 CMS, SAMHSA Continue to Operate in Government Shutdown, But Regulations, ACA Appeal Delayed

The Federal government shutdown, now in its 28th day, has not directly affected programs governed by the Centers for Medicare and Medicaid Services (CMS) or the Substance Abuse and Mental Health Services Administration (SAMHSA), with their parent Department of Health and Human Services (HHS) having been fully funded on September 28.

The nine Federal departments currently shutdown by the political stalemate over whether to fund a physical wall at the southwest U.S. border are the departments of Justice (DOJ), Agriculture (although food stamp recipients have been promised those benefits would continue to flow), Interior, Treasury (and the Internal Revenue Service), State, Transportation, and Housing and Urban Development, and NASA.

However, CMS officials told NASMHPD on Wednesday that regulations and guidance currently under review at the Office of Management and Budget (OMB) have been held up due to the government shutdown, with OMB’s Office of Information and Regulatory Affairs shuttered. Government attorney filings in the Texas v. Azar case before the Fifth Circuit Court of Appeals on the continued constitutionality of the Affordable Care Act have been held up with DOJ attorneys being furloughed during the shutdown.

On January 17, the House of Representatives once again considered legislation funding the government, but Senate Majority Leader Mitch McConnell (R-KY) continues to refuse to schedule a vote on funding without a signing commitment from the President.
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Social Marketing Assistance is Available

February 11 EBT Webinar on What Really Works in Homelessness Prevention: Lessons from Literature and the Field

February 6 Academy Health Policy Action Institute: Public Health Under Siege: Improving Policy in Turbulent Times

The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data

2018 NASMHPD TECHNICAL ASSISTANCE COALITION “BEYOND BEDS” WORKING PAPERS

February 15 to 17, 2019 Pain Management and Addiction Summit in Austin, Texas

Resources at NASMHPD's Early Intervention in Psychosis Resource Center

HRSA Notice of Funding Opportunity: Geriatrics Workforce Enhancement Program (GWEP – HRSA 19-008)

January 30 Webinar – Chronic Care Act: What it Means for You in 2019

SAVE THE DATE – September 2019 International Initiative for Mental Health Leadership (IIMHL) & International Initiative for Disability Leadership (IIMDL) Leadership Exchange in Washington, DC

March 24 & 15 Alzheimer's Disease-and Related Dementias (ADRD) Summit 2019 at NIH

NASMHPD Board & Staff

NASMHPD Links of Interest
Suicide Rates by Occupational Category Increase; Suicides Highest in Construction

The U.S. suicide rate for the working age population (16-64) increased by 34 percent—from 12.9 per 100,000 population to 17.3 per 100,000—between 2000 and 2016, according to a Centers for Disease Control and Prevention report published in the November 15 Morbidity and Mortality Weekly Report (MMWR).


According to the CDC, rates of suicide were highest among males in the Construction and Extraction occupational group in 2012 and 2015 (43.6 and 53.2 per 100,000 civilian non-institutionalized working people, respectively). The second and third highest occupational groups by suicide rate for men in 2015 were Arts, Design, Entertainment, Sports, and Media and Installation, Maintenance, and Repair.

The occupational group with the highest suicide rate for women in both 2012 and 2015 was Arts, Design, Entertainment, Sports, and Media (11.7 and 15.6 per 100,000, respectively). The report also found that the occupational groups Protective Service and Health Care Support had the second and third highest suicide rates in 2015 for women.

Suicide rates increased the most from 2012 to 2015 (47 percent) for males in the Arts, Design, Sports and Media occupations (from 26.9 per 100,000 to 39.7 per 100,000). Among females, Food Preparation and Serving Related Occupations increased the most during the period, at 54 percent (from 6.1 per 100,000 to 9.4 per 100,000).

The Education, Training, and Library occupational groups had the lowest suicide rates for both males and females.

"Increasing suicide rates in the U.S. are a concerning trend that represents a tragedy for families and communities and impacts the American workforce," commented Dr. Debra Houry, M.D., MPH, Director of CDC's National Center for Injury Prevention and Control, in a CDC press release. "Knowing who is at greater risk for suicide can help save lives through focused prevention efforts."

Decedents were not included in suicide rate calculations if they were in the military, had unpaid occupations (e.g., did not work, homemaker, or student), were retired or incarcerated, or if there was insufficient information to classify their lifetime occupation.

