

How State Mental Health Agencies Use the Community Mental Health Services Block Grant to Improve Care and Transform Systems: 2007

Task 25a Report: Identifying, Collecting and Comparing Each State's Expenditures for Use of Mental Health Block Grant Allocations

*Prepared for
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***The views expressed in this report do not necessarily reflect the official policies of the
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Summary

In 2006, 50 states, the District of Columbia, and eight (8) U.S. Territories received over \$406 million dollars through the Community Mental Health Services Block Grant (MHBG) program to provide services to both adults with serious mental illnesses and children with serious emotional disturbances and to develop, implement, monitor, and evaluate state plans for comprehensive community-based mental health services that promote the objectives of transforming mental health services in America. The comprehensive mental health systems that states administer served 6 million persons (2% of the population of the United States) in 2006 with expenditures of over \$29 billion.

This review of the 2006 Mental Health Block Grant State Plans, the Annual Implementation Reports, State Uniform Reporting System (URS) information, and additional information provided by State Mental Health Agencies (SMHAs) provides a robust picture of how states are utilizing their limited, but crucial funds, to meet the goals of the MHBG. As required by the MHBG statute, state reporting on the MHBG focuses on the larger community mental health system for which SMHAs are responsible. However, the MHBG Plans, Implementation Reports and supplemental information from the SMHAs, provide insights on specific MHBG activities of states.

Information provided by the states demonstrates that the MHBG is often used to promote systems changes and make improvements called for by the President's New Freedom Commission on Mental Health and SAMHSA's Transforming Mental Health Care in America Action Plan. States often describe using their MHBG resources to implement important new initiatives such as peer services, suicide hotlines and prevention activities, anti-stigma initiatives, new trauma-related initiatives, training providers for Evidence-Based Services, coordinating across multiple care systems for children and adults, and for criminal justice diversion programs. These are all new initiatives that support state transformational agendas but are difficult or impossible to pay for via traditional payment systems such as Medicaid and private insurance plans.

This report begins with a background on the MHBG, focusing on the history of reporting requirements. The report next describes the approach used for creating this report and summarizes the major data sources utilized. Next the report summarizes major areas identified by the study. Finally, the report concludes with brief information on the MHBG's role in each of the 50 states, D.C., and the U.S. Territories.

*"A man in his 20's went off his medications for bipolar disorder, became agitated and violent at home; police were called, and followed procedures of the new AMHD pre-booking jail diversion. They called a new Honolulu Police Department (HPD) mental health emergency psychologist for guidance. He was not arrested; was taken to an ER hospital for evaluation and inpatient treatment. Six months later, he was back on his medications and doing very well. This pre-booking program, tightly linked to HPD, will prevent consumer trauma and decrease costs." – **Hawaii Adult Mental Health Division***

*"MHBG has provided funding to NAMI-MS to provide Peer-to-Peer training throughout the state of Mississippi. The MS Leadership Academy has also evolved from these efforts. The graduates from Peer-to-Peer trainings are referred to the MLA, to enhance their recovery skills. Peer-to-Peer and MLA will be prerequisite certifications to these individuals becoming employed by DMH, Community Mental Health Centers, and other agencies to provide recovery based support to other individuals receiving services." – **Mississippi Department of Mental Health***

Section 1: Background on the Community Mental Health Services Block Grant

The federal MHBG is the largest single federal funding stream dedicated to mental health services from the Substance Abuse and Mental Health Services Administration (SAMHSA). Over \$406 million is distributed via the MHBG every year to the 50 states, D.C., and 8 U.S. Territories. The states and territories use the MHBG to finance innovative mental health services, to help them convene mental health planning councils, and to develop and implement plans for comprehensive community-based mental health service systems that serve 6 million persons every year.

The MHBG was established in 1981 when the Community Mental Health Centers Act and several other categorical federal funding streams were merged into the MHBG (at 75% to 80% of the level of prior categorical grants). The MHBG was one of several block grants established during the first year of President Reagan's Administration as part of the "New Federalism" initiative. The driving principle behind new federalism was turning control over resources to the states, which would better know their own unique local needs. In 1982, the MHBG was administered by the National Institute of Mental Health (NIMH). During that time, the NIMH and other federal agencies with oversight on other new block grants were advised by the White House Office of Management and Budget (OMB), that these new block grants were supposed to provide states maximum flexibility to use the resources as their own local needs require. As a result, the NIMH was explicitly directed by OMB to not establish any data or other reporting requirements for the MHBG.

In 1992, SAMHSA and the Center for Mental Health Services (CMHS) were created under the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) Reorganization Act, Public Law (P.L.) 102-321. This law mandates CMHS' leadership role in delivering mental health services, generating and applying new knowledge, and establishing national mental health policy.¹ The oversight of the MHBG was then transferred, making it the largest single program administered by the new CMHS.

In 1986, with P.L. 99-660 and continuing through P.L. 101-639 (1990), P.L. 102-321 (1992), and P.L. 106-310 (2000), Congress amended the MHBG statute and required states to submit an annual comprehensive mental health plan and an annual implementation report as part of their MHBG effort. This state mental health Plan required states to establish goals and objectives for their system and then report on their achievement of their objectives in their Implementation Report. It is important to note that even after the MHBG statute was amended, it still included the following requirement: "If the Secretary determines that a State has not fully implemented their plan, the Secretary shall reduce the amount of the allotment under section 1911 (Formula grants to States) for the State for the fiscal year involved by an amount equal to 10 percent of the amount determined under section 1917 (Application for Grant) for the State for the fiscal year."²

In addition to the development of the comprehensive mental health plan, states were also required to establish an independent Mental Health Planning Council, with mandated membership of state agencies for mental health, education, vocational rehabilitation, criminal justice, housing, Medicaid and social services, in addition to consumers and family members of adults with serious mental illness and children with emotional disorders. As part of its MHBG activities, the Mental Health Planning Council is required to review and advise on the mental health plan developed by the SMHA. The states work with their Planning Council to develop and submit reports to CMHS each year: (1) a MHBG Application and Plan, (2) an Annual Implementation Report. The MHBG Application and Plan, which is due by

¹ Center for Mental Health Services: Overview, A. Kathryn Power, M.Ed., Director – KEN95-000, 08/03.

² Title XIX, Part B – Block Grant Regarding Mental Health and Substance Abuse, Section 1912, State plan for comprehensive community mental health services for certain individuals.

September 1 of each year, describes what the state proposes to do with its next MHBG allocation; the Annual Implementation Report, which is due December 1 of each year, specifies how the states used its MHBG allocation in the prior year.

With the passage of P.L. 99-660, states began to annually submit information to CMHS on the implementation activities of their comprehensive community mental health plans. Each state developed its own unique mental health plan to reflect its own mental health system needs and priorities. It is important to note that the focus of the MHBG Applications/Plans and Annual Implementation Reports is not limited to the use of the MHBG funds, but rather as required by Congress, on the larger state community mental health system in which the MHBG is a part of. This requirement had been cited by many advocates as an intrinsic value of the MHBG. The MHBG complements other fund sources for mental health services, bringing together the overall SMHA expenditures to over \$29 billion in 2006.

As states began to submit data, CMHS established a process to ensure an appropriate review of each state's unique mental health plan to assess if it met its own established goals. The CMHS approach for reviewing each state's MHBG plan within the context of the state's own goals and objectives allow CMHS to meet its accountability requirement of assuring that states develop and submit plans for comprehensive community mental health systems and that states then implemented these plans. However, given the nature of the MHBG, it poses some difficulty for CMHS to show standard use of funds across states.

As part of the federal government's effort to change federal block grants into performance-based systems, P.L. 106-310 (2000) required the U.S. Department of Health and Human Services Secretary to submit a Report to Congress on the legislative and other steps required to implement a performance partnership model. This plan would have grown out of the Mental Health Statistics Improvement Program (MHSIP) and data infrastructure grant projects, and would have specified what performance measures would be imposed under a performance partnership. Instead, SAMHSA has required core data elements as part of its annual instructions which phased in de facto uniform performance criteria.³

The need to be able to speak to Congress, OMB and others about the impact of the MHBG program on services led CMHS to engage in a series of meetings with the National Association of State Mental Health Program Directors (NASMHPD), and the SMHAs in late 1990s. The URS was developed as an outcome of these meetings to standardize information from states submitted through their annual MHBG Implementation Reports. It contains a set of reporting tables, wherein SMHAs report on how many persons are served in their community mental health system (by age, gender, race, Hispanic origin, and Medicaid status), as well as a number of outcomes related tables (employment, living situation, criminal justice contacts, school attendance, hospital readmissions, use of evidence-based practices). It is important to point out that the URS system was explicitly designed to capture information on the mental health system that is the focus of the MHBG Plan, which represent the entire community mental health system administered by SMHAs. The URS was not designed to only capture information on the limited resources of the MHBG, which represents an average of about 2% of SMHA community mental health spending, but on the overall state system performance.

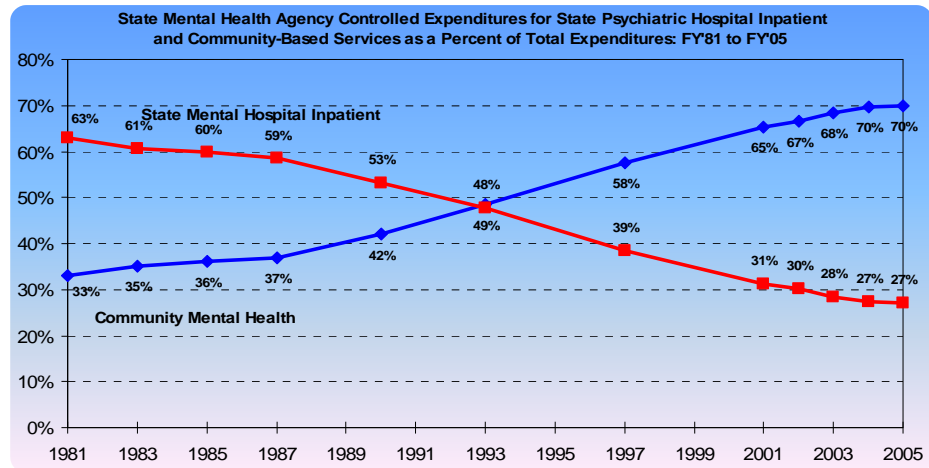
MHBG Leverages the Larger SMHA Systems

Every year, states submit to CMHS extensive information about their public mental health systems as well as the goals and actions the state will undertake to achieve these goals. Although the MHBG

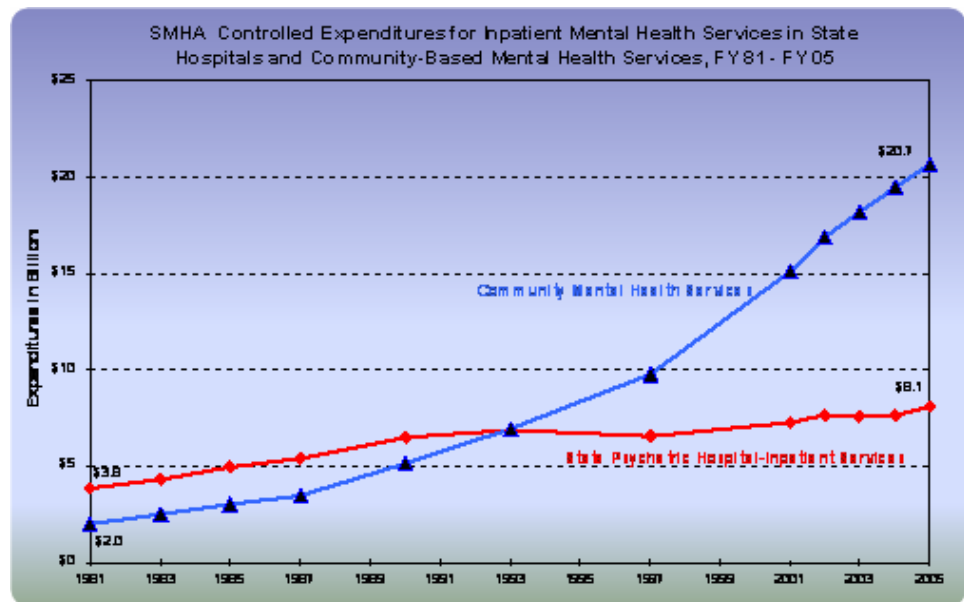
³ National Association of State Mental Health Planning and Advisory Councils, "The Evolution of Federal Mental Health Planning and Legislation," (2005), © Joseph N. de Raimis, III.

requires states to develop and implement these comprehensive community-based plans, it alone does not provide sufficient resources for any state to implement these goals. Rather, the MHBG supplements other financial resources available to the state and creates the external environment (Planning Councils, Comprehensive MH Plans, Maintenance of Effort requirements, and Federal review of state plans) that have helped lead to the fundamental transformation of the SMHA systems over the last 25 years.

Since the MHBG was first funded in 1982, SMHA systems have seen a historic transition from state psychiatric hospital-based care to community-based care. In the year before the initiation of the MHBG, SMHAs reported that only 33% of their resources were spent on community mental health services, while 63% were devoted to state psychiatric hospital-inpatient expenditures.⁴ By 1993, the distribution of state expenditures had shifted so that roughly equal amounts were expended in state psychiatric hospitals and community-based services. The community mental health service expenditures greatly increased throughout the 1990s and early part of this decade, and the most recent data demonstrates that over 70% of the SMHA resources are now devoted to community-based treatments. This shift in resource allocation paradigm is supported



mainly by the substantial increase in available community mental health funding, on one hand, and a constrained state expenditures for state psychiatric hospitals, on the other hand. From FY'81 to FY'05, expenditures for state psychiatric hospitals decreased from \$3.8 billion to \$8 billion, while community-based mental health expenditures increased from \$2.0 billion to \$20.5 billion, an increase of 916%. In real

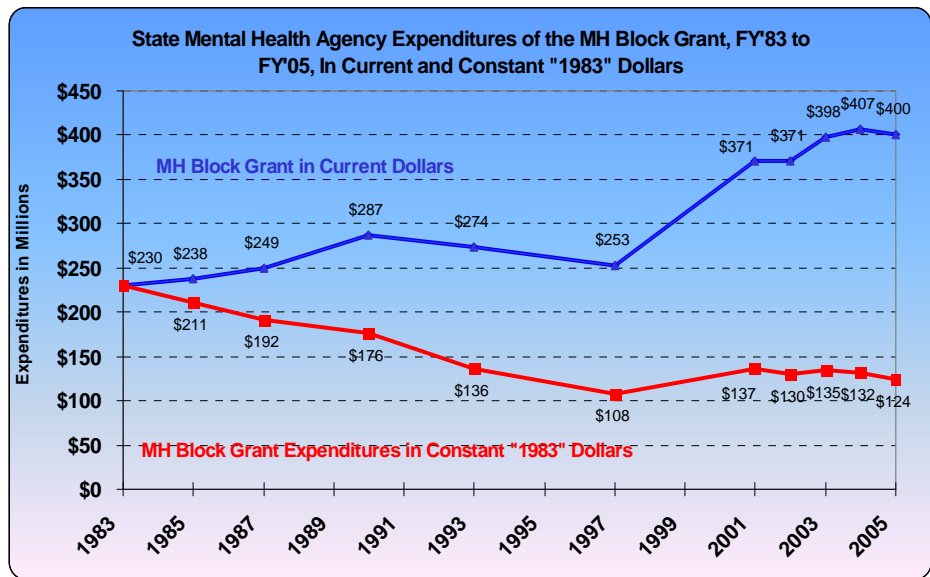


terms, when SMHA expenditures were adjusted for inflation (using the medical component of the Consumer Price Index) the increase in community-based services remains significant.

⁴ NRI FY'05 Revenues and Expenditures Study, 2007

Inflation Adjusted Trends

- Community MH expenditures increased from \$2.0 billion in 1981 to \$5.3 billion in 2005 (an increase of 161% over time or an annualized rate of 4.10%)
- State psychiatric hospital inpatient expenditures decreased from \$3.8 billion in 1981 to \$2.05 billion in 2005 (a decline of 46.5% over time or an annualized rate of -2.6%)
- Total SMHA-controlled mental health expenditures increased from \$6.1 billion in 1981 to \$7.1 billion in 2005 (an increase of 23.6% over time or an annualized rate of 0.9%).

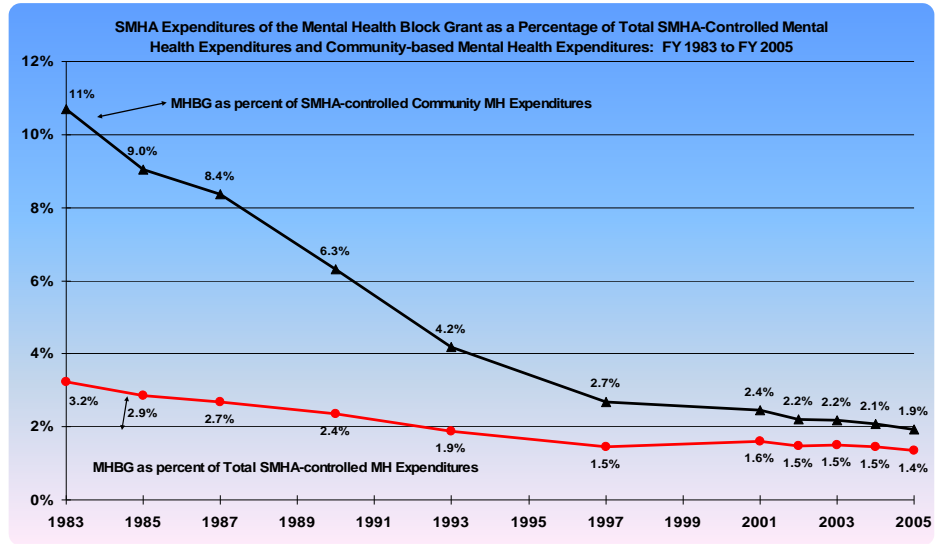


Much of this historic shift towards community-based treatment has occurred during the life of the MHBG, in which the states developed and implemented the requirements for comprehensive community mental health systems. It is important to note that from 1983 to 2005, the MHBG expenditures increased by 74%. In real terms, however, the MHBG funds actually decreased 46% for the same period.

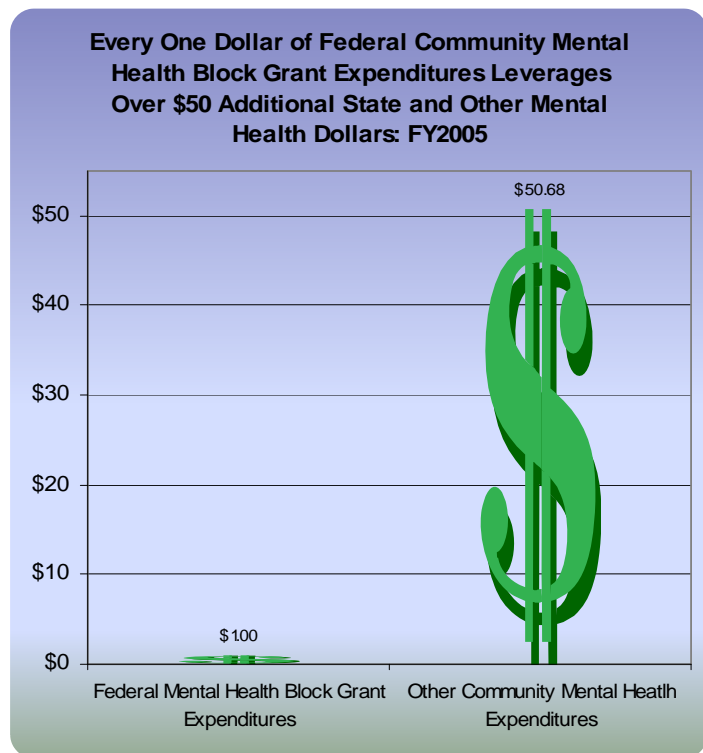
Year	State Expenditures for MH Block Grant Funds	Community Expenditures	MHBG as % of SMHA Community Expenditures	SMHA Expenditures	MHBG as % of Total MH Expenditures
1983	\$230,446,000	\$2,154,605,000	10.7%	\$7,145,135,000	3.2%
1985	\$238,427,000	\$2,639,435,000	9.0%	\$8,336,779,000	2.9%
1987	\$249,341,000	\$2,983,106,161	8.4	\$9,319,619,330	2.7%
1990	\$286,514,214	\$4,532,373,735	6.3	\$12,151,521,450	2.4%
1993	\$273,521,570	\$6,534,982,159	4.2	\$14,477,843,184	1.9%
1997	\$252,510,671	\$9,441,500,198	2.7	\$17,255,677,676	1.5%
2001	\$370,574,655	\$15,134,549,060	2.4	\$23,063,589,317	1.6%
2002	\$370,574,655	\$16,872,996,889	2.2	\$25,156,162,181	1.5%
2003	\$397,712,132	\$18,210,016,773	2.2	\$26,385,443,311	1.5%
2004	\$407,128,952	\$19,477,957,803	2.1	\$27,915,749,819	1.5%
2005	\$400,072,205	\$20,674,129,816	1.9	\$29,579,955,959	1.5%
Percent Change	74%	860%		314%	

As a result of the relatively modest growth in the MHBG, compared with the growth of overall SMHA-controlled community mental health expenditures (which increased from \$2.6 billion in FY1983 to \$20.5 billion in FY2005), the MHBG now represents a much smaller proportion of overall state mental health expenditures than it did during the first few years of the program. In 1983, for instance, the MHBG represented 11% of SMHA-controlled community mental health expenditures and 3.2% of all mental health expenditures. However, as state and Medicaid expenditures for community mental health received significant increases, by 2005, the share of MHBG to total SMHA-controlled community mental health expenditures showed a decline of 1.9% and to total SMHA mental health expenditures a decline of 1.4%.

Despite the modest share of MHBG in total SMHAs financial resources for community mental health services, SMHAs report that the MHBG provides a critical source of flexible funding that allows them to be innovative in providing services and in pursuing the goals of transforming their mental health systems. Many states have observed that unlike Medicaid, Medicare, and many other federal funding streams, the MHBG is not tied to reimbursing specific services, but instead are allocated to states to use for the highest priority areas identified by their MHBG Plans.



A crucial element of the MHBG is the role that it plays in the overall state funding of community mental health services. For every dollar of the MHBG granted to states in 2005, it complements over \$50 in other state and federal dollars going into community mental health systems. While the increase in non-MHBG funding may have not been directly leveraged by the receipt of the MHBG, such an increase may have been facilitated by the states' capacity developed with the aid of the MHBG. This capacity includes the ability to identify state needs for mental health services, infrastructure to develop community-based services, and the environment to shift the paradigm of treatment from intensive inpatient setting to community based setting.



Section 2: Study Approach, Limitations, and Caveats

Approach

In order to provide a comprehensive review of the state MHBG allocation and utilization, the NRI used a combined approach of document review, state consultation, and data analysis of relevant NRI databases. The State Mental Health Planners, the State Data Infrastructure Grant (DIG) Coordinators, the State Commissioners/Directors, and the Government Project Officer (GPO) were all consulted in the data used in this project.

The following documents were reviewed via CMHS' WebBGAS:

- Annual Mental Health Block Grant Applications and Plans
- Annual Mental Health Implementation Reports

Data from the following reporting systems available to the NRI were analyzed:

- URS
- NRI's State Mental Health Profiles System

NRI staff developed a data collection instrument that captures relevant information for this report from the above data sources, such as, the MHBG expenditures, uses of MHBG funds, initiatives and/or programs supported by MHBG, number of consumers receiving MHBG-funded services, agencies receiving MHBG funds, and percent of MHBG to total SMHA budget. Information was primarily collected using the 2006 MHBG Plans and Implementation Reports of 59 states, including D.C. and 8 U.S. Territories.

A 2-page MHBG State Profile for each state was likewise developed to supplement the information gathered from the sources mentioned above. Additional information provided by the states in these Profiles include the specific use of the MHBG, state unmet needs, use of a hypothetical 10% increase in the state MHBG allocation, and vignettes on the impact of the MHBG from different perspectives – that of a consumer, provider, and/or the SMHA. The 50 states, the District of Columbia and Puerto Rico have completed the 2-page State Profile.

Consultation with the states was initially conducted in a session at the May 2007 CMHS Joint National Conference on Mental Health Statistics and Mental Health Planning. State input on the type of information to be included and the process in developing this report was gathered. This session was followed by a conference call with State Planners who volunteered to act as an ad-hoc advisory group. All states were provided the opportunity to review each of the 2-page State Profiles and the report.

Limitations

The use of the WebBGAS was very user-friendly and convenient. It provided a reference guide to all states' MHBG Plans and Implementation Reports. However, perusing the MHBG plans and reports to gather consistent information across the states was challenging.

The very nature of the MHBG in which states exercise maximum flexibility (to a certain degree) in its use to address local needs, dictates the variability that exist in states' plans. Moreover, the absence of specific requirements on the level of details that need to be reported also contributed to the dearth of consistent information across states. For example states provided details on the types of services funded by MHBG such as case management, crisis intervention, and Assertive Community Treatment, while other states only reported program types such as evidence-based practices, school based services, community services, and support services. In terms of expenditures, states reported at various levels: state, region, provider agency, program areas and service types.

The MHBG has never been conceptualized as a stand-alone funding mechanism. It complements and leverages the larger system to provide a comprehensive community-based system of care for adults with serious mental illness and children with serious emotional disturbance. Many state plans discussed use of the MHBG within the context of a larger state mental health system. While this type of reporting approach has the advantage of providing the “bigger picture” in the state mental health service delivery, it does not allow for precise measuring of the impact and uses of the MHBG.

As a consequence of this approach, most states reported total number of clients served by the state mental health system while only a handful of states reported specific counts of clients served by the MHBG. Expenditures were typically discussed in terms of total program expenditures, funded by different fund sources, not just the MHBG. Description of program or service types is likewise provided in the context of the array of service provided by the system, rather than service or program types exclusively supported or funded by the MHBG.

Similarly, there is diversity in the types of agencies that received MHBG funds, which is largely driven by the state’s service system orientation and/or the state’s specific use of the MHBG. For example, while some states under managed care distributed the funds of Health Management Organizations (HMOs) or among their contracted providers, other states disperse the funds to county/city authorities administering the funds.

To put some of these limitations in context, the dearth of information of MHBG clients is shown on the table below. Note that the number of states is duplicated across the various levels of detail in which the data is provided.

Using information contained in the State MHBG Plan, State Implementation Report, and/or the 2-page State MHBG Profile included in this report, a total of only 9 states reported data on the number of clients served by the MHBG at any given level of detail. On a similar vein, there were only 44 states that reported MHBG expenditure data at any given level of detail.

Number of States with Available Data on Number of Clients Served by MHBG Funds

Level of Detail	Number of States with Available Data (duplicated across levels)
State Level	
Adult & Children Combined	3
Adult	1
Children	2
By Region	
Adult	0
Children	1
By Provider Agency	
Adult	1
Children	0
By Program Area	
Adult	2
Children	1
By Service Type	
Adult	3
Children	0

Number of States with Available Data on MHBG Expenditures

Level of Detail	Number of States with Available Data (duplicated across levels)
State Level	
Adult	26
Child	29
By Region	
Adult	10
Child	11
By Provider Agency	
Adult	30
Child	28
By Program Area	
Adult	19
Child	18
By Service Type	
Adult	6
Child	6

Similar to the limitations posed by documents from the WebBGAS, data collected from the URS are not limited to the MHBG. Although URS supports the reporting requirements of the MHBG, it should be noted that the URS data are focused on the overall state system performance alone. For this reason, current state data reporting on the MHBG reflects the states' unique structure and needs that are anchored on a broader mental health system performance, as well as the intent of P.L.99-660.

Caveats

Given the limitations discussed in the preceding paragraphs, the details provided in the succeeding sections of this report are limited by available information. It is important to note that the absence of the information does not necessarily imply that state is not providing the service. States varied significantly in the level of detail provided in their Plan and/or Implementation Reports. The wide variety of terminology and service names used by states also created challenges in interpreting the data.

Furthermore, differences in reporting may be attributed to a number of factors, such as:

1. operational structure of the SMHA;
2. variation in service funding procedure across SMHA; and
3. organizational set-up of the SMHA

All of the above factors come into play on how states track the expenditures and clients served by the MHBG.

Section 3: The Use of MHBG: National Analysis

This section of the report documents how states spent their Mental Health Block Grant allocations based on the available MHBG Plan and Implementation Report in the WebBGAS, the recent state update provided in the 2-page State MHBG Profile, and Table 8 of the URS.

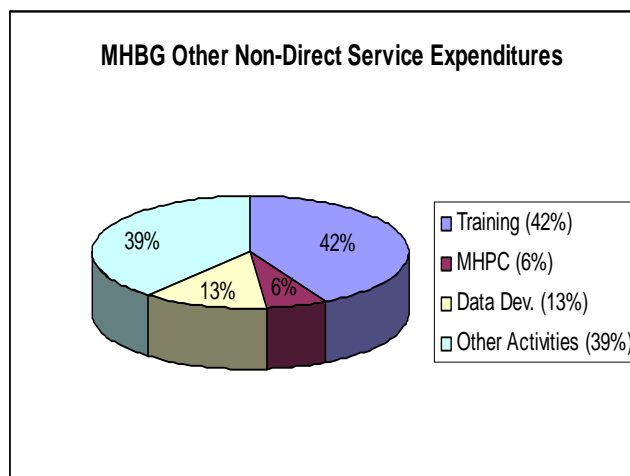
A. Non-Direct Service Expenditures

Most states' reported administrative cost is within the grant allowable percentage of 5% of the state MHBG allocation. The state administrative costs range from a low of < 1% to 5%, with the latter being the reported mode. A handful of states, however, reported a little over 5%, in which case expenses for the Planning Council, Evaluation, and other expenses excluded from the CMHS definition of administrative costs or unspent MHBG were noted to have been included.

With the administrative cost taken out of the total MHBG state allocation, the remaining dollars were spent mainly to provide mental health treatment services and support state initiatives that cannot be provided using other fund sources. This includes expenditures for the MHBG implementation oversight by the Mental Health Planning Council, provision of mental health and other support services. The Percentage reported by states for this purpose ranges from 95% to 99% of the state's MHBG allocation.

Excluding administrative cost, a breakdown of MHBG expenditures for non-direct service activities of states is reported in Table 8 of the URS. Data from 41 states showed that 42% of total funds allocated for non-service expenditures were expended for training, another 39% for other activities, 13% for data development, and 6% for the Mental Health Planning Council.

Ten (10) states were unable to report the breakdown of MHBG expenditures but provided the state's total MHBG expenditures for non-direct service activities. Eight (8) states reported no data.



B. MHBG Program/Service Type Allocation

The succeeding discussion is limited to programs and services that were explicitly reported by states as fully or partially funded by the state's MHBG allocation. This discussion is divided into programs or services provided to (adult) persons with serious mental illness, children with serious emotional disturbance, and a third category called non-categorical programs or services. The latter category includes programs provided to both adults and children, state initiatives supporting system development, and other similar activities.

Adult Services

States' allocation of the MHBG support a nationwide system of care for adults with SMI that speaks of recovery, cultural competency, use of evidence-based practices, anti-stigma initiatives, special populations, consumer empowerment, jail diversion, and activities or services that enhance a person's ability to function independently.

The MHBG allowed states the use of federal funds to help consumers realize improved mental health and quality of life that leads to gainful employment and stability in housing. States provide a great variety of employment and housing assistance as follows:

Employment

- Supported employment
- Vocational employment
- Sheltered employment

“Mental Health Block Grant Funds were the Primary resource for implementation of supported employment services for adults. Block grant funding was used to implement supported employment services that have reached high fidelity with excellent results. Of the persons served in these programs, 50 percent achieved competitive employment. In high fidelity counties with supported employment services the overall employment rate for persons with a serious mental illness residing in the counties is 25 percent compared to a statewide rat of 20 percent. Currently Oregon has partnered with the Oregon Office of Rehabilitation Services to blend funding for center of excellence and expansion of services” – Oregon Office of Mental Health & Addiction Services

Housing

- Supported residence/housing
- Housing/case management
- Housing options
- Housing support activities
- Transitional shelter program
- Supervised apartments
- Supported Independent Living
- Assisted Living Housing
- Supported housing pilot projects in urban and rural setting

To achieve the promise of community living for everyone, the flexibility of the MHBG provided an array of community-based mental health treatment services, rehabilitation, and other support services that otherwise may not be available to a greater number of people. These services allowed persons with mental illness to experience a smooth integration into the community.

Mental health services

- Outpatient psychiatric
- Therapeutic foster or group home
- Assessments
- Medication management
- Outpatient counseling
- MH services in nursing homes, in-home, on-site treatment
- Residential services/support (e.g. 24-hours, 23-hours beds)
- Day treatment
- Illness management
- Therapeutic nursing services
- Short-term intervention
- Intake/Triage

Rehabilitation services

- Social rehabilitation

- Therapeutic rehabilitation
- Day rehabilitation
- Community rehabilitation
- Psychosocial rehabilitation

Other support services

- Respite care
- Aftercare
- Family support
- Transportation
- Peer support

“There is a woman in her mid 30s with a co-occurring disorder and history of hospitalizations, chronic unemployment and housing issues and relationships issues. She was provided clinical services and medications through her local CSB. She accessed local community support through a MHBG funded consumer owned and operated recovery program. She was trained as a WRAP (Wellness Recovery Action Plan) facilitator and also attended the CELT (Consumer Empowerment Leadership Training) which was both funded through MHBG funds. She received technical support in grant writing and business plan development through MHBG funded VOCAL (Virginia Organization of Consumers Asserting Leadership). Today she operates a consumer owned and operated program in her community for those with co-occurring disorder which provides AA and NA support groups, wellness and recovery groups, employment and daily life assistance, and a social program five days a week” – Virginia Mental Health, Mental Retardation and Substance Abuse Service System

Basic services

Adult wraparound

Case management

- Intensive case management
- Case management
- Youth to adult case management

Crisis stabilization

- Emergency (e.g. mobile crisis, crisis support, crisis/emergency screening, crisis telephone and emergency walk-in)
- Crisis team

Evidence-based practices, as well emerging best practices, are used to benefit consumers from improved consumer outcomes. The MHBG supported the promotion and application of various evidence based practices.

Evidence-Based Practices

- Supported Employment
- ACT/PACT
- Integrated Dual Disorders Treatment
- Illness Management
- Family Psycho-education
- EBP quality monitoring

“Wisconsin has used block grant funds to provide small seed grant funds to provide small seed grants to five counties for implementation of an evidence based practice. Counties have chosen Co-Occurring Disorders: Integrated Dual Disorders Treatment or Illness Management and Recovery” – Wisconsin Division of Mental Health and Substance Abuse Services

States use the MHBG to respond to the report of the President’s New Freedom Commission on Mental Health’s recognition of consumers and families as partners in health care. The MHBG has allowed states to be creative, innovative, and inclusive by empowering consumers and families to be accountable through education, training, responsibility, and self-monitoring.

Education and Training

- Family education/training
- Parenting Support/Parents Rights
- Young Adult Service Conference
- Consumer advocacy and education

Services provided through the MHBG likewise enabled consumers to become new agents of change. Consumers are given the opportunity to play significant role in shifting the mental health system through greater participation in service delivery and system development. States have used the MHBG to enhance the role of the consumer in service delivery, and provide funding for consumer-directed programs and activities or initiatives promoted by consumer-run, consumer-oriented organizations.

Consumer-directed programs

- Drop-in/self-help centers
- Club houses
- Warm-lines
- Social clubs
- Peer case management support
- Peer-delivered community support
- Consumer network

“Federal block grant funding has helped to support the statewide Consumer/Survivor Network in Minnesota, a primary consumer organization with primary consumer board of directors. The Network has provided WRAP services to a large number of consumers across the state” – Minnesota Mental Health Program Division

Initiatives promoted by consumer-run, consumer-supported organizations and/or state strategies that strengthen consumer role

- Mental Health America’s WE CAN!
- Building Recovery & Individual Dreams & Goals through Education & Support (BRIDGES)
- NAMI Consumer Council
- NAMI activities
- Clubhouse certifications
- Office of Consumer Advocacy
- Consumer incentive for drop-in program for homeless adults with SMI
- Stipends for consumers providing office supports
- Consumer/Survivor Network

Elimination of fragmentation in services across service agencies is crucial in transforming the public mental health system. Coordination of care and interagency collaboration are values that the MHBG

supports through provision of services for consumers with co-occurring mental illness and substance use disorders, as well as for transitioning correctional (prison) consumers with serious mental illness. Other innovative strategies that have been used through the use of the MHBG includes pre-booking jail diversion, the use of psychologists to coordinate with detention centers and provide clinical leadership and support, training of law enforcement staff to assist adults with SMI and who are in crisis, and Criminal Justice/Mental Health Liaison Projects.

Outreach to special populations was also made available by the flexibility in the use of the MHBG. States reported providing specialized services to the following populations:

- Elderly
- Deaf and Hard of Hearing
- Homeless
- Hispanic population in rural areas
- American Indians/Native Americans
- Immigrant population
- Veterans with SMI

The use of the MHBG likewise supports Goal Four of the President's New Freedom Commission on Mental Health through funding of prevention and anti-stigma activities. In Michigan, for example, the MHBG allocation was used to finance its suicide prevention activities among its high risk population. The MHBG was also used to fund outreach and referral services in Florida and Wyoming through statewide toll free number and newsletter, the public education of Seriously Persistent Mentally Ill (SPMI) by and with consumers in Hawaii, and the Stigma Campaign in Kentucky.

"Block Grant Funds represent a small percentage of funds invested in the project, they have been a critical catalyst in the development of a comprehensive system approach to a cross-agency, statewide, youth suicide prevention strategy" – Texas State Mental Health Agency

The MHBG also plays a crucial role in funding initiatives for system development and other initiatives that help to inform practice. These activities are not readily available from traditional funding sources of mental health services. Examples are as follows:

Initiatives for system development

- Staff development
- Planning operations
- Innovative project staffing
- Consumer surveys

Initiatives to inform practice

- Health survey with suicide related questions
- Medicaid Algorithms Pilot Project
- Self-Determination Initiative for adults with mental illness
- Cultural Sensitivity Training to Support Recovery for Native Americans
- Women's Trauma Training

Others

- Certified Peer Specialist training
- Translated materials
- Transformation work groups

- Case finding, family support, education, etc. for family members of persons with SMI in the African American community
- Purchase of shelter bed days for homeless persons with SMI
- Mobile Geriatric Health Service

Children and Adolescent Services

Most states have allocated a portion of the state MHBG for the development of a system of care for children with serious emotional disturbance (SED). Through the MHBG, states are able to provide innovative services specific to the unique needs of children and their families. The following section provides examples of MHBG-funded children’s programs and services. In broad categories, the state MHBG allotments were used to finance clinical infrastructure, community support programs, expanded children’s services, home-based crisis intervention, school-based support services, family and parenting support/education, and outreach of special populations.

*“As a single parent of a 14 year old boy who was diagnosed of bipolar with psychotic features at age 7, she sought education about his disorders. She got him into the local System of Care at age 12 and since then had credited the SOC as being the means that has kept him from being permanently placed in the juvenile justice system” – **Indiana Division of Mental Health and Addiction.***

The MHBG plays an important funding role in supporting a system of care that is built on the following tenets:

1. Comprehensive array of community-based services
 - Outpatient treatment
 - Intensive treatment
 - Children’s day treatment
 - Outpatient therapy
 - Case management
 - Respite
 - Individual therapy
 - Medication evaluation/monitoring
 - Family Therapy
 - Group Therapy
 - Psychosocial rehabilitation
 - Family Education/support
 - Intensive youth case management
 - SED Drug program
 - Telemedicine psychiatric consultation
 - Psychological evaluations
 - Program assessments and evaluation
 - Psychological evaluation
 - Program assessments and evaluation
 - Screening, triage, and referral
 - Diagnostic assessment
 - Community support
 - Intensive in-home services
 - Crisis (i.e. Children’s Mobile Crisis services, crisis stabilization)
 - Wraparound
 - Early intervention trauma services

2. Use of innovative service approaches

- Multisystemic Therapy (MST) services
- Integrated services for co-occurring
- Therapeutic Foster Care Program

3. Address the needs of specific groups of children

- Outreach to homeless youth
- MH assessments for child welfare clients
- Individualized services for a court ordered youth in juvenile justice system
- Deaf and hard of hearing
- Youth in transition
- Children's assessment center staff for abused/neglected children
- Outreach services for youth at risk of out-of-home placements
- Assessments for juvenile sex offenders
- Minority youth outreach services
- Social skills group of adolescents with fetal alcohol syndrome
- Service directory for gay/lesbian youth
- Parent education
- Infant Mental Health initiative
- Fetal alcohol syndrome services

"This 15 year old young man spent most of his primary age and middle school years in and out of treatment homes, psychiatric hospitals and therapeutic foster homes. He is diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder and ADHD and is on several medications that keep him very stable thanks to our staff psychiatrist. Currently, with the support of his Kentucky IMPACT Team, he is about to complete his second year of high school and has not had an out of home placement since returning to his biological family. As a team, we have been able to pull back a little bit in the past few months in order to allow his family to become active advocates for him. They have all learned a lot and are on their way to successfully completing the program"
– **Kentucky Department of Mental Health and Mental Retardation Services**

4. Partner with youth, parents and family organizations in the provision of services

- Youth support groups
- Family advocacy services
- Parent education
- Federation of Families activities such as the Parent to Parent support
- NAMI's Hope for Tomorrow
- Uplift Family Education – supplements and expands the Family Outreach Programs with advocacy and outreach services

"Family Advocacy Services, delivered through FAVOR, Inc., a statewide umbrella agency funded primarily through the mental health block grant supports parents and family involvement statewide at all levels of the system working to educate and support families in their advocacy efforts. Paid and volunteer family advocates work in partnership with care coordinators to assist in producing positive outcomes for children with SED and their families. Emphasis is placed on empowerment, cultural competency, family strengths, parent/consumer leadership and self-determination" – **Connecticut Department of Children and Families**

5. Adopt a governance structure that fosters collaborative service delivery:

With the education agency

- School-based care

- School-based support
- After school intervention program
- Jason Foundation School Curriculum

With the juvenile justice agency

- Juvenile Justice activities
- Financing Juvenile Justice with Mental Health Coordinators/liaison
- Juvenile diversion

States likewise use their MHBG for early intervention, prevention, and addressing stigma. A variety of state programs and projects are funded as follows:

- Consumer survey focused in reducing stigma and barriers to services
- Suicide prevention training
- Youth suicide prevention
- Family/youth involvement and education
- Consumer resource and referral
- Early intervention and prevention
- Early Childhood Network

The flexibility of the MHBG has allowed states to finance special programs, projects, or services that enhance delivery of community-based services. Examples of these include:

- Needs assessment and development of a plan to address transition to adulthood
- Development of three family stories featuring early identification and intervention of behavioral and emotional behaviors in pre-school aged children
- Financing of art, music, therapeutic horseback riding and outdoor adventure program for youth with trauma backgrounds
- Community Collaborative Training and TA
- Family Centered Practice Training and TA
- Children's MH Screening Instruments – Trans-cultural Validation conducted by Minnesota
- Financing of a Wellness Recovery Action Plan (WRAP) facilitator position
- Financing of a Statewide MH coordinator
- Staff training and consultations
- MAP Teams
- Out of home Voluntary Treatment Programs for Youth with SED
- Children's special projects
- CAS III Training
- Level of Functioning Project

Non Categorical Services

A number of services or projects funded by the MHBG were provided to both adults and children, in support of activities for system development, or were not identified in the state plan for a specific population. The list below provides examples of how the MHBG was used creatively to meet unique state needs.

