

Use of State Psychiatric Hospitals



NRI's 2020-2021 State Profiles

September 2021

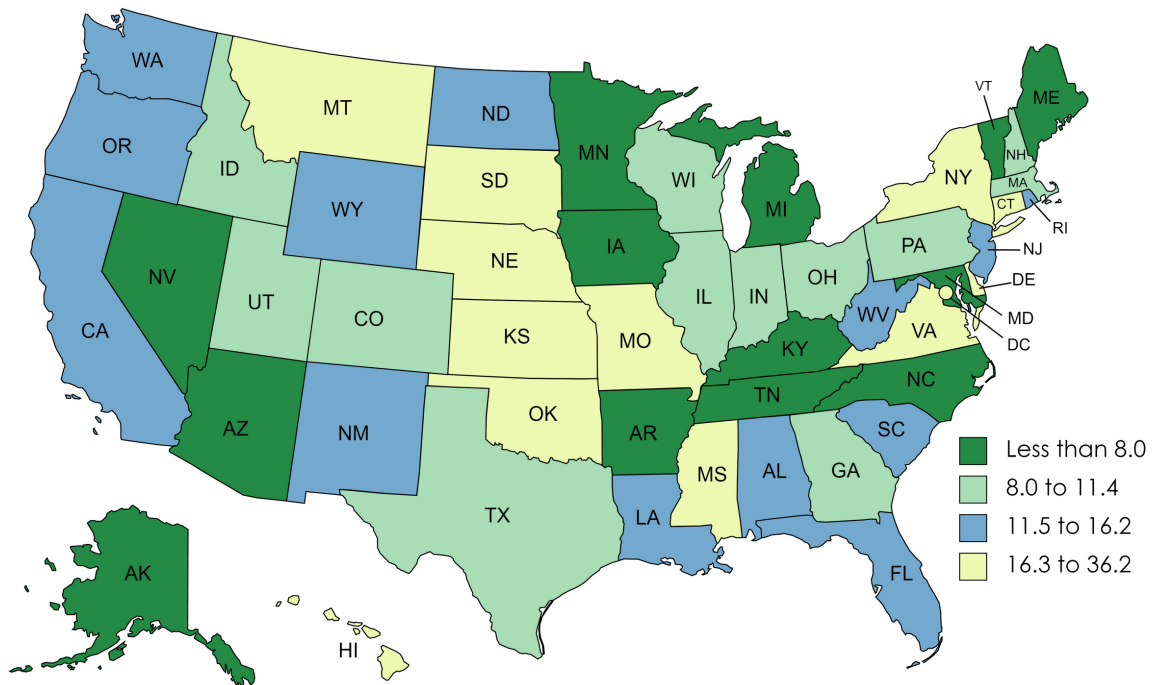
HIGHLIGHTS BASED ON 49 STATES RESPONDING TO THE ORGANIZATION AND STRUCTURE COMPONENT AND 48 RESPONDING TO THE POLICY COMPONENT OF NRI'S 2020-2021 STATE PROFILES AS WELL AS SUPPLEMENTAL INFORMATION FROM THE 2020 SAMHSA UNIFORM REPORTING SYSTEM

All states operate psychiatric inpatient beds, most of which are located in a specialty state psychiatric hospital. State Mental Health Agencies (SMHAs) use inpatient beds for acute, intermediate, and long-term care for different populations including children, adolescents, adults, older adults, and forensic population. In fiscal year 2020, SMHAs expended over \$12 billion dollars to provide services in state psychiatric hospital inpatient settings.

Patients Served in State Psychiatric Hospitals

In 2020, 39,963 patients were in a bed in a state psychiatric hospital at the start of the year and state hospitals served 124,519 unique patients throughout the year—each bed was used by an average of 3.1 patients during the year (2020 Uniform Reporting System, SAMHSA). States varied from having 6,104 resident patients in California to 21 patients in Vermont. Adjusting for state population, states averaged 12.1 patients per 100,000 population, but varied from a high of 36.2 per 100,000 in Virginia to a low of 2.9 per 100,000 in Arizona.

