Congressional Budget Office Says It Costs the Federal Government $685 Billion a Year to Subsidize U.S. Health Insurance; 40 Percent Subsidizes Medicaid and CHIP

A May 23 report from the Congressional Budget Office and the Joint Committee on Taxation says Federal government subsidies for health insurance will cost $685 billion in 2018 for non-institutionalized people under age 65.

The report says 40 percent of that spending, $296 billion, goes to Medicaid and CHIP. The tax write-offs that employers take for providing coverage to their Medicare-eligible workers, such as the disabled, account for $82 billion. Subsidies under the Affordable Care Act (ACA) for other individual coverage are the smallest segment, at $55 billion. The total subsidies equal about 3.4 percent of the Gross Domestic Product.

For the 2019–2028 period, projected net subsidies will amount to $9.3 trillion. Two types of costs will account for most of that total:

- Federal spending for people under age 65 with full Medicaid and CHIP benefits (excluding people who reside in a nursing home or another institution) is projected to amount to $4.0 trillion. That amount includes $842 billion for people made eligible for Medicaid by the ACA and $143 billion for CHIP enrollees.
- Federal subsidies for work-related coverage for people under age 65, which stem mainly from the exclusion of most premiums for such coverage from income and payroll taxes, are projected to amount to $3.7 trillion.
- Medicare benefits for noninstitutionalized beneficiaries under age 65 (net of their payments for premiums and other offsetting receipts) are projected to amount to $1.0 trillion. Such spending is primarily for people who are disabled.
- Subsidies for coverage obtained through the marketplaces or through the Basic Health Program are estimated to total about $0.8 trillion.

According to CBO and JCT’s estimates, a monthly average of about 244 million noninstitutionalized civilians under age 65 will have health insurance in 2018. About two-thirds of the insured population under 65 will have coverage through an employer, and roughly a quarter will be enrolled in Medicaid or the Children’s Health Insurance Program (CHIP). A smaller number will have nongroup coverage, coverage provided by Medicare, or coverage obtained from other sources. About 4 percent, or 9 million people, are projected to obtain coverage through the ACA marketplaces.

On average throughout the year, about 29 million people—one percent of all noninstitutionalized civilians younger than 65—will be uninsured in 2018, CBO and JCT estimate (see figure below). Between 2018 and 2019, in the agencies’ projections, the number of uninsured people rises by 3 million, mainly because the penalty associated with the individual mandate will be eliminated and premiums in the nongroup market will be higher.

The CBO projects that insurers will raise premiums for the benchmark plans on which federal subsidies are based about 15 percent for 2019, partly because plans are expected to have a less healthy mix of enrollees after the penalty for not having health insurance was repealed by Congress. From 2019 to 2028, the number of uninsured people is projected to grow, from 32 million to 35 million.

However, the number of people with insurance coverage is also projected to rise, from 241 million to 243 million, increasing the share of the under-65 population without insurance to 13 percent.

Health Insurance Subsidies in 2018 for People Under Age 65

The NASMHPD Weekly Update will not publish next week. We will return on June 8.
### Congress Budget Office Says It Costs the Federal Government $685 Billion a Year to Subsidize U.S. Health Insurance; 40 Percent Subsidizes Medicaid and CHIP

### SAVE THE DATE: NASMHPD Annual Commissioners Meeting July 29 to July 31

### May Center for Trauma-Informed Care Trainings

### Register for the University of Maryland Training Institutes, July 25 - 28

### Utah Governor Gary Herbert Signs Comprehensive Package of Bills Addressing Mental Health Crisis Outreach and Suicide Prevention

### Uniformed Services University National Center for Disaster Medicine and Public Health Disaster Health Core Curriculum

#### 2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

### Danish Researchers Find Onset of Mental Illness is Associated with Increased Risk of Exposure to Crime, Particularly Violent Crime and Particularly for Women

### June 2 NAMIWalks Maryland Event Registration

### May 30 SAMSHA-Sponsored Webinar: Using HIEs to Connect Behavioral and Physical Health: The Present and Future

### Recognizing Foster Care Month: Resources on Best Practices

### Administration for Community Living Funding Opportunity: Innovations in Nutrition Programs and Services

### June 5 SAMSHA-Sponsored Webinar: Peer Specialists and Police as Partners Preventing Behavioral Health Crisis

### June 7 SAMSHA-Sponsored Webinar: Enhancing Recovery Through Lived Experience

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

### SAMSHA Funding Opportunity Announcement: FY2018 CCBHC Expansion Grants

### June 4 Center for Integrated Solutions (CIHS) Webinar: Optimizing Workflow by Addressing the Successes and Challenges of Integrating Electronic Health Records

### Request for Information (RFI): Inviting Scientific Interest in Geroscience Summit III

### EIP Resource Center: Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis

### Three-Part NASHIA Webinar Series: Person Centered Planning: From Dreams to Reality

### SAMSHA Funding Opportunity Announcement: Infant and Early Childhood Mental Health Grant Program

### Veterans Administration-Supported Mindfulness Meditation

### SAMSHA Funding Opportunity Announcement: Project AWARE State Education Agency Funding Grants

### SAMSHA Funding Opportunity Announcement: Assertive Community Treatment Grants

### SAMSHA Funding Opportunity Announcement: Improving Access to Overdose Treatment

### SAMSHA Funding Opportunity Announcement: Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis

### Archived SAMSHA-Sponsored Recovery to Practice Webinars: Recovery-Oriented Engagement Practices - Spring 2018 Series

### Technical Assistance on Preventing the Use of Restraints and Seclusion

### June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum Technical Assistance for State Mental Health Authorities

### July 24- 26 Georgetown University Health Policy Institute Center for Children and Families Annual Conference in D.C.

### New SAMSHA-Sponsored CME Course: Clozapine as a Tool in Mental Health Recovery

### Children’s TA Network Upcoming Webinars

### NASMHPD Board & Staff

### NASMHPD Links of Interest
SAVE THE DATE: NASMHPD ANNUAL 2018 COMMISSIONERS MEETING
Sunday, July 29 – Tuesday, July 31
Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

This year’s meeting will be a meeting of State Mental Health Commissioners/Directors and will build on the previous year’s concept of Beyond Beds and intersect with the recommendations in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) report.

In addition, we are delighted that Tuesday, July 31 will be in partnership with Westat and will focus on the Social Security Administration’s 20-state Supported Employment Demonstration. This important study will determine if providing evidence-based mental health and vocational services to individuals who have applied for and been denied Social Security disability benefits (SSI or SSDI) leads to better outcomes. Applicants denied benefits are at high risk for disability, and the goal of the Demonstration is to help them find jobs and avoid long-term disability.

Further details on registration for the NASMHPD Annual 2018 Commissioners Meeting and other logistics will be provided in the near future. In the meantime, if you have any questions, please contact Meighan Haupt at meighan.haupt@nasmhpd.org.

CENTERS FOR TRAUMA-INFORMED CARE
NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

May Trainings
Alaska
May 29 - Alaska Psychiatric Institute - Anchorage

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.

The Training Institutes offer an extensive array of sessions designed to provide practical, hands-on training and strategies that can be applied to the systems of care in states, tribes, territories, and communities. The Training Institutes is an opportunity for leaders in the field of children’s services to share the latest research, policy, and practice information and resources and learn from one another.

