Surgeon General Issues Smoking Cessation Report Skeptical of Use of e-Cigarettes to Reduce Consumption

Surgeon General Jerome M. Adams, M.D., M.P.H., on January 24 issued his office's first Smoking Cessation Report since 1990.

In his preface to the report, General Adams notes that the prevalence of cigarette smoking among American adults is now at an all-time low, at 14 percent. Although he calls this overall achievement a source of pride, he says there is still more work to be done, with 16 million Americans today living with a smoking-related disease. In addition to the human costs, General Adams notes that smoking places a significant financial burden on Americans, as smoking-attributable healthcare spending exceeds $170 billion per year.

General Adams urges primary care physicians, nurses, pharmacists, and other medical providers in all disciplines and healthcare environments to inform and encourage smokers to quit. But he says healthcare professionals alone cannot solve the public health challenge, and that "Everyone has a role in helping to continue to reduce the burden of tobacco use on our society. It is critical that clinical interventions be adopted alongside broader efforts at the health system and population levels to promote and cultivate successful cessation and tobacco-free norms."

The report, issued jointly with the Centers for Disease Control and Prevention (CDC), makes the following findings:

- The majority of cigarette smokers (68 percent) want to quit smoking completely. More than three out of five U.S. adults who have ever smoked cigarettes have quit.

- From 1965 to 2017, the prevalence of current smoking declined from 52 percent 15.8 percent among men and from 34.1 percent to 12.2 percent among women.

- A considerable range of effective pharmacologic and behavioral smoking cessation treatment options are now available. As of October 16, 2019, the Food and Drug Administration (FDA) had approved five nicotine replacement therapies (NRTs) and two non-nicotine oral medications to help smokers quit, and the use of these treatments has expanded, including stronger integration with counseling support.

  In addition, the reach of smoking cessation interventions has increased substantially since 1990 with the emergence of innovative, population-level interventions and policies that motivate smokers to quit and raise awareness of the health benefits of smoking cessation. Smoking cessation medications approved by the FDA and behavioral counseling are cost-effective cessation strategies, particularly when used in combination. Using combinations of nicotine replacement therapies can further increase the likelihood of quitting.

- The continued diversification of tobacco products could have several different impacts, from accelerating the rates of complete cessation among adults to erasing progress in reducing use of tobacco products, especially among youth and young adults. The increasing availability and rapidly increasing use of novel products, most notably electronic cigarettes (e-cigarettes), raises questions about the potential impact of such products on efforts to eliminate disease and death caused by tobacco use.

The report reaches the following conclusions:

1. Smoking cessation is beneficial at any age, improving health status, reducing the risk of premature death—adding as much as a decade to life expectancy—while enhancing quality of life.

2. Smoking places a substantial financial burden on smokers, healthcare systems, and society. Smoking cessation reduces this burden.

3. Smoking cessation reduces risk for many adverse health effects, including reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease, and cancer. Quitting smoking is also beneficial to those who have been diagnosed with heart disease and chronic obstructive pulmonary disease.

4. Although a majority of cigarette smokers made a quit attempt each year, less than one-third used cessation medications approved by the FDA or behavioral counseling.

5. Considerable disparities exist in the prevalence of smoking across the U.S. populations, with higher prevalence in some subgroups. Similarly, the prevalence of key indicators of smoking cessation—quit attempts, receiving advice to quit from a health professional, and using cessation therapies—also varies across the populations.

6. Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.

7. E-cigarettes are used in a variety of ways. Consequently, it is difficult to make generalizations about efficacy for cessation based on clinical trials, and there is presently inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation.

8. Smoking cessation can be increased by raising the price of cigarettes, adopting comprehensive smoke-free policies, implementing mass media campaigns, requiring pictorial health warnings, and maintaining comprehensive statewide tobacco control programs.

CLICK HERE

SMIAdviser
A Clinical Support System for
Serious Mental Illness

Table of Contents

NRI is Creating a 2020 State Mental Health Profile System – SMHA Information Sought

The NRI Board of Directors, primarily comprised of State Mental Health Agency (SMHA) Commissioners and their senior staff, has initiated a new State Profiles System (SPS) to provide SMHAs with up-to-date information about the financing and organization of state mental health systems. For over 20 years, NRI has been providing SMHAs information about the organization, funding, operation, services, policies, statutes, staffing, and clients of all SMHAs across the U.S. States, NASMHPD, and advocates use this information in budgeting, planning, and evaluating state mental health systems and in responding to requests from Governor's, Legislators, media, and advocates. The 2020 SPS Components were sent to all SMHAs on January 14, 2020 and responses are due from states by March 20, 2020. NRI will begin producing topical reports utilizing the Profiles data soon after state response are finalized.

The SPS components for 2020 were developed with guidance from an advisory group comprised of SMHA Commissioners, Planners, and program staff, as well as staff from NASMHPD and NRI. The 2020 SPS components build on prior years' components, but have been tailored to address new issues facing the states, and edited to ensure that only relevant information is included. Based on major policy topics raised by SMHA Commissioners and their senior staff, the 2020 SPS includes expanded components addressing Forensic Mental Health Services (including a focus on competency assessment and restoration activities in hospital and community settings), and a new Residential Continuum of Care component addressing housing options and supports provided by the SMHA for individuals with mental illness.

The updated 2020 SPS is a self-funded effort by the SMHAs that recognize the value in having access to an up-to-date, comprehensive database of comparable information about all SMHAs that states can use for budgeting, planning, and policymaking at the local, state, and national levels. Having access to this information will provide critical information to SMHA leadership and will reduce the burden on SMHAs of compiling information for decision makers, planners, researchers, and others through the availability of a centralized, standard compilation of information about the financing of SMHAs. To date, over half of the states have committed to helping fund this initiative.

Every state that completes the 2020 SPS Components will receive general reports showing state and national trends. However, states that financially support this initiative will also receive more expansive, customized state reports with additional details and trends. For more information about supporting this important initiative, please contact NRI's Executive Director/CEO, Tim Knettler at tknettler@nri-inc.org or 703-738-8160.

