

State: \_\_\_\_\_ Contact: \_\_\_\_\_

## 2006 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. 280-03-3203). This cycle updates information compiled from the States last year and expands systems knowledge in areas where substantial requests for additional information have been received from the States. New this cycle offers web-based data entry. The components can be completed on our web site: <http://www.nri-inc.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 cycle builds upon the content of prior cycles to update information. Once the data is collected, it will be available on our web site. Data from earlier Profiling cycles are available now: <http://www.nri-inc.org>.

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 April 3, 2006.

## I. New Freedom Commission Component

In 2003, the President's New Freedom Commission on Mental Health (NFC) issued its report *Achieving the Promise: Transforming Mental Health Care in America*. This landmark report established six broad goals to transform and improve the delivery of mental health services. The State Mental Health Agencies (SMHAs) have responded to this call to action with a series of activities designed to meet the goals of the NFC. This State MH Profiles Component, is organized around the six goals from the NFC Report and is designed to compile in one place, state activities related to the achievement of these goals. Some of the questions in this component, have been compiled in previous State MH Profiles, but in different components. Other questions represent new items identified by the Profiles Technical Advisory Group as important to document the progress of states in achieving the NFC goals.

Please respond to each question as thoroughly as possible. Please report data for your current activities or your most recently completed fiscal year (FY 2005). 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@nri-inc.org](mailto:robert.shaw@nri-inc.org) or [ted.lutterman@nri-inc.org](mailto:ted.lutterman@nri-inc.org)).

**SMHA** -- According to National Association of State Mental Health Program Directors (NASMHPD), the State Mental Health Agency (SMHA) is defined as the state agency which the Director/Commissioner who represents the State to NASMHPD has authority. If your State has placed the control of State mental hospitals and community mental health programs into two separate agencies, please respond for the agency with the community responsibilities.

# NEW FREEDOM COMMISSION COMPONENT

## NFC GOAL 1: AMERICANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH

1. Does your SMHA have any Stigma or Discrimination Reduction Activities? *(new question)*

- a.  Yes  No **Universal Initiatives** *(designed to address all groups):*
- b.  Yes  No **Targeted initiatives** *(focused on specific populations or settings)*
- i.  Yes  No **Children and Adolescents**
  - ii.  Yes  No **Adults**
  - iii.  Yes  No **Older Adults**
  - iv.  Yes  No **Culturally specific** related (e.g., targeted towards Asians or some other cultural group)
  - v.  Yes  No **Business focused**
  - vi.  Yes  No **School Focused**
  - vii.  Yes  No **Faith Based**
  - viii.  Yes  No **Gender focused**
  - ix.  Yes  No **Other:** Describe: \_\_\_\_\_

c. Please describe these initiatives: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does your SMHA have any public information initiatives to promote a better understanding of the role of mental health to overall health?

- Yes  No

a. If yes, please describe these initiatives:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Does your State have initiatives to address or raise awareness of mental illness as a public health or social issue? Are these initiatives being led by the SMHA, public health agency or some other agency?

	SMHA Leads	Public Health Leads	Other Agency Leads	No Initiative	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burden of Disease (e.g., focus on the costs of mental illnesses)
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment (focus on the impact of MI on employment)
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing (focus on the impact of MI on housing)
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homelessness (focus on the impact of MI on homelessness)
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: Describe: _____

4. Is the SMHA collaborating with the State Health Department, Medicaid Agency or any other agencies to increase the recognition and treatment of persons with mental illness by primary care providers?

- Yes  No

a. If yes, please describe these initiatives:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Are you working with public health providers to increase the recognition and treatment of physical health needs of persons with mental illnesses?

Yes  No

a. If yes, please describe these initiatives:

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6. Are you working with private health providers to increase the recognition and treatment of physical health needs of persons with mental illnesses?

Yes  No

a. If yes, please describe these initiatives:

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**PREVENTION/EARLY INTERVENTION PROGRAMS:**

7. Does your SMHA have a plan to reduce suicide attempts or initiate suicide prevention initiatives/ programs?

Yes  No

a. If yes, please describe these plans:

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8. Does your SMHA operate, fund, or participate in any suicide prevention programs?

