

New TA Approach Aids Transformation

This fall, SAMHSA's Center for Mental Health Services (CMHS) is introducing its Transformation Action Initiative (TAI). The TAI is an overarching initiative to provide organizational support within CMHS to restructure the planning, implementation, and management of technical assistance (TA). CMHS will pilot the initiative with the seven new Mental Health Transformation State Incentive Grant (MHT SIG) grantees.

The TAI is the result of a strategic process that CMHS initiated in 2004 to examine how investment in technical assistance should be adjusted to better align with learning needs related to the transformation agenda. The strategic process, which involved staff within SAMHSA, as well as technical assistance providers working directly with the field, envisioned more collaboration within CMHS and centralized access to technical assistance for programs that assist individuals in facilitating recovery and building resilience.

As the multiyear pilot begins, CMHS project officers, called "connectors," and TAI brokers will assist States

with identifying technical assistance resources to address the learning needs related to their Comprehensive Mental Health Plan. Technology will be used to promote peer to peer interaction and facilitate ongoing access to technical assistance resources. It is expected that the TAI will facilitate more cohesive technical assistance delivery and will expand CMHS' capacity to adapt to local conditions and the needs of diverse populations. The greatest expectation is that the TAI will provide a platform for understanding technical assistance outcomes and making data-driven decisions about how best to address transformation learning needs.

Transformational Shifts

CMHS also anticipates that the TAI may generate concerns stemming from the introduction of new ways to approach well-established means of conducting business. Multiple shifts in practice and corresponding demands for increased accountability require increased communication among all involved. Organizational transformations within CMHS on technical assistance to States will be necessary for the TAI to be fully implemented.

Recognizing that these changes will impact others as well, particularly current technical assistance providers, in July 2005 CMHS devoted the annual technical assistance providers meeting to exploring strategies for the transformation of technical assistance. The meeting's outcomes underscored the importance of continuous dialogue with key stakeholders to ensure the TAI incorporates "best practices" and effectively addresses the fragmentation and duplication of effort across programs.

As the pilot becomes established, the TAI will provide resources for dynamic learning communities across all States and tribal communities to support the generation and sharing of new knowledge that will accelerate transformation of the Nation's mental health systems. With shared ownership of technical assistance plans, and flexible and negotiable learning activities, individuals will have a common focus and incentive to work together. As the roles of Federal staff, technical assistance providers, and grantees shift, working collaboratively and building on shared experiences and expertise will be the underpinnings of success.

HURRICANE RESPONSE & RECOVERY www.samhsa.gov

The Federal Action Agenda's aligning of Federal agencies comes at a time when combined forces are greatly needed to fight for America's mental health in the wake of the hurricanes that have pummeled our coasts. In collaboration with State, local, and Federal partners, SAMHSA's mission of "Building Resilience and Facilitating Recovery" has taken on these added dimensions:

- Ensure that mental health assessment and crisis counseling are readily available to residents and evacuees of areas impacted by Katrina and Rita and that a longer term plan to address post-traumatic stress disorders (PTSD) for this population is established.
- Ensure that people impacted by Katrina and Rita who have serious mental illnesses and/or addictive disorders and children with serious emotional disturbances continue to receive ongoing treatment for their chronic disorders.

Right now, SAMHSA's Emergency Response Center (SERC) is assisting State officials, supporting deployed personnel, and linking SAMHSA's services with other agencies. The generosity of individuals who are volunteering their time and resources is a tremendous help to those in need.

For electronic copies of *Mental Health Transformation Trends*, see www.samhsa.gov/Matrix/MH_transformation_trends.aspx

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A Periodic Briefing



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MENTAL HEALTH

transformation trends

A Periodic Briefing

Federal Partners Ready To Take Action

T*ransforming Mental Health Care in America—The Federal Action Agenda: First Steps*, released in July 2005, is the Federal agenda for guiding the transformation of America's mental health system. It demonstrates the results of collaboration, innovation, and sustained commitment. A committee of Federal partners from the Substance Abuse and Mental Health Services Administration (SAMHSA) and other Department of Health and Human Services (HHS) agencies and offices, along with five other Cabinet-level departments and the Social Security Administration, joined together to work on this agenda, and they are continuing to foster unique, collaborative agreements to provide more Americans the opportunity for recovery.

