

**CENTER FOR MENTAL HEALTH
SERVICES (CMHS)**

DIRECTOR'S REPORT

**CMHS National Advisory Council
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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

Mental Health System Transformation (MHST)

- A key component of SAMHSA's overall mental health transformation strategy is the establishment of a grant program called Mental Health State Incentive Grants (MH-SIG). Currently CMHS received 33 applications from States, territories, the District of Columbia, and American Indian/Alaska Native and Tribal Organizations for the Mental Health Transformation State Incentive Grant Program. This program will support infrastructure development and collaboration of the various organizations that provide services to people, with, or at risk for mental disorders. Over a 5-year period, grantees will develop, implement, evaluate and create specific mechanisms to sustain Comprehensive mental Health Plans. Grants totaling approximately \$18.5 million will be awarded on October 1, 2005. \$26 million has been requested for this program in Fiscal Year 2006.
- On July 22, 2005 Substance Abuse and Mental Health Services Administration's Administrator, Charles G. Curie, M.A., A.C.S.W. presented the Federal Action Agenda at a formal presentation at the Department of Health and Human Services.
- Also on July 22, 2005, Mr. Curie announced the creation of a Federal Executive Steering Committee to guide the work of mental health systems transformation. The committee is comprised of Deputy and Assistant Deputy Secretaries from all ten of the participating Federal Departments.
- The interagency/interdepartmental Federal Partners Senior Workgroup continues to meet on a bi-monthly basis to collaborate on Mental Health issues and to monitor the 70 specific steps which they detailed in the Federal Action Agenda.
- In addition, the SAMHSA internal matrix workgroup on mental health system transformation also continues to meet on a monthly basis. The workgroup focus on the activities outlined in the action agenda and helps keep track of overall progress.

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 nonmedical 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.

- Organized the National Call to Action to End Seclusion and Restraint – a national meeting to launch SAMHSA’s national action plan in this area.
- Awarded and administered 8 grants within the Seclusion and Restraint State Incentive Grant program which focuses on fostering alternatives to seclusion and restraint. This also 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.
- Completed the eight-site grant program designed to identify effective seclusion and restraint training practices in children’s programs.
- Pilot tested a consumer-based staff training manual in two States that is scheduled to be published this summer.
- Compiled and analyzed a compendium of State and professional policies related to seclusion and restraint that is also pending publication.
- Supported regional trainings for all States on reducing the use of such practices.
- Begun developing 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 and the choice for Director is anticipated to be announced before the end of the fiscal year.
- Four staff positions have been filled allowing greater collaboration with CMHS offices and additional planning opportunities

Grant Funding

- OPAC tracked and facilitated the funding process for 282 continuation grants, new grants in 16 discretionary programs, and 46 Congressionally-mandated grants. These grants include funding for:
 - Youth Suicide Prevention
 - Targeted Capacity Expansion for Jail Diversion Programs
 - State Mental Health Data Infrastructure Grants for Quality Improvement
 - State Incentive Grants for Treatment of Persons with Co-occurring Substance Related and Mental Disorders
 - Conference Grants
 - Minority Fellowship Program
 - National Training and Technical Assistance Center for Child and Adolescent Mental Health Cooperative Agreement
 - State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion
 - National Center for Child Traumatic Stress of the National Child Traumatic Stress Initiative
 - Intervention Development and Evaluation Centers of the National Child Traumatic Stress Initiative
 - Community Treatment and Services Centers of the National Child Traumatic Stress Initiative
 - Technical Assistance Center for Mental Health Promotion and Youth Violence Prevention
 - Meeting the Mental Health Services Needs of Older Adults
 - Tribal Infrastructure Grants for Transforming Behavioral Health Services Systems for Native American and Alaskan Native Children and Their Families
 - Mental Health Transformation State Incentive Grants
- 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 developed a contract to update the CMHS budget tracking system. The first phase of this work is to be completed by early Fiscal Year 2006.

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. GPRA improvement work began in FY05:
 - Development of a core GPRA data set for client services, infrastructure and technical assistance.
 - Inventory and interview of all PRNS and other programs
- In FY06, work on web-based GPRA data collection and reporting system will continue:
 - Development of the CMHS data platform
 - Pilot testing and program phase-in
 - Extensive staff, grantee, and contractor training will be conducted in order 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 system is expected by the end of FY07. For the first time ever, CMHS staff and grantees will have access to real time performance data that will make data-based decision making in program management possible. CMHS expects this capability will be the impetus for a shift toward data-based decision making with an emphasis on program outcomes and impact.

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 in order to inform funding and management decision aimed at making the program more effective.
- PART is 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% 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.
- CMHS is in the final phase of the OMB PART process for the PAIMI program and its Programs of Regional Significance (PRNS).
- The new GPRA data system will bring CMHS in compliance with the current environment of increased accountability that require grantee performance baselines and targets and for transparency in program performance data. This environment also requires increased "transparency" – grantee performance data must be easily accessible to the public in order

to determine what the tax payer is getting in return for their investment in CMHS programs.

Associate Director for Medical Affairs

Projects

- CMHS staff has served on the Veterans Health Administration's (VHA) Executive Committee of the VHA Mental Health Steering Committee. The committee is charged with overseeing the development and execution of plans based on the VHA Action Agenda, produced as a response to the recommendations of the President's New Freedom Commission on Mental Health Final Report in December 2003.
- CMHS personnel deployed to Indonesia aboard the USNS Mercy hospital-class ship in support on Operation Unified Assistance (OUA). OUA was U.S. Government sponsored humanitarian medical mission to provide care to tsunami victims in the most severely affected region, Aceh province, Indonesia. The mission involved the collaborative work of US Navy, US Public Health Service and private sector medical professionals. CMHS medical staff performed site visits and needs assessments as well as provided mental health assistance.
- CMHS provided medical staff in support of the congressionally-mandated national weapons of mass destruction exercise known as Top Officials (TOPOFF) 3.

Conferences/Meetings

- CMHS staff took part in organizational meetings and/or provided remarks at to the following groups: American Association of Chairs of Departments of Psychiatry; Board on Neuroscience and Behavioral Health, Institute of Medicine of the National Academies; ONDCP sponsored Leadership Conference on Medical Education in Substance Abuse; *American Association of Directors of Psychiatric Residency Training*; Centers for Disease Control and Prevention National Advisory Committee for Injury Prevention and Control; National Association of County and City Health Officials – Association of State and Territorial Health Officials 2005 Joint Conference.

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, is planning to convene a two-day conference in Baltimore in September 2005. Included among approximately 250 invited participants will be State Medicaid and mental health authority officials, mental health researchers, and representatives of national consumer and advocacy organizations.

