**Ways and Means Hearing on Protecting Pre-Existing Conditions Becomes Partisan Debate**

A January 30 House of Representatives Ways and Means Committee 4½-hour hearing on protections for pre-existing conditions in the insurance market more often than not took on the characteristics of a partisan debate.

Democrats accused Republican members of undermining Affordable Care Act (ACA) protections by attempting repeatedly to repeal and replace the ACA and supporting the Trump Administration’s reductions in enrollment outreach and authorization for limited-benefit association health plans to operate in the individual marketplace. Republicans insisted that they never intended to eliminate coverage protections for pre-existing medical conditions and that escalating premiums in the ACA marketplace have made coverage unaffordable for individuals not eligible for government subsidies.

The hearing began with Karen Politz of the Kaiser Family Foundation (KFF) testifying that a KFF survey of private insurers prior to passage of the ACA found that even people with mild health conditions such as hay fever could have their application denied, or their premiums surcharged, or they could be offered a policy that permanently excluded coverage for their health condition or the affected body part or system.

Ms. Politz contrasted that with the protections afforded by the ACA, under which:

- Group and individual health insurance policies must be sold on a guaranteed issue basis and be guaranteed renewable.
- No private group plans or individual health insurance policies can impose pre-existing condition exclusion periods.
- Premiums for policies sold in the individual and small group market use modified community rating, with policy premiums being allowed to vary based only on four factors: family size, geography, age (up to 3:1 ratio) and tobacco use (up to 1.5:1).
- Insurers also must set rates based on a single risk pool.

Oregon Insurance Commissioner Andrew R. Stolfi testified that since Oregon implemented the ACA, more than 350,000 Oregonians have gained health insurance coverage. He said the uninsured rate in the state has dropped more than 11 percentage points, from a high of more than 17 percent to about 6 percent.

Witnesses asked by Democrats to respond to one Republican member’s contention that association health plans made coverage more affordable and thus more accessible responded by listing conditions not covered under those plans.

Republican Representatives Drew Ferguson (GA), David Schweikart (AZ), and Brad Wenstrup (OH) emphasized the need to find ways to drive down overall health care costs through technology, restructuring of the health care system, and prevention.

**SAMHSA Launches Serious Mental Illness Adviser**

The Clinical Support System for Serious Mental Illness (CSS-SMI) initiative launched by SAMHSA in partnership with the American Psychiatric Association, supports implementation of evidence-based, person-centered pharmacological and psychosocial interventions for individuals with SMI, and increasing access to care that includes a set of recovery support services provided by professionals including peer support specialists.

Using an online portal and app, the project offers expert consultation services and learning opportunities nationwide to support clinicians — including physicians, nurses, psychologists, recovery specialists, peer-to-peer specialists, and others— who provide evidence-based care for individuals living with SMI.

There are four primary aims of the project:

- Direct consultation to clinicians engaged in treating individuals with SMI;
- Education on SMI-related evidence-based practices for clinicians, patients and families;
- Support implementation and use of technology to enhance the care of those with SMI; and
- Real-time and ongoing needs assessments of clinicians and communities

The SMI Adviser initiative will develop a number of resources for clinicians who care for individuals with SMI, as well as tools for patients and family members, including webinars, resource centers, fact sheets, implementation guides, toolkits, practice guidelines, and self-management tools.

These include: webinars, resource centers, fact sheets, implementation guides, toolkits, practice guidelines, and self-management tools. Additionally, the initiative will act as a clearing house to other national resources dedicated to helping those with SMI.
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Idaho Governor Little Seeks $1 Million Increase in Funding for Suicide Prevention

New Idaho Governor Brad Little (R) is recommending a $1 million increase in funding for the state’s five-year Idaho Suicide Prevention and Awareness Plan that has as its goal reducing suicide rates in Idaho by 20 percent by 2025.

Elke Shaw-Tulloch, administrator of the Division of Public Health for Idaho’s Department of Health & Welfare, told the Idaho Legislature’s Joint Finance-Appropriations Committee January 28 that suicide prevention efforts already are resulting in concrete results. Approximately 50,000 educational materials and tools have been distributed by the state, with 113 gun shops receiving prevention packets and 3,400 gun locks distributed. Nearly 5,000 professionals, students, and community members have been trained in suicide prevention and over 200 suicide-related consultations have been provided, according to Ms. Shaw-Tulloch.

A six-month post-training evaluation of mental health clinicians estimated that 52 lives were saved due to improved suicide prevention skills, Ms. Shaw-Tulloch told the Committee, “We know that when people are trained in suicide identification and intervention, it saves lives. We are seeing the results of this today.”

The state’s evidence-based plan was developed over the last year at the direction of the legislature, with more than 1200 stakeholders participating in the process.

The plan calls for additional funding for the Idaho Suicide Hotline, a contract for a statewide gap analysis, additional funding for training, development of a regional collaborative model, pilot programs, and youth prevention efforts.

In 2017, 393 Idahoans died from suicide, and the state had the fifth-highest suicide rate in the nation. More than 6,000 Idahoans attempted suicide that year, and medical costs from those attempts were estimated at $72 million.

New Idaho Health & Welfare Director Dave Jeppesen, a former Blue Cross of Idaho executive, also told the joint budget committee that Governor Little is recommending a 12.9 percent increase in state general funds for his agency, with Medicaid expansion the largest factor in the total-funds increase. “As you all know, Medicaid expansion became the law in Idaho when voters approved Proposition 2 in the November elections,” Director Jeppesen reminded the JFAC. He said his agency will deliver a proposed state plan amendment to accomplish that to the Centers for Medicare and Medicaid Services by February 18, with implementation set for January 1, 2020.

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SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

**Suicide Prevention Lifeline Crisis Center Follow-Up Expansion Grant Program (SM-19-008)**

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<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $672,383</th>
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<td>Anticipated Number of Awards: 2</td>
<td>Anticipated Award Amount: Up to $336,192 per year</td>
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<td>Length of Project: Up to three years</td>
<td>Cost Sharing/Match Required?: No</td>
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<td><strong>Applications Due:</strong> Monday, March 11</td>
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The purpose of this program is to provide an integrated hub that: (1) ensures systematic follow-up of suicidal persons who contact a NSPL Crisis Center; (2) provides enhanced coordination of crisis stabilization, crisis respite, and hospital emergency department services; and (3) enhances coordination with mobile on-site crisis response. In effect, with the resources provided, the hub should not lose track of a person in a suicidal crisis as they interface with crisis systems. It is expected that this program will promote continuity of care to safeguard the well-being of individuals who are at risk of suicide.

Eligibility is limited to National Suicide Prevention Lifeline Crisis Centers because they have been specifically trained in NSPL procedures pertaining to follow-up of persons at imminent risk of suicide and risk assessment, and are the only entities that can obtain the required consents from NSPL Crisis Center callers for follow-up activities. This eligibility limitation ensures that the infrastructure is in place to serve high-risk, high priority, and/or underserved populations. Limiting eligibility also ensures that relationships with local and state mental health systems are in place for NSPL Crisis Center callers, and that individuals discharged from partnering agencies receive follow-up care and access to treatment.

