

National Association of State Mental Health Program Directors *Weekly Update*

Study Finds One-Half of Children and Adolescents with a Mental Health Complaint Boarded in an Urban Emergency Department At Least 24 Hours Did Not Receive a Formal Psychiatric Evaluation or Treatment Recommendations

Slightly more than one-half (51.5 percent) of the 573 pediatric psychiatric patients with a mental health complaint or suicidal ideation who boarded for 24 hours or more at a tertiary care urban pediatric hospital in Baltimore from September 2015 to August 2018 left without receiving a formal psychiatric evaluation from a psychiatrist or treatment recommendations.

The retrospective cohort study by Erin P. O'Donnell, M.D. of the Division of Pediatric Emergency Medicine at Johns Hopkins University School of Medicine and her colleagues, [reported February 17 in a research letter published on-line in JAMA Pediatrics](#), included children and adolescents 3- to 18-years-of-age presenting at the Johns Hopkins Pediatric E.D. who were evaluated initially for a mental health chief complaint. Patients had a mean boarding time of 54 hours. Boarding commonly occurred during school months (520 [90.8 percent]), and 97 patients (16.9 percent) for whom hospitalization was initially recommended were discharged home.

The most common chief complaints among the pediatric patients in the study cohort included suicidal ideation or suicidal attempt and behavior disorder (e.g., disruptive disorder). Many patients had a comorbid psychiatric history, with only 74 (12.9 percent) having no previous psychiatric diagnosis. Prior and subsequent ED encounters for mental health concerns were experienced by only 254 patients (46.2 percent) and 143 patients (25.0 percent), respectively.

The most common psychiatric diagnoses among the cohort included depressive disorder (276 [48.3 percent]) and attention-deficit/hyperactivity disorder (259 [45.3 percent]). Answers to Ask Suicide-Screening Questions were positive for 378 patients (66 percent).

Demographic and clinical data were abstracted from medical records. Community socioeconomic status was assessed using data from the US Census Bureau pertaining to income and poverty by census tract or community statistical areas based on the patient's home address. Of the 573 patients in the cohort, 306 (53.4 percent) were female, and the mean age was 14 years. Most patients were African American (349 [60.9 percent]), resided within the Baltimore city limits (322 [56.2 percent]), and had no long-term medical conditions (354 [61.8 percent]). More than half of the patients lived in communities with a lower median household income and higher poverty rate than the national average.

Among the patients with aggressive behavior, one-quarter (156 [27.2 percent]) required additional medications, and 45 patients (7.9 percent) required physical restraints.

The authors of the study say that the fact that almost half of the patients in the cohort had prior mental health-related ED visits, together with previous studies revealing that patients fail to receive care from mental health clinicians prior to ED presentation, underscores the importance of improving access to outpatient services.

The 2018 NASMHPD *Beyond Beds* paper, [Making the Case for a Comprehensive Children's Crisis Continuum of Care](#), by Elizabeth Manley, L.S.W., et al. suggests a way to address this need. That paper posits that a crisis continuum of care designed specifically to meet the needs of children, youth, and young adults, and their parents/caregivers is essential to deescalate and ameliorate a mental health crisis before more restrictive and costly interventions become necessary, and to ensure connection to necessary services and supports.

Ms. Manley and her associates contend that a high-quality child and youth crisis continuum should be available 24/7 for all children, regardless of who the payer might be. The comprehensive crisis continuum the contemplate would feature screening and assessment, using a validated screening tool; mobile crisis response; crisis stabilization services and residential crisis services, where necessary; psychiatric consultation; referrals and warm hand-offs to home- and community-based services; and ongoing care coordination.

Within such a crisis continuum, mobile response and stabilization services (MRSS) would serve to effectively deescalate, stabilize, and improve treatment outcomes, interceding before urgent behavioral situations become unmanageable emergencies. Such services could be instrumental in averting unnecessary emergency department visits, out-of-home placements and placement disruptions, and in reducing overall system costs.

The authors of the paper acknowledge, as the Hopkins study has found, that a significant percentage of persons seen by MRSS providers have not previously received behavioral health treatment and that a first experience in receiving crisis services can be daunting. That makes engaging families in a culturally and linguistically competent crisis response is essential to reducing risk and preventing future crises, but also for developing the type of trust that ensures a family will choose to seek services in the future.



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[HRSA Notice of Funding Opportunity: Opioid Impacted-Family Support Program - Opioid Workforce Expansion Program-Paraprofessionals \(HRSA-20-014\)](#)

[ADAA2020 Conference, March 19 to 21 Apply Now for IRETA's Scaife Medical Student Fellowship in Substance Use Disorders](#)

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[Department of Justice Funding Opportunity Notice: FY2020 Law Enforcement Mental Health and Wellness Act \(LEMHWA\)](#)

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[SAMHSA Funding Opportunity Announcement: Comprehensive Opioid Recovery Center \(TI-20-006\)](#)

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New Mobile App for Veterans: CHAMPVA Pay

Are you a sponsoring Veteran or beneficiary of Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) program? If so, you and your health care provider may need to know if CHAMPVA pays the cost of certain medical treatments, medications or durable medical equipment.

With CHAMPVA Pay, this information will be at your fingertips.

The electronic application (app) is available for your mobile device and personal computer. It helps you work with your health care provider to determine what is reimbursable by the CHAMPVA program, based on medical codes. Codes include medical treatments, medications and durable medical equipment.

To download the app, go to the [VA App Store](#). Then, select the appropriate format for your device (Apple or Android) or for your laptop or PC. Next, download the program. The app also is available directly from the Apple and Android app stores.

After downloading the app, enter the CPT (treatment code), ICD-10 (diagnostic code), or National Drug Code (or DME code) in question form into the corresponding search box. You will receive one of three possible responses:

- "Yes, this service is reimbursable."
- "No, this service is not reimbursable."
- "Yes, with conditions." This response will include a request to call a customer service representative to see what those special conditions are.

Technicians will make updates and add new medical codes each quarter. As a result, the app will remain as accurate as possible.



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
12 PM 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

Study Finds Youth Suicide Rates Higher in Counties with Higher Concentrations of Poverty

New research published January 27 in the journal [JAMA Pediatrics](#) suggests that children and teens living in high-poverty counties face a greater risk of dying by suicide.

Rates of youth suicides by firearms was 87 percent higher in more impoverished counties, according to the study.

