

Transformation begins

The First Leg of a Long Journey

On July 22, 2003, the President's New Freedom Commission on Mental Health published its final report, *Achieving the Promise: Transforming Mental Health Care in America*. That report embraced a bold vision of "a future when anyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community." The findings, goals, and recommendations in the Commission's final report must now be carried forward by Federal agencies and offices, by States and communities, and by public and private providers nationwide. The Commission urged all stakeholders in mental health to work together to make recovery from mental illness the *expected* outcome.

That was more than 18 months ago. What has happened since? The answer is—a lot! Let's look together at a few highlights.

First Steps

Immediately upon release of the Commission's final report, the Health and Human Services Secretary charged the Substance Abuse and Mental Health Services Administration (SAMHSA) to "conduct a thorough review and assessment of this report with the goal of implementing appropriate steps to strengthen our mental health system."

SAMHSA Administrator Charles Curie took up the charge. When Kathryn Power stepped into the posi-

tion of CMHS Director under Curie, the development and implementation of a Federal Action Agenda for transforming mental health care in America became her "job description." She immediately convened an internal SAMHSA workgroup to carefully analyze the work of the Commission. The workgroup completed an inventory of all existing SAMHSA activities that related to the Commission's recommendations, and a "wish list" of future activities.

Federal Partners Meet

Shortly after, senior level staff from six Federal Cabinet-level departments and the Social Security Administration were invited to join SAMHSA in a Federal Partners Senior Workgroup (FPSW). Each agency represented began its own inventory of activities and made a "wish list." The Federal Partners successfully drafted an Action Agenda, soon to be published, that is informed by the Commission report. This group is a model for collaboration at all levels of government. *Mental Health Transformation Trends* will feature these Federal Partners in future issues.

Beginning this year, a Federal Executive Steering Committee (FESC), constituted of Assistant Department Secretaries and Deputy Commissioners representing the Federal Partners, will direct the Federal government's role in transforming mental health care.

SAMHSA's Mental Health Systems Transformation (MHST) Matrix Group, with 25 members, coordinates the agency's internal efforts. In the first phase of transformation,

SAMHSA is working to achieve five important results: (1) publication of the first Federal Action Agenda, (2) development of strong relationships and collaborative activities with other Federal Partners, (3) increase of Federal support to States for their formal transformation efforts, (4) evaluation and promotion of transformation strategies that work, and (5) continuing focus and attention on emerging issues, practices, and trends.

State and Local Efforts

During this time, many States and private sector organizations also have begun work on transformation. Several States have created statewide commissions to study their particular concerns and report to their respective governors. This is leading to some restructuring and a reordering of funding priorities to provide services that are essential to recovery for Americans with serious mental illnesses. Trade associations and guilds are emphasizing mental health systems transformation in their training conferences and consultation efforts. *Mental Health Transformation Trends* will feature their accomplishments as well.

To all who have a stake
in the transformation
of mental health care
in America, welcome
to **Mental Health
Transformation Trends**

For electronic copies of *Mental Health Transformation Trends*, see

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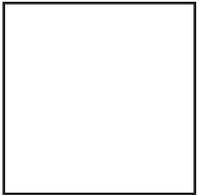
MENTAL HEALTH

A Periodic Briefing



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

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MENTAL HEALTH

transformation trends

A Periodic Briefing

A New Start in Mental Health

Welcome to the premiere issue of *Mental Health Transformation Trends*. As the Nation moves toward a recovery-oriented, consumer- and family-driven mental health system, it is vital for all of us to stay involved, informed, and invested in the challenging process at hand. As a periodic briefing, *Mental Health Transformation Trends* will be an important tool to keep our partners and ourselves up to date on emerging issues, practices, and trends in transformation. It will also provide a record of the progress in transforming the Nation's mental health system at the Federal, State, and local levels.

In 2003, the President's New Freedom Commission on Mental Health released its report, *Achieving the Promise: Transforming Mental Health Care in America*. The report confirmed that our society, our system, is not meeting the needs of millions of Americans with mental illnesses. It reached the bold conclusion that we must fundamentally transform our Nation's approach to mental health care.

