

The Fifth National Dialogue of the
Joint Task Force on Co-Occurring Substance Use and Mental Disorders
January 9-10, 2006
Washington, DC

Final Report and Strategic Action Plan
May 2006

Convened by:

The National Association of State Alcohol and Drug Abuse Directors

and

The National Association of State Mental Health Directors

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ACKNOWLEDGEMENTS

The commitment of the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Directors to improving care for individuals with co-occurring substance use and mental disorders remains strong. Through the Joint Task Force on Co-Occurring Disorders, state substance abuse directors and state mental health directors focus their attention on co-occurring services policy, finance, effective business practices, peer to peer support and collaboration.

NASMHPD and NASADAD are grateful to the Center for Substance Abuse Treatment and to the Center for Mental Health Services at SAMSHA for their continued support of the Joint Task Force. Ms. Kathryn Power, Director of CMHS and Dr. Westley Clark, Director of CSAT have been instrumental in encouraging and guiding federal efforts to strengthen co-occurring services nationwide. The foresight of these two leaders has been indispensable. We also appreciate the support and advice of Larry Rikards of CMHS and Charlene LeFauve and Jim Herrell of CSAT. It's been the job of these talented federal officials to collaborate continually with our two associations to help ensure that the work of the Joint Task Force converges with other federally-funded co-occurring activities in consistent, useful and effective ways.

The experience and expertise of Task Force Co-Chairs Renata Henry of Delaware, Dave Wanser of Texas and state and county Task Force members are unique and invaluable. As co-occurring service programs continue to develop nationally, state directors depend on Task Force members to help them understand how programs are evolving, what lessons are being learned, the policies that can guide state department efforts and where their energy and attention should best be placed for further progress. State directors are well-positioned to help each other create the most compelling case possible for co-occurring system change within each of their states. As executive directors of NASADAD and NASMHPD, we applaud their commitment to the task.

We appreciate the fine staff work of Robert Anderson and Colleen O'Donnell, both formerly of NASADAD and Bruce Emery, on behalf of NASMHPD.

It is our pleasure to work through the Task Force to contribute to the steady progress being made in co-occurring services across the country. We value the strong partnerships that have developed among State Mental Health Agencies, State Alcohol and Drug Agencies, other national associations and SAMHSA to better serve people with co-occurring substance abuse and mental disorders. We look forward to a future of hope and promise for them and their families.

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EXECUTIVE SUMMARY

The NASMHPD-NASADAD Joint Task Force on Co-Occurring Substance Use and Mental Disorders convened January 9-10, 2006 in Washington, DC. The meeting offered state, federal, and county officials an opportunity to candidly consider the status of co-occurring services throughout the country and to develop strategies to further improve those services.

This meeting of the Task Force concentrated on achieving four key objectives:

1. To create an opportunity for SAMHSA Center Directors, State members and the two associations to discuss the status and impact of existing, federally-funded co-occurring initiatives and make recommendations to expand their reach and impact.
2. To identify important lessons to be learned from existing, federally-funded co-occurring initiatives and incorporate them into strategic planning at all system levels.
3. To identify key issues of current and future concern and provide recommendations designed to strengthen co-occurring services delivery.
4. To adopt a Strategic Plan for the Co-Occurring Task Force.

Task Force discussions with CSAT Director Dr. Westley Clark and CMHS Director Ms. Kathryn Power brought to light a number of the significant challenges to ongoing co-occurring substance use and mental health services development that arise in local, state and national environments. Those challenges include:

- *Information Technology.* Management information systems generally offer inadequate support in identifying the population of persons with co-occurring disorders, clarifying their service needs and describing the treatment they receive.
- *Evidence-Based Practice.* New service technologies offer both promise and risk to service systems constantly buffeted by significant change.
- *Purchasing for Performance.* Funding is increasingly constrained at every level, obliging State Substance Abuse Agencies and State Mental Health Agencies to make even more effective use of their purchasing and regulatory authority. High expectations for service outcomes create intense challenges in the effort to implement reasonable and achievable measures of service quality.
- *Workforce Development.* An understaffed and underpaid clinical workforce struggles to meet the needs of clients with co-occurring disorders while also maintaining their responsibilities to other clients.
- *Coordination of Care.* Complex partnerships among consumers, families, providers, policy makers, funders and advocates continue to evolve, reflecting greater consumer choice and increasing service collaboration across multiple systems of care.

Strategic Action Plan

Chief among the challenges facing State Substance Abuse and State Mental Health Agency Directors is the need to make the most compelling possible case for co-occurring system change within each state. Based on a complex series of interlocking policy, finance, service infrastructure, political and community-based considerations, state leaders must present a clear rationale for and commitment to co-occurring services change. The Task Force developed its Strategic Action Plan to include the provision of policy guidance, peer-to-peer support and collaboration with state and federal partners, with those considerations firmly in mind.