Children  Adolescents  Adults  Older Adults  No

a. If yes, please describe these initiatives:

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9. Does your SMHA operate, fund, or participate in any Post-Suicide attempt activities?

Yes  No

a. If yes, please describe these activities:

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10. What is the prevalence rate for adults with serious mental illnesses and children/adolescents with serious emotional disturbances that your state uses in developing your Mental Health Block Grant?

Children: \_\_\_\_\_%

Adults: \_\_\_\_\_%

a. Please describe how you calculate your prevalence rates:

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11. **Has your SMHA developed any estimates of unmet need for mental health services?**

Yes     No

a. If yes, please describe these initiatives:

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12. **Does the SMHA maintain a waiting list of persons in need of mental health services?**

Yes     No

b. If yes, please describe these initiatives:

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c. Do you maintain waiting lists for specific mental health services?

Yes     No

d. If yes, please describe these initiatives:

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e. How many people were currently on your waiting list?

Children/Adolescents: \_\_\_\_\_

Adults: \_\_\_\_\_

**REIMBURSEMENT AND COVERAGE OF MENTAL HEALTH SERVICES**

13. **Does your State mandate mental health insurance benefits?**

Yes     No

a. If yes, in what year did the mandate take effect? \_\_\_\_\_

b. What is the scope of these mental health benefits?

1.  Any Mental Health and Substance Abuse Service
2.  Any Mental Health Service (but not substance abuse services)
3.  Only specific mental health diagnoses:

(describe:)  
\_\_\_\_\_

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14. **If yes to 13, does the mandate include parity with physical health service benefits?**

Yes     No

a. If yes, please describe the impact:

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**NFC GOAL 2: MENTAL HEALTH CARE IS CONSUMER AND FAMILY DRIVEN**

**CONSUMER/SURVIVOR CHOICE**

**15. Does your SMHA have initiatives underway to assure every consumer receives an individualized person-centered treatment plan that meets their unique needs?**

Yes             No

a. If yes, please describe these initiatives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Does your SMHA receive information on individualized treatment plans from community providers?

Yes             No

c. If yes, please describe these initiatives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. Please indicate in which of the following ways the SMHA promotes service recipient choice:**

*(Check all that apply):*

Children/ Families	Adult Consumers	
<input type="checkbox"/>	<input type="checkbox"/>	a. consumer/survivor participation in program planning at the SMHA’s level
<input type="checkbox"/>	<input type="checkbox"/>	b. consumer/survivor participation in resource allocations at the SMHA’s level
<input type="checkbox"/>	<input type="checkbox"/>	c. consumer/survivor participation in their own resource allocations
<input type="checkbox"/>	<input type="checkbox"/>	d. Person centered and consumer directed individualized treatment/support plans
<input type="checkbox"/>	<input type="checkbox"/>	e. voucher system for individuals to purchase services of their choice
<input type="checkbox"/>	<input type="checkbox"/>	f. having access to consumer satisfaction and other outcome data on public mental health programs
<input type="checkbox"/>	<input type="checkbox"/>	g. psychiatric advance directives

**CONSUMER/SURVIVOR PARTICIPATION**

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

<b><u>Policy Making</u></b>	
a.	<input type="checkbox"/> providing legislative testimony
b.	<input type="checkbox"/> development and/or promulgation of rules and regulations
c.	<input type="checkbox"/> participation at public forums
d.	<input type="checkbox"/> statewide and regional planning efforts
e.	<input type="checkbox"/> SMHA’s advisory boards/governing boards
f.	<input type="checkbox"/> local governing/advisory boards of community-based agencies funded by the SMHA
g.	<input type="checkbox"/> Quality Assurance
h.	<input type="checkbox"/> consumer/survivor and family membership in the SMHA process action teams or quality councils
i.	<input type="checkbox"/> quality assurance monitoring team consumer/survivor and family members
<b><u>Evaluation/Research</u></b>	
j.	<input type="checkbox"/> advisory board members for service system or program evaluation
k.	<input type="checkbox"/> membership on internal review board for research and evaluation protocols
l.	<input type="checkbox"/> consultant contract for research and evaluation awarded to consumer-run organization
m.	<input type="checkbox"/> direct hire of consumers/survivors for research and evaluations within the SMHA
n.	<input type="checkbox"/> input of consumers/survivors through focus groups

