

# National Association of State Mental Health Program Directors Weekly Update

## State Behavioral Health Agencies Ask Congress for More Flexibility in Using Opioid Grants, End to DEA Restrictions on Administering Buprenorphine, 42 CFR Part 2 Alignment

Behavioral health agency leaders from five states on January 14 thanked the House Energy and Commerce Committee's Government and Investigations Subcommittee for the Federal assistance embodied in the recent and ongoing state opioid response grants totaling \$1.5 billion annually, but asked that additional flexibility be granted in how states may use those grants.

In September 2019, the subcommittee had sent letters to 16 states requesting information about on-the-ground efforts to curb the opioid epidemic. The subcommittee sought to understand whether the Federal funds actually reached the communities hardest hit by the opioid crisis, how states were using the funds provided by Congress, and what strategies had proven to be successful. After reading the responses, the subcommittee [invited representatives from the five states to testify](#) on what other steps Congress might take in combatting the crisis.

Testifying at the hearing were Kody Kinsley, Deputy Secretary, Behavioral Health and Intellectual and Developmental Disabilities, North Carolina Department of Health and Human Services; Christina Mullins, Commissioner of the Bureau for Behavioral Health in the West Virginia Department of Health and Human Resources; Nicole Alexander-Scott, M.D., Director of the Rhode Island Department of Health; Monica Bharel, M.D., Commissioner of the Massachusetts Department of Public Health; and Jennifer Smith, Secretary of the Pennsylvania Department of Drug and Alcohol Programs.

During a collegial, bipartisan hearing in which members of both parties appeared in agreement on almost all of the related issues, the state officials said the Federal grants had been instrumental in helping to reduce opioid overdoses and opioid overdose deaths, but that they would appreciate greater flexibility in how the grant moneys can be used to address a shift in their states from abuse of opioids and fentanyl to the abuse of methamphetamine and poly-substances and, in at least one state, cocaine.

Subcommittee chair Diana DeGette (D-MI) suggested that a "fourth wave" of the opioid crisis has already arrived, in the form of a huge increase in methamphetamine abuse. She noted that, in 2018, there were more than twice as many deaths involving methamphetamine as in 2015, and that "meth is increasingly turning up in overdose deaths and drug busts across the country."

In fact, an October 25 [analysis by the Centers for Disease Control and Prevention](#) found that while drug overdose deaths appear to be down for the first time since 1990, methamphetamine-related deaths were 21 percent to 38 percent of the drug overdose deaths in 2017 in 19 states west of the Mississippi, and the leading drug overdose killer in those states.

Federal funding in the past three years has been specifically earmarked for opioids, but the FY 2020 funding measure allows states to use some of the money to treat abuse of stimulants. However, the state officials said they need even more flexibility in setting up programs for people addicted to multiple substances. They also said states need more sustainable funding streams, instead of annual grants.

North Carolina was the only one of the five states testifying that has not expanded Medicaid. When asked if his state could have benefited from expansion in treating opioid abuse, North Carolina's Kody Kinsley said North Carolina would have had in excess of \$4 million in additional Federal funding for the effort, which could have been used to train providers in administering Medication Assisted Treatment (MAT). Kinsley said that the grant had facilitated the treatment of 12,000 uninsured patients, but that Medicaid expansion would have covered 426,000, perhaps reducing overdose deaths by 415. With the opioid block grant funding alone, opioid overdose deaths in North Carolina dropped by 9 percent from 2017 to 2018.

Among the programs the states said they had used the opioid block grant moneys for were:

- education loan repayment programs for treatment professionals who agree to subsequently provide opioid treatment services in high need areas;
- harm-reduction syringe exchange programs;
- medication-Assisted Treatment purchasing and distribution programs and MAT training programs;
- treatment of incarcerated individuals and care transitions for formerly incarcerated individuals who had been treated;
- prescription monitoring programs;
- mobile treatment units; and
- peer support specialists in emergency rooms.

When asked what Congress could do further to address substance use disorders, in addition to providing flexibility, the states were unanimous in asking for:

- alignment of the law underlying 42 CFR Part 2 with HIPAA disclosure restrictions, in order to facilitate care integration;
- elimination of the prohibition against Medicaid coverage for incarcerated individuals; and
- elimination of the Drug Enforcement Administration restrictions on treating more than 30 patients using buprenorphine.



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[SAVE THE DATE: May 10 to 12 Zero Suicide International 5 Conference in Liverpool, England](#)

[Nominate a Dr. Jan Mokkenstorm International Zero Suicide Visionary Award Winner](#)

[Now Recruiting for CSC On Demand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care](#)

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# Intensive Crisis Intervention Produces Sustained Reduction in Suicidal Ideation Among Youth

A short-term intensive crisis intervention program significantly reduced and, post-treatment, sustained a reduction in suicidal ideation among youth, according to results published online in the July 2019 [Child and Adolescent Mental Health](#).

Intensive Crisis Intervention (ICI) is a brief, three-phase, cognitive-behavioral, family-centered treatment that is delivered within a crisis stabilization setting. ICI was developed to provide an alternative to longer inpatient psychiatric care for youth in acute suicidal risk. The ICI model emphasizes learned, maladaptive responses to stressors that are contributing to suicidal ideation. Trained ICI clinicians engage adolescents and their family supports in behavioral and cognitive coping interventions when faced with suicidal triggers.

The three phases are designed to occur over a course of three days. During the first phase, a clinical team assesses what led up to the suicidal crisis and develops a treatment plan. The second phase involves the youth participating in three individual sessions and two family sessions to learn healthy strategies for coping with stressors. In the third phase, the clinical team and family agree that the patient can safely return home, which includes safety planning and linkage to community support services.

Lead researcher Sandra M. McBee-Strayer, Ph.D., Center for Suicide Prevention and Research at Nationwide Children's Abigail Wexner Research Institute, and her colleagues piloted the program to determine if the ICI model reduces suicidal ideation in youth three months after the intervention takes place. Research was conducted at a Youth Crisis Stabilization Unit (YCSU) affiliated with Nationwide Children's Hospital in Columbus, Ohio. YCSU is a ten-bed facility that provides

intensive behavioral health services to youth and their families 24 hours a day, seven days a week.

Suicidal ideation was measured using the Suicidal Ideation Questionnaire–Junior (SIQ-JR); psychosocial functioning was measured with the Columbia Impairment Scale (CIS); and feasibility was evaluated by monitoring treatment adherence and achievements in outcome goals. The researchers collected data during YCSU admission, 30 days post-discharge, and 3 months post-discharge to assess suicidal behaviors and functioning over time.

The pilot was conducted over a two-year period with 50 adolescents admitted to ICI program at YCSU (average age 15.1 years; 86 percent female; 78 percent Caucasian). The mean score on the SIQ-JR was 54.3, with a score of 31 or higher being required to participate in the study). Psychosocial functioning testing revealed higher levels of anxiety and depression.

Follow-up data showed that 30 days after receiving ICI treatment the mean SIQ-JR score was 20.9. At the three-month mark the mean score was 20.1, indicating an improvement of 33.2 points. During the three-month follow-up, four participants (11 percent) reported attempting suicide. McBee-Strayer and colleagues indicate that 11 percent is consistent with rates found in previous studies of adolescent suicidal behaviors.

These findings provide the foundational groundwork for future studies to determine if the ICI model is a feasible treatment option for adolescents with suicidal behaviors. The authors caution that their sample size was comprised primarily of Caucasian female youth and further investigations should include a more diverse population sample.



## Suicide Prevention Resource Center

### On-Line Course: Locating and Understanding Data for Suicide Prevention

**Course Description:** Effectively preventing suicide requires an understanding of who is attempting and dying by suicide, where the problem is most severe, and under what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and others? *Locating and Understanding Data for Suicide Prevention* presents a variety of data sources that are useful for finding information about suicide deaths, suicide attempts, and suicidal ideation. This course also explains key concepts that will help you better understand the data you find.

After completing this course, you will be able to:

- Define and understand the difference between suicide deaths, suicide attempts, suicide ideation, and risk and protective factors for suicide.
- Explain key terms essential to accurately interpreting data and making meaningful comparisons; this includes counts, rates, and trends.
- Identify some commonly used and readily accessible online national data sources, and the type of data that is available from each source.
- Identify some alternative data sources that may be available in states and communities, the type of data available from these sources, and considerations when approaching organizations and agencies for these data.
- Think critically about the strengths and limitations of a given data source.

This course is open to anyone. We highly recommend it for any professional involved in national, state or community suicide prevention.

**Course Length:** This course can be completed in approximately two hours. You do not have to complete the course in one session. You can exit the course at any time and return later to the place where you left off.

**Certificate of Completion:** To receive a certificate of completion, you must do the following online: complete each lesson, pass the posttest (passing score is 80% or higher), and answer the feedback survey questions. You can earn a certificate of completion once per year for each course. We do not offer continuing education credits for any of our courses.

[ENROLL HERE](#)

## How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its [Crisis Now](#) partners—the [National Suicide Prevention Lifeline and Vibrant Emotional Health](#), the [National Action Alliance for Suicide Prevention](#), the [National Council for Behavioral Health](#), and [R.I. International](#)—have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person's perspective, whether that's an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university choosing legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

#CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of [CrisisNow.com](#), a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit [www.CrisisNow.com/talk](#).

### THIS WEEK: Dr. Ira Katz Says Examining Overall Mortality Shines a Light on Opportunities for Suicide Prevention

Earlier this year, Ira R. Katz, M.D., Ph.D., and his colleagues at the Office of Mental Health and Suicide Prevention at the U.S. Department of Veterans Affairs (VA) released a ground-breaking study, finding that VA patients were at high risk for premature mortality after discharge from psychiatric hospitalization, especially in the first one to three months after discharge. The researchers looked at all-cause and cause-specific mortality of 3,829 VA patients who died within the first year after release from VA inpatient health units in 2013 and 2014. Deaths were classified as mortality due to suicide, external causes, or natural causes. External causes were those deemed accidental or undetermined, and fatalities that fell under natural causes included cancer, circulatory and lung diseases, dementia, and infectious diseases.

Dr. Katz says that while he expected suicide rates would be higher within 90 days post-discharge as compared to the remainder of the first year, he was surprised to learn that there was a disproportionate number of deaths from other external causes during that same timeframe. Slightly more than 19 percent of suicides after discharge occurred in the first 30 days, and 39.9 percent happened within the initial 90 days. In terms of other external-cause deaths, 13 percent took place in the first 30 days, and there were high rates throughout the year. "We were looking at what else happens to our patients and found that the rates of other external deaths in the year after discharge were greater than the rate of suicide among younger veterans discharged from our facilities. In fact, deaths from accidental overdoses and injuries were more frequent than deaths from suicide."

[LEARN MORE](#)

#### Crisis Now Partners:

**The National Association of State Mental Health Program Directors (NASMHPD)**, founded in 1959 and based in Alexandria, VA, represents the \$41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD (pronounced "NASH-bid") is the only national association to represent state mental health commissioners/directors and their agencies, and serves as the lead for [www.CrisisNow.com](#).

**The National Suicide Prevention Lifeline and Vibrant Emotional Health** provides free and confidential emotional support and crisis counseling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health, the Lifeline engages in innovative public messaging, development of best practices in mental health, creative partnerships, and more to improve crisis services and advance suicide prevention for all. [www.suicidepreventionlifeline.org](#) | [www.vibrant.org](#) | [www.twitter.com/800273TALK](#)

**The National Action Alliance for Suicide Prevention** is the public-private partnership working with more than 250 national partners advancing the National Strategy for Suicide Prevention with the vision of a nation free from the tragic experience of suicide and a goal of reducing the annual suicide rate 20 percent by 2025. Administered by EDC, Inc., the Action Alliance was the catalyst for the Zero Suicide Healthcare and Crisis w: Transforming Services innovations. [www.theactionalliance.org](#) | [www.edc.org](#) | [www.twitter.com/Action\\_Alliance](#)

**The National Council for Behavioral Health** is the unifying voice of America's health care organizations that deliver mental health and addictions treatment and services. Together with their 3,000 member organizations serving over 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. The National Council introduced Mental Health First Aid USA and have trained more than 1.5 million Americans. [www.thenationalcouncil.org](#) | [www.mentalhealthfirstaid.org](#) | [www.twitter.com/NationalCouncil](#)

**RI International (d/b/a for Recovery Innovations, Inc.)** is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what's strong, not what's wrong. More than 50% of employees report a lived experience with mental health, and the "Fusion Model" crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. [www.riinternational.com](#) | [www.zerosuicide.org](#) | [www.twitter.com/RI\\_International](#)



**32<sup>nd</sup> Annual Tuerk Conference**  
on Mental Health & Addiction Treatment



Kevin Lindamood



Beth Macy



Ashish Alfred



Carlo C. DiClemente

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Recovery Network • Total Health Care • Tuerk House • Turning Point Clinic  
University of Maryland, Drug Treatment Centers  
University of Maryland Medical System, EAP  
University of Maryland, Psychiatry, Division of Addiction Research and Treatment  
Warwick Manor Behavioral Health



## Webinar: Innovative Approaches to Housing for People with Opioid Use Disorder

**Thursday, January 30, 2020, 12:00 p.m. to 1:00 p.m. E.T.**

Housing is critical to health and well-being, which makes addressing the link between substance use disorders and housing instability all the more important as communities seek to address the opioid epidemic.

In a recent [ASPE report](#), Abt identified several promising housing models that support recovery from opioid use disorder (OUD), including HomeSafe (FAMILYConnections NJ) and HousingNow (Pathways to Housing PA). Join Abt experts and representatives of these two programs during this free webinar to learn about challenges and solutions to providing housing for individuals with OUD, including how these models can be replicated in other communities.