NO PLACE LIKE HOME?
Critical Considerations in Residential Crisis Settings

THURSDAY FEB. 27 12PM ET

Register at **CrisisResidentialNetwork.com**

REGISTER HERE

Nearly 50 years ago, residential crisis treatment emerged as a psychiatric hospital alternative in a vastly different setting--in homes with features much like the neighboring houses occupied by people who are not in crisis. While the model has since been expanded and experimented with, the homelike environment remained constant up until recently as communities have begun building multi-function crisis centers in the same buildings.

In this webinar we gather national experts in residential crisis treatment to explore the extent to which residential crisis services should be provided in a home or homelike setting, and the implications of providing them anywhere else.

Moderator:
Travis Atkinson, Consultant, TBD Solutions

Panelists:
   Steve Fields, Executive Director, The Progress Foundation, CA

   Steve Miccio, Executive Director, People, USA, NY

   Jaime Brewer, Director of Programs, Community Reach Center, CO

tbdSolutions

House Committee on Science, Space and Technology Reports Bill Funding Suicide Research by Institutions of Higher Education; FCC Posts 9-8-8 Rules for Comment

The House Committee on Science, Space and Technology has reported out H.R. 4704, the *Advancing Research to Prevent Suicide Act.*

Under the bipartisan legislation, sponsored by Reps. Ben McAdams (D-UT) and Anthony Gonzales (R-OH) and 15 co-sponsors, the National Science Foundation (NSF) would award grants to higher education institutions, subject to appropriations, to support basic research on suicide and its prevention and treatment, including basic understandings of:

(1) human social behavior;

(2) the neural basis of human cognition;

(3) cognitive, linguistic, social, cultural and biological processes related to human development across the lifespan;

(4) perceptual, motor, and cognitive processes, and their interaction, in typical human behavior; and

(5) the relevance of drug and alcohol abuse.The NSF would have to promote early career research by encouraging grant applications from doctoral students or postdoctoral researchers.

The NSF would be required to encourage applications submitted by early career researchers including doctoral students or postdoctoral researchers.

The Congressional Budget Office estimated on December 11 that implementing the bill would have no significant effect on the federal budget because the agency already awards grants to study the science of suicide. In recent years, the agency has awarded a few million dollars annually for such research.

The measure is endorsed by the American Foundation for Suicide Prevention and the American Psychological Association.

In a related development, the Federal Communications Commission (FCC) on January 15 published the regulation proposing to designate 988 as a simple, easy-to-remember, 3-digit dialing code for a national suicide prevention and mental health crisis hotline. The FCC proposes that all telecommunications carriers and interconnected VoIP providers be required to implement 988 in their networks within 18 months.

The FCC also seeks comment on related issues, such as technical barriers to implementation and costs, and specified alternatives to the proposed approach. Noting that one consultant has cautioned that some time-division multiplexing (TDM) switches may only be able to translate a code like 988 into a local or geographic number, the FCC asks whether this is accurate and, if so, how many such switches are in use today and what would be required to upgrade them? Should it carve out an exemption for such switches and require them instead to route 988 calls to a geographic number? Are there other solutions that would allow these switches to direct 988 calls to 1–800–273–8255 (TALK)?

The FCC then seeks, in the alternative, comments on requiring service providers to route 988 calls directly to a local Lifeline or Veterans Crisis Line call center rather than to 1-800-273-8255,

Comments are due February 14, and replies to comments are promised by March 16.

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

NIMH FUNDING OPPORTUNITY ANNOUNCEMENTS –
SUICIDE PREVENTION AND RESEARCH GRANTS

The National Institute of Mental Health has issued three funding opportunity announcements related to suicide prevention and suicide research gaps.

Enhancing Suicide Prevention in Emergency Care via Telehealth (RFA-MH-20-226)

The purpose of this announcement is to solicit research to develop, optimize, and test mental health telehealth methods to help evaluate and treat emergency department patients with suicide risk.

Learn more

Addressing Suicide Research Gaps: Understanding Mortality Outcomes (RFA-MH-20-305)

This announcement seeks to support efforts to link data from healthcare system records (for example, suicide attempts) to mortality data so that a more accurate understanding of the risk factors for, and the burden of, suicide among those seen in structured healthcare settings can be discerned.

Learn more

Addressing Suicide Research Gaps: Aggregating and Mining Existing Data Sets for Secondary Analyses (RFA-MH-20-307)

This announcement seeks to leverage data from existing basic, clinical, and intervention research on suicide risk and behaviors as well as social media and healthcare records data, by encouraging the integration of existing data sets for novel secondary analyses.

Learn more

Applications are due February 10 by 5:00 p.m. local time of the applicant organization.

Questions? Contact NIMH !

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: Industry Disruptor, Dr. Ursula Whiteside, Makes Life-Saving Skills Accessible

Like most people starting out in mental health, Ursula Whiteside, Ph.D., wanted to make a difference in the lives of the people she served. Looking back, she says, her younger self had no idea how hard it would be to do so. The biggest challenges: institutional obstacles and bias. She ran into roadblocks at each turn, from colleagues to institutional review boards whose decision making, she says, was driven by fear. "People working in the mental health space are often scared that they will be found liable for a person's suicide. It paralyzes them, and so they end up not moving forward during a time when inaction isn't an option."

Today, Dr. Whiteside is on the clinical faculty at the University of Washington and a key disruptor in the field of suicide prevention. She founded NowMattersNow.org in 2012, a website that makes brief, effective crisis interventions accessible to all who have internet access. The interventions on the site are based on select Dialectical Behavior Therapy (DBT) skills, complemented by videos that range between 1 and 10 minutes in length. In addition to interventions like opposite action, paced breathing, and mindfulness, Dr. Whiteside includes resources people can download, such as a safety plan and guide, steps to reduce suicidal thoughts, what to do when experiencing a crisis, and a diary card where people can track their moods, thoughts, and behaviors alongside the DBT skills they are learning. Dr. Whiteside also provides free guided online training that teaches healthcare providers, first responders, and peers how to deliver micro-intervention in less than five minutes to a person in crisis. She says she launched the site to give clinicians immediate access to "easy suicide prevention tools that can save lives." "Working in this field, you quickly realize that the person you're helping may never receive support outside the moment you have with them right now."

