Number of States Granted Approval for Medicaid Work Requirements Reaches Seven, with Nine Applications Pending; Critics Say Individuals with Disabilities, Homeless are Most Vulnerable to Cutoffs

As of January 9, 2019, the Centers for Medicare and Medicaid Services (CMS) had approved Medicaid work requirements in seven states, with applications from nine additional states still pending. Work requirements have been approved for Arkansas, Indiana Kentucky, Maine, Michigan, New Hampshire, and Wisconsin.

Implementation in Maine, one of the two most recent states approved by CMS on December 21 will likely not occur because of the change in administration in that state. Governor Janet Mills (D), who took office January 2, will likely reverse the initiative planned by former Governor Paul LePage (R). She told the Portland Press-Herald in late December:

“I want some health care lawyers in my office and others to look at it more deeply before I can make a decision about what I can do with it and what I can’t do with it. And how I can step back or not step back from it.

The previous week, her spokesman Scott Ogden said that “making sure people are healthy, of course, is a first step in making them eligible for work.”

Her predecessor had touted the new requirements for non-disabled Medicaid recipients as a way to encourage work among low-income Mainers. Some of the state’s 258,000 adult, non-disabled, non-elderly Medicaid enrollees would be required to work or volunteer or attend school or job training activities for 80 hours per month. In addition, the waiver would require enrollees to pay premiums of up to $40 per month.

“Under my administration, we have worked to lift Mainers out of poverty by prioritizing work within our welfare programs. With the approval of the (application), we will be able to replicate that success in our Medicaid program,” LePage said December 21 after CMS Administrator Seema Verma announced the Maine waiver approval in a Twitter tweet.

New Michigan Governor Gretchen Whitmer (D) has also said she opposes the Medicaid waiver work requirement sought by her Republican predecessor, Rick Snyder, which was also approved by CMS on December 21.

But whichever way Maine and Michigan go, an additional nine states await CMS approval of a work requirement waiver: Alabama, Arizona, Mississippi, Ohio, Oklahoma, South Dakota, Tennessee, Utah, and Virginia.

Only two of the states thus far approved, Arkansas and Indiana, have actually implemented the requirement, according to a Kaiser Family Foundation Medicaid waiver tracking site. Both the Arkansas and Kentucky programs are subjects of federal lawsuits alleging the requirement is contrary to the purpose of the Medicaid law.

Arkansas, which requires the reporting of 80 hours of “community engagement” each month for enrollees ages 50 and younger, had implemented its Arkansas Works program in June 2018. As of mid-December, the state had reported that almost 17,000 of the 66,600 enrollees not exempt from the requirement had lost Medicaid coverage for the remainder of 2018 after failing to report compliance for three consecutive months. Enrollees who are medically frail or disabled, are reporting under Federal food stamp reporting requirements, are incapacitated on a short-term basis, or have at least one dependent child or incapacitated person in the home are exempt from the state’s reporting requirement.

However, critics have suggested that the state’s electronic reporting system does not work smoothly and have noted that not everyone has access to a computer on which to report compliance.

In a series of white papers issued since CMS first encouraged states to seek approval for the work requirement in a January 2018 State Medicaid Director Letter, the Center for Budget and Policy Priorities (CBPP) has contended the work requirements have the unintended consequence of taking coverage away from people who are already working or who should be exempt because they have a disability. CBPP says those individuals are unable to report because the reporting mechanism is faulty or complicated or because they lack access to computers. Homeless individuals are particularly disadvantaged, according to CBPP, facing significant barriers to work, including physical and behavioral health conditions, lack of work experience or inconsistent work history, and histories of incarceration.

In a literature review released August 7, the Kaiser Family Foundation found that having health insurance helps people with employment. “Being in poor health is associated with increased risk of job loss, while access to affordable health insurance has a positive effect on people’s ability to obtain and maintain employment,” the study concluded.
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- March 24 & 15 Alzheimer's Disease-and Related Dementias (ADRD) Summit 2019 at NIH
- NASMHPD Board & Staff   NASMHPD Links of Interest
The Joint Commission announced on November 27, 2018 revisions to its National Patient Safety Goal (NPSG) 15.01.01 that will require hospitals to have assessment tools and procedures in place to treat patients identified as high-risk for suicide.

Effective July 1, 2019, NPSG 15.01.01 (Reduce the Risk for Suicide) is applicable to Joint Commission-accredited hospitals (psychiatric units in general hospitals and non-psychiatric units in general hospitals) and behavioral health care organizations.

