

ASSESSING THE PROMISE

An Evaluation of the Work of the
Consumer and Consumer Supporter
National Technical Assistance Centers



Funded by the
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**The Kentucky Center for Mental Health Studies
in collaboration with The Evaluation Center@HSRI**



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Introduction

The President's New Freedom Commission on Mental Health declared the mental health system fragmented, in disarray, and not oriented towards recovery. The Commission announced in its final report - *Achieving the Promise: Transforming Mental Health Care in America (2003)* - that the goal of a transformed mental health system is recovery. Furthermore, it concluded that transformation of the system rested upon consumer and family driven services.

The Center for Mental Health Services (CMHS) funds 5 national consumer and consumer-supporter Technical Assistance Centers (TACs). The ideas and issues espoused and advocated by the consumer and consumer-supporter TACs and advocacy organizations over the past decades are pervasive throughout the final report of the Commission. This in itself indicates the success of the consumer movement and to some extent can point to the success of the TACs. The term *recovery* as it relates to mental health consumers is a recent term historically linked to leaders from the TACs as well as leaders in the mental health consumer and consumer-supporter community.

In order to accomplish the Commission's goals, consumers will need assistance in becoming independent, navigating services, developing self-help skills, communicating and supporting one another, and learning about resources. CMHS founded the TACs to accomplish such goals. The results of the first two evaluations of the TACs indicate that this is exactly what they have done.

Historically, beginning in 1977, the National Institute of Mental Health (NIMH) initiated a unique but modestly funded demonstration program, the Community Support Program (CSP)¹ to stimulate and assist states and localities in improving opportunities and services in the community for people with a serious mental illness. Over the decades,

¹ Initially located within NIMH, CSP subsequently became part of the Substance Abuse and Mental Health Services Administration Center for Mental Health Services in 1992.

CSP fostered the involvement of consumers and family members in the planning, provision, policy development, and evaluation of mental health services. The program eventually led to recognition of the role of self-help, mutual support, and empowerment in the recovery of persons with a severe mental illness.

In the 1980's, CSP provided resources for the publication of technical assistance materials and for information on consumer/survivor self-help. In addition, at this time, CMHS began to sponsor Alternatives, the first national conference of consumers. The Alternatives Conference continues to be an annual gathering for the sharing of information, discussion of important issues, and provision of technical assistance.

In 1992, CSP, as part of CMHS, provided funding for the first national self-help TACs directed by and for mental health consumers. The main purpose of these was to further the development of consumer involvement through self-help programs and the dissemination of helpful information.

By 1998, CSP had expanded its support to a total of three consumer and two consumer-supporter national TACs. In recognition of the important role of persons who support and care for consumers, added were TACs for supporters of consumers. This demonstrated the CMHS philosophy that for many consumers achieving consumer empowerment, productivity, and recovery can be enhanced by persons close to them who were not consumers.

The Kentucky Center for Mental Health Studies (KCMHS) conducted the first evaluation of the consumer and consumer supporter TACs in 2001. This evaluation was voluntary on the part of the centers. All centers participated. A copy of that evaluation is available for downloading at the following link <http://www.tecathsri.org/consult/tacs-2001-report.pdf>. KCMHS also conducted this second voluntary evaluation of the TACs in 2002 in which all centers participated.

KCMHS is a consumer-governed and independently funded research institute. KCMHS completed its work under the guidance of The Evaluation Center@HSRI (TEC) a technical assistance center in Cambridge, Massachusetts funded by CMHS. TEC

provides technical assistance to stakeholders of the public mental health system regarding evaluation issues. Believing in the importance of consumer directed programs and consumer involvement in program evaluations, TEC subcontracted with KCMHS for these evaluations.

Paul Weaver, EdD, and Karen Hall, MA conducted the evaluation for KCMHS. Steve Leff, PhD and Terry Camacho-Gonsalves, PhD² served as mentors and valued advisors from the TEC. Crystal Blyler, PhD² the Government Project Officer for TEC, Risa Fox, MS, LCSW, the Government Project Officer for the TACs and Neal Brown, Chief, Community Support Programs Branch also provided feedback and assistance for the evaluation. Paolo del Vecchio, MSW, Associate Director for Consumer Affairs and national consumer leader at CMHS has remained instrumental in all these efforts.

² Dr. Camacho-Gonsalves and Dr. Blyler became active in the project after the first meetings.

Executive Summary

The 2002 evaluation of the five (5) consumer and consumer-supporter National Technical Assistance Centers (TACs) was conducted between June 10 and July 10, 2002. This second evaluation of the TACs includes data collected from a satisfaction survey, encounters, and organizational and professional activity logs.

The evaluation took place in the shadow of the work of the President's New Freedom Commission on Mental Health. The Commission's goal was the transformation of the mental health system through a focus upon *recovery*. KCMHS found that the TACs gave consumers technical assistance that encouraged and supported them taking control of their lives and facilitated recovery.

SNAPSHOT OF THE STUDY

June 10-July 10, 2002



- There were 1,874 contacts with the centers for assistance
- Contacts were made from 49 states and 3 territories
- There were 2,388 requests for specific topics of assistance
- The majority of contacts were made by telephone or email
- The most requested area of assistance was about Clinical Issues concerning Major Mental Illness and Treatments
- The most frequent form of information requested was for informational and educational materials
- Of those who responded to the Satisfaction Survey, 96% were satisfied with their experience in contacting the centers

Customer Satisfaction

For the 2002 evaluation, analyzed were 413 Global Evaluation Survey(s) received by individuals who contacted the TACs. The response rate for the 2002 survey was 41.1% compared to 17.6% in 2001. The TACs surpassed the high marks received in the 2001 evaluation; customer satisfaction was 96.0% in 2002 compared to 95.4% in 2001. Customer dissatisfaction was down to 4% from 4.6% in 2001. While not statistically significant, this may indicate a trend in a preferred direction. Introduced in the 2002 evaluation, was a new outcomes question. Results showed that more than 8 of 10 (80.9%) customers who contacted the TACs rated their ability to accomplish things after receiving their technical assistance as a little better or much better, while only 1.5%

rated their ability to accomplish things after receiving their technical assistance as a little worse or much worse.

A majority of the respondents of the satisfaction survey were female (66.8%, n=276) and classified themselves as White (71.7%, n=296). After Whites, African Americans were the racial group that responded most to the survey (10.4%, n=43), followed by Hispanics (9.2%, n=38), Native American (4.8%, n=20), and Asian or Pacific Islanders (1.9%, n=8). Fourteen respondents classified their race or ethnicity as other (3.3%). The number of African Americans and Hispanics responding to the satisfaction survey nearly doubled from the previous evaluation (African American – from 6.7% in 2001 to 10.4% in 2002; Hispanic – from 4.6% in 2001 to 9.2% in 2002).

Half of the respondents of the Global Evaluation Survey were consumers (50.6%, n=209), followed by service providers (32.9%, n=136), and family members (27.8%, n=115). Some of the respondents classified themselves as belonging to academic institutions (8.5%, n=35), and as having other affiliations (20.3%, n=84). Some of the respondents classified themselves as belonging to more than one category.

Technical Assistance Provided

Between June 10, 2002 and July 10, 2002, 1,874 individuals contacted the TACs for technical assistance. Those 1,874 individuals made 2,388 distinct topical requests for technical assistance. The majority of the contacts came by phone (52.7%, n=988) or by e-mail (12.4%, n=233). Other means of contacting the TACs were by mail (3.5%, N=66), visit to the TAC (1.7. n=32), or fax (0.6%, n=11). The most frequent method used for providing the technical assistance was via mail (26.6%, n=498), fax (14.0%, n=263), and telephone (10.8%, n=203). Face-to-face presentations closely followed (7.8%, n=146), then emailing materials (7.5%, n=140) and directing individuals to information and materials on the website (5.5%, n=103). A small number of the requests required making a referral elsewhere (2.6%, n=49).

The TACs provided technical assistance to individuals or organizations in 49 out of the 50 states. Residents of North Dakota did not request technical assistance from the TACs. Thirty-six percent of the requests came from California (8.9%, n=166), New York (6.1%, n=114), Florida (5.1%, n=95), Pennsylvania (5.0%, n=93), Massachusetts (3.8%, n=72), Virginia (3.5%, n=66), and Texas (3.3%, n=61). The TACs also received requests from the Territories: District of Columbia (1.4%, n=26); Puerto Rico (0.1%, n=2); and the U.S. Virgin Islands (0.0%, n=1).

The TACs received requests for technical assistance from both individuals and organizations. When requests came from individuals, the contacts came primarily from consumers (46.7%, n=815) and family members (12.7%, n=238). However, the TACs also received requests from ex-consumers (0.2%, n=3), academics (2.2%, n=42), and others (6.5%, n=121).

The TACs received requests for information from 371 organizations. Requests for technical assistance came from consumer run organization or groups (31.8%, n=118), academic institutions (14.8%, n=55), provider organizations (11.6%, n=43), and NAMI and National Mental Health Association chapters (11.3%, n=42). Technical assistance requests also came from state and county mental health authorities (9.4%, n=35), the federal government (8.1%, n=30), and media organizations (0.3%, n=1).

Of the requests received by the TACs: 64.9% were for materials (n=1,217), 27.5% for verbal information (n=516), 25.3% for referrals to self-help groups and clinical and non-clinical services (n=475), 3.6% for some type of training (n=67), and less than one percent for a consultant (n=17). Classified as *Other* were 3.3% of the requests (n=61). Some individuals or persons contacting the TACs made more than one request.

The majority of the 2,388 distinct topical requests made to the TACs for technical assistance between June 10, 2002 and July 10, 2002, were on clinical issues (66.5%, n=1,587) such as the nature and treatment of various mental illnesses, recovery, interventions, substance abuse and treatment, and co-occurring disorders. The TACs also received request on non-clinical issues (12.2%, n=292), issues identified as

government and public health issues (6.6%, n=157), family issues (5.9%, n=141), information about conferences and event (4.1%, n=99), and issues related to research, evaluation, and evidence-based practices (1.8%, n=43).

Organizational Resources

The TAC websites received 86,327 unduplicated hits between June 10, 2002 and July 10, 2002; of which 60,671 hits were to the TACs main web page. Four of the TACs' websites are "Bobbied" and meet the requirements for ease of use by persons with disabilities.

Available at the TACs were staff on and off-site that spoke the following 14 languages: American Sign Language, Chinese, Farsi, French, German, Greek, Italian, Korean, Krio, Mende, Russian, Sinhalese, Spanish, and Vietnamese.

The TACs have available 169 English-language materials and 23 English-language written training curriculums. The majority of the written training curriculums focus on Assertive Community Treatment (ACT), recovery, and self-help or organizational skills. The TACs also have 29 written training curriculums or materials in non-English languages: 17 in Spanish, 10 in Japanese, and 2 in French.

Professional Activities

Between June 10, 2002 and July 10, 2002, staff members at the TACs participated in 87 meetings with consumer or consumer supporter groups about working on joint projects and cooperative efforts. TAC staff also attended 14 consumer or consumer-supporter conferences during this period. In addition, TAC staff conducted 33 trainings with consumer and consumer supporter-groups.

Overall, it appeared that, consumers, families, providers, advocates, and the public used the TACs for their intended purpose – which was to provide easily accessible technical assistance for consumers, consumer supporters, professionals, and the public concerning mental health issues and related topics.

The Evaluation at a Glance

2002 EVALUATION OF THE CONSUMER AND CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTERS (TACs) June 10 – July 10, 2002

The Satisfaction Survey

41.2%	Rate of Return
96.0%	Satisfaction Rate
4.0%	Dissatisfaction Rate

Encounter Data

1,874	2002 Contacts Made
2,388	2002 Topical Requests for Technical Assistance (TA)
66.7%	Percent Top Requests: Clinical Issues – The Major Mental Illnesses and Treatments
64.9%	Percent Requested Materials
52.7%	Percent Contacted TACs by Phone
12.4%	Percent Contacted TACS by Email
26.6%	Percent Received TA by Mail
14.0%	Percent Received TA by Fax
46.7%	Percent of Contacts from Consumers
12.7%	Percent of Contacts from Family Members
31.8%	Percent of Organizations Contacted TACs were Consumer-Run
49	Number of States Contacted TACs
3	Number of Territories Contacted TACs

Organizational Tracking Data

14	Non-English Languages Available at TACs
192	Number of English Language Materials and Written Training Curriculums Available
29	Number of non-English Language Materials and Written Training Curriculums Available

Professional Staff Activities

87	Number of meetings with Consumer and Consumer-Supporter Groups
14	Number of Consumer and Consumer-Supporter Groups Conferences Attended
33	Number of Trainings Conducted for Consumer and Consumer-Supporter Groups



A Briefing on the Technical Assistance Centers

The CMHS grant awardees for consumer and consumer supporter technical assistance centers in 2002 were:

Consumer Technical Assistance Centers

- **CONTAC** (Consumer Organization and Networking Technical Assistance Center)
Charleston, West Virginia
- **National Empowerment Center** (NEC)
Lawrence, Massachusetts
- **National Mental Health Consumer Self-Help Clearinghouse** (NMHCSHC)
Philadelphia, Pennsylvania

Consumer Supporter Technical Assistance Centers

- **National Consumer Supporter Technical Assistance Center** (NCSTAC)
Alexandria, Virginia
- **NAMI** (STAR)
Arlington, Virginia

A brief description of each TAC is provided below.

CONTAC

Located in West Virginia, CONTAC was established in 1998 to serve as a resource center for consumers and consumer-run organizations across the United States in promoting recovery, self-help, and empowerment. CONTAC is the newest of the TACs and the first center located outside of the East Coast Corridor. CONTAC provides four levels of technical assistance:



- *Technical Assistance – comprised of consumer engagement activities such as the Leadership Academy and Basic Peer Support Groups.*
- *Outcome Orientation – provides assistance in defining outcomes for service delivery, and developing consumer satisfaction instruments.*
- *Statewide Networks – provides training statewide groups in organizational structure and leadership - usually onsite.*
- *Information Sharing – includes the use of a website, listservs, and database to get information to consumers.*

The Center is also helping consumers learn how to participate in mental health forums (conferences, groups of providers, government bodies, and others). CONTAC envisions itself as empowering consumers to have a meaningful voice in their community and state. During alternate years, it hosts the Alternatives Conference, the oldest national conference for mental health consumers.

In addition, CONTAC del Oeste is a bilingual center established by CONTAC to meet the needs of the Western part of the United States. It focuses on the Hispanic population. CONTAC's website is located at www.contac.org. In 2002, Larry Belcher was CONTAC's CEO.

NAMI

One of the nation's largest mental health advocacy groups is NAMI. NAMI, with headquarters in the Washington, DC area, is known to most people as the family member organization. NAMI was founded in 1979 to provide family members of persons with severe mental illness peer support and encouragement and to advocate for consumers.



