

GPR Report

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
1	473	1422-Incarcerated Parents	1	1	Criminal Justice and mental health	Families	DOC, DSHS, DEL, and OSPI to review current policies to assess adequacy of their agency's programs for children with incarcerated parents, especially children in foster care, and to participate in a CTED advisory committee that shall fund new programs or expand existing programs to support children with incarcerated parents.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007
2	454	Expedited Eligibility (Jails, Institutions)	1	1	Criminal Justice and mental health	Criminal Justice	Legislature appropriates increased funding for Expedited Medical Eligibility determination for mentally ill offenders leaving jails, prisons, institutions for mental disease or detention. Legislature directs Economic Services Administration (ESA) to adopt standardized screening and application practices; will ensure medical and mental health coverage.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/31/2007
3	3783	Crisis Intervention Training	1	1	Improve crisis system	Criminal Justice	Funding is provided for a grant program to pay for the costs of local law enforcement agencies	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/9/2008
4	3789	Mental Health First Aid	1	1	Stigma reduction	Community	One-time funding is provided for a mental health first aid train-the-trainer program. The course will teach participants how to train others to recognize the symptoms of mental disorders; to determine possible causes or risk factors; to give appropriate initial help and support to a person suffering from a mental health disorder; and to recognize a mental health crisis and take appropriate action.	Budget proviso provided one time funding.	1	2008	4	2008	N/A	0	1	1	5/29/2008
5	3765	SB 6313 Disability History Month	1	1	Stigma reduction	People with Disabilities	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	8/6/2008

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6	3767	SHB 2654 Community Based Mental Health Services	1	2	Develop and sustain consumer, youth and family organizations and membership	All Groups	Prepare a report on strategies for developing consumer and family run services. Requires the department of social and health services to develop the report, including the amendment of the Medicaid waiver and mental health state plan, in cooperation with a group of mental health consumers and family members, and to provide the report to the appropriate committees of the legislature by January 1, 2009.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	7/31/2008
7	462	1217-Establish Consistency in Clubhouses Statewide to Improve Outcomes	1	2	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	DSHS to develop standards and process for certification of clubhouses (including: peer-operated and recovery-focused; involvement of consumers; structured activities such as social skill training, vocational rehabilitation, and employment training).	Bill passed during 2007 legislative session and signed into law by Governor Gregoire	1	2007	7	2007	N/A	0	1	1	7/31/2007
8	7517	HB 2025- Sharing health care information	1	2	Improve services integration, across program and agency collaboration and partnerships	Adults with Mental Illness	Allows mental health or primary care providers to release health records about a shared patient. Intent is to improve coordination of care for people who have both a mental illness and a physical illness.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009
9	7522	SSB 6024 Addressing applications for public assistance from persons currently ineligible to receive assistance	1	4	Criminal Justice and mental health	Criminal Justice	Allows people to re-apply for public assistance while they're still in jail, even if they don't have a release date or their release date is more than 45 days away.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009

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10	474	1573-OSPI Drop-out Prevention	1	4	Increase access to primary care and mental health services	Youth	Grant program for local partnerships of schools, families, and communities for comprehensive dropout prevention and intervention program (Building Bridges). Contract with third party to evaluate partnerships. Two-year demonstration project to be funded in 3 urban areas focused on implementing strategies to close achievement gap in at-risk students (report to legislature by Dec 2009). State level work group formed to assist Building Bridges programs.	Bill passed during the 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007
11	479	WSIPP TANF Depression Study	1	4	Increase access to primary care and mental health services	Trauma and Women	WSIPP to conduct a study of female TANF clients to determine prevalence and treatment for depression among TANF recipients and based on that analysis make recommendations for more efficacious screening and/or treatment models. (Budget proviso in 07 Legislature)	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007
12	486	6157- Conversion of Work Release into Re-entry Centers	1	5	Criminal Justice and mental health	Criminal Justice	Transform work release centers into residential reentry centers with capacity to provide or connect offenders with full range of reentry services (including housing, employment and assistance programs) to achieve measurable outcomes.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire	1	2007	7	2007	N/A	0	1	1	7/1/2007
13	475	5533-Police Officer Discretion-12 Hour Treatment Alternative	1	5	Criminal Justice and mental health	Criminal Justice	Mental Health Treatment Alternative for Non-Felonies. New legislation (07 session) that gives discretion to police officer in arresting someone for a non-serious non-felony crime and having a history of mental illness to take the individual to a crisis stabilization unit (may be held up to 12 hours but must be evaluated within three hours), refer individual to mental health profession for evaluation for initial detention, or release individual for voluntary treatment. Police officer to be guided by standards mutually agreed upon with prosecuting authority.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007

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14	496	6157-Intake Offender Assessment and Re-Entry Plans (DOC)	1	5	Criminal Justice and mental health	Criminal Justice	DOC to develop Intake Offender Assessment and Re-Entry Plans with Initial assessment to be conducted no later than 45 days after sentencing, and community reentry plan developed within 60 days after initial assessment. Re-entry plan must detail services needed and required supervision in the community upon release	Bill passed during 2007 legislative session and signed into law by Governor Gregoire. Protocols and tools for assessment and re-entry plans to be established and implemented.	1	2007	7	2007	N/A	0	1	1	7/1/2007
15	3792	Continuity of Medical Asst - Study	1	5	Criminal Justice and mental health	Criminal Justice	Funding is provided to study mechanisms to establish or re-establish medical assistance eligibility expeditiously for persons who have been incarcerated in a corrections facility or an institute for mental diseases and who may be eligible for medical benefits once leaving confinement. (General Fund-State)	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/9/2008
16	7512	SHB 1201- Offender Reentry Community Safety Program	1	5	Criminal Justice and mental health	Criminal Justice	This bill changes the name of the existing Dangerous Mental III Offender program to the "Community Integration Assistance" program. The bill also requires the Department of Corrections to offer assistance to offenders in preparing mental health advance directives when offenders are preparing their treatment plans	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	0	5/30/2009
17	7520	SSB 5252-Addressing Correctional Facility Policies Regarding Medication Management	1	5	Criminal Justice and mental health	Criminal Justice	Directs the Washington Association of Sheriffs and Police Chiefs to convene a jail medication management workgroup. Before December 31, 2009, the workgroup needs to develop a model policy regarding managing medications in jails.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009

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18	512	5763-Integrated ITA Secure Detox Pilots	1	5	Improve crisis system	People with Co-occurring MH and SA Issues	Creation of integrated crisis response and involuntary treatment pilot programs for adults. The pilot programs combine the initial detention process of adults with chemical dependency and/or mental disorders with the use of a designated trained crisis responder having authority to initiate civil commitment proceedings. The pilots also create secure detoxification facilities for detention. Services begun by March 2006 with report on pilots by WSIPP due to legislature by September 30, 2008.	Pilots are fully implemented and evaluated by Sept, 2008	9	2005	9	2008	N/A	0	1	1	3/4/2008
19	3791	Extend ICR and ICM Pilot Programs	1	5	Improve crisis system	People with Co-occurring MH and SA Issues	One-time funding is provided to the Division of Alcohol and Substance Abuse pursuant to Engrossed Substitute Senate Bill 6665 (crisis response programs). This legislation extends two integrated crisis response/secure detoxification (ICR) pilot programs and two intensive case management pilot programs authorized by the Legislature in 2005. The pilot programs are extended by one year, until June 30, 2009. An interim report by the Washington State Institute for Public Policy is due by June 30, 2008 and a final evaluation by June 30, 2010. Approximately \$600,000 in state funding is provided for start up costs for a new ICR pilot in Spokane. \$1 Million of one-time funding for these projects is provided from an unused fund balance in the Criminal Justice Treatment Account. (General Fund-State, Criminal Justice Treatment Account State)	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/9/2008
20	490	5533-Crisis Stabilization Units	1	5	Improve crisis system	Criminal Justice	Legislation in 2007 session requiring DSHS to certify crisis stabilization units that meet state minimum standards including physical separation if located at jail, administration by mental health professionals, and adequate security for public. At the discretion of police officers or designated mental health professionals, these units may be used to detain for up to 12 hours in lieu of jail for nonviolent misdemeanants.	Final State certification standards issued.	7	2007	9	2009	N/A	0	1	0	7/31/2008

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21	5269	ESSB 5959 Transitional Housing Operating and Rent (THOR) program	1	5	Improve housing	Homeless	In 2008 the THOR program was put into statute within Department of Community, Trade and Economic Development through ESSB 5959 and the purpose of the program was expanded to assist homeless individuals as well as assist families in securing and retaining safe, decent and affordable housing. An additional \$2.5 million has been provided (expansion funds) in the 2009 Supplemental budget. Eligible households include: Families with children, Families with children who are receiving services under chapter 13.34 RCW, Individuals or families without children (eligible only with expansion funds), Individuals or families who have a household with an adult member who has a mental health or chemical dependency disorder (individuals and families without children are eligible only with expansion funds), Individuals or families who have a household with an adult member who is an offender released from jail or prison within the past 18 months (individuals and families without children are eligible only with expansion funds).	Purpose of the Transitional Housing Operating and Rent (THOR) expanded to assist homeless individuals.	1	2008	9	2010	N/A	0	1	1	8/6/2008
22	483	1088-Rx. Oversight	1	5	Improve mental health outcomes using evidence based practice	Youth	DSHS to establish policies and procedures to identify children at high risk and establish mechanisms for evaluating appropriateness of medications, review the psychotropic medications of all children under 5, track prescriptive practices with respect to psychotropic medications, and encourage use of cognitive behavior therapy and other evidence-based practices in place of medication.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	7	2007	1	2009	N/A	0	1	0	3/4/2008
23	488	1088-Wraparound Pilots	1	5	Improve mental health outcomes using evidence based practice	Youth	DSHS to implement or expand a wraparound model of integrated children's services for high-risk children in up to 6 RSN regions. Wraparound pilots to provide care coordination and facilitate service delivery using a strength-based, highly individualized wraparound process. Pilots implemented in up to 6 RSNs with contracts implemented by April 2008, service delivery begun by July 2008 and evaluation report by EBP Institute due to legislature by December 2010.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007

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24	1059	EBP Institute #4 - Develop Outcome Based Performance Measures for Children's Mental Health System	1	5	Improve mental health outcomes using evidence based practice	Youth	Develop outcome-based performance measures to determine the effectiveness of the children's mental health system.	Final Rule, Policy, or Statewide Procedure issued.	7	2007	1	2009	N/A	0	1	0	3/4/2008
25	485	Mental Health Division System Transformation Initiative-PACT Implementation	1	5	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	Statewide implementation of Program of Assertive Community Treatment (PACT) teams. PACT is a EBP, client-centered, recovery-oriented Mental Health service delivery model used for severely, persistently mentally ill. Mental Health Division is contracting with WIMIRT to facilitate this policy change by overseeing implementation with West Side PACT teams in place by July 07, and 3 East PACT teams by Oct 2007.	Full operationalization of 7 Westside PACT teams and 3 Eastside PACT teams by October 2008.	7	2006	10	2008	N/A	0	1	0	3/4/2008
26	1039	EBP Institute #2 - Conduct Pilot Projects	1	5	Improve mental health outcomes using evidence based practice	Youth	Through HB 1088 legislation passed during 2007 legislative session, calls for the EBP institute (once established) to conduct a pilot program with primary care providers on the assessment, diagnosis, and treatment of children with mental health disorders.	Pilot programs implemented and evaluated	1	2007	12	2008	N/A	0	1	0	3/4/2008
27	492	5773-Sharing Rx Info	1	5	Improve service integration, across-program and agency collaboration, and partnerships	Providers	DSHS authorized to share information acquired for billing and collection purposes with all currently treating providers with prescriptive authority who have written a prescription for patient within past 12 months for the purpose of care coordination. This includes the sharing of drug, emergency room and hospital information that may include a mental health diagnosis. Patient to be notified that the information has been released. No counseling, inpatient psychiatric hospitalization or drug and alcohol treatment information released without a signed written release from the client.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007

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28	3788	Hospital Ward Size and Case Mix	1	5	Improve service integration, across-program and agency collaboration, and partnerships	Providers	Funding is provided for a facilitator to assist the Mental Health Division in conducting a review and developing recommendations on ward sizes and ward patient case mix at Eastern and Western State Hospitals. In addition, the review and recommendations shall include discharge practices for all three state psychiatric hospitals and community placements for adults and children. Representation from regional support networks (RSN) shall be included in the development of recommendations for discharge practices and community placements. Recommendations shall be provided to the Legislature by October 15, 2008.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/4/2008
29	3768	SSB 6404 Regional Support Networks	1	5	Improve service integration, across-program and agency collaboration, and partnerships	Providers	Provides in the event that an existing regional support network will no longer be contracting to provide services, the intent of this act is to provide flexibility to the department of social and health services to facilitate a stable transition which avoids disruption of services to consumers and families, maximizes efficiency and public safety, and maintains the integrity of the public mental health system. Declares the intent that the department of social and health services partner with political subdivisions and other entities to provide quality, coordinated, and integrated services to address the needs of individuals with behavioral health needs.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	7/31/2008
30	468	1088-Expansion of Provider Network	1	5	Increase access to primary care and mental health services	Providers	Allows RSN-contracted licensed community mental health agencies to subcontract with individual licensed mental health professionals when necessary for an adequate provider network (inc. culturally competent).	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007

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31	501	GAU Pilots	1	5	Increase access to primary care and mental health services	Adults with Mental Illness	Mental Health Services component added to GAU medical care management pilot project in King and Pierce counties.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007
32	3786	Behavioral Intervention Training	1	5	Increase access to primary care and mental health services	Providers	Funding is provided for a behavior intervention specialist at each of the state psychiatric hospitals to develop and implement a train-the-trainer program in techniques that will help staff identify and defuse situations than can lead to violent patient behaviors.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/9/2008
33	500	System Transformation Initiative-Benefits Redesign	1	5	Increase access to primary care and mental health services	Adults with Mental Illness	Mental Health Division to make recommendations for revisions to benefit package for publicly-funded managed behavioral health care. Community Forums and contracted report on national best practices and benefit designs from comparison states. Recommendations, including financial implications, to be reviewed, with final decision packages developed and submitted for next round of legislative funding (09 legislature).	Decision package submitted by Mental Health Division, containing recommendations for changes.	10	2006	12	2008	N/A	0	1	0	7/31/2008
34	3787	Increased Non-Medicaid Funding	1	5	Increase access to primary care and mental health services	Adults with Mental Illness	Additional state funds are provided to enable the community mental health system to maintain and improve delivery of non-Medicaid services. These include crisis response, counseling, case management, acute care, and residential services for children and adults who are not presently eligible for Medicaid due to income, family circumstances, or the stage or nature of their illness. These state-only funds are also used to provide services such as care in larger residential facilities, help finding a job, and emergency rent assistance that are not covered by the Medicaid program. Increased non-Medicaid funding for the Pierce County area and for the Spokane Regional Support Network (RSN) are provided separately. The amounts provided here are for the other 11 RSNs.	Final Rule, Policy, or Statewide Procedure issued.	1	2008	4	2008	N/A	0	1	1	4/4/2008

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35	481	1088-Early Periodic Screening, Diagnosis and Treatment	1	5	Increase access to primary care and mental health services	Families	DSHS to establish policies and procedures to increase coordination of and access to Medicaid mental health benefits, including services identified as a result of a Early Periodic Screening, Diagnosis & Treatment. Establish contractual performance standards that track access to and utilization of services; and set standards for reducing number of children receiving antipsychotic drugs with no outpatient mental health services.	Final Rule, Policy, or Statewide Procedure issued.	7	2007	1	2009	Youth	0	1	0	3/4/2008
36	499	1088-Benefit Redesign for Children	1	5	Increase access to primary care and mental health services	Youth	DSHS to make revisions to the benefit package offered to children based on exploration of limits of Medicaid regulations and strategies taken by other states to fund family-centered children's mental health services. DSHS to make revisions to the regional support network (RSN) access to care standards for children. New standards to allow for broader range of children to be eligible for services and for assessment and diagnosis for children under 5.	Final Rule, Policy, or Statewide Procedure issued.	7	2007	1	2009	N/A	0	1	0	3/4/2008
37	451	1460-Mental Health Parity	1	5	Increase access to primary care and mental health services	All Groups	Mental Health Parity Bill. Mental Health parity requirement for health plans is extended to employer plans with less than 50 employees. Phased in implementation to begin in January 2008 and continue through 2010.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2012	N/A	0	1	1	3/26/2008
38	7511	SHB 1071- Concerning Advanced Registered Nurse Practitioners	1	5	Increase access to primary care and mental health services	Adults with Mental Illness	Enables advanced registered mental health nurse practitioners to recommend and provide certain treatment. This applies to treatments that currently can only be performed by physicians and/or mental health professionals. For example, committing someone to a 14-day involuntary detention currently requires the signature of two physicians or the signatures of one physician and one mental health professional. As a result of this bill, the same action can now occur with the signature of a physician and a psychiatric ARNP.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009

