Virginia’s State Mental Health System: National Comparisons & Trends in State Mental Health Systems

Ted Lutterman
Senior Director Government and Commercial Research
National Association of State Mental Health Program Directors Research Institute (NRI)
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Presentation Outline

- NRI: Who We Are and What We Do
- Impact of Mental Illness on America
- State Mental Health Structure National Overview
  - Virginia’s Mental Health System
- State Mental Health Expenditures and Financing
  - Focus on National Trends and Virginia
- State Psychiatric Hospitals in Virginia and Neighboring States
NRI works with State Mental Health Agencies (SMHAs) to compile and analyze information on the $39 billion public mental health system serving 7.3 million people annually in all 50 states, the District of Columbia, and seven territories.

NRI routinely collects information about the services provided by SMHAs, their major policy initiatives, clients served, and financing.

NRI built and operates the Behavioral Health Performance Measurement System to assist psychiatric hospitals with Joint Commission Accreditation and CMS Certification – all accredited state psychiatric hospitals participate with NRI. All accredited Virginia State Psychiatric Hospitals participate.

- Approximately 195 state psychiatric hospitals: Serve 200,000 people per year, and 40,000 people served at any point in time.
Impact of Mental Illness in America

• Approximately **one-in-five** Americans will have a mental health problem in any given year, yet **only a third will receive** mental health services.
  
  o 11.5 million persons (5% of adults age 18 and over) have a serious mental illness, and only 59.6% receive a mental health service.

• Over **38,000 Americans died as a result of suicide** by 2010, more than double the number who died by homicide.
Costs of Mental Illness: Over $340 Billion per Year

• **Direct Treatment Costs:**
  
  o At **$147 billion**, mental health spending accounted for 6.3% of all health spending in 2009 (SAMHSA, 2013).

• **Indirect Costs:**
  
  o Serious mental illnesses costs the U.S. an estimated **$193.2 billion** in lost earnings per year*.

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Other Costs of Mental Illness

- Suicide
- Premature Mortality
- High Medical Co-Morbidity
- Unemployment
- Homelessness and Unstable Living Arrangements
- Caregiver Burden on Families and Friends
# Reasons for Not Receiving Mental Health Services in the Past Year

(Adults, Aged 18+ with an Unmet Need for Mental Health Care, 2011)*

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could Not Afford Care</td>
<td>50.1</td>
</tr>
<tr>
<td>Could Handle Problem without Treatment</td>
<td>28.8</td>
</tr>
<tr>
<td>Did Not Know Where to Go for Services</td>
<td>16.2</td>
</tr>
<tr>
<td>Did Not Have Time</td>
<td>15.1</td>
</tr>
<tr>
<td>Treatment Would Not Work</td>
<td>10.4</td>
</tr>
<tr>
<td>Did Not Feel Need for Treatment</td>
<td>8.5</td>
</tr>
<tr>
<td>Health Insurance Did Not Cover Enough Treatment</td>
<td>8.3</td>
</tr>
<tr>
<td>Might Cause Neighbors/Community to Have Negative Opinion</td>
<td>8.0</td>
</tr>
<tr>
<td>Did Not Want Others to Find Out</td>
<td>7.1</td>
</tr>
<tr>
<td>Might Have Negative Effect on Job</td>
<td>7.0</td>
</tr>
<tr>
<td>Fear of Being Committed/Having to Take Medication</td>
<td>7.0</td>
</tr>
<tr>
<td>Health Insurance Did Not Cover Any Treatment</td>
<td>6.7</td>
</tr>
<tr>
<td>Concerned About Confidentiality</td>
<td>5.9</td>
</tr>
</tbody>
</table>

The State Mental Health Authority (SMHA) is the state agency dedicated in charge of the provision of state mental health services.

