

State Profile Highlights



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

No. 05-1

September 1, 2005

State Mental Health Agency Implementation of the Six New Freedom Commission Goals: 2004: State Mental Health Agencies (SMHAs) Are Making Substantial

MAJOR FINDINGS:

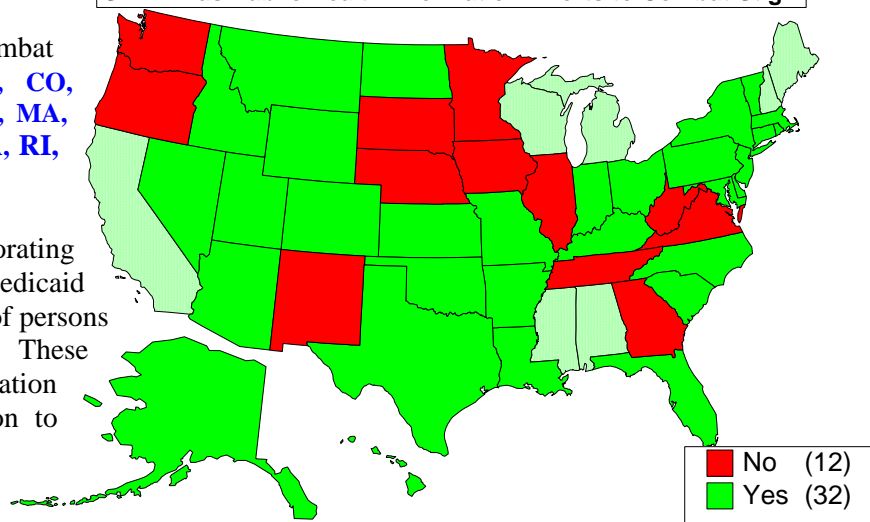
- Most (70%) State Mental Health Agencies (SMHAs) are collaborating with Medicaid and State Health Departments to promote the diagnosis and treatment of mental health by primary care
- Almost all states are working to reduce fragmentation across state agencies providing mental health services
- Almost all states are working to develop recovery-oriented services
- All states are reporting shortages of mental health staff
- Most (78%) states are providing prevention/early intervention services
- All states are implementing at least one EBP service
- SMHAs are investing heavily in technology to enhance quality and accountability

Progress Toward Achieving The Major Goals Of The Commission

Goal 1: Americans Understand Mental health is essential to overall healthcare

- **32 SMHAs (73%)** report they have public health information campaigns designed to combat stigma with mental illnesses (**AK, AR, AZ, CO, CTAdult, DC, DE, FL, HI, ID, IN, KS, KY, LA, MA, MD, MO, MT, NC, ND, NJ, NV, NY, OH, OK, PA, RI, SC, TX, UT, VT, WY**).
- **70%** of SMHAs (**31 of 44** reporting) are collaborating with their state health department and/or Medicaid agency to increase the recognition and treatment of persons with mental illness by primary care providers. These initiatives include providing psychiatric consultation (**3** states), and providing training and education to primary care providers (**7** states).
- **60%** of SMHAs (**27 of 45**) have public information campaigns to promote better understandings of the role of mental health in overall health (**AZ, CO, CTAdult, DC, FL, HI, IN, KY, LA, MA, MD, MT, NC, NJ, NM, NV, NY, OH, OK, PA, RI, SC, SD, TX, VT, WV, WY**).
- **56%** of SMHAs are working with primary care providers to increase the treatment of physical health needs for persons with mental illnesses (**CO, CTAdult, DE, FL, GA, HI, ID, IL, KY, LA, MA, MD, MO, MT, NJ, NV, NY, OH, OK, OR, PA, RI, SC, TX, WV**).
- **26** States report their state insurance laws mandate mental health insurance benefits, and in **19** these insurance benefits include parity in benefits with physical health care. **11** states limit benefits to specific mental disorders, **4** states report parity laws cover all mental health service, and **9** states have benefits that include both mental health and substance abuse services.

SMHA Has Public Health Information Efforts to Combat Stigma



The SMHA Profiles System was developed by the NASMHPD Research Institute, Inc., under contract No. 280-99-0502 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. Please contact Ted Lutterman (ext.121) with any questions or comments.

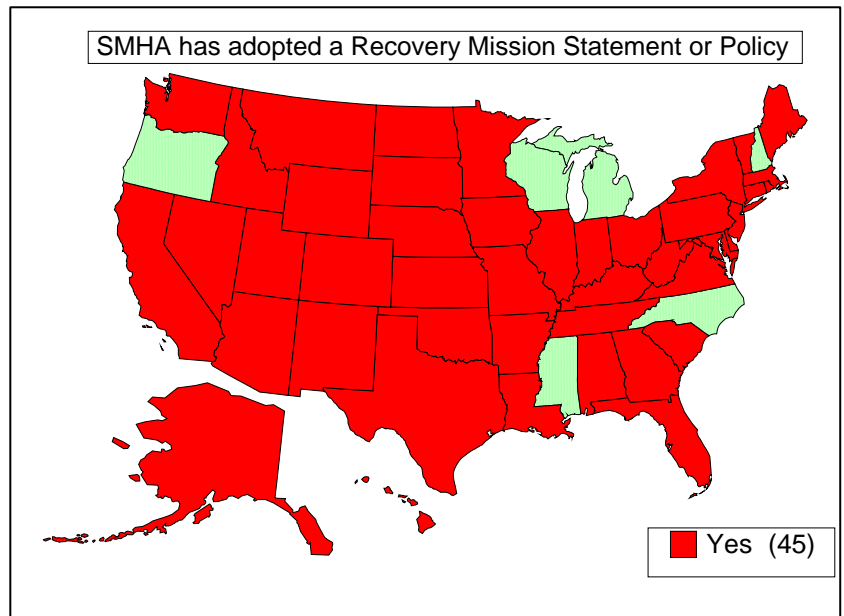
Goal 2: Fragmentation: Mental Health Care is Consumer and Family Driven

- **95%** of SMHAs (**39** states) have initiatives to assure every consumer receives an individualized, person-centered treatment plan that meets consumers’ unique needs.
 - **29** SMHAs receive information on individualized treatment plans from community mental health providers.

Recovery Orientation:

All reporting SMHAs (**45** reporting) have adopted a mission statement or policy about the potential of consumers to recover from their illnesses and to reorient the mental health system to be more recovery oriented.

- SMHA recovery initiatives include: drafting recovery mission statements, changing the array of services funded by the SMHA, working with consumers and families to promote recovery concepts, and moving towards evidence-based practices.
- **15** SMHAs are working to provide consumers participation in the allocation of resources for their own care, and **3** states (CT, MT, and WA) are developing voucher systems for individuals to purchase services of their own choice.



Reducing Fragmentation:

- Over half the SMHAs (**24** of **45**) are developing a comprehensive state mental health plan that span multiple state governmental agencies and addresses the mental health services and essential supports provided by state agencies other than the SMHA.

- All SMHAs (**46**) include representatives of other state government agencies in the SMHA’s mental health planning council.

- Most SMHAs are working with other major state government agencies to reduce fragmentation in mental health services and improve access to services: **39** states are working with housing, **39** with Medicaid and **37** Juvenile Justice, and **37** with Corrections.

SMHA has initiatives to work with other State agencies to coordinate services?	Reduce Fragmentation	Client Eligibility Determination	Combine/ Coordinate Funding	Coordinate/ Combine Service Delivery
Medicaid Agency	39	28	36	36
Corrections Agency	37	13	14	33
Health Agency	31	12	18	27
Housing Agency	39	22	28	36
Education Agency	27	14	20	29
Juvenile Justice	37	19	27	37
Child Welfare	36	19	28	36
Other State Agencies	9	6	9	12

Housing for persons with Mental Illnesses

- Finding decent and affordable housing is a major issue for most SMHAs. SMHAs identified the major barriers to addressing consumer housing needs:
 - Insufficient availability of subsidized housing (**41** states)
 - Consumer income is insufficient to afford private market housing (**41** states)
 - Insufficient funding for development of affordable housing (**37** states)
 - Insufficient funding for necessary support services (**26** states)
 - Community opposition (NIMBY) (**20** states)

Custody Relinquishment of Children

- **28** SMHAs have laws or policies designed to avoid parents having to relinquish custody of children in order for them to obtain mental health services (**AK, AL, AZ, CO, CTKids, DC, DE, FL, GA, IL, IN, KS, MA, MD, ME, MN, MO, ND, NJ, NM, NV, NY, OH, PA, SC, TX, UT, VT**).

Goal 3: Access: Disparities in Mental Health Services Are Eliminated

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Rural and Geographically Remote Mental Health Services

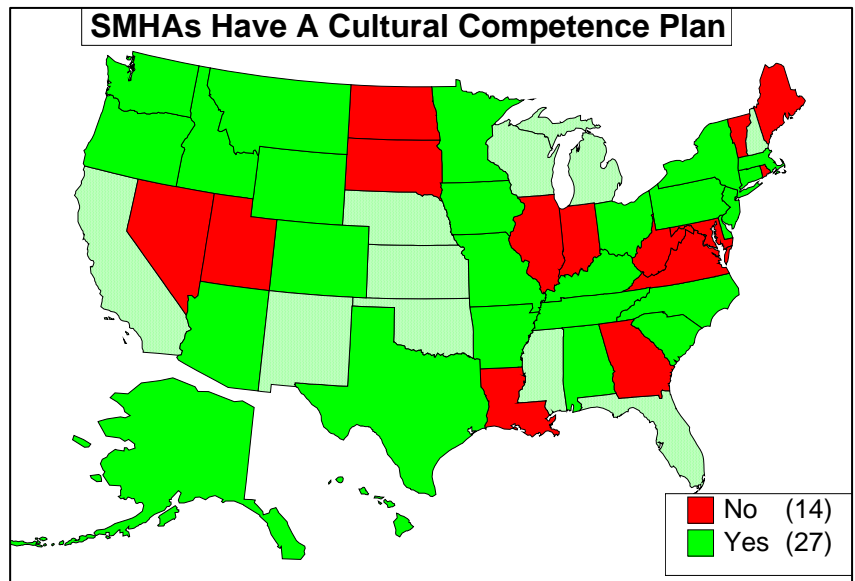
- **78%** (36 of 46) of SMHAs have initiatives to increase access to mental health services in rural and geographically remote areas within the state.
 - **42%** (18 of 43) of SMHAs have initiatives to recruit and train mental health professionals to work in rural and remote areas.

Transportation Issues

- **74%** (35 of 47) SMHAs have initiatives to provide transportation for mental health clients to assure they can access needed mental health services.

Cultural Competence Issues

- **66%** (27 of 41) of SMHAs have a Cultural Competence Plan.
 - 23 SMHAs have established measurable objectives in their cultural competence plan
 - 23 SMHAs have conducted a cultural competence assessment of their mental health system.
 - 22 SMHAs address linguistic competence in their cultural competence plans.
 - 32 SMHAs report they have a staff person with overall responsibility for cultural competence.
 - 25 SMHAs have a Cultural Competence advisory committee.