The new requirements, published in “R-3 (Requirement, Rationale, Reference) Report,” contains seven elements of performance which the Joint Commission will review during the accreditation surveys, up from three elements of performance from the previous NPSG version (Identify Individuals at Risk for Suicide) published in 2007.

The existing Goal has taken a high-level approach to suicide prevention in health care organizations and, as such, has been limited in its objective of helping organizations improve their processes and environments for individuals at risk for suicide. The revised Goal, which is more specific and instructional, aligns with current research and the recommendations of a technical expert panel of provider organizations, suicide prevention experts, behavioral facility experts, and other key stakeholders that met five times from June 2017 to March 2018.

The new and revised elements include:

- Behavioral health care organizations, psychiatric hospitals, and psychiatric units in general hospitals should conduct environmental risk assessments to ensure they are ligature resistant.
- While non-psychiatric units in general hospitals are not expected to be ligature resistant, the units should minimize risks in the environment for patients identified at risk for suicide.
- Individuals being treated or evaluated for behavioral health conditions as their primary reason for care need to be screened for suicide risk using a validated tool. The Goal does not require universal screening.
- Organizations must develop a plan to mitigate suicide based on an individual's overall level of risk.
- Organizations must follow written policies and procedures for counseling and follow-up care for individuals identified as at risk for suicide.

The revisions are posted on the Prepublication Standards page of The Joint Commission website and will be published online in the spring 2019 E-dition® update to the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) and Comprehensive Accreditation Manual for Hospitals (CAMH). For customers who purchase it, the spring 2019 print update for CAMBHC and CAMH will include the revisions.

The Joint Commission has also released an accompanying compendium of resources to help support hospitals and organizations to meet the NPSG 15.01.01 requirements.

In releasing the new standards, David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation of The Joint Commission said “The science of suicide prevention has really advanced over the past few years, including better tools for screening, assessment of suicidal ideation, identification of environmental hazards in health care facilities, and methods to prevent suicide after discharge,” says. “We had not updated the NPSG since its original release in 2007. This revised version and the accompanying resource compendium will more robustly support health care organizations in preventing suicide among patients in their care.”

Federal Shutdown Mostly Spares Health Insurance for Federal Workers

Reprinted in part from January 11 Kaiser Health News
By Julie Appleby, Kaiser Health News Senior Correspondent

As the partial government shutdown drags on, about 800,000 federal employees who work for the shuttered agencies — and their families — are facing the reality of life without a paycheck. ... [But what] will happen to their health insurance?

For the most part, federal employees needn't worry about that, according to the Office of Personnel Management (OPM) in an FAQ blog post.

Both the online FAQ and the health insurance industry’s trade association confirm that coverage through the Federal Employees Health Benefits (FEHB) program will continue even if some federal agencies affected by the shutdown aren’t issuing those paychecks or paying premiums.

“The shutdown should not impact their coverage,” said Kristine Grow, spokeswoman for America’s Health Insurance plans, the trade group that represents insurers, including those that offer coverage through the federal program. “It’s business as usual.”

Once the shutdown ends and those payments resume, workers should expect that their usual share of premiums plus some of the accumulated amount that wasn’t deducted during the missed pay periods will be taken out.

“Procedures may vary somewhat by payroll office, but the maximum additional deduction allowed under regulations is one pay period’s worth of premiums (in addition to the current pay period’s premium),” said an OPM spokeswoman.

Less clear is what happens to workers under contract with the affected federal agencies — including some people working as analysts, administration assistants and janitorial staff — who are mostly excluded from the FEHB program.

Many companies that contract with the federal government offer workers insurance. The OPM recommends these contracted employees consult the human resources office at their company for answers regarding the shutdown.

The U.S. Department of Health and Human Services was fully funded by Congress for FY 2019 and so is now fully operational. Both CMS and SAMHSA are open and at full force.
Technical Assistance Webinar: HEAL Initiative Preventing Opioid Use Disorder in Older Adolescents and Young Adults

Funding Opportunity Announcements (FOAs)

Thursday, January 17, 12:30 p.m. to 2:00 p.m. E.T.

A webinar is scheduled to assist potential applicants to the Helping to End Addiction Long-Term (HEAL) Initiative prevention funding opportunity announcements (FOAs) RFA-DA-19-035 (UG3/UH3) and RFA-DA-19-034 (U24). The intent of this pre-application webinar is to provide an overview of these FOAs and to address general questions from potential applicants. Attendees are encouraged to register for the webinar in advance. The webinar is optional and not required for application submission.

