

JULY 2008

Transforming Mental Health Care in America

The Federal Action Agenda: “A Living Agenda”



Acknowledgments

Numerous people contributed to the development of this document (see Appendix B for a complete list of contributors).

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). A. Kathryn Power, M.Ed., Director, Center for Mental Health Services, provided leadership, direction and support for the development of the project. W. Peter Donovan, Jr., M.S.W., A.C.S.W., and Leah McGee served as Government Project Officers.

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Recommended Citation

Transforming Mental Health Care in America: The Federal Action Agenda: A Living Agenda. DHHS Publication No. (SMA) 08-4060. Revised 2008. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

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 DHHS Publication No. SMA 08-4060
 Printed 2008

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Executive Summary

When President George W. Bush created the New Freedom Commission on Mental Health in 2002, he set in motion a series of events that would have a profound impact on the ability of people of all ages with mental disorders to live, work, learn, and participate fully in their communities. The Commission's final report, called *Achieving the Promise: Transforming Mental Health Care in America*, was groundbreaking in its emphasis on building a system that is *evidence based, recovery focused, and consumer and family driven*.

The New Freedom Commission called for immediate and significant changes and the Federal Government—in partnership with States, communities, consumers, families, and the private sector—is responding. Soon after the release of the Commission's final report in 2003, the U.S. Department of Health and Human Services (HHS) charged its Substance Abuse and Mental Health Services Administration (SAMHSA) with leading efforts to transform the mental health system in this country. SAMHSA organized an unprecedented, collaborative effort among more than 20 Federal agencies and offices to help ensure that people with mental disorders have every opportunity for recovery.

Together, SAMHSA and its Federal partners—including other agencies and offices in HHS; the U.S. Departments of Education, Housing and Urban Development, Justice, Labor, and Veterans Affairs; and the Social Security Administration (SSA)—created a specific and affirmative agenda for the initial Federal response to the charge for wholesale transformation of the mental health system. *Transforming Mental Health Care in America: The Federal Action Agenda*, released in 2005, is both a vision and a plan. It is a vision of the attainability of recovery for people with mental disorders and a living document that charts the initial steps for altering the form and function of the mental health service delivery system.

The *Federal Action Agenda* contains 70 specific steps organized around the five principles set forth in the Executive Order (13263) that established the responsibilities for the New Freedom Commission. These principles, which are reflected in the New Freedom Commission's six goals, represent a commitment to improve the outcomes of mental health care; promote collaborative, community-level models of care; maximize existing resources and reduce regulatory barriers; use mental health research findings to influence service delivery; and promote innovation, flexibility, and accountability at the Federal, State, and local levels.

Because children, adults, and older adults with mental disorders are seen in multiple systems and sectors, the *Federal Action Agenda* represents a broad-based commitment for collaboration on the part of all Federal agencies whose programs serve these individuals. The original group of Federal partners, which encompassed six departments and the SSA, in collaboration with the private sector, is continuing to foster unique, collaborative agreements to provide more Americans the opportunity for recovery.

Now this alliance of Federal agencies has expanded to include the Departments of Agriculture, Defense, and Transportation and the Equal Employment Opportunity Commission. High-level senior representatives from all the departments have been appointed to a Federal Executive Steering Committee to guide the work of mental health system transformation. Convened under the authority of the Secretary of HHS, this committee has the power to oversee and implement critical changes necessary to accomplish the 70 initial action steps outlined in the Agenda. The current Agenda defines the state of success that all Federal partners are now working to achieve.

Transformation in Action

The New Freedom Commission concluded that the current mental health system in this country is not oriented to the single most important goal of the people it serves—the hope of recovery. Its findings made clear that simple reforms no longer are adequate to respond to the needs of children and their parents, adults, and older adults with mental disorders. Instead, the Commission called for wholesale and fundamental transformation of the system—from one dictated by outmoded bureaucratic and financial incentives to one driven by consumer and family needs that focuses on building resilience and facilitating recovery.

The New Freedom Commission envisioned a transformed system as one in which Americans understand that mental health is essential to overall health; mental health care is consumer and family driven; disparities in mental health services are eliminated; appropriate and early mental health screening, assessment, and referral to services occur; excellent mental health care is delivered and research is accelerated; and technology is used to access mental health care and information.

Transformation is a bold vision and not something that happens quickly or easily. Indeed, transformation implies profound change — not at the margins of a system, but at its very core. Transformation requires significant changes in organizational policies, practices, and funding and equally momentous shifts in attitudes, beliefs, and values about mental health.

As with any large-scale organizational change, transformation of the mental health system is a complex process that will proceed in a non-linear fashion and require collaboration, innovation, sustained commitment, and a willingness to learn from mistakes. Transformation cannot be accomplished by any one entity or level of government alone. The accomplishments highlighted in this are emblematic of the synergy that results when individuals, organizations, and governments collaborate; when they dare to innovate; and when they take risks in order to succeed. This truly is transformation in action.

The Action Agenda: One Year Later

The Federal partners and their allies in the private and nonprofit sectors have made significant progress since the *Federal Action Agenda* was released. Their most telling and significant achievement has been the launching of the **Federal Executive Steering Committee on Mental Health**.

The hard work of transformation will be done in States and tribal and local communities; many have already begun this work. However, the Federal Government must take a leadership role to promote and model the type of collaborative efforts required for transformation at the State and local levels. To this end, the Federal partners pledged to establish, and have created, a Federal Executive Steering Committee to guide the work of mental health system transformation.

The membership of this group includes Assistant Secretary level staff representing the following Federal departments and agencies:

- Department of Agriculture,
- Department of Defense,
- Department of Education,
- Department of Health and Human Services,
- Department of Housing and Urban Development,
- Department of Justice,
- Department of Labor,
- Department of Transportation,
- Department of Veterans Affairs,
- Social Security Administration, and
- Equal Employment Opportunity Commission.

Within HHS, high-level staff include those from the following agencies and offices:

- Administration on Aging,
- Administration for Children and Families,
- Agency for Healthcare Research and Quality,
- Centers for Disease Control and Prevention,
- Centers for Medicare and Medicaid Services,
- Health Resources and Services Administration,
- Indian Health Service,
- National Institutes of Health,
- Assistant Secretary for Planning and Evaluation,
- Office for Civil Rights,
- Office on Disability,
- Office of Public Health and Science, and
- Substance Abuse and Mental Health Services Administration.

The Federal Executive Steering Committee of the Federal Partners Senior Workgroup that began meeting shortly after the New Freedom Commission final report was released in 2003, crafted the *Federal Action Agenda*. This group continues to meet regularly to deliberate priorities and implement action steps. Members of this group are responsible for identifying benchmarks and for seeing that progress is made. The Federal Executive Steering Committee – because it is composed of individuals at the highest level of their agencies – has assumed responsibility for ensuring that resources will be available so that promised actions will occur.

The committee held its first meeting in January 2006 and affirmed 13 workgroups to oversee development of the *Federal Action Agenda's* 70 steps in the following key areas:

- Suicide prevention,
- Primary care/mental health integration,
- Financing,
- Employment,
- Disaster and emergency response,
- Consumer and family-driven/youth-guided care,
- Criminal and juvenile justice,
- Homelessness and housing,
- Information technology,
- Public education,
- Research,
- State system transformation, and
- Workforce.

In addition, action steps specifically relating to child and youth services are overseen by two workgroups of the Federal National Partnership (FNP) for Transforming Child and Family Mental Health and Substance Abuse Prevention and Treatment. The FNP, part of the Federal Partners Senior Workgroup, is composed of representatives of key Federal child-serving agencies, public/private national organizations, and national family and youth organizations. The partnership's Early Identification Workgroup and Youth-guided Policies and Services Workgroup will oversee implementation of a number of action steps related to children and youth. See more about the FNP later in this section.

For the balance of 2006, the members of the Federal Executive Steering Committee determined that five issues – *suicide prevention, primary care/mental health integration, financing, employment, and disaster and emergency response* – would be its top priorities. They directed the Federal Partners Senior Workgroup to oversee the work of these five priority workgroups, the ongoing workgroups, and the workgroups concerned with children and youth.

This level of commitment and collaboration among high-level, senior staff across multiple Federal departments is unprecedented. Yet, it is absolutely essential to support the wholesale changes required to make the mental health system consumer and family driven, culturally and linguistically appropriate, recovery focused, and results oriented. Together, members of the Federal Executive Steering Committee and the Federal partners are committed to working side-

by-side, not to perpetuate the status quo, but to fundamentally alter for generations to come the way the Nation's mental health care system works. The synergy produced by this dynamic Federal partnership will be a guiding force for the work of mental health system transformation at the State and local levels.

Highlights of First-Year Accomplishments

In the year since the *Federal Action Agenda* was made public, the Federal partners have been hard at work addressing some key goals they set for themselves. Selected goals of the Federal collaboration as spelled out in the *Federal Action Agenda*, and the achievements that reflect significant progress toward meeting those goals, are highlighted below.

Goal Send the message that mental illnesses and emotional disturbances are treatable and that recovery is possible.

Achievement A consensus statement on recovery has been developed and adopted.

The New Freedom Commission made clear that a transformed system is a system grounded in recovery – one that reflects a belief in recovery, one that demonstrates a commitment to providing recovery-based services, and one that, through its actions, inspires in consumers and their families the hope of recovery. This vision of recovery is based on some powerful truths:

- Adults with serious mental illnesses and/or substance use disorders and children with serious emotional disturbances can and do recover.
- Adults with mental disorders and family members of children with emotional disturbances can and should take charge of their lives.
- Recovery from mental illness is the expectation, not the exception.

To orient the Nation's mental health system toward recovery, it is important to have a common, working definition of what recovery means. Last December, SAMHSA and the Interagency Committee on Disability Research held a conference to work out a consensus on defining mental health recovery and to identify the fundamental elements and principles that comprise recovery. A national group of more than 110 experts – including consumers, family members, advocates, local public officials, and eight Federal agencies – were invited to participate.

To guide the deliberations, more than 20 contributing authors and presenters prepared a series of technical papers and reports on topics such as recovery across the lifespan; definitions of recovery; recovery in cultural contexts; the intersection of mental health and addictions recovery; and the application of recovery at individual, family, community, provider, organizational, and systems levels. Together, the expert panel arrived at a consensus definition of recovery and outlined 10 fundamental components of recovery. The group concluded that recovery should be self-directed, individualized, person-centered, and strengths-based. The recovery process is

holistic and non-linear and it must empower individuals to be responsible for their own self-care. Peer support is an important adjunct to the recovery process, which must be based on respect for the individual who is recovering and on hope that recovery is possible.

Goal Help States develop the infrastructure necessary to formulate and implement Comprehensive State Mental Health Plans that include the capacity to create individualized plans of care that promote resilience and recovery.

Achievement Mental Health Transformation State Incentive Grants have been awarded to nine States.

The Federal role in mental health system transformation is to act as a leader and facilitator, promoting shared responsibility for change at the Federal, State, tribal, and local levels and in the private sector. States, however, are the very center of gravity for transformation, and many have already begun this critical work. To help States reduce fragmentation of services across systems, increase their prevention and early intervention programs, and augment their investments in new technologies that improve services and enhance accountability, SAMHSA has awarded Mental Health Transformation State Incentive Grants (MHT SIG) to nine States: Connecticut, Hawaii, Maryland, Missouri, New Mexico, Ohio, Oklahoma, Texas, and Washington. The nine grants total \$114 million over 5 years.

This grant program is unique in taking a “big picture” approach to improving service delivery. The focus is on State infrastructure – what a State puts into place to coordinate mental health planning, financing, services, and evaluations conducted by multiple systems to facilitate recovery and promote resilience for individuals and families coping with mental illnesses. Though each State will develop its own comprehensive mental health plan, all of the MHT SIG States are required to:

- Form a governor-appointed Mental Health Transformation Workgroup composed of cabinet-level and senior executives and tribal representatives;
- Build infrastructure for developing and implementing evidence-based practices;
- Develop a process for providers, consumers, and family members to jointly create individual plans of care;
- Include a continuum of promotion, prevention, early intervention, treatment, and recovery services that are culturally and linguistically appropriate;
- Address stigma;
- Focus on performance outcomes; and
- Foster interagency collaboration.

These nine States will serve as models for learning about what works and what does not work when it comes to transforming mental health and related systems.

Goal Act immediately to reduce the number of suicides in the Nation through full implementation of the National Strategy for Suicide Prevention.

Achievement The National Action Alliance for Suicide Prevention is ready for launch.

Suicide is a severe public health problem. According to the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC), more than 30,000 Americans die by suicide every year. SAMHSA and its Federal partners are supporting a broad national effort to stem the tide of suicides.

In particular, HHS is ready to launch the National Action Alliance for Suicide Prevention, a public-private partnership that will oversee full implementation of the National Strategy for Suicide Prevention. SAMHSA has engaged the Federal agencies that helped develop the National Strategy for Suicide Prevention to contribute expertise and financial resources to support the work of both public and public-private collaborative efforts. In addition:

- SAMHSA awarded a 5-year contract to support continuation of the Suicide Prevention Resource Center, which provides assistance in suicide prevention planning, program implementation, identification of evidence-based practices, and program evaluation.
- SAMHSA has gathered sources of baseline data for each of the National Strategy for Suicide Prevention's 11 goals and 68 objectives.
- The CDC has expanded its National Violent Death Reporting System (NVDRS) to 17 States. NVDRS is a State-based surveillance system that collects detailed information regarding violent deaths from multiple sources such as death certificates, police, and coroner reports. The system is beginning to yield important surveillance data to aid in suicide prevention.
- The HHS Indian Health Service (IHS) has deployed a digital Suicide Reporting Form to screen individuals for potential suicide risk at more than 250 clinical sites across the country.
- Suicide prevention is a priority issue on SAMHSA's revised Matrix of Priorities.
- Through the Garrett Lee Smith Memorial Act, SAMHSA has been promoting Goal 4 of the National Strategy for Suicide Prevention, “Develop and Implement Community-Based Suicide Prevention Programs.”
- The Department of Justice (DOJ) Office of Juvenile Justice and Delinquency Prevention (OJJDP) has completed the study *Juvenile Suicide in Confinement: A National Survey*, the first comprehensive effort to determine the scope, distribution, and characteristics of suicides by youth confined in public and private juvenile facilities throughout the country.

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.

National Consensus Statement on Mental Health Recovery, 2006

Goal Improve the interface of primary care and mental health services.

Achievement The integration of mental health and primary care is being implemented as a major focus of the Department of Veterans Affairs' (VA) Mental Health Strategic Plan.

As the largest integrated health care system in the nation, the Veterans Health Administration (VHA) serves as both a provider and payer for mental health and other medical services to a well-defined population. Because of these unique attributes, it is able to pioneer health care policies that could not be implemented in other systems. Following the guidance of the President's New Freedom Commission and the VA's Mental Health Strategic Plan, the VA Under Secretary for Health has issued a request for proposals for regional or facility-based plans to integrate mental health services into primary care practice for the most common mental health conditions. The goal is to overcome barriers to care related to the process of referral and to enhance the coordination of mental health and general medical care.

Proposals have been received from each of the VA's 21 regional networks for the implementation of models based on evidence from research supported by VA, SAMHSA, the National Institute of Mental Health (NIMH), and other agencies. The VA's experience, in turn, should serve as a template for developing policies and practices to support the integration of services in other settings.

Additional Integration Activities. In addition, within HHS, the Health Resources and Services Administration (HRSA) and SAMHSA have co-sponsored a series of regional conferences focusing on the interface of primary and mental health care. HRSA is also encouraging primary care providers in Community Health Centers to screen for behavioral health disorders, particularly depression, and the agency is a member—with SAMHSA and the CDC—of a Primary Care/Behavioral Health Reimbursement Workgroup. This workgroup was created to identify and address barriers to reimbursement of mental health services in primary care settings.

Goal Increase the employment of people with psychiatric disabilities.

Achievement A series of employment initiatives by various Federal partners—including the Departments of Labor and Education, the SSA, and SAMHSA—and the private sector have provided guidance, technical assistance, and employment opportunities for adults with serious mental illnesses and youth with serious emotional disturbances.

Individuals with mental illnesses want and need to work and employment can both be a goal of and a tool for recovery. Productive work helps people regain a sense of place in their community and provides income that enhances psychiatric and residential stability. A number of Federal agencies, individually and in collaboration with the private sector, have begun or completed activities that will make the dream of employment a reality for many adults and youth with mental disorders. Selected initiatives include the following:

Initiatives for adults

- The Department of Labor (DOL) is funding public-private partnerships that are building the capacity of One-Stop Career Centers to serve customers with disabilities and provide customized employment services to people with significant physical and psychiatric disabilities.
- DOL also funds Workforce Action Grants that use customized strategies to address the transition of people with psychiatric disabilities from segregated settings (e.g., sheltered workshops) to integrated, competitive employment.
- As a result of both the Customized Employment and Workforce Action Grants, many individuals with mental illnesses have obtained jobs and started their own businesses.
- DOL and the SSA expanded their joint Disability Program Navigator Initiative, which facilitates employment for people who receive Social Security benefits. Disability Program Navigators are individuals who address the needs of people with disabilities seeking training and employment opportunities through the One-Stop Career Center system established under the Workforce Investment Act of 1988. There are now Disability Program Navigators in more than 300 One-Stop Career Centers in 17 States. Navigators were mobilized to work in hurricane-devastated areas.
- SSA is conducting a Mental Health Treatment Study (MHTS) to determine the impact of better access to treatment and services on outcomes such as medical recovery, functioning, employment, and receipt of benefits for people with psychiatric disabilities. The study design, which will be finalized this year, will include an evaluation to assess the impact and cost-effectiveness of the intervention, including identification of the specific strategies that result in positive employment outcomes.
- The National Business Group on Health, in collaboration with SAMHSA's CMHS, helped develop and will facilitate adoption of An Employer's Guide to Behavioral Health Services. The Employer's Guide recognizes the value of incorporating the effective treatment modalities developed in the public mental health sector into private sector health benefit plans. It will serve as a roadmap for designing, implementing, and evaluating effective behavioral health care services designed to enhance worker productivity and job satisfaction. To download a copy, go to www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf.