But what is meant by "transformation"? It is a deep, ongoing process along a continuum of innovation. Transformation implies profound change—not at the margins of a system, but at its very core. In transformation, new sources of power emerge. New competencies develop. When we do transformative work, we look for what we can do now that we couldn't do before.

Through direct and deliberate efforts to leverage Federal resources and programs at CMHS, at SAMHSA, at HHS, and across the Federal Government, we are facilitating the change in behaviors and attitudes needed for transformation. And we are making headway.

Mental Health Transformation Trends will help identify how the transformation of the mental health care system can happen and articulate the steps we are taking toward this vision. SAMHSA and its Federal Partners have joined together to create a Federal Action Agenda for Mental Health, a roadmap for transformation at the national level. Six Federal Cabinet-level departments and the Social Security Administration are committed to creating a system that knows, understands, anticipates, and meets the needs of the people it serves. We have the vision. Now we must implement the vision through action. Each of us is critical to this undertaking. Transformation has begun. Together we will continue to make it happen.

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

A. Kathryn Power, M.Ed.
Director, CMHS



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www.samhsa.gov

STATE PROFILE:

NEW MEXICO BEGINS ITS BEHAVIORAL HEALTH SYSTEM TRANSFORMATION

Under the leadership of the Governor and with the full support of the State legislature, New Mexico has launched a major behavioral health redesign that has the potential for reshaping the dialogue about transformation around the country.

New Mexico's public behavioral health service system, like those in many States, has had some successes, but in 2003 it still had problems with fragmentation and supplying accessible, appropriate, and high quality services that help consumers and families achieve their goals for recovery and resilience. Faced with these challenges, New Mexico began to redesign the fundamentals of behavioral health planning, policymaking, and oversight in order to achieve three goals: better services, better access, and better use of taxpayer dollars.

First, leadership and staff from all of the key agencies involved in the delivery, purchase, or use of behavioral health services, set forth their vision:

"A single behavioral health system in New Mexico in which available funds are managed effectively and efficiently; the support of recovery and development of resiliency are expected; mental health is promoted; the adverse effects of substance abuse and mental illness are prevented or reduced; and behavioral health customers are assisted in participating fully in the life of their communities."

Guided by this vision, the State restructured its activities. It set up a 17-member Purchasing Collaborative, composed of the heads of 15 agencies and key Governor's office staff. The involved agencies included Labor, Corrections, Aging and Long Term Services, Public Education,

Finance and Administration, Vocational Rehabilitation, Courts, Mortgage Finance Authority, and Indian Affairs.

These agencies all contributed staff to weekly work sessions of a new Behavioral Health Design Workgroup. Over many months, this design workgroup hammered out a plan to pool funding and jointly issue a Request for Proposal for a single organization, called the "Statewide Entity," to manage care through provider contracts, braiding/blending of funds, utilization review/utilization management, care coordination, and data reporting. In addition, the staff design group and collaborative designed roles for local collaboratives across the State to mirror the kind of joint planning, needs assessment, quality review, and coordination being developed at the State level. All existing advisory bodies were also brought together in a new Behavioral Health Planning Council to serve as an important voice to guide the changes taking place.

Because of the breadth of New Mexico's transformation, change is being accomplished in phases:

Pre-planning and transition (September 2003 to July 2005)

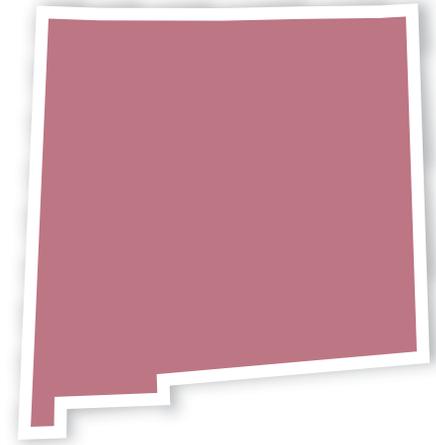
Issue RFP, select managed care partner, create cross-agency teams, develop local collaboratives, ensure smooth transition

