

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: AICS Primary and Behavioral HealthCare Integration

Recipient: Alaska Island Community Services

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$300,000

Number: SM059740-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable):

Summary of Activities:

Alaska Island Community Services PBHCI program, a partnership with Petersburg Mental Health Services, engages in activities in three areas: wellness activities, integration of primary and behavioral health care, and outreach efforts.

Alaska Island Community Services (AICS) and Petersburg Mental Health Services (PMHS) both continue to engage the peers who were trained at the Whole Health, Wellness and Resiliency Peer Support Training. The three peers, one working with AICS and two working with PMHS, remain committed to co-facilitating wellness activities. PMHS continues running weekly Walleyball games for the program enrollees. These games promote strength in the following health and resiliency domains: stress management, physical activity, and support network.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: **Mental Health Intensive Program**

Recipient: **Bronx Lebanon Hospital Center**

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$499,272

Number: 5H79SM059731-02

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

Program Accomplishments:

Over the six month period July through December 2012, we enrolled an additional 67 clients, bringing our total to 361 with 294 still enrolled in the program. We are on target to meet our goal of 640 clients enrolled by September 2014. We have continued to meet as a team to review on a weekly basis all clients who have had an emergency department or inpatient encounter. We are able to review primary care, inpatient, and mental health clinic notes at one time during these sessions. We use a Secure Health Messaging System to communicate with the client's front line care team. Our team also reaches out to the client frequently by phone between visits. The team also spends a good deal of time arranging appointments in specialty medical sites as needed for enrolled clients. A new wrinkle is that we have begun to enroll qualifying patients in our Bronx Health Home. We have 102 clients with 2 or more chronic illnesses and at least 2 hospitalizations or ED visits in the past year. Our new Sustainability Coordinator has begun the process of obtaining consent from these patients and assigning them to care coordinators at our partner community based organizations. These partners have a key resource that we do not within our project: Care coordinators in the community capable of performing regular home visits and of accompanying patients to their appointments and social service engagements.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: The 4 Corners Project (Connecting Primary Care, Mental Health, Substance Abuse, & Wellness)

Recipient: Cobb County Community Services Board

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$499,876

Number: 5H79SM059738-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

During the July-December, 2012 performance period, the grantee continued to engage in primary care activities while focusing on the expansion of the peer workforce and activities relating to the fitness room.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: West End Medical Centers, Inc.
Sub-Award Date: 07/01/2012
Number: 5H79SM059738-03
PPHF Funding Amount: \$96,409.07
Purpose: Primary care services from provider partner West End Medical Centers, INC.

Sub-Award Recipient 2: Train-the-Trainer, Eric Gurvin
Sub-Award Date: 07/01/2012
Number: 5H79SM059738-03
PPHF Funding Amount: \$14,575.00
Purpose: Certified Personal Trainer to lead Fitness Activities

Sub-Award Recipient 3: Data Manager, Kelly Swann
Sub-Award Date: 07/01/2012
Number: 5H79SM059738-03
PPHF Funding Amount: \$14,561.05
Purpose: Data collection, entry and reporting.

Sub-Award Recipient 4: Data manager, Scott Weeks
Sub-Award Date: 07/01/2012
Number: 5H79SM059738-03
PPHF Funding Amount: \$14,561.05
Purpose: Data collection, entry and reporting.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: **Integration of Primary and Behavioral Health care**

Recipient:

Community Healthlink, Inc.
72 Jaques Avenue
Worcester, MA 01610

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$492,373

Number: 5H79SM059721-02

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

The last half of calendar 2012 encompassed the end of Grant Year 2 and the beginning of Grant Year 3. This past year we focused our efforts on establishing an efficient and integrated primary care clinic. Our model operates as a standalone model where CHL provides both the primary and behavioral healthcare internally. With the approval of SAMHSA we added a Practice Manager to oversee the day to day operations and added a Medical Assistant to support our nurse practitioner. This position was included in the original grant application.

Semi-Annual PPHF Report

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: SHARE - Sharing Health Alternatives Reflects Excellence

Recipient:

FMRS Health Systems, Inc.

101 South Eisenhower Drive

Beckley, WV 25801

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,600,000

Number: 1-H79SM060835-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

Start-up activities that were achieved during the first three months include:

Appointing or hiring personnel. Finalizing a relationship with the Federally Qualified Health Center (FQHC), Access Health. Began a process for sharing information until our separate electronic medical records integrate, finalized an equipment list, and developed the process for obtaining specialty services, obtaining blood work for clinic patients, and discussed ways to develop and implement whole person wellness plans. Began the process of integrating Access Health and FMRS Health Systems, Inc. Finalizing a listing of FMRS consumers with a diagnosis of Severe Mental Illness (SMI). Newly hired program staff spending the month of December familiarizing themselves with FMRS programs designed specifically for those consumers with SMI, and working on the processes for patient enrollment and participation in the integrated behavioral health and primary health care center.

Semi-Annual PPHF Report

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Total Wellness

Recipient:

San Mateo County Health System
225 37th Avenue
San Mateo, CA 94403

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$499,444

Number: 1H79SM059556-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

Our program's mission, in line with the stated goals of SAMHSA PBHCI grant, is to improve health outcomes, reduce morbidity and mortality rate of seriously and persistently mentally ill clients through the integrated health care. Our program's goals include: (i) improve access to and utilization of primary care; (ii) foster recovery via the provision of an array of wellness activities, including groups and coaching; (iii) provide a new health care approach of nursing care coordination in order to promote "whole health" via an embedded nurse care manager for every enrolled client, and (iv) develop an infrastructure of resources, relationships and practices that foster the ongoing improvement and expansion of the Total Wellness program throughout the entire San Mateo County beyond the grant period.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Trilogy-Heartland Health Care Home

Recipient: Trilogy, Inc.

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$376,624

Number: SM059677

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

Expenses during this period were used to pay for salaries for staff of the Trilogy Heartland Integrated Health clinic. In addition, funding was used to support our ongoing costs that include occupancy, IT and supplies. The Trilogy Heartland Healthcare Home project adopts a holistic approach to treatment in order to help reduce barriers to primary health care and improve the overall quality of life for more than 500 adults with serious mental illness each year. In addition to primary care services, during this period a number of wellness groups were offered, including Nutrition and Exercise, Walking for Wellness, Yoga, Aerobics, Healthy Eating on a Budget, Healthy Goals Support Group, Coping with Long-term Illness and Morning Habit Smoking Cessation. We began offering free HIV testing, counseling and prevention services. Additionally, Trilogy hosted nursing students from Rush University College of Nursing in the Integrated Healthcare program. The students were involved in co-leading groups and provide one and one support for clients who are working on meeting health-related goals.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: Alaska Youth Suicide Prevention Project

Recipient: Alaska Department of Health and Social Services

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1.44 million

Number: SM 60371

Mechanism/Procurement Type: Grant

CFDA Number (if applicable):

Summary of Activities:

Activities were commenced in mid August upon notice of initial grant award for the Alaska Youth Suicide Prevention Project. Since that time, most activity has centered on a thorough review of the initial proposal, contacting key partners including the collateral organizations and agencies that had signed on the project. Once those commitments were in place, it was necessary to establish a strategic planning process that would allow our team to begin assembling the resources and inputs necessary to fulfill the project goals, in particular the implementation of the Alaska Gatekeeper Suicide Prevention Training.

Among several planning meetings included our cross site evaluation TA visit on November 20th. In addition we assembled and organized the Alaska Gatekeeper Review Team on December 9-11 in Anchorage Alaska. This included a group of master trainers from around the state who will be instrumental in training curriculum revisions to both update and improve training fidelity. Other activities included development of sub-contracts with our statewide crisis call center for implementing a texting service, media and information campaign planning, and discussions with organizations who will be key players in implementing trainings to increase workforce competencies in responding to suicide risk. These discussions include Alaska Native tribal organizations and also the Alaska Division of Juvenile Justice.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: University of Alaska Anchorage; Center for Behavioral Health and Research Services

Sub-Award Date: 12/1/12
Number: 0630499
PPHF Funding Amount: \$72,000
Purpose: Performance Evaluation

Sub-Award Recipient 2: University of Alaska Anchorage; Center for Behavioral Health
and Research Services
Sub-Award Date: 12/1/12
Number: 0630500
PPHF Funding Amount: \$30,000
Purpose: Training curriculum development

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: Creating a Caring Community: the Amherst C3 Initiative

Recipient:

Amherst College
Trustees of Amherst College
PO Box 5000
Amherst MA
01002

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$299,709

Number: 1U79SM060455-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

We provided the Student Support Network (SSN) gatekeeper training to 15 student leaders and added an additional session on eating disorders. We recruited 16 students for a second session scheduled in January. We provided gatekeeper training to 60 Resident Counselors and offered four sleep & stress workshops in the residence halls, with about 20 participants in each workshop. We also participated in “Relaxation Night”.

We interviewed for the grant staff position of Mental Health Educator, and hired Jessica Gifford, who started November 26.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: UMASS Donahue Institute (UMDI)
Sub-Award Date: October 1, 2012
Number: 101-UMDI
PPHF Funding Amount: \$30,000
Purpose: Project evaluation and assessment

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: The Bergen Community College Suicide Prevention Project

Recipient:

Bergen Community College
400 Paramus Road
Paramus, New Jersey 07652

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$301,215

Number: 1U79SM060481-01

Mechanism/Procurement Type: Discretionary Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

Coordinated efforts to integrate prevention project with campus-based mental and behavioral health services and networking infrastructure. Appointed and convened advisory council to support/strengthen project implementation. Introduced GLS Suicide Prevention project at October 2012 BCC Heart of Healing event. Prepared, delivered 12 hour Mental Health First Aid training to 20 students and 5 staff/faculty on December 14 and 15, 2012. Recruited BCC staff to upcoming MHFA “train the trainer” workshops. Researched additional Gatekeeper Suicide Prevention and supportive programming (e.g., ISP & DORA). Promoted community connections and involvement of BCC students, faculty, and staff in safe messaging via Bergen County American Foundation for Suicide Prevention “Out of the Darkness Community Walk”. Initiated planning of future campus-wide safe and health messaging media campaign and Care Plus Foundation/BCC production of suicide prevention awareness and mental health stigma special events.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1:

Care Plus NJ
17-07 Romaine Street
Fair Lawn, NJ 07410

Sub-Award Date: Executed December 20, 2012 for project year

Number: 1U79SM060481-01
PPHF Funding Amount: \$31,000
Purpose: Training and Awareness Coordination

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: Century College Campus Suicide Prevention Grant

Recipient: Century College

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$301,031

Number: SM 60544

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.500

Summary of Activities: Activities over this reporting period include grant start-ups. Start up activities included staffing. The Intervention Specialist whose resume has been submitted in the initial grant application was unable to take the position, thus we need to fill the Intervention Specialist Position. Jessie Rae Rayle was placed into this contracted position. We also added a 20% position titled Student Services Suicide Prevention Coordinator.

In November, a conference focusing on Mental Health and Suicide Prevention was held. The conference was held on campus and promoted to students, faculty, staff and the community. There was a morning keynote speaker, break-out sessions and a lunch keynote speaker. The Be Well conference was a success with approximately 100 attendees. We received very positive feedback on the conference.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: GLS Suicide Prevention

Title: Chaminade University of Honolulu; Campus Suicide Prevention Proposal (aka E ho' opili No Na Haumana Project)

Recipient: Chaminade University of Honolulu

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$301,044

Number: 1U79SM060476-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

During the above noted reporting period grant funds were received, requested revisions/justifications were submitted and approved, and a project coordinator was secured. All training programs offered by the grant coordinators were attended along with several locally offered suicide prevention conferences/workshops, which proved to be valuable networking with other leaders in the state. A team of interns was formed for the program, an inventory of current programs offered on site was conducted and our university prevention-training model discussed and solidified. QPR (Question Persuade Refer) was the identified model and training materials have been secured for 16 trainers. During this reporting period, the Project Coordinator completed the QPR trainer certification and fifteen more faculty/staff will be trained during the next reporting period. QPR training slots have been secured for both the Faculty Retreat and the Staff Retreat which both are scheduled to occur next semester/reporting period.

An on campus Suicide Advisory Board was implemented and several members of our core team have also joined the State of Hawaii Suicide Prevention Task Force. The planning has been completed for an on campus resource center which will cater to all students on campus and offer a wide array of programming including mentoring, social skills development groups, and general access to resources and referrals to providers. The resource center will be fully implemented during the next reporting period. Planning has begun for an online resource center to serve parents, students and faculty. Promotional materials have been ordered and received; these items include wrist bands and a variety of t-shirts, tank tops and polo shirts. Expense tracking systems have been created. University policy and procedures are beginning to be reviewed, although

we've just begun the policy review we anticipate having them fully reviewed with the necessary edits made by the end of our next reporting period.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: William and Mary Comprehensive Suicide Prevention Program

Recipient:

The College of William and Mary
PO Box 8793
Williamsburg, VA 23187-8793

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$236,604

Number: 1U79SM06050901

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

In the first few months of William and Mary's SAMHSA Suicide Prevention Grant implementation, we have laid the foundation for the next several years of preventing suicide on our campus. We have formed Suicide Prevention Advisory Board and a working group has met bi-monthly to communicate about progress and brainstorm ideas for improvements. We held a Mental Health Screening Day, screening almost 50 students, held a meeting for local mental health providers, and had diversity peer educators take At-Risk's online suicide prevention programs. In addition, we hired and have been working with our evaluator ensuring we're set to evaluate all of our programs over the entirety of the grant period.

In preparation for the spring semester, we have established the Tribe Rides program to connect students to off-campus mental health providers. We have coordinated with a local taxi company, developed an application form, and secured additional funding and student interest through Student Assembly. Now, as we advertise the program, we hope to have students use it during the spring semester. In addition, we have hired two graduate students to serve as interns during spring 2013. We are ready to implement the National College Health Assessment (NHCA) as our baseline method of evaluation and we've advertised for Graduate Assistants to be hired early in the Spring 2013 semester.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: University of Florida Suicide Prevention Program

Recipient:

Counseling and Wellness Center, University of Florida

Sheryl A Benton, Ph.D.

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$296,821

Number: 1U79SM060472-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable):

Summary of Activities:

There are two major initiatives related to the grant so I will describe activities related to each:

- 1) Mental Health social marketing campaign
 - Focus groups with students completed, data analyzed, key themes summarized.
 - Assessment instrument developed and completed.
 - Potential identifying name and logos developed, tested with students, and logo and name finalized
- 2) Kognito At-Risk for faculty, staff, and students
 - Purchased student version in December 2012
 - Developed an initial plan for marketing student version
 - Made several presentations to faculty and staff groups encouraging them to complete Kognito At-risk on-line training. At-Risk training began for faculty last fall (prior to the grant), at this point 400 faculty and staff have accessed the training.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: Focus on Life – Guam Youth Suicide Prevention

Recipient: Guam Department of Mental Health and Substance Abuse

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,440,000

Number: 1U79SM060450-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

Guam's Focus on Life built the community's capacity to prevent suicide and intervene with persons at-risk. During this reporting period, LivingWorks certified trainers conducted eleven (11) safeTALK (Tell Ask Listen Keep safe) and three (3) ASIST (Applied Suicide Intervention Skills Training) workshops and reached a total of 232 youth and adult caregivers from the behavioral and primary health care and diverse community settings. On September 10-15, 2012, the DMHSA Prevention and Training Branch staff attended a Gathering of Native Americans (GONA) training and completed the training of trainers component as well. GONA values (Belonging, Mastery, Interdependence and Generosity) and principles are now incorporated in suicide awareness and prevention presentations conducted in school and community meetings allowing a more inclusive discussion around suicide.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: National Suicide Prevention Lifeline (Lifeline)

Recipient:

Link2Health Solutions, Inc.
50 Broadway, 19th Fl.
NY, NY 10004

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$504,728

Number: 1U79SM060778-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): SM-12-004

Summary of Activities: Supports the training of over 160 Lifeline crisis centers in evidence informed suicide intervention and prevention skills. Also supports increased access to suicide prevention counselors through the implementation and expansion of Lifeline chat based services.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: MDPH Youth Suicide Prevention Project

Recipient: Massachusetts State Department of Public Health

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,440,000

Number: 1U79SM060404-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

The target population is high-risk youth in four regions of Massachusetts with the highest rates of suicide and/or non-fatal self-inflicted injury. In Massachusetts, the risk for suicide mortality and morbidity varies significantly by region. The project targets four regions for inclusion in the proposed suicide prevention activities based on 5-year average annual youth suicide and/or self-injury rates greater than the national rate.

