

**Center for Mental Health Services  
(CMHS)**

# **Director's Report**

**CMHS National Advisory Council**

**March 22-23, 2006**



## CONTENTS

<b>SAMHSA/CMHS BUDGET .....</b>	<b>4</b>
<b>PROGRAM ACTIVITIES AND INITIATIVES.....</b>	<b>5</b>
CMHS Office of the Director.....	5
Office of Program Analysis and Coordination.....	9
Office of the Associate Director for Organization and Financing.....	11
Office of the Associate Director for Consumer Affairs.....	13
<b>DIVISION OF PREVENTION, TRAUMATIC STRESS AND SPECIAL PROGRAMS....</b>	<b>19</b>
Prevention Initiatives and Priority Program Development Branch.....	20
Emergency Mental Health and Traumatic Stress Services Branch.....	24
<b>DIVISION OF SERVICE AND SYSTEMS IMPROVEMENT.....</b>	<b>31</b>
Child, Adolescent and Family Branch.....	31
Community Support Programs Branch.....	37
Homeless Programs Branch.....	42
<b>DIVISION OF STATE AND COMMUNITY SYSTEMS DEVELOPMENT.....</b>	<b>45</b>
State Planning and Systems Development Branch.....	45
Survey and Analysis Branch.....	48

## SAMHSA/CMHS BUDGET

➤ SAMHSA's FY 2006 budget request to Congress is \$3.3 billion, representing a \$56 million reduction from the FY 2005 appropriation. The budget primarily focuses on three areas:

- Access to Recovery substance abuse treatment voucher program (\$150 million, an increase of \$50.8 million) – An initiative to increase substance abuse treatment capacity.
- Mental Health State Incentive Grants for Transformation (\$26 million, an increase of \$6.0 million) – Implementation of the President's New Freedom Commission on Mental Health findings.
- Strategic Prevention Framework State Incentive Grants (\$93.5 million, an increase of \$7.9 million) – An approach to identifying and implementing improved prevention services.
- Continuation of co-occurring emphasis
- The SAMHSA/CMHS FY 2006 budget request to Congress is \$837.3 million, itemized as follows:

Programs of Regional and National Significance	\$210.2 million
Children's Mental Health Services	\$105.1 million
Protection and Advocacy	\$34.4 million
PATH Homelessness Formula Grant	\$54.8 million
Mental Health Block Grant	\$432.8 million

## **PROGRAM ACTIVITIES AND INITIATIVES**

### **CMHS Office of the Director**

#### **➤ SAMHSA Disaster Response**

Immediately following Hurricane Katrina, it was apparent the mental health and substance abuse treatment service systems in the impacted States were severely damaged and disrupted. The States that accepted thousands of evacuees found their service systems stretched beyond capacity. On August 31, 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator, Mr. Charles Curie, activated the SAMHSA Emergency Response Center (SERC) to coordinate the behavioral health response to the hurricane.

The SERC operated from 8 a.m.-8 p.m., 7 days per week with 24-hour on call capacity until October 21, when the operation was scaled back. It was then maintained by a smaller group of staff who monitored ongoing deployments of mental health and substance abuse professionals. In the first 8 weeks of operation, approximately 50 percent of SAMHSA's 520 staff members worked in SERC or were deployed to various States to provide direct administrative, technical or clinical assistance. SAMHSA staff who did not deploy or work in SERC worked extra hours to ensure that normal business continued uninterrupted. In addition, SAMHSA deployed staff from other HHS OPDIVs that provided direct clinical services.

In the first 3 weeks following the disaster, SAMHSA staff awarded four Emergency Response Grants to Louisiana (\$200,000), Mississippi (\$150,000), Texas (\$150,000), and Alabama (\$100,000); reviewed 31 Federal Emergency Management Agency (FEMA) Crisis Counseling grants; developed a planning document that projected the potential mental health and substance abuse needs of those impacted by the disasters and assessed State capacity for meeting those needs; developed a database to track resource requests and resource offers; and mobilized the National Suicide Prevention Lifeline to assist evacuees around the country who were in crisis. Daily call volume increased by 60 percent compared to pre-Katrina volume.

SAMHSA coordinated and deployed nearly 700 Federal and civilian staff to meet Alabama, Louisiana, Mississippi, and Texas requests for mental health and substance abuse services. These efforts were funded through mission assignments from FEMA and SAMHSA resources. The SAMHSA-sponsored clinical teams have: provided nearly 50,000 counseling sessions since the disaster and have assisted local communities with reconnecting clients to services; aided in shelters, helped establish new records or find pre-existing records to ensure appropriate care; provided education and training to local and State staff to increase and improve local capacity to respond; worked with the Red Cross to ensure shelters provided appropriate access to those with disabilities and those needing substance abuse services; and helped catalogue local disaster and social service resources to properly refer individuals impacted by the disasters.

Recognizing the need for accurate information on the mental health and substance abuse treatment needs of individuals impacted by the disaster and the need for qualified care, SAMHSA developed a series of Webcasts for professionals on the fundamentals of disaster planning and response. SAMHSA also developed a series of public service announcements (PSAs) providing information

about normal reactions to a disaster, abnormal reactions to a disaster, how to prevent further stress, promoting help-seeking behavior, and providing information on how to access services. These PSAs targeted adults, parents with children, and first responders. In addition, SAMHSA developed 12 “tip sheets” to be distributed to the general public and partnered with the Occupational Safety and Health Agency to develop materials to assist Federal workers returning home from disaster response deployment. Several hundred thousand pieces of information have been distributed to individuals and other relief organizations.

In summary, SAMHSA mounted a response to this disaster that was as comprehensive as it was complex. This response encompassed the principles of collaborating with State and local officials as well as other disaster relief organizations—both public and private; promoting wellness and resilience, prevention of substance abuse and other ineffective and harmful coping strategies; promotion of help seeking behavior and access to services; enhancement of clinical training by developing and delivering “just in time” training to mental health, substance abuse and other allied professions so that they could provide effective and quality care; and assisting States navigate the myriad financial resources available following a disaster. SAMHSA’s response efforts brought to the fore the importance of proactive and comprehensive mental health and substance abuse response as a vital and life saving activity that significantly aids all aspects of disaster recovery.

#### ➤ **Workforce Development**

For the past 5 years, a diverse group of individuals, groups, and organizations known as the Annapolis Coalition has been fostering a discussion on the need to build and retain a strong workforce trained to provide services for those with mental illnesses and/or addictive disorders. In 2005, SAMHSA commissioned the Annapolis Coalition to develop a national strategic plan on workforce development. Senior experts on the issue were engaged to lead the planning effort. They convened panels of experts to help guide the process. Advisors, panel members, and Coalition staff traveled across the country, meeting with a broad range of individuals to obtain information and recommendations on strategies to strengthen the workforce. The emerging recommendations were circulated for review and discussion among senior advisors. It became clear that there are many commonalities in the workforce issues being faced by diverse sectors of the field. A draft national strategic plan has now been developed and will be published in the spring of 2006. Workforce development has been added to the SAMHSA internal matrix on mental health transformation.

#### ➤ **Inaugural Meeting of MHT SIG Grantees**

On January 18 – 20, 2006, representatives of the seven States that received CMHS Mental Health Transformation State Incentive Grants (MHT SIGs) convened in the Washington D.C. area for their inaugural meeting. The MHT SIG grants, which are Cooperative Agreements for mental health infrastructure development, were awarded to Connecticut, Maryland, New Mexico, Ohio, Oklahoma, Washington State, and Texas in September of 2005. Design teams in each of these States collaborated with CMHS staff to plan the conference. The resulting agenda provided opportunities for grantee representatives to learn from each other, receive training in programmatic responsibilities, and hear updates from CMHS on agency efforts to support the States’ unique goals. The event also gave the grantees and CMHS opportunities for direct interactions regarding grantee needs, concerns, and accomplishments.

➤ **Federal Executive Steering Committee Meets**

The Federal Action Agenda and the President's New Freedom Commission on Mental Health called for the establishment of a Federal Executive Steering Committee (FESC) to assist with the work of system transformation. The FESC, composed of 21 Assistant Secretaries and Deputy Commissioners representing 9 Federal departments/agencies, as well as 13 agencies and offices within the Department of Health and Human Services (HHS) met for the first time on January 31, 2006. All members were appointed by Secretary Michael Leavitt of HHS, who stated that "HHS and its partners across the Federal Government are committed to a shared goal of collaborating to fundamentally change the way the Nation's mental health care system currently functions."

The FESC creates and supervises interagency workgroups, addressing topics such as suicide prevention, integration of primary and mental health care, appropriate financing of mental health care, employment and transition issues, and disaster response and recovery. The group is also charged with helping to identify and eliminate regulatory and funding barriers to effective mental health services and expanding a "science-to-service" agenda.

➤ **Proposed CMHS 2007 Budget**

A strong commitment to mental health transformation by SAMHSA is reflected in the proposed FY 07 budget released on February 6, 2006. By continuing to fund the Mental Health Transformation State Incentive Grants (MHT SIG) and reforming the Community Mental Health Services Block Grant Program to support transformation activities, SAMHSA's proposed budget supports the Federal Action Agenda on transforming mental health that was released in July of 2005. The Federal Action Agenda is the Government's roadmap to a new mental health delivery system that will ensure that those with mental illnesses can live, work, and participate fully in their communities.

Overall, the President has proposed \$3.3 billion for SAMHSA. While this is a net decrease of \$67 million from the FY 2006 Appropriation, the decrease, in part, reflects a number of grant programs that are coming to a natural end in 2006. The budget for CMHS is \$849 million, a \$35 million net decrease from 2006. CMHS leads Federal efforts in caring for the Nation's mental health by supporting mental health services that are evidence-based, community-focused, and that promote recovery. The direction proposed for 2007 continues to build the infrastructure of community-based mental health service systems throughout the Nation. At a SAMHSA constituent budget briefing on January 9th, SAMHSA Administrator Charles Currie stated that, "At CMHS, the transformation process is now the driving force behind all of the programs."

➤ **CMHS Year of the Consumer**

CMHS has a long history of leadership in supporting consumer participation in all aspects of mental health service delivery. To move efforts forward in mental health transformation in a way that places consumers in a central role, A. Kathryn Power, Director of CMHS, has announced that 2006 is the "Year of the Consumer." The goal of this initiative is to increase consumer-driven approaches in fostering recovery, as recommended by the Federal Action Agenda and the Institute of Medicine report *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. CMHS will address the need for change within the agency while also working to increase awareness of the importance of consumer-driven approaches at the community and State levels.

➤ **SAMHSA's Seclusion and Restraint Matrix Work Group**

CMHS continues to provide leadership for the SAMHSA Seclusion and Restraint Matrix Work Group. The work group's accomplishments include the following:

- Drafted a Notice of Proposed Rule Making on Part I of the Children's Health Act, which is designed to regulate the use of seclusion and restraint in non-medical children's facilities. The proposed rule is expected to be published soon. CMHS continues to partner with CMS on other standards development on seclusion and restraint.
- Awarded and administered eight grants within the Seclusion and Restraint State Incentive Grant program, which focuses on fostering alternatives to seclusion and restraint. This includes the support of a Resource Center on Seclusion and Restraint to assist with cross-site data collection and analyses.
- Continued to administer the Protection and Advocacy program to support State-based efforts to investigate allegations of patients' rights violations.
- Pilot tested a consumer-based staff training manual in two States that is scheduled to be published this summer. A contract was also awarded to develop a training video for staff on prevention strategies and alternatives to seclusion and restraint.
- Compiled and analyzed a compendium of State and professional policies related to seclusion and restraint that is pending publication.
- Supported regional trainings for all States on reducing the use of such practices.
- Continued to develop other educational materials, including a training video focused on alternative practices and a fact sheet on advance directives.
- Partnered with other Federal agencies to address seclusion and restraint issues in schools and among older adults.



## Office of Program Analysis and Coordination

### ➤ Staff

The Director position has been advertised. The choice of Director has been delayed by DHHS hiring limitations.

### ➤ Grant Funding

Due to challenging fiscal constraints, there will be fewer CMHS grant announcements this fiscal year. Despite these challenges, the SAMHSA FY 2007 Budget proposes to reform the Mental Health Services Block Grant program so that amounts above the minimum State allotment will be used for transformation activities, as outlined in the President's Commission Report on Mental Health Services. OPAC tracked and facilitated the developmental process for the following 2006 grant announcements:

- Supplements for the Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless Youth Suicide Prevention
- Technical Assistance Center for Mental Health Promotion and Youth Violence Prevention
- Networking and Certifying Suicide Prevention Hotlines
- Program Supplement to Center for Mental Health Services' Suicide Prevention Resource Center
- Cooperative Agreements For HIV/AIDS Related Mental Health Services In Minority Communities
- Knowledge Dissemination Conference Grants
- Safe Schools/Health Students Initiative

OPAC initiated tracking processes to alert CMHS divisions and leadership on the development and progress of funding documents. These tracking processes resulted in more efficient funding processes and improved and timely information for decision-makers.

OPAC executed a contract to update the CMHS budget tracking system. An extensive work process analysis was completed. Budget tools, along with a long-term solution, are in development and will be available in the fourth quarter of the fiscal year.