PREREGISTRATION UNTIL JULY 23 - $925; REGISTRATION AFTER JULY 23 - $1,025

Sessions will focus on approaches that are relevant, adaptable and innovative within critical areas in children, youth, and young adult service systems. Presenters and attendees will include experts and leaders in the field of children’s services, including state, county tribal, and territorial children’s system leadership, direct service providers, state purchasers from Medicaid, behavioral health, child welfare, juvenile justice, and public health, parents, youth, and young adults, policymakers, clinicians, researchers, and evaluators.
Utah Governor Gary Herbert Signs Comprehensive Package of Bills Addressing Mental Health Crisis Outreach and Suicide Prevention

Utah Governor Gary Herbert of Utah on April 24 signed eight mental health crisis outreach and suicide prevention bills at a ceremonial bill-signing attended by mental advocates, providers, lawmakers and people who have lost loved ones to suicide. The bills aim to promote better mental health treatment and suicide prevent across the state.

The bills signed include:

**HB 41**, which provides nearly $2.4 million to continue funding for the statewide mental health crisis line and the 20 local crisis hotlines that respond to callers in crisis 24/7/365 days a year which have the additional function of being able to automatically transfer a caller to another crisis center to ensure a timely and effective response.

**SB 32** extends the life of the Mental Health Crisis Line Commission, due to expire in 2018, an additional five years to 2023.

**HB 42**, which requires the state’s Department of Health to seek a Medicaid waiver for certain mental health crisis services, including the statewide mental health crisis line, local mental health crisis lines, and mobile crisis services.

**SB 31**, which enacts the Utah Mobile Crisis Outreach Team Act requiring the state’s Division of Substance Abuse and Mental Health (division) to set standards for Mobile Crisis Outreach Team (MCOT) certification, and adopt regulations rules outlining the responsibilities of MCOTs and the interaction of MCOTs with the civil commitment process. An MCOT is defined under the Act as a mobile team of medical and mental health professionals that provides mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources. “Mental health crisis services” are defined to include on-site interventions, the provision of safety and care plans, stabilization services offered for a minimum of 60 days, and referrals to other community resources. “Mental health crisis” is defined as a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues reasonably expect the absence of immediate attention or intervention to result in serious jeopardy to the individual’s health or well-being or a danger to others.

**HB 370**, which appropriates $250,000 for five new state mobile crisis outreach teams and grants for higher education to implement the School Safety and Crisis Line, known as the SafeUT crisis intervention application. The bill also creates the Statewide Suicide Prevention Coalition and establishes a Governor’s Suicide Prevention Fund that allows taxpayers to contribute their income tax refunds to support suicide prevention activities.

**HB 139**, which amends the state insurance code to provide coverage for the use of physician-to-physician tele-psychiatric consultation and requires the state Medicaid program to reimburse for tele-psychiatric consultations.

**HB 264**, which authorizes the State Board of Education to award grants for school-based counselors and social workers in elementary schools.

**HB 308**, which creates a telehealth mental health pilot project grant program and provides one-time funding of $590,000.

Before signing the bills, Gov. Herbert commented, "I'm sure there's not anybody here, probably not anybody we know that's not been touched in some way or another with family or friends or acquaintances that have had the misfortune of taking their own life. ... It leaves a hole in our society, it leaves a hole in our hearts."

Governor Herbert convened a Suicide Prevention Task Force in January, chaired by Lieutenant Governor Spencer Cox, that submitted the action items to the legislature contained within the eight bills. Lieutenant Governor Cox has been publicly open about his experience of growing up in a rural Utah town and having suicidal thoughts during his middle school years. The Centers for Disease Control and Prevention report that suicide rates among Utah youth ages 10 to 17 increased an average of 22.8 percent each year from 2011 to 2015.

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**DISASTER HEALTH CORE CURRICULUM**

The Uniformed Services University National Center for Disaster Medicine and Public Health is proud to announce a free, eight-hour, online Disaster Health Core Curriculum for All Health Professionals intended for a wide range of health care professionals.

The course consists of eleven, 30-minute to one-hour online training lessons covering a variety of disaster health topics such as personal or family preparedness, communication, ethical and legal issues encountered in disasters, and much more.

This curriculum is free and designed to be taken in pieces or as a whole to be flexible for our busy healthcare professional learner.

The foundation of this curriculum is the Core Competencies for Disaster Medicine and Public Health.

[Click Here to Access the Lessons](#)
2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care.

Following are links to the reports in the Beyond Beds series:

Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
Older Adults Peer Support - Finding a Source for Funding
Forensic Patients in State Psychiatric Hospitals: 1999-2016

The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders
Crisis Services’ Role in Reducing Avoidable Hospitalization
Quantitative Benefits of Trauma-Informed Care
Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014
The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System
Forensic Patients in State Psychiatric Hospitals – 1999 to 2016

31st Annual State Health Policy Conference
NASHPCONF18 | August 15-17 | Jacksonville, FL |

Celebrate the National Association of State Health Policy’s (NASHP’s) 31st Annual State Health Policy Conference. Planned by state health policymakers, for state health policy makers, NASHP’s annual event is a “must-attend” for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, our conference brings together the nation’s leading experts to share, learn and discuss.

The Top Five Reasons to Attend #NASHPCONF18

1) Informative sessions cover the nation’s most crucial health policy issues. #NASHPCONF18 is designed by state health policy makers for state health policy makers to explore the most up-to-date health care developments and initiatives in the United States. With 25+ thoughtfully-crafted sessions addressing the issues most important to you, as well as full-day pre-conferences that offer a deep dive into targeted topics, you’ll gain critical insights into the latest advances, changes, programs, and innovations in state health policy.

2) Outstanding networking opportunities. Our conference offers non-stop opportunities to network with more than 800 state health policy leaders from across the country. Join conference roundtables to discuss best practices and solutions to pressing issues with a small group of your peers, attend the networking breakfast or Blueberry Break to socialize with colleagues, or mix business with pleasure at our two evening events!

3) They’re not just speakers... They’re industry thought leaders. Our #NASHPCONF18 speakers are among the most distinguished and respected thought leaders in state health policy. Conference speakers will address a host of topics covering current and important issues, including health care costs, workforce, chronic care, stabilizing the individual market, social determinants of health and much more!

4) Exclusive access to the newest technology and business intelligence. NASHP’s exclusive exhibit hall offers a diverse group of exhibitors who are all eager to present you with the latest and greatest innovative ideas and smart solutions to help you achieve your goals.

5) Discover Jacksonville, Florida. Named to Expedia’s list of 21 Super Cool Cities in the U.S., Jacksonville is the perfect destination for both relaxation and adventure. With 22 miles of beaches, dining options that range from elegant bistros to local seafood shacks, more than 20 craft breweries, a sprawling arts district, wildlife sanctuary, and so much more, there is always something to do no matter what your mood. Enjoy the beautiful views of the St. Johns River while attending #NASHPCONF18 and experience all that this super cool city has to offer!
Danish Researchers Find Onset of Mental Illness is Associated with Increased Risk of Exposure to Crime, Particularly Violent Crime and Particularly for Women

Danish researchers have found that an onset of mental illness is associated with increased risk of exposure to crime, and violent crime in particular. With women with mental illness being especially vulnerable to being subjected to crime.

The researchers, led by Kimberlie Dean, PhD, of the School of Psychiatry, University of New South Wales, Australia, found that the elevated risk in the national cohort study of more than two million Danes between 1965 and 1998 was not confined to specific diagnostic groups. And despite the fact that public perception and the research to date has focused more on the association between mental illness and an elevated risk of crime perpetration than on the heightened vulnerability to being subjected to nonviolent or violent crime, the authors of the study published May 23 in JAMA Psychiatry found that an Individual’s own offenses accounted for some but not all of the increased vulnerability.

