

Residential Treatment Centers and Other Organized Mental Health Care for Children and Youth: United States, 1988

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Abstract

Residential treatment centers (RTCs) for emotionally disturbed children are an important component of the mental health services delivery system in the United States. The 440 RTCs operating in 1988 represented 9 percent of all mental health organizations in the U.S. in that year. They served approximately 10 percent of the patients who received inpatient and residential treatment care and approximately 2 percent of outpatient psychiatric visits in organized settings. Their 39,000 full-time equivalent (FTE) staff and \$1.3 billion expenditures were, respectively, 7 percent and 6 percent of the total for all mental health organizations.

Between 1986 and 1988, the number of RTCs increased slightly, while the volume of residential treatment care changed little. However, partial care and outpatient care expanded in RTCs, with the number of visits in these categories increasing by 75 percent and 42 percent, respectively. FTE staff grew by 13 percent, and expenditures increased by 33 percent between 1986 and 1988.

In 1988, RTCs were located in all States except North Dakota. The largest number were found in California (48), Massachusetts (38), and New York (28). By definition, all RTCs provided residential treatment care. About one-third of them also provided partial care and one-third provided outpatient care. The highest rates of additions to residential treatment care in RTCs per 100,000 civilian population were found in Minnesota and Colorado.

Reflecting the role of RTCs as providers of care to children and youth, 94 percent of residential treatment patients in RTCs were under age 18. Seventy percent of residential treatment patients were male; 28 percent, black; and 10 percent, Hispanic. Approximately 94 percent had mental illness as their principal disability.

In December 1988, 43,000 staff worked in RTCs; 14 percent were employed part-time, and 3 percent were

trainees. Among others, the staff included approximately 900 psychiatrists, 300 other physicians, 1,700 psychologists, 4,800 social workers, and 1,000 nurses.

Nationally, expenditures by RTCs averaged \$5 per capita, but the highest per capita spending was \$20 in Massachusetts and \$14 in Arizona. The principal sources of funds for RTCs were local governments (the source of 33 percent of total funds available to RTCs), State mental health agencies (15 percent of funds), and other State government sources (21 percent of funds).

RTCs focus their care on children and youth more than do any other type of mental health organization. At year-end in 1988, 64 percent of all the patients on the rolls of all types of programs in RTCs were under age 18. However, because other types of mental health organizations are larger or more numerous than RTCs, they provide care to many more children and youth than do RTCs.

Of the approximately 750,000 children and youth receiving care from mental health organizations at the end of 1988, almost 400,000 were receiving care from multiservice mental health organizations; about 150,000, from freestanding psychiatric outpatient clinics; 85,000, from the separate psychiatric services of non-Federal general hospitals; and only about 50,000, from RTCs. Eighty-seven percent of the 750,000 children and youth were receiving care from outpatient programs. More than half of the children receiving outpatient care were served by multiservice mental health organizations. This type of organization played an even larger role in partial care for children and youth. RTCs only had a dominant role in residential treatment care; over three-fourths of all children and youth who received this form of care were served by RTCs.

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Introduction

Residential treatment centers (RTCs) for emotionally disturbed children are an important component of the mental health services delivery system in the United States. This report contains information on RTCs, the services they provide, the patients receiving these services, and the staff and funds involved. In addition to providing national data on RTCs in 1988, this report examines briefly the changes that occurred from 1986 to 1988, and provides some State-level data on RTCs. Because other types of mental health organizations provide a large volume of care to children and youth, this report also contains information on the full scope of organized mental health care received by children and youth, and the role of each type of organization in that care.

Data for this report for 1988 were obtained from the 1988 Inventory of Mental Health Organizations and General Hospital Mental Health Services—conducted by the Statistical Research Branch (SRB), Division of Applied and Services Research (DASR), NIMH, in December, 1988. This Inventory covered each organization's most recently completed reporting year and was conducted with the cooperation of the State mental health agencies, The National Association of State Mental Health Program Directors Research Institute, Inc., The National Association of Private Psychiatric Hospitals, and The American Hospital Association.

The 1986 data were obtained from the previous Inventory, as reported in Witkin et al. (1990). Statistics reported for the United States include the Territories of Puerto Rico, Guam, and the Virgin Islands, unless otherwise noted. Missing information was imputed for organizations that failed to respond and for items that were missing.

Overview: RTCs in the Organized Mental Health Care Delivery System in the U.S.

In 1988, there were 440 RTCs in the United States (table 1). They comprised 9 percent of the almost 5,000 mental health organizations operating in the U.S. in that year. However, because they were somewhat smaller than the average mental health organization, RTCs accounted for only 6 percent of total expenditures of mental health organizations and employed only 7 percent of the full-time equivalent (FTE) staff.

