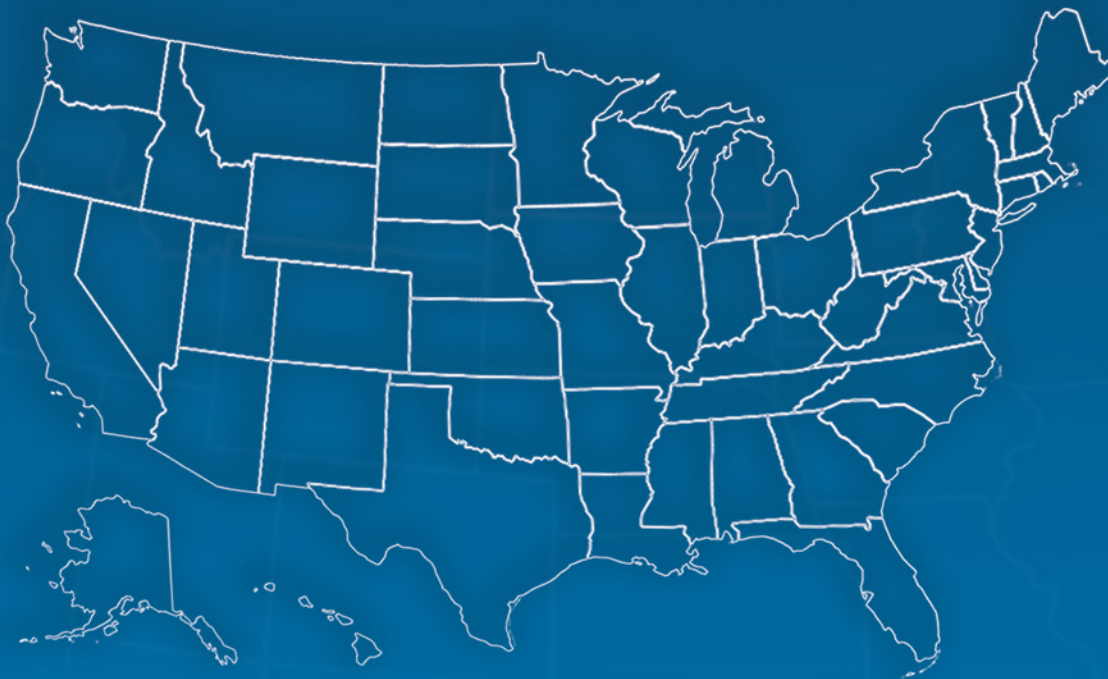


STATE MENTAL HEALTH AGENCY

Controlled Expenditures and Revenues
for Mental Health Services,
State Fiscal Year 2009



STATE MENTAL HEALTH AGENCY

Controlled Expenditures and Revenues
for Mental Health Services,
State Fiscal Year 2009

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

www.samhsa.gov

1 Choke Cherry Road
Rockville, MD 20857

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA), by the National Association of State Mental Health Program Directors Research Institute, Inc. (NRI), under Contract No. 280-09-0322, with SAMHSA, U.S. Department of Health and Human Services (HHS). The authors of the report are Theodore C. Lutterman, Kristin Roberts, Robert Shaw, and Vera Hollen. Joanne Atay, M.A., Division of State and Community Systems Development, served as the government project officer.

Disclaimer

The views, opinions, and content of this report are those of the authors and do not necessarily reflect the views or policies of SAMHSA or HHS.

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this report may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

Electronic Access and Printed Copies

This publication may be downloaded or ordered at <http://store.samhsa.gov>. Or call 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

Recommended Citation

Substance Abuse and Mental Health Services Administration. *State Mental Health Agency-Controlled Expenditures and Revenues for Mental Health Services, State Fiscal Year 2009*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Originating Office

State Grants Western Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

HHS Publication No. (SMA) 14-4843

Printed 2014

Contents

I. Introduction	1
1.1 Background	1
1.2 Methodology	2
1.2.1 SMHA-Controlled Expenditures and Revenues Study	2
1.2.2 SMHA Budget Reductions Impact Study	4
1.2.3 Limitations	5
1.3 Overview of the Rest of the Report	6
II. Financing State Mental Health Services	7
2.1 Impact of State Budget Shortages on Mental Health	7
2.2 SMHA-Controlled Expenditures for Mental Health Services, FY 2009	7
2.2.1 Expenditures by Region of the Country	8
2.2.2 Expenditures by SMHA Responsibilities Working With Medicaid	9
2.2.3 Expenditures by How SMHAs Fund Community Mental Health Services	10
2.2.4 Expenditures by Type of Mental Health Services Provided	12
2.2.5 Expenditures by Type of Mental Health Programs	13
2.2.6 Expenditures by Client Age Group	14
2.2.7 Expenditures Over Time	14
2.2.8 Shift From State Psychiatric Hospital-Based Services to Community Mental Health Services	17
2.2.9 Trends in Expenditures, by Types of Mental Health Services	18

III. Major Funding Sources of SMHAs, FY 2009	19
3.1 SMHA-Controlled Revenue Trends for Mental Health Services	20
3.2 SMHA Trends in Revenues From Medicaid	23
IV. Community Mental Health Services Revenues and Expenditures	25
4.1 SMHA-Controlled Expenditures for Community Mental Health Programs, FY 2009	25
4.1.1 Expenditures per Community Mental Health Client	25
4.1.2 Trends in Community Mental Health Expenditures	26
4.1.3 SMHA-Controlled Revenues for Community Mental Health Programs, FY 2009	28
4.1.4 Trends in SMHA-Controlled Expenditures and Revenues for Community Mental Health Services	29
V. State Psychiatric Hospital and Forensic Services: Revenues and Expenditures	31
5.1 Overall Expenditures for State Psychiatric Hospitals, FY 2009	31
5.2 Forensic Mental Health Services	31
5.2.1 Trends in Forensic and Sex Offender Expenditures in State Psychiatric Hospitals	32
5.3 State Psychiatric Hospital Expenditures per Patient Day, by Patient Legal Status	33
5.4 Trends in State Psychiatric Hospital Expenditures	33
5.5 Overall Revenues of State Psychiatric Hospitals, FY 2009	36
5.5.1 Trends in Financing of State Psychiatric Hospitals	37

VI. State-by-State Tables: Total SMHA-Controlled Expenditures for Mental Health Services	39
VII. State-by-State Tables: Total SMHA-Controlled Expenditures Over Time	61
VIII. State-by-State Tables: SMHA-Controlled Revenues	67
IX. State-by-State Tables: SMHA-Controlled Community Mental Health Expenditures	73
X. State-by-State Tables: SMHA-Controlled Community Mental Health Revenues	81
XI. State-by-State Tables: SMHA-Controlled State Psychiatric Hospital Expenditures	85
XII. State-by-State Tables: SMHA-Controlled State Psychiatric Hospital Revenues	101
References	105
Appendix A: SMHA Expenditures and Revenues Study Contact Persons	107
Appendix B: FY 2009 SMHA-Controlled Expenditures and Revenues Study: Glossary and Data Reporting Instructions	111

List of Figures

Figure 1: Total SMHA-Controlled per Capita Expenditures for Mental Health Services, FY 2009	8
Figure 2: SMHA-Controlled Mental Health Expenditures, by Region, FY 2009.....	9
Figure 3: SMHA-Controlled per Capita Expenditures for Mental Health Services, by SMHA Responsibility for Setting Medicaid Rates, FY 2009.....	10
Figure 4: SMHA-Controlled per Capita Expenditures for Mental Health Services, by Primary Method Used To Fund Community Services, FY 2009.....	11
Figure 5: SMHA-Controlled Expenditures, by Type of Service, FY 2009	12
Figure 6: SMHA-Controlled Expenditures, by Type of Program, FY 2009	14
Figure 7: Annual Percent Change in SMHA-Controlled Expenditures for Mental Health, FY 1990 to FY 2009.....	15
Figure 8: Trends in SMHA-Controlled Mental Health Spending, FY 1981 to FY 2009.....	16
Figure 9: Average Annual Percent Change in SMHA-Controlled Mental Health Expenditures, by Decade and Type of Program, FY 1981 to FY 2009	16
Figure 10: SMHA-Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Mental Health Services, FY 1981 to FY 2009	17
Figure 11: SMHA-Controlled Expenditures for Mental Health, by Type of Service, FY 1981 to FY 2009.....	18
Figure 12: Percentage of SMHA-Controlled Revenues for Mental Health Services, by Funding Sources, FY 2009.....	19
Figure 13: Percentage of SMHA-Controlled Revenues From Major Funding Sources, FY 1981 to FY 2009.....	20
Figure 14: SMHA-Controlled Revenues for Mental Health Services, FY 1981 to FY 2009.....	21
Figure 15: Annual Percent Change in State General Revenues for SMHAs and Number of SMHAs With an Increase or Decrease in State General Funds, FY 2001 to FY 2009.....	22

Figure 16: Percentage of New SMHA-Controlled Revenues, by Major Funding Source, FY 1981 to FY 2009	22
Figure 17: SMHA-Controlled Medicaid Funds as a Percentage of Total State Medicaid Spending, FY 1981 to FY 2009	23
Figure 18: Trends in SMHA-Controlled Spending for Community Mental Health Services, FY 1981 to FY 2009	27
Figure 19: Average Annual Change in SMHA-Controlled Community Mental Health Expenditures, by Decade, FY 1981 to FY 2009	27
Figure 20: Percentage of SMHA-Controlled Revenues for Community Mental Health Programs, by Funding Sources, FY 2009	28
Figure 21: Percentage of SMHA-Controlled Revenues for Community Mental Health Services From Major Funding Sources, FY 1981 to FY 2009	29
Figure 22: SMHA-Controlled Forensic and Sex Offender Mental Health Expenditures, as a Percentage of State Psychiatric Hospital Expenditures, FY 1983 to FY 2009	32
Figure 23: Expenditures per Patient Day in State Psychiatric Hospitals, FY 2009	33
Figure 24: Average and Median State Psychiatric Hospital Expenditures per Patient Day, by Patient Legal Status, FY 2009	34
Figure 25: Trends in SMHA-Controlled Spending for State Psychiatric Hospital Inpatient Services, FY 1981 to FY 2009	34
Figure 26: Average Annual Change in SMHA-Controlled State Psychiatric Hospital Expenditures, by Decade, FY 1981 to FY 2009	35
Figure 27: SMHA-Controlled Revenues for State Psychiatric Hospitals, by Funding Sources, FY 2009	36
Figure 28: Percentage of SMHA-Controlled State Psychiatric Hospital Mental Health Revenues, by Major Sources, FY 1981 to FY 2009	37

List of Exhibits

Exhibit 1: Average Expenditures per Client Served in the Community, FY 2003 to FY 2009	26
Exhibit 2: Annual Growth in Community Mental Health Funding, by Major Sources, FY 1981 to FY 2009	30

List of Tables

Table 1: SMHA-Controlled Mental Health Actual Dollar and per Capita Expenditures, FY 2009 (Using State Civilian Population and Population Under 135% of Federal Poverty Level)	40
Table 2: SMHA-Controlled Mental Health Expenditures and Total State Government Expenditures, FY 2009 (in millions)	42
Table 3: SMHA-Controlled Mental Health Expenditures for State Psychiatric Hospitals, Community-Based Programs, and State Mental Health Support Activities, by Type of Service Setting, FY 2009 (in millions)	44
Table 4: SMHA-Controlled Mental Health per Capita Expenditures for State Psychiatric Hospitals, Community-Based Programs, and State Mental Health Support Activities, by Type of Service Setting, FY 2009 (in millions)	46
Table 5: SMHA-Controlled Mental Health Expenditures for Inpatient Mental Health Services, by Major Programs, FY 2009 (in millions)	48
Table 6: SMHA-Controlled Mental Health Expenditures for Residential (Other 24-Hour) Mental Health Services, by Major Programs, FY 2009 (in millions)	50
Table 7: SMHA-Controlled Mental Health Expenditures for Less Than 24-Hour (Ambulatory) Mental Health Services, by Major Programs, FY 2009 (in millions)	52
Table 8: SMHA-Controlled Mental Health Expenditures, by Type of Program, FY 2009 (in millions)	54
Table 9: SMHA-Controlled Mental Health per Capita Expenditures for State Psychiatric Hospital Inpatient Services, Community Services (State Hospital and Other Community Based), Research, Training, and Administration, FY 2009 (Using State Civilian Population)	56
Table 10: SMHA-Controlled Mental Health Expenditures, by Client Age Group, FY 2009 (in millions)	58
Table 11: SMHA-Controlled Mental Health Expenditures, FY 2008 and FY 2009 (in millions)	62
Table 12: SMHA-Controlled Mental Health per Capita Expenditures, FY 2001, FY 2008, and FY 2009 (in millions)	64

Table 13: SMHA-Controlled Mental Health Revenues, by Revenue Sources, FY 2009 (in millions)	68
Table 14: SMHA-Controlled Medicaid Revenues for Mental Health, as a Percentage of Total State Medicaid Spending, FY 2009.....	70
Table 15: SMHA-Controlled Mental Health Expenditures, by Type of Service at Community-Based Programs, FY 2009 (in millions)	74
Table 16: SMHA-Controlled per Capita Expenditures for Community-Based Programs, FY 2009 (in millions)	76
Table 17: SMHA-Controlled Mental Health Expenditures at Community-Based Programs, by Age Group, FY 2009 (in millions)	78
Table 18: SMHA-Controlled Mental Health Revenues to Community Programs, by Revenue Sources, FY 2009 (in millions)	82
Table 19: SMHA-Controlled Mental Health Expenditures at State Psychiatric Hospitals, by Type of Service, FY 2009 (in millions)	86
Table 20: SMHA-Controlled State Psychiatric Hospital per Capita Expenditures, by Type of Service Setting, FY 2009 (in millions)	88
Table 21: SMHA-Controlled Mental Health Expenditures at State Psychiatric Hospitals, by Age Group, FY 2009 (in millions)	90
Table 22: SMHA-Controlled Mental Health Expenditures for Forensic and Sex Offender Services, in State Psychiatric Hospitals, FY 2009 (in millions)	92
Table 23: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Patients in State Psychiatric Hospitals Receiving Mental Health Services, FY 2009 (in millions)	94
Table 24: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Civil (Voluntary and Involuntary) Patients in State Psychiatric Hospitals Receiving Mental Health Services, by Age Group, FY 2009 (in millions)	96
Table 25: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Forensic Patients in State Psychiatric Hospitals Receiving Mental Health Services, FY 2009 (in millions)	98
Table 26: SMHA-Controlled Mental Health Revenues to State Psychiatric Hospitals, by Revenue Sources, FY 2009 (in millions)	102

I. Introduction

1.1 Background

State Mental Health Agencies (SMHAs) are the single state government agency responsible for planning and operating state public mental health systems. Each SMHA is unique in how it is organized within state government and how it organizes, funds, and delivers mental health services. Despite these differences, SMHAs have many similarities in the following ways: the types of services they are responsible for providing; how they collaborate with federal and other state and local government agencies to plan for, provide, and ensure the quality of their mental health services; and their role as the public health entity that promotes positive mental health, works to prevent suicides, and achieves early identification and treatment of mental illnesses.

All SMHAs have the responsibility to ensure that citizens in their states receive appropriate mental health care across a continuum of settings. As part of this responsibility, all SMHAs operate inpatient psychiatric beds for consumers with acute needs who may pose a threat to themselves or others. Most SMHAs are also responsible for the provision and coordination of services to individuals who require forensic mental health services. Such individuals include those found incompetent to stand trial, guilty by reason of insanity, guilty but mentally ill, sex offenders, and sexually violent predators. SMHAs also ensure that consumers have access to mental health services in their community, either by directly administering services or by contracting out services. Most often, SMHAs contract with not-for-profit mental health providers to deliver community-based services such as housing and access

to treatment; however, it is also common among larger population states to contract with county or city governments that are then responsible for the delivery of services within their local areas.

SMHAs collaborate with federal, state, and local agencies to strategize and ensure the highest quality of care for their state's mental health consumers. As part of the federal government's annual Community Mental Health Services Block Grant Plan, SMHAs must plan and develop a comprehensive system of community-based mental health services that meet state and national priorities emphasizing research-based care. SMHAs also collaborate with other government agencies to ensure that persons with mental illness receive the appropriate services to meet their needs. These services include healthcare, mental health treatment, and other related support services, such as housing and employment. As part of their efforts, one of the main priorities of SMHAs is to collect data on the provision of services to measure outcomes and system performance. The overall goal of this effort is to improve the quality of public mental health services provided by the SMHA.

Another similarity among SMHAs is the role they play in informing the public about mental health. SMHAs publish and disseminate information about mental health risks, suicide prevention, and additional resources for people to seek information and assistance. SMHAs also play a crucial role in the reduction of stigma that often accompanies mental illness.

State governments have funded and operated mental health services since the 1700s (Eastern State Hospital in Virginia was opened by the Virginia Colonial government in 1773). Until the second half of the 20th century, state

mental health systems were almost entirely institutional based, with state psychiatric hospitals treating more than 500,000 persons in 1950. More recently, states have drastically shifted their focus from providing inpatient services in state psychiatric hospitals to providing community-based mental health services. States use their state psychiatric hospitals as a safety net for persons who need intensive services in an inpatient setting.

In fiscal year (FY) 1981, SMHAs expended a total of \$6.1 billion providing mental health services, and 63 percent of those funds were devoted to providing inpatient services in state psychiatric hospitals. State government general revenue funds were the major funding sources for SMHA services, and Medicaid contributed only 13.7 percent of SMHA funding. In FY 2009, SMHAs expended \$37.6 billion providing mental health services, and 72 percent of these funds were spent on community-based services. At \$18.3 billion, Medicaid has grown to become the largest single source (48 percent) of SMHA funds.

1.2 Methodology

The findings of this report are primarily drawn from the National Association of State Mental Health Program Directors (NASMHPD) Research Institute, Inc.'s (NRI's) FY 2009 State Mental Health Agency-Controlled Expenditures and Revenues Study (NRI, 2011). The findings are supplemented with data from prior years of the Expenditures and Revenues Studies (FY 1981 to FY 2009), as well as data drawn from NRI's ongoing SMHA Budget Reductions Impact Study. These additional data sources allow the identification of trends among SMHAs' financing operations and provide context by highlighting the impact of the current economic crisis on SMHAs.

1.2.1 SMHA-Controlled Expenditures and Revenues Study

Since 1981, NRI has collaborated with the SMHAs from all 50 states and the District of Columbia to document their major expenditures and funding sources for mental health services provided by SMHAs. The partnership that NRI has established between each SMHA is particularly important for conducting this study. Any project seeking to account for billions of dollars could not achieve an accurate portrayal of such funds without dialogue between NRI project staff and SMHA contact persons. This dialogue, conducted via email and telephone conversations, ensures the data received from the SMHAs are accurate and complete to the greatest extent possible. A complete list of SMHA project staff who worked on the FY 2009 SMHA-Controlled Expenditures and Revenues Study can be found in Appendix A.

The methodology for this effort is based on compiling actual, rather than estimated or appropriated, revenues and expenditures under the direct control of SMHAs. The depiction of actual figures is considered necessary for reporting valid and reliable data. It is nearly impossible to verify figures or have an accessible database without reference to specific reports that indicate actual expenditures.

The funding sources SMHAs directly control include state general funds, state special appropriations, federal mental health block grant funds, Medicaid and Medicare revenues to SMHA-operated or funded programs, other federal funds (such as research and demonstration grants), local government match funds required by states, and various first- and third-party funds. Excluded from the definition of SMHA-control may be funds from non-SMHA sources received by programs

the SMHA may fund, but not directly operate. These types of funds include first- and third-party funds received by some community programs, including Medicaid funds in a few states.

The database that comprised the foundation for this study was based on the development and completion of four Excel table shells. Based on figures recorded in each SMHA's archival database, dollar amounts reflecting revenues and expenditures were utilized to complete each cell in the tables. A glossary that provided the states and project staff with uniform definitions of terms that corresponded to the row and column headings on each table shell and data completion instructions were provided to SMHAs to guide their reporting. The glossary and table shells used for the FY 2009 study can be found in Appendix B.

Table shell 1 compiled information about SMHA-controlled mental health expenditures. Expenditures were broken down into three categories: (1) state psychiatric hospitals funded and operated by the SMHAs; (2) community-based programs that could either be directly funded or operated by the SMHA; and (3) SMHA support activities, including SMHA funding for research, training, prevention programs operated and/or coordinated by the SMHA, and SMHA administrative expenses for the SMHA central office and/or regional units. Each program category was also divided into several subcategories to capture expenditures on the types of services or activities. These subcategories gather expenditures on inpatient services (licensed hospital beds), other 24-hour care (residential), less than 24-hour care, other or unknown services, central/regional office support, and research and training services. Additionally, expenditures were delineated according to two primary age

groups—children and adolescents under age 18, adults aged 18 and over, and individuals whose age was unknown.

Table shell 2 compiled information on revenues received by the SMHA to deliver programs and services that are operated and/or funded by the SMHA, and for which the SMHA had complete administrative control. This table does not reflect revenues of organizations partially funded by the SMHA funds. Therefore, the table does not depict revenues for contracted local community mental health centers; county or multicounty mental health and intellectual disability service boards; other local clinics; and/or other entities, programs, services, or facilities not directly operated by the SMHA.

Revenues were divided into four different primary sources: (1) state, (2) federal, (3) local, and (4) other. Each primary source, except local revenues, was divided into several subcategories to specifically identify the funding source. State revenues were divided into general funds, other state funds, and state Medicaid funds. Federal revenues were divided into Medicaid, Medicare, social services block grant, mental health block grant, other Substance Abuse and Mental Health Services Administration (SAMHSA), and other federal funds. Other revenues were divided into first-party, third-party, and other revenues.

Table shell 3 compiled information on the amount of Medicaid disproportionate share funds received by states for services provided at state psychiatric hospitals.

Table shell 4 compiled SMHA expenditures, by priority groups, including children and adults, at state psychiatric hospitals. The priority groups were composed of forensic patients, sexually violent predators, and voluntary and involuntary (civil) commitments

for children and adults. Information about expenditures and number of patient days for each priority group was collected to determine the cost per patient day that the SMHA spent on each group.

This study relied on two primary means for accumulating and depicting data: (1) analysis and coding of state revenue and expenditure data and (2) followup discussions with appropriate SMHA officials to verify and clarify figures provided in the table shells. Generally, this process was followed to obtain final figures:

- SMHA staff were contacted and requested to complete each of the four table shells distributed by NRI. SMHAs returned their completed table shells to their designated NRI project staff member;
- Upon receipt of each SMHA's completed table shells, the NRI staff member processed the table shells by uploading the data received into the project's central database and running quality edit checks on the data. During this process, all errors and data quality issues were identified, and an edit report was prepared;
- If no edits issues were found and data were complete, the SMHAs were notified that they had successfully completed the data submission process. However, if there were errors or unresolved data quality issues, the NRI project staff member sent the generated edit report requesting that the state reevaluate its data and make appropriate corrections. This process continued until all errors or unresolved issues were addressed; and
- Once all data were verified and approved by the SMHAs, a draft set of state-by-state output tables was sent to all SMHA commissioners and SMHA project staff for their review. Any final changes to the data were made during this process.

Reported SMHA-controlled expenditures for mental health services were compared with the SMHA-controlled revenues received for these mental health services. Expenditures were not required to exactly match revenues, because SMHAs may have carryover funds from year to year as well as reimbursements that may lag into the next year. During the data edit process, states with large variations between expenditures and revenues were asked to review and verify any differences.

Population data were calculated using information from the U.S. Census Bureau. This report follows the lead of the Center for Mental Health Services (CMHS) and the National Institute of Mental Health and uses civilian population estimates that exclude those persons serving in the Armed Forces. The primary reason these estimates of population data are used is that military personnel are more likely to be served by health systems maintained by the Armed Forces and the Department of Veterans Affairs.

1.2.2 SMHA Budget Reductions Impact Study

In 2008, when the global economy began slipping into a recession, there was demand to determine how this fiscal crisis affected the delivery of mental health services. To meet this demand, NRI, in collaboration with NASMHPD, initiated a survey of SMHAs. The survey was first administered directly to SMHA commissioners in November 2008.

Three followup surveys were distributed in June 2009, November 2009, and August 2010 to monitor trends. The surveys captured information about specific cuts to SMHA programs and administrative functions.

Along with the results from the surveys, NRI gathered information from several other private institutions, including the Rockefeller Institute of Government, the Center on Budget and Policy Priorities, and the National Governors Association. These national-level reports provide broader context to help illustrate how the recession impacts SMHA service-delivery and administrative functions.

The results of the surveys and external resources indicate that in 2009 state governments experienced budget cuts totaling \$191 billion (McNichol, Oliff, & Johnson, 2011). Based on 47 states responding to the August 2010 round of NRI's survey, these state budget cuts impacted 39 SMHAs. The average budget reduction in 2009 was \$36.8 million, and the greatest cut to any one SMHA was \$554 million. Thirty-eight SMHAs experienced budget cuts in FY 2010, 37 in FY 2011, and 7 SMHAs expect to incur budget shortfalls in FY 2012. The most common strategies SMHAs used to respond to the budget cuts were to reduce administrative expenses (88 percent), place a freeze on new hires (78 percent), reduce funds to community providers (53 percent), eliminate staff positions (53 percent), close state hospital units/wards (45 percent), and reduce community mental health services (40 percent).

1.2.3 Limitations

Although this report includes SMHA-controlled expenditures, it should not be

assumed that the revenues and expenditures reported here include all expenditures for mental health services within a state government. State governments expend considerable resources for mental health services through other state government agencies not included in this report. For example, in many states, the state corrections agency provides mental health services in prisons or jails, and the education department funds mental health services to children in schools.

The major state government expenditure not fully depicted in this report is Medicaid, one of the fastest growing expenditures of state governments in the last 20 years. Mental health services constitute a significant part of this Medicaid growth. Some SMHAs and state Medicaid agencies have conducted thorough analyses of Medicaid-paid claims files to determine total Medicaid expenditures for mental health. However, many of these expenditures are outside the control of the SMHA or the community mental health system funded by the SMHA. The Medicaid expenditures included in this report are limited to the portion of Medicaid expenditures controlled or administered by the SMHAs. Studies by CMHS on Medicaid suggest that total Medicaid expenditures for mental health that are controlled by SMHAs may actually double in the near future.

An additional limitation of the Expenditures and Revenues Study data is the reporting period. Data for the revenues and expenditures are based on actual expenditures from state FY 2009, lagging behind the current state budget cycles. In some states, 12 to 24 months are needed to reconcile all accounts and provide final actual expenditures.

1.3 Overview of the Rest of the Report

Section II presents the financing of state mental health services including the impact of state budget shortages on SMHAs, FY 2009 SMHA-controlled expenditures for mental health services, and trends in overall SMHA-controlled revenues and expenditures.

Section III discusses FY 2009 major funding sources of SMHAs. This section also presents a discussion on SMHA revenue trends for mental health services.

Section IV presents the FY 2009 community mental health services revenues and expenditures. This section also presents a discussion on trends in SMHA-controlled expenditures and revenues for community mental health services.

Section V presents the FY 2009 state psychiatric hospital and forensic services revenues and expenditures. This section also presents a discussion on trends in SMHA-controlled expenditures and revenues in state psychiatric hospitals.

Section VI presents state-by-state tables depicting total SMHA-controlled expenditures for mental health services.

Section VII presents state-by-state tables depicting total SMHA-controlled expenditures over time.

Section VIII presents state-by-state tables depicting total SMHA-controlled revenues.

Section IX presents state-by-state tables depicting SMHA-controlled community mental health expenditures.

Section X presents state-by-state tables depicting SMHA-controlled community mental health revenues.

Section XI presents state-by-state tables depicting SMHA-controlled state psychiatric hospital expenditures.

Section XII presents state-by-state tables depicting SMHA-controlled revenues.

II. Financing State Mental Health Services

2.1 Impact of State Budget Shortages on Mental Health

The FY 2009 SMHA expenditures and revenues documented in this report represent data at the start of a recession that has caused mental health spending in some states to be reduced and the growth in spending in additional states to be slowed. In 2008, a recession began in America that has had a major impact on state government finances. According to the National Governors Association (NGA), “States are facing a protracted budget crisis like none seen in the last 30 years, and perhaps not seen since the Great Depression. State balance sheets face a long, slow climb toward fiscal health and may not reach pre-recession revenue levels for years to come. As a result, many states have launched urgent efforts to redesign and downsize government” (NGA, 2011).

A study by NGA and the National Association of State Budget Directors (NASBO) found that “in response to the decline in revenues, 39 states cut their enacted fiscal 2010 budgets by \$18.3 billion. Additionally, 14 states have enacted \$4.0 billion in budget cuts for fiscal 2011. In fiscal 2009, 43 states cut \$31.1 billion and in fiscal 2008, 13 states cut \$3.6 billion. The amount of cuts are considerably larger than the last downturn when in 2002 and 2003, 37 states made midyear budget reductions totaling \$14 billion and \$12 billion, respectively” (NGA & NASBO, 2010, p. 3).

A study conducted by NRI/NASMHPD during 2011 found that 90 percent (45 out of 50 SMHAs) had reductions to their mental health budgets at least once over the last 3 years, with overall reductions between FY 2009 and FY 2011 totaling \$3.4 billion. In FY

2009, 39 SMHAs reported budget reductions totaling over \$1.2 billion. In each of the next 2 fiscal years, SMHAs reported reductions of \$1 billion or more each year. Because state revenues have continued to lag behind budget expectations, SMHAs have repeatedly needed to make multiple reductions during the year in order to help balance state budgets. During FY 2009, SMHAs averaged 1.24 different reductions (with a range from one budget reduction to five different reductions throughout the year). That increased to an average of two reductions per state during FY 2010 (ranging from one budget reduction to four different reductions during the year).

Over half the states have had to reduce funds to community mental health providers, and almost half the states have made reductions to state psychiatric hospital services. Collectively, from FY 2009 to FY 2011, SMHAs reported having closed 2,198 state psychiatric hospital beds in 25 states, and 17 states were considering an additional 1,732 beds for closure due to continuing budget shortages. In addition, five states (Connecticut, Florida, Maryland, Massachusetts, and Missouri) have closed state psychiatric hospitals.

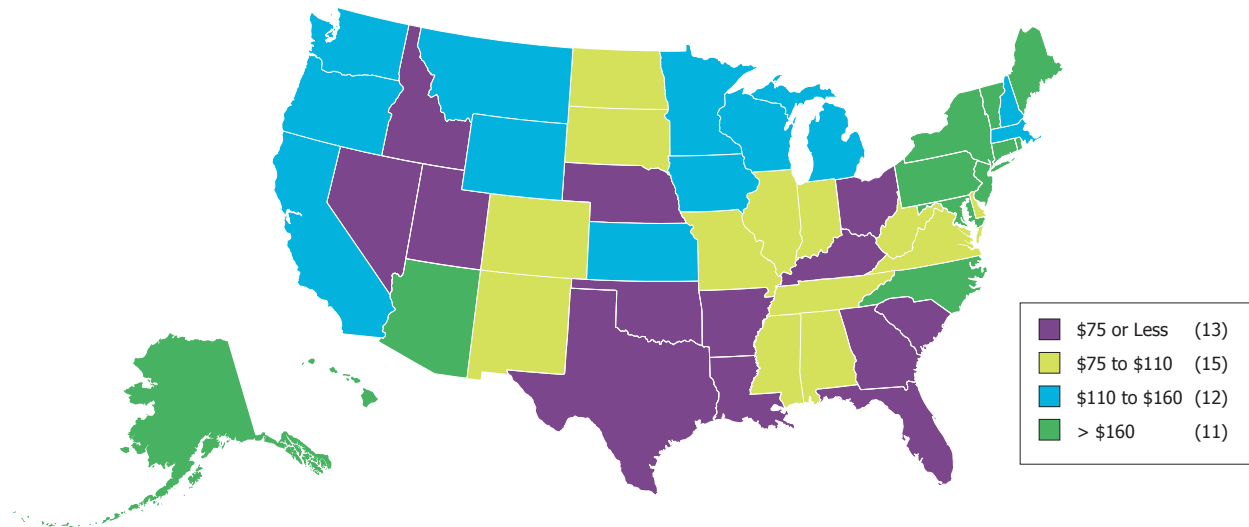
2.2 SMHA-Controlled Expenditures for Mental Health Services, FY 2009

SMHAs administer and oversee funds from a variety of sources, including state, federal, and local sources, to finance public mental health services. In FY 2009, SMHAs directed the expenditures of \$37.6 billion for mental health services in state psychiatric hospitals, community mental health programs, and the SMHA’s research, training, and administration operations. SMHAs expended \$123 per civilian resident of the United States with median per capita expenditures of \$108.96.

SMHA per capita expenditures varied from over \$300 in the District of Columbia and Maine to less than \$50 per capita in Arkansas,

Florida, Georgia, Idaho, and Texas (see figure 1 and table 1).

Figure 1: Total SMHA-Controlled per Capita Expenditures for Mental Health Services, FY 2009



SMHA expenditures in FY 2009 represented 2.4 percent of total state government expenditures (see table 2). SMHAs ranged from a high of 5.6 percent of all state government expenditures in Maine and 5.4 percent in Pennsylvania to a low of 0.7 percent in Arkansas and West Virginia.

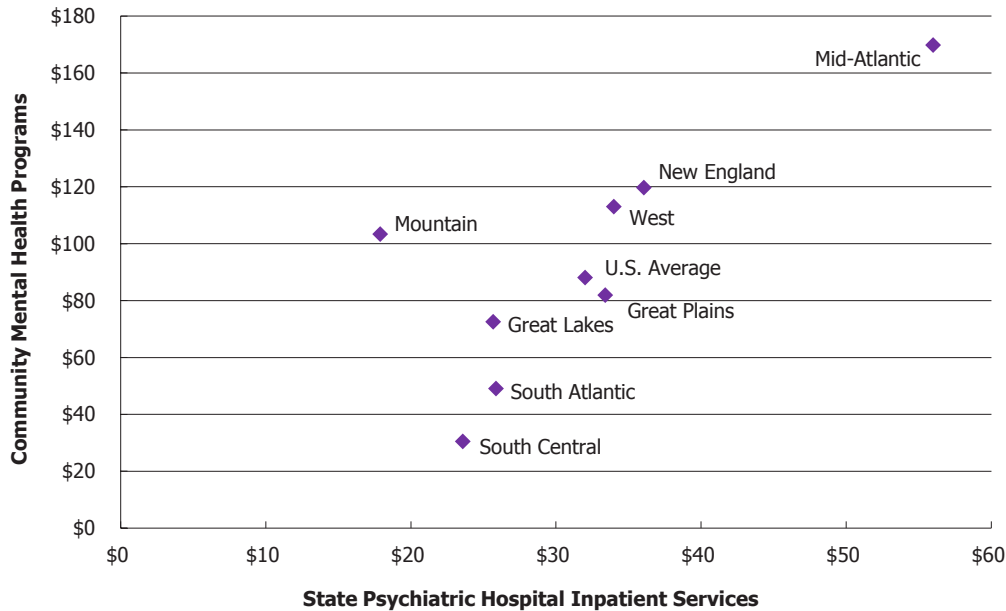
2.2.1 Expenditures by Region of the Country

SMHA-controlled expenditures exhibit variation in the total amount of expenditures dedicated to state psychiatric hospitals and community mental health services by region. SMHAs in the Mid-Atlantic (\$232) and New England (\$163) regions had the highest per capita expenditures for mental health services, whereas states in the South Central (\$56) and South Atlantic (\$76) had the lowest average per capita expenditures. States in the

Mid-Atlantic and New England regions had the highest per capita expenditures for both state psychiatric hospital inpatient services and community mental health services. By contrast, states in the Mountain region had the lowest expenditures for state psychiatric hospital inpatient services, and states in the South Central region had the lowest average expenditures for community-based programs (see figure 2).

SMHAs in the Mountain region (84 percent) and West region (76 percent) devoted the highest share of SMHA expenditures for community-based programs. States in the South Central (42 percent) and South Atlantic (34 percent) regions averaged the highest share of SMHA funds expended on state psychiatric hospital inpatient services.

Figure 2: SMHA-Controlled Mental Health Expenditures, by Region, FY 2009



2.2.2 Expenditures by SMHA Responsibilities Working With Medicaid

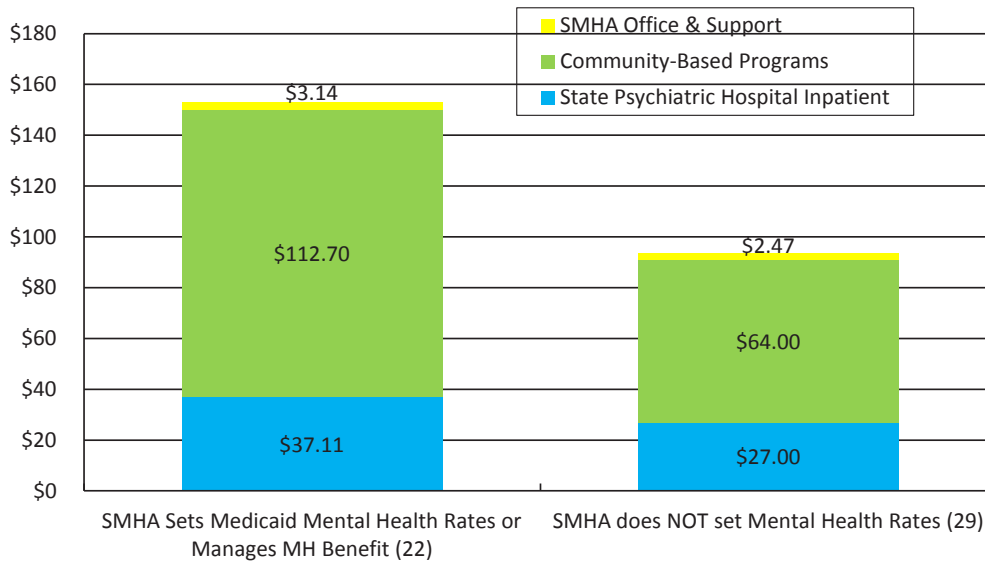
Levels of SMHA expenditures for mental health services appear to vary depending on how SMHAs were organized within state government, their responsibilities related to setting Medicaid rates for mental health services, and how SMHAs organized and delivered community mental health services. For example, in FY 2009, SMHAs that were responsible for setting Medicaid rates for mental health services and administering some of the Medicaid benefits for mental health had higher average expenditures than states where the SMHA was not responsible for setting Medicaid rates for mental health or managed Medicaid mental health benefits (see figure 3).

The 22 SMHAs that were responsible for setting some of the Medicaid rates for mental health services expended \$153 per capita, whereas the 29 SMHAs that were

not responsible for setting Medicaid rates expended \$93 per capita. States where the SMHA was involved in setting Medicaid rates had higher per capita expenditures for community mental health services (\$112 versus \$64), whereas per capita expenditures for state psychiatric hospitals showed less difference (\$37 versus \$27).

The SMHA was responsible for setting Medicaid rates for mental health services in state-operated programs in 15 states, for state-funded programs in 20 states, and for mental health programs that do not receive any SMHA funding in 3 states. The SMHA was designated as the single state agency responsible for setting Medicaid rates for mental health services for Medicaid options in 13 states (Arizona, Delaware, Kansas, Maryland, Maine, Minnesota, Montana, New Hampshire, New Mexico, New York, Oregon, Virginia, and Washington).

Figure 3: SMHA-Controlled per Capita Expenditures for Mental Health Services, by SMHA Responsibility for Setting Medicaid Rates, FY 2009



The states where the SMHA was involved in setting Medicaid rates for mental health services reported higher SMHA-controlled revenues from Medicaid (on average, 53 percent of SMHA revenues were from Medicaid) than states that were not involved in setting Medicaid rates (on average, 45 percent of revenues were from Medicaid).

2.2.3 Expenditures by How SMHAs Fund Community Mental Health Services

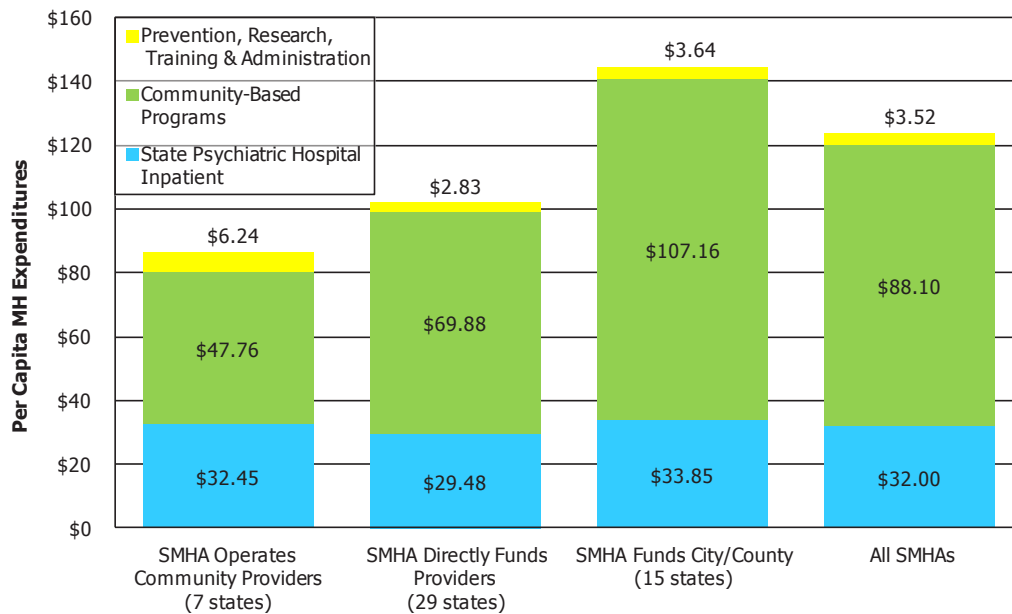
SMHAs organized and funded community mental health services using several mechanisms. The three primary methods used included: (1) SMHAs directly operated community mental health services with state employees, (2) SMHAs funded county/city governments or boards to organize and deliver community mental health services, and (3) SMHAs directly contracted with community mental health service providers, typically not-for-profit organizations.

Seven SMHAs primarily directly operated community mental health services, and these SMHAs reported the lowest levels of SMHA per capita expenditures (\$86.08). States that directly operated their community mental health services also tended to rely more heavily on state general fund dollars and less on Medicaid and other reimbursements for services than states where the community mental health providers were private not-for-profits or county based. The SMHAs that operated community services also had the highest reported average administration costs (averaging \$4.96 per capita). Such costs might be due to SMHAs' having to directly pay for the administration and personnel expenses of state-operated community services included in the services expenditures in states that do not directly operate community providers. The seven states (Connecticut, Delaware, Idaho, Louisiana, Nevada, Oklahoma, and South Carolina) that directly operated community services tended to be smaller states and collectively represent 7 percent of the total U.S. population.

The 15 SMHAs that primarily organized their community mental health systems by funding city/county governments to provide services had the highest per capita expenditures for community mental health services (\$107.16) and overall SMHA expenditures (\$143.73). Using city/county governments to administer local mental health services was an approach to decentralize decision making about delivering mental health services. The 15 states tended to be larger population states and collectively represented 53 percent of the U.S. population.

The majority of SMHAs (29) primarily directly funded community providers, and these states averaged the second highest total per capita expenditures (\$101.73) and represented 40 percent of the total U.S. population. The states that directly funded community providers had lower community per capita expenditures (\$69.88) than city/county-based states and had the lowest per capita expenditures for state psychiatric hospitals (\$29.48) of any group of states (see figure 4).