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 counselling 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_Internationa

32nd Annual Tuerk Conference
on Mental Health & Addiction Treatment

Kevin Lindamood   Beth Macy   Ashish Alfred   Carlo C. DiClemente

2020 Vision
Working Together

Sponsored by

The National Council on Alcoholism and Drug Dependence, Maryland
University of Maryland, School of Medicine, Department of Psychiatry
Division of Addiction Research and Treatment

Super Saver
$165 includes
Lunch and
6 CEUs

We strongly encourage you to register online at our website for the fastest and most efficient process.

8:00 am – 5:00 pm

The Baltimore Convention Center
Pratt and Sharp Streets

Conference Sponsors

Premier
Ammon Analytical Laboratory

Platinum

Ashley Treatment Centers • Behavioral Health System Baltimore
Clinic Management and Development Services, Inc. (CMDS)
Delphi Behavioral Health Group • Gaudenzia, Inc.
Kolmac Outpatient Recovery Centers • Maryland Addiction Recovery Center
Maryland Center of Excellence on Problem Gambling • Medmark Treatment Centers
Mountain Manor Treatment Centers • Pathways / Anne Arundel Medical Center
Powell Recovery Center • Project Chesapeake • Recovery Centers of America
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

7

Projects for Assistance in Transition from Homelessness (PATH)

Addressing Homelessness: Professional Boundaries and Ethics When Working with People Who Have SMI/CODs

Tuesday, February 4, 2020, 2:00-3:15 p.m. (ET)

Addressing Homelessness: Permanent Supportive Housing/Housing First for People Who Have SMI/CODs

Tuesday, February 11, 2020, 2:00-3:15 p.m. (ET)

Please join us on February 4 for the first webinar in the *Effective Outreach and Engagement Series.* Outreach and engagement require a rich set of interpersonal skills and deep understanding of what it means to engage with someone who is struggling with significant vulnerabilities. Direct service providers and outreach workers will learn evidence-based practices and skills related to reaching out and assisting a diverse population experiencing homelessness, including those with serious mental illness (SMI), substance use disorders, or co-occurring disorders (CODs).

Webinar 2: Addressing Homelessness: Permanent Supportive Housing/Housing First for People Who Have SMI/CODs

This webinar will provide an overview of permanent supportive housing (PSH) models and the practice of Housing First as a means to ending homelessness for people who have SMI and CODs. Attendees will hear from a PSH expert as well as a provider inPennsylvania who has implemented a successful PSH program.

Presenters:

- **Pat Tucker, M.B.A., M.A., Senior Program Manager, Advocates for Human Potential**

- **Shawn Frankenstein, Housing Coordinator, Service and Access Management, Inc., Pottsville, Pennsylvania**

Moderator: HHRN Deputy Director Sherri Downing. Participants will have an opportunity to ask questions, which will be addressed at the end of the presentation. A link to the recording will be made available.

Webinar 1: Addressing Homelessness: Professional Boundaries and Ethics When Working with People Who Have SMI/CODs

Service care providers report that it is easy to become too involved in their clients' lives and issues. Conversely, as providers become overburdened, they may distance themselves from their clients more than they should. This session will focus on improving understanding of professional boundaries; building relationships that are healthy for the provider and the client; and using information about power differentials, red flags, and the fine line between over- and under-involvement. The session will also focus on employing professional ethics in client/provider relationships.

Presenters:

- **Terry Cooley-Bennett**, LCSW, CCDP-D, TTS, Outreach Supervisor, Swope Health Services, Kansas City, Missouri

- **Sherri Downing**, Senior Program Manager and Deputy Director of SAMHSA's Homeless and Housing Resource Network

Moderator: Advocates for Human Potential, Inc. HHRN team member Kate Rio.

Participants will have an opportunity to ask questions, which will be addressed at the end of the presentation. A link to the recording will be made available.

Register HERE for Webinar 2.

Register HERE for Webinar 1

Future webinars in the **Effective Outreach and Engagement Series** include:

- **Addressing Homelessness: Harm Reduction and Recovery for People with SMI/CODs**
  February 25, 2:00 p.m. to 3:15 p.m. E.T.

- **Addressing Homelessness: Promoting Self-Care, Wellness, and Treatment Adherence Among People with SMI/CODs** - *March 10, 2:00 p.m. to 3:15 p.m. E.T.*

- **Addressing Homelessness: Crisis Intervention Strategies for People with SMI/CODs**
  March 24, 2:00 p.m. to 3:15 p.m. E.T.

This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.

JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

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

Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776

HRSA Health Workforce

Scholarships for Disadvantaged Students Program – Technical Assistance

Apply Now

Apply for the **2020 Scholarship for Disadvantaged Students** – through March 3, 2020

Technical Assistance

Technical assistance helps you understand Scholarships for Disadvantaged Students (SDS) Program requirements.

Thursday, February 6, 2:00 p.m. - 3:30 p.m. E.T.   Thursday, February 20, 2:00 – 3:00 p.m. E.T.
Call (toll-free): 888-455-2923 | **Passcode**: 8103807
Join the webinars ⊠

Where does SDS funding go?

The SDS program funds academic institutions that are training health profession students. They then make the scholarship awards available to students.

Do you qualify for the SDS program?

Contact your financial aid office. You can find out if they participate and get more details.

What guidance helps SDS program applicants?

- HRSA-16-069 Funding Opportunity Announcement: Scholarships for Disadvantaged Students (PDF - 4.4 MB)

- Poverty Guidelines (U.S. Department of Health and Human Services)

U.S. Department of Veterans Affairs

NEW!