INTRODUCTION

The Joint Task Force

The NASADAD-NASMHPD Joint Task Force on Co-Occurring Substance Use and Mental Disorders was created by the Presidents of the two associations in 1998 to provide ongoing support and technical assistance to States in their efforts to improve services for persons with co-occurring disorders throughout the country. Since that time, the Co-Occurring Task Force has played an important role in developing and expanding co-occurring mental health and substance abuse services nationally.

The Task Force *champions use of the Conceptual Framework* for Co-Occurring Disorders to plan and organize state and local systems of co-occurring mental health and substance use services. States use the Conceptual Framework in a variety of iterations. The Task Force continues to assess the application of the Conceptual Framework and to make recommendations designed to strengthen this important program planning tool. For example, the 2004 meeting of the Task Force extensively discussed ways in which measures of symptom severity and benchmarks could be established for each quadrant to better estimate the type and level of need of persons receiving and in need of substance use and mental health services.

The Task Force *serves as a forum for discussion* in which state directors candidly consider the various critical program and policy issues confronting State Substance Abuse and State Mental Health Authorities they face in developing services for individuals with co-occurring mental health and substance use disorders. Task Force meetings enable members to share their needs and concerns regarding the unique issues that state leaders face and then consider fiscal and program strategies that may prove effective in strengthening co-occurring services at the state level. The Task Force forum also allows members to forecast evolving issues and consider their impact on future service systems.

The Task Force periodically *disseminates timely and relevant information* targeting the needs of state authorities and others seeking to innovate in developing co-occurring services. Prior Task Force publications have explored exemplary mechanisms to finance integrated co-occurring services, presenting in-depth case studies of co-occurring service programs in a number of states. The Task Force periodically assesses State activities in areas of special interest, such as the impact of Medicare Part D on services for persons with substance use and mental disorders, use of unique client identifiers for co-occurring services, workforce training initiatives and professional certification intended to increase provider capacity for co-occurring services.¹

The Task Force *maintains a close working relationship with SAMHSA*. Officials at the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) are directly involved in Task Force discussions, where creating an effective response to

¹ A separate report released in May 2006 is titled “Unique Client Identifiers and Co-Occurring Workforce Training and Certification.”

local, state and national needs and priorities requires close and ongoing collaboration. The Task Force and its members have been keen contributors to and participants in federally-funded initiatives that are instrumental in helping co-occurring services evolve nationally: the Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse and Mental Disorders; Co-Occurring State Incentive Grants; the Co-Occurring Center for Excellence; Co-Occurring Policy Academies; Dual Disorders Tool Kit. State (and county) members of the Task Force are uniquely positioned to advise SAMHSA regarding the impact of these and other federal-funded programs on co-occurring services development nationwide.

Background of this Report

The January 9-10, 2006 meeting is one in a series of Task Force activities that have been encouraged and supported by SAMSHA since its inception. Teleconference calls among co-chairs of the Task Force, federal officials and association staff in preparation for the Task Force meeting articulated four meeting objectives. The meeting agenda (Attachment C) and Task Force participant (Attachment D) discussions were organized around achieving these objectives.

- To create an opportunity for Center Directors, states and the associations to discuss the status and impact of existing federal and state co-occurring initiatives, and to recommendation program adjustments to expand the reach of these initiatives.
- To identify important lessons from existing co-occurring initiatives (e.g., COSIG, COCE, Policy Academies) and begin to incorporate them into strategic planning.
- To identify key issues of current and future concern to State Directors and provide specific recommendations to strengthen co-occurring service systems in future years.
- To adopt a Strategic Plan for the Joint Task Force.

In preparation for the meeting, NASMHPD and NASADAD provided Task Force members with a *Summary of Task Force Activities* (Attachment A) and a *Summary of Recommendations* (Attachment B) made by the Task Force from 1998-2005. Although most members have participated in several previous Task Force meetings, these brief background documents helped to establish a common understanding for those state directors who were newly-appointed to the group. The recently-released Institute of Medicine report, “Improving the Quality of Health Care for Mental Health and Substance Use Conditions: Quality Chasm Series” (2006) also served as a guide for Task Force discussions, allowing members to share their own perspectives and experiences in areas such as information technology; evidence-based practices; workforce development; purchasing for quality; and cross-systems collaboration.

This report was developed to reflect the Task Force’s assessment of the status of co-occurring services across the country; to consider program, policy and fiscal challenges facing State Substance Abuse and State Mental Health Authorities as they continue to strengthen co-occurring service systems; and, to propose specific strategies by which, with SAMHSA’s continued support, the experience, expertise and statutory authority of Task Force members can be employed to confront them successfully.

