

## Mental Health Transformation Project in Washington

Presented by Ken Stark, Director  
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## President's New Freedom Commission

- Committee of advocates and professionals
- Charged with producing a report
- Concluded that mental health services are fragmented and not meeting consumers' needs
- Report recommended a need for system "**transformation**"
- Established Six New Freedom Commission Goals of a Transformed System



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## President's Six New Freedom Commission Goals

- **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



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## Washington's Additional Goals

- **Goal 7:** Individuals with mental illnesses have stable housing in the communities where they live
- **Goal 8:** Employment is an expectation and a priority in Washington for people with mental illness



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## What is the Mental Health Transformation Grant?

- SAMHSA response – President's New Freedom Commission Report
- Five year process - \$2.73 million per year; cannot fund direct services
- Promote recovery principles, consumer driven, outcome focused
- Encourages cross-system partnerships
- Mandatory Transformation Work Group (TWG) – 33 organizational members



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## First Year Transformation Process

- Set up office – hired 11 staff – created as part of Governor's office
- Established & Convened Transformation Work Group (TWG) – 33 members
- Created 7 subcommittees & 4 Task Groups to advise the TWG
- Facilitated over 40 public hearings – conducted hundreds of telephone and face-to-face interviews



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## Community Feedback Results

- Mental health system in WA is fragmented
- Is not responsive to consumer/family needs
- Funding source (Medicaid) drives system design rather than consumer needs
- System is reactive, not proactive
- Little coordination within & across service systems

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## Community Feedback Results (cont'd)

- Focused on crisis and chronic care
- Too much focus on medical model
- System is *illness* rather than *recovery* focused
- There is no continuum of care
- Services vary by geography
- Public Access to Care Standards (ACS) are too restrictive

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## Transformation Project Observations

- Legislative/Executive branch frustration with mental health
- Tension between consumers and families
- Policy disagreements between federal agency (CMS) and state (DSHS)
- Power struggle between state and sub-state entities

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## Transformation Project Observations (cont'd)

- Lack of trust – consumers; families; providers; local, state, federal government
- Funding crisis at state level – filtering down
- Lack of stable leadership at many levels
- Lack of system oversight (contract management)



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## Status Report – Halfway through Year Two

- Forming/Strengthening Coalitions
  - Community Transformation Partnership (C.T.P.)
  - WA Health Empowerment Network (W.H.E.N.)
  - Research Group
  - Prevention Group
  - Transformation Work Group (T.W.G.)



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## Creating/Providing Training

- Evidence Based Practice Center
- Self-Help Empowerment and Evaluation Alliance (for consumer/family organization training and technical assistance)
- Recovery & Resiliency Principles
- Crisis Intervention Training (CIT) – for first responders
- Depression Screening Toolkits – for older adults and post-partum women
- Cultural Competence



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## Policy Analysis Reports

- Rural Disparities
- Prevention and Early Intervention
- Involuntary Treatment Laws
- Public Sector Benefits Design Package
- Utilization Review Protocols
- PACT Implementation
- Housing Plan
- Employment Plan
- Prison Re-entry Study
- Medicaid Eligibility Jails study (UNC and RDA in partnership with DOC and jails)



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## Inventories and Surveys

- Evidence Based Practices Implemented
- Types of professionals available (supply/demand inventory)
- Provider Attitudes (social marketing and stigma research)



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## Building Integrated Database

- Mental health, alcohol/drug, medical services, criminal justice, children's services, older adults, disabilities, employment, others
- Will be utilized for tracking trends, utilization, cost shifts, outcomes



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## Legislation

- Parity - individual and small group plans
- Recognizing clubhouses (certification)
- Offender Re-Entry
- Children's Mental Health
- Jail Diversion
- Dropout Prevention
- Health Care Expansion (esp. children)
- Consumer Run Services
- Affordable Housing for All (including MH clients)



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## Summary

- Increase focus on **recovery** and **resiliency**
- Increase consumer/family voice at all levels
- Ensure services are relevant and effective
- Increase cross-system coordination
- Improve use of data
- Allow for broader array of services, including consumer and family-run services
- Maximize use of resources
- Increase focus on prevention and early intervention



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