### ➤ CMHS Government Performance Results Act (GPRA) and OMB Program Assessment Rating Tool (PART) Activities

CMHS continues to aggressively address the need to standardize its GPRA data collection and reporting through a variety of activities. Current progress in implementing the Transformation Accountability (TRAC) system includes:

- Development of the TRAC data platform
- Design and development of the technical assistance tracking capabilities of this platform to be used in conjunction with the Transformation Action Initiative (TAI) beginning April 2006
- Extensive discussions to finalize consumer-level child/adolescent and adult measures

- Decisions on initial operating principals
- Outline of operations manual

It is expected that by the end of FY 2006, the following will have begun:

- Pilot testing and program phase-in
- Training for staff, grantees, and contractors to smooth the transition to the new system. Most training will be conducted using WebEx, computer desktop training, for efficiency and convenience
- Full implementation of the TRAC is still expected by the end of FY07, which will provide CMHS staff and grantees access to real time performance data
- Establishing TRAC operating principals and corresponding business rules will make data-based decision-making in program management possible

#### ➤ **OMB Program Assessment Rating Tool (PART) Results**

Initiated in 2002 as part of the President's Management Agenda, the Program Assessment Rating Tool (PART) review is the method being used by OMB to assess program performance to help the Federal government achieve better results. A PART is a diagnostic tool that identifies a program's strengths and weaknesses to inform funding and management decisions aimed at making the program more effective.

PART asks a series of question that assess different aspects of program performance in four areas: purpose and design, planning, management, and results/accountability to determine overall program effectiveness. The last section accounts for 50 percent of the score. PART assesses the extent to which a program is managing for results and maximizing the program's performance, which are key requirements of GPRA.

Two CMHS programs were surveyed in the 2005 OMB PART process:

- Protection and Advocacy for Individuals with Mental Illness (PAIMI), which received a rating of "Moderately Effective."
- Programs of Regional Significance (PRNS), which received a rating of "Results Not Demonstrated." A rating of Results Not Demonstrated (RND) indicates that a program has not been able to develop acceptable performance goals or collect data to determine whether it is performing.

The new TRAC data system will provide CMHS with the performance data OMB requires. In addition, with this performance data capability, CMHS be able to demonstrate grantee performance using baselines and targets. TRAC will also provide CMHS with "transparency." Grantee performance data must be easily accessible to the public in order to determine the return on investment of CMHS programs for the taxpayer.

## **Office of the Associate Director for Organization and Financing**

### ***Conferences/Meetings***

➤ **2005 Invitational SAMHSA/CMS Conference on Medicaid and Mental Health Services**

The Office of the Associate Director for Organization and Financing, in collaboration with the Centers for Medicare and Medicaid Services and the National Association of State Medicaid Directors, convened a 2-day conference in Baltimore in September 2005. Included among approximately 250 invited participants were State Medicaid and mental health authority officials, mental health researchers, and representatives of national consumer and advocacy organizations.

➤ **2006 Invitational SAMHSA/CMS Conference on Medicaid and Mental Health/Substance Abuse Services**

The Office of the Associate Director for Organization and Financing, in collaboration with the Centers for Medicare and Medicaid Services and the National Association of State Medicaid Directors, held a 2-day conference in Arlington, VA on September 11-12, 2005. For the first time, this annual conference specifically addressed substance abuse as well as mental health issues. The approximately 250 invited participants included State Medicaid and mental health and substance abuse authority officials, mental health and substance abuse researchers, and representatives of national consumer and advocacy organizations.

### ***Publications***

The following report was recently issued by the Office of the Associate Director for Organization and Financing:

➤ **School Mental Health Services in the United States, 2002 - 2003**

This report provides the first national survey of mental health services in a representative sample of the approximately 83,000 public elementary, middle, and high schools and their associated school districts in the United States. The purpose of the study was to identify the types of mental health problems most frequently encountered in the U.S. public school setting and the MH services delivered; administrative arrangements for the delivery and coordination of MH services in schools; types and qualifications of staff providing MH services in schools; issues related to funding, budgeting, and resource allocation; and use of data regarding mental health services.

➤ **Peer Reviewed Articles**

The following peer-reviewed articles were accepted for publication:

Larson MJ, Miller K, Fleming KJ. Antidepressant Medication Use in Private Insurance Health Plans, 2002. *Psychiatric Services*, Vol. 57(2), 175.

Buck, J.A. & Mark, T.L. (2006). State-administered spending on mental health services by type of service. *Psychiatric Services*, 57(1), 29.

Mark, T.L. & Buck, J.A. (2005). Components of Medicaid mental health spending, 2001. *Psychiatric Services*, 56(6), 648.

Bray, J.W, Davis, K.L., Graver, L., Schroeder, D., Buck, J.A., Dilonardo, J., & Vandivort, R. (2005). Mental health and substance abuse treatment utilization among individuals served by multiple public agencies in three states. *Journal of Behavioral Health Services and Research*, 32(3), 282-293.

Linkins, K., Lucca, A., Housman, M., and Smith, S. Serious Mental Illness and Mental Health Services in Nursing Facilities: An Assessment of Pre-Admission Screening and Resident Review (PASRR). *Psychiatric Services*, Vol. 57 (3) 325-332.

The Office expects to release the following reports within the next 3 months:

- PASRR Screening for Mental Illness in Nursing Facility Applicants and Residents
- State Regulation of Residential Facilities for Adults with Mental Illness
- State Regulation of Residential Facilities for Children with Mental Illness
- Mental Health Services in Medicaid, 1999 (distributed on CD only)
- State Mandates for Treatment in Mental Health and Substance Use Disorders
- Managed Mental Health Care: Findings from the Literature, 1990-2005
- Design and Administration of Mental Health Benefits in Employer-Sponsored Health Insurance

## Office of the Associate Director for Consumer Affairs

### *Projects*

#### ➤ **National Anti-Stigma Campaign**

CMHS' National Anti-Stigma Campaign (NASC) was initiated in October 2004. The NASC responds to the recommendations of the President's New Freedom Commission on Mental Health, builds on the Elimination of Barriers Initiative (EBI, see below), is an eight-State demonstration of public education methods, and addresses the first step listed in the CMHS Federal Action Agenda, *Transforming Mental Health Care in America*. The NASC is a 3-year, public education effort to increase awareness by the general public about mental illnesses, promote the concept of recovery, and encourage help-seeking behavior across the age span. The Campaign will produce TV public service announcements (PSAs), radio PSAs, print PSAs, Web banners, and an assortment of creative indoor and outdoor advertising.

The NASC has completed the exploratory research and strategic marketing planning for the first phase of the project. The Campaign has also conducted an expert symposium on stigma and discrimination, held an agency kickoff meeting, and completed the first meeting of the Campaign Workgroup, a large group of private and public partners who help review and promote the National Campaign. The NASC is now in the creative development stage of the project, which should be completed in April 2006. The creative production will go through communication checks and approvals be released for distribution later in 2006. The production elements will be distributed to more than 28,000 media outlets nationwide. Five regional meetings are also being planned this year in conjunction with the release of materials to build grassroots support for the Campaign. CMHS is partnering with the Advertising Council, Inc. and Grey Advertising on this project. Both firms are based in New York City.

#### ➤ **2006 Voice Awards**

In 2005, in Los Angeles, California, CMHS held the first Federal awards event to recognize accurate, respectful, and dignified portrayals of people with mental illness in TV, film, and radio and honored mental health advocates across the country for their efforts to expand public understanding of mental health problems and reduce the stigma associated with mental illnesses.

The writers and producers of "The Aviator," "ER," "Monk," and "Scrubs" were honored for their positive portrayals of people with mental health problems. In addition, actors Brooke Shields and Maurice Benard and the Spanish-language television network Univision were honored by the Federal Government for their activities on behalf of mental health awareness. Writer/producer Neal Baer received a special Career Achievement Award at the gala awards ceremony hosted by Mariette Hartley and Kathleen Sullivan.

The Voice Awards 2006 is building on last year's success. Solicitations for nominations have been sent out and the event is scheduled for August 23<sup>rd</sup> in Los Angeles. CMHS is partnering with the Writers Guild of America, West, as well as the following organizations: Ad Council; American Psychiatric Foundation, American Psychological Association, National Association of State Mental

Health Program Directors, the Mental Health Media Partnership, NARSAD, the Mental Health Research Organization, and United Behavioral Health.

➤ **Elimination of Barriers Initiative (EBI)**

This 3-year, eight-State demonstration project was completed in December 2005. It was designed to support and evaluate State anti-stigma/anti-discrimination efforts. Various public awareness efforts were produced and launched. These included a range of bilingual educational materials, including TV and radio PSAs, print materials, and training curricula aimed at the target audiences of the general public, businesses, and high school administrators. An audience equivalent of 221.5 million people was reached through TV, radio, and print PSAs in the eight States. This represents a donated equivalent of between \$1,489,500 and \$2,212,627 in paid advertising. Formative evaluation findings were presented to over 125 participants during a February 2006 teleconference sponsored by the SAMHSA Resource Center to Address Stigma and Discrimination.

➤ **Resource Center to Address Discrimination and Stigma (ADS Center)**

In addition to providing responses to requests for information and resources related to stigma and discrimination, three training teleconferences have been held since July 2005. These included, “Results from the Field: SAMHSA’s Elimination of Barriers Initiative (EBI),” “Overcoming Barriers and the Stigma Associated with Mental Illness in Asian American/Pacific Islanders (AA/PI),” “Communities Changing Minds and Inspiring Hope: Media Strategies For Reducing Stigma Within Spanish-Speaking Communities.” These popular, no-cost trainings have drawn an average of 150 persons per call.

Four electronic informational updates on issues and programs related to stigma reduction have been disseminated. These include, “Disaster Recovery,” “Stigma and Peer Support,” “Stigma in Latino/Hispanic Communities,” and “Stigma in Asian American and Pacific Islander Communities.” The Steering Committee met twice and a listserv was established for their use. Activities are underway to revamp the project Website ([stopstigma@samhsa.gov](mailto:stopstigma@samhsa.gov)), which provides a wealth of information on stigma and anti-stigma activities, including international, national, and State public education campaigns; books; articles; fact sheets; research; and names of organizations. Video highlights from the 2005 Voice Awards in Los Angeles were also made available on the site.

➤ **Older Adult Stigma Roundtables**

In December 2005, CMHS released the publication, “Mentally Healthy Aging: A Report on Overcoming Stigma for Older Americans.” It can be found online at: [www.mentalhealth.samhsa.gov/publications/allpubs/sma05-3988/](http://www.mentalhealth.samhsa.gov/publications/allpubs/sma05-3988/). This report summarizes the results of two older adult roundtables held in Washington, DC and Los Angeles, California. Consumers, providers, public officials, researchers, older adults, and media representatives explored the types of stigma and discrimination older adults with mental illnesses face, identified barriers to reducing stigma and discrimination, and recommended initiatives, including education and media campaigns, to address stigma and discrimination faced by older adults with mental illnesses.

➤ **Evaluation of Consumer Direction**

CMHS/ADCA facilitated the expansion of SAMHSA's partnership with the Department of Education's National Institute on Disability Rehabilitation and Research to study the impact of models of consumer direction in mental health through the Rehabilitation Research and Training Center (RRTC) on Mental Health Consumer-Centered and Community-Based Practices and Support.

### ***Conferences and Meetings***

#### **➤ CMHS National Advisory Council Subcommittee on Consumer/Survivor Issues**

The Subcommittee held their last meeting in August 2005 at the SAMHSA building in Rockville, Maryland. SAMHSA Administrator Charles Curie reported on the status of agency activities and strategic planning. The Subcommittee heard discussions on the definition of the term “consumer-driven,” a report on the progress of the Annapolis Coalition, which is addressing workforce development issues, and reports from CMHS staff on the Mental Health Transformation State Incentive Grants (MHT SIG) and the Transformation Action Initiative (TAI).

The Subcommittee made the following three recommendations to the CMHS National Advisory Council at the February 2005 meeting:

1. Support dissemination of the Subcommittee consensus definition for “consumer-driven,” as referenced in *Transforming Mental Health Care in America: The Federal Action Agenda*, so that the definition will serve in tandem with the SAMHSA/CMHS-supported definition of “recovery.”
2. Ensure that all recipients of CMHS grants and contracts are incorporating the values, principles, and stated goals of mental health transformation into their organizations by encouraging all recipients of CMHS grants and contracts to have mental health consumers as members of their governing bodies. Grant recipients should employ and integrate consumers into their workforces.
3. Support consumer-driven transformation operationally with the Federal Partners Senior Workgroup and the Federal Executive Steering Committee by recommending that the Federal Partners and the Steering Committee appoint mental health consumer advisors on their respective agencies’ advisory councils and boards.

#### **➤ Dialogue Meetings**

Work has begun on a “Dialogue with Mental Health Consumers and Representatives of the Disaster Response Community,” to be held in early summer 2006. In recent years, self-help and peer support have become part of the array of services offered through Federal and State government funding in response to disasters. Such services may include outreach, individual and family crisis counseling, group counseling, public education, community support groups, referrals, home visits, transportation services, and warm lines. However, there has been little opportunity for mental health consumers and representatives of the disaster response community to discuss what is needed to promote recovery in these situations. The planned meeting will bring together mental health consumers and policymakers, providers, and administrators from the disaster response community to discuss the personal-level and system-level issues that either hinder or facilitate recovery. A series of recommendations will be developed and disseminated nationally in a final report.

