CMS Invites Extension, Expansion of Medicaid-Medicare Duals Demonstrations

In an April 24 State Medicaid Director Letter entitled Three New Opportunities to Test Innovative Models of Integrated Care for Individuals Dually Eligible for Medicaid and Medicare, the Centers for Medicare and Medicaid Services (CMS) has invited states not currently participating in the Medicare-Medicaid duals demonstration projects begun in 2013 to launch their own versions, through the existing capitated financial alignment model being utilized in nine states, the managed fee-for-service model considered but never implemented in a handful of states, or some other state-specific model worked out with the agency.

CMS will also allow states with existing capitated financial alignment duals demos to request:

- multi-year extensions of scheduled demonstration end dates based on promising evidence, or the need for more time to collect and analyze data, if coupled with adjustments designed to improve outcomes for individuals, increase person-centered practices, reduce administrative burdens, and improve the financial sustainability for Medicare and Medicaid; or
- changes to the geographic scope of their demonstrations, if such geographic changes are consistent with state priorities and allow for more efficient administration.

CMS says its goal in approving extensions is to allow for data collection that ends up informing decisions about the need for re-approving temporary, time-limited extensions beyond 2023.

In the letter, CMS Administrator Seema Verma credits the financial alignment duals demos with:

- creating a competitive market, with multiple choices for beneficiaries, while maintaining high expectations for plans around care coordination and cost effectiveness;
- enrolling enough people into the integrated plans to support long-term viability;
- creating a successful framework for joint state and CMS oversight and contract management;
- achieving an average 4.4 percent savings in participating states;
- incentivizing health plans to innovate and invest to better serve the dual eligible population; and
- creating an integrated plan in which enrollees are satisfied, as indicated in member experience survey results.

However, Verma also notes that fewer than 10 percent of duals are enrolled in some form of integrated care. "We must do better, and CMS is taking action," Verma says in an April 24, Health Affairs Blog on the proposal.

For states not currently participating in the duals demos, Verma offers opening up the capitated alignment and managed fee-for-service models to new participants, as well as creating new models. The letter says interested states should approach the new opportunities with the intent to build on the lessons learned from the demonstrations to date, including:

- meaningful stakeholder engagement and collaboration;
- robust beneficiary support mechanisms;
- significant outreach and education for beneficiaries and providers;
- person-centered planning and systems changes necessary for full implementation;
- careful preparation and system testing prior to implementation;
- phased implementation and/or enrollment of beneficiaries;
- minimized administrative burden for providers (e.g., ensuring, prior to implementation, that managed care plans will pay claims in an accurate and timely manner);
- state-specific savings factors that reflect local market dynamics and are designed to increase over time;
- quality withholdings that put health plans at financial risk based on performance on relevant quality metrics; and
- risk arrangements that allow CMS and the state to share in plan savings/losses (such as risk corridors and experience rebates).

Administrator Verma says the agency is open to working with more states to test new demonstrations using an approach similar to Washington State’s, which is focused on high-intensity interventions for high-risk beneficiaries and which, in turn has earned more than $36 million in performance payments from CMS. However, Verma says the agency recognizes a retroactive shared-savings approach could be difficult for states in a balanced budget environment.