### Speakers:

- Emily Rosenoff, Acting Director, Division of Long-Term Care Policy, ASPE
- Meghan Henry, Housing Expert, Abt Associates
- Sarah Steverman, Behavioral Health Expert, Abt Associates
- Alexandra Riley, Director of Programs, FAMILYConnections NJ
- Christine Simiriglia, President & CEO, Pathways to Housing PA



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## National Council of State Legislatures 2020 LEGISLATIVE SESSION CALENDAR (Updated January 2, 2020)

State	Convene	Adjourn	State	Convene	Adjourn	State	Convene	Adjourn
Alabama	February 4	May 19	Louisiana	March 9	June 1	Ohio	January 15	*
Alaska	January 21	May 20	Maine	January 8	April 15	Oklahoma	February 3	May 29
Arizona	January 13	April 25	Maryland	January 8	April 6	Oregon	February 3	March 8
Arkansas	April 8	May 7	Massachusetts	January 1	*	Pennsylvania	January 7	*
California	January 6	November 30	Michigan	January 8	*	Rhode Island	January 7	*
Colorado	January 8	May 7	Minnesota	February 11	May 18	South Carolina	January 14	*
Connecticut	February 5	May 6	Mississippi	January 7	May 10	South Dakota	January 14	March 30
Delaware	January 14	June 30	Missouri	January 8	May 15	Tennessee	January 14	April 22
Florida	January 14	March 13	Montana			Texas		
Georgia	January 13	March 27	Nebraska	January 8	April 23	Utah	January 27	March 12
Hawaii	January 15	May 7	Nevada			Vermont	January 7	May 8
Idaho	January 6	March 27	New Hampshire	January 8	June 30	Virginia	January 8	March 7
Illinois	January 8	*	New Jersey	January 14	*	Washington	January 13	April 28
Indiana	January 6	March 13	New Mexico	January 21	February 20	West Virginia	January 8	March 7
Iowa	January 13	April 21	New York	January 8	*	Wisconsin	January 14	May 13
Kansas	January 13	April 3	North Carolina	January 14	Mid July	Wyoming	February 10	March 6
Kentucky	January 7	April 15	North Dakota			District of Columbia	January 2	*

\*Legislature Meets Throughout the Year

## WEBSITE FOR THE SAMHSA-SPONSORED

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## Solicitation for Applications



### SAMHSA'S GAINS Center Seeks Experienced Trainers to Participate in Trauma - Informed Responses Train-The-Trainer (TTT) Event **Applications Due Friday, February 21**

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), is known nationally for its work regarding people with behavioral health needs involved in the criminal justice system. Each year, the GAINS Center provides its trauma-informed responses training, *How Being Trauma-Informed Improves Criminal Justice System Responses*, to the field via direct deliveries and Train-The-Trainer (TTT) events. The target audiences for the training program are primarily community-based criminal justice system professionals, including law enforcement, community corrections (probation, parole, and pre-trial services), court personnel, as well as human service providers that serve adult justice-involved populations.

To find out more about *How Being Trauma-Informed Improves Criminal Justice System Responses* training program, please visit the GAINS Center website here: <https://www.samhsa.gov/gains-center>

The GAINS Center is now soliciting applications from experienced trainers (individuals) who are interested in developing their capacity to provide trauma-informed training in their local agencies/communities via the GAINS Center's *How Being Trauma-Informed Improves Criminal Justice System Responses* training program. Selected applicants will learn to facilitate the training via a centralized Train-The-Trainer (TTT) event and subsequently deliver the training program in their local communities across the country. While not a requirement to apply to this opportunity, this year's training events will place special emphasis during the selection process on applicants who provide training to drug courts and/or re-entry programs.

The GAINS Center is offering this event to experienced trainers who successfully complete the application process at no cost to the participant. **While participants must cover their own travel expenses, there are no fees for registration, tuition, materials, or follow-up technical assistance and support associated with the event.** If this TTT event for individuals is of interest to you, please review the solicitation and submit your completed application form to the GAINS Center no later than **February 21, 2020**.

**Don't miss this exciting opportunity to become the local "expert" in this training program for your agency or community!**

To download the solicitation for the *How Being Trauma-Informed Improves Criminal Justice System Responses* TTT Event for Individual Trainers, [click here](#)

There are three TTT events scheduled for **June 10-11, July 22-23 & August 12-13, 2020** at the Sage Colleges in Albany, NY, so please note the dates before applying. You will be expected to attend one of these full two-day trainings.

We thank you in advance for your interest, and look forward to reviewing your application.

*SAMHSA's GAINS Center for Behavioral Health and Justice Transformation Funded by the Substance Abuse and Mental Health Services Administration.*



### GAINS Webinar: Screening and Assessment Across the Sequential Intercept Model, Part II **Tuesday, January 21, 2 p.m. to 3:00 p.m. E.T.**

Across the U.S., many individuals with mental and/or substance use disorders interface with the criminal justice system due to a lack of access to community-based resources. During their involvement with the justice system, it is important that people receive appropriate screenings and assessments to enable linkage to critical resources, services, treatment, and diversion programs. SAMHSA's GAINS Center is proud to present two webinars to support the use of screening and assessment across the Sequential Intercept Model.

This second webinar will walk participants through various real-life scenarios to learn how to apply screening and assessments at various points across the intercepts. Guidance will be provided on how to use the valuable data gathered to best support individuals with behavioral health disorders who are interfacing with the criminal justice system, as well as, to improve the effectiveness of local criminal justice and behavioral health systems.

**[REGISTER HERE](#)**





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Don't miss out on all #ADAA2020 has to offer! The conference includes 150+ sessions highlighting cutting-edge research and clinical practice treatment concepts centered around anxiety, depression, and co-occurring disorders. With a wide offering of innovative presentations and workshops eligible for CE or CME credits or hours, the 2020 annual conference is the place to be March 19-20, 2020 in San Antonio, Texas. [Register today](#) to gain access to great learning and networking opportunities and to benefit from the lowest rate available.

Not a member? [Join now](#) to take advantage of these low registration rates and receive a year of [ADAA member benefits](#).

Is your practice or institution planning to send more than 4 attendees to #ADAA2020? Click [here](#) to learn how you can qualify for additional savings through Group Registration. (Group registration is only available to current ADAA members.)

Check out the latest event and agenda information below.

#### Thursday, March 19, 2020

**Keynote Address:** Resilience in Science and Practice: Pathways to the Future, Ann S. Masten, Ph.D.

**Trending Topics:** Cannabis, Anxiety, and Depression: Cause for Pause or Peace of Mind? Staci Gruber, Ph.D.

**12 Master Clinician Sessions** which will inspire, educate, and challenge you to solve problems and achieve breakthroughs

**Timely Topics:** Experts provide clinicians and other attendees with accessible evidence-based information on timely topics encountered in the practice setting.

#### Friday, March 20, 2020

**Jerilyn Ross Lecture:** The State of the Art of Toxic Stress and Resilience Research: Implications for Best Practices with Vulnerable Populations, Joan Kaufman, Ph.D.

**Clinical Practice Symposium:** The Nuts and Bolts of Working With PTSD, Depression, and Micro-Aggressions with Minority Clients Through the Lenses of CBT, ACT, and FAP

**Scientific Research Symposium:** Resilience From Research to Practice

#### Saturday, March 21, 2020

**Science Spotlights:** Targeting Biological Mechanisms of Resilience to Identify New Therapeutics for Depression and PTSD and A Walk Through the Lifecycle of the Memory Engram

**Plan now to stay through Saturday night for ADAA's 40<sup>th</sup> Anniversary Celebration, featuring live entertainment, award recognitions, tributes to our longtime ADAA members, a memorable culinary experience, opportunities to meet and network with ADAA members and peers, and more.**

#### The San Antonio Marriott Rivercenter - #ADAA2020 Conference Hotel

The 2020 ADAA Annual Conference (March 19-22) will be held at the San Antonio Marriott Rivercenter (101 Bowie Street, San Antonio, TX 78205) on the San Antonio River. Conference activities including all sessions, exhibits, and receptions take place at the San Antonio Marriott Rivercenter, which will be newly renovated in February. Plan to be there Saturday night (March 21) to help ADAA celebrate our 40th Anniversary! Rooms sell out quickly in San Antonio – so don't delay! Special ADAA Rate: \$229 Single/Double

>> Click Here to Book  
Your Hotel Room Today

#### La Quinta San Antonio Riverwalk -

La Quinta is located directly across the street from the headquarters hotel and a 1-minute walk to the conference rooms at the Marriott Rivercenter. A complimentary breakfast is provided for overnight guests. Rooms sell out quickly in San Antonio – so don't delay! Special ADAA Rate: \$199 Single/Double

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Please reserve your room prior to February 24, 2020.



# Scaife Medical Student Fellowship in Substance Use Disorders



2020 APPLICATIONS NOW OPEN!

## Scaife Medical Student Fellowship in Substance Use Disorders

An intensive learning experience about addiction and its treatment far beyond anything students may have encountered in their prior medical school education or clinical rotations.

Two available sessions:

- SESSION 1: JUNE 8 - 26, 2020
- SESSION 2: JULY 6 - 24, 2020

Program consists of:

- Lectures
- A variety of site visits
- Patient contact
- Group sessions with clients
- Training with standardized patients
- Shadowing with residents and physicians
- Opportunities to present what students have learned



**We are now accepting for the 2020 Scaife Fellowship! The application period closes February 28.**

We are excited to announce that the application period for the 2020 Scaife Medical Student Fellowship in Substance Use Disorders is now open! The specialized program offers medical students an intensive learning experience about addiction and its treatment. Medical students interested in all specialties, not only addiction medicine, are encouraged to apply! Please share with any colleagues, friends, or anyone else you know who may be interested.

**LEARN MORE & APPLY**

January 27 Webinar || #SDOH || @NIHCMfoundation  
1:00 p.m. to 2:30 p.m. E.T.

## SOCIAL DETERMINANTS OF HEALTH Technology and Workforce Approaches



The social determinants of health - defined as the conditions in which people are born, grow, live, work and age - influence 50% of health outcomes. Recognizing that addressing unmet social needs can have an outsized impact in improving health, leaders are leveraging technology and nonmedical professionals to meet people where they are.

This webinar will explore:

- A national initiative bringing together public health stakeholders to systematically implement and sustain social determinants of health efforts
- An innovative federal model testing whether addressing health-related social needs of Medicare and Medicaid beneficiaries improves outcomes
- How a health plan is partnering with social workers to help patients with housing, transportation, utilities and more

**REGISTER HERE**

## **PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) ON-DEMAND WEBINAR: PCORI Research Documents the Impact of Peer Navigators in Enhancing Health Goals of People with Serious Mental Illness**

People with serious mental illness (SMI) get sick and die from 10 to 20 years younger than same-age peers. Morbidity and mortality are even worse when the person is of color or from low socioeconomic status. Fragmented health care systems are one of the major reasons why people with SMI suffer health challenges. These systems often lack primary and integrated care clinics, and those clinics that do exist are often not readily available given existing public transportation. Entitlement programs are minimal or inaccessible. Service teams fail to master cultural competence.

Patient navigators are one way to deal with fragmented health care. Patient navigators are paraprofessionals who offer practical, in-the-field support to assist people with SMI to engage in healthcare. Their service is hands-on, including assisting the person to make appointments, accompanying them to the clinic, entering the exam room, waiting for labs, and managing prescriptions; the person with SMI is in charge of all elements of this process. Patient navigators use counseling skills to provide a supportive relationship and join the person with SMI in ongoing health decisions and action.

Peer navigators are people in recovery from SMI who provide the same navigator services. They share lived experience in mental illness and, through strategic interactions, can use common history to engage the person with SMI in navigation. They are also peers because they are often drawn from the same ethnic group, SES, and community. Cultural competence is enhanced as a result.

As part of a PCORI-dissemination award, Patrick Corrigan from the Chicago Health Disparities Center ([www.Chicagohealthdisparities.org](http://www.Chicagohealthdisparities.org)) has worked with a team of peer service providers to develop a webinar summarizing research and practice findings. Corrigan's group is providing the webinar for free in real-time or as an online archived resource to any interested group. Corrigan's team is also able to attend conferences to present the information face-to-face; all costs will be covered by his center. Corrigan can be reached at [corrigan@iit.edu](mailto:corrigan@iit.edu).



### **SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**

#### **Assisted Outpatient Treatment Program for Individuals with Serious Mental Illness (SM-20-006)**

**Funding Mechanism: Grant**

**Anticipated Total Available Funding: \$13,398,000**

**Anticipated Number of Awards: 14**

**Anticipated Award Amount: Up to \$1,000,000 per year**

**Length of Project: 4 years**

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

**Application Due Date: Friday, January 24, 2020**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (Short title: Assisted Outpatient Treatment [AOT]). This four-year program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with courts to allow these individuals to obtain treatment while continuing to live in the community and their homes.

**Eligibility:** Eligible Applicants are: states, counties, cities, mental health systems (including state mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant is located to implement, monitor, and oversee AOT programs. Applicants must operate in jurisdictions that have in place an existing, sufficient array of services for individuals with serious mental illness (SMI), such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma informed care.

#### **Contacts:**

**Program Issues:** David Barry, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-0116, [david.barry@samhsa.hhs.gov](mailto:david.barry@samhsa.hhs.gov).

**Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, [FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov).

## SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS

### Disaster Response Grant Program – School-Based Services (SG-20-003)

**Funding Mechanism:** Grant

**Anticipated Number of Awards:** 70

**Length of Project:** 18 months

**Anticipated Total Available Funding:** \$70 million

**Anticipated Award Amount:** From \$1M for 18 months

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

**Application Due Date:** Wednesday, February 12, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year (FY) 2020 Disaster Response Grant Program – School-Based Services. The purpose of this program is to provide mental and substance use disorder treatment, crisis counseling, and other related supports to children in school-based settings impacted by Hurricanes Florence and Michael, Typhoon Mangkhut, Super Typhoon Yutu, and wildfires and earthquakes occurring in Calendar Year 2018 and tornadoes and floods occurring in Calendar Year 2019 in those areas for which a major disaster or emergency was declared under § 401 or 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5170 and § 5191) (referred to under this heading as “covered disaster or emergency”), including activities authorized under § 319(a) of the Public Health Service Act. SAMHSA recognizes the impact natural disasters can have, particularly on youth, and is providing funding to mitigate this impact.