Publications

- The following reports were recently issued by the Office of the Associate Director for Organization and Financing:
- National Estimates of Expenditures for Mental Health and Substance Abuse Services, 2001

This is the second in a series of reports planned to provide periodic updates of national expenditures for MH/SA treatment. The report addresses the following key questions:

- How much is spent in the United States to treat MH/SA disorders?
 - How are the expenditures distributed by payer and provider type?
 - How has spending changed from 1987 to 1997?
 - How do MH/SA expenditures compare to those for all U.S. health care?
- National Estimates of Mental Health Insurance Benefits

This study provides estimates of the number of individuals in the United States in 1999 who had mental health benefits as a part of their health insurance coverage, the subset of those individuals who had mental health benefits that met or exceeded a benchmark level of generosity, the number of individuals with parity in their mental health benefits, and the number of individuals potentially subject to state and Federal mental health parity laws.

- State Profiles of Mental Health and Substance Abuse Services in Medicaid

The purpose of this examination of State Medicaid and SCHIP programs was to identify State policies related to those who were covered under the programs, what services the programs provided, and how the services were delivered. The report revealed four key findings: 1) All States provided mental health services to the Medicaid and SCHIP program participants, and most provided some substance abuse services. 2) Limits on mental health and substance abuse services in Medicaid and SCHIP tended to follow common patterns and were based on a relatively small number of criteria. 3) Most States

used some form of managed care to deliver behavioral health services in Medicaid and SCHIP. 4) States used the flexibility offered in Medicaid and SCHIP to expand program coverage to cover more people than they were required to cover under Federal minimum requirement

- The following peer-reviewed articles were accepted for publication:
 - Larson MJ, Miller K, Fleming K, Teich J. Mental Health Services for Children in Private Health Plans, 1999. Journal of Behavioral Health Services and Research.
 - Maxfield M, Achman L, Buck JA, Teich J. Estimates of Mental Health Insurance Coverage. Journal of Behavioral Health Services and Research.
 - Rosenbach ML, Lake T, Young C, Conroy WC, Buck JA. Implementation and Effects of the Vermont Mental Health/Substance Abuse Parity Law. Journal of Behavioral Health Services and Research.
 - Linkins, K, Lucca, AM, Housman, MG, Smith, SA. Serious Mental Illness and Mental Health Services in Nursing Facilities: An Assessment of Pre-Admission Screening and Resident Review (PASRR). Psychiatric Services.
 - Mark, TL, Buck, JA. Components of Spending for Medicaid Mental Health Services, 2001. Psychiatric Services, Vol 56, No.6, June 2005.
- The Office expects to release the following reports within the next three months:
 - Pre-Admission Screening and Resident Review (PASRR) and Mental Health Services for Persons in Nursing Facilities
 - School Mental Health Services in the United States, 2003
 - State Regulation of Residential Facilities for Adults with Mental Illness
 - State Regulation of Residential Facilities for Children with Mental Illness

Associate Director for Consumer Affairs

Projects

- National Anti-Stigma Campaign: CMHS' National Anti-Stigma Campaign (NASC) was launched 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, an 8 State demonstration of public education methods, and is the first step listed in the CMHS Federal Action Agenda, *Transforming Mental Health Care in America*. The NASC is a three-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 to help review and promote the National Campaign. The NASC is now in the creative development stage of the project which should be completed in early August. The creative production will go through communication checks and approvals, and then be released for distribution later this year. The production elements will be distributed to more than 28,000 media outlets nationwide. Five regional meetings are also being planned later 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, both based in New York City, New York, on this project.

- Elimination of Barriers Initiative (EBI): This three-year 8 State demonstration project, now in its third and final year, is designed to support and evaluate State anti-stigma/anti-discrimination efforts. Various public awareness efforts have been produced and launched. These included a range of bi-lingual educational materials including T.V. and radio public service announcements (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 the T.V., radio and print PSAs in the 8 States. This represents a donated equivalent of between \$1,489,500 and \$2,212,627 in paid advertising.

Culminating the three-year project, the Voice Awards was held in Los Angeles, California, July 20 to recognize film, TV and radio writers and producers who have created positive, accurate and dignified portrayals of people with mental health problems. Of the more than 50 productions nominated for the Voice Awards, writers and producers of the following productions were named as Voice Award winners: "The Aviator," "ER," "Huff," "Larry King Live," "Monk," "People Say I'm Crazy," "Scrubs," "Stateside," "Strong Medicine," and "There's No Such Thing As Crazy." The Voice Awards also recognized mental health

advocates across the country for their efforts to expand public understanding of mental health problems. In addition, actors Brooke Shields and Maurice Benard and Spanish language television network Univision were honored by the Federal government for their activities on behalf of mental health awareness, and writer/producer Neal Baer received a special Career Achievement Award at the gala awards ceremony hosted by Mariette Hartley and SAMHSA National Advisory Council member, Kathleen Sullivan.

- Resource Center to Address Discrimination and Stigma (ADS Center): In addition to providing responses to requests for information and resources related to addressing stigma and discrimination, three training teleconferences have been held since February 2005. These included: Overcoming Barriers and the Stigma Associated with Mental Illness in American Indian and Alaska Native Communities, Decreasing Stigma and the Discrimination Associated with Mental Illness in the African American Community, and Debunking the Myths: Overcoming Stigma and Discrimination Toward Students with Mental Illnesses in Secondary School Settings. These popular, free trainings have drawn on average 150 persons per call. Three electronic informational updates on issues and programs related to stigma reduction have been disseminated. The Web site was moved to www.stopstigma.samhsa.gov from www.adscenter.org. Information on international, national and state public education campaigns and numerous resources including books, articles, fact sheets, research and organizations on topics such as housing, children, older adults, employment, faith community, etc. are available. Items are added monthly to the site, and it averages 120,000 hits a month.
- Older Adult Stigma Roundtables: CMHS convened two Roundtables on Stigma and Discrimination in Mental Health and Aging November 2003 and January 2004 in Washington, D.C. and Los Angeles, California respectively. The purpose of the roundtables was to bring together a range of stakeholders to identify the impact of stigma and discrimination experienced by older adults, the barriers to eliminating discrimination and stigma, and, most importantly, the strategies and resources to remove these barriers. A draft report of the meeting is currently in publication clearance and will soon be printed and disseminated.
- CMHS, through an Interagency Agreement, has joined with the National Institute of Disability and Rehabilitation Research, within the Office of Special Education and Rehabilitative Services, Department of Education, to make funding available for a Rehabilitation Research and Training Center on Mental Health Consumer-Centered and Community-Based Practices and Supports. Applications are due by August 16, 2005.

Conferences and Meetings

- CMHS National Advisory Council Subcommittee on Consumer/Survivor Issues: The Subcommittee held their last meeting in February 2005 at the SAMHSA building in Rockville, Maryland. CMHS Director Kathryn Power met with the Subcommittee and reported on the status of CMHS activities and strategic planning for the Center. The Subcommittee also heard discussions on the development of a definition for “family-driven” care and named a subgroup of Subcommittee members to work on the definition of

“consumer-driven” care to be used in conjunction with CMHS’ consensus definition of “recovery” in development this year.