In December 2005, a participatory dialogue meeting was held on the topic of “Mental Health on Campus.” It brought together university and college student leaders with mental health problems, college deans, administrators, counselors, faculty, and representatives from the college mental health system, such as legal experts, researchers, and clinicians. The dialogue meeting examined recent research and media reports that document a steady increase in the incidence of serious mental health problems among students on college campuses, suicides and suicide attempts, and substance abuse. Meeting participants identified attitudinal, cultural, and systemic barriers to mental health and developed recommendations that promote the recovery of students and create an effective services and supports delivery system. The participants developed a series of recommendations for the field that focus on campus culture, student control and choice, stigma and discrimination, suicide prevention, access to information and supports, meaningful collaboration between students and providers/administrators, administrative college mental health system challenges, and accommodations and rights policies. A meeting report is in development and will be made available in 2006.

Two previous meetings resulted in 1) a series of recommendations on developing partnerships between consumers and persons providing mental health and criminal justice services to promote recovery; and 2) A meeting focused on partnerships between consumers and representatives of primary care. Reports on both dialogues meetings are now in development.

➤ **Recovery Consensus Meeting**

The President’s New Freedom Commission on Mental Health called for *recovery* to be the “common, recognized outcome of mental health services” in its final report. To clearly define recovery, SAMHSA and the Interagency Committee on Disability Research, in partnership with six other Federal agencies, convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December 16-17, 2004. The deliberations of more than 100 experts resulted in a consensus statement on the definition of recovery and identification of 10 fundamental elements of recovery. This consensus statement was released in mid-February 2006 and is being widely distributed.

In December 2005, a consensus meeting was held on the topic of person-centered planning in mental health. A report and consensus statement is being drafted. Additionally, a series of training guides is being developed for consumers, families, providers, and mental health administrators.

➤ **Consumer Participation**

More than 200 mental health consumers were provided travel, lodging, meals, and registration support to attend 20 national and regional mental health meetings during the past year. This effort promotes mental health transformation through communication of consumer perspectives to the mental health professionals, policymakers, and State officials who attend these meetings. Summaries generated from these meetings, based on consumer reports, provide CMHS staff and others with valuable information on cutting-edge services and emerging trends and issues related to mental health service delivery.

➤ **Regional Consumer Meetings**



CMHS is planning a 1-day consumer meeting for Region IX in San Francisco, California on April 5, 2006. Mental health consumer representatives from Arizona, California, Hawaii, Nevada, and the Pacific Jurisdictions will present on the most pressing needs of mental health consumers in their States and communities. Participants will prioritize their concerns and provide recommendations on mental health transformation. A report of the meeting will be developed and shared with the participants, as well as State officials and mental health organizations in the States.

### ***Publications***

#### **➤ Seclusion and Restraint Training Manual**

CMHS pilot-tested a consumer-based staff training manual in two psychiatric hospitals in Connecticut and Nebraska. The training manual was revised to incorporate the feedback received and is being readied for distribution in summer 2006. CMHS is currently in the process of developing a videotape that will serve as a companion tool for the training manual.

#### **➤ Seclusion and Restraint Policy Compendium**

CMHS is developing a collection and analysis of policies related to seclusion and restraint from Federal and State bodies, providers, and others. This document is currently in publication clearance.

#### **➤ Adult Home Meeting and Paper**

CMHS held an experts meeting in November 2004 to examine and identify promising models and means to improve the lives of persons with mental illnesses living in adult home settings. The report of the meeting findings will be released in 2006.

#### **➤ Guidebook for Mental Health Awareness Walks**

CMHS is preparing an online guidebook for communities to organize public awareness walks to educate the public on mental health issues.

#### **➤ Self-Disclosure Monograph**

CMHS has developed a paper for publication, currently in clearance, that examines the impact of self-disclosure about receiving mental health services. It includes a literature review and key informant interviews.

#### **➤ Peer Specialist Project**

CMHS developed a peer support resource kit titled, "Building a Foundation for Recovery," that includes a manual for States. It provides a step-by-step review of how States can train and certify peer specialists and implement peer support services that are Medicaid reimbursable. The resource kit also includes a Community Guide for consumers, family members, and stakeholders to help them understand the process and how it can be implemented in State mental health systems. A fact sheet

summarizes the major elements of the program. The resource kit is in the clearance process and should be released in the coming weeks.

➤ **Employment CD-Rom**

CMHS is developing and disseminating a CD-ROM titled, “Employment for People with Mental Illnesses.” The purpose is to stimulate efforts to improve the employment options of people with mental illnesses by providing employers with innovative hiring strategies. The CD-ROM will contain a recording of “The National Summit on Best Practices for Mental Health in the Workplace,” which was conducted by CMHS. At this national summit, several employers shared strategies for hiring and retaining mental health consumers.

➤ **Self Care Project**

CMHS has developed a training guide to be used by State, county, and local mental health delivery systems that will identify and apply self-help skills and strategies to aid people with mental illnesses in achieving levels of wellness, stability, and recovery. The manual is based on a train-the-trainer model intended for trainees who are in mental health recovery, parents, and mental health workers. Planning is underway to pilot test the curriculum in three States. Cultural and linguistic competency, applicability, and participant reaction will be measured.

➤ **Self-Directed Care**

CMHS sponsored a Self-Direction Education Training Series of three webcasts in March, April, May, and December of 2005. It focused on principles, tools, models of self-direction, and funding strategies. The last webcast included a focus on peer support responses to disasters. These archived trainings are available at [www.connectlive.com/events/samhsa](http://www.connectlive.com/events/samhsa) and they include PowerPoint slides, resource links, and discussion questions.

## **DIVISION OF PREVENTION, TRAUMATIC STRESS AND SPECIAL PROGRAMS**

### **➤ New Staff**

Mr. David de Voursney, MPP, is a new Public Health Advisor in the Prevention Initiatives and Priority Programs Development Branch. He grew up in Charlottesville, Virginia and attended Earlham College, where he majored in Psychology. After graduating from Earlham in 2001 he worked as a case manager for a local mental health provider in rural Indiana, providing home-based services to families with children. In 2002, he returned to Charlottesville and worked on a bipartisan political campaign and at a group home for delinquent youth. Mr. de Voursney worked as a summer intern at the National Governors Association, focusing on criminal justice issues, and then entered the Master's program in public policy at the University of Michigan, Ann Arbor in the fall of 2003. He comes to SAMHSA through the Presidential Management Fellowship program and will be working primarily on the Safe Schools/Healthy Students Program. Beyond his professional interest in mental health and criminal justice policy, Mr. de Voursney spends his free time reading, painting, and shopping for music.

Ms. Danyelle Mannix is a new part-time contractor in the Prevention Initiatives & Priority Program Development Branch. Ms. Mannix serves primarily as an evaluator on the Safe Schools/Healthy Students and Suicide Prevention national evaluation teams. She has nearly 10 years experience as an evaluator in health and human services research. Prior to coming to CMHS, Ms. Mannix worked as a research analyst for a Government contractor, where she coordinated data collection and analysis for a number of SAMHSA contracts. She is skilled in both quantitative and qualitative data analytic techniques and has expertise in cost-benefit/cost-effectiveness analysis. She is currently pursuing her Ph.D. in the Behavioral Neuroscience program at American University.

Cynthia K. Hansen, Ph.D. joins us as a Special Expert for the Division of Prevention, Traumatic Stress and Special Programs. She works half time with the Suicide Prevention program and half time with the Emergency Mental Health program. Dr. Hansen came to SAMHSA in January 2005 as an American Academy for the Advancement of Science Fellow sponsored by the American Psychological Association Practice Organization and worked with Jeff Buck, PhD, the Associate Director of Organization and Financing at CMHS. In addition to her fellowship duties last year, Dr. Hansen served in the SAMHSA Emergency Response Center as a Deputy Incident Commander.

Dr. Hansen developed a practice as a clinical psychologist in Portland, Oregon in 1987 and specialized in providing evaluation and treatment for children, adolescents, families, adults, and couples. During the past 25 years, she has worked at a group home, rural and urban community mental health centers, psychiatric hospitals, K-12 schools as a full-time school psychologist, and consulted with juvenile court, family court, Head Start, adolescent residential treatment facilities, and Children's Protective Services. Dr. Hansen has taught nationally and internationally on Solution Focused Therapy, was on the teaching staff of the International Mass Fatalities Training Center, and was adjunct faculty at American University in Washington, D.C. She has served as a National Disaster Responder for the American Red Cross and worked at Respite Center at 1 Ground Zero in New York City immediately following the 9/11 attack, in Guam after the super-typhoon Pongsona in December 2002, and in Florida post-Hurricane Charley and during Hurricane Francis.

Dr. Hansen received her doctorate from the University of Arkansas and her Bachelor's degree from Brown University. She is past president of the Oregon Psychological Association and was the OPA Federal Advocacy Coordinator from 1995-2004. Prior to her fellowship, Dr. Hansen was an invited participant in the Wye River Health Group/Foundation for American Health Care Leadership meetings for generating grassroots strategies to transform the U.S. health care system.

## **Prevention Initiatives and Priority Programs Development Branch**

### ***Youth Violence Prevention/Safe Schools/Healthy Students & Related Programs***

The Prevention Initiatives and Priority Programs Development Branch (PIPPD) received 485 applications for the FY 2005 Safe Schools/Healthy Students grant program. Forty new grants were awarded by the Department of Education in September, 2005.

A cooperative agreement was awarded to the Educational Development Center in partnership with the American Institutes of Research to fund the National Center for Mental Health Promotion and Youth Violent Prevention, effective October 2005. The National Center provides technical assistance to three grantee programs: Safe Schools/Healthy Students, Targeted Capacity Expansion, and Youth Violence prevention.

In the fall of 2005, MANILA Consulting Group, Inc. was awarded a contract to serve as the National Evaluation Team (NET) for the 2005 cohort of SS/HS grantees. The NET will work in partnership with local evaluation efforts to conduct a cross-site evaluation to help the Federal partners better understand the program process and determine what has been accomplished.

All new SS/HS grantees were welcomed to the initiative via a New Grantee Orientation Workshop in early December 2005. The grantees have been introduced to the initiative's National Evaluation effort and been given site-specific evaluation technical assistance during the Evaluation Training and Technical Assistance Workshop in March 2006.

The Safe Schools/Healthy Student video, "Road to Success," initially approved and released in 2005 in VHS format, is now available on DVD and online. The video recently received the National Association of Government Communicators NAGC Gold Screen Award for excellence.

The SS/HS Communications Team also developed the "Victory Kit," a technical assistance package of media and marketing templates to support new SS/HS grantees with announcing the receipt of the grant in their communities. Included in the Kit are customizable templates that include "boilerplate" text for a news release, a backgrounder/fact sheet, talking points, business cards and a PowerPoint presentation. The Kit also contains a comprehensive guide to its use, a media interview tip card, and a CD-ROM containing the electronic files of all of the templates.

The Safe Schools/Healthy Students National Web site ([www.sshs.samhsa.gov](http://www.sshs.samhsa.gov)) is the recipient of two Website awards that recognize quality and service to the public: the Omni Award and the Communicator Award. The Media Corp Inc.'s Omni Award was created to recognize professionalism and success in the accomplishments of outstanding media production in a variety of fields. The Communicator Award is an international award competition founded by communication

professionals to recognize excellence in the communication field. This Award is presented for projects that exceed industry standards in quality and excellence.

CMHS's "15+ Make Time To Listen, Take Time to Talk About Bullying" project has been awarded the Community Service Emmy Award, which honors those in the television industry who have dedicated their time and expertise to community service. Panels of civic leaders and community service professionals from around the country chose the finalists and the winners of the awards were chosen by a blue-ribbon panel of judges composed of community leaders, educators, business people, and artists.

### ***Suicide Prevention***

#### **➤ State/Tribal Youth Suicide Prevention and Early Intervention Program, Garrett Lee Smith Memorial Act**

Authorized under the 2004 Garrett Lee Smith Memorial Act, the "State/Tribal Youth Suicide Prevention and Early Intervention Program" builds on the foundation of prior suicide prevention efforts to support States and Tribes in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies grounded in public-private partnerships. The 13 States and one tribal organization that were awarded these 3-year grants will implement programs involving public-private collaboration among youth-serving institutions and agencies that will include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child- and youth-supporting organizations.

#### **➤ Campus Suicide Prevention Program, Garrett Lee Smith Memorial Act**

As part of the Garrett Lee Smith Memorial Act, the "Campus Suicide Prevention Grant Program" provides funding to support institutions of higher education in enhancing services for students with mental and behavioral health problems that may lead to school failure, depression, substance abuse, and suicide attempts. Funds provided to 21 grantees are used for activities to build a comprehensive campus-wide and community approach that involves training students and campus personnel about suicide prevention activities; creating a network for crisis intervention; conducting educational seminars that provide information on prevention and risk factors, such as depression and substance abuse, while promoting help-seeking behavior; promoting a hotline or the use of the National Suicide Prevention Lifeline (1-800-273-TALK); and preparing educational materials for families of students to increase awareness of potential mental and behavioral health issues for students enrolled in institutions of higher education.

#### **➤ Linking Adolescents at Risk to Mental Health Services Grant Program**

The "Linking Adolescents at Risk to Mental Health Services Grant Program" is one of SAMHSA's Service-to-Science grant programs. Its purpose is to evaluate school-based programs that identify and refer high school youth who are at risk for suicide or suicide attempts. The eight FY 2005 grant recipients will use their funds to evaluate an innovative practice that involves voluntary identification and assessment of adolescents at risk for suicide and referral of adolescents at risk to appropriate mental health services (including school-based clinics) within the community. Grant activities focus on assessing whether the programs are successful at linking at-risk youth to mental health services, as

well as the extent to which families of at-risk youth accept treatment recommendations and are satisfied with school-based suicide prevention services.