NAMI has grown to be a strong organization and has considerable impact on shaping mental health policy and funding. It has chapters in each state and in many communities. It also has a consumer advisory council.

NAMI states that it

works to achieve equitable services and treatment for more than 15 million Americans living with severe mental illnesses and their families . Hundreds of thousands of volunteers participate in more than one thousand local affiliates and fifty state organizations to provide education and support, combat stigma, support increased funding for research, and advocate for adequate health insurance, housing, rehabilitation, and jobs for people with mental illnesses and their families (NAMI Website).

NAMI one of the consumer-supporter TACs, was established to promote the use of assertive community treatment (PACT) which helps persons with severe mental illness receive specialized and intensive care. PACT is concerned with cost effectiveness of treatments, homelessness, jail diversion, employment, and dual diagnosis. NAMI has responded to the consumer community's concerns about the PACT Model by issuing guidelines for consumer and family involvement on PACT Teams and advisory boards. NAMI's website is located at www.nami.org. Elizabeth Edgar directed this center in 2002.

National Empowerment Center (NEC)

NEC was founded in 1992 and its mission, as noted on its website is “to carry a message of recovery, empowerment, hope, and healing to people who have been diagnosed with mental illness.” It seeks to provide consumers of mental health care with information that will help them take back control of their lives. NEC provides information and referrals. NEC offers information about recovery, advance directives, shock treatment, schizophrenia, self-help groups, legal services, meditation, and other topics of interest to consumers. It operates a toll-free line and has a Spanish-speaking specialist available. NEC is located outside of Boston.



NEC staff is involved in qualitative research on how people recover from mental illness. Another project that it supports is the Cemetery Project, which documents the history of mental institutions and focuses on those patients who died there. NEC also offers PACE, an alternate to the PACT Model of assertive community treatment, for consumers who need intensive case management.

NEC has established a branch office on the West Coast in San Francisco. This branch office publishes a NEC West Newsletter. The NEC website is www.power2u.org. Dr. Dan Fisher, who recovered from schizophrenia and is a psychiatrist as well, is one of its co-directors. He was a member of the President's Commission on Mental Health. Laurie Ahern served as the other co-director during the time of the evaluation.

National Mental Health Association (NMHA)

Clifford Beers, a Yale graduate who wanted to expose injustices he observed during his hospitalizations for bipolar disorder, founded NMHA in 1909. NMHA is one of the nation's largest mental health advocacy organizations with 340 affiliates. NMHA affiliates have significant consumer involvement in planning councils and as employees. NMHA states on its website that its primary goal is "to effect systems change on issues of importance to adult mental health consumers and those organizations that support them."



NMHA runs the other consumer-supporter TAC whose official title is The National Consumer Supporter Technical Assistance Center (NCSTAC) and is located in the Washington, DC area. NCSTAC offers support to consumer groups awarded grants by CMHS.

NCSTAC also offers training and on- and off- site technical assistance in three targeted areas:

1. *Organizational development, strategic planning, and long term financial planning.*

2. *Cultural competency and capacity building within communities to ensure diverse mental health stakeholders play a role and work collaboratively towards systems change.*
3. *Promotion of voter empowerment by educating consumers and consumer-supporters about voting.*

NCSTAC's mini-grant projects have provided five competitive grants of \$8,000 to consumer supporter organizations to build coalitions with other mental health groups. NCSTAC has awarded 10 competitive, \$5,000 grants under its Cultural Competency Program to consumer supporter organizations who want to enhance their services to minority populations.

The TAC has produced a series of manuals to assist grass-roots groups particularly in the area of organizational development. The parent organization, NMHA, produces a variety of different pamphlets and publications on mental illness. The website for this technical assistance center is www.NCSTAC.org Leah Holmes-Bonilla served as director of the center during the evaluation.

National Mental Health Consumers' Self-Help Clearinghouse (NMHCSHC)

This Consumer National Technical Assistance Center is located in Philadelphia. As noted in a description written in a brochure distributed by the center:

[The Clearinghouse] empowers consumers by providing technical assistance in the form of publications, together with personal consultations and follow-up. [They] help people within the movement, organize coalitions, establish self-help groups, advocate for mental health reform, and fight the stigma that society places on mental illness. [They] also strive to help the movement grow by encouraging consumer involvement in planning and evaluating mental health services, as well as by encouraging traditional providers and other societal groups to become more consumer-friendly.



The Clearinghouse has sponsored a number of national events, including the National Summit of Mental Health Consumers and Survivors. The purpose of the summit was to build a platform for influencing the national debate and to develop action plans for future work. The TAC has also co-sponsored the Clifford Beers Conference put on annually by the NMHA. In alternating years, NMHCSHC hosts the consumer national conference, Alternatives.

NMHCSHC has a library of publications and materials available to send to consumers. Some of the topics of materials that are available are: self-help and advocacy, fund raising, peer counseling, involuntary treatment, patient rights, working with the media, and others. The TAC also provides counseling for consumer groups and referral services. The Center publishes a newsletter, The Key, and posts information on its website, www.mhselfhelp.org. Joe Rogers, its director, founded the Center in 1986.

The 2002 Evaluation of the Technical Assistance Centers

In 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA), through its Center for Mental Health Services (CMHS), funded 5 national consumer and consumer-supporter Technical Assistance Centers (TACs).

The primary focus of the TACs was to provide a variety of technical assistance, information, and activities for persons with serious mental illness and a wide range of stakeholders, including state mental health systems serving adults, consumer supporters, service providers, and the public.

Of the five TACs, consumers operate three; while consumer-supporters (these are family or non-consumer advocacy groups) operate two. The TACs serve an extremely valuable role as transformation agents both within the disabilities community and within the general population.

The primary purpose in proposing and initiating the evaluation of the five TACs was to provide information to CMHS program staff and the TACs' staffs to improve the services of the TACs. The purpose of the evaluation was to examine the efficiency, quality, and effectiveness of the TACs activities.

Methodology

Procedures and Forms

The 2002 evaluation utilized the procedures and forms created for the 2001 evaluation. Discussed in telephone conferences with the TACs, CMHS, KCMHS, and HSRI were changes made to the forms. The group decided not to collect for the 2002 evaluation the portfolios, which contain samples of TACs work including brochures, videos, news articles, curricula, and manuals.

Utilized in the evaluation were five forms included in Attachment A:

1. **Event Specific Form**: used to track technical assistance provided and how it was provided;
2. **Global Evaluation Survey**: satisfaction survey mailed to individuals contacting the TACs for technical assistance. The TACs, CMHS, TEC, and KCMHS discussed and drafted the survey in 2000 during a two-day meeting. Added for the 2002 survey, was one negatively worded (reverse order) question: Q 10 – *Overall, I was disappointed with the assistance I received from _____*; and one outcome question: Q 11 – *How would you rate your ability to accomplish things now compared to before you received your technical assistance?*
3. **Organizational Tracking Form**: completed by the TAC Director or designee to track information about the websites, languages spoken by staff, and materials and training curriculum available;
4. **Staff Activity Form**: completed by every staff to track number of meetings with consumers and consumer-supporters, number of consumer and consumer-supporter conferences attended, and trainings provided to consumers and consumer-supporters; and
5. **Professional Activity Form**: used by the TAC Director or Designee to aggregate the information on the Staff Activity Forms.

KCMHS prepared a database for the TACs to enter data from the Event Specific Form(s). KCMHS conducted trainings with the TACs to emphasize the need for consistency in completing the Event Specific Form(s). Also emphasized was the need for consistency in entering data into the database. The TACs sent their databases to KCMHS within a week of completing the data collection period.

The TACs mailed the Global Evaluation Survey(s). Each survey recipient received a reminder post card 4 to 5 days later. Respondents returned the Global Evaluation Survey addressed to KCMHS in unidentifiable stamped envelopes. KCMHS entered the responses to the survey upon receipt into a database. The returned surveys and envelopes were stored in a secured location controlled by KCMHS.

The Directors or Designees of the TACs mailed to KCMHS the completed Organizational Tracking Forms and the Professional Activity Forms.

KCMHS reviewed for accuracy and consistency the data in the Event-Specific Form databases and in the Organizational Tracking Form(s) and Professional Activity Form(s). KCMHS discussed discrepancies or conflicting data with the TACs.

Limitations of the Evaluation

There were limitations to this evaluation. Any evaluation should be examined in light of the contextual, organizational, and political environments.

The most significant issue that created a sense of apprehension during the evaluation period was that continued funding of the TACs was in jeopardy. It was announced by SAMHSA that the TACs would not be funded beyond the Federal Fiscal Year 2003. The TACs were conducting the evaluation with the realization that de-funding might cause their dissolution, as well as the loss of livelihood for as many as 25 professional staff (mostly consumers). The element of de-funding and its bearing on the evaluation were difficult to define. The consumer TACs may have worked harder at collecting data as they realized that the results from the evaluation would become essential in any national debate regarding the funding of the TACs. The consumer-supporter TACs had somewhat less to lose if de-funded than the consumer TACs because they had sources of continued funding from their membership organizations.

As reported in 2001, the TACs found the evaluation placed a burden upon staff. Nonetheless, each TAC had a person who oversaw the data collection and worked closely with KCMHS staff. The new forms made the reports from the TACs more consistent, successfully addressing problems recognized in the 2001 evaluation.

This study was merely a snapshot of a single month of operation – a vignette. It covered a 30-day period (from June 10 to July 10, 2002) in the “life” of these organizations. TAC directors pointed out that this particular period was one in which their business was slower than in the fall. They maintained that the results of this report should not be interpreted as representative of their activities. KCMHS examined this and agreed that other months that might have shown higher activity. However, taking into consideration the holiday seasons during November and December and vacation periods in the spring and summer, the evaluation period appears to be representative of an average month. KCMHS also compared the figures with those of 2001.

It is also important to remember that the consumer-supporter TACs have affiliates and that at least half of the requests they received were from these affiliates and not the public. While, the three consumer TACs do not have affiliates or members, and are strictly service organizations.

Findings of the Evaluation

The evaluation elicited a large amount of data from the TACs used to understand the work and activities of the TACs. The findings follow the four components that constituted the evaluation:

- Component #1 – The Satisfaction Survey**
- Component #2 – Technical Assistance Information**
- Component #3 – Organizational Data**
- Component #4 – TAC Staff Professional Activities**

Component #1: The Satisfaction Survey

The Global Evaluation Survey examined the accessibility, appropriateness, and personal impact/effectiveness of the technical assistance provided by the TACs. The survey results were broken down into three types of data:

❶ SURVEY SECTION 1: Demographic Information
❷ SURVEY SECTION 2: Satisfaction Responses
❸ SURVEY SECTION 3: Open ended Questions & Responses

RATE OF RETURN: TABLE 1 shows that the rate of return for the 2002 survey was 41.1%; this compared to 17.6% in 2001. The return rates for the individual TACs ranged a high of 79.5% to a low of 22.60%. The overall increase in the return rate was possibly related to the fact that this year's evaluation required the TACs to mark on each Event Specific Form (contact with person requesting TA) if a survey form had been sent and in addition, by encouraging TACs to send reminder postcards to all who had been sent the survey. However, due to technical errors at some of the TACs, not all individuals who contacted that TAC received a Global Evaluation Survey. KCMHS received 415 completed forms with 413 being usable. The other two were not included because they were only partially completed.

SURVEY SECTION #1 – Demographic Information. Summarized in TABLE 1 is the demographic information for respondents of the satisfaction survey.

TABLE 1. GLOBAL EVALUATION SURVEY RESULTS 2002, Section 1 (Demographic Information)

Rate of Return	Surveys Mailed	Surveys Returned	Surveys Used	Return Rate
	1,004 ¹	415	413 ²	41.1%
Gender	N		Female	Male
	404		276	128
	97.8%		66.8%	31.0%
Race/Ethnicity	ALL		419 ³	
	African American		43	10.4%
	Asian/Pacific Islander		8	1.9%
	Native American		20	4.8%
	Hispanic		38	9.2%
	White		296	71.7%
	Other		14	3.4%
Mental Health Involvement	ALL		579 ⁴	
	Academician		35	8.5%
	Consumer		209	50.6%
	Family Member		115	27.8%
	Service-Provider		136	32.9%
	Other		84	20.3%

¹ The Survey was not mailed to all 1,874 individuals who contacted the TACs.

² Percentages for gender, race and ethnicity, and mental health involvement are based on the total number of respondents (N=413).

³ 15 Respondents chose more than one race/ethnicity; 9 did not respond to the question.

⁴ Respondents could choose more than one mental health involvement.

GENDER: Sixty-seven percent (66.8%) of the survey respondents were Female. Thirty-one percent (31.0%) were Male. There was no significant change from the previous year's evaluation.

RACE/ETHNICITY: TABLE 2, shows the racial/ethnic classification of respondents of the 2001 and 2002 evaluation.

TABLE 2. RACE/ETHNICITY OF SURVEY RESPONDENTS

CLASSIFICATION	(2002 EVALUATION) N=419 ^{1,2}	(2001 EVALUATION) N=372
African-American	10.4% (N= 43)	6.7% (N= 25)
Asian American/Pacific Islander	1.9% (N= 8)	3.2% (N= 12)
Native American	4.8% (N= 20)	1.9% (N= 7)
Hispanic	9.2% (N= 38)	4.6% (N= 17)
White	71.7% (N=296)	83.1% (N=309)
Other	3.4% (N= 14)	0.5% (N=2)

¹ 15 Respondents chose more than one race/ethnicity; 9 did not respond to the question

² Percentages for race/ethnicity are based on the total number of responses (N=413)

In the 2002 evaluation, 404 of the 413 respondents gave 419 responses for the racial/ethnic classifications. Fifteen respondents classified themselves as belonging to more than one race/ethnicity. In the *Other* category, respondents wrote in Brazilian-Canadian, Chicano, Chinese-American, German, Hawaiian, Jewish American, Latina, Latino-Puerto Rican, and Multiracial.

It is interesting to note that the TACs doubled or nearly doubled the percentage of respondents for 3 Non-white racial and ethnic groups (African Americans, Hispanic/Latino, and Native Americans), increasing the Non-white racial and ethnic respondents from 13.2% in 2001 to 24.4% in 2002 - an increase of 10.8% that was statistically significant.

LEVEL OF MENTAL HEALTH INVOLVEMENT OF RESPONDENTS: Respondents were asked in the satisfaction survey to identify their mental health involvement. These 413 respondents chose to identify their mental health involvement as being one or more of the following (579 selections):

- ❖ 50.6% Consumers (N=209)
- ❖ 32.9% Service-Providers (N=136)
- ❖ 27.8% Family Members (N=115)
- ❖ 8.5% Academicians (N=35)
- ❖ 20.3% Others (N=84)

The *Other* category included individuals who identified themselves as educators, students, researchers, government staff, non-psychiatric nurses, reporters, a librarian, an archaeologist, writer, and consumers who use alternate descriptors (i.e. survivor).