Phase 1 (July 2005 to June 2006)

Consumers and families continue receiving services; data are reported; providers paid; and performance maintained

Phases 2 and 3 (July 2006 to June 2008)

System matures and vision begins to become real in terms of quality, outcomes, access, recovery, and resilience



These are some lessons New Mexico has learned to date:

- It is essential to invest lots of time and effort in seeking public involvement and input as widely as possible.
- Very strong data systems and administrative infrastructure are needed to support this kind of change process.
- The time pressures are incredible and nearly impossible to meet without new resources/staff capacity to dedicate to the change process.
- Managing expectations is crucial. It's best to be very clear that for the first year, goals are limited and that the real payoff will come after many years.
- Key leaders can help maintain a strong values base and keep everyone's eyes on the prize when details threaten to overwhelm participants. This isn't just rearranging the bureaucratic pieces — it's a cultural transformation and needs to be seen/carried out with a strong values base as a guide.
- Transformation can't be done alone. Using the expertise of other States and national technical assistance resources helps with some of the toughest demands. Sharing ideas is crucial and should be cultivated and linked across States to help support future efforts like this. Collaboration is the key, not just within the State, but nationally.

FEDERAL PARTNER SPOTLIGHT:

U.S. Department of Labor

The U.S. Department of Labor (DOL) led by the Office of Disability Employment Policy (ODEP) is developing numerous internal initiatives to facilitate transformation of multiple systems. DOL's first step was to establish its Work Group to Promote Employment of People with Psychiatric Disabilities, chaired by ODEP Policy and Research Director Susan Parker. The Work Group met the first Wednesday of every month for over a year and is drafting a multi-year action plan.

Members of the DOL Work Group to Promote Employment of People with Psychiatric Disabilities represent the following:

- Office of Disability Employment Policy
- Veterans' Employment and Training Service
- Center for Faith-Based and Community Initiatives
- Office of the Assistant Secretary for Policy
- Civil Rights Center
- Employment and Training Administration (ETA), and these specific ETA offices –
 - Division of Disability and Workforce Programs
 - Division of One-Stop Operations
 - Office of Policy Development and Research
 - Office of Youth Services
 - Job Corps
 - Office of Apprenticeship Training, Employer and Labor Services
 - Division of Migrant and Seasonal Farmworkers
 - Senior Community Service Employment Programs
 - Division of Indian and Native American Programs
 - Business Relations Group

The DOL Work Group has four active subcommittees: Effective Practices, Youth, Incarcerated Persons, and Data Collection. Among the many activities in which the Work Group is involved are the following:

Employer Initiatives

- Develop a fact sheet on workplace accommodations for persons with psychiatric disabilities (currently in clearance).
- Fund a 3-month project on effective practices in DOL One-Stop Centers promoting employment of people with psychiatric disabilities.
- Develop an employer initiative to increase the recruitment, hiring, and retention of persons with psychiatric disabilities, including a fact/resource sheet for employer use.

Ex-Offender Initiatives

- Explore workforce opportunities for ex-offenders with psychiatric disabilities who want to work and successfully reintegrate into their communities, including cross-agency Memorandums of Understanding (MOUs) and an information clearinghouse.

Innovative Employment Strategies

- Promote customized employment strategies for persons with psychiatric disabilities (e.g., self-employment, microenterprise development).

Data Collection

- Compile and analyze DOL's existing grant data on employment of persons with psychiatric disabilities. For example, 38% of those served by 37 ODEP grant projects have a psychiatric disability. Similarly,

the Ending Chronic Homelessness through Employment and Housing program primarily targets individuals with mental and substance abuse disabilities.

Youth Initiatives

- Promote successful transitions for young adults with serious emotional disturbances (SED) from school to post-secondary opportunities and/or employment.
- Develop a white paper on youth with SED transitioning into employment through One-Stop Centers. This information will be used in developing a cross-agency solicitation for grant applications.
- Develop an effective practices paper on youth, mental health, and employment.

