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A Spotlight on Older Adults and Behavioral Health

Thursday, May 18, 2 p.m. to 3 p.m.

Sponsored by the Center for Healthy Aging

One in four older Americans experience a behavioral health issue that is not a normal part of aging, yet they are less likely to receive treatment than younger individuals. Join this webinar for an update on behavioral health topics relevant to older adults from the Substance Abuse and Mental Health Services Administration (SAMHSA), including the latest national data on depression, suicide, and substance abuse or misuse. A description of the Mental Health Association of New York City’s (MHA-NYC) initiatives to improve access to behavioral health services for older adults will also be shared.

Presenters:

- Brian Altman, Director, Division of Policy Innovation, SAMHSA
- Eric Weakly, Chief, Center for Mental Health Services, SAMHSA
- Kim Williams, President, MHA-NYC

Register HERE

Call for Nominations for Sarnat International Prize in Mental Health

Do you know someone who has significantly impacted or improved mental health? Each year, the National Academy of Medicine (NAM) presents The Rhoda and Bernard Sarnat International Prize in Mental Health, established in 1992, which recognizes individuals, groups, or organizations worldwide for outstanding achievement in improving the science base and delivery of mental health.

The Sarnat Prize is awarded to individuals, groups, or organizations demonstrating at least one of the following criteria:

- contributions to improve understanding of, or treatment for, mental disorders (basic biomedical or clinical research);
- innovations in mental health services (counseling, clinical care, prevention, amelioration of symptoms, or promotion of mental health); or
- accomplishments in public policy or public leadership that enhance public understanding of mental disorders, foster advances in science, improve access to or delivery of mental health services, or otherwise promote mental health.

To encourage a broad range of candidates, there are no constraints on the education, profession, or specific discipline of individuals, groups, or organizations. The Sarnat Prize may honor public figures, policy leaders, field leaders, patient advocates, health care professionals, treatment innovators, translational scientists, basic scientists, applied scientists, or any other individuals, groups or organizations with distinguished accomplishments in the field of mental health, and will be made without regard to nationality. For the purposes of the Sarnat Prize, the field of mental health is defined broadly and includes, but is not limited to, the neurosciences, psychology, social work, public health, nursing, psychiatry, economics, law, and other disciplines, as well as perspectives from those in non-profit organizations and foundations, among others.

This award includes a medal and $20,000. The 2017 Sarnat Prize will be presented during the NAM’s Annual Meeting in Washington, DC, on October 16, 2017.

Nominate a friend or colleague through May 23.

Support for this award is provided by the Robert Wood Johnson Foundation.

“Recovery is Possible... Hollywood Beauty Salon is Proof!”

... Dr. Arthur Evans, former commissioner, Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services

A terrific mental health film about hope, recovery and hair! Hollywood Beauty Salon, winner of the SAMHSA Voice Award for best documentary in 2016. Since its release, Hollywood Beauty Salon has enjoyed screenings in theaters, schools, community centers, shelters and even beauty salons!

The movie’s makers are now moving forward with the BIG dream -- screenings around the country. New crowd-sourcing technology, TUGG, makes it possible for anyone to host a screening anywhere, to share the film’s message of hope, compassion and recovery with their community.

Contact Amber Frost, Community Outreach and Social Media Assistant for the Film

Like Hollywood Beauty Salon on Facebook

Follow Hollywood Beauty Salon on Twitter & Instagram

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SAMHSA Funding Opportunity Announcement

Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

Cooperative Agreements

SM-17-008

The Substance Abuse and Mental Health Services Administration (SAMHSA) is soliciting applications for $22.6 million in FY 2017 cooperative agreements, authorized by the 21st Century Cures Act, aimed at Promoting Integration of Primary and Behavioral Health Care (PIPBHC).

