House Democratic Chairs Question Department of Justice Decision to Reverse Course by Asking U.S. Appeals Court to Invalidate the Entire Affordable Care Act

The Democratic chairs of five standing committees of the House of Representatives sent Attorney General William Barr a letter on April 8 demanding that the Attorney General fully explain the reasoning behind the move by the Department of Justice (DOJ) to ask the Fifth Circuit Court of Appeals to completely invalidate the Affordable Care Act (ACA). The letter asks Attorney General Barr to provide access to any related documents and make key Justice Department lawyers available for questioning by April 22.

The letter sent to Barr was signed by House Judiciary Chair Jerry Nadler (D-NY), House Oversight Chair Elijah Cummings (D-MD), House Energy & Commerce Chair Frank Pallone (D-NJ), Ways & Means Chair Richard Neal (D-MA) and Education & Labor Chair Bobby Scott (D-VA). Similar letters went to White House Chief Counsel Pat Cipollone and to Health and Human Services Secretary Alex Azar and Centers for Medicare and Medicaid Services Administrator Seema Verma.

The committee chairmen argue in the letter that the DOJ’s decision to support the legal challenge by 20 Republican governors and state attorneys general to the ACA “appears to be violating longstanding policies to defend and enforce Acts of Congress.” They say the lawsuit’s success would “have a significant negative impact on the accessibility of health care for Americans,” and they add that they are “concerned the Department’s litigation posture is being driven by purely political considerations rather than considered legal arguments.”

They tell the Attorney General in the letter that “The Department owes Congress and the public an explanation as to why it refuses to enforce the law. … The Constitution requires the Executive Branch to ‘take care that the laws are faithfully executed.’ Previous Attorneys General understood that the Attorney General has a duty to defend and enforce both the Acts of Congress and the Constitution; when there is a conflict between the requirements of the one and the requirements of the other, it is almost always the case that he can best discharge the responsibilities of his office by defending and enforcing Acts of Congress.”

The letter continues, “… the Department also has an obligation to defend the ACA if, in former Attorney General Sessions’ words, ‘reasonable arguments’ can be made in their defense. This longstanding policy reflects the fundamental structure of our republic: Congress makes the laws and the Executive Branch enforces them.

“Although there are exceptions to the rule that DOJ must defend a federal statute in federal court, none of those exceptions appear to apply here. In the past, the Department has declined to defend a federal statute when there has been an intervening Supreme Court decision to eliminate reasonable arguments in support of a law. Another exception involves statutes that infringe on the constitutional powers of the President. A third involves laws that the President has vetoed. None of these exceptions would seem to apply in Texas v. [Azar].”

The Department of Justice declined to comment on the letter, as did the Department of Health and Human Services (HHS) and the Office of Management and Budget. However, the Attorney General told the House Appropriations Committee on Tuesday during a DOJ budget hearing, when asked, that “when we’re faced with a legal question, we try to base our answers on the law.” He asked Rep. Matt Cartwright (PA-D), “Do you think it’s likely that we’ll prevail? … If you think it’s such an outrageous position, you have nothing to worry about. Let the courts do their job.”

The Administration initially took the position in the challenge by the Republican states to the ACA, before U.S. District Court Judge Reed O’Connor issued his December 14 opinion in Texas v. Azar, that the individual mandate’s constitutional infirmity as a consequence of the repeal of the mandate noncompliance penalty also required invalidation of the ACA’s insurance market reforms guaranteeing protections for coverage of pre-existing conditions – guaranteed issue and community rating. At that time, DOJ did not ask that the entire law be struck down.

However, on March 25, almost two months after the 16 Democratic state attorneys general defending the ACA filed an appeal of Judge O’Connor’s ruling to the federal Fifth Circuit Court of Appeals, DOJ filed a two-sentence memorandum with the appeals court saying it agreed with Judge O’Connor that the entire ACA became unconstitutional when Congress eliminated the individual mandate penalty under the Tax Cuts and Jobs Act of 2017. Politico has since reported that both the Attorney General and HHS Secretary Azar had argued against the change in posture.

President Donald Trump has insisted that he supports protections for pre-existing conditions and has promised that Republican members of Congress, led by Senators John Barrasso (WY), Bill Cassidy (LA), and Rick Scott (FL), would have a blueprint to replace the ACA before the next election. After Senate Majority Leader Mitch McConnell objected to that timeline, the President said there would be a replacement after the 2020 election.
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Final Day (September 14) Will Be a NASMHPD Commissioner- & Division-Only Annual Conference Meeting

Discounted Government Rate Room Block at the nearby Madison Hotel in D.C., (a 5-minute walk)

Exclusively for All NASMHPD Attendees

Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions

REGISTRATION OPENS SOON
Learn More Now!

Join us for the National Academy for State Health Policy’s (NASHP) 32nd Annual State Health Policy Conference. Planned by state health policymakers for state health policymakers, NASHP’s annual event is a “must-attend” for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, #NASHPCONF19 will bring together the nation’s leading experts to share, learn, and discuss.

Hundreds of state health policymakers representing all branches and of government and all 50 states and Washington, DC are in attendance each year. Also present are federal and government officials and representatives from nonprofit organizations that focus on state health policy, advocates, consultants, foundations, health plans, private providers, trade associations, health technology firms, and more! In short, anyone invested in advancing excellence in state health policy attends NASHP’s Annual Conference to benefit from the unlimited educational and networking opportunities.
Oregon Media Outlets Team Up to Break the Silence on Suicide and Mental Health

Oregon journalists are collaborating on a unique project to bring awareness around suicide, promote a message of hope and healing, and provide resources for those in crisis.

The goal of the media campaign, **Break The Silence—Shining a Light on Oregon's Suicide Crisis**, is to spotlight the public health crisis and launch a public conversation about suicide prevention. The media seldom reports suicides, partly because of a widely held rule in newsrooms not to report on suicide, out of respect for the family, and partly because of a belief that reporting on the topic could have a “contagious effect” and inspires others to also take their own lives.

The Oregon Health Authority reports that 825 Oregonians died by suicide in 2017, approximately one person every 11 hours. Over 14,000 are seen at emergency rooms across Oregon for self-harm or suicide attempt injuries. Suicide is the second leading cause of death among those 10 to 34 years in age, according to the U.S. Centers for Disease Control and Prevention (CDC).

To address Oregon’s public health crisis, over 30 media outlets are featuring “Break The Silence” suicide prevention stories through the week ending April 14. The “Break The Silence” initiative involves newspapers, television stations, and student media organizations across Oregon.

The stories are spotlighting how Oregon’s suicide crisis is impacting communities across the state, the latest data from the Oregon Health Authority and the CDC, and the collaborative suicide prevention work that is being done. The participating media outlets are using a common set of data and have loosely coordinated their coverage in an effort to avoid duplication and better amplify all of their work.

The project came to fruition from roundtable discussions about the media’s coverage of suicides, led by Dwight Holton, Chief Executive Officer of Lines for Life, a Lifeline-affiliated nonprofit based in Portland, Oregon. Holton, a former federal prosecutor, has previously counseled reporters on how to sensitively cover suicide by avoiding sensationalist details and by guiding readers toward support services. If done right, he said, journalists can do their part to break down misconceptions about mental health.

Holton hopes the media initiative will encourage public dialogue about suicide and mental health. Because, he says, complete radio silence on the issue, does nothing but make a hidden crisis even worse. He comments, “Oregon journalists are doing something extraordinary: they are working to bring the reality of suicide out of the shadows, writing about stories of hope and healing – intent on helping erase the stigma in getting help. This will change the conversation on suicide in Oregon.”