SURVEY SECTION #2 – Satisfaction Responses. The satisfaction responses were very high as they were in 2001. When looking at the positive responses (Strongly Agree and Agree), the data indicated:

- 95.7% of the respondents “like[d] the quality of the service the received from the TAC”
- 93.9% of the respondents “were able to get the kind of information or assistance they wanted”
- 97.1% said they received “the kind of information or assistance [they] wanted in a timely manner”
- 96.1% believed they “would contact the particular center again for help”
- 94.4% were satisfied with the “technical assistance or information” they received
- 98.7% felt that they were “treated with respect and dignity by the staff” of the TAC
- 90.9% indicated that “Overall, [they were not] disappointed with the assistance [they] received”
- 80.9% rated their “ability to accomplish things now compared to before [they] received [their]” TA as better or much better; 17.6% were “about the same;” 1.6% were “worse or much worse.”

TABLE 3. GLOBAL EVALUATION SURVEY RESULTS 2002, Section 2 (Satisfaction Responses)

SURVEY ITEM	Percent Strongly Agree/Agree		Percent Strongly Disagree/Disagree		Number of Responses ²			
	2002	2001	2002	2001	2002	2001		
	I like the quality of the service I received from _____.	95.7	95.5	4.3	4.5	394	354	
I was able to get the kind of information or assistance I wanted.	93.9	93.2	6.1	6.9	412	379		
The information or assistance was delivered in a timely manner.	97.1	95.6	2.9	4.4	413	382		
If I need additional information of assistance, I would contact ____.	96.1	96.9	3.9	2.9	382	315		
Overall, I am satisfied with the information or assistance I have received.	94.4	93.4	5.7	6.7	403	377		
I was treated with respect and dignity by the staff at _____.	98.7	98.0	1.3	2.1	380	344		
Overall, I was disappointed with the assistance I received from _____.	9.1	N/A ¹	90.9	N/A ¹	374	N/A ¹		
SURVEY ITEM	Percent Much Better Little Better		Percent About the Same		Percent Little Worse Much Worse		Number of Responses	
	2002	2001	2002	2001	2002	2001	2002	2001
	How would you rate your ability to accomplish things now compared to before you received your technical assistance?	80.9	N/A ¹	17.6	N/A ¹	1.5	N/A*	387

¹ Item not included in 2001 evaluation

² Variation in responses reflects respondent choice to answer/no answer a particular item

The full results of the satisfaction questions in the Global Evaluation Survey are available in Attachment B.

SURVEY SECTION #3 – All Open-ended Questions and Responses from Respondents. The satisfaction survey included an open-ended question on recommendations for other specific services, information, or assistance the TACS

should provide. Some of the responses were recommendations, while others were compliments, complaints, or other general comments. Shown in TABLE 4 are the respondents' comments.

TABLE 4. GLOBAL EVALUATION SURVEY RESULTS 2002, Section 3 (Open-ended Responses)

RECOMMENDATIONS, ADVICE, OR SUGGESTIONS FROM RESPONDENTS
<ul style="list-style-type: none"> ▪ A website would be nice ▪ Advanced leadership training ▪ Come to Clubhouses and do the presentation! It was really good! ▪ Consumers need to network! ▪ Encourage [Name of state] to get involved ▪ Services specifically for dual diagnosed people would be nice ▪ Stop excluding survivors, such as in this survey ▪ Technical assistance for consumers dealing with interests - for example, artist ▪ If no cost: newsletters, mailing list ▪ Info for laymen and info for Health Care Services (doctors, nurses, techs, etc.) ▪ Legal! ▪ Self-employment assistance ▪ Materials geared for youth 13-18 years ▪ More ads promoting availability of this info to primary care doctors ▪ More details & more specific info - I knew everything that was in the brochure already more info & development on network building & sustainment; managing consumer-run programs ▪ Names of all new anti-psychotic meds ▪ Voter registration/recruitment campaign and political involvement ▪ Website is a little confusing - but apparently already being revised ▪ Planning and presenting budgets to contractors. ▪ Personnel problems ▪ A human compassionate voice - info on "soft bi-polar"
COMPLIMENTS
<ul style="list-style-type: none"> ▪ I received more info than what was requested. TA Ctr. was very helpful. ▪ As long as we have [Name of staff member] we will survive! ▪ [Name of staff member] was excellent!!! ▪ Service provider was excellent. She deserves a raise ▪ No you are just great. Keep up the wonderful work! ▪ Everything was excellent ▪ Excellent service provider ▪ Thank you for your prompt efficient response to my request! ▪ Thank you [Name of staff member]; you have been wonderful support. Hope to see you in Atlanta ▪ Thanks for your help! ▪ Keep up the good work
COMPLAINTS
<ul style="list-style-type: none"> ▪ Nobody stays long everyone leave in 2 or 3 months and you have a new person to deal with ▪ I did not receive up-to-date information
MISCELLANEOUS COMMENTS
<ul style="list-style-type: none"> ▪ Continue research to better understand the role of neurotransmitter ▪ Financial assistance for consumer-directed grass-roots advocacy organizations ▪ There should be more funding available to help states start up PACT services ▪ Fix your broken mental health system

Component #2 – EVENT SPECIFIC INFORMATION The Event Specific Form (see Attachment A) examined the technical assistance provided by the TACs. Between June 10, 2002 and July 10, 2002 the TACs received 1,874 contacts for

technical assistance. Table 5 and Figure 1 show how 1,330 of the contacts were made; more than half of the contacts came by phone.

TABLE 5. HOW CONTACT WAS MADE (n=1,330)*

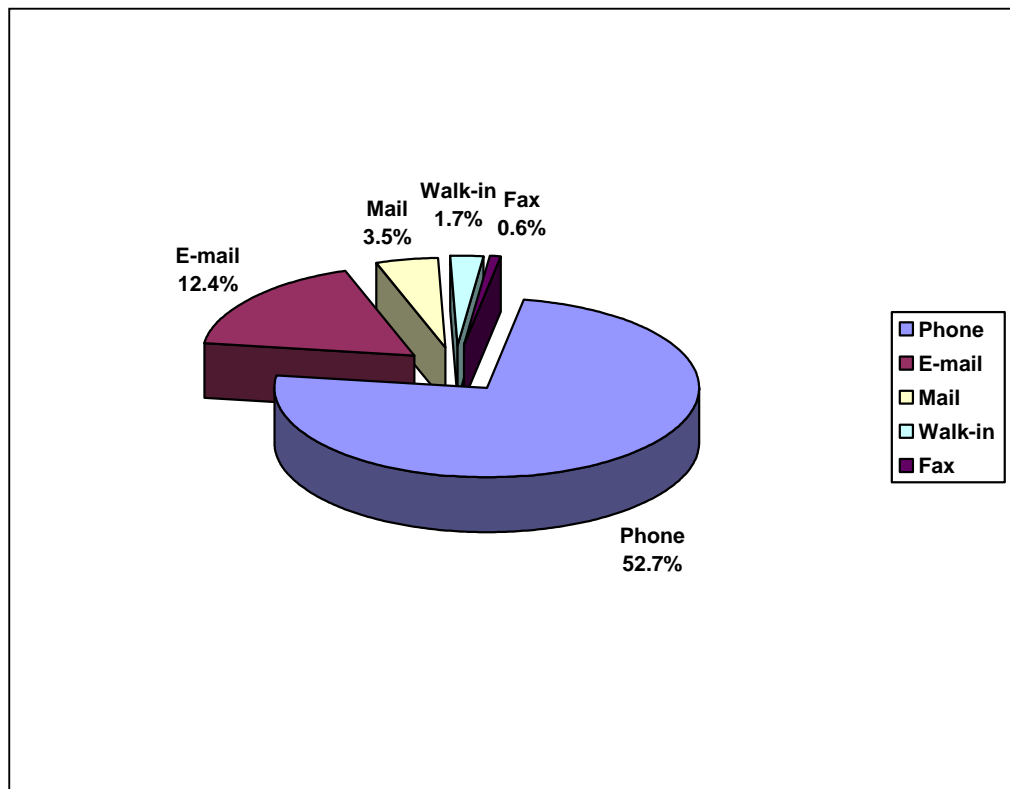
Method of Contact	n ¹	% ²
Phone	988	52.7%
E-mail	233	12.4%
Mail	66	3.5%
Walk-in	32	1.7%
Fax	11	0.6%
Method Not Recorded	544	NA

* Represents the contacts made where the method of contact was recorded

¹ How contact was made was not recorded for 544 cases. In 3 cases, contact was made by multiple means (i.e., by phone and e-mail)

² Percents are based on the total number of contacts (N=1,874)

FIGURE 1. HOW CONTACT WAS MADE (n=1,330)*



* Represents the contacts made where the method of contact was recorded

TABLE 6 and **FIGURE 2** show the mental health involvement of persons who requested technical assistance. Forty-seven percent (47%, N=815) of the individuals who contacted the TACs were consumers.

TABLE 6. MENTAL HEALTH INVOLVEMENT OF PERSON CONTACTING TACs (n=1,219)

GROUP	n	%^{1,2}
Consumer	815	46.7%
Family member	238	12.7%
Academic (professor, researcher, student)	42	2.2%
Ex-Consumer	3	0.2%
Other	121	6.5%

¹ Percents are based on the total number of contacts (N=1,874)

² 655 Respondents did not identify their mental health involvement

FIGURE 2. IDENTITY OF PERSON CONTACTING TACS

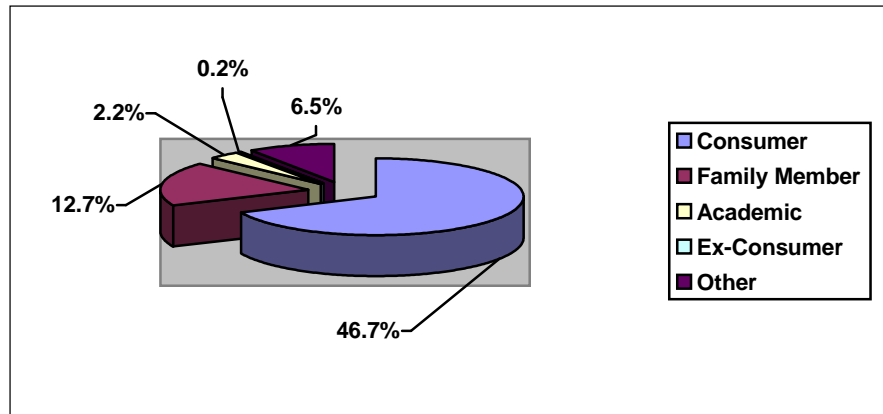


TABLE 7 and FIGURE 3 show the types of organizations that requested technical assistance. Of the organizations contacting the TACs, 32% were consumer run organizations or consumer run groups.

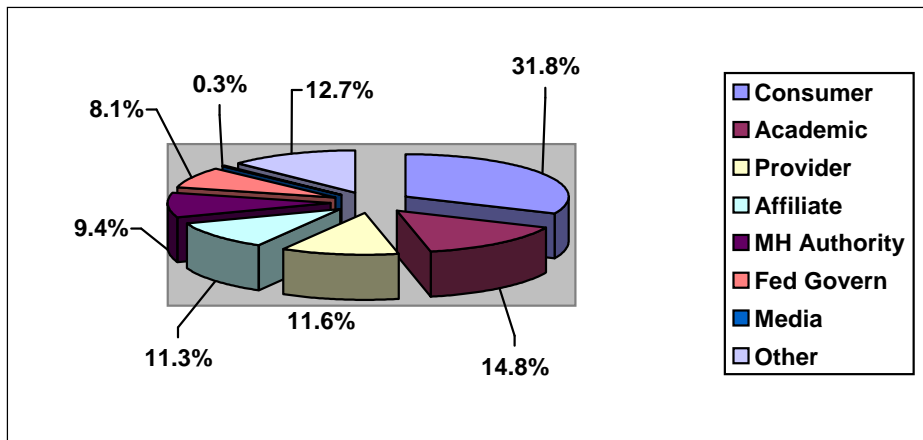
TABLE 6 and 7 and FIGURES 2 and 3 are not independent of one other; in some cases, persons making requests for technical assistance identified themselves as individuals and as affiliated to an organization.

TABLE 7. TYPES OF ORGANIZATIONS CONTACTING THE TACs (n=371)

Organization	n	% ¹
Consumer run organization or group	118	31.8
Academic institution (school, university, research center)	55	14.8
Provider organization (cmhc, HMO, insurance co, etc)	43	11.6
National, State, or Local Affiliate	42	11.3
State, county, or local mental health authority	35	9.4
Federal government agency	30	8.1
Media (TV, radio, newspaper, etc.)	1	0.3
Other	47	12.7

¹ Percents are based on the total number of organizations contacting the TACs (N=371)

FIGURE 3. TYPES OF ORGANIZATIONS MAKING REQUESTS



Type of technical assistance the person requested. A major concern to all parties involved, including the TACs, was getting a handle on the type of technical assistance (TA) requested. TABLE 8 shows the number and percents of persons requesting each type of technical assistance with additional breakouts under *Materials* and *Referrals*. TABLE 8 shows that 65% (n=1,217) of the contacts requested materials.

TABLE 8. TYPE OF TECHNICAL ASSISTANCE (TA) REQUESTED BY CONTACTS (N=2,353) ¹

Type of TA Requested		n	%
Materials (publications, videos, fact sheets, audio cassettes, etc)		1,217	64.9
	Publication	622	
	Video	208	
	Cassette/CD	300	
	Other	87	
Verbal Information from person taking the request		516	27.5
Referrals (for clinical or non-clinical services)		475	25.3
	Self-help groups	319	
	Non-clinical Services housing, transportation, social security, etc.	43	
	Clinical Services clinic, doctor, counselor, clergy, warmline, hotline, etc	16	
	Other (No specific information was captured)	97	
Training a workshop, seminar, or other teaching or facilitation of info		67	3.6
Consultant referral to someone other than the person taking the request		17	0.9
Other (Change of address, Alternatives, info, general advice, etc.)		61	3.3

¹ Percents are based on the total contacts (n=1,874)

The Topics of Verbal Information, Materials, and Trainings requested. The Event Specific Form allowed request-takers to check off from a list of 32 topics that were common in the 2001 evaluation. Attachment C rank orders the frequencies of all 32 major topics with one subcategory. TABLE 9 shows these frequencies sorted into designations called "Clusters." Clusters 1-7 reflect the dominant concerns of those requesting technical assistance from the TACs. Sixty-seven percent (67%, n=1,587) of the topical requests were about clinical issues.