Verma suggests states could look geographically at those living in rural areas, consider certain segments of the population, or take a broader approach encompassing the entire dual-eligible population. She also suggests states could build off other delivery system reforms like value-based purchasing or bundled pay.
Table of Contents
CMS Invites Extension, Expansion of Medicaid-Medicare Duals Demonstrations
REGISTRATION NOW OPEN! – September 2019 International Initiative for Mental Health Leadership (IIMHL) & International Initiative for Disability Leadership (IIMDL) Leadership Exchange in Washington, DC
CMS Announces Five New Medicare Payment Models under New Primary Cares Initiative
Registration Opens Soon for the National Academy for State Health Policy (NASHP) 32nd Annual Conference in Chicago, August 21 - 23
SAMHSA Files Comments on N11 Proposal with the Federal Communications Commission
Homeless and Housing Resource Network May 16 Webinar: Understanding Homelessness, Housing First, and Permanent Supportive Housing
Annual National Association for Rural Mental Health Conference, August 26 to 29
President Trump Signs the ACE Kids Act
APHSA IT Solutions Management for Human Services (ISM) Annual Conference, September 22 to 25 in Milwaukee
April 30 MHTTC Webinar: Low Barrier Access to Mental Health Service for Youth and Young Adults: What Works With What We’ve Got
SAMHSA Funding Opportunity Announcement: Rural Opioid Technical Assistance Grants (TI-19-010)
SAMHSA Funding Opportunity Announcement: Provider’s Clinical Support System – Universities Grants (TI-19-11)
Funding Opportunity Announcement for Rural Communities Opioid Response Program (RCORP) Initiative (HRSA 19-082)
Registration for the May 9 Center for Faith and Opportunity Initiatives Partnership Center Mental Health Webinar
Accepting Presentation Proposals for the NADD Conference, October 23-25 in New Orleans
Register NOW for the NAMD Conference, November 13 to 15
May 6 is National Children’s Mental Health Awareness Day
AcademyHealth Annual Research Meeting, June 2 to 4
AHRQ Funding Opportunity Announcement: Using Data Analytics to Support Primary Care and Community Interventions to Improve Chronic Disease Prevention and Management and Population Health (RFA-HS-19-002)
SMI Adviser Upcoming Webinars for April
National Older Adult Mental Health Awareness Day, May 20
Save the Date! May 6 is National Children’s Mental Health Awareness Day!
The Winter 2019 Issue of Signs of Mental Health is Out!
Suicide Prevention Training for Crime Victim Advocates
NIH Nationwide Recruitment for a Clinical Trail – Depression and Brain Function
SAMHSA Funding Opportunity Announcement: First Responders-Comprehensive Addiction and Recovery Act (TI-19-004)
NHSC Substance Use Disorder Workforce Loan Repayment Program
World Elder Abuse Awareness Day - June 15
Save the Date! – National Older Adult Mental Health Awareness Day 2019 – May 20
September 23-26 NASHIA 2019 State of the States in Head Injury Conference
CMS Funding Opportunity Announcement: Maternal Opioid Misuse (MOM) Model
SAMHSA Funding Opportunity Announcement: National Evaluation of the Technology Transfer Center Program (TI-19-009)
Registration for the APHSA May 19 to 22 Summit
The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data
Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
TA Network Webinars and Opportunities
Social Marketing Assistance is Available
2018 NASMHPD TECHNICAL ASSISTANCE COALITION “BEYOND BEDS” WORKING PAPERS
Resources at NASMHPD’s Early Intervention in Psychosis Resource Center
NASMHPD Board & Staff NASMHPD Links of Interest
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
The Centers for Medicare and Medicaid Services (CMS) on April 22 announced a new set of payment models under a new CMS Primary Cares Initiative, proposing to transform primary care into a value-based accountable care organization (ACO)-like model that, like the ACO model, will not permit behavioral health care providers to be the provider primarily responsible for each patient’s health or require the primary care provider to include a behavioral health care provider on the patient’s care team.

The Primary Care First (PCF) and PCF-High Need Populations payment model options, regionally-based, multi-payer approaches to care delivery and payment, will test whether financial risk and performance-based payments that reward primary care practitioners and other clinicians for easily understood, actionable outcomes will reduce total Medicare expenditures, preserve or enhance quality of care, and improve patient health outcomes. PCF will provide payment to practices through a simplified total monthly payment. The separate PCF-High Needs payment model option will provide higher payments to encourage advanced primary care practices who may typically provide hospice or palliative care services to take responsibility for high need, seriously ill beneficiaries who lack a primary care practitioner and/or effective care coordination—population groups which will be referred to under the model as the Seriously Ill Population (SIP). CMS will attribute SIP patients lacking a primary care practitioner or care coordination to Primary Care First practices that specifically opt to participate in this payment model option.

Both PCF models will be focusing on incentivizing providers to reduce hospital utilization and total cost of care with potentially significant performance-based payment adjustments based on their performance. The models will seek to improve quality of care, patients’ experiences of care, and key outcome-based clinical quality measures. Practices will be incentivized to deliver patient-centered care that reduces acute hospital utilization, with the specific approaches to care delivery to be determined by practice priorities. PCF will be oriented around comprehensive primary care functions: (1) access and continuity; (2) care management; (3) comprehensiveness and coordination; (4) patient and caregiver engagement; and (5) planned care and population health. The PCF models will be tested for five years, beginning in January 2020. A second application round is planned for participants starting in January 2021.

