Brijette Morris, LCSW, CAADC
Associate Director of Performance & Quality Improvement

Ted Lutterman
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D.C. Director of Department of Behavioral Health

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PERFORMANCE
QUALITY
IMPROVEMENT PQI DIVISION

State-Operated or Supported Psychiatric Facilities Inpatient Care: CY 2025

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July 26, 2026

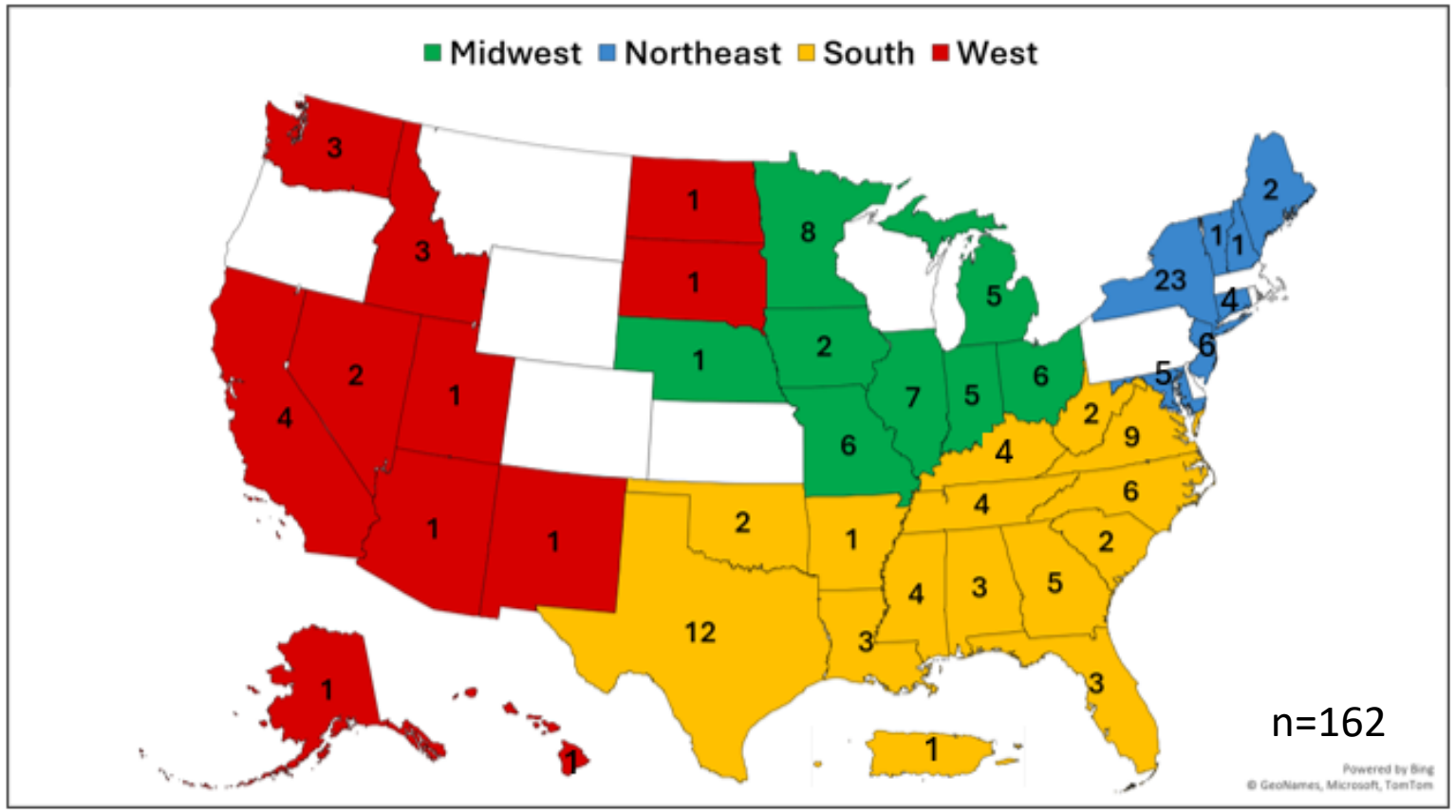
Background

NRI Behavioral Healthcare Performance Measurement System (BHPMS)

- Surveillance system of quality-of-care measures
- Operational since **1999**
- Our clients: **Inpatient psychiatric facilities**
  - 188 facilities: 166 state-operated/supported & 22 private; 41 states, DC, and PR
- Our Main product: **Performance measures** (56)
- Our assets: **National data; Metrics intelligence**

Data Source

State Psychiatric Facility Inpatient Care: CY 2025



Capacity & Utilization

State Psychiatric Facility Inpatient Care: CY 2025

Level of Care	Facilities	Units
Inpatient Psychiatry	134	795
Inpatient Addiction	9	18
Inpatient Intellectual/Developmental Disabilities (IDD)	10	17
Residential Psychiatry	7	17
Residential Addiction	4	8
Forensic	66	516
Other Level of Care*	15	22
		n=162 facilities

*Other Level of Care includes skilled nursing intermediate care, deaf/blind, research, COVID-19, or medical units. These units may be accredited under standards that do not require reporting to the BHPMS, and therefore may underestimate the true provision of services.

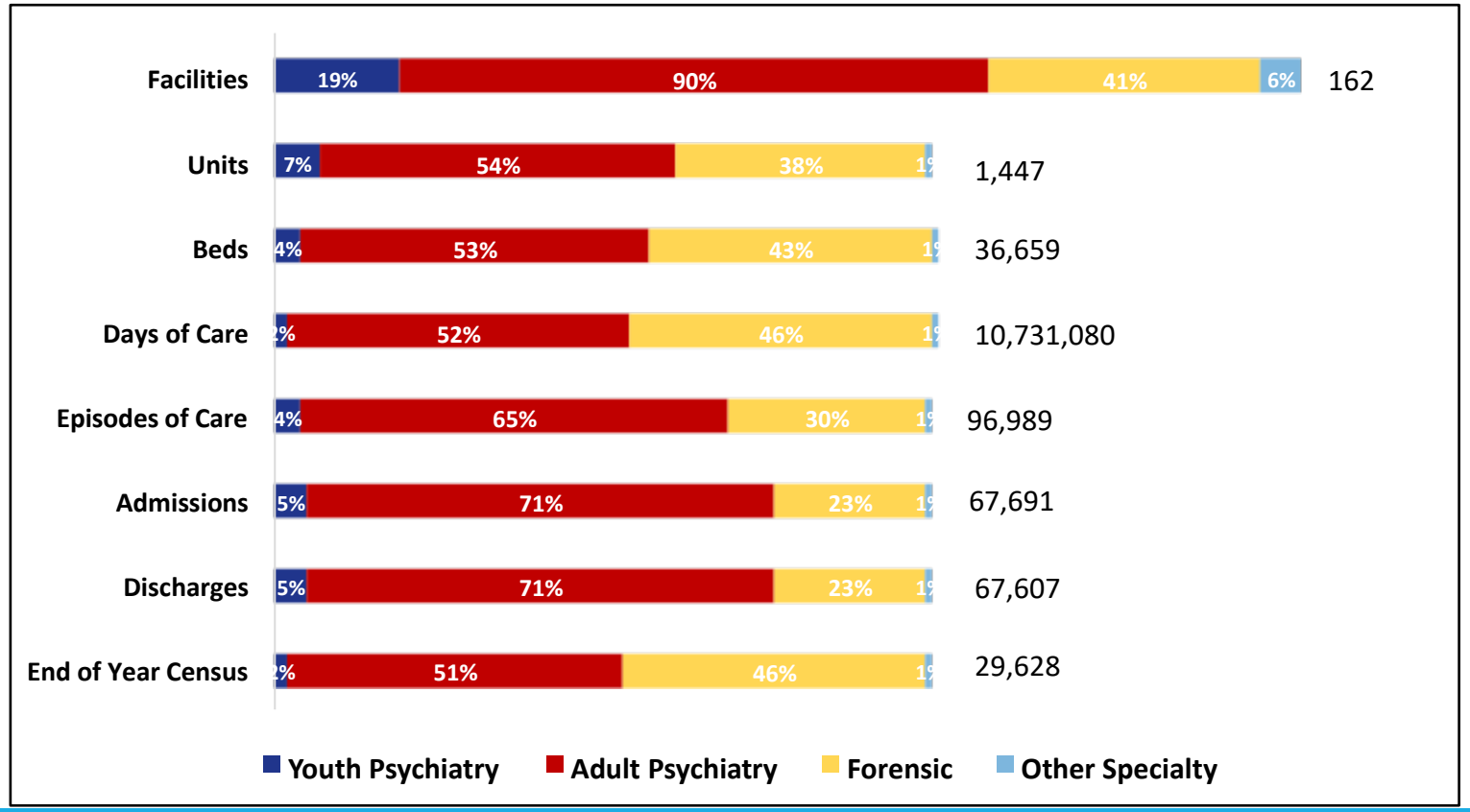
State Psychiatric Facility Inpatient Care: CY 2025

% Facilities by # Beds

Bed Size	% Facilities
<=50	10.5%
51-100	19.8%
101-150	13.6%
151-200	11.7%
201-250	11.1%
251-500	27.2%
> 500	6.2%

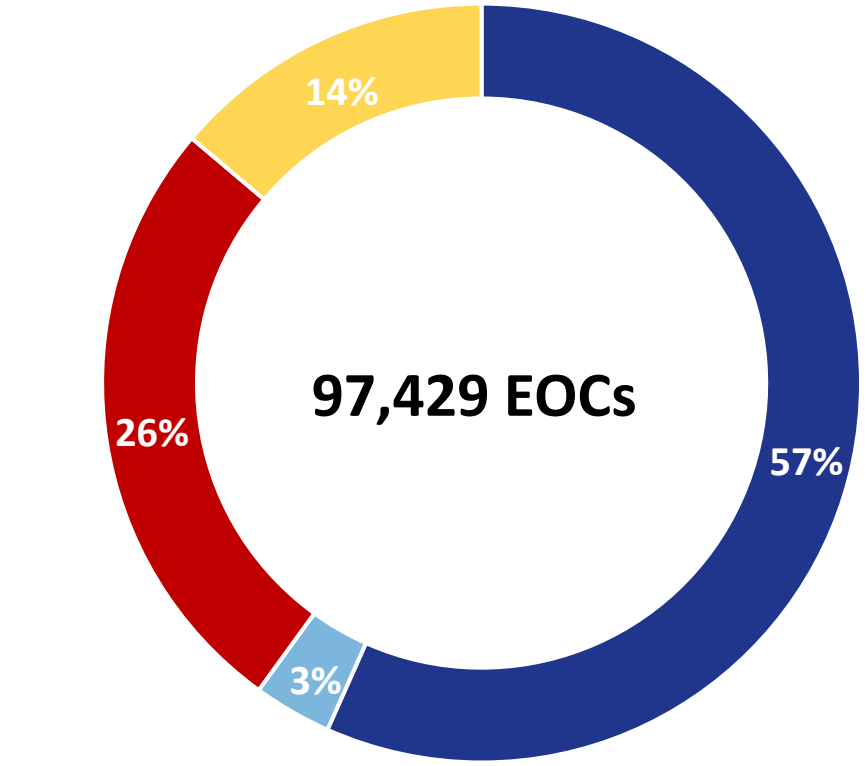
State Psychiatric Facility Inpatient Care: CY 2025

