Grading the States

A Report on America's Health Care System for Serious Mental Illness

2006

NAMI: The National Alliance on Mental Illness

Methodology of Values and Scoring

Listed below are the individual scoring criteria organized by category. In each case the value standard is indicated, along with the source of information used in the assessment, and whether the determination of the scoring was masked or unmasked.

Following this methodology is a reproduction of the survey sent to each State Mental Health Authority (SMHA), self-reported responses to which were scored for each state.

Infrastructure – 18 possible points

Criterion 1. Prioritizing services to people with severe and persistent mental illness (3 points)

Value Standard: In addition to knowing whom they serve, the SMHA should clearly prioritize scarce resources to the most severely ill.

0 – If "no," the SMHA does not prioritize services to people with severe and persistent mental illness.
1 – If "no," but some minimal efforts are evidenced.
2 – If "no," but substantial efforts are evidenced.
3 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 2. Demonstrated Innovation (2 points)

Value Standard: Many states have demonstrated innovative efforts in solving complex problems. Mental health systems as well as consumers benefit from a spirit of innovation and creative problem solving.

0 – If "no," the state has not demonstrated any innovations in solving problems in our mental health system.
1 – If yes but specific innovations are not referenced or the state is working on plans to embrace an innovation.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 3. Health Disparities Program (2 points)

Value Standard: The Surgeon General has documented health disparities among both minorities and the serious mental illness (SMI) population.

0 – If "no," the SMHA does not have a program to address health disparities among people living with mental illness.
1 – If "some programs exist" or "no," but considerable efforts taking place.
2 – If "yes," and programs are listed.

SMHA self-reported questionnaire ~ masked scoring

Criterion 4. Studies Regarding Causes of Death (2 points)

Value Standard: People with SMI often lose a least a decade of life. As states reconfigure their systems, this is among the most important outcome to study: who is dying and why.

0 – If "no," the state does not study the causes of death of individuals with mental illness and does not gather other information about race and ethnicity of those individuals.
1 – If "some reporting takes place," but no study is in effect or a study exists in hospital settings only.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 5. Workforce Development Assessment and Strategic Plan (3 points)

Value Standard: There is an acknowledged shortage of caregivers in the field. Advocates and professionals cite an aging workforce and/or inadequate supply.

0 – If "no," the state has not completed in writing a comprehensive mental health workforce needs assessment and strategic plan.
1 – If "some parts of a plan exist" or a plan is in development, but no specifics are listed.
2 – If "yes," but no comprehensive plan is listed and no considerable efforts are taking. place in that direction.
3 – If "yes," and a comprehensive plan is listed or detailed in its development.

SMHA self-reported questionnaire ~ masked scoring

Criterion 6. Insurance Parity for Mental Illness (2 pts)

Value Standard: Mental illnesses are equivalent to "physical" illnesses, yet health insurance discrimination has long existed. Access to reasonable care of the middle class also reduces some of the burden on the public system.

0 – If no state parity law exists or language includes "shall offer mandates."
1 – If a parity law exists but is not inclusive of substance abuse or has significant restrictions.
2 – If a parity law exists without exemptions and contains benefits for both mental health and substance abuse.

Research and evaluation of state mental health parity laws via the NMHA Web site at http://www.nmha.org ~ unmasked scoring

Criterion 7. Cultural Competence Assessment and Plan (2 points)

Value Standard: Mental health systems should be accessible and reflective of the cultures of those served by the system. Evidence of attention to cultural competence is an indicator of a responsive system. There is a well-documented shortfall in the mental health outcomes of minority groups.

0 – If the SMHA has neither conducted a cultural competence assessment nor has a cultural competence plan.
1 – If the SMHA has conducted a cultural competence assessment or has a cultural competence plan.
2 – If the SMHA has conducted a cultural competence assessment and has a cultural competence plan.

NASMHPD Research Institute, Inc. SMHA Profiling System 2004 and SMHA interviews. ~ unmasked scoring

Criterion 8. Unduplicated Count of Persons Served with Breakdown by Race and Ethnicity (2 points)

Value Standard: To do a good job of planning state systems should know who they serve. For good multicultural services to be developed, the SMHA should know the mix of their population's cultural needs.

0 – If neither a breakdown nor an unduplicated count of individuals being served by the state system is given (or a reasonable doubt regarding unduplicated count exists).
1 – If either a breakdown or an unduplicated count is given.
2 – If both a breakdown is given and a (probable) unduplicated count are given.

SMHA self-reported questionnaire ~ masked scoring

Information Access – 16 possible points

Criterion 9. Consumer and Family Test Drive (10 points)

Value Standard: Basic information on accessing services at the state level should be reasonably available via the phone and the Web to the average person who has a major mental illness or to their family.

See elsewhere in this Appendix for Consumer and Family Test Drive Methodology.

A trained group of consumers and family members made structured phone calls and internet searches for basic information and compared the states to each other ~ unmasked scoring

Criterion 10. Use of Consumer and Family Monitoring Teams (2 points)

Value Standard: Individuals who receive care in the state hospitals and their families should be an integral part of reviewing the conditions at these facilities for appropriateness of care and safety.

0 – If "no," the state does not utilize consumer and family monitoring teams to review conditions in state hospitals and other state facilities.
1 – If "not yet," but substantial efforts are being taken or small scale efforts are evidenced.
2 – If " yes".

SMHA self-reported questionnaire ~ masked scoring

Criterion 11. Formulary Decisions—A WrittenConsumer and Family Mandate (2 points)

Value Standard: Medications are a foundation of recovery for many. Written policies ensuring consumer and family member participation in medication decision making process ensures a responsive mental health system.
0 – If "no," the state does not have a written mandate for consumer and family input on all state medication formulary decisions.
1 – If "no," but substantial involvement from consumers or family exists.
2 – If "yes," a written mandate for involvement from consumers and family exists, or an open formulary exists.

