



State Profiles System

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State Mental Health Agency Profiles System

- Developed to meet the needs of SMHA Directors and other Staff, Federal Policy Makers, and Mental Health Advocates for reliable information on the organization, policies, services, and clients of SMHAs.
- Provide timely comparative information about public mental health systems
- Easy access to information from NRI via Internet: <http://www.nri-inc.org/projects/Profiles/>
- Funded by CMHS for Compilation of Information in 2007-2009 (prior cycles completed in 1993, 1996, 1999, 2001, and 2004, and 2006)

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Uses of SMHA Profiles

- Identify levels of program and service needs
- Advocate for resources and program changes that respond to changing state needs
- Document and assess changes in State programs over time
- Identify and address current SMHA policy issues
- Obtaining timely data on national trends as input for state decision-making
- Obtain information on state policies, statutes, and regulations that can explain differences among SMHA service systems
- Provide context to relate and interpret information from existing databases

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Users of the SMHA Profiles

- State Mental Health Agencies: to identify other states with policies, services, or structures of interest
- CMHS and other Federal Agencies: to track national and regional trends and issues facing States
- NASMHPD/NRI: to prepare reports and meetings for States
- Advocates: use to understand state systems
- Researchers: Profiles data are being used in several research studies

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Criteria to Determine Content of the SMHA Profiles System

- Importance to multiple SMHAs
- Sufficient detail to answer important state-level question
- Information is aggregated at State-level, not individual program or sub-state level
- Not duplicative of existing information systems.
 - Help users better understand existing information systems, not replace them

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SMHA Profiles Components



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President's New Freedom Commission on Mental Health Component

- Identifies State Activities to implement each of the 6 Goals of the President's New Freedom Commission on Mental Health
- Efforts to reduce fragmentation in providing mental health services and supports across state governments

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Organization and Structure

- Location and functions of SMHA within State Government
- Types of Programs Managed by SMHAs
- Relationships with other State Agencies to Deliver MH Services
- Relationship to Cities, Counties, and Other Community MH Providers
- Reorganization of SMHA within State Government

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Major Areas of Focus in Prior Profiles Cycle

- State Transformation Initiatives
- Implementation of Evidence-Based Practices
- Shortages of Acute Psychiatric Beds
- SMHA Role in Emergency and Disaster Response
- Relationships between SMHAs and other State Agencies
- MH Courts and other Jail/Prison Diversion Programs

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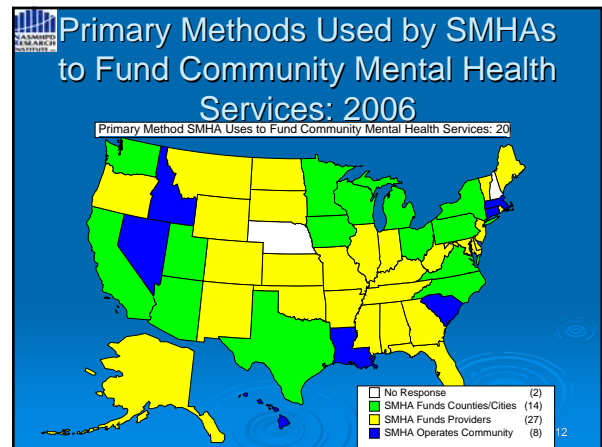
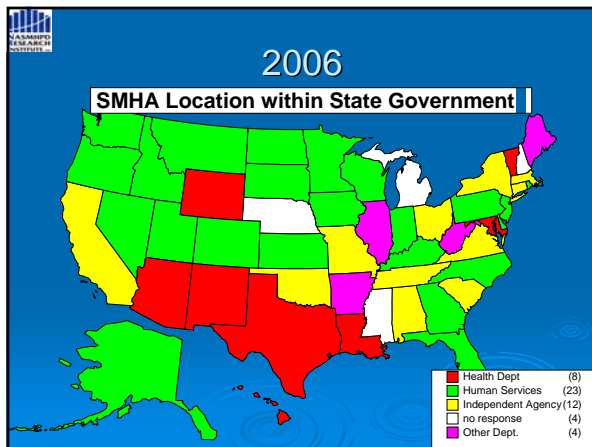
Accessing Profiles Information