➤ **Suicide Prevention Resource Center**

In FY 2005, the Garrett Lee Smith Memorial Act provided resources to fund the continuation of the national “Suicide Prevention Resource Center” (SPRC) for 5 years. The SPRC supports the technical assistance and information needs of the State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees and State, Territorial, and Tribal suicide prevention coordinators and coalition members with customized assistance and technical resources. The SPRC provides a number of critical services, including planning and implementing conferences and training events; creating publications and Web content ([www.sprc.org](http://www.sprc.org)) on suicide and suicide prevention for professionals, consumers, and community leaders; identifying and disseminating best practices; and promoting suicide prevention as a component of mental health transformation. The Education Development Center is the recipient of this award.

➤ **National Suicide Prevention Hotline Network (“Lifeline”)**

This grant, which was awarded to the Mental Health Association of New York City in 2004 and continues for 3 years, provides funding to manage the National Suicide Prevention Lifeline, a single toll-free telephone number (1-800-273-TALK) that routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social service resources. The technology permits calls to be directed immediately to a suicide prevention worker who is geographically convenient to the caller. The Lifeline has developed systems to increase the number of crisis hotlines certified in suicide prevention. Networking on this scale also has enabled the development and use of response protocols and data collection standards to evaluate client- and community-centered outcomes that were not previously pursued.

Lifeline’s call volume increased by 48 percent in September 2005, which was the month following Hurricane Katrina. To date, call volumes remain elevated nationally, with more significant elevations in the States most impacted by hurricane damage or an influx of evacuees. Increased call volume by State continues to be carefully monitored.

➤ **Garrett Lee Smith Memorial Suicide Prevention Evaluation**

In an effort to enhance the evidence base of suicide prevention programs and as part of the Garrett Lee Smith Memorial Act, a 3-year contract was awarded to ORC Macro to evaluate the 14 Garrett Lee Smith State/tribal-sponsored Youth Suicide Prevention and Early Intervention grants, as well as the 21 Garrett Lee Smith Campus Suicide Prevention Program grants. The contractor 1) assists the grantees in planning, conducting, and enhancing their process and outcome evaluations; and 2) conducts two cross-site evaluations of processes employed and outcomes achieved; one for the State-sponsored Youth Suicide Prevention and Early Intervention Program and one for the Campus Suicide Prevention Program. Additionally, in collaboration with SAMHSA and the CDC, the contractor supports an enhanced evaluation for three recipients of the State/tribal-sponsored Youth Suicide Prevention and Early Intervention Grants.

In December 2005, a Suicide Prevention Grantee Orientation meeting was held in Washington, DC. The conference was an opportunity for each of SAMHSA’s 44 new suicide prevention grantees to

meet for the first time and learn how they fit into the growing national suicide prevention effort. The meeting introduced grantees to the technical assistance teams who will support them during the next few years, included content-based workshops, and maximized opportunities for networking among grantees.

At the request of the Louisiana Office of Mental Health, Branch staff member Richard McKeon, Ph.D., was deployed to Louisiana in September 2005 to assist with suicide prevention issues in the aftermath of Katrina. In addition to completing a needs assessment and a report to the State with recommendations, Dr. McKeon also provided training for outreach workers in suicide prevention.

### ***Rural Mental Health: Building a National Rural Mental Health Plan***

A Rural Mental Health Intradepartmental Workgroup, led by Dr. Susan Keys and consisting of representatives from CMHS, CSAP, CSAT, and the Office of the Administrator, as well as HRSA's Office of Rural Health Policy has guided the first steps taken toward the development of a National Plan for Rural Mental Health. Two meetings have been held with Federal and nonfederal stakeholders, and as a result of these meetings, workforce development was selected as a beginning focus for this plan. Subareas within the topic of workforce development include: financing, linkage with primary care, training a new and existing workforce, and developing a framework for a rural system of care. A planning infrastructure includes four workgroups consisting of Federal and non-Federal stakeholders. Initial action steps have been identified and others will continue to be developed as part of this dynamic planning process.

#### **➤ A Report to Congress**

At the request of the Senate Appropriation Subcommittee on Labor, Health and Human Services, and Education, CMHS prepared a report to Congress titled, "Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience." The report reviewed and summarized the effectiveness of programs designed to strengthen parenting and other care-giving and enhance child resilience.

### ***Prevention of Mental and Behavioral Disorders***

CMHS is launching its first series on promoting mental health and preventing mental and behavioral disorders for children and youth. The series will have six monographs and each topic conveys the work of national experts in the fields of prevention science and child development. "Volume 1: Early Childhood Mental Health Consultation" and "Volume 2: A Training Guide for Early Childhood Services Community" will be disseminated in March 2006. SAMHSA recognizes the critical role of child-care providers in facilitating a young child's social, emotional, and cognitive development in collaboration with the child's parents and significant caretakers. Mental health consultants, trained to work with young children and their families, can serve as important resources to help the child care provider find effective ways to work with all children, including those who are experiencing multiple challenges.

### ***Juvenile Justice Policy Academy***

The prevalence rate of behavioral health disorders among justice-involved youth is several times higher than for the general youth population and it can be a tremendous challenge for juvenile justice systems to adequately respond to the complex needs that these young people present. Last September, SAMHSA held a “National Policy Academy on Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System.” The event was designed as a means of bringing together multi-disciplinary teams of senior level administrators and high-ranking policymakers representing the juvenile justice, mental health, substance abuse, probation, and other relevant systems from both State and Local jurisdictions so that participants could hear from national experts about model approaches and begin to create specific strategic action plans for their agencies to better collaborate in the effort to serve the needs of this population.

In the months since the Policy Academy, the National Center for Mental Health and Juvenile Justice (the host of the event) has been providing ongoing technical assistance to these jurisdictions to aid them in their efforts to finalize and begin implementing those plans for improvement. In August of 2006, SAMHSA will reconvene the Team Leaders from the eight jurisdictions that attended this forum. They will engage in peer networking that will allow them to share the lessons learned over the past year as they have been engaging in the difficult process of enhancing cross-system coordination and improving upon behavioral health services provided to these youth at different points in the juvenile justice system. Representatives from CMHS, CSAT, and the OA, as well as OJJDP, will be in attendance at this followup meeting.

## **Emergency Mental Health and Traumatic Stress Services Branch**

### **➤ Disaster Technical Assistance**

Project Officers from the Emergency Mental Health and Traumatic Stress Services Branch (EMHTSS) were deployed within days of Hurricane Katrina to Baton Rouge, Louisiana and Jackson, Mississippi. Linda Ligenza, Rachel Kaul, and Cecilia Rivera-Casale traveled onsite to assist the States in assessing the mental health needs that could be addressed through a FEMA Crisis Counseling grant program, SAMHSA Emergency Response Grant (SERG) funding, and other Federal support. They provided technical assistance during the application processes by Louisiana, Mississippi, and Texas to obtain SERG funds in the initial days following Katrina. Grant allocations exceeded \$700,000 dollars to SERG for the affected States. The staff then provided ongoing oversight and monitoring of SERG projects in the Gulf Coast.

During initial deployment, the GPOs visited shelters in Louisiana, including the airport outside of New Orleans. Staff members met with State public health and mental health officials, then spent 1 day traveling the Gulf Coast of Mississippi with State Department of Mental Health & Mental Retardation personnel and speaking with survivors and responders. Staff members also provided daily technical assistance via telephone to impacted States and to States hosting evacuees. Project Officer Rachel Kaul assisted in facilitating a 1-day workshop for NASMHPD and State representatives titled “Regional Collaboration: Disaster Mental Health Planning and Response.” She also participated in a panel presentation on “Lessons Learned from SAMHSA’s Katrina Response” to the SAMHSA National Advisory Council.



EMHTSS staff took a lead role in developing and recording Webcasts on a variety of disaster and mental health-related topics, utilizing subject matter experts both within and outside of SAMHSA. The webcasts, which are posted on the SAMHSA website, feature Seth Hassett, Linda Ligenza, and Cecilia Rivera-Casale as facilitators in a question and answer format with several national experts in emergency and disaster services.

➤ **FEMA Crisis Counseling Assistance and Training Program**

In the aftermath of the 2005 hurricane season, 29 states received Immediate Services Program grants totaling \$25.8 million. Twenty-three applications for Regular Services Programs were received and reviewed. Awards of more than \$42 million were made for Regular Services Programs as of March 3, 2006. Under the FEMA Crisis Counseling Program grant process, States are approved for a total amount, with actual funds released in portions based upon actual expenditures. At the time of this report, several large-scale awards are still in process. While the State of Louisiana has been approved for \$14.7 million in FEMA Immediate Services Program funding, a larger-scale Regular Services Program grant, which will be overseen directly by SAMHSA, is still under review and clarification. The following is a list of Regular Services Program grants that have been approved by FEMA to date, along with the approximate amount:

- Mississippi \$19,975,167
- Texas \$12,127,752
- Georgia \$3,238,757
- Colorado \$1,167,078
- Pennsylvania \$1,103,070
- Indiana \$690,000
- Maryland \$659,822
- Illinois \$643,104
- Missouri \$545,086
- Arkansas \$532,368
- Wisconsin \$433,099
- New Jersey \$244,842
- Utah \$244,508

To ensure fiscal and programmatic accountability in the aftermath of this large-scale disaster, EMHTSSB staff have developed and revised a variety of programmatic and fiscal materials and guidance to assist States in completing needs assessments, formulating service plans, and managing Crisis Counseling Program grants.

Staff members convened multi-State structured conference calls on a variety of administrative topics of immediate concern to the States involved in the response to Hurricanes Katrina, Rita, and Wilma. They presented information on evaluation and data collection, hotlines, and other CCP implementation topics.

EMHTSSB staff members have revised curricula for the annual Emmitsburg CCP training to enhance State representatives' abilities to complete the Immediate Services Program and the Regular Services

Program applications. The changes incorporate feedback from previous attendees and lessons learned by POs and State representatives during Katrina.

➤ **SAMHSA Disaster Technical Assistance Center**

Immediately following Hurricane Katrina, the SAMHSA Disaster Technical Assistance Center (DTAC) deployed consultants to Alabama, Louisiana, Mississippi, and Texas. A total of 71 consultations, service deployments, and grant reviews were conducted. Ongoing consultation was provided for Immediate Services Program training to Mississippi.

A total of 52 consultants provided support and direct clinical services to evacuees, nontraditional first responders, and State personnel. They provided direct crisis counseling services to the affected population in Hancock and Harrison Counties, Mississippi. A psychiatrist was sent to Mobile, Alabama to provide services to evacuees housed on a cruise ship. Consultants were also deployed in three teams to Baton Rouge, Louisiana; Houston, Texas; and Jackson, Mississippi. The teams consisted of professionals with experience, skills, and knowledge in providing support and direct clinical services to nontraditional first responders in disasters. Teams provided consultation, training, and direct services to State workers, local officials, and mental health workers. SAMHSA DTAC provided ongoing support to the teams while they were in the field and provided consultation for disaster incident command and CCP development to Louisiana, Mississippi, and Texas.

Nine grant reviewers provided CCP reviews for Alabama, Colorado, Florida (Katrina and Wilma), Georgia, Louisiana (Katrina and Rita), Maryland, Mississippi, Pennsylvania, and Texas (Katrina and Rita).

➤ **FEMA Crisis Counseling Program Evaluation**

The Office of Management and Budget approved the CCP Evaluation Data Collection Toolkit (OMB No. 0930-0270) developed by NCPTSD through an interagency agreement. This toolkit includes the following data collection instruments: Individual Crisis Counseling Services Log, Group Encounter Log, Weekly Tally Sheet, Participant Feedback Survey, Assessment and Referral Tool, and Provider Survey. The evaluation is designed to measure the reach, quality, and consistency of the CCP.

The Individual Crisis Counseling Services Log, Group Encounter Log, and Weekly Tally Sheet were introduced to the States under their Hurricane Katrina-related ISPs. The entire toolkit will be utilized under the Katrina-related RSPs and any future CCP grants.

States are receiving small-group training on the data collection instruments via telephone throughout February and March 2006, as RSP Notices of Grant Awards are issued. These trainings are conducted by Dr. Fran Norris of NCPTSD. The States have received individual telephone trainings on the Provider Survey component of the evaluation, also conducted by Dr. Norris.

Project Officers reviewed and revised the Quarterly and Final Report formats to facilitate the use of the evaluation data in the reporting mechanisms. NCPTSD, with technical assistance from SAMHSA DTAC, developed a user-friendly ACCESS database that stores and analyzes the CCP evaluation data.

Queries have been pre-programmed to correlate with the revised reporting requirements on the Quarterly and Final Reports.

### ***National Child Traumatic Stress Initiative***

#### **➤ New Grantees**

The National Child Traumatic Stress Initiative completed redesigned funding announcements and awards for a National Center for Child Traumatic Stress, Treatment and Service Adaptation Centers, and Community Treatment and Service Centers, summarized below.

The University of California Los Angeles, Los Angeles, California; was awarded \$20 million over 4 years to operate the National Center for Child Traumatic Stress in partnership with Duke University. The Center advances network structure, coordinates network activities, and promotes national education and training efforts.

