

## New Freedom Commission on Mental Health State Implementation Activities

Note 1: Information in this report is derived from questionnaire analysis, commissioners' reports, and technical assistance reports.

Note 2: "SMHA" refers to the relevant state mental health association; "MH" refers to mental health or the relevant state department of mental health; "SA" refers to substance abuse or the relevant state department of substance abuse.

Note 3: The "Goals" column refers to the goals of the President's New Freedom Commission on Mental Health ("NFC") currently being addressed.

Note 4: "TA" refers to whether that state has received any technical assistance provided under Targeted Technical Assistance or another SAMHSA-funded initiative.

State	Activity	Key dates	Who's involved?	Goals	TA
<b>Alaska</b>	Divisions of MH and SA are merging to create a division of behavioral health, a process underway before the NFC report was released. Implementation activities in Alaska will therefore impact both MH and SA; recovery and resiliency are receiving the most attention. Department's treatment and recovery section is taking the lead regarding prevention and early intervention, increasing protective factors, and reducing risk factors.		SMHA		No
<b>Arizona</b>	Development of statewide suicide prevention plan; Working with Medicaid providers to more closely collaborate on mental health physical health issues; Inclusion of consumers and family members in several statewide MH initiatives including in the development of new statewide assessment tool; Enhancement of Child and Family Team process; Development of performance-based annual review process; Implementation of comprehensive state MH plan; Office of Human Rights addressing the protection and enhancement of people with mental illness; Trainings on advance directives; Implementation of various services regarding a written cultural competency plan and telemedicine; Addressing co-occurring issues statewide; Enhancement of several Best Practices; Development of report on implementation of integrated electronic health record and personal health information systems.		SMHA; Medicaid providers; Regional Behavioral Health Authorities	All	No
<b>Arkansas</b>	5.8 million in new funding for locally customized acute care services; Prior authorization project implemented where dollars follow consumer into community; MH & SA departments merged/receipt of new COSIG grants with ACT team involvement; Currently funding dollars to target toward EBP implementation; Successful reduction of seclusion and restraint.		SMHA		No
<b>California</b>	CIMH has developed a work plan for NFC implementation; Conducted a meeting with constituents to prioritize recommendations on which action may be taken; Recommendations are being considered in the context of no new money, therefore restructuring and reeducation are the likely focus.		SMHA; CIMH		No
<b>Colorado</b>	Development of specific action plans; Development of three-year MH block grant plan; Use of MH Block Grant plan as primary planning document for public MH system; Elimination of disparities in MH services primarily through EBP focus; Continued Development of SAMHSA System		SMHA; Planning and Advisory Council	2; 3; 4; 5	No

	of Care grant used for early intervention efforts for children; Development of staff training on EBPs; Provision of TA to community-based providers; Support of innovative and evidence-based practices; Implementation assigned to a pre-existing strategic planning committee, which provides some distance from the central administration with a charge to investigate how to incorporate recommendations in existing plan resulting in prioritization of all goals except Goal Six.				
<b>Connecticut</b>	Report used to ignite initiatives such as updating its 2000 Blue Ribbon Commission Report; Office of the Governor invited Dr. Hogan to speak on implementation of the NFC goals to group of stakeholders including legislators.		SMHA; Office of the Governor; Judicial and Executive branches		No
<b>Delaware</b>	Report used to (1) support and validate preexisting activities, initiatives and reorganization and (2) assist with state strategic planning efforts.		SMHA		No
<b>District of Columbia</b>	Requirement of individualized plans for each person receiving services through MHRs; Development of system of recovery; Created a comprehensive MH plan; legislating and staffing Office of Consumer Affairs; Developed Cultural Competence Plan for 2003-2005 including Training Institute; Development of a youth and families system of care; Developed comprehensive approach to co-occurring disorders; Implementing supported employment program; Implementing programs in all 6 EBP areas; Development of comprehensive information system.		SMHA; MH Rehabilitation Services; Addiction Prevention and Recovery Admin.; DC school system; Johnson and Johnson; public community-based MH system; St. Elizabeth's Hosp.	2.1; 2.2; 2.3; 2.4; 2.5; 3.5; 4.1; 4.2; 4.3; 5.1; 5.2; 5.3; 6.2	No
<b>Florida</b>	Creation and detailed Implementation of five SMHA recommendations aligned with NFC Goals: (1) Improve shared stewardship, (2) Ensure the safety, well-being and self-sufficiency of consumers, (3) Realign and refocus the workforce, (4) Provide effective and enhanced prevention services, (5) Strengthen accountability. Implemented: PACT Teams, Suicide prevention project, Co-occurring initiated, Therapeutic Foster Care, Medication Algorithm Project, and NAMI Pt. education project. Significantly downsized state hospitals. Statewide adoption of seclusion and restraint reduction activities.		SMHA	All	No
<b>Georgia</b>	Staff training on person-centered planning to ensure individualized plan of care for consumers; Emphasis on recovery through peer support; Introduced staff training and capacity development initiative to increase services to consumers with co-occurring disorders; Identification of gaps in services and Development of strategies to expand EBPs; Community support teams and ACT teams in place for all regions; 11 peer centers that are social & vocational oriented; measurement of community integration with symptom management; Provider contracts mandate service availability; First state to combine MH & SA block grant dollars to create two co-occurring peer centers.		SMHA	5; specific-ally to advance EBPs	No
<b>Guam</b>	Launching a strategic planning process that includes the NFC report as a focus with broad stakeholder involvement in context of overall redesign of the territory's government.		SMHA		No
<b>Hawaii</b>	MH Director has written a proposal to the governor for a major initiative based NFC recommendations; Governor was elected with MH as part of platform; State is operating under a court order to develop a community plan in which SMHA is attempting to crosswalk that plan with the NFC		SMHA; Office of the Governor		No