- Grants to consumer-run organizations such as:
 - NAMI
 - North Carolina Mental Health Consumers Organization
 - Mental Health America
 - Mental Health America (state chapters)

- Special projects with universities such as:
 - Colorado Health Sciences Center
 - Eastern Carolina University
 - University of Carolina in Chapel Hill
 - Texas Tech Health Sciences Center
- Coordination of care and/or linkages with primary care
- Technical assistance to community MH Centers for Asians
- Electronic Health Records

- Anti-stigma campaign by funding airtime and production of anti-stigma advertisements
- Financial Support (stipends) to consumers for:
 - Providing service in the preparation of anti-stigma ads
 - Attending meetings and conferences
- Development of a new core service that consisted of structured and unstructured activities that expose consumers to the possibility of recovery by learning about the consumer recovery movement through building social bonds with recovered and recovering consumers
- Workforce development pilot (Medical staff)
- Financing of services in supported employment not reimbursable from other fund sources
- 24/7 on-call Mental Health Professional services for law enforcement
- Transfer of funds to Indian Tribes and other Tribal support
- Consumer Sensitivity Training to administrative and direct care staff in Nursing Homes and Assisted Living facilities
- Sponsoring consumer and provider dialogue (e.g., Taos County Colfax-Dialogue)
- Observance of World Mental Health Day and other Mental Health promotional activities
- State Mental Health Conference
- Funding for a Gap Analysis to assess local core services and supports
- Consumer Conference

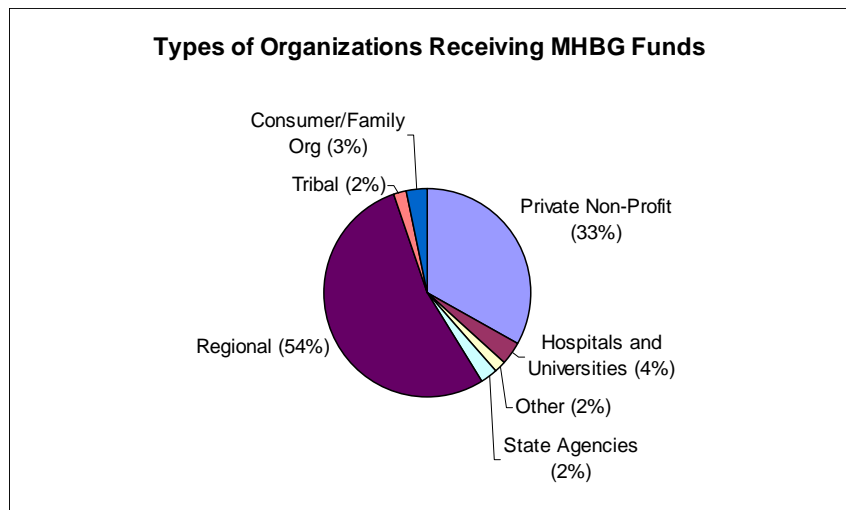
Section 4: Distribution of MHBG Funds

The CMHS URS Table 10 (Profile of Agencies Receiving Block Grant Funds Directly from the State MHA) reports the name, address, and amount of mental health block grant funds given by the state to organizations. Using the 2006 data provided by 47 states, D.C., and 4 U.S. Territories, the types of organizations receiving Block Grant Funds were assessed and categorized. The categories used were based on the name of the organization receiving the funds and NRI's knowledge of the states' and territories' organizational structure based on data compiled in the State Profiling System. The states' distribution of the MHBG funds to organizations ranges from only one (1) organization (Idaho, Northern Mariana Islands, and Puerto Rico) to 101 (Minnesota).

Organizations

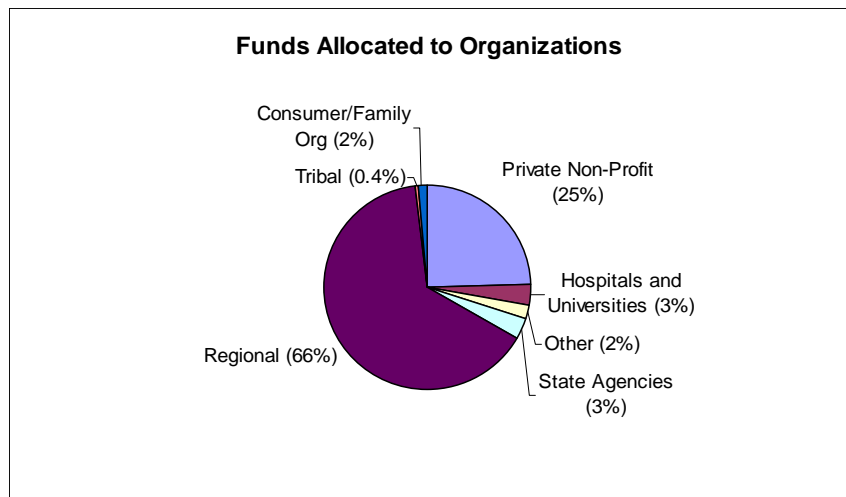
More than half (54%) of the 1,442 organizations receiving block grant funds from the State Mental Health Agencies (SMHAs) were regional service providers – either city, county, multi-county, or other regional entities (775 organizations). One third (33%) of the organizations were private non-profit service providers (477). Hospitals and universities (53) comprised 4% of the organizations.

Consumer/family advocacy organizations (48) represented 3% while the rest were state agencies (2%) including the SMHAs, Tribal organizations (2%), and other organizations (2%).



Distribution of Funds

Nearly two thirds (65%) of the funds distributed to organizations went to regional service providers. A quarter (25%) of the funds was received by private non-profit service providers. Hospitals and universities received 3% of the funds. Consumer/family advocacy organizations received 0.4% of the funds and other organizations received 2%.

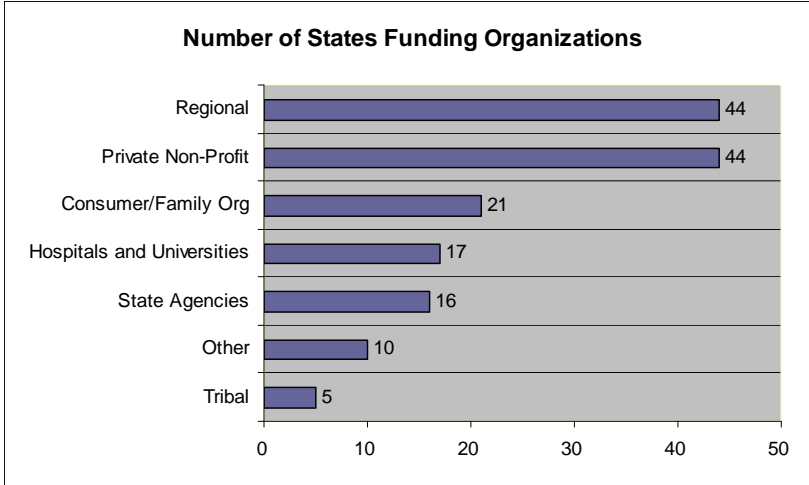


Number of States and Funding Specific Organizations

Regional (44 states) and private non-profit (44 states) organizations received block grant funds in most states.

Consumer and family organizations received funds in 21 states, hospitals and universities in 17 states,

and state agencies in 16. Tribal organizations received funds in 5 states and other organizations in 10 states.



Section 5: Number of Clients Served

As mentioned in the Study Approach, Limitations and Caveats section of this Report, reporting of the number of clients exclusively served by the MHBG is constrained by the nature of how the MHBG allocation is used in the state and allocated across the different service expenditures. In most states, the MHBG is used in combination with other fund sources rather than solely to finance a particular project. In this regard, it becomes administratively challenging to precisely count clients that were served by the MHBG.

Based on the documents reviewed in the WebBGAS and the information contained in the 2-page State MHBG Profile, only 9 states (CT, DE, ME, NH, PA, RI, WI, WV) were able to report count of clients served by the state MHBG. Across all these states, the population served (children versus adults) and the level of details (i.e., state, region, program, or service) varied from each other.

While most SMHAs do not include in their State applications a count of persons served by the MHBG, the URS does collect information from all SMHAs on the number of persons who receive mental health services from their overall comprehensive mental health systems (not limited to MHBG funded clients). In 2006, states reported in the URS that of the 6 million persons served, 3.8% had a serious mental illness or serious emotional disturbance. State reporting of clients served by their overall system has improved each year of URS reporting, as more states gained ability to report the data and the number of states reporting duplicated clients counts has decreased.

Section 6: Unmet Service Needs for Persons with Mental Illness

States are required to identify and discuss areas of unmet needs in their MHBG plans. This information is then used to identify and prioritize the provision of mental health services (funded by both the MHBG and other fund sources). This section highlights the identified unmet needs for persons with mental illness as reported in the state MHBG Plans and the update provided in the 2-page MHBG State Profile.

The unmet needs identified by the states span across all ages and include numerous special populations such as persons with co-occurring disorders (mental health and substance abuse or developmental disabilities were the most common), as well as sex offenders and persons with HIV/AIDS.

The list of unmet needs presented in the table below is limited only to those that were cited by at least five (5) states or more. Moreover, the state unmet needs were provided in a variety of ways: thirteen (13) states reported unmet needs without distinguishing child and adult needs (child/adult combined); thirty-five (35) states reported unmet needs specifically for adults; while thirty (30) states reported unmet needs specifically for children. Likewise, note that the number of states reporting across unmet need categories and between child and adult specific needs may be duplicated.

Number of States Reporting Unmet Needs (5 or more states noting the same/similar unmet need)

Unmet Need	Child/Adult Combined	Child Specific	Adult Specific
Funding for local entities/indigent			5
Increased Quality and Consistency of Care		5	
Access to Services (Meds) – Timeliness & Capacity		7	9
Workforce Development/Training	6	13	9
Increased Community-based Services, Hospital alternative/transition	7		
Increased Residential Capacity		5 (1 C/A)	
Co-occurring MH/SA & MH/DD		8	10
Programs & Services for Transitional Age Youth		11	
Older Adult Services & Outreach			8
Early Intervention & Preventions Services		8	
Homeless Services			6
Evidence-Based Practices	6	5	8
Employment/School-Based Services/VR		6	5
Housing & Housing Services	5		13
Rural Services (Overlap with EBPs, transportation, etc)			9
Increased Acute Care and/or Crisis Services			5
Anti-Stigma Education/Campaigns			
Consumer/Family/Peer Support: Training & Services			
Increased Interagency Coordination & Collaboration			
MH & Criminal/Juvenile Justice & Diversion Services		5	6

Section 7: Mental Health Systems Transformation and the MHBG

In 2003, the President's New Freedom on Mental Health released its landmark report "Achieving the Promise: Transforming Mental Health Care in America"⁵ that laid out a set of recommendations for public mental health systems. In 2006 SAMHSA announced that the MHBG should be used by states as an instrument to facilitate transformational changes in the delivery of mental health systems. In 2007, SAMHSA asked that states begin reporting in their MHBG Plans about the transformational activities in which they were engaged. Although this project reviewed data from the prior (2006) cycle of MHBG Applications, many activities related to transformation are already being described by the SMHAs.

The table at the end of this section shows the major transformational activities being described by SMHAs based on a content analysis of four (4) sources: state's summaries of their uses of the MHBG, their unmet need statements in their MHBG Plans, State Hypothetical uses of any MHBG increase, and Vignettes on how states are using their MHBG allotments submitted to the NRI. This analysis is based on responses from the 50 states, D.C., and Puerto Rico.

As the table demonstrates, every SMHA reported activities that could be coded into at least one of the Transformational Activities identified by SAMHSA. Most states cited multiple transformational activities as part of their mental health block grant plan and state MHBG expenditures. It is important to note that in this review, SMHAs were not asked to detail exact expenditures, of either MHBG funds or total SMHA funds; instead, the analysis conducted on the basis of states mentioning any of the SAMHSA identified Transformational Activities in their written documents.

The Transformational Activities most commonly reported by SMHAs included working on improving consumer access to employment and affordable housing (42 states cited this as an activity). Many of the states that mentioned working on employment and/or housing also reported they are using an evidence-based approach of Supported Employment and/or Supported Housing Programs to address these needs. Both of the employment and housing areas are key components of consumer, but often involve providing support services that are often not readily reimbursed by medical insurance programs such as Medicaid.

Many of the transformational activities described by the SMHAs benefit greatly from the availability of flexible funding sources such as the MHBG that are not limited to a medical model of services. A review of the activities highlighted by SMHAs suggests that many of their transformational activities such as involving consumers and families in orienting mental health towards recovery, training providers and consumers related to EBPs, coordinating care among multiple systems (both mental health, physical health, housing, employment, schools, etc), promoting cultural competency of providers, supporting consumer operated services, reducing stigma, early MH Screening and Assessments, workforce development, suicide prevention programs, and others (all transformational activities described by more than 10 states) are all activities that require the kinds of flexible funds provided by the MHBG.

It is important to note that some of the activities that might appear to be Medicaid reimbursable – such as providing evidence-based practices – often show that the MHBG is being used for non-reimbursable activities to enable the community system to move forward with these activities. For example, many states reported that they provided training to providers and clinicians regarding the delivery of EBP

⁵ New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in American. Final Report. DHHS Pub. No. SMHA-03-3832. Rockville, MD: 2003.
NRI Report: How SMHAs use the Community Mental Health Block Grant: 2007

services. States also have provided resources to consumers to set up training programs to allow mental health consumers to receive the training necessary to become certified peer counselors who may then provide Medicaid billable services within their states.

A significant number of states also reported initiatives to move the focus of their activities beyond the traditional MHBG Plan focus of the public SMHA system to the broader system envisioned by the President's New Freedom Commission on Mental Health. States reported working to link mental health care with primary health care, with school-based services, and to coordinate care across elements of state government. Their expansion of focus beyond the specialty mental health system will likely be better reflected in future state MHBG plans and reports as the activities currently underway become more developed and additional states reporting on them.

Transformation Activities by the SMHAs: 2006

Any Transformation (52 States and Territories Reporting)	States
Improving Consumer Access to Employment and Affordable Housing	42
Involving Consumers and Families Fully in Orienting MH toward Recovery	36
Provision of Evidence-Based Services (EBPs)	36
Supporting use of Peer Specialists	30
Services for Co-Occurring MH and SA Disorders	30
Improving Coordination of Care among Multiple Systems	25
Transitional Kids (Youth to Adult)	22
Support for Consumer-and-Family-Operated Programs, including statewide consumer networks	21
Supporting School MH Programs	20
Supporting Early MH Screening, Assessments, and Referral to Services	19
Support for Culturally Competent Services	16
Criminal Justice Diversion Programs	16
Supporting Workforce Development	16
Supporting Reduction of the Stigma Associated with MI	14
Link MH Care with Primary Care	13
Suicide Prevention	11
Use of Health Technology and Telehealth to improve Access and Coordination of MH Care	10
Support Individualized Plans of Care	10
Electronic Health Records (EHR) and Personal Health Records (PHRs)	5
Align Financing for MH Services for Maximum Benefit	2
Eliminating Disparities in Access to and Quality of Care	2

Section 8: How States Would Use a Hypothetical 10% Increase in the MHBG

Utilizing information provided by the 50 states, D.C., and Puerto Rico in their 2-page MHBG State Profile Reports, this section briefly summarizes how states would use a hypothetical 10% increase in their state MHBG grant allocations.

Most states reported that they would use an increase in MHBG allocation to provide an array of programs and services to mental health consumers. The most commonly cited (18 states) use is to provide general mental health services/unmet needs.

Training

A total of 13 states indicated that they would use part of this increase to provide a variety of training activities in their states. Of the 12 states, 4 states reported that they would provide training to consumers and families to help themselves and others achieve recovery. Other training activities mentioned include “train-the-trainer”, evidence-based practice training, parent management training to youth and families involved in juvenile justice system, trauma informed care training, as well as case management training.

Reaching Special Populations

Sixteen (16) states reported using additional MHBG funds to expand services to special populations. Specifically, 7 states would expand services for transition-age youth; 6 states would fund additional services for older persons; 3 states would expand early intervention services for children and youth.

Transformation and Systems Change

In their state-specific MHBG Profile responses, 10 SMHAs reported that a 10% increase in their MHBG allocation would enable them to make much-needed systems changes in the states’ mental health system. For example, Nebraska would “consider using the potential increase of \$200,621 to purchase additional services that would promote the continued transformation toward a recovery oriented system using evidence based practices.”

Mental Health and Health Integration

Several states noted that much more must be done to integrate mental health care with other health care services. A number of states will support this initiative if more funds are provided. For example, Puerto Rico would identify a clinic in which the service of physical health is already offered and then incorporate the mental health component in an integrated way. The professionals will receive training on how to collaborate between them, developing a system in which the physician will be able to identify psychosocial aspect that can contribute to the exacerbation of the possible conditions. Then, they will contact the mental health professional to refer the patient and to develop an integrated treatment plan to cover every need. Similarly, Oregon and South Carolina state that with a 10% increase in their MHBG allocations, they would develop intervention strategies and wellness programs that would reduce the elevated mortality rate of persons with serious mental illness.

Uses of a Hypothetical 10% Increase in MHBG Allocation

Activities	Number of States
General Services/Unmet Needs	18
EBPs	14
Peer Support/Advocacy	14
Training (e.g. Employment; Peer Services; Consumer & Family; Train-the Trainers; Trauma Informed Care; Case Managers Training & Certification, etc)	13

How States Would Use a Hypothetical 10% Increase in the MHBG

Activities	Number of States
Workforce Development/Training Transformation	10
Housing (subsidy programs, enhancement, community based housing options)	10
Youth Transition Services	7
Services for Older Persons	6
Co-Occurring (MH/SA)	6
Consumer Guided Services	5
Jail/Hospital Diversion	5
Supported Housing	4
ACT	4
Systems of Care Development	4
Supported Employment	4
Reduce Morbidity/Mortality	3
Early Intervention	3
<i>Funding for Local Entities/Tribes</i>	2

Section 9: Conclusion and Recommendations

This review of SMHA activities in the use of the 2006 MHBG demonstrates that states are using the flexibility of the MHBG funds to promote systems transformation and the Annual Mental Health Block Grant Plans and Implementation Reports as a vehicle to promote transformation across community mental health systems. The activities described by states reflect SMHAs use of the MHBG to engage in activities not easily funded by other federal funding streams (such as Medicaid or Medicare).

In the foregoing sections of this report, it may be noted that the State MHBG Applications and Implementation Reports have the potential to assist CMHS/SAMHSA in understanding how states are using the MHBG to transform their systems and meet the objectives of the MHBG. However, as pointed out throughout the report, by having these two documents focus on the larger comprehensive community mental health systems within states, data on specific services purchased by the MHBG or exact counts of clients served by MHBG funds, remain limited. To address this issue, it is recommended that CMHS/SAMHSA work closely with states to find the most feasible method to demonstrate accountability for the MHBG. For example, when the MHBG is combined with other program funding, a reporting requirement for specific count of MHBG clients and services purchased may not be realistic, and may be cost prohibitive. Therefore, CMHS/SAMHSA, in collaboration with the states, may explore acceptable proxy measures or approaches that are cost-effective alternatives to meeting federal accountability requirements.

Many states have the potential to report more standardized information about how they use the MHBG and specific services funded, while other states may have to change their contracting practices, auditing guidelines and/or reporting requirements in order to accommodate program/service level expenditures by funding source. Such a shift would require systems planning and may have data system and financial implications. For this reason, states have recommended that some MHBG reporting requirements be reduced in exchange for new reporting requirements pertaining to specific MHBG expenditures.

To this effect and on the basis of the experience in writing this report, NRI further recommends that CMHS/SAMHSA, in partnership with the states, redesign the guidelines for MHBG Application and Implementation Report to address redundancy and establish clear content focus. The guidelines should speak clearly of the information that CMHS would consider as minimum priority reporting requirement to establish consistency across states, streamline current reporting requirements to relevant planning and resource allocation information, and simplify reporting by eliminating redundancy. The current Plan and Implementation Report both warrants streamlining of the report format and their contents.

The most critical issue that needs to be addressed by CMHS/SAMHSA and the states is the likely impact of the penalty that may be imposed should a state miss its set goals and targets in the Plan. Although the review of the state Plans and Implementation Reports did not show strong evidence that the penalty exerts negative influence on how states set their Plan goals and targets, the existence of a penalty may deter states from proposing risky transformational approaches that may not be successful. It is recommended that CMHA/SAMHSA and the states hold a discussion on how the potential of a penalty should not be used to dilute the State Plan goals and targets.

Appendix: State MHBG Profile Reports

2007 MENTAL HEALTH SERVICES BLOCK GRANT: ALASKA PROFILE

The Department of Health & Social Services (DHSS), Division of Behavioral Health (DBH) is responsible for the State's public mental health system and substance disorder programs. Alaska's public mental health system consists of three components: community mental health programs, Alaska Psychiatric Institute, and Designated Evaluation and Treatment services. DBH administers the statewide system of community mental health programs for delivery of residential and community-based treatment and recovery services; manages Alaska Psychiatric Institute (API), the state's only public psychiatric hospital; administers grants to the state's network of local community mental health programs; and coordinates with other government, tribal and private providers of mental health services to ensure the provision of comprehensive mental health services to Alaska residents. DBH works closely with the Alaska Mental Health Board (AMHB), the state's mental health planning council, on system planning and evaluation.

State Mental Health Block Grant allocation (FY'2007)	\$ 736,870
State Population (2006)	663,661
Number of adults living in state	475,337
Number of children (under age 18) living in state	188,324
Number of Persons served by the public mental health system in FY 2006	21,037 (3.2% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	8,582
Number of adults with serious mental illness served.....	4,884
Number of children with serious emotional disturbance served.....	3,669
Estimated Number adults with serious mental illness and children with serious emotional disturbance	34,471
Number of Adults with serious mental illness living in state (5.4% of the state population).....	24,568
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	9,903
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 182,687,290
State MH Spending for Community Mental Health Services (86.8% of total SMHA Revenues).....	\$ 158,492,600
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 127,899,516
Per Capita State MH Spending (expenditures per resident of state)	\$289.93

How Alaska Uses the Mental Health Services Block Grant

- Alaska's State MHBG focuses on three major areas within the overall service delivery system: the transformation focus of integrated services for adults experiencing co-occurring mental health and substance use disorders, evidence-based practices, and system accountability. The FY 04 focus on Regionalization diminished because of economy of scale issues but shifted to local, integrated community planning in 30 service areas; the intent was to development a continuum of care responsive to local needs and state priorities. Movement of the service delivery system toward increased use of evidence based practices through implementation of the Transformation issue of Co-occurring disorders with state funds and with Block Grant funds the expansion of Supported Employment and Illness Self-Management & Recovery pilot projects continues. The continued integration of mental health and substance abuse services for adults will support service delivery models in rural and urban areas and will provide consumers with a more seamless system of care. It involves change at all levels – from the State administration to the programmatic implementation, with new billing and granting mechanisms, new standards and credentialing, and new clinical and practice models for providers.

Alaska Vignette on Uses of the MHBG:

The focus on EBPs has stimulated discussions and reviews on numerous levels regarding what truly are the best practices. The transformation issue of integrating has resulted in extensive changes to the Alaska service system that better match the needs of consumers who often have combined needs. Alaska Native Service providers have also questioned mainstream service models vs. traditional Native ways of knowing. The use of Block Grant funds for IM&R has stimulated continuing discussions about how to include the consumer's voice in all levels of service. Employment is an outcome that all political views support. These discussions about "what works" has also stimulated the Legislature to assert that they need outcomes measures in order to fund services and so this is the next evolution of the system to focus on outcome measures and performance based funding. What does the data show is working?

Unmet Need for Persons with Mental Illness

Adult:

Unmet needs and service gaps for adults with serious illness include the need for:

- Sufficient service delivery capacity in rural and urban areas statewide;
- Affordable and appropriate housing capacity, particularly for persons with co-occurring disorders and for offenders with mental illness;
- Full integration and increased system capacity for providing mental health and substance abuse services;
- Workforce development strategies;
- Means to address the services and support needs of SMI adults not eligible for Medicaid or not receiving SSI;
- Removal of barriers to the development and operation of behavioral health services by tribal providers;
- Opportunities and incentives to expand use of evidence-based practices in service delivery; and
- Integration of mental health services with primary care.

Child

Unmet needs and service gaps for children with SED include the need for:

- Increased provider skills and abilities to serve subpopulations of children and youth experiencing SED such as those with FASD and/low cognitive functioning, sexual offenders, runners and aggressive youth;
- Development of additional in-state residential capacity, especially for the subpopulations of SED children and youth listed above and for young children;
- Development of additional community-based residential options such as treatment foster care and therapeutic group home settings;
- Management structures and incentives to encourage/support community based care, in-home service delivery, family involvement, least restrictive placements, targeted used of residential care and smooth, effective transitions; and
- Address coverage gaps for children who are not covered by insurance or eligible for Medicaid.

How Alaska Would Use a Hypothetical 10% Increase in the MHBG:

State/Systems Level -- Best Practice/Training & Education

Consumers have identified employment training as one of their highest needs but our community providers have had a difficult time implementing effective Supported Employment (EBP) programs. We have tried statewide workshops but training has had only limited impact. However, the state has successful employment coaches but they are limited to consumers who can pay and in other disability groups. We propose to utilize successful, private providers to coach our grantees who are relatively new to the model of employment training. Program elements of this train-the-trainers program through modeling with real cases will include: Orientation to the EPB model with an initial statewide workshop, target training to SE grantees and other employment trainers, invitation to employment providers to seek individual case consultations for direct consumer assistance, coach on site, braid resources with allied employment providers (ex: DVR), facilitation of an employment training user group, implement an employment newsletter, and presentation of successes within existing statewide conferences.

State Contact Information

<http://www.hss.state.ak.us/dbh/>

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: ARKANSAS PROFILE

The Division of Behavioral Health Services (DBHS) is Arkansas' Single State Agency for both Mental Health and Substance Abuse Treatment/Prevention services. DBHS discharges its responsibility for the provision of public mental health services by operating the Arkansas State Hospital (ASH) and the Arkansas Health Center skilled nursing facility, by contracting with fifteen local, private non-profit Community Mental Health Centers (CMHCs), and by certifying three private non-profit specialty Community Mental Health Clinics.

State Mental Health Block Grant allocation (FY'2007)	\$ 3,725,763
State Population (2006)	2,779,154
Number of adults living in state	2,103,532
Number of children (under age 18) living in state	675,622
Number of Persons served by the public mental health system in FY 2006	69,730 (2.5% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	44,433
Number of adults with serious mental illness served.....	27,278
Number of children with serious emotional disturbance served.....	17,155
Estimated Number adults with serious mental illness and children with serious emotional disturbance	154,434
Number of Adults with serious mental illness living in state (5.4% of the state population)	113,306
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	41,128
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 90,530,745
State MH Spending for Community Mental Health Services (37.7% of total SMHA Revenues).....	\$ 34,114,213
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 23,892,048
Per Capita State MH Spending (expenditures per resident of state)	\$ 33.28

How Arkansas Uses the Mental Health Services Block Grant

- The Arkansas Mental Health Block Grant funds are allocated primarily on a per capita basis to fifteen community mental health centers to support services to targeted clients as mandated by the law. In addition to funding services through the community mental health centers, the Block Grant is used to support some administrative and training activities(see vignettes below). The Block Grant funds are allocated to the private non-profit community mental health centers are for the purpose of supporting the services goals and objectives for adults with serious Mental Illness and children/adolescents with serious emotional disturbance, including for children addressing the specifics of the CASSP regional plans developed for each geographical area.

Arkansas Vignette on Uses of the MHBG:

A small portion of Arkansas MHBG (\$10,000) is allocated to supporting Arkansas' annual Behavioral Health Institute. This three and a half day Institute is now in its 35th year of operation. Annually, it brings together over 1,000 of the state's public mental health system stakeholders, including consumers, advocates, providers and administrators. The Institute provides a forum for presentations on topics of current interest and training in state-of-the-art clinical practice.

A relatively small portion of Arkansas' MHBG (\$85,000) is allocated to NAMI-Arkansas. This funding supports a number of NAMI activities. Of special note are anti-stigma activities, including a semi-annual behavioral health themed state-wide public television call-in show and a state-wide 1-800 Information Line. Recent themes of the call-in program have included co-occurring mental illness and substance abuse, ADHD and criminalization of mental illness. The Information Line responds to over 50 calls per month and provides referral information and sends out printed information on behavioral health topics.

Unmet Need for Persons with Mental Illness

Adults:

Some of the areas of need identified for adults include:

- Evidence-Based Practices and other promising and exemplary practices available throughout the service system;
- A measure of unmet services needs specific to the public mental health;
- Challenges related to difficulties in achieving economies of scale in bringing certain EBPs and other promising practices to the rural population;
- Supporting and assuring access to services for persons who are homeless, especially at Centers without PATH funding; and
- Inability to track all dollars spent to specific services to specific clients, or even specific programs, and lack of a comprehensive accounting of staffing and training needs.

Children:

Some of the areas identified for children include:

- Children and adolescents placed in acute inpatient or residential treatment beds for care are “cycling” in and out of these placements as a consequence of inadequate outpatient services available in the communities and inadequate follow-up when children are released from bed-based care;
- Transportation of children and families to service/provider agencies is challenging and unreliable, more so in the most rural areas;
- Need increased care capacity for special populations, including at least: foster children; youth involved in the juvenile justice system; sexual offenders; and, youth dually diagnosed with mental health need/developmental disabilities, and mental health needs/substance abuse; and
- Need more services to treat youth with substance use disorders.

How Arkansas Would Use a Hypothetical 10% Increase in the MHBG:

Arkansas is in the midst of a major effort to transform its system for providing behavioral health services to children. A ten percent increase in MHBG could be used to provide substantial support for this effort. Specific activities to be supported would include activities to increase family and youth involvement in system planning, and bring in trainers to train-the-trainers in various child focused evidenced based practices including, in particular Functional Family Therapy.

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: ALABAMA PROFILE

The Alabama Department of Mental Health/Mental Retardation (DMH/MR) is responsible for mental illness, mental retardation, and substance abuse services. The Department is responsible for operating state psychiatric facilities, establishing standards for community services, and is empowered to contract for services.

State Mental Health Block Grant allocation (FY'2007)	\$ 6,262,547
State Population (2006)	4,557,808
Number of adults living in state	3,468,055
Number of children (under age 18) living in state	1,089,753
Number of Persons served by the public mental health system in FY 2006	105,113 (2.3% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	87,854
Number of adults with serious mental illness served.....	64,531
Number of children with serious emotional disturbance served.....	23,149
Estimated Number adults with serious mental illness and children with serious emotional disturbance	254,033
Number of Adults with serious mental illness living in state (5.4% of the state population).....	186,715
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	67,318
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 265,600,000
State MH Spending for Community Mental Health Services (50.2% of total SMHA Revenues).....	\$ 133,300,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 96,100,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 59.17

How Alabama Uses the Mental Health Services Block Grant

- The priority concern for adult services at the beginning of FY07 is to reduce the census in the state hospital admission units. In FY 2007, of the estimated \$6.1 million of available Mental Health Block Grant funds, an estimated \$2,372,554 will be expended on services to children and adolescents; \$972,920 on the Indigent Drug Program; \$638,601 on special projects recommended by the Mental Illness Planning Council; \$189,500 on administration; and the remainder on adult services. These funds support services needed to serve adults with serious mental illness in the community and to implement the plan for child and adolescent services. Emphasis will be given to providing services consistent with evidence-based practices and emerging best practices.

Alabama Vignette on Uses of the MHBG:

The following quotation comes from an individual attending a drop-in center in Birmingham partially funded using Block Grant funding:

“My life was out of control. My days were very bad. Someone told me about a place where friends were made, a place where people came and talked and laughed. All day long we stayed there. My loneliness started to pass. When I am at this place, my friends and I talk and eat and we share a lot of our problems. We try to help each other be stronger. We try to help each other move forward and join hands and live. We are not alone! We have God and many dedicated people we wish to thank. Thank you.”

Unmet Need for Persons with Mental Illness

Adult:

Some of the unmet need for adults with serious mental illness includes:

- The system of care for people with co-occurring disorders is not well-developed nor is it integrated;
- The availability of safe and affordable housing remains a challenge for people with mental illness and limited incomes;
- Peer support services in the community do not exist, and
- There has not been a systematic effort to improve employment opportunities for people with serious mental illness.
- The state hospital census remains above capacity.

Child:

Critical gaps in services for children with a severe emotional disturbance include:

- Community/School-Based Day Treatment Programs;
- Work Force Development;
- Transitional Services;
- Co-occurring Services;
- Respite Care Services;
- Collaboration with Pediatricians and Community Mental Health Psychiatrists around appropriate Child and Adolescent Psychiatric Care; and
- Telemedicine Mental Health Psychiatric Services.

How Alabama Would Use a Hypothetical 10% Increase in the MHBG:

There are a variety of ways that approximately \$620,000 could be spent. To address the goals of increasing the availability of evidence-based practices and decreasing the census in state psychiatric hospitals, an increase would be spent to add new Assertive Community Treatment teams. Alabama uses a modified version of the full fidelity PACT team which is supported both through departmental funds and use of Medicaid Rehab Option funding. It is estimated that 6 teams could be initiated serving approximately 220 people per year.

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: ARIZONA PROFILE

The organizational structure for Arizona’s system of care is divided into six geographical regions (GSAs), designed to promote a service system that is responsible to and reflective of the unique needs of a specific area of the state and its population. The direct local administration of the system is accomplished by nonprofit and for profit organizations known as Regional Behavioral Health Authorities (RBHAs). In addition, four Arizona Indian Tribes contract with the State for behavioral health services. These are the Pascua Yaqui Tribe and Gila River Indian Community, who operate as TRBHAs, the Colorado River Indian Tribe, who is contracted to provide Subvention (state only) funded services, and the Navajo Nation, who was previously a TRBHA but now operates as a case management provider.

State Mental Health Block Grant allocation (FY’2007)	\$ 8,505,420
State Population (2006)	5,939,292
Number of adults living in state	4,358,856
Number of children (under age 18) living in state	1,580,436
Number of Persons served by the public mental health system in FY 2006	207,238 (3.5% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	67,076
Number of adults with serious mental illness served.....	38,321
Number of children with serious emotional disturbance served.....	28,755
Estimated Number adults with serious mental illness and children with serious emotional disturbance	327,441
Number of Adults with serious mental illness living in state (5.4% of the state population)	234,193
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	93,248
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 782,900,000
State MH Spending for Community Mental Health Services (90.2% of total SMHA Revenues).....	\$ 706,500,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 598,700,000
Per Capita State MH Spending (expenditures per resident of state)	\$139.59

How Arizona Uses the Mental Health Services Block Grant

- The Arizona Mental Health Block Grant Plan reflects the continual improvements being made by the Arizona Department of Health Services in developing a comprehensive array of community services that are person and family-centered, and promote resiliency and recovery. The Arizona Community Mental Health Services Block Grant helps support the transition toward Performance Partnerships through a stronger and slightly different emphasis on performance indicators. Although the system of publicly funded behavioral health care in Arizona receives a significant amount of its funding from Medicaid, the Community Mental Health Services Block Grant supplements State (Subvention) funds, which allows Arizona to serve more adults with serious mental illness and more children with serious emotional disturbances. The Community Mental Health Services Block Grant has been an important part of the overall funding for services and assists Arizona to carry out its mission of providing quality person and family-centered community based mental health care.

Arizona Vignette on Uses of the MHBG:

Arizona utilized its FY 2007 BG increase for the following: \$100,000 was allocated to the White Mountain Apache Tribe for infrastructure; this includes services such as peer support and rehabilitation services. The tribe will become a Tribal Regional Behavioral Health Authority (TRBHA) in FY 2008 (October 2007).

\$10,000 each was allocated to the Gila River Indian Community and the Pascua Yaqui TRBHAs.

The remaining funds were allocated to the Regional Behavioral Health Authorities (RBHAs), to provide the full continuum of services identified in the FY 2007 Block Grant application. This is based on Arizona's established financial methodology, less five percent for ADHS/DBHS administrative costs. These will be allocated as follows:

- Magellan (new Maricopa County RBHA, effective September 1, 2007): \$61, 072 for SMI adults and \$211,071 for SED children.
- Community Partnership of Southern Arizona (CPSA, serving Pima, Cochise, Graham, Greenlee, and Santa Cruz counties): \$21,106 for SMI adults and \$66,291 for SED children.
- Cenpatico (Pinal, Gila, Yuma and La Paz counties): \$8,094 for SMI adults and \$26,412 for SED children.
- Northern Arizona Regional Behavioral Health Authority (NARBHA, serving Mohave, Yavapai, Coconino, Apache and Navajo counties): \$10,300 for SMI adults and \$30,924 for SED children.

Unmet Need for Persons with Mental Illness

Arizona's analysis of unmet service needs includes the need for:

- Increased services focusing on employment and return to/stay in school;
- Evidence based practices
- Improved client perception of care;
- Reduced utilization of psychiatric inpatient beds;
- Increased access to services; and
- Services to support family stabilization and improved living conditions.

How Arizona Would Use a Hypothetical 10% Increase in the MHBG:

Arizona would allocate the increase to the T/RBHAs, based on an established formula. Arizona has also utilized BG increases to fund special projects or programs. For example, AZ allocated a portion of the FY 2007 increase (\$100,000) to the White Mountain Apache Tribe for infrastructure in becoming a TRBHA. The funding includes services such as peer support and rehabilitation services. The tribe will become a TRBHA effective October 2007 (FY 2008).

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: CALIFORNIA PROFILE

The Department of Health Services is California's lead agency for Medi-Cal, which funds the treatment of some clients. The Department of Alcohol and Drug Programs, Department of Housing and Community Development, Department of Rehabilitation and multiple others offer services or coordinate programs available to mental health clients. The primary public providers of mental health services are California's 58 county mental health agencies and two city agencies (Berkeley and Tri-City), the majority run by county governments.

State Mental Health Block Grant allocation (FY'2007)	\$ 55,061,465
State Population (2006)	36,132,147
Number of adults living in state	26,430,285
Number of children (under age 18) living in state	9,701,862
Number of Persons served by the public mental health system in FY 2006	646,037 (1.8% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	517,343
Number of adults with serious mental illness served.....	357,547
Number of children with serious emotional disturbance served.....	159,767
Estimated Number adults with serious mental illness and children with serious emotional disturbance	1,966,380
Number of Adults with serious mental illness living in state (5.4% of the state population)	1,418,412
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	547,968
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$4,060,300,000
State MH Spending for Community Mental Health Services (82.0% of total SMHA Revenues).....	\$3,327,600,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$1,762,100,000
Per Capita State MH Spending (expenditures per resident of state)	\$114.96

How California Uses the Mental Health Services Block Grant

The California Department of Mental Health (DMH) allocates most of the Community Mental Health Services Block Grant to local county mental health departments to promote the implementation of integrated systems of care and to fulfill the mission of the California mental health system. In addition, the DMH allocates a portion of the block grant to support the California Mental Health Planning Council. The DMH, as the State's designated recipient of the Block Grant, allocates the funds to counties either based on a legislated formula or on a competitive basis. The base allocation provides a stable, flexible and non-categorical funding base, which the counties can use to develop innovative programs or augment existing programs within their systems of care for adults with SMI or children with SED. In order to receive the base allocation, each county is required to submit an annual application or expenditure plan that includes a narrative detailing its intended use of the funds. Block grant funding may also be awarded through a competitive process. The process is structured to encourage counties to adopt proven practices and to promote innovation and risk-taking by encouraging counties to explore new approaches, such as supporting existing efforts to provide integrated treatment services for individuals with a dual diagnosis of SMI and a substance abuse disorder; to provide ongoing funding to support seven competitively awarded Children's System of Care programs; and to support Human Resource Development (HRD).

California Vignettes on Uses of the MHBG:

Jail Discharge Planner (Santa Cruz County)

Santa Cruz County Community Mental Health utilizes the MHBG to fund a Jail Discharge Planner (JDP) Program. This is a relatively small program that provides a continuum of services for those adults with SMI who have been incarcerated in Santa Cruz County Jail, primarily on misdemeanor offenses.

In 2007 there were 275 referrals made to the JDP, of which 275 were provided some degree of service, ranging from discharge medications and transportation to intensive service coordination. Approximately 88 percent of those clients have not re-offended.

The JDP is involved in the screening and assessments of inmates with a SMI while in the county jail, working with the courts and probation to incorporate treatment plans into the court release and sentencing process. Additionally, JDP coordinates and monitors aftercare services to assist clients in stabilizing their lives within the community, thereby preventing clients from re-offending.

The JDP maintains a close working relationship with the courts, district attorney, public defender, private attorneys, probation department, detention staff, psychiatrists and a full range of community services

In the County jail facility, the JDP helps educate the detention and nursing staff regarding psychiatrically impaired inmates and is seen as an ally and source of information and support by the staff. The JDP also addresses the stigma of mentally ill offenders and the reluctance of local residential treatment programs to accept them for services. The JDP has made major inroads in Santa Cruz County in educating and linking with the criminal justice system on behalf of the client.

Hospital Alternative Treatment Team (HATT) Ventura County

The Ventura County Behavioral Health Mental Health Services (VCBH) MHBG funded Hospital Alternative Treatment Team (HATT) in Ventura County is an in-home crisis prevention team, that was implemented provide an alternative, when appropriate, to acute psychiatric hospitalization. The need for this service was based on a previous review in which children were tracked for approximately one year and determined that a high percentage were hospitalized, an average of 2-4 days. Consequently, the HATT program was developed to address the percentage of children hospitalized and the extent possible, provide an alternative to acute hospitalization, as appropriate.

United Parents program coordinates with the VCBH, specifically the Medical Director, Children's Chief of Services and clinical staff, to facilitate the provision of services. Upon receipt of a call requesting service, United Parents, through the HATT program, will dispatch a trained and licensed worker into the home when appropriate. Using de-escalation techniques, the HATT worker provides short-term, in-home crisis intervention so as to allow the crisis incident to de-escalate and avoid the need for hospitalization. Although designed to be short term intervention the HATT worker may remain in the home for a number of hours, as necessary, until the situation has calmed to the point that hospitalization is deemed unnecessary.

Unmet Need for Persons with Mental Illness:

The current unmet need for public mental health services is significant, and is growing daily. The Mental Health Services Act (MHSA) gives counties a much-needed opportunity to address that unmet need, with a vision of recovery and healthy development for every individual served. Some of the specific policy priorities are to:

- Protect mental health funding from supplantation efforts at the state and local levels to ensure compliance with the spirit and intent of the MHSA;
- Support full retroactive and prospective reimbursement of costs incurred by county mental health departments for providing eligible mental health treatment services to Special Education Program pupils;
- Seek legislative/regulatory resolution to the billing problems related to payment for medications under the Healthy Families program for SED children;
- Protect against legislative efforts to impose additional mandates on county mental health departments absent full funding and administrative flexibility; and
- Protect Realignment funding, including VLF resources, and analyze the impact of growth formulas on mental health funding.

How California Would Use a Hypothetical 10% Increase in the MHBG:

The California Department of Mental Health (DMH) would allocate the majority of any increase, based on a legislated formula, to local county mental health departments to promote the implementation of integrated systems of care and to fulfill the mission of the California mental health system.

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: COLORADO PROFILE

Colorado’s public mental health system comprises community based mental health programs overseen by the Division of Mental Health, the two state mental health Institutes (both of which are organizationally part of the Office of Behavioral Health and Housing within the Department of Human Services), and the Medicaid-funded community based mental health programs overseen by the Department of Health Care Policy and Financing (HCPF).

State Mental Health Block Grant allocation (FY’2007)	\$ 6,224,551
State Population (2006)	4,665,177
Number of adults living in state	3,484,652
Number of children (under age 18) living in state	1,180,525
Number of Persons served by the public mental health system in FY 2006	72,639 (1.6% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	54,694
Number of adults with serious mental illness served.....	35,509
Number of children with serious emotional disturbance served.....	19,185
Estimated Number adults with serious mental illness and children with serious emotional disturbance	250,679
Number of Adults with serious mental illness living in state (5.4% of the state population)	186,217
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	64,462
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 314,046,082
State MH Spending for Community Mental Health Services (73.1% of total SMHA Revenues).....	\$ 229,445,402
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 205,555,736
Per Capita State MH Spending (expenditures per resident of state)	\$ 69.86

How Colorado Uses the Mental Health Services Block Grant

- Colorado’s Mental Health Block Grant allocation is used primarily for programs and services provided by 17 community mental health centers, one specialty clinic and three non-profit advocacy organizations. The Division believes the capacity to blend, ‘braid’ and/or otherwise combine various funding sources—when paired with an appropriate amount of accountability—is critical to obtaining successful outcomes on the local level.
- In 2006, 21 contractors submitted reports regarding their use of Block Grant funds. Of the approximately \$5.5 million allocated, \$3,641,346 in Block Grant funds were reported as expended on 79 “transformational activities”. These Block Grant funds were 14.74 percent of all the estimated funds spent on these activities, and represent approximately 73.18 percent of all the Block Grant dollars allocated to these agencies.

