NASMHPD Research Institute, Inc. (NRI)

Presentation at the 2025 NASMHPD Annual Meeting

July 27-29, 2025

Washington, D.C.

Carrie Slatton-Hodges

Executive Director,

Chief Executive Officer

Ted Lutterman

Senior Director of Government &

Commercial Research

Mihran Kazandjian

Associate Director, Consulting & Development

Kristin Neylon

Associate Director, Government Programs

https://nri-inc.org/

Since 1987

NRI

Analytics Improving Behavioral Health℠

© 2025 NRI, INC

NRI: Who We Are

- **Vision:** No person's life will be limited by mental illness or addiction.
- **Mission:** NRI products and services support and enable actions that improve mental health and wellness.
- NRI pursues its mission according to **Core Values** dedicated to:
  - Lack of bias
  - Life-enhancing value
  - Insight
- NRI's staff has extensive expertise in key areas:
  - Mental health performance measurement
  - Data collection, analysis, and visualization
  - Program assessment
  - Evaluation design, methodology, and policy analysis
  - Evidence-based practices
  - Knowledge management and information dissemination
  - Technical assistance

Since 1987
NRI
Analytics Improving Behavioral Health℠

NRI: Who We Are

- Formed in 1987
- Strictly **non-partisan**, **not-for-profit** 501(c)(3) organization.
- NRI ascertains, develops and distributes information, data, statistics, performance measures, and knowledge about public and private behavioral health service delivery systems and behavioral health services for the education of the public generally.
- NRI has been the **only national organization** working with state agencies, the Federal Government, and other entities to define, collect, and analyze data on public behavioral health systems.
- NRI maintains national and state-level information on over seven million consumers served by state behavioral health systems each year and collects data on the $55+ billion expended financing these services.

Since 1987
NRI
Analytics Improving Behavioral Health℠

Main Areas of Focus

- State Profiles analysis
- Federal contractual assignments
- Psychiatric hospital data collection and analysis (NRI-PQI)
- Criminal Justice/Behavioral Health analysis
- Tailor-made contract work

Since 1987
NRI
Analytics Improving Behavioral Health℠

NRI-PQI

- Serves nearly 200 free-standing psychiatric facilities of various sizes, ranging in size from 10 to 1,000 beds, across the United States, including the District of Columbia and Puerto Rico
- Behavioral Health Performance Measurement System (BHPMS) includes;

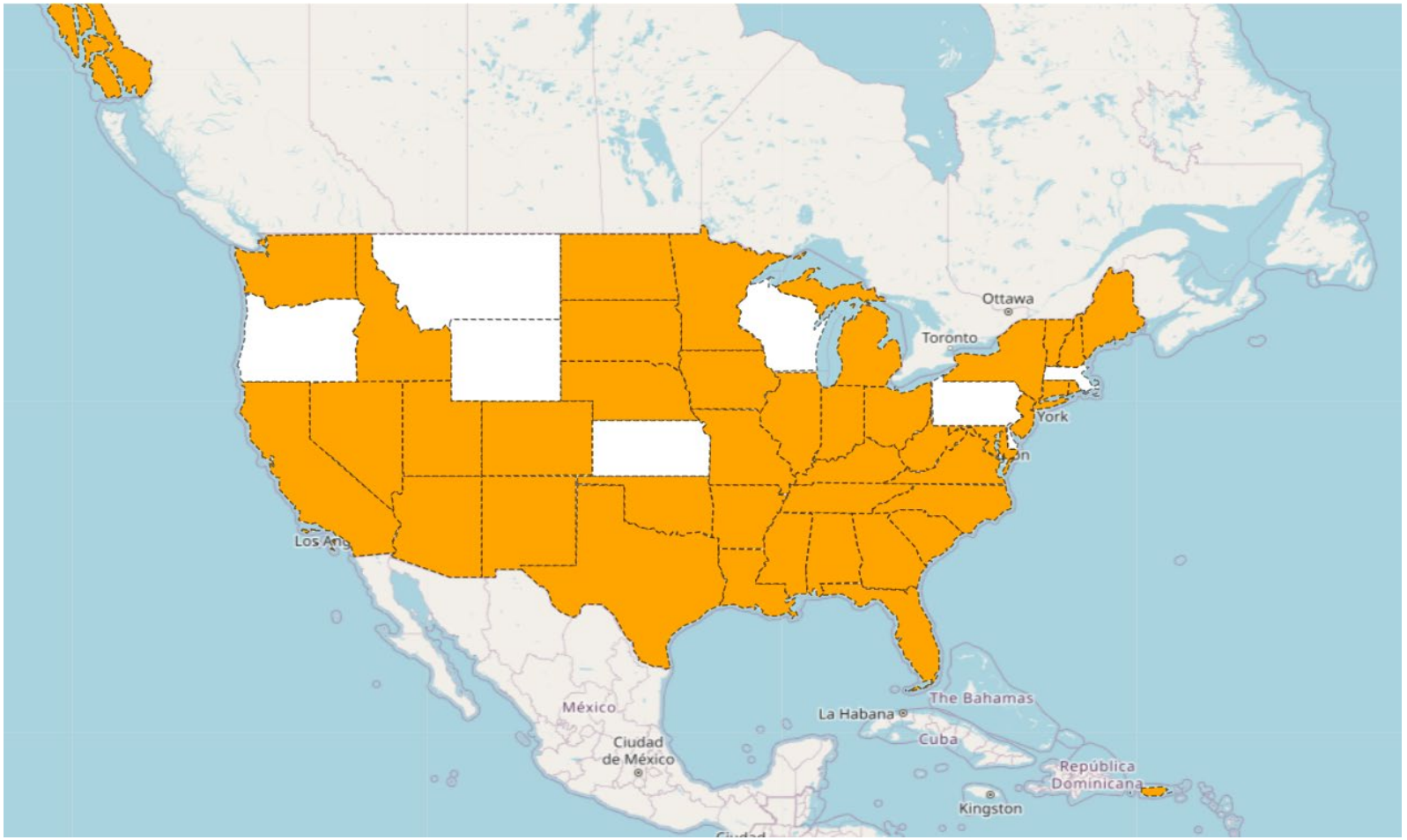
Since 1987
NRI
Analytics Improving Behavioral Health℠