Figure 4: SMHA-Controlled per Capita Expenditures for Mental Health Services, by Primary Method Used To Fund Community Services, FY 2009

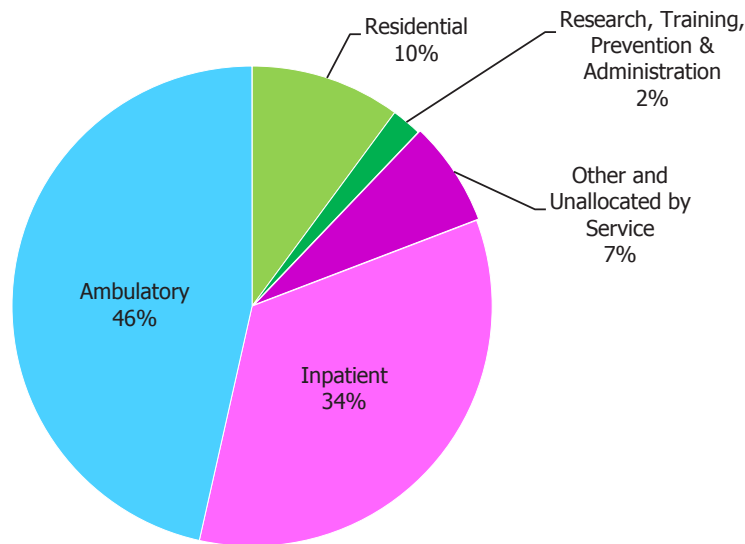


2.2.4 Expenditures by Type of Mental Health Services Provided

SMHAs provide a variety of mental health services. Inpatient psychiatric services are provided in either state psychiatric hospitals, general hospitals, or other inpatient settings. Other 24-hour mental health services and supports are also provided along a continuum of living arrangements ranging from basic room and board with minimal supervision through 24-hour medical, nursing, and/or intensive therapeutic programs. These services and supports include nursing homes, intermediate care facilities, residential treatment centers, group homes, and other locations. SMHAs finance and provide ambulatory mental health services—such

as individual and group therapy, medication monitoring and maintenance, psychosocial rehabilitation, assertive community treatment—in the community. In FY 2009, SMHAs expended almost half (46 percent) of their funds on ambulatory (less than 24-hour) services and 34 percent on inpatient psychiatric services (see figure 5). SMHAs expended just over 2 percent of their mental health budget on administration, research, and training, and 7 percent was either unallocated to specific services or used for other services. See table 3 for state-by-state mental health expenditures, by type of service setting, and table 4 for state-by-state mental health per capita expenditures, by type of service setting.

Figure 5: SMHA-Controlled Expenditures, by Type of Service, FY 2009



Note: Percentage may not total 100, because of rounding.

States expended nearly \$13 billion providing inpatient psychiatric services in FY 2009. Per capita expenditures for inpatient services were \$42, ranging from a high of \$172 in the District of Columbia and \$136 in Alaska to a low of \$15 in Arkansas and \$16 in Texas. Inpatient psychiatric services were provided by both state psychiatric hospitals and community mental health service providers (see table 5). Most inpatient expenditures (76.5 percent) were from state psychiatric hospitals; however, 23.5 percent of psychiatric inpatient services were provided by community-based providers. In FY 2009, 37 SMHAs reported \$3 billion in expenditures for psychiatric inpatient services purchased as part of community-based mental health programs. States varied from Alaska (71 percent) and Arizona (70 percent) having the highest percentage of psychiatric inpatient services provided by community providers to South Carolina (0.6 percent), Missouri (1.2 percent), Ohio (1.3 percent), and Alabama (1.4 percent) having the lowest percentages from community providers.

Residential services, other 24-hour services that are less intensive than inpatient (ranging from nursing facility to group homes and other residential services) totaled over \$4 billion in FY 2009. Per capita residential service expenditures were \$14.31, ranging from a high of \$96.79 per capita in Maine and \$46.26 in New Jersey to a low of \$0.94 in West Virginia and \$0.84 in Colorado. (It should be noted that several states, such as Colorado, Indiana, and Texas, were unable to allocate community expenditures to specific types of services.) Most expenditures for residential services (92 percent) were provided by community mental health service providers, but state psychiatric hospitals provided 8 percent of residential spending (see table 6).

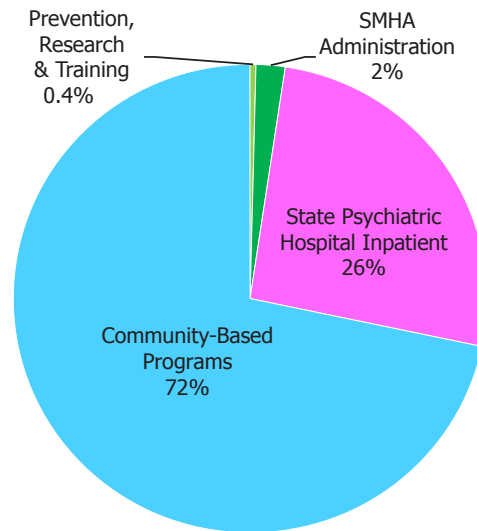
In 18 states, the state psychiatric hospitals expended \$330 million providing other 24-hour services (including nursing-level care, group homes, and other residential services).

Ambulatory services were the largest single mental health service category, with expenditures of over \$17.4 billion in FY 2009. Per capita expenditures for ambulatory services averaged \$63.45, ranging from \$190.18 in Pennsylvania and \$169.15 in the District of Columbia to a low of \$16.17 in Florida and \$14.23 in Arkansas. Most ambulatory service expenditures were spent by community mental health providers (98 percent); however, 2 percent were spent by state psychiatric hospitals. State psychiatric hospitals in six states (Louisiana, Mississippi, Missouri, New York, South Carolina, and Wyoming) expended \$379.86 million providing ambulatory services, often through outpatient clinics operated by state psychiatric hospitals (see table 7).

2.2.5 Expenditures by Type of Mental Health Programs

SMHAs operated state psychiatric hospitals and either operated or funded community-based mental health services. In FY 2009, SMHAs expended \$26.9 billion providing community mental health services, representing 72 percent of total SMHA expenditures. SMHAs expended an additional \$9.78 billion providing state psychiatric hospital inpatient services, representing 26 percent of SMHA expenditures. SMHAs expended an additional \$855.6 million (2 percent of total SMHA expenditures) on administration (at the SMHAs' central and regional offices) as well as for prevention, research, and training activities (see figure 6, table 8, and table 9).

Figure 6: SMHA-Controlled Expenditures, by Type of Program, FY 2009



Spending on community mental health services varied from a high of 92 percent of all spending in Arizona to a low of 37 percent in South Dakota. Expenditures for state psychiatric hospitals ranged from a high of 61 percent in South Dakota and 59 percent in Louisiana to a low of 11 percent in Iowa and 6 percent in Arizona.

2.2.6 Expenditures by Client Age Group

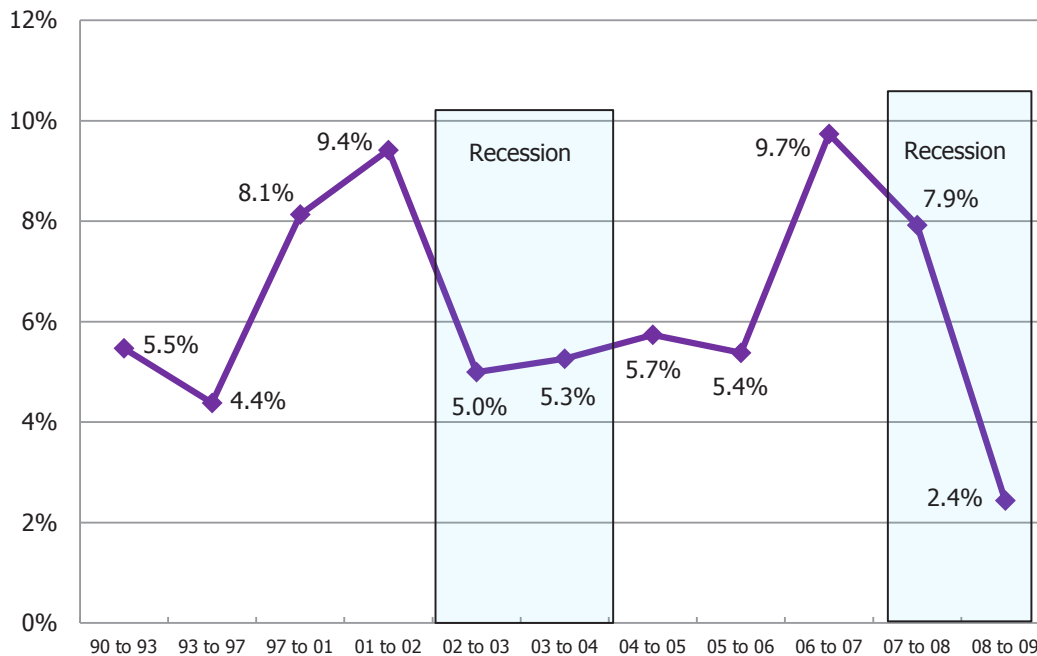
SMHAs expended \$24.3 billion (65 percent of total expenditures) on mental health services for persons aged 18 and older and \$8.4 billion (22 percent) on mental health services for children aged 0 to 17. Thirteen percent (\$4.8 billion) of SMHA expenditures were not allocated to specific age groups for either of these reasons: they were SMHA central office administration, research, training, and other such activities for which expenditures are not broken out by age groups, or the state was unable to allocate community expenditures to specific age groups (see table 10). Per capita expenditures for children’s and adolescents’

mental health services averaged \$112.4 per child/adolescent, whereas per capita expenditures for adults averaged \$105.31 per adult.

2.2.7 Expenditures Over Time

From FY 2001 to FY 2009, SMHA expenditures increased at an average annual rate of 6.3 percent, from \$23 billion in 2001 to \$37.6 billion in 2009. During this decade (FY 2001 to FY 2009), almost all SMHAs (50) experienced increases in SMHA expenditures, while one state (South Carolina) had FY 2009 expenditures that were 1.2 percent below their FY 2001 expenditures for mental health services. During the most recent years of this study, from FY 2008 to FY 2009, SMHAs experienced the slowest growth in a decade. From FY 2008 to FY 2009, 31 SMHAs experienced growth in expenditures, whereas 20 SMHAs experienced declines in mental health expenditures (see figure 7 and table 11).

Figure 7: Annual Percent Change in SMHA-Controlled Expenditures for Mental Health, FY 1990 to FY 2009



When SMHA expenditures are adjusted for inflation (using the medical component of the Consumer Price Index for each fiscal year), SMHA expenditures have increased by only 2.2 percent per year since 2001, increasing from \$7 billion in FY 2001 to \$8.3 billion in FY 2009 (see figure 8).

When expenditures were adjusted for both the growth in state population and inflation, SMHA-controlled expenditures were relatively flat, with an increase of only 1.2 percent per year since FY 2001 and a decline of 1.7 percent from FY 2008 to FY 2009. Over the 28 years from FY 1981 to FY 2009, SMHA expenditures, when adjusted for inflation and population growth, were totally flat with

an annual change of 0.06 percent (FY 1981 inflation-adjusted per capita expenditures were \$26.78, and 28 years later they were \$27.27).

When SMHA expenditures were adjusted for population growth and inflation, from FY 2001 to FY 2009, 26 SMHAs experienced a decline in expenditures, whereas 25 SMHAs experienced an increase (see table 12). During the most recent years (from FY 2008 to FY 2009), 31 SMHAs experienced a decrease in expenditures, whereas 20 states experienced an increase.

Figure 8: Trends in SMHA-Controlled Mental Health Spending, FY 1981 to FY 2009

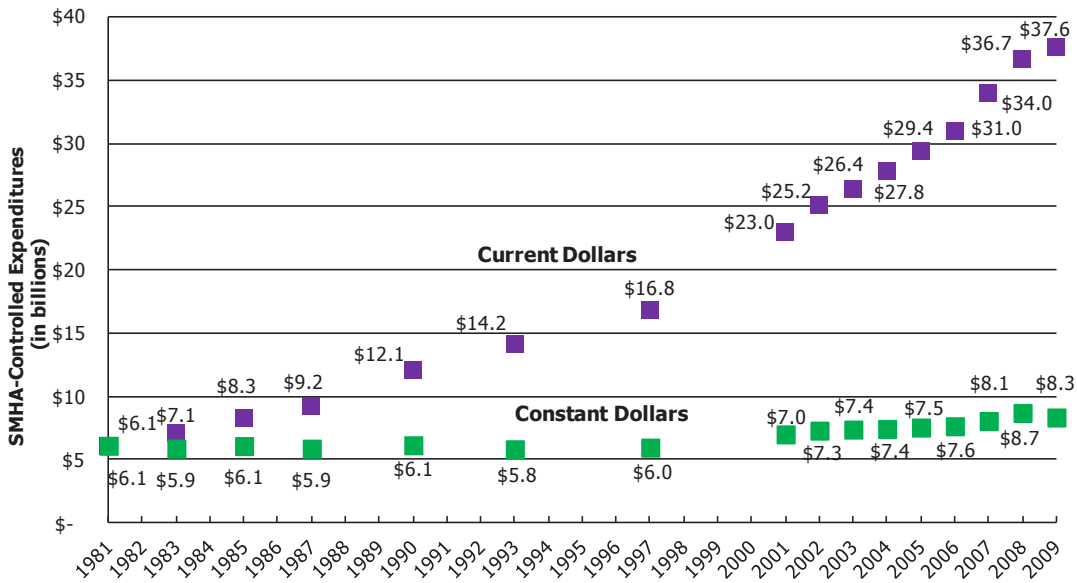
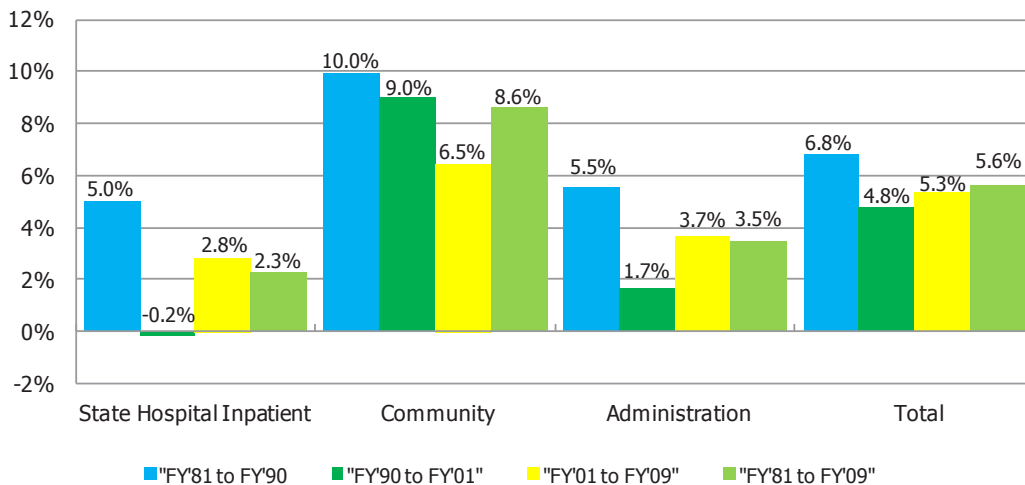


Figure 9 shows that over the last 28 years, SMHAs have increased their expenditures for community-based services at a much faster rate than expenditures for state psychiatric hospitals or for administration. From FY 2001 to FY 2009, expenditures for community mental health services increased by 7.5 percent per year, whereas state psychiatric

hospital inpatient expenditures increased by 3.8 percent per year. When adjusted for inflation and population growth, between FY 2001 and FY 2009, community mental health expenditures increased by 2.3 percent per year, whereas state psychiatric hospital inpatient expenditures declined by 1.2 percent per year.

Figure 9: Average Annual Percent Change in SMHA-Controlled Mental Health Expenditures, by Decade and Type of Program, FY 1981 to FY 2009

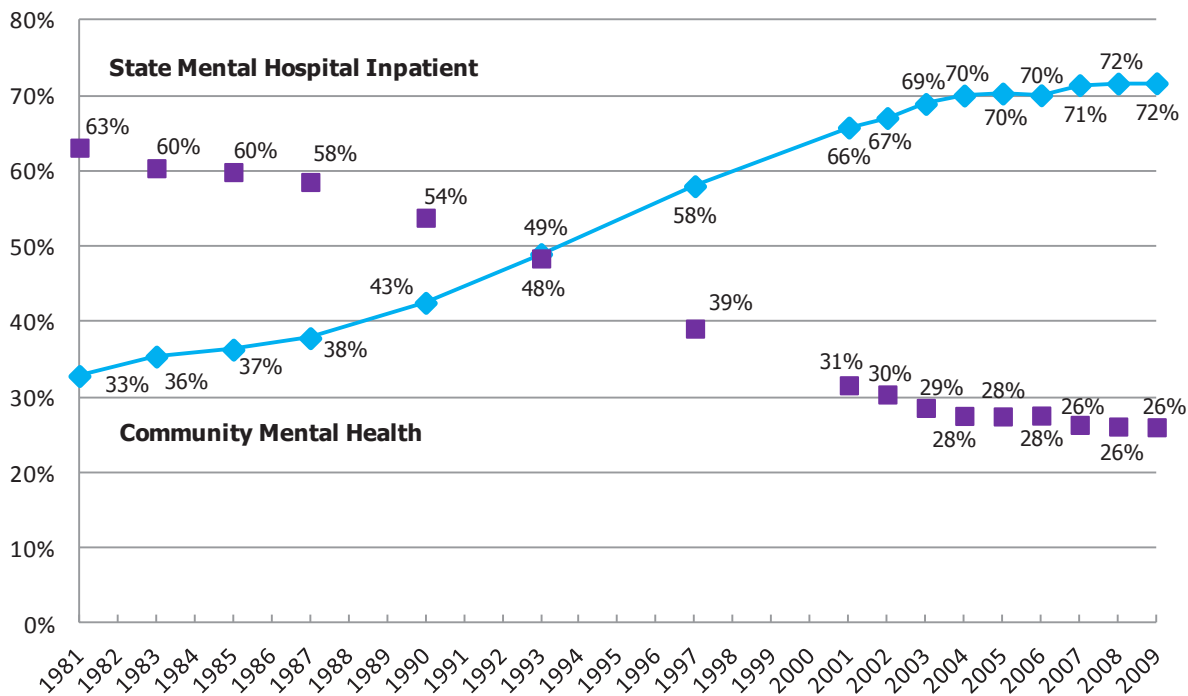


Most of the increases in SMHA expenditures were devoted to community mental health services, which increased from \$2 billion in FY 1981 to \$26.9 billion in FY 2009 (an average annual increase of 8.6 percent). When community mental health expenditures were adjusted for population growth and inflation, they increased by 122.3 percent (an average increase of 2.9 percent per year over the 28-year period). State psychiatric hospital expenditures for inpatient services grew at a much slower rate than those for community mental health services, increasing from \$3.9 billion in FY 1981 to \$9.8 billion in FY 2009, an increase of 153.9 percent (an average increase of 3.4 percent per year). When state psychiatric hospital expenditures were adjusted for population growth and inflation, expenditures decreased by 58 percent (an average decrease of 3.1 percent per year).

2.2.8 Shift From State Psychiatric Hospital-Based Services to Community Mental Health Services

The trend of SMHAs increasing their mental health expenditures for community mental health services at a much faster rate than state psychiatric hospitals has resulted in a historic shift in emphasis of where SMHAs devoted their resources. In FY 2009, SMHAs spent 72 percent of their funding on community mental health services, whereas state psychiatric hospital inpatient services represented only 26 percent of SMHA resources. This is a major reversal from the 1980s, when SMHAs expended 63 percent of their funds in state psychiatric hospitals and only 33 percent for community mental health services (see figure 10).

Figure 10: SMHA-Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Mental Health Services, FY 1981 to FY 2009



2.2.9 Trends in Expenditures, by Types of Mental Health Services

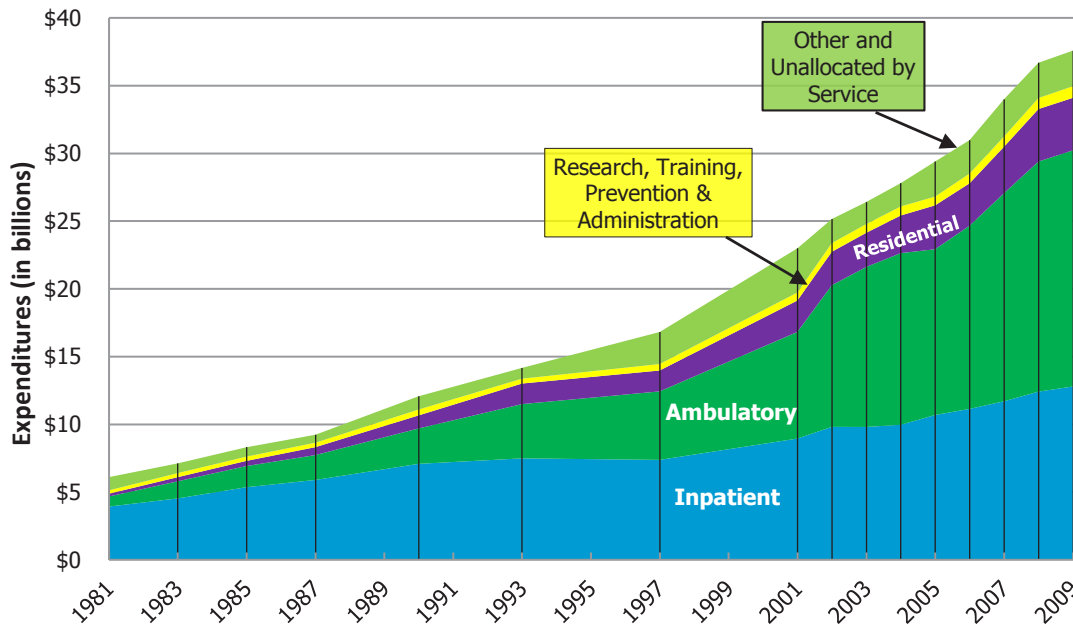
The mixture of mental health services that SMHAs purchase has changed from FY 1981 to FY 2009. In FY 1981, inpatient expenditures were \$3.9 billion and accounted for 64.4 percent of SMHA spending, whereas ambulatory services were only \$743 million (12.2 percent) and other and unallocated represented 16 percent of total SMHA expenditures. In FY 2002, ambulatory expenditures of \$10.5 billion exceeded psychiatric inpatient expenditures for the first time, and by FY 2009 ambulatory expenditures of \$17.4 billion represented 66 percent of SMHA spending (see figure 11).

From FY 1981 to FY 2009, mental health ambulatory expenditures grew at an average

annual rate of 11.9 percent, and residential service expenditures grew at 11.1 percent per year. During this time, psychiatric inpatient expenditures grew by only 4.3 percent per year.

From FY 2008 to FY 2009, ambulatory expenditures increased by 3.2 percent and increased (30 SMHAs experienced increases, whereas 14 SMHAs experienced decreases). Inpatient service expenditures increased by 3 percent, with 27 SMHAs experiencing increases and 21 SMHAs experiencing decreases. Residential services increased by 1.9 percent, with 26 SMHAs experiencing increases and 13 SMHAs experiencing decreases (see figure 11).

Figure 11: SMHA-Controlled Expenditures for Mental Health, by Type of Service, FY 1981 to FY 2009



III. Major Funding Sources of SMHAs, FY 2009

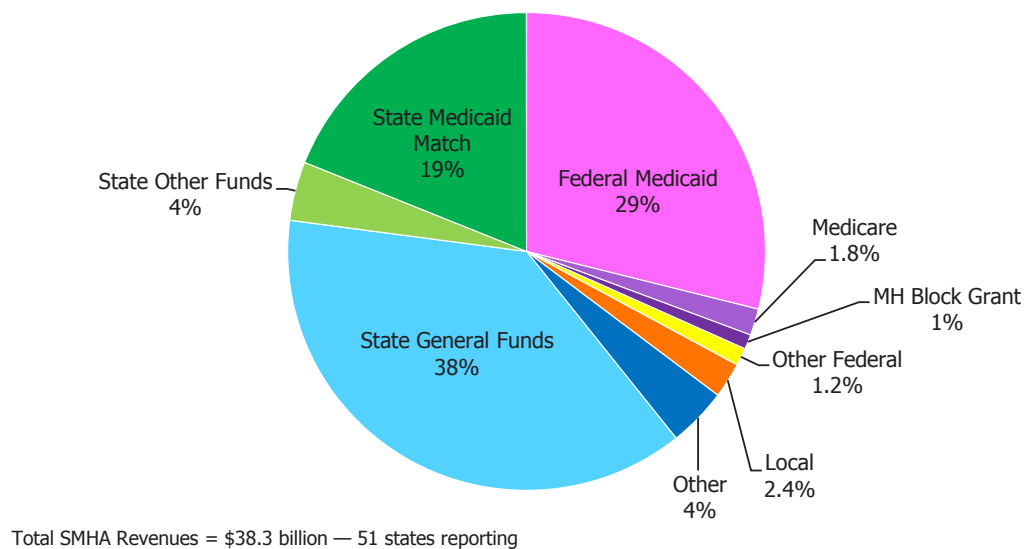
To finance the provision of mental health services, SMHAs relied on a mixture of state, federal, local, and other funding sources. The total revenues that SMHAs received in FY 2009 were close to, but not identical to, their final expenditures because of lags in receipt of funds and carryover funds from one fiscal year to the next.

In FY 2009, SMHAs reported \$38.3 billion in total SMHA-controlled revenues for mental health services revenues, of which 60 percent (\$16 billion) came from state government sources. The large shares of state government funding of mental health services were state general revenue funds (38 percent); state Medicaid match (19 percent); and state special funds such as special funding sources dedicated to mental health; or interdepartmental funds received by the SMHA from other state government agencies or entities through fund transfer, contract, or memorandum of agreement (4 percent).

The federal government was the second largest (33 percent) source of funding. The federal share of Medicaid (29 percent) was the largest single federal source, followed by Medicare (1.8 percent), the mental health block grant (1 percent), and other federal funds (1.2 percent). Local county and city government contributed 2.4 percent. Cities and counties in some states spent their own additional tax dollars to provide mental health services that were not counted as part of the SMHA-controlled system. SMHAs received only 1 percent of revenues from first-party and third-party (consumer copays and private insurance) payments. Other sources, which included donations, totaled 4 percent.

Total Medicaid revenues, combining the state match and federal contribution, totaled \$18.3 billion and were the largest single funding source (48 percent) for the SMHAs. See figure 12 and table 13 for a breakdown of total revenues, by funding sources.

Figure 12: Percentage of SMHA-Controlled Revenues for Mental Health Services, by Funding Sources, FY 2009



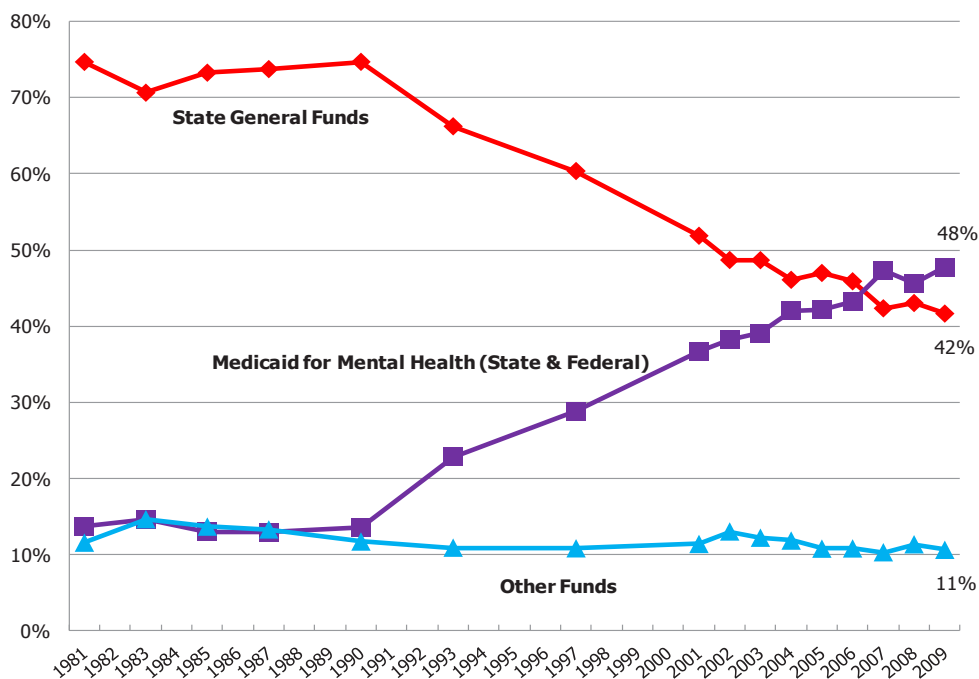
As depicted in table 13, states varied in their reliance on state general funds versus Medicaid, with the District of Columbia (92 percent), Connecticut (90 percent), Hawaii (88 percent), Massachusetts (83 percent), Georgia (81 percent), and Nevada (81 percent) reporting that over 80 percent of SMHA-controlled revenues were from state general funds.

In Rhode Island (90 percent), Maine (86 percent), Vermont (82 percent), New Hampshire (82 percent), and Arizona (82 percent), over 80 percent of SMHA-controlled revenues came from Medicaid. Two states that organize their community mental health systems through county governments reported the highest use of local government funds (Ohio (33 percent) and Wisconsin (20 percent)).

3.1 SMHA-Controlled Revenue Trends for Mental Health Services

The funding sources that SMHAs relied on to pay for their mental health system have shifted over time. In FY 2007, for the first time, Medicaid funding became the largest single source of funding, replacing state general revenue funds. Historically, state government tax dollars appropriated to the SMHA as general or special funds were the largest single funding source. In FY 1981, 75 percent of funding came from state general and special funds, and as recently as FY 2001, state general and special funds represented over half (51 percent) of SMHA revenues. Medicaid has grown from representing only 14 percent of SMHA funding in FY 1981 to 48 percent in FY 2009 (see figure 13). Most of the increase in Medicaid occurred after 1990, when states began using the rehabilitation services and targeted case management Medicaid options, as well as Medicaid 1915(b) and 1115(c) waivers, to expand community mental health services eligible for Medicaid reimbursements.

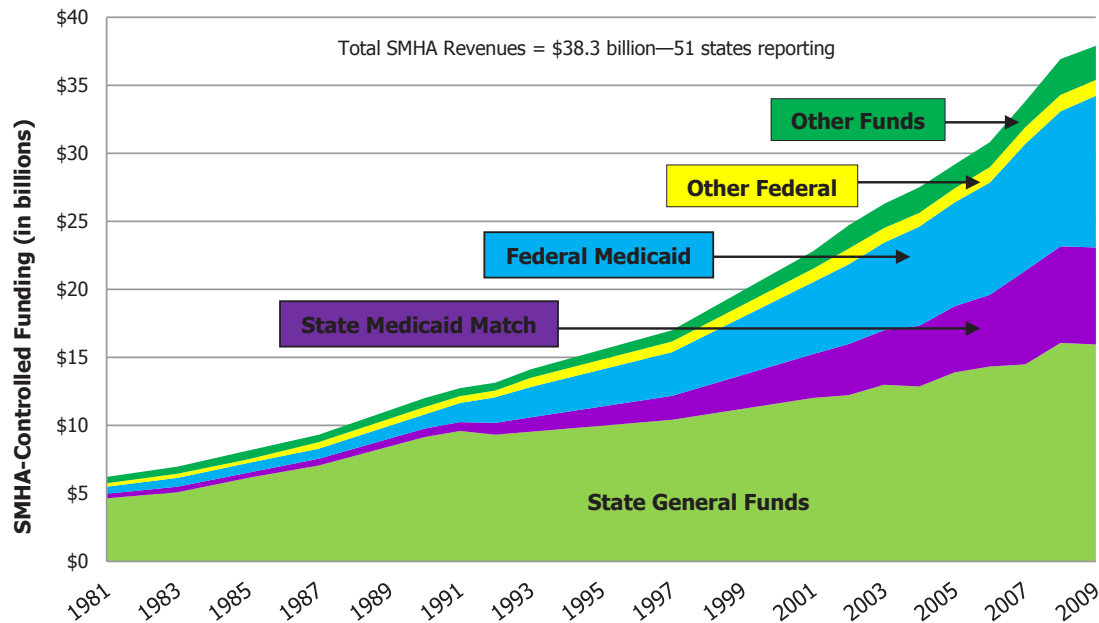
Figure 13: Percentage of SMHA-Controlled Revenues From Major Funding Sources, FY 1981 to FY 2009



Although state general funds have dropped as a share of SMHA revenues, the actual amount of state general fund dollars has increased from FY 1981 to FY 2009. Figure 14 shows that state general funds grew from \$4.6 billion in FY 1981 to 16 billion in FY 2009, an annual

average increase of 4.5 percent. Medicaid (state and federal), however, has increased at a much faster rate, an annual average rate of 11.6 percent, from \$0.9 billion in FY 1981 to \$18.3 billion in FY 2009.

Figure 14: SMHA-Controlled Revenues for Mental Health Services, FY 1981 to FY 2009



From FY 2008 to FY 2009, the first year of the Great Recession among state governments, state general funds used for mental health services declined by \$113 million (0.7 percent), whereas Medicaid grew by \$1.3 billion (7.4 percent). This growth was a result of the American Recovery and Reinvestment Act of 2009 that included increased federal matching funds to support Medicaid. From FY 2008 to FY 2009, SMHA funding from state general funds decreased in 23 states but increased in 28 states. More SMHAs (23) experienced a decline in general fund revenues from FY 2008 to FY 2009 than during any other year over the past decade. The 1-percent decline in general funds for SMHAs from FY 2008 to FY 2009 was only the second decline measured in the past

10 years. (During the recession at the start of the 21st century (between FY 2003 and FY 2004) state general funds also declined by 1 percent, but with fewer states experiencing a decrease than during the period FY 2008 to FY 2009 (see figure 15).)

During the 1980s, 75 percent of new funds for SMHAs came from state general funds, whereas Medicaid accounted for only 13 percent of new funds and other federal funds (including the mental health block grant) accounted for 9 percent. During the 1990s and the first 9 years of the 2000s, most of SMHA funding increases have been from Medicaid. During the 1990s, Medicaid was 63 percent of the increased SMHA funding, whereas state general funds were 26 percent.

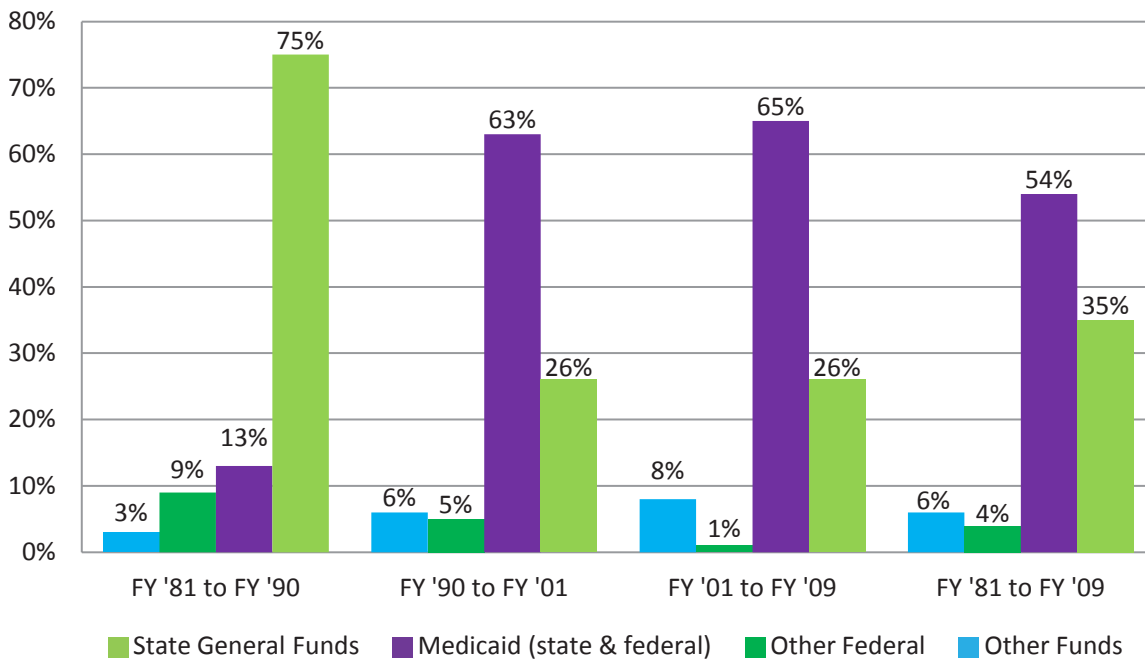
From FY 2001 to FY 2009, the trends were similar, with Medicaid accounting for 65 percent of increased funding, whereas state general funds accounted for 26 percent. All

other funds provided only about 6 percent of increased funding from FY 1981 to FY 2009 (see figure 16).

Figure 15: Annual Percent Change in State General Revenues for SMHAs and Number of SMHAs With an Increase or Decrease in State General Funds, FY 2001 to FY 2009



Figure 16: Percentage of New SMHA-Controlled Revenues, by Major Funding Source, FY 1981 to FY 2009

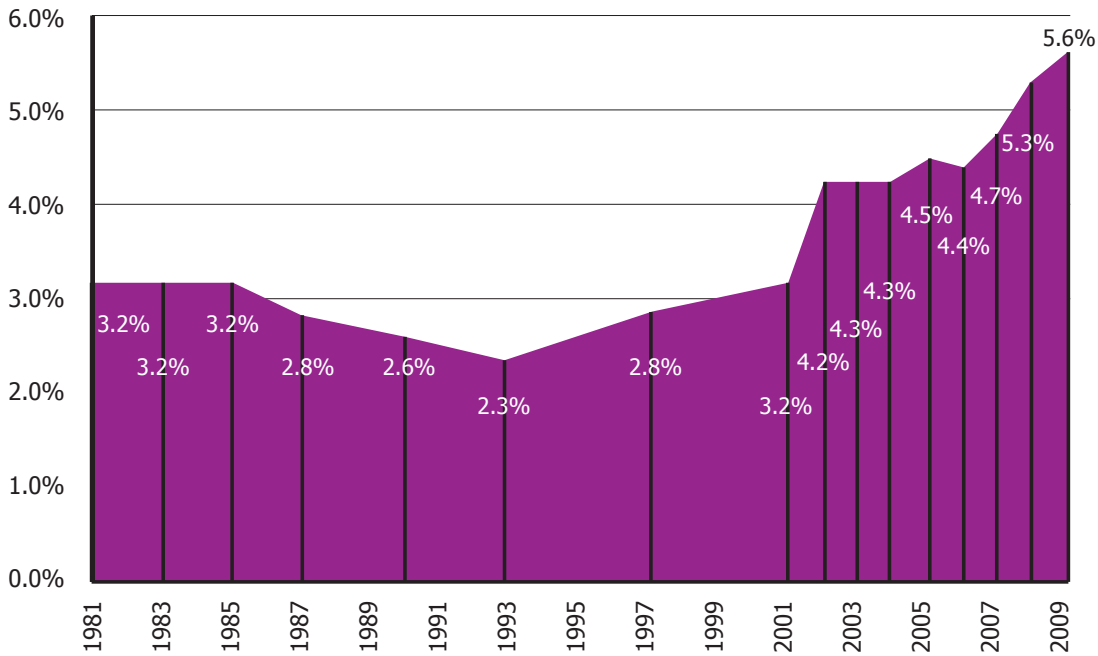


3.2 SMHA Trends in Revenues From Medicaid

Since 1990, Medicaid revenues devoted to the provision of SMHA services have grown faster than the overall growth rate of Medicaid. State government total Medicaid expenditures have grown at an annual rate of 8.8 percent per year since FY 1981 (NASBO, 2011). During this same period, SMHA-controlled Medicaid revenues for mental health services increased at an annual rate

of 14.2 percent per year. As a result of the faster growth in Medicaid funding going into SMHA systems, the percentage of total state government Medicaid devoted to SMHA services grew from 2.6 percent of all Medicaid spending in FY 1990 to 5.6 percent in FY 2009 (see figure 17). SMHA revenues from Medicaid ranged from a high of 16.2 percent of total Medicaid in Maine to a low of 0.5% in Idaho (see table 14).

Figure 17: SMHA-Controlled Medicaid Funds as a Percentage of Total State Medicaid Spending, FY 1981 to FY 2009



The growth in Medicaid revenues has mostly been due to an increased use of Medicaid to pay for community mental health services. From FY 1981 to FY 2009, Medicaid funding for community mental health systems

increased by 23 percent per year. Meanwhile, state general funds for community mental health increased 6.3 percent per year. All other funds for community mental health increased 8 percent per year.

IV. Community Mental Health Services Revenues and Expenditures

Community mental health systems provide a comprehensive array of mental health services and supports to help persons with mental illnesses recover and live productive lives in their own communities. In 2009, 96 percent (6.3 million) of the 6.6 million consumers served by the 50 states and District of Columbia received their services in the community (CMHS, 2010). Expenditures for community services accounted for 72 percent (\$26.9 billion) of the \$37.6 billion spent by the SMHAs of the 50 states and the District of Columbia in FY 2009.

4.1 SMHA-Controlled Expenditures for Community Mental Health Programs, FY 2009

In FY 2009, SMHAs spent 72 percent (\$26.2 billion) of their funds on community mental health programs, with California spending the highest amount (\$4.5 billion) and South Dakota the lowest (\$25.1 million). On a per capita basis, Maine expended the highest amount on community mental health programs (\$286.83 for every resident), and Arkansas expended the lowest amount (\$14.23).

SMHAs expended the majority (65 percent) of their mental health program funds (\$17 billion) on community-based ambulatory (less than 24-hour) services. In addition, SMHAs expended \$3.7 billion (14 percent) on other 24-hour care (residential) services, and \$3 billion (11 percent) on inpatient and other community services (see table 15).

Inpatient psychiatric services were provided by community-based providers in most states. Several states, such as Alaska (40 percent), Illinois (34 percent), Maryland (20 percent),

Minnesota (23 percent), Nebraska (27 percent), New York (23 percent), and Tennessee (35 percent) used their community mental health system to purchase much more psychiatric inpatient services than states do on average (see table 16).

Most community mental health systems provided other 24-hour residential services. Massachusetts (46 percent), Montana (40 percent), Kansas (34 percent), Delaware (34 percent), Maine (34 percent) and New Jersey (33 percent) expended much higher than the national average expenditure on other 24-hour (residential) services through their community mental health system (see table 16). In addition to these services provided by community-based providers, state psychiatric hospitals in six states provided less than 24-hour care at a cost of \$380 million, often through state hospital staffed clinics located off state hospital grounds.

Of the \$26.2 billion expended on community programs, 30 percent were devoted to children under age 18, 56 percent for adults over age 18, and 15 percent were unallocated by age. Average per capita expenditures for children (\$104.21) were higher than average per capita expenditures for adults (\$69.10). See table 17 for state-by-state SMHA-controlled per capita expenditures for community-based programs.

4.1.1 Expenditures per Community Mental Health Client

Each year, SMHAs submit Uniform Reporting System (URS) data as part of their Mental Health Block Grant Annual Implementation Report. The URS includes information on the number of clients who receive community mental health services each year. URS data are supposed to be unduplicated counts of clients served, but some states are unable to completely duplicate counts of mental health

consumers served in community mental health systems. Because of the potential duplication among individual states, analysis of expenditures per client served must be viewed with caution.

For this analysis, URS data were combined with reported SMHA community mental health expenditures (including ambulatory and residential expenditure provided via state hospitals) in order to estimate an average expenditure per consumer served. In FY 2009, SMHAs served 6,297,840 (it should be noted that, for this analysis, data received from Massachusetts are excluded because of inconsistent reporting between mental health

expenditures and clients served) individuals in their community mental health system, an average expenditure of \$4,181 per client served. Expenditures per client ranged from a high of \$12,439 in Alaska to \$742 per client in Kentucky.

On a regional basis, states in the West and Northeast had the highest average expenditures per community client, and states in the South had the lowest expenditures per client. From FY 2003 to FY 2009, expenditures per client increased the most (28 percent) in the West, followed by the South (26 percent) (see exhibit 1).

Exhibit 1: Average Expenditures per Client Served in the Community, FY 2003 to FY 2009

Region	2003	2007	2009	Percent Change 2003–2009	Percent Change 2007–2009
West	\$4,113	\$4,074	\$5,284	28%	30%
South	\$1,694	\$2,255	\$2,134	26%	-5%
Northeast*	\$4,554	\$5,706	\$5,186	14%	-9%
Midwest	\$4,798	\$3,606	\$4,126	-14%	14%
U.S. Average	\$3,505	\$3,869	\$4,164	18%	8%

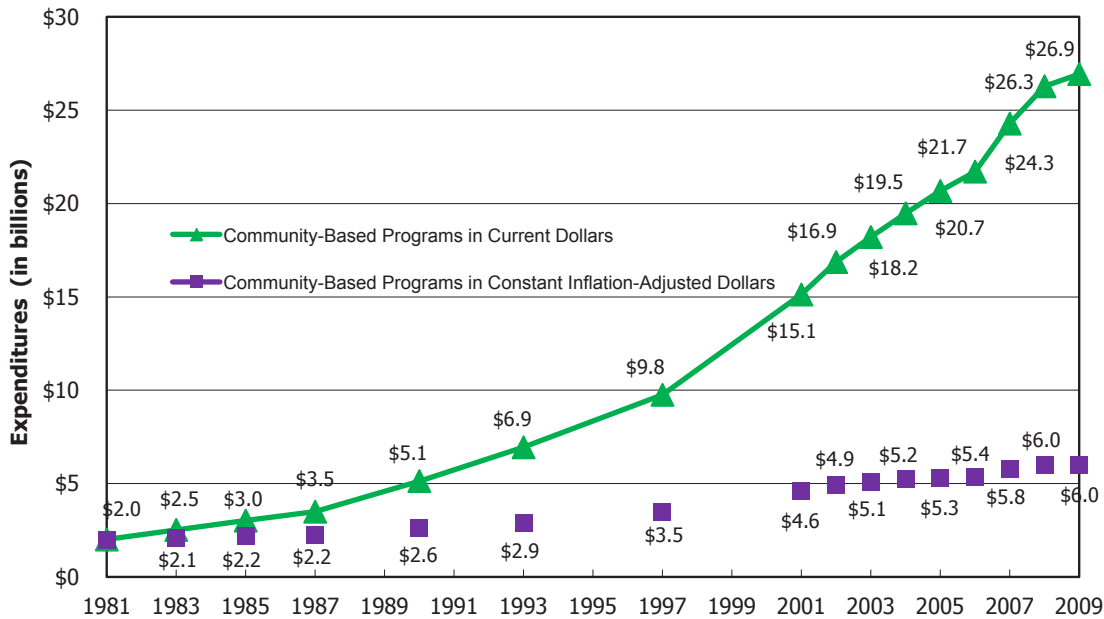
*Massachusetts is excluded because of inconsistent reporting between mental health expenditures and clients served.