TABLE 9. MOST FREQUENT TOPICAL REQUESTS BY CLUSTERS (Total Requests – 2,388)

		n	%
CLUSTER 1 CLINICAL ISSUES - The Illnesses and Treatments		1587	66.5
	Mental Illness (Gen Info, Depression, Bipolar Illness, Schizophrenia, Anxiety, Other)	918	
	Recovery – Practices, etc	313	
	Interventions (Medications, ECT, Seclusion/Restraints, Psycho-Therapy/Counseling)	303	
	Substance Abuse and Treatment	34	
	Co-occurring Disorders	16	
	Hearing Voices	3	
CLUSTER 2 CONSUMER NON-CLINICAL ISSUES		292	12.2
	Consumer programs, including your TAC	140	
	Organizational Problems/Issues	46	
	Fund Raising	21	
	Grant Writing	21	
	Employment – supported or otherwise	20	
	Personal Skills	30	
	Housing	14	
CLUSTER 3 ISSUES (Government and Public Health)		157	6.6
	Protection and Advocacy	35	
	Healthcare Disparity	31	
	Cultural Competency	29	
	Terrorism	16	
	Criminal Justice	15	
	Homelessness	9	
	Financing/Cost Effectiveness	7	
	Community and Faith-Based	6	
	Aging	5	
	Violence (Sexual and Physical Abuse)	2	
	Prevention and Early Intervention	1	
	New Freedom Initiative	1	
CLUSTER 4 FAMILY ISSUES		141	5.9
	Assertive Community Treatment	93	
	Family Issues	22	
	Children's Issues and Agenda	26	
CLUSTER 5 INFORMATION		99	4.1
	Conferences and events	99	
CLUSTER 6 RESEARCH		43	1.8
	Research, Evaluation, Statistics	25	
	Evidenced Based Practices	18	
CLUSTER 7 OTHER (See explanation and examples in following paragraphs)		69	2.9

Note: No one requested information about HIV/AIDS.

Two of the subcategories in Cluster 1, *Mental Illness* and *Interventions* were broken further. TABLE 10 and TABLE 11 clarify these requests. General information about mental illness was the most requested of the mental illness categories (n=319, 34.7%). Medications was the most requested topic under interventions (n=137, 45.2%).

Under Cluster 7, *Other*, very few responses could be clustered. However, the following list of some of the responses and their frequency (in parentheses) will give the reader some of the concerns that were on the mind of the people requesting information.

1. Internet Support (11)
2. Cemetery Project Information (9)
3. Stigma (4)
4. Service Dogs (3)
5. Miscellaneous - support groups, SSI/SSDI, foster care, warm lines, funding, laws and policy, guardianship, TAC brochures and other information

TABLE 10. MENTAL ILLNESS REQUESTS (N=918)

Subcategory	n	%
General Information	319	34.7
Depression	153	16.7
Bipolar Illness	96	10.5
Anxiety	80	8.7
Schizophrenia	77	8.4
Other ¹	193	21.0

¹ Other includes: trauma, grief, OCD, suicide, Alzheimer's, Pica, Parkinson's Disease, anger, ADHD, eating disorders, marriage counseling, autism, personality disorders, sleep disorders, stress

TABLE 11. INTERVENTION REQUESTS (N=303)

Subcategory	n	%
Medications	137	45.2
ECT	90	29.7
Seclusion/restraints	57	18.8
Psycho-therapy/Counseling	10	3.3
Other	9	3.0

The Methods used to Provide Technical Assistance. TABLE 12 shows the methods used to provide technical assistance

TABLE 12. METHOD USED TO PROVIDE TECHNICAL ASSISTANCE (TA); (n=1,412)¹

Method Used to Provide TA	n	% ²
Mail	498	26.6
Fax: Material(s) faxed	263	14.0
Telephone: Information given verbally on phone	203	10.8
Onsite: Training or consultation provided onsite at TAC or other location	146	7.8
E-Mail: Material(s) sent by e-mail	140	7.5
Internet: Directed to information and materials on internet	103	5.5
Referral: Referral Made	49	2.6
Other: (hand delivered, in person, etc.)	10	0.5
None Provided (None was required)	9	0.5

¹ Method used to provide TA was recorded for 1,412 of the 1,874 contacts made

² Percentages are based on total contacts made (N=1,874). Due to missing data, they do not total 100%

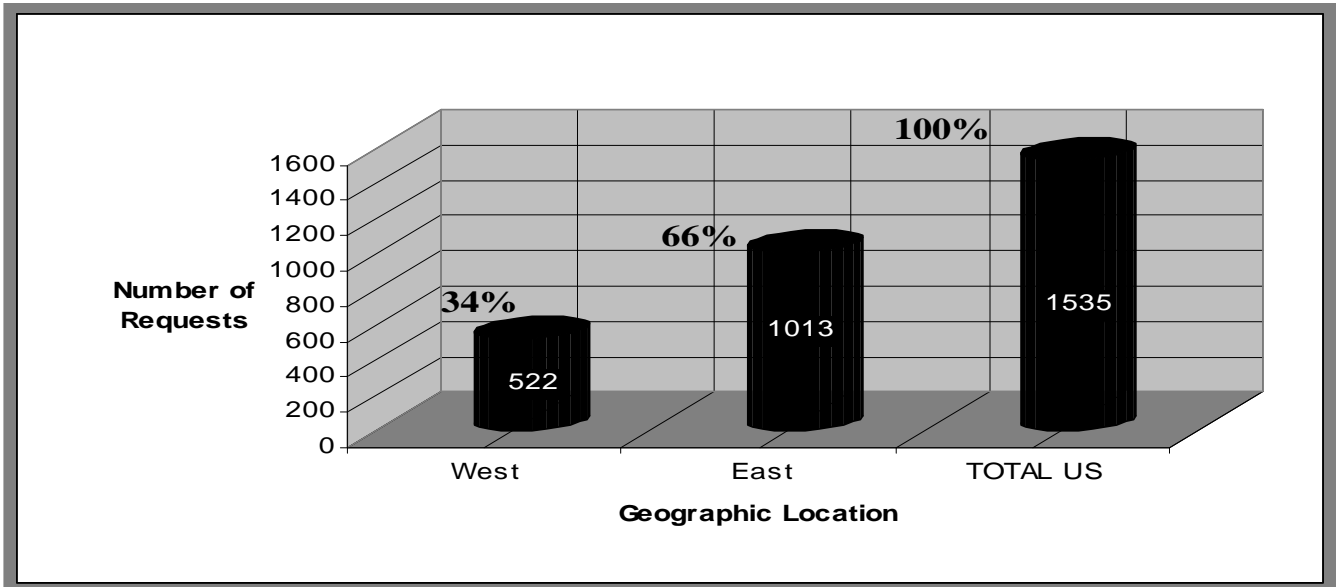
States, Territories and Countries Reached. The TACs' services were available to individuals living in the United States and its territories. There had been much concern over the access of the Western states (West of the Mississippi River) and those in the East to the TACs. This was a concern since the five TACs were located in the East. FIGURE 4 and TABLE 13 show the origins of the requests for technical assistance.

TACs received requests from all states, with the exception of North Dakota. States from which the most request were received were California (8.9%, n=166), New York (6.1%, n=114), Florida (5.1%, n=95), Pennsylvania (5.0%, n=93), Massachusetts (3.8%, n=72), Virginia (3.5%, n=66), and Texas (3.3%, n=61). These states are the most populated states of the United States and reflect 35.7% of the originating states of the requests.

The TACs, in 2002, were located in Pennsylvania (Philadelphia area), Massachusetts (Boston area), West Virginia (Charleston area), and Virginia (Washington DC area). In addition, NEC had a branch office in San Francisco, California and CONTAC operated a satellite office in New Mexico. Including the Washington Metro Area (MD, DC, VA) where two TACs were located, five-hundred and fifty one (n=551) or twenty-nine and a half percent (29.5%) of the requests originated from the state where the TACs were located.

Requests for technical assistance came from U.S territories (Puerto Rico, n=2; Virgin Islands, n=1) and countries outside the United States (Canada (n=7), China (n=1), Iran (n=1), Japan (n=2), and Peru (n=1)).

FIGURE 4. ORIGIN OF CONTACTS RELATIVE TO EAST & WEST



Note: Figure 4 excludes 339 request from the Others category (3= U.S. Territories; 324=No State Given; 12=Other Countries)

TABLE 13. STATES FROM WHICH REQUESTS FOR TA WERE RECEIVED ¹

State	n	%	State	n	%	State	n	%
AK	4	0.2	KY	15	0.8	NY	114	6.1
AL	28	1.5	LA	22	1.2	OH	50	2.7
AR	7	0.4	MA	72	3.8	OK	14	0.7
AZ	19	1.0	MD	48	2.6	OR	30	1.6
CA	166	8.9	ME	4	0.2	PA	93	5.0
CO	21	1.1	MI	43	2.3	RI	6	0.3
CT	24	1.3	MN	17	0.9	SC	16	0.9
DC ¹	26	1.4	MO	18	1.0	TN	28	1.5
DE	6	0.3	MS	11	0.6	TX	61	3.3
FL	95	5.1	MT	5	0.3	UT	7	0.4
GA	52	2.8	NC	36	1.9	VA	66	3.5
HI	8	0.4	ND	5	0.3	VT	3	0.2
IA	6	0.3	NE	4	0.2	WA	15	0.8
ID	4	0.2	NH	13	0.7	WI	21	1.1
IL	38	2.0	NJ	54	2.9	WV	11	0.6
IN	32	1.7	NM	69	3.7	WY	2	0.1
KS	11	0.6	NV	15	0.8	Other ²	339	18.1

¹ The DC is included with states ² No state given (n= 324, 17.3%), U.S. Territories (Puerto Rico, and Virgin Islands) (n=3, 0.2%) Countries outside the US (Canada, China, Iran, Japan) (n=12, 0.6%) ³ Percentages are based on total contacts made (N=1,874)

Component #3 – ORGANIZATIONAL DATA. Another essential source of data for this evaluation was that reported by the TACs on the Organizational Tracking Form (see Attachment A). Each TAC recorded information regularly and it was then sent to KCMHS for cleaning and analysis. This data gave the following information:

- WEBSITE ACTIVITY** of the TAC
- NON-ENGLISH LANGUAGES** available at the TAC
- WRITTEN TRAINING CURRICULUM** available at TAC
- MATERIALS** available at the TAC
- NON-ENGLISH WRITTEN TRAINING CURRICULUM AND MATERIALS**

Website Activity of the TACs. The data submitted by the TACs on the use of their official websites demonstrated that people use the internet as a means of obtaining information. However, evaluating the use of the website as a means of providing technical assistance remains a weakness of the evaluation. The data given were difficult to aggregate and compare because of the variety of ways each TAC collected information from their respective site. Thus while the data presented in TABLE 14 is reliable for estimation purposes only; it is clear that the TACs website are very active. In future evaluations, the TACs should use the same type of counters or utilize a common service in order to gain consistent data about website usage.

TABLE 14. MONTHLY WEBSITE USAGE TOTALS (estimated)

Website	
Unduplicated Site Hits	86,327
Number of Hits to TACs Main Pages	60,671
Accessibility	
Number of websites Bobbied ¹	4

¹Websites follow guidelines for accessibility set by the World Wide Web Consortium's (W3C) Content Accessibility Guidelines and U.S. Section 508

Non-English Languages available at the TACs. The TACs had staff available onsite or offsite that spoke 14 non-English languages. TABLE 15 shows the languages spoken by onsite or offsite staff. When staffs are not available at the TACs that speak a needed language, the TACS rely on referrals to non-English speaking providers or peers.

TABLE 15. NON-ENGLISH LANGUAGES AVAILABLE AT TACs

Onsite Staff		Offsite Staff	
Spanish	Korean	Spanish	Russian
French	Farsi	French	Vietnamese
German	Krio	Italian	Sinhalese
Chinese	Mende	Greek	ASL

Types of Written Training Curriculum offered by the TAC. The TACs had 23 English-language written training curriculums available at their sites. The majority of these focused on Assertive Community Treatment (ACT), Recovery, and self-help or organizational skills (see Attachment D for list).

Many of the trainings the TACs conduct are prepared as needed and are not available in written format for re-use by others. Therefore, this number is misleading. However, TAC staffs are available and do conduct trainings in many different topic areas.

Materials available at the TACs other than training curriculums. Attachment E lists materials other than training curriculums available at the TACs by title, topic and type. The data showed that 169 English-language materials were available at the TACs.

Written Training Curriculums and Materials available by topic at the TACs in languages other than English. The TACs had 29 written curriculums or materials available in languages other than English. Attachment F showed that of the 29 written curriculum or materials available, 17 were in Spanish, 10 in Japanese, and 2 in French. Topics covered by the written curriculums and materials included ACT, recovery, stigma, self-advocacy, and other.

Component #4 – TAC STAFF PROFESSIONAL ACTIVITIES. TABLE 16 shows that TAC staff members were involved in: (1) 87 national, state, or local *meetings* with consumer or consumer supporter groups for the purpose of working on joint projects and cooperative efforts; (2) attended 14 national, state, or local consumer or consumer supporter *conferences*; and, (3) conducted 33 *trainings* for consumer or consumer supporter groups. Excluded from the 2002 evaluation were some of the types of meetings counted in the 2001 evaluation such as meetings with legislators, interviews, or meetings with non-consumer or non-consumer supporter groups.

The meeting, conferences, and trainings noted above involved 186 TAC staff members. While not 186 unique staff members, this number is a reflection of the enormous amount of staff activity and effort expended in attending essential meetings and the

amount of positive interaction between consumers and consumer supporters. Simply stated, the professional staff members of the TACs were busy in some meeting as defined in the evaluation on almost any day of the week. The TACs were demonstrably involved where they would be expected to be active. Staff members were constantly on the road serving their stakeholders.

TABLE 16. NUMBER OF MEETINGS IN WHICH TACS WERE INVOLVED DURING THE EVALUATION MONTH (N=134)

	Total
1. Number of national, state or local meetings with consumer/consumer supporter groups for the purpose of working on joint projects and cooperative efforts	87
2. Number of national, state, or local consumer/consumer supporter conferences staff attended	14
3. Number trainings for consumer/consumer supporter groups staff conducted	33

Participation of TAC Staff in National, State, or Local Meetings with Consumer and Consumer Supporter Organization

Attachment G shows 115 TAC staff participated in 87 meetings with consumer and consumer supporter organizations attended by an estimated 4,088 people during the evaluation period.

Attendance of TAC Staff at National, State, or Local Consumer or Consumer Supporter Conferences

Attachment H lists the national, state, or local consumer and consumer supporter conferences TAC staff attended during the evaluation period. The attachment shows that 34 TAC staff attended 14 conferences, which had a total attendance of about 8,330 people.