Examples of Hospital Data Collected & Analyzed

Safety & Client Injury Rate	**New Generation Antipsychotic Use**	**Patient Perception of the Facility**
Elopement Rate	**Facility Commitment to Health Equity Measures**	**Alcohol Use Screening – Brief Intervention Provided or Offered**
Medication Error Rate	**Patient Experience Survey (PIX)***	**Brief Intervention Received**
Staff Injury Rate	**New Non-Core Adverse Drug Reaction Masure**	**Substance Use Treatment Provided or Offered**
Measures Related to Restrictive Interventions (Seclusion Hours, % of Clients Secluded, Restraint Hours, % of Clients Restrained)	**Inpatient Consumer Survey (ICS) Measures Patient Perception of Outcome of Care**	**Substance Use Treatment Received**
Transition Record Measure	**Patient Perception of Dignity**	**Tobacco Use Treatment Provided at Discharge**
Transition Record with Specified Elements Received by Discharged Patients	**Patient Perception of Rights**	**TOB-3a – Tobacco Use Treatment at Discharge**
Other Measures (30-Day Readmit Rate, Discharge Cohort)	**Patient Perception of Participation in Treatment**	**Screening for Social Drivers of Health**
Screening for Metabolic Disorders	**NRI is currently working to develop offerings related to the Patient Experience Survey*	

Since 1987
NRI
Analytics Improving Behavioral Health℠

PQI/BHPMS State Map



States with facilities enrolled in the BHPMS

States with facilities NOT enrolled in the BHPMS

Since 1987
NRI
Analytics Improving Behavioral Health℠

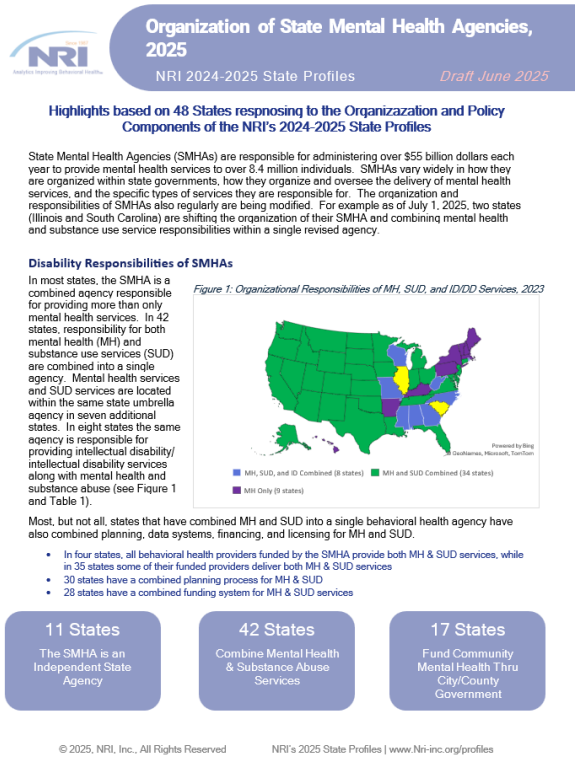
Dr. Glorimar Ortiz, PhD, MS
NRI
Senior Director of PQI
(703) 738 - 8168 work
Glorimar.Ortiz@nri-inc.org

Since 1987 NRI Analytics Improving Behavioral Health℠ | PERFORMANCE QUALITY IMPROVEMENT PQI DIVISION

Since 1987 NRI Analytics Improving Behavioral Health℠

NRI's State Profiles

- National summary reports are publicly available (examples below).
- State-by-state details and data visualizations are available exclusively to designated SMHA staff through a restricted-access website.