4.1.2 Trends in Community Mental Health Expenditures

From FY 1981 to FY 2009, SMHA-controlled expenditures for community mental health programs increased from \$2 billion to \$26.9 billion. When measured as constant inflation-adjusted dollars, expenditures increased from \$2 billion in 1981 to \$6 billion in 2009, an increase of 198.2 percent over the 29 years (see figure 18).

From FY 2001 to 2009, community mental health expenditures increased by 7.5 percent per year. During this 9-year period, 48 SMHAs increased their community mental health expenditures, whereas 3 SMHAs (District of Columbia, Idaho, and South Carolina) expended less in 2009 than in 2001. However, when adjusted for inflation and population growth, expenditures increased by only 2.3 percent per year. Since 2001, expenditures for community mental health, adjusted for inflation and population growth, have increased in 31 states and decreased in 20 states.

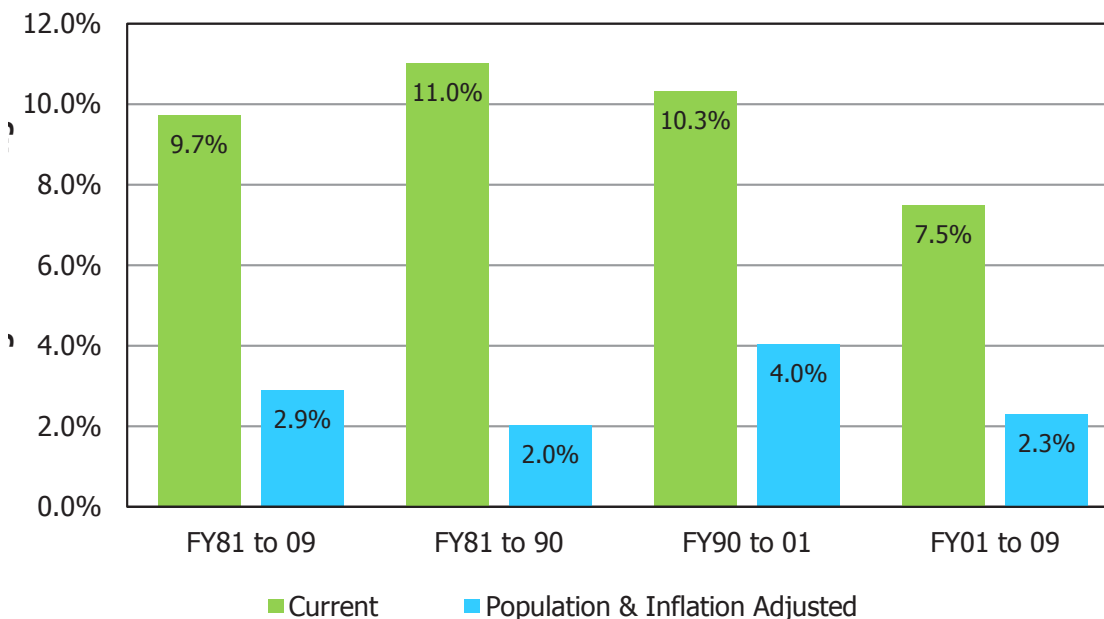
Figure 18: Trends in SMHA-Controlled Spending for Community Mental Health Services, FY 1981 to FY 2009



As shown in figure 19, over the 28-year period from FY 1981 to FY 2009, SMHA-controlled community services expenditures increased 9.7 percent per year. When adjusted for inflation and population growth, expenditures

increased by only 2.9 over this period. During this decade (the 2000s), SMHA-controlled community expenditures had slower growth rates than during the 1990s.

Figure 19: Average Annual Change in SMHA-Controlled Community Mental Health Expenditures, by Decade, FY 1981 to FY 2009



From FY 2001 to FY 2009, 48 SMHAs increased their expenditures for community mental health services, whereas 3 SMHAs decreased their expenditures.

4.1.3 SMHA-Controlled Revenues for Community Mental Health Programs, FY 2009

SMHAs controlled \$26.8 billion in revenues (70 percent of total SMHA-controlled revenues) dedicated to community mental health programs in FY 2009. SMHAs received funding from a variety of sources, including state general funds, Medicaid, Medicare, local government, mental health block grant, and other state and federal sources.

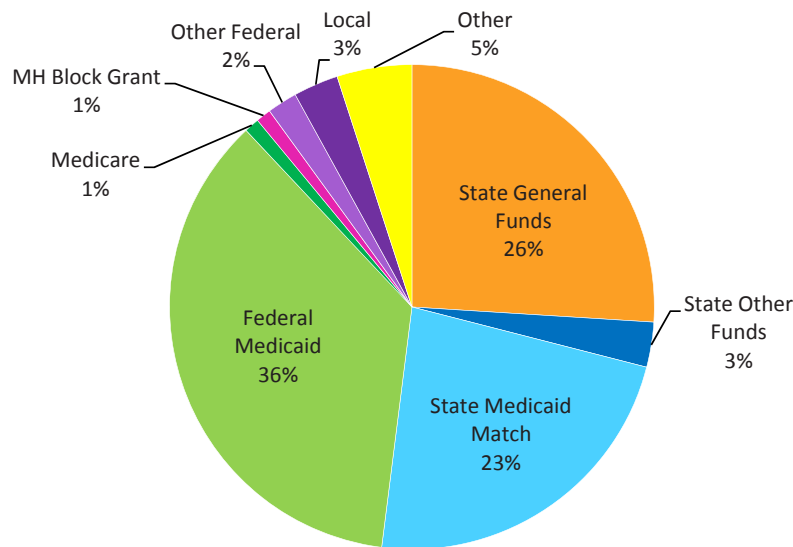
In FY 2009, 52.2 percent of SMHA-controlled funds came from state government sources. The largest share of state funds came from state general and other funds (30 percent) and the state Medicaid match (22.7 percent).

The federal government was the second largest source of funds (40.2 percent) for

the SMHAs' community mental health system. Federal Medicaid was the single largest source of revenues, accounting for 36 percent, whereas the mental health block grant (1.4 percent), Medicare (1.1 percent), social services block grant (0.2 percent), other SAMHSA (0.3 percent), and other federal funds (1 percent) together accounted for 4.5 percent of the SMHA-controlled revenues. Overall Medicaid (combined state match and federal share) was the largest single funding source of SMHA-controlled community programs at 58.7 percent.

In addition, other SMHA-controlled revenues for community mental health programs included 3 percent from local city and county governments and an additional 5 percent from other sources. The other sources include private health insurance reimbursement and consumer copays, as well as donations and all other funding sources (see figure 20 and table 18 for a breakdown of total revenues by funding sources).

Figure 20: Percentage of SMHA-Controlled Revenues for Community Mental Health Programs, by Funding Sources, FY 2009



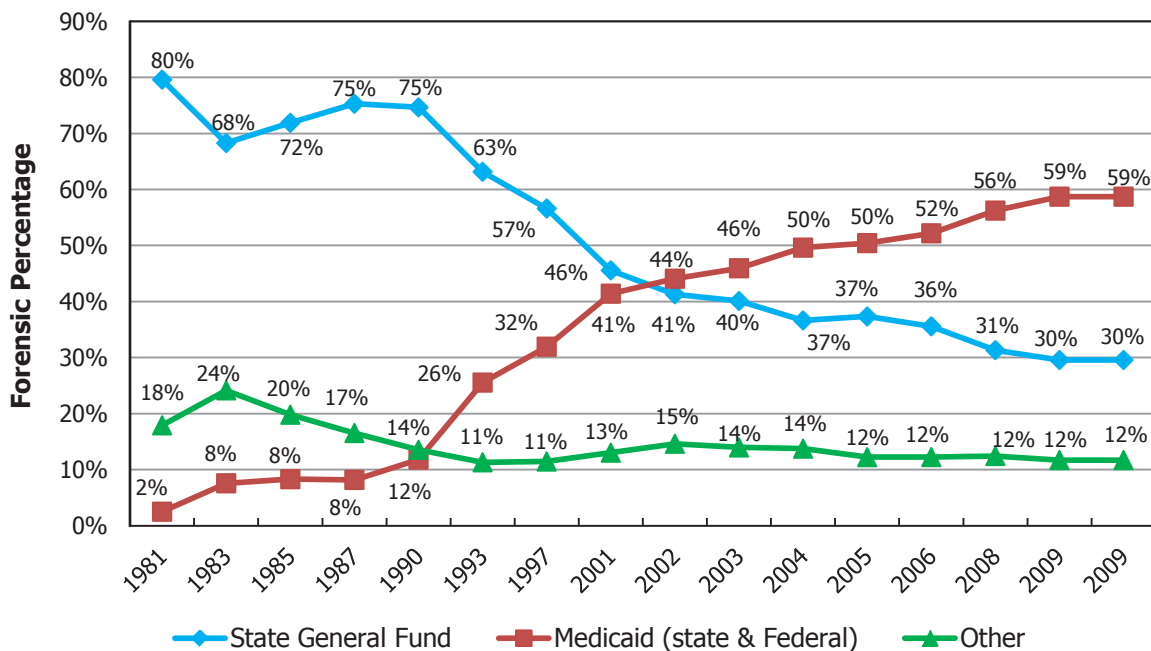
Total Community Revenues = \$26.8 billion

4.1.4 Trends in SMHA-Controlled Expenditures and Revenues for Community Mental Health Services

The sources of revenue SMHAs relied on to provide community mental health services have shifted over time. Historically, state government tax dollars appropriated to the SMHA as general or special funds were the largest source of revenue for SMHAs. In FY 1981, state general funds represented 80 percent of the SMHAs' community mental

health revenues, whereas Medicaid (state and federal) accounted for only 2 percent. Since 1981, state general funds devoted to community mental health services have increased much more slowly than Medicaid. In FY 2002, Medicaid surpassed state general funds and became the largest single source of revenue, representing 44 percent of community mental health revenues (see figure 21).

Figure 21: Percentage of SMHA-Controlled Revenues for Community Mental Health Services From Major Funding Sources, FY 1981 to FY 2009



From FY 1981 to FY 2009, SMHA revenues for community mental health grew at an annual rate of 10.2 percent, with Medicaid growing at a much faster (23.3 percent per year) than state general revenues (6.3 percent per year) or all other community mental health funds (8.5 percent per year). During the past decade, overall growth in funding of community mental health slowed (7.7 percent per year), and Medicaid (12.5 percent) and

state general funds (2 percent) both grew at rates substantially below their growth rates during the two prior decades (see exhibit 2).

From FY 2008 to FY 2009, state general funds for community mental health actually dropped by \$238 million (3 percent), whereas Medicaid increased by \$1.1 billion (7 percent) as state governments entered the recession.

Exhibit 2: Annual Growth in Community Mental Health Funding, by Major Sources, FY 1981 to FY 2009

Time Period	State General Funds	Medicaid (state & federal)	All Other Community	Total Community
FY 1981–FY 2009	6.3%	23.3%	8.5%	10.2%
FY 1981–FY 1990	10.6%	32.4%	8.0%	11.4%
FY 1990–FY 2001	6.1%	24.4%	10.6%	11.0%
FY 2001–FY 2009	2.0%	12.5%	6.2%	7.7%

V. State Psychiatric Hospital and Forensic Services: Revenues and Expenditures

In 2009, SMHA-operated psychiatric hospitals and wards served 2.6 percent of all mental health consumers who received services provided by the SMHA, or 167,002 individuals. These hospitals had expenditures of \$10.5 billion, or 28 percent of all SMHA-controlled expenditures. The vast majority (93 percent) of state psychiatric hospital expenditures were for inpatient services (\$9.8 billion). In 2009, 49 SMHAs operated or funded 214 state psychiatric hospitals—hospitals that were operated and staffed, or funded by, the SMHA—that provided specialized inpatient psychiatric care. Rhode Island was the only state that did not have a stand-alone state-operated psychiatric hospital; however, Rhode Island’s SMHA operated psychiatric beds within the state’s general hospital.

5.1 Overall Expenditures for State Psychiatric Hospitals, FY 2009

The majority (93.2 percent) of expenditures for state psychiatric hospitals were dedicated to inpatient psychiatric services (see table 19 and table 20). The remainder of funds was applied to less than 24-hour services (3.6 percent) and other 24-hour services (3.1 percent). New York spent the highest amount for inpatient services (\$1.3 billion, or 73 percent of total SMHA-controlled expenditures), and North Dakota spent the least (\$14 million, or 25 percent of total SMHA-controlled expenditures). South Dakota and Arizona spent 100 percent of SMHA-controlled expenditures on inpatient services at state psychiatric hospitals. Six states used state psychiatric hospitals to provide \$380 million of ambulatory (less than 24-hour) services (Louisiana, Missouri,

Mississippi, New York, South Carolina, and Wyoming), and these states ranged from a high of \$358 million (New York) to a low of \$0.28 (Wyoming).

In FY 2009, SMHAs expended \$10.5 billion, or 34 percent of all SMHA-controlled expenditures, on state psychiatric hospitals. Of the \$10.5 billion state psychiatric hospital expenditures, 92 percent were expended providing services to adults and the elderly over the age of 18, 6 percent for children under age 18, and 2 percent were unallocated by age (see table 21).

5.2 Forensic Mental Health Services

Forensic services provide evaluation and treatment to persons who have a mental illness and are sent to the state psychiatric hospital because of their involvement with the criminal justice system. SMHAs varied widely in their responsibilities for providing mental health services to forensic clients. In 2009, one-third of all residents in state hospitals at the end of the year were involuntarily criminally committed.

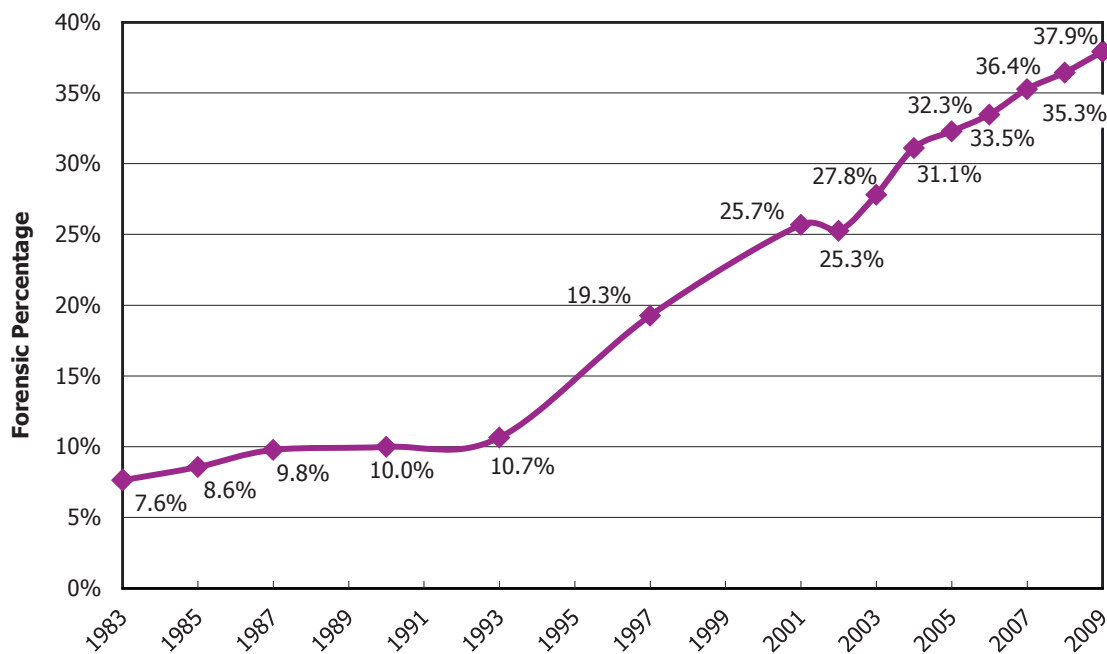
In FY 2009, SMHAs spent \$3.2 billion of funds expended by state psychiatric hospitals for forensic services and an additional \$497 million on services for sex offenders (in some states sexually violent predators) (see table 22). Expenditures for forensic and sex offender services totaled \$3.7 billion and represented 37.9 percent of total state psychiatric hospital inpatient expenditures. Combined forensic and sex offender expenditures were over 50 percent of all state psychiatric hospital inpatient expenditures in eight states (Arizona, California, Maryland, Minnesota, Nebraska, Ohio, Oregon, and Wisconsin) and represented a high of 91 percent of all inpatient state psychiatric hospital expenditures in California.

The amount of funds individual SMHAs spent on forensic or sex offender services varied widely from state to state. California spent the most (\$954 million), whereas North Dakota and South Dakota spent \$0 on forensic services. Expenditures for sex offenders also varied greatly, with Nebraska (40 percent of all state psychiatric hospital expenditures), Minnesota (37 percent), and Wisconsin (24 percent) spending the highest portion of their state hospital budget on sex offender services, whereas California (\$174 million) and New York (\$43 million) expended the most on sex offender services in state hospitals (see table 22).

5.2.1 Trends in Forensic and Sex Offender Expenditures in State Psychiatric Hospitals

Since 1993, state psychiatric hospital expenditures have increasingly been devoted to forensic and sex offender services, more than tripling from 10.7 percent of total state psychiatric hospital expenditures in 1993 to 37.9 percent in 2009 (see figure 22). Since the U.S. Supreme Court decision allowing the placement of sex offenders in state psychiatric hospitals, expenditures for offender services have increased from 0.5 percent (\$30 million) of state hospital expenditures in FY 1997 to 5.1 percent (\$497 million) in FY 2009.

Figure 22: SMHA-Controlled Forensic and Sex Offender Mental Health Expenditures, as a Percentage of State Psychiatric Hospital Expenditures, FY 1983 to FY 2009

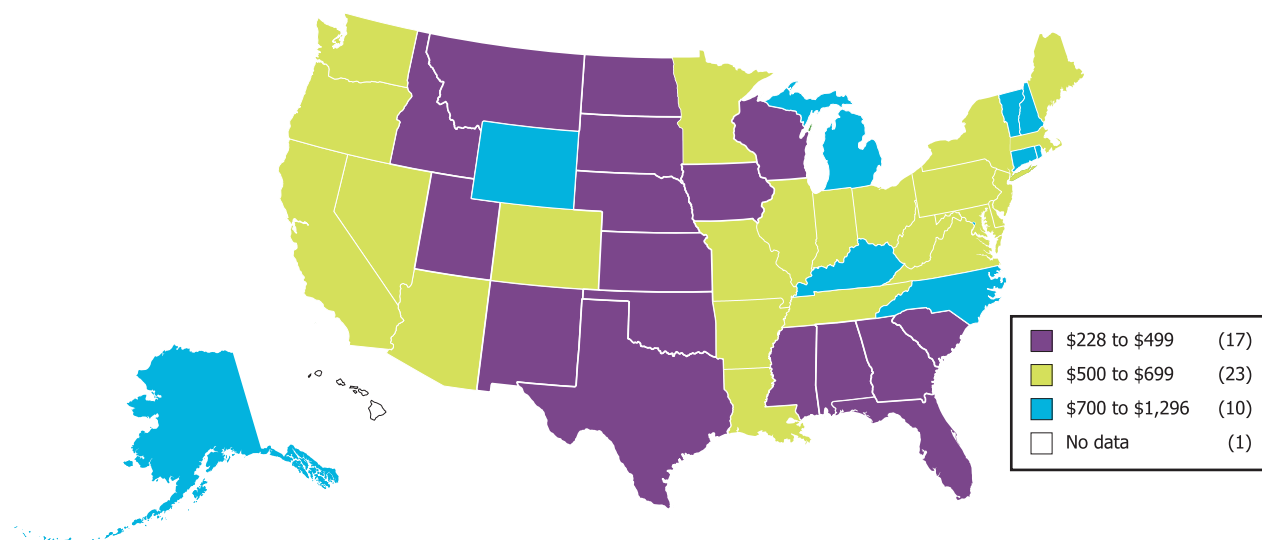


5.3 State Psychiatric Hospital Expenditures per Patient Day, by Patient Legal Status

Comparisons of expenditures in state psychiatric hospitals are often based on the average cost of providing care per patient day (how many days total patients were in the hospital divided by total hospital

expenditures). In FY 2009, state psychiatric hospitals provided 17.2 million patient days of care (50 states reporting). In these states, the average expenditures per patient day were \$570, and the median expenditures were \$567 per patient day. States ranged from a high of \$1,296 per patient day in Vermont to a low of \$245 per patient day in South Dakota (see figure 23 and table 23).

Figure 23: Expenditures per Patient Day in State Psychiatric Hospitals, FY 2009



Patients with a civil legal status (both voluntary and involuntary) had higher costs per patient day than forensic status clients (see figure 24, table 24, and table 25). Civil status children had the highest average expenditures per patient day at \$803, followed by civil status adults at \$588 per day. Forensic status patients (\$541) and persons in state psychiatric hospitals under sexual offender commitment statuses (\$334) had lower average costs per patient day.

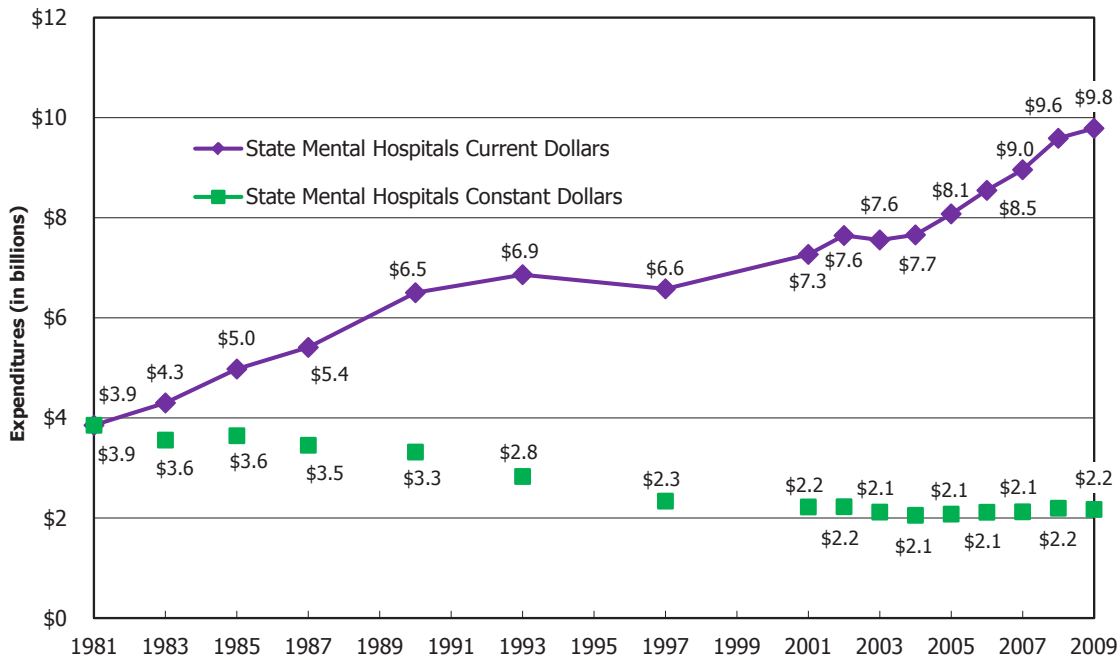
5.4 Trends in State Psychiatric Hospital Expenditures

As SMHAs reduced the size and presence of state psychiatric hospitals and more frequently treated consumers in community-based treatment settings, funding for inpatient care in psychiatric hospitals declined. From FY 1981 to 2009, SMHA-controlled expenditures for state psychiatric hospitals increased from \$3.9 billion to \$9.8 billion. However, when adjusted for inflation, expenditures actually decreased from \$3.9 billion in FY 1981 to \$2.2 billion in FY 2009, a decline of 43 percent (see figure 25).

Figure 24: Average and Median State Psychiatric Hospital Expenditures per Patient Day, by Patient Legal Status, FY 2009



Figure 25: Trends in SMHA-Controlled Spending for State Psychiatric Hospital Inpatient Services, FY 1981 to FY 2009

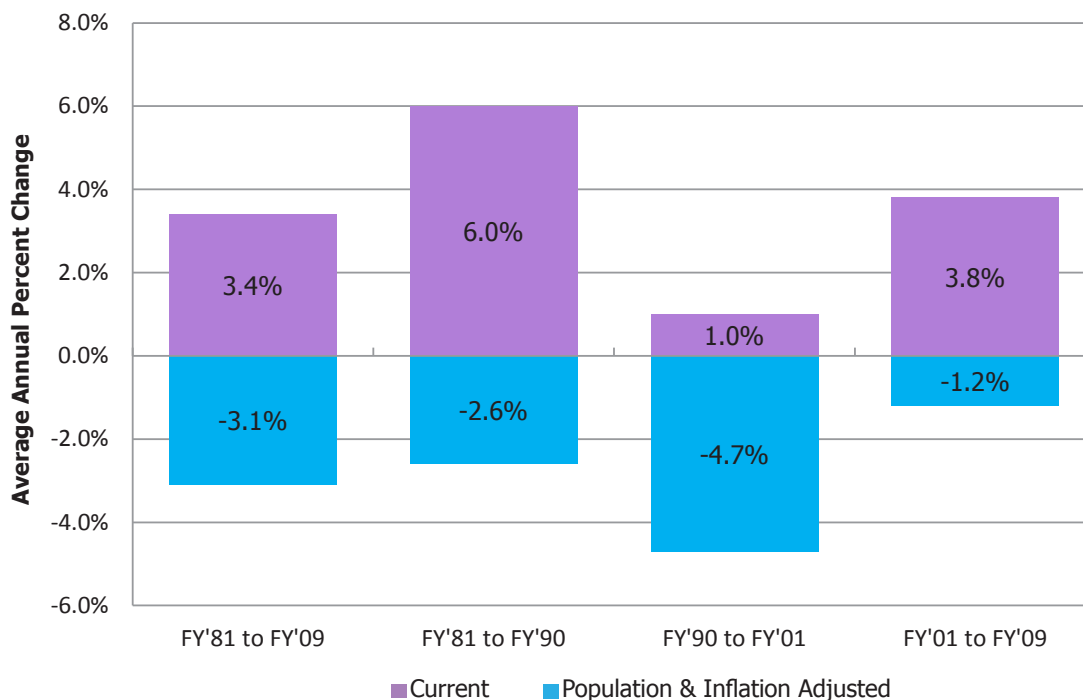


From FY 2001 to FY 2009, state psychiatric hospital expenditures increased by 3.8 percent per year. During the same period, 45 SMHAs increased their state psychiatric hospital expenditures, whereas 6 expended less in 2009 than in 2001. However, when adjusted for inflation and population growth, expenditures decreased by 9.3 percent (an annualized decrease of 1.2 percent). As a result of inflation and population growth, only 14 SMHAs increased state psychiatric hospital inpatient expenditures this decade, whereas 36 SMHAs decreased their hospital expenditures. From FY 2008 to FY 2009, 31 states increased expenditures for inpatient

services in state psychiatric hospitals, and 18 states decreased these expenditures.

As shown in figure 26, over the 28-year period from FY 1981 to FY 2009, SMHA-controlled state psychiatric hospital inpatient expenditures increased by 3.4 percent per year. When adjusted for inflation and population growth, expenditures actually decreased by 3.1 percent per year over this time period. In inflation- and population-adjusted dollars, state psychiatric hospitals experienced a slower loss of expenditures during this decade than during the two prior decades.

Figure 26: Average Annual Change in SMHA-Controlled State Psychiatric Hospital Expenditures, by Decade, FY 1981 to FY 2009



5.5 Overall Revenues of State Psychiatric Hospitals, FY 2009

SMHAs controlled \$10.66 billion in revenues (28 percent of total SMHA-controlled revenues) dedicated to state psychiatric hospitals in FY 2009. SMHAs received funding from a variety of sources, including state general funds, Medicaid, Medicare, other federal sources, local government, and first- and third-party insurance payments.

In FY 2009, 79 percent of SMHA-controlled funds for state psychiatric hospital services came from state government sources. The largest share of state funds came from state general funds (63 percent) and the state Medicaid match (9.7 percent).

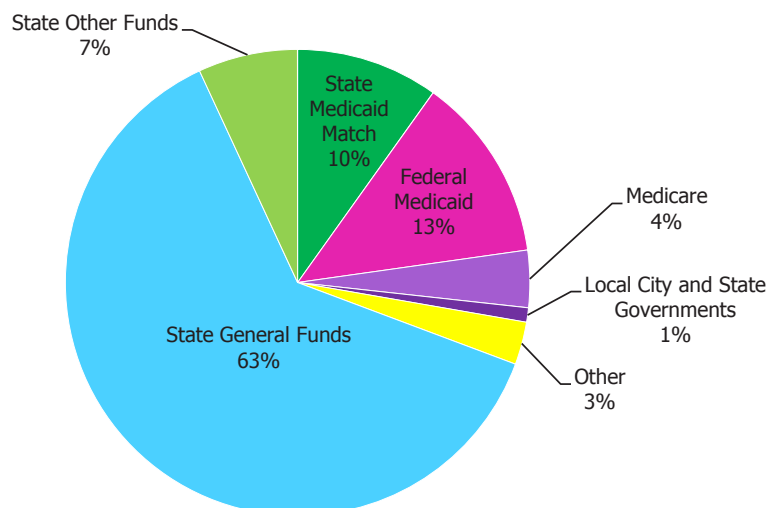
Funding from the federal government accounted for 17 percent of the total SMHA-controlled state psychiatric hospital revenues. The federal Medicaid share was the single largest source of federal revenues, accounting for 13.4 percent of state psychiatric hospital revenues. Total Medicaid (state and federal shares combined) represented 23.1 percent of state psychiatric hospital revenues. Medicaid revenues as a percentage of mental health spending are

much lower for state psychiatric hospitals than for community mental health services. This is largely due to the Medicaid Institution for Mental Disease (IMD) rule that limits payment for inpatient treatment in psychiatric hospitals to children (under age 21) and older adults (over age 65). Under this rule, services to adult patients between the ages of 21 and 64 in psychiatric hospitals (IMDs) are not eligible for Medicaid reimbursement.

State psychiatric hospitals received \$386 million in Medicare payments (4 percent of revenues) in FY 2009. Medicare payments at state psychiatric hospitals ranged from a high of 17 percent of hospital funding in North Dakota to nine states that reported no Medicare payments at their state psychiatric hospitals (California, Florida, Hawaii, Louisiana, Maine, Maryland, Oregon, Vermont, and Wyoming) (see table 26).

In addition, SMHAs received 1 percent of their revenues from local city and county governments and 2.9 percent from other sources, which included private health insurance reimbursements and consumer copays, as well as donations, and all other funding sources. See figure 27 for a breakdown of total revenues, by funding sources.

Figure 27: SMHA-Controlled Revenues for State Psychiatric Hospitals, by Funding Sources, FY 2009



State Psychiatric Hospital Revenues = \$10.7 billion

Note: Percentage may not total 100 because of rounding.

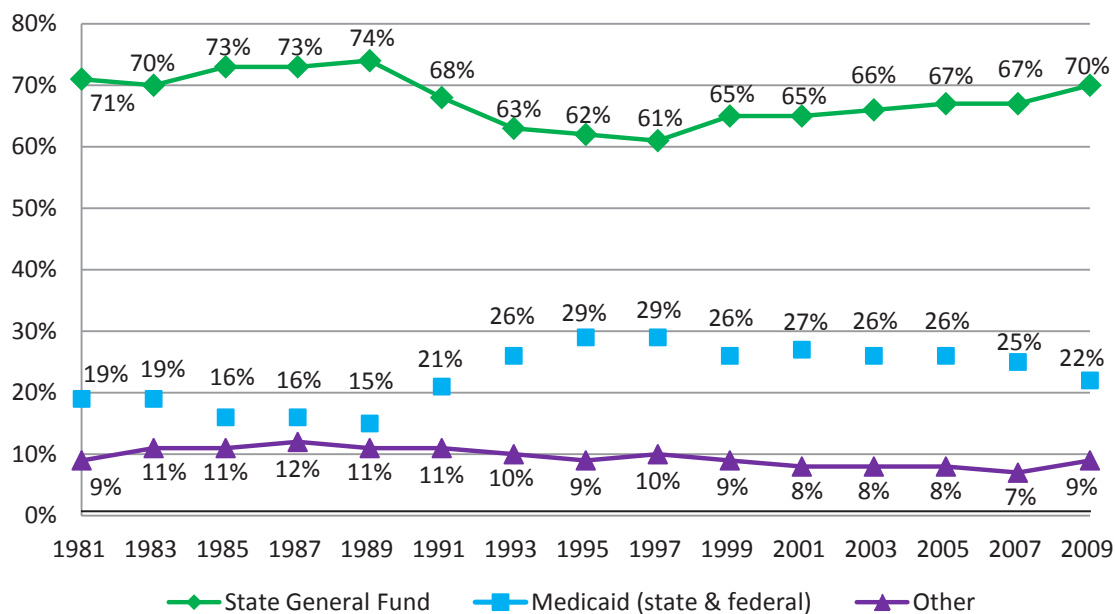
Table 26 shows that SMHAs varied from relying entirely on state general and other revenue funds in four states (Hawaii, Montana, Vermont, and Wyoming) to receiving a low of 0 percent state general funds in Rhode Island and only 12 percent in New Hampshire and 15 percent in Maine. Medicaid was the largest funding source of state psychiatric hospitals in Rhode Island (100 percent) and Maine (85 percent) and was responsible for 71 percent of funding of the state psychiatric hospital in New Hampshire.

continue to be the largest source of funding for state psychiatric hospitals, during the 1990s, Medicaid funding increased while state general funds decreased. However, during the current decade, this trend reversed as SMHAs increasingly used state general funds to pay for state psychiatric hospitals. In FY 1981, state general funds represented 71 percent of the SMHAs' state psychiatric hospitals revenues while Medicaid (state and federal) accounted for 19 percent. In FY 2009, the mix of funding sources was similar to 27 years earlier, with state general funds representing 69 percent while Medicaid increased slightly to 23 percent (see figure 28).

5.5.1 Trends in Financing of State Psychiatric Hospitals

Since FY 1981, state general funds have been the largest source of state psychiatric hospital revenues. Although state general funds

Figure 28: Percentage of SMHA-Controlled State Psychiatric Hospital Mental Health Revenues, by Major Sources, FY 1981 to FY 2009



VI. State-by-State Tables: Total SMHA-Controlled Expenditures for Mental Health Services

- Table 1:** FY 2009 SMHA-controlled mental health actual dollar and per capita expenditures (using state civilian population and population under 135% of the Federal Poverty Level)
- Table 2:** FY 2009 SMHA-controlled mental health expenditures and total state government expenditures (in millions)
- Table 3:** FY 2009 SMHA-controlled mental health expenditures for state psychiatric hospitals, community-based programs, and state mental health support activities, by type of service setting (in millions)
- Table 4:** FY 2009 SMHA-controlled mental health per capita expenditures for state psychiatric hospitals, community-based programs, and state mental health support activities, by type of service setting (in millions)
- Table 5:** FY 2009 SMHA-controlled mental health expenditures for inpatient mental health services, by major programs (in millions)
- Table 6:** FY 2009 SMHA-controlled mental health expenditures for residential (other 24-hour) mental health services, by major programs (in millions)
- Table 7:** FY 2009 SMHA-controlled mental health expenditures for less than 24-hour (ambulatory) mental health services, by major programs (in millions)
- Table 8:** FY 2009 SMHA-controlled mental health expenditures, by type of program (in millions)
- Table 9:** FY 2009 SMHA-controlled mental health per capita expenditures for state psychiatric hospital inpatient services, community services (state hospital and other community based), and research, training, and administration (using state civilian population)
- Table 10:** FY 2009 SMHA-controlled mental health expenditures, by client age group (in millions)

**Table 1: SMHA-Controlled Mental Health Actual Dollar and per Capita Expenditures, FY 2009
(Using State Civilian Population and Population Under 135% of Federal Poverty Level)**

State	Total SMHA Expenditure	Rank	Civilian Population (per capita)	Rank	Population <135% of Poverty (per capita)	Rank
Alabama	\$365,500,000	27	\$77.89	37	\$297.88	44
Alaska (a)	\$198,018,500	36	\$289.71	3	\$1,768.02	2
Arizona	\$1,289,440,000	7	\$196.13	10	\$709.26	21
Arkansas (a)	\$123,290,602	45	\$42.77	48	\$164.61	50
California (b)	\$5,800,971,325	1	\$157.62	15	\$703.83	22
Colorado (a)	\$433,948,273	24	\$86.83	31	\$473.74	30
Connecticut (ac)	\$693,800,000	17	\$197.62	9	\$1,632.47	4
Delaware (ac)	\$96,186,864	47	\$109.13	25	\$632.81	25
District of Columbia	\$232,036,520	34	\$388.83	1	\$1,611.36	5
Florida	\$755,266,296	14	\$40.90	50	\$193.91	48
Georgia	\$415,552,537	25	\$42.60	49	\$170.03	49
Hawaii	\$266,815,724	32	\$212.15	7	\$1,140.24	11
Idaho	\$67,803,100	50	\$44.00	47	\$217.32	47
Illinois	\$1,098,400,000	8	\$85.30	34	\$441.30	31
Indiana	\$562,615,783	19	\$87.65	30	\$415.83	34
Iowa	\$409,656,006	26	\$136.27	20	\$777.34	15
Kansas	\$364,600,000	28	\$130.24	21	\$673.94	24
Kentucky	\$236,300,000	33	\$55.06	46	\$233.96	46
Louisiana	\$321,141,934	29	\$71.80	41	\$335.22	40
Maine (b)	\$455,013,985	23	\$345.97	2	\$1,911.82	1
Maryland (b)	\$944,100,000	10	\$166.50	12	\$1,164.12	9
Massachusetts (a)	\$754,700,000	15	\$114.57	24	\$711.31	20
Michigan	\$1,423,300,000	6	\$142.84	18	\$726.54	19
Minnesota	\$837,379,681	12	\$159.13	14	\$983.99	13
Mississippi	\$319,900,000	30	\$108.96	26	\$360.25	37
Missouri	\$514,097,711	21	\$86.15	32	\$409.97	35
Montana	\$154,831,003	41	\$159.35	13	\$770.30	17
Nebraska	\$131,738,063	44	\$73.61	40	\$491.56	29
Nevada	\$168,471,495	40	\$64.00	43	\$327.13	41
New Hampshire	\$182,862,031	38	\$138.17	19	\$1,172.19	8
New Jersey (b)	\$1,746,067,407	4	\$200.78	8	\$1,366.25	7
New Mexico	\$186,956,580	37	\$93.51	29	\$344.94	39
New York (b)	\$4,715,400,000	2	\$241.59	5	\$1,142.57	10
North Carolina (b)	\$1,620,837,173	5	\$174.66	11	\$772.93	16
North Dakota	\$55,090,198	51	\$86.05	33	\$514.86	28
Ohio	\$856,430,358	11	\$74.26	39	\$382.16	36
Oklahoma	\$207,300,000	35	\$56.56	45	\$294.46	45
Oregon	\$553,403,826	20	\$144.85	17	\$738.86	18
Pennsylvania (b)	\$3,409,557,974	3	\$270.67	4	\$1,680.41	3
Rhode Island (c)	\$112,449,372	46	\$107.19	27	\$582.64	27
South Carolina	\$272,300,000	31	\$60.24	44	\$302.22	43
South Dakota	\$68,267,083	49	\$84.44	35	\$416.26	33
Tennessee	\$491,500,000	22	\$78.31	36	\$322.72	42

**Table 1: SMHA-Controlled Mental Health Actual Dollar and per Capita Expenditures, FY 2009
(Using State Civilian Population and Population Under 135% of Federal Poverty Level) (Continued)**

State	Total SMHA Expenditure	Rank	Civilian Population (per capita)	Rank	Population <135% of Poverty (per capita)	Rank
Texas (b)	\$946,600,000	9	\$38.38	51	\$151.92	51
Utah (b)	\$177,841,319	39	\$64.01	42	\$431.65	32
Vermont	\$144,500,000	42	\$232.66	6	\$1,570.65	6
Virginia (b)	\$728,300,000	16	\$93.81	28	\$605.40	26
Washington	\$762,100,000	13	\$115.23	23	\$692.82	23
West Virginia (ac)	\$139,000,000	43	\$76.45	38	\$347.50	38
Wisconsin (b)	\$686,458,175	18	\$121.45	22	\$778.30	14
Wyoming	\$83,593,312	48	\$154.65	16	\$1,085.63	12
Total	\$37,581,690,210		\$122.90		\$598.42	
Average (Mean)	\$736,895,886		\$129.00		\$709.00	
Median	\$409,656,006		\$108.96		\$605.40	
Number of States Reporting	51		51		51	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

Table 2: SMHA-Controlled Mental Health Expenditures and Total State Government Expenditures, FY 2009 (in millions)

State	Total SMHA Expenditure	SMHA Expenditures as % of Total	SMHA: Per Capita Expenditure	Rank	Total State Gov't Expenditure*	State Gov't: Per Capita Expenditure	Rank
Alabama	\$365.50	1.80%	\$77.89	36	\$19,760.00	\$4,210.92	40
Alaska (a)	\$198.02	1.50%	\$289.71	2	\$13,524.00	\$19,785.96	1
Arizona	\$1,289.44	4.80%	\$196.13	9	\$27,080.00	\$4,118.91	41
Arkansas (a)	\$123.29	0.70%	\$42.77	47	\$18,193.00	\$6,311.79	13
California (b)	\$5,800.97	3.00%	\$157.62	14	\$195,476.00	\$5,311.39	27
Colorado (a)	\$433.95	1.50%	\$86.83	30	\$28,806.00	\$5,763.63	19
Connecticut (ac)	\$693.80	2.70%	\$197.62	8	\$25,799.00	\$7,348.67	9
Delaware (ac)	\$96.19	1.10%	\$109.13	24	\$8,741.00	\$9,916.88	4
Florida	\$755.27	1.20%	\$40.90	49	\$60,674.00	\$3,285.89	50
Georgia	\$415.55	1.10%	\$42.60	48	\$38,970.00	\$3,994.89	44
Hawaii	\$266.82	2.30%	\$212.15	6	\$11,822.00	\$9,400.06	5
Idaho	\$67.80	1.10%	\$44.00	46	\$6,314.00	\$4,097.34	42
Illinois	\$1,098.40	2.40%	\$85.30	33	\$46,469.00	\$3,608.86	48
Indiana	\$562.62	2.20%	\$87.65	29	\$25,719.00	\$4,006.89	43
Iowa	\$409.66	2.30%	\$136.27	19	\$17,477.00	\$5,813.76	18
Kansas	\$364.60	2.60%	\$130.24	20	\$13,960.00	\$4,986.52	32
Kentucky	\$236.30	1.00%	\$55.06	45	\$24,057.00	\$5,605.72	24
Louisiana	\$321.14	1.30%	\$71.80	40	\$25,654.00	\$5,735.69	20
Maine (b)	\$455.01	5.60%	\$345.97	1	\$8,092.00	\$6,152.75	16
Maryland (b)	\$944.10	3.00%	\$166.50	11	\$31,797.00	\$5,607.66	23
Massachusetts (a)	\$754.70	1.50%	\$114.57	23	\$48,993.00	\$7,437.34	8
Michigan	\$1,423.30	3.10%	\$142.84	17	\$45,759.00	\$4,592.18	37
Minnesota	\$837.38	2.80%	\$159.13	13	\$29,897.00	\$5,681.52	22
Mississippi	\$319.90	2.00%	\$108.96	25	\$16,328.00	\$5,561.61	25
Missouri	\$514.10	2.20%	\$86.15	31	\$23,094.00	\$3,870.04	45
Montana	\$154.83	2.80%	\$159.35	12	\$5,526.00	\$5,687.22	21
Nebraska	\$131.74	1.40%	\$73.61	39	\$9,139.00	\$5,106.23	29
Nevada	\$168.47	1.90%	\$64.00	42	\$9,039.00	\$3,433.88	49
New Hampshire	\$182.86	3.70%	\$138.17	18	\$4,978.00	\$3,761.46	46
New Jersey (b)	\$1,746.07	3.70%	\$200.78	7	\$46,677.00	\$5,367.33	26
New Mexico	\$186.96	1.20%	\$93.51	28	\$15,505.00	\$7,754.98	7
New York (b)	\$4,715.40	3.90%	\$241.59	4	\$121,571.00	\$6,228.72	14
North Carolina (b)	\$1,620.84	3.80%	\$174.66	10	\$43,090.00	\$4,643.45	35
North Dakota	\$55.09	1.40%	\$86.05	32	\$3,941.00	\$6,155.50	15
Ohio	\$856.43	1.50%	\$74.26	38	\$57,794.00	\$5,011.17	31
Oklahoma	\$207.30	1.00%	\$56.56	44	\$21,430.00	\$5,847.28	17
Oregon	\$553.40	2.30%	\$144.85	16	\$24,524.00	\$6,418.96	12
Pennsylvania (b)	\$3,409.56	5.40%	\$270.67	3	\$62,644.00	\$4,972.97	33
Rhode Island (c)	\$112.45	1.60%	\$107.19	26	\$7,101.00	\$6,768.77	11
South Carolina	\$272.30	1.30%	\$60.24	43	\$21,074.00	\$4,662.10	34
South Dakota	\$68.27	1.90%	\$84.44	34	\$3,546.00	\$4,386.19	38
Tennessee	\$491.50	1.70%	\$78.31	35	\$29,118.00	\$4,639.20	36
Texas (b)	\$946.60	1.10%	\$38.38	50	\$89,965.00	\$3,647.50	47

Table 2: SMHA-Controlled Mental Health Expenditures and Total State Government Expenditures, FY 2009 (in millions) (Continued)

State	Total SMHA Expenditure	SMHA Expenditures as % of Total	SMHA: Per Capita Expenditure	Rank	Total State Gov't Expenditure*	State Gov't: Per Capita Expenditure	Rank
Utah (b)	\$177.84	1.50%	\$64.01	41	\$11,795.00	\$4,245.12	39
Vermont	\$144.50	2.60%	\$232.66	5	\$5,617.00	\$9,044.14	6
Virginia (b)	\$728.30	1.80%	\$93.81	27	\$40,024.00	\$5,155.51	28
Washington	\$762.10	2.30%	\$115.23	22	\$33,714.00	\$5,097.65	30
West Virginia (ac)	\$139.00	0.70%	\$76.45	37	\$20,447.00	\$11,246.50	3
Wisconsin (b)	\$686.46	1.80%	\$121.45	21	\$38,442.00	\$6,801.52	10
Wyoming	\$83.59	1.10%	\$154.65	15	\$7,648.00	\$14,149.21	2
Total	\$37,349.65	2.40%	\$122.38		\$1,546,804	\$5,068.41	
Average (Mean)	\$747.00	2.40%	\$124.00		\$30,936.00	\$6,049.00	
Median	\$412.60	1.90%	\$108.08		\$23,576.00	\$5,464.47	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's Mental Health Expenditures are not included in SMHA-controlled expenditures.