Eligible applicants to the general Primary Care First payment model option are primary care practices that:

• are located in a Primary Care First region selected by CMS;
• include primary care practitioners (MD, DO, CNS, NP, and PA), certified in internal medicine, general medicine, geriatric medicine, family medicine, and hospice and palliative medicine;
• provide primary care health services to a minimum of 125 attributed Medicare beneficiaries at a particular location;
• have primary care services account for at least 70 percent of the practice’s collective billing based on revenue. In the case of a multi-specialty practice, 70 percent of the practice’s eligible primary care practitioners’ combined revenue must come from primary care services;
• have experience with value-based payment arrangements or payments based on cost, quality, and/or utilization performance such as shared savings, performance-based incentive payments, and episode-based payments, and/or alternative to fee-for-service payments such as full or partial capitation;
• use 2015 Edition Certified Electronic Health Record Technology (CEHRT), support data exchange with other providers and health systems via Application Programming Interface (API), and connect to their regional health information exchange (HIE);
• attest in the application to a set of advanced primary care delivery capabilities, such as 24/7 access to a practitioner or nurse call line and empanelment of patients to a practitioner or care team; and
• can meet the requirements of the Primary Care First Participation Agreement.

Eligible practitioners (that each practice applicant must identify by NPI in its application) are those in internal medicine, general medicine, geriatric medicine, family medicine, and/or hospice and palliative medicine. Behavioral health practitioners will not be eligible for the program. CMS may also reject an application on the basis of the results of a program integrity screening.

MS will also encourage other payers—including Medicare Advantage Plans, commercial health insurers, Medicaid managed care plans, and State Medicaid agencies—to align payment, quality measurement, and data sharing with CMS in support of Primary Care First practices.

Practices may limit their participation in Primary Care First to exclusively caring for SIP patients, but in order to do so, a practice must demonstrate in its application that it has a network of relationships with other care organizations in the community to ensure that beneficiaries can access the care best suited to their longer-term needs. Allowances to some of the eligibility requirements for the Primary Care First general payment model option (such as with respect to historical beneficiary attribution) will be made to facilitate participation in the SIP payment model option.

Practices participating in the SIP payment model option will be responsible for reaching out to patients assigned to them by CMS with a focus on ensuring that their care is coordinated and that SIP patients are clinically stabilized.

Clinicians enrolled in Medicare who typically provide hospice or palliative care services (e.g., those affiliated with a hospice, palliative care or similar organization) will be able to provide care for SIP patients either by participating as a practice in the Primary Care First general payment model option or by partnering with a Primary Care First practice participating in the general payment model option that includes these clinicians on their roster of participating practitioners.

While the PCF models are focused on individual primary care practice sites, the Direct Contracting (DC) payment model options aim to engage a wider variety of organizations that have experience taking on financial risk and serving larger patient populations, such as Accountable Care Organizations (ACOs), Medicare Advantage (MA) plans, and Medicaid Managed Care Organizations (MCOs). CMS says the three DC payment model options—Global, Professional, and Geographic—will be designed to create a competitive delivery system environment where organizations offering greater efficiencies and better quality care will be financially rewarded. The payment model options include a focus on care for patients with complex, chronic

(Continued on page 5)
SAMHSA Files Comments on N11 Proposal with the Federal Communications Commission

In a report filed in early February with the Federal Communications Commission, the Substance Abuse and Mental Health Services Administration (SAMHSA) urged adoption of an independent N11 phone number, not linked to existing 911 or 211 call numbers, for suicide-related calls.

The report notes that utilizing one number for a dual purpose has not been historically successful. It recalls that, in the wake of Hurricane Katrina, which was prior to the establishment of SAMHSA’s National Disaster Distress Helpline, the Lifeline number was also used for disaster mental health crisis. Many individuals in post-disaster distress did not understand why they were being encouraged to call a suicide hotline, but SAMHSA says to have taken the word suicide out of the Lifeline’s recorded message would have been to risk compromising its basic function.

SAMHSA reports that, at a November 2018 expert stakeholder meeting, attendees identified 611 as the N11 number with the greatest potential. SAMHSA notes that the establishment of 611 or an alternative N11 number for suicide prevention and crisis intervention would have the potential to be utilized as an alternative to 911 by primary care or other healthcare providers not needing the automatic first-responder response that calling 911 would trigger.

