

State Profile Highlights



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

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State Mental Health Agency Implementation of the Six New Freedom Commission Goals: 2006: State Mental Health Agencies (SMHAs) Are Making Substantial Progress toward Achieving the Major Goals of the Commission

MAJOR FINDINGS:

- Most (83%) 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 (42) are reporting shortages of mental health staff
- Most (80%) 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

Goal 1: Americans Understand Mental Health is Essential to Overall Healthcare

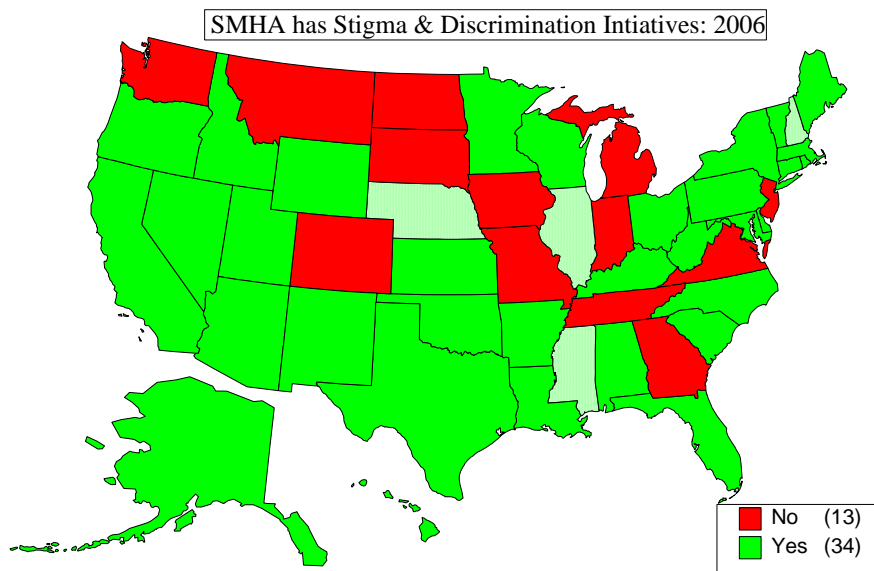
- 72% of SMHAs (33 of 46 reporting) report they have Stigma and mental health discrimination reduction activities underway. 28 states reported having Universal Initiatives (designed to address all groups) and 24 report they have Targeted Initiatives geared towards Stigma and Discrimination Reduction Activities (Groups most commonly the focus of targeted stigma activities included: Children, Schools, Adults, and Cultural Groups).

- 58% of SMHAs (26 of 45 reporting) report they have public information initiatives to promote a better understanding of the role of mental health to overall health. (AL, CO, CT, DC, HI, KY, LA, MA, MD, ME, MN, MT, ND, NJ, NM, NY, OH, OK, OR, RI, SC, SD, TN, TX, WI, AL).

- 83% of SMHAs (35 of 42 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.

- 80% of SMHAs (37 of 46 reporting) have a plan to reduce suicide attempts or initiate suicide prevention initiatives (AK, AL, AZ, CO, CT, DC, DE, FL, GA, ID, IN, KS, KY, LA, MA, MD, ME, MN, MT, NC, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, WY). 25 states operate, fund, or participate in Post-Suicide attempt activities.

- 28 States report their state insurance laws mandate mental health insurance benefits, and in 24 states these insurance benefits include parity in benefits with physical health care. 11 states limit benefits to specific mental disorders, 6 states report parity laws cover all mental health service, and 3 states have benefits that include both mental health and substance abuse services.



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: Mental Health Care is Consumer and Family Driven

98% of SMHAs (46 of 47 states reporting) have initiatives to assure every consumer receives an individualized, person-centered treatment plan that meets consumers' unique needs.

- 22 SMHAs receive information on individualized treatment plans from community mental health providers.