- Other presentations heard by the Subcommittee included a discussion on how evidence-based practices can incorporate the concept of recovery, a report on the CMHS Block Grant Program, and finally an update on SAMHSA’s trauma initiatives.
- The Subcommittee made the following three recommendations at the February 2005 meeting to the CMHS National Advisory Council:
 - CMHS should ensure that mental health consumers are meaningfully involved in the design of the proposed consumer-operated services (COS) toolkit and include COS as a national outcome measure of the Mental Health Services Block Grant (MHSBG) program with guidelines to States on the utilization of MHSBG funding to promote these services.
 - To ensure consumer-driven mental health systems transformation, CMHS should meaningfully include mental health consumers, including members of the Consumer/Survivor Subcommittee acting as individuals, in the planning, implementation, and evaluation of the CMHS Transformation Action Center.
 - With vast majorities of consumers reporting trauma histories, CMHS should adopt trauma-informed approaches into every program and activity of the Center, including technical assistance centers, policy documents, grant announcements, and educational materials. CMHS should expand efforts – such as the Trauma Champions Institute developed by the CMHS Women, Violence and Trauma Center’s Consumer Leadership Program – to support the voice and participation of survivors of trauma.
- Dialogue Meetings: Two dialogue meetings were held. Patterned after previous dialogues on topics such as faith communities and co-occurring issues, the two-day meetings resulted in a series of recommendations on how to develop partnerships to promote recovery for persons with mental illnesses. The summary of the meeting between consumers and those persons providing mental health and criminal justice services is now in publication clearance. The second meeting focused on consumers and representatives of primary care, and the report is currently being developed.

Work has begun on a third dialogue meeting that will be held in October 2005. This meeting will look at the alarming increase in rates of students with mental health problems on college campuses. The meeting will bring together college students with mental illnesses, student activists, and family members with college and university deans, administrators, counselors, researchers and faculty to discuss the personal-level and system-level issues that hinder recovery and facilitate recovery. A series of recommendations will be in the final report and distributed nationally.

- Recovery Consensus Meeting: The President's New Freedom Commission on Mental Health, in its final report called for recovery to be the "common, recognized outcome of mental health services." To clearly define recovery, SAMHSA and the Interagency Committee on Disability Research in partnerships 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 deliberation of more than 100 experts resulted in a consensus statement on recovery that also identified 10 fundamental elements of recovery. This statement is currently in publication clearance and will soon be released. Building on this effort, planning has begun on a consensus meeting with the goal of clearly defining person-centered and family-centered planning.
- Consumer Participation: CMHS continues to support consumer participation at national and other mental health meetings to enhance knowledge acquisition and skill development and to promote the communication of consumer perspectives related to mental health policy and program development and implementation. During the past year, more than 250 consumers were sponsored at 16 national and international meetings.
- CMHS sponsored day-long regional meeting of mental health consumer/survivors in Seattle, Washington on April 18, 2005. This regional meeting included small-group discussions of the goals of the President's New Freedom Commission on Mental Health. Panel members from Alaska, Idaho, Oregon, and Washington participated and provided recommendations. More than eighty interested persons from the four States attended the meeting, including a group of persons receiving services from Western State Hospital in Tacoma, Washington. A summary report of the meeting was developed and distributed.
- CMHS also sponsored a 1-day consumer meeting for Region VII in Kansas City, Missouri May 12, 2005. Mental health consumer representatives from Iowa, Kansas, Missouri and Nebraska, gave presentations on the most pressing needs of mental health consumers in their States and communities. Participants prioritized their concerns and provided recommendations on how to implement the six recommendations of the President's New Freedom Commission Mental Health Final Report. A report of the meeting is being developed and will be shared with the participants as well as State officials and mental health organizations in the four States.

Publications

- Seclusion and Restraint Training Manual: CMHS pilot tested a consumer-based staff training manual in two psychiatric hospitals in Connecticut and Nebraska. Using the results, the training manual was revised and is being readied for distribution this fall. 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 later this year.
- Transportation Issues and Approaches: In response to reports of unmet transportation needs of mental health consumers, CMHS released *Getting There: Helping People With Mental Illnesses Access Transportation*. It provides emerging best practices for providing transportation to consumers and potential sources of funding for transportation initiatives. <http://www.mentalhealth.org/publications/allpubs/sma04-3948/default.asp>
- Self-Disclosure Monograph: CMHS is developing a paper for publication that examines the impact of self-disclosure of receiving mental health services. It includes a literature review and key informant interviews.
- Peer Specialist Project: CMHS has developed a peer support resource kit entitled, *Building a Foundation for Recovery*, that includes a manual for States that provides a detailed 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 become implemented in State mental health systems. And lastly, a handy fact sheet that summarizes the major elements of the program. The resource kit is in the editing and clearance process and should be released in the coming weeks.
- Employment CD-Rom: CMHS is developing and disseminating a CD-ROM entitled “Employment for People with Mental Illnesses.” The purpose of this is to stimulate efforts to improve the employment 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” was conducted by SAMHSA’s CMHS. At this national summit, several employers shared their strategies for hiring mental health consumers and retaining them. A list of additional resources will be provided. These materials are proposed for development as part of achieving the vision of the President Bush’s New Freedom Initiative – promoting a life in the community for people with mental illnesses and other disabilities.
- 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 to achieve levels of wellness, stability and recovery. The manual is based on a train-the-trainer model intended for trainees who are people in mental health recovery, parents, and mental health workers. Planning is underway to pilot test the curriculum in three states, checking for cultural and linguistic competency, applicability, and participant reaction.

- Self-Directed Care: The publication, *Free to Choose: Transforming Behavioral Health Care to Self-Direction*, was released and disseminated. This report of the 2004 Consumer Direction Initiative Summit discusses the values and principles as well as critical operational elements central to self-directed care in behavioral health. Examples of several self-directed care programs are offered. Recommendations are offered for developing self-directed initiatives, and a listing of numerous resources is provided. <http://www.mentalhealth.org/publications/allpubs/SMA05-3982/default.asp>
- The five web-based papers that served as the foundation for the discussions at the Consumer Direction Initiative Summit were made available at <http://www.mentalhealth.samhsa.gov/consumersurvivor/>, then click on Related Topics, Self-Directed Care. The papers include information on: how consumers can catalyze a transformation of the mental health system to one based on a recovery culture of self-determination and community participation; financing mechanisms for self-determination that include recognition of the important role of peer-to-peer services in operating these programs; the impact of consumer direction on families and youth in families with a child with serious emotional problems; quality issues in consumer/family direction; and competency issues in self-direction.
- A Self-Direction Education Training Series of three web-casts focusing on principles, tools and models of self-direction, and funding strategies were held in March, April and May. These archived training are available at www.connectlive.com/events/samhsa and include speaker PowerPoint slides, resource links, and discussion questions.

