



# State Profile Highlights

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

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*(Results Based on 48 States Responding)*

## State Mental Health Agency Organization and Structure: 2001

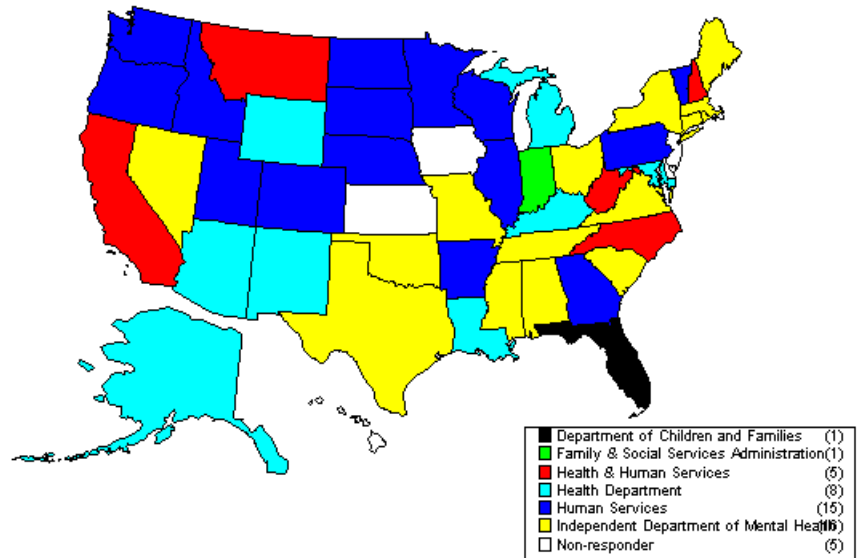
### MAJOR FINDINGS

- ◆ 15 of 48 responding State Mental Health Agencies (SMHAs) are located within a state Department of Human Services and 5 are located within a state Department of Health and Human Services
- ◆ 16 SMHAs are Independent State Agencies (Such as a Department of Mental Health)
- ◆ 24 of 48 SMHAs are also responsible for providing Alcohol and Other Drug Abuse Services
- ◆ 16 of 48 SMHAs are also responsible for providing Mental Retardation/Developmental Disability Services
- ◆ State Psychiatric Hospitals are administered by a different State Agency than the SMHA in 3 States
- ◆ 16 of 48 SMHAs have been reorganized within State Government within the last 2 years

**Location in State Government:** State Mental Health Agencies (SMHAs) are most often administratively located within a larger umbrella state human services agency. In 2001, 15 SMHAs were located within Departments of Human Services, 9 SMHAs were in Health Departments, and 5 other SMHAs were located in Departments that combined Health and Human Services. Sixteen SMHAs were either independent state departments of mental health or departments of mental health and mental retardation.

Among the 16 Independent SMHA's, the SMHA Director is a member of the Governor's Cabinet in 9 States (AL, CT, DC, ME, MO, NY, OH, RI, and TN).

