

Use of State Psychiatric Hospitals, 2023

NRI's 2023 State Profiles

May 2024

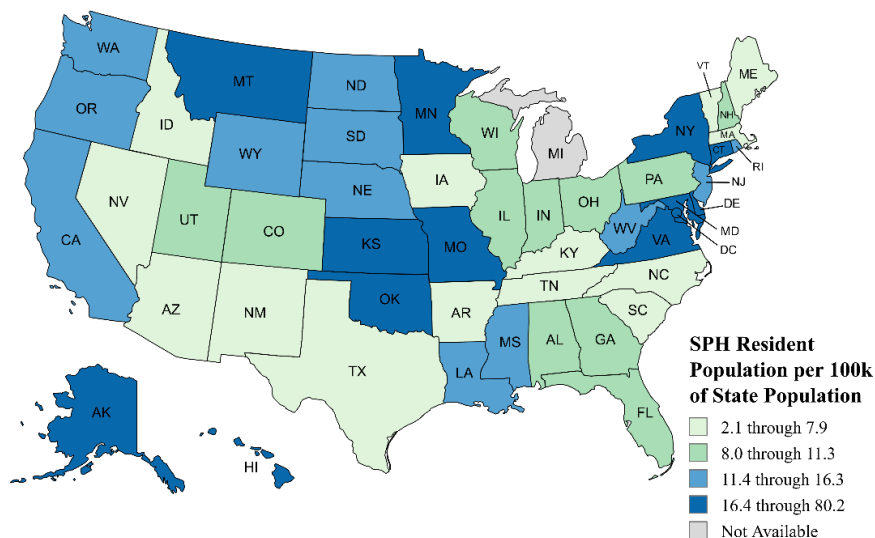
Highlights Based on 46 States Responding to the Organization Component of NRI's 2023 State Profiles *with Supplemental Information from the 2022 SAMHSA Uniform Reporting System (URS)**

Every state Operates a psychiatric hospital with inpatient beds for individuals who require intensive treatment in an inpatient setting. However, states vary widely in how they organize and use their state psychiatric hospitals, with some states using their state psychiatric hospitals to serve forensic patients (individuals with an involuntary legal status due to criminal justice system involvement), and other states using their state psychiatric to primarily serve civil status patients (both voluntary patients and individuals involuntarily committed not due to criminal justice system involvement). In 2023, the majority of responding states (31) did not serve children in their state psychiatric hospitals, while several other states operated specialized children's psychiatric hospitals. Forty-six state mental health authorities (SMHAs) provided information to NRI about how they used their state psychiatric hospitals in 2023; supplemental information from SAMHSA's 2022 Uniform Reporting System (URS) is also included to provide additional context (at the writing of this report, the most recent available URS data are from 2022).

Patients Served in State Psychiatric Hospitals

At the beginning of each state's fiscal year (typically July 1st) 40,901 inpatients were receiving services in a state psychiatric hospital, and a total of 104,802 patients were served throughout the year. Each bed was used by an average of three patients during the fiscal year (2022 Uniform Reporting System, SAMHSA). States varied from having 6,105 resident patients in California to 13 patients in Vermont. States averaged 12.3 patients per 100,000 population but varied from a high of 80.2 per 100,000 in Alaska to a low of 2.1 per 100,000 in Iowa; (Figure 1).

Figure 1: State Psychiatric Hospital Patients on First Day of Fiscal Year 2022, per 100,000 State Population



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- The most recent available Uniform Reporting System data is from 2022.

