

Q & A

A. Why didn't any state get an A?

None made the grade. On a scale of one to 100, based on criteria with weighted values, none scored high enough.

Q. Why aren't the states ranked?

We decided early in the process to only give letter grades. We believe they are most appropriate. There are three D pluses, 12 Ds, and four D minuses. That's enough to make to make the point.

Q. Can we get a list?

The report includes overall grade distributions. The Consumer Family Test Drive scores are included as a ranked list. We think that's enough, especially to avoid confusion between the two.

Q. Why aren't children included?

Children deserve a separate report. We hope to do one. To some degree, they involve very different issues. Different agencies are involved.

Q. The report's only about the public system. Why not the rest of us? Why should working people care about it?

Most people with serious mental illnesses, particularly schizophrenia, end up depending on the public system

Many health insurance plans don't cover mental illness. Middle class families are forced to spend down assets, which shift costs to the public system.

Some issues in the report affect everyone. Access to information. Insurance parity. Unfortunately, criminal justice concerns. There are areas of overlap between the public and private sectors.

Q. Aren't you simply saying that the states need to spend more money? Where is it going to come from?

What we want is for states to stop spending money on obsolete systems, and start putting money into proven, cost-effective practices that recovery-oriented. We want funding linked to performance and outcomes.

That's good for consumers and good for taxpayers.

Governors and legislatures get to make choices. During times of budget cuts, some have frozen or slowed spending—without cuts. Some have found the will to increase investment. During times of budget surpluses, broader opportunities arise. Nothing is predestined.

Doing nothing or doing little comes with a price. If states aren't investing in the mental health care system, they spend taxpayer dollars in other ways—in emergency room visits, hospitalizations, and police interventions. Without insurance parity, middle class families spend down assets and are forced into the public system. There is always a cost.

Q. What's the bottom-line? What do you want?

We want states to stop putting money in obsolete mental healthcare systems that don't work.

We want them to invest in proven, cost-effective practices that support recovery.

We want states to link funding to performance and outcomes.

We want better data collection and access to information

We want consumers and families involved at all levels in planning services.

We want to eliminate discrimination.

Q. Why is parity so important? Why do you emphasize the AFL-CIO's opposition in Michigan?

Without insurance parity, middle class families often are forced to spend down assets and end up in the public system. It costs taxpayers money. It also represents stigma and discrimination—that is an assault on individual dignity and an impediment to recovery.

. The Michigan AFL-CIO's opposition seems to be based on a misinterpretation of what parity represents: i.e., a mandated benefit rather than parity between benefits already included in a plan. It's a good example of how diverse interests, besides the business community, need to come together to support reform. To the AFL-CIO's credit, they are supporting other mental healthcare reforms in Michigan.

Q. Doesn't it depend on who the Governor is—or who controls the state legislature? Liberal Democrats vs. conservative Republicans. Do you expect Republicans to even listen?

Mental illness is a non-partisan disability. It strikes Democrats and Republicans alike.

Lets give credit where credit is due

President Bush appointed the New Freedom Commission on whose vision this report is partly based. Grades in the report don't reflect partisanship:

- Ohio has a Republican governor and gets a B.
- Maine has a Democratic governor and gets a B-
- Illinois has a Democratic governor and gets an F.
- Kentucky has a Republican governor and gets an F.

What does matter is leadership and diverse communities within a state pulling together for a sustained commitment over time.

Anyone can be affected by mental illness. Anyone can become disabled. We're all on the same side.

Q. How did you decide what to measure?

The report is grounded in three landmark documents:

- *Surgeon General 1999)
- *President's New Freedom Commission (2003)
- *Institute of Medicine (2005)

It reflects national, evidence-based practice models promoted by the federal government.

It also incorporates NAMI's experience over 25 years as the nation's largest research, education, support and advocacy group for consumers and families.

Q. Why is some of the data so old? There's data that shows....XYZ. That contradicts your evaluation.

The report is based in part on a survey of state mental health agencies conducted in October-December 2005. We also relied on each state's annual block grant applications to the federal government and other studies. You can't get much more recent than that.

One problem is that the states themselves don't necessarily know what their own trends or outcomes are. Data collection and access to information is a major problem and one that each state is graded on.

We did our best to get the most up-to-date information. We also recognize this is a starting point.

We'd like to take a look at your source and information after we finish. It may not make a difference in the overall grade. But working on the report and using additional information should be part of the dialogue.

Q. Why didn't Colorado and New York respond to the survey?

You need to ask them.

We hope the legislative oversight committees in those states will pursue answers based on the report criteria. Transparency, responsiveness and accountability are threshold concerns.

We do want to commend Alabama, Louisiana and Mississippi for participating in the survey, even in the wake of the twin catastrophes of Hurricanes Katrina and Rita.

Q. Was the size of a state and ability pay included in the grade?

Large or small, every state needs most of the same ingredients for an effective system. To the degree possible, in some cases, the number of programs of one kind were measured relative to population. The state narratives in the report also include per capita income figures.

Q. Some states are faulted for not meeting national standards for some programs (e.g., ACT fidelity) Shouldn't states be allowed to have programs that fit local circumstances?

National standards mean proven, cost-effective standards, also known as evidence-based practices. In cases where states are using less than the real thing, there's usually very little evidence, if at all, that the treatment program or practice actually works. Hundreds of thousands of dollars may be wasted without anyone asking critical questions.

There's nothing wrong with putting programs to the test, but funding them needs to be tied to outcomes.

Q. The report talks a lot about hospital beds. Does that mean people with mental illnesses should be kept in hospitals? Do states need to go back to the system that worked before deinstitutionalization?

No. The problem is one of capacity. The key issue is community services.

No one wants to return to institutionalization. Treatment works best when people remain connected to communities. What states are facing is a crisis of capacity and systems that are out of balance.

Every mental healthcare system is a continuum that has to include state hospitals, short-term acute and intermediate inpatient care facilities, crisis centers, and outpatient services like ACT, supported housing, and independent living options.

When community services are not available, the entire system backs up. People languish in hospital beds because they can't be placed elsewhere or can't be discharged because services aren't immediately available. Overcrowding and shortages arise.

In many cases, states are repeating the mistakes of the past: closing, consolidating or reducing state hospitals before enough community services are in place. That's why the report talks about beds. You need to make sure there are enough beds in order to balance the equation.

Q. States received grades for Infrastructure. Did you inspect the state hospitals yourselves ? How many Justice Department investigations of hospital conditions are in progress?

NAMI cares about hospital conditions. One of the criteria is hospital accreditation.

But Infrastructure in the context of the report means something different.

It's not bricks and mortar.

Infrastructure reflects a state's forward-looking orientation based on priorities, innovations, data collection and planning. Eight specific criteria are involved. It's the readiness a state has to build toward the future.

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