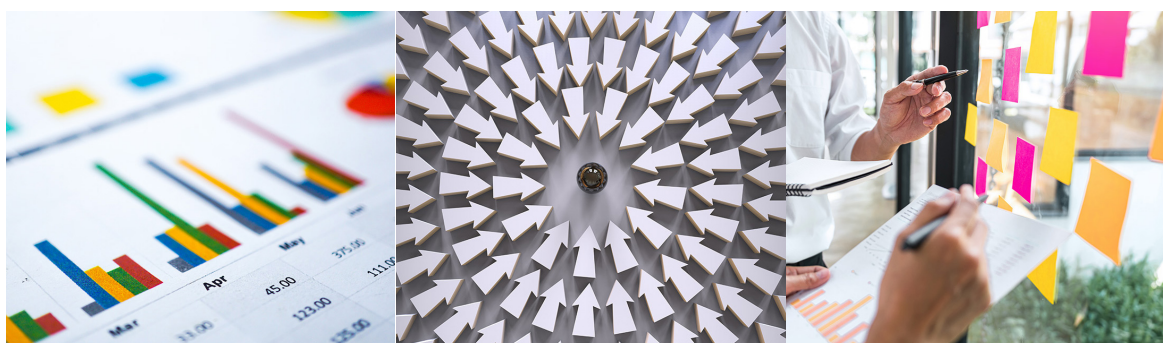




What State Court Leaders Need to Know About State Behavioral Health Systems

State behavioral health systems and structures are as varied as state court systems! This Court Leadership Brief is intended to provide state court leaders an overview of state behavioral health systems based on research and analytics. Understanding the complexity of state behavioral health systems is an important step in strengthening the state courts' relationship with your state behavioral health authority.



BACKGROUND

This Court Leadership Brief is based on [analytics developed to improve behavioral health delivery systems](#).

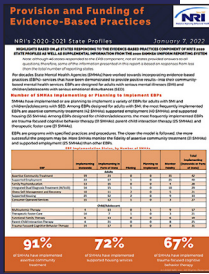
NRI was originally formed as a research ally of the National Association of State Mental Health Program Directors (NASMHPD) in 1987. It is now a distinct, nonpartisan, not-for-profit 501(c)(3), but the goals have remained the same: to ascertain, develop, and distribute information (data, statistics, performance measures) about behavioral health systems.

Through their State Profiling System, NRI tracks State Mental Health Agency (SMHA) initiatives in prevention and treatment of mental disorders. Dating back to 1996, the State Profiling System database provides detailed descriptions about each SMHA, including their organization and structure, consumer issues, fiscal resources, emerging policy issues, research and evaluation initiatives, information management structures, and more.

The 14 reports below provide highlights based on responses from 41 to 49 states about a range of components contained in the NRI State Profiles (and some supplemental information from agencies like SAMHSA and the National Association of State Budget Officers).

1. Provision and Funding of Evidence-Based Practices - JAN 2022

NRI outlines the established use of evidence-based-practices (EBPs) by SMHAs, the barriers the state agencies reported facing when trying to implement those practices, and initiatives, training, and funding to support the adoption of EBPS (including examples from some of the 33 SMHAs working with academic partners to evaluate or implements such practices). Some of the EBPs delineated in the report include assertive community treatment, supported employment, family psychoeducation, integrated dual diagnosis treatment, illness self-management and recovery, supported housing, consumer operated services, and child/adolescent programming like therapeutic foster care and parent-child interaction therapy.



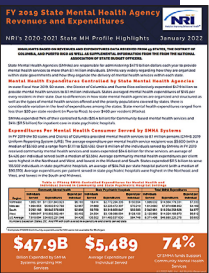
2. Initiatives to Support Housing Services for Individuals with SMI and SED - JAN 2022

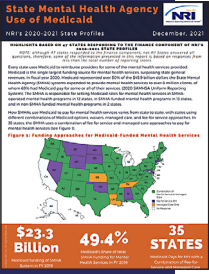
As noted in the EBP report above, supported housing services are the most widely available EBPs in the nation at this time. Most SMHAs have a plan to address housing needs of adults with Serious Mental Illness (SMI) or children with Serious Emotional Disturbance (SED). This report presents kinds of supported housing programs and how common they are, mechanisms of financing the programs, and the kinds of barriers between individuals with SMI and SED and suitable housing. The report shows that almost every responding state has an inadequate supply of community housing services.