SAMHSA acknowledges that 211, which is the national information and referral number, has also been suggested as a potential model for suicide prevention. Forty of the 163 Lifeline crisis centers are currently blended 211/crisis centers, meaning those centers have both information and referral and crisis response capacity. Suicidal callers frequently need an array of community services, so SAMHSA admits this connection has numerous advantages in making community connections.

However, the agency says, not all 211 centers have crisis capacity and the number 211 is associated with information and referral, which, while valuable, does not communicate that this number is a number that suicidal people or their families can call at any time of the day or night for immediate crisis intervention. In other words, the numbers 211 do not communicate a crisis or emergency service in the way that 911 does.

In addition, SAMHSA notes that using 211 as the national suicide prevention number would involve combining two different functions, one urgent or emergent and the other not. The agency says a crisis number needs to have unique characteristics, including availability 24 hours a day, seven days a week, 365 days a year. In addition, calling the number should result in rapid response and the number should be widely recognized as a crisis number, these are not typically characteristics associated with 211 as a number.

SAMHSA says the establishment of an N11 national suicide prevention number could be a critical catalyst in the transformation of the nation’s psychiatric emergency and crisis system in the same way that the establishment of 911 has led to an ongoing transformation of the nation’s emergency medical system. It says the establishment of an N11 phone number has the potential to significantly increase the number of people in suicidal crisis who are helped and assist crisis centers to become the central hub for an improved community crisis system.

But, SAMHSA says, to make that vision a reality would require more than an N11 number. It would require a coordinated effort between the federal government, states, the health care system, and many others to fill the gaps in current systems and help halt the rise in suicide across the country. A public education and awareness campaign to publicize the new number would be essential to encourage the use of the new number and reduce the number of calls to the existing 1-800-273-TALK number. It would also require careful analysis by states, potentially in consultation with SAMHSA, of the necessary crisis center capacity to answer current and projected call volume safely and effectively, as well as a commitment to ongoing, data driven quality improvement efforts.

SAMHSA estimates the additional cost of an increased capacity to manage the additional number of calls at $50 million annually.

CMS Announces Five New Medicare Payment Models under New Primary Cares Initiative

(Continued from page 4) needs and SIPs, as well as a voluntary alignment option that allows beneficiaries to align with the health care provider of their choosing.

Depending on the DC payment model option in which the organization participates, the model participant will receive a fixed monthly payment that can range from a portion of anticipated primary care costs to the total cost of care. Participants in the global payment model option will ultimately bear full financial risk, while those in the professional payment model option will share risk with CMS. This will provide prospective model participants a range of financial risk arrangements from which to choose while providing a more predictable revenue stream and reducing health care provider burden commensurate with level of financial risk.

CMS is seeking public comment through a Request for Information on the proposed Geographic-Population-Based DC payment model option. With an expected performance period launch in January 2021, the option will be designed to offer innovative organizations the opportunity to assume responsibility for the total cost of care and health needs of a population in a defined target region. CMS says driving accountability to a local level will empower communities to devise strategies best designed to meet their health care needs.

The models draw from a Physician-Focused Payment Model Technical Advisory Committee (PTAC) review of proposals, CMS says All payment model options were created in response to feedback from advanced primary care practices expressing interest in accepting increased financial risk in exchange for greater flexibility and fewer requirements.
Understanding Homelessness, Housing First, and Permanent Supportive Housing

May 16, 12:00 p.m. to 1:30 p.m. E.T.

According to the 2018 Annual Homeless Assessment Report (AHAR) to Congress, the number of people in unsheltered locations increased for the third year in a row.

According to a National Academies of Sciences study conducted over a 1- to 2-year period, Permanent Supportive Housing effectively maintains housing stability for most people experiencing chronic homelessness.

We invite you to join us for the first webinar of a three-part series on Housing First and Permanent Supportive Housing. This Spotlight Series will help providers of mental health and substance use services improve their practices and address housing instability among individuals and families affected by serious mental illness and substance use disorders (SMI/SUDs).

The first webinar will:
- Introduce two evidence-based practices: Housing First and Permanent Supportive Housing;
- Offer essential elements, current research and information on accessing Housing First and Permanent Supportive Housing for individuals with mental or substance use disorders to clinicians, peers, and other stakeholders; and
- Support SAMHSA's strategic plan by identifying and promoting adoption of evidence-based practices.

