

Mental Health Transformation Survey

Conducted by the National Association of State Mental Health Directors

April 1, 2005

	Activities	Outcomes
Alaska	The key activity in Alaska is the integration of MH and SA Services. In addition - we have a Workforce Development Initiative in conjunction with the University of Alaska and the MH Trust; a move toward Regional BH Authorities; implementing our Web Based MIS system; our Bring the Kids Home Initiative from out of State Residential Treatment Centers - which necessitates the development of a System of Care for kids, implementing Evidence Based Practices; developing a SA Prevention Initiative, developing and implementing a Trauma Initiative; improving Disaster response; using telepsychiatry more often, etc	
Arizona	<u>Improve suicide prevention and treatment services in collaboration with other organizations.</u> <i>Collaborators</i> are the AZ Suicide Coalition, AAMI and the Mental Health Association. <i>Objective:</i> Improve suicide prevention and treatment services in collaboration with other organizations.	Data will be collected
	<u>Ensure provision of consumer and family-focused behavioral health care.</u> <i>Collaborators</i> are a variety of consumer and family stakeholders, AAMI and the Mental Health Association. <i>Objective:</i> Involve consumers and families in the design, implementation and monitoring of the behavioral health system	Data on out-comes is and will be collected
	<u>Enhance access to services where barriers exist</u> <i>Collaborators</i> are the RBHA's providers and the Provider Association. <i>Objective:</i> Improve access to culturally competent behavioral health care	Data on out-comes is and will be collected
California	California is in the midst of reorganizing its mental health system due to the recent enactment of Proposition 63. As a result, California is attempting to incorporate \$750 million worth of new funds into its mental health system. An integral portion of Proposition 63 is the inclusion of the values and vision of the six New Freedom Commission goals. California also has a number of specific programs of note, including: (a) needs assessment community planning; (b) investing \$12.5 million in process to educate, involve, and engage ALL stakeholders at the local and Statewide levels; and (c) Service plans to embody all the principle of evidence of effectiveness, efficiency, client-centered, etc	
Colorado	Colorado has a number of activities that can be linked to the President's New Freedom Commission recommendations; however, many were already in place prior to the recommendations being published. One of these include the legislature's Oversight Committee on Persons with Mental Illness in the Criminal Justice System, which has resulted in the testing and implementation of youth and adult screening instruments. The implementation of these instruments has included partners in state government and the private sector. Some of the partners for the juvenile screening process include the Division of Probation Services, Division of Youth Corrections, Division of Criminal Justice – Office of Juvenile Justice, Alcohol and Substance Abuse Division as well as the Division of Mental Health. Many of these agencies are also involved in the adult screening process in addition to the Depart of Corrections and representatives from county jails. These instruments allow for the measurement of some outcomes. The adult instrument will first be validated during the next year, since it was developed in state. For the youth population the MAYSI-2 is being used, which is a standardized instrument.	
Delaware	1) Supported Employment Have received Johnson & Johnson grant to work w/ Dartmouth . Partners: Voc Rehab, DOL	Grant specifies deliverables
	2) Cultural competency, w/ strategic plan implementation. Partners: Contract agencies, committee that involves contractors	
	Allocation last year from General Assembly to develop electronic record keeping system. 2yr 2.5 million project, partners across system.	Outcomes specified in allocation

District of Columbia	<p>1. DMH has established the Mental Health Rehabilitation Services (MHRS) program to deliver a wide-array of community-based services for adults and children through a provider network.</p> <p>These services are formulated in individualized care plans (ICPs) for each consumer. For this particular activity, the DMH certified Core Services Agency (CSA) provider, the case manager from the CSA, the consumer, and members of the treatment team are significant partners.</p>	<p>Certified providers deliver nine Medicaid services, four are classified as core services (diagnostic/assessment, medication/somatic treatment, counseling, and community support) and five are classified as specialty services (crisis/emergency, rehabilitation, intensive day treatment, community-based intervention, assertive community treatment).</p>
	<p>2. <u>Supported Employment</u> DMH in partnership with the Department of Human Services/ Rehabilitation Services Administration (RSA) is implementing the Supported Employment Initiative. Other partners include Virginia Commonwealth Univ., Dartmouth Univ., and the Johnson & Johnson Foundation.</p>	<p>Activities have included developing a web-based course on the principles and practices of supported employment for individuals with SMI, funding demonstration sites for implementation of the Individual Placement and Support (IPS) model, and mapping the employment resources.</p>
	<p>3. The DC DMH Cultural Competency Plan was approved in September 2002, with implementation from FY 2003 through FY 2005. As part of a District-wide strategy, DMH has developed action plans for Spanish/Latino communities, Asian and Pacific Islander communities, and other communities with limited English proficiency (LEP). The DMH Training Institute coordinated and conducted several trainings on each of these communities, immigrant/refugee populations, as well as on sexual minorities.</p>	<p>During FY 2004, quarterly status reports were developed that address outcome indicators and data collection, translation of materials/information, diversifying the workforce, multicultural training, and outreach and community partnerships.</p>