Lead author Jennifer Hoffman, M.D., Division of Emergency Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, and her colleagues analyzed data from the U.S. Centers for Disease Control and Prevention's (CDC) Compressed Mortality File, including pediatric suicides (ages 5 to 19), methods of suicide, and the county where the suicide occurred from January 1, 2007 to December 31, 2016. The data was matched with county-level poverty rates from the U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE) Program.

Hoffman and her associates grouped the number of pediatric and teen suicides into five levels of poverty concentration, based on the percentage of the population living at or below the Federal Poverty Level (FPL) in the relevant county: 0 percent to 4.9 percent; 5 percent to 9.9 percent; 10 percent to 14.9 percent; 15 percent to 19.9 percent; and 20 percent or more. The FPL was \$21,027 for a family of four in 2007 and \$24,339 in 2016.

The authors identified a total of 20,982 suicides by children and youth from 2007 to 2016 (annual rate of 3.35 per 100,000 youth ages 5 to 19). The majority of suicides were by adolescents 15- to 19-years-of-age (84.6 percent), male (76.2 percent), and white non-Hispanic (68.6 percent). The

three most common methods of suicide were suffocation (45.9 percent), firearms (41.1 percent), and poisoning (6.1 percent).

Youth suicide rates increased in a "stepwise manner" as county-level poverty concentration increased—as poverty levels rose, youth suicide rates also rose. Rates of suicide were 37 percent higher in counties with the highest level of poverty (20 percent or more of the county population living below the federal poverty level) in comparison to counties with less than 5 percent poverty rate, indicating a strong association between poverty level and youth suicides.

The stepwise pattern was significantly strong when examining methods of suicide and county-level poverty concentration. Youth suicide by firearms was 87 percent more likely in counties with the highest poverty levels (20 percent or greater). No association was found between the suicide methods suffocation and poisoning based on county-level poverty rates.

"Our findings suggest that community poverty is a serious risk factor for youth suicide, which should help target prevention efforts," Dr. Hoffman commented in the Ann & Robert H. Lurie Children's Hospital [press release](#). The authors conclude that further research is needed to explore how poverty influences childhood health, such as whether children have greater access to firearms or differences in the practice of safe firearm storage in high-poverty communities.



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

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

After completing this course, you will be able to:

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

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

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

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

[ENROLL HERE](#)

How #CrisisTalk is Transforming Dialogue in Behavioral Health

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

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

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

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

THIS WEEK: Regional Vice President of EMPACT Suicide Prevention Center Erica Chestnut-Ramirez on Mobile Crisis as the First Responders in Behavioral Health

Passersby in Maricopa County, Arizona, have likely driven or walked past a mobile crisis team helping a person in mental health distress and had no idea. Erica Chestnut-Ramirez, Regional Vice President of EMPACT Suicide Prevention Center at La Frontera Arizona, says that's intentional. Around the United States, people in mental health crises often first encounter law enforcement. "They or a third party call 911, and that results in lights and sirens, which draws a lot of attention, and the experience can be traumatic." Mobile crisis teams take a different approach. They go out in groups of two, made up of a mix of clinicians, behavioral health technicians, and peers, to people in need. "We go in an unmarked van to where the person is experiencing a crisis. Whether at home or elsewhere in the community. To anyone else, it just looks like three friends having a conversation." During the interaction, the team does risk assessments and interventions, helping to mitigate the mental health crisis to Emergency Room (ER) or jail pipeline. Chestnut-Ramirez says not only is this approach more person-centered and therapeutic, but also mobile crisis teams in Arizona have a 75 percent to 80 percent stabilization rate. "That means we can keep people in the community, and they don't have to go to higher level, higher-cost services."

[LEARN MORE](#)

Crisis Now Partners:

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

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

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

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

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

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

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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





NHSC Loan Repayment Programs: One Application, Three Programs



WE'RE ACCEPTING APPLICATIONS THROUGH APRIL 23, 2020, 7:30 P.M. E.T.
FOR THE:

- [NHSC LOAN REPAYMENT PROGRAM](#)
- [NHSC SUBSTANCE USE DISORDER \(SUD\) WORKFORCE LOAN REPAYMENT PROGRAM](#)
- [NHSC RURAL COMMUNITY LOAN REPAYMENT PROGRAM](#)

[WHICH ONE IS RIGHT FOR YOU?](#) (PDF - 576 KB)

PROGRAM TYPE	NHSC Loan Repayment Program	NHSC SUD Workforce Loan Repayment Program	NHSC Rural Community Loan Repayment Program
DISCIPLINES ELIGIBLE FOR ALL PROGRAMS	Physicians (DO/MD) • Nurse Practitioners (NP) • Physician Assistants (PA) • Certified Nurse Midwives (CNM) Health Service Psychologists (HSP) • Licensed Clinical Social Workers (LCSW) • Psychiatric Nurse Specialists (PNS) Marriage and Family Therapists (MFT) • Licensed Professional Counselors (LPC)		
DISCIPLINES ELIGIBLE FOR SPECIFIC PROGRAMS	 Dentists (DDS/DMD) Dental Hygienists (RDH)	 Substance Use Disorder (SUD) Counselors • Pharmacists (PHARM) Registered Nurses (RN) <small>*Certified Registered Nurse Anesthetists (CRNA) are only eligible for the Rural Community LRP</small>	
AWARD AMOUNT	UP TO \$50K full-time / UP TO \$25K part-time	UP TO \$75K full-time / UP TO \$37.5K part-time	UP TO \$100K full-time / UP TO \$50K part-time
SERVICE COMMITMENT	2 YEARS	3 YEARS	
NHSC HEALTH CARE SITE	✓ Any NHSC-approved site	✓ Any NHSC-approved SUD site	✓ Any rural, NHSC-approved SUD site

All programs use one application, **but you can only apply to one program.**

Additional NASMHPD Links of Interest

[Differences in Availability and Use of Medications for Opioid Use Disorder in Residential Treatment Settings in the United States](#), Huhn A.S., M.D., M.B.A., *JAMA Network Open*, February 7

[Characteristics and Health Status of Informal Unpaid Caregivers — 44 States, District of Columbia, and Puerto Rico, 2015–2017](#), Edwards, V.J., Ph.D., *et al.*, *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, February 21

[Opioids and Opioid Use Disorder: Quality Measurement Priorities](#), Technical Expert Panel, National Quality Forum, February 20

[Combining Antidepressants When Treating Depression \(Video & Transcript\)](#), Michael Thase, M.D., *Psychiatry and Behavioral Health Learning Network*, February 19

[Harmed Before Birth, America's 'Lost Children' Overshadowed by Opioid Crisis](#), Brianna Ehley, *Politico*, February 20



The National Tribal Public Health Summit is a premiere Indian public health event that attracts over 500 Tribal public health professionals, elected leaders, advocates, researchers, and community-based service providers. This year's Summit will feature dynamic national speakers, interactive workshops and roundtable discussions, a welcome reception, a morning fitness event, as well as the presentation of the 2020 Native Public Health Innovation awards.

