

Center for Mental Health Services: *Program Profiles*



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1 Center for Mental Health Services: Program Profile

Alternatives to Restraint and Seclusion State Incentive Grants

This program supports States/Tribes in their efforts to adopt best practices to reduce and ultimately eliminate the use of restraint and seclusion in institutional and community-based settings that provide mental health services (including services for people with co-occurring substance abuse and mental health disorders).



Purpose

To reduce and ultimately eliminate the use of restraint and seclusion in institutional and community-based settings that provide mental health service through the adoption of best practices, including staff training, modifications in policies and procedures, changes in facility physical environments, and other multifaceted approaches.

Objective

To increase the number of programs that implement alternative models to reduce/eliminate restraint and seclusion

Population Served

Adults and children with mental illness including individuals with co-occurring substance abuse and mental health disorders

Amount Allocated

- FY 04: \$1,891,714
- FY 05: \$1,847,421
- FY 2006: \$1,846,917

A new grant series was offered for FY 2007 – FY 2009 for an additional 8 grantees. Applications have been received and reviewed. (\$1.7 million allocated FY 2007)

Authorizing Legislation

Title 4. Public Health and Welfare, Chapter 6A – Public Health Service, Subchapter III A – Substance Abuse and Mental Health Services Administration, Part A Organization and General Authority, as

amended, 42 U.S.C. 290aa *et seq.*, The Children’s Health Act of 2000, Part H, *Requirement Relating to the Rights of Residents of Certain Facilities* [42 U.S.C. at 290ii -290ii-2], and Part I, *Requirement Relating to the Rights of Residents of Certain Non Medical, Community-based Facilities for Children and Youth* [42 U.S.C. at 290jj-1 – 290jj-2], and the Protection and Advocacy for Individuals with Mental Illness Act of 1986, as amended, [42 U.S.C. 10801 *et seq.*]

Services Provided

Grantees received ongoing technical assistance and on-site visits in support of implementation of a model of alternatives to the use of seclusion and restraint. Grantees also collected and submitted data required to measure the effectiveness of the model.

Program Outcomes

Expected outcome is increase in the number of mental health facilities that use alternatives to restraint and seclusion. Data collection and analysis is expected to be completed by early 2008. Additionally, evaluation results may be used to apply to the National Registry of Evidence-based Programs and Practices (NREPP) for best practice of models demonstrated to be effective.

Current Grants

Hawaii, Missouri, Kentucky, Louisiana, Washington, Illinois, Massachusetts, and Maryland

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Child and Adolescent Mental Health and Substance Abuse State Infrastructure Grants (CASIG)



This grant strengthens the capacity of applicants to develop and sustain substance abuse and mental health services at the local level for children, adolescents, and youth in transition, who have a serious emotional disturbance, substance abuse disorder, and/or co-occurring disorders, and their families.

Objective

To build the infrastructure necessary to promote and sustain local service and treatment intervention capabilities while providing the flexibility to focus on the entire target population or demographic/subsets of the population.

Population Served

All youth under the age of 21

Amount Allocated for Grant Awards

\$5.3 million awarded, with the maximum allowable award of \$750,000 in total costs per year for five years.

Authorizing Legislation

520A of the Public Health Service Act, as amended

Grantee Highlights

- **Arizona:** Beginning to revise delivery of services to raise community-based support and rehabilitation services to 33% of total expenditures.
- **Georgia** is expanding its system of care grant, Kids Net, to other parts of the state. These efforts are closely connected to the First Lady's Cabinet, making for more effective operationalization.
- **Nebraska's** SIG work is coordinated through the Medicaid office, which affords the opportunity to work on billing issues more easily. Focus has been on family involvement as well as how to move strong system of care work done in the state to the birth to five population.
- **Nevada** has focused on leadership development and cultural and linguistic competence, development of training manuals shared with the other grantees, as well as training around successful wraparound implementation.
- **Puyallup Tribal Health Authority** is working on workforce development issues around substance abuse as well as identifying evidence-based practices shown to be effective in Indian country.

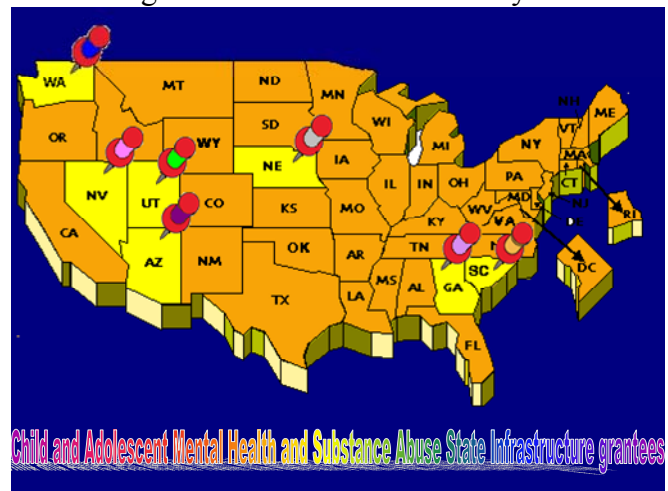
- **South Carolina** had initially taken a focus on development of respite care services but has moved towards a focus on integration of mental health and substance abuse. They have a strong history of system of care development in a number of communities in their state and have been trying to move that statewide similar to the efforts in Georgia and Arizona. In addition, coordination between the SIG and SAC grants is quite strong in South Carolina thereby bringing substance abuse and mental health integration to fruition more effectively.
- **Utah** has focused on family involvement, including nurturing of the nascent family organization, workforce development and overall system integration. Their configuration into small locally-driven work has allowed for individually tailored integration strategies for substance abuse and mental health and the emphasis has been on connecting at the state level to ensure sustainability of these efforts

Evaluation Components

- National cross-site evaluation
- Local evaluation for each grantee site

Number of Grants

All seven grantees are in their 3rd of 5 years





Children's Mental Health Initiative (CMHI)

These agreements support the development of comprehensive and coordinated home and community-based services for children with SED.

Description

To support children and youth with serious emotional disturbances (SED) and their families through the development and expansion of effective and sustained systems of care.

Population Served

- Individuals ages 3-21 with serious emotional disorders
- Served over 70,000 children and families

Amount Allocated

\$104.1 million per year

Authorizing Legislation

Part E of Title V, Section 561 et. seq., of the Public Health Service Act, as amended and subject to the availability of funds

Services Provided

- Expand community capacity to serve youth with SED and their families;
- Provide a broad array of effective services, treatments and supports;
- Establish coordination among various child-serving systems, e.g., child welfare, juvenile justice, education, primary care, etc.;
- Create a case management/wraparound team with an individualized service plan for each child;
- Incorporate culturally and linguistically competent practices and focus on eliminating disparities related to race, ethnicity, or geographic location;
- Promote full participation of families and youth in service planning and in the development of local services and supports

Key Outcomes, 2005

- **Reduced costs due to fewer days in inpatient care.** The average reduction in per-child inpatient hospital days from entry into services to 12 months translated into an average per-child cost savings of \$2,776.85.
- **Decreased utilization of inpatient facilities.** The percentage of children who used inpatient facilities within the previous 6 months decreased 54 percent from entry into systems of care to 18 months after systems of care.

- **Mental health improvements sustained.**

Emotional and behavioral problems were reduced significantly or remained stable for nearly 90 percent of children after 18 months in systems of care.

- **Suicide-related behaviors were significantly reduced.**

The percentage of children and youth who had deliberately harmed themselves or had attempted suicide decreased 32 percent after 12 months in systems of care.

- **School attendance improved.**

The percentage of children with regular school attendance (i.e., 75 percent of the time or more) during the previous 6 months increased nearly 10 percent with 84 percent attending school regularly after 18 months in systems of care.

- **School achievement improved.**

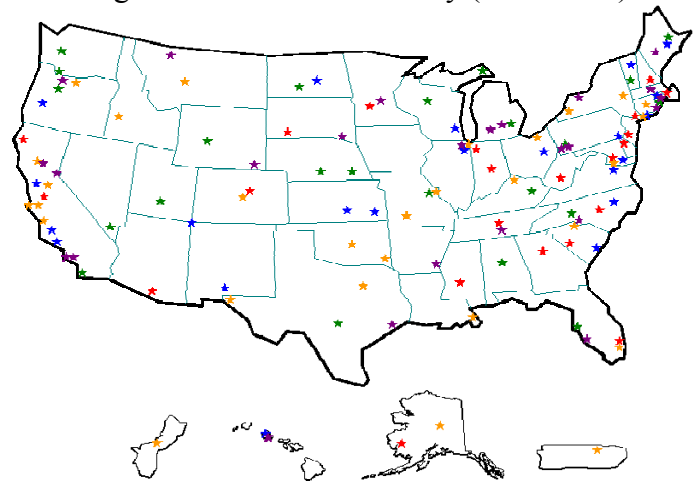
The percentage of children with a passing performance (i.e., C or better) during the previous 6 months increased 21 percent with 75 percent of children passing after 18 months in systems of care.

- **Significant reductions in placements in juvenile detention and other secure facilities.**

Children and youth who were placed in juvenile detention or other secure facilities within the previous 6 months decreased 43 percent from entry into services to 18 months after entering systems of care.

Number of Grants

- Currently 57 active system of care communities
- 126 grantees across the country (since 1993)



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Circles of Care (COC)

This program provides tribal and urban Indian communities with tools and resources to design systems of care to support mental health for their children, youth, and families in American Indian and Alaska Native (AI/AN) communities.

Objective

- Planning for the development of a community-based system of care model for children with serious emotional disturbance and their families
- Developing local capacity and infrastructure to assist tribal communities to obtain funding and resources to implement their model system of care

Population Served

- AI/AN children and youth under the age of 22 years, and their families.

Amount Allocated

- \$2.4 million in 2006 (and \$800,000 for technical assistance and evaluation)

Program Goals

- Develop systems of care models that are designed by AI/AN community members, in partnership with program and evaluation staff, to transform their behavioral health care systems.
- Engage AI/AN community members in assessing service system needs, gaps, potential resources, and plan infrastructure development strategies that meet those needs.
- Place special emphasis on co-occurring issues of mental health and substance abuse, suicide and other problems endemic to AI/AN communities.
- Increase the participation of families, tribal leaders, and spiritual advisors in planning and developing service systems and treatment options based on the values and principles of the AI/AN community served by the project.
- Evaluate the feasibility of the proposed community service system of care model, in terms of potential resources.
- Support achieving the Healthy People 2010 goals relevant to AI/AN children and youth: reduce the rate of suicide attempts by adolescents; increase the proportion of children and youth with behavioral health problems who receive treatment.

Success of Circles of Care Grantees

- 7 of the first 9 grantees secured funding for the Children's Mental Health Initiative (CMHI), either

directly or by contributing the model that enabled other entities to obtain CMHI funding.

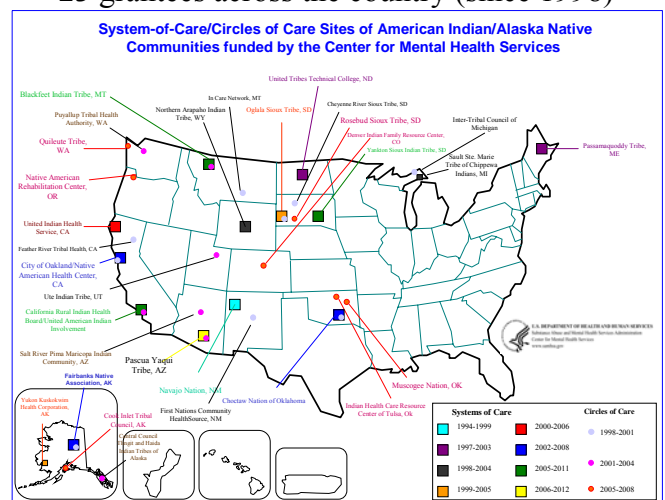
- 3 of the second 7 grantees directly secured CMHI funding.
- 6 of the 7 currently funded tribal CMHI grantees are previous Circle of Care grantees.
- 3 COC grantees from Oklahoma: Choctaw Nation (1998-2001); Tulsa Urban Indian Clinic and Muscogee (Creek) Nation (2004-2008)

Program Attributes

- COC promotes self-determination where tribes can define SED and develop their own culturally based solutions, systems and the opportunity to develop capacity to begin identifying culturally-based evidence-based-practices
- COC has been highly visible in Indian Country and provides the opportunity for peer-to-peer collaboration between tribes and within larger Indian organizations
- COC promotes strengthening tribal-state relationships and coordinating efforts between tribes and federal SAMHSA funding to increase access of service
- COC provides the opportunity for communities to coordinate different grant initiatives from SAMHSA.

