

Person-Centered Medicine

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Deputy Director, CiMH*

During the first week of May 2011, I had the honor of attending the 4th annual Geneva Conference on Person-Centered Medicine. The meeting focused on further exploration of the conceptual bases and practical implications of a medicine and health care that have at its center the goal of serving the person as a whole and in context of their lives and communities. Likewise, the World Health Organization (WHO), through the 2008 World Health Report and the 2009 World Health Assembly's resolutions, is seeking to upgrade public health on the basis of people-centered care. Earlier meetings recognized the need to systematically conceptualize person- and people-centered care and to develop measures to assess progress in these directions.

At the May meeting an initial set of measures aimed at assessing progress towards person- and people- centered care were presented and accepted by the International Network for Person-Centered Medicine. The Person-centered Care Index (PCI) includes 33 items nested under eight broad categories, as follows: 1. Ethical Framework, 2. Cultural Sensitivity, 3. Holistic Approach, 4. Relational Focus, 5. Individualization of Care, 6. Organization and Implementation of Person-centered care, 7. People-centered Organization of Services, and 8. Person-centered Education, Training and Research.

Additional information about this organization and work can be found at <http://www.personcenteredmedicine.org/>

International Network of Person-Centered Medicine

...includes a person-centered index

Greater Bay Area Region News July 2011

Mental Health - Human Resources Forum

Kimberly Mayer, MSSW

The Greater Bay Area Mental Health and Education Workforce Collaborative (the Collaborative – one of the statewide Workforce Education and Training initiatives) hosted a one-day forum in April 2011 with county mental health directors and their invited human resources counterparts. With the theme of “Building Our Partnership to Recruit, Hire and Retain a Diverse Workforce Including Consumers and Family Members,” nine Bay Area counties shared successful strategies, programs, and human resource perspectives in a facilitated discussion and information exchange. This forum was the result of a series of interviews conducted with Bay Area mental health directors, and the recognition that relationships between mental health and human resources departments are varied, and county organizational structures differ. Several outcomes have emerged from the forum, including: the opportunity for county mental health/health human resources leaders to learn from their peers in other counties; successful strategies that are working and how those strategies developed; how partnerships between mental health and human resource staff can positively impact workforce development goals. All the materials from the forum, including a summary report, presentations and resource materials will be posted in the near future on the Collaborative’s website: www.mentalhealthworkforce.org.

Marriage and Family Therapists Educators Curriculum Workshops

Kimberly Mayer, MSSW

In April 2011 and May 2011, the Collaborative hosted two curriculum workshops with the Bay Area Marriage and Family Therapists (MFT) Educators Consortium to enhance curriculum in mental health training. As mandated by AB33, the Board of Behavioral Sciences has developed new curriculum standards for MFT Programs that go into effect in 2012. These curriculum changes infuse many of the principles of the Mental Health Services Act, including recovery-oriented care and service delivery, working with consumers and family members, and cultural competency. The new curriculum also requires course content on case management techniques, co-occurring disorders and evidence-based practices. The workshops covered several topics including Recovery-Oriented Practice; Trauma; Case Management and Evidence-Based Practices. All the materials from both workshops are available for downloading at the Collaborative's website here: <http://mentalhealthworkforce.org/mft-educators-new-curriculum-resource-page>.

For further information, please contact Kimberly Mayer, MSSW – kmayer@cimh.org or 510-754-8248.

"Statewide Workforce Education and Training Initiatives"

"EBP for culturally diverse clients"

Children's Evidence-Based Practices Symposium 2011

Margaret Faye

CiMH has been actively promoting the adoption of children's evidence-based mental health practices for a number of years and convening annual symposiums is one key strategy for supporting ongoing model adherence. This year, CiMH convened a single symposium, which took place on June 6 - 7, 2011 at the Crown Plaza Hotel in Anaheim. The main focus of the symposium was to advance the delivery of evidence-based practices (EBP) by targeting practitioners, supervisors and managers who are implementing EBP and sharing with them the latest evidence-based research and practice, enhancing their clinical skills, and assisting them in building organizational infrastructure to support the EBP.