<p>Florida</p>	<p>The Mental Health Program Office (“MHPO”) developed its 2003-2006 State Plan consistent with the goals outlined in the NFC’s report. Florida’s response encompasses its entire system of care and includes all services and special initiatives such as Florida Assertive Community Treatment (FACT), Temporary Assistance to Needy Families (TANF) and PATH.</p> <p>Goal 1: MHPO has implemented a statewide initiative to reduce stigma and discrimination. This was made possible by a grant from the SAMHSA. Florida is one of eight states to pilot the “Eliminating Barriers Initiative”, a national campaign to fight stigma and discrimination. Partners include the Governor’s Office, The Advocacy Center for Persons with Disabilities, NAMI, FL, providers and the business community.</p> <p>The department is partnering with the Governor and the Office of Drug Control Policy through the Florida Task Force on Suicide Prevention to achieve the outcome of reducing the overall incidence of suicide by Florida’s citizens by one-third (from 13.64 per 100,000 in 1998 to approximately 9 per 100,000 in 2005).</p>	
	<p>Goal 2: MHPO is rewriting administrative rules that guide case management planning to ease a shift to individually centered recovery-based treatment planning.</p> <p>Additionally, the state hopes to create a “Peer Advocacy Coordinator”. This person will assist in rewriting policy and promoting recovery-based, person-centered system planning. Consistent with this effort is the strategy to focus on evidenced-based practices which support a recovery based model. Partners include the Florida Mental Health Institute, NAMI FL, and providers.</p> <p>A third activity is the expansion of the Florida Self-Directed Care (SDC) program based on the completion of the pilot in Jacksonville. This program partners with the individual recipient, private providers and non-traditional providers to provide choice of vendors and services toward meeting the goals on their life plans. The outcome is an increase in community living and employment for SDC recipients.</p>	
	<p>Goal 3: MHPO continues to assess the need for statewide training on cultural competence. Certain areas of the state, particularly south Florida, are currently employing culturally competent strategies in their service delivery system. Partners include the contracted providers within the state.</p> <p>Additionally, the MHPO is developing a plan to improve individuals’ access to behavioral health care services in primary health care settings in rural areas by working collaboratively with the Department of Health and other partners to attain this goal.</p>	
	<p>Goal 4: Florida is promoting early intervention services for individuals receiving TANF. The Substance Abuse and Mental Health Programs are making the identification of persons with co-occurring needs a priority issue and will be developing a statewide plan designed to promote early detection through screening and education. Partners include the Agency for Workforce Innovation, Economic Self-Sufficiency, Family Safety, and private, non-profit providers. The outcome is increase community living, family stability and employment for TANF recipients.</p>	
	<p>Goal 5: Florida will continue to bridge the gap between science and practice in the areas of Multi-Systemic Therapy, Therapeutic Foster Care, and wrap-around services by creating public-private partnerships to implement EBPs. Partners include the NASMHPD EBP Center, state universities and advocacy organizations to promote, disseminate and train providers in innovative methods. Training and technical assistance to providers serving homeless individuals on evidence-based practices including housing and other innovative approaches will be made available through PATH consultants. The outcome is movement toward an evidenced-based system of care.</p> <p>The MHPO has partnered with state universities in Florida to promote research to practice initiatives. We will strengthen those partnerships to increase research in understudied areas of mental health. Initial research collaboratives have included the Florida medication algorithm (FALGO) project for standardized medication practices, and the evaluation of the Florida Self-Directed Care pilot.</p>	

	<p>Goal 6: Florida is exploring the use of telemedicine technology, especially for individuals living in rural areas. Partners consist of a mental health workgroup comprised of hospital treatment staff, district staff and private, non-profit providers. This workgroup has developed and implemented a secure, web-based program to share community needs assessment information. The outcome is to ensure that anticipated needs are addressed for individuals who are ready for a less structured environment.</p>	
Georgia	<p>Consumer directed service development (peer support) and the training and certification of peers to work in the public mental health system – relates to NFC Recommendations 2.2 and 5.3 Partners – GA Mental Health Consumer Network (consumer advocacy organization), GA Department of Community Health (Medicaid agency)</p>	Increased numbers of: (i) trained and certified peers and (ii) consumer function as a result of peer services
	<p>Collaboration with Medical College of Georgia to evaluate peer support activities, identify critical elements of effective peer centers, and develop recovery focused training for psychiatry and psychology residents in medical school – relates to NFC Recommendation 5.3. Partners – Medical College of Georgia, Georgia Mental Health Planning and Advisory Council, Consumer Network</p>	Contract deliverables
	<p>Co-occurring Mental and Substance Use Disorders Policy Academy team – Georgia team selected to participate in national policy academy on co-occurring MH/AD issues and development of state plan to improve services across multiple state agencies to better serve this population – relates to NFC Recommendation 4.3. Partners – Georgia Department of Community Health, GA Department of Corrections, GA Department of Juvenile Justice, local mental health/drug court, variety of consumer and advocate representatives</p>	State plan with time lines for accomplishment of each element of the plan
Indiana	<p>Indiana has made provisions to protect and enhance the rights of adults with serious mental illness and children with serious emotional disturbances by assessing consumer satisfaction of clients in Indiana's six State psychiatric hospitals and its 31 community mental health centers. Partners in this initiative are community mental health providers, consumers, and families.</p>	A measurable outcome is the annual publication of Consumer Satisfaction Surveys.
	<p>Indiana launched a mental health and substance abuse early identification and intervention initiative for abused and neglected children in substitute care or wardship overseen by Child Protective Services. Partners in this initiative are the Indiana Department of Child Services, Indiana University, Indiana community mental health centers and other Medicaid-reimbursable child mental health services providers.</p>	First, it is estimated that over 34% of children entering the child welfare system will be screened by child welfare case managers and, if the need is indicated, referred to mental health service provides for assessment and treatment. Secondly, cost of services will be determined by analyses of three State databases - child welfare, Medicaid and the Division of Mental Health and Addiction's data system. Lastly, the data obtained from child welfare and DMHA will allow prediction of recidivism and permanency.
	<p>Indiana's advanced use of evidence-based practices through implementation and increased use of Assertive Community Treatment (ACT) teams, Integrated Dual Disorders Treatment (IDDT), and Illness Management and Recovery (IMR). Partners in this initiative are Indiana community mental health centers and the ACT Center of Indiana Univ./Purdue Univ. at Indianapolis.</p>	Outcomes are being measured by an increase in number of providers offering ACT, IDDT, IMR and SE.
Kansas	<p>a. In December 2003/January 2004 the State Mental Health Authority developed planning/evaluation tools to be used by community mental health centers, consumer-run organizations, state mental health hospitals, advocacy groups and other stakeholder groups. These tools included the following, and they are available on our state MHSIP website:</p> <ul style="list-style-type: none"> • A grid that compared the Institute of Medicine (IOM) 6 Aims, the NFC 6 Goals and corresponding Strategies, and the Kansas five-year strategic plan action steps. • A grid that compared the New Freedom Commission 6 Goals with service activities in Kansas. • A grid that detailed activities in Kansas related to • Evidenced-Based Services in Kansas, including information about the implementation of Dartmouth Toolkit sites in Supported Employment and IDDT. 	