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**AMERICAN ASSOCIATION OF SUICIDOLOGY**

Suicide Prevention is **Everyone’s Business**

**AAS is a charitable, nonprofit membership organization**

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**52nd Annual Conference**

**Converging Fields, Expanding Perspectives**

**APRIL 24-27, 2019**
**SHERATON DENVER DOWNTOWN HOTEL**
**1550 COURT PLACE**
**DENVER, CO 80202, US**
**#AAS19**

- Welcome and Overview
- Preconference Workshops
- Featured Speakers
- Crisis Centers Preconference Program
- Networking and Events
- Healing After Suicide Loss Conference
- Continuing Education
- Local Information

Register HERE
Kaiser Health News Study Finds Suicides Common in Long-Term Care Settings

By 2030, 20 percent of Americans (the "baby boomers") will be senior citizens. Approximately 40 percent of adults 65 years of age and older will need skilled residential nursing care at some point in their lifetime. A key element of suicide prevention is the identification of points of engagement to interact with potential victims.

In a nation where suicide continues to climb, claiming more than 47,000 lives in 2017, such deaths among older adults, including the 2.2 million who live in long-term care settings — 1.5 million residing in nursing homes, and others who reside in assisted living facilities or adult care homes—are often overlooked. A six-month investigation by Kaiser Health News (KHN) and PBS News Hour has found that older Americans are quietly killing themselves in nursing homes, assisted living centers, and adult care homes.

Older adults have among the highest suicide risks in the United States. The rate of suicide among men ages 65 to 74 years of age is 26 per 100,000, among those ages 75 to 84 is 36 per 100,000, and those 85 years of age and older is 51 per 100,000; by contrast, it is 14.5 per 100,000 for men younger than 25 years. As frequently reported, the suicide rate for white men 55 to 64 years of age has been rising, to 30 percent in 2017, and Dr. Yeates Conwell, director of the Office for Aging Research and Health Services at the University of Rochester, told KHN "The rise in rates in people in middle age is going to be carried with them into older adulthood."

The 1987 Nursing Home Reform Act mandated screening of long-term care admissions to facilitate appropriate placement and increased psychiatric services, and the Minimum Data Set 3.0 includes a mandatory screener for depressive symptoms and suicidal ideation. But tracking suicides in long-term care is difficult. No federal regulations require reporting of such deaths and most states either don’t count — or won’t divulge — how many people end their own lives in those settings.

Poor documentation makes it difficult to tell exactly how often such deaths occur. But a KHN analysis of data from the University of Michigan suggests that hundreds of suicides by older adults each year — nearly one per day — are related to long-term care. Thousands more people may be at risk in those settings, where research has found that up to a third of residents report suicidal thoughts.

Residents of long-term care facilities may be socially isolated and have mental and physical health limitations or functional impairments, which are established risk factors for suicide. A resident’s concerns about the transition to a long-term care facility or the recent loss of a spouse, may also be risk factors for self-harm.

Briana Mezuk, Ph.D., an associate professor of epidemiology at the University of Michigan, found in 2015 that the rate of suicide in older adults in nursing homes in Virginia was nearly the same as the rate in the general population, despite the greater supervision the facilities provide.

In research presented at the 2018 Gerontological Society of America annual meeting, Dr. Mezuk’s and her colleagues reviewed nearly 50,000 suicides among people 65 and older in the National Violent Death Reporting System (NVDRS) from 2003 to 2015 in 27 states. They found that 2.2 percent of those suicides were related to long-term care—either people living in or transitioning to long-term care or caregivers of people in those circumstances.

Mezuk said, since the NVDRS data did not include such states as California and Florida, which have large populations of elders living in long-term care sites, the numbers were likely higher. So KHN extrapolated the findings to the entire U.S., where 16,500 suicides were reported among people 55 and older in 2017. That suggested that at least 364 suicides a year were among people living in or moving to long-term care settings or their caregivers.

KHN examined over 500 attempted and completed suicides in long-term care settings from 2012 to 2017 by analyzing thousands of death records, medical examiner reports, state inspections, court cases and incident reports. Even in supervised settings, records showed older people finding ways to end their lives. Many used guns, sometimes in places where firearms were prohibited or purportedly securely stored. Others hung themselves, leapt from windows, overdosed on pills, or suffocated themselves with plastic bags.

Descriptions KHN unearthed in public records shed light on residents’ despair. Some told nursing home staff they were depressed or lonely; some felt that their families had abandoned them or that they had nothing to live for. Others said they had just lived long enough: “I am too old to still be living,” one patient told staff. In some cases, state inspectors found nursing homes to blame for failing to heed suicidal warning signs or evicting patients who tried to kill themselves.

Close monitoring requires resources that many facilities don’t have. Nursing homes already struggle to provide enough staffing for basic care. Assisted living centers that promote independence and autonomy can miss warning signs of suicidal ideation and self-destruction, experts warn.

Merely having a suicide on-site does not mean a nursing home broke federal rules. But in some suicides KHN reviewed, nursing homes were penalized for failing to meet requirements for federally funded facilities, such as maintaining residents’ well-being, preventing avoidable accidents, or telling a patient’s doctor and family if they are at risk of harm.

Nationwide, about half of people who die by suicide had a known mental health condition, according to the Centers for Disease Control and Prevention. Mental health is a significant concern in U.S. nursing homes: Nearly half of residents are diagnosed with depression, according to a 2013 CDC report.

That often leads caregivers, families and patients themselves to believe that depression is inevitable, so they dismiss or ignore signs of suicide risk. Dr. Conwell told KHN, “Older adulthood is not a time when it’s normal to feel depressed. It’s not a time when it’s normal to feel as if your life has no meaning,” he said. “If those things are coming across, that should send up a red flag.”
SAMHSA Notice of Funding Opportunity

**Rural Opioid Technical Assistance Grants (TI-19-010)**

**Funding Mechanism:** Grant  
**Anticipated Total Available Funding:** $6.6 million  
**Anticipated Number of Awards:** 11  
**Anticipated Award Amount:** Up to $550,000  
**Length of Project:** Up to 2 years  
**Cost Sharing:** No  
**Application Due:** Monday, June 7

The Substance Abuse and Mental Health Services Administration (SAMHSA), is accepting applications for fiscal year (FY) 2019 Rural Opioid Technical Assistance Grants (Short Title: ROTA). The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing opioid issues affecting these communities. It is expected that grantees will facilitate the identification of model programs, develop and update materials related to the prevention, treatment and recovery activities for opioid use disorder (OUD), and ensure that high-quality training is provided.

Through this program, SAMHSA will build upon a collaboration with the United States Department of Agriculture (USDA). The USDA provides Cooperative Extension Services programs to improve the quality of people’s lives by providing research-based knowledge to strengthen the social, economic and environmental well-being of families, communities and agriculture enterprises. Extension experts focus on issues which affect rural communities. The USDA has recently identified opioid misuse in rural America to be one of the areas of focus of these programs. SAMHSA’s ROTA grants will build upon these Cooperative Extensions through expanding their reach.

**Eligibility**

Eligible applicants are existing USDA Cooperative Extensions grantees. ROTA grantees that received an award in FY 2018 under announcement TI-18-022 are not eligible to apply for this program.

**Contacts:**  
**Program Issues** Humberto Carvalho, Center for Substance Abuse Treatment, Division of Service Improvement, SAMHSA, by phone at (240) 276-2974 and by email.

**Grants Management and Budget Issues:** Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, by phone at (240) 276-1412 or by email.

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**SAMHSA Notice of Funding Opportunity**  
**Provider’s Clinical Support System – Universities Grants (TI-19-11)**

**Funding Mechanism:** Grant  
**Anticipated Total Available Funding:** $3 million  
**Anticipated Number of Awards:** 20  
**Anticipated Award Amount:** Up to $150,000  
**Length of Project:** Up to 3 years  
**Cost Sharing:** No  
**Application Due:** Monday, June 7

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2019 Provider’s Clinical Support System – Universities (Short Title: PCSS-Universities) grants. The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields. This program’s focus is to ensure students fulfill the training requirements needed to obtain a DATA waiver to prescribe MAT in office-based settings. The desired outcomes include: 1) an increase in the number of individuals completing the training requirements for the DATA waiver, 2) an increase the number of individuals with a DATA waiver, and 3) an ultimate increase in those prescribing.

