



Building the future System of Care: A blueprint for moving challenges to Solutions

NDBH Annual conference

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Why we are here

- It is critical for us to discuss the current continuum of care and how we can navigate challenging budget environments to get the best value from the funding available. We will discuss how using value-based principles, such as person-centered treatment planning, can help guide funding priorities to best help meet the needs of the people they serve. How we can take advantage of all the ways to leverage and increase funding; the critical role of partnerships and how to develop them, including how to engage and encourage cross system partnerships; and how the combination of these approaches and the use of value -based principles can ultimately result in making the case for investment in behavioral health to build an effective continuum of care.

Values-Based Perspective

Core Ethical Principles

Values-based care aligns services with respect, dignity, and cultural competence for ethical behavioral health care.

Recovery-Oriented Care

Focuses on empowering individuals to lead fulfilling lives despite mental health challenges.

Person Centered Care

Ensures services are based upon the goals of the persons seeking care. Tailors care plans to each individual's unique preferences, goals, and strengths for effective support. Supports self-determination and empowerment critical for recovery and long-term well-being. Engages individuals, families, and support networks actively in developing and adjusting care plans.

Trauma-Informed Practices

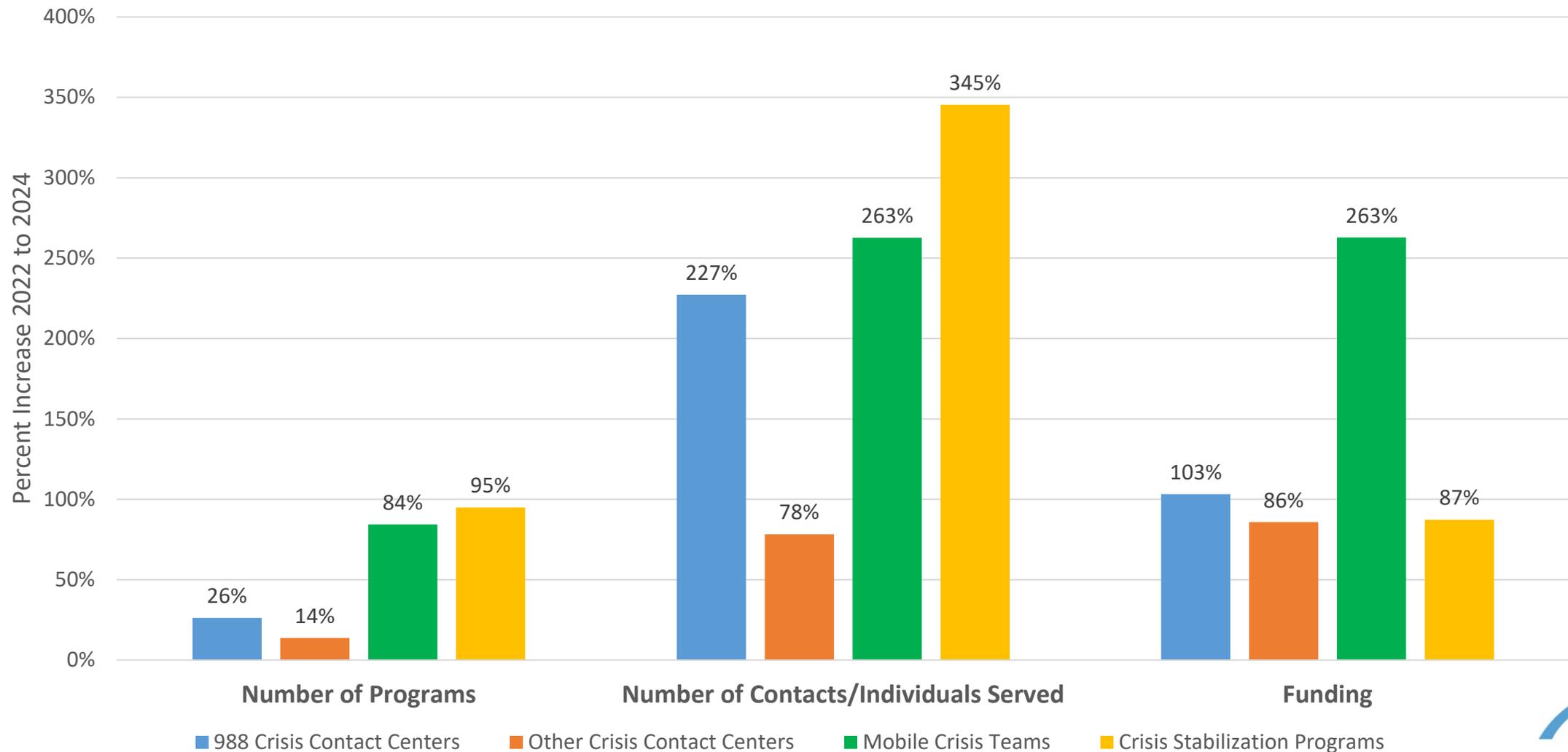
Promotes healing environments recognizing trauma's impact to support recovery and resilience.