	<p>b. The Kansas Adult Consumer Advisory Council, in partnership with Wichita State Self-Help Network and the Department of Social and Rehabilitation Services, Health Care Policy - Mental Health Services, hosted the Kansas Recovery Leadership Summit in June 2004. The two-day event involved the participation of 200 persons, mostly adult consumers of mental health services, and resulted in recommendations being made for the implementation of NFC goals. The final report was distributed to the Governor's Mental Health Services Planning Council (GMHSPC) in November 2004.</p>	
	<p>c. Governor Kathleen Sebelius signed Executive Order 04-10 on September 22, 2004, designating 1) the GMHSPC to be the coordinating body in Kansas for stakeholder efforts in utilization of the NFC's recommendations and 2) the GMHSPC to work with the SMHA as well as other State Departments to improve and refine the State's Mental Health Strategic Plan and to improve services system across State departments.</p>	
	<p>d. Beginning in November 2004, with funding from their respective national organizations, the GMHSPC joined five member organizations of the Kansas Mental Health Coalition to host summits to address the six individual NFC goals. These six summits will end in July 2005. The GMHSPC will hold a two-day facilitated retreat in August 2005 to review and summarize the input from the six summits and the June 2004 Recovery Leadership Summit, and utilize the information to update the Kansas five-year Mental Health Strategic Plan.</p>	
Maine	<p>We have developed a joint action plan with the Department of Corrections to address persons with mental illness and substance abuse in jails and prisons. GAINS Center reviews it as a leading effort. Partners include DOC, Sheriff's Association, Jail Administrators Association, NAMI- & a legislative Commission to Address Sentencing Issues. Mental Health courts are being explored.</p>	<p>The plan has the development of measurable outcomes as an initial activity</p>
	<p>The promotion of EBPs is part of the Governor's budget initiative in redesigning the delivery of outpatient, medication management and community support services. Partners include the provider trade association, consumers, NAMI and plaintiff's attorneys, Me. Psychiatric Ass., and legislators.</p>	<p>Quality outcome measures will be part of the RFPs.</p>
	<p>Consumer directed services are further promoted through peer specialists in emergency rooms, warm lines as diversion from crisis system, Advocacy Initiative Network engagement in policy development, and the development of peer specialist curriculum to develop Medicaid funded peer services. WRAP planning is already part of the Medicaid plan.</p>	<p>These need the development of measurable outcomes.</p>
Maryland	<p>1. Maryland has established a suicide prevention program, which includes a statewide hotline. The program also includes various programs in schools. This program is operated in conjunction with multiple state agencies and private vendors.</p>	<p>Performance measures are in the contract.</p>
	<p>2. Maryland has an anti-stigma campaign which is operated in partnership with a statewide consumer advocacy organization. Other partners include state and local providers and government officials. The program offers workshops on stigma reduction.</p>	
	<p>3. Maryland is creating an early childhood mental health initiative, which is a collaboration among multiple child-serving agencies. This initiative focuses on (i) identifying best practices in providing mental health consultation and services, and (ii) implementing pilot projects and advocating for this population.</p>	