As a follow-up to the report, NIMH and the National Business Group on Health convened a meeting on July 27th to discuss the implementation of medication management approaches within large employer behavioral health systems. This meeting brought together researchers, vendors, benefits managers, and others to advance the knowledge base on one of the report's key recommendations – the implementation of effective medication management approaches.

Initiatives for youth in transition

- SAMHSA and the Office of Special Education and Rehabilitative Services in the Department of Education fund Partnerships for Youth Transition (PYT) grants. This program supports model projects designed to develop comprehensive service systems, including employment opportunities, for transitioning youth with serious emotional disturbances and/or emerging mental illnesses and their families.
- The Youth Transition Demonstration Initiative sponsored by SSA consists of seven cooperative agreements in six States that emphasize partnerships among Federal, State, and local agencies to build sustainable improvements in the delivery of transition services and supports, including employment opportunities.
- DOL awarded \$15 million in Responsible Reintegration of Youthful Offender grants to address the specific workforce challenges of youth offenders and to use strategies that prepare them for new job opportunities in high-growth and high-demand industries.
- The HHS Office on Disability interagency and interdepartmental Young Adult Program (addressing young adults with physical, sensory, cognitive and/or mental disabilities ages 14 to 30) promotes integrated support systems spanning education, health, assistive technology, employment, transportation, and housing. Outcomes of a 3-year process and impact evaluation of the six demonstration States (Kansas, North Dakota, Montana, Colorado, Florida, and Connecticut) will be available by fiscal year 2008.
- NIMH has released an RFA focused on building a sound knowledge base on the service and intervention needs of youth in transition. The intent of the proposed initiative is to address gaps in intervention and service delivery for youth in the period of transition to adulthood by refining and testing innovative models for this vulnerable population.
- The Serious and Violent Offender Reentry Initiative (SVORI) – which was developed by the DOJ Office of Justice Programs, in conjunction with the National Institute of Corrections; the Departments of Education, Health and Human Services, Housing and Urban Development, Labor, and Veterans Affairs; and the SSA – is a comprehensive effort that addresses both juvenile and adult populations of serious, high-risk offenders who are returning to the community. Services provided include education, mental health and substance abuse treatment, job training, mentoring, and full diagnostic and risk assessment.

Initiatives related to receipt of benefits.

For those individuals who must rely on receipt of benefits as an adjunct to or instead of employment, the Federal partners pledged to improve access to benefits for people with serious mental illnesses, particularly those individuals who are homeless. SSA has awarded cooperative agreement funding to 41 medical and social service providers under the Homeless Outreach Projects and Evaluation (HOPE) program. HOPE grantees conduct outreach and provide supportive services and benefits application assistance to adults and children who are chronically homeless, including those with mental and substance use disorders. The 41 awards represent a 3-year commitment to organizations totaling more than \$17 million. The goal of the HOPE grants is to demonstrate efficient, replicable, and sustainable approaches for identifying individuals who are potentially eligible for benefits and providing direct assistance to these individuals in the benefits application process.

Further, SSA and SAMHSA's CMHS developed a manual and an accompanying train-the-trainer curriculum, called *Stepping Stones to Recovery*, to help case managers assist individuals with mental illnesses who are homeless apply for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). The SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance Initiative uses the manual and curriculum to provide assistance to select States that participated in the Federal Interagency Policy Academies on Homelessness; the Policy Academies are sponsored by the departments of Health and Human Services, Housing and Urban Development, Labor, and Veterans Affairs. SSA supports this initiative by reviewing applications from States and encouraging SSA participation at the SOAR forums. See www.pathprogram.samhsa.gov/SOAR for more information.

Goal Develop a plan to promote a mental health workforce better qualified to practice culturally competent mental health care based on evidence-based practices.

Achievement A National Strategic Plan on Behavioral Health Workforce Development has been completed.

A transformed system of care demands a workforce that is prepared to build resilience and facilitate recovery, not just manage symptoms. Behavioral health care staff at all levels must be culturally diverse and knowledgeable about evidence-based practices. Consumers and family members must be engaged both as members of the workforce and as educators, teaching about their experience of illness, treatment, and recovery.

In response, the SAMHSA-funded Annapolis Coalition – founded by the American College of Mental Health Administration and the Academic Behavioral Health Consortium – worked with a broad constituency of stakeholders to develop recommendations for a National Strategic Plan on Behavioral Health Workforce Development. These recommendations were presented at

a national summit of key leaders in the summer of 2006, building on previous Federal, State, and local workforce development efforts and are designed to identify specific strategies to improve recruitment, retention, education, training, and other aspects of workforce development. This report will be used to inform the development of SAMHSA's action plan on behavioral health workforce development. The Annapolis Coalition is also developing a plan for a national support center for human resources to facilitate implementation of the strategy.

In addition to supporting the development of the strategic plan, SAMHSA has awarded a contract to examine current behavioral health care education and training programs to determine the extent to which they provide curricula addressing the impact of culture, race, ethnicity, and geography on mental health, mental illnesses, and emotional disturbances. The ultimate goals of this project are to facilitate the entry of ethnic minority and other socially disadvantaged students into mental health careers and to increase the number of psychologists, psychiatric nurses, psychiatrists, and social workers trained to teach, administer, and provide mental health and substance abuse services to ethnic minority and other disadvantaged groups.

Goal Initiate a national effort focused on the mental health needs of children and promote early intervention for children identified to be at risk for mental disorders.

Achievement The Federal National Partnership (FNP) for Transforming Child and Family Mental Health and Substance Abuse Prevention and Treatment has been established and is working in several priority areas.

The FNP is composed of representatives from Federal child-serving agencies, public/private national organizations, and national family and youth organizations. The purpose of the partnership, which is organized as part of the Federal Partners Senior Workgroup, is to foster collaboration among these groups in order to achieve transformation of the children's mental health and substance abuse treatment delivery systems in States, territories, tribes, and communities.

Each agency participating in the Federal Partners Senior Workgroup has designated two staff members to be core members of this partnership. These Federal representatives will remain with the partnership over the long-term and will be responsible for the continuity and success of the actions the partnership undertakes.

Currently, members of the FNP are working in three key areas: youth-guided policies and services, early identification, and school-based mental health services. Workgroups have been established in each of these areas to: (1) create a shared vision for youth-guided policies and services; (2) promote strategies to appropriately serve children at risk for mental health problems in high-risk service systems; and (3) support optimal integration of school-based mental health services and supports. The partnership's workgroups on youth-guided policies and services and early identification will oversee a number of specific action steps in the *Federal Action Agenda*.

Moving the Agenda Forward

These achievements are just a few of the highlights of the significant progress that has been made across all 70 action steps in the *Federal Action Agenda*. This *Federal Action Agenda Update* reiterates each action step and highlights major accomplishments and ongoing activities that address each of the five principles around which the New Freedom Commission framed its work.

However, this is not the end of the Federal partners' efforts. Ultimately, wholesale transformation of the mental health system requires agencies and individuals to step out of a silo mentality and learn to work across traditional administrative, philosophical, and funding boundaries. The Federal partners that crafted and continue to work on the *Federal Action Agenda* are accustomed to operating independently to serve the needs of people with mental disorders for treatment, housing, and supports. Their ability to recognize their common objectives, work through their differences, and act together to address the principles and goals of the New Freedom Commission is groundbreaking in scope and transformative in spirit. Indeed, their activities serve as a model of the type of collaborative efforts required to transform mental health service delivery at the State and local levels.

Any significant systems change such as that envisioned by the New Freedom Commission happens from both the bottom up and from the top down. The Federal Partners Senior Workgroup is composed of those individuals within Federal agencies and offices who have the experience, knowledge, and enthusiasm to recommend changes within and across their agencies. The high-level members of the Federal Executive Steering Committee have the authority to commit the resources of their organizations and to remove regulatory hurdles. Further, their involvement signals to their staff and to other stakeholders that their agency is committed to creating a mental health system that is consumer and family driven, recovery focused, and results oriented.

Organizing for Change

To better focus on the action steps in the *Federal Action Agenda* that remain to be addressed, the Federal Executive Steering Committee created 13 workgroups that speak to the common themes that permeate their work on behalf of people with mental disorders. Two additional workgroups responsible for specific *Action Agenda* items are part of the FNP.

Under the direction of the Federal Partners Senior Workgroup, each of the 15 workgroups will be responsible for overseeing implementation of a select number of action steps in the *Federal Action Agenda*. These are noted in two tables in this section. Table 1 on page 18 lists the five priority workgroups, the ongoing workgroups, and the two workgroups of the FNP and indicates which action steps each workgroup is responsible for implementing. Table 2 on page 22 presents the same information in a different format; it lists the five principles and 70 action steps in the *Federal Action Agenda* and indicates which workgroup will direct the actions required to carry out each step.

The tables are illustrative, but they tell only part of the story. Each of the five priority workgroups, highlighted in Table 1, has committed to move beyond specific action steps and address its mandate in a broad and comprehensive manner. Their commitment to cross-agency collaboration is exemplified by the individuals from diverse agencies who have agreed to serve as chairs and vice-chairs for each workgroup. Planned activities for the five priority workgroups in the coming year include those highlighted below.

Suicide Prevention Workgroup: Galvanizing the Public and Private Sectors

Suicide prevention is an issue that not only cuts across the boundaries of Federal agencies but also transcends barriers between the public and private sectors. The Suicide Prevention Workgroup will synergize prevention efforts among all public and private stakeholders by developing broad support for the National Action Alliance for Suicide Prevention (NAASP). In particular, the workgroup will:

- Invite representatives from identified suicide prevention entities to join NAASP;
- Host a 2-day conference of NAASP;
- Identify and develop an Executive Steering Committee for NAASP and hold at least one meeting of the committee; and
- Begin to develop a plan for full implementation of the National Strategy for Suicide Prevention.

In addition, workgroup members will familiarize each other with their agency's suicide prevention initiatives and will identify gaps or needs in the populations served by each agency. They will support voluntary adoption of programs pioneered by other agencies that fit best with a given agency's mission or service population.

The Suicide Prevention Workgroup is chaired by Lt. Col. Steve Pflanz of the Department of Defense (DOD). Richard McKeon of SAMHSA's CMHS is vice-chair.

Primary Care/Mental Health Integration Workgroup: Improving Access, Quality, and Well-Being

Evidence demonstrates that integrated care improves access to and service outcomes for people with or at risk for mental disorders. Integrated care can result in improved access to high quality care, increased satisfaction with services, increased adherence to treatment, cost-effectiveness and cost savings and, ultimately, improved health and well-being.

The Primary Care/Mental Health Integration Workgroup will look at the most effective ways to achieve integration of care. In particular, the workgroup will:

- Examine evidence-based approaches including outreach and screening, mental health treatment, primary care services, and an array of other types of services and supports;
- Identify the full spectrum of integration, including integration between primary care and mental health services and between primary and specialty care for people with mental

illnesses or with a mental/emotional disorder and another disability (physical, cognitive, sensory); integration with specialized services for children, older adults, and other groups such as veterans; integration with schools, churches, community centers, or other places where people receive services on a regular basis; and integration with providers of transportation and other basic needs;

- Identify barriers to achieving integration, including practice patterns, funding systems, and limitations in provider training and practice, and recommend solutions;
- Identify areas in which disparities exist for certain individuals or groups, including racial, ethnic, and other minorities; people with low incomes; and people for whom health literacy is an issue; and
- Develop recommendations for a wide range of stakeholders, including the public sector, providers, administrators, consumers/patients, researchers, and funders.

The Primary Care/Mental Health Integration Workgroup is chaired by Jean Hochron of HRSA. Elizabeth Lopez of SAMHSA is vice-chair.

Financing Workgroup: Removing Barriers to Funding Coordinated Care

Complex and fragmented funding requirements can stymie even the most dedicated efforts at mental health transformation. To help remove potential barriers, the Financing Workgroup has created Action Teams to manage activities related to specific action steps and report back to the full workgroup. For example, these teams will:

- Involve the directors of State Mental Health, State Medicaid, and Regional Office representatives of constituent organizations, as well as groups of other key stakeholders (e.g., employers, benefits managers, and other public and private purchasers), in exploring ways to fund and deliver evidence-based practices and community-based care to adults with serious mental illnesses and children with serious emotional disturbances;
- Help parents avoid relinquishing custody of their children by exploring potential resources (e.g., the State Children's Health Insurance Program) that offer families and communities alternative means of obtaining needed mental health services;
- Support ongoing work among SAMHSA, HRSA, and the Centers for Medicare and Medicaid Services (CMS) to address reimbursement barriers to the provision of mental health services in primary care settings; model benefit designs will be developed;
- Develop and conduct technical assistance forums on the Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT); components of this training will include model screening instruments, strategies for creating partnerships across child-serving Federal, State, and non-governmental agencies to ensure access to appropriate care and mechanisms for managing costs; and
- Ensure that issues critical to mental health services are considered as part of the dialogue on current and planned health care financing initiatives.

The Financing Workgroup is chaired by Peggy Clark of CMS. Alex Ross of HRSA is vice-chair.

Employment Workgroup: Increasing Opportunities for Individuals With Mental Illnesses

Despite studies which show that the majority of adults with serious mental illnesses and youth with serious emotional disturbances want to work and that most *could* work with the right supports, only about 1 in 3 Americans with mental illnesses is working. To help increase employment opportunities for people with mental illnesses, the Employment Workgroup will examine the potential of all Federal programs to better align their activities and remove regulatory and policy barriers to employment, vocational rehabilitation and training, career advancement, and employment supports for people with mental illnesses. In particular, the workgroup will:

- Identify the barriers that face people with mental illnesses who are, or want to be, employed or self-employed;
- Identify the existing resources and effective practices focused on increasing employment opportunities for people with mental illnesses and implement a plan for wider dissemination of those resources and practices;
- Propose recommendations and policy solutions to address identified barriers in Federal systems and programs;
- Propose recommendations and strategies for aligning and coordinating Federal programs and help provide States with incentives to integrate and expand employment-related initiatives and strategies; and
- Identify additional and new ways of integrating generic employment services and supports with existing mental health, veterans, and disability benefits and systems.

In addition, the Employment Workgroup will prepare a long-term work plan that builds on the 2006 activities; encompasses relevant initiatives, activities, and budget proposals for the next several years; and coordinates and supports other Federal partner workgroups and transformation activities.

The Employment Workgroup is chaired by Susan Parker of the Department of Labor. Anthony Campinell of the VA is vice-chair.

Disaster and Emergency Response Workgroup: Addressing Preparedness and Consequences

Many people may experience significant behavioral health problems in the wake of a disaster in which a home or loved one is lost. People with serious mental illnesses may be particularly vulnerable during and after natural and manmade disasters. Disasters may also precipitate behavioral health problems for other at-risk groups. Under the National Response Plan, the

Department of Health and Human Services (HHS) is the Lead Agency for ESF #8 (Public Health and Medical) which includes mental health. Although all activities related to preparedness and response are coordinated through the HHS Assistant Secretary for Preparedness and Response (ASPR), the input of other Federal partners is vital in developing a comprehensive strategy for behavioral health preparedness and response. The Disaster and Emergency Response Workgroup will support Federal efforts to coordinate emergency-related behavioral health activities. In particular, the workgroup will:

- Develop toolkits for States that include materials relating to preparedness, anniversary reactions, and communication;
- Consider a coordinated public awareness campaign that will help families prepare for emergencies and manage stress;
- Share all of the print and electronic materials that each agency has developed relating to disaster preparedness and response;
- Consider proposing emergency clinical licensure options in the event of a declaration of disaster;
- Provide expert consultation regarding the issue of critical psychotropic drugs needed in the event of a disaster;
- Develop guidance for access and work with the special needs shelters developed by the Red Cross; and
- Encourage mental health professionals to register as volunteers with the State-based Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP).

The Disaster and Emergency Response Workgroup is chaired by Anne Matthews-Younes of SAMHSA. Col. Elspeth Cameron Ritchie of DOD is vice-chair.

Ensuring Accountability

Each of the individual workgroups will report to the Federal Partners Senior Workgroup, which will update the Federal Executive Steering Committee at its biannual meetings. The Federal Executive Steering Committee will hold the five priority workgroups accountable for making progress on their work plans, outlined in brief in this section. All other workgroups will also be expected to move forward with activities related to addressing the five principles and 70 action steps in the *Federal Action Agenda*. Succeeding updates to the *Federal Action Agenda* will report on each group's progress in meeting its goals.