Why do all of these departments need to collaborate on mental health? Here are just a few of the reasons:

- Education—50 percent of children with severe emotional disturbances drop out of high school.
- Labor—only 1/3 of working age adults with mental illnesses are employed.
- Justice—each year approximately 800,000 people with serious mental illnesses are sent to U.S. prisons and jails.
- Veterans Affairs—offers comprehensive health care services, including mental health, to veterans.
- Housing and Urban Development—20 to 25 percent of individuals who are homeless have serious mental illnesses.

Now this alliance of Federal agencies is expanding to include the Departments of Agriculture, Defense, and Transportation. High-level senior representatives from all the departments have been appointed to a new Federal Executive Steering Committee to guide the work of mental health system transformation. Convened under the authority of the Secretary of the Department of Health and Human Services, this committee will have the power to oversee and implement critical changes necessary for the 70 initial action steps outlined in the Agenda. The Agenda defines the state of success that all Federal partners are now working to achieve. Some of the action steps have already been achieved. To review the Action Agenda, go to www.samhsa.gov/Federalactionagenda/NFC_TOC.aspx.

“The Action Agenda is not a ‘quick fix’ for the problems that have ailed the mental health care system for decades. It is a living document that begins to chart the course for the long term.”

—SAMHSA Administrator Charles Curie, M.A., A.C.S.W.



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www.samhsa.gov

STATE PROFILE:

PENNSYLVANIA DESIGNS A BLUEPRINT FOR RECOVERY

Pennsylvania's Office of Mental Health and Substance Abuse Services (OMHSAS) has a vision that every person served within its system will have the opportunity for recovery. This vision and the OMHSAS guiding principles are the foundation for Pennsylvania's Recovery Blueprint, which is now being shared statewide to gather stakeholder input into its final chapter.

Practical First Steps

In May 2004, before the Recovery Blueprint was conceived, OMHSAS reorganized its advisory committees to be more inclusive of and responsive to various stakeholder groups. Three new committees (Children, Adult, and Older Adult) took the place of five former committees. The committees welcomed a diverse group of participants: representatives of children, adolescents, older adults, adult consumers of mental health services and their family members, persons in recovery from addictions, persons with co-occurring mental illness and substance abuse, providers, advocates, and government officials. The reorganized advisory structure took on the responsibilities of the previous Mental Health Planning Advisory Council and began to guide OMHSAS on its broad behavioral health care mandate, which includes mental health, substance abuse, behavioral health disorders, and cross-system disability.

When the newly formed Adult Advisory Committee recognized Pennsylvania's emerging needs and growing interest in making a shift towards a more recovery-oriented service system, they invited stakeholders to join a Recovery Workgroup that would explore methods for making this transition. The Workgroup was

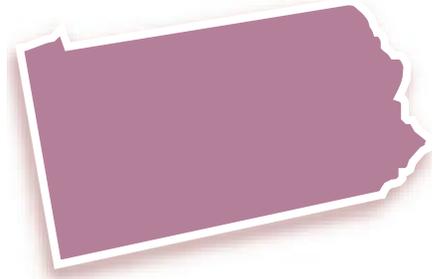
charged with developing a blueprint to frame and guide Pennsylvania's mental health system transformation.

The group met in November 2004 to develop a consensus about the definition and indicators of recovery-oriented services. The Recovery Workgroup Steering Committee guided development of the draft document based on these meetings.

Scope and Role of the Blueprint

Some wanted the blueprint to be very detailed and highly prescriptive, a "how-to" guide for transforming the Pennsylvania mental health care system. Others thought that this level of detail would be overwhelming and stifling. The Steering Committee chose to take a balanced approach. Thus, the blueprint offers a basic framework for transformation, including guiding principles and indicators of a recovery-oriented system. It describes a destination and provides some guidance on ways to get there. Its purpose is to stimulate thinking, generate discussion, and serve as a foundation for more targeted strategic planning throughout Pennsylvania.

