



State Profile Highlights

New Information from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI)

No. 6
August 2000

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State Mental Health Agency Organization and Structure: 1999

MAJOR FINDINGS

Half (22 of 43 responding) State Mental Health Agencies (SMHAs) are located within State Departments of Human Services

12 SMHAs are in Independent State Agencies

20 of 43 SMHAs are responsible for providing Alcohol and Other Drug Abuse Services along with Mental Health Services

18 of 43 SMHAs are responsible for providing Mental Retardation/Developmental Disability Services along with Mental Health Services

State Psychiatric Hospitals are operated by a different State Agency than the SMHA in 3 States

16 of 43 SMHAs have been reorganized within State Government within the last 2 years

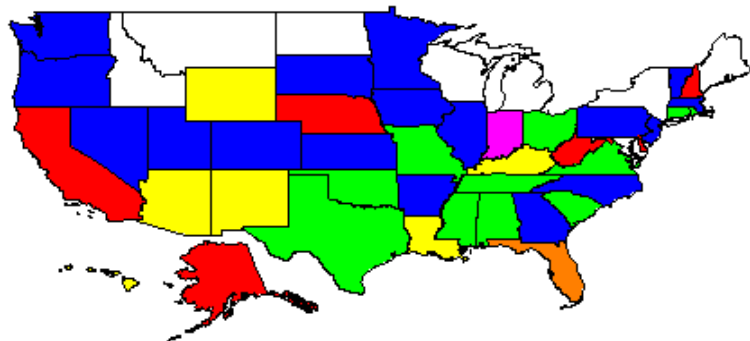
5 SMHAs had additional disability Services placed into the SMHA

Location in State Government:

State Mental Health Agencies (SMHAs) are most often administratively located within a larger umbrella State human services agency. In 1999, 16 SMHAs were located within Departments of Human Services, five SMHAs were in Health Departments, and 6 additional SMHAs were located in Departments that combined Health and Human Services. Twelve SMHAs were independent state departments of mental health or mental health and mental retardation.

From the 12 Independent SMHA's, the SMHA Director sits as a member of the Governor's Cabinet in six (6) States (AL, MO, OH, RI, TN, and VA).

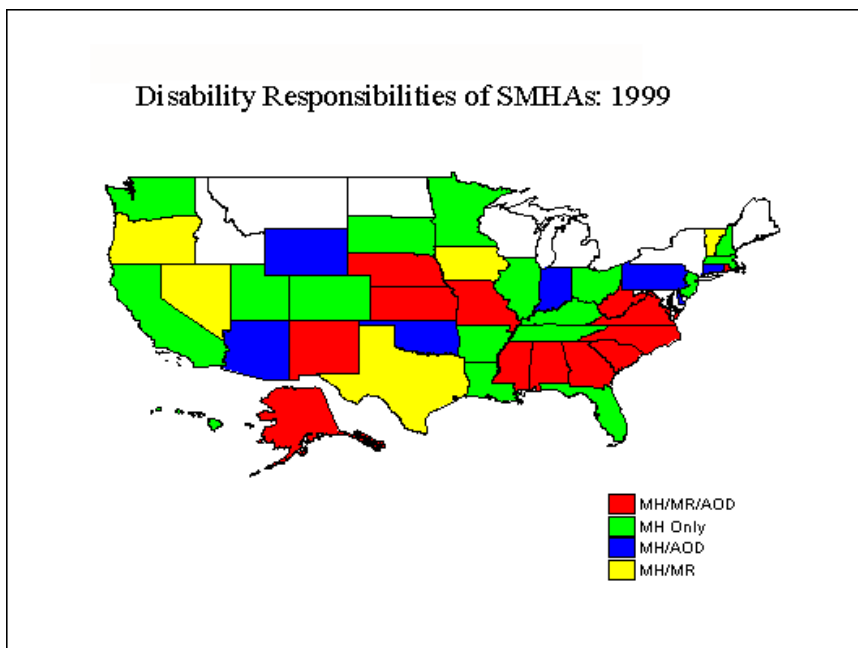
SMHA Location in State Government:1999



- Health and Social Services Agency
- Independent State Agency
- Human Services
- Health Department
- Department of Children and Families
- Family and Social Services Administration

