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This (FOA) is intended to provide funding to encourage research projects that seek to explain underlying mechanisms and predict health behaviors within individuals over time utilizing intensive longitudinal, within-person protocols that leverage recent advances in mobile and wireless sensor technologies and big data analytics. The research projects will collect and analyze data, disseminate project findings, and work collaboratively with each other and the research coordinating center (supported under RFA-OD-17-005).

The purpose of the Longitudinal Health Behaviors initiative is to establish a cooperative agreement network of 5 U01 projects and 1 U24 Research Coordinating Center (RCC), to collaboratively study factors that influence key health behaviors in the dynamic environment of individuals, using intensive longitudinal data collection and analytic methods. The network will also assess how study results can be leveraged to introduce innovations into longstanding behavioral theories to advance the field of theory-driven behavior change interventions. The knowledge gained will inform the development of personalized prevention strategies and best implementation strategies for communities, including health disparity populations, towards the goal of reducing disease risk and maintaining ideal health.

Behavioral science places strong emphasis on theoretical models to systematically explain and predict behaviors and events influencing health outcomes. Although these theories are useful frameworks for developing behavioral change interventions, their ability to explain and predict behavior has been only modestly successful.

The research funded by this initiative will examine theoretical constructs and health behaviors from a different scientific perspective and approach than has been traditionally used and is critical for moving health behavior science towards more effective health behavior interventions for reducing disease. Health behavior theories have developed and been evaluated primarily from a between-person perspective, attempting to explain why some people engage in health behaviors while others do not. While such questions remain important, this between-person focus has contributed to theoretical research that is predominately cross-sectional in nature and that emphasizes dispositional variables such as attitudes and normative beliefs which are relatively static over time and more trait-like in nature.

In contrast, a within-person approach to health behavior theory research seeks to explain why a given individual engages in healthy or risky behaviors at one time versus another. Within-person analysis of intensive longitudinal data is likely to provide insight into the dynamic factors in the physical, social, and/or built environment that facilitate or hinder engaging in certain behaviors at specific points in time, in addition to the interaction between factors.

This initiative will leverage advances in sensing, EMA and modeling to improve current models of behavior and behavioral change. This initiative will encourage measurement methods that reduce respondent reporting burden, which has constrained most studies to a few data points per day to measure only a few factors influencing behavior.

NIMH is interested in supporting research that posits and tests fundamental theoretical constructs and models of behavior that are parameterized. The long-term goals of this behavioral research should be to identify quantifiable and predictable points at which interventions might be most effective and to facilitate future investigations linking these change points to neurobiological and/or neurodevelopmental processes. NIMH will prioritize research in the following specific content areas:

- Studies utilizing sensor technology in real world settings to identify imminent risk for suicidal (ideation or attempt) or self-injurious behavior. Applicants are encouraged to refer to “A Prioritized Research Agenda for Suicide Prevention” and Short-term Research Objective 2C [http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Agenda.pdf]
- Incorporation of wearable sensors into studies of eating disorders to identify factors that predict variation in clinical symptoms and/or relapse following treatment (e.g., binge eating, purging, and social withdrawal).
- Technology that can identify, with a high degree of probability, environmental, behavioral, and biological triggers of psychotic or manic episodes.
- Use of sensor technology to measure trajectories of irritability and emotional dysregulation in youth and that can be used for early prediction of psychopathology.
- EMA assessments that measure real-time fluctuation (episodic) and intensity of emotional states in children.

**Eligible Organizations:** public and private Institutions of Higher Education; other 501(c)(3) nonprofits; for-profit organizations; state, territorial, county, and city or township governments; Indian/Native American tribal governments and organizations; public housing authorities; faith-based or community-based organizations; regional organizations; and independent school districts.

**Apply On-Line by January 8, 2018**
NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF). The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

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

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS (FOA)

State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (TI-17-16)

Application Due Date: Monday, July 3, 2017
Anticipated Total Available Funding: $3,300,000
Anticipated Number of Awards: 3
Anticipated Award Amount: Up to $1,100,000
Length of Project: Up to 3 years
Cost Sharing/Match Required? No
Eligibility: Single State Agencies for Substance Abuse

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2017 Comprehensive Addiction and Recovery Act of 2016, State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (Short Title: PPW-PLT). The purpose of the program is to enhance flexibility in the use of funds designed to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. SAMHSA seeks to: 1) reduce the abuse of alcohol and other drugs; 2) increase engagement in treatment services; 3) increase retention in the appropriate level and duration of services; and 4) increase access to the use of medications approved by the Food and Drug Administration in combination with counseling for the treatment of drug addiction.