SMHA self-reported questionnaire ~ masked scoring

Criterion 12. Consumers and Families Involved in EBP Implementation (2 points)

Value Standard: Evidence Based Practices (EBPs) are recognized as cost and outcome effective. Consumer and family member participation in the implementation of EBPs is an indicator of an inclusive and responsive mental health system.

0 – If "no," consumers and families are not involved in the implementation of EBPs in the state.
1 – If "considerable efforts are taking place" and/or either consumers or family members involvement is noted.
2 – If "yes," both consumer and family member involvement is noted.

SMHA self-reported questionnaire ~ masked scoring

Services – 44 possible points

Criterion 13. No Outpatient Co-pays for Mental Health Services (3 points)

Value Standard: Though there are myriad mental health care choices available in the United States, nearly half of all Americans who have a severe mental illness do not receive treatment. Those with low socio-economic circumstances often find financial barriers when attempting to receive health care. The high cost of care and disparity of coverage by health insurance providers are, "among the foremost reasons why people do not seek needed mental health care."

0 – If "yes," the state charges co-pays for outpatient mental health services to Medicaid beneficiaries.
1 – If "yes," but exceptions exist for certain population groups or co-pay are $1 or less.
2 – If "yes," but exceptions exist for certain population groups and co-pay are $1 or less.
3 – If no co-pays exist.

SMHA self-reported questionnaire ~ masked scoring

Criterion 14. Antipsychotic Medications – No Restrictions (3 points)

Value Standard: Decisions about the best medications for a person with SMI are the sole purview of the individual and the doctor. One size does not fit all. In particular, access to an array of antipsychotic medications is essential to positive treatment and recovery outcomes.

0 - If "no," the state Medicaid agency does not allow doctors and patients to select the antipsychotic compound they feel is best, and a restricted formulary exists without any exceptions.
1 – If significant restrictions/limitations exist, but exceptions are possible in some cases, or prior authorization is a kind of exception.
2 – If reasonable restrictions/limitations exist for which an easy 'appeals process' is in place/described.
3 – If "yes" and no restrictions/limitations exist.

SMHA self-reported questionnaire ~ masked scoring

Criterion 15. Medications—who decides how many? (3 points)

Value Standard: Many people with SMI often have multiple medical problems and may need multiple medications to manage their comprehensive treatment needs. Strategies to address rising medication costs are available and far outweigh the negative consequences of limiting the number of prescriptions allowed a consumer.

0 – If 1–3 prescriptions allowed per month.
1 – If 4–5 allowed per month.
2 – If more than 5 allowed per month.
3 – If no restrictions to medications exist.

SMHA self-reported questionnaire ~ masked scoring

Criterion 16. Benefit Service Identification Program (2 points)

Value Standard: Medicaid is the primary provider of benefits to many people living with SMI. SMHAs have an affirmative duty to help people access benefits.

0 – If "no," the state does not have a program to help Medicaid beneficiaries with SMIs identify appropriate benefits and effective treatment services.
1 – If "yes," but no clear information/indication about existing programs is provided or if "no," but some programs exist for a substantial part of the population.
2 – If "yes," and clear information/indication is provided about existing programs.

SMHA self-reported questionnaire ~ masked scoring

Criterion 17. Interagency Cooperation Between SMHA and Medicaid (2 points)

Value Standard: To ensure the access of treatment for people with SMI, SMHA's must demonstrate active collaboration with their state's Medicaid agency.

0 – If no substantial cooperation between the SMHA and the state's Medicaid agency seems to exist.
1 – If some cooperation is listed, but either there is no mention of adult systems collaboration or the state only mentioned that they are working on it.
2 – If a clear and solid example of cooperation was given.

SMHA self-reported questionnaire ~ masked scoring

Criterion 18. Wraparound Coverage for Benzodiazepines (2 points)

Value Standard: Beginning on January 1, 2006, federal benefit coverage excluded benzodiazepines. Access to this class of medications, however, is critical for the treatment of anxiety disorders and substance abuse withdrawal, among others, and states should provide access to this class of medications.

0 – If no plan to offer wraparound coverage of benzodiazepines for people dually eligible for Medicaid and Medicare enrolled in Medicare Part D exists.
1 – If some.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 19. Medications—Prescriber Feedback (2 points)

Value Standard: Studies have shown that a small percentage of doctors engage in extensive polypharmacy prescribing practices. Feedback to doctors has been shown to improve prescribing patterns and clinical outcomes.

0 – If "no," the state does not provide doctors with feedback on their prescribing patterns, or only to very small extent.
1 – If "no," not systematically, but some efforts are being made to address this issue.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 20. Policies to Encourage Integrated Treatment of Dual-Disorder Mental Illness and Substance Abuse (3 points)

Value Standard: As many as half of people with SMI develop alcohol or drug abuse problems at some point in their lives. States should have programs that support integrated treatment.

0 – If no programs to encourage integrated treatment exist.
1 – If 1–3 teams per 1 million people exist or if other models are used or substantial efforts are demonstrated.
2 – If 4–20 teams per 1 million people exist.
3 – If more than 20 teams per 1 million people exist.

SMHA self-reported questionnaire ~ masked scoring

Criterion 21. ACT (3 points)

Value Standard: Assertive Community Treatment (ACT) is a service-delivery model for providing comprehensive community-based treatment to persons with SMI. ACT offers continuous and integrated community-based care to people with SMI who have complex needs. The use of the SAMHSA model of ACT is an indicator of a state's commitment to recovery.

0 – If no SAMHSA model programs of ACT are available.
1 – If 1–7 SAMHSA model ACT teams are available.
2 – If 8–99 SAMHSA model ACT teams are available.
3 – If 100 SAMHSA model ACT teams are available or there are more than 8 teams per 1 million people.

