NASMHPD

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

HHS Secretary Azar Proposes to Eliminate Medicaid Expansion Enhanced Match, Refutes Report that Refugee Children's Therapy Notes are Being Shared with ICE

In a Senate Appropriations subcommittee hearing scheduled to review the Department of Health and Human Services' (DHHS) Fiscal Year 2021 budget request that instead was almost totally devoted to bipartisan questioning of the Trump Administration's actions to protect against the coronavirus contagion threat, HHS Secretary Alex Azar found the time to announce that the Trump Administration would be proposing to eliminate the Affordable Care Act (ACA) Medicaid expansion's enhanced match and to deny that his Office of Refugee Resettlement (ORR) is sharing the therapy notes of refugee children with agents of Immigration Customs and Enforcement (ICE).

Secretary Azar was responding to a question from Senator Jeanne Shaheen (NH-D) in the Appropriations Committee's Labor-HHS Subcommittee regarding what budget language cutting nearly a trillion dollars from Medicaid over 10 years meant. He repeated the language in the budget, saying the ACA's enhanced match favors able-bodied adults covered by expansion over the women, children and disabled adults previously covered.. The Secretary said the Administration wasn't suggesting utilizing the match used in traditional Medicaid, but was proposing working with Congress to determine a more appropriate match rate.

In response to questions from Senators Patty Murray (D-WA) and Dick Durbin (D-IL) regarding a February 15 *Washington Post* news report that an ORR-contracted therapist had shared a refugee child's therapy notes with ICE, that those notes were then entered as evidence in the child's asylum hearing, and that the child was denied asylum after an initial recommendation favoring asylum status, Secretary Azar insisted the actions taken by the therapist in the reported incident were a "mistake", and "should not have happened".

He told the Senators that a previous 2016 guidance permitting the sharing of therapy notes was rescinded after the incident occurred in August 2019. He said current policy is that therapy notes cannot be shared absent the child's consent, under advice of counsel provided by HHS, or unless the therapist finds the child to be a threat to himself/herself or others.

He emphasized, when questioned by Senator Murray whether a child truly had the capacity to understand the implications of agreeing to share therapy notes, that in such circumstances the child would have the advice of counsel provided by HHS. He promised to provide both Senators Murray and Durbin with a copy of current Departmental policy on the issue, a promise he repeated the next day in the parallel House subcommittee.

In another break in the intense questioning regarding the coronavirus threat, Subcommittee Chair Roy Blunt noted that HHS was late in providing a report mandated in the FY 2020 Consolidated Funding measure Committee Report on the cost-effectiveness of the Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration program he and Senator Deborah Stabenow (D-MI) created in 2014 as part of the Protecting Access to Medicare Act.

Secretary Azar promised the Chairman that the mandated report on the demonstration would be forthcoming, but he also noted the Trump Administration's proposal, contained in the FY 2020 budget language, to allow states to receive Medicaid reimbursement for covered services delivered in Institutions for Mental Disease (IMDs) for adults with SMI, subject to meeting certain criteria. The language in the budget is an apparent allusion to a November 13, 2018 Centers for Medicare and Medicaid Services State Medicaid Directors Letter 18-011 offering states the opportunity to seek an § 1115 Medicaid waiver to provide services within an IMD as part of a continuum of care.

In a separate budget hearing the following day in the parallel House Appropriations subcommittee, Secretary Azar responded to a question regarding what the Administration is doing about rising suicide rates by pointing to his budget's proposed $35 million increase in the Mental Health Block Grant to fund a crisis services set-aside, an initiative promoted by NASMHPD, the American Psychiatric Association, and other national advocacy organizations.

SAMHSA Releases National Guidelines for Behavioral Health Crisis Care

The Substance Abuse and Mental Health Services Administration on February 26 issued *National Guidelines for Behavioral Health Crisis Care* in the form of a Best Practice Toolkit.

The guidelines are intended to assist mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs. The Toolkit reflects consideration of all relevant clinical and health service research, review of top national program practices and replicable approaches that support best practice implementation. The information in the toolkit is based on the experience of veteran crisis system leaders and administrators as well as individuals and families who have relied on crisis services. The interviews in the report's addendum showcase that expertise.

The sections of the toolkit, which includes an *Executive Summary*:

- define national guidelines in crisis care;
- include tips for implementing care that aligns with national guidelines; and
- provide tools to evaluate alignment of systems to national guidelines.

Table of Contents

(Continued on Next Page)

Table of Contents (cont'd)

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.

Study Finds Suicidal Ideation in Young Children Common; Parents Often Unaware

Family factors, such as high family conflict and low parental monitoring, are associated with an increased risk of suicidality and self-injury in children 9- and 10-years old, according to a cross-sectional study published February 7 in *JAMA Network Open*.