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39	7521	2SSB 5433- Modifying Provisions of Local Option Taxes	1	5	Increase access to primary care and mental health services.	Adults with Mental Illness	Allows counties to use some of the revenues from the 1/10th of 1% sales tax towards existing (not new or expanded) mental health and substance abuse programs. The amount that can be used is a sliding amount (from 50% in 2010 down to 10% in 2014) and the bill expires in 2015.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009
40	7513	SHB 1373- Concerning Children's Mental Health Services	1	5	Increase access to primary care and mental health services.	Youth	Addresses children's mental health. In 2007, 2SHB 1088 increased the number of outpatient mental health visits to 20 per year. That provision was set to expire in 2010, but HB 1373 makes that change permanent. Also, 2SHB 1088 allowed people under the direct supervision of a licensed mental health professional to provide outpatient mental health therapy in managed care and fee-for-service programs. That provision was also set to expire in 2010, and this bill makes that change permanent.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009
41	7515	SHB 1529- Concerning Telemedicine	1	5	Increase access to primary care and mental health services.	Adults with Mental Illness	Provides that a licensed home health agency that is eligible for reimbursement under the state's medical assistance programs may be reimbursed for home health services delivered through telemedicine. Requires DSHS to develop reimbursement rules and requirements for home health rendered through telemedicine.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009
42	7514	HB 1492- Addressing the Independent Youth Housing Program	1	5	Increase access to primary care and mental health services.	Youth	Makes funds from the existing Independent Youth Housing program available to pay for mental health services in some areas.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	0	5/30/2009
43	7519	SSB 5035- Improving veteran's access to services	1	5	Increase access to primary care and mental health services.	Adults with Mental Illness	Requires state Department of Veterans' Affairs to study ways to improve veteran's access to services. DVA also has to prepare a report that summarizes its findings, and must submit the report to the Legislature by January 1, 2010.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009

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44	3856	5959 - Transitional Housing Operating and Rent Program	1	7	Improve housing	Homeless	Creates the transitional housing operating and rent program in the department of community, trade, and economic development to assist homeless individuals and families secure and retain safe, decent, and affordable housing. The department shall provide grants to eligible organizations, as described in RCW 43.185.060, to provide assistance to program participants. Creates the transitional housing operating and rent account in the custody of the state treasurer. All receipts from sources directed to the transitional housing operating and rent program must be deposited into the account.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/29/2008
45	506	STI-Housing	1	7	Improve housing	Homeless	MHD has contracted with Common Ground to develop the statewide mental health housing plan. Common Ground to assess availability of housing for people with severe and persistent MI, identify EBP to increase housing, propose models, provide action plan for creating 500 more units, and provide TA. Housing Action Plan to describe all necessary supports, barriers, and outcomes. Recommendations, including financial implications, to result in decision packages developed and submitted for next round of legislative funding (09 legislature).	Decision package(s) regarding housing submitted for consideration in next round of DSHS/executive requests for legislative funding (09 legislature).	7	2007	7	2008	N/A	0	1	0	3/4/2008
46	507	6157 CTED Housing Pilots for Ex-Offenders	1	7	Improve housing	Criminal Justice	Increase housing availability to ex-offenders by changing laws to create immunity from civil liability for landlords renting to ex-offenders, pilot program for transitional housing for offenders established (minimum of 2 pilots, with priority to high risk or high needs offenders with grants administered by CTED).	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007
47	7518	HB 2331- Concerning the Existing Document Recording Fee for Services for the Homeless	1	7	Improve housing	Adults with Mental Illness	When people file documents with county auditors, they have to pay a \$10 fee. Part of that fee goes towards the Homeless Housing and Assistance Act, which the Legislature enacted in 2005 in an effort to reduce homelessness. This bill increases the fee from \$10 to \$30.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009

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48	7516	SHB 1769- Concerning Housing Assistance in Dependency Matters	1	7	Improve housing	Families	Under this bill, in children's dependency matters, the court has the authority to order housing assistance when homelessness or the lack of adequate and safe housing is the primary reason why the child is in foster care, and there's funding available to pay for housing assistance.	Final Rule, Policy, or Statewide Procedure issued.	7	2009	9	2010	N/A	0	1	1	5/30/2009
49	510	STI- Employment	1	7	Increase employment of working-age mental health consumers	Adults with Mental Illness	MHD to craft a plan to improve Recovery and Employment Outcomes for consumers in WA state. Expectation of submitting recommendations, including financial implications, in decision packages developed and submitted for next round of legislative funding (09 legislature).	Decision packages submitted for consideration in next round of legislative funding (09 legislature).	9	2006	7	2008	N/A	0	1	0	3/4/2008
50	7430	MHTP-Crisis Intervention Train-the-Trainer Training	2	1	Improve crisis system	Criminal Justice	Criminal Justice Training Commission (CJTC) to develop curricula, reference guide on best practice, and train the trainers for Crisis Intervention Training for mental health issues for First Responders (both first responders and county/city jail staff). The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately 40 hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period and received Crisis Intervention credit.	4	2007	11	2008	Law enforcement and First Responders and county/city jail staff	0	20	10	4/30/2009
51	7425	Advanced Crisis Intervention Training	2	1	Improve crisis system	Criminal Justice	Topics covered were advanced street diagnosis, understanding co-occurring disorders, suicide intervention methods, suicide by cop, and mental illness in youth, suicide prevention and issues relating to returning veterans (i.e., suicide, traumatic brain injury and PTSD). The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period and received Advanced Crisis Intervention credit.	4	2007	11	2010	Law enforcement and First Responders and county/city jail staff	0	100	164	4/28/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
52	458	Crisis Intervention Training	2	1	Improve crisis system	Criminal Justice	Criminal Justice Training Commission (CJTC) to develop curricula, reference guide on best practice, and train the trainers for Crisis Intervention Training for mental health issues for First Responders (both first responders and county/city jail staff). The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period and received Crisis Intervention credit.	4	2007	9	2010	Law enforcement and First Responders and county/city jail staff	0	1000	1448	4/30/2009
53	7310	Help Every Living Person (HELP) Train-the-Trainer Training	2	1	Improve crisis system	All Groups	The Help Every Living Person Train-the-Trainer, teaches public school teachers how to communicate with students about suicide prevention, was listed on the Suicide Prevention Resource Center's Best Practices Registry in February. The listing, one of only 12 in the nation, means that HELP is a model program for suicide prevention. The curriculum was developed for health teachers to use in their ninth and 10th grade classrooms. Since its development, HELP has become widely adopted in Washington. In several districts – such as Seattle, Tacoma, Kent, Renton, and Spokane – the curriculum is being used in every high school. More than 200 trained counselors and teachers in 135 schools are using HELP.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2006	9	2010	Adult Consumers	0	200	200	3/16/2009
54	7564	MHTP-RIGHT RESPONSE Crisis Intervention Training	2	1	Improve crisis system	Families	The RIGHT RESPONSE Training is proactive, holistic, and immediately effective. These new trainers have agreed to provide Crisis Intervention Training to the following areas: Auburn, Kitsap and Tri-cities. The three guiding principles of the training are as follows: The intervention must meet the needs of our client. We must constantly reflect respect on the client. The safety of everyone in the environment is our highest priority. The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately 8 hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period and received Crisis Intervention credit.	4	2009	9	2010	Fathers	0	10	0	6/4/2009

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#	ID	Working Title	GPRR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
55	7563	MHTP-RIGHT RESPONSE Crisis Intervention Train-the-Trainer Training	2	1	Improve crisis system	Families	The MHTP sponsored a RIGHT RESPONSE training to teach fathers how to become Crisis Intervention Trainers. The RIGHT RESPONSE Training is proactive, holistic, and immediately effective. These new trainers have agreed to provide Crisis Intervention Training to the following areas: Auburn, Kitsap and Tri-cities. The three guiding principles of the training are as follows: The intervention must meet the needs of our client. We must constantly reflect respect on the client. The safety of everyone in the environment is our highest priority. The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately 8 hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period and received Crisis Intervention credit.	4	2009	9	2010	Fathers	0	2	2	6/4/2009
56	8278	MHTP-Ready-to-Rent Train-the-Trainer Training	2	1	Improve crisis system	Adults with Mental Illness	This two day in-person training course taught student how to teach the Ready-to-Rent trainers. Capital Clubhouse and housing providers volunteered to assist with these trainings. The course took 3 hours each day for 2 days for a total of 6 hours	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	6	2009	9	2009	Clubhouse members, Clubhouse staff, local housing authority, local housing and homeless outreach providers	0	20	23	9/9/2009
57	8279	MHTP-Ready-to-Rent Trainer Ready-to-Rent Planning Course	2	1	Improve Housing	Adults with Mental Illness	This planning course was for trainers and assistants to prepare the paperwork. In addition the new trainers practice using the power point tools and training materials for the upcoming 6 week Ready-to-Rent training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	6	2009	9	2009	Clubhouse members, Clubhouse staff, local housing authority, local housing and homeless outreach providers	0	9	9	9/10/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
58	8280	MHTP-Ready-to-Rent Trainer Training	2	1	Improve Housing	Adults with Mental Illness	The 6 week Ready-to-Rent Training clarifies consumers' wants, needs and barriers in the pursuit of better housing outcomes. Classes are held once a week for six weeks. Each class is 2 hours and participants must attend all dates.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	6	2009	9	2009	Clubhouse members, Clubhouse staff, local housing authority, local housing and homeless outreach providers	0	15	15	9/10/2009
59	7084	Wellness/Health Advocate Training - WA Community Mental Health Council	2	1	Increase access to primary care and mental health services	Adults with a Mental Illness	The Wellness Training is intended to equip direct staff (mental health professionals and certified peer counselors) in community mental health settings with the knowledge, skills and tools to become more effective health and wellness advocates. The training employed a diffusion model, training attendees to create and run Wellness Self Management groups to help clients take charge of their own health and wellness.	A person is considered to have met the standard for course completion after they have attended both days of the two day training.	1	2009	10	2009	Mental health professionals and certified peer counselors/peer support specialists	0	24	26	10/16/2009
60	7393	King County Mental Health Recovery Trainings	2	1	Recovery and Resiliency	Adults with Mental Illness	The four hour training included the following presentations: A PowerPoint show on Recovery and Resiliency developed by the Washington State Transformation Project and co-presented by the MHCADSD Mental Health Recovery Specialist and a member of the recovery advisory group, Voices of Recovery, Supported Employment, Peer Support Services, Wellness Recovery Action Plans, Clubhouse, NAMI, A live demonstration of the King County Recovery Webpage, Announcements about the, King County WARM Line, The Community Recovery on-line Yahoo group, and Recovery Poster Contest. Most of the presentations were provided by peers who wove in elements of their own recovery stories.	Training materials and training rosters deliverables received and approved by MHTG Contract Team. (A person is considered to have met the standard for course completion after they have attended the course for the specified time period.)	1	2009	4	2009	Adults with Mental Illness	0	150	378	4/8/2009
61	8283	NAMI Smarts for Advocacy Training	2	1	Recovery and Resiliency	Community	The goal of this in-person training is to have trained facilitators help develop written and oral advocacy skills with local and regional leaders. The training course takes three hours	A person is considered to have met the standard for course completion after they have attended for the entire length of the course.	7	2009	8	2009	Adults with Mental Illness	0	20	26	9/10/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
62	8282	NAMI Connections Co-facilitator Train-the-Trainer Trainings	2	1	Recovery and Resiliency	Adults with Mental Illness	The goal of this in-person training is to train Adults living with a mental health condition how to co-facilitate Connection Recovery Support Group. The training takes 3 days and the students agree to co-facilitate weekly Connection Recovery Support Groups for one year in their local area	A person is considered to have met the standard for course completion after they have attended for the entire length of the course.	7	2009	8	2009	Adults with Mental Illness	0	18	30	9/10/2009
63	9103	NAMI In Our Own Voice State Training	2	1	Recovery and Resiliency	Adults with Mental Illness	The goal of this in-person training is to train Adults living with a mental health condition how to make presentations to local groups using DVDs, personal recovery story and resources. The training takes two days.	A person is considered to have met the standard for course completion after they have attended for the entire length of the course.	9	2009	10	2009	Adults with Mental Illness	0	15	15	10/23/2009
64	7291	Preserving Native Wisdom North Sound Tribal Conference	2	1	Reduction in disparities	Community	The main goal for this conference is to preserve native wisdom in the North Sound Tribal Region. The conference was held June 10-11, 2009. The in-person culturally sensitive training is intended to foster individuals' personal recovery and resilience as defined by them. The course took approximately eight hours. The curriculum covered Tribal Mental Health and health care issues.	A person is considered to have met the standard for course completion after they have attended the course.	5	2008	12	2009	Native Americans	0	200	219	3/13/2009
65	7085	Mental Health First Aid Training - Washington Community Mental Health Council	2	1	Stigma	Adults with a Mental Illness	These trainings are designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The in-person training event has as its goal to improved delivery of mental health services consistent with the principles of recovery and resilience. Each training took approximately 12 hours.	A person is considered to have met the standard for training completion after they have attended the training for the specified time period.	1	2009	10	2009	Adults and Youth with Mental Illness	0	150	0	2/12/2009
66	457	MHTP- Recovery and Resiliency Trainings	2	1	Stigma reduction	Community	'Train the trainer' manual developed for Recovery and Resiliency (R&R) Training, with consumers trained as trainers. Trainings conducted across the state for each year funded. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The training was given at 8 sites across the state. A total of 453 individuals received the day long training. 76 Consumers, 349 Providers, 28 Family Members	Training materials and training rosters deliverables received and approved by MHTG Contract Team. (A person is considered to have met the standard for course completion after they have attended the course for the specified time period.)	6	2006	9	2008	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	508	676	7/31/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
67	8144	Mental Health Recovery Principles and Practices Train-the-Trainer Trainings-NAMI	2	1	Stigma reduction	Community	'Train the trainer' training for Mental Health Recovery Principles and Practices developed to teach consumers trained as trainers. This training covers the 11 recovery components outlined in the SAMHSA consensus statement and shows participants how to assist in their own recovery efforts and support those of people with mental illness in their community. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours.	A person is considered to have met the standard for course completion after they have attended for the entire length of the course.	7	2009	8	2009	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	6	7	8/13/2009
68	8145	Mental Health Recovery Principles and Practices Trainings-NAMI	2	1	Stigma reduction	Community	The Mental Health Recovery Principles and Practices training covers the 11 recovery components outlined in the SAMHSA consensus statement and shows participants how to assist in their own recovery efforts and support those of people with mental illness in their community. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours.	A person is considered to have met the standard for course completion after they have attended for the entire length of the course.	7	2009	9	2009	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	100	190	10/5/2009
69	3954	Family Education For Families and Consumers and Providers - WIMHRT	2	2	Develop and sustain consumer, youth and family organizations and membership	Families	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours. The curriculum covered Family Education For Families and Consumers and Providers and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Parent, youth and caregiver organizations across the state	0	400	480	7/29/2008
70	4920	MHTP-Family Youth Partner Training	2	2	Develop and sustain consumer, youth and family organizations and membership	Adults with Mental Illness	The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered partnering with family and youth and was taught by MHTP Staff who are certified Family Youth Partner Trainers.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	4	2007	9	2008	Parent, youth and caregiver organizations across the state	0	25	23	7/29/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
71	3958	Issues and Options: Problem-Solving Approaches In Family to Family and Multiple Family Groups	2	2	Develop and sustain consumer, youth and family organizations and membership	Families	The course took approximately eight hours. The curriculum covered Issues and Options specifically focused on Problem-Solving Approaches in Family-to-Family and Multiple Family Groups and was taught by the Washington Institute for Mental Health Institute and Training. The in-person training event has as its goal to foster individuals' personal recovery and resilience.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Parent, youth and caregiver organizations across the state	0	30	35	7/29/2008
72	3953	Empowering Parents: Support and Skills for Fathers of Children with Mental Illness	2	2	Develop and sustain consumer, youth and family organizations and membership	Families	The in-person training event provided important information to fathers to give them a tool to help foster their children's personal recovery and resilience. The course took approximately eight hours. The curriculum covered support fathers with children with a mental illness and helping them learn the skills necessary to care for their child. The course was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Parent, youth and caregiver organizations across the state	0	20	21	7/29/2008
73	7108	Community Connectors Parent Training	2	2	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	This is a Friday evening to Sunday afternoon training for parents and caregivers of children with complex needs. The training is prepared by other parent community connectors and members of SAFE-WA and their network. The training agenda is set each year from the evaluations at the end of the previous training week-end, this year's training focused on education advocacy presented by TeamChild.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	9	2006	10	2009	Adults and Youth with Mental Illness	0	100	109	2/12/2009
74	7258	Support System Building Training - WaDads	2	2	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The training focused on two main topics. The first topic was an Support System Building which took approximately 60 minutes. The second topic focused on Support System Building and it which took approximately 120 minutes. The August 2007 training was taught by the WADads on the Kitsap Peninsula.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2007	3	2006	Adults and Youth with Mental Illness	0	10	17	3/9/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
75	7255	Overview of Mental Health System in Washington State Training - WaDads	2	2	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The training focused on two main topics. The first topic was an Overview of the Mental Health System in Washington State which took approximately 90 minutes. The second topic focused on Building a Social Support System and it took approximately 60 minutes. The August 2006 training was taught by the Building a Social Support System on the Kitsap Peninsula.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2006	8	2006	Adults and Youth with Mental Illness	0	10	13	3/9/2009
76	7262	Building a Father Driven Statewide Support System Training - WaDads	2	2	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The main top the training focused on was Building a Father Driven Statewide Support System which took approximately 60 minutes. The October 2008 training was taught by WADads.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2008	8	2009	Adults and Youth with Mental Illness	0	10	7	3/9/2009
77	7438	Buddy System Training - WaDads	2	2	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The main topic of the training focused on Buddy System which took approximately 60 minutes. The March 2009 training was taught by WADads.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2008	8	2009	Adults and Youth with Mental Illness	0	10	22	5/5/2009
78	7254	Getting Help with IEPs Training - WaDads	2	2	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The training focused on cover two main topics. The first topic was Getting Help with IEPs which took approximately 60 minutes. The second topic focused on Motivational Interviewing and it which took approximately 90 minutes. The March 6, 2006 training was taught by the Father's Network on the Kitsap Peninsula.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2006	3	2006	Adults and Youth with Mental Illness	0	10	10	3/9/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
79	6540	NAMI Visions for Tomorrow Train-the-Trainer Course	2	2	Develop and sustain consumer, youth, and family organizations and membership	Families	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The curriculum covered training trainers to teach the NAMI training Visions for Tomorrow. Visions for Tomorrow is a 12 week course for caregivers of children and adolescents with mental illness.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2007	10	2008	Family Members, Consumers	0	35	100	7/29/2008
80	467	NAMI Family-to-Family Train-the-Trainer Course	2	2	Develop and sustain consumer, youth, and family organizations and membership	Families	The ultimate goal of the in-person training Train the Trainer program is to provide a broad pool of qualified individuals who commit to teaching the NAMI Family to Family course in their local communities throughout the State of Washington. The in-person 2.5 day training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The curriculum covered training trainers to teach the NAMI training Family to Family. Family-to-Family is a 12 week course for family caregivers of individuals with severe mental illnesses.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2007	9	2009	Family Members, Consumers	0	30	50	9/10/2009
81	9102	NAMI Basics State Teacher Train-the-Trainer Course	2	2	Develop and sustain consumer, youth, and family organizations and membership	Families	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The curriculum covered training trainers to teach NAMI Basics State Teacher Course. This course is a three day course for caregivers of children and adolescents with mental illness. Each attendee will co-lead a six week Basics class in their affiliate area within next six months.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	8	2009	9	2009	Family Members, Consumers	0	10	14	10/23/2009