Division of Prevention, Traumatic Stress & Special Programs

New Staff

- Ms. Rachel Kaul is a new Project Officer in the Emergency Mental Health and Traumatic Stress Services Branch. Ms. Kaul serves primarily as a Project Office for the FEMA Crisis Counseling Assistance and Training Program. Ms. Rachel Kaul is a licensed clinical social worker with experience in direct services, training, planning, and administration of disaster mental health programs. Prior to coming to CMHS, Ms. Kaul served as the Coordinator of Disaster and Emergency Services for the Maryland Department of Health and Mental Hygiene. In that role, she has helped develop programming to prepare for and respond to mental health needs resulting from disaster and all hazard events. Ms. Kaul also served as a consultant to the Pentagon Employee Referral Service and provided clinical guidance and technical support to the Pentagon Crisis Assessment and Response Team and to the Pentagon Police Peer Support Program. Through her work with the Arlington Chapter of the American Red Cross, Ms. Kaul played a key role in the mental health response to the September 11 terrorist attacks. Ms. Kaul also has provided direct clinical social work in hospital settings and has provided crisis intervention, death notification, patient and family education regarding traumatic injury and illness, substance abuse assessment and counseling, resource location and referral. She has a Master of Social Work degree from the University of Michigan and has received certifications and training from a wide variety of disaster and crisis mental health organizations.
- Patrick C. Weld joins us as a Public Health Advisor effective January 8, 2005. He spent the last 2 years in the Office of the Director, Division of Cancer Control and Population Sciences, National Cancer Institute (NCI) as Evaluation Coordinator and Program Analyst. In this position, he focused his attention on program evaluation, health disparities, and grants management policy.

Patrick joined the federal government via the Presidential Management Intern (PMI) program with NCI following the completion of his master's degrees. He used the PMI opportunity to explore the areas of budget, performance measurement, employee assistance programs, and general administrative operations within NCI, NIH, and DHHS.

He was graduated from West Virginia University with Master of Social Work and Master of Public Administration degrees in 2000. Before graduating, he completed a placement at the Chestnut Ridge Hospital (Morgantown, WV) Department of Adolescent Services in its Sexual Offender Residential Treatment Center.

He earned a Bachelor of Arts in Psychology with a minor in Social Psychology from Lehigh University in 1994. Following graduation, he joined the staff of the Partial Hospital Programs for Centerville Clinics Inc. (CCI) in Southwestern Pennsylvania. He then moved into a position at CCI's Green County MH/MR wearing multiple hats as the Student Assistance Program Liaison and Adolescent Therapist/Case Manager. Concurrently, Patrick held a position at the Mental Health Association's Long Term

Structured Residence (LTSR), a community-based residential placement for adults with mental illness.

- Jamarr Hubbard has recently joined the Division as a Staff Assistant in the Prevention and Priority Programs Development Branch. Ms. Hubbard has been in Federal service for ten years. She served eight years at the Government Printing Office and two years at SAMHSA in the Office of Equal Employment Opportunity, Civil Rights and Small Business. She participated in several workgroups such as the Section 508 of the Rehabilitation Act of 1973 workgroup, the workgroup to improve access to services for people with limited English proficiency, and SAMHSA's Equal Employment Advisory Council. Ms. Hubbard also worked at The Kingsbury Center in Washington, DC, which provides diagnostic and psychological services, physical and occupational therapies for students with special needs. In addition, Ms. Hubbard has worked as a case management intern at a domestic violence shelter in Washington, DC. Her experience in the area of domestic violence includes public speaking and facilitating support groups. She has a degree in mental health from Montgomery College and is pursuing a degree in organizational management at Columbia Union College. We are delighted to welcome Ms. Hubbard to the Division.

Organizational Change

- CMHS proposed a change in the function of the Division of Prevention, Traumatic Stress and Special Programs (DPTSSP), Center for Mental Health Services, to reflect the transfer of the HIV/AIDS Program from the Office of the Director, CMHS. The reorganization added the HIV/AIDS Program to the Division of Prevention, Traumatic Stress and Special Programs and placed it in the Prevention Initiatives and Priority Program Development Branch (PIPPDB). The Division serves as the focal point for planning, supporting and promoting effective programs concerned with prevention of mental and behavioral disorders and the promotion of mental health. Adding the HIV/AIDS program, which focuses on educating health care providers in addressing the neuro-psychiatric and the psycho social aspects of HIV infection and AIDS, aligns appropriately with other prevention programs managed by this division and specifically with the activities of PIPPDB. The HIV/AIDS program is proposed for new funding in FY 06.

Prevention Initiatives and Priority Programs Development Branch

Youth Violence Prevention/Safe Schools/Healthy Students & related programs

Projects

- 485 applications for the FY 2005 SS/HS grant program were received. A final slate of approximately 45 grants will be awarded by one of our partner agencies, the Department of Education.

- A recent evaluative summary of this program demonstrated a range of successes including reductions in the possession of illegal weapons, gang activity, use of illegal drugs and alcohol and bullying and harassment (Springfield, Oregon); reduction in gang related school violence incidents from a high of 81 incidents to less than 9, (Cook County, Illinois); reduction in discipline referrals by 35%. 40% decreased in behaviors related to socialized aggression, 27% decrease in attention problems and 13% increase in parental involvement in school, (Portland, Oregon); 50% reduction in drop out rates, (Pinellas County, Florida). A copy of this Safe Schools/Healthy Students report is available and can be obtained from Dr. Susan Keys, Branch Chief. (susan.keys@samhsa.hhs.gov)
- The Safe Schools/Healthy Student video, *Road to Success*, has been approved for release. The purpose of this video is to provide the staff and volunteers at the more than 180 SS/HS grants sites with an informational piece about the SS/HS program that they can show to partners, parents, opinion leaders, and policymakers. The video showcases success stories that can help contribute to the long term sustainability of this program.
- The SS/HS National Web site (www.sshs.samhsa.gov <<http://www.sshs.samhsa.gov>>) has won another award! The site has won an Award of Distinction from the Communicator Awards, an international awards competition founded by communication professionals to recognize excellence in the communication field. The Award of Distinction is presented for projects that exceed industry standards in quality and excellence. This award comes on the heels of the Aesculapius Award of Excellence that the site received from the Health Improvement Institute back in December 2004.
- The 15+ Campaign to prevent bullying has won a “Telly” award as a finalist for the Prime Time TV Special, *Sticks and Stones: The Truth About Bullying*. The Telly Award honor outstanding local, regional, and cable TV commercials and programs, as well as the finest video and film productions. According to our TV contacts, this is equivalent to an Emmy or even an Academy Award. More than 10,000 entries are reviewed each year and SAMHSA’s initiative was among the winners.

