

Mental Health Transformation Project

Presentation to:

Mental Health Task Force
May 23, 2006



Kenneth D. Stark, Director
Mental Health Transformation Project

Goals of Transformed System



President's New Freedom Commission

- Goal 1 : Americans understand that mental health is essential to overall health
- Goal 2: Mental health care is consumer and family driven
- Goal 3: Disparities in mental health services are eliminated
- Goal 4: Early mental health screening, assessment and referral to services are common practice
- Goal 5: Excellent mental health care is delivered and research is accelerated
- Goal 6: Technology is used to access mental health care and information





Overview

- **Washington one of seven states nationwide to be awarded a SAMHSA Mental Health Transformation State Incentive grant (MHT-SIG)**
- **Year 1 - \$2.73 million with a similar amount to be distributed in years 2-5**
- **Transformation is: Recovery Oriented Model, Consumer/Family-Driven and Outcome Focused**





Overview

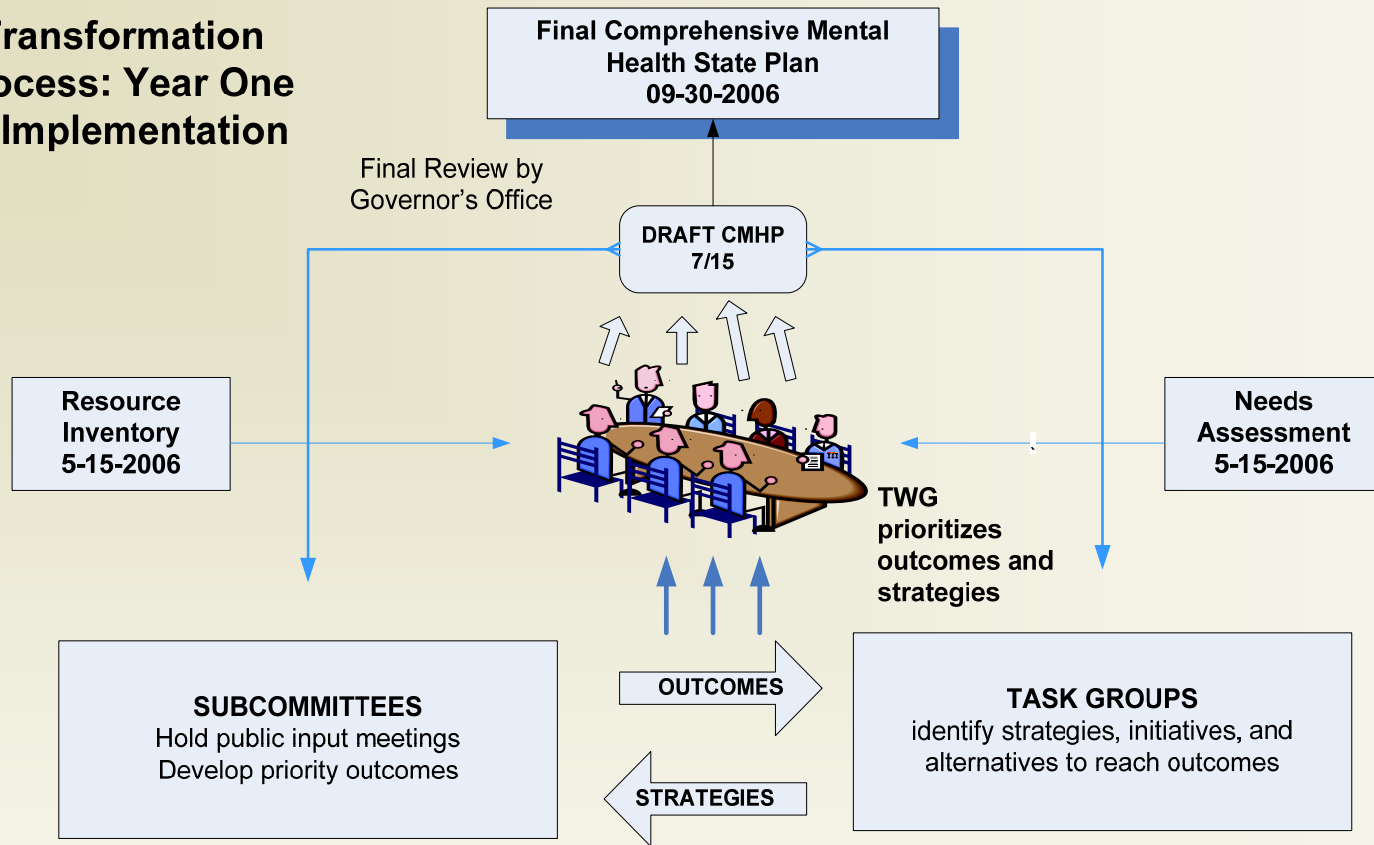
- ❖ Engage in a public input process
- ❖ Conduct a statewide Inventory of Resources and Needs Assessment
- ❖ Develop a Comprehensive Mental Health Plan (CMHP)
- ❖ Years 2-5: Implement CMHP and continue to build sustainable transformation statewide
- ❖ Conduct ongoing program evaluation of State's transformation efforts