	report, resulting in two foci: (1) How can a comprehensive state plan be developed? And (2) What can be done about criminalization? Outcomes of process are uncertain pending Governor's response to proposal. Report has prompted a general look at opportunities for linkage.				
<b>Idaho</b>	No formal initiative has yet developed due to NFC report, however it is being used to strengthen existing initiatives. Reorganization is underway, resulting in: Integrated service teams and Examination of standards of practice for ACT. "Healthy Connections" Medicaid gatekeepers are being better trained in MH. Planning council is using the NFC report as the focus for an upcoming legislative breakfast.		SMHA; Medicaid Officials; MH Planning Council; Legislature		No
<b>Illinois</b>	Legislation established a Children's MH Partnership and directed the Governor to appoint a 25 member task force to look at the re-organizing the Children's MH System. A preliminary report is due to the Governor by 9/2004, and the final report is due 6/2005. Created a new organizational chart with three deputy directors (one clinical operations and two program directors – child and forensic) to help identify them as a serve line – manage DSC – MH is now positioned in a way to look at things differently. This was used as an opportunity to bring the NFC report as a resource to stimulate and solicit community input. Participated in Children's MH Policy Academy.		SMHA; Legislature; Secretary of Health and Human Services		No
<b>Indiana</b>	Went to key agencies and asked questions about root causes and how partnering might help, especially on children's issues. Participated in a Policy Academy on Early Screening Assessment & Treatment with Child Welfare with different options; Development of effective children's systems of care; Implementation of screening, assessment, and effective treatment for children in the child welfare system with MH and SA needs; Development of results-based funding initiative for supportive employment services in communities; Formation of Cultural Competency Committee within SMHA; Development of co-occurring disorders strategies; Implementation of Illness Management and Recovery (IMR) in one-third of state CMHCs; Development of trainings on WRAP.		SMHA; state Office of Consumer and Family Affairs; state task forces community-based issues; state Office of Vocational Rehabilitation; state Department of Corrections	2.1; 4.1; 4.3; 2.2; 2.3; 2.5; 3.1; 4.3; 5.3	No
<b>Kansas</b>	Implementation of NFC report joint initiative by Targeted TA group collaboration with Jane Adams and a newly established Mental Coalition of Kansas MH stakeholders; Implementation of new braided contract with SA and juvenile justice that uses MH centers (3 funding streams) to do collaborative work; Working with public health and bioterrorism.	ongoing	SMHA	To be determined	Yes
<b>Kentucky</b>	Numerous initiatives underway that track recommendations of the President's Commission: <ul style="list-style-type: none"> <li>▪ Suicide Prevention Planning Group has developed a prevention plan to be implemented through collaboration with stakeholder agencies.</li> <li>▪ Screening for mental health needs begin in county jails as part of a 2002 funding initiative, as do jail staff training and collaboration between jails and mental health programs.</li> <li>▪ Kentucky has received a SAMHSA Education and Training grant to promote the use of medication algorithms, including use of a web-based system for tracking medication usage.</li> </ul>		SMHA; MH Planning Council; Statutorily Authorized Planning Body "HB843 Commission"	1.1;	No