Technical Assistance for Employers, Consumers, and Providers

- The Job Accommodation Network (JAN) provides information on job accommodations, the ADA, and the employability of people with disabilities for job candidates, employees, and employers [Phone: 800-526-7234 (V/T/TY); Web site: www.jan.wvu.edu].
- The Employer Assistance Referral Network (EARN) connects employers to employment service providers with direct access to candidates with disabilities and provides technical assistance to employers [Web site: www.earnworks.com].

To obtain additional information on the DOL Work Group and its initiatives, contact Susan Parker at 202-693-7880 or go to the ODEP Web site at www.dol.gov/odep.

THE FEDERAL PARTNERS

SAMHSA/CMHS greatly appreciates the collaboration, leadership, and support of all our Federal Partners in helping to create and implement transformed mental health care for all Americans.

- **Department of Education**
- **Department of Health and Human Services**
 - Administration on Aging
 - Administration for Children and Families
 - Agency for Healthcare Research and Quality
 - Assistant Secretary for Planning and Evaluation
 - Centers for Disease Control and Prevention
 - Centers for Medicare and Medicaid Services
 - Health Resources and Services Administration
 - Indian Health Service
 - National Institutes of Health
 - Office for Civil Rights
 - Office on Disability
 - Office of Public Health and Science
 - Substance Abuse and Mental Health Services Administration
- **Department of Housing and Urban Development**
- **Department of Justice**
- **Department of Labor**
- **Social Security Administration**
- **Department of Veterans Affairs**

SAMHSA Rolls Out Mental Health Transformation Grants

During FY 2005, SAMHSA is providing \$18.8 million for 6 to 13 cooperative agreements for Mental Health Transformation State Incentive Grants (MHT SIGs) to support infrastructure and service delivery improvement activities. Awards will range from \$1.5 million to \$3 million per year for up to 5 years, depending on progress made and availability of funding. Eligibility is limited to the immediate office of the chief executive officer in the States, Territories, the District of Columbia, and federally recognized American Indian/Alaska Native Tribes or Tribal organizations that have the ability to leverage and coordinate multiple sources of funding and other resources in order to achieve the goals of the grant.

Comprehensive Mental Health Plans To Be Implemented

Grantees will create, implement, evaluate, and sustain statewide Comprehensive Mental Health Plans that build a solid foundation for delivering and sustaining effective mental

health and related services. Grantees have considerable flexibility, but the Plan must take a cross systems, life span approach, and it must contain a continuum of promotion, prevention, early intervention, treatment, and recovery services for the grantee's entire population.

Essentials for Transformation

The grant program announcement states that essentials for successful transformation include, but are not limited to,

- a willingness to risk and a readiness for change,
- a strong commitment to transformation by the State, Territory, District, or Tribal chief executive who has the authority to convene the relevant department/agency/office heads and hold them accountable for their performance,
- 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, and
- plans to sustain the transformation activities after Federal funding ends.

Both the Community Mental Health Services Block Grant program and the MHT SIGs will support the transformation of mental health service delivery systems across America. While the MHT SIGs will support infrastructure development, the block grants will continue to support the delivery of services. It is expected that the two programs will be coordinated to reflect a unified planning, implementation, and evaluation process in each State.

Resource Corner

This Resource Corner identifies printed materials and Web sites the reader may find helpful in the promotion of mental health systems transformation. It should be understood that any listing does not imply endorsement by SAMHSA or any other agency of the United States Government.

For all funding announcements, see www.grants.gov.

A Recovery-Oriented Service System: Setting Some System-Level Standards, *Psychiatric Rehabilitation Journal*

www.bu.edu/prj/fall2000/Anthony-PRJv24n2.pdf

A Vision for the Mental Health System

www.psych.org/news_room/press_releases/visionreport040303.pdf

Concepts of Transformation by Noel A. Mazade, Ph.D., National Association of State Mental Health Program Directors Research Institute

www.nri-inc.org

The Promise of Self Determination for Persons with Psychiatric Disabilities

www.self-determination.com/publications/psychiatricDis.html