Summit Tracks

- Health Promotion and Disease Prevention
- Public Health Policy, Infrastructure, Workforce and Systems
- Substance Misuse, Opioids, and Behavioral Health
- Environmental Health and Climate Change
- Traditional Public Health Practice

**CONTROL-CLICK TO
REGISTER HERE**

Speaker Highlight: Billy Mills



The National Indian Health Board is excited to announce that Olympic gold medalist Billy Mills will be a keynote speaker at the 11th Annual National Tribal Public Health Summit. Billy will be speaking during the opening plenary session on March 18th.

Billy Mills is Oglala Lakota (Sioux) and was born and grew up on the Pine Ridge Indian Reservation. An Olympic gold medalist and Running Strong's National Spokesperson, he has dedicated his life to serving American Indian communities.

At the 1964 Olympics, he shocked the world and came from behind to win the gold medal in the 10k race. At the time, he set a world record of 28 minutes, 24.4 seconds and is still the only American to ever win a gold medal in the 10k event.

[Learn more about Billy Mills](#) and join us at the Tribal Public Health Summit to hear more about his journey and his work promoting public health for Tribes.

Hilton Omaha Room Block Closes February 24th!

Contact Us

For more information about the 11th Annual Tribal Public Health Summit, please contact us directly at the phone number or e-mail below.

National Indian Health Board

TPHS@nihb.org

202-507-4070

Projects for Assistance in Transition from Homelessness (PATH)



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).

Future Webinars in the Effective Outreach and Engagement Series Include:

- **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



National Coalition on Mental Health and Aging Webinar: Bridging the Science-Practice Gap: Potential Opportunities for Geriatric Mental Health *Thursday, February 27, 2:00 p.m. E.T.*



Only 4-28 percent of older adults with mental health and substance use disorders receive evidence-based mental health services. This is despite numerous treatments and services proven to be effective by science-based research. This webinar will cover home and community-based mental health outreach services, dementia caregiver support, integrated mental and physical health self-management, and prevention and health promotion for late-life mental health disorders.

Presenter: Stephen Bartels, M.D., M.S.

Dr. Bartels is James J. and Jean H. Mongan Endowed Chair in Health Policy and Community Health, Massachusetts General Hospital, and Professor of Medicine at Harvard Medical School.

[REGISTER HERE!](#)



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.

Call (toll-free): 888-455-2923 | **Passcode:** 8103807

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)

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT



[Services Grant Program for Residential Treatment for Pregnant and Postpartum Women \(TI-20-07\)](#)

Funding Mechanism: Grant

Anticipated Total Available Funding: \$1.8 million

Anticipated Number of Awards: 3 (At least 1 tribes/tribal organization, pending adequate application volume)

Anticipated Award Amount: up to \$525,000 per year

Length of Project: Up to 5 Years

Cost Sharing/Match Required?: Yes

Application Due Date: Tuesday, March 30, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2020 Residential Treatment for Pregnant and Postpartum Women grant program (Short Title: PPW). The purpose of this program is to provide pregnant and postpartum women treatment for substance use disorders through programs in which, during the course of receiving treatment, 1) the women reside in or receive outpatient treatment services from facilities provided by the programs; 2) the minor children of the women reside with the women in such facilities, if the women so request; and 3) the services are available to or on behalf of the women.

Eligibility: Eligible applicants are domestic public and private nonprofit entities.

PPW recipients that received grant awards under the following Announcement Numbers are not eligible to apply for this funding opportunity:

- TI-14-005 - Grants funded in FY 2016; and
- TI-17-007 - Grants funded in FY 2017, FY 2018, or FY 2019.

Recipients funded under SM-17-006 are not eligible to apply for funding under this FOA.

Contacts:

Program Issues: Linda White-Young, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1581, Linda.White-Young@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 to Implement Zero Suicide in Health Systems (SM-20-15)

Funding Mechanism: Grant

Anticipated Total Available Funding: \$7,043,597

Anticipated Number of Awards: 10 to 17

Anticipated Award Amount: \$400,000 to \$700,000 per year

Length of Project: Up to 5 Years

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 30, 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 Zero Suicide in Health Systems (Short Title: Zero Suicide). The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health systems. The purpose of this program is to implement suicide prevention and intervention programs for individuals who are 25 years of age or older. This program is designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk for suicide. Recipients will implement the Zero Suicide model throughout their health system.

Eligibility: Eligible applicants are statutorily limited to:

- States, District of Columbia, and U.S. Territories health agencies with mental health and/or behavioral health functions;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations
- Community-based primary care or behavioral health care organizations;
- Emergency departments; or
- Local public health agencies.

Recipients funded under SM-17-006 are not eligible to apply for funding under this FOA.

Contacts:

Program Issues: Brandon Johnson, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1222, brandon.johnson1@samhsa.hhs.gov.

Savannah Kidd, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1071, savannah.kidd@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

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

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

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

Contacts:

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

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

NIH Request for Information

Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for FYs 2021-2025 (Notice Number: NOT-OD-20-064)

This Notice is a Request for Information (RFI) inviting feedback on the framework for the NIH-Wide Strategic Plan for Fiscal Years (FYs) 2021-2025. The purpose of the NIH-Wide Strategic Plan is to communicate how NIH will advance its mission to support research in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The current [NIH-Wide Strategic Plan](#), covering FYs 2016-2020, was submitted to Congress on December 15, 2015. As part of implementing the 21st Century Cures Act (P.L. 114–255), NIH will update its Strategic Plan every five years. The agency is currently developing an updated NIH-Wide Strategic Plan, for FYs 2021-2025, and anticipates releasing it in December 2020.

