

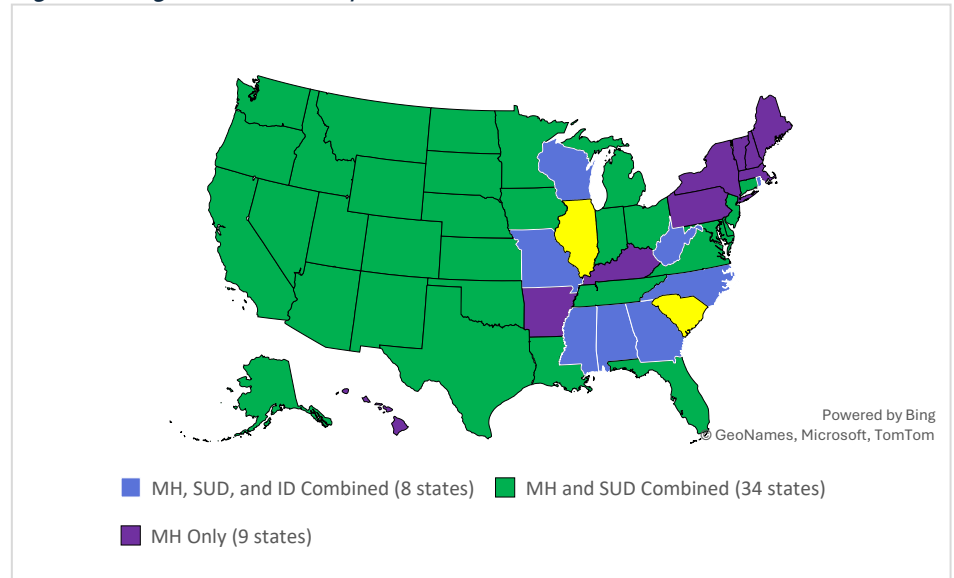
Highlights based on 48 States responding to the Organization and Policy Components of the NRI's 2024-2025 State Profiles

State Mental Health Agencies (SMHAs) are responsible for administering over \$55 billion dollars each year to provide mental health services to more than 8.4 million individuals. SMHAs vary widely in how they are organized within state governments, how they organize and oversee the delivery of mental health services, and the specific types of services for which they are responsible. The organization and responsibilities of SMHAs are also regularly modified. For example, as of July 1, 2025, two states (Illinois and South Carolina) are shifting the organization of their SMHA and combining mental health (MH) and substance use disorder (SUD) service responsibilities within a single agency.

Disability Responsibilities of SMHAs

In most states, the SMHA is a combined agency responsible for providing services beyond MH. In 42 states, responsibility for both MH and SUD are combined into a single state agency. MH and SUD services are located within the same state umbrella agency in seven additional states. In eight states, the same agency is responsible for providing intellectual and developmental disability (IDD) services along with MH and SUD (see Figure 1 and Table 1).

Figure 1: Organizational Responsibilities of MH, SUD, and ID/DD Services, 2023



Most states that have combined MH and SUD into a single behavioral health agency have also combined planning, data systems, financing, and licensing for MH and SUD services.

- In four states, all behavioral health providers funded by the SMHA provide both MH & SUD services, while in 35 states some of their funded providers deliver both MH & SUD services
- 30 states have a combined planning process for MH & SUD
- 28 states have a combined funding system for MH & SUD services
- 24 states use the same data/IT system for both MH & SUD
- 21 states have a combined licensing system for MH & SUD services

