Administration Raises Salary Thresholds for White Collar Exemptions from OT Pay

On May 18, the Department of Labor (DOL) issued final regulations doubling the annual salary threshold for the Fair Labor Standards Act (FLSA) overtime exemption from $23,660 to $47,476, saying the share of full-time workers qualifying for overtime pay at time-and-one-half based on their salaries has plummeted from 62 percent in 1975 to 7 percent today. The new annual salary threshold translates to a weekly salary of $913 a week, increased from $455.

Additionally, under the new regulations, which take effect December 1 of this year, the salary threshold will be automatically updated every three years, based on projections of wage growth. The salary threshold is expected to rise to more than $51,000 by January 1, 2020.

In a separate set of Frequently Asked Questions (FAQs) published on May 18, DOL announced a temporary non-enforcement policy for providers of Medicaid-funded services for individuals with intellectual or developmental disabilities in residential homes and facilities with 15 or fewer beds. The non-enforcement policy for those providers will last from the December 1 implementation date until states complete their transitions to home- and community-based services (HCBS) on March 17, 2019 under the Medicaid HCBS regulations. DOL says the non-enforcement policy is intended to allow it to devote its time and resources to providing assistance to those employers, and allow those employers to work with their state legislatures and the Department of Health and Human Services (HHS) in implementing the overtime rule concurrently with the implementation of the HCBS rule.

No similar non-enforcement period has been granted to other providers grappling with the HCBS transition, such as providers of services for the frail elderly or individuals with mental illness. DOL notes it received far more feedback on the proposed overtime rules from advocates for the intellectual and developmental disability community than from advocates for other HCBS populations. DOL received more than 270,000 comments on the proposed changes.

Under the overtime protections first enacted under the FLSA in 1938 hourly workers must be paid time-and-a-half for hours worked exceeding 40 hours in a week. Salaried employees are presumed to have the same guarantee unless they: (1) make more than a salary threshold set by the Department of Labor, and 2) pass a test demonstrating they primarily perform executive, administrative, or professional duties.

An exempt employee’s primary duty must be managing the enterprise or a customarily recognized department or subdivision of the enterprise. He or she must customarily and regularly direct the work of at least two or more other full-time employees or their equivalent, and have the authority to hire and fire other employees or recommend hiring, firing, advancement, promotion or other employee change of status. (A limited number of occupations are not eligible for overtime pay—including teachers, doctors, and lawyers—or are subject to special provisions.)

Primary duty is defined under the regulations to mean the principal, main, major or most important duty that the employee performs based on all the facts in a particular case. Generally, an employee who in any workweek does not spend at least 50 percent of his or her time in that "primary duty" will not qualify for the executive exemption in that workweek and will be due overtime payment after 40 hours.

This means, for example, if a supervisory home health worker has to fill in doing the work of a staff-level home health worker for more than 20 hours in a week he or she is short-staffed, the supervisor may be due overtime from the employer for hours he or she works over 40 in that week.

The final regulations raise from $100,000 to $134,404 the "highly compensated employee" salary threshold above which only a minimal showing of exempt activities is needed to show an employee is exempt from overtime pay.

The regulations, as originally proposed in the July 6, 2015 Federal Register, had proposed a higher salary threshold for the lower-salaried workers of $50,440, and would have also modified the duties test. However, the Administration modified its proposal in the face of significant opposition from a 108-member Congressional coalition championing the interests of employers and small business.

Unless they fall under the executive exemption or similar white collar exemptions for administrative and professional employees and computer workers, state and local government employees are covered by the FLSA, (cont’d on page 2)
SAVE THE DATE

Join Senators Chris Murphy (D-CT) and Bill Cassidy (R-LA)
For a conversation on Mental Health Reform

Thursday, May 26th
8:30 a.m. to 1:40 p.m.
Hart Senate Office Building, Room 902
RSVP online at bit.ly/mental-health-rsvp

DOL Raises Salary Thresholds for White Collar Overtime Pay Exemptions

(cont'd from page 1) as are employees of hospitals and other institutions “primarily engaged in the care of the sick, the aged, or the mentally ill.” Job titles and job descriptions do not determine exempt status, nor does paying a salary rather than an hourly rate.