All New PTSD Coach Mobile App Released

GET THE ALL NEW VERSION

Introducing the newest release of PTSD Coach, VA's first mobile app for mobile devices. The app has even more features to help you learn about and manage symptoms that can occur after trauma. First launched in April 2011, the app has been downloaded about 500,000 times in over 115 countries.

The app is now available in Spanish, thanks to the efforts of the U.S. Department of Health and Social Services Hurricane Maria Recovery Team in Puerto Rico. App users can change the language from English to Spanish once they download the content.

Additional features include:

• More tools to help you manage stress symptoms
• Improved graphics to help you track your progress

• More information about PTSD and treatments that work
• New ways to personalize your app with the ability to turn on or off daily quotes and the distress meter

The app is free and can be downloaded for iOS and Android.

Watch a Video Walk-Through of the app and how to use the PTSD Coach

---

WEBSITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information
Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Preventive Services TASK FORCE

Agency for Healthcare Research and Quality (AHRQ) is Seeking Nominations for New Members of the U.S. Preventive Services Task Force (USPSTF)

The Agency for Healthcare Research and Quality (AHRQ) seeks nominations for new members to the U.S. Preventive Services Task Force (USPSTF). Since 1998, the Agency for Healthcare Research and Quality (AHRQ) has been authorized by Congress to convene the Task Force and to provide ongoing scientific, administrative, and dissemination support to the Task Force.

The USPSTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. The Task Force assigns each of its recommendations a letter grade (an A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service. Section 2713 of the Affordable Care Act requires private insurers to cover preventive services recommended by the USPSTF with a grade of A or B, at no cost to the insured.

The Task Force does not consider the costs of a preventive service when determining a recommendation grade. The recommendations apply only to people who have no signs or symptoms of the specific disease or condition under evaluation, and the recommendations address only services offered in the primary care setting or services referred by a primary care clinician.

Each year, new members are appointed to replace those who will be completing their service. To learn more about the nomination process, how to nominate an individual for consideration, or how to self-nominate, go [here](#).

Nominations must be received by March 15, 2020 to be considered for appointment with an anticipated start date of January 2021.

Qualified candidates must demonstrate expertise and national leadership in:
- Clinical preventive services
- Critical evaluation of research
- Implementation of evidence-based recommendations in clinical practice

In addition, AHRQ seeks diverse candidates who have experience in public health; the reduction of health disparities; the application of science to health policy; and the communication of findings to various audiences.

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter

Longest-Tenured Mental Health Commissioner, Oklahoma Commissioner of Mental Health and Substance Abuse Services Terry White, Leaves State Service

Oklahoma Commissioner of Mental Health and Substance Abuse Services (ODMHSAS) Terri White is leaving state service, effective February 1.

"It has been my deepest honor to serve as Oklahoma's Commissioner of Mental Health and Substance Abuse Services for the last 13 years," said White.

Commissioner White is the longest serving current commissioner of mental health in the United States. She was also the first woman to serve as Oklahoma's Secretary of Health, holding that post under then-Governor Brad Henry from 2009 to 2011.

She joined ODMHSAS in 2001, serving in various leadership roles prior to being appointed Commissioner in 2007. After assuming the role of Commissioner, she immediately began a transformation of the state's behavioral health care system, focusing on innovation to enhance service delivery and creating an emphasis on prevention. Commissioner White championed the concept of mental illness and addiction as diseases of the brain, working to reduce stigma and bridge gaps that existed between behavioral health and other areas of medicine. Because of her leadership, ODMHSAS has become nationally known for its children's behavioral health services; community-based treatment programs for adults; technological innovations such as "telepsychiatry;" and the integration of behavioral health care into primary healthcare settings.

During Commissioner White's tenure, ODMHSAS consistently had the lowest administrative cost of any state agency at less than 3 percent, ensuring that over 97 percent of departmental funding would go toward life-saving prevention and treatment services provided in communities throughout the state; all while significantly increasing the number of people being served and improving outcomes. Commissioner White boosted efforts to compete for national awards that in turn helped create and advance criminal justice diversion programs, services for children and families, mobile crisis efforts and targeted services for the most seriously ill, school-based initiatives, new opportunities for addiction treatment, and the advancement of peer support services. She was tasked with fixing the state's behavioral health Medicaid crisis, taking over administration from another state agency when program growth and costs were expanding at an unsustainable rate. She fixed the problem by creating a new payment system based on delivering successful treatment and the right services.

White was also a key witness in the landmark opioid trial and victory this past summer, serving as the State of Oklahoma's final witness and corporate representative.

"Commissioner White's work has touched the lives of many thousands of Oklahomans experiencing mental illness and their families, and we owe her a debt of gratitude," said ODMHSAS Board Chair Courtney Knoblock. "It has taken disciplined and dedicated work, but Terri White has made ODMHSAS one of the most respected state mental health agencies in the nation.

"As commissioner, she spent the past decade skillfully building a mental health department that applies a data-driven, continuous improvement approach to all its work and funding decisions and just as important, she has personally and tirelessly worked to de-stigmatize mental illness in Oklahoma by promoting proven treatments for improved brain health. I have no doubt she will continue making a difference for Oklahomans in the next phase of her career."

In addition to her career achievements, the Commissioner has been recognized by numerous civic organizations for her outstanding leadership abilities and tireless efforts to improve the quality of life for Oklahomans living with mental or addiction disorders. In 2014, White received the "Kate Barnard Award" from the Oklahoma Commission on the Status of Women, created to honor outstanding women who have made a difference in Oklahoma through public service. She received a national Henry Toll Fellowship from the Council of State Governments in 2015. She is a three-time honoree of The Journal Record's "50 Women Making a Difference." In 2017, she was named "Compassionate Citizen of the Year" by the Oklahoma Foundation for the Disabled. Also in 2017, the University of Oklahoma College of Arts and Sciences awarded her its Distinguished Alumnus honor.

Also in 2017, Commissioner White was the first Oklahoman to be inducted as an honorary member of the Oklahoma National Guard for her work with veterans, service members and their families. In 2011, she was inducted into Oklahoma University's Anne and Henry Zarrow School of Social Work Hall of Fame, and is a volunteer faculty member with the University's School of Medicine.