Trainings Conducted by TAC Staff for Consumer and Consumer Supporter Groups

Attachment I shows the 33 trainings conducted by 37 TAC staff members during the evaluation period. The attendance at these trainings was about 3,709 individuals.

Future Directions and Suggestions

Again, it is easy to make recommendations without any appreciation for the context of the environment in which the study was conducted. That would indeed be unfortunate. KCMHS had no difficulty being objective in this study. The results of the study spoke clearly on behalf of the TACs. The results tell a story of the TACs.

Fairness requires that the limitations mentioned earlier in this report be underscored because of their probable impact upon these results. The most significant limitation was clearly the fact that the TACs had learned that the TACs would not be funded for the next federal year. This meant that many staff positions were in jeopardy (with most of these being consumers). While the TACs were eventually funded for the next year, the TACs were in a state of shock and dismay during the period of the study. These considerations, added to the fact that they only had limited staff to direct towards working on the study, made the study period very stressful and difficult. And then as always in a study, this study took a snapshot of only one small period in the life of these organizations. Whether these results could be extrapolated out over twelve months without having any knowledge of seasonal trends is questionable.

With these limitations being reiterated, the evaluators feel comfortable in offering the following suggestions. These suggestions from this evaluation may help the TACs improve their performance in the future. They have been combined with last year's recommendations in some cases to address continuing concerns or to highlight improvements and progress since last year. KCMHS suggests that the TACs need:

1

To renew their commitment to their stakeholders whether they are funded in the future or not.

The work of these TACs has become essential and widespread to consumers and to general the public. This is evidenced in the data. The

TACs must stick to their mission – no matter what the future brings. However, it is quite possible that the TACs could become victims of their own success, should they fail to remember that they exist to serve the public.

2

To make certain their phone systems and websites are user friendly.

Callers should be able to reach a person easily by phone rather than have to navigate a complicated automated system, which deters callers from accessing the TAC. As the TACs are reaching a large portion of a disabled community, it requires that they post websites that are easy to navigate and that follow accepted guidelines for accessibility by persons of all disabilities. It is essential that all TAC websites become bobbied to ensure that person with disabilities can surf the TAC websites with ease.

3

To continue to develop written training curricula.

Many of the excellent trainings that are being developed by the TACs are not in print. Despite how busy TAC staff members are, these must be developed so that the TACs have a large amount of trainings available. As they have been prepared with federal funds, they should not be copyrighted so that consumers and others can copy them as needed.

4

To continue to increase the outreach to the diverse segments of society.

This outreach includes race and ethnicity; urban, rural, and suburban populations; geographic location; and other diverse segments of society.

5

To continue the successful collaborations that have been developed with other consumer and consumer supporter groups.

Last year's recommendation was not ignored. Again, the evidence from the data and verification from the organizations confirmed that the 5 TACs viewed themselves as a team rather than 5 competing TACs. The TACs have developed an open attitude towards one another – an attitude that had been missing in the past.

6

To initiate appropriate center activities and services consistent with the recommendations of the New Freedom Commission on Mental Health and any subsequent action plan.

Looking back at the previous year's recommendations, it is evident that the TACs followed the recommendations that were made:

- ☑ *to expand the boundaries of each TAC's "sphere of influence"*
- ☑ *to venture out more into the consumer community rather than be "center-bound"*
- ☑ *to increased the amount of materials available at their sites and*
- ☑ *to develop methods of referring clinical calls for help*

Also, the TACs increased their efforts to help non-English speaking people and to reach minorities. This was evidenced in the data provided earlier in this report (a) on languages available at the TACs other than English, (b) non-English materials available at the TACs, and (c) the increase of survey respondents from ethnic minority populations. It included an increase of African-American respondents from 6.7% to 10.4% and for Hispanic respondents from 4.6% to 9.2% over the previous year.

All TACs worked on their websites this past year and despite some setbacks, these sites appeared to be much improved, more informative, and easier to use as navigated by KCMHS staff.

Overall, the TACs continue to be productive leaders and partners in transforming America's mental health system given the service they render to consumers, family members, and the public. The 2002 evaluation has only underscored their value and the essential nature of their work on behalf of persons with serious mental illness – some of America's most disenfranchised citizens.



Questions about this report may be addressed to Dr. Paul Weaver at the Kentucky Center for Mental Health Studies at pw@drpweaver.us or (502) 316-0888

Attachment A: Instructions, Forms, and Definitions Used

Final Guidelines for TAC 2002 Evaluation

June 7, 2002

Dr. Paul Weaver
Kentucky Center for Mental Health Studies
P.O. Box 12065
Lexington, KY 40580-2065
(859) 421-3710

INSTRUCTIONS

NOTE:

1. Each TAC will forward to KCMHS the Organization Tracking Form and the Professional Activity Form (Aggregate for TAC) no later than **July 20, 2002**
2. All data from the Event Specific Forms will be entered by you on the TAC Spread Sheet (in Excel) provided by KCMHS. You do not have to do any statistics. Just answer the responses. Instructions are on the spreadsheet.
3. Each TAC will send the completed TAC Spread Sheet to KCMHS by **July 20, 2002**. This must be in Microsoft Excel Only (It can be the PC or Mac versions).
4. Specific instructions on how to use the Excel TAC Spread Sheet will accompany the Excel File and Dr. Weaver will contact each center directly during the week of June 10th to assist you in understanding how to fill out the spreadsheet. I will need one person designated as that contact.
5. All Global Survey Forms should be sent to KCMHS from the respondents.

FORM 1: EVENT SPECIFIC FORM

PROCEDURE - Fill out for every person who requests technical assistance (i.e. information, materials, referrals, training, consultant, etc.) during the evaluation period (**June 10, 2002 to July 10, 2002**). Please be consistent.

DATA - Enter data from forms in Excel file entitled, TAC Spread Sheet, provided by KCMHS. Follow the instructions included in the Excel file.

FORM 2: GLOBAL EVALUATION SURVEY

PROCEDURE - Mail to each person who requests technical assistance (i.e. information, materials, referrals, training, consultant, etc.) during the evaluation period (**June 10, 2002 to July 10, 2002**). To be mailed: OPTION 1: 4-5 days after each survey is mailed out or OPTION 2: twice – on June 25 and on July 10. The card goes to everyone who received the survey as you will not know who has returned them. (This should help us get a better response rate this year). Remember to include a cover letter with the survey following the one written in the Communication for Global Evaluation Survey attachment. Also, enclose a stamped envelope with the **KCMHS, P.O. Box 12065, Lexington, KY 40580-2065** address on it.

ATTACHMENT 1: COMMUNICATION FOR GLOBAL EVALUATION SURVEY

PROCEDURE: Follow example given personalizing it with your TAC name and address.

FORM 3: ORGANIZATION TRACKING FORM

PROCEDURE - Fill out information requested on the form. Return the completed form and attachments that list the trainings offered by and the materials available at the TAC to KCMHS by **July 20, 2002**.

FORM 4: STAFF ACTIVITY FORM

PROCEDURE – Individual staff members record all meetings, conferences, and trainings participated/attended/conducted during the evaluation period (**June 10, 2002 – July 10, 2002**). Staff members should return completed forms and lists detailing the meetings, conferences, and trainings to the TAC Executive Director by **July 12, 2002**.

FORM 5: PROFESSIONAL ACTIVITY FORM (Aggregate for TAC)

PROCEDURE – Compile from Staff Activity Forms (discussed above). Send the aggregate form (one form) along with the aggregate lists of meetings, conferences, and trainings participated/attended/conducted by TAC staff during the evaluation period (June 10, 2002 – July 10, 2002) to KCMHS by **July 20, 2002**.

ATTACHMENT 2 [See P. 53 of this section]: TOPICS LIST FOR USE WITH OTHER FORMS

An Evaluation of the Work of the Consumer and Consumer Supporter Technical Assistance Centers

T12. How was the technical assistance provided?

- | | |
|--|--|
| 2 <input type="checkbox"/> Telephone: Information given verbally on phone | 1 <input type="checkbox"/> None Provided |
| 3 <input type="checkbox"/> E-Mail: Material(s) sent by e-mail | 6 <input type="checkbox"/> Mail: Material(s) mailed |
| 4 <input type="checkbox"/> Referral: Referral Made | 7 <input type="checkbox"/> Fax: Material(s) faxed |
| 5 <input type="checkbox"/> Onsite: Technical assistance provided onsite | 8 <input type="checkbox"/> Internet: Directed to internet information/materials |
| | 9 <input type="checkbox"/> Other: Other (Specify) _____ |

Global Evaluation Survey

Name of Technical Assistance Center _____

SURVEY QUESTIONS: Please circle the appropriate responses below.

1. Gender: Female Male

2. Race/Ethnicity: African American Asian/Pacific Islander
 Native American Hispanic White Other (please specify) _____

3. Mental Health Involvement (please circle all that apply):
 Academician Consumer Family Member
 Service-Provider Other (please specify) _____

4. I like the quality of the service I received from _____.
 Strongly Agree Agree Disagree Strongly Disagree

5. I was able to get the kind of information or assistance I wanted.
 Strongly Agree Agree Disagree Strongly Disagree

6. The information or assistance was delivered in a timely manner.
 Strongly Agree Agree Disagree Strongly Disagree

7. If I need additional information of assistance I would contact _____.
 Strongly Agree Agree Disagree Strongly Disagree

8. Overall, I am satisfied with the information or assistance I have received.
 Strongly Agree Agree Disagree Strongly Disagree

9. I was treated with respect and dignity by the staff at _____.
 Strongly Agree Agree Disagree Strongly Disagree

10. Overall, I was disappointed with the assistance I received from _____.
 Strongly Agree Agree Disagree Strongly Disagree

11. How would you rate your ability to accomplish things now compared to before you received your technical assistance?
 Much better A little better About the same A little worse Much worse

12. Do you have recommendations for other specific services, information, or assistance should provide? (**Note:** Please do *not* request specific referrals or treatments in this space. If needed, please call _____ with such requests.)

Return by July 15, 2002 to: KCMHS, P.O. Box 12065, Lexington, KY 40580-2065

COMMUNICATIONS FOR GLOBAL EVALUATION SURVEY

Note: We must get the highest return rate possible, so we have added a reminder post card

COVER LETTER TO ACCOMPANY GLOBAL EVALUATION SURVEY (put on TAC letterhead)

Date

Dear Friend,

We are conducting our second annual survey to measure the accessibility and appropriateness of the technical assistance we are providing to clients like you. We are asking your help in carrying out this task. Please fill out the enclosed survey and return it in the enclosed self-addressed stamped envelope no later than **July 15, 2002** to the Kentucky Center for Mental Health Studies (KCMHS), the organization that is conducting the evaluation. We will only see the aggregate results of the surveys and not the individual responses.

We appreciate your help in completing this survey. Results from the survey will be used to serve you better in the future.

Sincerely

Name of TAC Director

FOLLOW UP POSTCARD

INSTRUCTIONS: To be mailed OPTION 1: 4-5 days after each survey is mailed out or OPTION 2: twice – on June 25 and on July 10. The card goes to everyone who received the survey as you will not know who has returned them. (This should help us get a better response rate this year).

(TAC Name)

Dear Friend,

Recently we sent you a survey about the services you received from our Technical Assistance Center. If you have not already done so, would you please take the time to fill out the survey and return it immediately in the self-addressed stamped envelope included with the survey. I would like to remind you that since the surveys are being forwarded to our evaluator, we will only see the results of the survey, not your personal responses.

If you have already mailed your survey, please accept our appreciation for helping us out.

(Executive Director's Name)

Organization Tracking Form

Name of Technical Assistance Center: _____

INSTRUCTIONS: To be filled out by the Director of the Technical Assistance Center. This form seeks information about your website and about materials and trainings available at the center. This form should be completed and returned by July 20, 2002. If you have any questions about completing this form, please contact Paul Weaver at (859) 226-9096.

1. MONTHLY: Number of website hits (**From (June 10-July 10, 2002)**)
 - 1 a. _____ Unduplicated Site Hits. **You must check with web host.**
 - 1 b. If you have just one counter in the main page: (**If not go to 1c.**) _____ Total Number of Hits
 - 1 c. If you use counters in more than one page: _____ Total Number of Hits. (**Go to 1d.**)
 - 1 d. List names of pages on back of this form.
2. ANNUALLY: Number of website hits (**From May 1, 2001- February 28, 2002**)
 - 2 a. _____ Unduplicated Site Hits. **You must check with web host.**
 - 2 b. If you have just one counter in the main page: (**If not go to 2c.**) _____ Total Number of Hits
 - 2 c. If you use counters in more than one page: _____ Total Number of Hits.
3. Has the website been bobbied? No Yes
4. List non-English languages spoken by Technical Assistance Center staff or accessible through persons who work with the center.

By Onsite Staff

- Spanish
- French
- Portuguese
- Italian
- Greek
- Russian
- Vietnamese
- German
- Arabic
- Other: Specify: _____

Accessible Persons not Onsite

- Spanish
- French
- Portuguese
- Italian
- Greek
- Russian
- Vietnamese
- German
- Arabic
- Other: Specify: _____

Include on a separate sheet of paper and enclose with this form with following format:

5. List types of **written training curriculums** offered by the Technical Assistance Center:
Specify: Specific Title Topic Purpose of Training
6. List actual **materials** (by topics available at the TAC other than training curriculums).
Specify: Specific Title Topic Type of Material (Video, pamphlet, etc.)
7. List all **written training curriculums** and **materials** available (by topic) in languages other than English.
Specify: Specific Title Topic Language Type of Material (Video, pamphlet, etc.)

STAFF ACTIVITY FORM

Name of Technical Assistance Center: _____ **Staff Member** _____

(Turn into your Executive Director on July 10, 2002. Do not send these forms to KCMHS)

INSTRUCTIONS: This form should be completed by **July 12, 2002** and given to your Executive Director. It records meetings and conferences of consumer or consumer supporter organizations that you participated in or attended during the evaluation period. The form also records any training you may have conducted for consumer or consumer supporter groups during the evaluation period. You will also complete lists (described below) that provide details on the meetings, conferences, and trainings.