DISCUSSION

Federal-State Dialogue

Co-Occurring Task Force Co-Chairs Ms. Renata Henry of Delaware and Dr. David Wanser of Texas welcomed meeting participants, noting that the group has met five times since its inception, including two joint meetings that have been held in conjunction with NASADAD and NASMHPD annual membership meetings. A key element of those meetings has been the opportunity to engage in dialogue with officials from the Center for Substance Abuse Treatment and the Center for Mental Health Services. On behalf of the Task Force, Dr. Wanser and Ms. Henry welcomed Dr. Westley Clark, Director of the Center for Substance Abuse Treatment and Ms. Kathryn Power, Director of the Center for Mental Health Services, thanking them for their support and inviting them to review federal co-occurring initiatives and prospective priorities with the group.

Dr. Clark congratulated the Task Force for its work on the Conceptual Framework, noting the wide adoption of the “Quadrant Model” by states. Dr. Clark and Ms. Power noted the progress that is being made in federally-funded activities and projects related to co-occurring disorders, including:

- Collaboration with the American Society of Addiction Medicine (ASAM), the Research Society on Alcoholism;
- Treatment Improvement Protocol 42, which is in its second printing;
- Disaster Preparedness and Emergency Response;
- Pharmacotherapy Conference with NIMH, NIDA and NIAAA in June 2004;
- Homelessness and HIV;
- SBIRT projects to increase screening and referral to appropriate treatment.

Co-Occurring State Incentive Grants (COSIG) have been awarded to 15 states, with an additional three awards anticipated for 2006. An evaluation component was initiated last year, and a COSIG grantee meeting occurred in March 2006.

The Co-Occurring Center for Excellence (COCE) has convened 12 regional conferences and provided technical assistance to a number of sub-state entities. Guided by a Steering Council composed of representatives from NASMHPD, NASADAD, rural agencies, tribal organizations and Juvenile Justice, among others, COCE convenes topic-specific workgroups to produce briefing papers and Powerpoint presentations, which are posted on the center’s widely-used website. COCE priorities include expanding into states that have not received COSIG awards.

The three National Co-Occurring Policy Academies that have been convened to date brought together teams representing 26 states.² Action Plans initiated at those Policy Academies are being implemented and are available for review on the COCE website. All but one of the COSIG states have now participated in Policy Academies.

Because SAMHSA believes that workforce development is a critical area of concern in strengthening co-occurring substance use and mental health services nationally, a Matrix Workgroup has been established to plan and coordinate workforce activities for all SAMHSA bodies, not just its three Centers.

Ms. Power has been promoting the President's New Freedom Commission Report on Mental Health nationally, which addresses co-occurring disorders as an area of significant concern. The Federal Action Agenda includes six Action Steps related to co-occurring disorders. SAMHSA's Action Plan for Co-Occurring Disorders is currently in draft form. Ms. Power also noted that the recent Institute of Medicine Report focused attention on the need to integrate substance use and mental health treatment into primary health care.

In addition, SAMHSA plans to:

- convene a Summit in Pennsylvania to address the unique needs of American Indians and Alaskan Natives;
- encourage increased use of EBP's and NREP;
- fund future COSIG awards;
- promote COCE;
- implement an Interagency Agreement between SAMHSA and the Social Security Administration that provides guidance on how SSI "opens the door" for disability benefits.

Ms. Power and Dr. Clark agreed with members of the Task Force that one of the long-term challenges of these efforts will be to expand the national learning community by consolidating program, policy and fiscal lessons and then establishing effective mechanisms to extend them to states that have not participated in each of these and other federally-funded initiatives. Providing assistance to the states participating in the first round of co-occurring initiatives in coming to grips with their "patterns" of change allows early-round states to support system change in other, non-participating states.

Program, Policy and Fiscal Challenges

The Task Force considers the following issues to be of particular importance to States in their efforts to develop co-occurring substance use and mental disorders. Group discussions regarding each issue are briefly summarized.

² Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Missouri, Montana, New Mexico, New York, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Texas, Virginia, Washington.

Information Technology

There are two key challenges with respect to information systems for co-occurring disorders: 1) a lack of knowledge about the current capacity of state mental health and substance abuse information systems to capture and provide information related to individuals with co-occurring disorders; 2) incomplete and inconsistent data on co-occurring clients provided by those information systems that *are* available in communities, states, and nationwide.