Number of Grants

- Currently 7 AI/AN grantee communities
- 23 grantees across the country (since 1998)





Community Mental Health Services Block Grant Program (CMHS BG)

This program provides funding and technical assistance to State Mental Health Authorities to support the development and expansion of comprehensive community-based mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

<p>Description CMHS BG is a flexible funding source that may be used to provide a range of mental health services that are described in the State’s mental health block grant plan. These funds are also used to support the service delivery through planning, administration, evaluation, and educational activities. The plan is developed in collaboration with the State mental health planning councils in which membership is statutorily mandated to include consumers, family members of adult and child consumers, providers, and representatives of other principal state agencies.</p>	<p>Population Served Adults with serious mental illness and children with serious emotional disturbances.</p>
<p>Objectives</p> <ul style="list-style-type: none"> • To provide financial assistance to States and Territories to enable them to carry out the State's Plan for providing integrated comprehensive community-based mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; • To monitor States’ progress in implementing a comprehensive community-based mental health system; • To ensure that State Mental Health Planning Councils maintain an active role in the planning and implementation of a comprehensive community based mental health system; • To maintain a national mental health data infrastructure program to collect, analyze, and disseminate statistics on the major characteristics of the States' public mental health service system, to include the resources, staffing, utilization patterns, costs, and financing; • To provides technical assistance to the States with respect to the planning, development, financing, and operation of programs or services carried out pursuant to the block grant program. 	<p>Amount Allocated \$428,256,284 million in FY 2007</p>
	<p>Authorizing Legislation Public Health Service Act, Title XIX, Part B, Subpart I, as amended, Public Law 106-310; 42 U.S.C. 300X</p>
	<p>Services Provided</p> <ul style="list-style-type: none"> • At the State level: CMHS BG funds may be used to support administrative and programmatic services such as planning, staffing, training and technical assistance. Funds are also used to support data infrastructure activities. • At the local level: CMHS BG funds are used to expand and improve the existing service system capacity, promote and develop evidenced based practices, and improve statewide planning efforts for mental health services.
<p>Key Outcomes</p> <ul style="list-style-type: none"> • The program collects data on the SAMHSA National Outcome Measures which allows for tracking of efficiency and accountability in the MHBG. . • An independent, comprehensive evaluation of the national program is currently underway, consistent with the objectives of the OMB Performance Assessment Rating Tool (PART). 	
<p>Current Grantees</p> <ul style="list-style-type: none"> • 50 States • District of Columbia • 8 jurisdictions – American Samoa, Guam, Northern Marianas, Palau, Marshall Islands, Micronesia, US Virgin Islands, and Puerto Rico. 	

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Co-Occurring State Infrastructure Grants (COSIG)

This program develops and enhances the infrastructure and increases grantee capacity to provide comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring substance abuse and mental health disorders, and to their families. In partnership with the Center for Substance Abuse Treatment.



Objectives

- To increase the number of persons with co-occurring disorders served;
- Increase the percentage of treatment programs that screen for co-occurring disorders; assess for co-occurring disorders; and treat co-occurring disorders (CODs) through collaborative, consultative, and integrated models of care.

Description

COSIG states may use funds to support systems change and infrastructure development in areas such as (States are allowed to determine their priorities):

- Standardizing screening and assessment tools;
 - Developing complementary licensure and credentialing requirements;
 - Enhancing service coordination, networks and linkages to support quality care;
 - Improving financial incentives for integrated care;
 - Information sharing among stakeholders.
- Service Pilots*—Projects designed to improve screening and assessment measures and integrated treatment for co-occurring disorders.

Population Served

Clients with co-occurring substance abuse and mental health disorders

Amount Allocated

- All grantees will receive up to \$1.05 million per year in years 1-3.
- Grantees with service pilots may request half of their year 3 award for year 4 to phase down the service pilots.
- Grantees with service pilots may request up to \$100,000 in year 5 for evaluation.
- Grantees without service pilots may request up to \$100,000 in years 4 and 5 for evaluation.

Authorizing Legislation

Sections 509 and 520A of the Public Health Services Act, as amended

Data Collection

COSIG grantees are required to initiate CSAT GPRA data reporting from service pilot sites by the end of

2006. All grantees are required to collect OMB Approved Co-Occurring NOMS measures, including *cost-effectiveness and evidence-based practices measures*.

Major Accomplishments

- Implemented first COD program within criminal justice system.
- Implemented a voucher system to acquire ancillary services needed by COD clients.
- Established a State-wide common data warehouse about persons with records open in both mental health and substance abuse systems.
- Implemented mandatory state-wide COD 8-hour training sessions for substance abuse and mental health providers.
- Selected and piloted the screening tools.
- Conducted assessment of co-occurring capabilities of state-supported facilities.
- Developed and implemented a web-based COD training for providers.
- All pilot sites within one state have implemented integrated and coordinated treatment models for the COD population.
- Implemented specialized COD services for forensic populations and for adolescents
- Developed a instrument for adolescents
- Progress toward a single license for providers who are COD-capable; both state licensing departments (mental health, substance abuse) working together on this initiative.

Grantees

There are 17 COSIG grants, 5 grants are funded by and managed within CSAT, 12 funded/managed within CMHS.

- *FY03 Grants:* Alaska, Arkansas, Hawaii, Louisiana, Missouri, Pennsylvania, Texas
- *FY04 Grants:* Arizona, New Mexico, Oklahoma, Virginia
- *FY05 Grants:* Connecticut, Maine, Vermont, Washington, DC
- *FY06 Grants:* Minnesota, South Carolina
- *FY07 Grants:* Delaware, South Dakota

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FEMA Crisis Counseling Assistance and Training Program (CCP)

Through an Inter-agency Agreement between SAMHSA and FEMA, this program provides supplemental financial assistance to provide crisis counseling services to disaster survivors to promote recovery and mitigate the need for traditional behavioral health services.



Description

Supports short term interventions with individuals and groups experiencing psychological sequelae to large scale disasters, involves the goals of:

- assisting disaster survivors in understanding their current situation and reactions,
- mitigating additional stress,
- assisting survivors in reviewing their options and developing a plan,
- facilitating the development of healthy coping strategies,
- providing emotional support, and
- encouraging linkages with other individuals and agencies who may help survivors recover to their pre-disaster level of functioning.

Two grant mechanisms:

- (1) the Immediate Services Program (ISP) which provides funds for up to 60 days of services immediately following a Presidential disaster declaration; and
- (2) the Regular Services Program (RSP) which provides funds for up to nine months following a Presidential disaster declaration.

reviewing their options, addressing their emotional support and linking with other individuals and agencies who may provide assistance.

- *Education Services* include the distribution or presentation of information on the project or crisis counseling-related topics. The key difference between group education services and group crisis counseling services is that project staff present psychoeducational information to groups rather than facilitate the sharing of experiences between members of the group.
- *Referrals* are a key component of the CCP. Some disaster recovery needs may be more physical, structural or economical in nature or may require more intensive behavioral health interventions and addressing these issues is outside the scope of the CCP. In these instances, CCP staff play a key role in referring survivors to specific disaster services available through FEMA Teleregistration, the American Red Cross, the Salvation Army, Interfaith Disaster Recovery Services, Unmet Needs Committees, or to physical or behavioral health organizations.

Population Served

All persons residing in federally declared disaster areas.

Amount Allocated

- \$114,837,674.35 in FY 2006
- \$2,669,000.00 for FY 07 as of 1/29/07

Authorizing Legislation

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) (44 CFR 206.171)

Services Funded

- *Individual Crisis Counseling Services* assist disaster survivors in understanding their current situation and reactions, reviewing their options, addressing their emotional support and linking with other individuals and agencies who may assist them.
- *Group Crisis Counseling Services* involves providing/facilitating support groups, meeting with citizens, working in classrooms with affected students, working with affected teachers and administrators after school, discussing disaster-related issues with families, assisting people in understanding their current situation and reactions,

Program Outcomes

Service Delivery (Katrina/Wilma/Rita Data Findings):

- Total number of face to face encounters is 1,016,540
- Majority of persons encountered are between 40-64 years of age (290,539)
- First encounters comprise 44% of total number of encounters
- The CCP serves large numbers of people cost efficiently (approximately \$80 per person served)

Service Quality:

- The CCP performs well in terms of offering acceptable, accessible, and proactive services to communities

State Capacity:

- Experience with the CCP leaves states better prepared for future events

Current Grants (as of 1/07)

- Currently 12 active RSP grants in 8 states
- Currently 3 active ISP grants in 3 state

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Garrett Lee Smith Campus Suicide Prevention Grant Program

This program provides funding to institutions of higher education to prevent suicide and suicide attempts, and to enhance services for students with mental and behavioral health problems such as depression and substance abuse.



Objectives

- To increase protective factors that promote mental health
- To reduce risk factors for suicide
- To reduce suicides and suicide attempts.
- To reduce school failures

Population Served

Undergraduate and graduate students who are at risk for suicide or suicide attempts. Grantees may target specific populations on campus if they wish.

Funding

- FY05 \$1.5 million
- FY06 \$3.7 million
- FY07 \$3.7 million

Grant Recipients

Public and private institutions of higher education receive a maximum of \$75,000 per year for 3 years, plus a required 1:1 match.

Authorizing Legislation

Garrett Lee Smith Memorial Act (Section 520E-2 of the Public Health Service Act, as amended)

Program Activities

Campuses build a public health infrastructure for their overall suicide prevention efforts through one or more of the following activities:

- Training students and campus personnel to respond effectively and make appropriate referrals for students who are in crisis or at risk for mental health problems and suicide.
- Creating a networking infrastructure to link the institution with mental health providers from the broader community if comprehensive services do not exist on campus.
- Providing educational seminars for students and campus personnel. Examples: preventing suicide; identifying risk and protective factors; promoting help seeking; reducing the stigma of seeking mental health care.
- Operating local hotlines or promoting the National Suicide Prevention Lifeline (1-800-273-TALK).
- Providing informational materials for campus personnel, students, and students' families to increase awareness of mental and behavioral health issues.

Program Outcomes

CMHS received OMB approval of the Garrett Lee Smith cross-site evaluation instruments in May 2007. Grantees trained more than 10,000 gatekeepers during the first year of the program. In their annual reports, Cohort I grantees describe accomplishments in many areas, including the following:

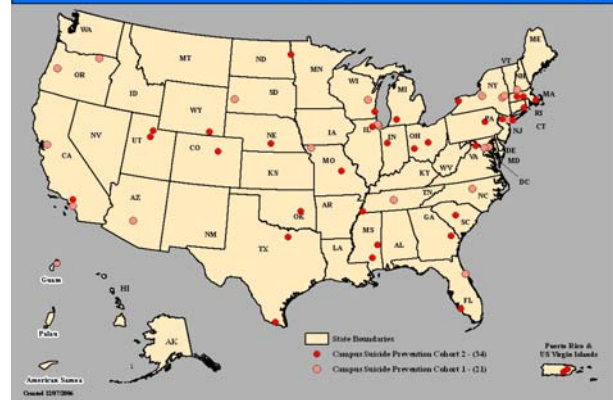
- Engagement in an attempt to affect a cultural shift in the psychological mindedness on campus.
- Creation of a *Suicide Prevention and Response Protocol* that has been adopted as a model by four additional campuses. This protocol aids staff and faculty in determining what to do if someone exhibits the warning signs of suicide.
- Gatekeeper training provided for all campus police officers as well as faculty and staff, with officers reporting its helpfulness when they are on call.
- Development of brochures and risk-assessment protocols for seven key minority populations – African American, Latino, Asian American, GLBT, people with physical disabilities, Muslim, and international students.
- As a result of one Program Director's personal visits with college deans and department heads, Gatekeeper training was scheduled for about 80% of the academic departments.