Suicide Prevention

Projects

- CDC has provided 375K to support additional evaluation activities for Garrett Lee Smith state grants.
- There was a recent presentation of evaluation findings on the suicide hotline grant. Two separate evaluations have been conducted on the hotline grant. The first evaluation examined helper behaviors of crisis center workers and the second study examined crisis caller outcomes.
- The recent suicides in Indian country were responded to by SAMHSA in many forms. One was to engage the expertise of Dr. Denise Middlebrook, a Branch staff member. She first went to the Standing Rock Indian Reservation in South Dakota. That tribal area has

had 300 suicide attempts in the last 12 months and 13 completed. At the time of Dr. Middlebrook's site visit, there were 2-3 suicide attempts per week. Tribal leaders have tried everything that they know to do to promote wellness and yet the crisis remains. Denise Middlebrook was accompanied by Dale Walker, MD (Director of the SAMHSA One Sky TA Center) to determine how SAMHSA might best be of assistance in engaging the relevant parties in responding to this crisis. Following the school shootings at Red Lake, Minnesota, Denise Middlebrook joined a multi-agency workgroup to assess the situation and provide assistance to the Tribe in accessing Federal resources.

- More recently, a contract has been developed to provide proactive mental health assistance to children, youth, and their families living on tribal reservations and in Alaska Native villages to decrease the risk factors that contribute to school violence and suicide and to increase the protective factors that are linked to the healthy and safe development of children and their families. The Contractor will work to implement evidence-based life skills training programs in tribal areas and engage children, youth, and families. Life skills training is increasingly being recognized as an important preventive approach for offsetting the underlying factors of vulnerability that contribute to high-risk behavior among adolescents.

Rural Mental Health

Projects

- Branch Chief, Susan Keys met with representatives of the Federal Department of Agriculture to invite participation in planning a number of fall meetings related to rural mental health. One of our summer interns is reviewing major documents related to rural mental health, developing a listing of common recommendations, and how these recommendations integrate with the current action agenda and identifying where gaps might exist.

Prevention of Mental and Behavioral Disorders

Projects

- A summary document on Prevention and Early Intervention in Mental Health was recently developed by Dr. Nancy Davis. The paper summarized some recent progress in knowledge about preventing mental and behavioral disorders

“As Americans come to understand that mental health is indeed essential to overall health, they must also understand how essential prevention and early intervention are to the Nation's mental health. This knowledge is embedded in the Commission's report. It is stated explicitly in Goals one and four, and the recommendations to reach the goals provide us with clear directions.” A copy of this draft document can be obtained by contacting Dr. Nancy Davis @ nancy.davis@samhsa.hhs.gov

Juvenile Justice Policy Academy

Projects

- This September 13th-15th, SAMHSA will be hosting its second “National Policy Academy on Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System” in Bethesda, Maryland. The prevalence rate of behavioral health disorders among justice-involved youth is several times higher than it is for the general youth population, and it can be a tremendous challenge for juvenile justice systems to be able to adequately and appropriately respond to the complex needs that these young people present. This Academy is designed to bring together multi-disciplinary teams of senior level administrators and high-ranking policy makers representing the juvenile justice, mental health, substance abuse, probation, and other relevant systems from both State and Local jurisdictions. Participants will hear from national experts about model approaches and will begin to create specific strategic action plans for their agencies to better collaborate in the effort to serve the needs of this population. The goal of this forum is to aid jurisdictions 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, with an emphasis on diversion and reintegration strategies. This year’s jurisdiction teams include: Missouri; Nevada; Oregon; Mississippi; New Jersey; Washington, D.C.; Union County, OH; Bexar County, TX; and Los Angeles County, CA.

Emergency Mental Health and Traumatic Stress Services Branch

Disaster Mental Health

Projects

- Division staff joined with representatives from the University of South Dakota to discuss ways to strengthen technical assistance and guidance to tribal governments related to crisis preparedness and response. There are a number of challenging jurisdictional and programmatic issues that need to be addressed in working with tribal governments to respond to major crises. SAMHSA is currently working with the Red Lake Band of the Chippewa and with the Standing Rock Sioux Tribe responding to a school shooting and suicide clusters respectively.
- Branch Chief, Seth Hassett spent two days working with staff from the Centers for Disease Control and Prevention on protocols for interagency coordination to address behavioral health issues in public health crises. They developed a simple protocol for interagency requests for assistance. This protocol is going to be shared with the Office of Public Health Emergency Preparedness.
- The SAMHSA DTAC is completing a publication on stress management for emergency and disaster workers. This simple booklet will be modeled on the pocket-sized risk

communications booklet and will be widely circulated to FEMA staff. The document is currently in final revisions.

Project Liberty – NYC

Projects

- Seth Hassett and Linda Ligenza, along with staff from FEMA Headquarters and Regional offices completed a site visit to New York to monitor fiscal and administrative close out of the Project Liberty Crisis Counseling Program grant. The overall site visit was productive and it appeared that the project is making significant progress in its phase down. The major remaining issue in the project is the fiscal close out of the New York City Department of Education, which is the largest subgrantee in the project. The project received an administrative extension through September 30, 2005 to complete remaining activities and develop a final report.

Readiness & Preparation

Projects

- Branch Staff participated in the National Top Off 3 exercise. There were 275 Federal, State and local agencies, 10,000 volunteers and 3 countries (USA, UK and Canada) participating. The exercise emergencies included a chemical bomb scenario in Connecticut, pneumonic plague scenario in New Jersey.
- Brenda Bruun served as the incident manager of the SAMHSA Emergency Response Center in a trial run of draft emergency response protocol being written for SAMHSA.

Crisis Counseling Evaluation

Projects

- A presentation on the evaluation of the FEMA Crisis Counseling Program and related disaster programs was provided by the National Center for Post Traumatic Stress which reported that some positive outcomes are but there are areas for improvement. Examples of conclusions of the evaluation include the following:
 - The Federal CCP is serving large numbers of people and doing so affordably at approximately roughly \$80 per person served;
 - The FEMA CCP is performing “exceptionally well” in reaching ethnic minority populations in proportion to community census data;
 - The FEMA CCP grantees face challenges in reaching children in proportion to community census data;

- The CMHS needs assessment formula, used by States to estimate the number of people potentially benefiting from crisis counseling services, is not predictive of the number of people who will actually be reached through outreach (in some cases grantees reach significantly more people and in some cases grantees reach significantly less with no predictable pattern);
- Additional guidance and technical assistance in data collection is needed in order to strengthen future evaluation opportunities;
- State preparedness was generally underdeveloped, but one case study in Rhode Island showed that SAMHSA support had helped prepare the State for the crisis needs related to a disastrous nightclub fire.