Individuals studied were from the Danish national crime registry and were followed over 10 years. Mental health data came from outpatient and emergency department and inpatient registers, and both violent and nonviolent crime experiences reported to police were examined.

The study found that both men and women with any recorded mental disorder showed higher rates of being subjected to crime than those without, even after adjustment for sociodemographic factors and after further adjustment for their own criminal offenses. Analysis revealed associations between individual categories of mental disorders and the incidence of subjection to crime across psychiatric diagnostic spectrum for both sexes, with the strongest associations seen for substance use disorders and personality disorders.

The magnitude of the link between subjection to violent crime and mental disorders was considerably greater among women, the authors of the study published May 23 in JAMA Psychiatry found that an Individual’s own offenses accounted for some but not all of the increased vulnerability.

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Dr. Dean told Healio, in an article published May 24, that “Robust evidence is lacking to inform the development of preventive strategies, including initiatives aimed at improving the experience of persons with mental illness who report being subjected to crime and subsequently seek justice.”

Dr. Dean and her colleagues conclude:

The focus to date in clinical practice and research on offending may have been at the expense of neglecting the risk of being subjected to crime, including violent crime. For example, risk assessment in clinical settings is dominated by consideration of risks of suicide and violence, while risk of crime receipt is largely ignored. Similarly, for those in contact with the criminal justice system, identification of mental health need and provision of support and treatment are offered almost solely to offenders. At a policy level, our findings have the potential to contribute to efforts to remedy public misconceptions about mental illness, often fueled by selective and pejorative media reporting, with the ultimate aim of reducing stigma. Our results highlight the need for further research to determine more fully why some people with mental illnesses are especially vulnerable to being subjected to crime (eg, those with substance use and personality disorders) and to develop effective interventions to reduce the elevated risk.

With regard to the generalizability of the study’s findings, the authors say overall crime rates in Denmark, as documented by international subjection to crime surveys, are generally comparable to those of other industrialized countries, although rates of being subjected to violent crime may be lower than in some settings. The most recently reported annual prevalence of being subjected to violent crime in Denmark (3.3%) is close to the average rate (3.0%) but lower than in either the United States (4.3%) or the United Kingdom (5.4%). Finally, it is important to note that reliance on official police records of crime receipt and perpetration ignores experiences and behaviors that are not reported, and there is some evidence that reporting rates may vary between countries, being higher in more affluent settings.

## NAMIWalks Maryland

**REGISTER NOW!**

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<td>Saturday, June 2, 2018</td>
<td>5k - 2 laps around walk route</td>
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<td>2.5K - 1 lap around walk route</td>
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**DONATE TO THIS EVENT**

**Contact:**

NAMI Maryland
10630 Little Patuxent Parkway, Suite 475
Columbia, MD 21044
Ilisa Oman
Communications and Outreach Events Coordinator
410.884.8691
connection@namimd.org

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<tr>
<td>9:00 AM</td>
<td>9:15am - Opening Ceremony</td>
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<td>10:00am - Ribbon Cutting and Walk Begins</td>
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SAMHSA-SPONSORED WEBINAR
Using HIEs to Connect Behavioral and Physical Health: The Present and Future
Wednesday, May 30, 1:00 p.m.- 2:30 p.m. E.T.

Join the Substance Abuse and Mental Health Services Administration (SAMHSA) for a webinar examining the future of Health Information Exchange (HIE) organizations as connectors of client information between behavioral health and other health care agencies.

HIEs have been emerging over the past 25 years, first known as Community Health Information Networks, then Regional Health Information Organizations, and now as HIEs. In this webinar, Dr. Lyman Dennis, Executive Director of the Health Information Organization ConnectHealthcare, will:

- Review the challenges for HIEs when working with behavioral health data
- Describe the range of approaches that HIEs use to address privacy requirements
- Analyze the business challenges for HIEs and
- Forecast their role in evolving healthcare systems

Goals and Objectives
Participants will gain valuable information about:
- The history of HIEs
- The sustainability and future of HIEs
- Examples of behavioral health information exchange in California
- The need of treating providers for full information on patients for safety and efficacy
- The future of HIE for behavioral and physical health integration

Webinar Audience
- Health information exchange organizations
- Health information exchange service provider organizations and vendors
- Integrated delivery systems
- Behavioral health services and contractors
- Community clinic systems
- Quality information organizations
- State and county agencies and programs
- Penal systems

Register HERE

About the speaker: Lyman Dennis, MBA, PhD, CPHIMS, FHIMSS, is the Founder and Executive Director of ConnectHealthcare, which is an Health Information Organization that provides HIE services to provider organizations in Sonoma, Napa, Solano, and Yolo Counties in California. It provides HIE services to provider organizations, from single physician offices and community clinics to integrated delivery systems. As CIO of Partnership HealthPlan of California, he led the development of an internal HIE using a repository model. Lyman served as chair for the 2005 HIMSS ambulatory interoperability showcase. He drafted the “HIO Development Guide” for California Health eQuality and coauthored the HIMSS “Guide to Participating in Health Information Exchange.”
Recognizing Foster Care Month: Resources on Best Practices

Did you know that more than 430,000 children are involved in foster care in the United States? The number of youth in foster care is comparable to the population of a major city. With the right support and resources, imagine the collective impact that this powerful demographic can have on our society. It is essential that policymakers, practitioners, researchers, community members, advocates, and other stakeholders understand the experiences of these youth and how they can best support older youth as they transition out of care. Connecting them to college, career, and workforce opportunities is essential to their success. As we recognize National Foster Care Month and the many challenges and barriers that foster youth face, we also want to acknowledge the amazing work that is being done to actualize the full potential of youth in foster care.

Below is a compilation of resources from the American Youth Policy Forum (AYPF) that focus on promising practices in the field, exploring topics from the role of data collection and sharing in improving educational outcomes to the importance of elevating youth voice in policy and practice conversations.

**Publications**
- Supporting Pathways to Long-Term Success for Systems-Involved Youth: Lessons Learned
- Education- and Workforce-Related Policies Affecting Systems-Involved Youth
- Creating Access to Opportunities for Youth in Transition from Foster Care

**Webinars**
- Promoting Pathways to Long-Term Success for Systems-Involved Youth
- The Role of Data to Support College and Career Readiness and Success in Students in Foster Care
- Leveraging Youth Voice and Advocacy to Support Pathways to Success
- Reaching Postsecondary Success: Pathways for Youth in Transition from Foster Care
- Social, Emotional, and Physical Well-Being for Youth in Transition from the Foster Care System

**Blogs**
- Elevating Youth Voice to Foster Change by Alexis Andino, a 20-year-old Youth Advocate with the Youth Fostering Change project at the Juvenile Law Center
- When Your Best is Not Enough: Striving for Perfection in an Imperfect Foster Care System by Samaura Stone, Senior Policy Associate, AYPF
- Voices from the Field: Getting Systems-Involved Youth on a Path to Success by Jenna Tomasello, Policy Associate, AYPF
- 5 Best Practices for Youth in Foster Care Post-ESSA by Zachary Malter, former AYPF Policy Research Assistant

**Other Recommended Resources**
- California Evidence-Based Clearinghouse for Child Welfare – This interactive site provides a summary of scientific studies on various interventions and programs that were created to help parents and children who are involved in the foster care system, foster parents and social workers.
- Child Trends: Supporting Young People Transitioning from Foster Care: Findings from a National Survey – This publication shares findings from a national survey of state independent living coordinators conducted by Child Trends, highlighting state trends and examples of innovation.
- Child Welfare League of America: Family First Prevention Services Act – This publication provides an overview of the Family First Prevention Services Act (FFPSA).
- College and Career Readiness and Success Center: Using ESSA’s Key Protections for Youth in Foster Care to Support College and Career Readiness – This blog post shares how states can leverage key protections within ESSA to support foster youth.
- The Annie E. Casey Foundation and William T. Grant Foundation: Bringing Evidence-Based Program Adaptations into Public Child Welfare Systems – This is the first webinar in a series on implementing evidence-based practices in the child welfare system.
Administration for Community Living Funding Opportunity:
Innovations in Nutrition Programs and Services

ACL just released a new funding opportunity for the aging services network. This opportunity supports the testing and documentation of innovative and promising practices that enhance the quality, effectiveness, and proven outcomes of nutrition services programs.

