



MENTAL HEALTH ASSOCIATION
of Rhode Island

Mental Health Measures:

Rhode Island,
New England States,
United States

December 2013

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of Rhode Island

December 2013

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Mental Health Association of Rhode Island

*The mission of the Mental Health Association of Rhode Island is to
promote mental health,
prevent mental illness,
and improve mental health services
through advocacy, education, and research.*

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MENTAL HEALTH ASSOCIATION
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Dedication

*This report is dedicated to
Richard C. Antonelli, MSW,
immediate past president of
Mental Health Association
of Rhode Island (MHARI).*

*Richard C. Antonelli has
consistently and enthusiastically
supported mental health performance
measurement and public reporting
throughout his tenure of service
with MHARI.*

Introduction

Mental Health Association of Rhode Island (MHARI) has now produced four statistical reports covering mental health service utilization, mental health service outcomes, and the life situations of persons with lived experience of mental illness. These reports as a whole have included cross-sectional, trend, and comparative analyses.

*All four of these reports are available on the research section of the MHARI website:
<http://www.mhari.org/research.html>*

**Mental Health Measures:
Rhode Island, New England States, United States**
December 2013

Mental Health Treatment Outcomes in Rhode Island
September 2012

**The Impact of Mental Illness on Rhode Islanders:
Statistical Measurement**
July 2011

**Mental Health Performance Measurement and
Public Reporting Chart Book**
March 2010

Important Caveats

I.

Since the States organize their mental healthcare systems in various ways (e.g., children's services vs. adults' services; public services vs. private services), caution and thoroughness are required when comparing States on mental health measures.

This report is heuristic – it raises a number of important questions, but it does not provide definitive answers to these questions. Additional research is required to draw firm conclusions.

II.

The statistics included in this report refer specifically to the consumers and services of Community Mental Health Centers (see Appendix I) funded in part by the Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant, which is administered through the State Mental Health Agency (SMHA) designated for that purpose.

In Rhode Island, that is the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH).

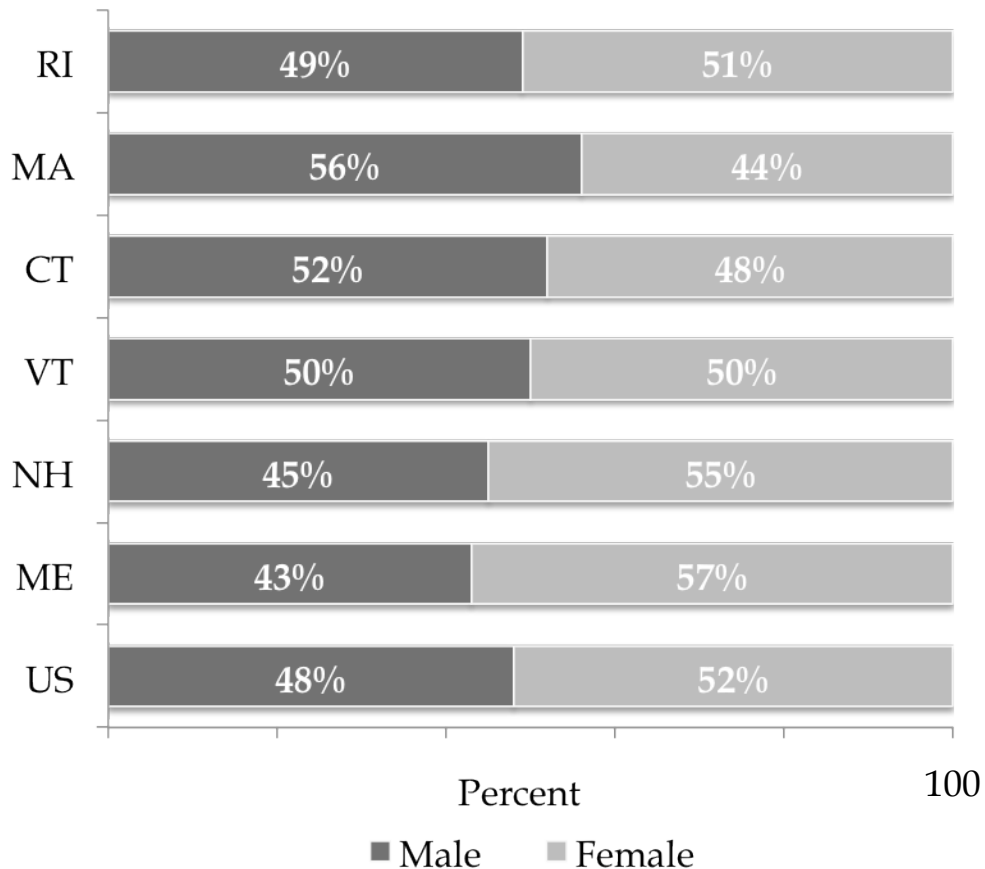
III.

Only children served through the Community Mental Health Centers are included in this statistical report.

Acronyms

ACT	Assertive Community Treatment
AMI	Any Mental Illness
DDT	Dual Diagnosis Treatment
EBP	Evidence-Based Practice
BHDDH	Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals
CMHS	Center for Mental Health Services
MHT	Mental Health Treatment
NE	New England
SAMHSA	United States Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SMHA	State Mental Health Agency responsible for the administration of the SAMHSA Community Mental Health Block Grant
SMI	Serious Mental Illness
US	United States

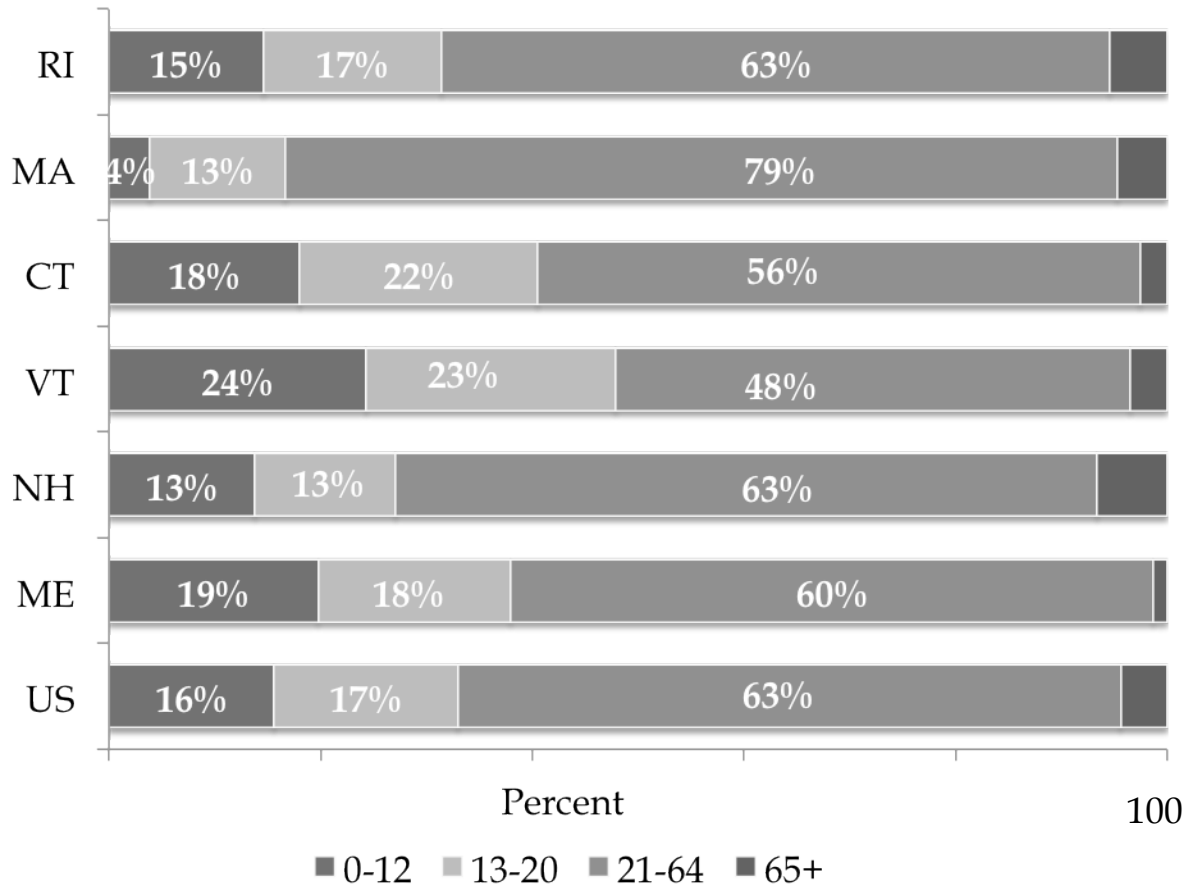
1. Consumers Served by the SMHA System in six New England (NE) States and the United States (US) by Gender



Nationally, the SMHA system serves a slightly higher proportion of female than male consumers. Rhode Island and VT approximate the national rate, while NH and ME serve a higher proportion of female consumers than nationally. Connecticut and MA serve a higher proportion of male than female consumers.

Data source: 2011 CMHS Uniform Reporting System

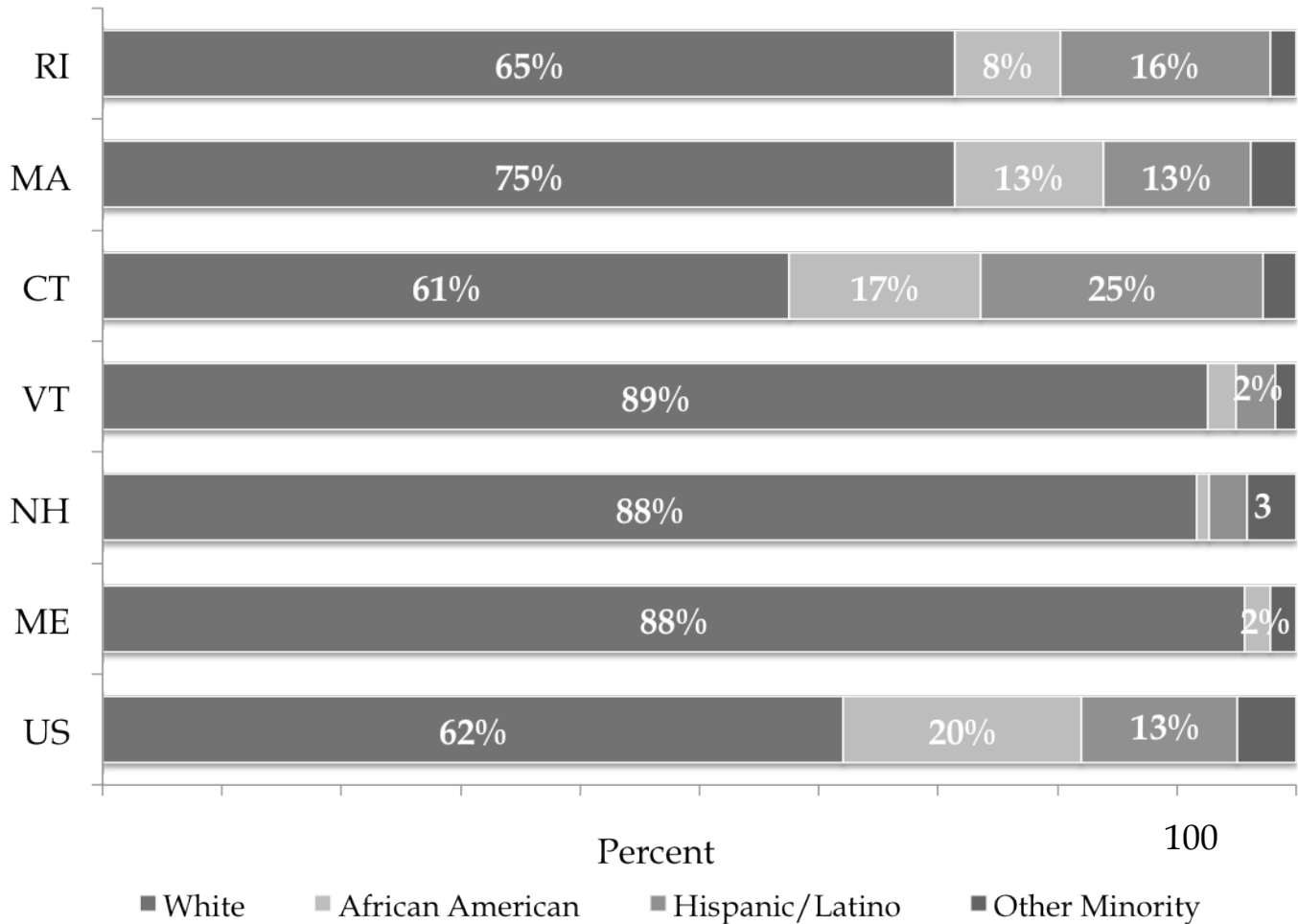
2. Consumers Served by the SMHA System by Age



In the US and four of the NE states, more than 60% of the consumers served by the SMHA system are over the age of 21. In contrast, less than 60% of consumers in VT and CT are 21 or older, and a larger share of their consumers are ages 0 – 20 compared with the US or the other NE states.