State employers of some health workers in institutional settings have one other option. Section 7(j) of the FLSA permits hospitals and residential care establishments to utilize a fixed work period of 14 consecutive days in lieu of the 40-hour workweek for the purpose of computing overtime. To use this exception, the employer must have a prior agreement or understanding with affected employees before the work is performed. This “eight and eighty (8 and 80) exception” agreement must provide for the employer to pay overtime for all hours worked over eight in any workday as well as eighty hours in the fourteen-day period. (An employer can use both the standard 40-hour overtime system and the 8 and 80 overtime system for different employees in the same workplace, but not for the same individual employee.)

Employees of non-profits which perform only charitable activities or that have receipts of less than $500,000 a year from business-purpose revenues are also exempt if they do not individually engage in interstate commerce in their work (such as by using the mails).

Despite the changes made by the Administration, a coalition of conservative groups wrote lawmakers on May 17 saying the new rule will mean higher labor costs for millions of small businesses and could lead to reduced hours for many employees. The Administration acknowledges the rule will extend overtime pay to 4.2 million more workers and raise wages, on average, about $1.2 billion annually.

The coalition urged Congress to reject the rule by supporting legislation sponsored by Senator Tim Scott (R-SC) and Tim Wahlberg (R-MI) (S. 2707/H.R. 4773, respectively), that would require DOL to nullify the existing rule and conduct a full economic analysis with economic data on small businesses, nonprofit employers, Medicare or Medicaid dependent health care providers, small governmental jurisdictions, and all other employers, before promulgating a substantially similar rule. Senate Republican leaders have suggested they may attempt to block the rule through a rider on an appropriations bill.

In its letter to Congress, the Coalition quotes a March 4 analysis by Avalere Health that found that, under the regulations as proposed, organizations providing services to the individuals with disabilities, primarily funded by Medicaid, would face an estimated $1.05 billion in additional costs in the first year, increasing Medicaid costs by $388 to $856 million in the first year.
The Center for Disease Prevention and Control (CDC) on May 17 issued its quarterly early results of the 2015 National Health Information Survey.

The Survey results include the following findings:

- The number of uninsured persons has declined in the last year. In 2015, 28.6 million persons of all ages (9.1%) were uninsured at the time of the interview—7.4 million fewer persons than in 2014.
- The percentage of adults ages 18 to 64 who were uninsured dropped from 16.3 percent in 2014 to 12.8 percent in 2015.
- From 2014 to 2015, private coverage increased from 67.3 percent to 69.7 percent.
- Among children under age 17, the uninsured dropped from 5.5 percent in 2014 to 4.5 percent in 2015.
- Among persons under age 65, private coverage through the Federal or state exchanges increased from 2.5 percent (6.7 million) in the fourth quarter of 2014 to 3.4 percent (9.1 million) in the fourth quarter of 2015.

Estimates for 2015 are based on data for 103,798 persons. Three estimates of lack of health insurance coverage are provided:

(a) Number of uninsured at the time of interview,
(b) Number of uninsured at least part of the year prior to interview (which includes persons uninsured for more than a year), and
(c) Number of uninsured for more than a year at the time of interview.

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**SAMHSA-HRSA Collaborative Grants**

2016 Behavioral Health Workforce Education and Training for Paraprofessionals and Professionals

The 2016 Behavioral Health Workforce Education and Training (BHWET) for Paraprofessionals and Professionals Program is a collaborative grant that will provide funding during federal Fiscal Year (FY) 2016.

The BHWET program funds eligible behavioral health paraprofessional and professional training programs to develop and expand the substance use and mental health workforce. Special emphasis is on training to meet the needs of children, adolescents, and transitional-age youth at risk for developing or who have a recognized behavioral health disorder.

**Grant Eligibility**

Applications for the grant are due by July 1, 2016. Eligible applicants include:

- Behavioral paraprofessional certificate training programs and peer paraprofessional certificate training programs.
- Accredited masters-level schools and programs of psychology, marriage and family therapy, as well as psychiatric-mental health nurse practitioners and counselors, including licensed professional counselors and school counselors. Programs must require a pre-degree, clinical field placement in behavioral health as part of the training, and a prerequisite for graduation.
- American Psychological Association (APA) accredited doctoral-level internships in health service psychology.

