



Moving From Vision to Reality

On January 18 – 20, 2006, representatives of the seven States that received Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Mental Health Transformation State Incentive Grants (MHT SIGs) convened in the Washington D.C. area for their inaugural meeting. The MHT SIG grants, which are Cooperative Agreements for mental health infrastructure development, were awarded to Connecticut, Maryland, New Mexico, Ohio, Oklahoma, Washington State, and Texas in September of 2005. Design teams in each of these States collaborated with CMHS staff to plan the conference. The resulting agenda provided opportunities for grantee representatives to learn from each other, receive training in programmatic responsibilities, and hear updates from CMHS on agency efforts to support the States' unique goals. The event also gave the grantees and CMHS staff members opportunities for direct interactions on grantee needs, concerns, and accomplishments.

A. Kathryn Power, Director of CMHS, opened the meeting by reminding grantees why they were chosen for the MHT SIG initiative. Ms. Power stated, "You are here because you and your States have demonstrated strong leadership, as well as a readiness and willingness to challenge the status quo and embrace profound change at the very core of your systems." Referring to the grantees as visionaries, Ms. Power said the restructuring process they are committed to will profoundly affect policies, funding, practice, attitudes, and beliefs, ultimately moving the vision of a transformed mental health system into reality. She emphasized the need to apply a public health approach to mental health care—an approach that will use both prevention and treatment interventions to improve the health of individuals and society.

Updates from State Grantees and Federal Partners

A panel of State representatives presented information on the status of their transformation efforts, including descriptions of their governance structures; partnerships with other State and local initiatives; information technology initiatives; efforts to eliminate disparities; and the inclusion of youth, family members, and consumers during planning and implementation of the MHT SIG grants.

Following the State presentations, representatives of six of the Federal agencies and departments that have joined with SAMHSA as Federal Partners in mental health transformation described their progress. Panelists from the Department of Labor, the National Institute of Mental Health, the Veterans Health Administration, the Department of Justice, the Administration for Children and Families, and the Centers for Medicare and Medicaid Services described their mental health action agendas. During discussions with State representatives, the Federal partners expressed their willingness to provide direct assistance and helpful materials to the State grantees.

Consumers at the Core

Consumers and family members from each State spoke about their experiences working for change within local and State mental health systems. They described significant barriers to transformation, as well as meaningful progress. A critical concern was the need to achieve buy-in for transformation from all systems in which consumers participate, including education, housing, and employment. Speakers emphasized that consumers, families, and youth must not only be involved, but also assume leadership roles in planning, implementing, evaluating, and sustaining MHT SIG activities. In some States, consumers are being trained for employment in the mental health system in

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STATE PROFILE: MARYLAND BUILDS ON HISTORY OF MENTAL HEALTH TRANSFORMATION

Maryland has joined the ranks of States pressing toward mental health transformation. A significant milestone in this movement was the recent award of a Center for Mental Health Services (CMHS) Mental Health Transformation State Incentive Grant (MHT SIG). However, Maryland's efforts to transform the mental health system began prior to the State's receipt of the MHT SIG. In 2003, Governor Robert Ehrlich established the "New Freedom Initiative for Maryland," in response to the President's call for a fundamental transformation of service delivery systems for individuals with disabilities. To implement this new vision for system reform, the Governor created the Maryland Department of Disabilities (MDOD).

Maryland's MHT SIG is now bringing together the MDOD and the Department of Health and Mental Hygiene (DHMH), which has a strong history of transforming mental health services in Maryland. Additionally, with support from the Governor's Office for Children (GOC), transformation activities will build on the existence of a strong interagency Children's Cabinet to ensure that the effort includes the State's entire population with mental health needs.

The Transformation Working Group (TWG) was developed as part of the MHT SIG process. It is chaired by the Secretary of DHMH, with the collaboration and support of the Secretary of MDOD, and it brings together a powerful coalition of key stakeholders. In addition to DHMH, MDOD, and GOC, participants include the Governor's Deputy Chief of Staff; legislators; and the Departments of Aging, Public Safety and Correctional Services, Human Resources, Education, Housing and Community Development, and Juvenile Services. Consumers and family members on the TWG come from the National Alliance for Mental Illness of Maryland (NAMI MD), On Our Own of Maryland, the Maryland Coalition of Families for Children's Mental Health, and the Mental Health Association of Maryland. Broader stakeholder input, including provider and local perspectives, are ensured through the work of designated subcommittees.

