



In 2006, the nation's mental health system earned a D. After three years, we remain stagnant, earning another D. This national grade (an average of the state grades) reflects our country's utter neglect of its most vulnerable citizens. The lack of improvement over time brings into sharp relief our complete failure to take charge of an ineffective system and begin to transform it.

There are certainly some positives to be noted. In many states, mental health agencies are building their workforces based on solid planning. They are adding evidence-based practices such as Assertive Community Treatment (ACT), increasing the availability of peer-provided services and supports, and working hard to coordinate with other systems, such as physical health, criminal justice, and housing.

But these improvements are neither deep nor widespread enough to improve the national average. And too often, innovative and energized state mental health directors are constrained by budget cuts, bureaucratic procedures, and outdated requirements. There are many critical "actors" in this system—SAMHSA, governors, state legislators, Medicaid Directors—and without

a unified commitment to change and concerted efforts at coordination, little can be accomplished.

This paralysis can be readily seen in the long list of problems that have led to our nation's second consecutive grade of D. We have too few psychiatric beds, treatment services, and community-based supports for those who need them; people with mental illnesses are neglected until they reach the point of crisis, and are then dumped onto other systems. Across the nation, people with mental illnesses are unnecessarily incarcerated, homeless, out of work, and unable to access needed medicines. On top of it all, we have an extremely limited capacity to monitor and measure our own efforts—the very foundation of effective reform.

It need not be this way. The United States has made great strides in combating cancer, heart disease, HIV, and diabetes. We must make the same commitment to recovery for people with mental illness. In his Inaugural Address, President Obama said:

The challenges we face are real, they are serious, and they are many. They will not be met easily or in a short span of time. But know this, America, they will be met.

The challenge of transforming our nation's mental health system must remain a priority among the many challenges the President envisions. As we take-on the economic crisis and tackle health care reform, we must ensure that our nation never again earns a grade of D for its treatment of people with serious mental illnesses.

The time has long since passed for yet another piecemeal approach to mental health reform. Instead, the Commission recommends a fundamental transformation of the Nation's approach to mental health care. This transformation must ensure that mental health services and supports actively facilitate recovery, and build resilience to face life's challenges. Too often, today's system simply manages symptoms and accepts long-term disability.

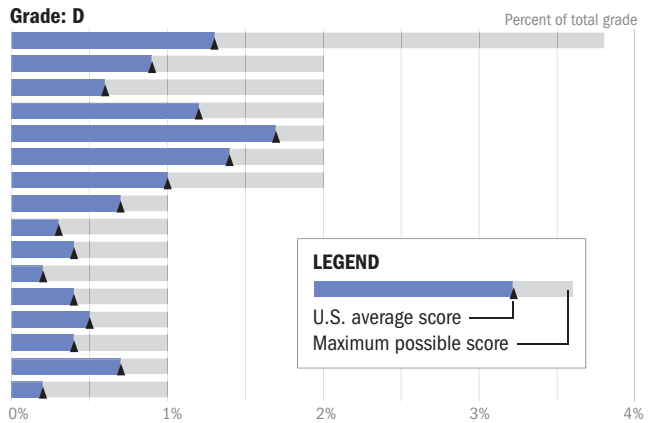
Michael J. Hogan, chair of the
New Freedom Commission on
Mental Health, 2003

NAMI Score Card: UNITED STATES

Grade: D

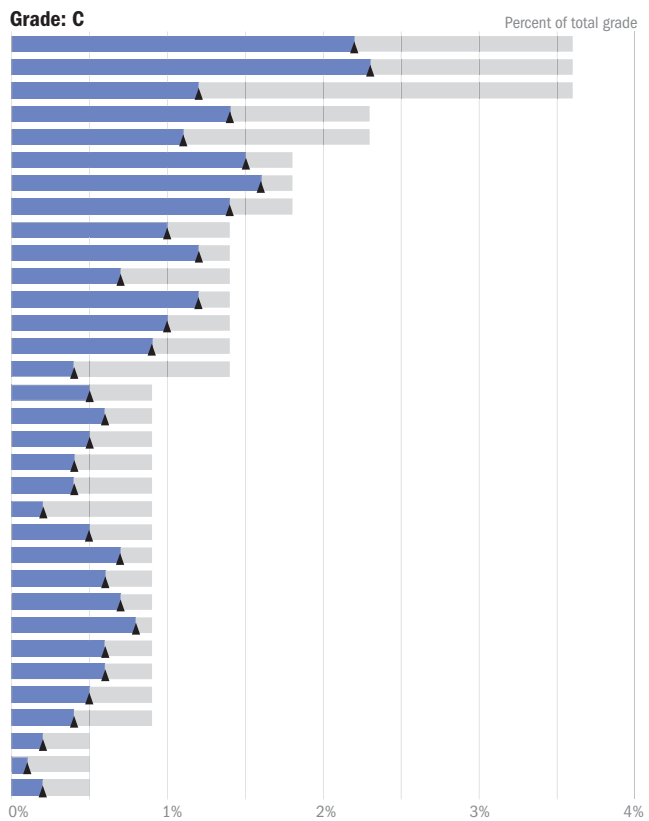
Category I: Health Promotion & Measurement