Given the current number of BHWET-supported schools and programs of social work and to ensure a fair and equitable distribution of total FY 2016 funds across the behavioral health continuum from paraprofessionals to professionals, current BHWET recipients are not eligible to apply. Schools and programs of social work are also not eligible to apply.

A call to discuss grant eligibilities and funding awards is scheduled for Tuesday, May 24, at 3 p.m. EDT

Call-in Number: 1-888-220-3085, Participant Code: 5404141

Adobe Connect Link: [https://hrsa.connectsolutions.com/fy16-bhwet-foa/](https://hrsa.connectsolutions.com/fy16-bhwet-foa/)

Instant replay will be available through July 24, 2016, 10:59 p.m. C.D.T. by calling 1-800-337-5668 with the passcode 9744.

**APPLY FOR THE GRANT TODAY!**
Title: Products to Support Applied Research Towards Zero Suicide Healthcare Systems

Open Date (Earliest Submission Date): August 5, 2016. Due Date: September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).

Letter of Intent: Due 30 days prior to the application due date.

Funding: $1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017 will depend on annual Congressional appropriations.

Award Project Period: Phase I—up to 2 years; Phase II—up to 3 years

Applicants are encouraged to contact Adam Haim by email or at 301-435-3593 for further guidance.

Institute of Family Health Joins the Lifeline Network

The Institute of Family Health in Manhattan, New York recently joined the National Suicide Prevention Lifeline network, making it the tenth New York crisis center to join the network. The mission of the Institute is to improve access to high quality, patient-centered primary health care targeted to the needs of medically underserved communities.

The Institute’s Center for Counseling at the Kingston Family Health Center offers crisis hotline support to Ulster County community members. Calls are answered by mental health clinicians who provide crisis counseling and support. Last year, the Center expanded its access to mental health services to 7 days a week, 365 days a year, and to include individual, family and group counseling; medication therapy and management; psychiatric consultations; and access to mental health education and wellness groups.

The National Suicide Prevention Lifeline (1-800-273-TALK) is comprised of a network of more than 160 community crisis call centers located throughout the United States. Each center receives calls from designated areas of the country that creates a nationwide public health safety net.

National Academies Explores Behavioral Health Stigma in New Report

The National Academies of Sciences, Engineering and Medicine on April 20 published a new publication, Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change, which explores the stigma commonly faced by individuals with behavioral health conditions.

The National Academies had been asked by the Department of Health and Human Services (HHS), as part of the agency’s national effort to change the attitudes, beliefs, and behaviors surrounding behavioral health, to study the science of behavioral health norms; negative attitude and beliefs associated with behavioral health conditions; and public knowledge about accessing help for individuals with behavioral health conditions.

The book (which can be accessed free on the website linked above) offers conclusions and recommendations about reducing stigma and discrimination that include:

1. HHS should take lead responsibility among federal partners and key stakeholders in the design, implementation, and evaluation of a multipronged, evidence-based national strategy to reduce stigma and support people with mental and substance use disorders.

2. HHS should evaluate its own service programs and collaborate with other stakeholders, particularly the criminal justice system and government and state agencies, to identify and eliminate policies, practices, and procedures that directly or indirectly discriminate against people with mental and substance use disorders.

3. The Substance Abuse and Mental Health Services Administration (SAMHSA) should conduct formative and evaluative research as part of a strategically planned effort to reduce stigma.

4. To design stigma-reduction messaging and communication programs, SAMHSA should investigate and use evidence from formative and evaluative research on effective communication across multiple platforms.

5. To decrease public and self-stigma and promote affirming and inclusive attitudes and behaviors targeted to specific groups, SAMHSA should work with federal partners to design, evaluate, and disseminate effective, evidence-based contact-based programming.

6. SAMHSA should work with partners to design, support, and assess the effectiveness of evidence-based peer programs to support people with mental and substance use disorders along the path to recovery and encourage their participation in treatment.
### NASMHPD Links of Note

This publication provides an updated scan of the literature over the specified five-year period, identifying changes and remaining gaps in evidence. It also identifies resources to assist policymakers and health care planners in selecting, implementing, and sustaining models of behavioral health integration.


#### Preventing Bullying Through Science, Policy, and Practice, National Academy of Health and Medicine (previously the Institute of Medicine), May 10, 2016.