<p style="text-align: center;">Massachusetts</p>	<p>Development of a Unified Behavioral Health System: Effective October, 2004, authority for the delivery of all behavioral health services was assigned to the Commissioner of the Department of Mental Health (DMH) as the lead of the State Mental Health Authority (SMHA). In addition to setting policy and providing technical assistance on behavioral health matters state-wide, the SMHA will consolidate and jointly manage both the DMH continuing care system and major components of the Medicaid acute care system. Integration planning activities are currently underway, with a coordinated re-procurement of both systems of care planned for FY06. The Unified System will:</p> <ul style="list-style-type: none"> • Integrate benefits, administration and services across organizational entities and funding streams to ensure equitable access to the right treatment at the right time to ensure safety, prevent disability and reduce morbidity and mortality; • Guarantee person-centered care and treatment that is evidence-based, recovery-oriented and culturally competent; • Lead health and human services agencies to improve access to services for special needs populations and for persons with conditions that are co-occurring with behavioral disorders; • Promote a free flow of information and knowledge as the foundation for data-supported decision-making on the standards of care, allocation of resources and performance outcomes; and • Produce results that are efficient, economical and accountable to the citizens who use publicly-funded behavioral health services and to the taxpayers who support the system. <p>a) Principle partners in the Unified System development are MassHealth Behavioral Health, the Department of Mental Health, and providers. As the integration plan is developed, SMHA will seek extensive comment and feedback from both the advocacy community and the private sector. It is anticipated that non-governmental providers and consumers will participate in the development of the plan.</p> <p>b) Principle partners in effectuating the wider mission of the SMHA include: The Depts of Social Services, Youth Services, Public Health, Corrections, and Transitional Assistance.</p>	<p>Development of a Unified Behavioral Health System: Yes. A cornerstone of the Unified Behavioral Health System is an integrated set of quality and performance indicators across the Medicaid and state-funded system. A detailed Performance Management Plan is a major component of the overall plan.</p>
	<p style="text-align: center;">Minnesota</p>	<p>Implementation of Activities Under CMS Mental Health Systems Transformation Grant – Moving to A Consumer-Centered, Recovery-Oriented Service System: A statewide planning team has been developed that focuses on some of the goals of the NFC. This team, known as Transcom (Transformation Committee) is strengthening the recovery orientation of all MH services provided in the state and towards strengthening the consumer voice in policy making.</p> <p>Partners: MassHealth (Office of Medicaid); Department of Mental Health Massachusetts Person/Patients Organized for Wellness; Recovery and Empowerment (M*Power); Massachusetts Organization for Addictions Recovery (MOAR); Consumer Quality Initiatives (CQI, Inc.); University of Massachusetts Medical School; NAMI MA; Mental Health and Substance Abuse Corporations of Massachusetts; (MHSACM) Massachusetts Behavioral Health Partnership</p>	Implementation of CMS Grant: Includes (i) the development of a peer support worker curriculum and certification process, and (ii) the formation of a consumer-operated statewide Center of Excellence - which will provide training and TA to consumer run MH programs and traditional MH providers.
<p style="text-align: center;">Monta</p>	<p>Our major effort in Minnesota is the Minnesota Mental Health Action Group, a public- private partnership that has a 15-member steering committee and a number of work groups. The goal is to develop a seamless mental health system across the life span and payer source (public and commercial) that provides the right services at the right time for individuals in need of mental health services. The Group was formed about 1 1/2 years ago. A model benefit set has been completed. Work continues on exploring options for a more integrated public payment mechanism.</p> <p>On the adult side, we have taken the major goals of the NFC Report and identified a number of critical strategies to address these goals over the next 3 years. This was included in our recent 3-year federal block grant application which was approved by CMHS.</p> <p>A 65 plus member mental health caucus composed on state Senators and Representatives was formed this legislative session. I believe it is the first of its kind in the country.</p>	<p>Each initiative either has existing measurements, or is in the process of identifying them.</p>
<p style="text-align: center;">Monta</p>	<p>Statewide development of Mental Health Local Advisory Councils and Regional Service Area Authorities to form basis for meaningful stakeholder participation in development of comprehensive mental health plan(s). Each LAC and SAA has a majority membership that is consumers and family members. SAAs are seen as the Department's partners in system design.</p>	<p>Each initiative either has existing measurements, or is in the process of identifying them.</p>

	Focus on recovery oriented services including training of targeted case managers using the recovery model, statewide training in evidence-based practices (dialectical behavior therapy, PACT)	
	Resolution to develop and support a co-occurring system of care for individuals with mental illness and substance use disorders.	
Nebraska	NFC 2.4. Create a Comprehensive State Mental Health Plan. (The Adult Behavioral Health Reform has been serving as a forum for development of a comprehensive state mental health plan.) Pursuant to section 71-818 of Nebraska state law, the Behavioral Health Oversight Commission was created in 2004. Through this mechanism, there are a number of significant partners including a state senator, two Mayors, a County Attorney, County supervisor (member of Region Governing Board), two consumer advocates, a Police Chief, two psychiatrists, three psychologists, a clinical social worker, three executive directors of a community based providers, and three Medical Center executives.	Yes – a Comprehensive State Mental Health Plan
	NFC 5.2. Advance evidence-based practices (expand ACT, implement Supported Housing). In addition to the membership of the Behavioral Health Oversight Commission, there are significant partners with the six Regional Behavioral Health Authorities, and people who work in the affordable housing industry such as the Nebraska Housing Developers Association, Nebraska Investment Finance Authority, and Nebraska Department of Economic Development.	Yes – Expansion of ACT and implementation of increased supportive housing
	NFC 2.2. Involving consumers and families fully in orienting the mental health system toward recovery (includes the creation of the Office of Consumer Affairs within the Division of Behavioral Health Services). In addition to the membership of the Behavioral Health Oversight Commission, there are significant partners with the National Alliance for the Mentally Ill – Nebraska, and the Mental Health Association of Nebraska.	Yes – Implementation of a Office of Consumer Affairs within the NE Division of Behavioral Health Services
New Jersey	NFC Goal # 1: The Division of Mental Health Services (DMHS) has several initiatives in place to promote a better understanding of the role of mental health to overall health, including: (i) consumer empowerment regarding treatment and recovery through TEAM Solutions (a consumer empowerment joint pilot program sponsored by DMHS and the University of Medicine and Dentistry); (ii) smoking cessation (a university-based training program for providers re: cardiac risk factors); and (iii) the Advanced Practice Nurse Program -comprehensive health and MH assessments of acute and chronic conditions, completed by an advanced nurse practitioner. Medication is prescribed under joint protocols and there is APN participation in the formulation, implementation, and evaluation of treatment plans.	Outcome measures have not yet been
	NFC Goal # 2: DMHS launched its Illness Management and Recovery (IMR) initiative in the spring of 2004. The training was a joint effort between DMHS and UMDNJ. The goal is to train clinicians how to better educate consumers regarding self-management of their illness, development of their own goals regarding treatment and recovery, identification and management of symptoms, recognition of co - occurring symptoms and use of leisure time. The model is currently in place in several programs including: PACT, Intensive Case Management Services (ICMS), Partial Care, and one inpatient facility.	Outcome is measured through the use of a rating form.