11 States

The SMHA is an Independent State Agency

42 States

Combine Mental Health & Substance Abuse Services

17 States

Fund Community Mental Health Thru City/County Government

SMHA Location in State Government

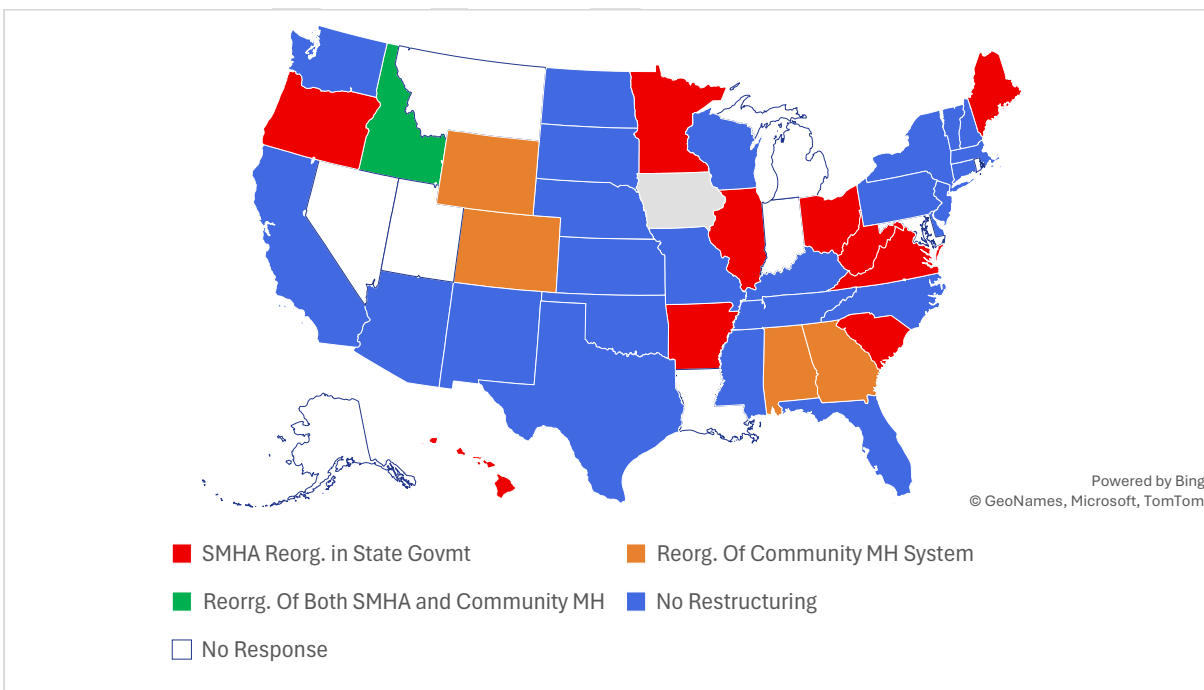
SMHAs are most often administratively located within a larger umbrella human services agency. In 2025, 16 SMHAs were located within state Departments of Human Services or Departments of Social Services, 10 SMHAs were in Health Departments, three were located in the Medicaid Authority, 8 were in a Department of Health and Human Services, and 6 SMHAs were located in some other state department. Eleven SMHAs were either independent state Departments of Mental Health, Department of Behavioral Health (combining mental health and substance use services) or Departments of Behavioral Health and Intellectual Disability (see Table 2).

The SMHA Director is a member of the Governor's Cabinet in 12 States (AL, CT, GA, ID, MN, MO, ND, NE, NY, OH, RI, and TN). In seven states, the SMHA Director reports directly to the Governor, while in 27 states the SMHA's Director reports to a department head, with one level between the SMHA's Director and the Governor. In 13 states, there are two levels between the SMHA leader and the Governor, and in three states there are three or more levels between the SMHA and the Governor. In 9 states, a Mental Health (or Behavioral Health) Board or Commission is charged with direct oversight of the SMHA (GA, MO, MS, MT, NY, OK, SC, and WY).

Reorganization of SMHAs

Since 2023, 29 percent of SMHAs have been reorganized. In 12 states, the reorganization involved moving the location of the SMHA within state government (AR, HI, IA, ID, IL, ME, MN, OH, OR, SC, VA, and WV). In five states, the reorganization involved modifying how the SMHA works with community mental health providers, including shifting to Certified Community Mental Health Centers (CCBHCs), or other service financing models (see Figure 2). While not restructuring their community provider system, 19 states reported initiatives to reduce barriers to services and/or increase individual choice in mental health services.