SMHA self-reported questionnaire ~ unmasked scoring

Criterion 22. ACT Fidelity Standards (2 points)

Value Standard: SAMHSA promotes guidelines that articulate standards for fidelity to ACT. Fidelity to standards in this EBP supports successful treatment and recovery outcomes.

0 – If no ACT fidelity standards exist.
1 – If "some, but not necessarily to evidence based standards" or "no, but substantial efforts are taking place".
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 23. Family Psychoeducation (2 points)

Value Standard: Family psychoeducation programs that educate and inform families about mental illness demonstrate a reduction in relapse and re-hospitalization rate.

0 – If no SAMHSA model programs of family psychoeducation are available.
1 – If "no substantial efforts towards EBPs is evidenced and/or they are spotty across the state.
2 – If "yes," the SMAHSA model is available AND it is state wide.

SMHA self-reported questionnaire ~ masked scoring

Criterion 24. Illness Self Management (2 points)

Value Standard: Illness self-management programs for people with SMI provide consumers strategies for minimizing symptoms and preventing relapse. State support of these programs is an indicator of a system that is responsive to recovery.

0 – If no SAMHSA model programs of illness self-management exist.
1 – If no SAMHSA programs exist but other wellness programs are mentioned OR substantial efforts are taken to include them.
2 – If "yes," the SAMHSA model for illness management and recovery is in effect.

SMHA self-reported questionnaire ~ masked scoring

Criterion 25. Jail Diversion (3 points)

Value Standard: Jail diversion programs have been important catalysts for diverting people from unnecessary incarceration and linking them with needed services and supports. State support for jail diversion programs, including pre- and post-booking diversions, ensure that people with SMI are more likely to have access to appropriate services and avoid more costly and traumatic encounters with the criminal justice system.

0 – If there are no jail diversion programs.
1 – If there are 1 or 2 jail diversion programs per 1 million people.
2 – If there are 2 to 5 jail diversion programs per 1 million people.
3 – If there are more than 5 programs per 1 million people.

Research and evaluation of state jail diversion programs via the mental health courts survey Web site at http://www.mentalhealthcourtsurvey.com ~ unmasked scoring

Criterion 26. Restoration of Benefits Post-Correctional Stay (2 points)

Value Standard: A gap in access to SSI/SSDI and Medicaid/Medicare benefits is a major problem for individuals re-entering the community from correctional settings, promoting systems, and treatment failures.

0 – If "no," the state does not have a written plan to ensure the timely restoration of SSI/SSDI and Medicaid/Medicare benefits for individuals with SMI discharged from jail.
1 – If "considerable efforts are taking place."
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 27. Psychiatric Inpatient Bed Access (3 points)

Value Standard: Inpatient psychiatric beds are often critical for crisis stabilization and are disappearing across the nation. This places supporting an undue burden on Emergency Rooms and placing consumers at risk.

0 – If serious problems exist in accessing inpatient psychiatric beds, such as the state is having problems with access to both acute care beds and long-term care beds, and there are no publicly disclosed plans for improvement.
1 – If moderate problems exist, such as the state has problems with access to both acute care beds and long-term care beds, but there are plans for improvement.
2 – If mild problems exist, such as the state has a problem with access to either acute care beds or long-term care beds.
3 – If the state has no major problem with either acute care beds or long-term care beds.

Research of external sources such as NASMHPD Research Insitute's SMHA Profiling System and survey of state advocates ~ unmasked scoring

Criterion 28. Reduction in the Use of Restraint and Seclusion (3 points)

Value Standard: Restraint and Seclusion has been shown to be traumatizing, has no therapeutic benefits, and should be viewed as a failure. Efforts to reduce the use of R&S should be documented.

0 – If "no," the state can not document actual reductions in the use of restraint and seclusion in adult treatment facilities.
1 – If "yes," but the state only tracks information; no documentation is available.
2 – If "yes," the state tracks information and evidence of proven improvements exists.
3 – If "yes," the state tracks information and extraordinary improvement exists; documentation is given.

SMHA self reported questionnaire ~ unmasked scoring

Criterion 29. State Hospital Safety and Quality Processes (2 points)

Value Standard: State hospitals should be safe and therapeutic environments and should be accredited by a reputable organization such as Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Commission on Accreditation of Rehabilitation Facilities (CARF).

0 – If no state hospitals/facilities are accredited or there have been findings of civil rights violations by the Department of Justice for Civil Rights of Institutionalized Persons Act (CRIPA).
1 – If some of the state hospitals are accredited, but not all.
2 – If all of the state hospitals/facilities are accredited by JCAHO or CARF.

Website review of the JCAHO, the CARF and CRIPA to assess state hospital accreditation and Department of Justice action ~ unmasked scoring

Criterion 30. Olmstead Plan (2 points)

Value Standard: *Olmstead v. LC* requires states to develop an orderly system for helping institutionalized individuals obtain services in the most integrated settings appropriate to their needs.

0 – If "no," the state does not have an Olmstead Plan.
1 – If "not yet," but considerable efforts are taking place.
2 – If "yes."

SMHA self reported questionnaire ~ masked scoring

Recovery Supports – 22 possible points

Criterion 31. Supported Employment (3 points)

Value Standard: Employment is a cornerstone to recovery for people with SMI. Fewer than one in five people with a severe mental disorder is employed.

0 – If no substantial efforts towards evidence based programs is evidenced.
1 – If substantial efforts towards evidence based programs are in progress.
2 – If SAMHSA model teams exist but there are less than 10 per 1 million people.
3 – If SAMHSA model teams exist and there are more than 10 per 1 million people.

SMHA self-reported questionnaire ~ masked scoring

Criterion 32. SMHA/Vocational Rehabilitation Cooperation (2 points)

Value Standard: A successful work experience for people with SMI requires close cooperation between the SMHA and the State Vocational Rehabilitation Agency (SVRA). Work is essential to recovery for people with SMI.

