

TEN MODELS FOR TRANSFORMING STATE MENTAL HEALTH SYSTEMS

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OVERVIEW

- Brief overview of 10 system transformation “fundamentals” – *and talk with us if you have another need*
- These 10 approaches are offered based on a survey of state priorities
- Ask how these can be customized to your state’s transformation needs
- All are available to Non T-SIG states through CMHS funding

TEN APPROACHES TO TRANSFORMATION

1. Formal Consumer Inclusion in Services
2. State Transformation Plan Development
3. Trauma Informed Care (TIC)
4. Peer Support Specialists
5. Person Driven Planning
6. Medicaid and Other Financing Mechanisms
7. Co-Occurring Disorders
8. Evidence-Based Practices
9. Acute Care Services
10. Workforce Development for Direct Care staff and Leadership

1. FORMAL PEER INCLUSION IN SERVICES



- Consumers are a resource of knowledge and lived experience to help other consumers and staff learn about recovery and that it is possible

PEER DELIVERED SERVICES

- Delivered with peers as providers—not just as mental health workers but on boards, as leaders, researchers, directors, and other positions
- Consumer *Operated* services, Consumer *Partnership* services, Consumers as *Employees*
- Will decrease stigma of mental illness among non-consumer staff
- Growing literature of positive results
- Not all consumers want peer-delivered services

(Salzer, 2002)



2. State Transformation Planning



- If you don't know where you are going, how are you going to get there, and where will "there" be?
- All states have some kind of plan tied to their Mental Health Block Grants
- But plans are not always fully developed, and may need changes to adjust to a changing culture
- Plans are generally statewide and local

3. TRAUMA INFORMED CARE

Prevalence of Trauma

- Trauma victimization studies show prevalence between 51%-98% among persons with serious mental illness in the public sector

(Goodman et. Al. 1997; Meusar et. Al. 1995)

- American study of 100 adolescent inpatients—93% reported a history of trauma and 32% had PTSD *(NASMHPD, 2006)*

- 87% lifetime trauma among in a day hospital

(Frueh et. al., 2005)



adults

Trauma Informed Care

understands and incorporates:

- 1. The high prevalence of traumatic experiences among mental health consumers*
- 2. The neurological, biological, psychological, and social effects of trauma and violence*
- 3. That coercive treatments can retraumatize, and must be avoided*
- 4. That care must be collaborative and supportive*
- 5. Goal is to do no more harm, and help develop a recovery and resiliency-oriented environment of care*

(NETI, 2008)

4. PEER SUPPORT SPECIALISTS

- Self Help is an important part of consumers' recoveries, and peer support provides examples
(*US DHHS, Surgeon General's report, 1999*)
- 8/15/07 Letter to State Medicaid Directors from CMS says peer support services are an "evidence-based mental health model of care"
(*US DHHS, 2007*)
- Approximately 16 states have Medicaid reimbursement for Peer Specialists as of 2005
(*NASMHPD NRI, 2005*)



PEER SUPPORT SPECIALISTS

Though a range of services, common elements include:

- Belief that recovery is possible
- A focus on empowerment and recovery
- The support of peers who believe in recovery, which can fuel the process of intentionally living life on one's own terms

(Campbell and Leaver, 2003)



5. PERSON DRIVEN PLANNING

(Tondora, 2007)

RECOVERY FOR "THEM"

-medication compliance

-decreased

hospitalizations

-decreased symptoms

-not acting out

SURVIVING

WELLNESS FOR "US"

-home to call one's own

-life worth living

-hope

-relationships

-spirituality

-career

THRIVING

6. Medicaid and Other Financing



Medicaid and Other Financing Mechanisms

- Is your state having problems funding new or existing services?
- Do you need to prepare for/anticipate future funding needs?
- Do you have new plans or programs for which you need to work out funding issues?

7. CO-OCCURRING DISORDERS— INTEGRATION OF CARE

- If not communicating properly, each field may think the other has primary responsibility for an individual's care
- If not trained to address both concerns, staff may not know what is a symptom of the addiction and what is a symptom of the mental health issue, and won't know where to start



CO-OCCURRING DISORDERS

- Technical assistance can be with infrastructure (i.e. information, certification, financing), or clinical capacity (i.e. workforce development, evidence based or promising practices, monitoring/evaluation)
(Challis, 2007)
- Or ask us about your specific needs....



8. Evidence-Based Practices

- Where does your state need help with regard to implementing EBP's?
- Do you need help with general planning, or help implementing a specific EBP?
- One possibility is developing a computer-based program that will take information on an existing EBP service, and calculate the cost for state-wide implementation
- Ask us about other possibilities if you have something in mind.....

9. ACUTE CARE SERVICES

Principles

- Welcoming: No Wrong Door, No refusals
- Integrated Assessment & Treatment
- Immediate Diversion or Access to Care
- Competent Recovery-Focused Providers
- Cross-Systems Collaborations
- Comprehensive & Continuing Care
- Systems Change & Improvement

(Engelhardt, 2007)

ACUTE CARE SERVICES

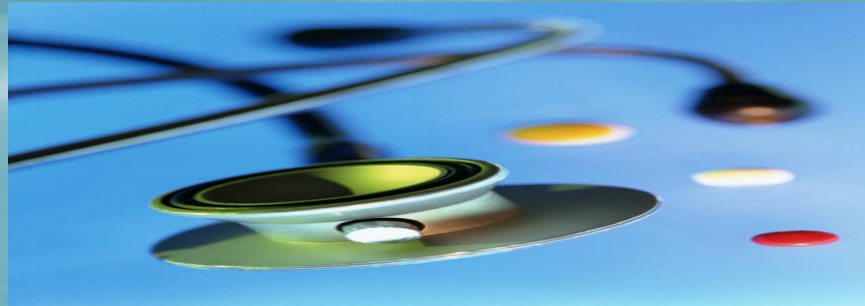
Some Challenges

- Human Rights Issues
- Coordination Among Law Enforcement and Transportation Providers
- State Hospital vs. Community Care
- Fragmented Delivery Systems
- Lack of Provider & Hospital Cooperation
- “Nearest” Receiving Facility Mandate
- Objective Certification for best level of care
- Competitive Psychiatric-Healthcare Environment & Recent Hospital Closures

(Engelhardt, 2007)

*This is an example of how TA can be leveraged to obtain greater resources—i.e. Iowa TTI grant

10. Workforce Development



- Requires a shift in staff mindsets about an individual's potential—from maintenance of illness to hope and recovery
- Staff need to learn about recovery concepts so they can support consumers to make choices, instead of expecting "compliance" with staff choices

WORKFORCE DEVELOPMENT

- Direct care staff have rarely received training in current recovery concepts or best practices
- Organizations must provide this training and supervision upon hire if they want to transform care
- This curriculum, which includes 15+ modules, will be available in early fall 2008
- Includes basic information on recovery, medications, Person-Directed Planning, mental & physical health issues, ethics, language, TIC, discrimination, etc.



***QUESTION NOT WHAT
DISEASE THE PERSON HAS,
BUT WHAT PERSON THE
DISEASE HAS***



(anonymous)

PLEASE CONTACT ME WITH QUESTIONS

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