Figure 2: Restructuring of SMHAs, 2024 to 2025

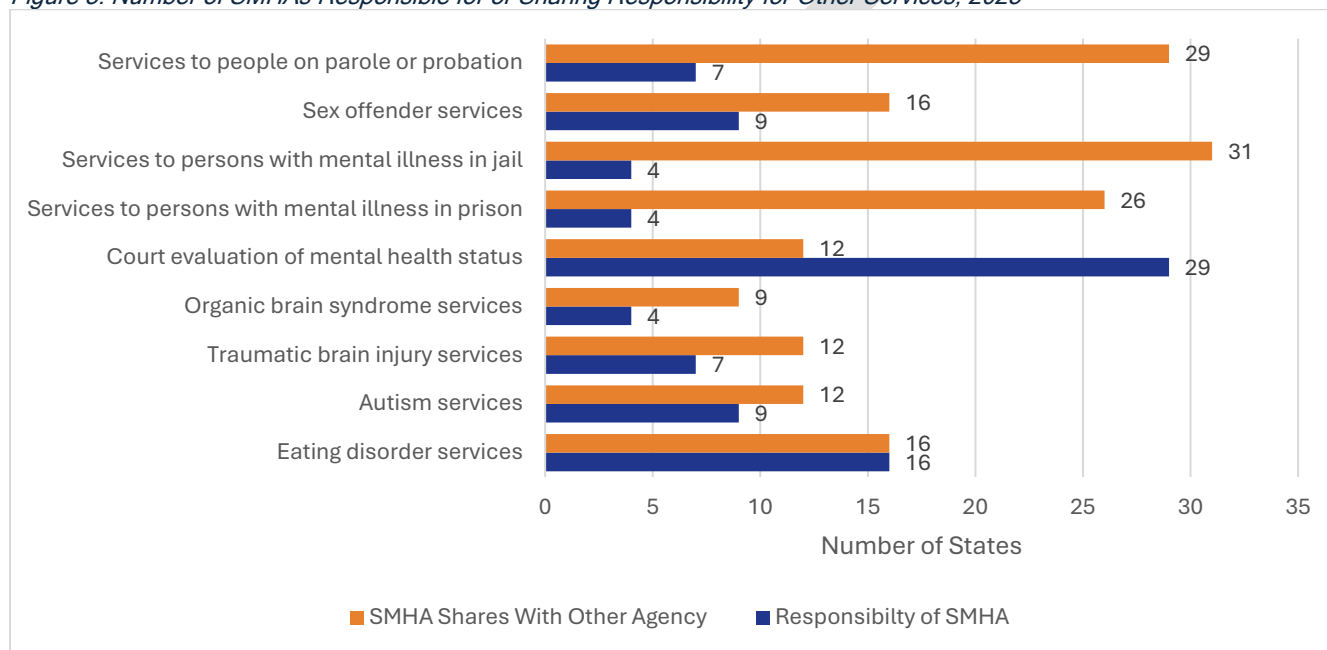


SMHA Responsibilities for Specific Mental Health Special Services and Populations

SMHAs vary widely in the specific services and population groups for which they are responsible. In most states, services for children and adolescents are part of the SMHA's responsibility, but in seven states (CT, DE, NH, NM, NJ, RI, and OR) child and adolescent mental health services are in the responsibility of an agency separate from adult mental health.

SMHAs are often responsible for related disability services, such as Traumatic Brain Injuries, Organic Brain Syndrome, Autism, Eating Disorders, and Criminal Justice system-related mental health services (Figure 3).

