

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

National Survey of Crisis Responders Reveals COVID-19 is Stretching Resources, Stressing Staff

A recent national survey of 600 crisis services providers across the country [reveals](#) that COVID-19 is stretching crisis services resources and stressing staff.

The purpose of the June 1 through 11 electronic survey by consultant TBD Solutions, the American Association of Suicidology, the Crisis Residential Association, and the National Association of Crisis Organization Directors of mobile crisis providers, crisis residential programs, and crisis calls centers was to evaluate ongoing service trends, program impacts, and staff experiences as the pandemic continued to impact communities across the United States. It followed an earlier survey conducted in April, receiving twice as many responses as the April survey. All three provider types reported overall increases in service demand between the April and June surveys, with crisis call center experiencing the greatest increase by percentage, and mobile crisis teams reporting the greatest increase in total responses.

Most respondents reported that COVID-19 precautions were having a lasting impact on care coordination, service delivery, and the well-being of crisis workers, supervisors, and persons served. Crisis workers with regular in-person exposure to persons served, versus telephonic interaction, reported regularly high levels of stress.

Respondents with supervisory responsibilities reported a lack of available operational resources (PPE, technology, funding), risk of staff exposure to illness, managing service capacity, and increased demand for services among the greatest challenges expected to be experienced or anticipated in the next month.

When asked to describe changes to their workload and ability to do their job, respondents reported increased fatigue brought on by emotional and physical challenges, increased responsibilities and workload due to changes in service demand and staffing, and increased demands to adhere to health and safety guidelines pertaining to COVID-19.

Respondents reported an increase in the acuity of the people they serve, which they attributed to both increased psychosocial stressors brought on by COVID-19 as well as reduced access to available services. Some of the June respondents reported observing increased resilience from the people they serve, citing more hopefulness than in the first weeks of the pandemic in the United States.

When asked about the current issues facing mobile crisis teams, 73 percent of mobile crisis team respondents reported care coordination issues and 69 reported concerns about keeping their staff safe and healthy. Over 42 percent reported a

lack of critical supplies and equipment as a major concern, a 29 percent reduction from the April survey. When compared to the April 2020 survey results, June mobile crisis team survey results demonstrated a 50 percent reduction in reports of feeling overwhelmed by health concerns. None of the mobile crisis team respondents reported feeling overwhelmed by referrals or service volume in June.

When crisis residential programs were asked to indicate which issues they were experiencing, 77 percent reported care coordination issues and 73 percent reported concerns about the health and safety of their staff. Over half of all respondents (52 percent) expressed concerns about dealing with staff turnover resulting from health concerns, and 50 percent reported feeling overwhelmed by the clinical intensity of individuals being served. Nearly half of respondents reported feeling overwhelmed by health concerns (49 percent), the clinical intensity of persons served (46 percent), and having fewer staff available (43 percent).

Fifty-nine percent of call center respondents reported concerns about care coordination and 58 percent reported staff safety concerns resulting from health issues. Almost half of call center respondents reported feeling overwhelmed both by the clinical intensity of callers (44 percent) and reductions in available staff (41 percent), and over one-third of respondents reported feeling overwhelmed by call volume (37 percent).

The authors of the survey suggest that, in order to assure high-quality and uninterrupted service delivery, behavioral health crisis workers should be afforded the same protections as their essential health care worker counterparts—namely, fair compensation that reflects the importance of their work, access to adequate supplies of PPE and health and safety products, and technology that provides flexibility and safety through minimal exposure to health risk.

Even if these accommodations are made, the authors say, service delivery methodology should not be altered without serious considerations regarding its impacts—namely, the mental and emotional cost exacted on people in crisis by social and physical distancing, and the repercussions to the behavioral health ecosystem.

The survey was underwritten by a grant from the Michigan Health Endowment Fund. TBD Solutions partnered with Dr. Phillip Resnik of the University of Maryland to conduct survey analysis through topic modelling to identify response themes through open-ended questions.