Typical responsibilities:

- Operate psychiatric inpatient services for persons dangerous to themselves or others
- Fund or operate a comprehensive array of community mental health services
- Plan for mental health service development, address unmet need, set standards for services, license mental health providers, monitor quality and outcomes

Coordinate financing and delivery of services with other state government agencies
Organization of SMHAs

- Majority are part of a larger Department of Health or Health and Human Services
  - In 12 states, the SMHA is a separate cabinet department

- 39 states have now combined mental health and substance abuse services

- Most are located in the same umbrella department as the State Medicaid Agency
Number of Layers between SMHA Commissioner and State Governor: 2013

Source: NRI 2013 State Mental Health Agency Profiles
Disability Responsibility of SMHAs: 2014

Source: NRI 2013 State Mental Health Agency Profiles
Trend in Disability Responsibility of SMHAs: 1970 to 2014

A trend over the past 15 years has been to place mental health & substance abuse services together into a single state agency, referred to as “behavioral health”

- Several states have recently merged Behavioral Health with Public Health and/or Medicaid to increase their focus on Health-Behavioral Health integration.
State Organization of Funding of Community Mental Health Services: 2014

- **County/City-based systems** where the SMHA funds the counties and the counties then deliver or contract for services – mostly used in larger population states (including Virginia).
- **State directly contracts** with (mostly not-for-profit) community mental health providers – used by the majority of states.
- **State operates community mental health providers** with their own staff – used in a few small-population states (Idaho, Nevada, Hawaii, North Dakota).
- Some states use a mixture of methods (e.g., Maryland works with counties and directly contracts with providers)
Organization & Funding of Community Mental Health Services: 2014

Source: NRI 2013 State Mental Health Agency Profiles
State Psychiatric Hospitals

• Every state operates state psychiatric inpatient beds for persons with severe mental illnesses who are dangerous to themselves or others.*
  - Some states limit state psychiatric hospitals to only focus on adults, while other states have state hospitals that service children/adolescents (*including Virginia*)
  - Forensic mental health inpatient services are provided by every state, and by the SMHA in almost all states (*including Virginia*)
  - Sexual offender inpatient services are provided by at least 26 SMHAs (*including Virginia*)

*The first state psychiatric hospital in the U.S. was what is now Eastern State Hospital, opened in Williamsburg, Virginia, and funded by the Virginia Colonial Assembly in 1773 (several Virginia signers of the Declaration of Independence were on the Board of what is now Eastern State Hospital).
Number of State Psychiatric Hospitals & Resident Patients at the End of Year: 1950 to 2013

Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and NRI 2013 State MH Agency Profiles System
Number of State Psychiatric Hospitals: 2013

Number of State Psychiatric Hospitals

- 1 SPH  (14)
- 2 to 3 SHP  (16)
- 4 to 5 SPH  (9)
- 6 to 7 SPH  (6)
- More than 7  (5)
- None  (1)

Source: NRI 2013 State Mental Health Agency Profiles
State Psychiatric Hospital Residents per 100,000 State Population: 2013

Source: SAMHSA 2013 Uniform Reporting System
Children (under 18) Residents in State Psychiatric Hospitals per 100,000 Population: 2013

Source: SAMHSA 2013 Uniform Reporting System
Persons Served by SMHA Systems: 2012

• 7.2 million consumers received SMHA mental health services (2.3% of U.S. population, range from 0.4% to 4.8% of state population – 1.4% of Virginia’s population).

• Served in the Community, State Hospitals and other Settings (consumers could be served in multiple settings during the year):
  o 96% were served in the community (98.8% in Virginia)
  o 2.1% served in state psychiatric hospitals (4% in Virginia)
  o 6% served in other psychiatric inpatient settings (16.8% in Virginia)

Source: SAMHSA 2012 Uniform Reporting System
Characteristics of Consumers Served by SMHAs: 2012

Source: SAMHSA 2012 Uniform Reporting System
Persons Served by SMHA Systems: 2012

• Employment:
  o 18% of adults in the U.S. were competitively employed
    – 20% in Virginia

• Medicaid Coverage:
  o Nationally, 63% had some Medicaid coverage for their mental health services, and 37% had no Medicaid coverage
    – 55% had some Medicaid coverage, and 45% had no Medicaid coverage in Virginia

• Homeless/Living in Shelters:
  o 3.1% were homeless/living in shelters in the U.S.
    – In Virginia, 3.2% were homeless/living in shelters

Source: SAMHSA 2012 Uniform Reporting System
Involuntary Commitments

Many more consumers are seen by mental health systems for involuntary holds than go through the formal involuntary commitment process, but most states do not have information about involuntary holds reported to the SMHA unless they are for care at a state psychiatric hospital or state-funded psychiatric inpatient setting (based on 48 SMHAs reporting in 2013):