Over half of the programs reported were “evidence based” or “promising practices” (\$1,469,241 for 31 programs, representing 40.31 percent of all reported Block Grant dollars). These programs include for direct treatment (e.g., Assertive Community Treatment), supports (housing and employment), and recovery and resiliency (e.g., consumer recovery centers and family education programs). The remaining expenditure ‘categories’ of programs were:

- \$498,438 for coordination of care and/or linkages with primary health care (14 programs comprising 13.69 percent of all reported Block Grant dollars);
- \$411,021 for culturally competent services (6 programs, 11.29 percent);
- \$329,622 for telemedicine services (4 programs, 9.05 percent);
- \$298,134 for electronic health records (4 programs, 8.19 percent);
- \$258,837 for school based care (3 programs, 7.11 percent);
- \$211,480 for advocacy and education efforts (7 programs, 5.81 percent);
- \$82,073 for criminal and juvenile justice activities (3 programs, 2.25 percent);
- \$43,000 for workforce development (2 programs, 1.18 percent);
- \$29,900 for stigma reduction education (2 programs, 0.82 percent); and,
- \$9,600 for suicide prevention (3 programs, 0.26 percent).

Colorado Vignette on Uses of the MHBG:

Consumers:

The Wellness and Education Coalition and Advocacy Network (WE CAN!)

WE CAN! (In partnership with the Mental Health America of Colorado) is a Block Grant grantee. WE CAN! continues to train consumers statewide on leadership, advocacy and organizing. Graduates of the Colorado Leadership Academy basic training and the advanced training are leaders in their respective communities throughout the entire state. Advanced academy graduates will be working closely with the Mental Health Ombuds Program of Colorado to provide advocacy services to their peers. Five WE CAN! members who graduated from the Leadership Academy program have taken seats on the Mental Health Planning and Advisory Council and the Governor's appointed committee on 27-10 (involuntary commitment). The WE CAN! Board, which comprises over 75% consumers, includes regional consumer representatives as well as members at large. The Board determines strategic goals for the organization including education, legislative and systems advocacy and marketing and outreach.

Below are some comments about WE CAN! and the Leadership Academy:

"You've brought me into a new realm, which I'll never leave!" Advanced Academy graduate

"Thank you- -you have once again changed my life. You have taught me how to fish." Advanced Academy graduate

"Be being able to participate in the academy, my life has the potential to change dramatically and touch the lives of many other staff and consumers of the mental health system." Basic Academy graduate

"Colorado Leadership Academy is the first consumer-generated group that has taken consumers seriously."
WE CAN! Board member

Unmet Need for Persons with Mental Illness

Highlights of some of the unmet needs in the Colorado mental health system include:

- Collaboration and interaction of the mental health system with other adult and child-serving systems;
- Services for the increasing numbers of persons with mental health problems in correctional facilities;
- Trauma informed services for victims of sexual and physical abuse;
- Prevention education and services for persons with serious mental illnesses and HIV/AIDS;
- Adequate consumer and peer run services –expanded across the State;
- Need for increased community-based services as the State develops and implements its strategies that will result in consumers receiving treatment in the most appropriate, least-restrictive settings.

How Colorado Would Use a Hypothetical 10% Increase in the MHBG:

Colorado estimates that an estimated 193 more adults with serious mental illness and children with serious emotional disturbances could be served with a ten percent (10%) increase in the Colorado Block Grant award (from \$6,224,556 to \$6,847,012, or an increase of \$622,456). This estimate is based on Colorado's average cost of service per person of \$3,063. It should be noted, however, that Colorado already allocated over \$5 million of its current award for direct client services (approximately 86.7 percent), and may elect to allocate part or all of an increase in a different manner, such as on rural evidence based or promising practices, peer services or other relatively more expensive services. This would reduce the total number of persons served.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: CONNECTICUT PROFILE

The Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF) are responsible for Connecticut's public mental health system. Although mental health services for children and adults are administered separately in Connecticut, the two departments work closely to ensure the provision of quality mental health services, and continue to plan and implement effective transitional services for youth moving from DCF to the adult system of care. DMHAS, through a network of 15 community based Local Mental Health Authorities, provides a full range of treatment and recovery-support services to adults (age 18 and older). DMHAS is also responsible for adult forensic services in the state. DCF is an integrated child protective service agency and is legislatively mandated to provide mental health, prevention, juvenile justice, substance abuse and child welfare services in Connecticut.

State Mental Health Block Grant allocation (FY'2007)	\$ 4,444,706
State Population (2006)	3,510,297
Number of adults living in state	2,675,291
Number of children (under age 18) living in state	835,006
Number of Persons served by the public mental health system in FY 2006	77,360 (2.2% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	40,341
Number of adults with serious mental illness served.....	20,971
Number of children with serious emotional disturbance served.....	19,310
Estimated Number adults with serious mental illness and children with serious emotional disturbance	188,644
Number of Adults with serious mental illness living in state (5.4% of the state population)	144,053
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	44,591
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004 (Adult Services Revenues Only)	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 550,700,000
State MH Spending for Community Mental Health Services (62.7% of total SMHA Revenues).....	\$ 345,400,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 10,400,000
Per Capita State MH Spending (expenditures per resident of state)	\$152.96

How Connecticut Uses the Mental Health Services Block Grant

- FFY 2007 goals, targets and action plans for **adult** mental health services focus on continued enhancement of DMHAS' strategic objectives reflecting a value-driven, person-centered and recovery-oriented system of care. Examples of some community-based adult mental health services funded through the Mental Health Block Grant include: 1) peer supported employment and vocational services; 2) a hospital emergency room collaborative program providing peer advocates to assist persons with psychiatric disabilities as to their rights and training to hospital personnel in techniques that de-escalate crisis situations; 3) supportive housing and residential supports promoting independent living; 4) parenting support services that educate parents with psychiatric disabilities as to their parental rights while providing support through peer mentors; and 5) other services including case management, emergency crisis, and outpatient programs.
- FFY 2007 goals, targets and action plans for **childrens'** mental health services focus on transforming the delivery system. Building on 25 System of Care Community Collaboratives and the work of the newly created Administrative Services Organization, known as the CT Behavioral Health Partnership, DCF continues to expand the community-based array of services to more effectively meet the diverse needs of children with complex behavioral health issues

Connecticut Vignettes on Uses of the MHBG:

A man (who has both a mental health and substance use disorder) receives services from a Block Grant funded residential support program for adults that provide a stable living environment and an opportunity to rebuild his life. These are his thoughts about the program:

"It helps me have a safe clean place where I belong. Now when I have spare time, I spend it in the computer lab. I have learned how to use the computer and have begun having contact with my daughter. It may take time before we are together, but I know that it is possible. I like having case management [services] right in the building. When I feel stressed, or the urge to use, I come down to see my worker and talk about what is bothering me. I have been clean for 2 years."

Children's Services Exemplary family-Focused Program:

Family Advocacy Services, delivered through FAVOR, Inc., a statewide umbrella agency funded primarily through the mental health block grant supports parent and family involvement statewide at all levels of the system working to educate and support families in their advocacy efforts. Paid and volunteer family advocates work in partnership with care coordinators to assist in producing positive outcomes for children with SED and their families. Emphasis is placed on empowerment, cultural competency, family strengths, parent/consumer leadership and self-determination. FAVOR experienced a year of rapid growth and qualitative success in 2007. Accomplishments included: the successful "Raise the Age" campaign to increase the age of youth who can be imprisoned in state facilities; support of effective transition planning, preparation and choice for adolescents transferring into adult systems of care; a clearinghouse for information, planning, and program development; consumer membership on the Citizen Review Panels; mini grants to 20 local grass roots family support groups; and a statewide bank of talented volunteers to review proposals, attend meetings, and provide testimony at the legislative level. Further, it is estimated that 454 families received advocacy services.

Unmet Need for Persons with Mental Illness

Information obtained through a variety of methods with input from local and regional stakeholders is compiled into a statewide report reflecting priority needs. This information is reviewed and discussed within the Children's and Adult Mental Health Planning Councils. The following are some of the needs identified for **adults**: 1) assuring a range of affordable, safe housing options across the state including special populations such as young adults; 2) alleviating inpatient gridlock by having appropriate community residential (e.g., step-down) care and other community-based supports; 3) expanding the range of transportation services by increasing days/hours of operation, linking inter-regional and transit district services, and promoting on-demand services for persons with psychiatric disabilities; 4) increasing treatment service capacity for persons involved with the criminal justice system; and 5) advancing health promotion and early intervention programs in support of preventive services.

The unmet needs related to **children** include the lack of: 1) adequate respite services; 2) adequate mentoring and therapeutic support services; 3) infrastructure support for local systems of care; 4) capacity of care coordination; 5) access to outpatient services; 6) access to psychiatric medication management; and 7) sufficient capacity in intensive in-home services.

How Connecticut Would Use a Hypothetical 10% Increase in the MHBG:

Adult Mental Health Services:

Expand consumer-operated services or develop a statewide consumer network. Development of a public mental health education curriculum with an evaluation and follow-up component to measure change in mental health awareness. Allocate funds to advance innovative projects such as peer advocates in emergency rooms and Wellness Recovery Action Plan (WRAP) training.

Children Mental Health Services:

Any increase in federal funds will be used to strengthen and expand the system of care including the array of community-based services and the system of care infrastructure. The state estimates that a 10% increase in the Block Grant would allow services to an additional 50 families per year.

State Contact Information:

Adult Services: Alfred Bidorini, 860.418.6838 alfred.bidorini@po.state.ct.us DMHAS Web: <http://www.ct.gov/dmhas>
Children Services: Marilyn Cloud, 860.723.7260, marilyn.cloud@ct.gov DCF Web site: <http://www.ct.gov/dcf>

2007 MENTAL HEALTH SERVICES BLOCK GRANT: DISTRICT OF COLUMBIA PROFILE

The Department of Mental Health (DMH) is a cabinet-level agency whose Director reports to the Office of the Mayor of the District of Columbia. The primary mission of DMH is to address the mental health services and support needs of District residents. To accomplish this mission, DMH is structured with a meaningful separation between its Authority role (policy maker for the mental health system) and its provider components the D.C. Community Services Agency (public provider of core, specialty and other services) and Saint Elizabeth's Hospital (public provider of a variety of inpatient services).

State Mental Health Block Grant allocation (FY'2007)	\$ 771,391
State Population (2006)	550,521
Number of adults living in state	437,684
Number of children (under age 18) living in state	112,837
Number of Persons served by the public mental health system in FY 2006	11,428 (2.8% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	9,599
Number of adults with serious mental illness served.....	8,282
Number of children with serious emotional disturbance served.....	1,319
Estimated Number adults with serious mental illness and children with serious emotional disturbance	29,707
Number of Adults with serious mental illness living in state (5.4% of the state population).....	23,407
Number of Children with serious emotional disturbance living in state (7-11% of the state population).....	6,300
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 225,257,063
State MH Spending for Community Mental Health Services (52.8% of total SMHA Revenues).....	\$ 118,973,883
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 26,900,000
Per Capita State MH Spending (expenditures per resident of state)	\$402.92

How District of Columbia Uses the Mental Health Services Block Grant

- The D.C. State Mental Health Planning Council works with the DMH to initiate a request for proposals from consumer, family member (focus on programs serving adults and children/youth), and community organizations for funding consideration under the Block Grant. Examples of some services funded through the Mental Health Block Grant include:
 - Exercise and nutrition for adults with SMI project
 - Homeless Services Project
 - Forensic rotation for clinical fellows project
 - Supported employment Project
 - DMH Training Institute
 - School MH Program
 - Prevention/Early Intervention Project
 - Supportive Housing Service Vignettes on Uses of the MHBG:

District of Columbia Vignettes on Uses of the MHBG:

In FY 2006 and FY 2007, DMH and the Mental Health Planning Council have awarded Mental Health Block Grant funding for a number of projects and programs to provide rental subsidies for consumers, training opportunities and conferences for consumers and family members, and special projects related to adult consumer health issues, a weekend socialization program and neighborhood services that impact children and families.

The State Mental Health Planning Council and the Department of Mental Health co-sponsor the Annual Judge Aubrey E. Robinson, Jr. Memorial Mental Health Conference using block grant funds. The seventh annual conference is scheduled for September 26, 2007 and will focus on Trauma Informed Care.

Unmet Need for Persons with Mental Illness

Adults:

Unmet needs identified for adults with serious mental illness in the District of Columbia include the need for:

- Refinement of information technology systems;
- Strategies to support more flexibility in the crafting of services that allow for varying levels of need for consumers; and
- Expanded ACT services.

Children:

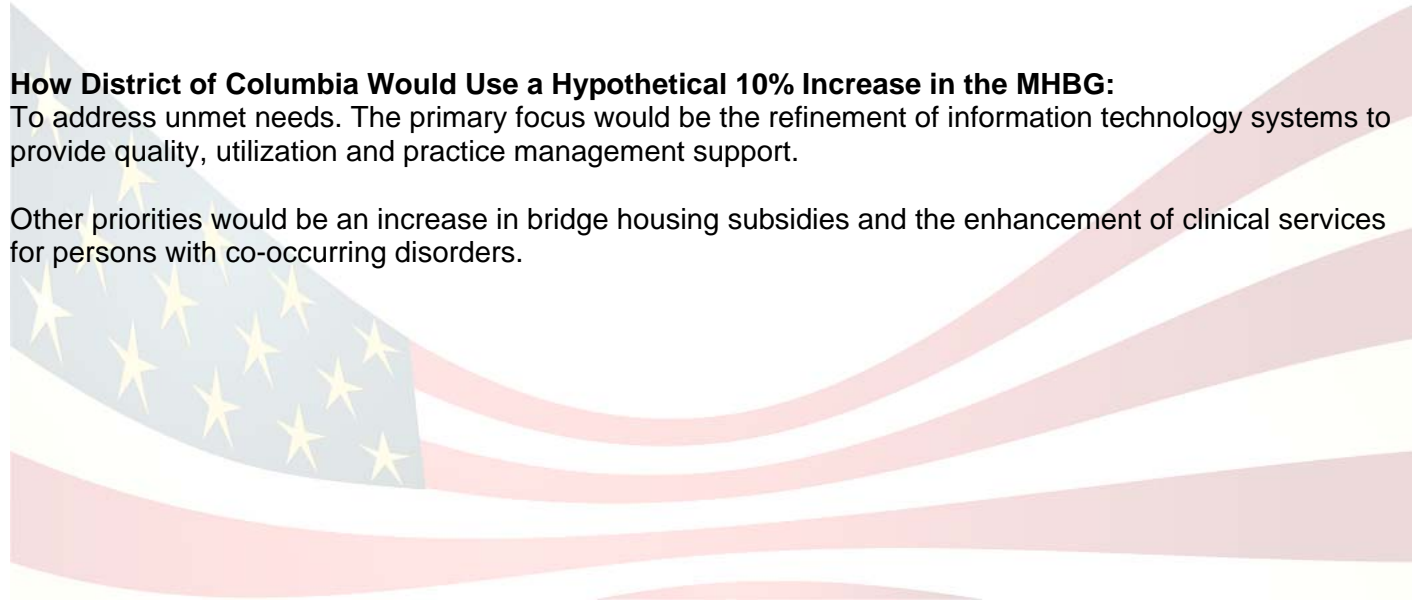
Unmet needs for children include the need for:

- Strengthening mechanisms to incorporate family satisfaction with services and supports into treatment/service delivery planning and provider network administrative management;
- Expanding support to family involvement in the system of care; and
- Continuing to shift the practice model towards a family-centered, strengths-based approach where the majority of services are provided in homes and communities and natural supports are a key part of treatment planning

How District of Columbia Would Use a Hypothetical 10% Increase in the MHBG:

To address unmet needs. The primary focus would be the refinement of information technology systems to provide quality, utilization and practice management support.

Other priorities would be an increase in bridge housing subsidies and the enhancement of clinical services for persons with co-occurring disorders.



State Contact Information:

www.dmh.dc.gov

Anne Sturtz, Deputy Director
Office of Strategic Planning, Policy & Evaluation
Annie.sturtz@dc.gov

2007 MENTAL HEALTH SERVICES BLOCK GRANT: DELAWARE PROFILE

The Delaware Health and Social Services/Division of Substance Abuse and Mental Health (DSAMH) has responsibility and administrative oversight for the Community Mental Health Services Block Grant (CMHSBG). The Division of Substance Abuse and Mental Health is responsible for meeting the treatment, rehabilitation and support needs of adults, age 18 years and older, with serious mental illness (SMI). The Division seeks to provide these services to consumers if they are unable to obtain community support through other state agencies. A portion of the CMHSBG award is allocated to the Department of Services for Children, Youth and Their Families/Division of Child Mental Health Services (DCMHS). The Division of Child Mental Health Services plans for, undertakes, and monitors mental health activities funded under the Block Grant for individuals less than 18 years of age.

State Mental Health Block Grant allocation (FY'2008)	\$ 754,909
State Population (2006)	853,476
Number of adults living in state	655,470
Number of children (under age 18) living in state	198,006
Number of Persons served by the public mental health system in FY 2006(Adult only)	5,973 (.7% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	7,883
Number of adults with serious mental illness served.....	5,973
Number of children with serious emotional disturbance served.....	1,910
(Note: There is minor duplication among 18 year old consumers, as they do not transition from child to adult mental health services until 18.5 years old)	
Estimated Number adults with serious mental illness and children with serious emotional disturbance	44,753
Number of Adults with serious mental illness living in state (5.4% of the state population)	34,771
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	9,982
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	7,841
(Note: This is an estimate of unduplicated individuals served in the Delaware community mental health system through a variety of funding sources, including mental health block grant funds.)	
Funding information for 2005	
Total State Mental Health Agency Controlled Revenues (2005)	\$ 77,738,350
State MH Spending for Community Mental Health Services (49.3% of total SMHA Revenues).....	\$ 38,341,650
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 14,869,042
Per Capita State MH Spending (expenditures per resident of state)	\$ 90.48

Delaware's Utilization of the Mental Health Services Block Grant

The Division serves as the Single State Agency for Mental Health and Substance Abuse services. As such, the Division receives Federal and State dollars for the sole purpose of administering mental health, substance abuse and gambling prevention and treatment services in Delaware.

Both the DSAMH and DCMHS are dedicated to developing and maintaining services to meet the needs of adults with serious mental illness and children and youth with serious emotional disturbances. This is being addressed by providing comprehensive community support services in order to help individuals with mental illness maintain independence within the community, obtain and maintain personal autonomy and achieve the most positive quality of life possible. The Mental Health Block Grant funded activities for adults with serious mental illness include: case management services, medications and medication management, staff training, public education, consumer satisfaction survey, and administration/infrastructure.

Delaware utilizes Community Mental Health Block Grant funds to provide Intensive Outpatient Services (IOP). Intensive Outpatient Services are community-based treatment and support services provided almost exclusively in the natural environment in which an SED client functions. This innovative and evolving service level has been credited with contributing to the recent reduction in utilization of long-term residential services.

Delaware Vignettes on Uses of the MHBG:

MH Program Level: DSAMH High End User Program

The Division of Substance Abuse and Mental Health (DSAMH) has developed an intensive system of care management for individuals who historically have had frequent emergency psychiatric hospitalizations. This system links, through a network of DSAMH coordinated care management, the significant resources involved in serving this population. System components include the Delaware Psychiatric Center (DPC), the Community Continuum of Care Program (CCCP, a DSAMH contracted intensive community support program), hospital emergency rooms, area Detoxification programs, DSAMH's mobile/client based crisis intervention team, DSAMH drug and alcohol day and outpatient treatment programs, and community acute care. Mental Health Block Grant funding helps to support this intensive system of care to support community-based and appropriate care. As a result, the number of readmissions to inpatient care has been reduced.

State/Systems Level: Best Practice Training & Education

A five-day Mental Health Community Conference "36th Summer Institute Embracing Change: Promoting Recovery" July 23-27, 2007, provided an overview of evidence-based practice implementation nationally and in Delaware. Carlo C. DiClemente, PhD, Professor in the Department of Psychology, University of Maryland, provided the opening address. Dr. DiClemente is internationally recognized as co-creator of the Transtheoretical Model of Change. Other panels focused on Emerging Best Practices in Behavioral Healthcare, Using a Recovery Oriented Approach in Case Management, and involving consumers in the recovery process. The panels focused on Delaware implementation efforts as well as national efforts.

Unmet Need for Persons with Mental Illness

Adults:

Some of the needs identified for Adults with SMI include the following:

- Enhance the quality of community support program services by supporting cultural competency development and encourage the adoption of evidence-based practices.
- Enhance services for individuals with co-occurring disorders on a system-wide basis
- Expand the array and quantity of supported housing options in the community and maximize options for consumers to live in the least restrictive setting of their choosing.
- Enhance community placement planning and transition services for consumers preparing for discharge from Delaware Psychiatric Center and other, private psychiatric hospitals.

Children:

Specific needs identified for children with serious emotional disorders include;

- Transition services for children into the adult system;
- Reducing out of state placements; and
- Building hope & sustaining resilience within our youth.

How Delaware Would Use a Hypothetical 10% Increase in the MHBG:

Any increase in the MHBG would be used to (1) expand supported housing services throughout the state and (2) to expand consumer involvement in the State mental health planning process for adults. The Division would also look to the identified State Plan areas which need improvement as a focal point for the utilization of the additional funding. The Division would take a close look at current planning initiatives to address those needs and initiatives that the Division has identified as viable options to bridge the gap between services and needs in those areas.

Recently the Division has been able to create more supported housing opportunities for homeless persons with SMI and persons transitioning from chronic homelessness. The Division would continue this trend by funding additional supported housing services if an increase in funding was granted. The amount of funding and/or the number of newly created housing units would be determined by the amount of the increase.

A high priority would also be placed on funding initiatives that involve consumers in the planning process. The Division would like to increase consumer involvement in system policy and planning by hiring more consumers and offering more consumer-run training.

Delaware Health and Social Services: Division of Substance Abuse and Mental Health

<http://dhss.delaware.gov/dhss/dsamh/>

Cliffvon Howell (302)255-9415

Cliffvon.Howell@state.de.us

2007 MENTAL HEALTH SERVICES BLOCK GRANT: FLORIDA PROFILE

The Department of Children & Families is the state agency that administers Florida’s mental health program and is the State Mental Health Authority. The Department is under the management of a Secretary who reports directly to the Governor. The Assistant Secretary for Substance Abuse and Mental Health facilitates the integration of substance abuse and mental health services and establishes policy direction. The Directors for Mental Health and Substance Abuse report directly to the Assistant Secretary. Operational authority for mental health services is statutorily delegated to five regional offices and 20 circuits. Each circuit has a Substance Abuse and Mental Health Program Office (SAMH).

State Mental Health Block Grant allocation (FY’2007)	\$ 27,115,615
State Population (2006)	17,789,864
Number of adults living in state	13,721,987
Number of children (under age 18) living in state	4,067,877
Number of Persons served by the public mental health system in FY 2006	262,038 (1.5% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	221,878
Number of adults with serious mental illness served.....	167,118
Number of children with serious emotional disturbance served.....	54,760
Estimated Number adults with serious mental illness and children with serious emotional disturbance	967,347
Number of Adults with serious mental illness living in state (5.4% of the state population).....	737,252
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	230,095
Estimated Number of Persons Serve by Mental Health Block Grant Funds in 2006	N/A
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 623,077,641
State MH Spending for Community Mental Health Services (54.0% of total SMHA Revenues).....	\$ 336,643,781
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 93,548,642
Per Capita State MH Spending (expenditures per resident of state)	\$ 36.77

How Florida Uses the Mental Health Services Block Grant

- Block Grant funds are used to support statewide publicly funded mental health services for adults and children in legislatively established target populations. Service activities include outpatient care (e.g. counseling and psychotropic medications), case management, emergency services, and assertive community treatment (intensive, comprehensive outpatient care for adults).

Florida Vignettes on Uses of the MHBG

In June 2006, departmental staff from both Children and Families and the Agency for Health Care Administration (AHCA) participated in an “Expert Panel, Medications Best Practices in Children and Adolescents”, convened by the Center for Mental Healthcare Improvement and made up of physicians from Florida and national experts in pediatric psychiatry. The goal of the colloquium was to develop guidelines for medication usage for children served in Florida. The Department continues to partner with AHCA to monitor the use of psychotherapeutic medication for the children served. A joint workgroup continues an initiative to monitor the use of emergency intramuscular injections in emergency situations, with a goal of reduced use of these interventions.

Infant Mental Health services have expanded statewide. The Program is designed to promote recovery and resilience for infants and children and their caregivers through early identification and intervention efforts. Florida also has developed infant mental health associations throughout the state which provide support and educational opportunities for local therapists, childcare workers, and others interested in prevention and early intervention for infants and toddlers. The Program is designed to promote recovery and resiliency for infants, children, and their caregivers through early intervention efforts.

Unmet Need for Persons with Mental Illnesses

Adults:

Some of the unmet needs in Florida for adults with serious mental illnesses involve:

- There is a great need for more Crisis Intervention Teams (CIT) around the state;
- There is a great need to increase services to people who are homeless and have mental illnesses; and
- Floridians who live in rural areas and have mental health needs are underserved in public mental health programs.

Children:

Examples of unmet needs for children with serious emotional disturbances include:

- Services are often accessed through the crisis system because there are not sufficient prevention and early intervention services. Services for children are often accessed only after their emotional disturbance has worsened and caused major family disruption;
- Children involved with the Child Protection Program have emotional and behavioral issues more frequently than other children served by Part C. Early Interventionists need to enhance their ability to meet these children's mental health needs, including training in trauma-informed services and parental issues affecting children's mental health, such as parental substance abuse, domestic violence, and parental mental health problems, especially maternal depression; and
- A more responsive service system based on resiliency and recovery principles is needed. Statewide training systems on the use of evidence-based practices also need to be made available.

How Florida Would Use a Hypothetical 10% Increase in the MHBG:

Adult

In Florida, the average fair market rental for a two bedroom apartment is \$753 monthly. Splitting that rent between two people results in a monthly rental of \$376.50, which is in excess of the affordable housing ceiling of 30%. Therefore, Florida would use its increase in community mental health services block grant funding to support a housing subsidy program for eligible recipients of mental health services. Using \$376.50 per person each month means Florida would provide this new service to 359 existing enrolled members. It would not necessarily serve new or additional individuals.

Children

Children's Mental Health recognizes the need for improved services as well as a Center for Excellence. This Center for Excellence would concentrate solely on promoting and supporting evidence-based practices for children. The Center would also conduct training to continue support of these practices for all children across the state.

State Contact Information

<http://www.dcf.state.fl.us/mentalhealth>

Florida Department of Children and Families

Mental Health Program Office

Katharine V. Lyon, Ph.D., Director

Kate.Lyon@dcf.state.fl.us

850-413-0935

2007 MENTAL HEALTH SERVICES BLOCK GRANT: GEORGIA PROFILE

The Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) develops and administers services for adults, children and families in all 159 counties of the State. The DMHDDAD operates within the Department of Human Resources (DHR), together with the Division of Aging, the Division of Public Health, the Department of Family and Children Services, and others. The DMHDDAD provide statewide direction, planning, coordination, consultation, technical assistance, and management support to publicly operated or funded mental health, substance abuse, and developmental disability programs in Georgia. Mental Health services are primarily administered through contracts and letters of agreement with public and private providers.

State Mental Health Block Grant allocation (FY'2007)	\$ 12,361,915
State Population (2006)	9,072,576
Number of adults living in state	6,709,854
Number of children (under age 18) living in state	2,362,722
Number of Persons served by the public mental health system in FY 2006	156,416 (1.7% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	136,597
Number of adults with serious mental illness served.....	98,196
Number of children with serious emotional disturbance served.....	38,401
Estimated Number adults with serious mental illness and children with serious emotional disturbance	498,409
Number of Adults with serious mental illness living in state (5.4% of the state population)	358,571
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	139,838
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 448,677,215
State MH Spending for Community Mental Health Services (53.0% of total SMHA Revenues).....	\$ 237,931,428
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 49,834,357
Per Capita State MH Spending (expenditures per resident of state)	\$ 52.1

How Georgia Uses the Mental Health Services Block Grant

In FY 2007, Federal Mental Health Block Grant funds were budgeted across an array of community services for adults with serious mental illness and children with serious emotional disturbances. Adult consumers were served through contracts with public and private providers with provisions to serve specific geographic areas to ensure statewide coverage. In April 2007, the provider pool was widely expanded for child and adolescent services under a fee-for-services funding mechanism. Examples of services provided through the funds include:

- Outpatient Services
- Community Support Services
- Intensive Family Intervention
- Therapeutic Foster Care
- Peer Support Programs
- Psychosocial Rehabilitation Programs
- Supported Employment
- Crisis Intervention Services
- Mobile Crisis Response
- Supportive Housing

Georgia Vignette on Uses of the MHBG:

MH Program Level:

Georgia has two short-term acute care hospital units for children and adolescents with a total of 56 beds. One of the units is located in the Metropolitan Atlanta area and the other in rural Georgia in the middle of the state. Youth have to travel great distances to receive services at these state-operated hospital facilities. To address this, Georgia developed plans for implementation of Crisis Stabilization Programs and Mobile Crisis Response Services. Currently, these services are located in two regions of our state with additional services being implemented in the remaining three regions of the state. The first Crisis Stabilization Program opened in August 2005 in Savannah, Georgia. Since the CSP opened, many youth who traditionally would have been served in state hospital settings have been served in this community-based program. In the first state fiscal year of operation, this unit served 357 youth with an average length of stay of 8 days. The mobile crisis team served 157 youth from a two county area and is making plans to expand to two additional counties. These services have served as the pilot and due to their success has allowed for expansion into other parts of the state.

Adults:

Since 2002, the partnership between DMHDDAD and the Georgia Mental Health Consumer Network has trained 410 Certified Peer Specialists (CPSs). Through the Certified Peer Specialist Training Program and their own recovery stories, great leaders have been born in Georgia. Certified Peer Specialists are working throughout the mental health system and are informing consumer-driven services at the state office, in regional offices, at state hospitals and in provider organizations. Georgia's Certified Peer Specialists are evidence that recovery is possible and are leading the state toward a recovery informed mental health service system.

Unmet Need for Persons with Mental Illness

Adults:

A review of unmet needs and gaps identified includes:

- Increased provider capacity for integrated treatment for persons with co-occurring mental health and substance use disorders;
- Expanded efforts to address the needs of persons with mental illness who become involved with the criminal justice system, including diversion from jails;
- Development of improved methods of reaching individuals who live in rural areas, including telemedicine programs.

Children:

Examples from an analysis of unmet service needs for children with serious emotional disturbances include the need for:

- Implementing a comprehensive behavioral health and substance abuse service delivery system across child-serving agencies.
- Expansion of family and youth partnerships throughout the state;
- Cross-system workforce development and training agenda;
- Financial mapping of current fiscal resources across all child-serving systems supporting service delivery and develop plans to implement financial mapping strategies;
- Methodology for re-directing resources from higher intensity services to more community-based services; and
- Developing specialized services for difficult to serve populations

How Georgia Would Use a Hypothetical 10% Increase in the MHBG:

Some potential uses for increased funding include:

- Fund consumer-directed and run peer support programs, including peer respite
- Incentivize programs demonstrating high fidelity to supported employment best practices
- Fund project to increase Double Trouble throughout the state
- Fund Family Psycho education

State Contact Information

<http://www.dhr.state.ga.us>

Andrey Sumner

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: HAWAII PROFILE

The State's Mental Health System is located in the Department of Health (DOH), Behavioral Health Administration (BHA). Four Divisions comprise the BHA: the Adult Mental Health Division (AMHD), the Child and Adolescent Mental Health Division (CAMHD), the Alcohol and Drug Abuse Division (ADAD), and the Developmental Disabilities Division (DDD). CAMHD, ADAD and DDD contract for all services provided, and the AMHD both provides services through the CMHCs and contracts for services through approximately thirty-five (35) Purchase of Service (POS) providers.

State Mental Health Block Grant allocation (FY'2007)	\$ 1,924,365
State Population (2006)	1,275,194
Number of adults living in state	975,342
Number of children (under age 18) living in state	299,852
Number of Persons served by the public mental health system in FY 2006	13,800 (1.1% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	13,800
Number of adults with serious mental illness served.....	11,217*
Number of children with serious emotional disturbance served.....	2,094
Estimated Number adults with serious mental illness and children with serious emotional disturbance	65,136
Number of Adults with serious mental illness living in state (5.4% of the state population)	50,268
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	14,868
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 181,800,000
State MH Spending for Community Mental Health Services (64.9% of total SMHA Revenues).....	\$ 118,000,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 4,000,000
Per Capita State MH Spending (expenditures per resident of state)	\$148.62

* The unduplicated count of number served by the Adult Mental Health Division for FY 2006 was 11,217. This number does not include 1,028 individuals who received a screening assessment such as the QOLI, Demographics, CAGE-MIDAS, or MHSIP and for whom there were no other evidence in our database of having received any other services; however, these consumers received screening or assessment events. If we include these individuals in our FY2006 report, the total number of people served would be 12,245 which we believe is more accurate than the 11,217 we reported.

How Hawaii Uses the Mental Health Services Block Grant

Adults: 24-hour group home services, intensive outpatient, homeless outpatient treatment services, culturally appropriate outpatient psychiatric services for Native Hawaiians and other ethno-cultural groups to prevent disparities in service delivery, consumer-run "warm lines", supported housing, family psycho-education, annual statewide consumer conference, Hawaii Health Survey, anti-stigma public education talks on severe and persistent mental illness with consumers who relate movement to recovery ; strengths-based case management training with focus on provision of assessments and writing recovery plans; forensic training aides; hiring of a master artist/craftsman for VSA creative industry micro-enterprise; hiring of a cultural and linguistic specialist; training in suicide prevention (ASIST and SAFE Talk); and forensic testing materials. These projects also meet the NF goals of transformation.

Children: Support for the statewide parent support organization; outreach to homeless and transgender youth; increasing the "youth voice"; cross-agency collaboration with juvenile justice, child welfare, and education; reducing stigma and barriers; conduct a consumer survey; support youth suicide prevention; and to identify and promote the use of evidence-based strategies.

Hawaii Vignettes on Uses of the MHBG:

Adults: A man in his late 20's, went off his medications for bipolar disorder; became agitated and violent at home; police were called, and followed procedures of the new AMHD pre-booking jail diversion. They called a new Honolulu Police Department (HPD) mental health emergency psychologist for guidance. He was not arrested; was taken to an ER hospital for evaluation and inpatient treatment. Six months later, he was back on his medications and doing very well. This pre-booking program, tightly linked to HPD, will prevent consumer trauma and decrease costs.

Children: MHBG funds are used to provide youth with histories of sexual abuse the opportunity to participate in therapeutic recreational activities, such as art and music therapy, and outdoor adventure. An atmosphere of respect continued to grow over this quarter. We have observed an improvement in some of the behaviors that were identified by their referral sources as targeted behaviors (inappropriate socialization, lack of respect for physical boundaries, sexual aggressiveness). There have been no behaviors related to aggressiveness or disrespect of physical boundaries in any of the sessions. Their social interactions have been very appropriate, and have shown a great deal of support and empathy for each other despite the vast differences in intellectual and maturity levels. Two sisters (one with autism, the other with a diagnosis of schizophrenia) participate in the program. One has become less withdrawn and now initiates conversation during group circle; while the other is better able to remain on task, focus during activity-based sessions, and is showing a decrease in targeted behaviors. A transgender participant is accepted by her female peers, and has shown of aggressive or disruptive behaviors.

Unmet Need for Persons with Mental Illness

Adults: Statewide, increasing numbers of consumers are being added to the AMHD rolls, with the result that the array of services must concomitantly be increased. Unmet service needs include case management ratios at the standard; ambulatory detoxification in licensed crisis residential services (LCRS), LCRS services on Kauai (KI) and Hawaii (HI); specialized residential treatment services on KI and HI; intermediate care facility; licensed specialized treatment with on-site programs and medication management; outreach to homeless persons on KI and HI, Safe Haven on KI and Oahu for persons who are homeless; West HI ER homeless shelter; "Housing First" on Oahu; housing for remote areas such as Puna and Ka'u on HI; Section 8 independent living on HI; transportation on KI and HI; respite services, family psycho-education and an alternative to ACT level care on KI; micro-enterprises, self-employment and consumer-operated services on Oahu; Clubhouse staffing on HI; jail diversion, forensic programming at Kahi Mohala, community fitness restoration; medication management for discharged conditional release consumers on Oahu; 24-Hour Forensic Group Home on KI; forensic MD coverage at community hospitals and outpatient programming; forensic coordinator at West HI CMHC, and a community restoration program on HI.

Children: While certain geographic areas are experiencing increasing numbers of Support for Emotional and Behavioral Development (SED) youth identified and served, overall CAMHD is serving a small population. Although Hawaii is known for its universal health insurance which ensures that many families are provided health insurance by their employers and the state department of education serves IDEA and 504-eligible youth, there is the question of whether children who need services are accessing appropriate services. Of concern are the hard-to-reach populations of homeless and runaway youth, youth in the juvenile justice and child welfare systems, and youth at risk for suicide.

How Hawaii Would Use a Hypothetical 10% Increase in the MHBG:

Adults:

Fund consumer travel to national conferences/training (such as Alternatives); Buy computers and software for all Clubhouses to network the Hawaii Clubhouses to the Pacific Rim Territories; Fund contingency management program rewards (McDonald's, Starbucks, and other coupons for following house rules, maintaining sobriety, etc.), as well as development of customized program materials (manuals, workbooks, videos, etc.) for the following forensic programs: Hale Imua, Community-based Fitness Restoration, and Community Re-Integration from Jail/Prison; Fund Native Hawaiian traditional healing practitioners as a pilot. Fund Neighbor Island in person interpreter services (similar to Susannah Wesley on Oahu)—currently, neighbor islands must use telephone interpreter services because of insufficient CMHC and provider staff who speak the needed languages; Add more funding to ASIST Suicide Prevention Training to expand beyond case management agencies to any provider, family member, community group who wants to attend (classes are designed for laypersons, not clinicians so the only impediment is funding to cover course costs); Purchase more Avatar software licenses to expand implementation of the Electronic Medical Record.

Children: Workforce Development. Similar to the rest of the nation, Hawaii has difficulty recruiting and retaining qualified mental health providers. Also, due to Hawaii's multi-ethnic population, finding mental health providers that reflect the ethnic and cultural diversity of our population is a challenge. Cultural competence and language proficiency is also a challenge. Over 300,000 persons age 5 years and over (26.6%) in Hawaii speak a language other than English at home. (U.S. Census Bureau, 2000). While both the adult and children's systems have supported professional training programs at the university, it is not uncommon for professionals trained at state expense to leave the state shortly after graduation. A grandiose dream would be to develop a tiered consumer workforce initiative that would hire and place consumers, including youth, into a career ladder track that moved from paraprofessional to professional level positions. As a small state with a proportional block grant allocation, Hawaii supports workforce development being addressed at the national level. Specifically that the hypothetical 10% increase be dedicated to workforce development at the national rather than state level.

State Contact Information:

AMHD: www.amhd.org; CMHD: www.hawaii.gov/health/mental-health/camhd
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Thomas W. Hester, Chief /State of Hawaii, Department of Health, Adult Mental Health Division
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2007 MENTAL HEALTH SERVICES BLOCK GRANT: IDAHO PROFILE

Idaho's public Community Mental Health Services are administered by the Department of Health and Welfare in the newly formed Division of Behavioral Health Services. Services are delivered through seven geographically defined regional programs. Regional community mental health centers provide adult and children's mental health service. State-level programs provide statewide coordination and technical assistance to regional service programs.

State Mental Health Block Grant allocation (FY'2007)	\$ 1,773,726
State Population (2006)	1,429,096
Number of adults living in state	1,054,916
Number of children (under age 18) living in state	374,180
Number of Persons served by the public mental health system in FY 2006	22,023 (1.5% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	19,977
Number of adults with serious mental illness served.....	11,931
Number of children with serious emotional disturbance served.....	8,007
Estimated Number adults with serious mental illness and children with serious emotional disturbance	75,548
Number of Adults with serious mental illness living in state (5.4% of the state population).....	56,728
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	18,820
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 54,916,600
State MH Spending for Community Mental Health Services (52.7% of total SMHA Revenues).....	\$ 28,932,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 8,362,600
Per Capita State MH Spending (expenditures per resident of state)	\$ 40.32

How Idaho Uses the Mental Health Services Block Grant

Adults:

- The Block Grant funds adult services (including the evidence-based practice of ACT), consumer/family empowerment, training for staff and providers on evidence-based practices, and suicide prevention.

Children:

- The Block Grant goes toward contracts with family run organizations for support and advocacy, suicide prevention services, and primary care physician training. It is also used for training for staff and providers on evidence-based practices.

Idaho Vignettes on Uses of the MHBG:

Children's Mental Health

The Children's Mental Health Program utilizes a portion of the Mental Health Block Grant funds on a contract with the Idaho Federation of Families for Children's Mental Health. The Federation of Families provides support and advocacy services to families of children with serious emotional disturbance. The CMH program provides each family, upon application for mental health services, with a release/referral to the Idaho Federation of Families. If the family signs the release/referral the form is sent to the Idaho Federation. The Idaho Federation contacts the families and seeks to provide them with assistance in meeting the needs of their children, but also support in dealing with the struggle of parenting a child with SED. Many families feel they are alone in their challenges and find it relieving to learn that other are going through the same struggles. These families often find strength in meeting to support each other and share both their pain and their successes. The Idaho Federation of Families brings these families together for support, understanding, sharing, and educational opportunities.

Adult Mental Health

Mental Health Block Grant funds are used to support the delivery of a comprehensive range of mental health services in the seven regional areas of Idaho. Assertive Community Treatment is the primary evidence-based practice that is offered in the State of Idaho. In the fall of 2006, the Division of Behavioral Health evaluated the evidence-based practice of Assertive Community Treatment. Seven regional programs were assessed, using the Dartmouth Assertive Community Treatment Scale to determine fidelity to the model. In each case, a representative from Central Office and a peer from another region teamed to review charts, observe an ACT staff meeting and conduct interviews with supervisors, staff and clients. All programs received an overall mean score of 3 or above.

In the course of interviews, clients were offered an opportunity to comment on the ACT services they had received. One client who had been with the ACT team for two years said, "The ACT team has treated me very well. They have totally educated me and I admire what they do. Totally." Another client offered, "I love the ACT team. They're really good."

In an effort to ensure the delivery of qualitative services, staff training is offered. In April 2007, the Division of Behavioral Health sponsored Dr. Phillip Resnick to provide training to Department staff and community first responders on issues of Risk Assessment for Violence. Trainings were offered in Twin Falls and Boise, in order to ensure that staff from across the state could choose the location that was most convenient to them.

The State of Idaho supports the activities of the State Planning Council on Mental Health. This Planning Council is composed of over fifty percent consumers and family members. The Council is instrumental in helping to guide the mental health service system in the State of Idaho.

The Division of Behavioral Health recognizes that development of a data infrastructure system capable of consistently capturing credible data related to NOMS, URS and other state-level questions/concerns is critical to the provision of quality mental health care and service planning. In the fall of 2006, the Project Management Office began a process to thoroughly evaluate the status and data needs of the Adult Mental Health program. Data Infrastructure Grant (DIG) funds were used to support these efforts. Based on the results of this analysis, the Division is exploring funding and options to resolve the issue and to develop a strong data infrastructure capable of responding to current and future needs.