18. Please indicate if the SMHA has statutory or regulatory mandates for consumer/survivor and family member participation for the following activities:

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

**FRAGMENTATION**

19. Does your SMHA have initiatives to reduce fragmentation in services as a barrier to mental health services?

- a.  Yes     No    Housing services
- b.  Yes     No    Employment
- c.  Yes     No    Juvenile Justice
- d.  Yes     No    Criminal Justice
- e.  Yes     No    Education
- f.  Yes     No    Child Welfare
- g.  Yes     No    Medicaid
- h.  Yes     No    Substance Abuse
- i.  Yes     No    National Guard
- j.  Yes     No    Other: \_\_\_\_\_

20. Does your SMHA have initiatives underway to work with other state government agencies to coordinate, reduce, or eliminate barriers between delivery systems and funding streams to the provision of appropriate mental health services?

Agency	Working to reduce fragmentation	Client Eligibility Determination	Combine or coordinate funding streams	Combine or coordinate service delivery
a. Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Juvenile Justice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Child Welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Other: Specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

i. If yes, please describe these initiatives:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Does your state have any initiatives to **transform** the way you deliver mental health services? E.g., restructure or combine services in a new approach that eliminates barriers and promotes consumer choice.

- Yes     No

a. If yes, please describe these initiatives:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOUSING:**

22. **Does your SMHA have a housing plan (a delineated set of strategies to address the housing needs of persons with serious mental illness)?**

Yes  No

23. **Is there a housing coordinator/specialist who is responsible for increasing affordable housing opportunities for persons with serious mental illness?**

a. Within the SMHA  Yes  No  
b. In the State Housing Agency  Yes  No

c. If yes, please provide their names and phone numbers

1. SMHA: \_\_\_\_\_ (P) \_\_\_\_\_  
2. Housing Agency: \_\_\_\_\_ (P) \_\_\_\_\_

24. **How many FTEs are employed or contracted by the SMHA to address housing issues for persons with mental illnesses?**

a. FTEs: \_\_\_\_\_

b. Where in the SMHA organization structure are staff responsible for housing located?  
\_\_\_\_\_

c. Has this changed in recent years?  Yes  No

If yes, please describe the changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. **Does your SMHA and/or local mental health authorities support or collaborate with community development corporations or housing authorities in local communities?**

a. SMHA  Yes  No,

If Yes, What Agencies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Local mental health authority  Yes  No,

If Yes, What Agencies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. **Does your SMHA have working interagency relationships with: (Check all that apply)**

	<u>Yes</u>	<u>No</u>	<u>NA</u>
a. State Dept. of Housing/Community Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. State Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State Housing Finance Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. State Affordable Housing Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. State Coalition for Homeless Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. State Social Services Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. State Aging Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other Agencies (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BARRIERS TO HOUSING**

27. To what degree do the following barriers impede your ability to address consumer-housing needs? Please circle the rating that best describes the degree to which you have found each to be a barrier. Keep in mind that we would like to rate their relative importance, so reserve a rating of '5' for those you have found to be the **most significant** barriers and a rating of '1' for those you have found to be **the least significant barriers**.

	<u>No Barrier</u>				<u>Significant Barrier</u>
	1	2	3	4	5
a. Insufficient funding for necessary support services	1	2	3	4	5
b. Insufficient funding for development of affordable housing	1	2	3	4	5
c. Consumer income is insufficient to afford private market rate housing	1	2	3	4	5
d. Insufficient availability of subsidized housing such as rental subsidies or below market rental units	1	2	3	4	5
e. Poor or non-existent relationship with housing agencies/housing providers	1	2	3	4	5
f. Managed care organizations do not support housing and related services to	1	2	3	4	5
g. Fair housing issues for individual consumers (e.g., landlords won't rent persons with a history of mental illness)	1	2	3	4	5
h. Community Opposition (NIMBY)	1	2	3	4	5
i. Lack of coordination between agencies in state and local government who have responsibility for housing issues and mental health services	1	2	3	4	5
j. Lack of data/information about housing	1	2	3	4	5
k. Other (describe): _____	1	2	3	4	5
l. Other (describe): _____	1	2	3	4	5