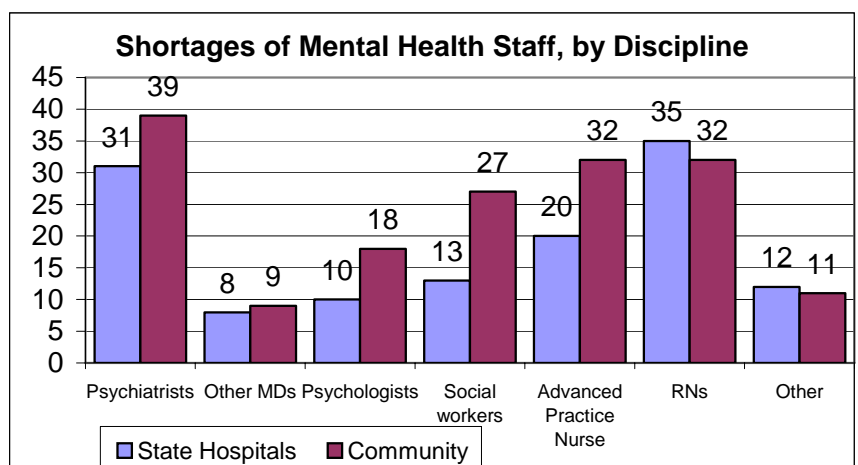


Minority Staffing Issues

- 21 SMHAs have initiatives to recruit and train minority, ethnic group(s), or other special populations for work in state funded mental health programs.
 - 21 SMHAs have these initiatives for state operated mental health services
- 10 SMHAs have staff recruitment initiatives for Blacks/African Americans, 7 for Hispanics, 6 for Asians, 5 for Native Americans, and 4 for Pacific Islanders
 - 8 SMHAs have staff training initiatives for Blacks/African Americans, 6 for Hispanics, 8 for Asians, 6 for Native Americans, and 7 for Pacific Islanders.

Staffing Shortages

- 44 of 45 SMHAs are currently experiencing shortages of mental health staff
 - Psychiatrists and Registered Nurses were the professional disciplines with the largest numbers of SMHAs reporting shortages.
 - 29 SMHAs report they have initiatives to address these staffing shortages:
 - 24 SMHAs are working with universities
 - 19 are increasing salaries
 - 17 are providing training at mental health providers
- 14 are providing recruitment bonuses or other financial incentives.

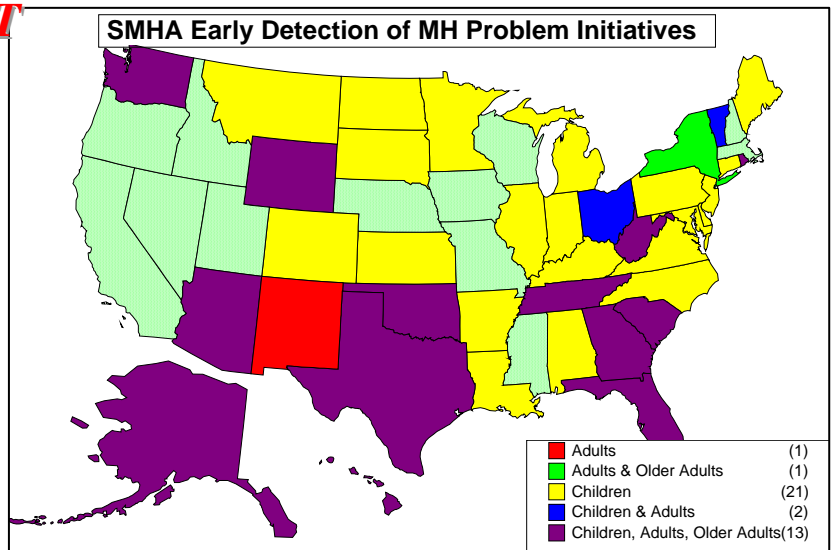


The SMHA Profiles System was developed by the NASMHPD Research Institute, Inc., under contract No. 280-99-0502 from the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (CMHS)/Division of State and Community Systems Development/Survey and Analysis Branch. Cited reproductions, comments and suggestions are encouraged. Please contact Ted Lutterman (ext.121) with any questions or comments.

Goal 4: Screening & Detection: Early Mental Health Screening, Assessment, and Referral to Services are Common Practice **DRAFT**

Screening: 39 of 50 SMHAs (78%) have initiatives for the early detection of mental health problems: 37 states for children, 17 for adults and 17 for older adults.

- 33 SMHAs (67%) operate or fund Prevention/Early Intervention programs for children, 16 SMHAs operate or fund Prevention/Early Intervention Programs for adults, and 10 SMHAs operate or fund prevention/early intervention programs for elderly persons.
- 37 of 46 SMHAs (80%) require or work with mental health providers to screen for co-occurring mental health and substance abuse disorders
- 28 of 47 SMHAs (60%) require or work with mental health providers to screen for histories of trauma in persons served in the public mental health system
- 36 of 44 SMHAs (82%) work with schools to expand and improve mental health services for children.

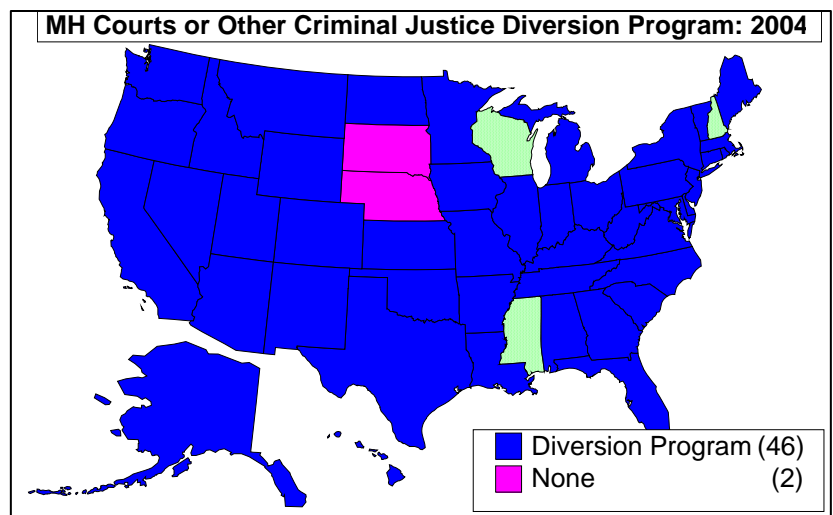


Older Adults:

- 15 of 43 SMHAs (35%) have a specialized plan for the provision of mental health services to older adults (age 65+).
 - 11 SMHAs provide specialized training to providers regarding older adult mental health service needs and recognition of mental illnesses.
 - 28 SMHAs work with providers to help them recognize and treat older adults with mental health problems. 21 SMHAs work with community MH providers, 22 with nursing homes, 18 with other long-term care settings, 13 with psychiatric hospitals, and 8 with primary care providers.

Criminal Justice System Issues:

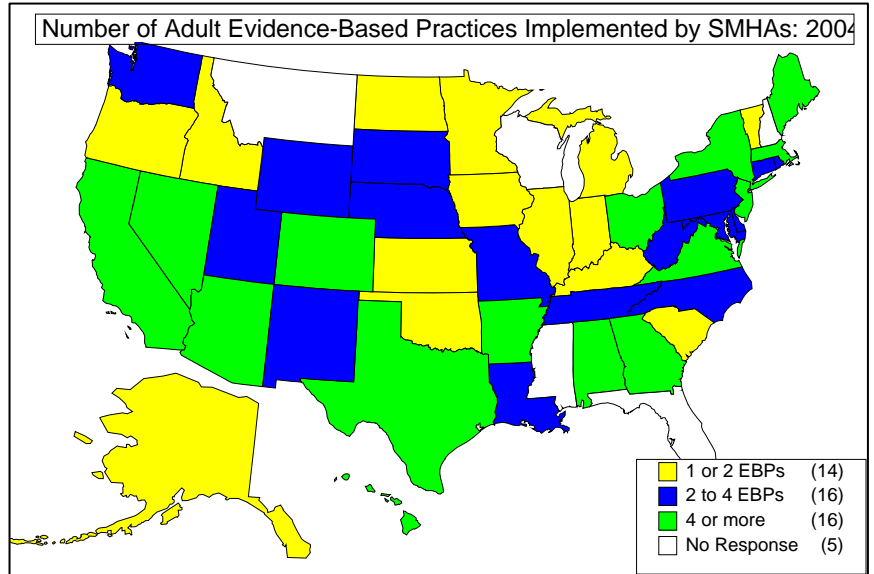
- 67% of SMHAs (31 of 46) have **mental health courts** designed to divert persons with mental illnesses from the criminal justice system into mental health treatment. These states reported on 178 courts that served 5,251 persons last year. Six (10) of the states have the courts control dedicated resources for services totaling over \$1.7 million.
- 31 States have **pre-booking diversion programs** to help divert adults with mental illnesses into treatment.
 - 28 SMHAs have funded or otherwise promoted pre-booking programs for adults in the last 2 years
 - 27 SMHAs have plans to fund or otherwise promote pre-booking programs in the next fiscal year.
- 27 SMHAs have **post-booking, pre-adjudication programs** to help divert adults with mental illnesses into treatment.
 - 27 SMHAs have funded or otherwise promoted criminal justice diversion programs for adults in the last 2 years
 - 24 SMHAs have plans to fund or promote any criminal justice diversion programs in the next fiscal year.
- 29 of 45 SMHAs support **diversion programs for youth with mental illnesses** from the juvenile justice system into treatment.
 - 19 SMHAs have juvenile justice diversion programs at the Intake level, 17 at the adjudication level, and 15 at pre-arrest stages.
- 61% of SMHAs (27 of 44) have re-entry programs to support prisoners or jail detainees with mental illness and/or co-occurring substance abuse disorders who are returning to the community.



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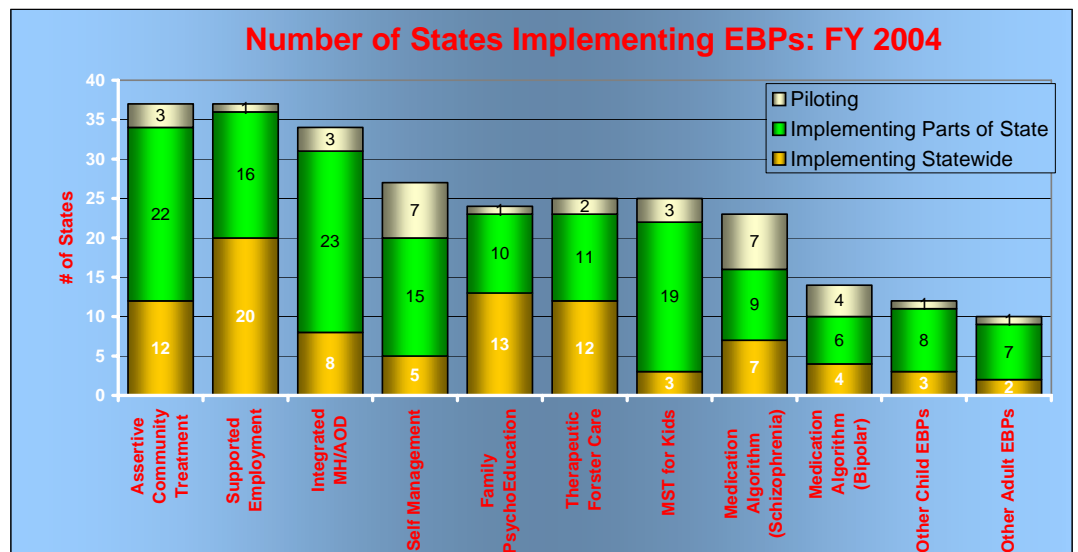
Goal 5: Excellent Mental Health Care Is Delivered and Research is Accelerated: **DRAFT**

Evidence-Based Practices: The President's New Freedom Commission called for an increase in the implementation of mental health services that have been demonstrated to be effective (evidence-based practices). The NRI's state profiles system compiles information on the implementation by SMHAs of the six adult EBPs for which CMHS has developed "toolkits", as well as for several child/adolescent services that many researchers have identified as having strong research evidence.



