National Alliance on Mental Illness

Find Help. Find Hope.

State Mental Health Cuts: The Continuing Crisis

A report by the National Alliance on Mental Illness

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NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

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State Mental Health Cuts: The Continuing Crisis

In March 2011, NAMI, the National Alliance on Mental Illness, released *State Mental Health Cuts: A National Crisis*, a report documenting deep cuts to state spending on services for children and adults living with serious mental illness.[1] These cuts, which occurred between 2009 and 2011, led to significant reductions in both hospital and community services for vulnerable individuals with serious mental illness.

Today, with demand for public mental health services extremely high, especially at a time of severe economic distress, the crisis in mental health care continues.[2] The impacts are felt throughout society as people go without the treatment they need.

Increasingly, emergency rooms, homeless shelters and jails are struggling with the effects of people falling through the cracks due to lack of needed mental health services and supports.

States such as California, Illinois, Nevada and South Carolina, which made devastating cuts to mental health services previously, have made further cuts for fiscal year (FY) 2012, putting tens of thousands of citizens at great risk. States have cut more than $1.6 billion in general funds from their state mental health agency budgets for mental health services since FY2009, a period during which demand for such services increased significantly. These cuts translate into loss of vital services such as housing, Assertive Community Treatment, access to psychiatric medications and crisis services.

In contrast, some states increased their state general fund appropriations for mental health in FY2012. However, these increases do not mitigate the damage that has been done by cuts to the infrastructure of services for people living with the most serious mental illnesses.

Modest increases in state general fund mental health spending fail to compensate for the loss in federal Medicaid revenues that hit states due to reductions in federal Medicaid rates implemented at the end of June 2011. Moreover, to make up for these lost federal Medicaid revenues, states such as Arizona and Ohio have shifted state general fund mental health dollars to Medicaid recipients, leaving many non-Medicaid recipients with serious mental illness without services.

The data in this report is limited to general fund appropriations for state mental health agencies (SMHAs). It does not include mental health funds that are under the control of other state agencies such as state Medicaid agencies, housing authorities, or child and family authorities. Further, state hospital or ward closures and personnel cuts may be in other departmental or agency budgets. Were all cuts affecting mental health services factored in, the sum of the total cuts would be significantly higher.

1 Honberg, R., Diehl, S., Kimball, A., Gruttadaro, D., & Fitzpatrick, M. (March, 2011). *State Mental Health Cuts: A National Crisis.* Retrieved from www.nami.org/budgetcuts.

2 Depression is Real Coalition, Mental Health America, National Alliance on Mental Illness (October, 2009). *Economic Downturn Taking Toll on Americans' Mental Health.* Retrieved from www.nami.org/Content/NavigationMenu/Top_Story/Economys_Toll_on_Mental_Health.htm. See also: Goodwin, J. (2011, October 21). Study: Foreclosure crisis threatening Americans' health. *USA Today.* Retrieved from http://yourlife.usatoday.com/health/story/2011-10-21/Study-Foreclosure-crisis-threatening-Americans-health/50852046/1.

I lost my job in May, and I don't qualify for Medicaid because I "haven't been uninsured long enough." The state won't even put me on the waiting list until December, and then Lord knows how long of a wait it is from there. No doctor=no current scripts. I'm trying to make it on $468 a month in unemployment and now the state is trying to take that away from me too. And I just started the process of applying for SSI, which is gonna take years. I don't know what to do.

—AG, Oregon

Mental Health Funding: A State-by-State Breakdown

After three years of significant cuts in many states, some states increased their general fund mental health budgets in FY2012. These increases, while encouraging, do not reverse the devastating cuts that have taken place in recent years. Moreover, rather than filling gaps left by cuts in previous years, some states are shifting new resources to Medicaid to offset recent decreases to federal Medicaid funding for mental health services. In states such as Arizona, non-Medicaid recipients with serious mental illnesses have been virtually cut off from access to services as a result of this shift.

Even though many states had larger than expected revenue growth in FY2012, a number of states still cut funding between FY2011 and FY2012. Some of these cuts were draconian in magnitude. For example, California cut $177.4 million from its mental health budget between FY2011 and FY2012, New York cut $95.2 million, Illinois $62.2 million and North Carolina $48.2 million.