At any given point during 1988, RTCs housed about 10 percent of the patients receiving inpatient or residential treatment care in the U.S. (table 1). (Inpatient and residential treatment care have been combined for this comparison because both are intensive, 24-hour forms of care.) However, RTCs accounted for only 1 percent of additions to these forms of care, indicating they had much longer lengths of stay than was typical for such care. RTCs accounted for 2 percent of outpatient care provided by mental health organizations in 1988. Clearly, RTCs concentrated on residential care and provided relatively little outpatient care.

Trends in RTCs, 1986 to 1988

The number of RTCs grew from 437 in 1986 to 440 in 1988, an increase of less than 1 percent (table 2). This small

change was accompanied by small changes in most measures of residential treatment care, such as beds, additions, episodes, and average daily census, each of which changed by only a few percentage points. In contrast, the partial care activities of RTCs grew dramatically, with an increase of 27 percent in the number of RTCs offering this form of care, an increase of 56 percent in partial care additions, and an increase of 75 percent in partial care visits (table 2). Similarly, RTCs' outpatient care activity grew, with a 31 percent increase in the number of RTCs providing outpatient care and a 43 percent increase in the number of outpatient visits. However, outpatient additions declined by 10 percent.

The FTE staff of RTCs grew by 13 percent between 1986 and 1988, possibly reflecting the increase in outpatient and partial care activities. RTCs' expenditures increased by 33 percent in this 2-year period.

RTCs by State

In 1988, all 440 RTCs provided residential treatment care (by definition). They were located in all States except North Dakota (table 3). The largest number were in California (48), Massachusetts (38), and New York (28). Texas, the third most populous State in the country, had relatively few RTCs (13) considering its population. Somewhat more than one-third of RTCs provided partial care in 1988; the 156 RTCs that provided partial care were located in 36 different States. Somewhat fewer RTCs provided outpatient care (130); they were located in 35 States.

In 1988, residential treatment additions in RTCs were most numerous in California (4,100 additions) and New York (2,300 additions) (table 4). However, measured on the basis of additions per 100,000 civilian population, a more analytically meaningful measure, the highest rates were found in Minnesota (49 additions per 100,000 civilian population) and Colorado (37 per 100,000 civilian population), while rates in California and New York were less than half as large. A similar situation was true with respect to residential treatment episodes in 1988. The largest number of episodes, approximately 7,400 and 5,000, occurred in California and New York, respectively, but the highest rates, 60 or more per 100,000 civilian population, were found in Minnesota and Colorado. Episode rates in California and New York were less than half this level.

Patient Characteristics

The most conspicuous demographic characteristic of patients in the RTC census was the large percentage of children and youth. This, of course, reflects the intended characteristic of RTCs as organizations specializing in the care of this population. In 1988, 94 percent of residential treatment care patients in RTCs were under age 18 (table 5). The same was true of 68 percent of RTC clients receiving partial care and 47 percent of RTC outpatients. Males comprised 70 percent of both residential treatment and partial care patients of RTCs, but only 56 percent of outpatients. In terms of racial and ethnic characteristics, 19 to 28 percent of RTC patients were black, with the figure depending on the type

of care, and 6 to 10 percent were Hispanic. Mental illness was the main disability of all but a few percent of RTC patients. In 1988, this was the major disability of 94 percent of their residential treatment patients, 97 percent of their partial care clients, and 95 percent of their outpatients.

Staff

During a sampled week in December 1988, 43,300 persons worked in RTCs (table 6). Of these, approximately 900 were psychiatrists, 300 were other physicians, 1,700 were psychologists (over half at the doctoral level), and 4,800 were social workers. There were approximately 1,000 nurses, 24,500 other mental health workers, 400 other physical health professionals and assistants, and 9,700 administrative and support staff.

Of the total of 43,300 persons who worked at RTCs, 35,800 (or 83 percent) were full-time staff, 6,300 (or 14 percent) were part-time staff, and 1,300 (or 3 percent) were students and other trainees (table 6). While, overall, 17 percent of staff were employed part-time or as trainees, the figure was much higher for some professions. The vast majority of the psychiatrists and other physicians were employed part-time, and approximately half the psychologists were employed part-time or as trainees.

On a State-by-State basis, the largest staffs, as would be expected, were found in the States with the most RTCs—New York, California, and Massachusetts (table 7). There were approximately 5,300 full-time equivalent staff in RTCs in New York, 5,000 in California, and 3,100 in Massachusetts.

Expenditures and Sources of Funds

Total expenditures by all RTCs were \$1.31 billion in 1988, or \$5.27 per capita (table 8). In States with RTCs, expenditures varied from a high of \$202 million in California, \$164 million in New York, and \$117 million in Massachusetts to \$1.7 million in North Carolina and \$1.5 million in the District of Columbia. On a per capita basis, the States with the highest spending were Massachusetts (\$20 per capita), Arizona (\$14), Connecticut (\$11) and Wisconsin (\$11). The lowest per capita spending was observed in Louisiana and North Carolina.

Local governments were the single most important source of funds for RTCs in 1988, accounting for \$425 million, or 33 percent of the funds RTCs received (table 9). Other important sources of funds were State mental health agencies (15 percent of total funds) and other State government sources (21 percent of total funds).