Number of Grants (55 total)

Cohort I (funded in FY05): 21

Cohort II (funded in FY06): 34

Substance Abuse and Mental Health Services Administration/Center for Mental Health Services
Campus Suicide Prevention Grantees (December 2006)



Garrett Lee Smith State/Tribal Suicide Prevention Grant Program

This program supports States, Tribes, and tribal organizations in developing and implementing youth suicide prevention and early intervention strategies involving public-private collaborations among youth-serving institutions. The 31 States and seven Tribes and tribal organizations that were awarded these grants implement suicide prevention activities in a diversity of settings, including schools, foster care, and juvenile justice.



Objectives

To increase the proportion of States and Tribes with comprehensive suicide prevention plans that:

- (a) coordinate across government agencies;
- (b) involve the private sector; and
- (c) support plan development, implementation, and evaluation in communities.

Population Served

Youth (ages 10-24) who are at risk for suicide or suicide attempts. Grantees may target specific high-risk populations if they wish.

Funding

- FY05 \$ 5.6 million
- FY06 \$14.4 million
- FY07 \$15.0 million

Grantees receive a maximum of \$400,000/yr for 3 yrs.

Authorizing Legislation

Section 520E of the Public Health Service Act, as amended

Program Activities

The primary program activities of this grant program are direct prevention services such as gatekeeper training, public awareness campaigns, engaging caregivers, voluntary screening of youth at risk for suicide, and followup with youth who have attempted suicide.

Program Outcomes

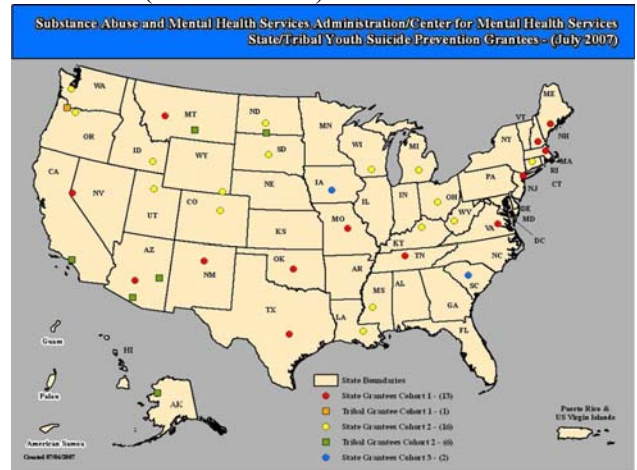
Cohort I grantees describe accomplishments in many areas, including the following:

- **Gatekeeper Training:** During its first 6 months, one grantee conducted 63 gatekeeper trainings, with nearly 1,600 participants. Their goal is to train more than 14,000 people, including staff in child welfare and juvenile justice, foster parents, educators, nurses in regional health departments, and college faculty and students.

- **Public Awareness Campaigns, Presentations, and Gatekeeper Trainings:** One grantee found that training requests increased by nearly 50%. Nearly 1,000 school and college personnel and 2,280 students and adults received gatekeeper training. Over 15,000 people attended suicide presentations at meetings of school boards, civic organizations, faith-based groups, etc.
- **School Projects:** The work of one grantee resulted in five schools developing collaborations with their local crisis agencies to participate in the project, which included the National Suicide Prevention Lifeline. Representatives from all five schools attended gatekeeper training.
- **Collaborations:** One grantee has developed a State Youth Suicide Prevention Task Force including representatives from six Tribal Nations, two Urban Indian Agencies, faith-based organizations, law enforcement, public health, schools, universities, substance abuse, lawyers, doctors, nurses, psychiatrists, psychologists, social workers, and survivors.

Number of Grants (38 total)

Cohort I (funded FY05)	14
Cohort II (funded FY06)	22
Cohort III (funded FY07)	2



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Historically Black Colleges and Universities National Resource Center (HBCU-NRC)

This program provides Federal financial assistance to support an innovative national resource center to network each of the 104 HBCUs around issues of behavioral health.



Description

- Establishes a National network among 104 HBCU institutions to facilitate collaboration
- Promotes culturally appropriate substance abuse and mental health treatment, and student health and wellness on HBCU campuses
- Facilitates the design of courses as well as undergraduate and graduate degree programs that are consistent with accreditation requirements and encourage student interest in careers related to substance abuse and mental health

Objectives

- Promote workforce development
- Enhance substance abuse and mental health curriculum development
- Expand student mental health promotion and substance abuse prevention and intervention strategies
- Broaden knowledge base, interest and exposure of students to evidence-based mental health and substance abuse initiatives.

Population Served

Students and faculty from HBCUs

Amount Allocated for Grant Award

- \$1.075 million in FY 2005
- \$1.075 in FY 2006
- \$995.388K in FY 2007

\$500K is set aside annually for the Dr. Lonnie E. Mitchell Substance Abuse and Mental Health Conference.

Authorizing Legislation

Program Authority: Sections 509 and 520A of the Public Health Service Act, as amended.

Services Provided

- Network management to coordinate the availability and access to resources for all 104 HBCU institutions
- Coordination of technical assistance efforts with SAMHSA's Addition Technology Transfer Centers, the Mental Health Information Network and other appropriate SAMHSA-funded activities
- Provision of targeted technical assistance
- Facilitate access to funding opportunities for service and program expansion
- Outreach and promotion activities and campus-based service capacity expansion with a primary focus on suicide prevention and culturally appropriate responses to trauma

- Planning and management of the annual Dr. Lonnie E. Mitchell Substance Abuse Conference
- Impact analysis of student participation in the Dr. Lonnie E. Mitchell Conference
- Dissemination of information about effective practices in behavioral health and promote career opportunities for HBCU students
- Maintenance of a database of HBCUs with substance abuse and mental health curricula, programs and faculty
- Benchmarking the development of substance abuse and mental health curricula and/or programs at HBCUs and related progress towards program accreditation

Program Outcomes

- Implemented the HBCU-NRC mini-grant program to promote suicide prevention and trauma/disaster response initiatives on 37 HBCU campuses with the following outcomes:
 - 80% sustained activities beyond Federal funding
 - 64% reported an increase in involvement in mental health initiatives on campus
 - 85% reported increased collaboration on mental health issues within or across schools
 - 79% reported an enhancement or increase in the delivery of mental health services to students
- Hosted the Dr. Lonnie E. Mitchell Substance Abuse and Mental Health Conference (LEM) through Morehouse School of Medicine; engaged approximately 1,000 students and faculty over the two years and 84 schools, with the following student feedback:
 - Increased interest in behavioral health careers
 - Skill enhancement
 - Expanded network of potential mentors and resources to assist with degree completion
- Implementation of curriculum development training initiatives for HBCU faculty and staff and students from 60 HBCUs, resulting in:
 - Increased implementation of on-line courses
 - Increased understanding of accreditation requirements and related options
- Facilitated CACREP accreditation "readiness" for all eligible HBCUs; resulting in one school receiving accreditation in 2007

Grants

Currently 1 active grantee as the national entity for all HBCUs: Morehouse University

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Homelessness Resource Center (HRC)

This center is comprised of an interactive community of providers, consumers, policymakers, researchers, and public agencies at federal, state, and local levels who share state-of-the art knowledge and promising practices to prevent and end homelessness.



Purpose

- Increase awareness, knowledge of resources, and capacity to help.
- Integrate and transform homelessness service systems.
- Access mainstream services for people experiencing homelessness.
- Support implementation of 10-Year Plans to End Homelessness.
- Support the uniqueness of Projects for Assistance in Transition from Homelessness (PATH) and its integration within HRC.
- Coordinate HRC activities with other federal efforts.

Objectives

- Assist the HPB in transforming existing systems of care to better address homelessness;
- Create a learning community between stakeholders that will foster an environment of change and stimulate service system improvement;
- Propose innovative solutions to promote the 10-year strategic plans developed by the States during recent Policy Academies to end Chronic Homelessness and to ensure the successful implementation of those plans.

Population Served

People affected by homelessness who have mental health conditions, substance use issues, and histories of trauma

Amount Allocated FY07 \$2,095,418

Authorizing Legislation

Part of the Fiscal Year 1991 reauthorization of the Stewart B. McKinney Homeless Assistance Act

Services Provided

- Convene a Steering Committee made up of public, private and consumer-based representatives to draft a strategic plan for the first three years of the HRC;
- Update and maintain a national database of literature in the field;
- Maintain a website on homelessness;

- Organize, provide logistic support and conduct annual PATH meetings and a biennial national training conference on homelessness;
- Provide TA for services and systems improvement;
- Develop curricula to support homeless services' workforce;
- Identify emerging individual and systems issues pertaining to people who are homeless and who have serious mental illness and substance use disorders;
- Synthesize existing knowledge and information and disseminate to the service providers, policy makers, and research communities;
- Assist States/Territories and local provider entities to adopt evidence based, exemplary, and promising practices and improve the effective implementation of the PATH program

Next Steps

- Disseminate a package of training materials on traumatic stress that include the following: 1) *Training of Trainers: Understanding Traumatic Stress*; 2) *Training of Trainers: Developing Trauma-Informed Services*; 3) *Training of Trainers for Psychiatrists: Understanding and Developing Trauma Informed Services*; and 4) *Checklist for Organizational Self-Assessment of Trauma Informed Care and a Companion Guide*.
- Develop the *Supporting Workforce Development* report, which will identify and categorize employment positions within the field and benchmark the knowledge, skills and behaviors relevant to each.
- Developing a *Manual on How to Involve Consumers in Homeless Programs and Services* by identifying, gathering and reviewing relevant material and literature on how homeless service providers involve consumers.
- Plan and conduct a series of intensive trainings in the Gulf Region, entitled *Promoting Wellness: An Integrated Approach to Service Delivery*.

Site

www.homeless.samhsa.gov

12 Center for Mental Health Services: Program Profile

Knowledge Application Program (KAP)

This program integrates science-based health communications, social marketing, and knowledge transfer activities into an evidence-based dissemination model that guides the production of innovative and effective products promoting adoption of evidence-based practices.



Purpose

- To develop innovative multi-media learning products aimed at improving adoption of evidence-based practices in behavioral healthcare, specifically in the Homeless Programs (HPB) and Community Support Program (CSP) Branches
- To stimulate the adoption of evidence based practices through the target audiences at the community and state level as states continue the planning process under SAMHSA's Mental Health State Incentive Grant Program.

Objective

Present information to target audiences through a range of media and learning approaches (must be specifically tailored to the particular needs of specialized audiences, and must be culturally relevant).

Population Served

service providers,, policymakers, advocacy groups, the media, consumers, and family members.

Amount Allocated FY 07: \$1,875,380.

Authorizing Legislation: N/A

Services Provided

- Review current HPB and CSP knowledge application products;
- Conduct focus groups/interviews to determine HPB/CSP communication and marketing goals;
- Assemble a planning team made up of representatives from existing HPB/CSP technical assistance and coordinating centers;
- Develop and pilot test new products; and
- Repackage and redistribute existing products in innovative ways.

Key Deliverables

- *The Homeless Programs' Transformation Action Guide*—an electronic version of a series of educational Issue Briefs and Fact Sheets for consumers and their families, providers, policymakers, administrators and advocates

- *The Transformation Through Partnerships: Systems Change to End Chronic Homelessness Package*— includes a DVD, Viewers Guides, and Principles Guide to Strategic Partnerships
- *The Community Support Programs' Transformation Action Guide*—a compendium of print products that present key findings from CSP multi-site studies along with evidenced based and promising practices for community mental health services.
- *Evidence-Based Practices KITs*—The Assertive Community Treatment KIT and Supported Employment KIT have been completed, and are awaiting final clearance from the SAMHSA Office of Communications. Additional KITs for Integrated Treatment of Co-Occurring Disorders, Illness Management and Recovery, and Family Psychoeducation are in progress

Electronic Learning Products, including

- Blueprint for Change, a web based e-learning tool for homeless and mental health service providers
- Older Adult CD-ROM based toolkit for mental health and aging service providers

Development and dissemination of information brochures, including:

- Supported Employment for Persons with Severe Mental Illness
- Co-Occurring Mental and Substance Abuse Disorders
- Evidence-Based Practices in Mental Health Services
- Jail Diversion Strategies for Persons with Serious Mental Illness
- Obtaining SSI/SSDI benefits
- Family Psychoeducation and Mental Illness
- Mental Health Services to the Aging Population
- Providing Mental Health Services in Rural Settings

Contractor

Westat

13 Center for Mental Health Services: Program Profile

Linking Adolescents at Risk for Suicide to Mental Health Services

This program evaluates existing voluntary school-based practices that focus on identifying high school youth at risk for suicide or suicide attempts, the processes by which these youth are referred to appropriate mental health treatment and/or other services, and the outcomes of these processes.