HHRN Technical Assistance Lead Deborah (Deb) Werner, M.A., PMP, will moderate the session. Speakers include:
- Suzanne Wenzel, Ph.D., Research Partner, Homelessness Policy Research Institute
- Patricia (Pat) Tucker, M.B.A., M.A., Senior Program Manager, HHRN

Find out more information or Register HERE.

Please share this announcement with other stakeholders in your community and save the dates for additional webinars in the series:

- **Webinar 2:** Supporting People with SMI/SUD in Housing First and Permanent Supportive Housing, May 23, 3:30 p.m. to 5:00 p.m. E.T.
- **Webinar 3:** Funding and Policy Considerations, June 13, 3:30 p.m. to 5:00 p.m. E.T.

This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #377, JBS International, Inc. is responsible for all aspects of their programming.

The Center for Substance Abuse Treatment (CSAT) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. CSAT is solely responsible for all aspects of the programs.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

SAMHSA's Homeless and Housing Resource Network (HHRN)
Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776
The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at www.narmh.org.

About Our Conference
The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

Our Conference Theme
The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. The conference will focus on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics.

NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos!

Visit the NARMH website at www.narmh.org to explore the details of the 2019 NARMH Annual Conference.

Questions & General Information
If you need additional information after visiting the NARMH 2019 conference website at www.narmh.org, please contact Brenton Rice, NARMH Event Planner, by email at brenton@togeevents.com or by phone at 651.242.6589.

ACE Kids Act Included in Medicaid Act Signed by President Trump

H.R. 1839, the Medicaid Services Investment and Accountability Act signed by President Trump on April 18, includes an Advancing Care for Exceptional (ACE) Kids Act Medicaid State Plan health home option for children with medically complex conditions.

The ACE Kids authorizing language includes $5 million for grants to states that choose to implement the option, beginning in October 2022, and a 15 percentage point enhanced Federal Medicaid match during the first two fiscal year quarters of operation.

The act defines a medically complex condition as one or more chronic conditions that cumulatively affect three or more organ systems and severely reduce cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and also require the use of medication, durable medical equipment, therapy, surgery, or other treatments or a condition that entails a life-limiting illness or rare pediatric disease. A chronic condition is a serious, long-term physical, mental, or developmental disability or disease, including serious mental illness or serious emotional disturbance.

The provider coordinating services may be a behavioral health professional. The health home services provided must include: comprehensive care management and coordination; health promotion and access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-State providers, as medically necessary; comprehensive transitional care; patient and family support; referrals to community and social support services; family support; and health information technology.

A state with an approved ACE Kids State Plan Amendment must consult and coordinate, as appropriate, with the U.S. Department of Health and Human Services in addressing issues regarding the prevention and treatment of mental illness and substance use among the children with medically complex conditions served.

The ACE Kids Act legislation was previously introduced in the last session of Congress by Finance Committee Chair Charles Grassley (R-IA), and reintroduced this year by Senator Grassley.
Save The Date!
2019 ISM Annual Conference
September 22 – 25 | Milwaukee, WI

The 2019 ISM Conference Planning Committee is hard at work developing an exciting agenda with topics relevant to health and human services and supporting technologies. A conference agenda will be available soon.

At the conference you will be able to…

- Connect with health and human services thought leaders;
- Participate in interactive learning sessions which will showcase solutions;
- Hear from peers about their work on lessons learned and best practices;
- Experience new technology and operation solutions; and
- Meet one-on-one with federal partners.

Watch the conference website for opportunities to nominate award-winning projects, a rising leader for the Emerging Leaders Program, become a sponsor of a conference experience or to find agenda details.

Start planning your visit to the Milwaukee area now.

Learn More
Low Barrier Access to Mental Health Service for Youth and Young Adults: What Works With What We’ve Got

Tuesday, April 30, 6:00 p.m. E.T. to 7:15 p.m. E.T.

This webinar will explore low-barrier services for young adults of transition age experiencing or at risk for behavioral health challenges. Presenters will discuss how low-barrier services can improve engagement and will identify strategies for integrating low-barrier policies and practices into organizational standards. Throughout the discussion, presenters will provide examples of promising approaches that have been adopted by local communities, including the development of drop-in centers and peer-to-peer programs.

Learning Objectives:

- Define low-barrier access in the context of behavioral health services.
- Explore the links between access to services and engagement in behavioral health treatment for young adults of transition age.
- Identify examples of model low-barrier access programs.
- Learn best practices and practical strategies for integrating low-barrier services into agencies serving young adults.