The project has six overall goals with numerous measurable objectives for each goal. The six goals are: Goal 1: Implement sustainable, replicable, and evidence-based training programs in recognizing, referring and treating suicidal behavior. Goal 2: Promote and develop systems of care that utilize the best evidence available to identify and help youth at risk. Goal 3: Educate providers and parents on suicide risk and protective factors, warning signs and available resources for LGBT youth. Goal 4: Support resiliency in LGBT and AI youth through sustainable, skill-building efforts and resources. Goal 5: Address on-going needs of survivors of suicide loss. Goal 6: Improve transitional outcomes (from service to college/home_ for veterans in Berkshire County and on the Cape and Islands.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Berkshire Area Health Education Center

Sub-Award Date: November 1, 2012

Number: 1U 79 SM060 404-01

PPHF Funding Amount: \$300,000

Purpose: Regional youth suicide prevention coordination and activities

Sub-Award Recipient 2: Cape Cod Community Health Center

Sub-Award Date: November 1, 2012

Number: 1U 79 SM060 404-01

PPHF Funding Amount: \$300,000

Purpose: Regional youth suicide prevention coordination and activities

Sub-Award Recipient 3: MA School of Professional Psychology

Sub-Award Date: In contracting process

Number: 1U 79 SM060 404-01

PPHF Funding Amount: \$150,000

Purpose: Regional referral for mental health services with follow-up

Sub-Award Recipient 4: Justice Resource Institute

Sub-Award Date: December 1, 2012

Number: 1U 79 SM060 404-01

PPHF Funding Amount: \$30,000

Purpose: Regional youth suicide prevention coordination and activities

Sub-Award Recipient 5: University of Massachusetts Amherst, School of Public Health and Sciences

Sub-Award Date: November 27, 2012

Number: 1U 79 SM060 404-01

PPHF Funding Amount: \$174,000

Purpose: Cross site and local evaluation

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: A Suicide Prevention Program for the Medical University of South Carolina

Recipient: Medical University of South Carolina
19 Hagood Ave, Suite 606
MSC 808
Charleston SC 29425

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$301,213

Number: 1U79SM060490-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

There are 2 specific aims associated with this award which include: 1) Utilization of a web-based tool for self-assessment and prevention of depression and suicidal ideation among students at the Medical University of South Carolina (MUSC); and 2) Development of a Behavioral Support and Intervention Team (BSIT) at MUSC.

Specific aim 1's goal is to implement a web-based program utilizing cognitive behavioral therapy for the prevention of depression, anxiety and suicidal ideation among MUSC students. The prevention program will be implemented prior to the start of the academic year (8/2013). Activity related to this goal and program during the reporting period has included study start up activities i.e., study design and protocol development.

Specific aim 2's goal is the development of a BSIT intervention team. The mission of the BSIT is to collate and integrate various sources of information and offer recommendations to the college deans as a means of identifying and proactively assisting students who exhibit behaviors of major concern. The BSIT provides a centralized repository for information which may indicate student problems which are or could become disruptive or threatening and therefore may have an adverse impact on the safety of that student and/or the safety of others in the MUSC community.

SAMHSA Semi-Annual PPHF Report

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: Access to Suicide Awareness and Prevention (ASAP)

Recipient: Miami Dade College

Reporting Period: July 1 – December 31, 2012

Number: 1U79SM 60458

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

Both the Project Director (Cathy Anthofer, in-kind to the grant) and the Project Manager (Rita Tybor, grant-funded position) have participated in numerous technical assistance workshops, including over 20 current and prior GLS webinars provided by the Suicide Prevention Resource Center and grant partners. Additional training had been completed by the Grant Manager including a three-hour Mental Health First Aid program, as well as a two-hour training in the Florida Baker Act and a two-hour program in the Marchland Act provided by the University of South Florida. A workshop has been provided by the College Training and Development in Confidentiality. The Grant Manager's office is in place and an electronic filing system outlines 36 areas of grant activities and research. The training has been helpful in creating momentum and providing the planning tools for the implementation of grant activities.

A revised Grant Timeline of Activities has been approved by SAMHSA, and all grant reporting sites are operational. Nine of the ten first quarter activities have been successfully completed, as well as the preliminary tasks to conduct future grant goals. For example, the Grant Manager has introduced the grant to nearly 100 community organizations via participation at two separate community meetings, and three MOUs are in the initial planning phases. At Miami Dade College, an explanation of grant goals has been conducted through a series of more than 30 meetings with MDC faculty and staff. Most of these meetings were intensive, individual interviews to plan suicide prevention activities that are both pragmatic and sustainable. (Detailed records of these meetings show that they have contributed over \$27,000 of an in-kind match to the grant.) Two student groups have met with the Grant Manager and will provide student input and recommendations as well as assisting with grant events. All of these activities have provided the ground work for the successful completion of the activities as outlined in the grant.

PPHF Funding: \$295,087

Sub-Recipients: Not Applicable

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: The Promoting Wellness and Resiliency Program at Monmouth University

Recipient:

Monmouth University
School of Social Work
400 Cedar Avenue
West Long Branch, NJ 07764

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$301,215

Number: 1U79SM060523-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

During the July 1- December 31, 2012 period, we received our grant and began to build the foundation for our grant and began trainings. As part of the foundation of our grant, we hired two graduate student workers, began construction on our website which will be up in January 2013, submitted Institutional Review Board application, and health a student contest for the program logo development. A logo contest was held with students in the Department of Art and Design. Over 30 submissions were submitted. We selected a 1st, 2nd, 3rd place winner and 2 honorable mentions. The first place winner logo will be used on our banners, and program materials.

Despite setbacks due to Hurricane Sandy, we held 10 trainings on suicide awareness, identification and referral for campus community gatekeepers, including Administrators, Deans, Staff of Administrators, Food service, facilities, police, Athletics, First Year Advisors, and Residential Life Area Coordinators. We trained an additional 120 members of the campus community in other mental health awareness and promotion activities/programs, bringing our total since August to 350 individuals. We also consulted with Lifeline to create a text message blast for students on campus which we will begin in the spring and “blast” a few times a semester.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: TEAM: Training, Education, Arts and Mental Health

Recipient: Plymouth State University

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$277,825

Number: 1U79SM060463-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities: The notification of the grant funds arrived in August. At this time we secured both the PI and evaluators responsible for the grant. During this period of time the partners attended all of the webinars to ensure that we were adequately trained to meet all expectations of the grant.

During this timeframe, an 18 member advisory board was established (first meeting was December 4th), we scheduled AMSR, gatekeeper and Prevention Planning Training for Spring of 2013, submitted an IRB application which was approved, conducted a needs assessment using board input and conducted three campus wide educational events (LGBT Gatekeeper Training, Mental Illness Awareness Forum and a Suicide Prevention Forum totaling 67 participants)

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: NAMI-NH (National Alliance on Mental Illness-New Hampshire)

Sub-Award Date: 12/1/12

Number: N/A

PPHF Funding Amount: \$22,400

Purpose: To provide campus wide connect training which is a national best practice model consisting of training, protocols, and networking designed to build a cohesive infrastructure for suicide response.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: SVSU Mental Health Prevention and Awareness Project

Recipient:

Saginaw Valley State University
7400 Bay Road
University Center, MI 48710

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$238,121

Number: 1U79SM060503-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

- Alcohol poisoning magnets were purchased and placed in all residential halls
- Brought “The Bullycide Project” to campus. “The Bullycide Project” is a play where actors portrayed real life occurrences of bullying and how the victims reacted. Great Q & A session after the show where the counseling resources were discussed.
- Met with Robert Lane, head of the Faculty Association, to discuss ways to disseminate suicide prevention information to professors. We will present to the faculty during their Association meeting in February of 2013.
- Hired a student worker to assist in creating a suicide prevention programming.
- Active Minds Chapter was discussed, informational meetings held and members accepted. Active Minds became a registered student organization at SVSU in November 2012. Recruitment will continue into SVSU’s winter semester of 2013. We are also in the process of registering our Active Minds Chapter nationally.
- Created monthly bulletin boards with mental health and substance use/abuse information.
- Gave several presentations on suicide prevention, mental health and substance abuse to: a sorority, nursing students, and Residential Life Staff.
- Presented to Enrollment Management Division about students flagged as “at risk”. Discussed stress management and dealing with anxiety and depression. Talked about safety planning.
- Did a SWOT analysis of our university to determine areas of need

Semi-Annual PPHF Reporting Template
January 15, 2013

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: Suicide Prevention Resource Center (SPRC) at Education Development Center, Inc. (EDC)

Recipient: EDC

Reporting Period: July 1 – December 31, 2012

Number: 3U79SM059945-03S1

Mechanism/Procurement Type: Cooperative agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The PPHF award began on 9/30/12 and supports 1) the work of the National Action Alliance for Suicide Prevention (Action Alliance) and 2) the development of a comprehensive report on how to best sustain suicide prevention activities in state, tribal and campus settings. For the Action Alliance, we: provided technical assistance to the 14 Action Alliance task forces to help them achieve their goals and catalyze change; provided staff support for three of the four Action Alliance priorities (*Integrating suicide prevention into health care reform, Changing the public conversation around suicide and suicide prevention, and Transform health care systems to significantly reduce suicide*); developed and implemented a strategic communications plan to publicize the Action Alliance and announce the revision of the National Strategy for Suicide Prevention (NSSP); and provided logistical support for an Executive Committee meeting and a planning meeting of an NSSP Impact Group. For the sustainability project, we completed a thorough review of the sustainability literature; developed a list of state, tribal and campus contacts to survey regarding current efforts to sustain suicide prevention activities, following the completion of federal funding; developed and submitted to SAMHSA for review protocols and research instruments, including a survey for each of the target audiences (campus, states and tribes) and a corresponding interview guide.

PPHF Funding: \$650,000

Sub-Recipients:

Sub-Recipient 1: Social Science Research and Evaluation

Sub-Award Date: overall September 30, 2012 to September 29, 2013- for the purposes of this report- September 30, 2012 to December, 31, 2012

Number:

PPHF Funding: \$20,005 for the entire year

Purpose: Assist with the evaluation of Supplement Goal 2, Objective 2.2: Assess and recommend successful sustainability strategies to support GLS grantees and the field in sustaining suicide prevention work.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: The HOPE Initiative

Recipient:

Texas Christian University
2800 S. University Drive
Fort Worth, TX 76129

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$243,982

Number: 1U79SM060521-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

The funding for out GLS Campus Suicide Prevention grant was awarded to Texas Christian University on August 1, 2012. The activities of the first four months (August - December 2012) can be categorized as 1) receiving required training for grantees, from SAMHSA staff; 2) evaluation of TCU current suicide prevention efforts and strategic planning; 3) development of suicide awareness social marketing message and website, and 4) planning suicide prevention activities, needs assessment, and data collection activities for next semester.

The TCU Council on Mental Health and Suicide is a collation of campus stakeholders responsible for studying the campus environment and making recommendations for strategies to support student mental health. The Council used the *Jed Foundation / SPRC Comprehensive Model for Campus Suicide Prevention & Mental Health Promotion* to audit the TCU community for risk factors and preventive factors, and set priorities for suicide prevention efforts. Project staff worked with student focus groups to develop a social marketing “theme” for the HOPE Initiative. A suicide prevention website was created and advertised in the student newspaper. Content is still in development. Project staff worked with TCU Communications Office to develop the press release announcing the grant award, which was top news of the TCU website for several days. Planning is underway for increased promotion of gatekeeper training for faculty and students. We are in process of hiring a full-time Suicide Prevention Outreach Coordinator, to support the goals of marketing and coordinating outreach events and gatekeeper trainings.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: UH Hilo Suicide Prevention Program

Recipient:

University of Hawaii at Hilo
Student Services
200 W. Kawili Street
Hilo, HI 96720

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$261,133

Number: 1U79SM060478-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

The goals and objectives for this program include:

1. Develop culturally relevant high-quality training materials for student peers and seminar materials for gatekeepers
2. Develop seminar materials for family members of high risk students to be presented at semester Orientation Programs
3. Recruit students from targeted at-risk populations to attend the semester long workshops as part of their student employment
4. Recruit volunteer students for introductory two-hour training workshops from other student populations
5. Reduce the stigma of seeking mental health assistance
6. Increase early intervention in student mental health issues by referrals from peers
7. Increase overall utilization of campus mental health services and the NSPL
8. Increase utilization of campus mental health services in the targeted high risk student populations

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: Leveraging Campus-Community Collaborations to Enhance Suicide Prevention at the University of Iowa

Recipient:

The University of Iowa
Jennifer Lassner
Office of the Vice President for Research
Sponsored Programs
2 Gilmore Hall
Iowa City, IA 52242

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$270,970

Number: 1U79SM060534-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities: The following activities were initiated and/or completed using PPHF funding:

- Established and convened grant advisory committee comprised of 22 campus and community members (7 meetings between 8/1/2012 and 12/31/2012), meetings will continue semi-monthly after January 1, 2013;
- Recruited and employed three graduate assistants;
- Grant staff participated in web-based Suicide Prevention Resource Center grantee training modules;
- Purchased, printed and disseminated Pace University multicultural suicide prevention brochures to targeted student populations (culture houses, international students, students with disabilities);
- Planned and initiated Mental Health First Aid training sessions (one session conducted on 12/11/2012 and 12/12/2012);
- Completed purchase agreement for Kognito Interactive-Student Version
- Completed Kognito Interactive-Student Version on boarding training sessions;
- Acquired Student Support Network training materials;

- Developed volunteer recruitment plan for Student Support Network;
- Developed Student Support Network training schedule, presenters, and locations;
- Initiated data collection contacts and follow up for Big Ten Suicide Study

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Suicide Prevention

Title: The University of Tennessee's Project Safety-Networking and Training

Recipient:

University of Tennessee Martin
Student Health and Counseling Services
609 Lee Street
Martin, TN 38238

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$242,201

Number: 1U79SM060522-01

Mechanism/Procurement Type: Grant

CFDA Number (if applicable): 93.243

Summary of Activities:

We have spent this reporting period finalizing our budget, formalizing our goals and objectives and planning our program implementation. We did complete five gatekeeper-training programs and our coordinator completed the certified gatekeeper instruction course. Our search for our program coordinator began in September and was completed in November. The program coordinator began December 1, 2013 and has spent her time reviewing the training information, making campus connections and familiarizing herself with the grant.

She will begin program implementation in January 2013. Her priorities include increasing awareness of suicide risk factors, warning signs, prevention and resources by distributing informational material and conducting gatekeeper trainings; strengthening networking infrastructure between and among the UTM staff and faculty and community resources to enhance access to mental health services by establishing collaborative relationships between campus stakeholders and program coordinator and meeting with local mental health care providers to establish communication procedures; and, increasing the number of educational opportunities for UTM community on suicide prevention, identification and reduction of risk factors by making web site enhancements and implementing campus outreach programs.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA / Center for Disease Control and Prevention

PPHF Program: SAMHSA Health Surveillance

Title: Analysis of Mental Health Data from the Behavioral Risk Factor Surveillance System (BRFFS)

Recipient:

Center for Disease Control and Prevention
1600 Clifton Road, N.E., MS E-97
Atlanta, Georgia 30333
Employer ID Number: 586051157
DUNS: 927645465

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$600,000

Number: SAMHSA AM12C9200A/ CDC 12SE12-001

CDC SO11-1101 and SO11-1102

Mechanism/Procurement Type: Interagency Agreement/Cooperative Agreement

CFDA Number (if applicable):

Summary of Activities: To collect, process and analyze mental health data to determine prevalence estimates of psychological distress for States and the United States. These activities will be conducted utilizing an existing CDC cooperative agreement with state health departments that produces the same data elements and deliverables for the other diseases and health conditions.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Health Surveillance

Title: Data Analysis Collection and Reporting

Recipient: WESTAT, INC

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$4,490,000

Number: 277-12-0395

Mechanism/Procurement Type: Contract

CFDA Number (if applicable): N/A

Summary of Activities: The collection, analysis, and evaluation of data within the Center for Substance Abuse Preventions (CSAP) discretionary programs.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Kit Solutions

Sub-Award Date: 9/12/2012

Number: 277-12-0395

PPHF Funding Amount: \$2,749,917

Purpose: KIT solutions will have the primary responsibility for the IT components of this project. They will provide a web-based data collection and prevention resource system for the collection of program performance and monitoring of CSAP grantees. In addition, they will staff a help line and serve as a data warehouse.