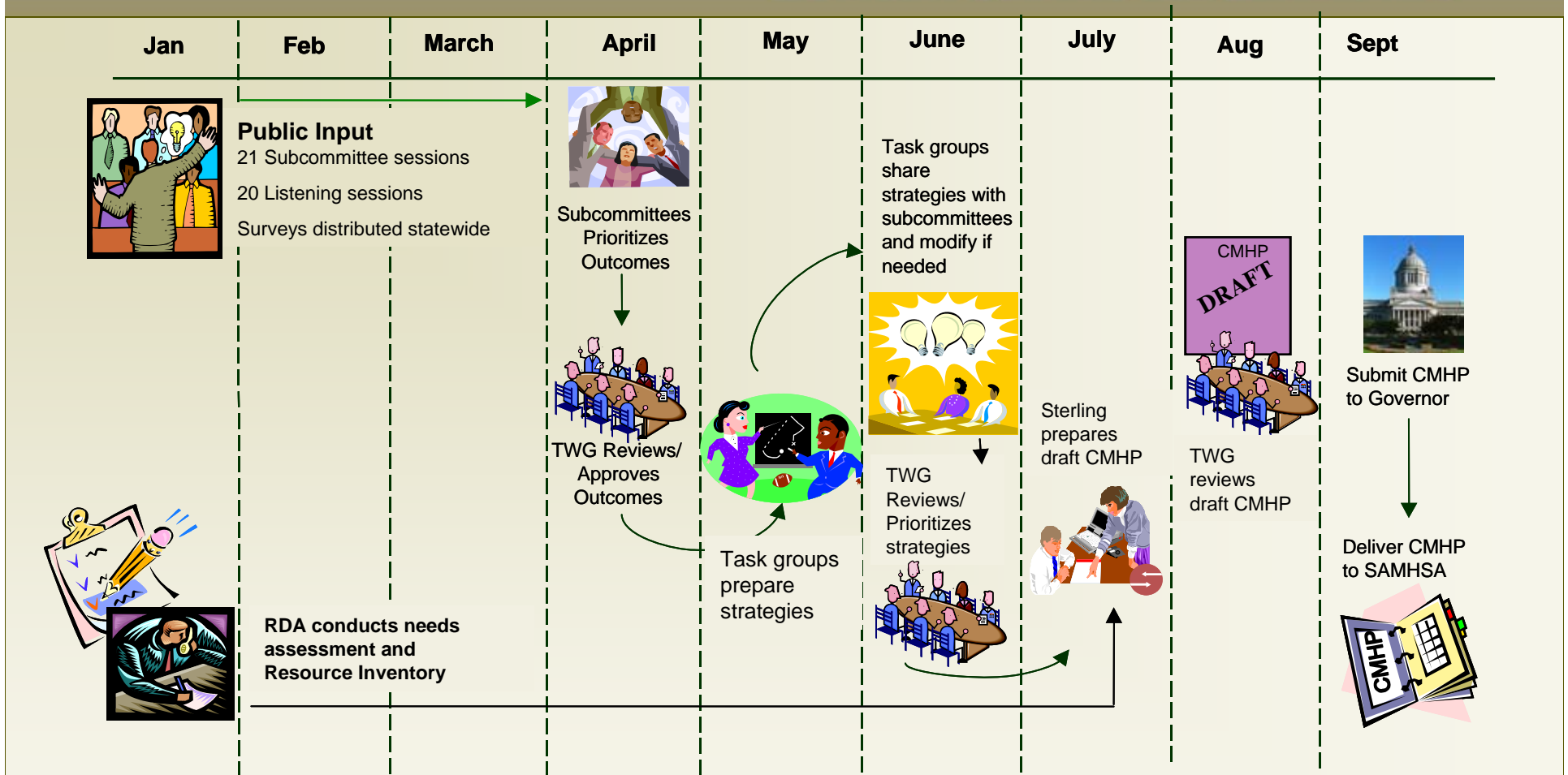
MHTP Overview



Transformation Process: Year One of Implementation



Schedule Overview



Overview of Outcome Identification



- Subcommittees began meeting and receiving public input in February 2006
- Each subcommittee met at least three times. Some met for a fourth time to develop themes, strategies and outcomes.
- 45 public input sessions were held in 55 days between RSN Listening Sessions and Subcommittee hearings
- UW and WSU conducting face-to-face and telephone interviews of consumers/families
- The University of Washington received and summarized data from a number of sources (RSNs, public testimony and submissions from individual consumers and family members)



Resource Inventory/Needs Assessment



- The DSHS Division of Research and Data Analysis (RDA) interviewed state agency and RSN directors as part of the Resources Inventory and Needs Assessment.
- A presentation of these findings is planned for the June 16th TWG meeting



Children, Youth, Parents and Family Subcommittee



1. Greater availability of state-only funds which would require a decrease in requirements around state only funds and an increase in the flexible use of these funds.
2. Increased youth and family support systems (this includes any caregiver family including foster, adoptive and kinship families) such as parent and youth organizations, support groups, peer support and parent partners.
3. Increased training and education that is inclusive of partnerships between professionals and parents/youth, cultural competence, which goes beyond linguistics and ethnicity, and professionals.
4. A system that is more proactive than reactive.