Other funds are also used to support the delivery of a comprehensive mental health service system in the State of Idaho. In 2006, Idaho legislators allocated two million dollars to support the development of collaborative regional projects that proposed to address a locally identified unmet need relating to mental health and/or substance abuse. These Service Plan Component projects included transitional housing for adults with a serious mental illness and development of elemental health to expand service provision options in rural and frontier areas.

Unmet Needs for Persons with Mental Illness

Adults:

Some of the unmet needs for adults with serious mental illness includes:

- Insufficient resources for crisis, respite, transitional and supportive housing;
- Lack of a statewide recruitment effort for recruiting culturally competent staff;
- System resources are directed toward crisis response not early intervention or prevention;
- Services are more readily available in urban areas than rural areas;
- Lack of services targeted specifically to the elderly; this population is served within the range of services offered to the general adult population diagnosed with a serious mental illness;
- Limited availability to medications due to different payer sources;
- Lack of direct service staff in public mental health services; correctional system does not currently have the resources to adequately address the mental health needs of inmates;
- Lack of sufficient staff available to monitor quality and safety at State Hospital North;
- Limited staff and resources to address stigma and education efforts; and
- Limited availability of consistent community resources, especially in rural and frontier areas of the state.

Children:

Some of the unmet needs for children with severe emotional disturbance includes:

- Lack of mental health professionals;
- Lack of consistency in the delivery of Medicaid funded mental health services;
- Lack of mental health resources to adequately address the needs of youth in the juvenile justice system;
- Insufficient mental health training for first responders;
- Lack of services for children with SED and diagnosed with co-occurring disorders such as chemical – dependency and developmental disabilities;
- Inadequate resources for school-based mental health services;
- Lack of resources for prevention and early intervention; and
- Lack of culturally appropriate services.

How Idaho Would Use a Hypothetical 10% Increase in the MHBG:

Any increase in the MHBG would be utilized to enhance the provision of evidence-based services for adults and children in Idaho. Additional funding allocated to the adult program would be used to develop and implement a peer-specialist training program as well as the ongoing provision of peer-support services.

Additional funding allocated to the children's program would be used to provide Parent Management Training to youth and families involved in the juvenile justice system. It is estimated up to 60 families could benefit from this increase.

State Contact Information

<http://www.healthandwelfare.idaho.gov/site/3458/default.aspx>

Cynthia Clapper, PhD, at 208-334-5527

2007 MENTAL HEALTH SERVICES BLOCK GRANT: ILLINOIS PROFILE

The Illinois Department of Human Services Division of Mental Health (DMH) administers community health and prevention programs; oversees programs for persons with developmental disabilities, mental health and substance abuse problems; and provides rehabilitation services and helps low-income persons with financial support, employment and training services, child care and other family services. The DMH is organized into five Comprehensive Community Service Regions (CCSR). Through these Regions, the DMH operates nine state hospitals and contracts with 162 community mental health providers across the state.

State Mental Health Block Grant allocation (FY'2007)	\$16,441,516
State Population (2006)	12,763,371
Number of adults living in state	9,522,332
Number of children (under age 18) living in state	3,241,039
Number of Persons served by the public mental health system in FY 2006	164,848 (1.3% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	86,176
Number of adults with serious mental illness served.....	74,695
Number of children with serious emotional disturbance served.....	11,481
Estimated Number adults with serious mental illness and children with serious emotional disturbance	694,896
Number of Adults with serious mental illness living in state (5.4% of the state population).....	513,191
Number of Children with serious emotional disturbance living in state (7-11% of the state population).....	181,705
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$869,500,000
State MH Spending for Community Mental Health Services (68.5% of total SMHA Revenues).....	\$595,500,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$351,700,000
Per Capita State MH Spending (expenditures per resident of state)	\$68.84

How Illinois Uses the Mental Health Services Block Grant

- Promoting consumer-to-consumer outreach and mentoring; continuing development of residential services, including a new supported housing initiative; increasing and improving psychiatric leadership and services; supporting crisis services; enhancing mental health services for children; developing strategies to increase access to evidence-based practices; establishing linkages with jails, juvenile detention facilities, and the courts; providing training and consultation to community-based staff serving children and adolescents; working collaboratively in consultation with schools to expand early intervention and prevention in mental health, and developing initiatives for elderly persons in rural areas that are aimed at providing consultation and promoting the integration of mental health services in meeting the needs of older adults.

Illinois Vignettes on Uses of the MHBG:

State/Systems Level:

The DMH has made a commitment to expanding the availability of evidence-based practices to individuals with serious mental illnesses and/or serious emotional disturbances. Block grant dollars have provided support for workforce development in terms of training of community providers and DMH staff. Block grant dollars have been used to support state-wide conferences focusing on EBPs and regional conferences focusing on Evidence-Informed Practices.

Mental Health Program Level

Illinois Mental Health Block Grant dollars are used to support psychiatric leadership services. Mental Health consumers receiving services in rural areas have access to psychiatric services that would not exist were it not for Federal Block Grant dollars.

Individual Consumer Level

Mental Health Block Grant dollars have a profound impact on the lives of individual consumers. As an example, a young man who formerly received inpatient forensic services from a DMH State Hospital was discharged to community services. This young man is now a recovery specialist working for the Division of Mental Health in the areas of Forensics.

Unmet Need for Persons with Mental Illness

- Expand efforts to increase consumer and family participation
- Enhance provision of services to individuals residing in rural areas of the state
- Expand availability of evidence-based practices
- Address early intervention and prevention issues
- Expand jail diversion programs
- Expand efforts to re-orient the mental health system towards recovery
- Develop permanent supportive housing programs
- Expand initiatives related to re-entry for individuals returning to the community from institutional settings

How Illinois Would Use a Hypothetical 10% Increase in the MHBG:

Three initiatives would be targeted for increased Block Grant dollars:

- (1) Prevention and Early Intervention – The Illinois DMH currently has several pilot projects focusing on these areas. Some dollars would be used to expand these efforts.
- (2) The DMH has initiated a public awareness campaign to combat stigma associated with mental illnesses. Block Grant dollars would be used to expand this initiative.
- (3) Additional efforts would be undertaken to re-orient the mental health system to recovery by funding a consumer leadership academy.

State Contact Information:

<http://www.dhs.state.il.us/page.aspx>

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: INDIANA PROFILE

The Indiana mental health system provides services in all ninety-two counties of the state. The Hoosier Assurance Plan, adopted in 1994, is the basis on which the Division of Mental Health and Addiction (DMHA) relates to and funds the Indiana mental health service system. It guides the management of public funds earmarked for mental health services, assuring that priority will be given to individuals in greatest need.

Under this plan, DMHA acts as a purchasing agent, contracting with qualified managed care providers offering an array of individualized mental health and addiction care. The Division has statutory authority for six (6) state-operated facilities, and contracts with thirty (30) private community mental health centers and a network of addiction providers. The Hoosier Assurance Plan eliminated the traditional geographic service areas, resulting in consumers having choice of two or more services providers in many areas of the state.

State Mental Health Block Grant allocation (FY'2007)	\$7,805,222
State Population (2006)	6,271,973
Number of adults living in state	4,669,126
Number of children (under age 18) living in state	1,602,847
Number of Persons served by the public mental health system in FY 2006	86,647 (1.4% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	86,647
Number of adults with serious mental illness served.....	56,849
Number of children with serious emotional disturbance served.....	29,798
Estimated Number adults with serious mental illness and children with serious emotional disturbance	342,634
Number of Adults with serious mental illness living in state (5.4% of the state population)	252,072
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	90,562
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 502,527,752
State MH Spending for Community Mental Health Services (67.5% of total SMHA Revenues).....	\$ 339,390,171
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 351,812,703
Per Capita State MH Spending (expenditures per resident of state)	\$ 81.13

How Indiana Uses the Mental Health Services Block Grant

It has long been the practice of DMHA to place the Block Grant funds in the general treatment funding pool along with state general revenue funds and SSBG funds. Funds are distributed to providers based on a funding allocation formula based on levels of services from the previous year. This system does not allocate Block Grant funds proportionally. At the end of the contract year we are able to track funding sources for each contactor so that we are able to show where Block Grant funds were expended. The planning committee would like to earmark some of the Block Grant funds for consumer operated programs. Block Grant funds are being used to fund the consumer operated statewide agency and other system transformation activities in 2007.

Indiana Vignette on Uses of the MHBG:

As a single parent of a 14 year old son, who was diagnosed of bi-polar with psychotic features at age 7, she sought education about his disorders. She got him into the local System of Care at age 12 and since then credited the SOC as being the means that has kept him from being permanently placed in the juvenile justice system. When the newly initiated SOC asked for parents to form a support group, she stepped forward. Despite many unsuccessful attempts to bring parents together, she persevered by forming an informal telephone support network. Although she has a very limited income through SSI, she used her resources to reach out to parents struggling with their children's mental health problems, and often accompanied them to case conferences, teaching them how to advocate for their child. Through this dedicated work her SOC now has an active support group, and she has become a statewide consultant for newly forming groups.

The dedicated mother helped write the proposal to secure a state Family Involvement grant for her group. Through her leadership the group determined how the funds would be used to support families and caregivers to more effectively advocate and to become leaders in the Systems of Care. She experienced her first airplane trip in 2006 when she was asked to attend the national Systems of Care conference where she doggedly followed national presenters to get personal interviews with them to learn more about their field of expertise. Last May she attended the Portland State University's Family Conference, and again, repeated her untiring research to learn as much as she could. She is now earning consultant fees from the state's Family Action Network to support and inspire other family groups. She reports that her new income has paid for a new hair style and meals out with son. He has stepped forward to start a youth group in his community! State staff can always count on the dedicated mother to teach us how to better our work on behalf of children and youth and their families.

Unmet Need for Persons with Mental Illness

Adults:

An analysis of unmet needs for adults in Indiana supports the need to:

- Emphasize implementation of and continuation of Supported Education, Supported Employment programs and Housing programs;
- Examine status of court diversion projects and the possible means to expand them;
- Survey providers to determine levels of linkages with local health care providers;
- Develop a multi-faceted initiative that will ensure that consumers and families are full partners in the development, delivery and evaluation of culturally competent services;
- Develop strategies to address the gap between scientific/best practice knowledge and actual practice;
- Develop measurements for the transformation process;
- Develop performance measures both for the state system and individual providers; and
- Work with a wide range of identified state level agencies to improve and coordinate mental health services.

Children:

Some of the areas of unmet needs identified for child mental health services include:

- Intensive community-based care that enables youth to remain at home while receiving appropriate treatment
- Lack of trauma-informed care through the public mental health system
- Children who need services for co-occurring illnesses
- Insufficient school-based mental health services
- Youth input and leadership within Systems of Care
- Culturally-sensitive services for some minority populations (those groups who are a small percentage of the state's population)

How Indiana Would Use a Hypothetical 10% Increase in the MHBG:

Several years ago Indiana, as did many other states, had an increase in the Block Grant award after the usual award date. This increase came after the allocations were made to the provider agencies and a portion of the increase was allocated to BG planning council to make mini-awards. The council established a review process and they made the grant announcement through this office and they did the selection of the applications. Four projects were selected. The last time we did this we started two criminal justice diversion projects that are still operating.

The Mental Health Block Grant Planning Council would be highly involved in deciding what to do with such an increase. If we were to have a ten percent increase it would amount to \$700,000. That amount could be allocated to the planning council for their use in again awarding innovative projects around the state.

Many of the innovative ideas that the PC has come up with this year could be listed in the funding announcement. Ideas such as a central diversion resource or training center; more court diversion projects; consumer involvement in data; create a Peer Specialist Training program; establish a case managers training and certification process; and provide Training in Trauma-Informed Care.

Some ideas from DMHA: pay incentives for supported employment project that would pay for long term employment outcomes. We did this several years ago with positive outcomes. \$100,000 would pay for 100 long term employment successes. Create a fund to pay for increased development of IMR and IDDT as we did for ACT. Secure training for providers on the System of Care values. Pilot youth transition programs. Establish early childhood mental health training for practitioners.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: IOWA PROFILE

The Department of Human Services, Division of Mental Health and Disability Services is the State Mental Health Authority for Iowa. The system of community-based services for adults with a mental illness is uniquely decentralized and remains largely under the control of county governments. The responsibility of mental health services for children and adolescents are centralized at that state level with a number of state agencies including the state mental health authority and state child welfare, Juvenile Justice, the Department of Education, the Department of Public Health, and county governments providing and managing various service programs.

State Mental Health Block Grant allocation (FY'2007)	\$ 3,575,335
State Population (2006)	2,966,334
Number of adults living in state	2,295,533
Number of children (under age 18) living in state	670,801
Number of Persons served by the public mental health system in FY 2006	66,873 (2.3% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	66,873
Number of adults with serious mental illness served.....	39,260
Number of children with serious emotional disturbance served.....	27,475
Estimated Number adults with serious mental illness and children with serious emotional disturbance	162,365
Number of Adults with serious mental illness living in state (5.4% of the state population)	123,933
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	38,432
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 228,365,716
State MH Spending for Community Mental Health Services (80.0% of total SMHA Revenues).....	\$ 182,651,216
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 95,687,460
Per Capita State MH Spending (expenditures per resident of state)	\$ 76.41

How Iowa Uses the Mental Health Services Block Grant

- Approximately 70% of the Mental Health Block Grant funding is contracted to community mental health centers and other MH service providers to develop and implement evidence based practices for adults with Serious Mental Illness and Children with Serious Emotional Disturbances. The remaining funds are used to help support programs and initiatives such as:
 - Development of evidence based practices for older Iowans
 - Peer Support Training
 - Iowa Consortium for Mental Health-Evidenced Based Practice Initiative
 - Office of Consumer Affairs
 - Transitional services for children with mental health needs aging out of the foster care system.
 - Local wraparound or systems of care projects for children with SED's and their families.

Iowa Vignette on Uses of the MHBG:

All community mental health centers (CMHC's) that receive MHBG funding are required to use the funding to develop and implement evidence based practices for adults with Serious Mental Illness and children with Serious Emotional Disturbance. MHBG funding was used to provide training for all CMHC's about the defined evidence based practices, how to evaluate programs for evidence base and how to transition from non-evidence based practices. In addition to training, the MHBG funds technical assistance to individual CMHC's regarding the implementation of evidence based practices.

Approximately three years ago, MHBG funding was provided to six local areas to begin local systems of care for children with mental health needs and their families. Each year, MHBG funding lessened while other sources of funding, such as county funding, child welfare funding, juvenile justice and school funding increased to steadily achieve sustainability of these projects. Over the course of time, one local area project began with \$105,000 for a year from the MHBG to less than \$50,000 of MHBG. However, the overall budget grew from the \$105,000 to \$225,000 a year.

Unmet Need for Persons with Mental Illness

The state of Iowa is currently conducting a comprehensive redesign of the public mental health system in which a number of system improvements are being considered. The system redesign efforts are being carried out through a planning process targeting the areas of: Core Mental Health Services, Evidenced Based Practices, Children's Mental Health, Co-Occurring Disorders, Provider Standards and Accreditation, Community Mental Health Centers, and the distribution of funding.

How Iowa Would Use a Hypothetical 10% Increase in the MHBG:

Iowa's Mental Health and Disability Services (the state mental health authority) would utilize any increases in block grant funding to help implement mental health system redesign efforts

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: KANSAS PROFILE

The mission of the Division of Health Care Policy's Mental Health unit is to promote and ensure high quality mental health care, consisting of a comprehensive array of treatments and supports available to all individuals in Kansas. Kansas has contracted with a newly formed entity, Kansas Health Solutions (KHS), to provide Medicaid reimbursed mental health services. KHS is a corporation formed by the Association of Community Mental Health Centers (CMHC) and is governed by federal managed care requirements and monitored by SRS/MH. KHS began operation on July 1, 2007. In order to afford the same accountability for service and addressing unmet need to the non-Medicaid population, SRS/MH has contracted with each CMHC to meet the same requirements articulated in the managed care contract. In Kansas, our target populations are adults with severe and persistent mental illness and children with serious emotional disturbance. The Division of Health Care Policy also oversees the operation of three State Mental Health Hospitals.

State Mental Health Block Grant allocation (FY'2007)	\$ 3,183,121
State Population (2006)	2,744,687
Number of adults living in state	2,070,402
Number of children (under age 18) living in state	674,285
Number of Persons served by the public mental health system in FY 2006	100,729 (3.7% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	34,152
Number of adults with serious mental illness served.....	16,715
Number of children with serious emotional disturbance served.....	17,437
Estimated Number adults with serious mental illness and children with serious emotional disturbance	148,633
Number of Adults with serious mental illness living in state (5.4% of the state population).....	110,974
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	37,659
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 226,200,000
State MH Spending for Community Mental Health Services (72.2% of total SMHA Revenues).....	\$ 163,300,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 133,300,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 83.57

How Kansas Uses the Mental Health Services Block Grant

- In addition to Mental Health Block Grant funds being distributed to community mental health providers to support mental health services, examples of some specific activities funded include:
 - Consumer Run Organizations
 - Anti-stigma/discrimination campaign
 - Family psychoeducation
 - Expansion of Evidenced Based Practices
 - Annual Recovery Conference for Consumers
 - Leadership Academy and Consumers as Providers
 - Mobile Crisis Response

Kansas Vignettes on Uses of the MHBG:

Systems Level: Kansas SRS has produced four mental illness anti-stigma public service announcements (PSA) for radio and television featuring an adult consumer (2), family and child consumer, and an older consumer. The PSA's will be distributed through the Kansas Association of Broadcasters (KAB) and be shown throughout Kansas at various times throughout the year. SRS has worked with the Consumer Run Organizations (CRO's) in providing art supplies to develop anti-stigma posters and art events featuring consumer talent and expression. In addition, SRS commissioned Van Go Mobile Arts, Lawrence Kansas, a year-round youth employment program for at risk teens, to develop a poster featuring multi-cultural/ethnic diversity in mental healthcare needs for adolescents. SRS has provided funds for the printing of the mental health Parity Committee report to be distributed statewide. SRS has collaborated with the Kansas National Guard in order to enhance and address the mental health needs of military personnel and their families (PSAs and posters are currently in production concerning reducing the stigma of seeking care in our military population). The project coordinator has facilitated educational speaking engagements and technical assistance for NAMI Kansas, DBSA Kansas, Department of Education Kansas, Consumer Run Organizations Kansas, Consumer Recovery Conference Kansas, University of Kansas School of Social Welfare, National Guard Association Kansas, Kansas National Guard Family Program Office, Governor's Mental Health Planning Council, Suicide Prevention Sub-Committee, Kansas Association of Community Mental Health Centers, and the Children's Sub-Committee.

Program Level: Community Transition Programs have been started at six Consumer Run Organizations across Kansas during Fiscal Year 2007. The program at Bridge to Freedom (BTF) has entered into a partnership with the state psychiatric hospital located in the area to provide primary consumers with support and resources to transition back into the community upon their discharge from the hospital. BTF has also partnered with the other 21 Consumer Run Organizations to work as a mediator for them with the hospital and consumers. The Community Transitional Coordinator (CDC) from Bridge To Freedom makes contact with patients through several delivery systems. Flyers, brochures, and calendars with contact information are posted through-out the hospital; staff informs patients of the program and contact information; and the CTC is a visible presence on the Wards and Units of the hospital with clearance to move through-out the hospital. When contact has been made and it is determined that a primary consumer wants information, support, information, and/or contact with the Consumer Run Organization (CRO) in the community they are returning to; the CDC will provide these services at no charge to the consumer or hospital. Some other services that are provided include: a cell phone so that the CDC can contact the local CRO in the consumer's community for a conference call while the consumer is in the hospital, brochures about each of the 22 CROs across Kansas any consumer who may not know about the program in their area, the name and phone number of the contact at each CRO, the ability to reserve a visitor's room at the hospital if the consumer wants to visit with members from the CRO in his area before returning home, and access to office space and equipment needed for CRO staff that come to visit a consumer as part of this program.

Individual Level: A man in his early 40's with Bipolar Disorder and Diabetes and was identified for services through the annual state screening for continued stay process. He began receiving Valeo services while in the NFMH, March 7, 2005, and moved out of the NFMH on July 25, 2005. He has a case manager and lives in a transitional apartment. When he first moved to the community, he received attendant care 24/7. He now needs only a few hours a week of attendant care. He is still having difficulty locating permanent housing due to past criminal felony convictions but otherwise is doing very well. He also attends Sunshine Connection the local consumer run organization on a regular basis.

Unmet Need for Persons with Mental Illness

Kansas has identified multiple unmet needs for children and adults with serious mental health needs. Highlights of these needs include:

- Rural issues - transportation, services etc.
- Evidence Based Practices that fit in the frontier rural areas and for children.
- Homelessness needs of children and families
- Collaboration with other agencies such as Ks Department of Education.
- Special populations such as Aging and Early Childhood
- Continuing to expand crisis services and local alternatives to inpatient and also local inpatient resources when needed.
- Coordination of Mental Health Services with Child Welfare
- Expansion of Professional Resource Family Care
- Service delivery for Transitional Age population.
- Housing options for populations that is difficult to find market housing-ex offenders, bad rental history, violent histories.
- Housing and services for people in SMHH or NFMH who need some degree of supervision and skill building.
- Adult Crisis Resolution Beds/Respite Care to assist consumers to remain in the community and their homes rather than being hospitalized.

How Kansas Would Use a Hypothetical 10% Increase in the MHBG:

Kansas would use the increase to address two of the most critical unmet needs identified by our stakeholders. Due to the fact that a large area of our state is designated as rural or frontier, issues regarding the provision of services to the consumers in these remote settings is a high priority with Kansans. We would apply additional funding to assist with transportation and providing increased services in those areas. The Kansas MHA currently provides services to approximately 14,866 consumers in rural areas and 4,718 consumers in frontier areas of Kansas. This represents over 17% of the consumers served in community settings in our state.

The aging population is also a serious concern in Kansas. We would apply additional funding to improving the diversity and quality of age-specific programs as well as target specific outreach programs to connect with this ever-increasing population. Currently there are over 356,000 Kansans age 65 and older living in Kansas. Of this population, only about 1.3 %, or 4,894 Kansans are consumers of our Mental Health system.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: KENTUCKY PROFILE

Department for Mental Health & Mental Retardation Services (KDMHMRS) is identified by Kentucky Revised Statute (KRS) 194.030 as the primary state agency for developing and administering programs for the prevention, detection and treatment of mental health, mental retardation and substance abuse disorders. The DMHMRS is a Department within the Cabinet for Health and Family Services. The Commissioner of the Department for Mental Health is responsible directly to an Undersecretary for Health who also oversees the Departments for Public Health and Medicaid Services. Thus, the Secretary of the Cabinet, through the Undersecretary for Health, exercises authority over multiple departments that are directly related to both primary healthcare and behavioral healthcare.

State Mental Health Block Grant allocation (FY'2007)	\$ 5,439,372
State Population (2006)	4,173,405
Number of adults living in state	3,193,245
Number of children (under age 18) living in state	980,160
Number of Persons served by the public mental health system in FY 2006	127,691 (3.1% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	84,607
Number of adults with serious mental illness served.....	64,901
Number of children with serious emotional disturbance served.....	19,705
Estimated Number adults with serious mental illness and children with serious emotional disturbance	231,167
Number of Adults with serious mental illness living in state (5.4% of the state population).....	171,199
Number of Children with serious emotional disturbance living in state (5%% of the state population)	59,968
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2005	
Total State Mental Health Agency Controlled Revenues (2005)	\$ 208,442,100
State MH Spending for Community Mental Health Services (45.7% of total SMHA Revenues).....	\$ 95,325,300
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 60,030,300
Per Capita State MH Spending (expenditures per resident of state)	\$ 50.53

How Kentucky Uses the Mental Health Services Block Grant

- In addition to supporting an array of community mental health services, some specific services funded by Mental Health Block Grant funds include:
 - Supported Housing
 - Supported Employment
 - Adult Wraparound
 - Office of Consumer Advocacy
 - Crisis Stabilization
 - Prison Transitional
 - Housing Development
 - Deaf and Hard of Hearing

Kentucky Vignettes on Uses of the MHBG:

IMPACT Team Guides Success

This 15 year old young man spent most of his primary age and middle school years in and out of treatment homes, psychiatric hospitals and therapeutic foster homes. He is diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder and ADHD and is on several medications that keep him very stable thanks to our staff psychiatrist. Currently, with the support of his Kentucky IMPACT Team, he is about to complete his second year of high school and has not had an out of home placement since returning to his biological family. As a team, we have been able to pull back a little bit in the past few months in order to allow his family to become active advocates for him. They have all learned a lot and are on their way to successfully completing the program.

Unmet Need for Persons with Mental Illness

For yearly citation, please refer to the web based block grant application (<https://bgas.samhsa.gov/cmhs2008>), where there is a specific reference to UNMET NEEDS and PLANS TO ADDRESS UNMET NEEDS that state's must address. For use in this report, we have copied the following from the above noted sections "Plans to address Unmet Needs" of our 2008 plan.

Adults:

During SFY 2008, staff will attempt to integrate existing processes for gathering unmet needs data (e.g. plan and budget process, Regional Planning Council reports) and connect with the annual and biennial budget processes at the Department level.

In collaboration with the stakeholder groups and other agency partners, the Department has set their priorities and plans, regarding services for adults with SMI, as following:

- Coordination and development of consumer and family at all levels of the delivery system by partnering with advocacy organizations and promoting consumer and family involvement in program planning;
- Continued implementation of DIVERTS, across the state;
- Decreased psychiatric hospitalization rates for adults with SMI by thorough analysis of the available data and partnering among public and private providers; and
- Complete the Department's plan for sharing knowledge and implementing best practices in a systematic manner.

Children:

The Department intends to submit a biennium budget request to increase safety net funding for the community based systems of care. In collaboration with the stakeholder groups and other agency partners, the Department has set their priorities and plans, regarding services for children and families, as following:

- Coordination and development of family and youth involvement at all levels of the delivery system by partnering with advocacy organizations and promoting family and youth involvement in state sponsored events and training;
- Full implementation of the IMPACT Outcomes Management System, across all regions of the state;
- Decreased psychiatric hospitalization rates for children by thorough analysis of the available data and partnering among public and private providers; and
- Complete the Department's plan for sharing knowledge and implementing best practices in a systematic manner.

How Kentucky Would Use a Hypothetical 10% Increase in the MHBG:

Older Adults

Provision of evidence-based mental health services to older adults with intensive, multi-disciplinary service needs.

Funding would support two pilot projects that would increase access to public mental health services for older adults with serious mental illness. Projects funded by \$250,000 in new mental health block grant funding would support services to 50 additional individuals per year.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: LOUISIANA PROFILE

The Office of Mental Health (OMH) operates within the Department of Health and Hospitals (DHH) alongside agencies of the Office of Public Health, the Office of Addictive Disorders, the Office for Citizens with Developmental Disabilities, and the Office of Management and Finance (including the State Medicaid agency). The administration of the Louisiana mental health care system is changing from interrelated geographic Areas and Regions to a system of independent health care Districts or Authorities under the general administration of OMH.

State Mental Health Block Grant allocation (FY'2007)	\$ 6,309,611
State Population (2006)	4,523,628
Number of adults living in state	3,375,977
Number of children (under age 18) living in state	1,147,651
Number of Persons served by the public mental health system in FY 2006	48,465 (1.1% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	39,734
Number of adults with serious mental illness served.....	33,531
Number of children with serious emotional disturbance served.....	6,198
Estimated Number adults with serious mental illness and children with serious emotional disturbance	251,168
Number of Adults with serious mental illness living in state (5.4% of the state population).....	181,249
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	69,919
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 236,587,897
State MH Spending for Community Mental Health Services (40.9% of total SMHA Revenues).....	\$ 96,654,963
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 102,881,096
Per Capita State MH Spending (expenditures per resident of state)	\$ 52.86

How Louisiana Uses the Mental Health Services Block Grant

- The Louisiana Office of Mental Health (OMH) Block Grant Plan provides direction and implementation strategies for further development of the state's comprehensive, community based mental health system. The core belief inherent in the Plan is that treatment works: people with mental illness recover and become productive citizens. The underlying values of the service system include the expectation that the system be consumer and child centered. The mental health program in Louisiana focuses on education, prevention and recovery while teaching and enhancing resilience. The locus of services, management, and decision making continues to rest at the community level. It is the aim of the service system to provide individualized, evidence-based, culturally competent services in a seamless manner that assures adequate and equitable service access. Quality, efficiency, data-based decision making, and demonstrated positive client outcomes are basic expectations within the system. Examples of some services funded through Mental Health Block Grant funding include:
 - Assertive Community Treatment
 - Crisis Response Services
 - School-based MH Services
 - Family Support Services
 - Adult Employment Services
 - Respite
- OMH continues to meet recent challenges, not the least of which were reductions in funding, both at the level of Block Grant allocations, and also as a result of the hurricanes. The persistent expectation will

continue to be that services will be offered at the highest level that is possible, given the circumstances. This disaster has shown that the strength of Louisiana lies in the workforce and the consumers served.

Louisiana Vignette on Uses of the MHBG:

A 41 year-old female was diagnosed with Bipolar Disorder in her early twenties. In her lifetime, she has been admitted to acute psychiatric units more than 20 times and has been prescribed a variety of psychotropic medications. With the aid of *Meaningful Minds of Louisiana*, an organization that sponsors support groups for consumers; and the availability of a mental health drop-in-center she was able to become comfortable functioning within social settings for the first time in her life. She overcame her feelings of fear and isolation to the point where she is now employed in a part-time job and she sits on the board of *Meaningful Minds*. The greatest benefit of her involvement has been the decrease in hospitalizations. Since she started participating in programs sponsored by *Meaningful Minds* 2 years ago the 41 year old has only been admitted to an acute psychiatric unit once, and she is living a healthier and happier lifestyle and contributing fully to society.

Unmet Need for Persons with Mental Illness

The Office of Mental Health continually reviews several sources of data for determining gaps and unmet needs for children and adults with mental health needs. Numerous quality indicators are obtained from the OMH Quality Management. Some of the areas of unmet need identified through data and other forms of input include:

- Sexually Violent Offenders - a focus on best clinical practices delivered in an efficient safe environment, in a comprehensive and fiscally responsible manner, particularly with the lack of resources, increasing need for community services, impact on civil mental health population, and maintaining public safety.
- Cultural and diversity needs in the service delivery system are under-developed, as are the special needs of the transitional age and older adult population. Service providers with specialties in these areas are under-represented, and there is need for more staff training.
- Expansion of evidence-based practices. The State has isolated pockets where evidence-based practices are in place, but the practices have not been brought to a state-wide scale. Further complicating the situation is the fact that funding for continuing the EBPs is limited, and as a result, sometimes the programs are disbanded.
- The loss of community is perhaps the most profound loss and need of all. In addition, losses of clinic and hospital infrastructure and the out-migration of the workforce interfered with the ability of OMH to serve consumers. Needed reforms and improvements were temporarily delayed due to the inability to collect, access, and interpret data needed to plan for the future. The needs and priorities of the service system to respond to Hurricane Katrina and Hurricane Rita have necessarily shifted both fiscal and human resources to respond to the crisis.

How Louisiana Would Use a Hypothetical 10% Increase in the MHBG:

Louisiana would direct a 10% increase in the MHBG towards increasing access to services, and towards programs that target Family and Consumer Support Services. In addition, workforce development and implementation of EBPs and promising practices would take a high priority.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MAINE PROFILE

The Maine Department of Health and Human Services (DHHS), as the designated State Public Mental Health Authority is responsible for the integration of mental health with health care in general, and with public health efforts. Within DHHS, the Office of Adult Mental Health Services (OAMHS) performs these functions through coordinated efforts of a central office and three regional offices. A primary responsibility of the Mental Health Authority is to develop and maintain a system of adult community mental health treatments, services, and supports for people age 18 and older. The Office of Adult Mental Health Services reports to the Deputy Commissioner for Integrated Services and collaborates with the Office of Child and Family Services, the Office of Substance Abuse Services, and others. The focal point for children's mental health is the Children's Behavioral Health Services Program within DHHS. Children's Behavioral Health Services supports and serves children, age birth through 5, who have developmental disabilities or demonstrate developmental delays, and children and adolescents, age 0-20, who have treatment needs related to mental illness, mental retardation, autism, developmental disabilities, or emotional and behavioral needs.

State Mental Health Block Grant allocation (FY'2007)	\$ 1,716,405
State Population (2006)	1,321,505
Number of adults living in state	1,044,169
Number of children (under age 18) living in state	277,336
Number of Persons served by the public mental health system in FY 2006	49,392 (3.7% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	23,147
Number of adults with serious mental illness served.....	12,857
Number of children with serious emotional disturbance served.....	10,290
Estimated Number adults with serious mental illness and children with serious emotional disturbance	73,089
Number of Adults with serious mental illness living in state (5.4% of the state population).....	56,173
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	16,916
Estimated Number of Persons Serve by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 171,600,000
State MH Spending for Community Mental Health Services (66.7% of total SMHA Revenues).....	\$ 114,400,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 110,500,000
Per Capita State MH Spending (expenditures per resident of state)	\$131.84

How Maine Uses the Mental Health Services Block Grant

Maine's Adult and Children's Mental Health programs of the Department of Health & Human Services expends CMHS Block Grant funds through contracts to community nonprofit service provider agencies. Maine dedicates half of its mental health block grant funds to address the needs of children with behavioral health treatment needs, including children who have Serious Emotional Disturbance (SED) and the remaining funds are used to support mental health services for adults with serious mental illness (SMI). These services include crisis stabilization/mobile response, outpatient, medication management, adult peer support services and family support for parents/ caregivers of children.

Maine Vignettes on Uses of the MHBG:

Consumer Council System of Maine – Adult MH Services

In July 2007, the first Statewide Consumer Planning Council was elected. The Council is the result of a 1 ½ year planning and development process that was initiated by consumer groups throughout the state. The elections were held during Consumer organized and led Regional Conferences. With the support of the Council, Local Consumer Councils will be developed. The purpose of the Consumer Council System of Maine is to ensure the ongoing presence of a permanent and effective Consumer voice in the development of public policy.

The Council System of Maine will provide Maine's DHHS, Office of Adult Mental Health Services, and, either directly or by extension, the Governor and Maine Legislature with vital information about the effectiveness of existing services and supports and facilitate transformation. DHHS/OAMHS is committed to assisting in the development of a truly independent Consumer presence that is integrated into the policy/decision making process. We recognize, however, that the challenges faced in the evolution of an organizational initiative like the Consumer Council System of Maine requires time.

Throughout the current block grant year, we will continue to provide support, technical assistance, education and training. During the upcoming grant year, we anticipate the formation of regionalized councils. These councils will, in turn, create linkages to existing services, increase Consumer/community involvement and bring issues to the attention of the statewide council. This will allow consideration of issues that are truly statewide and those that are more localized a critical distinction in a state as geographically diverse as Maine.

Family Support Services – Children’s MH Services

In federal FY07 Children’s Behavioral Health Services expended \$816,741 on the Children’s share of Maine’s Block Grant funds. Nearly three-quarters (72.5%) of these resources were committed to family supports. Examples of these direct services include: family mediation, information and referral, respite care, operational support for local and statewide family organizations, training and workshops, and peer support for youth. This high level of investment on behalf of families with children with serious emotional and behavioral needs reflects a CBHS’ ongoing commitment to parents, family members and other direct caregivers that make up the natural support system for these children. The balance of BG funding in FY07 was committed to direct services supporting Children’s Crisis programs.

Unmet Need for Persons with Mental Illness:

Every person receiving community support and residential services funded by OAMHS has a consumer-driven, recovery focused individual support plan. These plans help identify unmet needs and the resources needed to address those needs. These unmet needs are identified through a newly instituted electronic data collection system for all clients receiving community support and residential services.

Some specific areas of unmet need identified for children include transition of children at risk of falling through the cracks with regard to eligibility for adult services; services for children who are medically fragile and who have behavioral health needs; need for a viable evidence based treatment service in Maine for youthful sex offenders and lack of publicly funded treatment services for children with brain injury.

How Maine Would Use a Hypothetical 10% Increase in the MHBG:

Adult Services: A funding increase would be dedicated to incorporating Peer Support Specialists within crisis response teams with the intent of decreasing the need for emergency room visits and whenever possible providing alternatives to inpatient hospitalization. It is envisioned that crisis teams in two separate regions would be identified for incorporating peer support. Four part-time positions would be created, two per team. The Peer Support Specialists would receive the same training as other members of the crisis team. In addition, each would be expected to complete the requirements for certification as Intensive Peer Support Specialists. Certification requires 60 hours of course work. Certification is offered through the OAMHS’ Office of Consumer Affairs. The Office of Consumer Affairs will also provide ongoing supervision to the Peer Support Specialists. Peer Support Specialists will, in many instances, provide the first response to crisis and meet with the Consumer in that person’s home. In situations where the crisis team is not immediately available, the Peer Support Specialist will stay with the person in crisis until such time as the crisis team arrives and whenever possible help in resolving the situation by assisting the Consumer in identifying natural supports and available resources, i.e. respite services. In some situations, it is anticipated that early resolution will enable the Consumer to avoid hospitalization. In situations where an emergency room visit is warranted, the Peer Support Specialist will accompany the Consumer to the ER and support them through the process.

Since this is an innovative approach to crisis response, limiting the inclusion of Peer Support Specialists in two regional crisis response teams will serve as models that can later be expanded statewide.

Children’s Behavioral Health Services: An increase in additional BG funding would be subject to an established process involving the Director, Children’s Behavioral Health Services and members of the Maine Statewide Quality Improvement Council, Children’s Committee (The MH Planning Council in Maine).

In FY08 the Director and the Children’s Committee were in agreement that the priority needs using MH BG funding were to address transformational activities supporting family’s specific to parent advocacy and training, behavioral health informational materials and training and an expanded suicide prevention initiative for high schools. BG funding also went to support the development of a youth voice across the state, support for child care providers and parents of children who display disruptive behaviors in child care settings (at risk of expulsion), services for at risk infants whose caregiver has substance abusing behavior, and support for a statewide “What Families Want” conference.

Any increase in MHBG funding for children is likely to focus on supporting children, youth and families with a focus on evidence based, proven or promising practices.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MARYLAND PROFILE

The Mental Hygiene Administration (MHA), the division of the State of Maryland Department of Health and Mental Hygiene is responsible for overseeing the delivery of public mental health services in the State. Maryland operates the majority of its public mental health system under a Medicaid 1115 Waiver. Specialty mental health care is carved out from physical care and is administered by MHA. The system is managed in collaboration with Core Service Agencies (CSAs), entities at the local level who, in collaboration with MHA, develop and manage a coordinated network of Maryland public mental health services. An administrative Services Organization assists MHA and the CSAs in the management of the system.

State Mental Health Block Grant allocation (FY'2007)	\$ 7,765,797
State Population (2006)	5,600,388
Number of adults living in state	4,197,427
Number of children (under age 18) living in state	1,402,961
Number of Persons served by the public mental health system in FY 2006	91,238 (1.6% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	62,335
Number of adults with serious mental illness served.....	31,308
Number of children with serious emotional disturbance served.....	31,027
Estimated Number adults with serious mental illness and children with serious emotional disturbance	297,750
Number of Adults with serious mental illness living in state (5.4% of the state population).....	224,822
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	72,928
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 828,500,000
State MH Spending for Community Mental Health Services (66.0% of total SMHA Revenues).....	\$ 546,800,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 248,800,000
Per Capita State MH Spending (expenditures per resident of state)	\$151.37

How Maryland Uses the Mental Health Services Block Grant

- In developing the State Mental Health Plan, the MHA adopted the six goals from The President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Many of the key goals in the final report are fundamental concepts in the Mission, Vision, and Values of Maryland's public mental health system.
- Services for children and adolescents total 27% of the total allocated Block Grant program funding and services for adults constitute 31% of the funding. Services that are for both children and adolescents and adults constitute the remaining 42%. Uses for the funding includes services such as alternatives to emergency room utilization and diversion from inpatient care; promotion and implementation of evidence-based practices for adults; in-home, outreach, school-based services for children and adolescents; mental health assessments and treatment services for youth in juvenile justice service system/settings.

Maryland Vignette on Uses of the MHBG:

Maryland has utilized block grant funding to support its evidence-based practice initiative. Since the 1990's the Maryland Mental Hygiene Administration has had a unique public-academic partnership with the University of Maryland-Baltimore. The University has provided technical assistance and training on systems development for MHA and the public mental health system. These activities are funded through state dollars. In 2002, this partnership was expanded, through block grant dollars, to assist MHA in its efforts to disseminate and ensure that excellent mental health care was being implemented. The Evidence-Based Practice Center (EBPC) and the Systems Evaluation Center (SEC) were established to join the pre-existing Training Center to form the Mental Health Systems Improvement Collaborative. The EBPC mission is to address the gap between science and "real world" practice; to distribute research-based information on mental health treatment to stakeholders; to promote adoption and implementation of these practices; and to provide direct training and consultation on evidence-based practices to stakeholder. MHA, in partnership with the EBPC, has now implemented evidence-based

supported employment, family psycho education and assertive community treatment. Statewide implementation of these practices is now underway with availability of an enhanced funding rate for programs providing the practices in adherence to the models and state funded annual monitoring of fidelity in place. Maryland is nationally recognized for its successful implementation of supported employment, characterized by excellent collaboration between mental health and vocational rehabilitation at the State and local levels. The EBPC is also participating in the implementation of the SAMSHA seclusion and restraint reduction grant. The SEC mission is to assist MHA in development and implementation of research studies and program evaluations; assist MHA in identifying and monitoring systems outcomes; assist with ongoing system performance monitoring and analysis of service data and; to link the service-oriented public mental health system and the research-oriented academic environment.

The SEC has worked with MHA to develop an Outcomes Measurement System, which was implemented statewide in September 2006, gathering information on individual's ages 6-65 served in outpatient mental health settings. Data in six life domains, including psychiatric symptoms, functioning, legal involvement, school attendance/employment, drug/ alcohol use and social connectedness is obtained through clinician interview of consumers. The SEC is working with MHA to develop structures for analysis of the data and to develop reporting structures targeted to different stakeholders-MHA, local mental health authorities, providers, and consumers and family members.

Unmet Need for Persons with Mental Illness

Adults:

There are themes that emerge when analyzing the unmet needs of adults with mental illness, including:

- More housing across the continuum of residential options for consumers;
- Development of employment opportunities and support in finding and keeping jobs;
- Transformation of some traditional programming into employment and consumer-operated support;
- Specialty trained mental health professionals and specialty programs; including those for co-occurring populations of mental illness and substance abuse and mental illness and developmental disabilities;
- Financing the outreach component for homeless individuals;
- Outreach and treatment services specifically focused on the needs of the elderly; and
- Rural areas commonly identify transportation, difficulty in recruiting mental health professionals, particularly those who treat special populations, access to specialized services/programming (i.e., treatment for sexual offenders), and lack of crisis response capacity as significant gaps.

Children:

There are a number child mental health needs that emerge from the data analysis some of which include:

- Financing prevention-focused child and adolescent mental health services such as early childhood mental health consultation and interventions, school-based mental health services and after school services is challenging since both federal and state sources of funds are limited;
- Services to support transition-age youth;
- Expansion of crisis response capability into jurisdictions statewide; and
- Workforce development, particularly specialty trained mental health professionals and specialty programs.

How Maryland Would Use a Hypothetical 10% Increase in the MHBG:

Several potential uses have been identified:

- Mobile crisis/hospital diversion capacity for adults; crisis response capacity for youth
- Expansion of early childhood mental health consultation
- Jail diversion; housing enhancement for transitional program for incarcerated women
- Enhance services to the deaf

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MASSACHUSETTS PROFILE

The Massachusetts Department of Mental Health (DMH) completed a three-phase process to develop a comprehensive Strategic Plan. The overarching goals were to: transform the mental health system; incorporate equity, individual, family and recovery-oriented values into the system redesign; and improve overall quality.