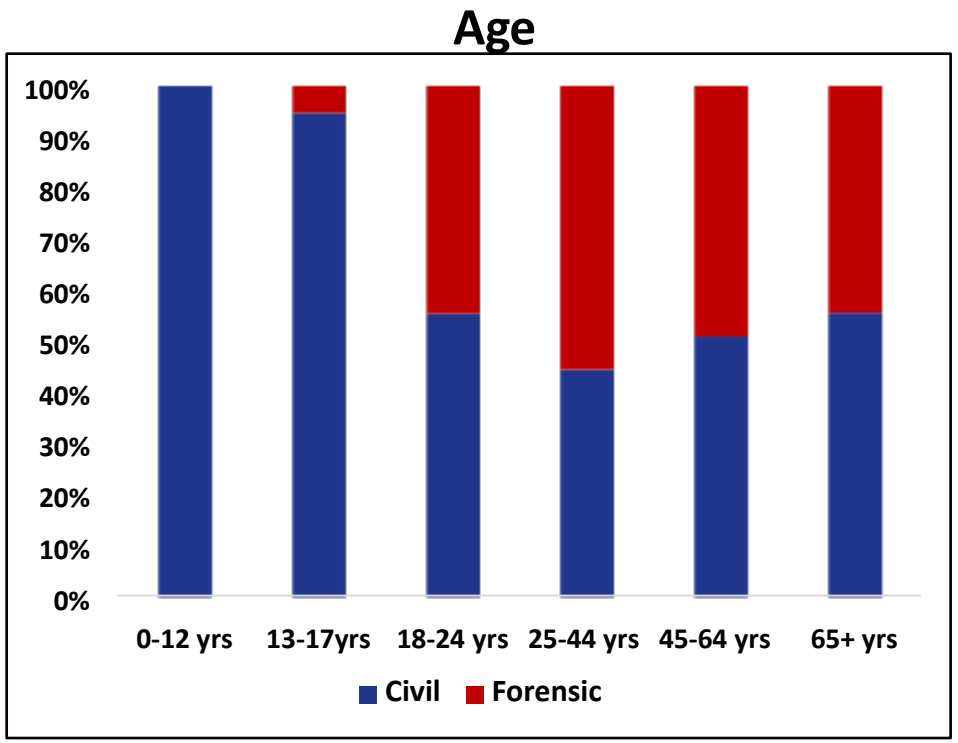
Clinical Focus Area



Demographics

State Psychiatric Facility Inpatient Care: CY 2025



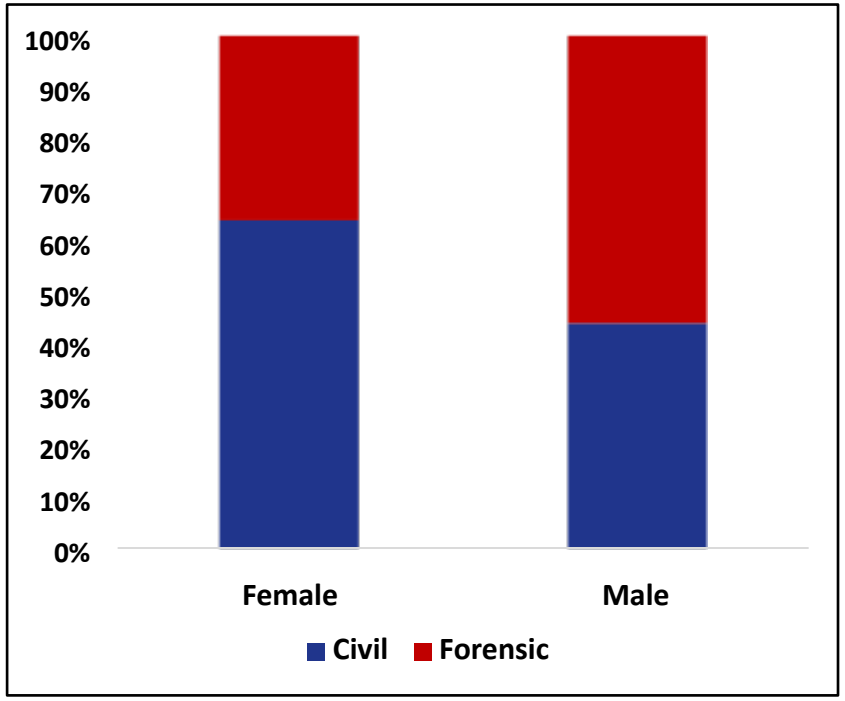


Mean Age	Civil	40 yrs
	Forensic	39 yrs

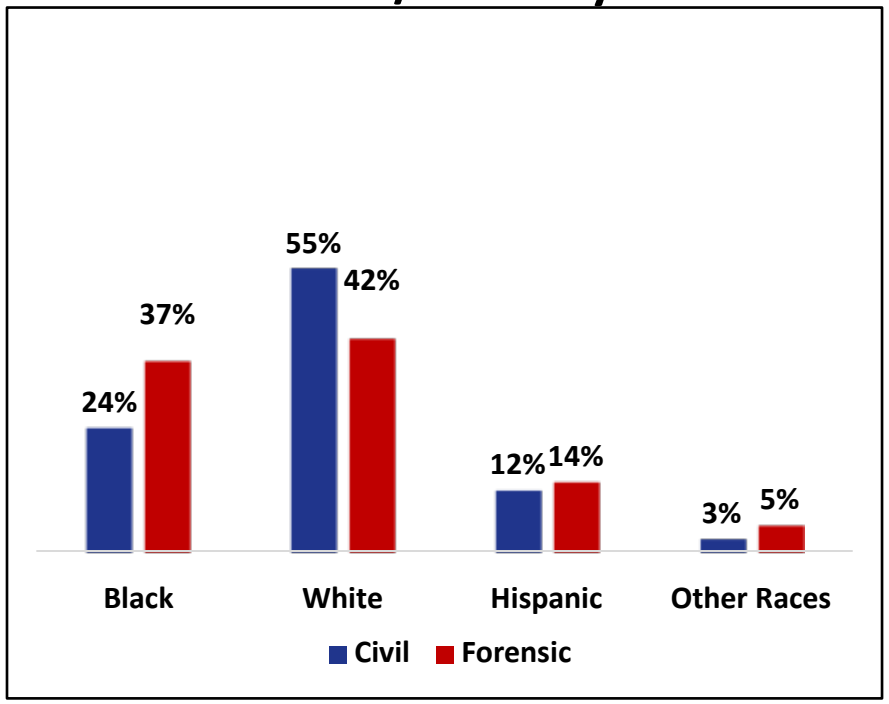
Demographics

State Psychiatric Facility Inpatient Care: CY 2025

Sex



Race/Ethnicity

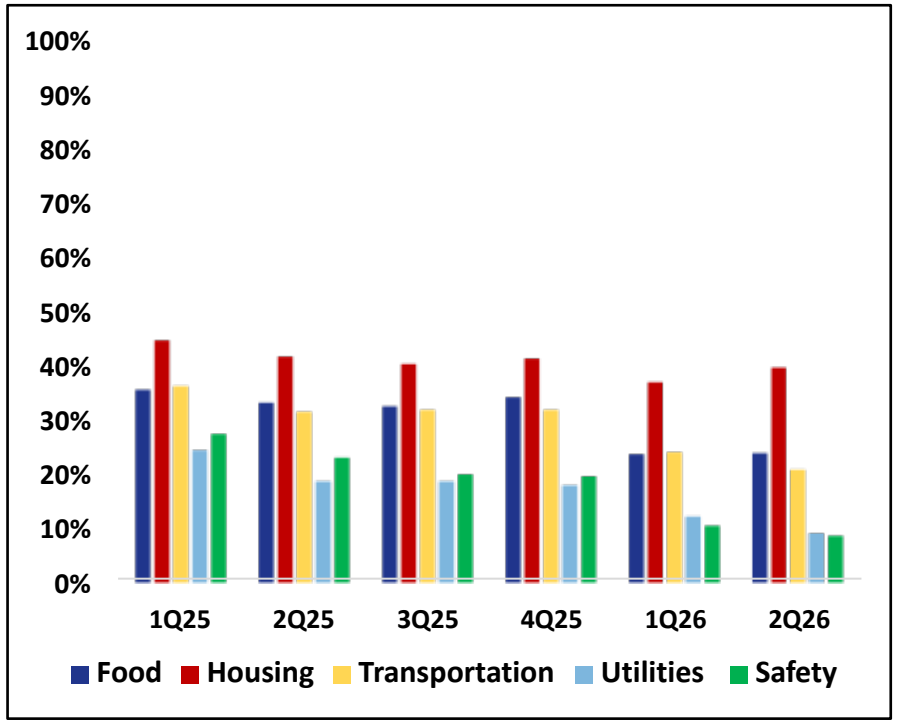


Mean Length of Stay	**Civil**	74 days
	Forensic	163 days

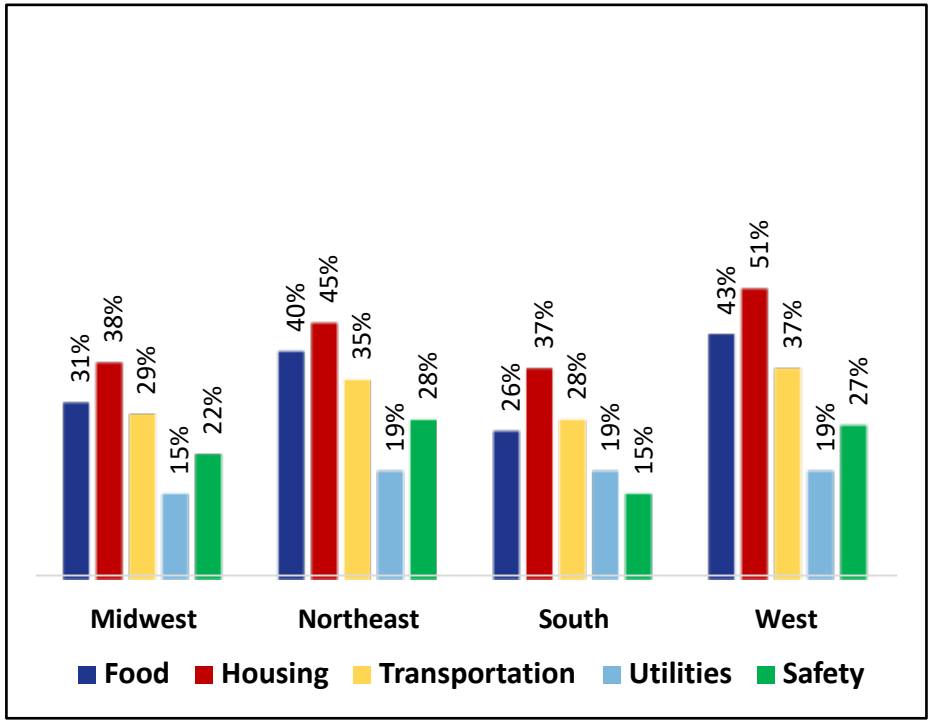
Health-Related Social Needs

CY 2025 – 2Q2026

Trend in Social Needs



Regional Social Needs



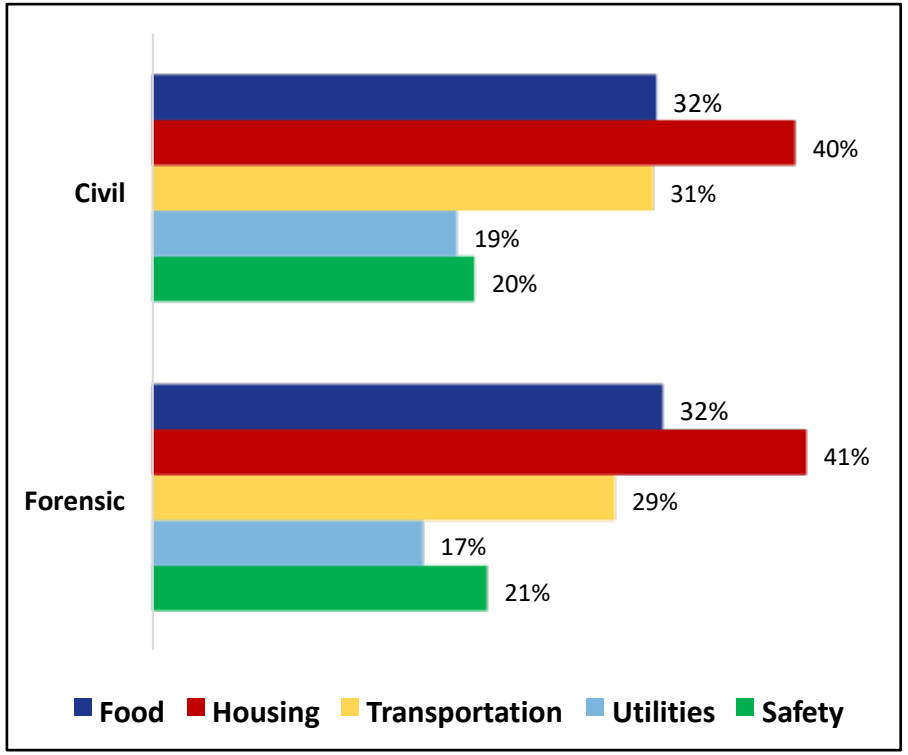
HRSN=Health-Related Social Need

n=58,891

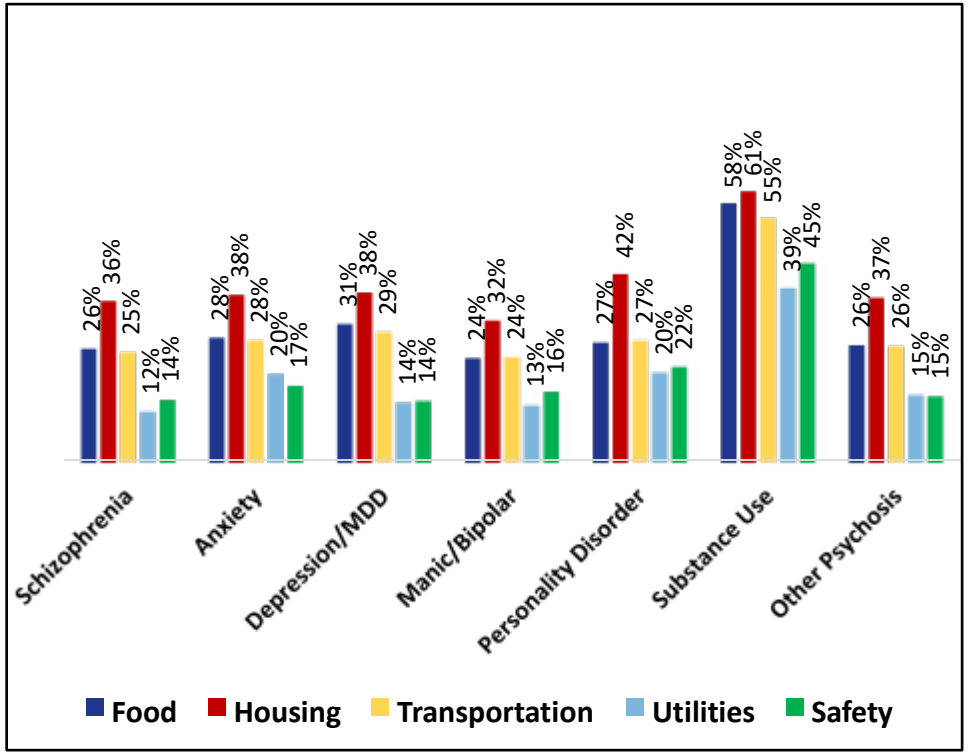
Health-Related Social Needs

CY 2025 – 2Q2026

Social Needs by Population Type



Social Needs by Diagnosis



