Compendium of Primary Care and Mental Health Integration Activities across Various Participating Federal Agencies

January 2008

FOREWORD

In 2003, the President's New Freedom Commission on Mental Health released *Achieving the Promise: Transforming Mental Health Care in America.* The Federal Partners responded and created the first ever "Federal Action Agenda, First Steps." To facilitate the implementation of the recommendations of these landmark reports, the Federal Partner Senior Workgroup formed five priority workgroups. The Primary Care/Mental Health Integration Workgroup, more commonly referred to as the "Integration Workgroup," is one of these groups.

The overall mission of the Integration workgroup is to improve the health of people with and at risk for mental illnesses through expanded access to integrated health care services. Evidence demonstrates that integrated care improves access to and service outcomes for persons with or at risk of mental illness. The term "integrated care" includes the integration of screening, prevention, early intervention, and treatment. Integrated services help maintain mental wellness and prevent the occurrence of mental distress or the exacerbation of existing mental illnesses.

Integrated care results in improved access to high quality care, increased patient and provider satisfaction, increased patient adherence, cost effectiveness and cost savings, improved patient health and well-being, and, ultimately, the elimination of health disparities.

Our workgroup continues to look at the most effective ways to achieve integration of care. We are examining evidence-based approaches including outreach and screening, mental health/substance use treatment, primary care services, and an array of other types of services and supports. More importantly, we are identifying the full spectrum of integration: integration between primary care and mental health/substance use services; between mental health/substance use and primary care services; between primary and specialty care for persons with mental illnesses; integration with specialized services for children, seniors, and other sub-populations such as veterans; integration with schools, churches, community centers or other sites where individuals receive services on a regular basis; and integration with providers of transportation and other basic needs. The workgroup is identifying barriers and solutions to achieving integration, including practice patterns, funding systems, and limitations in provider training and practice. Future work will describe strategies to eliminate or overcome these barriers and areas in which disparities exist for certain individuals or groups of individuals, including racial, ethnic and other minorities, persons with low incomes, people with disabilities and persons for whom health literacy is an issue.

This first ever compendium, highlights a variety of integration activities funded by various federal agencies. The workgroup wanted to assure easy accessibility to the programs and results that are being achieved across government. It is our hope that this document will present opportunities for collaboration among various public and private partners. Our workgroup considers this a living document. Please feel free to submit successful programs for inclusion in future updates. We hope that you find this resource tool useful as we all work to improve access to integrated health care services for people with and at risk for mental illness, eliminating health disparities.

Federal Partners Senior Workgroup on Mental Health Transformation
Integration of Primary Care and Mental Health Workgroup

Federal Partners Senior Workgroup on Mental Health
Integration of Primary Care and Mental Health Workgroup

CHAIR: Donald L. Weaver, MD
Assistant Surgeon General
Deputy Associate Administrator
Bureau of Primary HealthCare
Health Resources and Services Administration (HRSA)
DWeaver@hrsa.gov

VICE-CHAIR: Kenneth S. Thompson, MD
Associate Director of Medical Affairs
Center for Mental Health Services
Substance Abuse and Mental Health Services (SAMHSA)
Ken.Thompson@samhsa.hhs.gov

MEMBERS

Carolyn Aoyama
Indian Health Services (IHS)
Carolyn. Aoyama@ihs.gov

Teresa Chapa
Mental Health America
tchapa@mentalhealthamerica.net

Martin Dannenfelser
Administration of Children and Families
(ACF)
MDannenfelser@acf.hhs.gov

Peter Donovan
Substance Abuse and Mental Health Services
(SAMHSA)
Peter.Donovan@samhsa.gov

Eileen Elias
HHS Office of Disability (OD)
eileen.elias@hhs.gov

Christopher Hunter
Department of Defense (DoD)
christopher.hunter2@bethesda.med.navy.mil

Elizabeth Lopez
Substance Abuse and Mental Health Services
(SAMHSA)
elizabeth.lopez@samhsa.gov

Leah McGee
Substance Abuse and Mental Health Services
(SAMHSA)
Leah.McGee@samhsa.gov

Carmen Moten
National Institute of Mental Health (NIMH)
National Institutes of Health
carmen.moten@nih.hhs.gov

Charlotte Mullican
Agency for Healthcare Research and Quality
(AHRQ)
charlotte.mullican@ahrq.hhs.gov

Ruby Neville
Substance Abuse and Mental Health Services
(SAMHSA)
Ruby.neville@samhsa.hhs.gov

Michael Schoenbaum
National Institute of Mental Health (NIMH)
National Institutes of Health
schoenbaumm@mail.nih.gov

Njeri Jones
Health Resources and Services Administration (HRSA)
NJones@hrsa.gov

Wanda Jones
HHS Office of Women's Health
Wanda.Jones@hhs.gov

Cille Kennedy
Office of the Assistant Secretary for Planning and Evaluation (ASPE)
cillie.kennedy@hhs.gov

Kathryn Umali
Health Resources and Services Administration (HRSA)
KUmali@hrsa.gov

Rachel Tellez
Administration of Children and Families (ACF)
rtellez@acf.hhs.gov

Antonette Zeiss
Veterans Affairs (VA)
antonette.zeiss@va.gov

TABLE OF CONTENTS

I. Administration of Aging (AoA)

1.) AoA Evidence-based Demonstration Program
- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an AoA four-year Evidence-Based Disease Prevention Grant Program that reduces the severity of depressive symptoms in older adults. It is delivered to older individuals in the home environment through existing community based case management services. Originally developed in Houston TX, the program is being actively disseminated across the country.
- A "Healthy IDEAS for a Better Life" toolkit has been developed to assist local organizations wishing to implement this program, and is available from www.healthagingprograms.org. Contact information is also available on the AoA website www.aoa.gov/prof/evidence

2.) AoA/SAMHSA Memorandum of Understanding
- In 2005, an MOU was established between AoA and SAMHSA to partner on identifying and promoting evidence-based research programs and practices for substance abuse prevention, mental health, health promotion and health education for older adults.
- A key activity has been to organize state planning meetings that include representatives from the aging and mental health/substance abuse prevention networks.
- AoA has also helped identify substance abuse and mental health programs for older adults that are eligible to apply to SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

3.) AoA/SAMHSA Intra-Agency Agreement
- An IAA was signed in 2006 to jointly develop a Service-to-Science program for older adults. The purpose of this project is to "retro-fit" promising services (mental health and/or substance abuse prevention) for older adults into evidence-based science, in order to expand the availability of evidence-based programs.