Sub-Award Recipient 2: Carnevale Associates

Sub-Award Date: 9/12/2012

Number: 277-12-0395

PPHF Funding Amount: \$418,111

Purpose: Carnevale Associates is responsible for reporting the results of the data that is collected from the web-based system.

Sub-Award Recipient 2: Pacific Institute for Research and Evaluation (PIRE)

Sub-Award Date: 9/12/2012

Number: 277-12-0395

PPHF Funding Amount: \$349,979

Purpose: PIRE will have the primary responsibility for the analysis of data collected from the web-based system.

Description of Data Requested

The following provides a brief explanation of the data requested in the fields above.

Agency: Include the name of the Operating Division or Staff Division that awarded funds. If your agency has agreements with other HHS agencies using PPHF resources, the original agency that received PPHF dollars is responsible for submitting these reports and should be included in the “agency” field. [\[Already Completed- SAMHSA has been pre-filled.\]](#)

PPHF Program: Please use the program name listed on PPHF website. [\[Please use one of the following as appropriate: Primary Behavioral Health Care Integration, Suicide Prevention, Screening, Brief Intervention and Referral to Treatment, SAMHSA Health Surveillance, Prescription Drug Monitoring Integration and Interoperability Expansion\]](#)

Title: When possible use the title used previously in other FY 2012 reporting (i.e. FOA or award notification).

Recipient: Include the name of the prime recipient awarded grant or contract action funds. If many recipients received funding from an award, each recipient must report on the required sub-recipient award data.

Reporting Period: This reporting cycle will capture funds awarded from July 2012 through December 2012. Recipients who receive funding after December 31st will not be required to participate in this round of reporting. This reporting period will not include any FY 2013 awards since it is unlikely funds will be allocated prior to the end of the calendar year. . [\[Already Completed\]](#)

PPHF Fiscal Year Allocation: Please enter “FY 2012”. This new field was added to tie the report to the specific fiscal year allocation that provided funding. . [\[Already Completed\]](#)

PPHF Funding Amount: Include the total amount awarded to the recipient. [\[Only report the amount coming from PPHF funding.\]](#)

Number: Include the contract action or grant award number.

Mechanism/Procurement Type: Indicate the mechanism used (i.e. contract, grant, cooperative agreement).

CFDA Number: If applicable, include the CFDA number associated with the grant award.

Summary of Activities: Include a brief summary of how funds were used by the recipient.

Sub-Award Recipients: Includes all sub-grants, and any sub-contract action with a value of \$25K or more.

Sub-Award Recipient 1: Include the name of the sub-recipient that received funds.

Sub-Award Date: Include the sub-contract action or sub-grant award date.

Number: Include the prime recipient award number.

PPHF Funding Amount: Include the amount of funding awarded.

Purpose: Include a brief summary of how funds were used by the recipient.

Note: add additional sub-recipient sections as necessary to fulfill reporting requirements. Delete “sub-recipient 2” if not necessary. Contact your Agency Contact with any questions on this template.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA / Agency for Healthcare Research and Quality

PPHF Program: SAMHSA Health Surveillance

Title: Emergency Department and Community-Level Indicators

Recipient: Agency for Healthcare Research and Quality

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: SAMHSA 12CEMS001A/ AHRQ 12538R12

Mechanism/Procurement Type: Interagency Agreement

CFDA Number (if applicable):

Summary of Activities: A collaboration to develop and disseminate beta and final emergency department (ED) and community-level quality indicators related to behavioral health. Funding will be used to develop a community-based data system to track substance use and related problem indicators. This system will be designed to address a critical gap in the substance abuse information network that warns of emerging drug threats and provides ongoing information on the effectiveness of drug control policies and programs. The system will track and provide data that is meaningful and manageable for communities as well as fill an information gap identified in the President's National Drug Control Strategy.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: SAMHSA Health Surveillance

Title: Design and Production of Mental Health, United States, 2010 and 2012

Recipient:

Research Triangle Institute
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC 27709-2194
DUNS: 004868105

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$657,000

Number: HHSS283200700002I/ Ref No. 283-07-0206

Mechanism/Procurement Type: Contract

CFDA Number (if applicable):

Summary of Activities: The purpose of the publication is to make information on all aspects of behavioral health (i.e. substance abuse treatment as well as mental health services) available to state agencies, constituency organizations, mental health consumers and family members, researchers, and the public at large.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: SAMHSA Health Surveillance

Title: National Analytic Center – Logistical Contract

Recipient:

Manila Consulting Group, Inc.
1420 Beverly Road, Suite 220
McLean, VA 22101-3731
DUNS: 037814956

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$460,434

Number: HHSS283200700040I

Mechanism/Procurement Type: Contract

CFDA Number (if applicable):

Summary of Activities: Funding will be used to clean the data, develop sample weights, and provide reports. These resources will also be used to develop estimates for calendar year 2012 as there will be no data collected during that year while the new survey is developed in collaboration with CDC.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: SAMHSA Health Surveillance

Title: National Survey of Drug Use and Health

Recipient:

Research Triangle Institute
3040 Cornwallis Road, P. O. Box 12194
Research Triangle Park, NC 27709-2194
DUNS 004868105

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$10,649,800

Number: HHSS283200800004C

Mechanism/Procurement Type: Contract

CFDA Number (if applicable):

Summary of Activities: The purpose of this request is to ensure continuity of operations for the National Survey on Drug Use and Health (NSDUH). Depending on the timing these funds help support various aspects of the ongoing NSDUH operations ranging from field preparation activities, data collection activities, data processing and reporting activities, and data file preparation activities.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary Care and Behavioral Healthcare Integration Project

Recipient:

Adult and Child Center
222 East Ohio St., Suite 600
Indianapolis, IN 46204

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$496,176

Number: 5H79SM059751

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: To embed primary care providers among our adult Serious Mentally Ill service line to provide integrated primary and behavioral health services and chronic disease management.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: IUPUI (University)

Sub-Award Date: 7/1/2012

Number: 5H79SM059751

PPHF Funding Amount: \$26,890.23

Purpose: project outcomes and evaluation

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: AICS Primary and Behavioral HealthCare Integration

Recipient: Alaska Island Community Services

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$300,000

Number: SM059740-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable):

Summary of Activities:

Alaska Island Community Services PBHCI program, a partnership with Petersburg Mental Health Services, engages in activities in three areas: wellness activities, integration of primary and behavioral health care, and outreach efforts.

Alaska Island Community Services (AICS) and Petersburg Mental Health Services (PMHS) both continue to engage the peers who were trained at the Whole Health, Wellness and Resiliency Peer Support Training. The three peers, one working with AICS and two working with PMHS, remain committed to co-facilitating wellness activities. PMHS continues running weekly Walleyball games for the program enrollees. These games promote strength in the following health and resiliency domains: stress management, physical activity, and support network. There are six regular participants. PMHS also leads a twice weekly free walking program. AICS continues offering twice monthly activities that combine exercise and nutrition education. The activities are co-facilitated by the Project Director and the Peer Co-Facilitator; one activity is held at the Department of Parks and Recreation facility and the other at the AICS day habilitation group. The activities are 1 ½ hours long, with an hour of physical activity, and a half hour of nutrition education and sampling. AICS PBHCI wellness-related programming activities continue to be driven by consumer feedback.

Program enrollees are regularly asked about their happiness with the programming provided and their ideas are solicited for additional programming ideas. Soliciting and utilizing enrollee feedback on future activities helps ensure enrollees continue to attend wellness activities. Both AICS and PMHS also continue to offer free access to Parks and Recreation facilities, including the gym and swimming pools, for PBHCI enrollees in their respective communities. AICS is further able to offer PBHCI enrollees free access to all of the activities offered by Parks and Recreation. Agency staff accompanies clients to activities as needed in both communities.

The behavioral health providers at Petersburg Mental Health are now enrolling their own clients in the AICS PBHCI program. Clinicians have become comfortable with completing TRAC intake assessments and evaluation assessments with their clients. Having clinicians handle all aspects of the integration of their clients' care ensures we are providing the best integrated care for enrollees. PMHS' behavioral health clinicians have increased their efforts around scheduling and attending primary care appointments with the clients. The aim is to decrease the amount of missed appointments reported by the clinic, by increasing accountability. Additionally, it helps to ensure the necessary health information is being collected for clients. PMHS continues to struggle with communication and delays between primary and behavioral health providers, we hope the new system will increase communication and decrease delays. AICS' Project Director and the TideLine Clinic Operations Manager continue to meet weekly to discuss client enrollment for the week. These meetings ensure that as clients are being enrolled in the program they are being scheduled for primary care appointments that meet their unique needs as a patient. The Wrangell Wellness Coordinators continue to support AICS' behavioral health clinicians in regular outreach and communication with primary care providers regarding shared clients. Providers communicate through regular phone calls and emails. This increase in communication between providers has resulted in several "success stories" which are collected weekly from the behavioral health clinicians. These stories are meant to highlight the successes in client care that result from integrated services. An example of a success story shared by one of the clinicians is below:

Recently a client began to have excessive anxiety with no apparent new stressors. Since I work closely with the client's physician I was able to call the physician and let her know of the client's increased symptoms. The physician had the client go in for an appointment as the client was recently prescribed a new medication that the physician felt was probably the cause of the client's increased anxiety. The physician changed the client's medication and within a few days his anxiety ceased. Petersburg Mental Health Services brought a group of mental health consumers to two community meetings to advocate for mental health support. The meetings focused on the climate of the community and what residents can do to increase a feeling of unity and collaboration within the community. The Community Meetings were each attended by 4 consumers. The Petersburg Wellness Coordinator also attended the community Beat the Odds Race as a form of community outreach. A table was set up at the event and information was provided on the wellness program. An estimated 250 community members attended the event. In December, a 1.5 hour presentation on high-risk substance use was provided to 28 members of the Coast Guard. The focus was on addressing the modifiable risk factors of substance use, and providing attendees with information to make healthy choices to decrease the likelihood of lifestyle related illness. Information on mental health and substance abuse services available in the community was also provided. Finally, the Petersburg Wellness Coordinator took part in a twenty minute interview about the PBHCI program and seasonal affective disorder on a local radio program.

We reviewed health care integration, wellness activities, and the importance of preventive care through regularly scheduled health screenings. We also focused on the eight dimensions of wellness, and reviewed signs of sleep deprivation and shared ways to improve sleep hygiene. The number provided is based on the estimated listening population of 3,000.

During the first AICS' PBHCI program year, AICS and PMHS each adopted a policy to apply for a minimum of three Behavioral Health mini-grants a year for PBHCI enrollees.

These grants were used to provide PBHCI enrollees with equipment, supplies and services to improve the quality of the enrollees' lives and help them attain and maintain healthy and productive lifestyles. For the months July to December \$4,840 in Alaska Mental Health Trust Behavioral Mini Grant funds were secured for enrollees.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary Care Integration Project

Recipient:

Apalachee Center, Inc.
2634-J Capital Circle NE
Tallahassee, FL 32308

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: SM059764-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Provided physical health services and mental health services to SPMI clients in Leon County, Florida and completed national outcome measures for all enrolled clients.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Bond Community Health Center

Sub-Award Date: 7/2012-12/2012

Number: SM059764-03

PPHF Funding Amount: \$151,540

Purpose: Provided medical services and health education

Semi-Annual PPHF Report

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Asian Primary Care Integration

Recipient:

Asian Community Mental Health Services
310 8th Street, Suite 201
Oakland, CA 94607

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: SM 059770

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Funds were primarily used to provide primary care services onsite and wellness activities to our severely mentally ill adult consumers. We have contracted with a neighboring FQHC, Asian Health Services, to provide primary care services to our clients. A comprehensive wellness program is another area of focus for this grant. A consumer advisory board was created in order to receive valuable input for the wellness component of the project. We have developed a wellness curriculum tailored to meet the unique needs of our API consumers. Classes are conducted in several different Asian languages. Majority of the funds are allocated for staffing, including a Project Director, Project Coordination, Data and Enrollment Specialist, and Wellness Coordinator. Asian Health Services staffing includes a part-time medical doctor, a nurse practitioner, medical assistant and nutritionist. To meet the requirements of the grant, some of the funds are allocated for travel costs to attend regional and annual grantee meetings throughout the year.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Wellness for Asian Pacific American Project

Recipient:

Asian Counseling and Referral Service
3639 Martin Luther King Jr. Way S
Seattle, WA 98144

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 5H79SM059743

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

WAPA project is a person-centered, collaborative, culturally competent, community-based care system of primary health services, wellness education and activities for underserved, at-risk, limited English proficient (LEP) Asian Pacific American immigrants and refugees with a Serious Mental Illness, in partnership with International Community Health Services, a primary care provider and Federally Qualified Health Center (FQHC).

During the period from July to December 2012, building on the successful infrastructure and capacity development, we have continued to provide primary care services and an array of culturally competent Wellness education and activities to Asian Pacific American individuals with a mental illness through bilingual bicultural care managers.

The funding was used on following areas to support the project activities:

- Personnel cost and fringe benefit: Project staffing including project director, coordinator, wellness educator, wellness specialist, evaluator, etc for 4 FTE (57%)
- Travel for 3 project staff for annual grantee meeting and regional meeting (1%)
- Supplies to support wellness activities, medical supplies, client assistance, acupuncture, office supplies (3%)
- Service Contract for Primary care service, acupuncture, other wellness activity instructors (28%)
- Indirect cost (12%)

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary and Behavioral Health Care Integration

Recipient:

AspenPointe Health Services
220 Ruskin Drive
Colorado Springs, CO 80910

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$256,541

Number: IH79SM060878-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

This grant began September 30, 2012 and program planning began almost immediately after notification of award notification. All activities that took place between 9/30/12 and 12/31/12 were planning activities to prepare processes and systems to be ready to begin accepting clients into the grant program no later than February 1, 2013. The planning meetings included the following topics: Clinic Workflow, Client Identification and Engagement, Data Collection, Clinical and Business Billing, Wellness – Groups and Nutrition, and EHR Integration Goals. Additionally, we have listened to the SAMHSA webinars for PBHCI grantees and the TRAC trainings.

In addition to program planning, we also completed renovation in our building to accommodate the additional clients. We used the funds to (1) split one large room into two smaller rooms to allow for an additional office and (2) to add a check-in window in our waiting room for our FQHC partner.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: AspenPointe Health Network

Sub-Award Date: 9/30/12

Number: IH79SM060878-01

PPHF Funding Amount: \$30,000

Purpose: AspenPointe Health Services contacted with AspenPointe Health Network to provide telephonic disease management services to clients enrolled in the PBHCI grant.

Sub-Award Recipient 2: Peak Vista Community Health Center

Sub-Award Date: 9/30/12

Number: IH79SM060878-01

PPHF Funding Amount: \$55,097

Purpose: Peak Vista is the Federally Qualified Health Center who has a primary care provider, medical assistant, and health educator on site in our Community Mental Health Center. They also are providing time for data report pulling and EHR system integration.

Reporting Template for Awarded PPHF Funds

Agency: SAMHSA

PPHF Program: Primary Behavioral Healthcare Integration

Title: ABH Primary and Behavioral Health Integration Project

Recipient:

AtlantiCare Behavioral Health
6550 Deliliah Road
Suite 300
Egg Harbor Township, NJ 08234

Reporting Period: July 1 – December 31, 2012

Mechanism/Procurement Type: Initial Contract Year (cooperative agreement)

Number: 1H79SM060792-01 REVISED

Summary of Activities: Currently in program implementation stage of integration of Primary Care in Behavioral Health Care Outpatient Clinic. This includes staff hiring and overcoming state (NJ) barriers which do not allow for this type of service integration in current facility structure. To date no grant funds have been spent on this project.

PPHF Funding: \$400,000

CFDA: 93.243

Agency Contact:

Project Director

Loyal Ownes, MA, LPC, Senior Director – Clinical Services

609-272-1114

Loyal.Ownes@AtlantiCare.org

Semi-Annual PPHF Report

Agency: SAMSHA

PPHF Program: Primary Behavioral Health Care Integration

Title: Health Home, Aurora Mental Health

Recipient: Aurora Comprehensive Community Mental Health Center
Randy Stith
Executive Director
11059 E. Bethany Drive, Suite 200
Aurora, CO 80014-2637

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,600,000

Number: 1H79SM060789-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number: 93.243

Summary of Activities: The project's implementation team has been meeting weekly since the Notice of Award was received. It is composed of a number of key mental health center staff from the teams with which we are partnering on this project, and from Metro Community Providers' Network (MCPN), our FQHC primary care partner. This implementation team has assisted the project director and manager in creating work flows, recruiting, interviewing and hiring project staff, as well as additional project planning and implementation activities. The team has hired and is in the process of training a wellness coordinator, health navigator, and peer specialist who will all be part of the health home team.