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82	4957	Safety in Community Mental Health: Verbal De-escalation Skills Training	2	2	Improve crisis system	All Groups	The curriculum covered reviewing different methods for helping to de-escalate a situation. Learning objectives are: Demonstrate communication skills to calm anxious or agitated individuals, Understand common signs of escalating anxiety, Identify effective methods of e-escalating anxious or agitated behavior. The course took approximately eight hours. The curriculum covered reviewing different methods for helping to de-escalate a situation. The course was taught by Washington Community Mental Health Council in Safety in Community Mental Health.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	100	114	7/29/2008
83	3952	Disaster Mental Health	2	2	Improve crisis system	Providers	Two primary goals for this training are as follows: (1) normalizing feelings: reassuring victims that the strange and upsetting feelings they experience after a disaster (as following other traumatic events) are normal -- given what happened -- and (2) helping victims find effective ways of coping with their ongoing stress. The in-person training event took approximately four hours. The curriculum covered methods for helping people overcoming a disaster and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Primary care providers	0	10	12	7/29/2008
84	3960	Multifamily Psycho-education Group Intervention	2	2	Improve mental health outcomes using evidence based practice	Providers	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately 40 hours. The curriculum covered Multifamily Psycho-education Group Intervention and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	100	111	7/31/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
85	3957	Integrated Dual Diagnosis Treatment: Understanding IDDT, Addiction, and Motivational Interviewing	2	2	Improve mental health outcomes using evidence based practice	Providers	The course took approximately eight hours. The curriculum covered the following: Integrated Dual Diagnosis Treatment, Understanding IDDT, Addiction, and Motivational Interviewing. The course was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	42	42	7/29/2008
86	4925	MHTP- Wraparound Train-the-Trainer	2	2	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	The curriculum started with and expanded introduction of the services available to people with mental illness for people become trainers. The wraparound process is a way to improve the lives of consumers who have complex needs. The process is used to help communities develop individualized plans of care. The actual individualized plan is developed by a Wraparound Team, the four to ten people who know the consumer best, including the consumer and their family. Trainings provided by MHTP Staff who are certified Wraparound Trainers. The course took approximately eight hours. The curriculum covered teaching consumers to interact with other consumers and was taught by MHTP Staff who are certified Wraparound TTT Trainers. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered teaching consumers to interact with other consumers and was taught by MHTP Staff who are certified Wraparound TTT Trainers.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	4	2007	9	2008	Adult Consumers	0	25	20	7/29/2008

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87	3950	Challenges and Successes in Implementing an Evidence Based Practice	2	2	Improve mental health outcomes using evidence based practice	Providers	The curriculum covered Challenges and Successes in Implementing an Evidence Based Practice and was taught by The Washington Institute for Mental Health Institute and Training. The in-person training event had as its goal the improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours with the desired outcome of implementation of more EBPs.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Primary care providers	0	40	45	7/29/2008
88	4923	MHTP-Intro to W.R.A.P.	2	2	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	The course is designed for people who are helping others develop WRAP plans. While WRAP is a simple system, its use and the values and ethics that surround it are far-reaching and highly complex . Upon completion of this course you will be able to guide, facilitate, advise, support and encourage another person (patients, clients, peers, friends, family members) as they develop a Wellness Recovery Action Plan using the values and ethics that have evolved as people have used this mental health recovery innovation. The course took approximately eight hours. The curriculum covered an introduction to W.R.A.P and was taught by MHTP Staff who are certified Intro to W.R.A.P. Trainers.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	4	2007	9	2008	Adult Consumers	0	100	170	7/31/2008
89	4960	Providing Inpatient Assessment & Psychiatric Treatment Services to Persons with Developmental Disabilities	2	2	Improve screening and assessment	People with Disabilities	The in-person training course took approximately eight hours and the curriculum covered assessing consumers in an inpatient setting and providing psychiatric treatment services. The course was taught by Washington Community Mental Health Council.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Primary care providers	0	50	63	7/29/2008

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90	3963	Understanding Addiction and Recovery	2	2	Improve screening and assessment	Providers	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours. The curriculum covered methods for helping providers understand additions and help them lead the consumers down the path to recovery. It was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	100	102	8/6/2008
91	3964	Understanding Substance Abuse and Recovery	2	2	Improve screening and assessment	Providers	Understand addiction and how to support and facilitate treatment and recovery. In addition, the curriculum covered enhancing collaboration with substance abuse treatment partners. The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours. The course was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	70	70	7/29/2008
92	3955	Healthy Partnerships: Using Motivational Interviewing to Respectfully Engage with Families	2	2	Increase access to primary care and mental health services	Families	The training focused on nonjudgmental feedback regarding a person's risks and experience of health-related problems, while avoiding labels, confrontation and specific interviewer-generated goals for client behavior change. The curriculum covered using motivational interviewing to respectfully engage with families. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The course was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Parent, youth and caregiver organizations across the state	0	100	103	7/29/2008
93	4964	Increasing Consumer Employment in Mental Health Settings	2	2	Increase employment of working-age mental health consumers	Adults with Mental Illness	The course was created to help increase consumer employment in mental health settings. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The course was taught by the Washington Community Mental Health Council.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Employers	0	25	30	7/29/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
94	4963	Clinical Team Training for Consumers	2	2	Increase employment of working-age mental health consumers	All Groups	The curriculum covered clinical team training for Consumers. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. and was taught by the Washington Community Mental Health Council.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	50	57	7/31/2008
95	5082	Ombuds/Quality Review Team Semi-annual Workshop	2	2	Increase use of technology and data	Adults with Mental Illness	The in-person training event is to support consumers and family members as they act as guides to others as they deal with the resolution of grievances and complaints within the public system. The course took approximately sixteen hours. The curriculum covered resolution for mental health care issues and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	70	77	7/31/2008
96	3961	Partnering to Change Difficult Behaviors	2	2	Recovery and Resiliency	Providers	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours. The curriculum covered using various methods to partner with the consumer to help change difficult behaviors. It was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	50	50	7/29/2008
97	3959	Maximizing Recovery by Managing One's Illness	2	2	Recovery and Resiliency	Adults with Mental Illness	The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered Maximizing Recovery by Managing One's Illness and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	150	150	7/29/2008
98	3956	Illness Management and Recovery	2	2	Recovery and Resiliency	Adults with Mental Illness	The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered illness management and recovery.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Parent, youth and caregiver organizations across the state	0	80	87	7/29/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
99	3538	NAMI Peer-to-Peer Train-the-Trainer Course	2	2	Recovery and Resiliency	Community	The ultimate goal of the in-person training Train the Trainer program is to provide a broad pool of qualified individuals who commit to teaching the NAMI Peer to Peer course in their local communities throughout the State of Washington. The course took three days. The curriculum covered discussion concerning mental health issues.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2007	10	2008	Adult Consumers	0	25	26	7/29/2008
100	3962	Psychiatric Rehabilitation and Recovery	2	2	Recovery and Resiliency	Providers	The curriculum covered the psychiatric rehabilitation and recovery model. The recovery model is useful in treating the whole person, as opposed to treating just the mental illness. It was taught by the Washington Institute for Mental Health Institute and Training. The course took approximately eight hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	10	14	7/29/2008
101	4922	MHTP-Self Advocacy Training	2	2	Recovery and Resiliency	Adults with Mental Illness	Self-advocates deal with any issue that affects people with disabilities. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered teaching consumers how to advocate for themselves, bill of rights under the law, role playing activities. It was taught by MHTP Staff who are Self Advocacy Trainers.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	4	2007	9	2008	Adult Consumers	0	25	24	7/29/2008
102	7107	Leadership Journey Training	2	2	Recovery and Resiliency	Adults with a Mental Illness	This leadership training was conducted in-person. The training program has as its goal to foster individuals' leadership skills and develop future leaders. In addition the training specifically focused on problem solving skills and team development.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	1	2009	10	2009	Adults and Youth with Mental Illness	0	15	20	2/5/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
103	3474	MHTP- Wraparound in Indian Country Trainings	2	2	Reduction in disparities	Adults with Mental Illness	This training was given in Indian Country and was customized for the Indian Culture. The training took approximately 30 hours. The curriculum covered an introduction of the services available to people with mental illness. The wraparound process is a way to improve the lives of consumers who have complex needs. The process is used to help communities develop individualized plans of care. The actual individualized plan is developed by a Wraparound Team, the four to ten people who know the consumer best, including the consumer and their family. Trainings provided by MHTP Staff who are certified Wraparound Trainers.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	4	2007	9	2008	Native Americans	0	200	294	6/31/2008
104	3533	Tribal Communities Mental Health Conference	2	2	Reduction in disparities	Community	The in-person culturally sensitive training is intended to foster individuals' personal recovery and resilience as defined by them. A four-day conference for members of tribal communities learned more about mental health issues and about how those issues affect their communities.	A person is considered to have met the standard for course completion after they have attended the conference for all four days.	9	2007	9	2010	Native Americans	0	300	320	10/16/2009
105	6888	Life Is Not a Game Training	2	2	Stigma reduction	All Groups	This event is part of the Transformation Grant's social marketing campaign focusing on anti-stigma. Youth 'N Action is currently working on a drama presentation in partnership with director Lori Yates called "Life Is Not a Game" This is a theater experience of exploration, truth and honesty as we share social and health issues facing at risk youth in transition. By creating this drama we build more supports in the community for transition age youth. This play will educate, policy makers, service providers and the community on the issues that face transition age youth. The play is designed to make you laugh, cry, think and move towards transformation. Youth 'N Action leaders have been meeting weekly to work more intensely on the project in which we hope to roll out late spring. The course took approximately 40 hours. The curriculum covered teaching consumers to speak in public about mental health issues and was taught by Youth 'N Action..	Successful recruitment into 'train-the-trainer' trainings, and tracking of subsequent trainings delivered by trained parents, family members, and caregivers under contract with MHTG.	12	2008	9	2010	Youth	0	25	0	12/15/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
106	6889	Life Is Not a Game Event	2	2	Stigma reduction	All Groups	This drama production is part of the Transformation Grant's social marketing campaign focusing on anti-stigma. Youth 'N Action and director Lori Yates created a drama presentation entitled "Life Is Not a Game" This is a theater experience of exploration, truth and honesty as we share social and health issues facing at risk youth in transition. By acting in this drama, more supports are built in the community for transition age youth. This play will educate policy makers, service providers and the community on the issues that face transition age youth. The play is designed to make you laugh, cry, think and move towards transformation. The event takes approximately three hours. The curriculum covered speaking to the public about mental health issues and was taught by Youth 'N Action.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	12	2008	9	2010	Youth	0	25	0	12/16/2008
107	4846	Adult Speakers Bureau Train-the-Trainer Training	2	2	Stigma reduction	All Groups	This event is part of the Transformation Grant's social marketing campaign focusing on anti-stigma. Speakers Bureau Training: Track how information from these trainings is disseminated and resultant trainings. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered teaching consumers to speak in public about mental health issues and was taught by the Washington Institute for Mental Health Institute and Training.	Successful recruitment into 'train-the-trainer' trainings, and tracking of subsequent trainings delivered by trained parents, family members, and caregivers under contract with MHTG	3	2007	9	2010	Adult Consumers	0	25	18	7/31/2008
108	4845	Youth Speakers Bureau Train-the-Trainer Training	2	2	Stigma reduction	All Groups	This event is part of the Transformation Grant's social marketing campaign focusing on anti-stigma. Speakers Bureau Training: Track how information from these trainings is disseminated and resultant trainings. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered teaching consumers how to speak in public about mental health issues and was taught by the Washington Institute for Mental Health Institute and Training.	Successful recruitment into 'train-the-trainer' trainings, and tracking of subsequent trainings delivered by trained parents, family members, and caregivers under contract with MHTG. A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2007	9	2010	Youth Consumers	0	25	37	7/31/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
109	4924	MHTP-Trauma-Driver for Healing Partnerships	2	2	Trauma	Adults with Mental Illness	The curriculum covered various methods to aid trauma survivors in their road to recovery. The course was taught by MHTP Staff who are certified Intro to Trauma-Driver for Healing Partnerships Trainers. The course took approximately eight hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	4	2007	9	2008	Adult Consumers	0	25	12	7/29/2008
110	470	MHTP-Postpartum Depression Training	2	3	Improve screening and assessment	Trauma and Women	Modification of First Steps Prenatal Depression Screening Training Program to better screen for prenatal depression in diverse cultural groups. The course took approximately eight hours. The curriculum covered methods to integrate prenatal depression screening.	Revision of First Steps training modules to include cultural competencies. Report on progress in converting modules into web-based trainings received and approved by MHTG Contract Team. A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	10	2007	11	2008	Primary care providers, Women, Infants and Children Program Providers, First Steps (EPSDT) Providers	0	475	475	7/29/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
111	7102	Working with Families and Students from Poverty Workshop	2	3	Reduction in disparities	Providers	The course took approximately 16 hours. The curriculum emphasized Ruby Payne's seminal work on issues around school and poverty, this two day workshop addressed both the cultural features that sometimes make it difficult for families and students to succeed in school as well as the learning strategies that can help students gain a grasp of concepts and gain new skills. The first day will provided an overview of issues around poverty and school and work; look at hidden rules of organizations and how they impact participation and learning; resources that can help or hinder; family structures and how they contribute to success; and issues around language use that impacts communication. The second day concentrated on instruction and learning strategies that help with understanding concepts, learning to create questions to gain information, planning strategies, and ways to help students and workers organize information and learning. Participants received Ruby Payne's books A Framework for Understanding Poverty, Understanding Learning: The How, the Why, the What and two workbooks. The lead agent is OSPI - Office of Superintendent of Public Instruction.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2009	10	2009	Teachers (K-12), Principals, Guidance/Counselors, Administrators, Paraeducators, Social Workers; pastors, Literacy Coaches	0	50	0	2/5/2009
112	469	MHTP-Cultural Competence Training	2	3	Reduction in disparities	Providers	Develop web-based curriculum for state employees and service providers on cultural competence, along with management assessment tool. The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours.	Training curricula on cultural competence, along with detailed architecture of training database and assessment tool, launched via a website link accessible to public (trainees). A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	5	2007	9	2008	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	100	0	7/29/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
113	7293	Tribal Conference - MHTP	2	3	Reduction in disparities	Community	This September conference was sponsored by the Mental Health Transformation Project. The conference was an in-person culturally sensitive training intended to foster individuals' personal recovery and resilience as defined by them. The course took approximately eight hours. The curriculum covered Tribal Mental Health and health care issues.	A person is considered to have met the standard for course completion after they have attended the course	5	2008	12	2009	Native Americans	0	350	0	3/13/2009
114	478	MHTP-OSPI Response to Intervention	2	4	Improve mental health outcomes using evidence based practice	Youth	MHTG funded initiative for OSPI Coordination of Mental Health Services with Local Schools. Review of best practices on interventions for at-risk students using Response to Intervention principles (RTI). Includes developing 'train the trainer' curriculum, with 2 pilots and plan on how to continue roll-out of train the trainer series. The in-person training event has as its foster individuals' personal recovery and resilience.	Curriculum developed along with training Implementation Plan (Receipt and approval of contract deliverables by MHTG) and subsequent report of number trained.	3	2007	9	2008	Economic Services Division, Department of Corrections, Office Superintendent of Public Instructions, DSHS Administrations and Operating Divisions of HRSA	0	100	0	7/29/2008
115	476	MHTP-ADSA/PEARLS Implementation	2	4	Improve mental health outcomes using evidence based practice	Older Adults	AASA developed and implemented a training plan for state-wide implementation of PEARLS. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered an evidence-based program to screen at-home older adults at risk of depression, and report #s trained.	The curriculum covered an evidence-based program to screen at-home older adults at risk of depression, and report the number of people trained. AASA developed and implemented a training plan for state-wide implementation of PEARLS. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours.	4	2007	9	2008	Primary care providers, Women, Infants and Children Program Providers, First Steps (EPSDT) Providers	0	100	45	7/29/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
116	7186	Program for Encouraging Active Rewarding Lives for Seniors (PEARLS) training	2	4	Improve mental health outcomes using evidence based practice	Older Adults	PEARLS, the Program for Encouraging Active Rewarding Lives for Seniors, empowers seniors through behavioral techniques to actively manage depression and improve their quality of life. Conceived in the 1990s by a key developer of the Chronic Care Model, Wagner, MD, MPH, and further developed by the University of Washington Health Promotion Research Center and community partners, PEARLS is now available for implementation your community! PEARLS is multi faceted and evidence based. PEARLS empowers older adults through: Problem Solving Treatment, Social and Physical Activation, Pleasant Activity Scheduling. A team approach including psychiatric oversight provides a solid foundation to address any clinical issues that may arise. A randomized controlled trial demonstrated the effectiveness of PEARLS. A report published in the Journal of the American Medical Association revealed that participants who received the PEARLS intervention were three times more likely than non participants to significantly reduce their depressive symptoms or completely eliminate their depression. PEARLS is included in the National Registry of Evidence based Programs and Practices of the Substance Abuse and Mental Health Services Agency (SAMHSA).	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	4	2007	9	2009	Primary care providers, Women, Infants and Children Program Providers, First Steps (EPSDT) Providers	0	100	0	2/26/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
117	7100	Social and Emotional Learning Day of Awareness and Action Training	2	4	Improve service integration, across-program and agency collaboration, and partnerships	Providers	The curriculum covered: What skills are the best predictors of academic and life success? Why is it that some children grow up to be fulfilled adults in challenging careers and satisfying relationships, while other children, from apparently similar backgrounds and academic performance, struggle in relationships, dead-end careers and depressions? A growing number of educators recognize that students who receive an exclusively academic education may be ill-equipped for future challenges, both as individuals and members of society -- it's just not enough to feed only the mind. The field of social and emotional learning (SEL) has emerged from these new understandings of the nature of biology, emotions and intelligence and their relation to success and happiness. Through social and emotional learning children's emotional intelligence (EQ) is bolstered, giving them an enormous edge in their personal and professional futures. The in-person training course took approximately 8 hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2009	10	2009	Teachers (K-12), Principals, Superintendents, Guidance/Counselors, Administrators, Parents/Community members, School Board, Assessment Coordinators/Directors, Curriculum Directors, Migrant/Bilingual Coordinators/Directors, Community/Tech College Coordinators, Tribal School Coordinators, Mentors, ESD/College/University Certification Officers, Elementary Teachers, High School Teachers	0	50	0	2/2/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
118	7283	Institution Education Mini-Conference - OSPI	2	4	Improve service integration, across-program and agency collaboration, and partnerships	Providers	The event's subjects include: Achievement Gap, Arts, Assessment, Equity Cultural Competence, Family/Community Involvement, Guidance/Counseling, Mathematics, NCLB, Professional Development, Reading, Safe Supportive Learning Environment, School Improvement, School Safety, Science, Special Education, Struggling Students, Student Planning, Writing. The 2008 conference will be held at the Echo Glen Children's Center, a JRA facility located in Snoqualmie, WA on March 20-21. Check-in and registration will begin at 7:45AM, with our keynote speaker, Dr. David Scratchley PhD, speaking at 8:30AM. Dr Scratchley is a renowned advocate on issues of child safety, a psychologist and teacher at Seattle University. Breakout sessions on March 20 begin at 9:30 AM. Sessions on March 21 run from 8:00AM through lunch, with the conference ending with a lunch session at 11:30AM. Clock hours will be provided for both days. There will be 8 hours available for March 20th and 5 hours available for March 21st for a total of 13 clock hours. There will be no charge for the OSPI provided clock hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2007	4	2007	Teachers (K-12), Principals, Superintendents, Guidance/Counselors, Administrators, Paraeducators, Parents/Community members, School Board, Public and Private Agency/Institution Staff, Parents, and other interested members of the community	0	100	150	3/12/2009
119	1056	MHD-STI-PACT Training	2	5	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	90 persons trained in face-to-face classroom format, using nationally accepted PACT training criteria, tailored to WA State needs (rural and urban teams, some half teams), 40 hour format, with follow up training and fidelity checks. The in-person training event has as its foster individuals' personal recovery and resilience. The curriculum covered was designed to fully implement PACT teams described in Entry 485 and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2007	10	2007	Advocates for the homeless, people experiencing homelessness, mental health care providers, family members, consumers and others	0	90	90	7/30/2008