Figure 3: Number of SMHAs Responsible for or Sharing Responsibility for Other Services, 2025



State Agency Responsible for the Operation of State Psychiatric Hospitals

The majority of SMHAs were responsible for both the oversight and management of state psychiatric hospitals and community mental health services. However, in 13 states (AZ, CA, CO, MD, ME, MI, MT, NH, NJ, NM, TX, WA, and WV), responsibility for operation of state psychiatric hospitals was in a different state agency than the SMHA overseeing community mental health services. In July 2025, Minnesota is shifting state hospital oversight to a new separate state agency.

SMHA Responsibilities for Community Mental Health Services:

In 2023, SMHAs expended over \$35.6 billion (70% of their expenditures) on mental health services provided in communities to more than 8 million individuals. SMHAs vary by the methods they use to coordinate and distribute these resources. There are three major methods used by SMHAs to provide community mental health services: Providing them with state employees in state operated community providers, funding county or city (or regional) mental health authorities, or directly contracting with community providers (often not-for-profit providers) (see Figures 4 and 5 and Table 3).

Figure 4: Methods SMHAs use to Organize and Fund Community Mental Health Services

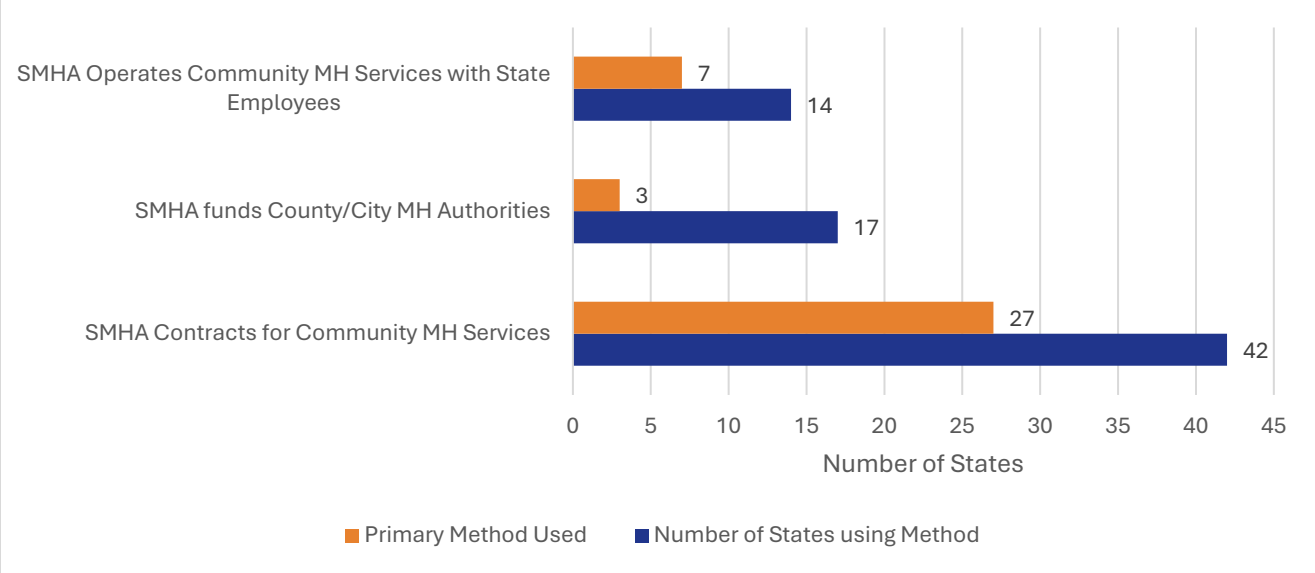
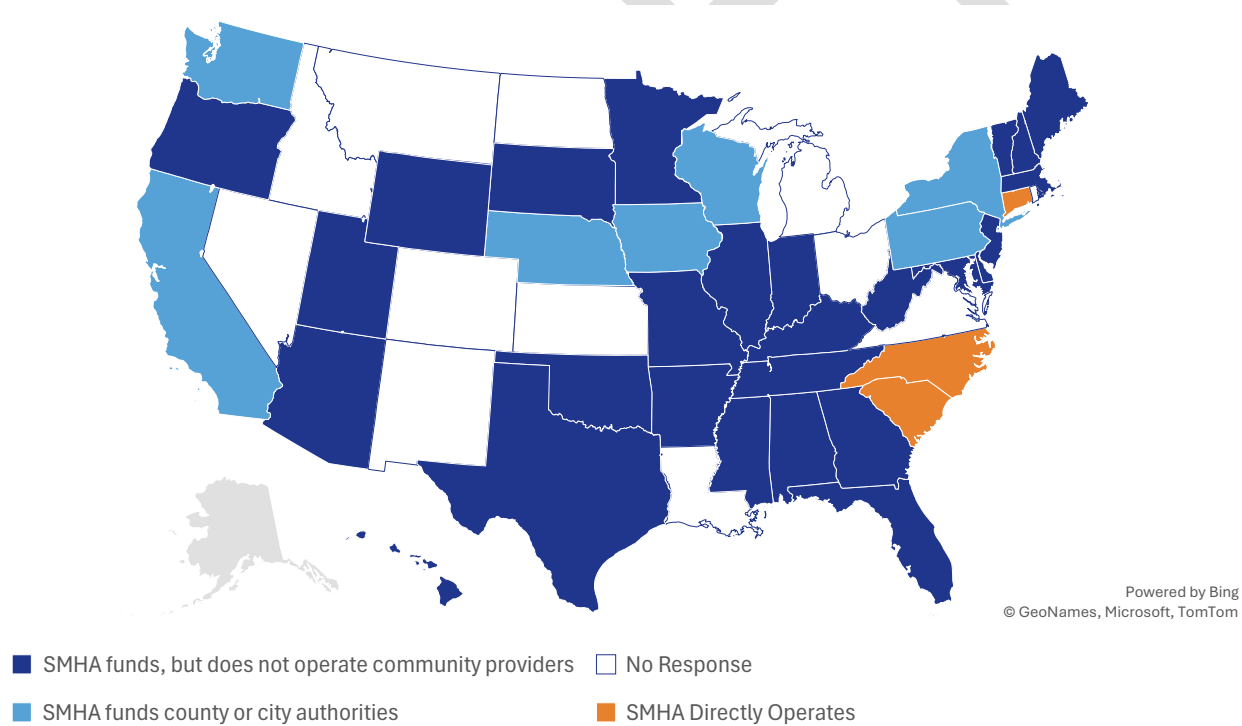