As rates of childhood suicides continue to increase, little research has been conducted into suicidal behaviors in preadolescent children. To address this research gap, Danielle DeVille, M.A., of the Department of Psychology, University of Tulsa, Oklahoma, and her colleagues examined the prevalence of suicidality and non-suicidal self-injurious behaviors in young children, as well as the role of family relations and home environments.

The study included a total of 11,814 children ages 9 and 10 and their parents/caregivers from the Adolescent Brain Cognitive Development (ABCD) study, a national longitudinal study on childhood brain and cognitive development supported by the National Institute of Health (NIH). Parents and caregivers completed the Child Behavior Checklist that assessed a child's internalizing problems (withdrawal, anxiety, depression) and externalizing problems (aggressive behavior, rule breaking) over the prior six months. Caregivers also self-reported demographical information about the child, financial difficulties in meeting basic needs, and any family history of mental illness (depression) and suicide.

To assess family monitoring and home environment, the investigators used the Parent Monitoring Questionnaire to assess how children were supervised and monitored by their parents/caregivers. The Family Environment Scale was administered to the children to assess the extent of family conflict (fighting, anger, criticism, competitiveness, loss of temper) in the home.

The investigators divided suicidal and non-suicidal behaviors into four categories: passive suicide ideation, nonspecific active suicide ideation; active suicidal ideation; and suicide attempts. Participants were categorized into one of the four categories based upon the most severe form of suicidality they self-reported

The prevalence rates were 6.4 percent for lifetime history of passive suicidal ideation; 4.4 percent for nonspecific active suicidal ideation; 2.4 percent for active ideation with method, intent, or plan; 1.3 percent for suicide attempts; and 9.1 percent for non-suicidal self-injury.

Prior epidemiological research suggested suicidal ideation and behaviors was less than 1 percent for children younger than 12. However, these findings illustrate that the prevalence rates for suicidality in young children is greater than previously reported.

The study demonstrated a high disconnect between parent/caregivers awareness of their child's suicidal behaviors and self-injury. Among children who self-reported suicidal behaviors or non-suicidal self-injury, 77 percent of parents/caregivers were unaware or denied their child's suicidal or self-injurious behaviors. Of the children who reported attempting suicide, 38 percent of parents/caregivers indicated no knowledge of their child's attempt, but acknowledged their child's suicidal ideation, and 50 percent had no knowledge of their child's suicide attempt or ideation. Parental/caregiver disconnect for non-suicidal self-injurious behaviors was 84 percent.

Internalizing and externalizing problems were significantly more common among children who self-reported suicidal ideation or attempt, or self-injury. High family conflict was significantly associated with suicidal ideation and non-suicidal self-injury. Low parental monitoring was associated with active suicidal ideation, suicide attempts and non-suicidal self-injury.

Ms. DeVille and her colleagues concluded, "Our findings highlight the need to ensure that suicide assessments are conducted with children directly rather than solely with the child's caregivers." They further recommend one-on-one clinical interaction when assessing children for suicidal ideation to maximize opportunities for early prevention and early intervention.

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255)

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: Assistant Secretary for Mental Health and Substance Use Elinore F. McCance-Katz, M.D., Ph.D. Says SAMHSA's Publication of National Guidelines for Crisis Care Within a User-Friendly Best Practice Toolkit "Finally Offers Our Communities True National Guidelines"

Since launching in May 2019, *CrisisTalk* has highlighted challenges and innovations in the Behavioral Health crisis space. Many of its interviewees—emergency room physicians, law enforcement, people with lived experience, judges, mental health providers, and politicians—have pointed to a fractioned, siloed system where people end up in the most intensive levels of care or custody instead of receiving the level of care that best aligns with their needs. This fractured system results in trauma, high-costs, and the extended removal of people from their community. This week, the Substance Abuse and Mental Health Services Administration (SAMHSA) took a landmark step for all people in the United States by publishing national guidelines for mental health and substance use crisis care; after all, anyone can experience a crisis anywhere and at any time. The National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit isn't merely an aspirational document. It defines the guidelines while giving clear steps and tools for alignment, evaluation, and implementation.

LEARN MORE

Crisis Now Partners:

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

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

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

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

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

NCADD MARYLAND

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

32nd Annual Tuerk Conference
on Mental Health & Addiction Treatment

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.

Thursday, April 23, 2020

8:00 am – 5:00 pm

The Baltimore Convention Center
Pratt and Sharp Streets

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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)

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

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

2019 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 and 2018 *Beyond Beds* series of papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2019 multiple-paper follow-up to the *Beyond Beds* series is now up on the NASMHPD website. The 2019 papers take the *Beyond Beds* theme to look at additional innovative approaches offered in the community and factors impacting those services, covering such topics as early antipsychotic prescribing practices in nursing homes, developing a behavioral health workforce, a public health approach to trauma and addiction, addressing behavioral health in traumatic brain injury treatment, recovery-oriented cognitive therapy, integration of mental health and substance use services for those with co-occurring conditions, schools as part of the continuum of care for children and adolescents, and addressing social and mental health needs in transition-age homeless youth.