Eight Treatment and Services Adaptation Centers were awarded grants for a total of \$19.2 million over 4 years. These centers will provide national leadership in the adaptation and refinement of trauma treatment and service approaches for specific populations and treatment needs. Each center was granted up to \$600,000 per year. The centers are:

- Miller Children's Hospital, Long Beach California
- Los Angeles Unified School District, Los Angeles, California
- Children's Hospital and Health Center, San Diego
- The Regents of the University of California, San Francisco
- Yale University School of Medicine, New Haven, Connecticut
- North Shore University Hospital, Manhasset, New York
- Board of Regents of the University of Oklahoma, Oklahoma City, Oklahoma
- Allegheny-Singer Research Institute, Pittsburgh, Pennsylvania

Nineteen Community Treatment and Services Centers were awarded grants for a total of \$30.4 million over 4 years. These grantees will provide direct community services, while implementing projects designed to transform the nature of service provision in a target community to make services more trauma-informed and effective. Each center was granted up to \$400,000 per year. The centers are:

- Alaska - Anchorage Community Mental Health
- Arizona - Jewish Family and Children's Services, Tucson
- California - Children's Hospital of Los Angeles
- Connecticut - Clifford W. Beers Guidance Clinic, New Haven
- Delaware - Department of Services for Children and Youth, Wilmington
- Illinois - La Rabida Children's Hospital, Chicago
- Massachusetts - The Justice Resource Institute, Inc., Boston
- Minnesota - The Tubman Family Alliance, Minneapolis
- New Hampshire - Trustees of Dartmouth College, Hanover

- New Jersey - International Institute of New Jersey, Jersey City
- New York - Jewish Board of Family and Children
- New York - Safe Horizon Inc.
- New York - St. John's University, Queens
- Ohio - The Toledo Hospital
- Oregon - Children's Relief Nursery, Portland
- Oregon - Willamette Family Treatment Services, Eugene
- South Dakota - 'Wakaneja Pawicayapi, Inc., Porcupine
- Texas - Serving Children and Adolescents in Need, Laredo
- West Virginia - Youth Health Services Inc., Elkins

➤ **Conferences and Meetings**

A Grantee Orientation was held in Baltimore, Maryland from November 15-17, 2005 to introduce the newly funded FY 2005 grantees to the Network, including their Project Officers, Program Associates, National Center liaisons, and fellow grantees. Also in attendance were FY 2003 grantees who provided insight about the Network and their programs to the new grantees. The orientation was successful as a networking opportunity. A half day at the end of the orientation was used to introduce the new grantees to the Core Data Set and the Cross-Site Evaluation.

The first meeting of the SAMHSA sponsored "National Center for Traumatic Stress Network (NCTSN) Breakthrough Series Collaborative on Adoption and Implementation of Trauma-Focus Cognitive Behavioral Therapy" was held in September 2005. The Breakthrough Series Collaborative, also referred to as the Learning Collaborative Approach, is an adoption and improvement model focused on spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective clinical practices. The model brings together teams from multiple NCTSN centers for ongoing training through meetings and followup consultation activities and sessions (phone and Internet) to support sustained learning and sharing of information. The second meeting was held in January 2005 in San Diego. The Collaborative has been facilitated by a team from the National Center, several teaching faculty from the Network, consultants, and CMHS staff. A total of 12 NCTSN sites have been involved in this process and have been successful in adopting trauma-focused treatment practices in diverse settings. The final Collaborative meeting will be held in May 2006 in Chicago.

➤ **National Child Traumatic Stress Initiative Evaluation**

In September 2004, ORC Macro was awarded funding by SAMHSA to design and implement the Cross-site Evaluation of the Donald J. Cohen National Child Traumatic Stress Initiative (NCTSI). The overarching purpose of the Cross-site Evaluation is to assess the impact of the multi-level network of grantees on access to care and quality of care for children exposed to trauma. The specific goals are to describe the children and families served by the NCTSI centers; describe the behavioral and clinical outcomes of the children served; describe services utilized; assess the development and dissemination of effective products, treatments, and services; assess intra-network collaboration; and assess the network's national impact.

The first year of the Cross-site Evaluation contract was funded as a collaborative design and development year. Federal project officers, Network centers, consumers, content and cultural competency experts, and other key stakeholders collaborated with ORC Macro in the development of a cross-cutting comprehensive evaluation approach that could be systematically and robustly implemented across grantees. The evaluation design and data collection package is currently under review by OMB and approval is anticipated in the spring of 2006. SAMHSA will begin reporting results from this evaluation in FY07.

### ***Refugee Mental Health Program***

#### **➤ Contract Awards**

Two contracts were awarded and are being administered by Refugee Mental Health Program (RMHP) staff, funded by ORR via the Intra-agency Agreement with FY05 funds. “The Health & Well-Being of Cambodian Refugees in the United States” Contract was awarded to Khmer Health Advocates in September 2005. The general objective of this procurement is to gather comprehensive information on the health/mental health status and needs of Cambodian refugees resettled in the United States. The specific objective is to produce a white paper on the subject that is suitable for publication and distribution.

The “Technical Assistance and Support for Mutual Assistance Associations (MAA) to Implement Refugee Health Promotion & Disease Prevention Programs” Contract was awarded to the National Alliance of Vietnamese America Service Agencies (NAVASA) in September 2005. The general objective is to build on the MAA training provided in 2004 to provide support for MAA development and implementation of refugee health promotion and disease prevention programs. The specific objectives are to: 1) select MAAs for intensive TA and other support to develop and implement health promotion and disease prevention programs; 2) have the selected MAAs identify specific needs and provide targeted support; and 3) write a summary report that includes a description of the TA and support activities provided, a description and analyses of each refugee health promotion and disease prevention activity/program and recommendations for further program development. Three MAAs have been selected for mini-grants from NAVASA. Toolkit training and technical assistance will follow.

#### **➤ Training Workshops**

RMHP staff are providing mental health workshops for employment case workers attending a series of Refugee Employment Training Institutes being held around the country. The institutes are coordinated by RefugeeWorks; an Office of Refugee Resettlement (ORR) employment development technical assistance provider. The workshops are designed to help case workers understand a broad range of behavioral health phenomena, such as: mental health prevention in everyday practice, interpretation various behaviors in the workplace, and knowing when to make a referral to a mental health professional. This planning is taking place through periodic teleconferences and e-mail correspondence with RefugeeWorks personnel. The Training Institute schedule follows:

- January 18-19 Atlanta, GA (completed)
- February 22-23 Austin, TX (completed)
- May 23-24 Baltimore, MD

- April 22-21 Buffalo, NY
- May 3-4 Grand Rapids, MI
- June 6-7 Denver, CO

RMHP staff conducted training workshops on the use of the SAMHSA-published Refugee Health Promotion & Disease Prevention Toolkit. The toolkit is an instrument of the national refugee health promotion initiative known as “Points of Wellness: Partnering for Refuge Health & Well-Being.” The overall goal of the toolkit is to help ethnic, faith-based, and community organizations engage in activities to promote health and prevent diseases among refugee populations. It provides practical information and guidance so that groups can work toward improving the quality of life and reducing health disparities for refugees. Further, it was developed so that any group of individuals who are concerned about refugee health and have the willingness to work with others in solving basic issues affecting the health of refugees in their community can benefit from it. The goal of the training is to instruct individuals on how to use this manual within their organizations. Training events:

- A 2-day toolkit training event was held on January 27 - 28, 2006 in Chicago. Training was conducted in collaboration with Heartland Alliance and included local Mutual Assistance Associations.
- Two training events are being planned for California in collaboration with the California State Refugee Health Coordinator. The events are scheduled for the week of April 10, 2006.

#### ➤ **Technical Support**

Under Domestic Health Screening and Surveillance, RMHP is providing technical support to the Centers for Disease Control & Prevention (CDC), Division of Quarantine (DQ) on the development of a post-arrival screening system and Electronic Disease Notification (EDN) network. The system is being designed to monitor and report diseases of public health concern among refugees. RMHP is providing technical guidance to CDC DQ on the incorporation of mental health screening guidelines and notification. An initial meeting was held to discuss the problems associated with quantifying mental health in refugees. A second meeting was held in Washington, DC with CDC on February 6, 2006. Meetings will be now occurring monthly.

The Torture Victims Relief Act (TVRA) Program is administered by the Office of Refugee Resettlement. RMHP staff serves as members of ORR’s TVRA program team to determine capabilities and an action plan for FY06. Meetings are held on a monthly basis. RMHP staff provides technical assistance and assists with monitoring activities as needed.

RMHP staff has contributed technical advice on behavioral health aspects of Avian influenza Federal response plans for both ORR and SAMHSA.

## **DIVISION OF SERVICE AND SYSTEMS IMPROVEMENT**

### **Child, Adolescent, and Family Branch**

#### **➤ Grants and Contracts**

On September 30, 2005, 25 new cooperative agreements were funded under the “Comprehensive Community Mental Health Services, for Children and Their Families Program (CMHI)” to develop and implement comprehensive, community-based services for children and youth with serious emotional disturbances and their families. Services must be family-driven and youth-guided and based on the best available scientific evidence. A total of 121 grants/cooperative agreements have been awarded since the Program’s inception in 1993. This includes 49 states, 13 American Indian/Alaska Native Tribes or tribal organizations, 2 territories, and the District of Columbia. Six of the 25 newly funded communities are focusing on developing and implementing a system of care that meets the needs of early childhood populations.

The “Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program” was awarded to small business Walter R. McDonald & Associates (WRMA) to evaluate the 25 new grantee sites awarded Children’s Mental Health Initiative grants for FY 2005. WRMA has been completing the transition process, working with the previous contractor (ORC Macro) for earlier cohorts, and completing initial work to launch the evaluation of the FY05 group of 25 new grantee sites.

The “Mental Health and Substance Abuse Screening Protocols for Children, Youth, and Families” contract was awarded to DMA Health Strategies through the Office of the Administrator, SAMHSA. The purpose is to increase existing knowledge about state-of-the-art tools for screening children, youth, and families for substance abuse and mental health problems. The goal is to make this information easily accessible to policymakers and providers across multiple child- and family-serving systems. Products to be developed include an introductory document that will articulate principles and approaches for identifying behavioral health risks for children and their families, a list of best practice criteria concerning implementation of effective screening strategies and training tools, and a compendium of valid and reliable screening tools to be used in multiple systems and by multiple partners, based on best practice criteria.

#### **➤ Conferences and Meetings**

On September 26-27, 2005, the CAFB hosted a meeting of the Council for Collaboration and Coordination (CCC). The CCC is composed of technical assistance partners and system of care community members in the “Comprehensive Community Mental Health Services for Children and Their Families Program.” The CCC has several workgroups that focus on key elements of mental health, such as Transformation, Reducing Disparities, Family Driven, Youth Guided, Research and Recovery, and Resilience. Each workgroup reported on its accomplishments over the past year and cited goals to be met in the coming year. Dr. Gary Blau provided updates from the Branch and spoke on issues relevant to improved technical assistance to the system of care communities. The next meeting will take place at the “Training Institutes for Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families” in July 2006.

On December 5, 2005, the “Federal/National Partnership (FNP) For Transforming Child and Family Mental Health and Substance Abuse Prevention and Treatment Youth Services Workgroup” met for the first time. This is one of five workgroups that will meet to implement the Federal Action Agenda action steps related to children, youth, and families.

On December 6 - 8, 2005, the “Technical Assistance Partnership for Child and Family Mental Health” (TA Partnership) hosted the “Linking and Aligning Primary Care and Mental Health Services” meeting, in collaboration with CAFB and the Maternal and Child Health Bureau (MCHB), and the Health Services and Resources Administration (HRSA). Approximately 45 individuals participated in the meeting, including representatives from CMHS system of care communities and HRSA Medical Home communities from four States: Colorado, Massachusetts, South Carolina, and Wisconsin. Also participating in the meeting were representatives from family organizations, such as Family Voices of Virginia and the Federation of Families for Children’s Mental Health; the Assistant Director of the Center for Policy Innovation, Behavioral Health Services of the Texas Department of State Health Services; Federal representatives from SAMHSA and HRSA; consultants; and TA Partnership staff.

A major objective of this meeting was to help participating States jointly develop strategic models to address barriers in communication, systems structure, skills development, and financing. Each State will develop an action plan for implementation in their own communities that may serve as a basis for future demonstration projects. State models will help create an overarching strategic “blueprint” that will direct the provision of technical assistance and guide other communities’ efforts to link primary care and mental health care within the Medical Home and systems of care.

On January 23 - 25, 2006, the first annual meeting of the Circles of Care III grant program was held, followed on January 25 - 28 by a meeting of the tribal participants in the CMHI in Portland, Oregon. There was a joint meeting on the 25<sup>th</sup>, with over 150 participants, which allowed experienced sites to present to the new sites. Attendees included Project Directors of State initiatives wishing to increase service to tribes within their borders.

On January 17 - 19, the “Statewide Family Networks Program” grantees met in Orlando, Florida for their annual grantee meeting. The learning objectives were met as follows:

- Participants learned about the original goals of the family movement.
- Participants left with a working knowledge of the historical/political context of family organizations and how this context adversely impacts strategies used by family organizations to achieve goals.
- Participants learned how to strengthen their advocacy roots, increase partnerships with legal advocacy and social justice organizations, and work for ongoing development of family driven systems in their States.
- Participants identified strategies to ensure cultural and linguistic competency within family driven systems.
- Participants learned about the role of strategic planning in family movement growth.

On March 14-15, 2006, the Services Evaluation Committee convened their annual meeting to discuss the “National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families” program. Leaders in the field of evaluation and children’s mental health participated,



offering expertise on ongoing and upcoming evaluation activities, and discussing topics ranging from future directions of the national evaluation to ways of disseminating evaluation results to inform the field about significant findings.

### ➤ **Products**

The Child, Adolescent, and Family Branch launched a new Website, [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov), devoted to providing information about the mental health of children, youth and families.