Every reporting SMHA is implementing at least one adult evidence-based practice (EBP), and most states are implementing multiple EBPs:

- Supported Employment: **37** SMHAs
- Assertive Community Treatment Teams: **37** SMHAs
- Integrated Dual Diagnosis Programs for persons with co-occurring mental health and substance abuse: **34** SMHAs
- Illness Self Management: **27** SMHAs



SMHAs are increasingly offering these EBPs throughout the state and are working to increase the training of mental health providers to deliver EBPs according to practice standards. For example:

- Assertive Community Treatment (ACT) is being provided by over **485** programs to **64,424** consumers (**32** SMHAs reporting). **26** of these SMHAs measure the fidelity of ACT programs
- Supported Employment (SE) was provided statewide in **20** states, and in parts of **16** other states and was provided to **39,513** consumers by **650** programs in **29** SMHAs. **10** SMHAs measure the fidelity of their SE programs.

76% of SMHAs are working with academia to move research results into better mental health services. **61%** SMHAs have initiatives to help academia and other researchers to study mental health issues identified by the SMHA.

92% SMHAs are measuring client outcome measures. The most common client outcome measures being routinely measured by SMHAs for community services are (**49** SMHAs reporting):

- **42** Consumer perception of care
- **40** Consumer Functioning
- **35** Family Involvement/Satisfaction
- **30** Change in Employment status
- **31** Change in living situation
- **26** Consumer symptoms
- **17** Strength-based measures
- **15** Consumer recovery

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Goal 6: Technology Is Used to Access Mental Health Care and Information **DRAFT**

The President's New Freedom Commission called for the increased use of technology to improve the quality of mental health services and to promote better information about services among consumers and family members. SMHAs are investing in technology to implement these goals and make more information available to consumers:

47% of SMHAs (**23**) have implemented electronic medical records in either state hospitals or community programs. Most of these initiatives are in the community (**18**), and **13** are in state psychiatric hospitals.

17 SMHAs have implemented electronic medication ordering systems for their state psychiatric hospitals and **4** states have implemented them with community mental health providers.

Telemedicine Initiatives:

81% of SMHAs (**38** of **47**) promote the use of tele-medicine to provide mental health services.

- **10** SMHAs reimburse providers for providing these telehealth services
- **25** State Medicaid agencies reimburse for mental health telemedicine services
- **3** States changed state licensure or scope-of-practice restrictions to promote and encourage the use of telemedicine

Providing Consumers Access to Data on Mental Health Services:

SMHAs have many initiatives to make information about recovery, self-help services, and data on services available to consumers, family members, and advocates via the Internet:

- **26** Information about self-help services, education, and supports to consumers and family members
- **21** Information about identifying mental illnesses
- **20** Information about mental health treatments
- **20** Information about evidence-based practices
- **16** Information about outcomes of SMHA providers
- **15** Information about specific recovery initiatives by the SMHA
- **12** Performance measures about SMHA providers

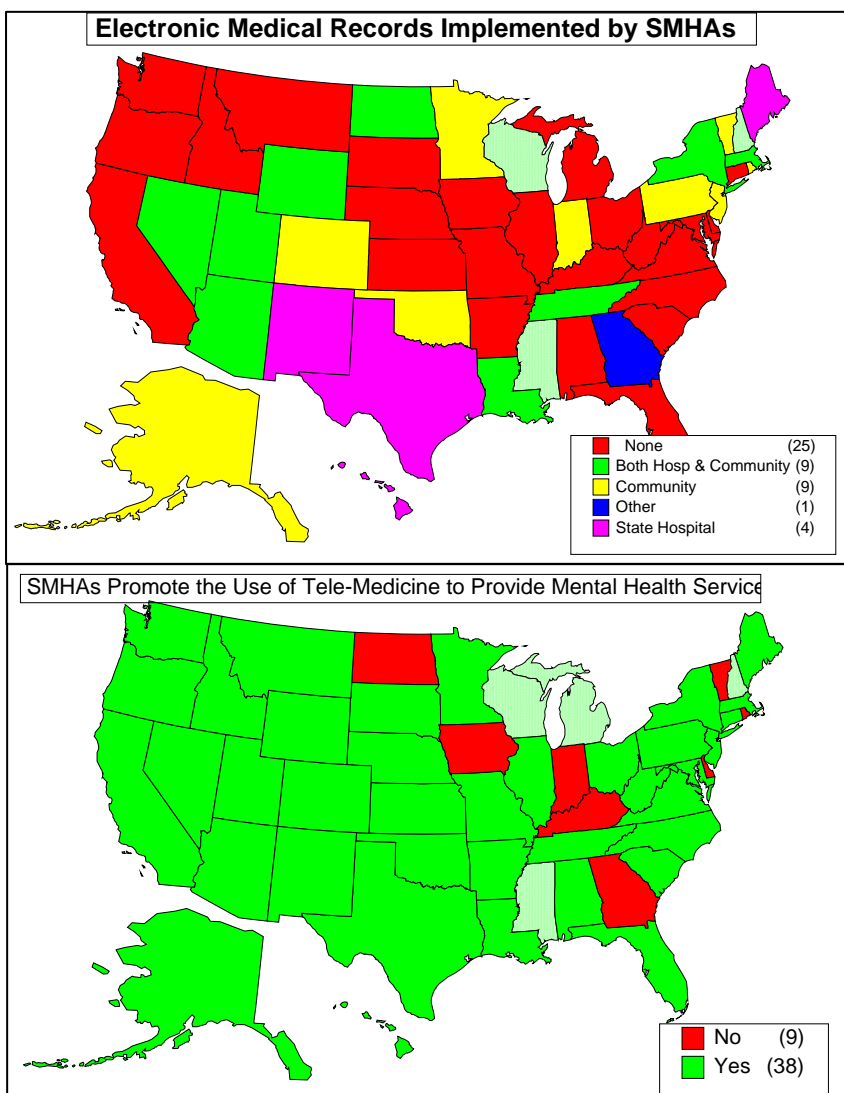
72% of SMHAs (**33**) survey consumers to assess the extent to which services did or did not achieve the self-defined goals of recipients.

- **25** SMHAs make this survey data public
- **23** SMHAs use this data in policy decisions

Note: Connecticut has two separate state agencies responsible for mental health, a child and adolescent agency and an adult agency. The counts of SMHAs shown in this report reflect the two (2) SMHAs in Connecticut. This may result in a slight difference between numbers reported in the text and in the maps shown.

The NRI's State Mental Health Agency Profiles System is supported by the Center for Mental Health Services and is led by an advisory group of senior SMHA officials and CMHS staff. This new cycle of the Profiles added a special component related to SMHA activities implementing the goals of the President's New Freedom Commission on Mental Health. This report is a preliminary draft report summarizing the results. The entire Profiles system will be available via the Internet at www.nri-inc.org where users will be able to see individual state responses and national averages.

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State Responses to Selected Profiles Questions:

1. SMHA has Public Information Initiatives to promote better understanding of the role of mental health to overall health:

AZ	SMHA requires its contractors to provide information to public on mental health, including suicide prevention awareness. The SMHA strategic plan addresses this goal through collaboration with the primary care system to improve services to those with serious co-occurring physical and behavioral health disorders. This includes establishment of a taskforce for the coordination of care collaborative effort, establishment of a set of principles for coordination of care, and identification of problem areas in the coordination of care.
CO	Social Marketing efforts with system of care initiatives Block Grant efforts supportive MHA of Co, Fed of Families, NAMI, etc plus website.
CTAdult	In our recovery centers, DMHAS has created pamphlets, posters, video productions, and a Speaker's Bureau.
DC	Yes, on behalf of the DC Department of Mental Health, Mayor Anthony A. Williams has used his bully pulpit to promote better understanding of mental health, including proclamations addressing children's mental health issues and mental health awareness. Mayor Williams also has been the featured guest at two ribbon cutting ceremonies for the DC Community Services Agency (the Department of Mental Health's direct service provider). The DC Department of Mental Health conducts an active public information program, using community outreach, media relations and publications to promote better understanding of the role of mental health to overall health. Through meetings with community groups and civic associations, attendance at health fairs, airing TV spots about how to access the mental health system, production and distribution of publications, including a monthly newsletter, special events and the DMH Internet site-www.dmh.dc.gov- - we are reaching a wide audience.
FL	The Elimination of Barriers Initiative (EBI) is a public information campaign to reduce the stigma associated with mental illnesses.
HI	The PHHSBG Block Grant funds consumer operated organizations to give anti-discrimination talks in the community.
IN	Television programs that address health and mental health issues. Television programs that address children and terrorism concerns. New articles featuring people in recovery. Routinely include the issue of mental health being essential to overall health in all press interviews. Organizing a state conference on older adults health and mental health and aging issues integrating primary health and mental health care for older adults.
LA	1) Social Marketing program for dual disorders is underway through State MH planning council. 2) Project Legacy transformation plan promotes the role of mental health to overall health.
MA	Massachusetts is one of 8 states involved in the Elimination of Barriers initiative (SAMHSA-funded) and just received an additional grant to include elders. The SMHA's public information efforts also include the ongoing state-originated "Changing Minds" campaign.
MD	"Caring for Every Child's Mental Health" campaign in collaboration with Mental Health Association of Maryland. Maryland Mental Health Administration (MHA) provide funds to Mental Health Association, Core Service Agencies, NAMI-MD, Maryland Coalition of Families for Children's Mental Health for public education activities.
ME	A number of initiatives, including: Women's Health Initiative- four Federally Qualified Health Centers with focus on integrating behavioral and physical health. Education of consumers and service providers.
MN	We work with a member of community mental health advocacy groups and the Minnesota Department of Health regarding these issues.
MT	EPSDT KMA (local multiagency/committee) development Developing further a statewide system of care to integrate mental health with public health.
NC	The NC DMH/DD/SAS is one of eight states participating in a SAMHSA-CMS sponsored pilot social marketing program designed to reduce stigma and discrimination against persons with/recovering from mental illness (elimination of barriers initiative)
NJ	There are initiatives in place to promote a better understanding of the role of mental health to overall health. These initiatives are: consumer empowerment regarding treatment and recovery through TEAM Solutions; smoking cessation; Illness Management and Recovery (IMR) and the Advanced Practice Nurse (APN) Program. The first listed initiative, TEAM solutions, focuses on empowering consumers to take a role in their treatment and recovery by training staff to better educate and involve patients in medication-related decisions. TEAM solutions is a pilot program sponsored by the DMHS and UMDNJ which provides medication education to clients in 6 partial care programs and self help centers. The second listed initiative is the smoking cessation program for patients with mental illness. The SMHA has funded a university-based program to develop a training manual for clinics and providers to use as a guideline when educating patients about the cardiac risk factors associated with smoking. The third listed initiative, IMR, is being initiated in community and state hospital programs. Training of staff started in our central region with 5-10 staff in each agency being trained. This initiative is specifically geared toward helping mental health consumers acquire the information and skills needed to collaborate effectively with others in the development of their treatment plan. The goal of IMR is to help the consumer learn about mental illness and strategies for treatment; decrease symptoms; reduce relapses and hospitalizations; and make progress towards personal goals and recovery. Lastly, through the APN Program, comprehensive health and mental health assessments of acute and chronic conditions are completed; medication is prescribed under joint protocols; and there is APN participation in the formulation, implementation, and evaluation of treatment plans.
NM	A radio show hosted by a consumer is presented in Santa Fe for an audience in Northern New Mexico. The show is being distributed to other stations for replay. The topics cover a multitude of topics and reinforce the concepts of stigma, recovery, family and education of mental health issues.
NV	Nevada enacted in 2003 Senate Bill 301, A legislative initiative to specifically implement recommendations of National NF Commission.
NY	We have created a series of printed educational materials to raise community awareness and primary care provider awareness.
OH	"Quality Matters" newsletter includes topics and focus areas such as medication and weight gain/management. We offer computerized stress/support screenings at the state fair each year and emphasize that stress reduction and taking care of mental health needs contribute to overall health.
OK	Promotion of awareness weeks/months; periodic guest editorials; promotion of human interest stories of successful recovery in publications.
PA	Federally funded Elimination of Barriers Initiative anti-stigma public service announcements. Initiative is a three year demonstration testing models and public education materials for their eventual distribution to states and communities across the country.
RI	The director and some staff are participating in an ad hoc group called the "Allied Advocacy Group for Collaborative Care" that is attempting to promote integrated behavioral and primary healthcare.