**Eligibility:** Eligible applicants are domestic public and private nonprofit entities in affected areas. Affected Areas include those impacted by: Hurricanes Florence and Michael, Typhoon Mangkhut, Super Typhoon Yutu, and wildfires and earthquakes occurring in Calendar Year 2018 and tornadoes and floods occurring in Calendar Year 2019 in those areas for which a major disaster or emergency was declared under § 401 or 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170 and 5191) (referred to under this heading as “covered disaster or emergency”), including activities authorized under section 319(a) of the Public Health Service Act.

**Contact: Program & Grant Management and Budget Issues:**

Odessa Crocker, Office of Financial Resources, Division of Grants Management, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1078, [odessa.crocker@samhsa.hhs.gov](mailto:odessa.crocker@samhsa.hhs.gov).

### Disaster Response Grant Program – Services for Adults (SG-20-004)

**Funding Mechanism:** Grant

**Anticipated Number of Awards:** 30

**Length of Project:** 18 months

**Anticipated Total Available Funding:** \$30 million

**Anticipated Award Amount:** From \$1M for 18 months

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

**Application Due Date:** Wednesday, February 12, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year (FY) 2020 Disaster Response Grant Program – School-Based Services. The purpose of this program is to provide mental and substance use disorder treatment, crisis counseling, and other related supports to adults impacted by Hurricanes Florence and Michael, Typhoon Mangkhut, Super Typhoon Yutu, and wildfires and earthquakes occurring in Calendar Year 2018 and tornadoes and floods occurring in Calendar Year 2019 in those areas for which a major disaster or emergency was declared under § 401 or 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5170 and § 5191) (referred to under this heading as “covered disaster or emergency”), including activities authorized under § 319(a) of the Public Health Service Act. SAMHSA recognizes the impact natural disasters can have and is providing funding to mitigate this impact.

**Eligibility:** Eligible applicants are domestic public and private nonprofit entities in affected areas. Affected Areas include those impacted by: Hurricanes Florence and Michael, Typhoon Mangkhut, Super Typhoon Yutu, and wildfires and earthquakes occurring in Calendar Year 2018 and tornadoes and floods occurring in Calendar Year 2019 in those areas for which a major disaster or emergency was declared under § 401 or 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5170 and § 5191) (referred to under this heading as “covered disaster or emergency”), including activities authorized under § 319(a) of the Public Health Service Act.

**Contact: Program & Grant Management and Budget Issues:**

Odessa Crocker, Office of Financial Resources, Division of Grants Management, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1078, [odessa.crocker@samhsa.hhs.gov](mailto:odessa.crocker@samhsa.hhs.gov).





## SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

### Family Support Technical Assistance Center (FG-20-002)

**Funding Mechanism: Grant**

**Anticipated Number of Awards: 1**

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

**Anticipated Total Available Funding: \$800,000**

**Anticipated Award Amount: \$800,000 per year**

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

**Application Due Date: Friday, February 28, 2020**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2020 Family Support Technical Assistance Center (Fam-CoE). SAMHSA recognizes both the critical role families play in addressing mental and substance use disorders and the toll such disorders take on families across the country. The Fam-CoE will focus on training and education of the general public and healthcare practitioners on the importance of family supports and services and the integration of these services into mental and substance use disorder treatment programs. The Fam-CoE will also provide much needed resources and education directly for families.

The recipient is expected to implement the following activities.

- Provide up-to-date information and education related to the inclusion of family support services in the treatment of individuals with mental disorders, including serious mental illness (SMI) and serious emotional disturbance (SED), substance use disorders (SUDs), or co-occurring mental and SUDs. Training and education should be provided on support services such as family counseling; family group sessions; family peer support; parenting services; and services for children of individuals with mental or substance use disorders.
- Information and education must be offered to the public with a focus on reaching families of those affected by mental and substance use disorders. It must address the epidemiology, genetics, manifestation(s) of illness, course of illness, treatment and recovery services for major mental and substance use disorders in adolescents and adults, and serious emotional disturbance in children.
- Provide specialized training to provider organizations, practitioners, and the public, on communication during times of medical or psychiatric emergency and other critical situations with families. Privacy rules are often misunderstood to mean that no communication is permitted with families. A major role of the FamCoE will be to assist in clarifying these privacy regulations, including HIPAA and 42 CFR Part 2, which do permit communication by healthcare providers with family during times of medical or mental health emergency. It will be expected that the Fam-CoE will collaborate closely with the SAMHSA-sponsored Protected Health Information Center of Excellence to develop and disseminate this information.
- Provide publically available training, which includes providing Continuing Education Units (CEUs) for various healthcare professionals/Continuing Medical Education (CME) credit for physicians who participate in training activities, including, but not limited to, webinars, online distance education, and classroom-style trainings. There must be systematic and ongoing outreach to healthcare professionals/healthcare professional organizations to make providers aware of training opportunities offered by FAM-CoE.
- Provide comprehensive resources and training modules for family members to assist families with recognizing signs and symptoms of mental/substance use disorders and steps to take if such symptoms are identified. Resources should be provided to assist family members in identifying treatment resources for loved ones, as well as identifying supports for the family.
- Training and technical assistance (TTA) should be delivered in a variety of modalities including self-paced online learning modules; webinars; products/materials; and in-person intensive training on implementation strategies that will directly enhance family support services across the nation.
- Coordinate with other SAMHSA TTA providers, including the *SMI Advisor*, SAMHSA-sponsored regional Substance Abuse Prevention, Addiction and Mental Health Technology Transfer Centers; Opioid Response Network; Providers' Clinical Support System for Medication Assisted Treatment; the Addiction Peer Recovery Technical Assistance Center; and the Service Members, Veterans, and Families TA Center.
- Develop a system of ongoing environmental scans to assure that best practices/evidence-based practices are consistently being presented and updated as information becomes available. This includes working with SAMHSA to address new topic areas/evidence-based practices that require a focus by this resource center and dissemination of those practices.

**Eligibility:** Domestic public and private non-profit entities.

#### Contacts:

**Program Issues:** Humberto Carvalho, Office of Financial Resources, Substance Abuse and Mental Health Services Administration (SAMHSA), (240) 276-2974, [Humberto.carvalho@samhsa.hhs.gov](mailto:Humberto.carvalho@samhsa.hhs.gov).

**Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, [FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov).



## SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

### Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Circles of Care) (SM-20-10)

**Funding Mechanism: Grant**

**Anticipated Number of Awards: 17**

**Length of Project: Up to 3 years**

**Anticipated Total Available Funding: \$5,492,314**

**Anticipated Award Amount: Up to \$310,000 per year**

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

**Application Due Date: Monday, March 9, 2020**

**Anticipated Project Start Date: August 30, 2020**

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Circles of Care) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, evidence and community-based, coordinated system of care to support mental health for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grant recipients will focus on the need to reduce the gap between the need for mental health services and the availability of such services for the target population. The program has a strong emphasis on cross-system collaboration, inclusion of family, youth and community resources, and cultural approaches.

Circles of Care grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Identify a structure (i.e. advisory boards, workgroups, task force) and process that will provide ongoing guidance to project staff and promote the sense of community ownership. The identified structure may be a new or existing group, but must include representation from partner agencies, elected tribal officials and other decision makers, in addition to a variety of community members including youth and families as equal partners.
- Assure that orientation and ongoing training on the systems of care approach is provided to a wide audience for the purpose of workforce development through the life of the grant and beyond.
- Use a community-based process that is culturally appropriate and actively engages community members, key stakeholders, youth, elders, spiritual advisors, and tribal leaders throughout the life of the grant.
- Engage various sectors of the community to participate in the systems of care approach through outreach and educational strategies to sectors such as schools, the faith community, the housing community, and the justice system, in addition to healthcare systems.
- Conduct network development and collaboration activities, including ongoing training, for child and youth service providers, paraprofessionals and other informal support providers such as traditional healers, community natural helpers, youth peer leaders, and family members.
- Implement a community-based system of care model, or "blueprint", for how child/youth mental health and wellness services and supports will be provided in the community. Use a variety of ongoing consensus-building activities with continuous feedback from the community to develop the model, which should be holistic, community-based, culturally competent, family-driven, and youth-guided across multiple agencies.
- Formalize interagency commitments for collaboration and coordination of services and develop policies, corresponding funding streams, and other strategies for how the system of care model, or "blueprint", can be put into action.
- Identify an area in which services can be piloted to ensure that the infrastructure being created under this program is useful for its intended purpose. Services such as school-based mental health, educational, vocational, or family support services for children, youth, and families should be piloted. Recipients have the flexibility to choose the pilot location and service delivery type.

#### **Eligibility:**

- Federally recognized American Indian/Alaska Native (AI/AN) tribes;
- Urban Indian Organizations;
- Consortia of tribes or tribal organizations; and
- Tribal colleges and universities (as identified by the American Indian Education Consortium).

Prior Circles of Care recipients are ineligible to apply.

**Program Issues:** Amy Andre, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), (240) 276-1132, [amy.andre@samhsa.hhs.gov](mailto:amy.andre@samhsa.hhs.gov).

**Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, [FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov).



## Department of Veterans Affairs Notice of Funding Availability: Homeless Providers Grant and Per Diem Program

***Application Date Deadline: March 2, 2020. 4:00 p.m. E.T.  
Awards are for services to begin October 1, 2020.***

The Department of Veterans Affairs (VA) is announcing the availability of per diem funds to eligible entities to provide transitional housing beds or service centers for Veterans who are homeless or at risk for becoming homeless under VA's Homeless Providers GPD Program models. VA expects to fund approximately 11,500 beds and approximately 20 service center applications with this Notice of Funding Availability (NOFA) for applicants who will offer one or a combination of the transitional housing bed models (i.e., Bridge Housing, Low Demand, Hospital-to-Housing, Clinical Treatment and Service-Intensive Transitional Housing) and for applicants who will offer service centers. Funding is based on a variety of factors including the quantity and quality of applications as well as the availability of funding.

Each application must request either transitional housing bed model(s) or service center(s). Although transitional housing applications and service center applications are standalone applications, they will be reviewed, scored and selected for funding together. They will be selected based on their ranked order among all the applications submitted in response to this NOFA.

**Grants:** Limit is 65 percent of the costs of construction, renovation, or acquisition of a building for use as service centers or transitional housing for homeless Veterans. Renovation of VA properties is allowed, acquiring VA properties is not. Recipients must obtain the matching 35 percent share from other sources. Grants may not be used for operational costs, including salaries.

**Per Diem:** Priority in awarding the Per Diem funds goes to the recipients of Grants. Non-Grant programs may apply for Per Diem under a separate announcement, when published in the Federal Register, announcing the funding for "Per Diem Only."

Operational costs, including salaries, may be funded by the Per Diem Component. For supportive housing, the maximum amount payable under the per diem is \$48.50 per day per Veteran housed. Veterans in supportive housing may be asked to pay rent if it does not exceed 30 percent of the Veteran's monthly-adjusted income. In addition, "reasonable" fees may be charged for services not paid with Per Diem funds. The maximum hourly per diem rate for a service center not connected with supportive housing is 1/8 of the daily cost of care, not to exceed the current VA State Home rate for domiciliary care. Payment for a Veteran in a service center will not exceed 8 hours in any day.

**Transitional Housing Applications:** Applications are limited to up to one (1) transitional housing application per VA Medical Center (VAMC) catchment area per applicant's Employer Identification Number (EIN). Applications must include a minimum of five (5) transitional housing beds per model. Applications may include any combination of one, some or all transitional housing bed models. Choice of a model or combination of models is at the applicant's discretion. Applicants are encouraged to tailor the proposed model(s) to factors such as their own ability and the particular needs of the community. All housing model(s), site(s) and beds being proposed by the applicant for the VAMC catchment area must be included within a single application. If more than one (1) application per VAMC catchment area per applicant's EIN is received by the due date and time, VA will consider only one (1) application. VA reserves the right to select which application to consider based on the submission dates and times or based on other factors.

Applicants are encouraged to consider the need in their community for transitional housing models that are more focused (i.e., Bridge, Low Demand, Hospital-to-Housing and/or Clinical Treatment) over the transitional housing model that is more general (i.e., Service-Intensive). To that end, applicants may request up to 15 Service-Intensive beds per application. If more than 15 Service-Intensive beds are requested within the same application, then at least 60 percent of the additional beds beyond 15 must be for a transitional housing bed model(s) other than Service-Intensive. For example, an applicant applying for 50 total beds must allocate at least 21 of those beds to a housing model(s) that is not Service-Intensive (i.e., 50 total beds requested minus 15 Service-Intensive beds = 35 beds times 60 percent = 21 non-Service-Intensive beds, leaving 14 beds out of the total 50 beds for additional Service-Intensive beds and/or other beds at the applicant's discretion).

**Service Center(s) Applications:** Applications are limited to up to one (1) service center application per VAMC catchment area per applicant's EIN. Choice of site(s) and service(s) is at the applicant's discretion. Applicants are encouraged to tailor their proposed site(s) and service(s) to factors such as their own ability and the particular needs of the community. All service center(s) being proposed by the applicant for the VAMC catchment area must be included within a single application. If more than one (1) application per VAMC catchment area per applicant's EIN is received by the due date and time, VA will consider only one (1) application. VA reserves the right to select which application to consider based on the submission dates and times or based on other factors.