The primary care clinic within the mental health center has been operational since June, 2012 and is preparing to incorporate additional wellness services, partnerships with community organizations, and data collection for the project. The project director and manager have organized frequent meetings with staff from Aurora Mental Health Center (AuMHC) and MCPN to ensure open communication and collaborative working relationships. An MOU outlining an agreement between our agencies has been completed outlining the roles and responsibilities of each partner. Key project staff are also meeting with community partners including Boomers for Change in Health Care, who will be recruiting and training community volunteers for the project in the coming months, and will be providing health navigator training to peer advocates in our program.

MCPN has also submitted a grant proposal that will seek to provide a consultant to research HIT needs across our agency, MCPN, and Jefferson Center for Mental Health, another PBHCI Cohort V grantee, which also has MCPN as their primary care partner. It is anticipated that funding for this will be announced in February 2013. Options for attaining interoperability in the exchange of health care information across our agencies will be explored and developed over 13 months, with the goal of having a working system in place for HIE at that time.

We have developed a plan for the services which our Health Home will offer, outlined the roles staff members will fulfill and the work flow, and are beginning the process of advertising the clinic with a naming contest. Clients can submit potential names for the new Health Home and the winner will receive 10 free recreation center visits. This will be followed by an open house and assorted other modes of advertising the launch of the Health Home within and outside of AuMHC.

PPHF Funding: \$24,329.40

Sub-Recipient/Contractor:

Sub-Recipient/Contractor 1: Metro Community Partners Network (MCPN)

Sub Award Date: September 30, 2012

Number: 1H79SM060789-01

PPHF Funding: \$00.00

Purpose: MCPN is contracted to provide primary health care services to individuals served in our clinic. MCPN provides a primary care provider, medical assistant, financial screener, and medical equipment for two exam rooms in kind to this end.

Sub-Recipient/Contractor:

Sub-Recipient/Contractor 2: Aurora Research Institute (ARI)

Sub Award Date: September 30, 2012

Number: 1H79SM060789-01

PPHF Funding: \$1,331.27

Purpose: ARI is contracted to provide the program evaluation, data collection, data management and reporting for this project. To that end, ARI is providing a principal investigator, research associate, research assistant, and data assistant.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: On Site Primary Care Health Integration Project (H.I.P.)

Recipient:

AUSTIN-TRAVIS COUNTY MH-MR CENTER
1430 Collier Street
Austin, TX 78704

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$498,037

Number: 1H79SM059725-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Funds were used to provide for the integration of behavioral health and primary care services. Expenses funded included a primary care physician and behavioral health staff as well as all related program costs at ATCMHMR facilities. The grant also funded the In-Shape program designed to provide for healthy lifestyle changes.

Semi-Annual PPHF Report

Agency: SAMHSA
PPHF Program: Primary Behavioral Health Care Integration
Title: Oregon Partnership for Health Integration (OPHI)

Recipient:

Cascadia Behavioral Healthcare, Inc.
847 NE 19 Avenue, Suite 100
PO Box 8459
Portland, OR 97207

Reporting Period: July 1, 2012 through December 31, 2012

Number: 1H795MO60850-01

Mechanism/

Procurement Type: Cooperative Agreement

CFDA Number: 93.243

Summary of Activities: The SAMSHA grant was awarded to Cascadia BHC on 9/30/2012; during this time, OPHI hired two Peer Wellness Coaches and a Nurse Care Coordinator (salaries covered by grant). Cascadia BHC also hired a Director of Integrated Health Services (salary covered by Cascadia BHC) to demonstrate commitment to integrated health services and oversee the implementation and day to day operations of the PBHCI grant. A multi-disciplinary representation of both agencies has come together to form an OPHI implementation work group. During this time, OPHI members created policies & procedures, identified program needs and resources, addressed electronic medical records systems compatibility issues.

PPHF Funding: \$1,600,000 total/\$400,000 year

Sub-Recipients

Sun-Recipient 1: Outside In
Sub Award Date: 9/30/12
Number: 1H795MO60850-01
PPHF Funding: \$0
Purpose: Primary care services
Sun-Recipient 1: Regional Research Institute

Sub Award Date: 9/30/12
Number: 1H795MO60850-01
PPHF Funding: \$0
Purpose: Evaluation

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: MCICC – Mercer County Integrated Care Collaborative

Recipient:

Catholic Charities, Diocese of Trenton
383 West State Street
Trenton, NJ 08618

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 5H79SM059734-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Expenses include all personnel services, fringe benefits, travel, supplies, client assistance and consultant/subcontracts.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Henry J. Austin
Sub-Award Date: 7/2012-12/2012
Number:
PPHF Funding Amount: \$51,733
Purpose: Medical Care Services and Supervision

Sub-Award Recipient 2: Greater Trenton Behavioral Health
Sub-Award Date: 7/2012-12/2012
Number:
PPHF Funding Amount: \$25,102
Purpose: Part-time salary and benefits for one Nurse Care Manager for care coordination, and for administrative support.

Sub-Award Recipient 3: Family Guidance Center
Sub-Award Date: 7/2012-12/2012
Number:

PPHF Funding Amount: \$40,162

Purpose: Full time salary and benefits for one Nurse Care Manager for care coordination, and for administrative support.

Sub-Award Recipient 4: AAMH

Sub-Award Date: 7/2012-12/2012

Number:

PPHF Funding Amount: \$6,172

Purpose: Part-time salary and benefits for one Nurse Care Manager for care coordination, and for administrative support.

Semi-Annual PPHF Report

Agency: Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)

PPHF Program: 2012 – Primary and Behavioral Health Care Integration (PBHCI)

Title: Centerstone Integrated Care Solutions (ICS), Mary Moran, Project Director

Recipient: Centerstone of Tennessee

Reporting Period: July 1 – December 31, 2012

Number: 1H79SM60864-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number: 93.243

PPHF Funding: \$1,600,000 (\$400,000 annual)

Summary of Activities:

Funding was awarded for our project on 9/30/2012. Since receiving the award notice, the evaluation team and implementation team have worked closely developing implementation strategies for our project. Activities include working with the Project Director in establishing electronic systems that are secure and suitable for behavioral healthcare, chronic disease management and primary care. The PI and Evaluation Staff interviewed staff members of a similar integrated wellness-promotion program for individuals in the same target population to identify potential facilitators and barriers to implementation and evaluation activities. CRI evaluators have initiated the development of an evaluation plan that includes procedures for collecting data elements required by SAMHSA as well as a set of evaluation questions that align with the local evaluation. Questions have been reviewed by the Project Director and several members of the implementation team. Initial planning has been initiated for the development of an access database that is user friendly and easily accessible for the CRI's research associate. CRI has participated in interviewing potential staff, reviewed the electronic medical record and developed a workflow diagram that is used to conceptualize how to efficiently enroll, refer, serve and support ICS clients.

Additional activities this quarter include finalizing changes to our EHR to gather health indicators, identifying strategies to resolve contracting and billing issues, finalizing facility modification plans and securing bids for construction. Formal announcements and meetings have occurred with Centerstone staff informing them of the project and recruiting participants for the project has begun. The Peer Wellness Coach, Health Navigator/Care Coordinator have been hired and we continue to pursue medical staff. Staff training is being finalized and we are on target to enroll participants in our project by January 31, 2012.

Sub-Recipient: Centerstone Research Institute

Sub-Award Date: December 1, 2012

Number: 1

PPFH Funding: \$320,000 (\$80,000 annual)

Purpose: To Design information system and data collection procedures, finalize evaluation instruments, train clinical staff in administering pre-screen assessments, and support development of program policies and procedures.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary and Behavioral Health Care Integration (PBHCI) Project

Recipient: Coastal Behavioral healthcare, Inc.

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 5H79SM059621-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The majority of funds are used for personnel costs and the contractual costs associated with the provision of primary care to our clients. There are also additional costs related to program supplies, occupancy and travel.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary & Behavioral Healthcare Integration Team

Recipient: Coastal Horizons Center, Inc.

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,600,000

Number: 1H79 SM-060859 01 REVISED

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

PBHCI Team activities have consisted of the following:

- hiring staff for the project;
- educating community partners and internal agency staff to the purpose, vision and goals of the project;
- learning more about care integration and grant requirements through consultations, webinars, and collaboratives;
- obtaining renovations estimates for work to be done at two of our three involved facilities;
- working with our FQHC partners to develop first drafts of MOUs / contracts; and,
- submitting our health disparities statement for review.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Allied Primary Care and Behavioral Health Integration Systems

Recipient:

Community Mental Health Affiliates, Inc.
270 John Downey Drive
New Britain, CT 06051

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000 annually

Number: 5H79SM059564

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Through a partnership between the Hospital of Central CT and Community Mental Health Affiliates, Inc., Options 2 Health (O2H) provides integrated primary and behavioral health care services to approximately 180 clients annually.

O2H provides regular screening and outcome tracking for CMHA's outpatient clients with serious mental illness. Screenings include taking clients' personal and family history of diabetes, hypertension, cardiovascular disease, tobacco/substance use and a medication history and use of current medications. Access to social supports, risk factors and health conditions, and access to and use of primary and dental care services is also assessed. Height, weight, BMI, Blood Pressure, Blood Glucose or HbA1C and Lipid Profiles are also conducted on clients to determine potential health issues.

O2H locates medical staff in the behavioral health setting as well as in the THOCC primary care outpatient clinic setting. A .75 FTE APRN, contracted through the Hospital of Central CT (THOCC), is located in CMHA's outpatient clinic for 8 hours weekly to provide patient health education and wellness services. The APRN also provides 16 hours of primary care services to behavioral health clients through the THOCC Primary Care Clinic. An LPN/project coordinator focuses on monitoring clients' participation in primary care, specialty care and wellness activities and data collection. A Medical Case Manager also provides case management services to clients, ensuring that they follow up with medical/behavioral health and wellness

appointments and have adequate transportation and access to entitlements/other necessary resources. A Wellness Component includes tobacco cessation groups, diabetes education/management sessions, stress management, weight management and other health-related group and individual sessions.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: The Hospital of Central Connecticut

Sub-Award Date: 10/1/11

Number: Not applicable

PPHF Funding Amount: \$114,402

Purpose: Primary care services to behavioral health clients; wellness education and support, fitness and exercise classes, nutrition and diabetes education.

Sub-Award Recipient 2: University of Connecticut Health Center

Sub-Award Date: 10/1/11

Number: Not applicable

PPHF Funding Amount: \$54,512

Purpose: Project evaluation services

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary and Behavioral Health Care

Recipient:

Community Rehabilitation Center
623 Beechwood Street
Jacksonville, FL 32206

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 5H79SM059670

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: In a continued effort to develop an integrated program of service for high quality clinical services that respond to the complete health care needs of our patients, staff and outside consultants are developing methods to provide a delivery method of prevention services with trackable outcomes.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Dr. Sayman Soleymani

Sub-Award Date: 7/1/2012

Number:

PPHF Funding Amount: \$35,000

Purpose: Medical Services

Sub-Award Recipient 2: Northwest

Sub-Award Date: 7/1/2012

Number:

PPHF Funding Amount:\$32,500

Purpose: Project evaluation services

Semi-Annual PPHF Report

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary and Behavioral Healthcare Integration Washington County

Recipient: Community Health and Counseling Services

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$499,957

Number: 5H79SM059515-03

Mechanism/Procurement Type: Cooperative agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

Over the past 6 months, we contracted with Eastport Health Care to provide a PA for up to two days a week. However, we were informed in September of 2012 that the PA would be moving out of state and her services would end October 1, 2012. Eastport Healthcare informed us that they would not be hiring to replace her position and that they would have to end the contract with CHCS to provide mid-level services to the WIN program. We have been unable to replace the mid-level position at this time. We continue to communicate with Regional Medical Center in Lubec, Eastport Healthcare, and Down East Community Hospital about this need. We have collaborated with area primary care providers and reimbursed them for their time as part of our Medical Wraparound Teams.

Evaluation services were contracted with Regional Medical Center in Lubec until October of 2012. The decision was made to have the University of New England provide evaluation services for the Washington County PBHCI grant as they were contracted to do the evaluation for the PBHCI grant awarded to CHCS in Penobscot County.

Our funding has been used to support wellness activities such as the purchase of gym memberships, supplies group activities, gas cards, and books and DVDs for the lending library. Funding has also been used for staff salaries, trainings, learning community meetings, travel, medical supplies, office space and equipment.

As allowed under the grant, we have provided \$10 Subway cards for incentives for clients to engage in the required interviews for NOMs and data collection.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Regional Medical Center Lubec
Sub-Award Date: 01/01/12 – 12/31/12
Number: 1120120263-00
PPHF Funding Amount: \$25,000
Purpose: Evaluation Services

Sub-Award Recipient 2: Eastport Healthcare
Sub-Award Date: 03/26/12-09/30/12
Number: 1020120449-00
PPHF Funding Amount: maximum amount of \$66,000
Purpose: Primary Care Services

Semi-Annual PPHF Report
January 15, 2013

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Penobscot County PBHCI

Recipient: Community Health and Counseling Services

Reporting Period: September 30- December 31, 2012

Number: 1H79SM060918-01

Mechanism/Procurement Type: Grant (cooperative agreement)

CFDA Number: 93.243

Summary of Activities:

Community Health and Counseling Services was awarded this grant on September 30, 2012. The activities of this period have been focused on start up of the program. A program manager and nurse care manager were hired and will begin working for the program in January of 2013. Resumes have been received for the peer support position, and interviews will be held in late January or February. A contract was signed with the University of New England. Two evaluators from the University of New England will be providing evaluation services. Meetings have been held with the evaluators to discuss the time frame of deliverables.

The contract with St. Joseph's Hospital is in progress, and they are actively recruiting for a mid-level provider. Meetings have been held with the representative from St. Joseph's Hospital to discuss exam room needs, recruitment, public announcements, and overall program needs. Bids for construction of the exam room space were received. A formal request has been submitted to the Grants Management Specialist and Government Project Officer for approval. Exam equipment and supplies will be ordered once the construction begins.

PPHF Funding: \$399,929

Sub-Recipients:

Sub-Recipient 1: University of New England

Sub-Award Date: October 1, 2012

Number: 1020130217-00

PPHF Funding: \$80,000

Purpose: Program Evaluation

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Evidenced-Based Integration of Primary Health and Mental Health Care

Recipient:

Downtown Emergency Service Center
515 Third Avenue
Seattle, WA 98104

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$485,531

Number: SM059616

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The DESC award covered integration of primary health into behavioral health care at two locations, DESC and HMHS in Seattle, WA. Both sites are Community Mental Health providers and both sites offered an integrated care clinic with Peer services, Nursing Care Coordination and ARNP Primary Care services overseen by a Primary Care Physician. Activities also included extensive data collection, submission and evaluation.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Harborview Medical Center

Sub-Award Date: entire duration of reporting period

Number:

PPHF Funding Amount: \$199,084

Purpose: Primary Care, Peer, Data Collection and Evaluation Expenses

**DuPage County Health Department
MYCare Integrated Services Program**

**Semi-Annual PPHF Report
January 15, 2013**

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: MYCare Integrated Services Program

Recipient:

DuPage County Health Department
111 N. County Farm Road
Wheaton, IL 60187

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$374, 305

Number: 1H79SM060995-01

Mechanism/Procurement Type:Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

DuPage County Health Department was awarded the Primary and Behavioral Health Care Integration grant on October, 2 2012. Funding has supported the infrastructure development of the *MYCare* Project Plan. A Project Director was hired to lead project development, hire/recruit staff and manage the *MYCare* Integrated Program. DuPage County Health Department has contracted with a Project Management professional for consultation and support with client workflow models, *MYCare* Program design and project structure. The first Care Coordinator was hired to manage treatment for initial *MYCare* Program enrolled clients. A Peer Specialist was hired and provided clients with education about integrated care during two Primary Care pilots for clients on December 10, 2012 and January 7, 2013.