To truly comprehend how deep the mental health cuts have been in many states, it is important to look at the bigger picture; in other words, the full period from FY2009 to FY2012. During this time, more than $1.6 billion was cut from state funds for mental health services. In some states, the extent of these cuts is staggering. California cut $764.8 million during this period, New York, $204.9 million and Illinois, $187 million.

Of course states differ in population, numbers of individuals living with mental illness and the size of their overall budgets. For comparison, one needs to look at the proportion of each state's cuts relative to the overall general fund budget for mental health services. These results also illustrate the severity of individual state cuts. For example, from 2009 to 2012, South Carolina cut 39.3 percent of its total general fund mental health budget, Alabama 36.0 percent, Alaska 32.6 percent and Illinois 31.7 percent.

The following 10 states made the largest cuts by percentage from FY2009 to FY2012:

South Carolina	39.3 percent	**District of Columbia**	23.9 percent
Alabama	36.0 percent	**California**	21.2 percent
Alaska	32.6 percent	**Idaho**	17.9 percent
Illinois	31.7 percent	**Kansas**	12.4 percent
Nevada	28.1 percent	**Mississippi**	10.4 percent

A complete alphabetical chart of state-by-state changes to general funding of mental health services can be found in Appendix II. A complete chart of state-by-state changes ranked by percentage of cuts can be found in Appendix III.

The Price We Pay

State mental health budget cuts of this size inevitably result in loss of services for the most vulnerable residents living with serious mental illnesses. As budget cuts have mounted, both inpatient and community services for children and adults living with serious mental illness have been downsized or eliminated. In some states, entire hospitals have been closed; in others, community mental health programs have been eliminated. These problems are particularly profound in states that have consistently cut their budgets since FY2009.

- In Illinois, a state that has cut $187 million from its mental health budget in recent years, three of the state's nine psychiatric hospitals are slated to close. Up to 5,000 children and adults with serious mental illness could be cut off from needed services. The situation has gotten so bad that Cook County Sheriff Tom Dart announced in May 2011 that he was considering filing a lawsuit against the state, "accusing it of allowing the jail to essentially become a dumping ground for people with serious mental health problems."[3]

- In Nevada, a state that has cut mental health funding by 28 percent since 2009 and has one of the lowest per capita rates of mental health funding in the nation, the suicide rate "is among the nation's highest, as is the percentage of adults reporting poor mental health."[4]

- In Michigan, a state among those hit hardest by the budget crisis, the Detroit-Wayne County Community Mental Health Agency, which provides funding to a variety of community mental health programs, has absorbed about $30 million in cuts since the fall of 2008. These cuts have led to the elimination or downsizing of mental health programs throughout Detroit, including those serving people who are homeless and living with mental illness.[5]

- In California, which has cut over $750 million dollars from its mental health budget in recent years, the governor suspended the mandate on counties to provide mental health services for special education students, meaning that the burden of providing and paying for their care is shifted to school systems, also struggling with limited resources.[6]

  California has also virtually divested itself of accountability for its residents living with serious mental illness, shifting responsibility to counties and, incredibly, slashing its state mental health staff, ensuring that it will be unable to monitor how 58 counties spend allocated funds.

3 Bradley, B. (2011, May 20). Sheriff Dart considers suing the state over health issues. *ABC News.* Retrieved from http://abclocal.go.com/wls/story?section=news/local&id=8143042.

4 Powers, A. (2011, June 1). Mental health programs suffering from budget cuts. *Los Angeles Times.* Retrieved from http://articles.latimes.com/2011/jun/01/nation/la-na-nevada-mental-health-20110602.

5 Greene, J. (2011, May 2). Mental health agencies prepare for another round of budget cuts. *Crain's Detroit Business.* Retrieved from www.crainsdetroit.com/article/20110522/SUB01/305229974/mental-health-agencies-prepare-for-another-round-of-funding-cuts#.

6 Disability Rights California. (2010). *Budget cuts to mental health services for children in special education (AB 3632).* Retrieved from www.disabilityrightsca.org/pubs/F04601.pdf.