	NFC Goal # 6: DMHS is enhancing its client registry database, the quarterly contract monitoring database, and the Oracle Hospital Census database. Since the three databases function independently, DMHS is restricted with the data that is readily available to track consumer movement and utilization of resources throughout the system. In addition to these databases, DMHS is in the process of installing LOCUS (Level of Care Utilization System) software in the inpatient hospitals. This will be used as a support tool for level of care decision-making. Hospital service needs and consumer recovery will be able to be tracked. Consumer input into the treatment plan will be documented in the system.	The improvements for these databases will enhance our planning and outcome measurement activities.
North Carolina	1. Increasing consumer input into policy decisions. Partners: State and Local Consumer & Family Advisory Committees, state and local consumer advocacy groups (through implementation of a voluntary Advocacy Organization database.	Yes
	2. Implementing Evidence-Based Best Practices. Partners: State Medicaid agency, local governmental agencies responsible for delivery of services at the local level, providers.	Yes
	3. Expanding consumer choice and ease of access to services. Partners: State Medicaid agency, local governmental agencies responsible for delivery of services at the local level, providers.	Yes
ND	Evidence-Based Forums: State MH agency lead forums with regional human service centers.	Yes for all
	MH Planning Council Strategic Plan: Plan is based on NFC goals. Members of the planning council are the participants, as well as public/private/advocacy/ consumers	
	Piloting evidence-based practice at regional human service centers. Partners include: state MH agency, regional human service center.	
Ohio	1) Updating state's overall strategic plan for mental health in partnership with all shareholders. Partners include: Ohio Advocates (consumer group), NAMI, OACBHA (local authorities), Ohio Council (providers), Federation for Children's Mental Health, statewide Clinical Quality Council, Planning Council--with ODMH and a consultant team	Yes for all
	2) Interagency Access to Better Care (ABC) Initiative is major policy focus in Governor Taft's proposed budget. Partners include: MH, Health, Children's Services, Medicaid, Governor's Office, Youth Services, MRDD, Education (state agencies), local officials (MH, AOD, Children's Services, Juv. Judges), Parents and kids, Center for Innovative Practices	
	3) Continued efforts at interface of mental health/ AOD/Criminal Justice systems. Partners include: MH, AOD, JJ, Corrections, Supreme Court Committee on Mental Health and Criminal Justice (includes all shareholders)	
	4) Ohio's Quality Agenda has statewide emphasis on resiliency, recovery, measuring outcomes, use of EBPs, and Performance Improvement. Partners include: Everyone	
	5) SOQIC (Solutions to Ohio Quality Improvement and Compliance) is implementing statewide consistent, recovery-oriented, compliance-oriented and streamlined clinical records and processes. Partners include almost everyone.	

<p style="text-align: center;">Oklahoma</p>	<p>Oklahoma Partnership for Children’s Behavioral Health - This initiative resulted from the Children’s Behavioral Health Policy Academy attended by key partners in December 2003. The formalized partnership begin in early 2004 to work toward retaining full responsibility and authority to design an effective system of care for all of Oklahoma’s children and their families who need behavioral health services. A Memorandum of Understanding solidifies the commitment from the major partners.</p> <p><i>Significant partners</i> Office of the Governor (Cabinet Secretary for Health); Five family members representatives appointed by the Governor; Ok. Department of Mental Health and Substance Abuse Services; Oklahoma State Department of Health; Ok. Department of Human Services; Ok. Juvenile Justice Authority ; Ok. Health Care Authority (Medicaid); Ok. State Department of Education; Ok. Commission for Children and Youth; Ok. Department of Rehabilitation Services; State Senate and House of Representatives</p>	<p>The Partnership recently adopted an Action Plan with goals, objectives, and strategies which in part will address early access, service availability, accountability, information management, and funding/ financing. All these will have specific process and well defined outcome indicators.</p>
	<p>Oklahoma Recovery Collaborative - This initiative has evolved to a formalized working group of staff who collectively report to the leadership of the partner agencies listed below. The group is charged with the responsibility to develop a mental health and substance abuse treatment system for adults that spans the three agencies and incorporates the philosophies of a recovery model, utilizes evidence-based treatment, and optimize the use of state and federal resources. Additional partners to encompass vocational rehabilitation, housing, and other supports are expected to be engaged in the future.</p> <p><i>Significant partners</i> Ok. Health Care Authority (Medicaid) Ok. Department of Mental Health and Substance Abuse Services; Ok. Department of Human Services</p>	<p>Initial outcomes identified will be more process and systemic in nature. As model programs roll out, partners will define specific measurable outcomes in terms of access, service recipient satisfaction, provider satisfaction, cost analysis, treatment outcomes, etc.</p>
	<p>Oklahoma Integrated Services Initiative – This initiative was a result of Oklahoma’s participation in the December 2004 Policy Academy for Co-Occurring Disorders. SAMHSA funding for a Co-Occurring State Infrastructure Grant (Co-SIG) and a Cross Training Initiative Grant provided the initial impetus for this. ODMHSAS utilized these grants and participation in the Policy Academy to design an inclusive approach to planning a service system that will assure that all people with or at risk for co-occurring disorders have access to a recovery-oriented, consumer-driven system of care. This initiative will encompass the entire life span.</p> <p><i>Significant partners</i> Ok. Department of Mental Health and Substance Abuse Services; Ok. Health Care Authority (Medicaid); Service recipients; Provider organizations</p>	<p>Outcomes are under development but will focus on measuring aspects of recovery, consumer choice, trauma response (being a trauma informed system) and cultural competence.</p>
<p style="text-align: center;">Nevada</p>	<p>During the 2003 Nevada Legislative Session, State Senator Randolph J. Townsend, one of the members of the NFC, introduced Senate Bill 301. Senate Bill 301 created the Nevada Mental Health Plan Implementation Commission (the “301 Commission”). The 301 Commission was organized to determine how Nevada would implement the recommendations of the Final Report, and was charged with developing an action plan for implementing the Final Report recommendations in Nevada and submitting a Nevada final report. The Nevada final report will set forth the action plan developed by the 301 Commission to the Nevada State Legislative Committee on Health Care, and the Governor of Nevada, on approximately January 1, 2005.</p> <p>Nevada recently completed an interim report, and is in the process of moving forward with finalizing and acting on the recommendations of the report. The interim report is available at: http://www.leg.state.nv.us/lcb/research/05InterimReports/Bulletin05-08.pdf</p>	