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120	4958	Successful Community Living: Cross-System Strategies for Supporting Vulnerable Adults	2	5	Improve service integration, across-program and agency collaboration, and partnerships	All Groups	The event targeted providers in mental health and all systems of care. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered various ways to support vulnerable adults and was taught by Washington Community Mental Health Council.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	400	446	7/31/2008
121	7280	Collaboration Conference "Strengthening Linkages for Student Success" - OSPI	2	5	Improve service integration, across-program and agency collaboration, and partnerships	Providers	The conference on March 22-24 was provided by OSPI - Office of Superintendent of Public Instruction and includes 11 hours of sessions. This event will begin with a reception at 6:00 PM on March 22nd with Dr. Terry Bergeson as the keynote speaker, she will begin her keynote at 6:30 PM. The Office of Superintendent of Public Instruction's Collaboration Conference is designed to showcase and share innovative practices that invite and inspire cooperation, coordination, and collaboration across schools, neighborhoods, and communities. Several studies point to the fact that students who have families and other community members engaged in the education process are more successful. The goal of this conference is to support community, youth, and family engagement with schools and to build stronger community partnerships, share innovative practices that assist in reducing educational challenges, increase transition resources for institutionalized youth, and to assist in the creation of a Supportive Learning Environment for optimum educational achievement.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2006	4	2006	Teachers (K-12)	0	500	600	3/12/2009

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122	508	MHTP-DVR/MH Cross-System Training	2	5	Increase employment of working-age mental health consumers	Adults with Mental Illness	Development and delivery of training to enhance cross-system collaboration between Division of Vocational Rehabilitation and identified partners to improve employment issues for consumers of mental health services. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours.	Development of training curriculum, pilot of training, and delivery of training as specified in MOU with DVR. Numbers trained reported to MHTG. (A person is considered to have met the standard for course completion after they have attended the course for the specified time period.)	4	2007	9	2008	Employers	0	150	182	7/29/2008
123	8948	MHTP - Behavioral Health and Physical Health Care Services Integration Trainings	2	5	Increase focus on prevention and early intervention	Community	The goal of these in-person stakeholder meetings was to review the 65 reports and 600 formal recommendations received by the Department of Social and Health Services regarding care to individuals receiving services from the Health and Recovery Service Administration. Recommendations were reviewed to ensure that the state has heard what was said, that the 10-year vision will implement their recommendations and to gather their assistance with the direction for the next 1, 3, and 5 years.	Input is received, tallied and presented to management	9	2009	9	2010	Providers from the 3 separate health delivery systems, persons served by the three health delivery systems, community members, public health officials, law officials, other interested parties	0	250	295	10/10/2009
124	4961	Strategies for Improving Productivity	2	5	Recovery and Resiliency	All Groups	The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered different ways to improve provider productivity and was taught by Washington Community Mental Health Council.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2008	Adult Consumers	0	75	89	7/31/2008