- In New Jersey, Hagedorn Psychiatric Hospital is scheduled to close as part of the state's effort to cut spending and shift more mental health resources for community-based services. Hagedorn is a specialty hospital that serves elderly individuals living with mental illness who also have dementia. Many of these individuals require 24/7 care. It is not clear whether this care will be available in the community or whether these individuals will be transferred to other state hospitals, most of which are overcrowded and not equipped to provide the specialty care available at Hagedorn.[7]

- In Florida, a state near the bottom in per capita mental health spending, law enforcement and corrections are all too frequently the first responders to people experiencing psychiatric crises who have not committed serious crimes. Linda O'Rourke, a mental health administrator with the Palm Beach County Jail, decries the lack of care available to inmates living with serious mental illness. "We get them in here, we stabilize them, we medicate them and get them back on track. What's going to happen is when (services are) defunded, they have no place else to go except back here."[8]

  The severity of the mental health funding crisis in America is also illustrated by the growing trend to "board" individuals experiencing psychiatric crises in emergency rooms, sometimes for a week or more, because there are no treatment beds available.[9]

- In Virginia, the Inspector General for Behavioral Health and Developmental Services released a report estimating that about 200 individuals determined to pose a threat to themselves or others were turned away from mental health treatment facilities because there were no beds available, a practice known as "streeting."[10]

The Medicaid Crisis

Medicaid is the largest source of financing public mental health services, accounting for nearly 50 percent of all public sector spending. Many states have used Medicaid creatively to expand overall spending on mental health, without significantly increasing state expenditures. For every dollar that a state spends on Medicaid, it receives one or more dollars of federal funds, depending upon the particular state's relative wealth and its corresponding federal Medicaid matching rate (FMAP).

On June 30, 2011, federal stimulus funds that temporarily increased the federal match for Medicaid expired, resulting in the projected loss of $14 billion dollars for state Medicaid programs. The National Association of State Budget Officers estimated that state Medicaid spending would rise by 19 percent, largely because of the loss of these federal stimulus dollars.[11] In FY2012, increased state general funds for mental health are often filling a gaping hole left by the loss of federal funds.

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7 Metzger, R. A. (2011, July 20). Closing Hagedorn psychiatric hospital in NJ leaves residents in limbo. *Star Ledger.* Retrieved from http://blog.nj.com/njv_guest_blog/2011/07/nj_closure_of_hagedorn_psychia.html.

8 Burdi, J. (2011, March 27). With budget cuts pending, south Florida jails brace for more mentally ill. *Sun Sentinel.* Retrieved from http://articles.sun-sentinel.com/2011-03-27/health/fl-pbso-mental-health-20110327_1_ron-honberg-mental-illness-community-mental-health.

9 Gold, J. (2011, April 13). Mentally ill languish in hospital emergency rooms. *National Public Radio.* Retrieved from www.npr.org/2011/04/13/135351760/mentally-ill-languish-in-hospital-emergency-rooms.

10 Office of the Inspector General, Behavioral Health and Developmental Services. (March 2011). *OIG SAR In-Brief.* Retrieved from www.oig.virginia.gov/documents/SAR-10-1-10-03-31-11.pdf.

11 Galewitz, P. (2011, October 24). More states limiting Medicaid hospital stays. *USAToday.* Retrieved from www.usatoday.com/news/washington/story/2011-10-23/states-limit-medicaid-hospital-stays/50886398/1.

Deliberations of the Congressional "Super Committee" charged with recommending $1.2 trillion in budget cuts by Nov. 23, 2011 also could turn a dire crisis into an irreparable one for people with serious mental illness. As this report prepared to go to press, less than a month before the deadline, proposals to cut Medicaid ranged from $75 billion to almost $200 billion over ten years. If adopted, current trends will continue. The mental health crisis in the states would worsen.

States are also shifting resources to Medicaid mental health services in order to tap into federal matching funds. This helps stabilize care for children and adults with serious mental illness who are Medicaid-eligible, but has led to the near abandonment of individuals who are not Medicaid recipients. Large numbers of individuals, including some with the most severe illnesses and among those most vulnerable, are being left out in the cold.

- In July 2010, Arizona, a state with already serious gaps in its mental health safety net, eliminated virtually all services for 12,000 individuals diagnosed with serious mental illness who do not qualify for Medicaid. Advocates in Arizona say that the "loss of services has caused harm to people, including hundreds who have become incarcerated, hospitalized due to psychotic breakdowns or fallen through the tattered safety net and disappeared." For example, St. Joseph's Hospital and Medical Center in Phoenix saw a 40 percent spike in emergency room psychiatric episodes after services were eliminated for those who do not have Medicaid.[12]

- In Ohio, the state added millions of dollars to services for Medicaid recipients between FY2011 and FY2012 and cut millions of dollars to services for non-Medicaid recipients.