1. a. Did you **participate** in any national, state, or local **meetings** with consumer and consumer supporter organizations for the purpose of working on joint projects and cooperative efforts?
 No Yes
 b. If yes, how many? _____

2. a. Did you **attend** any national, state, and local consumer or consumer supporter **conferences** during the evaluation period?
 No Yes
 b. If yes, how many? _____

3. a. Did you **conduct** any **trainings** for consumer & consumer supporter groups during the evaluation period?
 No Yes
 b. If yes, in how many? _____

On separate sheet of paper list the following in this format: **(FOLLOW THE DEFINITIONS GIVEN BELOW)**

List all Participation at National, State, or Local Meetings w/ Consumer & Consumer Supporter Organizations

Date of Meeting	TAC Staff Who Attended	Location of Meeting	Name of Org/Person You Met With	Purpose of Meeting	No. of Participants	Accomplishments
6/7/02	Jim Smith Karen Valentine	Topeka, KS	International Order of Consumers and Families	To discuss relationship with TAC	11	Worked out an Action Plan to Establish a formal relationship

List all Attendance at National, State, or Local Consumer & Consumer Supporter Conferences

Date of Conference	TAC Staff Who Attended	Location of Conference	Name of Conference	No. of Participants
11/3-7/02	Jim Smith Karen Valentine	Dallas, TX	Alternatives	912

List all Trainings Conducted for Consumer & Consumer Supporter Groups

Date of Training	TAC Trainers	Location of Activity	Name of Org/Persons You Trained	Training Title	No. of Participants	Topic Use Event Specific T11 Topics
6/7/02	Jim Smith Karen Valentine	Topeka, KS	International Order of Consumers and Families	Safety Standards in State Facilities	40	

Definitions for this form:

Conference: A national, state, or local meeting in which two or more consumer or consumer supporter organizations have workshops, plenaries, etc. with a particular theme

Participation or participate(d): Involved in discussion with consumer or consumer supporter group on better ways to collaborate or to plan a joint effort

Trainings: When a consumer or consumer supporter TAC staff member presents a workshop, seminar, plenary, or other teaching or facilitating event of information beneficial to consumers or consumer supporters

EXECUTIVE DIRECTORS SHOULD FILL THIS FORM OUT AS WELL.

PLEASE RETURN THIS FORM TO YOUR EXECUTIVE DIRECTOR BY July 12, 2002

PROFESSIONAL ACTIVITY FORM (Aggregate Form for TAC)

Name of Technical Assistance Center: _____

(This is a compilation of all your staff's Staff Activity Forms. Send us only one form)

INSTRUCTIONS: This form should be completed at the end of the evaluation period (**June 10, 2002 to July 10, 2002**). In the form each TAC will provide the total number of meetings and conferences of consumer and consumer supporter organizations participated in or attended during the evaluation period. The form also provides the total number of trainings staff conducted for consumer and consumer supporter groups during the evaluation period. Each TAC will attach to the Professional Activity Form, lists (described below) that will provide detailed information on the meetings, conferences, and trainings.

1. How many national, state, or local **meetings** with consumer & consumer supporter organizations did your TAC staff **participate** in during the evaluation period? _____
2. How many national, state, or local consumer & consumer supporter **conferences** did your TAC staff **attend** during the evaluation period? _____
3. How many **trainings** for consumer & consumer supporter groups did your TAC staff **conduct** during the evaluation period? _____

On separate sheet of paper list the following in this format: (**FOLLOW THE DEFINITIONS GIVEN BELOW**)

List all Participation at National, State, or Local Meetings w/ Consumer & Consumer Supporter Organizations

Date of Meeting	TAC Staff Who Attended	Location of Meeting	Name of Org/Person You Met With	Purpose of Meeting	No. of Participants	Accomplishments
6/7/02	Jim Smith Karen Valentine	Topeka, KS	International Order of Consumers and Families	To discuss relationship with TAC	11	Worked out an Action Plan to Establish a formal relationship

List all Attendance at National, State, or Local Consumer & Consumer Supporter Conferences

Date of Conference	TAC Staff Who Attended	Location of Conference	Name of Conference	No. of Participants
11/3-7/02	Jim Smith Karen Valentine	Dallas, TX	Alternatives	912

List all Trainings Conducted for Consumer & Consumer Supporter Groups

Date of Training	TAC Trainers	Location of Activity	Name of Org/Persons You Trained	Training Title	No. of Participants	Topic Use Event Specific T11 Topics
6/7/02	Jim Smith Karen Valentine	Topeka, KS	International Order of Consumers and Families	Safety Standards in State Facilities	40	

Definitions for this form:

Conference: A national, state, or local meeting in which two or more consumer or consumer supporter organizations have workshops, plenaries, etc. with a particular theme

Participation or participate(d): Involved in discussion with consumer or consumer supporter group on better ways to collaborate or to plan a joint effort

Trainings: When a consumer or consumer supporter TAC staff member presents a workshop, seminar, plenary, or other teaching or facilitating event of information beneficial to consumers or consumer supporters

NOTE: Only list a meeting, conference, or training once and combine information (attendees, etc.)

PLEASE RETURN THIS FORM TO KCMHS BY July 20, 2002. Do not return the Staff Activity Forms.

TOPICS LIST FOR USE ON ORGANIZATION TRACKING FORM, STAFF ACTIVITY FORM, AND PROFESSIONAL ACTIVITY FORM

Copy and use categories when possible

- | | | | |
|---|---|--|---|
| 1 <input type="checkbox"/> Mental Illness: | 1a <input type="checkbox"/> General Information | 1b <input type="checkbox"/> Depression | 1c <input type="checkbox"/> Bipolar Illness |
| | 1d <input type="checkbox"/> Schizophrenia; | 1e <input type="checkbox"/> Anxiety | 1f <input type="checkbox"/> Other (SPECIFY) : _____ |
| 2 <input type="checkbox"/> Intervention: | 2a <input type="checkbox"/> Medications | 2b <input type="checkbox"/> ECT | 2c <input type="checkbox"/> Seclusion/Restraints |
| | 2d <input type="checkbox"/> Psycho-Therapy/Counseling | 2e <input type="checkbox"/> Other (SPECIFY) : _____ | |
| 3 <input type="checkbox"/> Substance Abuse and/or Treatment | 13 <input type="checkbox"/> Co-occurring Disorders | 23 <input type="checkbox"/> Cultural Competency | |
| 4 <input type="checkbox"/> Recovery – Practices, etc. | 14 <input type="checkbox"/> Prevention & Early Intervention | 24 <input type="checkbox"/> Healthcare Disparity | |
| 5 <input type="checkbox"/> Assertive Community Treatment | 15 <input type="checkbox"/> Homelessness | 25 <input type="checkbox"/> Community & Faith-based | |
| 6 <input type="checkbox"/> Aging | 16 <input type="checkbox"/> New Freedom Initiative | 26 <input type="checkbox"/> Violence (sexual/physical abuse) | |
| 7 <input type="checkbox"/> Terrorism | 17 <input type="checkbox"/> HIV and AIDS | 27 <input type="checkbox"/> Financing/Cost effectiveness | |
| 8 <input type="checkbox"/> Criminal Justice | 18 <input type="checkbox"/> Housing | 28 <input type="checkbox"/> Employment – supported/other | |
| 9 <input type="checkbox"/> Children’s Issues and Agenda | 19 <input type="checkbox"/> Evidenced Based Practices | 29 <input type="checkbox"/> Research, Evaluation, Statistics | |
| 10 <input type="checkbox"/> Organizational Problems/Issues | 20 <input type="checkbox"/> Fund Raising | 30 <input type="checkbox"/> Grant Writing | |
| 11 <input type="checkbox"/> Personal Skills | 21 <input type="checkbox"/> Conferences and events | 31 <input type="checkbox"/> Consumer programs | |
| 12 <input type="checkbox"/> Family issues | 22 <input type="checkbox"/> Protection & Advocacy | 32 <input type="checkbox"/> Other (SPECIFY) : _____ | |

Attachment B: Complete Global Evaluation Survey (Q. 4-11) Results

GLOBAL SURVEY RESULTS 2002 – Section 2 (Satisfaction Responses)				
Q 4 – I like the quality of the service I received from _____.	ALL	394	100.00%	Positive Response
	Strongly Agree	226	57.36%	95.69%
	Agree	151	38.33%	
	Disagree	8	2.03%	
	Strongly Disagree	9	2.28%	
Q 5 – I was able to get the kind of information or assistance I wanted.	ALL	412	100.00%	Positive Response
	Strongly Agree	231	56.07%	93.93%
	Agree	156	37.86%	
	Disagree	15	3.64%	
	Strongly Disagree	10	2.43%	
Q 6 – The information or assistance was delivered in a timely manner.	ALL	413	100.00%	Positive Response
	Strongly Agree	271	65.62%	97.10%
	Agree	130	31.48%	
	Disagree	9	2.18%	
	Strongly Disagree	3	0.72%	
Q 7 – If I need additional information of assistance I would contact _____.	ALL	382	100.00%	Positive Response
	Strongly Agree	234	61.26%	96.07%
	Agree	133	34.81%	
	Disagree	11	2.88%	
	Strongly Disagree	4	1.05%	
Q 8 – Overall, I am satisfied with the information or assistance I have received.	ALL	407	100.00%	Positive Response
	Strongly Agree	243	59.71%	94.35%
	Agree	141	34.64%	
	Disagree	14	3.44%	
	Strongly Disagree	9	2.21%	
Q 9 – I was treated with respect and dignity by the staff at _____.	ALL	380	100.00%	Positive Response
	Strongly Agree	265	69.74%	98.69%
	Agree	110	28.95%	
	Disagree	5	1.31%	
	Strongly Disagree	0	0.00%	
Q 10 – Overall, I was disappointed with the assistance I received from _____.	ALL	374	100.00%	Positive Response
	Strongly Agree	10	2.67%	90.91%
	Agree	24	6.42%	
	Disagree	81	21.66%	
	Strongly Disagree	259	69.25%	
Q 11 – How would you rate your ability to accomplish things now compared to before you received your technical assistance?	ALL	387	100.00%	Positive Response
	Much Better	182	47.03%	80.85%
	A Little Better	131	33.85%	
	About the Same	68	17.57%	
	A Little Worse	1	0.26%	
	Much Worse	5	1.29%	

Attachment C: Rank Order Results of T11 from the Event Specific Form

RANK	T11. The Topics of Verbal Information, Materials, and Trainings requested :	REQUESTS
1	1 Mental Illness :	918
2	4 Recovery – Practices, etc	313
3	2 Interventions :	303
4	31 Consumer programs	140
5	21 Conferences and events	99
6	5 Assertive Community Treatment	93
7	32 Other	69
8	10 Organizational Problems/Issues	46
9	22 Protection and Advocacy	35
10	3 Substance Abuse and/or Treatment	34
11	24 Healthcare Disparity	31
12	11 Personal Skills	30
13	23 Cultural Competency	29
14	9 Children's Issues and Agenda	26
15	29 Research, Evaluation, Statistics	25
16	12 Family Issues	22
17	20 Fund Raising	21
18	30 Grant Writing	21
19	28 Employment – supported/other	20
20	19 Evidenced Based Practices	18
21	7 Terrorism	16
22	13 Co-occurring Disorders	16
23	8 Criminal Justice	15
24	18 Housing	14
25	15 Homelessness	9
26	27 Financing/Cost Effectiveness	7
27	25 Community and Faith-Based	6
28	6 Aging	5
29	1f Hearing Voices	3
30	26 Violence (Sexual/Physical Abuse)	2
31	14 Prevention and Early Intervention	1
32	16 New Freedom Initiative	1
33	17 HIV and AIDS	0

Attachment D: Types of Written Training Curriculum

TYPES OF WRITTEN TRAINING CURRICULUM OFFERED BY THE TACs		
Specific Title	Topic	Purpose of the Training
1. Beyond the Coke & Smoke Syndrome: working with people who appear unmotivated	consumer motivation	To provide more effective support. Two videos & guide
2. Boards and CEOs	organizational issues	Awareness of non-profit governance
3. Conducting A Needs Assessment	research/evaluation	Develop basic research skills
4. CONTAC Leadership Academy	organizational issues	Developing Consumer Networks
5. Creating An Effective Workplace	organizational issues	Develop management/team skills
6. Dual Diagnosis Wrap	recovery	Develop personal recovery-oriented skills
7. Freedom Self-Advocacy Curriculum	self-advocacy	To learn self-advocacy skills. Train the trainer
8. Further Guidance on Assessment & Treatment Planning in the ACT Model	ACT	Guidance on Assessment & Treatment Planning for persons with SPMI
9. Hearing Voices that are Distressing	voices	A simulated experience of hearing voices
10. Leadership Academy Train the Trainers	personal skills	Enhance skills for leadership trainers
11. Personal Assistance in Community Existence (PACE)	recovery	Designed to assist people recovery, video/manual
12. Recommended PACT Standards for New Teams	ACT	Program Standards for New PACT teams
13. Recovery University	recovery	Awareness of educational options
14. Reporting On Issues	personal skills	Develop skills for presenting concerns
15. Self Managed Care (Video/Guide)	recovery	Engaging consumers in their recovery
16. Strategic Planning	organizational issues	Awareness on organizational development
17. Support Groups: Path to Empowerment	consumer programs	Developing Peer Support Groups
18. TEAM Toolkit	personal skills	To develop consumer self-help & advocacy groups
19. The Basics of ACT!	personal skills	Office software instruction
20. The National MH Voter Empowerment Project Trainer's Manual	voter education	How to conduct voter outreach and education
21. The PACT Model: A Manual for PACT Start-Up	ACT	A manual for PACT Start-Up
22. Wellness Recovery Action Plan	recovery	Develop personal recovery-oriented skills
23. WRAP Facilitators Seminar	recovery	Enhance skills for wellness facilitators