**Anticipated Total Available Funding:** $22,612,000

**Anticipated Number of Awards:** 11

**Amount of Awards:** as much as $2 million annually

**Length of Project:** 5 years

**Cost-Sharing/Match Required:** No

SAMHSA specifically seeks to:

- promote full integration and collaboration in clinical practice between primary and behavioral healthcare;
- support the improvement of integrated care models for primary care and behavioral healthcare to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED); and
- promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

The agency has also identified several special populations to be served:

- adults with a mental illness who have co-occurring physical health conditions or chronic diseases;
- adults with a serious mental illness who have co-occurring physical health conditions or chronic diseases;
- children and adolescents with a serious emotional disturbance with co-occurring physical health conditions or chronic diseases; or
- individuals with a substance use disorder.

**Eligible Applicants:** Eligibility for this program is statutorily limited to a state or appropriate state agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the state Medicaid agency, or the state health department) in collaboration with one or more qualified community health programs, as described in § 1913(b)(1) of the Public Health Service Act (PHSA) as amended; or one or more community health centers as described in § 330 of the PHSA, as amended (e.g., community health centers, health care for the homeless, public housing health centers, and migratory and seasonal agricultural workers health centers).

**Applications are due by May 17, 2017.**

**Apply HERE**

**Contacts: Program Issues:** Tenly Pau Biggs, MSW, LGSW; Center for Mental Health Services, Community Support Programs Branch, SAMHSA, 240-276-2411, pbhci@samhsa.hhs.gov

**Grants, Management, and Budget Issues:** Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-1408, foacmhs@samhsa.hhs.gov
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](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**
Funding Opportunity
Brookdale Foundation Group Issues RFP for Seed Grants

Brookdale Relatives as Parents Program (RAPP) grants for supportive services to grandparents and other relatives raising children

The Brookdale Foundation Group has issued a request for proposals (RFP) for the creation or expansion of supportive services to grandparents and other relatives raising children.

Up to 15 programs will be selected to receive a seed grant of $15,000 ($10,000 and $5,000 respectively) contingent upon progress made during year one with potential for continuity in the future. On-going technical assistance will also be provided. Any § 501(c)(3) or equivalent not-for-profit organization can apply. The RFP proposal and guidelines can be downloaded at www.brookdalefoundation.org.

Proposals are due Thursday, June 15, 2017

Selected applicants will be required to attend, as a guest of the Foundation, an Orientation and Training Conference to be held October 20-22, 2017 in Denver, Colorado.

For additional information, contact Melinda Perez-Porter, RAPP Director, at mpp@brookdalefoundation.org.

New SAMHSA Funding Opportunity Announcement
Resiliency in Communities after Stress and Trauma (RECAST) – SM 17-009

SAMHSA is accepting applications for Resiliency in Communities after Stress and Trauma (RECAST) grants totaling up to $10 million to all awardees over the course of 5 years.

This program seeks to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest.

The grants will support implementation of evidence-based, violence-prevention programs and community youth-engagement programs. The grants will also help promote access to trauma-informed behavioral health services. SAMHSA expects to award as many as two grantees as much as $1 million each annually for 5 years.

Eligible applicants are municipalities, including counties, cities, and other local governments, in partnership with community-based organizations in communities that have faced civil unrest in the past 24 months.

Applications are due by May 17, 2017. 

Apply HERE

Call for Applications for the
2018 American Psychiatric Association Psychiatric Services Achievement Awards

The Psychiatric Service Award is presented to innovative programs that deliver services to the mentally ill or disabled that have overcome obstacles, and that can serve as models for other programs.

Four awards are presented:
- Two Gold Awards - one to an institutional-based program and one to a community-based program.
- One Silver Award
- One Bronze Award

Each award recipient will be presented with a monetary award, a plaque, recognition at the 2018 Institute on Psychiatric Services, and coverage in two APA publications.

Deadline for 2018 Awards Nominations: 
June 1, 2017.

Additional information and the application can be found on the American Psychiatric Association’s Awards website.
WEBINAR OPPORTUNITY
Accessing Behavioral Health Services: Can Peer Support Help?
Wednesday, May 24, 3 p.m.–4:30 p.m. E.T.
Presented by Mathematica Policy Research

In many places, a shortage of behavioral health professionals keeps people from getting help when they need it. To help solve this problem, more and more providers are integrating behavioral health services and primary care and hiring peer support specialists as important members of clinical teams. Since 2013, Mathematica has been evaluating the Health Care Innovation Awards (HCIA), a series of projects funded by the Centers for Medicare & Medicaid Services (CMS) to test the effects of innovative practices on key outcomes including Medicaid and Medicare spending, hospitalizations, and emergency room visits. Some projects used peer support to enhance people's access to behavioral health services.