**Contact Information:**

**Program Issues:** Portland Ridley, Division of Prevention, Traumatic Stress, and Special Programs, Center for Mental Health Services/SAMHSA via phone at (240) 276-1848 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.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program (SM-19-006)

Funding Mechanism: Grant
Anticipated Total Available Funding: $19,461,907

Anticipated Number of Awards: 26
Anticipated Award Amount: Up to $736,000 per year

Length of Project: Up to 5 years
Cost Sharing/Match Required: No

Application Due Date: Monday, March 18, 2019

The purpose of this program is to support states and tribes with implementing youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations. It is expected that this program will: (1) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.

SAMHSA expects states and tribes to make suicide prevention a core priority in statewide or tribal youth-serving systems. Efforts must include a linkage with health care programs and systems committed to making suicide prevention a core priority through implementation of the National Strategy for Suicide Prevention Goal 8 (promote suicide prevention as a core component of health care services) and Goal 9 (promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors).

In this announcement, the following definitions apply:
- “Youth” means individuals who are between 10 and 24 years of age.
- “Prevention” means a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems that have been known to lead to suicide.
- “Early intervention” means a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.
- “Schools” means an elementary school or a secondary school as defined in section 8101 of the Elementary and Secondary Education Act of 1969 [20 U.S.C. 7801].

Eligibility: Eligible applicants are:
- States;
- A public organization or private non-profit organization designated by a State to develop or direct the state-sponsored statewide youth suicide early intervention and prevention strategies; or
- A federally recognized Indian Tribe or tribal organization (as defined in the Indian Self-Determination and Education Assistance Act: 25 U.S.C. 5301 et seq.) or an urban Indian organization (as defined in the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) that is actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy.

Current recipients who received funding under SM-15-004 GLS State/Tribal Youth Suicide Prevention and Early Intervention are not eligible to receive funding under this FOA.

States/tribes who have been recipients of prior GLS State/Tribal Youth Suicide Prevention funding must address how this funding under this FOA would build on and/or expand the work of the previous grant.

Eligibility is statutorily limited by § 9008 of the 21st Century Cures Act.

Contact Information:

Program Issues: Savannah Kalman, Suicide Prevention Branch, Division of Prevention, Traumatic Stress, and Special Programs, Center for Mental Health Services/, SAMHSA via phone at (240) 276-1071 or by email.

National Center of Excellence for Integrated Health Solutions (SM-19-012)

Funding Mechanism: Grant
Anticipated Number of Awards: 1
Length of Project: Up to 5 years

Anticipated Total Available Funding: $2 million
Anticipated Award Amount: Up to $2 million per year
Cost Sharing/Match Required: No

Application Due Date: Friday, March 29, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2019 National Center of Excellence for Integrated Health Solutions. The purpose of this program is to advance the implementation of high quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders. Data demonstrate that individuals with mental health conditions are far more likely to also experience physical health conditions. The co-occurrence of these conditions necessitates the delivery of holistic, integrated care. The goal of this grant is to ensure that these services are provided in the most effective manner possible. The mission and work of the Center of Excellence aligns with SAMHSA’s Strategic Plan Priority 5. Strengthening Health Practitioner Training and Education.

The grantee is expected to:

- Provide training and technical assistance to communities, individual practitioners, providers, and states on evidence-based and effective strategies to address the integration of primary and mental health care for individuals with mental disorders or co-occurring mental and substance use disorders.
- Develop an inventory of resources to be available on-demand for practitioners and providers addressing this population.
- Provide training in a variety of formats including webinars, resource documents, toolkit development, fact sheets, and direct provision of specific technical assistance on implementation. Online modules must be developed that are available on-demand at the convenience of the user.
- Develop fact sheets and other resources geared to the public at large and which will inform caregivers/families of relevant information to provide integrated care.
- Provide direct consultation through an ECHO type model established for the provision of weekly training/consultation which utilizes qualified providers. These models should be used particularly to enhance access to care in rural and other underserved areas.
- Establish a marketing strategy to make known the availability of training and TA and make widely available the products/assistance developed.
- Coordinate with SAMHSA’s other TA Centers, including the Mental Health, Prevention, and Addiction Technology Transfer Centers, Privacy Center of Excellence and the Clinical Support System for Serious Mental Illness to expand the ease of access of healthcare practitioners to technical assistance and training on a wide array of pertinent topics in addressing mental and substance use disorders.

SAMHSA expects an expeditious start-up for this grant given the critical need to disseminate information and training on this topic and the availability of existing resources to do so. SAMHSA expects that by three months post award, resources will be available.

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.

Contact Information:

Program Issues: Tenley Biggs, Center for Mental Health Services, SAMHSA via phone at (240) 276-2411 or by email.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Strategic Prevention Framework – Partnerships for Success (SP-19-004)

Funding Mechanism: Grant
Anticipated Total Available Funding: Approx. $38 million
Anticipated Award Amount: Up to $300,000 annually
Anticipated Number of Awards: 127 (At least 25 awards will be made to tribes/tribal organizations if adequate application volume).
Length of Project: Up to 5 years
Cost Sharing/Match Required: No
Application Due Date: Friday, March 29, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2019 Strategic Prevention Framework - Partnerships for Success grants. The purpose of this grant program is to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the community level. The program is intended to address one of the nation’s top substance abuse prevention priorities - underage drinking among persons aged 9 to 20. At their discretion, recipients may also use grant funds to target up to two additional, data-driven substance abuse prevention priorities, such as the use of marijuana, cocaine, opioids, or methamphetamine, etc. by individuals ages 9 and above.

The grant program focuses on community-driven efforts to advance substance abuse prevention. By working collaboratively, communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities. Additionally, the SPF-PFS grant program seeks to address behavioral health disparities among racial and ethnic minorities and other populations by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the populations served. Recipients must utilize a data-driven approach to identify communities of high need and at-risk populations of focus.

Grant funds must be used primarily to support infrastructure development, including the following types of activities:

- To identify and select comprehensive, data-driven substance abuse prevention strategies to continue to accomplish the following goals:
  1) preventing the onset and reducing the progression of substance abuse;
  2) reducing substance abuse-related problems;
  3) strengthening prevention capacity/infrastructure at the community level; and
  4) leveraging other funding streams and resources for prevention;
  5) implementing a comprehensive prevention approach, including a mix of evidence-based programs, policies, and/or practices that best address the selected prevention priority(ies); and
  6) identifying TA and training needs and the development of responsive activities.

- Build capacity to address underage drinking among persons aged 9 to 20 and up to two additional, data-driven substance abuse prevention priorities in the community.

- Collect and report community-level data to determine progress toward addressing SPF-PFS prevention priority(ies).

- Utilize community coalition building strategies to advance substance abuse prevention efforts across the community.

- Develop prevention messaging and other prevention strategies and ensure dissemination of these messages and strategies.

- Utilize and share effective resources with the Prevention Technology Transfer Centers (PTTCs) to enhance the wide dissemination and adoption of best practices in substance abuse prevention.

Eligibility: Eligibility is limited to 1) Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, or consortia of tribes or tribal organizations and 2) domestic public or private non-profit entities. Recipients who have received funding under SP-16-003 and SP-18-008 are not eligible to apply for funding under this FOA.

Contact Information:

Program Issues: Tonia F. Gray, M.P.H., Division of State Programs, Center for Substance Abuse Prevention, SAMHSA via phone at (240) 276-2492 or by email & Kameisha Bennett, Division of State Programs, Center for Substance Abuse Prevention, SAMHSA via phone at (240) 276-2586 or by email.

