

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 Organization and Structure: 2006

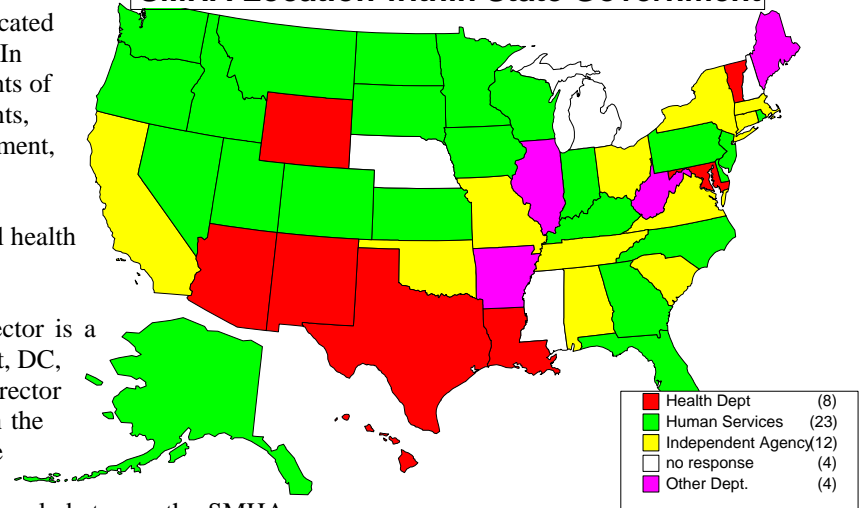
MAJOR FINDINGS

State Mental Health Agencies are responsible for administering over \$27 billion dollars each year to provide mental health services to almost 6 million individuals. SMHAs vary widely regarding how they are organized within state government and how they organize the delivery of mental health services within each state.

- 13 of 49 responding State Mental Health Agencies (SMHAs) are located within an independent state Department of Mental Health, most SMHAs are configured as a division within a state Department of Human Services or a state Department of Health.
- 25 of 46 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 15 other states
- State Psychiatric Hospitals are administered by a different state agency than the SMHA in 1 states
- SMHAs fund Community Mental services through County/City governments in 15 states

Location in State Government: State Mental Health Agencies (SMHAs) are most often administratively located within a larger umbrella state human services agency. In 2006, 23 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. 13 SMHAs were either independent state departments of mental health or departments of mental health and mental retardation.

SMHA Location within State Government

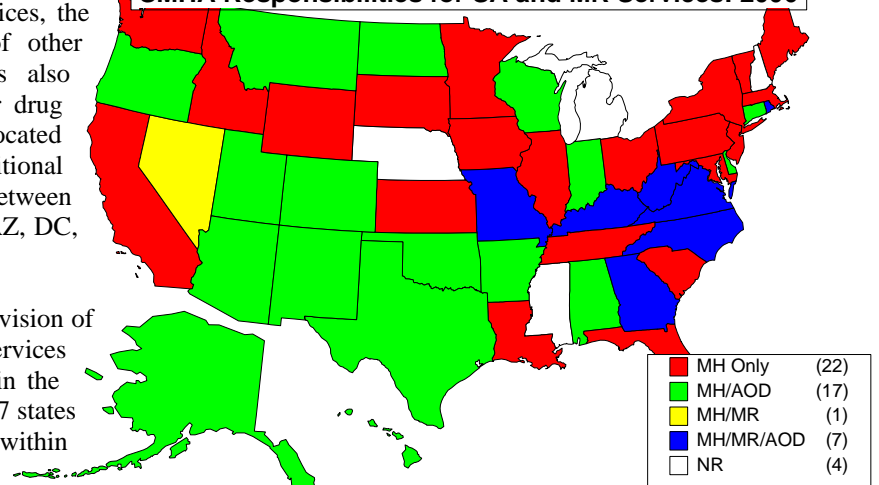


Among the Independent SMHAs, the SMHA's Director is a member of the Governor's Cabinet in 8 States (AL, Ct, DC, IA, MO, OH, OK, TN). In 25 states, the SMHA's Director reports to a department head, with one level between the SMHA's Director and the Governor. In 9 states there are two levels between the SMHAs and the Governor, and in 5 state(s) there are three or more levels between the SMHAs and the Governor. In 8 states, the SMHA's Director reports to a Mental Health Board or Commission (AK, Ct, MO, MT, NV, OK, SC, UT)