Resident Patients in State Psychiatric Hospitals per 100,000 State Population



\$12

Billion in expenditures for state psychiatric hospitals

39,963

Patients being served in state psychiatric hospitals at the start of the year

60%

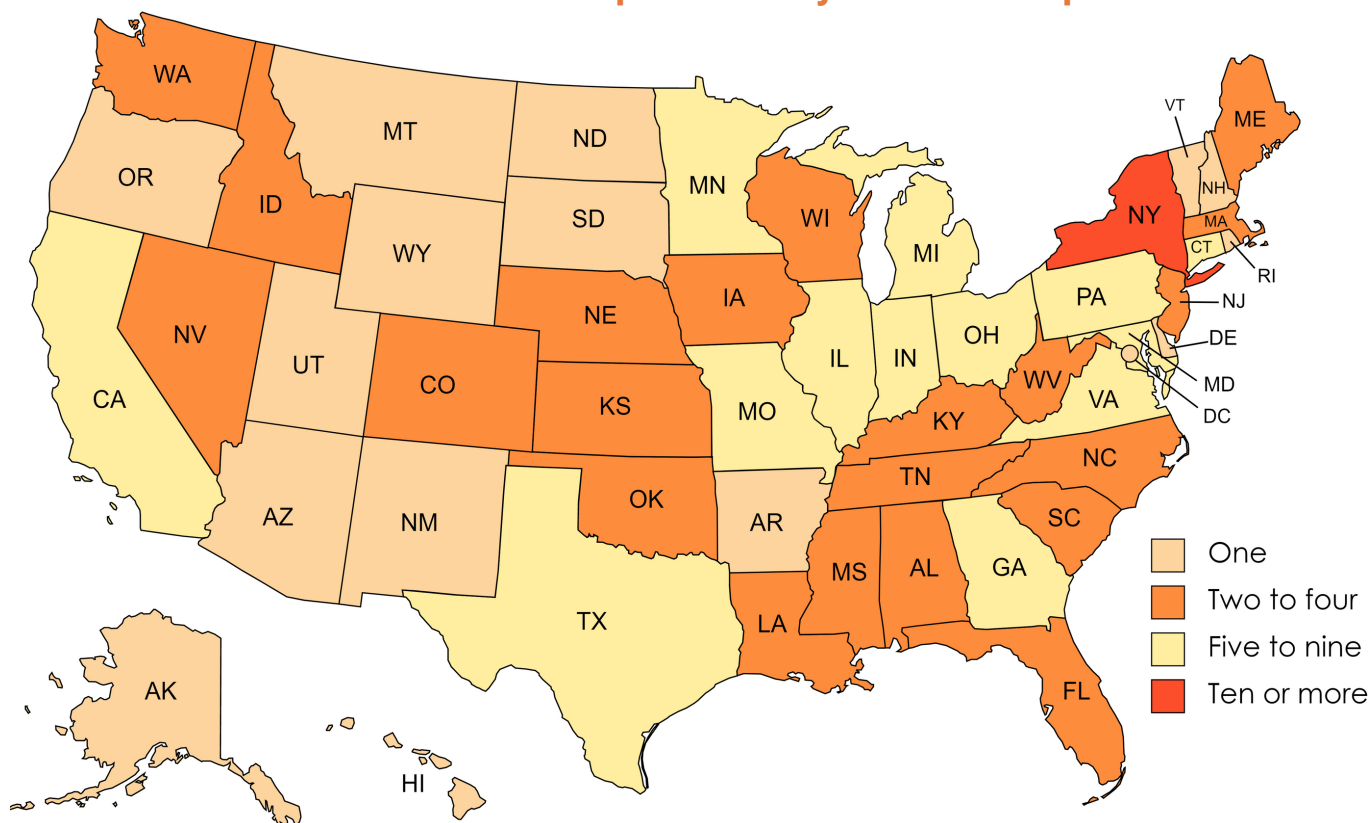
of State hospital patients had a forensic or sex offender legal status

Use of State Psychiatric Hospitals

Number of State Psychiatric Hospitals

In 2020 there were 177 state-operated psychiatric hospitals, with the median state operating 2 separate hospitals. The number of state psychiatric hospitals in each state ranges from a high of 23 hospitals in New York, to a low of one hospital in 16 states (note, Rhode Island has state-operated psychiatric inpatient beds located as part of a state-operated general hospital). In 41 states, there were 130 state psychiatric hospitals accredited by the Joint Commission or other independent accrediting organization.

Number of State Operated Psychiatric Hospital



Oversight of State Psychiatric Hospitals

The majority of SMHAs are responsible for both the oversight and management of state psychiatric hospitals and community mental health services. However, in 16 states, responsibility for state psychiatric hospitals are located in a different state agency than the SMHA agency responsible for community mental health services

(Arizona, California, Maine, Michigan, Minnesota, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Washington, and West Virginia).