CMS Issues Medicare Benefit Year 2020 Initial Guidance on Supplemental Benefits for Medicare Managed Care Enrollees with Chronic Illnesses

The Centers for Medicare and Medicaid Services on January 30 issued a Draft Call Letter for Medicare Advantage (MA) Plans serving enrollees with chronic illnesses which, in part, details how the plans can provide supplemental benefits in the 2020 Benefit Year that are designed to specifically meet the needs of those enrollees.

Previously, supplemental benefits provided by MA plans using plan cost savings—benefits not offered under original Medicare—had to be "primarily health related." In the 2019 Call Letter, CMS expanded its definition of "primarily health related" to consider items or services used to "diagnose, compensate for physical impairments, act to ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization."

Under this change, it began to allow MA plans to offer supplemental benefits that included adult day care, support for caregivers, in-home supports, home safety modifications, and more, to help with physical impairments. It did not add services that deal with social determinants of health.

However, the Bipartisan Budget Act of 2018 loosened Medicare benefit uniformity requirements, allowing MA plans to vary benefits based on the individual enrollee’s needs. It also amended the law to allow MA plans to offer non-health-related supplemental benefits to chronically ill enrollees.

In this year’s draft letter, CMS says that, an enrollee may be defined as chronically ill, and thus eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), if he or she:

- has one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit the overall health or function of the enrollee;
- has a high risk of hospitalization or other adverse health outcomes; and
- requires intensive care coordination.

CMS says MA plans do not need to outline the process they use to determine chronically ill enrollees. An enrollee meets the first criterion if they have a condition defined in the Medicare Managed Care Manual as a chronic condition. Those include, among others: alcohol or other drug dependence, depression, and schizophrenia and other psychotic disorders. CMS solicits comment on whether plans should have flexibility to determine what is a chronic condition using the statutory standard or should be allowed an alternative standard for that determination.

CMS says MA plans will have the ability to offer a “non-primarily health related” item or service to chronically ill enrollees if the SSBCI has a reasonable expectation of improving or maintaining the health or overall function of the enrollee as it relates to the chronic disease. Such items and services may include, but are not limited to, transportation for non-medical needs, home-delivered meals (beyond the current allowable limited basis), or food and produce. However, such items and services may not include capital or structural improvements to the enrollee’s home.

Plans are required to coordinate MA benefits with community and social services generally available in the area they serve.

Network of Care
Prisoner Reentry Network

The returning prisoner often has no idea how to really get help in finding treatment options for mental health and addictions in his or her community. The Network of Care program has a specific project in Prisoner Reentry that was developed in Pennsylvania, offering an easy-to-use and anonymous way of finding programs, education, support, jobs and quite a bit more.

Contact Trilogy Integrated Resources, which developed the program, by phone at (415) 458-5900 or by email at admin@trilogyir.com for more detailed information about this successful and affordable solution.
Register Now

For the 10th Anniversary Global Mental Health Research without Borders
April 8 & 9
Natcher Conference Center, Bethesda, MD, USA

The NIMH Center for Global Mental Health Research and Grand Challenges Canada will co-convene the 10th anniversary global mental health conference in 2019, bringing together researchers, innovators, and other stakeholders around the theme of Global Mental Health Research without Borders. The conference will showcase findings from cutting-edge science and identify opportunities for groundbreaking research to address the Grand Challenges in Global Mental Health.

The Grand Challenges in Global Mental Health, identified in 2011, are research priorities for achieving mental health equity worldwide, with focused attention on low- and middle-income countries and other low-resource settings. The grand challenges span the research pipeline from preclinical questions about etiology, to translational questions about developing more effective preventive and treatment interventions, to service delivery and implementation questions. These challenges require global cooperation to share research expertise, facilitate data sharing and use of common measures, amplify research capacity-building opportunities, and involve the full range of the world’s researchers, populations, environments, and cultures.

Six research tracks for this year’s conference derive from the Grand Challenges:

- Root causes of mental illness and key targets and times for intervention
- Prevention of mental illness and the delivery of early interventions
- Improved treatment quality, value, and effectiveness
- Integration of mental health services into existing healthcare platforms (e.g., HIV/AIDS, primary care, etc.)
- Implementation of sustainable, evidence-based mental health care
- Sustainable research capacity where it is underdeveloped

Conference activities will include:

- Plenary sessions and keynote addresses
- Thematic panels with paper presentations
- Symposia
- Poster session
- Lunchtime roundtable discussions – Students, trainees, post-docs and early-stage investigators can join senior investigators for a lively discussion at semi-structured lunchtime roundtables

Register HERE for the April 10 Workshop on Writing a Grant Application
National Institute of Mental Health, Rooms A1/A2, Bethesda, MD

On April 10, 2019, the NIMH Center for Global Mental Health Research will hold a one-day workshop on how to write a grant application for submission to NIH, and what to expect from scientific peer review. We encourage participation from early-career and early-stage investigators including but not limited to graduate students, junior faculty, post-doctoral fellows, trainees and others (e.g., non-U.S. researchers having limited experience with NIH funding processes) who attend the 10th anniversary global mental health conference.

This workshop will provide a broad overview of topics that include:

- Identifying NIH funding opportunities
- Developing a study concept and communicating with NIH Program Officers
- Moving from concept to application
- Clinical research guidelines including those related to data and safety monitoring, good clinical practice, and human subjects’ protections
- Submitting an application to the NIH using the Application Submission System & Interface for Submission Tracking (ASSIST)
- Grant application scientific peer review
- Current funding opportunities for research and training in global mental health

There is no cost to attend but interested participants must register because of limited space. After capacity is reached, there will be a webinar platform available for remote participation.
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

Click Here to Register Online
SUPER SAVER ENDS 3/5/2019 ~ $155

Click Here to be a Sponsor
Super Saver
$155 includes
Lunch and
6 CEUs

New Solutions: Above and Beyond
Tuesday, April 23, 2019
8:00 am – 5:00 pm
The Baltimore Convention Center, Pratt and Sharp Streets
Language Deprivation: How Does – or Should – It Change What Professionals in Deafness Do?
Thursday, April 11, 9:30 a.m. to 4:00 p.m. (5.5 clock hours)
*Lunch on your own

$40 Registration fee prior to March 1, 2019; $50 if paid March 1 and after
$20 registration for full time ITP or Counseling Students (Non-certified, non-working) prior to March 1, 2019
$30 registration for full time ITP or Counseling Students (Non-certified, non-working) March 1 and after.

Registration fee waived for employees of ADMH, employees of CMHzCs, and contracted SA provider agencies.

Presenter
Melissa L. Anderson, Ph.D., MSCI

Location
Alabama Department of Transportation 1409
Coliseum Boulevard, Montgomery, AL

A person impacted by language deprivation may struggle with concepts of time, story sequencing/developing a coherent narrative, a sense of self, cause-and-effect/the concept of why?, experiences of powerlessness/confusion, rigid modes of behavior, ability to learn from mistakes (use of generalizations), lacks awareness of others’ need for context, lacks theory of mind (understanding others’ perspectives), lack of understanding of limits to others’ ability to figure out the message, abstract concepts, difficulty learning, emotional regulation, acting out of emotions/feelings, struggles in relationships, can lead to victimization or victimizing, competency to stand trial, reduced fund of information, etc.