Progress

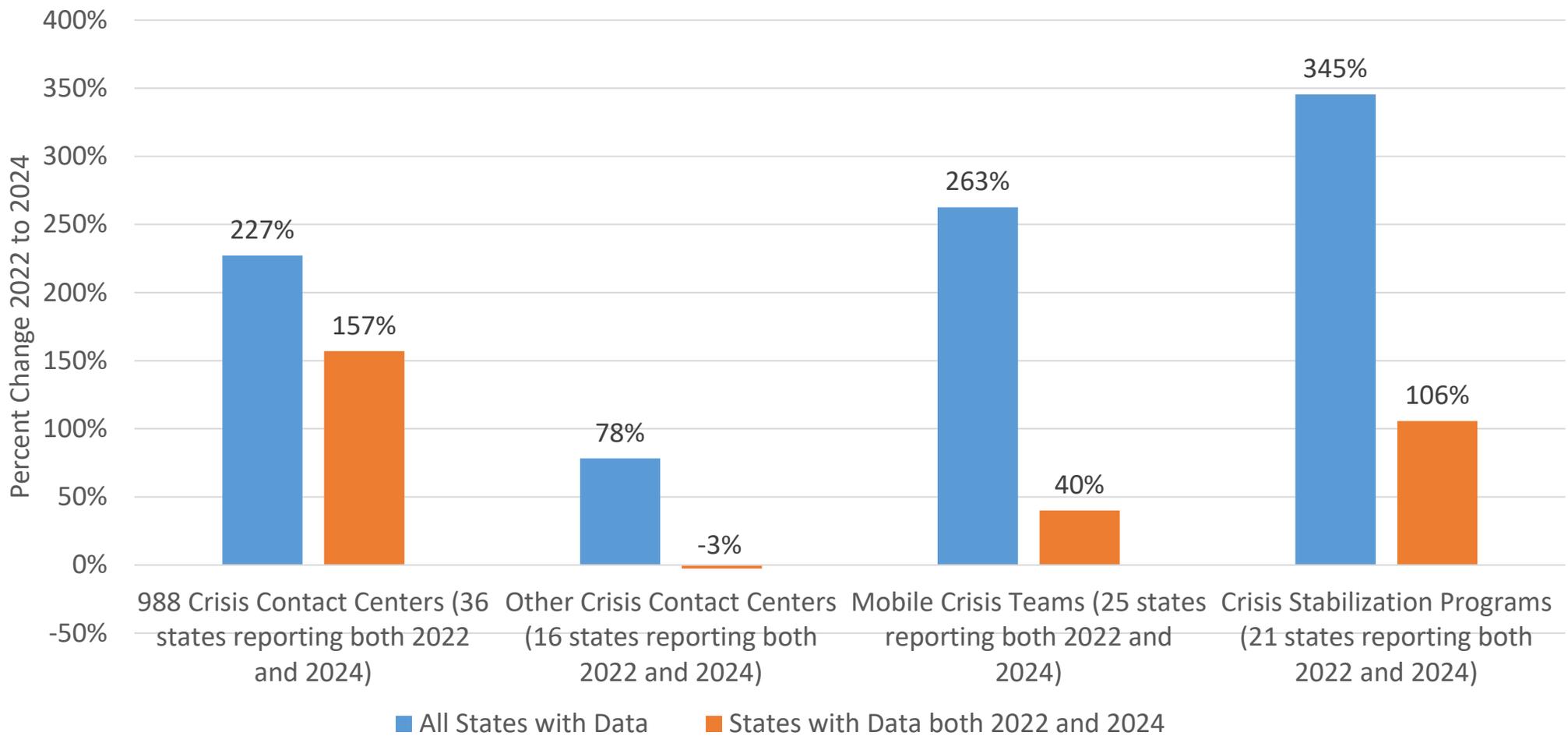
- As a nation, we have made huge progress over the last years, in particularly in the area of crisis services. Through a commitment across multiple stakeholders and the collaborative efforts of many, persons are receiving care at the least intensive level needed to meet their needs, avoiding needless hospitalizations or jail time which disrupts jobs, families, and can cause lifelong trauma.