One of those papers, *Lessons from the International Community to Improve Mental Health Outcomes*, authored by Deborah Pinals, M.D., chair of the NASMHPD Medical Directors Division and Medical Director, Behavioral Health and Forensic Programs in the Michigan Department of Health and Human Services, pivots from NASMHPD's previous work in this series to look beyond the borders of the United States to other countries for examples of successful and promising strategies across nine areas of focus. The paper's highlighted examples from the international community aim to further illuminate strategies and inspire ongoing crucial dialogue in an effort to improve mental health in the United States.

Following are links to the other reports in the 2019 Technical Assistance Coalition series.

Effects of CMS' Measure of Antipsychotic Prescribing Practices for Nursing Facilities on Utilization of Antipsychotic Medications and Changes in Diagnostic Patterns

Developing a Behavioral Health Workforce Equipped to Serve Individuals with Co-Occurring Mental Health and Substance Use Disorders

A Public Health Approach to Trauma and Addiction

Traumatic Brain Injury and Behavioral Health Treatment

Recovery-Oriented Cognitive Therapy: a Theory-Driven, Evidence-Based, Transformative Practice to Promote Flourishing for Individuals with Serious Mental Health Conditions that is Applicable across Mental Health Systems

Integrated Systems and Services for People with Co-Occurring Mental Health and Substance Use Conditions: What's Known, What's New, and What's Now?

Schools as a Vital Component of the Child and Adolescent Mental Health System

Addressing Intersecting Social and Mental Health Needs among Transition-Aged Homeless Youth

The NASMHPD Technical Assistance Coalition series will continue in 2020.

Homeless and Housing Resource Network (HHRN)

SAMHSA

Oureach 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

Save the Date!

Please save the date for the 2020 Texas Addiction & Pain Management Summit, happening June 18-19.

With a vision to achieve systems-wide impact, the summit will bring together diverse, multi-sector leaders and stakeholders to pursue a statewide, coordinated approach to address the overlapping issues of pain and addiction in Texas.

Future communication for the Summit will come through a separate mailing list. If you would like to continue receiving information about the Texas Addiction and Pain Management Summit, please click here to subscribe to the mailing list.

