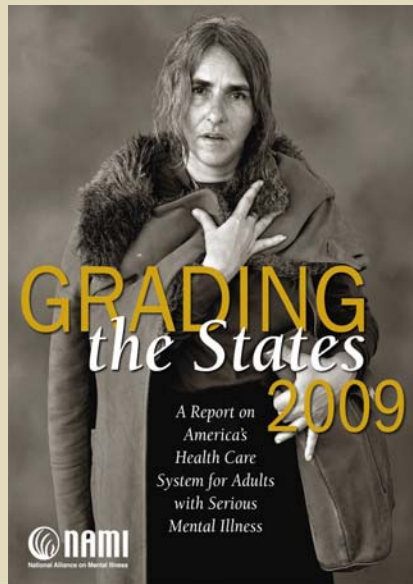


# National Alliance on Mental Illness (NAMI)

## Grading the States 2009

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## Goals

- Advocacy and communication
- Public education
- Increase transparency/accountability
- Document changes over time
- Highlight best practices
- Identify worst practices

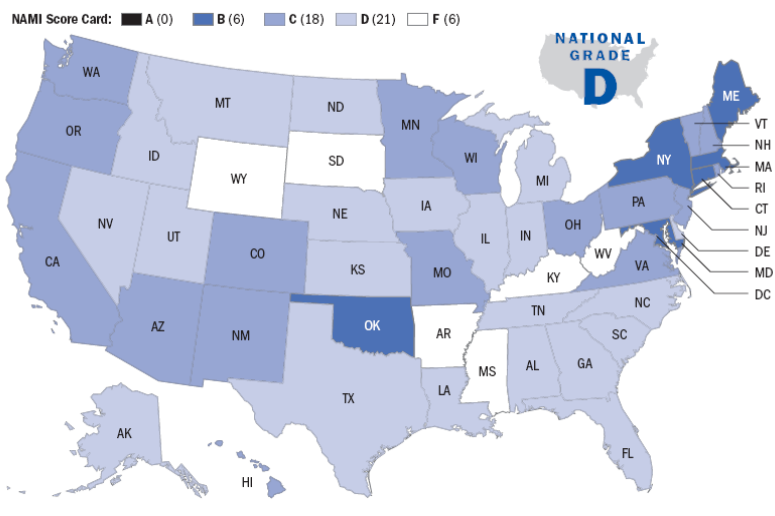
## Data

- **Data Sources:**
  - Survey of State Mental Health Agencies
  - Hospital beds (AHA)
  - Workforce shortage (Sheps Center)
  - Consumer & Family Test Drive
  - Web-based survey of consumers and family members
- What we need vs. what we have...

## Four Groups of Measures

1. Health Promotion and Measurement
2. Financing and Core Treatment/  
Recovery Services
3. Consumer and Family Empowerment
4. Community Integration and Social  
Inclusion

Exhibit 3.1 Grading the States 2009: Overall State Grades



## National Trends - Positive

- Recovery is widely accepted
- More focus on evidence-based practices
- Growing concern about wellness, whole person
- Stronger collaborations at state and local levels
- Support for stigma reduction, public education
- Consumer and family recognition/empowerment

## National Trends - Negative

- Budget cuts
- Lack of acute inpatient beds, crisis stabilization services.
- Poor data, particularly on outcomes.
- Continued fragmentation of systems and services.
- Too many people falling through the cracks.

## Virginia - Strengths

- “Down payment” to increase community services
- 18 Assertive Community Treatment (ACT) programs and fidelity to model standards
- Co-occurring disorders treatment
- System for information and referrals

## Virginia – Needs

- Still great need for more robust, better access to community-based services
- Housing, housing, housing
- Health care coverage for uninsured persons
- Implement jail diversion on a statewide basis
- Increase crisis stabilization capacity
- Increase acute inpatient capacity
- Can improvements be sustained in a difficult funding climate?

# Recommendations

## 1. Housing, housing, housing

- Supportive
- Affordable, permanent
- Residential/transitional/group

*“Finding decent, affordable, adequate housing is a nightmare. There are too few group homes and the ones that exist are of poor quality.”*

*“There is no place for him to live besides a shelter, a group home, a state hospital, or jail.”*

*“My main concern is supportive housing for people with mental illness. This is a basic need for all people and more so for those with a mental illness. My son needed a safe place to go at night more than anything else. There was nothing.”*

## 2. Crisis prevention and management supports including in-home crisis stabilization and crisis stabilization units

*“The PACT Program has been the answer to a prayer. I only wish it were available to all who need it.”*

*“About a year ago I felt myself relapsing with my serious depression and other symptoms. I was able to check myself into the crisis stabilization center to get the care and attention I needed. I’m so glad I didn’t have to go to the hospital. The staff was wonderful and I got back on my feet in a few days.”*

## 3. Psychiatry and medication access

*“His Nurse Practitioner was absolutely a treasure in being available to adjust meds when he was having psychotic symptoms again.”*

*“There is one psychiatrist in our county and too many patients for him to see even though he is an excellent psychiatrist and helpful to his patients.”*

## 4. Outpatient services

*“The thing our family appreciates most is that they have given her confidence that she can live a normal life even though she has a mental illness. She feels like she has gotten her life back.”*

5. 24-hour emergency services for mental health crises
6. Job training and employment placement services
7. Acute care response including inpatient psychiatric care

*“There was not a bed to be had when she needed to be admitted after trying to commit suicide.”*

## 8. Case management

*“My son had a wonderful case manager who helped him apply for SSDI and helped keep him on track.”*

*“Case managers are overwhelmed with demands for court mandated outpatient services which they do not have the capacity to fulfill.”*

## 9. Primary care integration

## 10. Coverage for uninsured

*“He desperately wants assistance in managing this illness but the despair deepens each day. The lack of parity in health insurance coverage and treatment is a major expense.”*



### Children's Services:

- School-based mental health
- Early intervention services
- Intensive home-based services
- Comprehensive outpatient community-based services

*"We have benefited greatly from "wraparound" services in my county giving my child more intensive home support to supplement outpatient services. This has been a godsend for my child and our family."*

## More Information & Questions

Full GTS-09 report at  
[www.nami.org/grades09](http://www.nami.org/grades09)