Organization of State Mental Health Agencies, 2025

NRI 2024-2025 State Profiles — Draft June 2025

Highlights based on 48 States respnosing to the Organizazation and Policy Components of the NRI's 2024-2025 State Profiles

State Mental Health Agencies (SMHAs) are responsible for administering over $55 billion dollars each year to provide mental health services to over 8.4 million individuals. SMHAs vary widely in how they are organized within state governments, how they organize and oversee the delivery of mental health services, and the specific types of services they are responsible for. The organization and responsibilities of SMHAs also regularly are being modified. For example as of July 1, 2025, two states (Illinois and South Carolina) are shifting the organization of their SMHA and combining mental health and substance use service responsibilities within a single revised agency.

Disability Responsibilities of SMHAs

In most states, the SMHA is a combined agency responsible for providing more than only mental health services. In 42 states, responsibility for both mental health (MH) and substance use services (SUD) are combined into a single agency. Mental health services and SUD services are located within the same state umbrella agency in seven additional states. In eight states the same agency is responsible for providing intellectual disability/ intellectual disability services along with mental health and substance abuse (see Figure 1 and Table 1).

Figure 1: Organizational Responsibilities of MH, SUD, and ID/DD Services, 2023

Most, but not all, states that have combined MH and SUD into a single behavioral health agency have also combined planning, data systems, financing, and licensing for MH and SUD.

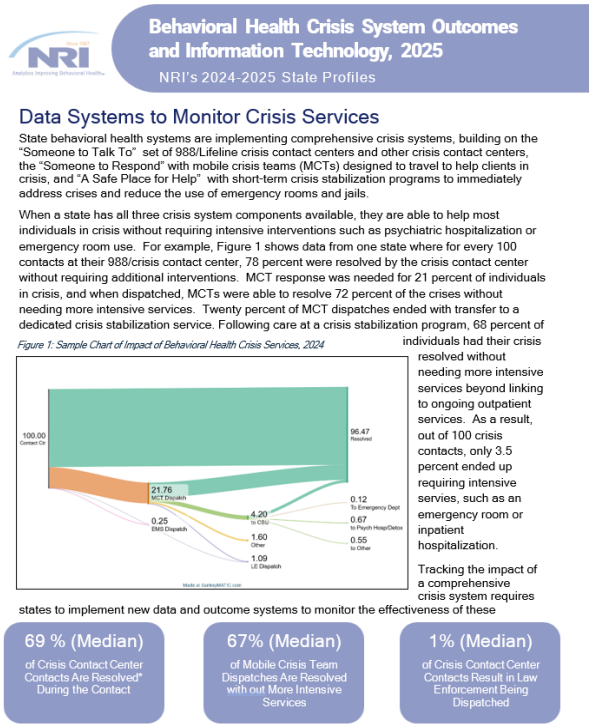
- In four states, all behavioral health providers funded by the SMHA provide both MH & SUD services, while in 35 states some of their funded providers deliver both MH & SUD services
- 30 states have a combined planning process for MH & SUD
- 28 states have a combined funding system for MH & SUD services

11 States — The SMHA is an Independent State Agency

42 States — Combine Mental Health & Substance Abuse Services

17 States — Fund Community Mental Health Thru City/County Government

© 2025, NRI, Inc., All Rights Reserved NRI's 2025 State Profiles | www.Nri-inc.org/profiles



Behavioral Health Crisis System Outcomes and Information Technology, 2025

NRI's 2024-2025 State Profiles

Data Systems to Monitor Crisis Services

State behavioral health systems are implementing comprehensive crisis systems, building on the "Someone to Talk To" set of 988/Lifeline crisis contact centers and other crisis contact centers, the "Someone to Respond" with mobile crisis teams (MCTs) designed to travel to help clients in crisis, and "A Safe Place for Help" with short-term crisis stabilization programs to immediately address crises and reduce the use of emergency rooms and jails.

When a state has all three crisis system components available, they are able to help most individuals in crisis without requiring intensive interventions such as psychiatric hospitalization or emergency room use. For example, Figure 1 shows data from one state where for every 100 contacts at their 988/crisis contact center, 78 percent were resolved by the crisis contact center without requiring additional interventions. MCT response was needed for 21 percent of individuals in crisis, and when dispatched, MCTs were able to resolve 72 percent of the crises without needing more intensive services. Twenty percent of MCT dispatches ended with transfer to a dedicated crisis stabilization service. Following care at a crisis stabilization program, 68 percent of individuals had their crisis resolved without needing more intensive services beyond linking to ongoing outpatient services. As a result, out of 100 crisis contacts, only 3.5 percent ended up requiring intensive servies, such as an emergency room or inpatient hospitalization.