Commissioner White also served on the NASMHPD Board of Directors as treasurer.

Commissioner White will continue working in new roles outside of state government in the areas mental health and substance use disorders and advocating fiercely for every Oklahoman in need of having early and ongoing access to evidence-based, nationally recognized mental health and addiction prevention, treatment, and recovery services.

Carrie Slatton-Hodges, ODMHSAS Deputy Commissioner of Treatment and Recovery services, will be stepping into the role of interim commissioner.

Solicitation for Applications

**SAMHSA'S GAINS Center Seeks Experienced Trainers
to Participate in Trauma - Informed Responses
Train-The-Trainer (TTT) Event**
Applications are 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.

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

Nominations Sought for CDC Opioid Workgroup by February 4

During the December meeting of the Board of Scientific Counselors of the National Center for Injury Prevention and Control (BSC/NCIPC), a Federal advisory committee, the BSC/NCIPC established an Opioid Workgroup (OWG) at the request of the Centers for Disease Control and Prevention (CDC). The primary purpose of the OWG is to provide expert input and observations on a possible update or expansion of the *CDC Guideline for Prescribing Opioids for Chronic Pain —United States, 2016***, on which CDC provided a background presentation. CDC also provided a presentation pertaining to the request that the BSC/NCIPC establish an Opioid Workgroup. These two presentations are available here.**

The Opioid Workgroup will have 12 to 20 members. The chair must be an appointed BSC/NCIPC member, and there must be at least one other OWG member who is an appointed member of the BSC/NCIPC. Remaining members will be external experts who can enhance the expertise on the workgroup to assist the group in completing its tasks. A limited number of *ad hoc* **consultants might also be considered to provide additional expert opinions as needed, and participation of representatives from some other federal agencies is anticipated.**

In seeking a balance of perspectives among workgroup members, CDC is continuing to work to identify audiences directly affected by the guideline, audiences that would be directly involved with implementing or integrating recommendations into current practice, and audiences qualified to provide representation of a specific discipline or expertise in alignment with the tasks of the workgroup. Perspectives that would support or enhance the workgroup's capacity to complete tasks include, but are not limited to the following groups: clinicians, ethicists, patients and their families, pharmacists/ pharmacologists, public health practitioners, and research scientists. Given workgroup factors including size considerations, prospective members who offer two or more perspectives are desired. In addition, to help ensure diversity of perspectives and guide final selections for the OWG membership, CDC will exercise discretion regarding the appointment of workgroup members that is consistent with federal advisory committee management requirements.

Individuals who wish to be considered for nomination to the workgroup should self-nominate by emailing their current curriculum vitae (CV) and contact information to ncipcbsc@cdc.gov by or before Tuesday, February 4.

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 40th 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

>> Click Here to Book Your Hotel Room Today

Please reserve your room prior to February 24, 2020.

Scaife Medical Student Fellowship in Substance Use Disorders

ireta
Institute for Research, Education & Training in Addictions

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

NACBHDD
National Association of County Behavioral Health and Developmental Disability Directors
The voice of local authorities in the nation's capital

National Association of County Behavioral Health and Developmental Disability Directors

660 North Capitol Street NW,
Suite #400
Washington, DC 20001
Phone: 202-661-8816
Fax: 202-478-1659
www.nacbhd.org

2020 Annual Legislative and Policy Conference
March 2-4, 2020
Cosmos Club
2121 Massachusetts Avenue, N.W. • Washington, D.C. 20008 • 202-387-7783

NACBHDD enthusiastically invites you to join us for our upcoming 2020 NACBHDD Legislative and Policy Conference, "Building Resilience Amidst Rapid System Change", to be held March 2 to 4 at the Cosmos Club, in Washington, D.C.

Early bird registration: *by February 1, 2020*

$550 – members (NACBHDD and NARMH)

$625 – non-members

Regular Registration: beginning *February 2, 2020*

$600 – members (NACBHDD and NARMH)

$675 - non-members

NEW!

Register HERE

14

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Grants to Implement the National Strategy for Suicide Prevention (SM-20-014)

Funding Mechanism: Grant   **Anticipated Total Available Funding: $2 M**

Anticipated Number of Awards: 5   **Anticipated Award Amount: Up to $400,000 per year**

Length of Project: Up to 3 years   **Cost Sharing/Match Required?: No**

Application Due Date: Monday, March 23, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Grants to Implement the National Strategy for Suicide Prevention (Short Title: NSSP) grants. The purpose of this program is to support states and communities in advancing efforts to prevent suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S. nationally. Addressing suicide prevention among adults is imperative to decreasing the nation's suicide rate.

Grantees must use SAMHSA's services grant funds primarily to support direct services. This includes the following activities:

- Implement initiatives to ensure greatest reach and system change.

- Develop and implement a plan for rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after discharge from emergency departments and inpatient psychiatric facilities. This must include directly linking up with selected emergency departments and inpatient psychiatric facilities to ensure care transition and care coordination services.

- Establish follow-up and care transition protocols to help ensure patient safety, especially among high risk adults in health or behavioral health care settings who have attempted suicide or experienced a suicidal crisis, including those with serious mental illnesses.

- Provide, or assure provision of, suicide prevention training to community and clinical service providers and systems serving adults at risk. Clinical training conducted should include assessment of suicide risk and protective factors, use of best practice interventions to ensure safety (including lethal means safety), treatment of suicide risk, and follow-up to ensure continuity of care. Applicants must measure changes in provider's competence/confidence in each of the clinical training areas.

- Incorporate efforts to reduce access to lethal means among individuals with identified suicide risk. This effort will be done consistent with all applicable federal, state, and local laws.

- Work across state and/or community departments and systems in order to implement comprehensive suicide prevention. Relevant state agencies should include, but are not limited to, agencies responsible for Medicaid; health, mental health, and substance abuse; justice; corrections; labor; veterans affairs; and the National Guard.

