

Critical Pieces of Transformation
Mental Health Transformation Kick-off
October 18, 2005
Cathy Boggs
Director, Division of Mental Health and Addiction

Three years ago the President of the United States identified three obstacles preventing Americans with mental illnesses from getting the excellent care they deserve:

- Stigma that surrounds mental illnesses,
- Unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and
- The fragmented mental health service delivery system.

After articulating this, the President formed a Commission to address the problems in the current mental health delivery system.

In July of 2003, the President's New Freedom Commission on Mental Health's final report, "Achieving the Promise: Transforming Mental Health Care in America" was released. The commission wrote the following Vision Statement:

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community.

In the folder you received at this morning's registration, you will find the Executive Summary of the President's New Freedom Commission. A full report is available at the mentalhealthcommission.gov web site.

The report calls for transforming the mental health service delivery system in the United States by focusing on providing meaningful, consumer- and family-centered services; and focusing on helping consumers learn to successfully cope with life challenges by facilitating recovery and resilience rather than just managing symptoms.

Six Goals have been defined

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

In response to the President's New Freedom Commission, early this year SAMHSA, the Substance Abuse Mental Health Services Administration, put out a request for application for the Mental Health Transformation State Incentive Grant program.

In May the Division of Mental Health and Addiction made application on behalf of Governor Daniels for the grant. I'd like to thank those of you who took the time to discuss with the Division what transformation means to you and what a transformed system would look like.

When the Division was awarded SAMHSA's Strategic Prevention Framework Grant in August, many people thought we had received the Transformation grant. It wasn't until the end of September that SAMHSA awarded the Transformation grant to 7 states - Ohio, Connecticut, Oklahoma, Texas, Washington, Maryland, and New Mexico. Even though Indiana was not named as a recipient, the decision was made that we would move ahead with transformation regardless.

In the grant application Denny Jones was named as Indiana's visionary leader for the transformation. Denny is committed to working with the Division to see transformation take place and will chair a transformation work group that will have oversight of transformation activities.

A few people have asked me what will be transformed after this day and a half event. In my mind, transformation is a journey, and this is the first step down the path.

The end goal of transformation includes:

- A consumer centric system of planning, delivering and evaluating effective care
- The alignment of systems, services, funding and technology
- A different State Role that focuses on leadership, not direct service delivery
- Statewide Implementation of pilot projects proven to be effective models of care
- Measuring Results to inform ongoing quality improvement efforts
- Knowledge Dissemination that moves science to service as efficiently as possible

Transformation cannot be accomplished by the Division of Mental Health and Addiction alone. It will take involvement of those who provide funding for services and those who provide services. By services I'm talking not only about medical services, but also services like housing, vocational training and income support. It will take involvement of legislators, researchers, advocates, and even the consumers and family supports as well.

A partnership will be required that is based on respect, responsibility, responsiveness and resourcefulness.

Another critical piece of transformation includes Leadership. I am committed to building a leadership team within the Division of Mental Health that is aligned with FSSA's vision, understands the end goal of transformation, and will work with Denny and the transformation workgroup and stakeholders to move the system forward.

With that said, I am pleased to announce that Gina Eckart will be joining the division on November 14 in the leadership role of Assistant Director.

Gina is currently the Director of Care Management at Midtown Community Mental Health Center where she has been responsible for the management of the 24-hour Crisis Unit, Access Services and Intake System for the center. She also has experience with utilization review, consumer complaint resolution, and performance improvement initiatives, including planning, implementation and monitoring of activities.

Other professional activities Gina has been involved with include: The Indianapolis Crisis Intervention Team Training Committee, The Marion County Mental Health Association Crisis and Suicide Line Advisory Board, The Marion County Suicide Prevention Coalition, and as a Trainer for Marion County Sheriffs Department and Indiana Law Enforcement Academy.

As Assistant Director, Gina will be responsible for working on many of the transformation initiatives and will work across agencies, with the Division staff, and with the Transformation Workgroup.

Now to discuss the Transformation Initiatives - those initiatives that need to get started right away.

Consumer and Family Involvement - As part of the transformation there needs to be an enhanced focus on statewide and local methods to ensure consumers and families are full partners in planning for, delivering and evaluating care.

The division values consumer involvement - not only in their involvement with their own care plans, but also in our advisory groups and focus groups on policy, as peer providers in mental health settings, and as advocates.

We will be asking the Transformation Workgroup to oversee and recommend implementation of a comprehensive initiative in this area. Francis Priester is here today to talk with us about strategies for consumer and family involvement.

Relationship Management - An initiative is being designed to improve common understandings, metrics, and deliverables between the division and all providers. We are looking to create relationships that are valued by the consumer, the provider and by FSSA. As a part of the transformation, we will take a new look at contracting, payment structures, reporting, and expectations. Relationship management is a two way street, so we will be looking to also understand provider's needs.