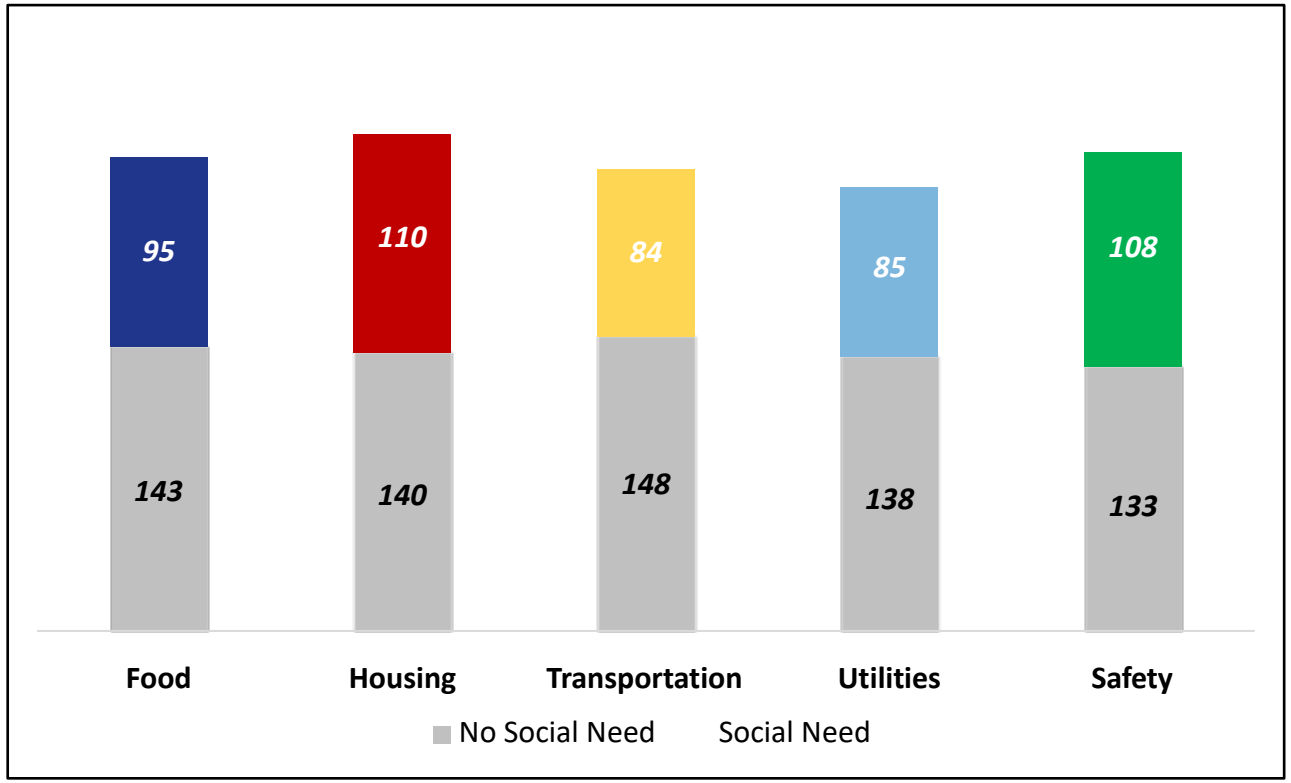
HRSN=Health-Related Social Need
MDD = Major Depressive Disorder

n=58,891

Health-Related Social Needs

CY 2025 – 2Q2026

Average Length of Stay (*in Days*) by Social Need



n=58,891

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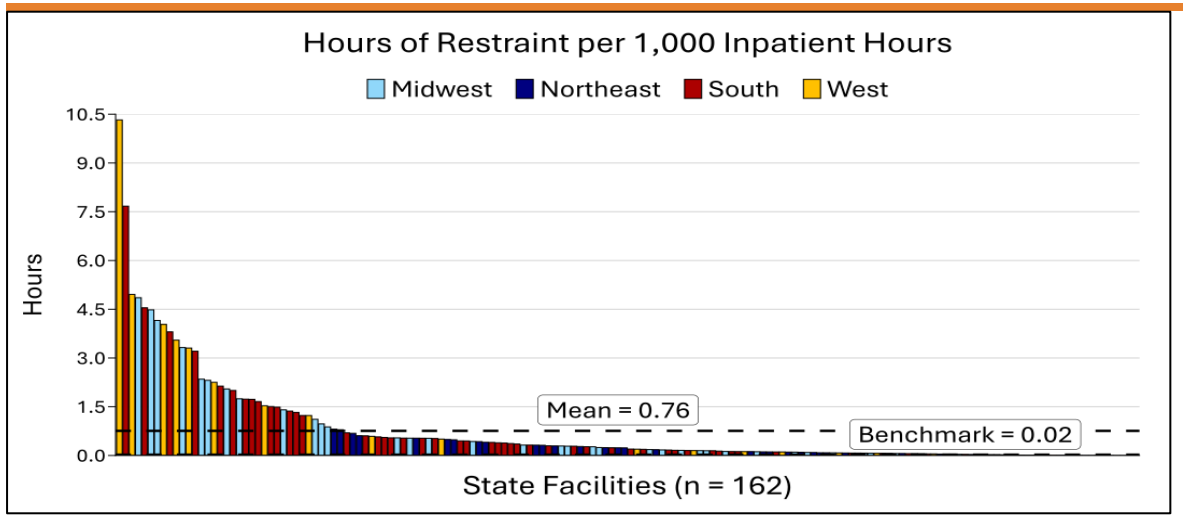
PERFORMANCE QUALITY IMPROVEMENT PQI DIVISION

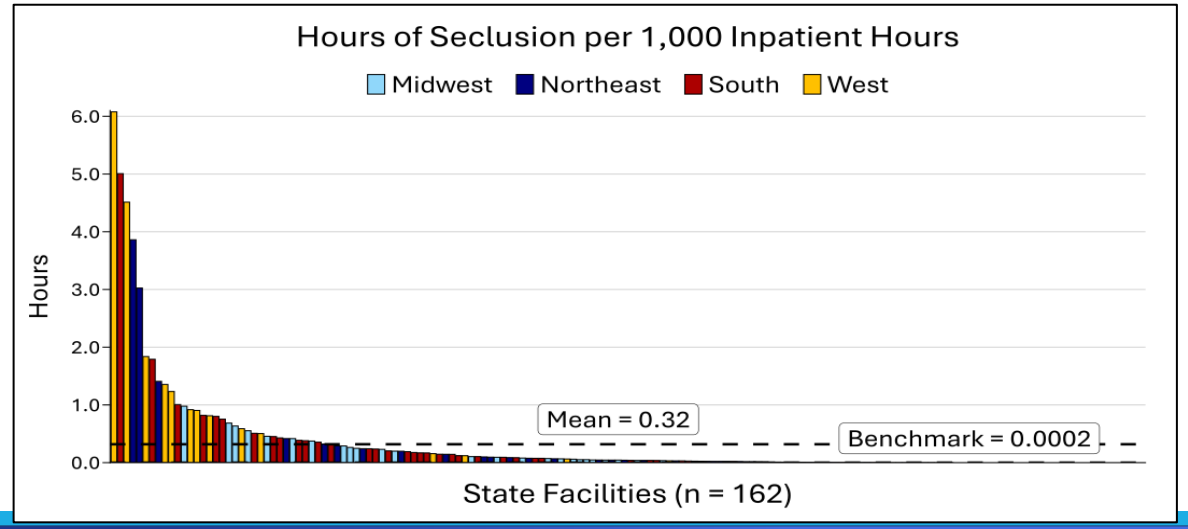
Performance CY 2025



Use of Restraint

86% of facilities had a rate > than benchmark

- Midwest: 26%
- Northeast: 24%
- South: 37%
- West: 13%



Use of Seclusion

81% of facilities had a rate > than benchmark

- Midwest: 26%
- Northeast: 27%
- South: 36%
- West: 11%

Performance CY 2025

Rapid Readmission

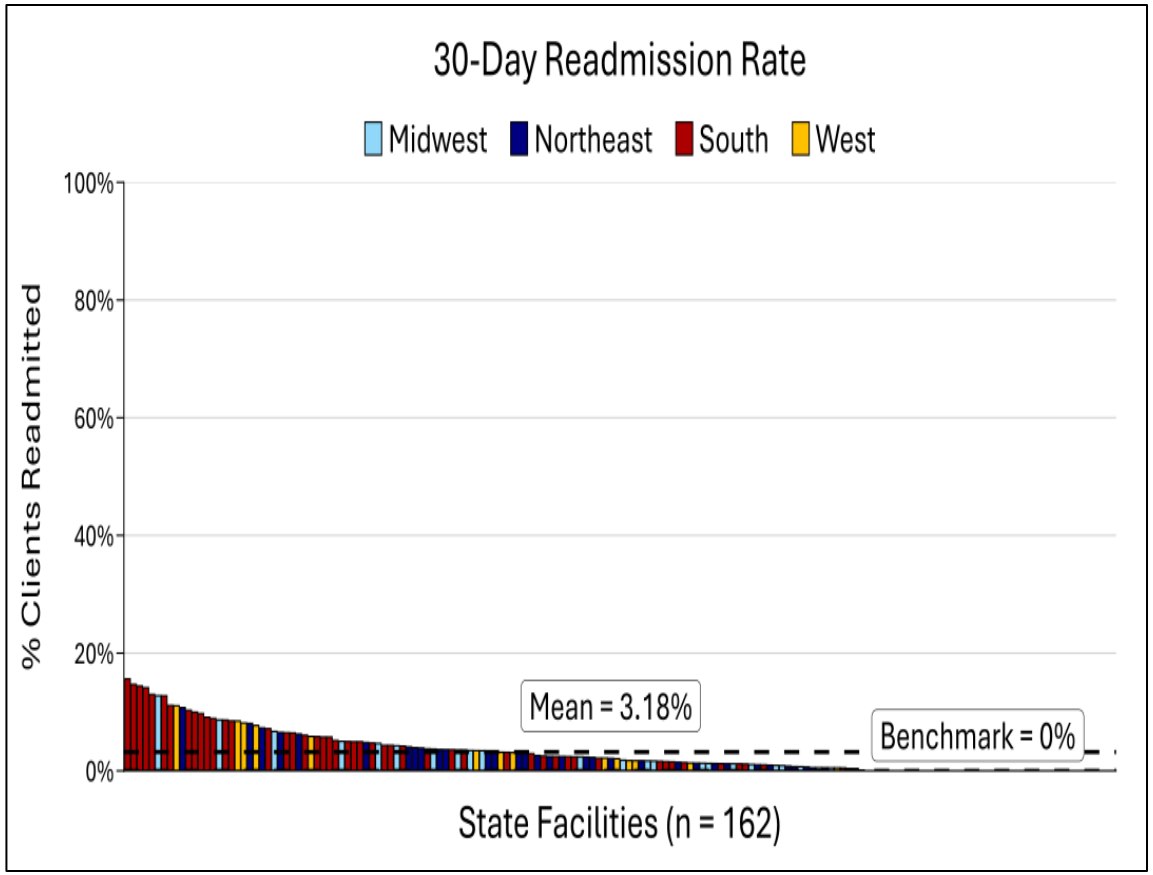
25% of facilities had a rate <= than benchmark

