



# National Association of State Mental Health Program Directors Weekly Update

## Senate HELP to Markup Omnibus Opioid Crisis Response Act April 24

The Senate Health Education Labor and Pensions (HELP) Committee will mark up a comprehensive [Opioid Crisis Response Act, S. 2680](#), combining 40 different measures offered by HELP Committee members, on April 24. The bipartisan bill is co-sponsored by the HELP Committee chair, Lamar Alexander (R-TN) and the committee's ranking member, Patty Murray (D-WA).

The bill has five titles, with Title I reauthorizing the State Targeted Response Grants created under the 21<sup>st</sup> Century Cures Act, which were initially funded at \$500 million per year for two years. The reauthorization provisions would include Indian tribes among the eligible entities and authorize appropriations of \$500 million per year for an additional three years, through 2021.

Indian tribes would be eligible for 5 percent of the total appropriated each year. Up to 15 percent each fiscal year could be set aside for States with the highest age-adjusted mortality rate associated with opioid use disorders based on the ordinal ranking of States according to the age-adjusted overdose mortality rates of the Centers for Disease Control and Prevention (CDC). Amounts appropriated would be available until expended, rather than having to be spent in the fiscal year in which they are appropriated, and states and tribes would be permitted to direct funds to local needs related to substance use disorders and train health care practitioners to prevent diversion of controlled substances.

Title IV of the measure addresses treatment and recovery and, as such, mostly falls mostly within the purview of the Substance Abuse and Mental Health Administration (SAMHSA). It would:

- to provide the full continuum of treatment for patients in areas hit hardest by the opioid crisis, authorize a grant program for local entities to establish or operate a comprehensive opioid recovery center and require those centers to serve as a resource for the community;
- require Health and Human Services (HHS) to issue best practices for entities operating recovery housing facilities;
- require HHS to examine the impact of federal and state laws regulating the length, quantity, or dosage of opioid prescriptions and issue a report on these laws, including the impact on overdose rates, diversion, and individuals for whom opioids are medically appropriate;
- require HHS, in consultation with the Department of Education, to disseminate best practices and issue grants for prevention of, and recovery from, substance use disorders, help prevent misuse of opioids, and support recovery for children, adolescents, and young adults from opioid use disorders

- to improve coordination and continuation of care and treatment after an opioid overdose, and to reduce the likelihood of future relapse, recidivism, and overdose, require HHS to identify best practices and establish a grant program for the provision of care, overdose reversal medication, and follow-up services to an individual after an overdose. Grantees would be required to offer the assistance of recovery coaches with personal experience with addiction and recovery to persons who experience an overdose;
- to support hospitals and other acute care settings seeking to manage pain without using opioids, require HHS to provide technical assistance, directly or through grants, related to the use of pain relief alternatives to opioids, and develop best practices, including for common painful conditions and certain patient populations, such as geriatric patients, pregnant women, and children;
- to support long term recovery, require HHS to provide technical assistance and support to organizations providing peer support services related to substance use disorder;
- create a \$5 million per year grant program for the Secretaries of Labor and HHS to address economic and workforce impacts associated with a high rate of a substance use disorder. In carrying out the pilot program, the Labor Secretary would make competitive grants of no more than \$500,000 annually to state workforce agencies, state boards as defined in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102), outlying areas, or tribal entities. The grants would enable such entities to make subgrants to local boards and one-stop operators to address the economic and workforce impacts associated with a high rate of a substance use disorder; and
- create a five-year, \$60 million per year grant program to assist child welfare agencies, social services agencies, substance use disorder treatment agencies, public health and mental health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, and implementing plans of safe care for infants affected by neonatal abstinence syndrome.

In addition, the bill would increase authorized funding for grants for residential treatment programs for pregnant and post-partum women from \$16.9 million per year to \$29.9 million per year.

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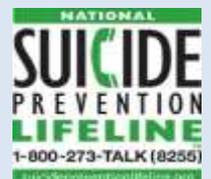
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## Senate HELP to Markup Omnibus Opioid Crisis Response Act April 24

*(Continued from page 1)* The title would also expand the number of patients who could be treated with Medication-Assisted Treatment by a qualified practitioner after one year from 100 to 275. In addition, it would require the Attorney General to adopt regulations for the special registration of telemedicine in prescribing opioids.

Title II of the legislation clarifies the research authority of the National Institute of Health (NIH) to allow NIH to use “other transactional authority” for research to respond to public health threats. It would also authorize the Interagency Pain Research Coordinating Committee to conduct research to improve scientific understanding of pain—including how to prevent, treat, and manage pain—and to advance scientific understanding of risk factors that could lead to substance use disorders and information on best practices for utilization of non-pharmacologic treatments, non-addictive medical products, and other drugs or devices approved by the Food and Drug Administration (FDA). The Interagency Committee would also be required to make recommendations to NIH and other Federal agencies on how best to disseminate information on pain care and how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

Title III would clarify the FDA’s regulation of non-addictive pain products, clarify the FDA’s interpretation of how the qualification parameters for expedited pathways like Breakthrough Designation and Accelerated Approval apply to novel non-addictive pain or addiction treatments, require the FDA to provide guidance on the appropriate use of pain endpoints in clinical trials across review divisions, direct the FDA to clarify the requirements for opioid sparing data that can be included in medical product labeling, and require the FDA to provide clear guidance on how the agency would consider the risks and benefits of drugs that have a potential to be misused or abused. The measure would also clarify the FDA’s authority to require drug manufacturers to package certain drugs, including opioids, for set treatment durations – for example, a blister pack with a 3 or 7-day supply—and clarify the FDA’s authority to require manufacturers to provide a simple and safe way to dispose of leftover drugs, such as safe disposal packaging or safe disposal systems for purposes of rendering unused drugs non-retrievable.