#### PASRR Technical Assistance Center (PTAC) – This website contains archived & live webinars, resources, tools, Links, FAQs, and other technical assistance on Preadmission Screening and Resident Review (PASRR).

#### Opening Minds, Ending Stigma is a statewide campaign partnership between the Ethel and James Flinn Foundation and the Michigan Department of Health and Human Services to raise awareness about mental illness. The website includes videos, news, mental health facts, and other resources. The website will include, after its airing, an archive of the broadcast of Opening Minds Ending Stigma: Early Intervention is Key, a documentary premiering Friday, May 27 at 7 p.m. on WOTV in Grand Rapids, and Saturday, May 28, at 7 p.m. on CBS 62 in Detroit and WOOD TV-8 in Grand Rapids. The 30-minute film features candid stories of young Michigan residents and families impacted by mental illness, and illuminates the challenges presented by mental disorders, the stigma that often delays effective treatment, and that recovery is possible. Leading Michigan-based experts in pediatric care, educators, parent/child relationships and peer support programs also appear to bring greater understanding of the importance of early intervention.

#### Mental Disorders Top the List Of The Most Costly Conditions In The United States: $201 Billion, Health Affairs, May 19, 2016, Charles Roehrig, Altarum Institute.
Nearly 40 percent of the total cost of caring for mental health disorders is spent on institutionalized populations, including patients in nursing homes, psychiatric hospitals and prisons.

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### UPCOMING WEBINARS

#### Inmate Guidance for Medicaid
A 90-minute discussion of the recently released CMS guidance to states on Medicaid inmate eligibility, enrollment, and coverage policy, which describes how states can better facilitate access to Medicaid services for individuals transitioning from incarceration to their communities. Webinar Link: [https://webinar.cms.hhs.gov/sota2016/](https://webinar.cms.hhs.gov/sota2016/)

- **Thursday, May 26 – 1:30 p.m. to 3 p.m. ET**
- **Audio Option #1:** Dial In: (877) 267-1577 – Participant Code: 991 969 000
- **Audio Option #2:** [https://cms-meetings.webex.com/cms-meetings/k2/j.php?MTID=t11e33aa2c137310f212bd11cf3ad2de7](https://cms-meetings.webex.com/cms-meetings/k2/j.php?MTID=t11e33aa2c137310f212bd11cf3ad2de7)

#### Medicaid IAP Targeted Learning Opportunity - CDC Guideline for Prescribing Opioids for Chronic Pain
The next TLO session for the Medicaid Innovation Accelerator Program will focus on disseminating key points and recommendations from the recently published CDC opioid prescribing guideline for primary care providers who are treating adult patients for chronic pain in outpatient settings. The goal of the guideline is to help providers and patients—together—assess the benefits and risks of opioid use. It encourages providers to consider the unique needs of each patient in order to provide safer, more effective pain treatment while reducing risks of addiction and overdose. The webinar will highlight how different state Medicaid agencies are implementing strategies to reduce opioid prescribing while meeting the clinical needs of their beneficiaries.

- **Monday, June 13 – 3:30 p.m. to 5 p.m. ET**
- **Register HERE.**
State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

**To Request On-site TA:** States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.

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**NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center**

In the spring of last year, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit NASMHPD’s EIP website.

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**Call for Applications**

*American Psychiatric Association’s 2016-2017 Psychiatric Services Achievement Awards*

**Award Information:** The Psychiatric Service Awards are presented to innovative programs that deliver services to the mentally ill or individuals with intellectual disabilities, that have overcome obstacles, and that can serve as models for other programs.

**Deadline for 2016 and 2017 awards:** Due to a move in award deadlines, deadlines for Psychiatric Services Achievement Awards nominations for both 2016 and 2017 is June 1, 2016.

**Awards:** Four awards are being presented:

- Two Gold Awards, one to an institutional-based program and one to a community-based program.
- One Silver Award
- One Bronze Award

Each award recipient will be presented with a monetary award, a plaque, recognition at the 2016 Institute on Psychiatric Services, and coverage in two APA publications.