II. Administration of Children and Families (ACF)

1.) Children's Bureau's System-of-Care Grants Announcement (09/30/2003-09/29/2008); Contact: Jason Bohn, jason.bohn@acf.hhs.gov , 202-205-7273
These grants provide funding to State, county and tribal-based organizations that are working to build integrated services across funding sources for children and families who come into contact with child welfare systems. The grants aim to engage community-level public and private non-profit entities to identify the variety of service needs presented by children and families with abuse or neglect allegations. Grantees are allowed discretion in determining which service systems to target related to service coordination. Several grantees chose to address mental health as well as primary care. They include:
- **A. Jefferson County, Colorado –** They are developing a system of care approach capable of responding to child welfare outcomes, developing community capacity to meet the needs of children and families, and increasing cultural competency in the system and community. The approach will be grounded in best practices; a

thorough assessment of strengths, liabilities, and opportunities in the system and the community; and cultural profiles of the county's minority groups.

B. **Kansas Department of Social and Rehabilitation Services -** This project will enable the State to continue research and planning activities to develop Systems of Care for child welfare in communities statewide, and to fully implement the concept of "family-centered practice" with the use of "family meetings" as the primary method of working with the families and children who come to the attention of child welfare and juvenile justice in the local community.

C. **Native American Training Institute -** This non-profit organization, chartered by the Three Affiliated Tribes in North Dakota, has developed numerous training curricula and provided technical assistance in the area of child and family services. The Medicine Moon Initiative will develop Systems of Care focused on improved outcomes for children in four reservation systems. It will help to increase effective tribal partnering with the State and develop linkages with State agencies that will increase service access and development for Indian children and families.

2.) System of Care Child Welfare Curriculum - Contact: Patsy Buida, patsy.buida@acf.hhs.gov, 214-767-1971

- A number of modules focused on systems-of-care principles are in development under the leadership of the National Resource Center for Organizational Improvement, as a service of the Children's Bureau. Based on a previously developed systems-of-care curriculum, this version is focused specifically to the needs of child welfare agencies in building cross program services that will address the needs of families and children who have experienced or are at-risk of child maltreatment. The modules will be made available on-line for the use of States, counties and tribal child welfare agencies.

III.   Department of Defense (DoD)

1.) United States Air Force
Contact: Christopher Hunter, christopher.hunter2@bethesda.med.navy.mil, 301-295-6306

- Primary care integration approved and supported by Air Force Surgeon General and endorsed by Air Force Psychology, Psychiatry and Social Work Chiefs.
- One individual at the Department of the Air Force Level (Air Staff) designated to oversee aspects of primary care behavioral health integration (known as the Behavioral Health Optimization Project [BHOP]). Working groups held annually with key Air Force behavioral health primary care individuals to determine, change, updates and project direction.
- Air Force integration project operating since 2000.
- Comprehensive 153-page practice manual currently being updated and rewritten by Air Force working group.
- Currently developing criteria and standards to make behavioral health work in primary care a credentialed practice.
- Currently developing criteria and standards for individuals to be certified as integrated primary care behavioral health trainers.

- 40 medical treatment facilities have an integrated behavioral health provider working in the primary care clinic from 4-40 hours a week.
- Approximately 30 psychology and social worker interns a year receive comprehensive multidimensional training on primary care integration, assessment and treatment. Training occurs at 4 internship sites.
- Ongoing calculation of dollars saved by treating behavioral health patients in primary care that in the past would have been treated by nonmilitary network providers; FY03-FY05 approximately 1.7 million estimated saved with no incremental overhead cost.
- Depression in primary care screening and treatment project currently underway. Pilot project in multiple clinics examining feasibility and outcome of 100% depression screening in primary care
- FY 2003-2006, the Air Force averaged 8953 primary care behavioral health integrated appoints per fiscal year.
- Best practice videos demonstrating different aspects of integrated primary care work used to assist in training Air Force behavioral health providers available since 2001. Plan for video updates using real patients and providers to take place 2006-2007.

2.) United States Army
   Contact: Christopher Hunter, christopher.hunter2@bethesda.med.navy.mil, 301-295-6306
- Supported by the Army Surgeon General; all psychology interns and fellows trained to work in primary care at Trippler Army Medical Center**.**
- Psychologist working in integrated clinics at Trippler, Walter Reed, Eisenhower, Brooke and Madigan Army Medical Centers.
- Project to start on Oct 15, 2006 to evaluate the effectiveness of a psychologist in primary care

3.) United States Navy
   Contact: Christopher Hunter, christopher.hunter2@bethesda.med.navy.mil
   301-295-6306
- Behavioral Health Integration Project (BHIP), reviewing implementation manual based on internal study data
- Dept of Navy currently streamlining procedures to allow flexibility of implementation across settings
- Complete redesign of primary care psychology training program at the National Naval Medical Center in Bethesda MD started Oct 2006. Psychology interns will be trained to start an integrated service, provide secondary prevention, population health intervention, chronic care assessment and management and acute assessment and intervention for general mental health and substance use (e.g. anxiety & depression conditions; alcohol and prescription medication problems) and problems falling in the health psychology domain (e.g. diabetes, cardiovascular disease, & chronic pain conditions).

IV. Department of Veterans Affairs (VA)

1) **Veterans Health Administration (VHA) Primary Care-Mental Health Integration Initiative.**
Contact Persons: Edward P. Post, M.D. Edward.Post@va.gov. 734-845-3579
William W. Van Stone, M.D., bill.vanstone@va.gov, 202-461-7349
The report of the President's New Freedom Commission on Mental Health emphasizes the recognition that mental health and physical health problems are interrelated components of overall health and are best treated in a coordinated care system. The Veterans Health Administration has undertaken a large national initiative to integrate primary care and mental health services in order to promote the effective treatment of common mental health conditions in the primary care environment, to integrate care for veterans' physical and mental health, and allow mental health specialists to focus on patients with more severe illnesses. VA primary care clinics already screen primary care patients for depression, alcohol misuse, and PTSD on an ongoing basis.

- Three major categories of integrated care models are being implemented in the Primary Care-Mental Health Integration Initiative: a) co-located collaborative care; b) care management; and c) blended models that incorporate features of the other two.
    a) Co-located collaborative care entails both mental health and primary care providers being physically present in the primary care setting, with shared responsibility for evaluation, treatment planning, and monitoring of outcomes.
    b) Care management models need not be physically located in the primary care setting, but care managers are actively involved in the process of delivering mental health treatment to primary care patients. Care managers interact directly with patients, facilitate ongoing evaluation, and maintain active communication that enables responsibility for mental health treatment to remain in the primary care setting. Two examples of care management models in the VA are TIDES (Translating Initiatives for Depression into Effective Solutions) and the Behavioral Health Laboratory (BHL). The TIDES care management model uses registered nurses to provide guideline-based treatment support, and has demonstrated high levels of treatment engagement among depressed primary care patients. The Behavioral Health Laboratory uses a software-based structured assessment for initial evaluation as well as on-demand follow-up in support of primary care-based mental health and substance abuse treatment. The BHL is contacted by primary care clinicians by telephone. Its implementation in a primary care setting led to a significant increase in the proportion of patients screening positive for depression, as well as identification of substantial numbers of co-occurring mental health disorders and substance misuse.
    c) Blended models combine elements of both care management and co-located, collaborative care. In a blended model, the mental health provider evaluates patients and offers psychosocial treatment when preferred or needed, while the care manager provides complementary services including education, ongoing assessment, monitoring of adherence, algorithm-based use of medication, and referral management when necessary.

