



MENTAL HEALTH

transformation trends

A Periodic Briefing

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



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Transformation Is Now

Transformation is happening. It is real. From California to Connecticut, promising models of transformation in behavioral health are being developed and piloted. Together with its Federal Partners, the Substance Abuse and Mental Health Services Administration (SAMHSA), is taking realistic action steps to motivate, facilitate, and compel change at the Federal, State, community, and individual levels.

The Federal working group leading transformation not only fosters communication and collaboration across Federal agencies, but also encourages further alignment of Federal programs related to mental health. SAMHSA already is aligning its activities with the key priorities and the national movement to transform mental health service delivery. And it does not stop with SAMHSA. As mental health transformation unfolds across the Nation, we will continue to develop new solutions, address new issues, and mark our progress.

Several initiatives are highlighted in this issue of *Mental Health Transformation Trends*. These include SAMHSA's efforts around transformational leadership and the strides taken by a Federal Partner, the Veterans Health Administration.

Transformation also is happening at State and local levels. In this issue, we look at the State of Connecticut, which is making great progress toward a truly recovery-oriented, consumer- and family-driven mental health system.

These illustrations demonstrate the synergy that results when individuals, organizations, and governments collaborate...when they dare to innovate...when they venture into new territories without being absolutely sure where their quests will lead them...when they take risks in order to succeed. This is transformation in action!

Transformation begins with a vision. But a vision can only be achieved with strong leadership. We must have people like you willing to drive the transformation process—to be leaders who can blaze a trail and inspire others to follow. We welcome your response to the invitation to transform the mental health system!

The President's New Freedom Commission on Mental Health Vision Statement

We envision a future when...

- everyone with a mental illness will recover,
- mental illnesses can be prevented or cured,
- mental illnesses are detected early, and
- 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.



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

Leadership Is Everyone's Business

The vision of a transformed mental health system has created a national imperative to recognize the importance of effective leadership in initiating change and sustaining each step towards making the vision a reality. In response to this imperative, SAMHSA/CMHS is exploring the combination of skills and abilities needed to promote individual, organizational, and system transformation.

Through collective efforts and partnerships among key stakeholders, the demand for effective leaders at every level can be met.

The Transformation Leadership Competencies wheel presented here is a starting point for a discussion about the many attributes needed. These are not exhaustive, but suggest that formalizing leadership training and recognizing the tremendous courage and resiliency leaders need will be important.

The SAMHSA/CMHS Mental Health Transformation State Incentive Grants (MHT SIGs) will provide the initial opportunities for approaching leadership from a competency-based

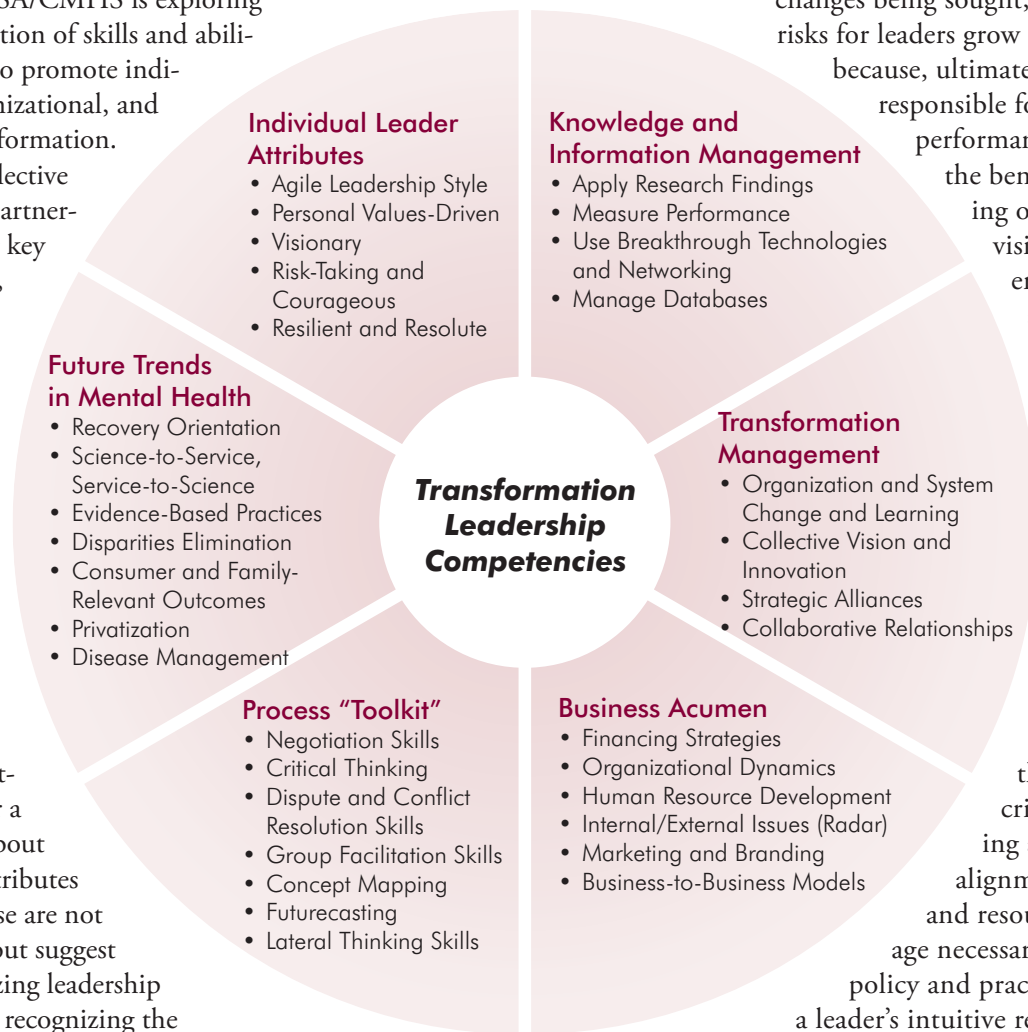
orientation starting in fall 2005.

