

State Mental Health Agency Organization



NRI's 2020-2021 State Profiles

November 2021

HIGHLIGHTS BASED ON 49 STATES RESPONDING TO THE ORGANIZATION & STRUCTURE COMPONENT OF NRI'S 2020 STATE PROFILES

State Mental Health Agencies (SMHAs) are responsible for administering over \$44 billion dollars each year to provide mental health services to more than 8 million individuals. SMHAs vary widely regarding how they are organized within state governments and how they organize the delivery of mental health services within each state.

SMHA Organization within State Government

SMHAs are most often administratively located within a larger umbrella state human services agency. In 2020, 21 SMHAs were located within state Departments of Human Services, six SMHAs were located in Health Departments, and eight SMHAs were located in some other state department, often departments that combine Health and Human Services. Fifteen SMHAs were either independent state Departments of Mental Health or Departments of Behavioral Health. A recent trend has been to move the SMHA within the State Medicaid Agency. In six states (Arizona, Montana, New Mexico, Oregon, Pennsylvania, and Washington) the SMHA is now part of the State Medicaid Agency.

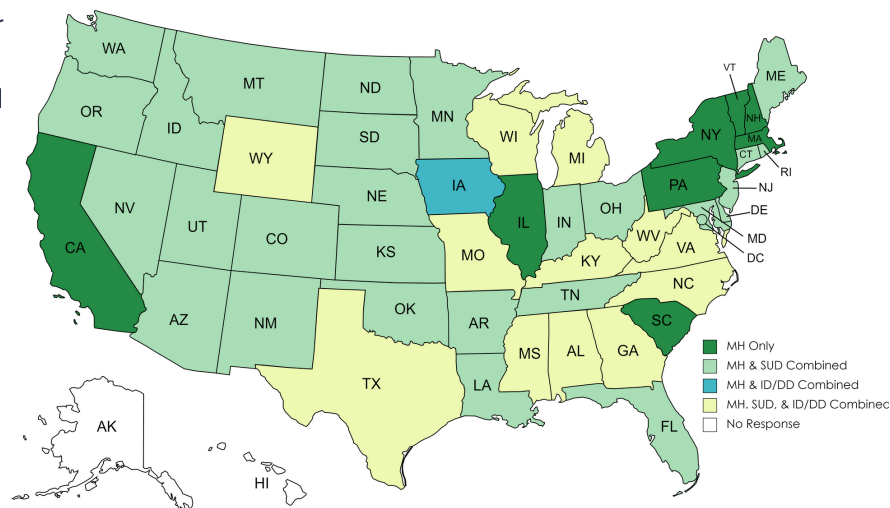
Among the 15 Independent SMHAs, the SMHA's Director is a member of the Governor's Cabinet in 10 States (Alabama, Arizona, Georgia, Missouri, Nebraska, Ohio, Rhode Island, and Tennessee). In 28 states, the SMHA's Director reports to a department head, with one level between the SMHA's Director and the Governor. In ten states there are two levels between the SMHAs and the Governor, and in four states there are three or more levels between the SMHAs and the Governor. In seven states (Alabama, Georgia, Missouri, Mississippi, Nevada, Oklahoma, and South Carolina), a Mental Health (or Behavioral Health) Board or Commission is charged with direct oversight of the SMHA.

Disability Responsibilities of SMHAs

In addition to mental health services, SMHA are often responsible for the provision of other disability services. In 42 states, the SMHA is also responsible for the provision of alcohol and other drug use treatment services, and the two agencies are located within the same state umbrella agency in six additional states and a different department in four states.

In 13 states, the SMHA is also responsible for the provision of intellectual/developmental disability services (ID/DD), and the ID/DD agency is located within the same umbrella agency as the SMHA in 27 states. In 12 states all three-disability services (MH, SUD, and ID) are organized together within the SMHA.

Organizational Responsibilities for MH, SUD, and ID/DD Services



15

SMHAs are organized as Independent State Agencies

42

SMHAs are Responsible for both Mental Health and Substance Use Disorder Services

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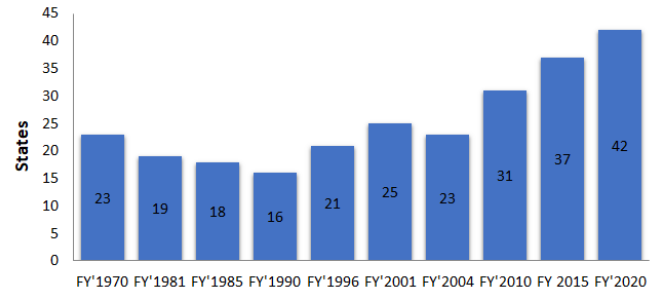
SMHAs fund Community Mental Health Services working with City/County Governments

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Reorganization of SMHAs

Within the last two years, 23 SMHAs have been reorganized. In nine states (Arizona, Michigan, Minnesota, New Hampshire, New Jersey, Oregon, Texas, Washington, and West Virginia), the reorganization involved moving the organizational location of the SMHA within state government. Over the past 30 years states have increasingly combined the state mental health and state substance use authorities into a combined agency—often labeled a Behavioral Health agency. Fourteen SMHAs are currently working to restructure their delivery of community mental health services.