- The VA Primary Care-Mental Health Integration Initiative is presently composed of 92 integrated care programs. The sites for these programs include VA Medical Centers (VAMCs), Community Based Outpatient Clinics (CBOCs), and VISN-level groups of facilities. These sites are implementing diverse models of care, including 24 co-located collaborative programs, 19 Behavioral Health Lab programs, 25 care management programs, and 24 sites with blended models of care. Annualized funding in FY07 was $32 million, representing 409 full-time equivalent (FTE) positions. The program is continuing at a similar level of funding in FY08 and expansion of sites is anticipated in FY09.

2) Access to Specialty Mental Health Care in Community-Based Outpatient Clinics (CBOCs) Initiative.
Contact Person: William W. Van Stone, M.D., bill.vanstone@va.gov, 202-461-7349
- VHA has completed an initiative to include specialty mental health care in our 642 community based outpatient clinics, distributed throughout both urban and rural America. Since FY 2005 we have funded 536 new mental health specialty positions (376 FTEE) in CBOCs and have achieved a record 97% of our 448 larger CBOCs (those treating over 1500 veterans) with greater than 10% of visits to mental health clinicians, averaging 26% nationally. .

3) Home Based Primary Care Mental Health Provider Initiative
Contact Person: Bradley Karlin, Ph.D. Bradley.Karlin2@va.gov, (202) 461-7304
- In an effort to integrate mental health care in Home Based Primary Care (HBPC), VHA funded a mental health provider to be a full time member of each interdisciplinary Home-Based Primary Care team, beginning in March 2007. In FY07, 109 HBPC teams were funded as part of the initiative. The role of the HBPC MH Provider is to provide a range of psychological assessment, dementia screening, capacity assessment, and evidence-based psychosocial intervention and prevention services to veterans enrolled in the HBPC program. The HBPC MH Provider also has an important role in providing treatment for health-related conditions, such as sleep disturbance and pain, as well as in supporting caregivers in managing veterans at home, and in promoting communication between HBPC team members, patients, and their families to facilitate the medical treatment process.

V. Health Resources and Services Administration (HRSA)

1.) HRSA's New Freedom Initiative Grant Announcement (5/1/06 to 4/30/09)
Contact Person: Bonnie Strickland, BStrickland@hrsa.gov, 301-443-2350
- This newly funded grant competition continues to implement the President's New Freedom Initiative, The initiative charges HRSA with "developing and implementing a plan to achieve appropriate community-based service systems for children and youth with special health care needs and their families". Implementation of the plan requires improving access to quality, comprehensive, coordinated community-based systems of services for children and youth with special health care needs (CYSHCN) and their families. As of 6/1/2007, these grant programs support 7 national centers, 30 Family-to-Family Health Information Centers and 18 State Implementation grants for integrated community systems.

2.) HRSA Mental Health Workgroup
   Contact Person: Kathryn Umali, kumali@hrsa.gov, 301-443-0835
   - Currently headed by Steve Smith
   - Has currently 13 members and meets periodically throughout the year
   - Topics of discussion in meetings include: updates from HRSA bureaus by workgroup representatives, updates from the Senior Partners Workgroup meetings etc.
   - Developed a document which includes an inventory of HRSA programs that supports the six major goals of the President's New Freedom Initiative on Mental Health
   - Members of the workgroup are the primary reviewers of the Action Agenda drafts

3.) Integrated Health and Behavioral Health Care for Children, Adolescents, and their Families Program (IHBHP)
   Contact Person: Sharon Adamo – SAdamo@hrsa.gov, 301-443-3972
   - Administered by Maternal and Child Health Bureau, Division of Child Adolescent and Family Health.
   - The purpose of IHBHP is to stimulate planning for the development of innovative models of service systems that integrate physical health and medical care services with mental health care, substance abuse prevention, and treatment services that are congruent with the community-based needs of children and adolescents and their families from diverse ethnic groups.

4.) Ryan White CARE Act Data Report (CADR)
   Contact Person: Robert Mills, RMills@hrsa.gov, 301-443-3899
   - Grantees report information annually including service categories such as: Mental Health Services and Substance Abuse Services (MH/SA).

5.) SPNS American Indian/Alaskan Native Initiative
   Contact Person: Sandy Duggan, SDuggan@hrsa.gov, 301-443-7874
   - The emphasis of this initiative is to integrate an array of services for HIV positive or at risk American Indian/Alaska Native population with co-morbidities of substance abuse, sexually transmitted infections and/or mental illness (2003 – 2007).

6.) HRSA/SAMHSA Primary and Behavioral Health Care Summit Initiative
   Contact Person: Michelle Corbin, Mcorbin@hrsa.gov, 301-594-4162
   - HRSA and SAMHSA developed and implemented the "Primary and Behavioral Health Care Summit" Initiative to help States expand access and integrate quality mental health and substance abuse services with primary care.
   - A total of 8 Summits were conducted for each of the states and territories over a four-year period, from 2001-2004.
   - Each state team developed State-specific action plans to foster the integration of primary and mental and behavioral health care services.
   - As a result of Summit participation, each State or region established a permanent team or other entity responsible for overseeing and coordinating implementation of the State action plan developed at the Summit.
   - From 2001-2004, the HRSA/SAMHSA role during this process was to establish a "national forum" to initiate or continue discussion of the important issue of integration at the state level.

- From 2005 onward, activity is occurring at the state level on the topic of integration and varies from state to state.
- HRSA has a contract with REDA International to track what states are doing in this area and a final report will be produced at the end of the contract in 2006.

7.) Nursing Education Projects
Contact Person: Irene Sandvold, ISandvold@hrsa.gov, 301-443-6333
- In 2006, the Division of Nursing within the Bureau of Health Professions supported 18 advanced nursing education projects to prepare advanced practice nurses to deliver psychiatric-mental health services.
- Many of these projects received the funding preferences for projects that substantially benefit rural or underserved populations, or help meet public health needs in State or local health departments.

8.) The Graduate Psychology Program
Contact Person: Dr. Jerilyn Glass, JGlass@hrsa.gov, 301-443-7271
- Supports projects training health service psychologists to provide behavioral health services integrated with primary care
- The projects primarily focus on developing the workforce to provide integrated care to underserved communities; however, in the course of training, many of these projects provide significant amounts of integrated service, often focused on to specific regions like the US-Mexican border, or on issues such as intimate partner violence or child abuse.
- Many provide services through primary health care centers and to special populations such as non-English speaking Latinos.