Mathematica will host this webinar to discuss the findings from an evaluation of HCIA-funded projects that focused on mental health services. Representatives from two of the projects will offer their perspectives on the peer role in their innovative service models and address the challenges, successful strategies, and benefits associated with incorporating peers into the workforce. The two HCIA sites represented in our discussion are the Center for Health Care Services (CHCS)—which provides integrated services to people who are homeless in San Antonio, Texas—and the Fund for Public Health in New York (FPHNY), which implemented crisis respite services that led to lower Medicaid costs and fewer hospitalizations.

Presenters:
• Vetisha McClair, Center for Medicaid Services
• Crystal Blyler, Mathematica Policy Research
• Jamie Neckles, Fund for Public Health in New York
• Kimberly Goodwin, Center for Health Care Services

Learn more about this event.

Register HERE

SAMHSA-SPONSORED WEBINAR SERIES
Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches

Join us for a monthly webinar series that will highlight communities working to improve member resiliency and responsiveness to community incidents. The series, sponsored by SAMHSA's National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint, will take place from April through September 2017 on the fourth Monday of each month from 1 p.m. to 2:30 p.m. Eastern Time.

Mark Your Calendars:

Empowerment, Voice, and Choice | Monday, May 22 at 1 p.m. E.T. (Part 2 of 6)

Peer Support: Creative Approaches to Safe Streets and Developing Community Self-Determination | Monday, June 26 at 1 p.m. E.T. (Part 3 of 6)

Collaboration and Mutuality: San Jose, CA, Mayor's Office of Prevention of Gang Violence | Monday, July 24 at 1 p.m. E.T. (Part 4 of 6)
Save-the-Dates

Webinar Series: Trauma-Informed Innovations in Crisis Services

April – September 2017 (4th Monday of each month) 3 p.m. to 4 p.m. E.T.

https://nasmhpd.adobeconnect.com/crisisvln/
Telephone: 1-888-727-2247
Conference ID: 9452092#

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

Empowerment, Voice and Choice: Pierce County Recovery Response Center
Monday, May 22

Staff from the Pierce County Recovery Response Center, located in Washington State, will share how they create opportunities and environments that empower people to recover in a time of crisis. Their wellness-based approach is person centered and driven by the individual’s hopes and dreams. Their 16-bed facility hosts private rooms for individuals in need of support when faced with a mental health and or substance use crisis. The agency supports the “no-force-first” modality in their engagement opportunities that range from a 23-hours stay up to 14 days. Their support staff consists of a team of psychiatrists, nurses, mental health professionals, individuals that specialize in resources management and peer support specialists. For more information, visit: https://riinternational.com/our-services/washington/pierce-county-recovery-response-center-rrc/. (Continued on next page)
## Webinar Series: Trauma-Informed Innovations in Crisis Services (cont’d)

### Peer Support: Freise Hope House
**Monday, June 26**

Crestwood Behavioral Health’s Freise HOPE (Helping Others through Peer Empowerment) House is a short-term, voluntary, mental health Crisis Residential Treatment Program (CRT) in Bakersfield, CA that welcomes guests into a warm, homelike environment. In this program, guests are provided a short-term safe place to land for during a psychiatric crisis. Guests are also engaged using a variety of recovery-based tools such as Dialectical Behavior Therapy (DBT), Wellness Recovery Action Plans (WRAP) and trauma-informed approaches to help them to manage their symptoms and develop skills to live effectively in the community. The treatment team is comprised entirely of people with lived experience, who are trained and certified peer providers. For more information, visit: [http://crestwoodbehavioralhealth.com/location/bakersfield-friese-hope-house/](http://crestwoodbehavioralhealth.com/location/bakersfield-friese-hope-house/)

### 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](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.aliforneycenter.org](http://www.aliforneycenter.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 or immediate access to recovery support is necessary.

[8]
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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.