Additional Disability Responsibilities within the SMHA:

In addition to responsibility for mental health services, the SMHA often is responsible for the provision of other disability services. In 20 states, the SMHA is also responsible for the provision of alcohol and other drug abuse treatment services. In 18 states, the SMHA is also responsible for the provision of mental retardation and developmental disability services. In 13 States, all three disability services are organized together within the SMHA. (AL, AK, GA, KS, MO, MS, NC, NE, NM, RI, SC, VA, and WV). In 14 states, the SMHA is also responsible for the provision of services to persons with mental illnesses in prisons or jails (AK, AR, CA, CO, FL, KY, MA, MO, NC, OH, OR, PA, SC, and VT).



Reorganization of SMHAs: Within the last two (2) years, 16 SMHAs have been reorganized. Four of these reorganizations involved moving the organizational location of the SMHA within state government (DC, IL, NE, and NH). Five (5) SMHAs had additional disability services transferred to the SMHA. The new disability services were alcohol and other drug services (KS and RI), autism services (UT), brain injury services (KY), and Alzheimer’s disease and other dementia (MS).

SMHA Responsibilities for State Psychiatric Hospitals: In three (3) States, the responsibility for the operation of state psychiatric hospitals are not under the authority of the SMHA (CO, IA, and WI). In each of these three States, the state psychiatric hospitals are operated by a different division of State government and the SMHA is responsible for community mental health services. Each of the three SMHAs has developed agreements to coordinate care between the hospitals and their community systems of care.

SMHA Responsibilities for Specific Mental Health Special Services and Populations: SMHAs vary widely in the specific services and population groups for which they are responsible for the provision of mental health services. In two States, the SMHA has no responsibility for children and adolescent mental health services (DE, RI) and the SMHA shares responsibilities for these services with another state agency in nine States (AL, AR, CT, IA, NE, NM, NV, TN, and VT). Adult forensic mental health services are a primary responsibility of 26 SMHAs, a shared responsibility in 8 SMHAs, and not the responsibility of the SMHA in 4 States (IA, NH, NM, and SD). Providing services to sexual offenders is a primary responsibility of seven SMHAs (CA, IN, KS, MO, NE, NV, and SC), a shared responsibility in 16 States, and not a responsibility of 13 SMHAs (AL, AK, DE, GA, IA, NM, OH, OK, RI, SD, TN, UT, and WV). Providing services for persons with Alzheimer’s disease or organic brain syndrome’s are the responsibility of the SMHA in 4 (of 43 reporting) States and is a responsibility the SMHA shares with another state agency in 12 States. In 21 States, the SMHA is not responsible for providing services to persons with Alzheimer’s disease. Brain Impaired services are a primary responsibility of seven SMHAs (CA, KS, KY, NC, NV, OR, RI), a shared responsibility in 13 SMHAs, and not a responsibility of the SMHA in 16 States (AL, AR, AZ, DE, GA, IL, LA, MN, NE, NH, NJ, OH, OK, TN, UT, and VA).

The SMHA Profile Highlights are based on preliminary information from 43 SMHAs. The SMHA Profiles data are available via the Internet at www.nasmhpd.org/nri. For further information, please contact Robert Shaw (ext.24) or Ted Lutterman (ext. 21) on (703) 739-9333 or via e-mail at robert.shaw@nasmhpd.org or ted.lutterman@nasmhpd.org

The SMHA Profiles System was developed by the NASMHPD Research Institute, Inc., under contract No. 280-96-0003 from the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (CMHS)/Division of State and Community Systems Development/Survey and Analysis Branch. Cited reproductions, comments and suggestions are encouraged.