The Range of Mental Health Organizations Providing Care for Children and Youth

RTCs focus their care on children and youth to a greater extent than do other types of mental health organizations. According to data from end-of-year patient censuses, 64 percent of all RTC patients were under age 18 in 1988, compared to 32 percent of clients of freestanding psychiatric

outpatient clinics, the type of mental health organization with the second largest proportion of children in the caseload (table 10). By contrast, only 10 percent of patients of State and county mental hospitals were children and youth under age 18, and less than 1 percent of patients of VA psychiatric services were under age 18. For other types of mental health organizations, the proportion of patients who were children and youth was in the range of 23 to 29 percent. For all organizations combined, the figure was 22 percent.

Just as different types of mental health organizations vary in the extent to which they serve children and youth, so also some types of programs (e.g., inpatient, outpatient, partial care) provided by mental health organizations serve children and youth to a greater extent than do others. Most conspicuously, the greater number of patients receiving residential treatment care from mental health organizations are children and youth. In 1988, 70 percent of all patients receiving residential treatment care from any mental health organization were children and youth (table 10). Twenty-three percent of outpatients of mental health organizations were children and youth. For the remaining types of care provided by these organizations, the proportion of patients who were children and youth ranged from 13 to 17 percent.

Where Children Receive Organized Mental Health Care

Despite a focus on children and youth, a type of organization or program may serve only relatively few persons under age 18 if it is somewhat small. This is, in fact, the case with RTCs and with residential treatment care. Although these programs concentrate on children and youth, in 1988, only 7 percent of the three-quarters of a million children and youth receiving organized mental health care at year end were receiving it from RTCs, and only 4 percent of these three-quarters of a million children and youth were receiving residential treatment care (table 11).

Multiservice mental health organizations were the type of organization serving the largest number of children and youth. At year-end in 1988, they were serving almost 400,000 children and youth, or 53 percent of all persons less than age 18 receiving organized mental health care (table 11). Next in importance in terms of the number of children and youth served were freestanding psychiatric outpatient clinics, serving over 150,000 children and youth or 20 percent of the total, and separate psychiatric services of general hospitals, serving 85,000 children or 11 percent of the total.

The type of care most children and youth were receiving was outpatient care, with the vast majority (87 percent) of children and youth receiving this type of care (table 11). Five percent were receiving partial care, 4 percent (as noted) were receiving residential treatment care, and 3 percent were receiving inpatient care.

Given the great predominance of outpatient care in the treatment of children and youth, it is not surprising that outpatient care was the principal form of care provided to children and youth by the organizations serving the largest numbers of persons in this age group. More than 9 of every 10 children and youth receiving care from a multiservice

mental health organization were receiving outpatient care (table 11; ratio not shown); and by definition, freestanding psychiatric outpatient clinics provided only outpatient care.

Since children and youth receive all forms of care, it is instructive to examine which types of organization contribute most to each form of mental health care for children. In terms of inpatient care, private psychiatric hospitals were most important in 1988, accounting for 44 percent of the end-of-year census of children and youth in inpatient psychiatric care (table 12). RTCs dominated residential treatment care, with 78 percent of the end-of-year census of children and youth in this form of care found in RTCs. If one combines residential treatment care and inpatient care (since both are intensive, 24-hour programs), RTCs are also most important, accounting for 40 percent of children and youth receiving either form of care at year end. Partial care for children and youth is dominated by multiservice mental health organizations, which provided this form of care to 64 percent of the children and youth receiving it at the end of 1988. Multiservice mental health organizations were also most important in outpatient care for children and youth; they were providing care to 56 percent of the children and youth receiving organized outpatient mental health treatment

at year end. Freestanding psychiatric outpatient clinics were the second most important provider of organized outpatient mental health care to children and youth, accounting for 23 percent of children and youth receiving this care.

References

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Table 1. The role of residential treatment centers for emotionally disabled children (RTCs) among all mental health organizations: United States, 1988

Characteristic	RTCs	All mental health organizations ¹	RTCs as % of total
Number of organizations	440	4,961	8.9%
Expenditures (in millions of dollars)	\$1,305	\$23,119	5.6
Full-time equivalent (FTE) staff (in thousands)	39.2	534.1	7.3
Inpatient and residential treatment average daily census (ADC) (in thousands)	23.1	299.4	10.1
Inpatient and residential treatment additions (in thousands)	23.4	2,011.4	1.2
Outpatient additions (in thousands)	55.7	3,105.6	1.8
Outpatient visits (in thousands)	1,093.0	54,282.1	2.0

¹ Includes State and county mental hospitals, private psychiatric hospitals, VA psychiatric services, residential treatment centers for emotionally disturbed children, freestanding psychiatric outpatient clinics, psychiatric partial care organizations, separate psychiatric services of non-Federal general hospitals, and multi-service mental health organizations.