Public Safety Workers

Conferences and Meetings

- The final grantee meeting of the Public Safety Workers Mental Health program was held in April 2005. This meeting focused on the legacy of program work conducted by these grantees serving workers who responded directly to the September 11 attacks. A customer satisfaction study within the project has shown generally high levels of satisfaction on all domains of program activity.

Psychological First Aid

Conferences and Meetings

- The Branch hosted a working group meeting focusing on the operational principals of psychological first aid. Psychological first aid is an approach to early interventions after disasters identified by many experts as an appropriate alternative to more intensive early intervention approaches for disaster victims. The meeting brought together experts in areas of child and adult trauma and disaster response to discuss operational principals of this approach, which may be promoted through publications, operational manuals, and training.

National Child Traumatic Stress Initiative

Projects

- An expert workshop on Adolescent Trauma and Substance Abuse was held in Boston, MA on June 20-21. A representative from the Center for Substance Abuse Treatment participated in the workshop and expressed enthusiasm for the discussions, which focused on ways to ensure that providers of trauma services are well informed about the latest developments in the substance abuse treatment field, and vice versa.

- Seth Hassett and Branch staff from the National Center for Child Traumatic Stress participated in an educational exchange sponsored by the Center for Healthcare Strategies in which they discussed evidence-based practices for child trauma. The Center for Healthcare Strategies has funding from the Robert Wood Johnson Foundation for a project on Best Clinical and Administrative Practices: Improving Managed Care Quality for Children with Serious Behavioral Disorders. The focus of this call was to provide information on the National Child Traumatic Stress Initiative and how the network can serve as a resource in efforts to incorporate evidence-based trauma practices into managed care systems.

Refugee Mental Health

Projects

- The Refugee Health Promotion and Disease Prevention Toolkit was recently published. It was specifically developed for use by ethnic-based Mutual Assistance Associations (MAA) and other faith-based and community organizations who are concerned with the health and well-being of refugees. The toolkit provides guidelines for developing and implementing community health/mental health programs. While targeted to refugee communities, much of the material has general applicability and an interesting instrument for helping with mental health care transformation at the local level – especially in regards to developing or expanding community partnerships for health promotion and disease prevention. The toolkit was developed as an instrument of a new national refugee health & well-being initiative and includes a three part manual, a training guide & PowerPoint slides, an article on health promotion and disease prevention, an introductory video, and a compact disk which contains an electronic version of the entire manual. It is now available online at: www.refugeewellbeing.samhsa.gov.

DIVISION OF SERVICE AND SYSTEMS IMPROVEMENT

Child, Adolescent and Family Branch (CAFB)

Staff

- October 19, 2004 – Hired Dr. Sylvia Fisher as the Program Director for Evaluation. Dr. Fisher obtained her Ph.D. in Measurement from the University of South Florida, and is responsible for contracts and activities that relate to outcome evaluation for children's mental health.

Conferences and Meetings

- November 22, 2004 - Convened Federal/National Partnership for the Transformation of Children's Mental Health Care. More than 100 individuals representing 20 key Federal child-serving agencies and more than 40 public/private organizations participated. The purpose of the meeting was to provide an opportunity for representatives of Federal Agencies and national organizations to collaborate on implementing the recommendations from the President's New Freedom Commission on Mental Health Final Report, *Achieving the Promise: Transforming Mental Health Care in America* on behalf of children and youth with or at risk for serious emotional disturbances and their families. The Work Groups developed at this meeting are continuing to work on the identified issues.
- February 8, 2005 – First Ever Meeting of the National Youth Development Board, which is a 15 member national board created by CAFB to obtain youth consumer input on issues related to service delivery and system planning.
- February 28 – March 2, 2005 - CAFB took the lead in organizing a strategic planning retreat for cultural and linguistic competence to identify tangible strategies for addressing Goal 3 of the President's New Freedom Commission Report – Eliminating disparities in children's mental health. Over 60 people from across the country participated, and based on this meeting, as of July 1, 2005, the Branch has developed a partnership with the National Alliance of Multiethnic Behavioral Health Associations (NAMBHA) to follow up on the recommendations that were developed at this event.
- May 4, 2005 - Coordination of Children's Mental Health Day. CAFB provided leadership for coordinating a grassroots campaign to promote children's mental health awareness. On May 4, 2005, System of Care communities from across the country held awareness events to call attention to the importance of developing strong systems of care for children and adolescents with serious emotional disturbances and their families.
- June 6 – 8, 2005 – Convened a Rural Mental Health Symposium in Moran, Wyoming to address mental health service disparities for children, youth and families who live in rural, remote and frontier regions of America. Over 100 people participated.

Community Support Programs Branch

Projects

- Through an interagency between SAMHSA/CMHS and the Dept of Education/NIDRR, a new Rehabilitation Research and Training Center (RRTC) will be awarded at the end of this Fiscal Year. The new Center will focus on self-determination and consumer-directed services for persons with serious mental illness with an emphasis on the development and translation into practice of scientific knowledge that is culturally competent.
- The National Consumer Supporter Technical Assistance Center (NCSTAC) developed and disseminated RFPs for three-year grants for consumer organizations in the areas of organizational establishment and systems transformation. NCSTAC received over 50 applications for the 9 grants in the area of Organizational Establishment and Recovery.
- Results of “A Study of the Effect of Volunteer and Peer Support Services on Recovery” from the Boston University RRTC suggest that the Compeer intervention (where individuals with a psychiatric disability are paired with individuals who are volunteers for the express purpose of increasing social activities and socialization) is effective.
- A number of federal agencies have responded to the call for greater collaboration at the federal level described in the Mentally Ill Offender Treatment and Crime Reduction Act of 2004. The Bureau of Justice Assistance (BJA), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the National Institute of Corrections (NIC), and the Substance Abuse and Mental Health Services Administration (SAMHSA), facilitated by the Council of State Governments (CSG), have agreed to plan, coordinate, and share the design and implementation of efforts that will improve the response to people with mental illness involved with the criminal justice.
- Through an interagency agreement with the National Institute of Mental Health, grants to States will be awarded this summer to plan, implement, and evaluate successful strategies for implementing evidence-based practices.

Conferences and Meetings

- The Consumer Organization and Networking Technical Assistance Center (CONTAC) is hosting a “Transformation Institute in Consumer Studies: An Introduction to Evaluation Methods and Use” August 11 - 16, 2005, in Charleston, West Virginia. The Institute is being developed and taught by consumers for consumers as a broader effort under leadership development.
- Kathryn Power, M.Ed, will be the Keynote Speaker at the Alternatives 2005 to be held in Phoenix, Arizona starting on Wednesday, October 26 2005 and celebrating it=s 20th year. The information and knowledge gained through attending this conference enables consumers to advocate for effective individual treatments and services as well as for

broader transformation of the service system. The conference is being hosted by the National Empowerment Center and has already attracted support from local peer-run programs.