Contacts: Program Issues: Linda White-Young, LICSW, Center for Substance Abuse Treatment (CSAT), SAMHSA, 240-276-1581

Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) (TI-17-017)

Application Due Date: Monday, July 31, 2017
Anticipated Total Available Funding: $28 million
Anticipated Number of Awards: Up to 5 awards
Anticipated Award Amount: Up to $2 million per year
Length of Project: Up to 3 years
Cost Sharing/Match Required? No
Eligibility: Single State Agencies for Substance Abuse

The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder seeking or receiving MAT. Eligibility is limited to the 17 states with the highest rates of admissions, as identified by 2014 TEDS data, including those that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorder. FY 2015 MAT-PDOA grantees funded under announcement TI-15-007 and FY 2016 MAT-PDOA grantees funded under announcement TI-16-014 are not eligible to apply for this program. The desired outcomes include: 1) an increase in the number of clients receiving integrated care/treatment; 2) an increase in the number of clients receiving integrated care/treatment; 3) a decrease in illicit opioid drug use at six-month follow-up; and 4) a decrease in the use of prescription opioids in a non-prescribed manner at six-month follow-up.

1Alabama, California, Delaware, Florida, Georgia, Maine, Michigan, Minnesota, Nebraska, Nevada, New York, North Dakota, Ohio, Pennsylvania, South Dakota, Tennessee, Utah

Contacts: Program Issues: Kim Thierry, Public Health Advisor, Div. of Services Improvement, CSAT, SAMHSA, by email or at 240-276-2907
National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)

Save-the-Dates

Webinar Series: Trauma-Informed Innovations in Crisis Services
July – September 2017 (4th Monday of each month) 3 p.m. to 4 p.m. E.T.

Register HERE

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) is pleased to announce the opportunity to participate in an upcoming Webinar Series: “Trauma-Informed Innovations in Crisis Services.” The series will run from April – September 2017 on the 4th Monday of each month, from 3:00 to 4:00 p.m. Eastern Time. This webinar series will highlight the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience and peer support. Each 60-minute webinar will focus on how an agency implements one of the principles from SAMHSA’s Concept and Guidance for a Trauma-Informed Approach: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. After the provider presentations, a moderated Q&A will follow. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA’s publication: Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, “National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors may increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. The research base on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and insure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal of these services is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

In response to these trends and statistics, more and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA’s Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, mobile crisis outreach programs.

Webinar Series Schedule

Collaboration and Mutuality: Harbel Community Organization
Monday, July 24
Staff from the Harbel Community Services organization will discuss the essential roles they play in the community organization. Harbel provides recovery services, but what is unique about their approach is their use of collaborative relationships with a wide range of community partners. Harbel employs persons with lived experience in all aspects of service delivery. A critical role includes outreach and support to individuals struggling with opiate addiction. Peer workers are trained to carry and administer Naloxone to revive individuals who have overdosed and offer recovery, trauma informed services immediately, thus helping to address the opioid epidemic. For more information, visit http://www.harbel.org .

Cultural, Historical, and Gender Issues: The Ali Forney Center
Monday, August 28
This webinar will feature insights from staff at the Ali Forney Center (AFC) in New York, NY, the largest program dedicated to meeting the needs of LGBTQ homeless youth in the nation. AFC provides a comprehensive range of services to LGBTQ homeless and street-based youth, including a drop-in center, mobile outreach, and emergency housing. Their Peer Educator program was created based on the recognition that homeless youth are most likely to trust outreach workers who have been formerly homeless themselves. In addition, their community outreach program is designed to help mental health providers to serve LGBTQ youth in a more culturally-competent manner. For more information, visit: http://www.aliorneycenter.org .