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>State Psychiatric Hospitals</th>
<th>State Funded Psychiatric Inpatient</th>
<th>Other Psychiatric Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involuntary Holds</td>
<td>30 States (63%)</td>
<td>17 States (35%)</td>
<td>8 States (17%)</td>
</tr>
<tr>
<td>Involuntary Civil Commitments (excluding Sex Offenders)</td>
<td>43 States (90%)</td>
<td>23 States (48%)</td>
<td>10 States (21%)</td>
</tr>
<tr>
<td>Involuntary Criminally Committed (Forensic)</td>
<td>44 States (92%)</td>
<td>17 States (35%)</td>
<td>6 States (13%)</td>
</tr>
<tr>
<td>Sex Offenders (note, not all states have sex offender commitment laws)</td>
<td>23 States (48%)</td>
<td>10 States (21%)</td>
<td>2 States (4%)</td>
</tr>
<tr>
<td>Other</td>
<td>15 States (31%)</td>
<td>5 States (10%)</td>
<td>3 States (6%)</td>
</tr>
</tbody>
</table>

Source: NRI 2013 State Mental Health Agency Profiles
Involuntary Holds

• Every state has involuntary commitment laws that permit short term “holds” for evaluation prior to a full commitment hearing, but there is substantial variation in the details of these laws:
  o States vary regarding how long an individual can be held for observation or emergency evaluation under a “hold” or “detention” prior to requiring a formal court hearing:
    ‒ 23 states allow holds up to 72 hours
    ‒ 8 states allow holds of up to 24 hours
    ‒ 21 states have holds of other durations, varying from 96 hours to 15 days*

*Virginia holds for adults are for up to 48 hours, unless it ends on a weekend or holiday, then it is “the next business day”. Holds may be up to 96 hours for juveniles.

Source: NRI 2013 State Mental Health Agency Profiles
Involuntary Holds

- Most involuntary holds were not at state psychiatric hospitals but were at general hospital psychiatric beds or private psychiatric hospitals.
- 2012 Data*:
  - 69,483 holds in other psychiatric settings (86% of holds)
  - 10,198 holds at state psychiatric hospitals (14% of holds)
- Virginia 2012 Data:
  - 18,149 holds in other psychiatric settings (93.5% of holds)
  - 1,270 holds at state psychiatric hospitals (6.5% of holds)

*(based on 10 states able to report data for holds in both state psychiatric hospitals and other psychiatric holds)

Source: NRI 2013 State Mental Health Agency Profiles
Outpatient Civil Commitment: 2013

- Forty states, including Virginia, have a mental health code allowing the use of outpatient civil commitment.
  - Virginia is one of 13 states where the SMHA is responsible for maintaining a database/information about consumers under an Outpatient Commitment Status.
    - In 14 states, these lists are maintained by local providers/counties, or by others (court systems).
  - In many states, both inpatient and outpatient commitments are made by local courts and there is no statewide system for the courts to report all involuntary commitments to the SMHA.

Source: NRI 2013 State Mental Health Agency Profiles
Outpatient Civil Commitment: 2013

- **Virginia**, New Jersey, Ohio and Tennessee are the only states where the SMHA receives extra dedicated funding to support services to individuals under outpatient commitment.
  
  - Additional states, such as New York, report that while they do not budget funds separately for services provided to individuals in Assisted Outpatient Treatment (AOT), these individuals get priority access to community-based mental health services.

Source: NRI 2013 State Mental Health Agency Profiles
## Number of Persons Under Outpatient Civil Commitment

<table>
<thead>
<tr>
<th></th>
<th>Number added to Outpatient Commitment</th>
<th>Number Under Outpatient Commitment Last 3 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>2227</td>
<td>2249</td>
</tr>
<tr>
<td>California</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Delaware</td>
<td>144</td>
<td>134</td>
</tr>
<tr>
<td>Maine</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Mississippi</td>
<td>210</td>
<td>195</td>
</tr>
<tr>
<td>Nebraska</td>
<td>534</td>
<td>689</td>
</tr>
<tr>
<td>New York</td>
<td>1313</td>
<td>1247</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>69</td>
<td>117</td>
</tr>
<tr>
<td>South Dakota</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Utah</td>
<td>1361</td>
<td>1326</td>
</tr>
<tr>
<td>Virginia</td>
<td>65</td>
<td>106</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>5846</td>
<td>4324</td>
</tr>
</tbody>
</table>

Source: NRI 2013 State Mental Health Agency Profiles
Number of Persons Served in State Psychiatric Hospitals: 2005 to 2013

Source: SAMHSA 2013 Uniform Reporting System
Controlling Admissions to State Psychiatric Hospitals: 2013

- 24 states have community mental health providers control admissions to state psychiatric hospitals.
  - Includes Virginia, which requires community mental health programs to provide pre-admission screenings.
- Forensic commitments have separate court-controlled admissions.