States Have Adopted a Recovery Mission Statement or Policy: 2006

Recovery Orientation:

Almost all (93%) SMHAs (40 of 43 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: Strategic planning initiative to utilize recovery and resilience as a framework to planning training on principles of recovery, changing the array of services funded by the SMHA, working with consumers and families to promote recovery concepts, and moving towards evidence-based practices.

Transformation: 98% of SMHAs (42 of 43 reporting) have initiatives to transform the way they deliver mental health services.

- Most SMHAs have initiatives to reduce fragmentation in services as a barrier to mental health services. Housing services (37), Employment (31), Juvenile Justice (33), Criminal Justice (35), Education (27), Child Welfare (31), Medicaid (36), Substance Abuse (39), and National Guard (7).

- Most SMHAs are working with other major state government agencies to reduce fragmentation in mental health services and improve access to services: 36 states are working with Child Welfare, 35 with Medicaid, 35 with Corrections and 33 with Juvenile Justice.

Comprehensive State Mental Health Plan

- 27 SMHAs are developing a comprehensive state mental health plan that spans multiple state governmental agencies and addresses the mental health services and essential supports provided by state agencies other than the SMHA. 41 out of 42 states report major other state agencies participate as members of the mental health planning council or planning group.

Housing for Persons with Mental Illnesses

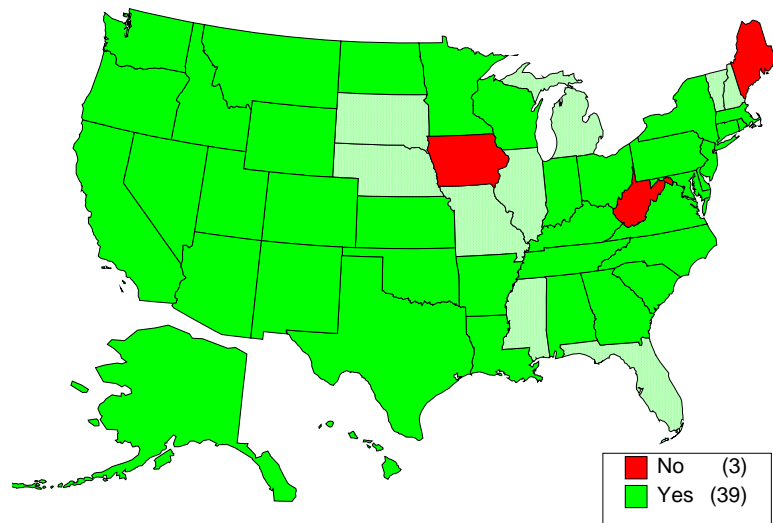
- 69% of SMHAs (31 of 45 reporting) have a housing plan to address the housing needs of persons with serious mental illness.
- 95% of SMHAs (39 of 41 reporting) and 81% Local Mental Health Authorities (26 of 32 reporting) support and collaborate with community development corporations or housing authorities in local communities.

Child Custody Relinquishment

- 27 of 42 reporting 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, CA, CO, DE, GA, HI, IA, ID, IL, IN, KS, MA, MD, ME, MN, NC, ND, NJ, NM, NY, OH, OR, PA, SC, WI)

Services for Veterans and National Guard Members:

- 17 States (AK, AL, CA, CT, DE, HI, MD, ME, NC, NY, OH, OK, RI, SD, UT, TX, WV,) are working with the U.S. Department of Veterans Affairs and 7 states are working with the state national guard (CT, HI, IA, NM, NY, RI, SD). SMHAs activities include screening, information, coordination of care, and providing services when they are not otherwise available.