MYCare Program documentation/forms were produced and are in transition to the Electronic Client Record. The telephone intake screening was also revised to identify primary care needs. These tools will support our ability to coordinate care, collect data and track outcomes when client enrollment begins in February. Training manuals and procedures are in process for ILHIE and TRAC clinical data entry. Training on the DLA 20 was provided to *MYCare* staff in December. A breath carbon monoxide (CO) monitor was purchased for the *MYCare* Program to measure this health indicator for outcome requirements.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Montgomery County Whole Health Project

Title: Health Integration Project

Recipient:

Family Services Agency
610 East Diamond Avenue, Suite 100
Gaithersburg, MD 20877

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: SM59673

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

The project goals are to enroll 1,100 persons with serious mental illness into Whole Health Project over the four year period. This is to ensure that persons with serious mental illness receive the primary care services they; to provide nurse care management of clients in the Project by tracking the eight Section H measures; to provide wellness activities to Project enrollees; and to develop sustainability plans so that activities continue after the grant is completed. During this period the following activities were engaged in to further that goal:

- 121 new clients were enrolled in the Project; as of December 31, 2012, 592 persons had been enrolled in the Project.
- Project nurses completed all screenings and baseline data collections.
- Wellness activities included WRAP, Yoga, Stress Management class and groups, Weight Management Class, nutrition education, and walking groups.
- OMHC staff provided with technical assistance in how to incorporate client wellness/health goals into treatment plans.
- Completed renovation of the new Community Clinic (CCI) (FQHC partner) at FSI.
- Community Clinic located at FSI opened December 3, 2012. One provider, nurse practitioner, began providing services to patients three days per week.

- First of two interviews by the Washington Post occurred on December 10, 2012 regarding the new clinic—second interview and site visit scheduled for January 2013.
- Nine CCI, FS and TSI staff attended the regional SAMHSA meeting in Hartford, CT Sept. 13-14, 2012. This included the three nurse care managers and the new Nurse Practitioner; the project evaluation; CCI Clinical Services Director; TSI Clinic Manager; and the Deputy Director of FSI.
- Project Director and CCI Deputy CEO testified on Capitol Hill at a lunchtime briefing for Capital Hill Staffers. Event was sponsored by the National Council for Community Behavioral health and included a presentation by Pamela Hyde, the administrator of SAMHSA.
- Received technical assistance on sustainability from the National Council for Community Behavioral Health on 11/28. Kathy Reynolds, Suzanne Daub and Jenny Crawford met with staff from CCI and FSI to discuss sustainability issues including the importance of embedding behavioral health within the CCI clinic; moving some of the tasks that the nurse care managers are now doing to other staff.
- FSI held a Health and Wellness Fair on 10/24/12.
- Attended numerous webinars.

During this period, the original project director, Jenny Crawford, left to take a new position and a new project director was hired October 8, 2012—Arleen Rogan.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Community Clinic

Sub-Award Date: Memorandum of Understanding was completed January 10, 2010

Number:

PPHF Funding Amount: Expended during this period: \$81,873.91

Purpose: Hiring nurse care managers for both FSI and TSI to be physically located at the FSI Clinic and the two TSI clinics. In addition, CCI would provide a physician or nurse practitioner to provide clinical supervision of the nurses. CCI would also hire a full-time physician or nurse practitioner to provide medical care to eligible patients.

Sub-Award Recipient 2: Threshold Services (Now St. Luke's Threshold United)

Sub-Award Date: Memorandum of Understanding completed January 10, 2010

Number:

PPHF Funding Amount: Expended during this period: \$91,269.65

Purpose: Ensure that nurse care manager had an office, make office supplies and office equipment available to nurse care manager. Comply with all grant requirements. Ultimately, hire a wellness coordinator to assist with the development of health and wellness activities at the two TSI clinics.

Sub-Award Recipient 3: NORC

Sub-Award Date: Contract dated September 6, 2012

Number:

PPHF Funding Amount: \$70,000

During this period, the FSI also expended the following:

Professional Services, Linda Yang: Yoga classes for Project clients: \$1,781.31

Conference Travel Expenses to Hartford CT: \$5,354.22

Gift Cards for Project participants: \$2719.99

FSI Salaries for Project Director, Wellness Coordinator, and Data Entry Clerk:
\$57,040.12

Supplies: \$3,081.93

Total Expended: \$278,121.13

Firelands Regional Medical Center
Primary and Behavioral Health Care Integration
PPHF Report

Agency: SAMHSA
PPHF Program: Primary and Behavioral Health Care Integration
Title: Primary and Behavioral Health Care Integration

Recipient:
Firelands Regional Medical Center
1111 Hayes Avenue
Sandusky, OH 44870

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$399,647

Number: 1H79SM060786

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number: 93.243

Summary of Activities:

To date, budget and financial tracking has been established for the Primary and Behavioral Health Care Integration project. Recruitment procedures and interview formats have been established. Job descriptions for all health home positions have been created and the table of organization has been revised to reflect health home services. Billing procedures have been revised to accommodate Medicaid Health Home requirements. Consumer and staff education materials and distribution protocols have been established. Medical protocols are in development including the establishment of on-site lab draw services. Firelands has begun renovation of facilities at its largest site to allow provision of primary care services beginning on February 1, 2013. Renovation at the other locations will follow in order to allow system-wide co-location of services by April 1 when the Medicaid Health Home initiative begins. Medical supplies and equipment have been ordered and will be received and installed by February 1, 2013. This includes point of care testing equipment to facilitate the collection of H-Indicators.

Firelands will utilize the eClinicalWorks electronic medical record system for primary care services. This system is fully compliant with meaningful use requirements and includes a care coordination suite which will be used for integrated care plans, provider communication, medication reconciliation, and other tasks to facilitate seamless coordination of the care team.

Firelands is upgrading the electronic behavioral health record system to be fully compliant with meaningful use requirements. Both systems will support patient centered medical home requirements. Firelands has developed outreach and orientation materials for patients, and an initial mailing was completed by 12/31/2012. Firelands has done press releases and two articles have appeared in local newspapers describing the Primary and Behavioral Health Care Integration grant and services. An article was distributed to local physicians and allied health professionals describing the program, and staff within the Firelands Counseling and Recovery Services' system have received information on the implementation of the program.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Fordham-Tremont Care Integration Program

Recipient: St. Barnabas Hospital

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 10SM59747A

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Fordham-Tremont Community Mental Health Center (Fordham-Tremont) hired a RN Nurse Care Manager, who conducts Medical Review and History Forms. Smoking cessation program begins in February.

- A second Peer Specialist has been identified to join the team.
- The Advisory Council is will be scheduled for every first Monday of every month. CIP has nominated 6 clients to participate in the Advisory Council. The Peer Specialist will co-facilitate these meetings with the Group Leader/Heath Educator.
- We currently conduct health/wellness classes weekly:
 - 1) Nutrition and Meditation Class (Tips on healthy eating and how to meditate. We do a blood pressure screening before and after to show clients how meditation can help reduce their blood pressure.)
 - 2) African Dance Class (opportunity for physical exercise as well as socialization)
 - 3) Art Classes (Artistically expression)
 - 4) Knitting Group (socialization, confidence builder, creative expression, goal setting)
- The Knitting Group has proved to be the most popular followed by the Art and Dance classes.

- CIP's wellness curriculum which is designed to promote healthy living and socialization has proven to be quite successful. Clients have produced a number of articles of clothing in the knitting/crochet class. Clients who are normally sedentary are attending the African dance class. The art classes have produced a number of great art pieces but more importantly, a sense of pride from clients. The stress reduction/meditation has been essential in showing clients how important it is to relax in order to maintain a healthy blood pressure. We have increased the number of Health and Wellness classes.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Glenn County Health Care Collaborative

Recipient:

Scott Gruendl, Glenn County Health Services Agency
242 N. Villa
Willows, CA 95988

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 1H79SM059514-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable):

Summary of Activities:

The Glenn County Health Care Collaborative (HCC) Project has implemented a number of different activities to improve health care integration in our small, rural county. We have integrated primary care services, delivered by our local Federally Qualified Health Center, Ampla Health, into our Behavioral Health Clinic. This has enhanced services for our clients with serious mental illness, and reduced barriers to primary care services.

Ampla Health and Glenn County Behavioral Health continue to develop a strong collaborative partnership. Both agencies have worked closely together to ensure that our clients are receiving quality services that promote health and wellness. This integration has also helped to educate our Behavioral Health staff, providing education and information on chronic health conditions and helping them to work more effectively with our clients to improve their health indicators. We hold weekly meetings between the primary care staff and behavioral health staff to reconcile medications and identify shared goals to improve services. In addition, the two agencies communicate on a daily basis to ensure that our service delivery system is integrated and collaborative for clients.

All staff have been trained on a number of evidence-based practices, chronic health conditions, quality management, HIPAA, and data collection procedures. The team works together to deliver exceptional, coordinated care to our clients. In addition, staff and the Evaluation Team

receive training and technical assistance through grant webinars and conference calls.

Our project has served over 105 clients. Many of the clients have been open for services for over a year. We offer our clients a full range of primary care and behavioral health services. Behavioral health services include assessment, treatment planning, counseling (individual, family, and group), Wellness and Recovery Action Plans, rehabilitation, targeted case management, medication management, and substance use treatment (if needed). Primary care services include screening, assessment, treatment planning, laboratory work, routine physicals, and several specialty services. In addition, a number of wellness activities are offered. Our local Transition Age Youth Wellness Center and our Adults Wellness Center, Harmony House, offer a number of wellness-related groups (including a Pain Management Group, Nutrition Class, Smoking Cessation Group, Walking Group, Healthy Cooking Class, Yoga, Healthy Living Group, Hiking Group, Relaxation Group, WRAP Group, and Stress Management Group). These services are provided to support clients in developing healthy lifestyle patterns and to ensure they have access to appropriate services.

Our Evaluation Team, including our Registered Nurse and Case Managers, collect Data Packets at key intervals, including intake, every six (6) months, and at the time of discharge. We have been very successful in completing and submitting our Reassessment Packets into TRAC in a timely manner. Currently, our Reassessment Completion Rate is 89.4%. This is a huge accomplishment, as TRAC requires that all grantees maintain an 80% completion rate.

In addition, our Evaluation Team, I.D.E.A. Consulting, has developed Individual Wellness Reports for each client in the HCC Program. These reports list the client's health values on key primary care indicators at baseline, and periodically over time. These Individual Wellness Reports are developed for each client and provide an easy-to-understand color graphic on a number of different health indicators (using individual lab reports and the nursing assessment). Each client receives their Individual Wellness Report after intake and initial lab work is completed, and every six months. Clients and staff find the information very informative and are excited that these reports are having a positive impact on clients' health and wellness. In addition, system-level performance measures are analyzed and displayed in data graphs. These quarterly reports are distributed to the HCC Team to assist in a system-level analysis of the program.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Holistic Health Project -Cincinnati

Recipient:

Greater Cincinnati Behavioral Health Services
1501 Madison Road
Cincinnati, OH 45206-1706

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$490,483

Number: SM059655-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Holistic Health Project –Cincinnati (HHP-C) continues to be implemented successfully by Greater Cincinnati Behavioral Health Services. All grant goals and requirements have been achieved to date and with no significant barriers. All grant funds have been expensed in accordance with the SAMHSA approved budgets and within all carryover limits including grant personnel, travel, supplies, contract and other.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Heritage Behavioral Health Center

Recipient: Heritage Behavioral Health Center, Inc.

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: SM059745-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

This funding was used to pay the salaries of the project team and their fringe benefits and the program evaluators. This represented 78% of the total spent for this time period. The staff attended the regional meeting held in Chicago, IL. The rest of the funds were spent for general supplies, occupancy expenses, etc.

Heritage is focusing its project on adults who have a serious mental illness and are on antipsychotic medication with or without co-occurring substance abuse disorder. They are identified as having or being at risk of having a co-occurring medical condition(s) including hyperlipidemia, high blood pressure, obesity, elevated BMI, an enlarged waist, or diabetes, with the goal being to improve the overall wellness of seriously mentally ill individuals. Heritage is using a multidisciplinary team of Primary Care/Behavioral Health Care (PC/BH) providers who serve people in one primary location, and who assumes overall responsibility for clients' health care. We have contracted with our partnering FQHC, The Community Health Improvement Center, (CHIC) for Physician Assistant services. All clients admitted to the PBHCI program have the necessary lab tests, BMI, vital signs and weight monitoring conducted at Heritage's on-site clinic, even if they choose to maintain their own primary care physician.

We offer important wellness activities and educational classes necessary for clients to improve their overall health and equip them with knowledge necessary to make lifestyle changes needed to attain and maintain physical health. We have weekly classes such as: exercise, nutrition, yoga using trauma sensitive techniques, water exercises, smoking cessation and educational classes on diabetes and hypertension. We are using the following curriculums: 1) Lilly

Curriculum for Team Solutions and Solutions for Wellness, 2) principles of the In-Shape program, and 3) the Catana Brown's "Nutrition and Exercise for Wellness and Recovery" dealing with obesity and goal setting.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Participant Centered Healthcare Home

Recipient:

Horizon House, Inc
120 S. 30th St.
Philadelphia, PA 19104

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$480,095

Number: SM059658-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: To provide integrated healthcare services to enrolled participants.

Semi-Annual PPHF Report
January 15, 2013

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Union Square Health Home

Recipient:

Jefferson Center for Mental Health
4851 Independence Street
70 Executive Center
Wheat Ridge, CO 80033

Reporting Period: July 1—December 31, 2012

Number: SM060813

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

(include no more than 2 paragraphs summary of activities accomplished with PPHF funds only.)

Jefferson Center for Mental Health (Jefferson Center) was awarded a four-year Primary Behavioral Health Care Integration Grant on September 30, 2012 to establish an evidence-based Person-centered Health Home for adults with serious mental illness at Jefferson Center's newest office location: Union Square in Lakewood, Colorado. The goal of the Union Square Health Home is to reduce preventable deaths among adults (18+) with SMI by increasing access to fully integrated and coordinated primary care, mental health, substance abuse, wellness, and chronic disease management services. Jefferson Center's model utilizes care coordination, peer wellness coaches, health screenings, wellness classes, financial consulting, benefit enrollment, and other services to connect clients with physical health care and community resources.

As a new grantee, Jefferson Center has spent the last three months hiring staff and developing the protocols and systems to begin enrolling clients in the Health Home starting February 1, 2013. During this reporting period, the following new staff members have been hired who will be paid for through the SAMHSA PBHCI grant: 1.0 FTE Health Home Care Coordinator; 1.0 FTE Wellness Peer Health Coach, and a 0.5 FTE Health Home Data Management Assistant. In addition, Jefferson Center has entered into contracts with Arapahoe House for a 0.5 FTE Substance Abuse Clinical Specialist to be co-located at Union Square and TriWest Group to be the independent evaluator for the SAMHSA PBHCI grant. Jefferson Center is ready to begin enrolling patients and is waiting for the Federally Qualified Health Center partner organization,

Metro Community Provider Network, to receive a formal written transfer of scope of work to begin offering the full-range of services at Union Square.

PPHF Funding: \$692,597

Sub-Recipients:

Sub-Recipient 1: TriWest Group

Sub-Award Date: Effective 9/30/2012

Number: SM060813

PPHF Funding: \$12,442.50

(This represents 45% of the total expenses of \$27,650 for the current reporting period)

Purpose: As the independent evaluator for Jefferson Center's SAMHSA PBHCI grant, TriWest has been working with program staff and Information Technology staff to establish data collection and data management processes. They are building a web-based database that both Jefferson Center and TriWest staff can access to enter and analyze program and patient data. In addition, TriWest is establishing fidelity measures and a plan to analyze Jefferson Center's adherence to the Person-centered Health Home model.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Total Care Integration Project

Recipient:

**The Kent Center for Human and Organizational Development
2756 Post Road, Suite 104
Warwick, RI 02886**

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$497,796

Number: 1H79SM059520-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The funds were utilized to support the infrastructure, staffing and operating expenses of an integrated primary care practice, Primary Care Partners that integrates wellness, behavioral health and primary care and is on site at the community behavioral health organization. The staffing funded included Medical Assistants (2), a Project Director, Medical Director (consultant), full time Nurse Practitioner and a full time Nurse Care Manager. The funds were also subcontracted to the Kent County Branch of the Greater Providence YMCA for Wellness programming including group education, individualized assessment and wellness planning on site at the primary care practice, one on one training and participation in integrated care planning for consumers served. The funds were also subcontracted to an evaluator who leads the evaluation component of this initiative.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Kent County Branch of the Greater Providence YMCA

Sub-Award Date: 10/1/2011

Number: 1H79SM059520-01

PPHF Funding Amount: \$22,500

Purpose: The funds were utilized to provide YMCA Health Navigators on site at the primary care practice to engage consumers served by the grant in discussions regarding wellness. The funds were also used to implement and support the following ongoing programming for consumers served by the grant: group education classes, free memberships at the YMCA,

provide 1:1 wellness assessments and plans, wellness promotion, one on one support at the YMCA.