This session is targeted at service providers who specialize in some aspect of deafness (therapists, rehabilitation counselors and specialists, direct care staff, substance abuse providers, teachers and education staff, and interpreters, etc.). The presenter will discuss various aspects of working with individuals who are deaf or hard of hearing impacted by language deprivation. This course will include a discussion of barriers that deaf/hard of hearing individuals face, unique characteristics of the population, best practice approaches, and cultural and linguistic differences that are part of the developmental process for deaf and hard of hearing individuals.

During this training, participants will gain a thorough understanding of the impact of language deprivation within the deaf community.
- Discussing the barriers that are present for the deaf population
- Developing population specific skills in recognizing thoughts, behaviors, cultural influences of language deprivation in the deaf population
- Discussing dilemmas that emerge from this field of work

After the training, participants will be able to:
- Identify challenges of work with individuals who are Deaf and have experienced language deprivation.
- Recognize culturally and linguistically appropriate approaches as they relate to deaf and hard of hearing communities;
- Identify strategies to engage deaf and hard of hearing consumers with language deprivation;
- Develop resource strategies for effective treatment and service options
- Discuss interpreting considerations related to communication approaches and alliances

APRIL 11 AUDIENCE: FOR DEAF AND/OR SIGNING PROVIDERS:
Certified Mental Health Professionals, Nurses, Social Workers, Counselors, Rehabilitation Counselors, Case Managers, Psychologists, MH and SA Providers, Group Home Staff, Educators, Educational staff, Interpreters in Mental Health, Community Interpreters, Educational Interpreters, etc.

See Page 12 for Application Information
The Impact Language Deprivation Has On Our Work When Serving Deaf Individuals in Mental Health, Social Service, and Educational Settings

Friday, April 12, 9:00 a.m. to 3:00 p.m. (5.0 clock hours)

*Lunch on your own

$40 Registration fee prior to March 1, 2019; $50 if paid March 1 and after

$20 registration for full time ITP or Counseling Students (Non-certified, non-working) prior to March 1, 2019

$30 registration for full time ITP or Counseling Students (Non-certified, non-working) March 1 and after.

Registration fee waived for employees of ADMH, employees of CMHCs, and contracted SA provider agencies.

A person impacted by language deprivation may struggle with concepts of time, story sequencing/developing a coherent narrative, a sense of self, cause-and-effect/the concept of why?, experiences of powerlessness/confusion, rigid modes of behavior, ability to learn from mistakes (use of generalizations), lacks awareness of others’ need for context, lacks theory of mind (understanding others’ perspectives), lack of understanding of limits to others’ ability to figure out the message, abstract concepts, difficulty learning, emotional regulation, acting out of emotions/feelings, struggles in relationships, can lead to victimization or victimizing, competency to stand trial, reduced fund of information, etc.

This session is targeted at service providers who do not specialize in deafness yet may work with individuals who are deaf. The presenter will discuss various aspects of deafness and the complications inherent in working with individuals who are deaf or hard of hearing impacted by language deprivation. This course will include a discussion of barriers that deaf/hard of hearing individuals face, unique characteristics of the population, best practice approaches, and cultural and linguistic differences that are part of the developmental process for deaf and hard of hearing individuals.

During this training, participants will have a thorough understanding of the impact of language deprivation within the deaf community.

- Discussing developmental and linguistic barriers that are present for the deaf population
- Developing population specific skills in recognizing thoughts, behaviors, cultural influences of language deprivation in the deaf population
- Discussing dilemmas that emerge from this field of work

After the training, participants will be able to:

- Identify challenges of work with individuals who are Deaf.
- Recognize culturally and linguistically appropriate influences as they relate to deaf and hard of hearing communities;
- Identify strategies to engage deaf and hard of hearing consumers with language deprivation;
- Develop resource strategies for effective treatment and service options
- Discuss considerations related to communication approaches and alliances

APRIL 12 AUDIENCE: (HEARING/NON-FLUENT SIGNING/NON-SIGNING PROVIDERS):
Certified Mental Health Professionals, Nurses, Social Workers, Counselors, Rehabilitation Counselors, Case Managers, Psychologists, MH and SA Providers, Group Home Staff, Educators, Educational staff, etc.

See Page 12 for Application Information
Melissa L. Anderson, Ph.D., MSCI, is Assistant Professor, psychologist, and clinical researcher in the University of Massachusetts Medical School Department of Psychiatry. She completed her graduate work at Gallaudet University, where she studied intimate partner violence and trauma in the Deaf community. At UMass, Melissa provides individual therapy to Deaf clients recovering from trauma and addiction and conducts research on best approaches for working with Deaf clients. She is the recipient of a Clinical Research Scholar Award (KL2) administered by the UMass Center for Clinical and Translational Science, with which she and a team of Deaf and Hearing clinicians and community members are developing and testing a digital American Sign Language therapy manual for treating trauma and addiction.

Eligible participants must be in attendance for the full program to receive credit for completing the course.

The Alabama Department of Mental Health
- is approved as a provider of continuing education in nursing by the Alabama Board of Nursing and approves this program for 6.6 contact hours. ABNP0150, Expiration Date: July 12, 2021.
- is an approved as a provider of continuing education in social work by the Alabama State Board of Social Work Examiners and approves this program for 5.5 contact hours. Provider #0125, Expiration Date: January 31, 2020.
- is an approved RID CMP Sponsor. This activity has been awarded 0.55 CEUS in the area of Professional Studies by The Registry of Interpreters for the Deaf at the “some” Content Knowledge Level for CMP and ACET participants. Activity # 0263.0419.01.
- Has been approved by NBCC as an Approved Continuing Education Provider, ACEP no. 6824. Programs that do not qualify for NBCC are clearly identified. The Alabama Department of Mental Health, Office of Deaf Services is solely responsible for all aspects of this program. Participants completing the program may earn up to a total of 5.5 CE Hours.

The Alabama Department of Rehabilitation Services is approved by the Commission on Rehabilitation Counselor Certification (CRCC) to sponsor continuing education credits for counselors. Sponsor number 00060639.

Pre-registration is strongly encouraged. Payment may be made by PayPal (CTRL+click on your selection below) or checks can be written to ADARA and mailed to address indicated below:

$40 Registration fee prior to March 1, 2019
$50 if paid March 1 and after
$20 registration for full time student prior to March 1, 2019
$30 registration for full time student March 1st and after.

FOR ADDITIONAL INFORMATION, REFUNDS, SPECIAL ACCOMMODATIONS OR TO SUBMIT YOUR REGISTRATION:

Office of Deaf Services
Alabama Department of Mental Health PO Box 301410,
Montgomery, AL 36130
FAX: 334-242-0796
DACITS@mhit.org

In the event either workshop is cancelled, you will be notified by email. No refunds will be provided for participant cancellation.
Launch of the National Center on Advancing Person-Centered Practices and Systems (NCAPPS)

The Administration for Community Living and the Centers for Medicare & Medicaid Services recently announced the launch of the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). NCAPPS will assist states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It will support a range of person-centered thinking, planning, and practices, regardless of funding source. Activities will include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice.

States, tribes, and territories can apply for technical assistance through an application available online. The deadline for technical assistance applications is February 12, 2019. Completed applications should be submitted to NCAPPS@acl.hhs.gov.