SMHA has initiatives to work with other State Agencies to coordinate services?	Reduce Fragmentation	Client Eligibility Determination	Combine/Coordinate Funding	Combine/Coordinate Service Delivery
Medicaid	35	33	32	32
Corrections	35	21	18	30
Health	29	16	20	24
Housing	32	19	26	28
Education	30	15	21	26
Juvenile Justice	33	17	22	30
Child Welfare	36	21	24	31
Other State Agency	9	6	10	10

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Goal 3: Disparities in Mental Health Services Are Eliminated

Rural and Geographically Remote Mental Health Services

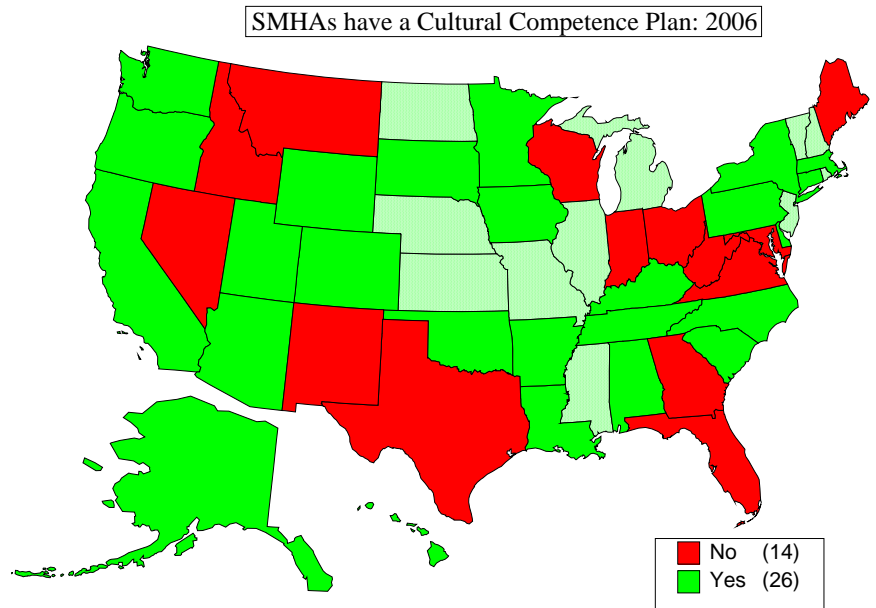
- **79%** of (34 of 43) SMHAs have initiatives to increase access to mental health services in rural and geographically remote areas within the state.
 - **34%** (13 of 38) of SMHAs have initiatives to recruit and train mental health professionals to work in rural and remote areas.

Transportation Issues

- **65%** (28 of 43) of SMHAs have initiatives to provide transportation for mental health clients to assure they can access needed mental health services.

Cultural Competence Issues

- **65%** (26 of 40) of SMHAs have a Cultural Competence Plan.
 - 21 SMHAs have established measurable objectives in their cultural competence plan
 - 25 SMHAs have conducted a cultural competence assessment of their mental health system.
 - 23 SMHAs address linguistic competence in their cultural competence plans.
 - 27 SMHAs report they have a staff person with overall responsibility for cultural competence
 - 20 SMHAs have a Cultural Competence advisory committee.

