



SPRING 2001

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networks

BRIDGING THE GAP

Between Research and Services with Evidence-Based Practices

by Vijay Ganju, Ph.D.

During the past several decades, a quiet but significant revolution has occurred in the field of mental health services. Enormous advances have been made in treatments available for persons with mental illness. New medications have emerged; new services and supports have proven effective. The U.S. Surgeon General's report on mental health provides an overview of these evidence-based, state-of-the-art services that have resulted in positive outcomes for consumers and their families in numerous controlled studies.¹

The Surgeon General's report not only brings together information about these advances in one document, but it also emphasizes the strong scientific basis—indeed, “evidence” from controlled studies that have been replicated—for the effectiveness of these services. It is these practices that are defined as evidence-based.

At the same time, the report points out that there is a huge gap between knowledge and practice, between what is known through research and what is actually implemented in many public mental health systems across the country. Although this gap between knowledge and practice is not peculiar to the mental health field, the challenge for public mental health stakeholders is to ensure that evidence-based practices become more broadly available and more seamlessly integrated into existing systems of care.

EXAMPLES

What are some evidence-based practices? Although the following list is not exhaustive, evidence-based practices for adults include the use of “new generation” medications such as the antipsychotic medications clozapine, olanzapine, risperidone and quetiapine and selective serotonin reuptake inhibitors (SSRIs); assertive community treatment; illness self-management; supported employment; family

support services; psychoeducational services; and integrated dual diagnosis treatment.

For children, evidence-based practices identified in the Surgeon General's report include multi-
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¹ U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Implementing Evidence-Based Practices: Challenges and Opportunities

Although there is a growing body of research demonstrating that certain evidence-based mental health interventions result in positive outcomes for consumers, there is less evidence about how to implement and integrate these practices into public mental health service systems. Some general principles can be derived from research on the diffusion and adoption of innovative practices, organizational change and development, and quality improvement processes. There are also lessons to be learned from those who have attempted the large-scale implementation of evidence-based mental health practices.

“First, there needs to be a commitment by leadership,” explains Paul G. Gorman, Ed.D., former director of the New Hampshire Division of Behavioral Health and Developmental Disabilities and now director of the West Institute, a mental health research organization affiliated with Dartmouth College. “And then you have to find the
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networks is supported under a Cooperative Agreement between the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the National Association of State Mental Health Program Directors. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CMHS/SAMHSA.

MESSAGE FROM NTAC

In this issue of *networks*, we address the role that state mental health agencies play in implementing evidence-based practices to meet the mental health services and support needs of persons with mental illness. Clearly interest in implementing evidence-based practices is high throughout the mental health field. Articles devoted to this topic have appeared in numerous mental health publications. As we note in our lead article, the American Psychiatric Association's journal, *Psychiatric Services*, has dedicated 2001 to evidence-based psychiatry. So in considering this topic for the newsletter, we had to ask ourselves what, if anything, we could add to the discussion.

The answer brought us back to the basic purpose of *networks*—providing practical information about emerging issues in the field to help state mental health systems, consumers, family members and planning council members improve public mental health services and supports and, in doing so, improve outcomes for the recipients of those efforts. Our goal with this newsletter is to help state mental health systems bridge the gap between research and what is actually practiced in the public mental health service sector. State-level leadership and policies are critical facilitators in moving research into practice. In this issue of *networks*, we explore many of the factors that assist in this effort, drawing on the experiences of key researchers in the field as well as from many of the states that have begun the journey toward incorporating evidence-based practices more fully into their mental health service systems.

We would like to acknowledge the significant role played by Howard H. Goldman, M.D., PhD, who became the catalyst in this collaborative effort involving NASMHPD's National Technical Assistance Center for State Mental Health Planning (NTAC) and the

NASMHPD Research Institute, Inc. (NRI). Dr. Goldman, NRI's Research Project Director, provided guidance in identifying the primary issues and resources relevant to evidence-based mental health practices. Vijay Ganju, Ph.D., Director of Research Development at NRI, served as author of the two lead articles and contributed his expertise on this topic throughout development of the newsletter.

Dr. Goldman and Dr. Ganju worked closely with John D. Kotler, M.S.J., NTAC's Senior Writer/Editor, and Rebecca G. Crocker, NTAC's Media/Meeting Coordinator, in planning and developing this issue. Other contributors included Robert W. Glover, Ph.D., Executive Director of NASMHPD; Noel A. Mazade, Ph.D., Executive Director of NRI; and Gail P. Hutchings, M.P.A., President of the Behavioral Health Policy Collaborative. All provided valuable oversight in the development of this issue.