*Total state government expenditures from the U.S. Census Bureau: 2008 Annual Survey of State Government Finances (<http://www.census.gov/govs/state/>).

Table 3: SMHA-Controlled Mental Health Expenditures for State Psychiatric Hospitals, Community-Based Programs, and State Mental Health Support Activities, by Type of Service Setting, FY 2009 (in millions)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Other Services	%	Research, Training & Admin.	%	Total SMHA-Controlled	Total Rank
Alabama	\$167.30	45.8%	\$43.60	11.9%	\$115.00	31.50%	\$29.80	8.2%	\$9.80	2.7%	\$365.50	27
Alaska (a)	\$92.78	46.9%	\$19.27	9.7%	\$80.91	40.90%	\$0.00		\$5.05	2.6%	\$198.02	36
Arizona	\$241.90	18.8%	\$109.60	8.5%	\$913.20	70.80%	\$0.00		\$24.74	1.9%	\$1,289.44	7
Arkansas (a)	\$42.89	34.8%	\$33.05	26.8%	\$41.01	33.30%	NA	NA	\$6.35	5.1%	\$123.29	45
California (b)	\$1,556.76	26.8%	\$405.45	7.0%	\$3,276.51	56.50%	\$495.50	8.5%	\$66.76	1.2%	\$5,800.97	1
Colorado (a)	\$114.21	26.3%	\$4.18	1.0%	\$3.19	0.70%	\$309.91	71.4%	\$2.46	0.6%	\$433.95	24
Connecticut (ac)	\$271.60	39.1%	\$88.30	12.7%	\$280.40	40.40%	\$0.00		\$53.50	7.7%	\$693.80	17
Delaware (ac)	\$46.59	48.4%	\$16.78	17.4%	\$24.18	25.10%	\$5.94	6.2%	\$2.71	2.8%	\$96.19	47
District of Columbia	\$102.41	44.1%	\$5.00	2.2%	\$100.94	43.50%	\$0.00		\$23.68	10.2%	\$232.04	34
Florida	\$350.14	46.4%	\$95.10	12.6%	\$298.52	39.50%	\$0.00		\$11.51	1.5%	\$755.27	14
Georgia	\$186.67	44.9%	NA	NA	\$228.88	55.10%	\$0.00		\$0.00	0.0%	\$415.55	25
Hawaii	\$75.64	28.3%	\$48.76	18.3%	\$111.80	41.90%	\$4.23	1.6%	\$26.39	9.9%	\$266.82	32
Idaho	\$29.07	42.9%	\$1.82	2.7%	\$29.71	43.80%	\$0.00		\$7.20	10.6%	\$67.80	50
Illinois	\$577.70	52.6%	\$130.20	11.9%	\$370.00	33.70%	NA	NA	\$20.50	1.9%	\$1,098.40	8
Indiana	\$202.82	36.1%	\$0.00	0.0%	NA	NA	\$354.18	63.0%	\$5.61	1.0%	\$562.62	19
Iowa	\$89.62	21.9%	\$66.30	16.2%	\$245.36	59.90%	NA	NA	\$8.36	2.0%	\$409.66	26
Kansas	\$87.20	23.9%	\$89.90	24.7%	\$174.20	47.80%	NA	NA	\$13.30	3.6%	\$364.60	28
Kentucky	\$118.50	50.1%	\$24.60	10.4%	\$82.00	34.70%	\$0.00		\$11.20	4.7%	\$236.30	33
Louisiana	\$198.86	61.9%	\$4.73	1.5%	\$97.52	30.40%	\$0.00		\$20.04	6.2%	\$321.14	29
Maine (b)	\$119.75	26.3%	\$127.30	28.0%	\$190.57	41.90%	\$2.96	0.7%	\$14.44	3.2%	\$455.01	23
Maryland (b)	\$372.30	39.4%	\$113.80	12.1%	\$424.90	45.00%	\$0.00		\$33.10	3.5%	\$944.10	10
Massachusetts (a)	\$211.90	28.1%	\$285.00	37.8%	\$235.90	31.30%	\$0.00		\$21.90	2.9%	\$754.70	15
Michigan	\$382.10	26.8%	\$212.20	14.9%	\$601.80	42.30%	\$220.00	15.5%	\$7.20	0.5%	\$1,423.30	6
Minnesota	\$337.99	40.4%	\$67.71	8.1%	\$426.02	50.90%	\$0.00		\$5.66	0.7%	\$837.38	12
Mississippi	\$152.20	47.6%	\$0.80	0.3%	\$163.50	51.10%	\$0.00		\$3.40	1.1%	\$319.90	30
Missouri	\$256.83	50.0%	\$45.04	8.8%	\$198.92	38.70%	NA	NA	\$13.30	2.6%	\$514.10	21
Montana	\$33.70	21.8%	\$50.88	32.9%	\$66.90	43.20%	NA	NA	\$3.35	2.2%	\$154.83	41
Nebraska	\$69.79	53.0%	\$11.63	8.8%	\$49.31	37.40%	\$0.00		\$1.01	0.8%	\$131.74	44
Nevada	\$62.63	37.2%	\$14.73	8.7%	\$71.21	42.30%	\$8.10	4.8%	\$11.79	7.0%	\$168.47	40

Table 3: SMHA-Controlled Mental Health Expenditures for State Psychiatric Hospitals, Community-Based Programs, and State Mental Health Support Activities, by Type of Service Setting, FY 2009 (in millions) (Continued)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Other Services	%	Training & Admin.	Research,	%	Total SMHA-Controlled	Total Rank
New Hampshire	\$59.74	32.7%	\$34.99	19.1%	\$72.55	39.70%	\$12.34	6.7%	\$3.25	1.8%	\$182.86	38	
New Jersey (b)	\$713.42	40.9%	\$402.31	23.0%	\$536.39	30.70%	\$72.55	4.2%	\$21.40	1.2%	\$1,746.07	4	
New Mexico	\$40.86	21.9%	\$61.02	32.6%	\$84.73	45.30%	\$0.00		\$0.35	0.2%	\$186.96	37	
New York (b)	\$1,912.70	40.6%	\$673.20	14.3%	\$1,909.70	40.50%	\$0.00		\$219.80	4.7%	\$4,715.40	2	
North Carolina (b)	\$405.53	25.0%	\$258.11	15.9%	\$919.84	56.80%	\$24.79	1.5%	\$12.56	0.8%	\$1,620.84	5	
North Dakota	\$14.42	26.2%	\$13.91	25.3%	\$26.69	48.50%	\$0.00		\$0.06	0.1%	\$55.09	51	
Ohio	\$220.45	25.7%	\$45.88	5.4%	\$559.44	65.30%	NA	NA	\$30.66	3.6%	\$856.43	11	
Oklahoma	\$76.10	36.7%	\$5.70	2.7%	\$113.30	54.70%	\$0.00		\$12.20	5.9%	\$207.30	35	
Oregon	\$166.70	30.1%	\$82.49	14.9%	\$105.06	19.00%	\$189.82	34.3%	\$9.34	1.7%	\$553.40	20	
Pennsylvania (b)	\$709.16	20.8%	\$49.98	1.5%	\$2,395.66	70.30%	\$242.06	7.1%	\$12.70	0.4%	\$3,409.56	3	
Rhode Island (c)*	\$33.93	30.2%	\$17.83	15.9%	\$59.31	52.70%	NA	NA	\$1.37	1.2%	\$112.45	46	
South Carolina	\$83.20	30.6%	\$32.70	12.0%	\$138.50	50.90%	\$0.70	0.3%	\$17.20	6.3%	\$272.30	31	
South Dakota	\$41.95	61.5%	\$0.00	0.0%	\$25.12	36.80%	\$0.00		\$1.19	1.7%	\$68.27	49	
Tennessee	\$275.00	56.0%	\$0.00	0.0%	\$198.70	40.40%	\$0.00		\$17.80	3.6%	\$491.50	22	
Texas (b)	\$399.26	42.2%	\$46.30	4.9%	NA	NA	\$484.24	51.2%	\$16.80	1.8%	\$946.60	9	
Utah (b)	\$59.00	33.2%	\$4.52	2.5%	\$112.81	63.40%	NA	NA	\$1.51	0.9%	\$177.84	39	
Vermont	\$21.80	15.1%	\$19.10	13.2%	\$99.00	68.50%	\$0.00		\$4.60	3.2%	\$144.50	42	
Virginia (b)	\$342.40	47.0%	\$93.60	12.9%	\$270.40	37.10%	\$0.00		\$21.90	3.0%	\$728.30	16	
Washington	\$290.20	38.1%	\$14.60	1.9%	\$442.40	58.10%	\$1.70	0.2%	\$13.20	1.7%	\$762.10	13	
West Virginia (ac)	\$56.60	40.7%	\$1.70	1.2%	\$80.30	57.80%	NA	NA	\$0.40	0.3%	\$139.00	43	
Wisconsin (b)	\$296.91	43.3%	\$57.42	8.4%	\$330.98	48.20%	\$0.00		\$1.15	0.2%	\$686.46	18	
Wyoming	\$24.16	28.9%	\$12.37	14.8%	\$45.19	54.10%	\$0.00		\$1.88	2.2%	\$83.59	48	
Total	\$12,795.37	34.0%	\$4,043.47	10.8%	\$17,428.41	46.4%	\$2,458.81	6.5%	\$855.63	2.3%	\$37,581.69		
Average (Mean)	\$250.89		\$86.03		\$355.68		\$144.64		\$17.11		\$736.90		
Median	\$152.20		\$45.88		\$138.50		\$29.80		\$23.68		\$409.66		

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 4: SMHA-Controlled Mental Health per Capita Expenditures for State Psychiatric Hospitals, Community-Based Programs, and State Mental Health Support Activities, by Type of Service Setting, FY 2009 (in millions)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Other Services	%	Research, Training & Admin.	%	Per Capita	Per Capita Rank
Alabama	\$35.65	45.8%	\$9.29	11.9%	\$24.51	31.5%	\$6.35	8.2%	\$2.09	2.7%	\$77.89	37
Alaska (a)	\$135.75	46.9%	\$28.19	9.7%	\$118.38	40.9%	\$0.00	0.0%	\$7.39	2.6%	\$289.71	3
Arizona	\$36.79	18.8%	\$16.67	8.5%	\$138.90	70.8%	\$0.00	0.0%	\$3.76	1.9%	\$196.13	10
Arkansas (a)	\$14.88	34.8%	\$11.47	26.8%	\$14.23	33.3%	NA	NA	\$2.20	5.1%	\$42.77	48
California (b)	\$42.30	26.8%	\$11.02	7.0%	\$89.03	56.5%	\$13.46	8.5%	\$1.81	1.2%	\$157.62	15
Colorado (a)	\$22.85	26.3%	\$0.84	1.0%	\$0.64	0.7%	\$62.01	71.4%	\$0.49	0.6%	\$86.83	31
Connecticut (ac)	\$77.36	39.1%	\$25.15	12.7%	\$79.87	40.4%	\$0.00	0.0%	\$15.24	7.7%	\$197.62	9
Delaware (ac)	\$52.85	48.4%	\$19.03	17.4%	\$27.43	25.1%	\$6.74	6.2%	\$3.08	2.8%	\$109.13	25
District of Columbia	\$171.61	44.1%	\$8.38	2.2%	\$169.15	43.5%	\$0.00	0.0%	\$39.69	10.2%	\$388.83	1
Florida	\$18.96	46.4%	\$5.15	12.6%	\$16.17	39.5%	\$0.00	0.0%	\$0.62	1.5%	\$40.90	50
Georgia	\$19.14	44.9%	NA	NA	\$23.46	55.1%	\$0.00	0.0%	\$0.00	0.0%	\$42.60	49
Hawaii	\$60.14	28.3%	\$38.77	18.3%	\$88.89	41.9%	\$3.37	1.6%	\$20.98	9.9%	\$212.15	7
Idaho	\$18.87	42.9%	\$1.18	2.7%	\$19.28	43.8%	\$0.00	0.0%	\$4.67	10.6%	\$44.00	47
Illinois	\$44.87	52.6%	\$10.11	11.9%	\$28.74	33.7%	NA	NA	\$1.59	1.9%	\$85.30	34
Indiana	\$31.60	36.1%	\$0.00	0.0%	NA	NA	\$55.18	63.0%	\$0.87	1.0%	\$87.65	30
Iowa	\$29.81	21.9%	\$22.06	16.2%	\$81.62	59.9%	NA	NA	\$2.78	2.0%	\$136.27	20
Kansas	\$31.15	23.9%	\$32.11	24.7%	\$62.22	47.8%	NA	NA	\$4.75	3.6%	\$130.24	21
Kentucky	\$27.61	50.1%	\$5.73	10.4%	\$19.11	34.7%	\$0.00	0.0%	\$2.61	4.7%	\$55.06	46
Louisiana	\$44.46	61.9%	\$1.06	1.5%	\$21.80	30.4%	\$0.00	0.0%	\$4.48	6.2%	\$71.80	41
Maine (b)	\$91.05	26.3%	\$96.79	28.0%	\$144.90	41.9%	\$2.25	0.7%	\$10.98	3.2%	\$345.97	2
Maryland (b)	\$65.66	39.4%	\$20.07	12.1%	\$74.94	45.0%	\$0.00	0.0%	\$5.84	3.5%	\$166.50	12
Massachusetts (a)	\$32.17	28.1%	\$43.26	37.8%	\$35.81	31.3%	\$0.00	0.0%	\$3.33	2.9%	\$114.57	24
Michigan	\$38.35	26.8%	\$21.30	14.9%	\$60.39	42.3%	\$22.08	15.5%	\$0.72	0.5%	\$142.84	18
Minnesota	\$64.23	40.4%	\$12.87	8.1%	\$80.96	50.9%	\$0.00	0.0%	\$1.08	0.7%	\$159.13	14
Mississippi	\$51.84	47.6%	\$0.27	0.3%	\$55.69	51.1%	\$0.00	0.0%	\$1.16	1.1%	\$108.96	26
Missouri	\$43.04	50.0%	\$7.55	8.8%	\$33.34	38.7%	NA	NA	\$2.23	2.6%	\$86.15	32
Montana	\$34.68	21.8%	\$52.37	32.9%	\$68.85	43.2%	NA	NA	\$3.45	2.2%	\$159.35	13
Nebraska	\$39.00	53.0%	\$6.50	8.8%	\$27.55	37.4%	\$0.00	0.0%	\$0.56	0.8%	\$73.61	40
Nevada	\$23.79	37.2%	\$5.60	8.7%	\$27.05	42.3%	\$3.08	4.8%	\$4.48	7.0%	\$64.00	43

Table 4: SMHA-Controlled Mental Health per Capita Expenditures for State Psychiatric Hospitals, Community-Based Programs, and State Mental Health Support Activities, by Type of Service Setting, FY 2009 (in millions) (Continued)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Other Services	%	Training & Admin.	Research,	%	Per Capita	Per Capita Rank
New Hampshire	\$45.14	32.7%	\$26.44	19.1%	\$54.82	39.7%	\$9.33	6.7%	\$2.45	\$138.17	1.8%	\$138.17	19
New Jersey (b)	\$82.04	40.9%	\$46.26	23.0%	\$61.68	30.7%	\$8.34	4.2%	\$2.46	\$200.78	1.2%	\$200.78	8
New Mexico	\$20.44	21.9%	\$30.52	32.6%	\$42.38	45.3%	\$0.00	0.0%	\$0.18	\$93.51	0.2%	\$93.51	29
New York (b)	\$98.00	40.6%	\$34.49	14.3%	\$97.84	40.5%	\$0.00	0.0%	\$11.26	\$241.59	4.7%	\$241.59	5
North Carolina (b)	\$43.70	25.0%	\$27.81	15.9%	\$99.12	56.8%	\$2.67	1.5%	\$1.35	\$174.66	0.8%	\$174.66	11
North Dakota	\$22.53	26.2%	\$21.73	25.3%	\$41.69	48.5%	\$0.00	0.0%	\$0.09	\$86.05	0.1%	\$86.05	33
Ohio	\$19.12	25.7%	\$3.98	5.4%	\$48.51	65.3%	NA	NA	\$2.66	\$74.26	3.6%	\$74.26	39
Oklahoma	\$20.76	36.7%	\$1.56	2.7%	\$30.91	54.7%	\$0.00	0.0%	\$3.33	\$56.56	5.9%	\$56.56	45
Oregon	\$43.63	30.1%	\$21.59	14.9%	\$27.50	19.0%	\$49.68	34.3%	\$2.45	\$144.85	1.7%	\$144.85	17
Pennsylvania (b)	\$56.30	20.8%	\$3.97	1.5%	\$190.18	70.3%	\$19.22	7.1%	\$1.01	\$270.67	0.4%	\$270.67	4
Rhode Island (c)*	\$32.35	30.2%	\$17.00	15.9%	\$56.54	52.7%	NA	NA	\$1.31	\$107.19	1.2%	\$107.19	27
South Carolina	\$18.41	30.6%	\$7.23	12.0%	\$30.64	50.9%	\$0.16	0.3%	\$3.81	\$60.24	6.3%	\$60.24	44
South Dakota	\$51.89	61.5%	\$0.00	0.0%	\$31.08	36.8%	\$0.00	0.0%	\$1.47	\$84.44	1.7%	\$84.44	35
Tennessee	\$43.81	56.0%	\$0.00	0.0%	\$31.66	40.4%	\$0.00	0.0%	\$2.84	\$78.31	3.6%	\$78.31	36
Texas (b)	\$16.19	42.2%	\$1.88	4.9%	NA	NA	\$19.63	51.2%	\$0.68	\$38.38	1.8%	\$38.38	51
Utah (b)	\$21.23	33.2%	\$1.63	2.5%	\$40.60	63.4%	NA	NA	\$0.55	\$64.01	0.9%	\$64.01	42
Vermont	\$35.10	15.1%	\$30.75	13.2%	\$159.40	68.5%	\$0.00	0.0%	\$7.41	\$232.66	3.2%	\$232.66	6
Virginia (b)	\$44.11	47.0%	\$12.06	12.9%	\$34.83	37.1%	\$0.00	0.0%	\$2.82	\$93.81	3.0%	\$93.81	28
Washington	\$43.88	38.1%	\$2.21	1.9%	\$66.89	58.1%	\$0.26	0.2%	\$2.00	\$115.23	1.7%	\$115.23	23
West Virginia (ac)	\$31.13	40.7%	\$0.94	1.2%	\$44.17	57.8%	NA	NA	\$0.22	\$76.45	0.3%	\$76.45	38
Wisconsin (b)	\$52.53	43.3%	\$10.16	8.4%	\$58.56	48.2%	\$0.00	0.0%	\$0.20	\$121.45	0.2%	\$121.45	22
Wyoming	\$44.70	28.9%	\$22.88	14.8%	\$83.60	54.1%	\$0.00	0.0%	\$3.47	\$154.65	2.2%	\$154.65	16
Average (Mean)	\$41.84	34.0%	\$14.31	10.8%	\$63.45	46.4%	\$17.50	6.5%	\$2.89	\$122.90	2.3%	\$122.90	
Median	\$38.99		\$12.06		\$48.51				\$2.46	\$108.96		\$108.96	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 5: SMHA-Controlled Mental Health Expenditures for Inpatient Mental Health Services, by Major Programs, FY 2009 (in millions) (Continued)

State	State Mental Hospital Inpatient			Community Program Inpatient			Total Inpatient Expenditures	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita
Alabama	\$164.90	\$35.14	98.60%	\$2.40	\$0.51	1.40%	\$167.30	\$35.65
Alaska (a)	\$27.19	\$39.79	29.30%	\$65.59	\$95.96	70.70%	\$92.78	\$135.75
Arizona	\$72.80	\$11.07	30.10%	\$169.10	\$25.72	69.90%	\$241.90	\$36.79
Arkansas (a)	\$42.89	\$14.88	100.00%	NA	NA	NA	\$42.89	\$14.88
California (b)	\$1,235.30	\$33.57	79.40%	\$321.46	\$8.73	20.60%	\$1,556.76	\$42.30
Colorado (a)	\$114.21	\$22.85	100.00%	\$0.00	\$0.00	NA	\$114.21	\$22.85
Connecticut (ac)	\$220.60	\$62.84	81.20%	\$51.00	\$14.53	18.80%	\$271.60	\$77.36
Delaware (ac)	\$43.47	\$49.32	93.30%	\$3.11	\$3.53	6.70%	\$46.59	\$52.85
District of Columbia	\$102.41	\$171.61	100.00%	\$0.00	\$0.00	NA	\$102.41	\$171.61
Florida	\$350.14	\$18.96	100.00%	\$0.00	\$0.00	NA	\$350.14	\$18.96
Georgia	\$186.67	\$19.14	100.00%	NA	NA	NA	\$186.67	\$19.14
Hawaii	\$60.40	\$48.03	79.90%	\$15.24	\$12.12	20.10%	\$75.64	\$60.14
Idaho	\$29.07	\$18.87	100.00%	\$0.00	\$0.00	NA	\$29.07	\$18.87
Illinois	\$320.80	\$24.91	55.50%	\$256.90	\$19.95	44.50%	\$577.70	\$44.87
Indiana	\$202.82	\$31.60	100.00%	\$0.00	\$0.00	NA	\$202.82	\$31.60
Iowa	\$43.02	\$14.31	48.00%	\$46.61	\$15.50	52.00%	\$89.62	\$29.81
Kansas	\$87.20	\$31.15	100.00%	NA	NA	NA	\$87.20	\$31.15
Kentucky	\$118.50	\$27.61	100.00%	\$0.00	\$0.00	NA	\$118.50	\$27.61
Louisiana	\$190.88	\$42.68	96.00%	\$7.97	\$1.78	4.00%	\$198.86	\$44.46
Maine (b)	\$63.34	\$48.16	52.90%	\$56.40	\$42.89	47.10%	\$119.75	\$91.05
Maryland (b)	\$244.90	\$43.19	65.80%	\$127.40	\$22.47	34.20%	\$372.30	\$65.66
Massachusetts (a)	\$124.70	\$18.93	58.80%	\$87.20	\$13.24	41.20%	\$211.90	\$32.17
Michigan	\$240.80	\$24.17	63.00%	\$141.30	\$14.18	37.00%	\$382.10	\$38.35
Minnesota	\$189.50	\$36.01	56.10%	\$148.49	\$28.22	43.90%	\$337.99	\$64.23
Mississippi	\$152.20	\$51.84	100.00%	\$0.00	\$0.00	NA	\$152.20	\$51.84
Missouri	\$253.87	\$42.54	98.80%	\$2.96	\$0.50	1.20%	\$256.83	\$43.04
Montana	\$27.68	\$28.49	82.10%	\$6.02	\$6.19	17.90%	\$33.70	\$34.68
Nebraska	\$47.66	\$26.63	68.30%	\$22.13	\$12.37	31.70%	\$69.79	\$38.99
Nevada	\$62.63	\$23.79	100.00%	\$0.00	\$0.00	NA	\$62.63	\$23.79
New Hampshire	\$58.00	\$43.83	97.10%	\$1.74	\$1.31	2.90%	\$59.74	\$45.14
New Jersey (b)	\$504.38	\$58.00	70.70%	\$209.04	\$24.04	29.30%	\$713.42	\$82.04
New Mexico	\$24.70	\$12.35	60.50%	\$16.16	\$8.08	39.50%	\$40.86	\$20.44
New York (b)	\$1,295.00	\$66.35	67.70%	\$617.70	\$31.65	32.30%	\$1,912.70	\$98.00
North Carolina (b)	\$335.60	\$36.17	82.80%	\$69.93	\$7.54	17.20%	\$405.53	\$43.70
North Dakota	\$13.78	\$21.53	95.60%	\$0.64	\$1.00	4.40%	\$14.42	\$22.53
Ohio	\$217.68	\$18.87	98.70%	\$2.77	\$0.24	1.30%	\$220.45	\$19.11
Oklahoma	\$59.30	\$16.18	77.90%	\$16.80	\$4.58	22.10%	\$76.10	\$20.76
Oregon	\$145.20	\$38.00	87.10%	\$21.51	\$5.63	12.90%	\$166.70	\$43.63
Pennsylvania (b)	\$494.87	\$39.28	69.80%	\$214.29	\$17.01	30.20%	\$709.16	\$56.30
Rhode Island (c)*	\$30.97	\$29.52	91.30%	\$2.96	\$2.83	8.70%	\$33.93	\$32.35
South Carolina	\$82.70	\$18.30	99.40%	\$0.50	\$0.11	0.60%	\$83.20	\$18.41

Table 5: SMHA-Controlled Mental Health Expenditures for Inpatient Mental Health Services, by Major Programs, FY 2009 (in millions) (Continued)

State	State Mental Hospital Inpatient			Community Program Inpatient			Total Inpatient Expenditures	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita
South Dakota	\$41.95	\$51.89	100.00%	\$0.00	\$0.00	NA	\$41.95	\$51.89
Tennessee	\$166.00	\$26.45	60.40%	\$109.00	\$17.37	39.60%	\$275.00	\$43.81
Texas (b)	\$375.60	\$15.23	94.10%	\$23.66	\$0.96	5.90%	\$399.26	\$16.19
Utah (b)	\$54.40	\$19.58	92.20%	\$4.60	\$1.66	7.80%	\$59.00	\$21.23
Vermont	\$21.80	\$35.10	100.00%	\$0.00	\$0.00	NA	\$21.80	\$35.10
Virginia (b)	\$332.10	\$42.78	97.00%	\$10.30	\$1.33	3.00%	\$342.40	\$44.10
Washington	\$230.00	\$34.78	79.30%	\$60.20	\$9.10	20.70%	\$290.20	\$43.88
West Virginia (ac)	\$47.40	\$26.07	83.70%	\$9.20	\$5.06	16.30%	\$56.60	\$31.13
Wisconsin (b)	\$210.10	\$37.17	70.80%	\$86.81	\$15.36	29.20%	\$296.91	\$52.53
Wyoming	\$24.16	\$44.70	100.00%	\$0.00	\$0.00	NA	\$24.16	\$44.70
Total	\$9,786.27	\$32.00	76.50%	\$3,009.10	\$12.21	23.50%	\$12,795.37	\$41.84
Average (Mean)	\$191.89			\$59.00			\$250.89	
Median	\$118.50	\$31.60		\$23.66	\$8.73		\$152.20	\$38.99

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 6: SMHA-Controlled Mental Health Expenditures for Residential (Other 24-Hour) Mental Health Services, by Major Programs, FY 2009 (in millions)

State	State Mental Hospital Residential			Community Program Residential			Total Residential Expenditures		
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	Per Capita
Alabama	NA	NA	NA	\$43.60	\$9.29	100.0%	\$43.60	\$9.29	\$9.29
Alaska (a)	\$0.00	\$0.00	0.0%	\$19.27	\$28.19	100.0%	\$19.27	\$28.19	\$28.19
Arizona	\$0.00	\$0.00	0.0%	\$109.60	\$16.67	100.0%	\$109.60	\$16.67	\$16.67
Arkansas (a)	\$33.05	\$11.47	100.0%	NA	NA	NA	\$33.05	\$11.47	\$11.47
California (b)	\$0.00	\$0.00	0.0%	\$405.45	\$11.02	100.0%	\$405.45	\$11.02	\$11.02
Colorado (a)	\$3.60	\$0.72	86.1%	\$0.58	\$0.12	13.9%	\$4.18	\$0.84	\$0.84
Connecticut (ac)	\$0.00	\$0.00	0.0%	\$88.30	\$25.15	100.0%	\$88.30	\$25.15	\$25.15
Delaware (ac)	NA	NA	NA	\$16.78	\$19.03	100.0%	\$16.78	\$19.03	\$19.03
District of Columbia	\$0.00	\$0.00	0.0%	\$5.00	\$8.38	100.0%	\$5.00	\$8.38	\$8.38
Florida	\$0.00	\$0.00	0.0%	\$95.10	\$5.15	100.0%	\$95.10	\$5.15	\$5.15
Georgia	NA	NA	NA	NA	NA	NA	NA	NA	NA
Hawaii	NA	NA	NA	\$48.76	\$38.77	100.0%	\$48.76	\$38.77	\$38.77
Idaho	\$0.00	\$0.00	0.0%	\$1.82	\$1.18	100.0%	\$1.82	\$1.18	\$1.18
Illinois	NA	NA	NA	\$130.20	\$10.11	100.0%	\$130.20	\$10.11	\$10.11
Indiana	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA	NA
Iowa	\$8.78	\$2.92	13.2%	\$57.52	\$19.14	86.8%	\$66.30	\$22.06	\$22.06
Kansas	NA	NA	NA	\$89.90	\$32.11	100.0%	\$89.90	\$32.11	\$32.11
Kentucky	\$0.00	\$0.00	0.0%	\$24.60	\$5.73	100.0%	\$24.60	\$5.73	\$5.73
Louisiana	\$3.08	\$0.69	65.2%	\$1.65	\$0.37	34.8%	\$4.73	\$1.06	\$1.06
Maine (b)	\$0.00	\$0.00	0.0%	\$127.30	\$96.79	100.0%	\$127.30	\$96.79	\$96.79
Maryland (b)	\$31.50	\$5.56	27.7%	\$82.30	\$14.51	72.3%	\$113.80	\$20.07	\$20.07
Massachusetts (a)	\$7.20	\$1.09	2.5%	\$277.80	\$42.17	97.5%	\$285.00	\$43.26	\$43.26
Michigan	\$0.00	\$0.00	0.0%	\$212.20	\$21.30	100.0%	\$212.20	\$21.30	\$21.30
Minnesota	\$2.18	\$0.41	3.2%	\$65.53	\$12.45	96.8%	\$67.71	\$12.87	\$12.87
Mississippi	\$0.80	\$0.27	100.0%	\$0.00	\$0.00	0.0%	\$0.80	\$0.27	\$0.27
Missouri	\$19.08	\$3.20	42.4%	\$25.96	\$4.35	57.6%	\$45.04	\$7.55	\$7.55
Montana	\$2.26	\$2.33	4.4%	\$48.62	\$50.04	95.6%	\$50.88	\$52.37	\$52.37
Nebraska	\$0.00	\$0.00	0.0%	\$11.63	\$6.50	100.0%	\$11.63	\$6.50	\$6.50
Nevada	\$0.00	\$0.00	0.0%	\$14.73	\$5.60	100.0%	\$14.73	\$5.60	\$5.60

Table 6: SMHA-Controlled Mental Health Expenditures for Residential (Other 24-Hour) Mental Health Services, by Major Programs, FY 2009 (in millions) (Continued)

State	State Mental Hospital Residential		Community Program Residential		Total Residential Expenditures		
	Total	Per Capita	%	Total	Per Capita	Total	Per Capita
New Hampshire	\$20.86	\$15.76	59.6%	\$14.13	\$10.67	\$34.99	\$26.44
New Jersey (b)	\$0.00	\$0.00	0.0%	\$402.31	\$46.26	\$402.31	\$46.26
New Mexico	\$19.70	\$9.85	32.3%	\$41.32	\$20.67	\$61.02	\$30.52
New York (b)	\$115.00	\$5.89	17.1%	\$558.20	\$28.60	\$673.20	\$34.49
North Carolina (b)	\$32.45	\$3.50	12.6%	\$225.66	\$24.32	\$258.11	\$27.81
North Dakota	\$7.55	\$11.79	54.3%	\$6.36	\$9.94	\$13.91	\$21.73
Ohio	NA	NA	NA	\$45.88	\$3.98	\$45.88	\$3.98
Oklahoma	\$0.00	\$0.00	0.0%	\$5.70	\$1.56	\$5.70	\$1.56
Oregon	\$0.00	\$0.00	0.0%	\$82.49	\$21.59	\$82.49	\$21.59
Pennsylvania (b)	\$0.00	\$0.00	0.0%	\$49.98	\$3.97	\$49.98	\$3.97
Rhode Island (c)*	NA	NA	NA	\$17.83	\$17.00	\$17.83	\$17.00
South Carolina	\$4.80	\$1.06	14.7%	\$27.90	\$6.17	\$32.70	\$7.23
South Dakota	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA
Tennessee	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA
Texas (b)	\$11.10	\$0.45	24.0%	\$35.20	\$1.43	\$46.30	\$1.88
Utah (b)	NA	NA	NA	\$4.52	\$1.63	\$4.52	\$1.63
Vermont	\$0.00	\$0.00	0.0%	\$19.10	\$30.75	\$19.10	\$30.75
Virginia (b)	\$0.00	\$0.00	0.0%	\$93.60	\$12.06	\$93.60	\$12.06
Washington	\$0.00	\$0.00	0.0%	\$14.60	\$2.21	\$14.60	\$2.21
West Virginia (ac)	\$0.00	\$0.00	0.0%	\$1.70	\$0.94	\$1.70	\$0.94
Wisconsin (b)	\$0.00	\$0.00	0.0%	\$57.42	\$10.16	\$57.42	\$10.16
Wyoming	\$7.42	\$13.72	60.0%	\$4.95	\$9.16	\$12.37	\$22.88
Total	\$330	\$3.14	8.2%	\$3,713.06	\$13.42	\$4,043	\$14.31
Average (Mean)	\$6			\$72.81		\$81	
Median	\$8	\$3.06		\$43.60	\$10.67	\$46	\$12.06

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 7: SMHA-Controlled Mental Health Expenditures for Less Than 24-Hour (Ambulatory) Mental Health Services, by Major Programs, FY 2009 (in millions)

State	State Mental Hospital Ambulatory			Community Program Ambulatory			Total Ambulatory Expenditures		
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	Per Capita
Alabama	NA	NA	NA	\$115.00	\$24.51	100.0%	\$115.00	\$24.51	\$24.51
Alaska (a)	\$0.00	\$0.00	0.0%	\$80.91	\$118.38	100.0%	\$80.91	\$118.38	\$118.38
Arizona	\$0.00	\$0.00	0.0%	\$913.20	\$138.90	100.0%	\$913.20	\$138.90	\$138.90
Arkansas (a)	\$0.00	\$0.00	0.0%	\$41.01	\$14.23	100.0%	\$41.01	\$14.23	\$14.23
California (b)	\$0.00	\$0.00	0.0%	\$3,276.51	\$89.03	100.0%	\$3,276.51	\$89.03	\$89.03
Colorado (a)	\$0.00	\$0.00	0.0%	\$3.19	\$0.64	100.0%	\$3.19	\$0.64	\$0.64
Connecticut (ac)	\$0.00	\$0.00	0.0%	\$280.40	\$79.87	100.0%	\$280.40	\$79.87	\$79.87
Delaware (ac)	NA	NA	NA	\$24.18	\$27.43	100.0%	\$24.18	\$27.43	\$27.43
District of Columbia	\$0.00	\$0.00	0.0%	\$100.94	\$169.15	100.0%	\$100.94	\$169.15	\$169.15
Florida	\$0.00	\$0.00	0.0%	\$298.52	\$16.17	100.0%	\$298.52	\$16.17	\$16.17
Georgia	NA	NA	NA	\$228.88	\$23.46	100.0%	\$228.88	\$23.46	\$23.46
Hawaii	NA	NA	NA	\$111.80	\$88.89	100.0%	\$111.80	\$88.89	\$88.89
Idaho	\$0.00	\$0.00	0.0%	\$29.71	\$19.28	100.0%	\$29.71	\$19.28	\$19.28
Illinois	NA	NA	NA	\$370.00	\$28.73	100.0%	\$370.00	\$28.73	\$28.73
Indiana	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA	NA
Iowa	NA	NA	NA	\$245.36	\$81.62	100.0%	\$245.36	\$81.62	\$81.62
Kansas	NA	NA	NA	\$174.20	\$62.22	100.0%	\$174.20	\$62.22	\$62.22
Kentucky	\$0.00	\$0.00	0.0%	\$82.00	\$19.11	100.0%	\$82.00	\$19.11	\$19.11
Louisiana	\$2.70	\$0.60	2.8%	\$94.82	\$21.20	97.2%	\$97.52	\$21.80	\$21.80
Maine (b)	\$0.00	\$0.00	0.0%	\$190.57	\$144.90	100.0%	\$190.57	\$144.90	\$144.90
Maryland (b)	\$0.00	\$0.00	0.0%	\$424.90	\$74.93	100.0%	\$424.90	\$74.93	\$74.93
Massachusetts (a)	\$0.00	\$0.00	0.0%	\$235.90	\$35.81	100.0%	\$235.90	\$35.81	\$35.81
Michigan	\$0.00	\$0.00	0.0%	\$601.80	\$60.39	100.0%	\$601.80	\$60.39	\$60.39
Minnesota	\$0.00	\$0.00	0.0%	\$426.02	\$80.96	100.0%	\$426.02	\$80.96	\$80.96
Mississippi	\$7.50	\$2.55	4.6%	\$156.00	\$53.14	95.4%	\$163.50	\$55.69	\$55.69
Missouri	\$7.08	\$1.19	3.6%	\$191.84	\$32.15	96.4%	\$198.92	\$33.34	\$33.34
Montana	NA	NA	NA	\$66.90	\$68.85	100.0%	\$66.90	\$68.85	\$68.85
Nebraska	\$0.00	\$0.00	0.0%	\$49.31	\$27.55	100.0%	\$49.31	\$27.55	\$27.55
Nevada	\$0.00	\$0.00	0.0%	\$71.21	\$27.05	100.0%	\$71.21	\$27.05	\$27.05

Table 7: SMHA-Controlled Mental Health Expenditures for Less Than 24-Hour (Ambulatory) Mental Health Services, by Major Programs, FY 2009 (in millions) (Continued)

State	State Mental Hospital Ambulatory			Community Program Ambulatory			Total Ambulatory Expenditures		
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	Per Capita
New Hampshire	\$0.00	\$0.00	0.0%	\$72.55	\$54.82	100.0%	\$72.55	\$54.82	\$54.82
New Jersey (b)	\$0.00	\$0.00	0.0%	\$536.39	\$61.68	100.0%	\$536.39	\$61.68	\$61.68
New Mexico	\$0.00	\$0.00	0.0%	\$84.73	\$42.38	100.0%	\$84.73	\$42.38	\$42.38
New York (b)	\$357.90	\$18.34	18.7%	\$1,551.80	\$79.51	81.3%	\$1,909.70	\$97.84	\$97.84
North Carolina (b)	NA	NA	NA	\$919.84	\$99.12	100.0%	\$919.84	\$99.12	\$99.12
North Dakota	\$0.00	\$0.00	0.0%	\$26.69	\$41.69	100.0%	\$26.69	\$41.69	\$41.69
Ohio	NA	NA	NA	\$559.44	\$48.51	100.0%	\$559.44	\$48.51	\$48.51
Oklahoma	\$0.00	\$0.00	0.0%	\$113.30	\$30.91	100.0%	\$113.30	\$30.91	\$30.91
Oregon	\$0.00	\$0.00	0.0%	\$105.06	\$27.50	100.0%	\$105.06	\$27.50	\$27.50
Pennsylvania (b)	\$0.00	\$0.00	0.0%	\$2,395.66	\$190.18	100.0%	\$2,395.66	\$190.18	\$190.18
Rhode Island (c)*	NA	NA	NA	\$59.31	\$56.54	100.0%	\$59.31	\$56.54	\$56.54
South Carolina	\$4.40	\$0.97	3.2%	\$134.10	\$29.67	96.8%	\$138.50	\$30.64	\$30.64
South Dakota	\$0.00	\$0.00	0.0%	\$25.12	\$31.08	100.0%	\$25.12	\$31.08	\$31.08
Tennessee	\$0.00	\$0.00	0.0%	\$198.70	\$31.66	100.0%	\$198.70	\$31.66	\$31.66
Texas (b)	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA	NA
Utah (b)	NA	NA	NA	\$112.81	\$40.60	100.0%	\$112.81	\$40.60	\$40.60
Vermont	\$0.00	\$0.00	0.0%	\$99.00	\$159.40	100.0%	\$99.00	\$159.40	\$159.40
Virginia (b)	\$0.00	\$0.00	0.0%	\$270.40	\$34.83	100.0%	\$270.40	\$34.83	\$34.83
Washington	\$0.00	\$0.00	0.0%	\$442.40	\$66.89	100.0%	\$442.40	\$66.89	\$66.89
West Virginia (ac)	\$0.00	\$0.00	0.0%	\$80.30	\$44.17	100.0%	\$80.30	\$44.17	\$44.17
Wisconsin (b)	\$0.00	\$0.00	0.0%	\$330.98	\$58.56	100.0%	\$330.98	\$58.56	\$58.56
Wyoming	\$0.28	\$0.52	0.6%	\$44.91	\$83.09	99.4%	\$45.19	\$83.60	\$83.60
Total	\$379.86	\$10.01	2.2%	\$17,048.55	\$62.06	97.8%	\$17,428.41	\$63.45	\$63.45
Average (Mean)	\$9.74			\$334.29			\$341.73		
Median	\$5.74	\$1.08		\$134.10	\$48.51		\$138.50	\$48.51	\$48.51

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 8: SMHA-Controlled Mental Health Expenditures, by Type of Program, FY 2009 (in millions)