9.) Office of Minority and Health Disparities
Contact Person: Tanya Pagan Raggio Ashley, TRaggio@hrsa.gov, 301-443-8305
- Small cadre of psychiatrist, psychologists and licensed clinical social workers in the National Health Service Corps work at health centers that provide primary care.
- Some commissioned officers who are psychologists and licensed clinical social workers in the office served during Hurricane Katrina and other disaster areas.

10.) Office of Performance Review
Contact Person: Rebecca Spitzgo, RSpitzgo@hrsa.gov, 301-443-7070
- In 2006, OPR implemented 14 standardized clinical performance review measures for 330 grantees. Included in these measures are three behavioral health measures.

11.) Office of Rural Health Policy (ORHP)
Contact Person: Kristi Martinsen, KMartinsen@hrsa.gov, 301-594-4438
- ORHP has contracted with Western Interstate Commission on Higher Educat6ion (WICHE) to provide a webcast on "What rural primary care physicians need to know about treating patients with mental health diagnoses". An overview and annotated bibliography of mental health in rural America from 1994-2005 was published. The website for this report is: ftp://ftp.hrsa.gov/ruralhealth/RuralMentalHealth.pdf

- ORHP Research, Outreach, and Network grants portfolio contains a collection of studies related to mental health needs of women, children, and families. ORHP will continue to monitor proposals purporting to translate research findings into practice.

12.) Health Disparities Collaborative
   Contact Person: Harriet McCombs, HMccombs@hrsa.gov, 301-594-4457
- Quality improvement models to impact the system of delivering care in HRSA-supported health centers. The models are designed to generate and document improved health outcomes for underserved populations; transform clinical practice through evidence-based models of care; develop infrastructure, expertise and multidisciplinary leadership to improve health status and build strategic partnerships (one of the areas of focus in the Depression Collaborative).
- HRSA-supported grantees who participate in the Depression Collaborative report monthly on the outcomes of depression care.

VI.   Indian Health Service (IHS)

1.) Integrated Health Information System
   Contact Person: Carolyn Aoyama, Carolyn.Aoyama@ihs.gov, 301-443-1840
- The health information system for the Indian Health Service is the Resource and Patient Management System (RPMS). Primary care and behavioral health provides have access to over 20 clinical applications, including the Patient Care Component and the Behavioral Health System. RPMS facilitates the integration and coordination of health and behavioral health information and service delivery in an effort to improve outcomes and provide efficient and cost effective care.
- http://www.ihs.gov/CIO/EHR/; http://www.ihs.gov/cio/bh/

2.) RPMS Suicide Reporting Form
   Contact Person: Carolyn Aoyama, Carolyn.Aoyama@ihs.gov, 301-443-1840
- In support of Agency health and health information technology initiatives and GPRA clinical performance measures, a suicide reporting tool is available in the Resource and Patient Management System, the Agency's health information system. This tool allows clinicians to document incidents of suicide, including ideations with intent and plan, attempts and completions. It captures data related to a specific incident of suicide, such as date and location of act, method, contributing factors and other useful epidemiological information. Most patients with serious suicidal ideation or attempts present first to providers in primary or emergency care. The availability of the RPMS suicide surveillance tool for all providers in IHS, Tribal and Urban healthcare settings, including primary health and behavioral health providers, will promote standardized and systematic documentation of suicide events. With the expansion of suicide data collection to the primary and emergency care settings, IHS will have more comprehensive and reliable information about these occurrences.

3.) GPRA Behavioral Health-related Indicators
   Contact Person: Carolyn Aoyama, Carolyn.Aoyama@ihs.gov, 301-443-1840
- Three of the IHS Government Performance Results Acts clinical performance measures address Alcohol screening (FASD prevention), Depression screening and Domestic

Violence screening. The near-term clinical objective for these measures is to improve rates of screening for these health concerns in the primary care setting. The RPMS Clinical Reporting System, the software application designed to monitor clinical performance at the local and national levels, will query the RPMS Patient Care Component database as well as the RPMS Behavioral Health System database to get a comprehensive measure of screening rates for all provider disciplines.

- http://www.ihs.gov/cio/crs/

4.) IHS-ACF Domestic Violence Project
Contact Person: Carolyn Aoyama, Carolyn.Aoyama@ihs.gov, 301-443-1840

- In FY2007 funds were provided to twenty healthcare facilities in the IHS, Tribal and Urban healthcare delivery system with the goal of improving the response of the healthcare team to domestic violence in the patients, families and communities they serve. Activities to accomplish this objective include the establishment of appropriate domestic violence policies and procedures; training on the connection between domestic violence, health and wellness; and provider, patient and community education on the response to and prevention of domestic violence victimization. Multidisciplinary teams, including primary health and behavioral health care providers, have been established at each facility to carry out the activities designed to meet the objective.

5.) Phoenix Indian Medical Center CMEs talks on Child Psychiatry for the Primary Care Provider
Contact Person: Carolyn Aoyama, Carolyn.Aoyama@ihs.gov, 301-443-1840

- AD/HD
- Autism
- Pediatric Anxiety Disorders
- Pediatric Mood Disorders
- Substance Abuse and Adolescents

6.) Clinical Update on Substance Abuse and Dependency(*(formerly the Primary Care Provider Training on Chemical Dependency)*)
Contact Person: Carolyn Aoyama, Carolyn.Aoyama@ihs.gov, 301-443-1840

- Since 1988, the Indian Health Service (IHS) Alcoholism and Substance Abuse Program Branch (ASAPB), utilizing the IHS Primary Care Provider Curriculum: *Clinical Training in American Indian/Alaska Native Alcohol and Other Drug Abuse*, has offered three days of intensive workshops which include both didactic and experiential training. The curriculum is updated annually with the most current nursing, addiction medicine, and prevention information. In Fiscal Year 2006, two trainings were offered: This intensive, interactive training course has been available to Indian Health Program providers (physicians, physician assistants, advanced practice nurses, and nurses) for the past 14 years. It has evolved into one of the best opportunities available anywhere to develop specific skills related to caring for substance abusing Native American clients and their family members who are also affected by the abuser's behavior.
- Two groups of approximately 30 providers (preferably teams of physicians or physician assistants and nurses from the same hospital or clinic) will attend classroom training. All Indian health facilities are encouraged to carefully select an interested and qualified team to send to this course in order to gain the most from the experience and to better implement a local substance abuse prevention and treatment program when they return to their facility. Training will consist of lecture, video, discussion and role play

exercises focusing on addressing negative provider attitudes about chemical dependency, and enhancing prevention, screening, intervention, detoxification and treatment team skills. Training includes a course which covers issues of opioid abuse and addiction. Utilizing primarily American Indian/Alaska Native (AI/AN) treatment programs, providers will observe clients/patients in addiction treatment groups, participate in a case staffing, and attend 12-step meetings. Providers will be able to participate in talking circles and sweat lodge ceremonies to enhance their understanding of the spiritual component of treatment for AI/AN (bring swimwear or appropriate attire for the sweat, if you choose to participate).

