Smoking Cessation Program Tailored to Patients With SMI Reduced Smoking

A study published in the May 1 issue of *Lancet Psychiatry* suggests that smoking cessation interventions tailored to people with severe mental illness (SMI) can lead to reduced smoking and improved physical health in the short term.

Researchers from the Department of Health Sciences at the University of York found that patients who received a tailored intervention that combined behavioral and pharmacological therapy as part of the SCIMITAR+ (Smoking Cessation Intervention for Severe Mental Illness) trial were more than twice as likely to have successfully quit smoking at six months than those who received standard smoking cessation treatment.

The study included 526 adults with SMI (which included schizophrenia (65 percent), schizoaffective disorder (13 percent), and bipolar disorder (22 percent)) who smoked at least five cigarettes a day. All study participants expressed an interest in reducing or quitting smoking. The participants were randomly assigned to receive usual care (access to smoking cessation medications and a telephone helpline) or a tailored cessation intervention for 12 months. The tailored intervention included cessation medications and behavioral therapy adapted to meet the needs of people with SMI. These adaptations included providing assessments and nicotine replacement before setting a quit date, providing home visits, and providing additional face-to-face support following smoking relapse.

Of the 265 participants assigned to the intervention, 234 (88 percent) attended at least one therapeutic session over 12 months, with an average attendance of 6.4 sessions. After six months, 14 percent of the participants in the intervention group had successfully quit (which was confirmed with a carbon monoxide breath test) compared with 6 percent of participants in the usual care group. At 12 months, the participants in the intervention group maintained a higher quit rate compared with usual care (15 percent versus 10 percent), though the difference was no longer statistically significant.

Physical health scores were higher in the intervention group compared with the usual care group after six months, although this improvement also disappeared after 12 months. There were no differences in depression or anxiety scores between the two groups at either 6 or 12 months, which the authors noted as supportive evidence that smoking cessation interventions are not detrimental to mental health.

House Labor-HHS Funding Measure Includes Block Grant Crisis Services Set-Aside, Funding for CCBHC Grants, $5 Million Increase for Suicide Lifeline to $17 Million

The House Labor-Health and Human Services (HHS) Appropriations Subcommittee on April 29 unveiled its Fiscal Year (FY) 2020 funding bill, which includes a 5 percent Mental Health Block Grant set-aside for crisis services sought by NASMHPD and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Under the funding measure, likely to be significantly trimmed in the Senate, HHS would get $99 billion overall in FY 2020, about $8.5 billion more than its current annual funding and nearly $21 billion more than what President Trump has proposed in his budget.

The bill includes a $115 million funding boost for the Substance Abuse and Mental Health Services Administration (SAMHSA), to $5.9 billion, with $5 million more for the Suicide Lifeline, to a historic high of $17 million, and $7 million more for the National Child Traumatic Stress Initiative, for a total of $71 million. It also includes:

- $41 billion for National Institutes of Health, an increase of $2 billion over FY 2019;
- $28 billion for the Administration for Children and Families, an increase of $4.7 billion;
- $8.3 billion for Centers for Disease Control and Prevention, $921 million more than in FY 2019;
- $7.6 billion for HRSA, $475 million more than last year; and
- $4 billion for CMS ‘administrative activities, up $315 million.

The funding measure does not specify the level of overall block grant funding in FY 2020, but NASMHPD, the American Psychiatric Association, and others within the 70-member advocacy-focused Mental Health Liaison Group (MHLG) are seeking a $35 million set-aside in the overall block grant funding to cover the set-aside.

The bill designates $3.8 billion for addiction prevention and treatment, a $14 million increase over FY 2019. That includes the $1.5 billion in grants to states for addiction, prevention, and recovery services included over the last two years and within the President’s budget. There is $50 million designated specifically for tribes and tribal organizations.

The measure also includes $150 million for individual grants to communities and community organizations for Certified Community Behavioral Health Clinics through September 2022.
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Children and Adolescent Emergency Department Visits for Suicidality Nearly Doubled from 2007 to 2015

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Medicaid And CHIP Enrollment Dropped 3 Percent In 2018, with 861K Fewer Children Covered

Registration for the National Academy for State Health Policy (NASHP) 32nd Annual Conference in Chicago, August 21 - 23

May 9 RTI Webinar: Stigma, Opioid Addiction, and MAT: Evidence and Implications from a National Survey

HHRN May 16 Webinar: Understanding Homelessness, Housing First, and Permanent Supportive Housing

Upcoming May Webinars from National American Indian & Alaska Native TTCs

Annual National Association for Rural Mental Health Conference, August 26 to 29

May 5-7 Mathematica Stakeholder Meeting on the Child and Adult Core Sets for the Medicaid and CHIP Quality Measurement Program

APHSA IT Solutions Management for Human Services (ISM) Annual Conference, September 22 to 25 in Milwaukee

April 30 MHTTC Webinar: Low Barrier Access to Mental Health Service for Youth and Young Adults: What Works With What We’ve Got

SAMHSA Funding Opportunity Announcement: Rural Opioid Technical Assistance Grants (TI-19-010)

SAMHSA Funding Opportunity Announcement: Provider’s Clinical Support System – Universities Grants (TI-19-11)

Funding Opportunity Announcement for Rural Communities Opioid Response Program (RCORP) Initiative (HRSA 19-082)

Registration for the May 9 Center for Faith and Opportunity Initiatives Partnership Center Mental Health Webinar

Register NOW for the NAMD Conference, November 13 to 15

AcademyHealth Annual Research Meeting, June 2 to 4

AHRQ Funding Opportunity Announcement: Using Data Analytics to Support Primary Care and Community Interventions to Improve Chronic Disease Prevention and Management and Population Health (RFA-HS-19-002)

SMI Adviser Upcoming Webinars for April

National Older Adult Mental Health Awareness Day, May 20

Suicide Prevention Training for Crime Victim Advocates

Bazelon/Drug Policy Alliance Conference: Coercive Treatment – Moving Beyond “For Your Own Good”

NIH Nationwide Recruitment for a Clinical Trail – Depression and Brain Function

SAMHSA Funding Opportunity Announcement: First Responders-Comprehensive Addiction and Recovery Act (TI-19-004)

NHSC Substance Use Disorder Workforce Loan Repayment Program

World Elder Abuse Awareness Day - June 15

Save the Date! – National Older Adult Mental Health Awareness Day 2019 – May 20

September 23-26 NASHIA 2019 State of the States in Head Injury Conference

CMS Funding Opportunity Announcement: Maternal Opioid Misuse (MOM) Model

SAMHSA Funding Opportunity Announcement: National Evaluation of the Technology Transfer Center Program (TI-19-009)

Registration for the APHSA May 19 to 22 Summit

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

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter

TA Network Webinars and Opportunities

Social Marketing Assistance is Available

2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

NASMHPD Board & Staff

NASMHPD Links of Interest
IIMHL/IIDL 2019 Leadership Exchange & NASMHPD Commissioners/Divisions Meeting

NASMHPD is excited to announce that our annual meeting of State Mental Health Commissioners/Directors and the NASMHPD Divisions will be held in conjunction with International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL) 2019 Leadership Exchange in Washington D.C.