As role models, transformation leaders must be capable of externalizing strongly held internalized values and ideas that shape a unifying vision. These values become the underpinnings of an energizing

responsibility for promoting innovation and for reinforcing individual efforts toward attaining the transformational vision. As others are encouraged to individually and collectively "own" the vision and then implement strategies to realize the changes being sought, the associated risks for leaders grow exponentially

because, ultimately, leaders are responsible for the group's performance. When the benefit of focusing on the group's vision is not fully embraced by all involved, the potential conflicts can undermine a leader's willingness to challenge the status quo.

A leader's sense of purpose and direction is the catalyst for critical thinking and strategic alignment of events and resources to manage necessary shifts in policy and practice. However, a leader's intuitive reactions are not sufficient for effecting and sustaining system change. How the mental health community responds to the challenge of nurturing effective leadership will set the bar for transformation's ultimate success.



environment that bolsters personal resolve and motivates others to pursue a common goal.

Balancing risk with courage will be a hallmark of those called to lead transformation. Leaders assume

STATE PROFILE:

CONNECTICUT TRANSFORMS ITS SYSTEM OF CARE TOWARD RECOVERY

In its 2003 report, the President's New Freedom Commission on Mental Health envisioned a future when everyone with a mental illness would recover and have access to the essentials for living, working, learning, and participating fully in the community. In Connecticut, Commissioner Thomas A. Kirk, Jr. of the Department of Mental Health and Addiction Services (DMHAS) is taking steps to help this vision become a reality. During the February 2005 meeting of the National Association of State Mental Health Program Directors Research Institute in Baltimore, Commissioner Kirk described Connecticut's strategy: "We realized that to transform Connecticut's behavioral health system into one that is truly recovery-oriented, we would need to make changes in many aspects of our work. This systemic approach would encompass (1) development of recovery core-values and principles, (2) establishment of a conceptual and policy framework to guide our efforts, (3) new competencies and skills for our workforce, (4) changes in programs and in the service structure to promote certain program models (such as peer-run programs and programs operated by Recovery Communities), (5) realignment of fiscal resources, and (6) review of administrative policies to ensure that recovery concepts and program models were being supported."

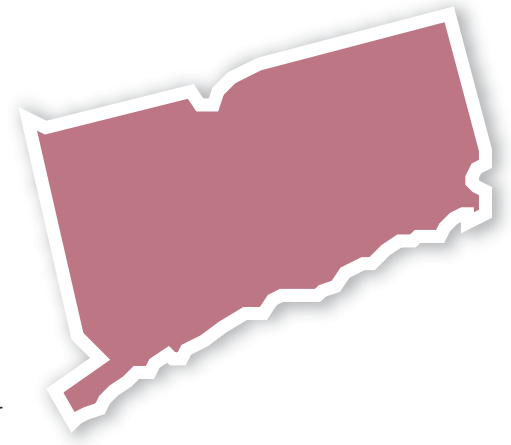
To start, DMHAS asked advocacy groups representing people in recovery from psychiatric and/or substance use disorders to articulate "core values" for a recovery-oriented system of care. These values were used to guide

development of a Commissioner's Policy Statement, entitled "Promoting a Recovery-Oriented Service System" (see www.dmhas.state.ct.us/policies/policy83.htm). This policy statement, released in September 2002, set the stage for Connecticut's transformation and became the overarching goal for all activities at DMHAS. Next, the State defined the change strategies it would employ. These included the following:

- Multi-year implementation process.
- A "big tent" approach to consensus building among diverse stakeholders.
- Use of "technology transfer" strategies to promote use of recovery-oriented and evidence-based practices.
- Efforts to incorporate or subsume other major DMHAS programs within the recovery initiative.
- A process to reorient administrative and clinical systems in support of recovery.
- A non-punitive transition with service providers to recovery-oriented performance and outcome measures.

Next, working with the Yale University School of Medicine, DMHAS established a Recovery Institute to train providers in recovery-oriented concepts and practices. To date, nearly 5,000 providers have received this training. DMHAS also created a competitive process through which providers applied to become a "Center of Excellence" or a "Practice Improvement Initiative" site. These sites served as incubators for emerging recovery-oriented practices. Thus far, over 50 different provider agencies are involved in these efforts.

Next, service providers will be



asked to participate in a "Recovery Self-Assessment" to determine the extent to which their current practices were consistent with recovery concepts and values. DMHAS and Yale also have drafted Recovery-Oriented Practice Guidelines and Standards that can help providers and people in recovery determine whether services conform to recovery concepts. The guidelines offer a roadmap for the change process.

Although many significant changes have occurred, much more remains to be done. Commissioner Kirk stated, "We've completed the conceptual work and built consensus across the system; now we're poised for the next, and perhaps most difficult, stage in the transformation—ensuring that clinicians are supported in carrying out the recovery-oriented practices they have learned. As we do this we must remain true to our vision—a recovery-oriented system of care that identifies and builds upon each individual's assets, strengths, health, and competence, and that helps people to achieve a sense of mastery over their condition while regaining a meaningful, constructive sense of membership in the broader community." To learn more about Connecticut's recovery initiative, visit the DMHAS Web site at www.dmhas.state.ct.us/recovery.htm.

FEDERAL PARTNER SPOTLIGHT:

U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) is the nation's largest healthcare provider for veterans. VA is a unique opportunity to provide a full continuum of medical, mental health, and substance abuse services. In FY 2004, VA served 5 million veterans, 28 percent of whom had a mental disorder diagnosis.

Frances Murphy, M.D., M.P.H., the Veterans Health Administration's (VHA) Deputy Under Secretary for Health for Health Policy Coordination, having served as an *ex officio* member of the President's New Freedom Commission on Mental Health, now chairs VA's Action Agenda Work Group. This group is committed to realizing the Commission's vision and transforming VA mental health care into a consumer-centered system that fully embraces the principles of recovery.

On December 1, 2003, the Work Group's *Action Agenda: Achieving the Promise, Transforming Mental Health Care in VA* was approved. Next, a 5-year Mental Health Strategic Plan (MHSP) was developed and an Action Agenda Steering Committee was formed. The purpose of the MHSP is to drive the implementation of the Commission's principles and goals through 265 discrete recommendations. To manage implementation of these recommendations, the Action Agenda Steering Committee has established nine Work Groups:

1. Mental Health Awareness
2. Veteran and Family Centered Care
3. Collaborative Care
4. Recovery
5. State Mental Health
6. Knowledge Management and Best Practices

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7. Peer Support

8. Mental Health Research

9. Cultural Competency

The overarching goal of the Action Agenda is to "orient VHA toward the expectation of recovery and the delivery of veteran-centered care and evidence-based services." Here are some activities VA is participating in to achieve this:

- A national mental health campaign to increase awareness of mental health as essential to overall health and to combat stigma.
- A national strategy for suicide prevention that includes participation of families and communities.
- Dissemination of collaborative care approaches for mental disorders such as depression and PTSD in primary care settings.
- Collaboration with the Department of Defense to aid troops returning from Iraq with recovery and rehabilitation based on the concept that mental health is a part of overall health care.
- Models and educational programs that focus on vocational rehabilitation, with \$6 million for new Supported Employment Mentor training sites and \$10 million for Compensated Work Therapy support.
- A model national plan for family care and a consumer liaison directive. VHA's 21 administrative districts, called Veterans Integrated Service Networks (VISNs), are charged to participate in their States' mental health plans.
- Education and research on cultural competence. For example, a series of videotape programs on PTSD in Native American, Asian American/Pacific Islander, African American, and Hispanic American veterans has been made for clinicians and for

VA will also continue to encourage Federal Partners to identify and test practices for improving rural health care for veterans.