Innovations could include a nutrition effort combined with addressing a local or national need such as: reducing falls; improving chronic conditions; improving oral health; increasing social connections; reaching OAA target populations; decreasing anxiety, depression, emotional disturbances or suicide; improving overall physical and mental health symptoms; and increasing activity involvement.

Approaches must have the potential for broad implementation throughout the network and demonstrated value. Examples of value could be cost savings or addressing a national need. Applicants must explain how they see their proposal as innovative, how broad implementation can be done, and the potential effect on the network.

ACL plans to award approximately four cooperative agreements to domestic public or private non-profit entities for a 24-month project period. Applicants may request a total maximum of $250,000 for each of the two 12-month budget periods.

An informational call for interested applicants will be held on June 12, 2018 at 2:00 pm, ET. To register for this call, go to https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings&Conference_ID=7527433&passcode=4010154

This Funding Opportunity closes on July 17, 2018.
NIMH Conference to Explore Mental Health Services Research

Registration and Call for Abstracts Now Open

In August 2018, the National Institute of Mental Health (NIMH) is hosting the 24th Mental Health Services Research (MHSR) Conference with the theme: What's the Next Big Thing? MHSR is organized every other year by the Services Research and Clinical Epidemiology Branch, part of NIMH's Division of Services and Intervention Research. The conference aims to promote high-priority areas in mental health services research and identify opportunities with potential for significant impact for people with mental disorders.

The MHSR is the nation's premier mental health services research conference. It brings together leading mental health services researchers, clinicians, mental health advocates, and federal and non-federal partners. This year, MHSR will feature state-of-the-art research presented via keynote speakers, thematic panels, discussion groups, papers, and posters.

"MHSR is an opportunity to collaborate and network with peers, learn from experts, and discuss the latest research in mental health services—research that is crucial to closing the science-to-service delivery gap," explained Michael Freed, Ph.D., EMT-B., one of the conference co-chairs. "This year’s conference will focus on what is driving today’s research and how the latest findings can help make a positive impact on the health and well-being of people with mental disorders."

Services research aims to improve access, continuity, quality, equity, and value of mental health care, and it includes the science of dissemination and implementation; a mission crucial to closing the science-to-service delivery gap. The conference will highlight the role of mental health services research to:

- Improve the efficiency and effectiveness of mental health services.
- Establish research partnerships.
- Develop innovative service delivery models to dramatically improve mental health services outcomes.
- Evaluate the public health impact of mental health research.

Abstracts are due June 1, 2018:
- Submit abstracts for individual papers, symposia, posters related to research projects.
- Submit abstracts for "The Next Big Thing" plenary session.

There is no registration fee, but registration is required. For more information or to register, visit the MHSR registration website. Follow MHSR 2018 on Twitter using the hashtag #MHSR2018.
Law enforcement officers are often first responders to mental health calls of service. In most cases these situations end with incarceration or hospitalization—neither of which are ideal outcomes. Mental Health Association of Nebraska (MHA-NE), in partnership with the Lincoln Police Department (LPD), are increasing the presence of peer specialists and providing law enforcement officers and individuals experiencing a mental health crisis an alternative solution. Through MHA-NE’s peer outreach program, R.E.A.L., the LPD and Peer specialists are successfully reducing rates of incarceration and re-admission, while providing services and resources to individuals with severe mental health conditions.

Learning Objectives:
- Review traditional law enforcement practices for handling behavioral health crises
- Understand the challenges faced by law enforcement in responding to mental health calls of service
- Learn about how the R.E.A.L. peer support program is increasing peer outreach and recovery
- Review analysis of the R.E.A.L. Program’s impact

Presenters: Kasey Moyer, Executive Director of the Mental Health Association of Nebraska (MHA-NE)
Luke Bonkiewicz, Police Officer for the Lincoln Police Department

Register HERE

Their firsthand experience of mental health issues provides NAMI program designers and leaders with an unparalleled ability to understand and support those on the road to recovery. NAMI’s peer and family-delivered programs serve an important role in achieving wellness, supporting recovery and resiliency and complement other mental health services. The updated version of the NAMI Peer-to-Peer education program teaches self-awareness, self-care and the importance of taking an active role in your own treatment. The new NAMI Family & Friends seminar offers a convenient way for families and friends to learn more about mental health conditions and how to best support a person in their recovery.

This webinar will give a glimpse into the unique lived-experience approach that drives NAMI’s peer and family-delivered education, support and presentation programs, with an emphasis on NAMI Peer-to-Peer and NAMI Family & Friends, and how these programs can complement the work of community mental health programs.

Presenter: Suzanne Robinson, MSW, Assistant Director of National Education Programs. Ms. Robinson began working at NAMI (National Alliance on Mental Illness) in August 2013 as the Senior Manager of National Education Programs responsible for oversight, growth, development and enhancement of the NAMI Family-to-Family Education Program and NAMI Homefront Program across the United States. Suzanne is the co-author of the NAMI Homefront program and developed the NAMI Family & Friends Seminar. Prior to coming to NAMI, Suzanne served as Director of Programs at NAMI Ohio for 14 years. She worked previously as a Senior Program Director for student volunteer programs at the University of Minnesota YMCA in Minneapolis and as Program Coordinator for AmeriCorps National Service in St. Louis, Missouri. Suzanne received her Bachelor’s Degree in history from Washington University in St. Louis and her Master's Degree in Social Work Administration from The Ohio State University.

Register HERE

Closed Captioning is Available for Both of These Webinars.
We do not offer CEU credits. However letters of attendance are offered upon request.

Questions regarding either of these webinars should be addressed to Kelle Masten via email or at 703-682-5187.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
FY 2018 Certified Community Behavioral Health Clinic Expansion Grants
(FOA SM-18-019)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 25
Anticipated Award Amount: Up to $2M/Year
Length of Project: 2 years
Anticipated Total Available Funding: $47,951,359
No Cost-Sharing/Match Required
Applications Due: July 9, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short Title: CCBHC Expansion Grants). The purpose of this program is to increase access to and improve the quality of community behavioral health services through the expansion of CCBHCs. CCBHCs provide person- and family-centered services and are available in the 24 states that participated in the FY 2016 Planning Grants for Certified Community Behavioral Health Clinics (SM-16-001). The CCBHC Expansion grant program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring disorders (COD). SAMHSA expects that this program will improve the behavioral health of individuals across the nation by providing comprehensive community-based mental and substance use disorder services; treatment of co-occurring disorders; advance the integration of behavioral health with physical health care; assimilate and utilize evidence-based practices on a more consistent basis, and promote improved access to high quality care.