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SC Adopting New Freedom Commission Goals and will continue anti stigma campaign and journalism education program.
SD Children's Mental Health Awareness Planning Summit- fall 2004
TN Pre-planning in initiatives
TX Public information office has begun developing information
VT Healthy Vermonters 2010: Vermont's Blueprint for Improving Public Health has a mental-health component with four objectives: (1) Improve diagnosis of depression, (2) more treatment for children, (3) prevent teen suicide attempts, and (4) prevent suicide deaths. In addition, the Act 53 State Health Plan puts planning for mental-health services in the context of an overall plan for health care in the state. This is the first time that such a comprehensive, consolidated document has been put together.
WV Statewide suicide prevention, awareness and education program is in operation. Statewide general education efforts via conferences, training and publications occur throughout the year.
WY Distribution of information on mental health website system.

2. SMHA is collaborating with State Health Department, Medicaid, or any other agencies to increase the recognition and treatment of persons with mental illness by primary care providers:

- AZ This initiative is included in the SMHA 2005 Strategic Plan. Specifically, objective 2: 'Collaborative with the primary care system to improve services to those with serious co-occurring physical and behavioral health disorders' within strategy #1 entitled 'Promote understanding of the importance of behavioral health in overall wellness.' In addition, the SMHA has a policy that covers coordination of care with primary care providers. Said topic is also a standing agenda in meetings between the SMHA and the State Medicaid Agency, including their Health Plans.
- CO Recently submitted a NIH grant for such a partnership in rural county, other efforts exist in some local communities.
- CTKids CT's Department of Children and Families is entering into a collaborative relationship with the Department of Social Services (state Medicaid Agency) to procure an Administrative Services Organization to administer behavioral health benefits to Title 19 adults and children. Title 21 children and children who fall under the Voluntary Services program (provides behavioral health benefits without relinquishing guardianship of child). Efforts are being made to carefully integrate medical health (still managed through risk contract by Managed Care companies) with behavioral health. As such, while still in planning stages, efforts will be made to do extensive outreach to PCPs around the role of the ASO and the behavioral health services that are offered.
- DC There is no initiative but there is discussion with Health Care Alliance.
- FL District Offices are encouraged to work in collaboration with networks to establish working relationships to facilitate referrals between agencies (Public health and mental health)
- GA The RWJ grant by Emory University and Carter Center was funded to relate to Federally qualified Health centers and mental health system partnerships (SMHA and Medicaid agency as partners)
- HI NAMI, NAMI Oahu, United Self-Help, Inc., Mental Health Association
- ID We are jointly developing and will be providing training to the providers on assessment and treatment planning for persons who have a mental illness.
- IN Have developed a program with the Department of Health to work with high risk pregnant women. Increasing communications between primary care and mental health care through a joint Mental Health and Medicaid initiative to monitor Medicaid provider prescribing patterns for psychotropic medications. Several community mental health centers are integrating primary care and mental health care through co-location. Developing an Early Childhood Comprehensive Community Systems strategic planning process to address the health of children aged 0-5. A community mental health center has received a HERSA planning grant to partner with a community health center run by a local hospital.
- LA State participated in policy academy re: Integration of mental health and primary healthcare.
- MA The Child Psychiatric Access project provides behavioral health consultation to pediatricians; also, the SMHA works with Medicaid to improve integration with primary care providers. DMH also is funding a psychosocial pediatric project to train pediatricians to talk about mental health issues with parents.
- MD SMHA participates in Coordination of Care Committee with MA 1115 Managed Care Organizations SMHA worked with EPSDT Program on guides for pediatricians about mental health issues.
- ME Women's Behavioral Health Initiative (see above). Service Reviews of adult Community Support and Residential services includes targeted questions on linkages with primary care providers.
- MI SMHA is collaborating with the Medicaid agency to add developmental milestones and anticipatory guidance that relate to social emotion development in children as part of the EPSDT Tool Kit available to Medicaid Health Plan providers.
- MN Working with Medicaid agency to add telemedicine, non-face to face, consultative services between psychiatry and pharmacy case MD. Working with Health Department to improve access to mental health services in rural areas.
- MO The Missouri Mental Health Medicaid Pharmacy Partnership Program evaluates Medicaid mental health prescribing practices. It seeks to improve care for Missouri residents by educating doctors about evidence-based practices for mental health medications and reducing inefficient and ineffective prescribing practices.
- MT Creation of a new Division which combines children's physical and mental health services; EPSDT, hospital; dental; CHIP; Medicaid
- NJ SMHA and Medicaid are jointly phasing in managed physical health care for Medicaid eligible recipients. Additionally, several pilot programs between federally qualified health centers and community mental health agencies are being designed and implemented by SMHA and Medicaid together.
- NM The Dept of Health in collaboration with the Human Services Department (Medicaid Agency) is in the process of developing an exciting collaborative consisting of 17 state agencies each providing some type of "Behavioral health service". The vision is to unify these groups with common billing practices, services, reporting formats, service definitions, etc. With the intent of creating a behavioral health system that is not fragmented with sufficient funds (state and federal-blended and braided) to operate efficiently and provide quality service to all citizens through a single entity provide (elimination of duplicative services to consumer and family members in a variety of social service systems). The single Entity will be responsible for the identification and education of individuals with behavioral health issues, implementation of treatment services and coordination of appropriate services. The single Entity will report directly to the Collaborative and Behavioral Health Planning Council.
- NY Perinatal depression public education and awareness campaign; suicide awareness, education and prevention campaign.
- OH Exploring a drug utilization review protocol with Medicaid agency to promote effective use of psychoactive medications by all practitioners, including primary care physicians
- OK Review of prescribed practices and provision of educational material. System of Care for Children. Adult Recovery Collaborative. Turning Point Initiative.
- OR The "Integrating Behavioral and Physical Health Initiative" includes Health Department and Medicaid Agency in planning, system design, benefit design, etc.
- PA SMHA is working with special needs units of the Physical Health Managed Care Organizations.
- RI Through the Allied Advocacy Group. In addition, the SMHA has applied for a planning grant from NIMH to pursue the goal of integrated care further. Other state Departments support this grant.

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SC Staff have developed a tracking matrix of several sites in development, attending meeting providing consultation to local partners. Details from successes are shared with sites in development.

TX Task force exists to develop integration strategies including adolescent behavioral health and primary care

VT Please note that since July 1, 2004, Vermont's Division of Mental Health (DMH) has been one of the divisions of the Vermont Department of Health (VDH). The Medical Home Project is a Robert Wood Johnson-funded initiative in the Medicaid Agency to identify and treat diabetes and other physical health problems in Vermont. The mental-health part of the initiative focuses on adults with severe mental illness being served in four of Vermont's ten community mental health center-based Community Rehabilitation and Treatment (CRT) programs. The project identifies those who also have (or are at risk for) diabetes, assists them in managing the disease, and promotes appropriate, high-quality care by health care providers and insurers. In Children's Mental Health, two new approaches to collaboration with providers of primary health care are being tested: (1) stationing staff from a mental health center in a pediatrician's office and (2) consultation with child and adolescent psychiatrists.

WA There are a small number of local and regional initiatives but none initiated by the SMHA

WV On-going collaboration with Primary Care in an effort to better integrate primary care services and behavioral health

WY 1. MHPC supports pilot to train GPs in state in diagnosis, medication and disease management; 2. Education materials distributed to all GPs in state; 3. funded 2 projects that integrated Mental health treatment with primary care.