The FY 2021-2025 NIH-Wide Strategic Plan highlights NIH's approach towards the achievement of its mission while ensuring good stewardship of taxpayer funds. It is not intended to outline the myriad of important research opportunities for specific diseases or conditions. Nor will it focus on the specific research missions of each component Institute, Center and Office. Those opportunities are found within strategic plans that are specific to an Institute, Center, or Office, or specific to a particular disease or disorder. (A list of Institute, Center, or Office-specific, topical, and other NIH-wide or interagency strategic plans is available at <https://report.nih.gov/strategicplans/>.)

The Framework for the FY 2021-2025 NIH-Wide Strategic Plan, below, articulates NIH's priorities in three key areas (Objectives): biomedical and behavioral science research; scientific research capacity; and scientific integrity, public accountability, and social responsibility in the conduct of science. These Objectives apply across NIH. In addition, several Cross-Cutting Themes, which span the scope of these Objectives, are identified.

NIH-Wide Strategic Plan Framework

Cross Cutting Themes

- Increasing, Enhancing, and Supporting Diversity
- Improving Women's Health and Minority Health, and Reducing Health Disparities
- Optimizing Data Science and the Development of Technologies and Tools
- Promoting Collaborative Science
- Addressing Public Health Challenges Across the Lifespan

Objective 1: Advancing Biomedical and Behavioral Sciences

- Driving Foundational Science
- Preventing Disease and Promoting Health
- Developing Treatments, Interventions, and Cures

Objective 2: Developing, Maintaining, and Renewing Scientific Research Capacity

- Cultivating the Biomedical Research Workforce
- Supporting Research Resources and Infrastructure

Objective 3: Exemplifying and Promoting the Highest Level of Scientific Integrity, Public Accountability, and Social Responsibility in the Conduct of Science

- Fostering a Culture of Good Scientific Stewardship
- Leveraging Partnerships
- Ensuring Accountability and Confidence in Biomedical and Behavioral Sciences
- Optimizing Operations

Request for Comments

This RFI invites input from stakeholders throughout the scientific research, advocacy, and clinical practice communities, as well as the general public, regarding the above proposed framework for the FY 2021-2025 NIH-Wide Strategic Plan.

(Continued on next page)



NIH Request for Information

Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for FYs 2021-2025 (Notice Number: NOT-OD-20-064)

(Continued from previous page)

The NIH seeks comments on any or all of, but not limited to, the following topics:

- Cross-Cutting Themes articulated in the framework, and/or additional cross-cutting themes that may be considered
- NIH's priorities across the three key areas (Objectives) articulated in the framework, including potential benefits, drawbacks or challenges, and other priority areas for consideration
- Future opportunities or emerging trans-NIH needs

NIH encourages organizations (e.g., patient advocacy groups, professional organizations) to submit a single response reflective of the views of the organization or membership as a whole.

All comments must be submitted electronically on the [submission website](#). Responses must be received by 11:59:59 pm (ET) on March 25, 2020.

Responses to this RFI are voluntary and may be submitted anonymously. Please do not include any personally identifiable information or any information that you do not wish to make public. Proprietary, classified, confidential, or sensitive information should not be included in your response. The Government will use the information submitted in response to this RFI at its discretion. The Government reserves the right to use any submitted information on public websites, in reports, in summaries of the state of the science, in any possible resultant solicitation(s), grant(s), or cooperative agreement(s), or in the development of future funding opportunity announcements. This RFI is for informational and planning purposes only and is not a solicitation for applications or an obligation on the part of the Government to provide support for any ideas identified in response to it. Please note that the Government will not pay for the preparation of any information submitted or for use of that information.

We look forward to your input and hope that you will share this RFI opportunity with your colleagues.

Please direct all inquiries to: nihstrategicplan@od.nih.gov

The Network for Public Health Law

The Department of Homeland Security's Final Public Charge Rule redefined the term "public charge" by greatly expanding who might be deemed a "public charge" and which "public benefits" are included in the public charge analysis.

Under the Immigration and Nationality Act (INA) a person living in the U.S. can be denied a green card if she or he is found to be a "public charge." Under the Final Rule, "public benefits" now include non-cash benefits, including most forms of Medicaid. With the U.S. Supreme Court's recent order allowing the Final Rule to go into effect while legal challenges make their way through the lower courts, many poor and low-income individuals will now face increased scrutiny when applying for a green card. The Final Rule has raised significant concerns regarding its potential impact on public health.

This webinar will provide an overview of the Final Rule and its anticipated impact, including how immigrant communities are being impacted and a discussion of some core legal arguments submitted in federal district court on how the Final Rule contravenes Congress' health policy goals.

By attending this webinar, you will:

- Obtain an overview of the Public Charge Rule: what it is, what changed, and its status in the courts
- Gain insight into how the Final Rule might impact the use of public benefits in mixed-status households
- Learn about potential public health impacts of the Final Rule
- Learn about legal arguments submitted to federal courts

Moderator: •Leila Barraza, J.D., M.P.H., Consultant, Network for Public Health Law—Western Region Office

Presenters:

- April Shaw, PhD, J.D., Staff Attorney, Network for Public Health Law—Western Region Office
- Justin J. Lowe, J.D., Legal Director, Health Law Advocates
- Holly Straut-Eppsteiner, PhD, Research Program Manager, National Immigration Law Center

[REGISTER HERE](#)





NIMH Funding Opportunity Announcement

Early Psychosis Intervention Network (EPINET): Practice-Based Research to Improve Treatment Outcomes (RFA-MH-20-205)

Open Date (Earliest Submission Date) / Letter of Intent Date: February 10, 2020

Earliest Start Date: September 1, 2020

Funding Mechanism: Grant

Anticipated Total Available Funding: \$4.5 million

Anticipated Number of Awards: Up to 3

Anticipated Award Amount: \$1 million per year

Cost Sharing/Match Required?: No

Application Due Dates: March 10, 2020, 5:00 p.m. Local Time of Applying Entity

NIMH recently established the Early Psychosis Intervention Network (EPINET), which includes five regional scientific hubs, nearly 60 early psychosis clinical service programs, and the EPINET National Data Coordinating Center (ENDCC; see announcement here.) The regional scientific hubs support practice-based research to improve early identification, diagnosis, clinical assessment, intervention effectiveness, service delivery, and health outcomes in clinics offering evidence-based specialty care to persons in the early stages of psychotic illness. This Funding Opportunity Announcement (FOA) invites applications for additional regional scientific hubs to join the overall EPINET effort.