**Eligibility**

Eligible applicants are medical schools, physician assistant schools, and schools of nursing (programs for nurse practitioners will be focus). PCSS-Universities grantees that received an award in FY 2018 under announcement TI-18-014 are not eligible to apply for this program.

**Contacts:**  
**Program Issues** Anthony Campbell, R.Ph., D.O., Center for Substance Abuse Treatment, Division of Pharmacologic Therapy, SAMHSA, by phone at (240) 276-2702 and by email.

**Grants Management and Budget Issues:** Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, by phone at (240) 276-1412 or by email.
The Rural Communities Opioid Response Program (RCORP) is a multi-year opioid-focused initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD. This notice announces the opportunity to apply for funding under the RCORP-Implementation. RCORP-Implementation will advance RCORP’s overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery service delivery in high-risk rural communities. By expanding the options for SUD/OUD services across the care spectrum, RCORP-Implementation will help rural residents access treatment and move towards recovery.

In 2017, the U.S. Department of Health and Human Services (HHS) initiated a comprehensive effort to empower local communities to combat the opioid crisis through a Five-Point Strategy. In alignment with the U.S. Department of Health and Human Services (HHS) Five-Point Strategy to Combat the Opioid Crisis, and as part of RCORP, RCORP-Implementation award recipients will implement robust, evidence-based interventions and promising practice models to expand access to, and strengthen the quality of, SUD/OUD prevention, treatment, and recovery services in high-risk rural communities. In FY 2018, HRSA awarded 95 grants to rural communities under the RCORP-Planning initiative and funded a technical assistance center to support RCORP award recipients.

In FY 2019, in addition to the RCORP-Implementation awards, HRSA anticipates awarding a new round of RCORP-Planning grants and launching a pilot grant program aimed at expanding the number of small rural hospitals and clinics that provide medication-assisted treatment.

Award recipients will implement a set of core SUD/OUD prevention, treatment, and recovery activities that align with HHS Five-Point Strategy. You are required to align your application with the following RCORP-Implementation focus areas:

- **Prevention:** Reducing the occurrence and associated risk of OUD among new and at-risk users (including polysubstance users), as well as fatal opioid-related overdoses, and promoting infectious disease detection through activities such as community and provider education, harm reduction strategies, and referral to treatment and recovery support services.

- **Treatment:** Implementing or expanding access to evidence-based practices, including medication-assisted treatment (MAT) with psychosocial intervention, and eliminating or reducing treatment costs for uninsured and underinsured patients.

- **Recovery:** Implementing or expanding access to recovery and treatment options that help people battling OUD (including those with polysubstance disorders) start and stay in recovery, including ensuring access to support services such as, but not limited to, transportation, housing, peer recovery, case management, employment assistance, and child care.

HRSA envisions that award recipients will sustain programs beyond the three-year period of performance. In particular, it is expected that RCORP-Implementation award recipients will:

- Leverage other available opioid resources at the federal, state and local levels to maximize program impact;

- Expand the ability of providers to bill for treatment services;

- Monitor and evaluate the impact and outcomes of SUD/OUD prevention, treatment, and recovery activities; and

- Develop a long-term strategy to achieve financial and operational sustainability absent federal funding and address the future needs of the community.

Award recipients are encouraged to leverage workforce recruitment and retention programs like the National Health Service Corps (NHSC).

For a list of current NHSC-approved sites, visit HRSA’s Health Workforce Connector. We encourage you to learn more about how to become an NHSC site and NHSC site benefits. NHSC-approved sites provide outpatient, primary healthcare services to people in health professional shortage areas.

**Eligibility:** Eligible applicants include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations and should serve rural communities at the highest risk for SUD. All activities supported by RCORP-Implementation must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties (as defined by the Rural Health Grants Eligibility Analyzer). HRSA-19-082 4 The applicant organization may be located in an urban or rural area and should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities. (as defined by the Rural Health Grants Eligibility Analyzer). Applicants do not need to be current or former RCORP-Planning award recipients to apply for this funding opportunity.

The applicant organization must be part of an established network or consortium that includes at least three other separately-owned (i.e., different Employment Identification Numbers) entities. At least two of these entities must be located in a HRSA-designated rural area.

**For Assistance:** Contact Allison Hutchings, Health Resources and Services Administration, Department of Health and Human Services by email or by phone at (301) 945-9819 or email ruralopioidresponse@hrsa.gov.
Spring is almost here, and as the old adage goes, "April showers bring May flowers."

Spring is a time of renewed hope and celebration, especially within our various faith communities. Did you know that April and May are also key months for bringing awareness to several national, health-related concerns, including addiction and mental health?

That's why the Partnership Center has launched a new educational webinar series which focuses on mental health: the signs, symptoms, and strategies for care. As always, our webinars are open to the public; however, the first two are particularly geared to inform faith and community leaders who serve on the frontlines of public assistance and care. Consider watching these webinars as a group and then offering a post-webinar discussion.

Is there a specific mental health concern you wish to know more about? We'd love to hear from you!

If you have any questions about any of our resources, work, or how we can assist you, please contact us at Partnerships@HHS.gov.

The 36th Annual NADD Conference and Exhibit Show will be held October 23 to 25 at the Astor Crowne Plaza Hotel (739 Canal Street at Bourbon Street, New Orleans, Louisiana). To learn more about NADD and the National Conference, visit http://thenadd.org/conferences/36th-annual-conference-and-exhibit-show.

We invite you to submit an abstract for a 90-Minute Presentation, Research Symposia (30 minutes), or Poster Session for the 36th Annual NADD Conference. Presentation proposals are encouraged that illustrate this year’s theme: “Parading through Life: Celebrating Resilience, Joy and Wellness...letting the good times roll in New Orleans.”

Carefully review the Presentation Proposal Checklist before starting the abstract submission process. These guidelines will help you prepare all the information you need to gather before submitting. Please note: All proposals will be considered, but only a limited number can be selected. Notifications will be emailed by May 20.

Primary presenters receive a $100 discount on the conference registration fee. (Secondary presenters will be responsible for full registration fees.)

SAVE THE DATES!
NAMD 2019 Conference
Monday, November 11 to Wednesday, November 13
Washington Hilton, Washington, D.C.
Registration is Now OPEN
SPECIALTY WORKSHOP

April 24 to 26, 8:45 p.m. to 4:00 p.m. E.T.

Beck Institute, 1 Belmont Ave #700, Bala Cynwyd, PA 19004

Faculty: Ellen Inverso, Psy.D., Director of Clinical Training at the Aaron Beck Center and co-author of the forthcoming book, *Recovery-Oriented Cognitive Therapy for Schizophrenia*

Price: $900, CE/CME: 18 credits

Guided by Aaron Beck’s cognitive model, Recovery-Oriented Cognitive Therapy (CT-R) is an evidence-based practice that provides a map and concrete steps to promote recovery and resiliency for individuals experiencing extensive behavioral, social, and physical health challenges. CT-R is highly collaborative, person-centered, and strengths-based, being specifically tailored for those who have a history of feeling disconnected and distrustful of service providers.

You will learn how to access and energize adaptive modes of living, how to use the Socratic process to elicit transformative life aspirations, how to promote daily action that achieves purpose and meaning, and how to empower and develop resilience in the face of behavioral, social, and physical challenges. CT-R applies across the age-span in individual, group, and team-based applications in community-based teams and agencies, acute and long-term inpatient units, correctional settings, and integrative health.