8. SMHA has public health information efforts to combat stigma:

State	PN_8a
AK	NAMI funded programs provide educational public relations spots. Many other programs also provide information spots during annual events around topics such as depression screening.
AR	The DBHS participates in the Partnership for Outreach Coalition with UAMS to provide education for the minority community to reduce stigma.
AZ	This is a strategic initiative. Specifically, objective 3, 'Collaborate with stakeholders to reduce the stigma associated with being a behavioral health recipient' within strategy #1, 'Promote Understanding of the Importance of Behavioral Health in Overall Wellness.' A workgroup has been established to identify issues related to stigma, assess available national information for identifying issues and initiatives, develop a plan for public education campaign to reduce stigma.
CO	System of Care social marketing activities to combat stigma, and numerous educational efforts through NAMI of Colorado and Federation of Families for Children's Mental Health - Colorado Chapter and Mental Health Association of Colorado.
CTAdult	Individual programs at each DMHAS funded agency and Statewide Media coverage and events (walks and speeches).
DC	DMH incorporates the anti-stigma message into its overall message of the importance sound mental health and how to access services.
FL	The Elimination of Barriers Initiative (EBI) is a public information campaign to reduce the stigma associated with mental illnesses.
HI	Using PHHSBG Block Grant funds, PSAs are aired on local television stations, especially during Depression Awareness Week (October) and Mental Health Awareness Month (May). Also, SMHA participates in Beyond the Blues, a public forum at a local shopping center to destigmatize mental illness.
ID	This is a NAMI of Idaho initiative. We also work with Idaho State University on an initiative to reduce stigma.
IN	Training of consumers to self-advocate and speak out regarding mental illness through Freedom and Self Advocacy Training. All contacts with media include information about the negative effects of stigma, the relationship of mental illness to overall health and statistics regarding the positive effects of treatment. Mental health Awareness Week is used as an opportunity to provide public education about mental illness. The Indiana Mental Health Commission and the state legislature are provided with information about mental illness. The SMHA contracts with NAMI to provide educational programs throughout the year.
KS	Governor's Proclamation - Mental Illness Awareness Week and Mental Health Month Public Service Announcement
LA	The state Mental Health Planning Council is now undertaking an anti-stigma campaign.
MA	See EBI and Changing Minds identified in Goal 1, Number 1.
MD	MH Association "kids on the block" puppet show goes into schools On Our Own of Maryland (consumer org.) has a nationally recognized Anti-stigma Project.
ME	NAMI Maine offers a variety of workshops, speakers & information regarding stigma. DHHS Office of Consumer Affairs offers mini-grants to organizations to support anti-stigma effort.
MN	We work in concert with advocacy groups to develop and disseminate information about mental health.
MO	DMH will begin a demonstration project based on Procovery. The pilot sites include urban and two rural sites. An aspect of this model is stigma reduction.
MT	System of Care Grant; we helped to fund the Public Health Conference on developing a system of care; participated in the NAMI MT walk.
ND	Contract with Mental Health Association in ND for the Consumer Network
NJ	Seven providers have been funded to offer a series of programs promoting public awareness and education about mental illness. Activities include: classroom presentations training for consumers, integration of anti-stigma material in college curriculums, panel presentations to schools and colleges, and production and dissemination of public service announcement, fact sheets, poster, and other materials for distribution in English and Spanish.
NV	Nevada's consumer assistance program provides anti-stigma materials in hardcopy and on website.
NY	Printed materials and public education presentations at community events.
OH	As one of the eight pilot states for the EBI, we are actively involved in distribution and promotion of the EBI public awareness campaign materials, and materials for use by educators.
OK	Promotion of awareness weeks/months; periodic guest editorials; promotion of human interest stories of successful recovery in publications.
PA	People First newsletter sent to stakeholders to promote awareness of consumer issues; Open Minds, Open Doors multimedia anti-stigma campaign; internal and external trainings address and/or focus on anti-stigma initiatives and perceptions.
RI	As a part of our overall contracts with providers.
SC	Anti stigma campaign.
TN	Pre-planning
TX	SAMHSA project
UT	NAMI receives money from DSAMH to develop and implement MH education curriculum at schools which addresses stigma on MH.
VT	SMHA has provided funding for several entities/initiatives that have among their major objectives the reduction of stigma: the National Alliance for the Mentally Ill of Vermont (NAMI—VT), the state chapter of the national organization; Vermont Psychiatric Survivors, a statewide network of consumers/survivors/ex-patients with a wide variety of activities including anti-stigma presentations to citizens' groups, schools, and clergy of various denominations; and two consumer-operated initiatives, the Mental Health Education Project in Chittenden County and the Public Education Program in Washington County. All publications of the Child, Adolescent, and Family Unit emphasize the prevalence of mental-health issues in the general population, connections with physical health, and the chances for good outcomes. Most Children's Services are community-based and fairly visible. CAFU has also produced two videos for public access television (Parents Speak Up! and Inside Children's Mental Health) and has funded performances of puppet shows and discussions with the Champlain Valley Kids on the Block at elementary schools around the state on the topics of attention deficit-hyperactivity disorder (ADHD) and adolescent depression.

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WV	A program has been initiated in FY 2005
WY	Sporadic by MHPC and by WYSAAG but funded a project for stigma reduction.

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14. SMHA has initiatives underway to assure every consumer receives an individualized person-centered treatment plans that meets their unique needs.

State	PN_14a
AK	Medicaid audits reinforce Medicaid requirements.
AL	Statewide training on person-centered treatment in CMHCs and state hospitals
AR	Required of CMHCS by contract.
AZ	This is another strategic initiative which states 'to develop, implement, monitor an individual assessment and plan of care with every consumer and family.' Specific states to achieve the objective includes monitoring the implementation of the new assessment and Clinical Liaison process, training and technical assistance, and review of treatment plans. In addition, the SMHA policy requires the development of an individualized person-centered treatment plan and that clients are involved in treatment planning.
CA	Not for every consumer - but all Medi-cal or MHSA consumers have individual treatment plans.
CO	Stated in SMHA rules, part of annual site review protocol
CTAdult	New policy drafted on individual recovery planning; currently revising recovery plan form.
CTKids	Each service funded or provided by DCF has requirements for an individualized services plan.
DC	There is a policy requiring individual treatment plan with the "Person Center Approach". At this time DMH is unable to confirm degree of compliance.
DE	Currently, all ACT teams are contractually mandate to provide this approach.
FL	FL has initiated a Self-Directed Care Initiative in which participants control how they spend their budget and chose services and supports they believe will help Training for targeted case management involves specific training on individualized treatment planning.
GA	As a part of performance based contracting that requires all providers to comply with language in the DMHDDAD Provider Manual, which outline this expectation.
HI	1. These plans are developed upon admission to mental health service centers and updated at least every 6 months. 2. Recovery/treatment plan improvement is one of 12 Adult Mental Health Division's specific initiatives.
IA	
ID	We have current policies that assure this practice
IL	Required by Medicaid rule.
IN	Traditional individual treatment plans for each consumer are required through SMHA rule and by Medicaid and JACHO. Person-directed treatment planning is not required by the SMHA.
KS	Licensing regulation requirements
KY	This is an expectation the Department has with all the contracted Community MH Centers.
LA	Current quality management program & OMH policy requires it. Also JCAHO accreditation in hospitals and soon in community requires it.
MA	Individual service plan for every case managed client.
MD	Regulations require treatment/service plan
ME	All persons in Adult Community Support/Integration services have an Individualized Support Plan (ISP). System is currently being revised to increase recovery orientation of planning process and electronic retrieval of planning data. Children's system also uses an individualized child & family planning (Wraparound) approach in service provision.
MI	A consultative advisory to describe family centered practice for children and families is being developed.
MN	With the implementation of Illness Management and Recovery EBP and the SMHA's emphasis on recovery and resiliency, most providers are developed more person-centered treatment plans. We have legislative language that this must be in place for all new rehabilitation option services.
MO	Administrative rules have been developed for DMH-funded programs, which require individualized treatment planning. DMH conducts annual monitoring visits at which time clinical records are reviewed to ensure inclusion of an Individualized Treatment Plan (ITP).
MT	Medicaid requirement Licensed/ Certification requirement Targeted youth case management requirement
NC	Person centered planning is required. Training is currently being provided to ensure that person centered planning includes choice and focuses on all life domains, not just treatment, and that it includes others invited by consumers.
ND	Partnership, WRAP, Family Support 360 Grant
NE	For authorized services, this is required.
NJ	
NM	This is standard practice in the Regional Care Coordination(RCC)system. Assessment is over the 10 life domains.
NV	In addition to specific staff training, we have developed specific policies which require such individualized Rx planning. We are also considering codifying this assurance into Nevada Statute to reinforce its importance.
NY	Western NY Care Coordination Program has implemented person centered planning across its six county region. The program will begin to rollout person centered planning in Western NY in 2005.

Children: Each child in a licensed treatment program has an individualized treatment plan. In addition, there are two separate initiatives, the Coordinated Childrens Services Initiative (CCSI) and the Single Point of Access (SPOA) program. Both of these programs have interagency participation and developed individualized client centered, interagency plans for high need consumers.

Forensics: All patient services are planned and coordinated by an interdisciplinary team consisting of a psychiatrist, social worker, psychologist, activity therapist, nurses and security hospital treatment assistants. This team ensures that the needs of each patient are assessed in a comprehensive and timely manner, and a coordinated treatment plan to address these needs is developed and effectively implemented in a safe and supportive environment. Within the first seven days after admission, a battery of 11 screening and assessment instruments are administered in order to assess the patient's needs. Members of the interdisciplinary treatment team review the needs and

problems identified by these assessments and develop a treatment plan for addressing them in a prioritized manner. The plan includes treatment goals and objectives with clear treatment methodologies specified for staff use in assisting the patient in achieving the objective. The most efficacious treatments available are utilized to meet the identified needs of patients, including psychotropic medications, individual and group psychotherapy, cognitive behavioral therapy interventions, psycho-educational substance abuse groups, activities therapy and pastoral counseling. Progress towards objectives is regularly measured and documented in patients records. All treatment plans include discharge criteria based on progress towards behavioral treatment objectives and plans for an expected residential setting and continuing treatment needs upon discharge. Discharge criteria, plans and process are significantly impacted by the court order or administrative transfers which effect all admissions.

- OH SOQIC is a statewide clinical documentation initiative. SOQIC implementation began this year and statewide training is currently in progress. SOQIC training is based on recovery focused person centered processes including treatment planning. Our joint Ohio Legal Rights and Ohio Dept. of Mental Health "Rights to Recovery" initiative similarly utilized recovery focused examples of consumers driving their own treatment. Our state operated Behavioral Health Organizations are currently intensively involved in revising their individual treatment planning system. One of the benefits will be more flexibility, better ability to describe unique needs and services which meet consumers' recovery needs.
- OK Training for all certified case managers, PSR staff, PACT team members, etc. reinforces that all treatment planning should be done from an individualized person-centered perspective.
- OR Oregon has a legislatively driven Evidence-Based Practices Implementation Plan that includes individualized treatment plans.
- PA Mental Health/Mental Retardation Act of 1966 requires counties to do this.
- RI Covered under new regulations for behavioral healthcare services effective July, 2004.
- SC Treatment teams and case managers work toward this goal. It is achieved in most cases.
- SD Trainings, revision of accreditation standards, and a goal of SD Planning & Advisory Council.
- TN Case Management service plans for individuals with SPMI and SED.
- TX TRAG assessment recommends evidence-based services for each individual from which choices can be made to further personal goals
- UT Required in contracts and state office monitors for compliance
- VA State license reviews, Medicaid reviews
- VT Emphasis on individualized treatment plans that reflect consumers' preferences is ongoing, monitored through Quality Management site visits to designated agencies. Treatment plans should reflect activities and goals in each consumer's own words, which the treatment team or team leader can then express in clinical language as necessary. Chart reviews consider the treatment plan's connection with the client assessment and how progress toward the goals is measured over the course of treatment.
- WA Required in the Washington Administrative Code. "Strengths based"
- WV
- WY Required by Standards since April 1984