This is an excellent opportunity for companies to visibly show their commitment as a supporter of both state AND international behavioral health leaders.

About NASMHPD
The National Association of State Mental Health Program Directors represents the $41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD is the only national association to represent state mental health commissioners/directors and their agencies.

About IIMHL
The International Initiative for Mental Health Leadership (IIMHL) is a unique international collaborative that focuses on improving mental health and addictions services. IIMHL is a collaboration of nine countries: Australia, England, Canada, the Netherlands, New Zealand, Republic of Ireland, Scotland, USA and Sweden.

About IIDL
The International Initiative for Disability Leadership provides an opportunity for disabled people, families, policy makers, funders and providers to work in a collaborative manner towards providing the best possible life opportunities for disabled people and their families, both within countries and as part of an international movement.

ACCESS THE EXHIBITOR & SPONSORSHIP PROSPECTUS HERE

To secure your exhibit booth: CLICK HERE.
To secure your sponsorship please: CLICK HERE.
Treasuty, HHS Seek Public Input on § 1132 “State Relief and Empowerment Waivers”

The U.S. Departments of Treasury and Health and Human Services today released, and will publish in the May 3 Federal Register, separate Requests for Information on ideas for innovative programs and waiver concepts that states could consider in developing § 1332 waivers under the Affordable Care Act. Comments are due July 1.

In the notices, the departments say they are committed to empowering states to innovate in ways that will strengthen their health insurance markets, expand choices of coverage, target public resources to those most in need, and meet the unique circumstances of each state. The departments will consider favorably §1332 waiver applications that advance some or all of the following five goals:

- provide increased access to affordable private market coverage, including association and short-term, limited duration plans;
- encourage sustainable spending growth, including by eliminating or reducing state-level regulation that limits market choice and competition in order to reduce prices for consumers and reduce costs to the federal government;
- craft solutions that meet the needs of their consumers and markets and innovate to the maximum extent possible under the law;
- support state residents in need in the purchase of private coverage with financial assistance that meets their specific health care situations; and
- promote consumer-driven healthcare by empowering individuals to make informed choices about their health coverage and health care with incentives that encourage consumers to seek value.
National Children’s Mental Health Awareness Day 2019

*Monday, May 6, 3:00 p.m. E.T.*

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Children’s Mental Health Awareness Day 2019:

“Suicide Prevention: Strategies That Work” is a national event that will take place on Monday, May 6, at 3 p.m. E.T, at the U.S. Department of Health and Human Services’ Hubert H. Humphrey Building in Washington, D.C.

This year’s focus is on the impact that suicide has on children, youth, young adults, families, and communities. It also will address what each of us can do to connect those in need to the information, services, and supports that could save lives.

SAMHSA’s national event will include suicide prevention experts and senior government officials along with a family member and youth who will share evidence-based practices that help save lives. The format will be similar to a TED Talk, providing an opportunity to inform state agency personnel; health care providers; child-serving professionals; and families, youth, and young adults across the country about the latest practices and preventions. SAMHSA will webcast the event.

There are several opportunities for you and your networks to participate in Awareness Day activities, including:

- Host a community or state-level event in honor of Awareness Day 2019;
- Share information about Awareness Day activities through social media using the hashtag #HeroesofHope;
- Promote the national event through your organization’s communication channels; and
- Watch the live webcast of the national event.

Please visit [www.samhsa.gov/children](http://www.samhsa.gov/children) to learn more about Awareness Day and find helpful resources for your Awareness Day planning.

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IAP Webinar: Using Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness: Additional Data Sources

*May 16, 2:00 p.m. to 3:30 p.m. E.T.*

The Medicaid Innovation Accelerator Program will provide Medicaid agencies with an overview of a new technical resource. This Technical Resource describes approaches to combining Medicaid data with additional data sources that can assist state Medicaid agencies with developing data analytics to better understand their population with serious mental illness. Data analyses related to housing, corrections/justice involvement and food insecurity are highlighted as examples of the approaches described in the resource.

The webinar will feature an overview of the technical resource, example analyses, and a discussion with state Medicaid leaders from Arizona and Minnesota who will share insights based on their experience conducting similar analyses.

This resource builds on the Medicaid claims and encounters data analytics described in the IAP resource *Using Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness.*

**Participants should mute their computer speakers and dial-in using these credentials:**

**Call-in Number:** 800-581-5838  
**Participant Passcode:** 048675

**Webinar link:** [https://cc.readytalk.com/r/9wtkqm4gecg3&eom](https://cc.readytalk.com/r/9wtkqm4gecg3&eom)
Children and Adolescent Emergency Department Visits for Suicidality Nearly Doubled from 2007 to 2015

An alarming study of emergency department (ED) visits among children and adolescents reported in the April 8 *JAMA Pediatrics* reveals that suicide ideation and attempts among those populations doubled in the United States over a recent nine-year period.

A team of researchers from the Montreal Children’s Hospital of the McGill University Health Centre (MCH-MUHC) analyzed data of ED visits in the United States from 2007 to 2015. Lead author, Dr. Brett Burstein, MD, PhD, MPH of Montreal Children’s Hospital and his colleagues analyzed data from the National Hospital Ambulatory Medical Care Survey ED database of approximately 30,000 ED visits to 300 randomly selected U.S. hospitals.

Suicide attempts accounted for over 87 percent of ED visits whereas suicidal ideation attributed to 12.8 percent. Suicide attempts rose from 540,000 ED cases in 2007 to 960,000 in 2017—a 79.3 percent increase.

The research included children between the ages of 5 to 18 who had a discharge diagnosis or chief complaint of suicide attempt or suicide ideation. The study found that, among pediatric ED visits, suicide attempt and ideation grew from 2.17 percent to 3.50 percent over the nine-year period. The estimated annual ED visits for suicidality in 2007 was 580,000 for children and adolescents (median age 13). In 2015 pediatric ED visits nearly doubled to 1.12 million.

However, there was no significant change in total ED visits during the nine-year period (26.0 million to 31.8 million). Children 5 to 11 years old accounted for the largest proportion of those ED visits (ages 5 to 11: 43.1 percent; ages 12-14: 24.3 percent; and ages 15 to 18: 32.6 percent). Of the 43.1 percent of ED visits by children 5 to 11, only 2.1 percent were hospitalized.

The researchers noted a number of study limitations—the data did not allow them to determine the cause of the rising pediatric ED visits for suicidal behaviors. In addition, non-suicidal self-harm might have been inaccurately coded as a suicide attempt/ideation by the treating ED physician. In contrast, suicide ideation and attempt cases may have been underestimated during the coding process.