- Scholarships sponsored by the IHS Division of Behavioral Health.
- http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/

7.) ASBI and Behavioral Health
Contact Person: Carolyn Aoyama, Carolyn.Aoyama@ihs.gov, 301-443-1840

- Alcohol Screening and Brief Intervention (ASBI) -Experience exists and evidence is accumulating that alcohol screening and a brief intervention (ASBI) in the form of a "focused interview" by a behavioral health specialist can be effective in reducing re-injury rates for trauma patients.
- There is good evidence of the efficacy of even brief alcohol screening and counseling intervention (ASBI) sessions during acute ED or inpatient care for alcohol-related trauma.
- This initiative strategy is to support effective linkage of Tribal Alcohol Programs (TAPs) with the innovative setting and timing of ASBI in IHS EDs and will significantly reduce rates of re-injury in people as well as decrease overall trauma mortality rates.
- Currently the project just completed stage 1, education and information of ASBI to all IHS Areas. Stage II includes training at five pilot sites in the IHS system and is underway.
- The Indian Health Service (IHS) Division of Behavioral Health supports Tribal Alcohol Programs (TAPs) for most Tribes, certainly those that have a health facility which includes an emergency department (ED).

VII. National Institute of Mental Health (NIMH)

1.) Community-Based Participatory Research at NIMH (R21) PAR-07-004
   http://grants.nih.gov/grants/guide/pa-files/PAR-07-004.html
   Community-Based Participatory Research at NIMH (R01) PAR-07-113
   http://grants.nih.gov/grants/guide/pa-files/PAR-07-133.html

   Contact Person: Carmen P. Moten, cmoten@mail.nih.gov, 301-443-3725

- The ultimate goal of this Funding Opportunity Announcement (FOA) is to support research partnerships between community-based, clinical/services settings and research institutions to reduce the burden of mental illness, behavioral disorders and HIV/AIDS through research on mind, brain, and behavior. The CBPR approach/method is defined as scientific inquiry conducted in communities with full partnership status for both community and academic researchers. Only previous R21 (PAR-07- 004) grant awardees are eligible to apply for the R01 (PAR-07-113) FOA.

The R01 is intended to build on and further develop the pilot research, resources and collaboration developed in the initial R21 FOA.

2.) Research on Rural Mental Health and Drug Abuse Disorders (R01) PA-07-103
   http://grants1.nih.gov/grants/guide/pa-files/PA-07-103.html
   Contact Person: Carmen P. Moten, cmoten@mail.nih.gov, 301-443-3725
   - The National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA) invite grant applications to stimulate research on mental health, HIV/AIDS and/or drug abuse problems in rural and frontier communities that will: (1) enhance understanding of structural (including community risk and resilience factors), cultural, and individual factors that may enhance the provision and utilization of prevention and treatment services in these communities; and (2) generate knowledge to improve the organization, financing, efficiency, effectiveness, quality, and outcomes of mental health and drug abuse services for diverse populations in rural and frontier populations

3.) Research on Adherence to Interventions for Mental Disorders (R01) PA-07-076
   http://grants.nih.gov/grants/guide/pa-files/PA-07-076.html
   Contact Person: Carmen P. Moten, cmoten@mail.nih.gov, 301-443-3725
   - The National Institute of Mental Health (NIMH) encourages research on adherence to interventions for mental disorders. The clinical effectiveness of efficacious interventions for mental disorders is substantially limited by less than optimal adherence to these interventions. Problems of adherence are common across most medical interventions, but are further exacerbated in mental health interventions by the cognitive and motivational deficits often associated with these conditions. Therefore, research is encouraged to further understand the potent and modifiable factors associated with treatment adherence in those with mental disorders and to develop and evaluate strategies to improve adherence to efficacious interventions for mental disorders.

4.) Dissemination and Implementation Research in Health (R21) PAR-06-521
http://grants1.nih.gov/grants/guide/pa-files/PAR-06-521.html
Dissemination and Implementation Research in Health (R03) PAR-06-520
http://grants1.nih.gov/grants/guide/pa-files/PAR-06-520.html
Dissemination and Implementation Research in Health (R01) PAR-06-039
http://grants.nih.gov/grants/guide/pa-files/PAR-07-086.html
Contact Person: David Chambers, dchambers@mail.nih.gov, 301-443-3747
   - The National Institute of Mental Health (NIMH), the National Cancer Institute (NCI), the National Institute on Drug Abuse (NIDA), the National Institute on Deafness and Other Communication Disorders (NIDCD), the Office of Behavioral and Social Science Research (OBSSR), the National Institute of Nursing Research (NINR), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute of Dental and Craniofacial Research (NIDCR), and the Office of Dietary Supplements (ODS) invite grant applications for research tat will identify, develop, and refine effective and efficient methods, structures, and strategies that test models to disseminate and implement research-tested health behavior change interventions and evidence-based prevention, early detection, diagnostic, treatment, and quality of life improvement services into public health and clinical practice settings. The purpose of this dissemination and implementation and implementation research program

announcement (FOA) is to support innovative approaches to identifying, understanding, and overcoming barriers to the adoption of evidence-based interventions that previous efficacy or effectiveness research has shown to be effective, but where adoption to date has been limited or significantly delayed.

5.) Research on Mental Health Economics (R01) PA-07213
http://grants1.nih.gov/grants/guide/pa-files/PA-07-213.html
Contact Person: Agnes Rupp, arupp@mail.nih.gov, 301-443-6234
- The National Institute of Mental Health (NIMH) invites high-quality, public health relevant research grant applications to develop more efficient and equitable mechanisms of financing mental health services.

6.) Mental Health Consequences Of Violence And Trauma (R34) PAR-07-315
http://grants.nih.gov/grants/guide/pa-files/PAR-07-315.html
Mental Health Consequences of Violence and Trauma (R21) PA-07-314
http://grants.nih.gov/grants/guide/pa-files/PA-07-314.html
Mental Health Consequences of Violence and Trauma (R03) PA-07-313
http://grants.nih.gov/grants/guide/pa-files/PA-07-313.html
Mental Health Consequences of Violence and Trauma (R01) PA-07-312
http://grants.nih.gov/grants/guide/pa-files/PA-07-312.html
Contact Person: Denise Juliano-Bult, djuliano@mail.nih.gov, 301-443-1638
- Through this Funding Opportunity Announcement (FOA), the National Institute of Mental Health (NIMH) seeks to encourage investigator-initiated research on the etiology of psychopathology related to violence and trauma, as well as research to advance diagnostics, treatments, services, and prevention strategies in this area.