Learn More

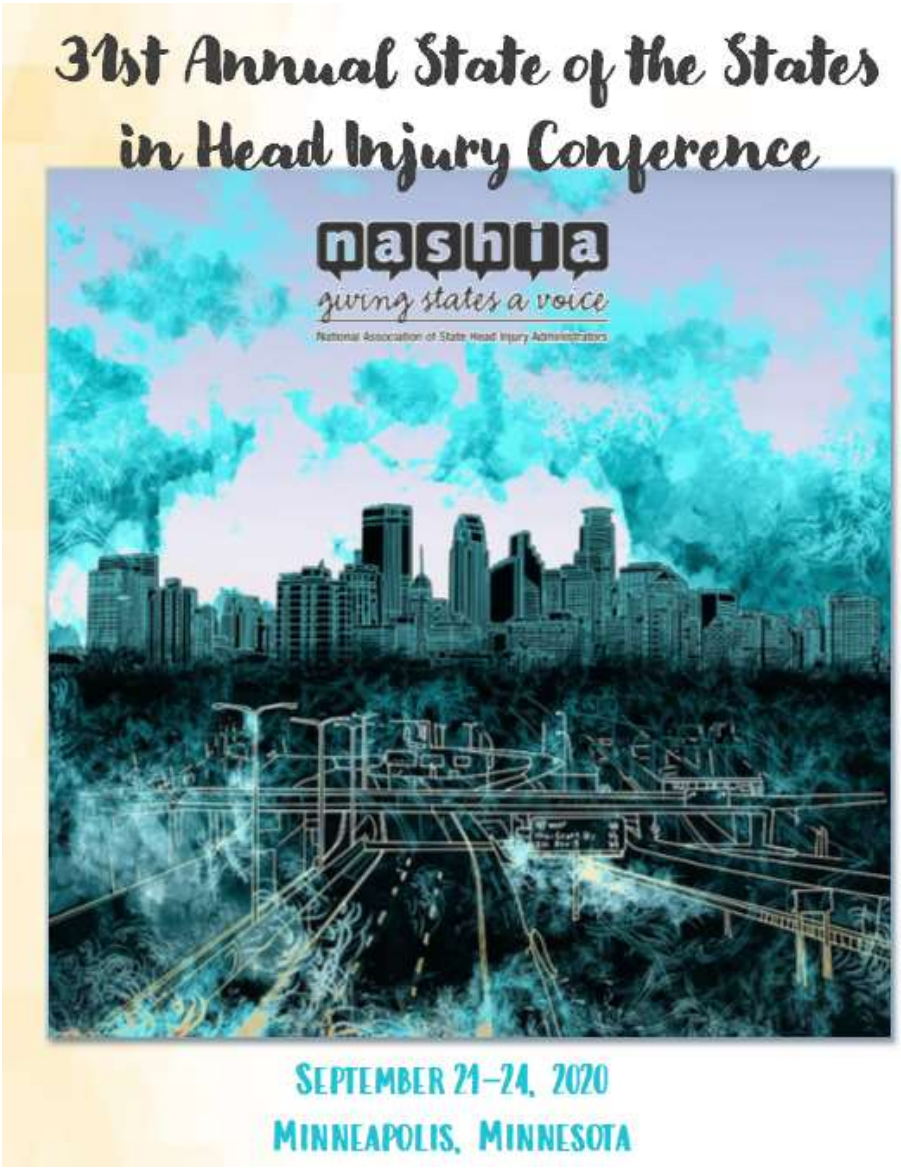
Now Accepting Abstracts

Would you like to present at this year's summit? We are seeking submissions for breakout presentations in the following tracks:

- **New Care Delivery & Payment Models**: This track focuses on evidence-based care delivery interventions to improve access to care, address acute needs of patients, and advance evidence-based pain management practices.
- **Emerging Science, Data, and Trainings:** This track focuses on the latest information about the addiction and pain management issue and evidence-based best practices to address it.
- **Policy & Partnerships:** This track focuses on innovative, evidence-based policy efforts and partnership models that can be replicated in different community settings or scaled for statewide impact.
- **Health Equity & Community:** This track focuses on understanding and addressing addiction disparities through social determinants of health, leveraging community partnerships, and closing gaps amongst underserved populations.

The deadline to submit is March 11, 2020

Submit Now



Let's Work Together... Call for Presentations

Seeking PRESENTATIONS about activities or program initiatives leading to improved service delivery in States!

Additionally, seeking proposals for our Pre-Conference Session:

Leveling the Field: Health Disparities and Brain Injury

Don't Delay, Submit *Today*!

Deadline for proposals: March 18, 2020.

Sessions/speakers that are selected will be notified by April 20th.

Submit your proposal for Pre-Conference or General Conference Sessions here:

SOS Session Proposal

For more information visit nashia.org or contact Jill Tilbury .

nashia
giving states a voice
National Association of State Head Injury Administrators

USPSTF Final Recommendation Statement: Screening for Cognitive Impairment in Older Adults

The U.S. Preventive Services Task Force released today a final recommendation statement on screening for cognitive impairment in older adults. The Task Force concluded that more research is needed to make a recommendation for or against screening. To view the recommendation, the evidence on which it is based, and a summary for clinicians, please go here. The final recommendation statement can also be found in the February 25, 2020 online issue of *JAMA*.

FINAL RECOMMENDATION SUMMARY

See the full statement

Population	Recommendation	Grade
Older Adults	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment in older adults.	I

Read the Final Recommendation

WHY THIS MATTERS

"Cognitive impairment is an important public health concern that has a significant impact on the lives of older Americans and their families," says Task Force member Chyke Doubeni, M.D., M.P.H. "Currently, there is not enough evidence for the Task Force to recommend for or against screening for cognitive impairment in older adults who do not have signs or symptoms."

Health Affairs Blog Suggests Scaling Up Partnerships with CBOs to Address Social Determinants

A February 24 *Health Affairs* Blog co-authored by Administrator for Community Living (ACL) Lance Robertson and SCAN Foundation President and CEO Bruce Chernof suggests that, rather than buying or building infrastructure to address social determinants of health, organizations should partner "with the existing infrastructure of community-based organizations (CBOs) in the aging and disability network," an approach they call a more cost-effective strategy for delivering the full continuum of quality care and support for [the] most high-risk and high-need patient populations."

The authors note there are over 20,000 existing CBOs funded by the Federal and state governments, and that, since 1965, CBOs have delivered home- and community-based care to one in five of America's older adults, as well as people of all ages with disabilities.

Dr. Chernof and Administrator Robertson say partnerships between CBO networks and health care organizations have produced great progress in addressing the social needs of patients. They suggested the next step is to scale these partnerships across the country, with shared investment from both health care and social services. We envision collaborations between CBO networks and health care organizations within and across states, organized by health care markets.

The authors note that CBOs are increasingly contracting with health care systems and plans, including Medicare Accountable Care Organizations (ACOs, to provide direct services, like meal delivery, care and services coordination, and care transitions for people returning home from hospitals, in order to avoid further institutional care. They call these contractual relationships cost-effective help for adults with complex needs to thrive in the community and say they are collaborations that have produced higher performance, reduced health care costs, and substantial reductions in healthcare workforce shortages.

The authors say they believe the future lies in scaling the CBO network model across the country, organized to correspond to markets for health care delivery and payment. This will require hubs at local, state, and multi-state levels, each individually contracting with multiple health plans and health systems in a given geographic region and with other CBO network hubs to contract with health care organizations with a still broader geographic footprint.