**CHILDREN'S MENTAL HEALTH SYSTEMS OF CARE:**

28. Does your state have any Systems of Care sites (either SAMHSA-funded sites or sites that have graduated from SAMHSA funding and now operate with state funds)?

Yes       No

If Yes,

- a. How many sites: \_\_\_\_\_
- b. How many of these sites are statewide: \_\_\_\_\_
- c. Please describe how these sites relate to the SMHA system?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. **Custody Relinquishment: Does your State have laws or policies designed to avoid parents having to relinquish custody of children (to the SMHA, Child Welfare, or Juvenile Justice Systems) in order for them to obtain mental health services?**

Yes       No

a. If Yes, please describe these policies/laws:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. If no, how many children had their custody relinquished last year in order to receive mental health services?

\_\_\_\_\_

c. Please describe any actions your state is undertaking to reduce or eliminate custody relinquishment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPREHENSIVE STATE MENTAL HEALTH PLAN**

30. **Does your SMHA’s mental health planning process plan for the delivery of mental health services across multiple state agencies, or does it limit its focus on planning to the SMHA?**

Yes       No      State Mental Health Plans address the mental health services and essential support services provided by state agencies other than the SMHA?

31. **Do representatives from other state government agencies participate as members of your SMHA’s mental health planning Council/Group?**

Yes       No

a. If yes, please describe the roles of the other state agencies in the development of the mental health plan:

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**RECOVERY/RESILIANCE ORIENTATION**

32. **Has your SMHA adopted a mission statement or policy about the potential for consumers to recover from their illness and to reorient the mental health service system to be more recovery oriented?**

Yes       No

a. If yes, please describe these initiatives:

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**SERVICES FOR ARMED FORCES VETERANS AND NATIONAL GUARD MEMBERS**

33. **Does your SMHA have any initiatives to assure the provision of mental health services to meet the needs of National Guard members or Veterans of Armed Forces?**

a. Working with the State National Guard       Yes     No  
b. Working with the Federal Department of Veterans Affairs       Yes     No

c. If yes, please describe these initiatives:

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**NFC GOAL 3: DISPARITIES IN MENTAL HEALTH SERVICES ARE ELIMINATED**

**CULTURAL COMPETENCE:**

34. **Has your SMHA conducted a cultural competence assessment?**

Yes  No

a. If Yes, What assessment Tool/Instrument did you use?

NASMHPD/NRI "State Mental Health Agency Cultural Competence Assessment instrument"

Other: Describe: \_\_\_\_\_

b. Does your SMHA have a Cultural Competence Plan?

Yes  No

c. If Yes, does the plan cover all administrative organization components in its purview (that is, cultural competence is a requirement and responsibility at all administrative and organizational levels within the SMHA)

Yes  No

d. Does your cultural competence plan contain measurable objectives?

Yes  No

e. If yes, please describe these objectives:

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f. Have you implemented these Objectives?

Yes  No

g. Does your cultural competence plan address Linguistic Competence?

Yes  No

h. If yes, what aspects of linguistic competence are addressed?

- 1.  Yes  No Language skills of staff are monitored and updated
- 2.  Yes  No Standards exist for qualified mental health interpreters
- 3.  Yes  No Provider and service directories are available in key languages
- 4.  Yes  No The SMHA provides or helps organizations to obtain educational materials translated into identified languages
- 5.  Yes  No SMHA provides or assists organizations in obtaining training materials for clinical staff in the use of interpreters.

i. Does your SMHA have a Cultural Competence Advisory Committee?

Yes  No

j. Does your SMHA have a staff person with overall responsibility for Cultural Competence?