In addition, Title III would improve the ability of the FDA to find and seize illegal drugs, such as fentanyl, at the border, by strengthening coordination activities with Customs Border Protection through a memorandum of understanding. It would also authorize the Secretary of HHS, in collaboration with the Secretary of Homeland Security and the Postmaster General, to authorize upgrades of international mail facilities to increase and improve inspection and detection capabilities and facilitate near-real-time information sharing among agencies and laboratory capacity. It would also clarify the FDA’s post-market authority by modifying the definition of an adverse drug experience to help FDA understand the long term effects of drugs, such as opioids, which may have reduced efficacy over time.

Title III would also authorize \$36 million per year over five fiscal years, through 2023, for the Secretary of HHS to make grants to states for training and resources for first responders and members of other key community sectors on safety around fentanyl and other dangerous illicit drugs, in order to protect themselves from exposure to fentanyl and respond appropriately when exposure occurs.

In addition, the Controlled Dangerous Substances law would be amended to allow a licensed or certified employee of a qualified hospice program, acting within the scope of employment, to dispose of, in the residence of a hospice patient, any controlled substance that was lawfully dispensed to the hospice patient after the hospice patient’s death. The hospice program would have to have written policies and procedures for employees of the hospice program to use in the disposal of the controlled substances, and provide a copy of the written policies and procedures to, and discuss those policies with, the hospice patient or hospice patient representative and the family of the hospice patient.

The Controlled Dangerous Substances law would also be amended to allow a pharmacy to deliver to a practitioner, under prescription, a controlled substance for purposes of injection or implantation or, if for a purpose other than maintenance or detoxification, through use of an intrathecal pump. The prescription could not be written to supply a practitioner with a stock of controlled substances for the purpose of general dispensing to patients, and would have to be administered to the patient within 14 days of receipt.

Title V would authorize CDC to award grants to states, localities, and tribes to establish and enhance evidence-based prevention activities, including Prescription Drug Monitoring Programs, innovative projects, and research. The title would also provide support to states, localities, and tribes to collect, analyze, and disseminate controlled substance overdose data to more rapidly assess and respond to the opioid crisis. In addition, to advance awareness regarding the risk of misuse and abuse of opioids, the CDC would be required to disseminate information to providers and the public (including information about prescribing and dispensing options related to partial fills of controlled substances), and support provider education, including through prescribing guidelines.

Title VI would address prevention programs, including authorizing the CDC to collect and report data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and other relevant public health surveys or questionnaires. It would also create an Interagency Task Force on Trauma-Informed Care to identify, evaluate, and make recommendations regarding best practices with respect to children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma. The Task Force would make recommendations on evidence-based, evidence-informed, and promising best practices regarding the identification of infants, children and youth, and their families who have experienced or are at risk of experiencing trauma, and the expeditious referral to and implementation of trauma-informed practices and supports that prevent and mitigate the effects of trauma. The Task Force would also be expected to offer a national strategy on how member agencies would collaborate, prioritize options for, and implement a coordinated approach which could include data-sharing and the awarding of grants that support children and their families who have experienced or are at risk of experiencing trauma.

Absent from the legislation is language that would align 42 CFR Part 2 with HIPAA, with the sponsors opting instead for mandating clarifying guidance on application of the substance use treatment disclosure regulations.

## 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](mailto:meighan.haupt@nasmhpd.org).

### SAMHSA-SPONSORED WEBINAR

#### Consent2Share: How to Download, Install, and Run Consent2Share

Wednesday April 25, 1 p.m. to 2:30 p.m. E.T.



Consent2Share is SAMHSA's open-source software application for consent management and data segmentation in compliance with 42 CFR part 2. This webinar will provide updates on Consent2Share, including that Consent2Share is now available in two editions: An HIE Edition and an EHR Edition.

This webinar will provide interested individuals and programs information about:

- An overview of data segmentation, consent management, and 42 CFR part2
- An introduction to Consent2Share and updates since the last webinar series
- An overview of Consent2Share architecture
- Technical and organizational considerations
- Obtaining and implementing Consent2Share

**REGISTER [HERE](#)**

**Webinar Audience:** Health Information Exchange (HIE) Organizations; Health Information Service Provider (HISP) organizations; state and county governmental agencies that manage and share protected health information; software developers and providers who wish to implement a behavioral health consent management and data segmentation application within their organizations; and organizations, such as universities, that are conducting research on behavioral health care data interoperability and standards.

### NIMH to Host Twitter Chat on Teen Depression

NIMH Experts will be Available to Answer Questions Live

Thursday, May 3, 3 p.m. to 4 p.m. E.T.