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[NRI PQI Division's New Issue of Creating Quality Focuses on Sharing Quality Improvement Initiatives](#)

[Register for NAMI's First Virtual Conference, NAMIcon, July 13 & 14](#)

[Academy Health's Annual Research Meeting \(ARM\) is Virtual in 2020, July 28 to August 6](#)

[Mental Health & Developmental Disabilities National Training Center](#)

[Additional NASMHPD Links of Interest](#)

[Federal Communications Commission Guidance on the Telehealth Program Application Process \(DA-20-394\)](#)

[SAMHSA GAINS Center Multi-Part Virtual Learning Community](#)

[Georgia Department of Behavioral Health and Developmental Disabilities and Department of Public Health COVID-19 Emotional Support Line](#)

[2020 Tuerk Conference on Mental Health and Addiction Treatment, **NOW VIRTUAL**, September 10](#)

[2019 NASMHPD Technical Assistance Coalition Working Papers](#)

[Student Mental Health: Responding to the Crisis, October 6, London](#)

[Link to Center of Excellence for Protected Health Information Website](#)

[NASHIA September 22 through 29 State of the States Annual Meeting - **NOW VIRTUAL**](#)

[Center for Disease Control Funding Opportunity Announcement: Preventing Adverse Childhood Experiences: Data to Action](#)

[AHRQ Announces New Challenge Competition Focusing on Postpartum Mental Health Care for Rural Families](#)

[Department of Education Funding Opportunity Announcement: School-Based Mental Health Services Grant Program](#)

[SAMHSA Mental Health Technology Transfer Center \(MHTTC\) Network Webinar Series and Newsletter](#)

[**Get the National Guidelines for Behavioral Health Crisis Care Toolkit**](#)

[Rural Health Information Hub](#)

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[Mental Health Wellness Guide for Public Interest Professionals](#)

[IIMHL & IIDL Leadership Exchange, Delayed to February 28 to March 4, 2022, Christchurch, New Zealand](#)

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[CSC OnDemand is Recruiting Participants for July](#)

[Zero Suicide International 5 Conference in Liverpool, England – **POSTPONED TO EARLY FALL**](#)

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

[National Center of Excellence for Eating Disorders](#)

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NRI Surveys State Mental Health Directors on Impact of the COVID-19 Pandemic on Operations of Public Mental Health Systems

NRI and NASMHPD have been working with an Advisory Group of State Mental Health Agency leaders to develop a short survey of State Mental Health Directors to help us and states understand what the impacts of Covid-19 have been on public mental health systems.

The survey was developed with guidance from volunteers from a number of states, NRI, and NASMHPD staff and addresses the impact of Covid-19 on:

- state psychiatric hospitals
- SMHA-funded or -operated community mental health providers
- state mental health crisis systems, and
- the use of telehealth, what of the modified rules regarding telehealth have been most useful, and what states would recommend be retained after the public health emergency has ended.

If you are a State Mental Health Director, you should have received the survey by email from NASMHPD or NRI this week. Please check your email to make sure you have not overlooked it.

You may also access the survey online here: <https://www.surveymoz.com/s3/5679836/2020-Profiles-COVID-19-Supplement>.

NRI will be sharing the results of this survey with NASMHPD and all states as soon as we have responses from most states.

Please send the completed survey to NRI's Ted Lutterman at ted.lutterman@nri-inc.org by July 10.

And please feel free to contact Ted at 703-738-8164 with any questions.



Pediatric Self-Harm Emergency Room Visits Rise Significantly for Behavioral Health Patients

Pediatric self-harm increased by 329 percent from 2006 to 2017, according to research published in the June issue of [Pediatrics](#). Pediatric emergency department (ED) visits related to mental illness rose 60 percent and substance use disorder rose 159 percent; however, alcohol-related disorders fell 39 percent.

Lead author Charmaine Lo, PhD, MPH, senior research scientist at National Children's Hospital and her colleagues analyzed data from the 2007 to 2016 Nationwide Emergency Department Sample, Healthcare Cost and Utilization Project, and Agency for Healthcare Research and Quality to assess trends in pediatric ED visits. The researchers examined ED visits for children ages 5 to 17 years who presented with a mental illness, substance use, and/or presence of deliberate self-harm. Children were classified into three age groups: 5 to 9; 10 to 14; and 15 to 17. They examined demographic factors, geographic location of the hospital, pediatric ED volume, and hospitals' ED characteristics.