Table 2. Trends in number and utilization of residential treatment centers for emotionally disturbed children (RTCs): United States, 1986 and 1988

Item	1986	1988	Percentage change
Number of centers	437	440	+ 0.7
Residential treatment care			
No. of RTCs providing	437	440	+ 0.7
Beds	24,547	25,173	+ 2.6
Additions	24,511	23,441	- 4.4
Episodes	47,204	46,512	- 1.5
Average daily census (ADC)	22,650	23,092	+ 2.0
Partial care			
No. of RTCs providing	123	156	+ 26.8
Additions	5,489	8,566	+ 56.1
Visits	766,338	1,343,633	+ 75.3
Outpatient care			
No. of centers providing	99	130	+ 31.3
Additions	61,855	55,714	- 9.9
Visits	765,009	1,092,989	+ 42.9
Full-time equivalent (FTE) staff	34,569	39,186	+ 13.4
Expenditures (in millions of dollars)	\$978	\$1,305	+ 33.4

Sources: 1986 data: National Institute of Mental Health. *Mental Health, United States, 1990*. Manderscheid, R.W. and Sonnenschein, M.A. eds. DHHS Pub. No. (ADM) 90-1708, Washington, D.C.: Supt. of Docs., U.S. Government Printing Office 1990
 1988 data: Unpublished estimates from Statistical Research Branch, DASR, NIMH

Table 3. Number of residential treatment centers for emotionally disturbed children (RTCs) providing care, by State and type of service and State: United States, 1988

State	Number of RTCs	Type of service		
		Residential supportive	Partial care	Outpatient care
U.S. including territories	440	101	156	130
U.S. excluding territories	440	101	156	130
Alabama	3	-	-	-
Alaska	2	1	2	1
Arizona	11	4	8	5
Arkansas	3	-	2	2
California	48	6	17	9
Colorado	17	3	6	3
Connecticut	11	1	7	2
Delaware	6	1	1	4
D.C.	1	-	-	-
Florida	8	-	-	1
Georgia	2	1	-	-
Hawaii	1	-	1	-
Idaho	2	1	1	-
Illinois	18	6	6	6
Indiana	9	1	2	-
Iowa	5	1	2	3
Kansas	3	1	-	-
Kentucky	6	1	-	1
Louisiana	3	-	-	-
Maine	3	1	2	1
Maryland	10	2	6	1
Massachusetts	38	5	10	10
Michigan	21	4	7	10
Minnesota	15	2	3	3
Mississippi	1	1	-	1
Missouri	18	5	12	11
Montana	2	2	1	1
Nebraska	3	2	2	2
Nevada	2	2	2	2
New Hampshire	3	-	1	-
New Jersey	10	1	2	1
New Mexico	7	2	1	2
New York	28	15	11	7
North Carolina	3	-	-	-
North Dakota	-	-	-	-
Ohio	19	10	11	11
Oklahoma	2	-	-	-
Oregon	10	4	5	5
Pennsylvania	16	3	10	7
Rhode Island	3	-	1	1
South Carolina	3	-	2	1
South Dakota	2	-	-	-
Tennessee	3	1	1	1
Texas	13	3	-	2
Utah	4	1	2	2
Vermont	3	1	1	-
Virginia	6	-	-	-
Washington	9	-	2	1
West Virginia	2	1	-	-
Wisconsin	18	5	5	9
Wyoming	4	-	1	1
Guam	-	-	-	-
Puerto Rico	-	-	-	-
Virgin Islands	-	-	-	-

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Table 4. Number and rate per 100,000 civilian population of residential treatment additions, patient care episodes, patients and beds in residential treatment centers, by State: United States, 1988