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125	7087	Behavioral Health Conference Veterans Pre-Conference Training	2	5	Trauma	Adults with a Mental Illness	This four hour pre-conference event at the Behavioral Health Conference focused on veterans and trauma, and the military culture related to Mental Health issues. Individuals exposed to traumatic events as part of their occupational duties respond to trauma differently from individuals who are victims of traumatic events such as assault, motor vehicle accidents and natural disasters. Training moderates the usual response to trauma - particularly the fear, helplessness or horror - making it difficult to apply this aspect of DMS criteria in diagnosing PTSD. The expression of trauma-related symptoms & strategies used to cope with symptoms may differ. This training sheds light on how trauma manifests itself within these occupations and how the treatment for this population differs from other populations. In the 2nd part of this session, Washington State experts in veterans' issues discuss subjects to be taken into consideration when providing services to veterans. Topics include military culture & how it differs from civilian life, how experiences in war effect soldiers, additional challenges & stigmas faced returning veterans today, post traumatic stress disorder & possible interventions, suicide prevention & available resources. The in-person training event has as its goal improved delivery of mental health	A person is considered to have met the standard for training completion after they have attended the training for the specified time period.	1	2009	6	2009	Adults and Youth with Mental Illness	0	75	113	8/6/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
126	7089	Behavioral Health Conference Seeking Safety Pre-Conference Training	2	5	Trauma	Adults with a Mental Illness	This pre-conference training at the Behavioral Healthcare Conference describes Seeking safety as follows: An evidence based practice for trauma and/or substance abuse. It is the first empirically studied, integrative treatment approach developed specifically for trauma (including post-traumatic stress disorder) and substance abuse. It addresses a range of different cognitive, behavioral and interpersonal domains. Each topic covered provides highly practical tools and techniques to engage patients in treatment, teaches "safe coping skills" that apply to both disorders, and restores ideals that have been lost including respect, care, protection and healing. research and clinical issues are reviewed, empathy and understanding trauma and substance abuse are increased, and assessment and treatment resources are provided. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately six hours.	A person is considered to have met the standard for training completion after they have attended the training for the specified time period.	1	2009	6	2009	Adults and Youth with Mental Illness	0	75	85	8/13/2009
127	517	ESA-SOAR Trainings	2	7	Improve housing	Homeless	Memorandum of Understanding with Economic Services Administration to send 2 CSO staff to receive Train-the-Trainer training in SOAR (SSI/SSDI Outreach, Access, and Recovery) to help individuals with mental health experiencing homelessness obtain benefits from the US Social Security Administration (SSA) and Medicaid.	2. 2 CSO workers trained, and 3 Eastside and 3 Westside trainings conducted per contracted deliverables of MOU. (A person is considered to have met the standard for course completion after they have attended the course for the specified time period.)	4	2007	9	2008	Advocates for the homeless, people experiencing homelessness, mental health care providers, family members, consumers and others	0	60	68	7/31/2008
128	7256	Washington State Dads Network For Mental Health Training - WaDads	2	1, 2	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The training focused covered one main topic. The main focus was an overview of the Washington State Dads Network For Mental Health it took approximately 60 minutes. The September 2006 training was taught by WaDads.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2006	9	2006	Adults and Youth with Mental Illness	0	10	30	3/9/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
129	7143	NAMI Government Benefits and Work: A Win-Win Strategy Seminar	2	1, 2	Recovery and Resiliency	Community	This eight hour in-person seminar is intended to meet the needs of consumers, families and providers. It's goal is to promote better understanding the different public benefits available from our state and federal governments. In addition the seminar will help people successfully navigating the eligibility, and application processes for these complex benefits.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2009	10	2010	Adult Consumers	0	50	30	2/13/2009
130	6791	MHTP- Recovery and Resiliency a Family's Perspective Training	2	1, 2	Stigma reduction	Community	The recovery portion focused on a set of concepts and skills that when applied by an individual improves their quality of life. The resiliency portion focused on the ability to regain a sense of stability after undergoing a major life event. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately four hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2008	9	2009	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	50	66	11/19/2008
131	7282	Collaboration Conference - OSPI	2	1, 2, 3	Improve service integration, across-program and agency collaboration, and partnerships	Providers	This OSPI conference on 03/28/2007 - 03/30/2007 was held from 6:00 PM - 1:30 PM. The event's subjects include: Achievement Gap, Assessment, Child Nutrition, English Language Learners (ELL), Equity Cultural Competence, Family/Community Involvement, Family/Community Involvement, Health and Fitness, Migrant/Bilingual, NCLB, New State Initiatives, other subjects deemed appropriate for the theme of this conference, Professional Development, Safe Supportive Learning Environment, School Improvement, Special Education, Technology. The curriculum is geared at assisting them to update their skills in academics as well as social-emotional learning in topics such as gang awareness, transition skills, life skills, behavior management and other relevant topics.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2007	4	2007	Teachers (K-12), Principals, Superintendents, Guidance/Counselors, Administrators, Paraeducators, Parents/Community members, School Board, Public and Private Agency/Institution Staff, Parents, and other interested members of the community	0	100	185	3/12/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
132	6847	Spanish Language Leadership Academy Training - WIMHRT	2	1, 2, 3, 4, 5	Reduction in disparities	Adults with a Mental Illness	The ultimate goal of the in-person training is to help Spanish speaking people enhance their leadership skills. The course took approximately two hours. The Effective Leadership, Barriers against Effective Interpersonal Communication, Overcoming the Barriers of Effective Interpersonal Communication and Communication Styles. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	9	2005	1	2008	Adults and Youth with Mental Illness	0	10	0	12/4/2008
133	3502	Washington Behavioral Health Care Conference Pre-Conference Training on Trauma-Informed Care	2	1, 2, 3, 4, 5	Trauma	Trauma and Women	The in-person event focus is on the impact of trauma as it affect the persons personal recovery and resilience. The meanings of trauma and the delivery of trauma informed care. The event took approximately 8 hours. The curriculum covered Behavioral Health Care and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for event completion after they have attended the course for the specified time period.	6	2007	6	2008	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	100	150	7/29/2008
134	8277	NAMI Annual Conference	2	1, 2, 3, 4, 5, 6	Adults with Mental Illness	Adults with Mental Illness	The Transformation Grant supports this conference presented by NAMI. Program topics include collaborating with schools, peer/consumer recovery successes, local and legislative advocacy, anti-stigma language, and practical personal support. At program sessions and at the Information Fair you'll find an array of current materials, including research into brain disorders and recovery, crisis intervention training for law enforcement officers, and mental health outreach for faith communities.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	8	2009	8	2010	Adult Consumers	0	100	80	9/10/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
135	3685	Washington State Coalition for the Homeless (WSCH) Annual Conference	2	1, 2, 3, 4, 5, 6	Improve housing	Homeless	This conference is the premier professional development event for homeless housing and service providers across the state. It also provides the opportunity for the public, private and nonprofit sectors to develop relationships and partnerships aimed at ending homelessness. Attendance has more than doubled over the last five years, an illustration of the effectiveness of and demand for such an event. The outcome of this conference is better programs, enhanced service delivery, and higher success rates for moving families and individuals from homelessness to self sufficiency. The in-person training event has as its foster individuals' personal recovery and resilience. The event took approximately eight hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	6	2010	Advocates for the homeless, people experiencing homelessness, mental health care providers, family members, consumers and others	0	1500	1786	7/29/2008
136	4694	Supportive Housing Institute Training	2	1, 2, 3, 4, 5, 6	Improve housing	Homeless	The curriculum for the Supportive Housing Training Institute is based upon curriculum developed by the Corporation for Supportive Housing. This curriculum has been adapted for Washington State through a collaboration of the Corporation for Supportive Housing, Building Changes, and Common Ground. The course took approximately 64 hours. There is an eight part curriculum. The training was taught by Supportive Housing Institute. The Washington State Supportive Housing Institute is a comprehensive, highly interactive project development initiative that will deliver targeted technical assistance to participating development teams from the State of Washington. The Institute will provide teams with the tools to create permanent supportive housing for homeless individuals, families, and those experiencing mental illness and other barriers to housing. The 2008 Institute includes eight small development teams from throughout the State of Washington representing eight primarily rural counties. Team members are representatives of community-based housing and services organizations, housing authorities, housing development organizations, and county government. Teams were selected in collaboration with the State of Washington Department of Community,	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2008	9	2010	Adult Consumers, Youth, State Agencies serving people with mental illness, local providers, RSNS	0	38	38	7/30/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
137	6811	Case Management Academy for Older Adults (60+) with Co-occurring Mental and Substance Disorders WIMIRT West	2	1, 2, 3, 4, 5, 6	Improve mental health outcomes using evidence based practice	People with Co-occurring MH and SA Issues	This course was designed for training case managers working with older adults (60+)with co-occurring disorders with emphasis on best practices. The in-person training event has as its goal to help foster individuals' personal recovery and resilience. The course took approximately 36 hours. The curriculum covered communication methods and how to manage the case of an adult with substance abuse issues and a mental illness. The course was taught by the Washington Institute for Mental Health Research.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2008	9	2010	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	20	15	11/20/2008
138	4843	Washington Alliance for Healthy Aging Summit	2	1, 2, 3, 4, 5, 6	Improve mental health outcomes using evidence based practice	Older Adults	The conference is intended for those involved in healthy aging activities in Washington and are interested in sharing information, discussing the needs of the aging population, or exploring working more closely with one another. The Summit objectives are to: Provide an understanding of how the aging, public health, and community planning systems work together to foster healthy aging outcomes. Demonstrate how non-traditional partners collaborate to move the healthy aging agenda forward. Discuss how urban design can foster healthy aging. Describe the latest research on consumer-directed health improvement strategies.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2006	6	2008	Primary care providers	0	350	378	7/31/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
139	4915	The Helping Relationship: Fountain Clubhouse Model Training	2	1, 2, 3, 4, 5, 6	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	The wraparound process is a widely-implemented approach to community-based treatment for children with emotional and behavioral disorders and their families. However, despite a history of practice innovations nationwide, the absence of standards and fully described practice procedures has frustrated providers and hindered development of a wraparound research base. The National Wraparound Initiative is an attempt to engage experts nationally in a process of defining standards and compiling specific strategies for conducting high-quality wraparound. The in-person training event has as its foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered teaching consumers to interact with other consumers and was taught by MHTP Staff who are Wraparound TTT Trainers.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	6	2010	Primary care providers, family members, consumers, peer support specialists	0	10	13	7/30/2008
140	4914	Multi-Family Psychoeducation Training	2	1, 2, 3, 4, 5, 6	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	This Multi-Family psychoeducation training course was developed to educate people about this method of working in partnership with families to help them develop increasingly sophisticated and beneficial coping skills for handling problems posed by mental illness in their family and skills for supporting the recovery of their loved one. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered Multi-Family Psychoeducation and was taught by Area Health Education Center at Washington State University Spokane.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	6	2010	Primary care providers, family members, consumers, peer support specialists	0	20	22	7/28/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
141	3682	Case Management Academy for Adults with Co-occurring Mental and Substance Disorders WIMIRT West	2	1, 2, 3, 4, 5, 6	Improve mental health outcomes using evidence based practice	People with Co-occurring MH and SA Issues	The course was taught by the Washington Institute for Mental Health Research and was tailored to help facilitate discussion among adults with co-occurring mental and substance disorders. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately 36 hours. The curriculum covered communication methods and how to manage the case of an adult with substance abuse issues and a mental illness.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2005	9	2010	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	250	309	7/30/2008
142	3683	Case Management Academy for Youth with Co-occurring Mental and Substance Disorders WIMIRT West	2	1, 2, 3, 4, 5, 6	Improve mental health outcomes using evidence based practice	People with Co-occurring MH and SA Issues	The course was taught by the Washington Institute for Mental Health Research and was tailored to engage youth. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately 8 hours. The curriculum covered communication methods and how to manage the case of an youth with substance abuse issues and a mental illness.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	7	2005	9	2010	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	150	236	7/30/2008
143	3509	Washington State Co-occurring Disorders Conference	2	1, 2, 3, 4, 5, 6	Improve mental health outcomes using evidence based practice	People with Co-occurring MH and SA Issues	The goal of the conference is to provide an enriching educational and networking opportunity for youth, volunteers and professionals working toward prevention of substance abuse and violence. We want to reach the continuum of individuals - youth and adults - from highly experienced to new in the field and continue to build on our foundation of success in Washington State. The training took approximately eight hours. The curriculum covered various communication methods for working with people with both a mental health issue and a substance abuse issue.	Conferences completed. Targets and Actuals expressed as the number trained	9	2007	9	2010	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	1500	2340	10/14/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
144	6848	Washington Consumer Conference in Kennewick - WIMHRT	2	1, 2, 3, 4, 5, 6	Increase access to primary care and mental health services	All Groups	This annual state training conference targeted addressing a broad range of mental health focusing on recover and resilience issues and was well attended by consumers, families, advocates and providers. The in-person training event has as its foster individuals' personal recovery and resilience. The event took approximately 24 hours. The curriculum covered recovery and resilience, communication methods, employment and many other areas.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2006	6	2010	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	200	0	12/4/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
145	3490	Washington Behavioral Health Care Conference	2	1, 2, 3, 4, 5, 6	Increase access to primary care and mental health services	All Groups	The annual Washington Behavioral Healthcare Conference will include 35 workshops on a broad variety of mental health topics, including wellness, employment, services across the lifespan, trauma-related services, and consumer recovery & resiliency. Continuing Education credits will also be available. Previous speakers will include: Tonier Cain, consumer advocate on trauma-informed services; Joe Marrone, national expert on employment; Peggy Swarbrick, national expert on wellness, employment & peer services; Jill Williams, MD, national expert on tobacco cessation & mental illness. Pre-conference activities include Law & Ethics, training on Seeking Safety (an EBP for substance abuse and trauma-related services), and a session on veterans issues. This annual state training conference targeted addressing a broad range of mental health focusing on recover and resilience issues and was well attended by consumers, families, advocates and providers. The conference took approximately 24 hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	6	2007	6	2010	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	2200	1852	7/31/2008
146	4913	Motivational Interviewing/Enhancement Therapy Training	2	1, 2, 3, 4, 5, 6	Increase access to primary care and mental health services	Adults with Mental Illness	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours. The curriculum covered Motivational Interviewing /Enhancement Therapy and was taught by Area Health Education Center at Washington State University Spokane. Attendees were from a variety of service providers across multiple systems.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	6	2005	6	2010	Primary care providers, family members, consumers, peer support specialists	0	100	140	7/29/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
147	5484	Wenatchee Employment Conference – Ticket to Ride	2	1, 2, 3, 4, 5, 6	Increase employment of working-age mental health consumers	All Groups	This annual state training conference targeted addressing a broad range of mental health focusing on recover and resilience issues and was well attended by consumers, families, advocates and providers. The in-person training event has as its foster individuals' personal recovery and resilience. The event took approximately 16 hours. The curriculum covered recovery and resilience, communication methods, employment and many other areas. 83 Consumers and 129 Providers and Employers attended the training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	7	2008	7	2010	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	150	212	9/10/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
148	3749	MHTP- Prevention Summit	2	1, 2, 3, 4, 5, 6	Increase focus on presentation/e arly intervention	All Groups	The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately eight hours. The curriculum covered prevention and was taught by the Washington Institute for Mental Health Institute and Training. The Transformation Grant sponsored and supported conference activities and trainings.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	6	2007	4	2008	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	250	225	7/31/2008
149	3687	Northwest Regional Rural Health Conference Washington State University	2	1, 2, 3, 4, 5, 6	Reduction in disparities	All Groups	Northwest Regional Rural Health Conference is the Northwest's largest conference on rural health. This two day conference strives to stay abreast of the current policy and regulation developments at the federal, regional, state and local levels which impact healthcare delivery. While at the same time delivering content inclusive of collaborative rural models, innovative community projects, quality, and other underlying themes that shape the way business is done. The conference is designed to be of interest to a wide range of rural health advocates including rural clinicians, community leaders, administrators, board members, commissioners, policy makers, public health professionals, educators, and others.	A person is considered to have met the standard for event completion after they have attended the course for the specified time period.	6	2006	6	2010	Primary care providers	0	500	758	7/30/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
150	4911	Geriatric Health Promotion for Rural Health Care Providers Training	2	1, 2, 3, 4, 5, 6	Reduction in disparities	Older Adults	The training targeted providers of geriatric services in rural communities. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered providing methods for rural health care providers to promote geriatric health and was taught by Area Health Education Center at Washington State University Spokane.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	6	2005	6	2010	Rural Health Care Providers	0	100	101	7/31/2008
151	4838	Youth Speakers Bureau Training Events	2	1, 2, 3, 4, 5, 6	Stigma reduction	All Groups	These training events are forums for the consumers trained in the Speaker's Bureau trainings. The consumers speak to audiences and focus on reducing the stigma of mental illness. This event is part of the Transformation Grant's social marketing campaign focusing on anti-stigma. Speakers Bureau Training: Track how information from these trainings is disseminated and resultant trainings. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately eight hours. The curriculum covered teaching consumers how to speak in public about mental health issues and was taught by the Washington Institute for Mental Health Institute and Training.	Successful recruitment into 'train-the-trainer' trainings, and tracking of subsequent trainings delivered by trained parents, family members, and caregivers under contract with MHTG. A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2007	9	2010	Public and private mental health providers, law enforcement and other first responders, family members, peer support specialists, youth consumers	0	200	236	7/31/2008
152	6810	MHTP-Wellness Recovery Grey's Harbor RSN Conference	2	1, 2, 3, 4, 5, 6	Stigma reduction	Community	The goals of conference are to teach participants recovery and self-management skills and strategies for dealing with mental health issues. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately six hours. The training was given in Grey's Harbor. A total of 150 individuals received the day long training. 84 consumers, 26 family/community members, and 40 RSN/Provider staff.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2008	9	2008	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	100	150	11/20/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
153	6534	Mental Health First Aid Train-the-Trainer Washington Community Mental Health Council	2	1, 2, 3, 4, 5, 6	Stigma reduction	Adults with Mental Illness	The course's goal is to train people to conduct trainings on Mental Health First Aid. The course took approximately 40 hours and was held in SeaTac at the Radisson Hotel from September 15th through September 19th, 2008. The course was an in-person training event. The curriculum covered assessing for risk of suicide or harm, listening non-judgmentally, giving reassurance and information, encouraging person to get appropriate professional help, and encouraging self-help strategies. The lead presenter was Lea Ann Browning McNee of the National Council from Community Behavioral Healthcare.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2008	9	2010	Providers of mental health and substance abuse and co-occurring disorder treatment services	0	20	23	10/1/2008
154	4842	From Hurt to Hope Annual Conference	2	1, 2, 3, 4, 5, 6	Trauma	Youth	The Transformation Grant support this conference presented by OSPI. The conference served to train educators on mental health needs and trauma issues in students. The curriculum covered: How adverse childhood experiences affect physical, mental and behavioral health. How adverse childhood experiences interfere with the academic success and social development of children and youth. How to engage children and their families who are impacted by adverse childhood experiences. How adverse childhood experiences affect the cost of health care, education and human service systems. How to keep yourself healthy as you continue to work in this demanding profession. What we know about promising practices and how to improve them. How resilience is created and supported in children and their families. How schools, early learning environments, and communities become trauma sensitive.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2007	6	2008	School Employees	0	500	670	7/31/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
155	3747	OSPI Trauma Informed Care Conference: Compassionate Schools-Moving from Trauma to Resilience	2	1, 2, 3, 4, 5, 6	Trauma	Trauma and Women	The in-person training event for educators provided current information to teachers on the impacts of trauma to the children in their classroom. The course took approximately eight hours. The curriculum covered Trauma Informed Care and was sponsored by OSPI. The Transformation Grant sponsored and supported activities and trainings.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	8	2007	8	2008	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	150	165	7/29/2008
156	6721	Consumer Run Organization Training - WIMHRT	2	1, 2, 3, 5	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	The ultimate goal of the in-person training is to help consumer run organizations. The course was delivered on consecutive Thursdays on December 20, 2007; December 27, 2007; January 3, 2008 and January 10, 2008 at the Center for Forensic Services in Steilacoom, Washington and took two hours. The curriculum covered What Interferes With Listening, Interpersonal Listening, Barriers to Interpersonal Listening, "cathartic" listening, Barriers against Effective Interpersonal Communication, Overcoming the Barriers of Effective Interpersonal Communication and Communication Styles. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	12	2007	1	2008	10 Adults and Youth with Mental Illness	0	10	8	10/24/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
157	6718	Training on Collaboration and Partnership - WIMHRT	2	1, 2, 3, 5	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	The ultimate goal of the in-person training is to facilitate collaboration and partnership with people with a mental illness. The course was taught on May 3, 2008 and took three hours. The curriculum covered various aspects of collaboration and partnership with people with a mental illness. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	3	2008	3	2008	14 WHEN/C2C Board Members	0	10	15	10/24/2008
158	7260	Mental Health System Overview Training - WaDads	2	1, 2, 3, 5	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The training focused on cover four main topics. The first topic was on Mental Health System Overview which took approximately 90 minutes. The second topic focused on Getting A School Program That Works For My Kid and it which took approximately 120 minutes. The third topic focused on Fetal Alcohol Syndrome Overview and it took approximately 90 minutes. The fourth topic focused on Working With Law Enforcement and it which took approximately 45 minutes. The August 2009 training was taught by the Mental Health Division, Fetal Alcohol Research Institute, PAVE and WADads.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2008	8	2009	Adults and Youth with Mental Illness	0	10	18	3/9/2009
159	7257	Overview of Children's Public Service Organization Training - WaDads	2	1, 2, 3, 5	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The training focused on cover three main topics. The first topic was an Overview of Children's Public Service Organization which took approximately 90 minutes. The second topic focused on Parent Partnering and it which took approximately 90 minutes. The third topic focused on Parent Partnering and it which took approximately 60 minutes. The March 2007 training was taught by the Mental Health Division.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2007	3	2006	Adults and Youth with Mental Illness	0	10	18	3/9/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
160	6724	What Are Consumer Run Organizations Training for Hispanic Consumers	2	1, 2, 3, 5	Develop and sustain consumer, youth, and family organizations and membership	Adults with a Mental Illness	The ultimate goal of the in-person training is to define consumer run organizations. The course took one hour. The course was taught on September 18, 2008 in East Wenatchee, Washington and 21 Spanish-speaking consumers attended and on September 21, 2008 in Omak, Washington and 15 Spanish-speaking consumers attended. The curriculum covered the following: The Recovery Model, History of the Consumer Movement and a Overview of Consumer Run Organizations. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	9	2008	9	2008	40 adults with a mental illness	0	30	36	10/25/2008
161	6722	Employment Readiness: Pebbles in the Pond Training - WIMHRT	2	1, 2, 3, 5	Increase employment of working-age mental health consumers	Adults with a Mental Illness	The ultimate goal of the in-person training is to help consumer run organizations. The course was delivered on three occasions in August at the Center for Forensic Services in Steilacoom, Washington and took two hours. The curriculum covered various aspects of Active Listening and Communication Skills. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	8	2008	8	2008	8 Adults and Youth with Mental Illness	0	10	15	10/24/2008
162	6720	Supporting the Transition from Benefits to Work - WIMHRT	2	1, 2, 3, 5	Increase employment of working-age mental health consumers	Adults with a Mental Illness	The ultimate goal of the in-person training is to help support the transition from benefits to work for people with a mental illness. The course was taught in Yakima, Washington on May 6, 2008 and took 90 minutes. The curriculum covered Medicaid Buy-In, resources, qualifications and the application process. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	3	2008	3	2008	33 adults with a mental illness	0	30	33	10/24/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
163	6849	Wellness Recovery Action Plan Training (WRAP) - WIMHRT	2	1, 2, 3, 5	Recovery and Resiliency	Adults with a Mental Illness	The ultimate goal of the in-person training is to help consumers create a Wellness Recovery Action Plan Training (WRAP). The curriculum focused on the importance of making lists of personal wellness tools and using these tools to write a personal wellness plan (WRAP), support and peer support, changing negative thoughts to positive, community integration, building self-confidence and self-esteem, relaxation and stress reduction, diet, exercise, focusing, and addressing trauma issues. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	8	2006	8	2008	Adults and Youth with Mental Illness	0	10	0	11/5/2008
164	6723	Employment Readiness: Wellness Recovery Action Plan Training - WIMHRT	2	1, 2, 3, 5	Recovery and Resiliency	Adults with a Mental Illness	The ultimate goal of the in-person training is to help consumer run organizations. The course was delivered on three occasions in September 2008 at the Center for Forensic Services in Steilacoom, Washington and took eight hours. The curriculum focused on the importance of making lists of personal wellness tools and using these tools to write a personal wellness plan (WRAP), support and peer support, changing negative thoughts to positive, community integration, building self-confidence and self-esteem, relaxation and stress reduction, diet, exercise, focusing, and addressing trauma issues. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	8	2008	8	2008	10 Adults and Youth with Mental Illness	0	10	9	10/24/2008
165	6850	Forensic WRAP & Pebbles in the Pond Training - WIMHRT	2	1, 2, 3, 5	Recovery and Resiliency	Adults with a Mental Illness	The in-person training is to help consumers while still in the State Hospital. The course was two hours. The curriculum covered various aspects of Active Listening and Communication Skills. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	8	2008	8	2008	Adults and Youth with Mental Illness	0	10	8	12/5/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
166	8139	Fulfilling the Promise Caseworker Training - WIMHRT	2	1, 2, 3, 5	Recovery and Resiliency	Adults with a Mental Illness	The in-person training consisted of 6 hours of interactive in-person training followed by 4 months of individual or small-group biweekly, one-hour phone consultation. Training and consultation focused on: 1) understanding common mental health needs of youth in foster care; 2) identifying and classifying mental health needs using existing data (state mandated Child Health and Education Tracking Screen; CHET); 3) making appropriate and informed referrals to available evidence-based mental health services in the community; and 4) brainstorming strategies for engaging foster parents and for working effectively with clinicians. We also addressed strategies to advocate for evidence-based services within public mental health settings and for enhancing the relationship between child welfare workers and community-based clinicians. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	3	2009	8	2009	Providers	0	40	51	8/12/2009
167	8140	Fulfilling the Promise Caseworker Training - WIMHRT	2	1, 2, 3, 5	Recovery and Resiliency	Adults with a Mental Illness	The in-person training consisted of teaching clinicians an evidence-based approach for treating the most common mental health needs of youth in foster care, using the Modular Approach to Therapy for children with Anxiety, Depression, or Conduct Problems (MATCH-ADC; Chorpita & Weisz, 2008). MATCH-ADC has evidence both for high clinician satisfaction and positive child outcomes (Chorpita, 2009). Clinicians received 6 days of training (2 days a month for 3 months). In addition, clinicians received weekly consultation on applying the MATCH-ADC model to youth in foster care. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	3	2009	8	2009	Providers	0	15	18	8/12/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
168	6832	Adult Speakers Bureau Stop Stigma, Partners in Safety and Respect Workshop	2	1, 2, 3, 5	Stigma reduction	All Groups	<p>These training events are forums for the consumers trained in the Speaker's Bureau trainings. Speakers Bureau training is geared toward reducing stigma among law enforcement. The consumers speak to law enforcement and focus on reducing the stigma of mental illness. This event is part of the Transformation Grant's social marketing campaign focusing on anti-stigma.</p> <p>Speakers Bureau Training: Track how information from these trainings is disseminated and resultant trainings. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately three hours. The curriculum covered teaching consumers how to speak in public about mental health issues and was taught by the Washington Institute for Mental Health Institute and Training.</p>	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	11	2008	9	2010	Law Enforcement	0	50	7	11/24/2008
169	6833	Adult Speakers Bureau Train-the-Trainer Stop Stigma, Partners in Safety and Respect Training	2	1, 2, 3, 5	Stigma reduction	All Groups	<p>These Train-the-Trainer Training events are forums for the consumers to be trained to speak to law enforcement. Speakers Bureau training is geared toward reducing stigma among law enforcement. The consumers speak to law enforcement and focus on reducing the stigma of mental illness. This event is part of the Transformation Grant's social marketing campaign focusing on anti-stigma. Speakers Bureau Training: Track how information from these trainings is disseminated and resultant trainings. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately three hours. The curriculum covered teaching consumers how to speak in public about mental health issues and was taught by the Washington Institute for Mental Health Institute and Training.</p>	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	11	2008	9	2010	Law Enforcement	0	15	11	12/8/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
170	3707	Adult Speakers Bureau Stop Stigma, Support Recovery Workshop	2	1, 2, 3, 5	Stigma reduction	All Groups	These training events are forums for the consumers trained in the Speaker's Bureau trainings. The consumers speak to audiences and focus on reducing the stigma of mental illness. This event is part of the Transformation Grant's social marketing campaign focusing on anti-stigma. Speakers Bureau Training: Track how information from these trainings is disseminated and resultant trainings. The in-person training event has as its goal to foster individuals' personal recovery and resilience. The course took approximately three hours. The curriculum covered teaching consumers how to speak in public about mental health issues and was taught by the Washington Institute for Mental Health Institute and Training.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	7	2007	9	2010	Primary care providers	0	300	688	11/3/2008
171	7103	Issues of Abuse Training - OSPI	2	1, 2, 3, 5	Trauma	Providers	The workshop provided by OSPI - Office of Superintendent of Public Instruction will give the perspective needed to identify and assist those children in the school setting who have been sexually, emotionally or physically abused/neglected or are substance abusers or at risk for substance abuse. This is a two-day workshop. Friday (5/1/09) from 5:30pm-8:30pm. Saturday (5/2/09) from 9:00am-4:00pm	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2009	10	2009	Teachers (K-12)	0	50	0	2/12/2009
172	6717	What Are Consumer Run Organizations Training - WIMHRT	2	1, 2, 3, 5, 6	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	The ultimate goal of the in-person training is to define consumer run organizations. The course took one hour. The course was repeated six times at the Recovery Fair at WSH on April 17, 2008. The curriculum covered the following: The Recovery Model, History of the Consumer Movement and a Overview of Consumer Run Organizations. The course was conducted by the Washington Institute for Mental Health Research and Training.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	4	2008	4	2008	43 adults with a mental illness	0	40	43	10/23/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
173	6700	Application of RCW 70.96B and Addictive Diseases Training	2	1, 3, 4, 5	Improve crisis system	Criminal Justice	The event covered the following topics: Understanding Clinical Presentation and Case Reviews, Current DCR Pilot Projects under 70.96B and Chemical Dependency ITA and Mental Health ITA. The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately 8.5 hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	9	2008	10	2008	Law enforcement and First Responders and county/city jail staff	0	10	9	10/16/2008
174	6699	Designated Crisis Responders: Chemical Dependency and Crisis Intervention Training	2	1, 3, 4, 5	Improve crisis system	Criminal Justice	The event covered the following topics: Chemical dependence and crisis intervention, Application of RCW 70.96B and Addictive Diseases, Understanding Clinical Presentation and Case Reviews, Current DCR Pilot Projects under RCW 70.96B and Chemical Dependency ITA and Mental Health ITA. The in-person training event has as its goal improved delivery of mental health services consistent with the principles of recovery and resilience. The course took approximately 8.5 hours.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	6	2008	7	2008	Law enforcement and First Responders and county/city jail staff	0	20	22	10/16/2008
175	6552	Early Childhood Mental Health Consultation Institute Training	2	1, 3, 4, 5	Increase focus on prevention and early intervention	Youth	Implement a 3-day training for cross-system/sector teams from across the state:1) To increase participant knowledge about early childhood mental health/social emotional development; 2) to increase participant knowledge about the protective factor approach; 3) to increase participant awareness of available community resources, and 4) to increase the collaborative capacity of participant teams to address community needs related to early childhood mental health/social emotional development.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2008	9	2009	Multi-disciplinary professions responsible for early childhood mental health	0	50	101	10/3/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
176	7095	2009 Institution Education Conference - Together We Can Support our Students	2	2, 4	Improve service integration, across-program and agency collaboration, and partnerships	Adults with a Mental Illness	The training conference is designed to provide specific professional development for administrators, teachers and all staff working with at-risk youth, including those in detention centers, juvenile facilities and group home education programs statewide. It will include topics to assist staff working within juvenile justice youth to share knowledge and expertise, to share strategies, create community linkages and improve achievement outcomes for this diverse population.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2009	10	2010	Providers	0	50	0	2/12/2009
177	7105	Children's Long-term In-patient Program for Parents Training	2	2, 4	Increase access to primary care and mental health services	Youth with Mental Illness	Trainings are focused on providing caregivers with important skills and resources over a couple of days. The content of the weekend is organized such that caregivers with children in long-term in-patient programs with have the information, resources and skills. In addition, the training provides networking opportunities and breaks the isolation that affects caregivers.	A person is considered to have met the standard for workshop completion after they have attended the workshop for the specified time period.	1	2009	10	2009	Adults and Youth with Mental Illness	0	25	36	2/5/2009
178	7259	Foundational Principles of Wraparound Training - WaDads	2	2, 5	Develop and sustain consumer, youth and family organizations and membership	Adults with a Mental Illness	Many topics were covered in the in-person training weekend. The training focused on cover four main topics. The first topic was an Foundational Principles of Wraparound which took approximately 120 minutes. The second topic focused on Parent/Professional Collaboration and it which took approximately 60 minutes. The third topic focused on Facilitating a Team Meeting and it took approximately 90 minutes. The fourth topic focused on Parent Partnering - The Buddy System Guide and it which took approximately 45 minutes. The August 2007 training was taught by the Mental Health Division and WADads.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2007	3	2007	Adults and Youth with Mental Illness	0	10	18	3/9/2009