At the afternoon breakout session titled "Relationship Management: Clarifying Expectations" discussions will be held on what would a new relationship look like with the Division, on how should contracts be different and on performance reporting. Debbie Herrmann and Jim Jones will be leading this discussion.

This initiative will also apply to the state psychiatric hospitals, as it is our interest in having them begin to operate more independently and soon become independently managed. The role of the state hospital is as provider of care. The same expectations will be placed on the hospital as are placed on community providers.

Results Management - We are looking at using a three-part process for measuring the outcomes of our individual and collective efforts.

First the measurement of transformation process itself. Are we doing what we said we would do? Are other grants supporting transformation? Yearly the Division of Mental Health and Addiction receives Mental Health block grant funding and Substance Abuse, Prevention and Treatment block grant funding from SAMHSA. Through the Department of Child Services, the Division also receives Social Security Block Grant funding. Indiana was awarded the Strategic Prevention Framework Grant, a five-year grant worth \$11.66 Million dollars, which will fund community activities for reducing the prevalence of alcohol and other drug abuse.

We will also need to inventory grants that other agencies receive to provide funding and/or services to this population and work to more effectively utilize all available resources.

Second, we need to analyze Community and statewide measures of performance. One example of this is the percentage of individuals with serious mental illness in the criminal justice system.

And third, look at service level performance where we measure the consistency and quality of performance at the clinical team level. We will hear more about this tomorrow morning during Dr. Ivor Groves' presentation.

Cross Agency Initiatives

Mental Health and Addiction and Criminal Justice

- Crisis intervention training and other diversion strategies.
- Department of Correction outplacement of persons with mental illness and addiction.
- Statewide common strategies on addictions services.
- Common assessment methods for adults used across agencies.

Mental Health and Addiction, Department of Education, Department of Child Services, and Medicaid

- Major initiative on earlier identification and treatment of youth with identifiable emotional/mental illness.
- Accurate screening, assessment and integrated treatment services for mental health and addiction needs.
- Common assessment methods used across all child-serving agencies.

At a breakout session this afternoon, Kristen Schunk from DOE will be discussing the Children's Social, Emotional and Behavioral Health Plan required by SB 529 that will be presented to the Legislature next June. This comprehensive plan is looking at how children can best be served.

Mental Health, Department of Health, and Medicaid

- Major initiative to expand primary care/mental health connectivity.
- New and shared funding strategies to enhance health/mental health partnerships and optimize resources.
- Individualized Plans of Care developed for an individual, used across agencies, using a systems of care treatment approach and a common philosophy of care - that recovery is possible. These plans of care must cross community and state hospital boundaries.

State Hospital Initiatives

Localization of Richmond State Hospital, Madison State Hospital and Evansville State Hospital

FSSA is moving from provider of service to the financier of service. Today FSSA contracts for a majority of services. The goal is to spin off the hospitals so they become locally run 501c3 corporations. A draft Request for Information was released September 12. Community forums have been held in Madison and Richmond. Two forums are scheduled this Wednesday in Evansville.

A formal Request for Information is planned for release in November to allow FSSA to gauge whether there is interest by community based non-profits to operate and manage these hospitals.

Central Indiana Hospital Project (aka Larue Carter Rebuild)

A project has started in which a new model for a central Indiana hospital is being developed. The clinical and treatment model for acute to intermediate lengths of stay is being defined as is space

and bed requirements for Access/Reception Center, Inpatient Unit and Research/Office facility. Consensus will need to be reached on use of state-owned site so that conceptual planning for the campus can begin.

Seclusion and Restraint

Earlier this year the Division of Mental Health and Addiction sent a team to the National Association of State Mental Health Program Director's National Executive Training Institute for Creating Violence Free and Coercion Free Mental Health Treatment Environments / A National Initiative toward Culture Change and Transformation.

The division is working to reduce coercive treatment in the state psychiatric hospitals. The initiative moves from a focus on control of the consumers by their caregiver to an environment of partnership and empowerment.

This effort takes tremendous leadership, commitment, and motivation. Reducing coercive treatment requires a different way of looking at the people we serve and the staff who serve them. The reduction of coercion requires and can result in a culture change that will transform our mental health system. For this to happen we need to "change the way we do business" by transformation to a Recovery Based System of Care.

Dr. Peggy Stephens and Dr. George Parker will be leading a breakout session this afternoon discussing how the hospitals are or could be working to promote the recovery culture.

Transformation will not happen overnight. For those states receiving the transformation grants, the funding they receive will support a five year effort. Without the funding we must be creative in how we work together and support each other in the effort. As we move forward in Indiana, we will develop project plans that are based on available resources and careful prioritization. I look forward to walking down the path of transformation with you.