Trustworthiness and Transparency: Baltimore Police Department
Monday, September 25
Sergeant Azalee Johnson, Crisis Intervention Team Coordinator for the BPD, will discuss an innovative approach to crisis prevention and intervention in the City of Baltimore. Sgt. Johnson and her partner provide support to homeless individuals, including helping them to secure needed medical, behavioral and other services to prevent crisis and enhance adherence. They will expound on their creative, unique, and inspiring approaches to engaging people who are homeless, understanding the very complicated homeless community communication network, and maintaining trust within these networks; and their work with the Recovery Network and Baltimore Crisis Response when acute crisis services
SAVE THE DATE
The 2nd National Building Bridges Initiative (BBI) Training Event
October 4 to 6, 2017
Double Tree by Hilton Boston Andover
123 Old River Road
Andover, MA 01810

The purpose of this event is to support the latest information about best practices in residential and community services that result in sustained positive outcomes post-discharge for youth and families receiving residential interventions. Participants will include leaders and clinical staff of residential and community programs, policy makers, funders, advocates, families and youth.

Attendees will leave the training event with practical strategies to improve policies and practices in their residential and/or community programs or oversight/funding agencies.

This event is made possible by the support of the Anne E. Casey Foundation (AECF), and represents a collaboration between AECF and the Building Bridges Initiative, Inc. and residential stakeholders around the country.

National Institute of Mental Health Funding Opportunity Announcement
Clinical Studies of Mental Illness Not Involving Clinical Trials (Collaborative R01 – PAR 17-256)

The National Institute of Mental Health (NIMH) seeks to support collaborative clinical studies, not involving clinical trials particularly in the areas of mental health genetics, mental illness research and mental health of HIV/AIDS research.

This Funding Opportunity Announcement (FOA) should be used when two or more sites are needed to complete the study. Collaborative studies are appropriate to address research questions that are beyond the capacity of any single-site investigation. Considerations such as increased sample size, representation, and diversity may all support the need for multi-site studies, as do considerations of the need for collaboration between sites with diverse expertise, technologies, research capacities, and/or perspectives.

The collaborating studies share a specific protocol across the sites and are organized as such in order to increase sample size, accelerate recruitment, or increase sample diversity and representation. In studies with a large number of sites, it is expected that one site may be submitted as a coordinating site for data management and/or other centralized administration. For a linked set of collaborative R01s, each site has its own Program Director/Principal Investigator (PD/PI) and the program provides a mechanism for cross-site coordination, quality control, database management, statistical analysis, and reporting.

Clinical studies across all mental health research areas that address research objectives outlined in the NIMH Strategic Plan are encouraged, with the exception of clinical trials (which are supported under other funding opportunities. See http://www.nimh.nih.gov/funding/clinical-trials-for-researchers/index.shtml, for further information on support of clinical trials at NIMH).

Potential applicants are encouraged to contact program staff as far in advance as possible to discuss the match between potential research interests and current NIMH priorities.

Earliest Submission Date: May 5, 2017
Expiration Date: May 8, 2020
SAMHSA Funding Opportunity Announcement

Comprehensive Addiction and Recovery Act: Building Communities of Recovery (TI-17-015)

Application Due Date: July 3.
Anticipated Number of Awards: 13
Length of Project: Up to 3 years
Anticipated Total Available Funding: $2,600,000
Anticipated Award Amount: Up to $200,000 per year
Cost Sharing/Match Required? Yes

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2017 Comprehensive Addiction and Recovery Act: Building Communities of Recovery (BCOR). The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance abuse and addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as promotion of and education about recovery. Programs will be principally governed by people in recovery from substance abuse and addiction who reflect the community served.

WHO CAN APPLY: The statute limits eligibility for this program to Recovery Community Organizations (RCOs) that are domestic private nonprofit entities in states, territories, or tribes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the addiction recovery community are eligible.

CONTACTS: Program Issues: Matthew T. Clune at (240) 276-1619 or Matthew.clune@samhsa.hhs.gov
Grants Management Issues: Eileen Bermudez at (240) 276-1408 or FOACSAT@samhsa.hhs.gov

The HCBS Conference offers a unique blend of policy, program, and practice issues for professionals interested in home and community based services for individuals of all abilities and in all settings. Quickly becoming the "go-to" conference for learning in the expanding field of HCBS and long-term services and supports, the Conference allows states to share best practices, present unique partnerships, and recognize the work of their peers.

The National HCBS Conference will include federal, state, and local policymakers and those who administer, manage, and deliver waiver and other HCBS programs. The Conference always sees a strong presence from U.S. Health and Human Services ranging from the Administration for Community Living, including the Administration on Aging, the Administration on Disabilities, and the Administration on Intellectual and Developmental Disabilities, to the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and other federal agencies.

Click here to learn more about the conference and register!

Register Today
Sponsorship Opportunities

Gain visibility at the premier event for professionals who work within the field of home and community-based services, the National HCBS Conference draws over 1,300 participants, and puts your brand in front of targeted and influential professionals.

The exhibit hall is a major attraction where our participants come to learn about products and services and to network with industry leaders. Exhibiting will give you access key influencers and leaders working to improve HCBS programs throughout the country.

Click here to learn more about sponsorship and exhibiting opportunities.
The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is tasked with the design and implementation of a technical assistance strategy to assist publicly funded systems, agencies, and organizations across the country in preventing the use of restraint, seclusion, and other forms of aversive practices through trauma-informed approaches. NCTIC supports SAMHSA's Trauma and Justice Strategic Initiative goal of implementing trauma-informed approaches in health, behavioral health and related systems. Specifically, this series addresses SAMHSA's objective to develop a framework for community and historical trauma and a trauma-informed approach for communities, and is open to all interested in addressing community trauma and healing.

**Upcoming Webinars in the Series**

**Collaboration and Mutuality: San Jose, CA Mayor’s Office of Prevention of Gang Violence**  
Monday, July 24, 1:00 – 2:30 PM EDT  
This collaborative model successfully developed and implemented will focus on prevention of gang violence and facilitating community healing through effective collaborations with grassroots stakeholders, including the faith based community, gang members, community providers, etc. Mario Maciel, Division Manager Mayor’s Gang Prevention Task Force Department of Parks, Recreation and Neighborhood Services will present.

**Cultural, Historical, and Gender Issues: Understanding the Impact of Historical Trauma on Communities**  
Monday, August 28, 1:00 – 2:30 PM EDT  
Samuel Simmons uses a broad range of unique and innovative strategies that include educational and culturally sensitive trauma-informed initiatives to promote healthy communities. Mr. Samuelson will address historical trauma in our communities and identify strategies that work to address the importance of understanding intergenerational trauma.

**Empowerment, Voice and Choice**  
Monday, September 25, 1:00 – 2:30 PM EDT  
The Holistic Life Foundation will present on creating safe spaces and tools for healing. Ali Smith and Atman Smith, co-founders of Holistic Life will present on their project of helping children and adults through body healing practices. They will start with their TED talk then discuss how they are implementing this in different systems in the city. [https://www.youtube.com/watch?v=SBJ7MUJzvZc](https://www.youtube.com/watch?v=SBJ7MUJzvZc)

**Safety**  
TBA  
Maurissa Stone-Bass from The Living Well will talk about the trauma-informed principle, Safety, and provide an overview of community-based, innovative healing opportunities in Baltimore City.

**Previous Webinars in the Series**  
(Archive link - [https://nasmhpd.adobeconnect.com/pbojex0e05ix/](https://nasmhpd.adobeconnect.com/pbojex0e05ix/))

**Peer Support: Creative Approaches to Safe Streets and Developing Community Self-Determination**  
William Kellibrew discussed the creative approaches being implemented by the Baltimore Department of Health’s Office of Youth Violence Prevention. Williams’s passion for his work comes from his personal story of witnessing violence and trauma. John Comer of Communities United and Baltimore City Health Department, discussed mobilizing communities to take charge of their own healing from community trauma. The presentation featured a powerful tool to increase the community’s self-determination.
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State Solutions Webinar Series Continues

The quarterly State Solutions in Workforce webinar series, which launched in Fall 2016, continues highlighting innovative practices by the states in developing a behavioral health workforce.

A recording of the first webinar, which took place in September and highlighted initiatives in Nebraska, is available on-line.

January’s webinar highlighted a Connecticut workforce development effort under a SAMHSA Mental Health Transformation Grant. Presenters included Michael Hoge (Annapolis Coalition), Barbara Bugella (State of Connecticut), and Elisabeth Cannata (Wheeler Clinic). They discussed two key initiatives – (1) curriculum reform in higher education related to evidence-based practices, and (2) improving supervision. The recording for this webinar should be available on SAMHSA’s YouTube channel in the coming weeks.

The series is the brainchild of the leadership of the Behavioral Health Education Center of Nebraska (BHECN), which is directed by Dr. Howard Liu. Other sponsors of the series include SAMHSA, NASADAD, NASMHPD, and the Annapolis Coalition on the Behavioral Health Workforce.

Webinar #4: Massachusetts’s Career of Substance Website
July 19, 2017 at 2 p.m. E.T.

To register or to be placed on the invitation list, email Valerie Kolock at SAMHSA.