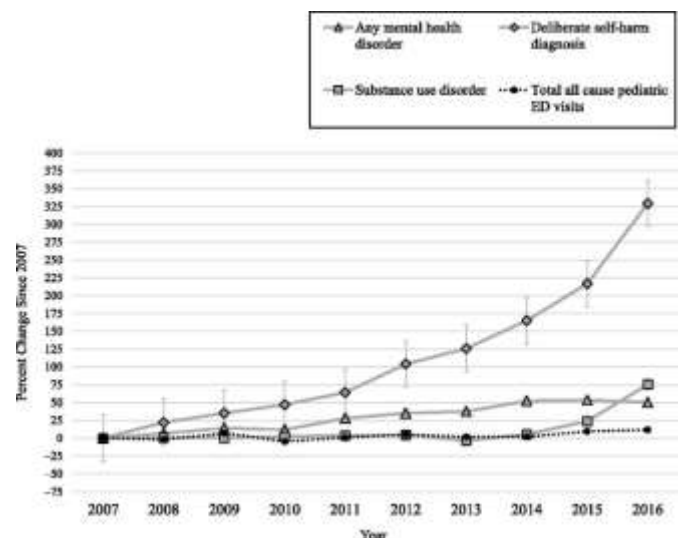
The total number of pediatric ED visits remained stable, however pediatric visits related to mental health, substance use disorder, and deliberate self-harm steadily rose over the course of the 10-year study period. Mental health ED visits rose 68 percent among the 15- to 17-year-old age groups. Girls accounted for a 74 percent increase among mental health ED visits in comparison to boys. Anxiety disorders and impulse control disorders increased significantly during the 10-year study period (117 percent and 111 percent, respectively).

The investigators observed a substantial increase among nearly all ED volumes, with the exception of medium-volume ED facilities. The volume increase was most significant among facilities with higher pediatric ED volumes.

Specifically, facilities with a higher pediatric ED volume saw a 120 percent increase in children's hospital ED volumes. In comparison to non-children's hospital EDs, the rate increase rose from 14.6 per 1,000 to 22.7 per 1,000 from 2006 to 2017.

Pediatric mental health ED visits increased among all geographic locations. EDs in rural areas classified as low-pediatric-volume EDs experienced a 41 percent increase in mental health visits.

"Although the increased rate of pediatric mental health visits was greatest among high-pediatric-volume EDs, regardless of pediatric volume, experienced increased visits by children for mental health disorders," wrote Lo and her colleagues. The authors further recommend, "It will be important to focus future mental health preparedness efforts and resources on all hospital EDs, particularly smaller-volume and rural EDs, and not just on children's hospital Eds."



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, attendees 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;
- Identify commonly used and readily accessible online national data sources, and the type of data that is available from each source.
- Identify 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 percent 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: NASADAD EXECUTIVE DIRECTOR ROBERMORRISON TALKS ABOUT THE NEED FOR EXPLICIT INCLUSION OF SUBSTANCE USE DISORDERS IN THE STAFFORD ACT

Robert Morrison is no stranger to the impact of disasters on people struggling with mental health or substance abuse disorders. He began his role as the executive director and director of legislative affairs at the National Association of State Alcohol and Drug Abuse Directors (NASADAD) just two weeks after 9/11. At the time, there was a nominal understanding of the long-term impact of disasters, and the behavioral health field was woefully unprepared for what was to come. The focus was on immediate effects and "helping kids and families access help to process what happened." Morrison says that many people fell through the cracks, especially those newly in recovery or who were on the cusp of addiction. "Substance use tends to increase during a disaster, but it can happen gradually over time."

Today, experts know that after a disaster, there are increases in domestic violence, substance abuse, divorce, and traumatic grief. April Naturale, Ph.D., traumatic stress specialist on disaster recovery, told us in May that the latter is when "the grief stays with the person, stopping them from functioning." In the fall of 2001, though, none of that was yet known, and the research, notes Morrison, slowly came out illustrating the dire need to address risk factors for substance use disorders during a crisis. By the time Hurricane Katrina hit the Gulf Coast, experts knew far more what people in a crisis needed. One critical problem was that the Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), the 1988 federal law to provide public assistance programs to states, tribes, and local governments after a disaster, doesn't explicitly include substance use disorders. Under the act, if the president has issued a disaster declaration in an area, FEMA is authorized to fund mental health assistance and training activities in that area.

In the aftermath of Katrina, Morrison notes that many FEMA Crisis Counseling Assistance and Training (CCP) applicant states were omitting actions related to substance use disorders because the language of the Stafford Act was unclear. The consequence was that CCP activities were limited, leaving people sidelined without easy access to medication that they needed to keep them from relapse. "I don't blame states for wanting to make sure they geared the application to the statute, but it shows how critical it is for language to be precise in public policy and legislation in articulating the inclusion of substance use disorders."