Dr. Stanley Huey, Associate Professor of Psychology and American Studies and Ethnicity at the University of Southern California, opened the symposium with a keynote address on the appropriateness of EBP for culturally diverse clients. Dr. Huey presented his research on psychotherapy effects with children and adolescents, culture-responsive treatments for ethnic minorities, and psychotherapy mechanisms that lead to clinical change. He also discussed service system implications based on his studies. Following the opening keynote address, the symposium offered learning tracks for specific children's EBP that were presented by distinguished national trainers: Aggression Replacement Training, Functional Family Therapy, Multidimensional Treatment Foster Care and Trauma Focused Cognitive Behavioral Therapy. In addition, there were workshops on topics including outcome measures, health care reform, and understanding community-defined evidence practices.

The symposium was well attended. Approximately 340 people were in attendance and it was well represented by various counties and county departments (i.e., mental health, probation, children and family services) as well as private mental health agencies throughout California. Responses from attendees were overwhelmingly positive.

Using Evidence Based Programs to Meet the Mental Health Needs of California Children and Youth

Lynne Marsenich

CiMH is pleased to announce the publication of “Using Evidence Based Programs to Meet the Mental Health Needs of California Children and Youth”. The project was funded by the Zellerbach Foundation and provided the opportunity to survey the landscape of evidence-based practices (EBPs) in California to determine the impact EBPs may be having in the lives of children, youth and families.

Information for the report was gathered from organizations implementing EBPs throughout California. In addition, a survey completed by Children’s Coordinators from county mental health departments, helped to determine the impact of EBPs more broadly. Interview questions were developed to determine: a) number of children and/or families served, b) outcomes achieved and, c) utilization with ethnically and culturally diverse populations.

Overall, the ten interventions that were the focus of the interviews are having very positive outcomes and significant impact in California. For example, 10,000 children a year are being provided Trauma Focused Cognitive Behavioral Therapy and 9,700 first time, low income mothers receive services through the Nurse Family Partnership. In addition, approximately 25% of the children served by county mental health are being provided services through an evidence-based practice.

The report and a companion paper describing all of the programs reviewed will be available in PDF format through the CiMH website. In addition, hard copy versions will be distributed to county mental health directors and children’s coordinators and will be available upon request. Please direct questions to Lynne Marsenich at lmarsenich@cimh.org

"10 interventions having very positive outcomes"

Health Care Reform and the Mental Health Workforce

Adrienne Shilton

The Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010 signed into law by President Obama have the potential to reshape the nation's health care delivery and financing systems, including a historic mental health parity initiative.

As we know, health care and mental health care are delivered *to people, by people*. Accordingly, an effective effort to reduce costs, improve outcomes, and better link mental health care with traditional health care can only be done by a trained, diverse, and culturally competent workforce.

To that end, the new health care legislation has the opportunity to build on the successful implementation of the Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) component in California. The Act envisions:

- A multi-stakeholder Workforce Advisory Committee
- Increasing the number of Graduate Medical Education training positions
- Increasing workforce supply and support training of health professionals
- Addressing the projected shortage of nurses and retention of nurses
- Supporting training programs that focus on primary care models
- Providing loan repayment and retention grants
- Creating a career ladder to nursing
- Supporting the development of training programs

While promising, these federal initiatives come at a time when California's economic crisis has rippled through the behavioral health workforce, impacting the ability of our mental health system to deliver prevention and treatment across all sectors of the diverse behavioral health field.

As the health care system undergoes exciting and complex changes, CiMH staff will continue to seek out and implement strategies to address staff recruitment and retention, improve career ladders, and provide resources to counties in meeting new challenges.

**"Supporting
the
development
of training
programs"**