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
179	6882	MHTP - Spirituality & Mental Health Training for Clark County Peer Counselor Certification Program	2	2, 5	Increase employment of working-age mental health consumers	Adults with Mental Illness	The goal of this in-person training is to educate peer counselors on the role of Spirituality in Mental Health Recovery. The course is 2-hour training sponsored by Clark County RSN and conducted by MHTP.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2008	3	2008	Adult Consumers	0	20	20	12/11/2008
180	6881	MHTP - Mutual Support & Self-Help Group Training for Clark County Peer Counselor Certification Program	2	2, 5	Increase employment of working-age mental health consumers	Adults with Mental Illness	The goal of this in-person training is to give peer counselors the skills to establish and facilitate peer/mutual support groups. The course is 4-hour training sponsored by Clark County RSN and conducted by MHTP.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2008	3	2008	Adult Consumers	0	20	20	12/11/2008
181	6887	MHTP - Peer Counseling and WRAP Plans in Division of Vocational Rehabilitation	2	2, 5	Increase employment of working-age mental health consumers	Adults with Mental Illness	The purpose of this teleconference training is to teach Vocational Rehabilitation counselors the principles and strengths of peer support and peer counseling, introduce them to Wellness Recovery Action Planning (WRAP) and hear from a State Vocational Rehabilitation Office which provided training to consumers in WRAP. The course is 1.5 hour training sponsored by Center for Continuing Education in Rehabilitation (CCER) and conducted by MHTP.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2008	3	2008	Vocational Rehabilitation Providers	0	45	45	12/12/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
182	6830	Peer Support Counselor Training WIMIRT West	2	2, 5	Increase employment of working-age mental health consumers	Adults with Mental Illness	Peer Support is a 40-hour training sponsored by MHD and conducted by WIMHRT. It trains adult consumers who are in recovery from mental illness, and parents of children with mental illnesses, to work as certified Peer Counselors in mental health agencies, PACT teams, and other organizations. Peer Counselors can provide support and assistance to consumers (peers) because they have "been there." Their role is to share their stories of hope and recovery with their peers, and help them to recognize their own strengths, set goals, and begin to work toward their own recovery. Once a person completes the training, they must also pass a state test (also administered by WIMHRT) and register as a counselor with the Department of Health in order to be fully certified Peer Counselor in Washington State.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	1	2006	9	2010	Peer support specialists, family members, consumers	0	200	333	11/21/2008
183	6885	MHTP - Rehabilitation in a Recovery Mode	2	2, 5	Recovery and Resiliency	Adults with Mental Illness	The purpose of this teleconference training is to review various meanings of 'recovery' across different clinical conditions and health care contexts-e.g. from physical illness, traumatic experiences, and substance use-in order to establish a foundation upon which to conceptualized an alternative vision of recovery from serious mental illness. The course is 1.5 hour training sponsored by Center for Continuing Education in Rehabilitation (CCER) and conducted by MHTP.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2008	3	2008	Vocational Rehabilitation Providers	0	54	54	12/11/2008
184	6886	MHTP - The Power of Words in Facilitating Recovery	2	2, 5	Recovery and Resiliency	Adults with Mental Illness	The purpose of this teleconference training is to highlight the power of language and diagnostic labels and address how a system enmeshed in the medical model limits the process of recovery. The course is 1.5 hour training sponsored by Center for Continuing Education in Rehabilitation (CCER) and conducted by MHTP.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	3	2008	3	2008	Vocational Rehabilitation Providers	0	45	45	12/12/2008

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
185	8276	MHTP - News Informant Training	2	2, 5	Recovery and Resiliency	Adults with Mental Illness	The purpose of this in-person training is to educate media informants about Social stigma against people with mental illness in Washington State and how it is creating barriers to recovery and wellness for thousands of individuals. In addition, since public opinions are shaped by popular and news media, this training focuses on raising awareness of the ways in which media characterizations can be inaccurate, how language shapes community attitudes and how to work successfully with local reporters to provide accurate information about mental health. The course 5 hour training was sponsored by the Washington State Mental Health Transformation Project, and the University of Washington School of Social Work.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	7	2009	11	2009	Mental health providers, consumers, peers, reporters, and first responders	0	150	156	9/10/2009
186	6884	MHTP - Looking at Co-Occurring Disorders through a Trauma Lens Training at Navos	2	2, 5	Trauma	Adults with Mental Illness	The course is a 1.5 hour workshop sponsored by NAVOS and conducted by MHTP. The goal of this in-person training is to educate participants about the prevalence of trauma and the relationship of trauma to psychiatric and addiction disorders. Also discussed: models for developing trauma informed systems and a review of a trauma specific service model.	A person is considered to have met the standard for course completion after they have attended the course for the specified time period.	12	2008	12	2008	Providers	0	22	22	12/11/2008
187	452	1201-TXIX Foster Care to 21	3	1	Increase access to primary care and mental health services	Youth	Eligibility for Medicaid is extended to age 21 for persons reaching their 18th birthday while in foster care. Will ensure medical and mental health coverage.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007
188	453	1088-Expedited Eligibility: JRA Youth	3	1	Increase access to primary care and mental health services	Criminal Justice	DSHS to establish procedures to quickly reinstate or determine eligibility for medical coverage for youth released from juvenile detention facilities or facilities operated by or under contract with DSHS. Will ensure mental health coverage for eligible people.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	N/A	0	1	1	7/1/2007