The Task Force believes that the ability of State Substance Abuse Authorities and State Mental Health Authorities to capture and effectively utilize information related to co-occurring disorders for data-driven decision making varies widely. For example, the State of Oklahoma is strengthening data collection and reporting across state agencies by creating the Joint Oklahoma Information Network (JOIN), which will bring together data from individual state agencies – including alcohol and mental health - into a single database. JOIN is designed to permit identification and treatment planning for clients shared among systems. COSIG states appear to be improving their information system capacity. Other states have a more limited capacity to collect, report and use co-occurring service data for program planning and financing.

Within and between states, standards of data collection are not consistent and service definitions are not clear. Clients may move among substance abuse and mental health agencies without the assignment of unique client identifiers that could more effectively capture the existence of their co-occurring disorders. Diagnostic and therapeutic coding sets vary. These issues inevitably limit the accuracy and usefulness of state and national data systems designed to portray substance abuse and mental health service system experience with co-occurring disorders.

As a result, information is lacking regarding the quality and effectiveness of co-occurring care, utilization of co-occurring services, cost of co-occurring treatment services, and treatment outcomes for clients with co-occurring disorders. Further challenges such as confidentiality will grow with the development and implementation of electronic medical records that are HIPAA compliant.

In light of these observations, the Task Force recently completed a national assessment of co-occurring disorder information available to states. That previously-cited report offers states peer-to-peer assistance in further developing their co-occurring information systems and using that data for effective decision-making.

Evidence-Based Practice

State use of evidence-based practices varies by states and between substance abuse and mental health fields. SAMHSA's "Co-Occurring Disorders: Integrating Dual Disorders Treatment" toolkit was one of the earliest efforts to guide development of co-occurring services programs, primarily focusing on serious mental illness and substance use. Most state leaders are familiar with the document; many have used at least portions of the toolkit to improve their own

systems. SAMHSA has recently made significant changes to the National Registry of Effective Programs and Practices (NREPP), which previously focused primarily on substance abuse treatment and prevention programs.

State Substance Abuse Authorities and State Mental Health Authorities depend on multiple and complex sources of revenue to fund co-occurring services, including the CMHS Block Grant, the SAPT Block Grant, Medicaid, and State General Revenue, among others. A patchwork of regulations and limitations in virtually all of these programs constrains states' ability to purchase evidence-based practices.

For example, Medicaid fee-for-service reimbursement mechanisms may permit billing for a single component of the Dual Diagnosis evidence-based treatment, such as outpatient office visits, while prohibiting providers from billing for other essential elements of the EBP, such as outreach and home visits. Medicaid managed care programs reimburse only for those services that are specified in the State Plan, with Managed Behavioral Health Organizations contracting only for those services. Virtually all major third-party payment systems reimburse on the basis of single services, rather than for the "package" of services typically bundled into an EBP. That places State Substance Abuse and State Mental Health Authorities in the difficult position of putting together a patchwork of funding streams to support evidence-based practices such as Dual Diagnosis Treatment.

Purchasing for Performance

Task Force members believe that purchase of effective services begins with Requests for Proposals (RFP) that set clear expectations for program performance based on available resources, community needs and appropriate clinical practice. Performance-based contracts reflect those expectations. With attractive incentives and appropriate oversight, providers are more likely to deliver the services purchased by the state. Absent these inducements, co-occurring services are more likely to be inadequate to the need.

In states like Delaware, this performance-based approach required the State Authority to build in requirements for co-occurring disorders and then re-bid all services. The purpose of contract changes was explained to the provider community, focusing primarily on good clinical practice in serving individuals with co-occurring disorders. Delaware holds back a percentage of allocated funding as a performance incentive to reward client retention and progress. Oklahoma now requires that all providers offer co-occurring services. Texas has for some years included in its contracts that all providers maintain the capacity to appropriately serve the COD population, participate in standard COD training and adhere to minimum standards of care. Missouri requires that providers be COD-certified; both Missouri and Vermont reward providers with higher rates of pay through the contracting process. Missouri sets its reimbursement rates on the basis of level of provider licensure.

Another challenge in purchasing for quality is the pressure to pay for services to the most severely ill individuals, leaving less severely ill individual without the services they need. In

Maryland, 85% of mental health clients are covered by Medicaid. Conversely, when substance abuse clients are identified with co-occurring disorders, they are not covered by Medicaid.

Workforce Development

Recruiting and retaining individuals to work with substance abusing and mentally ill populations, including those with co-occurring disorders, is a significant challenge in virtually all states. Although several programs of higher education provide targeted education for co-occurring disorders, developing clinical capacity to serve persons with co-occurring disorders is often the in-service responsibility of provider agencies. Salaries for both substance abuse and mental health staff are seen as relatively low. Providing appropriate training, minimizing turnover and avoiding staff burnout among co-occurring service personnel are all of significant concern to States.