CCBHCs provide a comprehensive collection of services that create access, stabilize people in crisis, and provide the needed treatment and recovery support services for those with the most serious and complex mental and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. CCBHCs provide services to any individual, regardless of their ability to pay or their place of residence.

The 21st Century Cures Act established the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). In December 2017, the ISMICC issued a Report to Congress1 that outlined five major areas of focus and recommendations intended to support a mental health system that successfully addresses the needs of all individuals with SMI or SED and their families and caregivers. Certified Community Behavioral Health Clinics Expansion Grants align with the following recommendations:

2.1. Establish standardized assessments for level of care and monitoring of consumer progress.
2.7. Use telehealth and other technologies to increase access to care.
2.8. Maximize the capacity of the behavioral health workforce.
3.1. Provide a comprehensive continuum of care for people with SMI and SED.
3.9. Make integrated services readily available to people with co-occurring mental illnesses and substance use disorders, including medication-assisted treatment (MAT) for opioid use disorders and other substance use disorders.
3.10. Develop national and state capacity to disseminate and support implementation of the national standards for a comprehensive continuum of effective care for people with SMI and SED.
5.2. Adequately fund the full range of services needed by people with SMI and SED.
5.8. Expand the Certified Community Behavioral Health Clinic (CCBHC) program

States were funded to develop CCBHCs in FY2016 through Planning Grants for Certified Community Behavioral Health Clinics (SM-16-001) This CCBHC expansion announcement creates opportunities to support the expansion of the CCBHC model in those states which participated in the 2016 Planning Grant program.

ELIGIBILITY: Eligibility is limited to certified community behavioral health clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award in the following states: AK, CA, CO, CT, IA, IL, IN, KY, MA, MD, MI, MN, MO, NC, NJ, NM, NV, NY, OK, OR, PA, RI, TX, and VA.

CONTACTS: Program Issues: Joy Mobley, Psy.D. Community Support Programs Branch, CMHS via email or at (240) 276-2823.
Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.
Webinar: Optimize Workflow by Addressing the Successes and Challenges of Integrating Electronic Health Records

June 4, 1:00 p.m. - 2:30 p.m. E.T.

Behavioral health providers face unique challenges as they adopt electronic health records systems (EHRs) and participate in health information exchange. The use of technology across healthcare organizations is fragmented, creating challenges to communicating pertinent patient health information between providers. The integration of EHRs allows for the automation of workflows, reduced staff time, communication of critical information between providers and standardizing treatment. Communication between organizations and facilities is enhanced via a secured database which provide real-time communication. This webinar will provide best practices for the integration of EHRs to automate and streamline provider workflow.

After this webinar, participants will have:

- Practical tools for data sharing and communication between behavioral health and primary care settings to improve quality of services;
- Methods to implement or enhance an integrated electronic health record within an organization;
- Strategies for an optimum workflow between staff of various roles;
- Key lessons learned from one provider on how changing utilization of the EHR improved outcomes.

Registration is free and closed captioning is available upon request.

Presenters:

- Kathy Dettling, MA, LLP, Consultant, SAMHSA-HRSA Center for Integrated Health Solutions; Ms. Dettling has led and managed electronic health record vendor selections and implementations for twenty years.
- Renan Llanes, Chief Information Officer, Citrus Health (Cohort VIII Grantee); Mr. Llanes is the internal designer for IT applications and electronic medical records for a healthcare system that is both an FQHC and CMH.
- Jeff Chang, CEO, PCE Systems, vendor for ST Clair CMH (Cohort VIII Grantee). Mr. Chang is the lead developer for the development of a primary care module embedded in a behavioral health electronic medical record in use by numerous PBHCI and non-grant integrated care sites.

The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.

Register HERE

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) provides tailored training and technical assistance to SAMHSA’s PBHCI grantees, HRSA Behavioral Health Integration grantees, and SAMHSA’s MAI-CoC grantees. Let us know how we can help you. No request is too big or too small. Contact us at Integration@TheNationalCouncil.org or 202-684-7457.
Request for Information (RFI): Inviting Scientific Interest in Geroscience Summit III
Notice Number: NOT-AG-18-011  Issued by National Institute on Aging (NIA)

Aging is the major risk factor for frailty and many chronic diseases in people over the age of 55. If the molecular and cellular mechanisms responsible for aging could be better understood and slowed, then multiple diseases and conditions might be impacted, leading to a healthier population. This is the focus of a cross-cutting field called geroscience. The National Institute on Aging (NIA) hopes that this field will encourage researchers to consider adding the hallmarks of aging to the available suite of possible therapeutic targets. This novel research direction should enhance our understanding of chronic disease and accelerate the development of both prevention and intervention strategies.

This Request for Information (RFI) asks non-governmental groups (e.g., researchers, disease and aging patient advocacy organizations, professional societies, and others) to provide input into the planning for a future Geroscience Summit, designed to explore the contributions that geroscience can make to relieving the burden of chronic diseases and their impact (e.g., loss of resilience and frailty). Responses to this RFI will help the National Institutes of Health (NIH) Geroscience Special Interest Group (GSIG) to better understand the goals of diverse non-governmental organizations, and how discussions and collaborations around the topic of geroscience (facilitated by the Summit) can help all interested parties accelerate their research-related activities.

The NIH Geroscience Interest Group: The GSIG is a collaboration across components of the NIH (21 of the 27 NIH Institutes and Centers) with interests in the many and diverse chronic diseases of the elderly. The GSIG’s goal is to promote further discoveries on the common risks and mechanisms behind such diseases. By coordinating resources and expertise, the GSIG identifies major cross-cutting areas of research and proposes mutually supportive approaches to identify hurdles and envision solutions. To assist translation of these findings into improved health of our older adult population, the GSIG encourages the development of new tools, models and paradigms that address the basic biological underpinnings of multiple diseases within the context of aging. See https://www.nia.nih.gov/gsig for more information, including the list of participating NIH Institutes and Centers.

Past Geroscience Summits: In the fall of 2013, the NIH (with the collaboration and support of the GSIG and several external organizations) held the first ever Geroscience Summit, entitled “Advances in Geroscience: Impact on Healthspan and Chronic Disease.” The goal of this initial summit was twofold: 1) to generate a new vision of collaborative interactions that will advance understanding of how the molecular, cellular and systemic processes of aging affect the etiology of chronic diseases; and 2) to identify strategic scientific areas of overlap among divergent chronic diseases and suggest new research interactions or directions to address those areas that will promote health.

Based on discussions during the first summit, in the spring of 2016 the NIH again organized (with support from the New York Academy of Sciences and other groups) a second meeting entitled “Disease Drivers of Aging: 2016 Advances in Geroscience.” The goal of the second summit was to explore the impact of chronic diseases on the rate of aging. The meeting brought together a wide spectrum of researchers, representatives from pharmaceutical companies, government agencies, and non-profit organizations, who work in the fields of selected aging-related diseases (i.e., HIV/AIDS, cancer and diabetes) and in aging research, to understand the impact of these conditions and/or their treatment on aging.

Geroscience Summit III and Information Requested: The GSIG is in the early stages of planning for a third Geroscience Summit, to potentially take place in the Spring of 2019. At present, the GSIG envisions that this future Geroscience Summit might include an overview of NIH interests in relevant chronic diseases and their impact; representation from non-governmental organizations regarding their efforts to help their patient populations; and perspectives from basic and clinical investigators on promising avenues of research. Linked to these presentations, breakout groups could seek to identify hallmarks of aging that might contribute and impact individual diseases, and begin envisioning ways that slowing the rate of aging could benefit those susceptible to or currently affected by these conditions.