This workshop is a good fit for staff of all disciplines across all levels of education and experience working with individuals with serious mental health conditions.

Objectives HERE
Learn more about Recovery-Oriented Cognitive Therapy (CT-R)

For more information, click here.

Workshop Curriculum

This course is appropriate for those with a beginner to intermediate level knowledge in the mental health or medical field

Doctorate or master’s degree (or equivalent degree for practitioners outside of the US) in a mental health, medical, or related field. Essentials of CBT and Core 1 Workshop, are recommended, but not required.

Recommended Reading: *Cognitive Behavior Therapy: Basics and Beyond, 2nd Edition*

For hotel and travel assistance, contact our travel team online or via phone at (919) 336-4126 x3. There are two hotels within walking distance of the Beck Institute with special rates available. The Hilton City Avenue is directly across the street, and the Courtyard Philadelphia City Avenue (formerly the Crowne Plaza Philadelphia West) is about a ten-minute walk from Beck Institute. The Courtyard also offers a shuttle to Beck Institute trainees that will take you to and from our office each morning and afternoon.

Register HERE
Save the Date!

National Children’s Mental Health Awareness Day 2019

Monday, May 6, 3:00 p.m. E.T.

Save the date! The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Children’s Mental Health Awareness Day 2019: “Suicide Prevention: Strategies That Work” is a national event that will take place on Monday, May 6, at 3 p.m. E.T. at the U.S. Department of Health and Human Services’ Hubert H. Humphrey Building in Washington, D.C.

This year’s focus is on the impact that suicide has on children, youth, young adults, families, and communities. It also will address what each of us can do to connect those in need to the information, services, and supports that could save lives.

The event will include suicide prevention experts and senior government officials along with a family member and youth who will share evidence-based practices that help save lives. The format will be similar to a TED Talk, providing an opportunity to inform state agency personnel; health care providers; child-serving professionals; and families, youth, and young adults across the country about the latest practices and preventions. SAMHSA will webcast the event.

There are several opportunities for you and your networks to participate in Awareness Day activities, including:

- Host a community or state-level event in honor of Awareness Day 2019;
- Share information about Awareness Day activities through social media using the hashtag #HeroesofHope;
- Promote the national event through your organization’s communication channels; and
- Watch the live webcast of the national event.

Please visit www.samhsa.gov/children to learn more about Awareness Day and find helpful resources for your Awareness Day planning.

REGISTRATION IS OPEN

Join an audience from around the world working to improve health and health care

On June 2-4, 2019, more than 3,000 attendees will convene in the nation’s capital to share and strengthen the evidence needed to inform the decisions that affect the health of individuals and communities.

Registration Savings Deadline:
Tuesday, April 9, 2019

Register HERE
Using Data Analytics to Support Primary Care and Community Interventions to Improve Chronic Disease Prevention and Management and Population Health (RFA-HS-19-002)

The purpose of this FOA is to invite applications to promote health equity and improve the health of individuals and populations at risk for suboptimal health outcomes through the use of primary care and community interventions that address chronic conditions, including prevention and management of multiple chronic conditions. This is to be accomplished by developing data resources, applying health services research methodologies and presenting data analytics to primary care providers, health care delivery systems, public health departments, and/or community organizations to help them address social determinants of health (SDOH) and contribute to the delivery of whole person, 360-degree care that meets physical, behavioral, and oral health, as well as social services, needs.

This FOA seeks to harness the power of data to improve individual and community health among those at greatest risk for preventable adverse health outcomes. Applications submitted to this FOA will propose to use data analytics to enable primary care providers to better prevent and manage chronic illness, including multiple chronic conditions, and to support public health and community organizations to use local SDOH information in planning for and addressing the health needs of at-risk individuals and communities.

Applicants can propose to focus on data analytics to inform: 1) primary care interventions, and/or 2) community interventions.

Primary Care Interventions
Applicants targeting primary care interventions should propose to develop easy-to-access data, analyses, analytic tools, and/or data-driven protocols aimed at enabling primary care providers to manage patients at high risk for preventable disease or disease progression. The recent report from the National Academy of Medicine, *The Future of Health Services Research*, provides examples of using predictive analytics and integrating large databases to improve primary care delivery to high-need populations. The report describes a project that used clinical, claims, SDOH data to characterize high-need, high-cost patients. They developed a social vulnerability index that is being translated into an actionable algorithm that health systems can run on their health information systems to help target effective interventions at the patient-level. One such intervention is the use of patient navigators, often embedded in a health care delivery organization, who can help patients negotiate the various systems to ensure patients receive the full array of needed services. Another example is the creation of a primary care data dashboard that imports SDOH data into health information systems so that practices can make better population health management decisions.

Alternatively, the data and analytic platform could be used to inform primary care providers’ participation in community interventions that benefit the providers’ entire patient population. For example, community SDOH data could be used to: 1) prioritize which specific SDOH the community should tackle first (e.g., preserving affordable housing, organizing recreational activities for socially isolated individuals, establishing farmers markets, improving air quality), or 2) geographically target high-need locations for forming community partnerships (e.g., with public health, social services).

Community Interventions
Applicants targeting community interventions should propose to use their data and analytics to better understand patterns of chronic disease, SDOH, and community resources and services. For example, applicants could consider use of hot spotting methods to identify geographic areas of higher rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education.

Aligning health care and community interventions could greatly improve individual and community health outcomes. Applications targeting community interventions should address their connection with health care organizations (e.g., primary care, hospitals, integrated health systems) and how they could access and use these data.

Eligible Organizations

Higher Education Institutions
- Public/State Controlled Institutions of Higher Education
- Private Institutions of Higher Education

Nonprofits Other Than Institutions of Higher Education
- Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Governments
- State Governments
- City or Township Governments
- Indian/Native American Tribal Governments (Federally Recognized)
- Indian/Native American Tribal Governments (Other than Federally Recognized)
- Eligible Agencies of the Federal Government
- U.S. Territories or Possessions

Other
- Native American Tribal Organizations (other than Federally recognized tribal governments)
- Faith-based or Community-based Organizations
- Regional Organizations

Apply Here
UPCOMING WEBINARS

**TARGET AUDIENCES:** Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, Peer Specialists/Peer Support

**SHARED DECISION-MAKING: ACTIVATION OF PATIENT/PROVIDER TEAMS**

**April 19, 12:00 p.m. to 1:00 p.m. E.T.**

This webinar underscores the subtleties of shared decision making and the important circumstances that must be available for it to succeed. Practitioners using evidence-based approaches to mental health treatment, and the people they serve, face a very real problem of translating medical evidence into a course of action that is best for the person receiving treatment. Experience has shown that it may not be enough to simply provide individuals with information and offer them a choice. What seemed to be missing was individuals and providers conversing and working out solutions, together. This tandem approach activates a need and a desire in the individual to become fully-vested in treatment decisions, making it more likely that they’ll participate fully.

[Register Here]

**ADDRESSING BARRIERS TO CLOZAPINE UTILIZATION**

**April 25, 3:00 p.m. to 4:00 p.m. E.T.**

This webinar will discuss the barriers to the use of clozapine and recommendations of a national workgroup seeking to overcome these barriers. Clozapine is a medication that exhibits unique efficacy and effective for those with serious mental illness. However, the risks of using clozapine, the monitoring required for its use, issues facing prescribers who may wish to employ it and a variety of administrative burdens have all proved to barriers to its more widespread use.