New products, developed through the “Caring for Every Child’s Mental Health Campaign” and available on the Website, include:

- Family Guide to Systems of Care for Children with Mental Health Needs
- Notepads and stickers to raise awareness of children's mental health
- Children's Mental Health Facts, Helping Children and Youth with Attention-Deficit/Hyperactivity Disorder: Systems of Care
- Children's Mental Health Facts, Helping Children and Youth with Bipolar Disorder

The September, 2005 Final Report, titled “Summary of Center for Mental Health Services Youth Transition Policy Meeting: National Experts Panel” has been completed. CMHS asked the University of Massachusetts Medical School and the Judge David L. Bazelon Center for Mental Health Law to collaborate to examine Federal policies and programs that impact youth with serious mental health conditions as they transition from adolescence to adulthood and to develop recommendations. The parties convened a meeting, in collaboration with CMHS, to obtain input from individuals whose personal or work lives were affected by these policies and programs. The goal was to share analyses of Federal programs and use the creativity of meeting participants to help develop recommendations, learn about programs that were previously unidentified, and ensure that the recommendations developed were grounded in the real experiences of individuals. This paper is a summary of that meeting.

### ➤ **Publications**

*“A National Approach for Transforming Systems of Care For Youth and Their Families: Are Psychologists Ready for Change?”* (2005). G.M. Blau, & S.K. Fisher, American Psychological Association, Child Psychology Quarterly Newsletter. 4(6), 4-12. [2005]

The National Evaluation of the Comprehensive Community Mental Health Services Program for Children and Their Families (Publications and presentations by ORC MACRO and its subcontractors):

### ***Journal Articles***

Brennan, E. M., & Brannan, A. M. (2005). Participation in the paid labor force by caregivers of children with emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 13, 237-246.

- Fisher, S. K., Sukumar, B., Manteuffel, B. A., & Stephens, R. L. (2005). A preliminary profile of Latino children and youth receiving services in systems of care communities. *Psychline*, 4, 4-12.
- Foster, E. M., & Connor, T.G. (2005). Public costs of better mental health services for children and adolescents. *Psychiatric Services*, 56(1), 50-55.
- Franco, E., Soler, R. E., & McBride, M. (2005). Introducing and evaluating parent-child interaction therapy in a system of care. *Child and Adolescent Psychiatric Clinics of North America*, 14, 351-366.
- Mandell, D. S., Walrath, C. M., Manteuffel, B., Sgro, G., & Pinto-Martin, J. (2005). Characteristics of children with autism served in comprehensive community-based mental health settings. *Journal of Autism and Developmental Disorders*, 35(3), 313-321.
- Brannan, A. M., Manteuffel, B. A., Holden, E. W., & Heflinger, C. A. (in press). Use of the Family Resource Scale in children's mental health: Reliability and validity among economically diverse samples. *Administration and Policy in Mental Health and Mental Health Services Research*.
- Mandell, D. S., Walrath, C. M., Manteuffel, B., Sgro, G., & Pinto-Martin, J. A. (in press). The prevalence and correlates of abuse among children with autism served in comprehensive community-based mental health settings. *Child Abuse and Neglect: The International Journal*.
- Walrath, C., Sheehan, A., Holden, E. W., Hernandez, M., & Blau, G. (in press). Evidence-based treatments in the field: A brief report on provider knowledge, implementation, and practice. *Journal of Behavioral Health Services & Research*.
- Walrath, C. M., Ybarra, M., & Holden, E. W. (in press). Understanding the pre-referral factors associated with differential 6-month outcomes among children receiving system-of-care services. *Psychological Services*.
- Walrath, C. M., Ybarra, M., Sheehan, A., Holden, E. W. & Burns, B. J. (in press). Youth with histories of multiple types of abuse served in community mental health programs: Understanding their clinical and psychosocial characteristics. *Journal of Emotional and Behavioral Disorders*.

### **Book Chapters**

- Foster, E. M., & Connor, T. (2005). A road map for costs analyses of systems of care. In M. H. Epstein, K. Kutash, & A. J. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Programs and evaluation best practices* (2nd ed., pp. 225-245). Austin, TX: PRO-ED.
- Holden, E. W., Stephens, R. L., & Santiago, R. L. (2005). Methodological challenges in the national evaluation of the Comprehensive Community Mental Health Services Program for Children and Their Families. In R. G. Steele and M.C. Roberts (Eds.), *Handbook of mental health services for children, adolescents and their families*. New York: Kluwer Academic/Plenum Publishing.
- Stephens, R. L., Connor, T., Nguyen, H., Holden, E. W., Greenbaum, P., & Foster, E. M. (2005). The longitudinal comparison study of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. In M. H. Epstein, K. Kutash, &

A. J. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Programs and evaluation best practices* (2nd ed., pp. 525-550). Austin, TX: PRO-ED.

Walrath, C. M., & Liao, Q. (2005). The clinical and psychosocial characteristics of children with serious emotional disturbance entering system-of-care services. In M. H. Epstein, K. Kutash, & A. J. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Programs and evaluation best practices* (2nd ed., pp. 45-67). Austin, TX: PRO-ED.

### ***Proceedings***

Henrich, N., & Gyamfi, P. (2006). Youth involvement in systems of care: Youth and youth coordinators' perspectives. (2006). In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 95-98). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Krivelyova, A., Matthews, S. K., & Stephens, R. (2006). Juvenile justice outcomes of youth in systems of care: Comparison study results. In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 433-436). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Manteuffel, B., Krivelyova, A., Laygo, R. M., Brashears, F., & Grossman, E. (2006). Characteristics of children with chronic physical illnesses, their service use and clinical outcomes in systems of care. In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 335-340). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Rivard, J. C., & Laygo, R. M. (2006). Using family perceptions to shape the research and policy agenda on intervention development In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 113-116). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Sheehan, A. K. (2006). Symposium introduction: Evidence-based practices in the community-based service setting: Findings from the Evidence-based Treatment (EBT) Survey of providers. In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (p. 27). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Sheehan, A. K., Walker, J. J., & Walrath, C. M. (2006). Native American community affiliated mental health providers for children with severe emotional disturbance: Evidence-based practice perceptions and factors that influence decisions. In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental*

*Health: Expanding the Research Base* (pp. 36-40). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Sheehan, A. K., Walrath, C. M., & Holden, E. W. (2006). Evidence-based practice in the community-based service setting: Factors that influence mental health provider use. In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 31-35). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

### ***Evaluation Briefs***

Stage 1 of the Primary Care Provider Study: Preliminary findings. (2005). *EvalBrief: Systems of Care*, 6(11).

Characteristics of children referred into systems of care with eating and sadness problems. (2005). *EvalBrief: Systems of Care*, 6(12).

Interagency collaboration among system-of-care participants. (2005). *EvalBrief: Systems of Care*, 7(1).

Financing children's mental health care. (2005). *EvalBrief: Systems of Care*, 7(2).

Demographic and clinical characteristics of children in foster care receiving system-of-care services. (2005). *EvalBrief: Systems of Care*, 7(3).

Children in foster care receiving system-of-care services: Service utilization and behavioral and emotional outcomes. (2006). *EvalBrief: Systems of Care*, 7(4).

### ***Presentations by the National Evaluation Team***

Raskin, P., & Schurig, M. (2005, August). *Once upon a blind date: The compatibility of social marketing and evaluation*. Workshop conducted at the Technical Assistance Partnership Region V System of Care Community Meeting: Sustaining System of Care Communities, Sacramento, CA.

Dewey, J. (2005, August). *Continuous quality improvement: Implications for your community*. Breakout session conducted at the Technical Assistance Partnership Region V System of Care Community Meeting: Sustaining System of Care Communities, Sacramento, CA.

Johnson, S., & Rose, Y. (2005, August). *Using data to sustain systems of care*. Breakout session conducted at the Technical Assistance Partnership Region V System of Care Community Meeting: Sustaining System of Care Communities, Sacramento, CA.

Chervin, D. D., Dawkins, N. U., Stephens, R. L., & Walrath, C. M. (2005, October). *Multi-site evaluation of federal programs: A panel discussion on the selection of research methods and the roles of evaluators in community-participatory research*. Paper presented at the 2005 Canadian Evaluation Society/American

Evaluation Association Joint Conference: Crossing Borders, Crossing Boundaries, Toronto, Canada.

Dewey, J. D., & Brashears, F. L. (2005, October). *Training, communication, quality and buy in: Critical issues in two models of site management*. Presentation at the 2005 Canadian Evaluation Society/American Evaluation Association Joint Conference: Crossing Borders, Crossing Boundaries, Toronto, Canada.

Montgomery, E. (2006, February). Characteristics of children referred from child welfare in systems of care. In B. Manteuffel (Chair), *Children in child welfare systems: Reentry, perpetration, and mental illness*. Symposium conducted at the 19th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

Osher, T., & Zaro, S. (2006, February). *First findings from the family-driven study of family involvement in systems of care*. Paper presented at the 19th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

Sheehan, A., & Walrath-Greene, C. (2006, February). *Children with histories of multiple types of abuse served in community mental health programs*. Poster presented at the 19th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

Sheehan, A., Walrath-Greene, C., & Rose, Y. (2006, February). *Provider knowledge and attitudes: Preliminary findings from the 2005 Evidence-based Practice Survey*. Poster presented at the 19th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

Walrath, C., & Pavkov, T. (2006, February). *Clinical and non-clinical characteristics associated with medication use among children with serious emotional disturbance*. Paper presented at the 19th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

## **Community Support Programs Branch**

### **➤ Grants and Contracts**

Six new grants were awarded in September 2005 under the "Targeted Capacity Expansion Grants for Jail Diversion Programs" from among the 74 applications received. These are 3-year grants to support the planning and implementation of jail diversion and mental health courts. Grantees included Montgomery County, Virginia; Bronx Borough, New York; Lafayette (project relocated from New Orleans), Louisiana; Yolo County, California; San Francisco California; and Chicago, Illinois.

Four new Knowledge Dissemination Conference Grants were awarded in September 2005 to North Carolina Health Center Association's "Annual East Coast Migrant Forum;" South Carolina Department of Mental Health's "Southeastern Regional Conference on Current Best Practices in Diversion of Non-Violent Offenders with Mental Illness;" University of Hawaii's "Treatments that Work: Medication, Management and Assertive Community Treatment;" and the Henry M. Jackson Foundation's "Workplace Disaster Preparedness."

Recognizing the critical role of judges as leaders and champions of efforts to improve responses to people with mental illness in contact with the criminal justice system, the GAINS TAPA Center for Jail Diversion and the Criminal Justice/Mental Health Consensus Project, have established the Judges' Leadership Initiative. The purpose is to facilitate an ongoing conversation among judges about their roles in interacting with people with mental illness and the mental health system and about their efforts to champion initiatives, both within their court systems and in their States generally, to improve outcomes. Central to the Judges' Leadership Initiative is coordination with other judicial organizations to create a network of judges. To date, over 150 Judges have joined the group, and their activities feature a newsletter, listserv, and coordination with other judicial bodies and groups.

The National GAINS Center at Policy Research Associates (PRA) in collaboration with the Center on Women, Violence and Trauma (CWVT), under the auspices CMHS, is developing the technical assistance response, "After the Crisis: Healing from Trauma Following Disasters." The cumulative impact of trauma leaves individuals susceptible to the psychological impact of a major community disaster. Peer response models of assistance developed by consumers have proven very helpful. Following a meeting with consumers, administrators, and researchers in April 2006, technical assistance products will be developed for broad dissemination and use.

Four members of the CSP Branch staff have significant involvement in the Transformation State Incentive Grant (SIG) program. In addition to co-leading the program, they serve as Project Officers for three of the States, designing and coordinating the resources inventory and needs assessment that each State must develop and designing the multi-site evaluation.

In the summer of 2005, approximately \$420,000 was contributed to the National Institute of Mental Health to co-sponsor Round II of the "State Implementation of Evidence-Based Practices" grant program for States to plan and evaluate activities bridging science and service. Eighteen-month planning grants were awarded to IL, IA, KY, MO, and OR; 3-year research grants were awarded to CO, KS, NH, NY, OK, and TX.

In September of 2005, services were requisitioned from Dr. Karen Unger to develop a "Supported Education Implementation Guide." Also in September, development began on an "Evidence-Based Practice Implementation Resource Kit on Consumer-Operated Services" through a contract with Abt Associates and Advocates for Human Potential, Inc. Sherry Mead heads a team of consumers (Jean Campbell, Laurie Curtis, and Patricia Deegan) who will develop the toolkit under the guidance of a consensus panel and with input from the field. The toolkit will be based on the results of the CMHS "Consumer-Operated Services Program" multi-site study.

The Veterans Administration (VA), in partnership with the Indian Health Service, began a project in September 2005 to adopt, adapt, and pilot test the SAMHSA CMHS Evidence-Based Practice Implementation Resource Kit on Integrated Treatment of Co-Occurring Disorders in three sites. The project is led by Dr. Lisa Najavits from the Boston VA Healthcare System in partnership with the Black Hills VA Healthcare System in SD and the Northern Arizona VA Healthcare System.

Eleven grants were awarded in the "Older Adult Mental Health Targeted Capacity Expansion" program.

SAMHSA/CMHS has responded to the call for greater collaboration at the Federal level described in the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 by teaming with the Bureau of Justice Assistance (BJA), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the National Institute of Corrections (NIC), facilitated by the Council of State Governments (CSG). The partners plan, coordinate, and share the design and implementation of efforts to improve the response to people with mental illness involved with the criminal justice system. BJA plans to announce the availability of funds to award grants to plan and implement jail diversion and mental health court programs in the spring of 2006.

