State Psychiatric Hospitals: History and Trends

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Commission on Mental Health Presentation
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Lutterman, T., Berhane, A., Phelan, B., Shaw, R., & Rana, V. (2009). *Funding and characteristics of state mental health agencies, 2007. HHS Pub. No. (SMA) 09-4424. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.*

Psychiatric Hospitals: State of the States

- In every state, there are state-owned-and-operated psychiatric inpatient beds that are used for persons in need of the most intensive level of mental health services.

- In most states (44), the operation of state psychiatric hospitals is part of the SMHA's responsibilities. In six states (Colorado, New Hampshire, New Mexico, Rhode Island, South Dakota, and Wyoming), a separate state government agency has this responsibility.

Psychiatric Hospitals: State of the States

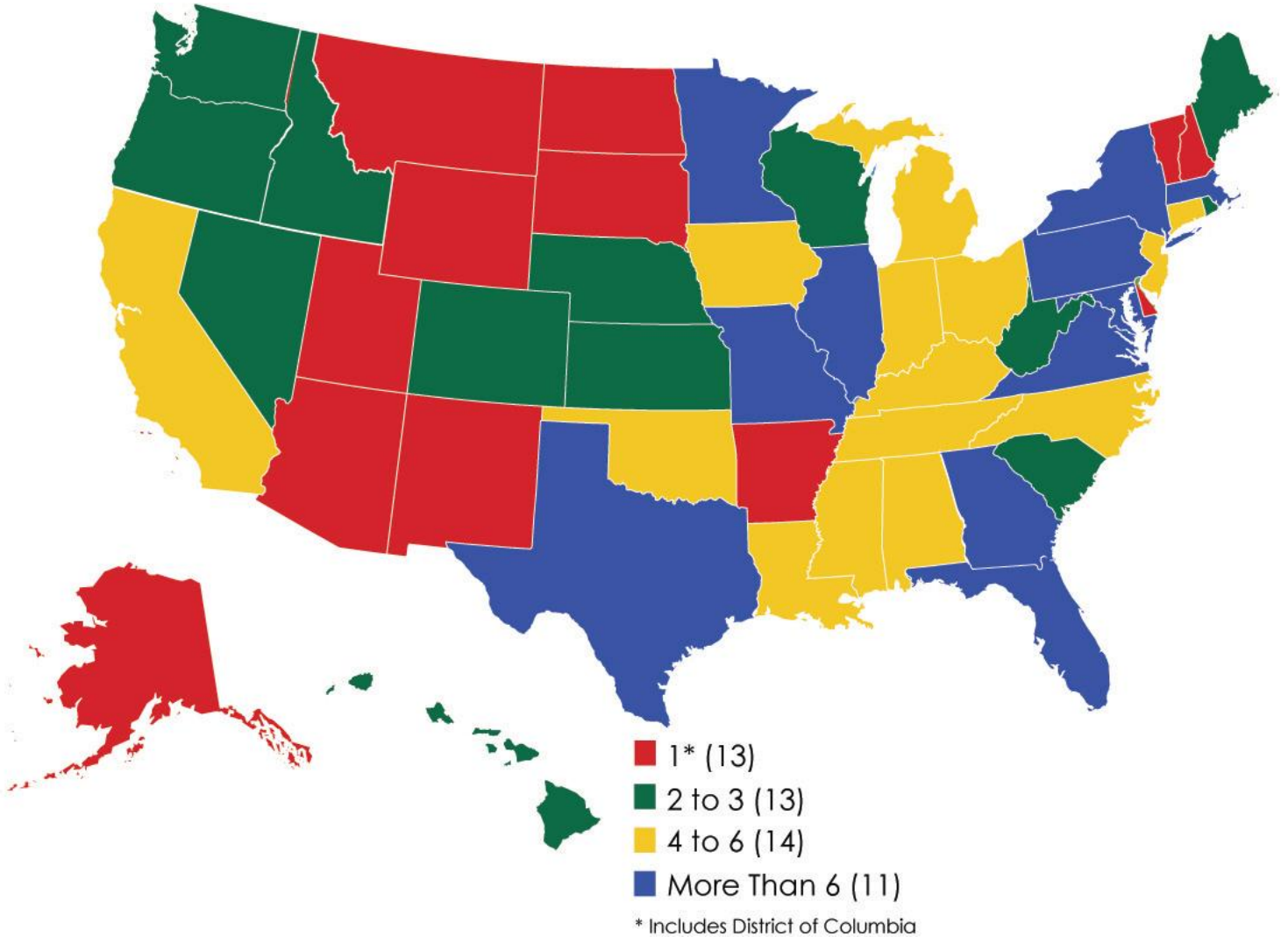
- Forty-nine states and the District of Columbia operate a total of 232 state psychiatric hospitals—hospitals that are operated and staffed by the SMHA that provides specialized inpatient psychiatric care.