Workforce competency training is needed for both clinical and administrative staff in all quadrants of the Conceptual Framework. As one Task Force member put it, he wants to be able to say: “This is what you need to know.” Delaware and Texas have both built those minimum standards and expectations into their provider contracts.

Opportunities for professional development in co-occurring disorders are varied and are offered by professional associations and within states. The American Society for Addiction Medicine, the American Psychological Association, the National Council for Community Behavioral Health and the National Association of Social Workers are all professional organizations that provide periodic training in co-occurring disorders. NASMHPD and NASADAD regularly address the issue at their membership meetings.

Task Force members shared examples of their in-state workforce development strategies, including: regular meetings between mental health and substance abuse agency staff (DE); Co-Occurring Training Conferences (DE, TX, CA, VT, OK, MO, IL); co-occurring training of community health personnel (OK); cross-walking substance abuse and mental health assessment instruments such as ASAM and LOCUS (DE); blended case management and screening and assessment training (OK, MO).

On the local level, Foundations Associates of Nashville has for several years offered well-regarded training in co-occurring disorders that draws hundreds of participants annually. Foundations also offers site-specific workforce development and training.

Professional Licensure and Certification

Certification of professionals as co-occurring providers remains relatively uncommon. Six states included reportedly offer certification in co-occurring disorders for both mental health and substance abuse professionals: Connecticut, Illinois, Maryland, New Jersey, Oklahoma, and Pennsylvania. California and DC report that co-occurring certification is available for AOD

providers only. Several more states are now exploring the possibility of certifying their professional workforce in co-occurring disorders.

Managing for System Change

Managing for long-term co-occurring system change requires a unique set of business skills at all levels of substance abuse and mental health services delivery, including state leaders. Using clinical and fiscal data appropriately for decision-making, purchasing high-quality services in changing environments, implementing evidence-based and promising practices, collaborating with state and community colleagues, developing a trained workforce that remains in service – State Substance Abuse leaders and State Mental Health leaders face these and other challenges each day. Ongoing consolidation of state government business practices outside of the mental health and substance abuse agencies sometimes further complicates the task.

The Task Force discussed specific examples of national efforts to help administrators and managers better understand how system's change. *The Simpson-Texas Christian University Program Change Model* applies findings on technology transfer to addictions program management, maintaining that organizations go through specific stages of change before adopting innovation.

The Network for the Improvement of Addiction Treatment (NIATx) is a partnership between The Robert Wood Johnson Foundation's *Paths to Recovery* program, the Center for Substance Abuse Treatment's *Strengthening Treatment Access and Retention* (STAR) program, and a number of independent addiction treatment organizations. The project's goal is to increase rates of access and retention in substance abuse treatment, while making speedy process improvement part of the culture of managing and delivering treatment. Oklahoma is among the states working with NIATx consultants to review and change current state policies that may affect client access and retention. Delaware's incentives for engaging clients beyond 90 days developed as a result of NIATx guidance. Plans are underway to extend the NIATx model to mental health agencies in the Fall 2006.

Effective planning and collaboration are key elements of system change. While the Conceptual Framework has been a successful tool in many states, we still do not have enough information about what "works" throughout the co-occurring service continuum. For example, several Task Force members suggested the need for further study of Quadrant 3 (high substance abuse/low mental health), since much of the research to date has been with clients with severe mental illness. Other members advocate for closer partnerships and basic standards of co-occurring care in settings other than substance abuse (Quadrant 3) and mental health (Quadrant 2), such as Emergency Rooms, doctor's offices, and jails. Providing more effective co-occurring services means creating change in every part of our systems of care.

STRATEGIC ACTION PLAN

The Task Force considered a wide range of activities as potential priorities for future action. Underlying those discussions was the strong desire of members to complement existing federally-funded and state co-occurring initiatives, to understand and extend the lessons being learned from those initiatives to all states, and to strengthen communication between states and SAMHSA in the service of building co-occurring systems of care nationwide.

The activities proposed below build both on Task Force accomplishments to date and on outstanding strengths of the Task Force and its members: first-hand knowledge of state needs in developing co-occurring service systems and the statutory authority to implement state-level system change. We believe that the most effective efforts to improve co-occurring service systems will be those that recognize the critical importance of state leaders to the change process and help them to develop a compelling argument for system change in each state. As state leaders themselves, Task Force members are uniquely qualified to help build and guide the commitment of their peers to system change.

Policy Guidance

State directors use Policy Statements developed by NASADAD and NASMHPD to generate the legislative, administrative and constituent support necessary to initiate, guide and strengthen system change within states. Policy Statements clarify critical issues of concern in developing and expanding state systems of care, issues that may somehow be slowing progress in service development. Policy Statements help states identify and take whatever next steps are necessary to move individual state systems forward. Policy Statements create a climate for change.