Previous Summits have had a significant impact on research collaborations, etc., but many non-governmental organizations with strong interests in specific chronic diseases have not been extensively involved in Summit-related activities. In order to move the field forward, the GSIG hopes to learn more about the research-related goals of these organizations, to see how a third Summit might help to foster collaboration and coordination around chronic disease.

This RFI seeks input from non-governmental stakeholder organizations (e.g., researchers, disease and aging patient advocacy organizations, professional societies, and others) throughout the scientific research community and the general public regarding:

1) Recommendations for specific age-related chronic diseases/conditions that should be considered in the planning for a third NIH Geroscience Summit;
2) Feedback on whether individual organizations may be interested in contributing input to the planning of such a Summit, and areas of interest for participation.
3) Feedback on whether individual organizations may be interested in participating in a summit session that would encompass scientific presentations by public and private stakeholders about the links between specific chronic diseases and geroscience, as well as suggested subtopics for such a session; and
4) Input on the potential impact of this type of session on future scientific needs and progress in regard to specific diseases affected by aging.

How to Submit a Response: All comments must be submitted electronically by email to geroscience3@mail.nih.gov by 11:59:59 pm (ET) on June 1, 2018. Responses to this RFI are voluntary. Do not include any proprietary, classified, confidential, trade secret, or sensitive information in your response. The responses will be reviewed by NIH staff, and individual feedback will not be provided to any responder. The Government will use the information submitted in response to this RFI at its discretion. This RFI is for information and planning purposes only and shall not be construed as a solicitation, grant, or cooperative agreement, or as an obligation on the part of the Federal Government, the NIH, or individual NIH Institutes and Centers to provide support for any ideas identified in response to it. The Government will not pay for the preparation of any information submitted or for the Government’s use of such information.

Please direct all inquiries to Melinda Kelley, Ph.D., National Institute on Aging (NIA) at 301-451-8835 or by email at kelleym@nia.nih.gov
The National Association of State Head Injury Administrators (NASHIA) is offering the third part in a live three-part webinar series on person-centered planning and person-centered thinking with the third webinar scheduled for June 7, Noon to 1 p.m. E.T.

This 3-part webinar series has been developed to address these questions:

- What is person-centered planning and person-centered thinking?
- What are strategies for discovering information, interests and goals of individuals with brain injury?
- How do you turn these plans into reality?

Learn how this planning and on-going problem-solving process helps individuals with brain injury to plan for their future, develop personal relations, participate in the community, access resources and accommodations needed to achieve these goals, and to increase control over their lives.

To view the webinar, you must register using the link provided below, which will take you to the GoToWebinar registration site.

There is no cost to view each of the webinars, unless you wish to obtain a Certificate of Participation. A certificate will cost NASHIA members $10 and non-members $15. A PayPal button will be made available on the NASHIA website to pay once the viewing is completed.

Register HERE for Webinar 3 - Applying Person Centered Planning and Thinking Principles in the Delivery of Supports & Services for Persons Living with a Traumatic Brain Injury

For further information or if you have any questions, please contact Keri Bennett, Chair of the NASHIA Training and Education Committee at training@nashia.org. Meanwhile, please feel free to share with your colleagues.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Infant and Early Childhood Mental Health Grant Program
(FOA No. SM-18-018)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 9
Anticipated Award Amount: Up to $500,000/year
Anticipated Total Available Funding: $23.4 million
Length of Project: Up to 5 years
No Cost-Sharing/Match Required
Applications Due: June 29, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Infant and Early Childhood Mental Health Grant Program. Eligible children for services include children from birth to not more than 12 years of age, who are at risk for, show early signs of, or have been diagnosed with a mental illness including a serious emotional disturbance. The purpose of this program is to improve outcomes for these children by developing, maintaining, or enhancing infant and early childhood mental health promotion, intervention, and treatment services, including: (1) programs for infants and children at significant risk of developing, showing early signs of, or having been diagnosed with a mental illness, including a serious emotional disturbance (SED) and/or symptoms that may be indicative of a developing SED in children with a history of in utero exposure to substances such as opioids, stimulants or other drugs that may impact development; and (2) multigenerational therapy and other services that strengthen positive caregiving relationships. Programs funded under this FOA must be evidence-informed or evidence-based, and culturally and linguistically appropriate. SAMHSA expects this program will increase access to a full range of infant and early childhood services and build workforce capacity for individuals serving children from birth to age 12. Programs must describe a pathway to sustainability and will be expected to develop a plan for the dissemination of the program to other sites and settings.

WHO CAN APPLY: Eligibility for this program is statutorily limited to a human services agency or non-profit institution that:

- Employs licensed mental health professionals who have specialized training and experience in infant and early childhood assessment, diagnosis, and treatment; OR is accredited or approved by the appropriate State agency, as applicable, to provide for children, from birth to 12 years of age, mental health promotion, intervention, and/or treatment services; and
- Provides infant and early childhood services or programs that are evidence-based or that have been scientifically demonstrated to show further promise but would benefit from further applied development.

CONTACTS: Program Issues: Jennifer Oppenheim, via email or at (240) 276-1862.
Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.

VETERANS’ ADMINISTRATION-SUPPORTED MINDFULNESS MEDITATION

Mindfulness Medication is an evidenced–based, VA-supported mind-body technique that helps you face the challenges and stressors of everyday life.

Research has shown a connection between your mind and your body that can be used to improve health. When your mind is relaxed and focused on healing, your body can relax and focus on healing too. Meditation can be safely used in conjunction with other medical treatments such as prescribed medication or exercise.

Mindfulness Meditation teaches acceptance and awareness of what’s going on around you as well as what’s going on inside of you. It has been effective in treating health conditions such as insomnia, anxiety, high blood pressure, chronic pain and PTSD.

Mindfulness Meditation can be practiced sitting down, lying down, stretching, eating, even while walking the dog!

TWO MINDFUL MEDITATION CLASSES will be offered monthly to Veterans with a break in July; one topic the first two Fridays of each month. Take any or all classes! We encourage you to take as many as you can!

JUNE – OCTOBER 2018 DATES: 11 a.m. to Noon E.T. ALL DATES
June 1 & 8 - Mindful Movement
August 3 & 10 - Mindful Breathing
September 7 & 14 - Mindful Body Scan
October 5 & 12 - Mindful Movement

This class will be offered via telephone using a toll free number: 1-800-767-1750 with Access Code 54220#. No registration is required. FOR MORE INFORMATION: Call Debbie Skeete-Bernard, RN, MSN at 1-973-676-1000, extension 2714.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Project AWARE (Advancing Wellness and Resilience in Education)
State Education Agency Grants (FOA No. SM-18-006)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 23
Anticipated Award Amount: Up to $1.8 million/year
Length of Project: Up to 5 years
No Cost-Sharing/Match Required

Applications Due: June 4, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Project AWARE (Advancing Wellness and Resilience in Education) - State Education Agency (SEA) grants (Short Title: AWARE-SEA). The purpose of this program is to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies (SMHAs) overseeing school-aged youth and local education agencies (LEAS), to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services. SAMHSA expects that this program will focus on partnerships and collaboration between state and local systems to promote the healthy development of school-aged youth and prevent youth violence.

The AWARE-SEA program supports the development and implementation of a comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged youth. This program builds upon the successful strategies of the Safe Schools/Healthy Students (SS/HS) Initiative that have been effective in creating safe and secure schools and promoting the mental health of students in communities across the country. These strategies include facilitating a closer relationship between state and local implementation of policies and programs, and supporting the development of integrated systems that create safe and respectful environments for learning and promote the mental health of school-aged youth.