Investments in services for Medicaid recipients is a laudable strategy, but not at the expense of millions of individuals with serious mental illness who do not have access to Medicaid. For example, the costs of inpatient treatment in psychiatric hospitals for individuals with serious mental illness between the ages of 22 and 64 are generally assumed by states, since a provision in federal law does not permit the use of federal Medicaid funds to pay for treatment in "institutions for mental diseases." Cuts to non-Medicaid dollars will inevitably further erode the mental health safety net.

Alarmingly, many states are also making deep cuts to Medicaid, further cutting off vital services to people living with serious mental illness.

- In Alabama, the mental health budget was sustained with federal stimulus dollars from 2009 through 2011, but did not replace funding when the enhanced federal Medicaid match expired.
- California has proposed cuts of about $1.4 billion to Medicaid.[13]
- Wisconsin has proposed cuts of about half a billion dollars to Medicaid.[14]
- Arizona has indefinitely frozen Medicaid eligibility for single adults.[15]

12 Reinhart, M. K. (2011, September 21). State, critics disagreeing on impact of mental health cuts. *Arizona Republic.* Retrieved from www.azcentral.com/news/articles/2011/09/21/20110921mental-health-cuts-toll-debated.html.

13 Pecquet, J. (2011, October 12). Governor Brown's proposed Medicaid cuts untenable, California democrats warn. *The Hill.* Retrieved from http://thehill.com/blogs/healthwatch/state-issues/187121-gov-browns-proposed-medicaid-cuts-untenable-california-dems-warn.

14 Bauer, S. (2011, October 20). Public speaks out against Wisconsin Medicaid cuts. *Bloomberg Business Week.* Retrieved from www.businessweek.com/ap/financialnews/D9QG2JT00.htm.

15 Jones, B. (Ed.). (2011, October 21). US renews scaled back Arizona Medicaid program. *Associated Press.* Retrieved from www.usatoday.com/news/nation/states/arizona/2011-10-21-3749879700_x.htm.

Medicaid changes of this nature result in restrictions in Medicaid eligibility criteria, limits on optional services covered in state Medicaid programs and cuts in already low provider payment rates. These restrictions translate into further limits on already scarce services for people living with serious mental illness.

Policy Recommendations

1. Protect and strengthen mental health services and restore spending cuts.

After four or more years of budget cutting, states and communities simply cannot withstand more reductions in public mental health services. These cuts have already sharply eroded the availability of vital services and providers of services for children and adults living with serious mental illness. They have also shifted costs to systems responsible for responding to psychiatric emergencies such as emergency rooms, EMT personnel, the police and homeless shelters.

The states that increased funding in FY2012 are to be commended. However, in many of those states, funding levels are still below what they were in FY2009 and earlier. Cuts in Medicaid and the shifting of state mental health resources to fill the Medicaid gaps have further perpetuated the crisis in mental health care.

2. Improve data collection and outcomes measurement for mental health services.

Although progress is being made, the quality of data and outcomes measurement in the mental health sector is still inadequate. In a time of diminishing resources, pressures are increasing on mental health providers to demonstrate that their services are helping people living with mental illness to recover and avoid adverse outcomes, such as hospitalizations, arrests and suicides.

In an encouraging development, the National Committee for Quality Assurance (NCQA) is developing quality measures on schizophrenia, inpatient treatment, medications, mental health treatment for children and adolescents and long-term care for people with disabilities. Improved data collection and outcomes measurement will be particularly critical during this time of transition in the health care system.

3. Preserve access to acute care and long-term care services.

According to the National Association of State Mental Health Program Directors, approximately 4,000 psychiatric hospital beds have been eliminated since 2010.[16] At the same time, community services have been eliminated and mental health providers reduced.

Access to acute care services, including inpatient treatment and crisis stabilization programs, must be protected. Long-term care services for individuals requiring 24/7 care must be preserved as well.

16 Lutterman, T. (2011). *The impact of the state fiscal crisis on state mental health systems* [PowerPoint slides]. Retrieved from www.nri-inc.org/reports_pubs/2011/ImpactOfStateFiscalCrisisOnMentalHealthSytems_Updated_12Feb11_NRI_Study.pdf.