- Midwest: 39%
- Northeast: 22%
- South: 29%
- West: 10%

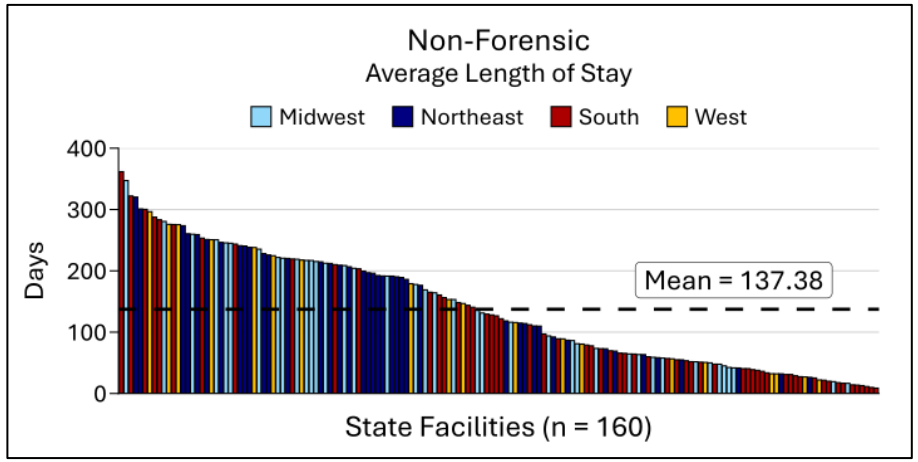
Rapid Readmission

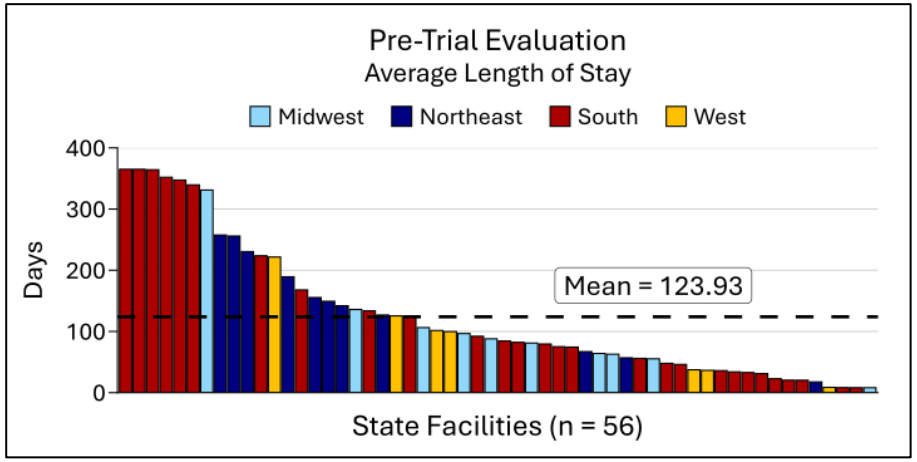
75% of facilities had a rate > than benchmark

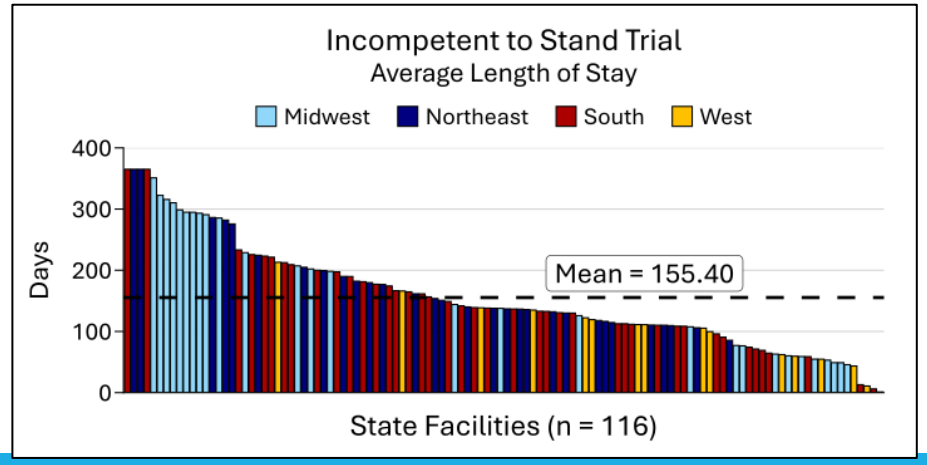
- Midwest: 20%
- Northeast: 27%
- South: 41%
- West: 12%

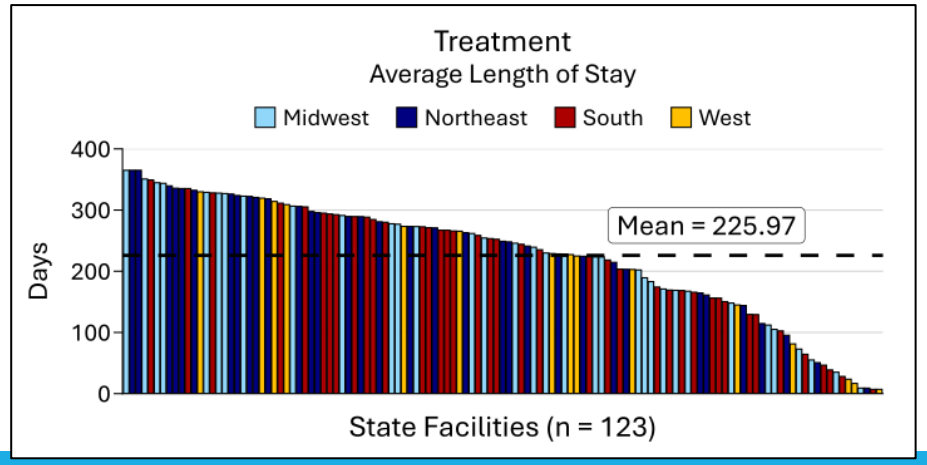


Performance CY 2025









Let's connect and talk about quality and performance measurement

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Information Available to States about Crisis Services, State Hospitals, and State Behavioral Health Systems

NASMHPD Annual Meeting

Ted Lutterman: ted.lutterman@nri-inc.org

NRI

July 2026

Washington, DC

NRI's Profiles: Data for States

BEHAVIORAL HEALTH CRISIS SERVICES DATA

Implementation of Crisis Services, inc. details about Programs, Clients Served, Funding (sources/amounts), Workforce, Data Systems, & Outcomes:

- 988 & Other Crisis Contact Centers
- Mobile Crisis Teams
- MRSS Services for Children
- Crisis Stabilization Programs
- Short-Term Crisis Residential

STATE PSYCHIATRIC HOSPITAL DATA

- Number of Hospitals and Clients Served (admissions/residents), inc. data over time.
- How states uses state hospital, inc. plans to open, close, or privatize
- Forensic services
- Funding sources and expenditures
- Workforce, inc. salaries, shortages, recruitment initiatives, staffing standards, use of Locus Tenens

PLUS

- NRI's BHPMS includes detailed client data on diagnoses, demographics, legal status, referral & discharge sources, and more!

Public highlight reports on high-priority topics are available on NRI's State Profiles website. State-by-state, detailed data via interactive visualizations and spreadsheets are available to SMHA staff and NASMHPD via a restricted access Profiles website: www.nri-inc.org.

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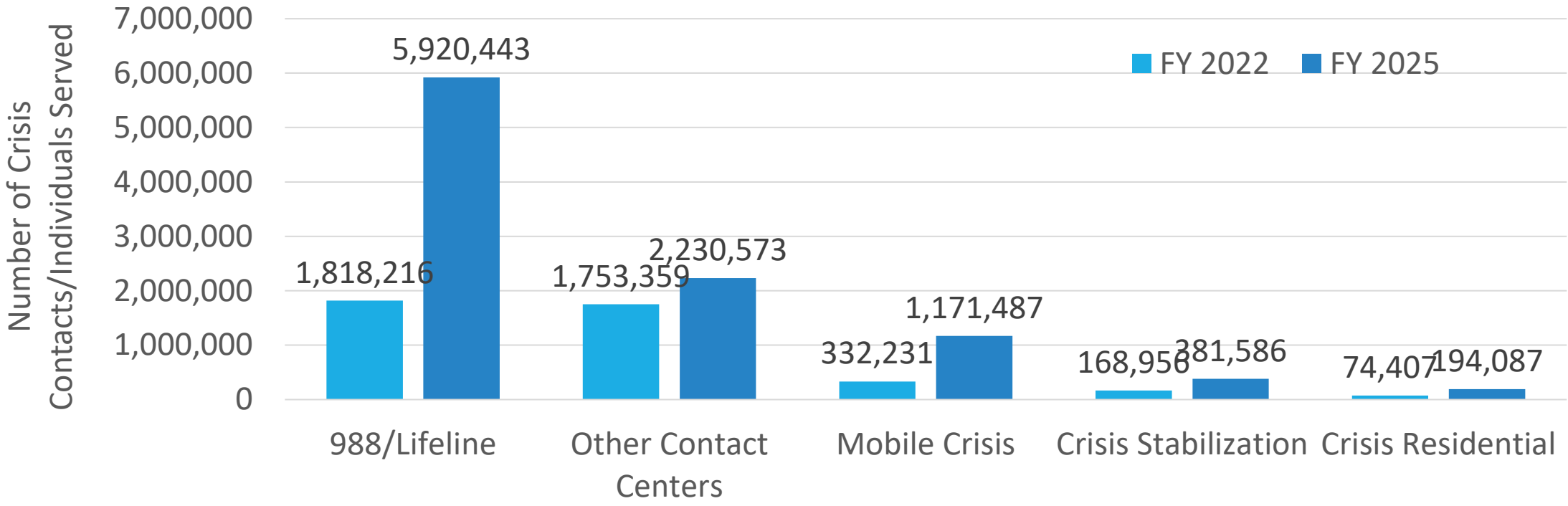
Number of Behavioral Health Crisis Services Encounters, FY2022 and FY 2025



Total Number of Behavioral Health Crisis Services Encounters, 2025: ***9,757,611***

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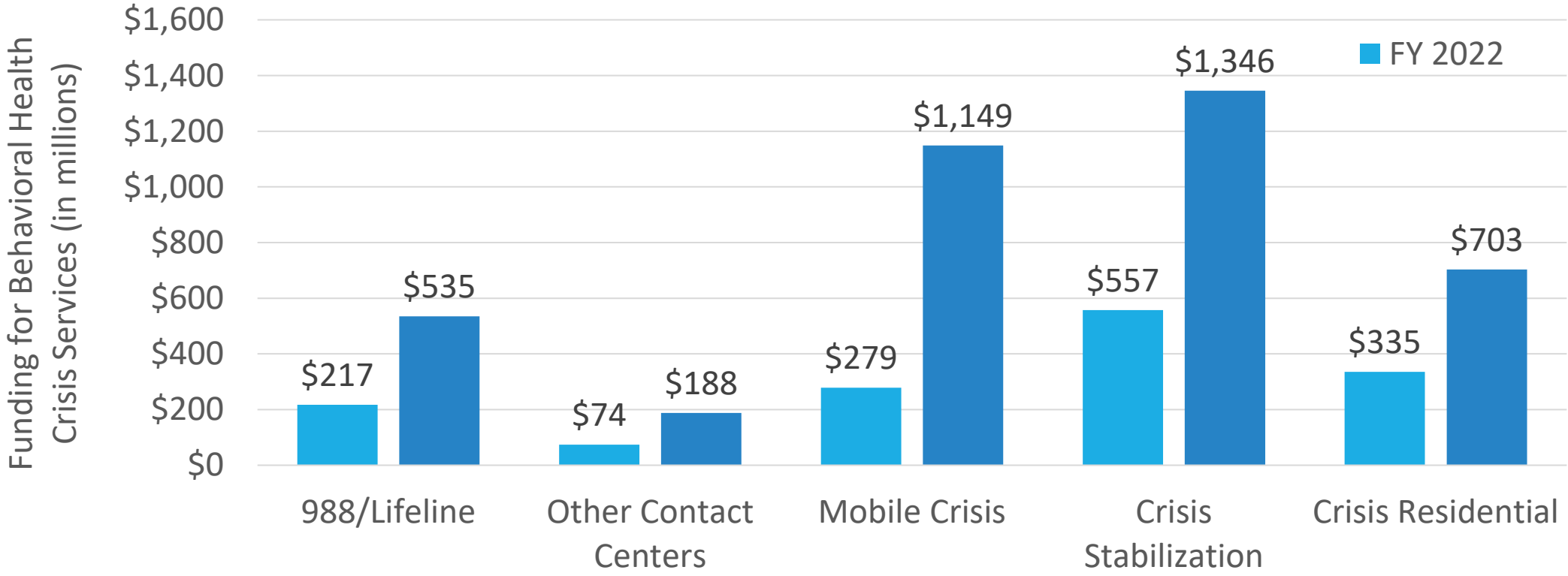
Funding by States for Crisis Services, in Millions USD, FY 2022 and FY 2025



