

State Profile Highlights



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

No. 05-2

August 24, 2005

State Mental Health Agency Organization and Structure: 2004

MAJOR FINDINGS

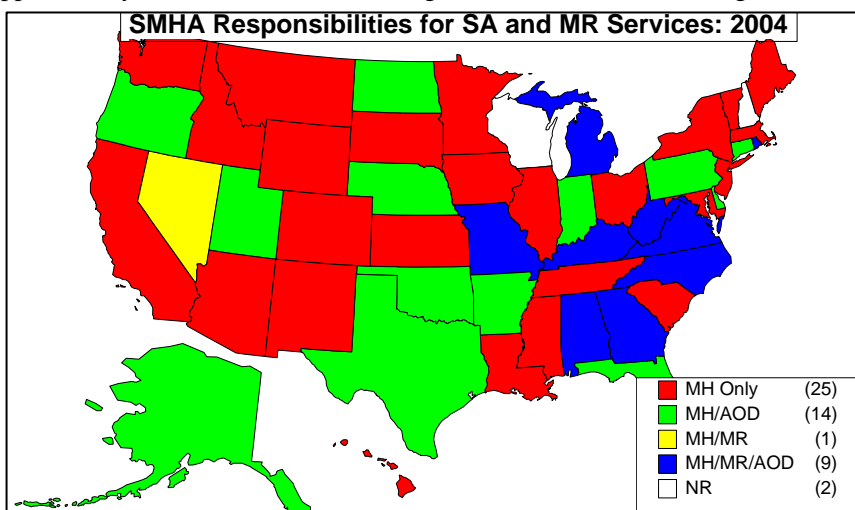
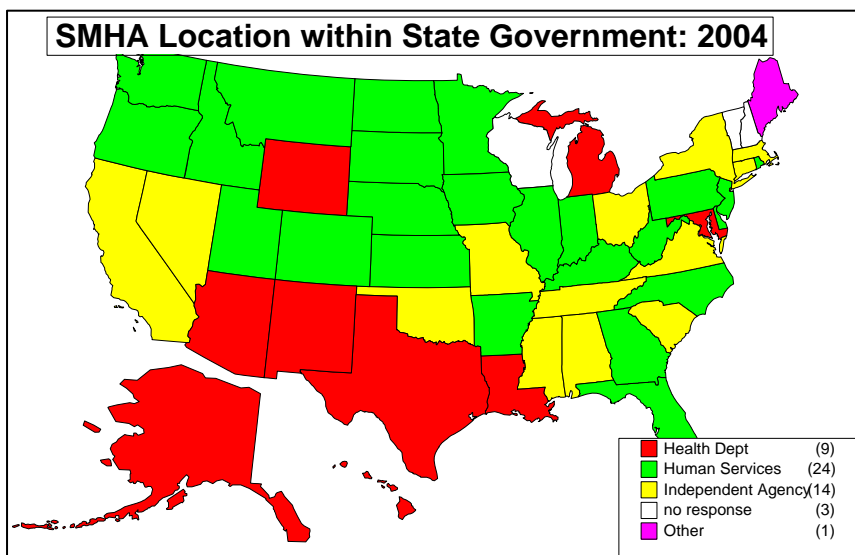
- 14 of 48 responding State Mental Health Agencies (SMHAs) are located within an independent state Department of Mental Health, 24 SMHAs are configured as a division within a state Department of Human Services, 9 SMHAs are a division within a state Department of Health, and 1 are organized as a division within some other state department
- 23 of 49 SMHAs are also responsible for providing Alcohol and Other Drug Abuse Services (AOD) and AOD services are located in the same umbrella agency as mental health in 20 other states
- 10 of 49 SMHAs are also responsible for providing Mental Retardation/Developmental Disability Services
- State Psychiatric Hospitals are administered by a different state agency than the SMHA in 1 states
- 10 of 38 SMHAs have been reorganized within state government within the last 2 years

Location in State Government: State Mental Health Agencies (SMHAs) are most often administratively located within a larger umbrella state human services agency. In 2004 24 SMHAs were located within state Departments of Human Services, 9 SMHAs were in Health Departments, and 1 SMHAs were located in some other state department, often departments that combine Health and Human Services. 14 SMHAs were either independent state departments of mental health or departments of mental health and mental retardation.

Among the Independent SMHAs, the SMHA's Director is a member of the Governor's Cabinet in 9 States (AL, Ctadult, DC, IA, MO, OH, OK, OR, TN). In 25 states, the SMHA's Director reports to a department head, with one level between the SMHA's Director and the Governor. In 14 states there are two levels between the SMHAs and the Governor, and in 1 state(s) there are three or more levels between the SMHAs and the Governor. In 2 state(s), the SMHA's Director reports to a Mental Health Board or Commission (MS, OK)

There are either mental health Boards or Councils that are charged with the oversight of the SMHAs in 11 states (Ctadult, FL, ID, MS, MO, MT, NC, OK, SC, UT, VT). In 10 states the members of the mental health Board/Commission are appointed by the Governor, in 4 states the members are jointly appointed by the Governor and the Legislature, and in 1 according to a state law.