In a time of shrinking resources, states face difficult choices about the extent to which resources are targeted for inpatient treatment or community based services. Although NAMI supports the desirability of community based services whenever possible, sufficient resources do not currently exist in many communities to address the needs of those individuals who require higher intensity services. Elimination of inpatient treatment capacity is ill advised without appropriate alternatives in place.

My daughter has not been able to access dual diagnosis treatment due to lack of program that will accept insurance provided by Medicaid. So she has had *five* acute hospitalizations this year and an ongoing pattern of dislocation. —EKS, Hawaii

APPENDIX I: Methodology

State mental health budget information for this report was derived from public budget documents for fiscal year (FY) 2009, FY2011 and FY2012.

Reported figures include state general funds allocated to state mental health agencies for community mental health services for children and adults, mental health administrative funding (where available) and inpatient/state hospital services (excluding identified forensic hospitals and inpatient treatment of sexual predators).

Total funds (including federal, county, grant and other revenues) were used where state general funds were not available or sufficiently applicable.

State general funds allocated for Medicaid mental health services were collected only for those states in which these funds are in the state mental health agency budget. In many states, Medicaid mental health funds are allocated to the state Medicaid agency and are not included in our figures. Similarly, children's mental health services were collected only when these services are included in the state mental health agency's budget.

Budget figures for prior years have been modified, where applicable, from NAMI's previous report at www.nami.org/budgetcuts to reflect updated methodology and to reflect any interim adjustments to state enacted budgets.

APPENDIX II: State Mental Health Budgets FY2009-FY2012

(Alpha Order)

State	FY2009 (Millions)	FY2012 (Millions)	Change (Millions)		Percent Change
Alabama	$100.3	$64.2	-$36.1	▼	-36.0%
Alaska*	$125.6	$84.7	-$40.9	▼	-32.6%
Arizona	$492.8	$520.5	$27.7	▲	5.6%
Arkansas	$71.4	$73.3	$1.9	▲	2.7%
California*	$3,612.8	$2,848.0	-$764.8	▼	-21.2%
Colorado	$124.7	$115.0	-$9.7	▼	-7.8%
Connecticut	$676.0	$715.3	$39.3	▲	5.8%
Delaware	$78.6	$76.0	-$2.6	▼	-3.3%
District of Columbia	$212.4	$161.6	-$50.8	▼	-23.9%
Florida	$573.3	$580.9	$7.6	▲	1.3%
Georgia	$393.9	$480.0	$86.1	▲	21.9%
Hawaii	$181.4	$172.7	-$8.7	▼	-4.8%
Idaho	$57.1	$46.9	-$10.2	▼	-17.9%
Illinois	$590.7	$403.7	-$187.0	▼	-31.7%
Indiana	$249.9	$245.6	-$4.3	▼	-1.7%
Iowa	$201.8	$208.2	$6.4	▲	3.2%
Kansas	$115.4	$101.1	-$14.3	▼	-12.4%
Kentucky	$177.2	$177.1	-$0.1	▼	-0.1%
Louisiana	$415.6	$414.1	-$1.5	▼	-0.4%
Maine	$69.6	$80.3	$10.7	▲	15.4%
Maryland	$653.4	$665.1	$11.7	▲	1.8%
Massachusetts	$685.4	$629.8	-$55.6	▼	-8.1%
Michigan	$1,173.3	$1,222.9	$49.6	▲	4.2%
Minnesota	$191.3	$204.4	$13.1	▲	6.8%
Mississippi	$262.5	$235.3	-$27.2	▼	-10.4%
Missouri	$310.7	$289.5	-$21.2	▼	-6.8%
Montana	$65.0	$61.2	-$3.8	▼	-5.8%
Nebraska	$108.7	$108.2	-$0.5	▼	-0.5%
Nevada	$175.5	$126.2	-$49.3	▼	-28.1%
New Hampshire	$104.0	$102.7	-$1.3	▼	-1.3%
New Jersey	$811.5	$849.6	$38.1	▲	4.7%
New Mexico	$98.4	$104.8	$6.4	▲	6.5%
New York**	$3,775.4	$3,570.5	-$204.9	▼	-5.4%
North Carolina	$615.3	$608.0	-$7.3	▼	-1.2%
North Dakota	$49.9	$73.9	$24.0	▲	48.1%
Ohio	$511.9	$485.9	-$26.0	▼	-5.1%
Oklahoma	$194.5	$183.1	-$11.4	▼	-5.9%
Oregon	$301.6	$364.6	$63.0	▲	20.9%
Pennsylvania	$723.2	$717.2	-$6.0	▼	-0.8%
Rhode Island	$87.7	$97.0	$9.3	▲	10.6%
South Carolina	$187.3	$113.7	-$73.6	▼	-39.3%
South Dakota	$45.4	$45.5	$0.1	▲	0.2%
Tennessee	$164.3	$174.0	$9.7	▲	5.9%
Texas**	$924.3	$964.1	$39.8	▲	4.3%
Utah	$91.4	$85.3	-$6.1	▼	-6.7%
Vermont**	$152.1	$153.6	$1.5	▲	1.0%
Virginia	$424.3	$386.6	-$37.7	▼	-8.9%
Washington	$444.4	$443.1	-$1.3	▼	-0.3%
West Virginia	$142.9	$159.3	$16.4	▲	11.5%
Wisconsin**	$418.7	$438.4	$19.7	▲	4.7%
Wyoming	$52.7	$57.4	$4.7	▲	8.9%