State	Number of RTCs	Residential treatment additions		Residential treatment episodes during year		Residential treatment patients at end of year		Residential treatment beds	
		Number	Rate per 100,000 civilian population	Number	Rate per 100,000 civilian population	Number	Rate per 100,000 civilian population	Number	Rate per 100,000 civilian population
Alabama	3	327	8.0	466	11.4	199	4.9	207	5.1
Alaska	2	41	8.2	100	20.0	67	8.2	91	18.2
Arizona	11	287	8.3	1,300	37.5	1,052	30.4	1,128	32.6
Arkansas	3	97	4.1	208	8.7	107	4.5	118	4.9
California	48	4,112	14.7	7,418	26.5	3,281	11.7	3,421	12.2
Colorado	17	1,217	37.4	1,956	60.1	751	23.1	796	24.4
Connecticut	11	413	12.8	1,054	32.8	633	19.7	696	21.6
Delaware	6	68	10.4	124	18.9	61	9.3	66	10.1
D.C.	1	0	.0	22	3.6	22	3.6	22	3.6
Florida	8	494	4.0	1,793	14.7	1,283	10.5	1,356	11.1
Georgia	2	125	2.0	203	3.2	78	1.2	87	1.4
Hawaii	1	32	3.1	72	6.9	34	3.3	44	4.2
Idaho	2	39	3.9	141	14.1	105	10.5	107	10.7
Illinois	18	1,097	9.5	1,999	17.3	918	7.9	994	8.6
Indiana	9	181	3.3	604	10.9	421	7.6	491	8.8
Iowa	5	187	6.6	445	15.7	211	7.4	218	7.7
Kansas	3	301	12.2	463	18.7	170	6.9	177	7.2
Kentucky	6	203	5.5	378	10.2	177	4.8	198	5.4
Louisiana	3	101	2.3	183	4.2	72	1.6	103	2.4
Maine	3	89	7.4	235	19.6	143	12.0	153	12.8
Maryland	10	889	19.5	1,412	30.9	519	11.4	579	12.7
Massachusetts	38	1,447	24.6	3,032	51.6	1,610	27.4	1,694	28.8
Michigan	21	1,182	12.8	2,412	26.1	1,248	13.5	1,320	14.3
Minnesota	15	2,097	48.7	2,715	63.1	613	14.2	653	15.2
Mississippi	1	9	.3	15	.6	6	.2	6	.2
Missouri	18	985	19.2	1,793	35.0	864	16.9	938	18.3
Montana	2	81	10.1	163	20.3	85	10.6	86	10.7
Nebraska	3	61	3.8	169	10.6	109	6.9	121	7.6
Nevada	2	149	14.3	206	19.7	55	5.3	63	6.0
New Hampshire	3	22	2.0	97	9.0	80	7.4	82	7.6
New Jersey	10	149	3.2	601	7.8	358	4.6	391	5.1
New Mexico	7	90	6.0	174	11.7	84	5.6	86	5.8
New York	28	2,325	13.0	5,019	28.1	2,739	15.3	2,861	16.0
North Carolina	3	33	.5	77	1.2	44	.7	46	.7
North Dakota	-	-	-	-	-	-	-	-	-
Ohio	19	831	7.7	1,578	14.6	696	6.4	854	7.9

(Continued)

Table 4. Number and rate per 100,000 civilian population of residential treatment additions, patient care episodes, patients and beds in residential treatment centers, by State: United States, 1988 (continued)

State	Number of RTCs	Residential treatment additions		Residential treatment episodes during year		Residential treatment patients at end of year		Residential treatment beds	
		Number	Rate per 100,000 civilian population	Number	Rate per 100,000 civilian population	Number	Rate per 100,000 civilian population	Number	Rate per 100,000 civilian population
Oklahoma	2	61	1.9	126	3.9	55	1.7	69	2.1
Oregon	10	193	7.0	502	18.2	299	10.8	347	12.6
Pennsylvania	16	511	4.3	1,531	12.8	1,043	8.7	1,088	9.1
Rhode Island	3	61	6.2	241	24.4	180	18.2	180	18.2
South Carolina	3	104	3.0	157	4.6	58	1.7	61	1.8
South Dakota	2	79	11.2	160	22.7	84	11.9	84	11.9
Tennessee	3	43	.9	123	2.5	80	1.6	86	1.8
Texas	13	429	2.6	974	5.8	569	3.4	681	4.1
Utah	4	66	3.9	206	12.2	137	8.1	156	9.3
Vermont	3	60	10.8	83	14.9	24	4.3	28	5.0
Virginia	6	127	2.2	459	7.9	353	6.0	373	6.4
Washington	9	293	6.4	510	11.1	219	4.8	235	5.1
West Virginia	2	45	2.4	110	5.9	59	3.1	69	3.7
Wisconsin	18	1,402	28.9	2,491	51.3	1,141	23.5	1,339	27.6
Wyoming	4	106	22.3	212	44.6	105	22.1	124	26.1
Guam	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-	-	-

Table 5. End of year census and percent distribution in residential treatment centers for emotionally disturbed children (RTCs), by patient characteristics and type of service: United States, 1988

Patient Characteristics	Residential treatment care		Residential supportive care		Partial care		Outpatient care	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total patients for care type	23,250	100.0	2,466	100.0	7,805	100.0	42,944	100.0
Age								
Less than 13 years	7,096	30.5	513	20.8	3,142	40.3	11,763	27.4
13-17 years	14,795	63.6	1,144	46.4	2,146	27.5	8,398	19.6
18-34 years	963	4.1	456	18.5	1,085	13.9	11,449	26.7
35-64 years	279	1.2	283	11.5	1,207	15.5	9,805	22.8
65-74 years	46	.2	44	1.8	179	2.3	1,190	2.8
75 years and older	71	.3	26	1.1	46	.6	339	.8
Unknown	0	.0	0	.0	0	.0	0	.0
Sex								
Male	16,340	70.3	1,704	69.1	5,558	71.2	24,242	56.5
Female	6,910	29.7	762	30.9	2,247	28.8	18,702	43.5
Racial/ethnic group								
White	16,288	70.1	1,690	68.5	5,629	72.1	34,186	79.6
Black	6,431	27.7	697	28.3	1,848	23.7	8,075	18.8
Native American	303	1.3	64	2.6	258	3.3	367	.9
Asian/Pacific Islander	228	1.0	15	.6	70	.9	316	.7
Hispanic ethnicity								
Hispanic	2,240	9.6	202	8.2	551	7.1	2,449	5.7
Non-Hispanic	21,010	90.4	2,264	91.8	7,254	92.9	40,495	94.3
Major disability ¹								
Mental illness	21,933	94.3	1,980	80.3	7,589	97.2	40,686	94.7
Mental retardation/ developmental disability	659	2.8	76	3.1	136	1.7	363	.8
Alcohol/drug abuse	478	2.1	364	14.8	41	.5	1,116	2.6
All other	180	.8	46	1.9	39	.5	779	1.8