Visit the new NCAPPS website for more information, and to learn more, contact NCAPPS@acl.hhs.gov.

How to Improve Addiction Treatment by Systematically Tracking Patient Outcome

Tuesday February 5, 1:00 p.m. to 2:00 p.m. E.T.

Clinical trials have demonstrated that opioid treatment reduces death rates by 30-50 percent, yet one third of patients treated at specialty addiction programs drop out of treatment within two weeks of initiation. Treatment providers can significantly improve patient engagement and treatment quality by tracking patient outcomes. In this presentation, we describe three evidence-based approaches to using patient outcome data to improve treatment effectiveness.

Dr. Tami Mark will summarize the evidence on the effectiveness of measurement-based care, provider feedback/profiling, and patient use of mobile applications to manage symptoms. Three presenters will then describe examples of how they are using these tools in practice and present data on how the tools have improved outcomes in their programs.

As a result of this presentation, the participant should be able to:

- Provide an understanding of the effectiveness of patient outcome data as a tool to improve patient engagement and the quality of treatment
- Explain three approaches for making outcome data useful for improving engagement and outcomes: (1) provider profiling, (2) patient tracking of emotions and symptoms through mobile applications, and (3) measure-based care instruments administered during clinical encounters.
- Identify the key elements that make outcome information useful as clinical and practice improvement tools

Tami L. Mark, PhD, MBA is a Senior Director of Behavioral Health Financing and Quality Measurement at RTI International. Dr. Mark collaborates with Federal and state agencies and providers to improve their behavioral health treatment systems through data analytics, quality measurement, and policy development. Dr. Mark was a contributing author to healthcare systems chapter of The Surgeon General’s Report on Alcohol, Drugs, and Health. She has authored more than 100 scholarly peer-reviewed journal articles and numerous government reports. She serves on the behavioral health advisory committee of the National Quality Forum. Dr. Mark received a PhD in Health Economics from Johns Hopkins University, her MBA from Loyola College, and her BA from Amherst College.

Register HERE

Addiction Professionals: This course has been approved by NACCME, LLC, as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #182840. NACCME is responsible for all aspects of the programing.
The American Public Human Services Association (APHSA) is accepting proposals for the APHSA 2019 National Health and Human Services Summit, May 19-22 in Arlington, VA.

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.

We are seeking proposals that will create conversations, engage public and private partners from the health and human services sector and include thought leaders in the field.

The agenda will be organized in these four areas:
- Operational Optimization
- Healthier Communities Through Prevention
- Policy and Practice Solutions for Family and Community Well-being
- Equity

Submissions are due by Tuesday, February 19, 2019.

To submit and access the Call for Papers, please click here. Download this guide to help craft your submission.

For questions regarding the submission process please contact Donna Jarvis-Miler, djarvis-miller@aphsa.org.
Office of Science Policy and Communications, National Institute on Drug Abuse/National Institutes of Health

Applications Due March 14, 5 p.m. Local Time

HEAL Initiative: Coordinating Center to Support NIDA Preventing Opioid Use Disorder in Older Adolescents and Young Adults (ages 16–30) Initiative (U24 Clinical Trial Not Allowed) – RFA-DA-19-034

NIDA is seeking cooperative agreement applications to participate in the HEAL Preventing Opioid Misuse and Opioid Use Disorder in Older Adolescents and Young Adults (ages 16-30) initiative administered by NIDA. This initiative will consist of research grants and a Coordinating Center, focused on establishing the evidence base for interventions and strategies to prevent initiation of opioid misuse and development of Opioid Use Disorder (OUD) in at-risk older adolescents and young adults. Of priority are studies that target older adolescents and young adults in health care settings (including emergency departments, surgical, orthopedic and other specialty care, dental care, primary care, urgent care, HIV/STI and reproductive health clinics, prenatal clinics, federally qualified health centers, school-based health centers, military and veteran health care settings, behavioral health systems, and occupational health settings); justice settings (including criminal justice, juvenile justice, as well as child welfare and other systems that intersect with the justice system); and, other systems and settings opportunity for accessing and engaging at-risk older adolescents and young adults. The purpose of this FOA is to fund a single Coordinating Center to centralize support for individual research projects supported through the HEAL Prevention initiative. The Coordinating Center will be responsible for an array of scientific and logistical support activities in the following four broad areas: coordination and communication, data collection and management, implementation design and methodology consultation and economic evaluation.

HEAL Initiative: Preventing Opioid Use Disorder in Older Adolescents and Young Adults (ages 16–30) (UG3/UH3 Clinical Trial Required) – RFA-DA-19-035

As part of the NIH Helping to End Addictions Long-term (HEAL) initiative to speed development and implementation of scientific solutions to the national public health opioid crisis, NIDA is seeking cooperative agreement applications to participate in the HEAL Preventing Opioid Misuse and Opioid Use Disorder in Older Adolescents and Young Adults (ages 16-30) initiative administered by NIDA. This initiative will consist of research grants and a coordinating center, focused on establishing the evidence base for interventions and strategies to prevent initiation of opioid misuse and development of Opioid Use Disorder (OUD) in at-risk older adolescents and young adults. Of priority are studies that target older adolescents and young adults in health care settings (including emergency departments, surgical, orthopedic and other specialty care, dental care, primary care, urgent care, HIV/STI and reproductive health clinics, prenatal clinics, federally qualified health centers, school-based health centers, military and veteran health care medicine settings, behavioral health systems, and occupational health settings); justice settings (including criminal justice, juvenile justice, as well as child welfare and other systems that intersect with the justice system); and other systems and settings opportunity for accessing and engaging at-risk older adolescents and young adults.

Part D Payment Modernization Model Overview Webinars

The Center for Medicare & Medicaid Innovation (CMS Innovation Center) is hosting a webinar to provide a basic overview of the Part D Payment Modernization Model. CMS will host two sessions including the same content, which take place on Thursday, January 31, 2019 at 1:00 p.m. EST, and on Wednesday, February 6, 2019 at 1:00 p.m.

If you previously registered for the Part D Payment Modernization Model webinar originally scheduled for Tuesday, January 29, 2019 please re-register for one of the new dates.

During the webinar, CMS subject matter experts will provide information about The Part D Payment Modernization model, which tests the impact of modernized Part D program design and improved incentive alignment on overall Part D prescription drug spending and beneficiary out-of-pocket costs. The model is open to eligible standalone Prescription Drug Plans and Medicare Advantage Prescription Drug Plans that are approved to participate, is voluntary, and will last 5-years, beginning with the 2020 plan year.

As part of the model, CMS will provide participants with additional programmatic tools, including Part D Rewards and Incentives programs, to increase engagement with enrollees, with the goal of promoting better enrollee understanding of: (1) their Part D benefit, including out-of-pocket and total drug costs; and (2) clinically-equivalent therapeutic options. These efforts will improve beneficiary access to lower cost, effective medications, promoting adherence and affordability.