- Rhode Island is the only state that does not have a stand-alone state psychiatric hospital

Psychiatric Hospitals: State of the States

- In over half the states (26), there are 3 or fewer state psychiatric hospitals.
- the 13 states that have only 1 state psychiatric hospital tend to be in the mountain-frontier west and New England.
- The 11 states that have 6 or more state psychiatric hospitals are all larger-population states and are mostly in the east and southern regions of the country

Number of State Psychiatric Hospitals (2007)



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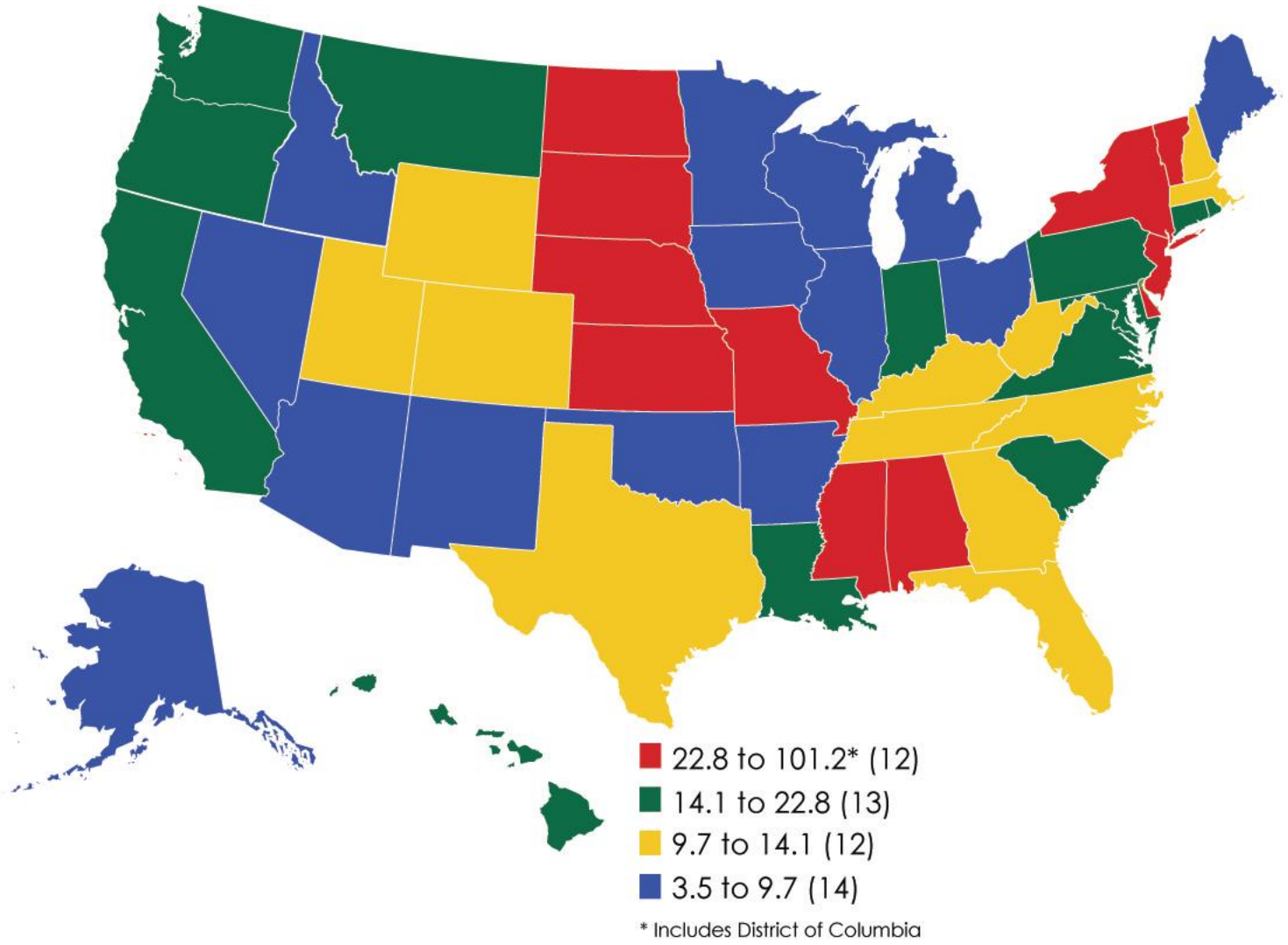
Psychiatric Hospitals: State of the States

State	Number of State Hospitals (2007)	Population Estimate as of July 1, 2007	Acute, Intermediate , Long Term
Arizona [1]	1	6,338,755	A, I, LT
California	5	36,553,215	I, LT (+ Acute Forensic)
Florida	7	18,251,243	LT (adults only)
Indiana	6	6,345,289	LT*
Massachusetts	10	6,449,755	A, I LT-Adults only
Tennessee	5	6,156,719	A, I (adults only), LT (adults only)
Wisconsin	3	5,601,640	A, I, LT

Source: 2007 SMHA Profiles, unless noted : (1) 2006 NRI State Profiles
Acute (fewer than 30 days)
Intermediate (30-90 days) * Indiana has intermediate stays for research beds at Larue Carter Hospital Only

State Psychiatric Hospital Residents per 100,000 Population (2007)



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Psychiatric Hospitals: State of the States

- At the end of 2006, there were **43,601** patients residing in state psychiatric hospitals.
- States varied widely in the number of inpatients they had, ranging from **66** in Alaska to **6,327** in California.
- The median number of state psychiatric hospital residents was **655**. Indiana: 1,000-1,050
- On average, states had **14.5** state psychiatric residents per 100,000 population (the median was 13.7). The range was from a low of 3.5 in New Mexico to a high of 41.0 in North Dakota (see Figure 15).