31. Describe your state's recovery initiatives:

AK	Text book and training to be provided by Integrated Training Project specifically addressing recovery from a Mental Health perspective.
AL	This language is part of the DMH/MR Mission Statement.
AR	Arkansas' SMHA is actively involved in recovery initiatives, including aligning its service delivery system to be consistent with the values of a recovery orientation. In particular, we are increasing the availability of Evidenced Based Practices. We also work with regularly with consumers and families to promote recovery concepts. For example, staff of SMHA is scheduled to meet on August 2nd 2005 with the state's Mental Health Planning Council for a full day conference focused on system transformation and recovery.
AZ	AZ has incorporated recovery into all contracts with the Regional Behavioral Health Authorities, which states "services are delivered with the explicit goal of assisting people to achieve or maintain success, recovery, gainful employment, success in age-appropriate education; return to or preservation of adults, children and families in their own homes; avoidance of delinquency and criminality; self-sufficiency and meaningful community participation."
CA	See MHSA Vision Statement & Guiding Principles.
CO	Mission: Ensure culturally competent comprehensive care these promotes individual family & community resiliency & recovery. This is accomplished through providing to the public system expertise n policy, program development, evaluation, quality improvement, training, consultation and resource acquisition.
CTAdult	DMHAS, over the past several years, has focused on creating a Recovery-Oriented System of Care. The Recovery Initiative is a multi-departmental project with a number of activities already completed or underway. The project involves transforming the system through increased consumer involvement, training and education, contracting and policy change, workforce development, performance measures and monitoring, and service redesign.
CTKids	As a children's department, we are more focused on early intervention and treatment.
DC	
DE	DSAMH includes recovery goals in their community contracts and will incorporate their perspective in all clinical services in 2006-2007.
FL	We revised our mission statement to include recovery: "Protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery".
GA	GA consumer network promotes recovery principles and MHPA does the same Training and TA for providers. GA's mission to promote strength-based recovery includes being the first state in the country to create a recovery-focused service called "peer support" that is Medicaid reimbursable and a work force of more than 200 qualified peer specialists to promote self-directed recovery.
HI	<ol style="list-style-type: none">1. Cultural change from treatment orientation to recovery orientation in all clinical and administrative areas.2. Recovery training for administration and line staff.3. Ongoing communication on recovery oriented activities in AMHD newsletters, conferences, Hawaii Center for Evidence -Based Practices, Chief's report to SCMH.
IA	It is a basis for our redesign of the adult system in a report to the Iowa Legislature
ID	Every program and intervention we provide in Idahoe mental health program is based on Recovery Model as are our policies. We also have embraced mental health transformation in all of its aspects based on the President's New Freedom Commission Report.
IL	A Philosophy of Recovery Oriented Services in Illinois.
IN	The vision of SMHA is specific to recovery principles. One of the three priorities of the SMHA is recovery.
KS	
KY	Our mission is to provide leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, mental retardation or other developmental disability, substance abuse or an acquired brain injury.
LA	State Plan Mission Statement
MA	Yes, the SMHA has adopted a Mission Statement and, is developing Vision Statement.
MD	No formal statement, however, MHA Annual Conference focused on recovery 2 years ago. SMHA provides funds to Statewide consumer organization to offer a three part Recovery workshop for consumers and a workshop for providers.
ME	
MI	
MN	Incorporated in the Mission statement; infused through implementation of EBP's-esp. Illness Management and Recovery; Mission/Vision of the MN Mental Health Action Group, a public-private group to develop a seamless delivery sstem for children, adolescents and adults who have mental health problems.
MO	<ol style="list-style-type: none">1. Practice Guidelines2. Procovery will be piloted in St. Louis and Southeast Missouri during FY 2006.
MT	System of Care, DPHHS Co-occurring Initiative
ND	Mission: to provide quality, efficiently and effective human services, which improve the lives of people.
NE	LB1083 (2004) NE Behavioral Health Services Act Sect.5(3) creates the "Office of Consumer Affairs."
NJ	SMHA has implemented a number of initiatives designed to reduce reliance on state-operated inpatient care by expanding intensive, high end community services and supports. In NJ, it is believed that it is the consumer's need that drives the plan of care and it is the state's role to facilitate and coordinate that care leading to better community integration The Redirection II Plan is a statewide Mental Health Quality of Care Improvement Initiative. The goal of this initiative was to substantially expand a wide range of community services, construct a new state-of-the-art facility to replace the antiquated Greystone Park Psychiatric Hospital, and improve the quality of care in the State hospitals and community mental health programs. NJ has also initiated a number of evidence-based practices to further our efforts to develop and test new treatment and practices that will improve clinical outcomes for consumers. Additionally, three quality improvement work groups were developed as follows: Co-occurring Mental Illness and Substance Abuse Disorders, Medication-Related Services, and Housing-Related Services.
NM	Computer Loan Programs with internet access, conference scholarships, skills training and empowerment workshops, self-help and special interest support groups, have been established to destigmatize consumers and to assist with their own mental health and substance abuse recovery. Quality assurance activities are evaluated annual through our MHSIp survey, which is consumer driven.

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NV	Specified in agency mission statement, and vision statement
NY	Recovery is a guiding principle for all of OMH's Agency operations and recovery-oriented services are emphasized in service design and delivery.
OH	Ohio Dept. of Mental Health has a history of funding consumer and/or provider operated recovery programs; worked with consumers/families/providers to develop "Emerging Best Practices in Mental Health Recovery"; developed "Recovery Process" training for consumers, families, and providers; held "Recovery Process" training in all state operated Behavioral Healthcare Organizations; funded statewide "MH Recovery Network" as the state clearinghouse/referral source for the various recovery programs and services operating in Ohio (EBP in MH Recovery Programs, Illness Management Recovery, WRAP, BRIDGES, Peer Support, Consumer Outcomes System); funds two statewide consumer organizations to support and advocate recovery - Ohio Advocates for Mental Health and the Depression BiPolar Support Alliance; also funds a statewide family organization - NAMI Ohio, and a statewide cultural competence organization - Multiethnic Advocates for Cultural Competence (MACC), both of which support and advocate consumer recovery.
OK	Strategic plan, including vision and value statements. CMHC contract language and affiliation process.
OR	
PA	
RI	Statewide group of stakeholders meeting to further discuss SMHA's vision for recover in Pennsylvania; statewide presentations and meetings on recovery models.
SC	As a part of the new Rules and Regulations for Behavioral Healthcare, June, 2004
SD	Agency has a system-wide initiative shared by all staff and made available to consumers and families.
TN	Vision statement of Mental Health Planning & Coordination Advisory Council: SD will promote prevention and recovery through an integrated mental health system that provides access to a continuum of services and supports that allow full participation in the community.
TX	SETH Initiatives which include supports, employment, transportation and housing all directed toward recovery.
UT	Resiliency & Disease Management initiative is based on evidence based approaches to best support recovery. This initiative will reorient the system
VA	Policy is in draft form based on mental health Transformation and Recovery.
VT	Virginia has developed a consensus Vision Statement: Our vision is of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships.
	Recovery for adults with severe mental illness has been a programmatic priority of the Division of Mental Health for almost ten years. DMH promotes recovery primarily through (1) funding Vermont Psychiatric Survivors, a statewide organization of adults who have experienced mental illness, to coordinate and offer recovery education series all around the state for peers, family members, and providers, and (2) participating in the National Toolkit Project with two pilot sites on Illness Management and Recovery.
	The Child, Adolescent, and Family Unit pushes the recovery concept further. "Recovery" is too far down the road for children and adolescents. They may not yet have had the opportunity to develop an aspect of their self, so they cannot "recover" what they never lost. The concepts of growth and resilience are more appropriate.
WA	Mission Statement
WV	The Bureau's mission is to "improve the quality of life for West Virginian's with behavioral health care needs." The Adult Mental Health Division mission includes maximizing opportunities for recovery and minimize the need for professional intervention. A recovery education center is funded to help individuals find their own reward program and promote systemic recovery in their recovery.
WY	WRAP training consumer self advocates annual conferences

32. Does the SMHA have initiatives to increase access to mental health services in rural and geographically remote areas within the state?

AK	Minimum funding level for small rural centers to insure program survival and multiple training functions include stipends to attend centralized training or outreach training/consultation provided. Telemedicine is also being developed to include multidisciplinary team consults and exploring treatment. Medicaid reimbursement is also being explored.
AR	Multiple widely distributed service sites in 69 of the states 75 counties. Extensive provision of transportation by CMHCS.
AZ	This is included in the SMHA's strategic plan. It is being addressed through identification of rural health issues, development of action plan to improve rural access to behavioral health services, expansion of the use of telemedicine, and development of providers and competent workforce in rural communities.
CA	At the county level though any initiatives would vary county to county.
CO	State Hospital resources were transferred to some local rural communities to develop inpatient alternatives.
CTAdult	1) Assertive Community Treatment (ACT) and Mobile Crisis Services bring services to individuals in rural areas; 2) SMHA is involved in Office of Rural Health Advisory Board.
DE	Initiatives to ensure services are accessible to and by consumers in rural areas.
FL	District-wide networks are being established to prepare for managed care and includes rural areas.
GA	performance indicators related to rural access for treatment.
HI	1. Provide an array of comprehensive integrated services in each county. 2. Changes in eligibility statewide for presumptive eligibility
ID	For legislative session 20005, the SMHA is requesting funding for additional (ACT) Assertive Community Treatment teams for rural areas.
IL	Under office of cultural competence coordinator, Dr. Lane, a task force is developing a training and policy focused initiative on accessibility of culturally competent mental health, substance abuse and HIV-AIDS service systems in non-MSA counties.
IN	Data analysis indicates that access to services is the same for all geographies of the state.
KS	Special pilot projects through MHBG funds to rural areas
KY	I. The department is a partner on a 3 year, nearly \$1 million HRSA/BHP funded grant awarded to Eastern Kentucky University. The project named "Providing Rural Interdisciplinary Services for Youth with MH Needs" (PRYSM) that has five objectives which address access in rural areas of the state. These goals include: 1) Initiate and develop new, innovative, and sustainable rural training experiences to prepare occupational therapy, psychology, and social work students to provide culturally sensitive services to Appalachian youth with mental health issues. 2) Demonstrate and evaluation innovative interdisciplinary methods/models to provide rural Appalachian youth with mental health needs access to cost-effective comprehensive care. 3) Deliver health care services to rural Appalachian youth with mental health needs. 4) Enhance the amount of relevant research conducted concerning issues in the provision of service to rural Appalachian youth with mental health needs. 5) Increase recruitment and retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practitioner. Note: This targets the south eastern area of the state. II. the Department was recently awarded a 6 year, \$9.5 million dollar Children's System of Care grant to address the mental health and substance abuse issues among youth in rural counties in the north central area of the state. III. One SMHA staff person is assigned to keep abreast of work force development issues within rural areas of the state to ensure that efforts are coordinated and ongoing.
MA	Area Office and their providers strive to improve transportation options.
MD	In closure of State hospital, reallocated funds directed to rural communities served by hospital, SMHA involved in telemedicine project with private provider to provide consultations. In rural area, SMHA funds urgent care availability in rural areas.
ME	Department funds statewide mobile outreach services for older persons with SMI. Increased via expansion of agency satellite offices in rural areas. Department has supported expansion of telemedicine network.
MN	Expansion of telehealth services - reimbursable by Medicaid. Jail study, SMHA and Department of Health are improving service access, coordination between primary care and mental health. Shifting state hospital fiscal resources to community-based mental health services for adults.
MT	System of Care Initiative; System of Care Infrastructure Development Grant
NC	state standards regarding location of services
NE	State divided into 6 regions. Each regional behavioral health authority is responsible for addressing access to MH services in their own geographic area.
NJ	Our goal is to improve access to innovative services for persons with serious mental illness who live in rural areas. Six, of New Jersey's twenty-one counties, are defined as rural. A full array of mental health services are available in all counties as part of the State's comprehensive system of mental health services. Systems Review Committees are established in each county and monitor the adequacy of the acute care system. Designated Screening Centers, Integrated Case Management (ICMS), Programs of Assertive Community Treatment (PACT), Intensive Family Support Services (IFSS), Supported Employment (SEP) and Residential Programs also operate in each county. Community based services for rural populations were enhanced and expanded as part of the first Redirection Plan and through increases in Block Grant funding. Block Grant allocations were used to develop Traumatic Loss Coalitions (TLC) in all rural counties, to coordinate response services within schools in the event of a traumatic event affecting the school and its community. In addition, through New Jersey's crisis counseling/disaster mental health training program, DMHS provides training to rural mental health service providers on how to provide outreach and psycho-educational services to rural populations.