Tracking the Federal Action Agenda Update

Each of the 15 workgroups listed in the left hand column of Table 1 will oversee implementation of a select number of action steps in the *Federal Action Agenda*, as noted in the right hand column. Specific action steps are identified by the principle (A-E) and action step number (e.g., A-1). In addition, the Priority Workgroups in Table 1 will conduct further activities as spelled out in the previous text. Table 2 cross walks each action step with the workgroup responsible for carrying it out. Those action steps that have already been completed are noted as such.

Table 1. FEDERAL PARTNERS WORKGROUPS/ACTION STEPS	
Federal Partners Workgroups	Action Steps for Which Workgroup is Responsible Priority Workgroups
<p>Suicide Prevention</p> <p>Chair: Lt. Col. Steve Pflanz (DOD/OHA)</p> <p>Vice-Chair: Richard McKeon (HHS/SAMHSA/CMHS)</p>	<ul style="list-style-type: none"> Launch the National Action Alliance for Suicide Prevention (A- 2)
<p>Primary Care/ Mental Health Integration</p> <p>Chair: Jean Hochron (HHS/HRSA)</p> <p>Vice-Chair: Elizabeth Lopez (HHS/SAMHSA/OA)</p>	<ul style="list-style-type: none"> Include issues critical to mental health services in health care reform (B-1) Advance efforts to integrate mental health and primary care services for racial and ethnic minorities (B-8) Include mental health in Community Health Center assessments (B-15) Address reimbursement in primary care (C-7) Review the literature and develop new studies on mental illness/general health (D-11)
<p>Financing</p> <p>Chair: Peggy Clark (HHS/CMS)</p> <p>Vice-Chair: Alex Ross (HHS/HRSA)</p>	<ul style="list-style-type: none"> Include issues critical to mental health services in health care reform (B-1) Initiate Medicaid demonstration projects (C-3) Convene State Mental Health and State Medicaid Directors (C-4) Help parents avoid relinquishing custody to obtain mental health services for their children (C-5) Support the Ticket to Work Program (C-6) Address barriers to reimbursement in primary care (C-7) Provide technical assistance on the screening component of EPSDT (E-12)

<p>Employment</p> <p>Chair: Susan Parker (DOL/OSEP)</p> <p>Vice-Chair: Anthony Campinell (VA/VHA)</p>	<ul style="list-style-type: none"> Promote the transition of youth with serious emotional disturbances from school to post-secondary opportunities and/or employment (A-8) Develop an employer initiative to increase the recruitment, employment, advancement, and retention of people with psychiatric disabilities (A-9) Assist youth with serious emotional disturbances who are involved with the juvenile justice system to transition into employment (A-10) Provide treatment and vocational rehabilitation that support employment for people with mental disorders (A-13) Support the Ticket to Work Program (C-6) Establish the Reentry Initiative for ex-prisoners with psychiatric disabilities (E-6) Expand the Partnership for Youth Transition Grant Program (E-11) Facilitate linkages among DOL/SSA's Joint Disability Program Navigator Initiative, SAMHSA, and related state and local mental health systems (E-13) Disseminate information on mental health issues through DOL grant initiatives and programs (E-14)
<p>Disaster and Emergency Response</p> <p>Chair: Anne Mathews-Younes (HHS/SAMHSA)</p> <p>Vice-Chair: Col. Elspeth Cameron Ritchie (DOD/HA)</p>	<ul style="list-style-type: none"> Develop the knowledge base regarding the impact of trauma (D-9)
<p>Consumer and Family-Driven/ Youth-Guided Care</p> <p>Chair: Paolo del Vecchio (HHS/SAMHSA)</p> <p>Vice-Chair: TBD</p>	<ul style="list-style-type: none"> Develop prototype individualized plans of care (A-5)
<p>Criminal and Juvenile Justice</p> <p>Chair: Elizabeth Griffith (DOJ/OJP/BJA)</p> <p>Vice-Chair: Neal Brown (HHS/SAMHSA)</p>	<ul style="list-style-type: none"> Assist youth with serious emotional disturbances who are involved with the juvenile justice system to transition into employment (A-10) Build on and expand criminal and juvenile justice and mental health collaborations (B-3) Focus on children in the juvenile justice and child welfare systems (B-14) Conduct mental health services research in diverse populations and settings (D-12)
<p>Homelessness and Housing</p> <p>Chair: Mark Johnston (HUD/CDP/OSN)</p> <p>Vice-Chair: Fran Randolph (HHS/SAMHSA)</p>	<ul style="list-style-type: none"> Conduct outreach to homeless individuals with mental disorders (A-14) Establish a foundation for the Samaritan Initiative (E-5)

Information Technology Chair: TBD Vice-Chair: TBD	<ul style="list-style-type: none"> • Launch a user-friendly, consumer-oriented web site (A-17) • Develop a strategy to implement innovative technology in the mental health field (C-8) • Explore creation of a capital investment fund for technology (C-9)
Public Education Chair: Paolo del Vecchio (HHS/SAMHSA) Vice-Chair: TBD	<ul style="list-style-type: none"> • Initiate a National Public Education Campaign (A-1) • Educate the public about men and depression (A-3)
Research Chair: David Chambers (HHS/NIH) Vice-Chair: Charlotte Mullican (HHS/AHRQ)	<ul style="list-style-type: none"> • Support the Interagency Autism Coordinating Committee (B-4) • Accelerate research to reduce the burden of mental illness (D-1) • Foster a research partnership (D-2) • Expand the Science-to-Services agenda (D-3) • Conduct research to understand co-occurring disorders (D-4) • Harness research to improve care (D-5) • Support research to develop new medications (D-6) • The National Registry of Effective Programs and Practices (NREPP) has received funding from CMHS for Evidence Based Practices (EBP) and related activities to include mental health (D-7) • Develop the knowledge base in understudied areas (D-9) • Conduct research to reduce mental health disparities (D-10) • Review the literature and develop new studies on mental illness/general health (D-11) • Conduct mental health services research in diverse populations and settings (D-12) • Test new treatments for co-occurring disorders in community settings (D-13)

State System Transformation Chair: TBD Vice-Chair: TBD	<ul style="list-style-type: none"> • Initiate a national effort focused on meeting the mental health needs of young children as part of overall health care (A-15) • Participate in the HHS "Close the Gap Initiative" (B-9) • Develop a rural mental health plan (B-10) • Promote strategies to appropriately serve children at risk for mental health problems in high-risk systems (B-11) • Develop a demonstration project for children in foster care (B-12) • Develop new toolkits on specific evidence-based mental health practices (D-8) • Provide technical assistance to help States develop Comprehensive State Mental Health Plans (E-2) • Develop statewide systems of care for children with mental disorders (E-8) • Provide technical assistance to States on systems of care for children and their families (E-9) • Convene State leadership to develop statewide plans to serve children with serious emotional disturbances (E-10)
Workforce Chair: Fran Randolph (HHS/SAMHSA) Vice-Chair: TBD	<ul style="list-style-type: none"> • Review standards and set guidelines for culturally competent care (B-5) • Create a National Strategic Workforce Development Plan to reduce mental health disparities (B-6) • Initiate a project to examine cultural competence in behavioral health education and training programs (B-7)

FEDERAL NATIONAL PARTNERSHIP WORKGROUPS

Workgroup	Principle/Action Step
Early Identification SAMHSA Contact: Lisa Rubenstein (HHS/SAMHSA)	<ul style="list-style-type: none"> • Assist youth with serious emotional disturbances who are involved with the juvenile justice system to transition into employment (A-10) • Initiate a national effort focused on meeting the mental health needs of young children as part of overall health care (A-15)
Youth-Guided Policies and Services SAMHSA Contact: Lisa Rubenstein (HHS/SAMHSA)	<ul style="list-style-type: none"> • Promote strategies to appropriately serve children at risk for mental health problems in high-risk systems (B-11) • Develop a demonstration project for children in foster care (B-12) • Focus on children in the juvenile justice and child welfare systems (B-14) • Expand the Partnership for Youth Transition Grant Program (E-11)

Table 2. ACTION STEPS/FEDERAL PARTNERS WORKGROUPS

Action Steps	Federal Partners Workgroup(s) Responsible for Action Step Implementation
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Principle A Action Steps

1. Initiate a National Public Education Campaign	Public Education
2. Launch the National Action Alliance for Suicide Prevention	Suicide Prevention
3. Educate the public about men and depression	Public Education
4. Respond to refugees' mental health needs	Established and ongoing
5. Develop prototype individualized plans of care	Consumer and Family-Driven/Youth-Guided Care
6. Provide technical assistance on resilience and recovery	Established and ongoing
7. Promote the use of customized employment strategies	Established and ongoing
8. Promote the transition of youth with serious emotional disturbances from school to post-secondary opportunities and/or employment	Employment
9. Develop an employer initiative to increase the recruitment, employment, advancement, and retention of people with psychiatric disabilities	Employment
10. Assist youth with serious emotional disturbances who are involved with the juvenile justice system to transition into employment	Employment Early Identification Criminal and Juvenile Justice
11. Promote employment of people with psychiatric disabilities who are chronically homeless	Established and ongoing
12. Establish a DOL Work Group to promote quality employment of adults with serious mental illnesses and youth with serious emotional disturbances	Completed
13. Provide treatment and vocational rehabilitation that support employment for people with mental disorders	Employment

14. Conduct outreach to homeless individuals with mental disorders	Homelessness and Housing
15. Initiate a national effort focused on meeting the mental health needs of young children as part of overall health care	Early Identification State System Transformation
16. Create a comprehensive action agenda to implement throughout the VHA all relevant recommendations of the President's New Freedom Commission on Mental Health	Completed
17. Launch a user-friendly, consumer-oriented Web site	Information Technology
18. Promote ADA compliance, support and work to eliminate unnecessary institutionalization, and help eliminate discrimination	Established and ongoing
Principle B Action Steps	
1. Include issues critical to mental health services in health care reform	Primary Care/Mental Health Integration Financing
2. Launch the Federal Executive Steering Committee on Mental Health	Completed
3. Build on and expand criminal and juvenile justice and mental health collaborations	Criminal and Juvenile Justice
4. Support the Interagency Autism Coordinating Committee	Research
5. Review standards and set guidelines for culturally competent care	Workforce
6. Create a National Strategic Workforce Development Plan to reduce mental health disparities	Workforce
7. Initiate a project to examine cultural competence in behavioral health education and training programs	Workforce
8. Advance efforts to integrate mental health and primary care services for racial and ethnic minorities	Primary Care/Mental Health Integration

9. Participate in the HHS "Close the Gap Initiative"	State System Transformation
10. Develop a rural mental health plan	State System Transformation
11. Promote strategies to appropriately serve children at risk for mental health problems in high-risk systems	Youth-Guided Policies and Services State System Transformation
12. Develop a demonstration project for children in foster care	Youth-Guided Policies and Services State System Transformation
13. Foster joint responsibility and implementation strategies for children, youth, adults, and older adults with mental and co-occurring disorders substance abuse disorders	Established and ongoing
14. Focus on children in the juvenile justice and child welfare systems	Youth-Guided Policies and Services Criminal and Juvenile Justice
15. Include mental health in Community Health Center Consumer Assessments	Primary Care/Mental Health Integration Early Identification
Principle C Action Steps	
1. Initiate Medicaid demonstration projects	Financing
2. Convene State Mental Health and State Medicaid Directors	Financing
3. Help parents avoid relinquishing custody to obtain mental health services for their children	Financing
4. Support the Ticket to Work program	Financing Employment
5. Address reimbursement in primary care	Primary Care/Mental Health Integration Financing

Principle D Action Steps	
1. Accelerate research to reduce the burden of mental illness	Research
2. Foster a research partnership	Research
3. Expand the Science-to-Services agenda	Research
4. Conduct research to understand co-occurring disorders	Research
5. Harness research to improve care	Research
6. Support research to develop new medications	Research
7. Expand the NREPP to include mental health	Research
8. Develop new toolkits on specific evidence-based mental health practices	State System Transformation
9. Develop the knowledge base in understudied areas	Research Disaster and Emergency Response (trauma)
10. Conduct research to reduce mental health disparities	Research
11. Review the literature and develop new studies on mental illness/general health	Research Primary Care/Mental Health Integration
12. Conduct mental health services research in diverse populations and settings	Research Criminal and Juvenile Justice
13. Test new treatments for co-occurring mental and substance abuse disorders in community settings	Research
14. Disseminate findings of the Juvenile Justice and Mental Health Project	Completed

Principle E Action Steps	
1. Award State Mental Health Transformation Grants	Completed
2. Provide technical assistance to help States develop Comprehensive State Mental Health Plans	State System Transformation
3. Award Child and Adolescent State Infrastructure Grants	Completed
4. Track State mental health transformation activities	Established and ongoing
5. Establish a foundation for the Samaritan Initiative	Homelessness and Housing
6. Establish the Reentry Initiative for ex-prisoners with psychiatric disabilities	Employment
7. Award Seclusion and Restraint State Incentive Grants	Completed
8. Develop statewide systems of care for children with mental disorders	State System Transformation
9. Provide technical assistance to States on systems of care for children and their families	State System Transformation
10. Convene State leadership to develop statewide plans to serve children with serious emotional disturbances	State System Transformation
11. Expand the Partnership for Youth Transition Grant Program	Employment Youth-Guided Policies and Services
12. Provide technical assistance on the screening component of EPSDT	Financing
13. Facilitate linkages among DOL/SSA's Joint Disability Program Navigator Initiative, SAMHSA, and related State and local mental health systems	Employment
14. Disseminate information on mental health issues through DOL grant initiatives and programs	Employment

Introduction

In 2002, when President George W. Bush created the New Freedom Commission on Mental Health, he declared, "Our country must make a commitment. Americans with mental illness deserve our understanding and they deserve excellent care." Four years later, three seminal events have moved this Nation closer to the President's vision:

- The New Freedom Commission issued its final report in 2003, called *Achieving the Promise: Transforming Mental Health Care in America*. The Commission called for nothing short of *fundamental transformation* of the mental health care delivery system in the United States. It challenged public and private providers, working in concert with consumers and family members, to develop a mental health system that is *evidence based, recovery focused, and consumer and family driven*.
- In response to the Commission's call to action, the U.S. Department of Health and Human Services (HHS) and its Substance Abuse and Mental Health Services Administration (SAMHSA) organized an unprecedented, collaborative effort among more than 20 Federal agencies and offices to help ensure that people with mental disorders have every opportunity for recovery. Working together, SAMHSA and its partners created the *Federal Action Agenda* as a specific and affirmative response to the Commission's charge for wholesale transformation of the public and private mental health systems.
- One year later, the Federal partners, now led by the newly established, high-level Federal Executive Steering Committee on Mental Health, have issued this *Federal Action Agenda Update*, which highlights significant progress on most of the 70 action steps they originally proposed and sets a course of action for the work that lies ahead.

A Framework for Action

With publication of the *Federal Action Agenda* in 2005, the Federal partners outlined concrete, actionable items that could be accomplished in the first year of a multi-year effort to alter the form and function of the mental health service delivery system for children, adults, and older adults. As highlighted in this update, they have addressed a majority of the 70 action steps on some level and have met or exceeded their objectives in many areas.

The action steps are organized around the five principles that framed the work of the New Freedom Commission on Mental Health. In Executive Order 13263, the President directed the Commission to:

- Focus on the desired outcomes of mental health care, which are to attain each individual's maximum level of employment, self-care, interpersonal relationships, and community participation;
- Focus on community-level models of care that effectively coordinate the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services;
- Focus on those policies that maximize the utility of existing resources by increasing cost-effectiveness and reducing unnecessary and burdensome regulatory barriers.
- Consider how mental health research findings can be used most effectively to influence the delivery of services; and
- Follow the principles of Federalism, and ensure that its recommendations promote innovation, flexibility, and accountability at all levels of government and respect the constitutional role of the States and Indian tribes.

The Federal Action Agenda Update

The highlighted achievements cited in the Executive Summary are just a few of the accomplishments the Federal partners have realized in concert with national organizations, consumers, and family members, researchers, and the private sector. Progress on each of the 70 action steps in the *Federal Action Agenda* is outlined in the pages that follow.

The Federal Action Agenda Update

This section reviews the five principles that framed the *Federal Action Agenda*, with an overview of major accomplishments that have occurred since the Agenda was released. It also highlights individual achievements and ongoing activities that reflect the state of success for each of the 70 action steps listed in the *Federal Action Agenda*. The Federal partners have made significant progress on most of the action steps and have met or exceeded their objectives on many.

PRINCIPLE

A Focus on the desired outcomes of mental health care, which are to attain each individual's maximum level of employment, self-care, interpersonal relationships, and community participation.

Overview of Major Accomplishments

In a transformed system, Americans freely seek treatment for mental health problems and find assistance in their communities to foster resilience and recovery and to achieve outcomes meaningful to them. Transformation is closer to reality in the following ways:

- A landmark consensus statement on recovery is being disseminated nationally.
- Both the National Anti-Stigma Campaign and the National Action Alliance for Suicide Prevention are ready for launch.
- Several national efforts are underway to enable individuals who have mental illnesses to find and keep employment. For example, customized employment strategies adapted for the mental health community are being integrated into employment policies and programs.
- The Mental Health Strategic Plan of the Veterans Health Administration (VHA) is being implemented energetically, transforming the agency in significant ways.