State Mental Health Block Grant allocation (FY'2007)	\$ 8,086,236
State Population (2006)	6,398,743
Number of adults living in state	4,940,707
Number of children (under age 18) living in state	1,458,036
Number of Persons served by the public mental health system in FY 2006	27,493 (.4% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	20,704
Number of adults with serious mental illness served.....	18,391
Number of children with serious emotional disturbance served.....	2,313
Estimated Number adults with serious mental illness and children with serious emotional disturbance	342,118
Number of Adults with serious mental illness living in state (5.4% of the state population)	266,573
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	75,545
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 800,200,000
State MH Spending for Community Mental Health Services (83.4% of total SMHA Revenues).....	\$ 667,600,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 124,900,000
Per Capita State MH Spending (expenditures per resident of state)	\$103.72

How Massachusetts Uses the Mental Health Services Block Grant

- The Massachusetts Mental Health Block Grant funds are targeted to a range of community mental health programs for adults with serious mental illness and children and adolescents with serious emotional disturbance. Services supported by the block grant are an integral part of the community mental health service delivery system and an important means of developing a comprehensive service system for all individuals in need of publicly funded care. Examples of some activities supported with these funds include:
 - Community & School Therapy Support
 - Client & Community Empowerment
 - Community Support Clubhouse
 - Child/Adolescent Day Services
 - Employment-related Services
 - Child/Adolescent and Adult Residential Services
 - Homeless Support Services
 - Child/Adolescent Respite Services

Massachusetts Vignettes on Uses of the MHBG:

Clubhouse Family Legal Support Project

The Clubhouse Family Legal Support Project (CFLSP) was established in 1999 as a pilot with private funding. Through the Mental Health Block Grant, this project is now funded by public and private dollars through the Department of Mental Health and the Mass Bar Foundation. These grants have allowed a full-time Project attorney to provide effective legal representation to low-income parents with mental illness at risk of losing custody and/or all contact with their children. Over the last eight years, the Project has demonstrated that the combination of lawyers with experience representing people with mental disabilities, and rehabilitation programs focused on parent supports, can have a positive impact on family preservation for some of the most vulnerable children and stigmatized parents in the state.

The Clubhouse Family Legal Project, the only kind in Massachusetts, is the result of a successful collaboration between Employment Options, Inc. and the Mental Health Legal Advisors Committee in Boston. Employment Options is a non-profit agency serving approximately 350 people a year in the Metro West region, including those in need of mental health services, and low income individuals that require workforce development services. Its Family Options program is a strength-based, family-focused intervention assisting parents with mental illness and their children. The Mental Health Legal Advisors Committee (MHLAC), a committee of the Supreme Judicial Court comprised of 14 judges and attorneys with mental health law expertise, ensures that low income adults and children with mental illness receive quality legal representation. MHLAC is part of the legal team that represented over 15,000 children with serious emotional disturbance in the Rosie D. v. Romney case.

The Clubhouse Legal Project represents low-income parents with mental illness who are Clubhouse members, or who are willing to become Clubhouse members, throughout the state. (Currently there are 32 community based rehabilitation programs in Massachusetts known as clubhouses.) Clubhouse members and low-income individuals involved with DMH represent the primary target population for the Project. Direct representation and legal services from the Clubhouse Family Legal Support Project are available to parents involved in child custody, visitation and other matters related to maintaining contact with children and reunification of families. The Project has provided representation to approximately 30 clients each year and over 100 individuals who receive information, advice and referrals through the MHLAC telephone intake system each year. Since its inception, the Clubhouse Family Legal Support Project has served over 170 clients through direct representation and fielded close to 600 telephone calls requesting information, advice and referrals.

M-POWER, Inc receives federal block grant funds to forward transformation of mental health systems to fully support the recovery of people with mental health conditions in Massachusetts.

M-POWER projects provide mental health recovery support to poor and underserved citizens of the Commonwealth. M-POWER staff is people with mental health conditions, most of whom are returning to work after serious, disabling mental health conditions that have necessitated long periods of dependence on social security income. All M-POWER projects provide the “double good” of a) service to individuals using M-POWER programs and b) supported employment and career development for M-POWER employees and consultants.

M-POWER projects use exemplary training models to develop peer-operated services and peer entry into mental health service delivery and policy making. M-POWER has replicated and currently uses with fidelity to the training model: The Leadership Academy (CONTAC), Wellness Recovery Action Planning (Copeland), Advocacy Education (Advocacy Unlimited), and Peer Specialist Training and Certification (Appalachian Consulting Group.)

The following vignettes are drawn from current actual outcomes of these projects in FY 07:

A 52 year old man; whose first language is a first generation immigrant from Haiti was homeless in the summer, fall and winter of 2006 – 2007. He found out about M-POWER’s peer support and peer advocacy meetings occurring weekly. The man began attending these meetings regularly on Tuesday nights for support and because he knew he had a lot to offer the group. He was receiving help to obtain housing but his physical health was deteriorating. He had lost his health coverage when he lost his part-time job over a year before. He had been told by a social worker that he was not eligible to access MassHealth coverage. M-POWER’s peer advocate at the meeting offered to work with him on this issue. On exploring his situation the peer advocate found that he was eligible for Massachusetts CommonHealth program when he reported the informal arrangement he had working 10 hours per month taking care of the property of his church. He was able to resume primary care with a doctor who diagnosed him and treated him for pneumonia. He continued as an active member of the M-POWER meeting and obtained an apartment (with the help of another organization) and a part-time job (with the help of M-POWER) in the spring of 2007 in which he coordinated a group of peers to present mental health recovery stories across the southeast region of the state.

Unmet Need for Persons with Mental Illness

Examples of some of the service gaps and unmet needs for children and adults with mental health needs include:

- Family support services for adult, child and adolescent clients;
- The increasing number of adults with mental illness being discharged from jails and prisons at-risk of becoming homeless and the need for increased services;
- Challenges related to employment, such as the need to change clinicians’ understanding about the importance of employment in the recovery process; the need to establish employment as a client outcome measure; and the need to address the barrier presented by the current rules and practices related to implementation of the state’s criminal offender registry information. Any criminal history, no matter how minor or how far in the past, can potentially penalize a client seeking employment; and
- The need for DMH to be fully inclusive of consumers, consumer/providers and clubhouse members.

How Massachusetts Would Use a Hypothetical 10% Increase in the MHBG:

It is important to note that any decision in allocating an increase in Mental Health Block Grant funds will involve the State Mental Health Planning Council. The Council has played an integral role in determining the allocation of previous increased based on established priorities and needs. It is likely that the Planning Council and DMH will use an increase in funds in the following areas.

1. Peer support and consumer-run services
2. Services for transition age youth and elders
3. Employment services

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MICHIGAN PROFILE

In Michigan, Medicaid funds for mental health, substance abuse, and developmental disability services are contracted by the Michigan Department of Community Health (MDCH) with 18 regional Prepaid Inpatient Health Plans (PIHPs), which consist of a single Community Mental Health Services Program (CMHSP) in large counties, or affiliations of CMHSPs in less populous regions. Other public funds for mental health and developmental disabilities are contracted by MDCH with 46 CMHSPs. Other public funds for substance abuse services are contracted by MDCH with 16 regional Substance Abuse Coordinating Agencies.

State Mental Health Block Grant allocation (FY'2007)	\$ 13,429,534
State Population (2006)	10,120,860
Number of adults living in state	7,596,586
Number of children (under age 18) living in state	2,524,274
Number of Persons served by the public mental health system in FY 2006	200,424 (2. % of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	115,798
Number of adults with serious mental illness served.....	79,334
Number of children with serious emotional disturbance served.....	36,464
Estimated Number adults with serious mental illness and children with serious emotional disturbance	557,494
Number of Adults with serious mental illness living in state (5.4% of the state population)	410,079
Number of Children with serious emotional disturbance living in state (5.8% of the state population)	147,415
Estimated Number of Persons Serve by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 919,640,000
State MH Spending for Community Mental Health Services (73.5% of total SMHA Revenues).....	\$ 676,300,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 541,450,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 91.26

How Michigan Uses the Mental Health Services Block Grant

- **Adults:** Approximately two-thirds of the Community Mental Health Block Grant funding is used to advance community-based services for adults with serious mental illness. Block Grant funds support system transformation and projects it supports must demonstrate how the services help consumers in their recovery goals. MDCH issues an annual Request for Proposals to PIHPs and CMHSPs. A share of the funding is used for implementation of evidence-based practices selected by the Practice Improvement Steering Committee: Co-occurring Disorders; Integrated Dual Disorder Treatment, Family Psychoeducation, and Supported Employment. Other types of projects that are awarded on a competitive basis include Rural Services; Anti-Stigma; Trauma-Informed Care, Assertive Community Treatment, Recovery; Person-Centered Planning; Self-Determination; Advance Directives; Jail Diversion; Consumer Run, Delivered or Directed Initiatives; Peer Support Specialists; Clubhouse Programs; Supports and Services for Older Adults; Homeless Populations; and Special Populations.
- **Children:** Michigan uses the Federal Block Grant funding to support developing its statewide system of care. Specifically it uses the block grant to support system change and the development of intensive community based services such as evidence based practices, wraparound services, respite services, family-centered practice, juvenile justice diversion, collaboration, and staff development.

Michigan Vignettes on Uses of the MHBG:

Every community across the state of Michigan has developed a 10-Year Plan to End Homelessness. To assist in implementation of their plans, the Michigan State Housing Development Authority (MSHDA) has made \$14,500,000 available to create supportive housing for homeless families with children, homeless youth, chronically homeless, and homeless survivors of domestic violence. In addition, supportive housing developments in Detroit, Grand Rapids, and Battle Creek are being proposed targeted to homeless veterans. This initiative will create approximately 275 units of supportive housing for homeless veterans and has been effective in bringing new partners, both private and public, to the table.

Some CMHSPs have been awarded Community Mental Health Block Grant funds to assist them to work in partnership on the local 10-year plan to end homelessness:

- Ionia County CMH is funded to create a supported housing position to identify available housing opportunities in Ionia County, teach landlords and consumers how to work with each other, and have an intervention process with the landlord to prevent evictions.
- Detroit Wayne CMH is funded to transition people from adult foster care to independent living.
- Detroit Wayne CMH is also funded for a systems transformation grant that has housing as a component.
- Macomb County CMH is funded to develop an outreach team for chronically homeless adults with serious mental illness.
- Macomb County CMH is also funded to train peers, family members and agency staff so they can help people with mental illness obtain and sustain independent living arrangements.
- Macomb County CMH is also funded to provide a Housing Resource Center, which will provide professional and peer support services for those seeking or working to maintain independent housing.
- Northern Lakes CMH is funded to provide peer support specialists and support for obtaining affordable and safe housing for adults with severe mental illness.
- Oakland County CMH is funded to work with young adults to learn independent living skills and help them access community resources to prevent homelessness.
- Oakland County CMH is also funded to create a comprehensive guide for adults with serious mental illness and their families transitioning from congregate living settings to independent supported housing.
- Saginaw County CMH is funded to assist adults with serious mental illness in finding and maintaining housing.
- St. Clair CMH is funded to develop a local website that organizes and provides access to local, state and national resources to obtain and maintain stable housing.

Unmet Need for Adults with Mental Illness and Children with a Serious Emotional Disturbance

- Limited access to mental health services for low-income persons who do not have Medicaid coverage is a challenge. Persons with serious mental illness and children with serious emotional disturbance are priority populations as specified in the Michigan Mental Health Code and will as a matter of law continue to be promptly served. However, persons with mild conditions or less urgent needs can expect to be placed for some period of time on waiting lists for services or be referred to private non-profit mental health providers for service. To some members of the public it appears that individuals have to be in crisis in order to access the mental health system. Another difficulty is the variability between regions with regard to admission criteria, service array, and response.

How Michigan Would Use a Hypothetical 10% Increase in the MHBG:

- Michigan would use an increase in the MHBG to fund more initiatives that demonstrate they will improve recovery outcomes for adults with serious mental illness and further develop its system of care for children with serious emotional disturbance. For adults, the projects would be either evidence-based practices and included in the state's Practice Improvement Initiative or they would be those identified in regional recovery assessment processes. For children, the projects would further the development of the statewide system of care and support evidence-based and promising practices. The state estimates that a 10% increase in the Block Grant would allow services to an additional 1370 persons each year.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MINNESOTA PROFILE

Minnesota is a state-supervised, county-administered public mental health. Within this system, three agencies/organizations are responsible for funding and assuring quality mental health services: (1) the state mental health authority (SMHA), part of the Minnesota Department of Human Services; (2) the local mental health authority (the county board of commissioners and its administrative agency, or multi-county mental health authority); and (3) American Indian tribal governments. The adult Mental Health Division (MHD) is a division within the Chemical and Mental Health Services Administration (C&MHSA). The C&MHSA also includes the Children's Mental Health Division (CMHD), the Chemical Health Division, and State Operated Services Networks. Counties receive state grants for adult mental health services and "consolidated" grants for other human services (including children's mental health services).

State Mental Health Block Grant allocation (FY'2007)	\$ 6,938,337
State Population (2006)	5,132,799
Number of adults living in state	3,903,221
Number of children (under age 18) living in state	1,229,578
Number of Persons served by the public mental health system in FY 2006	81,026 (1.6% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	65,359
Number of adults with serious mental illness served.....	45,069
Number of children with serious emotional disturbance served.....	20,282
Estimated Number adults with serious mental illness and children with serious emotional disturbance	274,440
Number of Adults with serious mental illness living in state (5.4% of the state population)	210,667
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	63,773
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 638,991,687
State MH Spending for Community Mental Health Services (71.4% of total SMHA Revenues).....	\$ 456,471,617
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 269,590,185
Per Capita State MH Spending (expenditures per resident of state)	\$126.35

How Minnesota Uses the Mental Health Services Block Grant

- Twenty-five percent of the federal block grant funding is designated for mental health services for American Indian communities. Adults with serious and persistent mental illness or children with severe emotional disturbance are the two highest priority groups targeted for services. Currently, the federal block grant funds nine reservations and three urban American Indian mental health projects. These federal block grants are distributed through a request-for-proposal process. Additional block grant funds are set aside for demonstration projects in immigrant and minority communities- Providers in the Southeast Asian and Somali communities were funded for projects lasting for 5 years with the end goal of sustainability following the end of the projects.
- Federal block grant funds are also used to support statewide consumer and parent organizations.
- With few exceptions, we tend to use our federal block grant funds for demonstration projects regarding new and innovative models of service provision. These projects are competitive and require a request for proposal process.

Minnesota Vignettes on Uses of the MHBG:

Best Practice Training & Education

Minnesota has used federal block grant funds to contract with several national experts at Dartmouth College to assist the state with the implementation of four of the six currently recognized Evidence-based practices. We have trained well over 800 county and service providers regarding the implementation of these practices. This has resulted in the development of 26 Assertive Community Treatment (ACT) teams, 28 providers who are integrated Illness Management and Recovery principles and practices into their service design and mental health and substance abuse providers who are implementing motivational interviewing into their daily practice.

MH Program Level Example

Federal block grant funding has helped to support the statewide Consumer/Survivor Network, a primary consumer organization with a primary consumer board of directors. The Network has provided WRAP services to a large number of consumers across the state. The Network is now under contract with the state to assist with the implementation of a large CMS demonstration project to maintain independence in employment for persons who have a mental illness and are not disabled.

Federal block grant funds are also used to support a statewide parent network to advocate for and provide assistance to parents of children who have serious emotional disturbances.

Both of these grass roots organizations would not be sustainable without funding from the block grant.

Unmet Need for Persons with Mental Illness

Adults:

- There is a significant shortage of psychiatrists and other licensed mental health professionals, especially in many rural areas. Providers express concern with the inadequacy of reimbursement. The shortage of affordable and decent housing is a problem in most parts of the state. Public transportation is non-existent in some rural parts of the state, or individuals must rely on volunteer drivers. This can increase the isolation of people experiencing serious mental illness, and make it difficult for consumers to access needed mental health services or obtain employment. Although the 31 supported employment projects have assisted many consumers in obtaining and maintaining competitive employment, there is a need for more of these supportive services and a need to increase service focus on helping consumers to obtain opportunities for career development and promotion. The mental health needs of the elderly need additional attention. Although primary care physicians treat many people with serious mental illness and prescribe psychotropic medications, many of these physicians need additional and updated training in mental health treatment, greater knowledge of mental health resources, and the opportunity for regular coordination with mental health professionals and providers. Mental health services need to continue to improve in terms of cultural competence.

Children:

- Ongoing shortage of qualified mental health professionals; fragmented accountability resulting from a state-supervised, county administered system; provider quality problems until the state certification program has time to achieve its full benefits; continuing stigma toward mental illness that discourages people in need from seeking services, a problem that shows signs of improving in the general population but remains high among some cultural minorities and recent immigrant groups; and shortage of culturally-specific providers and a need for cultural competence training among providers.

How Minnesota Would Use a Hypothetical 10% Increase in the MHBG:

We would use the increased resources to increase funding for children's mental health services as well as funding to support further expansion of housing support services.

State Contact Information

State Contact Information

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MISSISSIPPI PROFILE

The Mississippi Department of Mental Health is under separate governance by the State Board of Mental Health, which oversees mental health, mental retardation/developmental disabilities, and substance abuse services, as well as limited services for persons with Alzheimer's disease/other dementia

State Mental Health Block Grant allocation (FY'2007)	\$ 4,103,232
State Population (2006)	2,921,088*
Number of adults living in state	2,172,544
Number of children (under age 18) living in state	748,544
*Note that the state population #s (based on Residents) differ slightly from those provided by NRI (based on Civilian) for 2006 prevalence estimates in FY 2008 State Plan	
Number of Persons served by the public mental health system in FY 2006	91,919 (3.1% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	82,628**
Number of adults with serious mental illness served.....	53,164
Number of children with serious emotional disturbance served.....	29,432
**Note: the above number served in 2006 includes 32 in NA status.	
Estimated Number adults with serious mental illness and children with serious emotional disturbance	161,980
Number of Adults with serious mental illness living in state (5.4%of the state population)	116,534
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	45,446
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2005	
Total State Mental Health Agency Controlled Revenues (2005)	\$305,899,702
State MH Spending for Community Mental Health Services (44% of total SMHA Revenues).....	\$127,612,586
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$156,879,413
Per Capita State MH Spending (expenditures per resident of state)	\$105.98

How Mississippi Uses the Mental Health Services Block Grant

- Innovative services are supported through the Mississippi CMHS block grant, including those accomplished through the increases received in recent years. Examples of these innovative services include:
 - Intensive therapeutic nursing services for children with serious emotional disorders;
 - Provision of intensive crisis intervention and support services within an emergency shelter for abused/neglected children and youth;
 - Support for therapeutic group home services for transitional age youth with SED or SMI to help support purchasing of intensive therapeutic wraparound services and supports that may be needed for those youth "aging out" of the child service delivery system;
 - Provide flexible funding for wraparound services; and
 - Support for an additional non-profit agency to conduct respite training and to provide respite services for those children and their families in the northern part of the state.
 - Consumer education/support services
 - Family education/support services
 - Intensive case management

Mississippi Vignettes on Uses of the MHBG:

MH Program Level Example
Children's Services: In 1996, Mississippi piloted its' first two MAP (Making A Plan) Teams through the MS Connections project. Today, the 35 operational county MAP teams are authorized through Interagency Agreements to address youth in the state who are in the target population of being SED and at immediate risk of inappropriate out-of-home placement. In FY 2006, 34 MAP Teams identified resources necessary for maintaining each youth in the community. The Teams review cases monthly and have small amounts of funds made available by DMH. These funds are defined as "flexible" to use in the planning and in providing accessibility to services and supports for individual children and youth when such services and supports are otherwise not available and are verified by the team as necessary. These teams have increased community-based alternatives to residential and/or inpatient services for children and youth with SED.

Adult Services: In 2001, Mississippi received a grant from CMS to pilot Person Centered Planning Training programs in four regions of the state. The MDMH community Mental Health Centers, Medicaid, NAMI-MS, along with other state agencies partnered together in training staff to become more person centered in; treatment planning, attitude and philosophy, while empowering persons with mental illness/substance abuse to get more involved and take ownership in their recovery. During and since this time, MDMH/MHBG has provided funding to NAMI-MS to provide Peer-to-Peer training throughout the state of Mississippi. The MS Leadership Academy has also evolved from these efforts. The graduates from Peer-to-Peer trainings are referred to the MLA, to enhance their recovery skills. Peer-to-Peer and MLA will be prerequisite certifications to these individuals becoming Certified Peer Recovery Specialist and become employed by DMH, Community Mental Health Centers, and other agencies to provide recovery based support to other individuals receiving services throughout the state. These individuals will also be employed by PACT/ACT teams, as they are being developed in clubhouse/day programs and in other service areas. These individuals are presently being employed by MDMH in a newly developed Division of Consumer Relations.

Unmet Need for Persons with Mental Illness

Some of the areas of unmet and continuing needs for children and adults with mental health needs include:

- Improving access to crisis intervention, stabilization services and continuity of care for individuals who have been or who are at risk for hospitalization on a statewide basis;
- Continuing efforts to fully implement initiative related to integrated treatment of individuals with co-occurring mental illness and substance abuse disorders;
- Ongoing provider education and the person-centered planning efforts;
- Efforts to address outreach and specialized approaches that are more responsive to the needs of individuals with serious mental illness who are homeless have involved ongoing collaboration and creativity among the DMH and other agencies and organizations that serve homeless persons; and
- Recognition of and commitment of resources to providing training, including technical assistance and credentialing programs, characterize strategies for quality improvement for all child and adult services.

How Mississippi Would Use a Hypothetical 10% Increase in the MHBG:

An increase in MHBG funds would be utilized in the following ways:

Children's Services:

An increase in the MHBG will be used in two areas for children and youth services: (1) to expand intensive crisis intervention services to an area of the state that does not have an existing grant for this service and is in need of this type of intervention, and (2) to add a third Transitional Outreach Program (TOP) for youth ages 16 – 21 years of age. The two TOP programs that are currently funded by DMH provide intensive case management, life skills training, vocational skills assessment & training, small group counseling, and other services necessary for the youth to meet their specific goals of employment, housing, and education. The state estimates that a 10% increase in the Block Grant would allow the above services to an additional 350 children and youth each year.

Adult Services:

- Funding of workforce training activities to develop integrated service delivery for persons with Co-Occurring Disorders (Substance Abuse-Mental Health).
- Further enhancement of the Peer/Recovery Specialist Program and Consumer Relations Division in Mississippi, DMH, and throughout the state.

The state estimates that a 10% increase in the block grant would allow the above services to an additional 300 staff and individuals receiving services per year.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MONTANA PROFILE

The Montana Department of Public Health and Human Services (DPHHS) is the state agency responsible for public mental health system. The adult and children's systems have separate administrative structures within DPHHS. The adult mental health system is administered through the Addictive and Mental Disorders Division. This division also administers three state run facilities: the Montana State Hospital, the Montana Mental Health Nursing Care Center, and the Montana Chemical Dependency Center. The Health Resources Division administers children's services through the Children's Mental Health Bureau. In addition, HRD is responsible for Medicaid Primary Care services, and the Children's Health Insurance Program (CHIP). Medicaid mental health services are provided to adults with severe disabling mental illness (SDMI) through a fee for service system. The state also administers the Mental Health Services Plan (MHSP) for adults with SDMI who are not eligible for Medicaid and have a family income that does not exceed 150% of the federal poverty level.

State Mental Health Block Grant allocation (FY'2007)	\$ 736,870
State Population (2006)	935,670
Number of adults living in state	730,676
Number of children (under age 18) living in state	204,994
Number of Persons served by the public mental health system in FY 2006	26,681 (2.9% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	26,681
Number of adults with serious mental illness served.....	18,237
Number of children with serious emotional disturbance served.....	8,444
Estimated Number adults with serious mental illness and children with serious emotional disturbance	51,371
Number of Adults with serious mental illness living in state (5.4% of the state population)	39,255
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	12,116
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 116,751,609
State MH Spending for Community Mental Health Services (79.5% of total SMHA Revenues).....	\$ 92,853,082
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 78,300,593
Per Capita State MH Spending (expenditures per resident of state)	\$127.76

How Montana Uses the Mental Health Services Block Grant

- Federal Mental Health Block Grant funds are used to contract with mental health centers to provide community services to those persons who qualify for Mental Health Service Plan (MHSP). The table below is the actual block grant expenditures for FY2007. Mental Health Block grant funds are not expended on children's services.

Funds (FY 2007)	Block Grant
Eastern Montana MHC	159,854
Center for Mental Health MHC	258,225
South Central MHC	269,365
Western Montana MHC	541,044
TOTAL	1,228,429

Montana Vignettes on Uses of the MHBG:

Mental Health Block Grant funds are used to support the delivery of a comprehensive range of mental health services in the three Service Area Authorities (SAAs). The four community comprehensive mental health centers provide the services necessary to keep persons who have a serious disabling mental illness and qualify for Mental Health Services Plan in the community. The primary evidence based practice is Program for Assertive Treatment (PACT). Montana has six PACT teams.

The Department of Public Health and Human Services supports the activities of the Mental Health Oversight Advisory Council (MHOAC). MHOAC consists of over 51% consumer and family member representation. The Council is instrumental in helping guide the public mental health system in Montana.

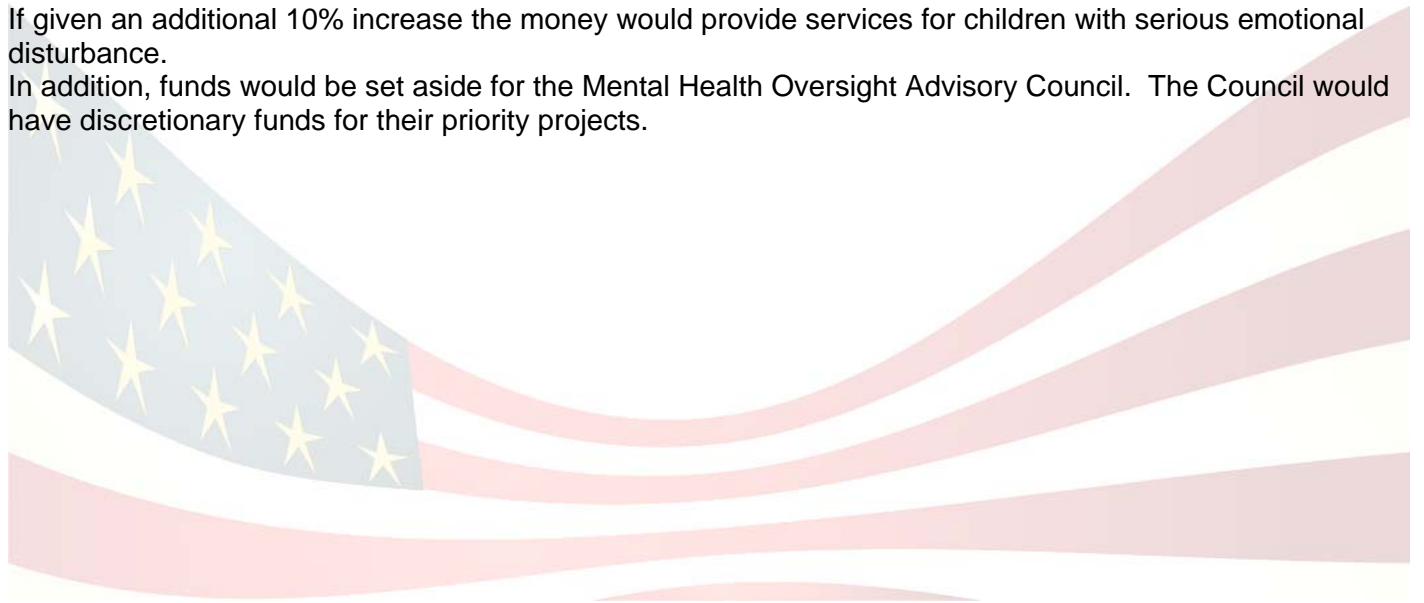
Unmet Need for Persons with Mental Illness

- One of the major needs in the adult mental health system is the lack of psychiatrists. Each mental health center has minimum of a three-month waiting list for psychiatric visits. The mental health center in eastern Montana does not have a psychiatrist on staff. Advanced practice registered nurses (APRN) are used in lieu of psychiatrists in most mental health centers to relieve the long waits for psychiatric services.

How Montana Would Use a Hypothetical 10% Increase in the MHBG:

If given an additional 10% increase the money would provide services for children with serious emotional disturbance.

In addition, funds would be set aside for the Mental Health Oversight Advisory Council. The Council would have discretionary funds for their priority projects.



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2007 MENTAL HEALTH SERVICES BLOCK GRANT: MISSOURI PROFILE

The Department of Mental Health (DMH) is the Missouri agency authorized to develop and implement the public mental health delivery system. The DMH has three operating divisions: Division of Comprehensive Psychiatric Services (CPS), Division of Alcohol and Drug Abuse (ADA), and the Division of Mental Retardation and Developmental Disabilities (MRDD). Each of the three Divisions has its own State advisory structure and target populations. There are four regional hospital systems comprised of eleven (11) CPS inpatient facilities. For the provision of community based services, Missouri's 114 counties and the City of St. Louis are subdivided into 25 mental health service areas, each with an Administrative Agent (AA). AA's are community mental health centers responsible for the assessment and provision of services to persons in their designated area and for providing follow-up services to persons released from State-operated inpatient services.

State Mental Health Block Grant allocation (FY'2007)	\$ 6,982,165
State Population (2006)	5,800,310
Number of adults living in state	4,422,078
Number of children (under age 18) living in state	1,378,232
Number of Persons served by the public mental health system in FY 2006	75,096 (1.3% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	48,102
Number of adults with serious mental illness served.....	39,214
Number of children with serious emotional disturbance served.....	8,883
Estimated Number adults with serious mental illness and children with serious emotional disturbance	316,448
Number of Adults with serious mental illness living in state (5.4% of the state population)	237,981
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	78,467
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 532,528,635
State MH Spending for Community Mental Health Services (35.3% of total SMHA Revenues).....	\$ 188,192,209
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 228,632,134
Per Capita State MH Spending (expenditures per resident of state)	\$ 69.94

How Missouri Uses the Mental Health Services Block Grant

- The DMH spends CMHS Block Grant monies consistent with Mental Health System Transformation. The CMHS Block Grant dollars support community based services to adults with serious mental illness and children with serious emotional disorders. Services to consumers are based on an Individualized Plan of Care. Individualized services to consumers paid from block grant dollars include examples of activities such as:
 - Community Psychiatric Rehabilitation - a consumer and family driven approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings;
 - Crisis Intervention - emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event;
 - Intensive Community Support - to maintain an individual with a serious mental illness in the community either as an alternative to inpatient care or following inpatient care; and
 - Intensive Youth Case Management – to provide supervision of non-residentially placed youth who are living at home, in foster homes or independently.

Missouri Vignettes on Uses of the MHBG:

Suicide Prevention

Since the federal declaration that suicide is a serious public health concern and the accompanying call to action for individual states, Missouri DMH has accepted the responsibility to provide both leadership and technical assistance on mental health promotion within Missouri communities, and has recognized suicide as a leading public health concern. The Missouri delegation to the national suicide prevention conference in Reno, Nevada, completed a state-wide plan of suicide prevention strategies. Implementation has included passing legislation relative to suicide prevention and establishing a Governor-appointed Suicide Prevention Advisor Committee. A subsequent award of a three-year federal grant to prevent suicide in youth up to age 25 has enabled this high risk group to receive targeted services. DMH utilizes this SAMSHA funding in conjunction with block grant funding to provide state-wide suicide prevention services tailored to local needs and supplemented with local support. Strategies include gatekeeper training, policy change, a focused initiative on college campuses, regional Resource Centers, incentive awards geared to meet local needs, incorporating suicide prevention information in distance learning courses, a hot line, educational newsletter, raising public awareness through print and electronic media, and conferences. The Suicide Prevention Advisory Committee meets regularly and will issue its first legislatively mandated biannual report by the end of 2007.

Individual Client Level Success Story

A female with Schizoaffective Disorder and history of depression, has spent time in inpatient facilities and community treatment. She has a history of multiple suicide attempts, psychotic episodes and electroconvulsive shock treatment. Throughout her life journey, she has managed to work as a nurse aide/medication aide, receive nursing training, obtain a degree as a nurse, and work as a nurse in a large hospital. She has overcome repeated episodes of debilitating mental illness and having to live on disability payments. With treatment, she has managed to work as a secretary for the National Alliance for the Mentally Ill, be a patient advocate at a psychiatric facility, be active in local advocacy work and effectively participate on the State Advisory Council for Comprehensive Psychiatric Services.

Unmet Need for Persons with Mental Illness

Adults:

- The areas that appear to be in especially short supply are housing subsidies and supports, acute care beds, community-based crisis alternatives to hospitalization, specialized treatment options for long-term services to adults and children and youth with challenging behaviors and symptoms, and mental health services for youth in the juvenile justice system.

Children:

- A survey of 1,450 Missouri youth detained in the juvenile justice system showed that 32 percent reported a history of previous mental health services; 18 percent reported being prescribed some type of psychotropic medications; and 10.4 percent of youth were prescribed more than one psychotropic medication (MO MAYSI PROJECT REPORT, 2003). Most of the resources available under the current system target the needs of the most serious cases. Few resources are directed to prevention and early intervention activities.

How Missouri Would Use a Hypothetical 10% Increase in the MHBG:

In Missouri, a 10% increase in Block Grant funding would be spent on incentivizing evidence based practices. Contracted community service providers would receive a higher billing rate for meeting the fidelity measures for evidence based practices such as Assertive Community Treatment and Integrated Dual Disorders Treatment. Additional individuals would not be served, but existing consumers would receive more effective treatments with a wider array of integrated services.

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: NEBRASKA PROFILE

The Division of Behavioral Health is within the Nebraska Department of Health and Human Services. The Division is the chief Behavioral Health authority for the State. The Nebraska Behavioral Health Services Act defines the term Behavioral Health Disorder as "mental illness or alcoholism, drug abuse, problem gambling, or other addictive disorder". The Division's primary role involves State administration of non-Medicaid public behavioral health services. The Division contracts with the six Regional Behavioral Health Authorities (RBHA) to purchase community mental health and substance abuse services using the state and federal funds. Each RBHA is governed by a Regional Governing Board consisting of one commissioner from each county assigned to the region. The Division is a direct service provider of mental health services through State Psychiatric Hospitals, referred to as Regional Centers. The Gamblers Assistance Program (GAP) provides training, education, and treatment services in an effort to reduce problem gambling and gambling-related addictions in Nebraska. The Division contracts with Magellan Behavioral Health for Managed Care Administration Service Organization (ASO) Mental Health and Substance Abuse (MH/SA) services. The Act established the Behavioral Health Office of Consumer Affairs within the Division. This Office helps people who have experienced mental illness, substance abuse and/or problem gambling to pursue a journey of recovery which will allow him or her to live in the community of his or her choice.

State Mental Health Block Grant allocation (FY'2007)	\$ 2,006,208
State Population (2006)	1,758,787
Number of adults living in state	1,327,158
Number of children (under age 18) living in state	431,629
Number of Persons served by the public mental health system in FY 2006	25,023 (1.4% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	21,389
Number of adults with serious mental illness served.....	18,433
Number of children with serious emotional disturbance served.....	2,942
Estimated Number adults with serious mental illness and children with serious emotional disturbance	93,064
Number of Adults with serious mental illness living in state (5.4% of the state population)	71,272
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	21,792
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2005	
Total State Mental Health Agency Controlled Revenues (2005)	\$ 118,470,000
State MH Spending for Community Mental Health Services (42.2% of total SMHA Revenues).....	\$ 50,070,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 9,900,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 60.96

How Nebraska Uses the Mental Health Services Block Grant

- Block Grant funds were distributed to the state's six Regional Behavioral Health Authorities. A small amount is used to fund Rural Service Equity, which are funds allocated as needed to rural areas. The 5% administrative portion was used to support empowerment for adult consumers.

Nebraska Vignettes on Uses of the MHBG:

Program Level

At the program level, we are using Federal Block grant funds to help fund three key services for Sever and Persistent Mentally Ill individuals. These three services are Day Rehabilitation, Community Support and Medication Management. By coordinating care with all three services, we are able to help clients pursue recovery based on individual plans and coordinated care. All three services are available for team meetings with the clients as needed. Community Support and Day Rehab are able to keep the physician informed of medication effects. Through this collaborative effort, we have been able to reduce hospitalizations and increase active community involvement.

From Kathy Seacrest, Region 2 Behavioral Health Authority

Individual Level

A 15 year old male was referred to the Region 3 Professional Partner Program by the Department of Health and Human Services, Protection and Safety Division. He was at high risk of being adjudicated as an uncontrollable youth. Upon receipt of the referral, the young man was diagnosed with ADHD and ODD and also had significant problems with drugs and alcohol. He was also expelled from school for assaulting the principal. With the assistance from the Professional Partner Program the 15 year old received treatment for drugs and alcohol while the team developed supports for him in the community and in the family for when he returned. Upon his return he entered an alternative education program at his school, attends drug and alcohol counseling, attends AA/NA, and has a job. The teen recently was discharged from the program successfully. He is attending school with no problems, has built a positive relationship with the principal and has not reverted to using drugs and alcohol. By the program utilizing the wraparound approach, he and his family have developed supports and utilized community services to keep their child from entering the child welfare system.

From Beth Baxter, Region 3 Behavioral Health Authority

Unmet Need for Persons with Mental Illness

Adults:

The following gaps were identified:

- The prevalence of mental illness and number of individuals served by the system; continue to improve “step down” services; information system improvement; shortage of staff; medication access; culturally competent services; elderly population; and mentally ill inmates discharging from the state correctional system.

Children:

- For youth in transition, additional assessment of the ability of adult providers to work successfully with transitioning is needed to ensure developmental appropriateness of services. For younger children, a major challenge is to achieve an integrated, comprehensive plan that addresses their mental health and socio-emotional development. In addition, a number of other challenges are being faced in Nebraska that impact upon the health and well-being of Nebraska's young children and their families and the system that supports early childhood programs and services. Among these are an increasingly diverse populations and large expanses of rural and sparsely populated areas. In addition, gaps exist in data availability and utilization, including an absence of agreed-upon early childhood indicators.

How Nebraska Would Use a Hypothetical 10% Increase in the MHBG:

Nebraska would consider using the \$200,621 to purchase additional services that would promote the continued transformation toward a recovery oriented system using evidence based practices.

State Contact

<http://www.dhhs.ne.gov/>

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: NEVADA PROFILE

The Division of Mental Health and Developmental Services (MHDS) is responsible for the operation of State-funded outpatient community mental health programs, psychiatric inpatient programs, mental health forensic services, and all developmental services programs and facilities. The Division is responsible for planning, administration, policy setting, monitoring, and budget development of all State-funded mental health and developmental services programs.

State Mental Health Block Grant allocation (FY'2007)	\$ 3,662,214
State Population (2006)	2,414,807
Number of adults living in state	1,793,627
Number of children (under age 18) living in state	621,180
Number of Persons served by the public mental health system in FY 2006	30,086 (1.2% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	22,368
Number of adults with serious mental illness served.....	19,046
Number of children with serious emotional disturbance served.....	3,315
Estimated Number adults with serious mental illness and children with serious emotional disturbance	127,389
Number of Adults with serious mental illness living in state (5.4% of the state population).....	96,353
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	31,036
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 126,626,592
State MH Spending for Community Mental Health Services (73.8% of total SMHA Revenues).....	\$ 93,452,542
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 22,807,073
Per Capita State MH Spending (expenditures per resident of state)	\$ 56.73

How Nevada Uses the Mental Health Services Block Grant

- Currently, the bulk of Block Grant funds are utilized to provide community-based direct service staff in the three primary regions of the state: north, south, and rural. Specific services are listed in the MHBG implementation reports.

Nevada Vignette on Uses of the MHBG:

State/Systems Level Example

ADULT:

With the support of CMHS Block Grant funding, MHDS provides ongoing support for the annual Service Coordination Conference, which is the only training opportunity for Service Coordinators employed within the State system. Approximately 350 staff will attend the conference scheduled in 2007. This year's conference is entitled *Co-Occurring Disorders: Creating Partnerships for Promoting Recovery* and will focus on changes in service provision as a result of the integration of the Substance Abuse Prevention and Treatment Agency (SAPTA) with MHDS.

CHILD:

With the support of CMHS Block Grant funding, DCFS hosted the Third Annual Governor's Summit on Juvenile Justice in September, 2006. Approximately 250 participated in the conference, entitled *A Closer Look: New Perspectives on Re-integrating Nevada's Juvenile Offenders*. An array of national speakers facilitated workshops on new strategies and treatment models to provide better services to youth within the juvenile justice system, highlighting youth transitioning to community-based services.

MH Program Level Example

ADULT:

MHDS, in partnership with the MHPAC, developed the Consumer Assistance Program (CAP) in 2000. This program enables Consumer Service Assistant (CSA) staff to help themselves by developing work and career skills, and to help other consumers by doing the following:

- Promote transitional skills to enter or re-enter the workforce.
- Mentor current and recently discharged clients.
- Assist with the development and use of consumer satisfaction surveys.
- Assist and advise MHDS regarding program evaluation and quality assurance efforts.
- Review client care complaints.
- Contribute to policy development efforts such as human rights boards.
- Design a statewide consumer advocacy network.

The key to the success of the program is based on the idea of providing services for consumers by consumers. MHDS funds a total of 12 CSA positions supported by both CMHS Block Grant funding and State general funds, positioned statewide.

CHILD:

The Wraparound in Nevada (WIN) program was established in 2001 specifically as a targeted case management program for youth with SED in child welfare custody. The service capacity of this program has grown from an annual caseload of 300 youth in SFY 2004 to 711 during SFY 2006. Through the wraparound service model, facilitators assess strengths, needs, and culture; form Child and Family Teams; and facilitate these teams in the development, implementation, and monitoring of plans of care, with an emphasis on mental health services. During 2006, this program became State-operated, having been originally started as a contracted program. WIN provides services based on the wraparound services delivery model, which is an evidence-based practice. CMHS Block Grant funds are currently providing program assessment and evaluation for WIN by the National Institute for Mental Health, including a wraparound fidelity study.

Unmet Need for Persons with Mental Illness

Adults:

- The state identifies unmet needs in the areas of leadership/administration, PAS/POU and inpatient; Medication Clinic; outpatient services and programs; and, information technology and program evaluation.

Children:

- The state identifies unmet needs in the areas of crisis intervention, uninsured children, children in the child welfare system, children in the juvenile justice system, and children covered under Medicaid.

How Nevada Would Use a Hypothetical 10% Increase in the MHBG:

If awarded a 10% increase for the CMHS Block Grant, Nevada would prioritize improvements to existing programs and the development of new programs for both adult and child services. Adult priorities would include opening a new Statewide Office of Consumer Affairs; rebuilding the Nevada disaster response program that was recently de-funded by the Centers for Disease Control and Prevention (CDC); and expanding staff travel for the annual Service Coordination Conference. Child priorities would include increasing stipends to parents to support the full participation of families in the development of the statewide system of care; increasing direct support for uninsured youth; and conducting statewide training for planning and treatment of adolescents with co-occurring disorders.

State Contact Information

<http://mhds.state.nv.us/>

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Mental Health and Developmental Services

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: NEW HAMPSHIRE PROFILE

The New Hampshire Bureau of Behavioral Health (BBH) aligns the overall mission, regional priorities and funding into a comprehensive service delivery system that supports BBH's mission to promote respect, recovery and full community inclusion for people who experience a mental illness, an emotional disturbance, and/or a substance abuse or addiction problem. BBH approaches this mission by working collaboratively with people who receive services and by supporting a network of local services that are responsive, effective, and efficient. BBH operates on a biennial budget, and the state plan reflects the biennium New Hampshire's state funded comprehensive community mental health system is based on the values of full community integration, consumer choice, family and consumer involvement at all levels and flexible services provided in natural settings.