LEARN MORE

Crisis Now Partners:

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

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

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

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

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



SAMHSA-SPONSORED WEBINAR



Engagement in Mental Health Treatment Among Young Adults

Tuesday, July 21, 2:00 p.m. to 3:30 p.m. E.T.

Developed under contract and presented by the National Association of State Mental Health Program Directors (NASMHPD)

Successfully engaging young adults in treatment is among the many challenges confronted by Coordinated Specialty Care programs. Discontinuation of services or failure to fully participate in care can result from poor engagement and can result in compromised clinical and functional status.

Dr. Michelle R. Munson from New York University has systematically studied the engagement process among economically and socially marginalized young adults for over fifteen years using both qualitative and quantitative methods. Based on her work and that of her colleagues, she has developed systematic engagement methodologies – including strategies that are youth-informed and centered, and have shown promise in empirical studies.

Dr. Munson embeds these engagement strategies in intervention programs she is testing in the public mental health system. These programs include a strong mentoring relationship provided by an individual with lived experience and they include content to address issues of acceptance, motivation, stigma, hope, mental health literacy, and a need to maintain connection to others while receiving care. Their approaches also include a foundational emphasis on building trust and promoting self-efficacy, and learning how to do this over time in partnership with professional mental health providers.

In this webinar, Dr. Munson will present the formative data that led to the young adult engagement program, and data collected during the development of the program. She will share initial insights that have been gleaned from a randomized clinical trial that is underway in New York. She will be joined by Iruma Bello, Ph.D. and Aanchal Katyal, LMSW from first episode programs who will discuss the applicability of these approaches for engaging youth in Coordinated Specialty Care.

Presenters:

- **Michelle Munson, Ph.D. L.M.S.W.**, Professor at NYU Silver School of Social Work and Director of NYU Silver's Youth & Young Adult Mental Health Group
- **Iruma Bello, Ph.D.**, Clinical Training Director of OnTrackNY and Assistant Professor of Psychology in Psychiatry at the Columbia University Vagelos College of Physicians and Surgeons
- **Aanchal Katyal, L.M.S.W.**, New York State Personalized Recovery Oriented Services (PROS)

[REGISTER HERE](#)

Closed-captioning is available for these webinars. We do not offer CEU credits. However letters of attendance are offered upon request.

If you have any questions please contact Kelle Masten via [email](#) or at 703-682-5187.

New and Updated Federal Agency and World Health Organization Guidance Documents & Notices on COVID-19 Care and Reimbursement

[SOCIAL MEDIA TOOLKIT](#), CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), UPDATED JULY 2

[CONSIDERATIONS FOR TRAVELERS—CORONAVIRUS IN THE US](#), CDC., JUNE 28

[CONSIDERATIONS FOR RESTAURANTS AND BARS](#), CDC, JUNE 30

[VISITING BEACHES AND POOLS](#), CDC, JULY 1

[COVID-19 CONSIDERATIONS FOR ANIMAL ACTIVITIES AT FAIRS, SHOWS, AND OTHER EVENTS](#), CDC, JULY 6

[CARES ACT PROVIDER RELIEF FUNDS FREQUENTLY ASKED QUESTIONS](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES, UPDATED JULY 6

[PROVIDER RELIEF FUND: MEDICAID AND CHIP PROVIDER DISTRIBUTION FACT SHEET](#) HEALTH RESOURCES AND SERVICES ADMINISTRATION, JULY 7

[VIDEO: VISITING FRIENDS AND FAMILY WITH HIGHER RISK FOR SEVERE ILLNESS](#), CDC, JULY 2

[UPDATE: COVID-19 AMONG WORKERS IN MEAT AND POULTRY PROCESSING FACILITIES — UNITED STATES, APRIL–MAY 2020](#), WALTEBURG M.A., D.V.M., *MORBIDITY AND MORTALITY WEEKLY REPORT*, CDC, JULY 7

[NEW AND EXPANDED FLEXIBILITIES FOR RURAL HEALTH CLINICS \(RHCs\) AND FEDERALLY QUALIFIED HEALTH CENTERS \(FQHCs\) DURING THE COVID-19 PUBLIC HEALTH EMERGENCY \(PHE\)](#), *MEDICARE LEARNING NETWORK MATTERS*, CENTERS FOR MEDICARE AND MEDICAID SERVICES. UPDATED JULY 6