The new report replaces a retracted report, Suicide Rates by Occupational Group—17 States, 2012, that was later found to have errors in the classification of decedents in the Farming, Fishing and Forestry occupational grouping, which in turn led to errors in reported suicide numbers and rates by occupational group.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Suicide Prevention Lifeline Crisis Center Follow-Up Expansion Grant Program (SM-19-004)

Funding Mechanism: Grant
Anticipated Number of Awards: 2
Anticipated Total Available Funding: $672,383
Anticipated Award Amount: Up to $336,192 per year
Length of Project: Up to three years
Cost Sharing/Match Required?: No
Applications Due: Monday, March 11

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.
JOB ANNOUNCEMENT

Project Director, Training and Technical Assistance

National Association of State Mental Health Program Directors (NASMHPD), Alexandria, VA

DUTIES AND RESPONSIBILITIES. Responsible for the day-to-day operation and management of contract activities funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Project Director also leads or supports NASMHPD’s involvement in subcontracts, supervises staff, and is responsible for supporting business development activities, including the overall coordination, writing, and submission of technical proposals in response to Requests for Task Order Proposals (RFTOPS), Indefinite Delivery/Indefinite Quantity contracts (IDIQ) and grants.

QUALIFICATIONS. Master’s Degree or related experience and at least five years of senior management experience in a State, local, or Federal Behavioral Health or related agency with a focus on disabilities and vulnerable populations; current knowledge and experience with the public behavioral health system (mental health and substance abuse prevention/treatment/recovery services) and familiarity with the operations and key policy issues, especially consumer issues, service delivery, cultural competency, and recovery-oriented care; and knowledge of practices that support the prevention of behavioral health problems and the fostering of resilience.

Preferred candidate will have a record of sound achievements working with SAMHSA and/or other Federal, state and local funders on projects that impact the lives of persons with or at risk for behavioral health disorders and their families and communities. Excellent writing skills, strong public speaking skills, and demonstrated knowledge and experience writing technical proposals in response to grant/contract funding announcements are all essential.

The preferred candidate will have:

- Experience coordinating and writing responses to requests for proposals from Federal funders on behavioral health and related topics. Skills in planning and completing multiple complex tasks.
- Outstanding interpersonal skills, political acumen, and ability to work effectively as a team member essential.
- Thorough understanding of state behavioral health systems and the issues confronting these organizations at the national and state level.
- Experience with quality assurance, fiscal monitoring, decision-making, addressing critical issues, monitoring progress, timeliness assurance, review of performance indicators, and planning in the development of TA/T mechanisms.
- Experience and knowledge of: effective technical assistance techniques used to foster quality-care in public behavioral health and related settings/systems (e.g., on-site consultation, training, development of training curricula, and virtual trainings via webinars or video conference); and an understanding of the comprehensive range of services and supports in the sectors of behavioral health, housing, employment, education, and other social service systems to address the needs of persons with or at risk for behavioral health disorders.

EQUAL OPPORTUNITY EMPLOYER. NASMHPD is an Equal Opportunity Employer. Minorities, women, persons with disabilities and veterans are encouraged to apply.

APPLICATION PROCESS. Interested applicants should submit a letter of interest and a resume to:

Kathy M. Parker, Director of Human Resources
National Association of State Mental Health Program Directors (NASMHPD)
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314
Email: kathy.parker@nasmhpd.org
https://www.nasmhpd.org/
The Fall 2018 Issue of 
Signs of Mental Health Is Out

http://mhit.org/assets

Vol 15, Number 4

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• Clinical Training Announced
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.

Submit Your Proposal >>

- 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.
HEAL Initiative: 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 opportune 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 opportune for accessing and engaging at-risk older adolescents and young adults.

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)

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.

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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/BRSSTACSCapacityBuilding2019..

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.
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
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
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.


Application Materials
CRIMINAL JUSTICE LEARNING COLLABORATIVES
Competency to Stand Trial/ Competency Restoration

Number of Participant Sites to be Selected: 6
Application Due Date: January 22, 2019
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.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

National Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE-IECMHC) (SM-19-010)

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
Designing and Implementing Early Childhood Systems of Care (SOC)

The Early Childhood SOC Learning Community is pleased to announce an enhanced format starting in January with monthly webinars and additional opportunities for peer interaction and resource sharing. This webinar will focus on specific considerations for designing, implementing, and sustaining early childhood SOCs that serve young children with behavioral health concerns and their families.