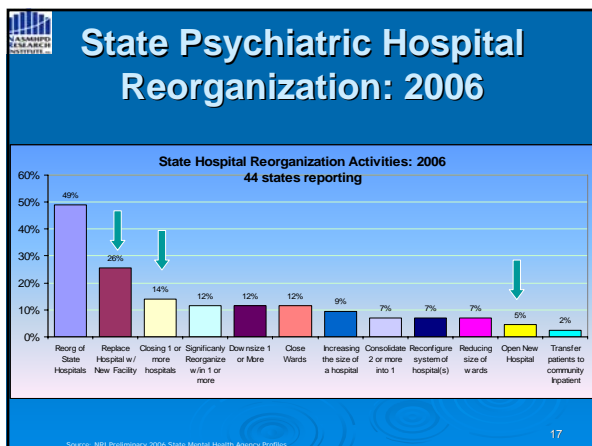
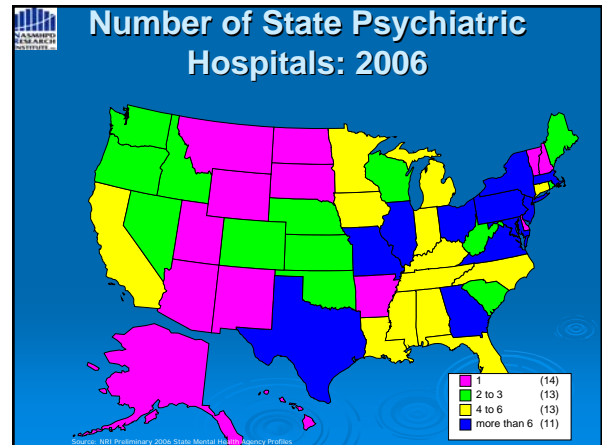
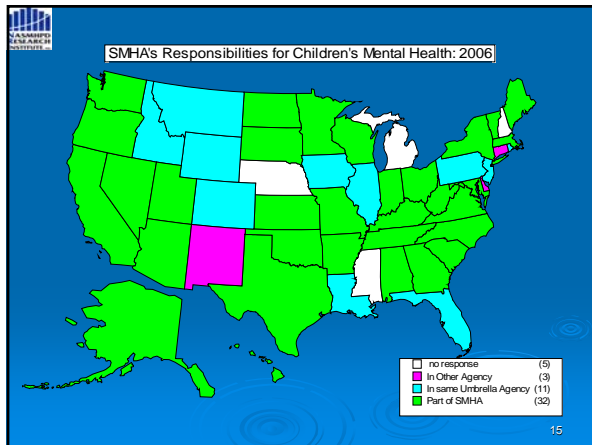
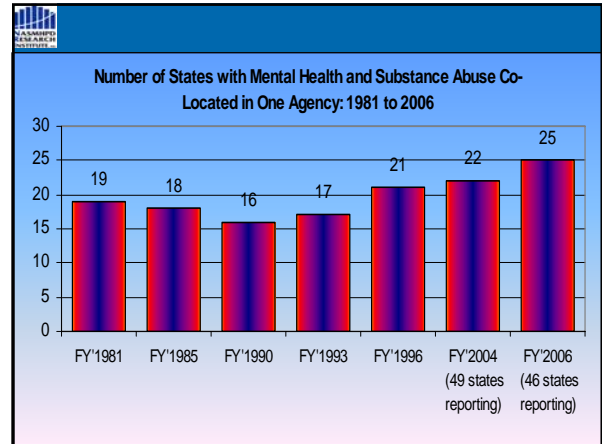
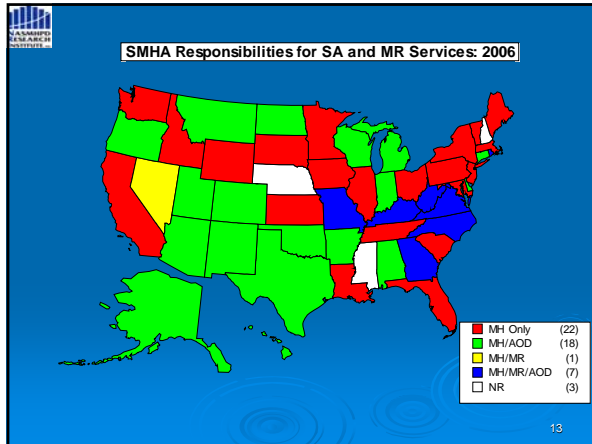
All Profiles Information Publicly Available via Internet

3 ways to look at Profiles


1. Key word Search:
 - Users enter the topic they want information about and can select which questions to see the 50 state responses
2. Topical Reports
 - 2 to 4 page summaries of responses from all the states on various topics
3. State Summaries:
 - Summary information from all the components about 1 state

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- ### Closing State Hospitals: 2006
- 4 States (out of 44 states reporting have already closed a state hospital in 2004-2006 (MD, NJ, NY, and SC)
 - 7 States are planning to close state psychiatric hospitals in the next 2 years. (IL, MA, MN, NC, NJ, PA, and VT))
 - 3 States are planning to merge 2 or more state hospitals in the next 2 years (MA, NC, and TX).
 - 4 States are planning to close 237 state hospital beds in the next 2 years
 - But: 2 states are opening new state hospitals and 11 states are building replacement hospitals
- Source: NRI Preliminary 2006 State Mental Health Agency Profiles
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State Hospitals are NOT the ONLY Psychiatric Beds That Have been Closing

Over the Last 5 Years:

- 24 of 38 (63%) of states have seen a decline in General Hospital Specialty Unit Psychiatric beds
- 19 states (56%) have seen a decline in Private Psychiatric Hospital Beds
- Plus: Veterans Hospitals have been closing Beds

Source: NRI Preliminary 2006 State Mental Health Agency Profiles

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Shortages of Psychiatric Inpatient Capacity: 2006

- 80% of the states (35 of 44) are experiencing a Shortage of Psychiatric Inpatient Beds
 - 34 States have a Shortage of Acute Care Beds
 - 24 States have a shortage of Forensic Beds
 - 16 States have a shortage of Long Term Care Beds

Source: NRI Preliminary 2006 State Mental Health Agency Profiles

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Shortages of Acute Psychiatric Inpatient Capacity: 2006

States report these shortages are resulting in:

- Increased waits for state psych beds: 23 states
- Overcrowding in state hospitals: 14 states
- Increased waits for other psych beds: 11 states
- Resistance to closing additional beds: 11 states

Source: NRI Preliminary 2006 State Mental Health Agency Profiles

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Shortages of Acute Psychiatric Inpatient Capacity: 2006

State Solutions to Shortages is Not Just to Open More beds

- 100% (43 of 43 states) are developing and supporting Alternative Forms of Treatment to Reduce the Need for Hospitalizations
 - Crisis Stabilization Programs
 - Assertive Community Treatment
 - Diversion Programs
 - Respite Residential Programs

Source: NRI Preliminary 2006 State Mental Health Agency Profiles

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Questions?

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Source: NRI Preliminary 2006 State Mental Health Agency Profiles

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