**Application Information:**
Additional information and the application can be found on the APA’s Awards website. Questions can be addressed to achievementawards@psych.org.
SAMHSA Funding Opportunity Announcement (FOA) Information
Resiliency in Communities after Stress and Trauma (ReCAST)

FOA Number: SM-16-012  Posted on Grants.gov: Friday, April 8, 2016  Application Due: June 7, 2016

Description
The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2016 Resiliency in Communities After Stress and Trauma (ReCAST Program) grants. The purpose of this program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

Eligibility
Eligible applicants are local municipalities (e.g., counties, cities, and local governments) in partnership with community-based organizations that have faced civil unrest within the past 24 months.

For the purposes of this FOA, “civil unrest” is defined as demonstrations of mass protest and mobilization, civil disobedience, community harm, and disruption through violence often connected with law enforcement issues.

Award Information

Funding Mechanism: Grant
Anticipated Total Available Funding: $10,000,000
Anticipated Number of Awards: Up to 11
Anticipated Award Amount: Up to $1,000,000
Length of Project: 5 years
Cost Sharing/Match Required? No

Proposed budgets cannot exceed $1,000,000 in total costs (direct and indirect) in any year of the proposed project. Given the limited funding available, applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application.

Contact Information

Program Issues
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Substance Abuse and Mental Health Services
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Grants Management and Budget Issues
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Office of Financial Resources, Division of Grants Management
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Rockville, MD 20857
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Application Materials
You must respond to the requirements in both the FOA PART I and PART II when preparing your application.

FOA document Part I (PDF | 535.74 KB)  FOA document Part I (DOC | 297.5 KB)
FOA document Part II (PDF | 448.41 KB)  FOA document Part II (DOC | 167.5 KB)
Pre-Application Webinar Announcement (PDF | 248.43 KB)
FOA: Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness

Funding Opportunity Announcement Number: SM-16-011

Posted on Grants.gov: Monday, April 18, 2016
Application Due Date: Thursday, June 16, 2016
Anticipated Total Available Funding: $13,250,000
Anticipated Award Amount: Up to $1 million/year
Length of Project: Up to 4 years
Cost Sharing/Match: No

Description

The Substance Abuse and Mental Health Services Administration (SAMHSA)’s Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2016 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness. This 4-year pilot program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with families and courts, to allow these individuals to obtain treatment while continuing to live in the community and their homes.

This pilot program was established by § 224 of the Protecting Access to Medicare Act of 2014 (PAMA), enacted April 1, 2014. Under that Act, AOT is defined as “medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment.” AOT (also known as involuntary outpatient commitment, conditional release, and other terms) involves petitioning local courts to order individuals to enter and remain in treatment within the community for a specified period of time. AOT is intended to facilitate the delivery of community-based outpatient mental health treatment services to individuals with SMI who are under court order as authorized by state mental health statute.

Grants will only be awarded to applicants that have not previously implemented an AOT program. “Not previously implemented” means that even though the state may have an AOT law, the eligible applicant has not fully implemented AOT approaches through the courts within the jurisdiction that they are operating in. In addition, grants will only be awarded to applicants operating in jurisdictions that have in place an existing, sufficient array of services for individuals with SMI such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma informed care. A portion of the grant funding may be used to enhance the array of services.

The AOT grant program is one of SAMHSA’s services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest. SAMHSA has consulted with the National Institute of Mental Health, the Department of Justice, the HHS Assistant Secretary of Planning and Evaluation and the Administration for Community Living on the FOA. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

Eligibility

Eligible applicants are: states, counties, cities, mental health systems (including state mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant grantee is located to implement, monitor, and oversee AOT programs. Applicants must operate in jurisdictions that have in place an existing, sufficient array of services for people with SMI such as ACT, mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma informed care.

Proposed budgets may not exceed the amount listed in the tier chart in the FOA in total costs (direct and indirect) in any year of the proposed project. The amount of each grant will be based on the population of the area, including the estimated number of individuals to be served under the grant. 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.

Contacts


Application Materials: You must respond to the requirements in both the FOA PART I and PART II.

FOA document Part I (PDF | 515.5 KB)  FOA document Part I (DOC | 317 KB)
FOA document Part II (PDF | 433.03 KB)  FOA document Part II (DOC | 156.5 KB)
Pre-Application Webinar Announcement (PDF | 65.85 KB)
Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

SAMHSA's National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here:
We look forward to the opportunity to work together.