The Co-Occurring Task Force will use the extensive experience of both Associations and members to address areas of immediate concern to states in developing and strengthening co-occurring substance use and mental disorders service systems. Policy Statements will be drafted and considered for adoption by the NASMHPD and NASADAD Boards of Directors and dissemination to states in areas such as:

- HIPAA and CFR42: Co-Occurring Services and Confidentiality
- Screening for Co-Occurring Substance Use and Mental Disorders
- Co-Occurring Workforce Licensure and Certification

Peer to Peer Support

The Task Force proposes to use its members and the wider membership of NASMHPD and NASADAD to provide ongoing peer-to-peer support to State Mental Health Authorities and State Substance Abuse Authorities in strengthening state leadership of co-occurring services. The overarching goal is to contribute to developing a learning community for state directors in co-

occurring system change. Being a part of such a learning community is important to all states, but especially so to those states that are not yet engaged in federally funded initiatives such as COSIG, COPA, and COCE.

The Task Force proposes to contribute to the national co-occurring learning community by meeting two times each year, with one meeting held in conjunction with NASMHPD and NASADAD Boards of Directors meetings. These meetings will provide the focus and continuity that previous once per year Task Force meetings have been challenged to maintain.

Task Force meetings will confront questions of continuing importance to state leaders, including:

- How are state leaders creating the political and legislative support they need to implement and expand co-occurring service systems?
- How can state leaders bring directors of sister state agencies into collaboration to support co-occurring services?
- What infrastructure barriers inhibit co-occurring service development and how are they being overcome?

Task Force discussions will result in two “State Leadership Briefs” designed to help state directors learn about the successful strategies states are employing to strengthen co-occurring service systems. These 3-5 page publications will use the specific experience of state leaders to guide each other in developing the strongest possible case for co-occurring system change and in building the consensus necessary to achieve that change.

State and Federal Collaboration

Task Force members believe that co-occurring system change is not linear. Progress made through the hard work of many individuals at all levels has to be maintained and nurtured if it is not to fall victim to emerging pressures and challenges. Co-Occurring Task Force meetings provide one important avenue for the clear and consistent communication needed to manage and maintain change.

Another important communication vehicle was employed by the Task Force this year in convening state substance abuse and mental health leaders around the issue of the impact of Medicare Part D on co-occurring services. Twenty-six states participated in the call, along with Association staff and federal representatives. States asked for additional calls on emerging issues of similar importance. The Task Force proposes to convene state leaders in three, one-hour national “Meet-Me” teleconference calls in the course of the year. These facilitated calls will be focused on the unique issues that state leaders need to successfully confront as they build co-occurring service systems, such as:

- Purchasing for performance
- Measuring system change

- Data-driven decision-making
- Eliminating structural system barriers to co-occurring system change

The Task Force believes that staff from the Co-Occurring Center for Excellence will be valuable participants in and contributors to these calls. As a key player in co-occurring systems development, these calls offer COCE an opportunity to share their experiences with states and for states to share their perspectives and priorities with COCE. We imagine that these calls might also be helpful in prioritizing the limited federal resources available through COCE.

In addition to the participation of key SAMHSA representatives at each Co-Occurring Task Force meeting and on “Meet-Me” calls, we propose that Task Force Co-Chairs and NASADAD and NASMHPD Executive Directors meet by quarterly teleconference call with you and/or members of your staff. These calls will: 1) help states hear about the progress and activities of federally-funded co-occurring initiatives; 2) provide advice to SAMHSA regarding ongoing state needs in co-occurring service development; and 3) jointly brainstorm ideas for future co-occurring service initiatives. We also anticipate that these calls will help us to reach a better understanding of the ongoing effectiveness of the Task Force in helping to move state co-occurring systems forward and adjust our activities accordingly.

SUMMARY

Task Force members welcome the national consensus that has arisen regarding the unique needs of persons with co-occurring substance use and mental disorders. Federally-funded initiatives such as the Co-Occurring State Incentive Grant Program, Co-Occurring Policy Academies, and the Co-Occurring Center for Excellence, among others, are providing crucial support to evolving co-occurring program efforts. The experiences of these programs offer important lessons to all states and communities.

On a daily basis, states face the hard work that remains to be done in order to achieve the effective and responsive co-occurring substance use and mental health service system envisioned for the nation by SAMHSA Administrator Curie, by State Authorities and by NASMHPD and NASADAD. Not all states are participating in federally-funded programs. Participating states are challenged to assist those who have not. Mechanisms are needed to extend the lessons of “participating states” to “non-participating states.”