0 – If "no," or if there is a small effort at collaboration between the SMHA and the SVRA evidenced, but no plan exists.
1 – If no written agreement on collaboration exists, but substantial collaboration takes place.
2 – If "yes," a written cooperative agreement between the SMHA and the state's Department of Vocational Rehabilitation to collaboratively finance supported employment services exists.

SMHA self-reported questionnaire ~ masked scoring

Criterion 33. Supported Housing (4 points)

Value Standard: Although SMHA's do not generally control affordable housing resources, they do have important responsibilities to ensure that extremely low income individuals with SMI do have access to decent, safe, and affordable housing in the community.

0 – If there is a general lack of awareness of supportive housing resources, no progress being made at the state level to expand access to supportive housing, and no effective plan to expand access to supportive housing exists.
1 – If there is a general lack of awareness of supportive housing resources despite progress being made (independent of the SMHA) by the affordable housing system in expanding access to supportive housing that serves individuals with SMI.
2 – If there is an awareness of supportive housing resources, but no formal engagement with the affordable housing system, and no plan to expand access to supportive housing.
3 – If there is an awareness of available supportive housing resources and some engagement with affordable housing system, existence of a plan to expand access to supportive housing.
4 – If there is a strong awareness of available supportive housing resources, effective engagement with the affordable housing system and a demonstrated commitment on the part of the state and the mental health system to expanding supportive housing.

SMHA self-reported questionnaire and research of source information including the Technical Assistance Collaborative's Housing Center (N-TAC) and other reputable sources ~ unmasked scoring
Note: Information about state mental health resources being invested in housing was not measured. The focus on the general awareness of available supportive housing resources and relative engagement of the SMHA in the affordable housing system, however, was evaluated and scored.

Criterion 34. Reduce Waiting Lists for Residential Services (3 points)

Value Standard: An array of housing options for people with SMI is important to ensure recovery. A state plan to reduce the wait list for housing is important, and a state's engagement in this effort is an indicator of commitment to consumer recovery.

0 – If "no," the state does not have a plan to reduce waiting lists for residential services for people with SMI.
1 – If "no identification as of now," but the problem is acknowledged and some efforts are being taken.
2 – If "yes," and a waiting list exists
3 – If "yes," and information about substantial efforts and existing programs-plans are validated.

SMHA self-reported questionnaire ~ masked scoring

Criterion 35. Housing Service Coordinator (2 points)

Value Standard: Generating housing is a cross agency function that requires dedicated individuals who know the different programs and rules. The designation and promotion of a state housing services coordinator indicates a commitment to this important function.

0 – If "no," the state does not have a housing coordinator.
1 – If "yes," but the contact information of the coordinator is not listed.
2 – If "yes," and the contact information of the coordinator is listed.

SMHA self-reported questionnaire ~ masked scoring

Criterion 36. Written Plan for Long Term Housing Needs (2 points)

Value Standard: To meet future housing needs, a written plan for addressing the long-term housing needs of people with SMI is an important first step and is an indicator of a state's commitment to this important aspect of recovery.

0 – If "no," the state does not have a written plan to address long term housing needs for people with SMI.
1 – If considerable efforts to develop a plan are taking place.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 37. Co-Occurring Disorders/No Wrong Door for Treatment (3 points)

Value Standard: As many as half of people with SMIs develop alcohol or drug abuse problems at some point in their lives. Policies should be in place to ensure that individuals with co-occurring disorders are not discharged from mental health care due to substance abuse.

0 – If "no," formal policies do not exist to ensure that individuals with substance abuse disorders retain access to mental health care.
1 – If considerable efforts to implement a policy are taking place.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring

Criterion 38. Family-to-Family/Logistical or Financial Support (2 points)

Value Standard: The National Association of State Mental Health Program Directors (NASMHPD) recognizes that consumers have a unique contribution to make to the improvement of the quality of mental health services in many areas of the service delivery system. Evidence of financial support for Family-to-Family and other family peer education programs is an indicator of an inclusive and responsive mental health system.

0 – If "no," the state does not provide logistical or financial support for Family-to-Family or other family peer education programs.
1 – If some efforts at supporting these programs exists.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring
Family-to-Family is a NAMI program.

Criterion 39. Peer to Peer/WRAP/BRIDGES/Logistical or Financial Support (2 points)

Value Standard: Consumer-driven recovery is well represented by consumer driven programs and is an increasingly important component of recovery. Evidence of financial support for Peer-to-Peer, BRIDGES, WRAP, and other illness-self management programs is an indicator of an inclusive and responsive mental health system.

0 – If "no," the state does not provide logistical or financial support for Peer-to-Peer, BRIDGES, WRAP, or other illness-self management program.
1 – If some efforts at supporting these programs exist.
2 – If "yes."

SMHA self-reported questionnaire ~ masked scoring
Peer-to-Peer is a NAMI program.

Questionnaire Sent to State Mental Health Authorities

NAMI Questionnaire Sent to State Mental Health Authorities

October 17, 2005

Dear [COMMISSIONER'S or DIRECTOR'S NAME]:

NAMI National has undertaken a project to profile every state's public mental health system for adults with serious mental illnesses. As part of this effort, NAMI has been in touch with your office over the past year to collect information on the implementation of evidence-based practices in your state. We greatly appreciate the data you have provided in the past, and we are now coming back to your office for additional information to ensure that we have an accurate picture of the shape of services and trends in your state.

To help us finalize our profile of your state, please complete the attached brief questionnaire by Monday, November 14th. Unless otherwise noted, these questions pertain to individuals with serious mental illnesses in your state. For the sake of simplicity, most of the questions can be answered with a "Yes" or "No." However, we invite you to provide more information when you feel it would be useful for our understanding of your state. If you have any questions on this project, please contact Abigail Graf at 703-600-1107 or abigail@nami.org.

Thank you again for helping NAMI to compile as accurate information as possible about services provided to people with serious mental illnesses in your state.