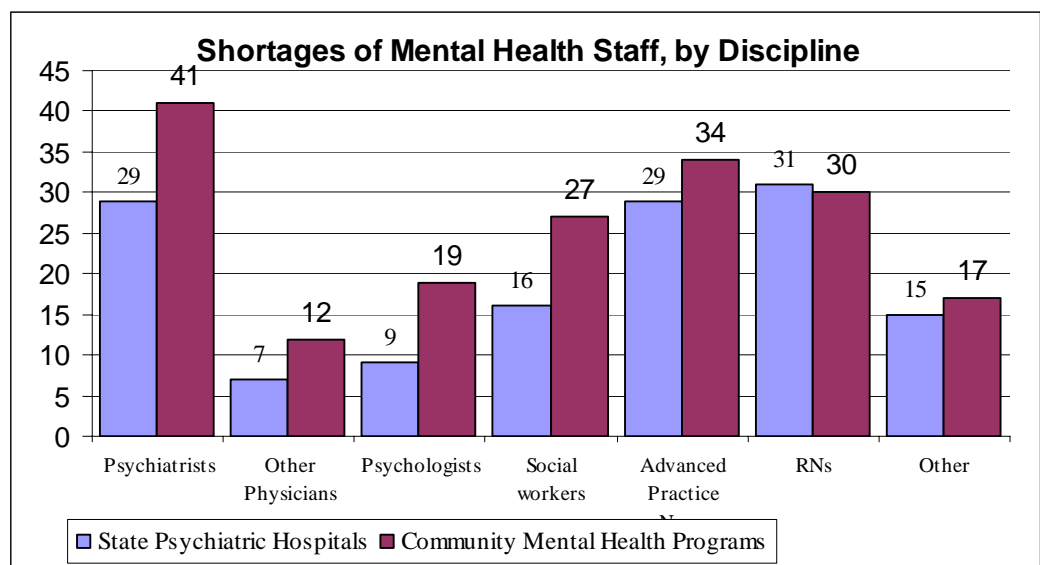


Workforce Initiatives

- 37 of 40 SMHAs have initiatives to improve the quality of their mental health workforce. These initiatives include technical assistance and training. Many states have established new consumer and family member collaborative to bring recovery into training.
- 38 SMHAs have special initiatives to cross train staff for mental health/substance abuse dual diagnosis services.
- 8 SMHAs involve consumers as trainers, and 8 SMHAs involve family members of consumers as trainers.

Staffing Shortages

- All SMHAs reporting (41) are currently experiencing shortages of mental health staff
 - Psychiatrists, Advanced Practice Nurses and Registered Nurses were the professional disciplines with the largest numbers of SMHAs reporting shortages.
 - 27 SMHAs report they have initiatives to address these staffing shortages:
 - 21 SMHAs are working with universities
 - 24 are increasing salaries
 - 15 are providing training at mental health providers
 - 16 are providing recruitment bonuses or other financial incentives.



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

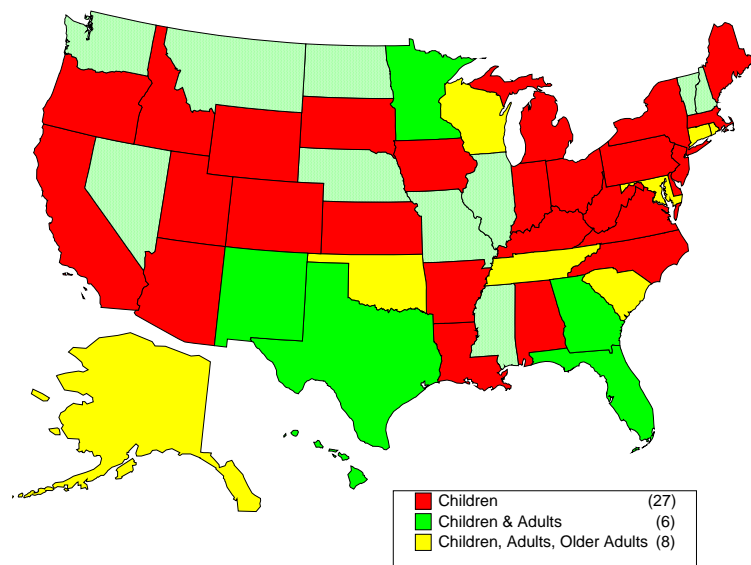
Screening: 98% of SMHAs (41 of 42 reporting) have initiatives for the early detection of mental health problems for children, 44% (14 of 32) for adults and 38% (11 of 29) for older adults.