	<ul style="list-style-type: none"> <li>▪ The HB 843 Commission charged with creation of an integrated state plan for treatment and support for individuals with mental illnesses, substance addictions, and co-occurring disorders</li> <li>▪ “Anti-Stigma Work Group”</li> <li>▪ Professional Staffing Work Group to make recommendations for recruitment of professional staff</li> <li>▪ Consumer-driven advocacy effort to pass Advance Psychiatric Directive legislation in the 2003 General Assembly.</li> <li>▪ Current state regulations require individualized Plans of Care for consumers of community mental health services.</li> <li>▪ Individualized outcomes for children with SED are tracked through the IMPACT Evaluation System. Individualized adult outcomes will be tracked as part of a federal information systems improvement project.</li> <li>▪ The Kentucky Consumer Advocacy Network (KY CAN) will be conducting peer reviews of Regional MH/MR Boards to measure system’s orientation towards recovery, its quality, and its effectiveness.</li> <li>▪ Early Childhood Mental Health Initiative places consultant in each of Kentucky’s 14 MH regions.</li> </ul>				
<b>Louisiana</b>	Active conversion of current initiatives to follow NFC recommendations. Re-established ACT teams; Implementing treatment algorithm with monitoring protocols; Receipt of COSIG grants; Establishment of statewide telecommunications education system; Began several early childhood initiatives under the “children’s cabinet” in the Office of the Governor.		SMHA; Office of the Governor		No
<b>Maryland</b>	Report is in background of activities and justifies SMHA plans. Involvement in national EBP project used for development of practice implementation on broader scale; Promotion of knowledge and utilization of EBPs; Development of: (1) recovery oriented activities (held annual conference on recovery last year), (2) relationships with various constituencies including providers, (3) comprehensive plan and early childhood intervention, and (4) school-based MH services in several schools.		SMHA; Childhood MH Steering Committee; University of Maryland; Dartmouth College	Virtually All	No
<b>Massachusetts</b>	Development of new 3-year state MH plan which will focus on relationship between mental and physical health, anti-stigma activities as one of eight pilot sites in SAMHSA’s Elimination of Barriers Initiatives, the development, refinement, and utilization of technology to provide efficient and effective care. Recently reorganized state Executive Office of Health and Human Services and moved Medicaid Behavioral Health Care Programs to the Department of MH; Raised public MH awareness of state agencies (ex. the school-based toolkit).		SMHA; Executive Office of Health and Human Services	2.4; 2; 1.2; 1.1; 6.1; 6.2	No
<b>Michigan</b>	The Dept. of Community Health has been moving toward integrating key elements of a recovery orientation in its public MH programs. State law provides all consumers an entitlement to person-centered services; state has modified its contractual expectations of community MH programs and launched a comprehensive training program statewide to promote adoption of person-centered planning. Last		SMHA	2.1; 2.2;	Yes