¹ Based on combined DSM-III/ICD-9-M codes as follows:
 Mental illness, including emotional disturbance = 290-316, except 291-292, 303-305; all V codes except V71.09
 Mental retardation/developmental disability = 317-319
 Alcohol and drug abuse = 291-292; 303-305; 327-328
 All other = 0-289.9; 320-326; 330-999.9; V71.09; 799.90

Table 6. Number of scheduled staff persons in residential treatment centers (RTCs) for emotionally disturbed children by staff discipline and employment status: United States, December 1988

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Trainees
	Number of staff			
All staff	43,332	35,776	6,257	1,299
Psychiatrists	923	103	808	12
Other physicians	284	7	250	27
Psychologists				
Total	1,738	872	579	287
Ph.D. or Ed.D	991	370	472	149
MA	747	502	107	138
Social workers				
Total	4,761	3,753	429	579
MSW and above	3,267	2,657	328	282
Other	1,494	1,096	101	297
Nurses				
Total	1,043	639	385	19
MA and above	214	163	36	15
Less than MA	829	476	349	4
Other mental health workers				
Total	24,513	21,587	2,566	360
BA and above	13,209	11,970	967	272
Less than BA	11,304	9,617	1,599	83
Other physical health professionals and assistants	407	185	215	7
Administrative and support staff	9,663	8,630	1,025	8

Table 7. Number of full-time equivalent (FTE) staff in residential treatment centers for emotionally disturbed children by State and discipline: United States, December 1988

State	Total	Psychiatrists	Other physicians	Psychologists		Social workers		Registered nurses	Other MH workers and assistants		Other physical health assistants	Administrative and support staff		
				Total	Ph.D./Ed.D.	MA	Total		MSW and above	BA and above			Less than BA	
U.S. including territories	39,186	449	103	1,274	649	625	4,211	2,911	1,300	821	12,571	10,451	259	9,046
U.S. excluding territories	39,186	449	103	1,274	649	625	4,211	2,911	1,300	821	12,571	10,451	259	9,046
Alabama	247	1	0	9	4	5	12	8	4	15	42	81	1	87
Alaska	125	1	0	7	3	4	18	11	7	2	34	39	1	24
Arizona	1,513	18	3	33	19	14	110	63	47	35	479	415	12	408
Arkansas	231	7	1	12	3	9	35	30	5	6	66	27	0	77
California	4,968	105	7	236	134	101	519	416	104	131	1,628	1,067	27	1,248
Colorado	1,165	10	3	52	22	31	111	64	47	34	526	188	4	236
Connecticut	957	3	0	21	8	13	86	53	33	18	289	272	9	259
Delaware	178	3	1	8	2	6	22	13	9	3	63	46	0	31
D.C.	39	0	0	1	1	0	12	12	0	2	24	0	0	0
Florida	1,437	7	4	13	4	9	113	53	60	26	351	532	10	381
Georgia	236	3	1	6	2	4	16	15	1	11	53	113	1	33
Hawaii	103	1	0	0	0	0	8	6	2	1	42	21	1	30
Idaho	129	0	0	1	0	1	14	8	6	4	32	52	0	26
Illinois	1,527	6	6	35	21	14	150	114	36	16	729	270	8	306
Indiana	517	1	0	11	2	9	54	36	18	5	128	220	0	98
Iowa	278	5	1	5	3	2	79	30	49	2	74	63	0	49
Kansas	140	0	0	4	1	4	14	7	8	0	30	59	1	32
Kentucky	224	0	1	6	0	6	37	24	13	4	65	55	0	57
Louisiana	55	0	0	1	0	1	8	6	2	1	16	11	0	19
Maine	349	1	1	13	7	6	35	28	8	6	129	96	2	66
Maryland	1,214	18	9	30	19	11	89	73	16	54	348	343	22	300
Massachusetts	3,128	19	7	86	43	44	340	246	94	53	1,039	887	30	666
Michigan	2,652	32	9	75	39	37	265	185	80	47	1,011	724	12	478
Minnesota	961	10	2	24	12	12	101	63	39	18	398	197	4	208
Mississippi	123	3	1	4	1	3	13	6	6	10	34	25	2	32
Missouri	1,496	15	2	68	25	43	149	112	37	40	430	374	2	417
Montana	214	1	0	2	1	1	22	18	5	3	91	36	1	57
Nebraska	199	5	1	9	4	5	29	19	10	3	85	35	5	29
Nevada	154	2	0	8	6	2	14	6	8	4	53	34	2	37
New Hampshire	152	0	0	3	3	4	5	2	3	3	79	27	0	31
New Jersey	563	5	1	17	10	7	57	38	19	13	166	156	7	141
New Mexico	197	3	0	6	3	4	19	13	7	1	99	42	0	27
New York	5,328	48	13	178	98	80	675	507	168	106	1,424	1,548	49	1,286
North Carolina	80	0	0	1	0	1	5	4	1	1	38	21	3	9
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	1,559	22	3	53	31	22	209	132	77	21	474	425	7	345