Register for the Thursday, January 31 webinar here: https://engage.vevent.com/rt/cms2~013119
Register for the Wednesday, February 6 webinar here: https://engage.vevent.com/rt/cms2~020619
Patient-Centered Outcomes Research Institute (PCORI) Funding Announcement (PFA)
Treatment of Anxiety in Children, Adolescents, and/or Young Adults -- Cycle 1 2019

Cycle: Cycle 1 2019
Letter of Intent Deadline: January 31 by 5 p.m. (ET)
Merit Review: July 2019
Earliest Start Date: November 2019
Funds Available: Up to $20 million
Application Deadline: April 24, 2019 by 5 p.m. (ET)

Announcement Type: Research Award
Awards Announced: September 2019
Maximum Project Budget/Total Direct Costs: $5 million
Maximum Project Period: 3 to 5 years

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.

2019 NACBHDD Legislative and Policy Conference

Taking Stock of Key Developments
March 4 through 6
Cosmos Club, 2121 Massachusetts Avenue, N.W., Washington, DC 20008

SAMHSA Assistant Secretary Dr. Elinore McCance-Katz will be joining Conference attendees to provide the latest on SAMHSA and its programs.

Early Bird Registration by February 1: $550 for Members; $625 for Non-Members
Regular Registration after February 1: $600 for Members, $675 for Non-Members

NACBHDD has arranged a block of sleeping rooms at the Cosmos Club for the nights of March 3-5. Reservations can be made by calling 202-387-7783 and identifying the NACBHDD Room Block.

Register HERE
NASUAD’s 2019
Sponsorship and Exhibitor Prospectus

Download HERE

HCBS
NATIONAL HOME & COMMUNITY
BASED SERVICES CONFERENCE

August 26–29, 2019
Baltimore Marriott Waterfront | Baltimore, MD

NASUAD
National Association of States
United for Aging and Disabilities
SAMHSA Funding Opportunity Announcement

Cooperative Agreement to Support the Southeast Asia Regional Technology Transfer Center for HIV and Substance Use and Mental Health (TI-19-006)

Funding Mechanism: Grant
Anticipated Total Available Funding: $700,000
Anticipated Number of Awards: 1
Anticipated Award Amount: Up to $700,000 per year
Length of Project: Up to 3 years
Cost Sharing/Match Required?: No

Application Due Date February 26, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 Cooperative Agreement to Support the Southeast (SE) Asia Regional Technology Transfer Center (TTC) (Short Title: SEA-TTC) for HIV and Substance Use and Mental Health. The purpose of this program is to strengthen the current work of the SEA-TTC that builds the regional capacity to address the intersection of HIV, substance use and mental health at the policy, systems, and provider level, and increases the skills and abilities of the President’s Emergency Plan for AIDS Relief (PEPFAR) implementing partners in the national HIV/AIDS programs in SE Asia through training, technical assistance, technology transfer, and workforce development. Training and technical assistance by an internationally-based TTC in behavioral health service provision includes integrating screening for and treatment of substance use disorders (SUDs), co-occurring substance use and mental disorders, and recovery support service programs into HIV/AIDS prevention, care, and treatment programs, with the objective of improving patient outcomes. The SEA-TTC will work collaboratively with other SAMHSA-funded internationally-based TTCs and the domestic TTC network (https://attcnetwork.org (link is external)) in developing evidence-based technical assistance for information exchange and technology transfer.

Asia is home to the largest number of people living with HIV (PLHIV) outside of Sub-Saharan Africa. The HIV epidemic is concentrated among key populations (injecting drug users (IDU), commercial sex workers (CSW), men who have sex with men (MSM), and transgender individuals). Studies show that these key populations consume alcohol and drugs, such as methamphetamine and opioids, which can result in risk behaviors that are drivers of the HIV epidemic. Through the development and implementation of regional and local activities, the SE Asia Regional TTC will work collaboratively to strengthen regional capacity to address the intersection of HIV, Substance Use and Mental Health at the policy, systems, and provider level, and increase the skills and abilities of PEPFAR implementing partners in the area of SUD treatment, including co-occurring disorders, and recovery support services as part of the national HIV/AIDS programs in SE Asia supported by PEPFAR, including some or all of the following: Thailand, India, Indonesia, Cambodia, Laos, Papua New Guinea, Burma, and Nepal. Workforce development, training, and technical assistance activities must be conducted in a culturally competent and linguistically appropriate manner.

Eligibility

- Public or private universities and colleges that have a proven experience in leading and working with local institutions in SE Asia region and demonstrated history of working with PEPFAR partners and PEPFAR programs in SE Asia;
- Community- and faith-based organizations that have a proven experience in leading and working with local institutions in SE Asia region and demonstrated history of working with PEPFAR partners and PEPFAR programs in SE Asia; and
- Currently funded SAMHSA Technology Transfer Centers (TTCs), including Addiction TTCs, Mental Health TTCs and Substance Abuse Prevention TTCs.
- These entities are uniquely qualified to implement the program because of their knowledge of, and working experience with the PEPFAR country teams and regional PEPFAR programs in SE Asia.

Contact Information

Program Issues: Humberto Carvalho, Office of Management, Analysis, and Coordination, SAMHSA, by email or by phone at (240) 276-2974.


Application Materials
SAMHSA Funding Opportunity Announcement

Provider’s Clinical Support System - Medication Assisted Treatment Grant  (TI-19-005)

Award Information
- Funding Mechanism: Grant
- Anticipated Number of Awards: 1
- Anticipated Total Available Funding: $2 million
- Length of Project: Up to 3 years
- Anticipated Award Amount: Up to $2 million/year
- Cost Sharing/Match Required?: No
- Application Due: February 26, 2019

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 - Medication Assisted Treatment (Short Title: PCSS-MAT) grant. The purpose of this program is to expand the number of Drug Addiction Treatment Act (DATA) 2000 waived providers, increase understanding of the importance of medication-assisted treatment and ultimately increase access to MAT through expanded prescribing of FDA-approved medications for the treatment of opioid use disorders. Although the current initiative has provided multiple trainings and mentoring support, there still remains a significant need to increase the number of healthcare providers to address the nation’s lack of adequate access to care and treatment for opioid and other substance use disorders. The PCSS-MAT program will continue to provide up-to-date and evidence-based information to support the training of health professionals and to address the complex issues of addiction.

Eligibility

Eligibility is limited to the national professional medical organizations authorized by the Drug Addiction Treatment Act of 2000 (DATA) to carry out the training of providers desiring to prescribe and/or dispense FDA-approved schedule III medications for addictive disorders. These organizations are the American Society of Addiction Medicine (ASAM), the American Academy of Addiction Psychiatry (AAAP), the American Medical Association (AMA), the American Osteopathic Academy of Addiction Medicine (AOAAM), and the American Psychiatric Association (APA). Any of these entities may apply individually; they may also apply as a consortium comprised of all or several of the eligible organizations. If a consortium is formed for this purpose, a single organization in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

If a consortium submits an application, a written agreement must be included outlining the roles and responsibilities of each participating national professional medical organization. This agreement must be signed by an authorized official of each member of the consortium and included in Attachment 3 of the application, "Roles and Responsibilities of Participating National Professional Medical Organizations."

There is a serious public health issue involving the abuse, misuse, non-medical use and concomitant morbidity and mortality associated with the increased availability of opioids for the treatment of acute pain, chronic pain, and opioid-related addiction. While these medications are mainly obtained legally through prescriptions, SAMHSA surveys indicate significant amounts are obtained through theft and other forms of diversion.