NM	A Contractual requirement in our contracts with the Regional Care Coordinators is the development of appropriate initiatives to access services in rural and frontiers parts of the state. These activities to access services in rural and frontiers parts of the state. These activities differ given the geographic and population issues. For example, service to Native Americans in the North Western part of the state will differ from services in North Eastern side where the population is very isolated in ranch communities. One initiative for Native Americans is more traditional healing techniques such as the sweat lodge versus coordination with health clinics on the other side of the state to obtain services in frontier areas.
NV	Telemedicine & telepsychiatry is planned for statewide implementation, after pilots which have proven quite successful.
NY	Rural Telepsychiatry Consultation Project, Rural Healthcare Recruitment Initiatives, Rural Comprehensive Psychiatric Emergency Programs, Cultural Competence training and technical assistance unique to rural areas are provided.
	Children: Every county in the state has a county mental health authority and either operates or contracts for services for the county population. OMH has been providing telepsychiatry supports to 9 rural counties through a grant program. This program gives the counties the equipment they need for tele-video consultations and links them with the Child psychiatry specialists at the New York State Psychiatric Institute in New York City.
OH	The state mental health structure includes 50 county Alcohol Drugs Addiction and Mental Health Services Boards (ADAMHSB) responsible for providing services in single or across multiple counties. The larger multiple county boards are located in the more rural areas of the state. County ADAMHS boards contract with local agencies to provide services to local communities. There are currently over 400 community mental health service contract agencies in Ohio. The department has encouraged local systems to develop satellite offices as appropriate. The department also advocates and encourages local systems to ensure services are culturally appropriate and inclusive of the needs of rural populations to ensure their access and retention in services. An example is of a local system that worked with the Amish Bishops to develop a culturally appropriate satellite office in their communities and an agency staffed by persons from the Appalachian community engaged in cultural competence training to learn how to better serve their Appalachian community members.
OK	Core service plan - uniform access standards
OR	The State of Oregon continues to work to develop an integrated community mental health service delivery system. In rural areas, transportation issues are being addressed through contracting to meet the needs of the clients.
PA	Behavioral Health Managed Care requires Access standards which has increased availability of services. BH-MCOs operate in some rural counties. Some rural counties are implementing telemedicine and telepsychiatry in order to increase services to rural consumers.
SC	We continue to identify and transition necessary services in person and utilizing video conference technology to overcome the urban/rural service system and to meet unique consumer needs.
SD	Telemedicine, establishment of rural rate for services, encourage use of rural subcontractors by community mental health centers.
UT	Frontiers Project
VA	Telepsychiatry is used to provide psychiatric care in rural areas. Rural CSBs develop their own locality specific initiatives to increase access, such as regionalized services.
VT	For both Adult Mental Health and Children's Mental Health: Many designated agencies have satellite offices in different parts of their catchment area. In addition, many services (e.g., respite, home/school coordinators, community support, and outreach case management) are based in the home, school, and community—where clients live and function. Transportation is one of the core services required for Community Rehabilitation and Treatment programs for adults with severe mental illnesses.
WV	Several mental health block grant initiatives are funded in remote areas of the State to address this issue. The SMHA is working with Medicaid to expand the permissible use of telemedicine beyond current limitations."
WY	quality of life for transportation; outreach; telepsychiatry pilot project; training of GP in mental health issues

40. Does the SMHA have any initiatives for the early detection of mental health problems?

- AK Required statewide screening tool for all people admitted to state funded behavioral health programs.
- AL Statewide screening protocol in process.
- AR DBHS is collaborating with the Division of Childhood and Early Development Education and Arkansas Head start collaboration on statewide training for all CMHCS on early childhood. Mental health issues and on three early childhood mental health consultation demonstration projects.
- AZ The Urgent Behavioral health Response for children entering foster care is used in early detection of mental health problems. Likewise, the SMHA is developing a specialized assessment tool for children ages 0 to 5, which should be in place by October 2005.
- CO SOC (System of Care) initiative for children in child care setting 0-5, plus additional Alcohol based services
- CTKids DCF funds 2 school districts to implement evidenced-based programs aimed at increasing the capacity of staff to identify/develop interventions of children in need of information, at the earliest point possible in order to enhance educational success and reduce risk of suspension/expulsion. CT's CMHS grant also targets early detection/intervention through implementation of Positive Behavioral Supports and Interventions (PBIS) in 5 schools in Bridgeport, CT. DCF also funds a statewide network of Early Childhood Consultants who are trained to identify and develop specialized interventions for children birth to five. These consultants work with children in early childcare settings and in foster homes to raise awareness of the mental health needs of very young children and to develop child specific strategies that will promote positive behavior and emotional well being.
- DC We conduct teen screening, a prevention program that screen for depression, suicide, and substance abuse Ages 11-18 in selected schools
- DE The DSCYF utilizes EPSTD as well as Department designed tools, service entry needs, and strengths screening
- FL Outreach, screening, referral and assessment with the TANF SAMH program survey instrument, responses to certain indicators and other obvious signs resulting in face-to-face interaction.
The Adult and Disability Research Centers (ADRCs) will provide a single point of assistance for elders with long-term care needs, as well as information and referral services for adults with SPMI.
Children entering child welfare are required by policy to have a comprehensive behavioral health assessment completed within the first 30 days. Working with the Department of Health in expanding the Part C services for infants and toddlers to include behavioral health service.
- GA Screening and assessment to identify MH issues
- HI CAMHD has contracts with Easter Seals on Kauai and with Big Island Family Support Services for early intervention for pre-K children at-risk for developing emotional or behavioral disorders.
- IN Children and adolescents entering out-of-home placement through the child welfare agency are being screened for mental health problems and referred for further assessment and treatment if indicated.
- KS Funding for therapeutic preschools in certain parts of the state.
- KY As mentioned above, the KDMHMRS contracts with the 14 Regional MHMR Boards to providers services to children birth to age 5 and their families via the ECMH Program. The Program funds 14 Early Childhood MH Specialists, one per Regional MHMR Board. The specialists' time is devoted solely to their regional ECMH Program. The job duties of the ECMH Specialist include the following:
Provide free consultation & education services to early care and education staff that serve children age birth to five.
Provide assessments to children age birth to five with mental health needs at the location most suitable for the child and family.
Provide therapeutic treatment to children age birth to five with mental health needs and their families at the location most suitable for the child and family.
Work closely with local Healthy Start in Child Care consultants and the Health Access and Nurturing Development Services (HANDS) home visitor, and other agencies or programs as needing mental health services;
Assist families with children age birth to five in identifying and accessing needed community resources;
Provide information and serve as a resource to private physicians and other caregivers through raising awareness of available services and resources for children age birth to five and their families.
Offer early childhood mental health training to fellow Regional MH/MR Board staff, we well as other community partners who serve young children;
Foster community planning for early childhood mental health through local groups and the Community Early Childhood Councils in the area;
Attend training related to early childhood development and early childhood mental health needs;
Attend periodic regional consultation and supervision sessions conducted by a statewide early childhood mental health consultant;
Prepare and submit periodic service reports and evaluation data and
Attend quarterly state level meetings of all ECMH Specialists.
- Costs associated with all of the above services are covered by the KIDS NOW MOA.
- For school aged children and adolescents, funding is only available to reimburse clinical services and targeted case management. Services provided at the universals level are not reimbursed by the SMHA, but can be reimbursed by contracts with other agencies(i.e. schools, family resource and youth services centers).
- MD Early childhood mental health pilots; DJS detention center screening, Screening when child removed from home by Dept. of Human Resources (child protective services).
- ME Federal Grant funded project at Maine Medical Center with focus on early onset and identification of major thought disorders (Pier Project).
- MI Working with the Medicaid agency to more systemically identify children with mental health issues and those who are depressed through the EPSDT process within the Medicaid Health Plan. Also working with MCH to do the same through the Maternal Support Supports and Infant Support Services program.
- MN Training for EPSDT has specific component for mental health. Legislation requiring statewide screening for children and child welfare and juvenile justice.
- NC working with local public health departments on use of developmental screening and evaluation tools and protocols for children ages birth to 21
- ND Early childhood alliance collaborating with other systems working with children 0-8.