Data source: 2011 CMHS Uniform Reporting System

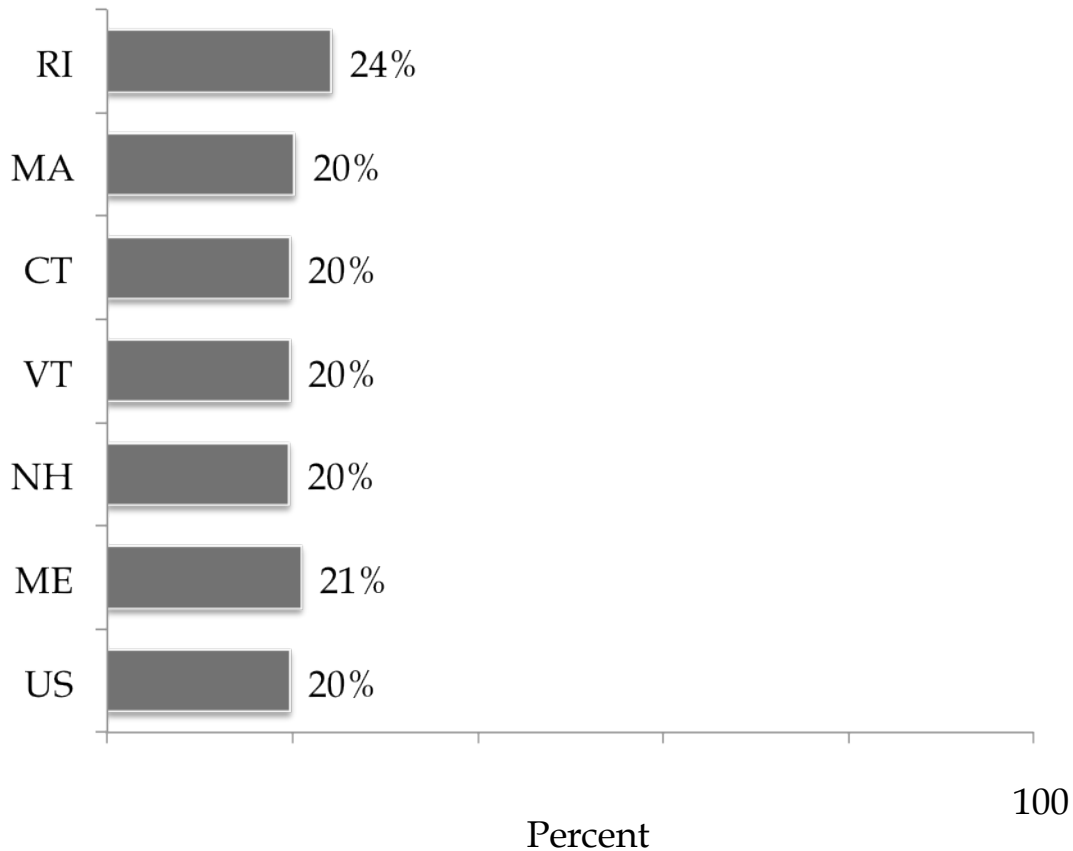
3. Consumers Served by the SMHA System by Race/Ethnicity



The proportion of consumers of different race/ethnicity served by the SMHA system in six NE states closely reflects the race/ethnicity makeup of each state.

Data source: 2011 CMHS Uniform Reporting System

4. Percent of Persons 18 or Older with Past Year AMI (2008-2009)

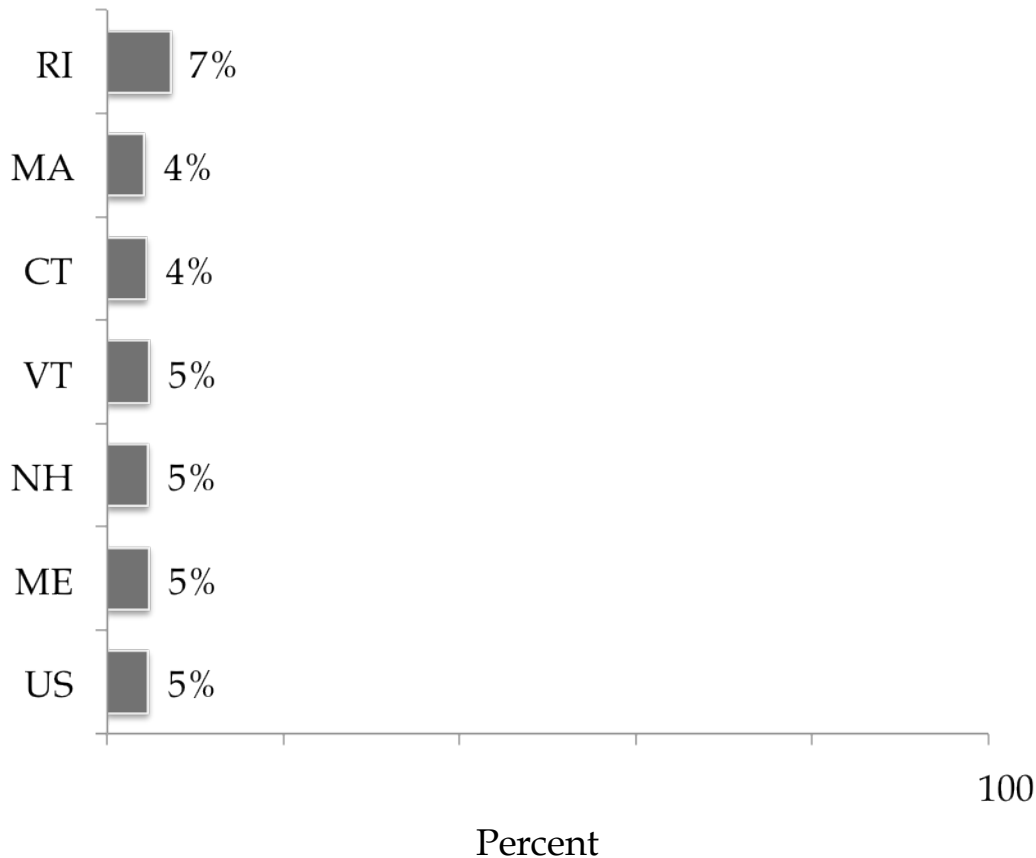


Almost 1 in 4 RI adults have any mental illness (AMI) compared with 1 in 5 for other NE states and the US.

Data based on the National Survey on Drug Use and Health, which surveys a representative sample of the national population.

Data source: Mental Health United States, 2010, Table 98

5. Percent of Persons 18 or Older With Past Year SMI (2008-2009)

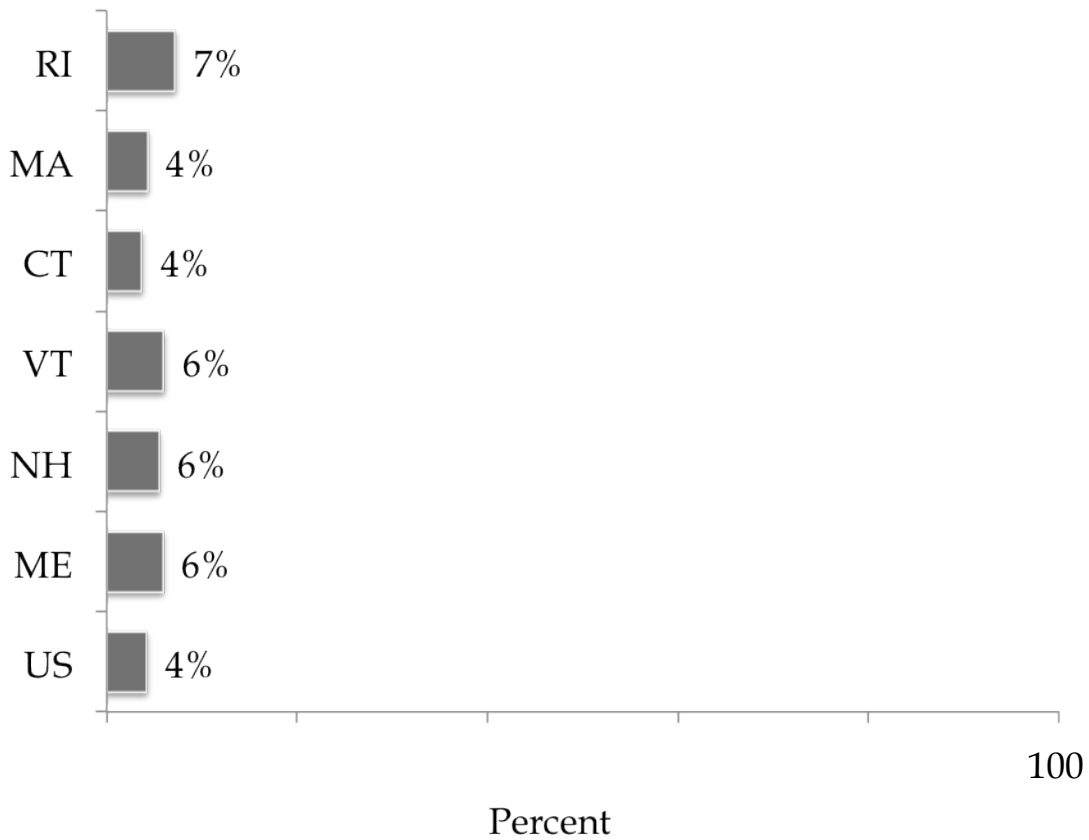


Seven percent (7%) of RI adults have serious mental illness (SMI) compared with 4-5% for other NE States and the US.

Data based on the National Survey on Drug Use and Health, which surveys a representative sample of the national population.

Data source: Mental Health United States, 2010, Table 98

6. Percent of Persons 18 or Older who Received Outpatient Non-Specialty MHT (2005-2009)

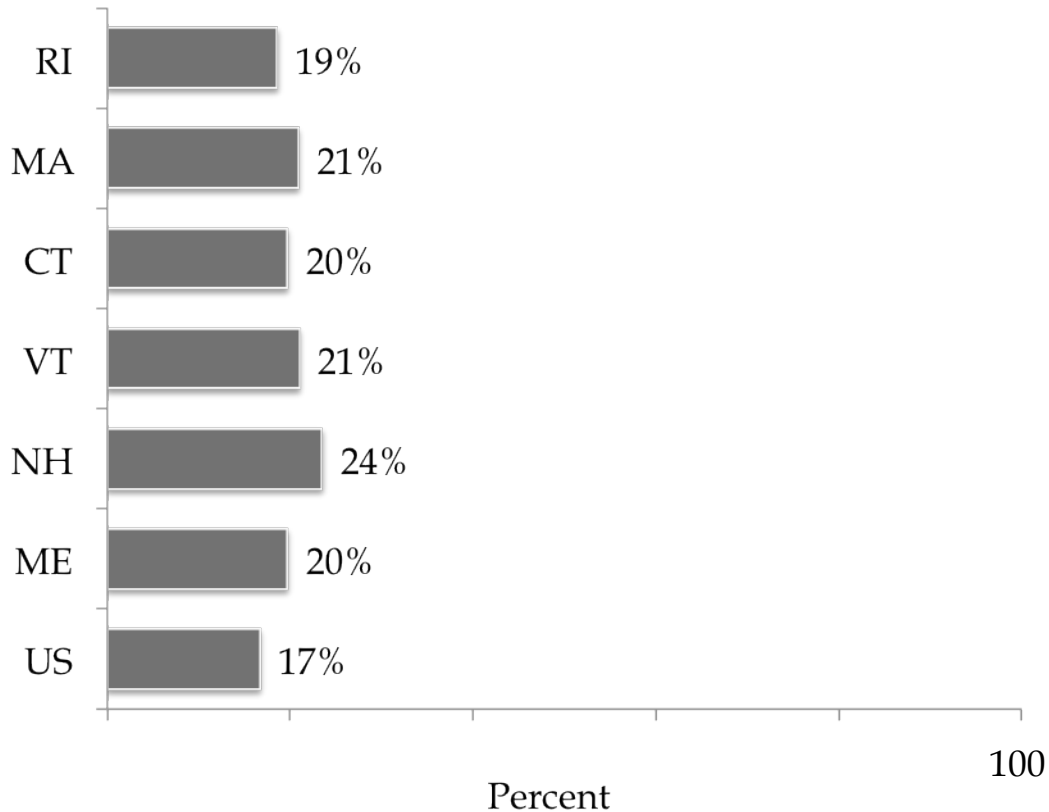


Seven percent (7%) of RI adults received outpatient non-specialty mental health treatment (MHT), slightly higher than the other NE states and the US.