The Task Force is a unique vehicle to help create a learning community of State Substance Abuse Authorities and State Mental Health Authorities, irrespective of the stage of their co-occurring service systems or their receipt of federal funding and technical supports. State Directors are statutorily charged with leading service systems. As their representative for co-occurring services, the Task Force helps advise state directors on which management strategies work and why, which strategies don’t work and how to avoid such pitfalls, providing specific examples from states across the country.

Long-term support of states is necessary to continue the progress being made in co-occurring services. We know from experience that co-occurring service gains can be eroded through loss of funding, changes in leadership, the identification of “higher priority” populations, complacency, and a simple loss of focus. Once-innovative ways of doing business must be constantly tested and updated to avoid becoming entrenched and inflexible.

We are unlikely to reach a point where all state substance abuse systems and state mental health systems succeed in providing high-quality co-occurring services at the same time. State systems continue to change and evolve, sometimes in non-linear fashion. This is a long-term battle with successes, failures and continued challenges. All available strategies must be brought to bear to help states push as far and as quickly as possible.

The Task Force plays a key role in this process of change. It helps states maintain their focus on co-occurring disorders. It offers continuing opportunities for dialogue among SAMHSA and states. It supports states in managing the process of system change, helping states to learn what they can and apply what they know. In these and other ways, states can move beyond their current limitations in order to transform co-occurring systems of care.

NASADAD-NASMHPD TASK FORCE
ON CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS
SUMMARY OF ACTIVITIES
1998-2005

The Task Force on Co-Occurring Substance Use and Mental Disorders was created by joint action of the Presidents of the National Association of State Mental Health Directors and the National Association of State Alcohol and Drug Abuse Directors in 1998 to provide support and technical assistance to State Authorities in their ongoing efforts to develop and improve services for persons with co-occurring disorders. A crucial element of the Task Force' work has been to advise and support SAMHSA's efforts to create a federal action agenda for co-occurring disorders that improves and strengthens services across the U.S. SAMHSA has provided financial support to the Task Force since its inception.

The collaboration among NASMHPD, NASADAD, CSAT and CMHS has:

- convened the Task Force on Co-Occurring Disorders on four occasions and met in joint sessions at NASADAD and NASMHPD member meetings on two occasions;³
- endorsed and modified a Conceptual Framework for planning and organizing co-occurring services;
- created and nationally distributed a PowerPoint presentation designed to market the Conceptual Framework, along with a comprehensive co-occurring bibliography; and
- conducted presentations at various national professional and provider meetings (e.g., NCSL, SSDP, COPA) regarding the work of the Task Force and ongoing developments in co-occurring services.

In addition, the Task Force has produced and disseminated state-of-the-art knowledge on co-occurring services through publications that:

- articulates a Conceptual Framework for co-occurring mental health and substance use disorders in terms of the nature and severity of client symptoms, specifying the level of service coordination (i.e., consultation, collaboration and integration) needed to improve service outcomes (*National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders*, 1999);
- encourages an expectation that comprehensive, coordinated systems of care for individuals with co-occurring mental health and substance use disorders based on the Conceptual Framework should be developed, financed and marketed (*Financing and Marketing the New Conceptual Framework for Co-Occurring Mental Health and Substance Abuse Disorders*, 2000);
- identifies local co-occurring service programs from five states as examples of success in

³ June 1998 (D.C.), June 1999 (D.C.), June 2000 (Reno), November 2001 (D.C.), December 2002 (Ft. Lauderdale), October 2004 (D.C.)

serving persons with co-occurring mental health and substance use disorders (*Successful Programs for Individuals with Co-Occurring Mental Health and Substance Abuse Disorders: Examples from Five States*, 2000);

- provides detailed analyses of nine local service systems that deliver integrated services to persons with co-occurring disorders, by using funds derived from multiple sources and by documenting specific management and program practices and methods these programs use to organize services, obtain revenue, expend resources and account for expenditures (*Exemplary Methods of Financing Integrated Service Programs for Persons with Co-Occurring Mental Health and Substance Use Disorders*, 2002); and
- assesses national progress in implementing and expanding the effectiveness of the Conceptual Framework, including steps needed to make the framework a more effective tool for co-occurring service planning, service implementation and service evaluation (*The Evolving Conceptual Framework for Co-Occurring Mental Health and Substance Use Disorders: Developing Strategies for Systems Change*, 2005).

National dissemination of the Conceptual Framework through these and other means (e.g., NASMHPD and NASADAD websites, CSAT Co-Occurring listserv) has helped create multiple opportunities for federal, state and county organizations and advocates to further explore and take advantage of opportunities to strengthen co-occurring services.

The joint Task Force has crafted a series of recommendations resulting from each of its national dialogues to help ensure that co-occurring systems development and support needs are consistently reflected in local, state and federal program initiatives. Those recommendations are attached.