Oregon	Goal 2: Promoting consumer and family involvement by promoting concept of recovery and resilience with all local state agencies including all county-based community MH programs, child welfare, Department of Corrections, Oregon Youth Authority, Department of Education, Seniors and Persons with Disabilities.	
	Goal 5: Implementing SB 267 requiring phased-in application of Evidence-Based Practices.	
	Goal 6: Upgrading connectivity at state hospital and upgrading integrated data base system for community and hospital services.	
Pennsylvania	) New Freedom Initiative grant- Three year grant from SAMSHA that PA is using to provide technical assistance and training to 6 counties selected to conduct a systems change project. Counties are focusing on activities that include recovery training and transformation of one or more components of their local system to a more recovery oriented focus. Significant partners include the state office, Drexel University, counties, and local teams that include consumers and families.	) Yes, there are outcomes identified for each of the local systems change projects
	) Recovery Blueprint- Broad-based workgroup that includes state officials, counties, providers, consumers, families, and co-occurring substance abuse stakeholders is working to develop a state blueprint for recovery.	) Not at this time
	) Real Systems Change Grant- Pa received a three-year CMS grant to train and certify Peer Specialists in three regions of the state.	) Yes, there are outcomes identified in the grant
Rhode Island	) Department of Mental Health, Retardation & Hospitals and RI Department of Corrections, Corporation for Supported Housing, Community Behavioral Health Organizations, a number of initiatives on re-entry into the community from criminal justice system, diversion from criminal justice system at district, presence of community providers at state prison to facilitate intake/discharge for behavioral health clients. Monthly meetings by department directors and senior managers to identify problems and opportunities for creative solutions.	In most cases, yes. In other cases, where the groundwork for collaboration is still being laid, we do not yet have measurable outcomes.
	) Restructured the public SA outpatient system throughout the state, writing the RFA to oblige mental health and substance abuse providers to partner together in order to be successful in receiving the contract for their geographic area. This is particularly helpful in getting appropriate, effective integrated treatment to persons with co-occurring mental illness and SA disorders.	
	) Developing partnerships between federally qualified health plans and community behavioral health care organizations, to focus on overall better health outcomes. In several catchment areas, community behavioral organizations provide consultation services for the FQHPs, and the FQHPs provide health care consultation for the CBHOs	
South Carolina	Drafted new Proviso for General Assembly that required Legislature to oversee the implementation of goals for the NFC. Partners included two medical university Chairs of Psychiatry who co-chaired the work group, Directors of three state agencies, advocates, private hospitals, probate judges, consumers, private business ness etc.	Annual report required by Mental Health Director. Efforts will be ties to Activities Inventory Funding Approach.
	Have implemented three new state plans (children, adults and homelessness) The three plans crosswalk our states' efforts with the Commission's Report. Focus groups across the state which included over 700 interested citizens participated.	All goals have measurable measures.
	Have promoted Evidence based, emerging and promising practices throughout all agencies and hospitals in the Department. Have implemented MST, Family Preservation, IPS, Co-occurring, Mental Health Courts, Pre- and Post Trial alternatives, medication algorithms, employment clubhouses, state wide dashboard indicator, to name a few. We have partnered with Departments of Vocational Rehabilitation, Department of Juvenile Justice, Department of Alcohol and Drug Services, Medical College of South Carolina.	We have developed the Institute of Behavioral Sciences with the University of South Carolina to oversee EBP implementation and track outcomes.
South Dakota	The Division of Mental Health was a lead agency in the development of a statewide suicide prevention and intervention plan that is based on the National Suicide Prevention Strategy. The South Dakota suicide prevention strategy was distributed in January 2005. Steps are now being taken to implement the plan, including the development of "community toolboxes" to assist communities in developing local prevention and intervention plans. Stakeholders include the state Dept.s of Health and Human Services, local suicide prevention agency leaders, survivors of suicide, legislative members and representatives of other stakeholders.	Yes