Register NOW

How to Prevent Staff Burnout and Turnover

This webinar will discuss how to identify risk factors for staff burnout, signs of burnout, and ways to prevent and manage challenges staff can experience when helping others.

This webinar is part of the Tribal SOC Learning Community.

Register NOW

Early Psychosis and Clinical High Risk: State of the Science

Robert Heinssen, PhD, Director of the Division of Services and Intervention Research at the National Institute of Mental Health (NIMH), will present the “State of the Science” as the 2019 kick-off to the TA Network’s Early Psychosis Clinical High Risk Learning Community. This Learning Community will include opportunities for accessing on-line resources and networking across communities. This webinar has been rescheduled from the original Dec. 17 date.

For more information, please contact Tamara Sale.

Register NOW

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.

Register NOW

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.

LEARN MORE
Department of Veterans Affairs Notice of Funding Availability

Supportive Services for Veteran Families Program

Application Due Date: February 22, 2019

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 veterinarians 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 NASHMPD, Vanguard Communications(link is external), Youth MOVE National(link is external), and the Federation of Families for Children’s Mental Health(link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

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

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

Tip Sheets and Workbooks

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

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

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

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

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.

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

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 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.

**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

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

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

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

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

**Training Guide**

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

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

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

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

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

**Trauma, PTSD and First Episode Psychosis**

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

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

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

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

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

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

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

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

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

For more information about early intervention in psychosis, please visit [https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
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 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.
"I Have a Dream," Address Delivered at the March on Washington for Jobs and Freedom
Martin Luther King, Jr. (Southern Christian Leadership Conference)
August 28, 1963, Washington, D.C.

I am happy to join with you today in what will go down in history as the greatest demonstration for freedom in the history of our nation.

Five score years ago, a great American, in whose symbolic shadow we stand today, signed the Emancipation Proclamation. This momentous decree came as a great beacon light of hope to millions of Negro slaves who had been seared in the flames of withering injustice. It came as a joyous daybreak to end the long night of their captivity.

But one hundred years later, the Negro still is not free. One hundred years later, the life of the Negro is still sadly crippled by the manacles of segregation and the chains of discrimination. One hundred years later, the Negro lives on a lonely island of poverty in the midst of a vast ocean of material prosperity. One hundred years later, the Negro is still languished in the corners of American society and finds himself in exile in his own land. And so we've come here today to dramatize a shameful condition.

In a sense we've come to our nation's capital to cash a check. When the architects of our republic wrote the magnificent words of the Constitution and the Declaration of Independence, they were signing a promissory note to which every American was to fall heir. This note was a promise that all men, yes, black men as well as white men, would be guaranteed the unalienable rights of life, liberty, and the pursuit of happiness. It is obvious today that America has defaulted on this promissory note insofar as her citizens of color are concerned. Instead of honoring this sacred obligation, America has given the Negro people a bad check, a check which has come back marked insufficient funds.

But we refuse to believe that the bank of justice is bankrupt. We refuse to believe that there are insufficient funds in the great vaults of opportunity of this nation. And so we've come to cash this check, a check that will give us upon demand the riches of freedom and the security of justice.

We have also come to this hallowed spot to remind America of the fierce urgency of now. This is no time to engage in the luxury of cooling off or to take the tranquilizing drug of gradualism. Now is the time to make real the promises of democracy. Now is the time to rise from the dark and desolate valley of segregation to the sunlit path of racial justice. Now is the time to lift our nation from the quicksands of racial injustice to the solid rock of brotherhood. Now is the time to make justice a reality for all of God's children.

It would be fatal for the nation to overlook the urgency of the moment. This sweltering summer of the Negro's legitimate discontent will not pass until there is an invigorating autumn of freedom and equality. 1963 is not an end, but a beginning. And those who hope that the Negro needed to blow off steam and will now be content will have a rude awakening if the nation returns to business as usual. There will be neither rest nor tranquility in America until the Negro is granted his citizenship rights. The whirlwinds of revolt will continue to shake the foundations of our nation until the bright day of justice emerges.