Figure 1: Sample Chart of Impact of Behavioral Health Crisis Services, 2024

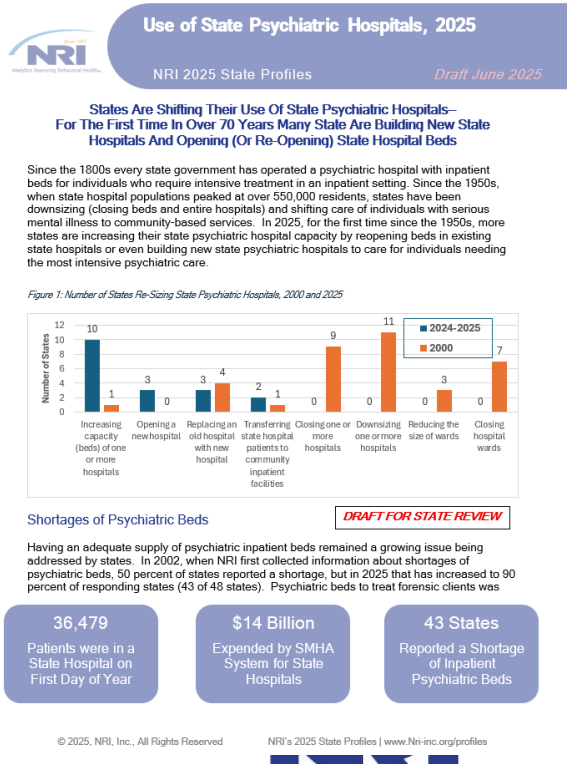
Tracking the impact of a comprehensive crisis system requires states to implement new data and outcome systems to monitor the effectiveness of these

69 % (Median) — of Crisis Contact Center Contacts Are Resolved* During the Contact

67% (Median) — of Mobile Crisis Team Dispatches Are Resolved with out More Intensive Services

1% (Median) — of Crisis Contact Center Contacts Result in Law Enforcement Being Dispatched

© 2025, NRI, Inc., All Rights Reserved NRI's 2024-2025 State Profiles | www.nri-inc.org/profiles



Use of State Psychiatric Hospitals, 2025

NRI 2025 State Profiles — Draft June 2025

States Are Shifting Their Use Of State Psychiatric Hospitals– For The First Time In Over 70 Years Many State Are Building New State Hospitals And Opening (Or Re-Opening) State Hospital Beds

Since the 1800s every state government has operated a psychiatric hospital with inpatient beds for individuals who require intensive treatment in an inpatient setting. Since the 1950s, when state hospital populations peaked at over 550,000 residents, states have been downsizing (closing beds and entire hospitals) and shifting care of individuals with serious mental illness to community-based services. In 2025, for the first time since the 1950s, more states are increasing their state psychiatric hospital capacity by reopening beds in existing state hospitals or even building new state psychiatric hospitals to care for individuals needing the most intensive psychiatric care.

Figure 1: Number of States Re-Sizing State Psychiatric Hospitals, 2000 and 2025

Shortages of Psychiatric Beds — DRAFT FOR STATE REVIEW

Having an adequate supply of psychiatric inpatient beds remained a growing issue being addressed by states. In 2002, when NRI first collected information about shortages of psychiatric beds, 50 percent of states reported a shortage, but in 2025 that has increased to 90 percent of responding states (43 of 48 states). Psychiatric beds to treat forensic clients was

36,479 — Patients were in a State Hospital on First Day of Year

$14 Billion — Expended by SMHA System for State Hospitals

43 States — Reported a Shortage of Inpatient Psychiatric Beds

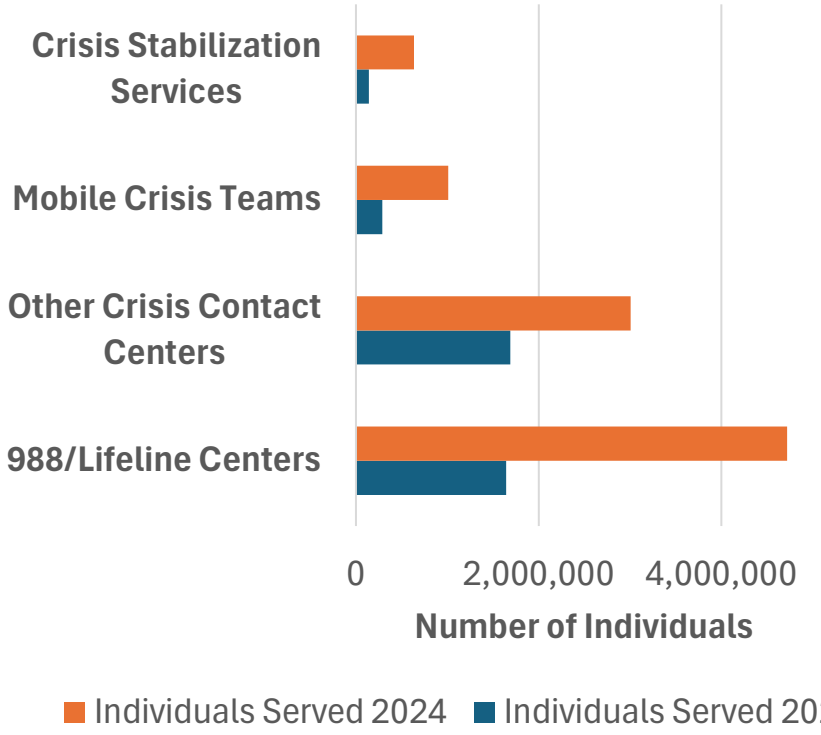
© 2025, NRI, Inc., All Rights Reserved NRI's 2025 State Profiles | www.Nri-inc.org/profiles