Yes  No

k. If yes, name: \_\_\_\_\_ e-mail: \_\_\_\_\_

**WORKFORCE INITIATIVES TO IMPROVE QUALITY:**

35. **Does your SMHA have any initiatives to improve the quality of your mental health workforce?**

Yes  No

a. If yes, please describe these initiatives:

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**STAFFING SHORTAGES**

36. Is your SMHA system currently experiencing shortages of mental health staff?

Yes  No

a. If yes, for which staffing disciplines are you experiencing shortages? Please respond for both your state psychiatric hospitals and the community mental health providers that your SMHA either operates or funds.

Discipline	Shortages	
	State Psychiatric Hospitals	Community Mental Health Programs
1. Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>
2. Other Physicians	<input type="checkbox"/>	<input type="checkbox"/>
3. Psychologists (Doctoral Level)	<input type="checkbox"/>	<input type="checkbox"/>
4. Social Workers (Masters Level and above)	<input type="checkbox"/>	<input type="checkbox"/>
5. Advanced Practice Nurses: Nurse Practitioners and Clinical Specialists (Masters level and above)	<input type="checkbox"/>	<input type="checkbox"/>
6. Registered Nurses	<input type="checkbox"/>	<input type="checkbox"/>
7. Other: specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Other: specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

b. Does your SMHA have any special initiatives to help address these staffing shortages?

Yes  No

c. If yes, please answer questions 1 and 2 below:

1. What types of initiatives does your SMHA have to address staffing shortages?

	State Psychiatric Hospitals	Community MH Programs
a. Special university-based training initiatives	<input type="checkbox"/>	<input type="checkbox"/>
b. Training at mental health programs/providers	<input type="checkbox"/>	<input type="checkbox"/>
c. Increased salaries	<input type="checkbox"/>	<input type="checkbox"/>
d. Recruitment bonuses or other financial incentives	<input type="checkbox"/>	<input type="checkbox"/>
e. Other: (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Please describe any initiatives you are undertaking to reduce staff shortages that may be of interest to other States. Please include a contact person for further follow-up.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_, Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_, E-mail: \_\_\_\_\_

**STAFF RECRUITMENT AND TRAINING INITIATIVES**

37. Do you have any special initiatives to cross train staff for dual diagnosis services (mental health and substance abuse)?

Yes  No

a. If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38. **Are consumers and/or family members involved as trainers for mental health staff?**

- a.  Mental health consumers
- b.  Family members of mental health consumers
- c.  Neither

**RURAL/FRONTIER**

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

- Yes             No

a. If yes, please describe these initiatives:

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b. Does your SMHA have initiatives to recruit and train rural mental health professionals?

- Yes             No

c. If yes, please describe these initiatives:

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**TRANSPORTATION:**

40. **Does your SMHA have initiatives to provide transportation for mental health clients to assure they can access needed mental health services?**

- Yes             No

a. If yes, please describe:

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**NFC GOAL 4: EARLY MENTAL HEALTH SCREENING, ASSESSMENT, AND REFERRAL TO SERVICES ARE COMMON PRACTICE:**

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

- a.  Yes  No Children
- b.  Yes  No Adults
- c.  Yes  No Older Adults (over age 65)
- d.  Yes  No Other: Specify: \_\_\_\_\_

e. If yes, please describe:

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**SCHOOL BASED INITIATIVES:**

42. Is your SMHA working with schools to expand and improve mental health services for children?

- Yes  No

a. If yes, please describe:

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**SUBSTANCE ABUSE SCREENING:**

43. Does the SMHA require or work with mental health providers to screen for co-occurring mental health and substance abuse disorders?

- Yes  No

a. If yes, please describe these initiatives:

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b. If yes, does your SMHA compile information on the numbers of persons needing co-occurring mental health and substance abuse services?

- Yes  No

**TRAUMA:**

44. Does the SMHA require or work with mental health providers to screen for histories of trauma in persons served by the public mental health system?

- Yes  No

a. If yes, please describe these initiatives:

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b. Does your SMHA provide or make referrals for, specialized trauma treatments or services?

- Yes  No

c. If yes, does your SMHA compile information on the numbers of persons with a history of trauma receiving mental health services?