But there is something that I must say to my people, who stand on the warm threshold which leads into the palace of justice: in the process of gaining our rightful place, we must not be guilty of wrongful deeds. Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred. We must forever conduct our struggle on the high plane of dignity and discipline. We must not allow our creative protest to degenerate into physical violence. Again and again, we must rise to the majestic heights of meeting physical force with soul force. The marvelous new militancy which has engulfed the Negro community must not lead us to a distrust of all white people, for many of our white
brothers, as evidenced by their presence here today, have come to realize that their destiny is tied up with our destiny, and they have come to realize that their freedom is inextricably bound to our freedom. We cannot walk alone.

And as we walk, we must make the pledge that we shall always march ahead. We cannot turn back. There are those who are asking the devotees of civil rights, "When will you be satisfied?" We can never be satisfied as long as the Negro is the victim of the unspeakable horrors of police brutality. We can never be satisfied as long as our bodies, heavy with the fatigue of travel, cannot gain lodging in the motels of the highways and the hotels of the cities. We cannot be satisfied as long as the Negro's basic mobility is from a smaller ghetto to a larger one. We can never be satisfied as long as our children are stripped of their selfhood and robbed of their dignity by signs stating for whites only. We cannot be satisfied as long as a Negro in Mississippi cannot vote and a Negro in New York believes he has nothing for which to vote.

No, no, we are not satisfied and we will not be satisfied until justice rolls down like waters and righteousness like a mighty stream.

I am not unmindful that some of you have come here out of great trials and tribulations. Some of you have come from areas where your quest for freedom left you battered by the storms of persecution and staggered by the winds of police brutality. You have been the veterans of creative suffering. Continue to work with the faith that unearned suffering is redemptive.

Go back to Mississippi, go back to Alabama, go back to South Carolina, go back to Georgia, go back to Louisiana, go back to the slums and ghettos of our northern cities, knowing that somehow this situation can and will be changed. Let us not wallow in the valley of despair.

I say to you today, my friends, so even though we face the difficulties of today and tomorrow, I still have a dream. It is a dream deeply rooted in the American dream.

I have a dream that one day this nation will rise up and live out the true meaning of its creed: "We hold these truths to be self-evident, that all men are created equal."

I have a dream that one day on the red hills of Georgia, the sons of former slaves and the sons of former slave owners will be able to sit down together at the table of brotherhood.

I have a dream that one day even the state of Mississippi, a state sweltering with the heat of injustice, sweltering with the heat of oppression, will be transformed into an oasis of freedom and justice.

I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character. I have a dream today.

I have a dream that one day in Alabama, with its vicious racists, with its governor having his lips dripping with the words of "interposition" and "nullification", one day right there in Alabama little black boys and black girls will be able to join hands with little white boys and white girls as sisters and brothers. I have a dream today.

I have a dream that one day every valley shall be exalted, every hill and mountain shall be made low, the rough places will be made plain, and the crooked places will be made straight, and the glory of the Lord shall be revealed, and all flesh shall see it together.

This is our hope. This is the faith that I go back to the South with. With this faith we will be able to hew out of the mountain of despair a stone of hope. With this faith we will be able to transform the jangling discords of our nation into a beautiful symphony of brotherhood. With this faith we will be able to work together, to pray together, to struggle together, to go to jail together, to stand up for freedom together, knowing that we will be free one day.

This will be the day, this will be the day when all of God's children will be able to sing with new meaning: "My country, 'tis of thee, sweet land of liberty, of thee I sing. Land where my fathers died, land of the pilgrim's pride, from every mountainside, let freedom ring!"

And if America is to be a great nation, this must become true. So let freedom ring from the prodigious hilltops of New Hampshire. Let freedom ring from the mighty mountains of New York. Let freedom ring from the heightening Alleghenies of Pennsylvania. Let freedom ring from the snow-capped Rockies of Colorado. Let freedom ring from the curvaceous slopes of California. But not only that: Let freedom ring from Stone Mountain of Georgia. Let freedom ring from Lookout Mountain of Tennessee. Let freedom ring from every hill and molehill of Mississippi. From every mountainside, let freedom ring.

And when this happens, and when we allow freedom to ring, when we let it ring from every village and every hamlet, from every state and every city, we will be able to speed up that day when all of God's children, black men and white men, Jews and Gentiles, Protestants and Catholics, will be able to join hands and sing in the words of the old Negro spiritual: "Free at last! Free at last! Thank God Almighty, we are free at last!"
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NASMHPD Links of Interest

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