Sub-Award Recipient 2: Sarah Pratt, PhD, Consultant

Sub-Award Date: 10/1/2011

Number: 1H79SM059520-01

PPHF Funding Amount: \$938.00

Purpose: The funds were utilized to establish the following grant evaluation activities: adherence to TRAC targets and requirements, analysis of TRAC indicators, data entry of additional evaluation instruments and consultation on workflows to support data collection and analysis.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Lakeside Primary and Behavioral Health Care Integration

Recipient:

Lakeside Behavioral Healthcare, Inc.
1800 Mercy Drive
Orlando, FL 32808-5648

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$462,222

Number: 5H79SM059716-02

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The program provides outpatient primary health care services and wellness education to the underserved indigent population of mentally ill adults in Orange County, Florida. Funds were used for recipients to provide holistic care, promote wellness, prevent disease, and reduce the incidence of hospitalization for chronic illnesses such as hypertension and diabetes. These services are provided in an individual and wellness educational group settings.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: The Wellness Integration Network (WIN)

Recipient: LifeStream Behavioral Center, Inc.

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: Grant Number: SM059494

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The WIN Clinic provides a system of care which addresses the needs of the whole person (body and mind). This project funds an integrated care clinic for the SPMI population in Lake County. The integrated care clinic provides medical and behavioral health services for a population that did not have access to primary care services or a medical home. In addition, the clinic utilizes the IMPACT model, as well as motivational enhancement. The clinic also employs care managers who go into the individual's homes to provide wellness activities and treatment plan adherence, wellness activities, educational sessions, diet, exercise, smoking cessation, stress management, hypertension screening and education, nutrition counseling, health risk appraisals and wellness testing.

Semi Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary and Behavioral Health Care Integration

Title: Lincoln Integrated Collaborative Care and Wellness Program

Recipient: Lincoln Medical and Mental Health Center

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount \$400,000

Number: 1H79SM060863-01

Mechanism/Procurement Type: Grant (cooperative agreement)

CFDA Number: 93.243

Summary of Activities:

The Program Director has met with the architects and clinical leaders to design the primary care clinic based on the team-based care management model. This will ensure that the design is conducive to patient flow and the integration of the psychiatry clinic and primary care clinic. Due to construction delays, there have been adjustments made to the original timeline proposed. The revised Development Time Line is included in Attachment A. We are in the process of developing evaluation methodology for the LICCW Program. There are many parallels between the LICCW Program and Lincoln's recently implemented Integrative Primary Behavioral Health for Older Adults Program which has presented an opportunity for us to test the evaluation methodology, data collection methods and system changes in the geriatric clinic before applying them to the LICCW Program.

The program leadership has decided to integrate a well-thought out and deliberate community outreach strategy into the implementation of the LICCW Program. We have proposed to re-allocate an estimated \$95,000 of unspent salaries due to the delay in starting the clinic, to recruiting two public health educators who will target community and faith based organizations in our service area that serve African immigrants. The purposes are 1) to identify community-based partners that can help disseminate information to increase awareness of mental health among targeted new immigrant populations; and 2) to set in motion a social reconnaissance process that will inform our providers and other clinicians how cultural and religious belief, as well as, life stressors and psycho-social elements associated with acculturation impact on access and utilization of mental health services and treatment among the target population. We will administer focus groups and surveys to collect information on how to improve the delivery of integrated primary and behavior health services. In collaboration with Lincoln's Department of Community Health Promotion and Outreach to identify and cultivate community based organizations that serve West Africans.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Por Tu Salud!

Recipient:

Miami Behavioral Health Center (Ileana R. Garcia)
11031 Northeast 6th Avenue
Miami, FL 33161

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 5H79SM059676-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

All funds reported were exclusively spent as per contract under the following categories: Salary and Fringe from personnel, conferences and mileage, office supplies, printing, postage, pharmacy medication, laboratory fees, contractual and building and occupancy expenses.

Sub-Award Recipient (includes sub-grant and sub-contract action):

Sub-Award Recipient 1: Spectrum Programs, Inc.

Sub-Award Date: 7/2012 –12/2012

Number: 5H79SM059676-03

PPHF Funding Amount: \$ 47,624.37

Purpose: The Evaluation Team will produce quarterly reports by the 31st of the month that follows the conclusion of the quarter (January, April, July and October). The reports will discuss the process of the program such as accomplishments, barriers and delays in implementation, wellness activities performed, and or staffing changes. In addition, the contractor is responsible for collection all the data elements required by SAMHSA through National Outcome Measure interviews conducted with every consumer enrolled in the project.

Sub-Award Recipient 2: Banyan Health Systems, Inc.

Sub-Award Date: 7/2012 – 12/2012

Number: 5H79SM059676-03

PPHF Funding Amount: \$ 18,838.54

Purpose: These funds reported were exclusively spent as per contract under the following categories: Salary and Fringe, one Chief Medical Office who seeks and insure the importance quality of medical care as a provider and one Program Director who supervise all aspects of program operation.

Sub-Award Recipient 3: Banyan Community Health Center, Inc.

Sub-Award Date: 7/2012 – 12/2012

Number: 5H79SM059676-03

PPHF Funding Amount: \$ 30,396.06

Purpose: These funds reported were exclusively spent as per contract under the following categories: Salary and Fringe, two ARNP and one Medical Assistant, the ARNP will provide physical health screens, SBIRT, physical exams and general medical care and the Medical Assistance will provide screens and assist ARNP and MD.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Bienestar

Recipient:

Monterey County Health Department
1270 Natividad Road
Salinas, CA 93906

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,599,993

Number: 1H79SM060821

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The project is in its first quarter of implementation. As anticipated in our application, the primary tasks during this quarter have been getting required approvals from various boards and agencies, including going through the application process to get approval for expansion of a Federally Qualified Health Center satellite clinic. The project has received the formal approval from the Monterey County Board of Supervisors to accept the grant, convened the executive steering committee, received approval from the Monterey County Health Department Primary Care Board of Directors to apply for FQHC satellite clinic status, and obtained letters of recommendation from community based organizations for the application for FQHC satellite clinic status. The team began the process of modifying county satellites to open integrated clinics, is working on contracts for remodeling and getting cost estimates, and has started County approval for the new staff positions. At this time grant funds have not been expended during this quarter. Coordination services to begin implementation have been in-kind. The County has secured a contract with the project evaluator.

Semi-Annual PPHF Report

July – December 2012

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: BetterLife at New Horizons – A Whole Care Approach

Recipient: New Horizons Community Service Board

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$ 400,000

Number: 1H79SM060914-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number: 93.243

Summary of Activities:

BetterLife at New Horizons has made considerable progress since receiving the notice of award. Additional program staff have been hired and trained. A request to change key personnel was submitted and approved. WHAM trained certified peer specialists have been assigned to the program. Two additional peer specialists will receive WHAM training in February 2013. Staff have been attending the weekly webinars and have signed up for TRAC/NOMS training.

The MOU with the primary health partner has been formalized and physician began providing services on site December 19, 2012. Currently, both New Horizons and MercyMed are working together to implement a system for sharing medical documents between patients.

Care Coordinators ensured labs and meds were obtained and follow up information was shared with clients, family and generated back to the office admin staff for filing. Wellness groups, nutrition groups, and smoking cessation groups have formed and are meeting regularly.

**Semi-Annual PPHF Report
July – December 2012**

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary and Behavioral Health Care Integration at North Care Community Mental Health Center

Recipient: North Care Center

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 5H79SM059573

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Utilizing the funding from the SAMHSA PBHCI grant award, North Care provides integrated primary care, behavioral health and wellness services for adults with severe mental illness. The behavioral health and primary care services are co-located in single location for maximum convenience for the service recipients.

The primary care services are available five days per week providing a full scope primary health care. Primary care services are provided by a medical doctor and certified nurse practitioner. On-going care is on an appointment basis, with same day appointments available as needed. All new appointments are “open access” model and seen the day they present for service. Over 700 unique individuals participate in integrated health care program. As a community mental health center, NorthCare provides open access to a full array of outpatient clinical, case management and peer support services to the citizens of Oklahoma County, Oklahoma. As the behavioral health safety net for Oklahoma County, NorthCare provides behavioral health services to over 8,000 adults each year.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration (PBHCI)

Title: Making Healthy Choices (MHC) PBHCI

Recipient:

Postgraduate Center for Mental Health (PCMH)
344 West 36th Street
New York, NY 10018

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$499,510

Number: 1H79SM059628-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

The MHC PBHCI project began October 1, 2010 and is in the second quarter of its third fiscal year of operation. MHC is co-located at PCMH's Westside Rehabilitation Center with other PCMH programs, including PROS and clinical tracks. Since its inception, MHC has grown significantly, offering its services to an active roster of approximately 100 consumers. In the first quarter of our third fiscal year, MHC continued to invest in a broad palette of services including wellness classes, exercise activities, and healthy meal preparation workshops. Additionally, MHC offered screening services (for dyslipidemia, hypertension, and diabetes); preventative services (e.g., flu shots); and clinical services to help PCMH prescribers monitor therapeutic levels for lithium, clozapine, and valproic acid. Where appropriate, patients in need of primary care services were connected with our partnering FQHC, the Ryan/Chelsea-Clinton Community Health Center (RC) and supported through all stages of care, including intake, navigation, and aftercare.

To date, MHC has served 181 consumers and has seen improvement in 8 of 10 physical health indices that we track, including statistically significant improvement in diastolic blood pressure, HDL cholesterol, and triglycerides. To support these results—and in an effort to further improve our outcomes—MHC continues to expand on its programmatic offerings. In the reportable time frame, we launched a pilot yoga program to begin the following quarter. This past quarter, MHC also developed policy and procedure to support efficiencies in workflow while implementing HIT for the first time (not funded by this grant). Finally, MHC continued to

invest resources in staff training, securing reassessments, and promoting our program interdepartmentally to increase intake and fulfill our obligations under the PBHCI grant.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: BRIGHT Program

Recipient:

Pretera Center for Mental Health Services, Inc.
3375 U.S. Route 60 East
Huntington, WV 25705

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$499,960

Number: 5H79SM59680

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

Provide integrated primary and behavioral health care to one central location by renovating space at Pretera Center's Huntington facility in order to allow adequate room for Valley Health's primary care operations. As a result of this program Pretera has expanded services to Pretera's clients who have Serious Mental Illness (SMI) by offering on site primary health care services, Wellness Recovery Action Plan, health and wellness activities including nutrition education, healthy cooking and meal planning and access to physical fitness professionals.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Valley Health Systems, Inc.

Sub-Award Date: 10/ 2012

Number: 5H79SM59680

PPHF Funding Amount: \$74,990.51

Purpose: Provide Primary Health Care to SMI consumers of Pretera Center.

Sub-Award Recipient 2: West Virginia Mental Health Consumers Association

Sub-Award Date: 10/2012

Number: 5H79SM59680

PPHF Funding Amount: \$11,412.55

Purpose: Provide WRAP education to consumers and staff.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Primary and Behavioral Health Care Integration in Chesterfield, Dillon, and Marlboro Counties

Recipient:

South Carolina Department of Mental Health
2414 Bull Street
Columbia, SC 29202

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$474,540

Number: 1H79SMO59570-02

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: Provide primary care services to non-incarcerated adult clients of a community mental health center with health risk factors. Develop and deliver a wellness program that assists individuals with mental illness with improving their health. Provide care coordination to clients needing this service. Integrate primary care services with community mental health services.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Chesterfield General Hospital

Sub-Award Date: July 5, 2012

Number: 1H79SMO59570-01

PPHF Funding Amount: \$84,580.00

Purpose: Provides primary care services three days a week in each of the community mental health center's three clinics. Primary care provider participates in a collaborative interdisciplinary team staffings on a monthly basis, at least.

Semi-Annual PPHF Report

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: SSTAR Health Integrated Project

Recipient: Stanley Street Treatment and Resources

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$400,000

Number: 1H79SM060885-01

Mechanism/Procurement Type: Grant – SAMHSA (cooperative agreement)

CFDA Number (If Applicable): 93.243

Summary of Activities:

We received notice of grant award in October 2012 and the Implementation Team began regular meetings. This group included the CEO and Principal Investigator Nancy Paull, Lead Evaluator Donna Caldwell, Assistant Project Director Paula Beaulieu, Nurse Manager of the FQHC, Denise Wright and additional agency leadership. The goal was to insure that the approved Goals and Objectives were being met within the appropriate time frame. All available Webinars have been attended by one or more of the team and the information and slides were shared with the group. The group participated in the first Quarterly Call with GPO Tenly Pau, Tony Salerno and Emma Green from the National Council. Care Managers were hired to begin training in January to insure being able to enroll by the end of the month. The Care Managers have worked at the agency in a similar role so they are well trained and oriented to the agency, the population we serve and the job responsibilities. The Chronic Disease Nurse Case Managers at the FQHC will measure the quarterly Health Improvement indicators and will be available to educate on medication adherence and life style changes. Several group meetings have focused on the wellness aspect of the grant, bringing in staff with expertise and interest in these activities. Our goal in the grant application was to roll out different wellness programs in each of the upcoming months. We decided to start with a Walking Group, Yoga and Nutrition groups for the first participants engaging in services.

Following grant award, the Lead Evaluator (NPIC/QAS) began to meet bi-weekly with the leadership team for the project to plan for project implementation. This included review of

staffing roles and responsibilities, “siting” of staff and workflow. The Evaluator also provided input to the behavioral health disparities impact statement which was submitted. A protocol was developed by the Evaluator for data collecting/data sharing and finalized with the leadership team. The consent form was reviewed and finalized by this team as well. These materials were included in the application for IRB approval of the study submitted in December 2012 – the study will be reviewed by the Board on 1/14/13. Project staff completed trainings in the protection of human subjects and conflict of interest as required by the IRB. Following IRB approval, staff will be trained in screening and assessment data collection (scheduled for 1/23/13). The Evaluator attended all webinar trainings offered by the grant (Cohort Academy sessions), and participated in the PBCHI Quarterly Evaluators call on 11/16/12. The evaluation team also attended the webinar on using ACCESS to capture and report on project data. The evaluation team has developed an ACCESS database for the project, and is finalizing reports (including a patient progress report) with the leadership team. This database and the reports generated will be refined as needed to meet project needs. NOMS data will be provided to the evaluation team via a secure e-mail exchange. The evaluation team will review data and enter it into the CMHS web-site.

Sub-Recipients:

Sub-Recipient 1: National Perinatal Information System/Quality Analytic Services
(NPIC/QAS)

Sub-Award Date: October 1, 2012

Number: 1H79SM060885 -01

PPHF Funding: \$40,000 annually

Purpose: To provide the research and evaluation services of Donna Caldwell, Ph.D. and her team to fulfill the tasks associated with the evaluation of the SAMHSA Primary and Behavioral Health Care Integration grant.

Connecticut Department of Mental Health and Addiction Services
Primary and Behavioral Health Care Integration
Semi-Annual PPHF Report
January 15, 2013

Agency: SAMHSA

PPHF Program: Primary and Behavioral Health Care Integration

Recipient: Connecticut State Department of Mental Health and Addiction Services (DMHAS)

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$398,966

Number: 1 H79 SM 061007-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number: 93.243

Summary of Activities: Design and renovation of the CMHC Wellness Center, located within the Connecticut Mental Health Center (CMHC), was completed in December 2012. Accomplishment of this task has involved Facility, Information Technology and clinical staff from Cornell Scott- Hill Health Center (CS-HHC) and CMHC. CS-HHC identified a nurse-practitioner on staff who will provide all day services at CMHC on Mondays, Wednesdays and Fridays. Recruitment for peer health navigators is underway. Health navigators will facilitate patient access, understanding, and navigation of the health system, as well as provide peer support and education to Wellness Center patients. Required data elements for program evaluation have been identified and CS-HHC, CMHC and Yale Program for Recovery and Community Health (PRCH) are developing reporting protocols and procedures. PRCH is developing an Access database to record, track, and facilitate the reporting of key process and indicator data. An application has been submitted to the Yale Human Investigation Committee (HIC) by PRCH for approval of the evaluation plan. CS-HHC hosted five CMHC Wellness Center Planning Committee meetings. CMHC has convened a Steering Committee, which meets bi-weekly, to oversee the integration of CMHC Wellness Center activities with existing CMHC services. CS-HHC continues to work toward obtaining patient centered medical home (PCMH) from the National Committee for Quality Assurance (NCQA).