	<p>Through collaborative efforts with other child serving systems, the Division of Mental Health has expanded screening and referral of young children with mental health needs. We are currently working with the state Dept. of Health to screen WIC recipients at regular intervals for social emotional wellness and refer to community mental health services if necessary. Implementation is expected in the summer of 2005. Other activities include working with the Office of Child Care Assistance to provide education and referral resources to local child care providers so they can better serve children with behavioral needs. This was implemented with blended funding mechanisms in FY04. The Division has also partnered with the state child welfare agency to provide targeted services to families at risk of custody relinquishment in two locations of the state.</p> <p>Stakeholders include the Governor’s Mental Health Planning and Coordination Advisory Council, CMHCs, Dept. of Health, Division of Child Protection Services, and Division of Child Care Services</p>	Yes
	<p>The Division of Mental Health and the Division of Alcohol and Drug Abuse are developing a screening process for co-occurring disorders of youth entering the state’s juvenile justice institution.</p> <p>Partners include the Division of Alcohol and Drug Abuse, the Department of Corrections and the Department of Health.</p>	Under Develop-ment
Tennessee	<p>1.) Through our Department’s Division of Recovery Services, we address NFC Goal #2 by hiring and providing outreach with the consumer housing specialists. Currently, consumer housing specialists are focused on housing access activities. Next year, their roles will expand to include employment access as well.</p> <p>TDMHDD has many community partners in this program, including NAMI Tennessee, Tennessee Housing Development Agency, U.S. Housing and Urban Development, local providers, state consumer organizations, state and local governments, local housing authorities, banks, and other traditional and non-traditional partners.</p>	<p>Quarterly reports related to the number of housing access contacts, number of NIMBY activities that end successfully, number of consumers who participated in the research study, and the success of the housing website, which is overseen by the consumer housing specialists.</p>
	<p>2.) Our Department’s Division of Recovery Services is also working on NFC Goal #5 by expanding supportive employment activities. Through the efforts of the Director of Employment and regional Support Services, Employment, Transportation and Housing/ Homeless facilitators, we are starting the Creating Jobs Initiative, which will both educate the public about the abilities of persons with mental illness in the job market and expand employment opportunities for this population.</p> <p>This project has the same partners as listed above, as well as the Tennessee Departments of Economic & Community Development and Labor, and local businesses.</p>	<p>These activities will have measurable outcomes with the goal to create 2,010 new employment opportunities by 2010.</p>
	<p>3.) Our Department is addressing NFC Goal #4 through our participation on the EPSDT Committee. We focus primarily on behavioral health assessments in screening activities, as well as educating health care providers about mental health needs.</p> <p>The EPSDT Committee partners with the TennCare Bureau, Tennessee Department of Health, Tennessee Department of Education, and representatives from the Tennessee Commission on Children and Youth, Vanderbilt University Children’s Hospital and School of Nursing, and advocacy groups.</p>	<p>Our outcomes are measured through reviews of EPSDT standards and pediatricians’ use of standardized health assessment tools advocated by this Committee.</p>

Utah	<p>1. Our state Board of Substance Abuse and Mental Health has used the President's NFC Recommendations in developing a White Paper on Current and Emerging issues in Substance Abuse and Mental Health.</p> <p>2. UT CAN: Utah's Transformation of the Child and Adolescent Network, transforms the substance abuse and mental health system for children and youth by way of a CMHS Child and Adolescent SIG grant.</p> <p>3. System providers are moving toward the Recovery Model with training and technical assistance.</p> <p>Partners include the County Authority programs that deliver SA and MH services in Utah and their contracted providers represented by the Utah Behavioral Healthcare Network--UBHN. It also includes: the Utah Division of Child and Family Services, The Utah Division of Juvenile Justice Services, The University of Utah, Utah State University, The Utah Addictions Center. Also, advocacy groups involved are NAMI Utah, Allies With Families, the Native American Community and others.</p>	Yes
Virginia	<p>Development of an Integrated Strategic Plan (ISP). This plan will provide specific critical success factors with associated goals, objectives, and action steps that are essential for transforming Virginia's mental health, mental retardation and substance abuse services system to a consumer-focused, recovery-oriented, and person-centered system of services and supports. The ISP should be completed this summer.</p> <p>Partners: The ISP is building on a two-year strategic planning process that has involved hundreds of interested citizens, including consumers and family members, advocates, representatives of state and local health, human services, public safety, and education agencies, local government, academic medical centers, private providers, and state legislative committee staff. The Department has established a 70 member broadly representative Restructuring Policy Advisory Committee; seven Regional Strategic Planning Partnerships, aligned with state mental hospital services areas and co-facilitated by community services board and state mental health facility directors; and five statewide Special Population Workgroups focused on child and adolescent services, forensic services, geriatric services, mental retardation services, and substance abuse services. These groups have explored opportunities for restructuring the current system and developed recommendations that are informing the ISP.</p> <p>Development of statewide consumer network. In FY 2005, DMHMRSAS contracted with Virginia Organization of Consumers Asserting Leadership (VOCAL – a program that provides technical, financial and other support to consumer-run programs) to establish a statewide consumer network. The VOCAL Network is intended to increase connection and communication among individuals and groups, to provide support and enhance individual well-being, to work for consumer rights and service improvements, and to counter discrimination.</p> <p>Partners: The VOCAL Network is a partnership including VOCAL, DMHMRSAS, the Virginia MH Planning Council and the MHA of Virginia.</p> <p>Recovery Education and Creative Healing (REACH): After extensive study by a consumer committee of different recovery education models and strategies, DMHMRSAS contracted with VOCAL (same organization as above) to implement a the Recovery Education and Creative Healing training program using Mary Ellen Copeland's "Wellness Recovery Action Plan". Fifteen trainers have been certified to date, and many groups of consumers have received WRAP training provided by the trainers.</p> <p>Partners: This initiative is a partnership of DMHMRSAS, VOCAL and the Virginia MH Planning Council.</p>	<p>The ISP will include measurable objectives and action steps.</p> <p>Achievement of implementation milestones.</p> <p>Number of certified facilitators, numbers of WRAP trainees</p>