NASMHPD-NASADAD TASK FORCE ON CO-OCCURRING DISORDERS
SUMMARY OF RECOMMENDATIONS
1998 – 2005

“We seek common ground as we build systems around client needs.”

ASSOCIATION

- Create a Joint Task Force on Co-Occurring Disorders
- Convene overlapping membership meetings
- Adapt and continuously promote state use of the Conceptual Framework
- Create a catalogue of practical business-oriented program models and best practices⁴
- Examine models of state/local collaboration
- Analyze the financial impact of integrated service delivery (i.e., “downstream” costs)
- Gather/rapidly disseminate information about significant co-occurring activities
- Create a learning community that includes “have-not” states (with Task Force)
- Advise SAMHSA regarding high priorities for federal initiatives

FEDERAL

- Act as model collaborators at federal level
- Fund and evaluate integrated services for most severely ill⁵
- Support and fund models of consultation and collaboration
- Support research on and disseminate best practice models
- Identify national resources and experts to deliver technical assistance to states
- Support information systems that record relevant data

STATE

- Adopt and adapt the Conceptual Framework
- Establish a joint vision of a system of care and consensus around its goals
- Develop joint action plans that treat COD as expectation rather than as exception
- Develop mechanisms for systems change⁶
- Conduct cross-training programs to develop competence at all “front doors”
- Identify fiscal incentives for providing co-occurring services and create contracts that align those incentives with expected outcomes
- Reduce and eliminate statutory and administrative barriers to co-occurring services

LOCAL

- Create integrated crisis and treatment teams
- Develop integrated treatment plans and services
- Leverage additional resources

⁴ joint purchasing mechanisms, multiple funding streams, purchase of outcomes, continuous evaluation

⁵ clarify use of federal block grants, support flexible approaches to integrated care

⁶ joint budget initiatives/pilot projects, reinforcing comprehensive and integrated service models through provider contracts, joint screening and assessment tools, performance-based outcome measures

**National Association of State Alcohol and Drug Abuse Directors
National Association of State Mental Health Directors
Joint Task Force on Co-Occurring Substance Use and Mental Disorders**

**January 9-10, 2006 Washington, D.C.
MEETING AGENDA**

MEETING OBJECTIVES

To create an opportunity for Center Directors, State members and their respective associations to discuss the status and impact of existing federal and state co-occurring initiatives, and to make recommendations for program adjustments that would expand the reach of these initiatives.

To identify important lessons from existing co-occurring initiatives (e.g., COSIG, COCE, Policy Academies) and begin to incorporate them into strategic planning.

To identify key issues of current and future concern to State Directors and provide specific recommendations to strengthen co-occurring service systems in future years.

To adopt a Strategic Plan for the Joint Task Force.

January 9, 2006

9:00 AM

Welcome, Introductions and Review of Meeting Objectives & Agenda

Dave Wanser, Co-Chair and President, NASADAD

Deputy Commissioner for Behavioral and Community Health Systems, Texas

Renata Henry, Co-Chair and President, NASMHPD

Director, Division of Substance Abuse and Mental Health, Delaware

Robert W. Glover, Executive Director, NASMHPD

Lewis E. Gallant, Executive Director, NASADAD

9:30 AM

Shaping the Federal-State Partnership:

Co-Occurring Center of Excellence

Co-Occurring Policy Academies

SAMHSA's Co-Occurring Work Group

Progress Reports

Evidence-Based Practices

COSIG

Federal Partnerships

Dr. Westley Clark, Director, CSAT

Ms. Kathryn Power, Director, CMHS

10:15 AM

Shaping the Federal-State Partnership:

Center Directors and Task Force Members

Federal-State Dialogue

12:15 PM

Lunch

Supported by the Substance Abuse and Mental Health Services Administration's
Center for Mental Health Services and Center for Substance Abuse Treatment

1:45 PM **Strengthening Supports to Cross the Quality Chasm**
Reports and discussion of mental health and substance abuse agency activities:
Information Technology
Evidence-Based Practices
Workforce Development
Purchasing for Quality
Partnering with Other State Agencies

3:30 PM **Break**

3:45 PM **Discussion Continued**

5:00 PM **Adjourn**

January 10, 2006

9:00 AM **Development of Joint Task Force Strategic Plan**

11:00 AM **Recommendations to SAMHSA to Support Co-Occurring Systems Development**

11:45 PM **Evaluation and Adjourn**



NASMHPD-NASADAD Joint Task Force on Co-Occurring
Substance Use and Mental Disorders

January 9-10, 2006

The Madison Hotel
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Washington, D.C. 20005
(202) 862-1600

Sponsored by:

Substance Abuse and Mental Health Services Administration (SAMHSA)
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Center for Substance Abuse Treatment (CSAT)

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