Sincerely,

Michael Fitzpatrick, MSW
Executive Director
NAMI National

Directions: Please complete the following questionnaire about your state's mental health services for adults with serious mental illnesses. Unless otherwise noted, the questions can be answered with a "Yes" or "No." However, we invite you to provide more information when you feel it would be useful for our understanding of your state. If you have any questions on this project, please contact Abigail Graf at 703-600-1107 or abigail@nami.org. Thank you in advance for providing NAMI with this information. **Please submit the completed questionnaire via e-mail by November 14th to abigail@nami.org.**

1. Does your state have an unduplicated count of persons served by the state mental health authority, and does this count include data on the race and ethnicity of clients? Please provide your state's unduplicated count, including the breakdown by race and ethnicity.

2. Can your state document examples of cooperation between the state mental health authority (SMHA) and Medicaid agency in priority-setting or planning? Please provide a brief example in five sentences or less.

3. Does your state charge co-pays for outpatient mental health services for mandatory Medicaid beneficiaries with serious mental illnesses? If so, how much are the co-pays?

4. Does your state have Medicaid waivers to increase coverage beyond federal requirements for mental illness services (e.g., ACT, integrated mental health and substance abuse services, Peer Specialists)? Please provide a brief example in five sentences or less.

5. Does your state have a program to help Medicaid beneficiaries with serious mental illnesses identify appropriate benefits and effective treatment services?

6. Does your state's Medicaid agency allow doctors and patients to select the antipsychotic compound they feel is best with no intermediary steps or restrictions, such as prior authorization?

7. Does your state plan to offer wraparound coverage of benzodiazepines for people dually eligible for Medicaid and Medicare enrolled in Medicare Part D?

8. Does your state restrict the total number of prescriptions that can be filled per month for Medicaid beneficiaries? If so, what are the specific limits?

9. Does your state have a written mandate for consumer and family input on all state medication formulary decisions?

10. Does your state provide doctors with feedback on their prescribing patterns?

11. Does your state offer a structured medication management strategy to help inform clinical decision making around prescribing?

12. Can your state document actual reductions in the use of restraint and seclusion in adult state treatment facilities, or efforts to reduce the use of these practices?

13. Does your state utilize consumer and family monitoring teams to review conditions in hospitals and other state facilities?

14. Does your state have an Olmstead Plan?

15. Does your state engage in efforts to reduce waiting lists for residential services? Please provide details in five sentences or less.

16. Could you please list the counties, and if applicable the number of teams in each county, where the SAMHSA model of Assertive Community Treatment (ACT) is available? NAMI has data from fiscal year XXXX indicating that the state has XX ACT teams. If that information is no longer accurate, please update as necessary.

17. Does your state have written standards to monitor the fidelity of ACT teams?

18. Could you please list the counties, and if applicable the number of programs in each county, where the SAMHSA model of Supported Employment is available? NAMI has data from fiscal year XXXX indicating that the state has XX Supported Employment programs. If that information is no longer accurate, please update as necessary.

19. Is there a written co-operative agreement between the SMHA and Department of Vocational Rehabilitation to collaboratively finance Supported Employment services?

20. Could you please list the counties, and if applicable the number of programs in each county, where the SAMHSA model of Family Psychoeducation is available? NAMI has data from fiscal year XXXX indicating that the state has XX Family Psychoeducation programs. If that information is no longer accurate, please update as necessary.

21. Does your state provide financial and/or logistical support for NAMI's Family-to-Family Education program, Journey of Hope, or another nationally recognized family education program?

22. Could you please list the counties, and if applicable the number of programs in each county, where the SAMHSA model of Illness Management and Recovery is available? NAMI has data from fiscal year XXXX indicating that the state has XX Illness Management and Recovery programs. If that information is no longer accurate, please update as necessary.

23. Does your state provide financial and/or logistical support for NAMI's Peer-to-Peer Education program, WRAP, Bridges, or another nationally recognized illness-self management program?

24. Could you please list the counties, and if applicable the number of programs in each county, where the SAMHSA model of Integrated Dual Diagnosis Treatment for mental illness and substance abuse is utilized? NAMI has data from fiscal year XXXX indicating that the state has XX programs utilizing Integrated Dual Diagnosis Treatment. If that information is no longer accurate, please update as necessary.

25. Does your state have formal policies to ensure that individuals with serious mental illnesses and active co-occurring substance disorders are not discharged from mental health care due to substance abuse?

26. Could you please list the counties, and if applicable the number of programs in each county, where supported housing is available? NAMI has data from fiscal year XXXX indicating that the state has XX supported housing programs. If that information is no longer accurate, please update as necessary.

27. Does your state have a person who is responsible for coordinating housing services for people with serious mental illnesses? If yes, please provide that person's name and telephone number.

28. Does your state have a written plan for addressing the long-term housing needs of people with serious mental illnesses?

29. Could you please list the counties, and if applicable the number of programs in each county, where pre- and post-booking jail diversion services are available? NAMI has data from fiscal year XXXX indicating that the state has XX jail diversion programs. If that information is no longer accurate, please update as necessary.

30. Does your state have a written plan to ensure the timely restoration of SSI/SSDI and Medicaid/Medicare benefits for individuals with serious mental illnesses discharged from jails?

31. Are consumers and families in your state involved in the implementation of evidence-based practices? Please provide a brief example in five sentences or less.

32. Did your state apply for a Transformation State Incentive Grant (TSIG), and is the state able to document meaningful consumer and family participation in the grant application process?

33. Has your state completed in writing a comprehensive mental health workforce needs assessment and a strategic plan to address those workforce needs?

34. Does your state study the causes of death for individuals with serious mental illnesses, and does it gather information about race and ethnicity of those individuals?

35. Does your state have a program to address the health disparities among individuals with serious mental illnesses? Please provide a brief example in five sentences or less.

36. Does your state's mental health authority prioritize services to individuals with serious and persistent mental illnesses through service eligibility criteria and benefit design?

