Grading the States 2009

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



Executive Summary, Key Policy Recommendations & State Grades

For full report and excerpts of Vermont report card & narrative, see: www.nami.org/grades2009

EXECUTIVE SUMMARY

Our national mental health care system is in crisis. Long fragile, fragmented, and inadequate, it is now in serious peril.

In 2003, the presidential New Freedom Commission presented a vision for a life-saving, recoveryoriented, cost-effective, evidence-based system of care. States have been working to improve the system, but progress is minimal.

Today, even those states that have worked the hardest stand to see their gains wiped out. As the country faces the deepest economic crisis since the Great Depression, state budget shortfalls mean budget cuts to mental health services.

The budget cuts are coming at a time when mental health services are even more urgently needed. It is a vicious cycle that destroys lives and creates more significant financial troubles for states and the federal government in the long run.

One in four Americans experience mental illness at some point in their lives. The most serious conditions affect 10.6 million people. Mental illness is the greatest cause of disability in the nation, and twice as many Americans live with schizophrenia than with HIV/AIDS.

We know what works to save lives and help people recover. In the face of crisis, America needs to move forward, not retreat. We cannot leave our most vulnerable citizens behind.

The Grades

In 2006, NAMI published *Grading the States: A Report on America's Mental Health Care System for Serious Mental Illne*ss, to provide a baseline for measuring progress toward the transformation envisioned by the New Freedom Commission. In 2006, the national average was a D grade.

Three years later, this second report finds the national average to be stagnant— again a D. Fourteen states have improved their grades since 2006, but not enough to raise the national average. Twelve states have fallen back. Twenty-three states have stayed the same.

Oklahoma improved the most, rising from a D to a B; South Carolina fell the farthest, from a B to a D.

Overall, the grade distribution for 2009 is:

Six Bs Eighteen Cs Twenty-one Ds Six Fs

Most of the information on which the 2009 grades are based was compiled and analyzed in 2008. As state legislatures work on budgets for 2009-2010, much of the work accomplished since 2006, no matter whether it occurred in states earning a B or an F, is now on the chopping block.

The grades are based on 65 specific criteria. Each state received grades in four categories, which then comprise the overall grade. State mental health agencies were the primary source of information for the report, responding to a NAMI survey in August 2008. Other data were drawn from academic researchers, health care associations, and federal agencies.

NAMI conducted a nationwide Web-based survey, which drew over 13,000 responses from consumers and family members. The results were not used in the grading process, but helped inform the report. Some consumer and family comments from the survey accompany state narratives in Chapter 5. NAMI volunteers also conducted a "Consumer and Family Test Drive" of state mental health agency Web sites and telephone resources to measure the ease (or difficulty) of access to information—which is the first challenge in finding help when it is needed.

The Information Gap

This report presents 10 characteristics of a life-saving, cost-effective, evidence-based mental health care system, and discusses specific programs. A critical concern is the need for greater data to help drive decision-making.

An information gap exists in measuring the performance of the mental health care system. To some degree, states are groping blindly in the dark while seeking to move forward.

The fault begins at the federal level, where the U.S. Department of Health and Human Services' (HHS) Substance Abuse & Mental Health Services Administration (SAMHSA) has failed to provide adequate leadership in developing uniform standards for collecting state, county, and local data.

This report provides the nation's most comprehensive, comparative assessment of state mental health care systems to date. But more information on performance and outcomes is needed.

Key Findings

Many states are valiantly trying to improve systems and promote recovery, despite a stranglehold of rising demand and inadequate resources. Many states are adopting better policies and plans, promoting evidence-based practices, and encouraging more peer-run and peer-delivered services. But state improvements are neither deep nor widespread across the nation. This report's findings follow the four categories in which each state was graded:

Health Promotion and Management

- States are not focusing on wellness and survival for people with serious mental illnesses.
- States do not have adequate data on critical mental health services.
- Few states have public health insurance plans that adequately meet the needs of people with serious mental illnesses.
- Private insurance plans often lack sufficient coverage for mental health and substance use disorders.
- Most states have inadequate plans for developing and maintaining the mental health workforce.

Financing and Core Treatment/Recovery Services

- State mental health financing decisions are often penny-wise, pound-foolish.
- States are not adequately providing services that are the lynchpins of a comprehensive system of care, such as Assertive Community Treatment, integrated mental health and substance abuse treatment, and hospital based care when needed.
- States are not ensuring that their service delivery is culturally competent.

Consumer and Family Empowerment

- Information from state mental health agencies is not readily accessible.
- States are not creating a culture of respect.
- Consumers and family members do not have sufficient opportunities to help monitor the performance of mental health systems.

Community Integration and Social Inclusion

- Few states are developing plans or investing the resources to address long-term housing needs for people with serious mental illnesses.
- Effective diversion from the criminal justice system is more common, but remains scattershot without state-level leadership.
- Most states are beginning to provide public education on mental illness, but stigma remains a major concern.

Policy Recommendations

To transform our nation's mental health care system, the federal government, governors, and state legislators must take action in five key areas. This report offers specific recommendations in each area. Chapter 4 highlights states that are currently supporting some of these critical steps.