For this FOA, "early psychosis" is defined as the period spanning the onset of an affective or non-affective psychotic disorder and up to 5 years following the first episode of psychosis (FEP).

Each new EPINET regional scientific hub will link multiple early psychosis clinical service programs through (a) standard measures of early psychosis clinical features, services, and treatment outcomes; (b) informatics tools to collect de-identified, person-level data across sites; and (c) a unified approach for aggregating and analyzing pooled data. Large, integrated datasets are expected to facilitate rigorous quality improvement and program evaluation efforts within regional networks. In addition, each regional scientific hub will propose one or more mental health services and intervention research projects to advance the learning health care goals of measurement-based treatment, continuous improvement and innovation in care delivery, and practice-based research to drive the process of scientific discovery. New regional scientific hubs selected for funding will collaborate closely with the ENDCC as described in funding announcement RFA-MH-19-151.

Eligibility

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, **ARE** eligible to apply

Contacts:

Scientific/Research Contact: Susan T. Azrin, Ph.D., National Institute of Mental Health (NIMH), 301-443-3267, azrinst@mail.nih.gov.

Peer Review Contact: Nick Gaiano, Ph.D., NIMH, 301-827-3420. NIMHPeerReview@mail.nih.gov.

Financial/Grants Management Contact: Tamara Kees, NIMH. 301-443-8811, tkees@mail.nih.gov.



ON-LINE COURSE - 330.610.89 - Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

Location: Internet **Term:** Summer Inst. Term **Department:** Mental Health
Credits: 1 credits **Academic Year:** 2020 – 2021 **Dates:** Tue 05/26/2020 - Wed 06/10/2020
Auditors Allowed: Yes, with instructor consent **Grading Restriction:** Letter Grade or Pass/Fail
Course Instructor: Ronald Manderscheid **Contact:** [Ronald Manderscheid](#)
Frequency Schedule: One Year Only
Resources:

- [CoursePlus](#)
- [Evaluations](#)

Description:

Reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. Also explores environmental factors that impact local operations, as well as facility with key tools to plan and implement services. Specifically explores two principal environmental factors, i.e., National Health Reform and Medicaid, and two primary tools for management, i.e., strategic planning and needs assessment. Emphasizes practical knowledge so that managers can apply the information immediately upon returning to their programs. Students are expected to bring practical problems to the course and to leave with useful strategies and tools for solving them.

Learning Objectives:

Upon successfully completing this course, students will be able to:

1. Assess the impact of National Health Reform and Medicaid on their own programs and will be able to employ useful strategic planning and needs assessment tools
 2. Describe the essential features of National Health Reform and the Medicaid Program
 3. Engage successfully in local strategic planning and needs assessment initiatives
-

Methods of Assessment:

This course is evaluated as follows:

- 35% Participation
 - 65% Final Paper
-

Instructor Consent:

No consent required

Special Comments:

Project is due June 30, 2020

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.

WEBSITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

Webinar Series: Recovery from Serious Mental Illness (SMI)



The Northeast and Caribbean MHTTC is proud to offer a webinar series on: **Recovery from Serious Mental Illness (SMI) and the Practices that Support Recovery.** This series will introduce the participant to recovery from SMI and many of the evidence-based and promising practices that support recovery.

Upcoming events in the series (all events take place from 1:00 p.m. to 2:30 p.m. E.T.):



March 10 - Illness Management and Recovery: Self-Management Program Providing Psychoeducation, Relapse Planning, Coping and Social Skills Training, and Approaches for Medication Management

March 26 - Peer Services: Peer Providers Offer Understanding, Respect, Mutual Empowerment, and Support to Others Through Use of Their Personal Experiences

April TBA - Supervision of Peer Providers: Effective Supervision of Peers by Non-Peer Supervisors

April 23 - Role of Health and Wellness in Recovery: Interventions to Reduce the High Rates of Morbidity and Mortality Among People with Serious Mental Illnesses

May 7- Role of Religion and Spirituality in Recovery: Benefits and Challenges of Religion and Spirituality in Recovery and Strategies for Navigating this Topic

May 21- Recovery in the Hispanic and Latinx Community: What is the Understanding of Recovery in the Hispanic and Latina Community and How Can We Support It

Click [here](#) for more information and to register.

[Click here to view a full list of our MHTTC Training and Events Calendar](#)

[Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter](#)

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.



NIHCM
FOUNDATION

WEBINAR: Teen Mental Health: Supporting Schools and Expanding Resources

Monday, February 24, 3:00 p.m. to 4:30 p.m. E.T.

Rates of mental illness and suicide have risen markedly among teens in recent years, as has substance use. Given the importance of early screening and access to resources, leaders are working with schools and taking new approaches to get teens help when they need it most.

This [webinar](#) will explore:

- Cross-sector strategies to prevent teen substance use and suicide
- The role of school-based health services in providing behavioral health care
- A program that brings evidence-based strategies to school professionals to help them address student behavioral health
- Data showing how school connectedness can serve as a protective factor for students

A [draft agenda](#) is available on our website



REGISTER HERE



Health Resources and Services Administration
Notice of Funding Opportunity
Opioid-Impacted Family Support Program - Opioid Workforce Expansion
Program- Paraprofessionals (HRSA-20-014)

Funding Mechanism: Grant

Anticipated Number of Awards: 19

Length of Project: Up to 4 Years

Anticipated Total Available Funding: \$11.5 million

Anticipated Award Amount: \$600,000 per year

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, April 13, 2020

Projected Project Start Date: September 1, 2020

The purpose of this program is to support training programs that enhance and expand paraprofessionals knowledge, skills and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to children whose parents are impacted by opioid use disorders (OUD) and other substance use disorders (SUD), and their family members who are in guardianship roles. Additionally, a special focus is on demonstrating knowledge and understanding of the specific concerns for children, adolescents and transitional aged youth in high need and high demand areas who are at risk for mental health disorders and SUDs.

For the purpose of this NOFO, the term “paraprofessional” refers specifically to those working in the behavioral health-related field. Additionally, this program will provide developmental opportunities and educational support to increase the number of paraprofessional trainees receiving a certificate upon completion of pre-service training (Level I training which includes didactic and experiential field training) and entering into in-service training (Level II training which includes training at a registered Department of Labor apprenticeship site).

The program goal is to increase the number of peer support specialists and other behavioral health-related paraprofessionals who are prepared to work with families who are impacted by OUD and other SUDs in high need and high demand areas.