Note: Applications for transitional housing beds and applications for service center(s) do not have to include coverage for the entire VAMC catchment area in the application. The coverage area; however, must not exceed the VAMC catchment area identified in the application. If an applicant does not know their VAMC catchment area, they can contact the local medical facility: <https://www.va.gov/directory/guide/allstate.asp> and ask to speak with the Homeless Program.

**Eligibility:** To be eligible, an applicant must be a 501(c)(3) or 501(c)(19) non-profit organization, state or local government, or recognized Indian Tribal government that meets the requirements in 38 CFR 61.1. Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations including homeless women Veterans, etc.) are eligible for these funds. The program has two levels of funding: the Grant Component and the Per Diem Component.

**Questions:** Questions may be sent to Jeff Quarles at [VA Grant and Per Diem Program](#).

## NIMH Funding Opportunity Announcement

### Implementing and Sustaining Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Equity in Outcomes (R34 Clinical Trial Required) – RFA- MH-20-401

**Open Date (Earliest Submission Date) / Letter of Intent Date: January 24, 2020**

**Application Due Dates: February 24, 2020 & August 25, 2020, both , 5:00 p.m. Local Time of Applying Entity**

**Earliest Start Date: September 2020 & April 2021, respectively**

This Funding Opportunity Announcement (FOA) supports pilot work for subsequent studies testing the effectiveness of strategies to deliver evidence-based mental health services, treatment interventions, and/or preventive interventions (EBPs) in low-resource mental health specialty and non-specialty settings within the United States. The FOA targets settings where EBPs are not currently delivered or delivered with fidelity, such that there are disparities in mental health and related functional outcomes (e.g., employment, educational attainment, stable housing, integration in the community, treatment of comorbid substance use disorders, etc.) for the population(s) served. Implementation strategies should identify and use innovative approaches to remediate barriers to provision, receipt, and/or benefit from EBPs and generate new information about factors integral to achieving equity in mental health outcomes for underserved populations. Research generating new information about factors causing/reducing disparities is strongly encouraged, including due consideration for the needs of individuals across the life span. Applications proposing definitive tests of an implementation strategy should respond to the companion R01 announcement RFA-MH-20-400.

This initiative supports pilot work in support of subsequent studies testing the effectiveness of strategies to deliver EBPs in low-resource settings in the United States, in order to reduce disparities in mental health and related functional outcomes (e.g., employment, educational attainment, stable housing, integration in the community, treatment of co-morbid substance use disorders, etc.) for the population(s) served. Of interest are settings where a significant number of children, youth, adults, or older adults with or at risk for mental illnesses can be found and evidence-based mental health treatments or services are not currently delivered. Applications focused on developmental work that would enhance the probability of success in subsequent larger scale projects are also encouraged.

Developmental work might include: refining details of the implementation approach; examining the feasibility of novel approaches and technologies; examining the feasibility of data collection including administration of instruments, obtaining administrative or other types of data, etc.; enhancing the protocol for the comparison group and randomization procedures (if appropriate); examining the feasibility of recruiting and retaining participants into the study condition(s); and developing and testing supportive materials such as training curricula. Therefore, collection of preliminary data regarding feasibility, acceptability and engagement of intervention targets is appropriate. However, given the intended pilot nature of the R34 activity code, conducting fully powered tests of outcomes or attempting to obtain an estimate of an effect size may not be feasible.

The goal of this FOA is to conduct pilot work in support of subsequent studies that develop test the effectiveness of scalable implementation strategies to achieve delivery of EBPs with high fidelity in low-resource settings and significantly improve clinical and functional outcomes toward greater equity with outcomes documented the general population studies.

#### Eligible Applicants

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

The following types of Higher Education Institutions are always encouraged to apply for NIH support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native and Native Hawaiian Serving Institutions
- Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)

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

Small Businesses For-Profit Organizations Other Than Small Businesses

State Governments County Governments City or Township Governments Special District Governments

Indian/Native American Tribal Governments (Federally Recognized & Other than Federally Recognized)

U.S. Territories or Possessions Independent School Districts Public Housing Authorities Indian Housing Authorities

Native American Tribal Organizations (other than Federally recognized tribal governments)

Faith-Based or Community-Based Organizations Regional Organizations

**NOT Eligible to Apply:** Non-domestic (non-U.S.) Entities (Foreign Institutions). . Non-domestic (non-U.S.) components of U.S. Organizations. Foreign components, as defined in the NIH Grants Policy Statement.

## NIMH Funding Opportunity Announcement

### Clinical High Risk for Psychosis Research Network (U01) - RFA-MH-20-340

**Open Date (Earliest Submission Date) / Letter of Intent Date: December 31, 2019**

**Application Due Date: January 31, 2020, 5:00 p.m. Local Time of Applying Entity**

**Earliest Start Date: September 2020**

Approximately 100,000 young persons in the United States experience a first episode of psychosis every year. During the same interval, it is estimated that over one million children and adolescents experience problems in perception, thinking, mood, and social functioning suggestive of a pre-psychosis risk state. Given the highly disruptive and disabling nature of psychotic disorders, early intervention has been recommended as a means of preventing psychosis onset among at-risk individuals, as well as averting other adverse outcomes such as mood syndromes, substance abuse disorders, and functional decline in social, academic, and vocational domains.

Researchers have noted that clinical heterogeneity within the CHR population presents a substantial challenge for intervention development. Approaches for addressing this heterogeneity to enable future intervention trials require the development of tools to address: (a) defining a core set of clinical and functional outcomes beyond onset of psychosis to include affective, cognitive, and negative symptom domains and functional outcomes; (b) prospective stratification of CHR individuals into more homogeneous risk subtypes to predict the likelihood of clinical outcomes; and (c) testing of interventions that target hypothesized underlying mechanisms for emerging psychosis, mood syndromes, and functional disability.

This FOA invites applications to establish a collaborative multi-site network(s) to rapidly recruit and characterize a sufficient number of CHR participants to dissect the heterogeneity of the CHR syndrome and predict differential outcomes. The tools and results generated from these studies are anticipated to advance intervention development and treatment for the CHR syndrome.

The ultimate outcome of project(s) funded under this FOA and companion RFA-MH-20-341 will be a set of validated tools - biomarkers, biomarker algorithms, and outcome measures - for selection of help-seeking/CHR subjects for enrollment in future clinical trials, to serve as readouts of early treatment effects, and/or to monitor disease progression and clinical and functional outcomes.

#### Eligible Applicants

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

The following types of Higher Education Institutions are always encouraged to apply for NIH support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native and Native Hawaiian Serving Institutions
- Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)

Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Small Businesses

For-Profit Organizations Other Than Small Businesses

State Governments

County Governments

City or Township Governments

Special District Governments

Indian/Native American Tribal Governments (Federally Recognized & Other than Federally Recognized)

U.S. Territories or Possessions

Independent School Districts

Public Housing Authorities

Indian Housing Authorities

Native American Tribal Organizations (other than Federally recognized tribal governments)

Faith-Based or Community-Based Organizations

Regional Organizations

Non-domestic (non-U.S.) Entities (Foreign Institutions) **are** eligible to apply. Non-domestic (non-U.S.) components of U.S. Organizations **are not** eligible to apply. Foreign components, as defined in the NIH Grants Policy Statement, **are allowed**.



## NIMH Funding Opportunity Announcement

### Clinical High Risk for Psychosis: Data Processing, Analysis, and Coordination Center (U24) – RFA – MH –20 – 341

**Open Date (Earliest Submission Date) / Letter of Intent Date: December 31, 2019**

**Application Due Date: January 31, 2020, 5:00 p.m. Local Time of Applying Entity**

**Earliest Start Date: September 2020**

This Funding Opportunity Announcement (FOA) invites applications for a CHR Data Processing, Analysis and Coordination Center (DPACC) to support and extend the work of the proposed Clinical High Risk for Psychosis Research Network to be funded under RFA-MH-20-340 . The DPACC will provide oversight and coordination of two parallel lines of inquiry: 1) The aggregation of extant CHR-related data sets and subsequent secondary analyses for refinement of multi-modal biomarkers and development of biomarker algorithms that predict individual clinical trajectory and outcomes and 2) the management, direction, and overall coordination, including data processing and analysis, for a new multi-site network(s) focused on dissecting the heterogeneity of the CHR syndrome. Toward achieving the first goal, the DPACC – in conjunction with NIMH and external working groups - will identify appropriate extant CHR data sets, aggregate and harmonize the data through development of a standardized processing and analysis pipeline for each data type, upload the data to the NIMH Data Archive (NDA), use computational techniques to identify and validate biomarker algorithms and/or risk calculators that predict the clinical trajectories and outcomes for individual patients, and establish a curated public data set that will serve as a resource for the research community.

Toward achieving the second goal of acquisition of new data via establishment of multi-site CHR cohort(s), the DPACC will provide the organizational framework for the management, direction, and overall coordination of a multi-site network(s) and will lead efforts, in conjunction with NIMH and external working groups to: (a) harmonize common data elements, standard measures, and uniform data collection procedures across multiple CHR/early psychosis research sites within the network; (b) assume responsibility for quality assurance and reliability assessments; (c) insure uniform standards for adverse event reporting, safety and protocol deviation monitoring; (d) build informatics infrastructure and pipelines necessary to gather, process and upload de-identified, patient-level data collected across all research sites to NDA; (e) develop data analysis, presentation, and reporting tools to facilitate analyses of clinical and biomarker data generated by the CHR networks described in RFA-MH-20-340 ; and (f) coordinate analyses of the newly acquired data for the identification of biomarkers or biomarker algorithms that are predictive of clinical trajectories and outcomes.

#### Eligible Applicants

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

The following types of Higher Education Institutions are always encouraged to apply for NIH support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native and Native Hawaiian Serving Institutions
- Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)

Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Small Businesses For-Profit Organizations Other Than Small Businesses

State Governments County Governments City or Township Governments Special District Governments

Indian/Native American Tribal Governments (Federally Recognized & Other than Federally Recognized)

U.S. Territories or Possessions Independent School Districts Public Housing Authorities Indian Housing Authorities

Native American Tribal Organizations (other than Federally recognized tribal governments)

Faith-Based or Community-Based Organizations Regional Organizations

Non-domestic (non-U.S.) Entities (Foreign Institutions) **are not** eligible to apply. Non-domestic (non-U.S.) components of U.S. Organizations **are not** eligible to apply. Foreign components, as defined in the NIH Grants Policy Statement, **are allowed**.

**National Institute on Drug Abuse Notice of Special Interest (NOSI):  
Modeling Social Contagion of Substance Use Epidemics (NOT-DA-20-009)**

**Release Date:** January 2, 2020

**First Available Due Date:** February 5, 2020

**Expiration Date:** January 8, 2023

The purpose of this Notice is to inform potential applicants to the National Institute on Drug Abuse (NIDA) of special interest in research projects involving the application of social network theory to study the social contagion of behaviors associated with substance use disorders that can provide insight into the prediction and prevention of the contagion of substance use epidemics. Applications should make use of large data sets and data science approaches to develop computational models of social networks to examine the association between social influence and substance use/misuse among individuals and their peers.

**Background:** Social contagion is the spread of affect or behavior from person to person and among larger groups. Social network theory (the study of how people, organizations, or groups interact with others inside their network) and its analysis have been a recent focus for public health issues. Although it has been primarily used to analyze and predict the transmission of infectious diseases, social network theory can also be applied to chronic behavioral conditions, including substance use disorders, as social factors and their interactions with age and sex are important determinants of substance use.

**Research Objectives:** NIDA is interested in projects that leverage big data sets and utilize machine learning algorithms to gain new knowledge related to the behaviors associated with substance use disorders and that will facilitate the prediction, prevention and response to epidemics of substance use disorders. Analyses should involve large datasets and data science approaches to develop computational models of social networks to examine how substance use/misuse and peer use/misuse is propagated among social networks.

Areas of programmatic interest to NIDA include, but are not limited to:

- Whether the next epidemic of substance use disorders/secular trends in substance use behaviors can be predicted with social network analysis (e.g., the crack epidemic of the 1990s and the current opioid epidemic)
- How social networks can be used to prevent epidemics related to or caused by substance use behaviors
- How social networks impact substance use, misuse, and recovery processes
- New or adapted interventions that leverage social networks to prevent substance use, misuse or support recovery processes
- Relationships between “in real life” and virtual social networks in influencing substance use behaviors and recovery
- Examination of multigenerational social network models that incorporate families and family structures as vectors of social influence, including effects of familial substance use behaviors
- The effects of peer substance use/misuse on individuals within their social network
- The influences of interpersonal networks and mass media on substance use, misuse, and recovery
- How network structures (e.g., the strength of ties) influence substance use, misuse, and recovery
- The role that social media plays in influencing substance use, misuse, and recovery
- How changes in social network composition and structure influence recovery processes
- Examination of how social network structure and composition among service providers (e.g., behavioral health providers, police, physicians) influence substance use behavior and recovery outcomes for people receiving services

**Application and Submission Information:** Submit applications for this initiative using one of the following funding opportunity announcements (FOAs) or any reissues of these announcements through the expiration date of this notice.