(Continued)

Table 7. Number of full-time equivalent (FTE) staff in residential treatment centers for emotionally disturbed children by State and discipline: United States, December 1988
 (continued)

State	Total	Psychiatrists	Other physicians	Psychologists		Social workers		Registered nurses	Other MH workers and assistants		Other physical health professionals and assistants	Administrative and support staff		
				Total	Ph.D./Ed.D.	MA	Total		MSW and above	Other social workers			BA and above	Less than BA
Oklahoma	111	1	0	1	1	0	17	11	6	3	24	39	1	25
Oregon	641	6	1	19	8	11	89	48	41	9	239	131	3	143
Pennsylvania	1,284	12	4	34	20	14	161	111	50	24	397	315	9	328
Rhode Island	340	5	1	12	7	5	43	29	14	7	114	87	3	68
South Carolina	159	2	1	9	2	7	11	9	1	10	53	12	1	59
South Dakota	132	0	0	2	1	1	20	15	5	1	53	31	2	23
Tennessee	131	2	1	6	2	4	14	8	6	7	62	7	0	32
Texas	757	9	6	25	8	17	71	43	28	14	178	286	5	165
Utah	276	6	1	10	6	4	38	32	6	6	50	92	2	70
Vermont	56	0	0	4	1	3	5	3	2	1	30	8	0	7
Virginia	525	1	2	14	2	11	24	13	11	5	102	233	1	144
Washington	456	9	2	25	11	14	43	29	13	16	180	85	1	95
West Virginia	105	0	0	3	0	3	9	5	4	0	28	43	0	22
Wisconsin	1,606	38	7	57	48	8	207	130	77	20	445	523	8	302
Wyoming	168	1	0	12	3	9	12	5	7	3	45	60	2	33
Guam	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 8. Total expenditures of residential treatment centers for emotionally disturbed children (in thousands of dollars) and expenditures per capita by State: United States, 1968

States	Expenditures (in thousands of dollars)	Expenditures per capita
U.S. including territories	\$1,305,337	\$5.27
U.S. excluding territories	\$1,305,337	\$5.35
Alabama	8,474	2.08
Alaska	2,498	5.00
Arizona	50,164	14.49
Arkansas	7,037	2.95
California	202,491	7.23
Colorado	34,139	10.48
Connecticut	36,175	11.24
Delaware	4,055	6.19
D.C.	1,500	2.46
Florida	51,680	4.22
Georgia	7,412	1.18
Hawaii	2,916	2.80
Idaho	5,576	5.59
Illinois	44,867	3.88
Indiana	13,748	2.48
Iowa	7,037	2.48
Kansas	4,731	1.92
Kentucky	6,597	1.79
Louisiana	2,467	.56
Maine	9,469	7.92
Maryland	37,261	8.15
Massachusetts	117,413	19.98
Michigan	93,976	10.18
Minnesota	26,337	6.12
Mississippi	3,060	1.18
Missouri	47,064	9.18
Montana	5,576	6.96
Nebraska	5,521	3.47
Nevada	6,742	6.45
New Hampshire	4,243	3.93
New Jersey	25,073	3.26
New Mexico	4,460	2.99
New York	164,463	9.20
North Carolina	1,660	.26
North Dakota	-	-
Ohio	44,709	4.12
Oklahoma	4,217	1.31
Oregon	16,442	5.95
Pennsylvania	45,230	3.77
Rhode Island	6,039	6.12
South Carolina	5,210	1.53
South Dakota	2,989	4.23
Tennessee	4,894	1.00
Texas	27,046	1.62
Utah	9,482	5.63
Vermont	2,356	4.23
Virginia	16,573	2.84
Washington	15,080	3.29
West Virginia	2,637	1.41
Wisconsin	51,851	10.68
Wyoming	4,701	9.90
Guam	-	-
Puerto Rico	-	-
Virgin Islands	-	-

Table 9. Sources of funds for residential treatment centers: United States, 1988

Source	Amount (in millions of dollars)	Percent of total
All	\$1,286	100.0
State mental health agencies (excluding Medicaid)	195	15.1
Other State government	274	21.3
Client fees received	120	9.3
Client fees received to State	4	0.3
Medicaid	70	5.5
Medicare	1	0.1
Other Federal	26	2.0
Local government	425	33.1
Contract funds from other non-governmental sources	11	0.8
All other	159	12.4