➤ **Conferences and Meetings**

The “Institute for the Statewide Consumer Network Grantee Meeting,” a pre-conference event to Alternatives 2005, convened in Phoenix, Arizona on October 25 - 26, 2005. Nearly 50 people participated in the meeting, which included the 19 statewide consumer networks, the 5 national technical assistance centers and CMHS Staff. The purpose of the Institute was to provide a venue for obtaining technical assistance on leadership and infrastructure development to enhance the grant programs’ capacity to impact mental health transformation. The theme, “Fostering Transformation: A Practice of HOPE,” included a strategic planning activity that allowed grantees to exchange ideas and strategies to increase organizational capacity to support consumers as agents of transformation. General sessions provided knowledge on topics such as leadership principles, pathways to recovery, evidence-based and emerging best practices of consumer-operated programs, and anti-stigma and discrimination. The Institute initiated a demand for continued dialogue and a learning community among the consumer networks.

The GAINS Center for Persons in the Justice System, funded by CMHS, has sponsored a series of expert panel meetings examining the application of evidence-based practices (EBPs) to serving justice-involved individuals with mental illness and/or co-occurring disorders both in the community and in correctional facilities. Written products to capture the results of each meeting will be made available in 2006. The 2005 Expert Panel meetings addressed: Assertive Community Treatment (ACT) – February 18; Trauma – April 25; Supported Housing – June 1; Supported Employment – September 7; Illness Self-Management – October 2; and Integrated Treatment – November 29.

New TCE Jail Diversion grantees were oriented to SAMHSA/CMHS policies and program expectations in a meeting in October. Consumer integration and adaptation of evidence-based practices were highlighted during the orientation.

The 3<sup>rd</sup> Regional Meeting on Transforming State Mental Health Systems, sponsored by CMHS, in partnership with the National Governors Association Center for Best Practices and the National Association of State Mental Health Program Directors, took place in Boston on February 16-17, 2006

The final meeting of the Steering Committee for the Evaluation Center@HSRI was held December 5, 2005 in Boston.

On November 6, 2005, Dr. Crystal Blyler, a CSPB staff member, presented on Supported Employment to the Center for Workers with Disabilities at the annual meeting of the National Association of State Medicaid Directors in Arlington, VA

The Evidence-Based Practice Center under contract with the NASMHPD Research Institute held a meeting of experts to discuss needed revisions to the “Evidence-Based Practice Implementation Resource Kit on Medication Management Approaches in Psychiatry” in Alexandria, VA on October 24 - 25, 2005.

On September 22 - 23, 2005, the 2<sup>nd</sup> Regional Meeting on Transforming State Mental Health Systems was convened in Los Angeles, CA, sponsored by CMHS in partnership with the National Governors Association Center for Best Practices and the National Association of State Mental Health Program Directors.

The first annual meeting of Older Adult Targeted Capacity Expansion grantees was held March 1<sup>st</sup> and 2<sup>nd</sup> in Houston (a press release, meeting agenda and announcement, and short summaries of these projects are available).

Planning is underway for the first of four regional Science-to-Service meetings co-sponsored by CMHS and NIMH. The first of these meetings will be held April 17 - 18 in Oklahoma City and will include Midwest region states, service providers, consumers, researchers, and Federal partners from CMHS and NIMH. The purpose of these meetings is to bring stakeholders together to develop models for bridging science and service activities within States and regions.

### ➤ **Products**

The West Virginia Mental Health Consumer's Association (WVMHCA) has developed the GAINS EBP Consumer Integration Provider/Administrator Training Curriculum through the TAPA Center. Input was provided by TCE Jail Diversion Program consumer representatives regarding unique barriers encountered and successful strategies employed during the implementation of consumer integration into jail diversion site programs. The curriculum will be piloted at several of the six new TCE Jail Diversion programs from March – July 2006.

A Training Toolkit for State mental health agency personnel on “Facilitating Recovery in Mental Health Service Settings: Creating Trauma-Informed Systems of Care,” has been developed under contract with NTAC. The Toolkit includes guidelines for trainers, specific scripts, and post-tests. Each module includes an Experiential Log, PowerPoint Slides, References, and Annotated Resources. The Toolkit will also be used as instrumentality to introduce new systems outside of mental health to trauma systems and services, and it will be used for CMHS staff in-service training on trauma.

The criminal victimization of women with mental illness occurs at over twice the rate for women in general and has not been adequately addressed by the mental health or criminal justice systems. CMHS has contracted with the Council of State Governments to make available information and expertise to highlight this issue and to improve the ability of State and local governments to address it. An Issue Brief has been developed on the topic and a meeting was held on March 3, 2006, with a group of mental health and victim service providers to explore recommendations for States and localities.

The Center on Women, Violence, and Trauma has developed the State Trauma Systems Assessment and TA package. Critical components include: A template for a trauma-informed system of care; an assessment tool; guidelines that instruct the self-assessment process; information representing



multiple perspectives; and a resource manual including examples of successful implementation for each criterion.

➤ **Publications**

A special issue of the Journal of Behavioral Health Services and Research on the impact of co-occurring disorders and violence on women was issued in February 2006 on knowledge gained from the SAMHSA Women and Violence Study. This was preceded by the October 2005 of the journal Psychiatric Services with the three lead articles on the 12 month findings from the Women and Violence study. A second special issue on the study in the Journal of Community Psychology is anticipated this summer, following the first special issue in July 2005.

The following articles report on the results of the CMHS Employment Intervention:

Cook, J.A., Leff, H.S., Blyler, C.R., Gold, P.B., Goldberg, R.W., Mueser, K.T., Toprac, M.G., McFarlane, W.R., Shafer, M.S., Blankertz, L.E., Dudek, K., Razzano, L.A., Grey, D.D., Burke-Miller, J. (2005, May). Results of a multisite randomized trial of Supported Employment interventions for individuals with severe mental illness. *Archives of General Psychiatry*, 62, 505-512.

Cook, J.A., Lehman, A.F., Drake, R., McFarlane, W.R., Gold, P.B., Leff, S.H., Blyler, C., Toprac, M.G., Razzano, L.A., Burke-Miller, J., Blankertz, L., Shafer, M., Dudek, K., Grey, D.D. (2005, Oct.) Integration of psychiatric and vocational Services: A multi-site randomized implementation effectiveness trial of Supported Employment. *American Journal of Psychiatry*, 162(10), 1948-1956.

Leff, H.S., Cook, J.A., Gold, P.B., Toprac, M., Blyler, C., Goldberg, R., McFarlane, W., Shafer, M., Allen, I.E., Camacho-Gonsalves, T., Raab, B.L. (2005, Oct.). Inside Employment interventions: Effects of job development and job support on competitive employment of persons with severe mental illness. *Psychiatric Services*, 56(10), 1237-1244.

Razzano, L.A., Cook, J.A., Burke-Miller, J.K., Mueser, K.T., Pickett-Schenk, S.A., Grey, D.D., Goldberg, R.W., Blyler, C.R., Gold, P.B., Leff, H.S., Lehman, A.F., Shafer, M.S., Blankertz, L.E., McFarlane, W.R., Toprac, M.G., & Dudek, K. (2005, Nov.). Clinical factors associated with employment among people with severe mental illness: Findings from the Employment Intervention Demonstration Program. *Journal of Nervous and Mental Disease*, 193(11), 705-713.

Burke-Miller, J.K., Cook, J.A., Grey, D.D., Razzano, L.A., Blyler, C.R., Stephen Leff, H.S., Gold, P.B., Goldberg, R.W., Mueser, K.T., Cook, W.L., Toprac, M.G., Stewart, M., Blankertz, L., Dudek, K., and Taylor, A.L. (in press). Demographic characteristics and employment among people with severe mental illness in a multisite study. *Community Mental Health Journal*, Advance Access published on January 11, 2006; doi: doi:10.1007/s01597-005-9017-4.

Cook, J.A., Grey, D.D., Burke-Miller, J.K., Leff, H.S., Blyler, C., Gold, P.B., Goldberg, R.W., Clark, R.E., Kaufmann, C. (in press). Implications of the Ticket to Work for people with psychiatric disabilities: A simulation of employment service provider payments. *Psychiatric Services*.

Gold, P.B., Meisler, N., Santos, A.B., Carnemolla, M.A., Williams, O.H., Keleher, J. (in press). Randomized trial of supported employment integrated with Assertive Community Treatment for rural adults with severe mental illness. *Schizophrenia Bulletin*. Advance Access published on September 21, 2005, doi:10.1093/schbul/sbi056.

Cook, J.A., Mulkern, G., Grey, D.D., Burke-Miller, J., Blyler, C., Razzano, L.A., Balsler, R., Gold, P.B., Shafer, M., Dudek, K., Chow, C., Steigman, P. (submitted). Effects of Unemployment Rate on Vocational Outcomes in a Randomized Trial of Supported Employment for Individuals with Severe Mental Illness.

Cook, J., Blyler, C., Leff, H.S., Gold, P., Goldberg, R., Mueser, K., Toprac, M., McFarlane, W., Shafer, M., Blankertz, L., Razzano, L., Carey, M.A., Grey, D., Burke-Miller, J. (submitted). Effectiveness of Supported Employment for Individuals with Schizophrenia: Results of a Multi Site Randomized Trial.

## **Homeless Programs Branch**

### ***Grants and Contracts***

#### **➤ Chronic Homelessness Initiative (CHI)**

SAMHSA, through the CMHS Homeless Programs Branch and CSAT, is collaborating with HRSA, HUD, VA, and the Interagency Council on Homelessness on a 3-year, \$55 million joint initiative to end chronic homelessness. CHI promotes a collaborative and comprehensive approach to addressing chronic homelessness. Funding provided by SAMHSA is directed toward substance abuse treatment, mental health and related supportive services; HRSA's is used for primary health care services; funding provided by HUD is used to provide permanent housing; and resources from local VA facilities address the specific needs of veterans experiencing chronic homelessness. The National Technical Assistance Center on Homelessness provides training and technical assistance to grant sites on evidence-based practices, program sustainability, and other relevant topics. CHI is in its final year of funding. Site visits are being conducted to collect and document "lessons learned," and a final grantee meeting is planned for the fall of 2006.

#### **➤ Projects for Assistance in Transition from Homelessness**

Created in 1991, the PATH program provides funds to each State, the District of Columbia, Guam, American Samoa, the Commonwealths of Puerto Rico, the Northern Mariana Islands, and the Federal Territory of the Virgin Islands for the provision of services to individuals who have serious mental illnesses or co-occurring substance use disorders and who are homeless or at imminent risk of becoming homeless. Eligible services to be provided under PATH include: outreach services; screening and diagnostic treatment services; habilitation and rehabilitation services; community mental health services; alcohol or drug treatment services; staff training; case management services; supportive and supervisory services in residential settings; referrals for primary health services, job training, and educational services; and relevant housing services. In addition, a limited set of housing services may be funded to improve coordination of services and housing for the target population.

#### **➤ SSI/SSDI Outreach, Access, and Recovery (SOAR) Initiative**

The Branch has taken a key role in this interagency funded effort on SSI/SSDI eligibility. The purpose of the initiative is to assist States whose Policy Academy strategic planning team had included improving access to SSI/SSDI as a priority activity. The SOAR technical assistance package was awarded competitively to 13 States (and, for a similar effort, provided to Los Angeles). The package consists of a 2-day in-State planning meeting and a 4-day workshop for trainers from each of the States and Los Angeles. The planning meetings and the train-the-trainer workshops have been conducted, and the contractor has assisted the new trainers in conducting their own in-State training sessions with agency direct service providers and case managers.

➤ **Treatment for Homeless Grants.**

CMHS is partnering with CSAT in this service grant program and has funded three cohorts of community agency grantees. In the first cohort, three awards were funded in FY 2003 as 3-year projects (6/1/03 – 5/31/06). These grantees have 3 months remaining in their final year and collectively have served 318 people with mental health and/or substance use disorders who have experienced homelessness. The second cohort of four grantees received 5-year awards in FY 2004 (9/30/04 -9/29/09). They are 5 months into their second year and collectively have served 274 homeless clients with mental and/or substance use conditions. The third cohort of six grantees received 5-year awards in FY 2005 (7/1/01/05-6/30/10). Over the past 8 months they have served 148 homeless people with mental health and/or substance use disorders. All cohorts report a reduction in substance use, involvement in the criminal justice system, increases in employment and education, social connectedness, and permanent housing.

➤ **Monitoring and Promoting Effective Implementation of PATH-Funded Service**

The purpose of this 5-year contract is to conduct monitoring site visits to seven PATH-funded States or Territories each year. These visits are designed to determine compliance with PATH legislation, assess the State's performance on voluntary performance goals, encourage the adoption of exemplary practices, and identify technical assistance needs of local PATH-funded providers. For Federal Fiscal Year 2006, the following States will be visited: Arkansas, Maryland, New Hampshire, North Dakota, Oklahoma, South Carolina, and West Virginia.

➤ **The National Resource Center on Homelessness**

This new contract will be a small business set-aside. In order to continue to provide States and communities with innovative support and assistance, the Homeless Programs Branch will develop an innovative National Resource Center on Homelessness (NRCH). The NRCH will use state-of-the-art technology to promote the dissemination and implementation of best practices, support services, and policies in the field through training and technical assistance. The NRCH will also coordinate the synthesis of knowledge on emerging issues in homelessness; convene expert panels; develop state-of-the-art topical papers; and develop workforce-related curricula, training, and implementation materials. The NRCH is envisioned as a collaborative effort, led by a steering committee made up of public, private, and consumer entities. The NRCH will focus on providing States with the assistance they need to implement their multi-year strategic plans to end chronic homelessness.