Total 2025 Funding for Behavioral Health Crisis Services: ***$3,802,908,873***

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Plans to Expand Crisis Services in 2026

80

New Mobile Crisis Teams (MCTs)

9 States

96

New MRSS Programs

12 States

106

New Crisis Stabilization Programs

28 States

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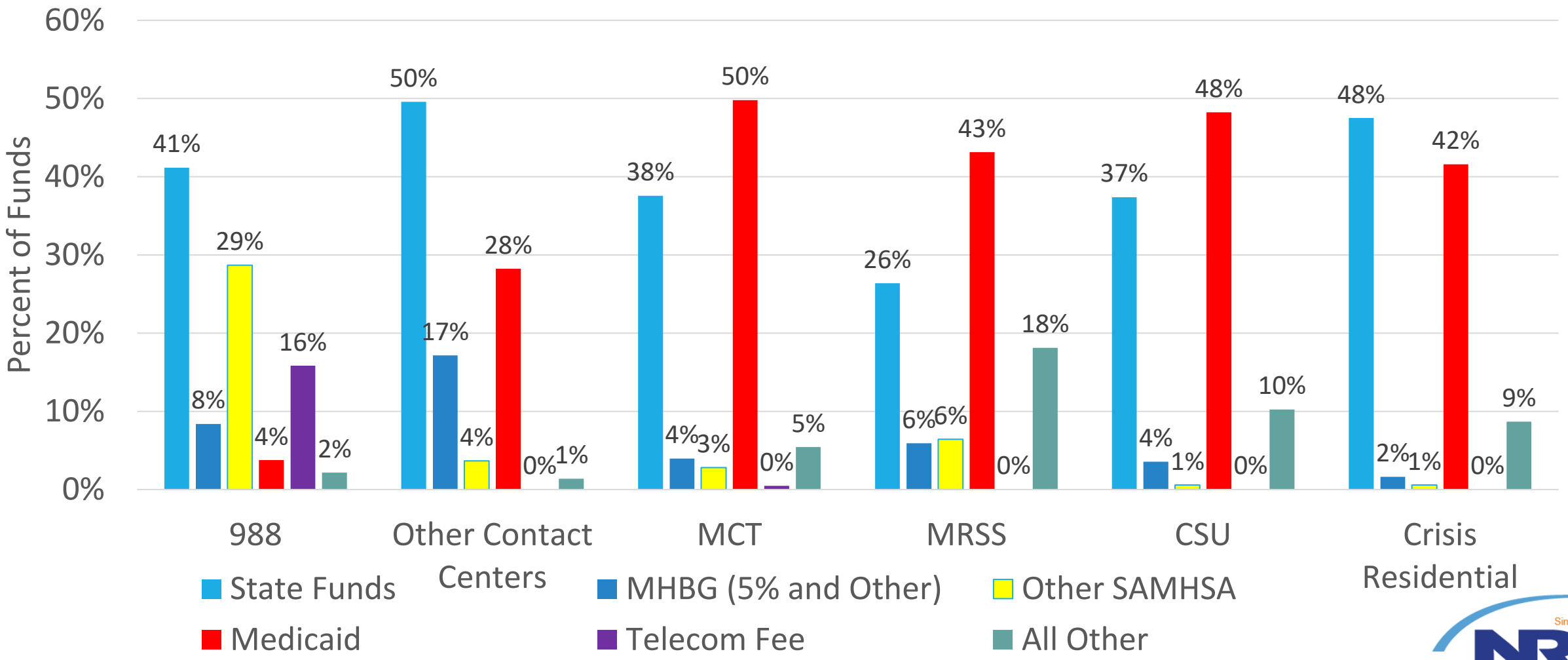
Crisis Service Funding Sources in FY 2025



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State Psychiatric Hospitals: 2026

NRI has decades of data available for States about the use of State Hospitals

Number of State hospitals, Admissions and Residents
- Annual data available for most years to 1950s to 2025

Expenditures and Funding Sources of State Hospitals
- Annual data for most years FY'1981 to FY'2025

How States Use State Hospitals, Reorganization and Restructuring, Privatization, Privatization, Building replacement hospitals
- Semi-annual data from 1990s to 2026

Psychiatric Bed Shortages and Actions to Address Shortages
- Semi-annual data from 1990s to 2026

State Hospital Salaries and Workforce Shortages
- Periodic data from the 2000s, 2023 and 2026

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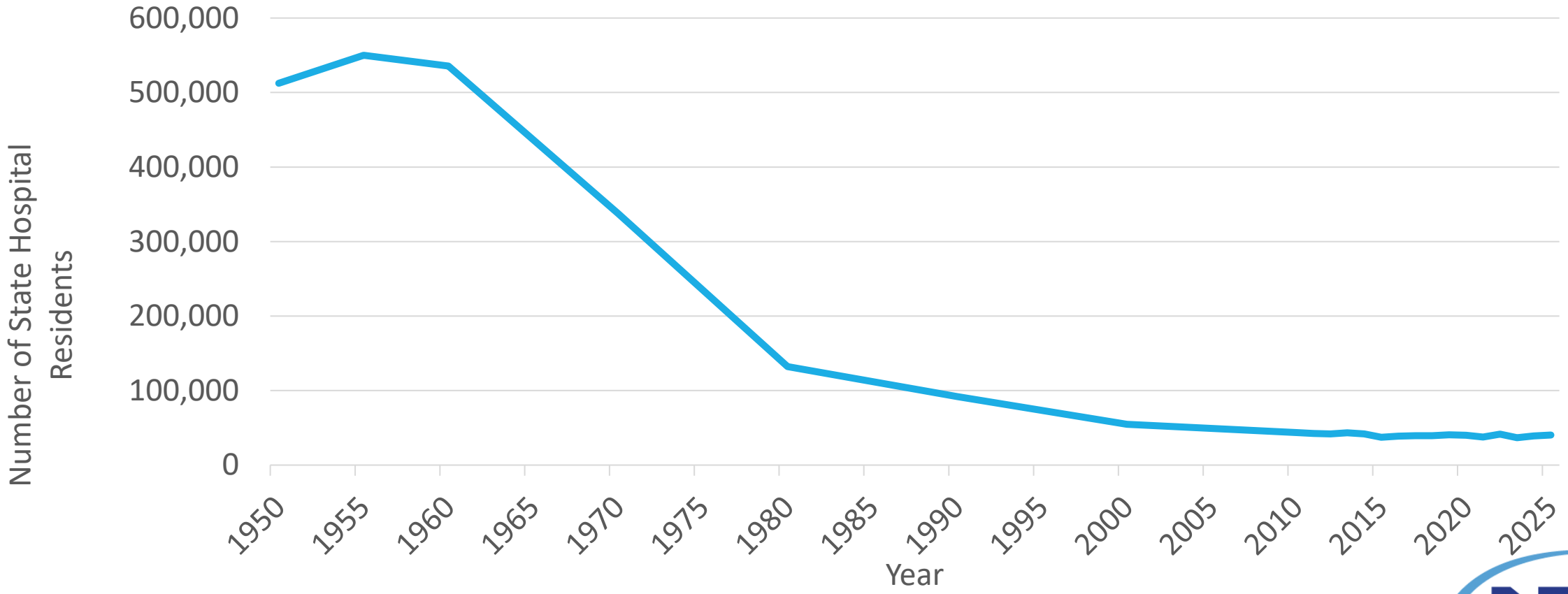
Number of Resident Patients In State Psychiatric Hospitals (single day): 1950 to 2025



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

In 1970

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

24% (81,621) had an Organic Brain Syndrome (Primary Diagnosis)
- (45,811 of whom were Older Adults)

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

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

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

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

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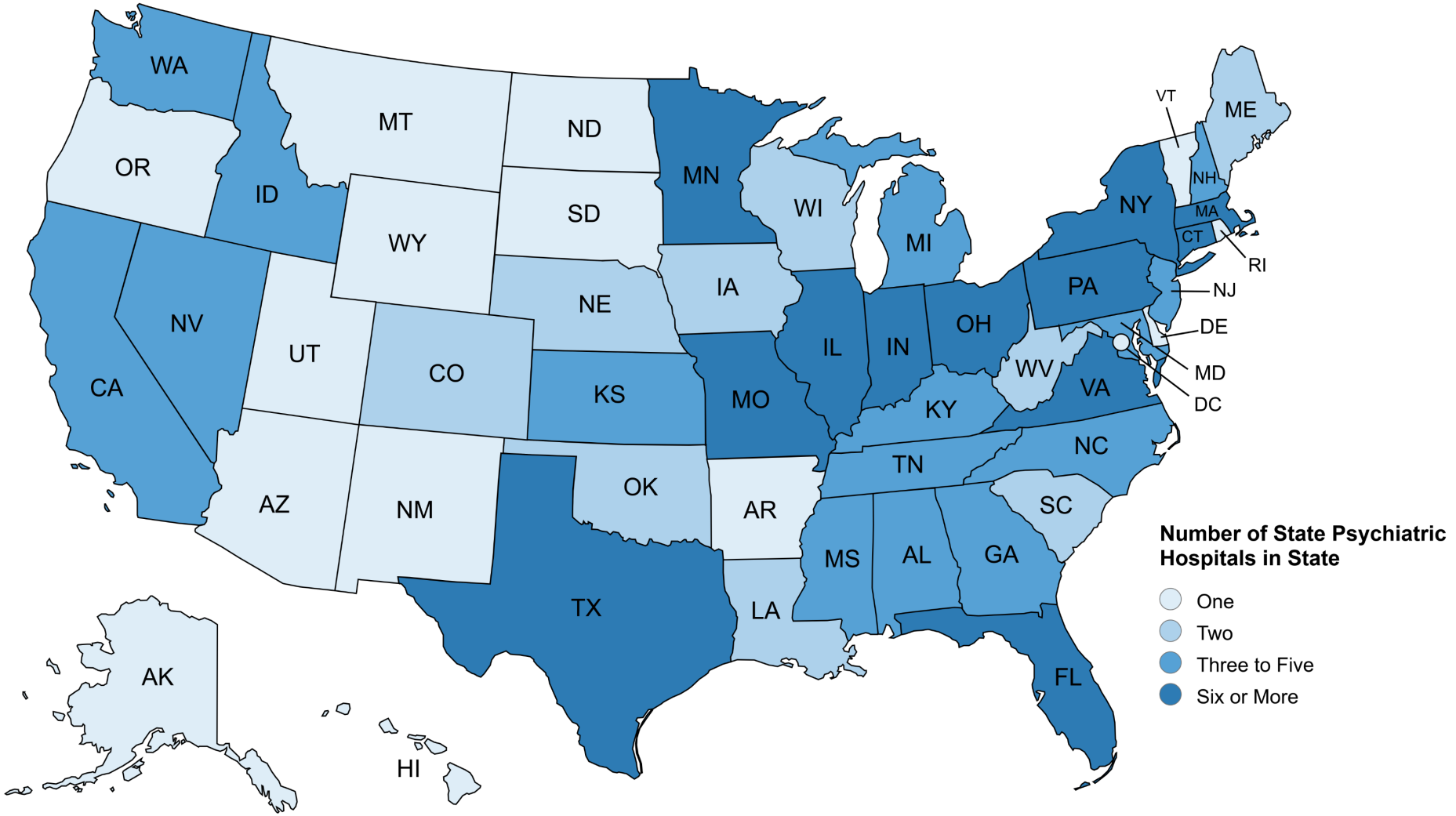
Number of State Psychiatric Hospitals, FY 2025