Clients Served by State Hospitals

States vary widely in how they use their state psychiatric hospitals. 31 states reported their state psychiatric hospital do not treat children. Three states use their state hospitals to only provide acute (short-term 30 day or less) services for adults and six states focus their state hospital services for adults on longer term services (more than 30 days), but most states use their state hospitals to provide both short and long-term care services.

Client Groups Served in State Psychiatric Hospitals

State Hospital Use	Children	Adults	Forensic
Acute Only	7	3	0
Long Term Only	3	6	6
Both Acute & Long Term	7	37	41

Legal Status of Resident Patients: Over 56 percent of residents in state psychiatric hospitals at the start of the year had a forensic (criminal justice or sex offender) legal status. Only 5.1 percent of resident patients were in the hospital as a voluntary patient.

Legal Status of Admissions during the Year: Forensic legal status patients were 30 percent of all admissions, but patients in the hospital for a short-term involuntary hold, and civil status involuntary clients constituted a much larger share of admissions than resident patients.

States varied considerably in how they use their state hospitals for forensic patients or civil status patients. In four states, over 70% of residents had a forensic or sex offender legal status (California, Illinois, Maryland, and Wisconsin) and in six states over 70% of admissions had a forensic or sex offender legal status (California, Colorado, Florida, Louisiana, Maryland, and Rhode Island).

Legal Status of Patients in State Psychiatric Hospitals (Admissions During The Year and Residents at Start of Year)

Patient Legal Status	Admissions		Residents First Day of Year	
	N	%	N	%
Voluntary	4,443	6.9%	1,729	5.1%
Involuntary Holds	20,166	31.4%	2,217	6.5%
Involuntary Civil	17,478	27.2%	9,526	28.1%
Involuntary Forensic	19,038	29.6%	16,868	49.8%
Sex Offender	379	0.6%	2,055	6.1%
Dual Legal Status	70	0.1%	15	0.0%
Other	2,637	4.1%	1,470	4.3%
Total	64,211	100%	33,880	100%
Number of States Reporting	37		32	

Controlling Admissions to State Psychiatric Hospitals

In 14 states (Arizona, Connecticut, Delaware, Indiana, Kentucky, Missouri, North Carolina, New Jersey, Ohio, Texas, Utah, Virginia, Wisconsin, and West Virginia) community mental health providers are responsible for controlling entry into state psychiatric hospitals. Fifteen states have policies that require general hospitals to be used as initial inpatient admission sites for adult psychiatric inpatient treatment before using state hospitals (Alabama, Arizona, California, Delaware, Idaho, Illinois, Massachusetts, Nebraska, New Jersey, New York, Pennsylvania, Rhode Island, South Dakota, Utah, and Washington), and seven states require general hospital use for children and adolescents (Alabama, Idaho, Illinois, New York, South Dakota, Washington, and West Virginia).

Psychiatric Inpatient Bed Shortages

Thirty-four SMHAs reported their state is experiencing a shortage of psychiatric inpatient capacity. Shortages of forensic beds were the most frequently cited shortage (27 states). States reported acute inpatient bed shortages at both state psychiatric hospitals (20 states) and of other psychiatric beds (in private psychiatric hospitals or general hospital psychiatric units) in 20 states. Shortages of long-term beds were more common in state psychiatric hospitals (23 states) than other psychiatric inpatient settings (14 states).

Shortages of inpatient beds has resulted in increased waits for state hospital beds (29 states), increased waits for other psychiatric beds (18 states), and increased resistance to closing additional state hospital beds (13 states). In addition, several states noted that shortages have shifted client populations, with increased access for forensic legal status clients but reduced capacity to serve civil legal status clients.

States are undertaking actions to address psychiatric bed shortages, including opening crisis units and mobile crisis teams to divert from inpatient care, funding increased community-based services to reduce the need for hospital level of care, and several states are increasing the number of forensic beds available at their state hospitals.

Reorganization of State Psychiatric Hospital Systems

In 2020, 11 states (California, Florida, Idaho, Michigan, New Mexico, New York, Texas, Virginia, Washington, and Wisconsin) were reorganizing their state psychiatric hospital systems.

- California, Texas, Virginia, Washington, and Wisconsin were increasing the number of beds.
- New York was downsizing one or more hospitals.
- Idaho, Michigan, New York, Texas, Virginia, and Wyoming were in the process of building a replacement hospital to take the place of an older building.

**For Additional Information About this Report, or the SMHA Profiles Project,
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National Association of State Mental Health Program Directors Research Institute (NRI)