Data based on the National Survey on Drug Use and Health, which surveys a representative sample of the national population.

Data source: Mental Health United States, 2010, Table 104

7. Percent of Persons Aged 12-17 who Received Specialty and Non-Specialty MHT (2005-2009)

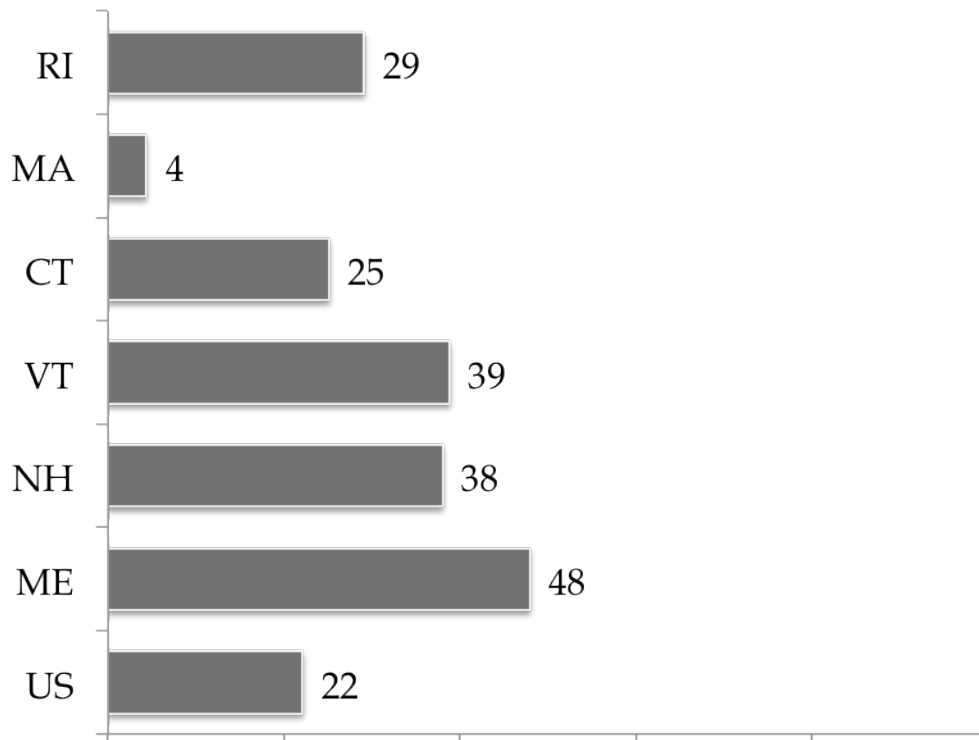


Nineteen percent (19%) of RI teens received specialty and non-specialty mental health treatment (MHT), slightly lower than the other NE states but somewhat higher than the US.

Data based on the National Survey on Drug Use and Health, which surveys a representative sample of the national population.

Data source: Mental Health United States, 2010, Table 106

8. Utilization Rates/Number of Consumers Served Penetration Rate per 1,000 State Population



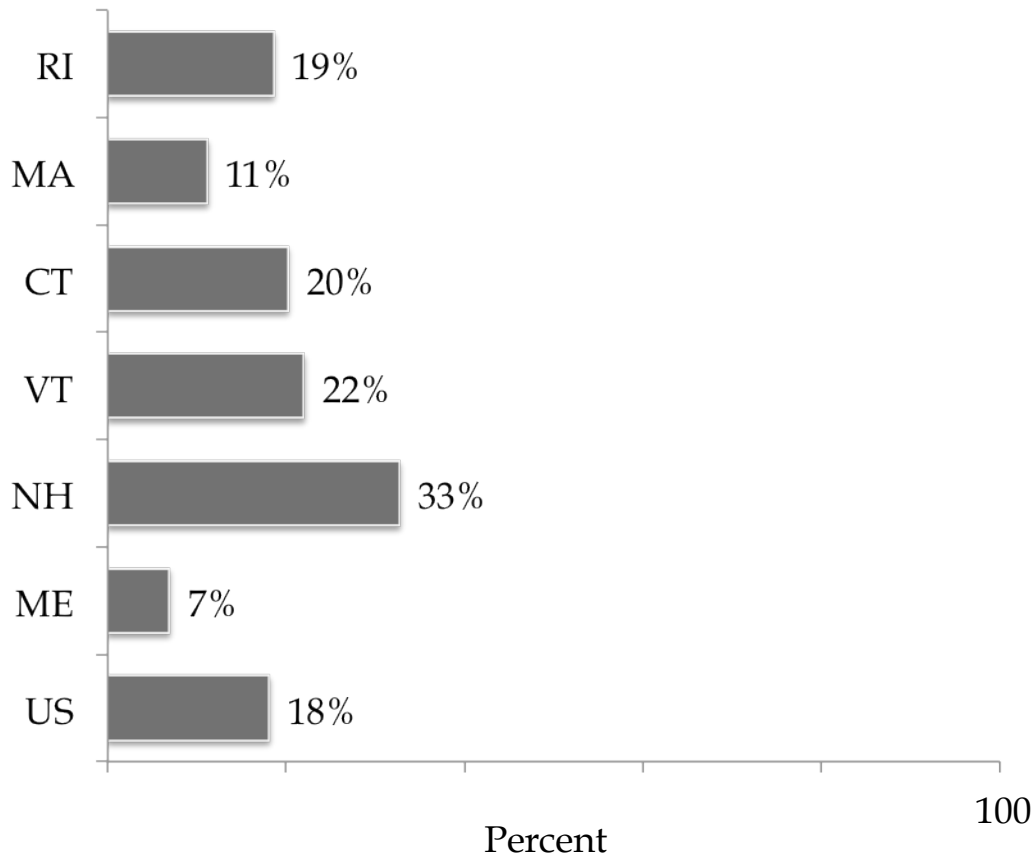
Penetration rate per 1,000 state population

Seven percent (7%) of RI adults received outpatient non-specialty mental health treatment (MHT), slightly higher than the other NE states and the US.

Penetration rate = numbers served per 1,000 persons in the state's population.

Data source: 2011 CMHS Uniform Reporting System

9. Consumers Served by SMHA System: Percent Employed

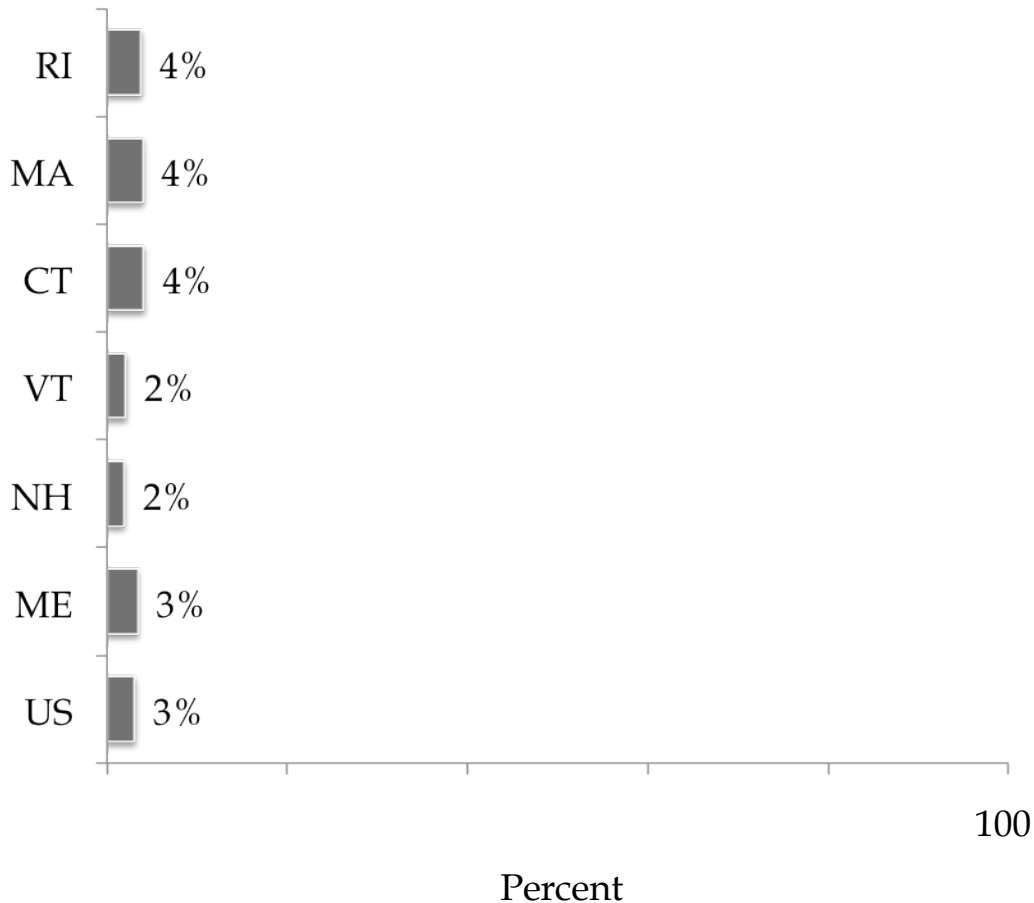


New Hampshire has the highest percentage (33%) of consumers served by its SMHA system employed, while Maine (7%) and MA (11%) have the lowest percentage employed. Rhode Island, with 19% employed, is similar to the US (18%).

Denominator is the sum of consumers employed, unemployed, and not in labor force.