Analytics Improving Behavioral Health℠

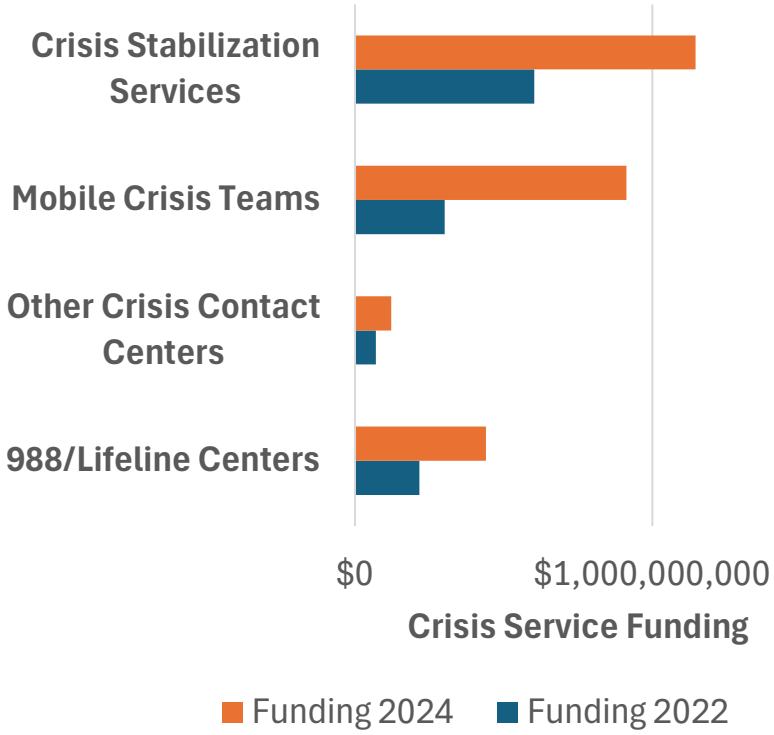
© 2025 NRI, INC

Growth of BH Crisis Services: 2022 to 2024

The number of individuals receiving BH crisis services increased 143% (to 9.4 million individuals)



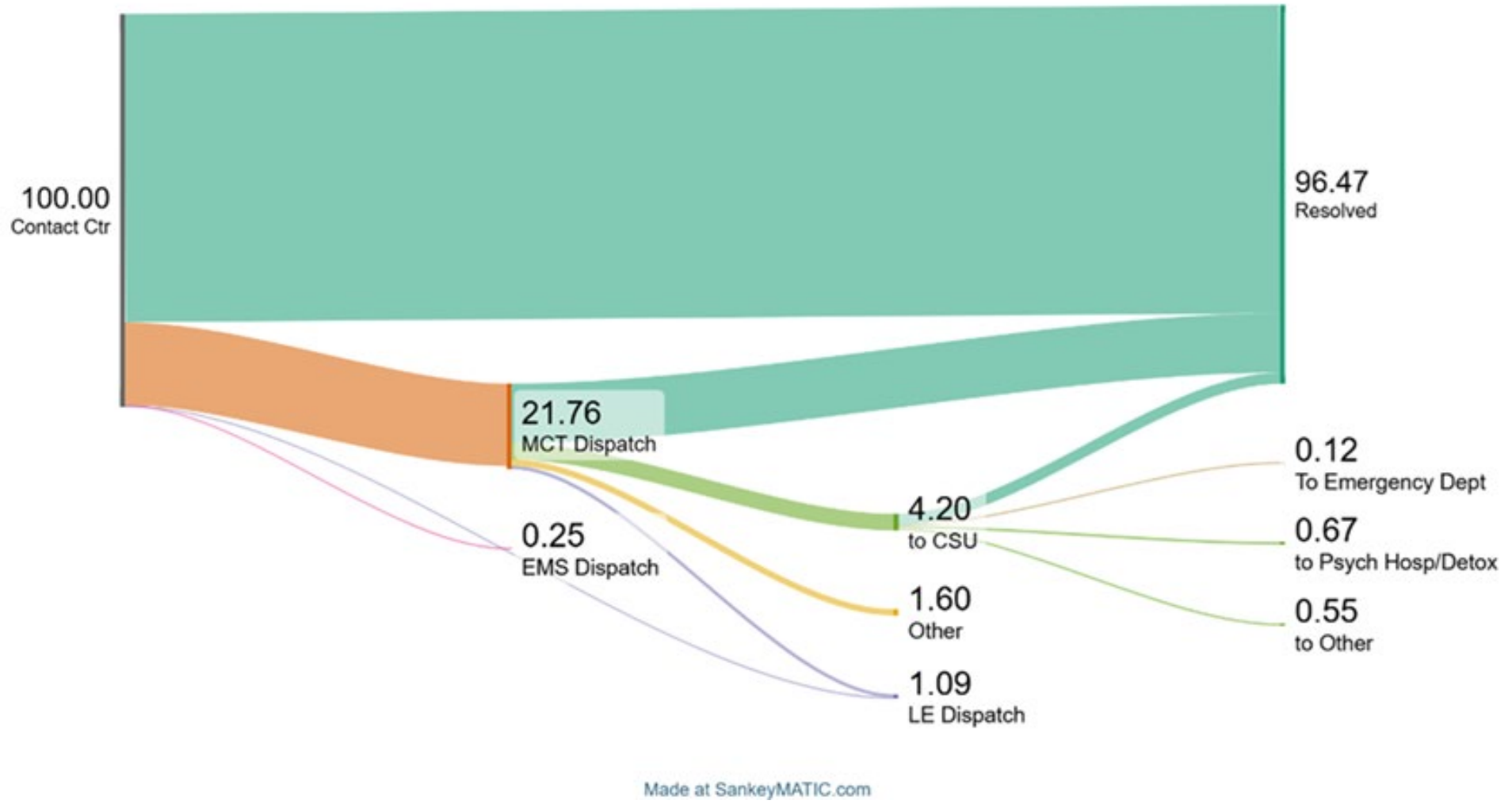
State Funding for BH crisis services increased 120% (to $2.6 Billion)