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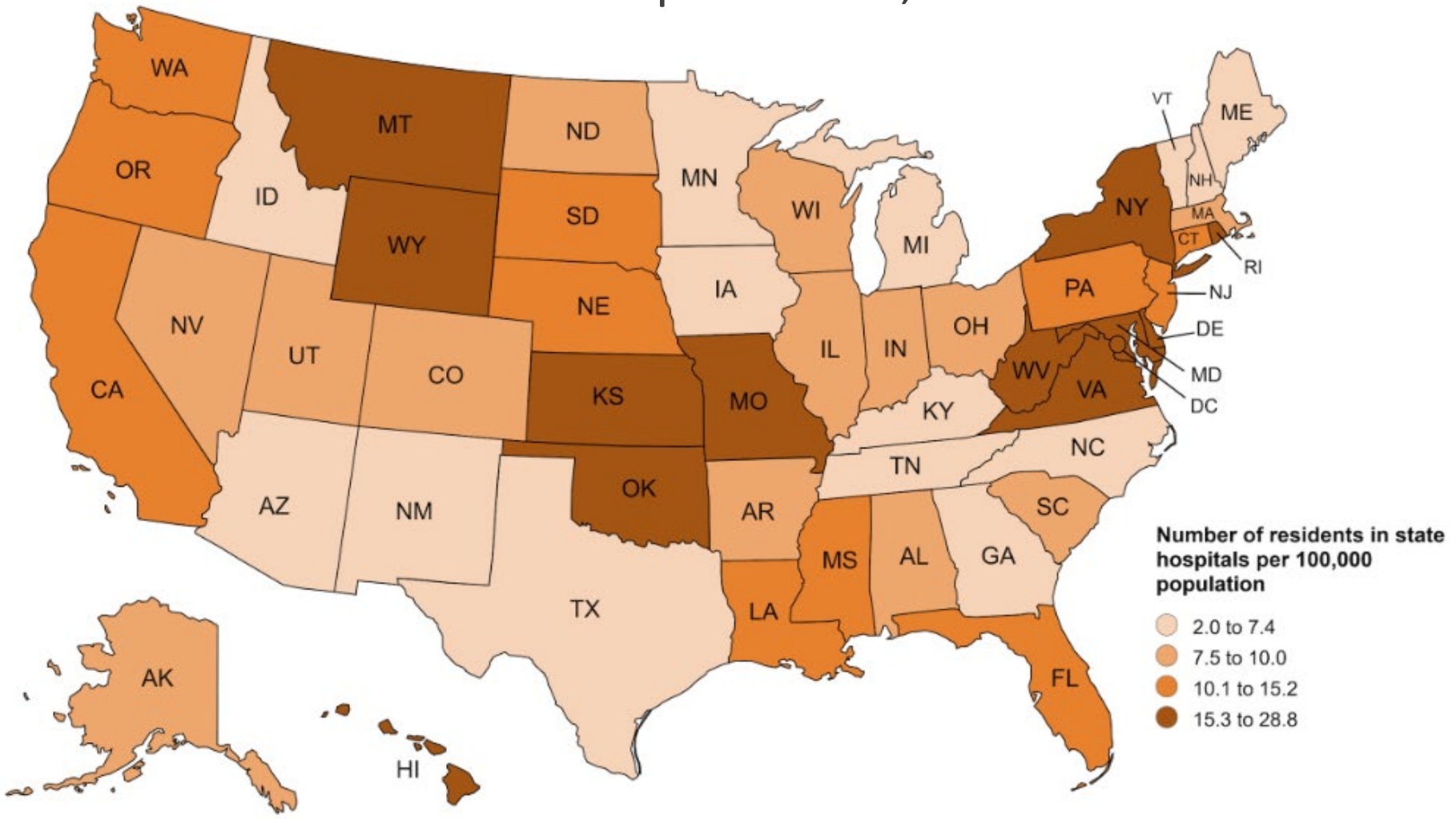
Number of State Psychiatric Hospital Patients per 100,000 State Population, 2024



Source: SAMHSA URS 2024

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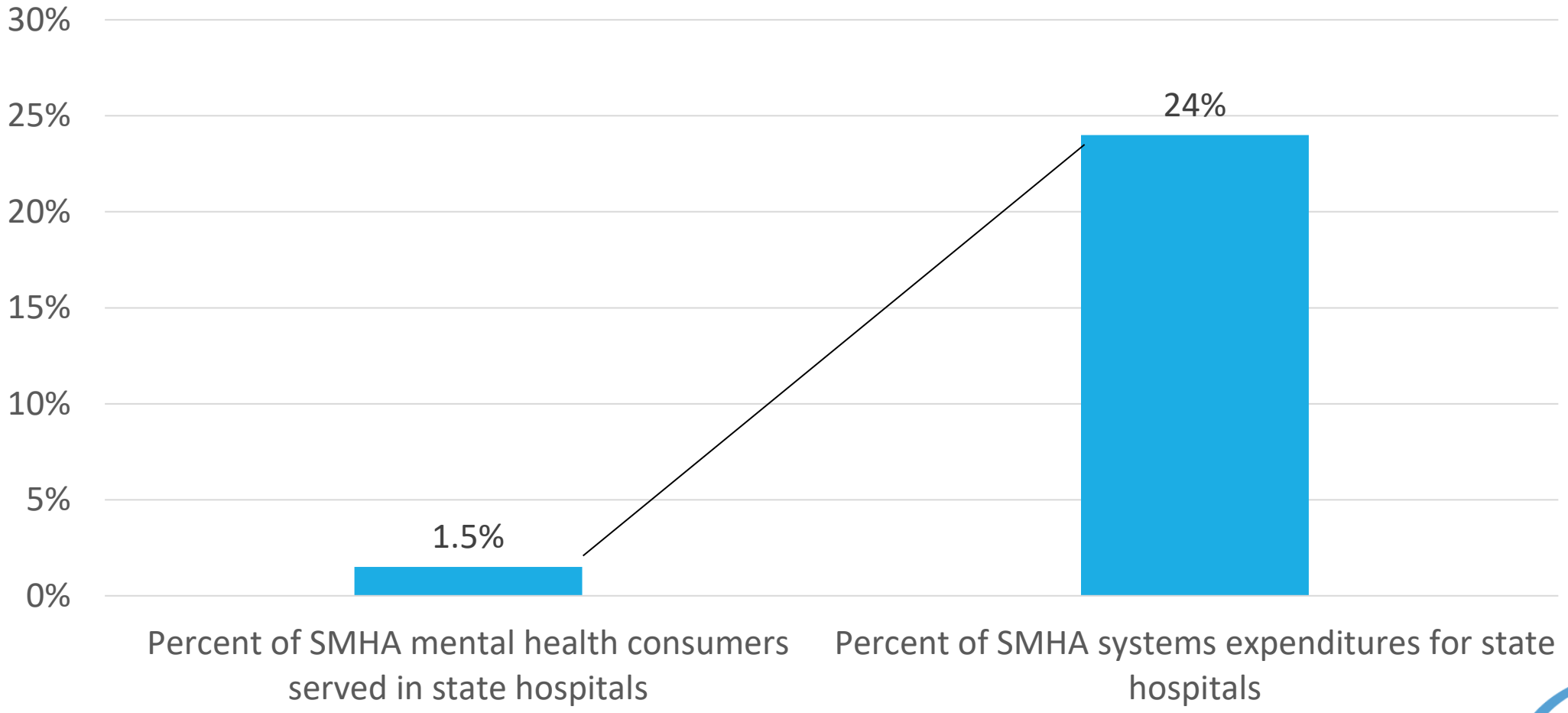
Patients in State Psychiatric Hospitals as a Share of SMHA Systems: FY 2024



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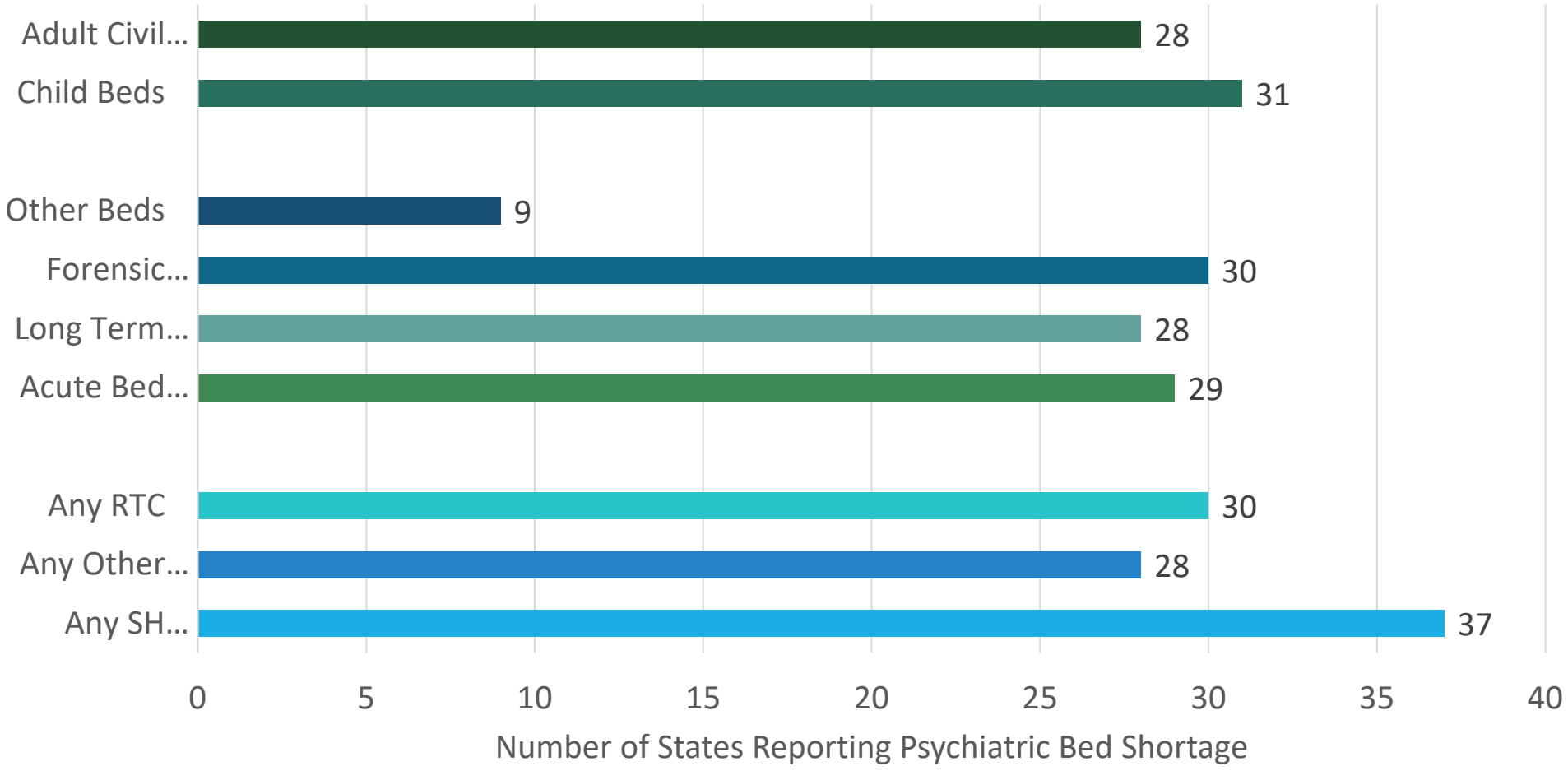
Psychiatric Bed Shortages and State Actions To Address Shortages

Number of SMHAs Experiencing Bed Shortages in State Psychiatric Hospitals, 2026

(based on 41 SMHAs responding)