Action 1*Initiate a National Public Education Campaign***The National Anti-Stigma Campaign (NASC) is ready for launch.**

Major accomplishments include:

- The groundwork was laid for NASC by conducting literature reviews, focus groups, and an expert symposium on stigma and discrimination. A public-private workgroup is advising and collaborating with the NASC.
- Regional meetings with States have identified local contacts and helped develop outreach plans.
- On May 8, 2006, SAMHSA joined several national partners and systems of care communities across the Nation to launch the first National Children's Mental Health Awareness Day.
- The 2nd Annual Voice Awards program saluted entertainment professionals who provide accurate portrayals of people with mental health problems.
- The PRISM awards, presented by the Entertainment Industries Council, Inc., in partnership with the National Institute on Drug Abuse (NIDA), recognize accurate depictions of drug, alcohol, and tobacco use and addiction in television, feature films, videos, music, and comic books. The PRISM awards are in their 10th year.
- A set of mental illness stigma measures was developed by SAMHSA and the Centers for Disease Control and Prevention (CDC) with advice from a panel of stigma measurement experts. These measures were included in the 2006 HealthStyles Survey, and findings were presented at the December 2006 launch of the National Anti-Stigma Campaign, "What a Difference a Friend Makes."

Giving a Voice to People With Mental Illnesses Through the Media

The Voice Awards, sponsored by SAMHSA's Center for Mental Health Services (CMHS), recognize writers and producers of entertainment programming—television, radio, and film—who have helped give a voice to people with mental health problems by incorporating dignified, respectful, and accurate portrayals of these individuals into their scripts, programs, and productions.

The Voice Awards also recognize the tireless efforts of mental health consumer leaders and advocates, who have been instrumental in raising awareness and understanding of mental health issues around the country. Their work helps ensure that people with mental health problems are able to access services and supports that will help them recover.

Winners are posted at www.allmentalhealth.samhsa.gov/voiceawards/about.html.

Ongoing work includes:

- The NASC is planning a kick-off meeting, congressional briefing, and a press conference at the National Press Club to launch the national public education campaign. Advertisements for television, radio, and print will be produced and distributed.
- The NASC will hold regional meetings to build grassroots support for the campaign.
- The Voice Awards will be held in Los Angeles.

Action 2*Launch the National Action Alliance for Suicide Prevention***The National Action Alliance for Suicide Prevention, a public-private partnership, is ready for launch.**

Major accomplishments include:

- SAMHSA has engaged the Federal agencies that helped develop the National Strategy for Suicide Prevention to contribute expertise and financial resources to support the work of both public and public-private collaborative efforts.
- SAMHSA awarded a 5-year contract to continue the work of the Suicide Prevention Resource Center, which provides assistance in suicide prevention planning, program implementation, identification of evidence-based practices, and program evaluation.
- SAMHSA has gathered sources of baseline data for each of the National Strategy for Suicide Prevention's goals and objectives. It also published *Moving Forward*, a document that describes stakeholders' views on each priority objective.
- The Centers for Disease Control and Prevention (CDC) expanded the National Violent Death Reporting System, which is now being funded in 17 States. The system is beginning to yield important surveillance data to aid in suicide prevention.
- The HHS Indian Health Service (IHS) has deployed a digital Suicide Reporting Form to screen individuals for potential suicide risk at more than 250 clinical sites across the country.
- Suicide prevention is a priority issue on SAMHSA's revised Matrix of Priorities (see www.samhsa.gov/matrix/matrix_brochure.pdf).
- Through the Garrett Lee Smith Memorial Act, SAMHSA has been promoting Goal 4 of the National Strategy for Suicide Prevention, "Develop and Implement Community-Based Suicide Prevention Programs."
- The Department of Justice (DOJ) Office of Juvenile Justice and Delinquency Prevention (OJJDP) has completed the study *Juvenile Suicide in Confinement: A National Survey*, the first comprehensive effort to determine the scope, distribution, and characteristics of suicides by youth confined in public and private juvenile facilities throughout the country.

Ongoing work includes:

- The Executive Committee of the National Action Alliance for Suicide Prevention will begin meeting to coordinate Alliance activities.
- The National Action Alliance for Suicide Prevention will be launched. The Alliance will oversee the full implementation of the National Strategy for Suicide Prevention.
- The National Violent Death Reporting System is being expanded to include all 50 States, the District of Columbia, and U.S. Territories.

Action 3



Educate the public about Men and Depression

The “Real Men, Real Depression” media campaign is underway and being expanded to target additional populations.

Major accomplishments include:

- The University of Michigan carried out a campus-wide campaign featuring the *Real Men, Real Depression* materials, which received positive feedback from students and faculty.
- The La Crosse County Human Services in Wisconsin began using *Real Men, Real Depression* materials as a part of their community suicide prevention task force effort.
- The U.S.S. Enterprise, a United States Navy vessel carrying 5,000 seamen, is using the *Real Men, Real Depression* public service announcements (PSAs) and other campaign material.
- The National Institute of Mental Health (NIMH) released new Spanish-language PSAs for television, radio, and print featuring Rodolfo Pablo-Luli6n, a recent college graduate who shared his experience with depression in the hopes of encouraging other Latino men to talk about their depression and seek treatment. NIMH also released new Spanish-language publications providing health information.

Ongoing work includes:

- NIMH will release two new PSAs featuring Native American men from the Oglala Lakota Nation in South Dakota.
- In an effort to make *Real Men, Real Depression* materials more accessible to communities and organizations across the country, NIMH has developed electronic advocacy tools available on the *Real Men, Real Depression* Web site at <http://menanddepression.nimh.nih.gov>.

Action 4



Respond to refugees' mental health needs

A significant effort to address the mental health needs of refugees is underway.

Major accomplishments include:

- The Administration for Children and Families' (ACF) Office of Refugee Resettlement (ORR), under an intra-agency agreement with SAMHSA, provides mental health technical assistance and consultation to the refugee resettlement field through SAMHSA's Refugee Mental Health Program (RMHP).
- With ORR funds, SAMHSA/RMHP and the Office of Global Health Affairs (OGHA) have developed the Refugee Health Promotion and Disease Prevention initiative, which has been introduced to State officials, refugee Mutual Assistance Associations (MAAs), and national resettlement agencies. Overall, the initiative aims to:
 - Transform the manner in which the health/mental health and well-being of refugees resettled in the United States are conceptualized and prioritized;
 - Promote a holistic approach to refugee health/mental health and well-being;
 - Provide more information about the strength and resilience of refugees and promote these protective factors in prevention, treatment, and recovery programs; and
 - Increase and maintain the health/mental health and well-being of high-risk refugee populations in the United States.
- The initiative includes a Health Promotion and Disease Prevention Toolkit, developed by the RMHP under contract with ORR funds, for use by ethnic-based organizations and other faith-based and community organizations that are concerned with the well-being of refugees. The toolkit includes guidelines for developing and implementing community health/mental health programs.
- SAMHSA is working with the National Alliance of Vietnamese American Service Agencies and member organizations to use the toolkit to plan and implement health promotion/disease prevention demonstration projects.

Ongoing work includes:

- RMHP continues to instruct and train MAAs, national resettlement agencies, and State and local refugee health officials in the concepts of the Refugee Health Promotion and Disease Prevention Initiative and use of the toolkit.
- RMHP and OGHA are working with ORR to provide appropriate technical assistance to States for refugee medical screening programs. As part of the review of refugee medical screening protocols, issues related to mental health screening are being addressed.
- ORR is using the RMHP to provide expert technical assistance and consultation to the Victims of Torture discretionary grant program. Specialized areas such as client-centered services and evidence-based models of care are being addressed.

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.

National Consensus Statement on Mental Health Recovery, 2006

Action 5



Develop prototype individualized plans of care that promote resilience and recovery

A consensus statement on recovery has been developed and adopted.

Major accomplishments include:

- SAMHSA and the Interagency Committee on Disability Research, in partnership with consumers, family members, advocates, local public officials, and Federal agencies, convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation.
- This meeting resulted in a landmark Consensus Statement on Recovery (see box), now being disseminated.
- To explore developing models to guide individual plans of care, the National Consensus Meeting on Person/Family-Centered Planning was held in December of 2005.
- With support from the Office of Special Education and Rehabilitative Services (OSERS) of the Department of Education (ED) and SAMHSA, the Research and Training Center on Family Support of Portland State University published a special issue of *Focal Point* called *Research, Policy, and Practice in Children's Mental Health: Resilience and Recovery* (Summer 2005).

Ongoing work includes:

- A series of training guides are being developed on such topics as models, principles, and values of person-centered plans; administrative, regulatory, and reimbursement issues; the role of consumers and families in directing a plan; and practical steps to implement person-centered planning.
- Key principles, elements, and approaches that should be considered best practices in person-centered planning will be identified.
- The Veterans Administration (VA) and the Department of Defense are working together to identify men and women whose return from Iraq and Afghanistan is complicated by stress-related conditions to provide early interventions that promote resiliency and to offer treatment and rehabilitation services to prevent persistent suffering and impairment.

Action 6



Provide technical assistance on resilience and recovery

Targeted technical assistance on resilience and recovery has been provided and more is underway.

Major accomplishments include:

- National Technical Assistance Centers on Consumer/Peer-Run Programs have offered technical assistance in the areas of self-care management, employment, program management and administration, cultural outreach and self-help adaptation, recovery, and partnerships in transformation.
- In the fall of 2005, more than 900 people attended the 20th anniversary of the Alternatives Conference for primary consumers supported by SAMHSA. The conference provided a forum for consumers to share information and ideas, provide and receive technical assistance, and transfer knowledge on best practices in mental health and support services.

Ongoing work includes:

- SAMHSA will continue to provide grants for consumer technical assistance providers for ongoing transformation efforts. This includes ongoing support of the annual Alternatives Conference.

Action 7



Promote the use of customized employment strategies

At both the State and Federal levels, customized employment strategies are being integrated into existing employment policies and programs.

Major accomplishments include:

- The Department of Labor (DOL) funded three new Workforce Action Grants that are using customized strategies to address the transition of people with mental disabilities from segregated settings (e.g., sheltered workshops) to integrated, competitive employment.
- DOL funded five new Customized Employment grantees that are working to change statewide employment support systems and conduct research into effective models of "follow-along" services for employees with psychiatric disabilities.
- DOL published *Customized Employment: Practical Solutions for Employment Success and Employment Supports for Individuals with Severe Mental Illness*, which details seven evidence-based practices that have proven successful in helping people with serious mental illnesses obtain and keep jobs.

- The DOL Office of Disability Employment Policy worked with the Small Business Administration, Rehabilitation Services Administration, HHS, and SSA to incorporate the customized employment strategies into their employment initiatives.

Ongoing work includes:

- Continuing DOL Workforce Action and Customized Employment grants.
- Data from the Customized Employment grantees will continue to be "mined" for effective practices and successful systems change strategies.

Action 8



Promote the transition of youth with serious emotional disturbances from school to post-secondary opportunities and/or employment

Research, demonstration projects, conferences, training materials development, publications, and workforce development activities are all underway.

Major accomplishments include:

- SSA sponsored the Youth Transition Demonstration Initiative, which consists of seven cooperative agreements in six States. The initiative emphasizes the creation of partnerships among Federal, State, and local agencies to build sustainable improvements in the delivery of transition services and supports.
- OSERS and SAMHSA jointly sponsor Partnership for Youth Transition (PYT) grants. Grantees develop model projects to create comprehensive service systems for youth with serious emotional disturbances and emerging serious mental illnesses who are transitioning to the adult system of care.
- The State Intermediary Program, sponsored by DOL, helps States develop and implement cross-agency plans to improve transition outcomes through the use of local intermediary organizations.
- The HHS Office on Disability interagency and interdepartmental Young Adult Program (addressing young adults ages 14 to 30) promotes integrated support systems spanning education, health, assistive technology, employment, transportation, and housing. Outcomes of a 3-year process and impact evaluation will be available by fiscal year 2008.
- NIMH has released an RFA focused on building a sound knowledge base on the service and intervention needs of youth in transition.

- Several publications and professional training materials have been produced:

- The Rehabilitation Services Administration produced *Innovative Methods for Providing Vocational Rehabilitation Services to Individuals with Psychiatric Disabilities*.
- DOL, with the National Collaborative on Workforce and Disability for Youth, published *Guideposts to Success*, which identifies experiences, supports, and services needed to provide comprehensive transitional services to foster youth, including those with disabilities.
- DOL developed *Tunnels and Cliffs: A Guide for Workforce Development Practitioners and Policymakers Serving Youth With Mental Health Needs*.

Ongoing work includes:

- Many of the activities reported here are slated to continue and/or expand, and a number of the initiatives will be evaluated.
- Additional conference and training activities are being considered that will build on the work reported here.

Action 9



Develop an employer initiative to increase the recruitment, employment, advancement, and retention of people with psychiatric disabilities

Member agencies of the DOL Workgroup on Mental Health have worked together to create tools for employers that promote the hiring, promotion, and retention of employees with psychiatric disabilities and/or mental health needs.

Major accomplishments include:

- Fact sheets have been drafted, with employer input, which present the "business case" for hiring people with psychiatric disabilities and/or mental health needs and offer tips on how employers can work with One-Stop Career Centers to increase the hiring of people with psychiatric disabilities.
- Through the Job Accommodation Network (JAN), ongoing technical assistance and publications were provided to employers that address accommodations needed in the hiring, employment, and career advancement of individuals with disabilities. These include the *Accommodation and Compliance Series: Employees with Psychiatric Disabilities*, which features a searchable online accommodation resource on psychiatric impairments.
- The DOL Office of Disability Employment Policy (ODEP) is collaborating with the Society for Human Resource Management on an employer initiative that will encompass employer policy, research, education, and outreach on mental and physical disabilities.
- Members of the DOL Work Group on Mental Health are writing text for the "E-laws Advisor," a cross-agency online tool for employers that will offer disability-related laws and resources.

Ongoing work includes:

- Fact sheets for employers will be completed.
- The writing and testing of the "E-laws Advisor" will be completed and put online.
- JAN service to employers will be continued and a conference focusing on employers was held in 2006.
- Development of the employer tools will be completed and distributed.

Action 10



Assist youth with serious emotional disturbances who are involved with the juvenile justice system to transition into employment

Nationwide grants support the development of comprehensive programs to prepare young offenders for high-demand/high-growth jobs, and new resources have been developed to support those who work with youth who have serious emotional disturbances or emerging serious mental illnesses and are involved with the juvenile justice system.

Major accomplishments include:

- DOL funded the development and writing of *Tunnels and Cliffs: A Guide for Workforce Development Practitioners and Policymakers Serving Youth With Mental Health Needs* (see Action 8), which specifically identifies effective employment strategies for youth with mental health needs who are involved with the juvenile justice system.
- A literature review was completed on employment programs for youth with mental health needs who want to transition from the juvenile justice system into the workforce.
- Responsible Reintegration of Youthful Offender grants were made available by DOL to address the specific workforce challenges of youth offenders and prepare them for new job opportunities. Sixteen grants totaling \$15 million were awarded nationwide. Several grantees have specific expertise in serving youth offenders with mental health needs.
- The DOJ Office of Justice Programs (OJP) is funding a multisite evaluation of the Serious and Violent Offender Reentry Initiative.
- OJJDP, in conjunction with DOL, is funding an evaluation of the Avon Park Youth Academy and the STREET Smart aftercare program, which provide intensive educational and vocational training for medium-level youthful offenders in the State of Florida.

Ongoing work includes:

- DOL will publish and disseminate *Tunnels and Cliffs*.
- DOL will evaluate the effectiveness of Responsible Reintegration grants in preparing youth with psychiatric disabilities for the workforce.

Action 11



Promote employment of people with psychiatric disabilities who are chronically homeless

DOL agencies and the Department of Housing and Urban Development (HUD) are collaborating through partnerships with local housing and service providers to accomplish this action step.

Major accomplishments include:

- HUD awarded \$10 million and the DOL ODEP awarded \$2.6 million for Ending Chronic Homelessness through Employment and Housing grants, which are designed to increase and improve employment opportunities for chronically homeless individuals with disabilities.
- HUD and ODEP support grantees through the Chronic Homelessness Employment Technical Assistance initiative.
- DOL continues to fund the Homeless Veterans Reintegration Program, which provides employment, training, and other support to veterans who are homeless, three quarters of whom have mental and/or substance use disorders. Grants worth \$17.9 million have been awarded, and more than 13,000 veterans have enrolled in the program.
- HUD awarded \$365 million in 2005 to projects serving people who are chronically homeless, a population that is a priority in the annual Continuum of Care grant competition. More than 16,000 people who are chronically homeless, who by definition have disabilities, received employment and training assistance in 2005.

Ongoing work includes:

- Grant programs will continue to be evaluated to elicit effective practices and systems change strategies.

Action 12



Establish a DOL workgroup to promote quality employment of adults with serious mental illnesses and youth with serious emotional disturbances

The workgroup has been established and is functioning effectively.

Major accomplishments include:

- DOL formed a cross-agency workgroup to increase employment opportunities for individuals with psychiatric disabilities and/or mental health needs (see Action 9).
- The workgroup meets monthly, hosting speakers, receiving updates from its four subcommittees, and providing a forum for discussion.