“Even prior to the 1963 Community Mental Health Centers Act, which established a goal of having a nationwide network of community mental health centers, states were under pressure to reduce the size of state psychiatric hospitals. One of the goals of the Federal Community Mental Health Services Block Grant is to help states minimize their use of state psychiatric inpatient beds. As a result of these policies, there were many fewer state hospitals in 2007 than before, and many fewer patients in them.”

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State Hospital Trends

- According to CMHS, in **1950**, there were **512,501** patients in state and county psychiatric hospitals. **By 2005**, that number had **declined by 90 percent** to only **49,947** patients

- The number of state psychiatric hospitals has also declined by 37 percent

State Hospital Trends

- The state psychiatric hospitals of the 1950s and 1960s were much more focused on long-term care, with many patients remaining in the hospital for years.

- At the current time, most state psychiatric hospitals are much smaller but also have much shorter lengths of stay.

Number of Hospitals and Resident Patients in State and County Psychiatric Hospitals: 1950–2005

Year	Number of Hospitals	Residents at End of Year
1950	322	512,501
1955	275	558,922
1960	280	535,540
1965	290	475,202
1970	315	337,619
1975	313	193,436
1980	276	132,164
1985	279	116,136
1990	281	92,059
1995	258	69,177
2000	230	54,836
2005	204	49,947

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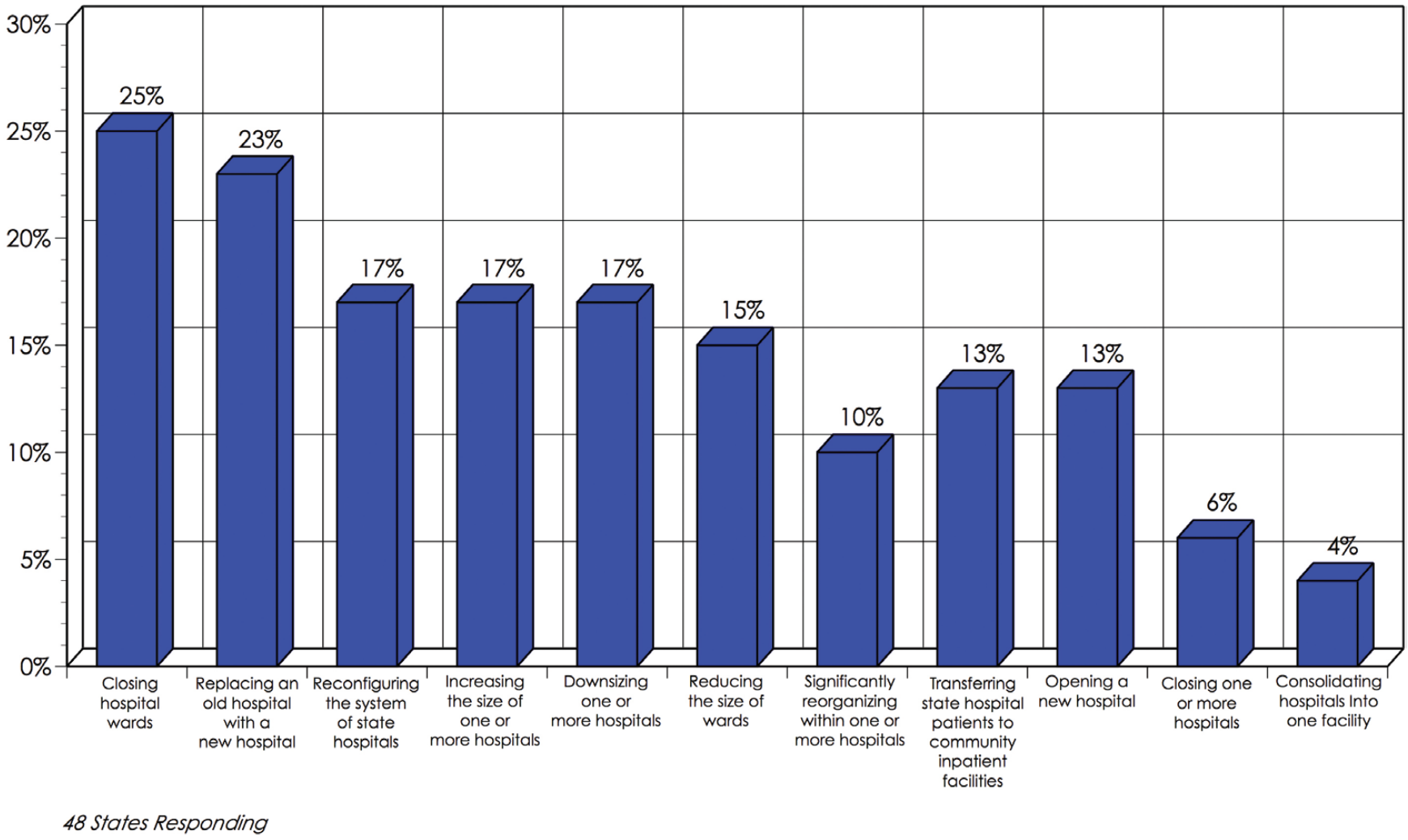
State Hospital Trends

- As a result of the major decrease in the number and size of state psychiatric hospitals, many states are reorganizing their state psychiatric hospital systems.