➤ **Evaluation of the National Policy Academies on Chronic Homelessness**

The Policy Academies are a major initiative of the administration to fulfill its commitment to end chronic homelessness within a decade. SAMHSA has contracted with an independent third party, the National Resource and Training Center on Homelessness, to conduct this evaluation of the policy academies. In March 2006, a request was made to OMB to conduct a process and outcome evaluation of State policy academies on chronic homelessness. It is expected that the evaluation, once cleared by OMB, will begin in early 2007. The purposes of the evaluation are to: 1) document the process by which the Academies and resulting action plans were implemented; 2) assess the extent to which the Academies have been effective in improving State systems and services for chronically homeless individuals; and 3) document lessons learned concerning implementation so that future Academies can draw upon the experiences of those that have occurred.

### ***Products***

#### **➤ Issue Briefs**

The Branch is preparing a series of five documents, 5-10 pages each, on strategies to increase the employment of persons who experience homelessness and have serious mental illnesses. The briefs provide updates to *Work as a Priority*, which was published in 2003.

#### **➤ Mental Health Services to the Aging Population: A Guide for Mental Health Planning and Advisory Councils**

SAMHSA and the National Association of Mental Health Planning and Advisory Councils (NAMHPAC) have developed a brochure targeted to Council members on mental health service planning to address the needs of older adults.

#### **➤ Outreach to Persons who Experience Homelessness and have a Serious Mental Illness**

Work is almost completed on a manual that describes effective strategies and practices of the most frequent and central of PATH-funded activities: outreach to persons experiencing homelessness and serious mental and substance use conditions. It is intended for outreach workers and case managers, as well as agency directors and supervisors of PATH-funded outreach efforts.

#### **➤ Pilot Test of Outcome Data in the PATH Program**

This report, currently in draft form and due to be completed in June 2006, describes a test of the ability of volunteer States to obtain PATH-related program outcome data. PATH has traditionally collected statutorily required monitoring and management data.

#### **➤ Stepping Stones to Recovery: A Case Manager's Manual for Assisting Adults Who are Homeless with Social Security Disability and Supplemental Security Income Applications**

This manual, developed to guide case managers in preparing initial client SSI/SSDI applications, has been distributed, nationwide. A companion curriculum for trainers of case managers has been developed, pilot tested, and will be finalized in May 2006.

➤ **Transformation Through Partnerships: Systems Change to End Chronic Homelessness**

This DVD includes a presentation of two distinctly different models for community partnerships to address homelessness. “Ending Chronic Homelessness: Strategic Partnership from the City of Seattle,” and “Transformation, Recovery and Revitalization: Project H.O.M.E.S.’s Community Partnerships,” filmed in Philadelphia, provide case studies on effective strategic planning and partnership development to comprehensively address homelessness. Included in this package are Viewers Guides and a Principles Guide to Strategic Partnerships.

*Conferences and Meetings*

➤ **National Training Conference on Homelessness**

*Preparing People for Change: Knowledge and Choice*, the third biennial national conference on homelessness sponsored by CMHS, was held in October 2005 in Washington, DC. In addition to plenary sessions, the conference was organized into three broad program tracks: housing alternatives, services tailored to the needs of people who are homeless, and cross-cutting issues, and included sessions targeted to direct service providers, supervisors, and agency administrators. More than 800 people attended the conference; 34 consumer scholarships were awarded, there were 12 Exemplary Program winners. More than 100 conference participants received Continuing Education Units (CEUs) from 5 participating organizations. The next National Training Conference will be held in 2007.

➤ **Meeting of State PATH Contacts**

There will be a meeting of State PATH Contracts on October 23 - 25, 2006, in Bethesda, Maryland. The meeting will focus primarily on providing information and assistance to the 56 States and territories receiving PATH funds. It will also address the adoption of exemplary practices and ongoing information and programmatic support needs of State PATH Contacts. A planning committee is developing the meeting agenda.

## **DIVISION OF STATE AND COMMUNITY SYSTEMS DEVELOPMENT**

### **State Planning and Systems Development Branch**

#### **➤ New Staff**

Christopher Carroll was detailed in September to the Office of CMHS Director to serve as the Special Assistant. Jeanette Miller and Mattie Cheek assumed additional duties related to their role as Connectors for the Mental Health Transformation State Infrastructure Grants.

#### ***Mental Health Block Grant***

#### **➤ Projects**

The branch has revised the FY 2007 Mental Health Block Grant (MHBG) Application Guidance and Instructions for Applications/State Mental Health Plans due from the States on September 1, 2006. The revision was necessary to reflect the MHBG reform initiative included in the President's FY 2007 budget that mandates a set-aside of MHBG funds for transformation activities. In addition, this new initiative requires that States develop outcome measures related to transformation and to submit separate transformation MHBG spending reports.

Monitoring teams: John Morrow led a monitoring team to Idaho on August 9-11, 2005; Jim Morrow traveled to Connecticut on August 30-September 1, 2005; Herbert Joseph went to Minnesota on September 14-16, 2005; Jeanette Miller went to Kansas on September 27-29, 2005; and John Morrow traveled to Nevada on February 7-9, 2006.

Between October and December 2005, peer consultative reviews of the 59 State mental health plans to determine their compliance with the Block Grant statute and other SAMHSA requirements were convened in the cities of Baltimore; Detroit; San Antonio; Portland, Oregon; and Charlotte, North Carolina. Each State and Territory was represented by at least one staff person and one mental health planning council member. A major focus centered on the role of the mental health planning council achievements and efforts to support mental health transformation in the State.

The independent evaluation of the Mental Health Block Grant program is in Year Two. Pilot visits to six States (California, Connecticut, Minnesota, North Carolina, Puerto Rico, and Wyoming) were completed in the first quarter of FY 2006 to obtain feedback on proposed data collection tools. Once the tools are finalized, a 60-day Federal Register Notice will be submitted for posting. The actual collection of the data will begin once OMB approval has been received.

In partnership with the Survey and Analysis Branch and the NASMHPD Research Institute (NRI), the Branch sponsored the State Mental Health Data Infrastructure (DIG) Grantee conference in Baltimore, MD on February 14-15, 2006. The overall goal of the State Mental Health DIG program is to improve State and local mental health data infrastructure, with a focus on implementing the new National Outcome Measures (NOMs).

The pilot study for the Mental Health Block Grant evidence based practice (EBP) measure as a cost efficiency measure continues.

➤ **MHBG Technical Assistance**

The MHBG provides numerous onsite training/technical assistance and written products on a range of policy issues related to the development and delivery of services for adults with serious mental illness and children with severe emotional disturbances. These activities are funded through the statutorily mandated set-aside of 5 percent of the entire MHBG allocation.

The document, “Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities,” was released. It was prepared by the Olmstead Coalition Contract.

The Targeted Technical Assistance project hosted a multi-State conference in Memphis, Tennessee on December 5-6, 2005 that focused on housing. This event was conducted in the style of a policy academy that included the housing director and senior mental health officials from nine States: Colorado, Connecticut, Kansas, Louisiana, Maine, Massachusetts, Oklahoma, Pennsylvania, and the District of Columbia. The event helped build relationships, increase collaboration, and focus combined State efforts on housing. Based on the positive feedback, a second event is being planned for FY 2006.

The 5<sup>th</sup> Annual Training Institute for State Mental Health Coordinators (under the Olmstead Coalition Contract) was held in Washington, DC, September 26-28. It was titled, “Innovations, Perspectives, and Partners for Action.”

The Targeted Technical Assistance project convened an event on September 27-28, 2005 in Seattle, Washington to discuss how States can involve multiple stakeholders in meaningful systems change. The four States that participated were Colorado, Oklahoma, Oregon, and Alaska. Each State brought a team consisting of the State mental health director, the chair of the mental health planning council, and four others who were either consumers, family members, providers, or other advocates. The meeting was very successful and is intended to be replicated with other States.

***Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program***

➤ **Projects**

Jeanette Miller led a monitoring team to the Utah Protection and Advocacy Program on August 30-September 1, 2005. The team consisted of a management analyst, a fiscal consultant, a mental health consumer, and a legal consultant. Jim Morrow led a similar team to Rhode Island on September 13-15, John Morrow went to Hawaii on September 19-21, and Abdi Wehelie traveled to Virginia on August 9-11. A September visit to the Texas Protection and Advocacy Program was delayed because of Hurricane Katrina. A two-step process of review was instituted, led by Marie Danforth. It involved a paper review in FY 2005, followed by an on-site visit conducted March 7-9, 2006.

During the week of February 27-March 3, 2005, the third annual Peer Review of the PAIMI Programs, Annual Program Progress Report was conducted.

The independent evaluation of the PAIMI program is in progress. A 60-day Federal Register Notice was published on January 26, 2006 and public comments are currently being received. The next step

involves a formal submission of a complete package, including a response to public comments, for review and approval of data collection by OMB.

➤ **PAIMI Technical Assistance**

PAIMI Technical Assistance is funded by a statutorily mandated 2 percent set-aside on the PAIMI Appropriation. CMHS transfers the 2 percent through an interagency agreement with the Department of Health and Human Services Administration on Children and Youth, Administration on Developmental Disabilities (ADD). In turn, ADD, the Federal agency responsible for the Protection and Advocacy Program for persons with Developmental Disabilities (PADD), assumes responsibility (in collaboration with CMHS) for entering into a contract with a technical assistance provider. During the period since the last Advisory Council meeting, ADD entered into a 5-year contract with the National Disability Rights Network to serve as the exclusive technical assistance provider for the PADD and PAIMI programs.

The National Disability Rights Network (NDRN), formerly the National Association of Protection and Advocacy Systems, convened the Annual Skills Building Meeting for Protection and Advocacy staff in San Diego, California on January 10-13 2006.

On March 2-3, 2006, in Washington, D.C. an orientation program was held, sponsored by the PAIMI program and other Federal Protection and Advocacy partners, and convened by the NDRN for newly appointed Protection and Advocacy Directors.

➤ **Minority Fellowship Grants**

The first independent evaluation of the SAMHSA Minority Fellowship Program (MFP) began in FY 2006, with the awarding of a contract to the Human Services Research Institute, Inc. of Cambridge, Massachusetts. This project is in progress and an Advisory Panel and Subject Matter Experts for the project have been selected.

In September, 2005, a contract was awarded to assess cultural competence in behavioral health education and training programs to help eliminate disparities and promote the development of a competent behavioral health workforce.

➤ **Seclusion and Restraint State Incentive Grants**

This project began in FY 2005 and is now in its second year. Eight States and a Coordinating Center were funded to promote the implementation and evaluation of best practice approaches to reducing and ultimately eliminating the use of restraint and seclusion in mental health treatment settings. The eight States funded are Illinois, Kentucky, Massachusetts, Missouri, Hawaii, Louisiana, Maryland, and Washington.

## **Survey and Analysis Branch**

➤ **Staff Change**

On January 6, 2006, Dr. Ronald Manderscheid, Chief, Survey and Analysis Branch (SAB), retired from the Federal Government after 32 years of service.



## ➤ **Projects**

To improve State and local information infrastructure, SAB developed, submitted and processed an interagency agreement with the CDC to collect mental health module data in its Behavioral Risk Factor Surveillance System. Data were collected through the State public health agencies. SAB put in place supplements to the State mental health agency grants so that the latter can work with the former. Another interagency agreement is expected to be signed within several months.

The final results from the national Child Mental Health Indicator have been published in the annual Federal report, “America’s Children.”

Eight of the ten NOMS measures are included in the URS; the remaining two (social connectedness and functioning improvement) were piloted and analyzed during 2005. NOMS reporting will continue and expand for the FY06 report due for submission on December 1, 2006. NOMS data for five of the NOMs are currently available on the SAMHSA website and it is anticipated that all ten NOMs will be reported widely during 2006.

Work on consumer recovery measures is anticipated to begin early in the summer of 2006.

The 2004 Survey of Mental Health Organizations (SMHO) is nearing completion after fielding a more streamlined questionnaire among all organizations, rather than a sample, as in previous cycles. Surveying all organizations will provide State-level estimates on the availability and utilization of mental health services.

OMB clearance was received for the 2004 Survey of Mental Health Organizations (SMHO). Clearance is being prepared for the 2006 Client/Patient Sample Survey. The 2004 Annual State Hospital Census is in the field.

The Decision Support 2000+ (DS2K) Website, [www.ds2kplus.org](http://www.ds2kplus.org), has been established to facilitate data collection in support of behavioral health policy formulation. It provides all the facilities needed to plan and execute data collection. These tools include online collaboration software; reference materials, including data standards spanning the entire field plus workforce, population, HIPAA, and demographic information; online data collection form creation; and data collection and analysis capabilities.

Working with the HL7 standards development organization and the Behavioral Health Treatment Standards Work Group, the DS2K+ team is leading the CMHS efforts to define and adopt an official standard functional model profile that will be submitted to the Commission on Certification of Health Information Technology (CCHIT). Once this standard is adopted, CCHIT will provide the equivalent of an Underwriters Laboratory seal to software products that meet it. Behavioral health providers can then use this information when selecting electronic medical record software. Creating the initial profile will involve extensive participation of a huge array of behavioral health interest groups. This process will begin in April 2006 and run through the summer of 2006.

## ➤ **Conferences and Meetings**

The Data Infrastructure Grantee meeting was held in February 2006.