- The workgroup has implemented internal committee initiatives, publications, and policy guidance aimed at promoting employment of adults with serious mental illnesses and youth with serious emotional disturbances.
- The workgroup's agenda for 2006 included a series of presentations by nationally recognized experts on strategies for increasing employment opportunities.

Ongoing work includes:

- The workgroup will continue to host relevant speakers and films and develop initiatives through its committees related to employment and mental health.

Action 13



Provide treatment and vocational rehabilitation that support employment for people with mental disorders

SSA awarded a contract to conduct the Mental Health Treatment Study (MHTS).

Major accomplishments include:

- SSA has awarded a contract to Westat to conduct an MHTS that is designed to determine the impact of better access to treatment and services on outcomes such as medical recovery, functioning, employment, and receipt of benefits for people with psychiatric disabilities.
- The study design, which will be finalized this year, will include an evaluation to assess the impact and cost-effectiveness of the intervention, including identification of the specific strategies that result in positive employment outcomes.
- The VHA's Compensated Work Therapy programs, which provide vocational rehabilitation to veterans with mental illnesses, have been dramatically expanded as part of the VA's Mental Health Strategic Plan.
- ED sponsored the 30th Institute on Rehabilitation Issues publication on "Innovative Methods for Providing Vocational Rehabilitation Services to Individuals With Psychiatric Disabilities." The agency also funds six projects that provide scholarships to college and university students interested in careers providing specialized vocational rehabilitation services to individuals who are disabled due to mental illness.

Ongoing work includes:

- Under contract with SSA, Westat will finalize the design of the MHTS and implement it through demonstration projects at 20 sites across the country. The study will take place over 2 years beginning in fiscal year 2007.

Action 14



Conduct outreach to homeless individuals with mental disorders

Forty-one providers are enrolling homeless individuals and helping them access benefits through SSA's Homeless Outreach Projects and Evaluation (HOPE) program. HUD's Continuum of Care program awards grants for outreach to thousands of homeless individuals each year.

Major accomplishments include:

- SSA has awarded cooperative agreement funding to 41 medical and social service providers under the HOPE program. HOPE grantees conduct outreach and provide supportive services and benefits application assistance to adults and children who are chronically homeless, including those with mental and substance use disorders. The 41 awards represent a 3-year commitment to organizations totaling more than \$17 million.
- The goal of the cooperative agreements is to demonstrate efficient, replicable, and sustainable approaches for identifying individuals who are potentially eligible for benefits and providing direct assistance to these individuals in the benefits application process.
- SSA collaborated with SAMHSA's CMHS to develop a manual and an accompanying train-the-trainer curriculum to help case managers assist individuals with mental illnesses who are homeless apply for benefits.
- HUD awarded more than \$17.5 million to providers for outreach to homeless individuals in 2005 as part of the \$1.3 billion annual Continuum of Care grant competition. In 2005, HUD-funded providers conducted outreach activities to more than 150,000 homeless individuals, approximately 17 percent of whom had serious mental illnesses.

Ongoing work includes:

- SSA will continue to provide funding and technical assistance to cooperative agreement partners and monitor their progress.
- The HOPE projects will be formally evaluated.
- The Department of Veterans' Affairs will continue to hold Stand Downs to reach out to veterans who are homeless. Stand Downs are typically 1- to 3-day events providing services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment, and substance abuse treatment.

Action 15

Initiate a national effort focused on meeting the mental health needs of young children as part of overall health care

A Task Force has initiated a multi-agency, collaborative process to focus national attention on the mental health needs of young children.

Major accomplishments include:

- SAMHSA and ACF held a meeting in July 2005 to discuss collaborative strategies for young children.
- Key agencies have initiated a collaborative process to identify which of their activities (e.g., grants, technical assistance, training, public awareness, and research) can have the greatest impact and to determine how to coordinate their activities and reallocate resources to address gaps.
- In addition to ACF and SAMHSA, participants include the Health Resources Services Administration (HRSA), ED, and the technical assistance and resource centers of participating agencies.
- The HHS Office on Disability sponsored a workshop on the service needs of infants and young children with hearing loss, which led to the development of an interagency collaboration among the National Institute on Deafness and other Communication Disorders, several HHS agencies, including SAMHSA, CMS, and HRSA, the SSA, the VA, and ED to implement recommendations in the workshop's plan of action for children birth to age 3 identified with early hearing loss.
- The HHS Office on Disability sponsored the December 2006 9th Biennial International Congress on Children, Youth and their Parents with Special Needs to promote the development of cross-disciplinary systems of care for children and the over 64 participating countries.

Ongoing work includes:

- The multi-agency process focused on the needs of young children will continue.

Action 16

Create a comprehensive action agenda to implement throughout the VHA all relevant recommendations of the President's New Freedom Commission on Mental Health

The VHA has begun or completed all the immediate initiatives (81 items) in its Mental Health Strategic Plan (MHSP).

Major accomplishments include:

- The MHSP was approved by the Secretary of the VA in 2005, and an Action Agenda Steering Committee was created to oversee its implementation.
- The purpose of the MHSP is to drive the implementation of the New Freedom Commission's principles and goals through 256 discrete recommendations, 81 of which have been initiated or completed.
- The VA Undersecretary for Health allocated \$300 million in fiscal years 2005 and 2006 to a Mental Health Initiative to address MHSP action items.
- To advance the MHSP, the Mental Health Initiative has funded specific programs to increase capacity, access, and quality of mental health care; transform mental health care within the VHA to follow a recovery and rehabilitation model; integrate mental health and primary care; and enhance the availability of evidence-based psychotherapies, rehabilitation programs, and pharmacological treatments.

Ongoing work includes:

- The VHA is developing recovery-based mental health materials for its personal health record Web site (www.myhealth.va.gov). The mental health portal will contain health information and education materials, mental health screening tools, and self-management tools.
- Veterans will have access to copies of their electronic medical records, electronic prescription refills, and encrypted messaging to their health care providers from this Web site.
- The VHA is working collaboratively with tribes, IHS, and SAMHSA to adapt the SAMHSA co-occurring disorders implementation resource kit for American Indian veterans.

Action 17

Launch a user-friendly, consumer-oriented Web site

Work has been initiated toward launching a user-friendly, consumer-oriented Web site in the public domain that gives individuals and family members the ability to create personal health records on a secure server.

Major accomplishments include:

- SAMHSA's CMHS has had conversations with Trilogi Integrated Resources and Abt Associates about implementing a user-friendly, consumer-oriented Web site in several locations. Trilogi's Network of Care for Mental Health Web site was recognized as a model program by the New Freedom Commission.
- Abt Associates is working with SAMHSA to help develop an electronic health record that would include a personal health record, which would help individuals play a more active role in their health care. An electronic health record provides secure, reliable, real-time access to a patient's medical information when and where it is needed to support clinicians' decision-making. A personal health record is medical information in possession of an individual patient or patient's nonprofessional caregiver that can include information a doctor may not have, such as exercise routines, dietary habits, etc.
- SAMHSA staff are actively working with the HL7 Standards Development Organization and the VHA to create and specify functional standards for both electronic health records and personal health records. This is an essential precursor to developing and deploying both types of computerized health records.
- SAMHSA staff are actively involved in the Federal Health Architecture Committee and related initiatives sponsored by the HHS Office of the National Coordinator for Health Information Technology. In all of these contexts, SAMHSA staff are bringing to the fore behavioral health, privacy, and confidentiality issues.

Ongoing work includes:

- SAMHSA staff will continue their efforts to develop and implement a consumer-oriented Web site and personal health records.

Action 18

Promote ADA compliance, support and work to eliminate unnecessary institutionalization, and help eliminate discrimination

The HHS Office for Civil Rights (OCR) has resolved more than 250 *Olmstead* complaints, achieving a significant impact on community integration of individuals with disabilities.

Major accomplishments include:

- OCR provided technical assistance to States to promote compliance with the Americans with Disabilities Act (ADA).
- OCR worked with States to ensure compliance with the Supreme Court's decision in *Olmstead v. L.C.*
- OCR enforced Title II of the ADA through investigations, complaint resolution, and use of alternative dispute resolution.
- OCR has successfully resolved more than 250 *Olmstead* complaints, including those involving systemic reform.
- OCR has posted its success stories related to *Olmstead* complaints at <http://www.hhs.gov/ocr/complianceactiv.html>.

Ongoing work includes:

- The current efforts by OCR will be continued indefinitely.

PRINCIPLE

Focus on community-level models of care that effectively coordinate the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services.

Overview of Major Accomplishments

In a transformed mental health system, multiple agencies collaborate with adults and with parents of children and youth to develop a single, coordinated plan of care for each individual, and evidence-based services are delivered by a workforce that is culturally competent and diverse. The Federal partners have achieved some key steps and have made significant progress toward accomplishing others:

- The Federal Executive Steering Committee on Mental Health has been established to guide transformation efforts and has created workgroups to address priority areas.
- A National Strategic Plan on Behavioral Health Workforce Development has been drafted.
- Preliminary work has been done on the Rural Mental Health Plan and on an action agenda to integrate mental health and primary care services for minorities.
- A contractor is examining how behavioral health curricula address cultural competence with a view toward identifying and sharing effective strategies.

Action 1

Include issues critical to mental health services in health care reform

No work has been done on this action step, and no specific actions have been planned.

Action 2

Launch the Federal Executive Steering Committee on Mental Health

The Federal Executive Steering Committee met and prepared its agenda for the coming year.

Major accomplishments include:

- More than 20 Assistant Secretary-level staff members representing nine Federal departments, SSA, and the Equal Employment Opportunity Commission are now participating in the Federal Executive Steering Committee on Mental Health.
- The Federal Partners Senior Workgroup (composed of agency senior staff) has been meeting bi-monthly since October 2003. Their continuing work will be overseen and coordinated by the Federal Executive Steering Committee.
- The *Federal Action Agenda* was produced and published in July 2005, and this current update was produced at the Steering Committee's request.
- The Federal Executive Steering Committee created workgroups to oversee action steps in priority areas. The five top priorities for 2006 were suicide prevention, primary care/mental health integration, financing, employment, and disaster and emergency response.

Ongoing work includes:

- The Federal Executive Steering Committee will meet twice a year, and the Secretary of HHS will be informed of the committee's activities and accomplishments.
- Established workgroups will continue to address action steps in the *Federal Action Agenda* and will broaden their scope as requested by the committee.

Action 3

Build on and expand criminal and juvenile justice and mental health collaborations

Interagency collaboration between DOJ and SAMHSA has expanded significantly, and a Memorandum of Understanding (MOU) has been signed to facilitate joint activities.

Major accomplishments include:

- DOJ and SAMHSA signed an MOU to support "the design and implementation of interagency efforts to improve the response to people with substance use, mental and/or co-occurring disorders who are involved or at risk of involvement in the criminal or juvenile justice systems."
- Work has begun on a Jail Diversion Manual to be used by local communities implementing jail diversion programs.
- SAMHSA held its second National Policy Academy to Address the Needs of Youth with Mental Health and Co-occurring Substance Use Disorders Involved with the Juvenile Justice System. Multidisciplinary State teams of senior-level administrators and policymakers created specific strategic action plans for their agencies to enhance collaboration.
- By September 30, 2006, the DOJ OJP Bureau of Justice Assistance (BJA) made 31 awards to fund planning, implementation, and expansion activities to State, tribal, and local jurisdictions to support the development of collaborations between justice and mental health agencies on behalf of people with mental illnesses. SAMHSA contributed to the design of the solicitation and participated in the review of applications.
- In 2006, BJA launched a new Mental Health Courts Learning Sites program, offering five sites as resources to other jurisdictions seeking to develop or enhance their mental health court program. Also in 2006, BJA hosted a meeting with the National Association of Counties (NACo) to develop a best practices guide on discharge planning for jail inmates with mental illnesses.
- At the most recent meeting of the Federal Advisory Committee on Juvenile Justice, OJJDP grantees presented information from the forthcoming report, *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*.

Ongoing work includes:

- A Consumer Leadership and Empowerment Training Program package will be tested by several grantees in the SAMHSA Targeted Capacity Expansion (TCE) Jail Diversion initiative. Once modified as the result of testing, the package will be implemented in all TCE Jail Diversion sites.
- Jurisdictions that participated in the Policy Academy will receive follow-up technical assistance and benefit from peer networking opportunities to reinforce lessons learned and encourage progress.

- OJP will provide technical assistance to support its new grantees, as well as the field as a whole. Products planned for 2007 include publications on Essential Elements of Mental Health Courts, Essential Elements of Law Enforcement and Mental Health Collaborations, What Is a Mental Health Court?, and NACo's Guide on Discharge Planning for Jail Inmates with Mental Illnesses.
- BJA will continue its efforts to support mental health courts and will expand its efforts to include collaborations with corrections.
- OJJDP will provide training and technical assistance on its Blueprint for Change to State and local jurisdictions interested in furthering collaboration between their mental health and juvenile justice systems.

Action 4
Support the Interagency Autism Coordinating Committee

The Services Subcommittee of the Interagency Autism Coordinating Committee (IACC) has developed a "roadmap" to overcome the barriers to service faced by people with autism spectrum disorder (ASD) and their families.

Major accomplishments include:

- In 2003, in response to a congressional request, a panel of scientists developed a research roadmap and matrix documenting roadblocks to understanding causes and best treatment options for autism and goals and activities to overcome these roadblocks.
- In 2004, the IACC Services Subcommittee convened an expert panel to develop a similar roadmap with strategies to address the service-related challenges faced by those with autism and their families. This work was presented to the IACC in May 2005.
- The Government Accountability Office (GAO) is conducting an independent study to provide information about the research, surveillance, and education activities related to ASD undertaken by the National Institutes of Health (NIH) and CDC in response to the requirements of the Children's Health Act of 2000.

Ongoing work includes:

- The GAO has completed its study of the coordination of ASD activities within HHS and among Federal agencies.
- IACC will continue to meet twice a year to coordinate partner activities and share information on research developments.

Action 5
Review standards and set guidelines for culturally competent care

The process for reviewing standards and setting guidelines for culturally competent care is underway.

Major accomplishments include:

- The Office of Minority Health (OMH) in the HHS Office of Public Health and Science (OPHS) has taken steps to establish a cross-cutting workgroup to set standards and protocols for culturally competent care.

Ongoing work includes:

- OMH/OPHS will coordinate its work with the Federal Executive Steering Committee's five priority workgroups.

Action 6
Create a National Strategic Workforce Development Plan to reduce mental health disparities

The first draft of a National Strategic Plan on Behavioral Health Workforce Development has been completed.

Major accomplishments include:

- With support from SAMHSA, the Annapolis Coalition has developed a draft National Strategic Plan on Behavioral Health Workforce Development. The plan is designed to identify specific strategies to improve recruitment, retention, education, training, and other aspects of workforce development.
- The Annapolis Coalition sought stakeholder input to inform the national plan through expert panels, focus groups with diverse stakeholders, specially convened planning sessions, and open calls for recommendations.
- A series of position papers related to workforce development issues have been published in special issues of *Administration and Policy in Mental Health* (May 2002, November 2004, and May 2005).
- A national summit was held to review and refine the workforce development plan.

Ongoing work includes:

- A national support center for human resources will be established to facilitate implementation of the workforce development plan.
- Through the center, SAMHSA contractors will provide technical assistance to States, communities, organizations, and individuals who seek guidance on effective workforce planning and interventions.

Action 7



Initiate a project to examine cultural competence in behavioral health care education and training programs

A contract has been awarded to accomplish this action step, and a thorough review of curricula is now underway.

Major accomplishments include:

- SAMHSA awarded a contract to AMSAQ, Inc., in September 2005 for "Evaluating Cultural Competence in Behavioral Healthcare Education and Training."
- The contractor will examine current behavioral health care education and training programs to determine whether and how they address the impact of culture, race, ethnicity, and geography on mental health, mental illnesses, and emotional disturbances.
- The contractor will also describe how the curricula are perceived by program graduates, identify effective components, and distinguish those effective components that might be relevant and transferable to other training programs.

Ongoing work includes:

- The contractor will produce a report that will guide future efforts to ensure that behavioral health care workers are adequately trained to provide culturally competent services.

Action 8



Advance efforts to integrate mental health and primary care services for racial and ethnic minorities

The groundwork has been laid for a national conference on this topic and for the development of a coordinated national action agenda.

Major accomplishments include:

- A white paper was prepared in the fall of 2004 on *Mental Health Services in Primary Care Settings for Racial and Ethnic Minority Populations*.
- An HHS interagency task force was formed to study the major issues related to the integration of mental health in primary care settings for minority populations. Conclusions and recommendations were included in a report presented to the Deputy Assistant Secretary of Minority Health in the spring of 2005.
- HRSA and SAMHSA cosponsored a series of regional conferences to explore the interface between primary and mental health care for diverse and underserved populations.
- IHS is planning a multi-year strategy that supports integration of the IHS Director's initiatives in Behavioral Health, Chronic Disease Management, and Health Promotion and Disease Prevention.
- The HHS Office on Disability (OD) in partnership with the Offices on Minority Health (OMH) and Women's Health and the American Network of Community Options and Resources (ANCOR) provided a pre-conference as part of the January, 2006 OMH National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health, "Addressing the Healthcare and Wellness Needs of Women of Color with Disabilities: *Minding the Gap: Access, Availability, and Services*." An action plan resulted which the OD is implementing.