We at NTAC have had a busy year, moving full speed ahead with a wide range of technical assistance projects including provision of on-site technical assistance in support of state mental health system improvement across the country, convening of conferences and meetings on key mental health issues, responding to information requests, and development of a broad range of publications on pressing topics in the public mental health sector. We will provide an overview of this year's NTAC activities in the summer 2001 issue of *networks*.

We want to hear from you, our readers and constituents. Our continual self-assessment is vital to our activities and services. Your assistance is appreciated in helping us fulfill this responsibility by completing the attached *networks* Evaluation Survey and mailing list update. Thank you in advance for your feedback.

—Catherine Q. Huynh, M.S.W.,
NTAC Assistant Director

centers of excellence,” each of which is responsible for disseminating one evidence-based or promising practice across the state.

systemic therapy, therapeutic foster care and family involvement. A recent review of the literature has identified evidence-based school programs for children as well. Several states are moving forward with evidence-based practices related to children. Both Maryland and Ohio have initiatives focusing on multi-systemic therapy. Ohio has initiatives related to school services. Texas has embarked on an effort to develop children’s medication algorithms for attention deficit disorder and childhood depression.

States have taken a variety of approaches to systemwide implementation of evidence-based practices. For some services, such as the new antipsychotic medications, stakeholder coalitions consisting of consumers, family members, advocates, mental health professionals and administrators have succeeded in obtaining large increases in funding in several states.

For other practices, such as assertive community treatment and supported employment, a number of state mental health agencies have included contractual requirements specifying provision of these services in arrangements with local providers or managed care organizations.

The Surgeon General’s report and the experiences of several states have created a surge of interest in the implementation of evidence-based practices. *Psychiatric Services*, a journal published by the American Psychiatric Association, has designated 2001 as the year of evidence-based practices and is devoting a part of each monthly issue this year to the subject. The federal Center for Mental Health Services and the Robert Wood Johnson Foundation have provided funds to initiate a project to develop and test “tool kits” designed to help state mental health systems implement six key evidence-based practices. Several states including Illinois, Maryland, New York, Ohio and Virginia have held or plan to convene conferences on evidence-based practices this year.

Michael F. Hogan, Ph.D., director of the Ohio Department of Mental Health, considers evidence-based practices, along with performance measurement and outcomes management, to be key components of the quality equation. During the past year, the Ohio Department of Mental Health has established four of eight planned “coordinating

“Implementation of evidence-based practices reduces the enormous variability in clinical care and helps standardize that care at a high level of quality,” notes Steven P. Shon, M.D., medical director of the Texas Department of Mental Health and Mental Retardation, which has been a leader in implementing evidence-based practices including the state’s new medication algorithm. “Without appropriate care, there is enormous redundancy and waste of resources.”

CHILDREN’S MENTAL HEALTH SERVICES

To help bridge the gap between research and practice in children’s mental health services, the National Institute of Mental Health convened a Child and Adolescent Mental Health Services Research Planning Meeting in 1999. Priorities established by meeting participants included research into “how best to deliver these [effective] treatments in a variety of real-world settings (including community mental health clinics, homes, schools and pediatric settings),” strategies to “sustain effective treatments...over a long period of time,” understanding specific aspects of clinical practice that influence the effectiveness of mental health services and developing strategies to link child mental health systems change to transformation in clinical practice.¹

¹ Burns, B.J., Hoagwood, K, and Mrazek, P.J. (1999). “Effective Treatment for Mental Disorders in Children and Adolescents,” *Clinical Child and Family Psychology Review* 2(4): 199-254. For a report on the proceedings of the NIMH Child and Adolescent Mental Health Services Research Planning Meeting, see www.nimh.nih.gov/childhp.

The effectiveness of services such as assertive community treatment, supported employment and psychoeducational services has been known for several decades, but many state mental health systems are still struggling to implement them or to expand their use. A number of factors appear to constrain implementation. In some cases evidence-based practices are not eligible for reimbursement through Medicaid or private insurers. Service providers and clinicians are sometimes unaware of new treatment modalities or may not have received adequate training in their use. In addition, mental health researchers have not yet identified evidence-based practices in a number of areas. “In many priority areas,” Dr. Hogan notes, “we do not have strong evidence. In these areas, we have to proceed within the limits of our knowledge. We

must build the research base for promising services and make sure they are not left by the wayside.”

