

State Mental Health Hospitals

Mission

To facilitate care for the most seriously mentally ill by providing a safe environment for rehabilitation and the start of recovery, where the goal is to return the individual to the community as soon as possible.

Summary of Activities

Some individuals with mental illness do not respond to short-term medical intervention. These individuals may need an intensive level of care for an extended period of time. To serve such individuals, the Division of Mental Health (DMH) of the **Family and Social Services Administration (FSSA)** manages six state mental health hospitals: Logansport State Hospital, Evansville State Hospital, Richmond State Hospital, Madison State Hospital, Larue Carter Hospital, and Evansville Children's Psychiatric Center. Three of these (Evansville, Madison, and Logansport) include intermediate care facilities for the mentally retarded. These programs are certified and funded by the federal Medicaid program to serve persons with developmental disabilities. All facilities are accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).



The hospitals work closely with Community Mental Health Centers (CMHCs) on admission and discharge planning to assure the most appropriate service for each individual. Persons who do not respond to community-based intervention within a reasonable time-frame are referred to the appropriate state hospital for longer term care. Individuals may voluntarily enter a state mental health hospital only through a CMHC. Involuntary commitment may be sought through the CMHC by a friend, relative, or law enforcement representative. No one is denied admission because of lack of financial resources.

Indiana's state mental health hospitals served a total of 2,441 individuals in 1999, with an enrollment at the end of the year of 1,460. There were 943 admissions and 970 discharges during the year. Of those served, 51% had a primary diagnosis of psychoses (schizophrenia and other types); 26% affective disorders (major depression, bipolar disorder, and other types); 12% developmental disability (mental retardation, autism, and related disorders); 7% substance abuse; and 4% children with conduct and attention disorders. The most predominate treatment model applied at the state mental health hospitals is psychosocial rehabilitation, using state-of-the-art medication treatment combined with extensive rehabilitative therapy. The overall average length of stay for recent admissions is approximately seven months.

External Factors

In the landmark decision *Olmstead v. L.C. and E.W.* (1999), the United State Supreme Court determined that states must allow those institutionalized individuals who could benefit from community placement and who do not object to moving from the institution the opportunity to receive services in the community, subject to the resources available in the state to meet the demand for these services. Indiana will be challenged to deinstitutionalize persons from state operated facilities, such as the mental health hospitals and other congregate settings, in the next several years. It is projected that the statewide census of persons in state hospitals will decline over the next three years, as new policies are implemented.

In September 1999, the Council on State-Operated Care Facilities was established to study the six state psychiatric hospitals along with other state institutions to look for common solutions to common issues and to help create a comprehensive state plan for future services.

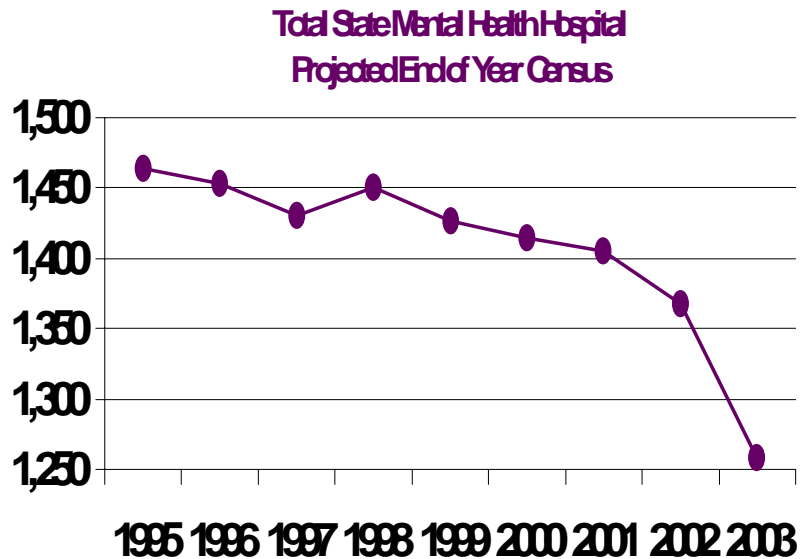
Evaluation and Accomplishments

All six mental health hospitals in Indiana recently maintained JCAHO accreditation. Two hospitals received accreditation with commendation, an honor given to a very small number of hospitals throughout the country. Each facility successfully submitted performance indicator data to JCAHO and is now receiving reports comparing performance to other state hospitals in Indiana and other states. As an example, the use of seclusion and restraint techniques has decreased dramatically in all facilities.

Plans for the Biennium

Evansville State Hospital will move into its new, more efficient facility toward the end of the biennium. The new facility will provide better services to clients, as well as long-term cost savings for the state.

Plans and projections developed through the Council on State-Operated Care Facilities suggest that the census in state mental health hospitals will decrease by around 150 over the course of the biennium. This decrease is the result of new community-based initiatives to move long term patients out of the hospitals and an initiative to divert potential new admissions. It is believed that this will result in more patients being served in less restrictive, community-based environments.



<u>Program: 0340</u>	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Appropriation (All Funds)	\$140,817,886	\$172,503,284	\$173,518,866	\$197,418,599	\$196,539,855
Expenditures	\$161,767,295	\$175,657,383	\$200,002,277		

**Sources of Funds
FY 2001 (Approp)**

■ General
 ■ Dedicated
 ■ Federal
 ■ Other

**Uses of Funds
FY 2001 (Approp)**

■ Personal Services
 ■ Distributions
 ■ Capital
 ■ Other