Objective

- To further develop and evaluate existing school-based suicide prevention programs
- To support voluntary early identification and referral of school-aged youth at risk for mental disorders and suicide
- To involve families through the process of identification, assessment, referral, and treatment

- Knowledge of the processes by which at-risk students are referred for treatment services, and the outcomes of those processes.

All activities undertaken in this grant program are developed with respect for the cultural background and ages of the adolescents and their parents, legal guardians, and other caregivers.

Population Served

High school youth who are at risk for suicide or suicide attempts

Lessons Learned from Cohort I Grantees

- It is important to build capacity for onsite mental health counseling while simultaneously increasing school staff awareness and their ability to make referrals.
- Building and maintaining relationships at the school and community levels are the foundations for the buy-in critical for program acceptability and success.
- Reaching out to parents directly, and carefully framing the benefits of services, is important to gaining parental understanding and consent.
- It is essential to build collaboration between the school district and diverse local mental health service providers to provide crisis evaluations for students.

Funding

- FY 05 \$1.8 million
- FY 06 \$1.8 million
- FY 07 \$1.8 million

Authorizing Legislation

Section 520A of the Public Health Service Act, as amended

Grantee Recipients

Local educational agencies, or nonprofit entities working in conjunction with local educational agencies, receive a maximum of \$250,000 per year for 3 years.

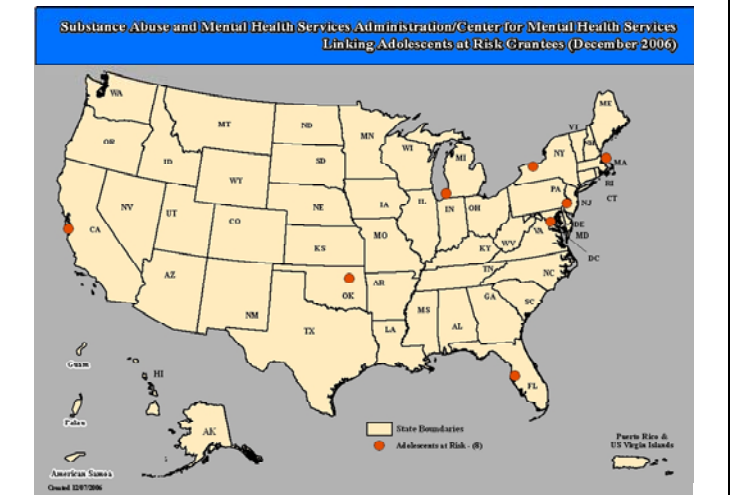
Number of Grants

8 grantees, originally funded in FY05

Program Activities

Grantees perform a number of data collection and evaluation activities that are expected to generate the following information:

- Identification of new evidence regarding school-based suicide prevention practices.
- Knowledge of organizational and contextual factors of the school that impact the success or failure of the practices being evaluated.
- Knowledge of effective activities for engaging parents/legal guardians/other caregivers in school-based suicide prevention activities.
- Knowledge of the various factors that influence parents'/legal guardians'/other caregivers' engagement, or lack thereof.





Mental Health HIV Services Collaborative (MHHSC) Program

This program supports service-based cooperative agreements that are a part of the broader HHS Minority AIDS Initiative that was launched in October 1999.

Description: The MHHSC grant program is designed to support the provision of culturally competent HIV/AIDS-related mental health treatment and case management services to persons in minority communities.

Population Served

- Individuals in minority communities who have HIV/AIDS and related mental health problems (with or without a formal DSM diagnosis)
- Persons who are included within the Individual Treatment Plan of the primary client (identified above)

Amount Allocated for Grant Awards

\$8.4 Million annually (16 grantees funded at approximately \$525K per year for up to 5 years)

Authorizing Legislation

Section 520(A) of the Public Health Service Act, as amended

Services Provided for Grant Sites

- Culturally and linguistically competent HIV/AIDS-related mental health services
- Mental health assessment, treatment, and support services that are provided in clinical venues and “non-traditional” culturally-defined settings (e.g. places of worship, markets, schools, cultural centers, or other places where people gather)
- Establishment/maintenance of Consumer Advisory Boards, representative of the target population, to offer meaningful guidance to project activities
- Linkages with other community providers who may serve the target population, such as substance abuse treatment centers, primary and specialty care clinicians, public health centers, and providers of Rapid Testing Case management services to coordinate the provision of comprehensive HIV/AIDS and related mental health care

- Psychiatry services with HIV/AIDS-related expertise, including evaluation, consultation, psychotherapy, and psychopharmacology

Program Highlights

- MHHSC addresses a key gap in the field; specifically, the lack of accessible, culturally competent mental health services for persons in minority communities living with HIV/AIDS.
- MHHSC serves to strengthen and expand the capacity of community-based entities to address the treatment needs of under-served individuals.
- Approximately 6,000 persons received mental health services through grants funded in the FY 2001-2005 MHHSC program cohort.
- All grantees form and/or expand Consumer Advisory Boards, contributing to consumer empowerment and the on-going development of culturally-competent practices within each site.
- Individual site evaluations provide a feedback mechanism for on-going improvement
- Cross-site evaluation gathers findings across all sites to inform the Program and the field of relevant lessons learned.

Number of Grants

- There are currently 16 MHHSC grant sites (FY 2006-2010)
- Twenty sites were funded from FY 2001-2005 in a previous iteration of the MHHSC program



15 Center for Mental Health Services: Program Profile

Mental Health Transformation State Incentive Grant (MHT SIG)

This program supports new and expanded planning and development to promote transformation to systems explicitly designed to foster recovery and meet the multiple needs of consumers.



Description

- Supports an array of infrastructure and service delivery improvement activities to help grantees build a solid foundation for delivering and sustaining effective mental health and related services.
- Supports new and expanded planning and development to promote transformation to systems explicitly designed to foster recovery and meet the multiple needs of consumers.
- Awarded to the Governor's office of each State.

- Complete a Needs Assessment and Inventory of Resources that collects service usage and availability information across State agencies as well as extensive public input and input from consumers, families, and youth.
- Convene a Transformation Working Group (TWG) that provides leadership for all Transformation activities. The TWG represents the most substantial vehicle for interagency, truly statewide collaboration that has been developed in the States around mental health issues.

Population Served

All those served by the immediate offices of the Chief Executive Officer in the States, Territories, the District of Columbia, and Federally-recognized American Indian/Alaska Native Tribes or Tribal Organizations

Key Outcomes, 2006

- *Public Funding Use:* New Mexico streamlined adult services in behavioral health to close gaps in uninsured care and create an opportunity to maximize Medicaid funding for mental health and substance abuse services
- *Technology:* Ohio launched a *Network of Care* website which is a highly interactive, single information site where consumers, community-based organizations, government workers and general citizens can all go to easily access health care information
- *Cultural Competence:* Oklahoma created a Tribal Mental Health Collaborative, in partnership with the a state-supported workgroup representing the 39 Federally recognized tribes, to influence the transformation activities by ensuring inclusion of Native American issues in all discussions.
- *New partnerships:* Texas used a formal RFA process to select eight Community Collaboratives where county or multi-county based agencies, consumers, and families have collaborate to provide, coordinate, and improve services at the local level.
- *Engaging Consumers as Partners:* Washington's Family and Consumer Evaluation Team works alongside evaluators from the State and university partners in collecting and analyzing MHSTIG data and as consultants to ensure quality. A mini-grant program has also been created to provide funds to local consumer groups to conduct evaluations.

Amount Allocated

There are currently 9 awards ranging from \$2.1 million to \$2.7 million per year. Applicants may request a project period of up to 5 years.

Authorizing Legislation

Section 520A of the Public Health Service Act, as amended, and subject to the availability of funds

Infrastructure Activities Supported

- Coordination, alignment, pooling, and/or braiding of funding streams and other strategies for addressing financing issues
- Development of interagency coordination and communications mechanisms
- Development or expansion of provider, consumer, and family networks
- Workforce development
- Strategic planning
- Policy formulation and implementation to support needed service system improvements
- Needs and resources assessment
- Communications/public awareness activities
- Data infrastructure development that complements SAMHSA/CMHS Data Infrastructure Grants

First Year Grantee Requirements

- Complete a Comprehensive Mental Health Plan (CMHP) that describes how the State will transform its mental health system over the course of the program. The CMHP is a road map for how transformation will occur in the States

Current Grantees

Connecticut, Hawaii, Maryland, Missouri, New Mexico, Ohio, Oklahoma, Texas, and Washington

16 Center for Mental Health Services: Program Profile

Minority Fellowship Program (MFP)

This program, in partnership with the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment, increases the knowledge of issues related to ethnic minority mental health and substance use disorders as well as improves the quality of mental health and substance abuse prevention and treatment delivered to ethnic minority populations.



Purpose

To provide stipends to doctoral level students in the fields represented by the eligible applicants to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental health/substance abuse services to underserved minority populations, especially within the public and private non-profit sectors.

Objectives

- To target training support to increase the pool of doctoral-level ethnic minority behavioral health professionals who are committed to improve services for ethnic minorities with mental and/or substance abuse disorders.
- To create a nucleus of ethnic minority behavioral health professionals who will provide leadership, consultation, training and services administration expertise to State and community agencies, primary care provider organizations and educational institutions for services delivered to ethnic minorities with mental and/or substance abuse disorders.
- To collaborate with national mental health/substance abuse prevention and treatment organizations to accomplish training support and to enhance interdisciplinary efforts to increase quality of care and access to mental health and substance abuse services for underserved ethnic minority communities.
- To ensure that training is consistent with the latest developments in the evolving behavioral health delivery and financing mechanisms; specifically, programs should work toward the goal to have all MFP Fellows well trained in both mental health and substance abuse.
- To expand evaluation of services in underserved ethnic minority persons with mental health and substance abuse issues.

Population Served

Individuals pursuing doctoral degrees in psychology, neuroscience, and other disciplines

Amount Allocated for Grant Awards

\$4.5 million in 2006; estimated for FY 07 \$4.2 million

Authorizing Legislation

Program Authority: Minority Fellowship Program grants are authorized under Section 520A of the Public Health Service Act, as amended Public Health Service Act

Services Provided

MFP provides stipends to doctoral level minority students

Program Outcomes

Since its start in 1973, the MFP has helped to support doctoral-level training of almost 1,000 ethnic minority psychiatrists, psychologists, psychiatric nurses, and social workers. These individuals often serve in key leadership positions in mental health and substance abuse direct services, services supervision, services research, training, and administration.

Number of Grants

Historically there have been four grantees annually. However, currently there are five grantees which are the following:

- American Psychological Association - Washington, DC
- American Nurses Association – Silver Spring, MD
- American Psychiatric Association – Arlington, VA
- Council on Social Work Education – Alexandria, VA
- American Association of Marriage & Family Therapy – Alexandria, VA (*New Grantee*)

17 Center for Mental Health Services: Program Profile

National Center for Trauma-Informed Care (NCTIC)

This program conducts consultation, education, outreach, free or low-cost trauma-informed care training and technical assistance, and expert speakers for mental health and human service publicly-funded programs/systems.



Description

- Tailors training and technical assistance to support organizations in taking this important step forward
- Provides implementation support and other related resources to assist with integrating trauma-informed concepts and trauma-specific interventions into agency or program management in a productive and sustainable manner

Population Settings

- State and Local Public Mental Health Service Systems
- Survivors and Consumers and respective Advocacy Organizations
- Collateral State and Local Public Service Systems

Amount Allocated

\$650,000 per year

Authorizing Legislation

504G of the 2002 Public Health Services Act

Technical Assistance and Training

- 3 CMHS Branch Trainings
- 12 CMHS Manager Trainings
- 24 State and Local Systems Trainings
- 18 Conference Presentations
- 10 Scheduled Trainings for April 2007

Services Provided

- Trauma Training and Technical Assistance—In order to facilitate trauma-informed services that support trauma survivors and the healing process, NCTIC offers free or low-cost trauma training and technical assistance to publicly-funded health and human service systems and programs in mental health, substance abuse, criminal justice, victim assistance, education, hospital, primary care, and other publicly-funded systems and programs.
- Education and Outreach—NCTIC raises awareness of the prevalence of trauma and the benefit of trauma-informed programs and services through education and outreach.