Implementation can be especially difficult when budgets are tight and there are competing priorities. Which services are to be displaced to allow for the introduction of evidence-based practices? The fact that other services and supports have not been deemed “evidence-based” does not necessarily mean that they are ineffective. It may simply be that resources have not yet been available to conduct adequate controlled research on these practices.

FIDELITY

The issue of fidelity—adherence to the key elements of an evidence-based practice—is another critical issue. Many advocates point to research demonstrating that the closer providers adhere to the *(continued on page 7)*

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champions in the system for evidence-based practices. Without these champions, it is hard to budge the system. With them, you can create ‘twinning’ mentorships in which the champions work with others to help promote evidence-based practices.”

Providing information about an effective practice or strategy is not enough to ensure implementation. Researchers have found that the role of opinion leaders, persuasion and influence are critical. Research also indicates that the pace of adoption varies considerably for different segments of the population. A small group of early adopters usually paves the way for adoption by the majority; however, there is always a small group that resists change. Other critical factors include organizational culture, the ability to monitor change and provide feedback about its impact, and incentive and reward structures.

Tool Kit Project

Dynamics such as these, along with the evidence-based practices themselves, will be the focus of a multi-phase, multi-state research initiative funded by the Center for Mental Health Services (CMHS) and the Robert Wood Johnson Foundation and directed by Robert Drake, M.D., Ph.D., director of the New Hampshire-Dartmouth Psychiatric Research Center. With funding from the National Institute of Mental Health, the National Association of State Mental Health Program Directors (NASMHPD) Research Institute, Inc., will also take part in the project. Other participants

include NASMHPD and NAMI (National Alliance for the Mentally Ill). Several states including Maryland, New Hampshire and Ohio anticipate playing a key role in the research effort, and a number of other states are expected to be involved.

The first phase of the project involves development of standardized guidelines and training materials in the form of six tool kits for the following evidence-based practices: the use of “new generation” medications for persons with schizophrenia, assertive community treatment, supported employment, integrated services for co-occurring mental health and substance abuse disorders, family psychoeducation and illness self-management.

“The tool kits are an effort to develop a comprehensive capacity related to implementation and training of evidence-based services,” Dr. Drake explains. “They will be multi-modal, consisting of workbooks, videotapes and access to expert consultants. And they will be for multiple audiences: state, local and provider agency leaders and directors; clinicians; consumers; and family members. The establishment of research and training expertise to provide this broad-based implementation is a key aspect of tool kit development and dissemination.”

In a later phase, researchers plan to study how well the evidence-based practices have been implemented in participating state mental health systems and assess factors that affect implementation. Based on these findings, research teams will revise and refine the tool kits. A final phase is to include a multi-site study to test the effectiveness of several

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www.evidence-based.practices

American Psychiatric Association (APA): Provides information on a wide range of mental health topics related to research and practice. APA publishes *Psychiatric Services* and other journals. Offers online access to selected APA publications. www.psych.org

Knowledge Exchange Network (KEN): Includes links to the U.S. Surgeon General’s report on mental illness and a wide range of current mental health topics. This site is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. www.mentalhealth.org

National Institute of Mental Health (NIMH): Offers information about NIMH-funded mental health research projects. www.nimh.nih.gov

New Hampshire-Dartmouth Psychiatric Research Center, Knowledge Dissemination and Application

Project. Provides information about the Center’s lead role in the Evidence-Based Practices for Severe Mental Illness Project funded by the Center for Mental Health Services and the Robert Wood Johnson Foundation. www.dartmouth.edu/dms/psychrc.html

Ohio Department of Mental Health. Provides information about a wide range of departmental activities including initiatives to implement best practices in mental health services. www.mh.state.oh.us/clinicians/html

Texas Department of Mental Health and Mental Retardation. Provides information about the Texas Medication Algorithm Project (TMAP) and the Texas Implementation of Medication Algorithms (TIMA) program. www.mhmr.state.tx.us/CentralOffice/MedicalDirector/tmapover.html

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strategies for implementing evidence-based practices using the tool kits.

Coalitions

Developing coalitions of stakeholders to support systems change is another important aspect of implementing evidence-based practices. In Texas, where legislation mandates that new-generation psychiatric medications be implemented throughout the public mental health system using specified algorithms, a key factor resulting in support for this initiative was a partnership formed among various stakeholders.