WHO CAN APPLY: Eligibility is limited to:

- The State Education Agency (SEA), as defined by Section 9010(41) of the Elementary and Secondary Education Act; or
- Education Agencies/Authorities serving children and youth residing in federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, and consortia of tribes or tribal organizations.

Eligibility is limited to SEAs or Education Agencies/Authorities serving AI/AN children and youth because SAMHSA believes that only they are in the unique position to leverage schools as anchor institutions to build strong partnerships that support the wide-scale adoption of AWARE-SEA services, programs, and policies. SEAs or Education Agencies/Authorities have the capacity and knowledge to assist LEAs with implementing the necessary policies, programs, and services at the community level while sharing and implementing statewide successful strategies. Through the building of interconnected state and community-level partnerships, AWARE-SEA can promote systems integration and policy change. This program will also strengthen the ability of states and communities to develop plans to integrate educational and community-based promotion, prevention, and treatment programs for school-aged youth and their families.

For Education Agencies/Authorities serving AI/AN children and youth, tribal organization means the recognized governing body of any Indian tribe; or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

To broaden and expand the reach of AWARE-SEA, recipients who received funding under SM-14-018 (Project AWARE for State Educational Agencies) are not eligible to apply.

CONTACTS: Program Issues: Wendy Veloz, Mental Health Promotion Branch, CMHS via email or at (240) 276-1849.
Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for its Assertive Community Treatment (ACT) grants. The purpose of the ACT grants are to establish, expand, and maintain ACT programs. The ACT model provides around-the-clock support in the form of teams who are available to respond to a home or other setting and avoid crises caused by the symptoms of serious mental illness (SMI). SAMHSA expects this grant program will improve behavioral health outcomes by reducing the rates of hospitalization and death for people with SMI, and that the program will also reduce the rates of substance use, homelessness, and involvement with the criminal justice system among people with SMI.

ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care). Under the ACT model, a multi-disciplinary team of 10 to 12 behavioral health care staff is available 24/7 to directly deliver a wide range of individualized, recovery-oriented services in a person’s home or other community settings wherever and however long as needed, to help the person successfully integrate into the community. ACT teams often find they can anticipate and avoid crises.

ACT is a service delivery model, not a case management program. Caseloads are approximately one staff for every 10 individuals served.

WHO CAN APPLY: Eligibility is limited to states, political subdivisions of a state, American Indian and Alaska Native tribes or tribal organizations, mental health systems, health care facilities, and entities that serve individuals with serious mental illness who experience homelessness or are justice-involved. SAMHSA will make at least one award to a tribe or tribal organization if applicant volume from these organizations permits.

CONTACTS:

Program Issues: Mary Blake via e-mail or at (240) 276-1747.
Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.

Pre-Application Webinar: Wednesday, April 18, 2018 from 3:30 p.m. to 4:30 p.m. E.T.
Dial-In Number: 1-888-790-7803 Participant Passcode: 1588142
For security reasons, the passcode will be required to join the call.
Participants can also join the event directly at:
Conference Number: PWXW7248653
Audience passcode: 1588142

Improving Access to Overdose Treatment (FOA No. SP 18-006)

Funding Mechanism: Grant
Anticipated Award Amount: Up to $200,000
Length of Project: Up to 5 years
Anticipated Number of Awards: Up to 5
Anticipated Total Available Funding: Up to $940,000
No Cost-Sharing/Match Required
Applications Due: June 4, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for Fiscal Year (FY) 2018 Improving Access to Overdose Treatment (Short Title: OD Treatment Access). SAMHSA will award OD Treatment Access funds to Federally Qualified Health Centers (FQHC), Opioid Treatment Programs, or practitioners who have a waiver to prescribe buprenorphine to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. Recipients will partner with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the recipients will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose

In 2013, SAMHSA released the Opioid Overdose Prevention Toolkit to help reduce the number of opioid-related overdose deaths and adverse events. The OD Treatment Access grant program will utilize this toolkit and other resources to help the recipients train and provide resources for health care providers and pharmacists on the prescribing of drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

The OD Treatment Access grant program will also ensure the recipients establishes protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.

WHO CAN APPLY: SAMHSA is limiting eligibility to FQHCs (as defined in section 1861(aa) of the Social Security Act), opioid treatment programs (as defined under part 8 of title 42, Code of Federal Regulations), and practitioners dispensing narcotic drugs (pursuant to section 303(g) of the Controlled Substances Act).

CONTACTS:

Program Issues: Tonya F. Gray via e-mail or at (240) 276-2492 or Kim Nesbit via e-mail or at (240) 276-1742.
Grants Management and Budget Issues: Eileen Bermudez via email or at (240) 276-1412.
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Community Programs for Outreach and Intervention with Youth and Young Adults[1] at Clinical High Risk for Psychosis[2] Grant Program (Short Title: CHR-P).

The purpose of this program is to identify youth and young adults, not more than 25 years old, at clinical high risk for psychosis and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorder. It is expected that this program will: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms. SAMHSA and the National Institute of Mental Health (NIMH) encourage partnerships between service grant applicants and mental health researchers to evaluate the effectiveness of stepped-care[3] intervention strategies for youth and young adults at clinical high risk for psychosis. Research studies conducted within the context of the CHR-P program should be proposed through separate NIH research project grant applications. NIMH plans to issue a Notice directing research grant applicants to appropriate funding mechanisms.

[1] For the purpose of this FOA, youth and young adults refers to individuals up to the age of 25 years.
[2] Clinical high risk for psychosis refers to individuals who exhibit noticeable changes in perception, thinking, and functioning which typically precedes a first episode of psychosis (FEP). During this pre-psychosis phase, individuals exhibit one or more of the following: attenuated psychotic symptoms, brief intermittent psychotic episodes, or trait vulnerability coupled with marked functional deterioration.
[3] Stepped care refers to an approach in which patients start with the least intensive evidence-based treatment. Patients who do not respond adequately to the first–line treatment are offered an evidence-based treatment of higher intensity, as clinically indicated.

WHO CAN APPLY: Eligibility is statutorily limited to the following public entities:

- State governments and territories (the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).
- Governmental units within political subdivisions of a state (e.g., county, city, town).
- Federally recognized American Indian/Alaska Native (AI/AN) tribal organizations (as defined in Section 5304(b) and Section 5304(c) of the Indian Self-Determination and Education Assistance Act).

Proposed budgets cannot exceed $400,000 in total costs (direct and indirect) in any year of the proposed project.

CONTACTS: Program Issues: Emily Lichvar, Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS) via e-mail or at (240) 276-1859 or Tanvi Ajmera, Child, Adolescent and Family Branch, CMHS via e-mail or at (240) 276-0307.

Recovery to Practice (RTP) Initiative invites you to attend.

Recovery-Oriented Engagement Practices - Spring 2018 Series

Engagement in treatment and services has often been seen as a success of the clinician or a failure of the person being served. As we have learned more about seeking recovery, we know that engagement is a joining together of the person, the provider, and, frequently, other important people in the person's life - with everyone contributing to and responsible for engagement and alliance.

In this series, we explore three distinct elements of engagement. The first webinar looks at therapeutic alliance and its impact on engagement and outcomes. The second webinar considers how Wellness Recovery Action Plan (WRAP) tools for crisis and pre-crisis planning can promote engagement and positive relationships between individuals and service providers. The final webinar discusses social media and other technology as emerging tools for outreach and engagement in behavioral healthcare.