In recognition of Children's Mental Health Awareness Week, the National Institute of Mental Health (NIMH) is hosting a Twitter chat to discuss teen depression. Being a teenager can be tough, and experiencing emotional ups and downs is a normal reaction when facing challenging or stressful situations. But there is a difference between sadness or moodiness and depression. Depression is a common mood disorder that can affect how a person handles everyday activities such as sleeping, eating, and school or work. It is important to know the signs and seek help as early as possible.

During this hour-long chat, Argyris Stringaris, M.D., Ph.D., MRCPsych, chief of the NIMH Mood Brain and Development Unit, and Ken Towbin, M.D., chief of the Clinical Child and Adolescent Psychiatry in the NIMH Mood and Anxiety Disorders Program, will describe depression and discuss the signs and symptoms, risk factors, and treatment options for teens. Drs. Towbin and Stringaris will also be available to answer questions on the topic.

To ask questions, you must have a Twitter account. Remember to use #NIMHChats with your questions and posts. If you do not have a Twitter account, you can still observe the chat in real-time by entering #NIMHchats at [twubs.com](http://twubs.com). An archive of the chat will be posted on NIMH's website following the event.

The experts cannot provide specific medical advice or referrals. Please consult with a qualified health care provider for diagnosis, treatment, and answers to your personal questions. If you need help finding a provider, visit [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).

Follow @NIMHgov for updates about the chat and other information about mental health research. If you have any questions, please email [NIMHpress@nih.gov](mailto:NIMHpress@nih.gov).



**national children's  
mental health awareness day**

**PARTNERING FOR HEALTH AND HOPE  
FOLLOWING TRAUMA**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



**2018**

**YOU ARE INVITED TO JOIN US  
THURSDAY, MAY 10, 2018 AT 7 PM EDT**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is proud to present the National Children's Mental Health Awareness Day national event at 7 p.m. on Thursday, May 10, at The George Washington University's Dorothy Betts Marvin Theatre in Washington, DC.

Awareness Day shines a national spotlight on the importance of caring for every child's mental health. This year's event, Awareness Day 2018: Partnering for Health and Hope Following Trauma, will focus on the importance of an integrated health approach to supporting children, youth, and young adults who have experienced trauma. Secretary of Health and Human Services Alex M. Azar II will present governors' spouses with a SAMHSA Special Recognition Award for their work in promoting trauma-informed care in their states. First Lady of Wisconsin Tonette Walker will accept the award on behalf of the governors' spouses.

Attendees will have the unique opportunity to participate in a town hall discussion about making child-serving systems more trauma-informed. Assistant Secretary for Mental Health and Substance Use Elinore McCance-Katz, M.D., Ph.D., will host the dialogue that will include governors' spouses, senior federal officials, and youth and family leaders, as well as executives from the nation's leading organizations for professionals in primary care, behavioral health, and child welfare.

The town hall discussion will be moderated by NBC4 Washington anchor Aaron Gilchrist.



Alex M. Azar  
Secretary  
Health and  
Human Services



Elinore McCance Katz  
Assistant Secretary  
for Mental Health and  
Substance Use



Tonette Walker  
First Lady of  
Wisconsin

**Admission is free,  
but registration is  
required to  
attend the  
national event. A  
limited number of  
seats are  
available.**

**[REGISTER NOW](#)**

**WHEN:**

**Thursday, May 10,  
2018  
7 p.m. EDT**

**WHERE:**

**Dorothy Betts Marvin  
Theatre  
The George  
Washington University  
Marvin Center  
800 21<sup>st</sup> Street, NW  
Washington, DC  
20052**

**ATTIRE: Business**



**AARON GILCHRIST  
HOST/MODERATOR**

**SAMHSA-SPONSORED WEBINAR**  
**Considerations for Placement in Recovery Housing for**  
**Individuals Living with Severe Mental Illness**

**Tuesday, May 8, 1:30 p.m. to 3 p.m.**

Under Contract by the National Council for Behavioral Health



Join the National Council to explore the four levels of recovery housing: Peer Run, Monitored, Supervised and Service Provider. Participants will learn how to determine the placement of individuals living with severe mental illness in the levels. To better understand how an individual's readiness for change impacts their ability to succeed in these levels, culture, structure, risk, social support and engagement will be discussed. Finally, the importance of integrated health care, co-occurring treatment, peer support, and skill building within recovery housing will be addressed.

**Presenters:**

- Sarah Fletcher, LCSW, CADC - Director of Intensive Outreach Services at Trilogy Behavioral Healthcare, Chicago IL
- Thomas Southerland, LCSW - Clinical Director of the South Shore and Lawndale locations at Trilogy Behavioral Healthcare, Chicago, IL

**REGISTER HERE**

**Closed-captioning is available for this webinar.**

**We do not offer CEU credits. However, letters of attendance are offered upon request.**

*If you have questions please contact Kelle Masten via [email](#) or at 703-682-5187.*

**NACRHHS Policy Brief on Understanding the Impact of Suicide in Rural America**  
**Tuesday, April 24, 2 p.m. to 3 p.m. E.T.**

In 2015, an American took their own life roughly every 12 minutes, making suicide the 10th leading cause of mortality in the United States. Although suicide affects both rural and urban residents, rural populations face persistent and widening increases in suicide compared to their urban counterparts. Following the Fall 2017 meeting in Boise, Idaho, the National Advisory Committee on Rural Health and Human Services sent a policy brief to the Secretary of the Department of Health and Human Services that recommends an increased federal focus on the at-risk rural populations.