- Yes  No

**OLDER ADULT ISSUES:**

45. **Does your SMHA have a specialized plan for the provision of mental health services for older adults (persons aged 65 and over)?**

- Yes                       No

a. If yes, please describe these initiatives:

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b. If yes, does your SMHA provide specialized training to providers regarding older adult mental health service needs and issues in the recognition of mental illnesses.?

- Yes                       No

46. **Does your SMHA have any initiatives to work with primary care and mental health specialty providers to help them recognize and treat older adults with mental health problems?**

- a.  Yes     No    Primary Care Settings  
 b.  Yes     No    Nursing Homes  
 c.  Yes     No    Inpatient Care (psychiatric settings)  
 d.  Yes     No    Other Long Term Care Settings  
 e.  Yes     No    Community Mental Health Providers

f. If yes, please describe these initiatives:

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47. **Does the State’s public mental health system operate or fund a separate specialized treatment unit/program for any of the following special needs populations: (Check all that apply)**

- a.  Persons with substance abuse  
 b.  Persons dually diagnosed with substance abuse/mental illness  
 c.  Persons dually diagnosed with mental retardation/mental illness  
 d.  Persons infected with HIV  
 e.  Elderly clients  
 f.  Persons with a concurrent mental and medical disorder  
 g.  Other (specify) \_\_\_\_\_

**MENTAL HEALTH INITIATIVES WITH CRIMINAL JUSTICE/JUVENILE JUSTICE**

48. **Does your State have any MH Courts or Criminal Justice Diversion Programs:**

Children/ Families	Adult Consumers	
<input type="checkbox"/>	<input type="checkbox"/>	a. Mental Health Courts
<input type="checkbox"/>	<input type="checkbox"/>	b. Pre-Booking Diversion Programs
<input type="checkbox"/>	<input type="checkbox"/>	c. Post-Booking Diversion Programs
<input type="checkbox"/>	<input type="checkbox"/>	d. Re-Entry or Post Release Programs
<input type="checkbox"/>	<input type="checkbox"/>	e. Drug Courts (that handle mental health clients)
<input type="checkbox"/>	<input type="checkbox"/>	f. Other: _____

**NFC GOAL 5: EXCELLENT MENTAL HEALTH CARE IS DELIVERED AND RESEARCH IS ACCELERATED:**

**MOVING RESEARCH & EVALUATION INTO PRACTICE:**

49. Does your SMHA have formal agreements to work with academia to help move research results into better mental health services (“Science to Practice”)?

Yes       No

a. If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

50. Does your SMHA have formal agreements to help academia or other researchers study mental health service issues identified by the SMHA (“Practice to Science”)?

Yes       No

a. If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

51. Is your SMHA working with Academia in curriculum development to reflect Evidence Based Practices, promising practices, or value-based practices?

Yes       No

a. If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

52. Has your SMHA organized any training for any Evidence-Based Practices or Promising Practices:

		Workforce	Consumers	Family Members
A	Child/Adolescent EBPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Adult EBPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Older Adult EBPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Other: _____ -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: the Profile Study has a major section on implementation of EBPs and Emerging Practices in the Services Component. Therefore questions about the implementation of EBPs are not included in this New Freedom Commission Component.*

**OUTCOME MEASUREMENT:**

**53. What client outcome measures does your SMHA routinely monitor?**

		State Hospitals	Community MH	Measures Used (what instruments or measures are you using for this outcome?)
a.	Strength-based Measures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b.	Recovery/Resilience	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c.	Consumer Perception of Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d.	Family Involvement/Satisfaction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e.	Client Symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f.	Client Functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g.	Change in Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h.	Change in Living Situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i.	Other: Specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j.	Other: Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**54. Who was involved in the selection of these client outcome measures?**

- a.  Mental Health Consumers
- b.  Family Members
- c.  the Mental Health Planning Council
- d.  Researchers
- e.  Community mental health providers
- f.  SMHA Administrators
- g.  Other: describe: \_\_\_\_\_