7.) Information Technologies and the Internet in Health Services and Intervention Delivery (R01) PA-07-295
http://grants1.nih.gov/grants/guide/pa-files/PA-07-295.html
Information Technologies and the Internet in Health Services and Intervention Delivery (R21) PA-06-224
http://grants2.nih.gov/grants/guide/pa-files/PA-06-224.html
Information Technologies and the Internet in Health Services and Intervention Delivery (R03) PA-06-225
http://grants2.nih.gov/grants/guide/pa-files/PA-06-225.html
Contact Person: David Chambers, dchambers@mail.nih.gov, 301-443-3747
- This Funding Opportunity Announcement (FOA) encourages investigators to submit applications studying the impact of health information technology on health interventions and services. Studies related to the impact of technology on the delivery of health-related information as well as health-related clinical interventions are encouraged.

8.) Developing Centers for Innovation in Services and Intervention Research (DCISIR)
PAR-05-144 http://grants.nih.gov/grants/guide/pa-files/PAR-05-144.html
Contact Person: Denise Juliano-Bult, djuliano@mail.nih.gov, 301-443-1638

- The ultimate goal of this program announcement (PA) is to establish support for groups of researchers to develop intervention and services research studies that will directly address the missions of NIMH and NIAAA and to prepare these research groups to develop advanced centers. It also supports two of the three central themes of the NIH Roadmap initiative (htt://nihroadmap.nih.gov/index.asp): developing interdisciplinary research teams for the future, including public-private partnerships; and re-engineering the clinical research enterprise. The intervention and services research needed to provide pragmatic information for decision making, improve current community practice, and ultimately reduce the burden of mental illness and of alcohol-related problems for youth and adults requires (a) the creation and adoption of novel methodological and organizational approaches, (b) the use of behavioral, social, economic, and/or political theories to transport interventions into community settings, (c) the creation of sustainable community partnerships, and (d) the creation of sustainable multidisciplinary research teams that can work cooperatively and creatively to find new ways to get the right package of mental health care the people who need it most and ultimately improve their functioning and quality of life. This PA is intended as a mechanism to build capacity at qualified institutions to achieve these goals and those of the NIH Roadmap initiative.

9.) Advanced Centers for Innovation in Services and Intervention Research (ACISIR)
PAR-05-161 http://grants1.nih.gov/grants/guide/pa-files/PAR-05-161.html
Contact Person: Agnes Rupp, arupp@mail.nih.gov, 301-443-6234
- The ultimate goal of this program announcement is to establish core support for building research infrastructure for intervention and services research studies that will directly address the mission of NIMH: to reduce the burden of mental and behavioral disorders through research. It also supports two of the three central themes of the NIH Roadmap initiative (http://nihroadmap.nih.gov/index.asp): developing interdisciplinary research teams for the future, including public-private partnerships; and re-engineering the clinical research enterprise. The intervention and services research that is needed to provide pragmatic information for decision making, improve current community practice, and ultimately reduce the burden of mental illness for all populations requires (a) the creation and adoption of novel methodological and organizational approaches, (b) the use of behavioral, social, cultural, economic, and/or political theories to transport interventions into community settings, (c) the creation of sustainable community partnerships, and (d) the creation of sustainable multidisciplinary research teams that can work cooperatively and creatively to find new ways to get the right package of mental health care to the people who need it most and ultimately improve their functioning and quality of life. This PA is intended to solicit applications to provide core support for infrastructure to build and/or maintain capacity at qualified institutions to achieve these goals and those of the NIH Roadmap initiative.

10.)   Interventions and Practice Research Infrastructure Program (IP-RISP) (R24)
PAR-06-441 http://grants.nih.gov/grants/guide/pa-files/PAR-06-441.html
Contact Person: David Chambers, dchambers@mail.nih.gov, 301-443-3747
- The National Institute of Mental Health (NIMH) seeks research partnerships between community-based, clinical/services settings and research institutions to enhance the national capacity to conduct research that will inform mental health services research science, service delivery, program dissemination and implementation, and mental

health policy. The IP-RISP seeks to foster an active, synergistic partnership between mental health researchers and community-based, clinical/services staff, clinicians and patients/clients to: (1) advance our knowledge about developing research infrastructure in community settings and the establishment of collaborative partnerships; (2) identify and incorporate those factors (e.g., organizational, sociocultural, interpersonal) in community settings that may be associated with quality care and optimal outcomes for patients and clients; and (3) plan, test, and implement services research interventions (treatment, rehabilitative, and preventive) in community settings.

11.) **Mechanism for Time-Sensitive Research Opportunities (R01) PAR-07-157**
http://grants.nih.gov/grants/guide/pa-files/PAR-07-157.html
Mechanism for Time-Sensitive Research Opportunities (R03) PAR-06-249
http://grants2.nih.gov/grants/guide/pa-files/PAR-06-249.html
Mechanism for Time-Sensitive Research Opportunities (R34) PAR-06-250
http://grants2.nih.gov/grants/guide/pa-files/PAR-06-250.html
Contact Person: Denise Juliano-Bult, djuliano@mail.nih.gov, 301-443-1638

- This Funding Opportunity Announcement (FOA) issued by the National Institute of Mental Health (NIMH) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Health (NIH), is intended to support public mental health and/or substance abuse services research in rapidly evolving areas (e.g., changes in service systems, health care financing, policy, etc) where opportunities for empirical study are, by their very nature, only available through expedited award of support.

VIII. Office on Disability (OD)

1.) Hearing Disorder Initiative addressing Children Birth to Three Years of Age
- The OD is collaborating with the Surgeon General and public/private experts to develop and publish a Guide to the Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disability* entitled *Closing the Gaps in Services for Infants and Young Children with Hearing Loss*. This *Guide* will be published and disseminated in late Fiscal Year 2007 and Fiscal Year 2008.

2.) Young Adult Program
- Since 2005, six states have joined the Young Adult Program and are working with the OD to improve service integration and outcomes for Young Adults. Those six states are Colorado, Connecticut, Florida, Montana, Kansas, and Washington. These states made enormous progress in bringing essential and influential state and local partners together in this effort.

3.) The OD December 2006 International Congress on Children, Youth and Families with Special Needs
- The 2006 International Congress on Children, Youth, and Families with Special Needs brought together over 450 participants from 64 countries and 3 territories. Participants reported gaining needed insight into strategies for systemic change in their home nations and left the Congress with roadmaps for moving forward. An exceptionally

large and vigorous youth contingent was present and left the Congress with a new voice for change.