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40,901

Patients were in a State Psychiatric Hospitals at Start of Year

\$11.9 Billion

Expended by SMHA systems for State Psychiatric Hospitals

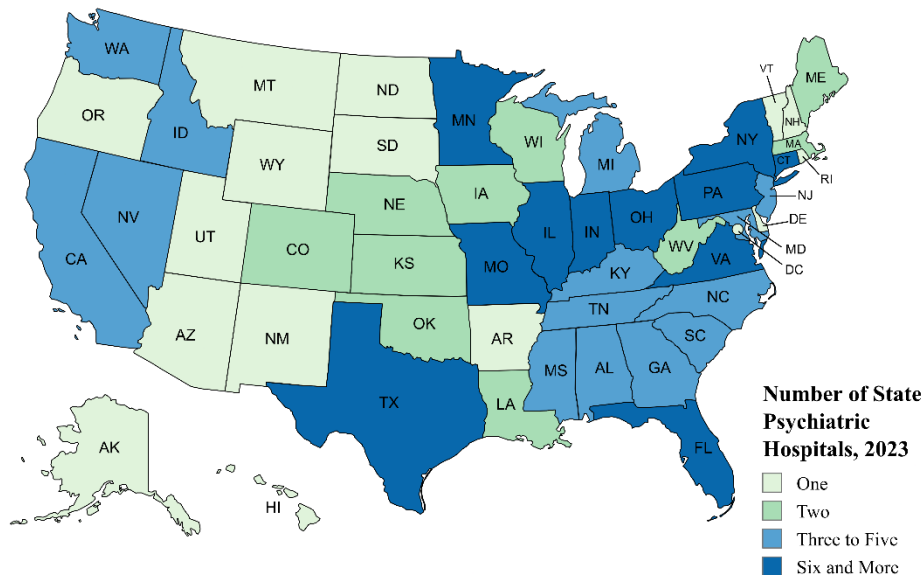
37 States

Reported a Shortage of Inpatient Psychiatric Beds

Number of State Psychiatric Hospitals

In 2023 there were 182 state-operated psychiatric hospitals, with the median state operating two separate psychiatric hospitals. The number of state psychiatric hospitals in each state ranged from a high of 23 hospitals in New York, to a low of one hospital in 16 states; Figure 2). Out of 46 responding states, 30 indicated that their state psychiatric hospitals were accredited by The Joint Commission or other independent accrediting organization; in six states, only some state hospitals were accredited, while nine states reported that none of their state hospitals participated in outside accreditation.

Figure 2: Number of State Psychiatric Hospitals, 2023



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Agency Responsible for the Operation of State Psychiatric Hospitals

The majority (37) of SMHAs were responsible for both the oversight and management of state psychiatric hospitals and community mental health services. However, in 13 states (AK, AZ, CA, CO, MD, ME, MT, NH, NJ, NM, TX, WA, and WV), responsibility for operation of state psychiatric hospitals was located in a different state agency than the SMHA (the agency responsible for community mental health services).

Types of Patients Served at State Psychiatric Hospitals

While every state operated at least one state psychiatric hospital, the patient groups served at these hospitals varied greatly between states. In 2023, 32 states reported their state psychiatric hospitals do not treat children under the age of 13, and 27 states reported they do not treat adolescents ages 14 to 17 in their state psychiatric hospitals. The states that provided state hospital inpatient services to children focused primarily on acute (<30 day care) and intermediate (30-90 day) length-of-stay services; (Table 1).

Every state served adults in their state psychiatric hospitals, but not all states used their hospitals to provide acute (<30-day care), intermediate (30-90 day) and long-term (>90 days) care. In 35 states, the state psychiatric hospitals provided inpatient care covering *all three* lengths of stay, one state used their state hospitals for only acute care, and one state used their state hospital for acute *and* intermediate care. Four states only used their state hospitals to provide long-term care to adults, while five states only provided intermediate and long-term services to adults in

their state psychiatric hospitals. These states used local general hospitals or private psychiatric hospitals to provide acute care, reserving their state hospital beds for individuals who needed longer inpatient services after receiving care in other settings.

Table 1: Number of States That Serve Age Groups and Forensic Patients in State Psychiatric Hospitals, by Length-of-Stay, 2023

State Hospital Use for Acute, Intermediate, and Long-Term Care	Children (0-12 years)	Adolescents (13-17 years)	Adults (18-64 years)	Forensics
Acute, Intermediate and Long Term	8	12	34	37
Acute & Intermediate	4	2	1	1
Intermediate & Long Term	3	5	7	8
Acute Only (<30 days)	1	2	2	1
Intermediate Only (30-90 days)	1	1	1	1
Long Term Only (>90 days)	1	1	4	1
State Hospitals Not Used for Group	32	27	2	1
No Response	1	1	1	1

Legal Status of Patients Served at State Psychiatric Hospitals

In FY 2022, the majority (53%) of admissions were individuals under a civil commitment status (involuntary), and an additional 15% of admissions were short-term involuntary holds for a psychiatric evaluation (usually under 3 days; Table 2). Only 18% of admissions were forensic status patients, but 34% of inpatients in a state psychiatric hospital on the first day of the fiscal year were forensic status, suggesting that forensic patients have much longer lengths-of-stay in state hospitals.

Table 2: Legal Status of Patients in State Psychiatric Hospitals (Admissions During the Year and Inpatients at Start of FY 22; 34 States Responding)