State	State Psychiatric Hospital Inpatient		Community-Based Programs		Prevention, Research, Training & Admin.		Total SMHA Expenditure	Rank
	Expenditure	Rank	Expenditure	Rank	Expenditure	Rank		
Alabama	\$164.90	22	\$190.80	28	\$9.80	27	\$365.50	27
Alaska (a)	\$27.19	47	\$165.77	31	\$5.05	35	\$198.02	36
Arizona	\$72.80	31	\$1,191.90	6	\$24.74	7	\$1,289.44	7
Arkansas (a)	\$42.89	42	\$74.06	46	\$6.35	32	\$123.29	45
California (b)	\$1,235.30	2	\$4,498.91	1	\$66.76	2	\$5,800.97	1
Colorado (a)	\$114.21	27	\$317.28	23	\$2.46	41	\$433.95	24
Connecticut (ac)	\$220.60	14	\$419.70	16	\$53.50	3	\$693.80	17
Delaware (ac)	\$43.47	40	\$50.00	48	\$2.71	40	\$96.19	47
District of Columbia	\$102.41	28	\$105.94	41	\$23.68	8	\$232.04	34
Florida	\$350.14	6	\$393.62	18	\$11.51	25	\$755.27	14
Georgia	\$186.67	20	\$228.88	27	\$0.00		\$415.55	25
Hawaii	\$60.40	34	\$180.03	29	\$26.38	6	\$266.82	32
Idaho	\$29.07	45	\$31.53	50	\$7.20	31	\$67.80	50
Illinois	\$320.80	9	\$757.10	8	\$20.50	12	\$1,098.40	8
Indiana	\$202.82	17	\$354.18	22	\$5.61	34	\$562.62	19
Iowa	\$43.02	41	\$358.28	21	\$8.36	29	\$409.66	26
Kansas	\$87.20	29	\$264.10	25	\$13.30	19	\$364.60	28
Kentucky	\$118.50	26	\$106.60	40	\$11.20	26	\$236.30	33
Louisiana	\$190.88	18	\$110.22	39	\$20.04	13	\$321.14	29
Maine (b)	\$63.34	32	\$377.23	19	\$14.44	17	\$455.01	23
Maryland (b)	\$244.90	11	\$666.10	9	\$33.10	4	\$944.10	10
Massachusetts (a)	\$124.70	25	\$608.10	11	\$21.90	9	\$754.70	15
Michigan	\$240.80	12	\$1,175.30	7	\$7.20	30	\$1,423.30	6
Minnesota	\$189.50	19	\$642.22	10	\$5.66	33	\$837.38	12
Mississippi	\$152.20	23	\$164.30	32	\$3.40	37	\$319.90	30
Missouri	\$253.87	10	\$246.93	26	\$13.30	18	\$514.10	21
Montana	\$27.68	46	\$123.79	35	\$3.35	38	\$154.83	41
Nebraska	\$47.66	38	\$83.07	44	\$1.01	47	\$131.74	44
Nevada	\$62.63	33	\$94.04	42	\$11.79	24	\$168.47	40

Table 8: SMHA-Controlled Mental Health Expenditures, by Type of Program, FY 2009 (in millions) (Continued)

State	State Psychiatric Hospital Inpatient		Community-Based Programs		Prevention, Research, Training & Admin.		Total SMHA Expenditure		Rank
	Expenditure	Rank	Expenditure	Rank	Expenditure	Rank	Expenditure	Rank	
New Hampshire	\$58.00	36	\$121.61	37	\$3.25	39	\$182.86	38	
New Jersey (b)	\$504.38	3	\$1,220.29	5	\$21.40	11	\$1,746.07	4	
New Mexico	\$24.70	48	\$161.91	33	\$0.35	49	\$186.96	37	
New York (b)	\$1,295.00	1	\$3,200.60	2	\$219.80	1	\$4,715.40	2	
North Carolina (b)	\$335.60	7	\$1,272.67	4	\$12.56	22	\$1,620.84	5	
North Dakota	\$13.78	51	\$41.25	49	\$0.06	50	\$55.09	51	
Ohio	\$217.68	15	\$608.09	12	\$30.66	5	\$856.43	11	
Oklahoma	\$59.30	35	\$135.80	34	\$12.20	23	\$207.30	35	
Oregon	\$145.20	24	\$398.87	17	\$9.34	28	\$553.40	20	
Pennsylvania (b)	\$494.87	4	\$2,901.99	3	\$12.70	21	\$3,409.56	3	
Rhode Island (c)*	\$30.97	44	\$80.11	45	\$1.37	44	\$112.45	46	
South Carolina	\$82.70	30	\$172.40	30	\$17.20	15	\$272.30	31	
South Dakota	\$41.95	43	\$25.12	51	\$1.19	45	\$68.27	49	
Tennessee	\$166.00	21	\$307.70	24	\$17.80	14	\$491.50	22	
Texas (b)	\$375.60	5	\$554.20	13	\$16.80	16	\$946.60	9	
Utah (b)	\$54.40	37	\$121.93	36	\$1.51	43	\$177.84	39	
Vermont	\$21.80	50	\$118.10	38	\$4.60	36	\$144.50	42	
Virginia (b)	\$332.10	8	\$374.30	20	\$21.90	9	\$728.30	16	
Washington	\$230.00	13	\$518.90	14	\$13.20	20	\$762.10	13	
West Virginia (ac)	\$47.40	39	\$91.20	43	\$0.40	48	\$139.00	43	
Wisconsin (b)	\$210.10	16	\$475.21	15	\$1.15	46	\$686.46	18	
Wyoming	\$24.16	49	\$57.56	47	\$1.88	42	\$83.59	48	
Total	\$9,786.27		\$26,939.79		\$855.63		\$37,581.69		
Average (Mean)	\$191.89		\$528.23		\$16.78		\$736.90		
Median	\$118.50		\$246.93		\$11.35		\$409.66		

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 9: SMHA-Controlled Mental Health per Capita Expenditures for State Psychiatric Hospital Inpatient Services, Community Services (State Hospital and Other Community Based), Research, Training, and Administration, FY 2009 (Using State Civilian Population)

State	State Psychiatric Hospital Inpatient			Community-Based Programs			Prevention, Research, Training & Admin.			Total SMHA Expenditures		
	Expenditure	Rank	%	Expenditure	Rank	%	Expenditure	Rank	%	Expenditure	Rank	%
Alabama	\$35.14	22	45%	\$40.66	40	52%	\$2.09	30	3%	\$77.89	37	3%
Alaska (a)	\$39.79	16	14%	\$242.53	2	84%	\$7.39	7	3%	\$289.71	3	3%
Arizona	\$11.07	51	6%	\$181.29	5	92%	\$3.76	14	2%	\$196.13	10	2%
Arkansas (a)	\$14.88	48	35%	\$25.69	45	60%	\$2.20	29	5%	\$42.77	48	5%
California (b)	\$33.57	25	21%	\$122.24	12	78%	\$1.81	32	1%	\$157.62	15	1%
Colorado (a)	\$22.85	37	26%	\$63.48	28	73%	\$0.49	46	1%	\$86.83	31	1%
Connecticut (ac)	\$62.84	3	32%	\$119.55	14	60%	\$15.24	3	8%	\$197.62	9	8%
Delaware (ac)	\$49.32	7	45%	\$56.73	30	52%	\$3.08	19	3%	\$109.13	25	3%
District of Columbia	\$171.61	1	44%	\$177.53	6	46%	\$39.69	1	10%	\$388.83	1	10%
Florida	\$18.96	41	46%	\$21.32	50	52%	\$0.62	43	2%	\$40.90	50	2%
Georgia	\$19.14	40	45%	\$23.46	48	55%	\$0.00		0%	\$42.60	49	0%
Hawaii	\$48.03	9	23%	\$143.15	8	67%	\$20.98	2	10%	\$212.15	7	10%
Idaho	\$18.87	44	43%	\$20.46	51	47%	\$4.67	10	11%	\$44.00	47	11%
Illinois	\$24.91	34	29%	\$58.80	29	69%	\$1.59	33	2%	\$85.30	34	2%
Indiana	\$31.60	26	36%	\$55.18	32	63%	\$0.87	40	1%	\$87.65	30	1%
Iowa	\$14.31	49	11%	\$119.18	15	87%	\$2.78	22	2%	\$136.27	20	2%
Kansas	\$31.15	27	24%	\$94.34	20	72%	\$4.75	9	4%	\$130.24	21	4%
Kentucky	\$27.61	30	50%	\$24.84	46	45%	\$2.61	24	5%	\$55.06	46	5%
Louisiana	\$42.68	14	59%	\$24.64	47	34%	\$4.48	12	6%	\$71.80	41	6%
Maine (b)	\$48.16	8	14%	\$286.83	1	83%	\$10.98	5	3%	\$345.97	2	3%
Maryland (b)	\$43.19	12	26%	\$117.47	17	71%	\$5.84	8	4%	\$166.50	12	4%
Massachusetts (a)	\$18.93	42	17%	\$92.31	21	81%	\$3.32	18	3%	\$114.57	24	3%
Michigan	\$24.17	35	17%	\$117.95	16	83%	\$0.72	41	1%	\$142.84	18	1%
Minnesota	\$36.01	21	23%	\$122.05	13	77%	\$1.08	38	1%	\$159.13	14	1%
Mississippi	\$51.84	6	48%	\$55.96	31	51%	\$1.16	37	1%	\$108.96	26	1%
Missouri	\$42.54	15	49%	\$41.38	39	48%	\$2.23	28	3%	\$86.15	32	3%
Montana	\$28.49	29	18%	\$127.41	11	80%	\$3.45	16	2%	\$159.35	13	2%
Nebraska	\$26.63	31	36%	\$46.41	37	63%	\$0.56	44	1%	\$73.61	40	1%
Nevada	\$23.79	36	37%	\$35.73	43	56%	\$4.48	11	7%	\$64.00	43	7%

Table 9: SMHA-Controlled Mental Health per Capita Expenditures for State Psychiatric Hospital Inpatient Services, Community Services (State Hospital and Other Community Based), Research, Training, and Administration, FY 2009 (Using State Civilian Population) (Continued)

State	State Psychiatric Hospital Inpatient			Community-Based Programs			Prevention, Research, Training & Admin.			Total SMHA Expenditures			
	Expenditure	Rank	%	Expenditure	Rank	%	Expenditure	Rank	%	Expenditure	Rank	Expenditure	Rank
New Hampshire	\$43.83	11	32%	\$91.89	22	67%	\$2.45	26	2%	\$138.17	19		
New Jersey (b)	\$58.00	4	29%	\$140.32	9	70%	\$2.46	25	1%	\$200.78	8		
New Mexico	\$12.35	50	13%	\$80.98	24	87%	\$0.18	49	0%	\$93.51	29		
New York (b)	\$66.35	2	27%	\$163.98	7	68%	\$11.26	4	5%	\$241.59	5		
North Carolina (b)	\$36.17	20	21%	\$137.15	10	79%	\$1.35	35	1%	\$174.66	11		
North Dakota	\$21.53	38	25%	\$64.42	27	75%	\$0.09	50	0%	\$86.05	33		
Ohio	\$18.87	43	25%	\$52.73	33	71%	\$2.66	23	4%	\$74.26	39		
Oklahoma	\$16.18	46	29%	\$37.05	42	66%	\$3.33	17	6%	\$56.56	45		
Oregon	\$38.00	18	26%	\$104.40	19	72%	\$2.44	27	2%	\$144.85	17		
Pennsylvania (b)	\$39.28	17	15%	\$230.37	3	85%	\$1.01	39	0%	\$270.67	4		
Rhode Island (c)*	\$29.52	28	28%	\$76.36	26	71%	\$1.31	36	1%	\$107.19	27		
South Carolina	\$18.30	45	30%	\$38.14	41	63%	\$3.81	13	6%	\$60.24	44		
South Dakota	\$51.89	5	61%	\$31.08	44	37%	\$1.47	34	2%	\$84.44	35		
Tennessee	\$26.45	32	34%	\$49.02	35	63%	\$2.84	20	4%	\$78.31	36		
Texas (b)	\$15.23	47	40%	\$22.47	49	59%	\$0.68	42	2%	\$38.38	51		
Utah (b)	\$19.58	39	31%	\$43.88	38	69%	\$0.54	45	1%	\$64.01	42		
Vermont	\$35.10	23	15%	\$190.16	4	82%	\$7.41	6	3%	\$232.66	6		
Virginia (b)	\$42.78	13	46%	\$48.21	36	51%	\$2.82	21	3%	\$93.81	28		
Washington	\$34.78	24	30%	\$78.46	25	68%	\$2.00	31	2%	\$115.23	23		
West Virginia (ac)	\$26.07	33	34%	\$50.16	34	66%	\$0.22	47	0%	\$76.45	38		
Wisconsin (b)	\$37.17	19	31%	\$84.08	23	69%	\$0.20	48	0%	\$121.45	22		
Wyoming	\$44.70	10	29%	\$106.48	18	69%	\$3.47	15	2%	\$154.65	16		
Average (Mean)	\$32.00		26%	\$88.10		72%	\$2.89		2%	\$122.90			
Median	\$31.60		29%	\$76.36		68%	\$2.46		2%	\$108.96			

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 10: SMHA-Controlled Mental Health Expenditures, by Client Age Group, FY 2009 (in millions)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated by Age			Total SMHA	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Expenditure	Per Capita
Alabama	\$25.4	\$22.5	7%	\$127.2	\$35.7	35%	\$212.9	\$45.4	58%	\$365.5	\$77.9
Alaska (a)	\$65.9	\$359.2	33%	\$127.0	\$254.1	64%	\$5.1	\$7.4	3%	\$198.0	\$289.7
Arizona	\$436.0	\$251.7	34%	\$828.7	\$171.1	64%	\$24.7	\$3.8	2%	\$1,289.4	\$196.1
Arkansas (a)	\$8.9	\$12.5	7%	\$75.4	\$34.7	61%	\$39.0	\$13.5	32%	\$123.3	\$42.8
California (b)	\$1,776.4	\$188.3	31%	\$3,957.5	\$144.6	68%	\$67.1	\$1.8	1%	\$5,801.0	\$157.6
Colorado (a)	\$131.4	\$107.0	30%	\$300.1	\$79.6	69%	\$2.5	\$0.5	1%	\$434.0	\$86.8
Connecticut (ac)	\$0.0	\$0.0	0%	\$640.3	\$236.9	92%	\$53.5	\$15.2	8%	\$693.8	\$197.6
Delaware (ac)	NA	NA	NA	\$93.5	\$138.6	97%	\$2.7	\$3.1	3%	\$96.2	\$109.1
District of Columbia	\$31.0	\$271.8	13%	\$177.4	\$367.4	76%	\$23.7	\$39.7	10%	\$232.0	\$388.8
Florida	\$84.4	\$20.8	11%	\$659.3	\$45.8	87%	\$11.5	\$0.6	2%	\$755.3	\$40.9
Georgia	\$80.4	\$31.1	19%	\$335.2	\$46.7	81%	NA	NA	NA	\$415.6	\$42.6
Hawaii	\$50.3	\$173.3	19%	\$190.1	\$196.5	71%	NA	NA	NA	\$266.8	\$212.2
Idaho	\$12.3	\$29.4	18%	\$48.3	\$43.0	71%	\$7.2	\$4.7	11%	\$67.8	\$44.0
Illinois	\$245.9	\$77.4	22%	\$832.0	\$85.8	76%	\$20.5	\$1.6	2%	\$1,098.4	\$85.3
Indiana	\$116.3	\$73.2	21%	\$440.7	\$91.3	78%	\$5.6	\$0.9	1%	\$562.6	\$87.7
Iowa	\$137.5	\$192.8	34%	\$263.8	\$115.0	64%	\$8.4	\$2.8	2%	\$409.7	\$136.3
Kansas	\$138.0	\$195.8	38%	\$175.6	\$83.8	48%	\$51.0	\$18.2	14%	\$364.6	\$130.2
Kentucky	\$47.5	\$46.8	20%	\$177.3	\$54.1	75%	\$11.5	\$2.7	5%	\$236.3	\$55.1
Louisiana	\$36.4	\$32.4	11%	\$264.7	\$79.0	82%	\$20.0	\$4.5	6%	\$321.1	\$71.8
Maine (b)	\$171.3	\$631.6	38%	\$269.3	\$257.9	59%	\$14.4	\$11.0	3%	\$455.0	\$346.0
Maryland (b)	\$274.4	\$203.0	29%	\$570.6	\$132.1	60%	\$99.1	\$17.5	10%	\$944.1	\$166.5
Massachusetts (a)	\$101.1	\$70.6	13%	\$631.7	\$122.6	84%	\$21.9	\$3.3	3%	\$754.7	\$114.6
Michigan	\$193.1	\$82.2	14%	\$1,223.0	\$160.6	86%	\$7.2	\$0.7	1%	\$1,423.3	\$142.8
Minnesota	\$187.4	\$148.6	22%	\$644.3	\$161.0	77%	\$5.7	\$1.1	1%	\$837.4	\$159.1
Mississippi	\$89.9	\$117.1	28%	\$226.6	\$104.5	71%	\$3.4	\$1.2	1%	\$319.9	\$109.0
Missouri	\$66.6	\$46.5	13%	\$434.3	\$95.7	84%	\$13.3	\$2.2	3%	\$514.1	\$86.2
Montana	\$60.9	\$276.9	39%	\$90.6	\$120.5	59%	\$3.4	\$3.5	2%	\$154.8	\$159.4
Nebraska	\$10.6	\$23.5	8%	\$120.1	\$89.8	91%	\$1.0	\$0.6	1%	\$131.7	\$73.6
Nevada	\$0.9	\$1.3	1%	\$152.0	\$77.9	90%	\$15.5	\$5.9	9%	\$168.5	\$64.0
New Hampshire	\$42.8	\$148.0	23%	\$136.8	\$132.3	75%	\$3.3	\$2.5	2%	\$182.9	\$138.2

Table 10: SMHA-Controlled Mental Health Expenditures, by Client Age Group, FY 2009 (in millions) (Continued)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated by Age			Total SMHA	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Expenditure	Per Capita
New Jersey (b)	\$380.5	\$186.0	22%	\$1,336.7	\$201.0	77%	\$28.9	\$3.3	2%	\$1,746.1	\$200.8
New Mexico	\$98.0	\$192.0	52%	\$88.6	\$59.5	47%	\$0.4	\$0.2	0%	\$187.0	\$93.5
New York (b)	\$237.5	\$53.7	5%	\$1,530.4	\$101.4	32%	\$2,947.5	\$151.0	63%	\$4,715.4	\$241.6
North Carolina (b)	\$791.8	\$347.6	49%	\$807.1	\$115.3	50%	\$21.9	\$2.4	1%	\$1,620.8	\$174.7
North Dakota	\$5.1	\$35.4	9%	\$49.9	\$100.6	91%	\$0.1	\$0.1	0%	\$55.1	\$86.1
Ohio	\$203.3	\$74.9	24%	\$622.5	\$70.6	73%	\$30.7	\$2.7	4%	\$856.4	\$74.3
Oklahoma	\$23.4	\$25.5	11%	\$171.7	\$62.5	83%	\$12.2	\$3.3	6%	\$207.3	\$56.6
Oregon	\$108.6	\$124.5	20%	\$435.4	\$147.7	79%	\$9.3	\$2.4	2%	\$553.4	\$144.9
Pennsylvania (b)	\$1,169.2	\$421.3	34%	\$1,985.6	\$202.2	58%	\$254.8	\$20.2	7%	\$3,409.6	\$270.7
Rhode Island (c)	NA	NA	NA	\$111.1	\$135.1	99%	\$1.4	\$1.3	1%	\$112.5	\$107.2
South Carolina	\$60.7	\$56.2	22%	\$193.7	\$56.3	71%	\$17.9	\$4.0	7%	\$272.3	\$60.2
South Dakota	\$13.4	\$67.2	20%	\$33.3	\$54.7	49%	\$21.6	\$26.7	32%	\$68.3	\$84.4
Tennessee	\$134.4	\$90.0	27%	\$339.3	\$70.9	69%	\$17.8	\$2.8	4%	\$491.5	\$78.3
Texas (b)	\$130.0	\$18.9	14%	\$799.8	\$45.0	84%	\$16.8	\$0.7	2%	\$946.6	\$38.4
Utah (b)	\$53.7	\$61.8	30%	\$122.6	\$64.2	69%	\$1.5	\$0.5	1%	\$177.8	\$64.0
Vermont	\$63.9	\$506.0	44%	\$76.0	\$153.6	53%	\$4.6	\$7.4	3%	\$144.5	\$232.7
Virginia (b)	\$109.9	\$59.5	15%	\$596.5	\$100.8	82%	\$21.9	\$2.8	3%	\$728.3	\$93.8
Washington	\$128.2	\$81.7	17%	\$497.1	\$98.6	65%	\$136.8	\$20.7	18%	\$762.1	\$115.2
West Virginia (ac)	\$5.5	\$14.2	4%	\$74.6	\$52.1	54%	\$58.9	\$32.4	42%	\$139.0	\$76.5
Wisconsin (b)	\$17.0	\$13.0	2%	\$193.1	\$44.5	28%	\$476.4	\$84.3	69%	\$686.5	\$121.5
Wyoming	\$20.2	\$153.2	24%	\$61.5	\$150.5	74%	\$1.9	\$3.5	2%	\$83.6	\$154.7
Total	\$8,377.4	\$112.4	22%	\$24,339.9	\$105.3	65%	\$4,838.1	\$16.4	13%	\$37,581.7	\$122.9
Average (Mean)	\$164.3			\$477.3			\$94.9			\$736.9	
Median	\$87.2	\$79.5		\$263.8	\$100.6		\$15.5	\$3.3		\$409.7	\$109.0

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

Note: In some states (Connecticut, Delaware, and Rhode Island), a separate state agency is responsible for providing mental health services to children.

VII. State-by-State Tables: Total SMHA-Controlled Expenditures Over Time

Table 11: FY 2008 and FY 2009 SMHA-controlled mental health expenditures (in millions)

Table 12: FY 2001, FY 2008, and FY 2009 SMHA-controlled mental health per capita expenditures (in millions)

Table 11: SMHA-Controlled Mental Health Expenditures, FY 2008 and FY 2009 (in millions)

State	State Hospital Inpatient			Community Mental Health			Total SMHA Controlled		
	FY'08	FY'09	% Change	FY'08	FY'09	% Change	FY'08	FY'09	% Change
Alabama	\$167.00	\$164.90	-1.30%	\$191.20	\$190.80	-0.20%	\$369.10	\$365.50	-1.00%
Alaska (a)	\$27.00	\$27.20	0.70%	\$153.60	\$165.80	7.90%	\$184.10	\$198.00	7.60%
Arizona	\$77.90	\$72.80	-6.50%	\$1,024.00	\$1,191.90	16.40%	\$1,126.70	\$1,289.40	14.40%
Arkansas (a)	\$39.70	\$42.90	7.90%	\$71.60	\$74.10	3.40%	\$115.50	\$123.30	6.80%
California (b)	\$1,172.70	\$1,235.30	5.30%	\$4,267.20	\$4,498.90	5.40%	\$5,503.90	\$5,801.00	5.40%
Colorado (a)	\$107.20	\$114.20	6.60%	\$292.00	\$317.30	8.70%	\$401.40	\$433.90	8.10%
Connecticut (ac)	\$211.70	\$220.60	4.20%	\$395.90	\$419.70	6.00%	\$659.40	\$693.80	5.20%
Delaware (ac)	\$46.00	\$43.50	-5.50%	\$48.20	\$50.00	3.70%	\$96.50	\$96.20	-0.40%
District of Columbia	\$99.60	\$102.40	2.80%	\$230.60	\$105.90	-54.10%	\$449.80	\$232.00	-48.40%
Florida	\$366.60	\$350.10	-4.50%	\$388.50	\$393.60	1.30%	\$768.90	\$755.30	-1.80%
Georgia	\$205.10	\$186.70	-9.00%	\$257.60	\$228.90	-11.20%	\$472.00	\$415.60	-12.00%
Hawaii	\$58.30	\$60.40	3.70%	\$188.00	\$180.00	-4.30%	\$259.60	\$266.80	2.80%
Idaho	\$29.90	\$29.10	-2.80%	\$35.40	\$31.50	-11.00%	\$73.00	\$67.80	-7.10%
Illinois	\$325.10	\$320.80	-1.30%	\$764.80	\$757.10	-1.00%	\$1,110.30	\$1,098.40	-1.10%
Indiana	\$188.40	\$202.80	7.60%	\$371.80	\$354.20	-4.70%	\$569.00	\$562.60	-1.10%
Iowa	\$35.60	\$43.00	20.70%	\$333.80	\$358.30	7.30%	\$373.60	\$409.70	9.70%
Kansas	\$88.60	\$87.20	-1.60%	\$219.80	\$264.10	20.20%	\$321.70	\$364.60	13.30%
Kentucky	\$116.60	\$118.50	1.60%	\$100.60	\$106.60	6.00%	\$230.30	\$236.30	2.60%
Louisiana	\$182.50	\$190.90	4.60%	\$129.40	\$110.20	-14.90%	\$325.50	\$321.10	-1.30%
Maine (b)	\$55.80	\$63.30	13.40%	\$379.00	\$377.20	-0.50%	\$448.20	\$455.00	1.50%
Maryland (b)	\$244.30	\$244.90	0.30%	\$622.10	\$666.10	7.10%	\$898.90	\$944.10	5.00%
Massachusetts (a)	\$133.40	\$124.70	-6.50%	\$636.20	\$608.10	-4.40%	\$792.20	\$754.70	-4.70%
Michigan	\$226.50	\$240.80	6.30%	\$1,125.30	\$1,175.30	4.40%	\$1,358.30	\$1,423.30	4.80%
Minnesota	\$202.10	\$189.50	-6.20%	\$625.50	\$642.20	2.70%	\$833.30	\$837.40	0.50%
Mississippi	\$151.50	\$152.20	0.50%	\$164.90	\$164.30	-0.40%	\$319.70	\$319.90	0.10%
Missouri	\$236.90	\$253.90	7.20%	\$232.70	\$246.90	6.10%	\$482.10	\$514.10	6.60%
Montana	\$27.10	\$27.70	2.20%	\$116.50	\$123.80	6.20%	\$147.40	\$154.80	5.10%
Nebraska	\$46.60	\$47.70	2.40%	\$70.90	\$83.10	17.10%	\$118.60	\$131.70	11.00%
Nevada	\$68.70	\$62.60	-8.80%	\$137.30	\$94.00	-31.50%	\$210.80	\$168.50	-20.10%
New Hampshire	\$53.20	\$58.00	9.00%	\$120.50	\$121.60	0.90%	\$177.70	\$182.90	2.90%

Table 11: SMHA-Controlled Mental Health Expenditures, FY 2008 and FY 2009 (in millions) (Continued)

State	State Hospital Inpatient			Community Mental Health			Total SMHA Controlled		
	FY'08	FY'09	% Change	FY'08	FY'09	% Change	FY'08	FY'09	% Change
New Jersey (b)	\$502.50	\$504.40	0.40%	\$1,182.20	\$1,220.30	3.20%	\$1,706.80	\$1,746.10	2.30%
New Mexico (d)	\$21.80	\$24.70	13.10%	\$167.30	\$161.90	-3.20%	\$189.60	\$187.00	-1.40%
New York (b)	\$1,207.30	\$1,295.00	7.30%	\$3,079.20	\$3,200.60	3.90%	\$4,492.60	\$4,715.40	5.00%
North Carolina (b)	\$324.40	\$335.60	3.50%	\$1,472.90	\$1,272.70	-13.60%	\$1,808.30	\$1,620.80	-10.40%
North Dakota	\$10.80	\$13.80	27.10%	\$36.90	\$41.20	11.60%	\$47.80	\$55.10	15.20%
Ohio	\$228.70	\$217.70	-4.80%	\$630.90	\$608.10	-3.60%	\$891.10	\$856.40	-3.90%
Oklahoma	\$55.70	\$59.30	6.50%	\$131.10	\$135.80	3.60%	\$199.10	\$207.30	4.10%
Oregon	\$127.70	\$145.20	13.70%	\$335.70	\$398.90	18.80%	\$473.20	\$553.40	16.90%
Pennsylvania (b)	\$511.20	\$494.90	-3.20%	\$2,873.40	\$2,902.00	1.00%	\$3,396.30	\$3,409.60	0.40%
Rhode Island (c)*	\$32.90	\$31.00	-5.90%	\$82.10	\$80.10	-2.50%	\$116.90	\$112.40	-3.80%
South Carolina	\$88.90	\$82.70	-7.00%	\$181.10	\$172.40	-4.80%	\$288.20	\$272.30	-5.50%
South Dakota	\$43.10	\$42.00	-2.70%	\$23.60	\$25.10	6.40%	\$68.30	\$68.30	-0.10%
Tennessee	\$176.60	\$166.00	-6.00%	\$378.50	\$307.70	-18.70%	\$573.20	\$491.50	-14.30%
Texas (b)	\$349.90	\$375.60	7.30%	\$509.20	\$554.20	8.80%	\$874.00	\$946.60	8.30%
Utah (b)	\$54.20	\$54.40	0.30%	\$122.50	\$121.90	-0.50%	\$178.20	\$177.80	-0.20%
Vermont	\$21.50	\$21.80	1.40%	\$112.30	\$118.10	5.20%	\$138.60	\$144.50	4.30%
Virginia (b)	\$332.10	\$332.10	0.00%	\$357.40	\$374.30	4.70%	\$709.90	\$728.30	2.60%
Washington	\$241.40	\$230.00	-4.70%	\$498.60	\$518.90	4.10%	\$754.60	\$762.10	1.00%
West Virginia (ac)	\$47.00	\$47.40	0.90%	\$96.30	\$91.20	-5.30%	\$143.50	\$139.00	-3.10%
Wisconsin (b)	\$196.20	\$210.10	7.10%	\$391.80	\$475.20	21.30%	\$589.00	\$686.50	16.50%
Wyoming	\$22.10	\$24.20	9.10%	\$52.00	\$57.60	10.60%	\$75.40	\$83.60	10.80%
Total	\$9,588	\$9,786	2.10%	\$26,410	\$26,940	2.00%	\$36,912	\$37,582	1.80%
Average (Mean)	\$188	\$192	2.30%	\$518	\$528	0.90%	\$724	\$737	1.20%
Median	\$117	\$119	1.40%	\$233	\$247	3.40%	\$401	\$247	2.30%
State Reporting	51	51	51	51	51	51	51	51	51
State Increasing			32			31			30
State Decreasing			18			20			19

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

d = The New Mexico SMHA system was redesigned in FY 2007, and as a result, the system reported a significant increase in mental health funding compared with prior years. This is an artifact of the SMHA reorganization and not any significant increase in funding for mental health.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).
Note: Total percent changes are calculated based only on states reporting data for both years being compared.

Table 12: SMHA-Controlled Mental Health per Capita Expenditures, FY 2001, FY 2008, and FY 2009 (in millions)

State	State Psychiatric Hospital Inpatient			Community Mental Health			Total SMHA Controlled			% Change FY'01-FY'09	
	FY'01	FY'08	FY'09	FY'01-FY'09 % Change	FY'01	FY'08	FY'09	FY'01	FY'08		FY'09
Alabama	\$23.30	\$35.90	\$35.10	59.2%	\$32.00	\$41.10	\$40.70	\$56.90	\$79.40	\$77.90	44.3%
Alaska (a)	\$27.90	\$40.60	\$39.80	58.7%	\$50.70	\$231.10	\$242.50	\$83.70	\$277.00	\$289.70	284.9%
Arizona	\$8.80	\$12.00	\$11.10	56.8%	\$78.70	\$158.00	\$181.30	\$89.50	\$173.90	\$196.10	173.0%
Arkansas (a)	\$8.70	\$14.00	\$14.90	84.5%	\$18.30	\$25.10	\$25.70	\$28.20	\$40.50	\$42.80	62.8%
California (b)	\$16.60	\$32.00	\$45.10	116.9%	\$74.10	\$116.60	\$122.20	\$91.60	\$150.30	\$157.60	84.3%
Colorado (a)	\$19.00	\$21.80	\$22.90	36.6%	\$44.80	\$59.40	\$63.50	\$64.10	\$81.70	\$86.80	53.5%
Connecticut (ac)	\$51.80	\$78.90	\$81.60	65.2%	\$78.10	\$113.30	\$119.50	\$128.40	\$188.70	\$197.60	57.9%
Delaware (ac)	\$79.60	\$52.90	\$49.30	-8.3%	\$31.20	\$55.40	\$56.70	\$92.90	\$111.10	\$109.10	30.9%
District of Columbia	\$179.90	\$208.80	\$212.20	-0.8%	\$214.80	\$391.60	\$177.50	\$394.70	\$763.80	\$388.80	2.4%
Florida	\$20.10	\$25.70	\$24.30	39.0%	\$19.40	\$21.30	\$21.30	\$35.50	\$42.10	\$40.90	30.6%
Georgia	\$20.80	\$21.30	\$19.10	7.5%	\$22.10	\$26.80	\$23.50	\$45.60	\$49.10	\$42.60	9.2%
Hawaii	\$38.20	\$46.60	\$48.00	78.6%	\$129.80	\$150.40	\$143.10	\$181.90	\$207.60	\$212.20	24.9%
Idaho	\$16.70	\$19.70	\$18.90	32.0%	\$28.40	\$23.30	\$20.50	\$46.00	\$48.00	\$44.00	12.0%
Illinois	\$24.60	\$25.30	\$24.90	4.6%	\$37.30	\$59.40	\$58.80	\$63.30	\$86.30	\$85.30	39.1%
Indiana	\$24.00	\$29.60	\$31.60	38.1%	\$42.70	\$58.30	\$55.20	\$67.30	\$89.30	\$87.70	36.6%
Iowa	\$12.30	\$11.90	\$14.30	19.1%	\$39.50	\$111.20	\$119.20	\$52.00	\$124.50	\$136.30	168.9%
Kansas	\$21.40	\$31.80	\$31.10	51.8%	\$38.00	\$79.00	\$94.30	\$60.30	\$115.60	\$130.20	125.3%
Kentucky	\$33.00	\$35.90	\$36.20	17.6%	\$22.90	\$23.60	\$24.80	\$48.70	\$54.10	\$55.10	20.0%
Louisiana	\$26.20	\$41.50	\$42.70	64.2%	\$18.20	\$29.40	\$24.60	\$45.20	\$74.00	\$71.80	59.8%
Maine (b)*	\$42.10	\$53.80	\$60.70	*	\$69.90	\$288.70	\$286.80	\$107.40	\$341.30	\$346.00	*
Maryland (b)	\$38.10	\$43.60	\$43.20	20.3%	\$83.20	\$111.00	\$117.50	\$127.00	\$160.40	\$166.50	39.3%
Massachusetts (a)	\$19.20	\$20.50	\$18.90	1.6%	\$84.10	\$98.00	\$92.30	\$106.50	\$122.00	\$114.60	10.6%
Michigan	\$29.50	\$22.70	\$24.20	-18.4%	\$54.00	\$112.50	\$117.90	\$84.40	\$135.80	\$142.80	68.6%
Minnesota	\$31.10	\$38.70	\$36.00	22.4%	\$72.20	\$119.90	\$122.00	\$104.00	\$159.80	\$159.10	61.7%
Mississippi	\$51.90	\$51.80	\$51.80	3.4%	\$34.10	\$56.40	\$56.00	\$87.00	\$109.40	\$109.00	29.6%
Missouri	\$30.10	\$40.20	\$42.50	49.8%	\$26.90	\$39.50	\$41.40	\$59.80	\$81.80	\$86.20	52.9%
Montana	\$28.70	\$28.10	\$28.50	42.5%	\$98.00	\$120.90	\$127.40	\$123.80	\$152.90	\$159.30	38.6%
Nebraska	\$32.10	\$26.20	\$26.60	-13.1%	\$17.60	\$39.90	\$46.40	\$50.60	\$66.80	\$73.60	52.2%
Nevada	\$20.80	\$26.50	\$32.10	44.0%	\$36.20	\$53.00	\$35.70	\$57.60	\$81.40	\$64.00	40.1%
New Hampshire	\$33.00	\$40.50	\$43.80	39.7%	\$76.70	\$91.70	\$91.90	\$111.80	\$135.10	\$138.20	30.2%
New Jersey (b)	\$35.00	\$75.90	\$75.80	69.8%	\$53.40	\$136.30	\$140.30	\$89.90	\$196.90	\$200.80	128.8%
New Mexico (d)	\$12.10	\$14.80	\$16.60	12.8%	\$20.20	\$84.70	\$81.00	\$32.50	\$96.00	\$93.50	216.9%

Table 12: SMHA-Controlled Mental Health per Capita Expenditures, FY 2001, FY 2008, and FY 2009 (in millions) (Continued)

State	State Psychiatric Hospital Inpatient			% Change			Community Mental Health			% Change			Total SMHA Controlled			% Change
	FY'01	FY'08	FY'09	FY'01-FY'09	FY'08	FY'09	FY'01	FY'08	FY'09	FY'01-FY'09	FY'08	FY'09	FY'01	FY'08	FY'09	FY'01-FY'09
New York (b)	\$52.10	\$62.00	\$66.30	30.5%	\$158.20	\$164.00	\$174.80	\$230.80	\$241.60	44.80%	\$230.80	\$241.60	\$174.80	\$230.80	\$241.60	41.5%
North Carolina (b)	\$37.00	\$35.60	\$36.20	11.8%	\$161.50	\$137.10	\$54.20	\$198.20	\$174.70	812.10%	\$198.20	\$174.70	\$54.20	\$198.20	\$174.70	268.7%
North Dakota	\$35.60	\$17.10	\$21.50	-38.4%	\$42.60	\$64.40	\$79.30	\$75.40	\$86.00	54.00%	\$75.40	\$86.00	\$79.30	\$75.40	\$86.00	10.5%
Ohio	\$22.80	\$19.90	\$18.90	12.3%	\$41.30	\$52.70	\$60.80	\$77.60	\$74.30	29.50%	\$77.60	\$74.30	\$60.80	\$77.60	\$74.30	23.7%
Oklahoma	\$11.80	\$15.40	\$16.20	45.8%	\$25.40	\$37.10	\$39.60	\$55.00	\$56.60	55.30%	\$55.00	\$56.60	\$39.60	\$55.00	\$56.60	52.3%
Oregon	\$23.30	\$43.80	\$49.30	79.3%	\$33.40	\$104.40	\$58.20	\$125.00	\$144.80	244.50%	\$125.00	\$144.80	\$58.20	\$125.00	\$144.80	174.1%
Pennsylvania (b)	\$42.50	\$52.80	\$50.40	24.0%	\$117.80	\$230.40	\$151.40	\$273.00	\$270.70	100.50%	\$273.00	\$270.70	\$151.40	\$273.00	\$270.70	83.3%
Rhode Island (c)**	\$29.40	\$31.40	\$29.50	30.6%	\$63.20	\$76.40	\$87.70	\$111.70	\$107.20	20.20%	\$111.70	\$107.20	\$87.70	\$111.70	\$107.20	21.6%
South Carolina	\$27.00	\$20.00	\$18.30	-24.0%	\$43.30	\$38.10	\$74.40	\$64.90	\$60.20	-1.00%	\$64.90	\$60.20	\$74.40	\$64.90	\$60.20	-9.1%
South Dakota	\$40.50	\$53.80	\$51.90	37.1%	\$18.90	\$31.10	\$60.50	\$85.30	\$84.40	75.70%	\$85.30	\$84.40	\$60.50	\$85.30	\$84.40	49.4%
Tennessee	\$22.10	\$28.50	\$26.40	30.9%	\$44.90	\$49.00	\$68.90	\$92.40	\$78.30	19.40%	\$92.40	\$78.30	\$68.90	\$92.40	\$78.30	24.4%
Texas (b)	\$14.40	\$14.50	\$15.20	22.7%	\$21.80	\$22.50	\$37.60	\$36.10	\$38.40	19.90%	\$36.10	\$38.40	\$37.60	\$36.10	\$38.40	18.8%
Utah (b)	\$18.10	\$19.90	\$19.60	31.8%	\$51.10	\$43.90	\$69.70	\$65.30	\$64.00	4.30%	\$65.30	\$64.00	\$69.70	\$65.30	\$64.00	11.6%
Vermont	\$20.50	\$43.70	\$44.10	127.7%	\$110.90	\$190.20	\$130.20	\$223.30	\$232.70	74.00%	\$223.30	\$232.70	\$130.20	\$223.30	\$232.70	81.4%
Virginia (b)	\$39.40	\$43.40	\$42.80	19.6%	\$23.10	\$48.20	\$66.20	\$92.80	\$93.80	130.00%	\$92.80	\$93.80	\$66.20	\$92.80	\$93.80	56.1%
Washington	\$28.30	\$37.10	\$34.80	37.0%	\$58.20	\$78.50	\$88.50	\$116.10	\$115.20	50.10%	\$116.10	\$115.20	\$88.50	\$116.10	\$115.20	45.0%
West Virginia (ac)	\$26.30	\$32.90	\$33.10	28.4%	\$27.00	\$50.20	\$48.50	\$79.20	\$76.50	88.00%	\$79.20	\$76.50	\$48.50	\$79.20	\$76.50	59.6%
Wisconsin (b)	\$20.30	\$34.90	\$37.20	91.5%	\$54.30	\$84.10	\$75.00	\$104.70	\$121.50	61.90%	\$104.70	\$121.50	\$75.00	\$104.70	\$121.50	69.3%
Wyoming	\$26.70	\$41.80	\$44.70	84.9%	\$33.10	\$106.50	\$61.50	\$142.50	\$154.70	255.40%	\$142.50	\$154.70	\$61.50	\$142.50	\$154.70	177.7%
Total	\$26.80	\$33.10	\$34.60	25.00%	\$53.30	\$88.10	\$81.00	\$121.90	\$122.90	65.30%	\$121.90	\$122.90	\$81.00	\$121.90	\$122.90	78.70%
Average (Mean)	\$31.30	\$37.60	\$38.40	35.90%	\$52.80	\$89.80	\$84.40	\$134.20	\$129.00	101.60%	\$134.20	\$129.00	\$84.40	\$134.20	\$129.00	70.20%
Median	\$26.70	\$32.90	\$34.80	32.00%	\$42.60	\$76.40	\$68.90	\$109.40	\$109.00	57.00%	\$109.40	\$109.00	\$68.90	\$109.40	\$109.00	49.40%
State Reporting	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51
State Increasing				45						48						50
State Decreasing				6						3						1

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

d = The New Mexico SMHA system was redesigned in FY 2007, and as a result, the system reported a significant increase in mental health funding compared with prior years. This is an artifact of the SMHA reorganization and not any significant increase in funding for mental health.

*In FY 2006, Maine instituted a more comprehensive methodology to calculate revenues and expenditures. This methodology change accounts for the large increase in expenditures between FY 2001 and current reporting. For this reason, changes in expenditures between FY 2001 and the present are not reported.

**Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

VIII. State-by-State Tables: SMHA-Controlled Revenues

Table 13: FY 2009 SMHA-controlled mental health revenues, by revenue sources, (in millions)

Table 14: FY 2009 SMHA-controlled Medicaid revenues for mental health, as a percentage of total state Medicaid spending

Table 13: SMHA-Controlled Mental Health Revenues, by Revenue Sources, FY 2009 (in millions)

State	State General Funds		Total Medicaid*		Medicare		Mental Health Block Grant		Other Federal		Local Gov't		Other Revenues**		Total Revenues	Per Capita
	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	
Alabama	\$196.1	53%	\$130.8	36%	\$16.9	5%	\$5.9	2%	\$1.1	0%	\$0.0	0%	\$16.2	4%	\$367.0	\$78.2
Alaska (a)	\$44.5	22%	\$147.2	74%	\$2.5	1%	\$0.6	0%	\$1.0	1%	\$0.0	0%	\$2.1	1%	\$198.0	\$289.7
Arizona	\$169.5	13%	\$1,056.6	82%	\$0.4	0%	\$8.1	1%	\$6.2	0%	\$0.0	0%	\$43.1	3%	\$1,283.9	\$195.3
Arkansas (a)	\$68.1	55%	\$36.5	30%	\$3.7	3%	\$3.7	3%	\$6.4	5%	\$0.0	0%	\$4.9	4%	\$123.3	\$42.8
California (b)	\$2,239.4	39%	\$2,638.2	45%	\$40.4	1%	\$59.2	1%	\$7.4	0%	\$0.0	0%	\$816.5	14%	\$5,801.0	\$157.6
Colorado (a)	\$148.4	34%	\$268.3	62%	\$5.8	1%	\$6.0	1%	\$2.5	1%	\$1.0	0%	\$1.9	0%	\$433.9	\$86.8
Connecticut (ac)	\$659.2	90%	\$25.2	3%	\$10.8	1%	\$4.4	1%	\$17.0	2%	\$0.0	0%	\$16.1	2%	\$732.7	\$208.7
Delaware (ac)	\$77.3	79%	\$16.7	17%	\$0.4	0%	\$0.5	1%	\$2.1	2%	\$0.0	0%	\$1.3	1%	\$98.4	\$111.6
District of Columbia	\$212.7	92%	\$13.3	6%	\$3.2	1%	\$0.8	0%	\$2.0	1%	\$0.0	0%	\$0.0	0%	\$232.0	\$388.8
Florida	\$562.5	74%	\$127.6	17%	\$0.0	0%	\$25.3	3%	\$39.9	5%	\$0.0	0%	\$0.0	0%	\$755.3	\$40.9
Georgia	\$336.5	81%	\$3.4	1%	\$13.8	3%	\$14.8	4%	\$3.0	1%	\$0.0	0%	\$44.0	11%	\$415.6	\$42.6
Hawaii	\$215.1	88%	\$22.0	9%	\$0.4	0%	\$1.9	1%	\$4.8	2%	\$0.0	0%	\$0.3	0%	\$244.5	\$194.4
Idaho	\$49.2	73%	\$7.0	10%	\$1.7	3%	\$2.0	3%	\$6.4	9%	\$0.0	0%	\$1.5	2%	\$67.8	\$44.0
Illinois	\$611.2	56%	\$453.3	41%	\$9.9	1%	\$16.1	1%	\$5.8	1%	\$0.0	0%	\$2.1	0%	\$1,098.4	\$85.3
Indiana	\$197.5	35%	\$345.9	61%	\$5.4	1%	\$7.1	1%	\$4.8	1%	\$0.0	0%	\$1.9	0%	\$562.6	\$87.7
Iowa	\$73.8	18%	\$239.2	59%	\$3.0	1%	\$2.6	1%	\$15.0	4%	\$45.2	11%	\$27.8	7%	\$406.6	\$135.3
Kansas	\$108.6	30%	\$243.5	67%	\$9.5	3%	\$2.6	1%	\$0.5	0%	NA	0%	NA	0%	\$364.7	\$130.3
Kentucky	\$134.1	57%	\$75.2	32%	\$13.7	6%	\$5.1	2%	\$4.0	2%	\$0.0	0%	\$4.2	2%	\$236.3	\$55.1
Louisiana	\$175.8	55%	\$99.7	31%	\$1.0	0%	\$4.2	1%	\$23.3	7%	\$0.0	0%	\$17.1	5%	\$321.1	\$71.8
Maine (b)	\$60.3	13%	\$391.7	86%	\$0.0	0%	\$1.5	0%	\$1.4	0%	\$0.0	0%	\$0.0	0%	\$455.0	\$346.0
Maryland (b)	\$632.0	67%	\$295.2	31%	\$0.0	0%	\$7.4	1%	\$9.5	1%	\$0.0	0%	\$0.0	0%	\$944.1	\$166.5
Massachusetts (a)	\$741.1	83%	\$129.6	14%	\$8.4	1%	\$7.6	1%	\$5.8	1%	\$0.0	0%	\$5.0	1%	\$897.5	\$136.2
Michigan	\$335.6	24%	\$974.0	68%	NA	NA	\$17.7	1%	\$33.5	2%	\$29.8	2%	\$32.7	2%	\$1,423.3	\$142.8
Minnesota	\$380.8	45%	\$373.3	45%	\$4.5	1%	\$8.1	1%	\$13.1	2%	\$34.0	4%	\$23.7	3%	\$837.4	\$159.1
Mississippi	\$149.2	47%	\$141.5	44%	\$8.0	3%	\$4.1	1%	\$3.7	1%	\$0.0	0%	\$13.4	4%	\$319.9	\$109.0
Missouri	\$353.6	53%	\$275.8	41%	\$13.8	2%	\$6.9	1%	\$14.8	2%	\$0.0	0%	\$3.1	0%	\$668.1	\$112.0
Montana	\$51.5	33%	\$100.0	65%	NA	NA	\$1.1	1%	\$2.2	1%	\$0.0	0%	NA	0%	\$154.8	\$159.3
Nebraska	\$94.2	72%	\$17.6	13%	\$0.5	0%	\$2.3	2%	\$1.1	1%	\$0.0	0%	\$16.1	12%	\$131.7	\$73.6
Nevada	\$135.0	81%	\$15.4	9%	\$6.8	4%	\$3.5	2%	\$4.0	2%	\$0.0	0%	\$2.7	2%	\$167.4	\$63.6

Table 13: SMHA-Controlled Mental Health Revenues, by Revenue Sources, FY 2009 (in millions) (Continued)

State	State General Funds		Total Medicaid*		Medicare		Mental Health Block Grant		Other Federal		Local Gov't		Other Revenues**		Total Revenues	Per Capita
	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	
New Hampshire	\$14.7	8%	\$149.9	82%	\$10.2	6%	\$1.5	1%	\$0.6	0%	\$0.0	0%	\$6.1	3%	\$182.9	\$138.2
New Jersey (b)	\$1,043.6	60%	\$481.5	28%	\$60.5	3%	\$10.1	1%	\$5.8	0%	\$66.3	4%	\$78.3	4%	\$1,746.1	\$200.8
New Mexico	\$66.9	36%	\$116.9	63%	\$0.8	0%	\$2.4	1%	\$0.0	0%	\$0.0	0%	\$0.0	0%	\$187.0	\$93.5
New York (b)	\$1,215.5	27%	\$2,607.6	57%	\$257.1	6%	\$25.6	1%	\$89.3	2%	\$86.0	2%	\$267.8	6%	\$4,548.9	\$233.1
North Carolina (b)	\$400.5	25%	\$1,148.3	71%	\$18.4	1%	\$10.0	1%	\$1.6	0%	\$23.1	1%	\$18.8	1%	\$1,620.8	\$174.7
North Dakota	\$24.5	44%	\$12.7	23%	\$3.7	7%	\$0.9	2%	\$5.3	10%	\$0.0	0%	\$8.0	15%	\$55.1	\$86.0
Ohio	\$481.9	35%	\$386.8	28%	\$17.2	1%	\$13.9	1%	\$14.5	1%	\$457.9	33%	\$1.6	0%	\$1,373.7	\$119.1
Oklahoma	\$162.2	78%	\$27.4	13%	\$5.8	3%	\$4.4	2%	\$1.2	1%	\$0.0	0%	\$6.3	3%	\$207.3	\$56.6
Oregon	\$204.6	37%	\$333.0	60%	\$0.0	0%	\$3.6	1%	\$0.7	0%	\$0.0	0%	\$11.5	2%	\$553.4	\$144.8
Pennsylvania (b)	\$975.8	28%	\$2,356.8	68%	\$25.4	1%	\$14.7	0%	\$52.8	2%	\$20.0	1%	\$12.0	0%	\$3,457.5	\$274.5
Rhode Island (c)	\$9.5	8%	\$100.7	90%	NA	NA	\$1.4	1%	\$0.8	1%	\$0.0	0%	NA	0%	\$112.4	\$107.2
South Carolina	\$128.2	46%	\$125.6	45%	\$2.8	1%	\$4.9	2%	\$3.2	1%	\$3.7	1%	\$8.9	3%	\$277.3	\$61.3
South Dakota	\$36.8	53%	\$25.7	37%	\$5.0	7%	\$0.9	1%	\$0.8	1%	\$0.0	0%	\$0.6	1%	\$69.8	\$86.3
Tennessee	\$189.5	39%	\$275.3	56%	\$9.4	2%	\$8.0	2%	\$5.9	1%	\$0.0	0%	\$3.4	1%	\$491.5	\$78.3
Texas (b)	\$655.0	69%	\$154.0	16%	\$31.5	3%	\$31.8	3%	\$34.3	4%	\$22.2	2%	\$17.8	2%	\$946.6	\$38.4
Utah (b)	\$40.0	22%	\$128.8	72%	\$1.5	1%	\$3.0	2%	\$2.8	2%	NA	0%	\$1.7	1%	\$177.8	\$64.0
Vermont	\$22.6	16%	\$118.3	82%	\$0.0	0%	\$0.7	0%	\$2.7	2%	\$0.0	0%	\$0.2	0%	\$144.5	\$232.7
Virginia (b)	\$445.1	61%	\$242.2	33%	\$20.1	3%	\$8.8	1%	\$1.1	0%	\$0.0	0%	\$13.2	2%	\$730.5	\$94.1
Washington	\$207.3	27%	\$501.7	66%	\$23.4	3%	\$8.3	1%	\$2.2	0%	\$0.0	0%	\$19.4	3%	\$762.3	\$115.3
West Virginia (ac)	\$66.9	48%	\$63.5	46%	\$3.2	2%	\$3.3	2%	\$0.9	1%	\$0.0	0%	\$1.2	1%	\$139.0	\$76.5
Wisconsin (b)	\$287.2	42%	\$232.1	34%	\$8.7	1%	\$7.4	1%	\$5.5	1%	\$134.8	20%	\$10.8	2%	\$686.5	\$121.5
Wyoming	\$62.1	73%	\$19.0	23%	\$0.0	0%	\$0.4	1%	\$3.0	4%	\$0.0	0%	\$0.0	0%	\$84.5	\$156.3
Total	\$15,953.1	42%	\$18,271.3	48%	\$689.3	2%	\$397.1	1%	\$477.3	1%	\$924.0	2%	\$1,585.5	4%	\$38,297.7	\$125.2
Average (Mean)	\$312.8		\$358.3		\$13.5		\$7.8		\$9.4		\$18.1		\$31.1		\$750.9	
Median	\$175.8		\$141.5		\$7.4		\$4.7		\$4.0		\$31.9		\$8.0		\$406.6	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

**"Total Medicaid" column includes state Medicaid and federal Medicaid matches.

***"Other Revenues" column includes first-party and third-party payments and other revenues.

Table 14: SMHA-Controlled Medicaid Revenues for Mental Health, as a Percentage of Total State Medicaid Spending, FY 2009

State	SMHA-Controlled Medicaid Revenues				Total Medicaid Revenues
	State Match	Federal	Total SMHA Medicaid	%	
Alabama	24,400,000	106,400,000	130,800,000	2.6%	\$5,048,000,000
Alaska (a)	60,172,400	87,018,270	147,190,670	14.5%	\$1,018,000,000
Arizona	295,400,000	761,200,000	1,056,600,000	13.3%	\$7,972,000,000
Arkansas (a)	0	36,455,009	36,455,009	1.0%	\$3,577,000,000
California (b)	1,319,087,904	1,319,087,904	2,638,175,808	6.6%	\$40,235,000,000
Colorado (a)	118,038,495	150,222,259	268,260,754	6.6%	\$4,053,000,000
Connecticut (ac)	12,600,000	12,600,000	25,200,000	0.5%	\$5,382,000,000
Delaware (ac)	7,951,154	8,767,254	16,718,408	1.6%	\$1,077,000,000
District of Columbia	6,487,224	6,800,686	13,287,910	NR	NR
Florida	55,848,666	71,798,120	127,646,786	0.8%	\$15,887,000,000
Georgia	NA	3,388,857	3,388,857	0.0%	\$7,592,000,000
Hawaii	0	22,000,000	22,000,000	1.7%	\$1,331,000,000
Idaho	2,221,000	4,747,400	6,968,400	0.5%	\$1,441,000,000
Illinois	205,300,000	248,000,000	453,300,000	3.2%	\$14,348,000,000
Indiana	124,438,920	221,419,608	345,858,528	6.2%	\$5,595,000,000
Iowa	69,700,000	169,500,000	239,200,000	7.6%	\$3,132,000,000
Kansas	87,500,000	156,000,000	243,500,000	10.0%	\$2,423,000,000
Kentucky	22,300,000	52,900,000	75,200,000	1.4%	\$5,509,000,000
Louisiana	28,326,794	71,415,440	99,742,234	1.6%	\$6,169,000,000
Maine (b)	140,732,173	250,974,293	391,706,466	16.2%	\$2,416,000,000
Maryland (b)	23,700,000	271,500,000	295,200,000	4.8%	\$6,212,000,000
Massachusetts (a)	0	129,600,000	129,600,000	1.5%	\$8,679,000,000
Michigan	258,800,000	715,200,000	974,000,000	9.2%	\$10,542,000,000
Minnesota	158,333,068	214,958,473	373,291,541	5.6%	\$6,627,000,000
Mississippi	23,100,000	118,400,000	141,500,000	3.3%	\$4,307,000,000
Missouri	47,889,544	227,878,949	275,768,493	3.7%	\$7,483,000,000
Montana	23,727,300	76,291,718	100,019,018	11.9%	\$841,000,000
Nebraska	6,846,639	10,710,829	17,557,468	1.1%	\$1,608,000,000
Nevada	7,945,868	7,454,998	15,400,866	1.2%	\$1,333,000,000
New Hampshire	70,298,566	79,596,526	149,895,092	11.4%	\$1,318,000,000
New Jersey (b)	229,126,087	252,413,087	481,539,174	5.0%	\$9,682,000,000
New Mexico	28,708,845	88,180,516	116,889,361	3.7%	\$3,186,000,000
New York (b)	1,296,200,000	1,311,400,000	2,607,600,000	8.0%	\$32,428,000,000
North Carolina (b)	312,238,781	836,094,992	1,148,333,773	10.7%	\$10,721,000,000
North Dakota	595,654	12,083,904	12,679,558	2.3%	\$554,000,000
Ohio	41,586,204	345,173,517	386,759,721	2.8%	\$14,051,000,000
Oklahoma	8,400,000	19,000,000	27,400,000	0.7%	\$3,968,000,000
Oregon	120,583,980	212,379,701	332,963,681	9.5%	\$3,505,000,000
Pennsylvania (b)	1,171,806,433	1,184,981,434	2,356,787,867	12.2%	\$19,264,000,000
Rhode Island (c)	38,439,530	62,278,904	100,718,434	5.5%	\$1,831,000,000
South Carolina	26,100,000	99,500,000	125,600,000	2.6%	\$4,848,000,000
South Dakota	8,455,208	17,251,284	25,706,492	3.3%	\$768,000,000
Tennessee	79,500,000	195,800,000	275,300,000	3.7%	\$7,389,000,000

Table 14: SMHA-Controlled Medicaid Revenues for Mental Health, as a Percentage of Total State Medicaid Spending, FY 2009 (Continued)

State	SMHA-Controlled Medicaid Revenues				Total Medicaid Revenues
	State Match	Federal	Total SMHA Medicaid	%	
Texas (b)	54,000,000	100,000,000	154,000,000	2.3%	\$6,710,000,000
Utah (b)	30,533,896	98,311,223	128,845,119	7.5%	\$1,723,000,000
Vermont	40,100,000	78,200,000	118,300,000	10.7%	\$1,101,000,000
Virginia (b)	121,100,000	121,100,000	242,200,000	4.0%	\$6,079,000,000
Washington	218,600,000	283,100,000	501,700,000	6.9%	\$7,223,000,000
West Virginia (ac)	13,200,000	50,300,000	63,500,000	2.6%	\$2,433,000,000
Wisconsin (b)	80,291,919	151,783,663	232,075,582	3.9%	\$5,926,000,000
Wyoming	7,839,490	11,179,166	19,018,656	3.5%	\$537,000,000
Total	\$7,128,551,741	\$11,142,797,984	\$18,271,349,726	5.6%	\$327,082,000,000
Average (Mean)	\$139,775,524	\$218,486,235	\$358,261,759	5.4%	\$6,541,640,000
Median	\$47,889,544	\$100,000,000	\$141,500,000	3.7%	\$4,948,000,000

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
 b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
 c = Children's mental health expenditures are not included in SMHA-controlled expenditures.
 NA = Services provided but exact expenditures are unallocatable.
 NR = The District of Columbia did not report data.
 Note: Total state Medicaid expenditures from NGA/NASBO's The Fiscal Survey of States, FY 2009.

IX. State-by-State Tables: SMHA-Controlled Community Mental Health Expenditures

Table 15: FY 2009 SMHA-controlled mental health expenditures, by type of service at community-based programs (in millions)

Table 16: FY 2009 SMHA-controlled per capita expenditures for community-based programs (in millions)

Table 17: FY 2009 SMHA-controlled mental health expenditures at community-based programs, by age group (in millions)

Table 15: SMHA-Controlled Mental Health Expenditures, by Type of Service at Community-Based Programs, FY 2009 (in millions)

State	Inpatient	%	Other 24-Hour Care	%	Less Than 24-Hour Care	%	Other/Not Available	%	Community Expenditures	Total Rank
Alabama	\$2.40	1%	\$43.60	23%	\$115.00	60%	\$29.80	16%	\$190.80	28
Alaska (a)	\$65.60	40%	\$19.30	12%	\$80.90	49%	\$0.00	0%	\$165.80	30
Arizona	\$169.10	14%	\$109.60	9%	\$913.20	77%	\$0.00	0%	\$1,191.90	6
Arkansas (a)	NA	0%	NA	NA	\$41.00	100%	NA	NA	\$41.00	48
California (b)	\$321.50	7%	\$405.40	9%	\$3,276.50	73%	\$495.50	11%	\$4,498.90	1
Colorado (a)	\$0.00	0%	\$0.60	0%	\$3.20	1%	\$309.90	99%	\$313.70	23
Connecticut (ac)	\$51.00	12%	\$88.30	21%	\$280.40	67%	\$0.00	0%	\$419.70	16
Delaware (ac)	\$3.10	6%	\$16.80	34%	\$24.20	48%	\$5.90	12%	\$50.00	46
District of Columbia	\$0.00	0%	\$5.00	5%	\$100.90	95%	\$0.00	0%	\$105.90	39
Florida	\$0.00	0%	\$95.10	24%	\$298.50	76%	\$0.00	0%	\$393.60	18
Georgia	NA	0%	NA	NA	\$228.90	100%	\$0.00	0%	\$228.90	26
Hawaii	\$15.20	9%	\$48.80	27%	\$111.80	62%	\$4.20	2%	\$180.00	29
Idaho	\$0.00	0%	\$1.80	6%	\$29.70	94%	\$0.00	0%	\$31.50	50
Illinois	\$256.90	34%	\$130.20	17%	\$370.00	49%	\$0.00	0%	\$757.10	8
Indiana	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$354.20	100%	\$354.20	21
Iowa	\$46.60	13%	\$57.50	17%	\$245.40	70%	NA	NA	\$349.50	22
Kansas	NA	0%	\$89.90	34%	\$174.20	66%	NA	NA	\$264.10	25
Kentucky	\$0.00	0%	\$24.60	23%	\$82.00	77%	\$0.00	0%	\$106.60	38
Louisiana	\$8.00	8%	\$1.60	2%	\$94.80	91%	\$0.00	0%	\$104.40	40
Maine (b)	\$56.40	15%	\$127.30	34%	\$190.60	51%	\$3.00	1%	\$377.20	19
Maryland (b)	\$127.40	20%	\$82.30	13%	\$424.90	67%	\$0.00	0%	\$634.60	10
Massachusetts (a)	\$87.20	15%	\$277.80	46%	\$235.90	39%	\$0.00	0%	\$600.90	12
Michigan	\$141.30	12%	\$212.20	18%	\$601.80	51%	\$220.00	19%	\$1,175.30	7
Minnesota	\$148.50	23%	\$65.50	10%	\$426.00	67%	\$0.00	0%	\$640.00	9
Mississippi	\$0.00	0%	\$0.00	0%	\$156.00	100%	\$0.00	0%	\$156.00	32
Missouri	\$3.00	1%	\$26.00	12%	\$191.80	87%	\$0.00	0%	\$220.80	27
Montana	\$6.00	5%	\$48.60	40%	\$66.90	55%	NA	NA	\$121.50	36
Nebraska	\$22.10	27%	\$11.60	14%	\$49.30	59%	\$0.00	0%	\$83.10	44
Nevada	\$0.00	0%	\$14.70	16%	\$71.20	76%	\$8.10	9%	\$94.00	42
New Hampshire	\$1.70	2%	\$14.10	14%	\$72.50	72%	\$12.30	12%	\$100.80	41

Table 15: SMHA-Controlled Mental Health Expenditures, by Type of Service at Community-Based Programs, FY 2009 (in millions) (Continued)

State	Inpatient	%	Other 24-Hour Care	%	Less Than 24-Hour Care	%	Other/Not Available	%	Community Expenditures	Total Rank
New Jersey (b)	\$209.00	17%	\$402.30	33%	\$536.40	44%	\$72.50	6%	\$1,220.30	5
New Mexico	\$16.20	11%	\$41.30	29%	\$84.70	60%	\$0.00	0%	\$142.20	33
New York (b)	\$617.70	23%	\$558.20	21%	\$1,551.80	57%	\$0.00	0%	\$2,727.70	3
North Carolina (b)	\$69.90	6%	\$225.70	18%	\$919.80	74%	\$24.80	2%	\$1,240.20	4
North Dakota	\$0.60	2%	\$6.40	19%	\$26.70	79%	\$0.00	0%	\$33.70	49
Ohio	\$2.80	1%	\$45.90	8%	\$559.40	92%	NA	NA	\$608.10	11
Oklahoma	\$16.80	12%	\$5.70	4%	\$113.30	83%	\$0.00	0%	\$135.80	34
Oregon	\$21.50	5%	\$82.50	21%	\$105.10	26%	\$189.80	48%	\$398.90	17
Pennsylvania (b)	\$214.30	7%	\$50.00	2%	\$2,395.70	83%	\$242.10	8%	\$2,902.00	2
Rhode Island (c)	\$3.00	4%	\$17.80	22%	\$59.30	74%	NA	NA	\$80.10	45
South Carolina	\$0.50	0%	\$27.90	17%	\$134.10	82%	\$0.70	0%	\$163.20	31
South Dakota	\$0.00	0%	\$0.00	0%	\$25.10	100%	\$0.00	0%	\$25.10	51
Tennessee	\$109.00	35%	\$0.00	0%	\$198.70	65%	\$0.00	0%	\$307.70	24
Texas (b)	\$23.70	4%	\$35.20	7%	\$0.00	0%	\$484.20	89%	\$543.10	13
Utah (b)	\$4.60	4%	\$4.50	4%	\$112.80	93%	NA	NA	\$121.90	35
Vermont	\$0.00	0%	\$19.10	16%	\$99.00	84%	\$0.00	0%	\$118.10	37
Virginia (b)	\$10.30	3%	\$93.60	25%	\$270.40	72%	\$0.00	0%	\$374.30	20
Washington	\$60.20	12%	\$14.60	3%	\$442.40	85%	\$1.70	0%	\$518.90	14
West Virginia (ac)	\$9.20	10%	\$1.70	2%	\$80.30	88%	NA	NA	\$91.20	43
Wisconsin (b)	\$86.80	18%	\$57.40	12%	\$331.00	70%	\$0.00	0%	\$475.20	15
Wyoming	\$0.00	0%	\$5.00	10%	\$44.90	90%	\$0.00	0%	\$49.90	47
Total	\$3,009.10	11%	\$3,713.10	14%	\$17,048.50	65%	\$2,458.80	9%	\$26,229.50	
Average (Mean)	\$59.00		\$72.80		\$334.30		\$48.20		\$514.30	
Median	\$23.70		\$43.60		\$134.10		\$29.80		\$228.90	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
 b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
 c = Children's mental health expenditures are not included in SMHA-controlled expenditures.
 NA = Services provided but exact expenditures are unallocatable.

Table 16: SMHA-Controlled per Capita Expenditures for Community-Based Programs, FY 2009 (in millions)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Other/Not Available	%	Community-Based Expenditures	Total Rank
Alabama	\$0.50	1%	\$9.30	23%	\$24.50	60%	\$6.40	16%	\$40.70	28
Alaska (a)	\$96.00	40%	\$28.20	12%	\$118.40	49%	\$0.00	0%	\$242.50	30
Arizona	\$25.70	14%	\$16.70	9%	\$138.90	77%	\$0.00	0%	\$181.30	6
Arkansas (a)	NA	0%	NA	NA	\$14.20	100%	NA	NA	\$14.20	48
Arkansas (b)	\$8.70	7%	\$11.00	9%	\$89.00	73%	\$13.50	11%	\$122.20	1
Colorado (a)	\$0.00	0%	\$0.10	0%	\$0.60	1%	\$62.00	99%	\$62.80	23
Connecticut (ac)	\$14.50	12%	\$25.20	21%	\$79.90	67%	\$0.00	0%	\$119.50	16
Delaware (ac)	\$3.50	6%	\$19.00	34%	\$27.40	48%	\$6.70	12%	\$56.70	46
District of Columbia	\$0.00	0%	\$8.40	5%	\$169.20	95%	\$0.00	0%	\$177.50	39
Florida	\$0.00	0%	\$5.20	24%	\$16.20	76%	\$0.00	0%	\$21.30	18
Georgia	NA	0%	NA	NA	\$23.50	100%	\$0.00	0%	\$23.50	26
Hawaii	\$12.10	9%	\$38.80	27%	\$88.90	62%	\$3.40	2%	\$143.10	29
Idaho	\$0.00	0%	\$1.20	6%	\$19.30	94%	\$0.00	0%	\$20.50	50
Illinois	\$20.00	34%	\$10.10	17%	\$28.70	49%	\$0.00	0%	\$58.80	8
Indiana	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$55.20	100%	\$55.20	21
Iowa	\$15.50	13%	\$19.10	17%	\$81.60	70%	NA	NA	\$116.30	22
Kansas	NA	0%	\$32.10	34%	\$62.20	66%	NA	NA	\$94.30	25
Kentucky	\$0.00	0%	\$5.70	23%	\$19.10	77%	\$0.00	0%	\$24.80	38
Louisiana	\$1.80	8%	\$0.40	2%	\$21.20	91%	\$0.00	0%	\$23.40	40
Maine (b)	\$42.90	15%	\$96.80	34%	\$144.90	51%	\$2.30	1%	\$286.80	19
Maryland (b)	\$22.50	20%	\$14.50	13%	\$74.90	67%	\$0.00	0%	\$111.90	10
Massachusetts (a)	\$13.20	15%	\$42.20	46%	\$35.80	39%	\$0.00	0%	\$91.20	12
Michigan	\$14.20	12%	\$21.30	18%	\$60.40	51%	\$22.10	19%	\$117.90	7
Minnesota	\$28.20	23%	\$12.50	10%	\$81.00	67%	\$0.00	0%	\$121.60	9
Mississippi	\$0.00	0%	\$0.00	0%	\$53.10	100%	\$0.00	0%	\$53.10	32
Missouri	\$0.50	1%	\$4.40	12%	\$32.10	87%	\$0.00	0%	\$37.00	27
Montana	\$6.20	5%	\$50.00	40%	\$68.80	55%	NA	NA	\$125.10	36
Nebraska	\$12.40	27%	\$6.50	14%	\$27.50	59%	\$0.00	0%	\$46.40	44
Nevada	\$0.00	0%	\$5.60	16%	\$27.10	76%	\$3.10	9%	\$35.70	42
New Hampshire	\$1.30	2%	\$10.70	14%	\$54.80	72%	\$9.30	12%	\$76.10	41

Table 16: SMHA-Controlled per Capita Expenditures for Community-Based Programs, FY 2009 (in millions) (Continued)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Other/Not Available	%	Community-Based Expenditures	Total Rank
New Jersey (b)	\$24.00	17%	\$46.30	33%	\$61.70	44%	\$8.30	6%	\$140.30	5
New Mexico	\$8.10	11%	\$20.70	29%	\$42.40	60%	\$0.00	0%	\$71.10	33
New York (b)	\$31.60	23%	\$28.60	21%	\$79.50	57%	\$0.00	0%	\$139.80	3
North Carolina (b)	\$7.50	6%	\$24.30	18%	\$99.10	74%	\$2.70	2%	\$133.60	4
North Dakota	\$1.00	2%	\$9.90	19%	\$41.70	79%	\$0.00	0%	\$52.60	49
Ohio	\$0.20	1%	\$4.00	8%	\$48.50	92%	NA	NA	\$52.70	11
Oklahoma	\$4.60	12%	\$1.60	4%	\$30.90	83%	\$0.00	0%	\$37.10	34
Oregon	\$5.60	5%	\$21.60	21%	\$27.50	26%	\$49.70	48%	\$104.40	17
Pennsylvania (b)	\$17.00	7%	\$4.00	2%	\$190.20	83%	\$19.20	8%	\$230.40	2
Rhode Island (c)	\$2.80	4%	\$17.00	22%	\$56.50	74%	NA	NA	\$76.40	45
South Carolina	\$0.10	0%	\$6.20	17%	\$29.70	82%	\$0.20	0%	\$36.10	31
South Dakota	\$0.00	0%	\$0.00	0%	\$31.10	100%	\$0.00	0%	\$31.10	51
Tennessee	\$17.40	35%	\$0.00	0%	\$31.70	65%	\$0.00	0%	\$49.00	24
Texas (b)	\$1.00	4%	\$1.40	7%	\$0.00	0%	\$19.60	89%	\$22.00	13
Utah (b)	\$1.70	4%	\$1.60	4%	\$40.60	93%	NA	NA	\$43.90	35
Vermont	\$0.00	0%	\$30.80	16%	\$159.40	84%	\$0.00	0%	\$190.20	37
Virginia (b)	\$1.30	3%	\$12.10	25%	\$34.80	72%	\$0.00	0%	\$48.20	20
Washington	\$9.10	12%	\$2.20	3%	\$66.90	85%	\$0.30	0%	\$78.50	14
West Virginia (ac)	\$5.10	10%	\$0.90	2%	\$44.20	88%	NA	NA	\$50.20	43
Wisconsin (b)	\$15.40	18%	\$10.20	12%	\$58.60	70%	\$0.00	0%	\$84.10	15
Wyoming	\$0.00	0%	\$9.20	10%	\$83.10	90%	\$0.00	0%	\$92.20	47
Average (Mean)	\$12.20	9%	\$13.40	15%	\$62.10	68%	\$17.50	9%	\$85.80	
Median	\$8.70		\$10.70		\$48.50		\$8.30		\$71.10	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

Table 17: SMHA-Controlled Mental Health Expenditures at Community-Based Programs, by Age Group, FY 2009 (in millions)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated By Age			Total Community	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Expenditure	Per Capita
Alabama	\$25.4	\$22.50	13%	\$127.2	\$35.69	67%	\$38.2	\$8.14	20%	\$190.8	\$40.66
Alaska (a)	\$62.1	\$338.50	37%	\$103.6	\$207.30	63%	\$0.0	\$0.00	0%	\$165.8	\$242.53
Arizona	\$432.3	\$249.59	36%	\$759.6	\$156.86	64%	\$0.0	\$0.00	0%	\$1,191.9	\$181.29
Arkansas (a)	\$4.8	\$6.79	12%	\$3.5	\$1.62	9%	\$32.7	\$11.34	80%	\$41.0	\$14.23
California (b)	\$1,776.4	\$188.27	39%	\$2,722.2	\$99.47	61%	\$0.3	\$0.01	0%	\$4,498.9	\$122.24
Colorado (a)	\$115.5	\$94.09	37%	\$198.2	\$52.56	63%	\$0.0	\$0.00	0%	\$313.7	\$62.76
Connecticut (ac)	\$0.0	\$0.00	0%	\$419.7	\$155.29	100%	\$0.0	\$0.00	0%	\$419.7	\$119.55
Delaware (ac)	NA	NA	NA	\$50.0	\$74.14	100%	\$0.0	\$0.00	0%	\$50.0	\$56.73
District of Columbia	\$31.0	\$271.84	29%	\$74.9	\$155.25	71%	\$0.0	\$0.00	0%	\$105.9	\$177.53
Florida	\$84.4	\$20.80	21%	\$309.2	\$21.46	79%	\$0.0	\$0.00	0%	\$393.6	\$21.32
Georgia	\$69.9	\$27.05	31%	\$159.0	\$22.17	69%	NA	NA	NA	\$228.9	\$23.46
Hawaii	\$50.3	\$173.34	28%	\$129.7	\$134.09	72%	NA	NA	NA	\$180.0	\$143.15
Idaho	\$9.8	\$23.45	31%	\$21.7	\$19.35	69%	\$0.0	\$0.00	0%	\$31.5	\$20.46
Illinois	\$244.2	\$76.86	32%	\$512.9	\$52.88	68%	\$0.0	\$0.00	0%	\$757.1	\$58.80
Indiana	\$103.9	\$65.37	29%	\$250.3	\$51.82	71%	\$0.0	\$0.00	0%	\$354.2	\$55.18
Iowa	\$125.7	\$176.24	36%	\$223.8	\$97.60	64%	NA	NA	NA	\$349.5	\$116.26
Kansas	\$135.4	\$192.07	51%	\$91.0	\$43.45	34%	\$37.7	\$13.47	14%	\$264.1	\$94.34
Kentucky	\$47.5	\$46.83	45%	\$58.8	\$17.94	55%	\$0.3	\$0.07	0%	\$106.6	\$24.84
Louisiana	\$12.2	\$10.82	12%	\$92.3	\$27.55	88%	\$0.0	\$0.00	0%	\$104.4	\$23.35
Maine (b)	\$171.3	\$631.63	45%	\$206.0	\$197.27	55%	\$0.0	\$0.00	0%	\$377.2	\$286.83
Maryland (b)	\$246.0	\$181.96	39%	\$322.6	\$74.70	51%	\$66.0	\$11.64	10%	\$634.6	\$111.92
Massachusetts (a)	\$86.5	\$60.36	14%	\$514.4	\$99.80	86%	\$0.0	\$0.00	0%	\$600.9	\$91.22
Michigan	\$172.9	\$73.58	15%	\$1,002.4	\$131.64	85%	\$0.0	\$0.00	0%	\$1,175.3	\$117.95
Minnesota	\$180.1	\$142.87	28%	\$459.9	\$114.94	72%	\$0.0	\$0.00	0%	\$640.0	\$121.63
Mississippi	\$66.2	\$86.23	42%	\$89.8	\$41.42	58%	\$0.0	\$0.00	0%	\$156.0	\$53.14
Missouri	\$43.0	\$30.02	19%	\$177.8	\$39.20	81%	\$0.0	\$0.00	0%	\$220.8	\$37.00
Montana	\$60.9	\$276.93	50%	\$60.7	\$80.68	50%	NA	NA	NA	\$121.5	\$125.08
Nebraska	\$7.8	\$17.16	9%	\$75.3	\$56.29	91%	\$0.0	\$0.00	0%	\$83.1	\$46.41
Nevada	\$0.9	\$1.31	1%	\$89.4	\$45.82	95%	\$3.7	\$1.42	4%	\$94.0	\$35.73
New Hampshire	\$37.4	\$129.52	37%	\$63.3	\$61.21	63%	\$0.0	\$0.00	0%	\$100.8	\$76.13

Table 17: SMHA-Controlled Mental Health Expenditures at Community-Based Programs, by Age Group, FY 2009 (in millions) (Continued)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated By Age			Total Community	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Expenditure	Per Capita
New Jersey (b)	\$380.5	\$185.97	31%	\$832.3	\$125.15	68%	\$7.5	\$0.86	1%	\$1,220.3	\$140.32
New Mexico	\$98.0	\$191.99	69%	\$44.2	\$29.71	31%	\$0.0	\$0.00	0%	\$142.2	\$71.13
New York (b)	\$0.0	\$0.00	0%	\$0.0	\$0.00	0%	\$2,727.7	\$139.75	100%	\$2,727.7	\$139.75
North Carolina (b)	\$764.1	\$335.42	62%	\$466.8	\$66.66	38%	\$9.4	\$1.01	1%	\$1,240.2	\$133.65
North Dakota	\$3.9	\$27.18	12%	\$29.8	\$60.01	88%	\$0.0	\$0.00	0%	\$33.7	\$52.63
Ohio	\$203.3	\$74.90	33%	\$404.8	\$45.90	67%	NA	NA	NA	\$608.1	\$52.73
Oklahoma	\$12.9	\$14.04	9%	\$122.9	\$44.75	91%	\$0.0	\$0.00	0%	\$135.8	\$37.05
Oregon	\$108.6	\$124.46	27%	\$290.2	\$98.46	73%	\$0.0	\$0.00	0%	\$398.9	\$104.40
Pennsylvania (b)	\$1,169.2	\$421.31	40%	\$1,490.8	\$151.78	51%	\$242.1	\$19.22	8%	\$2,902.0	\$230.37
Rhode Island (c)	NA	NA	NA	\$80.1	\$97.42	100%	NA	NA	NA	\$80.1	\$76.36
South Carolina	\$48.6	\$44.99	30%	\$1113.9	\$33.11	70%	\$0.7	\$0.15	0%	\$163.2	\$36.10
South Dakota	\$8.3	\$41.31	33%	\$15.9	\$26.18	63%	\$0.9	\$1.16	4%	\$25.1	\$31.08
Tennessee	\$130.0	\$87.06	42%	\$177.7	\$37.15	58%	\$0.0	\$0.00	0%	\$307.7	\$49.02
Texas (b)	\$88.8	\$12.88	16%	\$454.3	\$25.57	84%	\$0.0	\$0.00	0%	\$543.1	\$22.02
Utah (b)	\$41.2	\$47.44	34%	\$80.7	\$42.26	66%	NA	NA	NA	\$121.9	\$43.88
Vermont	\$63.9	\$506.04	54%	\$54.2	\$109.54	46%	\$0.0	\$0.00	0%	\$118.1	\$190.16
Virginia (b)	\$100.9	\$54.62	27%	\$273.4	\$46.21	73%	\$0.0	\$0.00	0%	\$374.3	\$48.21
Washington	\$117.2	\$74.67	23%	\$278.1	\$55.13	54%	\$123.6	\$18.69	24%	\$518.9	\$78.46
West Virginia (ac)	\$5.5	\$14.23	6%	\$27.2	\$19.00	30%	\$58.5	\$32.18	64%	\$91.2	\$50.16
Wisconsin (b)	\$0.0	\$0.00	0%	\$0.0	\$0.00	0%	\$475.2	\$84.08	100%	\$475.2	\$84.08
Wyoming	\$20.1	\$152.09	40%	\$29.8	\$72.91	60%	\$0.0	\$0.00	0%	\$49.9	\$92.25
Total	\$7,768.7	\$104.21	30%	\$14,636.3	\$69.10	56%	\$3,824.5	\$29.58	15%	\$26,229.5	\$85.78
Average (Mean)	\$152.3			\$287.0			\$75.0			\$514.3	
Median	\$77.2	\$75.88		\$129.7	\$55.13		\$35.2	\$9.74		\$228.9	\$71.13

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

Note: In some states (Connecticut, Delaware, and Rhode Island), a separate state agency is responsible for providing mental health services to children.