An Important Grant Award Announcement

SAMHSA's First National Family Support Technical Assistance Center (NFSTAC)

Center on Addiction, C4 Innovations, SAFE Project, and Boston University have been awarded SAMHSA's first National Family Support Technical Assistance Center (NFSTAC). NFSTAC is committed to providing tiered training and technical assistance (TTA), using a lifespan approach, that focuses on supports for families caring for loved ones who experience serious emotional disturbances, serious mental illness, and substance use disorders. This approach is anchored by the underlying principles that families play a vital role in supporting their loved ones, are the experts regarding their family support needs, and can be productively engaged to play a central role in treatment and recovery services. NFSTAC will deliver comprehensive TTA that advances partnerships between clinical and peer providers and family members of individuals experiencing SED/SMI/SUDs to promote stronger and more sustainable recovery-oriented outcomes. To further support families and providers, NFSTAC will focus on adapting and implementing recovery-oriented services with a targeted emphasis on workforce capacity and competencies, including cross-sector training and certification of family peer specialists. Field-requested and on-demand resources will be available directly to families and to the general public via a multimodal platform that includes virtual training events, mobile apps and social media.

The NFSTAC team is comprised primarily of family members with loved ones of varying ages who experience SED/SMI/SUDs as well as individuals in recovery. This lived experience, combined with collective decades of experience as researchers, practitioners, TTA providers, and leaders in family engagement, will inform every aspect of NFSTAC. The effect of entrusting this agenda to a family-run organization, in collaboration with local, state and national family-centered partners, and strong alignment with professionals who advance the importance of family engagement in their work, will be transformational in the delivery of TTA. It will also emphasize to all stakeholders that lived experience and authentic family voice are cornerstones of the NFSTAC approach.

For more information, please contact Lynda Gargan, Executive Director, at lgargan@ffcmh.org.



NFFCMH | 15800 Crabbs Branch Way Suite 300, Rockville, MD 20855

OFFICE OF JUSTICE PROGRAMS SPONSORED WEBINARS



Webinar Series: Implementing the Principles of a Trauma Responsive Service System

[REGISTER FOR SERIES HERE](#)

The [SAMHSA Concept Paper on Implementing a Trauma Informed Approach](#) will provide the basis for this four-part series designed to create a values-based framework for moving from theory to practice. The six principles for creating a trauma responsive service delivery will be presented. Organizations that serve victims of crime and those that have used their services will lend their voices and their experiences to share how they used the principles in creating trauma responsive services. Discussions on the importance of recognizing and addressing unconscious or implicit bias and its impact on services will also be discussed. The principles serve as a non-prescriptive road map to assist with the implementation of trauma responsive services and creating an atmosphere where all victims of crime want to come for help/services.

Sessions	Dates	Speakers
Cultural/Historical & Peer Support	July 16, 12:00 p.m. to 1:30 p.m. E.T.	Maurissa Stone-Bass, The Living Well; Cherene Caraco and Lyn Legere, Recovery Network
Safety & Trustworthiness/Transparency	July 30, 12:00 p.m. to 1:30 p.m. E.T.	JoAnne Wallace, Baltimore City Police; Charryse Wright, Just Wright Consulting
Empowerment/Voice/Choice & Collaboration/Mutuality	August 11, 12:00 p.m. to 1:30 p.m. E.T.	William Kellibrew, Baltimore City Health Department; Devika Shankar, LA LGBT Center
<i>Lessons Learned: Increasing Access to Mental Health Services to Traditionally Underserved Victims of Crime</i> through implementation of trauma-responsive services. The purpose of addressing the trauma experienced by victims of crime is not always understood by their providers. By understanding the impact of trauma on victim survivors, responding in ways that enhances the realization that behavior is frequently an adaptation to trauma and that healing must be the focus of service and support is key to ensuring organizations create an atmosphere where all victims of crime want to come to you for help/services. Grantees will discuss challenges and how they applied a trauma-informed lens to successfully overcome obstacles.	September 10, 12:00 p.m. to 1:30 p.m. E.T.	OVC Purpose Area 3b Grantees from Los Angeles LGBT Center, Clinical and Support Options, Inc (MA), and Center for Trauma & Resilience (CO)

[REGISTER HERE](#)

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The Partnership Center

Center for Faith and Opportunity Initiatives
U.S. Dept. of Health and Human Services



PUTTING PEOPLE FIRST:

THE INHERENT DIGNITY PRINCIPLE:



INITIAL STEPS FOR
ADDRESSING MENTAL
ILLNESS IN FAITH
COMMUNITIES

THE ILLNESS PRINCIPLE:



JULY 14 * 12 PM ET

REGISTER: [HTTPS://BIT.LY/CF0I-071420](https://bit.ly/cfoi-071420)



NEW WEBINAR SERIES | PART 2..