Additional Disability Responsibilities within the SMHAs:

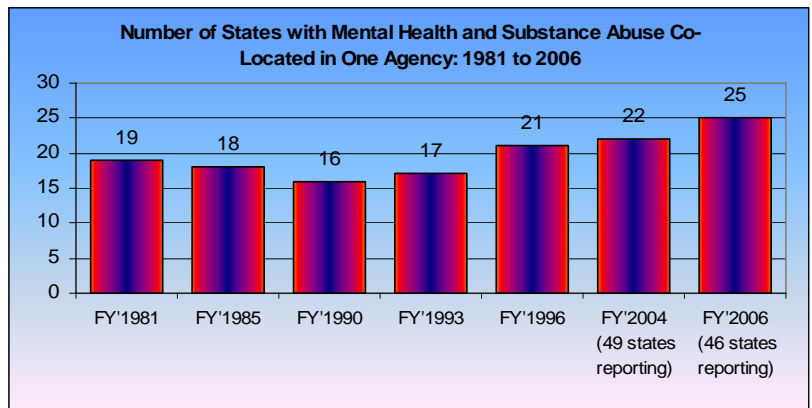
In addition to responsibility for mental health services, the SMHA is often responsible for the provision of other disability services. In 25 states, the SMHA is also responsible for the provision of alcohol and other drug abuse treatment services and the two agencies are located within the same state umbrella agency in 15 additional states. In 11 states inter-agency agreements exist between the SMHA and AOD agencies to coordinate care (AZ, DC, FL, IL, MA, MO, NJ, NM, NY, OH, VT).

SMHA Responsibilities for SA and MR Services: 2006



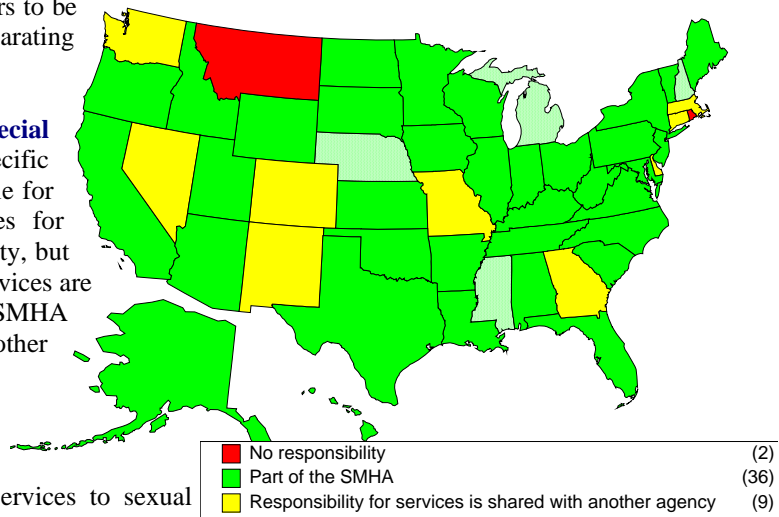
In 8 states, the SMHA is also responsible for the provision of mental retardation and developmental disability services (MR/DD), and the MR/DD agency is located within the same umbrella agency as the SMHA in 27 states. In 7 states all three-disability services are organized together within the SMHA.