3. FY 2019 State Mental Health Agency Revenues and Expenditures - JAN 2022

This report presents information about the revenues and expenditures of SMHAs by state and in aggregate (for the nation and by region). The focus of the report is data from FY 2019, but it also shows changes and trends since FY 1981, including statistics related to new or changing tax programs (e.g., the Community Mental Health Block Grant). The per capita expenditure for mental health is mapped by state, and the report charts comparative numbers of SMHA-controlled expenditures on community mental health services versus state psychiatric hospitals.





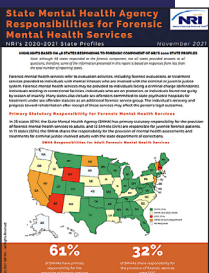
4. State Mental Health Agency Use of Medicaid - DEC 2021

In this report, NRI presents information and analytics about the organization, structure, and effect of Medicaid funding related to SMHA services. “Medicaid is the single largest funding source for mental health services, surpassing state general revenues.” The report maps states who use Medicaid funding for managed-care, fee-for-services, or both, and it charts the SMHA funding sources for state psychiatric hospitals as compared to community mental health services. Data management systems and collaboration between SMHAs, Medicaid offices, and other partners are also explained.



5. SMHA Organization and Structure in State Government - NOV 2021

Here, in broad strokes, NRI reports on the organization and structure of SMHAs in the state government. For instance, the report lays out how many SMHAs are located within Departments of Human Services versus in independent Departments of Mental/Behavioral Health, the State Medicaid Agency, or other. The report outlines trends in SMHA reorganization, along with information about SMHA responsibilities for the provision of alcohol/drug use treatments services and/or intellectual/developmental disability services, specific mental health services and populations, state hospitals, and community mental health services. An example of a takeaway from the summary report is: “States with larger populations tend to use local governments to organize the delivery of community mental health services, while most states contract with private non-profit community mental health agencies.”



6. State Mental Health Agency Responsibilities for Forensic Mental Health Services - NOV 2021

NRI reports on analytics related to SMHA’s relationship to forensic mental health services (evaluation activities, including forensic evaluations, or treatment services provided to individuals with mental illnesses who are involved with the criminal or juvenile justice system). The report includes the settings states use to deliver forensic mental health services and where the statutory responsibility for the services lies (e.g., SMHA only, SMHA shared with Department of Corrections, etc.)



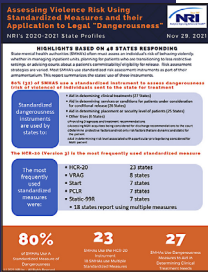
7. Competency Restoration: Use of State Hospitals, Community-Based, and Jail-Based Approaches - NOV 2021

States are structured in various ways to achieve competency restoration (CR). In some states, the SMHA has the discretion to determine whether CR services are provided inpatient or outpatient, and the courts make the service location determination in others. This report describes and maps the way states use outpatient CR services (some reported providing services in jail settings, for instance) and details various ways inpatient services are structured, funded, and implemented.



8. [Criminal Justice Diversion Programs for Justice-Involved Adults with Mental Illnesses - NOV 2021](#)

NRI summarizes various forms of diversion programs and how they are implemented in different states. As the report states, the term “diversion programs” is loosely defined and does not have a universally accepted set of program types. This report covers crisis response systems at Sequential Intercept Zero, Mental Health Courts, and Reentry Programs.