- [PA-19-056](#): NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
- [PA-19-055](#): NIH Research Project Grant (Parent R01 Clinical Trial Required)
- [PA-19-091](#): NIH Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required)
- [PA-19-052](#): NIH Small Research Grant Program (Parent R03 Clinical Trial Not Allowed)
- [PA-19-092](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Basic Experimental Studies with Humans Required)
- [PA-19-053](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)
- [PA-19-054](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)

**Scientific/Research Contacts**

Susan Wright, Ph.D., National Institute on Drug Abuse (NIDA), (301) 402-6683, [susan.wright@nih.gov](mailto:susan.wright@nih.gov)  
Peter Hartsock, Ph.D., NIDA, (301) 402-1964, [peter.hartsock@nih.gov](mailto:peter.hartsock@nih.gov)

**Financial/Grants Management Contact**

Pamela G. Fleming, NIDA, (301) 480-1159, [pfleming@nida.nih.gov](mailto:pfleming@nida.nih.gov)

# Zero Suicide International 5

## May 10 to 12, 2020, Anfield Stadium, Liverpool, UK

in Partnership with Mersey Care NHS Foundation Trust



### Registration for the Zero Suicide International 5 Summit will open in November 2019!

Leaders from countries around the world came together in Rotterdam, the Netherlands in September 2018 for **Zero Suicide International 4**. As a result, the [2018 International Declaration](#) was produced with a video complement, [The Zero Suicide Healthcare Call to Action](#).

During the fifth international summit, our goal is to identify the three next key steps through inspiration, ideation, and implementation.

*Please note a key change for 2020:* Prior ZSI events have been invitation only. Our first three events in 2014, 2015, and 2017 were all part of the International Initiative for Mental Health

Leadership (IIMHL) events and followed their small match meeting format (with 40 to 70 participants only), with Rotterdam in 2018 being the first ZSI event to stand on its own (over 100 leaders joined). For Liverpool 2020, we will partner with Joe Rafferty and, together with the Zero Suicide Alliance hosting up to 500 or more in the Liverpool Football Club. For the first time, no invitation will be required and all interested in advancing safer healthcare are welcome to join.

In order to ensure the Liverpool summit maintains the strong focus on networking and action steps of our prior more intimate convenings, we are working with the Flourishing Leadership Institute and their amazing team experienced in whole-system transformation. We'll be harnessing the complete power of the group's collective experience and imagination to drive forward the next successes in Zero Suicide Healthcare, and everyone who participates will be engaged.

*Interested in becoming a sponsor? Contact [karen.jones@riinternational](mailto:karen.jones@riinternational) at RI International or [justine.maher@merseycare.nhs.uk](mailto:justine.maher@merseycare.nhs.uk) at Mersey Care for details on available sponsorship packages. We're excited the American Foundation for Suicide Prevention has again committed their support and look forward to connecting with many others who will help us make this event and its outcomes a success.*

### Nominate a Dr. Jan Mokkenstorm International Zero Suicide Visionary Award Winner

This year's International Zero Suicide Summit will be bittersweet as our first without our beloved colleague Jan Mokkenstorm. During the Summit in Liverpool, the first annual Jan Mokkenstorm Zero Suicide Visionary Award will be presented in his honor. Below is information on the award and instructions for nominating someone. We look forward to seeing everyone in Liverpool and remembering Jan's contributions to making sure no one dies alone and in despair.

Dr. Jan Mokkenstorm played an integral part of the inaugural International Zero Suicide Summit with the International Initiative for Mental Health Leadership match in Oxford in 2014. In subsequent years, Dr. Mokkenstorm attended the International Zero Suicide Summits in Atlanta (2015), and Sydney (2017) in his continued commitment to the global Zero Suicide Movement. He provided vital participation in the collaborative development of the "International Declaration for Better Healthcare: Zero Suicide" in 2015. He also continued the push for the initiative to "move beyond the tipping point" by hosting the 4th international Zero Suicide Summit in Rotterdam in 2018.

Jan demonstrated his passionate commitment to reducing suicides through his tireless efforts to promote the belief that suicides should never be an event that occurs. Through visionary leadership he inspired countless others to join this cause themselves on an individual, organizational, and community level. He was instrumental in spreading the global adoption of the Zero Suicide mission as well as set the pace for innovation and substantial change in many countries across the globe. Simply put, Jan demonstrated exceptional service to the betterment of society through his work with Zero Suicide and suicide prevention.

#### Nomination Requirements

1. Must have shown national/international leadership in the area of suicide prevention
2. Must have participated in fostering substantial change and innovation in the area of suicide prevention
3. Must have challenged/helped shape government policies and supported a wider awareness and discussion around suicide prevention
4. Must be in attendance at the International Zero Suicide Summit when the award will be presented
5. Must have two (2) letters of recommendation from recognized suicide prevention leaders in one's home country

#### Judging

1. The announcement of nominations will be handled by the host nation in conjunction with other communications about the Zero Suicide Summit
2. The host nation will convene a Nomination Committee of three individuals who will review the nominations and award one winner

If you have nominations or would like to participate, please contact Becky Stoll, Vice President, Crisis and Disaster Management at [becky.stoll@centerstone.org](mailto:becky.stoll@centerstone.org).

David W. Covington, LPC, MBA  
CEO & President

RI International  
CRA for Recovery Innovations, Inc.  
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**Centers for Medicare & Medicaid Services**  
**Request for Information**  
[CMS-2324-NC] RIN: 0938-ZB57



**Coordinating Care from Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions**

This is a request for information (RFI) to seek public comments regarding the coordination of care from out-of-state providers for Medicaid-eligible children with medically complex conditions. We wish to identify best practices for using out-of-state providers to provide care to children with medically complex conditions; determine how care is coordinated for such children when that care is provided by out-of-state providers, including when care is provided in emergency and non-emergency situations; reduce barriers that prevent such children from receiving care from out-of-state providers in a timely fashion; and identify processes for screening and enrolling out-of-state providers in Medicaid, including efforts to streamline such processes for out-of-state providers or to reduce the burden of such processes on them. We intend to use the information received in response to this RFI to issue guidance to state Medicaid directors on the coordination of care from out-of-state providers for children with medically complex conditions.

**DATES:** Comments: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on [insert date 60 days after date of publication. This document is scheduled to be published in the *Federal Register* on 01/21/2020 and is available online at <https://federalregister.gov/d/2020-00796>, and on [www.govinfo.gov](http://www.govinfo.gov) the *Federal Register*].

**ADDRESSES:** In commenting, refer to file code CMS-2324-NC..

The Medicaid Services Investment and Accountability Act of 2019 (MSIA) (Pub. L. 116-16, enacted April 18, 2019), added § 1945A to the Act, which authorizes a new optional Medicaid health home benefit. Under § 1945A of the Act, beginning October 1, 2022, states have the option to cover health home services for Medicaid-eligible children with medically complex conditions who choose to enroll in a health home. States will submit State Plan Amendments (SPAs) to exercise this option, which permits them to specifically target children with medically complex conditions as defined in § 1945A(i) of the Act. States will receive a 15 percent increase in the federal match for their expenditures on § 1945A health home services during the first two fiscal year quarters that the approved health home SPA is in effect, but under no circumstances may the federal matching percentage for these services exceed 90 percent. Among other required information, states must include in their § 1945A SPAs a methodology for tracking prompt and timely access to medically necessary care for children with medically complex conditions from out-of-state providers.

To qualify for health home services under § 1945A of the Act, children with medically complex conditions must be under 21 years of age and eligible for Medicaid. Additionally, they must either: (1) have at least one or more chronic conditions that cumulatively affect three or more organ systems and that severely reduce cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also require the use of medication, durable medical equipment, therapy, surgery, or other treatments; or (2) have at least one life-limiting illness or rare pediatric disease as defined in § 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3)).

§ 1945A(i)(2) of the Act defines a chronic condition as a serious, long-term physical, mental, or developmental disability or disease. Qualifying chronic conditions listed in the statute include cerebral palsy, cystic fibrosis, HIV/AIDS, blood diseases (such as anemia or sickle cell disease), muscular dystrophy, spina bifida, epilepsy, severe autism spectrum disorder, and serious emotional disturbance or serious mental health illness. The Secretary may establish higher levels as to the number or severity of chronic, life threatening illnesses, disabilities, rare diseases or mental health conditions for purposes of determining eligibility for health home services under § 1945A of the Act.

Under § 1945A(i)(4) of the Act, health home services for children with medically complex conditions must include the following list of comprehensive and timely high-quality services:

- Comprehensive care management;
- Care coordination, health promotion, and providing access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-state providers, as medically necessary;
- Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;
- Patient and family support, including authorized representatives;
- Referrals to community and social support services, if relevant; and
- Use of health information technology (HIT) to link services, as feasible and appropriate.

These services are very similar to the health home services described in § 1945 of the Act, with some variations to reflect the targeted population for § 1945A health homes.

Section 1945A of the Act does not limit the ability of a child (or a child's family) to select any qualified health home provider as the child's health home. Per § 1945A(i)(5) of the Act, designated providers may be:

- A physician (including a pediatrician or a pediatric specialty or subspecialty provider), children's hospital, clinical practice or clinical group practice, prepaid inpatient health plan (PIHP) or prepaid ambulatory health plan (PAHP) (as those terms are defined in 42 CFR 438.2);
- A rural clinic;
- A community health center;
- A community mental health center;
- A home health agency; or

(Continued on Next Page)



# [THE FOLLOWING NOTICE IS ABBREVIATED FOR YOUR CONVENIENCE]



## Centers for Medicare & Medicaid Services Request for Information [CMS-2324-NC] RIN: 0938-ZB57

### Coordinating Care from Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions

*(Continued from Previous Page)*

- Any other entity or provider that is determined by the state and approved by the Secretary to be qualified to be a health home for children with medically complex conditions on the basis of documentation that the entity has the systems, expertise, and infrastructure in place to provide health home services. Designated providers may include providers who are employed by, or affiliated with, a children's hospital.

#### **B. Guidance on Coordinating Care from Out-of-State Providers.**

Under § 1945A(e) of the Act, the Secretary must issue guidance to state Medicaid directors by October 1, 2020 on:

- Best practices for using out-of-state providers to provide care to children with medically complex conditions;
- Coordinating care provided by out-of-state providers to children with medically complex conditions, including when provided in emergency and non-emergency situations;
- Reducing barriers that prevent children with medically complex conditions from receiving care from out-of-state providers in a timely fashion; and
- Processes for screening and enrolling out-of-state providers, including efforts to streamline these processes or reduce the burden of these processes on out-of-state providers.

Under § 1945A(g)(2)(B) of the Act, states with an approved § 1945A State Plan Amendment must submit to the Secretary, and make publicly available on the appropriate state website, a report on how the state is implementing the guidance issued under § 1945A(e) of the Act, including through any best practices adopted by the state. The required report must be submitted no later than 90 days after the state's § 1945A SPA is approved. § 1945A(e)(2) of the Act directs the Secretary to issue this request for information (RFI) as part of the process of developing the required guidance, to seek input from children with medically complex conditions and their families, states, providers (including children's hospitals, hospitals, pediatricians, and other providers), managed care plans, children's health groups, family and beneficiary advocates, and other stakeholders with respect to coordinating the care provided by out-of-state providers to children with medically complex conditions.

We are soliciting general comments on the coordination of care provided by out-of-state providers including but not limited to primary care providers, pediatricians, hospitals, specialists, and other health care providers or entities who may provide care for Medicaid-eligible children with medically complex conditions. We are specifically seeking input on these topics as they relate to urban, rural, Tribal, and medically underserved populations, as barriers and successful strategies may vary by geography. We also seek input on these topics with respect to both Medicaid fee-for-service and Medicaid managed care arrangements. Therefore, in responding to these comments, please differentiate between Medicaid fee-for-service and Medicaid managed care arrangements, as appropriate.

- We are seeking public comment on any best practices for using out-of-state providers to provide care to children with medically complex conditions, including specific examples of what has and has not worked in the commenter's experience.
- We are seeking public comment about coordinating care from out-of-state providers for children with medically complex conditions, including when care is provided in emergency and non-emergency situations. Discussion of specific examples of what has and has not worked, in the commenter's experience, is especially welcome.
- We are seeking information about any state initiatives that have promoted and/or improved the coordination of services and supports provided by out-of-state providers to children with medically complex conditions.
- We are seeking public comment related to administrative, fiscal, and regulatory barriers that states, providers, beneficiaries, and their families experience that prevent children with medically complex conditions from receiving care, including community and social support services, from out-of-state providers in a timely fashion, as well as examples of successful approaches to reducing those barriers.
- We are seeking public comment related to barriers that prevent caregivers from accessing or navigating care from out-of-state providers in a timely fashion, as well as examples of successful approaches to reducing those barriers.
- We are seeking public comment related to individual financial barriers (for example, costs of travel, lodging, and work hours lost) that prevent children with medically complex conditions from receiving care from out-of-state providers in a timely fashion, as well as examples of successful approaches to reducing those barriers.
- We are seeking public comment on successful methods to inform caregivers of children with medically complex conditions about ways to access care from out-of-state providers.
- We are seeking public comment on any measures that have been, or could be employed by states, providers, health systems and hospitals to reduce barriers to coordinating care for children with medically complex conditions when receiving care from out-of-state providers.
- We are seeking public comment related to processes that states could employ for screening and enrolling out-of-state Medicaid providers, in both emergent and non-emergent situations, including efforts to streamline these processes or reduce the administrative and fiscal burden of these processes on out-of-state providers and states.
- We are seeking public comment on challenges with referrals to out-of-state providers for specialty services, including community and social supports, for children with medically complex conditions and the impact of these challenges on access to qualified providers.
- We are seeking public comment on best practices for developing appropriate and reasonable terms of contracts and payment rates for out-of-state providers, for both Medicaid fee-for-service and Medicaid managed care.



## NOW RECRUITING

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This is an ideal opportunity for teams to receive new or refresher training in CSC.