**REGISTER HERE**



**Speakers:**

- **Former Governor Ronnie Musgrove**, Committee Chair for the National Advisory Committee on Rural Health and Human Services
- **Kathleen H. Belanger**, MSW, Ph.D. Retired Professor of Social Work at Stephen F. Austin State University, Nacogdoches, TX
- **Holly Hedegaard**, MD, MSPH Injury Epidemiologist, Office of Analysis and Epidemiology National Center for Health Statistics, Centers for Disease Control and Prevention
- **Paul Moore**, Executive Secretary National Advisory Committee on Rural Health and Human Services

The National Advisory Committee on Rural Health and Human Services is a 21-member citizens' panel of nationally recognized experts who provide recommendations on rural issues to the Secretary of the Department.

**Registration**

This webinar is free. High-speed internet is required to participate. A recording will be archived on the NACRHHS website after the live event. Connection details will be emailed to you immediately upon registration.

*If you have questions, please contact Cathy Westerhausen via [email](#) or at 701-777-0584.*

## ASAM, AMA Propose New Opioid Treatment Value-Based Payment Model

The American Society of Addiction Medicine (ASAM) and the American Medical Association have proposed a Medicare [alternative pay model](#) aimed at achieving improved outcomes for patients with opioid use disorder.

The goals of the pay model are to get patients off opioids and avoid overdoses, reduce spending by avoiding emergency room visits and treating patients outside hospitals. Other specific goals include: providing appropriate financial support to enable physicians and other clinicians to provide successful Medication-Assisted Treatment (MAT) for individuals with opioid use disorders; encouraging more primary care practices to provide MAT; and encouraging coordinated delivery of three types of services needed for effective outpatient care of patients with opioid addiction – medication therapy, psychological and counseling therapies, and social services support.

The Patient-Centered Opioid Addiction Treatment Payment (P-COAT) is designed to support office-based coordination between multiple treatment providers. Previously, payment for these services has been segregated, which the associations say contributes to patient difficulties in receiving comprehensive, coordinated care. Practices that

participate in P-COAT would be eligible for two payments in two phases, the initiation of drug treatment and the maintenance of drug treatment. The initial phase, which would be significantly higher than monthly payments for ongoing treatment, would be a one-time payment that covers evaluation, diagnosis, treatment-planning and the first month of drug treatment. The second phase would consist of monthly payments to cover outpatient medication, and psychological and social services.

In each phase, Medicare would pay more for patients who need the most services. Physicians also could earn add-on pay for remotely monitoring patients with chronic conditions, communicating with and counseling patients with chronic conditions, and providing psychotherapy.

P-COAT providers would be expected to provide office-based outpatient medical treatment using either buprenorphine or naltrexone, psychological or counseling therapy services, and coordination of services, including care management, social support, and other medical services.

For more information about P-COAT, read ASAM's issue brief [here](#).

## SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS



### Webinar: Addressing Intimate Partner Violence in Integrated Care Settings Monday, April 30, 2:30 p.m. to 4 p.m.

About one in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lifetime. Among the victims of intimate partner violence, one in three women experienced multiple forms of rape, stalking, or physical violence, and nine in 10 male victims experienced physical violence alone. (National Intimate Partner and Sexual Violence Survey, CDC 2010.)

Given these statistics, intimate partner violence is a prevalent public health problem affecting millions every year and directly impacting the behavioral health of survivors. Join CIHS for a webinar to learn about prevention strategies, universal education, direct inquiry techniques, and best practice approaches related to intimate partner violence.

After this webinar, participants will:

- Know the prevalence and symptoms of intimate partner violence and the connection to poor behavioral health outcomes.
- Learn best practices for prevention, identification, and response to intimate partner violence in primary care, behavioral health, and integrated care settings.
- Understand how to offer a supported referral to community-based programs who can assist with safety planning and support.
- Become familiar with resources to support clients.

**Presenter:** Shannon Day, Training and Technical Assistance Manager, Colorado Coalition Against Domestic Violence; Lisa James, Director of Health, Futures Without Violence

**REGISTER [HERE](#)**

*Closed captioning is available upon request.*

## Save the Date for the First National Older Adult Mental Health Awareness Day *Friday, May 18, 10 a.m.–12:30 p.m. E.T.*



SAMHSA and the Administration for Community Living, together with the National Coalition on Mental Health and Aging, invite you to mark your calendar for the first National Older Adult Mental Health Awareness Day. This discussion is designed to raise public awareness about the mental health of older Americans and spur action to address the needs of this population. Watch a panel of experts discuss evidence-based approaches to mental health and substance use prevention, treatment, and recovery supports for older adults, and encourage collaboration between the mental health and aging networks. The panel will also highlight the work of the Interdepartmental Serious Mental Illness Coordinating Committee and offer guidance for people who seek treatment and services. HHS Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz, M.D., Ph.D., along with HHS Assistant Secretary for Aging, Lance Robertson, will provide opening remarks.

The event will be live webcast, and registration is required.

**REGISTER [HERE](#)**

### 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>. If you've forgotten your password or have other questions about using the online system, please send an e-mail to [tatracker@treatment.org](mailto: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](mailto: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.

**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**  
**Project AWARE (Advancing Wellness and Resiliency in Education)**  
**State Education Agency Grants (FOA No. SM-18-006)**



**Funding Mechanism: Grant**

**Anticipated Award Amount: Up to \$1.8 million/year**

**Length of Project: Up to 5 years**

**Anticipated Number of Awards: Up to 23**

**Anticipated Total Available Funding: \$42,161,924**

**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.

**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**  
**[Assertive Community Treatment Grants \(FOA No. SM-18-013\)](#)**

**Funding Mechanism: Grant**

**Anticipated Award Amount: Up to \$678,000/year**

**Length of Project: Up to 5 years**

**Anticipated Number of Awards: Up to 7**

**Anticipated Total Available Funding: \$23,700,000**

**No Cost-Sharing/Match Required**

**Applications Due: May 29, 2018**

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:

<https://www.mymeetings.com/nc/join.php?i=PWXW7248653&p=1588142&t=c> 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.

## SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

### Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (FOA 18—012)

**Funding Mechanism: Grant**

**Anticipated Number of Awards: Up to 28**

**Length of Project: Up to 4 years**

**Anticipated Total Available Funding: \$11,200,000**

**Anticipated Award Amount: Up to \$400,000 per year**

**Cost Sharing/Match Required?: Yes**

**Applications Due: June 11, 2018**

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.

**Grants Management and Budget Issues:** Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management via [email](#) or at (240) 276-1408.

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Payments Received	Registration Fees	Pre-Institutes (space is limited)
Before March 31, 2018	\$850	\$295
April 1 – July 23, 2018	\$925	\$295
July 24 – July 28, 2018	\$1,025	\$295

**The Training Institutes Registration Fee is \$925.**

A discounted registration fee of \$850 will be extended to those who register before March 31, 2018.

**SAVE \$75 ON YOUR REGISTRATION**

The Training Institutes offers an extensive program 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.

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; and children's researchers and evaluators.

The 400th person with a paid registration will receive a FREE one night stay at the conference hotel during The Training Institutes!



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**Unlocking Potential. Influencing Policy**



**There's still time to register at a discounted rate!**

The nation's H/HS system, on the state, local, and community level, is embracing a whole-family, generative approach and moving away from a system rooted in compliance and programmatic outputs. Leaders are championing innovative, pragmatic ideas that address root cause issues and improve the return on investment.

The [2018 APHSA National Health and Human Services Summit](#) will focus on how we can achieve better outcomes for children, families, and communities through:

- Looking at the Social Determinants of Health and how the "Whole-Family Approach" positively affects service delivery and prevention;
- Implementation of new fiscal policies that reduce the regulative burden;
- Working with our federal partners to increase collaboration between states, localities and the Administration;
- Modernization and integration of H/HS systems with a focus on IT and Data; and
- Providing economic and employment support.

Come prepared to discuss how **Unlocking Potential** for all people and **Influencing Policy** leads to **Impacting Outcomes** for children, families, and communities!

**[REGISTER](#) BY FRIDAY, APRIL 20 TO RECEIVE A DISCOUNTED RATE**

**May 6 - 9, Crystal Gateway Marriott, Arlington, VA**

**[Agenda](#)**  
**[Registration](#)**  
**[Hotel & Travel](#)**

**Questions? Contact**  
**[memberservice@aphsa.org](mailto:memberservice@aphsa.org)**

## Centers for Medicare and Medicaid Services Cultural Competent Care Webinars

### **Geriatric Competent Care Webinar Series**

**May 16, Noon to 1:30 p.m. E.T.**

The 2018 Geriatric-Competent Care Webinar Series is designed to help states, plans, health professionals and stakeholders in all settings and disciplines to expand their knowledge and skills in the unique aspects of caring for older adults and in working with their caregivers. Continuing Education (CE) credits can be earned by joining the webinars.

#### **Managing Older Adults with Substance Use Disorders, May 16, 2018**

Substance use disorders (SUD) are a significant public health concern for the growing population of older adults. By 2020, the number of older adults with SUD in the United States is expected to rise from 2.8 million in 2002-2006 to 5.7 million[3]. This webinar will describe substance use disorder (SUD) screening tools, how to effectively diagnose SUD, and t available treatment resources. Speakers will also discuss the need for care coordination for older adults affected by SUD.

**Registration Link:** [https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018\\_GCC\\_Webinar\\_Series/Overview](https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Overview)



### **MEDICINE USE AND SPENDING IN THE U.S. : A Review of 2017 and Outlook to 2022**

**April 26, 10 a.m. to 11 a.m. E.T.**

The IQVIA Institute for Human Data Science will release its annual *Medicine Use and Spending in the U.S. A Review of 2017 and Outlook to 2022* Report on April 19.

Join author and IQVIA Institute Research Director, Michael Kleinrock, for a [webinar](#) on April 26, when he will provide objective context and perspective around the complex factors that determine the level of spending on medicines in the U.S. and their impact on policy makers, patients, payers, and drug manufacturers.

To download the report on April 19, visit [www.IQVIAInstitute.org](http://www.IQVIAInstitute.org).

Webinar discussion topics will include:

- Net manufacturer drug revenues after discounts and rebates
- Patient out-of-pocket costs at pharmacies
- Overall volume of medicines being used, with a special focus on prescription opioids
- The remarkable number of innovative medicines launched in 2017
- An outlook through 2022 for the pharmaceutical market



**Author & Presenter: Michael Kleinrock**  
*Research Director*  
IQVIA Institute for Human Data Science

[REGISTER HERE](#)





### **Admiral Thad W. Allen, USCG Retired**

Thad Allen retired from the Coast Guard in 2010 as the 23rd Commandant. He currently serves as Senior Executive Advisor at Booz Allen Hamilton where he supports government and commercial clients in cyber security, energy and the environment, navigation systems, emergency response, and crisis leadership. He is a nationally recognized expert in disaster response and an advisor to government leaders. He was the lead federal official for the responses to Hurricanes Katrina and Rita and the Deepwater Horizon Oil. He also directed Coast Guard operations in the wake of the 9/11 attacks and the Haitian Earthquake.

The Symposium will provide an opportunity to hear how leaders have handled stress in times of crisis, with particular emphasis on the disasters of fall 2017. During the half-day event, panelists will also share best practices and recommendations for moving the field of crisis leadership forward.



## **Crisis Leadership Symposium: Promoting Emotional and Mental Well-Being**

**April 26, 2018**

**USU Sanford Auditorium**

**8:30 AM – 12:30 PM**

**For more information and to  
register visit:**

<https://hjf.cvent.com/CrisisLeadership2018>

**Location:**

**Uniformed Services University  
4301 Jones Bridge Road  
Bethesda, MD 20814**

**Sponsored by the USU National Center for Disaster  
Medicine & Public Health, the USU Center for the Study  
of Traumatic Stress, and the USU Leader and Leadership  
Education and Development program.**

# SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

## Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (FOA SM-18-010)

**Funding Mechanism: Grant**      **Anticipated Number of Awards: Up to 4**      **Anticipated Award Amount: Up to \$1,000,000/year**  
**Anticipated Total Available Funding: \$3,368,000**      **Length of Project: Up to 5 years**      **No Cost-Sharing/Match Required**  
**Applications Due: May 14, 2018**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2018 *Healthy Transitions: Improving Life Trajectories for Youth and Young Adults With Serious Mental Disorders Program* grants (Short Title: Healthy Transitions). The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities. Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

The overall goal of Healthy Transitions will be to provide developmentally appropriate, culturally and linguistically competent services and supports to address serious mental disorders among youth 16 – 25 years of age. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care, and evidence-informed treatment.

Healthy Transitions will accomplish program goals by:

- Creating, implementing, and expanding services and supports that are developmentally appropriate, culturally competent, and youth and young adult-driven, involve family and community members (including business leaders and faith-based organizations), and provide for continuity of care and support between child- and adult-serving systems.
- Improving cross-system collaboration, service capacity, and expertise related to the population(s) of focus through Infrastructure and organizational change at the state/tribal level.
- Implementing public awareness and cross-system provider training (e.g., higher education/community colleges, behavioral).

Healthy Transition grants are authorized under Section 520A (290bb-32) of the Public Health Service Act, as amended. This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

**Eligibility:** Eligible applicants are:

- The state/tribal agency that oversees delivery of mental health services to youth and young adults, ages 16-25, with serious mental disorders.
- Federally recognized (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination Act) American Indian/Alaska Native (AI/AN) tribes, tribal organizations and consortia of tribes or tribal organizations.
- Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs 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 AI/ANs 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.

Eligibility is limited because SAMHSA believes that only state/tribal agencies overseeing the delivery of mental health services to youth and young adults are in the unique position to leverage community agencies that can support the wide scale adoption of Healthy Transitions programs and services. The state/tribal agency has the capacity, knowledge, and infrastructure to assist communities with successful implementation of effective practices and strategies at the community level while also sharing and implementing effective and successful statewide strategies. Through the building of interconnected partnerships, Healthy Transitions can promote systems integration and strengthen the ability of states/tribes and communities to integrate prevention, intervention, and treatment services for youth and young adults with serious mental disorders.

Recipients who received funding under SM-14-017 “Now is the Time” Healthy Transitions are not eligible to apply under this FOA.

### **Contact Information**

Program Issues: [Diane Sondheimer](#), Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922  
[Emily Lichvar](#), Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859  
Grants Management/Budget Issues: [Gwendolyn Simpson](#), Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-

## 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\*\*](#)



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[\*\*www.NatCon18.TheNationalCouncil.org\*\*](http://www.NatCon18.TheNationalCouncil.org)

# International Initiative for Mental Health Leadership (IIMHL) 2018

Building Bridges Beyond Borders  
Stockholm May 28<sup>th</sup> – June 1<sup>st</sup>

The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Joint program and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

Registration is free if you currently reside and work in one of the following IIMHL supporting countries:

Australia  
Canada  
England

New Zealand  
Scotland  
Sweden  
United States

Netherlands  
Denmark  
Finland  
Iceland

Norway  
Greenland  
Ireland

Registration is \$400 for Individuals not residing in an IIMHL Country.  
Registration ends on May 1, 2018, or when the maximum number of registrations is reached.



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



## Recovery-Oriented Engagement Practices - Spring 2018 Series

*Wednesdays, 1 p.m. to 2 p.m. E.T.*

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 will explore three distinct elements of engagement. The first webinar will look 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 will discuss social media and other technology as emerging tools for outreach and engagement in behavioral healthcare.

### **May 2, 2018: [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.

### **May 23, 2018: [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 21<sup>st</sup> Century world .through systemic large-scale implementation of CT-R sharing evidence of culture change.

### **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.

### **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.*

## **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.

**April 26-27, 2018**  
Washington Hilton, Washington, D.C.



## Turning Information Into Innovation

Registration is now open for the [2018 Health Datapalooza](#), April 26-27 in Washington, D.C.

Health Datapalooza is more than just a meeting; it's a diverse community of big thinkers and roll-up-our-sleeves-and-get-it-done problem solvers who share a mission to liberate and use data to improve health and health care.

Attend the Datapalooza for real world concepts and actionable steps that you can take back to your workplace – presented by both newcomers and leading experts in the field.

**REGISTER NOW**



## 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!**

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

**NOW AVAILABLE**

### Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set used to support programs for people with early serious mental illness, including first episodes of psychosis. The [Snapshot of State Plans](#) provides an overview of each state's funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What's New section of the NASMHPD website here: <https://www.nasmhpd.org/>

To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).



Georgetown University  
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## CCF Annual Conference July 24-26, 2018

Washington Marriott Georgetown  
1221 22nd St NW  
Washington, DC 20037

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](mailto:Kyrstin.Racine@georgetown.edu).

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



Recovery to Practice  
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*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.)*



# CIBHSI

LEADERS IN  
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California Institute for Behavioral Health Solutions

## 18th Annual Behavioral Health Informatics Conference and Exposition:

*Meeting the Information Management Needs of Mental Health and Substance Use Programs*

WEDNESDAY, MAY 2 – THURSDAY, MAY 3, 2018

SHERATON CARLSBAD CARLSBAD, CALIFORNIA

[Click here](#) to download the conference brochure.

### **Featured Day One Session!**

**Concurrent Session on Wednesday, May 2, 2018**

#### ***Challenges for Rural Areas in Meeting the Increasing Requirements for Electronic Data Entry, Storage, Analysis and Exchange***

Federal and state funding agencies are steadily increasing their data requirements to show that services are accessible and of high quality, and that health care information is exchanged among treating providers in support of care coordination. Tracy Rhine from Rural County Representatives of California, Jennifer Terhorst and Philip Salter from Nevada County, and Farooq Ahmad from Imperial County will describe challenges for rural counties, including lack of bandwidth, health information technology support, and internet connectivity. They will describe creative ways that some rural agencies are addressing these issues, and suggest their relevance for other rural counties and provider organizations.

### **Featured Day Two Conference Closing Keynote Session!**

#### ***Public Health and Privacy Concerns Collide in the Opioid Crisis***

The increasing and tragic dimensions of the opioid crisis throughout the country have led to new national, state and local initiatives focusing on prevention and treatment. Jeff Livesay, Senior Executive Vice President and Shreya Patel, Policy Analyst and Public Relations Coordinator of Michigan Health Information Network will review the increased data sharing across pharmacies, insurers, and prescribers to prevent prescription drug abuse and to encourage improved care coordination. They will review how HINs can use such data analytic techniques as predictive modeling for early warning systems and preventive interventions in the interest of addressing the opioid crisis, and the emerging ethical dilemmas created by these new data sharing possibilities.

#### Presenters

Jeff Livesay, BS Engineering, Senior Executive Vice President, & Shreya Patel, Policy Analyst and Public Relations Coordinator, Both Michigan Health Information, Network Shared Services (MiHIN)

Registration is open. Please reserve your seat NOW!

[REGISTRATION WEBSITE](#)

If you have any problem with registering or making your hotel reservations, please contact the CIBHS Conference Dept. at [\(916\) 379-5317](tel:9163795317) or [conferences@cibhs.org](mailto:conferences@cibhs.org).

## TA Network Webinars

### 2018 EARLY PSYCHOSIS PEER MEETING

*AUGUST 22-24, 2018*

**PORTLAND, OREGON**

Early Psychosis Intervention is a high priority nationally and for many SOC grantees. Successful implementation requires specialized knowledge, coordination across adult and child systems, and consistent leadership. This peer meeting will provide the opportunity for selected teams of state and local decision makers to learn from national experts about effective implementation strategies, current core practices and philosophies, how programs function on the ground; and from one another about strategies grantees are considering or implementing in their own states/counties. The meeting will include individual team planning time facilitated by national experts in the field. In order to be considered for acceptance, teams of no more than 8 members interested in attending must complete the application process. Ideally, participant teams will be comprised of leaders from key child and adult-serving systems and organizations who have decision-making authority or critical influence for funding and staffing Early Psychosis Intervention (EPI) services.

**DEADLINE TO SUBMIT APPLICATIONS IS FRIDAY, MAY 11, 2018.**

**VIEW THE APPLICATION [HERE](#).**

### **DIRECT CONNECT – BUILDING YOUTH CAPACITY**

***THURSDAY, APRIL 26, 3:30 P.M. TO 5 P.M. ET***

Led by Youth M.O.V.E. National, this learning community is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country.

**[REGISTER NOW](#)**



### ***Forum on Opioids: Strategies and Solutions for Minority Communities***

***Wednesday, April 25, 10:00 a.m. to Noon E.T.***

In recognition of National Minority Health Month, the Centers for Medicare & Medicaid Services Office of Minority Health, in partnership with the Substance Abuse and Mental Health Administration's Office of Behavioral Health Equity, will bring together a panel of public health leaders, health care professionals and community members to discuss partnerships and efforts to combat the opioid epidemic and better address behavioral health in minority communities. Attendees at the D.C. event at the Health and Human Services Building will receive updates of strategies and solutions for prevention, diagnosis, intervention, treatment/recovery and access to behavioral health services. Model programs and lessons learned on successful projects to combat the opioid epidemic will be highlighted, as well as information on the latest resources available to support behavioral health.

Attendees will be encouraged to join the discussion and provide feedback on the steps that communities can take to improve behavioral health services and increase support for opioid interventions in minority communities.

The event will be live-streamed for those unable to attend in person.

**[REGISTER HERE](#)**

*For more information, contact [Ashley Peddicord-Austin of CMS](#).*

## **CENTER 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.

*For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).*

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## NASMHPD Links of Interest

[CAN WASHINGTON FIX THE OPIOID CRISIS?](#), KIMBERLY LEONARD, *WASHINGTON EXAMINER*, APRIL 13

[REPEALING MEDICAID EXCLUSION FOR INSTITUTIONAL CARE RISKS WORSENING SERVICES FOR PEOPLE WITH SUBSTANCE USE DISORDERS](#), HANNAH KATCH & JUDITH SOLOMON, CENTER ON BUDGET AND POLICY PRIORITIES, APRIL 17

[HEALTH CARE EMPLOYMENT GROWTH AND THE FUTURE OF U.S. COST CONTAINMENT \(VIEWPOINT\)](#), JONATHAN SKINNER, PHD & AMITABH CHANDRA, PHD, *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, APRIL 16

[NIH SCIENTISTS WATCH THE BRAIN'S LINING HEAL AFTER A HEAD INJURY](#), NATIONAL INSTITUTES OF HEALTH NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS), APRIL 16

['SHARING THINGS WITH PEOPLE THAT I DON'T EVEN KNOW': HELP-SEEKING FOR PSYCHOLOGICAL SYMPTOMS IN INJURED BLACK MEN IN PHILADELPHIA](#), JACOBY S.F., RICH J.A., WEBSTER J.L. & RICHMOND T.S., *ETHNICITY & HEALTH*, APRIL 1 & [UNDERSTANDING BARRIERS TO MENTAL HEALTH CARE FOR URBAN BLACK MEN WHO EXPERIENCE TRAUMATIC INJURY](#), *HEALTH NEWS DIGEST.COM*, APRIL 15

[HOW STATES STRUCTURE MEDICAID MANAGED CARE TO MEET THE UNIQUE NEEDS OF CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS](#), KATE HONSBERGER, BECKY NORMILE, RENE SCHWALBERG & KAREN VANLANDEGHEM, NATIONAL ACADEMY FOR STATE HEALTH POLICY, APRIL 2018 & [OVERVIEW OF SELECTED STATE MEDICAID MANAGED CARE PROGRAM CHARACTERISTICS](#), NATIONAL ACADEMY FOR STATE HEALTH POLICY, APRIL 2018

[MINNESOTA ACCOUNTABLE COMMUNITY FOR HEALTH SAVES MEDICAID \\$3.8 MILLION THROUGH ITS OPIOID PREVENTION INITIATIVE](#), AMY CLARY, NATIONAL ACADEMY FOR STATE HEALTH POLICY, APRIL 12

[NUMBER OF CONSUMERS ENROLLED IN HEALTH SAVINGS ACCOUNTS, HIGH DEDUCTIBLE PLANS, JUMPS 8%](#), SUSAN MORSE, *HEALTHCARE FINANCE NEWS*, APRIL 16 & [HEALTH SAVINGS ACCOUNTS AND HIGH DEDUCTIBLE HEALTH PLANS GROW AS VALUABLE FINANCIAL PLANNING TOOLS](#), AMERICA'S HEALTH INSURANCE PLANS SURVEY RESULTS, APRIL 12

[DRIVING DEPRESSION CARE FORWARD BY OPTIMIZING QUALITY MEASURES](#), LEAVITT PARTNERS IN COLLABORATION WITH TAKEDA PHARMACEUTICALS U.S.A., INC. AND LUNDBECK, APRIL 17

[THE DRUG OVERDOSE EPIDEMIC AND DECEASED-DONOR TRANSPLANTATION IN THE UNITED STATES: A NATIONAL REGISTRY STUDY](#), DURAND C.M., MD *ET AL.*, *ANNALS OF INTERNAL MEDICINE*, APRIL 17

[HOW MEDICAID WORK REQUIREMENTS WILL HARM PEOPLE WHO ARE EXPERIENCING HOMELESSNESS](#), CENTER ON BUDGET AND POLICY PRIORITIES, APRIL 18