Source: NRI 2026 State MH Profiles

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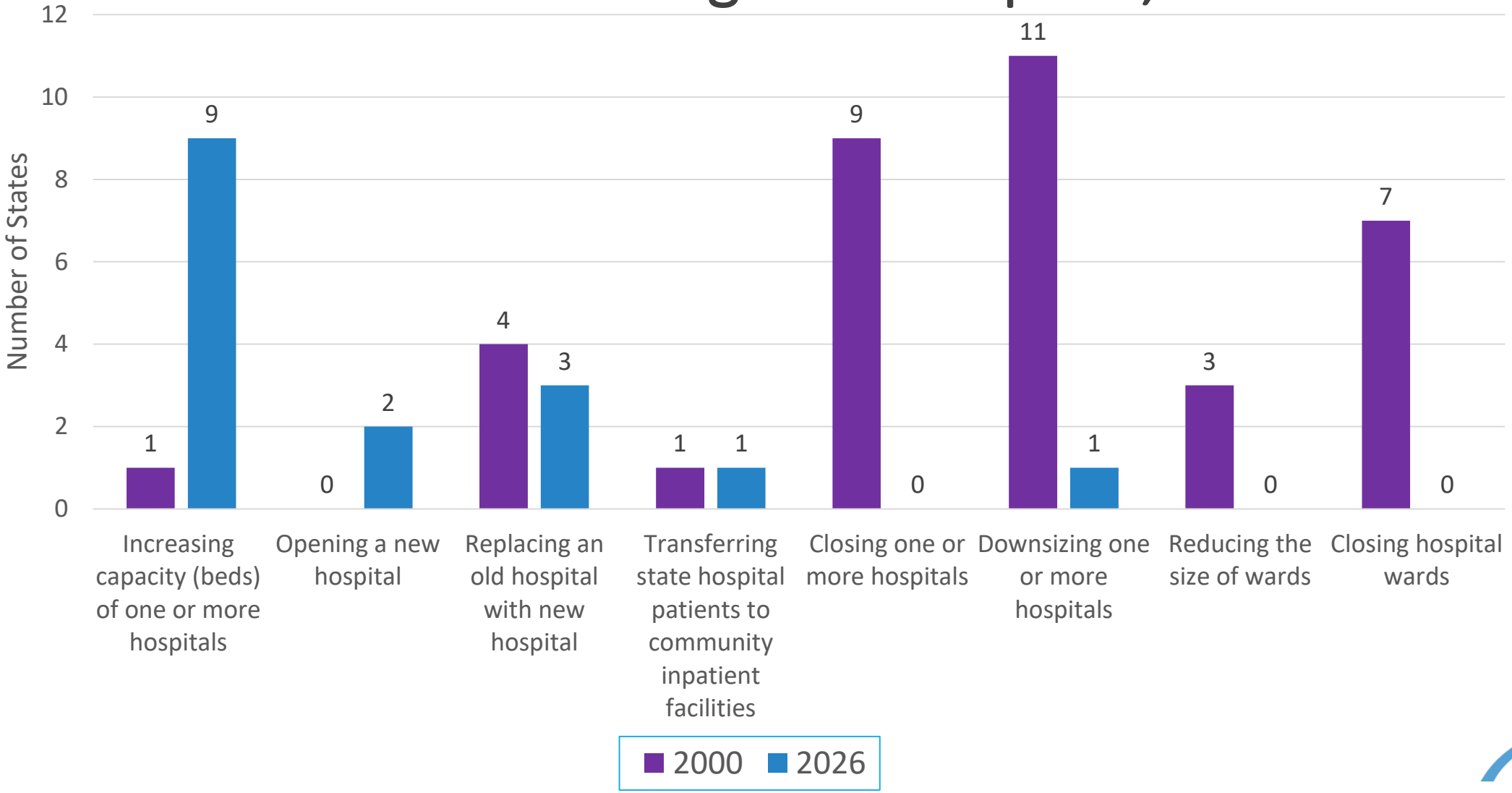
Number of States Resizing State Hospitals, 2000 and 2026



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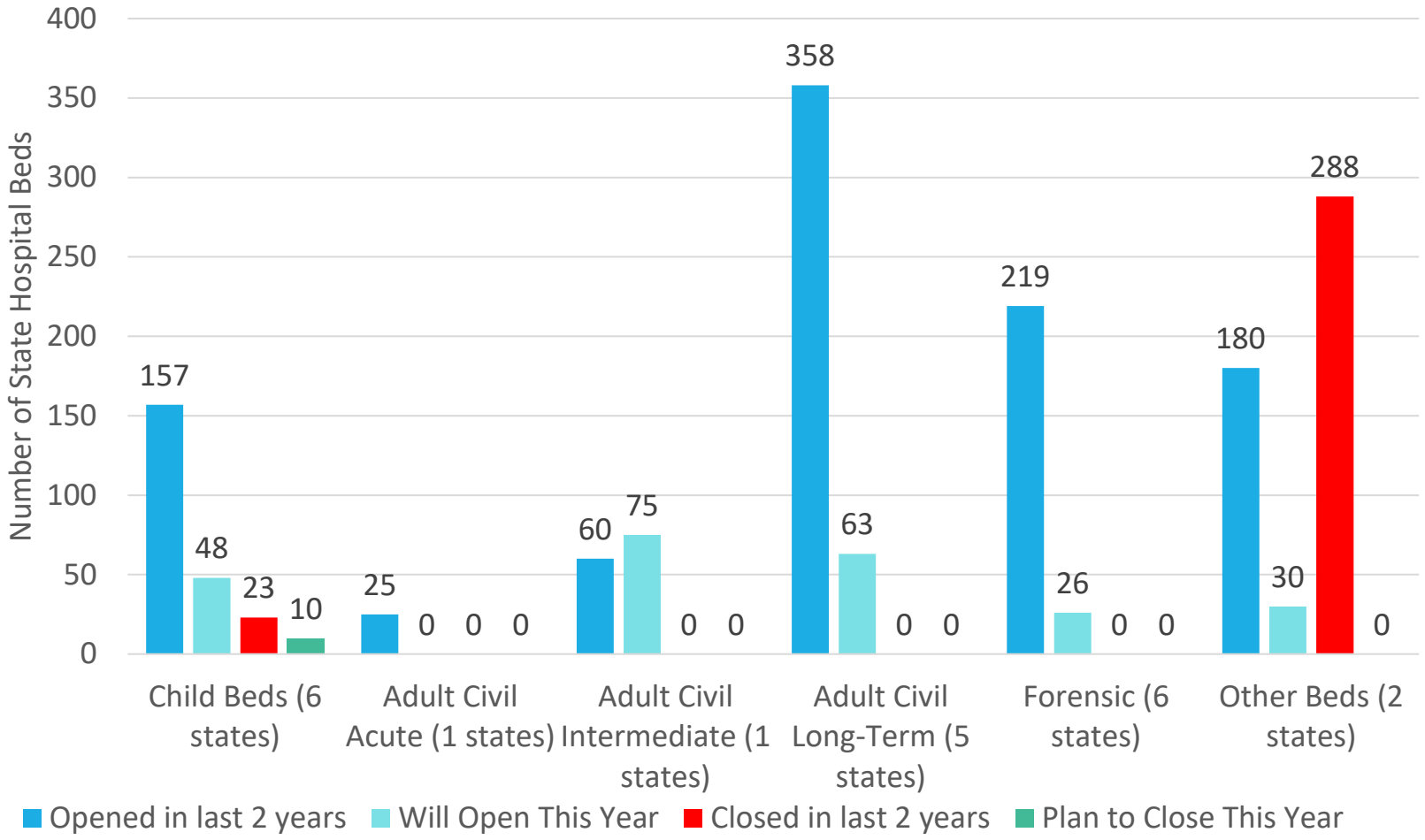
State Hospital Bed Expansion: Last 2 years and Planned for 2026



19 States reported having opened 999 beds in last 2 years and plans to open 242 more beds in 2026

2 States reported having closed 311 beds in the last 2 years, and 1 states plans to close 10 beds during 2026

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For Additional Information…

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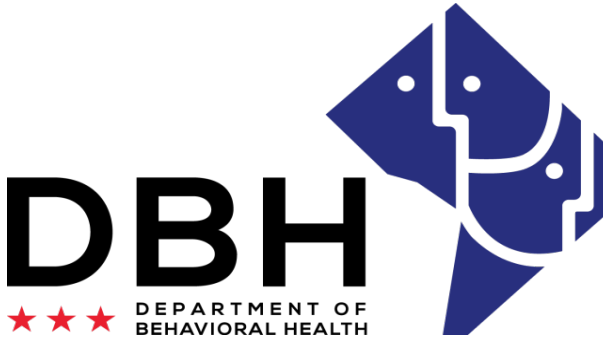
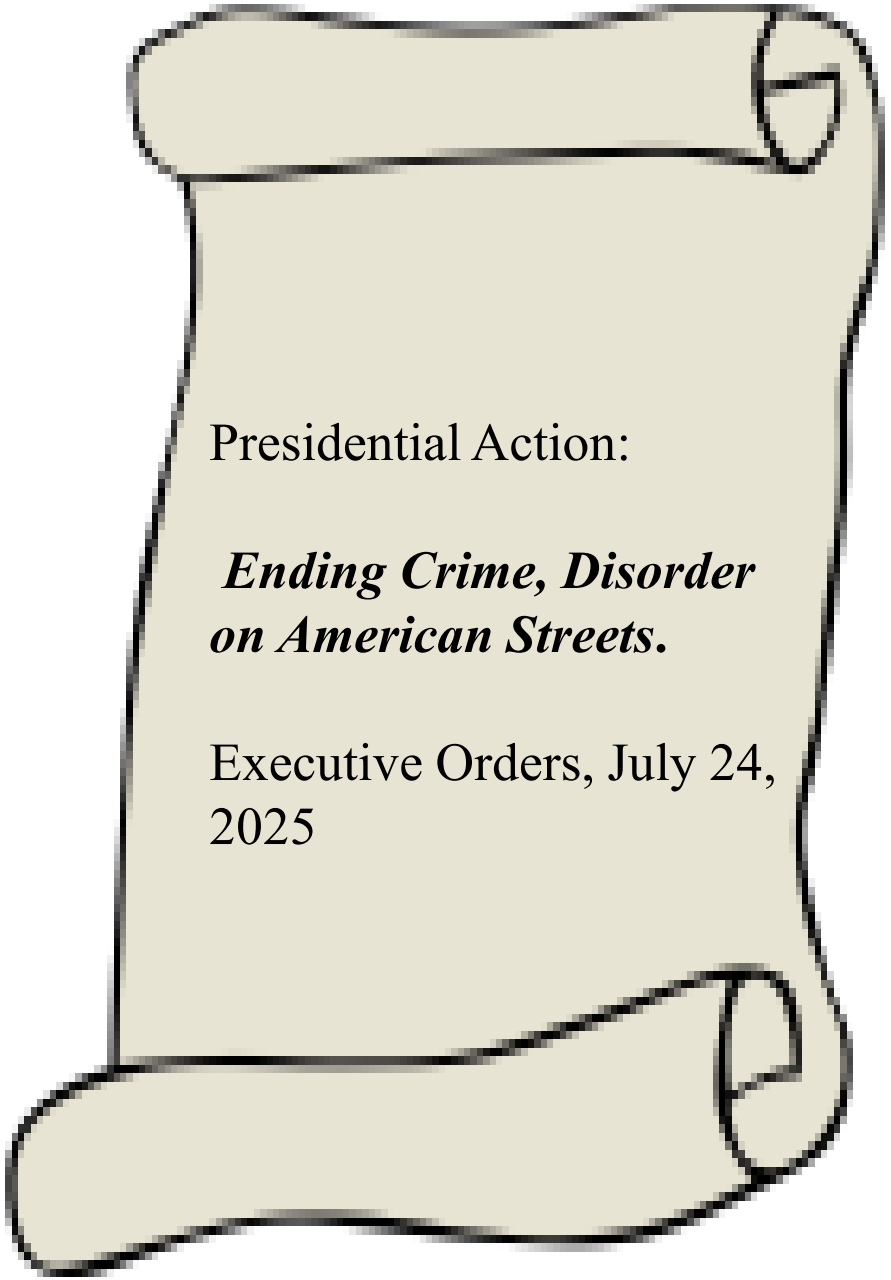
District and Federal Government Outreach Partnership to Engage Unhoused Individuals in the District of Columbia



Barbara J. Bazron, Ph.D., Director

July 26, 2026



- On August 29, 2025, DC was informed that Federal staffing assistance would be provided to expedite service delivery to unhoused populations.
- On September 3, 2025, DC was informed that 18 United States Public Health Service (USPHS) Officers would be deployed to the District.
- Service delivery was expected to be delivered in September. Service delivery began September 10, 2025.

Nature of the Problem in the District

- 718 people are estimated to be living unsheltered outdoors across the city (PIT, 2026).
- Rising housing costs and stagnant wages are resulting in more people to loosing their housing and experience homelessness (CDC, 2024).
- 30% of unsheltered residents had a mental health diagnosis; 12% had an addiction; 4% were dually diagnosed (PIT, 2026).
- It is estimated that 17% have a chronic health problem (PIT, 2026).
- 56% experience unsheltered individuals to be chronically homeless (PIT, 2026).
- Black and not Hispanic 79%, White not Hispanic, 8%, Hispanic only 7% Other 6% (PIT, 2026).

"People don't live on the streets because everything is okay, and it's still not illegal to be homeless. People who are on the street are generally having tough circumstances. Our outreach is about making sure we know who people are and getting them to come inside remains our top priority."