- Work with VHA Medical Centers and Community-Based Outpatient Clinics (CBOCs), state department of veteran affairs and national SAMHSA and VA suicide prevention resources to engage and intervene with veterans at risk for suicide but not currently receiving VHA services.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. SAMHSA also strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Eligibility:

- State government agencies, including the District of Columbia and U.S. Territories. The State mental health agency or the State health agency with mental or behavioral health functions should be the lead for the NSSP grant.

- Community-based primary care or behavioral healthcare organizations

- Public health agencies

- Emergency departments

- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations. (At least one award will be made to a tribe/tribal organization pending adequate application volume).

NSSP recipients funded under SM-17-007 are not eligible to apply for funding under this FOA

Contacts:

Program Issues: Michelle Cornette, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1213, michelle.cornette@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.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Comprehensive Opioid Recovery Center (TI-20-006)

Funding Mechanism: Grant
Anticipated Number of Awards: 2
Length of Project: Up to 4 years

Anticipated Total Available Funding: $1,900,000
Anticipated Award Amount: Up to $850,000 per year
Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 17, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2020 Comprehensive Opioid Recovery Centers Program. The CORC Program is authorized under § 7121 of the SUPPORT Act for Patients and Communities. The purpose of the program is the operation of comprehensive centers which provide a full spectrum of treatment and recovery support services to address the opioid epidemic.

Activities required in the CORC program are clearly identified in § 7121 of the SUPPORT Act. The following activities are required by recipients:

- Treatment and recovery services. Each Center shall:
  - Ensure that intake, evaluations, and periodic patient assessments meet the individualized clinical needs of patients, including by reviewing patient placement in treatment settings to support meaningful recovery.
  - Provide the full continuum of treatment services, including:

    a. all drugs and devices approved or cleared under the Federal Food, Drug, and Cosmetic Act and all biological products licensed under § 351 of this Act to treat substance use disorders or reverse overdoses, pursuant to Federal and State law;

    b. medically supervised withdrawal management, that includes patient evaluation, stabilization, and readiness for and entry into treatment;

    c. counseling provided by a program counselor or other certified professional who is licensed and qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan for the patient, and to monitor patient progress;

    d. treatment, as appropriate, for patients with co-occurring substance use and mental disorders;

    e. testing, as appropriate, for infections commonly associated with illicit drug use;

    f. residential rehabilitation, and outpatient and intensive outpatient programs;

    g. recovery housing;

    h. community-based and peer recovery support services;

    i. job training, job placement assistance, and continuing education assistance to support reintegration into the workforce; and

    j. other best practices to provide the full continuum of treatment and services, as determined by the Secretary.

  - Ensure that all programs covered by the Center include medication-assisted treatment, as appropriate, and do not exclude individuals receiving medication-assisted treatment from any service;
  - Periodically conduct patient assessments to support sustained and clinically significant recovery, as defined under Data Collection Requirements;
  - Provide onsite access to medication, as appropriate, and toxicology services;
  - Operate a secure, confidential, and interoperable electronic health information system; and
  - Offer family support services such as child care, family counseling, and parenting interventions to help stabilize families impacted by substance use disorder, as appropriate.

- Outreach - Each Center shall carry out outreach activities regarding the services offered through the Centers which may include:
  - training and supervising outreach staff, as appropriate, to work with State and local health departments, health care providers, the Indian Health Service, State and local educational agencies, schools funded by the Indian Bureau of Education, institutions of higher education, State and local workforce development boards, State and local community action agencies, public safety officials, first responders, Indian Tribes, child welfare agencies, as appropriate, and other community partners and the public, including patients, to identify and respond to community needs;
  - ensuring that the entities described above are aware of the services of the Center; and
  - disseminating and making publicly available, including through the internet, evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring substance use and mental disorders.

Eligibility: Eligibility is statutorily limited to domestic nonprofit organizations which provide substance use disorder treatment.

Contacts:

Program Issues: Tracy Weymouth, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-0142, tracey.weymouth@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.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS
Disaster Response Grant Program – School-Based Services (SG-20-003)

Funding Mechanism: Grant　　　　**Anticipated Total Available Funding: $70 million**

Anticipated Number of Awards: 70　　**Anticipated Award Amount: From $1M for 18 months**

Length of Project: 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.

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

Funding Mechanism: Grant　　　　**Anticipated Total Available Funding: $30 million**

Anticipated Number of Awards: 30　　**Anticipated Award Amount: From $1M for 18 months**

Length of Project: 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.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Family Support Technical Assistance Center (FG-20-002)

Funding Mechanism: Grant   **Anticipated Total Available Funding: $800,000**

Anticipated Number of Awards: 1   **Anticipated Award Amount: $800,000 per year**

Length of Project: Up to 5 years   **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.

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

SAMHSA
Substance Abuse and Mental Health
Services Administration

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 Total Available Funding: $5,492,314**
Anticipated Number of Awards: 17 **Anticipated Award Amount: Up to $310,000 per year**
Length of Project: Up to 3 years **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.

Grants Management and Budget Issues: Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, 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.

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
Peter Hartsock, Ph.D., NIDA, (301) 402-1964, peter.hartsock@nih.gov

Financial/Grants Management Contact

Pamela G. Fleming, NIDA, (301) 480-1159, 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 at RI International or 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.

PSYCHIATRIC PHARMACISTS

Improving access, outcomes and cost

25%
shortage of
psychiatrists
by 2025

HRSA, 2017

44.7
million adults
experience
mental illness
in a given year

NIMH, 2018

$225
billion are
spent on
mental health
annually

SAMHSA, 2014

Psychiatric pharmacists are advanced practice clinical pharmacists who specialize in mental health care. With an extensive knowledge of medication management, they are skilled at treating the whole patient. They strengthen the mental health team by working directly with patients, improving outcomes and saving lives.

75%
of physicians find their jobs to be easier when the primary care team includes a clinical pharmacist.

JAPhA, 2017

12 to 1
Up to $12 cost reduction for every $1 invested in pharmacist-provided medication management services.