- Annual screening for depression, PTSD, and substance abuse. Self-administered screening instruments are under development.
- Testing of recovery-oriented research across the life cycle for generalizability across the VA system.
- Piloting of peer specialist supports.
- Rolling out evidence-based practices, such as collaborative care for depression, across the VA system.
- Implementing a Tele-Mental Health (TMH) initiative through the VISNs and the Office of Care Coordination; expanding TMH to improve in-home access and services for homeless veterans; developing a mental health treatment planning tool and a mental health component for the Internet-based MyHealthVet system.

To obtain additional information on VA transformation activities, contact Dr. Frances Murphy at 202-565-6363 or Dr. Larry Lehmann at 202-273-6900.

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 Agriculture
- Department of Education
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Justice
- Department of Labor
- Social Security Administration
- Department of Transportation
- Department of Veterans Affairs

SAMHSA/CMHS Identifies Key Priorities

SAMHSA is identifying key priorities within the Center for Mental Health Services (CMHS) to better support the framework of recovery-oriented systems.

Thinking strategically and working collaboratively, CMHS is looking at “what is” and asking “what should be” to promote innovative approaches and effective performance in addressing the mental health needs identified by consumers and families.

These are the eight crucial areas that have become priorities for consideration as the Nation moves forward with efforts to transform the mental health system:

- **Leadership**

Develop a versatile program for grooming transformational leaders at State and local levels as a critical

component for creating a mental health care system built around consumers’ needs.

- **Comprehensive State Planning**
Develop a model Comprehensive State Mental Health Plan.

- **Individualized Care Plans**
Identify and disseminate a prototype individualized care plan that fosters resilience and recovery.

- **Disparities**
Initiate a series of activities driven by the development of a national strategic plan for the elimination of disparities in mental health services.

- **National Registry of Evidence-Based Programs and Practices**
Continue a strong science-to-service agenda for achieving the widespread availability of evidence-based treatments in supporting

recovery for individuals with mental illnesses.

- **Workforce Development**

Develop a national strategic plan for training an expanded, diverse, competency-based workforce.

- **Technology**

Use Health Technology to improve access and coordination of mental health care.

- **Finance**

Implement efficient public and private reimbursement strategies.

These priorities are pivotal components for coordinating program planning and management strategies within CMHS. As anchors for the development of the Center’s grant and contract portfolio, these priorities will help ensure capacities for delivering quality services and products in the future.

State Teams to Get Help on Mental Health Transformation

SAMHSA’s Center for Mental Health Services (CMHS) is working with the National Governors Association (NGA) Center for Best Practices to host four regional meetings on Transforming State Mental Health Systems. These meetings will help States understand how mental health issues affect policy priorities across agencies and services, assess their own mental health systems, and develop a vision and plan for transformation.

Each State Governor’s office can send a four-person State team to one regional meeting at SAMHSA’s expense; additional team members may participate at the State’s expense. The first regional meeting will be held June 13-14, 2005, in Chicago. Subsequent meetings are planned for September 22-23, 2005, in Los Angeles; March 2006 in New Orleans; and June 2006 in Boston.

Over the past 18 months, the NGA Center has partnered with CMHS to raise awareness of mental health transformation needs and strategies among the Offices of the Governors

by (a) distributing the New Freedom Commission Report to all States; (b) producing and distributing a reference guide to key concepts in the Report; (c) placing notices on the NGA Center

Web site (www.nga.org) and in its newsletter; (d) answering questions regarding the Report; and (e) hosting a Web conference focused on mental health transformation.

Resource Corner

Identified here are printed materials and Web sites that may be helpful in promoting mental health systems transformation. Listing here is not intended to imply endorsement by any agency of the U.S. Government.

SAMHSA National Mental Health Information Center
www.mentalhealth.samhsa.gov

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

Health Care Financing Review. (Fall 2004). Mental Health. Centers for Medicare and Medicaid Services, Office of Research, Development, and Information. www.cms.hhs.gov/review/04Fall/

Sixteen State Study on Mental Health Performance Measures
www.nri-inc.org/Profiles01/16StateStudyFinalReport.pdf

Sharing the Hope, Sharing the Healing of Mental Illness Recovery
www.hopetohealing.com

Council of State Governments Mental Health Tool Kit—Fostering Recovery through State Action
www.csg.org/CSG/Policy/health/mental+health/default.htm