ABOUT THE PRESENTERS

Kristin Thorp, BSW, Youth Engagement Specialist at Youth M.O.V.E. National, has ten years of experience in advocacy, youth leadership, and program development, with a special focus on the mental health and criminal justice systems. As a Youth Engagement Specialist, she is a national technical assistance provider on the development, implementation, and sustainability of quality youth programming. She supports grantees develop meaningful and mutual partnerships with youth, young adults, and system leaders to advance best practices for youth engagement. In addition, she is an advisor on the System of Care Children's Mental Health Initiative and supports national evaluation efforts by conducting qualitative and quantitative research as well as utilizing data to determine technical assistance needs for grantee communities.

Caitlin Baird is a program manager and trainer with the Pathways Research and Training Institute. Prior to her tenure with Pathways Caitlin served as the peer services manager for one of the largest youth peer support organizations in the state and oversaw the operation of young adult run peer drop-in centers and youth wraparound partners. Caitlin also worked as a youth wraparound partner and served youth and young adults who were multi-system involved and had some of the highest needs. In addition to her direct service experience, Caitlin has lived experience as a young adult who experienced mental health challenges and used said experience to inform her work. During her time at the Pathways Research and Training Center Caitlin has worked on projects that focus on training providers strategies for working with a strengths based, youth driven approach with their clients, as well as elevating youth voice in larger decision-making systems. Caitlin also continues to train on wraparound and systems of care as an independent consultant, and is a member of Youth MOVE National's Best Practices Committee, and their Youth Peer Support Committee.

Register HERE
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.

**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.


Submit a Presentation Proposal: Deadline to Submit: April 30, 2019 at 11:59 PM (Eastern Time)

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.)

SUBMIT A PRESENTATION PROPOSAL
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.

SAMHSA’s national 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](http://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](#)
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 residential and social isolation. Equipped with that data, community planners could develop recreational and nutritional outreach programs. Another example of using data analytics to inform a community intervention would be a data platform that outreach workers, police, and the public could access with mobile devices to identify in real time available shelter beds, nearby food pantries, or other services to address SDOH. Data collected about inquiries that measured unmet needs could guide expansion plans for housing and hunger programs. Data on community levels of stress due to discrimination could inform the provision of cultural sensitivity training of police, case workers, and other service providers.

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

### Application Due

Monday, May 29

Anticipated Total Available Funding: $6 million
Anticipated Award Amount: Up to $666,500 annually
Earliest Submission Date: March 20
Cost Sharing: No

**Funding Mechanism:** Grant

**Anticipated Number of Awards:** 3

**Length of Project:** Up to 3 years

**Letter of Intent Due:** April 22

**Contact:** Rockville, MD 20857

**Website:** [Agency for Healthcare Research and Quality](https://www.ahrq.gov)

**Anticipated Award Amount:** Up to $666,500 annually

**Anticipated Total Available Funding:** $6 million

**Cost Sharing:** No

**Application Due:** Monday, May 29

**For more information:** [Apply Here](https://www.ahrq.gov/fund/dynamic/rfa-hs-19-002.html)

**Anticipated Award Amount:** Up to $666,500 annually

**Anticipated Total Available Funding:** $6 million

**Cost Sharing:** No

**Application Due:** Monday, May 29
UPCOMING WEBINARS

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

WHO IS NAMI? AN OVERVIEW OF THE PROGRAMS AND SERVICES AVAILABLE FOR PEOPLE AFFECTED BY MENTAL ILLNESS

Friday, May 3, 12:00 p.m. to 1:00 p.m. E.T.

This webinar will provide participants an opportunity to learn more about the National Alliance on Mental Illness (NAMI), the national's largest grassroots mental health organization. NAMI is an association of hundreds of local affiliates, state organizations, and volunteers who work in communities across the United States to provide education and support to people affected by mental illness—the individual with the condition and the people who care about them. The services offered by NAMI are intended to complement the therapeutic services individuals receive from their treatment team. This webinar will provide an overview of the programs and services available through NAMI that can provide support to individuals and families as they cope with having mental illness in their life, and as they navigate the healthcare system to find the right services.

Register HERE

STEPPING FORWARD: USING MOBILE AND WEARABLE TECHNOLOGY TO INCREASE PHYSICAL ACTIVITY

Thursday, May 9, 3:00 p.m. to 4:00 p.m. E.T.