Source: NRI 2013 State Mental Health Agency Profiles
Some states require general hospital psychiatric beds and/or private psychiatric hospitals be used as an initial admission site before utilization of state psychiatric hospitals (e.g., state hospitals are reserved for intermediate and long-term care after acute hospitalization locally)

- 10 states for children
- 12 states for adolescents
- 16 states for adults
- 27 states have no such policy (includes Virginia, where it is not required, but some providers use general and local hospitals as initial admission sites for psychiatric inpatient treatment before utilizing state hospital facilities)

Source: NRI 2013 State Mental Health Agency Profiles
State Mental Health Systems were Affected by Recent State Budget Shortfalls

- From FY09 to FY12, SMHAs had total mental health cuts of $4.35 Billion.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2009 (39 states had MH Cuts out of 44 responding)</td>
<td>$1,216,020,843</td>
</tr>
<tr>
<td>FY 2010 (38 states had MH Cuts out of 45 Responding)</td>
<td>$1,019,325,136</td>
</tr>
<tr>
<td>FY 2011 (36 states had MH Cuts out of 47 responding)</td>
<td>$1,270,618,291</td>
</tr>
<tr>
<td>FY 2012 (31 states had MH Cuts out of 41 Responding)</td>
<td>$842,236,221</td>
</tr>
</tbody>
</table>

Source: NRI 2012, Survey on the Impact of State Budget Shortages on Mental Health Systems
Closing State Psychiatric Hospitals & Hospital Beds: 2009 to 2012

• 12 states closed 15 state psychiatric hospitals
• 29 states closed or implemented plans to close over 4,400 beds
  o Over 9% of state psychiatric hospital bed capacity was closed
  o Acute civil status beds were most likely to be closed. Few forensic beds were closed

Results based on 41 SMHAs Reporting Winter 2011-2012

Source: NRI 2012, Survey on the Impact of State Budget Shortages on Mental Health Systems
Number of States Experiencing Shortages of Psychiatric Inpatient Beds: 2013

27 states reported shortages of psychiatric beds in 2013

<table>
<thead>
<tr>
<th></th>
<th>State Psychiatric Hospitals</th>
<th>Other Psychiatric Beds (General Hospital and Private Psych Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Beds</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Long Term Beds</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Forensics Beds</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Other Beds</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

*Virginia reported a shortage of acute care beds in other psychiatric hospital settings.*

Source: NRI 2013 State Mental Health Agency Profiles
Impact of Shortages of Psychiatric Inpatient Beds: 2013

- 17 states reported increased waits for state psychiatric hospital beds (*includes Virginia*)
- 15 states reported increased waits for other psychiatric beds (*includes Virginia*)
- 6 states reported overcrowding in state psychiatric hospitals
- 10 states reported increased resistance to closing additional state hospital beds (*includes Virginia*)
- 9 states reported other impacts (increased use of ERs, delays in ER stays, inability to transfer patients closer to home, law enforcement tied up transporting individuals or waiting for beds; *includes Virginia*)

Source: NRI 2013 State Mental Health Agency Profiles
State Responses to Psychiatric Bed Shortages: 2013

- States are implementing a variety of policy initiatives to address psychiatric bed shortages... but, very few states are opening new beds
- States are using telemedicine, increasing crisis response services, expanding use of Assertive Community Treatment, and community-based psychosocial recovery services, expanding residential programs, contracting with local hospitals, implementing initiatives to reduce 30 day re-hospitalization, etc.
- Only four states were expanding hospital beds, and three of those were focusing on forensic beds

Source: NRI 2013 State Mental Health Agency Profiles
Focus on Virginia’s State Mental Health System

Data from NRI’s 2013 State Mental Health Profiles and SAMHSA’s 2012 Uniform Reporting System
Virginia Mental Health Clients Served & Expenditures: 2012