- In 2007, just over half of the states (54 percent) reported they were involved in some aspect of reorganization of their state psychiatric hospital system.

State Psychiatric Hospital Reorganization Activities, 2007



48 States Responding

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Closing State Psychiatric Hospitals

- Over the last 55 years, there has been a reported net decrease of 118 state psychiatric hospitals.
- In 2007, five states reported they had closed a total of seven state hospitals over the last 2 years, and three states reported they were currently planning to close a state psychiatric hospital.
- Five states reported they were working on plans to close an additional six state psychiatric hospitals in the next 2 years.
- The data show that although many of the state hospital beds were closed during the 1950s to 1970s, the majority of state psychiatric hospitals have been closed since 1990.

State Hospital Trends

How States Use Their Psychiatric Hospitals

- Acute vs. Long Term Care
  - Acute=less than 30 days
  - Intermediate=60-90 days
  - Long Term=greater than 90 days (Indiana)

- Populations Served
  - Adults (Indiana)
  - Youth (Indiana)
  - Forensic (Indiana)

Number of States Using State Psychiatric Hospitals by Age and Service, 2007

Acute Inpatient (Less than 30 days)			Intermediate Inpatient (30 – 90 days)		Long-Term Inpatient (More Than 90 days)	
Population	**Number of States**	**Percent**	**Number of States**	**Percent**	**Number of States**	**Percent**
Children	23	47%	20	41%	15	31%
Adolescents	29	59%	26	53%	20	41%
Adults	41	84%	43	88%	43	88%
Elderly	37	76%	40	82%	40	82%
Forensic	36	73%	41	84%	43	88%

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Population Served and Length of Stay

- All States have inpatient psychiatric beds for treating adult mental health consumers
- In three states, state psychiatric hospitals are focused on providing acute or intermediate-length inpatient services (30-90 days) to adults, i.e. no long term beds.
- Over half of all patients discharged from state hospitals had a length of stay of 30 days or less.
- In a few states (Arkansas, Georgia, and Tennessee), over 90 percent of discharged patients had a length of stay of 30 days or less.
- Indiana had under 10 percent of clients discharged in 30 days or less.

Populations Served (cont.)

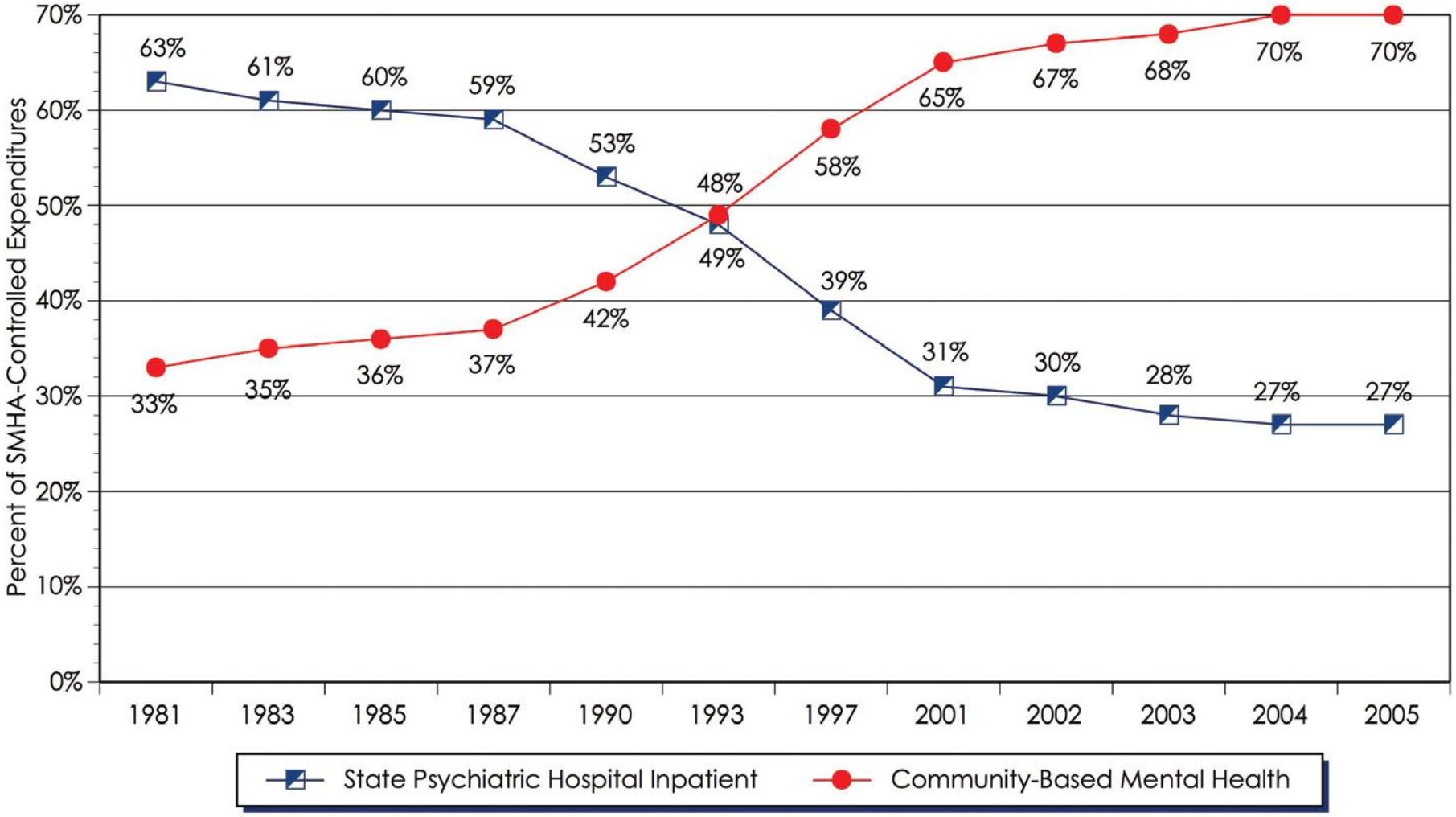
- Some states dedicate their state psychiatric inpatient beds for adults and forensic clients and do not have inpatient beds for children.