The Mental Hygiene Administration (MHA) is located within DHMH and has a solid record of innovation and flexibility in developing, implementing, and sustaining a "Public Mental Health System" that is a model for transformation. Many collaborative working relationships and service projects have been

developed between MHA and the other TWG organizations. Such cross-agency efforts are common in Maryland and will be enhanced by the MHT SIG. Following are examples of these collaborative efforts:

- MHA and MDOD convened a Task Force on Self-Directed Mental Health Care in response to the needs expressed by On Our Own of Maryland and the Bazelon Mental Health Law Center. The Task Force issued a report featuring 10 key recommendations to promote the use of self-direction and recovery principles at the consumer, provider, and system levels.
- Maryland partially funded the National Wraparound Initiative (NWI; see www rtc pdx edu/nwi), adopted the NWI wraparound practice model for Maryland, and created the

infrastructure to provide the training and coaching necessary for high fidelity implementation. Two Medicaid demonstration sites have been established to implement NWI under a pending amendment to the State's 1115 Medicaid waiver.

- Maryland has a nationally recognized model of jail-based mental health services, which, in several programs, includes trauma treatment. Last year, a workgroup was formed to address the cycle of re-arrest and re-incarceration of individuals with mental

illness in the criminal justice system. The workgroup clarified agency responsibility for providing access to medically necessary mental health services for inmates from the time they are initially detained until they transition back to the community. Efforts are underway to establish Medicaid benefits within 24 to 48 hours of release and expedite the availability of necessary medications.

- Through a partnership with Maryland Department of Education, Division of Rehabilitative Services, and the University of Maryland, 10 mental health vocational programs have received training in the evidence-based practice, "Supported Employment," with an additional 10 programs planned for FY06-FY07.

Maryland looks forward to building on its history of transformation and shaping the continued success of "New Freedom for Maryland."

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FEDERAL PARTNER SPOTLIGHT:

Social Security Administration

The Social Security Administration (SSA) promotes the Nation's economic security by administering income support programs for the elderly, disabled, and their dependents. Individuals with mental illnesses make up over one quarter of all Social Security disability program beneficiaries. To address the needs of this population—and consistent with the President's efforts to transform mental health care in America—SSA is conducting the Mental Health Treatment Study (MHTS) to promote work and increase independence. The initiative will investigate the extent to which individuals with serious mental illnesses can work when they are given appropriate treatment and supports.

Most forms of mental illness are treatable and there are promising research findings on interventions that integrate treatment with rehabilitation services. Unfortunately, limited knowledge of such treatment by providers and consumers means that many people with mental illnesses often go without appropriate treatment or scientifically proven interventions. Even when they receive services, many clients report that fear of losing health or disability income benefits is a barrier to employment.

The MHTS is providing funding and oversight for mental health treatment and employment support for Social Security Disability Insurance (SSDI) beneficiaries with schizophrenia and affective disorders. The questions the MHTS is designed to answer are:

- What are the programmatic disincentives that create employment barriers for these SSDI beneficiaries?
- To what extent does the delivery of appropriate mental health treatment and employment supports lead to better employment outcomes for this population?
- What specific programmatic changes can SSA make to support efforts to sustain competitive employment?

Study Design

MHTS services will be provided at 21 sites across the country, each providing integrated clinical services to clients. The sites were chosen for their high fidelity to SAMHSA's evidence-based, "Supported Employment" model. The study involves 3000 non-institutionalized adults (1500 experimental and 1500 in a control group) between the ages of 18 to 55. Each individual will participate in the study for 2 years. The entire study will last from winter 2005 to spring 2010. While the MHTS provides benefits for a limited time, the lessons learned will contribute to SSA's long-term efforts to transform the way in which its services are provided to Americans with mental health problems. Treatment

and employment support practices that lead to successful employment outcomes will be identified and replicated, leading to reduced programmatic barriers to employment.