Data source: 2011 CMHS Uniform Reporting System

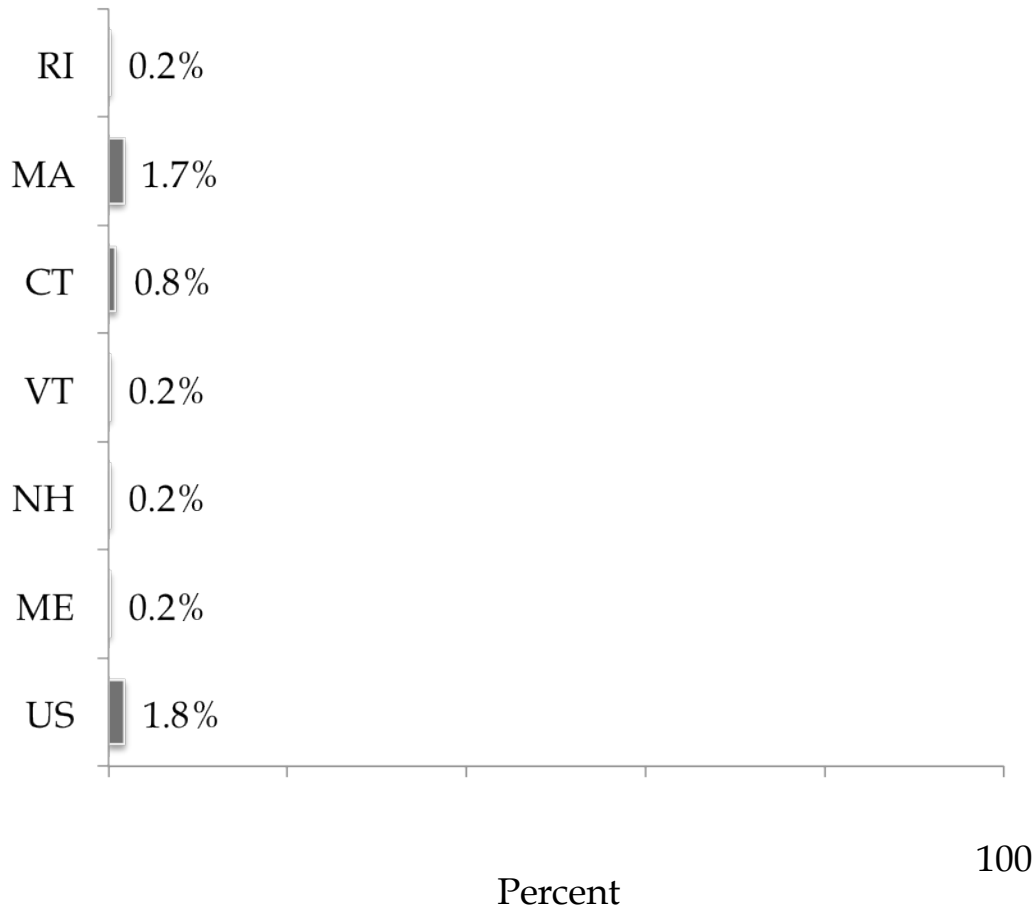
10. Consumers Served by SMHA System: Living Situation is Homeless Shelter



The percentage of consumers served by the SMHA system living in homeless shelters ranges from 2% to 4%. New Hampshire and Vermont have the lowest percentage (2%).

Data source: 2011 CMHS Uniform Reporting System

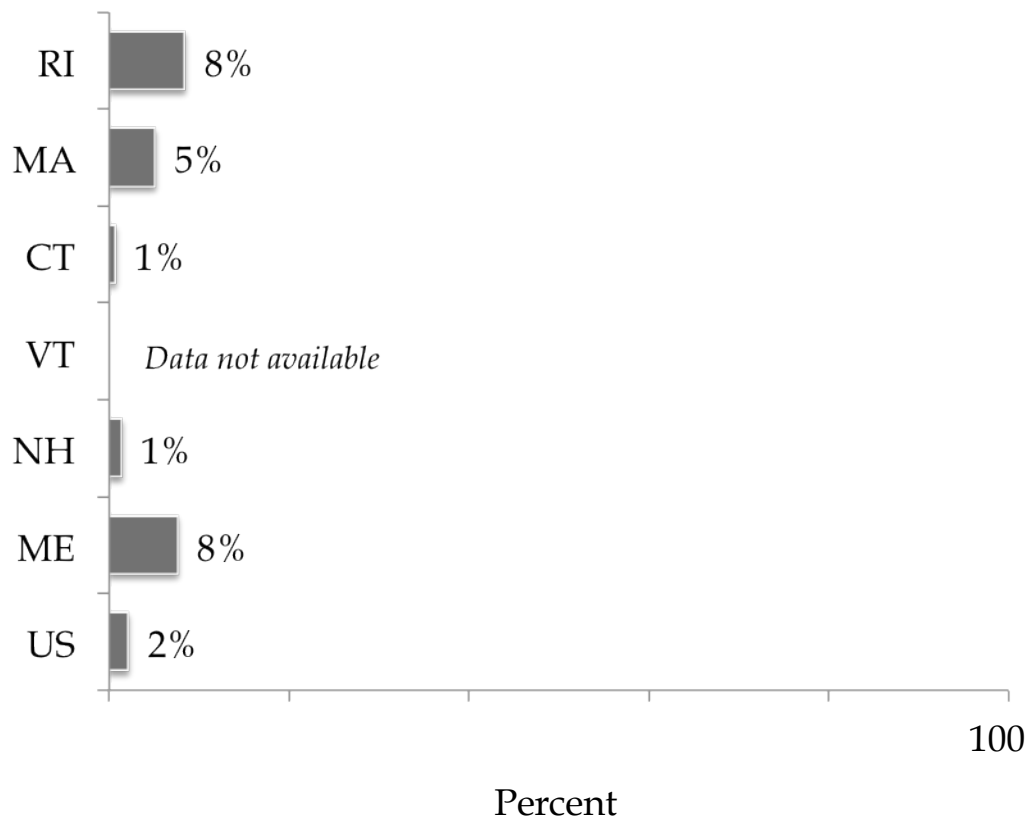
11. Consumers Served by SMHA System: Living Situation is Jail/Correctional Facility



The percentage of consumers served by the SMHA system in correctional facilities ranges from 0.2% to 2%. Massachusetts has the highest percentage of the NE states (1.7%) and is similar to the U.S. (1.8%).

Data source: 2011 CMHS Uniform Reporting System

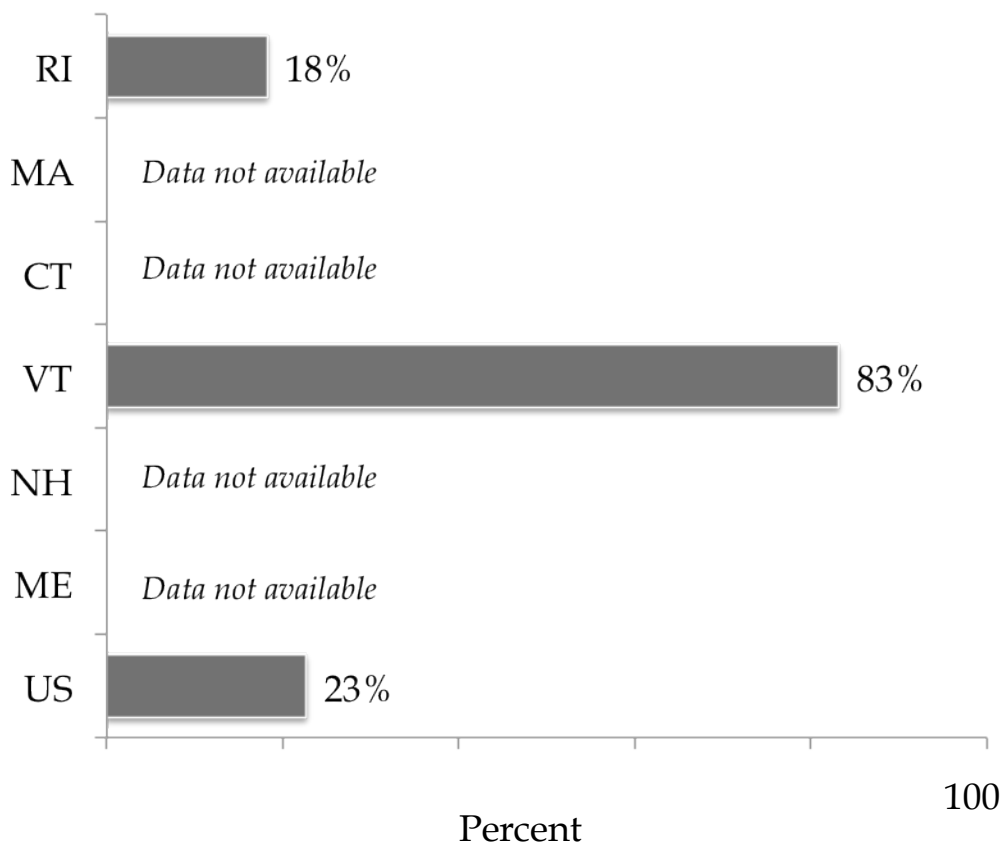
12. Consumers Served by SMHA System: Adult Evidence-Based Practices (EBP) Services Percent Receiving ACT



Rhode Island and ME have the highest percentage (8%) of SMHA system consumers receiving Assertive Community Services, compared with only 1% in CT and NH and 2% nationally.

Data source: 2011 CMHS Uniform Reporting System

13. Consumers Served by SMHA System: Adult EBP Services Percent with Medications Management

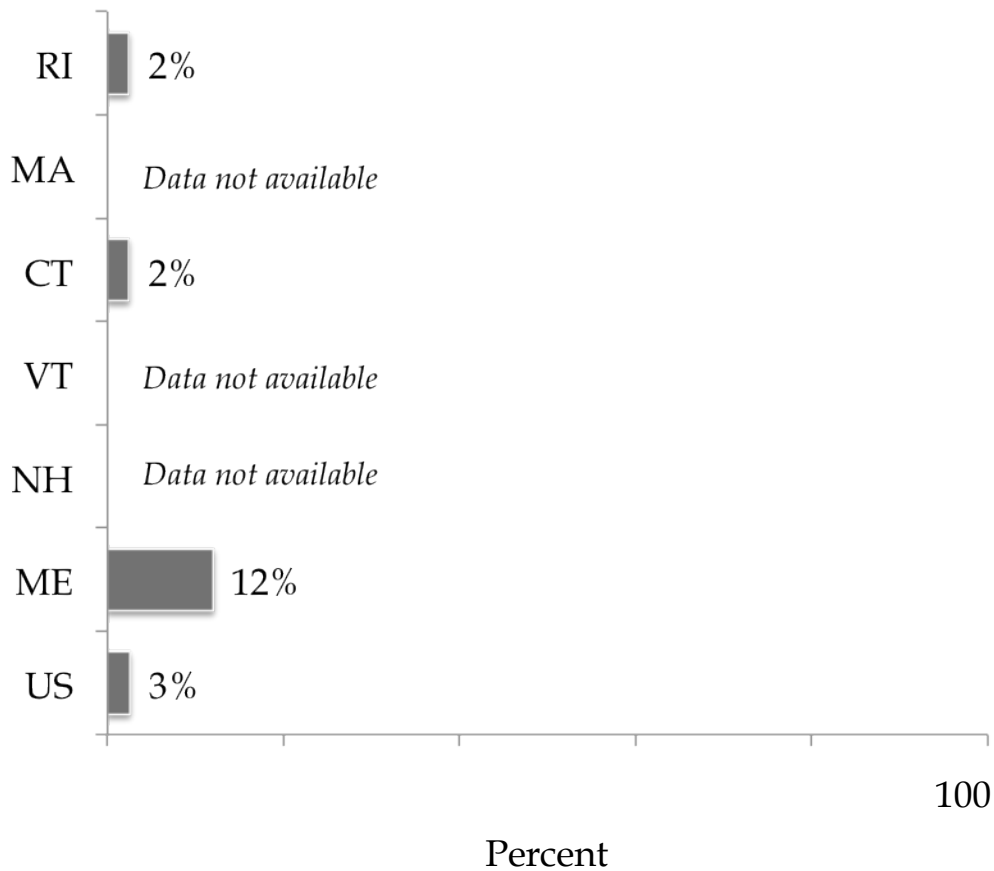


Data on medications management was available for only two states. Vermont, with 83% of its SMHA system consumers receiving medications management contrasts dramatically with 18% in RI and 23% nationally.

Data source: 2011 CMHS Uniform Reporting System



14. Consumers Served by SMHA System: Adult EBP Services Percent with Supported Housing



Data on Supported Housing were available for only three states. Maine has 12% of its SMHA system consumers in Supported Housing, which contrasts dramatically with 2% in RI and CT and 3% nationally.

Data source: 2011 CMHS Uniform Reporting System

15. Consumers Served by SMHA System: Adult EBP Services Percent Receiving Dual Diagnosis Treatment



Data on Dual Diagnosis Treatment (DDT) was available only for two states. Eighteen percent (18%) of RI's SMHA system consumers received DDT, compared with 4% in CT, and 4% for the US. While RI is doing better than CT and the US, there is considerable room for improvement.