X. State-by-State Tables: SMHA-Controlled Community Mental Health Revenues

Table 18: FY 2009 SMHA-controlled mental health revenues to community programs, by revenue sources (in millions)

Table 18: SMHA-Controlled Mental Health Revenues to Community Programs, by Revenue Sources, FY 2009 (in millions)

State	State General Funds		Total Medicaid*		Medicare		Mental Health Block Grant		Other Federal		Local Gov't		Other Revenues**		Total SMHA Revenue		Per Capita
	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	
Alabama	\$62.80	33%	\$113.50	59%	\$0.00	0%	\$5.70	3%	\$1.00	1%	\$0.00	0%	\$8.40	4%	\$191.40	4%	\$40.80
Alaska (a)	\$34.90	21%	\$129.80	78%	\$0.00	0%	\$0.60	0%	\$0.40	0%	\$0.00	0%	\$0.00	0%	\$165.80	0%	\$242.50
Arizona	\$99.10	8%	\$1,036.50	87%	\$0.00	0%	\$7.70	1%	\$1.40	0%	\$0.00	0%	\$42.20	4%	\$1,186.90	4%	\$180.50
Arkansas (a)	\$33.20	81%	\$0.00	0%	\$0.00	0%	\$3.70	9%	\$4.20	10%	\$0.00	0%	\$0.00	0%	\$41.00	0%	\$14.20
California (b)	\$1,034.00	23%	\$2,631.80	58%	\$40.40	1%	\$56.50	1%	\$7.40	0%	\$0.00	0%	\$728.80	16%	\$4,498.90	16%	\$122.20
Colorado (a)	\$47.50	15%	\$258.70	82%	\$0.00	0%	\$5.30	2%	\$2.10	1%	\$0.00	0%	\$0.00	0%	\$313.70	0%	\$62.80
Connecticut (ac)	\$395.00	89%	\$19.80	4%	\$2.70	1%	\$4.40	1%	\$10.70	2%	\$0.00	0%	\$10.00	2%	\$442.60	2%	\$126.10
Delaware (ac)	\$31.90	64%	\$15.90	32%	\$0.10	0%	\$0.40	1%	\$1.80	4%	\$0.00	0%	\$0.00	0%	\$50.10	0%	\$56.90
District of Columbia	\$90.90	86%	\$12.40	12%	\$0.00	0%	\$0.80	1%	\$1.80	2%	\$0.00	0%	\$0.00	0%	\$105.90	0%	\$177.50
Florida	\$308.40	78%	\$21.10	5%	\$0.00	0%	\$24.60	6%	\$39.40	10%	\$0.00	0%	\$0.00	0%	\$393.60	0%	\$21.30
Georgia	\$165.50	72%	\$3.40	1%	NA	NA	\$14.80	6%	\$3.00	1%	\$0.00	0%	\$42.20	18%	\$228.90	18%	\$23.50
Hawaii	\$162.90	86%	\$22.00	12%	\$0.40	0%	\$1.90	1%	\$2.10	1%	\$0.00	0%	\$0.30	0%	\$189.60	0%	\$150.70
Idaho	\$24.00	76%	\$2.10	7%	\$0.00	0%	\$1.90	6%	\$3.20	10%	\$0.00	0%	\$0.40	1%	\$31.50	1%	\$20.50
Illinois	\$300.00	40%	\$436.70	58%	\$0.00	0%	\$15.30	2%	\$5.10	1%	\$0.00	0%	\$0.00	0%	\$757.10	0%	\$58.80
Indiana	\$45.10	13%	\$297.50	84%	\$0.00	0%	\$6.70	2%	\$4.80	1%	\$0.00	0%	\$0.00	0%	\$354.20	0%	\$55.20
Iowa	\$60.20	17%	\$236.50	67%	\$0.00	0%	\$2.60	1%	\$14.90	4%	\$39.00	11%	\$0.00	0%	\$353.20	0%	\$117.50
Kansas	\$54.90	21%	\$206.40	78%	NA	NA	\$2.50	1%	\$0.30	0%	NA	NA	NA	NA	\$264.10	NA	\$94.30
Kentucky	\$56.00	53%	\$39.10	37%	\$0.90	1%	\$5.00	5%	\$3.80	4%	\$0.00	0%	\$1.80	2%	\$106.60	2%	\$24.80
Louisiana	\$66.00	63%	\$5.20	5%	\$0.10	0%	\$2.30	2%	\$20.50	20%	\$0.00	0%	\$10.40	10%	\$104.40	10%	\$23.30
Maine (b)	\$36.50	10%	\$337.80	90%	\$0.00	0%	\$1.50	0%	\$1.40	0%	\$0.00	0%	\$0.00	0%	\$377.20	0%	\$286.80
Maryland (b)	\$359.10	57%	\$258.70	41%	\$0.00	0%	\$7.40	1%	\$9.40	1%	\$0.00	0%	\$0.00	0%	\$634.60	0%	\$111.90
Massachusetts (a)	\$587.90	80%	\$122.60	17%	\$3.60	0%	\$7.30	1%	\$5.60	1%	\$0.00	0%	\$4.30	1%	\$731.30	1%	\$111.00
Michigan	\$136.20	12%	\$944.60	80%	NA	NA	\$17.30	1%	\$32.50	3%	\$15.70	1%	\$29.00	2%	\$1,175.30	2%	\$117.90
Minnesota	\$218.80	34%	\$369.00	58%	\$0.00	0%	\$6.70	1%	\$12.40	2%	\$14.30	2%	\$18.80	3%	\$640.00	3%	\$121.60
Mississippi	\$13.80	9%	\$135.50	87%	\$0.00	0%	\$3.90	3%	\$2.80	2%	\$0.00	0%	\$0.00	0%	\$156.00	0%	\$53.10
Missouri	\$78.00	34%	\$130.70	57%	\$10.10	4%	\$6.60	3%	\$5.20	2%	\$0.00	0%	\$0.50	0%	\$231.20	0%	\$38.70
Montana	\$20.20	17%	\$98.00	81%	NA	NA	\$1.10	1%	\$2.20	2%	\$0.00	0%	NA	NA	\$121.50	NA	\$125.10
Nebraska	\$47.70	57%	\$16.90	20%	\$0.00	0%	\$2.20	3%	\$0.30	0%	\$0.00	0%	\$16.10	19%	\$83.10	19%	\$46.40
Nevada	\$69.70	74%	\$14.00	15%	\$1.60	2%	\$3.40	4%	\$2.90	3%	\$0.00	0%	\$2.00	2%	\$93.60	2%	\$35.60
New Hampshire	\$3.40	3%	\$93.00	92%	\$2.60	3%	\$1.40	1%	\$0.30	0%	\$0.00	0%	\$0.00	0%	\$100.80	0%	\$76.10

Table 18: SMHA-Controlled Mental Health Revenues to Community Programs, by Revenue Sources, FY 2009 (in millions) (Continued)

State	State General Funds		Total Medicaid*		Medicare		Mental Health Block Grant		Other Federal		Local Gov't		Other Revenues**		Total SMHA Revenue	Per Capita
	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	
New Jersey (b)	\$624.60	51%	\$440.80	36%	\$35.30	3%	\$9.70	1%	\$5.60	0%	\$30.90	3%	\$73.30	6%	\$1,220.30	\$140.30
New Mexico	\$27.50	19%	\$112.40	79%	\$0.00	0%	\$2.30	2%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$142.20	\$71.10
New York (b)	\$467.40	18%	\$1,472.80	58%	\$200.40	8%	\$24.30	1%	\$89.30	3%	\$58.30	2%	\$248.60	10%	\$2,561.10	\$131.20
North Carolina (b)	\$104.00	8%	\$1,102.50	89%	\$0.00	0%	\$9.80	1%	\$1.60	0%	\$22.30	2%	\$0.00	0%	\$1,240.20	\$133.60
North Dakota	\$13.50	40%	\$11.00	33%	\$0.00	0%	\$0.90	3%	\$5.30	16%	\$0.00	0%	\$3.00	9%	\$33.70	\$52.60
Ohio	\$268.10	25%	\$382.80	35%	NA	NA	\$13.20	1%	\$13.40	1%	\$402.10	37%	NA	NA	\$1,079.60	\$93.60
Oklahoma	\$109.00	80%	\$17.60	13%	\$2.10	2%	\$4.30	3%	\$0.30	0%	\$0.00	0%	\$2.50	2%	\$135.80	\$37.10
Oregon	\$88.20	22%	\$305.60	77%	\$0.00	0%	\$3.40	1%	\$0.60	0%	\$0.00	0%	\$1.00	0%	\$398.80	\$104.40
Pennsylvania (b)	\$572.90	19%	\$2,289.50	78%	\$0.00	0%	\$14.70	0%	\$52.80	2%	\$20.00	1%	\$0.00	0%	\$2,949.90	\$234.20
Rhode Island (c)	\$8.60	11%	\$69.70	87%	NA	NA	\$1.40	2%	\$0.30	0%	\$0.00	0%	NA	NA	\$80.10	\$76.40
South Carolina	\$65.90	39%	\$80.30	47%	\$2.70	2%	\$4.90	3%	\$3.20	2%	\$3.70	2%	\$8.70	5%	\$169.40	\$37.50
South Dakota	\$9.30	35%	\$15.50	58%	\$0.00	0%	\$0.90	4%	\$0.70	3%	\$0.00	0%	\$0.10	0%	\$26.60	\$32.90
Tennessee	\$58.40	19%	\$237.80	77%	\$0.00	0%	\$7.60	2%	\$3.90	1%	\$0.00	0%	\$0.00	0%	\$307.70	\$49.00
Texas (b)	\$326.80	60%	\$130.90	24%	\$0.00	0%	\$30.20	6%	\$29.30	5%	\$22.20	4%	\$3.70	1%	\$543.10	\$22.00
Utah (b)	\$3.90	3%	\$113.80	93%	NA	NA	\$2.90	2%	\$1.30	1%	NA	NA	NA	NA	\$121.90	\$43.90
Vermont	\$1.10	1%	\$113.90	96%	\$0.00	0%	\$0.70	1%	\$2.40	2%	\$0.00	0%	\$0.00	0%	\$118.10	\$190.20
Virginia (b)	\$179.00	48%	\$185.40	50%	\$0.00	0%	\$8.80	2%	\$1.10	0%	\$0.00	0%	\$0.00	0%	\$374.30	\$48.20
Washington	\$156.10	30%	\$345.30	67%	\$0.00	0%	\$7.90	2%	\$1.00	0%	\$0.00	0%	\$8.50	2%	\$518.80	\$78.40
West Virginia (ac)	\$43.20	47%	\$44.20	48%	\$0.00	0%	\$3.20	4%	\$0.60	1%	\$0.00	0%	\$0.00	0%	\$91.20	\$50.20
Wisconsin (b)	\$113.80	24%	\$214.10	45%	\$0.00	0%	\$7.30	2%	\$5.30	1%	\$134.80	28%	\$0.00	0%	\$475.20	\$84.10
Wyoming	\$28.00	56%	\$18.80	38%	\$0.00	0%	\$0.40	1%	\$2.60	5%	\$0.00	0%	\$0.00	0%	\$49.90	\$92.20
Total	\$7,913.20	30%	\$15,714.00	59%	\$303.10	1%	\$380.30	1%	\$423.70	2%	\$763.30	3%	\$1,264.50	5%	\$26,762.10	\$87.50
Average (Mean)	\$155.20		\$308.10		\$5.90		\$7.50		\$8.30		\$15.00		\$24.80		\$524.70	
Median	\$66.00		\$126.20		\$2.70		\$4.40		\$2.90		\$22.30		\$8.40		\$231.20	\$76.10

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

**Total Medicaid" column includes state Medicaid and federal Medicaid matches.

***Other Revenues" column includes first-party and third-party payments and other revenues.

XI. State-by-State Tables: SMHA-Controlled State Psychiatric Hospital Expenditures

- Table 19:** FY 2009 SMHA-controlled mental health expenditures at state psychiatric hospitals, by type of service (in millions)
- Table 20:** FY 2009 SMHA-controlled state psychiatric hospital per capita expenditures, by type of service setting (in millions)
- Table 21:** FY 2009 SMHA-controlled mental health expenditures at state psychiatric hospitals, by age group (in millions)
- Table 22:** FY 2009 SMHA-controlled mental health expenditures for forensic and sex offender services, in state psychiatric hospitals (in millions)
- Table 23:** FY 2009 SMHA-controlled mental health expenditures per inpatient day, all patients in state psychiatric hospitals receiving mental health services (in millions)
- Table 24:** FY 2009 SMHA-controlled mental health expenditures per inpatient day, all civil (voluntary and involuntary) patients in state psychiatric hospitals receiving mental health services, by age group (in millions)
- Table 25:** FY 2009 SMHA-controlled mental health expenditures for inpatient day, all forensic patients in state psychiatric hospitals receiving mental health services (in millions)

Table 19: SMHA-Controlled Mental Health Expenditures at State Psychiatric Hospitals, by Type of Service, FY 2009 (in millions)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Total SMHA-Controlled	Total Rank
Alabama	\$164.90	100.0%	NA		NA		\$164.90	22
Alaska (a)	\$27.19	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$27.19	49
Arizona	\$72.80	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$72.80	33
Arkansas (a)	\$42.89	56.5%	\$33.05	43.5%	\$0.00	0.0%	\$75.93	32
California (b)	\$1,235.30	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$1,235.30	2
Colorado (a)	\$114.21	96.9%	\$3.60	3.1%	\$0.00	0.0%	\$117.81	27
Connecticut (ac)	\$220.60	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$220.60	14
Delaware (ac)	\$43.47	100.0%	NA		NA		\$43.47	43
District of Columbia	\$102.41	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$102.41	28
Florida	\$350.14	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$350.14	7
Georgia	\$186.67	100.0%	NA		NA		\$186.68	20
Hawaii	\$60.40	100.0%	NA		NA		\$60.40	36
Idaho	\$29.07	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$29.07	48
Illinois	\$320.80	100.0%	NA		NA		\$320.80	9
Indiana	\$202.82	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$202.82	17
Iowa	\$43.02	83.0%	\$8.78	17.0%	NA		\$51.80	39
Kansas	\$87.20	100.0%	NA		NA		\$87.20	30
Kentucky	\$118.50	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$118.50	26
Louisiana	\$190.88	97.1%	\$3.08	1.6%	\$2.70	1.4%	\$196.67	18
Maine (b)	\$63.34	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$63.34	34
Maryland (b)	\$244.90	88.6%	\$31.50	11.4%	\$0.00	0.0%	\$276.40	11
Massachusetts (a)	\$124.70	94.5%	\$7.20	5.5%	\$0.00	0.0%	\$131.90	25
Michigan	\$240.80	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$240.80	12
Minnesota	\$189.50	98.9%	\$2.18	1.1%	\$0.00	0.0%	\$191.68	19
Mississippi	\$152.20	94.8%	\$0.80	0.5%	\$7.50	4.7%	\$160.50	23
Missouri	\$253.87	90.7%	\$19.08	6.8%	\$7.08	2.5%	\$280.03	10
Montana	\$27.68	92.4%	\$2.26	7.6%	NA		\$29.95	47
Nebraska	\$47.66	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$47.66	40
Nevada	\$62.63	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$62.63	35
New Hampshire	\$58.00	73.5%	\$20.86	26.5%	\$0.00	0.0%	\$78.87	31
New Jersey (b)	\$504.38	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$504.38	3
New Mexico	\$24.70	55.6%	\$19.70	44.4%	\$0.00	0.0%	\$44.40	42
New York (b)	\$1,295.00	73.3%	\$115.00	6.5%	\$357.90	20.2%	\$1,767.90	1
North Carolina (b)	\$335.60	91.2%	\$32.45	8.8%	NA		\$368.06	6
North Dakota	\$13.78	64.6%	\$7.55	35.4%	\$0.00	0.0%	\$21.33	51
Ohio	\$217.68	100.0%	NA		NA		\$217.68	15
Oklahoma	\$59.30	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$59.30	37
Oregon	\$145.20	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$145.20	24
Pennsylvania (b)	\$494.87	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$494.87	4
Rhode Island (c)*	\$30.97	100.0%	NA		NA		\$30.97	46
South Carolina	\$82.70	90.0%	\$4.80	5.2%	\$4.40	4.8%	\$91.90	29
South Dakota	\$41.95	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$41.95	44
Tennessee	\$166.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$166.00	21

Table 19: SMHA-Controlled Mental Health Expenditures at State Psychiatric Hospitals, by Type of Service, FY 2009 (in millions) (Continued)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Total SMHA-Controlled	Total Rank
Texas (b)	\$375.60	97.1%	\$11.10	2.9%	\$0.00	0.0%	\$386.70	5
Utah (b)	\$54.40	100.0%	NA		NA		\$54.40	38
Vermont	\$21.80	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$21.80	50
Virginia (b)	\$332.10	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$332.10	8
Washington	\$230.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$230.00	13
West Virginia (ac)	\$47.40	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$47.40	41
Wisconsin (b)	\$210.10	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$210.10	16
Wyoming	\$24.16	75.8%	\$7.42	23.3%	\$0.28	0.9%	\$31.85	45
Total	\$9,786.27	93.2%	\$330.41	3.1%	\$379.86	3.6%	\$10,496.55	51
Average (Mean)	\$191.89		\$6.48		\$7.45		\$205.81	
Median	\$118.50		\$8.17		\$5.74		\$118.50	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 20: SMHA-Controlled State Psychiatric Hospital per Capita Expenditures, by Type of Service Setting, FY 2009 (in millions)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Total SMHA-Controlled	Total Rank
Alabama	\$35.14	100.0%	NA	NA	NA	NA	\$35.14	22
Alaska (a)	\$39.79	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$39.79	16
Arizona	\$11.07	100.0%	0	0.0%	0	0	\$11.07	51
Arkansas (a)	\$14.88	56.5%	\$11.47	43.5%	\$0.00	0.00%	\$26.34	34
California (b)	\$33.57	100.0%	0	0.0%	0	0	\$33.57	25
Colorado (a)	\$22.85	96.9%	\$0.72	3.1%	\$0.00	0.00%	\$23.57	39
Connecticut (ac)	\$62.84	100.0%	0	0.0%	0	0	\$62.84	3
Delaware (ac)	\$49.32	100.0%	NA	NA	NA	NA	\$49.32	9
District of Columbia	\$171.61	100.0%	0	0.0%	0	0	\$171.61	1
Florida	\$18.96	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$18.96	45
Georgia	\$19.14	100.0%	NA	NA	NA	NA	\$19.14	44
Hawaii	\$48.03	100.0%	NA	NA	NA	NA	\$48.03	12
Idaho	\$18.87	100.0%	0	0.0%	0	0	\$18.87	47
Illinois	\$24.91	100.0%	NA	NA	NA	NA	\$24.91	36
Indiana	\$31.60	100.0%	0	0.0%	0	0	\$31.60	27
Iowa	\$14.31	83.0%	\$2.92	17.0%	NA	NA	\$17.23	48
Kansas	\$31.15	100.0%	NA	NA	NA	NA	\$31.15	28
Kentucky	\$27.61	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$27.61	31
Louisiana	\$42.68	97.1%	0.69	1.6%	0.6	0.014%	\$43.97	14
Maine (b)	\$48.16	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$48.16	11
Maryland (b)	\$43.19	88.6%	5.56	11.4%	0	0	\$48.75	10
Massachusetts (a)	\$18.93	94.5%	\$1.09	5.5%	\$0.00	0.00%	\$20.02	42
Michigan	\$24.17	100.0%	0	0.0%	0	0	\$24.17	37
Minnesota	\$36.01	98.9%	\$0.41	1.1%	\$0.00	0.00%	\$36.43	21
Mississippi	\$51.84	94.8%	0.27	0.5%	2.55	0.047%	\$54.67	7
Missouri	\$42.54	90.7%	\$3.20	6.8%	\$1.19	2.50%	\$46.93	13
Montana	\$28.49	92.4%	2.33	7.6%	NA	NA	\$30.82	29
Nebraska	\$26.63	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$26.63	32
Nevada	\$23.79	100.0%	0	0.0%	0	0	\$23.79	38
New Hampshire	\$43.83	73.5%	\$15.76	26.5%	\$0.00	0.00%	\$59.59	4
New Jersey (b)	\$58.00	100.0%	0	0.0%	0	0	\$58.00	6
New Mexico	\$12.35	55.6%	\$9.85	44.4%	\$0.00	0.00%	\$22.21	40
New York (b)	\$66.35	73.3%	5.89	6.5%	18.34	0.202%	\$90.58	2
North Carolina (b)	\$36.17	91.2%	\$3.50	8.8%	NA	NA	\$39.66	17
North Dakota	\$21.53	64.6%	11.79	35.4%	0	0	\$33.32	26
Ohio	\$18.87	100.0%	NA	NA	NA	NA	\$18.88	46
Oklahoma	\$16.18	100.0%	0	0.0%	0	0	\$16.18	49
Oregon	\$38.00	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$38.01	19
Pennsylvania (b)	\$39.28	100.0%	0	0.0%	0	0	\$39.29	18
Rhode Island (c)*	\$29.52	100.0%	NA	NA	NA	NA	\$29.52	30
South Carolina	\$18.30	90.0%	1.06	5.2%	0.97	0.048%	\$20.33	41
South Dakota	\$51.89	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$51.89	8
Tennessee	\$26.45	100.0%	0	0.0%	0	0	\$26.45	33

Table 20: SMHA-Controlled State Psychiatric Hospital per Capita Expenditures, by Type of Service Setting, FY 2009 (in millions) (Continued)

State	Inpatient	%	Other 24-Hour Services	%	Less Than 24-Hour Services	%	Total SMHA-Controlled	Total Rank
Texas (b)	\$15.23	97.1%	\$0.45	2.9%	\$0.00	0.00%	\$15.68	50
Utah (b)	\$19.58	100.0%	NA	NA	NA	NA	\$19.58	43
Vermont	\$35.10	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$35.10	23
Virginia (b)	\$42.78	100.0%	0	0.0%	0	0	\$42.78	15
Washington	\$34.78	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$34.78	24
West Virginia (ac)	\$26.07	100.0%	0	0.0%	0	0	\$26.07	35
Wisconsin (b)	\$37.17	100.0%	\$0.00	0.0%	\$0.00	0.00%	\$37.17	20
Wyoming	\$44.70	75.8%	13.72	23.3%	0.52	0.009%	\$58.93	5
Average (Mean)	\$32.00	94.4%	\$3.14	5.0%	\$10.01	1%	\$34.33	
Median	\$31.60		\$3.06		\$1.08		\$33.32	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 21: SMHA-Controlled Mental Health Expenditures at State Psychiatric Hospitals, by Age Group, FY 2009 (in millions)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated by Age			Total State Hospital	
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Expenditure	Per Capita
Alabama	NA	NA	NA	NA	NA	NA	\$164.90	\$35.14	100%	\$164.90	\$35.14
Alaska (a)	\$3.81	\$20.74	14%	\$23.39	\$46.78	86%	\$0.00	\$0.00	0%	\$27.19	\$39.79
Arizona	3.7	2.14	0.05	69.1	14.27	0.95	\$0.00	\$0.00	0%	\$72.80	\$11.07
Arkansas (a)	\$4.07	\$5.73	5%	\$71.87	\$33.08	95%	\$0.00	\$0.00	0%	\$75.93	\$26.34
California (b)	0	0	0	1235.3	45.14	1	\$0.00	\$0.00	0%	\$1,235.30	\$33.57
Colorado (a)	\$15.89	\$12.95	13%	\$101.91	\$27.03	87%	\$0.00	\$0.00	0%	\$117.81	\$23.57
Connecticut (ac)	0	0	0	220.6	81.62	1	\$0.00	\$0.00	0%	\$220.60	\$62.84
Delaware (ac)	NA	NA	NA	\$43.47	\$64.46	100%	\$0.00	\$0.00	0%	\$43.47	\$49.32
District of Columbia	0	0	0	102.41	212.16	1	\$0.00	\$0.00	0%	\$102.41	\$171.61
Florida	\$0.00	\$0.00	0%	\$350.14	\$24.30	100%	\$0.00	\$0.00	0%	\$350.14	\$18.96
Georgia	10.48	4.06	0.06	176.2	24.57	0.94	NA	NA	NA	\$186.67	\$19.14
Hawaii	NA	NA	NA	\$60.40	\$62.44	100%	NA	NA	NA	\$60.40	\$48.03
Idaho	2.5	5.96	0.09	26.57	23.69	0.91	\$0.00	\$0.00	0%	\$29.07	\$18.87
Illinois	\$1.70	\$0.54	1%	\$319.10	\$32.90	99%	NA	NA	NA	\$320.80	\$24.91
Indiana	12.43	7.82	0.06	190.39	39.42	0.94	\$0.00	\$0.00	0%	\$202.82	\$31.60
Iowa	\$11.82	\$16.57	23%	\$39.98	\$17.44	77%	NA	NA	NA	\$51.80	\$17.23
Kansas	2.6	3.69	0.03	84.6	40.39	0.97	NA	NA	NA	\$87.20	\$31.15
Kentucky	\$0.00	\$0.00	0%	\$118.50	\$36.16	100%	\$0.00	\$0.00	0%	\$118.50	\$27.61
Louisiana	24.25	21.58	0.12	172.42	51.48	0.88	\$0.00	\$0.00	0%	\$196.67	\$43.97
Maine (b)	\$0.00	\$0.00	0%	\$63.34	\$60.67	100%	\$0.00	\$0.00	0%	\$63.34	\$48.16
Maryland (b)	28.4	21.01	0.1	248	57.43	0.9	\$0.00	\$0.00	0%	\$276.40	\$48.75
Massachusetts (a)	\$14.60	\$10.19	11%	\$117.30	\$22.76	89%	\$0.00	\$0.00	0%	\$131.90	\$20.02
Michigan	20.2	8.6	0.08	220.6	28.97	0.92	\$0.00	\$0.00	0%	\$240.80	\$24.17
Minnesota	\$7.25	\$5.75	4%	\$184.43	\$46.09	96%	\$0.00	\$0.00	0%	\$191.68	\$36.43
Mississippi	23.7	30.87	0.15	136.8	63.1	0.85	\$0.00	\$0.00	0%	\$160.50	\$54.67
Missouri	\$23.58	\$16.48	8%	\$256.45	\$56.53	92%	NA	NA	NA	\$280.03	\$46.93
Montana	NA	NA	NA	29.95	39.83	1	NA	NA	NA	\$29.95	\$30.82
Nebraska	\$2.88	\$6.37	6%	\$44.78	\$33.47	94%	\$0.00	\$0.00	0%	\$47.66	\$26.63
Nevada	0	0	0	62.63	32.1	1	\$0.00	\$0.00	0%	\$62.63	\$23.79
New Hampshire	\$5.34	\$18.49	7%	\$73.52	\$71.08	93%	\$0.00	\$0.00	0%	\$78.87	\$59.59

Table 21: SMHA-Controlled Mental Health Expenditures at State Psychiatric Hospitals, by Age Group, FY 2009 (in millions) (Continued)

State	Children/Adolescents			Adults/Elderly (Over Age 18)			Unallocated by Age			Total State Hospital		
	Total	Per Capita	%	Total	Per Capita	%	Total	Per Capita	%	Expenditure	Per Capita	Per Capita
New Jersey (b)	0	0	0	504.38	75.84	1	\$0.00	\$0.00	0%	\$504.38	\$58.00	\$58.00
New Mexico	\$0.00	\$0.00	0%	\$44.40	\$29.82	100%	\$0.00	\$0.00	0%	\$44.40	\$22.21	\$22.21
New York (b)	237.5	53.68	0.13	1530.4	101.39	0.87	\$0.00	\$0.00	0%	\$1,767.90	\$90.58	\$90.58
North Carolina (b)	\$27.75	\$12.18	8%	\$340.31	\$48.60	92%	\$0.00	\$0.00	0%	\$368.06	\$39.66	\$39.66
North Dakota	1.19	8.24	0.06	20.15	40.6	0.94	\$0.00	\$0.00	0%	\$21.33	\$33.32	\$33.32
Ohio	NA	NA	NA	\$217.68	\$24.68	100%	NA	NA	NA	\$217.68	\$18.87	\$18.87
Oklahoma	10.5	11.43	0.18	48.8	17.77	0.82	\$0.00	\$0.00	0%	\$59.30	\$16.18	\$16.18
Oregon	\$0.00	\$0.00	0%	\$145.20	\$49.26	100%	\$0.00	\$0.00	0%	\$145.20	\$38.00	\$38.00
Pennsylvania (b)	0	0	0	494.87	50.38	1	\$0.00	\$0.00	0%	\$494.87	\$39.28	\$39.28
Rhode Island (c)*	NA	NA	NA	\$30.97	\$37.66	100%	NA	NA	NA	\$30.97	\$29.52	\$29.52
South Carolina	12.1	11.2	0.13	79.8	23.2	0.87	\$0.00	\$0.00	0%	\$91.90	\$20.33	\$20.33
South Dakota	\$5.17	\$25.92	12%	\$17.35	\$28.50	41%	\$19.42	\$24.03	46%	\$41.95	\$51.89	\$51.89
Tennessee	4.4	2.95	0.03	161.6	33.78	0.97	\$0.00	\$0.00	0%	\$166.00	\$26.45	\$26.45
Texas (b)	\$41.20	\$5.97	11%	\$345.50	\$19.44	89%	\$0.00	\$0.00	0%	\$386.70	\$15.68	\$15.68
Utah (b)	12.51	14.4	0.23	41.89	21.93	0.77	NA	NA	NA	\$54.40	\$19.58	\$19.58
Vermont	\$0.00	\$0.00	0%	\$21.80	\$44.06	100%	\$0.00	\$0.00	0%	\$21.80	\$35.10	\$35.10
Virginia (b)	9	4.87	0.03	323.1	54.61	0.97	\$0.00	\$0.00	0%	\$332.10	\$42.78	\$42.78
Washington	\$11.00	\$7.01	5%	\$219.00	\$43.42	95%	\$0.00	\$0.00	0%	\$230.00	\$34.78	\$34.78
West Virginia (ac)	0	0	0	47.4	33.11	1	\$0.00	\$0.00	0%	\$47.40	\$26.07	\$26.07
Wisconsin (b)	\$17.00	\$12.97	8%	\$193.10	\$44.48	92%	\$0.00	\$0.00	0%	\$210.10	\$37.17	\$37.17
Wyoming	0.14	1.1	0	31.71	77.62	1	\$0.00	\$0.00	0%	\$31.85	\$58.93	\$58.93
Total	\$608.65	\$8.16	6%	\$9,703.57	\$42.62	92%	\$184.32	\$33.51	2%	\$10,496.55	\$34.33	\$34.33
Average (Mean)	\$11.93			\$190.27			\$3.61			\$205.81		
Median	\$10.75	\$9.39		\$109.86	\$40.11		\$92.16	\$29.58		\$118.50	\$33.32	\$33.32

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Note: In some states (Connecticut, Delaware, and Rhode Island), a separate state agency is responsible for providing mental health services to children.

Table 22: SMHA-Controlled Mental Health Expenditures for Forensic and Sex Offender Services, in State Psychiatric Hospitals, FY 2009 (in millions)

State	Forensic	Per Capita	% of Total	Rank	Sex Offenders	Per Capita	% of Total	Rank	Total State Psychiatric Hospital Inpatient
Alabama	\$14.60	\$3.11	8.90%	41	\$0.00	\$0.00	0.00%		\$164.90
Alaska (a)	\$3.30	\$4.77	12.00%	39	\$0.00	\$0.00	0.00%		\$27.20
Arizona	\$29.30	\$4.46	40.20%	13	\$9.80	\$1.49	13.50%	8	\$72.80
Arkansas (a)	\$7.70	\$2.66	17.90%	34	\$0.00	\$0.00	0.00%		\$42.90
California (b)	\$954.40	\$25.93	77.30%	2	\$174.20	\$4.73	14.10%	7	\$1,235.30
Colorado (a)	\$51.90	\$10.39	45.40%	8	NA	NA	NA		\$114.20
Connecticut (ac)	\$96.80	\$27.57	43.90%	9	\$0.00	\$0.00	0.00%		\$220.60
Delaware (ac)	\$7.50	\$8.49	17.20%	35	NA	NA	NA		\$43.50
District of Columbia	\$47.50	\$79.60	46.40%	7	\$1.10	\$1.80	1.00%	16	\$102.40
Florida	\$140.80	\$7.63	40.20%	14	\$28.00	\$1.52	8.00%	11	\$350.10
Georgia	\$66.30	\$6.79	35.50%	18	\$0.00	\$0.00	0.00%		\$186.70
Hawaii	NA	NA	NA		NA	NA	NA		NA
Idaho	\$0.10	\$0.08	0.40%	46	\$0.00	\$0.00	0.00%		\$29.10
Illinois	\$130.40	\$10.13	40.60%	12	\$27.30	\$2.12	8.50%	9	\$320.80
Indiana	\$47.20	\$7.35	23.30%	28	\$0.00	\$0.00	0.00%		\$202.80
Iowa	\$0.20	\$0.06	0.40%	45	\$6.90	\$2.29	16.00%	6	\$43.00
Kansas	\$22.30	\$7.97	25.50%	25	\$17.10	\$6.11	19.60%	5	\$87.30
Kentucky	\$12.90	\$3.01	10.90%	40	\$0.00	\$0.00	0.00%		\$118.50
Louisiana	\$53.10	\$11.88	27.80%	23	\$0.00	\$0.00	0.00%		\$190.90
Maine (b)	NA	NA	NA		NA	NA	NA		\$63.30
Maryland (b)	\$137.60	\$24.27	56.20%	5	\$0.00	\$0.00	0.00%		\$244.90
Massachusetts (a)	\$55.70	\$8.46	26.30%	24	\$0.00	\$0.00	0.00%		\$211.70
Michigan	\$57.30	\$5.75	23.80%	27	\$0.00	\$0.00	0.00%		\$240.80
Minnesota	\$72.40	\$13.75	38.10%	15	\$71.10	\$13.51	37.40%	3	\$189.80
Mississippi	\$4.20	\$1.43	2.80%	44	\$0.00	\$0.00	0.00%		\$152.20
Missouri	\$106.40	\$17.83	41.90%	10	\$19.10	\$3.20	7.50%	12	\$253.90
Montana	\$5.90	\$6.04	21.20%	30	NA	NA	NA		\$27.70
Nebraska	\$8.60	\$4.80	18.00%	33	\$19.00	\$10.63	39.90%	2	\$47.70
Nevada	\$10.20	\$3.87	16.30%	36	\$0.00	\$0.00	0.00%		\$62.60
New Hampshire	\$0.00	\$0.00	0.00%		\$0.00	\$0.00	0.00%		\$58.00
New Jersey (b)	\$101.20	\$11.64	20.10%	31	\$9.70	\$1.12	1.90%	15	\$504.40
New Mexico	\$8.40	\$4.20	34.00%	19	\$0.00	\$0.00	0.00%		\$24.70
New York (b)	\$189.70	\$9.72	14.60%	38	\$43.10	\$2.21	3.30%	14	\$1,295.00
North Carolina (b)	\$11.40	\$1.23	3.40%	43	NA	NA	NA		\$335.60
North Dakota	\$0.00	\$0.00	0.00%		\$0.00	\$0.00	0.00%		\$13.80
Ohio	\$148.60	\$12.89	68.30%	3	NA	NA	NA		\$217.70
Oklahoma	\$20.00	\$5.46	33.70%	20	\$0.00	\$0.00	0.00%		\$59.30
Oregon	\$90.40	\$23.66	62.30%	4	\$0.00	\$0.00	0.00%		\$145.20
Pennsylvania (b)	\$75.00	\$5.96	15.20%	37	\$0.00	\$0.00	0.00%		\$494.90
Rhode Island (c)*	NA	NA	NA		NA	NA	NA		\$31.00
South Carolina	\$18.60	\$4.11	22.50%	29	\$6.90	\$1.53	8.30%	10	\$82.70
South Dakota	\$0.00	\$0.00	0.00%		\$0.00	\$0.00	0.00%		\$22.50
Tennessee	\$41.00	\$6.53	24.70%	26	\$0.00	\$0.00	0.00%		\$166.00

Table 22: SMHA-Controlled Mental Health Expenditures for Forensic and Sex Offender Services, in State Psychiatric Hospitals, FY 2009 (in millions) (Continued)

State	Forensic	Per Capita	% of Total	Rank	Sex Offenders	Per Capita	% of Total	Rank	Total State Psychiatric Hospital Inpatient
Texas (b)	\$141.50	\$5.74	37.70%	16	\$0.00	\$0.00	0.00%		\$375.60
Utah (b)	\$16.60	\$5.99	30.60%	22	\$0.00	\$0.00	0.00%		\$54.40
Vermont	\$8.90	\$14.39	41.00%	11	NA	NA	NA		\$21.80
Virginia (b)	\$24.50	\$3.16	7.40%	42	\$14.10	\$1.82	4.20%	13	\$332.10
Washington	\$44.50	\$6.73	19.30%	32	\$0.00	\$0.00	0.00%		\$230.00
West Virginia (ac)	\$17.50	\$9.63	36.90%	17	\$0.00	\$0.00	0.00%		\$47.40
Wisconsin (b)	\$105.50	\$18.67	50.20%	6	\$49.90	\$8.83	23.80%	4	\$210.10
Wyoming	\$7.50	\$13.82	30.90%	21	\$0.00	\$0.00	0.00%		\$24.20
Total	\$3,215.50		32.80%		\$497.30		5.10%		\$9,793.90
Average (Mean)	\$71.50				\$33.20				\$195.90
Median	\$41.00		26.30%		\$19.00		8.50%		\$131.80
States Reporting	45				15				50

a = Medicaid Revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 23: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Patients in State Psychiatric Hospitals Receiving Mental Health Services, FY 2009 (in millions)

State	Patient Days	Expenditure	Per Patient Day	Rank
Alabama	723,828	\$164.90	\$227.80	50
Alaska (a)	22,909	\$27.20	\$1,187.00	3
Arizona	119,734	\$72.80	\$608.00	18
Arkansas (a)	75,828	\$42.90	\$565.60	26
California (b)	2,102,995	\$1,235.30	\$587.40	22
Colorado (a)	190,636	\$114.20	\$599.10	19
Connecticut (ac)	177,694	\$220.60	\$1,241.50	2
Delaware (ac)	75,419	\$43.50	\$576.40	24
District of Columbia	138,639	\$102.40	\$738.70	10
Florida	1,197,176	\$350.10	\$292.50	48
Georgia	407,555	\$186.70	\$458.00	38
Hawaii	NA	NA	NA	NA
Idaho	60,020	\$29.10	\$484.40	34
Illinois	595,299	\$320.80	\$538.90	28
Indiana	384,253	\$202.80	\$527.80	30
Iowa	113,533	\$43.00	\$378.90	45
Kansas	243,061	\$87.30	\$359.20	46
Kentucky	156,676	\$118.50	\$756.30	9
Louisiana	285,728	\$190.90	\$668.10	14
Maine (b)	102,266	\$63.30	\$619.40	17
Maryland (b)	430,954	\$244.90	\$568.30	25
Massachusetts (a)	309,721	\$211.70	\$683.50	12
Michigan	293,993	\$240.80	\$819.10	8
Minnesota	362,707	\$189.80	\$523.30	31
Mississippi	358,692	\$152.20	\$424.30	43
Missouri	488,276	\$253.90	\$519.90	32
Montana	59,733	\$27.70	\$463.50	37
Nebraska	108,551	\$47.70	\$439.10	41
Nevada	97,445	\$62.60	\$642.80	16
New Hampshire	63,875	\$58.00	\$908.10	7
New Jersey (b)	873,810	\$504.40	\$577.20	23
New Mexico	54,706	\$24.70	\$451.50	39
New York (b)	1,874,400	\$1,295.00	\$690.90	11
North Carolina (b)	338,863	\$335.60	\$990.40	5
North Dakota	34,226	\$13.80	\$402.70	44
Ohio	369,560	\$217.70	\$589.00	21
Oklahoma	133,429	\$59.30	\$444.40	40
Oregon	265,989	\$145.20	\$545.90	27
Pennsylvania (b)	732,849	\$494.90	\$675.30	13
Rhode Island (c)*	30,300	\$31.00	\$1,022.10	4
South Carolina	239,942	\$82.70	\$344.70	47
South Dakota	91,954	\$22.50	\$245.00	49
Tennessee	258,180	\$166.00	\$643.00	15

Table 23: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Patients in State Psychiatric Hospitals Receiving Mental Health Services, FY 2009 (in millions) (Continued)

State	Patient Days	Expenditure	Per Patient Day	Rank
Texas (b)	864,036	\$375.60	\$434.70	42
Utah (b)	115,079	\$54.40	\$472.70	36
Vermont	16,828	\$21.80	\$1,295.50	1
Virginia (b)	560,085	\$332.10	\$592.90	20
Washington	427,997	\$230.00	\$537.40	29
West Virginia (ac)	92,265	\$47.40	\$513.70	33
Wisconsin (b)	435,957	\$210.10	\$481.90	35
Wyoming	26,482	\$24.20	\$912.30	6
Total	17,584,132	\$9,793.90	\$557.00	
Average (Mean)	344,787	\$192.00	\$605.40	
Median	241,502	\$131.80	\$566.90	
Minimum	16,828	\$13.80	\$227.80	
Maximum	2,102,995	\$1,295.00	\$1,295.50	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 24: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Civil (Voluntary and Involuntary) Patients in State Psychiatric Hospitals Receiving Mental Health Services, by Age Group, FY 2009 (in millions)

State	Children and Adolescents				Adults				Total Civil Patients			
	Patient Days	Expenditure	Per Patient Day	Rank	Patient Days	Expenditure	Per Patient Day	Rank	Patient Days	Expenditure	Per Patient Day	Rank
Alabama	3,746	NA	NA	NA	337,295	NA	NA	NA	682,082	\$150.30	\$220.40	49
Alaska (a)	3,207	\$3.80	\$1,187.00	4	16,953	\$20.10	\$1,187.00	3	20,160	\$23.90	\$1,187.00	3
Arizona	1,993	3.7	1856.5	1	41,340	30	725.7	14	43,333	\$33.70	\$777.70	13
Arkansas (a)	3,829	\$4.10	\$1,062.00	8	39,879	\$31.20	\$781.20	12	43,708	\$35.20	\$805.80	11
California (b)	0	0	0	0	181,582	106.7	587.4	29	181,582	\$106.70	\$587.40	29
Colorado (a)	10,754	\$12.30	\$1,143.70	6	82,351	\$50.00	\$607.20	25	93,105	\$62.30	\$669.20	21
Connecticut (ac)	0	0	0	0	97,282	123.8	1272.6	2	97,282	\$123.80	\$1,272.60	2
Delaware (ac)	NA	NA	NA	NA	62,431	\$36.00	\$576.40	30	62,431	\$36.00	\$576.40	30
District of Columbia	0	0	0	0	72,821	53.8	739.3	13	72,821	\$53.80	\$739.30	14
Florida	NA	\$0.00	NA	NA	537,832	\$181.30	\$337.20	47	537,832	\$181.30	\$337.20	47
Georgia	12,056	10.5	869	14	183,897	109.9	597.9	26	195,953	\$120.40	\$614.50	27
Hawaii	0	\$0.00	\$0.00	0	NA	NA	NA	NA	NA	NA	NA	NA
Idaho	3,969	2.5	629.9	23	55,777	26.4	474.2	39	59,746	\$28.90	\$484.50	38
Illinois	2,708	\$1.70	\$627.80	24	256,546	\$161.40	\$629.10	23	259,254	\$163.10	\$629.10	25
Indiana	23,553	12.4	527.8	26	271,275	143.2	527.8	35	294,828	\$155.60	\$527.80	35
Iowa	19,410	\$8.60	\$441.50	28	64,792	\$27.40	\$422.30	43	84,202	\$35.90	\$426.70	44
Kansas	2,920	2.6	890.4	13	105,456	45.3	429.6	41	108,376	\$47.90	\$442.00	41
Kentucky	0	\$0.00	\$0.00	0	132,433	\$105.60	\$797.40	11	132,433	\$105.60	\$797.40	12
Louisiana	20,180	20.9	1036.9	9	130,251	116.8	897.1	6	150,431	\$137.80	\$915.80	6
Maine (b)	NA	NA	NA	NA	35,424	NA	NA	NA	35,424	NA	NA	NA
Maryland (b)	4,015	2.9	722.3	18	184,214	104.4	566.7	31	188,229	\$107.30	\$570.10	32
Massachusetts (a)	7,696	\$6.40	\$831.60	15	220,331	\$149.60	\$679.00	18	228,027	\$156.00	\$684.10	18
Michigan	20,194	20.2	1000.3	11	195,611	163.3	834.8	9	215,805	\$183.50	\$850.30	10
Minnesota	3,933	\$7.20	\$1,842.20	2	48,022	\$39.10	\$814.40	10	51,955	\$46.40	\$892.20	8
Mississippi	33,906	23.7	699	20	312,869	124.3	397.3	44	346,775	\$148.00	\$426.80	43
Missouri	11,956	\$12.00	\$1,001.70	10	196,091	\$116.40	\$593.50	28	208,047	\$128.40	\$617.00	26
Montana	NA	NA	NA	NA	44,171	21.8	493.8	37	44,171	\$21.80	\$493.80	37
Nebraska	6,060	\$2.90	\$475.00	27	35,803	\$17.20	\$479.60	38	41,863	\$20.10	\$478.90	39
Nevada	0	0	0	0	79,913	52.4	656.1	20	79,913	\$52.40	\$656.10	22
New Hampshire	4,161	\$5.30	\$1,284.50	3	59,714	\$52.70	\$881.80	7	63,875	\$58.00	\$908.10	7

Table 24: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Civil (Voluntary and Involuntary) Patients in State Psychiatric Hospitals Receiving Mental Health Services, by Age Group, FY 2009 (in millions) (Continued)

State	Children and Adolescents			Adults			Total Civil Patients					
	Patient Days	Expenditure	Per Patient Day	Rank	Patient Days	Expenditure	Per Patient Day	Rank	Patient Days	Expenditure	Per Patient Day	Rank
New Jersey (b)	0	0	0	0	580,160	393.5	678.2	19	580,160	\$393.50	\$678.20	19
New Mexico	0	\$0.00	\$0.00		23,681	\$16.30	\$688.30	17	23,681	\$16.30	\$688.30	17
New York (b)	153,700	175.8	1143.8	5	1,429,100	886.4	620.3	24	1,582,800	\$1,062.20	\$671.10	20
North Carolina (b)	25,130	\$24.30	\$967.50	12	309,942	\$299.90	\$967.50	5	335,072	\$324.20	\$967.50	5
North Dakota	2,165	1.2	547.8	25	32,061	12.6	392.9	46	34,226	\$13.80	\$402.70	46
Ohio	NA	NA	NA		126,902	\$69.00	\$544.00	33	126,902	\$69.00	\$544.00	34
Oklahoma	15,410	10.5	681.4	21	53,278	28.8	540.6	34	68,688	\$39.30	\$572.20	31
Oregon	0	\$0.00	\$0.00		100,395	\$54.80	\$545.90	32	100,395	\$54.80	\$545.90	33
Pennsylvania (b)	0	0	0		651,316	419.8	644.6	21	651,316	\$419.80	\$644.60	23
Rhode Island (c)*	NA	NA	NA		30,300	\$31.00	\$1,022.10	4	30,300	\$31.00	\$1,022.10	4
South Carolina	18,760	6.4	341.2	30	118,991	50.8	426.9	42	137,751	\$57.20	\$415.20	45
South Dakota	17,739	\$5.20	\$291.60	31	74,215	\$17.40	\$233.80	48	91,954	\$22.50	\$245.00	48
Tennessee	2,918	3.3	1130.9	7	192,204	121.7	633.2	22	195,122	\$125.00	\$640.60	24
Texas (b)	94,744	\$41.20	\$434.90	29	443,670	\$192.90	\$434.80	40	538,414	\$234.10	\$434.80	42
Utah (b)	15,979	12.5	783	16	63,621	25.2	396.7	45	79,600	\$37.80	\$474.30	40
Vermont	0	\$0.00	\$0.00		9,929	\$12.90	\$1,295.40	1	9,929	\$12.90	\$1,295.40	1
Virginia (b)	13,506	9	666.4	22	409,763	284.5	694.3	16	423,269	\$293.50	\$693.40	16
Washington	14,915	\$11.00	\$737.50	17	292,838	\$174.50	\$595.90	27	307,753	\$185.50	\$602.80	28
West Virginia (ac)	0	0	0		57,238	29.9	522.4	36	57,238	\$29.90	\$522.40	36
Wisconsin (b)	23,944	\$17.00	\$710.00	19	53,313	\$37.70	\$707.10	15	77,257	\$54.70	\$708.00	15
Wyoming	0	0.1	0		19,580	16.5	845.1	8	19,580	\$16.70	\$852.50	9
Total	599,156	\$481.30	\$803.20		9,154,853	\$5,386.20	\$588.30		10,095,050	\$6,017.80	\$596.10	
Average (Mean)	18,723	\$15.00	\$856.70		183,097	\$112.20	\$654.50		201,901	\$118.00	\$657.30	
Median	12,006	7.9	783		98,839	53.2	613.7		98,839	58	629.1	
Minimum	1,993	\$0.10	\$291.60		9,929	\$12.60	\$233.80		9,929	\$12.90	\$220.40	
Maximum	153,700	\$175.80	\$1,856.50		1,429,100	\$886.40	\$1,295.40		1,582,800	\$1,062.20	\$1,295.40	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

0 = There is no response for this category.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

Table 25: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Forensic Patients in State Psychiatric Hospitals Receiving Mental Health Services, FY 2009 (in millions)

State	Forensic Patients			Sexually Violent Predators			Total Forensic/Sexually Violent Predators			
	Patient Days	Expenditure	Per Patient Day	Patient Days	Expenditure	Per Patient Day	Patient Days	Expenditure	Per Patient Day	Rank
Alabama	41,746	\$14.60	\$349.70	0	\$0.00	\$0.00	41,746	\$14.60	\$349.70	36
Alaska (a)	2,749	\$3.30	\$1,187.00	0	\$0.00	\$0.00	2,749	\$3.30	\$1,187.00	4
Arizona	48,867	\$29.30	\$599.60	27,534	\$9.80	\$355.90	76,401	\$39.10	\$511.80	21
Arkansas (a)	32,120	\$7.70	\$238.70	0	\$0.00	\$0.00	32,120	\$7.70	\$238.70	45
California (b)	1,624,788	\$954.40	\$587.40	296,625	\$174.20	\$587.40	1,921,413	\$1,128.60	\$587.40	13
Colorado (a)	97,531	\$51.90	\$532.20	NA	NA	NA	97,531	\$51.90	\$532.20	18
Connecticut (ac)	80,412	\$96.80	\$1,203.80	0	\$0.00	\$0.00	80,412	\$96.80	\$1,203.80	3
Delaware (ac)	12,988	\$7.50	\$576.40	NA	NA	NA	12,988	\$7.50	\$576.50	15
District of Columbia	64,358	\$47.50	\$738.10	1,460	\$1.10	\$734.20	65,818	\$48.60	\$738.00	8
Florida	416,321	\$140.80	\$338.30	243,023	\$28.00	\$115.10	659,344	\$168.80	\$256.00	42
Georgia	211,602	\$66.30	\$313.10	0	\$0.00	\$0.00	211,602	\$66.30	\$313.10	37
Hawaii	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Idaho	274	\$0.10	\$447.10	0	\$0.00	\$0.00	274	\$0.10	\$447.10	27
Illinois	207,200	\$130.40	\$629.30	128,845	\$27.30	\$211.90	336,045	\$157.70	\$469.30	23
Indiana	89,425	\$47.20	\$527.80	0	\$0.00	\$0.00	89,425	\$47.20	\$527.80	20
Iowa	929	\$0.20	\$202.50	28,402	\$6.90	\$242.90	29,331	\$7.10	\$241.60	44
Kansas	68,985	\$22.30	\$323.30	65,700	\$17.10	\$260.30	134,685	\$39.40	\$292.50	39
Kentucky	24,243	\$12.90	\$532.10	0	\$0.00	\$0.00	24,243	\$12.90	\$532.10	19
Louisiana	135,297	\$53.10	\$392.60	0	\$0.00	\$0.00	135,297	\$53.10	\$392.60	31
Maine (b)	15,709	NA	NA	NA	NA	NA	15,709	NA	NA	NA
Maryland (b)	242,725	\$137.60	\$566.90	0	\$0.00	\$0.00	242,725	\$137.60	\$566.90	16
Massachusetts (a)	81,694	\$55.70	\$681.80	0	\$0.00	\$0.00	81,694	\$55.70	\$681.80	10
Michigan	78,188	\$57.30	\$732.80	0	\$0.00	\$0.00	78,188	\$57.30	\$732.80	9
Minnesota	127,540	\$72.40	\$567.50	183,212	\$71.10	\$388.00	310,752	\$143.50	\$461.60	25
Mississippi	11,917	\$4.20	\$352.40	0	\$0.00	\$0.00	11,917	\$4.20	\$352.40	35
Missouri	228,429	\$106.40	\$465.90	51,800	\$19.10	\$368.40	280,229	\$125.50	\$447.90	26
Montana	15,562	\$5.90	\$377.30	NA	NA	NA	15,562	\$5.90	\$377.30	33
Nebraska	16,267	\$8.60	\$528.20	50,421	\$19.00	\$377.20	66,688	\$27.60	\$414.00	30
Nevada	17,532	\$10.20	\$581.80	0	\$0.00	\$0.00	17,532	\$10.20	\$581.80	14
New Hampshire	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	NA	NA	NA

Table 25: SMHA-Controlled Mental Health Expenditures per Inpatient Day, All Forensic Patients in State Psychiatric Hospitals Receiving Mental Health Services, FY 2009 (in millions) (Continued)

State	Forensic Patients			Sexually Violent Predators			Total Forensic/Sexually Violent Predators			
	Patient Days	Expenditure	Per Patient Day	Patient Days	Expenditure	Per Patient Day	Patient Days	Expenditure	Per Patient Day	Rank
New Jersey (b)	145,825	\$101.20	\$694.00	147,825	\$9.70	\$65.60	293,650	\$110.90	\$377.70	32
New Mexico	31,025	\$8.40	\$270.70	0	\$0.00	\$0.00	31,025	\$8.40	\$270.70	41
New York (b)	247,200	\$189.70	\$767.40	44,400	\$43.10	\$970.70	291,600	\$232.80	\$798.40	7
North Carolina (b)	3,791	\$11.40	\$3,013.80	0	NA	\$0.00	3,791	\$11.40	\$3,013.80	1
North Dakota	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	NA	NA	NA
Ohio	242,658	\$148.60	\$612.60	NA	NA	NA	242,658	\$148.60	\$612.60	12
Oklahoma	64,741	\$20.00	\$308.90	0	\$0.00	\$0.00	64,741	\$20.00	\$308.90	38
Oregon	165,594	\$90.40	\$545.90	0	\$0.00	\$0.00	165,594	\$90.40	\$545.90	17
Pennsylvania (b)	81,533	\$75.00	\$920.30	0	\$0.00	\$0.00	81,533	\$75.00	\$920.30	6
Rhode Island (c)*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South Carolina	63,764	\$18.60	\$291.70	38,427	\$6.90	\$179.60	102,191	\$25.50	\$249.50	43
South Dakota	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	NA	NA	NA
Tennessee	63,058	\$41.00	\$650.20	0	\$0.00	\$0.00	63,058	\$41.00	\$650.20	11
Texas (b)	325,622	\$141.50	\$434.60	0	\$0.00	\$0.00	325,622	\$141.50	\$434.60	28
Utah (b)	35,479	\$16.60	\$469.20	0	\$0.00	\$0.00	35,479	\$16.60	\$469.20	24
Vermont	6,899	\$8.90	\$1,295.60	NA	NA	NA	6,899	\$8.90	\$1,295.70	2
Virginia (b)	95,382	\$24.50	\$256.90	41,434	\$14.10	\$340.30	136,816	\$38.60	\$282.10	40
Washington	120,244	\$44.50	\$370.10	0	\$0.00	\$0.00	120,244	\$44.50	\$370.10	34
West Virginia (ac)	35,027	\$17.50	\$499.60	0	\$0.00	\$0.00	35,027	\$17.50	\$499.60	22
Wisconsin (b)	217,652	\$105.50	\$484.70	141,048	\$49.90	\$353.80	358,700	\$155.40	\$433.20	29
Wyoming	6,902	\$7.50	\$1,082.00	0	\$0.00	\$0.00	6,902	\$7.50	\$1,082.00	5
Total	5,947,794	\$3,215.50	\$540.60	1,490,156	\$497.30	\$333.70	7,437,950	\$3,712.70	\$499.20	
Average (Mean)	129,300	\$71.50	\$612.00	99,343	\$33.20	\$369.50	161,695	\$82.50	\$591.70	
Median	66,863	41	532.1	51,800	19	353.8	79,300	41	469.3	
Minimum	274	\$0.10	\$202.50	1,460	\$1.10	\$65.60	274	\$0.10	\$238.70	
Maximum	1,624,788	\$954.40	\$3,013.80	296,625	\$174.20	\$970.70	1,921,413	\$1,128.60	\$3,013.80	

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.

b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.

c = Children's mental health expenditures are not included in SMHA-controlled expenditures.