- There were 32 states that reported that they serve children and adolescents in state psychiatric hospitals, and for 12 of these states the focus is on acute/ intermediate length of stays for children. (Indiana: long term)

State Hospital and Community-Based Care

- Over the last 25 years, states have shifted their treatment paradigm to focus on providing comprehensive mental health services in the community.
- In FY 2005, community mental health expenditures accounted for 70 percent of total SMHA-controlled expenditures, and state psychiatric hospital-inpatient expenditures were 27 percent.
- This is an historic shift from FY1981, when community-mental health expenditures accounted for 33 percent of SMHA expenditures and state psychiatric hospitals were 63 percent of expenditures.
- SMHAs also varied widely in the distribution of their mental health expenditures between community-based services and state psychiatric hospitals. The national average was 70 percent on community based programs as opposed to 27% on institutional care.

SMHA Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY 1981 to FY 2005



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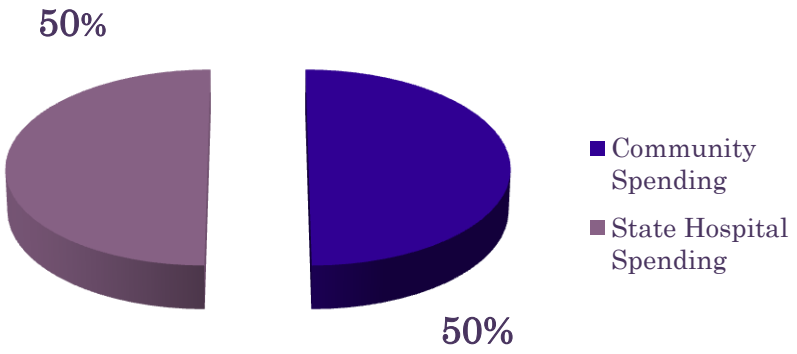
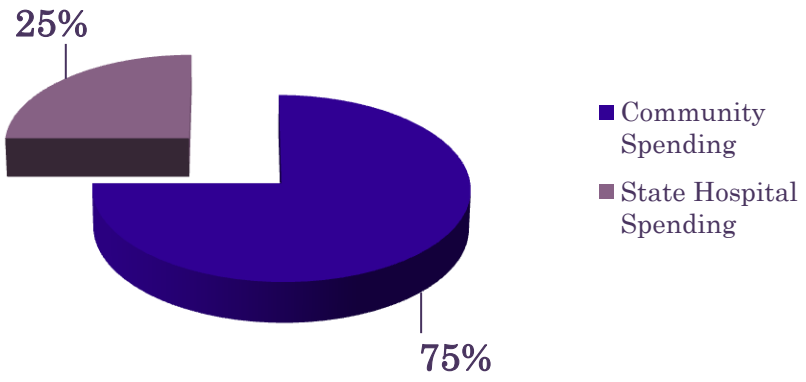
Institution vs. Community Focus

Current DMHA Spend



National SMHA Trend



Why the Shift?

- Improvements in the treatment of behavioral health disorders
  - Effective medications with improvements related to efficacy and side effects.
  - Community/evidenced-based practices identified and implemented.
    - Medicaid Rehabilitation Option
    - Assertive Community Treatment
    - Community Alternatives to Psychiatric Residential Treatment Facilities

Why the Shift?

- Recovery Movement
  - A future in which everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully **in the community**.
  - Care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just managing symptoms.

Why the Shift?

Olmstead

- On June 22, 1999, the United States Supreme Court held in *Olmstead vs. L.C.* that it is a violation of the civil rights of Americans with disabilities to require a person to be institutionalized in order to receive necessary disability supports and services, if these services are more appropriately provided in the community .