Older Adults Subcommittee



1. Older adults will have improved and consistent access to appropriate mental health services, including outreach to place of residence.
2. Mental health services for older adults will be provided and funded in an integrated holistic model of care including mental health, medical, substance abuse, social services and spiritual.
3. There will be an increased number of service-providing individuals with professional expertise in mental health and aging.
4. Appropriate mental health services for older adults are coordinated across all systems of care at state, regional and local levels.



Adult Consumers Subcommittee



1. Funding is attached to the consumer, allowing the consumer, with the assistance of a recovery coach, to select and self-direct services they believe will assist them in their recovery process and to purchase these services directly. All consumers will have a choice of services in which they can become engaged.
2. State regulations will be modified to allow consumer-run entities that are independent of the community mental health agencies to provide Medicaid-eligible consumer-run services.
3. Everyone working in the mental health system is trained and certified in psychiatric rehabilitation through college programs specially designed to provide such training. All recipients of services are also trained in psychiatric rehabilitation.



Adult Consumers Subcommittee (continued)



4. The ombuds system is independent of the mental health system (MHD, RSNs, and provider agencies).
5. Consumers have access to evidence-based vocational rehabilitation services on demand that include high quality supported employment based on national standards. These programs work collaboratively with DVR to ensure employment for as many consumers as possible.



Co-Occurring Disorders Subcommittee



1. Consumers will have access to appropriate, quality treatment regardless of barriers and/or resources, and the services will be specific to the individual's needs.
2. Affected parties are informed, educated and knowledgeable about co-occurring disorders and their recovery culture, principles and philosophy.
3. Increased system collaboration and service integration is rampant across all allied systems and services.
4. Service Delivery is consumer-driven and recovery-focused.



Youth Transitioning Into Adulthood Subcommittee



1. Consumers and family members have choices, utilize self-directed care and are sponsors, mentors and guides (i.e. peer-to-peer support). Services and supports are tailored to their cultural, community and individual needs.
2. a) Seamless, holistic care to include mental health, physical health and dental integrated for all youth 13 – 24 that provides for access on demand and includes early identification, intervention, housing, benefits and transition to adulthood. Systems use practices that have been known to work.
b) Reduce stigma through on-going education and training about recovery and resiliency developed by consumers and family members.



Youth Transitioning Into Adulthood Subcommittee (continued)



3. Consistent access to quality services and supports available regardless of location or funding sources.
4. Continual quality improvement is an integral part of all systems based on feedback and involvement from youth consumers and family members.



Criminal Justice Subcommittee



1. Decreased number of people with mental illness entering into the criminal justice system.
2. Increased access to mental health and substance abuse services for those within the criminal justice system.
3. Decreased number of people with mental health illness re-entering the criminal justice system.

(Note: the Sub-Committee did not want one of these outcomes taking priority over the others.)



Homelessness Subcommittee



1. Housing will be available immediately upon need for individuals/families.
2. Services are available immediately, regardless of the financial or categorical status of the individual or family, while other benefits and services are being applied for.
3. Continuation of services after a person has passed the crisis or transitional point (to avoid services and/or housing ending after a person is stable, decompensating back into homelessness).



Cross-Cutting Themes



- Access to mental health services must be improved
- Access to appropriate and varied resources must be available for consumers to choose from (Peer-to-peer, sponsorships, community supported services and supports)
- Prevention and diversion services must be increased to decrease the likelihood of entering and reentering the criminal justice and/or institutional systems
- Community education and communication is needed to reduce the stigma of mental illness



Cross-Cutting Themes



- Outreach services should be delivered where it is most accessible and safe for consumers (e.g., where the consumer lives)
- Current funding mechanisms must be changed to allow for more flexibility in the types and locations of services delivered
- Collaboration must be increased to provide seamless integration across all allied systems, supports and services



Current Activities



- 27 recommendations from Subcommittees have been forwarded to Task Groups for Strategy development
- Results of Resource Inventory/Needs Assessment are being completed.
- Adult consumer conference is planned
- Social Marketing campaign is being planned
- Training/Technical Assistance needs being identified
- Consumer community organizing being developed



Next Steps



- June 16th – Transformation Work Group (TWG) Meeting
 - Review Strategies, Resource Inventory and Needs Assessment
- August 4th - TWG Meeting
 - Review draft Comprehensive Mental Health Plan (CMHP)
- September
 - Submit CMHP to Governor and SAMHSA





For More Information

MHTransformation.wa.gov

<http://listserv.wa.gov/archives/mhtg-news.html>