The MHTS does not require the use of a specific treatment protocol. Interventions must be designed to meet the specific needs of each participant, who will receive individualized medical and employment packages. However, several principles guide the overall study design:

- The primary focus of all aspects of the intervention, including clinical services and supports, should be on promoting work;
- The intervention protocol must establish an accurate diagnosis and attend to the effects of symptoms and impairments that affect cognitive functioning;
- Employment interventions must adhere to established Supported Employment principles;
- Clinical and employment supports must be fully integrated; and
- The intervention should rely primarily on established evidence-based practices.

A Care Coordinator (nurse or social worker) will oversee individualized treatment plans, helping beneficiaries obtain necessary evidence-based treatments and supports. The Care Coordinators will also provide a gateway to the assistance of other clinicians involved in the participant's care.

Transforming Services

The MHTS is not the only SSA demonstration project working to improve services to individuals with mental health problems. The Homeless Outreach Project and Evaluation (HOPE) initiative provides grants to public and private organizations serving homeless individuals, with special emphasis on assisting individuals with mental illnesses. The Accelerated Benefits Demonstration Project provides immediate health benefits and employment supports to new SSDI beneficiaries, including those with mental health problems. The MHTS joins these and other SSA efforts that are helping transform the Nation's mental health service system.



Consensus Statement on Recovery Issued

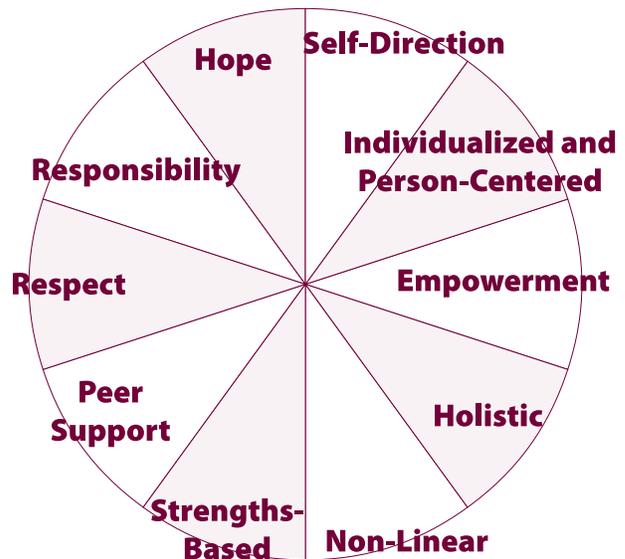
The Federal Action Agenda on mental health states that “recovery” is the single most important goal for the mental health system. However, many individuals, organizations, and State agencies have adopted varying definitions of recovery. In an effort to reach a workable consensus on what recovery means, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Interagency Committee on Disability Research held a conference to address this issue on December 16-17, 2004. More than 110 mental health consumers, family members, providers, advocates, researchers, health insurance representatives, accreditation specialists, and State and local officials worked to identify the fundamental components that comprise recovery.

To guide the deliberations, more than 20 technical papers and reports were commissioned to examine the meaning of recovery in various contexts. Based on the expert panelist deliberations on the findings of these reports, a National Consensus Statement on Mental Health Recovery was developed. The statement, issued by SAMHSA on February 16, 2006 reads:

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

The 10 fundamental components of recovery are shown below.

Components of Recovery



It is hoped that the consensus statement will serve as a key tool in orienting all stakeholders on the goal of recovery and assisting them with policy formulation, program development, quality improvement, and system transformation. More information on the National Consensus Statement on Mental Health Recovery is available at SAMHSA’s National Mental Health Information Center at www.mentalhealth.samhsa.gov or call 1-800-789-2647.

Federal Executive Steering Committee Meets

The Federal Action Agenda and the President’s New Freedom Commission on Mental Health called for the establishment of a Federal Executive Steering Committee (FESC) to assist with the work of system transformation. The FESC, composed of 22 Assistant Secretaries and Deputy Commissioners representing 9 Federal departments/agencies, as well as 13 agencies and offices within the Department of Health and Human Services (HHS) met for the first time on January 31, 2006. All members were appointed by Secretary Michael Leavitt of HHS, who stated that “HHS and its partners across the Federal Government are committed to a shared goal of collaborating to fundamentally change the way the Nation’s mental health care system currently functions.”