The authors conclude, “no conclusions can be drawn regarding the cause for the observed increase, which is likely multifactorial.” They recommend “a critical need to augment community mental health resources, ED physician preparedness, and post-emergency department risk reduction initiatives to decrease the burden of suicide among children.”

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Featuring

Richard McKeon  
*U.S. Substance Abuse & Mental Health Administration*

Nora Maloy  
*Blue Cross Blue Shield of Michigan Foundation*

Gloria M. Workman  
*Veterans Health Administration*

Chris Bright  
*The Trevor Project*
#CRISISTALK Launches on May 7

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners will launch the #CrisisTalk website next Tuesday, May 7, with the promise of sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article will share that person’s perspective, whether that of an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or the perspective of a student who was having suicidal ideation and whose university chose legal self-protection over doing what was best for him.

#CrisisTalk interviews will share the lens of people impacted by crises, either personally or professionally. It will include the perspectives of mental health experts and first responders, pointing out common misconceptions and challenges in their fields and the communities they serve, including why some communities have not developed a full continuum of crisis care services and innovative, cost-effective solutions that address their concerns.

Focusing on gaps, challenges, best practices, and innovations, #CrisisTalk will be a positive space to move the crisis conversation forward. To reach out to #CrisisTalk ahead of the launch, or to learn more, please contact editor@crisisnow.com.

#CrisisTalk is part of CrisisNow.com, a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match people’s clinical needs to care.

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In recognition of National Children’s Mental Health Awareness Day, NIMH is hosting a Facebook Live event entitled “How Does Puberty Affect Brain Development?” on Thursday, May 9, 2019, from 2:00 p.m.– 2:30 p.m. E.T. During this event, Principal Investigator and Chief of the Behavioral Endocrinology Branch, Dr. Peter Schmidt, Research Fellow Dr. Shau-Ming Wei, and Postdoctoral Fellow Dr. Kathy Reding, will discuss the typical pubertal transition, how puberty affects brain development, what changes parents might expect in their children, and what NIMH hopes to learn from the research.

Want to learn more about their research? Submit your questions using the hashtag #NIMHchats to http://bit.ly/NIMHFBLive.
Nationwide enrollment in Medicaid and the Children’s Health Insurance Program declined by 2.2 million in 2018, according to new data released April 25 by CMS. CMS Administrator Seema Verma attributed the enrollment drop to the strong economy.

“We’ve so far looked at the 7 states w/ the largest enrollment declines,” Verma wrote on Twitter. “The improving economy seems to be a consistent factor. In some states, the downward trend was comparable to the drop in unemployment. That’s encouraging & further analysis is warranted.”

The CMS data, based on enrollment numbers for January 2019 reported by states, show about 72.4 million people enrolled in Medicaid or CHIP -- down from a total enrollment of 74.6 million in January 2018, roughly a 3 percent decline.

The Administrator tweeted, “While enrollment is still up 26 percent since before the implementation of the ACA, it has declined nearly 3.7 percent since reaching its peak of 75.1 million in March 2017”.

Some health policy experts and advocates for beneficiaries suggest that new state policies that added red tape to the Medicaid enrollment process or made eligibility determinations more difficult were more likely responsible for the enrollment drop.

A more in-depth analysis by Georgetown University Health Policy Institute’s Center for Children and Families published April 25 concluded that 861,000 fewer children were covered by Medicaid and CHIP, based on its analysis of the new data from CMS, supplemented with additional sources on child enrollment from Arizona, Tennessee, and the District of Columbia, whose data was missing from CMS’s numbers. According to the Center, 40 states showed declines in child enrollment, with the largest percentage declines occurring in Tennessee (10 percent), Missouri (9 percent), and Mississippi (7.8 percent).

Last year (2017) was the first year in a decade in which census data showed an increase, from 4.7 percent to 5 percent, in the number of uninsured children.

The Center also points out that there is also no indication that children leaving Medicaid and CHIP are switching to coverage through the marketplaces. In fact, federal marketplace data show the number of children under age 18 in families selecting marketplace plans nationwide during open enrollment fell about 21,000 between 2018 and 2019 (after declining about 64,000 between 2017 and 2018). The American Community Survey found that only 25 percent of children in families earning less than 2.5 times the poverty level are covered in employer plans, compared to 77 percent of children in higher-income families.

Join us for the National Academy for State Health Policy’s (NASHP) 32nd Annual State Health Policy Conference. Planned by state health policymakers for state health policymakers, 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, #NASHPCONF19 will bring together the nation’s leading experts to share, learn, and discuss.

Hundreds of state health policymakers representing all branches and of government and all 50 states and Washington, DC are in attendance each year. Also present are federal and government officials and representatives from nonprofit organizations that focus on state health policy, advocates, consultants, foundations, health plans, private providers, trade associations, health technology firms, and more! In short, anyone invested in advancing excellence in state health policy attends NASHP’s Annual Conference to benefit from the unlimited educational and networking opportunities.

**State Officials-Only Summit on Rx Pricing Added to #NASHPCONF19 Agenda!**

NASHP’s annual state health policy conference, Aug. 21-23, 2019, in Chicago, now features a new session entitled, *State-Only Summit on Rx Pricing: Debrief and Next Steps*. This special summit follows two prescription drug-focused sessions that are open to the public:

- A day-long preconference, *The Latest State Actions to Tackle Rx Prices and What’s Next?*, on Wednesday, Aug. 21; and

- A morning session, entitled *New Recipes to Control Rx Pricing*, on Thursday, Aug. 22.

After the two public sessions, state lawmakers, employees, and officials can attend the state-only summit late Thursday afternoon to debrief, network, share ideas and strategies, and identify next steps to lower Rx costs. Preregistration is required for the summit, which is included in the conference’s registration fee.
Stigma is used to describe the negative way we think about, feel, and act toward someone who is different from us. Who and what we stigmatize knows no bounds. The world of stigma needs to be brought to attention to effectively address our nation’s opioid crisis.

In this webinar, R. Craig Lefebvre, PhD will present the findings from RTI’s survey of U.S. adults on their knowledge and opinions about opioid addiction, medication-assisted treatment (MAT), and stigma toward people addicted to prescription opioids and the providers who care for them.

RTI is leading the field in the study of stigma and its impact within the opioid crisis, leveraging our extensive expertise from previous work researching stigma around HIV and marijuana.

Upon completion of this webinar, attendees will be able to:

- Identify common perceptions and behaviors that reflect stigma
- Analyze how various aspects of stigma impact treatment of opioid use disorder
- Assess how anti-stigma efforts could be targeted to different population segments

Register Now to attend this free webinar on Thursday, May 9 at 1:00 pm ET.
Understanding Homelessness, Housing First, and Permanent Supportive Housing

May 16, 12:00 p.m. to 1:30 p.m. E.T.

According to the 2018 Annual Homeless Assessment Report (AHAR) to Congress, the number of people in unsheltered locations increased for the third year in a row.