Why the Shift?

Efforts Re-energized Around Olmstead

- Multiple "State Director" letters from HHS, SAMHSA, and CMS
  - Increased availability of Home and Community Based Services leads to….
  - Funding focus on HCBS.
  - IMD Exclusion-remove funding as a deterrent to SOF utilization
- Increased enforcement by the Department of Justice
  - Providers and State Agencies will be held accountable-and we should be!

Indiana Successes: The Central State Hospital Discharge Study

Indiana Consortium for Mental Health Services Research. 2005. "Central State Hospital Discharge Study. Tenth Anniversary Public Report Series." Bloomington, IN: ICMHSR, Indiana University.

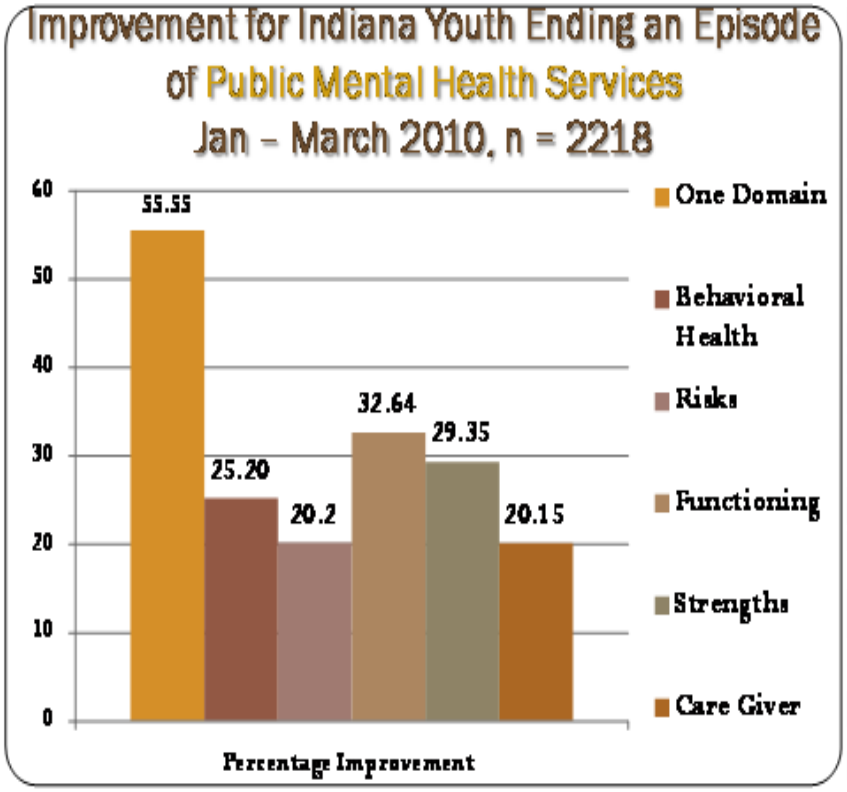
- John McGrew, PhD, Bernice Pescosolido PhD, and Eric R. Wright, PhD
- April 1993-June 2005

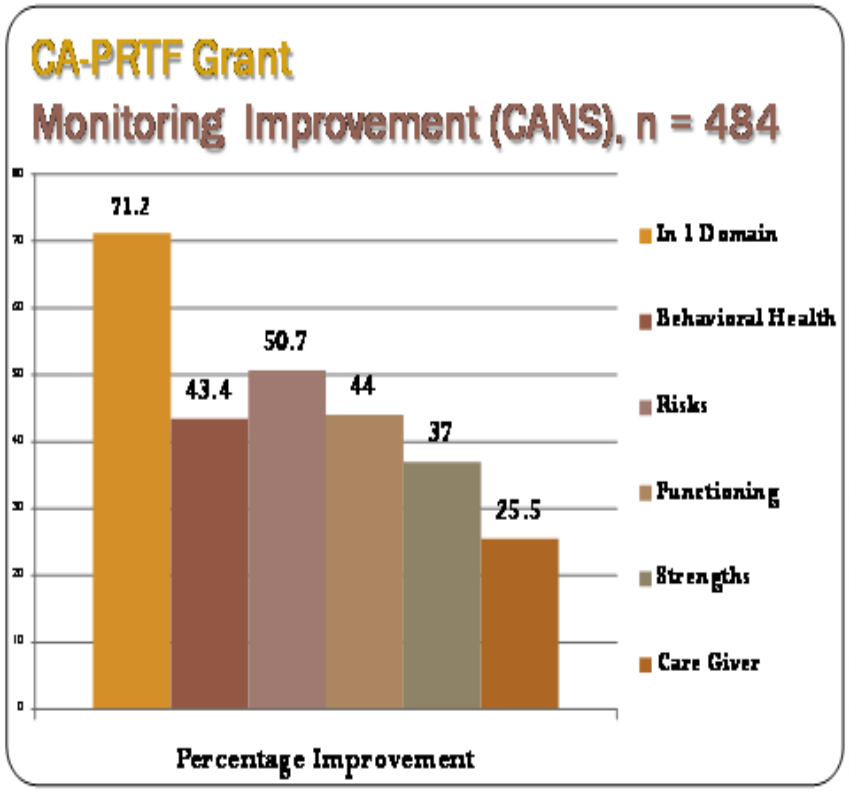
Indiana Successes-Youth

Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF)