IX. Office of Disease Promotion and Public Health (ODPHP)

- ODPHP coordinates the Healthy People 2010 Midcourse Review, which assesses the status of the national objectives as of the mid-point of the decade. This process identifies significant trends and gaps in preventive health issues and assesses whether objectives are moving away or toward their targets. It also assesses whether modifications of the objectives are needed to ensure they reflect the most current science and data. A chapter discussing issues of Mental Health and Mental Disorders will be included when the Midcourse Review is published at the end of 2006
- ODPHP coordinates Healthy People 2010 Progress Reviews, which provide venues for Federal agencies to report on progress toward achieving the Healthy People 2010 goals and objectives for each of the 28 focus areas. Two rounds of reviews are planned for the decade for each focus area. The first Mental Health and Mental Disorders review took place on December 13, 2003. The second is scheduled for Fall 2007
- Since the release of Healthy People 2010, many organizations have developed their own Healthy People Companion web sites and documents. ODPHP is working with SAMHSA to create one for the Mental Health and Mental Disorders focus area

X. Office of Minority Health (OMH)

- Issue Brief (2004): Mental Health Services in Primary Care Settings for Racial and Ethnic Minority Populations- Briefed Office of HHS Secretary about relevant issues
- OMH is developing a national initiative focused on mental health. The initiative is intended to be a component of the National Action Agenda to End Health Disparities (NAA) that OMH will launch in the near future and will address stigma, access to mental health services, and other critical mental health concerns faced by racial and ethnic minority populations in the U.S.

XI. Substance Abuse and Mental Health Services Administration (SAMHSA)

1.) **The National Child Traumatic Stress Initiative**
   Contact Persons: Paul Brounstein, paul.brounstein@samhsa.hhs.gov, 240-276-1839
   - Create several committees and workgroups comprised of grantees from across the National Child traumatic Stress network. One of those committees, the Service

System Core, develops activities aimed at improving access and quality of services among traumatized children within various child-serving system.

- Under the System Service Core, approximately 15 sites participate in a collaborative group called the Medical Traumatic Stress Working Group. This group is developing a coordinated campaign to raise awareness of medical traumatic stress, as well as a competency-based training curriculum, to promote trauma-informed practice among medical and mental health providers in medical settings.

2.) Conduct Special study within the national, cross-site evaluation of all founded systems of care-to investigate the role of primary health care practitioners in mental health system of care and to further understand the impact of services provided within primary care on outcomes.
Contact Person: Diane Sondheimer, <u>Diane.Sondheimer@samhsa.hhs.gov</u>, 240-276-1980

- This study being conducted on the 23 most recently funded sites. The study began in October FT04 and will continue through FY05 and FY06.

3.) Primary Care Research in Substance Abuse and Mental Health for Elderly (PRISM-E)
Contact Person: Cynthia Zubritsky, <u>CDZ@mail.med.upenn.edu</u>, 215-662-2886

- SAMHSA has developed a multi site study to compare the effectiveness of service delivery models that treat older adults with MH/SA problems in primary care as opposed to enhanced specialty MH/SA settings. The study hopes to identify differences in clinical and cost outcomes between models referring consumers to enhanced specialty mental health and/or substance abuse services outside the primary care setting and those providing such services within the primary care setting itself.

4) Healthy People 2010 Progress Review
Contact Person: Sue Levkoff, Sc.D., Principal Investigator at Coordinating Center, <u>sue_levkoff@hms.harvard.edu</u>, 617-278-0767
Focus Area 18: Mental Health & Mental Disorders

- Improve mental health and ensure access to appropriate, quality mental health services.
- Reduce the proportion of homeless adults who have serious mental illness (SMI).
- Increase the number of persons seen in primary health care who receive mental health screening and assessment.
- Reduce the suicide rate.
- Treatment for co-occurring disorders

5.) Rebuilding Afghanistan's Mental Health System
Contact Person: Winnie Mitchell, <u>Winnie.mitchell@samhsa.hhs.gov</u>, 240-276-2236

- A strategy of integrating mental health services into existing primary care, an approach that can bring at least basic care to people in need relatively quickly.

- This strategy suits the country's limited resources and pressing needs far better than would a top-down approach of modernizing existing facilities, training specialist professionals, and then doing outreach to the nation.

6.) Substance Abuse (SA), HIV, & Hepatitis Prevention for Minority Populations and Minority Reentry Populations in Communities of Color [MOD]
Short Title: *Minority SA/HIV/Hep Strategic Prevention Framework (SPF)*
Contact Person: Claudia Richards, M. S. W., claudia.richards@samhsa.hhs.gov, 240-276-2400

- This initiative supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services. Specifically, the program aims to engage community-level domestic public and private non-profit entities to prevent and reduce the onset of SA, and transmission of HIV and hepatitis among minority populations and minority reentry populations in communities of color disproportionately affected by SA, HIV/AIDS, and/or hepatitis.

7.) Targeted Capacity Expansion Initiatives for Substance Abuse Prevention (SAP) and HIV Prevention in Minority Communities:
Contact Person: Francis C. Johnson, M.S.W., francis.johnson@samhsa.hhs.gov, 301-443-2332

- SAMHSA/CSAP is accepting applications for grants to help community-based organizations expand their capacity to provide and sustain effective, integrated substance abuse prevention and HIV prevention services in high risk minority communities disproportionately impacted by the HIV/AIDS epidemic.

8.) Cooperative Agreements for Screening, Brief Intervention, Referral and Treatment (SBIRT)
Contact Person: Tom Stegbauer, tom.stegbauer@samhsa.hhs.gov, 240-276-2965

- SBIRT Cooperative Agreements will expand and enhance State substance abuse treatment services system by expanding the State's continuum of care to include screening, brief intervention, referral, and brief treatment (SBIRT) in general medical and other community settings (e.g., community health centers, nursing homes, schools and student assistance programs, occupational health clinics, hospitals, emergency departments);
- Supporting clinically appropriate services for persons at risk for, or diagnosed with, a Substance Use Disorder (i.e., Substance Abuse or Dependence) (Note: for the purpose of the RFA 'at risk' is defined as persons who are using substances but who do not yet meet the criteria for a diagnosis of Substance Use Disorder); and
- Identifying systems and policy changes to increase access to treatment in generalist and specialist settings.

9.) Awards for Substance Abuse Treatment and HIV/AIDS Services for Minorities
Contact Person: Andy Hunt, andrew.hunt@samhsa.hhs.gov, 240-276-1926

- The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the award of 10 grants totaling $24.9 million over five years to enhance and expand substance abuse treatment, outreach, and pretreatment services in conjunction with HIV/AIDS services in Black, Latino/Hispanic, and other racial or

ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS.

10) Colorado, Project Bloom
Contact Person: Andy Hunt, <u>andrew.hunt@samhsa.hhs.gov</u>, 240-276-1926
- They are currently exploring setting up a demonstration project focusing on the collocation of mental health and primary care services. Part of this project will be the creation of a cost-sharing safety net for billing to ensure full support for recuperation of mental health service costs.
- BLOOM's Colorado Springs partners are looking at primary care integration as a possible focus for some new funds that may be available in Colorado through a foundation that has funded mental health system of care work in the past. In the community they have a new children's hospital, and the BLOOM coordinator in that area has made strong connections with them and is advising on their behavioral health committee.

11) Allegheny County, Pennsylvania, Child Mental Health Initiative
Contact Person: Andy Hunt, <u>andrew.hunt@samhsa.hhs.gov</u>, 240-276-1926
- This is a new community. They are beginning a dialogue with a very prominent pediatric practice in the county to do the screening, assessment and referral for services to young children. A number of the staff have worked for the Pittsburg Children's Hospital and have made contacts with the staff there for specialty services. This effort is just beginning.