According to a National Academies of Sciences study conducted over a 1- to 2-year period, Permanent Supportive Housing effectively maintains housing stability for most people experiencing chronic homelessness.

We invite you to join us for the first webinar of a three-part series on Housing First and Permanent Supportive Housing. This Spotlight Series will help providers of mental health and substance use services improve their practices and address housing instability among individuals and families affected by serious mental illness and substance use disorders (SMI/SUDs).

The first webinar will:
- Introduce two evidence-based practices: Housing First and Permanent Supportive Housing;
- Offer essential elements, current research and information on accessing Housing First and Permanent Supportive Housing for individuals with mental or substance use disorders to clinicians, peers, and other stakeholders; and
- Support SAMHSA's strategic plan by identifying and promoting adoption of evidence-based practices.

HHRN Technical Assistance Lead Deborah (Deb) Werner, M.A., PMP, will moderate the session. Speakers include
- Suzanne Wenzel, Ph.D., Research Partner, Homelessness Policy Research Institute
- Patricia (Pat) Tucker, M.B.A., M.A., Senior Program Manager, HHRN

Find out more information or Register HERE.

Please share this announcement with other stakeholders in your community and save the dates for additional webinars in the series:

- **Webinar 2:** Supporting People with SMI/SUD in Housing First and Permanent Supportive Housing, May 23, 3:30 p.m. to 5:00 p.m. E.T.
- **Webinar 3:** Funding and Policy Considerations, June 13, 3:30 p.m. to 5:00 p.m. E.T.

This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #377, JBS international, Inc. is responsible for all aspects of their programming.

The Center for Substance Abuse Treatment (CSAT) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. CSAT is solely responsible for all aspects of the programs.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

SAMHSA's Homeless and Housing Resource Network (HHRN)
Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776
Homeless and Housing Resource Network (HHRN)

Through HHRN, SAMHSA shares best practices for addressing serious mental illness, substance use disorders, and homelessness.

Upcoming Webinars from National American Indian & Alaska Native TTCs

The Substance Abuse and Mental Health Services Administration’s Technology Transfer Centers are designed to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder and mental illness prevention, treatment, and recovery support services.

The National American Indian & Alaska Native Addiction Technology Transfer Center invites you to participate in its upcoming webinar:

- **Native Women with Substance Use Disorders are Different** - May 15, 2019, 2:00-3:00 p.m. (ET)

The National American Indian and Alaska Native Mental Health Technology Transfer Center invites you to participate in its upcoming webinar:

- **Cultural Considerations for 1st Episode Psychosis** - May 8, 2019, 1:00-2:00 p.m. (ET)

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

SAMHSA’s Homeless and Housing Resource Network (HHRN)
Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776
45th Annual National Association for Rural Mental Health Conference
La Fonda on the Plaza Hotel
Santa Fe, New Mexico
August 26-29, 2019

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at www.narmh.org.

About Our Conference
The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

Our Conference Theme
The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. The conference will focus on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics.

NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos!

Visit the NARMH website at www.narmh.org to explore the details of the 2019 NARMH Annual Conference.

Questions & General Information
If you need additional information after visiting the NARMH 2019 conference website at www.narmh.org, please contact Brenton Rice, NARMH Event Planner, by email at brenton@togevents.com or by phone at 651.242.6589.

The Child and Adult Core Sets for the Medicaid and CHIP Quality Measurement Program undergo an annual multi-stakeholder review to strengthen and improve the Core Sets. On May 7, 8, and 9, Mathematica will convene the Child and Adult Core Set 2020 Annual Review Workgroup for an in-person meeting. The in-person meeting will be held at Mathematica’s office at 1100 First Street, NE, Washington, DC. This meeting is open to the public and will also be hosted online.

During the in-person Core Set Annual Review meeting, Workgroup Members will discuss and vote on measures suggested for addition to or removal from the Child and Adult Core Sets for 2020, prioritize the addition of measures to the 2020 Child and Adult Core Sets, discuss gap areas in the Core Sets, and identify areas for future measure development. For details on the discussion topics, please refer to the In-Person Meeting Agenda.

Please register for each day you plan to attend the in-person event and/or webinar:

- Tuesday, May 7th: https://event.on24.com/wcc/r/1990896/6E8CE272EF9E4C5803729A07ED29E945
- Wednesday, May 8th: https://event.on24.com/wcc/r/1990905/B993B921E737676CF2B78AE7E603E9C7
- Thursday, May 9th: https://event.on24.com/wcc/r/1990909/790A09F8297AAB2BD34187AF01318285

Questions should be sent to MACCoreSetReview@mathematica-mpr.com.
Save The Date!
2019 ISM Annual Conference
September 22 – 25 | Milwaukee, WI

The 2019 ISM Conference Planning Committee is hard at work developing an exciting agenda with topics relevant to health and human services and supporting technologies. A conference agenda will be available soon.

At the conference you will be able to…

- Connect with health and human services thought leaders;
- Participate in interactive learning sessions which will showcase solutions;
- Hear from peers about their work on lessons learned and best practices;
- Experience new technology and operation solutions; and
- Meet one-on-one with federal partners.

Watch the conference website for opportunities to nominate award-winning projects, a rising leader for the Emerging Leaders Program, become a sponsor of a conference experience or to find agenda details.

Start planning your visit to the Milwaukee area now.

Learn More
SAMHSA Notice of Funding Opportunity

Provider’s Clinical Support System – Universities Grants (TI-19-11)

<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $3 million</th>
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<tr>
<td>Anticipated Number of Awards: 20</td>
<td>Anticipated Award Amount: Up to $150,000</td>
</tr>
<tr>
<td>Length of Project: Up to 3 years</td>
<td>Cost Sharing: No</td>
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</tbody>
</table>

Application Due: Monday, June 7

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2019 Provider’s Clinical Support System – Universities (Short Title: PCSS-Universities) grants. The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields. This program’s focus is to ensure students fulfill the training requirements needed to obtain a DATA waiver to prescribe MAT in office-based settings. The desired outcomes include: 1) an increase in the number of individuals completing the training requirements for the DATA waiver, 2) an increase the number of individuals with a DATA waiver, and 3) an ultimate increase in those prescribing.

Eligibility

Eligible applicants are medical schools, physician assistant schools, and schools of nursing (programs for nurse practitioners will be focus). PCSS-Universities grantees that received an award in FY 2018 under announcement TI-18-014 are not eligible to apply for this program.

Contacts: Program Issues Anthony Campbell, R.Ph., D.O., Center for Substance Abuse Treatment, Division of Pharmacologic Therapy, SAMHSA, by phone at (240) 276-2702 and by email.