37. In the past 3 years, has your state demonstrated innovation in solving a pressing mental health problem? Please provide a brief example in five sentences or less.

Thank you for completing this questionnaire. Please submit your response to Abigail Graf at abigail@nami.org by Monday, November 14th.

NAMI Grades the States National Score Card

Category		Criteria	AK	AL	AR
Infrastructure	1	Prioritizing services -- Severe & Persistent Mental Illnesses (SPMI)	3	3	2
	2	Demonstrated innovation	2	2	2
	3	Health disparities program	0	1	0
	4	Studies regarding causes of death	1	2	0
	5	Workforce development & strategic plan	1	1	0
	6	Insurance parity for mental illness	0	0	1
	7	Cultural competence assessment & plan	1	2	2
	8	Unduplicated count & breakdown by race/ethnicity	2	2	1
Information Access	9	Consumer & Family Test Drive (CFTD)	8	1	1
	10	Consumer & Family (CF) monitoring teams	2	2	0
	11	Written mandate ensuring CF input	0	1	0
	12	CF involvement in EBP implementation	2	2	2
Services	13	No outpatient mental health co-pays	2	3	3
	14	No restrictions for antipsychotic medications	3	1	3
	15	No restrictions on prescriptions per month	2	1	2
	16	Benefit-service identification program	1	2	1
	17	Interagency cooperation between SMHA & Medicaid	2	2	2
	18	Wraparound coverage for benzodiazepines	2	2	2
	19	Feedback to doctors on prescribing patterns	2	2	2
	20	Integrated dual diagnosis treatment policies	0	1	2
	21	Assertive Community Treatment (ACT) teams	0	2	1
	22	Written ACT fidelity standards	0	2	0
	23	Family psychoeducation - SAMHSA model	1	1	1
	24	Illness management & recovery - SAMHSA model	0	1	0
	25	Jail diversion programs	2	1	1
	26	Restoration of benefits post-incarceration	0	0	0
	27	Psychiatric inpatient bed access	1	1	1
	28	Reduction in use of restraints & seclusion	3	2	2
	29	Accreditation of state hospitals/facilities	2	1	2
	30	Olmstead Plan	1	2	2
Recovery Supports	31	Supported employment	2	0	1
	32	SMHA-Division of Vocational Rehab	0	0	2
	33	Supported housing	4	4	2
	34	Efforts to reduce waiting lists for residential services	1	2	0
	35	Housing services coordinator	2	2	2
	36	Written plan for long-term housing needs	2	1	0
	37	Co-occurring disorders--No Wrong Door	2	0	2
	38	Financial-logistical support Family-to-Family education program	1	2	2
	39	Financial-logistical support Peer-to-Peer education program	2	0	2

NAMI Grades the States National Score Card

Category	Criteria	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL
Infrastructure	1	3	3	U	3	3	3	3	3	3	0	3	3
	2	2	2	U	2	2	2	2	2	2	0	2	2
	3	0	1	U	2	0	2	0	0	0	0	0	0
	4	2	1	U	2	2	2	1	0	2	0	0	0
	5	2	3	U	3	3	1	0	2	0	0	0	1
	6	1	1	1	2	0	1	0	0	1	1	1	1
	7	2	2	2	2	2	2	0	1	2	1	1	1
	8	2	2	U	2	2	2	2	2	2	0	2	1
Information Access	9	6	6	4	9	7	4	8	6	6	4	3	2
	10	0	2	U	2	2	2	2	2	1	0	0	1
	11	0	1	U	0	0	1	2	0	0	1	0	0
	12	2	2	U	1	2	1	2	2	2	2	2	2
Services	13	2	3	U	3	3	3	0	3	3	3	3	1
	14	2	3	U	3	3	2	3	1	3	1	3	1
	15	3	2	U	3	3	2	3	1	3	3	3	1
	16	0	2	U	1	2	0	1	2	1	1	2	1
	17	2	2	U	2	2	2	2	2	2	2	1	2
	18	1	2	U	2	2	2	2	2	2	2	2	0
	19	1	2	U	1	2	2	2	1	0	2	2	2
	20	2	1	U	2	1	3	2	2	3	2	0	2
	21	2	2	U	3	3	1	2	2	2	1	1	2
	22	0	1	U	1	2	2	2	2	2	2	2	2
	23	0	2	U	2	0	0	2	0	1	0	0	0
	24	0	1	U	2	0	0	1	1	2	1	0	0
	25	1	1	U	3	1	1	2	1	2	1	2	1
	26	2	0	U	2	1	0	1	0	0	0	0	0
	27	1	1	1	1	2	2	0	1	1	1	1	0
	28	2	0	U	0	2	3	2	3	2	2	3	3
	29	2	0	2	0	0	2	0	2	2	1	1	1
	30	2	2	U	2	1	2	1	2	2	2	0	2
Recovery Supports	31	2	2	U	3	2	0	2	2	2	0	0	2
	32	2	2	U	2	1	2	2	0	2	0	1	0
	33	2	3	U	4	3	4	3	2	4	2	2	3
	34	3	3	U	2	3	3	1	2	2	0	0	0
	35	2	2	U	2	2	2	2	2	2	0	2	2
	36	2	2	U	2	2	2	2	2	2	0	0	2
	37	2	2	U	0	2	0	1	1	2	0	0	1
	38	2	2	U	2	2	2	2	0	2	0	1	2
	39	2	2	U	2	2	2	2	2	2	0	1	0