[Register Here]

**Accreditation**

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 **AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse/Nurse Practitioner Accreditation

The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Funded by [SAMHSA](https://www.samhsa.gov)  
Administered by [American Psychiatric Association](https://www.psychiatry.org)

**Grant Statement**

Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818 01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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Sign Up for the [SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter](https://www.pathwaysnewsletter.com)
**SAMHSA Funding Opportunity Announcement**

**National Evaluation of the Technology Transfer Center Program (TI-19-009)**

<table>
<thead>
<tr>
<th>Funding Mechanism:</th>
<th>Anticipated Total Available Funding: $750,000</th>
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<tbody>
<tr>
<td>Grant</td>
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<thead>
<tr>
<th>Anticipated Number of Awards:</th>
<th>Anticipated Award Amount: Up to $750,000</th>
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<tr>
<th>Length of Project:</th>
<th>Cost Sharing/Match Required?:</th>
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<tbody>
<tr>
<td>Up to 2 years</td>
<td>No</td>
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**Applications Due: Monday, May 17**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 National Evaluation of the Technology Transfer Center Program grant. In FY 2018, SAMHSA reconfigured its approach to training and technical assistance by establishing a national network of regional technology transfer centers for substance abuse prevention and mental health services in addition to the existing centers for addiction technology transfer. The fundamental premise of this new approach was the broad dissemination of evidence-based practices to best equip the healthcare workforce with the skills needed to address substance abuse prevention and the treatment of mental and substance use disorders whether or not this workforce was a beneficiary of SAMHSA grant funding. The purpose of the National Evaluation is to gauge the extent to which this effort has been effective.

**Eligibility** - Eligible applicants are domestic public and private nonprofit entities. For example:

- Public or private universities and colleges.
- Behavioral health care organizations.
- National stakeholder organizations.
- Note: Entities who are currently grantees or sub-grantees of the TTC program are not eligible to apply.

**Contacts: Program Issues** Humberto Carvalho, Office of Financial Resources, SAMHSA, by phone at (240) 276-2974 and by email.

**Grants Management and Budget Issues:** Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, by phone at (240) 276-1412 or by email.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT


<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $12 million</th>
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<tr>
<td>Anticipated Number of Awards: 24</td>
<td>Anticipated Award Amount: $500,000</td>
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<tr>
<td>Length of Project: Up to 5 years</td>
<td>Cost Sharing/Match Required?: No</td>
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Applications Due: Monday, April 22

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2019 Minority AIDS Initiative - Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (Short Title: MAI – High Risk Populations) grants. The purpose of this program is to increase engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for HIV or are HIV positive that receive HIV services/treatment.

According to the Centers for Disease Control and Prevention (CDC), in 2017, gay and bisexual men accounted for 66 percent of all HIV diagnoses in the United States. In the same year, individuals who were HIV infected through heterosexual sex made up 24 percent of all HIV diagnoses. The data also notes that in FY 2017 African Americans were most affected by HIV and accounted for 43 percent of all new HIV diagnoses while Hispanic/Latinos were also strongly affected and accounted for 26 percent of all new HIV diagnoses. There are also variations by age as young people aged 13 to 24 are especially affected by HIV. In 2017, young people accounted for 21 percent of all new HIV diagnoses. All young people are not equally at risk, however. Young gay and bisexual men accounted for 83 percent of all new HIV diagnoses in people aged 13 to 24 in 2017 (includes young gay and bisexual men who inject drugs), and young African American gay and bisexual men are even more impacted.

**Eligibility** - Eligible applicants are domestic public and private nonprofit entities.

**Contact Information:**

**Program Issues:** Kirk James, M.D., Center for Substance Abuse Treatment, Division of Services Improvement, SAMHSA, by phone at 240-276-1617 or by email.

**Grants Management and Budget Issues:** Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, by phone at (240) 276-1412 or by email.

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The Education Development Center is offering a series of suicide prevention train-the-trainer courses designed specifically for crime victim advocates who are not clinical mental health professionals.

With funding support from OVC, the Center developed the HOPE curriculum (Notice Hints, Ask Openly About Suicide, Validate Pain, and Explore Reasons to Live). This prevention training curriculum is designed specifically for crime victim advocates.

HOPE prepares advocates who work with adult crime victims to properly identify, intervene, and refer individuals who are exhibiting symptoms of suicidality to appropriate care and follow-up treatment. Event participants will learn how to deliver the HOPE curriculum.

**REGISTER TODAY** for one of the following 2-day trainings:

- May 2–3 in Washington, DC
- May 21–May 22 in San Antonio, Texas
- June 4–5 in Portland, Oregon
- June 18–19 in Charlotte, North Carolina
- July 30–31 in Denver, Colorado
- August 1–2 in Denver, Colorado (this training is specifically for victim advocates who serve victims in Indian country)

A limited number of travel scholarships are available.
NATIONWIDE RECRUITMENT FOR CLINICAL TRIAL – DEPRESSION AND BRAIN FUNCTION

This inpatient and/or outpatient depression research study tests the effects of the combination of transcranial magnetic stimulation (TMS) and psychotherapy on brain function. Participation is for 8 weeks followed by 3 once-a-month follow-up visits or phone calls, and includes research evaluations, brain scans, and active TMS and psychotherapy, or inactive TMS and psychotherapy.

The study is recruiting individuals ages 18-65 with major depressive disorder, who are free of other serious medical conditions. Individuals who are currently taking antidepressants may still be eligible.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
First Responders-Comprehensive Addiction and Recovery Act (TI-19-004)

Funding Mechanism: Grant
Anticipated Award Amount: $250,000 to $800,000 per year
Anticipated Total Available Funding $16.5 million of which approximately $9 million will be for recipients serving rural communities with high rates of opioid abuse.
Anticipated Number of Awards: Up to 45
Length of Project: Up to 4 years
Cost Sharing/Match Required?: No
Applications Due: Monday, May 6

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 First Responders-Comprehensive Addiction and Recovery Act (Short Title: FR-CARA) Grants. SAMHSA will award FR-CARA funds to states, tribes and tribal organizations [as defined in section 4 of the Indian Self-Determination and Education Assistance Act (ISDEAA)], and local governmental entities. Local governmental entities include, but are not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships. The purpose of this program is to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Recipients will train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Recipients will also establish processes, protocols, mechanisms for referral to appropriate treatment and recovery communities, and safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.

For the purposes of this funding opportunity announcement (FOA), first responders include firefighters, law enforcement officers, paramedics, emergency medical technicians, or other legally organized and recognized volunteer organizations that respond to adverse opioid related incidents.

Eligibility: Eligible applicants are:
- State governments;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations; and
- Local governmental entities including, but not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships.

Contacts: Program Issues Judith Ellis, Center for Substance Abuse Prevention, SAMHSA, by phone at (240) 276-2567 and by email.

World Elder Abuse Awareness Day - June 15, 2019

- Around 1 in 6 older people experienced some form of abuse in the past year.
- Rates of abuse may be higher for older people living in institutions than in the community.
- Elder abuse can lead to serious physical injuries and long term psychological consequences.
- Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations.
- The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050.
The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2019 Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Grants). The purpose of this program is to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (SED), and their families. This program will support the implementation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI).

This grant will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP). The intent is to build upon progress made in developing comprehensive SOC by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports.

Recipients will be expected to achieve goals and implement actions identified in their comprehensive strategic plans to expand and sustain SOCs. These funds must be used to create infrastructure, facilitate access to required services and supports (including mental health, related recovery supports, case management, and outreach services), and to provide required mental health and related recovery support services that are identified under Sections 561-565 of the Public Health Service Act, as amended. See Appendix L for Required Mental Health and Recovery Support Services.

SOC Expansion and Sustainability grant funds must be used to support infrastructure development and services not covered by Medicaid, private, or other types of insurance. Up to 30 percent of the grant funds may be used for infrastructure development.

Eligibility - Eligibility is limited to public entities which refers to the following:

- State governments, territories (the District of Columbia; the Commonwealth of Puerto Rico; the Northern Mariana Islands; the Virgin Islands; Guam; American Samoa; the Republic of Palau; the Federated States of Micronesia; and the Republic of the Marshall Islands); and governmental units within political subdivisions of a state (e.g., county, city, town); and
- Federally recognized American Indian/Alaska Native (AI/AN tribal organizations, as defined in Section 5304(b) and Section 5304(c) of the Indian Self-Determination and Education Assistance Act.

