

SAMHSA Helps Build on Local Strengths in the Gulf

Hurricane Katrina has proven to be one of the worst natural disasters in human history. In response to the psychological needs of the thousands of Americans affected, SAMHSA deployed multidisciplinary teams of Federal employees and contractors to the Gulf Coast through the SAMHSA Emergency Response Center (SERC). SAMHSA staff members joined volunteer teams that included psychiatrists, mental health and substance abuse counselors, physicians, and nurses.

In addition, the Agency created a special Web site, www.wcikatrinahelp.com, to help train and prepare substance abuse and mental health professionals interested in volunteering. As a result, more than 160 volunteer professionals joined SAMHSA's Katrina Assistance Teams (KATs).

Progress in System Coordination

SAMHSA staff's experiences on the Gulf Coast further the progress on a key principle in the Federal Action Agenda that calls for effective coordination of the multiple health and human service providers involved in mental health treatment. The following experiences illustrate this principle in action:

- Coordination of Federal and State authorities was critical in the aftermath of the hurricanes. Most phone calls to the SERC came from State authorities seeking a variety of resources. Calls came in from around the country, not just the Gulf region, because many States served evacuees while continuing to provide for the needs of their own populations.
- The community mental health workers involved in the recovery effort formed new partnerships with SAMHSA, as Agency staff helped localities build on their strengths to solve problems.
- The proximity of general health care and mental health care workers in several disaster recovery centers allowed individuals with complex needs to receive referrals to other services. For example, when individuals seeking help for a physical problem manifested signs of a comorbid mental health problem, they were invited to talk with a mental health professional. This microcosm of the real-world setting for health care highlighted the need to transform systems that often do not

communicate well with one another.

- SAMHSA crisis counselors trained first responders in culturally competent approaches and hired workers in the local community to reflect the cultures of those being served. The Agency plans to make education on cultural competence and the recruitment and retention of racial and ethnic minorities integral to behavioral health care training programs across the country.

SAMHSA reports that State and local officials have asked that the Agency support the region's needs for substance abuse and mental health treatment over the long term. The SERC therefore remains in operation and continues to coordinate deployment of SAMHSA staff, compile available resources and offers of assistance, respond to requests for information, and facilitate the release of grant funds to affected areas. Ongoing collaborations among Federal, State, and local authorities will strengthen capacity in the areas affected by the hurricanes, and, as these lessons in partnership are disseminated, will ultimately benefit the mental health care system across the Nation.

Resource Corner

The Resource Corner identifies printed materials and Web sites that may be helpful in promoting mental health systems transformation. Listing here does not imply endorsement by SAMHSA or any other agency of the U.S. Government. For all funding announcements, see www.samhsa.gov or www.grants.gov.

SAMHSA's Hurricane Mental Health Awareness Campaign. Publications, information, related links, and public service announcements can be found at www.mentalhealth.samhsa.gov/disasterrelief

Institute of Medicine. *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. The report can be obtained through www.nap.edu/catalog/11470.html

SAMHSA. *School Mental Health Services in the United States, 2002-2003*. The first national survey of mental health services in a representative sample of U.S. public schools can be obtained, free of charge, from SAMHSA's National Mental Health Information Center at 1-800-789-2647, or on the Web at <http://store.mentalhealth.org/cmhs/ManagedCare/pubs.aspx>

National Business Group on Health. *An Employer's Guide to Behavioral Health Services: A Roadmap for Evaluating, Designing, and Implementing Behavioral Health Services*. The guide can be downloaded from www.businessgrouphealth.org



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www.samhsa.gov/Matrix/MH_transformation_trends.aspx



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Substance Abuse and Mental Health Services Administration
 Center for Mental Health Services

7079 Oakland Mills Road
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Official Business
 Penalty for Private Use \$300



MENTAL HEALTH

transformation trends

A Periodic Briefing

Public Sector Innovation Leads the Way for Private Employers

A new guide for private sector employers recognizes the public sector system for its use of evidence-based behavioral health care services and recommends that employers use these services. *An Employer's Guide to Behavioral Health Services*, disseminated at the December 2005 Meeting of the National Association of State Mental Health Program Directors (NASMHPD), recommends that employers add public sector providers to their networks to enhance care for persons with serious mental illnesses (SMI) and/or individuals with substance use disorders. Noting that the most effective treatment for these populations traditionally has been provided by Medicaid and State mental health agencies, the guide recommends that private employers provide benefits from these public mental health agencies for targeted clinical case management, assertive community treatment programs, therapeutic nurseries, and therapeutic group homes.