The program objectives are to:

1. Enhance and expand, didactic educational support and experiential field training opportunities for OIFSP paraprofessional trainees that target children, adolescents and transitional age youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles.
2. Develop, or establish a partnership with, registered apprenticeship programs to provide in-service training that places paraprofessional trainees in behavioral health-related positions addressing OUD and other SUDs. The apprenticeship program constitutes Level II training
3. Reduce financial barriers by providing financial support to trainees in the form of tuition/fees, supplies, and stipend support.
4. Create additional training positions beyond current program capacity to increase the number of paraprofessionals trained by a minimum of 10 percent in year one and maintain that level each year of the 4-year project period, with a focus on working with families who are impacted by OUD and other SUDs.

Eligibility:

- State-licensed mental health nonprofit and for-profit organizations. For the purpose of this NOFO, these organizations may include Academic institutions, including universities, community colleges and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education.
- Domestic faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible.

Individuals are not eligible to apply.

Program Contacts:

Business, Administrative, or Fiscal: William Weisenberg, Grants Management Specialist, Division of Grants Management Operations, OFAM, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Mailstop 10SWH03, Rockville, MD 20857, (301) 443-8056, [wwaisenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov).

Program Issues and/or Technical Assistance: Andrea L. Knox, Public Health Analyst, Division of Nursing and Public Health, Attn: Opioid-Impacted Family Support Program, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Room 11N128C, Rockville, MD 20857, (301) 443-4170, OIFSP@hrsa.gov.



Celebrating
40
Years

> REGISTER NOW

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.

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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

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Your Hotel Room Today

La Quinta San Antonio Riverwalk -

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

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Your Hotel Room Today

Please reserve your room prior to February 24, 2020.

Scaife Medical Student Fellowship in Substance Use Disorders

2020 APPLICATIONS NOW OPEN!

Scaife Medical Student Fellowship in Substance Use Disorders

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

Two available sessions:

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

Program consists of:

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



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

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

LEARN MORE & APPLY



National Association of County
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2020 Annual Legislative and Policy Conference

March 2-4, 2020

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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.

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\$675 – non-members

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Crisis Services Continuum Conference

APRIL 22, 2020

A unique forum where all aspects of crisis services - Crisis Call Centers, Mobile Crisis Outreach Teams, and Crisis Residential Programs - will have a chance to meet, network, learn, and focus on our work.

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PORTLAND, OR





DEPARTMENT OF JUSTICE FUNDING OPPORTUNITY NOTICE Community-Oriented Policing Services (COPS) Office FY2020 Law Enforcement Mental Health and Wellness Act (LEMHWA)

Funding Mechanism: Grant

Anticipated Total Available Funding: up to \$4.3 million

Length of Project: 24 months

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 31, 2020 at 7:59 p.m. E.T.

The Fiscal Year 2020 Law Enforcement Mental Health and Wellness Act (LEMHWA) program funds are being used to improve the delivery of and access to mental health and wellness services for law enforcement through training and technical assistance, demonstration projects, and implementation of promising practices related to peer mentoring mental health and wellness programs. The 2020 LEMHWA program will fund projects that develop knowledge, increase awareness of effective mental health and wellness strategies, increase the skills and abilities of law enforcement, and increase the number of law enforcement agencies and relevant stakeholders using peer mentoring programs.

This solicitation is open to all public governmental agencies, federally recognized Indian tribes, for-profit (commercial) organizations, nonprofit organizations, institutions of higher education, community groups, and faith-based organizations. For-profit organizations (as well as other recipients) must forgo any profit or management fee.

The 2020 LEMHWA program will fund projects related to the following topic areas:

- Peer Support Implementation Projects
- National Peer Support Program for Small and Rural Agencies
- LEMHWA Coordinator Assistance Provider

Eligibility:

This solicitation is open to all public governmental agencies, federally recognized Indian tribes, for-profit (commercial) organizations, nonprofit organizations, institutions of higher education, community groups, and faith-based organizations. For-profit organizations (as well as other recipients) must forgo any profit or management fee.

The COPS Office welcomes applications under which two or more entities would carry out the federal award; however, only one entity may be the applicant. Any other entities carrying out the federal award must be identified as proposed subrecipients. The applicant must be the entity that would have primary responsibility for carrying out the awards, including administering the funding and managing the entire project. The terms and conditions of the federal award are also applicable to subrecipients.

Proposals should be responsive to the topic selected, improve the delivery of and access to mental health and wellness services for law enforcement, and significantly advance peer mentoring mental health and wellness programs within law enforcement agencies across the country. With the exception of the "Peer Support Implementation" topic area, initiatives that primarily or solely benefit one or a limited number of law enforcement agencies or other entities will not be considered for funding.

SAVE THE DATES – 2020 NASMHPD ANNUAL CONFERENCE (COMMISSIONERS ONLY)



July 26 to 28 at the Westin Arlington Gateway Hotel,
Arlington, Virginia

Additional Information to be Provided in the Near Future

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, tracy.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 ANNOUNCEMENT

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

Funding Mechanism: Grant

Anticipated Number of Awards: 1

Length of Project: Up to 5 years

Anticipated Total Available Funding: \$800,000

Anticipated Award Amount: \$800,000 per year

Cost Sharing/Match Required?: No

Application Due Date: Friday, February 28, 2020

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

The recipient is expected to implement the following activities.

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

Eligibility: Domestic public and private non-profit entities.

Contacts:

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

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

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

Funding Mechanism: Grant

Anticipated Number of Awards: 17

Length of Project: Up to 3 years

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

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

Cost Sharing/Match Required?: No

Application Due Date: Monday, March 9, 2020

Anticipated Project Start Date: August 30, 2020

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

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

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

Eligibility:

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

Prior Circles of Care recipients are ineligible to apply.

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

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.

Eligibility

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.

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.