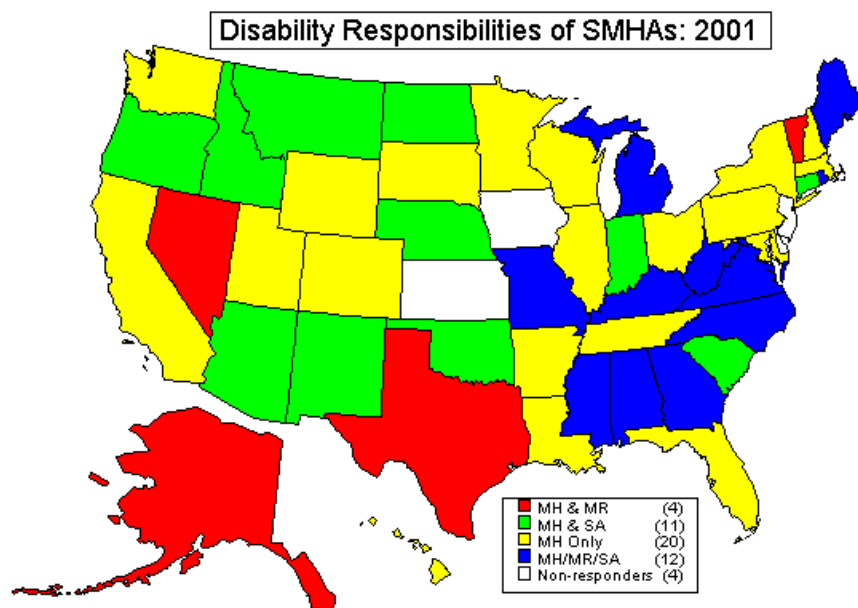
SMHA Location in State Government 2001



*Virgin Islands are not shown on the map, their SMHA is located within the Health Department.*

### 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 24 states, the SMHA is also responsible for the provision of alcohol and other drug abuse treatment services. In 16 states, the SMHA is also responsible for the provision of mental retardation and developmental disability services. In 12 States, all three disability services are organized together within the SMHA (AL, DC, GA, KY, ME, MI, MO, MS, NC, RI, VA, and WV). In 15 states, the SMHA is also responsible for the provision of services to persons with mental illnesses in prisons or jails (AR, CA, DC, MA, ME, MI, MN, MO, NC, NV, NY, SC, VI, WI, and WY).



*Virgin Islands are not shown on the map, their SMHA is also responsible for Substance Abuse programs.*

**Reorganization of SMHAs:** Within the last 2 years, 16 SMHAs have been reorganized. Three of these reorganizations involved moving the organizational location of the SMHA within state government (DC, MI and NE). Two SMHAs had additional disability services transferred to the SMHA. The new disability services were alcohol and other drug services (MI) and traumatic brain injury (NH). In two states, disability services were transferred from the SMHA, the services were mental retardation (NH) and substance abuse services (WY).

**SMHA Responsibilities for State Psychiatric Hospitals:** In two states (SD and WI), the responsibility for the operation of state psychiatric hospitals is not under the authority of the SMHA. Rather, the state psychiatric hospitals are operated by a different division of state government and the SMHA is responsible for community mental health services. These states have developed agreements to coordinate care between the hospitals and their community systems of care. In the Virgin Islands there is no state psychiatric hospital; each of the two general hospitals (governed by a board) has a neuro-psych unit/ward.

**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 providing mental health services. In two states (CT and RI), the SMHA has no responsibility for children and adolescent mental health services and the SMHA shares responsibilities for these services with another state agency in 16 states (AK, AL, AR, CO, FL, MA, MI, MN, NC, ND, NM, OH, SC, TN, VI, and VT). Adult forensic mental health services are a primary responsibility of 31 SMHAs, a shared responsibility in 13 SMHAs, and not the responsibility of the SMHA in three states (ID, NM, and WI). Providing services to sexual offenders is a primary responsibility of five SMHAs (FL, MN, MO, SC, and SD), a shared responsibility in 15 states, and not a responsibility in 21 SMHAs (AK, AL, GA, ID, LA, MD, ME, NM, NV, NY, OH, OK, OR, PA, RI, TN, TX, UT, VI, WA, and WI). Providing services for persons with Alzheimer's disease or organic brain syndrome's are the primary responsibility of the SMHA in four states and is a responsibility the SMHA shares with another state agency in 18 states. In 22 states, the SMHA is not responsible for providing services to persons with Alzheimer's disease. Brain Impaired services are a primary responsibility of 5 SMHAs (AK, CT, KY, NC, and RI), a shared responsibility in 14 SMHAs, and not a responsibility of the SMHA in 21 states (AL, AR, AZ, GA, ID, IL, IN, LA, ME, MT, NE, NV, NY, OH, OK, SD, TN, TX, UT, VI, and WI).

*The SMHA Profile Highlights are based on information from 47 SMHAs. The SMHA Profiles data are available via the Internet at [www.nasmhpd.org/nri](http://www.nasmhpd.org/nri). For further information, please contact Robert Shaw (ext.124) or Ted Lutterman (ext. 121) on (703) 739-9333 or via e-mail at [robert.shaw@nasmhpd.org](mailto:robert.shaw@nasmhpd.org) or [ted.lutterman@nasmhpd.org](mailto:ted.lutterman@nasmhpd.org)*

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