State Mental Health Block Grant allocation (FY'2007)	\$ 1,624,118
State Population (2006)	1,309,940
Number of adults living in state	1,006,789
Number of children (under age 18) living in state	303,151
Number of Persons served by the public mental health system in FY 2006	48,618 (3.7% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	18,103
Number of adults with serious mental illness served.....	10,022
Number of children with serious emotional disturbance served.....	8,080
Estimated Number adults with serious mental illness and children with serious emotional disturbance	71,091
Number of Adults with serious mental illness living in state (5.4% of the state population).....	54,293
Number of Children with serious emotional disturbance living in state (1.3% of the state population)	16,798
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	2,900
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 152,210,181
State MH Spending for Community Mental Health Services (56.6% of total SMHA Revenues).....	\$ 86,224,660
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 84,543,208
Per Capita State MH Spending (expenditures per resident of state)	\$118.27

How New Hampshire Uses the Mental Health Services Block Grant

- New Hampshire expends all of the Block Grant allocation to support the State's consumer operated programs and services. All but the administrative support portion of the Block Grant allocation is budgeted to fiscal and programmatic support of NH's peer support agencies and technical assistance and training to support consumers' and families' active involvement and participation in advocacy and empowerment initiatives that promote resiliency and recovery based systems of care.

New Hampshire Vignette on Uses of the MHBG:

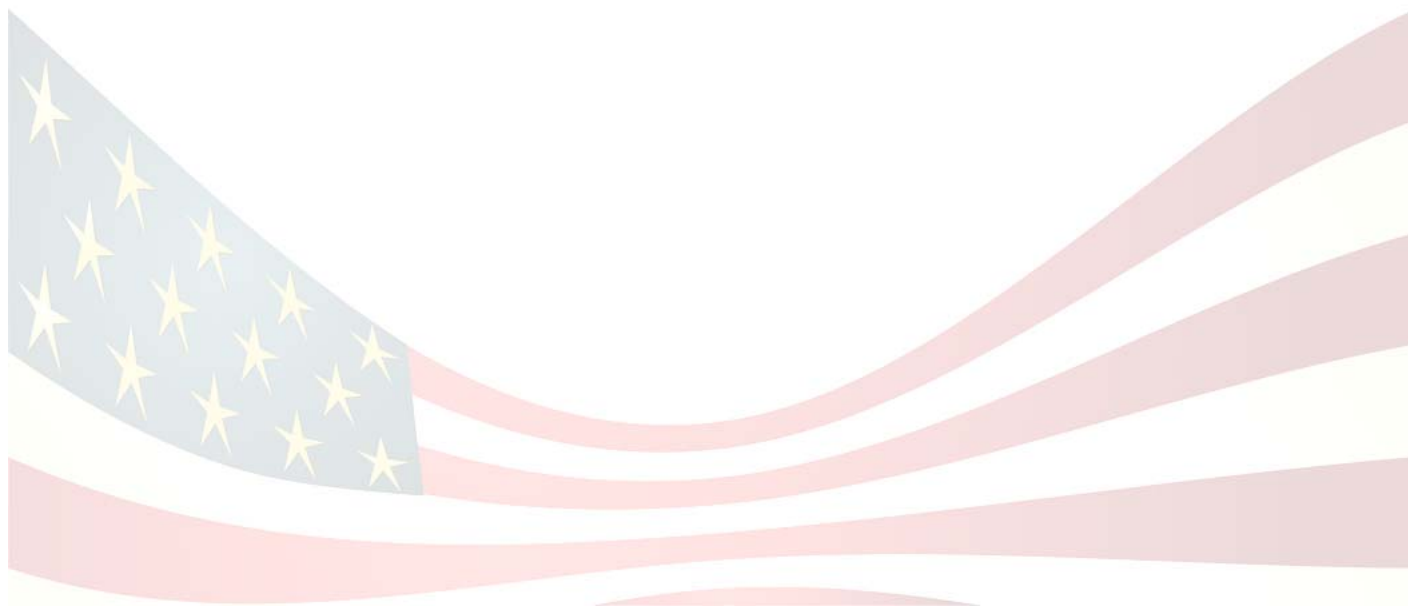
A new mother was first diagnosed with mental illness after her first son was born. She remembers thinking she was going to die. Each time she went into crisis, she was hospitalized for 5-7 days. After release, it would take months before she was back in the "groove" of life. A few years later, the mother's world fell apart when she was admitted to the State Hospital. She lost her children, her home, her car, and more. She fought guardianship five times while in the State facility. Guardianship was finally ordered after she went AWOL for her child's birthday. While at the hospital, a peer support agency (PSA) staff person came to see her, completed a Pre-Crisis Respite Interview and gave her information about the peer-run agency. Peer Support was new to her. During her first stay at Crisis Respite, her children came to see her. This was important to her and to them. One child stated "Mommy you do not have to live in the hospital any more." She began to reconnect with her community while in crisis respite and attended groups at the PSA. She describes her Crisis Respite stay as "powerful" and that it empowered her. Now, she does not see herself as a person in crisis but as one of courage and confidence. She states she is an "individual that has gained independence through peer support." She no longer has a guardian.

Unmet Need for Persons with Mental Illness

The primary unmet needs for persons with mental illness remain unchanged in NH. They are: 1) the need for available and affordable housing, transitional and permanent, including alternatives to nursing homes, 2) the need for sufficient psychiatric crisis beds in community hospitals, 3) the need for sufficient community supports to prevent hospitalization, 4) the need for workforce development including need to reduce professional shortages, 5) the need for adequate services for special populations, including transition age adolescents/young adults, and persons with co-occurring substance use disorders, and (6) the need for enhanced technical assistance to the Peer Support Agencies for peer support activities, and expansion of peer support to include adolescents and young adults.

How New Hampshire Would Use a Hypothetical 10% Increase in the MHBG:

New Hampshire would allocate any increase in funds for: 1) the State Planning Council's monitoring and evaluation activities, 2) piloting transition best-practices among all age groups, and 3) the development of enhanced activities of the Peer Support Agencies, statewide.



State Contact Information:

<http://www.dhhs.state.nh.us/DHHS/BBH/default.htm>

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: NEW JERSEY PROFILE

The New Jersey Department of Human Services, Division of Mental Health Services (DMHS) oversees the State's public system of mental health services, offering a wide range of programs and support services. While the Division itself directly operates 5 state psychiatric hospitals, services are predominately based in local communities, where private agencies provide a variety of program options.

State Mental Health Block Grant allocation (FY'2007)	\$ 11,793,693
State Population (2006)	8,717,925
Number of adults living in state	6,556,124
Number of children (under age 18) living in state	2,161,801
Number of Persons served by the public mental health system in FY 2006	339,627 (3.9% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	130,825
Number of adults with serious mental illness served.....	114,211
Number of children with serious emotional disturbance served.....	16,546
Estimated Number adults with serious mental illness and children with serious emotional disturbance	465,429
Number of Adults with serious mental illness living in state (5.4% of the state population).....	353,557
Number of Children with serious emotional disturbance living in state (8% of the state population)	111,872
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2005	
Total State Mental Health Agency Controlled Revenues (2005)	\$1,215,827,000
State MH Spending for Community Mental Health Services (63.3% of total SMHA Revenues).....	\$ 769,844,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 230,194,000
Per Capita State MH Spending (expenditures per resident of state)	\$139.91

How New Jersey Uses the Mental Health Services Block Grant

- Block grant expenditures for community programs have supported many activities including the following:
 - Illness Management and Recovery;
 - Outpatient Services;
 - Consumer Operated Self Help Centers;
 - Systems Advocacy; Intensive Case Management Services;
 - PATH Programs;
 - Pilot Programs such as Bridging the Gap; and
 - Evidence Based Practices including programs for Assertive Community Treatment, Supportive Housing, Supported Employment, and Family Psychoeducation.

New Jersey Vignette on Uses of the MHBG:

During 2006 and 2007, Drenk Outpatient services has concentrated their efforts on creating a true “no wrong door” policy and creating a welcoming environment in an effort to increase engagement and program retention for approximately 80% of the individuals with co-occurring mental illness and substance use disorders that are in treatment. They researched different methods for addressing issues within the milieu and service delivery.

Through a review of the literature, they identified studies that addressed creating a welcoming environment. Subsequently, the physical environment was addressed to bring in color, soft lighting, and decorations that were homelike rather than “institutional/commercial.” On an ongoing basis, consumer input is utilized to improve the environment of care and make it as comfortable as possible.

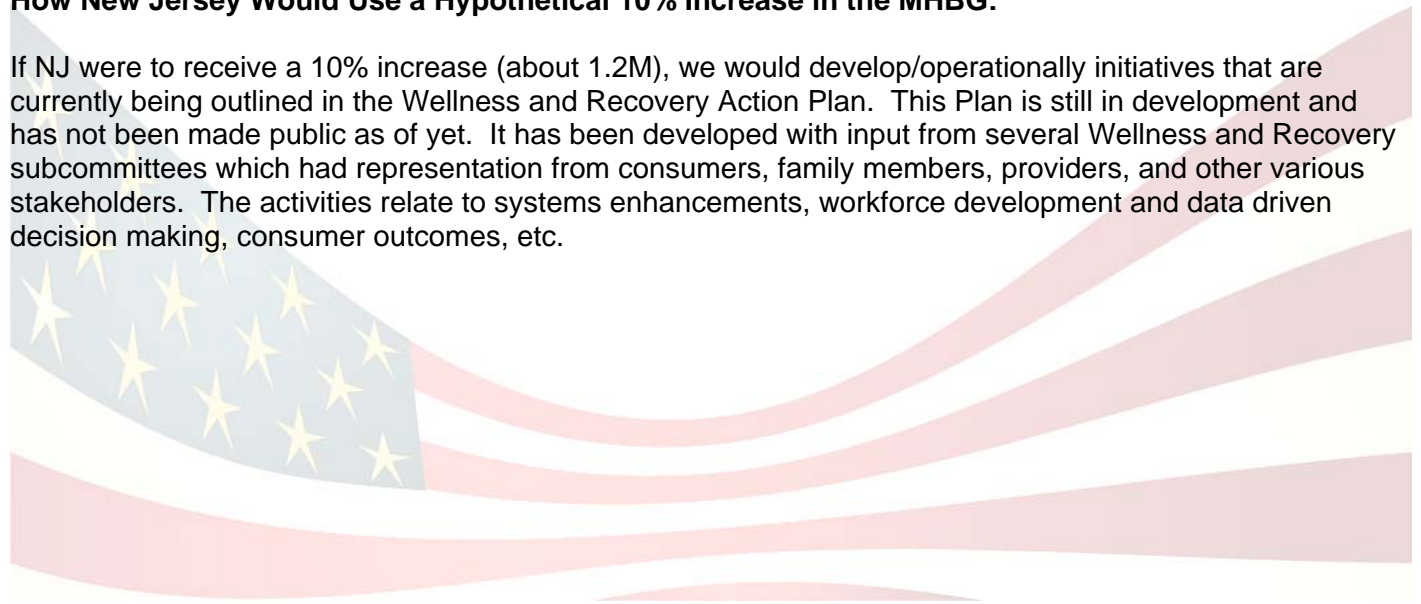
The agency uses Drakes Stages of Motivation as an intervention and philosophical approach. The program implemented intensive training and supervision for all staff, from the office assistants through the therapists. Interviewing and interaction techniques were taught in an effort to increase empathy, compassion, motivation and engagement of consumers. Although there is zero tolerance for interactions that do not meet the standards set within agency for professionalism, Drenk leadership provides such a strong model and example of motivation and empowerment that staff consistently demonstrate welcoming and accepting attitude. Consumer assessment and satisfaction with their therapists, and the overall clinical approach is utilized on an ongoing basis in supervision and staff self improvement plans. Drenk has become a model program, and has provided training and consultation to other programs in the system on ways to increase engagement, create empowerment, a welcoming environment, and a true inclusionary, “no wrong door” approach.

Unmet Need for Persons with Mental Illness

- Safe and affordable housing opportunities
- Enhancement of co-occurring services/treatment options
- Enhancement of provision of multicultural services/culturally competent and bi-lingual/bi-cultural staff
- Enhancement of Justice involved services
- Enhancement of services provided to older adult consumers

How New Jersey Would Use a Hypothetical 10% Increase in the MHBG:

If NJ were to receive a 10% increase (about 1.2M), we would develop/operationally initiatives that are currently being outlined in the Wellness and Recovery Action Plan. This Plan is still in development and has not been made public as of yet. It has been developed with input from several Wellness and Recovery subcommittees which had representation from consumers, family members, providers, and other various stakeholders. The activities relate to systems enhancements, workforce development and data driven decision making, consumer outcomes, etc.



State Contact Information:

www.state.nj.us/humanservices/dmhs/index.html

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: NEW MEXICO PROFILE

As New Mexico continues its ongoing transformation of the behavioral health system, FY 07 and FY 08 will continue to mark some of the most significant systemic changes to date. 2004 legislation created the Behavioral Health Purchasing Collaborative (the Collaborative) and in 2006 the Behavioral Health Planning Council was restructured. This resulted in coordinated management of most state and federal behavioral health funding and administration of these funds by a single statewide entity. As the single statewide entity contract with ValueOptions New Mexico began its third contract year in July 2007, the state has moved forward with internal infrastructure development and critical efforts to rebalance the system of care for both children and adults.

The most significant new developments in New Mexico include the creation of a Behavioral Health Strategic Plan setting ten priorities. This plan emphasizes stronger and more central roles for consumers and family members in planning, policy development, and oversight. Cross-agency teams are key to the state infrastructure for the Collaborative. Local Collaboratives in thirteen geographic and two Native American areas, as well as the statewide Behavioral Health Planning Council, are the critical tools by which the state seeks advice from consumers and families.

A major advancement in both the adult and children's systems is the expanded use of telehealth. Children, their families and adult consumers in the rural and frontier areas of New Mexico are increasingly less isolated from the services and supports they require due to increased availability of video conferencing for reunification, pre-release staffing, case consultations, psychological evaluations, and medication management. In addition Local Collaboratives are using teleconferencing to effectively engage people in rural and frontier area.

State Mental Health Block Grant allocation (FY'2007)	\$ 2,403,115
State Population (2006)	1,928,384
Number of adults living in state	1,438,902
Number of children (under age 18) living in state	489,482
Number of Persons served by the public mental health system in FY 2006	68,524 (3.6% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	15,928
Number of adults with serious mental illness served.....	13,455
Number of children with serious emotional disturbance served.....	2,473
Estimated Number adults with serious mental illness and children with serious emotional disturbance	107,404
Number of Adults with serious mental illness living in state (5.4% of the state population).....	77,086
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	30,318
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 50,165,463
State MH Spending for Community Mental Health Services (51.8% of total SMHA Revenues).....	\$ 25,985,463
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 3,960,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 28.2

How New Mexico Uses the Mental Health Services Block Grant

In keeping with federal mandate, federal mental health block grant funding is targeted to adults with severe mental illness and children with a serious emotional disturbance or neurobehavioral disorder. On the adult side, funds were allocated prior to July 1st primarily to the Single Entity (ValueOptions New Mexico), who disbursed funds to community mental health agencies within their regions.

Limited funds were and continue to be used for special initiatives as approved by the Center for Mental Health Services. Historically, funds have been used to support activities such as the New Mexico Pharmacotherapy Initiative; family advocacy services; school-based mental health programs; and consumer employment and housing initiatives. During the past two years funding has been focused on empowering

consumers through recovery and resiliency, co-occurring initiatives, universal screenings and recently, the New Mexico Consortium for Behavioral Health Training and Research (NM CBHTR). This is a new initiative designed to attract, recruit and retain behavioral health professionals through a variety of linkages with the various universities, colleges and community colleges in New Mexico and to grow a cadre of professionals skilled in deploying evidence based practices.

This year as the Behavioral Health Services Division (BHSD) continues to align its joint efforts with the Behavioral Health Purchasing Collaborative. The membership in the Behavioral Health Planning Council has begun to change to local representatives from Local Collaboratives, reflecting the demographics of New Mexico in a very different manner. BHSD, the Collaborative, and its community-based Local Collaboratives are eagerly engaged at all levels to transform the service delivery system. Projected Budget for FFY07

\$1,495,992 64.31% Services to Adults
\$418,760 18.00% Services to Children
\$71,403 3.07% Behavioral Health Planning Council
\$116,322 5.00% Administration
\$223,968 9.62% Planning
\$2,326,445 100.00%

New Mexico Vignette on Uses of the MHBG: Individual Client Level Example

By taking the Wellness Recovery Action Planning (WRAP) training and volunteered at Peer Bridger's national program, a female began her process. She pursued additional training to become a Certified Peer Specialist. She now has a job with the Transitional Living Services agency. In her work she now provides services that are Medicaid billable.

Unmet Need for Persons with Mental Illness

Behavioral Health Services Division was the lead state agency in a multi-department statewide systemic behavioral health gap analysis/needs assessment completed in July 2002 that looked at the utility of the existing fragmented, multi-system strategy. In developing the Mental Health Transformation Statewide Grant and the State Infrastructure Comprehensive Behavioral Health Plan, New Mexico used that study and the New Freedom Commission's goals as a framework and established priorities for each of the goals of the President's New Freedom Commission on Mental Health. Local Collaboratives continuously bring local unmet needs to the State's attention, informally and through both the Planning Council and a Legislative priorities process.

How New Mexico Would Use a Hypothetical 10% Increase in the MHBG:

New Mexico is a seriously under funded state for all mental health services. In addition to basic mental health services, the strategic priority areas for the collaborative for the coming year are: Children's Services, Consumer-Driven Services and System, Substance Abuse Services, Transportation, Supportive Housing, Services to Native Americans, Crisis Response/Jail Diversion, Law Enforcement, Evidence-Based Practices & Professional Training, Improving Efficiency & Effectiveness.

State Contact Information:

<http://www.bhc.state.nm.us/>

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Marie DiBianco 505-827-1630

2007 MENTAL HEALTH SERVICES BLOCK GRANT: NEW YORK PROFILE

The Office of Mental Health is responsible for the administration of a large State-operated system of State institutions. The Office is responsible for the regulation and licensing of all mental health facilities and programs in the State other than private practice and Federal facilities.

State Mental Health Block Grant allocation (FY'2007)	\$ 25,532,461
State Population (2006)	19,254,630
Number of adults living in state	14,708,746
Number of children (under age 18) living in state	4,545,884
Number of Persons served by the public mental health system in FY 2006	615,379 (3.2% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	424,263
Number of adults with serious mental illness served.....	325,396
Number of children with serious emotional disturbance served.....	98,285
Estimated Number adults with serious mental illness and children with serious emotional disturbance	1,075,070
Number of Adults with serious mental illness living in state (5.4% of the state population)	792,856
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	282,214
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$3,477,300,000
State MH Spending for Community Mental Health Services (57.7% of total SMHA Revenues).....	\$2,008,100,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$2,035,200,000
Per Capita State MH Spending (expenditures per resident of state)	\$200.4

How New York Uses the Mental Health Services Block Grant

- For adults, case management and community support programs were continued to support individuals with serious mental illness in the community. In addition, programs serving the MICA population and New York/New York Homeless Programs were funded. For children and families, funds continued to be expended to support community-based services for seriously emotionally disturbed children and their families. New York State plans to use approximately 72 percent of the FFY 2006 block grant for adult community mental health services, 24 percent for children's community mental health services, and 4 percent for State administration. Funds for adult community mental health services will be allocated in six major program areas: case management, clinical infrastructure, community support services, evidence based practices, AOT, case management and the mentally ill chemical abuser program. Funds for children's community mental health services will be expended in five major program areas: clinical infrastructure, community support programs, expanded children's services, home-based crisis intervention, and the school support program. This plan is subject to both the actual CMHS allocation level and State legislative appropriations.

New York Vignette on Uses of the MHBG:

A 13 year old boy was referred to the Block Grant Funded School Support Project because of unmanageable classroom behavior and concerns regarding his family situation. His younger sister recently graduated from elementary school; she has been involved previously with the SSP program. Presently, she is functioning well in Middle School.

When he was first referred he had been diagnosed by his pediatrician with ADHD. Despite being prescribed medication, his behavior remained erratic, his attention span very short, and his peer relationships antagonistic. He was frequently sent to the office for disciplinary reasons, which included disruptive classroom behavior and fighting with classmates. Recently, he had begun to hang around with peers who were on probation for antisocial behavior.

During the assessment process, it became apparent that his home life was a strong contributing factor to his inability to function in school. His mother was seriously ill. His father was recently incarcerated, one older sister was on probation for aggressive behavior, two distant relatives (one with a serious mental illness) had moved in with the family, and the household all suffered from general poverty. One of the most obvious areas of neglect was his medical needs. His mother was unable to give the teenager his ADHD medications on a consistent basis.

Because of the complex nature of his needs, SSP staff needed to respond to his needs in a number of ways:

Services to the family:

1. Supportive counseling to his mother to address her many needs and concerns her own situation and parenting worries.
2. Family Support Services including help with housing issues, advocacy with Social Services, budgeting assistance, and finding access to food pantries
3. Community linkages including work with his pediatrician and the school nurse to facilitate regular attention to his medical needs.
4. Assistance in getting his mother and him to medical appointments. Eventually working with them to use public transportation.
5. Support for mother to attend school based support/educational groups.

Services to the 13 year old:

1. Individual therapy to improve classroom behavior, improve peer interaction, support to cope with his feelings about his home life.
2. Behavioral therapy through the SSP's Behavioral Specialist to provide symptom management skills, and avoid/ignore distractions or provocations by peers.
3. Group therapy to help Wilfredo learn and practice social skills in a protective environment.
4. Recreational opportunities during holidays and summer break.

Services to elementary school faculty:

1. Develop a plan to assure his daily medication is taken.
2. Continual consultation regarding his behavior and progress.
3. "Respite" from the classroom when he needed to vent.
4. Coordinate communication between his mother (who has no phone) and the school.

Unmet Need for Persons with Mental Illness

- Not specified.

How New York Would Use a Hypothetical 10% Increase in the MHBG:

New York State would use any increase in funds to replace services cut under the erosion of New York State's allocation over the past several years. Following these restorations, NYS would use any additional funds to enhance family and peer advocacy and support.

State Contact Information:

www.omh.state.ny.us

Leesa Rademacher (518) 474-4403

2007 MENTAL HEALTH SERVICES BLOCK GRANT: NORTH CAROLINA PROFILE

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MHDDSAS) is the state agency responsible for mental health services. The Division's state facilities consist of four regional psychiatric hospitals, four developmental disabilities centers, three substance abuse treatment centers, a specialty nursing facility for mentally ill consumers, a specialty nursing facility for consumers with developmental disabilities, and two residential facilities for children with serious emotional disturbances.

State Mental Health Block Grant allocation (FY'2007)	\$ 10,916,323
State Population (2006)	8,683,242
Number of adults living in state.....	6,542,201
Number of children (under age 18) living in state.....	2,141,041
Number of Persons served by the public mental health system in FY 2006	253,901 (3.4% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	253,901
Number of adults with serious mental illness served.....	185,674
Number of children with serious emotional disturbance served	68,227
Estimated Number adults with serious mental illness and children with serious emotional disturbance	583,755
Number of Adults with serious mental illness living in state (5.4% of the state population)	348,069
Number of Children with serious emotional disturbance living in state (10-12% of the state population)	235,686
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	N/A
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 419,001,457
State MH Spending for Community Mental Health Services (30.1% of total SMHA Revenues)	\$ 126,250,895
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 43,266,066
Per Capita State MH Spending (expenditures per resident of state)	\$ 50.47

How North Carolina Uses the Mental Health Services Block Grant

- Adults: Grant funds provided to local management entities. Details are provided on page 4 of Adults section.
- Children: Grant funds provided to local management entities. Details are provided on page 4 of Children's section.

North Carolina State/Systems Level Vignettes on Uses of the MHBG:

Practice Improvement Collaborative and Best Practice Training & Education

In 2005 the North Carolina Practice Improvement Collaborative (NC PIC) was formed to provide guidance in determining the future evidence based services and supports that will be provided through our public system. Division Director, Mike Moseley, appointed 60 individuals to serve as expert advisors to the NC Division of MHDDSAS. The advisory group is a partnership among consumers, clinicians and researchers. The Chair of the Mental Health Planning and Advisory Council (NCMHPAC) serves as a consumer representative.

Through the NC PIC, science will inform the provision of services, and the experiences of consumers, family members, and service providers will guide research on future services and supports that might be provided. The mission for the NC PIC is to ensure that each time any North Carolinian—whether a child or an adult, a member of a majority or minority, from an urban or rural area—comes into contact with the DMHDDSAS system, that the individual will receive excellent care that is consistent with our scientific understanding of what works.

Comprised of representatives for consumers, clinicians and researchers across all three age and abilities, the NC PIC was convened quarterly to review and discuss relevant best practices and programs. The NC PIC convened its' first annual meeting to present a report of prioritized practice and program recommendations to the Division Director at a public forum. This forum, defined as the North Carolina Practice Improvement Congress, featured brief educational descriptions of the practices being recommended by the NC PIC in its report in May, 2006. Among those experts called upon to present best practices to be considered were Jeanne Rivard, Ph.D., National Research Institute, NASMHPD, Barbara Burns, Ph.D., Duke University, Robert Murphy, Ph.D., representing a consortia between Duke University and University of North Carolina, among other field experts.

Recommendations presented included the Division adopt the following Evidence Based Practices and supports for consumers and their families: Trauma Focused Cognitive Behavioral Therapy (TF-CBT for Child MH), Therapeutic Foster Care (Child MH) Supported Employment (Mental Health), START Model (Systematic, Therapeutic, Assessment, Respite and Treatment for those in crisis who are diagnosed with a Developmental Disability), MATRIX (Methamphetamine and other stimulant drug addiction), Seeking Safety (Substance Abuse and Trauma), and Strengthening the Family (Substance Abuse Prevention). Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for children and youth who have experienced sexual abuse is currently being implemented in a 22 county pilot in the eastern most coastal counties in NC, with emphasis on developing a well-trained sustainable workforce indigenous to the area with ongoing access to telephonic and web-based clinical and peer supervision and mentoring.

Trainings in best practices and newly defined and approved services that support best practices were provided in SFY06 in an effort to align policy and practice. The Division provided three training conferences on service definitions, with 1500 providers and consumers attending. These trainings were developed and delivered by a consumer-professional team. To explain the new service definitions to consumers, two statewide videoconferences were also held. The Division sponsored over 75 person-centered planning and service definition training events that reached 1577 individuals. Over 70 person-centered planning trainers were trained or re-trained. Thirty-five events, most of which involved more than one day, related to enhanced administrative practices were provided for approximately 2600 people. Other training related to provider endorsement, Medicaid enrollment, medical necessity and service planning and authorization were coordinated with partner agencies including those responsible for Medicaid, Health Choice (SCHIP) and the Medicaid approved single statewide vendor.

Mental Health Community Program Level Vignette

Through combined community MHBG funding and Governor's Crime Commission funding, a local partnership among the community law enforcement offices and community mental health partners formed as a best practice to facilitate jail diversion for adults with mental illness and develop Community Crisis Intervention Teams (CIT) in Wake and surrounding counties. Funds were used to access national training from other states for local teams. As a result, a NC specific training was developed and implemented in the local community college system as a certificate program. In the fall of 2005, the first CIT class graduated. As of September 2006, 8 CIT classes have been held, with more than 200 officers now CIT certified. Nine counties have officers trained and offer training programs. Four counties have developed CIT programs with four more in process. Diversion efforts continue to effectively prevent/reduce jail time and provide community based treatment alternatives to those with serious mental illness. This is a sustainable working public and private partnership that can be implemented statewide. This practice promotes access to appropriate and timely mental health treatment services for adults, both for those in transition or older, while reducing costs of care in other systems.

Individual Consumer Level Vignette

A young woman who transitioned from children/youth's services to adult services is graduating from college in December. She is completing her final stages of student teaching and has been chosen by her professors to be the student speaker at the graduation ceremony; this is quite an honor. From the age of 5, she was in and out of foster care homes, residential treatment group homes, psychiatric hospitals and therapeutic foster homes. She is diagnosed with Bipolar Disorder, Post Traumatic Stress Disorder and ADHD and takes several medications that have helped her remain stable, able to learn and excel in her education and now her soon to be vocation. Much of this would not be possible without help we received from other people who had similar illnesses. She credits help given her by her 'extended' foster families and the treatment she got from her mental health provider and her primary care physician who coordinated her health care needs in an integrated one-stop setting. I am very proud of my 'daughter'.

Individual Consumer Level Vignette

"Our son's life has been very good, and he is coming into his own. Things are better than I ever imagined it could be back when he was 10-12 and going through four hospitalizations. His mind was so sick then and we often didn't know how to help him. The treatment he received in our town, both medications and counseling therapies helped him make gradual progress through high school. We were connected with families with children with mental illness similar to what our son experienced.

He is now a junior at college in Nuclear Engineering, making straight A's, working as a teaching assistant, and has two scholarships. He has a beautiful and intelligent girlfriend who comes with him to visit us and we love her. He continues his amateur radio hobby, occasionally plays violin and viola, and sings in his church choir. He is very happy, and his future seems bright.

Our daughter is now a in home school, and is driving! She is active in Girl Scouts and 4-H. She plays handbells and sings in two choirs at church. Her fascination with dogs continues, and she plans to pursue a technical education in dog behaviorism after she graduates from high school. She has lots of friends, many from NAMI and many not from NAMI. She is on the phone a lot, and instant messages a lot. She participates in the NAMI Teen Support Group, and is a close friend of several others in the group. She self-advocates beautifully, and educates her non-NAMI friends about bipolar disorder and tells them about her treatment, just as if she were talking about diabetes or epilepsy. She encourages other teens to seek treatment if they seem depressed or hyperactive.

We are very proud of both our children. Our daughter's treatment continues to be tricky, and she still battles depression on a daily basis, especially during the winter. She has learned many ways to deal with it. She has taken over her own treatment; a parent only comes to her psychiatrist appointments to sit in the waiting room! Our son's illness seems to have remitted entirely. We wonder if the medications allowed his brain to heal or develop normally. He has not had to take medication for over three years now.

The NAMI Young Families program has helped us get through many crises, discouraging times, and periods of guilt and grief. None of this would have been possible without the support and involvement of other families and youth who have walked in our shoes and were there when we needed help".

Unmet Need for Persons with Mental Illness

- Implementation of evidenced based and promising practices, services and supports for both children/adolescents and their families and for adults to increase access and availability of effective quality services in all 100 counties.
- Provision of services to those who are homeless and underserved rural areas.
- Increased consumer and child/adolescent and family leadership and mechanism to sustain involvement at every level of system transformation.
- Increased access to peer support services for both children/adolescents and their families and for adults.

How North Carolina Would Use a Hypothetical 10% Increase in the MHBG:

Any increase in the MHBG will be used in three areas to address identified gaps and needs: 1) to expand the implementation of evidenced based and promising practices for both child/adolescent and adult populations, 2) to expand children's mental health services in schools and implement peer support services for children/adolescents and their families, and (3) to increase supported housing, transition and peer services to adult consumers. The state estimates that a 10% increase in the Block Grant would allow services to an additional 1,650 persons each year.

State Contact Information:

<http://www.ncdhs.gov/mhddsas/>

Bonnie Morell, NC Division of MHDDSAS, bonnie.morell@ncmail.net, 919-715-2774

2007 MENTAL HEALTH SERVICES BLOCK GRANT: NORTH DAKOTA PROFILE

The Division of Mental Health and Substance Abuse Services is a part of the Program and Policy component of the Department of Human Services. It works closely with other public agencies (such as the Department of Public Instruction, the Department of Health, and the Department of Corrections and Rehabilitation), as well as a myriad of private and not-for-profit human service agencies to ensure quality and effective mental health services are provided throughout the state.

State Mental Health Block Grant allocation (FY'2007)	\$ 796,147
State Population (2006)	636,677
Number of adults living in state	500,159
Number of children (under age 18) living in state	136,518
Number of Persons served by the public mental health system in FY 2006	14,671 (2.3% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	8,501
Number of adults with serious mental illness served.....	6,963
Number of children with serious emotional disturbance served.....	1,538
Estimated Number adults with serious mental illness and children with serious emotional disturbance	33,866
Number of Adults with serious mental illness living in state (5.4% of the state population)	26,664
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	7,202
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 45,884,199
State MH Spending for Community Mental Health Services (54.0% of total SMHA Revenues).....	\$ 24,785,710
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 11,005,507
Per Capita State MH Spending (expenditures per resident of state)	\$ 73.15

How North Dakota Uses the Mental Health Services Block Grant

MHBG Expenditures were allocated into the block grant function categories as: Carrying out the Plan, Planning and Administration, and Evaluation. Specific expenditure activities are detailed below.

- **HSC-Partnerships:** Continued delivery of the Partnerships Program in all eight regional human service centers. The human service centers were the recipients of those funds.
- **Parent-to-Parent Support:** Continued support of program matching experienced parents of children with SED to those parents with newly diagnosed children. The Federation of Families was awarded the contract.
- **Out-of-Home Voluntary Treatment Program for Youth with Severe Emotional Disturbances:** Continued support of program giving parents the option to access out-of-home treatment for their children without relinquishing legal custody. The Department of Human Services distributes these funds to meet the mental health and treatment needs of children with SED.
- **Consumer Network:** Continued support of program that encourages advocacy and education by consumers to other consumers. The Mental Health Association in North Dakota was awarded the contract.
- **Aging Mental Health Services:** Phase Two of project to implement statewide education concerning mental health and the aging process is targeted to the natural caregiver. North Dakota State University was awarded the contract.
- **Employment Services:** Continued enhancements of job placement and job coaching services for individuals diagnosed with a serious mental illness to assist them with obtaining and maintaining employment. Recipients of the funds are the regional human service centers.
- **Dual Diagnosis Training:** Continued support of the annual Dual Diagnosis workshop. The Dual Diagnosis Education Consortium receives these funds.

- Clinical Forum on Mental Health Conference: Continued execution of the annual conference for providers focusing on evidence-based practices, recovery, and other mental health topics. The University of North Dakota's Conference Services was awarded the contract.
- Evidence-Based Practices Training: Continued training on evidence-based practices in mental health. The Division distributes these funds to pay for materials and training concerning EBP's.

North Dakota Vignette on Uses of the MHBG:

Evidence-Based Practice, Mental Health Recovery, And Transformation Conference: The Third Annual Clinical Forum on Mental Health: Turning Knowledge Into Practice Conference was held May 15-17, 2007. Over 300 clinicians, consumers, and other stakeholders attended the event, which focused on evidence-based practices, mental health recovery, and mental health transformation. The conference was broken into five tracks: Clinical, Children, Aging, Case Management, and Consumer. National speakers included Aldo Pucci, Dr. Lisa Boesky, Dr. Vicki Schmall, and Matthew Mathai while topics included cognitive behavioral therapy, peer support, management of compulsive hoarding behavior, and mental health recovery.

Unmet Need for Persons with Mental Illness

Adults:

- There are limited resources for completion of assessments. Because of the challenges recruiting and retaining clinical staff, workloads at the regional human service centers have increased resulting in delays in receiving an assessment. There are limited employment opportunities for consumers. Access to psychological and psychiatric services in a timely manner can be challenging in some areas of the state.

Children:

- Need more funding, training, and staff to meet the needs of children and adolescents with mental health, substance abuse, or sexual abuse treatment needs. Voluntary placements are lacking, parents have to relinquish custody of children to obtain treatment. Other areas include: access to community based treatment and psychiatric/psychological services; a single point of entry into services; and treatment centers for children/youth with sexual offending behaviors.

How North Dakota Would Use a Hypothetical 10% Increase in the MHBG:

The transition from adolescence to adulthood can be a difficult time for some. In order to ensure that a full array of appropriate services are available during this critical time of transition, the Division will be working with consumers and family members, providers, advocates, and other stakeholders to identify gaps and develop and implement solutions to address this issue. The Adult and Children's Mental Health Administrators conducted statewide on-site meetings at all regional human services centers this past year to gather feedback and solutions to meet the needs of transitioning youth. A statewide interactive video meeting will be held on September 17, 2007 to discuss youth transitioning from children's to adult MH services and also those youth aging out of foster care. Participants will include county regional representatives, Division of Juvenile Services, Independent Living Coordinators, tribal entities, county child welfare, and program administrators from the Division of Mental Health and Substance Abuse Services.

A ten percent increase – approximately \$79,000 – would be used to establish a transition program and services for transition-aged youth.

State Contact Information:

North Dakota Department of Human Services
 Division of Mental Health and Substance Abuse Services
 1237 West Divide Avenue, Suite 1C * Bismarck, ND 58501
 Phone: (701) 328-8920 Fax: (701) 328-8969 Email: dhsmhsas@nd.gov
<http://www.nd.gov/dhs/services/mentalhealth/>
 JoAnne Hoesel, Division Director

2007 MENTAL HEALTH SERVICES BLOCK GRANT: OHIO PROFILE

The Ohio Department of Mental Health (ODMH) contracts with 50 county and multi-county mental health boards which plan, develop, fund, manage, and evaluate mental health services. Of these boards, 45 also administer substance abuse services. Five board areas have separate boards for drug and alcohol services which contract separately with the Ohio Department of Alcohol Services. The boards are supported by federal, state and local funds and are responsible for ensuring that alcohol, drug addiction and/or mental health services are available to those who need them.

State Mental Health Block Grant allocation (FY 2007)	\$ 14,278,769
State Population (2006)	11,464,042
Number of adults living in state	8,704,930
Number of children (under age 18) living in state	2,759,112
Number of persons served by the public mental health system in FY 2006	303,103 (2.6% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	
Number of adults with serious mental illness served.....	88,767*
Number of children with serious emotional disturbance served.....	61,136*
*Ohio definition which is more restrictive than federal definition is used.	
Estimated number of adults with serious mental illness and children with serious emotional disturbance	628,365
Number of adults with serious mental illness living in state (5.4% of the state population)	469,657
Number of children with serious emotional disturbance living in state (7-11% of the state population).....	158,708
Estimated number of persons served by Mental Health Block Grant funds in 2006	NA
Funding information for 2005	
Total State Mental Health Agency Controlled Revenues (2005)	\$ 803,499,170
State MH Spending for Community Mental Health Services (71.1% of total SMHA Revenues).....	\$ 571,961,558
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 329,016,167
Per Capita State Mental Health spending (expenditures per resident of state)	\$ 66.17

How Ohio Uses the Mental Health Services Block Grant (MHBG):

- MHBG funds are disbursed by ODMH to 50 county boards to fund certified mental health services. The boards plan, evaluate, monitor and fund community mental health services in Ohio with General Revenue Funds, Medicaid, county tax levies, and multiple additional sources including MHBG funds. Additionally, MHBG funds are distributed to statewide consumer and family-operated organizations that provide peer and family education and support, and to other statewide organizations that promote practices to improve the quality of mental health services to Ohio consumers.
- Ohio's MHBG funded priorities for FFY 2006 included: (1) direct services for consumers, (2) statewide consumer and family-operated advocacy organizations, (3) improvement of statewide processes, (4) promotion of evidence-based practices (EBPs) through Coordinating Centers of Excellence, (5) support of promising practices through Networks, (6) prevention services, and (7) supported employment.

Ohio Vignettes on Uses of the MHBG:

The *Center for Innovative Practices (CIP)* Coordinating Center for Excellence received MHBG funding to identify and promote the use of specific EBPs for youth and their families (e.g., Multi-Systemic Therapy) and to increase public awareness of and access to EBPs. They also assist communities with adopting and sustaining EBPs through consultation, training, and supervision to increase the quality of mental health services for consumers.

Ohio Advocates for Mental Health, a statewide consumer-operated organization, uses MHBG funds to offer technical assistance to more than 70 local consumer-operated organizations which provide support and education to persons with mental illness. This organization implements a wide range of peer education packages to facilitate the development of wellness management skills of persons with mental illness, and collaborates with the Supported Employment Coordinating Center for Excellence to increase employment opportunities for persons with mental illness.

National Alliance on Mental Illness (NAMI)-Ohio, a statewide family organization with more than 60 local chapters, expends MHBG funding to provide education on mental illness for family members of children and adults with mental illness. Through the MHBG funded Housing Leadership Institute, NAMI-Ohio collaborates with housing developers, government agencies and providers to expand housing available to persons with mental illness. NAMI-Ohio also administers MHBG funds for Multi-ethnic Advocacy for Cultural Competence and the Consumer Quality Review Team, a consumer satisfaction survey. Additionally, NAMI-Ohio offers annual training and education for teachers and families on non-academic barriers to learning.

Unmet Need for Persons with Mental Illness

- Twenty of the 50 boards indicated that wait time was a significant barrier for adults receiving outpatient services. Availability of adult crisis care services is problematic, including after-hours care, emergency services and alternatives to brief in-patient care. Lack of sufficient inpatient beds; increased demand for local and state hospital beds; lack of consumer housing; and challenges in providing treatment for persons with dual-disorders of substance abuse and mental illness are also unmet needs in some communities.
- For children and youth in 2006, there has been a four percentage point decrease in the number of boards without after-hours psychiatric coverage as compared to 2004. Thirty-four boards reported that when available, crisis beds and services are often located hours away from the child's natural home setting. Sixteen boards reported the availability of intensive psychiatric services; of the 11 boards reporting wait times, five indicated a wait time of greater than 11 working days for service. Forty boards said they provide case management to children and youth consumers; this is a 12 percentage point decrease in system-wide capacity since 2004, when 46 boards reported availability of this service at the general outpatient level of care. School-based services are located in about 35% of all school buildings in the state. The amount of local levy dollars available is a significant predictor of the number of EBPs adopted in a board area.

How Ohio Would Use a Hypothetical 10% Increase in the MHBG:

- Ohio would allocate the funds to meet community needs for clinical and peer support services/consumer operated services.

State Contact Information:

Web Page: <http://www.mh.state.oh.us/cmtypolicy/blockgrant/blockgrant.html>

State Block Grant Planner: Liz Gitter, GitterL@mh.state.oh.us 614-466-9963

Chief, Office of Community Policy: Mary Jane Frank, FrankMJ@mh.state.oh.us 614-644-3758

2007 MENTAL HEALTH SERVICES BLOCK GRANT: OKLAHOMA PROFILE

ODMHSAS: A publicly supported community mental health center is located within each of 17 mental health service areas in Oklahoma. Most have satellite offices or other specialized programs within their service areas. These centres provide emergency intervention, assessment, counselling, psychosocial rehabilitation, case management, and community support services designed to assist adult mental health clients in living as independently as possible and to provide therapeutic services for children who are demonstrating symptoms of emotional disturbance.

For clients who need inpatient treatment, the Department operates a psychiatric hospital for adults and a facility for children under the age of 18 years. Funding is also provided to support inpatient services through a network of community based hospitals. There is also a specialty centre devoted to forensic services. Additionally, the Department provides funding for social and recreational services for individuals with mental illness who live in residential care facilities, as well as support for certain other community-based services such as assistance for people who are homeless and have a mental illness.

State Mental Health Block Grant allocation (FY'2007)	\$ 4,621,614
State Population (2006)	3,547,884
Number of adults living in state	2,694,548
Number of children (under age 18) living in state	853,336
Number of Persons served by the public mental health system in FY 2006	42,484 (1.2% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	34,284
Number of adults with serious mental illness served.....	31,457
Number of children with serious emotional disturbance served.....	2,827
Estimated Number adults with serious mental illness and children with serious emotional disturbance	195,537
Number of Adults with serious mental illness living in state (5.4% of the state population)	144,282
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	51,255
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 139,200,000
State MH Spending for Community Mental Health Services (63.5% of total SMHA Revenues).....	\$ 88,400,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 14,000,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 39.92

How Oklahoma Uses the Mental Health Services Block Grant

Oklahoma utilizes the MHBG to support systems change and provides services to adults with serious mental illness and children with serious emotional disturbance and their families. Systems change activities include infrastructure support to statewide advocacy organizations, funding for pilot initiatives, systems evaluations (perception of care surveys) and technical assistance to providers and other stakeholders.