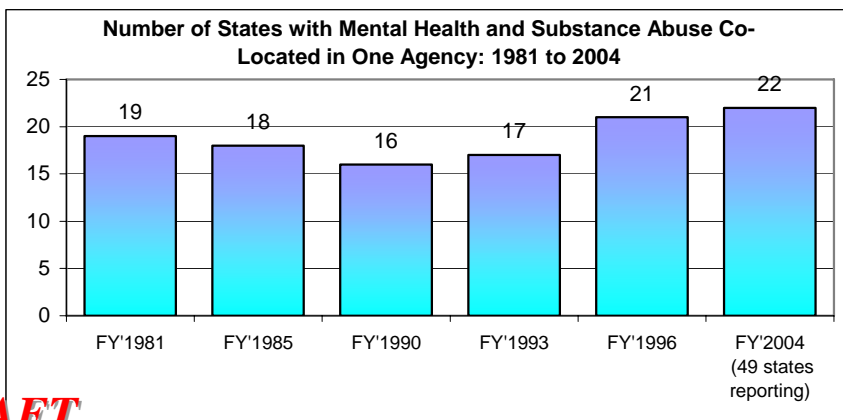
Additional Disability Responsibilities within the SMHAS: In addition to responsibility for mental health services, the SMHA is often responsible for the provision of other disability services. In 22 states, the SMHA is also responsible for the provision of alcohol and other drug abuse treatment services and the two agencies are located within the same state umbrella agency in 20 additional states. In 7 states inter-agency agreements exist between the SMHA and AOD agencies to coordinate care (CO, DC, IL, MA, NJ, NY, WA).



In 10 states, the SMHA is also responsible for the provision of mental retardation and developmental disability services (MR/DD), and the MR/DD agency is located within the same umbrella agency as the SMHA in 27 states. In 9 states all three-disability services are organized together within the SMHA (AL, GA, KY, MI, MO, NC, RI, VA, WV).

Reorganization of SMHAs: Within the last 2 years, 10 SMHAs have been reorganized. In 7 states, the reorganization involved moving the organizational location of the SMHA within state government (AK, KY, ME, RI, TX, UT, VT). In 6 states the reorganization involved shifting additional disability services into or out of the SMHA. The new disability services moved into 5 SMHAs were alcohol and other drug services (AK, AR, NM, TX, UT,), and traumatic brain injury (AK, MD, and NH). In the 1 states where disability services were transferred from the SMHA, the services were mental retardation (TX) and AOD (KS).

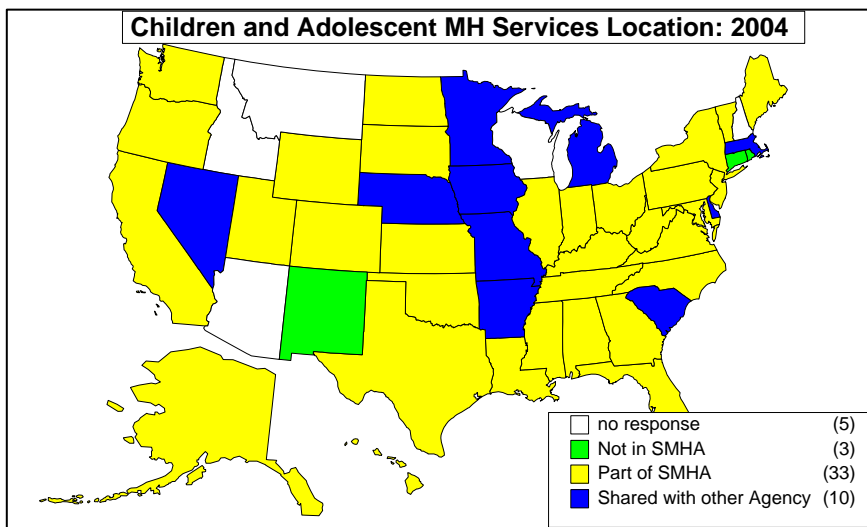
Twenty years ago, AOD was co-located with mental health in 19 states, during the 1980s and early 1990s, the trend was to split MH and AOD into separate agencies. However, in the later 1990s and early 2000s, the trend appears to be to place MH and AOD into the same agency.



DRAFT

SMHAS Responsibilities for State Psychiatric Hospitals: In 2 states (AZ, MT, NH, WI,), the responsibility for the operation of state psychiatric hospitals is not under the authority of the SMHA. Rather, a different division of state government operates state psychiatric hospitals and the SMHA is responsible for community mental health services. These states have developed agreements to coordinate care between the hospitals and their community systems of care. In 3 states (CO, ND, WY,), responsibility for the state psychiatric hospitals is shared between the SMHA and another state agency. Rhode Island has no state psychiatric hospital; the state operates a general hospital with a psychiatric unit.

SMHAS Responsibilities for Specific Mental Health Special Services and Populations: SMHAs vary widely in the specific services and population groups for which they are responsible for providing mental health services. In 3 states (AZ, ID, MT, NH, WI,), children and adolescent mental health services are located in a separate agency from the adult SMHAs, and the SMHA shares responsibilities for these services with another state agency in 10 states (AR, DE, IA, MA, MI, MN, MO, NE, NV, SC).



Adult forensic mental health services are a responsibility of 39 SMHAs, a shared responsibility of 7 SMHAs, and not the responsibility of 1 SMHA (IA). Providing services to sexual offenders is a responsibility of 7 SMHAs (FL, IA, MN, MO, NE, NJ, WV), a shared responsibility in 22 states, and not a responsibility in 17 SMHAs. Providing services for persons with Alzheimer's disease or organic brain syndrome's are the primary responsibility of the SMHAS in 2 states (NC, RI) and is a responsibility the SMHAS shares with another state agency in 17 states. In 27 states, the SMHAS is not responsible for providing services to persons with Alzheimer's disease. Brain Impaired services are a primary responsibility of 4 SMHAs (AK, Ctadult, KY, NC), a shared responsibility in 14 SMHAs, and not a responsibility of the SMHAS in 27 states.

The SMHAS Profiles data are available via the Internet at www.nri-inc.org. For further information, please contact Robert Shaw (ext.124) or Ted Lutterman (ext. 121) on (703) 739-9333 or via e-mail at robert.shaw@nri-inc.org or ted.lutterman@nri-inc.org

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.