This webinar will explore the latest evidence about SMI, physical activity, and digital technology with the goal of informing learners of the current evidence for what technology can and cannot yet do towards helping patients become more active. Increasing physical activity levels offers many mental health as well as physical health benefits for patients with SMI. With cardiovascular disease as the single highest cause of mortality in patients with schizophrenia between ages 45-74, it is even more imperative to help patients stay active and fit. Recent evidence also suggests some types of physical activity can help improve often challenging to treat cognitive symptoms associated with schizophrenia. But despite these benefits, engaging the SMI community in exercise has traditionally been difficult. The recent rise of fitness trackers and health apps offers one potential solution through presenting patients and clinicians with new tools and resources to increase physical activity. Topics covered will include when to suggest such as part of the treatment plan, what to expect in terms of patient engagement and response, how to safely monitor physical activity, and finally how to incorporate such into treatment plans.

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.
It may not make the headlines often, but we know that suicide, depression, and problems with alcohol and medications are issues that older adults face. It is important that we focus efforts on this population because:

- The U.S. Census Bureau indicates that by 2030, there will be nearly 75 million Americans over age 65.
- A 2012 study from the Institute of Medicine found that nearly one in five older Americans has one or more mental health/substance use conditions.
- Although they comprise only 15.2 percent of the U.S. population, older adults accounted for 18.2 percent of suicide deaths in 2016, and males 75 years old or older have suicide rates nearly double of any other age group.

Caring for older adults is an important part of SAMHSA’s mission, and as with other groups, there are strategies that can help mitigate and prevent negative outcomes.

This event is designed to raise public awareness around the mental health of older Americans, and spur actions to address their needs by promoting evidence-based approaches to mental health and substance use prevention, treatment, and recovery supports. This event also will highlight the importance of collaboration between the mental health and aging networks and highlight where people can seek treatment and services when needed.

**WANT TO LEARN MORE ABOUT OLDER ADULT MENTAL HEALTH?**

Check out these resources available at the SAMHSA Store.

[https://store.samhsa.gov](https://store.samhsa.gov)

Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers
Suicide Prevention Trainings for Crime Victim Advocates

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.

---

The Winter 2019 Issue of *Signs of Mental Health* Is Out

**Vol 16, Number 1**

**In This Issue:**
- ODS Produces ASL Videos
- Editor’s Notes
- Interns at ODS
- ASADS—Deaf Track
- ODS-ASD Collaboration
- School-Based Services
- As I See It
- Current Qualified Mental Health Interpreters
- Q-Practicum Experience
- Region I & V Office Locations
- Notes and Notables
- On the ODS Bookshelf
- MHIT Alumni Track Information
- ODS Directory
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.

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.

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
- **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.
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
FUNDING OPPORTUNITY ANNOUNCEMENT

NHSC Substance Use Disorder Workforce Loan Repayment Program

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 clinics
CMS FUNDING OPPORTUNITY ANNOUNCEMENT
Maternal Opioid Misuse (MOM) Model (CMS-2A2-20-001)

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
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
**TA Network Webinars & Opportunities**

**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**

---

**Effectively Integrating the CANS into the Wraparound Process**

The Wraparound process is the most common care coordination model for youth with complex needs and their families. Meanwhile, the Child and Adolescent Needs and Strengths (CANS) is now the most widely used assessment tool in public child-serving systems. Some states, systems, and organizations have determined how the Wraparound and CANS philosophies can co-exist and enhance each other. Others, however, have struggled, undermining the potential for positive impact of both efforts. This webinar is based on shared work of the National Wraparound Implementation Center (NWIC; www.nwic.org) and Chapin Hall at the University of Chicago (organizational home of the CANS) to develop a guidance document around how to best integrate the CANS into the Wraparound process.

**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**

---

**Telling Stories That Work: Strategies for Bringing More of ’the System’ Into View**

When the American public is asked to think about a social issue we don't have a deep knowledge or expert understanding of, we often approach it through the lens of individualism -- considering how individuals most directly affected by the issue might have made different decisions, or how going forward they might choose a different path. Individualism can reinforce harmful stereotypes or even give way to victim-blaming, but at the very least it prevents us from seeing the whole picture, including the protective and risk factors that shape individual outcomes. As mental health advocates and practitioners, you have the opportunity to bring more of these environmental conditions into the public's view. Doing so, however, requires dropping some age-old communications habits, and implementing some new framing tools.