Percent Change in Behavioral Health Crisis Services, 2022 to 2024 (all states reporting data)



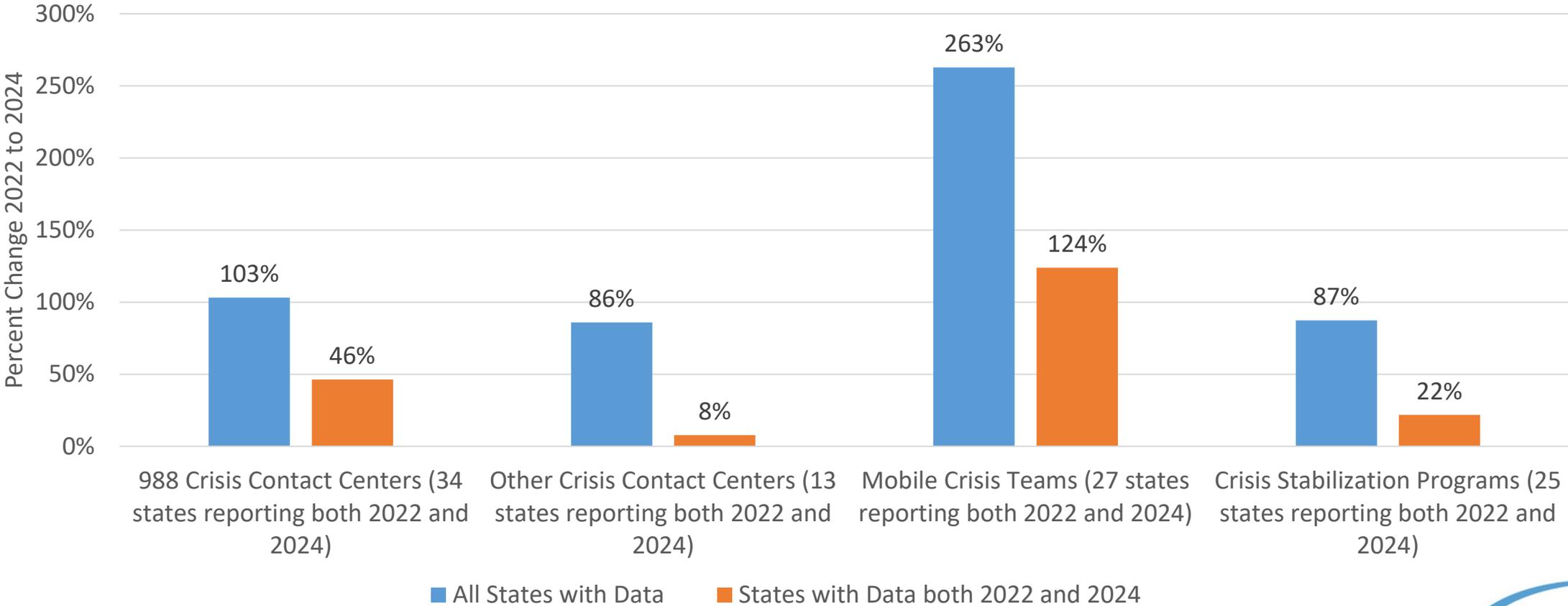
Percent Change in Number of Contacts/Individuals Receiving Behavioral Health Crisis Services, 2022 to 2024:

all states reporting data and states with data for both 2022 and 2024



Percent Change in Funding for Behavioral Health Crisis Services, 2022 to 2024:

all states reporting data and states with data for both 2022 and 2024



Crisis Contact Center Outcomes Reported by States, 2024

	Number of states reporting	Average	Median	Minimum	Maximum
What percentage of calls require warm support only and did not need or desire a referral to community services	35	61.1%	69.0%	4.8%	96.8%
What percentage of contacts are supported by consensual follow-up contacts by the center (outbound calls) to enhance safety and connection to services	31	21.8%	13.0%	0.4%	90.0%
What percentage of contacts result in mobile crisis being contacted or dispatched	35	4.9%	3.4%	0.0%	21.0%
What percentage of contacts result in law enforcement being contacted or dispatched	30	1.4%	1.0%	0.0%	6.0%
What percentage of contacts result in emergency medical services (EMS) being dispatched	27	1.2%	1.0%	0.0%	4.0%
What percentage of contacts result in transfer to 911	27	1.6%	1.0%	0.0%	12.3%
What percentage of contacts result in outpatient mental health or substance use service (not-crisis) referrals	31	15.6%	13.0%	0.1%	78.3%

Mobile Crisis Team Outcomes Reported by States, 2024

	Number of states reporting	Average	Median	Minimum	Maximum
Percentage of MCT dispatches successfully resolved	26	64.3%	67.0%	26.0%	95.0%
Percentage of MCT dispatches end with an individual needing additional care at a crisis stabilization center	18	17.6%	11.3%	0.4%	94.0%
Percentage of MCT dispatches end with an individual needing additional care at an emergency room	21	15.0%	12.0%	0.2%	42.0%
Percentages of MCT dispatches end with an individual needing additional care at an outpatient behavioral health provider	14	33.3%	34.2%	0.5%	72.0%
Percentages of MCT dispatches end with Law Enforcement Involvement or an Arrest	19	4.8%	1.3%	0.0%	29.0%