Data source: 2011 CMHS Uniform Reporting System

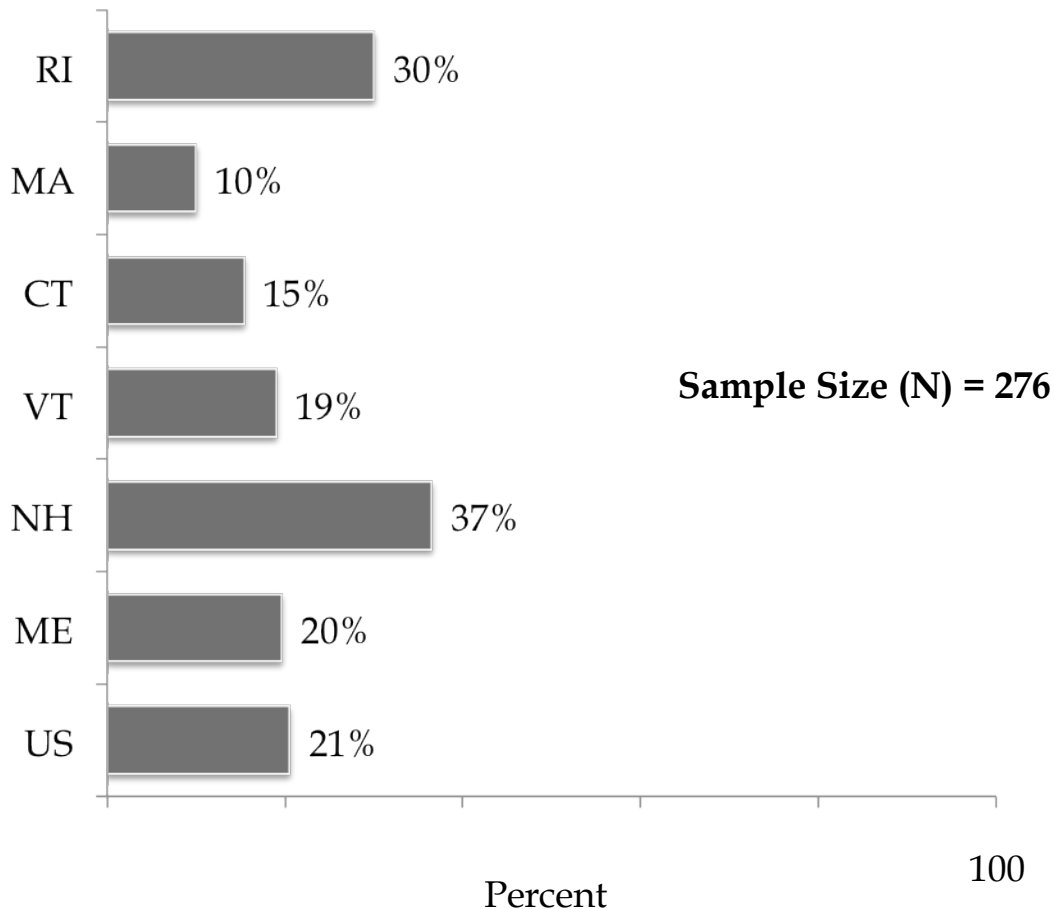
16. Consumers Served by SMHA System: Adult EBP Services Percent with Supported Employment



Data on Supported Employment was available for four NE states. Vermont has the highest percentage (31%) of SMHA consumers with supported employment, while RI with the lowest (4%), is still higher than the US (2%).

Data source: 2011 CMHS Uniform Reporting System

17. Consumers Served by SMHA System: State Hospital Readmissions 180 Days after Discharge

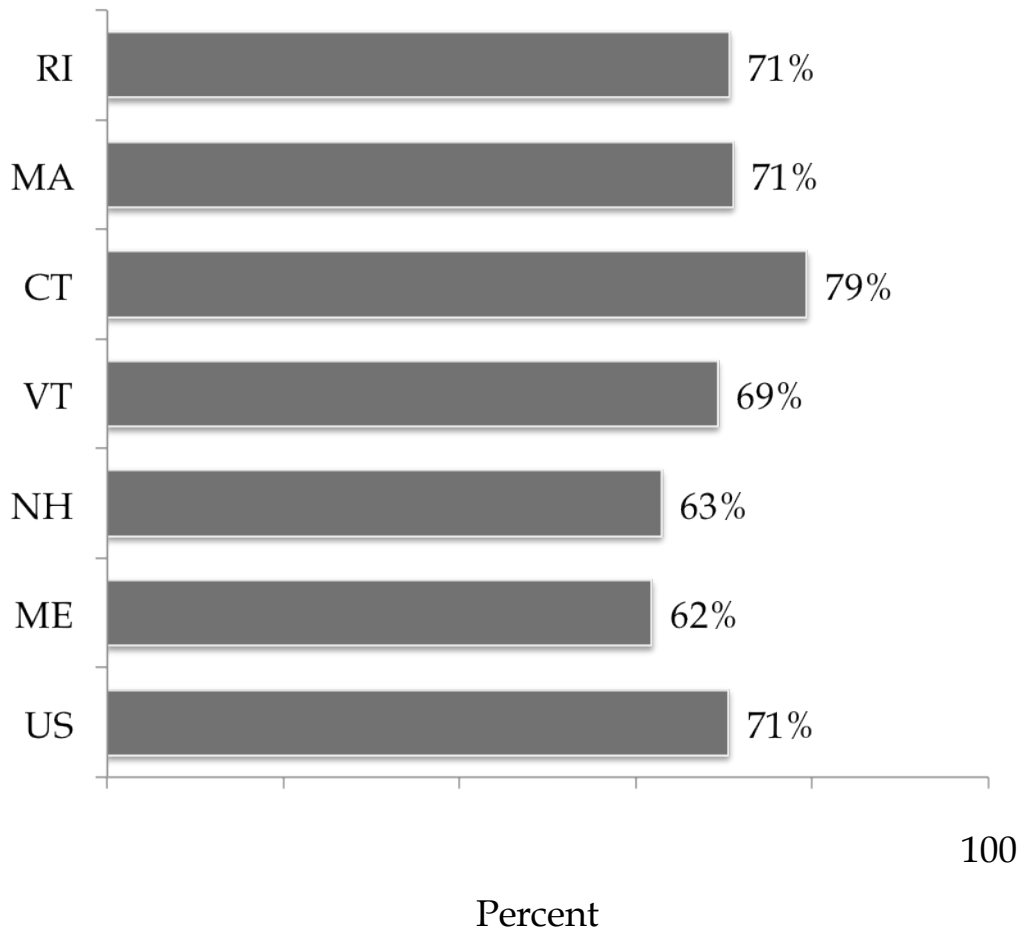


New Hampshire (37%) and RI (30%) have the highest percentage of state hospital readmissions 180 days after discharge, compared with 10% for MA and 21% for the US.

Civil "non-Forensic" consumers

Data source: 2011 CMHS Uniform Reporting System

18. Consumers Served by SMHA System: Percent with Positive Perception of Outcome

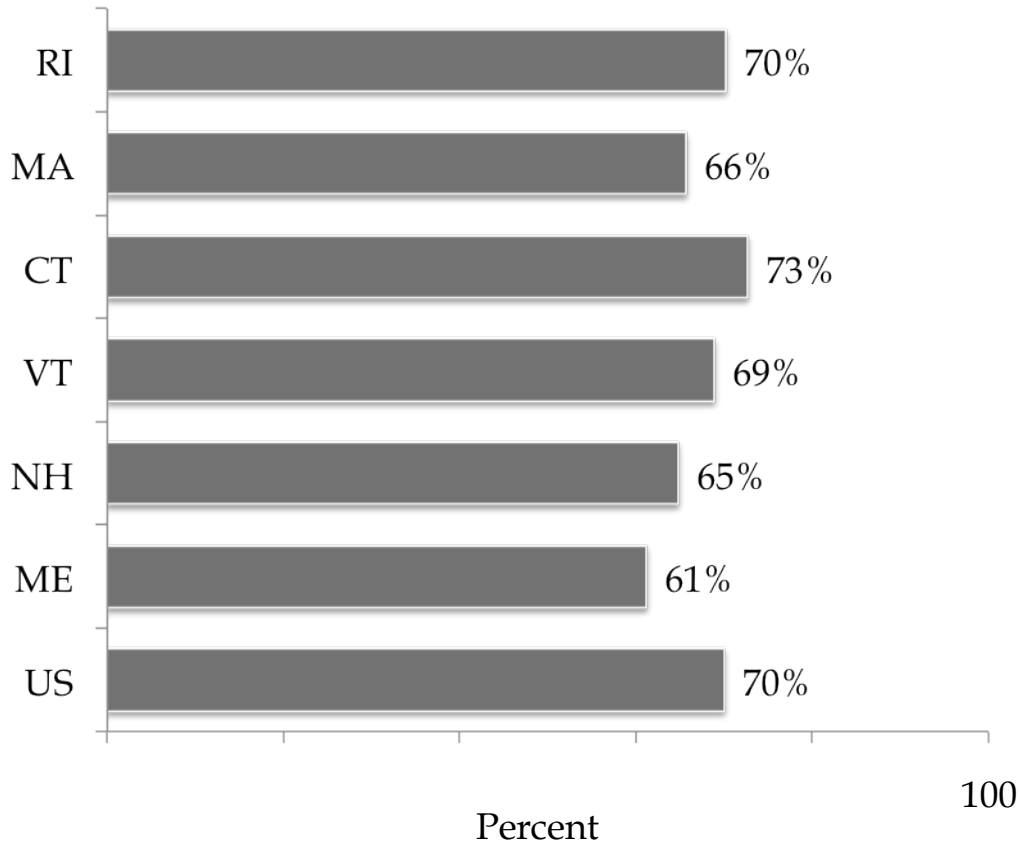


While 62% or more of SMHA consumers in New England states and the US are positive about service outcomes, there is still considerable room for improvement.

Adult Consumer Survey Measure

Data source: 2011 CMHS Uniform Reporting System

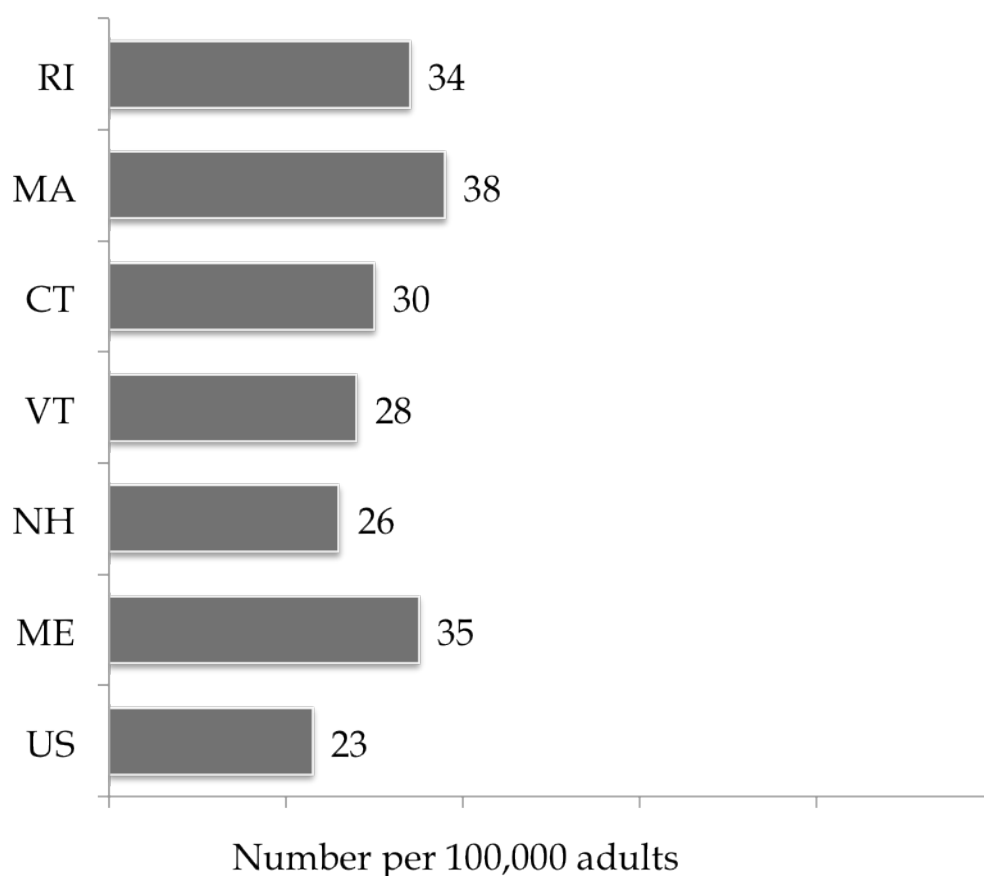
19. Consumers Served by SMHA System: Adult EBP Services Percent with Improved Social Connectedness



While 61% or more of SMHA consumers in six New England states and the US report improved social connectedness, there is still considerable room for improvement.