“It was a highly collaborative undertaking from the beginning,” notes Karen F. Hale, commissioner of the Texas Department of Mental Health and Mental Retardation. Participants included representatives of university medical and pharmacy schools, consumer and family organizations, and advocacy groups.

Other critical components include the “provision of education and technical assistance to clinicians, patients and families” as well as “administrative support and system structure modifications” that promote system change and “reduction of clinical paperwork, automation of algorithm prompting, clinic workflow redesign, and outcome assessment and monitoring” of new practices.¹

The implication of all this is that state mental health agencies must approach implementation of evidence-based practices within the context of broader systemic change. Resources and priorities may need to be reviewed and refined. Training and support systems must be in place to ensure that staff members are prepared to effectively implement new practices. Only with such realignment can the full promise of evidence-based practices be realized. ♦

Vijay Ganju, Ph.D., is Director of Research Development for the NASMHPD Research Institute, Inc. Through NRI's Research Infrastructure Support Program (RISP), Dr. Ganju is participating with Howard H. Goldman, M.D., Ph.D., NRI's Research Project Director, in implementation and evaluation of the Evidence-Based Practices for Severe Mental Illness Project (the "toolkit project"), which is funded by the federal Center for Mental Health Services and the Robert Wood Johnson Foundation. NRI and RISP are exploring other projects focusing on evidence-based practices. RISP is funded by the National Institute of Mental Health.

¹ Shon, S.P., Toprac, M.G., Crismon, M. Lynn, and Rush, A.J. (1999). “Strategies for Implementing Psychiatric Medication Algorithms in the Public Sector,” *Journal of Practical Psychiatry and Behavioral Health*, January, p. 36.

SUGGESTED READING

Burns, B.J., Hoagwood, K., Mrazek, P.J., (1999). “Effective Treatment for Mental Disorders in Children and Adolescents,” *Clinical Child and Family Psychology Review* 2(4): 199-254.

Drake, R.E., Mueser, K.T., Torrey, W.C., et al.(2000). “Evidence-Based Treatment of Schizophrenia,” *Current Psychiatry Reports* 2 393-297

Hoagwood, K. (Winter 2000). “State of the Evidence on School-Based Mental Health Services—NIMH Perspectives,” *Report on Emotional and Behavioral Disorders in Youth* 1(1): 13-14, 17.

Lehman, A.F., and Steinwachs, D.M.(1998). “Patterns of Usual Care for Schizophrenia: Initial Results from the Schizophrenia Patient Outcomes Research Team (PORT) Client Survey,” *Schizophrenia Bulletin* 24 11-20

National Institute of Mental Health. (1999). *Bridging Science and Service: A Report by the National Advisory Mental Health Council's Clinical Treatment and Services Research Workshop*. Rockville, MD: National Institute of Mental Health.

Senge, P.M. (1990). *The Fifth Discipline: The Art and Practice of the Learning Organization*. New York: Doubleday.

Shon, S.P., Toprac, M.G., Crismon, M.L., and A. J. Rush. (January 1999). “Strategies for Implementing Psychiatric Medication Algorithms in the Public Sector,” *Journal of Practical Psychiatry and Behavioral Health* 32-36.

Torrey, W.C., Drake, R.E., Dixon, et al. (2001). “Implementing Evidence-Based Practices for Persons with Severe Mental Illness,” *Psychiatric Services* 52 (1): 45-50. (One in a series of articles focusing on evidence-based practices published in each issue of the American Psychiatric Association's *Psychiatric Services Journal* during the year 2001. Robert E. Drake, M.D., Ph.D., and Howard H. Goldman, M.D., Ph.D., are series editors.)

U.S. Surgeon General. (1999). *Mental Health: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services.

Texas and Ohio Putting Mental Health Research into Practice

Texas and Ohio are among the states that are taking a lead in systemwide implementation of evidence-based practices to improve public mental health services. During the past decade, the Texas Department of Mental Health and Mental Retardation has mandated that providers across the state use evidence-based practices such as assertive community treatment and supported employment. Its newest initiative is the statewide implementation of the Texas Medication Algorithm Project (TMAP) designed to ensure that there is a consistent approach to prescribing medicines among providers and clinicians throughout the state mental health system as well as to help ensure that recipients of public mental health services have access to the most effective “new-generation” psychiatric medications.