- Speakers Bureau—Talented experts and survivors are available to speak on this issue in conference speeches, workshop presentations, and media interviews.
- Resources—NCTIC shares state-of-the-art trauma-informed models for trauma-specific treatments and interventions, including topic papers and research, links, and other materials to help educate and foster a deeper understanding of the impact of trauma—and the benefits of providing trauma-informed care.

Major Accomplishments

- *Expanding* NCTIC's network of partners and contacts in the mental health and behavioral healthcare field through intensive outreach and collaboration
- *Increasing* awareness of the universality of trauma and the transformation of the mental health and behavioral healthcare field through technical assistance, consultation, trauma-informed care trainings, and outreach
- *Enhancing* the integration of consumer/survivors perspectives into the trauma-informed care movement and systems transformation through integration of survivor and consumer representatives into NCTIC management structure
- *Developing* assessment and referral approach for consultation, and building a NCTIC knowledge base of emerging best practices in the field
- *Building* the capacity of national, state and local experts, providers, policymakers, survivors, consumers, and advocates to be appropriately responsive to the needs of trauma survivors through technical assistance and outreach
- *Providing* technical assistance that builds upon the skills and knowledge of the mental health and behavioral health services field.

Contract

Abt Associates

18 Center for Mental Health Services: Program Profile

National Child Traumatic Stress Network (NCTSN)

The purpose of this program is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events.



Description

To address child trauma issues by creating a national network that works collaboratively to develop and promote effective community interventions for children, adolescents, and families exposed to a wide variety of traumatic events.

Structure

NCTSN is made up of three types of child trauma centers. The National Center for Child Traumatic Stress is a coordinating center providing leadership and focus on the key network collaborative activities. Treatment and Service Adaptation Centers develop, adapt, and disseminate trauma specific treatments for diverse populations. Community Treatment and Service Centers implement and evaluate trauma-focused treatment services in community settings.

Population Served

- Children, adolescents, and families who have experienced or witnessed traumatic events; 237,214 served since FY2002
- Community members and child-serving professionals (mental health, schools, child welfare, law enforcement, and other systems); 600,000 trained in 13,000 events since FY2002

Amount Allocated

\$29.4 million in FY2006

Authorizing Legislation

Children's Health Act of 2000, Title XXXI: Sec. 582d, PL 106-310 - OCT. 17, 2000

Key Accomplishments and Outcomes

- **Major Contributions to Trauma-Informed Interventions and Service Approaches.** Approximately 32 empirically supported treatments and promising practices have been developed, adapted, implemented, and/or disseminated throughout the Network.
- **Developed Trauma-Informed Products for Multiple Service System.** Nine collaborative workgroups developed, tested, and implemented products addressing medical trauma, refugee trauma, child welfare, domestic violence, disaster mental health, foster care, and traumatic grief.

- **Access to services and impact for FY2006.** 33,910 children, adolescents, and families served, and 34.8% of the children receiving ongoing treatment demonstrated *significant improvement* on standardized assessments on behavioral and emotional well-being .
- **Increased number of trauma-informed service providers and community members in FY2006.** 130,525 individuals trained on the treatment, assessment, and/or education of child traumatic stress in 3,083 training events across all grants, and 92% of child-serving professionals who participated in a survey reported implementing trauma-informed practices and services after receiving training.

Other Highlights

- Forms the largest mental health database of children and adolescents that have experienced trauma in existence with 5,263 clients.
- Network grantees responded to needs of children and families following Hurricane Katrina, 9/11 Attacks and other disaster events.
- One grantee screened 30,000 middle school students for violence exposure and is providing a trauma-focused intervention in 10 schools. Results indicate significant symptom reduction (64%↓ in PTSD and 47%↓ in depression) and improved grades.
- SC grantee developed an innovative web-based trauma-focused clinical training program accessed by over 12,000 providers to date.

Number of Grants

- 45 active grantees; 86 grantees since FY2001
- Alumni grantees are able to remain active in the Network, expanding its reach.



19 Center for Mental Health Services: Program Profile

National Co-Occurring Disorders Prevention and Treatment Cross-Training Center for Excellence (COCE)

This center fosters improvement in treatment and services to individuals with co-occurring mental and substance abuse disorders through the provision of various activities to service systems and providers, governmental entities, institutions, and consumers and families. In partnership with the Center for Substance Abuse Treatment.



Objectives

- To synthesize and transmit advances in treatment for all levels of COD severity
- To guide enhancements in the infrastructure and clinical capacities of service systems
- To foster the infusion and adoption of evidence- and consensus-based COD treatment and program innovations into clinical practice.

technical assistance and crosstraining, and also serves as a tool for knowledge transfer.

- *National and regional meetings* that focus on state-of-the-art COD best practices and clinical interventions.
- *National Steering Council* for expert guidance on the overall approach and services of COCE.

Population Served

Co-Occurring Disorder service system, with emphasis on COSIG and Policy Academy States

Key Outcomes, 2006

- Received and screened 237 technical assistance requests;
- Developed eight Overview Papers on co-occurring disorders:
 1. *Definition and Terms Relating to Co-Occurring Disorders,*
 2. *Screening, Assessment, and Treatment Planning for Persons with Co-Occurring Disorders,*
 3. *Overarching Principles to Address the Needs of Persons with Co-Occurring Disorders,*
 4. *Addressing Co-Occurring Disorders in Non-Traditional Service Settings,*
 5. *Understanding Evidence-Based Practices for Co-Occurring Disorders,*
 6. *Services Integration for Persons with Co-Occurring Disorders,*
 7. *Systems Integration Relevant to Co-Occurring Disorders,*
 8. *The Epidemiology of Co-Occurring Substance Abuse and Mental Disorders.*
- Organized and conducted annual meeting of COSIG grantees.
- Conducted 27 COSIG workgroup conference calls on the topics of management of change, treatment planning and approaches, sustainability, cultural competency, and financing.
- Had 2 million hits on the COCE website (www.coce.samhsa.gov)
- Expanded Learning Community, peer-to-peer consultation, across both COSIG and non-COSIG states. Expanded list-serve and communication vehicle between grantees and between states on issues related to co-occurring disorders.

Amount Allocated

Contract award: \$2.5 million in FY 2007

Authorizing Legislation

This does not have authorization legislation separate from SAMHSA's contract authority.

Services Provided

- *Technical assistance and cross-training* to service providers to develop their infrastructure and enhance their clinical capacity to provide effective COD services.
- *State-of-the-art materials on COD* to support and enhance adoption of evidence and consensus-based practices. Materials include overview papers, technical reports, literature reviews, fact sheets, brochures, monographs, topical program briefs, annual newsletters, and training curricula.
- *Pilot evaluation* of the Co-Occurring Measures of Performance (COMPS, formerly known as Performance Partnership Grant [PPG] measures) in State Incentive Grants for Treatment of Persons with Co-Occurring Substance Related and Mental Disorders (COSIG), Data Incentive Grants (DIG), and State Data Infrastructure (SDI) grants.
- *The COCE Web site* (www.coce.samhsa.gov), which contains the information resources of COCE on all aspects of COD, highlights innovative programs, and alerts the field to new information, funding opportunities, and relevant meetings. The Web site supports those who seek

20 Center for Mental Health Services: Program Profile

National GAINS Center (for Systemic Change for Justice-Involved Persons with Mental Illness)

This program expands access to community based services for adults diagnosed with co-occurring mental illness and substance use disorders at all points of contact with the justice system.



Description

- Increases the awareness of and response to the presence of individuals with co-occurring mental and substance use disorders in the criminal justice system.
- Serves as a technical assistance center devoted to assisting communities to develop strategies to improve opportunities for recovery and improve system response for this group of individuals.

G—Gathering information

A—Assessing what works

I—Interpreting/integrating the facts

N—Networking

S—Stimulating change

Population Served

Communities developing responses for justice-involved individuals with mental illness and co-occurring substance abuse and histories of trauma.

Amount Allocated

\$675,000 for FY07

Authorizing Legislation

Section 520G of 2002 Public Health Services Act

Services Provided

- Technical assistance including coordination on-site technical assistance, expert consultation, trainings, telephone consultations, and web applications.
- Convening of expert panel meetings and workshops.
- Development of knowledge briefs and guidelines for front line practitioners, consumers, and policy makers.

Key Accomplishments

- Delivered Criminal Justice Planning Workshops to grantees of the CMHS Mental Health Transformation State Incentive Grant Initiative.
- Developed the Serious and Violent Offender Reentry Initiative Matrix that assesses and documents the extent to which evidenced-based practices have been implemented with this population in the grantee states.

- Developed a HIPAA Fact Sheet (Health Information Portability and Accountability Act).
- Fostered collaborations with national organizations and associations designed to increase their awareness and attention to the use of evidenced-based practices. Six Evidenced-Based Expert Panel Assessment Meetings were convened: “Assertive Community Treatment, Housing, Trauma, Supported Employment, Illness Self-Management and Recovery, and Integrated Treatment.”
- Developed the “After the Crisis” Initiative, which highlighted the traumatic impact of Hurricanes Katrina and Rita for people with histories of mental illness and trauma in communities all along the Gulf Coast
- Convened “Men and Trauma” expert panel
- Brought together experts in the fields of criminal justice, mental health and substance abuse with policymakers, treatment service providers, law enforcement and corrections officers, judges and court personnel and consumers and family members at the Bi-Annual GAINS Center Conferences. In 2006, 1080 registrants attended the Boston conference.
- Convened the Forensic Peer Specialist meeting
- Developed the Consumer Perspectives Exhibit “In Our Own Words: Our Experiences with Mental Illness in the Criminal Justice System.”
- Developed the Assess, Plan, Identify and Coordinate (APIC) Model for transition planning instituted in the Alaska prison system, in Shelby County TN, and in Mercer County, NJ.
- Developed the GAINS Re-Entry Checklist (distributed 4,500), a product of the APIC transition planning initiative. The checklist was piloted in 4 jails in NY and MD.
- Disseminated the Brief Jail Mental Health Screen. Currently in use by a number of TCE Jail Diversion programs and by jails throughout the U.S.
- Developed the SPECTRM Fact Sheet (Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management).
- Maintain the Center’s listserv, which has approximately 6,000 subscribers and disseminates a monthly E-Newsletter.

21 Center for Mental Health Services: Program Profile

National Suicide Prevention Lifeline (1-800-273-TALK)

This service is a system of toll-free telephone numbers that routes calls from anywhere in the United States to a network of more than 120 certified crisis centers that can link callers to local emergency, mental health, and social service resources. The technology permits calls to be directed immediately to a suicide prevention worker who is geographically closest to the caller.



Objectives

- To increase and improve access to crisis programs
- To improve client follow-through with intervention plans
- To encourage a consistent and clinically-accepted approach to interventions by hotline workers
- To use response protocols and data collection standards to permit the evaluation of client- and community-centered outcomes that have not been previously pursued

Population Served

- General public, but primary target population is people at high risk for suicidal behaviors.
- Suicide attempt survivors
- People concerned about a loved one who is at risk for suicide
- Veterans
- Native Americans/Alaska Natives
- Spanish speakers, through Lifeline's sub-network

Funding

FY05 \$2.2 million
 FY06 \$2.2 million
 FY07 \$2.8 million (new award for 5 years)

Authorizing Legislation

Section 520A of the Public Health Service Act, as amended

Services

- Maintains a network that technologically links crisis centers to toll-free suicide prevention lines.
- Encourages qualified crisis centers to join the network, especially hotlines in underserved areas that serve populations at high risk for suicide.
- Increases the number of crisis hotlines that are (1) certified in suicide prevention by a recognized body or agency and (2) able to meet Lifeline's clinical standards in suicide risk assessment.