**Register NOW**

---

**Finding Help Early: Community Education Strategies for Clinical High Risk and Early Psychosis**

One of the core elements of all early psychosis and Clinical High Risk for Psychosis programs is outreach to and education for key professionals and organizations to promote rapid and accurate identification, referral and effective engagement. Dr. William McFarlane and Sarah Lynch from the PIER program in Maine will share the knowledge they've developed for the last two decades doing this work. The webinar will share research findings, practical tips, resources and lessons learned.

**Register NOW**
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.

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(link is external), Youth MOVE National(link is external), and the Federation of Families for Children’s Mental Health(link is external). 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
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)


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
NASMHPD Board of Directors

Wayne Lindstrom, Ph.D. (NM), President
Valerie Mielke, M.S.W. (NJ), Vice President
Marie Williams, L.C.S.W. (TN), Past President
Stephanie Woodard, Psy.D., (NV) Western Regional Representative
John Bryant (FL), Southern Regional Representative
Kevin Moore (IN), At-Large Member

Sheri Dawson, R.N. (NE), Secretary
Terri White, M.S.W. (OK), Treasurer
Joyce Allen, M.S.W. (WI), Mid-Western Regional Representative
Barbara Bazron, Ph.D. (MD), Northeastern Regional Representative
Doug Thomas, M.S.W., L.C.S.W (UT), At-Large Member

NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director
Jay Meek, C.P.A., M.B.A., Chief Financial Officer
Meighan Haupt, M.S., Chief of Staff
Kathy Parker, M.A., Director, Human Resources & Administration (PT)
Raul Almazar, R.N., M.A., Senior Public Health Advisor (PT)
Shina Animasahun, Network Manager
Cyntrice Bellamy, M.S., M.Ed., Senior Development Advisor (PT)
Genna Bloomer, M.P.H., Technical Assistance Research Associate
Cheryl Gibson, Senior Accounting Specialist
Joan Gillee, Ph.D., Director, Center for Innovation in Behavioral Health Policy and Practice
Leah Harris, Trauma Informed Care Peer Specialist/ Coordinator of Consumer Affairs (PT)
Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor
Stuart Yael Gordon, J.D., Director of Policy and Communications
Christy Malik, M.S.W., Senior Policy Associate
Kelie Masten, Senior Project Associate
Jeremy McShan, Program Manager, Center for Innovation in Behavioral Health Policy and Practice
David Miller, MPAff, Project Director
Yaryna Onufrey, Program Specialist
Brian R. Sims, M.D., Senior Medical Advisor (PT)
Greg Schmidt, Contract Manager
David Shern, Ph.D., Senior Public Health Advisor (PT)
Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest

National Suicide Hotline Improvement Act: Substance Abuse and Mental Health Services Administration Report to the Federal Communications Commission, February 7

National Suicide Hotline Improvement Act: U.S. Department of Veterans Affairs Veterans Health Administration Report to the Federal Communications Commission, February 7

Spotting the Signs of Elder Abuse (Spanish Language Infographic) & (English Language Infographic), National Institute on Aging, April 2019

2019 Annual Report to Congress of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, April 22

States With High Opioid Prescribing Rates Have Higher Rates of Grandparents Responsible for Grandchildren, Lydia Anderson, United States Census Bureau, April 22


New Law Enables New Mexico to Leverage State Purchasing Power to Lower Rx Spending, Trish Riley, National Academy for State Health Policy, April 22

NIH Funds Study in Four States to Reduce Opioid-Related Deaths by 40 Percent Over Three Years, National Institute of Health, April 18

With New Challenge Competition, Agency for Healthcare Research and Quality (AHRQ) Asks Innovators for a Tool to Forecast the Future, Gopal Khanna, M.B.A., AHRQ Director, April 17 & Bringing Predictive Analytics to Healthcare Challenge, April 2019


Physicians Get Addicted Too, Sam Quinones, The Atlantic, May 2019

Many Seniors Will Be Unable To Afford Housing And Health Care By 2029, Health Affairs Blog, April 24

The Federal Government Needs To Take Stronger Action To Prevent Discriminatory Coverage Of Methadone, Lindsey Vuolo, Health Affairs Blog, April 25

My Struggle To Access Lifesaving Mental Health Care, Ashley R. Clayton, Health Affairs, April 2019