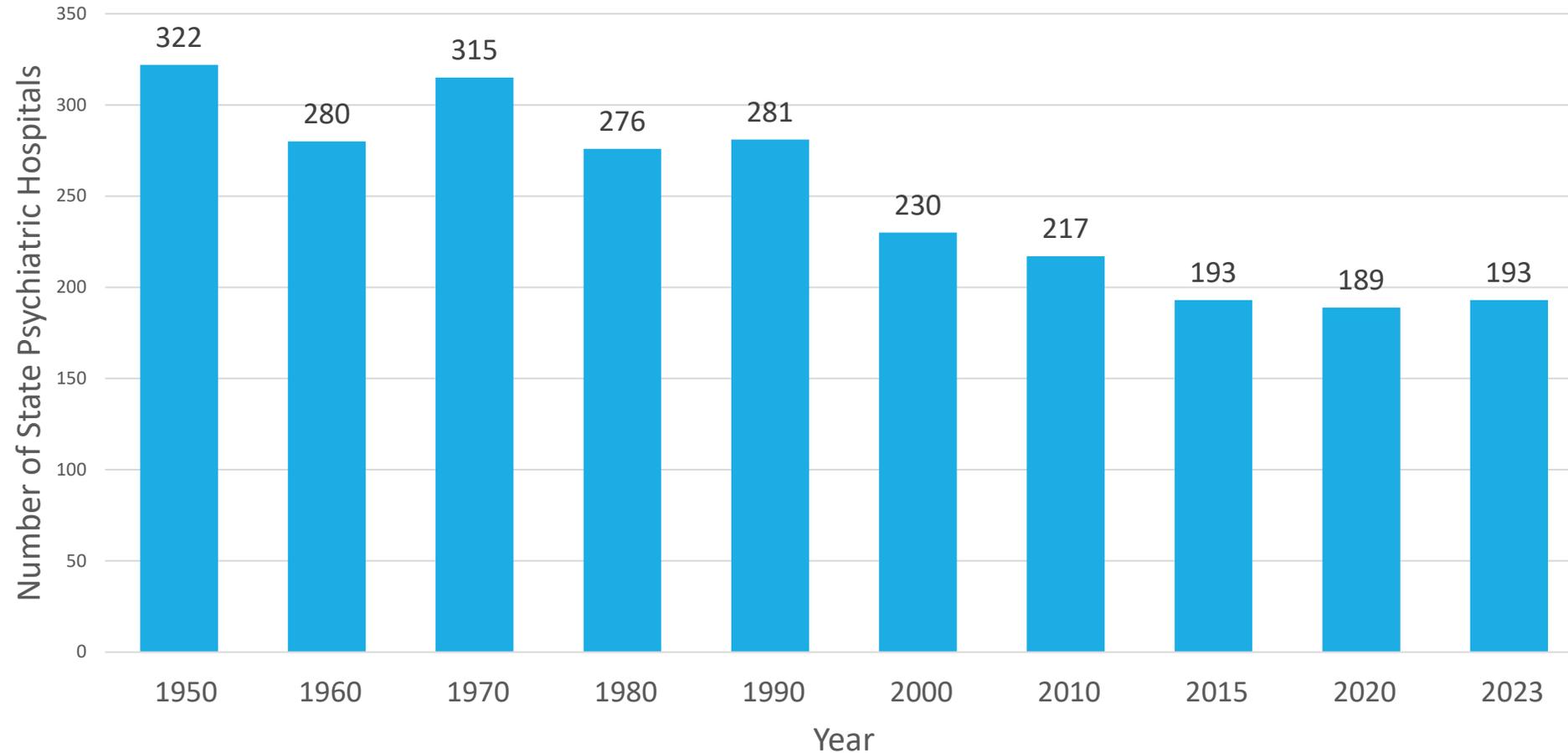
Crisis Stabilization Outcomes Reported by States, 2024

	Number of states reporting	Average	Median	Minimum	Maximum
Percentage of individuals who go to a CSU whose crisis is successfully resolved (does not need to move to more intensive care)	14	81.0%	88.5%	53.9%	97.8%
Percentage of individuals at a CSU who leave with a BH outpatient appointment made	9	63.0%	81.8%	6.7%	100.0%
Percentage of individuals at a CSU who require additional care at Emergency rooms	9	4.2%	4.0%	1.5%	8.0%
Percentage of individuals at a CSU who require additional care at Detox program or psychiatric hospitals	8	12.8%	8.1%	2.0%	48.0%
Percentage of individuals at a CSU who require additional care at a Sobering Center	2	6.3%	2.5%	0.0%	20.0%
Percentage of individuals at CSU who require additional substance use disorder treatment	8	7.6%	8.6%	0.3%	13.4%

Areas of concern

- While we've made great progress in many areas, such as crisis services, other areas are starting to show signs of a system moving backwards or resetting. Of note are the changes we have seen in the growth in state hospital utilization, particularly from a forensic perspective.