The December NASMHPD meeting provided a forum for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the National Business Group on Health (NBGH) to describe their collaboration. NBGH, which was key to development of the guide, represents Fortune 500 and other large public sector employers that provide health coverage for more than 50 million Americans. NASMHPD represents the publicly funded behavioral health sector and works closely with providers at the State level who deliver the types of evidence-based services recognized in the report. The two organizations are partnering to facilitate the recommendations in the *Employer's Guide*. Their goals include access to public sector treatment services through flexible benefit structures and movement towards parity in mental health care benefits.

This collaborative effort began in January 2004, when CMHS funded a meeting of the National Committee on Employer-Sponsored Behavioral Health Services that was convened by NBGH. The Committee of 25 experts was charged with reviewing the quality and structure of employer-sponsored behavioral health services. These 25 experts, specializing in areas such as research, employee assistance plans, pharmacology, disability insurance, and other types of health benefits, analyzed major trends in employer-sponsored behavioral health services. The final report recognized the value of incorporating the effective treatment modalities developed in community mental health centers into private sector benefit plans.

The *Employer's Guide* serves as a roadmap for evaluating, designing, and implementing affordable and effective behavioral health care services. It recommends less fragmentation and duplication of services and increased access to quality services by private health plans. The public sector can play an important role in these changes over time, as its providers increasingly are included in new networks of care. CMHS is proud to have worked with NBGH on this project and expects that the leadership of these Fortune 500 companies will have a ripple effect that will result in improved behavioral health care services for persons served in both the private and public sectors.

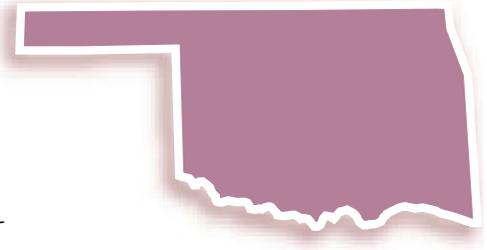
To download a copy of the *Employer's Guide*, go to www.businessgrouphealth.org.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

STATE PROFILE:

OKLAHOMA'S BROAD SPECTRUM OF LEADERS EMBRACE TRANSFORMATION



In Oklahoma, a State that has one of the highest rates in the Nation for serious mental illnesses, a broad spectrum of leaders has paved the way for meaningful mental health and substance abuse system transformation. Multiple State agencies, advocacy organizations, consumers and family members, providers, legislators, and the Governor's office are all impacting how the State views mental health and substance abuse services. Recently, Oklahoma was awarded one of the initial Mental Health Transformation State Incentive Grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has led a number of advances in Oklahoma. However, the State believes it still has far to go to build the system that will sustain an innovative approach to services and embrace the values of recovery and resilience. Dr. Terry Cline, ODMHSAS commissioner and Oklahoma Secretary of Health, believes that "Behavioral health must be coupled with primary health care. The body and mind are so interrelated it's hard to treat one without treating the other."

Governor's Task Force

Oklahoma's Governor Brad Henry has been an effective and visible advocate for change and action related to mental health and substance abuse services within all State agencies. His willingness to facilitate meaningful transformation is apparent in the priorities he has established for his administration and in several activities he has initiated to improve the delivery of services to people with mental illness.

In January 2004, Governor Henry appointed a task force to examine the

impact of and costs associated with untreated mental illnesses, substance use, and domestic violence in Oklahoma. The task force, comprised of leaders from the business sector, health care, criminal justice, education, and policy, conducted a monumental, year-long study.

According to Dr. Cline, "Task force researchers determined a staggering fiscal and economic impact on Oklahoma, conservatively placing the cost at more than \$8 billion annually. The study reiterated the fact that behavioral health issues affect a range of other societal segments." The Governor concluded that the State should act immediately.

