

NAMI's "Grading the States" Report

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- Colorado's Average Grade is a C
- National Average is a D
- 14 States Improve Grades; 12 Fall Backwards
- State Budget Crises Threaten Ruin

On Wednesday, March 11, NAMI published the Grading the States 2009: A Report on America's Health Care System for Adults with Serious Mental Illness (GTS '09). The national average grade was a D. The report provides the only comprehensive, ongoing assessment of the nation's public mental health care system for adults. Fourteen states improved their grades since NAMI's last report card three years ago. Twelve states fell backwards.

Colorado was one of two states that did not participate in NAMI's previous GTS study, which was conducted in 2006, therefore Colorado received a "U" in the 2006 GTS report. Three years later, transparency returned, and Colorado's mental health care system received an average grade of C on the 2009 GTS report.

In the 2006 study, the 48 participating states received an average grade of D, and only five states received Bs. Governors, legislators, state agencies, mental health professionals, consumer and family advocates, the news media, and taxpayers all sat up and took notice. GTS '06 provided guidance and momentum for reform in many states.

In 2003, the presidential "New Freedom" Commission on Mental Health condemned the nation's mental health care system as outmoded, fragmented, and often ineffective and called for "fundamental transformation." One key to transformation is transparency and accountability, which this report provides. It also provides a common baseline against which progress can be measured over periods of years.

The report comes at a time when state budget cuts are threatening mental health care overall.

"Mental health care in America is in crisis," said NAMI executive director Michael J. Fitzpatrick. "Even states that have worked hard to build life-saving, recovery-oriented systems of care stand to see their progress wiped out."

"Ironically, state budget cuts occur during a time of economic crisis when mental health services are needed even more urgently than before. It is a vicious cycle that can lead to ruin. States need to move forward, not retreat."

ABOUT THE REPORT:

The information on the 2009 GTS report was scored and weighted in four broad categories:

- Health Promotion and Measurement
- Financing and Core Treatment/Recovery Services
- Consumer and Family Empowerment
- Community Integration and Social Inclusion

Colorado's Grades by Category, [View Detailed Score Card \(PDF\)](#)

1. *Health Promotion and Measurement: F (25% of Total Grade)*

Basic measures, such as the number of programs delivering evidence-based practices, emergency room wait-times, and the quantity of psychiatric beds by setting.

2. *Financing & Core Treatment/Recovery Services: B (45% of Total Grade)*

A variety of financing measures, such as whether Medicaid reimburses providers for all, or part of evidence-based practices; and more.

3. *Consumer & Family Empowerment: C (15% of Total Grade)*

Includes measures such as consumer and family access to essential information from the state, promotion of consumer-run programs, and family and peer education and support.

4. *Community Integration and Social Inclusion: D (15% of Total Grade)*

Includes activities that require collaboration among state mental health agencies and other state agencies and systems.

Innovations

- "Data dashboard" initiative
- Connection to benefits legislation
- Expansion of parity legislation

Urgent Needs

- Crisis services
- Alternatives to incarceration
- Interagency health information systems
- Non-Medicaid mental health services

Information Sources

The primary source of data for GTS '09 was a survey of state mental health agencies (SMHAs).

Additional information was collected through secondary sources, including but not limited to:

- A Web-based survey of consumer and family experiences with state mental health services conducted in September 2008.
- A "Consumer and Family Test Drive" of state Web site and telephone information sources conducted by NAMI volunteers.
- Public information such as state community mental health services block grant applications, agency and academic reports, newspaper articles, and other sources.
- Secondary data sources including: the number of adults living with serious mental illnesses, mental health workforce shortages, and hospital-based inpatient psychiatric bed capacity.

Sixty-five criteria were used in the grading process. Each one was weighted to reflect its relative importance. State grades—both overall and for each of the four categories—are based on these weighted scores. The nation’s grade was calculated by averaging the weighted state scores.

This new report is the first report card since the initial measurement in 2006—in which GTS ’09 will help determine whether or not states have improved or lost ground in the past three years; whether the national average has increased, decreased, or stayed the same; and what strengths, innovative trends, or urgent needs can be identified in each state and nationally. GTS ’09 will be an installment in continuing public dialogue about what is working or not working in America as we seek to build a mental health care system that is evidence-based, recovery-focused, and consumer- and family-driven.

The report can be viewed at <http://www.nami.org/grades09> or in printed report form can be purchased from the NAMI store at <http://www.nami.org/store>.