Program Outcomes

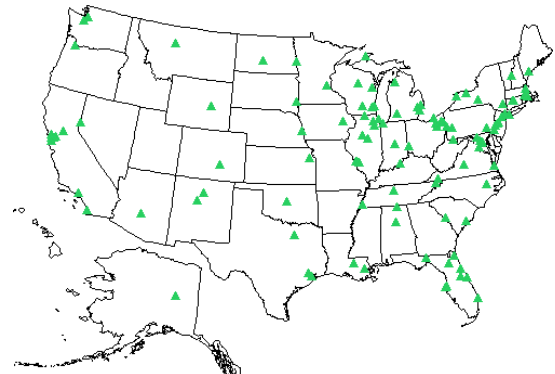
- Responded to an average of 36,958 calls per month in the second quarter of 2007 (412 percent increase from the same time period in 2006).

Recent Accomplishments and Ongoing Activities

- Collaborated with a team from Columbia and Rutgers universities to evaluate hotline services. The results were published in the June 2007 issue of the peer-reviewed American Association of Suicidology journal.
- Based on the results of this research and in collaboration with a group of international experts, developed Suicide Risk Assessment Standards for crisis centers to ensure proper identification and risk assessment of suicidal callers. 100 percent of the crisis centers are implementing the standards.
- Developed a partnership with the American College of Emergency Physicians to distribute consensus suicide warning signs and materials for suicide attempt survivors and their families to 5,000+ emergency departments across the country.
- Facilitated a 1-day roundtable discussion with suicide attempt survivors to gain information about the most effective methods to reach and serve them.
- Collaborated with social networking websites in promoting Lifeline among younger populations.
- Developed and disseminated educational materials to raise awareness of suicide prevention and to promote Lifeline nationally, including 500,000 wallet cards with Suicide Warning Signs.
- Partnered with the Department of Veterans Affairs to use 273-TALK to link veterans to a specialized veterans call center and to more than 150 Suicide Prevention Coordinators at VA Centers across the country. Approximately 100 callers use the service each day.

Number of Networked Crisis Centers

120 crisis centers



22 Center for Mental Health Services: Program Profile

National Technical Assistance Center for Children's Mental Health



This program provides training and technical assistance to build comprehensive and effective community service delivery systems, or systems of care, for children and youth with or at risk of serious emotional disorders and/or substance abuse, and their families.

Objective

To promote and assist the transformation of child and family mental health and substance abuse service delivery systems into effective systems of care that are community based, coordinated across agencies and sectors, family driven, culturally and linguistically competent, and grounded in evidence-based practices

National Audience

- State, territory, tribal, community, and family organization administrators and service providers
- Child and Adolescent State Infrastructure Grant and Child Mental Health Initiative grantees
- State child mental health directors

Amount Allocated—2006 Cooperative Agreement

- \$2.5 million in Child Mental Health Initiative grant program funding
- \$1 million in Programs of National Significance

Authorizing Legislation

Part E of Title V, Section 561 et. seq., of the Public Health Service Act, as amended, subject to available funds

Training and Technical Assistance Provided

Examples include:

- *National Training Institutes*—National best practices conference on implementing systems of care, drawing over 2,100 people.
- *Transformation Facilitation*—Individual, ongoing support is provided for ten state child mental health directors on implementing their transformation agendas.
- *National Policy Academies*—Opportunities for five high-level cross agency delegations (35 people) to work intensively on designing and implementing policy and practice reforms.
- *Primer Hands On: Systems Of Care Training For Leaders*—Teaches the components of building effective systems of care (30 people per training), in English and Spanish
- *TA For State Infrastructure Grantees*—Assists seven SIG grantees to improve service systems for youth with co-occurring mental health and substance abuse disorders.
- *National Conference Call Series*—Provides information on national trends and promising approaches to state and local policy makers, administrators, family members, and providers

- *National Pre-Institutes On Cultural And Linguistic Competence And Addressing Disparities*—Brings together 160 leaders to facilitate transformation of mental health and substance abuse services for culturally and linguistically diverse populations.
- *Building Early Childhood Systems Of Care*—TA and training on program development and practice is provided to SAMHSA funded Comprehensive Community Systems of Care grant sites focusing on early childhood services and supports.
- *Federal National Partnership (NFP)*—Provides support and management for the SAMHSA NFP to implement recommendations of the President's New Freedom Commission on Mental Health.
- *Center Publications and Web Resource Data Bases*—Provides new knowledge to the child mental health field.

Program Outcomes

- *National Training Institutes 2006*: 450 Respondents rated measures of quality of learning at 4.3 to 4.5 on a scale of 5.
- *Transformation Facilitation*:
 - IN and FL are implementing family partnership initiatives
 - NH is engaging residential and community providers in a care coordination initiative to reduce out-of state care
 - MD and VT are developing cross agency early childhood mental health initiatives
- *Primer Hands On System of Care Training 2003-6*: Respondents rated the quality and usefulness of training as 4.2 to 4.5 on a scale of 5
- *State Infrastructure Grant Program*:
 - All sites have implemented effective governance boards
 - GA and SC have integrated management of SAMHSA SIG and SAC grants
 - NV, UT and NE have implemented workforce training across mental health and substance abuse providers
- *Policy Academies*:
 - Guam passed legislation setting up local systems of care.
 - IN implemented a standardized screening instrument across mental health and child welfare
 - NJ designed and implemented its public/private managed care partnership
 - LA implemented 13 early childhood mental health early identification and intervention pilot projects
 - Provided training and technical assistance to over 4,000 individuals in 2007

23 Center for Mental Health Services: Program Profile

National Technical Assistance Centers on Consumer/Peer-Run Programs



These technical assistance centers (TACs) foster consumer/peer-run programs by maximizing consumer self-determination and recovery, and assists people with serious mental illness to decrease their dependence on expensive social services and avoid hospitalization.

Objective

To support the work of CMHS to transform the mental health system through changes that help adults with severe mental illness recover and live independently and productively in the community

Description

- Promote skills development for consumers with an emphasis on leadership, business and management;
- Strengthen consumer organizations and leadership in communities;
- Improve collaboration among consumers, families, advocates, providers, administrators, including building coalitions to transform community mental health services and supports;
- Increase the opportunities for knowledge application and field-based skill building of self-management/self-help approaches;
- Increase consumer participation in all aspects of mental health system transformation, including: planning, development, evaluation and policy formation; and
- Provide opportunities for meaningful paid employment.

Population Served

Individuals with serious mental illnesses with an emphasis on diverse populations.

Amount Allocated

In FY2004, five TACs were awarded \$350,000 each for three years. In addition, each of the Consumer TACs alternates the hosting of the annual Alternatives Consumer Conference each year and receives \$150,000 to support the Conference. The total amount for the program is \$1.9 million each year.

Authorizing Legislation

Part E of Title V, Section 561 et. seq., of the Public Health Service Act, as amended and subject to the availability of funds

Outcome Data

Findings from an external evaluation of TACs:

- 1,113 individuals contacted the TACs in one month and made 1,586 requests for technical assistance. TACs users made 1,964 topical requests, of which 54.5% were about clinical issues.
- Of the 329 organizations who requested technical assistance, 21.0% were from consumer run organizations or groups, 17.0% were from NAMI or NMHA affiliates, 12.8% from state, county or local mental health authorities, 11.6% from provider organizations, and 11.2% were from academic institutions.
- 43% of the individual requests for technical assistance were from consumers; 22% were from family members.

Key Program Accomplishments

- Developed self-care self-management training materials being used to work with serious and difficult to treat consumers;
- Created access to numerous articles, books, audio/videotapes/DVDs on self-care and self-management via mail, and websites;
- Developed peer specialist materials and increasing awareness of reimbursement for peer specialists;
- Assisted states with crafting job descriptions as part of the development of peer specialist initiatives and worked with several community colleges to create certificates in peer support;
- Conducted workshops and developed materials on establishing a 501c3, fundraising, capacity building;
- Translated resources and publications reviewed for cultural competence, developed and conducted bilingual trainings, provided assistance to monolingual Spanish speakers in finding peer and family support groups and collaborated to create skill-development workshops for Latino peer providers; and
- Provided assistance to board members of the National Latino Behavioral Health Association on engaging Latino consumers.

24 Center for Mental Health Services: Program Profile

Native Aspirations

This program is a training and technical assistance project that helps Tribal communities mobilize existing social and educational resources to develop and implement comprehensive and collaborative community-based prevention plans to reduce violence, bullying, and suicide among American Indian/Alaska Native youth.



Purpose

To enhance pro-social and help-seeking behaviors among Native youth and their families, increasing protective factors, and decreasing risk factors that contribute to youth violence, bullying, and suicide.

Population Served

Children, youth, and their families living on tribal reservations and in Alaska Native villages.

Funding

FY 05: \$1.0 million
 FY 06: \$ 795,000
 FY 07: \$ 2.2 million
Total: \$ 4 million/24 communities

Contractor

Kauffman & Associates, Inc., Spokane, WA

Community Selection

Native Aspirations develops a list of high risk sites from statistics for poverty, suicide, homicide, and motor vehicle accidents among youth. From that list, behavioral health experts from the Indian Health Service, Bureau of Indian Affairs, and State programs identify communities with highest need. Communities are then invited to participate.

Services Provided

For each of its communities, Native Aspirations:

- Conducts an introductory site visit to discuss the project's benefits, obligations, and activities and to provide assistance in the establishment of a project oversight panel.
- Offers to conduct an on-site Gathering of Native Americans (GONA). By providing a safe place to share, heal, and plan for action, the GONA offers hope and a positive start to communities.
- Offers to conduct a Youth Visioning event to garner youth input and involvement in the planning and community building process.
- Provides financial support, including the costs of bringing evidence/practice/cultural-based interventions and consultation to the communities.

- Conducts an on-site Community Mobilization and Planning (CMP) event with as many stakeholders as possible, including Tribal leaders, elders, youth, key service providers, and representatives of local schools, healthcare facilities, law enforcement, and social service agencies. The CMP enhances cross-collaboration with IHS, State, and National efforts, as well as prevention efforts within the community.
- Provides ongoing technical assistance to facilitate the communities' implementation of their CMP.

Communities participate by:

- Establishing an oversight panel to oversee the planning, implementation, and evaluation of the project.
- Passing a Tribal/Village resolution or executive order of support.
- Naming a lead contact person and lead agency.
- Providing infrastructure to support the project.
- Facilitating cross-agency collaboration and coordination of resources.
- Developing or enhancing a written plan for youth violence, bullying, and suicide prevention.
- Engaging in the Native Aspirations evaluation.
- Initiating activities that further community and program goals (e.g., Alakanuk youth and elders organized weekly Yup'ik culture and language classes).

Number of Sites

15 (9 more to be selected this fiscal year)



Partnerships for Youth Transition (PYT) Initiative

This program, in collaboration with the Department of Education, funds cooperative agreements to develop, implement, stabilize, and document models of comprehensive programs to help support youth with serious emotional disturbances (SED) or serious mental illnesses (SMI) as they enter the period of emerging adulthood.



Objective

To address the paucity of transitional assistance for overcoming unemployment, homelessness, substance abuse, unplanned pregnancies, arrests and incarceration, and to dropping out of secondary school

Population Served

Youth age 14-25

Amount Allocated

\$2.3 million for each of four years

Authorizing Legislation

Section 520A of the Public Health Service Act, as amended

Supports and Services

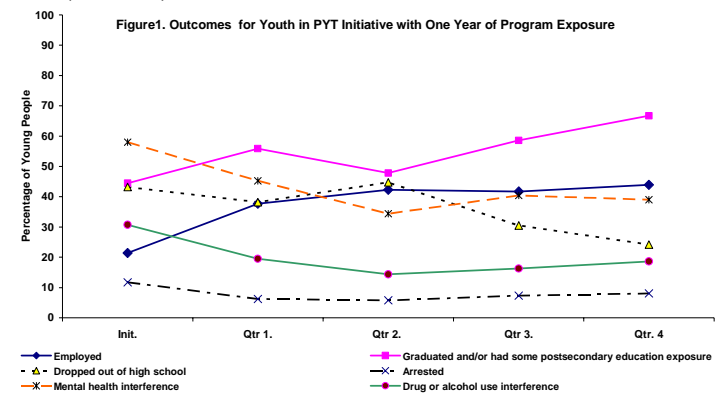
- Engage young people through relationship development, person-centered planning, and a focus on their futures.
- Tailor services & supports to be accessible, coordinated, developmentally appropriate, and build on strengths to enable the young people to pursue their goals across all transition domains.
- Acknowledge and develop personal choice and social responsibility with young people.
- Ensure a safety net of support by involving a young person's parent, family members, and other informal and formal key players.
- Enhance young person's competencies to assist them in achieving greater self-sufficiency and confidence.
- Maintain an outcome focus in the Transition system at the young person, program, and community levels.
- Involve young people, parents, and other community partners in the Transition system at the practice, program, and community levels

Alternate Funding

Technical Assistance was funded by the Annie E. Casey Foundation and the Jim Casey Youth Opportunities Initiative through a grant to the University of South Florida

Key Outcomes

- Each site identified specific issues that will be addressed while developing, implementing, and improving transition services for young people in their area.
- Young people with SED/SMI who were enrolled in a PYT program for at least one year showed positive movement in their transition to adult roles (N=194).