'COMPASSION IN ACTION' WEBINAR SERIES:

Part II: Putting People First: Initial Steps for Addressing Mental Illness in Faith Communities *July 14, 12:00 p.m. E.T.*

The first steps for a faith community in addressing mental illness are reflected in the first two principles of the **Compassion in Action Guide**:

- #1 The Inherent Dignity Principle:**
We Affirm the Inherent Dignity of Every Person
- #2 The Illness Principle:**
We Acknowledge Mental Illness as an Illness

This webinar will highlight leaders who embody these principles in their work with faith communities. They will describe how their efforts are respectively building a sense of belonging for individuals with mental illness in faith communities and helping faith communities take mental illness seriously.

GUEST SPEAKERS

- **Jason Nieuwsma, PhD**, Associate Director Mental Health and Chaplaincy, Department of Veterans Affairs
- **Steve Sullivan, MDiv, ThM**, Chaplain, Community Engagement for the Mental Health and Chaplaincy, Department of Veterans Affairs
- **Sidney Hankerson, MD, MBA**, Co-Director, Columbia University Wellness Center and Assistant Professor of Clinical Psychiatry at Columbia University's College of Physicians and Surgeons

SAVE THE DATES!

Please save the following dates of our future webinars in this series. More details to come!

- **Aug. 6, 12 p.m. E.T. PART III:** "Principle 3: The Caregiver Principle"
- **Aug. 25, 12 p.m. E.T. PART IV:** "Principles 4 & 5: Professional and Treatment Principles"
- **Sept. 15, 12 p.m. E.T. PART V:** "Principles 6 & 7: Reality of Mental Illness and Hope Principles"

REGISTER HERE

Save the Date!

We Have Added a Virtual HCBS Conference Option - Registration Opens in August



HCBS CONFERENCE

Home & Community-Based Services

Marriott Wardman Park
Washington, DC

HCBSconference.org



NEW DATES

ADvancing States Fall Member Meeting: December 7, 2020
HCBS Conference: December 8-11, 2020



Notice of Upcoming Targeted PCORI Funding Announcement Suicide Prevention: Brief Interventions for Youth -- Cycle 3 2020

Announcement Type: Research Award

Total Funds Available: \$30 Million

Maximum Project Period: 5 years

Applicant Town Hall Session: September 2020

Letter of Intent Deadline: September 29, 2020, 5 p.m. E.T.

Total Direct Costs: \$10 million

Earliest Start Date: November 2021

Application Deadline: January 12, 2021, 5 p.m. E.T.

This notice provides information about an upcoming Targeted Patient-Centered Outcomes Research Institute (PCORI) Funding Announcement (PFA), which will be released by PCORI on September 1, 2020. Through this initiative, PCORI seeks to fund large randomized controlled trials (RCTs) and/or observational studies that compare the effect of brief interventions on acute suicide risk in youth ages 15 to 24.

Suicide rates in the US have increased by over 35 percent from 1999 to 2018. Of notable concern is the 46 percent increase in rates for youth ages 15 to 24 during this same time period (from 9.9 to 14.5 per 100,000). While suicide rates have risen across race/ethnicity, gender, and geographical groups, rates remain highest in boys/males, LGBTQ, rural, and American Indian/Alaska Native populations. Additionally, recent trends indicate an increasing suicide rate for Black and Latina adolescents.

Brief interventions (e.g., Teachable Moment Brief Intervention, Motivational Interviewing, Safety Planning) are often the first intervention patients presenting with suicidality receive. These interventions are designed to reduce acute suicide risk and direct patients to appropriate treatment, and can be delivered in a variety of settings (e.g., emergency departments, primary care, schools, mobile crisis units, community-based settings, home, inpatient care, juvenile detention centers) and by a range of healthcare professionals. The evidence base of brief interventions for suicidality comes primarily from studies done with adults. There is some evidence for youth, but which interventions work best for which populations of youth is not clear.

