISED AND SUPERVISED APARTMENTS: Providing only room and board; and/or minimal supervision.

LESS THAN 24 HOUR CARE: This refers to services provided in less than 24-hour care setting and not overnight. It includes outpatient, partial care, emergency, case management services, and prevention programs.

OUTPATIENT: Mental health services provided to clients on an hourly basis, on an individual or group basis, and usually in a clinic setting. Services such as screening, crisis intervention, outreach, and psychiatric treatment can be included. Outpatient services may be diagnostic, therapeutic, or adjunctive. Include expenditures for “wrap around” services here.

PARTIAL CARE/DAY TREATMENT: Structured programs of treatment, activity, or other mental health services provided in clusters of three or more hours per day. These programs are often called day treatment, partial hospitalization, psychosocial rehabilitation, or activity centers.

EMERGENCY: Programs that provide immediate and short-term services to cover patients experiencing psychiatric emergency or crisis situations. This covers telephone counseling, immediate services, and referral services

CASE MANAGEMENT: Functions as an outreach intervention for clients with the primary purpose of: a) assisting clients in accessing financial, housing, medical, employment, social, transportation, and other essential community resources; b) assisting community agencies in offering responsive services to the client population; c) assisting community agencies in offering responsive services to the client population; or d) mobilizing assistance from family, neighbors, and self-help groups on behalf of clients.

PREVENTION AND PROMOTION PROGRAMS: Mental health primary prevention programs are designed to directly reduce the incidence of mental disorders, the high-risk precursors of disorders; and the adverse consequences of high-risk precursors and/or early manifestations of the disorders themselves.

Prevention services may vary widely but are generally associated with primary and early intervention, secondary prevention, and/or tertiary prevention activities and may also include such promotion services as information, education, literature distribution, media campaigns, clearinghouse activities, speaker's bureaus, and school or peer group situations. These services may be directed at any portion of the population. No inpatient expenditures of any kind are to be included in this category.

ADMINISTRATION

CENTRAL/REGIONAL OFFICE SUPPORT: Include expenditures for the administration

of the SMHA including central and regional offices defined as SMHA activities that provide centralized policy direction and administrative management for all operational segments of the SMHA program. Functions usually include policy formulation, planning, budgeting, coordination, and evaluation. Supplemental/support activities may include fiscal administration, legal services, management information systems, purchasing, licensure, development of standards, and monitoring. SMHAs may operate from one central office or through a regional structure. Expenditures depicted herein will include the expenditures of the total central and/or regional structure.

The infrastructure of the SMHA may include separate administrative components for the planning, coordination, and development of community-administered programs, State psychiatric hospitals, and/or other programs. Expenditures for these SMHA divisions and/or components should be included in the total "SMHA Administration" figure.

RESEARCH/TRAINING: Include identifiable research activities funded and/or funded-and-conducted by the SMHA. Research activities may: a) constitute one or more components within a state psychiatric hospital(s), community program, or independent facility; b) comprise an entire program entity or facility (e.g., a Children's Psychiatric Research Institute); and/or c) be conducted at the SMHA central office.

Training refers to identifiable staff training and human resource development (HRD) activities or facilities funded and/or funded-and-operated by the SMHA. Training activities may: a) be conducted as part of the state hospital; within community-administered programs or independently run through an SMHA regional or central office; and/or (b) comprise an entire program entity facility (e.g., a Mental Health Training Institute). Please include all funds from federal HRD grants as well as all state funds devoted towards training activities.

STATE REVENUES: Depict only State funds that are received by or controlled by the SMHA. For mental health programs that are operated by the SMHA (such as state psychiatric hospitals or SMHA-operated community mental health centers) depict all state revenues that are used to fund the mental health provider. For mental health providers that are funded by the SMHA, report all state government funds that the SMHA distributes to the mental health provider (or city/county government) to pay for mental health services.