They reveal ACL is already working with CBO leaders, states, philanthropies, and health care organizations to accelerate the development of this nationwide CBO network model. ACL is supporting replication of CBO networks through a learning collaborative for network hubs and will be administering grants to support their enhancement and expansion. The authors say that as these networks are replicated and scaled, maintaining their trust in the community, flexibility to evolve, and ability to implement evidence-based interventions to achieve performance benchmarks will be essential. They call for shared investment in CBO networks and services and the establishment of a shared technology infrastructure.

Call for Proposals

NCCHC will hold its National Conference on Correctional Health Care October 31to November 4 at the Paris Hotel in Las Vegas.

We invite you to submit a presentation proposal for consideration.

We are seeking proposals on a range of topics: administrative, legal, ethical, nursing, mental health, medical and more.

Help advance the field at the nation's largest gathering of correctional health professionals!

Questions? Contact us at 773-880-1460 or education@ncchc.org.

Deadline to submit proposals is April 3

SUBMIT PROPOSAL

Centers for Disease Control (NCIPC) Forecast Funding Opportunity Announcement Preventing Adverse Childhood Experiences through Essentials for Childhood (CDC-RFA-CE20-2006)

Funding Mechanism: Grant
Anticipated Number of Awards: 5
Length of Project: Up to 5 Years
Estimated Post Date: May 1, 2020
Estimated Award Date: Aug 01, 2020
Anticipated Total Available Funding: $6.3 million
Award Amount: $420,000 to $525,000
Cost Sharing/Match Required?: Yes
Estimated Application Due Date: Jun 30, 2020
Estimated Project Start Date: Sep 01, 2020

The purpose of this funding is to support recipients in measuring, tracking, and preventing adverse childhood experiences (ACEs) in their states. Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. Currently, ACEs are difficult to track over time because they do not always come to the attention of agencies that compile publicly available administrative data and because the best surveillance data currently available for ACEs, such as those collected through the Behavioral Risk Factor Surveillance System (BRFSS), are from retrospective surveys with adults. These challenges make it difficult to assess current prevalence, track change over time, target prevention strategies, and measure the success of prevention strategies. In addition, to date, efforts to implement data-driven, comprehensive, evidence-based prevention strategies have been lacking in communities across the U.S

This NOFO will support the implementation of data-driven, comprehensive, evidence-based prevention strategies by building a surveillance infrastructure for the collection, analysis, and application of such ACEs data, so that states can monitor the prevalence of ACEs experiences among youth within their states and then use those data to inform prevention efforts at the state and community level. In tandem, this NOFO also provides resources to support states in implementing primary prevention strategies for preventing ACEs. Therefore, there are two overall required components of this award – a surveillance component and a prevention component. The work of these components, and the infrastructure and expertise exerted to accomplish that work, should be interdependent and should be planned and implemented as part of a dynamic system that reflects the 10 Essential Public Health Services promoted by CDC.

Eligibility: State Governments

Contact: Derrick Gervin, (770) 488-5004, vjk8@cdc.gov

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)

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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

he 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

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

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

Contacts:

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

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

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

Additional NASMHPD Links of Interest

Social Isolation and Loneliness in Older Adults, National Academies of Sciences, Engineering and Medicine, February 27

Mental Health researchers Ask: What is 'Recovery'?, Benedict Carey, *New York times*, February 25 & Personal Recovery Among Service Users Compared With Siblings and a Control Group: A Critical Note on Recovery Assessment, van der Krieke L., Ph.D. Bartels-Velthuis A.A., Ph.D. & Sytema S., Ph.D., *Psychiatric Services*, August 29, 2019

Brain Waves Show Who'll Respond to Zoloft, Tracie White, *Futurity*, February 23 & An electroencephalographic signature predicts antidepressant response in major depression, Wu W., *et al.*, *Nature Biotechnology*, February 10

Health Risks Going Unmonitored in Teens With History of ADHD, Psychiatry and Behavioral Health Learning Network, February 20 & Chronic Care for Attention-Deficit/Hyperactivity Disorder: Clinical Management from Childhood Through Adolescence, Moss C.M., M.D. *et al.*, *Journal of Developmental & Behavioral Pediatrics*, February/March 2020

Identification and Management of Adolescent Depression in a Large Pediatric Care Network, Farley A.M., Ph.D. *et al.*, *Journal of Developmental & Behavioral Pediatrics*, February/March 2020

Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records, U.S. Department of Health and Human Services & U.S. Department of Education, December 2019 Update

Stalked by the Fear That Dementia Is Stalking You, Judith Graham, *Kaiser health News/New York Times*, February 20

From Camden to Memphis: Recent Complex Care Randomized Controlled Trials Present a Call to Action, Allison Hamblin, M.S.P.H. & Rachel Davis, M.P.A. Center for Health Care Strategies, February 20

VA Taking on the Challenges of Aging with PTSD, *VAntage Point*, Department of Veterans Affairs, February 25

Sharecare Expands Digital Health Platform with Tobacco Cessation Benefit, Amanda Schiava, *Employee Benefit Advisor*, February 25

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

U.S. Preventive Services TASK FORCE

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

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

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

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

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

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

Qualified candidates must demonstrate expertise and national leadership in:

- Clinical preventive services
- Critical evaluation of research
- Implementation of evidence-based recommendations in clinical practice

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

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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

Funding Mechanism: Grant | **Anticipated Total Available Funding: $11.5 million**
Anticipated Number of Awards: 19 | **Anticipated Award Amount: $600,000 per year**
Length of Project: Up to 4 Years | **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, 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 .