- A CSPB Staff member gave a presentation at the National Association of County and City Health Officials (NACCHO) in Boston on July 11. The talk focused on the role of mental health in public health and highlighted SAMSHA programs that related to this them. The talk was followed by discussion of ways in which CMHS and NACCHO could continue communications.
- The first Regional Meeting on Transformation was held in conjunction with the National Governors Association in Chicago in June.
- Outcome and cost findings from the PRISM-E study (Primary Care Mental Health & Elderly) were presented by staff and CSP grantees at the NIMH Services Research meeting in Bethesda in July.
- A meeting on Change Management for Implementing Evidence-Based Practices was held in Albuquerque in June and attended by several staff.
- On June 1, 2005, the GAINS Justice Center sponsored an Expert Panel on Supported Housing as an Evidence-Based Practice for use in criminal justice and mental health service settings. Twelve panelists engaged in a day long session kicked off by the presentation of a commissioned, integrated research summary. A written product will be available in the fall on the practical application of this EPB for people in contact with the criminal justice system.

Publications

- The Rehabilitation Research and Training Center at the University of Illinois has completed several person-centered planning and self-determination self assessment tools: This is Your Life! Creating Your Self-Directed Life Plan. This easy-to-use workbook helps people with psychiatric disabilities think about, choose, plan for, and act on a life goal, with supports of their own choosing. Also Express Yourself! Assessing Self-Determination in your Life. This is a user-friendly self-determination tool for people interested in knowing how much choice and control they have in their lives. The book entitled “On Our Own, Together: Peer Programs for People with Mental Illness” was published this spring and highlights the development of eight different peer-run programs that were the subject of SAMHSA’s Consumer-Operated Services Program multisite study. This editing and writing of this book was led by consumers, with the participation of researchers, providers and federal staff in providing book chapters.
- In July, 2005, the Journal of Community Psychology published a special issue highlighting new data from the Women, Co-Occurring Disorders and Violence Study. Included articles cover the evolution of trauma-integrated services for women at SAMHSA, the study’s

design, the characteristics of the women and mothers involved in the study, the implementation of trauma-informed and trauma-specific services, the role of racial and ethnic differences, and integration of the consumer voice in research and services.

- CMHS, through its Council of State Governments Leveraging Change Center, has developed several documents to help states to serve the criminal justice/mental health population and meet New Freedom Commission goals by addressing:
 1. “How and Why Medicaid Matters for People with Serious Mental Illness Released from Jail” provides an overview of research with a focus on recent findings on Medicaid and recidivism among people released from two county jails.
 2. “Ensuring Timely Access to Medicaid and SSI/SSDI for People with Mental Illness Released from Prison: Four State Case Studies” identifies concrete examples of strategies some states are using to make this connection, as well as ongoing challenges.

Homeless Programs Branch

Staff

- **Staff Changes:** There have been three recent staff changes in the Branch: Lawrence Rickards, Ph.D., was appointed Branch Chief. Since joining CMHS/SAMHSA in 1992, he has been the primary project officer and team leader on several joint CMHS/CSAT homeless services evaluation programs, managed the National Resource Center on Homelessness and Mental Illness and National Co-Occurring Center for Excellence contracts, and been the project officer for the COSIG grants. He replaces Frances Randolph, who became Director of the Division of Systems and Service Improvement. Also joining the Branch is Deborah Stone, Ph.D., who brings to the Branch several years of experience with CSAP on fetal alcohol spectrum disorders and in contract and coordinating center management.

Projects

- **Chronic Homeless Initiative (CHI):** SAMHSA, HRSA, HUD, and VA are providing funds to 11 communities to develop comprehensive systems of services that are linked to permanent housing. The projects are completing their second year of funding. SAMHSA sponsored two workshops in June: “Program Cost Analysis” and “Sustainability and Legacy.”
- **Homeless Families:** Data collection in this 5-year study to document and evaluate the effectiveness of strategies for providing mental health and substance abuse treatment, trauma recovery, housing, support, family preservation, and other wrap-around services to homeless mothers caring for their dependent children was completed at the end of August 2004. Data analysis is ongoing and final program reports are being prepared. The *Journal*

of Community Psychology will devote an issue to publishing project findings and outcomes.

- **Co-Occurring State Infrastructure Grants (COSIGs):** SAMHSA will fund the third round of state infrastructure grants at the end of September 2005, for a total of 15 awardees (7 in FY 2003, 4 in FY 2004, and 4 in FY 2005). The program supports state infrastructure development in such areas as workforce training and development, improvements in screening and assessment for co-occurring disorders, enhancements in management information systems for the collection of service information on co-occurring disorders, and evaluation of program effectiveness.
- **National Co-Occurring Center for Excellence (COCE):** CMHS and CSAT co-fund this national resource center for co-occurring disorders. COCE activities include providing technical assistance to COSIG and other states on exemplary and evidence-based practices in co-occurring disorders, the synthesis of information for planners, providers, and funders of services to individuals with co-occurring disorders, and technical assistance to policy academy states.
- **Supplemental Security Income (SSI):** The PATH program has launched a major initiative to reduce the length of time for the award of benefits to individuals with disabilities who are homeless. The awards not only provide homeless individuals with critical financial resources, but often include enrollment in Medicaid, thus opening both mental health and primary care service options. Determination periods of two or more years are not unusual. The initiative focuses on working with case managers to improve disability documentation in the initial SSI application. A guidance manual and training curriculum have been developed. The first training, using a “train-the-trainer” model, was held in Los Angeles in July, and additional training and follow-up technical assistance and support sessions are being scheduled for Denver and other localities.

Conferences and Meetings

- **National Training Conference on Homelessness:** CMHS is sponsoring the planning and development of a bi-annual training meeting that will be held in Washington, DC in October 2005. The conference planning is done in collaboration with major national homeless organizations, CSAT, Health Care for the Homeless, HUD, VA, DoL, consumers, service providers, housing specialists, and other stakeholders. The meeting will have program tracks that address services, housing, and major cross-cutting issues critical to homelessness, and will focus sessions to beginning and experienced providers, supervisors, and program administrators.
- **National Policy Academy on Co-Occurring Mental and Substance Abuse Disorders:** SAMHSA has sponsored two policy academies on co-occurring disorders, and has a third planned for September 2005. The meetings bring together state teams of state mental health, substance abuse, and Medicaid officials, state legislators, policy and planning staff, local service providers, and consumer and family members into a facilitated meeting and

didactic environment to develop state strategic plans that address critical state and local initiatives to improve treatment and services to individuals with co-occurring disorders.