GENERAL APPROPRIATIONS: Funds provided directly to the SMHA by the state legislature.

OTHER STATE REVENUES: Includes any other funds from State sources other than the General Funds. These funds may include:

- **SPECIAL REVENUES:** Funds "dedicated" or "earmarked" for a specific purpose or objective and designated as such in SMHA revenue documents.
- **INTERDEPARTMENTAL:** Funds received by the SMHA from another State

government agency or entity (via fund transfer, contract, memorandum of agreement).

STATE MEDICAID: Funds constituting the SMHA and local portion/share of the Federal-State Medicaid match formula.

FEDERAL REVENUES:

MEDICAID: Funds that constitute the Federal portion/share of the Federal-State Medicaid match formula and are received by SMHA operated organizations through the SMHA. Report all Medicaid received by the State for services provided at state mental hospitals, even if these funds revert directly to the State general revenue fund.

If the SMHA is responsible for Medicaid funding of community mental health services or if the SMHA operates community-based programs, please report these Medicaid funds in the Community-based Programs column. For SMHA-funded organizations, only report Medicaid funds on this table if they are SMHA-controlled.

MEDICARE: Report all Medicare revenues paid to the state for SMHA-owned-and-operated mental health programs, even if these funds revert directly to the State general revenue fund and are not available for mental health programs. For SMHA-funded organizations, only report Medicare funds on this table if they flow through the SMHA

SOCIAL SERVICES BLOCK GRANT: Includes Title XX program funds that go through the SMHA or are expended by SMHA-operated mental health organizations.

MH BLOCK GRANT: The Community Mental Health Services Block Grant received by the SMHA and passed on to community mental health programs.

OTHER SAMHSA: Funds received from the Center for Mental Health Services (CMHS), or the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services.

These funds include CSP, CASSP, HRD, PATH (homeless) grants and research and other demonstration grants from CMHS or SAMHSA.

OTHER FEDERAL: Funds from any and all other Federal sources not included above. This would include funds from the National Institute of Mental Health (NIMH), Education Programs such as P.L. 94-142 (funds received from the Federal "Education for all Handicapped Children Act" for mental health services, workers, and teachers in special education settings) and P.L. 89-313 (Federal tuition assistance funds for basic aid for children in mental institutions), the Veterans Department, the Indian Health Service, and other federal agencies.

LOCAL REVENUES: Funds from local jurisdictions, such as counties, parishes, cities,

or multi-county agencies, provided through cash receipts, "in-kind," and/or match funds. Only list local funds that are required by the SMHA as a state match on Table 2.

OTHER REVENUES: Any and all other revenues not included above.

FIRST AND THIRD PARTY PAY

1st PARTY: revenues provided through direct payments made by the service recipient.

3rd PARTY: payment for service provided by a source that is neither the receiver nor provider of the service.

Report all First and Third Party funds generated by SMHA operated mental health organizations, even if the funds revert directly to the general treasury. For SMHA-funded organizations, report First and Third Party Funds if they are "Controlled by the SMHA."

FORENSIC SERVICES: Forensic services are related to: a) mental health support to state correctional system operations; b) mental health support to court system operations; and/or c) mental health support to local jail facilities. Specific forensic activities may include, but are not limited to: a) diagnosis of individuals placed in an inpatient unit for short-term psychiatric observation; b) provision of diagnostic and treatment support for correctional populations on an inpatient basis; providing security up to maximum levels; and provision of security staff in secure units for the rehabilitation and management of behaviorally problematic individuals. Forensic Services may include:

- NGRI/GBMI: "Not guilty by reason of insanity" (NGRI) and/or "guilty but mentally ill" (GBMI)
- PRE-TRIAL EVALUATIONS: Evaluation for competency to stand trial and/or insanity at the time of trial.
- INCOMPETENT TO STAND TRIAL: Defendants who are being treated by the SMHA facility until they are found competent for their trial to proceed.
- TRANSFERS FROM CRIMINAL JUSTICE/JUVENILE JUSTICE: Services to adult or juvenile prisoners who have been transferred to the state hospital to receive services.