- 93% of SMHAs (40 of 43) are working with schools to expand and improve mental health services for children.
- 98% (42 of 43) SMHAs require or work with mental health providers to screen for co-occurring mental health and substance abuse disorders
- 58% SMHAs (25 of 43) require or work with mental health providers to screen for histories of trauma in persons served in the public mental health system

Older Adults:

- 40% of SMHAs (16 of 40) have a specialized plan for the provision of mental health services to older adults (age 65+).
 - 18 SMHAs provide specialized training to providers regarding older adult mental health service needs and recognition of mental illnesses.
 - 13 SMHAs work with primary care providers to help them recognize and treat older adults with mental health problems. 24 SMHAs work with community MH providers, 24 with nursing homes, 14 with other long-term care settings, and 13 with psychiatric hospitals.
- 18 SMHAs operate or fund a separate specialized treatment program for persons with substance abuse (AR, AZ, CT, DE, GA, IN, MA, MT, NM, OH, OK, OR, RI, SC, UT, VA, WI, WV), 33 for persons dually diagnosed with substance abuse/mental illness (AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, LA, MA, MD, ME, MN, MT, NJ, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, WI, WV, WY), 18 for persons dually diagnosed with mental retardation/mental illness (AZ, CO, CT, DC, HI, ID, MA, MD, ME, MT, NY, OH, OR, SD, TX, UT, VA, WA), 5 for persons infected with HIV (AZ, CA, CT, DE, OH), 16 for elderly clients (AZ, CO, CT, MA, MD, ME, MT, NJ, OH, OR, PA, SD, TN, TX, UT, VA), and 17 for persons with a concurrent mental and medical disorder (AZ, CO, CT, DE, HI, IA, MA, MD, MN, MT, NJ, NY, OK, OR, SC, UT, VA)

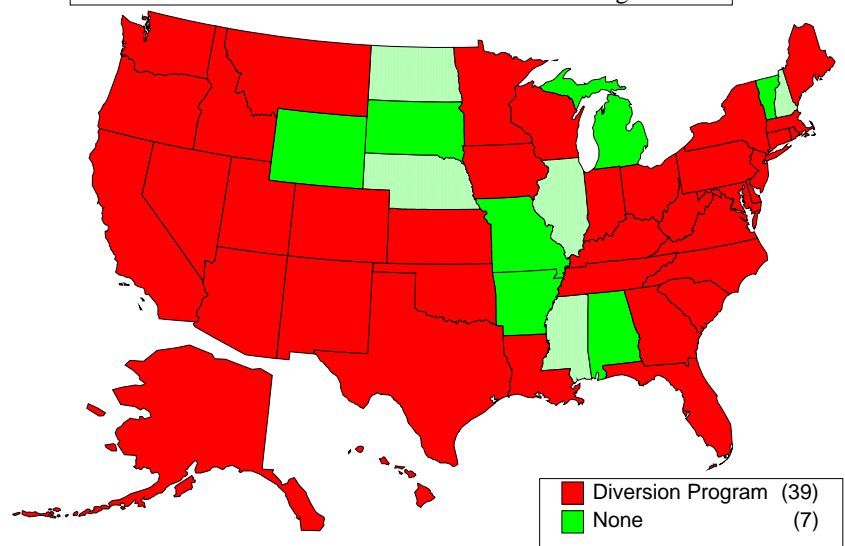
SMHA Early Detection of MH Problem Initiatives: 2006



Criminal Justice System Issues:

- 30 SMHAs have **mental health courts** designed to divert persons with mental illnesses from the criminal justice system into mental health treatment (19 for adults consumers, 10 for both adult and children/families, 1 for children/families)
- 18 States have **pre-booking diversion programs** to help divert adults with mental illnesses into treatment.
- 19 SMHAs have **post-booking diversion programs** to help divert adults with mental illnesses into treatment.
- 20 of SMHAs have **re-entry programs or post-release programs** to support prisoners or jail detainees with mental illness and/or co-occurring substance abuse disorders who are returning to the community.