*Medicaid funds moved from state mental health authority to separate Medicaid agency.
**Total Funds, including state, county, federal, grant and other revenue sources.

APPENDIX III: State Mental Health Budgets FY2009-FY2012

(Percentage, High to Low)

State	FY2009 (Millions)	FY2012 (Millions)	Change (Millions)		Percent Change
South Carolina	$187.3	$113.7	-$73.6	▼	-39.3%
Alabama	$100.3	$64.2	-$36.1	▼	-36.0%
Alaska*	$125.6	$84.7	-$40.9	▼	-32.6%
Illinois	$590.7	$403.7	-$187.0	▼	-31.7%
Nevada	$175.5	$126.2	-$49.3	▼	-28.1%
District of Columbia	$212.4	$161.6	-$50.8	▼	-23.9%
California*	$3,612.8	$2,848.0	-$764.8	▼	-21.2%
Idaho	$57.1	$46.9	-$10.2	▼	-17.9%
Kansas	$115.4	$101.1	-$14.3	▼	-12.4%
Mississippi	$262.5	$235.3	-$27.2	▼	-10.4%
Virginia	$424.3	$386.6	-$37.7	▼	-8.9%
Massachusetts	$685.4	$629.8	-$55.6	▼	-8.1%
Colorado	$124.7	$115.0	-$9.7	▼	-7.8%
Missouri	$310.7	$289.5	-$21.2	▼	-6.8%
Utah	$91.4	$85.3	-$6.1	▼	-6.7%
Oklahoma	$194.5	$183.1	-$11.4	▼	-5.9%
Montana	$65.0	$61.2	-$3.8	▼	-5.8%
New York**	$3,775.4	$3,570.5	-$204.9	▼	-5.4%
Ohio	$511.9	$485.9	-$26.0	▼	-5.1%
Hawaii	$181.4	$172.7	-$8.7	▼	-4.8%
Delaware	$78.6	$76.0	-$2.6	▼	-3.3%
Indiana	$249.9	$245.6	-$4.3	▼	-1.7%
New Hampshire	$104.0	$102.7	-$1.3	▼	-1.3%
North Carolina	$615.3	$608.0	-$7.3	▼	-1.2%
Pennsylvania	$723.2	$717.2	-$6.0	▼	-0.8%
Nebraska	$108.7	$108.2	-$0.5	▼	-0.5%
Louisiana	$415.6	$414.1	-$1.5	▼	-0.4%
Washington	$444.4	$443.1	-$1.3	▼	-0.3%
Kentucky	$177.2	$177.1	-$0.1	▼	-0.1%
South Dakota	$45.4	$45.5	$0.1	▲	0.2%
Vermont**	$152.1	$153.6	$1.5	▲	1.0%
Florida	$573.3	$580.9	$7.6	▲	1.3%
Maryland	$653.4	$665.1	$11.7	▲	1.8%
Arkansas	$71.4	$73.3	$1.9	▲	2.7%
Iowa	$201.8	$208.2	$6.4	▲	3.2%
Michigan	$1,173.3	$1,222.9	$49.6	▲	4.2%
Texas**	$924.3	$964.1	$39.8	▲	4.3%
New Jersey	$811.5	$849.6	$38.1	▲	4.7%
Wisconsin**	$418.7	$438.4	$19.7	▲	4.7%
Arizona	$492.8	$520.5	$27.7	▲	5.6%
Connecticut	$676.0	$715.3	$39.3	▲	5.8%
Tennessee	$164.3	$174.0	$9.7	▲	5.9%
New Mexico	$98.4	$104.8	$6.4	▲	6.5%
Minnesota	$191.3	$204.4	$13.1	▲	6.8%
Wyoming	$52.7	$57.4	$4.7	▲	8.9%
Rhode Island	$87.7	$97.0	$9.3	▲	10.6%
West Virginia	$142.9	$159.3	$16.4	▲	11.5%
Maine	$69.6	$80.3	$10.7	▲	15.4%
Oregon	$301.6	$364.6	$63.0	▲	20.9%
Georgia	$393.9	$480.0	$86.1	▲	21.9%
North Dakota	$49.9	$73.9	$24.0	▲	48.1%

