

November 2011

2011 Global Implementation Conference

By Lynne Marsenich, Senior Associate

The 2011 Global Implementation Conference (GIC), held in Washington D.C. in August, brought together more than 750 scientists, policy makers, practitioners and community and organizational leaders from around the world for an unprecedented focus on how evidence-based practices can be implemented effectively to improve outcomes for people and organizations.

Lynne Marsenich and Pam Hawkins were invited to present a paper on the Community Development Team. The Community Development Team (CDT) model was born out of our experience helping public sector organizations adopt and successfully implement evidence-based programs. The goal of the CDT is to bridge the research-to-practice gap by providing an implementation strategy grounded in an understanding of the multi-layered nature of community and mental health care contexts and of the mechanisms by which new practices are adopted and sustained within these settings.

We currently operate the CDT model to support and sustain ten evidence-based programs in 38 of the 58 California counties. Our conference presentation focused on CDT's efforts with one of these, namely Functional Family Therapy (FFT). The wide scale implementation of FFT is the largest of its kind internationally, sustaining 39 out of 44 teams over a six year implementation period.

The effectiveness of the CDT is being tested in a National Institute of Mental Health (NIMH) funded randomized clinical trial of Multidimensional Treatment Foster Care (Chamberlain) in both California and Ohio. To date, the CDT is the only implementation strategy that is the subject of a randomized trial. What we are learning holds promise for better understanding what factors contribute to successful implementation and sustainability of evidence-based programs.

No matter how strong the science behind evidence-based interventions is, people and communities cannot benefit from interventions they don't receive or from those that are implemented haphazardly. In order to be effective, evidence-based interventions require sound implementation methods.

International Mental Health Leaders Visit CiMH

By Sharon Wright, Project Coordinator

CiMH had the honor of hosting three International Mental Health Leaders for a two-day visit in mid-September through the International Initiative for Mental Health Leadership-IIMHL exchange program.

IIMHL is a “virtual” agency that works to improve mental health services by supporting innovative leadership processes. Rather than fund projects, IIMHL facilitates connections between leaders.

Our distinguished guests Martin Rogan, *Assistant National Director, Mental Health Services Executive, Republic of Ireland Oak House County Kildare, Ireland*, Dr. Victoria Beddage, *Medical Director, North Bay Regional Health Centre, North Bay, Ontario, Canada* and Memo Musa, *Manager, Mental Health Programs, Mental Health and Addiction Programs, Sector Capability and Implementation, Ministry of Health* are all mental health leaders that have been a part of this program for many years. They continue to support the efforts and mission of the program by mentoring future leaders. The leadership exchange program allows for key leaders to link together and have the opportunity to begin collaborating and building ongoing international partnerships. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries.

During the two-day visit Martin Rogan, Dr. Victoria Beddage and Memo Musa took part in an array of events and visits ranging from meeting with Steve Mayberg, Ph.D., Ret. Department of Mental Health Director, and Hon. Darrell Steinberg, Senate President Pro Tempore, speaking with Dr. Thomas S. Nesbitt, M.D., M.P.H., Associate Vice Chancellor for Strategic Technologies and Alliances, UCD Health Systems, touring the UC Davis Center for Health and Technology, Telemedicine Program and meeting with notable CiMH staff one on one, as well as staff from El Dorado County Mental Health Division while touring their Wellness Center.

CiMH kicked off the experience with welcome and introductions, and then the three guests gave presentations discussing their organizations, the programs they work on and innovative solutions for mental health funding and policy issues their nations face during these times.

At the end of the visit, Martin Rogan, Dr. Victoria Beddage and Memo Musa expressed their sincere gratitude to CiMH for hosting them and making this an enjoyable experience. They stated that the highlights of their visit was the time they spent with Dr. Sandra Goodwin, President and CEO of CiMH, Dr. Neal Adams, Deputy Director, CiMH, and other CiMH staff, their trip to the State Capitol with Rusty Selix and friends, their tour of the UC Davis Center for Health and Technology, telemedicine program and their visit to El Dorado County, Mental Health Division Wellness Center.



**Left to Right: Memo Musa, Martin Rogan and
Dr. Victoria Beddage**

Superior Regional Partnership News

**CSU, Chico's School of Social Work Distributed Learning Program
Accessible Education in the North State**

The Schools of Social Work at CSU, Chico and Humboldt State University are developing Distributed Learning pathways in their Bachelors (BASW) and Master's (MSW) degree programs. These programs are being developed out of a request and support from the Superior Region Workforce Education and Training Collaborative and the California Social Work Education Center (CalSWEC) Child Welfare Training Program to better serve the educational needs of rural Northern California. Three year BASW and MSW programs will begin fall 2011 and be offered through blended learning modalities. Students will spend limited time on campus. The majority of course content will be delivered through online and other multimedia delivery platforms.