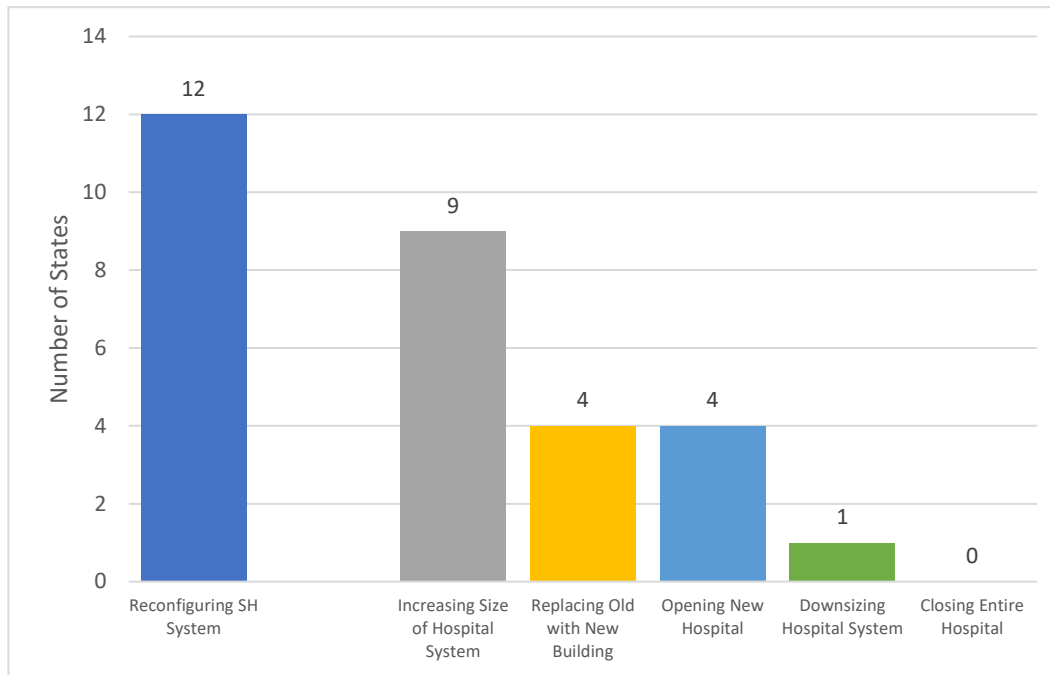
	State Hospital Serves	Inpatient First Day of Fiscal Year	% Residents	Admissions Entire Year	% Admissions	States Reporting
Voluntary	31	2,356	10%	5,423	8%	27
Involuntary Holds	28	1,398	6%	9,865	15%	15
Civil Commitments	39	9,589	39%	34,156	53%	32
Forensic Status	39	8,198	34%	11,405	18%	31
Sex Offender	29	2,281	9%	990	2%	14
Other	14	591	2%	2,172	3%	11
Dual Legal Statuses	14	22	0%	1	0%	1
Total		24,435	100%	64,012	100%	34

Controlling Admissions to State Psychiatric Hospitals

In eight states (Delaware, Nevada, North Dakota, Ohio, 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 (AL, AR, AZ, DE, ID, IL, KY, MN, NE, NV, NJ, NY, ND, PA, and WY), and eight states require general hospital use for children and adolescents (AL, AR, GA, ID, IL, MN, and ND, and PA.)

Reorganization of State Psychiatric Hospitals

Figure 3: Number of States Reconfiguring State Hospital System, 2023



In 2023, 12 states were involved in reorganizing their state psychiatric hospital systems, with nine states increasing their hospital capacity and three states reducing the number of beds in their state hospital systems. Four states were in the process of replacing an old state hospital with a new building (OH, PA, TX, and VA), and four states were opening a new psychiatric hospital (NH, OH, TX and WA).

Nevada, New Hampshire, Ohio, Pennsylvania, Texas, Virginia, and Wisconsin were increasing the number of beds across their hospital system (see Figure 3). Note, several states reported that due to workforce shortages some of their state hospital units were not open to full capacity.

Psychiatric Bed Shortages

Having an adequate supply of psychiatric inpatient beds remained a major issue in 90 percent of responding states (37 of 41 states). Thirty-one states reported a shortage of state psychiatric hospital beds, with a shortage of beds for forensic clients was the most frequently cited bed shortage (31 states). Thirty states reported a shortage of psychiatric inpatient beds in non-state hospitals, with 28 states experiencing shortages of acute psychiatric beds, and 19 states reporting shortages of longer-term psychiatric beds in non-state hospital settings.

The impact of psychiatric bed shortages resulted in increased waiting time for state hospital beds in 29 states, increased waits for psychiatric beds in other non-state hospitals in 28 states, overcrowding in state psychiatric hospitals in five states, and increased waits in jails and emergency rooms for individuals needing inpatient psychiatric care. To address these shortages, 35 states described initiatives to develop intensive evidence-based community services to divert individuals from inpatient care or reduce readmissions after inpatient care, pay for increased inpatient capacity in other hospitals (including university hospitals and private psychiatric hospitals), and increase beds for individuals with a forensic status.

**For Additional Information About this Report, or the SMHA Profiles Project,
Please Contact: www.profiles@nri-inc.org**

State Mental Health Agency staff can access state-by-state data about the number of state hospitals, number of admissions and residents, and use of state hospitals on the NRI's restricted access website at: www.nri-inc.org/profiles