Data source: 2011 CMHS Uniform Reporting System

20. Inpatient Psychiatric Beds in Private Hospitals Number/100,000 Adults in the State Population (FY 2007)

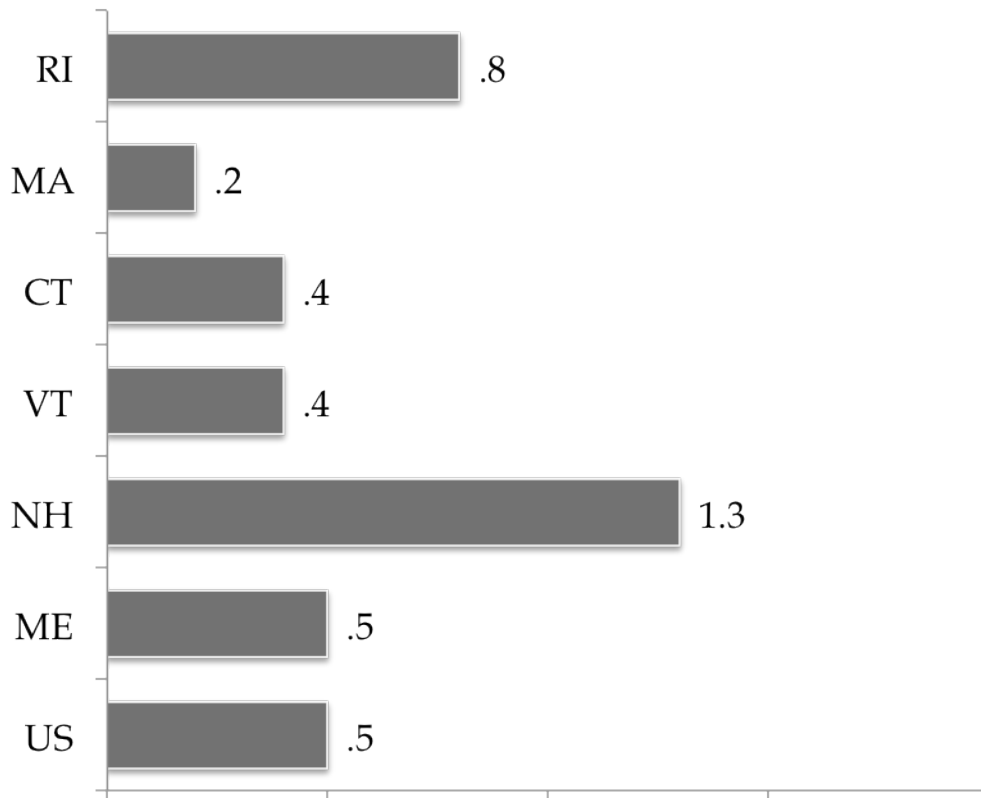


Of the NE states, MA and RI have the highest number/100,000 adults of inpatient psychiatric beds in private hospitals. All NE states have a greater number/100,000 adults of inpatient psychiatric beds in private hospitals than the US as a whole.

Data based on a survey of private hospitals

Data source: Mental Health United States, 2010, Table 114

21. Utilization Rates/Number of Consumers Served State Hospital Utilization per 1,000 Adults in the State Population

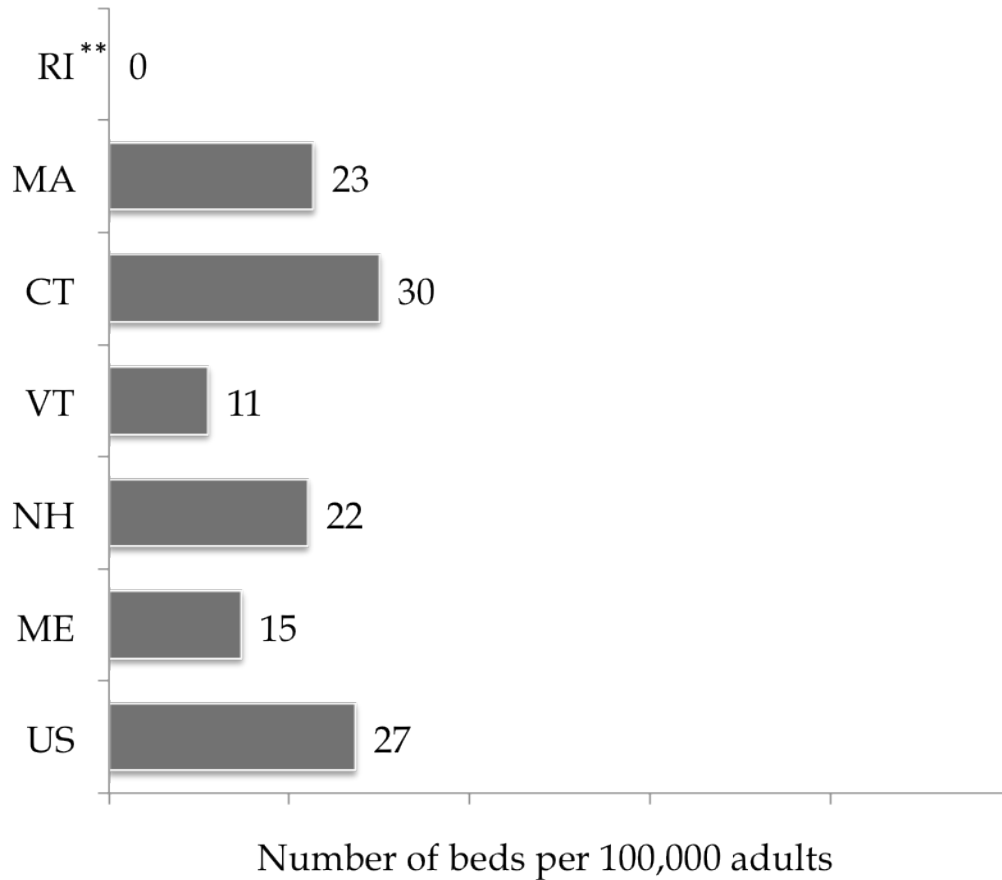


State hospital utilization per 1,000 state population

The utilization of state psychiatric hospitals per 1,000 members of the state population is highest in NH (1.3) and RI (0.8) and lowest in MA (0.2)

Data source: 2011 CMHS Uniform Reporting System

22. Inpatient Psychiatric Beds in State and Local Psychiatric and other Government Hospitals* Number/100,000 Adults (FY 2007)



The NE states, with the exception of CT, have a lower number of inpatient psychiatric beds in state, local, and other government hospitals, than in the US overall.

**VA beds are not included since they are Federal.*

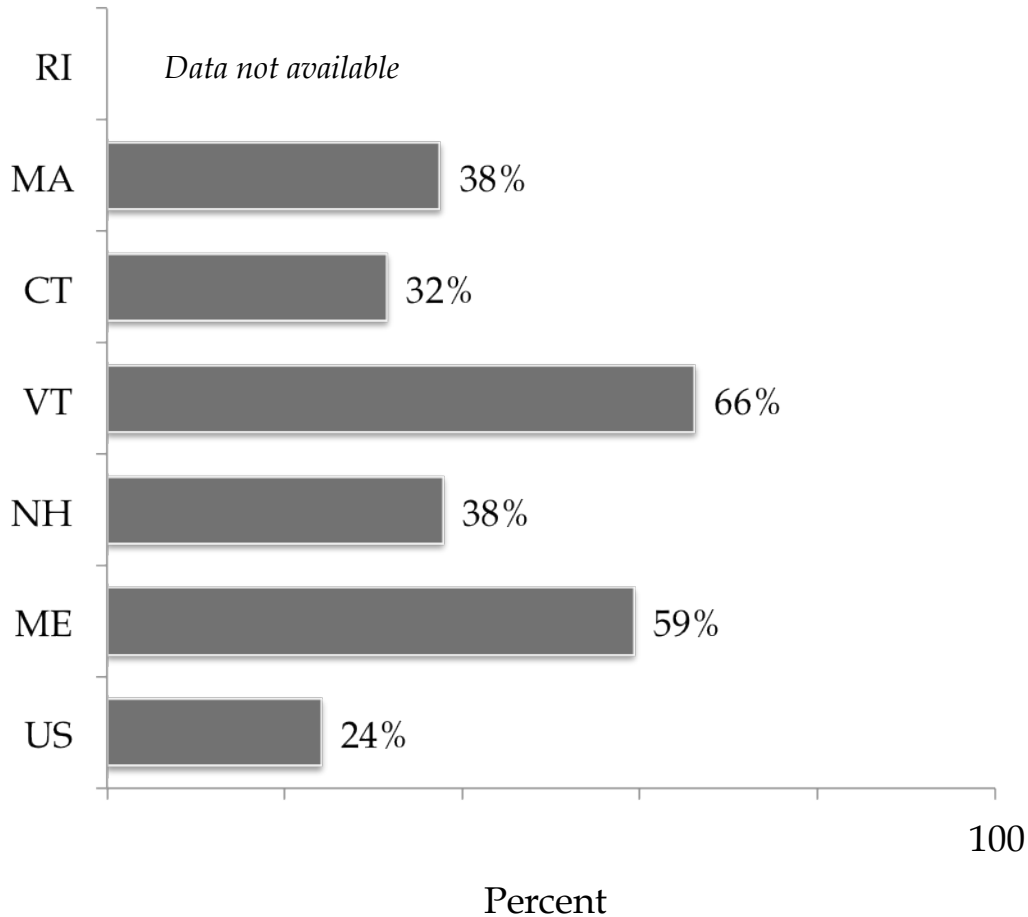
*** Rhode Island has no State psychiatric hospitals, but rather adult psychiatric/forensic units in a State general hospital and acute inpatient care contracted through private hospitals*

***Source: 2012 CMHS Uniform Reporting System; also, see Appendix 2*

Data based on a survey of hospitals.

Data source: Mental Health United States, 2010 , Table 113

23. Percent of Inmates in State Correctional Facilities Receiving MHT (FY 2000)

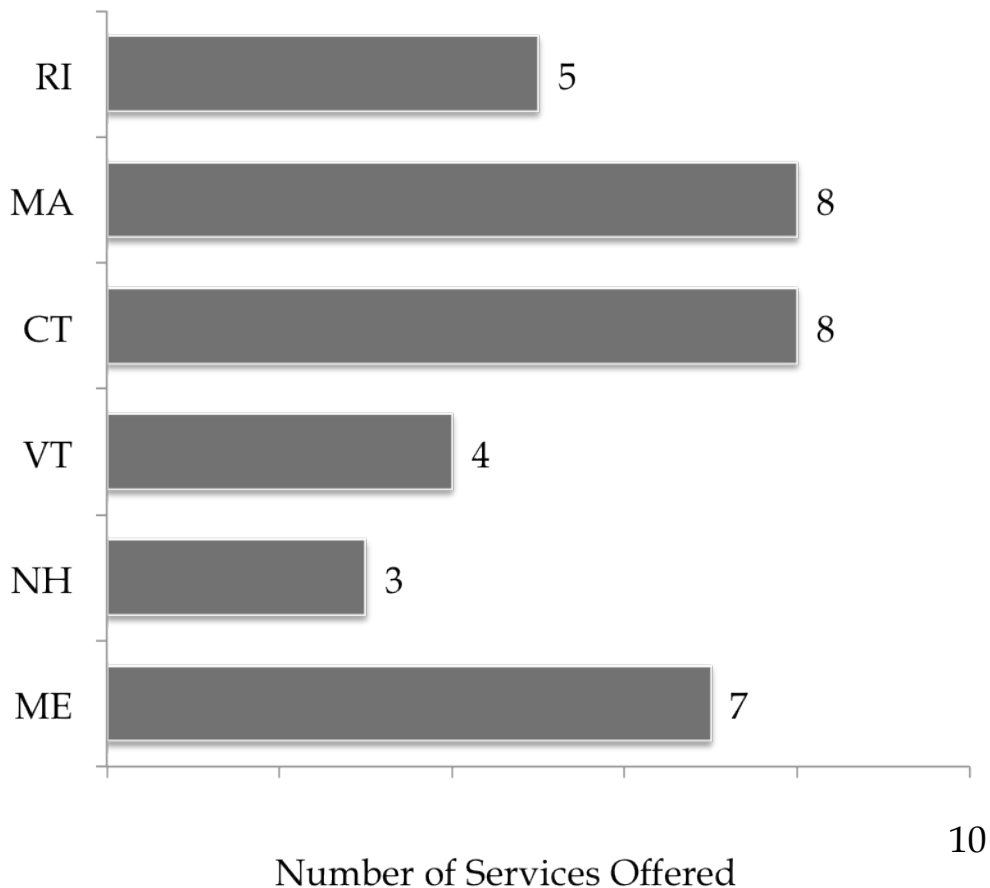


A higher proportion of inmates in New England state correctional facilities received mental health treatment (MHT), compared with the US. Vermont and ME have the highest percentages.