> 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.

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

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

Check out the latest event and agenda information below.

Thursday, March 19, 2020

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

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

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

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

Friday, March 20, 2020

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

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

Scientific Research Symposium: Resilience From Research to Practice

Saturday, March 21, 2020

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

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

The San Antonio Marriott Rivercenter - #ADAA2020 Conference Hotel
The 2020 ADAA Annual Conference (March 19-22) will be held at the San Antonio Marriott Rivercenter (101 Bowie Street, San Antonio, TX 78205) on the San Antonio River. Conference activities including all sessions, exhibits, and receptions take place at the San Antonio Marriott Rivercenter, which will be newly renovated in February. Plan to be there Saturday night (March 21) to help ADAA celebrate our 40th Anniversary! Rooms sell out quickly in San Antonio – so don't delay! Special ADAA Rate: $229 Single/Double

>> Click Here to Book Your Hotel Room Today

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

>> Click Here to Book Your Hotel Room Today

Please reserve your room prior to February 24, 2020.

ireta
Institute for Research, Education & Training in Addictions

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

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National Association of County Behavioral Health and Developmental Disability Directors

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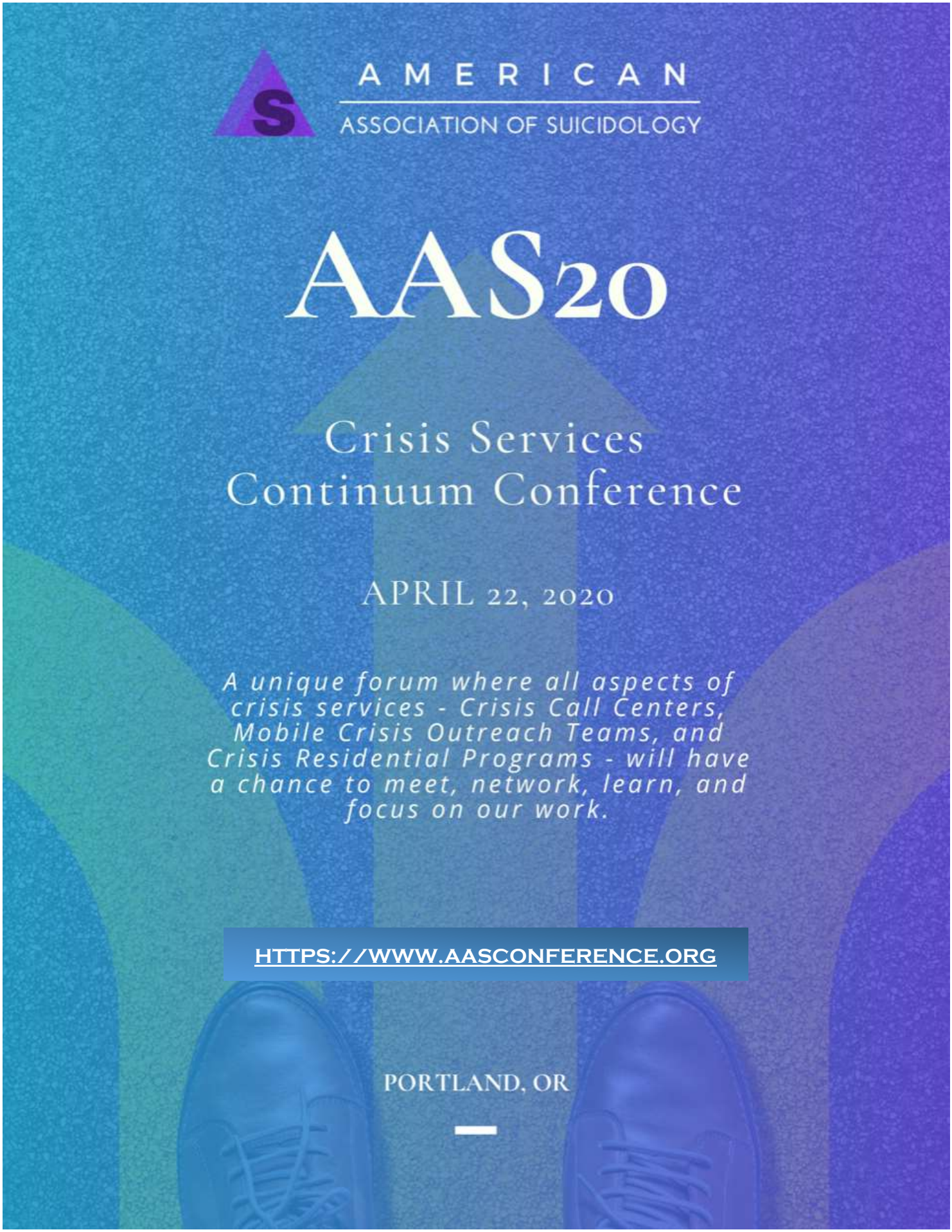
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DEPARTMENT OF JUSTICE FUNDING OPPORTUNITY NOTICE
Community-Oriented Policing Services (COPS) Office
FY2020 Law Enforcement Mental Health and Wellness Act (LEMHWA)