Attachment E: Non-Curriculum Materials available at TACs

LIST OF MATERIALS AVAILABLE AT TACs OTHER THAN TRAINING CURRICULUM		
Specific Title	Topic	Type of Material
1. A "Hot Topic:" Assertive Community Treatment	ACT	article
2. A Guide for Consumer Organization Leadership	principles for practice	guide
3. About the National Empowerment Center	information about NEC	video
4. Abuse of Patients	abuse of Patients	file of articles & reports
5. Accounting Manual for Cons.-Run Non-Profits	organizing accounting information	manual
6. ACT Adv Group/Oversight Committee Guidelines	ACT team advisory guidelines	Fact Sheet
7. ACT is Working in NB	ACT	article
8. ACT promotes recovery: an Interview w J Phillips	recovery	Fact Sheet
9. ACT Provides Jail Diversion	ACT/jail diversion	Fact Sheet
10. Adolescent Issues	adolescent Issues	file of articles & reports
11. Advance Directives	Advance Directives	file of articles & reports
12. Advocacy	advocacy	file of articles & reports
13. Advocacy and Recovery Using the Internet	internet resources	TA guide
14. Almost Home	housing	pamphlet
15. Alternative Conference Audio Tapes	workshops/keynotes	audio tapes
16. Americans w/Disabilities Act	Americans w/Disabilities Act	file of articles & reports
17. Art & Science of Writing Proposals	proposal writing	TA guide
18. Board Development	board development	file of articles & reports
19. Case Management	case management	file of articles & reports
20. Cemetery Restoration	consumer programs	pamphlet
21. Children's Issues	children's Issues	file of articles & reports
22. Clubhouse	clubhouse	file of articles & reports
23. Co-dependency	co-dependency	file of articles & reports
24. Commitment	commitment	file of articles & reports
25. Community Based Services	community Based Services	file of articles & reports
26. Community Organizing	community Organizing	file of articles & reports
27. Conference Planning	conference Planning	file of articles & reports
28. Confidentiality/Privacy	confidentiality/privacy	file of articles & reports
29. Consumer Movement	consumer movement	file of articles & reports
30. Consumer Operated Independent Living Serv.	housing	pamphlet
31. Consumer Opportunities in PACT Initiatives	consumer PACT opportunities	Fact Sheet
32. Consumer-run Businesses & Services	running a business or services	file of articles & reports
33. Consumer-run Businesses & Services*	running a business or services	file of articles & reports
34. Consumer-run Drop-in Centers	running a drop-in center	file of articles & reports
35. Consumer-run Drop-in Centers*	running a drop-in center	file of articles & reports
36. Consumer-Run Info	consumer-run Info	file of articles & reports
37. Consumer-run Newsletters	developing a newsletter	TA guide
38. Consumer-run Newsletters*	developing a newsletter	TA guide
39. Consumers Working as Providers	consumer helpers	video
40. CONTAC	consumer programs	pamphlet
41. CONTAC Leadership Academy	consumer programs	pamphlet
42. CONTAC Website Design	consumer programs	pamphlet
43. Coping with Terrorism	coping with terrorism	toolkit
44. Coping with Voices	voices	manual
45. Crime	crime	file of articles & reports
46. Cross-Disability	cross-disability	file of articles & reports
47. Cultural Competency Toolkit	10 cultural competency projects	file of articles & reports
48. Cultural Diversity/Minorities	cultural diversity/minorities	file of articles & reports
49. Decent Affordable Housing: What an ACT Team & Adv Group Can Do	affordable housing	article
50. Deinstitutionalization	deinstitutionalization	file of articles & reports
51. Diagnosis Info	diagnosis info	file of articles & reports
52. Did You Know That ACT Helps Consumers with Housing?	ACT and housing	article
53. Drop-In Centers	drop-in centers	file of articles & reports
54. Dual Diagnosis	dual diagnosis	toolkit
55. Elderly	elderly	file of articles & reports
56. Electroconvulsive Therapy	Electroconvulsive Therapy	file of articles & reports
57. Emotional Support Service Animals	personal skills	pamphlet
58. Employment	employment	file of articles & reports
59. Family	family	file of articles & reports
60. Fighting Stigma	tactics for fighting stigma	TA guide
61. Fundraising	fundraising	file of articles & reports

An Evaluation of the Work of the Consumer and Consumer Supporter Technical Assistance Centers

Specific Title	Topic	Type of Material
62. Fundraising Basics	fundraising	manual
63. Gay/Lesbian	Gay/Lesbian	file of articles & reports
64. General Clearinghouse Info	general clearinghouse info	file of articles & reports
65. Grant/Proposal Writing	grant/proposal writing	file of articles & reports
66. Guide to Proposal Writing	grant writing	manual
67. Guidelines for State or County PACT Initiatives	ACT	Fact Sheet
68. Hearing Voices	voices	toolkit
69. History of Mental Health Treatment/Movement	mental illness	Slides/handout
70. History of MH Self-Help & Adv. Movement	the consumer movement	TA guide
71. Housing & Homelessness	housing & homelessness	file of articles & reports
72. How to Acquire & Train a Service Dog	acquiring and training service dog	toolkit
73. How to Conduct a Candidate Survey	voter empowerment	manual
74. How to Establish & Maintain a Cons Adv Board	board development	manual
75. How to File for 501 (3) Status	non-profit establishment	manual
76. How to Start a Peer Support Group	starting support group	toolkit
77. How to Talk with your Psychiatrist	talking with a psychiatrist	toolkit
78. How to Work with the Media	media strategies	manual
79. Informed Consent	Informed Consent	file of articles & reports
80. Insurance Reform	insurance reform	file of articles & reports
81. Involuntary Treatment	Involuntary Treatment	file of articles & reports
82. Leadership Skills	leadership skills	file of articles & reports
83. Legal Issues/Policy/Legislation	legal issues/policy/legislation	file of articles & reports
84. Managed Care and PACT Programs	managed care	article
85. Meeting the Challenge	treatment of women of color	manual
86. Mental Health Care Reform	mental health care reform	file of articles & reports
87. Mental Health/Illness (General)	mental health/illness (General)	file of articles & reports
88. Moving ACT Into Standard Practice	ACT	article
89. NEC	National Empowerment Ctr.	Newsletter, website
90. New Vision of Recovery	recovery	manual
91. Newsletter Development	newsletter development	file of articles & reports
92. Non-Profit Management/Incorporation	non-profit groups	file of articles & reports
93. On Our Own	living alone successfully	book
94. Open Arms Self-Help Kit: Adolescents	adolescents	kit
95. Open Arms Self-Help Kit: African Americans	African Americans	kit
96. Open Arms Self-Help Kit: Alaskans	Alaskans	kit
97. Open Arms Self-Help Kit: Children	children	kit
98. Open Arms Self-Help Kit: Families	families	kit
99. Open Arms Self-Help Kit: MH Professionals	mental health professionals	kit
100. Open Arms Self-Help Kit: Mothers	mothers	kit
101. Open Arms Self-Help Kit: Native Americans	Native Americans	kit
102. Open Arms Self-Help Kit: Older Adults	older adults	kit
103. Open Arms Self-Help Kit: People in the criminal justice system	criminal justice system	kit
104. Open Arms Self-Help Kit: People living in rural areas	people living in rural areas	kit
105. Open Arms Self-Help Kit: People who are homeless	people who are homeless	kit
106. Open Arms Self-Help Kit: People with a dual diagnosis	substance abuse & mental illness	kit
107. Open Arms Self-Help Kit: People with Gay, Lesbian, Bisexual or Transgender	gender issues	kit
108. Open Arms Self-Help Kit: Women	women	kit
109. Organizing & Operating a Speakers' Bureau	Speaker's Bureau operation	TA guide
110. PACT – A Client's Perspective	client's perspective of PACT	Fact Sheet
111. PACT – May be best bet for living successfully...	successfully living alone	article
112. PACT Across America: An Advocacy Strategy	advocacy	article
113. PACT Cost Summary	PACT cost summary	Fact Sheet
114. PACT is moving across America ... for good reason	PACT in America	article
115. PACT Start-Up Checklist	PACT start-up list	Fact Sheet
116. PACT: What People Are Saying	people comment on PACT	Fact Sheet
117. Patients Rights	patients rights	file of articles & reports
118. Peer Counseling	peer counseling	file of articles & reports
119. Peer Recovery Network of WV Addiction Free ...	consumer programs	pamphlet
120. Peer Support Manual	consumer programs	manual
121. Peer TLC	consumer programs	pamphlet
122. Peer Transitions	consumer programs	pamphlet
123. Physical Disabilities and MH	physical disabilities and MH	file of articles & reports
124. Protection & Advocacy	Protection & Advocacy	file of articles & reports
125. Provider training	provider training	file of articles & reports

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Specific Title	Topic	Type of Material
126. Psychiatric drugs	psychiatric drugs	file of articles & reports
127. Psychosocial Rehabilitation	Psychosocial Rehabilitation	file of articles & reports
128. Raising Money for a Self-Help/Advocacy Group	funding self-help adv. groups	TA guide
129. Reasonable Accommodation & the ADA	ADA and accommodations	toolkit
130. Recovery	recovery	file of articles & reports
131. Recovery	recovery	toolkit
132. Recovery is a Journey of the Heart	recovery	video
133. Recovery is for Everyone	recovery	video
134. Recovery Manual	recovery	manual
135. Seclusion and Restraint Standards	volunteerism	manual
136. Self-Advocacy	self-advocacy	TA guide
137. Self-Advocacy	self-advocacy	file of articles & reports
138. Self-Help Services	self-help services	file of articles & reports
139. Self-Help Toolkit	self-help group development	kit
140. Serving on Boards and Committees	serving on boards & committees	TA guide
141. Serving Teens With ACT – Conversations w J Frey & J Bradshaw-Frouse	ACT	article
142. Sexual Abuse/Harassment	sexual abuse/harassment	file of articles & reports
143. Spanish Speaking	Spanish speaking	file of articles & reports
144. SSI/SDI (Government Disability Information)	SSI/SDI	file of articles & reports
145. Starting a Self-Help Group	starting a self-help group	file of articles & reports
146. Starting a Self-Help/Adv. Group – The Key	TA & the CS. movement	TA guide newsletter
147. State-By-State Availability of PACT Model Prog...	PACT models by state	Fact Sheet
148. Stigma/Discrimination	stigma/discrimination	file of articles & reports
149. Substance Abuse	substance abuse	file of articles & reports
150. Suicide	suicide	file of articles & reports
151. Summit Documents	National Summits of MH C/S	reports
152. Systems Advocacy	systems advocacy involvement	TA guide
153. Systems Advocacy	systems advocacy	file of articles & reports
154. Tardive Dyskinesia	Tardive Dyskinesia	toolkit
155. The PACT Advocacy Guide	advocacy	guide
156. The PASS Program	PASS program	toolkit
157. The Politics of Memory	mental health	video
158. The Role of PACT in Recovery	recovery	Fact Sheet
159. Using the Media	media	file of articles & reports
160. Vocational & Educational Support	vocational & educational support	file of articles & reports
161. Wellness Recovery Action Plan	recovery/practices	pamphlet
162. What about ACT? An Interview with Pacts William H. Knoedler, MD	ACT	Fact Sheet
163. What Consumers Want To Know About PACT	PACT and consumer questions	Fact Sheet
164. What Keeps Consumers Out of Jail, Helps Them Live Independent Lives & Saves Taxpayers ...	independent living	article
165. What Providers, MH Authorities, Legislators, MCOs, Cons. & Families Can Do	ACT	Fact Sheet
166. Where Does ACT Fit Into Your MH System?	ACT & community mh system	article
167. Women	women	file of articles & reports
168. Women & Abuse	women and abuse	toolkit
169. Working with Volunteers	volunteerism	manual

Attachment F: Non-English Curriculums/Materials available at TACs

LIST OF WRITTEN CURRICULUMS AND MATERIALS AVAILABLE AT TACs IN <i>NON-ENGLISH</i> LANGUAGES		
Language	Specific Title	Topic
Spanish	1. Combatiendo El Estigma	stigma
	2. Support Groups: Path to Empowerment	consumer programs
	3. Leadership Academy (selected chapters)	organizational problems/issues
	4. Mujeres y Depresion	women/depression
	5. Todos los Consumidores que Participan en Programas de Tratamiento Asertivo ...	ACT
	6. Tratamiento Eficaz – Que’ es el Tratamiento Asertivo Comunitario (ACT)?	ACT
	7. El Tratamiento Asertivo Comunitario Promueve la Recuperación: Una Entrevista con J Phillips	An interview with Joe Phillips
	8. El Tratamiento Asertivo Comunitario Promueve la Recuperación: Una Entrevista con J Phillips	recovery
	9. Sabia Usted que el Tratamiento Asertivo Comunitario Ayuda a los Consumidores de Salud Mental a Conseguir Vivienda?	ACT
	10. Tratamiento Eficaz – Que es el Tratamiento Asertivo Comunitario?	ACT
	11. Todos los Consumidores que Participan en Programas de ACT	ACT
	12. PACE/Recovery	recovery
	13. Hearing After Terrorism	voices
	14. NEC Newsletter	newsletter
	15. Recovery is a Journey of the Heart	recovery
	16. Coping with Voices	voices
	17. Telling Our Stories	personal stories
Japanese	1. The PACT Model of Community Base Treatment for Persons w SPMI: A Manual for PACT Start Up	ACT
	2. Consumer-run Business & Services	running a business
	3. Consumer-run Drop-in Centers	running a drop-in center
	4. Consumer-run Newsletters	developing a newsletter
	5. Fighting Stigma	tactics for fighting stigma
	6. History of the MH Self-Help & Adv Movement	history of the consumer movement
	7. Organizing & Operating a Speakers Bureau	operating a Speakers’ Bureau
	8. Self-Advocacy	self-advocacy
	9. Serving on Boards & Committees	serving on boards & committees
	10. Systems Advocacy	systems advocacy
French	1. Coping with Voices	voices
	2. The PACT Model of Community Base Treatment for Persons w SPMI: A Manual for PACT Start Up	ACT

