

CMHS/NTAC Training and Technical Assistance Workshop Eastern Regional Conference

May 3-4, 2007
Sheraton Center City
17th & Race Streets
Philadelphia, PA



Outline

- Introductions
- SAMHSA/CMHS/NTAC partnership to provide T&TA toward Transformation
- Overview of the process
- Goals for the next two days

Introductions

State Representatives

AL, AR, CA, DE, DC, FL, IL, KS,
KY, ME, MD, MA, MS, NH, NJ,
NY, NC, ND, OH, RI, SC, TN, UT,
VT, WV, WI

SAMHSA/CMHS

Faculty Consultants

NTAC Staff

SAMHSA/CMHS/NTAC Partnership

- Transformation T&TA for states that did not receive TSIG \$\$\$
- October 2006: received funding from CMHS for new project
- Provide transformation-based T&TA
- Dr. Nainan Thomas: Project GPO
- Developed our approach in concert with SAMHSA/CMHS staff

Transformation T&TA for States that did not receive TSIG \$\$\$

- We started with a “partial” premise
- That there are certain core constructs that underlie any system of care that is based on recovery and resiliency principles
- We used the Recovery Consensus Statement, New Freedom report, IOM reports, literature to crosswalk with these ideas

Transformation T&TA for States that did not receive TSIG \$\$\$

- Concept of “core constructs” does not mean everyone “does” or “looks” the same.
- Does mean that recovery principles are prioritized, such as but not limited to:
 - Consumer Integration and specific roles
 - Use of EPB's
 - Access to Services (co-occurring, acute care, financing)
 - Person-Driven Planning
 - Trauma Informed Care
 - Workforce Development, etc. are central

Transformation T&TA for States that did not receive TSIG \$\$\$

- 99% of the T&TA models or approaches you will hear about strongly encourage other state agencies' involvement.
- But they are also designed so you can go forward if you cannot get all the players to the table for whatever reason.

Developing the T&TA Menu

1. We informally gathered information from the T&TA states regarding their top T&TA needs
2. Developed a draft survey tool and sent out to other NASMHPD and NRI staff for comments, also to external agencies and consultants
3. Finalized survey, approved by CMHS, and then sent out to states (included “write in” space)



Developing the T&TA Menu

4. Got back 35 surveys
 5. Analyzed these for “top” ten requests
 6. Developed “fact sheets” for T&TA that did not reach the top ten list *
 6. Found expert consultants in the field
 7. Set up two regional meetings
- * Public Health & Mental Health Integration will be addressed in a multi-agency meeting

Purpose(s) of this meeting

1. Provide an overview of the T&TA models (the content, the process, the scope)
2. Provide opportunity to meet faculty/consultants
3. Provide opportunity to ask questions and provide us feedback
4. Understand how to apply for NTAC T&TA



Housekeeping

- Sarah Callahan, MHSA is the contact person for T&TA requests (Write a letter to her with the request(s), signed by the state MH Commissioner/Director)
- Tim Tunner, PhD is the Project Coordinator
- Evaluations
- Phones
- Please see any one of the NTAC staff if you need anything during your stay
- Hope you enjoy these next two days