Sub Recipients:

Sub-Recipient 1: Yale Program for Recovery and Community Health

Sub-Award Date: December 1, 2012

Number: 12 MHA 1044

PPHF Funding: \$78,425

Purpose: The Department of Mental Health and Addiction Services has contracted with Yale University Program for Recovery and Community Health to conduct an evaluation of the performance of the new health center that will be operated at DMHAS' Connecticut Mental Health Center (CMHC), the CMHC Wellness Center, to ensure the Center is meeting the goal of providing high quality, accessible primary care services to CMHC clients with severe mental illness.

Sub-Recipient 2: Cornell-Scott Hill Health Center

Sub-Award Date: December 1, 2012

Number: 12 MHA 2010

PPHF Funding: \$159,217

Purpose: The Department of Mental Health and Addiction Services has contracted with Cornell Scott-Hill Health Corporation to provide person-centered Wellness Center health services for outpatient clients of the Connecticut Mental Health Center. Services of the Wellness Center will include health screening, monitoring of health indicators, prevention and health promotion activities.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Assertive Community Treatment (ACT)

Recipient:

Tarzana Treatment Centers
18646 Oxnard Street
Tarzana, CA 91356

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 1H79SM059714-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: During this grant period we continued to enroll new patients, conduct follow up assessments, and provide integrated primary care and behavioral health services. Now that the project is stable and is reaching required re-assessment targets we are focused on improving the health outcomes of patients.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: Creating a Health Home for Individuals with SPMI (Severe and Persistent Mental Illness): Integrated Primary Healthcare and Mental Health Services at the Community Mental Health Center

Recipient:

Washtenaw Community Health Organization
555 Towner
Ypsilanti, MI 48197

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$500,000

Number: 5H79SM059567-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

WCHO utilized funds to continue to provide screening, data collection and outcome measurement, nurse care managers and a nurse practitioner in the community mental health sites, peer supports, medical supplies, wellness group supplies, printing of the Health Peer Press, mobile technology, and primary care physician supervision.

Contractual agreements, not sub-recipient contracts, are in place for nurse practitioner services, a supervising primary care physician, and medical consultation.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: PBHCI in Weber County Utah

Recipient:

Weber Human Services
237 26th Street
Ogden, UT 84401

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$376,000

Number: SM059566-03

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The purpose of this program is to improve the overall wellness and physical health status of people with serious mental illnesses by making available coordinated primary physical health care services in a community behavioral health setting.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Midtown Clinic
Sub-Award Date: 11/29/2010
Number: SM059566-03
PPHF Funding Amount: \$96,400
Purpose: Provide primary physical health care.

SEMI-ANNUAL PPHF REPORT

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: WellSpring Resources (WR) PBHCI

Recipient: WellSpring Resources

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,600,000

Number: 1H79SM060783-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

The WR PBHCI Project began October 1, 2012. The focus of work during this first quarter has been on Project initiation, planning, training and organization of the evaluation. The Project Director and Project Coordinator were on staff at the time of funding and assumed their roles immediately. They have participated in all PBHCI Webinars offered by the SAMHSA-HRSA Center for Integrated Health Solutions, NOMS training and TRAC training. The Project Director and Project Coordinator have worked with the Evaluator and key staff from the co-located Federally Qualified Health Center (FQHC) to finalize informed consent forms as well as plan workflows, identify training needs and develop a training plan. At the same time, they have created a Health Registry plan and collaborated with the Evaluator to develop data collection procedures. Between October 1, 2012 and December 31, 2012 all project staff identified in the grant proposal were hired with the exception of one part-time Peer Wellness Coach. Potential candidates have been identified for this position and are currently being interviewed. We anticipate that the Peer Wellness Coach will be hired by February 4, 2013.

During this time, WellSpring prepared and completed the *Behavioral Health Disparities Impact Statement* with respect to the Project, including health disparity impact group data and demographic characteristics. In the *Statement*, WellSpring described a plan to establish policies and procedures to ensure adherence to CLAS standards for provision of effective care and services based on criteria such as: health literacy, preferred languages and diverse cultural health beliefs and practices. Project data will be monitored on an ongoing basis by the Evaluator and project staff to identify disparities in service access, usage and client outcomes. A new Electronic Health Record (EHR) has been purchased by WellSpring Resources from Qualifacts and is being implemented. The registry, NOMS, key outcome measures, program consents and information sharing with the FQHC are all being incorporated into the new EHR with an anticipated “Go Live” date of April 16, 2013. This will facilitate information sharing with the

co-located FQHC and streamline the intake and informed consent process. In the meantime, alternative data collection systems are in place to be used until the new EHR is completely functional. To prepare for consumer recruitment in the next quarter, a PBHCI consumer marketing campaign was developed to promote the project. The marketing campaign encourages consumers to “Get HIP” and join WellSpring’s Health Integration Project (HIP) through use of posters, peer outreach, buttons and health promotional items such as water bottles and first aid kits.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Primary Behavioral Health Care Integration

Title: The 360 Health Project

Recipient:

Zepf Center
6605 West Central Avenue
Toledo, OH 43617

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1,600,000

Number: 060837

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: As the director, I have been involved with the setup of the program including ordering needed supplies, weekly meetings, weekly webinars and teleconferences, establishing protocols and procedures for the project as well as working and educating staff that will be working with the clients who will be enrolled in Project 360.

Penny Henderson, Supervising Wellness Care Manager has been setting up the exam room designated for the project, attending the weekly webinars, assessing clients for the project and working on the needed paperwork for Integrated Care Plans and Comprehensive Assessments and care coordination meetings with the contracted physician.

Beth Knack, Wellness Care Manager has been attending weekly webinars, working on the Integrated Care Plan and Comprehensive Care Plans, assessing clients for enrollment in the project as well as care coordination meetings with the contracted physician.

Ashley Beach, Data Coordinator has been pricing needed equipment, attending weekly webinars regarding data tracking, training on the TRAC system and entering data on client demographics for potential enrollees in the project.

Kenyatta King, Wellness Care Specialist, LPN has been working closely with our contracted physician in identifying core health measures as well as assessing potential clients for the project.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Florida State Department of Health; Div of Admin., Bureau of Revenue Mgt.; 4052 Bald Cypress Way, Bin B-20; Tallahassee, FL 32399; DUNS No. 364215061

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$240,105

Number: 1H79TI024481-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

The Florida Prescription Drug Monitoring Program (FLPDMP) staff met with the Project Director and the Department of Health General Counsel's office to discuss the technical and legal requirements for expanding interoperability with other states and for integrating PDMP data into the existing technologies of various health care practice settings. The FL PDMP staff prepared briefings for the General Counsel and State Surgeon general regarding the requirements of the grant.

The FL PDMP Staff and the Department of Health have identified the Orange County Health Department (CHD) as the ideal location to pilot the integration of PDMP information into the primary care practice setting Electronic Health Record system. FLPDMP staff met with the PDMP Vendor, Health Information Designs (HID) to discuss the requirements of the grant project and to request proposals for the programming work required for the grant project.

FLPDMP staff drafted and routed memoranda of understanding for approval to set forth the parameters of interstate data exchange with the Kentucky and Alabama PDMPs.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Illinois Department of Human Services

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$450,000

Number: 1H79TI024489-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

The Illinois PMP hired IBM to conduct a security audit on the PMP application code, its supporting infrastructure, and the corresponding policies and procedures. IBM found no major vulnerabilities. IBM did find multiple vulnerabilities that could be considered minor. The PMP is in the process of identifying and correcting the found vulnerabilities. The total cost to the PMP was \$20,980.00.

PMP executive staff have been in discussion with SIU to provide services in the following areas: independent evaluation of performance measurements, develop a process to validate the integrity of PMP data, and integrate PMP data into SIU's EHR system.

Several planning meetings between stake holders and PMP staff have taken place. The PMP is collaborating with Pharmacies, physician's offices, and Emergency Departments to exchange prescription information. Agreements with SIU and the Office of Health Information Technology in Illinois (OHIT) are currently being developed to allow the PMP to share data. The PMP will soon begin the development of an agreement with Northwestern University's Emergency Department. The PMP team has successfully tested the disclosure function of the PMPi with Kentucky and Michigan. The team is currently working out the kinks of the requesting function of the PMPi. Testing should be underway within the next few weeks. The Illinois PMP hopes to be fully connected to the PMPi by next month.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Indiana Professional Licensing Agency; Indiana PMP – Inspect; 402 West Washington Street Room W072; Indianapolis, IN 462040000; DUNS No. 141414792

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$218,614

Number: 1H79TI024479-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

On December 12, 2012, a draft document was shared with the Michigan Health Information Exchange (MHIN) to access the National Association of Boards of Pharmacy (NABP) PMP Interconnect allowing for information to be gathered and presented from Indiana's state prescription monitoring program into its patient health records. INSPECT expects this MOU to be executed in the first quarter of 2013 between the NABP and MHIN.

Marty Allain, the project director and Lisa Bentley, the INSPECT Funding Policy Director have been approved by the State of Indiana to attend the PDMP RFA Kick-off Meeting - January 31, 2013. The dates of the 2013 Regional Financial Management Training Seminar in Washington, DC at the Department of Justice location have been provided to the identified attendee to determine the best date to attend.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Kansas State Board of Pharmacy

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$449,999

Number: 1H79TI024491-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

The activities completed this reporting period were all planning and development in nature. Our project involved collaborations with three main groups 1) Via Christi Hospital (integration into the hospital group's Mirror system based on ADT feeds; 2) Retail Pharmacy Chain; and 3) the Kansas Health Information Exchange through the exchange group called Kansas Health Information Network. This period we spent a lot of time meeting with the IT staff at Via Christi planning how the integration would work. We reviewed each other's technology to see where the K-TRACS information would be pulled into their system. A project team was put together at Via Christi dedicated to this project, which includes technical staff, emergency room physicians, and a representative of their legal team. They have reviewed the API given to them by Kansas in order to make the connection and have had one exploratory meeting with the K-TRACS technology team to prepare for the integration. An in depth session between the two technical teams to delve into the API is scheduled in the next month.

A retail pharmacy chain has verbally agreed to work with the Kansas Program to integrate into the retail pharmacy software. Walgreens has verbally agreed to the collaboration and we are going to begin work based on that verbal agreement. They expressed concern about the timeline, and were hesitant to put an agreement in writing. However, they do plan to move forward with our group and have some ideas on how to move things around on their end to make sure they are able to participate in this project with us. Several planning meetings have taken place between K-TRACS staff and KHIN staff and a project lead was dedicated to this collaboration. Exploratory sessions have taken place and continue to do so between the groups at this time. Additionally, K-TRACS staff has been working with the state Purchasing Department to establish the authority to

use these vendors in the grant and comply with Kansas subgrantee/purchasing/procurement processes.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Maine Dept. of Health & Human Services

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$447,716

Number: 1H79TI024484-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

Initial integration conference call with Health Information Designs (HID) Maine's Prescription Monitoring Program (PMP) vendor and HealthInfoNet, the vendor for the States Health Information Exchange (HIE) took place October 16th. The following contracts were put in place during November and December: 1) Hornby Zeller Associates to work on evaluation; 2) HealthInfoNet to work on integration with HID; 3) Maine Alliance for Substance Abuse Programs to fund a coordinator for this grant; and 4) HID to work on integration with the HIE, enhancement to ASAP 4.2 and enhancement of system thresholds (this last contract does not have final signatures as of the end of Q1).

We have reached out to and sent draft MOU's to the following states: Connecticut, Kentucky, Massachusetts (their legislation will need to change before they can share), Florida, Vermont (they are working on the legislation to allow sharing), and Washington State. We have also reached out to Ohio and Arizona who are interested in data sharing, but are currently with PMPi so we will need to wait till the PMiX PMPi hubs are exchanging data. Maine has volunteered to be a test state for the PMiX for this.

We interviewed and hired a coordinator for this grant and she will begin January 21, 2013. She comes to us from the substance abuse treatment world and has a background in working with the PMP and Electronic Health record systems.

Sub-Recipients:

Sub-Recipient 1: HealthInfoNet

Sub-Award Date: 10/16/2012-9/29/2014

Number: OSA-13-405

PPHF Funding: \$125,000 over the 2 years (of which \$60,000 has been encumbered)

Purpose: Integration between the State's HIE and the PMP; create a single sign-on; work with the PMP evaluator to survey medical providers on satisfaction once integration has occurred.

Sub-Recipient 2: Hornby Zeller Associates, Inc.

Sub-Award Date: 10/16/2012-9/29/2014

Number: OSA-13-406

PPHF Funding: \$48,000 over 2 years (of which \$18,000 has been encumbered)

Purpose: Assess and report on progress towards project goals and objectives; provide final summary report on process and outcomes.

Sub-Recipient 3: Maine Association of Substance Abuse Programs, Inc.

Sub-Award Date: 10/1/2012-09/29/2014

Number: OSA-13-404

PPHF Funding: \$169,557 (of which \$62,805 has been encumbered)

Purpose: Coordination of the PDMP EHR grant. To include creating MOU's, working with states and the AG's office to put MOU's in place; attending PMP advisory board meetings; managing sub-contracts, working with the State's Office of Information Technology; working with the State's HIE; prepare required reports to SAMHSA/CSAT; assist US CDC in gathering the data they need; attend annual required grantee meeting.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Ohio State Board of Pharmacy

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$449,382

Number: 1H79TI024494-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

1. Conference call with Kroger Company to introduce the parties and establish a beginning time line for activities.
2. In-person meeting with Ohio Department of Alcohol and Drug Abuse Services (ODADAS) staff to initiate the parameters of the first survey.

Sub-Recipients:

Sub-Recipient 1: Hospital or hospital system _ to be identified

Sub-Award Date: TBD

Number: TBD

PPHF Funding: \$60,000, none spent in this reporting period

Purpose: To pay a portion of the cost for software modifications to facilitate interoperability with Ohio's prescription monitoring program (PMP).

Sub-Recipient 2: Physician practice _ to be identified

Sub-Award Date: TBD

Number: TBD

PPHF Funding: \$74,000, none spent in this reporting period

Purpose: To pay a portion of the cost for software modifications to facilitate interoperability with Ohio's PMP.

Sub-Recipient 3: Kroger Company

Sub-Award Date: TBD

Number: TBD

PPHF Funding: \$50,000, none spent in this reporting period

Purpose: To pay a portion of the cost for software modifications to facilitate interoperability with Ohio's PMP.

Sub-Recipient 4: Ohio Department of Alcohol and Drug Abuse Services (ODADAS)

Sub-Award Date: TBD

Number: TBD

PPHF Funding: \$5,000, none spent in this reporting period

Purpose: ODADAS will conduct two surveys of Ohio providers to gather information about their use of Ohio's PMP. The surveys will attempt to assess the frequency of PMP access as well as how it may be utilized to refer patients for drug abuse treatment.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Texas Health and Human Services Commission

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$450,000

Number: 1H79TI024492-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

From July 1 to December 31, 2012, The Health and Human Services Commission and sub-recipients developed a project charter and draft contracts to enable sub-recipient funding—we anticipate that these contracts will be executed in early 2013 which will enable the transfer of funds. In 2012 HHSC also held a kick-off meeting for the project and launched Technical and Legal workgroups. These workgroups have started to develop content for a “Legal Report” and a “Technical Options Report” which are on track to be released in the early spring.

Sub-Recipients:

Sub-Recipient 1: Texas Department of Public Safety

Sub-Award Date: TBD

Number:

PPHF Funding: None in this period

Purpose: To cover some of the personnel costs associated with work related to planning and implementing the PDMP/HIE interface.

Sub-Recipient 2: Texas Health Services Authority

Sub-Award Date: TBD

Number:

PPHF Funding: None in this period

Purpose: To cover some of the personnel costs associated with work related to assisting with the technical and legal planning.