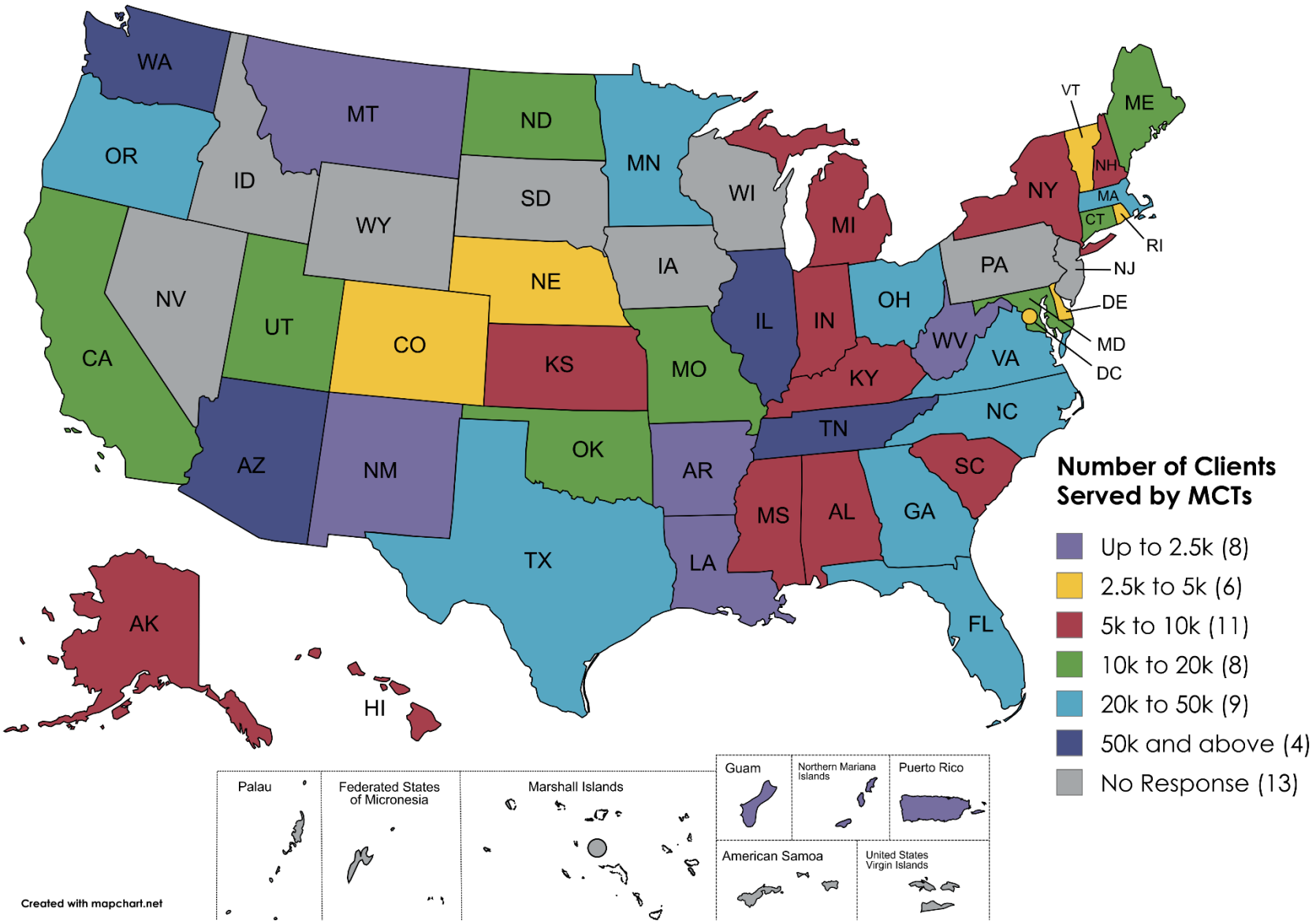
Note, numbers reflect both growth in crisis services and more states implementing and reporting on crisis services