In addition, SAMHSA recognizes the difficulty in assessing patients for appropriate opioid prescribing and the limited training that physicians, psychiatrists, and dentists may receive during their formal, specialized training. Moreover, licensed physicians who have completed their formal training may lack adequate mentoring, continuing medical education, and other resources to evaluate patients and prescribe opioid analgesics appropriately.

To address this public health problem in a timely manner, SAMHSA is limiting eligibility to these five organizations because they have extensive experience providing educational and other support services for addictive disorders to physicians and other substance abuse and healthcare professionals. As such, SAMHSA believes they are uniquely qualified to meet the requirements outlined in this announcement because they have the experience, infrastructure, and capacity in place to expeditiously begin program activities.

Contact Information

Program Issues: Anthony Campbell RPH, D.O., Division of Pharmacologic Therapy, CSAT, SAMHSA, by email or by phone at (240) 276-2702.


Application Materials
Early Psychosis and Clinical High Risk: Connecting the Dots
This webinar will review the work currently being done in the U.S. and internationally to develop and implement seamless community-based care for youth at Clinical High Risk for Psychosis. Common challenges and opportunities across these programs will be discussed, along with opportunities for synergy and learning. The webinar will introduce participants to important knowledge and resources, and provide opportunities to network, share and collaborate. This webinar is part of the Clinical High Risk/Early Psychosis Learning Community.

Operationalizing State-Community Partnerships for SOC Expansion
This webinar will focus on strategies states and communities can use to create effective partnerships to expand systems of care for children, youth, and young adults with behavioral health challenges and their families. A framework will be presented that outlines the roles of states and communities in SOC expansion and sustainability, along with ideas to enhance partnerships. This webinar is part of the SOC Expansion Leadership LC.

The AAKOMA Project: Engaging African-American Youth and Youth of Color in Addressing Depression and Other Mental Health Needs
Alfiee Breland-Noble, PhD, M.H.Sc, project director for AAKOMA (African American Knowledge Optimized for Mindfully Healthy Adolescents), will present this webinar on increasing access to mental health services through culturally appropriate engagement. The webinar is part of the Cultural and Linguistic Competence LC.

Tribal Policy Guide
The National Indian Child Welfare Association with the collaboration with the Northwest Portland Area Indian Health Board recently developed a Tribal Policy Guide that serves as a tool for tribes involved in the policy making process. The guide offers ideas, concepts, and a tribal framework that relates to how tribal communities may approach the policy process at the community level. This webinar is part of the Tribal System of Care LC.

Registration for the National Wraparound Implementation Academy Opens Soon!
Early bird registration for the National Wraparound Implementation Center’s 4th National Wraparound Implementation Academy (NWIA) opens next month. 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.
The Department of Veterans Affairs (VA) is announcing the availability of funds for supportive services grants for new applicants and existing grantees under the Supportive Services for Veteran Families (SSVF) Program. Awards made for supportive services grants will fund operations beginning October 1, 2019.

The SSVF Program provides supportive services grants to private non-profit organizations and consumer cooperatives that coordinate or provide supportive services to very low-income veteran families who: (i) are residing in permanent housing and are at risk of becoming homeless; (ii) are homeless and scheduled to become residents of permanent housing within a specified time period; or (iii) after exiting permanent housing within a specified time period, are seeking other housing that is responsive to such very low-income veteran family’s needs and preferences. SSVF prioritizes the delivery of rapid re-housing services to homeless veteran households.

Rapid re-housing is an intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and avoid homelessness again in the near term. The core components of a rapid re-housing program are housing identification, financial assistance with move-in and rental expenses, and rapid re-housing case management and services. These core components represent the minimum that a program must be providing to households to be considered a rapid re-housing program, but do not provide guidance for what constitutes an effective rapid re-housing program.

The principle goal for this NOFA is to provide support to those applicants who demonstrate the greatest capacity to end homelessness among veterans or, in communities that have already met US Interagency Council on Homelessness (USICH) Federal Criteria and Benchmarks, or, alternatively, Community Solutions’ Functional Zero (the latter can be found at https://cmtysolutions.org/sites/default/files/final_zero_2016_metrics.pdf), a capacity to sustain these gains. Priority will be given to grantees who can demonstrate adoption of evidence-based practices in their application.

Under Priority 1, VA will provide funding to existing grantees with 3-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) in Employment and Community Services: Rapid Rehousing and Homeless Prevention standards, a 4-year accreditation from the Council on Accreditation’s (COA) accreditation in Housing Stabilization and Community Living Services standards, or a 3-year accreditation in The Joint Commission’s (JC) Behavioral Health Care: Housing Support Services Standards.

Priority 2 includes existing grantees seeking to renew their grants not included under Priority 1.

Under Priority 3, VA will provide non-renewable grants for a 2-year period to eligible entities providing services to very low-income veteran families who are occupying permanent housing in the areas of one of the Continuums of Care (CoC) listed in the Award Information section of this Notice. VA has designed this 2-year effort to provide a surge of resources in communities with high need. Only existing grantees currently providing services in an identified target community are eligible to apply for additional funds in that target community they currently serve under Priority 3.

A CoC plan is a community plan to organize and deliver housing and services to meet the needs of people who are homeless as they move to stable housing and maximize self-sufficiency. The community plan includes action steps to end homelessness and prevent a return to homelessness. Priority 4 is open to new applicants only, who are seeking to provide services in the areas of one of the CoCs listed in the Award Information section of this Notice. These locations have been selected based on the current unmet service needs and the levels of Veteran homelessness, and VA also seeks to ensure that supportive services grants are equitably distributed across geographic regions, including rural communities and tribal lands. Applications for Priority 3 and 4 awards must include a letter of support from the target CoC to be considered for funding. CoC letters of support must contain the information described in the Award Information section of this Notice. (CoC locations and contact information can be found at www.hudhre.nfo/index.cfm?do=viewCocMaps).

Note: VA is considering adding an additional rental subsidy option for Priority 3 awards. Should VA announce this new rental subsidy option it would be noticed through the publication of rulemaking that would amend 38 Code of Federal Regulations (CFR) Part 62.

Copies of the application can be downloaded from the SSVF website at www.va.gov/homeless/ssvf.asp.

Technical Assistance: Information regarding how to obtain technical assistance with the preparation of a supportive services grant application is available on the SSVF Program website at www.va.gov/homeless/ssvf.asp.

FOR FURTHER INFORMATION CONTACT: Mr. John Kuhn, National Director, Supportive Services for Veteran Families at SSVF@va.gov.
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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WEBINAR
What Really Works in Homelessness Prevention: Lessons from Literature and the Field

*Monday, February 11, 3:00 p.m. - 4:00 p.m. ET*

Homelessness in America has decreased, but there is still work to be done. What’s the evidence on what works to prevent people from becoming homeless? What have we learned from the field?

Join Abt Associates’ Center on Evidence-based Solutions to Homelessness for a webinar that marries evidence and real-world insight. Marybeth Shinn, the primary author of a new literature synthesis on homelessness prevention, will review what we have learned from the research. Practitioners from three communities will discuss their experience planning or implementing prevention activities, and how the evidence aligns with their work on the ground.

[Register HERE](#)
Public Health Under Siege: Improving Policy in Turbulent Times

Don’t miss an exceptional opportunity to engage with public health leaders about critical issues facing the nation today. The APHA Policy Action Institute will build on the 2019 AcademyHealth National Health Policy Conference to offer an additional day of discussions uniquely focused on public health policy. Attendees will interact with and learn from elected leaders and public and private sector policy experts about improving policy in turbulent times and how to take action.