David W. Covington, LPC, MBA
CEO & President

RI International
CRA for Recovery Innovations, Inc.
2701 N. 16th Street, Suite 318
Phoenix, AZ 85006

Work: 480-636-3088
Mobile: 404-425-8103
Email: David.Covington@riinternational.com



[THE FOLLOWING NOTICE IS ABBREVIATED FOR YOUR CONVENIENCE]

Centers for Medicare & Medicaid Services

Request for Information

[CMS-2324-NC] RIN: 0938-ZB57



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

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)

[THE FOLLOWING NOTICE IS ABBREVIATED FOR YOUR CONVENIENCE]



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

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

(Continued from Previous Page)

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

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

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

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

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

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

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



NOW RECRUITING

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
- 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.
- All teams will be trained by mid-April
 - InPerson training scheduled 3/26/2020 – 3/27/2020
 - OnDemand training scheduled 3/30/2020 – 4/10/2020
- 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



OUR CSC ONDEMAND TRAINERS

Iruma Bello, PhD | Clinical Training Director, OnTrackNY

Dr. Bello is an Assistant Professor of Clinical Psychology in Psychiatry. She is also the Clinical Training Director of OnTrackNY at the Center for Practice Innovations within the Division of Behavioral Health Services and Policy Research at Columbia University. She graduated with her PhD in Clinical Psychology from the University of Hawaii- Honolulu.

Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY

A NYS certified peer specialist, Abaigael currently serves as a Recovery Specialist and Trainer for OnTrack NY. She has worked as a peer specialist in a variety of settings through the NYS Office of Mental Health, including clinics and as a member of an ACT team. She was based in the OMH NYC field office as an Advocacy Specialist in the Children's Services division.

Susan Gingerich, MSW | Training Coordinator, NAVIGATE

Susan Gingerich has been closely involved with the NAVIGATE First Episode of Psychosis program since 2009, helping to develop all the manuals and providing consultation calls for the directors of 17 NAVIGATE programs during the research phase of The Recovery After An Initial Schizophrenia Episode (RAISE) initiative. She is currently the training coordinator for the NAVIGATE Program.

Thomas Jewell, PhD | Project Manager, Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research

Tom Jewell, PhD is on the staff of the CPI, Columbia University, New York State Psychiatric Institute and the Department of Psychiatry at the University of Rochester, School of Medicine and Dentistry. His specialty has been in evaluation and research into evidenced-based practices. He is a family intervention trainer with OnTrackNY, which deals with first episode psychosis.

Nev Jones, PhD | Assistant Professor, University of South Florida | Department of Mental Health Law & Policy | Louis de la Parte Florida Mental Health Institute

Dr. Jones received her Ph.D. from DePaul University, followed by a postdoctoral fellowship at Stanford University in medical anthropology and psychiatry. Dr. Jones has worked in leadership positions in both state government and nonprofit community mental health. Her research covers social, cultural and structural determinants of disability and recovery, youth and young adult behavioral health services, and peer and family support.

Piper Meyer-Kalos, PhD, LP | Director of Research and Evaluation, Minnesota Center for Chemical and Mental Health

Piper Meyer-Kalos, PhD, HCP-P, holds her doctoral degree in Clinical Rehabilitation Psychology from Indiana University – Purdue University, Indianapolis and specializes in psychiatric rehabilitation and treatment for FEP with interests in recovery, positive psychology, and psychosocial treatment for people with severe mental illness. Since 2009, Dr. Meyer-Kalos has been part of the psychosocial development team of RAISE project and has co-led the individual therapy component (IRT).

Ilana Nossel, MD | Medical Director, OnTrackNY | Assistant Professor, Columbia University Medical Center

Dr. Nossel practices general adult psychiatry, including consultation, psychotherapy and medication management. She currently serves as the the Medical Director of OnTrack NY. She previously worked as Associate Director of the PI Residents Clinic and completed a pilot study adapting Critical Time Intervention (CTI) for frequent users of the psychiatric emergency room.

Gary Scannevin, Jr., M.P.S., CPRP | IPS Trainer Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research, New York State Psychiatric Institute

Gary has worked in the mental health sector of healthcare for 29 years. He is currently an IPS Trainer at the CPI at Columbia University Psychiatry, where his primary mission is training Supported Education and Employment Specialists (SEES) in both OnTrackNY and OnTrackUSA.

Delbert Robinson, MD | Associate Professor, The Center for Psychiatric Neuroscience, Feinstein Institutes for Medical Research

Dr. Robinson has led NIMH-funded studies focused upon first episode schizophrenia, tools to enhance antipsychotic medication adherence, and obsessive-compulsive disorder. For the RAISE-ETP study, he chaired the Psychopharmacological Treatment Committee. He was the primary developer of the Medications manual for RAISE-ETP and has provided training and consultation for NAVIGATE prescribers since 2009.



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

Behavioral Health Treatment Services Locator HHS.gov



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 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



RECOVERY LIVE SUPERVISION BASICS FOR ORGANIZATIONS NEW TO EMPLOYING PEER SUPPORT WORKERS

THURSDAY, FEBRUARY 27, 2:00 P.M. TO 3:00 P.M. E.T.



SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) invites you to join a conversation with experts about how organizations new to providing peer support services can effectively supervise and support peer support workers. All workers need supervision, and good supervision can play a key role in helping peers integrate successfully into new work settings. Organizations unaccustomed to providing peer support services can improve services and employee satisfaction by implementing best practices for supervising and supporting peer workers. Our presenters will discuss how to apply practical supervision strategies that support peer workers' professional development in different settings. Join this free, interactive virtual event moderated by Lonnetta Albright, BRSS TACS Subject Matter Expert.

[**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**](#)

COMPENSATORY COGNITIVE TRAINING FOR NEUROPSYCHIATRIC CONDITIONS

THURSDAY, MARCH 12, 3:00 P.M. TO 4:00 P.M. E.T.

This webinar will describe Compensatory Cognitive Training for individuals with psychiatric conditions, including schizophrenia, bipolar disorder, and major depression. Results from randomized controlled trials will be reviewed, and key components of the intervention will be described and demonstrated. And, clinical aspects of intervention delivery (e.g., identifying candidates, linking cognitive strategies with rehabilitation goals) will be discussed.

Presenter: Elizabeth Twamley, PhD, UC San Diego

[**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.

e/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.



The Clozapine Center of Excellence

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

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

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

Visit SMIadviser.org/clozapine and join the conversation.



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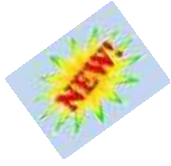


Grant Statement

Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

TA Network Opportunities

Wednesday, February 26
2:00 p.m. to 3:30 p.m. E.T.



DATING MATTERS: STRATEGIES TO PROMOTE HEALTHY TEEN RELATIONSHIPS

It is important that youth serving organizations and communities can prevent violence before it starts. Dating Matters®: Strategies to Promote Health Teen Relationships is a comprehensive and evidence-based teen dating violence prevention model developed by CDC. This model includes multiple prevention strategies for individuals, peers, families, schools, youth programs, and communities. These prevention strategies were designed to work together to reinforce healthy relationship messages and skills, and prevent negative relationship behaviors early in life.