ODMHSAS Initiatives

- Partnership for Children's Behavioral Health—a group of State agency leaders, family representatives, and State legislators who organized to plan systematically for an integrated system of behavioral health care for all children in Oklahoma;
- Adult Recovery Collaborative—an ODMHSAS partnership with consumers, family members, providers, and the Oklahoma Health Care Authority (Medicaid) to redesign behavioral health services;
- Oklahoma's Integrated Services Initiative—an initiative to ensure that the State embraces the holistic treatment needs of its residents who are struggling with both substance abuse and mental illness;
- Drug courts funded through a \$16 million annual increase in State appropriations (resulting in a capacity for 50 drug courts and 4,000 treatment slots);
- Mental health courts located in Oklahoma's largest metropolitan county and two other counties;
- Expansion of Systems of Care to

serve children and their families in 26 counties;

- Programs of Assertive Community Treatment (PACT)—expanded to 14 full-fidelity teams in 5 years with increased State appropriations each year because effective treatment outcomes were demonstrated;
- Trauma services for children who have experienced disturbing events such as physical abuse or neglect;
- Implementation of a program that places more than 30 recovery support specialists, all of whom are in recovery from mental illnesses, at facilities across the State;
- Memphis Model Community Intervention Training (CIT)—provided to more than 300 law enforcement officers;
- Training institutes for more than 15,000 health care professionals on recovery-oriented programs;
- Suicide prevention program for youths ages 10–24, funded by a recently awarded 3-year, \$1.2 million grant from SAMHSA;
- Gender-specific substance abuse treatment, provided by the Tulsa Women and Children's Center, a long-term residential treatment facility for pregnant women and women with dependent children;
- Psychiatric residency opportunities, in collaboration with the University of Oklahoma College of Medicine.

Work groups with staff at all levels of several State agencies are overseeing the changes underway. Through partnerships with family members and consumers, these initiatives are producing positive results that have put Oklahoma on the road to transformation.

FEDERAL PARTNER SPOTLIGHT:

Health Resources and Services Administration, U.S. Department of Health and Human Services

Optimal health for all, supported by a health care system that assures access to comprehensive, culturally competent, quality care, is the Health Resources and Services Administration (HRSA) vision. Through more than 80 Federal programs, HRSA provides the national leadership, program resources, and services needed to realize this vision.

HRSA's primary care programs foster the creation of comprehensive, integrated services that include mental health, behavioral health, and substance abuse treatment. Fulfilling the goal of integrated services means that HRSA is partnering with SAMHSA and mental health and substance use professionals to transform mental health care in America.

Highlights of HRSA's efforts include the following:

Expanding Access to Care

HRSA, in carrying out a Presidential initiative to increase the number of new or expanded health centers by 1,200 sites over a 5-year period, requires all newly funded sites to provide access to mental health services. In FY 2005, grantees opened 158 new or expanded health centers, bringing the number of health centers providing mental health and substance abuse services on site or by paid referral up to 686 and increasing the number of mental and behavioral health services that are integrated into primary care settings.

In addition, HRSA, in partnership with SAMHSA, has funded two grantee Training and Technical Assistance Centers for Mental Health in Schools. These TA Centers seek to build the infrastructure that helps schools, community-based organizations, and health and mental health providers increase their mental health-related services for children and

adolescents. The Centers enhance providers' ability to attend to mental health problems, to promote mental health, and to prevent youth violence through the use of evidence-based practices.

Integrating Behavioral Health and Primary Care

HRSA is working with the Centers for Medicare and Medicaid Services (CMS) and SAMHSA to identify policies or practices that impede the integration of behavioral health and primary care, such as a lack of Medicare or Medicaid coverage for mental health services provided in primary care settings, and reimbursement policies limiting payments for non-physician providers. The agencies hope to lessen or eliminate as many impediments as possible.

To encourage State agencies and key stakeholders to develop statewide plans for integrating behavioral health into primary care, HRSA and SAMHSA co-sponsored a series of five regional planning conferences over the last 18 months. Participants representing State, local, and community-based mental health and health care organizations drafted preliminary plans and agreed to provide periodic progress reports.

Eliminating Health Disparities

The HIV/AIDS Bureau at HRSA and CMHS have partnered in training trainers and service providers on HIV/AIDS and mental health services/treatment through HRSA's AIDS Education and Training Centers (AETCs).