During the inaugural meeting, members created interagency workgroups for FY06 in five priority areas: suicide prevention, integration of primary and mental health care, appropriate financing of mental health care, employment and transition issues, and disaster and emergency response. Continual monitoring of the workgroups’ progress will take place to ensure that measurable outcomes are achieved. The workgroups are scheduled to report back to the full Committee in July 2006.

The group also discussed their charge to help identify and eliminate regulatory and funding barriers to effective mental health services and to expand the “science-to-service” agenda.

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leadership positions, administration, and service delivery. However, conference participants acknowledged that true “consumer-driven” care remains an unrealized goal in most States. Systemic changes must be made before the consumer is fully represented in all aspects of service delivery.

Technical Requirements

CMHS staff members provided training to grantees in the administrative and technical requirements of the grants and received feedback from grantees to inform these processes. Training and discussion sessions were held to address:

- Cross-site and State evaluation plans;
- Technical assistance;
- Financing;
- Needs assessment and resource inventories;

- Recovery and individual plans of care;
- Grants management; and
- Development of a comprehensive mental health plan.

Transformational Leadership

Transformational leadership was a central theme of the meeting. Working with speakers from the National Center for Healthcare Leadership, participants learned to use team-building tools to hold effective meetings. During the last session of the conference, Dr. Bruce Avolio, the Director of the Gallup Leadership Institute at the University of Nebraska, spoke on the development of authentic leadership and the importance of shared ownership in achieving goals. Dr. Avolio challenged State grantees to infuse their organizations with optimism as they translate the vision for a transformed mental health system into reality.

The CMHS 2007 Budget: Transformation is the Driving Force

A strong commitment to mental health transformation by the Substance Abuse and Mental Health Services Administration (SAMHSA) is reflected in the proposed FY 2007 budget released on February 6, 2006. By continuing to fund the Center for Mental Health Services (CMHS) Mental Health Transformation State Incentive Grants (MHT SIG) and reforming the Community Mental Health Services Block Grant Program to support transformation activities, SAMHSA’s proposed budget supports the Federal Action Agenda on transforming mental health that was released in July of 2005. The Federal Action Agenda is the Government’s road map to a new mental health delivery system that will ensure that those with mental illnesses can live, work, and participate fully in their communities. At a SAMHSA constituent budget briefing on January 9th, Administrator Charles Curie stated that, “At CMHS, the transformation process is now the driving force behind all of the programs.”

Block Grant Coordinated with Transformation

The proposed budget for CMHS is \$849 million, a \$35 million net decrease from FY 2006 (about 2 percent). This decrease, however, reflects a number of grant programs that are coming to a natural end in 2006. The direction proposed for FY2007 continues to build the infrastructure of community-based mental health service systems throughout the Nation. The MHT SIGs that were awarded in seven States in 2005 will receive continued support in the amount of \$19.8 million. These cooperative agreements fund critical changes in infrastructure development. In addition, the proposed budget will reform the Community

Mental Health Block Grant to the States, typically used for service delivery, so that at least \$153 million of the \$428 million provided through the Block Grant will be directed toward transformation activities. The two programs are becoming increasingly coordinated with the goal of a unified planning, implementation, and evaluation process for mental health transformation.

Other CMHS Priorities

The Programs of Regional and National Significance (PRNS) budget of \$228 million will support 330 grants and contracts, consisting of 237 continuations and 93 new/competing awards. Suicide prevention programs will receive \$35 million, an increase of \$2.9 million for a new American Indian/Alaska Native youth initiative. Grant and contract continuations for the National Child Traumatic Stress Initiative will be fully funded, receiving \$29.4 million. The \$7.6 million budget for the Co-occurring State Incentive Grants will support 11 continuation grants and 1 contract. School-Based Violence Prevention activities will receive \$75.7 million in funding, which reflects a \$17.5 million reduction as a result of the Safe Schools/Healthy Students and Youth Violence Prevention grants coming to natural end.

Concerning other CMHS programs, the budget proposes level funding for the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program, which will be maintained at \$34 million. The Projects for Assistance in Transition from Homelessness (PATH) will be maintained at \$54.2 million and the Children’s Mental Health Services Program will be maintained at \$104 million.



MENTAL HEALTH

transformation trends

A Periodic Briefing

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Please address comments to **Diane.Abbate@samhsa.hhs.gov**

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



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