The Ohio Department of Mental Health has initiated a comprehensive quality improvement program that involves monitoring the outcomes of public mental health services, promoting patient safety and well being, and implementing evidence-based and other promising practices. A key element of this effort is the establishment of a cadre of eight Coordinating Centers of Excellence whose mission is to collaborate with county mental health boards and local providers to incorporate a range of effective mental health practices across the state.

The initial impetus for the Texas medication algorithm project, according to Steven P. Shon, M.D., medical director of the Texas Department of Mental Health and Mental Retardation, was the “enormous variability in prescription practices” throughout the state mental health system. Dr. Shon said that consumers, family members and state mental health officials all expressed concern about the lack of consistency in medication practices as well as frequent changes in prescriptions each time a consumer saw a new clinician. The medication algorithm provides a series of stages for prescribing medications for particular mental illnesses while remaining flexible enough to enable the clinician to tailor treatment to the needs of individual patients.

Texas initiated the medication algorithm project in 1995, and in 1996 three statewide conferences were convened involving a broad continuum of mental health stakeholders as well as scientific experts and researchers. From the outset, participants agreed that the medication algorithms should be based on the best scientific evidence, not on cost considerations; that consumers and family members would participate in each phase of the algorithm development; and that there would be comprehensive training for clinicians, consumers and family members on

using the algorithms and the companion patient/family educational packages. Once medication algorithms were developed for schizophrenia, bipolar disorder and major depression, the state mental health agency carried out two research studies, one in 1997 and the second spanning the years 1998 through 2000. Both studies demonstrated “clear, positive findings” concerning the algorithms’ usefulness, Dr. Shon notes. Based on this research and strong advocacy efforts, the Texas state legislature appropriated \$27 million a year in its 2000-2001 biennial budget to ensure greater availability of new-generation psychiatric medications and an additional \$8 million per year to provide a range of services and supports for recipients of public mental health services.

Ohio’s newly established Coordinating Centers of Excellence are one of the key elements of a statewide effort to improve programs and outcomes for recipients of public mental health services. Each of the state-funded centers, which are based in universities and other organizations, will provide expertise in a particular practice and will collaborate with public mental health providers to ensure that the practice is widely incorporated throughout the state mental health system.

Programs in Ohio range from a center on substance abuse and mental illness at Case Western Reserve University in Cleveland to the Center for Learning Excellence at Ohio State University in Columbus, whose mission it is to establish and expand mental health services for students in the new statewide alternative school program. Other centers will specialize in psychoeducational services, diversion of adults and youth with mental health problems from the criminal and juvenile justice systems to mental health services, use of advance directives, multi-systemic therapy, cluster-based mental health services and implementation of a statewide medication algorithm project.

Dale Svendsen, M.D., medical director of the Ohio Department of Mental Health, explains that state mental health officials selected the eight best practices to be promoted by the Coordinating Centers of Excellence based on the scientific rigor of evidence demonstrating their effectiveness and their salience to the state’s mental health needs and priorities. “We’re looking for practices that are high on both scientific rigor and salience,” he emphasizes.◆

For additional information about the Texas Medication Algorithm Project, please contact Dr. Shon at (512) 206-4502. For more information about Ohio’s Coordinating Centers of Excellence, please contact Dr. Svendsen at (614) 466-6890.

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primary elements of an evidence-based practice, the more likely they are to achieve the same positive outcomes identified in the original research.

Yet fidelity presents a variety of challenges. Adherence to an evidence-based practice can be expensive and may require a realignment of practices and priorities (e.g., increased staff-consumer ratio, round-the-clock services or high-cost medications). Purchasers and providers of services may be reluctant to embark on a new practice that could result in increased spending or dramatic changes in existing practices. In an effort to minimize costs, providers sometimes eliminate key elements of a model when attempting to implement an evidence-based practice. Because important aspects may be missing, however, the evidence-based practice may not produce the expected results. This, in turn, can lead to the service receiving diminished support or being abandoned.

Despite the difficulties, many advocates contend that the widespread use of evidence-based practices is essential for the advancement of public mental health services and the achievement of improved outcomes for service recipients. They note that in an era of tight budgets and emphasis on accountability, the use of evidence-based practices that produce measurable, improved outcomes can make a strong case for increased funding. They also predict that the increasing use of evidence-based mental health practices by state and local mental health systems will encourage additional research to expand the pool of evidence-based services and supports.