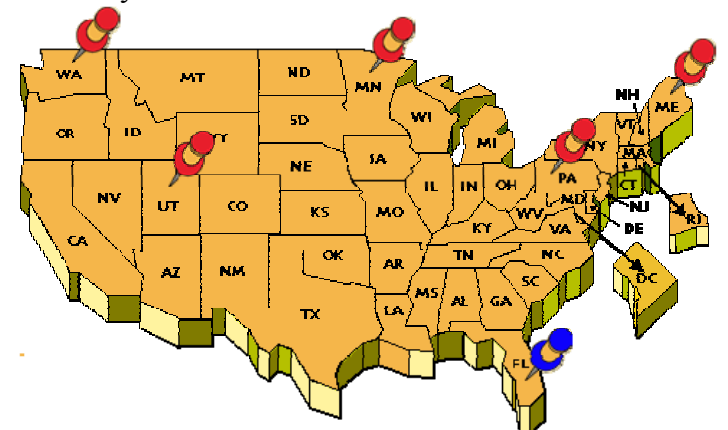


As is evident from Figure 1, the aggregate findings for these young people illustrate a positive trend in the proportion of young people involved across each of the progress indicators.

- Observed trends for most of the progress indicators from the initial assessment through the final quarter of the first year were statistically significant, except for the progress indicator (f) - Arrested.

Number of Grants

Currently 5 active sites



26 Center for Mental Health Services: Program Profile

Project for Assistance in Transition for Homelessness (PATH)

This program provides services to persons with serious mental illness who are homeless or at risk of becoming homeless. The program funds community-based outreach, mental health, substance use, case management and other support services.



Description

- The PATH program is designed to support the delivery of eligible services to persons who are homeless and have serious mental illness, with a particular emphasis on persons most in need of services and on services which are not supported by mainstream mental health programs
- PATH funds are distributed to States and Territories. Through contracts with local public and non-profit organizations, the funds are used to provide the variety of services specified under PATH legislation

Population Served

Individuals with serious mental illnesses, and those with co-occurring substance abuse disorders, who are homeless or at imminent risk of becoming homeless.

Amount Allocated

FY 2007—\$52 million

The formula is based on the urban population in the jurisdiction compared to the total U.S. urban population, with minimum grants of \$300,000 per year to each State. (\$50,000 to the Tribal territories)

Authorizing Legislation

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 authorized a Federal grant program, now included as Section 521 et seq. of the Public Health Service Act

Services Provided

- outreach services,
- screening and diagnostic services,
- habilitation and rehabilitation services,
- community mental health services,
- alcohol or drug treatment services (for people with mental illnesses and co-occurring substance use disorders),
- case management services,
- supervisory services in residential settings and
- limited set of housing services and services to help clients access housing resources, and
- technical assistance

Virtually all PATH-funded agencies use PATH funds to provide outreach services to contact and engage

people who are homeless and case management to link people to housing and services.

Technical Assistance (TA) Provided

- Transformational Intensive/Implementation TA—on-site consultation and training, typically includes 1-2 day training and follow-up
- Training site visits—1-2 day onsite training
- Series of teleconference and online learning tools
- State PATH Contact TA—assistance in PATH administration
 - administering PATH
 - planning services under PATH
 - integrating PATH into state plans on homelessness or mental health services
 - data collection and outcome reporting
 - site monitoring
 - consumer participation
 - social marketing of PATH programs
 - collaborations with other agencies

Program Outcomes

- In FY 2006, PATH funded outreach to 148,109 individuals and enrolled 86,945 into services
 - Male clients: 61%
 - Caucasian clients: 61%
 - African American clients: 35%
 - Hispanic clients: 9%
 - Between ages of 18 to 64: 94%
 - Percentage of persons enrolled: 40%
 - Persons who were literally homeless: 54%
 - Persons receiving community mental health services: 54%
- Among clients for whom a diagnosis was reported:
- 31 percent had schizophrenia and other psychotic disorders
 - 38 percent had affective disorders such as depression.
 - 57 percent had a substance use disorder in addition to a serious mental illness.

Grantees

Funds the 50 States, District of Columbia, Puerto Rico, and four U.S. Territories

- For activities in FY 2006, States engaged 482 local organizations in the provision of services

27 Center for Mental Health Services: Program Profile

Protection and Advocacy for Individuals with Mental Illness (PAIMI)



This program protects and advocates for the rights of people with significant mental illness (adults) and emotional impairment (children and youth) who are at risk for, or in danger of, abuse, neglect, or rights violations while residing in a public or private care treatment facility.

Purpose

- To extend the protections of the Developmental Disabilities Assistance and Bill of Rights Act of 1975 to individuals with significant mental illness (SMI)
- To provide formula grant funds to the same governor-designated, public or private non-profit, protection and advocacy (P&A) systems to support legal-based advocacy and protection activities.

Objectives

- To pursue administrative, legal, systemic and legislative activities, or other appropriate remedies to redress complaints of abuse, neglect, and civil rights violations;
- To ensure enforcement of the United States Constitution, Federal laws and regulations, and State statutes; and
- To investigate incidents of abuse and neglect of individuals with mental illness if the incidents are reported to the system or if there is probable cause to believe that such incidents occurred.

Population Served

Individuals eligible for PAIMI:

- Are diagnosed with a SMI or emotional impairment, as determined by a mental health professional qualified under the laws and regulations of the State; and
- Are inpatients or residents in public or private residential facilities that provide care or treatment to individuals with mental illness; and
- Were abused, neglected, or had their rights violated, or were in danger of abuse, neglect, or rights violations, while receiving care or treatment in a public or private residential facility.

Amount Allocated

\$34 million in FY 2007

Authorizing Legislation

The Protection and Advocacy for Individuals with Mental Illness Act of 1986, as amended in October 2000 [42 U.S.C. 10801 *et seq.*].

Services Provided

Each State P&A system is different and the services offered to State PAIMI eligible residents will vary due to resource limitations and consumer needs. The activities and services of each P&A are established annually by its Governing Board with the advice and recommendations from its PAIMI Advisory Council, which is chaired by a mental health consumer or a family member of a consumer (child), and composed of former recipients of mental health services, an attorney, service providers, and persons knowledgeable of mental health issues.

Key Outcomes

- Is the largest and most-wide ranging program that provides protection and advocacy for individuals with SMI
- Has congressional authority to access public and private treatment and care facilities, clients residing in these facilities and their records when investigating incidents of abuse (including serious injuries or deaths related to the use of seclusion and restraint), neglect or rights violations.
- Can provide services to individuals with serious mental illness who reside in the community only if the total PAIMI allotment exceeds \$30 million or more and service priority must be given to individuals in institutions

OMB concluded in its findings report that: the PAIMI Program served a clear need to protect the estimated 17 million individuals with mental illness from abuse, neglect, and rights violations; that the program is only limited by the uneven cooperation from the States and that its data collection activities demonstrated improved outcomes.

Grants Provided

57 PAIMI Programs including:

- each State
- the District of Columbia
- 6 jurisdictions - American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the U.S. Virgin Islands, and the American Indian Consortium (Navajo and Hopi Nations in the Southwest).



Safe Schools/Healthy Students Initiative (SS/HS)

This program provides Federal financial assistance to LEAs (local education agencies) to implement an integrated, comprehensive community-wide plan designed to create safe and drug-free schools and promote pro-social skills and healthy development in children and youth.

Objective

To create safe and drug-free schools and promote pro-social skills and healthy development in children and youth.

Population Served

- Students in PreK-Grade 12.
- Served over 70,000 children and families

Amount Allocated for Grant Awards

- \$68.8 million in 2006; estimated for FY 07 \$67.7 million

Authorizing Legislation

Program Authority: Safe and Drug-Free Schools and Communities Act (20 U.S.C. 7131); Public Health Service Act (42 U.S.C. 290aa); and Juvenile Justice and Delinquency Prevention Act (42 U.S.C. 5614(b)(4)(e) and 5781 et seq.)

Services Provided

Planned services must respond to all of the following six elements:

- Safe school environment;
- Alcohol and other drugs and violence prevention and early intervention programs;
- School and community mental health preventive and treatment intervention services;
- Early childhood psychosocial and emotional development services;
- Supporting and connecting schools and communities;
- Safe school policies.

Program Outcomes

These outcomes are preliminary results from the initial Cross-Site Evaluation of the 1999, 2000, and 2001 cohorts.

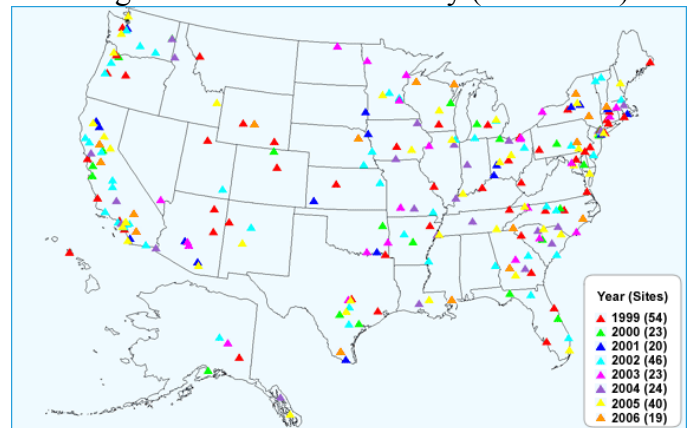
- In elementary schools, principals reported a 33% reduction in current year total tobacco infractions and a 36% reduction in total alcohol infractions (per 100 students).
- In elementary schools, teachers reported a 5% reduction in classroom bullying, an 8% reduction in classroom fighting, an 11% reduction in being

verbally abused by a student, and a 21% reduction in feeling threatened by a student.

- In elementary schools, teachers reported a 6% increase in classroom orderliness, a 5% increase in students' ability to cope with conflict and a 5% increase in a feeling of community in school.
- In middle and high schools students reported decreases in: perceived approval of close friends' substance use (-4% middle school / -4% high school); any alcohol use past 30 days (-11% middle school -10% / high school); any tobacco use past 30 days (-16% middle school / -13% high school); cigarette use on school property past 30 days (-19% middle / high school); and cigarettes sold on school property (-14% middle school / -10% high school).
- In middle and high schools, students reported decreases in: violence victimization [bullying/fighting] (-5% middle school / -7% high school); and violence witnessing [bullying/fighting] (-6% middle school / -5% high school).
- In middle and high schools, fewer students reported feeling unsafe at school (-7% middle school / -6% high school), while more students reported a feeling of community in school (up 3% middle school / up 1% high school).

Number of Grants

- Currently 116 active grantee school districts
- 249 grantees across the country (since 1999)



State Mental Health Data Infrastructure Grants for Quality Improvement



The purpose of this program is to implement and strengthen the annual collection of the Uniform Reporting System measures which include the National Outcome Measures, and to fund State Mental Health authorities to improve State and local data infrastructure for reporting and planning.

Objective

- To enable States to develop the infrastructure needed to report uniform data, including the National Outcome Measures, across State Mental Health Agencies and local agencies.
- To address data reporting for the Community Mental Health Services Block Grants.

Population Served

- Consumers reported are persons served within the purview of State Mental Health Agencies.
- Number of consumers reported in 2006 in 50 States, the District of Columbia, and 8 U.S. Territories: 5,979,379

Amount Allocated

- Annually (for up to three years), up to \$142,200 for States, and up to \$71,100 for U.S. Territories.
- Total Annual FY 2007 Funding: \$7,184,876

Authorizing Legislation

Sections 520A and 1971 (42 U.S.C. 300y) of the Public Health Service Act, as Amended.