NAMI Grades the States National Score Card

Category	Criteria	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT
Infrastructure	1	0	2	3	3	3	3	3	3	2	3	2	2
	2	0	1	2	2	2	2	2	2	2	2	2	1
	3	0	0	0	0	1	2	2	0	0	2	0	0
	4	0	0	0	1	2	2	1	2	2	2	1	0
	5	0	0	0	2	0	0	0	2	2	1	0	0
	6	1	0	1	1	1	2	1	0	2	1	0	1
	7	1	0	1	0	2	0	0	1	1	2	2	1
	8	2	1	2	2	1	2	2	2	2	2	2	2
Information Access	9	10	3	2	2	5	8	7	10	9	1	7	4
	10	0	0	0	0	1	1	1	0	1	1	2	2
	11	0	0	0	1	0	2	2	1	1	2	2	1
	12	2	1	2	2	1	2	1	2	2	2	2	1
Services	13	3	0	3	2	3	3	3	2	3	3	3	0
	14	1	3	0	1	1	3	3	1	3	3	2	1
	15	3	3	1	2	3	3	3	3	3	3	1	3
	16	1	1	1	0	1	2	1	2	1	2	1	1
	17	2	1	1	2	2	2	2	2	2	2	2	2
	18	2	2	0	2	2	2	2	2	2	2	2	2
	19	1	1	0	2	2	2	2	2	1	2	2	2
	20	1	2	1	1	0	1	3	3	1	1	3	1
	21	2	0	0	1	2	1	1	3	2	1	0	1
	22	2	1	0	1	2	2	2	2	2	0	0	2
	23	0	0	1	1	1	2	1	1	0	1	1	0
	24	2	0	0	1	0	1	1	0	1	1	0	0
	25	1	0	1	1	1	1	3	2	1	2	1	1
	26	0	0	0	0	2	2	1	1	2	0	0	0
	27	1	1	1	0	1	0	1	1	1	1	0	1
	28	1	3	3	2	2	3	2	2	2	2	2	2
	29	2	2	2	2	2	2	2	2	2	1	1	0
	30	2	2	2	2	2	2	2	2	1	2	2	2
Recovery Supports	31	2	2	2	1	2	2	3	2	2	3	0	1
	32	2	2	0	0	0	2	2	1	2	2	1	0
	33	1	4	3	2	4	3	3	3	4	3	3	1
	34	0	2	2	0	3	2	3	3	2	2	2	0
	35	0	2	2	2	2	2	2	2	2	2	2	2
	36	0	2	0	1	2	2	2	2	2	0	1	1
	37	0	0	2	1	2	0	2	2	2	2	2	0
	38	2	2	2	2	2	1	2	0	2	2	2	2
	39	2	2	2	2	2	1	2	2	2	2	2	2

NAMI Grades the States National Score Card

Category	Criteria	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA
Infrastructure	1	3	0	3	2	3	3	3	U	3	3	3	3
	2	2	2	2	1	2	2	2	U	2	2	2	2
	3	0	0	0	1	2	1	0	U	2	0	1	2
	4	2	0	0	1	1	0	2	U	2	0	2	1
	5	0	0	1	0	1	3	0	U	3	1	2	1
	6	1	0	1	1	1	1	1	0	0	1	2	0
	7	2	0	0	0	2	2	0	2	1	0	2	1
	8	2	0	2	2	2	2	0	U	2	2	2	2
Information Access	9	7	2	3	6	8	1	3	7	10	5	8	2
	10	0	1	0	2	2	2	2	U	2	0	1	2
	11	0	0	2	1	0	0	0	U	1	0	0	2
	12	2	0	2	2	2	2	2	U	2	2	2	2
Services	13	3	3	3	3	3	3	0	U	3	3	1	1
	14	3	3	2	2	2	3	3	U	3	3	3	1
	15	1	3	3	3	3	3	3	U	3	1	3	2
	16	2	2	1	2	1	1	2	U	1	2	2	2
	17	2	2	2	2	2	2	2	U	2	2	2	2
	18	2	2	2	2	2	2	2	U	2	2	2	2
	19	1	2	0	2	1	1	2	U	2	1	2	2
	20	1	1	1	0	1	1	2	U	1	2	1	2
	21	2	0	1	1	2	1	1	U	2	2	2	2
	22	1	0	2	0	1	2	0	U	2	2	2	2
	23	1	0	0	1	2	2	0	U	1	1	2	1
	24	1	1	0	2	2	2	0	U	2	1	2	1
	25	2	0	1	1	1	2	1	U	3	1	1	1
	26	0	0	0	0	0	1	0	U	1	1	2	1
	27	1	3	3	1	1	2	1	1	1	1	1	1
	28	0	2	3	2	3	0	2	U	3	2	3	3
	29	0	2	2	2	2	2	2	2	2	2	1	2
	30	2	2	0	2	2	2	1	U	2	2	0	2
Recovery Supports	31	2	0	1	2	2	3	2	U	2	0	2	0
	32	2	2	1	0	2	2	2	U	0	2	1	1
	33	3	1	3	3	3	2	3	U	4	4	4	2
	34	3	2	2	1	0	2	2	U	2	0	2	3
	35	2	2	2	2	2	2	2	U	2	2	2	2
	36	1	2	2	0	1	2	0	U	2	2	2	1
	37	2	0	2	0	2	0	0	U	2	2	1	2
	38	2	0	1	0	2	2	0	U	2	2	2	2
	39	2	1	1	0	2	2	2	U	2	2	2	2

