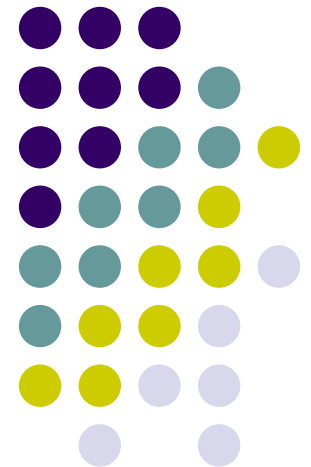


# The Hogg Foundation for Mental Health

Services, Research, Policy, & Education

---

## Collaboration Within and Across Systems: From Segregation to Collaboration





## **Rosa Parks Moments:**

**Reflections on the day?**

**Change in title, questions, slides?**

**How much change can an individual create?**

**What are the risks involved in change?**

**Will my career be altered?**

**Does major change require an organization?**

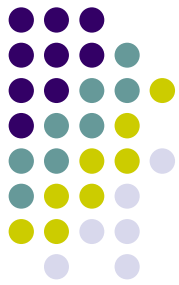
**How does one use time?**

**What will I be labeled:**

- a. Consumer-American**
- b. Depressive-American**
- c. Schizophrenic-American**

# The Hogg Foundation for Mental Health

Services, Research, Policy & Education



**Definitions**

**Stories/Models/Typologies**

**Processes/Costs**

[Initiating & Sustaining]

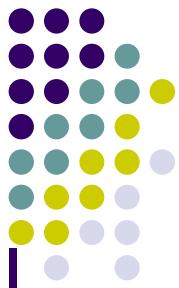
**Measurable Outcomes**

[Criteria & Tools]



## **Segregation:**

**The policy and practice of segregation has been integral to our national approach to matters of poverty, physical illness, mental illness, developmental disability, disease, age, crime, social class, gender, sexual orientation, unemployment, gender, tribal affiliation, immigration, language, ethnicity, religion, and surely to race.**



- To protect the integrity of the existing social system, the policy was created to build segregated institutions – schools, jails, mental institutions, alms houses, poor houses, hospitals, tuberculosis sanatoria. Deviancy was seen as a threat to our way of life, our very own safety. Our academic systems taught us segregation by disorder, disease, class, and race as public policy.
- David Rothman, 1971

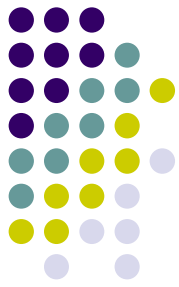
# Characteristics of Segregated Systems



- Myths                      Job Source                      Closed
- Beliefs                      Old Vision                      Threatening
- History                      Conservative                      Value Based
- Control                      Power Base                      Fixed Roles
- Fear                      Policy Support                      Exclusivity
- Projection                      Political Value                      Uncertainty
- Tradition                      Resources                      Assumptions
- Emotion                      Limited information

# The Hogg Foundation for Mental Health

Services, Research, Policy & Education



## Defining Collaboration:

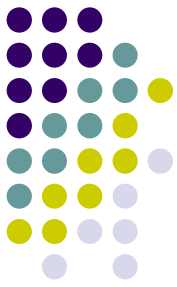
Collaboration is a planned strategy in which two or more systems of care [organizations] form a working cooperative relationship in one or more functions [services, staffing, policy development, funding, research]. The collaborative relationship is designed to improve the achievement of complementary system goals that center on measurable improvement in the quality of life, functioning, resilience, or recovery of people as consumers of public services (Davis, 1991).

# Sacred Cows: States' Rights



- Although we may not say so directly, the real target of transformation is how the state conducts its business in mental health, social services, health care, education, corrections, substance abuse care, housing, and the courts. Thus, the most significant area for collaboration must be between the federal and state governments and the extent to which the state involves consumers and families.





# Sacred Cows: States' Rights

- The last time I looked, all of these were areas of rights that were under the aegis of the state government and not the federal government in Washington. States can do everything that is permitted to them under the constitution and everything else that is not specifically denied.
  