HRSA programs for special populations, such as homeless, migrants, residents of public housing, and children with special health care needs, also address mental health needs. In conjunction with the Projects for Assistance in Transition from Homelessness (PATH) formula grant

program administered by CMHS, HRSA offers SOAR (SSI/SSDI Outreach, Access, and Recovery).

SOAR is technical assistance that enhances access to Social Security Administration disability programs (Supplemental Security Income [SSI] and Social Security Disability Insurance [SSDI]) for homeless persons. This initiative allows States to increase access to mainstream services for chronically homeless persons with serious mental illnesses. Such access transforms their lives by connecting them to housing, treatment, and other supports.

Improving Health Outcomes

To improve health outcomes and eliminate health disparities, HRSA has funded collaboratives for the past 4 years that use the latest evidence-based treatment guidelines and clinical teamwork methods. Spreading the lessons learned across more sites and clinical teams in the health center program is a major objective. This past year, 637 centers participated in health disparities collaboratives, a 31-percent increase over the previous year. While treating large numbers of patients with chronic illnesses such as diabetes, cardiovascular disease, or asthma, interdisciplinary clinical teams in each of the participating centers also treat the common co-presenting mental health problems of anxiety and depression. The integrated approach results in many benefits, including remarkably improved health outcomes in the treatment of both chronic illnesses and their associated mental health problems, which improves the quality of both primary care and mental health services.

For more information, contact Steve Smith at (301) 443-2216, or visit www.hrsa.gov.

IOM Report Reinforces the Federal Action Agenda

The recently released Institute of Medicine (IOM) report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, addresses the current deficiencies in care delivery for mental health and substance-use conditions that prevent many from receiving appropriate treatment. The report states that advances in scientific research provide the opportunity to better understand and treat these conditions, which affect more than 33 million Americans. However, the report recognizes that fundamental changes must take place in the infrastructure of mental health and substance-use service delivery

The committee of health care providers, researchers, and consumers that developed the report were from both public and private sectors and had experience in general health, mental health, and substance abuse treatment. The committee's analysis verified a strong link between general health care and mental health and substance use disorders. Improving the Nation's general health will therefore require significant attention to the

problems affecting the delivery of mental health and substance use disorders treatment. This analysis strongly reinforces the recommendations of the *Federal Action Agenda: Transforming Mental Health Care in America* report, which supports collaborative action by Federal partners to achieve this primary goal: To enable all persons with mental illnesses and substance-use conditions to live, work, learn, and participate fully in the community. The IOM report also parallels the Action Agenda by calling for—

- A reduction in stigma and discrimination;
- Enhanced patient participation;
- Coordination of the care received from multiple providers;
- A strengthened infrastructure that generates and applies a strong evidence base to patient care;
- New research funds to support therapeutic advancements; and
- Effective use of emerging information technology.

Acknowledging the unique challenges of public sector work, the authors of

the report describe the commitment and strength of the mental health and substance use workforce as “remarkable.” They note that these providers face constrained resources, stigma and discrimination, limited attention by health professions schools, and an inadequate infrastructure to support high-quality treatment.

Improving the Quality of Health Care for Mental and Substance-Use Conditions describes a multifaceted and comprehensive strategy for integrating the Nation's largely separate health care systems. It makes specific recommendations for cross-agency Federal funding of research; new demonstration projects that encourage local innovation; and action steps targeted to clinicians, health care organizations, State and Federal policymakers, accrediting organizations, and institutions of higher education. The convergence of IOM's recommendations with the Federal Action Agenda indicates that a consensus is now forming on the best strategy to support recovery from mental illnesses and substance use disorders in this Nation.

We'd Like Your Comments

This is the fifth *Mental Health Transformation Trends* periodic briefing, and we'd like to know what you think.

Has this publication been useful?

Please tell us which articles have been particularly helpful:

- State Profiles
- Federal Partner Spotlights
- Articles on CMHS grants and activities
- Front-page stories on significant events in mental health system transformation

What topics would you like to see covered?

Please e-mail your response, along with your name and affiliation, to Diane.Abbate@samhsa.hhs.gov

Thank you!