Archived: **Therapeutic Alliance and its Impact on Engagement**
Forrest (Rusty) Foster, M.S.W., Senior Implementation Specialist at the Center for Practice Innovations, Columbia University and Regina Shoen, Advocacy Specialist with the New York State Office of Mental Health, Office of Consumer Affairs will present clinical frameworks for strengthening engagement and alliance in therapeutic relationships, based on recovery oriented principles and practices.

Archived: **Engagement via a Crisis or Pre-crisis Tool within a Wellness Recovery Action Plan (WRAP)**
Nev Jones, M.A., M.A., PhD, Assistant Professor, University of South Florida and Matthew R. Federici, M.S., C.P.R.P. Executive Director of The Copeland Center will draw from the tools and resources in peer provided practices to identify respectful and meaningful approaches to engagement.

Archived: **Social Media/Technology for Outreach and Engagement**
John Naslund, PhD, Harvard Medical School, Global Health and Social Medicine will share his research and experiences working alongside individuals living with serious mental illness and community mental health providers. He will discuss ways to use technology and social media to overcome engagement challenges in a 21st Century world. through systemic large-scale implementation of CT-R sharing evidence of culture change.

Click on the Name of Each Session to Register

You may **attend one or all** the webinars in this series. Registration will be necessary for each session. A one-hour continuing education credit, through NAADAC, is available for each session and brief quiz completed. Each session will be recorded and archived for future viewing.

*NAADAC statement: This course has been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1 CE. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.*

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**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.

The 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.
California Department of State Hospitals Public Forensic Mental Health Forum  
Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814  
June 7 & 8, 2018

Topics Include: Exploring the IST Epidemic • Understanding and Treating Violence • The State of State Hospitals

Featured Speakers Will Include:

Dr. Stephen Stahl  
Dr. Charles Scott  
Dr. Barbara McDermott  
Dr. Katherine Warburton

CLICK HERE TO REGISTER NOW!

Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant. Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA’s online TA Tracker at [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
We hope you will join us this year for our Annual Conference, happening July 24-26, 2018! The conference will be located at the Washington Marriott Georgetown (1221 22nd St NW) in Washington, D.C. We will send more e-mails in the coming months with information on registration and booking hotels. If you have any questions, please reach out to Kyrstin at Kyrstin.Racine@georgetown.edu.

Please note that space is limited and priority is given to state-based children’s advocacy organizations.

New On-Demand Continuing Medical Education (CME) Course: Clozapine as a Tool in Mental Health Recovery

This one-hour course offers information and resources for physicians, clinicians, and other practitioners serving people experiencing psychotic symptoms who are considering exploring the use of clozapine. Through a "virtual grand rounds," this course will help you better understand the FDA guidelines, which individuals might benefit from clozapine, the risks and benefits of the medication, and how to engage in shared decision-making with individuals about using clozapine.

In this course, you'll meet Robert, a young man with hopes of attending college and becoming a writer, who also struggles with psychotic symptoms. The course will explore the scientific evidence and best practices for how clozapine may be used as a tool to help him move closer to achieving his goals; as well as how to engage with Robert in a strengths-based, recovery-oriented way.

The faculty are national experts in recovery-oriented pharmacology, who present tips on how to engage with individuals experiencing psychotic symptoms and using clozapine as an effective tool to help them move closer to achieving their goals.

Register HERE!

Course Objectives

After viewing, learners will be able to: explain some of the benefits of initiating clozapine for psychotic symptoms and advancing recovery; articulate how shared decision-making has a role in initiating clozapine; describe the clozapine Risk Evaluation and Mitigation Strategy (REMS); and identify methods for recognizing and managing benign ethnic neutropenia, or BEN, for primary care and psychiatry providers.

Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)
TA Network Webinars and Activities

Rural Behavior Health Learning Community: Building Capacity for Peer Support
*Friday, June 1, 2:00 p.m. to 3:30 p.m. ET*

This learning community focuses on challenges and innovations in developing systems of care for children, youth, and young adults with significant behavioral health needs and their families in rural areas. This webinar will focus on strategies for developing youth and family peer capacity in rural areas, including recruitment strategies and roles peers can play to strengthen the service array.

It will feature presentations from Karla Bennetts from Families CARE in Nebraska and Sayre Savage with Youth MOVE Maine.

Register [HERE](#)

SOC Expansion Leadership Learning Community: Improving Outcomes for Youth Dually Involved in Juvenile Justice and Child Welfare Systems
*Wednesday, June 20, 2:30 p.m. to 4:00 p.m. ET*

This learning community will focus on youth who are involved in both the juvenile justice and child welfare systems, many of whom have serious behavioral health challenges. This session will provide an overview of the Crossover Youth Practice Model (CYPM), developed by Georgetown University’s Center for Juvenile Justice Reform as an evidenced-based system reform model to impact this population.

Register [HERE](#)

Creating High-Integrity Peer Support in Early Psychosis Programs
*Friday, June 22, 1:00 p.m. to 2:30 p.m. ET*

This webinar will explore peer support as a critical discipline within early psychosis teams. Presenters will review the unique history and role of the peer support profession and how it differs from clinical perspectives. The webinar will discuss how agencies and early psychosis programs can most effectively integrate and support peer support specialists. There will be a discussion of common questions and challenges as well as resources for continuing education.

Register [HERE](#)

Rockstar Awards 2018 is Now Open for Nominations

Know some awesome people and organizations doing great work with youth? Now’s your chance to celebrate them. Youth MOVE National presents the Rockstar Awards to people and organizations who have made an outstanding contribution toward the improvement of youth or youth-serving systems—like mental health, juvenile justice, education, and child welfare.

- Here’s what you need to know:
- There are award categories for youth, for advocates for youth, and for professionals. Read the descriptions to find the category that best fits. Rockstar Awards can be given posthumously.
- Self-nominating is encouraged!
- Rockstar Award recipients do not need to be Youth MOVE members.
- Current members of the Youth MOVE National Board of Directors and National Leadership Team are not eligible, neither are previous Rockstar Award recipients.

Please read the official rules [here](#).

Watch the [2017 Rockstar Informational Webinar](#) recording to learn more about the categories, how to submit a successful nomination, and what exactly we mean by health equity in regards to the Robert Wood Johnson Foundation Award for Health Equity. (*Dates will be different.)*

Deadline to Nominate: Sunday, May 27, 2018
Unhealthy Behaviors, and Depressive Disorder in U.S. Adults, 2005
National Institutes of Health Press Release, May 24 & 25

African Americans and Latinos are More Likely to be At Risk for Depression than Whites
Association for the Study of Pain

Availability with Associated Institutes of Health
NIH Study

Opioid Epidemic
List of 22 Senate Finance Committee Bipartisan Medicare, Medicaid & Human Services Bills to Address Opioid Epidemic, May 23

NIH Study Explains Why Opioid Therapy May Not Always Work Well for Chronic Pain
National Institutes of Health Press Release, May 24 & 25

Chronic Neuropathic Pain Reduces Opioid Receptor Availability with Associated Anhedonia in Rat
Thompson S.J. et al., Journal of the International Association for the Study of Pain, May 22

African Americans and Latinos are More Likely to be At Risk for Depression than Whites
National Institutes of Health Press Release, May 24 & 25
Relationships Between Allostatic Load, Unhealthy Behaviors, and Depressive Disorder in U.S. Adults, 2005–2012 NHANES
Rodriguez E.J. et al., Preventive Medicine, May 2018