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#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
189	8598	GA-U Managed Care Pilot MH Benefit	3	1	Increase employment of working-age mental health consumers	Adults with Mental Illness	In 2007, the Legislature directed DSHS to create pilot programs to add a mental health services component to General Assistance Unemployable ("GAU") coverage. This program provides small welfare payments and basic medical coverage to indigent persons with disabilities. Under these pilot programs, GAU added significant mental health services component to the basic GAU coverage in King and Pierce Counties. These pilots identified Tier 1 and Tier 2 clients, with Tier 1 consisting of patients with mental health needs that can be addressed in primary care settings. Tier 2 consists of patients being served in these FQHCs, who have major psychiatric disabilities. These clients are being served by both the FQHC and a community mental health center, with care coordinated between the two. The transformation project has participated actively in the implementation of this program, and we are contributing to the funding of the evaluation of this important pilot project.	The pilot program was created by a legislative budget proviso in the 2007 state budget.	7	2007	6	2009	Adults with Mental Illness	0	1	1	10/1/2009
190	3772	SSB 6583 Changed Eligibility for Medical Assistance	3	3	Increase access to primary care and mental health services	Older Adults	Provides that the department of social and health services shall set the categorically needy income level for adults who are sixty-five years of age or older, blind, or disabled, at eighty percent of the federal poverty level as adjusted annually beginning July 1, 2009.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/3/2008

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#	ID	Working Title	GPRR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
191	7308	ESSB 6386 Pilot Youth Suicide Prevention and Information Program: HELP	3	4	Increase access to primary care and mental health services	Youth with Mental Illness	The office of superintendent of public instruction worked with selected school districts and community agencies in identifying effective strategies at preventing youth suicide. Help Every Living Person (HELP) was created when the state Legislature appropriated \$100,000 in 2006 for the Office of Superintendent of Public Instruction to hire a consultant to develop suicide prevention curriculum and implement it in the public schools. OSPI selected YSPP, a private non-profit organization, with oversight by the Department of Health, which had worked with YSPP on other contracts. The curriculum was developed for health teachers to use in their ninth and 10th grade classrooms.	The funding was appropriated during 2006 legislative session and signed into law by Governor Gregoire.	1	2006	9	2010	N/A	0	1	1	3/16/2009
192	3769	SSB 6791 Sales Tax Bill	3	5	Improve service integration, across-program and agency collaboration, and partnerships	All Groups	Clarifies permitted uses of moneys currently collected under the county legislative authority sales and use tax for chemical dependency or mental health treatment programs and services or therapeutic courts.	Counties passing the additional tax levy.	1	2008	4	2008	N/A	0	1	1	4/3/2008
193	494	Salary Increase for MH Staff	3	5	Increase access to primary care and mental health services	Providers	\$24.5 million pay increases over biennium (07-09) for wage increases for community mental health care workers.	Increases instituted to satisfaction of key stakeholders (unions).	1	2007	7	2007	N/A	0	1	1	7/1/2007
194	498	1088-20 Visit Benefit Extension for FFS and HO	3	5	Increase access to primary care and mental health services	Youth	DSHS directed by Legislature to revise its Medicaid benefits package for children who do not meet the RSN access to care standards by increasing MH benefits from 12 hours to 20 hours per year and allowing services to be provided by psychologists, psychiatric nurses, or social workers and issue final rule by July 1, 2008.	Final Rule, Policy, or Statewide Procedure Issued.	7	2007	7	2008	N/A	0	1	0	3/4/2008

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#	ID	Working Title	GPRR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
195	3793	Add 5 SSI Facilitators	3	5	Increase access to primary care and mental health services	Adults with Mental Illness	Funding is provided to hire five additional Supplemental Security Income (SSI) disability facilitators to assist disabled General Assistance clients who meet federal disability standards with application and enrollment onto the federal disability program.	Bill passed during 2008 legislative session and signed into law by Governor Gregoire.	1	2008	4	2008	N/A	0	1	1	4/9/2008
196	511	5763-1/10th of 1% Tax Option	3	5	Increase access to primary care and mental health services	All Groups	County legislative authorities are permitted to authorize an additional levy of 1/10 of 1 percent sales tax to be dedicated to new and expanded mental health and chemical dependency treatment services (including requirement to use funds to support therapeutic courts for dependency proceedings). So far 7 counties (Skagit, Island, Jefferson, Clark, Spokane, Okanogan and Clallam) have enacted and others are looking at utilizing this funding option. No supplanting of existing funding	Counties passing the additional tax levy.	7	2005	9	2010	N/A	0	20	10	3/4/2008
197	3858	HB 2996 - Trauma Mitigation Pilot Program	3	5	Trauma	Trauma and Women	Funding is provided for a trauma mitigation pilot program for children who have been found to be dependent pursuant to 13.34 RCW. The pilot program shall: (a) implement a regional trauma mitigation early intervention program using evidence-based practice, including trauma focused cognitive behavioral therapy, to reduce the effects on dependent children of exposure to trauma; and (b) identify and strengthen local resources for developmentally appropriate services for dependent children who have experienced trauma and their families. Program service components shall include receiving care, child care, periodic interventions, and periodic follow-up assessments. The pilot program shall also provide for the dissemination of information and training for professionals, parents, foster parents, and caregivers regarding the long-term impacts of exposure to trauma, as well as information on evidence-based practices, strategies, and resources for mitigating the impact of exposure to trauma. The children's administration and the division of mental health shall report to the appropriate policy committees of the Legislature regarding impact and outcomes of the pilot program by June 30, 2009.	The pilot program shall: (a) implement a regional trauma mitigation early intervention program using evidence-based practice, including trauma-focused cognitive behavioral therapy, to reduce the effects on dependent children of exposure to trauma; and (b) identify and strengthen local resources for developmentally appropriate services for dependent children who have experienced trauma and their families.	7	2007	6	2009	N/A	0	1	1	4/29/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
198	466	MHTG-Technical Assistance to consumer run organizations	4	2	Develop and sustain consumer, youth and family organizations and membership	All Groups	MHTG funded WIMIRT-West to provide on-going technical assistance for infrastructure development and sustainability of youth, parents/families, and adult consumer organizations.	Organizational mission changed through MHTG contract; Agency (WIMIRT) hires consumer staff and regularly reports TA activities for consumers/family organizations statewide.	6	2007	9	2008	Adult Consumers	0	1	1	9/30/2007
199	464	MHD-Office of Consumer Affairs Redesign	4	2	Develop and sustain consumer, youth and family organizations and membership	Adults with Mental Illness	Strengthen consumer voice within Mental Health Division through organizational change in MHD to better support consumer/recovery orientation within state government. Change in MHD's Office of Consumer Affairs to more recovery-focus and more consumer representation to ensure consumer voice in MHD management decision-making. Change name to Office of Consumer Partnerships.	Change in name to better reflect MHD mission and strategic plan toward a recovery-oriented system; MHD hires additional FTEs to expand Office of Consumer Affairs (now Office of Consumer Partnerships)	6	2007	12	2007	Mental Health Division	0	1	1	12/1/2007
200	3715	MHTG-Community Transformation Partnership	4	2	Develop and sustain consumer, youth and family organizations and membership	All Groups	Formation of Community Transformation Partnership, a coalition of independent consumer and family organizations designed to improve mental health delivery system in Washington State, each with an organizational membership.	Membership in a coalition of family/consumer organizations formed to pursue common goals & form partnerships with state agencies.	11	2005	9	2010	CTP Members	0	1	1	3/4/2008
201	3718	MHTG-SAFE WA	4	2	Develop and sustain consumer, youth, and family organizations and membership	Families	Statewide Action for Family Empowerment of Washington (SAFE-WA) receives MHTG funding to facilitate parent and youth organizations supporting parents and caregivers raising children with mental health issues.	Statewide organization hired additional (3) staff to align activities with T-Grant and CMHP	4	2006	9	2010	Parent, youth and caregiver organizations across the state	0	1	1	3/4/2008
202	984	6157-Establishing Community Justice Centers (Department of Correction)	4	5	Criminal Justice and mental health	Criminal Justice	Six Regional Community Justice Centers to be established by December 2009. These centers will provide day reporting, community custody supervision, health, mental health, employment, and housing assistance services for offenders re-entering the community.	Six Regional Justice Centers to be developed and operational by December 2009.	7	2007	12	2009	Department of Corrections, Local Mental Health Housing and Employment Service Providers	0	1	0	3/4/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
203	3862	Mental Health Council	4	5	Criminal Justice and mental health	Criminal Justice	Create a mental health council to increase agency collaboration between DOC, MHD, DASA, DSHS, and local jails, prosecutors and judges associations.	Mental health council created	4	2008	4	2008	Public and Private Mental Health Providers, State agency staff providing services to person with mental health disabilities, Regional Support Network Employees, consumers, primary care providers, family members, law enforcement, other first responders and correctional staff	0	1	1	4/29/2008
204	3754	Crisis Stabilization Units	4	5	Improve crisis system	Criminal Justice	Anticipate six Crisis Stabilization Units to be established by December 2010. These units will provide mental health crisis services and referrals to appropriate resources in the community, in lieu of arrest and detention, consistent with SB5533.	A county making a public commitment to implement crisis stabilization units.	3	2008	12	2010	County Governments, Local Providers, Mental Health Division, Division of Alcohol and Substance Abuse, Local law enforcement	0	6	4	3/25/2008
205	4693	Supportive Housing Institute	4	5	Improve housing	Homeless	Create partnerships to identify housing options for persons with mental illness.	Supportive Housing Institute created.	1	2008	9	2010	Adult Consumers, Youth, State Agencies serving people with mental illness, local providers, RSNS	0	1	1	5/14/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
206	482	1088-EBP Institute #1: Institute Establishment & Reports	4	5	Improve mental health outcomes using evidence based practice	Youth	Establishment of a children's mental health evidence-based practice (EBP) institute at the University of Washington charged with providing training and consultation on EBPs	Bill passed during 2007 legislative session and signed into law by Governor Gregorie establishing the EBP institute; Institute responsible for conducting trainings and aiding the implementation of /modifying of evidence-based practices in the state for children receiving MH treatment	1	2007	7	2007	County Governments, Local Providers, Mental Health Division, Division of Alcohol and Substance Abuse, Local law enforcement	0	1	1	3/4/2008
207	3912	Counties Passing 1/10th of 1% Tax Option	4	5	Increase access to primary care and mental health services	All Groups	County legislative authorities are permitted to authorize an additional levy of 1/10 of 1 percent sales tax to be dedicated to new and expanded mental health and chemical dependency treatment services (including requirement to use funds to support therapeutic courts for dependency proceedings). So far 7 counties (Skagit, Island, Jefferson, Clark, Spokane, Okanogan and Clallam) have enacted and others are looking at utilizing this funding option. No supplanting of existing funding	Counties passing the additional tax levy.	7	2005	9	2010	10 counties having passed the tax	0	12	10	4/29/2008
208	8600	HRSA Behavioral Health and Physical Health Care Services Integration	4	5	Increase focus on prevention and early intervention	Youth	The Health and Recovery Services Administration (HRSA) is integrating its behavioral health and physical health care services. HRSA plans to offer these services through person-centered health homes and is doing stakeholder meetings at various locations statewide to obtain input on how to implement this change.	Integrate behavioral health and physical health care services.	9	2009	9	2010	Adult Consumers	0	1	1	9/30/2009
209	6554	MHTG-Technical Assistance for School Based Health Centers	4	1, 3, 4, 5	Increase focus on prevention and early intervention	Youth	Fund ongoing technical assistance to the DOH SBHC Advisory Committee with MHTP funding.	TA provided to emerging school districts with SBHCs	1	2008	8	2008	11 School Districts receiving DPH Planning Grants	0	11	11	10/3/2008
210	6553	Compassionate School Model Pilot Program	4	1, 3, 4, 5	Increase focus on prevention and early intervention	Youth	Fund the expansion of pilots implementing policy changes for compassionate schools in two school districts and seven schools.	Increased the number of school district pilots	12	2007	9	2010	Two school districts and seven schools	0	11	11	10/3/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
211	6689	Patient Navigator Program	4	1, 3, 4, 5	Reduction in disparities	Adults with Mental Illness	The Department of Social and Health Services' new "Patient Navigator" program is under way at four pilot projects around the state, helping Medicaid clients in minority communities find their way around the health care system and get the treatment and information they need. The projects include CHOICE Regional Health Network, which will serve Hispanic and Southeast Asian individuals with cancer and diabetes in Thurston, Mason and Grays Harbor counties. The navigator pilots steer individuals and their families through the system, assisting with access, working with providers and clients, and making sure clients understand the decisions they face and understand what their health care providers are telling them, a DSHS news release says. Funding was approved by the Legislature, which earmarked \$600,000 for the four programs.	Patient Navigator program created.	1	2008	9	2010	Hispanic and Southeast Asian individuals with cancer and diabetes in Thurston, Mason and Grays Harbor counties	0	1	1	10/10/2008
212	465	MHTG-Mini-Grants Program	5	2	Develop and sustain consumer, youth and family organizations and membership	Adults with Mental Illness	Increase consumer/family organizations focus on data and evaluation by funding UW (WIMIRT-W) to set up a consumer and family Mini-Grant program to bring consumers into evaluation process and have them use data to guide policy and program decision-making.	Consumers (adults/parents/families/youth) trained in use of data and program evaluation. Ten consumer, family and youth organizations expected to be funded for research and evaluation projects.	10	2006	9	2009	Adult Consumers	0	10	8	3/4/2008
213	487	Integrated Database	5	6	Increase use of technology and data	All Groups	Expand linkages among data sources within Department of Social and Health Services, as well as adding key information from external data sources such as corrections, courts, and employment security to increase ability of state to analyze program and policy impacts.	Agencies using databases and data as reflected by receipt of routine reports from RDA, Data Requests to RDA, IRB reviews, and data share agreements.	1	2006	9	2010	Economic Services Division, Department of Corrections, Office Superintendent of Public Instructions, DSHS Administrations and Operating Divisions of HRSA	0	11	3	3/4/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
214	5022	NAMI Washington State	6	2	Develop and sustain consumer, youth, and family organizations and membership	Family	NAMI Greater Seattle receives MHTG funding. Membership: 2006 - 1632 2007 - 1488 2008 - 1987	Increased membership	4	2006	9	2010	NAMI Washington State	0	1500	1978	7/21/2008
215	5027	Washington PAVE	6	2	Develop and sustain consumer, youth, and family organizations and membership	Family	Washington PAVE is a parent directed organization that works with families, individuals with disabilities, professionals and community members in all walks of life and with all types of disabilities.	Increased membership	4	2006	9	2010	Washington PAVE	0	5068	4860	7/23/2008
216	3737	MHTG-Youth 'N Action	6	2	Develop and sustain consumer, youth, and family organizations and membership	Youth	Youth 'N Action receives MHTG funding to facilitate youth organizations supporting youth and siblings with mental health issues.	Youth 'N Action increase membership.	4	2006	9	2010	Youth 'N Action	0	100	99	7/21/2008
217	5016	Citizen's Guild of Western State Hospital	6	2	Develop and sustain consumer, youth, and family organizations and membership	Family	Citizen's Guild of Western State Hospital helps to facilitate a positive relationship between people with a mental illness and Western State Hospital.	Increased membership	4	2006	9	2010	Citizen's Guild of Western State Hospital	0	25	0	7/2/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
218	5021	NAMI Greater Seattle	6	2	Develop and sustain consumer, youth, and family organizations and membership	Family	NAMI Greater Seattle NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life for persons of all ages who are affected by mental illnesses.	Increased membership	4	2006	9	2010	NAMI Greater Seattle	0	400	413	7/22/2008
219	5024	Passages Family Support/Volunteers of America	6	2	Develop and sustain consumer, youth, and family organizations and membership	Family	Passages Family Support/Volunteers of America facilitates the support of families with a family member with a mental illness.	Increased membership	4	2006	9	2010	Passages Family Support/Volunteers of America	0	99	99	7/23/2008
220	5023	New Century Coalition	6	2	Develop and sustain consumer, youth, and family organizations and membership	Family	New Century Coalition is Washington State's Provisional Member to the newly formed National Coalition of Mental Health Consumer/Survivor Organizations. The coalitions' goals are as follows: Assisting consumer/peer groups to obtain resources, facilitate consumer-run programs, provide necessary training, expertise and knowledge to consumers, facilitating in the collection and dissemination of research findings, evaluations and data related to consumer/peer programs, identifying, disseminating and applying best practices on consumer/peer programs, and consumer-run business startup assistance.	Increased membership	4	2006	9	2010	New Century Coalition	0	10	12	7/23/2008
221	460	MHTG-SAFE WA	6	2	Develop and sustain consumer, youth, and family organizations and membership	Family	Statewide Action for Family Empowerment of Washington (SAFE-WA) receives MHTG funding to facilitate parent and youth organizations supporting parents and caregivers raising children with mental health issues. In addition, SAFE WA is supported by the Mental Health Division.	Increased membership	4	2006	9	2010	Parent, youth and caregiver organizations across the state	0	3000	4570	7/23/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
222	5486	Mental Health Action	6	2	Develop and sustain consumer, youth, and family organizations and membership	Adults with a Mental Illness	New adult consumer organization in Washington State.	Increased membership	7	2008	9	2010	Parent, youth and caregiver organizations across the state	0	50	105	9/10/2008
223	5020	Mental Health Advisory and Planning Committee (MPAC)	6	2	Improve service integration, across-program and agency collaboration, and partnerships	Family	Mental Health Advisory and Planning Committee funded by the Mental Health Division and required by federal block grant funds.	Increased membership	4	2006	9	2010	Adult Consumers, Youth, State Agencies serving people with mental illness, local providers, RSNs	0	25	88	7/22/2008
224	5019	Mental Health Ombuds Association	6	2	Increase employment of working-age mental health consumers	Family	Mental Health Ombuds helps to facilitate the resolution of issues between a person with a mental illness that is dissatisfied with some aspect of mental health services or lack thereof. Ombuds have created a state wide organization to share information, foster professional development and advocate for effective Ombuds services thought the state.	Increased membership	4	2006	9	2010	State Wide Association of Mental Health Ombuds	0	25	25	7/23/2008
225	3716	MHTG-Community Transformation Advocacy Partnership	6	2, 6	Develop and sustain consumer, youth and family organizations and membership	All Groups	The Community Transformation Advocacy Partnership, is a coalition of independent consumers, family members and organizations designed to improve mental health delivery system in Washington State, each with an organizational membership.	Membership in a coalition of family/consumer organizations formed to pursue common goals & form partnerships with state agencies.	11	2005	9	2010	Adult Consumers	0	25	17	3/4/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
226	515	Grant Program to Encourage Innovation	7	2	Improve mental health outcomes using evidence based practice	Adults with Mental Illness	Legislature appropriates funds for the Mental Health Division to award grants for innovative mental health service delivery projects, including clubhouse programs and projects for integrated health care and behavioral health services for general assistance recipients.	Bill passed during 2007 legislative session and signed into law by Governor Gregoire.	1	2007	7	2007	Adult Consumers	0	1	1	7/1/2007
227	480	MacArthur Juvenile Justice Grant	7	4	Increase access to primary care and mental health services	Criminal Justice	MacArthur Foundation 5-year \$10 million grant to improve juvenile justice systems in 6 Washington Counties. One of three goals to improve Mental Health screening, assessment and access to Mental Health services to reduce number of youth becoming involved in juvenile justice system. (Announced June 1, 2007) Other goals include reducing the disproportionate over-representation of minority youth in the juvenile justice system and reducing reliance on incarceration, increasing effective intervention options for youth engaging in problem behavior (e.g. truancy). Improve inter-system coordination/collaboration between juvenile justice, child welfare, and related systems.	6 Washington counties and state agencies (including Juvenile Rehabilitation Administration) implementing all three goals.	6	2007	9	2010	Create partnerships to improve juvenile justice systems in 6 Washington Counties.	0	6	6	2/1/2008
228	4691	Supportive Housing Institute Development Teams	7	5	Improve housing	Homeless	Monitoring the number of Development Teams.	Create Development Teams.	1	2008	9	2010	Advocates for the homeless, people experiencing homelessness, mental health care providers, family members, consumers and others	0	8	8	5/14/2008
229	3574	MHTG-EBP Implementation and Monitoring	7	5	Improve mental health outcomes using evidence based practice	Providers	Survey of EBP use by mental health programs in Washington State.	Agencies reporting EBP usage data with at least one defined set of EBPs reported being used.	1	2007	9	2010	Determine base line usage of EBPs in state and monitor changes in usage over the course of the grant	0	300	240	3/4/2008