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
Substance Abuse and Mental Health Services Administration

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
Substance Abuse and Mental Health Services Administration

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Comprehensive Opioid Recovery Center (TI-20-006)

Funding Mechanism: Grant
Anticipated Number of Awards: 2
Length of Project: Up to 4 years
Anticipated Total Available Funding: $1,900,000
Anticipated Award Amount: Up to $850,000 per year
Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 17, 2020

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

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

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

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

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

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

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

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

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

    g. recovery housing;

    h. community-based and peer recovery support services;

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

    j. other best practices to provide the full continuum of treatment and services, as determined by the Secretary.
  - Ensure that all programs covered by the Center include medication-assisted treatment, as appropriate, and do not exclude individuals receiving medication-assisted treatment from any service;
  - Periodically conduct patient assessments to support sustained and clinically significant recovery, as defined under Data Collection Requirements;
  - Provide onsite access to medication, as appropriate, and toxicology services;
  - Operate a secure, confidential, and interoperable electronic health information system; and
  - Offer family support services such as child care, family counseling, and parenting interventions to help stabilize families impacted by substance use disorder, as appropriate.
- Outreach - Each Center shall carry out outreach activities regarding the services offered through the Centers which may include:
  - training and supervising outreach staff, as appropriate, to work with State and local health departments, health care providers, the Indian Health Service, State and local educational agencies, schools funded by the Indian Bureau of Education, institutions of higher education, State and local workforce development boards, State and local community action agencies, public safety officials, first responders, Indian Tribes, child welfare agencies, as appropriate, and other community partners and the public, including patients, to identify and respond to community needs;
  - ensuring that the entities described above are aware of the services of the Center; and
  - disseminating and making publicly available, including through the internet, evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring substance use and mental disorders.

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

Contacts:

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

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

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

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

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

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

Length of Project: Up to 5 years | **Cost Sharing/Match Required?: No**

Application Due Date: Friday, February 28, 2020

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

The recipient is expected to implement the following activities.

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

Eligibility: Domestic public and private non-profit entities.

Contacts:

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

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

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

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

Funding Mechanism: Grant
Anticipated Total Available Funding: $5,492,314
Anticipated Number of Awards: 17
Anticipated Award Amount: Up to $310,000 per year
Length of Project: Up to 3 years
Cost Sharing/Match Required?: No

Application Due Date: Monday, March 9, 2020
Anticipated Project Start Date: August 30, 2020

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

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

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

Eligibility:

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

Prior Circles of Care recipients are ineligible to apply.

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

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

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

Application Date Deadline: March 2, 2020. 4:00 p.m. E.T.

Awards are for services to begin October 1, 2020.

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

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

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

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

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

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

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

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

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

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

Questions: Questions may be sent to Jeff Quarles at VA Grant and Per Diem Program.

NIMH Funding Opportunity Announcement

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

Application Due Date: August 25, 2020, 5:00 p.m. Local Time of Applying Entity

Earliest Start Date: 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.

Eligiility

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
(DBA for Recovery Innovations, Inc.)
2701 N. 16th Street, Suite 316
Phoenix, AZ 85006
Work: 602-636-3084
Mobile: 404-435-8103
Email: David.Covington@riinternational.com

RI INTERNATIONAL

[THE FOLLOWING NOTICE IS ABREVIATED FOR YOUR CONVENIENCE]

Medicaid.gov
Keeping America Healthy

Centers for Medicare & Medicaid Services
Request for Information

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

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

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

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

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

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

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

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

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

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

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

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

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

(Continued on Next Page)

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

NCEED

National Center of Excellence for Eating Disorders

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.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES NATIONAL TRAINING CENTER

The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University.

Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities.

Please visit their website at **https://mhddcenter.org/**

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.

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

Register Now for National Drug and Alcohol Facts Week® (NDAFW) in March

Mark your calendars for a week of ***SHATTERING THE MYTHS***® about drugs, alcohol, and addiction from **Monday, March 30, to Sunday, April 5, 2020**. NDAFW is a national health observance linking teens to science-based facts about drugs and alcohol.