This Targeted PCORI Funding Announcement will solicit applications that respond to the following question:

What is the comparative effectiveness of different brief interventions to reduce suicidality and improve outcomes for youth ages 15 to 24?

PCORI is particularly interested in the comparative effectiveness of tailored approaches to brief interventions. Tailoring may include involvement of people with lived experience, telehealth (e.g., apps, text-based, web-based, phone calls, video calls), cultural factors (e.g., language, family involvement, rituals), and specific settings (e.g., primary care, school, home, community) or other cultural adaptations.

Applicants should consider the following outcomes: suicidal ideation, self-harm, engagement in mental health care, functional measures, school participation, employment, skills to manage suicidality, connectedness, quality of life, and healthcare utilization (hospital or ED use). Applications should include follow-up for up to one year.

Interventions must be evidence-based **and/or** in widespread use and reproducible. This Targeted PFA preannouncement is provided to allow potential applicants additional time to identify collaborators, obtain stakeholder input on potential studies, and develop responsive, high-quality proposals.



World Health Organization

ZOOM Webinar:
Outcomes of the 1st WHO
Infodemiology Conference
Tuesday, July 21, 3:00 p.m.
Paris Time/9 a.m. E.T.



An infodemic cannot be eliminated, but it can be managed. To respond effectively to infodemics, WHO calls for adaptation, development, validation and evaluation of new evidence-based measures and practices to prevent, detect and respond to mis- and disinformation.

1st WHO Infodemiology Conference takes place from 29 June to 21 July 2020. The conference consists of 1 pre-conference event, 1 science conference session and 1 public webinar.

In the **pre-conference** experts engage with the public with 7 inspiring talks how the infodemic affects the world currently and reflections how it can be managed.

The **scientific conference** from 30 June to 16 July will be a closed session focused on defining the **scientific discipline of infodemiology and establish a community of practice and research**. The results of the closed session will be reported back to the public in a **Public Summary** on 21 July 2020.

Objectives

- Understand the multidisciplinary nature of infodemic management;
- Identify current examples and tools to understand, measure and control infodemics;
- Build a public health research agenda to direct focus and investment in this emerging scientific field; and
- Establish a community of practice and research.

Participants

- Experts from the fields of Epidemiology and Public Health; Applied Math and Data Science; Digital Health and Technology Applications; Social & Behavioral Science; Media Studies & Journalism; Marketing, UX and Design; Risk Communication and Community Engagement; Ethics and Governance and other relevant scientific disciplines and practices
- UN agencies
- Public health authorities

Register in Advance for this Webinar:

REGISTER HERE FOR THE OUTCOMES ZOOM WEBINAR

After registering, you will receive a confirmation e-mail containing information about joining the webinar.



Taking on the "Perfect Storm": Faith-Based Organizations and Partnerships Address COVID-19 and Critical Behavioral Health Needs in Communities of Color
Thursday, July 16, 3:00 p.m. E.T.

July is National Minority Mental Health Awareness Month. This July, communities are facing the “perfect storm” of crises that are deepening the disparities in mental health and wellbeing. The current COVID-19 pandemic, economic crisis, behavioral health crisis, and the civil unrest stemming from recent incidents of police brutality has impacted all of America, but disproportionately affects communities of color.

Community, spiritual, and faith-based organizations play an essential role in helping these communities handle deeply experienced trauma, loss, and grief. Poor access to and mistrust of health care systems leads individuals to reach out to their familiar and trusted faith-based organizations and leaders. In many cultures, spirituality is a key driver of wellbeing and hope. Faith leaders are coming together across communities to organize, support, provide, engage, and instill hope.

On Thursday, July 16 at 3:00.p.m. E.T., join this virtual roundtable hosted by the NNED National Facilitation Center and SAMHSA’s Office of Behavioral Health Equity in partnership with SAMHSA’s Mental Health Technology Transfer Center Network Coordinating Office to learn how faith-based NNED partner organizations are supporting the mental health concerns of racial/ethnic minorities and providing opportunities to receive support and connection through faith-based practices and partnerships.

This NNED virtual roundtable will highlight:

- Faith-based partnerships that address the behavioral health in communities of color and augment the behavioral health workforce;
- Cultural and spiritual practices provided by faith-based organizations to strengthen community and social connectedness during times of crises;
- Faith leaders’ strategies to help diverse communities cope with trauma, loss, and grief; an
- The importance of and role of faith leaders in promoting self-care among the health care workforce, caregivers, and themselves.