Measures Reported in FY 2006

- Overall utilization rate for the total U.S. for persons served is 19.88 persons per 1,000 population
- State hospital utilization rate for the total U.S. is 0.59 per 1,000 population
- Employment Status, national average: 22%
- Adult consumers reporting positive outcomes on mental health services received: 71%
- State Hospital readmissions within 30 days: 9.1%
- State Hospital readmissions within 180 days: 19.3%.
- Consumers' living situation, private residence: 79.5%

- Consumers' living situation, jails and prisons: 2.4%
- Consumers' living situation, homeless populations: 2.9%
- 85 % of consumers were positive about access to services
- 87% of consumers were positive about quality and appropriateness of services
- 88% of consumers were generally satisfied with services provided

Program Outcomes, 2006

- State Grantees report annually on 21 Uniform Reporting System performance measures on state public health mental health services in most States and U.S. Territories.
- State Grantees report annually on most of the ten SAMHSA National Outcome Measures that demonstrate progress in recovery for consumers served.
- 80% States Reported on National Outcome Measures for FY 2006.

Number of Grants in FY 2007

Total: 55 grantees (49 States and 6 US Territories)





Statewide Consumer Network Grant

This program is designed to enhance State capacity and infrastructure to be consumer-centered and targeted toward recovery and resiliency, and consumer-driven by promoting the use of consumers as agents of transformation.

Description

- Works towards ensuring that consumers are the catalysts for transforming the mental health and related systems in their State by strengthening coalitions among consumers, policymakers and service providers
- Builds on the Federal Community Support Program, which promotes the development of systems of care which helps adults with serious mental illness recover, live independently and productively in the community, and avoid inappropriate use of inpatient services.

Population Served

Adult Consumers with Mental illness

Amount Allocated

- Approximately \$1.3 million a year for three years in FY 2004
- Estimated \$1.7 million in FY 2007

Authorizing Legislation

Section 520A of the Public Health Service Act, as amended.

Services Provided

- strengthen organizational relationships;
- promote skill development with an emphasis on leadership and business management;
- identify technical assistance needs of consumers;
- provide training and support to ensure that consumers are the catalysts for transforming the mental health and related systems

Key Outcomes

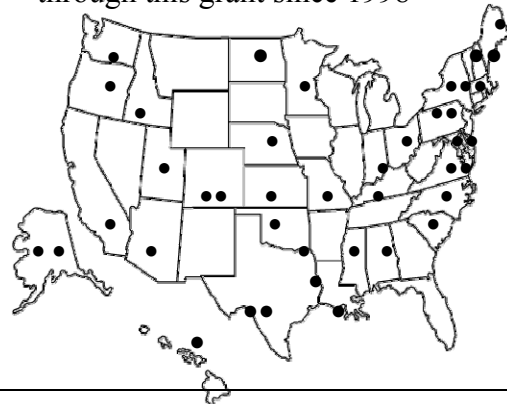
- *Policy, planning and service delivery decision making group participation:* In FY 2005-2006, the networks increased the number of consumers participating in decision making groups that impact policy, planning and service delivery from FY 2004-2005 by 68.4%.
- *Consumer involvement:* In FY 2005-2006 service contacts increased from FY 2004-2005 by 3.69%.

Selected Accomplishments

- Leadership academies to promote and sustain consumer leadership at local and state levels.
- Position papers and/or impact statements to courts, local mental health councils and state administrators on systems needs and creative funding.
- Regional partnerships that overlap with existing service needs.
- Media and training materials that are culturally appropriate to consumers of various ethnic groups.
- Partnerships with academic institutions to assist on the development and evaluation of self-help models, vocational training and innovative ways to promote mental health recovery.
- Interactive websites that allow consumers to exchange information, learn about recovery and sustain recovery in self-help models.
- Curriculums to foster effective consumer participation in policy work groups and planning councils.
- Statewide stakeholder committees that develop lists of provider competencies for recovery.
- Recipients of national awards in recognition of “heroes” that promote leadership and support of consumers in recovery.

Number of Grants

- Currently 19 organizations are recipients of grant
- Nearly 50 organizations have been supported through this grant since 1998



Suicide Prevention Resource Center (SPRC)

This program promotes implementation of the National Strategy for Suicide Prevention and enhances the Nation's mental health infrastructure by providing States, Tribes, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide.



Objective

To advance the goals and objectives of the National Strategy for Suicide Prevention through technical assistance, resource development, and dissemination of best practices.

Population Served

- Garrett Lee Smith Memorial State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees
- State, Tribal, and Territorial suicide prevention coordinators and coalition members
- Health and human service professionals, community leaders, survivors, mental health consumers, advocates, researchers, prevention professionals, policymakers, and other interested individuals.

Funding

One 5-year grant funded in FY 04

- FY05 \$2.6 million
- FY06 \$3.6 million
- FY07 \$3.6 million

Authorizing Legislation

Section 520C of the Public Health Service Act, as amended

Services Provided

SPRC staff members—experts in mental health, public health, communications, technology, education and training, and program design, development, and evaluation—are available to answer questions and assist with all aspects of suicide prevention. Services include:

- **Technical assistance** to SAMHSA's State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees and to State, Territorial, and Tribal suicide prevention coordinators and coalition members.
- **Prevention support.** 877-GET-SPRC (438-7772) and info@sprc.org connect visitors to prevention specialists who provide consultation and reach out to coalitions working in communities, States, Territories, Tribes, and across the entire Nation.
- **Training.** Curricula on a broad range of core suicide prevention competencies are offered to

prevention professionals, clinicians, and community organizers.

- **Evidence-based practices project.** Effective suicide prevention programs are identified and classified through a structured, multi-disciplinary review process, in coordination with SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).
- **Library.** A searchable collection of web-based resources, including State suicide data, prevention plans, information on funding, grant-writing, planning, and evaluation, public service announcements, clinical tools, and more.
- **Web site.** A centralized location for news, information on research, funding opportunities, events, training, and links to other Web sites. www.sprc.org
- **Regional conferences.** Training and intensive prevention support for State planning teams to advance their efforts in suicide prevention.
- **E-newsletter.** *The Weekly Spark* highlights national and local suicide prevention efforts.

Program Outcomes

Independent evaluation found that, in FY06, SPRC:

- Provided 462 technical assistance services to grantees and State and Tribal coordinators and coalitions.
- Identified twelve suicide prevention programs for review by the NREPP and provided technical assistance to developers of six other programs.
- Delivered Community Core Competency Training 11 times to a total of 329 people in 11 States in 7 of the 10 Department of Health and Human Services Public Health Service Regions.
- Added 152 resources to its suicide prevention portfolio, added 48 items to its online library, and developed 15 new products.
- Delivered the *Weekly SPARK* e-newsletter to 1,185 subscribers.
- Served about 12,626 unique visitors with its Web site *each* month, or 151,000 per year.

33 Center for Mental Health Services: Program Profile

Targeted Capacity Expansion: Meeting the Mental Health Services Needs of Older Adults

This program helps communities to support expanded services for meeting the diverse mental health needs of older persons.



Objectives

- To increase existing services, or to develop and implement new mental health prevention, early intervention, and/or treatment services targeted to persons 65 years and older.
- To improve the quality and accessibility of mental health services to older persons
- To engage in the building of system infrastructure that will support the increased amount, quality, and accessibility of services to older persons. Expanded infrastructure can include consensus building among key stakeholders, community outreach and education, quality improvement activities, social marketing, the inclusion of consumer and family participation in service development and evaluation activities, and the building of service linkages among providers.

Population Served

Persons 60 years and older who are at risk for or are experiencing mental health problems

Amount Allocated

\$4.4 million per year for up to a project period of three years, the awards range from \$375,000 - \$400,000 per site/ per year.

Authorizing Legislation

520A of the Public Health Service Act, as amended

Services Provided

The services provided through this grant are either infrastructure or direct services. Each of the services should comprise at least 25% of grant funds. The direct services to be funded under this grant program must be supported by a strong evidence base.

Direct Services

- Conducting outreach and pre-service strategies to expand access to treatment or prevention services to underserved populations.
- Purchasing or providing direct treatment) or prevention services for the target populations at risk. Treatment must be provided in outpatient, day treatment or intensive outpatient, or residential programs.
- Purchasing or providing “wrap-around” services designed to improve access and retention.
- Collecting data using specified tools and standards to measure and monitor treatment or prevention services and costs

Infrastructure Services

- Building consensus among key stakeholders

- Inclusion of consumer and family participation in service and system planning
- Workforce development
- Organizational/structural change
- Efforts to identify and implement appropriate evidence-based practices relevant to the population served

Key Outcomes, 2006

- Implementation of evidence based practices for older adults in 11 sites across the country
- Increase in recruitment and retention rates for older adult clients as a result of enhanced outreach and education activities of grantees
- Expansion of effective service delivery for a diverse array of populations and geographical locations, including: Latino elders in rural areas, seniors who are Holocaust survivors and their families, LGBT older adults, and Vietnamese elders with a history of trauma and refugee experiences

Current Grantees

- FALLS CHURCH, VA
Boat People SOS, Health & Mental Health-Headquarters
- BOSTON, MA
Cambridge Public Health Commission, Department of Psychiatry-Geriatric Service
- NASHVILLE, TN
Centerstone Community Mental Health Centers, Inc., Adult Services-Case Management
- ELFRIDA, AZ
Chiricahua Community Health Centers, Inc.
- CLEVELAND, OH
Cuyahoga County Community Mental Health Board
- ARVADA, CO
Jefferson Center for Mental Health, “Senior Reach”
- LONGVIEW, TX
Longview Wellness Center, Inc., Mental Health-Clinical Services
- HOUSTON, TX
Montrose Counseling Center, Inc., Life Counseling Program
- BROOKLYN, NY
Nachas Health & Family Network, Inc.
- PHOENIX, AZ
Valle del Sol, Inc.
- HONOLULU, HI
University of Hawaii, College of Social Science-Social Science Research Institute



Treatment for Homeless Program

This program funds development of programs that provide comprehensive drug, alcohol and mental health treatment systems for persons who are homeless. In partnership with the Center for Substance Abuse Treatment.

Objective

To enable communities to expand and strengthen their treatment services for people who are homeless with substance abuse disorders, mental illness, or with co-occurring substance use disorders and mental illness.

Description

- Funds support implementation of mental health and substance abuse services that have a strong evidence-base for effectiveness and must be used primarily to support direct service delivery that may include substance abuse prevention, substance abuse treatment and/or mental health services.
- Funds grants to community-based public and private non-profit entities that propose to provide direct services to the community.

Population Served

Individuals who are homeless, including the chronically homeless, with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness.

Amount Allocated

- FY 2005, \$2.4 million to fund 6 grants (CMHS)
- FY 2005, \$9.5 million to fund 25 grants (CSAT)
- FY 2006, \$4 million to fund 21 one-year supplements to serve individuals who are chronically homeless (CMHS)

Authorizing Legislation

Section 506 of the Public Health Service Act, as amended

Services Provided

Grant funds must be used primarily to support direct services which may include:

- substance abuse prevention
- substance abuse treatment and/or
- mental health services
- conducting outreach and pre-service strategies to expand access to treatment services to underserved populations, and
- purchasing or providing direct treatment services for populations at risk.

Program Outcomes

CMHS grantees have admitted a total 931 individuals into services; 186 in 2005, 487 in 2006 and 258 in the first quarter of 2007.

In 2006, ten CMHS grantees reported at 6 months:

- Employment increased by 147.4%
- Housing increased by 182.3%
- Abstinence increased by 49.8%
- 326.5% increase in the number who had a permanent place to live in the community
- 20.4% reduction in the use of alcohol or illegal drugs
- 95% increase in employment or attending school
- 21.8% who experienced no alcohol or illegal drug related health, behavioral, or social consequences.
- 7.1% increase in social connectedness

Overall post-admission results (thru June 2007)

- 164% increase in persons with a permanent place to live in community
- 130% increase in employment or attending school
- 51% increase in no past month substance use
- 29% experienced no alcohol or illegal drug related health, behavioral, or social consequences

Grantees

- 137 grantees since program began in 2001
- 92 active grantees currently