Reorganization of SMHAs: Within the last 2 years, 12 SMHAs have been reorganized. In 8 states, the reorganization involved moving the organizational location of the SMHA within state government (AK, CO, ME, NJ, NM, TX, VT, WA). In 9 states the reorganization involved shifting additional disability services into or out of the SMHA. The new disability services moved into 1 SMHA was alcohol and other drug services (NV). In the 8 states where disability services were transferred from the SMHA, the services were mental retardation in 5 states and head injury in one state. 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, while separating mental retardation services into a separate state agency.



SMHA Responsibility for Children's Mental Health: 2006

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 most states, services for children and adolescents are part of the SMHA's responsibility, but in states (MT and RI) child and adolescent mental health services are located in a separate agency from the adult SMHA. The SMHA shares responsibilities for these children's services with another state agency in states.



Adult forensic mental health services are a responsibility of SMHAs, a shared responsibility of SMHAs, and not the responsibility of SMHA (IA, MT, and ND). Providing services to sexual offenders is a responsibility of SMHAs, a shared responsibility in states, and not a responsibility in SMHAs. Providing services for persons with Alzheimer's disease or organic brain syndrome's are the primary responsibility of the SMHAS in states (RI, SC, and WI) and is a responsibility the SMHAS shares with another state agency in states. In states, the SMHAS is not responsible for providing services to persons with Alzheimer's disease. Brain Impaired services are a primary responsibility of SMHAs, a shared responsibility in SMHAs, and not a responsibility of the SMHAS in states.

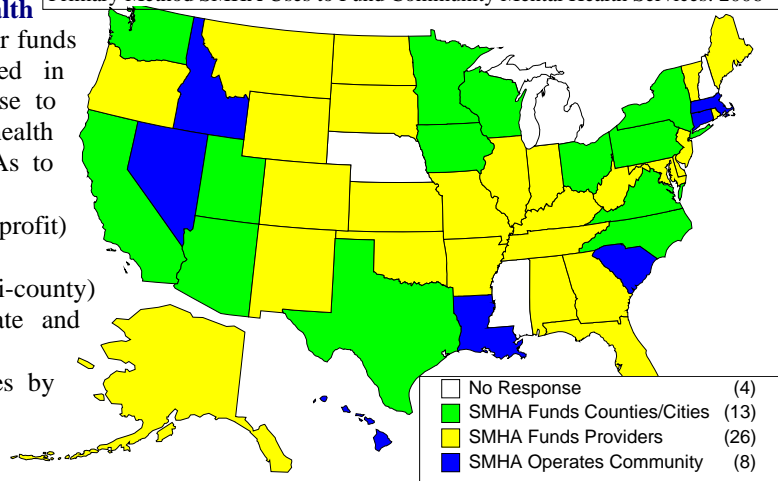
SMHAs Responsibilities for State Psychiatric Hospitals: In 2006, States operated state psychiatric hospitals. In states (CO and SD), the responsibility for the operation of state psychiatric hospitals is not under the authority of the SMHA. Rather, a different division of state government operates state psychiatric hospitals and the SMHA is responsible for community mental health services. Rhode Island has no state psychiatric hospital; the state operates a general hospital with a psychiatric unit.

SMHAs Responsibilities for Community Mental Health Services:

In 2006, SMHAs expended over 69% of their funds (\$18.9 billion) for mental health services provided in communities. SMHAs vary by the methods they use to coordinate and distribute these community mental health resources. Three major methods are used by SMHAs to provide community mental health services:

- SMHAs directly contract with local (usually not-for-profit) community-based mental health providers;
- SMHAs fund local governments (city, county, or multi-county) mental health authorities, which in turn, operate and contract for community mental health services; and
- Mental health services are provided in communities by SMHAs using their own state employees.

Primary Method SMHA Uses to Fund Community Mental Health Services: 2006



In many states, a combination of these mechanisms is used. Larger populated States tend to use local governments to organize the delivery of community mental health services, while smaller states often directly operate the community system with their own employees.

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.