	year, the Dept. requested targeted TA around its new efforts to install consumer-directed services for adults with serious mental illnesses. Governor has formed an advisory commission to evaluate the state's MH system and make recommendations for improving the public MH system.				
<b>Montana</b>	Operating under a statutory mandate to produce a plan for regional MH authorities through regional advisory groups that include many consumers; issues receiving most attention are co-occurring disorders and Medicaid redesign.		SMHA		No
<b>Nebraska</b>	Mental health is part of team governor and others plan to focus on housing – hoping to get a re-codification of mental health statutes – part of plan involves closing state facilities.		SMHA		No
<b>Nevada</b>	Development of legislative package; Legislative Commission meetings; Development of model report.	2003-2004	Senate; SMHA		Yes
<b>New Hampshire</b>	Report used to validate and support preexisting activities and initiatives, especially for evidence-based practices; Assist with state strategic planning efforts.		SMHA		No
<b>New Jersey</b>	Report is the tapestry used by SMHA to validate activities and initiatives. Activities underway to align children's services and federal funding more effectively.		SMHA	2.3	No
<b>New Mexico</b>	Redesign of the system is underway independent of NFC; Creation of purchasing collaborative with use of NFC Goals and recommendations as guidelines for the process; An example of a specific area of implementation is a move towards electronic charting in all four regions; the process is expected to take 18 – 24 months.	12/18/03-12/19/03	SMHA	2.3	Yes
<b>New York</b>	Report used to raise public awareness including public information campaign targeted at stigma and awareness of other state agencies and governor's office.		SMHA	1.1; 1.2	No
<b>North Carolina</b>	Mandated reform act “looks like” NFC recommendations; EBPs are embedded in Medicaid plan “Talking” about recovery statewide.		SMHA		No
<b>North Dakota</b>	Development of plan for goal implementation through the Mental Health Planning Council		SMHA; Mental Health Planning Council	All	No
<b>Ohio</b>	Alignment with 2001 state level commission; Development of the Balanced ScoreCard with 20+ measures and Alignment with NFC recommendations; Development of new state plan; Development of two major interagency efforts with Governor's Office: updating the state's Olmstead plan (Ohio Access) and updating the collaborative/interagency approach to children's services (Family and Children First)(also focusing on children, budgeting and long-term care); more involvement of consumers and families as stakeholders; early stages of making the NFC recommendations part of the management scorecard by identifying the number of objectives.		SMHA; Governor; state children's agency; 2001 Ohio state level commission; consumers and families	All	No
<b>Oklahoma</b>	Expansion and implementation of strategic plan goals to coincide with NFC Goals; MH Planning Council has set aside discussion time for implementation of the report's six goals which will directly guide the FY05 MH Block Grant Application; Continuation of public information and anti-stigma efforts; distribution of suicide prevention and toolkits to schools; Collaboration with State Department of Health; Evaluation of behavioral health system and service integration with Medicaid; Expansion of consumer services; Collaborative initiatives with criminal justice partners, including with Department of Corrections to support		SMHA; Mental Health Planning Council; Department of Health; Department of Education; State System of Care Committee; Universities; Department of Corrections; Office	All	No

	<p>treatment planning for those with mental illnesses who have been incarcerated and are re-entering the community; Development of supported housing models; Seclusion and restraint initiatives (reduction and elimination); System wide cultural competency training; Promotion of full range of treatment services in all rural settings; Collaboration with Department of Health to identify MH and SA as public health issues with emphasis on public and early education; Strengthened relationship with Department of Education on MH Planning Council and state System of Care Committee; Implementation of jail diversion programs including CIT and Mental Health Court; Continued promotion, including university collaboration, on evidence-based practices; Development of disaster planning; Expansion of children's MH services; Promotion of recovery-oriented services; Update information management and clinical records systems; Development of ongoing performance measurement system indicator report; In-depth study from the Governor and Attorney General's office of cost associated with each agency – have a special blue ribbon task force looking at SA, MH and the cost for the state and found the fragmentation highlighted in the report; Partnership council (9 state agency heads to make decisions for unified plan (universal assessment tool); Held Policy Academy with Children's Initiatives and will have a unified plan for Behavioral Health.</p>		of the Governor; state Attorney General		
<b>South Carolina</b>	<p>Agency-wide meeting (including consumers, legislators, and community MH board members) with Dr. Michael Hogan (NFC overview) and Dr. Larke Huang (children's systems of care) - resulting in recommendations to expand evidence-based practices, continued focus on recovery and consumer/family involvement; Implementation of statewide priorities based on local stakeholder input and agency leadership which are deployed using local action plans; Development of statewide focus groups with stakeholders to lay framework for new strategic plan in Spring 2004; Statewide adoption of recovery framework; Implementation of Children's EBPs; \$2 million of new funding; Work to reduce seclusion and restraint; Development of legislative package; Implementation of NFC recommendations in new strategic plan.</p>	Spring 2004; Meeting 12/5/03	Gov. office; SMHA; community MH board members	All	Yes
<b>Tennessee</b>	<p>More efficient and effective planning involving consumers and families; Improvement of inpatient services; Implementation of recovery-based services; Increase of QI activities and Request for TA in variety of areas; Housing initiative with supports including training and employment; effort to reduce seclusion and restraint; Suicide prevention; Pursuing medication algorithms.</p>		SMHA; Consumers and families	2; 5	No
<b>Texas</b>	<p>Initiated a summit to build consensus on NFC recommendations, including specific EBP's: medical algorithm, disease management, and others; developing a consensus document and action standards; Benefit Design - plan to pay only for EBPs – recovery/resilience orientation.</p>		SMHA		Yes
<b>Utah</b>	<p>A "steering committee" has been created to focus on NFC recommendations, not just in MH but also SA; Report and recommendations will be focus of the 2004 annual MH conference; Overtures have been made to the new Governor, and creation of a commission in Utah is possible.</p>		SMHA		No