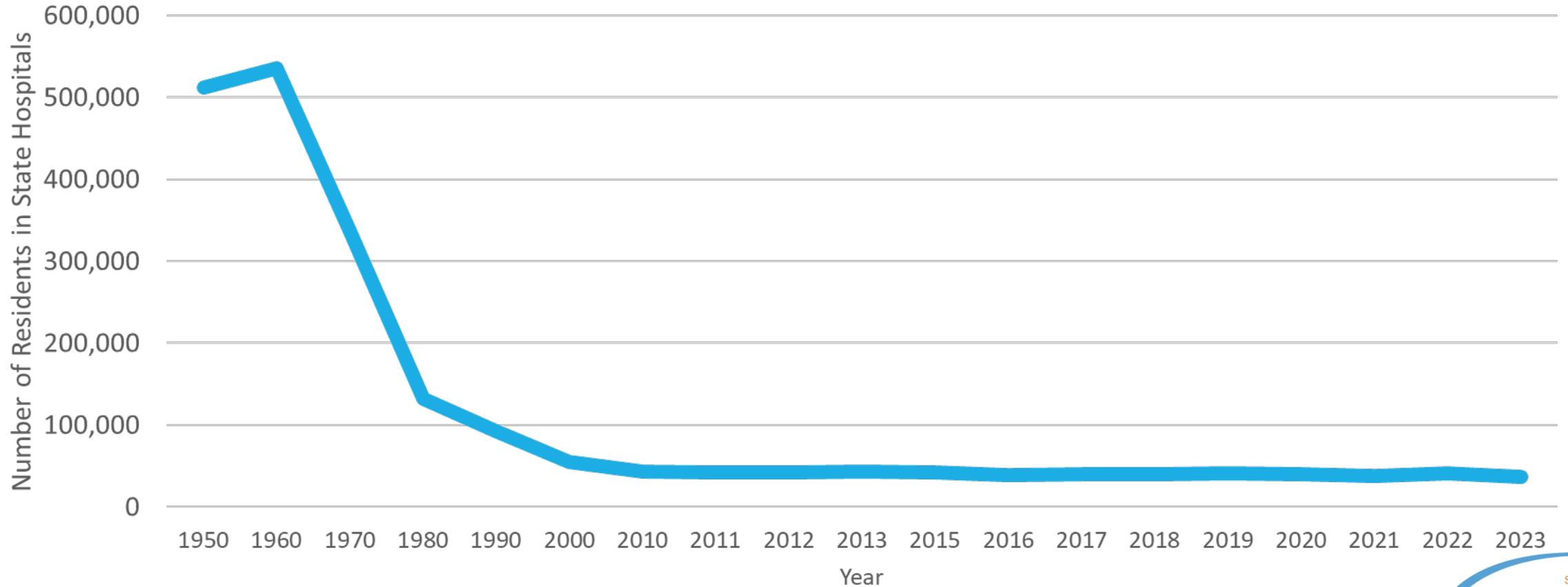
Number of State Psychiatric Hospitals: 1950 to 2023



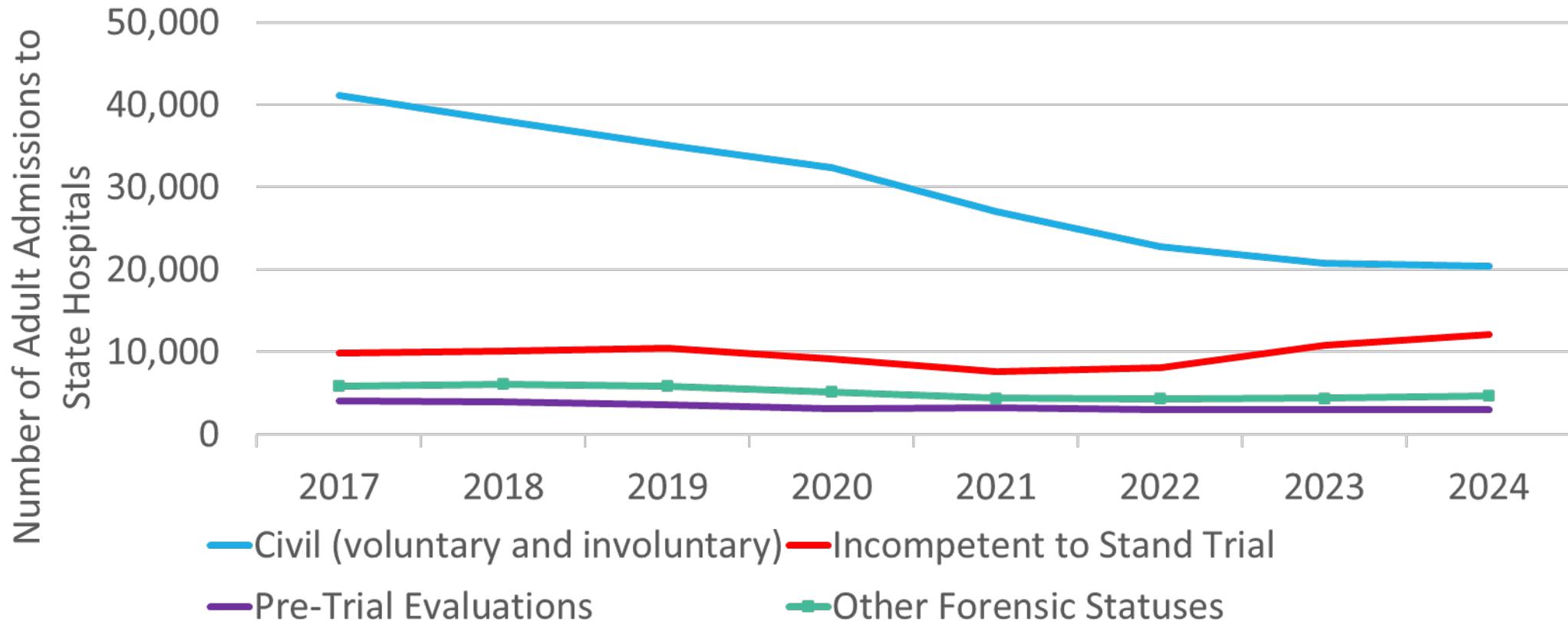
Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and 2025 State MH Agency Profiles System