Number of State Mental Health and Substance Use Authorities Combined into One Agency, 1970 to 2020



SMHAs Responsibilities for Specific Mental Health Services & Populations

SMHAs vary widely in the specific services and population groups for which they are responsible for providing mental health services. In 20 states services for children and adolescents are part of the SMHA's responsibility, however in 28 states the SMHA shares responsibilities for children's services with another state agency (such as a Department of Children, Youth, and Families).

Providing court evaluations for mental status are a responsibility of 25 SMHAs, a shared responsibility of 17 SMHAs, and not the responsibility of five SMHAs (Arizona, Iowa, New Hampshire, North Dakota, and South Dakota). Providing services to sex offenders is a responsibility of 12 SMHAs, a shared responsibility in 16 SMHAs, and not a responsibility of 19 SMHAs.

Providing services for persons with Alzheimer's disease are a responsibility of the SMHA in three states (Arizona, New Jersey, and Washington) and services for individuals with Organic brain syndromes are the primary responsibility of the SMHAs in five states (Arizona, New Jersey, North Dakota, Rhode Island, and Washington) and is a responsibility the SMHA shares with another state agency in 9 states. Traumatic brain Injury (TBI) services are a primary responsibility of six SMHAs, a shared responsibility in 14 SMHAs, and not a responsibility of the SMHAs in 27 states.

SMHAs Responsibilities for State Psychiatric Hospitals

In 2020, states operated 177 state psychiatric hospitals (50 states and the District of Columbia reporting). In 16 states (Arizona, California, Maine, Michigan, Minnesota, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Washington, and West Virginia), the responsibility for the operation of state psychiatric hospitals is not under the authority of the SMHA. In these states a different division of state government operates state psychiatric hospitals and the SMHA is responsible for community mental health services. Rhode Island has no state psychiatric hospital; however the state operates a general hospital with a psychiatric unit.

SMHAs Responsibilities for Community Mental Health

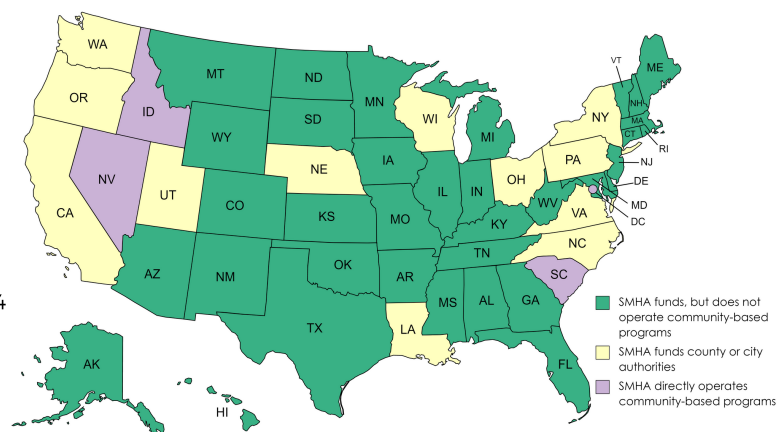
In 2020, SMHAs expended over 70% of their funds (\$30 billion) for mental health services provided in communities to 7.8 million individuals. SMHAs operated 135 community providers (12 states) and funded 6,313 community providers to provide these services.

SMHAs vary by the methods they use to coordinate and distribute these community mental health resources. Three major methods are used by SMHAs to provide community mental health services:

- Forty-three SMHAs directly contract with local (usually not-for-profit) community-based mental health providers (and 31 SMHAs use this as their primary method);
- Sixteen SMHAs fund local government (city, county, or multi-county) mental health authorities, which in turn, operate and contract for community mental health services (and 13 SMHAs use this as their primary method); and
- Ten SMHAs provide community mental health services via state-operated community providers (providers using state employees) (and 4 SMHAs use this as their primary method).

States with larger populations tend to use local governments to organize the delivery of community mental health services, while most states contract with private non-profit community mental health agencies.

Primary Methods States Use to Organize Community Mental Health Services



**For additional information about this report, or the SMHA Profiles Project,
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