• **FY12 Data on State Mental Health Systems***
  
  o SMHA expended $746.6 million (ranked 15\textsuperscript{th} in nation)
    - $92,48 per person in Virginia (ranked 31\textsuperscript{st} in nation)
  
  o Served 111,666 persons (ranked 20\textsuperscript{th})
    - 13.79 persons served per 1,000 population (ranked 41\textsuperscript{st})
  
  o Expenditures per mental health client served: $6,686 (12\textsuperscript{th} in the nation)

* (excludes Substance Abuse only or Intellectual Disability/Developmental Disability only expenditures)
• FY12 Data on Virginia State Psychiatric Hospitals
  o State hospital expenditures: $329.3 million (6th in nation)
    – Expenditures per capita: $40.79 per person (12th in nation)
  o 4,736 persons were in Virginia state hospitals during the year (10th in nation)
    – 58.66 per 100,000 population (19th in nation)
  o 1,310 patients in the state hospital at start of the year (bed proxy)
    – 16.2 patients per 100,000 population (17th in nation)
  o Expenditures per mental health state hospital resident (bed proxy): $251,374 (20th in nation)
FY12 Data on Virginia’s Community Mental Health System (excludes SA/ID/DD)

- SMHA expended $395.5 million on community mental health services (19th in nation)
  - $48.99 per person (37th in nation)
- Served 110,267 persons in the community (21st in nation)
  - 13.79 persons served per 1,000 population (41st in nation)
- Expenditures per community mental health client served: $3,587 (24th in nation)
Virginia Fiscal Year 2012
Expenditures for Mental Health

<table>
<thead>
<tr>
<th>By Program Type</th>
<th>FY'12</th>
<th>Rank</th>
<th>Per Capita*</th>
<th>Rank</th>
<th>National Per Capita*</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Population</td>
<td>8,073,344</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Psychiatric Hospital-Inpatient</td>
<td>$329,300,000</td>
<td>6</td>
<td>$40.79</td>
<td>12</td>
<td>$30.07</td>
</tr>
<tr>
<td>Community-Based Mental Health</td>
<td>$395,500,000</td>
<td>19</td>
<td>$48.99</td>
<td>37</td>
<td>$95.30</td>
</tr>
<tr>
<td>SMHA-Central Office/Research &amp; Training</td>
<td>$21,800,000</td>
<td>10</td>
<td>$2.70</td>
<td>16</td>
<td>$2.63</td>
</tr>
<tr>
<td>Total SMHA-Controlled Mental Health Expenditures</td>
<td>$746,600,000</td>
<td>15</td>
<td>$92.48</td>
<td>31</td>
<td>$128.06</td>
</tr>
</tbody>
</table>

*Per capita numbers are expenditures divided by state population.
Virginia’s SMHA-Controlled Expenditures for Mental Health Services by Type of Service in State Mental Hospitals & Community-Based Programs: FY 2012

- All Inpatient Services: 45.3%
- All Ambulatory Services: 38.3%
- All Residential Services: 13.6%
- Research/Training/Administration: 3%

Total FY’2012 Virginia SMHA Expenditures for Mental Health = $746,600,000
Virginia’s SMHA-Controlled
Expenditures for Mental Health
Services: 1981 to 2012

Per Capita Expenditures for Mental Health

- Community Programs
- State Hospital Inpatient
Virginia and U.S. SMHA-Controlled Expenditures for Mental Health – State Hospital & Community Mental Health 1981 to 2012

Percent of SMHA MH Expenditures

- Virginia Community
- Virginia State Hospital
- U.S. Ave. Community
- U.S. Ave. State Hospital
Change in Virginia Mental Health Expenditures: FY01 to FY12

- Virginia FY'01 to '12 Change
- US Ave. FY'01 to FY'12

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent Change in Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Psychiatric Hospital-Inpatient</td>
<td>19%</td>
</tr>
<tr>
<td>Community-Based MH</td>
<td>27%</td>
</tr>
<tr>
<td>SMHA-Central Office/Support</td>
<td>-16%</td>
</tr>
<tr>
<td>Total SMHA-Controlled</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>72%</td>
</tr>
</tbody>
</table>
Per Capita FY12 Expenditures for Mental Health in Virginia and Nearby States

Central/Regional Offices
Community-Based Programs
State Psychiatric Hospital-Inpatient