Oklahoma Vignettes on Uses of the MHBG:

MH Program Level Example

Oklahoma utilizes MHBG funding to support an array of housing support programs under the auspices of the Mental Health Association in Tulsa (MHAT). For several years, the MHAT has aggressively developed a variety of supported housing service sites. In 2005-2006 MHAT successfully completed a \$5 million fund drive for additional capitol to purchase additional sites. Most sites are located in integrated residential settings. MHAT is an active leader in the community's campaign to end homelessness. MHAT funds support the buildings and operations. MHBG funds are used to purchase supported housing services from MHAT and provide additional flexible funding supports for adults with mental illness.

State/Systems Level Example

ODMHSAS utilizes MHBG funding to support a fulltime member on the Department's Community Based Services team to provide program planning, technical assistance, coaching, and fidelity monitoring for best practice employment models. This position was created to provide leadership and more active partnership with the Department of Rehabilitation Services and an interagency collaborative to implement the SAMHSA Supported Employment Toolkit. This position continues to impact a systemic shift toward use of best practices in psychosocial rehabilitation programs and in increasing provider participation in vocational rehabilitation services for adults with serious mental illness. This staff position is also available to consult with the children's staff to support providers in a transitional age employment pilot program.

Unmet Need for Persons with Mental Illness

- Recent increases in state funding to ODMHSAS were driven, in part, by the need to increase the numbers of people receiving services. In 2006, each CMHC submitted a plan to ODMHSAS by which the increased funding was to be used to serve more people. As a result, CMHCs served an increase in 15% more people.
- Availability of Evidence-Based Practices: ODMHSAS continues to identify resources, provide consultation and training, and develop policies to support the expansion of evidence-based practices. The state will use funding from the CMS Real Choice Systems Change Grant to develop Oklahoma's capacity to provide Illness Management and Recovery (IMR) and Family Psychoeducation (FPE) during FY2006. Also, staff will be hired and an implementation plan approved to re-introduce Supported Employment as a collaborative initiative between the Department of Rehabilitation Services and ODMHSAS. PACT continues to expand in the state. By January 2006, fourteen full-fidelity teams will be in operation in the state. Integrated Treatment for Dual Disorders (IDDT) is provided at selected sites as a component of the Co-SIG.
- Evidenced-based services for children are also expanding. As referenced in the Areas Needing Attention section of this Application and Update, the following services are being initiated in the state in collaboration with academic and research partners: Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, and Brief Strategic Family Therapy.

How Oklahoma Would Use a Hypothetical 10% Increase in the MHBG:

Based on current funding, 10% would equate to approximately \$460,000 in Oklahoma's MHBG award. \$460,000. The state would expect to utilize additional funding to further develop innovative programs which support recovery and consumer choice. Possible use of the funding would to support additional staff dispatched to regional locations, to develop additional community based housing options and to fund individual consumer's access to housing options. Approximately \$250,000 of the funding would be utilized for this. The remainder would be used to pilot consumer operated services and to provide additional technical support and training statewide in recovery and best practice models. All projects would have a statewide systemic impact. Approximately 40,000 service recipients and their families would benefit from the new projects funded.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: OREGON PROFILE

The Oregon Office of Mental Health and Addiction Services is located within the Department of Human Services (DHS). DHS is made up of the following program areas: Children, Adults and Families; Seniors and People with Disabilities; OMHAS, the Office of Medical Assistance Programs (State Medicaid Agency) and public health related offices. State general funds for nonresidential services are allocated to counties using a "block grant" approach. OMHAS currently contracts with 31 counties or consortium of counties, one community mental health program and one tribe. Capitated mental health services for persons who are Medicaid-eligible are administered through contracts between OMHAS and Managed Care Organizations. All other non-capitated services are administered through contracts to the counties and direct contracts to service providers for community hospitals for acute psychiatric care and a small number of residential programs.

State Mental Health Block Grant allocation (FY'2007)	\$ 4,840,838
State Population (2006)	3,641,056
Number of adults living in state	2,791,112
Number of children (under age 18) living in state	849,944
Number of Persons served by the public mental health system in FY 2006	109,311 (3. % of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	83,463
Number of adults with serious mental illness served.....	55,847
Number of children with serious emotional disturbance served.....	27,616
Estimated Number adults with serious mental illness and children with serious emotional disturbance	199,065
Number of Adults with serious mental illness living in state (5.4% of the state population).....	150,625
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	48,440
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 218,411,658
State MH Spending for Community Mental Health Services (54.2% of total SMHA Revenues).....	\$ 118,421,087
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 97,510,908
Per Capita State MH Spending (expenditures per resident of state)	\$ 61.39

How Oregon Uses the Mental Health Services Block Grant

- The Oregon Health Plan includes an expanded mental health benefit that covers all Oregon Health Plan eligibles. As of July 1st 2006, 79% of persons who are Medicaid-eligible received their Medicaid mental health benefit through an at-risk managed care Mental Health Organization (MHO).
- Unfortunately, not all individuals requiring public mental health services meet Medicaid eligibility criteria. Mental health services continue to be made available to persons ineligible for the Oregon Health Plan according to risk criteria defined in state law. State general funds, various federal grants (including the Mental Health Block Grant), local funds, and private insurance payments provide additional sources of revenue for Community Mental Health Programs to serve people who have mental health needs, but are not eligible for Medicaid or other third party payments.
- In the past eight years Oregon has used increases in the Mental Health Block Grant to fund projects that deliver services transforming the mental health system. Projects have included supportive employment/education, transitional age youth services and jail bridge services.

Oregon Vignette on Uses of the MHBG

Supported Employment for Adults

Mental Health Block Grant Funds were the primary resource for implementation of supported employment services for adults. Block grant funding was used to implement supported employment services that have reached high fidelity with excellent results. Of the persons served in these programs 50 percent achieved competitive employment. In high fidelity counties with supported employment services the overall employment rate for persons with a serious mental illness residing in the counties is 25 percent compared to a statewide rate of 20 percent. The block grant funds provided funding for the services while Oregon was able to secure grants to provide technical assistance to implement the services. Currently Oregon has partnered with the Oregon Office of Rehabilitation Services to blend funding for a center of excellence and expansion of services.

Unmet Need for Persons with Mental Illness

- The senior population is too often served by multiple systems that do not work collaboratively to meet the varied and specialized needs of these individuals. The lack of affordable housing and community residential settings for people with severe and persistent mental illness continues to present a serious challenge in Oregon and results in too many individuals becoming homeless or incarcerated. The 4,457 consumers enrolling in services homeless in 2004 is about double the number enrolling homeless in 1998. There continues to be a gap in services for the transitional aged youth (16-25) with emotional difficulties.

How Oregon Would Use a Hypothetical 10% Increase in the MHBG:

- Oregon would use additional block grant dollars to fund transformation projects. These projects would deliver services and programs that are evident in a transformed mental health system. If a 10 percent increase in funding were to be sustained over multiple years, transformation projects would have a greater opportunity to be solidified and other funding to sustain the services could be secured. Projects would be determined in consultation with the Planning and Management Advisory Council and could include establishment of a gero-psychiatric specialist training and certification program, transition age youth projects, development of a mental health and wellness program to impact the pre-mature mortality rate and expansion of peer and family delivered services. Oregon estimates that approximately 750 additional persons could be served

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: PENNSYLVANIA PROFILE

Office of Mental Health and Substance Abuse Services (OMHSAS) in the Department of Public Welfare has primary responsibility for the planning, policy, program development, and financial oversight of the behavioral health service system in the Commonwealth, which includes mental health treatment services and supports, as well as designated substance abuse services. The primary objective of these services is to support individual movement toward recovery. OMHSAS administers community mental health funds, Behavioral Health Services Initiative (BHSI) funds for both mental health and substance abuse services for individuals no longer eligible for Medical Assistance, and Act 152 funds to provide non-hospital residential substance abuse services. In addition, OMHSAS manages, through county or direct contracts, the HealthChoices Medicaid Behavioral Health Managed Care program and is responsible for behavioral health services delivered through Medical Assistance Fee-For-Service. Direct mental health treatment services are also provided through eight State-operated hospitals and one restoration (long-term care) center. Finally, OMHSAS oversees the delivery of community mental health services, administered by counties under the Pennsylvania Mental Health and Mental Retardation (MH/MR) Act of 1966 and the Mental Health Procedures Act (MHPA) of 1976.

State Mental Health Block Grant allocation (FY'2007)	\$ 15,242,122
State Population (2006)	12,429,616
Number of adults living in state	9,612,877
Number of children (under age 18) living in state	2,816,739
Number of Persons served by the public mental health system in FY 2006	213,769 (1.7% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	113,123
Number of adults with serious mental illness served.....	70,570
Number of children with serious emotional disturbance served.....	42,553
Estimated Number adults with serious mental illness and children with serious emotional disturbance	685,329
Number of Adults with serious mental illness living in state (5.4% of the state population)	518,877
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	166,452
Estimated Number of Persons Served by Mental Health Block Grant Funds in SFY 2006 (07/01/05 to 06/30/06)	42,362
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$2,449,602,115
State MH Spending for Community Mental Health Services (79.1% of total SMHA Revenues).....	\$1,938,293,757
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 718,872,753
Per Capita State MH Spending (expenditures per resident of state)	\$187.08

How Pennsylvania Uses the Mental Health Services Block Grant

- Pennsylvania's FY 2006 Community Mental Health Services Block Grant funds were allocated by OMHSAS almost in their entirety to County Mental Health Programs. Each county expended the funds for services and supports to adults and older adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED), as identified within their respective County Mental Health Plan. As a result, most OMHSAS allocations to counties are non categorical, allowing counties the flexibility to use the funds to meet presenting or emerging local needs, as targeted by the county and stakeholders in the annual planning process. Block grant funds may be spent in any service center except Psychiatric Inpatient services. The eighteen allowable service areas are as follows:
 - Community Services
 - Crisis Intervention Services
 - Adult Developmental Training
 - Community Employment Services
 - Facility-Based Vocational Rehabilitation
 - Social Rehabilitation Services
 - Family Support Services
 - Community Residential Services
 - Children's Psychosocial Rehabilitation Services
 - Community Treatment Team
 - Intensive Case Management
 - Outpatient Mental Health
 - Day Treatment (Partial Hospitalization)
 - Family-Based Mental Health
 - Resource Coordination - Administrative Management
 - Emergency Services - Housing Support Services

- OMHSAS spent just \$169,000 in FY 2006 mental health block grant funds on administrative purposes. Conversely, it allocated almost \$3.5 million to develop or expand model programs for: outreach to the elderly, co-occurring disorders, forensic services, transition age youth, cultural competence and other special projects. These projects have since transitioned from state mental health block grant funding to self-sustaining support provided through: county funding, grants development, and third party resources. Some of the block grant funding expended by OMHSAS in FY 2006 to support these pilot programs for adults with SMI and children with SED has been reallocated to counties based on pre-defined quality, administrative and recovery-oriented performance measures.

Pennsylvania Vignettes on Uses of the MHBG:

Early Warning Project: The Early Warning Care Monitoring Report is a project co-funded and sponsored by the Substance Abuse Mental Health Services Agency (SAMHSA) and the Centers for Medicare and Medicaid (CMS) in cooperation with the Commonwealth of Pennsylvania, Office of Mental Health and Substance Abuse (OMHSAS). It was designed to test a limited set of indicators that would give OMHSAS an “early warning” of implementation problems with Medicaid managed care for behavioral health services and of operational programs which were not achieving their objectives. Quarterly Early Warning reports served as a major communication vehicle for the behavioral health managed care program in Pennsylvania and as a resource to identify state and local quality improvement efforts. Quality management initiatives from county contractors and the behavioral health managed care organizations, conducted in response to Early Warning findings, were included in the reports. In addition, feedback from all stakeholder groups was incorporated. Early Warning reports shared information to stakeholders about indicators, quality improvement efforts and stakeholder feedback.

Forensic Project, Cumberland/Perry County MH/MR: The funding provided to this project supports mental health assessment and services to divert admission/shorten stay in the Cumberland County Prison for adults with serious mental illness. A forensic case manager works with the consumers on diversion as well as release options. The Mental Health Crisis Department and the police have established protocols and outreach guidelines for joint responses.

Unmet Need for Persons with Mental Illness

Pennsylvania’s FY 2006 Community Mental Health Services Block Grant application prioritized seven (7) key service areas as needing enhancement or improvement, as identified by the 48 separate County Mental Health Programs:

1. Residential Services (listed by 33 county programs)
2. Outpatient Medication/Psychiatric Services (listed by 32 county programs)
3. Housing/Housing supports (listed by 30 county programs)
4. Psychiatric Rehabilitation (listed by 21 county programs)
5. Intensive Case Management (listed by 18 county programs)
6. Transition from Youth to Adult (listed by 8 county programs)
7. Social Services (listed by 7 county programs)

How Pennsylvania Would Use a Hypothetical 10% Increase in the MHBG:

The state, based on the current priorities, may decide to utilize the increase in funds in two areas, Housing, and Peer Support Services:

Housing: OMHSAS Housing Plan approved in November 2006 has set a goal to ensure that all Pennsylvanians with serious mental illness and co-occurring disorders have access to a range of decent, safe, affordable housing options and recovery-oriented services. OMHSAS has set a goal of assisting 5,000 individuals with serious mental illness and co-occurring disorders to obtain supportive housing within 5 years. OMHSAS recognizes that stable housing is an essential component of recovery and that quality housing and supports are cost effective alternatives to homelessness, incarceration or any other undesirable situation. OMHSAS will establish development strategies and partnerships that leverage public and private dollars to achieve our goal.

Peer Support Services: Pennsylvania’s State Medicaid Plan Amendment, that included Peer Specialist as a MA reimbursable service, was recently approved by CMS. In July 2007, OMHSAS organized technical assistance forums as part of the roll out of this service. An increase in block grant funding could be used to increase the extent and scope of technical assistance to counties and providers, and also on training/certification of peer specialists.

At this point, we are not in a position to estimate the number of additional individuals that could be served with a 10% increase in block grant funding.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: PUERTO RICO PROFILE

MHAASA operates the following facilities and services for adult SMI: two Psychosocial Centers one CMHC in San Patricio, San Juan, an outpatient clinic in Vieques, a Residential Care Program, a SMI Homeless Program, and the three psychiatric (one general and two Forensic) hospitals. Mental Health public sector operates services for children and adolescents as follows: two child and adolescent clinics in San Juan, one in the Medical Center in a collaborative agreement with the Department of Psychiatry of the University of Puerto Rico, School of Medicine. Children and adolescents with substance abuse and mental health disorders are seen in four clinics in fourth additional municipalities: Moca, Arecibo, Caguas, and Ponce.

State Mental Health Block Grant allocation (FY'2007)	\$ 5,291,580
Estimation for 2006, based on 2000 census data	3,927,776
State Population (2006)	3,927,776
Number of adults living in state.....	2,909,125
Number of children (under age 18) living in state.....	1,018,651
Number of Persons served by the public mental health system in FY 2006	14,023 (.4% of State Population)
Adults: 8,267	
Children: 5,756	
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	8,260
Number of adults with serious mental illness served.....	5,371
Number of children with serious emotional disturbance served.....	2,889
Estimated Number adults with serious mental illness and children with serious emotional disturbance	
Number of Adults with serious mental illness living in state (8.3% of the adult state population).....	241,457¹
Number of Children with serious emotional disturbance living in state (7% of the children state population).....	75,716²
Estimated Number of Persons Serve by Mental Health Block Grant Funds in 2006	N/A
Funding information for 2005	
Total State Mental Health Agency Controlled Expenditures (2005).....	\$ 86,344,124³
State MH Spending for Community Mental Health Services (!Unexpected End of Formula of total SMHA Expenditures)	\$52,908,031⁴
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$.0
Per Capita State MH Spending (expenditures per resident of state)	\$.0

How Puerto Rico Uses the Mental Health Services Block Grant

The appropriation of Mental Health Block Grant funds (BGF) for FY 06 was of \$5,287,880. The BGF were for transformation activities, recovery, rehabilitation and community programs for adults severely mentally ill (ASMI), children severely emotionally disturbed (SED). BGF were be used to develop services to ASMI and SED in the west and northwest areas, in the northeast and northern areas. BGF funds were allocated to San Patricio CMHC in San Juan pilot project and for ambulatory services for SED children and adolescents.

Unmet Need for Persons with Mental Illness

Adults: According to special analyses carried out by Dr. Ron Kessler, 8.3% of the adult population of Puerto Rico 18 to 64 years of age met criteria for a severe mental illness. If we apply this percentage to the 2006 population estimates for the adult population of Puerto Rico we should expect 241, 457 adults with SMI. This percentage compares with an average 5.4% of the adult population of the Continental United States. These CMHS estimations were done with population surveys carried out in the United States that did not include Puerto Rico. However, the data was post stratified using the 1990 Puerto Rico Census data and in this sense it could be used to derive estimates of need for mental health services in Puerto Rico.

In FY 2006 the public mental health system and the two MBHO's attended a total of 120,044 adults with mental illness. During said fiscal year the public mental health system served 5,371 adults with SMI. There has been an increase of adults seeking for specialty mental health services in the past decade that not necessarily has been serviced by the MBHOs of the different regions of the Island.

¹ Numbers estimated based on Alegría, M., Kessler, R. Bijl, R. et al (2000). Comparing data on mental health services use between countries. In Andrews & Henderson (Eds). Unmet Need in Psychiatry. Cambridge University Press, pp. 97-119.

² Numbers estimated based on Canino, G., Shrout, P., Rubio-Stipec, M. et al (2004). The DSM-IV Rates of Child and Adolescent Disorders in Puerto Rico. Arch Gen Psychiatry; 61:85-93.

³ Data submitted by MHAASA Finance Office.

⁴ Data submitted by MHAASA Finance Office.

Children: These are, according to our consideration, the principal areas of need within the system: the need to improve access to specialized interdisciplinary mental health teams in various regions of the island served by the MBHOs; development of more intensive ambulatory services units for SED children and adolescent; development of therapeutic foster homes or other similar alternatives to help SED children and adolescents under the Family Department custody to stay, study, play and live fully in their communities; establishment of better planning and coordination efforts with the Family Department (FD), Department of Housing (DH) and the Department of Education (DE); implementation of more Evidence Based Practices (EBPs); development of a better evaluation process of the health reform and other mental health private providers; and promotion of more community involvement in the mental health delivery system.

Puerto Rico Vignettes on uses of the MHBG:

Individual Client Level Example

Adult Vignette

A 31 year old man was admitted involuntarily to the State Forensic Psychiatric Hospital had been charged with robbery but acquitted for mental insanity. His parents are elderly people over 85 years old. They regularly visit and give support to him. He was at the Forensic Hospital for seven straight years. He was accepted at the Psychosocial Center on January 2007. Then he was transferred to a transitional home. He participated in the following programs: employment, daily living activities, money handling, public transportation, etc. He was evaluated and accepted by Vocational Rehabilitation for training as plumber assistant. He was evaluated and accepted for independent living at Casa Rosa, San Juan. At the same time he was referred to the Family Department for Food Stamps and economic assistance, to the joined narcotic anonymous for 2 weekly meetings. He was referred for 6 months follow up by the primary coordinator and follow up by a peer who tutored him and coordinated community services.

How Puerto Rico Would Use a Hypothetical 10% increase in the MHBG:

Children Proposal

The additional 10 percent in the budget would be use in widening the services provided by our 9 centers for Children and Adolescents population. This will reflect an increase of 30% of the population already served on children and adolescents. These services will be exclusively for children and adolescents with severe emotionally disturbances (SED) and reveal a C-GAS below 40. The treatment will be provided with evidence practices, such as Cognitive Therapy Approach, Mentoring, Therapeutic Foster Care and Home Based Treatment among others that has shown reliable results of effectiveness with the target population. The team will provide continuum care, home based services, school consulting and individual, family and group therapy. The service will be delivered focusing on the family needs and the model that will guide the intervention will be family driven. The participation of the primary caregiver provider and the participant and his or her family in the treatment plan will be required as part of their commitment to the service. The staff will be flexible in the type of service based on the family's priorities, needs and expectancies of the treatment. The Area of Children and Adolescents will implement PRMHIC's model treatment and delivery of service. This project has shown significant results so that when all agencies collaborate to provide the services, identified by the participant and his or her family, the prognosis of treatment and their satisfaction with the services are evident.

Adult Proposal

MHAASA has the goal to start a project in which clinics can start offering health care services in an integrated way. In 2005 the Governor of P.R. created a coalition to assess the best health care models in the market. After analyzing all their findings they recommended the integration of mental and physical health in the health care settings of the Island. This is congruent with the recommendation of the General Surgeon of U.S in his report in 2001 and The President's New Freedom Commission on Mental Health in its final report in July 2003.

With the necessarily funds, the agency will start a pilot project in a rural community in which the access of mental health is limited. We are going to identify a clinic in which the service of physical health is already offered and then we will incorporate the mental health component in an integrated way. The professionals will receive training on how to collaborate between then, developing a system in which the physician will be able to identify psychosocial aspect that can contribute to the exacerbation of the possible conditions. Then, they will contact the mental health professional to refer the patient and to develop an integrated treatment plan to cover every need, including the physical and emotional areas. This initiative will be targeting the ASMI and SED population. The purpose is to identify this underserved population and made referrals to the appropriate level of care.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: RHODE ISLAND PROFILE

The Rhode Island Department of Mental Health, Retardation & Hospitals (MHRH) serves hospital patients with chronic, long-term debilitating diseases and medical conditions who generally are uninsured or underinsured; persons with serious and persistent mental illness, emotional difficulty and psychological disorders; people with developmental disabilities that are attributable to a cognitive or physical impairment, or a combination of cognitive and physical impairments; and persons with a problem of substance abuse that is chronic, progressive and relapsing and results in physical and psychological dependence on chemical substances. The Rhode Island Department of Children, Youth and Families (DCYF) plans, develops, and evaluates a comprehensive and integrated statewide program of services designed to ensure the opportunity for children.

State Mental Health Block Grant allocation (FY'2007)	\$ 1,575,794
State Population (2006)	1,076,189
Number of adults living in state	830,835
Number of children (under age 18) living in state	245,354
Number of Persons served by the public mental health system in FY 2006	25,906 (2.4% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	15,867
Number of adults with serious mental illness served.....	12,482
Number of children with serious emotional disturbance served.....	3,385
Estimated Number adults with serious mental illness and children with serious emotional disturbance	60,338
Number of Adults with serious mental illness living in state (5.4% of the state population).....	44,727
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	15,611
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	N/A
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 100,149,301
State MH Spending for Community Mental Health Services (74.2% of total SMHA Revenues).....	\$ 74,299,371
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 83,032,935
Per Capita State MH Spending (expenditures per resident of state)	\$ 93.27

How Rhode Island Uses the Mental Health Services Block Grant

- Block Grant funds are distributed to each of the state's catchment areas.

Rhode Island Vignettes on Uses of the MHBG:

1. State/Systems Level Example Best Practice Training & Education

While the State does not use its Block Grant dollars to fund provider training, the State of Rhode Island provides funding to the Rhode Island Council of Community Mental Health Organizations to provide training to direct service staff at the State-funded Community Mental Health Organizations (CMHO). In addition the State provides guidance on various aspects of treatment through contractual language and regular monitoring of these CMHOs. Periodically the state has developed more detailed guidance or training materials. For example, RI is promoting recovery-oriented individualized treatment planning and developed a PowerPoint presentation on what that should look like. Several CMHOs have taken advantage of this guidance.

A statewide program to train and certify community support professionals (case managers) has been in operation since 1987. As of FY 2005, it has certified 1182 community support professionals, and trained 1750.

Also the state funds training for certification in supported employment. This is a 10 week curriculum that has been approved by Salve Regina University as a 3 credit supplement Master's Level Course in their Rehabilitation counseling program. From FY 1999 to present, 102 direct service staff has participated in training offered through this project. By the end of FY 2006, 47 staff persons were awarded the status of Certified Supported Employment Professional. Twelve direct care providers were certified during FY=06.

Finally, the state serves as a clearinghouse of data information for both providers and consumers to help them make decisions on what programs they should advance or advocate for and what changes they would like to see in the system. For more detailed information regarding the State's Activities related to Criterion 5, refer to "State's Strengths and Weaknesses Related to Criterion 5."

2. MH Program Level Example

With the exception of individuals with severe and persistent mental illness ("CSP" clients) who are already in the public system, the locus of responsibility for managing client care not funded by State Medicaid dollars throughout the mental health and substance abuse treatment system was somewhat unclear. This lack of clearly defined responsibility resulted in repeated and unnecessary use of inpatient and medical detoxification services, delays in admission, and significant additional stress on community Emergency Rooms and Law Enforcement. Block grant funds contribute to the funding of acute psychiatric hospitalization for uninsured and underinsured clients.

DBH believed that consolidating inpatient psychiatric and medical detoxification services for uninsured and indigent clients would provide significant benefits to consumers of mental health and substance abuse care. Through consolidation, consumers are expected to: (1) gain quicker access to integrated screening and assessment services through the implementation of standard screening, assessment, and intake protocols for psychiatric and substance abuse services; (2) receive necessary inpatient psychiatric treatment and medical detoxification services that conform to the best standards of care for persons with mental health, substance abuse, and co-occurring diagnoses; (3) gain better access to coordinated aftercare/follow-up services. Consolidating inpatient psychiatric and medical detoxification services for uninsured and indigent residents can also benefit providers of inpatient psychiatric, medical detoxification and community-based mental health and substance abuse care. Consolidation is expected to: (1) clarify roles and responsibilities and streamline relationships between and among inpatient psychiatric, medical detoxification and community-based providers; (2) reduce unnecessary duplication of services; (3) facilitate ongoing collaboration between DBH and all of its partners; Finally, consolidating inpatient psychiatric and medical detoxification services is expected to significantly benefit the residents of Rhode Island by: (1) enhancing the overall capacity of the service system to deliver recovery-oriented care; (2) producing incremental savings as a result of greater management efficiencies and increased clinical effectiveness; (3) facilitating continued development of a consumer-driven, consumer-centered system of care.

To that end, the Division of Behavioral Health issued an RFI in June 2006 and an RFP in August 2006 to reconstruct for these consolidated services. A new system is now in place.

3. Individual Client Level Example

The Mental Health Consumer Advocates of Rhode Island (MHCA) runs several peer to peer programs for persons with mental illness through its "Oasis" program which is partially funded with Block Grant dollars. One such program is for Peer Specialists who work with consumers of mental health services to address issues such as housing to treatment access. Peer specialists have a very good track record of accomplishments. Here are some examples. One consumer was relocating from Warwick to Providence and found where she was moving was not up to code. The Peer specialist got involved and made arrangements with the former landlord to allow her to stay until her new apartment passed HUD inspection. The problem was resolved and the consumer was able to move without financial hardship.

Another consumer came to a Peer specialist after finding herself homeless. Previously the consumer was a resident at a supervised apartment when she left suddenly. The consumer felt as though the staff would not allow her back to her former residence due to the way she had left the residence and her behavior as a tenant. The Peer Specialist worked on setting up a meeting between the head of the consumer's housing, the Oasis Staff and the consumer herself. The discussion led the consumer being allowed back to safe and affordable housing.

Unmet Need for Persons with Mental Illness

Children:

- More Child-competent providers in the community; more specialized trainings with comorbid issues (SED, DD, Substance abuse) at specific developmental ages; and specialized programs on the full continuum for latency age and abuse-reactive children

How Rhode Island Would Use a Hypothetical 10% Increase in the MHBG:

Rhode Island would like to use an increase in block Grant funds to expand its ability to fund special projects. Currently Block Grant funds are used to fund an array of services to the uninsured and uninsured in Rhode Island with Serious Mental Illness. However, the State has been successful in using small amounts of funding to target specific projects for example, six pilot projects to serve clients with co-occurring substance abuse and mental health issues using substance abuse block grant dollars. Several of these programs were so successful that they have been maintained after the initial three-year pilot period. Some specific examples of the types of programs that the State would like to fund are more Peer Specialist programs, increased involvement of consumers in planning through the hiring of a consumer Affairs Liaison and funding for the implementation of SOAR programming within the state's CMHOs.

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: SOUTH CAROLINA PROFILE

The SC Department of Mental Health (DMH) provides assessment, diagnosis, and treatment to its priority populations through a network of 17 community mental health centers (CMHCs) and three specialized inpatient facilities. The 17 CMHCs provide services within their respective counties and operate within the policies and guidelines set by DMH. The catchment areas covered by each of the 17 CMHCs range from part of a county to seven counties.

State Mental Health Block Grant allocation (FY'2007)	\$ 5,653,587
State Population (2006)	4,255,083
Number of adults living in state	3,227,881
Number of children (under age 18) living in state	1,027,202
Number of Persons served by the public mental health system in FY 2006	90,454 (2.1% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	82,832
Number of adults with serious mental illness served.....	53,536
Number of children with serious emotional disturbance served.....	29,296
Estimated Number adults with serious mental illness and children with serious emotional disturbance	235,801
Number of Adults with serious mental illness living in state (5.4% of the state population).....	172,414
Number of Children with serious emotional disturbance living in state (7-11% of the state population).....	63,387
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 280,300,000
State MH Spending for Community Mental Health Services (60.8% of total SMHA Revenues).....	\$ 170,400,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 147,800,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 68.15

How South Carolina Uses the Mental Health Services Block Grant

- SC DMH uses Mental Health Block Grant funds exclusively to provide comprehensive community mental health services. Examples include:
- Family Preservation Services for children and adolescents with serious emotional disorders -- \$930,117
- Services in local juvenile justice offices for youth involved with the criminal justice system -- \$397,174
- Services by mental health staff fluent in American Sign Language for children and adults who are deaf and have a serious emotional disorder -- \$276,065
- Supported employment services for adults with a serious mental illness -- \$286,000
- Community Crisis Services for persons with mental illness or mental illness/ substance abuse -- \$193,035
- Continuing treatment and support for adults with serious mental illness -- \$1,001,758
- Recovery Training offered by advocacy groups for staff, consumers and family members -- \$124,876

South Carolina Vignettes on Uses of the MHBG:

DMH has developed a Peer Support Program based on a model in Georgia. Consumers are certified as Peer Support Specialists and, under the supervision of a Mental Health Professional, work with other consumers as specified in the client's individual recovery plan. These services offer people hope that recovery from major mental illnesses is possible, and in doing so, help facilitate their recovery. South Carolina was the third state in the country to have peer support services established as a Medicaid-billable

service. Today 21 certified peer support specialists are offering services in communities across South Carolina. Since 2002, MHBG funds have supported the salaries and operating costs for consumers developing this project.

In 2002, the MHBG began funding a Reassurance Line operated by Mental Health America (MHA) in Greenville, SC. This program provides support to people with mental illness through a 24/hour a day, dedicated telephone line that promotes confidence, safety and connectedness. Twelve consumers, trained by MHA and mental health professionals, staff the telephone line. In FY 2007, consumer employees placed 14,829 calls to clients of the two mental health centers in Greenville.

Comments made by individuals who were served by the Reassurance Line (RL) last year include:

“Didn’t take am meds on time until Reassurance Line”

“Helps to know someone to listen”

“I’ve become better going to bed and getting up earlier”

“When first set up, had been violent-kill self or somebody else. RL talked out with me”

Unmet Need for Persons with Mental Illness

In South Carolina an estimated 174,398 (5.4%) adults have serious mental illness and 83,969 (2.6% have severe and persistent mental illness is 83,969 (2.6%). In FY 2007, DMH community mental health centers (CMHCs) served 56,821 adults.

The Center for Mental Health Services has estimated 63,387 children living in South Carolina have serious emotional disturbance. In FY 2007, CMHCs served 30,785 children and adolescents under age 18. Of these youth, 26,878 were children and adolescents with a serious emotional disorder.

How South Carolina Would Use a Hypothetical 10% Increase in the MHBG:

- Increased services to Hispanics, Native Americans (13 tribes in SC, virtually un-served) and individuals who are deaf or hard of hearing—(those with language and culture are barriers in accessing services).
- Increased training in CBT to increase consumer recovery through enhanced personal functioning skills.
- Develop four targeted programs to evaluate intervention strategies to decrease the early death rate of individuals with mental illness from medical problems including, diabetes, hypertension and lung disease.
- Develop housing options to assist individuals with serious mental illness live independently.
- Strengthen Youth In Transition programs to help keep those 16 to 24 year-olds from dropping out of treatment as this seems to correlate with their dropping out of education and social activities which are critical to their development. When they reappear in the mental health services arena, much ground has been lost that can be difficult to make up and leads to disability.
- Expand peer support to provide services to adolescents and families

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: SOUTH DAKOTA PROFILE

The Division of Mental Health’s mission is to ensure children and adults with mental health disorders in our communities have the opportunity to choose and receive effective services needed to promote resiliency and recovery. In carrying out this mission, the Division of Mental Health provides a range of services through purchase of service agreements with eleven private, non-profit community mental health centers (CMHCs). The principle responsibilities of the Division of Mental Health are to establish policy, to develop and administer the implementation of the Community Mental Health Services Block Grant, to determine and establish reasonable standards and requirements for the locally operated community mental health centers, and to enter into purchase of services agreements for the purpose of assisting in the operation and programs of the local mental health centers. The Division of Mental Health also has the responsibility for the delivery of mental health services within the State’s adult and juvenile correctional facilities.

State Mental Health Block Grant allocation (FY’2007)	\$ 878,746
State Population (2006)	775,933
Number of adults living in state	587,663
Number of children (under age 18) living in state	188,270
Number of Persons served by the public mental health system in FY 2006	11,263 (1.5% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	8,388
Number of adults with serious mental illness served.....	4,192
Number of children with serious emotional disturbance served.....	4,196
Estimated Number adults with serious mental illness and children with serious emotional disturbance	42,212
Number of Adults with serious mental illness living in state (5.4% of the state population).....	31,550
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	10,662
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 53,980,423
State MH Spending for Community Mental Health Services (37.1% of total SMHA Revenues).....	\$ 20,024,493
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 20,044,184
Per Capita State MH Spending (expenditures per resident of state)	\$ 70.04

How South Dakota Uses the Mental Health Services Block Grant

The following is the list of activities that the FFY 2005 CMHS Block Grant funds were expended for:

Administration	\$ 45,556.30
DUAL Adult MH Services	\$ 10,498.88
SPMI Adult MH Services	\$ 144,138.37
SED Children’s MH Services	\$ 710,932.45
Total	\$ 911,126.00

South Dakota Vignette on Uses of the MHBG:

MH Program Level Example

One program partially funded by the MHBG is a concurrent mental health and chemical dependency program known as Serenity Hills. This program is a custodial care facility for adults who are diagnosed with a mental disorder and a substance use disorder. This program uses a multidisciplinary “integrated” model that combines both mental health and substance abuse treatment within a single, unified, and comprehensive program. Serenity Hills places an emphasis on the chronic disease model of chemical dependency. This model includes abstinence and the utilization of self-help groups for support and maintenance. It also includes psychological interventions targeting psychological conditions and chemical dependency issues, especially those that are likely to precipitate relapse or perpetuate the addictive process and which interfere with the client’s ability to function independently.

Unmet Need for Persons with Mental Illness

Access to services is an issue in some locations, particularly in the very rural/frontier areas of the state. . These areas have difficulty attracting qualified professionals, along with having limited financial resources to provide access to mental health services. In addition, development of consumer support groups is difficult when people are spread over largely rural/frontier areas of the state.

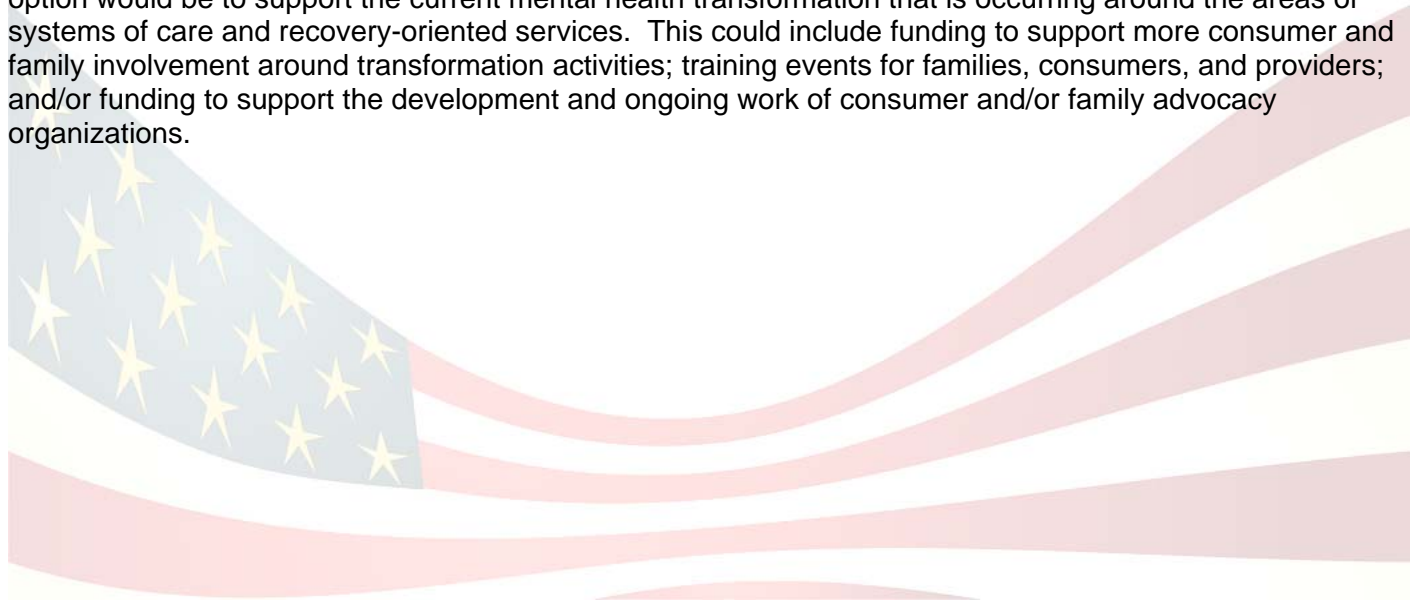
South Dakota does not currently have a family-based advocacy organization that focuses solely on issues related to mental health services provided to children with SED and their families.

The Division of Mental Health has limited funding to provide training to providers and consumers in the areas of systems of care and its components and recovery-oriented services. This makes mental health transformation challenging, and a process that will take time to complete.

The implementation of evidence-based practices has been a challenge across the state. The implementation of evidence-based practices is a component of the transformational activities that are occurring around systems of care and recovery-oriented services.

How South Dakota Would Use a Hypothetical 10% Increase in the MHBG:

With the exception of the 5% allowed for administration costs, South Dakota currently uses the entire MHBG to fund direct services. If South Dakota were to receive a 10% increase in the block grant it would be used in one of the following ways. One option would be to expand services to adults with SPMI to off-set past block grant reductions. In this scenario, approximately 40 individuals would receive services. Another option would be to support the current mental health transformation that is occurring around the areas of systems of care and recovery-oriented services. This could include funding to support more consumer and family involvement around transformation activities; training events for families, consumers, and providers; and/or funding to support the development and ongoing work of consumer and/or family advocacy organizations.



State Contact Information:
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2007 MENTAL HEALTH SERVICES BLOCK GRANT: TENNESSEE PROFILE

The Department of Mental health and Developmental Disabilities (DMHDD) contracts with managed care organizations for behavioral health care services under the TennCare Partners Program, a Medicaid waiver program; contracts with community mental health agencies (CMHAs) for Mental Health Safety Net (MHSN) services, a clinical services program for TennCare disenrolled adults with SMI; and contracts with CMHAs and other community entities to provide an array of education, prevention, early intervention and support programs for children and youth and their families and for a variety of recovery programs for adults, persons with co-occurring disorders, and older adults. The Department of Children's Services (DCS) is responsible for provision and oversight of services to children in or at risk of state custody.

State Mental Health Block Grant allocation (FY'2007)	\$ 7,896,732
State Population (2006)	5,962,959
Number of adults living in state	4,572,437
Number of children (under age 18) living in state	1,390,522
Number of Persons served by the public mental health system in FY 2006	170,598 (2.9% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	117,290
Number of adults with serious mental illness served (TennCare and MHSN)	89,113
Number of children with serious emotional disturbance served (TennCare)	28,177
Estimated Number adults with serious mental illness and children with serious emotional disturbance	339,241
Number of Adults with serious mental illness living in state (5.4% of the 18 and over state population)	246,911
Number of Children with serious emotional disturbance living in state (Highest range for TN in 2005 NRI Estimate Table)..	92,330
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	37,300
Number of Adults with serious mental illness	14,300
(Does not include 3,500+ police, sheriff, court and probation officers, and transportation agents trained)	
Number of Children with serious emotional disturbance	23,000
(Does not include approximately 5,000 teachers, 7,600 parents/caregivers and 180,000 students also served through BG funded services for children and youth.)	
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 518,700,000
State MH Spending for Community Mental Health Services (67.6% of total SMHA Revenues).....	\$ 350,500,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 379,900,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 89.06

How Tennessee Uses the Mental Health Services Block Grant

- DMHDD utilizes its Block Grant funding for the provision of services not provided or fully supported by TennCare. The 2006 Community Mental Health Services (CMHS) Block Grant for services to adults age eighteen and above was allocated to fourteen private not-for-profit Community Mental Health Centers (CMHCs) and five other community entities across the State by a basic grant to provide programs targeted to maintain a reliable and geographically accessible support and recovery service system for adults, provide outreach to older adults, assist consumers to develop skills for independent living, provide services for adults with SMI interfacing with the criminal justice system, and promote cultural competency. The 2006 CMHS Block Grant funding for services to children and youth under age eighteen was allocated to eleven private not-for-profit CMHCs and five other community entities for services targeted to early intervention and prevention initiatives, suicide prevention, and planned respite for caregivers.

Tennessee Vignettes on Uses of the MHBG

Excerpt from “Back from Wherever I’ve been” – stories from the BRIDGES Program of people recovering from mental illness.

Before I got into BRIDGES I thought people with mental illness were losers and uneducated. After getting diagnosed, and before BRIDGES I thought, “I’m just a loser. I’ll just muddle along trying to do the best I can at being a loser”... It was the Drop-in Center that led me to BRIDGES... I used to think I was alone, and if I did have any smarts about me, they were dormant and would lay dormant forever. BRIDGES gives you the opportunity and the inner strength to help you realize your potential...

At the Tennessee Mental Health Consumers Conference, they asked me if I wanted to be a BRIDGES teacher. Well, right off, I thought, “I’m stupid. Why? Because I’m mentally ill.” Then I found out that everyone there was a consumer, and that we were all equal. I thought, “Well, if I’m equal to them, and they are smart, I must be smart, too.”

So I went to BRIDGES training to become a teacher... I can’t learn everything at one time, but it gives me little knots and ropes to start climbing on. At each little knot I keep climbing, and that’s how it gives me confidence... The more I learn the more confidence I have in myself. I want to give that confidence to someone else... I feel like I was let out of the birdcage to freedom.

Evaluation Form Comments about BASIC (Building Attitudes and Skills in Children)

“We could not function without this program! The needs of my students dictate intensive, specific assistance. (Staff) does an outstanding job.” (Principal)

“The Child Development Specialist has helped resolve many problems our child faced this year. She offered helpful materials and resources. She was 100% available to assist with any problem we had. Thank you so much.” (Parent)

“(Staff) has helped my child through a very tough time in his life this year. I am very grateful she was,,,(there) and was able to provide the help and a caring ear. I don’t know how we would have gotten through this year without her. I really hope she comes back next year.” (Parent)

Unmet Need for Persons with Mental Illness

Adults:

- Service gaps documented in annual needs assessments for adults include: alternatives to hospitalization (crisis stabilization, respite and step-down services); increased anti-stigma efforts; mental health education for primary care providers; development of a certified peer specialist program; increased employment opportunities; expansion of services for consumers interfacing with the criminal justice system; and continued efforts in consumer and family support and education services.

Children:

- Service gaps documented in annual needs assessments for children and youth include: expansion of a continuum of school-based behavioral health care (preschool through college); programs for transitional age youth (leaving state custody, moving to adult services, or needing to develop independent living skills); and mental health liaison projects for children and youth interfacing with the juvenile justice system.