The Recovery Workgroup recognized that shared ownership of the plan must occur to achieve true transformation. To this end, the Workgroup has charged all stakeholder groups not only to review and comment on the document, but also to identify barriers and action steps they can address to shift to a more recovery-oriented system in Pennsylvania. These groups will come together at the 2nd Annual Recovering Pennsylvania conference in Spring 2006 to report this information, which will form the final chapter of the Blueprint.



Pennsylvania OMHSAS Vision

Every individual served by the mental health and substance abuse service system will have the opportunity for growth, recovery, and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family and friends.

Guiding Principles

The Mental Health and Substance Abuse Service System will provide quality services and supports that

- Facilitate recovery for adults and resiliency for children;
- Are responsive to individuals' unique strengths and needs throughout their lives;
- Focus on prevention and early intervention;
- Recognize, respect and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation;
- Ensure individual human rights and eliminate discrimination and stigma;
- Are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family;
- Are developed, monitored and evaluated in partnership with consumers, families and advocates; and
- Represent collaboration with other agencies and service systems.

FEDERAL PARTNER SPOTLIGHT:

Indian Health Service, U.S. Department of Health and Human Services

Indian Health Service's (IHS) Division of Behavioral Health (DBH) has been working diligently to implement several of the actions called for in the Federal Action Agenda to help achieve the transformation of mental health care in America. These steps have been taken in collaboration with partners such as SAMHSA, whose staff have long-term relationships with IHS staff and offer assistance to more than 140 Native American grantees.

Taking Action To Prevent Suicide

To help launch action for suicide prevention, one of the steps of the Federal Action Agenda for 2004-2005, IHS collaborated with SAMHSA's Center for Mental Health Services (CMHS) in two areas: (1) the training and deployment of more than 12 people (the National Suicide Prevention Network, or NSPN), with at least one to represent each IHS Area, to deliver on-site assistance for communities experiencing suicide clusters or in need of suicide prevention activities; and (2) the development of an American Indian/Alaska Native (AI/AN) community suicide prevention Web site. The Web site will be a "toolkit" of information on suicide prevention, education, screening, intervention, and community mobilization that will be available later this year to AI/AN communities.

The NSPN team also provided a Youth Leadership/Prevention Initiative training for youth (ages 15-19), and a Gathering of Native Americans (GONA) Community Mobilization/Prevention training, to the Standing Rock Community in September 2005.

Collaborating Internationally for Suicide Prevention

IHS and Health Canada, through a Memorandum of Understanding, have formed a Suicide Prevention Working Group. The Working Group's projects include: (a) a comprehensive directory of promising or best practices or programs for suicide prevention among indigenous peoples, prepared by One Sky Center on behalf of the United States and funded by CMHS; (b) IHS and Health Canada suicide prevention Web sites; and (c) a conference, Indigenous Suicide Prevention in Canada and the U.S.: An Initial Conference to Share Knowledge and Foster Collaboration. The conference will be held in February 2006 in Albuquerque, NM. The National Institutes of Health (NIH) are collaborating with IHS and Health Canada to plan, coordinate and facilitate this international conference, at which approximately 150 invited participants will meet to dialogue and develop processes for indigenous suicide research needs.

Reviewing Standards and Setting Guidelines for Culturally Competent Care

The IHS Director's Behavioral Health Initiative directs IHS Behavioral Health teams (the national program, Area programs, and Tribal/Urban programs) to provide leadership and promote change in lifestyle by integrating Tribal traditions and customs with proven behavioral health strategies and specific health promotion and disease prevention programs in AI/AN communities. This process requires system-wide effort to change approaches, seek new and sustainable resources, and maximize current program effectiveness. Use of multiple

funding sources, collaborations, technology, data-driven program models, and clinically sound behavioral approaches will be integrated with the traditions and healing practices of the community to maximize health and well-being.