- Strom Thurmond

# The Hogg Foundation for Mental Health

Services, Research, Policy, & Education

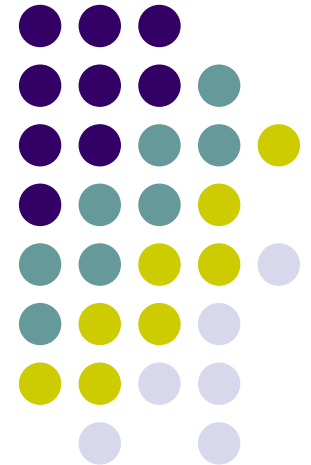
## Stories of Successful Collaborations

National Alliance of Minority Behavioral Health Associations

African American, Asian/Pacific Islanders; First Americans,  
and Latino Americans

Public Universities and State Mental Health Systems - Virginia

Community Services Act for Children – Across Organizations

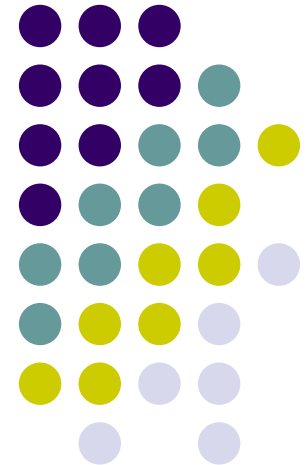


# The Hogg Foundation for Mental Health

Services, Research, Policy, & Education

## Principles of Collaboration (NACCHO, 2005)

- I. Education and Collaboration
- II. Comprehensive Planning
- III. Partnership
- IV. Communication
- V. Workforce Development
- VI. Data Collection
- VII. Access



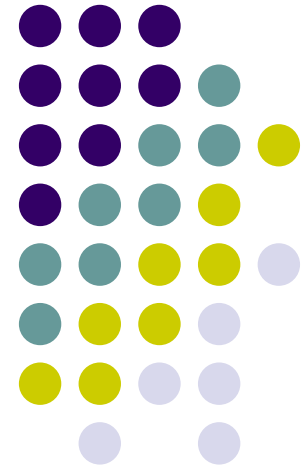
# The Hogg Foundation for Mental Health

Services, Research, Policy & Education

## ● Proximal Systems: Work is Needed

- Community Mental Health Centers
- State Hospitals
- General Hospitals with Psychiatric Units
- Private Psychiatric Hospitals
- Federally Qualified Health Centers
- Nursing Homes
- Board and Care Homes
- University Hospitals & Clinics
- Private Psychiatric Hospitals
- Professional Associations
- Family Advocacy Organizations
- Managed Health Care Organizations
- Salvation Army – Goodwill

- Medicare
- Social Security
- Voc.Rehabilitation
- Professional Schools
- Veterans Administration
- Local Police
- Consumer Run Services
- Sheriff's Officers
- Medicaid
- Insurers
- Courts
- Housing Authorities
- Substance Agencies



# The Hogg Foundation for Mental Health

Services, Research, Policy & Education



## Distal Systems

•  
Corrections

Health

Child Welfare

Public Schools

Transportation

Employment

Public Welfare

Housing

Job Training

Primary Care Physicians

Religious Organizations

Political Organizations

Foundations

Racial Advocacy Groups

Civil Rights Groups

Private Business

# Prior Transformations



- 1700 Local community and family based care
- 1763 Establishment of state hospitals
- 1840 Admission of Indians and Africans to State Asylums – Va.
- 1863 Segregated State Hospitals for Africans in America
- 1865 Citizenship & Voting Rights for African Men - Access
- 1922 Voting Rights for Women - Access
- 1942 Private health insurance linked to employment
- 1944 State Departments of Mental Health – NIMH Created
- 1955 Introduction of Psychotropic Medications
- 1958 Deinstitutionalization of State Mental Institutions
- 1963 Community Mental Health Centers Program
- 1965 Medicaid financing for inpatient care
- 1970 Family and Consumer Involvement
- 1973 HMOs as non-profit health care
- 1980 End of federal support for community mental health
- 1995 Managed health care
- 2000 Integrated health/mental health approaches

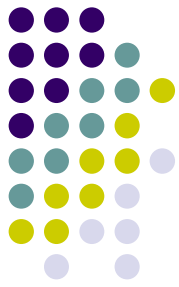
# Factors That Drove Prior Transformations



- Increased Cost of Care – Born by States
- Critical Events: Preparation for War; Crises; Elections; Critical Reports
- Scientific Discovery: Thorazine, Stelazine
- Federal Policy: Medicaid, CMHC, HMOs
- Changes in Private Health Insurance Coverage – Potential for profits
- Advocacy by Interest Groups
- State Planning Efforts
- Law Suits

# The Hogg Foundation for Mental Health

Services, Research, Policy & Education



## Critical Questions:

How do we guarantee transformation and collaboration in the post-Bush era?

Is there more interest in collaboration from behavioral health than from prospective partners? Implications?

Do professional schools prepare us for collaboration across systems and disciplines?

Does the failure to collaborate benefit/maintain the existing systems and potential collaborators?

What role, if any, does race, gender, income, sexual orientation, or residence play in collaboration?

What can I do to bring about change through collaboration?

Where do I start, re-start, or continue after this week?

Where do I turn for guidance, support, reinforcement?