How Tennessee Would Use a Hypothetical 10% Increase in the MHBG:

- A 10% increase in the MHBG could be targeted to a number of areas, dependent upon DMHDD and Council prioritization recommendations. Hypothetically, the following additional or new allocations could be made:
- Adult: 4 Criminal justice/mental health liaison positions; 10 part-time Peer Specialist positions; a 2% funding increase for Peer Support Centers; and annual support for TOMS, the TN Outcomes Measurement System.
- C&Y: 2 BASIC programs, a school-based early intervention program for K-3, and 2 middle school mental health liaison positions.

Based on the above allocations, the state estimates that a 10% increase in the Block Grant would allow services to an additional 2,120 persons each year.

State Contact Information:

Tennessee Department of Mental Health and Developmental Disabilities

<http://www.state.tn.us/mental/>

Virginia Trotter Betts, RN, MSN, JD, FAAN, Commissioner

Contact Carol M. Kardos, Mental Health Planner, at Carol.Kardos@state.tn.us

2007 MENTAL HEALTH SERVICES BLOCK GRANT: TEXAS PROFILE

The Department of State Health Service (DSHS) administers substance abuse services and public health services. Community Mental Health Services for adults and children are administered through 38 Local Mental Health Authorities (LMHAs).

State Mental Health Block Grant allocation (FY'2007)	\$ 31,563,988
State Population (2006)	22,859,968
Number of adults living in state	16,533,683
Number of children (under age 18) living in state	6,326,285
Number of Persons served by the public mental health system in FY 2006	233,409 (1 % of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	209,463
Number of adults with serious mental illness served.....	170,457
Number of children with serious emotional disturbance served.....	38,731
Estimated Number adults with serious mental illness and children with serious emotional disturbance	1,257,845
Number of Adults with serious mental illness living in state (5.4% of the state population)	886,715
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	371,130
Estimated Number of Persons Serve by Mental Health Block Grant Funds in 2006 (if information available)	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 821,000,000
State MH Spending for Community Mental Health Services (57.9% of total SMHA Revenues).....	\$ 475,500,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 190,700,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 37.33

How Texas Uses the Mental Health Services Block Grant

The majority of Block Grant funds are distributed to Community MHMR Centers (CMHMRCs) to provide mental health services to adults with serious mental illnesses and to children with serious emotional disturbances.

Block Grant funds are also used to stimulate innovation across the system through contracts with the State Mental Health Authority at the Department of State Health Services These contracts are categorized as:

- **System Infrastructure Projects**-Those projects that impact services to both adults and children. For example, Block Grant funds are being used to develop capacity for an Electronic Medical Record.
- **Special Projects for Adults**- Those projects primarily intended to address the needs of adults with serious mental illness. For example, Block Grant funds are being used to provide training in Wellness Recovery Action Planning (WRAP) and peer group facilitation.
- **Special Projects for Children**- Those projects primarily intended to address the needs of children with serious emotional disorders. For example, Block Grant funds are being used to provide the *Parents as Teachers Initiative*. This project is targeted to early childhood development through parent education and family support.

Texas Vignettes on Uses of the MHBG:

Block Grant funds have been used to develop grass roots response and local level intervention projects as a part of a comprehensive effort to prioritize youth suicide prevention. Although Block Grant funds represent a small percentage of funds invested in the project, they have been a critical catalyst in the development of a comprehensive system approach to a cross-agency, statewide, youth suicide prevention strategy.

Development of a comprehensive response when the Department of State Health Services (DSHS) identified suicide as a public health priority. Calling together experts from across state agencies, the following main themes were identified as priority needs for state action:

- Coordinating data sources to better inform the public and identify problems
- Public awareness and community outreach
- Education and awareness in existing DSHS programs
- Training professionals

Five priority projects were selected for state agency implementation:

- **Data Collection**-Formulate a surveillance system designed to capture and report timely information on suicidal behaviors. The Austin Suicide Prevention Coalition was interested in piloting such a system for possible statewide implementation.
- **Screening and Referral**-Develop screening, identification, and follow-up procedures to be incorporated in activities through out DSHS where screening and assessments are offered.
- **DSHS Regional Advisory Councils (RAC)**-Coordinate the activities of the 22 Regional Advisory Councils to provide approved suicide prevention education to the public, schools, and first responders.
- **Educational Service Centers (ESC)**-Update the public health trainings offered to school personnel at ESCs to include a suicide prevention education component.
- **Interagency Collaboration**-Convene an interagency workgroup to identify suicide prevention activities within other state agencies to better coordinate and promote suicide prevention activities throughout the lifespan.

Other recommendations included support of the grassroots efforts previously established. This model promotes coordination between local coalitions, state agencies, provider organizations and advocacy groups. This three-pronged model consists of a Community Network (community coalitions), a Partnership (state agencies, provider organizations, etc.), and a Suicide Prevention Council (members from both).

Based on the Collaborative Model, DSHS, other state agencies, provider groups, and the community as a whole (coalitions) develop, and have ownership of the suicide prevention plan and each plays a role in coordinating and implementing it. The Texas Suicide Prevention Council reviews the state plan on an annual basis.

These efforts have resulted in a statewide, cross-agency, locally-based suicide prevention framework. In addition, Texas has placed a particular emphasis on suicide prevention efforts related to youth. Block grant funds have been used to contract for many aspects of the development of this framework including these resulting projects:

- “Friends for Life” -implementing the Yellow Ribbon Suicide Prevention program which is a school and community based universal approach to suicide prevention in Montgomery County
- “El Centro de Corazon”- implementing the Colombia University TeenScreen program which screens for mental health and suicide risk in select high schools in Houston

SAMHSA has also funded similar projects in Texas such as Youth Early Identification and Intervention Suicide Prevention grant, and the Texas Youth Suicide Prevention Project which offers screening in a primary care setting, as well as community awareness and suicide prevention education for key community stakeholders in Harris, Travis and Bexar counties. Block Grant funds have been used therefore to build upon Texas' response to the national priority area of Youth Suicide Prevention.

Unmet Need for Persons with Mental Illness

- Adults and children:
- Variation in local processes, limited provider base, workforce turnover , and rapidly growing population.

How Texas Would Use a Hypothetical 10% Increase in the MHBG:

Were Texas to receive an additional 10% in the MHBG, it would invest those new resources in transformational activity. We are currently in the process of soliciting public input through our Mental Health Planning and Advisory Council about how to best use currently available resources, requesting suggestions for community services and programs based on needs perceived to be vital to communities, consumers, family members of consumers, and advocacy groups. Recommendations are likely to include strategies to develop local consumer and family support networks. Following that input process, a Request for Proposals will be issued, and contracts will be awarded. DSHS anticipates receiving more ideas than there are resources currently available. Availability of additional MHBG funds would allow additional funds to be awarded, additional geographic areas to receive funds, and additional people to be served.

State Contact Information

[Http://www.dshs.state.tx.us/mentalhealth.shtm](http://www.dshs.state.tx.us/mentalhealth.shtm)

Pamela Daggett

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: UTAH PROFILE

Utah's Division of Substance Abuse and Mental Health is authorized under Utah State statute Section 62A-15-103 to be the substance abuse and mental health authority for the state. As the mental health authority, the Division is charged with maintenance and oversight of the State Hospital and the responsibility to contract with local mental health authorities who administer public mental health care through community mental health centers. The Division is one of eight divisions and offices under the Department of Human Services, but falls under the policy direction of the governor appointed Board of Substance Abuse and Mental Health. Under Utah State statute Section 17-43-301 local mental health authorities are responsible for the provision of mental health services to their citizens. A local mental health authority is generally the governing body of a county. Several of Utah's rural and frontier counties have joined together to provide mental health services through a single community mental health center. Utah has eleven community mental health centers with four of the centers organized as private non-profit corporations, and seven organized under inter-local agreements.

State Mental Health Block Grant allocation (FY'2007)	\$ 2,820,004
State Population (2006)	2,469,585
Number of adults living in state	1,727,029
Number of children (under age 18) living in state	742,556
Number of Persons served by the public mental health system in FY 2006	41,385 (1.7% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	24,831
Number of adults with serious mental illness served.....	16,011
Number of children with serious emotional disturbance served.....	8,817
Estimated Number adults with serious mental illness and children with serious emotional disturbance	127,064
Number of Adults with serious mental illness living in state (5.4% of the state population).....	92,962
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	34,102
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 175,312,700
State MH Spending for Community Mental Health Services (74.9% of total SMHA Revenues).....	\$ 131,232,700
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 83,230,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 74.73

How Utah Uses the Mental Health Services Block Grant

- State and federal funds are allocated to a county or group of counties based on a formula. Counties may deliver services in a variety of ways that meet the need for citizens in their catchment area. Counties must provide at least a twenty-percent county match to any state funds. However, a number provide more than the required match. Counties are required to provide a minimum scope and level of service.

Utah Vignette on Uses of the MHBG:

In 2006, the State Division of Substance Abuse and Mental Health contracted with the National Alliance on Mental Illness (NAMI Utah), to develop a comprehensive state suicide prevention plan that would be used as a "blueprint" to target funding, develop legislation and focus efforts using evidence based practices. The contract also required the plan to cover all ages and be representative of the cultural diversity in Utah. The plan was created by a Suicide Prevention Council that consisted of experts in the fields of social work, psychology, research, substance abuse, health and medicine, law enforcement, educators, clergy, representatives from various ethnic and culturally diverse groups, family members and youth.

A separate contract was created with the Mental Health Association in Utah to conduct a Native American study on suicide. This study and its recommendations were incorporated into the final report. Recommendations were stated in ten goals that ranged from promoting awareness that suicide is a preventable public health problem to the development and promotion of effective clinical and professional practices.

Unmet Need for Persons with Mental Illness

Adults:

Utah's adult mental health system is currently inefficient in:

- providing access to services, particularly to those who have no funding or are under insured
- tracking progress in treatment goals, particularly in sustained symptom reduction
- overcoming stigma
- providing peer and family support
- intergraded treatment planning to include "whole person" care and co-occurring substance abuse care

Children:

Utah's public mental health system lacks the capacity to deliver the following services: there is a need for more school-based mental health services; integrated health/behavioral health services; integrated treatment for co-occurring MH/SA disorders; mental health prevention; infant mental health; continuity of care from placement to placement; mental health cares for homeless youth under 18; and culturally competent care for people with cultural diversity, especially Native Americans and people who are deaf.

How Utah Would Use a Hypothetical 10% Increase in the MHBG:

Utah would fund an extensive needs assessment to create a five year plan. It is anticipated that the plan would include the expanded the use of telehealth, increased the use of family facilitation, increased partnerships between federally qualified clinics and community mental health centers to provide mental health services within the clinics housing options and possibly crisis stabilization units. Portions of these and other transformational programs would be funded through block grant monies on ongoing basis.

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: VERMONT PROFILE

The restored Department of Mental Health (DMH) contracts with community providers of mental-health services for adults with severe mental illness and for children and adolescents experiencing a serious emotional disturbance and their families. The public mental-health system has ten Commissioner-designated nonprofits agencies (designated agencies, or DAs) located in all major geographical areas of Vermont. Many of those agencies have more than one office to serve their respective catchment areas.

DMH's central office provides leadership and direction for the community-based public mental-health system as well as program and service monitoring and assessment to assure adherence to state and federal regulations and to manage the quality of services and supports delivered by DAs. DMH also operates the Vermont State Hospital (VSH), Vermont's only public psychiatric hospital. Inpatient psychiatric services at VSH are the only services that DMH provides directly. Additionally, DMH contracts with five designated hospitals (DHs) for emergency inpatient psychiatric assessment and treatment of adults in need of acute hospitalization. DHs also provide voluntary inpatient psychiatric services and limited partial hospitalization.

State Mental Health Block Grant allocation (FY'2007)	\$ 780,471
State Population (2006)	623,050
Number of adults living in state	490,431
Number of children (under age 18) living in state	132,619
Number of Persons served by the public mental health system in FY 2006	21,649 (3.5% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	5,184
Number of adults with serious mental illness served.....	3,281
Number of children with serious emotional disturbance served (0-17, LOF<60)	6,207
Estimated Number adults with serious mental illness and children with serious emotional disturbance	33,945
Number of Adults with serious mental illness living in state (5.4% of the state population).....	26,475
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	7,470
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	N/A
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 103,100,000
State MH Spending for Community Mental Health Services (84.5% of total SMHA Revenues).....	\$ 87,100,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 84,700,000
Per Capita State MH Spending (expenditures per resident of state)	\$166.56

How Vermont Uses the Mental Health Services Block Grant

Adults:

The portion of the mental-health block grant for services for adults with severe mental illness in Vermont Fiscal Year 2007 was \$314,082. The funds were allocated to designated agencies and peer-operated entities and initiatives as follows:

1. Crisis Services to avoid unnecessary hospitalization \$ 33,097
 2. Community programs for adults with co-occurring disorders of mental illness and substance abuse \$50,000
 3. Other community-based services for adults with severe mental illness \$131,564
 4. Peer-operated initiatives \$33,605
 5. Support of peer-delivered Recovery Education activities through Vermont Psychiatric Survivors \$25,000
 6. Church Street Marketplace Outreach (Burlington) \$25,000
 7. CRT housing infrastructure funding \$15,816
- Total: \$314,082

Children and Adolescents:

Mental-health block grant funding for services for children and adolescents and their families was allocated as follows in Vermont in Vermont Fiscal Year 2007:

1. Northeastern Family Institute \$ 85,457
 2. Respite Services \$380,932
- Total: \$466,389

Vermont Vignettes on Uses of the MHBG:

Peer Operated Initiatives:

Thanks to approximately \$33,000 in block grant money, Vermont has been able to fund a number of initiatives designed and operated by adults with severe mental illness who are receiving services from designated agencies. These are independent activities undertaken by clients to benefit other clients or citizens of the local area, overcome stigma and stigmatizing preconceptions about mental illness in the larger community, and, in general, to offer public education about mental illnesses, the people who have them, and recovery. To date, peer initiatives in Vermont include:

- An arts program in Southeastern Vermont
- A warm line for clients and citizens at large in two catchments areas
- Computer curricula and associated activities in two catchments areas
- The Public Education Program, to educate high-school students about mental illnesses in Washington County
- The Mental Health Education Initiative to reach out to the public at large with a variety of speakers and topics in Chittenden County

Unmet Needs for Persons with Mental Illness

- Affordable housing
- Increased time from psychiatrists
- Continued efforts to assure adequate compensation for the community workforce
- Enhanced funding for Supported Employment services
- More-stable funding for Emergency Services and Adult Outpatient Programs
- Reconfiguration of VSH's functions and capacities into the community system and relocation of inpatient services to other facilities
- Continued development of outpatient capacity
- Restructuring of the Acute Care System, looking to the implementation of the Futures care-management system
- Additional work to improve communication with other agencies that also serve adults with severe mental illness (for example, the court system)
- Integration of data bases with Alcohol and Drug Abuse Programs, especially in regard to treatment caseloads
- Better alignment between judicial timelines and clinical timelines
- Police training on mental-health issues
- More access to psychiatry in remote locations through telepsychiatry or some other means
- Additional funding for the public-inebriate program to enhance mental-health components (for example, public-inebriate beds in Emergency Services)

How Vermont Would Use a Hypothetical 10% Increase in the MHBG:

An increase of 10 percent in the block grant allocation for Vermont would amount to \$78,000. The amount would be divided evenly between Adult Mental Health and mental-health services for children and adolescents experiencing a serious emotional disturbance and their families.

The Adult Unit would distribute the increase of \$39,000 among Emergency Services, programs for co-occurring disorders of mental illness and substance abuse, housing funding, and peer-operated initiatives. The Child, Adolescent and Family Unit would put the entire increase of \$39,000 into respite services.

State Contact Information

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: VIRGINIA PROFILE

Virginia's public mental health, mental retardation and substance abuse services system is comprised of forty community services boards (CSBs) and sixteen state facilities. The CSBs and state facilities serve children and adults who have or who are at risk of mental illness, serious emotional disturbance, mental retardation, or substance use disorders.

State Mental Health Block Grant allocation (FY'2007)	\$ 10,238,430
State Population (2006)	7,567,465
Number of adults living in state	5,742,897
Number of children (under age 18) living in state	1,824,568
Number of Persons served by the public mental health system in FY 2006	114,033 (1.5% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	57,946
Number of adults with serious mental illness served.....	44,766
Number of children with serious emotional disturbance served.....	13,167
Estimated Number adults with serious mental illness and children with serious emotional disturbance	394,786
Number of Adults with serious mental illness living in state (5.4% of the state population)	302,203
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	92,583
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 502,400,000
State MH Spending for Community Mental Health Services (40.3% of total SMHA Revenues).....	\$ 202,400,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 143,200,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 70.51

How Virginia Uses the Mental Health Services Block Grant

- Virginia leverages the MHBG funds to transform the public service system to become recovery oriented and consumer driven. MHBG funds are invested in direct services to adults with SMI, children with SED, family support initiatives, workforce development and in support of consumer run services.

Virginia Vignettes on Uses of the MHBG:

State/Systems Level Example:

Mental Health Block Grant funds were used in June 2007 to fund two conferences in support of transformation and consumer empowerment. The Second Annual Virginia Organization of Consumers Asserting Leadership (VOCAL) conference was attended by over 300 Virginia consumers. VOCAL's three day consumer run conference provided Virginia consumers with a forum to gain networking and advocacy skills, learn about recovery and wellness, learn how to design and run consumer based programs. An additional conference supported through MHBG funds was Foundations of Recovery: Building a Wellness Toolkit attended by 350 consumers and direct service staff. This conference featured national and state consumer speakers, nationally recognized recovery professionals, and a wide array of workshops designed to expand the recovery skills of all attendees. Training of six hundred and fifty consumers and direct service staff was accomplished in a 5 day period through these conferences.

MH Program Level Example:

Through the Mental Health Block Grant, \$400,000 in one time start up funds were allocated to A Place To Start, a new, regional Housing First and Assertive Community Treatment initiative coordinated through a partnership between Greater Richmond Community Services Boards, Virginia Supportive Housing, and local homeless service organizations. A Place to start provides rapid, low barrier access to scattered site, permanent, leased-based apartments for individuals who are experiencing long term homelessness and serious mental illness. An Assertive Community Treatment team provides outreach, engagement and housing assistance to program consumers as well as long term psychiatric treatment and rehabilitation through a multi-disciplinary, comprehensive, evidence-based model of community care. In its first year, *A Place to Start* expects to serve 50 individuals with mental illness from Greater Richmond's streets and shelters who have not been well engaged by traditional services and who have been high utilizes of emergency rooms, psychiatric hospitals, crisis services, and the criminal justice system. Other Housing First programs across the country have been highly successful in engaging and retaining such consumers in housing and services and have been touted as an essential component in eliminating chronic homelessness.

Individual Client Level Example

Rachel is a 35 year old woman, with co-occurring disorder and a history of hospitalizations, chronic unemployment and housing issues and relationship issues. She was provided clinical services and medications through her local CSB. She accessed local community support through a MHBG funded consumer owned and operated recovery program. She was trained as a WRAP (Wellness Recovery Action Plan) facilitator and also attended the CELT (Consumer Empowerment Leadership Training) which was both funded through MHBG funds. She received technical support in grant writing and business plan development through MHBG funded VOCAL (Virginia Organization of Consumers Asserting Leadership). Today she operates a consumer owned and operated program in her community for those with co-occurring disorder which provides AA and NA support groups, wellness and recovery groups, employment and daily life assistance, and a social program five days a week.

Unmet Need for Persons with Mental Illness

Adults:

- Community and hospital waiting lists demonstrate that many consumers are not receiving the services they need when they need it. Virginia needs to strengthen its workforce and service delivery system so that clinically appropriate services are available to all populations in need; such as individuals recently discharged from hospitals, geriatrics, transitional youth (ages 18-25), and veterans and their families. Virginia currently lacks the funding and infrastructure to fully implement evidence based practices in community mental health centers. Not all CSBs offer all services resulting in an uneven continuum of care. There is also a severe shortage of trained psychiatrists in rural areas.

Children:

- Support services for children in Virginia's system of care needs to be strengthened. Children with mental disorders involved in the juvenile justice system are not being adequately served. Some parents are left with no other choice but to relinquish custody of their child in order to access services. Increasing numbers of children are aging out of services funded by the Comprehensive Services Act. Many of these children are being served in out-of- state placements because there are no services available for them in Virginia. Programs for transitional youth (ages 18-25) are needed to assist them in bridging the gap between child and adult services to better provide continuity of care and decrease the likelihood of substance abuse or suicide.

How Virginia Would Use a Hypothetical 10% Increase in the MHBG:

Virginia would use an increase in MHBG funds to respond to critical gaps in the service delivery system for adults with SMI and children with SED. These gaps include services to the homeless mentally ill, youth with mental illness who require specialized services, young adults experiencing the initial onset of severe mental illness, individuals being discharged from acute and longer stay hospitalization and geriatric populations. Additional MHBG resources would be invested in clinical training and EBP skill development; partnerships with providers would be enhanced through systems transformation support activities such as conferences and trainings offered to consumers, families and direct service staff.

State Contact Information

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: WASHINGTON PROFILE

Adults: The Mental Health Division (MHD) is a division within the Health and Recovery Services Administration (HRSA) within the Department of Social and Health Services (DSHS). MHD operates an integrated system of care for people with mental illness who are enrolled in Medicaid as well as for those individuals who qualify as “low income” who also meet the statutory need requirements.

State Mental Health Block Grant allocation (FY'2007)	\$ 8,347,937
State Population (2006)	6,287,759
Number of adults living in state	4,803,394
Number of children (under age 18) living in state	1,484,365
Number of Persons served by the public mental health system in FY 2006	122,486 (1.9% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	94,364
Number of adults with serious mental illness served.....	65,690
Number of children with serious emotional disturbance served.....	28,653
Estimated Number adults with serious mental illness and children with serious emotional disturbance	341,198
Number of Adults with serious mental illness living in state (5.4% of the state population)	256,030
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	85,168
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 575,290,649
State MH Spending for Community Mental Health Services (68.2% of total SMHA Revenues).....	\$ 392,185,748
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 489,387,129
Per Capita State MH Spending (expenditures per resident of state)	\$ 94.71

How Washington Uses the Mental Health Services Block Grant

- The Block Grant is largely used to support Regional Support Networks (RSNs) in the provision of transformative services to the clients served. Some examples are:
- the development or expansion of Clubhouses;
- Peer Support where 160 additional peer counselors received education and training;
- CIT training for first responders throughout the state;
- Parent and youth support;
- Consumer scholarships to attend various conferences promoting recovery;
- Housing support – payment of rent and utility deposits to secure housing.

Washington Vignettes on Uses of the MHBG:

Consumer Voices are Born (CVAB) – CVAB, a consumer-run organization, continues to make significant progress in planning, developing, and implementing a variety of support and educational programs offered at its Circle of Hope Drop-in Center for individuals with mental illness. CVAB also operates a Warm Line, a pre-crisis telephone service allowing consumers to help their peers when they need someone to talk to who cares and understands. A total of 47 calls came through the Warm Line during the months of January and February. Since January, CVAB continues to provide various educational classes, such as CVAB 101, which is a three-hour class that introduces consumers and family members to the mission, vision, and goals of the organization, as well as an overview of the recovery principles. During the past three months, ten plus individuals have gone through CVAB 101. Classes in computer, such as Computers 101, 201, and 301 and Computer Labs continue to be popular offering consumers the opportunity to learn computer basics. During the period of this report, twenty plus individuals had completed the computer classes.

Children's Crisis Outreach Response System (CCORS)

The CCORS program is a recovery oriented service with the goal of keeping children/youth with their family and in their community, reducing institutional care, and restoring children/youth to a normal developmental trajectory. It follows a nationally recognized best practice model of systems of care and promotes the resiliency of children and families.

Geriatric Crisis Services (GCS)

The GCS provides services in the home or current placement of an individual. The goals of the service are to assure that the treatment and health care supports that are needed to support an individual's ability to stay in their current home are identified and secured. These goals are consistent with recovery-oriented practices by promoting and supporting resiliency of older adults.

Unmet Need for Persons with Mental Illness

Adults:

- Housing: Lack of safe and affordable housing
- Benefits: Too many individuals need mental health treatment, yet are not eligible. State-only dollars cannot meet the call for services from this population.
- Inpatient Capacity: Secondary to the first two issues, rates of hospitalization are increasing.
- Vocational or Meaningful Activities: Too few employment related skills trainings are offered. The same is true for other endeavors that give one's life purpose and meaning.
- Understanding of Recovery and Resiliency: Need for more training and culture change in the mental health system to move toward Transformation.

Children:

- Formal Systems Use: Continued utilization of inpatient care and involvement with the juvenile justice system;
- Natural Supports: Too few families feel empowered or involved in the care of their loved one. More training and support are needed to enhance optimal use of this valuable natural resource.
- Understanding of Recovery and Resiliency: Education for children, youth and their families on Recovery and Resiliency is needed as well as for the system to hear from youth and families to ensure the meaning of the language the same.
- Early Intervention and Prevention: Increased community education on early intervention and preventions.
- Educational/Vocational Activities: More support in education, jobs, and meaningful activities is needed to help children and youth become productive members of society. Too few programs exist for this age group; and
- Evidence Based Practice: Increased utilization of available evidence based practices is called for across the entire children's system of care.

How Washington Would Use a Hypothetical 10% Increase in the MHBG:

The MHD would focus the increase in MHBG funds towards

- the promotion of housing options and alternatives targeting the homeless population, including homeless youth;
- the promotion of programs, including evidence based and promising practices for older adults;
- the continued promotion and support of opportunities for peer run organizations, such as expansion of clubhouses, peer support groups and peer counselors.

We estimate a 10% increase in block grant funds would allow the RSNs to increase support to our homeless population by 800, to increase the participation of older adults in programs to meet their unique needs by 500 and increase participation in peer supported activities by an additional 200.

State Contact Information:

<http://www1.dshs.wa.gov/Mentalhealth/index.shtml>

Judy Gosney, State Planner (360) 902-0827

2007 MENTAL HEALTH SERVICES BLOCK GRANT: WEST VIRGINIA PROFILE

The West Virginia Bureau for Behavioral Health and Health Facilities (BHFF) serves as the State Authority for the behavioral health system and provides funding for community-based behavioral health services for persons with behavioral health needs, including those who do not have the benefit or the means to purchase services. Within BHFF are two separate, but interrelated offices – the Office of Behavioral Health Services (OBHS), and the Office of Health Facilities (OHF). The OHF provides oversight and coordination of planning, development, funding, and monitoring of state psychiatric and long-term care facilities.

State Mental Health Block Grant allocation (FY'2007)	\$ 2,506,780
State Population (2006)	1,816,856
Number of adults living in state	1,434,359
Number of children (under age 18) living in state	382,497
Number of Persons served by the public mental health system in FY 2006	53,488 (2.9% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	49,008
Number of adults with serious mental illness served.....	33,391
Number of children with serious emotional disturbance served.....	15,617
Estimated Number adults with serious mental illness and children with serious emotional disturbance	101,464
Number of Adults with serious mental illness living in state (5.4% of the state population).....	77,416
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	24,048
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 110,200,000
State MH Spending for Community Mental Health Services (52.5% of total SMHA Revenues).....	\$ 57,900,000
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 36,400,000
Per Capita State MH Spending (expenditures per resident of state)	\$ 59.96

How West Virginia Uses the Mental Health Services Block Grant

- OBHS has an annual operating budget of approximately \$60 million. These funds are compiled from both State and Federal funds. In FY 06, the Bureau allocated \$53,765,047 of \$60 million to providers through grants. The chart below breaks down the allocation to providers by disability/purpose.

West Virginia Vignettes on Uses of the MHBG:

The Potomac Highlands Guild School (PHG)-Based Program has had many successes over the past year. One particular standout was their involvement with a 10-year-old male student. All adults involved in the youth's life had decided that this child was "too severe," causing the child and family to have negative feelings regarding the treatment process.

The youth entered treatment with the PHG School-Based Counselor on June 29, 2006 and remains an active client. He has a diagnosis of conduct disorder and mood disorder. His symptoms included severe anger outburst, physical aggression against peers, and extreme rebellion toward figures of authority, suicidal and homicidal ideations. Due to the nature and severity of the child's behaviors, suggestions of residential placement were made by school officials (including administration, behavioral specialist, school psychologist, and teachers), Child Protective Services (CPS) and members of the legal community. CPS initiated a referral to the PHG School-Based Program to begin the recovery process. PHG School-Based Program was able to link the child with PHG Psychologist, PHG Psychiatrist, and PHG Behavioral Specialist.

With intensive therapy, medication management, supportive counseling and overall increased support for the entire family, the child has had and continues to have a very successful recovery and can now function

in school, community and home environment successfully. Due to substantial progress achieved by the youth and his family, it is no longer necessary for CPS to remain involved. Residential placement has been avoided completely with the help of PHG School-Based Program's effective comprehensive services and hard work and dedication from PHG School-Based Counselor.

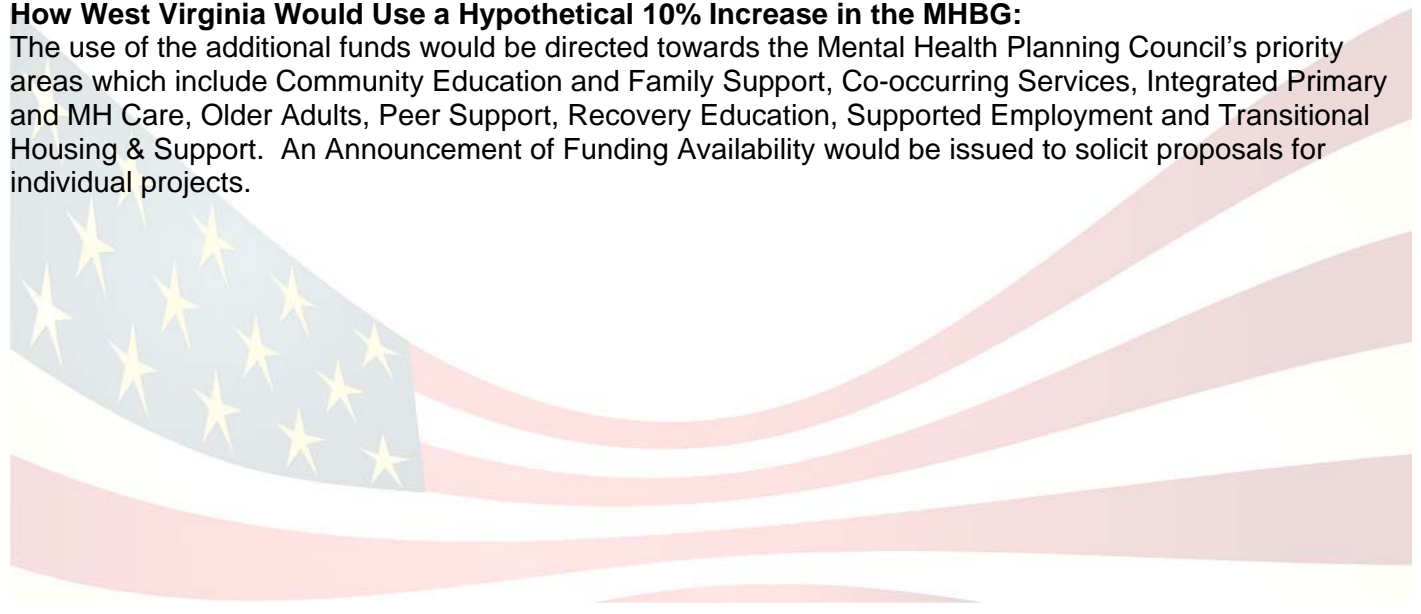
Unmet Need for Persons with Mental Illness

Adults:

- The rural nature of West Virginia presents very unique challenges to accessing behavioral health care. A wide array of behavioral health services exist in the areas that have a larger population, but inconsistencies may be found in the delivery of core services in the rural areas, especially in regard to crisis services. Prevention services, which could eliminate the need for crisis intervention is also lacking in most areas of the state, rural and metropolitan alike. The mountainous terrain can result in issues with access to services because of the difficulty in driving and lack of public transportation. This is an inherent weakness that is not readily solved and or even improved. Rural areas are quite remote and access even to basic necessities may require considerable travel. Safe and affordable housing with supports is also lacking in West Virginia, though services to people experiencing homelessness are improving. Prevention and/or intervention are more difficult due to a lack of affordable housing stock in West Virginia. Even if a permanent living accommodation is secured, supports may be lacking to allow that person to remain in their chosen environment. Another area that continues to be problematic is workforce retention due to low wages and burdensome work load for people in the mental health field.

How West Virginia Would Use a Hypothetical 10% Increase in the MHBG:

The use of the additional funds would be directed towards the Mental Health Planning Council's priority areas which include Community Education and Family Support, Co-occurring Services, Integrated Primary and MH Care, Older Adults, Peer Support, Recovery Education, Supported Employment and Transitional Housing & Support. An Announcement of Funding Availability would be issued to solicit proposals for individual projects.



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2007 MENTAL HEALTH SERVICES BLOCK GRANT: WISCONSIN PROFILE

Wisconsin employs a strong county-based human service system. The public mental health system is administered through 72 county program boards. Direct services are primarily provided by the county or local private providers contracted by the county. The Division of Mental Health and Substance Abuse Services (DMHSAS) is the state mental health agency that works directly with county mental health agencies.

State Mental Health Block Grant allocation (FY'2007)	\$7,538,575
State Population (2006)	5,536,201
Number of adults living in state	4,240,206
Number of children (under age 18) living in state	1,295,995
Number of Persons served by the public mental health system in FY 2005	87,144 (1.6% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2005	44,120
Number of adults with serious mental illness served.....	39,283
Number of children with serious emotional disturbance served.....	4,833
Estimated Number adults with serious mental illness and children with serious emotional disturbance	304,451
Number of Adults with serious mental illness living in state (5.4% of the state population).....	228,921
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	75,530
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	13,059 (consumers/families served) and 7,633 (professionals trained/provided Technical Assistance)
Funding information for 2005	
Total State Mental Health Agency Controlled Revenues (2005)	\$ 579,728,296
State MH Spending for Community Mental Health Services (72.0% of total SMHA Revenues).....	\$ 417,643,413
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 135,452,674
Per Capita State MH Spending (expenditures per resident of state)	\$ 104.33

How Wisconsin Uses the Mental Health Services Block Grant

County Formula Allocation: This allocation is designated to county mental health agencies to fund programs for persons with serious mental illness. The DMHSAS determines each county agency's MHBG allocation using its standard Community Aids formula. This formula considers each county agency's Medicaid caseload, per capita income, urban/rural designation, and population. Each agency will use the funds for one or more of the following eight priority areas:

- certified Community Support Program development and service delivery,
- supported housing program development and service delivery,
- initiatives to divert persons from jails to mental health services,
- development and expansion of mobile crisis intervention programs,
- consumer peer support and self-help activities,
- coordinated, comprehensive services for children with SED,
- development of strategies and services for persons with co-occurring MH/SA disorders, and
- mental health outcome data system improvement.

Within these eight priority areas, counties will be asked to prioritize serving persons with a serious mental illness who are homeless either through immediate action or priority placement on a wait list. The state requires counties to submit reports detailing how they plan to use future funds and how they spent funds from previous years. Specific contracts are developed with each agency to assure oversight and compliance. In addition the state provides discretionary grants to county and tribal agencies to develop new evidence-based programs and develop quality improvement capacity; promote systems change to expand wrap around programs for children and families, and to promote adult services redesign; to fund the start up of psycho-social rehabilitation programs; outreach to homeless population to promote access to benefits; promote child welfare screening for children's mental health needs; training for crisis intervention, suicide prevention and trauma.

Funding is also used to provide a range of supports to consumers and families in statewide consumer/peer/family support programs and protection and advocacy services.

Wisconsin Vignette on uses of the MHBG:

Evidence Based Practice Promoted Through Systems Change

Wisconsin has used block grant funds to provide small seed grants to five counties for implementation of an evidence based practice. Counties have chosen Co-Occurring Disorders: Integrated Dual Disorders Treatment or Illness Management and Recovery.

Brown County, for example, is partnering with Drs. Ken Minkoff and Christie Cline of Zia Partners to transform the county system of providers toward an integrated system for individuals with co-occurring disorders. The county has a core team with 5 county staff, 5 consumers and 2 agency representatives that meet monthly. In July 2007, the county brought together 120 people including county staff, physicians, psychologists and other providers, consumers, and community representatives for an all day meeting with Zia Partners. There was a track for administrators and a track for direct providers. This meeting laid the groundwork for developing a charter to organize a quality improvement partnership for implementing a welcoming, comprehensive, continuous, integrated system of care throughout the county.

Unmet Need for Persons with Mental Illness

Adults:

Although coordination efforts are increasing, collaborative efforts between state agencies to serve consumers with multiple agency needs is still a gap in the mental health service system. An estimated 50 percent of adults with SMI who are homeless have co-occurring mental health and substance abuse disorders. Additional needs for individuals who are homeless with a serious mental illness include screening, assessment, and integrated treatment for co-occurring mental health and substance abuse disorders. Mental health programs in rural areas often lack access to psychiatric and psychological services. Rural counties often have a difficult time recruiting psychiatrists and the cost of psychiatrists who are available is often higher than normal due to the extra travel time required to reach rural areas. A lack of personal and public transportation limits the consumer's ability to attend treatment. Long distances to consumer residences increase the difficulty for providers to deliver in-home services. A limited supply of decent, safe and affordable housing complicates the lives of individuals with serious mental illnesses. The ongoing need to combat stigma and discrimination based on an individual's mental health condition continues to be issue. Finally, although Wisconsin has almost statewide coverage of our Community Support Program, the need for services outstrips the funding available in 30 of the 72 counties in Wisconsin.

Children:

The strengths and weaknesses of Wisconsin's adult system also apply to the children's mental health system. Although collaboration between different child-serving human service agencies is increasing through the expansion of wrap around programs called Coordinated Service Teams, the lack of collaboration among these agencies in the child mental health system still needs attention. If there are any targeted services available at all for children with SED who are homeless, they are usually not a priority for local mental health agencies and in the local PATH programs, homeless families are not targeted. For children in particular, the demand for specialty child psychiatry and child psychology outstrips available resources. There are also key issues in the need for better transitions from children's services to adult programs for kids with the most serious mental illnesses.

How Wisconsin Would Use a Hypothetical 10% Increase in the MHBG:

If our block grant is increased by 10%, we would focus on several areas with the increase of \$753,857. Wisconsin is interested in increasing the use of evidence based practices. For example, we have a critical need to serve individuals with a major mental illness who are not eligible for Medicaid (MA) who need Community Support Program services (CSP) (which were designed in line with Assertive Community Treatment). The average annual cost of services to an individual in this program is \$8,493. Based on this average cost we would be able to serve an additional 88 individuals in the CSP program.

We are also interested in expanding our capacity to provide services through the use of trained Peer Specialists. With \$100,000 in funding, a state infrastructure for peer support services could be developed regionally. Training for peer supports currently costs \$250 per consumer, so 400 new consumers could be trained with the increase, which could add workforce capacity to a number of Wisconsin's agencies statewide as a cost effective solution to current access problems. Additional funding could also be used to provide training and technical assistance in person centered planning as a cornerstone of their transformation efforts. The cost for five agencies to develop person centered planning is \$10,600. Wisconsin also has a need for developing Family Liaisons or connectors between community agencies and state mental health inpatient facilities, development of electronic medical records, and the creation of regional service collaborative to increase workforce capacity.

With any remaining funding from the increase, Wisconsin would expand its support of the Center for Excellence to promote evidence based and best practice treatments in community care.

State Contact Information:

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2007 MENTAL HEALTH SERVICES BLOCK GRANT: WYOMING PROFILE

The Wyoming public mental health system is comprised of the Mental Health Division (MHD), fifteen community mental health centers (CMHCs), and the Wyoming State Hospital (WSH). The Mental Health Division, as the State Mental Health Authority, oversees the operations of community mental health centers and acts as the conduit for State and Federal funding for community mental health services.

State Mental Health Block Grant allocation (FY'2007)	\$ 516,865
State Population (2006)	509,294
Number of adults living in state	394,973
Number of children (under age 18) living in state	114,321
Number of Persons served by the public mental health system in FY 2006	16,471 (3.2% of State Population)
Number of adults with serious mental illness/children with serious emotional disturbance served in 2006	4,579
Number of adults with serious mental illness served.....	2,982
Number of children with serious emotional disturbance served.....	1,538
Estimated Number adults with serious mental illness and children with serious emotional disturbance	27,138
Number of Adults with serious mental illness living in state (5.4% of the state population).....	21,145
Number of Children with serious emotional disturbance living in state (7-11% of the state population)	5,993
Estimated Number of Persons Served by Mental Health Block Grant Funds in 2006	NA
Funding information for 2004	
Total State Mental Health Agency Controlled Revenues (2004)	\$ 50,608,105
State MH Spending for Community Mental Health Services (59.8% of total SMHA Revenues).....	\$ 30,245,975
SMHA-Controlled Revenues from Medicaid (state and federal shares)	\$ 10,660,354
Per Capita State MH Spending (expenditures per resident of state)	\$103.52

How Wyoming Uses the Mental Health Services Block Grant

- The Mental Health Services Block Grant is used to support Transformation activities in the areas of consumer empowerment, data and outcomes, training, and the demonstration of evidence based practices. The block grant provides funding for activities and services that aren't supported by state funds and is an important part of the public mental health system in Wyoming.

Wyoming Vignettes on Uses of the MHBG:

The block grant annually supports a statewide consumer survey. The Mental Health and Substance Abuse Services Division contracts with the Wyoming Chapter of the Federation of Families (UPLIFT) and the Western Interstate Commission for Higher Education (WICHE) to conduct the survey and evaluate survey results. Survey instruments are based on the instrument implemented in most states through the national Mental Health Statistics Improvement Program. Separate surveys are developed for adult consumers, parents or caregivers of consumers under age 18, and children under 18. Consumers (or parents/caregivers) are asked to agree or disagree with statements related to the ease and convenience with which they got services (access), the quality of the services (appropriateness), results of services (outcomes), ability to direct their own course of treatment (treatment participation) and whether they liked the services they received (satisfaction). All fifteen community mental health centers in the state participate in the survey.

Peak Wellness Center, the community mental health center located in the state's largest county was awarded funding to partially support a jail diversion program. The program diverts individuals from jails who are mentally ill and who can be better stabilized with a reduced probability of re-offense in comprehensive community wrap-around services. The program receives referrals from the Public Defender's Office, the District Attorney's Office, judges and private attorneys. About 90% of individuals referred to the program are dually diagnosed with mental health and substance abuse disorders and require very extensive wrap around services and treatment. Clients referred to the program receive individual therapy, group therapy, psychiatric medication evaluation, case management, medication monitoring, housing, food, entitlements and other necessary resources to ensure stabilization and success in the community. The program serves about 50 individuals per year.

Unmet Need for Persons with Mental Illness

Adults:

- Stigma reduction; psychiatric services; suicide prevention; lack of a uniform array of services statewide; regional crisis intervention and inpatient services; affordable housing; and lack of predictable and stable funding increases.

Children:

- Disparities in access to specialty services statewide; lack of early intervention and screening statewide; lack of mental health providers with specialty in treating children; a need for recruitment and retention of child psychiatrists; stigma; a fragmented service delivery system; custody relinquishment occurring as a means of obtaining and affording mental health services for non-Medicaid qualified, uninsured, or underinsured families; and increased need for family involvement in system design and treatment planning.

How Wyoming Would Use a Hypothetical 10% Increase in the MHBG:

A 10% increase in Wyoming's Mental Health Block Grant allocation equals \$51,685. Funds would be used to supplement existing Transformation activities for adults and children. The funding could potentially support an additional demonstration project, and depending upon the type of project, may provide services for an additional 15 – 30 people.

State Contact Information:

<http://wdh.state.wy.us/mhsa/index/html>

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