SAMHSA Notice of Funding Opportunity

Rural Opioid Technical Assistance Grants (TI-19-010)

<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $6.6 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Number of Awards: 11</td>
<td>Anticipated Award Amount: Up to $550,000</td>
</tr>
<tr>
<td>Length of Project: Up to 2 years</td>
<td>Cost Sharing: No</td>
</tr>
</tbody>
</table>

Application Due: Monday, June 7

The Substance Abuse and Mental Health Services Administration (SAMHSA), is accepting applications for fiscal year (FY) 2019 Rural Opioid Technical Assistance Grants (Short Title: ROTA). The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing opioid issues affecting these communities. It is expected that grantees will facilitate the identification of model programs, develop and update materials related to the prevention, treatment and recovery activities for opioid use disorder (OUD), and ensure that high-quality training is provided.

Through this program, SAMHSA will build upon a collaboration with the United States Department of Agriculture (USDA). The USDA provides Cooperative Extension Services programs to improve the quality of people's lives by providing research-based knowledge to strengthen the social, economic and environmental well-being of families, communities and agriculture enterprises. Extension experts focus on issues which affect rural communities. The USDA has recently identified opioid misuse in rural America to be one of the areas of focus of these programs. SAMHSA’s ROTA grants will build upon these Cooperative Extensions through expanding their reach.

Eligibility

Eligible applicants are existing USDA Cooperative Extensions grantees. ROTA grantees that received an award in FY 2018 under announcement TI-18-022 are not eligible to apply for this program.

Contacts: Program Issues Humberto Carvalho, Center for Substance Abuse Treatment, Division of Service Improvement, SAMHSA, by phone at (240) 276-2974 and by email.

The Rural Communities Opioid Response Program (RCORP) is a multi-year opioid-focused initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD. This notice announces the opportunity to apply for funding under the RCORP-Implementation. RCORP-Implementation will advance RCORP’s overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery service delivery in high-risk rural communities. By expanding the options for SUD/OUD services across the care spectrum, RCORP-Implementation will help rural residents access treatment and move towards recovery.

In 2017, the U.S. Department of Health and Human Services (HHS) initiated a comprehensive effort to empower local communities to combat the opioid crisis through a Five-Point Strategy. In alignment with the U.S. Department of Health and Human Services (HHS) Five-Point Strategy to Combat the Opioid Crisis, and as part of RCORP, RCORP-Implementation award recipients will implement robust, evidence-based interventions and promising practice models to expand access to, and strengthen the quality of, SUD/OUD prevention, treatment, and recovery services in high-risk rural communities. In FY 2018, HRSA awarded 95 grants to rural communities under the RCORP-Planning initiative and funded a technical assistance center to support RCORP award recipients.

In FY 2019, in addition to the RCORP-Implementation awards, HRSA anticipates awarding a new round of RCORP-Planning grants and launching a pilot grant program aimed at expanding the number of small rural hospitals and clinics that provide medication-assisted treatment.

Award recipients will implement a set of core SUD/OUD prevention, treatment, and recovery activities that align with HHS Five-Point Strategy. You are required to align your application with the following RCORP-Implementation focus areas:

- **Prevention:** Reducing the occurrence and associated risk of OUD among new and at-risk users (including polysubstance users), as well as fatal opioid-related overdoses, and promoting infectious disease detection through activities such as community and provider education, harm reduction strategies, and referral to treatment and recovery support services.
- **Treatment:** Implementing or expanding access to evidence-based practices, including medication-assisted treatment (MAT) with psychosocial intervention, and eliminating or reducing treatment costs for uninsured and underinsured patients.
- **Recovery:** Implementing or expanding access to recovery and treatment options that help people battling OUD (including those with polysubstance disorders) start and stay in recovery, including ensuring access to support services such as, but not limited to, transportation, housing, peer recovery, case management, employment assistance, and child care.

HRSA envisions that award recipients will sustain programs beyond the three-year period of performance. In particular, it is expected that RCORP-Implementation award recipients will:

- Leverage other available opioid resources at the federal, state and local levels to maximize program impact;
- Expand the ability of providers to bill for treatment services;
- Monitor and evaluate the impact and outcomes of SUD/OUD prevention, treatment, and recovery activities; and
- Develop a long-term strategy to achieve financial and operational sustainability absent federal funding and address the future needs of the community.

Award recipients are encouraged to leverage workforce recruitment and retention programs like the National Health Service Corps (NHSC).

For a list of current NHSC-approved sites, visit HRSA’s Health Workforce Connector. We encourage you to learn more about how to become an NHSC site and NHSC site benefits. NHSC-approved sites provide outpatient, primary healthcare services to people in health professional shortage areas.

**Eligibility:** Eligible applicants include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations and should serve rural communities at the highest risk for SUD. All activities supported by RCORP-Implementation must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties (as defined by the Rural Health Grants Eligibility Analyzer). HRSA-19-082.4 The applicant organization may be located in an urban or rural area and should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities. (as defined by the Rural Health Grants Eligibility Analyzer). Applicants do not need to be current or former RCORP-Planning award recipients to apply for this funding opportunity.

The applicant organization must be part of an established network or consortium that includes at least three other separately-owned (i.e., different Employment Identification Numbers) entities. At least two of these entities must be located in a HRSA-designated rural area.

**For Assistance:** Contact Allison Hutchings, Health Resources and Services Administration, Department of Health and Human Services by email or by phone at (301) 945-9819 or email ruralopioidresponse@hrsa.gov.
Spring is almost here, and as the old adage goes, "April showers bring May flowers."

Spring is a time of renewed hope and celebration, especially within our various faith communities. Did you know that April and May are also key months for bringing awareness to several national, health-related concerns, including addiction and mental health?

That's why the Partnership Center has launched a new educational webinar series which focuses on mental health: the signs, symptoms, and strategies for care. As always, our webinars are open to the public; however, the first two are particularly geared to inform faith and community leaders who serve on the frontlines of public assistance and care. Consider watching these webinars as a group and then offering a post-webinar discussion.

Is there a specific mental health concern you wish to know more about? We’d love to hear from you!

If you have any questions about any of our resources, work, or how we can assist you, please contact us at Partnerships@HHS.gov.

SAVE THE DATES!
NAMD 2019 Conference

Monday, November 11 to Wednesday, November 13
Washington Hilton, Washington, D.C.

Registration is Now OPEN

REGISTRATION IS OPEN

Join an audience from around the world working to improve health and health care

On June 2 to 4, 2019, more than 3,000 attendees will convene in the nation’s capital to share and strengthen the evidence needed to inform the decisions that affect the health of individuals and communities.

Register HERE
Applicants can propose to focus on data analytics to inform: 1) primary care interventions, and/or 2) community interventions.

**Primary Care Interventions**

Applicants targeting primary care interventions should propose to develop easy-to-access data, analyses, analytic tools, and/or data-driven protocols aimed at enabling primary care providers to manage patients at high risk for preventable disease or disease progression. The recent report from the National Academy of Medicine, *The Future of Health Services Research*, provides examples of using predictive analytics and integrating large databases to improve primary care delivery to high-need populations. The report describes a project that used clinical, claims, SDOH data to characterize high-need, high-cost patients. They developed a social vulnerability index that is being translated into an actionable algorithm that health systems can run on their health information systems to help target effective interventions at the patient-level. One such intervention is the use of patient navigators, often embedded in a health care delivery organization, who can help patients negotiate the various systems to ensure patients receive the full array of needed services. Another example is the creation of a primary care data dashboard that imports SDOH data into health information systems so that practices can make better population health management decisions.