Entities that are currently funded under SM-16-009, and SM-17-001 are not eligible to apply under this funding agreement. Note: Eligible state applicants for this grant may not choose local jurisdictions that received have received a prior grant award in FY 2014 through FY 2017. If a state applicant identifies a local jurisdiction that has submitted a separate application, SAMHSA will review and score both applications. If both applications are in the fundable range, the application with the higher priority score will be funded.

Contact Information:

Program Issues:
Diane Sondheimer, Deputy Chief, Child, Adolescent and Family Branch, Center for Mental Health Services, SAMHSA, by phone at 240-276-1922 or by email.
Tanvi Ajmera, Public Health Advisor/Government Project Officer, Child, Adolescent, and Family Branch, Center for Mental Health Services, SAMHSA by phone at 240-276-0307 or by email.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
FUNDING OPPORTUNITY ANNOUNCEMENT
NHSC Substance Use Disorder Workforce Loan Repayment Program

The most effective treatment for opioid addiction is a comprehensive approach that incorporates medication and behavioral health counseling.

To combat the nation’s opioid crisis, HRSA launched the NHSC Substance Use Disorder Workforce Loan Repayment Program (SUD Workforce LRP). The program supports the recruitment and retention of health professionals needed in underserved areas to expand access to SUD treatment and prevent overdose deaths.

Eligible clinicians may receive up to $75,000 in student loan repayment in exchange for a three-year commitment to provide substance use disorder treatment services at NHSC-approved sites.

- **Service** - You have an opportunity to increase access to primary care services to communities in need.
- **Flexible Service Options** - You have a choice between three years of full-time or part-time service at an NHSC-approved SUD service site. *Note:* If you serve in a private practice, you are not eligible to practice half-time.
- **Loan Repayment** - You will receive funds to repay your outstanding, qualifying, educational loans.

**Eligibility** - To apply for this program, you must be working, or have accepted an offer of employment by the date you submit an application, at an NHSC SUD Workforce LRP-approved service site.

You qualify if you work at a SUD site with a Health Professional Shortage Areas (HPSA) score that would ordinarily be too low to qualify for NHSC funding, using either your NHSC-approved site’s Mental Health or Primary Care HPSA score.

You are eligible for an NHSC SUD Workforce LRP award as long as you are:

- A United States citizen (U.S. born or naturalized) or United States national;
- A provider (or be eligible to participate as a provider) in the Medicare, Medicaid and the State Children’s Health Insurance Program, as appropriate;
- Fully trained and licensed to practice in the NHSC-eligible primary care medical, dental or mental/behavioral health discipline and state in which you are applying to serve; and
- A health professional in an eligible discipline with qualified student loan debt for education that led to your degree.

NHSC SUD Workforce LRP offers awards to providers who use evidence-based treatment models to treat substance use disorders. Evidence-based SUD treatment contributes to combating this epidemic through specific eligibility.

Providers must be trained and licensed to provide SUD treatment at NHSC-approved evidenced-based SUD treatment facilities.

The following disciplines and specialties are eligible to apply to the NHSC SUD Workforce LRP:

- Physicians;
- Nurse practitioners;
- Certified nurse midwives;
- Physician assistants;
- Behavioral health professionals;
- Substance use disorder counselors;
- Registered nurses; and,
- Pharmacists

Find out about specific guidelines and requirements for military reservists.

NHSC SUD Workforce LRP applicants must be working or have accepted a position at an NHSC-approved service site. An NHSC-approved site is a health care facility providing comprehensive outpatient services to populations residing in HPSAs and determined by HRSA to meet the NHSC site eligibility requirements and qualifications.

To be an NHSC-approved SUD site, facilities must have demonstrated that they meet the requirements set forth in the NHSC Site Agreement and NHSC Site Reference Guide, including submission of SUD documentation.

- SAMHSA-certified opioid treatment programs (OTPs)
- Office-based opioid treatment facilities (OBOTs)
- Non-opioid substance use disorder treatment facilities (SUD treatment facilities)
- Federally Qualified Health Care Centers (FQHCs)
- Rural Health Clinics (RHCs)
- American Indian Health facilities
- FQHC Look-Alikes
- State or federal correctional facilities
- Critical Access Hospitals
- Community health centers
- State or local health departments
- Community outpatient facilities
- Private practices
- School-based clinics
- Mobile units and free clinic
Funding Mechanism: Cooperative Agreement
Anticipated Total Available Funding: $64,560,000
Anticipated Number of Awards: 12
Anticipated Award Amount: Up to $5,380,000 per year
Anticipated Length of Project: 5 years
Cost Sharing/Match Required?: No
Applications Due: Monday, May 6

The Maternal Opioid Misuse (MOM) model provides funding opportunities for selected state Medicaid agencies to test whether payments that support evidence-based, coordinated care delivery for pregnant and postpartum women with opioid use disorder (OUD) and their infants can reduce Medicaid and Children’s Health Insurance Program (CHIP) expenditures and improve the quality of care for this population of Medicaid and CHIP beneficiaries.

Pregnancy, a time during which women may be more engaged in their own care due to more regular interactions with the healthcare system, provides a key opportunity for focused impact on health care outcomes for pregnant women and their infants within the context of the broader opioid crisis. The MOM model will test payment and care-delivery innovation to improve outcomes and reduce costs for pregnant and postpartum Medicaid beneficiaries with OUD and their infants.

The MOM model leverages Center for Medicare and Medicaid Innovation authorities and state flexibility to address the fragmented care that the Model’s focus population currently receives. The Centers for Medicare & Medicaid Services (CMS) will provide support for model awardees to design and implement state-specific interventions through funding for infrastructure and capacity development and, potentially, 1) a one-year, transitional period of care delivery, and 2) achievement of quality milestones. During the Model’s five-year performance period, responsibility for funding the care-delivery innovation will transition to each state, with the ultimate goal of sustaining successful payment and care-delivery strategies through incorporation into each state’s Medicaid programs.

Agency Contacts:
Administrative and Budgetary Requirements: Monica Anderson, Office of Acquisitions and Grants Management, MOMModel@cms.hhs.gov
Program Requirements or Technical Assistance: Geraldine Doetzer, Center for Medicare and Medicaid Centers (CMS), MOMModel@cms.hhs.gov
14th Annual Amygdala, Stress and PTSD Conference
Risk, Resilience, and Recovery
Tuesday, April 16, Uniformed Services University,
Sanford Auditorium

The Amygdala, Stress and PTSD Conference at the Uniformed Services University brings together scientists and clinicians working toward solving the biological basis of stress, fear, and posttraumatic stress disorder. Our speakers this year are again an outstanding group of scientists and clinicians:

- Dennis S. Charney, MD. Dean, Icahn School of Medicine at Mount Sinai
  RESILIENCE: The Science of Mastering Life’s Greatest Challenges
- Anne Germain, PhD. University of Pittsburgh School of Medicine
  Wake up to Sleep! A Translational Perspective of the Role of Sleep in Readiness and Resilience
- Jessica M. Gill, PhD. National Institutes of Health
  Gene-Activity and Proteins That Relate to Chronic PTSD Symptoms
- James L. Griffith, MD, George Washington University School of Medicine and Health Sciences
  Mobilizing Hope in the Face of Despair: Applying Social Neuroscience Research
- Irwin Lucki, PhD. Uniformed Services University of the Health Sciences
  Preclinical Development of Ketamine and the Metabolite 2R,6R-Hydroxynorketamine For Depression and Other Disorders

The conference is sponsored by the Center for the Study of Traumatic Stress (CSTS) of the Uniformed Services University in collaboration with the USU Department of Psychiatry, USU Neuroscience Program, USU Department of Family Medicine, and the Walter Reed National Military Medical Center, Department of Psychiatry.