Ongoing work includes:

- SAMHSA will convene a national conference on the interface between primary and mental health care for diverse and underserved populations.
- HRSA and SAMHSA will convene an interagency taskforce to develop a coordinated national agenda.
- VA issued a request for proposals to initiate mental health and primary care in a manner that is sensitive to the diversity of the population being served and received responses from each of its regional networks.

Action 9*Participate in the HHS
"Close the Gap Initiative"*

OMH, which is leading this initiative to close the health gap between minority populations and others in the United States, is now disseminating information on mental health.

Major accomplishments include:

- OMH has begun to include mental health in all of its outreach, education, and communication efforts. Such materials are distributed at minority health fairs throughout the country.
- Information on mental health and minority populations is also available on the project Web site at www.healthgap.omhrc.gov (click on the "Consumer Health Information" link).
- OMH helped the NIH/NIMH media campaign, Real Men, Real Depression, reach minority populations with its message. OMH hosted radio talk shows and provided numerous media links.

Ongoing work includes:

- The Close the Gap Initiative will continue.

Action 10*Develop a National Rural
Mental Health Plan*

An HHS Intradepartmental Workgroup has identified action areas to be addressed in the national plan, and an interagency workgroup is poised to begin plan development.

Major accomplishments include:

- Within HHS, HRSA and SAMHSA have formed an Intradepartmental Workgroup to address issues related to rural mental health. The workgroup reviewed several recent reports on rural health and mental health to provide a foundation for its work.
- The Intradepartmental Workgroup has created a list of action areas for rural health and mental health with targeted priorities.

Ongoing work includes:

- An interagency workgroup will build on the progress made by the Intradepartmental Workgroup as Federal partners work toward the development of a National Plan for Rural Mental Health.
- Collaborating partners are expected to commit to implementation of the national plan.
- VA has dramatically expanded the delivery of mental health services in its community-based outpatient clinics. It is using telemental health strategies to extend the reach of specialized services to smaller clinics.

Action 11*Promote strategies to appropriately serve children at-risk
for mental health problems in high risk service systems.*

A public-private workgroup has been created to serve as a steering committee and is ready to begin its work.

Major accomplishments include:

- SAMHSA's CMHS is managing a contract with DMA Health Strategies to develop a brief introductory document on early identification of risk factors, best practice criteria for use of appropriate tools, and a compendium of current tools. The document will be available online as a national resource.
- A workgroup on Early Identification has been created as a part of the Federal National Partnership (FNP) for Transforming Child and Family Mental Health and Substance Abuse Prevention and Treatment and its activities will be overseen by the Federal Executive Steering Committee.
- The IHS Maternal and Child Health Division recently announced competition for 15 cooperative agreements for Children and Youth Projects (CYP) established to help federally recognized tribes and urban Indian organizations serving American Indian and Alaska Native children and youth. CYP goals include promoting healthy nutrition, physical activity, and school success and reducing teen pregnancy, substance use and abuse, and injuries.

Ongoing work includes:

- The interagency workgroup will identify criteria that can be applied to develop a compendium of identification tools that have been shown to be both valid and reliable for given populations.
- A technical assistance document on this topic will be developed and made available to policymakers and providers across multiple systems that serve children and their families, including primary health care, day care, schools, child welfare, juvenile justice, and shelters.

Action 12*Develop a demonstration project for children in foster care*

Six States have participated in a Policy Academy on this topic; each has developed strategies to build a system of community-based services and supports for children and youth entering the foster care system.

Major accomplishments include:

- ACF is pilot testing a regional approach to technical assistance that offered the six States in Region III (Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia) the opportunity to participate in a Policy Academy.
- The Policy Academies were designed to help States develop strategies to reduce the use of out-of-State residential care for children in the child welfare system and build a system of community-based services and supports.
- With the help of outside facilitators and resource experts, each State identified desired outcomes and created an action plan to accomplish its goals.
- If successful, this project will serve as a model for technical assistance to other regions around children's mental health needs.

Ongoing work includes:

- States that participated in a Policy Academy will receive follow-up technical assistance to help them implement their plans.

Action 13*Foster joint responsibility and implementation strategies for children, youth, adults, and older adults with co-occurring disorders*

States are receiving training and technical assistance to help them make systemic changes and employ the strategies most likely to yield success.

Major accomplishments include:

- SAMHSA awarded a third cycle of Co-occurring State Incentive Grants (COSIGs) to help States make the systemic changes essential to serve individuals with serious mental illnesses and co-occurring substance use disorders. Thus far, 15 grants have been awarded; total grant support over 5 years is \$54 million.
- Nine States participated in a third SAMHSA-sponsored Policy Academy on co-occurring disorders.
- The SAMHSA-funded Co-Occurring Center for Excellence (COCE) continues to provide training and technical assistance to help States and communities apply evidence-based and promising practices for treatment and services.

Ongoing work includes:

- Additional COSIG grants and Policy Academies are in the planning stages by SAMHSA.
- COCE will continue to provide technical assistance.

Action 14*Focus on children in the juvenile justice and child welfare systems*

Children with serious emotional disturbances are now considered a priority population within both juvenile justice and child welfare systems.

Major accomplishments include:

- The SAMHSA/CMHS Request for Applications (RFA) for the Comprehensive Community Mental Health Services Program for Children and Their Families now explicitly identifies children with serious emotional disturbances in the juvenile justice and child welfare systems as priority populations.
- A Policy Academy jointly sponsored by ACF and SAMHSA's CMHS addressed mental health issues in the child welfare system. The specific focus was on how to reduce or eliminate out-of-State placements and policies that require parents to relinquish custody to obtain mental health services for their children.

Ongoing work includes:

- The FNP, in concert with the Federal partners, will develop strategies to assist children in the juvenile justice and child welfare systems.
- OJJDP continues to support Northwestern University's longitudinal study of alcohol, drug, and mental disorders in detained youth.

Action 15*Include mental health in Community Health Center Consumer Assessments*

Community Health Centers (CHCs) are being encouraged to screen their clients for depression.

Major accomplishments include:

- Primary care providers in CHCs are being encouraged to ask mental health questions as part of their health assessment. Behavioral health providers are encouraged to use appropriate standardized instruments for this purpose.
- CHCs that participate in the Depression Health Disparities Collaborative use the Patient Health Questionnaire (PHQ-9) to screen for depression. As of October 2005, 30,454 people are included in the Depression registries, which allow health care organizations to track patients' care and to monitor provider and clinic performance on selected measures.

Ongoing work includes:

- HRSA, CDC, and SAMHSA will continue their collaboration to accomplish this action step.

PRINCIPLE

C Focus on those policies that maximize the utility of existing resources by increasing cost-effectiveness and reducing unnecessary and burdensome regulatory barriers.

Overview of Major Accomplishments

In a transformed mental health system, the burden of coordinating care rests with the system, not with individuals and families who must have the flexibility to manage their own and their family member's health care, and be empowered to use the latest technology to do so. The Federal partners have made significant strides in these areas:

- *An Employer's Guide to Behavioral Health Services* has been developed and distributed to Fortune 500 companies.
- Demonstrations to Maintain Independence and Employment and Medicaid Infrastructure Grants have been awarded and Independence Plus programs have been approved.
- A Primary Care/Behavioral Health Reimbursement Workgroup has begun exploring ways to reduce barriers to reimbursement for mental health services in primary care settings.
- A major national summit on information technology has begun to lay the foundation for a nationwide information infrastructure for behavioral health care services.

Action 1

→ *Educate employers and benefits managers on the practicability of paying for mental health services*

A guide to help private employers implement and assess mental health benefits has been developed and distributed.

Major accomplishments include:

- The National Business Group on Health (NBGH), in collaboration with SAMHSA's CMHS, helped develop *An Employer's Guide to Behavioral Health Services* for Fortune 500 employers. NBGH will work with the National Association of State Mental Health Program Directors (NASMHPD) to facilitate its adoption.
- The *Employer's Guide* recognizes the value of incorporating the effective treatment modalities developed in the public mental health sector into private sector health benefit plans.
- The guide will serve as a roadmap for designing, implementing, and evaluating effective behavioral health care services designed to enhance worker productivity and job satisfaction.
- The guide has been distributed to Fortune 500 companies and to State Mental Health Commissioners and is available for download at www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf.

Ongoing work includes:

- A Web cast will be available to major employers, benefits managers, and EAP purchasers.
- NIMH and NBGH convened a meeting to advance the knowledge base on one of the report's key recommendations—the implementation of effective medication management approaches.
- A similar guide should be developed for small employers.

Action 2



Evaluate and report the impact of mental health parity

The impact of the parity mandate in the Federal Employee Health Benefits Program and a similar mandate in the State of Vermont have been evaluated, and an initial report on a California parity mandate has been completed.

Major accomplishments include:

- The final report of the evaluation of the mental health/substance abuse parity mandate in the Federal Employees Health Benefits Program was released in 2005 (see <http://aspe.hhs.gov/daltcp/reports/parity.htm>).
- In summary, the report found that under managed care, mental health parity did not result in a cost increase that was higher than the cost increase trend of general medical care. Furthermore, after parity, beneficiaries paid less for their out-of-pocket share of the cost.
- A report on the impact of parity in Vermont was released previously, citing similar findings.
- An initial report on the effects of California's parity law has been drafted.

Ongoing work includes:

- The California report will be revised and completed.

Action 3*Initiate Medicaid Demonstration Projects*

Demonstration projects focusing on independence and employment and self-determination are underway in select States.

Major accomplishments include:

- **Demonstrations to Maintain Independence and Employment:** To date, the Centers for Medicare and Medicaid Services (CMS) has awarded more than \$152 million in grants to six States (Kansas, Louisiana, Minnesota, Mississippi, Rhode Island, and Texas) and the District of Columbia to implement Demonstrations to Maintain Independence and Employment. The demonstration is designed to help States test the hypothesis that providing health care and other services early in the progression of a disease may help a person remain self-sufficient and prevent the need for cash assistance.
- **Independence Plus:** Twelve Independence Plus programs have been approved in 11 States (Arizona, California, Connecticut, Delaware, Florida, Louisiana, Maryland, North Carolina, New Hampshire, New Jersey, and South Carolina). The Independence Plus Initiative expedites the ability of States to request waivers or demonstrations that offer individuals or their families greater opportunities to take charge of their own health and direct their own services.
- **Community-based Alternatives to Psychiatric Residential Treatment Facilities:** This 5-year \$218 million CMS demonstration grant program permits psychiatric residential treatment facilities to be considered as institutions in order to permit youth with serious emotional disturbances in the Medicaid program to be eligible for home and community-based services. The first \$21 million was awarded on December 20, 2006 to ten States: Maryland, Virginia, South Carolina, Georgia, Florida, Indiana, Montana, Kansas, Alaska, Mississippi.

Ongoing work includes:

- CMS received funds in fiscal year 2006 to support two additional demonstration programs over the next 5 years:
 - **Money Follows the Person Rebalancing Initiative (\$1.75 billion):** These demonstrations finance home and community-based Medicaid services for individuals who transition from institutions to the community and supports States in rebalancing their long-term support systems.

Action 4*Convene Directors of State Mental Health, State Medicaid, and Regional Medicare Programs*

Joint meetings of the directors have begun and are continuing.

Major accomplishments include:

- Representatives of the boards of the National Association of State Medicaid Directors and NASMHPD met twice in 2005 to discuss common issues and identify ways of working together.
- Each association has committed to including attention to mental health and Medicaid issues as part of its annual conference.
- Additional partnerships include those with the National Governors Association, which worked with SAMHSA's CMHS to host four regional meetings on Transforming State Mental Health Systems. Each State Governor's office was permitted to send a four-person State team to one regional meeting at SAMHSA's expense.

Ongoing work includes:

- Meetings between these groups are expected to continue.

Action 5*Help parents avoid relinquishing custody and obtain mental health services for their children*

A group of Federal agencies has begun working together to develop a multi-system approach to avoid parental relinquishment of custody and to increase family access to home and community-based services for their children with serious emotional disturbances including those with co-occurring developmental disabilities and emotional/substance abuse disorders.

Major accomplishments include:

- A workgroup coordinated by the HHS Assistant Secretary for Planning and Evaluation (ASPE) has met to share information about the programmatic and technical assistance activities they support that relate to avoiding relinquishment of custody and improving community services for youth with mental health needs.
- The workgroup includes representatives of the departments of Justice, Labor, Education, and Health and Human Services (ASPE, SAMHSA, CMS, ACF, and HRSA). Group members have compiled a compendium of research and proposed recommendations in this issue area, and they have solicited feedback on how to prioritize their efforts at the 2006 SAMHSA/CMS Invitational Conference on Medicaid and Mental Health Services/Substance Abuse Treatment.
- The ACF technical resource centers are providing best practice papers, options, and discussion of legal issues.
- ACF has issued policy clarification on Title IV-E placement and care.

Ongoing work includes:

- The HHS workgroup will continue to meet and plan strategies to help parents avoid relinquishing custody to obtain mental health services for their children.

Action 6*Support the Ticket to Work program*

CMS has awarded infrastructure grants to 48 States and the District of Columbia.

Major accomplishments include:

- As part of the Ticket to Work and Work Incentives Improvement Act of 1999, CMS awards Medicaid Infrastructure Grants to support people with disabilities in securing and sustaining competitive employment in an integrated setting.
- In fiscal year 2005, CMS awarded \$21.8 million in Medicaid Infrastructure Grants to 42 States and the District of Columbia to help people with disabilities find and keep work without losing their health care benefits.
- Eleven States were awarded grants in 2006, with 28 States receiving continuation awards.
- With these awards, CMS has given a total of \$125 million in Medicaid Infrastructure Grants to 48 States and the District of Columbia.

Ongoing work includes:

- The Medicaid Infrastructure Grant program is authorized for 11 years; CMS will continue to award grants and provide technical assistance to States.

Action 7*Address reimbursement in primary care*

Extensive work is underway to identify issues and solutions.

Major accomplishments include:

- A Primary Care/Behavioral Health Reimbursement Workgroup composed of representatives from CMS, HRSA, and SAMHSA has met in Baltimore several times in the last 18 months.
- On June 23, 2005, HRSA held a "listening session" with its primary care grantees and from that session compiled a list of reimbursement issues that impact the delivery of mental health services in the primary care setting.
- SAMHSA and HRSA have subcontracted with Abt Associates to complete a literature review, conduct key informant interviews, convene a forum of major stakeholders, and give a summary presentation to the Federal partners on the top three interventions/action steps designed to reduce barriers to reimbursement for mental health services in primary care settings.

Ongoing work includes:

- Abt Associates will complete its work and report to the Federal partners.

Action 8*Develop a strategy to implement innovative technology in the mental health field*

A major national summit on information technology has set the stage for next steps.

Major accomplishments include:

- The National Summit on Defining a Strategy for Behavioral Health Information was held in Washington, DC, in September 2005 to begin laying the foundation for a nationwide information infrastructure for behavioral health care services. Participation in the IT initiative will inform all of the Federal partners' future work.
- More than 140 participants included representatives from the major behavioral health professional and trade associations, government, provider organizations, consumers, accrediting organizations, and business groups.
- The National Summit was co-hosted in a public-private partnership by SAMHSA and the Software and Technology Vendors' Association. Presenters included national informatics experts from both general and behavioral health care.
- The summit program was organized into intensive workgroup discussions that focused on six strategic areas identified as essential for advancing a nationwide information management strategy for behavioral health.

Ongoing work includes:

- A series of recommendations for next steps will be forthcoming.
- NIMH has released a series of Program Announcements (PAs) to improve the understanding of how innovative health information technologies can improve access to care, quality of care, and consumer outcomes in mental health services.

Action 9*Explore creation of a Capital Investment Fund for Technology*

Work has begun to explore the creation of a capital fund to support States in designing and implementing an electronic health record and information system.

Major accomplishments include:

- The 10-year strategic Information Technology Plan for SAMHSA's CMHS includes a recommendation to create a field-based organization that would be situated between the government and the private sector.
- This entity would have as one of its principal missions the development of funding to support information technology innovations in behavioral health care.

Ongoing work includes:

- CMHS will continue to investigate work on this action step.

PRINCIPLE

D Consider how mental health research findings can be used most effectively to influence the delivery of services.

Overview of Major Accomplishments

In a transformed mental health system, research yields widely disseminated evidence-based practices that can be used to prevent and treat mental illnesses, as well as findings that help eliminate disparities in access to quality care. Strides made to date in accomplishing this vision of a changed system include:

- A public-private partnership sponsored a major study by the Institute of Medicine (IOM) on *Improving the Quality of Health Care for Mental and Substance Use Conditions*.
- A strategic communications firm has been contracted to develop recommendations on how to reduce the gap between science and service.
- Federally sponsored research is underway to improve the treatment of people with co-occurring disorders, explore development of new medications to benefit people with mental and substance use disorders, reduce disparities in access to quality health care, and test treatments for co-occurring disorders in community settings.
- Model diversion programs for youth with serious emotional disturbances who are involved in the juvenile justice system have been identified and disseminated.

Action 1



Accelerate research to reduce the burden of mental illnesses

NIMH continues to fund studies along the continuum from basic biomedical and behavioral sciences to services research that develop new knowledge on how to reduce the burden of mental illness; VA and ED also sponsor research initiatives.