MH Courts or Other Criminal Justice Diversion Program: 2006



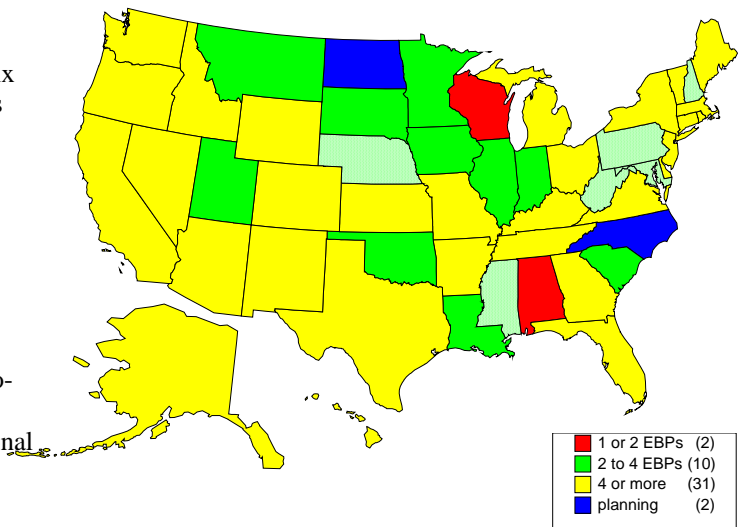
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Goal 5: Excellent Mental Health Care Is Delivered and Research is Accelerated:

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 state are implementing multiple EBPs:

- Assertive Community Treatment: SMHAs
- Supported Employment: SMHAs
- Supported Housing: SMHAs
- Integrated Dual Diagnosis Programs for persons with co-occurring mental health and substance abuse: SMHAs
- Therapeutic Foster Care for children with emotional disorders: SMHAs

Number of Evidence-Based Practices being Implemented in SMHAs:2006



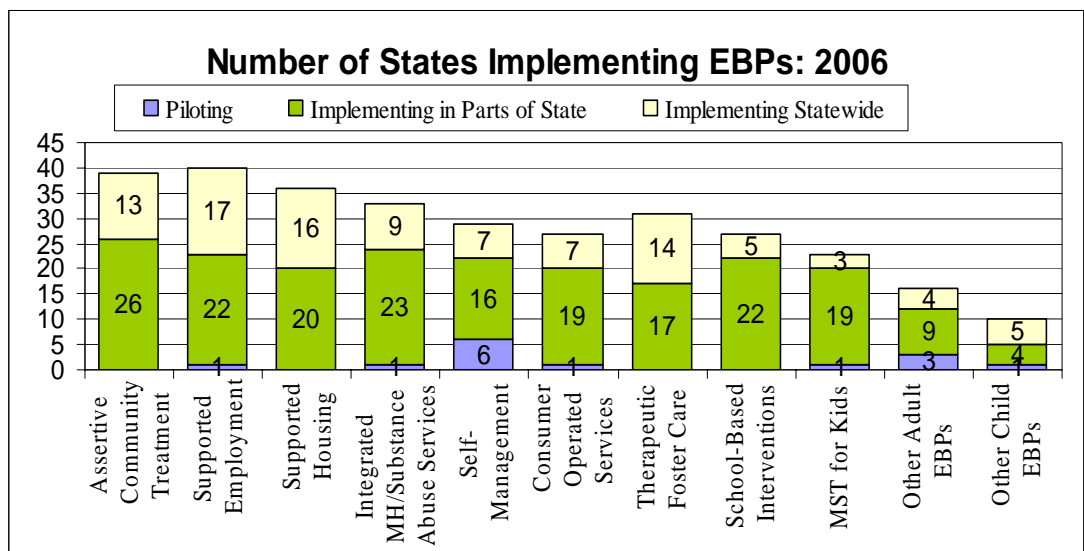
SMHAs are increasingly offering these EBPs throughout the state and are working to increase the training of mental health providers to deliver EBPs according to practice standards. For Example:

- Assertive Community Program is being provided by programs to consumers (SMHAs reporting). of these SMHAs measure the fidelity of ACT programs.
- Supported Employment (SE) is being provided statewide in **22** states, and in parts of other states. SE was provided to consumers by programs in SMHAs. out of the SMHAs measure the fidelity of their SE programs.