Register HERE

Registration will remain open through April 9.

Please join us for a reception the evening prior to the conference (Monday, 4/15) at USU from 1800-2000. Open to all. Cost: No charge. RSVP is available on the Registration page. Special thank you to the Henry M. Jackson Foundation for their kind support.

In 2019, the American Public Human Services Association (APHSA) is elevating critical policy discussions and providing an opportunity for collective conversations with the Administration and Congress for a shared path forward for a modern, responsive and effective human service system.

APHSA’s members are committed to a human services system focused on:
- Child and family well-being
- Employment and economic well-being
- Improved population health

This year’s National Summit is designed to showcase transformation efforts underway across the nation focusing on:
- Operational Optimization
- Healthier Communities Through Prevention
- Policy and Practice Solutions for Family and Community Well-Being
- Equity

At the APHSA National HHS Summit you can:
- Participate in series of workshops and sessions encompassing a diverse set of topics ranging from policy to research to state and local initiatives
- Engage in valuable discussions around innovation and transformation
- Access to a wide range of thought leaders
- Expand your skills and knowledge base
- Meet industry leading experts and connect with your peers

Register NOW
See You at the Summit
Accreditation  This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Maryland School of Medicine and the National Council on Alcoholism and Drug Dependence, Maryland. The University of Maryland School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. This activity has been approved for AMA PRA Category 1 Credit.™

About Us  NCADD Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

For more information about NCADD MD, please visit our website at www.ncaddmaryland.org
The Patient-Centered Outcomes Research Institute (PCORI) has had an ongoing interest in funding high-quality clinical studies that compare the effectiveness of evidence-based clinical strategies to treat anxiety disorders in children, adolescents, and/or young adults. PCORI intends to release a new funding announcement for this topic in January 2019. Clinical strategies to be studied may include pharmacological interventions, psychological interventions, or a combination of both. Each proposed comparator must be clearly defined, evidence-based, widely available, and appropriate for the age range and clinical severity of the study population.

The proposed study population should include patients with a confirmed clinical diagnosis of a primary anxiety disorder and who are between 7 and 25 years of age. Applicants must clearly define the specific age range to be studied and provide a scientific rationale for the proposed study population and interventions. Applicants should consider several factors when defining their study population, including but not limited to: anxiety severity, type(s) of anxiety disorder(s), exposure to previous treatment(s)/treatment failure, recurrent or relapsed illness, and/or subpopulations. Studies should be conducted in well-defined, primary, specialty and/or integrated clinical care settings where psychological services are consistent and well-characterized.

Randomized controlled trials that compare the effectiveness of treatments are encouraged. Prospective, observational cohort studies that focus on assessing the heterogeneity of treatment effects and/or the comparative tolerability and safety of drugs may also be proposed. All studies should include outcome measures to assess function, symptoms, acceptability of treatment, and the measurement of adverse effects. Studies with a minimum follow-up period of nine months from baseline are sought, with one year of follow-up preferred. In addition, all studies funded through this initiative must include robust sample sizes of at least 300 participants, with sufficient power demonstrated to conduct the proposed analyses.

SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services. Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

You Can Access the SMI Treatment Locator [HERE](#).
Join CCMI for its second webinar on the Integrated Care for Kids (InCK) Model. This webinar will include an overview of the model, its application requirements, and the model timeline. (This webinar will duplicate the material shared on the previous application webinar.)

InCK is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children covered by Medicaid and CHIP who have, or are at-risk for developing, significant health needs. Applications for the model are due by June 10 at 3 p.m. E.T. on www.grants.gov. The complete NOFO details and submission instructions are available here.

For more information about the InCK Model, please visit our website or submit questions to our helpdesk at HealthyChildrenandYouth@cms.hhs.gov.

Register HERE
Registration for the National Wraparound Implementation Academy is Open!

Early bird registration for the National Wraparound Implementation Center's 4th National Wraparound Implementation Academy (NWIA) is OPEN. The NWIA, which will be held Sept. 9-11, 2019 in Baltimore, is a biennial event that provides the opportunity to learn from the field’s foremost experts in Wraparound and systems of care and connect with peers from across the country.

Register NOW

Operationalizing Leadership in Systems of Care

This webinar will focus on the skills needed to become effective leaders with SOCs. Based on the concept of “leadership with intention,” the presenter will offer a framework for leadership derived from neuroscience and will then discuss: 1) leadership styles and their impact, 2) the role of strategic alliances and relationship building in leadership, and 3) the “coach approach” to leadership. Concrete examples will be provided throughout, as well as an opportunity for questions. This webinar is part of the SOC Leadership Learning Community.

Register NOW

Juvenile Justice Disparities Reduction Strategies through Civil Citations

This webinar will present an example of cross-system partnership between Jacksonville SOC and juvenile justice partners working together to reduce disparities in arrests of African American youth for non-violent infractions.

Register NOW

Conducting Youth Focus Groups

Direct Connect: Led by Youth M.O.V.E. National, this LC is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country. March's Direct Connect will cover the components of a youth focus group, its purpose and an overview on how to successfully conduct them. Focus groups are used to gather information before, during or after youth programming and activities. The information gathered can help with assessing the needs of the youth, collecting general information, developing programs, activities and ideas, and evaluating outcomes. This webinar will also cover a variety of focus group designs, methods, and formats as well as share a variety of interactive activities that can be used during focus groups to help youth feel comfortable while also gathering important information.

Register NOW

Opiate Impact on Families

This learning community focuses on challenges and innovations in developing systems of care for children, youth, and young adults with significant behavioral health needs and their families in rural areas. The webinar will focus on strategies for working with families who are struggling with the impacts of opiate addiction and will include sharing of resources and sharing of lived experience.

Register NOW
Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child’s Mental Health Campaign team, which was a collaboration between NASMHPD, Vanguard Communications, Youth MOVE National, and the Federation of Families for Children’s Mental Health. The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the University of Maryland’s TA Network.

Other organizations or entities seeking social marketing technical assistance, including State Behavioral Health Agencies, are welcome to contact NASMHPD. Additional social marketing instructional materials, training, and consultation may be available. If you’d like to discuss your needs and/or have questions about how we can help, please contact Leah Holmes-Bonilla. If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out this application form.

Tip Sheets and Workbooks

- **Getting Started**
  - Brand Development Worksheet
  - Creating Your Social Marketing Plan
  - Developing a Social Marketing Committee
  - Social Marketing Needs Assessment

- **Social Marketing Planning**
  - Social Marketing Planning Workbook
  - Social Marketing Sustainability Reflection

- **Hiring a Social Marketer**
  - Sample Social Marketer Job Description
  - Sample Social Marketer Interview Questions

- **Engaging Stakeholders**
  - Involving Families in Social Marketing
  - Social Marketing in Rural and Frontier Communities
  - The Power of Partners
  - Involving Youth in Social Marketing: Tips for System of Care Communities
  - The Power of Telling Your Story

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**NASMHPD Links of Interest**

*Overcoming Challenges in Diagnosis and Management of Depression in Pediatric Bipolar Disorder: Using Screening Tools and Diagnosing Bipolar Disorder in Pediatric Patients, Manpreet K. Singh, M.D., M.S., & Treating Bipolar Disorder in Pediatric Patients and Educating Patients and Parents, Melissa P. DelBello, M.D., M.S., Journal of Clinical Psychiatry CME Institute, April 2019*

*Health Insurance in Rural America: Rates of Uninsured Falls in Rural Counties, Remain Higher Than Urban Counties, Jennifer Cheeseman Day, U.S. Census Bureau, April 9*