**55. Are the results of these outcome measures made public?**

Yes  No

- a. If yes, are client outcomes published on your SMHA's website?  
 Yes  No

**56. 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

- a. If yes, is this information made public and used in policy decisions?
  - 1.  Data is made public
  - 2.  Data is used in policy decisions

**NFC Goal 6: Technology is Used to Access mental Health Care and Information**

57. **Is technology being used by the SMHA to help consumers access mental health care and treatment information?**

- a.  Yes  No General information about mental illnesses
- b.  Yes  No Where and how to access care
- c.  Yes  No Electronic Personal Health Information is accessible to consumers

d. If yes to any above, please describe these initiatives:

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58. **Has your SMHA implemented electronic medical records in either state hospitals or community mental health systems?**

- a.  Yes  No State psychiatric hospitals, If yes,  In All State Psychiatric Hospitals
- b.  Yes  No Community mental health providers, If yes,  In all community providers
- c.  Yes  No Other parts of your mental health system (specify): \_\_\_\_\_

d. If yes above, please check **which parts of electronic health records you have implemented**

	<b>State Hospitals</b>		<b>Community MH Programs</b>	
1. Scheduling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Physician order entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Treatment Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Progress/Case Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Clinical Assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. External Consultations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Exchanging Client information with other providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Billing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Pharmacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Dietary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Patient Admission, Discharge, Transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Medication algorithms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

e. **What Electronic Medical Record (EMR) software are you using?**

- 1. State Hospital EMR systems? \_\_\_\_\_
- 2. Community MH EMR systems? \_\_\_\_\_

f. **Has your SMHA implemented an electronic pharmacy/medication ordering system?**

- 1.  Yes  No State psychiatric hospitals
- 2.  Yes  No Community mental health system.
- 3. if yes, What software are you using for pharmacy?

---

g. **Has your SMHA implemented an electronic Medication Administration Recording (MAR) system?**

- 1.  Yes  No State psychiatric hospitals
- 2.  Yes  No Community mental health system.
- 3. If yes, what system are you using for electronic MAR?

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h. **When your state implemented your EMR system, did you conduct a review of available software that you would be willing to share with other MH providers who are now interested in implementing EMR systems?**

- Yes  No, If yes, who should be contacted about this information? \_\_\_\_\_

**i. Sharing EMR information: If the SMHA has EMR systems in community and hospital providers, do you have agreements that allow the sharing of EMR client data between providers to improve care? (e.g., if a client moves between programs, can the new program access client electronic data from the state or previous provider?)**

Yes  No, If yes, describe? \_\_\_\_\_

**j. Do consumers have access to EMR data?**

Yes  No, If yes, describe? \_\_\_\_\_

**TELEMEDICINE:**

**59. Is your SMHA engaged in activities to promote the use of Telemedicine to provide mental health services?**

Yes  No

a. If yes, please describe this initiative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Does your SMHA reimburse mental health providers for providing telemedicine services?

Yes  No

c. Does your State Medicaid agency reimburse for mental health telemedicine services?

Yes  No

d. Has your state changed licensure or scope-of-practice restrictions to promote and encourage the use of telemedicine?

Yes  No

e. If yes, please describe this initiative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSUMER ACCESS TO MH DATA & THE INTERNET:**

**60. Does your SMHA have any initiatives to promote education about mental health treatments, services, and eligibility?**

a.  Information via state website: if yes, address: \_\_\_\_\_

b.  Information via a call center: if yes, phone number: \_\_\_\_\_

c.  Other information initiative: describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**61. Does your SMHA have any initiatives to make information about recovery/resilience, self-help services and data available to mental health consumers, family members, and advocates via the Internet?**

a.  Information about identifying mental illnesses

b.  Information about mental health treatments

c.  Information about evidence-based practices (EBPs)?

d.  Information about Outcomes of SMHA Providers

e.  Performance measures about SMHA Providers

f.  Information about specific recovery/resilience initiatives by the SMHA

g.  Information on self-help services, education, and supports to consumers and family members

h.  Other, specify: \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

When this component is completed, you may enter the data on-line at <http://www.nri-inc.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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