USPHS, 2011

PSYCHIATRIC PHARMACISTS ADD UNIQUE VALUE

Part of the team, part of the treatment.

In collaboration with the health care team, patients, and caregivers, psychiatric pharmacists:

- **PRESCRIBE*** or recommend appropriate medications
- **EVALUATE** responses and modify treatment
- **MANAGE** medication adverse reactions
- **RESOLVE** drug interactions
- **SUPPORT** medication adherence
- **PROVIDE** medication education

*Prescriptive and practice authority varies by state and practice setting.

EXPANDED PHARMACY EDUCATION

- **6-8 YEARS** Undergraduate and Doctor of Pharmacy Degrees
- **1 YEAR** General Pharmacy Residency
- **1 YEAR** Psychiatric Residency
- **CERTIFY** by examination

☆ **Board Certified Psychiatric Pharmacist (BCPP)**
(+ recertification every 7 years)

COMMON PLACES OF PRACTICE

- Government supported hospitals or clinics (VA, Dept. of Defense, state)
- Public, private, and academic hospitals
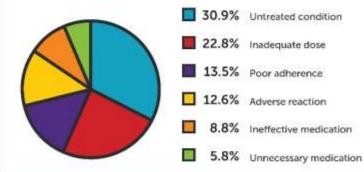- Outpatient mental health clinics
- Outpatient primary care clinics
- Prisons and correctional facilities

TYPES OF MEDICATION-RELATED PROBLEMS RESOLVED BY PHARMACISTS

Medication Management Systems, 2010

- **30.9%** Untreated condition
- **22.8%** Inadequate dose
- **13.5%** Poor adherence
- **12.6%** Adverse reaction
- **8.8%** Ineffective medication
- **5.8%** Unnecessary medication

38%
improvement in patient depression response rates when working with a psychiatric pharmacist.

JPP, 2016

This information brought to you by the College of Psychiatric and Neurologic Pharmacists (CPNP), a professional association representing psychiatric pharmacists nationwide. Our members integrate into teams of health care professionals, making a difference in overall costs, treatment efficiencies, patient recovery and quality of life.

More information and references available at CPNP.org/392646.

cpnp

Medicaid.gov
Keeping America Healthy

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 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)

Medicaid.gov
Keeping America Healthy

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

CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care

Combining the strongest components of OnTrack and the evidence-based Individual Resilience Training (IRT) of NAVIGATE, C4 Innovations is offering a new training in coordinated specialty care.

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

The tool will offer scalable, efficient professional development for CSC teams.

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.**

What can teams EXPECT?

- Comprehensive, role-specific training for all team members, including peers, offered at no charge to teams
- Courses, consultation calls, and a community of practice led by experts in the field. See reverse for full list of expert trainers.
- Opportunity for refresher training for existing teams and teams with new members.
- Trainings will start in March of 2020
- 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

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Certified Community Behavioral Health Clinic Expansion Grants (SM-20-12)

Funding Mechanism: Grant   **Anticipated Total Available Funding: $197 million**

Anticipated Number of Awards: 98   **Anticipated Award Amount: Up to $2M per year**

Length of Project: Up to 2 Years   **Cost Sharing/Match Required?: No**

Application Due Date: Tuesday, March 10, 2020

he 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.

Grants Management and Budget Issues: Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, 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 Total Available Funding: $24,708,000**

Anticipated Number of Awards: 6 to 24   **Anticipated Award Amount: $1M to $3M per year**

Length of Project: Up to 4 Years   **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.

Tanvi Ajmera, Center for Mental Health Services, SAMHSA, (240) 276-0307, 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.

Call for Conference Presentation Submissions

**2020 Annual Conference on
Advancing School Mental Health**

Conference Theme: *Equitable and Effective School Mental Health*
October 29 to 31, 2020
Marriott Baltimore Waterfront Hotel, Baltimore, Maryland

Hosted by the National Center for School Mental Health (NCSMH)
at the University of Maryland School of Medicine
Division of Child and Adolescent Psychiatry

**Submission Deadline: Midnight (PST), Monday, February 24, 2020
All proposals must be submitted online.**

Download the 2020 Annual Conference Request for Proposals for detailed instructions.
Additionally, **we strongly recommend** downloading the Word proposal template to prepare your proposal for online submission: type your responses into the Word document and once fully completed, begin your online submission.

If you experience any difficulties, please contact the NCSMH:
Phone: 410-706-0980
Email: ncsmh@som.umaryland.edu

Web: Annual Conference on Advancing School Mental Health

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

www.samhsa.gov/find-help

SAMHSA

HHS.gov

Behavioral Health Treatment Services Locator

Agency for Healthcare Research and Quality Funding Opportunity Announcement
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)*

(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

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

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. Territoris or Possessions

Faith-based or Community-based Organizations   Regional Organizations

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.

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 withand 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. The Grants.gov Support Hotline operates 24 hours a day, 7 days a week, except on federal holidays.

NCEED
National Center of Excellence
for Eating Disorders

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.

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

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES NATIONAL TRAINING CENTER

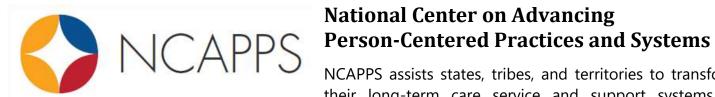The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University. Established in 2018 through funding provided by the Administration for Community Living, the training center 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/**

The inaugural **MHDD National Leadership Institute** will be held this May at Utah State University. The MHDD Leadership Institute was created to help inspire, motivate and guide professionals to meaningful action by identifying and committing to values. By using components of ACT Training, those that attend the institute will walk away feeling reinvigorated to continue doing their work and finding new ways to build capacity around supporting the mental health aspects of individuals with developmental disabilities. The leadership institute is divided into three sections:

- Pre-Institute: Dynamic online modules to prepare you for the in-person institute experience.
- Institute: Intensive, in-person training May 10–16 at the Utah State University campus in beautiful Logan, UT.
- Post-Institute: Continued cohort support and action plan

The cost for the leadership institute is $1500 and covers the cost of a majority of the meals for the week and your hotel for the duration of the institute.