Per Capita Expenditures for Mental Health

<table>
<thead>
<tr>
<th>State</th>
<th>Per Capita Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>$200</td>
</tr>
<tr>
<td>NC</td>
<td>$180</td>
</tr>
<tr>
<td>U.S. Average</td>
<td>$160</td>
</tr>
<tr>
<td>DE</td>
<td>$140</td>
</tr>
<tr>
<td>VA</td>
<td>$120</td>
</tr>
<tr>
<td>TN</td>
<td>$100</td>
</tr>
<tr>
<td>WV</td>
<td>$80</td>
</tr>
<tr>
<td>AL</td>
<td>$60</td>
</tr>
<tr>
<td>GA</td>
<td>$40</td>
</tr>
<tr>
<td>KY</td>
<td>$20</td>
</tr>
</tbody>
</table>
Major Funding Sources of Mental Health Services – Virginia & U.S.: FY12

**Virginia SMHA MH Funding**
- Medicaid (State & Federal) 35%
- State General & Special Funds 60%
- Community MH Block Grant 1%
- Other Federal 3%
- Other Funds 1%

**U.S. MH Funding**
- Medicaid (State & Federal) 49%
- State General & Special Funds 40%
- Community MH Block Grant 1%
- Other Federal 3%
- Other Funds 7%
Sources of Funding for Virginia’s SMHA: FY90 to FY12

- State Funds
- Medicaid (State and Federal)
- Other

Years: FY90, FY97, FY01, FY02, FY03, FY04, FY05, FY06, FY07, FY08, FY09, FY10, FY11, FY12

Millions of Dollars:
- $0
- $100
- $200
- $300
- $400
- $500
- $600
- $700
- $800
Change in Virginia State Government Expenditures: FY01 to FY12

- Virginia FY'01 to 12 Change
- U.S. Average FY'01 to 12 Change

Percent Change in State Expenditures

<table>
<thead>
<tr>
<th>Category</th>
<th>Virginia FY'01 to 12</th>
<th>U.S. Average FY'01 to 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHA-Controlled MH</td>
<td>60%</td>
<td>72%</td>
</tr>
<tr>
<td>Total State Government Expenditures</td>
<td>58%</td>
<td>79%</td>
</tr>
<tr>
<td>Primary Education</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Higher Education</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>37%</td>
<td>8%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>132%</td>
<td>92%</td>
</tr>
<tr>
<td>Corrections</td>
<td>17%</td>
<td>38%</td>
</tr>
<tr>
<td>Transportation</td>
<td>83%</td>
<td>40%</td>
</tr>
<tr>
<td>Capital</td>
<td>33%</td>
<td>83%</td>
</tr>
<tr>
<td>All Other State Government</td>
<td>63%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Virginia State Hospital Expenditures for Civil Status, Forensics, & Sex Offenders: FY12

- Civil Status Adults: 81.2%
- Forensic Clients: 8.1%
- Sexual Offenders: 7.8%
- Civil Status Children: 2.9%
SMHA-Controlled Forensic & Sex Offender Mental Health Expenditures as a Percentage of State Psychiatric Hospital Expenditures: FY83 to FY12

- **Sex Offenders**
- **Forensics**
- **Virginia Forensics & Sex Offender Expenditures at State Hospitals**

(Chart showing the percentage of state psychiatric hospital inpatient expenditures controlled by SMHA for forensic and sex offender mental health from FY83 to FY12.)
State Psychiatric Hospital
Expenditures per Patient Day –
Virginia & U.S.: FY 2012

- Total State Psychiatric Hospitals
  - U.S. Expenditures Per Patient Day: $598
  - Virginia Expenditures Per Patient Day: $564

- Sexual Offenders
  - 17% of patient days
  - U.S. Expenditures Per Patient Day: $334
  - Virginia Expenditures Per Patient Day: $257

- Forensic Clients
  - 15% of patient days
  - U.S. Expenditures Per Patient Day: $596
  - Virginia Expenditures Per Patient Day: $298

- Total Civil Status Patients
  - 68% of patient days
  - U.S. Expenditures Per Patient Day: $652
  - Virginia Expenditures Per Patient Day: $702

- Civil Status Adults
  - 65% of patient days
  - U.S. Expenditures Per Patient Day: $648
  - Virginia Expenditures Per Patient Day: $702

- Civil Status Children
  - 2% of patient days
  - U.S. Expenditures Per Patient Day: $852
  - Virginia Expenditures Per Patient Day: $713
## State Hospital Usage: 2012