Alternatively, the data and analytic platform could be used to inform primary care providers’ participation in community interventions that benefit the providers’ entire patient population. For example, community SDOH data could be used to: 1) prioritize which specific SDOH the community should tackle first (e.g., preserving affordable housing, organizing recreational activities for socially isolated individuals, establishing farmers markets, improving air quality), or 2) geographically target high-need locations for forming community partnerships (e.g., with public health, social services).

**Community Interventions**

Applicants targeting community interventions should propose to use their data and analytics to better understand patterns of chronic disease, SDOH, and community resources and services. For example, applicants could consider use of hot spotting methods to identify geographic areas of higher rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Another example of using data analytics to inform a community intervention would be a data platform that outreach workers, police, and the public could access with mobile devices to identify in real time available shelter beds, nearby food pantries, or other services to address SDOH. Data collected about inquiries that measured unmet needs could guide expansion plans for housing and hunger programs. Data on community levels of stress due to discrimination could inform the provision of cultural sensitivity training of police, case workers, and other service providers. Aligning health care and community interventions could greatly improve individual and community health outcomes. Applications targeting community interventions should address their connection with health care organizations (e.g., primary care, hospitals, integrated health systems) and how they could access and use these data.

**Eligible Organizations**

**Higher Education Institutions**
- Public/State Controlled Institutions of Higher Education
- Private Institutions of Higher Education

**Nonprofits Other Than Institutions of Higher Education**
- Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

**Governments**
- State Governments
- City or Township Governments
- Indian/Native American Tribal Governments (Federally Recognized)
- Indian/Native American Tribal Governments (Other than Federally Recognized)
- Eligible Agencies of the Federal Government
- U.S. Territories or Possessions

**Other**
- Native American Tribal Organizations (other than Federally recognized tribal governments)
- Faith-based or Community-based Organizations
- Regional Organizations
UPCOMING WEBINARS

TARGET AUDIENCES: Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, Peer Specialists/Peer Support

STEPPING FORWARD: USING MOBILE AND WEARABLE TECHNOLOGY TO INCREASE PHYSICAL ACTIVITY

Thursday, May 9, 3:00 p.m. to 4:00 p.m. E.T.

This webinar will explore the latest evidence about SMI, physical activity, and digital technology with the goal of informing learners of the current evidence for what technology can and cannot yet do towards helping patients become more active. Increasing physical activity levels offers many mental health as well as physical health benefits for patients with SMI. With cardiovascular disease as the single highest cause of mortality in patients with schizophrenia between ages 45-74, it is even more imperative to help patients stay active and fit. Recent evidence also suggests some types of physical activity can help improve often challenging to treat cognitive symptoms associated with schizophrenia. But despite these benefits, engaging the SMI community in exercise has traditionally been difficult. The recent rise of fitness trackers and health apps offers one potential solution through presenting patients and clinicians with new tools and resources to increase physical activity. Topics covered will include when to suggest such as part of the treatment plan, what to expect in terms of patient engagement and response, how to safely monitor physical activity, and finally how to incorporate such into treatment plans.

REGISTER HERE

INTRODUCING PEER SUPPORT INTO YOUR ORGANIZATION: EXPANDING PEER SUPPORT IN BEHAVIORAL HEALTH

Friday, May 17, 12:00 p.m. to 1:00 p.m. E.T.

This webinar will provide a step-by-step guide to introducing peer support into provider service arrays as well as links to resources that will contribute to a successful transition. It is important that organizations that are not fully familiar with peer support and wish to introduce it into their services, orient their staff to maximize opportunities for success. Part of the process is to examine the culture of the organization. Is it oriented to a recovery or a medical approach? The introduction of peer support into a deeply entrenched medical model culture is problematic and requires important advance work with staff and policies. In order to achieve this goal it is necessary for senior leadership to communicate their commitment to the existing staff, and it is important to solicit the perspective of people in recovery, family members, and staff early in the process.

REGISTER HERE

Accreditation
The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse/Nurse Practitioner Accreditation
The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Funded by SAMHSA
Administered by American Psychiatric Association

Grant Statement
Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818 01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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It may not make the headlines often, but we know that suicide, depression, and problems with alcohol and medications are issues that older adults face. It is important that we focus efforts on this population because:

The U.S. Census Bureau indicates that by 2030, there will be nearly 75 million Americans over age 65.

A 2012 study from the Institute of Medicine found that nearly one in five older Americans has one or more mental health/substance use conditions.

Although they comprise only 15.2 percent of the U.S. population, older adults accounted for 18.2 percent of suicide deaths in 2016, and males 75 years old or older have suicide rates nearly double of any other age group.

Caring for older adults is an important part of SAMHSA’s mission, and as with other groups, there are strategies that can help mitigate and prevent negative outcomes.

This event is designed to raise public awareness around the mental health of older Americans, and spur actions to address their needs by promoting evidence-based approaches to mental health and substance use prevention, treatment, and recovery supports. This event also will highlight the importance of collaboration between the mental health and aging networks and highlight where people can seek treatment and services when needed.

WANT TO LEARN MORE ABOUT OLDER ADULT MENTAL HEALTH?

Check out these resources available at the SAMHSA Store.
https://store.samhsa.gov

Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers
The Education Development Center is offering a series of suicide prevention train-the-trainer courses designed specifically for crime victim advocates who are not clinical mental health professionals.

With funding support from OVC, the Center developed the HOPE curriculum (Notice Hints, Ask Openly About Suicide, Validate Pain, and Explore Reasons to Live). This prevention training curriculum is designed specifically for crime victim advocates.

HOPE prepares advocates who work with adult crime victims to properly identify, intervene, and refer individuals who are exhibiting symptoms of suicidality to appropriate care and follow-up treatment. Event participants will learn how to deliver the HOPE curriculum.

**REGISTER TODAY** for one of the following 2-day trainings:

- May 2–3 in Washington, DC
- May 21–22 in San Antonio, Texas
- June 4–5 in Portland, Oregon
- June 18–19 in Charlotte, North Carolina
- July 30–31 in Denver, Colorado
- August 1–2 in Denver, Colorado (this training is specifically for victim advocates who serve victims in Indian country)

A limited number of travel scholarships are available.
This inpatient and/or outpatient depression research study tests the effects of the combination of transcranial magnetic stimulation (TMS) and psychotherapy on brain function. Participation is for 8 weeks followed by 3 once-a-month follow-up visits or phone calls, and includes research evaluations, brain scans, and active TMS and psychotherapy, or inactive TMS and psychotherapy.

The study is recruiting individuals ages 18-65 with major depressive disorder, who are free of other serious medical conditions. Individuals who are currently taking antidepressants may still be eligible.