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NE	Age 3-5, State education does screening and early detection for disabilities including MI.
NJ	In regards to children, Division of Prevention and Community Partnership (DPCP), located under the same umbrella as DCBHS, developed school-based youth services programs and Early Intervention Programs for Children. In regards to adults, please see Post Partum Depression note above.
NM	. Adolescent Transition Group . Regional Care Coordination Plan. . The Infant Toddler Program is housed within the Development Disabilities Division for ages 0 to 3. The children, Youth and Families Department provides assessments for all children up to the age of 22(in certain cases). Beginning at age 18to 21 consumers may have services in both systems.
NY	SPEAK Campaign - Suicide Prevention Education Awareness Kit Children: Western New York Children's Psychiatric Center (WNYCPC) provided screening to second graders in one of their school based programs. In its annual plan OMH promoted a focus on promoting a statewide response by targeting: <ul style="list-style-type: none"> • A public awareness campaign to improve recognition of the early indicators for mental disorders in children. • Promotion of suicide awareness, screening, and referral/treatment services in schools and communities to identify children and adolescents at risk. • Tools and training for front-line clinical staff in hospital and outpatient clinic systems to improve recognition of trauma, anxiety and depression among children and adolescents and to improve delivery of effective, evidence-based psycho social and pharmacologic treatments for affected youth. • Dissemination of the Guidelines for Treatment of Adolescent Depression to primary care providers statewide. • Promotion of family psycho education and support services to assist families in recognizing early indicators of psychiatric problems, to encourage seeking evidence-based services, and to promote supportive services family to family.
OH	ODMH sponsors ECMH consultation to identify and address social/emotional/behavioral problems in early childhood programs with mental health services for children birth to six, their families and child care staff. ECMH promotes and trains in the Devereux Early Childhood Assessment (DECA_, a strength-based program that includes an assessment tool and strategies for working within the classroom and with families.
OK	CSP Child Victims of Trauma Hope for Tomorrow Child Care Consultation
PA	Pennsylvania has an early intervention program that provides screening and assessment for children age birth to five who are at risk for developmental problems; SMHA also has a pilot project that is testing screening and assessment instruments for juvenile justice.
RI	Through base funding provided to the Mental Health Association.
SC	Outreach community services are provided in schools, public meeting and through joint media campaigns. 50% of schools have in-school mental health counselors.
SD	Collaboration with office of child care.
TN	Mental Health professionals visit daycare centers to provide detection. A recent grant award will focus on older adults who may have co-occurring issues and strive to provide in-home services.
TX	SMHA working with a delegation of educators, medical parishioners, and administrators to pilot a behavioral health screening in a primary care setting
VA	EPSDT under Medicaid. Screening by csbs for children at risk of SED
VT	See descriptions in previous pages of this document
WV	We work very closely with the Bureau for Public Health with the EPDST program as well as provide funding for suicide prevention, awareness and training program targeted at youths and young adults.
WY	UPLIFT statewide program; mh screening at health fairs and occasionally in agencies or organizations where people gather

52. Moving Research and Evaluation in to Practice: SMHA has initiatives to work with academia to help move research results into better mental health services:

AK	Working with the University of Alaska to explore dual diagnosis certification process for treating both mental health and substance abuse issues.
AR	All psychiatrists at Arkansas State Hospital are faculty members at the University of Arkansas for Medical Sciences and work collaboratively with health services researchers.
AZ	As part of the SMHA's strategic plan, a Best Practices Subcommittee is established to implement best practices. In addition, the Higher Education Partnership initiative is used to disseminate best practices.
CO	NIH grant request for MH screening for depression-MHC & physical care joint initiatives with the SMHA & UCHSC
CTAdult	Through collaborative relationships with UCONN and Yale University, the DMHAS "Best Practice Initiative" oversees the implementation to a number of evidence-based best practices.
CTKids	DCF has a contract with private foundation (the CT Child Health and Development Institute)to develop a Center for Effective Practice and Research. The focus of the CEEP is to identify and support the application of best practice/evidence based practice within children's mental health system. Yale University and the University of Connecticut are among the participants.
DC	DMH uses academicians (University of MD, Howard University) to evaluate programs.
DE	DSAMH and the University of Pennsylvania maintain a long-term evaluation project that examines issues pertaining to quality, outcomes, and resources.
FL	Work collaboratively with accreditation to promote best practices.
GA	MCG contract to evaluate peer support and publish findings. Peer supports staff participate in data analysis study at GSU. Systems of Care Quality Improvement Initiative for youth with SED. C+A SIG grant activities will more research-based practices to mental health service delivery.
IA	Working to have CMHC's use block grant money to support evidence-based practices or to develop evidenced based practices
IN	Indiana's SMHA works with a consortium of researchers to promote moving research into practice. IUPUI, is the site of out Technical Assistance Center for ACT, IDDT, and IMR.
KS	Collaboration with University of Kansas to allow CMHCs to participate in Dartmouth project
KY	Within the SMHA's Transformation Plan (Windows of Opportunity) several initiatives are aimed at building partnerships with universities to better translate information on evidence-based practices into pre-service curricula and training experiences. A number of professional development activities, specifically focused on evidence-based care, are provided by the SMHA with concentrated outreach to academia to promote the attendance of students. In addition, staff have partnered with university undergraduate and graduate programs to conduct presentations on the delivery of evidence-based care. Through a HRSA grant, the SMHA has entered into a partnership with a state university to develop and evaluate a model for preservice and graduate level training in mental health care delivery to children and youth in Appalachia. The SMHA has identified the need to establish partnerships with universities to promote education pertaining to evidence-based practices for the prevention and treatment of mental health problems in underserved disability populations, e.g. the aging and homeless.
LA	some research on psychopharmacology
MA	Funding is provided to two Research Centers of Excellence (UMASS Medical School and Harvard Medical School).
MD	Maryland Youth Practice Improvement Committee- work group with child psychiatry departments at University of MD and Johns Hopkins, providers, family members, UMD Evidence-Based Practice and Training Centers on developing, identifying implementing best practices. SMHA funds and collaborates with the Mental Health Systems Improvement Collaborative at the University of Maryland School of Medicine to move research into practice and study mental health services issues.
ME	SAMHSA Evidence Based Practice Planning Grant brought researchers and policy makers together to stimulate and promote university-based research and evaluation on identified EBPs.
NC	NC has developed infrastructure so support a dialogue between the research community, the university community providers and public policy managers. The 3 stakeholder group systematically reviews state outcome data, research initiatives and EBP literature. The groups report annually to the Division director regarding practice adoption and improvement.
NE	Under LB1083-BH Reform Academic Support Team has some assignments in this area.
NJ	DMHS has contract with UMDNJ to evaluate jail diversion programs. In addition, DMHS has contracted with Rutgers institute for Healthcare Policy and Research to conduct a research analysis on the State's Conditional Extension Pending Placement (CEPP) Population.
NM	There is an agreement with the University of New Mexico-School of Medicine. Staff work with select UNM staff. For example, this year Trish Singer, M.D. will be working with programs in the Albuquerque area to adopt the ACT model, if funding can be allocated for this program.
NV	CMHS-funded doctoral intern
NY	OMH performs basic, clinical and services research primarily at two locations: the Nathan S. Kline Institute for Psychiatric Research (NKI) and the New York State Psychiatric Institute (NYSPI). Each research institute has a strong collaboration with an academic partner- NKI with New York University, and NYSPI with Columbia University. Evaluation research focusing on service system improvement is conducted by staff from Center for Information Technology and Evaluation Research at OMH Central Office in Albany. OMH research is also performed collaboratively with numerous institutions and universities. OMH's nationally recognized 'Winds of Change' educational and awareness building campaign is dedicated to providing access to mental health services that are based on the best available evidence. Through the campaign, OMH is collaborating with the research, academic and clinical communities to effectively bring proven evidence-based practices into day-to-day clinical settings.
OH	<ol style="list-style-type: none">1. We require each of our funded research grant PIs to write a chapter for our biennial publication, "New Research in Mental Health," which is sent to all agencies and local mental health authorities.2. We sponsor a major research conference every three years to present findings to the Ohio mental health system.3. We publish a small digest of the "Top Ten" research findings and their policy and program implications, and this is circulated widely to agencies, local boards, consumer groups and others.

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- OK University of Oklahoma Department of Pediatrics (Child Trauma)
University of Oklahoma Department of Psychiatry
- PA New Freedom initiative programs, recovery oriented systems, Pennsylvania Medication Algorithm Protocol for Schizophrenia (PennMAPS) which is used in state psychiatric hospitals
- RI Through the RI Psychiatric Research and Training Institute.
- SC Direct planning and support relationship with local med school to accomplish this.
- TN Science to service grant application submitted.
- TX The SMHA works with several academic centers to develop, study, and implement evidence-based practices, including medication algorithms and CBT
- UT Utah has a group working on the initiative through or Utah children & Adolescent Transformation grant
- VT Vermont is one of the participants in the Evidence-Based Practices Toolkit Project, operating under the auspices of the University of New Hampshire-Dartmouth Hitchcock Psychiatric Research Center. Pilot projects in Illness Management and Recovery and Family Psychoeducation for adults with severe mental illness are at four sites in Vermont.
- In the last three major (five-year) grants that DMH has had for Children's Services (now concluded), we contracted with the University of Vermont's (UVM) Department of Psychology to conduct the evaluation component. DMH also has a current contract with the Child Welfare Interagency Training Council run by UVM to promote and provide training in best practices.
- WV Marshall University conducts evaluation activities of programs funded by the SMHA. West Virginia University is working with the SMHA to evaluate existing data and develop outcome measures.

62. SMHA is engaged in activities to promote the use of Tele-medicine to provide mental health services:

AK	Telemedicine for State Hospital services to rural programs by psychiatrists and psychologists.
AL	one pilot for C&A
AR	Supporting Medicaid reimbursement for this service.
AZ	The SMHA, the State Hospital, and all of the Regional Behavioral Health Authorities have capacity to use Telemedicine to provide mental health services.
CA	Although there are activities at the county level vary county by county.
CO	Support, but no specific initiatives.
CTAdult	Only in a small way, currently. There are case conferences regarding shared patients between DMHAS and the Department of Corrections (DOC) using telemedicine.
FL	One pilot will begin in rural area of state near Jacksonville to screen people in crisis before involuntarily committed for psychiatric care.
HI	SMHAs promote the Use of Tele-Medicine to Provide Mental Health Service.
ID	This has been used by some providers in rural areas
KS	Allowed Medicaid reimbursement
MD	Partnership with mental health/detention centers; telemedicine for psychiatric services; telemedicine at 3 state operated RTCs and 2 adol. units through MYPIC.
ME	Department has supported development and expansion of telemedicine network across state.
MN	The 2006-2007 the current governor's budget includes the use of telemedicine for both consultative and specific direct services for children and adults. It has passed both houses and is part of the proposed Health and Human Services Omnibus bill.
MO	Telemedicine is reimburse through a Fee-For-Service mechanism. This is a Medicaid reimbursable service.
MT	Some facilities use this technology.
NC	We have just begun to investigate ways to develop this capacity. We are exploring a partnership with East Carolina University and are considering exploring funding sources. We have drafted a statement of need and will continue to develop same.
NE	Via LB1083 BH reform- Academic Support Team.
NJ	Allowing use of tele-psychiatry in community programs.
NY	Grand Rounds satellite training; NYPI Science-to-Service Statewide Consult; 12 rural county NYPI case consult; Psychiatric orientation training to general practice doctors.
OH	We have been working with our stakeholders to get an administrative rule in place to allow telemedicine. We have not been successful in getting that rule approved yet.
OK	Piloting use of equipment between selected sites to facilitate PACT clinical consultation.
PA	Some of the counties are piloting projects that are being monitored by the SMHA and state Medical Assistance office.
SC	At the present time, DMH is expanding its video hardware system to 384 speed and will seek expanded coverage for Medicaid service via telemedicine.
SD	Formed work group to study feasibility; worked with Medicaid to allow reimbursement for telepsychiatry.
TN	TDMHDD is increasing the clinical use of telemedicine at the five regional mental health institutes. Various community mental health centers have initiated the use of telemedicine without funding from TDMHDD.
TX	San Antonio State Hospital provides psychiatric services to Laredo State Center Several rural community programs use tele-medicine
UT	Work individually with providers to evaluate need and eliminate barriers. UT canis evaluating opportunities to expand services
VA	MH Block Grants funds teleconferencing capabilities at all CSBs Equipment is also used for clinical services.
WA	Have it in the State Plan
WV	SMHA has worked with Medicaid and community providers to allow for Medicaid reimbursement of telemedicine services.