- Workforce Development Plan
- State Mental Health Insurance Parity Law
- Mental Health Coverage in Programs for Uninsured
- Quality of Evidence-Based Practices Data
- Quality of Race/Ethnicity Data
- Have Data on Psychiatric Beds by Setting
- Integrate Mental and Primary Health Care
- Joint Commission Hospital Accreditation
- Have Data on ER Wait-times for Admission
- Reductions in Use of Seclusion & Restraint
- Public Reporting of Seclusion & Restraint Data
- Wellness Promotion/Mortality Reduction Plan
- State Studies Cause of Death
- Performance Measure for Suicide Prevention
- Smoking Cessation Programs
- Workforce Development Plan - Diversity Components



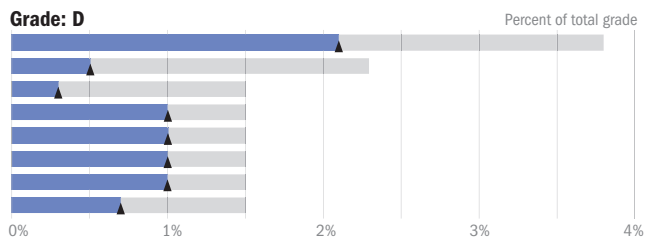
Category II: Financing & Core Treatment/Recovery Services

- Workforce Availability
- Inpatient Psychiatric Bed Capacity
- Cultural Competence - Overall Score
- Share of Adults with Serious Mental Illness Served
- Assertive Community Treatment (ACT) - per capita
- ACT (Medicaid pays part/all)
- Targeted Case Management (Medicaid pays)
- Medicaid Outpatient Co-pays
- Mobile Crisis Services (Medicaid pays)
- Transportation (Medicaid pays)
- Peer Specialist (Medicaid pays)
- State Pays for Benzodiazepines
- No Cap on Monthly Medicaid Prescriptions
- ACT (availability)
- Certified Clubhouse (availability)
- State Supports Co-occurring Disorders Treatment
- Illness Self Management & Recovery (Medicaid pays)
- Family Psychoeducation (Medicaid pays)
- Supported Housing (Medicaid pays part)
- Supported Employment (Medicaid pays part)
- Supported Education (Medicaid pays part)
- Language Interpretation/Translation (Medicaid pays)
- Telemedicine (Medicaid pays)
- Access to Antipsychotic Medications
- Clinically-Informed Prescriber Feedback System
- Same-Day Billing for Mental Health & Primary Care
- Supported Employment (availability)
- Integrated Dual Diagnosis Treatment (availability)
- Permanent Supported Housing (availability)
- Housing First (availability)
- Illness Self Management & Recovery (availability)
- Family Psychoeducation (availability)
- Services for National Guard Members/Families



Category III: Consumer & Family Empowerment

- Consumer & Family Test Drive (CFTD)
- Consumer & Family Monitoring Teams
- Consumer/Family on State Pharmacy (P&T) Committee
- Consumer-Run Programs (availability)
- Promote Peer-Run Services
- State Supports Family Education Programs
- State Supports Peer Education Programs
- State Supports Provider Education Programs



Category IV: Community Integration & Social Inclusion

- Housing - Overall Score
- Suspend/Restore Medicaid Post-Incarceration
- Jail Diversion Programs (availability)
- Reentry Programs (availability)
- Mental Illness Public Education Efforts
- State Supports Police Crisis Intervention Teams (CIT)
- Mental Health Courts - Overall Score
- Mental Health Courts - per capita