Table 10. Percent of patients on the rolls at year end who are under age 18, by type of service and type of mental health organization and type of service: United States, 1988

Type of organization	Type of service					
	Total—any type of service	Inpatient treatment care	Residential treatment care	Residential supportive care	Partial care	Outpatient care
	Percent of patients who are under age 18 years					
Total all organizations	22.3	13.8	69.8	12.7	17.4	22.7
State and county mental hospitals	9.9	7.4	20.7	3.5	9.4	12.7
Private psychiatric hospitals	29.4	41.4	76.0	12.0	27.5	25.9
VA psychiatric organizations	0.4	0.1	0.0	0.0	0.1	0.4
Residential treatment centers	64.1	N.A.	94.2	67.2	67.8	46.9
Freestanding psychiatric outpatient clinics ..	31.5	N.A.	N.A.	N.A.	N.A.	31.5
Psychiatric partial care organizations	24.2	N.A.	N.A.	N.A.	24.2	N.A.
Multiservice mental health organizations ..	22.9	20.5	33.9	10.9	16.0	23.7
Separate psychiatric services of non-Federal general hospitals	22.7	16.7	N.A.	N.A.	15.2	23.7

Note: Not applicable (N.A.) indicates types of service not provided by a given type of mental health organization. Most N.A.'s are a result of the definitions of the types of organizations. For example, freestanding psychiatric outpatient clinics, by definition, offer only outpatient care.

Table 11. Number and percent distribution of patients/residents under age 18 receiving care at year end by type of mental health organization and type of service: United States, 1988

Type of organization	Type of service					
	Total—all types of care	Inpatient treatment care	Residential treatment care	Residential supportive care	Partial care	Outpatient care
Number of patients/residents						
Total all organizations	751,652	26,297	28,175	4,690	38,979	653,511
State and county mental hospitals	21,714	7,460	168	96	1,640	12,350
Private psychiatric hospitals	43,545	11,612	1,263	120	2,200	28,350
VA psychiatric organizations	1,253	13	0	1	6	1,233
Residential treatment centers	48,997	N.A.	21,891	1,657	5,288	20,161
Freestanding psychiatric outpatient clinics ..	151,858	N.A.	N.A.	N.A.	N.A.	151,858
Psychiatric partial care organizations	2,623	N.A.	N.A.	N.A.	2,623	N.A.
Multiservice mental health organizations ..	396,656	1,250	4,853	2,816	24,831	362,906
Separate psychiatric services of non-Federal general hospitals	85,006	5,962	N.A.	N.A.	2,391	76,653
Percent distribution of patients/residents						
Total, all organizations	100.0	3.5	3.7	0.6	5.2	86.9
State and county mental hospitals	2.9	1.0	0.0	0.0	0.2	1.6
Private psychiatric hospitals	5.8	1.5	0.2	0.0	0.3	3.8
VA psychiatric organizations	0.2	0.0	0.0	0.0	0.0	0.2
Residential treatment centers	6.5	N.A.	2.9	0.2	0.7	2.7
Freestanding psychiatric outpatient clinics ..	20.2	N.A.	N.A.	N.A.	N.A.	20.2
Psychiatric partial care organizations	0.3	N.A.	N.A.	N.A.	0.3	N.A.
Multiservice mental health organizations ..	52.8	0.2	0.6	0.4	3.3	48.3
Separate psychiatric services of non-Federal general hospitals	11.3	0.8	N.A.	N.A.	0.3	10.2

Note: Not applicable (N.A.) indicates types of service not provided by a given type of mental health organization. Most N.A.'s are a result of the definitions of the types of organizations. For example, freestanding psychiatric outpatient clinics, by definition, offer only outpatient care.

Table 12. Percent distribution by type of mental health organization of patients receiving care at year end, by type of service: United States, 1988

Type of organization	Type of service					
	Total—all types of care	Inpatient treatment care	Residential treatment care	Residential supportive care	Partial care	Outpatient care
Total all organizations	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	2.9	28.4	0.6	2.0	4.2	1.9
Private psychiatric hospitals	5.8	44.2	4.5	2.6	5.6	4.3
VA psychiatric organizations	0.2	0.0	0.0	0.0	0.0	0.2
Residential treatment centers	6.5	N.A.	77.7	35.3	13.6	3.1
Freestanding psychiatric outpatient clinics ..	20.2	N.A.	N.A.	N.A.	N.A.	23.2
Psychiatric partial care organizations	0.3	N.A.	0.0	0.0	6.7	0.0
Multiservice mental health organizations ..	52.8	4.8	17.2	60.0	63.7	55.5
Separate psychiatric units of non-Federal general hospitals	11.3	22.7	0.0	0.0	6.1	11.7

Note: Not applicable (N.A.) indicates types of service not provided by a given type of mental health organization. Most N.A.'s are a result of the definitions of the types of organizations. For example, freestanding psychiatric outpatient clinics, by definition, offer only outpatient care.

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