GPRR Report

(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPRR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
230	3142	School Based Health Centers	7	1, 4, 5	Increase focus on prevention and early intervention	Youth	MHTG provides technical support to facilitate the creation of a plan for an integrated Health Services Clinics based in Washington schools	A School Based Health Center Plan created and implemented in up to 11 Washington State School Districts.	10	2007	12	2008	Promote introduction of school based mental health services in Washington State Schools	0	11	11	3/23/2008
231	455	MHTG-Prevention	8	1	Increase focus on prevention and early intervention	All Groups	Form Prevention/Early Intervention Advisory Group (PAG). Body advises the Board of Health, contracted to produce white paper/hold statewide summit/develop proposals for prevention policies/strategies.	Cross-agency advisory group created and meeting regularly to promote Statewide Prevention Agenda	1	2007	9	2010	N/A	0	1	1	3/4/2008
232	3572	MHTG-Rural/Urban Disparities	8	3	Reduction in disparities	All Groups	To provide an analysis of disparities in provision of mental health services in the rural and urban areas of Washington State, including recommendations for overcoming barriers.	Report on rural/urban disparities, barriers contributing to disparities, and recommendations for overcoming barriers received and approved by MHTG Contract Team. Target expressed as number of reports.	4	2007	4	2008	N/A	0	1	1	1/4/2008
233	491	5763-GAIN-SS	8	4	Improve screening and assessment	People with Co-occurring MH and SA Issues	Passage of Senate Bill 5763 of 2005 session requiring that DSHS, in consultation with members of the team charged with developing the state plan for co-occurring mental and substance abuse disorders, shall adopt, not later than Jan 06 an integrated and comprehensive screening and assessment process for chemical dependency and mental disorders and co-occurring disorders. To be implemented by Jan 07, with adequate training, and penalties in place by July 2007.	Law first passed during 2005 regular session and signed into law; Subsequent legislative attention toward full implementation of the law beginning during 2006 short legislative session (anticipated to continue to end of 07/09 biennium).	1	2005	7	2007	N/A	0	1	1	7/1/2005

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
234	477	MHTG-Effects of Deployment	8	4	Improve service integration, across-program and agency collaboration, and partnerships	Youth	Study to assess impact of parental wartime deployment on school-aged children of National Guard members through face-to-face interviews. Purpose is to reduce impacts of deployment.	Written report summarizing findings accepted by MHTG Contract Team.	3	2007	6	2008	N/A	0	1	0	3/4/2008
235	472	MHTG-Work Force Supply and Need	8	4	Increase access to primary care and mental health services	Providers	Study of need for mental health services and availability of mental health professionals in Washington counties. Intent to identify gaps between supply and need by county.	Receipt and approval of final report by MHTG Contract Team.	12	2007	1	2008	N/A	0	1	1	1/15/2008
236	989	6157-Department of Correction Re-entry Report to Legislature (Department of Correction)	8	5	Criminal Justice and mental health	Criminal Justice	Department of Correction to report to legislature on recommended changes in its work release facilities based on WSIPP study on EBP re-entry, work release programs. Recommendations presented to governor and legislature by November 15, 2008.	Report submitted to Legislature	7	2007	11	2008	N/A	0	1	0	3/4/2008
237	994	6157-WSIPP Study and Department of Correction Work Group	8	5	Criminal Justice and mental health	Criminal Justice	WSIPP to analyze reentry and work release programs to identify EBP that should be provided to offenders reentering the community. Department of Corrections to establish a work group to review report and make recommendations for changes to corrections law and policies around work release and reentry programs.	Reports submitted by deadlines (WISSP report to Legislature November, 2007; Department of Correction Work Group Report by November, 2008).	7	2007	11	2008	N/A	0	2	0	3/4/2008
238	504	System Transformation Initiative Involuntary Treatment Act Review	8	5	Improve crisis system	Adults with Mental Illness	Mental Health Division has contracted with TriWest Group to review options for improving Washington State's involuntary treatment laws, including a literature review, stakeholder focus groups and key informant interviews. Recommendations, including financial implications, to result in decision packages developed and submitted for next round of legislative funding (09 legislature).	Decision packages submitted for consideration in next round of legislative funding (09 legislature).	6	2006	6	2009	N/A	0	1	0	3/4/2008

GPRR Report

(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPRR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
239	1054	EBP Institute #3 - Conduct Literature Review	8	5	Improve mental health outcomes using evidence based practice	Youth	EBP Institute (UW) to summarize current law on Mental Health outpatient and inpatient Mental Health treatment for minors	Report submitted to legislature by Dec 2008 on law and recommendations changes for Mental Health treatment for minors	7	2007	12	2008	N/A	0	1	0	3/4/2008
240	484	Aging & Disabilities Services Administration Grant	8	5	Improve mental health outcomes using evidence based practice	Older Adults	5-year Federal grant to help high need Aging & Disabilities Services Administration clients move from institutions into the community, including individuals with mental illness.	Implementation of policies and practices to help high need Aging and Disabilities Services Administration clients move from institutions into the community, including funding policy changes so that 'money follows the person'.	7	2007	6	2012	N/A	0	1	1	3/26/2008
241	505	System Transformation Initiative Utilization Review	8	5	Improve service integration, across-program and agency collaboration, and partnerships	Adults with Mental Illness	Mental Health Division to produce recommendations for statewide criteria for acuity levels and standards for short-term hospitalizations and review of commitments. Recommendations, including financial implications, to result in decision packages developed and submitted for next round of legislative funding (09 legislature).	Decision packages submitted for consideration in next round of legislative funding (09 legislature).	6	2006	6	2009	N/A	0	1	0	3/4/2008
242	3563	Sales Tax Implementation Monitoring	8	5	Increase access to primary care and mental health services	All Groups	Monitoring the number of counties in Washington State that implement the 1/10 of one percent sales tax.	Counties passing the additional tax levy.	7	2005	9	2010	N/A	0	12	8	3/4/2008
243	497	MHTG-1290 Pilots Evaluation	8	5	Increase access to primary care and mental health services	Criminal Justice	Evaluate effectiveness of pilots implemented by 1290 in getting medical eligibility to released jail detainees.	Report on effectiveness of pilot implementation of 1290 on speed of medical eligibility and costs and benefits of full implementation.	12	2006	12	2008	N/A	0	1	0	3/4/2008

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(See last page for Abbreviations and Codes.)

#	ID	Working Title	GPR	NFC	Priority Areas	Population Comments	Referent	Completion Standard	Start Month	Start Year	End Month	End Year	Target Populations	Baseline	Target	Actual	As of Date
244	1060	EBP Institute #5 - Improved Med Management for Children	8	5	Increase focus on prevention and early intervention	Youth	Develop and implement policies to improve medication management and care for children with mental illness.	Report from EBP institute issued to the legislature	7	2007	1	2009	N/A	0	1	0	3/4/2008
245	514	WA Mental Health Transformation Website	8	6	Increase use of technology and data	All Groups	Creation of a comprehensive website dedicated to Mental Health Transformation activities locally, nationally and serving as a central hub to post news, events, funding opportunities, products & reports related to the MHT Project in WA. Aids in project transparency and public information dissemination.	Functional website with regular postings. Expansion of functionality over the course of the Transformation Grant.	1	2006	9	2007	N/A	0	1	1	3/4/2008
246	513	WA Mental Health Transformation Listserv	8	6	Increase use of technology and data	All Groups	Creation of the first statewide listserv dedicated to the dissemination of information to the public regarding issues of mental health (generally) and MH Transformation activities (specifically). To date, the listserv boasts over 700 subscribers. Sub-listservs include that of the Prevention Group (over 70 subscribers). These listservs are all part of the official "State of WA" public listserv directory.	Listserv developed and used. Target and Actual are the # of subscribers	4	2006	9	2010	N/A	0	789	789	3/4/2008
247	9006	WA Mental Health Reporting Website-MHTP	8	6	Increase use of technology and data	All Groups	This website was created specifically for addressing media reporting on mental illness. The goal of this website is to provide tools and information for news organizations, journalists, journalism educators, and a broad coalition of news story informants on ways to improve reporting on mental health issues.	Functional website with regular postings. Expansion of functionality over the course of the Transformation Grant.	1	2009	9	2010	N/A	0	1	1	10/15/2009
248	6555	Prevention/Early Intervention Policy Recommendations	8	1, 3, 4, 5	Increase focus on prevention and early intervention	Youth	Develop/complete policy process culminating in May, 2008 Policy summit. Five policy statements emerged and guide the effort into the future. Prevention Advisory Group identifies 13 strategies to advance policy in prevention	Five policy statements emerged and guide the effort into the future. Prevention Advisory Group identifies 13 strategies to advance policy in prevention	1	2007	9	2010	Educators and school staff	0	1	1	10/3/2008

Priority Areas

#	Current Priority Area
1	Criminal Justice and mental health
2	Develop and sustain consumer, youth and family organizations and membership
3	Improve crisis system
4	Improve housing
5	Improve mental health outcomes using evidence based practice
6	Improve screening and assessment
7	Improve service integration, across-program and agency collaboration, and partnerships
8	Increase access to primary care and mental health services
9	Increase employment of working-age mental health consumers
10	Increase focus on prevention and early intervention
11	Increase use of technology and data
12	Recovery and Resiliency
13	Reduction in disparities
14	Stigma reduction
15	Trauma

Abbreviations and Codes

New Freedom Commission (NFC) and Washington State Goals

- 1 = Mental Health is Essential to Overall Health and Physical Health is Essential to Mental Health
- 2 = Mental Health Care is Consumer and Family Driven
- 3 = Disparities are Eliminated
- 4 = Early Screening, Assessment, and Referral is Standard Practice
- 5 = Excellent Care is Provided and Research is Promoted
- 6 = Technology is Used to Improve Health Care and Information Exchange
- 7 = Individuals with Mental Illness have Stable Housing in Communities Where They Live
- 8 = Successful Employment for Individuals with Mental Illness is a Priority in Washington State

Government Performance and Results Act (GPRA) Goals

- 1 = Policy Changes Completed
- 2 = # of Persons in Workforce Trained
- 3 = Financing Policy Changes Completed
- 4 = Organizational Changes Completed
- 5 = # of Organizations that Regularly Obtain and Analyze Data
- 6 = # of Members in Consumer and Family Run Networks
- 7 = Programs Implementing Practices Consistent with CMHP
- 8 = Other Activities Consistent with CMHP

Glossary

ADSA:	Aging and Disability Services Administration
CMHC:	Community Mental Health Center
CSO:	Community Service Office
CTED:	Community Trade Economic Development
DEL:	Department of Early Learning
DOC:	Department of Corrections
DSHS:	Department of Social and Health Services
DVR:	Division of Vocational Rehabilitation
EBP:	Evidence Based Practice
EPSDT:	Early Periodic Screening, Diagnosis, and Treatment
ESA:	Economic Services Administration
ESD:	Employment Security Department
GAU:	General Assistance Unemployable
MHD:	Mental Health Division
MHTP:	Mental Health Transformation Project
NAMI:	National Alliance on Mental Health
OSPI:	Office of Superintendent of Public Instruction
RSN:	Regional Support Network
SSA:	Social Security Administration
SSDI:	Social Security Disability Insurance
SSI:	Supplemental Security Income
WIMIRT:	Washington Institute for Mental Illness Research and Training
WSIPP:	Washington State Institute Public Policy