CSU, Chico School of Social Work conducted an assessment of the workforce education needs in the Superior Region. The results of the assessment demonstrated a large number of individuals residing in geographically remote and isolated areas that desire to further their education and careers by obtaining BASW and MSW degrees. It also showed great need from mental health, social service and tribal directors for degreed staff. The Social Work Distributed Learning program's intent is to strategically decrease this shortage with professionally educated social workers experienced in working with the economic, cultural and social needs of the region. These communities need social work professionals with the knowledge, values and skills to work in multiple levels of practice.

Within Northern California, social work graduates continue to be in demand. This shortage is exacerbated in Northern California where there are higher levels of poverty, social and economic challenges. In 2009, CSU, Chico and Humboldt State University, with support from the Superior Region Partnership and CalSWEC conducted an assessment of the human services workforce education needs in their 16 county service area. The results of the assessment demonstrated a large number of individuals residing in geographically remote and isolated areas that desire to further their education and careers by obtaining a social work degree. It is the experience of the county and tribal social service directors that "home grown" staff tend to be more satisfied with their work, in tune with local cultures and remain in their positions longer than people who are hired from outside the region. This is even more significant in indigenous communities where cultural competence is critical to effective service delivery. The Schools of Social Work at both universities have continued to partner with the Superior Region Partnership and the CalSWEC to cosponsor these distributed learning programs.

The development of a 100% distributed learning social work programs means a shift for our programs, students and faculty. We are currently engaging in training and learning opportunities to offer courses where students are fully engaged and receiving social work education that is equivalent to our traditional onsite programs. CSU, Chico and Humboldt State University have long histories of providing distance learning to students who are geographically isolated. The CSU, Chico and Humboldt State Schools of Social Work look forward to continued collaboration with Superior Region Mental Health Directors for the development accessible education throughout the Superior Region of Northern California.

The CiMH Quality Improvement Collaboratives for Better Client Outcomes (QIC)

By Jennifer Clancy, Senior Associate

The California Institute for Mental Health (CiMH) will be sponsoring four learning collaboratives beginning in February 2012 to assist CA county safety net providers to achieve the triple aim of Health Care Reform: improve physical and behavioral health outcomes for persons with serious mental illness by increasing quality and capacity of safety net provider services. Teams will learn nationally recognized methods for rapid cycle change and measurement of client and systems level improvements. The strategic interventions taught in the learning collaboratives are based on emerging national research and developments in bi-directional collaborative care. In addition, APS, the California External Quality Review Organization, has approved counties to use the CiMH learning collaboratives, and the quality improvement techniques taught in them, as a strategy to complete their annual Performance Improvement Projects (PIPs). A description of each of the learning collaboratives as well as the contact person for more information is below:

Advancing Recovery Practices: improve clients' lives by preparing specialty mental health agencies to be high performing organizations. County and community-based mental health programs will focus on increasing access, system flow and capacity by supporting clients' transition through stages of recovery and out of the public mental health system to more meaningful lives in their communities.

For More Information: Jennifer Clancy, CiMH Senior Associate at jclancy@cimh.org

Mental Health, Substance Use Disorder and Primary Care Integration: integrate care to improve the health outcomes of individuals with serious mental illness and substance use disorders at risk/experiencing chronic health conditions through screening/monitoring of risk and treatment effectiveness, care coordination and a focus on client/family health literacy and self-management.

For More Information: Gale Bataille, CiMH Integration Consultant at gale.bataille@mac.com

Small County Care Integration: achieve better health outcomes for clients and their family members living in California's small counties by changing and improving systems of communication, collaboration and co-ordination with primary care, alcohol and other drugs and public mental health. In addition, the collaborative also aims to increase clients' and family members' participation in their physical and behavioral health care and incorporate clients' needs and wishes into their care plans.

For More Information: Jennifer Clancy, CiMH Senior Associate at jclancy@cimh.org

Strategies for Integrating Health, Prevention and Community: develop effective partnerships between community health centers and community organizations. Target health centers are those that have behavioral health services/departments and serve low-income ethnically and racially diverse populations with or at risk for a mental health concern co-occurring with other health conditions. Assist them to offer wellness promotion, prevention and self-management services that will lead to improved emotional and physical health outcomes. These health center/community partnerships will also help to increase health center capacity to serve a patient population that is expected to grow as a result of Health Reform coverage expansion.

For More Information: Will Rhett-Mariscal, CiMH Senior Associate at wrhettmariscal@cimh.org