To see the FOAs to be discussed, please click on the links below to see the full announcements and instructions.

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)

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

Webinar: The Telehealth Advantage for Counties

Thursday, January 31, 1:00 p.m. to 2:00 p.m. E.T.

Telehealth continues to emerge as a cost-saving, outcomes-improving technology for private sector organizations - but can counties expect to reap the same rewards? Some counties nationwide are already discovering the positive impact telehealth services can have on their county:

- More timely access to care at a time of increased demand for services
- Expansion of services to rural and other previously underserved areas
- Support and promote early detection of mental health symptoms, or even predict the onset of mental illness
- More effective use of clinical resources
- Cost savings and risk reduction from providing services to persons in the most appropriate care settings

Just as telling are examples of telehealth engagement with complex populations, such as those with mental health or substance use disorders who are justice-involved, persons using emergency departments as their only care resource, or those experiencing a crisis within the community.

Presented by NACo, NACBHDD and their partners at Netsmart, this one-hour webinar will highlight several real-world examples of organizations that have adopted telehealth or partnered with organizations through telehealth to address county needs.

Register HERE
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)
Applicant Town Hall Session: January 22, 12:00 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
SAMHSA Funding Opportunity Announcement

Application for 2019 BRSS TACS Capacity Building Opportunity

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) is pleased to announce the 2019 Capacity Building Opportunity, an intensive technical assistance (TA) opportunity for peer-run organizations (PROs), recovery community organizations, family-run organizations, and youth- and young adult-run organizations.

The 2019 Capacity Building Opportunity contributes to SAMHSA’s mission to reduce the impact of substance misuse and mental illness on American communities. Applicants are encouraged to consider SAMHSA’s activities related to mental illness and substance abuse disorders in the Interdepartmental Serious Mental Illness Coordinating Committee and its report to Congress, the SAMHSA Strategic Plan FY2019–FY2023, and Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs and Health.

The 2019 BRSS TACS Capacity Building Opportunity will offer sustained, individualized consultation, training, and peer-to-peer support for up to 25 peer-run, recovery community, family-run, or youth and young adult-run organizations in one of the five designated focus areas.

- Partnering with State Systems to Advance Recovery
- Developing an Integrated Workforce
- Building Infrastructure and Organizational Capacity
- Sustaining Access to Treatment and Recovery in Educational Settings
- Supporting Reintegration

BRSS TACS seeks to support the ability of PROs to become an effective component of comprehensive systems of care that focuses on prevention, treatment and recovery supports addressing the needs of individuals with mental and substance use disorders and their families, including youth and young adults with serious emotional disturbances. TA can help PROs adopt evidence based practices, improve the use of data to inform programs and policies, and enhance integration with state systems of care. TA will also support efforts to provide effective services in educational and criminal justices settings.

Eligibility

Potential applicants must be nonprofit PROs that meet the following requirements:

- A majority of consumers/peers/people in recovery must manage the applicant organization. We consider family-run organizations (FRO) and youth- and young adult (YYA)-run organizations to be peer-led entities for their peer support activities due to their lived experiences with these service systems.
- The majority of the organization’s board of directors or advisory board must identify as consumers/peers/people in recovery or family members.
- The board of directors or advisory board must have been in operation for at least 6 months before the date of issuance of this subcontract announcement.
- The organization must be dedicated to promoting wellness and recovery for people with substance use disorders, serious mental illness, or co-occurring mental and substance use disorders.

Previous participants in the Capacity Building Opportunity are welcome to apply.

The estimated time commitment for participating organizations’ activities is at least 10-12 hours per month. We strongly encourage participants to review all the information in this document and assess their ability to commit to the time required throughout this process before applying for the 2019 Capacity Building Opportunity.

For more information on eligibility and how to apply, please review the complete overview and application at: https://www.surveymonkey.com/r/BRSSTACSCapacityBldg2019..

Applications are due by Thursday, January 31, 2019, at 8 p.m. ET.

You may email BRSS TACS at BRSSTACSCapacityBuilding@center4si.com with questions pertaining to this opportunity.
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 of countries 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/) 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
SAMSHA 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
- Anticipated Award Amount: Up to $2 million/year
- Length of Project: Up to 3 years
- 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 of by phone at (240) 276-2702.