SEXUALLY VIOLENT PREDATORS: An increasing population in many state mental health systems is persons deemed to be "Sexually Violent Predators." These persons have been convicted of a sexual offence and been sent to the mental health system for treatment and control.

CIVIL COMMITMENTS: Admissions to a state psychiatric hospital, either voluntarily or involuntarily that does not involve the court system.

FY 2009 REVENUES & EXPENDITURES TABLE SHELLS

Table 1

State: _____

FY 2009

FY 2009 State Mental Health Agency Controlled Mental Health Expenditures to the nearest \$100,000

Administrative Auspice	Service	Under Age 18 Children	Age 18 and Over Adults	Any Age Unknown	(all ages) TOTAL
	Inpatient (Licensed Hospital beds)*				\$0
	Other 24 Hour (Residential)				\$0
State Psychiatric Hospitals	Less than 24 hour care (provided at the state hospital)				\$0
	Service Setting Not Available				\$0
	Subtotal	\$0	\$0	\$0	\$0
	Inpatient (Licensed Hospital beds)				\$0
	Other 24 Hour (Residential)				\$0
SMHA-Controlled Expenditures of Community- Based Programs	Less than 24 hour care				\$0
	Other/Unknown: (please describe)				\$0
	Subtotal	\$0	\$0	\$0	\$0
	Central/regional office support				\$0
Administration	Research/Training				\$0
	Subtotal			\$0	\$0
GRAND TOTAL *		\$0	\$0	\$0	\$0

* See Table 4
for a breakdown
of these
expenditures

NA = Services provided but exact expenditures not available.

Please answer the following three questions:

1. Are Medicaid revenues for community programs included in SMHA-Controlled expenditures? _____
2. Do SMHA-Controlled expenditures include funds for mental health services in jails or prisons? _____
3. Are children's mental health expenditures included in SMHA-Controlled expenditures? _____

State: _____

Table 2

FY 2009

FY 2009 State Mental Health Agency Controlled Mental Health Revenues

to the nearest \$100,000

Revenue Source	Revenue Account	State Mental Hospital Programs	Revenues to Community Administered Programs	SMHA Support Activities	TOTAL
State Revenues	General				\$0
	Other State				\$0
	State Medicaid				\$0
	Subtotal	\$0	\$0	\$0	\$0
Federal Revenues	Medicaid				\$0
	Medicare				\$0
	Soc. Svcs. Block				\$0
	MH Block Grant				\$0
	Other SAMHSA				\$0
	Other Federal				\$0
	Subtotal	\$0	\$0	\$0	\$0
Local Revenues					\$0
Other Revenues	First Party				\$0
	Third Party				\$0
	Other Revenue				\$0
	Subtotal	\$0	\$0	\$0	\$0
GRAND TOTAL		\$0	\$0	\$0	\$0

NA = Services provided but exact revenues not available.

Table 3

FY 2009 Disproportionate Share Medicaid

to the nearest \$100,000

How much Disproportionate Share Medicaid was received by the State for care provided by State Psychiatric Hospitals?

Federal Share	
State Match	
Total DSH	\$0

Were these DSH Funds reported on Tables 1 & 2 above?

___ Yes ___ No

Table 4

State: _____

FY 2009

FY 2009 State Mental Health Agency State Hospital Expenditures by Priority Groups

State Hospital Inpatient (include both children and adults)	Expenditures (\$) to the nearest \$100,000	Patient Days (#)	Calculated cost per patient day
Forensic			
Sexually Violent Predators			
Civil (Voluntary and involuntary)	Children		
	Adults		
	Civil Subtotal	\$0	0
GRAND TOTAL *	\$0	0	

* Total should match total inpatient expenditures on Table 1

NA = Services provided but exact expenditures not available.