Figure 5: Primary Method SMHAs Use to Fund Community MH Service Providers, 2025

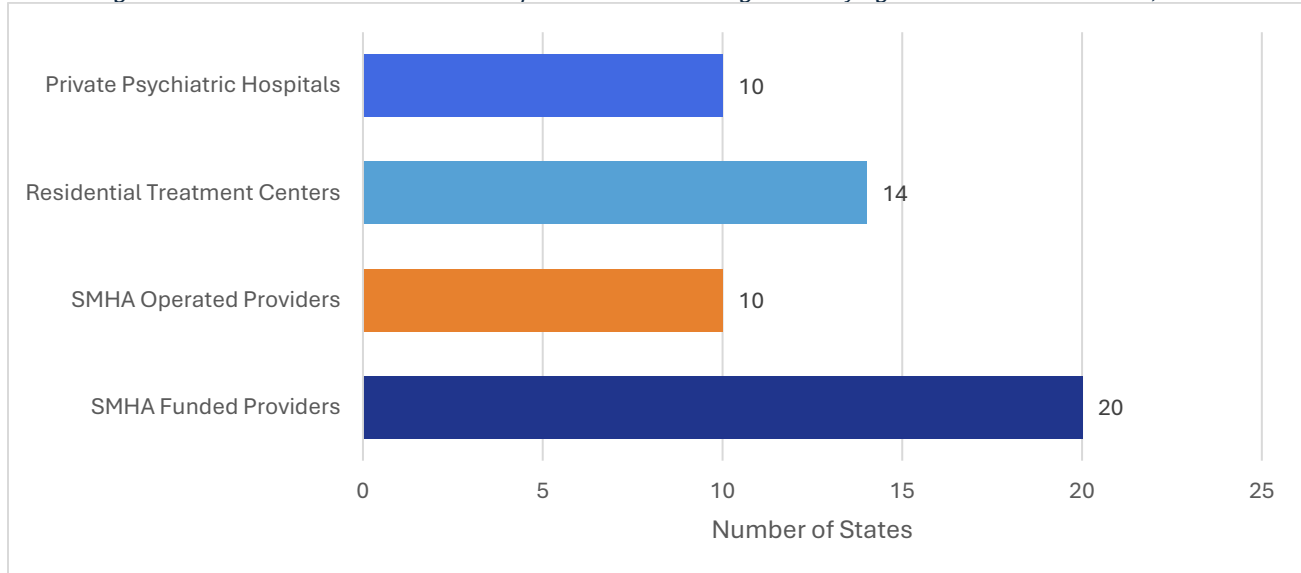


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SMHA Role in Licensing or Certification of Mental Health Providers

In 20 states, the SMHA is the state agency charged with licensing or certifying SMHA-funded mental health providers (See Figure 6)

Figure 6: Number of SMHAs that are responsible for Licensing or Certifying Mental Health Providers, 2025



Draft Report for State Review:
Please send comments or changes to Profiles@nri-inc.org
by July 18, 2025

SMHA Organization in State Government: 2025

State	Organization and Structure		
	Department the SMHA Located In	Levels between Commissioner & Governor	Mental Health Board/Council Has Direct Oversight of SMHA
Alaska	Department of Health	2	No
Alabama	Independent SMHA	0	No
Arkansas	Department of Human Services	2	No
Arizona	State Medicaid Agency (AZ Health Care Cost Containment System, AHCCCS)	1	No
California	California Health and Human Services Agency	1	No
Colorado	Department of Human Services	0	No
Connecticut	Independent SMHA	0	No
District of Columbia	Independent SMHA	1	No
Delaware	Department of Human Services	1	No
Florida	Florida Department of Children and Families	2	No
Georgia	Mental Health along with SSA and IDD State Agency	1	Yes
Hawaii	Department of Health	2	No
Iowa	Department of Health and Human Services	1	No
Idaho	Idaho Department of Health and Welfare.	3	No
Illinois	Department of Human Services	1	No
Indiana	Family and Social Services Administration	2	No
Kansas	Kansas Dept for Aging & Disability Services	1	No
Kentucky	Cabinet for Health and Family Services	1	No
Louisiana	Department of Health	2	No
Massachusetts	Health and Human Services	1	No
Maryland	Department of Health	1	No
Maine	Department of Health and Human Services	1	No
Michigan	Health and Human Services	NR	NR
Minnesota	Department of Human Services	0	No
Missouri	Independent SMHA	1	Yes
Mississippi	Independent SMHA	1	Yes
Montana	Department of Human Services	1	Yes
North Carolina	Department of Human Services	2	No
North Dakota	Department of Health and Human Services	1	No
Nebraska	Department of Human Services	1	No
New Hampshire	Department of Human Services	3	No
New Jersey	Department of Human Services	2	No
New Mexico	Department of Human Services	1	No
Nevada	Department of Human Services	NR	NR
New York	Independent SMHA	2	Yes
Ohio	Independent SMHA	0	No
Oklahoma	Independent SMHA	1	Yes
Oregon	Oregon Health Authority	0	NR
Pennsylvania	Department of Human Services	1	No
Rhode Island	Dept of Behavioral Healthcare, Developmental Disabilities & Hospitals	2	No
South Carolina	Independent SMHA	1	Yes
South Dakota	Department of Human Services	2	No
Tennessee	Independent SMHA	0	No
Texas	Texas Health and Human Services Commission	2	No
Utah	Department of Health and Human Services	3	No
Virginia	Department of Human Services	1	Yes
Vermont	Independent SMHA	1	No
Washington	State Medicaid Authority (Health Care Authority)	1	No
Wisconsin	Department of Health	2	No
West Virginia	Department of Human Services	1	No
Wyoming	Department of Health	1	Yes
Totals	Independent = 11	Direct to Governor (0) = 7	Yes = 9
	Human Services = 16	One Level = 27	No = 39
	Health Department = 10	Two Levels = 13	No Response = 0
	Health & Human Services = 8	Three+ Levels = 3	
	Other = 6	No Response = 0	

SMHA Relationship to Other State Agencies: 2025

State	SMHA Relationship with Other State Agencies		
	Substance Use	Intellectual Disabilities	Medicaid
Alabama	Combined	Combined	Other Department
Alaska	Combined	Same Umbrella	No Response
Arizona	Combined	Other Agency	SMHA is Part of Medicaid
Arkansas	Same Umbrella	Same Umbrella	Same Umbrella
California	Combined	Same Umbrella	SMHA is Part of Medicaid
Colorado	Combined	Same Umbrella	Other Department
Connecticut	Combined	Other Agency	Other Department
Delaware	Combined	Same Umbrella	Same Umbrella
District of Columbia	Combined	Other Agency	Other Department
Florida	Combined	Other Agency	Other Department
Georgia	Combined	Combined	Other Department
Hawaii	Same Umbrella	Same Umbrella	Other Department
Idaho	Combined	Same Umbrella	Same Umbrella
Illinois	Combined*	Same Umbrella	Other Department
Indiana	Combined	Other Agency	Same Umbrella
Iowa	Combined	Same Umbrella	Same Umbrella
Kansas	Combined	Same Umbrella	Other Department
Kentucky	Same Umbrella	Same Umbrella	Same Umbrella
Louisiana	Combined	Same Umbrella	No Response
Maine	Same Umbrella	Same Umbrella	Same Umbrella
Maryland	Combined	Same Umbrella	Same Umbrella
Massachusetts	Same Umbrella	Same Umbrella	Same Umbrella
Michigan	Combined	Same Umbrella	No Response
Minnesota	Combined	Same Umbrella	Same Umbrella
Mississippi	Combined	Combined	Other Department
Missouri	Combined	Combined	Other Department
Montana	Combined	Same Umbrella	Same Umbrella
Nebraska	Combined	Same Umbrella	Same Umbrella
Nevada	Combined	Same Umbrella	No Response
New Hampshire	Same Umbrella	Other Agency	Same Umbrella
New Jersey	Combined	Same Umbrella	Same Umbrella
New Mexico	Combined	Other Agency	Same Umbrella
New York	Other Agency	Other Agency	Other Department
North Carolina	Combined	Combined	Same Umbrella
North Dakota	Combined	Same Umbrella	Same Umbrella
Ohio	Combined	Other Agency	Other Department
Oklahoma	Combined	Other Agency	Other Department
Oregon	Combined	Other Agency	Other Department
Pennsylvania	Other Agency	Same Umbrella	Same Umbrella
Rhode Island	Combined	Combined	No Response
South Carolina	Combined*	Other Agency	Other Department
South Dakota	Combined	Other Agency	Same Umbrella
Tennessee	Combined	Other Agency	Other Department
Texas	Combined	Same Umbrella	Same Umbrella
Utah	Combined	Same Umbrella	SMHA is Part of Medicaid
Vermont	Same Umbrella	Same Umbrella	Same Umbrella
Virginia	Combined	Same Umbrella	Same Umbrella
Washington	Combined	Other Agency	Same Umbrella
West Virginia	Combined	Combined	Same Umbrella
Wisconsin	Combined	Combined	Same Umbrella
Wyoming	Combined	Same Umbrella	Same Umbrella
Totals	Combined=42	Combined=8	Part of Medicaid=3
	Same Umbrella=7	Same Umbrella=28	Same Umbrella=26
	Other Agency=2	Other Agency=15	Other Department=17
	No Response=0	No Response=0	No Response=5

* Response are from prior Profiles Cycle

How Do SMHAs Organize and Fund Community Mental Health Services: 2025

State	SMHA Relationship with Community Mental Health Providers			The primary mechanism used by the SMHA to administer its funds in support of community-based health services.
	SMHA directly provides funds, but does not operate local community-based agencies.	SMHA funds County/City MH Authorities	SMHA directly operates community-based programs.	
Alabama	Yes			SMHA funds, but does not operate community providers
Alaska	Yes	Yes		No Response
Arizona	Yes			SMHA funds, but does not operate community providers
Arkansas	Yes			SMHA funds, but does not operate community providers
California	Yes	Yes		SMHA funds county or city authorities
Colorado	Yes			No Response
Connecticut			Yes	SMHA Directly Operates
Delaware	Yes		Yes	SMHA funds, but does not operate community providers
District of Columbia	Yes		Yes	No Response
Florida	Yes			SMHA funds, but does not operate community providers
Georgia	Yes			SMHA funds, but does not operate community providers
Hawaii	Yes		Yes	SMHA funds, but does not operate community providers
Idaho				No Response
Illinois	Yes			SMHA funds, but does not operate community providers
Indiana	Yes			SMHA funds, but does not operate community providers
Iowa	Yes	Yes		SMHA funds county or city authorities
Kansas	Yes			No Response
Kentucky	Yes			SMHA funds, but does not operate community providers
Louisiana		Yes		No Response
Maine	Yes		Yes	SMHA funds, but does not operate community providers
Maryland	Yes	Yes	Yes	SMHA funds, but does not operate community providers
Massachusetts	Yes		Yes	SMHA funds, but does not operate community providers
Michigan		Yes		No Response
Minnesota	Yes	Yes	Yes	SMHA funds, but does not operate community providers
Missouri	Yes			SMHA funds, but does not operate community providers
Mississippi	Yes			SMHA funds, but does not operate community providers
Montana				No Response
Nebraska	Yes	Yes		SMHA funds county or city authorities
Nevada	Yes		Yes	No Response
New Hampshire	Yes			SMHA funds, but does not operate community providers
New Jersey	Yes			SMHA funds, but does not operate community providers
New Mexico	Yes	Yes		No Response
New York	Yes	Yes	Yes	SMHA funds county or city authorities
North Carolina			Yes	SMHA Directly Operates
North Dakota	Yes	Yes		No Response
Ohio	Yes	Yes		No Response
Oklahoma	Yes		Yes	SMHA funds, but does not operate community providers
Oregon	Yes		Yes	SMHA funds, but does not operate community providers
Pennsylvania	Yes	Yes		SMHA funds county or city authorities
Rhode Island				No Response
South Carolina			Yes	SMHA Directly Operates
South Dakota	Yes			SMHA funds, but does not operate community providers
Tennessee	Yes			SMHA funds, but does not operate community providers
Texas	Yes			SMHA funds, but does not operate community providers
Utah	Yes	Yes		SMHA funds, but does not operate community providers
Vermont	Yes			SMHA funds, but does not operate community providers
Virginia		Yes		No Response
Washington	Yes	Yes		SMHA funds county or city authorities
West Virginia	Yes			SMHA funds, but does not operate community providers
Wisconsin	Yes	Yes		SMHA funds county or city authorities
Wyoming	Yes			SMHA funds, but does not operate community providers
Yes	42	17	14	27 = SMHA funds, but doesn't operate community agencies
				3 = SMHA directly operates community agencies
				7 = SMHA Funds County or City MH

Source: NASMHPD Research Institute, 2025 State Mental Health Agency Profiles System