Since 1987
NRI
Analytics Improving Behavioral Health℠

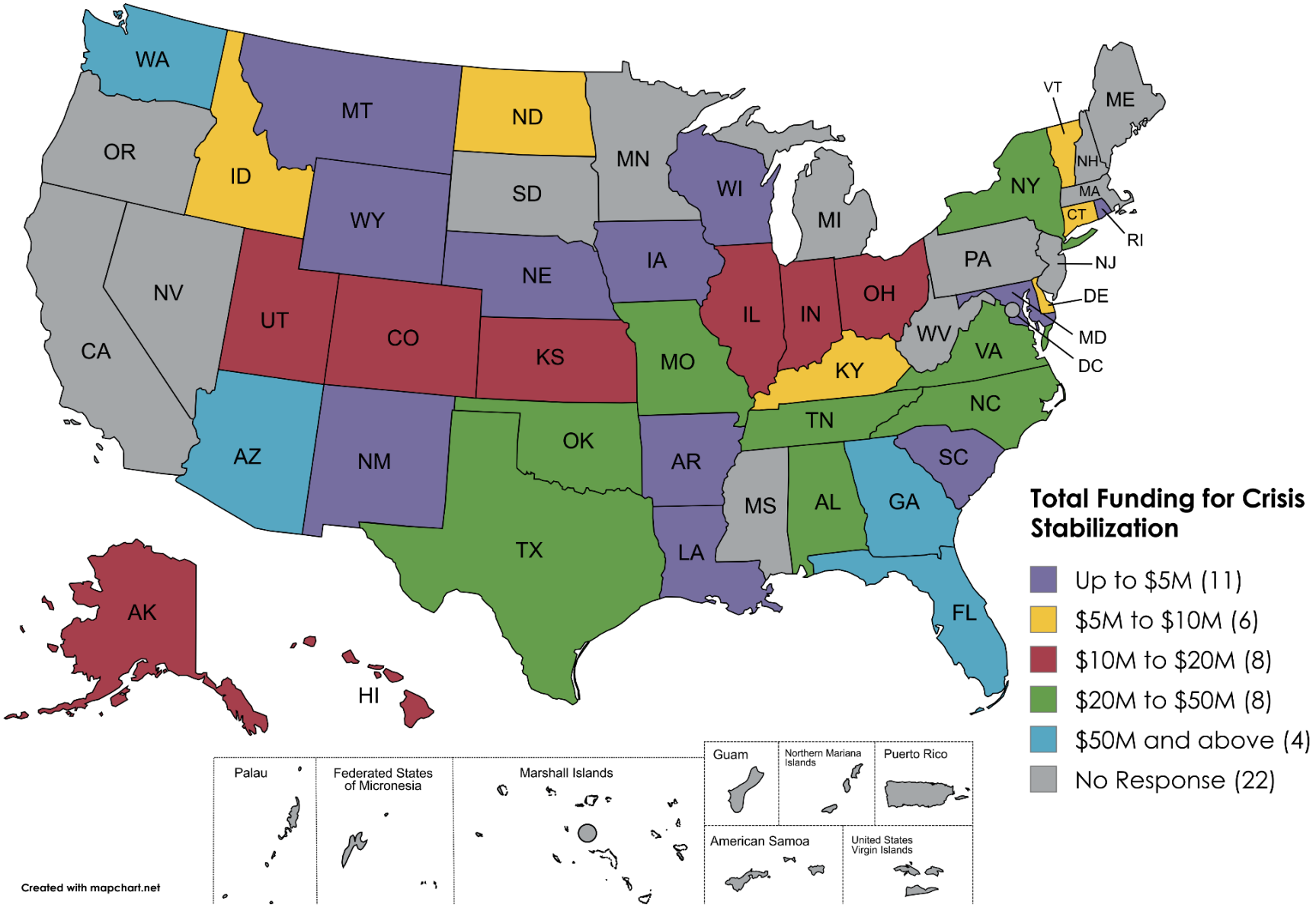
Sample Outcome of a Call to a Crisis Contact Center