<b>Virginia</b>	Aligning existing activity with NFC goals. Implementation of local, regional and state strategic planning to expand community-based services and access to recovery-oriented programs; Using strategic planning to strengthen DMH leadership role; Using recovery implementation model; Implementing hospital to community based system initiatives; Development and implementation of consensus strategies and work plan on EBPs and recovery-oriented services; Implementation of state Olmstead Task Force report recommendations; Development of: (1) regional and state level partnership planning to restructure state public MH services system to reduce reliance on state facilities and move more appropriately to the community; (2) statewide strategic planning focusing on service needs, system challenges and opportunities, and potential EBPs for special population groups such as children; (3) SMHA strategic planning to foster empowerment, peer support, and recovery-based services; (4) “recovery Roadmap” for a recovery-oriented system of care through grant program to collaborate with MH Planning Council and other stakeholders.		SMHA; MH Planning Council; State Olmstead Task Force	2.2; 2.5; 4.1; 4.3; 5.2	No
<b>Washington</b>	A department-wide process to update the strategic plan already underway; Effort to integrate NFC recommendations into the plan.		SMHA		No

<p><b>West Virginia</b></p>	<p>Existing activities are being aligned with NFC recommendations. WV University Medical School using federal grant to expand its existing telemedicine technology for greater clinical interaction with patients and clinics in rural and mountainous WV. Technology may later be linked to the court system in WV for the purpose of conducting mental hygiene probable cause evaluations and hearings, and to conduct forensic evaluations.</p> <p>The Division of Children’s MH, SA and community stakeholders are developing a three-year MH and SA State Plan to address access to services, prevention, and meeting the basic needs (based on a rehabilitation model) of children with a mental illness or having SA problems</p> <p>The Divisions of Alcoholism and Drug Abuse and Adult and Children’s MH are jointly sponsoring a one year training for practitioners on integrated service delivery; The Division of Primary Care and BHHF are working towards formalizing relationships between primary care and behavioral health providers to decrease stigma associated with treatment and to provide more consumer friendly treatment.</p> <p>WV-APROS, the State chapter of the International Association of Psycho-Social Rehabilitation Services, WV State College’s Community &amp; Technical College, the West Virginia Mental Health Consumers’ Association and BHHF are working collaboratively to help educate, train and prepare for certification of psychiatric rehabilitation practitioners.</p> <p>State operated facilities installing VistA - a HIPAA compliant software provided by the Dept. of Veterans Administration. The WV Department of Health and Human Resources is developing a master client index which can be used by the Bureau to link with other data and registries maintained by the Department such as WIC, other maternal and child health services, food stamps and other human services administered by the Department, immunization, primary care services, etc.</p> <p>Increased Olmstead compliance via an expanded Olmstead compliance plan; Suicide prevention to identify, intervene and treat adolescents and adults in WV at risk of suicide; The WRAP or Wellness Recovery Action Plan Program; Released request for proposal for supported employment; ACT team implemented; The Secretary of DHHR has initiated an Interagency Council on Homelessness and Chronic Homelessness replicating a similar effort at the federal level. A Policy Academy will kick this off next month.</p>		<p>SMHA; The Bureau for Behavioral Health and Health Facilities (BHHF); DHHR</p>	<p>multiple</p>	<p>No</p>
<p><b>Wisconsin</b></p>	<p>Using report as support for programs regarding children’s initiatives including the integration of the foster care system entered into managed care (added substance abuse, mental health screening into the contract).</p>		<p>SMHA</p>		<p>No</p>
<p><b>Wyoming</b></p>	<p>Summit held to review goals and objectives of NFC report; Development of multiple stakeholder involvement plan in</p>		<p>SMHA; Governor/Cabinet</p>	<p>1 (in partical</p>	<p>No</p>

	<p>NFC recommendations implementation; Implementation of family to family education; Development of state MH Plan cross-walked with goals; Development of school-based programs and focus on early intervention and prevention; Legislative initiative on access to care through MH parity and Medicaid waivers; Implementation of more connective technology within the state; Development of a number of multiple state stakeholders meetings; Requests for biennial budget will be planned in light of NFC goals, emphasizing primary care and child MH waiver.</p>			<p>ar, within context of primary care); 2; 6</p>	
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