CONSUMER PERSPECTIVES

Cindy Hopkins, director of the Office of Consumer Affairs, Texas Department of Mental Health and Mental Retardation, supports the growing emphasis on evidence-based practices. Yet Ms. Hopkins points out that many consumers are concerned that medications will become the primary focus of evidence-based practices, undermining the need to implement other necessary services and supports, or that reliance on evidence-based practices could reduce the role that consumers and family members play in influencing mental health policies and practices. "Consumers," she says, "must be part of the development and implementation design process if the evidence-based practices are to produce optimal results."

Although a number of individual evidence-based practices have been identified, Ms. Hopkins contends that researchers and practitioners still need to fully explore how these practices can work together to help individual consumers. "It's fine to have guidelines for specific areas of treatment, but there is no big picture for all the elements," she notes. "The objective should not be merely the implementation of evidence-based practices but producing better outcomes for consumers." ♦

CALENDAR OF EVENTS

May 29-June 1: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **50th Annual National Conference on Mental Health Statistics: 2001 An Information Odyssey: Celebrating the Past 50 Years and Promoting the Future**. Washington, DC. Contact Patricia Smith at (240) 632-5629.

June 6-9: National Mental Health Association. **Annual Conference: Justice for All—Addressing America's Mental Health Disparities**. Washington, DC. Call 800-969-6642; www.nmha.org

June 8: Center for Psychiatric Rehabilitation, Boston University. **Integrating the Recovery Process Into Existing Programs**. Boston, MA. Contact Blanca Yanulis at 617-353-3549; www.bu.edu/cpr

June 10-13: New York State Office of Mental Health. **Best Practices Conference: A Gathering of Experts in Implementing the Canon of Knowledge Surrounding Effective Treatments for Mental Illness**. Brooklyn, NY. Contact Sue Watson at 518-473-3605 concerning conference agenda/activities and Donna Peri at 716-328-5190, ext. 32, concerning registration; www.omh.state.ny.us

June 18-21: Substance Abuse and Mental Health Services Administration. **National Women's Conference. A Generational Journey: Women Carrying the Vision**. Orlando, FL. Contact Duiona Baker at 301-443-5184; www.samhsa.gov

June 23-26: National Association for Rural Mental Health. **21st Century Rural Mental Health: Challenges and Opportunities**. Wilmington, NC. Contact LuAnn Rice at 320-202-1820; www.narmh.org

July 12-14: National Association of County Behavioral Health Directors. **Sixth Annual Conference**. Philadelphia, PA. Call 202-234-7543; www.nacbhd.org

July 29-31: National Association of State Mental Health Program Directors. **NASMHPD Summer 2001 Commissioners' Meeting**. Call 703-739-9333; www.nasmhpd.org

August 23-26: National Mental Health Consumers' Self-Help Clearinghouse. **Alternatives 2001**. Philadelphia, PA. Call 800-553-4539; www.mhself.org

The Change Agent's TOOL BOX

Publication this month of the final installment of *The Change Agent's TOOL BOX* marks the completion of an eight-part series promoting integration across service systems to meet the needs of persons with co-occurring mental illness and substance abuse disorders and consumers with multiple needs.

Beginning with the first issue, "Making the Case," and continuing through this month's "Core Qualities of the Change Agent," the series explores the full range of topics related to systems integration. Areas covered include building broad-based coalitions and stimulating dialogue for creative problem solving that are vital to an effective change process, involving individuals and organizations from the private sector, utilizing expertise available throughout participating agencies and organizations, identifying and pooling resources for maximum impact, developing and maintaining commitment and enthusiasm among the partners in change, moving from concepts to reality in the systems-integration process, and realistically evaluating progress in meeting key goals.

To order a complete set of the eight-part Change Agent's TOOL BOX series, please send a check for \$10 made payable to NTAC, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314.



The National Technical Assistance Center for State Mental Health Planning provides focused, state-of-the-art technical assistance and consultation to State Mental Health Agencies, State Mental Health Planning and Advisory Councils, consumers and families to help ensure that the best practices and most up-to-date knowledge in mental health and related fields are translated into action at the state and local levels.

Catherine Q. Huynh, M.S.W., *assistant director*

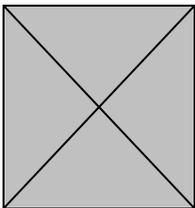
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