Major accomplishments include:

- Major findings of several NIMH large clinical trials are available to the public.
- An update on the results of the Clinical Antipsychotic Trials Intervention Effectiveness (CATIE) study is available at www.nimh.nih.gov/about/dirupdate_catie.cfm.
- The latest results from the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trial are available at www.nimh.nih.gov/press/stard3.cfm.
- VA funds two Quality Enhancement Research Initiatives in mental health and substance use disorders and 10 Mental Illness Research Education and Clinical Centers whose missions are to develop new interventions and translate them into advances in services and policy.

- ED funds three research and training centers focused on adults with psychiatric disabilities, including the National Research and Training Center on Psychiatric Disabilities, University of Illinois at Chicago; the Rehabilitation Research and Training Center on Recovery and Recovery-Oriented Psychiatric Rehabilitation for Persons with Long-Term Mental Illness, Boston University; and the Rehabilitation Research and Training Center on Promoting Community Integration of Individuals with Psychiatric Disabilities, University of Pennsylvania.

Ongoing work includes:

- Research that will reduce the burden of mental illnesses and prevent their onset will continue.

Action 2



Foster a research partnership

A public-private partnership sponsored a major study by the IOM that yielded specific recommendations to improve the quality of health care for people with mental or substance use disorders.

Major accomplishments include:

- A range of public and private-sector organizations united to sponsor an important study by the IOM, *Improving the Quality of Health Care for Mental and Substance Use Conditions*. The study was released in November 2005 and continued dissemination is ongoing.
- With support from SAMHSA and other organizations, the IOM committee conducted an extensive review of recent research and also heard testimony from consumers, family members, representatives of key agencies and organizations, and leading experts in the field. It then developed specific recommendations for improving the quality of health care received by individuals with mental and substance use conditions.
- SAMHSA conducted a crosswalk between the IOM report, the New Freedom Commission report, and the *Federal Action Agenda*. The convergence of IOM's recommendations with these other documents indicates that a consensus is now forming on the best strategy to support recovery from mental illnesses and substance use disorders in this Nation.
- The Advisory Council of NIMH recently issued a report titled *The Road Ahead: Research Partnerships to Transform Services*. This report (available at www.nimh.nih.gov/council/TheRoadAhead.pdf) focused on the need for research-practice partnerships to generate innovative research.

Ongoing work includes:

- SAMHSA will work with its Federal partners to explore how the IOM findings can be adapted into practice.

Action 3*Expand the Science-to-Service Agenda*

A strategic communications firm is interviewing stakeholders to inform its recommendations on how to reduce the gap between knowledge and practice.

Major accomplishments include:

- SAMHSA continues to explore opportunities to expand its Science-to-Service Agenda in partnership with a range of agency stakeholders.
- SAMHSA contracted with a strategic communications firm to conduct discussions with a variety of agency constituents. The consultant's work will inform the agency's efforts to find collaborative and strategic opportunities to reduce the knowledge-practice gaps and accelerate the translation of research into clinical and community-based practice settings.
- NIMH and CMHS, along with NASMHPD, are hosting a series of regional meetings to develop science-to-service agendas within State systems. The first meeting was held in the Midwest Region.
- SAMHSA has expanded and refined the agency's National Registry of Evidence-based Programs and Practices (NREPP) and the expansion of this tool (see Action 7 on page 67).
- SAMHSA has received a report from its contractor on how to move useful research findings to service settings more rapidly.

Ongoing work includes:

- Regional science-to-service meetings will continue.

Action 4*Conduct research to understand co-occurring disorders*

NIH and other Federal partners fund grantees to conduct research related to co-occurring disorders.

Major accomplishments include:

- NIDA released a Program Announcement (PA) in partnership with NIMH and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) titled "Co-Occurring Mental Illness, Alcohol and/or Drug Abuse and Medical Conditions."
- This program encourages innovative and empirical research to examine the organization, management, integration, dissemination and implementation, and financing of services for co-occurring mental illness, alcohol and/or drug abuse, as well as commonly co-occurring medical conditions.

- Grantees may also propose to examine the impact of these factors on the quality, access, utilization, outcomes, cost, and cost-effectiveness of care.
- Examples of possible study areas include effective strategies to facilitate access to service; factors that facilitate or impede coordinated care; and how characteristics of the provider, client, and organization influence the treatment process.
- The Agency for Healthcare Research and Quality (AHRQ) published a Special Emphasis notice that encouraged applications on co-occurring disorders. The focus is on applications that include general health conditions and mental health.
- OJJDP has initiated collaboration with NIDA on the Northwestern Juvenile Project, a longitudinal study of alcohol, drug, and mental disorders in detained youth. The researchers have published several articles on the extent, characteristics, and outcomes of co-occurring disorders in the study sample.

Ongoing work includes:

- Grant applications in response to the PA described above were received June 1, 2006. NIDA selected and funded grantees to begin their studies.
- SAMHSA will host an initial meeting with NIH (including NIAAA, NIDA, and NIMH) to develop a strategic plan for collaboration to accelerate the transfer of relevant findings for people with co-occurring disorders to the field.

Action 5*Harness research to improve care*

The annual NIMH Research Conference on Mental Health Services helps develop a research agenda that will lead to improved care for people with mental illnesses, substance use disorders, and co-occurring physical disorders.

Major accomplishments include:

- The 18th NIMH Research Conference on Mental Health Services, held in 2005, was titled "Broadening the Scope of Scientific Investigation." The focus of the 2-day conference was on methodological issues related to performing research in complex, real-world service systems.
- Conference sessions included those on rural mental health services research, access to care for underserved children, new approaches to recovery and social integration, a comparison of integrated versus enhanced referral models of care, improving the effectiveness of interventions for children and adolescents, investigating the quality of mental health care, and facilitating research-community partnerships.

Ongoing work includes:

- Planning for the next annual conference is underway.

Action 6*Support research to develop new medications*

Recent research findings may lead to new medications to treat common neurobiological and behavioral substrates of co-occurring mental and substance use disorders.

Major accomplishments include:

- Three-dimensional maps of protein structure have given NIMH scientists insight into how transporter proteins recognize and move neurotransmitters critical to healthy brain chemistry, such as dopamine and serotonin. This tool will help them design more specific medications to treat mental disorders that involve transporter dysfunction.
- NIMH-supported researchers have discovered that some of the behavioral effects of dopamine, an important neurotransmitter, are regulated by a new signaling pathway that requires a protein called beta-arrestin. Further study of this pathway may lead to better understanding of brain disorders associated with dopamine dysfunction and provide a target for new medications.
- NIMH intramural researchers found in a recent pilot study that people with treatment-resistant depression may experience symptom relief in as little as 2 hours with a single intravenous dose of ketamine, a medication usually used in higher doses as an anesthetic in humans and animals. Some participants in the study, who previously had tried an average of six medications without relief, continued to show benefits over the next 7 days after just a single dose of the experimental treatment.
- In collaboration with NIAAA, SAMHSA's Center for Substance Abuse Treatment is supporting public education regarding acamprosate (sold as Campral®). Taken as a daily pill, this drug has been shown to relieve the symptoms of withdrawal from alcohol.
- NIDA-funded discoveries include medications resulting from cannabinoid research, nicotine replacement therapy, and clinical trials of evidence-based treatments.

Ongoing work includes:

- Federal agencies will continue to sponsor research that could lead to new medications.

Action 7*Expand the National Registry of Evidence-based Programs and Practices to include mental health*

SAMHSA has taken concrete steps to expand and improve the NREPP program.

Major accomplishments include:

- Through three Federal Register notices, SAMHSA solicited public comment on its plans to expand and improve NREPP (August 26, 2005); presented an analysis of the comments received and key recommendations (March 14, 2006); and explained how SAMHSA and its three Centers will prioritize interventions submitted for NREPP reviews during fiscal year 2007 and provided guidance on the submission process (June 30, 2006).
- SAMHSA has also developed an NREPP Guidance Document to provide potential applicants with additional information on the NREPP rating dimensions and the descriptive information about each program that will be posted on the new NREPP Web site after a review, along with examples of documentation needed to facilitate an accurate review. See <http://modelprograms.samhsa.gov>.

Ongoing work includes:

- SAMHSA leadership will finalize a version of NREPP that will be used to review all pending and future programs and practices.
- In early 2007, SAMHSA launched the new NREPP Web site at www.nrepp.samhsa.gov.

Action 8*Develop new toolkits on specific evidence-based mental health practices*

Four new toolkits are being developed to support the use of evidence-based practices and others are planned.

Major accomplishments include:

- SAMHSA is managing the development of four new toolkits on supportive housing, consumer-operated services, interventions for children and adolescents with disruptive behavior disorders, and depression in older adults.
- Each toolkit will require about 2 years from inception to field delivery.

Ongoing work includes:

- SAMHSA will initiate the development of toolkits on community-based services for victims of violence and trauma and supported education.
- Each toolkit will be pilot tested, refined, and released to the field.

Action 9*Develop the knowledge base in understudied areas*

Work to develop the knowledge base in understudied areas has begun; key areas of inquiry, as recommended by the New Freedom Commission, include acute care, access to quality care for racial and ethnic minorities, long-term effects of psychotropic medications, and the impact of trauma.

Major accomplishments include:

- **Availability and effectiveness of acute care:** A workgroup sponsored by SAMHSA's CMHS brought together key stakeholders to examine the knowledge base on acute care within the mental health system and to develop recommendations for improving the delivery of acute care services for individuals in a psychiatric crisis. A major contribution of the workgroup is the reconceptualization of acute care as part of a continuum of services that spans community and institutional care.
- **Access to quality care for racial and ethnic minorities:** AHRQ released the 2005 National Healthcare Disparities Report, which measures quality and disparities in four key areas of health care—effectiveness, patient safety, timeliness, and patient centeredness.
- **Long-term effects of psychotropic medications:** NIMH issued an RFA to study the relationship between use of antidepressant medications, especially the selective serotonin reuptake inhibitors (SSRIs), and suicidal ideation, suicide attempts, and suicide deaths.
- **Impact of trauma and violence:** The Federal partners have compiled an inventory of trauma services provided by their agencies. In addition, the VA's extensive programs of clinical and health services research focusing on combat-related trauma should translate into improved treatment and prevention strategies for those who experience traumatic events of all forms.

Ongoing work includes:

- **Acute care:** The workgroup report will be reviewed and key findings will be evaluated for distribution.
- **Long-term effects of psychotropic medications:** NIMH will continue to host the New Clinical Drug Evaluation Unit conference. The most recent conference, held in June 2006, included multiple sessions in which researchers presented findings on the short and long-term effects of medications across the lifespan.
- **Trauma and violence:** A Federal workgroup will focus on further development of the knowledge base.

Action 10*Conduct research to reduce mental health disparities*

NIMH is expanding its support for research programs aimed at reducing health disparities.

Major accomplishments include:

- NIMH now has 34 active grants that relate directly to mental health disparities.
- Four PAs were issued during fiscal year 2005 relating to mental health disparities:
 - Health Disparities in HIV/AIDS: Focus on African Americans
 - Social and Cultural Dimensions of Health
 - Research Supplements to Promote Diversity in Health-Related Research
 - Community Participation in Research
- AHRQ supports research that specifically examines the gap in patient-centered care for individuals with multiple conditions and risk factors. Examination of clinical and system approaches to reduce racial, ethnic, and socioeconomic disparities in the care of adults with complex conditions is encouraged.

Ongoing work includes:

- NIMH and AHRQ will continue to support research aimed at reducing disparities in health care.

Action 11*Review the literature and develop new studies on mental illness/general health*

Funding has been requested to support the development of a major report to explore the interactions of mental and general health.

Major accomplishments include:

- AHRQ sponsored an initial meeting attended by representatives of NIMH, SAMHSA, CDC, and ASPE to identify topic areas to be addressed in a report reviewing what is known about the interconnected nature of mental and physical health, as well as relevant evidence-based practices.
- SAMHSA, CDC and the State partners of these agencies have begun State-based surveillance of mental illness, stigma, and burden indicators in the State-based Behavioral Risk Factor Surveillance System (BRFSS). These data will help State mental health programs to assess mental health needs and evaluate progress on State programs

Ongoing work includes:

- Funds have been approved to support development of this report in fiscal year 2007.

Action 12*Conduct mental health services research in diverse populations and settings*

Research supported by several Federal partners addresses the needs of diverse groups in varied settings.

Major accomplishments include:

- The NIMH Disparities in Mental Health Services Research Program plans, stimulates, disseminates, and supports research on the complex factors that influence disparities in mental health services, particularly across special population groups such as racial and ethnic minorities, women and children, and people living in rural and frontier areas. Additional information is available at www.nimh.nih.gov/dsir/82-sehd.cfm.
- NIDA's PA "Health Research with Diverse Populations" invites grant applications for biological, behavioral, social, mental health, and drug and alcohol abuse research bearing on the health of diverse populations.
- NIDA established the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS) as a cooperative research program to explore the issues related to the complex system of offender treatment services. Nine research centers and a Coordinating Center were created in partnership with researchers, criminal justice professionals, and drug abuse treatment practitioners to form a national research infrastructure.
- NIMH, AHRQ, NIDA, and the National Institute of Child Health and Human Development released a PA titled "Women's Mental Health in Pregnancy and the Postpartum Period." Also, AHRQ published a new Evidence-Based Practice Report titled "Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes" (see www.ahrq.gov/clinic/epcsums/peridepsum.htm).
- OJJDP has completed a study of mental health prevalence and services in three States (Texas, Louisiana, and Washington) at three levels of the juvenile justice system: detention, corrections, and community-based care.
- IHS collaborated with NIMH and Health Canada to facilitate the first ever *Indigenous Suicide Prevention Research and Programs in Canada and the U.S.* conference. More than 200 international participants met to share current programs and methodologies and develop a concrete research agenda and specific programs for indigenous populations.

Ongoing work includes:

- Mental health services research in diverse populations and settings will continue.

Action 13*Test new treatments for co-occurring disorders in community settings*

NIDA is addressing co-morbid drug abuse and mental health disorders in a new RFA and in community-based clinical trials already underway.

Major accomplishments include:

- NIDA has released an RFA in collaboration with NIMH and SAMHSA titled "Enhancing Practice Improvement in Community-Based Care for Prevention and Treatment of Drug Abuse or Co-occurring Drug Abuse and Mental Disorders." More than 50 applications were received.
- This \$1.9 million initiative will fund community-based providers of drug abuse prevention and treatment services, including services for individuals with co-occurring mental disorders, to conduct research that will lead to practice improvement.
- NIDA is launching two clinical studies in its Clinical Trials Network (CTN) to test whether treatment of attention deficit hyperactivity disorder (ADHD) will improve substance abuse outcomes for adults and adolescents who suffer from both conditions.
- The CTN is composed of 17 Regional Research and Training Centers and 120 community-based treatment settings located throughout the United States.

Ongoing work includes:

- Pilot studies will be conducted at several sites across the country to evaluate the benefits of ADHD treatment for adults and adolescents to determine if the combined treatment reduces substance abuse and co-morbid ADHD.
- Grantees will be selected to conduct studies leading to enhanced practices in community-based care for people with co-occurring disorders.

Action 14*Disseminate findings of the Juvenile Justice and Mental Health Project*

Several model diversion programs have been identified and disseminated.

Major accomplishments include:

- SAMHSA's CMHS contracted with the National Center for Mental Health and Juvenile Justice (NCMHJJ) to conduct a survey to identify types of diversion programs and activities used in jurisdictions throughout the United States.
- NASMHPD and the Council of Juvenile Corrections Administrators elicited further details about these programs through telephone interviews and site visits.
- The project resulted in eight promising models that were shared in a Policy Academy to Address the Needs of Youth With Mental Health and Co-occurring Substance Use Disorders in the Juvenile Justice System (cosponsored by SAMHSA, NIDA, and DOJ's Office of Justice Programs).
- In September 2005, SAMHSA supported NCMHJJ in presenting a second Policy Academy.

Ongoing work includes:

- A third Policy Academy is being considered.
- Policy Academy participants will receive technical assistance to help them adopt and implement models in their States.

PRINCIPLE

Follow the principles of Federalism, and ensure that [the Commission's] recommendations promote innovation, flexibility, and accountability at all levels of government and respect the constitutional role of the States and Indian tribes.

Overview of Major Accomplishments

In a transformed mental health system, the full range of stakeholders contributes to the development of each State's Comprehensive State Mental Health Plan. States receive the technical assistance they need to help consumers of all ages claim lives in the community through innovative and efficient services, and States are held accountable for achieving improved outcomes. Among significant achievements to date are the following:

- Nine States have received substantial grants from SAMHSA/CMHS to help them initiate and sustain major changes leading to a transformed mental health system.
- Eight States have been awarded SAMHSA grants to implement and evaluate best practices designed to reduce or eliminate seclusion and restraint in mental health facilities.
- Grants to faith- and community-based organizations are helping nonviolent ex-offenders return to their local communities.
- The Disability Program Navigator Initiative has been expanded in order to facilitate employment for people with psychiatric disabilities.

Action 1*Award State Mental Health Transformation Grants*

Mental Health Transformation State Incentive Grants (MHT SIG) have been awarded to nine States to promote their work in system transformation.