REGISTER



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The MHTTC Network – School Mental Health Initiative

[The Mental Health Technology Transfer Center \(MHTTC\) Network](#), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a collaborative Network that supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. The Network includes 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office.



The MHTTC Network has supplemental funding to focus on the need for further implementation of mental health services in school systems. The Regional and National Centers provide technical assistance and develop resources, trainings and events around various school mental health topic areas, including evidence-based identification, early intervention, and treatment practices, youth suicide prevention, school wellness, and trauma-informed practices in schools.

During the current COVID-19 public health crisis, the MHTTC Network remains open and available to assist the school mental health workforce. While in-person learning opportunities are postponed until further notice, the Network is working quickly to offer virtual learning opportunities in the interim.

To view a compilation of MHTTC resources specific to school mental health during the COVID-19 pandemic, please visit our website [here](#).

For access to all MHTTC trainings and resources, visit the Training and Events Calendar [here](#) and the Products and Resources Catalog [here](#).

Stay informed! Subscribe to *MHTTC Pathways*



MHTTC Pathways is a monthly eNewsletter that keeps you informed about what is happening within the MHTTC Network. It highlights events, training opportunities, resources, and the latest Network products. Special features help you stay updated on the latest on evidence-based practices, implementation science, and workforce development.

Subscribe to *MHTTC Pathways* [here](#)!



When you can't breathe, nothing else matters.®

Virtual Roundtable: Medicaid Managed Care Contracting Wednesday, July 15, Noon to 1:00 p.m. E.T.



Medicaid enrollees are twice as likely to smoke tobacco as the general population, placing them at a higher risk for smoking-related diseases. Join the American Lung Association as we explore the ways state tobacco programs can collaborate with their state Medicaid agencies to improve coverage for tobacco cessation through either the Medicaid Managed Care procurement process or additional administrative mechanisms. This webcast will also feature health department representatives from New Hampshire and Michigan sharing their state's experiences, lessons learned and suggestions for other states.

[REGISTER NOW](#)

Disaster Distress Helpline

PHONE: 1-800-985-5990
TEXT: "TalkWithUs" to 66746



Call us:
1-800-985-5990



Text:
'TalkWithUs' to 66746



Visit:
<http://disasterdistress.samhsa.gov>



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<http://twitter.com/distressline>

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Call 1-800-985-5990
or text 'TalkWithUs' to 66746
to get help and support
for any distress that you or someone
you care about may be feeling
related to any disaster.

The **Helpline** and **Text Service** are:

- Available 24 hours a day,
7 days a week, year-round
- Free (standard data/text messaging
rates may apply for the texting service)
- Answered by trained crisis counselors.

TTY for Deaf / Hearing Impaired:
1-800-846-8517

Spanish-speakers:
Text "Hablanos" to 66746



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4787)

Administered by the Substance Abuse and Mental Health
Services Administration (SAMHSA) of the U.S. Dept. of Health
and Human Services (HHS).

Disasters have the potential to cause emotional distress. Some are more at risk than others:

- Survivors living or working in the impacted areas (youth & adults)
- Loved ones of victims
- First Responders, Rescue & Recovery Workers.

Stress, anxiety, and depression are common reactions after a disaster.

Warning signs of distress may include:

- Sleeping too much or too little
- Stomachaches or headaches
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- Drinking alcohol, smoking or using tobacco more than usual;
- Using illegal drugs
- Feeling like you have to keep busy
- Lack of energy or always feeling tired
- Eating too much or too little
- Not connecting with others
- Feeling like you won't ever be happy again

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

TIPS FOR COPING WITH STRESS AFTER A DISASTER:

Take care of yourself. Try to eat healthy, avoid using alcohol and drugs, and get some exercise when you can- even a walk around the block can make a difference.

Reach out to friends and family. Talk to someone you trust about how you are doing.

Talk to your children. They may feel scared, angry, sad, worried, and confused. Let them know it's okay to talk about what's on their mind. Limit their watching of TV news reports about the disaster. Help children and teens maintain normal routines to the extent possible. Role model healthy coping.

Get enough 'good' sleep. Some people have trouble falling asleep after a disaster, others keep waking up during the night.

If you have trouble sleeping:

- Only go to bed when you are ready to sleep
- