

Policy Research on Aging and Mental Health Services (PRAMHS) Project

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Codebook: Part 4 - State Mental Health
Agencies

Terms of Use

The terms of use for this study can be found at:

<http://datafiles.samhsa.gov/terms-use-nid3422>

**** Processor Note****
PRAMHS
Part 4: State Mental Health
Agencies

Processor Notes on Version 3

- 1) Variables (V1, V2, V3) from previous versions of the data set were dropped as these are no longer in use.
- 2) The variable name of V4 was changed to CASEID.

INTRODUCTION

DATA COLLECTION DESCRIPTION

This study consists of four parts. Part 1 is the result of a nationwide mail survey of Community Mental Health Centers (thereafter CMHC). Questions centered on the delivery of mental health services to the elderly including amount of client load which is elderly, amount of interaction between CMHC and Area Agency on Aging, factors which affect the delivery of services to the elderly, and specialized services for the elderly. In addition to data from the PRAMHS questionnaire, data from the 1976 National Institute of Mental Health CMHC inventory was merged with the corresponding agencies.

Part 2 contains data from a mail survey of Area Agencies on Aging (thereafter AAA). Data include percentage of referrals made by agencies to mental health programs as compared to other types of programs, priority given mental health issues, factors which influence delivery and coordination of mental health services to the elderly, and amount of communication between AAA and agencies in its service area serving the mental health needs of the elderly.

Part 3 consists of data collected by the PRAMHS project State Unit on Aging (thereafter SUA) mail survey. Information is included concerning interaction with State Mental Health Agency, priority given mental health issues, efforts by the elderly to influence policy decisions, and factor influencing delivery and coordination of mental health services to the elderly.

Part 4 is the result of the PRAMHS State Mental Health Agency (thereafter SMHA) mail survey. Data include information concerning interaction with SUA, efforts to decrease the number of elderly in state mental health institutions, efforts by the elderly to influence policy decisions, and factors influencing delivery and coordination of mental health services to the elderly.

FILE STRUCTURE

The Policy Research on Aging and Mental Health Services (PRAMHS) Project is available from SAMHDA in lrecl format.

Machine-readable codebooks accompany the data. The data files are constructed with a single logical record for each case. There are 127 variables on 355 cases for Part 1, 132 variables on 349 cases for Part 2, 75 variables on 33 cases for Part 3 and 63 variables on 28 cases for Part 4. In addition, SPSS and SAS control cards have been prepared for this collection. Both types of control cards contain formatting information as well as variable and value labels for all variables in the collection.

CODEBOOK INFORMATION

The example below is a reproduction of information appearing in the machine-readable codebook for a typical variable. The numbers in brackets do not appear but are references to the descriptions which follow this example.

.....

[1] VAR 009
REF 009

[2] The operating status of the CMHC respondent.

[3] [4]

1. Private nonprofit
2. State/local government agency
3. Other

9. Not ascertained

.....

- [1] Indicates the variable and reference numbers. A variable number and a reference number are assigned to each variable in the data collection. In the present codebook which documents the archived data collection these numbers are identical.
- [2] This is the full text (question) supplied by the investigator to describe the variable. The question text and the numbers and letters that may appear at the beginning reflect the original wording of the questionnaire item.
- [3] Indicates the code values occurring in the data for this variable.
- [4] Indicates the textual definitions of the codes. Abbreviations commonly used in the code definitions are "DK" (Do Not Know), "NA" (Not Ascertained), and "INAP" (Inappropriate).

PROCESSING INFORMATION

The data collection was processed according to the standard SAMHDA processing procedures. The data were checked for illegal or inconsistent code values which, when found, were recoded to missing data values. No consistency checks were performed. Statements bracketed in "[" and "]" signs in the body of the codebook were added by the processors for explanatory purposes.

VARIABLE DESCRIPTION LIST - PART FOUR

PROCESSING VARIABLES

- 1 Study number - 9043
- 2 Edition Number - 1
- 3 Part Number - 4
- 4 Sequential Case Identification Number

GENERAL INFORMATION

- 5 State in which agency (SUA) is located.
- 6 Indicates whether survey is AAA, CMHC, SUA or SMHA
- 7 Identification code of the responding agency.
- 8 Total budget of SMHA for FY '79.

PERSONNEL INFORMATION

- 9 Number of professional staff employed by SMHA.
- 10 Number of support staff employed by SMHA.
- 11 Percentage of SMHA's professional staff who hold at least a master's degree.
- 12 Percentage of SMHA's professional staff who attended one or more training seminars or workshops in geriatrics or gerontology.

SMHA'S RELATIONSHIP WITH OTHER AGENCIES

- 13 Formal provisions for coordination between SMHA and SUA regarding mental health services for elderly.
- 14 Frequency of contacts between the SMHA and SUA.
- 15 How well coordinated in planning mental health services are SUA and SMHA in the SMHA's perception.
- 16 SMHA has a staff person assigned as a liaison between the SMHA and the SUA.
- 17 SMHA knows if the SUA has a mental health specialist.
- 18 SUA's mental health specialist participates in mental health planning sessions regarding services for elderly.
- 19 SMHA's characterization of SUA's participation in preparing the state mental health plan.
- 20 SMHA to characterize its participation in preparing the state aging plan.

- 21 SMHA's current level of interaction with SUA is sufficient to coordinate and effectively deliver mental health services to the elderly.

STATUS OF ELDERLY

- 22 Elderly population in state mental health institutions declined in past ten years?
23 What is the most typical placement of elderly that have been deinstitutionalized?
24 CMHC's role in the state in reducing the number of elderly in state hospitals been satisfactory?
25 Have state initiatives, funded and implemented, to reduce number of elderly in state mental hospitals been effective?
26 Have any agencies in your state been awarded Title III, OAA funds?
27 Extent to which the elderly are politically aware and organized on issues which affect them.

SMHA OPINIONS

- 28 SMHA feels public health and social service programs designated for age specific groups should continue to be supported.
29 SMHA feels state government officials have been responsive to demands for program support for elderly services.
30 SMHA listed CMHC's they feel were providing exemplary mental health services to elderly.
31 Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to insufficient funds
32 Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to lack of interest by CMHC's
33 Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to limited skill on part of CMHC's.
34 Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to other reasons

STRATEGIES TO INFLUENCE POLICY DECISIONS

- 35 Elderly use no mechanisms to influence policy decisions.

- 36 Elderly use public hearings to influence policy decisions.
- 37 Elderly use lobbying to influence policy decisions.
- 38 Elderly use advocacy groups to influence policy decisions.
- 39 Factors which contribute to efforts to effectively deliver and coordinate mental health services for elderly are positive or negative.

FACTORS THAT INFLUENCE DELIVERY OF SERVICES

- 40 Staff characteristics which influence delivery and coordination of mental health services to elderly-- first mention
- 41 Staff characteristics which influence delivery and coordination of mental health services to elderly-- second mention
- 42 Staff characteristics which influence delivery and coordination of mental health services to elderly-- third mention
- 43 Economic factors which influence delivery and coordination of mental health services to elderly-- first mention
- 44 Economic factors which influence delivery and coordination of mental health services to elderly-- second mention
- 45 Economic factors which influence delivery and coordination of mental health services to elderly-- third mention
- 46 Policy factors which influence delivery and coordination of mental health services for elderly-- first mention
- 47 Policy factors which influence delivery and coordination of mental health services for elderly-- second mention
- 48 Policy factors which influence delivery and coordination of mental health services for elderly-- third mention
- 49 Systems factors which influence delivery and coordination of mental health services to elderly-- first mention
- 50 Systems factors which influence delivery and coordination of mental health services to elderly-- second mention
- 51 Systems factors which influence delivery and coordination of mental health services to elderly-- third mention
- 52 Social issues which influence delivery and coordination of mental health services to elderly-- first mention

- 53 Social issues which influence delivery and coordination of mental health services to elderly--second mention
- 54 Social issues which influence delivery and coordination of mental health services to elderly--third mention

PERCEPTIONS OF THE SUA AND SMHA

- 55 SUA and SMHA--are there formal provisions for coordination of services to the elderly with the SMHA.
- 56 SUA and SMHA--how often contact occurs between the SUA and the SMHA
- 57 SUA and SMHA--how well coordinated activities are between SUA and SMHA.
- 58 SUA and SMHA characterization of involvement of the SMHA in aging plan.
- 59 SUA and SMHA characterization of its involvement in state mental health plan and vice versa.
- 60 SUA and SMHA believe current level and quality of interaction is sufficient to coordinate efforts and effectively deliver mental health services to elderly.
- 61 SUA and SMHA believe the elderly are politically aware and organized on issues affecting them.
- 62 SUA and SMHA think health and social service programs for age specific groups should continue to be supported.
- 63 SUA and SMHA believe government officials have been responsive to demands for program support for elderly services

FREQUENCIES

PROCESSING VARIABLE

| | |
|---------------|---------------------------|
| CASEID | SEQUENTIAL CASE ID |
|---------------|---------------------------|

Sequential Case Identification Number

| PCT | PCT | N | VALUE | LABEL |
|-------|-----|---|-------|----------------|
| VALID | ALL | | | |
| 3.6 | 3.6 | 1 | 1 | Unique case id |
| 3.6 | 3.6 | 1 | 2 | |
| 3.6 | 3.6 | 1 | 3 | |
| 3.6 | 3.6 | 1 | 4 | |
| 3.6 | 3.6 | 1 | 5 | |
| 3.6 | 3.6 | 1 | 6 | |
| 3.6 | 3.6 | 1 | 7 | |
| 3.6 | 3.6 | 1 | 8 | |
| 3.6 | 3.6 | 1 | 9 | |
| 3.6 | 3.6 | 1 | 10 | |
| 3.6 | 3.6 | 1 | 11 | |
| 3.6 | 3.6 | 1 | 12 | |
| 3.6 | 3.6 | 1 | 13 | |
| 3.6 | 3.6 | 1 | 14 | |
| 3.6 | 3.6 | 1 | 15 | |
| 3.6 | 3.6 | 1 | 16 | |
| 3.6 | 3.6 | 1 | 17 | |
| 3.6 | 3.6 | 1 | 18 | |
| 3.6 | 3.6 | 1 | 19 | |
| 3.6 | 3.6 | 1 | 20 | |
| 3.6 | 3.6 | 1 | 21 | |
| 3.6 | 3.6 | 1 | 22 | |
| 3.6 | 3.6 | 1 | 23 | |
| 3.6 | 3.6 | 1 | 24 | |
| 3.6 | 3.6 | 1 | 25 | |
| 3.6 | 3.6 | 1 | 26 | |
| 3.6 | 3.6 | 1 | 27 | |
| 3.6 | 3.6 | 1 | 28 | Unique case id |

| | | |
|-------|-------|----------|
| 100.0 | 100.0 | 28 cases |
|-------|-------|----------|

Data type: numeric
 Columns: 1-2

GENERAL INFORMATION

V5 **STCODE**

State in which agency (SUA) is located.

28 cases (Range of valid codes: 1-54)

Data type: numeric

Columns: 3-4

V6 **SRVCODE**

Indicates whether survey is AAA, CMHC, SUA or SMHA

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Area Agency on Aging |
| 0.0 | 0.0 | 0 | 2 | State Unit on Aging |
| 0.0 | 0.0 | 0 | 3 | Community Mental Health Centers |
| 100.0 | 100.0 | 28 | 4 | State Mental Health Agency |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | | cases |

Data type: numeric

Column: 5

| | |
|-----------|---------------|
| V7 | AGENCY |
|-----------|---------------|

Identification code of the responding agency.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|----------------------------|
| VALID | ALL | | | |
| 3.6 | 3.6 | 1 | 1 | Agency identification code |
| 3.6 | 3.6 | 1 | 4 | |
| 3.6 | 3.6 | 1 | 5 | |
| 3.6 | 3.6 | 1 | 6 | |
| 3.6 | 3.6 | 1 | 8 | |
| 3.6 | 3.6 | 1 | 9 | |
| 3.6 | 3.6 | 1 | 10 | |
| 3.6 | 3.6 | 1 | 11 | |
| 3.6 | 3.6 | 1 | 12 | |
| 3.6 | 3.6 | 1 | 16 | |
| 3.6 | 3.6 | 1 | 17 | |
| 3.6 | 3.6 | 1 | 21 | |
| 3.6 | 3.6 | 1 | 22 | |
| 3.6 | 3.6 | 1 | 25 | |
| 3.6 | 3.6 | 1 | 26 | |
| 3.6 | 3.6 | 1 | 27 | |
| 3.6 | 3.6 | 1 | 30 | |
| 3.6 | 3.6 | 1 | 31 | |
| 3.6 | 3.6 | 1 | 37 | |
| 3.6 | 3.6 | 1 | 38 | |
| 3.6 | 3.6 | 1 | 39 | |
| 3.6 | 3.6 | 1 | 42 | |
| 3.6 | 3.6 | 1 | 44 | |
| 3.6 | 3.6 | 1 | 45 | |
| 3.6 | 3.6 | 1 | 48 | |
| 3.6 | 3.6 | 1 | 51 | |
| 3.6 | 3.6 | 1 | 53 | |
| 3.6 | 3.6 | 1 | 54 | Agency identification code |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Columns: 6-7

V8**BUDGET**

Total budget of SMHA for FY '79.

| | | | | | |
|--------|---|---------|----------|---|--------------------|
| Min | = | 110 | Mean | = | 107,999.130 |
| Max | = | 815,077 | Std Dev | = | 196,249.356 |
| Median | = | 28,000 | Variance | = | 38,513,809,562.028 |

(Based on 23 valid cases)

Data type: numeric
Missing-data code: 999999
Columns: 8-13

| | |
|------------|---------------|
| V10 | STFSPT |
|------------|---------------|

Number of support staff employed by SMHA.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------------|
| VALID | ALL | | | |
| 5.3 | 3.6 | 1 | 0 | None |
| 31.6 | 21.4 | 6 | 1 | |
| 5.3 | 3.6 | 1 | 2 | |
| 5.3 | 3.6 | 1 | 3 | |
| 5.3 | 3.6 | 1 | 8 | |
| 5.3 | 3.6 | 1 | 9 | |
| 5.3 | 3.6 | 1 | 11 | |
| 5.3 | 3.6 | 1 | 16 | |
| 5.3 | 3.6 | 1 | 20 | |
| 5.3 | 3.6 | 1 | 25 | |
| 5.3 | 3.6 | 1 | 30 | |
| 5.3 | 3.6 | 1 | 50 | |
| 5.3 | 3.6 | 1 | 81 | |
| 5.3 | 3.6 | 1 | 89 | Eighty nine support staff |
| | 32.1 | 9 | 99 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 99
 Columns: 17-18

| | |
|------------|--------------|
| V11 | GRDGE |
|------------|--------------|

Percentage of SMHA's professional staff who hold at least a master's degree.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------|
| VALID | ALL | | | |
| 4.5 | 3.6 | 1 | 20 | Twenty percent |
| 4.5 | 3.6 | 1 | 23 | |
| 9.1 | 7.1 | 2 | 25 | |
| 4.5 | 3.6 | 1 | 44 | |
| 9.1 | 7.1 | 2 | 50 | |
| 4.5 | 3.6 | 1 | 55 | |
| 4.5 | 3.6 | 1 | 60 | |
| 13.6 | 10.7 | 3 | 75 | |
| 4.5 | 3.6 | 1 | 84 | |
| 4.5 | 3.6 | 1 | 87 | |
| 4.5 | 3.6 | 1 | 88 | |
| 9.1 | 7.1 | 2 | 90 | |
| 4.5 | 3.6 | 1 | 95 | |
| 18.2 | 14.3 | 4 | 99 | Ninety nine percent |
| | 21.4 | 6 | 999 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 999
 Columns: 19-21

V12**SEMWHS**

Percentage of SMHA's professional staff who attended one or more training seminars or workshops in geriatrics or gerontology.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------|
| VALID | ALL | | | |
| 22.7 | 17.9 | 5 | 0 | None |
| 4.5 | 3.6 | 1 | 3 | |
| 9.1 | 7.1 | 2 | 5 | |
| 13.6 | 10.7 | 3 | 10 | |
| 4.5 | 3.6 | 1 | 20 | |
| 4.5 | 3.6 | 1 | 24 | |
| 4.5 | 3.6 | 1 | 30 | |
| 9.1 | 7.1 | 2 | 50 | |
| 4.5 | 3.6 | 1 | 80 | |
| 22.7 | 17.9 | 5 | 99 | Ninety nine percent |
| | 21.4 | 6 | 999 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric

Missing-data code: 999

Columns: 22-24

SMHA'S RELATIONSHIP WITH OTHER AGENCIES

V13 **FRMPRV**

Formal provisions for coordination between SMHA and SUA regarding mental health services for elderly.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-----------------------|
| VALID | ALL | | | |
| 22.2 | 21.4 | 6 | 1 | Other |
| 40.7 | 39.3 | 11 | 2 | No formal provision |
| 3.7 | 3.6 | 1 | 3 | Letter of cooperation |
| 33.3 | 32.1 | 9 | 4 | Interagency agreement |
| | 3.6 | 1 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 25

V14 **FREQCON**

Frequency of contacts between the SMHA and SUA.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | No contact |
| 29.6 | 28.6 | 8 | 2 | Less often |
| 29.6 | 28.6 | 8 | 3 | Monthly |
| 40.7 | 39.3 | 11 | 4 | Weekly |
| | 3.6 | 1 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 26

V15**CRDMHSUA**

How well coordinated in planning mental health services are SUA and SMHA in the SMHA's perception.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|------------|
| VALID | ALL | | | |
| 34.8 | 28.6 | 8 | 1 | Not at all |
| 47.8 | 39.3 | 11 | 2 | Adequately |
| 17.4 | 14.3 | 4 | 3 | Well |
| | 17.9 | 5 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 27

V16**LIAISN**

SMHA has a staff person assigned as a liaison between the SMHA and the SUA.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 53.8 | 50.0 | 14 | 1 | Yes |
| 46.2 | 42.9 | 12 | 2 | No |
| | 7.1 | 2 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 28

V17**MHSPEC**

SMHA knows if the SUA has a mental health specialist.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 45.5 | 35.7 | 10 | 1 | Yes |
| 54.5 | 42.9 | 12 | 2 | No |
| | 21.4 | 6 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 29

| | |
|------------|----------------|
| V18 | PRTMHPS |
|------------|----------------|

SUA's mental health specialist participates in mental health planning sessions regarding services for elderly.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 50.0 | 21.4 | 6 | 1 | Yes |
| 50.0 | 21.4 | 6 | 2 | No |
| | 57.1 | 16 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 30

| | |
|------------|-----------------|
| V19 | SUAPTMHP |
|------------|-----------------|

SMHA's characterization of SUA's participation in preparing the state mental health plan.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|------------------------|
| VALID | ALL | | | |
| 33.3 | 32.1 | 9 | 1 | No involvement |
| 11.1 | 10.7 | 3 | 2 | Information |
| 40.7 | 39.3 | 11 | 3 | Review and comment |
| 14.8 | 14.3 | 4 | 4 | Joint planning session |
| | 3.6 | 1 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 31

V20**MHPTSAP**

SMHA to characterize its participation in preparing the state aging plan.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------------------------|
| VALID | ALL | | | |
| 26.9 | 25.0 | 7 | 1 | No involvement |
| 19.2 | 17.9 | 5 | 2 | Information |
| 53.8 | 50.0 | 14 | 3 | Review and comment |
| 0.0 | 0.0 | 0 | 4 | Joint planning sessions |
| | 7.1 | 2 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 32

V21**INTSUF**

SMHA's current level of interaction with SUA is sufficient to coordinate and effectively deliver mental health services to the elderly.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 45.8 | 39.3 | 11 | 1 | Yes |
| 54.2 | 46.4 | 13 | 2 | No |
| | 14.3 | 4 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 33

STATUS OF ELDERLY

V22 **INSTDCL**

Elderly population in state mental health institutions declined in past ten years?

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 89.3 | 89.3 | 25 | 1 | Yes |
| 10.7 | 10.7 | 3 | 2 | No |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
Column: 34

V23 **TYPLCMT**

What is the most typical placement of elderly that have been deinstitutionalized?

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|--------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Home |
| 39.3 | 39.3 | 11 | 2 | Nursing home |
| 3.6 | 3.6 | 1 | 3 | Congregate housing |
| 0.0 | 0.0 | 0 | 4 | Foster care |
| 57.1 | 57.1 | 16 | 5 | Other |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
Column: 35

V24**CMHCSAT**

CMHC's role in the state in reducing the number of elderly in state hospitals been

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 46.2 | 42.9 | 12 | 1 | Yes |
| 53.8 | 50.0 | 14 | 2 | No |
| | 7.1 | 2 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 36

V25**STINT**

Have state initiatives, funded and implemented, to reduce number of elderly in state mental hospitals been effective?

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 63.0 | 60.7 | 17 | 1 | Yes |
| 37.0 | 35.7 | 10 | 2 | No |
| | 3.6 | 1 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 37

| | |
|------------|-------------|
| V26 | AGT3 |
|------------|-------------|

Have any agencies in your state been awarded Title III, OAA funds?

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 30.4 | 25.0 | 7 | 1 | Yes |
| 69.6 | 57.1 | 16 | 2 | No |
| | 17.9 | 5 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 38

| | |
|------------|---------------|
| V27 | POLAWE |
|------------|---------------|

Extent to which the elderly are politically aware and organized on issues which affect them.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|------------|
| VALID | ALL | | | |
| 3.7 | 3.6 | 1 | 1 | Not at all |
| 33.3 | 32.1 | 9 | 2 | Limited |
| 40.7 | 39.3 | 11 | 3 | Moderately |
| 22.2 | 21.4 | 6 | 4 | Greatly |
| | 3.6 | 1 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 39

| |
|----------------------|
| SMHA OPINIONS |
|----------------------|

V28**PRGSPT**

SMHA feels public health and social service programs designated for age specific groups should continue to be supported.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 96.2 | 89.3 | 25 | 1 | Yes |
| 3.8 | 3.6 | 1 | 2 | No |
| | 7.1 | 2 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 40

V29**GVTRSP**

SMHA feels state government officials have been responsive to demands for program support for elderly services.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-----------------------|
| VALID | ALL | | | |
| 12.0 | 10.7 | 3 | 1 | Not responsive |
| 60.0 | 53.6 | 15 | 2 | Moderately responsive |
| 28.0 | 25.0 | 7 | 3 | Very responsive |
| | 10.7 | 3 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 41

V30 **CMHCLST**

SMHA listed CMHC's they feel were providing exemplary mental health services to elderly.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------|
| VALID | ALL | | | |
| 67.9 | 67.9 | 19 | 1 | Yes |
| 32.1 | 32.1 | 9 | 2 | No |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Column: 42

V31 **SPTINF**

Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to insufficient funds

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|--------------------|
| VALID | ALL | | | |
| 100.0 | 28.6 | 8 | 1 | Insufficient funds |
| | 71.4 | 20 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 43

V32 **SPTLI**

Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to lack of interest by CMHC's

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|------------------|
| VALID | ALL | | | |
| 100.0 | 28.6 | 8 | 2 | Lack of interest |
| | 71.4 | 20 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 44

V33**SPTLS**

Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to limited skill on part of CMHC's.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|----------------|
| VALID | ALL | | | |
| 100.0 | 21.4 | 6 | 3 | Limited skills |
| | 78.6 | 22 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 45

V34**SPTOT**

Factors leading to CMHC's role in reducing elderly in state mental hospitals--lack of support due to other reasons

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------|
| VALID | ALL | | | |
| 100.0 | 21.4 | 6 | 4 | Other reasons |
| | 78.6 | 22 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 46

V38**MECHAG**

Elderly use advocacy groups to influence policy decisions.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------|
| VALID | ALL | | | |
| 100.0 | 21.4 | 6 | 4 | Use advocacy groups |
| | 78.6 | 22 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 50

V39**POSINAC**

Factors which contribute to efforts to effectively deliver and coordinate mental health services for elderly are positive or negative.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------------|
| VALID | ALL | | | |
| 48.0 | 42.9 | 12 | 1 | If positive |
| 52.0 | 46.4 | 13 | 2 | If negative |
| | 10.7 | 3 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 51

V42**STFCHARC**

Staff characteristics which influence delivery and coordination of mental health services to elderly-- third mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Informal, personal relations, familiari |
| 0.0 | 0.0 | 0 | 2 | Attitudes, awareness, interest |
| 0.0 | 0.0 | 0 | 3 | Knowledge and information |
| 0.0 | 0.0 | 0 | 4 | Stability - turnover |
| 100.0 | 3.6 | 1 | 5 | Time and resources-mismanagement |
| 0.0 | 0.0 | 0 | 6 | Training |
| | 96.4 | 27 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 54

V43**ECOFAA**

Economic factors which influence delivery and coordination of mental health services to elderly-- first mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Funding sources differ |
| 100.0 | 7.1 | 2 | 2 | Lack of resources-mismanagement |
| 0.0 | 0.0 | 0 | 3 | Contract for services |
| 0.0 | 0.0 | 0 | 4 | OAA does not fund MH services |
| | 92.9 | 26 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 55

| | |
|------------|----------------|
| V44 | ECOFACB |
|------------|----------------|

Economic factors which influence delivery and coordination of mental health services to elderly-- second mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Funding sources differ |
| 0.0 | 0.0 | 0 | 2 | Lack of resources-mismanagement |
| 0.0 | 0.0 | 0 | 3 | Contract for services |
| 0.0 | 0.0 | 0 | 4 | OAA does not fund MH services |
| | 100.0 | 28 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | | cases |

Data type: numeric
 Missing-data code: 9
 Column: 56

| | |
|------------|----------------|
| V45 | ECOFACC |
|------------|----------------|

Economic factors which influence delivery and coordination of mental health services to elderly-- third mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Funding sources differ |
| 0.0 | 0.0 | 0 | 2 | Lack of resources |
| 0.0 | 0.0 | 0 | 3 | Contract for services |
| 0.0 | 0.0 | 0 | 4 | OAA does not fund MH services |
| | 100.0 | 28 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | | cases |

Data type: numeric
 Missing-data code: 9
 Column: 57

V46**POLFACA**

Policy factors which influence delivery and coordination of mental health services for elderly-- first mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Medical Model vs. Social Services Model |
| 20.0 | 7.1 | 2 | 2 | Higher level decisions |
| 0.0 | 0.0 | 0 | 3 | Confidentiality |
| 0.0 | 0.0 | 0 | 4 | MH lack of outreach |
| 60.0 | 21.4 | 6 | 5 | Either MH or elderly not priority |
| 20.0 | 7.1 | 2 | 6 | Good intentions-anticipated |
| | 64.3 | 18 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 58

V47**POLFACB**

Policy factors which influence delivery and coordination of mental health services for elderly-- second mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---|
| VALID | ALL | | | |
| 100.0 | 3.6 | 1 | 1 | Medical Model vs. Social Services Model |
| 0.0 | 0.0 | 0 | 2 | Higher level decisions |
| 0.0 | 0.0 | 0 | 3 | Confidentiality |
| 0.0 | 0.0 | 0 | 4 | MH lack of outreach |
| 0.0 | 0.0 | 0 | 5 | Either MH or elderly not priority |
| 0.0 | 0.0 | 0 | 6 | Good intentions-anticipated |
| | 96.4 | 27 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 59

| | |
|------------|----------------|
| V48 | POLFACC |
|------------|----------------|

Policy factors which influence delivery and coordination of mental health services for elderly-- third mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Medical Model vs. Social Services Model |
| 0.0 | 0.0 | 0 | 2 | Higher level decisions |
| 0.0 | 0.0 | 0 | 3 | Confidentiality |
| 0.0 | 0.0 | 0 | 4 | MH lack of outreach |
| 0.0 | 0.0 | 0 | 5 | Either MH or elderly not priority |
| 0.0 | 0.0 | 0 | 6 | Good intentions-anticipated |
| | 100.0 | 28 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 60

| | |
|------------|----------------|
| V49 | SYSFACA |
|------------|----------------|

Systems factors which influence delivery and coordination of mental health services to elderly-- first mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------------------------------------|
| VALID | ALL | | | |
| 50.0 | 17.9 | 5 | 1 | Communications (contact) no routine |
| 0.0 | 0.0 | 0 | 2 | Organization Competition |
| 50.0 | 17.9 | 5 | 3 | Formal linkages |
| 0.0 | 0.0 | 0 | 4 | Newness of agency |
| 0.0 | 0.0 | 0 | 5 | Proximity, co-location |
| 0.0 | 0.0 | 0 | 6 | Other (agency closed CMHC) |
| | 64.3 | 18 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 61

V50**SYSFACB**

Systems factors which influence delivery and coordination of mental health services to elderly-- second mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Communications (contact) no routine |
| 0.0 | 0.0 | 0 | 2 | Organization Competition |
| 50.0 | 3.6 | 1 | 3 | Formal linkages |
| 0.0 | 0.0 | 0 | 4 | Newness of agency |
| 50.0 | 3.6 | 1 | 5 | Proximity, co-location |
| 0.0 | 0.0 | 0 | 6 | Other (agency closed CMHC) |
| | 92.9 | 26 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 62

V51**SYSFACC**

Systems factors which influence delivery and coordination of mental health services to elderly-- third mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-------------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Communications (contact) no routine |
| 0.0 | 0.0 | 0 | 2 | Organization Competition |
| 0.0 | 0.0 | 0 | 3 | Formal linkages |
| 0.0 | 0.0 | 0 | 4 | Newness of agency |
| 0.0 | 0.0 | 0 | 5 | Proximity, co-location |
| 0.0 | 0.0 | 0 | 6 | Other (agency closed CMHC) |
| | 100.0 | 28 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 63

| | |
|------------|----------------|
| V52 | SOCISSA |
|------------|----------------|

Social issues which influence delivery and coordination of mental health services to elderly-- first mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-----------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Stigma of mental illness |
| 0.0 | 0.0 | 0 | 2 | Stigma of elderly |
| 0.0 | 0.0 | 0 | 3 | Elderly powerless and unorganized |
| 0.0 | 0.0 | 0 | 4 | Other (community disinterest...) |
| | 100.0 | 28 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 64

| | |
|------------|----------------|
| V53 | SOCISSB |
|------------|----------------|

Social issues which influence delivery and coordination of mental health services to elderly-- second mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-----------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Stigma of mental illness |
| 0.0 | 0.0 | 0 | 2 | Stigma of elderly |
| 0.0 | 0.0 | 0 | 3 | Elderly powerless and unorganized |
| 0.0 | 0.0 | 0 | 4 | Other (community disinterest...) |
| | 100.0 | 28 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 65

V54**SOCISSC**

Social issues which influence delivery and coordination of mental health services to elderly-- third mention