Number of Resident Patients In State Psychiatric Hospitals (single day): 1950 to 2023

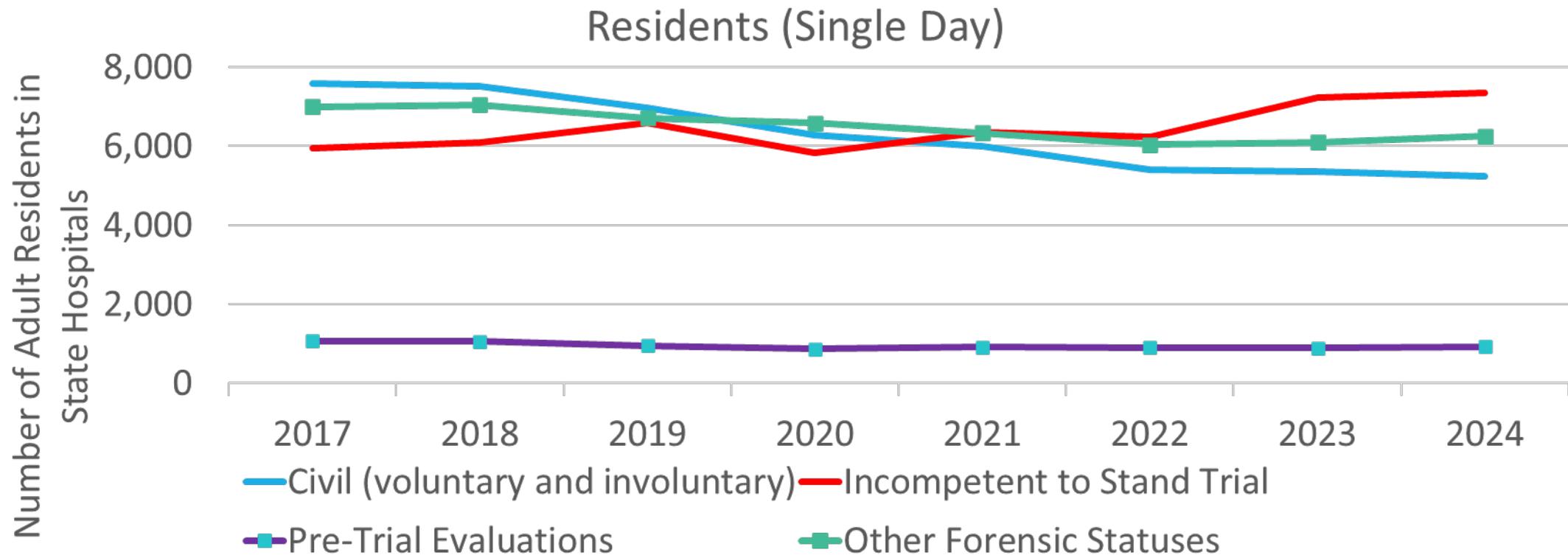


Legal Status of Admissions to State Hospital Inpatient Beds, 2017 to 2024



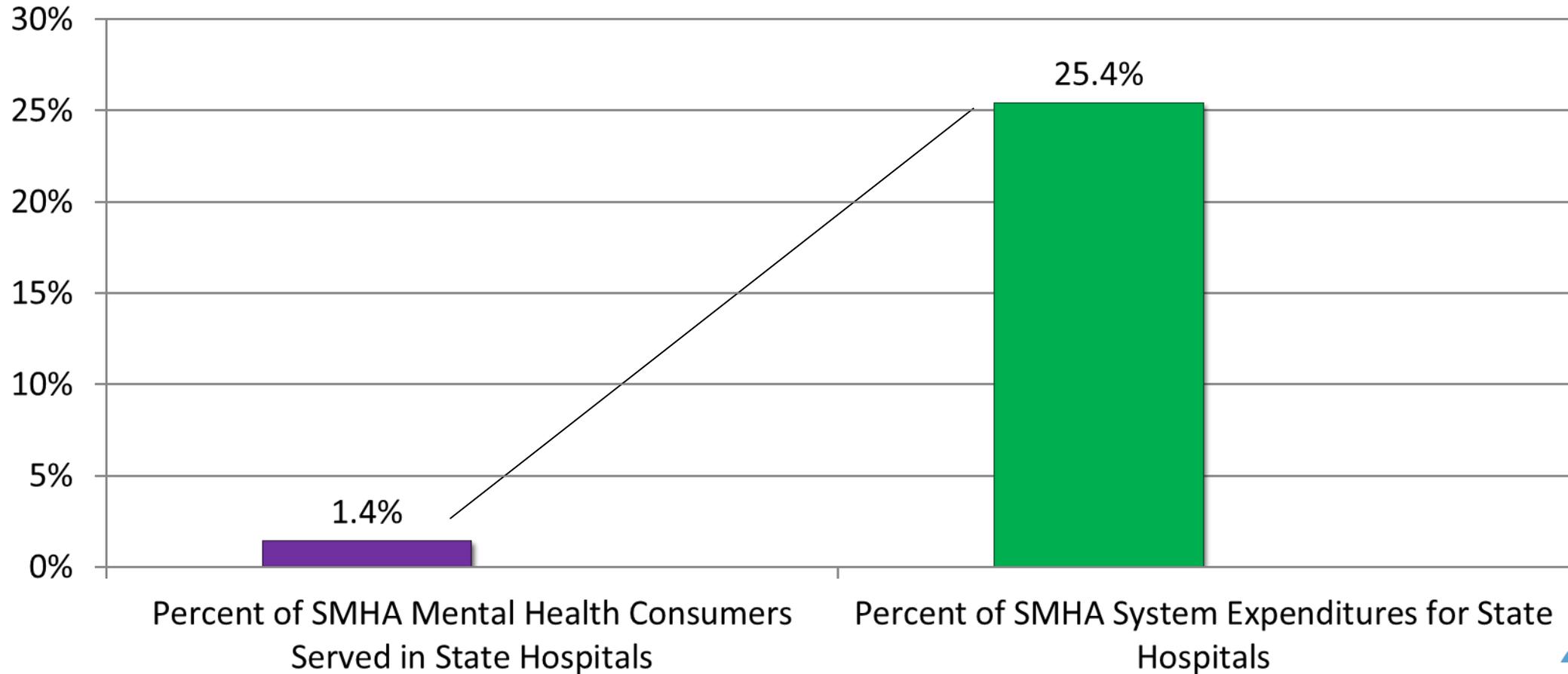
Data on Adult Patients from 30 states participating in NRI's BHPMS

Legal Status of Residents in State Hospitals, 2017 to 2024



Data on Adult Patients from 30 states participating in NRI's BHPMS

Patients in State Psychiatric Hospitals as a Share of SMHA Systems: FY 2023



Recent (last year) News Headlines

“Michigan mental health advocates discuss psychiatric bed shortage with state lawmakers”

Michigan Advance: July 2, 2025

“NYC keeping people with mental illness on Rikers Island due to hospital bed shortage”

Gothamist: April 7, 2025

“Psychiatric bed shortage is a public health emergency”

Arizona Capital Times, January 11, 2025

“Forensic Psychiatric Beds Are Lacking in Colorado”

www.longmotleader.com: Jan 31, 2025

“Minnesota mental health patients stay 25 hours longer than necessary in ER because of shortages.”

Start Tribue, July 22, 2024

“Maryland Health Department struggling to address psychiatric bed crisis”

Capital Gazette, April 18, 2025

State Hospital Bed Expansion: Last 2 years and planned for 2025

Forensic Bed:

- 11 States report having opened 1,341 new Forensic Beds in last 2 years
 - 7 States plan to open at least 317 more Forensic beds this year

Children's Psychiatric Beds

- 5 States have opened 116 beds in last 2 years
- 1 state plans to open 15 more children's beds.