Mayor Muriel Bowser

The District of Columbia Strategy…

The strategic partnership between the Department of Behavioral Health (DBH), Department of Human Services (DHS) and the U.S Public Health Service (USPHS) was established to provide a ***coordinated public health response*** *to strengthen the District's response* ***to unsheltered homeless individuals through coordinated, multidisciplinary outreach and engagement.***

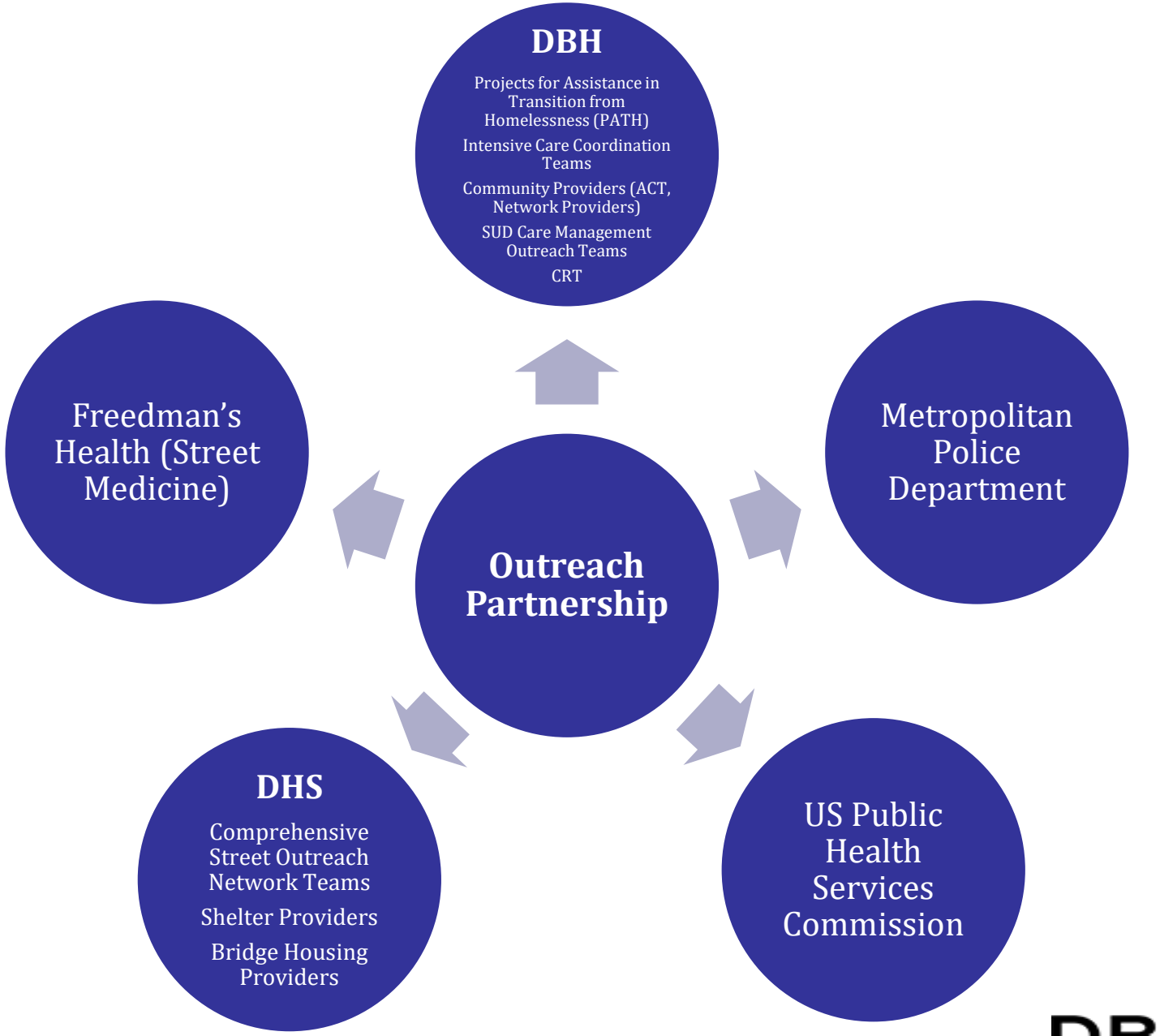
Goals and Objectives of the Outreach Partnership

Goal: Reduce the number of individuals in DC who are living on the streets and address any mental health and substance use issues that affect their behavior.

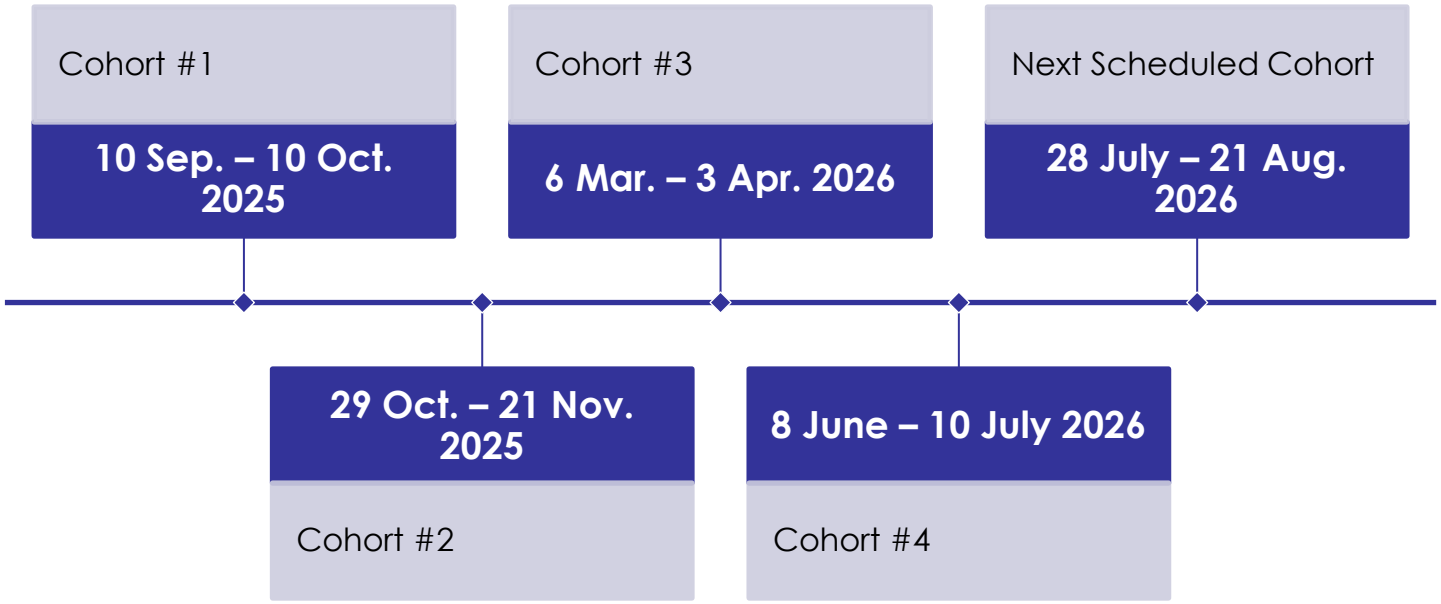
Objectives:

1. Engage unhoused individuals and offer available shelter options and behavioral health services.
2. Re-connect individuals enrolled in behavioral health services with their ACT teams or their provider organization.
3. Link individuals who are unhoused and not currently enrolled in the system of care with appropriate mental health and/or substance use services through DBH's Access Helpline.

It Takes a Network!



District and Federal Government Outreach Partnership to Engage Unhoused Individuals



The 66 USPHS Officers deployed to this mission have been from the following states:

- ❑ California
- ❑ District of Columbia
- ❑ Illinois
- ❑ Maryland
- ❑ Minnesota
- ❑ North Carolina
- ❑ Oregon
- ❑ Texas
- ❑ Virginia

18 Officers were assigned to the first cohort and 12 to the remaining four cohorts.

Outreach Partnership Strategies

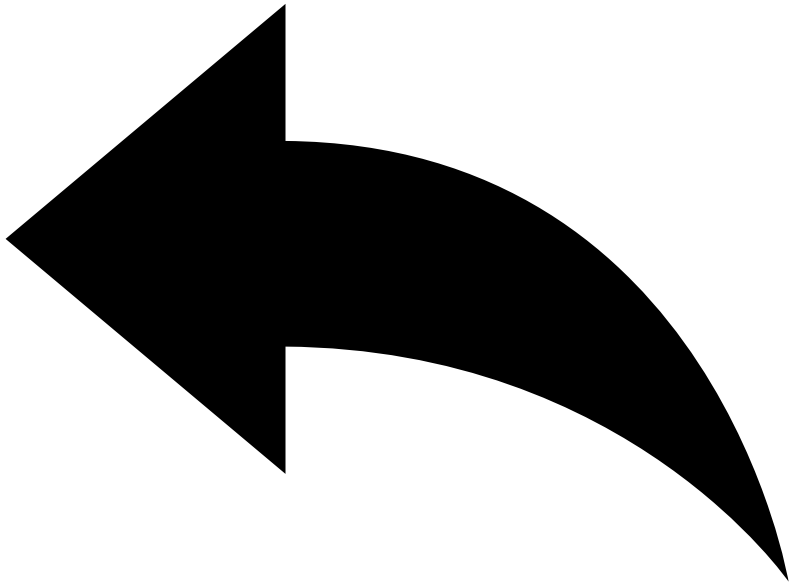
- Become familiar with the District of Columbia's available services for unhoused individuals including behavioral health care services.
- Adopt a common engagement strategy that reflects best practices and the unique characteristics/demographics of DC.
- Embed federal partners with DBH homeless outreach, PATH and intensive care coordination teams to conduct engagement activities.
- Coordinate with DHS outreach providers who may have relationships with unhoused individuals.
- Make use of involuntary commitment for emergency psychiatric evaluation when appropriate through the DBH's Community Response Team.

Engagement Strategies Utilized

Motivational Interviewing:	Encouraged individuals to identify their own goals and next steps.
Meeting Individuals Where They Are	Conducted engagement in locations familiar and comfortable to participants.
Multiple Follow-Up Visits	Maintained consistent contact to strengthen engagement and reduce drop-off.
Resource Distribution	Provided essential items to meet immediate needs and support continued interaction (e.g., water, Narcan, food, blankets, hygiene items).
Peer Engagement	Leveraged lived experience among outreach team to build credibility and increase receptivity.
Warm Accompaniment to Appointments	Supported individuals through in-person visits to services and appointments. Hotline established to expedite enrollment in service.
Building Trust Over Time	Fostered long-term relationships through reliability, respect, and consistent presence.

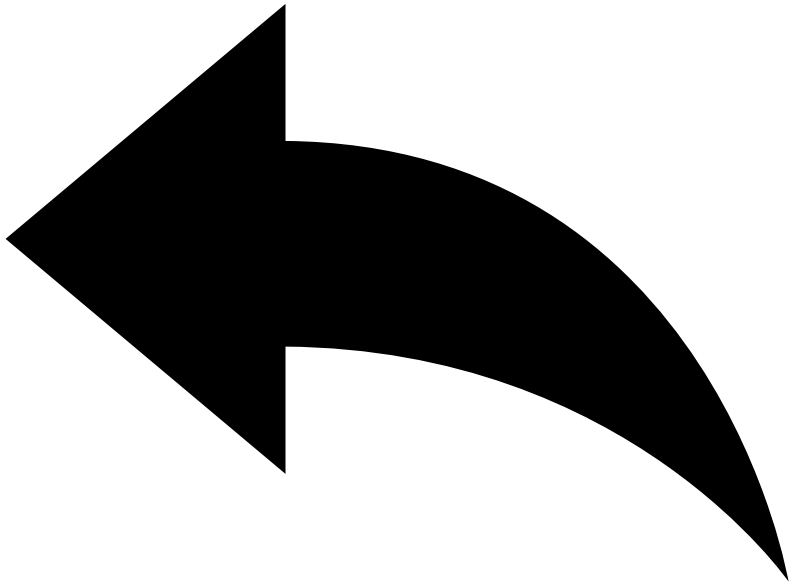
Summary of Service Delivery Outcomes To Date

- Total outreach encounters: **2,717**
- Estimated total individuals contacted: **1,225**
  - Enrollment to Mental Health Services: **29.7%**
  - Reconnection to Mental Health Services: **21.2%**
  - Accepted Shelter/Housing resources: **8.5%**



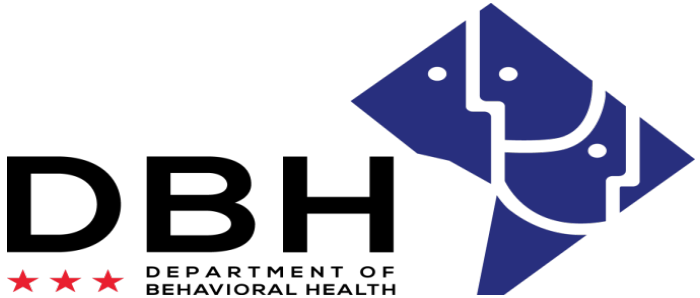
Systemwide Outcomes

- **Improved Coordination** with District Partners/Agencies
- **Improved Linkage** and coordination of treatment
- **Increased Engagement** with the District's unsheltered population
- **Increased Trust** among the District's unsheltered population and the District's Agency Resources including USPHS officers



Overall Preliminary Observations-Early Findings

- Trust increases engagement.
- Repeated outreach improves participation.
- Coordinated care reduces fragmentation.
- Basic needs often precede behavioral health treatment.
- Multidisciplinary teams improve responsiveness.
- Strong partnerships accelerate service connections.
- "**Engagement is not a single event—it is a process.**"



The right services from the right provider at the right time.

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