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

Application Materials
Criminal Justice Learning Collaboratives

Competency to Stand Trial/ Competency Restoration

Number of Participant Sites to be Selected: 6

Selected Communities to be Notified by February 1, 2019

SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), is known nationally for its work in regard to people with behavioral health needs who are involved in the criminal justice system. The GAINS Center is currently soliciting applications from communities interested in collaborating with subject matter experts through Criminal Justice Learning Collaboratives designed to explore five topics:

- Risk-Need-Responsivity
- Family Treatment Courts
- Equity and Inclusion
- Competency to Stand Trial/Competency Restoration
- SAMHSA’s Eight Guiding Principles for Behavioral Health and Criminal Justice

The Learning Collaborative Model brings together local community teams in a blend of virtual and onsite events to create coordinated local strategic plans and implementation strategies for the topic of focus. Selected teams will work intensively to determine optimal ways to implement best practices and define success indicators for each topic area noted above. Each topic-specific Learning Collaborative will engage subject-matter experts to work with community teams during the implementation process and to facilitate peer-to-peer sharing. The unique blend of virtual and onsite methods will offer selected teams an intimate and familiar environment in which to learn and complete their implementation work, while providing a virtual forum to share with other communities and receive an array of technical assistance from subject matter experts across the country.

Eligibility: The Competency to Stand Trial/Competency Restoration Learning Collaborative is designed for state applicants, and will focus on legal, clinical, and systemic issues including the increase demand for competency evaluations, evidence-based screening and assessment measures, wait lists for competency restoration program beds, best practices for competency restoration programs, building collaborations between state and local agencies, and other relevant issues. It is a requirement that all state applicants identify 1 to 3 local communities that will pilot the proposed changes. The local pilot partners must provide letters of support.

A state submitting an application should strive to include representation from a broad array of key stakeholders. The identification of 20 to 25 state team members and local partners should include:

- State forensic and/or mental health commissioner
- State director of state psychiatric hospitals and facilities
- State director of community behavioral health services
- Judicial leader such as administrative judge or supreme court judge
- Representative from state law enforcement such as sheriffs or chiefs of police associations
- State Attorney General
- Representative from indigent defense/public defenders association
- Representative from district attorneys association
- Director of forensic evaluation
- Representative from advocacy organization (e.g. NAMI)
- A team of local lead representatives in the identified pilot communities whose responsibilities mirror those above.

If multiple communities are proposed, local teams from each should be identified.

SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation will host all activities related to the Learning Collaborative free of charge to selected communities. A Learning Collaborative virtual meeting, in which all Learning Collaborative participant teams must participate, will be held on April 30 and May 1, 2019.

There are no fees for registration, tuition, or materials associated participation in the Learning Collaborative. The GAINS Center will pay all costs associated with pre and post-virtual meeting coordination, conference calls, and GAINS Center staff and/or subject matter expert time and travel.

Up to six sites will be selected through this solicitation. Communities selected for these events must be able to provide facilities and A/V resources to comfortably accommodate up to 25 to 30 event participants. Further details will be provided to communities selected to participate.

Informational webinars were held on December 5 and December 6, 2018. To learn more about the solicitation, stream a webinar recording: December 5 Recording | December 6 Recording.

Please note: If you require an alternative format or captioning, please contact SAMHSA’s GAINS Center.

Email Anthony Fortuna, Program Coordinator, for an application form, or call 800.311.4246 or 518.439.7415, Ext. 5257.
Funding Mechanism: Grant
Anticipated Total Available Funding: $1,000,000
Anticipated Number of Awards: 1
Anticipated Award Amount: Up to $1,000,000 per year
Length of Project: Up to 5 years
Cost Sharing/Match Required?: No
Application Due Date: Tuesday, January 29, 2019
Anticipated Project Start Date: April 30, 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 Infant and Early Childhood Mental Health Consultation (Short Title: CoE-IECMHC) grant. The purpose of this program is to advance the implementation of high quality infant and early childhood mental health consultation (IECMHC) across the nation through the development of tools, resources, training, and mentorship to the infant and early childhood mental health field. The primary goals of the CoE are to promote the healthy social and emotional development of infants and young children, and to prevent, to the greatest extent possible, the onset of serious emotional disturbance (SED). The CoE has been and will continue to be instrumental in helping states, tribes, and communities to support early childhood providers and help them to achieve their goals of healthy children and families, school readiness, and success in school and beyond.

The mission and work of the Center of Excellence aligns with multiple recommendations put forward by the Interdepartmental Serious Mental Illness Coordinating Committee in its December 2017 report. These include:

2.8 Maximize capacity of the behavioral health workforce;
2.9 Support family members and caregivers; and
3.2 Make screening and early intervention among children, youth, transition-age youth and young adults a national expectation.