States reported having opened 1,743 beds in last 2 years and plans to open 435 beds in 2025

Adult Civil Acute Beds (<30 day LOS)

- 2 states opened 36 beds in last 2 years
- 1 states plans 8 more Acute beds this year

With a few states having closed beds, the net change was 1,621 more beds opened in last 2 years and plans to open at least 313 more beds in 2025

Adult Civil Intermediate (30-90 Day LOS)

- 2 states have opened 158 Intermediate LOS (30-90 day) beds
- Plans to open 85 more beds in 2025

Adult Civil Long-Term Beds

- 4 states opened 92 beds in last 2 years
- 1 state plans to open 10 more beds in 2025

States are Implementing a Variety of Policies/ Initiatives to Control State Hospital Use

Civil-Legal Status Patients:

Some States are requiring use of Other Psychiatric Beds before Admission to State Hospitals (often a non-IMD psychiatric unit in a general hospital)

- 13 states require Alternatives before State Hospital Admission for Civil Status Acute Admissions
- 7 States require Alternatives before State Hospital Admission for Children/Adolescents

Forensic-Legal Status Patients

- Shifting to conduct Community and Jail-based Competency Evaluations
- Shifting Misdemeanor and/or non-violent Felony Competency Restoration Services to Community-Based Settings
 - Example: California has allocated \$468 million to counties to create community-based residential treatment homes for diversion and competency restoration. <https://buildingcaldsh.com/>
- Forensic ACT Teams and Forensic Navigators to reduce recidivism
- Mental Health Courts for diversion into services

States are Implementing a Variety of Policies/ Initiatives to Control State Hospital Use

Centralized/State-Coordinated Admissions (6 responses)

- Admissions routed through a centralized process
- Some states use real-time "bed boards" to manage referrals.

Screening & Gatekeeping (7 responses)

- Clinical/medical staff (e.g., psychiatrists, admissions teams) evaluate referrals.
- Some states require pre-admission screenings, dual physician certifications, or standardized referral packets.

Community Mental Health (CMH) Involvement (4 responses)

- CMHCs screen referrals, offer diversion options, or conduct crisis evaluations.
- Some states incentivize counties to divert patients to community-based care.

Diversion Efforts (5 responses)

- States prioritize alternatives (e.g., crisis stabilization, community treatment) to reduce hospitalizations.
- Some have dedicated diversion units or contracts with private hospitals.

State Psychiatric Hospitals Treat Very Different Caseloads than 50+ Years Ago

In 1970

29.3% (99,087) Patients were age 65 and Over

24% (81,621) had an Organic Brain Syndrome (Primary Diagnosis)

- (45,811 of whom were Older Adults)

9% (31,884) had a Diagnosis of Intellectual Disability (reported then as “Mental Retardation.”)

7% (18,098) had an Alcohol or Drug Disorder (1973 data)

In 2024: (based on 30 state’s BHPMS Data on Primary Diagnosis)

- 5.5% of patients were age 65 and over
- 1.2% had Alzheimer's or Dementia
- 9.9% had a Substance Used Diagnoses

Key Take Homes

- 76% of State Hospital Beds that have closed were closed by 1980
 - 90% were closed by 2000
- State hospitals are a very expensive service (over \$14 billion or 25% of SMHA Spending), but serve 1.4% of the over 8.4 million individuals served every year
- State hospitals today treat a very different patient population than were in state hospitals in the 1950s and 1960s
 - Before the 1970s, State Hospitals were often treating individuals with IDD, Organic Brain Syndrome/Dementia, and even had special non-MH wards for Tuberculosis or Syphilis units—groups that are now almost always treated outside of state hospitals
- More states are reporting Psychiatric Bed Shortages in 2025 than any prior NRI/NASMHPD Survey
 - After years of closing and downsizing state hospitals, in 2025 25% of states are building new or replacement state hospitals or reopening closed beds
- Many States are experiencing major growth in individuals found Incompetent to Stand Trial being sent to State hospitals for Competency Restoration, while seeing decreases in Civil (voluntary and civil-involuntary status admissions)

Does this trend fit with our values?

Core Ethical Principles

Values-based care aligns services with respect, dignity, and cultural competence for ethical behavioral health care.

Recovery-Oriented Care

Focuses on empowering individuals to lead fulfilling lives despite mental health challenges.

Person Centered Care

Ensures services are based upon the goals of the persons seeking care.

Trauma-Informed Practices

Promotes healing environments recognizing trauma's impact to support recovery and resilience.



Developing Partnerships

Collaborative Partnerships

Partnerships involve healthcare, social services, education, law enforcement, and community organizations collaborating effectively.

Shared Goals and Communication

Effective partnerships rely on shared goals, mutual respect, and clear communication to coordinate care and share resources.

System-Level Impact

Partnerships align policies, funding, and practices to improve accessibility, reduce fragmentation, and promote holistic care.

Engaging Lived Experience

Involving individuals with lived experience strengthens partnership relevance and improves behavioral health outcomes.

Making the Case for Investment

Health and Economic Value Investing in behavioral health improves health outcomes and yields significant economic returns by reducing healthcare costs and increasing productivity.

Reducing System Burdens Early intervention and comprehensive care lower the strain on emergency services, criminal justice, and hospitals.

Advocacy and Stakeholder Engagement Using data, personal stories, and policy briefs to engage policymakers, business leaders, and the public builds crucial support.

Framing Strategic Messaging Emphasizing behavioral health's connection to overall health and community well-being influences funding and drives systemic change



Thank you

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