Data based on a survey of correctional facilities

Data source: Mental Health United States, 2010, Table 102

24. Of 10 Clinical Mental Health Services Available for Children under Medicaid, the Number Offered in NE States (FY 2008)

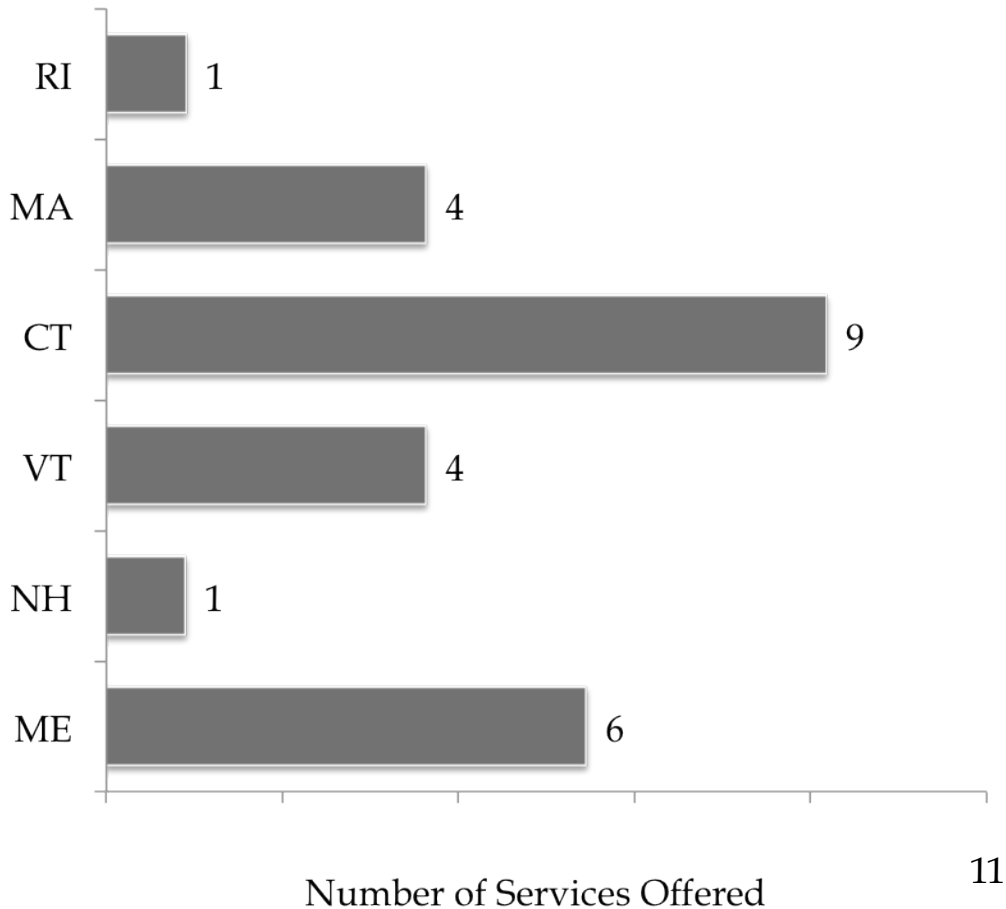


Massachusetts and CT offer eight of ten clinical mental health services available for children under Medicaid; RI offers five and NH offers the fewest (3).

Data based on a study of State's policies on Medicaid programs

Data source: Mental Health United States, 2010, Table 107

25. Of 11 EBP Mental Health Services Available for Children under Medicaid, Number Offered in NE States (FY 2008)

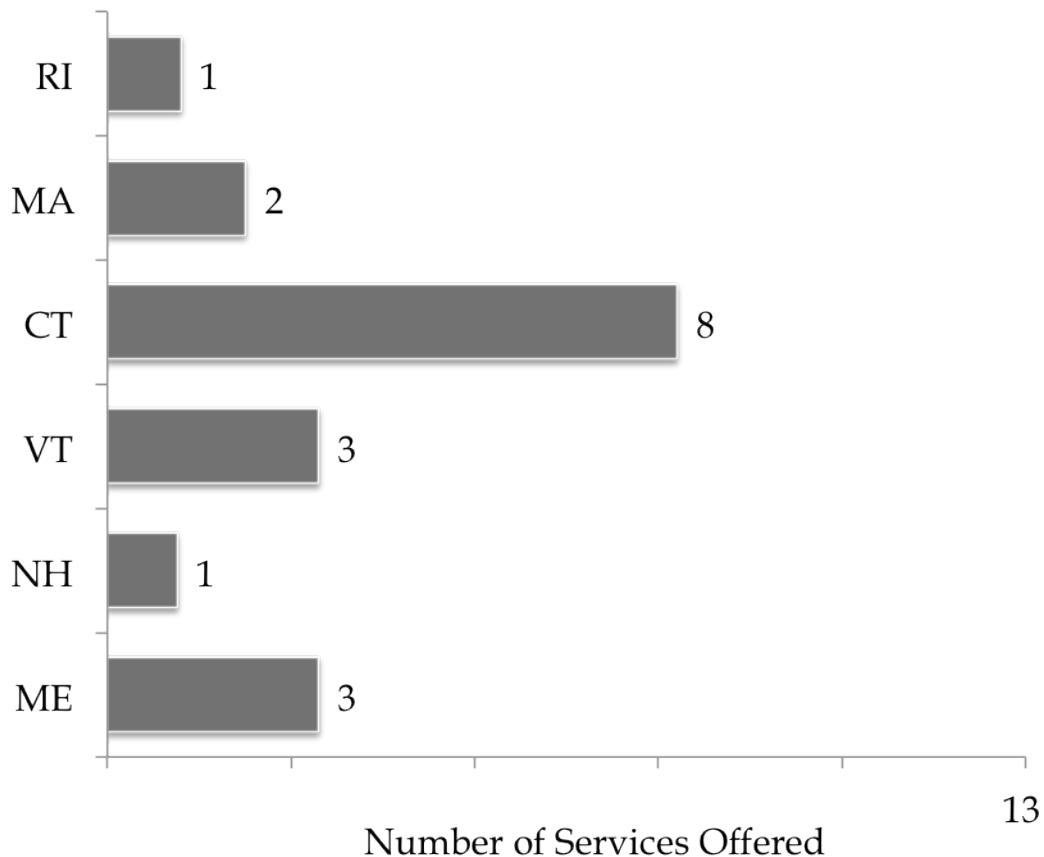


Connecticut offers nine of eleven EBP mental health services available for children under Medicaid and ME offers six; RI and NH each offer only one.

Data based on a study of State's policies on Medicaid programs

Data source: Mental Health United States, 2010, Table 107

26. Of 13 of Mental Health Rehabilitation Services Available for Children under Medicaid, Number Offered in NE States (FY 2008)

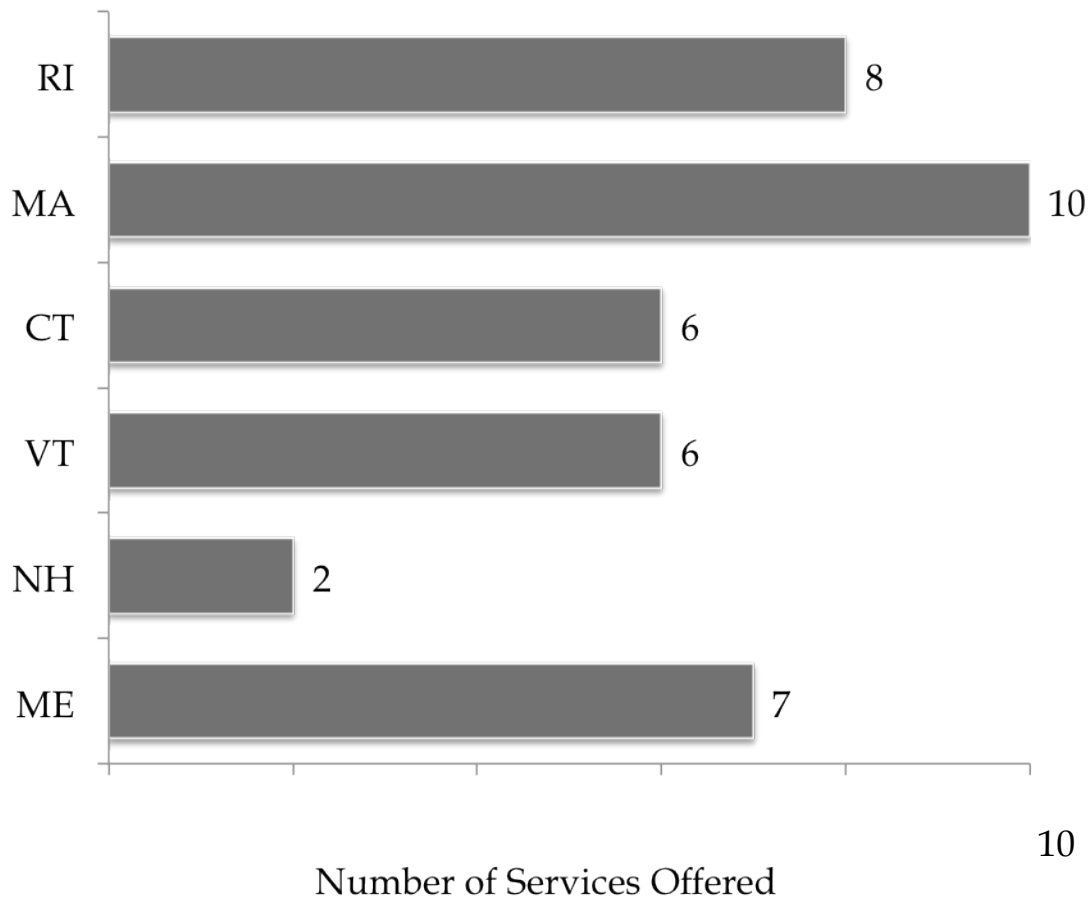


Connecticut offers eight of thirteen mental health rehabilitation services available for children under Medicaid; RI and NH each offer only one.