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**Now recruiting both new and already-established CSC teams** interested in participating in a research study. Our goal is to **test our new training tool** with practitioners in the field. Your feedback will help us refine the tool, share what we learn, and **improve services for people experiencing first episode psychosis.**

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- Comprehensive, role-specific training for all team members, including peers, offered at no charge to teams
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- Opportunity for refresher training for existing teams and teams with new members.
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- Opportunity to provide critical feedback on a new CSC training tool

### **HOW CAN MY AGENCY TAKE PART?**



Call our Research Coordinator, Effy: 347-762-9086  
Or email: [cscstudy@center4si.com](mailto:cscstudy@center4si.com)



## SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

### Certified Community Behavioral Health Clinic Expansion Grants (SM-20-12)

**Funding Mechanism:** Grant

**Anticipated Number of Awards:** 98

**Length of Project:** Up to 2 Years

**Anticipated Total Available Funding:** \$197 million

**Anticipated Award Amount:** Up to \$2M per year

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

**Application Due Date:** Tuesday, March 10, 2020



The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2020 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short Title: CCBHC Expansion Grants). The purpose of this program is to increase access to and improve the quality of community mental and substance use disorder treatment services through the expansion of CCBHCs. CCBHCs provide person- and family-centered integrated services. The CCBHC Expansion grant program must provide access to services including 24/7 crisis intervention services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid use disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance disorders (COD). SAMHSA expects that this program will provide comprehensive 24/7 access to community-based mental and substance use disorder services; treatment of co-occurring disorders; and physical healthcare in one single location.

**Eligibility:** Certified community behavioral health clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award. Recipients funded under SM 18-19 in 2019 are not eligible to apply for this funding opportunity, since those organizations will be implementing a second year of grant funding at the time of award of this announcement. Those entities whose CCBHC-Expansion grant funding is ending by September 2020 are eligible to apply., ,

**Contacts:**

**Program Issues:** Nancy Kelly, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1839, [nancy.kelly@samhsa.hhs.gov](mailto:nancy.kelly@samhsa.hhs.gov).

**Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, [FOACSAT@samhsa.hhs.gov](mailto:FOACSAT@samhsa.hhs.gov).

## SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

### Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SM-20-07)

**Funding Mechanism:** Grant

**Anticipated Number of Awards:** 6 to 24

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

**Anticipated Total Available Funding:** \$24,708,000

**Anticipated Award Amount:** \$1M to \$3M per year

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

**Application Due Date:** Monday, February 3, 2020

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Grants). The purpose of this program is to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (SED), and their families. This program will support the implementation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

**Eligibility:** Eligibility is limited to public entities, which refers to the following:

- State governments and territories (i.e., 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.

**Recipients that are currently funded under SM-17-001 or SM-19-009 are not eligible to apply for funding under this FOA.**

**Contacts:**

**Program Issues:** Diane Sondheimer, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1922, [diane.sondheimer@samhsa.hhs.gov](mailto:diane.sondheimer@samhsa.hhs.gov).

Tanvi Ajmera, Center for Mental Health Services, SAMHSA, (240) 276-0307, [tanvi.ajmera@samhsa.hhs.gov](mailto:tanvi.ajmera@samhsa.hhs.gov).

**Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, [FOACSAT@samhsa.hhs.gov](mailto:FOACSAT@samhsa.hhs.gov).



## Additional NASMHPD Links of Interest

[PROPOSED RULE: IMPLEMENTATION OF THE NATIONAL SUICIDE HOTLINE IMPROVEMENT ACT OF 2018](#), FEDERAL COMMUNICATIONS COMMISSION, *FEDERAL REGISTER*, JANUARY 15 (COMMENTS DUE FEBRUARY 14)

[AS MENTAL HEALTH OF OLDER ADULTS WORSENS, BEHAVIORAL HEALTH PROVIDERS FEEL STRAIN](#), KYLE COWARD, *BEHAVIORAL HEALTH BUSINESS*, JANUARY 10 & [TRENDS IN MENTAL AND PHYSICAL HEALTH-RELATED QUALITY OF LIFE IN LOW-INCOME OLDER PERSONS IN THE UNITED STATES, 2003 TO 2017](#), REHKOPF D.H., Sc.D., M.P.H., FURSTENBERG F.F., Ph.D. & ROWE J.W., M.D., *JAMA NETWORK OPEN*, DECEMBER 18

[RACE AND MEDICINE: THE HARM THAT COMES FROM MISTRUST](#), AUSTIN FRAKT, *NEW YORK TIMES*, JANUARY 13

[UPDATE: PRODUCT, SUBSTANCE-USE, AND DEMOGRAPHIC CHARACTERISTICS OF HOSPITALIZED PATIENTS IN A NATIONWIDE OUTBREAK OF E-CIGARETTE, OR VAPING, PRODUCT USE-ASSOCIATED LUNG INJURY — UNITED STATES, AUGUST 2019–JANUARY 2020](#), ELLINGTON S., Ph.D., *ET AL.*, *MORBIDITY AND MORTALITY WEEKLY REPORT*, JANUARY 14

[BRAIN SCANS CAN FLAG KIDS AT RISK FOR LATER DEPRESSION](#), YASMIN ANWAR, *FUTURITY*, JANUARY 6 & [ASSOCIATION OF INTRINSIC BRAIN ARCHITECTURE WITH CHANGES IN ATTENTIONAL AND MOOD SYMPTOMS DURING DEVELOPMENT](#), WHITFIELD-GABRIELI S., Ph.D., *ET AL.*, *JAMA PSYCHIATRY*, DECEMBER 26

[SUPPORTING A WORKING LIFE WHEN DISABILITY IS NOT PERMANENT](#), DRAKE R.E., M.D., Ph.D., *ET AL.*, *PSYCHIATRIC SERVICES ON-LINE*, JANUARY 8

[CAPACITY-BUILDING IN THE PEER WORKFORCE: A SYSTEMS-LEVEL APPROACH](#), REDDY S.B., M.D., M.P.H., WOLF J., Ph.D. & BROWN L.D., Ph.D., *PSYCHIATRIC SERVICES ON-LINE*, JANUARY 14

[SUBSTANCE USE DISORDER TREATMENT AVAILABILITY AMONG STATES CONSIDERING MEDICAID WORK REQUIREMENTS](#), CHRISTINE P.J. & TIPIRNENI R., *JOURNAL OF GENERAL INTERNAL MEDICINE*, JANUARY 8

[PROPOSED RULES ON MEDICAID FINANCING MISS MARK AND THREATEN ACCESS](#), CINDY MANN & ANNE O'HAGEN KARL, *HEALTH AFFAIRS BLOG*, JANUARY 8

[MORE THAN 100 BILLION PAIN PILLS SATURATED THE NATION OVER NINE YEARS](#), STEVEN RICH, SCOTT HIGHAM & SARI HORWITZ, *WASHINGTON POST*, JANUARY 14

[HOW THE AFFORDABLE CARE ACT HAS NARROWED RACIAL AND ETHNIC DISPARITIES IN ACCESS TO HEALTH CARE](#), JESSE C. BAUMGARTNER, SARA R. COLLINS, DAVID C. RADLEY & SUSAN L. HAYES, COMMONWEALTH FUND, JANUARY 2020

Get information on mental health services and resources near you, searchable by state or zip code:

[www.samhsa.gov/find-help](http://www.samhsa.gov/find-help)







**Improving Management of Opioids and Opioid Use  
Disorder (OUD) in Older Adults (R18)**

**Letter of Intent Due: January 21, 2020**

**Application Due Date: February 20, 2020 by 5:00 p.m. Local Time of Applicant Organization**

**Earliest Start Date: Four (4) Months After Peer Review Date**

The purpose of this FOA is to request applications to develop, implement, evaluate, and disseminate strategies to improve the management of opioid use and opioid use disorder (OUD) in older adults in primary care settings., *i.e.* processes or activities to support the spectrum of care needed to: prevent potentially inappropriate prescribing and opioid misuse while ensuring the need for effective pain management is addressed; appropriately prescribe opioids when indicated; manage the care of opioid users to prevent adverse events and misuse; treat OUD when present..

AHRQ anticipates investing up to \$7.5 million over 3 years to support up to 3 awards.

The number of awards is contingent upon the submission of a sufficient number of meritorious applications and the availability of funds. Future year funding will depend on funding availability.

While older adults are typically defined to be persons aged 65 or older, AHRQ recognizes the potential limitations with this arbitrary definition and invites applicants to define the term "older adults" as they see appropriate for meeting the objectives of this FOA, if they provide a clear and convincing reason for why the different definition is will be more effective for meeting the objectives of the FOA.

Older adults are especially vulnerable to developing adverse events from opioids use, making safe prescribing more challenging even when opioids are an appropriate therapeutic choice. Biological changes associated with aging complicate management of opioids. Changes in metabolism in older adults enhance their risk of serious side effects such as overdose, dizziness, and/or delirium. Older adults often have multiple chronic conditions and take multiple medications that increase risk of side effects due to drug-disease and drug-drug interactions. For example, older adults are at higher risk for falls when opioids are co-administered with other medications that affect the central nervous system or when the person is frail and has had previous episodes of delirium

Identifying adverse effects due to opioid use, misuse or abuse is complicated further by factors such as co-occurring disorders that can mimic the effects of opioid use. There is also a risk of attributing clinical findings in older adults (e.g., personality changes, dementia, falls/balance problems, difficulty sleeping, and heart problems) to other conditions that are also common with age. If adverse events due to opioid prescriptions are identified, finding appropriate alternatives for pain management can be challenging if other pharmacologic options (e.g. NSAIDS, gabapentin) are contraindicated or mobility issues limit access to other therapeutic options. It can also be difficult to treat pain in persons with cognitive disorders (e.g. dementia, delirium, intellectual disabilities) where communication challenges exist.

Diagnosis of substance use disorders is also more complicated in older adults Historically older adults have not experienced high rates of substance use disorders (SUDs); but there is some evidence these conditions have been under-diagnosed in older adults for many years. Clinicians may not associate substance use disorders with older adults or they may be inadequately trained in the identification and treatment of opioid misuse and OUD among older adults, and hence may not monitor for the signs of OUD or co-occurring SUDs in this population. Symptoms of OUD may be masked as part of the "aging" process or confused with other common diseases such as depression or dementia. Similarly, older persons may not seek help because they may not be aware that prescribed drugs can create dependence, or that treatment is available for OUD. Stigma is also an issue. Older patients may not report their concerns about their opioid use for fear of being labeled a "drug seeker" or "addicted. Substance use disorder treatment centers or programs are often designed to engage younger adults, which may present additional barriers.

Specific activities or tools utilized under this FOA might include, but would not be limited to, strategies to address needs and challenges associated with the following types of activities:

For patients for whom prescription of opioids may be considered (e.g., for pain management):

- Use of shared decision-making to support patient involvement in assessment of risk and benefits of treatment options (allow the physician and patient to jointly decide how the risks/benefits of opioids and other pain treatments align with their goals of care, and set realistic pain management expectations);
- Use of multi-modal pain management approaches;
- Use of risk mitigation strategies (e.g., time limited prescribing; developing plan for tapering and discontinuation of prescription at the time of initial prescribing as appropriate; naloxone distribution; prescribing medication for OUD if appropriate); and
- Use of other strategies to guide prescribing that mitigate risk for misuse or development of OUD.

For patients who are currently prescribed opioids for acute or chronic pain:

- Assessing whether opioid treatment is effective and whether the dose and duration is optimal;
- Use of shared decision-making to support patient involvement in assessment of risk and benefits of other available treatment options;
- Monitoring opioid use and identifying risk factors to prevent adverse events, misuse, diversion, or OUD;
- Determining whether tapering is appropriate and, if so, tapering and ensuring effective multimodal pain management; and
- Identification of the presence of opioid misuse or OUD in older adults, whether on prescription opioid therapy or not, and providing effective treatment. Identification of OUD should be based on careful assessment of validated criteria (i.e. using a Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (SCID) or Mini International Neuropsychiatric Interview (MINI) or other instrument to assess all symptoms).

(Continued on Next Page)



Agency for Healthcare Research and Quality Funding  
Opportunity Announcement  
**Improving Management of Opioids and Opioid Use  
Disorder (OUD) in Older Adults (R18)**

*(Continued from previous page)* Applicants must:

1. Convene a team with: the expertise and experience to achieve the goals of this FOA; existing strong relationships with primary care practices; expertise in pain management, OUD, and geriatrics; experience with implementing quality improvement in primary care practices; and experience in disseminating and implementing findings from patient centered outcome research (PCOR).
2. Identify either a health system which provides primary care, or a network of primary care practices which care for older adults, and provide preliminary data to suggest that pain and opioid management in this population is suboptimal. Data might include, for example, hospitalizations rates related to opioids, lack of systems for assessing or monitoring opioid use, lack of procedures for multimodal pain or OUD management, etc. Applications are encouraged to consider including other settings...as long as the intervention is centered in primary care. Applications should include the influence of social risk and organizational factors in the development, implementation, and dissemination of strategies to improve the management of opioid use and OUD in older adults. Applications are also encouraged to select practices that include diverse populations in terms of socio-economic status, gender, race/ethnicity, and geography (including rurality). Descriptions of proposed implementation sites must include:
  - estimates of the number and percentage of older adults cared for;
  - opioid-related harm and adverse events resulting from opioid-misuse by older adults;and
  - current treatment of Opioid Use Disorder (OUD) among older adults.

If the cohort of practices to be recruited does not meet the above criteria (e.g., data demonstrating suboptimal pain and opioid management), the applicant must explain how the proposed intervention would lead to additional improvements.

3. Provide a preliminary assessment of the extent to which current efforts to improve pain management and optimize opioid use in the study practices specifically address older adults. Applicants should provide a description of any federal or state (SUD/OUD) funding that they currently receive and a description of how they will avoid duplication/overlapping of effort, science, and/or budgetary items and costs across awards.
4. Develop a comprehensive model or models for improving the management of pain, opioid use, and OUD for older adults in those primary care practices, in the context of person-centered management that acknowledges multiple chronic conditions as well as social risk factors. "Management" includes the entire continuum of care.... Proposed projects should consider all stages of management, although the intensity of intervention may vary by management stage, and should plan for sustainability. The project should integrate Department of Health and Human Services guideline recommendations (e.g., Centers for Disease Control and Prevention, National Institutes of Health), and findings from other relevant AHRQ projects related to opioids and pain management (<https://www.ahrq.gov/opioids/index.html>), and use evidence-based approaches where possible. AHRQ is interested in approaches that include Learning Health System models, shared decision-making (SDM), safe prescribing and risk mitigation practices, multimodal pain therapy for patients, leveraging existing health information technology or electronic health record systems, and adapting to meet the needs of specific populations of older adults. Models that engage relevant community-based organization(s) who serve older adults are also of interest.