Sub-Recipient 3: Greater Houston HealthConnect

Sub-Award Date: TBD

Number:

PPHF Funding: None in this period

Purpose: To cover some of the personnel costs associated with work related to planning and implementing the PDMP/HIE interface.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: Washington State Department of Health; Office Director; P.O. Box 47852; Olympia, WA98504-7852; DUNS No. 808883128

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$282,900

Number: 1H79TI024490-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

The Department of Health has held meetings with key stakeholders to begin the initial planning for our first phase projects which include:

- Connecting with an Interstate Data Sharing
- Connecting with our Health Information Exchange
- Implementing a new MED based threshold feature
- Upgrading to ASAP Version 4.2

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP)

Title: Prescription Drug Monitoring Program (PDMP)

Recipient: West Virginia Office of the Governor

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$450,000

Number: 1H79TI024493-01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.748

Summary of Activities:

Activities are just getting started for this grant. Planning meetings are taking place to determine the breakdown of responsibilities and duties, to include federal and state requirements, technology enhancement, sub-recipient agreements and vendor MOUs, hiring of grant assistant, reporting, and financial draw downs and money transfers. No monies were spent or obligated to date.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: West Virginia Board of Pharmacy

Sub-Award Date: 1/1/13

Number: WV 2013 – SAMHSA 1

PPHF Funding Amount: \$ 225,000.00

Purpose: Grant management and expansion of interoperability of software

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Screening, Brief Intervention and Referral to Treatment

Title: Arizona SBIRT

Recipient:

Arizona State Office of the Governor
Governor's Office for Children, Youth & Families
1700 West Washington, Suite #230
Phoenix, AZ 85007

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$7,575,000

Number: 1 U79 TI 023457 - 01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

Significant activities accomplished during this six-month period are highlighted below.

1. Successful development and completion of the Arizona SBIRT Project Implementation and work plan including:

- Specific project objectives, milestones and implementation timelines were developed and agreed upon by all partners.
- Recruitment and hire of qualified project staff by the Arizona Department of Health
- Services - Behavioral Health Services (ADHS-BHS) and the Northern Arizona Regional Behavioral Health Authority (NARBHA).
- Execution of contract/funding agreements and budgets to accomplish the project's service delivery, data collection, performance evaluation and project goals and objectives.
- NARBHA has secured Service Agreements with emergency room and primary care sites.
- NARBHA has established Clinical processes, quality/fidelity monitoring, credentialing, training, help-desk access, reimbursement and coding for SBIRT services.
- NARBHA has provided Training and technical assistance resources for accomplishing GPRA data collection and SBIRT services to their providers.

2. Launching the Arizona network of contracted SBIRT primary care and emergency providers. Results include:

- Implementation of SBIRT services in four (4) primary care centers in northern Arizona (the first starting October 31, 2012) which includes: North Country Healthcare, Inc. FQHC; Encompass Health Care; Verde Valley Guidance Integrated Care Clinic; and Verde Valley Guidance Clinic Primary Care Site.
- The development of a referral network for outreach, brief treatment and specialty treatment providers.

3. Creation of new resource tools for providers on SBIRT Clinical Practices Guidelines, template and tools for SBIRT implementation.

4. NARBHA has completed Technical Assistance and training for the Arizona SBIRT Team and Providers for accomplishing GPRA data collection and SBIRT service delivery.

5. ADHS-BHS will facilitate the Arizona's SBIRT Policy Steering Committee (PSC). Our first PSC meeting was held its first meeting on December 19, 2012. This meeting allowed the collaborative partners to meet and greet staff, understand their roles as members, hear the updates and progress being made by providers and discuss schedule for future meetings.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Arizona Department of Health Services - Behavioral Health Services (ADHS-BHS)

Sub-Award Date: 8/1/2012

Number: II-ISA-13-3181-01

PPHF Funding Amount: \$1,084,068.00

Purpose: ADHS will address substance abuse disorders (SUD) by expanding and enhancing the state's system of behavioral healthcare to include universal, adult screening, brief intervention and referral to treatment (SBIRT) services in primary care (community health centers), emergency departments in five northern Arizona counties: Apache, Coconino, Mohave, Navajo and Yavapai. In addition, ADHS-BHS will facilitate Arizona's SBIRT Policy Steering Committee.

Sub-Award Recipient 2: Arizona Department of Health Services- Behavioral Health Services (ADHS-BHS)

Sub-Award Date: 8/1/2012

Number: I-ISA-13-3181-02

PPHF Funding Amount: \$219,800.00

Purpose: ADHS-BHS will oversee the Northern Regional Behavioral Health Authority (NARBHA) as they implement a Web Infrastructure for Treatment Services (WITS) electronic health record (HER) system for SBIRT client tracking.

Sub-Award Recipient 3: Wellington Consulting Group, LTD

Sub-Award Date: 11/1/2012

Number: MOU #AN-DSG-13-3181-01

PPHF Funding Amount: \$81,355.00

Purpose: The AZ-SBIRT project evaluation conducted by Wellington Consulting Group, Ltd. will examine whether the AZ-SBIRT project is serving the target population adequately and appropriately; how closely implementation matched the original plan; the

types of changes that were made to the originally-proposed plan; the reasons for the changes to the original plan; the effect of the changes on the planned intervention and performance assessment; who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars); the strategies that were used to maintain fidelity to the evidence-based practice or intervention across providers over time; the number of individuals who were reached through the program; the effect of the intervention on key outcome goals; the programs/contextual factors that were associated with outcomes; and the individual factors that were associated with outcomes.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: SBIRT

Title: Georgia BASICS Initiative

Recipient: State of Georgia Department of Health and Developmental Disabilities (DBHDD)

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$1.382 million

Number: 7U79TI019545-05

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities: The Georgia BASICS SBIRT Project is in the last year of its five year initiative where we continue to exceed expectations by achieving 127% of our target number for substance use screening, brief intervention, and referral to treatment. In addition our project continues to increase its follow up rate and is currently near 65%. expanded our services into additional areas at each site (exterior to the emergency departments) including recent additions of the Walk-in Clinic and Cardiac Care Unit at Grady Health Center in Atlanta.

Staff at each clinical site (the Medical Center of Central Georgia and Grady Health Center) as well as our evaluation team (Georgia State University) continues to focus on internal project evaluation by assessing the effectiveness of brief intervention on ECC recidivism, the relationship between risky substance use and risky sexual behavior, understanding the role of substance use vis-a-vis trauma admissions and cost savings. These evaluations are an integral part of the Georgia BASICS sustainability strategy.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: The Medical Center of Central Georgia

Sub-Award Date: 10/1/12

Number: Grant Number: 7U79TI019545-05

DBHDD Contact 44100-906-0000027500

PPHF Funding Amount: \$691,000

Purpose: To provide SBIRT services for patients of MCCG

Sub-Award Recipient 2: Fulton/Dekalb Hospital Authority (Grady Health Services)

Sub-Award Date: 10/1/12

Number: Grant Number: 7U79TI019545-05

DBHDD Contact 44100-906-0000027501

PPHF Funding Amount: \$691,000

Purpose: To provide SBIRT services for patients at GHS.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Screening, Brief Intervention, Referral and Treatment (SBIRT)

Title: Screening, Brief Intervention, Referral and Treatment (SBIRT)

Recipient:

New Jersey State Dept of Human Services
Chief Financial Officer
PO Box 727
50 East State Street
Trenton, NJ 08625

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$7,574,952

Number: 1 U79 TI 023460 - 01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

New Jersey State requirements governing Departmental procurement activity necessitated a post-award competitive bidding process for SBIRT services under the cooperative agreement. On August 8, 2012, the NJ Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) submitted to SAMHSA a preliminary notice of intent to pursue a change of scope approval pending the outcome of its bidding process.

On September 7, 2012, the Division issued a Request for Proposals (RFP) for SBIRT services to be supported under the cooperative agreement. A total of 30 statewide organizations participated in a mandatory bidder's conference on September 21, 2012. The Division received a single proposal in response to the RFP. Following committee review, the single respondent - the Henry J. Austin Health Center (HJA) - was recommended for funding as the sole SBIRT services delivery partner. Although the Division proposes no change to SAMHSA-approved goals, objectives, aims or purposes, it is proposing to transfer the performance of substantive programmatic work to the newly identified partner, HJA, through a contract agreement. The Division is in the process of preparing its scope change request for SAMHSA's consideration, and is prepared to expedite a contract with the HJA for SBIRT services upon receipt of SAMHSA approval.

The DMHAS IT team is developing an online data entry tool for GPRA data collection. The database and data structure were developed in October 2012. The Upload Procedure was tested and certified by SAMHSA in November 2012. Web services for baseline GPRA data upload were completed in December 2012. Web services for follow-up and discharge GPRA data upload are under development, with an anticipated completion date of February 2013. IT staff is currently in the final screen development stage and is coding all the pages. Module testing for validation and skip patterns is being performed.

Sub-Award Recipient (includes sub-grants and sub-contract action):

Sub-Award Recipient 1: Henry J. Austin Health Center, Inc. (HJA)

Sub-Award Date: 1/1/2013 to 6/30/2013

Number: 13-779-ADA-0

PPHF Funding Amount: \$1,047,720

Purpose: Under the cooperative agreement, HJA will implement NJ SBIRT by providing prescreening, full screening, brief intervention, brief treatment, and referral to specialty treatment for adults in primary care and community health settings, for substance misuse and substance use disorders.

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Screening, Brief Intervention, Referral and Treatment (SBIRT)

Title: Screening, Brief Intervention, Referral and Treatment (SBIRT)- Iowa

Recipient:

Iowa State Dept of Public Health
Bureau Chief of Finance
321 East 12th Street
Des Moines, IA 50319

Reporting Period: 7/2012 –12/2012

PPHF Fiscal Year Allocation: FY 2012

PPHF Funding Amount: \$7,575,000

Number: 1 U79 TI 023466 - 01

Mechanism/Procurement Type: Cooperative Agreement

CFDA Number (if applicable): 93.243

Summary of Activities:

SBIRT IOWA is currently a joint partnership between (five pilot sites) local substance abuse agencies and federally qualified community health centers (FQHC's) and the Iowa National Guard (ING). Iowa's model consists of: co-locating a substance abuse professional at the FQHC's and at the Iowa National Guard. SBIRT IOWA went live within 4 months of grant award on October 25th, 2012 and all 5 pilot sites (4 are currently live and fully implementing SBIRT within their health settings or within the ING. To date, over 2,200 patients and soldiers have been screened. Since award, SBIRT IOWA has fully executed provider contracts and memorandum of understandings between agency providers and/or ING, has held multiple provider meetings and trainings and has developed a SBIRT IOWA logo, branding and website. The SBIRT IOWA website has information on Iowa's partners, tools, research links and screening materials; both in Spanish and English. The website can be found at <http://www.idph.state.ia.us/sbirt/Default.aspx>

Sub-Recipients:

Iowa has implemented SBIRT activities within 4 Federally Qualified Health Centers (FQHC) in Iowa. Each FQHC is funded 2 full-time FTE's to support Health Educators. Health Educators are responsible for implementing SBIRT annual pre-screenings, screening and Brief Interventions on all clients 18 and over within their FQHC site(s). Health educators are required

to attend all IDPH sponsored SBIRT trainings, input data into the Iowa ISMART SBIRT wits data system, participate in meetings and QI activities, participate in dissemination and sustainability efforts, complete documentation, and meet annual goals as set forth by IDPH.

Contracts have been provided for each site/agency listed below:

- Primary Care, Des Moines-\$137,570
- Peoples Health Care, Waterloo-\$137,570
- Siouxland Health Center, Sioux City-\$137,570
- Community Health Care, Davenport-\$140,570 (received additional for attendance at SBIRT conference)

At each of the FQHC's, Iowa SBIRT has co-located a substance abuse professional on site at each FQHC. Each substance abuse block grant funded provider located by the FQHC is funded to provide 1 full-time FTE. Co-located substance abuse staff will assist health educators in all aspects of SBIRT but will primary be responsible to complete Brief Treatment and Referral to Treatment Processes. Substance abuse staff is responsible for all aspects of GPRA follow-up with patients. Substance abuse staff are required to attend all IDPH sponsored SBIRT trainings, input data into the Iowa ISMART SBIRT wits data system, participate in meetings and QI activities, participate in dissemination and sustainability efforts, complete documentation, assist patients into getting into treatment if indicated, manage all treatment and GPRA incentive dollars, and meet annual goals as set forth by IDPH. Contracts are provided for each substance abuse agency listed below:

- MECCA, Des Moines-\$98,785 (received additional for attendance at SBIRT conference)
- Jackson Recovery, Sioux City-\$95,785
- Center for Alcohol & Drugs, Davenport-\$95,785
- Pathways, Inc, Waterloo-\$95,785

Iowa has implemented SBIRT activities at the Iowa National Guard. The Iowa National Guard serves all army and air guard throughout the state of Iowa. In lieu of funding a position at the National Guard, the Guard requested to have two substance abuse community providers co-located at the base. Two block grant funded providers' support 2 Full-time FTE's to the Iowa National Guard and is co-located at the Joint Forces Headquarters in Johnston, Iowa. SBIRT Iowa substance abuse providers assist the Guard in carrying out SBIRT activities in a variety of ways. During Physical Health events, soldiers go to the SBIRT station and are screened for alcohol and/or drug misuse. SBIRT substance providers also screen soldiers with the PHQ-9 depression screen to identify and refer any Soldier for further treatment.

The SBIRT program is also being used as the primary screening tool for soldiers that are reported through serious incident reports. Any soldier with a report is assigned an SBIRT substance abuse counselor to offer assistance. The goal is to get the soldier to come to the base for a SBIRT screening and/or more intensive level of care. SBIRT substance counselors travel to Guard events statewide to conduct screenings, assist in drill weekends, serve as a substance abuse expert, provide educational trainings, input data into the Iowa ISMART SBIRT wits data system, participate in meetings and QI activities, participate in dissemination and sustainability efforts, complete documentation, assist patients into getting into treatment if indicated, manage all treatment and GPRA incentive dollars, and meet annual goals as set forth by IDPH.

Contracts to locate substance abuse professionals at the National Guard are provided to two local community -based substance abuse agencies listed below:

- House of Mercy, Des Moines-\$81,846
- United Community Services, Des Moines-\$95,785

Iowa has contracted with the Consortium on Substance Abuse Research and Evaluation for SBIRT IOWA evaluation activities. The Iowa Consortium is responsible for evaluating Iowa's SBIRT project. The consortium provides 2, 344 hours annually for performance assessment, reporting, evaluation activities. The evaluation involves activities related to collection of process and outcome data; including, but not limited to, analyzing implementation and diffusion activities, steering committee membership, data collection and summation, annual site visits at project sites, focus and key informant interview activities and annual project summary reports.

Contracts are provided as listed below:

- University of Iowa- Consortium on Substance Abuse Research and Evaluation, Iowa City- \$112,183

Iowa has contracted with FEi, Inc Data Systems Management for SBIRT data software development, hosting, training and upload of data to the SAIS system. FEi provides Iowa with a WITS based SBIRT data management system. The system allows Iowa the ability to collect and manage the data components of the Iowa SBIRT project. This includes the ability for project staff to enter pre-screening, screening data, GPRA collection and upload to SAIS, and reporting modules to provide data to project partners and to IDPH to manage SBIRT data requirements. FEi also is working with GE-Centricity at our FQHC sites to provide a data interface between the Iowa ISMART WITS SBIRT system and the FQHC electronic health record. Activities have included data mapping and working with GE-Centricity vendors to create a seamless electronic data transfer. This transfer (ready in March/13) will significantly decrease duplication and allow FQHC staff a seamless data transfer to the Iowa WITS data system.

- FEi Systems, Columbia, Maryland-\$121,600

Due to SAMHSA January 15th, 2013

Semi-Annual PPHF Reporting Template

Agency: SAMHSA

PPHF Program: Prescription Drug Monitoring Program (PDMP) Electronic Health Record (EHR) Integration and Interoperability Expansion (PPHF-2012)

Title: PDMP (Prescription Drug Monitoring Program)

Recipient: Centers for Disease Control and Prevention

Reporting Period: July 1 – December 31, 2012

Number: CDC IAA # 12-IC-01-DUIP and SAMHSA IAA # AM12T0100

Mechanism/Procurement Type: Inter/Intra-Agency Agreement (IAA)

CFDA Number (if applicable): 93.748

Summary of Activities:

Developed and hired two evaluation researchers from Brandeis University via Intergovernmental Personnel Act (IPA) agreements - 8/12-10/12

Interviewed and hired two fellows through ORISE (IAA with Department of Energy) - 8/12-11/12

Developed evaluation plan, including qualitative and quantitative approaches to conducting the evaluation. 10/12-12/12

Began development of an Office of Management and Budget package to request clearance for in-state interviews because of Paperwork Reduction Act restrictions. This package is extensive and requires interviewer guides, projected time requirements for conducting interviews, justification for interviews, etc.

PPHF Funding: \$400,000

Sub-Recipients:

Sub-Recipient 1: ORISE Fellows

Sub-Award Date:

Number:

PPHF Funding: \$166,000

Purpose: Evaluation

Sub-Recipient 2: IPAs
Sub-Award Date:
Number:
PPHF Funding: \$234,000
Purpose: Evaluation