NAMI Grades the States National Score Card

Category	Criteria	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
Infrastructure	1	3	3	3	2	3	3	3	3	3	3	3	3
	2	2	2	0	2	2	2	2	2	2	2	2	2
	3	2	2	0	1	2	0	0	1	1	1	0	0
	4	1	2	0	1	1	0	1	2	1	2	1	2
	5	0	1	1	1	0	1	3	1	0	2	0	2
	6	1	1	1	1	1	1	1	2	1	0	1	0
	7	1	2	0	1	2	0	0	0	2	1	0	2
	8	2	2	0	1	2	2	1	1	2	2	2	0
Information Access	9	9	10	1	10	5	7	3	5	4	5	10	9
	10	0	2	0	1	1	2	1	2	2	2	1	2
	11	2	2	2	2	1	2	0	0	1	2	0	0
	12	0	2	1	2	2	0	2	2	2	1	2	1
Services	13	3	3	2	3	2	3	1	3	3	3	3	0
	14	3	3	3	2	3	3	3	3	1	2	1	2
	15	3	0	3	1	0	3	3	3	3	3	3	3
	16	1	2	1	1	2	1	2	1	2	2	1	0
	17	1	2	2	2	2	2	2	2	2	2	2	1
	18	2	2	2	0	1	0	2	2	2	2	2	2
	19	2	2	2	1	2	2	2	0	2	2	0	2
	20	2	1	1	1	3	0	2	1	0	2	2	2
	21	3	2	1	1	2	1	2	1	1	3	1	1
	22	2	2	2	2	2	0	2	0	0	2	2	0
	23	1	0	0	1	2	0	0	2	0	2	0	2
	24	0	2	0	1	2	0	0	1	1	0	0	1
	25	1	1	0	2	2	1	1	2	1	1	2	1
	26	2	0	0	0	2	1	0	2	1	2	1	0
	27	1	1	1	1	1	1	0	2	1	3	2	1
	28	3	2	3	2	3	3	3	0	2	3	2	2
	29	2	2	0	2	2	2	2	0	2	2	2	2
	30	2	2	1	1	2	2	2	2	2	2	2	2
Recovery Supports	31	2	2	1	2	1	2	2	3	1	2	2	3
	32	2	2	0	2	1	0	2	2	2	2	0	2
	33	4	3	1	4	2	3	1	3	2	3	3	3
	34	2	2	0	3	2	1	3	3	2	2	2	2
	35	0	2	0	2	2	2	0	2	0	2	0	0
	36	2	2	1	0	2	2	2	2	0	2	0	0
	37	2	2	1	1	2	0	0	2	0	2	0	0
	38	2	1	2	2	2	2	2	2	2	2	2	2
	39	1	2	1	2	2	2	2	2	2	2	2	2

Compendium of State Category Grades

Infrastructure		Information Access		Services		Recovery Supports	
Grade		**Grade**		**Grade**		**Grade**	
A	Connecticut Oregon	**A**	Ohio South Carolina Tennessee	**B+**	Wisconsin	**A**	California Hawaii Maine Minnesota Vermont
B	California Delaware Missouri Ohio South Carolina	**B+**	Florida	**B**	Maine Ohio	**B+**	Arizona Connecticut District of Columbia Massachusetts North Carolina Wisconsin
B-	Arizona District of Columbia New Jersey New Mexico	**B**	Maryland Michigan Minnesota Mississippi West Virginia	**B-**	Texas	**B**	Kansas Missouri Ohio Oregon South Carolina Tennessee
C	Alabama Maryland Minnesota Texas Wisconsin	**C+**	Alaska Connecticut Indiana New Jersey Wyoming	**C+**	Connecticut Hawaii Maryland Michigan Rhode Island	**C+**	Delaware Florida Michigan New Mexico Rhode Island
C-	Hawaii Massachusetts Michigan North Carolina Pennsylvania Rhode Island Vermont Washington	**C-**	California District of Columbia Maine New Hampshire Oregon Rhode Island Utah	**C**	New Jersey New Mexico Oklahoma Oregon	**C**	Alaska New Jersey Oklahoma Texas
D	Alaska Georgia Louisiana Maine Tennessee Virginia Wyoming	**D**	Georgia Hawaii North Carolina Texas Vermont Washington Wisconsin	**C-**	District of Columbia Minnesota Pennsylvania	**C-**	Kentucky Maryland Mississippi Nebraska Pennsylvania
D-	Idaho Illinois Kentucky Mississippi Nebraska Oklahoma Utah West Virginia	**D-**	Arizona Delaware Montana Pennsylvania	**D+**	Delaware Florida Georgia Massachusetts Missouri New Hampshire North Dakota South Carolina Virginia West Virginia	**D+**	Utah Virginia Wyoming
F	Arkansas Florida Indiana Iowa Kansas Montana New Hampshire Nevada North Dakota South Dakota	**F**	Alabama Arkansas Idaho Iowa Illinois Kansas Kentucky Louisiana Massachusetts Missouri Nebraska Nevada New Mexico North Dakota Oklahoma South Dakota Virginia	**D**	Alaska Alabama Arizona Arkansas California Idaho Indiana Iowa Nebraska Nevada North Carolina South Dakota Tennessee Utah Vermont Washington Wyoming	**D**	Arkansas Georgia Illinois Nevada
U	Colorado New York	**U**	Colorado New York	**D-**	Kansas Louisiana Mississippi	**D-**	Alabama Louisiana Washington West Virginia
				F	Illinois Kentucky Montana	**F**	Idaho Indiana Iowa Montana New Hampshire North Dakota South Dakota
				U	Colorado New York	**U**	Colorado New York

Explanation of State Narrative Tables Listing Spending and Rankings

For the table, entitled "Spending, Income, and Rankings," that accompanies each state narrative in this section of this report, the following is an explanation of the figures cited.

The first item, "PC MH spending / rank," indicates the per capita spending on mental health in that state and where that spending ranks the state nationally. The data given in this and the third item noted below are taken from the National Association of State Mental Health Program Directors Research Institute and include all 50 states plus the District of Columbia for 2003, the most recent year available.

The second item, "PC income / rank," indicates the state's per capita income and where that figure ranks the state nationally. This information is derived from U.S. Census Bureau data on Personal Income Per Capita for the year 2003, the most recent year available.

The third item, "Total MH spending / rank," indicates the total spending on mental health in the state.

The fourth item, "Suicide rank," indicates where the state ranks nationally according to the rate of reported suicides per 100,000 people in the year 2002, the most recent year available. The rank of 51, for example, indicates the lowest suicide rate. The data on which this ranking is based are derived from the National Vital Statistics Reports 2004 issued by the National Center for Health Statistics of the Centers for Disease Control.