Washington	<p>The Joint Legislative Task Force on Mental Health Structure and Financing (legis. est. 6/04 and expected to continue through 005-07), is comprised of state legislators, a county commissioner, DSHS Secretary, and Governor’s representative, and works with advocacy groups, providers, jails, courts, the medical community, and the state Medicaid authority to assess and make recommendations related to:</p> <ul style="list-style-type: none"> • Implementation of performance based measurements that focus on outcomes, reduce duplication and burdensome administrative and oversight requirements • Non-Medicaid Funding Distribution • The admin. structure of the community mental health system • Financial models • Inpatient and Residential Bed Capacity 	Yes
	<p>Children’s Mental Health Initiative: (Partners included Children’s Administration, Mental Health Division, Juvenile, parents, foster parents, state parent associations, Department of Health, Policy Councils, higher education, mental health providers, regional support networks, schools, tribes, ethnic minority communities, juvenile courts, and the medical community.)</p> <ul style="list-style-type: none"> • Collaboration between three Department of Social and Health Services Administrations: Child Welfare, Juvenile, and Health and Rehabilitation/Mental Health Division. • Vision to create common definitions, targeted outcomes-based services, evidence-based and promising practices, common treatment approaches, common training, better use of resources, and service redesign. 	Yes
	<p>Cross System Crisis Response Task Force: (Partners included State Representatives and Senators, Governor’s Office, MH providers and regional support networks, Mental Health Division, Division of Alcohol and Substance Abuse, Aging and Disability Services Administration, Attorney General’s Office, Association of County Human Services, law enforcement, corrections, medical, and senior services.)</p> <ul style="list-style-type: none"> • Recommended combining 24 hour 7 day crisis response, including a coordinated range of treatment resources and revisions of current Involuntary Treatment Acts to ensure access to resources. • Increased availability of crisis triage and safe and secure detoxification. • Intensive Case Management for individuals with chemical dependency and co-occurring disorders who over-utilize crisis services. • Increased community diversion resources for populations that are most likely to benefit. • Cross system, collaborative crisis intervention plans for dually court ordered individuals and others at risk. • Cross System training and consultation. • Introduced <i>Senate Bill 5763</i> responding to above. 	Yes

West Virginia	Strategic planning to develop a <i>state mental health plan</i> . An RFP was released to engage a facilitator for comprehensive planning, and will include both public, private and consumer community partners.	Yes
West Virginia	West Virginia <i>Anti-Stigma Campaign</i> . Partnerships are being established with consumers, providers and various state agencies across systems.	Yes
West Virginia	<i>Suicide Prevention</i> – A statewide approach to develop awareness and education among the citizens of West Virginia, regarding the early warning signs and extent of the suicide problem. This process was established by a coalition of partners called the “West Virginia Council for the Prevention of Suicide”. Partners include private citizens, community providers, public health, Department of Education, child welfare and corrections.	Yes
Wisc.	<ol style="list-style-type: none"> 1. Teaming with primary care providers and Medicaid for SSI coverage. 2. Stigma reduction efforts involving PSAs. 3. Recovery directed planning 	
Wyoming	The major activity for transformation really is the appointment of a Select Committee on Mental Health and Substance Abuse Systems of Care in Wyoming. It's sole purpose is to review the system, identify gaps, issues and assist in addressing them at the legislative level. The committee will address such things as manpower, incremental and ongoing funding issues, reorganization of the administrative, statutory authority and service areas in the state, and redefining the role of the state hospital. Phase II, the Wyoming Public Mental Health System of Care Transformation Plan, will start soon.	
Wyoming	For children, we have had CASSP principles adopted for several years, but like not in full practice. We have completed about 3 years work on Community Readiness and are writing for a grant to further facilitate that. Further we hope to be the 5th state in the Nation to have a Medicaid Waiver for MH Children's Services. Consensus is being developed now for what services to include and the waiver draft is taking shape. Much road-work is being done to support that, as well as supporting progress by communities in their readiness.	
Wyoming	<p>Implementation of promising, best and evidence based practices throughout the state, including:</p> <ul style="list-style-type: none"> • Integrated treatment for Co-occurring Disorders • ACT • Supported Employment is well established, using DVR funds • Piloting Jail Diversions programs • Piloting Integrated Primary Care • Developing 2-3 telemedicine/telepsychiatry sites • Multi-Systemic Family Therapy • Integrated and Public School Based Assessments, Interventions and Treatment <p>Partners include: private hospitals; jails; physicians; local schools and school districts; State Depts. of (i), Family Services, (ii) Education, and (iii) Corrections; and the State Divisions of (a) Health, (b) Aging, and (c) Medicaid. Wyoming also promotes wide stakeholder involvement, including NAMI-WY; UPLIFT (Children's Advocacy) Legislators and WYSAAG (Adult Consumer Self Advocacy Group).</p>	