Major accomplishments include:

- SAMHSA's CMHS has awarded MHT SIGs to nine States: Connecticut, Hawaii, Maryland, Missouri, New Mexico, Ohio, Oklahoma, Texas, and Washington. The nine grants total \$114 million over 5 years.
- These grants are provided to help change the infrastructure of the mental health and other relevant service delivery systems in each State to reflect consumer and family needs and to focus on building resilience and facilitating recovery.
- SAMHSA has allocated more than \$18.5 million for the grants in the first year, and a similar amount is planned for each of the subsequent 4 years.

- Grantees are required to enlist consumers and family members as active partners in all transformation planning and activities; to take a lifespan approach to services; and to provide a continuum of services including promotion, prevention, treatment, and recovery.

Ongoing work includes:

- States will be supported in the transformation of their mental health service delivery systems throughout the entire 5-year grant period. Regular conference calls, grantee conferences, and targeted technical assistance through SAMHSA's Transformation Action Initiative (TAI) will help them achieve their goals.
- Grantees are developing needs assessment and resource inventories, designed to help overcome service system fragmentation, and comprehensive mental health plans.

Action 2



Provide technical assistance to help States develop Comprehensive State Mental Health Plans

States are receiving technical assistance in the development of activities and plans related to the recommendations of the New Freedom Commission.

Major accomplishments include:

- SAMHSA's CMHS provides technical assistance to States in the Mental Health Block Grant Program through a contract with NASMHPD for the National Technical Assistance Center for State Mental Health Planning.
- CMHS also funds technical assistance to help States comply with the Supreme Court's *Olmstead* decision, which requires that services for people with disabilities, including those with mental illnesses, be provided in the least restrictive setting.
- Additional CMHS technical assistance centers focused on such populations as children and adolescents, people who are homeless, and adults and youth involved in the juvenile and criminal justice systems also help States realize the vision of mental health transformation.
- SAMHSA's TAI helps States develop both comprehensive mental health plans and individualized plans of care.

Ongoing work includes:

- The provision of technical assistance is anticipated to be an ongoing activity.

Action 3



Award Child and Adolescent State Infrastructure Grants

Seven Child and Adolescent State Infrastructure Grants have been awarded to help States strengthen their capacity to transform their service delivery systems.

Major accomplishments include:

- SAMHSA has awarded seven 5-year Child and Adolescent State Infrastructure Grants. Recipients are Arizona, Georgia, Nebraska, Nevada, South Carolina, Utah, and the Puyallup Tribe of Washington State.
- States are using the grants to improve their ability to serve youth and their families through changes in cross-system coordination, financing, access to services, workforce development, data management, implementation of evidence-based care, individualized care planning, consumer and family involvement, and service integration.
- Technical assistance providers have been funded to support grantees. These include the National Technical Assistance Center for Children's Mental Health at Georgetown University for mental health-related aspects of the grant and MayaTech Corporation for aspects related to substance abuse.

Ongoing work includes:

- Technical assistance site visits and conferences will be held to support grantees.

Action 4



Track State mental health system transformation activities

State transformation activities have been tracked electronically by NASMHPD and are highlighted in a recent CMHS report.

Major accomplishments include:

- SAMHSA/CMHS contracted with NASMHPD to track States' activities related to system transformation. This Mental Health Transformation Survey encompasses activities, outcomes, barriers, and technical assistance received.
- The survey is posted on the NASMHPD Web site at www.nasmhpd.org/targeted_ta.cfm. Click on the link for "Recent State Activities under the New Freedom Commission."
- CMHS contractors prepared a report reviewing transformation activities identified by the States in their fiscal year 2005 State Mental Health Plans. *Trends in Mental Health System Transformation: The States Respond* includes a national overview of States' activities and a CD with searchable profiles for all States and Territories.

- SAMHSA publishes *Mental Health Transformation Trends*, a periodic briefing on emerging issues, practices, and trends in transformation. Copies are available online at www.samhsa.gov/Matrix/MH_transformation_trends.aspx.

Ongoing work includes:

- Tracking of transformation activities is an ongoing activity.

Action 5



Establish a foundation for the Samaritan Initiative

Since 2003, the President has included funding for the Samaritan Initiative in the Administration's Budget.

Major accomplishments include:

- The U.S. Interagency Council on Homelessness (ICH), composed of 20 Federal agencies, has encouraged States and local governments to create 10-year plans to end chronic homelessness. To date, more than 200 Chief Executive Officers have either committed to or announced their homelessness strategy. ICH is developing an interagency strategy to move individuals with disabilities who are chronically homeless into permanent housing.

Ongoing work includes:

- A national outcomes performance assessment will monitor the implementation and effectiveness of the Collaborative Initiative to Help End Chronic Homelessness, a \$35 million initiative of HUD, HHS, and VA.

Action 6



Establish the Reentry Initiative for ex-prisoners with psychiatric disabilities

DOL's Office of Faith- and Community-Based Organizations is working with HUD and DOJ to help ex-offenders find and keep employment, obtain transitional housing, and receive mentoring.

Major accomplishments include:

- DOL announced \$20 million in Prisoner Reentry Initiative (PRI) grants to faith- and community-based organizations to assist nonviolent ex-offenders who are returning to their local communities by providing employment, transitional housing, and mentoring. Grants were made to 30 organizations.

- The DOJ Bureau of Justice Assistance is a partner in the PRI effort, issuing a solicitation for funding of up to \$9 million to support prerelease assessment, planning, and services in collaboration with DOL.
- DOL updated and edited the Bureau of Prisons' *Employment Information Handbook for Ex-Offenders*, adding relevant information for ex-offenders with psychiatric disabilities.

Ongoing work includes:

- PRI grantees will implement funded projects.
- DOL will work with the Bureau of Prisons to distribute the employment handbook to individuals and organizations working with ex-offenders.

Action 7



Award Seclusion and Restraint State Incentive Grants

State Incentive Grants have been awarded to eight States to help them implement alternatives to seclusion and restraint in mental health care settings.

Major accomplishments include:

- SAMHSA funded a 3-year Initiative to Reduce or Eliminate Seclusion and Restraint in State-Administered Facilities. State Incentive Grants have been awarded to Hawaii, Illinois, Kentucky, Louisiana, Maryland, Massachusetts, Missouri, and Washington.
- This SAMHSA initiative is designed to help States implement and evaluate best practice approaches to reducing and ultimately eliminating the use of seclusion and restraint in mental health facilities.
- A Coordinating Center has been funded to provide technical assistance and other support to these grantees.
- The NASMHPD National Technical Assistance Center for State Mental Health Planning (NTAC) provides training and technical assistance to State mental health agencies on reducing and eliminating the use of seclusion and restraint. The training features a prevention-based curriculum called *The Six Core Strategies® to Create Violence-Free and Coercion-Free Mental Health Treatment Environments*.

Ongoing work includes:

- Grantees will receive technical assistance as they implement strategies to reduce or eliminate the use of seclusion and restraint in State-administered facilities.
- An evaluation will help ensure implementation, measure effects of best practice components, develop and test fidelity measures, and support application to NREPP.

Action 8*Develop statewide systems of care for children with mental disorders*

Fifty States have been awarded grants to help them build systems that will lead to improved outcomes for children with mental disorders.

Major accomplishments include:

- In July 2005, HRSA funded 50 States to accomplish Phase II of the Early Childhood Comprehensive Systems initiative.
- State programs are working to build the partnerships and collaboration needed to address social-emotional development of young children at the earliest stages. They are also providing training and technical assistance to early care and educational providers.

Ongoing work includes:

- With HRSA's support, funded States will implement plans to develop statewide systems of care.

Action 9*Provide technical assistance to State Maternal and Child Health Programs to strengthen statewide systems of care for children and their families*

Through a cooperative agreement, HRSA is providing technical assistance to States engaged in strengthening and expanding their systems of care for young children.

Major accomplishments include:

- Through a cooperative agreement, HRSA is supporting Project THRIVE, a public policy analysis and education initiative located at the National Center for Children in Poverty that promotes healthy child development and policy support.
- Project THRIVE analyzes policies and synthesizes research to help States strengthen and expand their early childhood systems, paying particular attention to strategies that improve services for those at highest risk and reduce disparities.

Ongoing work includes:

- Conference calls among the Federal partners are being scheduled to discuss ways to achieve closer collaboration and better communication among the various Federal programs that address the social and emotional development of young children.

Action 10*Convene State leadership to develop statewide plans to serve children with serious emotional disturbances*

Strategic planning for children's mental health services has occurred as part of the comprehensive requirements in the Mental Health Block Grant Program.

Major accomplishments include:

- Ongoing efforts to plan for children's mental health services are supported by the NASMHPD Children's Division with technical assistance (TA) from the CMHS Child, Adolescent and Family Branch and the Branch's TA providers, including the Georgetown University Child Development Center.
- The Georgetown University Child Development Center has implemented a Transformation Facilitation Initiative in which 10 States and one Territory were selected to receive targeted TA around transformation, systems change, and strategic planning.

Ongoing work includes:

- CMHS will continue to support NASMHPD and other TA providers who are working to plan and implement systems of care for children with serious emotional disturbances and their families.

Action 11*Expand the Partnerships for Youth Transition (PYT) Grant Program*

Five PYT grants have been awarded, but expansion depends on additional funding.

Major accomplishments include:

- SAMHSA, in collaboration with OSERS, awarded PYT grants to Maine, Minnesota, Pennsylvania, Utah, and Washington. These grants support the development of effective models for transitioning youth with serious emotional disturbances from child to adult systems.
- The National Youth Advisory Board has been expanded to include youth involved in the PYT program. The Advisory Board has developed a definition of youth-guided care that empowers youth to be full decisionmakers in their own care. The complete definition can be found at www.systemsofcare.samhsa.gov under the "Youth Guided" link.
- Analysis of data growing out of PYT grantees' experience is underway and findings will be presented in a special issue of the *Journal of Behavioral Services and Research*.
- The HHS Office on Disability conducted a Policy Academy on Young Adults in Transition.

Ongoing work includes:

- PYT grantees will receive technical assistance as they continue their work.

Action 12

Provide technical assistance on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

SAMHSA, CMS, and HRSA are working together to develop technical assistance forums on the mental health screening component of the EPSDT program.

Major accomplishments include:

- SAMHSA, CMS, and HRSA are working together to develop a technical assistance plan to train State Mental Health, Medicaid, Maternal and Child Health, and Community Health Centers program staff on implementation of the mental health screening component of the EPSDT program.
- Components of this training will include model screening instruments, strategies for creating partnerships across child-serving agencies to ensure access to appropriate care, and education on the requirements of State Medicaid financing and managing costs.

Ongoing work includes:

- SAMHSA, CMS, and HRSA will develop and deliver technical assistance forums on EPSDT and ensure Federal agencies' buy-in and collaborative funding for these forums.

Action 13

Facilitate linkages among DOL/SSA's Joint Disability Program Navigator Initiative, SAMHSA, and related State and local mental health systems

The Disability Program Navigator Initiative has been expanded, benefiting individuals with psychiatric disabilities who are seeking employment.

Major accomplishments include:

- DOL has expanded funding for Disability Program Navigators, who work with staff in One-Stop Career Centers to facilitate employment for individuals who receive Social Security benefits, many of whom have psychiatric disabilities.
- There are now more than 300 Disability Program Navigators in 17 States.
- DOL provided training and technical assistance to One-Stop staff on how to serve customers with physical and/or mental disabilities, including how to link One-Stop Career Centers to community mental health centers and other organizations that serve people with mental illnesses.

Ongoing work includes:

- The Disability Program Navigator Initiative will be expanded to an additional 15 States.

Action 14

Disseminate information on mental health issues through DOL grant initiatives and programs

Through a variety of grants and programs, DOL is disseminating information on how to serve customers with psychiatric disabilities who are seeking employment.

Major accomplishments include:

- DOL issued 25 Work Incentive Grants to States, localities, and public and private nonprofits to help them make One-Stop Career Centers accessible to customers with disabilities, including those with psychiatric disabilities.
- The DOL Employment and Training Administration included information on effective strategies and resources for serving customers with psychiatric disabilities in its toolkit for One-Stop Career Centers. In addition, DOL has drafted policy guidance for One-Stop Career Centers on how to serve customers with psychiatric disabilities and/or mental health needs.
- A research study was funded to identify promising practices for serving people with psychiatric disabilities and/or mental health needs who want to work or participate in job training programs.
- The Job Corps Web site now offers information on mental health-related resources and accommodations.

Ongoing work includes:

- Evaluation of Work Incentive Grants will continue.
- Technical assistance efforts will be continued and expanded to additional DOL programs and grantees.
- Policy guidance for One-Stop Career Centers will be completed and published.

Creating the Future

The President's New Freedom Commission on Mental Health envisioned a future when people of all ages with mental disorders would be able to live, work, learn, and participate fully in their communities. In response, HHS and SAMHSA led a group of Federal partners in creating a set of concrete, actionable items that represent the first year of a long-term plan designed to transform the very form and function of the mental health system in this country. In doing so, the Federal partners challenged one another to examine the ways in which their initiatives either act as barriers to mental health transformation or could serve as a catalyst for wholesale change.

As this update suggests, significant progress has been made since the *Federal Action Agenda* was released. Working together, the Federal partners have helped define the nature and scope of recovery, awarded grants to States to develop the infrastructure for systems change, and developed initiatives that put adults and youth with mental disorders back to work. They are addressing suicide prevention, creating a workforce development plan, and examining ways to better integrate primary and mental health care.

But far from resting on their laurels, the Federal partners—through the work of the Federal Partners Senior Workgroup, the Federal Executive Steering Committee, and 15 individual workgroups — are moving beyond the five principles and 70 action steps in the *Federal Action Agenda* to embrace activities that move the transformation agenda to the next level. They are examining ways to align their separate activities, remove barriers to collaboration, and develop a systematic response to fragmented services and systems.

The synergy produced by this dynamic Federal partnership is moving the Nation forward, to a future in which mental health is considered a vital and integral part of overall health; a future in which the best research-based care is available to everyone; and a future that harnesses the tremendous power of technology to educate consumers and aid health care practitioners. The good news is that **adults with serious mental illnesses and children with serious emotional disturbances can and do recover**. They deserve every opportunity to do so.

APPENDIX A

Acronym List

ACF	Administration for Children and Families
ADA	Americans with Disabilities Act
ADHD	Attention Deficit Hyperactivity Disorder
AHRQ	Agency for Healthcare Research and Quality
ASD	Autism Spectrum Disorder
BJA	Bureau of Justice Assistance
CATIE	Clinical Antipsychotic Trials Intervention Effectiveness
CDC	Centers for Disease Control and Prevention
CHC	Community Health Center
CHETA	Chronic Homelessness Employment Technical Assistance
CJ-DATS	Criminal Justice-Drug Abuse Treatment Studies
CMHS	Center for Mental Health Services
CMS	Centers for Medicare and Medicaid Services
COCE	Co-Occurring Center for Excellence
COSIG	Co-Occurring State Incentive Grant
CTN	Clinical Trial Network
CYP	Children and Youth Projects
DOD	U.S. Department of Defense
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
ED	U.S. Department of Education
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FNP	Federal National Partnership for Transforming Child and Family Mental Health and Substance Abuse Prevention and Treatment
GAO	Government Accountability Office
HHS	U.S. Department of Health and Human Services
HOPE	Homeless Outreach Projects and Evaluation
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
IACC	Interagency Autism Coordinating Committee
ICH	Interagency Council on Homelessness
IHS	Indian Health Service
IOM	Institute of Medicine
JAN	Job Accommodation Network
MAA	Mutual Assistance Associations
MHSP	Mental Health Strategic Plan
MHT SIG	Mental Health Transformation State Incentive Grant
MHTS	Mental Health Treatment Study

MOU	Memorandum of Understanding
NAASP	National Action Alliance for Suicide Prevention
NACo	National Association of Counties
NASC	National Anti-Stigma Campaign
NASMHPD	National Association of State Mental Health Program Directors
NBGH	National Business Group on Health
NCDEU	New Clinical Drug Evaluation Unit
NCMHJJ	National Center for Mental Health and Juvenile Justice
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NREPP	National Registry of Evidence-based Programs and Practices
NTAC	National Technical Assistance Center for State Mental Health Planning
NVDRS	National Violent Death Reporting System
OCR	Office for Civil Rights
OD	Office on Disability
ODEP	Office of Disability Employment Policy
OGHA	Office of Global Health Affairs
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OJP	Office of Justice Programs
OMH	Office of Minority Health
ORR	Office of Refugee Resettlement
OSERS	Office of Special Education and Rehabilitative Services
PA	Program Announcement
PHQ	Patient Health Questionnaire
PRI	Prisoner Reentry Initiative
PSA	Public Service Announcement
PYT	Partnership for Youth Transition
RFA	Request for Applications
RMHP	Refugee Mental Health Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSA	Social Security Administration
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
SSRI	Selective Serotonin Reuptake Inhibitor
STAR*D	Sequenced Treatment Alternatives to Relieve Depression
SVORI	Serious and Violent Offender Reentry Initiative
TA	Technical Assistance
TAI	Transformation Action Initiative
TCE	Targeted Capacity Expansion
VA	Department of Veterans Affairs
VHA	Veterans Health Administration

APPENDIX B

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Graphic design and publication assistance was provided by Westat, Rockville MD.