Individuals Served by Mobile Crisis Teams



Funding for Crisis Stabilization Services



NRI Direct State Projects

- NRI is working with California's Department of State Hospitals and the American Psychiatric Association to help identify and improve training of staff working with individuals requiring Competency Restoration Services
- NRI has worked with states to evaluate the impact of CCBHC services on hospitalization rates
- NRI has testified to state legislatures and state study commissions
- NRI has helped states improve Medicaid coverage for First Episode Psychosis

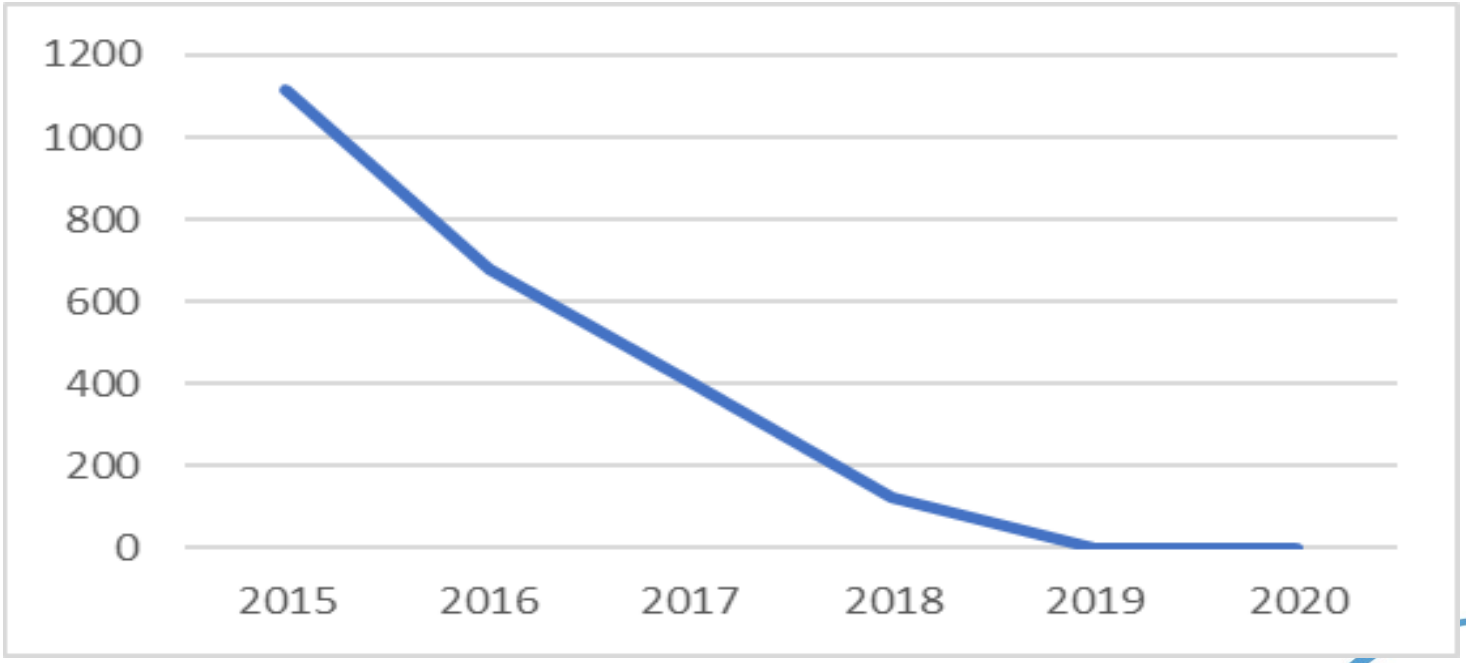
How can NRI help your state?

Since 1987
NRI
Analytics Improving Behavioral Health℠

Grand Lake CCBHC (Oklahoma) Program Evaluation
CCBHC Research Portfolio

NRI conducted an evaluation of this CCBHC's Crisis Intervention and identified major reductions in state hospital use, local hospital use and Law Enforcement Contacts after implementation of Crisis Interventions

Table 1. Inpatient Hospitalizations at Wagoner Hospital Among GLMHC Patients, 2015 - 2020



Since 1987
NRI
Analytics Improving Behavioral Health℠

© 2022 NRI, INC

Join NRI's State Profiles Steering Committee to Provide Guidance on What Information to Collect Next!

Next Steering Committee Call is August 1st at 3:30 Eastern

Since 1987
NRI
Analytics Improving Behavioral Health℠

Now we want to hear from you

- What would be on your wish list for NRI-Inc to work on next?
- What would be most relevant for your current system?
- Are you interested in a partnership?

Since 1987
NRI
Analytics Improving Behavioral Health℠

Thank you for your time!

Carrie Slatton-Hodges
CEO/Executive Director
703-738-8161
Carrie.Slatton-Hodges@nri-inc.org
www.nri-inc.org

Since 1987
NRI
Analytics Improving Behavioral Health℠