*Medicaid funds moved from state mental health authority to separate Medicaid agency.
**Total Funds, including state, county, federal, grant and other revenue sources.

APPENDIX IV: State Mental Health Budgets FY2011-FY2012

(Percentage, High to Low)

State	FY2011 (Millions)	FY2012 (Millions)	Change (Millions)		Percent Change
Illinois	$465.9	$403.7	-$62.2	▼	-13.4%
Indiana	$270.3	$245.6	-$24.7	▼	-9.1%
Nevada	$138.4	$126.2	-$12.2	▼	-8.8%
North Carolina	$656.2	$608.0	-$48.2	▼	-7.3%
Idaho	$50.1	$46.9	-$3.2	▼	-6.4%
Minnesota	$217.5	$204.4	-$13.1	▼	-6.0%
California*	$3,025.4	$2,848.0	-$177.4	▼	-5.9%
South Carolina	$120.4	$113.7	-$6.7	▼	-5.6%
Alabama	$67.9	$64.2	-$3.7	▼	-5.4%
Montana	$64.4	$61.2	-$3.2	▼	-5.0%
Nebraska	$113.0	$108.2	-$4.8	▼	-4.2%
South Dakota	$47.2	$45.5	-$1.7	▼	-3.6%
District of Columbia	$167.3	$161.6	-$5.7	▼	-3.4%
Kentucky	$182.6	$177.1	-$5.5	▼	-3.0%
Arkansas	$75.6	$73.3	-$2.3	▼	-3.0%
New York**	$3,665.7	$3,570.5	-$95.2	▼	-2.6%
Oklahoma	$187.6	$183.1	-$4.5	▼	-2.4%
Vermont**	$156.6	$153.6	-$3.0	▼	-1.9%
Colorado	$116.9	$115.0	-$1.9	▼	-1.6%
Delaware	$76.2	$76.0	-$0.2	▼	-0.3%
Tennessee	$173.9	$174.0	$0.1	▲	0.1%
Virginia	$385.8	$386.6	$0.8	▲	0.2%
Missouri	$288.4	$289.5	$1.1	▲	0.4%
Texas**	$957.0	$964.1	$7.1	▲	0.7%
Florida	$574.5	$580.9	$6.4	▲	1.1%
Massachusetts	$621.3	$629.8	$8.5	▲	1.4%
Alaska*	$82.8	$84.7	$1.9	▲	2.3%
Hawaii	$168.5	$172.7	$4.2	▲	2.5%
Louisiana	$403.8	$414.1	$10.3	▲	2.6%
Maine	$78.0	$80.3	$2.3	▲	2.9%
Pennsylvania	$695.4	$717.2	$21.8	▲	3.1%
Rhode Island	$94.0	$97.0	$3.0	▲	3.2%
Wisconsin**	$424.6	$438.4	$13.8	▲	3.3%
New Mexico	$101.3	$104.8	$3.5	▲	3.5%
West Virginia	$152.4	$159.3	$6.9	▲	4.5%
Ohio	$464.8	$485.9	$21.1	▲	4.5%
Kansas	$96.5	$101.1	$4.6	▲	4.8%
Mississippi	$223.9	$235.3	$11.4	▲	5.1%
New Jersey	$806.2	$849.6	$43.4	▲	5.4%
Utah	$80.9	$85.3	$4.4	▲	5.4%
Maryland	$627.2	$665.1	$37.9	▲	6.0%
Connecticut	$671.5	$715.3	$43.8	▲	6.5%
Oregon	$340.7	$364.6	$23.9	▲	7.0%
Georgia	$448.0	$480.0	$32.0	▲	7.1%
New Hampshire	$95.2	$102.7	$7.5	▲	7.9%
Wyoming	$51.1	$57.4	$6.3	▲	12.3%
Michigan	$1,074.5	$1,222.9	$148.4	▲	13.8%
Washington	$382.2	$443.1	$60.9	▲	15.9%
Arizona	$436.7	$520.5	$83.8	▲	19.2%
North Dakota	$59.5	$73.9	$14.4	▲	24.2%
Iowa	$153.6	$208.2	$54.6	▲	35.5%