Around 1 in 6 older people experienced some form of abuse in the past year. Rates of abuse may be higher for older people living in institutions than in the community. Elder abuse can lead to serious physical injuries and long-term psychological consequences. Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations. The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

First Responders-Comprehensive Addiction and Recovery Act (TI-19-004)

Funding Mechanism: Grant  Anticipated Award Amount: $250,000 to $800,000 per year
Anticipated Total Available Funding $16.5 million of which approximately $9 million will be for recipients serving rural communities with high rates of opioid abuse.
Anticipated Number of Awards: Up to 45  Length of Project: Up to 4 years
Cost Sharing/Match Required?: No  Applications Due: Monday, May 6

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 First Responders-Comprehensive Addiction and Recovery Act (Short Title: FR-CARA) Grants. SAMHSA will award FR-CARA funds to states, tribes and tribal organizations [as defined in section 4 of the Indian Self-Determination and Education Assistance Act (ISDEAA)], and local governmental entities. Local governmental entities include, but are not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships. The purpose of this program is to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Recipients will train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Recipients will also establish processes, protocols, mechanisms for referral to appropriate treatment and recovery communities, and safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.

For the purposes of this funding opportunity announcement (FOA), first responders include firefighters, law enforcement officers, paramedics, emergency medical technicians, or other legally organized and recognized volunteer organizations that respond to adverse opioid related incidents.

Eligibility: Eligible applicants are:
- State governments;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations; and
- Local governmental entities including, but not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships.

Contacts: Program Issues Judith Ellis, Center for Substance Abuse Prevention, SAMHSA, by phone at (240) 276-2567 and by email.
CMS FUNDING OPPORTUNITY ANNOUNCEMENT

Maternal Opioid Misuse (MOM) Model (CMS-2A2-20-001)

Funding Mechanism: Cooperative Agreement
Anticipated Total Available Funding: $64,560,000
Anticipated Number of Awards: 12
Anticipated Award Amount: Up to $5,380,000 per year
Anticipated Length of Project: 5 years
Cost Sharing/Match Required?: No

Applications Due: Monday, May 6

The Maternal Opioid Misuse (MOM) model provides funding opportunities for selected state Medicaid agencies to test whether payments that support evidence-based, coordinated care delivery for pregnant and postpartum women with opioid use disorder (OUD) and their infants can reduce Medicaid and Children's Health Insurance Program (CHIP) expenditures and improve the quality of care for this population of Medicaid and CHIP beneficiaries.

Pregnancy, a time during which women may be more engaged in their own care due to more regular interactions with the healthcare system, provides a key opportunity for focused impact on health care outcomes for pregnant women and their infants within the context of the broader opioid crisis. The MOM model will test payment and care-delivery innovation to improve outcomes and reduce costs for pregnant and postpartum Medicaid beneficiaries with OUD and their infants.

The MOM model leverages Center for Medicare and Medicaid Innovation authorities and state flexibility to address the fragmented care that the Model’s focus population currently receives. The Centers for Medicare & Medicaid Services (CMS) will provide support for model awardees to design and implement state-specific interventions through funding for infrastructure and capacity development and, potentially, 1) a one-year, transitional period of care delivery, and 2) achievement of quality milestones. During the Model’s five-year performance period, responsibility for funding the care-delivery innovation will transition to each state, with the ultimate goal of sustaining successful payment and care-delivery strategies through incorporation into each state’s Medicaid programs.

Agency Contacts:
Administrative and Budgetary Requirements: Monica Anderson, Office of Acquisitions and Grants Management, MOMModel@cms.hhs.gov

Program Requirements or Technical Assistance: Geraldine Doetzer, Center for Medicare and Medicaid Centers (CMS), MOMModel@cms.hhs.gov
**SAMHSA Funding Opportunity Announcement**

**National Evaluation of the Technology Transfer Center Program (TI-19-009)**

<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $750,000</th>
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<tr>
<td>Anticipated Number of Awards: 1</td>
<td>Anticipated Award Amount: Up to $750,000</td>
</tr>
<tr>
<td>Length of Project: Up to 2 years</td>
<td>Cost Sharing/Match Required?: No</td>
</tr>
</tbody>
</table>

Applications Due: Monday, May 17

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 National Evaluation of the Technology Transfer Center Program grant. In FY 2018, SAMHSA reconfigured its approach to training and technical assistance by establishing a national network of regional technology transfer centers for substance abuse prevention and mental health services in addition to the existing centers for addiction technology transfer. The fundamental premise of this new approach was the broad dissemination of evidence-based practices to best equip the healthcare workforce with the skills needed to address substance abuse prevention and the treatment of mental and substance use disorders whether or not this workforce was a beneficiary of SAMHSA grant funding. The purpose of the National Evaluation is to gauge the extent to which this effort has been effective.

**Eligibility** - Eligible applicants are domestic public and private nonprofit entities. For example:
- Public or private universities and colleges.
- Behavioral health care organizations.
- National stakeholder organizations.
- Note: Entities who are currently grantees or sub-grantees of the TTC program are not eligible to apply.

**Contacts: Program Issues** Humberto Carvalho, Office of Financial Resources, SAMHSA, by phone at (240) 276-2974 and by email.

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

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**APHSA’s members are committed to a human services system focused on:**
- Child and family well-being
- Employment and economic well-being
- Improved population health

This year’s National Summit is designed to showcase transformation efforts underway across the nation focusing on:
- Operational Optimization
- Healthier Communities Through Prevention
- Policy and Practice Solutions for Family and Community Well-Being
- Equity

At the APHSA National HHS Summit you can:
- Participate in series of workshops and sessions encompassing a diverse set of topics ranging from policy to research to state and local initiatives
- Engage in valuable discussions around innovation and transformation
- Access to a wide range of thought leaders
- Expand your skills and knowledge base
- Meet industry leading experts and connect with your peers

*Register NOW*

In 2019, the American Public Human Services Association (APHSA) is elevating critical policy discussions and providing an opportunity for collective conversations with the Administration and Congress for a shared path forward for a modern, responsive and effective human service system.

*See You at the Summit*
TA Network Webinars & Opportunities

Registration for the National Wraparound Implementation Academy is Open

Early bird registration for the National Wraparound Implementation Center’s 4th National Wraparound Implementation Academy (NWIA) is OPEN. The NWIA, which will be held Sept. 9-11, 2019 in Baltimore, is a biennial event that provides the opportunity to learn from the field’s foremost experts in Wraparound and systems of care and connect with peers from across the country.

Register NOW

Telling Stories That Work: Strategies for Bringing More of ‘the System’ Into View

When the American public is asked to think about a social issue we don’t have a deep knowledge or expert understanding of, we often approach it through the lens of individualism -- considering how individuals most directly affected by the issue might have made different decisions, or how going forward they might choose a different path. Individualism can reinforce harmful stereotypes or even give way to victim-blaming, but at the very least it prevents us from seeing the whole picture, including the protective and risk factors that shape individual outcomes. As mental health advocates and practitioners, you have the opportunity to bring more of these environmental conditions into the public’s view. Doing so, however, requires dropping some age-old communications habits, and implementing some new framing tools.