NA = Services provided but exact expenditures are unallocatable.

0 = There is no response for this category.

*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).

XII. State-by-State Tables: SMHA-Controlled State Psychiatric Hospital Revenues

Table 26: FY 2009 SMHA-controlled mental health revenues to state psychiatric hospitals, by revenue sources (in millions)

Table 26: SMHA-Controlled Mental Health Revenues to State Psychiatric Hospitals, by Revenue Sources, FY 2009 (in millions)

State	State General Funds		Total Medicaid**		Medicare		Mental Health Block Grant		Other Federal		Local Gov't		Other Revenues***		Total SMHA Revenue		Per Capita
	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	
Alabama	\$127.30	77%	\$17.30	10%	\$16.90	10%	\$0.00	0%	\$0.10	0%	\$0.00	0%	\$4.10	2%	\$165.70	2%	\$35.31
Alaska (a)	\$5.60	21%	\$16.30	60%	\$2.50	9%	\$0.00	0%	\$0.60	2%	\$0.00	0%	\$2.10	8%	\$27.20	8%	\$39.79
Arizona	\$68.60	92%	\$0.00	0%	\$0.40	1%	\$0.00	0%	\$4.40	6%	\$0.00	0%	\$0.90	1%	\$74.30	1%	\$11.31
Arkansas (a)	\$31.80	42%	\$36.50	48%	\$3.70	5%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$4.00	5%	\$75.90	5%	\$26.34
California (b)	\$1,141.30	92%	\$6.30	1%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$87.70	7%	\$1,235.30	7%	\$33.57
Colorado (a)	\$99.50	84%	\$9.20	8%	\$5.80	5%	\$0.00	0%	\$0.40	0%	\$1.00	1%	\$1.90	2%	\$117.80	2%	\$23.57
Connecticut (ac)	\$219.50	93%	\$5.40	2%	\$8.10	3%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$3.80	2%	\$236.80	2%	\$67.45
Delaware (ac)	\$43.10	95%	\$0.80	2%	\$0.30	1%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1.30	3%	\$45.50	3%	\$51.63
District of Columbia	\$98.20	96%	\$0.80	1%	\$3.20	3%	\$0.00	0%	\$0.20	0%	\$0.00	0%	\$0.00	0%	\$102.40	0%	\$171.61
Florida	\$246.30	70%	\$103.80	30%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$350.10	0%	\$18.96
Georgia	\$171.00	92%	NA	NA	\$13.80	7%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1.90	1%	\$186.70	1%	\$19.14
Hawaii	\$48.00	100%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$48.00	0%	\$38.17
Idaho	\$21.30	73%	\$4.90	17%	\$1.70	6%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1.10	4%	\$29.10	4%	\$18.87
Illinois	\$300.40	94%	\$8.60	3%	\$9.70	3%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$2.10	1%	\$320.80	1%	\$24.91
Indiana	\$148.60	73%	\$46.90	23%	\$5.40	3%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1.90	1%	\$202.80	1%	\$31.60
Iowa	\$13.60	25%	\$2.70	5%	\$3.00	6%	\$0.00	0%	\$0.00	0%	\$6.20	12%	\$27.80	52%	\$53.30	52%	\$17.72
Kansas	\$53.00	61%	\$24.60	28%	\$9.50	11%	NA	NA	\$0.20	0%	NA	NA	NA	NA	\$87.30	NA	\$31.18
Kentucky	\$67.80	57%	\$35.50	30%	\$12.80	11%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$2.40	2%	\$118.50	2%	\$27.61
Louisiana	\$91.60	47%	\$94.60	48%	\$0.90	0%	\$0.40	0%	\$2.60	1%	\$0.00	0%	\$6.60	3%	\$196.70	3%	\$43.97
Maine (b)	\$9.40	15%	\$53.90	85%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$63.30	0%	\$48.16
Maryland (b)	\$252.60	91%	\$23.70	9%	\$0.00	0%	\$0.00	0%	\$0.10	0%	\$0.00	0%	\$0.00	0%	\$276.40	0%	\$48.75
Massachusetts (a)	\$131.80	91%	\$7.00	5%	\$4.80	3%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.70	0%	\$144.30	0%	\$21.91
Michigan	\$195.10	81%	\$27.80	12%	NA	NA	\$0.00	0%	\$0.10	0%	\$14.10	6%	\$3.70	2%	\$240.80	2%	\$24.17
Minnesota	\$158.30	83%	\$4.30	2%	\$4.50	2%	\$0.00	0%	\$0.00	0%	\$19.70	10%	\$4.90	3%	\$191.70	3%	\$36.43
Mississippi	\$133.60	83%	\$6.00	4%	\$8.00	5%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$12.90	8%	\$160.50	8%	\$54.67
Missouri	\$269.90	64%	\$145.10	34%	\$3.70	1%	\$0.00	0%	\$2.40	1%	\$0.00	0%	\$2.60	1%	\$423.60	1%	\$70.98
Montana	\$29.90	100%	NA	NA	NA	NA	NA	NA	NA	NA	\$0.00	0%	NA	NA	\$29.90	NA	\$30.82
Nebraska	\$46.00	96%	\$0.70	1%	\$0.50	1%	\$0.00	0%	\$0.50	1%	\$0.00	0%	\$0.00	0%	\$47.70	0%	\$26.63
Nevada	\$57.60	92%	\$0.00	0%	\$4.70	8%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.30	0%	\$62.60	0%	\$23.79

Table 26: SMHA-Controlled Mental Health Revenues to State Psychiatric Hospitals, by Revenue Sources, FY 2009 (in millions) (Continued)

State	State General Funds		Total Medicaid**		Medicare		Mental Health Block Grant		Other Federal		Local Gov't		Other Revenues***		Total SMHA Revenue	Per Capita
	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	%	Revenue	
New Hampshire	\$9.30	12%	\$55.70	71%	\$7.50	10%	\$0.00	0%	\$0.20	0%	\$0.00	0%	\$6.10	8%	\$78.90	\$59.59
New Jersey (b)	\$398.10	79%	\$40.70	8%	\$25.10	5%	\$0.00	0%	\$0.00	0%	\$35.40	7%	\$5.00	1%	\$504.40	\$58.00
New Mexico	\$39.10	88%	\$4.50	10%	\$0.80	2%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$44.40	\$22.21
New York (b)	\$544.80	31%	\$1,119.60	63%	\$56.70	3%	\$0.00	0%	\$0.00	0%	\$27.70	2%	\$19.20	1%	\$1,768.00	\$90.58
North Carolina (b)	\$286.80	78%	\$43.10	12%	\$18.40	5%	\$0.00	0%	\$0.00	0%	\$0.90	0%	\$18.80	5%	\$368.10	\$39.66
North Dakota	\$11.00	52%	\$1.60	8%	\$3.70	17%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$5.00	24%	\$21.30	\$33.32
Ohio	\$189.20	91%	\$0.40	0%	\$17.20	8%	NA	NA	\$0.00	0%	NA	NA	\$1.60	1%	\$208.40	\$18.07
Oklahoma	\$46.20	78%	\$8.30	14%	\$3.70	6%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1.10	2%	\$59.30	\$16.18
Oregon	\$111.00	76%	\$23.90	16%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$10.30	7%	\$145.20	\$38.00
Pennsylvania (b)	\$390.20	79%	\$67.30	14%	\$25.40	5%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$12.00	2%	\$494.90	\$39.28
Rhode Island (c)*	\$0.00	0%	\$31.00	100%	NA	NA	\$0.00	0%	\$0.00	0%	\$0.00	0%	NA	NA	\$31.00	\$29.52
South Carolina	\$45.10	50%	\$45.30	50%	\$0.10	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.20	0%	\$90.70	\$20.07
South Dakota	\$27.40	63%	\$10.20	24%	\$5.00	11%	\$0.00	0%	\$0.10	0%	\$0.00	0%	\$0.50	1%	\$43.20	\$53.44
Tennessee	\$117.20	71%	\$37.50	23%	\$9.40	6%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1.90	1%	\$166.00	\$26.45
Texas (b)	\$317.70	82%	\$22.90	6%	\$31.50	8%	\$0.00	0%	\$0.50	0%	\$0.00	0%	\$14.10	4%	\$386.70	\$15.68
Utah (b)	\$35.20	65%	\$15.00	28%	\$1.50	3%	\$0.00	0%	\$1.00	2%	NA	NA	\$1.70	3%	\$54.40	\$19.58
Vermont	\$21.40	98%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.20	1%	\$0.00	0%	\$0.20	1%	\$21.80	\$35.10
Virginia (b)	\$244.20	73%	\$56.80	17%	\$20.10	6%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$13.20	4%	\$334.30	\$43.06
Washington	\$42.30	18%	\$153.40	67%	\$23.40	10%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$10.90	5%	\$230.00	\$34.78
West Virginia (ac)	\$23.70	50%	\$19.30	41%	\$3.20	7%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1.20	3%	\$47.40	\$26.07
Wisconsin (b)	\$173.40	83%	\$17.20	8%	\$8.70	4%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$10.80	5%	\$210.10	\$37.17
Wyoming	\$32.60	99%	\$0.20	1%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$32.80	\$60.62
Total	\$7,386.70	69%	\$2,456.70	23%	\$385.50	4%	\$0.40	0%	\$13.60	0%	\$104.90	1%	\$308.40	3%	\$10,656.30	\$34.80
Average (Mean)	\$144.80		\$48.20		\$7.60		\$0.00		\$0.30		\$2.10		\$6.00		\$208.90	
Median	\$94.90		\$18.30		\$5.20		\$0.40		\$0.20		\$14.10		\$2.60		\$118.50	\$33.30

a = Medicaid revenues for community programs are not included in SMHA-controlled expenditures.
b = SMHA-controlled expenditures include funds for mental health services in jails or prisons.
c = Children's mental health expenditures are not included in SMHA-controlled expenditures.
NA = Services provided but exact expenditures are unallocatable.
*Rhode Island does not have a state psychiatric hospital. Reported figures are expenditures spent on psychiatric services at a state-run hospital (Eleanor Slater Hospital).
**"Total Medicaid" column includes state Medicaid and federal Medicaid matches.
***"Other Revenues" column includes first-party and third-party payments and other revenues.

References

- Center for Mental Health Services (CMHS). (2010). *Uniform reporting system (URS) 2009 data*. Retrieved August 22, 2011, from <http://www.samhsa.gov/dataoutcomes/urs/urs2009.aspx>
- McNichol, E., Oliff, P., & Johnson, N. (2011, June 17). *States continued to feel recession's impact*. Center on Budget and Policy Priorities. Retrieved June 27, 2011, from <http://www.cbpp.org/files/9-8-08sfp.pdf>
- National Association of State Mental Health Program Directors Research Institute, Inc. (NRI). (2010). *The FY 2009 state mental health revenue and expenditure study results*. Retrieved August 22, 2011, from http://www.nri-inc.org/projects/profiles/Prior_RE.cfm
- National Governors Association. (2011). *Redesigning state government*. Retrieved September 9, 2011, from <http://www.nga.org/cms/render/live/en/sites/NGA/home/nga-center-for-best-practices/center-issues/page-special-topics-issues/col2-content/main-content-list/redesigning-state-government.html>
- National Governors Association & National Association of State Budget Officers. (2010, November 19). *Preliminary summary: NGA/NASBO fall 2010 fiscal survey of states*. Retrieved August 22, 2011, from <http://www.nasbo.org/LinkClick.aspx?fileticket=wJKroFj6QDA%3D&tabid=38>

Appendix A:

SMHA Expenditures and Revenues Study Contact Persons

State	Contact Person
Alabama	Mary Lawrence
Alaska	Nancy Cooperrider
Arizona	Debbie Gann
Arkansas	Rose Jones
California	Chuck Okemiri
Colorado	Andrew Martinez
Connecticut	Christopher Beauty
Delaware	Celena Hicken
District of Columbia	Anthony Young
Florida	Adam Wasserman
Georgia	Rick Dunn
Hawaii	Janet LeDoux (Children's Division), and Brian Higgins and Amy Yamaguchi (Adult Division)
Idaho	Boyd Wilmoth
Illinois	Mary Smith
Indiana	Paul Bowling
Iowa	Robyn Wilson
Kansas	Erick Vaughn
Kentucky	Rachel Cox
Louisiana	Deanne Mills
Maine	Jay Yoe, Mark Fisher
Maryland	Randy Price
Massachusetts	Laurie Burgess
Michigan	Doris Gellert
Minnesota	Jerry Storck
Mississippi	Glynn Kegley
Missouri	Gloria Gehlert
Montana	Jeff Lustgraaf
Nebraska	Jim Harvey and Scot Adams
Nevada	David Prather
New Hampshire	Peter Reid
New Jersey	Laura Pierce-Foglia
New Mexico	Harrison Kinney
New York	Leesa Rademacher
North Carolina	Wanda Mitchell
North Dakota	Lynn Derman
Ohio	Holly Jones
Oklahoma	Bob Mathews
Oregon	Ken Goforth
Pennsylvania	Susan Snyder
Rhode Island	Edward Murray
South Carolina	William Wells
South Dakota	John Hanson
Tennessee	Gene Wood and Paula DeWitt
Texas	Tanya Guthrie
Utah	Todd Dearden
Vermont	Heidi Hall
Virginia	Ken Gunn
Washington	Sue Breen
West Virginia	Jim Elzey
Wisconsin	Dan Zimmerman
Wyoming	Mariah Storey

Appendix B:

FY 2009 SMHA-Controlled Expenditures and Revenues Study: Glossary and Data Reporting Instructions



GLOSSARY

Funding Sources and Expenditures of State Mental Health Agencies: Fiscal Year 2009

Please submit data no later than **December 3, 2010**

Inquiries and/or questions should be directed to:

Azeb Berhane, M.A.
NASMHPD Research Institute, Inc.
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
Phone: (703) 682-7549
Fax: (703) 548-9517
Email: azeb.berhane@nri-inc.org

September 2010

INTRODUCTION

This Fiscal Year 2009 Expenditures and Revenues Study is the sixteenth in a series that now includes information on State Mental Health Agency (SMHA) expenditures and revenues for FY'81, FY'83, FY'85, FY'87, FY'90, FY'93, FY'97, FY'01, FY'02, FY'03, FY'04, FY'05, FY'06, FY'07, and FY'08. This glossary includes instructions and definitions to help states to complete the tables.

This study will provide a comprehensive database of comparable information about the SMHAs that the NASMHPD Research Institute, Inc. (NRI), and states can utilize for budgeting, planning, and policymaking, at the local, state, and national levels. The data will be used by NRI as a key component of its SMHA Profiling System in a new publication about the funding and characteristics of State Mental Health Agencies. These data are also used by many individual states to assist in their own budget processes. The data will also fulfill the requirements for Table 7 of the Center for Mental Health Services (CMHS) Uniform Reporting System (URS) that is part of each state's required Annual Mental Health Block Grant Implementation Report.

Tables 1 through 4 depict the mental health expenditures (Table 1) and revenues (Table 2) that are under the control of the SMHA. These funds include all state general funds to the SMHA, the federal mental health block grant, local funds (when required) to match state dollars, and other funds that the SMHA controls as well as the total expenditures and revenues of the community mental health system.

The term "SMHA-controlled" expenditures is meant to refer to the expenditure of funds by the SMHA or programs funded by the SMHA (such as community mental health providers), where the SMHA has some direct control over the expenditures of these funds. All state general revenues that flow through the SMHA to local providers should be included within the funds considered SMHA controlled. Federal funds that go directly through the SMHA, such as the Mental Health Block Grant, PATH Homeless Grants, and other funds that the SMHA allocates to local providers (or county/city governments) should be counted as SMHA controlled. In many SMHAs, the SMHA now has a role in working with the state Medicaid agency to establish rates for mental health services, develop Medicaid options or waivers for mental health services, or is otherwise involved in the use of Medicaid to pay for mental health services at the SMHA-funded system. In these instances, the SMHA should include these Medicaid (or other funds) within the resources it considers SMHA controlled. Some SMHAs may allocate state general fund and other expenditures to local mental health providers as part of a system in which the expected amount of Medicaid (or Medicare or other funds) helps determine how many state funds are provided. Again, in these instances, the Medicaid (and other funds) should be counted as SMHA controlled. For instances in which Medicaid (or other funds) is billed by local providers to another state government agency (such as Medicaid) and the SMHA has no involvement in the Medicaid program, then these funds should NOT be counted as SMHA controlled.

An additional factor to be considered by SMHAs in determining the scope of their system to define as SMHA controlled is to consider the mental health providers and system that are included in the development of the state's Mental Health Block Grant

Plan and Implementation report and the mental health services reported to CMHS under the Uniform Reporting System (URS). NRI's Revenues and Expenditures data on SMHA-controlled expenditures should correspond to the services and clients reported within the URS as part of the SMHA system (e.g., if clients from community providers receiving services paid for by Medicaid are reported to CMHS through the URS and are part of the state's Mental Health Block Grant Plan, then the expenditures and revenues for these services should be reported here as SMHA controlled).

Edit Checks have been built into the Excel file to help you review the data prior to submission. A few data items from the FY'08 study that compare FY'08 and FY'09 data have been included.

STUDY PROCESS

Each state should complete the attached tables as completely as possible. Please e-mail your completed data to Azeb Berhane at azeb.berhane@nri-inc.org. If you need a copy of the table shells, please contact Ping Wu at ping.wu@nri-inc.org.

Please utilize the built-in data edits to ensure accurate data reporting. If any item is flagged by the built-in data edits, please review your data before returning these data to NRI. If your data are accurate, then please submit explanations (data notes) for each flagged item. After each state has submitted data, NRI will run additional data edits. All errors and unresolved issues will be followed up with the state. A draft report depicting your data and information from all other states will be sent back to you for your state's review and commissioner's approval before NRI issues the final report. A copy of the final report will be sent to each SMHA Director and the state contact person for this project.

INSTRUCTIONS

Data reported on the tables should include expenditures/revenues for **mental health only**. Expenditures for developmental disabilities (DD), alcohol abuse, or drug abuse programs should **NOT** be included. **If the SMHA has earmarked funds for dual diagnosis services, they should be included.**

Age group breakdowns are as follows:

Children/Adolescents	through age 17
Adult/Elderly	ages 18 and older
Age Unknown	Please use this category only if you cannot break out expenditures by any age group distinctions.

Note: If exact expenditures are not available by these age categories, please estimate how the expenditures would have been spent based on your client caseload statistics. If you must report estimated age group expenditures, please so note on the tables. Please only use the "Age Unknown" column (Table 1) as a last resort if you are unable to either report actual age group-related expenditures or estimate age group expenditures.

Please report data for each major Administrative Auspice (State Psychiatric Hospitals, Community Mental Health, and SMHA Administration). If you are unable to depict expenditures for services that are part of your system, an "NA" should be used in the tables to show that "services are provided, but that exact expenditures (or revenues) are not allocatable." If the service is not provided in your state, then a zero (\$0) should be used in the tables to show no expenditures for that service.

(For example, if your state funds community mental health centers to provide Residential and Ambulatory Services, but the expenditure data submitted to you

by local providers does not supply the detail needed to break out expenditures between Residential and Ambulatory Services, then place an “NA” in the appropriate cells for both Residential and Ambulatory Services and put the actual expenditure amounts in the Other/Unknown row).

Round dollar amounts to the nearest \$100,000.

Capital Improvement expenditures and/or revenues to be used for capital improvements should **not** be included.

Fringe Benefit costs associated with SMHA employees should be included, even if they are paid by another state agency. Please note this with a footnote. For example, if a State Department of Administration actually pays for employee fringe benefits, and these fringe benefits are 20% of salaries, please increase the SMHA expenditures by the fringe benefit rate (a 20% increase in personnel costs).

Footnotes

Please provide footnotes as necessary. Footnotes should document the source of the figures reported. They will be a useful reference if questions arise about the data requiring assessment of the reported figures.

Fiscal Year 2009 is your state’s fiscal year that ended in calendar year 2009. For example, for most states, Fiscal Year 2009 ended on June 30, 2009.

TABLES FOR DOCUMENTING SMHA REVENUES AND EXPENDITURES

TABLE 1: SMHA-CONTROLLED MENTAL HEALTH EXPENDITURES

All mental health expenditures controlled by the SMHA are depicted in this table. The glossary provides definitions of each item. Expenditures for DD, alcohol abuse, or drug abuse programs are not to be included on this table.

Only TOTALS are required for the “Administration” line items.

In order to provide some contextual information for users of the data, please respond “yes” or “no” to the three questions at the bottom of Table 1.

Note: If the SMHA has earmarked funds for dual diagnosis services, they should be included in this table.

TABLE 2: SMHA-CONTROLLED MENTAL HEALTH REVENUES

Revenues specifically dedicated to each of the three Administrative Auspice Types are depicted on this table, which will match revenue sources with the type of setting in which these revenues are ultimately expended. These include:

- SMHA-controlled revenues dedicated to state psychiatric hospital programs;
- SMHA-controlled revenues for community-based programs; and
- SMHA-controlled revenues dedicated to SMHA support activities of research, training, prevention, and SMHA administration.

The glossary section provides definitions to explain the allocations to the appropriate cells in the table. SMHA funds received and dedicated to DD, alcohol abuse, or drug abuse services should not be included.

Include all funds that the state receives for services provided by SMHA-operated programs. Thus, Medicaid, Medicare, and first/third-party funds collected by the state for services provided at the SMHA **should be depicted** even if the funds revert directly to the state general fund.

TABLE 3: DISPROPORTIONATE SHARE MEDICAID

Table 3 compiles information about Disproportionate Share Medicaid Revenues received by the state for mental health services provided at state psychiatric hospitals.

TABLE 4: STATE MENTAL HEALTH AGENCY STATE HOSPITAL EXPENDITURES, BY PRIORITY GROUPS

Table 4 compiles additional data on mental health expenditures in state psychiatric hospitals reported on Table 1 for some of the priority populations that SMHAs are serving. Categories to report include forensic clients, sexually violent predators, and civil commitments. For each of these priority population groups, please use the SMHA’s definition. If you have to estimate the expenditures, please note on the table that these figures are estimates.

Note: Totals from this table must match the total inpatient expenditures for state psychiatric hospitals reported on Table 1, row 1. Please include data for both children and adults.

EDIT CHECKS: The “Edit Checks” worksheet lists some data edits that will help you review data prior to submission. Please reconcile edits before sending the data to NRI.

GLOSSARY OF TERMS

STATE PSYCHIATRIC HOSPITALS

This category includes all SMHA funded and operated organizations operated as hospitals that provide primarily inpatient care to mentally ill persons from a specific geographical area and/or statewide. These hospitals may provide a variety of treatment and rehabilitative services. They may be designated as “mental health institutes,” “centers,” “state hospitals” “state forensic hospitals,” “state psychiatric centers,” or similar titles. A state-operated community mental health center that operates inpatient beds should be included only if the center is licensed by the state as a hospital (otherwise, it should be included in community-based programs).

Only expenditures for inpatient, other residential, and less than 24-hour care services that occur on a state hospital campus should be reported. All mental health services that are provided off the hospital grounds should be reported as part of the “SMHA Community-Based Programs” section on Tables 1 and 2.

Less than 24-hour care includes such services as: case management, partial care, and emergency services that are provided at a state hospital.

COMMUNITY-BASED PROGRAMS

This category includes services, programs, and activities provided in settings that are based in the community. These types of organizations include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer-run programs (including club houses and drop-in centers), and all Community Support Programs (CSPs). Include any services provided by state hospitals that are provided off the grounds of state hospitals.

Also county, city, general, and/or all other (non-state-operated psychiatric hospitals) hospitals that either directly or indirectly receive SMHA funds to provide inpatient, outpatient, residential, or other services should also be reported as “SMHA-controlled community expenditures.” These programs should be counted as community expenditures, even if the payments to such hospitals are made directly from the SMHA and do not pass through community-based programs (e.g., CMHC, county-level mental health board, and clinic).

INPATIENT: Services offered in an inpatient setting to include diagnosis, treatment, and care to mentally ill individuals on a comprehensive 24-hour basis. Such services may be operated directly by the community-administered agency and/or such agency may, in turn, purchase inpatient services from another public or private agency or facility.

Inpatient care may be offered in one or more of the following settings:

- Within the inpatient unit of a CMHC or clinic.
- Via general medical/surgical beds within a public or private community-administered general hospital.
- By an established, organizationally separate, psychiatric unit, ward, or facility with assigned staff for inpatient care, operating within a public or private

community-administered general hospital.

- A designated, public (including county and/or city mental hospital), or private “psychiatric hospital” in which the majority of the facility’s resources are devoted to inpatient care of mentally ill persons.

OTHER 24-HOUR CARE: Other 24-hour care refers to a setting, other than a hospital inpatient setting, that provides congregate overnight living. A variety of services along a continuum of living arrangements may be offered, ranging from basic room and board with minimal supervision through 24-hour medical, nursing, and/or intensive therapeutic programs. Activities include: diagnosis, treatment, and care to mentally ill individuals, either on a residential treatment or residential support services basis. Residential treatment is overnight care in conjunction with an intensive treatment program. Residential support is overnight care in conjunction with supervised living and other support services. Depending upon the nomenclature used in the state, residential settings may include, but may not be limited to, any and all of the following:

1. RESIDENTIAL TREATMENT:

INTERMEDIATE CARE FACILITY (ICF): A residential facility providing room, board, social and rehabilitative services, and nursing services to include treatment, medication, and counseling. One registered or licensed nurse per 40 patients is usually minimal

SKILLED NURSING FACILITY (SNF): A residential facility offering services characteristic of the Intermediate Care Facility (ICF) with the addition of 24-hour, 7-day per week nursing services required for complex patient medical conditions. These facilities usually have no less than one registered licensed nurse per 15 patients. SNF must have at least one or more medically related health services such as physical services; physical, occupational, or speech therapy; diagnostic and laboratory services; and/or medication.

RESIDENTIAL TREATMENT CENTER FOR EMOTIONALLY DISTURBED CHILDREN: An organization that provides individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients. It serves children and youth primarily under the age of 18.

2. HOUSING WITH SUPPORT SERVICES:

GROUP HOME: A residential facility providing post-instructional care or alternative to institutional care to include counseling, rehabilitation, supervised living, personal care, and other supportive services.

SUPPORTIVE LIVING FACILITY: A long-term residential facility that provides room, board, and possibly mental health care.

HALFWAY HOUSE: A residential facility providing short-term supervised living and/or care.

BOARD AND LODGING HOME/DOMICILIARY: Providing only room and board.

UNSUPERVISED AND SUPERVISED APARTMENTS: Providing only room and board and/or minimal supervision.

LESS THAN 24-HOUR CARE: This refers to services provided in a less than 24-hour care setting and not overnight. It includes outpatient, partial care, emergency, and case management services, and prevention programs.

OUTPATIENT: Mental health services provided to clients on an hourly basis, on an individual or group basis, and usually in a clinic setting. Services such as screening, crisis intervention, outreach, and psychiatric treatment can be included. Outpatient services may be diagnostic, therapeutic, or adjunctive. Include expenditures for “wraparound” services here.

PARTIAL CARE/DAY TREATMENT: Structured programs of treatment, activity, or other mental health services provided in clusters of 3 or more hours per day. These programs are often called day treatment, partial hospitalization, psychosocial rehabilitation, or activity centers.

EMERGENCY: Programs that provide immediate and short-term services to cover patients experiencing psychiatric emergency or crisis situations. This covers telephone counseling, immediate services, and referral services

CASE MANAGEMENT: Functions as an outreach intervention for clients with the primary purpose of: (a) assisting clients in accessing financial, housing, medical, employment, social, transportation, and other essential community resources; (b) assisting community agencies in offering responsive services to the client population; or (c) mobilizing assistance from family, neighbors, and self-help groups on behalf of clients.

PREVENTION AND PROMOTION PROGRAMS: Mental health primary prevention programs are designed to directly reduce the incidence of mental disorders, the high-risk precursors of disorders, and the adverse consequences of high-risk precursors and/or early manifestations of the disorders themselves.

Prevention services may vary widely but are generally associated with primary and early intervention, secondary prevention, and/or tertiary prevention activities and may also include such promotion services as information, education, literature distribution, media campaigns, clearinghouse activities, speaker’s bureaus, and school or peer group situations. These services may be directed at any portion of the population. No inpatient expenditures of any kind are to be included in this category.

ADMINISTRATION

CENTRAL/REGIONAL OFFICE SUPPORT: Include expenditures for the administration of the SMHA including central and regional offices defined as SMHA activities that provide centralized policy direction and administrative management for all operational segments of the SMHA program. Functions usually include policy formulation, planning, budgeting, coordination, and evaluation. Supplemental/support activities may include fiscal administration, legal services, management information systems, purchasing, licensure, development of standards, and monitoring. SMHAs may operate from one central office or through a regional structure. Expenditures depicted herein will include the expenditures of the total central and/or regional structure.

The infrastructure of the SMHA may include separate administrative components for the planning, coordination, and development of community-administered programs, state psychiatric hospitals, and/or other programs. Expenditures for these SMHA divisions and/or components should be included in the total “SMHA Administration” figure.

RESEARCH/TRAINING: Include identifiable research activities funded and/or funded and conducted by the SMHA. Research activities may: (a) constitute one or more components within a state psychiatric hospital(s), community program, or independent facility; (b) comprise an entire program entity or facility (e.g., a Children’s Psychiatric Research Institute); and/or (c) be conducted at the SMHA central office.

Training refers to identifiable staff training and human resource development (HRD) activities or facilities funded and/or funded and operated by the SMHA. Training activities may: a) be conducted as part of the state hospital; within community-administered programs or independently run through a SMHA regional or central office; and/or (b) compose an entire program entity facility (e.g., a Mental Health Training Institute). Please include all funds from federal HRD grants as well as all state funds devoted toward training activities.

STATE REVENUES: Depict only state funds that are received by or controlled by the SMHA. For mental health programs that are operated by the SMHA (such as state psychiatric hospitals or SMHA-operated CMHCs) depict all state revenues that are used to fund the mental health provider. For mental health providers that are funded by the SMHA, report all state government funds that the SMHA distributes to the mental health provider (or city/county government) to pay for mental health services.

GENERAL APPROPRIATIONS: Funds provided directly to the SMHA by the state legislature.

OTHER STATE REVENUES: Includes any other funds from state sources other than the general funds. These funds may include:

- **SPECIAL REVENUES:** Funds “dedicated” or “earmarked” for a specific purpose or objective and designated as such in SMHA revenue documents.
- **INTERDEPARTMENTAL:** Funds received by the SMHA from another state

government agency or entity (via fund transfer, contract, memorandum of agreement).

STATE MEDICAID: Funds constituting the SMHA and local portion/share of the Federal-State Medicaid match formula.

FEDERAL REVENUES:

MEDICAID: Funds that constitute the federal portion/share of the federal-state Medicaid match formula and are received by SMHA-operated organizations through the SMHA. Report all Medicaid received by the state for services provided at state mental hospitals, even if these funds revert directly to the state general revenue fund.

If the SMHA is responsible for Medicaid funding of community mental health services or if the SMHA operates community-based programs, please report these Medicaid funds in the Community-based Programs column. For SMHA-funded organizations, only report Medicaid funds on this table if they are SMHA controlled.

MEDICARE: Report all Medicare revenues paid to the state for SMHA owned and operated mental health programs, even if these funds revert directly to the state general revenue fund and are not available for mental health programs. For SMHA-funded organizations, only report Medicare funds on this table if they flow through the SMHA.

SOCIAL SERVICES BLOCK GRANT: Includes Title XX program funds that go through the SMHA or are expended by SMHA-operated mental health organizations.

MH BLOCK GRANT: The Community Mental Health Services Block Grant received by the SMHA and passed on to community mental health programs.

OTHER SAMHSA: Funds received from the Center for Mental Health Services (CMHS), or the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services.

These funds include CSP, CASSP, HRD, PATH (homeless) grants and research, and other demonstration grants from CMHS or SAMHSA.

OTHER FEDERAL: Funds from any and all other federal sources not included above. This would include funds from the National Institute of Mental Health (NIMH), Education Programs such as P.L. 94-142 (funds received from the federal "Education for all Handicapped Children Act" for mental health services, workers, and teachers in special education settings) and P.L. 89-313 (federal tuition assistance funds for basic aid for children in mental institutions), the Veterans Department, the Indian Health Service, and other federal agencies.

LOCAL REVENUES: Funds from local jurisdictions, such as counties, parishes, cities, or multicounty agencies, provided through cash receipts, “in-kind,” and/or match funds. Only list local funds that are required by the SMHA as a state match on Table 2.

OTHER REVENUES: Any and all other revenues not included above.

FIRST- AND THIRD-PARTY PAY

1st PARTY: revenues provided through direct payments made by the service recipient.

3rd PARTY: payment for service provided by a source that is neither the receiver nor provider of the service.

Report all first- and third-party funds generated by SMHA-operated mental health organizations, even if the funds revert directly to the general treasury. For SMHA-funded organizations, report first- and third-party funds if they are “Controlled by the SMHA.”

FORENSIC SERVICES: Forensic services are related to: (a) mental health support to state correctional system operations; (b) mental health support to court system operations; and/or (c) mental health support to local jail facilities. Specific forensic activities may include, but are not limited to: (a) diagnosis of individuals placed in an inpatient unit for short-term psychiatric observation; (b) provision of diagnostic and treatment support for correctional populations on an inpatient basis; provision of security up to maximum levels; and provision of security staff in secure units for the rehabilitation and management of behaviorally problematic individuals. Forensic services may include:

- **NGRI/GBMI:** “Not guilty by reason of insanity” (NGRI) and/or “guilty but mentally ill” (GBMI)
- **PRE-TRIAL EVALUATIONS:** Evaluation for competency to stand trial and/or insanity at the time of trial.
- **INCOMPETENT TO STAND TRIAL:** Defendants who are being treated by the SMHA facility until they are found competent for their trial to proceed.
- **TRANSFERS FROM CRIMINAL JUSTICE/JUVENILE JUSTICE:** Services to adult or juvenile prisoners who have been transferred to the state hospital to receive services.

SEXUALLY VIOLENT PREDATORS: An increasing population in many state mental health systems is persons deemed to be “Sexually Violent Predators.” These persons have been convicted of a sexual offense and been sent to the mental health system for treatment and control.

CIVIL COMMITMENTS: Admissions to a state psychiatric hospital, either voluntarily or involuntarily, that do not involve the court system.

FY 2009 REVENUES & EXPENDITURES TABLE SHELLS

Table 1

State: _____

FY 2009

FY 2009 State Mental Health Agency Controlled Mental Health Expenditures

to the nearest \$100,000

Administrative Auspice	Service	<i>Under Age 18 Children</i>	<i>Age 18 and Over Adults</i>	Any Age Unknown	<i>(all ages)</i> TOTAL
	<u>Inpatient (Licensed Hospital beds)*</u>				\$0
	<u>Other 24 Hour (Residential)</u>				\$0
State Psychiatric Hospitals	<u>Less than 24 hour care (provided at the state hospital)</u>				\$0
	<u>Service Setting Not Available</u>				\$0
	<u>Subtotal</u>	\$0	\$0	\$0	\$0
	<u>Inpatient (Licensed Hospital beds)</u>				\$0
SMHA-Controlled Expenditures of Community- Based Programs	<u>Other 24 Hour (Residential)</u>				\$0
	<u>Less than 24 hour care</u>				\$0
	<u>Other/Unknown: (please describe)</u>				\$0
	<u>Subtotal</u>	\$0	\$0	\$0	\$0
Administration	<u>Central/regional office support</u>				\$0
	<u>Research/Training</u>				\$0
	<u>Subtotal</u>			\$0	\$0
GRAND TOTAL *		\$0	\$0	\$0	\$0

* See Table 4
for a breakdown
of these
expenditures

NA = Services provided but exact expenditures not available.

Please answer the following three questions:

1. Are Medicaid revenues for community programs included in SMHA-Controlled expenditures? _____
2. Do SMHA-Controlled expenditures include funds for mental health services in jails or prisons? _____
3. Are children's mental health expenditures included in SMHA-Controlled expenditures? _____

State: _____

Table 2

FY 2009

FY 2009 State Mental Health Agency Controlled Mental Health Revenues

to the nearest \$100,000

Revenue Source	Revenue Account	State Mental Hospital Programs	Revenues to Community Administered Programs	SMHA Support Activities	TOTAL
State Revenues	General				\$0
	Other State				\$0
	State Medicaid				\$0
	Subtotal	\$0	\$0	\$0	\$0
Federal Revenues	Medicaid				\$0
	Medicare				\$0
	Soc. Svcs. Block				\$0
	MH Block Grant				\$0
	Other SAMHSA				\$0
	Other Federal				\$0
	Subtotal	\$0	\$0	\$0	\$0
Local Revenues					\$0
Other Revenues	First Party				\$0
	Third Party				\$0
	Other Revenue				\$0
	Subtotal	\$0	\$0	\$0	\$0
GRAND TOTAL		\$0	\$0	\$0	\$0

NA = Services provided but exact revenues not available.

Table 3

FY 2009 Disproportionate Share Medicaid

to the nearest \$100,000

How much Disproportionate Share Medicaid was received by the State for care provided by State Psychiatric Hospitals?

Federal Share	
State Match	
Total DSH	\$0

Were these DSH Funds reported on Tables 1 & 2 above?

___ Yes ___ No

Table 4

State: _____

FY 2009

FY 2009 State Mental Health Agency State Hospital Expenditures by Priority Groups

State Hospital Inpatient (include both children and adults)	Expenditures (\$) to the nearest \$100,000	Patient Days (#)	Calculated cost per patient day								
Forensic											
Sexually Violent Predators											
Civil (Voluntary and involuntary) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; border: none;"></td> <td style="border: none;">Children</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Adults</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>		Children				Adults					
	Children										
	Adults										
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; border: none;"></td> <td style="border: none;">Civil Subtotal</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>		Civil Subtotal			\$0	0					
	Civil Subtotal										
GRAND TOTAL*	\$0	0									

* Total should match total inpatient expenditures on Table 1

NA = Services provided but exact expenditures not available.



HHS Pub. No. (SMA) 14-4843

First printed 2014