75% (33 of 44 reporting) of SMHAs are working with academia to move research results into better mental health services, and **59%** (24 of 41 reporting) have initiatives to help academia and other researchers to study mental health issues identified by the SMHA.

The most common client outcome measures being routinely monitored by SMHAs for community services are:

- **40** Consumer perception of care
- **35** Consumer functioning
- **36** Change in employment
- **23** Recovery/resilience
- **21** Strength-based measures
- **15** Family involvement/ satisfaction
- **15** Change in living situation
- **8** Client symptoms



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

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:

72% of SMHAs (**34** of **47**) are implementing or have implemented electronic health record systems in either their state hospitals or community mental health systems. **56%** of SMHAs (**22** states) have implemented electronic medical records in state hospitals and **57%** (**24**) in the community mental health system. **AZ, GA, MA, ME, MN, NM, OH** have implemented electronic health records (EHR) in all state psychiatric hospitals, while **UT** has EHR in all community mental health providers.

19 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:

80% of SMHAs (**35** of **44**) are engaged in activities to promote the use of Telemedicine to provide mental health services.

- **10** SMHAs reimburse providers for providing these tele-health services
- **25** State Medicaid agencies reimburse for mental health telemedicine services
- **7** 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:

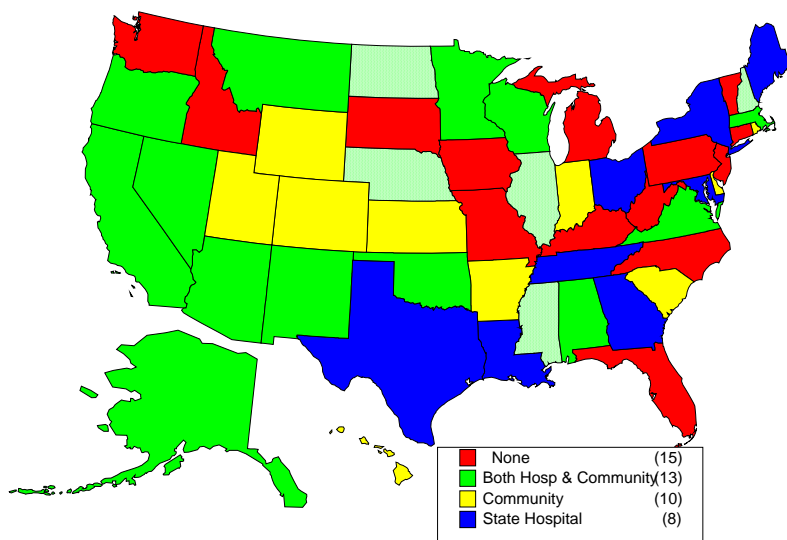
SMHAs have many initiatives to make information about recovery, self-help services, and data on services available to consumers, family members, and advocates via the Internet:

- **27** Information about self-help services, education, and supports to consumers and family members
- **24** Information about mental health treatment
- **22** Information about identifying mental illnesses
- **20** Information about evidence-based practices
- **21** Information about specific recovery/resilience initiatives by the SMHA
- **16** Information about Outcomes of SMHA providers
- **16** Performance measures about SMHA providers

Most SMHAs are using technology to help consumers' access mental health care and treatment information

- **74%** SMHAs (**32** of **43** reporting) use technology to provide general information about mental illnesses
- **86%** of SMHAs (**36** of **42** reporting) use technology to provide information on where and how to access care
- **14%** of SMHAs (**5** of **35** reporting) make Electronic Personal Health Information accessible to consumers

Electronic Medical Records Implemented by SMHAs: 2006



SMHA Uses or Promotes Telemedicine for Mental Health: 2006