Data based on a study of State's policies on Medicaid programs

Data source: Mental Health United States, 2010, Table 107

27. Of 10 Clinical Services Available for Adults under Medicaid, Number Offered in NE States (FY 2008)

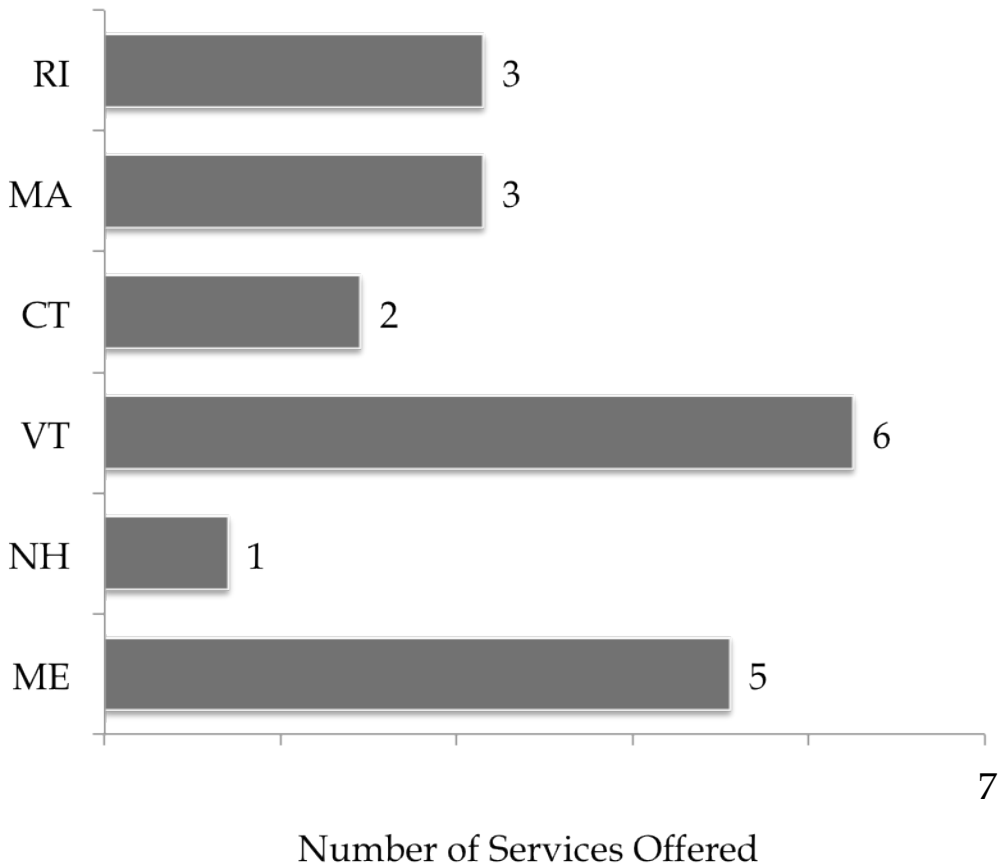


Massachusetts offers all ten clinical mental health services available for adults under Medicaid; RI offers eight while NH offers the fewest at two.

Data based on a study of State's policies on Medicaid programs

Data source: Mental Health United States, 2010, Table 105

28. Of 7 EBP Services Available for Adults under Medicaid, Number Offered in NE States (FY 2008)

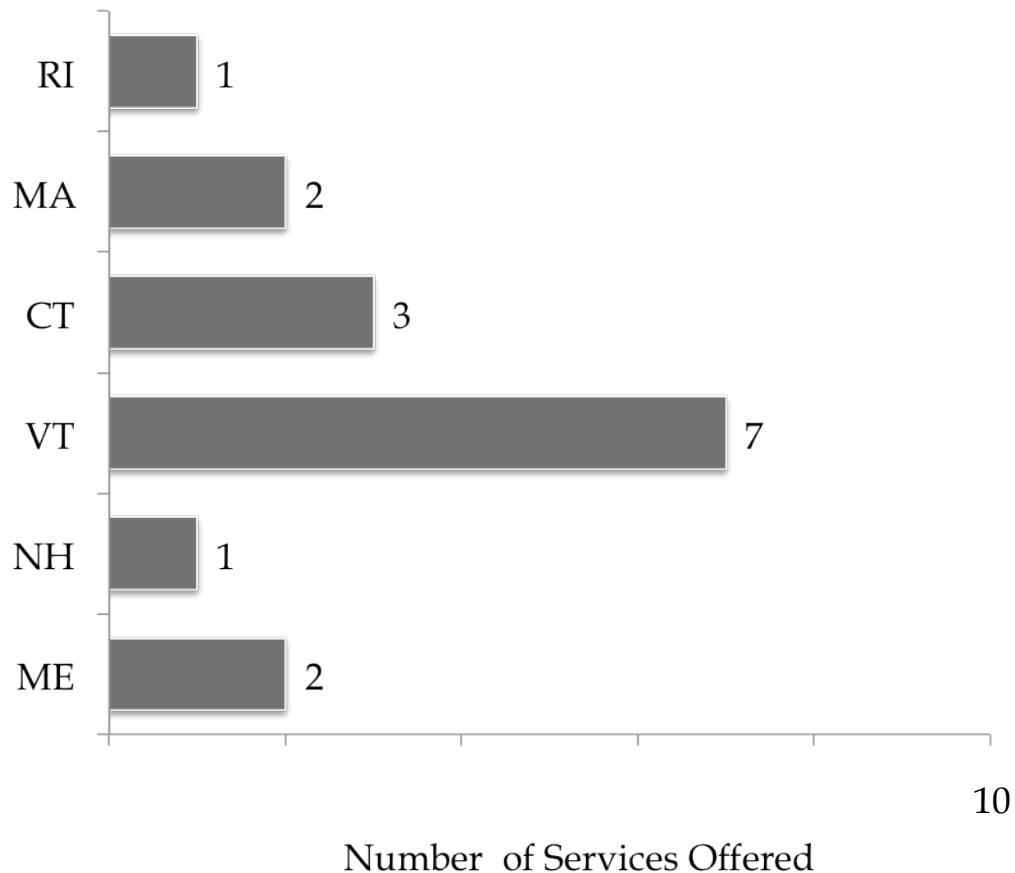


Vermont offers six and ME five EBP mental health services available for adults under Medicaid; RI offers three while NH offers only one.

Data based on a study of State's policies on Medicaid programs

Data source: Mental Health United States, 2010, Table 105

29. Of 10 Mental Health Rehabilitation Services Available for Adults under Medicaid, Number Offered in NE States (FY 2008)

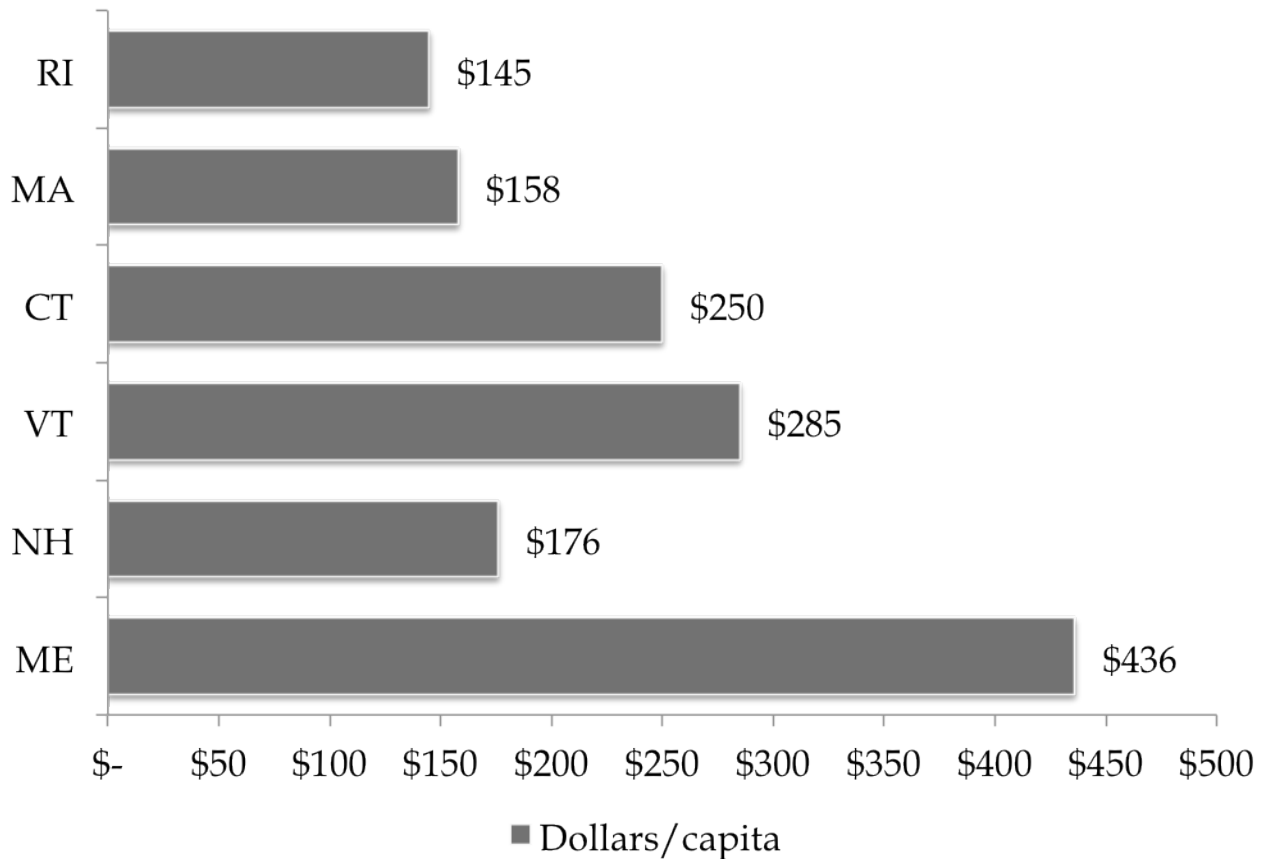


Vermont offers seven mental health rehabilitation services available for adults under Medicaid; the other NE states offer very few, with RI and NH offering only one.

Data based on a study of State's policies on Medicaid programs

Data source: Mental Health United States, 2010, Table 105

30. Total Expenditures (Dollars per Capita) Controlled by SMHA System (FY 2008)



Maine’s SMHA system controls expenditures equivalent to \$436/ person (state adult population), more than any other NE state, and three times the expenditures controlled by RI.

Data based on a study of SMHA

Data source: Mental Health United States, 2010, Table 120

Technical Notes

I.

In general, data displayed in this report are the result of data gathered by the Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH). And forwarded to the United States Substance Abuse and Mental Health Services Administration (SAMHSA) subcontractor Northern Rhode Island (NRI) as part of the Federal Block Grant data infrastructure requirements.

II.

Specifically, data contained in this report were drawn from two SAMHSA sources: 2011 Mental Health National Outcome Measures (NOMS): Community Mental Health Services (CMHS) Uniform Reporting System and Mental Health United States 2010.

Appendix 1: Mental Health Programs funded by the Federal Mental Health Block Grant in RI (FY 2012)

Agency Name	Address	Area Served	Block Grant for Adults with SMI	Block Grant for Children with SED
NRI Community Services	PO Box 1700, Woonsocket, RI 02895	Providence County (Woonsocket)	\$162,029	\$0
Department of Children, Youth and Families	101 Friendship Street, Providence, RI 02903	Statewide	\$0	\$0
Gateway Healthcare, Inc.	249 Roosevelt Avenue, Suite 205, Pawtucket, RI 02860	Providence County (Pawtucket, Cranston, Johnston)	\$98,083	\$0
The Providence Center	528 North Main St, Providence, RI 02904	Providence County	\$194,859	\$0
The Kent Center	2756 Post Road, Suite 200, Warwick, RI 02886	Kent County	\$107,027	\$0
South Shore Community Mental Health Center	PO Box 899, Charlestown, RI 02813	Washington County	\$29,329	\$0
East Bay Center	1445 Wampanoag Trail Suite 106, East Providence, RI 02915	Bristol County	\$31,532	\$0
Newport County Community Mental Health Center	127 Johnnycake Hill Rd, Middletown, RI 02842	Newport County	\$25,229	\$0
Mental Health Consumer Advocates	152 Summer Street, Providence, RI 02903	Statewide	\$439,580	\$0
SSTAR of Rhode Island	1950 Tower Hill Road, North Kingstown, RI 02852	Statewide	\$117,217	\$0



Appendix 2: General Notes RI (FY 2012)

I.

Only children served through the Community Mental Health Centers are included in this statistical report.

II.

Supported Housing, along with employment, has been a particular focus in RI given the relatively high homelessness and unemployment we have experienced in the past few years.

The increase in the number of consumers receiving Supported Housing services from 2011 is accurate; however, please note this is just a single month snapshot of consumers served. It does not reflect totals across the FY, which may show less of an increase overall.

III.

In the fall of 2011, RI discontinued our ACT teams and instead implemented the RI Consumer System of Care (RISOC). This provides a coordinated team approach to treatment for over half of our SMI consumers, though with less stringent requirements than ACT with regard to things such as treatment hours and client/staff ratios.

IV.

The Division does not have access to data regarding inpatient psychiatric hospitalizations other than those that are state-funded.

Source: 2012 CMHS Uniform Reporting System