*Use of Medication-Assisted Treatment in Criminal Justice Settings, Substance Abuse and Mental Health Services Administration, March 2019*

*DRAFT RECOMMENDATION: SCREENING FOR ANXIETY, Women’s Preventive Services Initiative, April 1 (Comments Due May 1) & DRAFT RECOMMENDATION PROMOTES SCREENING WOMEN FOR ANXIETY, Health Day, April 8*

*EVALUATION OF THE DISABILITY DETERMINATION PROCESS FOR TRAUMATIC BRAIN INJURY IN VETERANS, National Academies of Science, Engineering, and Medicine, April 2019*

*The Start Predicts the Finish: Factors Associated With Antidepressant Nonadherence Among Older Veterans During the Acute and Maintenance Treatment Phases, Journal of Clinical Psychiatry, Gerlach L.B., D.O., M.S., Chiang C., Ph.D. & Kales H.C., M.D., March 26*

*LIPID DISTURBANCES IN ADOLESCENTS TREATED WITH SECOND-GENERATION ANTI-PSYCHOTICS CLINICAL DETERMINANTS OF PLASMA LIPID WORSENING AND NEW-ONSET HYPERCHOLESTEROLEMIA, Delacrétaz A., Ph.D. et al., Journal of Clinical Psychiatry, April 9*

*A UNIVERSAL EUROPEAN HEALTH SYSTEM FOR CALIFORNIA: THE GERMAN MODEL, Micah Weinberg, Ph.D. & Alice Bishop, Bay Area Council Economic Institute, (March 2019)*
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 Beyond Beds series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2018 10-paper follow-up to the Beyond Beds series is now up on the NASMHPD website. The 2018 papers take the 2017 theme one step further, to look at specific services offered in the community and factors impacting those services, covering such topics as early psychosis intervention, supportive housing and supported employment, suicide prevention for older persons, children’s crisis care coordination in the continuum of care, and trauma-informed interventions, as well as court-ordered referrals to determine competency to stand trial.

One of those papers, *Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements*, authored by Robert Shaw of the NASMHPD Research Institute (NRI), reviews a 2017 NRI survey of the extent to which psychiatric bed registries—a “centralized system that uses real-time tracking to monitor the availability of psychiatric beds” are being implemented in the United States. The study found that 16 states had bed registries and that an additional 8 states were in the process of planning or developing a bed registry. In just over one-half the states with bed registries (9 states), participation in the registry was voluntary and very few states reported having registries that were updated 24/7 with real-time information. The types of beds covered by the registries generally included beds in state and private hospitals, and general hospital psychiatric beds, but only a few covered crisis beds, either for mental illness or substance use disorders, or Veterans Administration beds.

The NASMHPD Technical Assistance Coalition series will continue in 2019.

**Following are links to the other nine reports (in final draft) in the 2018 Technical Assistance Coalition series.**

- **Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes**
- **Weaving a Community Safety Net to Prevent Older Adult Suicide**
- **Making the Case for a Comprehensive Children’s Crisis Continuum of Care**
- **Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach**
- **Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention**
- **Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness**
- **A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness**
- **Medical Directors’ Recommendations on Trauma-informed Care for Persons with Serious Mental Illness**
- **Speaking Different Languages—Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1**
Visit the New Resources at NASMHPD’s Early Intervention in Psychosis (EIP) Virtual Resource Center

These new TA resources, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, are now available for download!

**Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis** (NASMHPD/NRI)

**Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas** (Oscar Jimenez-Soloman, M.P.H, Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossel, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

Training Guide

Training Videos: Navigating Cultural Dilemmas About –
1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

**Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Best Practices in Continuing Care after Early Intervention for Psychosis** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

Training Webinars for Receiving Clinicians in Community Mental Health Programs:
1. Overview of Psychosis
2. Early Intervention and Transition
3. Recommendations for Continuing Care

**Addressing the Recognition and Treatment of Trauma in First Episode Programs** (Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loewy, Ph.D. & Tara Neindam, Ph.D.)

**Trauma, PTSD and First Episode Psychosis**

**Addressing Trauma and PTSD in First Episode Psychosis Programs**

**Supporting Students Experiencing Early Psychosis in Schools** (Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

**Engaging with Schools to Support Your Child with Psychosis**

**Supporting Students Experiencing Early Psychosis in Middle School and High School**

**Addressing Family Involvement in CSC Services** (Laurie Flynn and David Shern, Ph.D.)

**Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families**

**Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians**

**Early Serious Mental Illness: Guide for Faith Communities** (Mihran Kazandjian, M.A.)

**Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model** (Susan Essock, Ph.D. and Donald Addington, M.D.)

For more information about early intervention in psychosis, please visit [https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
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NASMHPD Links of Interest
TOTAL ECLIPSE: WHEN A CHILD’S MENTAL HEALTH DIAGNOSIS COMES TOO LATE TO HELP, Deanna Csomo McCool, AEON, April 8
LONG-TERM SUCCESS FOR EXTENDED-RELEASE BUPRENORPHINE INJECTION, Cecilia Pessoa Gingerich, MD Magazine, April 7
TEACHERS’ MENTAL HEALTH LINKED TO STUDENTS’ WELL-BEING, STUDY SHOWS, Psychiatric News Alert, April 5, & IS TEACHERS’ MENTAL HEALTH AND WELLBEING ASSOCIATED WITH STUDENTS’ MENTAL HEALTH AND WELLBEING?, Harding S., et al., Journal of Affective Disorders, April 2
SMALL PRIMARY CARE PRACTICES WORK TO SCREEN PATIENTS FOR DEPRESSION, Jennifer Henderson, Crain’s New York Business, April 5
ZAPPING BRAIN WITH ELECTRICITY BOOSTS WORKING MEMORY IN OLDER ADULTS, STUDY FINDS, Shraddha Chakradhar, STAT Morning Rounds, April 9 & WORKING MEMORY REVIVED IN OLDER ADULTS BY SYNCHRONIZING RHYTHMIC BRAIN CIRCUITS, Reinhart R.M.G. & Nguyen J.A., Nature Neuroscience April 9
RISKS TO PRIVACY WITH USE OF SOCIAL MEDIA: UNDERSTANDING THE VIEWS OF SOCIAL MEDIA USERS WITH SERIOUS MENTAL ILLNESS, Naslund J.A., Ph.D. & Aschbrenner K.A., Ph.D., Psychiatric Services On-Line, April 5
EFFECT OF MOBILE HEALTH ON IN-PERSON SERVICE USE AMONG PEOPLE WITH SERIOUS MENTAL ILLNESS, Ben-Zeev D., Ph.D., Buck B., Ph.D., Hallgren K., Ph.D. & Drake R.E., M.D., Ph.D., Psychiatric Services On-Line, April 5
CENTER FOR START SERVICES ANNUAL REPORT FY 2018, University of New Hampshire Institute on Disability (2019)
AFRICAN AMERICANS MORE LIKELY TO BE MISDIAGNOSED WITH SCHIZOPHRENIA, STUDY FINDS, Science Daily, March 21 & A NATURALISTIC STUDY OF RACIAL DISPARITIES IN DIAGNOSES AT AN OUTPATIENT BEHAVIORAL HEALTH CLINIC, Gara M.A. et al., Psychiatric Services, December 10, 2018
STATE INNOVATION MODELS (SIM) INITIATIVE EVALUATION: MODEL TEST YEAR 5 ANNUAL REPORT, RTI International for Center for Medicare and Medicaid Innovation, December 2018
EXCESS ADMINISTRATIVE COSTS BURDEN THE U.S. HEALTH CARE SYSTEM, Emily Gee & Topher Spiro, Center for American Progress, April 8
AFTER A SCHOOL TRAGEDY...READINESS, RESPONSE, RECOVERY, & RESOURCES, Mental Health Technology Transfer Center Network, April 2 (CONTINUED ON PAGE 25)