To implement the initiative, IHS will focus on four strategies:

- Mobilize Tribes and Tribal programs to promote behavioral health in systematic, evidence-based approaches that embrace traditions and culture as critical foundations for health;
- Support and promote programmatic collaborations within communities, as well as with State and Federal programs and agencies;
- Promote leadership development from the community to the national level, with training and mentorship; and
- Provide advocacy for behavioral health programs in Indian communities among Federal, State, Tribal, local, and private organizations.

IHS also partners with CMHS to support Circles of Care grantees. One of the goals of the Circles of Care program is to support the development of mental health service delivery models that are designed by AI/AN communities to achieve outcomes for their children that they choose for themselves.

All of these initiatives and programs support the Federal Action Agenda's call to review standards and set guidelines for culturally competent care.

Mental Health Transformation State Incentive Grants Awarded

In September 2005, SAMHSA/CMHS awarded the first Mental Health Transformation State Incentive Grants (MHT SIG) to Connecticut, Maryland, New Mexico, Ohio, Oklahoma, Texas, and Washington.

These recipients were selected from among 33 applications received in June 2005 from States, Territories, and American Indian tribes and tribal organizations planning transformation of their mental health systems. The scope of activities and breadth of approaches proposed by all the applicants greatly impressed the peer review committees, as well as grant and CMHS program staff. Each winning application demonstrated the following:

- A willingness to risk, and a readiness for change
- Senior-level administrators willing to invest time and resources to transform their systems
- A dynamic, practical, visionary leader
- Meaningful consumer and family participation
- A commitment to cultural competence and to eliminating disparities
- Plans to sustain the transformation activities after Federal funding ends

States who received the grants demonstrated keen preparation to begin transformation of their mental health systems. **Texas** recently brought public health, mental health, and substance abuse services together under the Texas Department of State Health Services, while **New Mexico** brought disparate mental health service delivery under the umbrella of a single statewide Interagency Behavioral Health Purchasing

Collaborative and Behavioral Health Planning Council.

In **Maryland**, the Governor's New Freedom for Maryland Initiative in 2002 elevated the Office for Individuals with Disabilities into a Cabinet-level Department of Disabilities that works with the Department of Health and Mental Hygiene to align services and implement solutions to move persons out of institutions into community-based services.

The Governor of **Connecticut** established a Blue Ribbon Commission on Mental Health in 2002, sparking a statewide initiative that has taken several strides toward a recovery-oriented system and led to the convening of an Interagency Mental Health Cabinet chaired by the Lieutenant Governor.

The **Ohio** Governor's Access to Better Care Initiative has demonstrated a successful collaborative planning approach to improve services and outcomes for children and families affected by emotional disturbance.

Several initiatives in **Oklahoma** have set a precedent for collaboration among diverse stakeholders and local and State government agencies, including the Adult Recovery Collaborative, the Partnership for Children's Behavioral Health, the Integrated Services Initiatives, and the Governor's and Attorney General's Blue Ribbon Task Force for Mental Health, Substance Abuse, and Domestic Violence.

Mental health legislative successes in **Washington** State in the past year mandated consumer involvement and a recovery orientation in mental health services; addressed the

treatment of substance abuse and mental health disorders; granted insurance coverage parity for mental health; and appropriated nearly \$82 million additional non-Medicaid, State-only dollars for mental health services in the 2005-2007 budget.

All of the MHT SIG States are:

- forming a governor-appointed Mental Health Transformation Workgroup comprised of cabinet-level and senior executives;
- building infrastructure for developing and implementing evidence-based practices;
- developing a process for providers, consumers, and/or family members to jointly create individual plans of care;
- addressing stigma;
- focusing on performance outcomes; and
- fostering interagency collaboration.

Using experience gained from the MHT SIG and other States, CMHS intends to support other interested States, Territories, and American Indian/Alaska Native tribes and tribal organizations with technical assistance tools and techniques. Everyone's efforts count and will make the difference in transforming mental health care in America.

MHT SIG 2005 Awards	
Connecticut	\$2,730,000
Maryland	\$2,713,887
New Mexico	\$2,546,363
Ohio	\$2,388,700
Oklahoma	\$2,730,000
Texas	\$2,730,000
Washington	\$2,730,000