In order to maintain the prominence of the Center in the fields of early childhood health and education, SAMHSA will continue to collaborate and partner with the Health Resources and Services Administration (HRSA) and the Administration on Children and Families (ACF) to ensure that child care, Head Start, home visiting, maternal and child health and primary care settings are informed and educated about the value of IECMHC, and mental health consultants are able to serve these systems most effectively.

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.

Proposed budgets cannot exceed $1,000,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

SAMHSA will hold a pre-application webinar and a conference call for prospective applicants interested in applying for this grant. These events will be led by Center for Mental Health Services staff. The webinar will be held on Monday, December 17, 2018 from 2:00 p.m. to 3:00 p.m. E.T.

Dial in phone number: 888-928-9713  Participant Passcode: 7103267
Direct Web Link: https://www.mymeetings.com/nc/join.php?i=PWXW8519852&p=7103267&t=c
Replay Link: https://www.mymeetings.com/nc/join.php?i=PWXW8519852&p=7103267&t=r (available 24 hours after the webinar)

The conference call to answer remaining questions will be held on Monday, January 7, 2019 from 2:00 p.m. – 3:00 p.m.

Dial in phone number: (888) 928-9713  Participant passcode: 2760975

Note: Registration is not required for these events. The phone line and internet link will be live 30 minutes prior to the start of the webinar.

Contacts - Program Issues: Jennifer Oppenheim, Center for Mental Health Services, SAMHSA, (240) 276-1862
The Intersection of Equity, Disparities, and the Multi-Dimensions of Family and Community Engagement

The Early Childhood Family Network’s (ECFN) vision is to live in a world where all children from birth to 8 years old are safe, healthy, and inspired to engage in lifelong learning. Join EFCN for its inaugural webinar series for families and partners dedicated to early childhood social and emotional development. Alice Farrell, JD, LCSW, MSW, will present on effective engagement strategies for counteracting the disparities that many families and children experience and how focusing on the use of best practices in engagement can yield positive family and community connections.

Register Now

Operationalizing Family and Youth Leadership in Systems of Care

This webinar will focus on how to operationalize family and youth leadership in all phases of SOC development and expansion. Presenters will share a framework with specific questions and strategies that can be used to guide the implementation of family- and youth-driven approaches. This webinar is part of the SOC Expansion Leadership Learning Community.

Register Now


System of care communities are challenged with developing and implementing a family-driven array of services and supports. The National Family Support Network offers the Standards of Quality for Family Strengthening & Support, a framework with the vision is implementation will help ensure that families are supported and strengthened through quality practice. It was designed to be used by all stakeholders—public departments, foundations, community-based organizations, and parents—across different kinds of Family Strengthening and Family Support programs as a tool for planning, providing, and assessing quality practice. This Learning Community will provide an overview of the National Family Support Network, its Standards of Quality, and how family leaders and family-run organizations can use the Standards to bring communities together for implementation of quality family support practices.

Register Now

Building Health Equity in Systems of Care by Engaging Diverse Families, Youth, and Community Organizations

This webinar will focus on practical strategies for engaging diverse families and youth in culturally and linguistically appropriate ways. Topics covered include opening doors through language assistance, outreach and relationship building, establishing trust and creating a welcoming environment that attracts culturally diverse people, and more. This webinar is part of the Cultural and Linguistic Competence Learning Community.

Register Now
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.hudre.hifo/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 at leah.holmes-bonilla@nasmhpd.org. 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

CALL FOR PRESENTATIONS DEADLINE: January 18, 2019
EARLY REGISTRATION DEADLINE: January 31, 2019

The American Association for the Treatment of Opioid Dependence (AATOD) Workshop Committee is now accepting proposals for workshop and poster presentations for the 2019 AATOD Conference. The conference is being held in sunny Florida, October 19-23, 2019, at the Disney's Coronado Springs Resort.

The opioid epidemic continues to ravage the country and much of the world. The goal of this year’s conference is to educate, and promote acceptance and integration of Medication Assisted Treatment (MAT) options by patients, clinicians, the medical system, judicial systems, government, policy makers, and social service administrations.

We will disseminate innovative, evidence based initiatives and treatment techniques to better serve patients and providers, improve program development and administration, promote integration across the continuum of care, and enhance patient outcomes to assist communities in developing an effective response to the opioid crisis. To do this, we need your help. We cannot accomplish these goals without your willingness to share your expertise and experiences.