We encourage use of innovative methods and study .... Mixed methods designs that include integrative approaches to examine qualitative and quantitative results together are encouraged. Innovative study designs such as agile and adaptive designs that address complexity are also encouraged.

5. Plan to recruit and engage at least 25 primary care practices, and provide necessary training and support to clinicians and practices in implementing the model. ....
6. Plan for a robust, multi-level intervention evaluation that will examine the effectiveness of the implemented model to improve opioid-related outcomes and pain outcomes among older adults while maintaining or improving other important measures of health and well-being. The evaluation should also describe the experience of primary care physicians and staff members in implementing the model, and lessons learned ....
7. Propose a dissemination plan (including a notification to AHRQ) of any related publications or events.
8. Provide a project timeline showing the major scheduled activities and milestones for the project, including:

Start-up activities (e.g., hiring and training staff)	Recruitment of primary care practices
Implementation initiation and completion	Evaluation plan                      Dissemination and Sustainability Plan

**Eligibility:** Eligible applicants include:

Public/State Controlled Institutions of Higher Education	Private Institutions of Higher Education
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The following types of Higher Education Institutions are always encouraged to apply for AHRQ support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions	Historically Black Colleges and Universities (HBCUs)
Tribally Controlled Colleges and Universities (TCCUs)	Alaska Native and Native Hawaiian Serving Institutions
Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)	

Nonprofits with and without § 501(c)(3) IRS Status (Other than Institutions of Higher Education)

State Governments	County Governments	City or Township Governments	Special District Governments
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Indian/Native American Tribal Governments (Federally and non-Federally Recognized)

Native American Tribal Organizations (other than Federally recognized tribal governments)

Eligible Agencies of the Federal Government	U.S. Territories or Possessions
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Faith-based or Community-based Organizations	Regional Organizations
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AHRQ's authorizing legislation does not allow for-profit organizations to be eligible to lead applications under this research mechanism. For-profit organizations may participate in projects as members of consortia or as subcontractors only. Because the purpose of this program is to improve healthcare in the United States, foreign institutions may participate in projects as members of consortia or as subcontractors only. Applications submitted by for-profit organizations or foreign institutions will not be reviewed. Organizations described in § 501(c) 4 of the Internal Revenue Code that engage in lobbying are not eligible.

Non-domestic (non-U.S.) Entities (Foreign Institutions) and non-domestic (non-U.S.) components of U.S. Organizations **are not** eligible to apply.

## AHRQ Funding Opportunity Announcement

### Improving Quality of Care and Patient Outcomes

### During Care Transitions (R01)

**Open Date (Earliest Submission Date): December 6, 2019**

**Application Due Date: February 5, 2020, 5:00 p.m. Local Time of Applying Entity**

**Earliest Start Date: October 2020**

Transitions of care are the movements of patients between providers or clinical settings which typically occur when primary care providers refer patients to specialty care, or when patients are discharged from the hospital to subsequent care settings. During care transitions, critical information aimed to improve the patient's condition and health outcomes needs to be accurately communicated and coordinated between health professionals, the patient, and the family to ensure that safe, high-quality care is provided and care continuity is maintained.

This Funding Opportunity Announcement (FOA) invites R01 grant applications for funding health services research that improves the quality of care and patient outcomes during transitions of care. The purpose of this FOA is to support large-scale research projects that rigorously test promising interventions aimed at improving communication and coordination during care transitions.

The overarching objective for this FOA is to improve the quality of care and patient outcomes during care transitions. This FOA aims to support large-scale health services research projects that seek to test promising health information technology solutions to facilitate communication and care coordination as patients transition between providers, health care settings, and their communities.

Research should be designed to rigorously test solutions that enable or facilitate care transitions between providers, health care settings, and the community. A theoretical framework should inform the research study and incorporate the use of a [Care Transitions Model](#) (e.g., Chronic Care Model (CCM), Project Re-engineered Discharge (RED), Care Transitions Intervention (CTI), and INTERACT) when appropriate.

This FOA is focused on **three research areas of interest**. Examples of research projects responsive to this FOA include but are not limited to those expressed within the following research areas of interest:

**Care transitions between primary care, acute care, and specialty providers** - Finding required patient data at the point of care is too often an issue when multiple providers maintain different pieces of a patient's health data. When patients navigate between primary care and specialty care providers, data sharing and coordination of care are key ingredients to ensure that the care is value-based. Ineffective data sharing and care coordination can result in delayed diagnosis, medication errors, and even mortality. There is a need to (1) understand the types of information exchange that will optimize patient care during these transitions and (2) provide evidence-based, solutions to enable the exchange. AHRQ is interested in receiving applications that will rigorously test innovative solutions that facilitate data sharing and care coordination activities (i.e., care planning, medication reconciliation, referral tracking, and follow up appointment tracking) during care transitions between primary care, acute care, and specialty providers. AHRQ is also interested in understanding if the utilization of telehealth modalities requires different types of exchange and would welcome applications that conduct the care transition research when specialty care is provided via telehealth.

**Care transitions between different institutional care settings** - Information exchange is critical to high-quality care transitions between institutional care settings particularly between acute and post-acute care settings. Too often, patients are readmitted to acute care facilities just a few days after their admission to the post-acute setting. Additionally, patients often have hospital readmissions upon discharge from post-acute settings to home, which could be prevented with better information sharing and coordination. Employing better, evidenced-based solutions to facilitate information exchange between these care settings is required. AHRQ is interested in receiving applications that will rigorously test innovative solutions that facilitate communication and coordination for patients that are transferred between institutional care settings during care transitions and from these settings to home. AHRQ has a particular interest in improving care for MCC patients and would welcome applications that will rigorously test innovative solutions that facilitate the sharing of information about treatment decisions, care coordination, and care integration for MCC patients during various institutional care transitions.

**Care transitions with a focus on patients, their families and communities** - Patients, family care givers, and community resources including home care, long-term care services and supports are critical to maintaining optimum health during care transitions. There is a need to understand how new approaches can improve health outcomes by engaging patients and family caregivers and facilitating communication and coordination with needed community resources. AHRQ is interested in receiving applications that will rigorously test innovative solutions that support patient self-management activities during care transitions back home. AHRQ is also interested in applications that rigorously test innovative solutions that automatically link patient and family caregivers to community resources.

AHRQ recognizes there may be cases where grant applicants will propose research that crosses the research categories of interest mentioned above. The agency welcomes these research proposals for funding consideration.

#### Eligible Applicants

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

The following types of Higher Education Institutions are encouraged to apply for NIH support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native and Native Hawaiian Serving Institutions
- Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)

Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

State Governments      County Governments      City or Township Governments      Special District Governments

Indian/Native American Tribal Governments (Federally Recognized & Other than Federally Recognized)

U.S. Territories or Possessions      Native American Tribal Organizations (other than Federally recognized tribal governments)

Faith-Based or Community-Based Organizations

Regional Organizations



## Department of Justice Funding Opportunity Announcements

### Housing Assistance Grants for Victims of Human Trafficking (CFDA-16.320)

**Funding Mechanism:** Grant  
**Anticipated Number of Awards:** 27  
**Length of Project:** 36 Months  
**Application Due Date:** Monday, February 3, 2020

**Anticipated Total Available Funding:** \$13,500,000  
**Anticipated Award Amount:** \$500,000  
**Cost Match:** 25 percent cash or in-kind match  
**Estimated Start Date:** May 1, 2020

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office for Victims of Crime (OVC) is seeking applications to support housing assistance for victims of all forms of human trafficking throughout the United States. This program furthers the Department's mission by enhancing the field's response to victims of human trafficking.

#### Eligibility

Pursuant to 22 U.S.C. § 7105(b)(2) the following entities are eligible to apply:

- 1) States and territories
- 2) Units of local government
- 3) Indian tribes
- 4) Nonprofit, nongovernmental victims' service organizations with the capacity to serve human trafficking victims (defined as an organization that is described in §501(c)(3) of Title 26 and is exempt from taxation under §501(a) of that title).

Nonprofit organizations holding money in offshore accounts to avoid paying the tax described in 26 U.S.C. § 511(a) are not eligible to apply.

OVC may make more than one award to a single organization if proposed projects are in distinct geographic areas. OVC will consider applications under which two or more entities would carry out the federal award; however, only one entity may be the applicant. Any others must be proposed as subrecipients ("subgrantees"). The applicant must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire program.

### Grants for Outreach and Services to Underserved Populations (CFDA-16.889)

**Funding Mechanism:** Grant  
**Anticipated Number of Awards:** 10  
**Length of Project:** 36 Months  
**Application Due Date:** Monday, February 12, 2020

**Anticipated Total Available Funding:** \$4,500,000  
**Anticipated Award Amount:** \$450,000  
**Registration & Letter of Intent Due:** January 23, 2020  
**Estimated Start Date:** October 1, 2020

Grants for Outreach and Services to Underserved Populations (Underserved Program) was authorized to develop and implement outreach strategies targeted at adult or youth victims of domestic violence, dating violence, sexual assault, or stalking in underserved populations and to provide victim services to those victims. Survivors from underserved populations face challenges in accessing comprehensive and effective victim services that fully meet their needs. As a result, survivors of these crimes from underserved communities often do not receive appropriate services. The Underserved Program supports projects to bridge these gaps. The purpose of all grants made by the Underserved Program is to provide or enhance population specific outreach and services to adult and youth victims in one or more underserved populations, including:

1. Working with federal, state, tribal, territorial and local governments, agencies, and organizations to develop or enhance population specific services.
2. Strengthening the capacity of underserved populations to provide population specific services.
3. Strengthening the capacity of traditional victim service providers to provide population specific services.
4. Strengthening the effectiveness of criminal and civil justice interventions by providing training for law enforcement, prosecutors, judges and other court personnel on domestic violence, dating violence, sexual assault, or stalking in underserved populations.
5. Working in cooperation with an underserved population to develop and implement outreach, education, prevention, and intervention strategies that highlight available resources and the specific issues faced by victims of domestic violence, dating violence, sexual assault, or stalking from underserved populations.

The term "population specific services" means victim-centered services that address the safety, health, economic, legal, housing, workplace, immigration, confidentiality, or other needs of victims of domestic violence, dating violence, sexual assault, or stalking, and that are designed primarily for and are targeted to a specific underserved population.

#### Eligible Applicants

1. Population specific organizations that have demonstrated experience and expertise in providing population specific services in the relevant underserved communities, or population specific organizations working in partnership with a victim service provider or domestic violence or sexual assault coalition.
2. Victim service providers offering population specific services for a specific underserved population.
3. Victim service providers working in partnership with a national, State, tribal, or local organization that has demonstrated experience and expertise in providing population specific services in the relevant underserved population.

**Pre-Application Webinar:** OVW will conduct an optional web-based pre-application information session for entities interested in submitting an application for this program. During this session, OVW staff will review this program's requirements, review the solicitation, and allow for a brief question and answer period. **The session is tentatively scheduled for Wednesday, January 15, 2020 from 2:00 p.m. to 4:00 p.m. E.T.**

**Contact information:** For technical assistance with submitting an application for either of these grants, contact the Grants.gov Customer Support Hotline at 800-518-4726, 606-545-5035, at <https://www.grants.gov/web/grants/support.html>, or at [support@grants.gov](mailto:support@grants.gov). The Grants.gov Support Hotline operates 24 hours a day, 7 days a week, except on federal holidays.





Training.  
Educating.  
Leading.



The National Center of Excellence for Eating Disorders (NCEED) was created to serve as *the* centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED's Website at <https://www.nceedus.org/>

NCEED is the nation's first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.



The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

### Information, Training, and Technical Assistance

The NCEED website ( <https://www.nceedus.org/> ) is designed to be user-friendly and easy to navigate for all users. The center's web platform is divided into four content areas based on the user's role. These content areas tailor the user's experience in searching for up-to-date, evidence-based trainings and resources.

## We want to hear from you!

We are looking for individuals with lived experience related to **mental health conditions and developmental disabilities** to share their stories!



Your story is **important, valued, and respected**. We'd love to highlight your experience in video, podcast, or written format to bring about positive change.

If you are interested in being a part of this effort or have additional questions please contact Danielle Augustin  
[deau222@uky.edu](mailto:deau222@uky.edu) (859) 257-6086.

### The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC)



is pleased to announce the launch of their website! The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University. Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities. Please visit their website at <https://mhddcenter.org/>.

For more information on their upcoming trainings and efforts or contact them directly at [info@mhddcenter.org](mailto:info@mhddcenter.org).