1. Increase Public Funding for Mental Health Care Services

- > Institute modest tax increases
- Reallocate resources
- Establish dedicated trusts

2. Improve Data Collection, Outcomes Measurement, and Accountability

- Establish firm federal leadership
- Reestablish priority for mental health data collection at the federal level
- Standardize data collection within (and across) states
- > Report on evidence-based practices
- Track wait times in emergency rooms

3. Integrate Mental and Physical Health Care

- Expand pilot programs that link physical and mental health
- Co-locate primary care physicians and psychiatrists in clinics
- Cover preventive care in private and public health insurance plans
- Increase use of health and wellness programs

4. Promote Recovery and Respect

- > Employ peer specialists
- > Fund peer-run services
- > Fund peer-education programs
- Provide culturally and linguistically competent services
- ➤ Invest resources in reducing human rights violations
- Increase employment opportunities
- Increase housing opportunities

5. Increase Services for People with Serious Mental Illnesses Who are Most at Risk

- ➤ Eliminate the Institutions for Mental Diseases (IMD) exclusion
- ➤ Implement a coherent response on non-adherence to treatment, including peercounseling, psychiatric advance directives, treatment guardianships, and assisted outpatient treatment.
- > Adopt incentives to increase the qualified mental health workforce

In Conclusion

Today's economic crisis presents a daunting challenge for all Americans, including public officials who, NAMI recognizes, must make hard choices. But change is urgently needed.

We need leadership, political will, and investment from governors, legislatures, and other champions to preserve—and build on—the modest progress being made to improve public mental health care. We need to rise above existing inadequacy. We need to save lives and help people to recover.

Transformation of the mental health care system will take time. It will occur incrementally. We can measure its progress, but progress will only occur if we make it happen.

Grading the States 2009: State by State

The following chart shows each state's overall grade as well as its grade in each of NAMI's 2009 scoring categories (*I. Health Promotion and Measurement, II. Financing & Core Treatment/Recovery Services, III. Consumer & Family Empowerment, and IV. Community Integration and Social Inclusion*).

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State	2009 Grade	2006 Grade	<u>category I</u>	<u>category II</u>	Category III	<u>Category IV</u>	<u>Prevalence</u>
United States	D	<u>D</u>	D	C	D	D	10,585,435
<u>Alabama</u>	D	<u>D</u>	F	С	D	F	186,541
<u>Alaska</u>	D	<u>D</u>	D	C	F	F	23,650
<u>Arizona</u>	С	<u>D</u>	D	В	В	C	220,909
<u>Arkansas</u>	F	<u>D</u>	F	D	F	F	116,435
<u>California</u>	С	<u>C</u>	В	С	D	В	1,175,006
<u>Colorado</u>	С	N/A	F	В	С	D	157,828
Connecticut	В	<u>B</u>	В	В	Α	C	108,730
<u>Delaware</u>	D	<u>C</u>	D	D	F	D	28,652
District of Columbia	С	<u>C</u>	D	В	D	C	22,811
<u>Florida</u>	D	<u>C</u>	F	D	D	C	660,443
<u>Georgia</u>	D	<u>D</u>	D	C	С	C	348,789
<u>Hawaii</u>	С	<u>C</u>	D	В	D	D	32,435
<u>ldaho</u>	D	<u>E</u>	F	D	D	D	54,375
<u>Illinois</u>	D	<u>E</u>	D	С	С	D	420,841
<u>Indiana</u>	D	<u>D</u>	D	D	D	D	226,713
<u>lowa</u>	D	<u>E</u>	D	D	F	D	104,922

<u>Kansas</u>	D	<u>E</u>	D	С	D	D	95,110
<u>Kentucky</u>	F	<u>E</u>	F	D	D	F	181,441
<u>Louisiana</u>	D	<u>D</u>	D	D	D	D	182,593
<u>Maine</u>	В	<u>B</u>	В	В	В	В	51,248
<u>Maryland</u>	В	<u>C</u>	В	В	В	С	175,173
<u>Massachusetts</u>	В	<u>C</u>	В	В	С	С	210,815
<u>Michigan</u>	D	<u>C</u>	F	В	D	D	348,154
Minnesota	С	<u>C</u>	D	С	С	D	167,810
<u>Missippi</u>	F	<u>D</u>	F	F	С	F	125,269
<u>Missouri</u>	С	<u>C</u>	С	С	D	D	222,596
Montana	D	<u>E</u>	F	С	D	F	38,961
<u>Nebraska</u>	D	<u>D</u>	F	D	F	F	60,744
<u>Nevada</u>	D	<u>D</u>	F	D	D	F	88,540
New Hampshire	С	<u>D</u>	С	С	D	D	42,818
New Jersey	С	<u>C</u>	С	С	В	D	258,617
New Mexico	С	<u>C</u>	С	С	F	D	71,674
New York	В	N/A	С	В	В	C	672,924
North Carolina	D	<u>D</u>	D	С	F	C	334,855
North Dakota	D	<u>E</u>	F	D	D	F	24,131
<u>Ohio</u>	С	<u>B</u>	С	С	С	В	418,207
<u>Oklahoma</u>	В	<u>D</u>	В	С	С	C	147,343
<u>Oregon</u>	С	<u>C</u>	С	В	F	В	137,345
<u>Pennsylvania</u>	С	<u>D</u>	D	С	С	D	448,455
Rhode Island	С	<u>C</u>	D	С	D	D	37,739
South Carolina	D	<u>B</u>	F	С	С	F	170,022
South Dakota	F	<u>E</u>	F	F	F	F	30,351
<u>Tennessee</u>	D	<u>C</u>	D	С	С	D	246,003
<u>Texas</u>	D	<u>C</u>	F	D	F	D	832,795
<u>Utah</u>	D	<u>D</u>	F	С	С	D	82,362
<u>Vermont</u>	С	<u>C</u>	С	С	С	D	22,712
<u>Virginia</u>	С	<u>D</u>	С	С	С	D	261,959
Washington	С	<u>D</u>	D	В	F	D	218,585
West Virginia	F	<u>D</u>	D	F	F	F	81,214
Wisconsin	С	<u>B</u>	D	В	С	D	188,057
Wyoming	F	<u>D</u>	F	D	F	F	19,733