This interactive training will discuss the latest research on healthy teen relationships, existing resources, case studies, and the components of the Dating Matters model. Speakers will share practical approaches to promote healthy relationships among youth in local communities.

[REGISTER HERE](#)

Thursday, February 27
3:00 p.m. to 4:30 p.m. E.T.

PARENT PEER SUPPORT PROVIDERS: ROLES ACROSS SYSTEMS AND SERVICE LEVEL INTENSITY

Parent peer support providers are a growing workforce and a critical part of a comprehensive service array. Parent peer support is offered in a variety of formats - information and referral, individual support and system navigation, as part of wraparound or treatment team, and embedded in residential treatment programs. As the use of parent peer support expands, the utility of this workforce is not always fully understood and employers often are not aware of how parent peer support providers can be integrated across the child-serving systems and at all levels of service intensity. This webinar will offer a picture of how parent peer support is operationalized across settings, systems and service intensities, as well as examples of implementation from the field and tools for use within local communities.

[REGISTER HERE](#)

Friday, February 28
1:00 p.m. to 2:30 p.m.
E.T.

ADOLESCENT INTERSECTIONS: THERAPEUTIC CROSS-OVER SKILL SETS, MENTAL HEALTH, SUBSTANCE USE & TRAUMA

Youth living with co-occurring disorders are at much greater risk for suicide, violence, school failure, juvenile justice involvement and a host of other, chronic problems. This webinar will discuss the specialized perspective of providing clinical services to youth with co-occurring mental health and substance use disorders – with careful attention to the high prevalence of interwoven trauma and developmental trauma experiences. This training is designed for clinicians and their supervisors, along with people designing programming for youth and families. This presentation will focus on adjusting standard clinical perspectives and treatment routes through the highly specialized lens of adolescent development and multi-system involvements. There is a growing need to provide integrated screening, assessments, and care in ways that challenge outdated conceptualizations of singularly focused or separated therapy.

[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>***

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NASMHPD Links of Interest

[KEEP YOUR TEEN MOVING TO REDUCE RISK OF DEPRESSION. STUDY SAYS](#), SANDEE LAMOTTE, *CNN HEALTH*, FEBRUARY 11 & [DEPRESSIVE SYMPTOMS AND OBJECTIVELY MEASURED PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR THROUGHOUT ADOLESCENCE: A PROSPECTIVE COHORT STUDY](#), KANDOLA A., M.Sc. ET AL., *LANCET PSYCHIATRY*, FEBRUARY 11

[MARYLAND FOSTER CHILDREN STAY IN HOSPITALS BECAUSE THEY HAVE NOWHERE ELSE TO GO](#), RACHEL BAYE, WYPR RADIO, FEBRUARY 14

[NONPROFIT HOSPITALS WITH HEALTHIEST FINANCES OFFER LITTLE CHARITY CARE](#), LISA RAPAPORT, *REUTERS*, FEBRUARY 17 & [CHARITY CARE PROVISION BY U.S. NONPROFIT HOSPITALS](#), BAI G., Ph.D., C.P.A, YEHIA F. M.P.H. & ANDERSON G.F., Ph.D., *JAMA INTERNAL MEDICINE*, FEBRUARY 17

[THE MENTAL HEALTH HAZARDS OF READING ABOUT PHYSICIAN SUICIDE](#), KAYLA H. ISAACS, B.S., *JAMA INTERNAL MEDICINE*, FEBRUARY 10

[SHE KILLED HER CHILDREN. CAN WE FORGIVE HER?](#), APRIL DEMBOSKEY, KQED/NATIONAL PUBLIC RADIO, FEBRUARY 6 [STORY ON POST-PARTUM PSYCHOSIS]

[FOLLOWING GAIN. CALIFORNIA TO REOPEN HEALTH COVERAGE SIGNUPS](#), *ASSOCIATED PRESS*, FEBRUARY 18

[NYPD HIRING TEAM OF PSYCHOLOGISTS TO COMBAT SPIKE IN COP SUICIDES](#), CRAIG MCCARTHY, *NEW YORK POST*, FEBRUARY 18

[THE HEALTH SYSTEM WE'D HAVE IF ECONOMISTS RAN THINGS](#), AUSTIN FRAKT, *NEW YORK TIMES* UPSHOT COLUMN, FEBRUARY 17

[ONLINE MINDFULNESS-BASED COGNITIVE THERAPY IMPROVES RESIDUAL DEPRESSIVE SYMPTOMS](#), *PSYCHIATRY AND BEHAVIORAL HEALTH LEARNING NETWORK*, FEBRUARY 11 & [OUTCOMES OF ONLINE MINDFULNESS-BASED COGNITIVE THERAPY FOR PATIENTS WITH RESIDUAL DEPRESSIVE SYMPTOMS: A RANDOMIZED CLINICAL TRIAL](#), SEGA; Z.V., Ph.D., ET AL., *JAMA PSYCHIATRY*, JANUARY 29

[COGNITIVE IMPAIRMENT IN NEVER-MEDICATED INDIVIDUALS ON THE SCHIZOPHRENIA SPECTRUM](#), SOLIS-VIVANCO R., Ph.D., ET AL., *JAMA PSYCHIATRY*, FEBRUARY 19

[MATERNAL OBESITY LINKED TO ADHD AND BEHAVIORAL PROBLEMS IN CHILDREN. NIH STUDY SUGGESTS](#), INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD) PRESS RELEASE, FEBRUARY 19 & [PARENTAL WEIGHT STATUS AND OFFSPRING BEHAVIORAL PROBLEMS AND PSYCHIATRIC SYMPTOMS](#), ROBINSON S.L. ET AL., *THE JOURNAL OF PEDIATRICS*, FEBRUARY 2020

[CALIFORNIA GOVERNOR DECLARES HOMELESS CRISIS 'A DISGRACE'](#), THOMAS FULLER, *NEW YORK TIMES*, FEBRUARY 20

[MILLIONS OF AMERICANS DONATE THROUGH CROWDFUNDING SITES TO HELP OTHERS PAY FOR MEDICAL BILLS](#), NORC AT THE UNIVERSITY OF CHICAGO, FEBRUARY 19