<table>
<thead>
<tr>
<th>State</th>
<th>Number of State Hospitals</th>
<th>Residents at Start of Year</th>
<th>Residents per 100,000 Population</th>
<th>Admissions During Year</th>
<th>Admissions per 100,000 Population</th>
<th>% of Residents with Forensic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>10</td>
<td>1,310</td>
<td>16.2</td>
<td>4,330</td>
<td>53.6</td>
<td>31%</td>
</tr>
<tr>
<td>Maryland</td>
<td>5</td>
<td>972</td>
<td>16.6</td>
<td>1,051</td>
<td>17.9</td>
<td>65%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>3</td>
<td>682</td>
<td>7.1</td>
<td>3,339</td>
<td>34.6</td>
<td>1.3%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>2</td>
<td>271</td>
<td>14.6</td>
<td>1,155</td>
<td>62.3</td>
<td>40%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3</td>
<td>465</td>
<td>10.7</td>
<td>9,093</td>
<td>208.8</td>
<td>16%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>4</td>
<td>544</td>
<td>8.5</td>
<td>10,185</td>
<td>158.3</td>
<td>13%</td>
</tr>
<tr>
<td>Georgia</td>
<td>6</td>
<td>1,076</td>
<td>10.9</td>
<td>7,034</td>
<td>71.4</td>
<td>63%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4</td>
<td>865</td>
<td>18.0</td>
<td>2,492</td>
<td>51.8</td>
<td>33%</td>
</tr>
<tr>
<td><strong>U.S. Total</strong></td>
<td><strong>195</strong></td>
<td><strong>41,821</strong></td>
<td><strong>13.4</strong></td>
<td><strong>135,106</strong></td>
<td><strong>43.2</strong></td>
<td><strong>36%</strong></td>
</tr>
</tbody>
</table>
# States with as Many State Hospitals or State Hospital Beds as Virginia: 2012

<table>
<thead>
<tr>
<th>State</th>
<th>Number of State Hospitals</th>
<th>Residents at Start of Year</th>
<th>Residents per 100,000 Population</th>
<th>Admissions During Year</th>
<th>Admissions per 100,000 Population</th>
<th>% of Residents with Forensic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>10</td>
<td>1,310</td>
<td>16.2</td>
<td>4,330</td>
<td>53.6</td>
<td>31%</td>
</tr>
<tr>
<td>New York</td>
<td>24</td>
<td>4,691</td>
<td>24.0</td>
<td>7,540</td>
<td>38.6</td>
<td>28%</td>
</tr>
<tr>
<td>Minnesota*</td>
<td>10</td>
<td>209</td>
<td>3.9</td>
<td>2,005</td>
<td>37.3</td>
<td>2.2%</td>
</tr>
<tr>
<td>Texas</td>
<td>11</td>
<td>2,497</td>
<td>9.6</td>
<td>14,452</td>
<td>55.7</td>
<td>43%</td>
</tr>
<tr>
<td>California</td>
<td>5</td>
<td>6,016</td>
<td>15.9</td>
<td>3,388</td>
<td>8.9</td>
<td>92%</td>
</tr>
<tr>
<td>Florida</td>
<td>7</td>
<td>3,172</td>
<td>16.5</td>
<td>2,876</td>
<td>14.9</td>
<td>58%</td>
</tr>
<tr>
<td>Illinois</td>
<td>7</td>
<td>1,156</td>
<td>11.8</td>
<td>9,169</td>
<td>71.4</td>
<td>44%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>6</td>
<td>1,608</td>
<td>12.6</td>
<td>1,127</td>
<td>8.8</td>
<td>15%</td>
</tr>
<tr>
<td><strong>U.S. Total</strong></td>
<td><strong>195</strong></td>
<td><strong>41,821</strong></td>
<td><strong>13.4</strong></td>
<td><strong>135,106</strong></td>
<td><strong>43.2</strong></td>
<td><strong>36%</strong></td>
</tr>
</tbody>
</table>

* Minnesota number includes 7 small (16-bed) short term hospitals
Contact:

Ted Lutterman  
Director of Government and Commercial Research  
NASMHPD Research Institute, Inc.  
3141 Fairview Park Drive, Suite 650  
Falls Church, Virginia 22042  
703-738-8164  
Ted.Lutterman@nri-inc.org  
http://www.nri-inc.org