Register HERE and secure your spot for the MHDD Leadership Institute. Registration closes February 21. Online modules begin on March 30. Please contact Ty Aller at for questions.

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.

February 26, 2020 3:00 to 4:30 p.m. E.T.	Building Capacity Using Family-Centered Approaches to Promote the Best Life for Young Children with Disabilities: An Innovative Family-to-Family Program REGISTER HERE
March 2020	Person-Centered Practice in Managed Care: Roles and Developments
April 2020	Inclusion & Belonging and Implications for Person-Centered Thinking, Planning, & Practice
May 2020	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)
June 2020	Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?
July 2020	Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings
August 2020	Myths and Misperceptions about Financing Peer Support in Medicaid
September 2020	Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises
October 2020	Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice
November 2020	Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations
December 2020	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

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

Strategies for Success: Using Long-Acting Injectable Medications
Thursday, February 14, 3:00 p.m. to 4:00 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: Yvonne Yang, MD, PhD, UCLA Semel Institute for Neuroscience and Human Behavior

Register Now

Peer Support in Transitioning from Crisis Care: Variations on the NYAPRS Peer Bridger Model
Thursday, February 27, 3:00 p.m. to 4:00 p.m. E.T.

Transitioning from a short-term crisis stay or a longer-term hospitalization for psychiatric problems is a difficult time. In 1994 the New York Association for Psychiatric Rehabilitation Services (NYAPRS) developed a peer support program to assist people experiencing long term or frequent hospitalizations in transitioning back to life in the community. The program was designed to have peer support workers build positive and trusting relationships with individuals in hospital setting and then to follow the person back into the community, post discharge, providing support and connections to community resources. The Bridger program has continued to evolve over the years and can now be found around the country, serving people being discharged from hospitals, crisis stays, and emergency departments. This webinar will examine the core principles of the Bridger model and its use in transitioning levels of care and supporting people in their journeys to recovery.   **Presenter:** Patrick Hendry, Mental Health America

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.

TA Network Webinars & Opportunities

Thursday, February 6
1:30 p.m. to 3:00 p.m. E.T.

Moving Forward: Using the National CLAS Standards to Address Social Justice and Health Equity

The National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) were developed as a tool to enforce Title VI of the Civil Rights Act of 1964. This history positions the National CLAS Standards as an effective tool for advancing health equity and improving social justice. This webinar will focus on understanding the history of the CLAS Standards and learning how they can be used to advance health equity and social justice by improving access and effectiveness.

Register HERE

Thursday February 13
1:00 p.m. to 2:30 p.m. E.T.

Offering Peer Support Services with Young People at Clinical High Risk for Psychosis

This framework creates mutuality in relationships that emphasize being with others through their experiences, utilizing the strategies of curiosity and empathy. During this webinar, there will be a discussion about Peer Support as an effective model for training all systems of support, and how to modify this essential recovery component for working with the CHRp populations.

Register HERE

Wednesday, February 19
2:30 p.m. to 4:00 p.m. E.T.

Increasing Impact by Engaging Your Audience: A Guide to Social Marketing for Systems of Care

This session of the System of Care (SOC) Leadership Learning Community will focus on how to increase the impact of social marketing in SOCs. Join this multimedia, interactive discussion of social marketing as a valuable tool for advancing SOC goals. The webinar will include a comprehensive definition of social marketing and its potential impact. Learn about recent social marketing campaigns in the U.S. and abroad. Gain knowledge of the steps involved in social marketing: from understanding your audience to evaluating your success. The importance of partnerships and events for social marketing success will also be discussed. An example of work in a SOC will be presented including gathering data on audiences and employing successful communications strategies.

Register HERE

2020 Training Institutes, July 1 to 3, 2020

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.

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. The "Tampa Conference gathers than 700 researchers, evaluators, policymakers, administrators, parents, and advocates. It 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

NASMHPD Staff

NASMHPD Links of Interest

SAMSHA Grant Awards by State for 2019 (by Map) / 2019 New and Continuation Grant Awards

The Tiny Brain Cells That Connect Our Mental and Physical Health (Excerpted from The Angel and the Assassin: The Tiny Brain Cell That Changed the Course of Medicine), Donna Jackson Nakazawa, Wired Magazine, January 21

Good, Better, Best: Clinical Scenarios for the Use of L-Methylfolate in Patients with MDD, Jain R., M.D. M.P.H., Manning S. & Cutler A.J., CNS Spectrums, December 13, 2019

New Study: Majority of Americans Value Privacy and Affordability over Transparency, Kathryn Donaldson, America's Health Insurance Plans (AHIP), January 23 & AHIP Pricing Transparency Polling Presentation, Morning Consult, January 2020

Opioid Use Disorder: Barriers to Medicaid Beneficiaries' Access to Treatment Medications, Government Accountability Office, January 24, 2020

340B Drug Discount Program: Oversight of the Intersection with the Medicaid Drug Rebate Program Needs Improvement, Government Accountability Office, January 27, 2020

Mental Health Service Use by Medicaid-Enrolled Children and Adolescents in Primary Care Safety-Net Clinics, Cummings J.R., Ph.D., Ji X., Ph.D., Druss B.G., M.D., M.P.H., Psychiatric services On-Line, January 21

Guided Self-Help Intervention Reduces Psychological Distress Among Refugees, Healio Psychiatry, January 27 and Hanlon C., & Jordans M., Lancet Global Health, February 2020

Infographic: Youth Mental Health – Trends and Outlook, National Institute for Health Care Management (NIHCM) Foundation, January 29

Letter to HHS Secretary Alex Azar and CMS Administrator Seema Verma from Rep. Joseph Kennedy and 35 Other Democratic Members of Congress Objecting to the Trump Administration's Medicaid Block Grant Proposal, January 29

NCHS Data Brief No. 355: Mortality in the United States, 2018, Xu J., M.D., et al., National Center for Health Statistics, Centers for Disease Control and Prevention, January 2020