DIVISION OF STATE AND COMMUNITY SYSTEMS DEVELOPMENT

State Planning and Systems Development Branch Mental Health Block Grant

Projects

- Mikiko Stebbing led a monitoring team to Palau, Micronesia, and Northern Mariana, March 21- April 5; Herbert Joseph to Arizona, March 22-24; Chris Carroll to Colorado, April 19-21; John Morrow to Washington, April 26-28; Abdi Wehelie to Georgia, May 3-5; Deborah Baldwin to California on May 17-19; Herbert Joseph to Wisconsin on June 14-16; and an Illinois monitoring visit was conducted on June 28-30.
- The independent evaluation of the Mental Health Block Grant program is in progress.
- The pilot study for the Mental Health Block Grant evidence based practice (EBP) measure as a cost efficiency measure is underway.

Conferences and Meetings

- To ensure compliance with the Community Mental Health Services Block Grant legislation, the MHBG Program conducts five regional consultative peer reviews of State applications and plans. In the fall of 2004, review meetings related to they FY 2005 applications were convened in Pittsburg, Chicago, Los Angeles, Atlanta, and Denver. Key State staff and Planning Council Chairs represented the 50 States, the District of Columbia, and the Territories.
- A training meeting for Peer Reviewers and Panel Chairs will take place in Rockville, Maryland on September 8-9, 2005 in preparation for the FY 2006 reviews.

Protection and Advocacy for Individuals with Mental Illness (PAIMI) Monitoring Activities

Projects

- Paul Wolford led a monitoring team to the District of Columbia Protection and Advocacy Program on June 21-23. The team consisted of a management analyst, a fiscal consultant, a mental health consumer, and a legal consultant. Karen Armstrong led a similar team to North Dakota on August 1-4, and Abdi Wehelie to Virginia on August 9-11.
- During the last five months, the PAIMI Program underwent an extensive review by the Office of Management and Budget (OMB).
- The independent evaluation of the PAIMI program is in progress.

Conferences and Meetings

- During the week of February 28 - March 4, 2005, the second annual Peer Review for the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Programs' Program Progress Report (PPR) was conducted.

Mental Health Block Grant Technical Assistance

Projects

- The Mental Health Block Grant Program (MHBG) numerous provides on-site 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 disturbance. These activities are funded through the statutorily mandated set-aside of through contracts. This report highlights the technical assistance activities of one contract (Policy Formulation and Implementation of the President's New Freedom Commission Report). This contract is a collaboration of a number of National Mental Health Organizations. The technical assistance delivered by each organization under this contract during FY 2005 is itemized in the following:

Conferences and Meetings

- The Joint National Conference on Mental Health Block Grant and National Conference on Mental Health Statistics titled, "Achieving Transformation through Shared Leadership and Knowledge," was held in Crystal City on May 30-June 3, 2005 and attended by approximately 500 stakeholders.
- On February 8 – 10, 2005, the State Planning and Systems Development Branch and the Survey and Analysis Branch, in partnership with the NASMHPD Research Institute (NRI), sponsored a three-day conference on The State Mental Health Data Infrastructure Grant (DIG) in Baltimore, MD. The overall goal of the State Mental Health DIG program is to improve the State and local mental health data infrastructure, with a special focus on implementing the new National Outcome Measures (NOMs).
- The CMHS supported Training and Advocacy Support Center operated by the National Association of Protection and Advocacy Systems convened the 2005 New Fiscal Managers Training & Fiscal Managers Conference in Portland, OR on June 27 – 29.
- The annual National Association of Protection and Advocacy Systems conference, supported by CMHS and DSCSD, was held in Alexandria, VA on June 14-17, 2005 and attended by approximately 500 participants.
- On June 9 and 10 in Washington, D.C. the Mental Health Block Grant Program sponsored the Annual Harvard/NASMHPD Executive Training Program Orientation Seminar for Newly Appointed State Mental Health Directors.

Survey and Analysis Branch

Projects

Improve State and local information infrastructure

- SAB developed, submitted and processed an interagency agreement with the Centers for Disease Control to collect mental health module data in FY06. These data will be collected through the State public health agencies. SAB already put in place supplements to the State mental health agency grants so that the latter can work with the former.

Conduct current national surveys

- The final results from the national Child Mental Health Indicator have been prepared for the annual Federal report, America's Children. The National Center for Health Statistics is preparing to collect the next cycle of these data. This is the first time there has ever been a national child mental health indicator.

Increase access to health care--NOMS

- Seven of the nine NOMS measures are included in the URS; the remaining two are being piloted in the fall of 2005. NOMS reporting will continue and expand for the FY05 report due to be submitted on December 1, 2005. Reporting permits construction of a matrix to identify which States are reporting which NOMS measures.

Improve the quality of health care--report card

- The new report card, MHSIP Quality Report, was released at the 2005 National Conference in June 2005, together with an accompanying toolkit. Pretesting is now underway.

Build data systems and appropriate infrastructure-- recurrent national surveys

- OMB clearance was just received for the 2004 Survey of Mental Health Organizations (SMHO). Clearance is being prepared for the 2005 Client/Patient Sample Survey. The 2004 Annual State Hospital Census is in the field.

Foster Transformation

- A draft report has been developed by the Acute Care Work Group. A final meeting of the group is tentatively planned for August 2005. Four contracts for FY05 and a new contract for FY06 have been prepared for the Annapolis Coalition to continue development of a national workforce study.

Conferences and Meetings

World Psychiatric Association (WPA) Meeting Brisbane, Australia

- During the week of July 4, 2005, Dr. Ronald Manderscheid, Chief, Survey and Analysis Branch, Center for Mental Health Services, SAMHSA, participated in the World Psychiatric Association conference at the Brisbane Hilton Hotel, and attended a meeting at the University of Sydney. On July 8, he gave the keynote address on “Transformation and Quality Improvement: A Necessary Partnership for Success.” On July 9, he participated in an all day conference workshop on national mental health information strategy. On July 10 he visited with Dr. Gavin Andrews in the epidemiology program at the University of Sydney.

IT Summit

- SAMHSA and its Centers will be hosting an information technology (IT) summit September 29-30, 2005. A commitment has been received from Dr. David Brailer, the HHS National Health IT Coordinator, to do the keynote. A list of invitees and a detailed agenda have been prepared and submitted to the SAMHSA Administrator.

Federal Employee Assistance Program Meeting

- SAMHSA and OPM sponsored a summit on Federal Employee Assistance Programs (EAP), at the Academy for Educational Development Conference Center, Washington, DC. Ms. A. Kathryn Power provided a keynote address on July 19, 2005.

Publications

- *International Journal of Mental Health*. vol. 34, no. 1, Spring 2005. Edited by Manderscheid RW, Daniels AS, Adams N, Carrol CD.
- Manderscheid RW, Masi D, Watkins G, Carroll CD, Santiago-Fernandez E. The Employee Assistance Industry Alliance. *Employee Assistance Quarterly*. vol. 19, no. 3, 2004.
- Manderscheid RW. Information Technology Can Drive Transformation. *The Public Manager*, vol. 33, no. 33, Winter 2004-2005.