*Medicaid funds moved from state mental health authority to separate Medicaid agency.
**Total Funds, including state, county, federal, grant and other revenue sources.

APPENDIX V: Per Capita State Mental Health Spending FY2009*

(Alpha Order)

State	Spending
U.S. Average	**$122.90**
Alabama	$77.89
Alaska	$289.71
Arizona	$196.13
Arkansas	$42.77
California	$157.62
Colorado	$86.83
Connecticut	$197.62
Delaware	$109.13
District of Columbia	$388.83
Florida	$40.90
Georgia	$42.60
Hawaii	$212.15
Idaho	$44.00
Illinois	$85.30
Indiana	$87.65
Iowa	$136.27
Kansas	$130.24
Kentucky	$55.06
Louisiana	$71.80
Maine	$345.97
Maryland	$166.50
Massachusetts	$114.57
Michigan	$142.84
Minnesota	$159.13
Mississippi	$108.96

State	Spending
Missouri	$86.15
Montana	$159.35
Nebraska	$73.61
Nevada	$64.00
New Hampshire	$138.17
New Jersey	$200.78
New Mexico	$93.51
New York	$241.59
North Carolina	$174.66
North Dakota	$86.15
Ohio	$74.26
Oklahoma	$56.56
Oregon	$144.85
Pennsylvania	$270.67
Rhode Island	$107.19
South Carolina	$60.24
South Dakota	$84.44
Tennessee	$78.31
Texas	$38.38
Utah	$64.01
Vermont	$232.66
Virginia	$93.81
Washington	$115.23
West Virginia	$76.45
Wisconsin	$121.45
Wyoming	$154.65

*National Association of State Mental Health Program Directors Research Institute, Inc. (2011). *SMHA mental health actual dollar and per capita expenditures by state, FY 2009 (using state civilian population)* [Data file]. Retrieved from www.nri-inc.org/projects/Profiles/RevExp2009/T1.pdf. (FY2009 was the latest year available for per capita mental health spending at time of publication.)

APPENDIX VI: Estimated Loss of Enhanced Federal Medicaid Match in FY2012*

(Alpha Order)

State	FY2012 (Millions)
Alabama	-$133
Alaska	-$57
Arizona	-$353
Arkansas	-$129
California	-$1,881
Colorado	-$159
Connecticut	-$204
Delaware	-$48
District of Columbia	n/a
Florida	-$794
Georgia	-$234
Hawaii	-$90
Idaho	-$53
Illinois	-$553
Indiana	-$239
Iowa	-$112
Kansas	-$87
Kentucky	-$159
Louisiana	-$395
Maine	-$88
Maryland	-$290
Massachusetts	-$501
Michigan	-$379
Minnesota	-$282
Mississippi	-$151
Missouri	-$297
Montana	-$40
Nebraska	-$63
Nevada	-$79
New Hampshire	-$54
New Jersey	-$408
New Mexico	-$134
New York	-$1,407
North Carolina	-$343
North Dakota	-$22
Ohio	-$514
Oklahoma	-$203
Oregon	-$156
Pennsylvania	-$668
Rhode Island	-$74
South Carolina	-$148
South Dakota	-$23
Tennessee	-$239
Texas	-$851
Utah	-$58
Vermont	-$39
Virginia	-$293
Washington	-$338
West Virginia	-$81
Wisconsin	-$228
Wyoming	-$23

*The Council of State Governments. (2010). *Capitol facts and figures, extension of enhanced medicaid benefits to states (FMAP)* [Data file]. Retrieved from http://knowledgecenter.csg.org/drupal/system/files/FMAP_9-22_1.pdf

National Alliance on Mental Illness

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