Attachment G: Meetings with Consumer/Consumer Supporter Groups

LIST OF MEETINGS WITH CONSUMER/CONSUMER SUPPORTER GROUPS DURING EVALUATION MONTH							
	Date	# of Staff	Location	Org/Persons	Purpose of Meeting	Attend *	Accomplishments
1	6/10	1	Toronto	Kathleen Sciacca, MA	Best Practices: Treat & Program for MI/SA	30	Education
2	6/10	1	Las Vegas NM	LVMC	Discussed strategies for Cemetery Project	3	Made schedule to meet w cons.
3	6/10	1	Madison, WI	NAMI WI	Org. WI ACT Steering Com	10	To improve ACT teams
4	6/11	1	Orlando, FL	FL DCF & NAMI FL	Clarify ACT model	12	Training plans formed
5	6/11	1	Toronto	IAPSRs Chapter Committee	Psych rehab certification	20	State to accept IAPSRs certif
6	6/11	1	Toronto	IAPSRs Chapter Committee	Psych rehab certification	20	Plan state accept IAP SRs certification
7	6/11	8	Ontario	David Issmeyer	Provide workshop credits thru IAPSRs	9	Formed sub-groups
8	6/11	1	Washington DC	Amer. Assoc. of People w/ Disabilities	Learn cross disabilities efforts at election reform	15	Will disseminate AAPD talking pts at vote rtrainings
9	6/12	2	Ontario	Mary Ellen Copeland	Collaborate in teaching WRAP	4	Begin assisting with WRAP
10	6/12	1	Charleston	M Moore; STD Inv.	Networking w STD program	50	STD Education and Linkage
11	6/12	1	Washington DC	National Council on Disability & others	Build Intern. treaty on human rights of people w/ disabilities	85	Raised MH issues to insure cross-disability perspective
12	6/13	1	Washington DC	Amer. Association of People with Disabilities	Develop working partnership of disability organization	50	Developed understanding among cross-disability com.
13	6/13	1	Toronto	Psychiatric Rehab Symposium	Conference Planning	40	Plan future symposium
14	6/13	1	Ontario	Jess Allen	Dialogue about Recovery for OK group	3	Scheduled next meeting
15	6/13	2	Ontario	Consumer Empowerment Proj	Review needs for Leadership Academy	6	Identified focus for training
16	6/13	1	Bristol PA	Bucks County Compeer	Keynote speaker at Open House	60	Addressed open house
17	6/13	1	Rockville, MD	SAMHSA: Subcom. on C/S Affairs	Report on NCSTAC activities if asked	15	Education
18	6/14	1	CT	Pat Porteous	Review recovery trng using WRAP	4	Identified focus of training
19	6/14	1	CT	Advocacy Unlimited	Plan for Recovery University training	250	Planned possible next steps
20	6/14	2	Toronto	IAPSRs board w R Hughes	Discuss IAPSRs support cs/recovery service	10	
21	6/14	1	Washington	NILC meeting	Promote MH consumer issues	50	Promoted understanding
22	6/16-18	3	Washington	Commission on MH	Plan 03 work/hear public	100	
23	6/17	1	Gaithersburg MD	CMHS Sub-Committee on Consumer/Survivor Issues	Observe meeting as representative of NEC	40	Networking w/ consumer reps
24	6/17	3	Gaithersburg	CMHS C/S Subcommittee	CS Issues – ECT, Research	35	Plan for recommendations
25	6/17	1	Wheeling	Youth Service Center	Youth transition to adult sys.	14	Collaborations to meet goals
26	6/17	1	Wheeling	Northwood	New Hosp closing	4	Consumer transition reports
27	6/17-18	2	Gaithersburg	CMHS C/S Subcommittee	Regular meeting of subcommittee	50	Networking, updates
28	6/17	1	Madison, WI	ACT – staff/consumers	On-site visit to learn ACT & jail diversion	10	Staff able to assist consumers & families on ACT, etc
29	6/17	1	Madison, WI	NAMIWI & Eli Lilly staff	Inform WI on ACT	8	Oriented Lilly to ACT model
30	6/18-19	2	Pentagon City	Pres Commission on MH	Mtg of President Commission on MH	30	Prioritized tasks of commission
31	6/18	2	Arlington, VA	Commission on MH	Organize/conduct work	50	Education & recommendations
32	6/18	1	Gaithersburg	CMHS C/S Subcommittee	Presented Consumer Programs in WV	35	Education
33	6/18	1	Charleston	WV SILC	Disability Caucus	12	Finalized the agenda-July
34	6/18	1	Olean, NY	MHA in Cattaraugus County	Juvenile Justice Policy Forum Event	60	Consensus bldg & planning youth w/ MH problems in JJ
35	6/18	1	Gaithersburg	SAMHSA	Discuss Dual Disorders	0	
36	6/18	1	Madison, WI	Green County CSP	On-site: learn of ACT in rural communities	10	Staff able to assist cons & fam w ACT in rural areas
37	6/18	1	Arlington, VA	NAMI DE, NAMI MD, NAMI VA/NVA	Discuss ACT & housing problems & strategies	30	Obtained understanding of housing TA needs
38	6/19	1	Gaithersburg	SAMHSA Joint Council	Meeting of SAMHSA Joint Council		Networking, updates
39	6/19	1	Arlington, VA	Commission on MH	Wk Plan /Public Comment	45	Recommendations to MH...
40	6/19	1	Gaithersburg	SAMSHA Joint Council Meeting	MH/SA Treatment and Prevention	35	Education
41	6/19	1	Las Vegas	New Vistas	Support Group	6	Shared info on CONTACT
42	6/19	1	APS	Consumer Council	Discuss consumer issues	9	Discussion
43	6/19	1		Teleconference with other TACs	Discuss Commission & general TAC business	6	
44	6/20	1	Gaithersburg MD	CMHS Advisory Council	Observe meeting as NEC representative	50	Liaisoned w/ the National Council on Disability
45	6/20	2	Gaithersburg	CMHS Nat Adv Council	C/S Issues Update	35	Education & recommendations
46	6/20	1	Charleston	Ray of Hope Board	Board meeting	11	Discuss agenda

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	Date	# of Staff	Location	Org/Persons	Purpose of Meeting	Attend *	Accomplishments
47	6/20	2	Charleston, WV	Ray of Hope Fellowship	Establish home for addicted women	12	Information on homes
48	6/20	1	Las Vegas, NM	State Hospital Restoration Pro	Informational sharing	12	Met with hospital committees
49	6/20	2	Chicago, IL	NAMI AL, U of AL	Discuss using PDAs in ACT	11	Assessed interest
50	6/21	2	Gaithersburg	CMHS National Adv Council	Update:Prevention & Early Intervention	35	Education/recommendations
51	6/23	1	Las Vegas, NM	New Vistas	Meet director and discuss projects	3	Developed strategies to network
52	6/24	4	Charleston, WV	Leadership Academy Team	Redesign Leadership Academy website	4	Dev. plan to upgrade website
53	6/24	1	Wheeling	Lila Ruckoff Hope 6	Housing avail. & Hope	5	Education
54	6/24	1	Charleston	Kanawha Drop In Ctr	Discussed Ldrshp Academy...	3	Developed improvement list
55	6/24	2	Alexandria, VA	NMHA/Mike Faenza	Strategic planning, collaborations	5	Planned for collaborative projects
56	6/24	1	Alexandria, VA	MHA of SE Pennsylvania	Discuss coop. efforts for NMHA & MHASP	8	
57	6/24	1	Alexandria	NAMI Northern VA	Update: ACT implementation	50	Staff to support more teams
58	6/25	1	Durham, NC	Cons Org/country leaders	Create peer support programs in NC	9	Planned state ed. campaign
59	6/26-27	2	Cincinnati, OH	NAMI	Annual Meeting	2000	Panel on consumer movement
60	6/26	1	Las Vegas	New Vistas	Support Group	6	Shared info on Alternatives
61	6/26	1	Las Vegas, NM	MHA of NM	Help cons. w/ Alternatives application	15	8 cons. filled out applications
62	6/26	1	Binghamton	MHA of So Tier	Celebrate 75th Anniver.	50	
63	6/27	1	Las Vegas, NM	Somos Familia	Info on Contac/Cemetery Project	6	Handed out 5 brochures, etc
64	6/27	1	Charleston	OBHS,Steve Mason	Future of PRN	4	Future of PRN
65	6/27	1	Charleston	John Russell	Discussed WV MH sys	2	Information shared
66	6/27-28	1	Alexandria, VA	World Institute Disability Conf	To share knowledge & information on PAS	60	Developed awareness of MH consumer use of PAS
67	6/28	1	Las Vegas, NM	Community Based Services	Discuss potential grant proposal – warm line	3	Shared info w/ consumers & staff on Alternatives
68	6/28	1	Las Vegas	LVMC	Discuss cemetery project	3	Video & brochure approved
69	6/28	1	Cincinnati	NAMI Los Angeles Co	Plan for ACT implementation	2	Shared knowledge of ACT
70	6/28	1	Cincinnati	NAMI Contra Costa Co	Share update-ACT in Bay Area	2	Plans made for future
71	6/29	1	Cincinnati	NAMI Tennessee	Update on ACT in TN & plans	6	Agreed upon for future TA
72	6/29	1	Cincinnati, OH	NAMI Curriculum & Training Network Mtg	Planning to include ACT in college curricula	20	ACT supportt in college work & field placement
73	7/2	1	Philadelphia	St. Louis U/Don Linhorst PhD	Interview: empowering consumers	2	Interview
74	7/3	1	Philadelphia	Office of MH/MR Philadelphia	Prison issues for MH consumers	12	Worked on MH prison issues
75	7/3	1	Las Vegas	New Vistas	Support group	6	Worked on future leadership
76	7/3	1	Kanawha Valley Collective	KVC	Discuss programs for the group	11	Government input on Guthrie site usage
77	7/8	1	Santa Fe, NM	S. Nev. Adult MH Alyce w/ MHA of Nevada	Discuss collaborations on Leadership Academy	2	Worked on funding proposal for a Leadership Academy
78	7/8	1	COGS	Gilbert STOP & OBHS	Aftercare for Logan County	8	Wrote "purpose of funding"
79	7/8	1	Rockville	MHA-Montgomery Co.	Educate homeless MH & adv.	53	Strengthened partnerships
80	7/8-9	1	St. Albans	Repelle Grubb, CISM	Trained for crisis team	34	Completed basic course
81	7/9	1	Las Vegas, NM	Cemetery restoration project	Met faculty & archeologist to develop future funding	4	Agreed to develop priorities to submit to NM legislature
82	7/9	1	Charleston	WV SILC	Disability Caucus	12	Developed plan for caucus
83	7/9 phone	3	Bucks County, PA	Lenappie CMHC, NAMI Bucks County	Review ACT implementation w team leader	8	Revisions in program...
84	7/9	1	Alexandria, VA	Fairfax County Inclusion Committee	Provide support and feedback to PACT team	13	Cont. stakeholder participation in PACT implementation
85	7/10	1	St. Albans	MHAssoc. NMHA	Medicaid, Managed Care Info	60	Education
86	7/10	1	St. Albans	Renelle Grubb CISM	Peer support on crisis	40	Completed peer course
87	7/10	1	St. Albans	Renelle Grubb CISM	Training for critical incident	56	Completed advance training

- Some attendance numbers are estimates.

Attachment H: List of Conferences Attended

LIST OF CONFERENCES ATTENDED DURING THE EVALUATION MONTH					
	Date	Number of Staff	Location of Conference	Name of Conference ^{1,2}	Attendance ³
1	6/8-13	11	Toronto	Annual IAPSRS Conference	1,256
2	6/12	2	Topeka, KS	Kansas State-Wide Consumer Conference	700
3	6/12-14	1	Wichita, KS	3rd Annual Kansas Recovery Conference	626
4	6/17-18	1	Washington, DC	CMHS Subcommittee on C/S Issues	100
5	6/17-19	1	Monroeville, PA	Pennsylvania MH Consumers Conference	650
6	6/18-19	2	Washington, DC	President's Commission on Mental Health	50
7	6/19	1	Gaithersburg, MD	SAMHSA Joint Council Meeting	50
8	6/19-21	2	Chicago, IL	ACT Association National Conference	700
9	6/20-22	2	Denver, CO	Colorado Leadership Academy Conf.	34
10	6/25-29	6	Cincinnati, OH	NAMI 2002 Annual Convention	2,350
11	6/26	1	Dover, DE	Consumer Services Org. Annual Conf	114
12	6/28	1	Washington, DC	National Assoc. of P & Systems	600
13	7/9	2	Santa Fe, NM	National Juvenile Justice	500
14	7/10	1	Washington, DC	National Council on Independent Living Co	600

1 Conferences that were repeated were combined and the attendance numbers were averaged.

2 Some meetings were identified by TACs as both meetings and conferences. This depended upon the involvement of each particular staff person. Meetings and conferences were also held conjointly.

3 Attendance numbers are estimates.

Attachment I: Trainings conducted during the Evaluation Month

TRAININGS CONDUCTED DURING THE EVALUATION MONTH							
	Date	TAC Staff	Location	Name of Org/ Persons Trained	Training Title ¹	Attendance ²	Topic (T11) ³
1	6/10	1	Orlando FL	FL ACT Conference	Conference Session	50	5,18
2	6/10	1	Wakefield MA	Riverside MH Clinic	PACE/Recovery training	60	4
3	6/12	2	Topeka KS	Kansas State Cons Conf	Empowerment Model of Recovery	700	4
4	6/13	1	Toronto	IAPSRs Conf attendees	Organizing Consumers for Actions (panel)	15	10
5	6/13	1	Toronto	IAPSRs Conf- PSR Workers	Using Advocacy Projects to Dev Tools for Recovery	22	4
6	6/13	1	Wichita KS	KSDMH, WSU, KS Cs Council & Net	How to Advocate for Yourself	62	11
7	6/13	1	Wichita KS	KSDMH, WSU, KS Cs Council & Net	How to Advocate for Community Services/Supports	55	10
8	6/14	1	Toronto	IAPSRs	Developing Psych Rehab Education in a rural state	3	32
9	6/14	1	Wichita KS	KSDMH, WSU, KS Cs Council & Net	Forming Coalitions to Impact State MH Planning	32	10
10	6/14	1	Plymouth MA	MA Dept. of Mental Health	Hearing Voices.. Distressing	53	32
11	6/15	1	Washington	NICL Annual Conference	Improving IL Services to People w Psy Disabilities	80	18
12	6/15	1	Baton Rouge	MHA Bridges Program	Taking Charge of Our Recovery Journey	75	4
13	6/18	1	Medfield, MA	Medfield State Hospital	Hearing Voices...Distressing	38	32
14	6/19-20	1	Chicago IL	National ACT Conference*	Recovery is not an option! Transition from patienthood to personhood	557	4
15	6/20	2	Denver CO	CO Leadership Academy Conf	Leadership Academy Action Planning	34	31,10,19
16	6/24	1	Alexandria VA	NAMI Northern VA	Training presentation	50	5
17	6/25	1	Durham NC	NC MH Consumers Org	Bringing Peer Support to NC	8	10
18	6/26	2	Cincinnati OH	Family to Family	Training presentation	60	5
19	6/26	1	Dover DE	Cons Services Org /NAMI DE/Diamond St Advocates	Freedom Self-Advocacy Curriculum	125	11
20	6/26	1	Washington	Nat. Assoc of P&A Conf	Increasing Cs Participation	50	22
21	6/27	1	Cincinnati OH	NAMI Leadership Institute	Training presentation	45	29
22	6/27	1	Cincinnati OH	NAMI Annual Convention	Networking: ACT Advocates	25	5
23	6/27	1	Cincinnati OH	NAMI Annual Convention	Networking: for obtaining decent housing	60	5,18
24	6/28	2	Cincinnati OH	NAMI Conf participants*	Current Health/Status of the Cons. Movement	400	31
25	6/28	1	Washington	Nat. Assoc. of P&A Sys	Self-Advocacy as an Agent of Change	28	22
26	6/28	1	New Bedford	MA MH	Hearing Voices that are Distressing	47	32
27	6/28	1	Cincinnati OH	NAMI Annual Convention	Networking Session of ACT Advocates	15	5
28	6/28	1	Cincinnati OH	NAMI Annual Convention	Forum on Trends and Needs in Community Care	300	25
29	6/28	1	Cincinnati OH	NAMI Annual Convention	The Forgotten Among Us-Failure of the CMHC	300	25
30	6/28	1	Cincinnati OH	NAMI Annual Convention	Successful community living over the long term	300	25
31	6/29	1	Cincinnati OH	NAMI Annual Convention	Training: Working w public housing authorities	50	18
32	6/29	1	Las Vegas NM	Sames Familia	Patient Hospital Rest. Project	6	31,30,19
33	7/2	1	Philadelphia	Don Linhorst, St. Louis U	Empowering Consumers	4	10, 22

1 Conferences that were repeated (e.g., NAMI, IAPSRs) were combined and the attendance numbers were averaged.

2 Some meetings were identified by TACs as both meetings and conferences. This depended upon the involvement of each* particular staff person. Meetings and conferences were also held conjointly.

3 Attendance numbers are estimates.