



State Profile Highlights

New Information from the National Association of State Mental Health
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State Mental Health Agency Organization and Structure: 2003

MAJOR FINDINGS

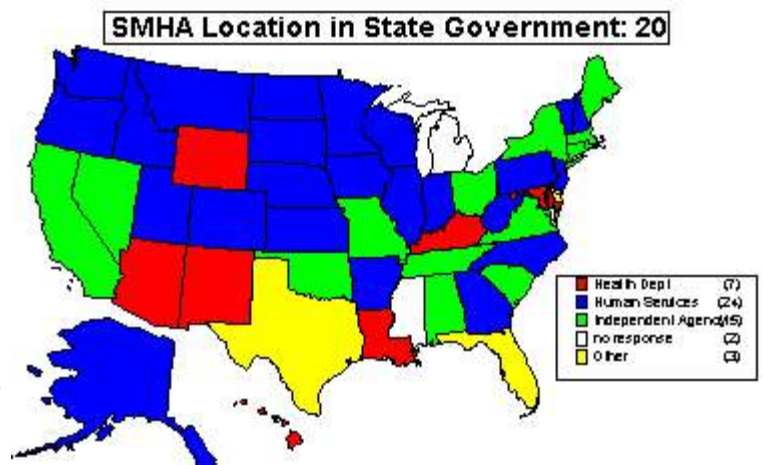
- 15 of 48 responding State Mental Health Agencies (SMHAs) are located within an Independent state Department of Mental Health, 24 SMHAs are configured as a division within a state Department of Human Services, 7 SMHAs are a division within a state Department of Health, and 3 are organized as a division within some other state department
- 24 of 51 SMHAs are also responsible for providing Alcohol and Other Drug Abuse Services (AOD) and AOD services are located in the same umbrella agency as mental health in 17 other states
- 14 of 51 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 4 States
- 11 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 2003, 24 SMHAs were located within state Departments of Human Services, 7 SMHAs were in Health Departments, and 3 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 mental health and mental retardation.

Among the 15 Independent SMHAs, the SMHA's Director is a member of the Governor's Cabinet in 8 States (AL, CT, DC, ME, MO, OH, RI, and TN). In 25 states, the SMHA's Director reports to a Department head, with one level between the SMHA's Director and the Governor. In 12 states there are two levels between the SMHAs and the Governor, and in 3 states there are three or more levels between the SMHAs and the Governor. In three states, the SMHA's Director reports to a Mental Health Board or Commission (OK, SC, TX).

There are mental health Boards or Councils that are charged with the oversight of the SMHAs in 13 States (CO, CT, IA, MN, MO, NC, NM, NV, OK, OR, SC, TX, and UT). In eleven (11) states the members of the mental health Board/Commission are appointed by the Governor and in four (4) states the members are jointly appointed by the Governor and the Legislature.

Additional Disability Responsibilities within the SMHAS: In addition to responsibility for mental health services, the SMHAS is often responsible for the provision of other disability services. In 23 states, the SMHA is also responsible for the provision of alcohol and other drug abuse treatment services and the two agencies are located within the same state umbrella agency in 17 additional states. Nine (9) states reported they have inter-agency agreements between the SMHA and AOD agencies to coordinate care (AK, DC, IL, MA, NJ, OH, TX, VT, and WA).



In 15 states, the SMHA is also responsible for the provision of mental retardation and developmental disability services, and the MR/DD agency is located within the same umbrella agency as the SMHA in 25 states. In 10 States, all three disability services are organized together within the SMHA (AL, GA, KY, ME, MS, MO, NC, RI, VA, and WV).

Reorganization of SMHAs: Within the last 2 years, 11 SMHAs have been reorganized. Four of these reorganizations involved moving the organizational location of the SMHA within state government (DC, ID, IA, OR, and WI). Nine of the reorganizations involved shifting additional disability services into or out of the SMHA (AK, IA, MD, NH, OR, TN, UT, WI, and WY). The new disability services moved into the SMHAS were alcohol and other drug services (IA, OR, UT, WI, and WY), and traumatic brain injury (AK, MD, and NH). In states where disability services were transferred from the SMHA, the services were mental retardation (OR, TN) and AOD (NH, WY).

Twenty years ago, AOD was co-located with mental health in 19 states, during the 1980s and early 1990s, the trend was to split MH and AOD into separate agencies. However, in the later 1990s and early 2000s, the trend appears to be to place MH and AOD into the same agency.

SMHAS Responsibilities for State Psychiatric Hospitals: In four states (CO, IA, SD, and WI), the responsibility for the operation of state psychiatric hospitals is not under the authority of the SMHA. Rather, 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. Rhode Island has no state psychiatric hospital; the state operates a general hospital with a psychiatric unit.

SMHAS 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 four states (CT, DE, NM, and RI), children and adolescent mental health services are located in a separate agency from the adult SMHAS, and the SMHA shares responsibilities for these services with another state agency in the same umbrella department in 7 states (CO, HI, ID, LA, MN, NH, and WY).

Adult forensic mental health services are a responsibility of 36 SMHAs, a shared responsibility of 10 SMHAs, and not the responsibility of two SMHAS (IA and ND). Providing services to sexual offenders is a responsibility of nine SMHAs (AK, AZ, FL, IA, MO, NM, SC, and SD), a shared responsibility in 18 states, and not a responsibility in 18 SMHAs. Providing services for persons with Alzheimer's disease or organic brain syndrome's are the primary responsibility of the SMHAS in five states (DC, IN, NC, RI, and VT) and is a responsibility the SMHAS shares with another state agency in 17 states. In 25 states, the SMHAS is not responsible for providing services to persons with Alzheimer's disease. Brain Impaired services are a primary responsibility of 5 SMHAs (AK, CA, KY, NC, and RI), a shared responsibility in 14 SMHAs, and not a responsibility of the SMHAS in 27 states.

The SMHAS Profiles data are available via the Internet at www.nri-inc.org. 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@nri-inc.org or ted.lutterman@nri-inc.org