Join National Institute on Drug Abuse (NIDA) in celebrating the 10th anniversary of NDAFW. NIDA research shows that people are more likely to try drugs for the first time during the summer, making spring a critical season for reaching teens with important messages about drug and alcohol use.

It's easy to get involved! Find activity ideas, then register your event online. Registration takes only a few minutes.

Don't know where to start? NIDA has toolkits to help you plan an activity or event that works for your organization or community. Please contact NIDA's Brian Marquis at drugfacts@nida.nih.gov for assistance.

REGISTER YOUR EVENT

SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative
AMERICAN PSYCHIATRIC ASSOCIATION
SAMHSA

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

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.

Funded by SAMHSA Substance Abuse and Mental Health Services Administration

Administered by AMERICAN PSYCHIATRIC ASSOCIATION

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

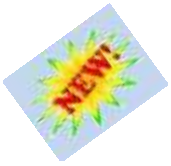
Friday, February 28
1:00 p.m. to 2:30 p.m. E.T

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

Wednesday, March 4
Noon to 1:30 p.m. E.T.



Introduction to Lakota Horse Culture Health Practices

Lakota Horse Culture has recently been reconstructed to fit the current needs of children's mental health. The Lakota and the horses are historically known for understanding the dynamic and parallel interactions between horses and humans. This therapy is called emotional reflection. This is when the horse and relative "human" begin to communicate a clear understanding of trust; the pair build each other up to a healthy understanding of emotions and controlling their feelings. During this webinar, Greg Grey Cloud will discuss how the horse's natural behavior is to remove negative emotions within humans, and this same method has a positive impact on children suffering from trauma.

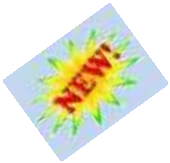
Register HERE

Friday, March 6
2:00 p.m. to 3:00 p.m. E.T.

Rural Grandfamilies: Tailoring Services for Their Unique Challenges

Rural grandparents face unique social, financial, physical and mental health challenges when they accept the challenge of raising their grandchildren with behavioral health needs . This session of the System of Care (SOC) Rural Learning Community will share the lessons learned in designing and providing services from both a provider and family point of view. The audience will have time to ask questions and suggest interventions. Register HERE

Wednesday, March 11
2:30 p.m. to 4:00 p.m. E.T.



Considerations for System of Care Leaders in Implementing a Continuum of Crisis Services

This session of the SOC Leadership Learning Community will focus on the implementation of a comprehensive continuum of crisis services for children, youth, and young adults in systems of care (SOCs), with a particular focus on mobile response and stabilization services (MRSS). Presenters will define the goals of a crisis continuum, the components, financing strategies, workforce strategies, and the outcomes achieved by states and communities. The value and elements of MRSS will be described, and an example of a statewide MRSS system will be provided. Resources on crisis services and MRSS will be made available to participants. 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

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

Teaching Children How to Reverse an Overdose, Dan Levin, *New York Times*, February 23

Providers Beware: Behavioral Health Fraud Investigations, Recoveries on the Rise, Bailey Bryant, *Behavioral Health Business*, February 21 & Healthcare Fraud & Abuse Review 2019, Bass Berry & Sims, February 2020

Co-Founder of Shuttered Bucks County Addiction Rehab Center Pleads Guilty to Health Care Fraud, Department of Justice, U.S. Attorney, Eastern District of Pennsylvania Press Release, February 19

How Partisan Gerrymandering Limits Access to Health Care, Alex Tausanovitch & Emily Gee, Center for American Progress, February 24

Horror, Fatigue and Constant Calls: 24 Hours with Skid Row's Firefighters, *Los Angeles Times*, Benjamin Oreskes, February 21

Poll: Nearly 10 Years after Its Enactment, the Affordable Care Act is More Popular Than Ever as Republican Voters Instead Target Medicare-for-All, Kaiser Family Foundation, February 21

Physicians, Hospitals Meet Their New Competitor: Insurer-Owned Clinics, Anna Wilde Mathews, *Wall Street Journal*,, February 23

Law Students Say They Don't Get Mental Health Treatment for Fear It Will Keep Them From Becoming Lawyers. Some States are Trying to Change That, Madeline Holcombe, *CNN Health*, February 23,

Arizona Model' for Behavioral Health Crisis Care Gains Attention from Other States, Christine Vestal, *Stateline*, February 21

Trends in Alcohol-Induced Deaths in the United States, 2000-2016, Spillane S., Ph.D., *et al.*, *JAMA Network Open*, February 21

Psychiatrists Decry Barriers to Wider Adoption of Telemedicine, Shannon Firth, *Medpage Today* via *Health Leaders Media*, February 20

How Variable are Patient Responses to Antidepressants? — Certain Classes Show Less Predictability than Others, Kristen Monaco, *Medpage today* February 19, & Individual Differences in Response to Antidepressants: A Meta-analysis of Placebo-Controlled Randomized Clinical Trials, Maslej M.M. Ph.D., *et al.*, *JAMA Psychiatry*, February 19