Join us to explore pressing national priorities including environmental health, violence prevention, access to care and women’s health.

**Wednesday, Feb. 6**
7:30 a.m. - 5:30 p.m.
Marriott Marquis Washington, DC
$300 (*Breakfast and lunch are included*)

Learn more about this event and check back soon for our lineup of exciting speakers.

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Policy Action Institute

Register for APHA's Policy Action Institute and the AcademyHealth National Health Policy Conference at the same time with this online registration.

Tell your peers about this event on Twitter!

**Register NOW**

Book your **Housing**

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SAMHSA’s new 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.**
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 and will center on the conclusions reached in the NRI Bed Registry survey report. If you are interested in helping to craft one of the 2019 papers, please contact NASMHPD Project Director David Miller.

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
To combat the growing addiction epidemic that has resulted from opioid prescriptions for pain management, building partnerships and collaborations is critical. The Texas Society of Addiction Medicine, Texas Health Institute and Superior HealthPlan have joined forces to host a summit that addresses the state of the science in pain management and actions that can be taken to respond to the crisis.

Superior HealthPlan created an inaugural summit in 2018, “Changing the Paradigm in the Treatment of Chronic Pain and Substance Use Disorder in Texas.” The Texas Health Institute and Texas Society of Addiction Medicine are partnering this year to increase the scope and Summit reach.

**EARLY BIRD**
*Before December 31, 2018*
- Full Conference - $250
- One Day - $100
- Pre- or Post-Summit Workshops - $50

**REGULAR**
*January 1, 2019 - February 11, 2019*
- Full Conference - $275
- One Day - $125
- Pre- or Post-Summit Workshops - $75

**Who Should Attend**
- Physicians
- Medical Directors
- Behavioral Health Directors
- Pharmacists
- Nurses
- Social Workers
- Substance Use & Prevention Directors
- Peer Support Specialist
- Outreach Coordinators
- Psychiatrists
- Psychologists
- Dentists
- Telehealth Directors
- Government Officials
- Law Enforcement Officials
- Recovery Coaches

**History**
During the 1990s, there was a movement to label pain as the fifth vital sign in medicine. This required physicians to evaluate and address pain in their patients. As a result, the production and prescription of short-acting opioids increased dramatically. Fast forward almost 20 years and the number of opioid overdose deaths has quadrupled since 1999. In 2017 alone, an opioid overdose was the cause of more than 60,000 deaths in the United States.

Today, physicians’ continuing medical education programs are now deemphasizing the use of opioids in all but acute pain, such as for postsurgical analgesia. However, one of the largest challenges facing physicians is how to reduce opioid use for patients who have been prescribed high levels of opioid analgesics for years.
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
Health Resources and Services Administration (HRSA) Notice of Funding Opportunity

Geriatrics Workforce Enhancement Program (GWEP – HRSA 19-008)

Application Due Date: February 6, 2019
Projected Award Date: 07/01/2019

The purpose of this program is to improve health outcomes for older adults by developing a healthcare workforce that maximizes patient and family engagement, and by integrating geriatrics and primary care.

Eligibility

Eligible applicants are accredited health professions schools and programs. The following entities are eligible applicants:

- Schools of Allopathic Medicine
- Schools of Dentistry
- Schools of Osteopathic Medicine
- Schools of Pharmacy
- Schools of Optometry
- Schools of Podiatric Medicine
- Schools of Veterinary Medicine
- Schools of Public Health
- Schools of Chiropractic
- Physician Assistant Programs
- Schools of Allied Health
- Schools of Nursing

The following accredited graduate programs are also eligible applicants:

- Health Administration
- Behavioral Health and Mental Health Practice, including:
  - Clinical Psychology
  - Clinical Social Work
  - Professional Counseling
  - Marriage and Family Therapy

Additional eligible applicants are:

- a health care facility
- a program leading to certification as a certified nurse assistant
- a partnership of a school of nursing such and facility
- a partnership of such a program and facility

APPLY AT GRANTS.GOV

SAVE THE DATE

2.22.2019

MHA Before Stage 4 Leadership Awards Reception & Policy Briefing

National Press Club
529 14th Street, NW | Washington, DC 20045

Policy Briefing 4:00-5:00 pm
Reception 5:00-7:00 pm
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 Meighan Haupt, NASMHPD Chief of Staff, With Any Questions

Alzheimer’s Disease-and Related Dementias (ADRD) Summit 2019

March 14 & 15, Natcher Conference Center, NIH, Bethesda, MD

The Alzheimer’s Disease-Related Dementias (ADRD) Summit 2019 will be held on March 14-15, 2019, at the NIH. The summit will update national research priorities for ADRDs including frontotemporal, Lewy body, mixed, and vascular dementias. Organized by the National Institute of Neurological Disorders and Stroke with collaboration across the NIH, the summit will be held in response to the National Plan To Address Alzheimer's Disease.

The goal of the 2019 Summit is to review and assess the progress made for each of the research recommendations developed by previous summits, amend or add recommendations based on recent scientific discoveries, solicit input from diverse stakeholders, and update priorities and timelines for addressing the Alzheimer’s disease-related dementias.

Registration is open and trainees can also find information on the ADRD Summit 2019 Trainee Travel Scholarship.
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NASMHPD Links of Interest

Brain Biomarkers Could Help Identify Those at Risk of Severe PTSD, National Institute of Mental Health, January 28 & Neural Computations of Threat in the Aftermath of Combat Trauma, Homan P. et al., Nature Neuroscience, January 21

Using Evidence to Improve Public Health Outcomes, Association of State and Territorial Health Officials (ASTHO), January 24


Congressional Budget Office Director Keith Hall’s Testimony on CBO’s Budget and Economic Outlook: 2019 to 2029, January 29

OIG Advisory Opinion No. 19-02 (An Advisory Opinion Regarding a Pharmaceutical Manufacturer’s Proposal to Loan, on a Temporary Basis, a Limited-Functionality Smartphone to Financially Needy Patients Who Do Not Have the Technology Necessary to Receive Adherence Data From a Sensor Embedded in Prescribed Antipsychotic Medication), Department of Health and Human Services Office of the Inspector General, Posted January 29

Helping Someone Living with Depression or Bipolar Disorder: A Handbook for Families and Caregivers, Families for Depression Awareness

Getting To The Next Generation of Performance Measures For Value-Based Payment, Dana Gelb Safran & Aparna Higgins, Health Affairs Blog, January 29

Medicaid Coverage of Medication-Assisted Treatment for Alcohol and Opioid Use Disorders and of Medication for the Reversal of Opioid Overdose, Substance Abuse and Mental Health Services Administration, 2018

Understanding and Responding Proactively to Poly-victimization: Digital Dialogue, Administration for Children and Families, Children’s Bureau, December 17, 2018

Baltimore Will Stop Prosecuting Marijuana Possession, [State’s Attorney Mosby] Announces, Tim Prudente, Baltimore Sun, January 29

Fighting the Stigma of Mental Illness Through Music, Michele C. Hollow, New York Times, January 29

Video: How the Need for Cultural Responsiveness is Changing Research, Mathematica Policy Research, January 24