- Demonstration grant to prevent PRTF placement or promote discharge from PRTF
- To date in SFY11 over 600 children served with family and within the community as opposed to out of home placement in PRTF
- Improvement in functioning has been 32.64% for those in usual public services, and 44% for those on the grant. The improvement in any one domain is 55.55% for those in usual public services, and 71.2% for kids on the grant

Improvement in Functioning: CA-PRTF vs. Regular Care

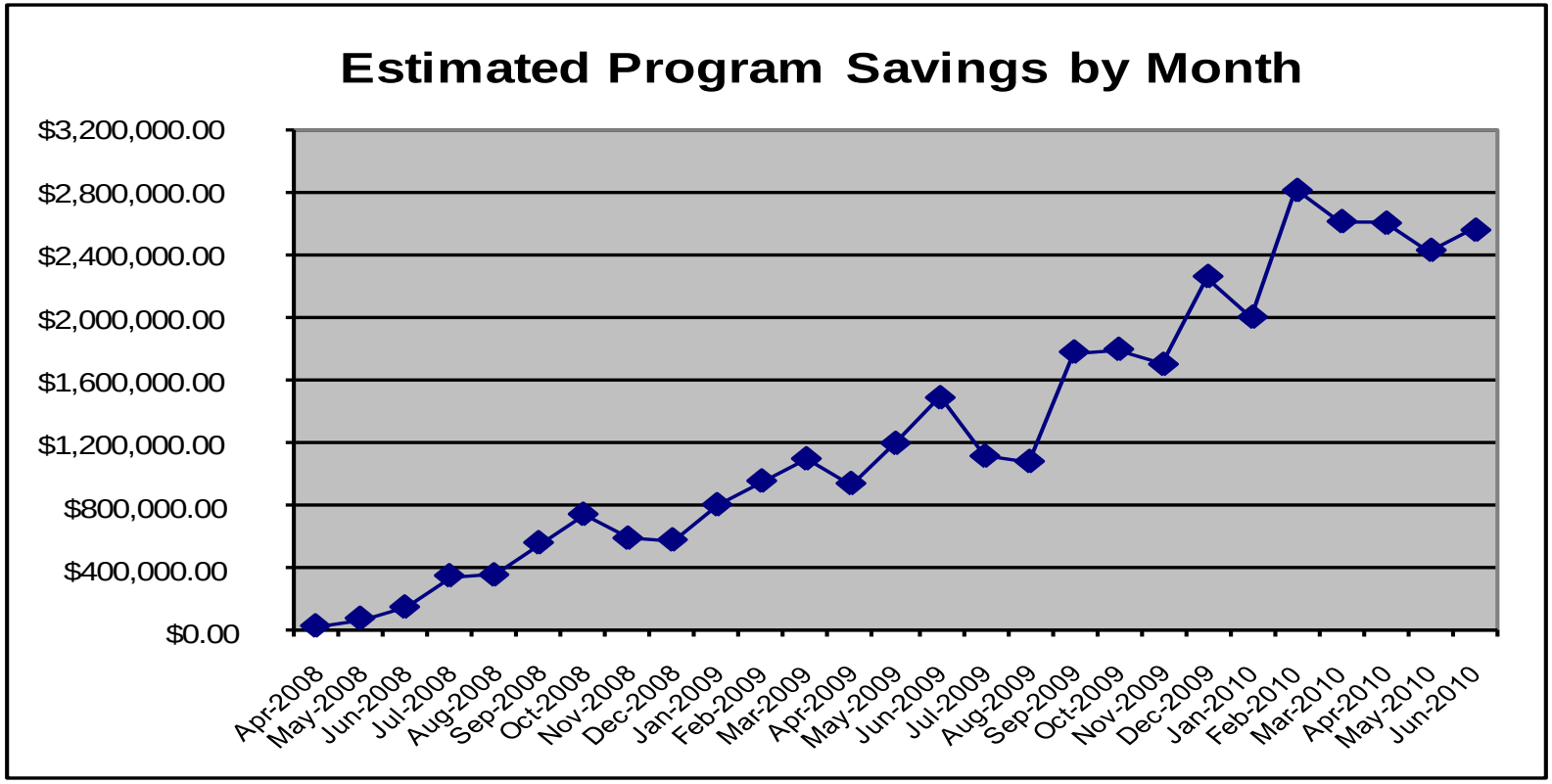




SOF/PRTF Cost Comparison

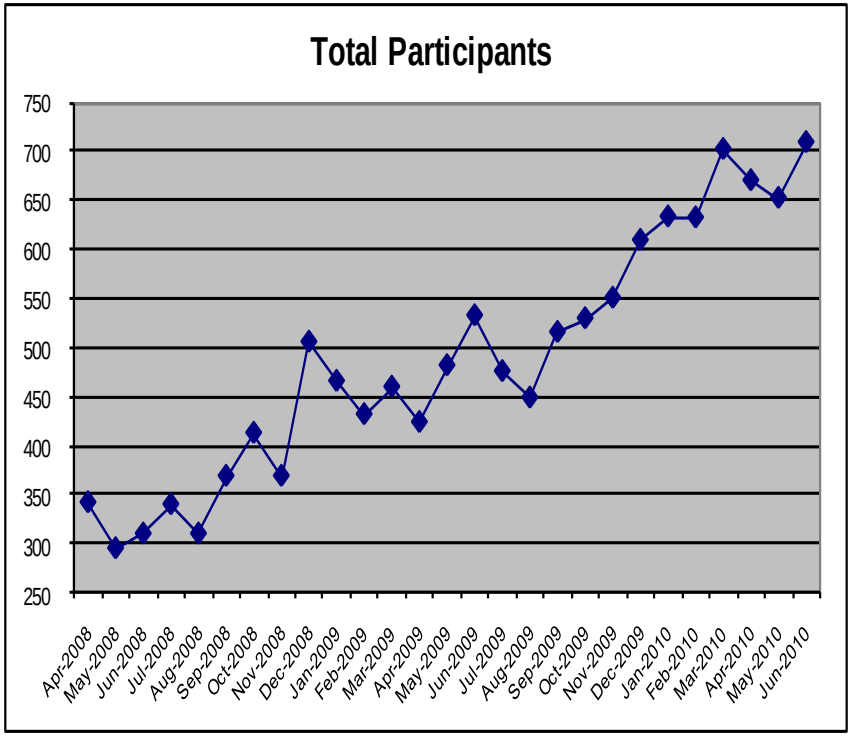
	Cost Per Patient Day	Match Rate	Annual Cost Per Patient	State Portion	Projected Per Patient Annual Savings	Overall Projected Annual Savings
EPCC	$992	Current SMAP (34.07%)	$362,080	$123,360		
PRTF Facility	$343	Current SMAP (34.07%)	$125,195	$42,654	$80,706	$968,472
CA-PRTF	$93	Current SMAP (34.07%)	$33,945	$11,565	$111,795	$1,341,540

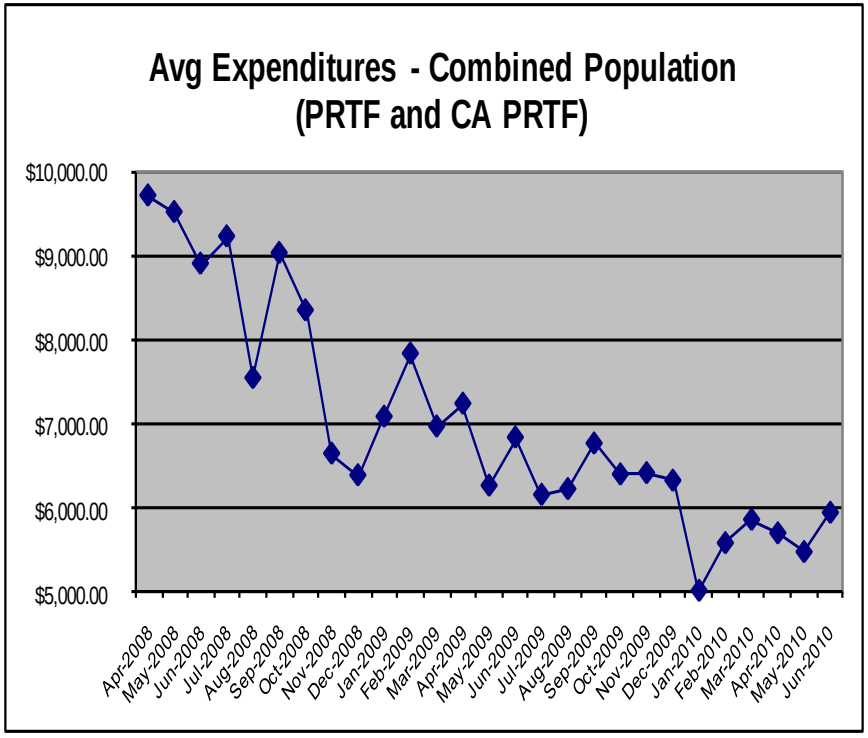
Indiana Successes-Youth



A basic calculation taking the average cost per client per month difference between PRTF residents and CA PRTF Grant participants, and multiplying by the number of Grant participants per month, illustrates cost effectiveness to the State. This calculation alone estimates a total Program savings of $34.5 million over the past 27 months. (*Provided by HP: PRTF/CA PRTF Activity Analysis-June 2010)*

CA-PRTF & PRTF: Expenditures and Numbers Served





Indiana Successes-Substance Abuse

Impact of Indiana Access To Recovery (ATR) on Department Of Correction (DOC)

- DOC rate of recidivism = **37.5%**
- DOC offenders who have been connected to ATR II rate of recidivism = **27.6%**
- ATR had a cost savings to the Department of Correction of **$13,211,209.20**

This is based on taking the per diem ($54.28) multiplied by our average length of stay (1.4 years) multiplied by the number of offenders who did not return during the period (475 offenders).