12.) Massachusetts, Worcester – System of Care Grant
Contact Person: Andy Hunt, <u>andrew.hunt@samhsa.hhs.gov</u>, 240-276-1926
- For the past 2 years Worcester has been involved with the Massachusetts Child Psychiatry Access Project. Run through the University of Massachusetts Medical School, this Medicaid-waver initiative provides psychiatric back-up to pediatricians. In Spring '04, Worcester co-hosted an event with private providers on integrating services and developing case management models for linking primary and behavioral health care. Since the Winter 2005 Systems of Care National Meeting, Worcester has been working with the head of the Medical Home in Massachusetts, Dr. Richard Antonelli, and subsequently his successor around strategic planning for integrating Systems of Care and Medical Home projects in Massachusetts. Recently, they have been working with a comprehensive Community Health Center (CHC) to coordinate between the system of care and the providers in the CHC. Co-location is one of the options being considered.

13) South Carolina – CMHS System of Care Grant
Contact Person: Andy Hunt, <u>andrew.hunt@samhsa.hhs.gov</u>, 240-276-1926
- The South Carolina System of Care, Youth Net, the Community Health Center (CHC) in Greenwood have been working together to co-locate services. The system of care grant community Gateways to Success (Beckman Mental Health) and the community health center The Greenwood Children's Clinic (Carolina Health Centers Inc.) are ready to work collaboratively and enter into an arrangement that would place a children's mental health worker at the Greenwood Children's Center. In addition, Gateways, has obtained funding for a position to coordinate this effort that includes the Medical Home grantee. Up to the present time, they have raised

$45,000. Greg Bullard sits on the Board of Directors of the CHC and the CHC has a slot on the Gateways Board of Directors. They are working with the TA Partnership to obtain additional funding. Mr. Bullard and Dr. Tierney have been working with Dr. Francis Rushton, of the University of South Carolina's Medical School and the Medical Home lead for the American Academy of Pediatrics for South Carolina. We are working on basic concepts of integration with Dr. Rushton. (Please see attached extensive description of South Carolina's work.)

14) **Through an IAG with NIDA's Services Research Branch, CSAT will provide partial support for applications funded under RFA #: DA-04-006: Screening And Intervention For Youth In Primary Care Settings (RFA #: DA-04-006).**
Contact Person: Andy Hunt, andrew.hunt@samhsa.hhs.gov, 240-276-1926
- Applications to be funded will: (a) develop, modify, or test efficacious drug use/abuse screens or assessments to be embedded into more comprehensive behavioral health screening/assessment instruments for use with youth in primary care settings; (b) develop, modify, or test brief behavioral prevention and treatment interventions for use with youth in primary care settings; and (c) test methods for integrating drug abuse screening, assessment, and brief prevention and treatment interventions into primary care. For the purposes of this RFA, the term youth is intended to include all individuals within the age range of 12 to 24 years. The term primary care setting is defined broadly to include all outpatient clinics (public and/or private) and private practices that offer office-based general medical care.

15.) **CSAT/Special Projects of National Significance**
 Contact Person: Bob Lubran, bob.lubran@samhsa.hhs.gov, 240-276-2714
- HIV primary care providers can integrate substance abuse treatment into their existing clinical services. HRSA's HIV/AIDS Bureau is partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) to enhance the role of HIV physicians and clinics in providing integrated buprenorphine and HIV treatment. This SPNS initiative seeks to support the development and evaluation of models to integrate buprenorphine opioid abuse treatment into existing HIV primary care programs.

16.) **CSAT/ Targeted Capacity expansion Program for Substance Abuse Treatment and HIV/AIDS Services**
 Contact Person: David Thompson, david.thompson@samhsa.hhs.gov, 240-276-1623
- Providers funded under this grant program will enhance and expand substance abuse treatment and/or pretreatment services.   Funded providers work in conjunction with HIV/AIDS services targeting African America, Latino/Hispanic, and/or other racial or ethnic communities that are highly affected by the twin epidemics of substance abuse and HIV/AIDS. In addition to the provision of counseling, outreach and other services, some grantees provide medical care services.

17.) **CSAT/Substance Abuse Prevention and Treatment Block Grant (SAPTB) - Treatment Services for Pregnant Women and Women with Dependent Children**
 Contact Person: John Campbell, John.Campbell@samhsa.hhs.gov, 240-276-2891

- State recipients of the SAPT Block funding must ensure that, at a minimum, treatment programs receiving SAPT Block grant funding also provide or arrange for the provision of primary medical care for women, prenatal care, primary pediatric are for their children, including immunizations. Medical services can be provided on-site or by referral.

18.) CSAT/Access to Recovery Program (ATR)
Contact Person: Andrea Kopstein, andrea.kopstein@samhsa.hhs.gov, 240-276-1575

- A three-year competitive discretionary grant program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR is a presidential initiative which provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services. In addition to other providers, recovery providers include substance abuse treatment, health and human service, and medical care.

19.) CSAT/Supplemental Residential Treatment for Pregnant and Postpartum Women and Residential Treatment for Women and their Children Program
Contact Person: Linda White-Young, Linda.White-Young@samhsa.hhs.gov, 240-276-1581

- Provider community received grant funding to expand the availability of comprehensive, high quality residential substance abuse treatment services for low-income women, age 18 and over, who are pregnant, postpartum women, or other parenting women, and their minor children, age 17 and under, who have limited access to quality health services. Services must be provided either by the grantee organization or through a network of provider organizations in partnership with the grantee. In addition to other relevant services, funds are awarded which require providers to provide medical, dental, other physical health care services, including diabetes, hypertension, prenatal and postpartum health care; and referrals for necessary hospital services. Children accessing the services must receive Pediatric health care, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal effects of maternal substance abuse, e.g., HIV. The system of care should continue to improve the overall treatment outcomes for the women, her children, and the family unit as a whole.

20.) CSAT/Treatment for Homeless Grants Program
Contact Person: Charlene LeFauve, Charlene.LeFauve@samhsa.hhs.gov, 240-276-2787

- Provider communities can expand and strengthen their treatment services for homeless (including chronically homeless) individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness. The goal is to link treatment services with housing programs and other services, and may include primary care services. Many programs have integrated primary care as a component of this program.

21.) CSAT/Recovery Community Services Program - Heartland Cares, Inc, .Paducah, Kentucky

Contact Person: Marsha Baker, Marsha.Baker@samhsa.hhs.gov, 240-276-1566

- The purposes of this peer project are to promote effective recovery from substance use disorders and prevent relapse among HIV-positive persons throughout 27 counties of western Kentucky and 17 counties of southern Illinois. The facilitating organization provides *primary care a*nd outreach, prevention, and social support services for persons living with HIV infection.