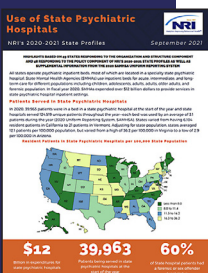
9. [Assessing Violence Risk Using Standardized Measures and their Application to Legal "Dangerousness" - NOV 2021](#)

This report outlines and summarizes the use of instruments SMHAs employ to assess an individual’s risk of behaving violently in clinical or courtroom settings, planning for patients who are transitioning to less restrictive settings, or advising courts about a patient’s committability/ eligibility for release. The common standard assessment strategies are listed and mapped, and the report includes a shortform essay, “Background on the Role of ‘Dangerousness’ in Determining Psychiatric Hospitalization”, By W. Lawrence Fitch, J.D.



10. [Competency to Stand Trial Evaluations: Use of State Hospitals, Community-Based, and Jail-Based Approaches - OCT 2021](#)

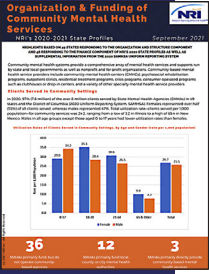
This report includes information about who provides and funds Competency to Stand Trial (CST) evaluations, any statutory timelines to complete evaluations, location of CST evaluations (outpatient or inpatient), and how CST evaluators are trained and tested in different states.



11. [Use of State Psychiatric Hospitals - SEP 2021](#)

All states operate psychiatric inpatient beds, most of which are located in a specialty state psychiatric hospital. State Mental Health Agencies (SMHAs) use inpatient beds for acute, intermediate, and long-term care for different populations including children, adolescents, adults, adults, older adults, and forensic population. In fiscal year 2020, SMHAs expended over \$12 billion dollars to provide services in state psychiatric hospital inpatient settings.

This report outlines the numbers of state psychiatric hospitals, numbers of patients served in state psychiatric hospitals, whether the state psychiatric hospitals are overseen by the SMHA, the clients served by the hospitals (e.g., whether children are served and whether the hospitals provide both short and long-term care) and charts the kinds of legal status of patients in the state psychiatric hospitals (e.g., voluntary or involuntary hold, forensic or civil, etc.). The report also addresses the shortage of inpatient beds in state psychiatric hospitals that most states reported.



12. Organization & Funding of Community Mental Health Services - SEP 2021

NRI outlines the varying ways community mental health services (e.g., community mental health centers (CMHCs), psychosocial rehabilitation programs, outpatient clinics, residential treatment programs, crisis programs, consumer-operated programs such as clubhouses or drop-in centers, etc.) are organized and funded. Some specific state initiatives are highlighted, and the report charts the number of states using each of 23 listed funding sources by type of service.



13. SMHA Mental Health Crisis Services - SEP 2021

NRI maps and describes states' compliance with the three core service elements in SAMHSA's 2020 "[National Guidelines for Behavioral Health Crisis Care—A Best Practice Toolkit](#)" (i.e., regional or statewide crisis call centers coordinating in real time, centrally deployed, 24/7 mobile crisis teams, and 23-hour crisis receiving and stabilization programs). The report also outlines financing mechanisms for crisis services and examples of initiatives and partnerships some states have developed.



14. Impact of COVID-19 on State Mental Health Services - OCT 2020

The COVID-19 pandemic has exacerbated and highlighted existing challenges in the state mental health service systems. This report describes the pandemic's effects on all aspects of state behavioral health systems, including inpatient care in state hospitals, crisis services, community-based treatment services, and services to school-aged children. NRI conducted a supplemental state profile study between June and September 2020 to develop this account related, in particular, to the priority areas of state psychiatric hospitals, community mental health services and providers, mental health crisis services, use of telehealth, and use of state behavioral health disaster preparedness plans. PPE and workforce shortages are also addressed, along with how other now-familiar challenges presented by COVID-19 have affected state mental health services.



This document was developed under the Mental Health Initiative: Phase II Grant #SJI-20-P-054 from the State Justice Institute and approved by the Task Force Executive Committee. The points of view expressed do not necessarily represent the official position or policies of the State Justice Institute.