The Workshop Committee encourages you to submit an abstract for a workshop or poster session presenting the latest programs, research and regulatory developments relevant to the field of MAT and highlighting innovative treatment techniques and evidence based initiatives. We invite you to present effective and proven strategies to assist healthcare partnerships and collaborations by advancing their understanding and acceptance of MAT for opioid use disorders as a crucial element to community wellness and response to the opioid epidemic. Proposals that focus on reducing MAT-related stigma are also encouraged.

You will note in the on-line Call for Presentations that we are encouraging a broad number of topics for submission in order to provide a rich learning content cutting across multiple disciplines to advance the work of our field. We expect nothing less than to continue to provide the most cutting edge information at the conference. Please join leading experts in the field and consider submitting a proposal highlighting your expertise in research or in the provision of care.

To submit a proposal, please click HERE and follow the on-screen instructions. For questions or additional information regarding the Call for Presentations, please send e-mail to aatod@talley.com or call 856-423-3091.
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.

**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**

**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.

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.

**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 de-emphasizing 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.

**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
Visit the New Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center

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

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

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

**Training Guide**

**Training Videos: Navigating Cultural Dilemmas About –**

1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

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

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

**Training Webinars for Receiving Clinicians in Community Mental Health Programs:**

1. **Overview of Psychosis**
2. **Early Intervention and Transition**
3. **Recommendations for Continuing Care**

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

**Trauma, PTSD and First Episode Psychosis**

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

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

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

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

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

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

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

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

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

For more information about early intervention in psychosis, please visit [https://www.nasmhpdp.org/content/early-intervention-psychosis-eip](https://www.nasmhpdp.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: 02/06/2019
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

The Chronic Care Act: What it Means for You in 2019

Wednesday, January 30, 2:00 p.m. E.T. / 11:00 a.m. P.T.
Presenter: Tamyra Porter, Director, Navigant

This webinar examines the wide-ranging role of the Chronic Care Act (CCA) to reduce the costs of long-term care. States, MCOs, area agencies on aging, health care providers, and community-based organizations all need to factor the CCA into their plans for serving adults with complex care needs.

Tamyra Porter, Director of Healthcare at Navigant, will analyze the key components of the CCA and break down its implications. Topics to be covered include:

- For states: gain strategies for leveraging the CCA to keep seniors in their homes longer and out of costly long-term care;
- For health care providers: uncover new services covered by Medicare and Medicare Advantage;
- For social service agencies: fund non-medical benefits, from bathroom grab bars and wheelchair ramps to transportation.

Our nation faces unprecedented pressure to fund health care services — roughly 26% of total state spending from all sources is now for Medicaid. But the leadership needed to address this looming crisis must come not only from our states, but also from health care payers, providers, and the non-profits frequently on the front lines of care for adults with chronic care needs.

Register HERE to Attend Live or to Access the Recording & Slides Later
The Alzheimer's Disease-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**

**White Paper: Consumer Perspectives on How Social Determinants Impact Clinical Experience**, Waystar Revenue Cycle Technology, January 4

**Landmark Deal on Medication-Assisted Treatment a Model for Nation**, AMA Leadership Viewpoints, Barbara L. McAneny, M.D., President, American Medical Association, January 7

**Prisons are Housing Mental Health Patients Who've Committed No Crimes**, Julianne Hill, American Bar Association, ABA Journal, January-February 2019

**Trends In Buprenorphine Prescribing By Physician Specialty**, Wen H., Borders T.F., & Cummings, J.R. Health Affairs, January 2019

**Connecting Senescent Cells to Obesity and Anxiety**, Dr. Francis Collins, NIH Blog, January 8


**Bilateral Repetitive Transcranial Magnetic Stimulation Decreases Suicidal Ideation in Depression**, Weissman C.R. M.D. et al., Journal of Clinical Psychiatry, May/June 2018

**Adapting Activities for People with Alzheimer's Disease**, National Institute on Aging Website

**Revealing Gene Regulation in the Brain**, NIH Research Matters, National Institutes of Health, January 8

**Collaborative Care for the Detection and Management of Depression among Adults Receiving Antiretroviral Therapy in South Africa: Study Protocol for the CobALT Randomized Controlled Trial**, Fairall L., et al. Trials, 2018


**Integrating Health Care and Social Services for People with Serious Illness: Proceedings of a Workshop**, Roundtable on Quality Care for People with Serious Illness of the National Academies of Sciences, Engineering, and Medicine, January 10

**Generation Ketamine**, Sara Reardon, Scientific American Health, January 2019 (Free Digital First Issue)