Register NOW

Finding Help Early: Community Education Strategies for Clinical High Risk and Early Psychosis

One of the core elements of all early psychosis and Clinical High Risk for Psychosis programs is outreach to and education for key professionals and organizations to promote rapid and accurate identification, referral and effective engagement. Dr. William McFarlane and Sarah Lynch from the PIER program in Maine will share the knowledge they’ve developed for the last two decades doing this work. The webinar will share research findings, practical tips, resources and lessons learned.

Register NOW

Approaches to Evaluating Systems of Care

This session will focus on approaches that states, communities, tribes, and territories can use to evaluate the systems of care (SOCs) that they have implemented within their own jurisdictions. An overview of the types of site-specific evaluations that have been conducted will be provided, along with instruments and tools that are available for this purpose. Presenters will highlight the evaluations in two states, including methods, measures, instruments, reporting strategies, and how evaluation results have been used for quality improvement purposes.

Register NOW

Human Resources and Workforce Development Strategies to Enhance and Expand Cultural and Linguistic Competence in Systems of Care

This webinar will provide Systems of Care with an opportunity to learn about aligning organizational culture with SOC values and principles; developing staffing plans for recruitment, hiring, promotion and retention of a competent and diverse workforce; creating a welcoming, inclusive workplace; and developing culturally and linguistically positive policies and procedures to support human resources and workforce development.

Register NOW

Tuesday, May 7
3:00 p.m. to 4:30 p.m. E.T.

Thursday, May 9
1:00 p.m. to 2:30 p.m. E.T.

Wednesday, May 15
2:30 p.m. to 4:00 p.m. E.T.

Thursday, May 16
1:30 p.m. to 3:00 p.m. E.T.
SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

You Can Access the SMI Treatment Locator HERE.

Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child’s Mental Health Campaign team, which was a collaboration between NASMHPD, Vanguard Communications(link is external), Youth MOVE National(link is external), and the Federation of Families for Children’s Mental Health(link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

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

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

Tip Sheets and Workbooks

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

Social Marketing Planning
• Social Marketing Planning Workbook
• Social Marketing Sustainability Reflection

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

Engaging Stakeholders
• Involving Families in Social Marketing
• Social Marketing in Rural and Frontier Communities
• The Power of Partners
• Involving Youth in Social Marketing: Tips for System of Care Communities
• The Power of Telling Your Story
NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS—2018

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 Beyond Beds series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2018 10-paper follow-up to the Beyond Beds series is now up on the NASMHPD website. The 2018 papers take the 2017 theme one step further, to look at specific services offered in the community and factors impacting those services, covering such topics as early psychosis intervention, supportive housing and supported employment, suicide prevention for older persons, children’s crisis care coordination in the continuum of care, and trauma-informed interventions, as well as court-ordered referrals to determine competency to stand trial.

One of those papers, Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements, authored by Robert Shaw of the NASMHPD Research Institute (NRI), reviews a 2017 NRI survey of the extent to which psychiatric bed registries—a “centralized system that uses real-time tracking to monitor the availability of psychiatric beds” are being implemented in the United States. The study found that 16 states had bed registries and that an additional 8 states were in the process of planning or developing a bed registry. In just over one-half the states with bed registries (9 states), participation in the registry was voluntary and very few states reported having registries that were updated 24/7 with real-time information. The types of beds covered by the registries generally included beds in state and private hospitals, and general hospital psychiatric beds, but only a few covered crisis beds, either for mental illness or substance use disorders, or Veterans Administration beds.

The NASMHPD Technical Assistance Coalition series will continue in 2019.

**Following are links to the other nine reports (in final draft) in the 2018 Technical Assistance Coalition series.**

- Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes
- Weaving a Community Safety Net to Prevent Older Adult Suicide
- Making the Case for a Comprehensive Children’s Crisis Continuum of Care
- Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach
- Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention
- Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness
- A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness
- Medical Directors’ Recommendations on Trauma-informed Care for Persons with Serious Mental Illness
- Speaking Different Languages - Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1
Visit the New Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center

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

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

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

**Training Guides**

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

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

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

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

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

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

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

**Trauma, PTSD and First Episode Psychosis**

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

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

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

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

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

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

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

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

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

For more information about early intervention in psychosis, please visit https://www.nasmhpd.org/content/early-intervention-psychosis-eip
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NASMHPD Links of Interest

Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage, Centers for Medicare and Medicaid Services, April 2019
The Empty Promise of Suicide Prevention, Amy Barnhorst, M.D., New York Times Opinion Column, April 26
The Impact of Family Peer Support for Justice Involved Families, Meri Viano, Mireya Watson & Lisa Lambert, Parent/Professional Advocacy League, April 2019
Notification of Enforcement Discretion Regarding HIPAA Civil Money Penalties, Department of Health and Human Services Office for Civil Rights, Enforcement Division, April 23, 2019
New Data Show Widespread Decline in Child Enrollment in Medicaid/CHIP Coverage in 2018, Tricia Brooks, Georgetown University Health Policy Institute Center for Children and Families, April 25
Why Did Medicare Advantage Enrollment Grow As Payment Pressure Increased?: Examining the Role of Market and Demographic Changes, Laura Skopec, Stephen Zuckerman, Eva H. Allen & Joshua Aarons, Urban Institute April 2019
Leading Edge Practices in Medicaid for Addressing Social Factors that Affect Health, Manatt Health, State Health and Value Strategies, April 2019
Investing in Medicaid Management: What Governors Need to Do, John Kitzhaber, M.D. & Bruce Goldberg, M.D., Milbank Quarterly, April 2019
Useful Lessons about Work Requirements in Government Benefit Programs, Angela Rachidi, Mathematica Policy Research, April 25
Collaborative Care for Depression of Adults and Adolescents: Measuring the Effectiveness of Screening and Treatment Uptake, Thompson H., Ph.D. et al., Psychiatric Services, April 26
Associations Between Physical Health Limitations and Community Participation Among People With and Without Serious Mental Illnesses, Townley G., Ph.D., et al., Psychiatric Services, April 23
Ten Years After the ADA Amendment Act (2008): The Relationship Between ADA Employment Discrimination and Substance Use Disorders, Aoun E.G., M.D. & Appelbaum P.S., M.D., Psychiatric Services, April 17
Increases in Demand for Crisis and Other Suicide Prevention Services After a Celebrity Suicide, Ramchand R., Ph.D., Draper J., Ph.D., Schoenbaum M., Ph.D. et al., Psychiatric Services, April 30
Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States, Dara Lee Luca, et al., Mathematica Policy Research, April 29
New Naloxone Laws Seek to Prevent Opioid Overdoses, Christine Vestal, Stateline, May 1