

State: _____ Contact: _____

2002-2003 STATE MENTAL HEALTH AGENCY PROFILING SYSTEM

The State Mental Health Agency (SMHA) Profiling System has been developed by the National Association of State Mental Health Program Directors Research Institute (NRI) in collaboration with NASMHPD and the State Mental Health Agencies. The SMHA Profiling System is supported by a contract from the Division of State and Community Systems Development, Center for Mental Health Services (CMHS) (contract no. 280-00-8046). This cycle updates information compiled from the States two years ago and expands systems knowledge in areas where substantial requests for additional information have been received from the States. New this cycle is web-based data entry. The components can be completed on our web-site: <http://nri.rdmc.org> or by sending back completed paper sections of the Profiles.

The purpose of the SMHA Profiling System is to develop and maintain a centralized, computer-based compilation of descriptive information about the organization, funding, operation, services, policies, statutes, staffing, and consumers of SMHAs. The Profiling System was originally proposed by the SMHA directors as a mechanism to systematize the compilation, storing, and retrieval of information about SMHAs, to facilitate its acquisition and use, and to minimize the burden on States in responding to periodic surveys from NASMHPD and others. This new cycle builds upon the content from prior cycles to update information. Once the data is collected, it will be available on our web-site. Data from earlier cycles are available now at: <http://nri.rdmc.org>

Wherever data are available from existing sources, such as the U.S. Census, the NRI SMHA Revenue/Expenditure study, and the CMHS Inventory of Mental Health Organizations, such data will be incorporated into the Profiling System so as to minimize the data compilation required of the States.

The information compiled through this cycle of the Profiles project will be available to SMHAs and the general public in several formats. The information will be electronically available to users via computers via the Internet. SMHA employees will also be able to call the NRI to request information from the Profiles and special analyses will be prepared for the States. Please return the completed Component to the NRI by January 24, 2003.

XI. Consumer/Survivor Component

This component is designed to obtain information on available data within the context of State government that is relevant to public mental health service recipients and mental health consumers/survivors involved in public policy, research and evaluation, planning, program development, and advocacy. Other components of the Profiling System have integrated questions relevant to public mental health service recipients where appropriate rather than include all such questions in the Consumer/Survivor Component. This component should be completed by the Director of the Office of Consumer Affairs (if this position exists), or a senior staff person within the SMHA Director's office who is familiar with consumer/survivor issues and available data sets. It is recommended that the state consumer/survivor organization(s) be contacted for information where this is appropriate.

Please respond to each question as thoroughly as possible. Please report FY 2002 data. When data are not available, please indicate this on the form and continue to the next question. Please direct any questions you have to Robert Shaw or Ted Lutterman at 703-739-9333 or e-mail us (robert.shaw@nasmhpd.org or ted.lutterman@nasmhpd.org).

-----CONSUMER/SURVIVOR COMPONENT -----

CONSUMER/SURVIVOR CHOICE

1. **Please indicate in which of the following ways the SMHA promotes service recipient choice: (Check all that apply):**
- a. consumer/survivor participation in program planning at the SMHA level
 - b. consumer/survivor participation in resource allocations at the SMHA level
 - c. consumer/survivor participation in their own resource allocations
 - d. consumer-directed individualized treatment/support plans
 - e. voucher system for individuals to purchase services of their choice
 - f. having access to report cards on public mental health programs
 - g. advance directives

CONSUMER/SURVIVOR PARTICIPATION

2. **Please indicate the types of consumer/survivor involvement in your SMHA for policy making, quality assurance, and evaluation/research activities: (Check all that apply)**

3.

Policy Making

- a. providing legislative testimony
- b. development and/or promulgation of rules and regulations
- c. participation at public forums
- d. statewide and regional planning efforts
- e. SMHA advisory boards/governing boards
- f. local governing/advisory boards of community-based agencies funded by the SMHA

Quality Assurance

- g. consumer/survivor membership in the SMHA process action teams or quality councils
- h. quality assurance monitoring team consumer/survivor members

Evaluation/Research

- i. advisory board members for service system or program evaluation
- j. membership on internal review board for evaluation protocols
- k. consultant contract for evaluation awarded to consumer-run organization
- l. direct hire of consumers/survivors for evaluations within the SMHA
- m. input of consumers/survivors through focus groups

3. **Please indicate if the SMHA has statutory or regulatory mandates for consumer/survivor participation for the following activities:**

- | | | |
|--|------------------------------|-----------------------------|
| a. boards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. policy making | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. evaluation/quality assurance monitoring | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. licensing/credentialing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. internal review boards for research protocols | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Does your SMHA have an Office of Consumer Affairs?

Yes No

If yes, please provide the name and phone number of the head of the Office of Consumer Affairs:

Name: _____ Phone: _____

If no, do you have consumer advisors to the SMHA from outside the Agency?

Yes No

RECOVERY

5. Is the SMHA collecting healing and/or recovery outcome data on mental health service recipients?

Yes No

6. Does the SMHA survey consumers/survivors to assess the extent to which services did or did not achieve the self-defined goals of recipients?

Yes No

7. Does the SMHA fund consumer/survivor initiatives to monitor satisfaction or dissatisfaction with public mental health services?

Yes No

SUPPORTS/ALTERNATIVES/SELF-HELP

8. Does the SMHA collect data on State or local mental health consumer/survivor organizations?

Yes No

9. Does the SMHA offer or otherwise support wellness/prevention services for people with mental illness (e.g., disease management, stress reduction)?

Yes No

a. If yes, please indicate the number of programs and the total amount of dollars received from the SMHA:

- 1. Total number of programs _____
- 2. Total amount of SMHA dollars _____

10. Does the SMHA routinely provide information to people who are inpatients in State facilities about self-help programs available after discharge?

Yes No

11. Does the SMHA offer self-help programs for persons with mental illnesses in State psychiatric hospitals?

Yes No

12. Please indicate if the SMHA measures Consumer/Survivor satisfaction with the following:

- a. Patient and/or civil rights protections Yes No
- b. Access to State/local policy makers Yes No
- c. Availability of legal assistance Yes No

13. Does the SMHA track the number of complaints filed by consumers/survivors in the following venues?

- a. Inpatient facilities Yes No
- b. Community mental health programs Yes No
- c. Private mental health services Yes No

14. Please indicate if the SMHA collects data on the following undesired consequences from or side-effects of receiving certain public mental health services or treatments: (Check all that apply)

- a. staff violence/abuse
- b. loss of custody of children
- c. toxic psychosis from medications withdrawal
- d. deaths
- e. physical harm caused by restraints

Please provide the following information for the contact person who completed this component:

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Internet e-mail: _____

When this component is completed, you may enter the data on-line at <http://nri.rdm.org> (a report will be sent to the commissioner) or you may return it to the State Mental Health Director's office.

Commissioner Sign off _____

Each State Director's office should collect all of the components, review them for content, and forward them to:

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