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|-----------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Stigma of mental illness |
| 0.0 | 0.0 | 0 | 2 | Stigma of elderly |
| 0.0 | 0.0 | 0 | 3 | Elderly powerless and unorganized |
| 0.0 | 0.0 | 0 | 4 | Other (community disinterest...) |
| | 100.0 | 28 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 66

V57**Q1307**

SUA and SMHA-how well coordinated activities are between SUA and SMHA.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|--------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Incongruent by 2 |
| 31.2 | 17.9 | 5 | 2 | Incongruent by 1 |
| 25.0 | 14.3 | 4 | 3 | Both answered not at all |
| 37.5 | 21.4 | 6 | 4 | Both answered adequately |
| 6.2 | 3.6 | 1 | 5 | Both answered well |
| | 42.9 | 12 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 69

V58**Q1712**

SUA and SMHA characterization of involvement of the SMHA in aging plan.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Incongruent by 3 |
| 10.5 | 7.1 | 2 | 2 | Incongruent by 2 |
| 42.1 | 28.6 | 8 | 3 | Incongruent by 1 |
| 15.8 | 10.7 | 3 | 4 | Both answered no involvement |
| 0.0 | 0.0 | 0 | 5 | Both answered information |
| 31.6 | 21.4 | 6 | 6 | Both answered review and comment |
| 0.0 | 0.0 | 0 | 7 | Both answered joint planning sessions |
| | 32.1 | 9 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 70

| | |
|------------|--------------|
| V59 | Q1811 |
|------------|--------------|

SUA and SMHA characterization of its involvement in state mental health plan and vice versa.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------------------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Incongruent by 3 |
| 33.3 | 21.4 | 6 | 2 | Incongruent by 2 |
| 44.4 | 28.6 | 8 | 3 | Incongruent by 1 |
| 5.6 | 3.6 | 1 | 4 | Both answered no involvement |
| 0.0 | 0.0 | 0 | 5 | Both answered information |
| 5.6 | 3.6 | 1 | 6 | Both answered review and comment |
| 11.1 | 7.1 | 2 | 7 | Both answered joint planning sessions |
| | 35.7 | 10 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 71

| | |
|------------|--------------|
| V60 | Q2313 |
|------------|--------------|

SUA and SMHA believe current level and quality of interaction is sufficient to coordinate efforts and effectively deliver mental health services to elderly.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------|
| VALID | ALL | | | |
| 33.3 | 21.4 | 6 | 1 | Yes/no |
| 38.9 | 25.0 | 7 | 2 | No/no |
| 27.8 | 17.9 | 5 | 3 | Yes/Yes |
| | 35.7 | 10 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 72

V61**Q2423**

SUA and SMHA believe the elderly are politically aware and organized on issues affecting them.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|--------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Incongruent by 3 |
| 11.1 | 7.1 | 2 | 2 | Incongruent by 2 |
| 66.7 | 42.9 | 12 | 3 | Incongruent by 1 |
| 5.6 | 3.6 | 1 | 4 | Both answered not at all |
| 0.0 | 0.0 | 0 | 5 | Both answered limited |
| 16.7 | 10.7 | 3 | 6 | Both answered moderate |
| 0.0 | 0.0 | 0 | 7 | Both answered great |
| | 35.7 | 10 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 73

V62**Q2524**

SUA and SMHA think health and social service programs for age specific groups should continue to be supported.

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|---------|
| VALID | ALL | | | |
| 13.3 | 7.1 | 2 | 1 | Yes/no |
| 0.0 | 0.0 | 0 | 2 | No/no |
| 86.7 | 46.4 | 13 | 3 | Yes/yes |
| | 46.4 | 13 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 74

| | |
|------------|--------------|
| V63 | Q2726 |
|------------|--------------|

SUA and SMHA believe government officials have been responsive to demands for program support for elderly services

| PCT | PCT | N | VALUE | LABEL |
|-------|-------|----|-------|--------------------------|
| VALID | ALL | | | |
| 0.0 | 0.0 | 0 | 1 | Incongruent by 2 |
| 56.2 | 32.1 | 9 | 2 | Incongruent by 1 |
| 6.2 | 3.6 | 1 | 3 | Both answered not |
| 25.0 | 14.3 | 4 | 4 | Both answered moderately |
| 12.5 | 7.1 | 2 | 5 | Both answered very |
| | 42.9 | 12 | 9 | N/A |
| ----- | ----- | -- | | |
| 100.0 | 100.0 | 28 | cases | |

Data type: numeric
 Missing-data code: 9
 Column: 75