## National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S.

Department of Health and Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. [Visit the new NCAPPS website for more information.](#)

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

<b>January 22, 2020</b> <b>1:30 to 2:45 p.m. E.T.</b>	Meaningful Stakeholder Engagement: A Collaborative Approach to Programs for People with Intellectual and Development Disabilities and Their Families <a href="#">REGISTER HERE</a>
<b>February 26, 2020</b> <b>3:00 to 4:30 p.m. E.T.</b>	Building Capacity Using Family-Centered Approaches to Promote the Best Life for Young Children with Disabilities: An Innovative Family-to-Family Program <a href="#">REGISTER HERE</a>
<b>March 2020</b>	Person-Centered Practice in Managed Care: Roles and Developments
<b>April 2020</b>	Inclusion & Belonging and Implications for Person-Centered Thinking, Planning, & Practice
<b>May 2020</b>	Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)
<b>June 2020</b>	Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?
<b>July 2020</b>	Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings
<b>August 2020</b>	Myths and Misperceptions about Financing Peer Support in Medicaid
<b>September 2020</b>	Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises
<b>October 2020</b>	Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice
<b>November 2020</b>	Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations
<b>December 2020</b>	Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition



Target Audiences: Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, and Peer Specialists/Peer Support

## **TREATMENT CONSIDERATIONS FOR TRANSITIONAL-AGE YOUTH WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES AND CO-MORBID SMI**

***THURSDAY, JANUARY 30, 3:00 P.M. TO 4:00 P.M. E.T.***



This webinar will discuss treatment considerations for transitional-age youth with intellectual/developmental disabilities and co-morbid SMI. It will review the common co-morbid medical conditions in this population that can influence the choice in therapeutic agent, as well as the current evidence and guidelines available to guide clinical decision-making.

**Presenter:** Rebecca McCloskey, PMHNP-BC, Boston Psychiatric Care.

[\*\*REGISTER NOW\*\*](#)

## **THE WORK IS ONLY AS GOOD AS THE TEAM: STRATEGIES FOR DEVELOPING A STRONG INTERPERSONAL TEAM COLLABORATION**

***FRIDAY, FEBRUARY 7, 12:00 P.M. TO 1:00 P.M. E.T.***



Effective teamwork is the cornerstone of the development and promotion of interprofessional collaboration. When teams come together, their ability to work toward health and wellness for service participants, families, and communities are stronger than any individual efforts. In this webinar strategies to promote interprofessional collaboration and team work will be presented using lessons learned from Assertive Community Treatment in New York.

**Presenter:** Helle Thorning, Ph.D., Clinical Professor of Psychiatric Social Work (in Psychiatry) at Columbia University

[\*\*REGISTER NOW\*\*](#)

## **VIRTUAL LEARNING COLLABORATIVE : GETTING STARTED WITH TELEMENTAL HEALTH FOR SMI**

***COURSE SCHEDULE: JANUARY 6 TO MARCH 29***

This Virtual Learning Collaborative is ideal for all mental health clinicians across various practice settings.

Telehealth makes mental health care more accessible to individuals who have serious mental illness (SMI) and may otherwise not receive care. Learn how using telehealth services can create access to care, provide support in between visits, and improve outcomes for individuals who have SMI. Earn up to 12.0 AMA PRA Category 1 Credits™.

This 12-week, interactive learning experience gives you knowledge and skills to feel confident and ready to offer virtual care. You do not need experience or history with telehealth technology to take this course. Learn and apply new skills in important areas such as how to:

- Identify key factors that constitute a safe and effective telehealth service
- Ask the right questions if you want to convert your practice or organization to telehealth
- Understand what tools to consider when looking at telehealth systems
- Approach important topics that surround telehealth - professional ethics, cultural considerations, legal issues, billing practices and more
- Apply best practices from organizations who successfully use telehealth to provide care to individuals who have SMI

Participate in group calls, ask questions during virtual office hours, and share ideas on interactive discussion boards. Gain new skills to improve your clinical practice while you get real-time feedback and support from national experts. The time you invest in this learning collaborative helps you translate skills directly from concept into actionable care for individuals who have SMI.

[\*\*REGISTER NOW\*\*](#)

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

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



### **Grant Statement**

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## The Clozapine Center of Excellence

After 30 years, clozapine is still the best medication for treatment-resistant patients. Yet, it's often underutilized because clinicians, patients and families lack access to evidence-based practices around its use.

The Clozapine COE provides FREE resources, education, consultation, tools and more on the use of clozapine.

Sign up for the Clozapine COE listserv. Share best practices with other clinicians. Join the conversation.

FREE CME/CNE-certified online courses. Direct access to clozapine activities and upcoming events.

Visit [SMIadviser.org/clozapine](http://SMIadviser.org/clozapine)

## Check Out the SMI Adviser's Clozapine Center of Excellence

Find answers. Access clinical tips that provide information on prescribing clozapine, managing side effects, coordinating blood testing, and more. Quick links to tips, tools and evidence-based data.

Request a FREE confidential consultation. Ask us about starting clozapine, adjusting clozapine dosage, blood testing requirements, management of side effects, and other issues.

Let SMI Adviser help you increase and improve the use of clozapine in individuals with treatment-resistant schizophrenia.

Visit [SMIadviser.org/clozapine](http://SMIadviser.org/clozapine) and join the conversation.



DISCLAIMER  
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Wednesday, January 22  
2:30 p.m. to 4:00 p.m.



**COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS  
AND SYSTEMS OF CARE**

This session of the SOC Leadership Learning Community will focus on comprehensive school mental health systems and strategies for integrating school mental health services with systems of care (SOCs). Presenters will define the core features of school mental health systems, review the value and impact of effective school mental health services, and provide an overview of the current state of the school mental health field. Specific strategies will be provided for fostering the wide-scale adoption of comprehensive school mental health systems and for effectively linking them with SOC. States and communities that have made significant progress in implementing school mental health systems will be highlighted, including strategies for linking these services to SOC at the system and service delivery levels. Resources including a free, online systems for assessing school mental health quality improvement and a new guidance document on school mental health will be made available to participants.

[REGISTER HERE](#)

Thursday, January 23  
1:30 p.m. to 3:00 p.m. E.T.

**FAMILY ENGAGEMENT AND LEADERSHIP: STRENGTHENING SYSTEMS,  
SERVICES AND COMMUNITIES**

Family engagement requires a top-down, bottom-up approach where their input permeates the culture of systems, organizations, and programs. Positive outcomes are more likely to be achieved when family engagement is systemic, integrated and comprehensive. Being strategic in how families interact can improve the effectiveness of service delivery in the mental health system. Join Presenter Pat Hunt, executive director of FREDLA, the national Family Run Executive Director Leadership Association, a non-profit union of leaders of grassroots family-run organizations across the nation, for this discussion.

[REGISTER HERE](#)

Tuesday, January 28  
2:00 p.m. to 3:30 p.m.

**MOVING UP THE LADDER: AUTHENTIC YOUTH ENGAGEMENT FOR POLICY  
AND SYSTEMS CHANGE**

Centering the experiences and voices of youth and young adults is critical to transforming systems, dismantling harmful policies, and designing new ones that more effectively address their needs. How can systems addressing mental health and substance use move up the engagement ladder from consultation with youth to true partnership, shared decision making, and youth-led policy improvement? This webinar will share examples of youth engagement at different points on this continuum and push system leaders to move their organizations up the engagement ladder to achieve lasting system transformation.

[REGISTER HERE](#)



**2020 TRAINING INSTITUTES, JULY 1 TO 3, 2020  
EARLY BIRD SAVINGS!**

For more than 30 years, the Training Institutes, a biennial event, have been the premier convening of leaders in Children's Services. The 2020 Training Institutes, *What Could Be: Bolder Systems and Brighter Futures for Children, Youth, Young Adults, and their Families*, challenge us to build on existing delivery systems for Children's Services with new ideas to meet the future. Rescheduled from November 21.

[REGISTER HERE](#)

**33RD ANNUAL RESEARCH AND POLICY CONFERENCE ON CHILD,  
ADOLESCENT, AND YOUNG ADULT BEHAVIORAL HEALTH**

Since 1988, this annual conference has been a leader in promoting the development of the research base essential to improved service systems for children and youth with mental health challenges and their families. Known widely as "The Tampa Conference," this annual gathering of more than 700 researchers, evaluators, policymakers, administrators, parents, and advocates is sponsored by Child & Family Studies at the University of South Florida, in partnership with the Children's Mental Health Network, Morehouse School of Medicine, the National Wraparound Initiative, Casey Family Programs, Florida Institute for Child Welfare, Institute for Translational Research Education in Adolescent Drug Abuse, Transitions to Adulthood Center for Research, Pathways to Positive Futures, Child & Family Evidence Based Practice Consortium, Family-Run Executive Director Leadership Association, the National Technical Assistance Network for Children's Behavioral Health, and the Movember Foundation.

[REGISTER HERE](#)





SAMHSA's Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

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

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

**YOU CAN ACCESS THE SMI TREATMENT LOCATOR [HERE](#)**

## Social Marketing Assistance Available

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

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the [University of Maryland's TA Network](#).

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

## Tip Sheets and Workbooks

### Getting Started

- [Brand Development Worksheet](#)
- [Creating Your Social Marketing Plan](#)
- [Developing a Social Marketing Committee](#)
- [Social Marketing Needs Assessment](#)

### Social Marketing Planning

- [Social Marketing Planning Workbook](#)
- [Social Marketing Sustainability Reflection](#)

### Hiring a Social Marketer

- [Sample Social Marketer Job Description](#)
- [Sample Social Marketer Interview Questions](#)

### Engaging Stakeholders

- [Involving Families in Social Marketing](#)
- [Social Marketing in Rural and Frontier Communities](#)
- [The Power of Partners](#)
- [Involving Youth in Social Marketing: Tips for System of Care Communities](#)
- [The Power of Telling Your Story](#)

## **NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS—2018**

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

[\*\*Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes\*\*](#)

[\*\*Weaving a Community Safety Net to Prevent Older Adult Suicide\*\*](#)

[\*\*Making the Case for a Comprehensive Children’s Crisis Continuum of Care\*\*](#)

[\*\*Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach\*\*](#)

[\*\*Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention\*\*](#)

[\*\*Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness\*\*](#)

[\*\*A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness\*\*](#)

[\*\*Medical Directors' Recommendations on Trauma-informed Care for Persons with Serious Mental Illness\*\*](#)

[\*\*Speaking Different Languages- Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1\*\*](#)

## **Visit the Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center**

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

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

### **Training Guides**

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

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

[Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians](#) (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

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

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

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

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

[Trauma, PTSD and First Episode Psychosis](#)

[Addressing Trauma and PTSD in First Episode Psychosis Programs](#)

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

[Engaging with Schools to Support Your Child with Psychosis](#)

[Supporting Students Experiencing Early Psychosis in Middle School and High School](#)

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

[Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families](#)  
[Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians](#)

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

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

***For more information about early intervention in psychosis, please visit  
<https://www.nasmhpd.org/content/early-intervention-psychosis-eip>***



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## NASMHPD Links of Interest

[PERSON-CENTERED THINKING, PLANNING, AND PRACTICE: A NATIONAL ENVIRONMENTAL SCAN OF DEFINITIONS AND PRINCIPLES](#), NATIONAL CENTER ON ADVANCING PERSON-CENTERED PRACTICES AND SYSTEMS (NCAPPS), HUMAN SERVICES RESEARCH INSTITUTE, NOVEMBER 2019

[PERSON-CENTERED THINKING, PLANNING, AND PRACTICE: A NATIONAL ENVIRONMENTAL SCAN OF INDICATORS](#), NCAPPS HUMAN SERVICES RESEARCH INSTITUTE, DECEMBER 2019

[PERSON-CENTERED THINKING, PLANNING, AND PRACTICE: A NATIONAL ENVIRONMENTAL SCAN OF FOUNDATIONAL RESOURCES AND APPROACHES](#), NCAPPS HUMAN SERVICES RESEARCH INSTITUTE, DECEMBER 2019

[MORNING CONSULT/BIPARTISAN POLICY CENTER POLL: IMPROVING AMERICA'S CURRENT HEALTH CARE SYSTEM RECEIVES MOST SUPPORT OF LEADING REFORM PLANS](#), BIPARTISAN POLICY CENTER & MORNING CONSULT, JANUARY 8

NEXT GENERATION ACO MODEL: [SECOND EVALUATION REPORT](#) & [TWO-PAGE SUMMARY](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES INNOVATION CENTER, JANUARY 10

[20% FEWER ADULTS GETTING OPIOID PRESCRIPTIONS — BUT NUMBERS DON'T TELL WHOLE STORY](#), BAILEY BRYANT, *BEHAVIORAL HEALTH BUSINESS*, JANUARY 7 & [TRENDS IN OPIOID PRESCRIBING AND SELF-REPORTED PAIN AMONG US ADULTS](#), OLFSON M., WANG S., WALL M.M. & BLANCO C., *HEALTH AFFAIRS*, JANUARY 2020

[OCTOBER 2019 MEDICAID & CHIP ENROLLMENT DATA HIGHLIGHTS](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JANUARY 10

[SCIENTISTS DISCOVER SIX GENETIC LINKS TO ANXIETY IN LARGEST-EVER STUDY ON SUBJECT](#), HUNTER MOYLER, *NEWSWEEK*, JANUARY 8, & [REPRODUCIBLE GENETIC RISK LOCI FOR ANXIETY: RESULTS FROM ~200,000 PARTICIPANTS IN THE MILLION VETERAN PROGRAM](#), LEVEY D.F., PH.D., ET AL., *AMERICAN JOURNAL OF PSYCHIATRY*, JANUARY 7

[FAMILIES, PROVIDERS ASK TOUGH QUESTIONS ON PLANS TO INTEGRATE MEDICAID MENTAL HEALTH](#), JAY GREENE, *CRAIN'S DETROIT BUSINESS*, JANUARY 9

[ASSOCIATION BETWEEN METHAMPHETAMINE USE AND RETENTION AMONG PATIENTS WITH OPIOID USE DISORDERS TREATED WITH BUPRENORPHINE](#), TSUI J.I., M.D., ET AL., *JOURNAL OF SUBSTANCE ABUSE TREATMENT*, FEBRUARY 2020

[THE JOURNEY TO USE MEDICATION OPTIMALLY TO SUPPORT RECOVERY](#), PATRICIA E. DEEGAN, PH.D., *PSYCHIATRIC SERVICES ONLINE*, JANUARY 8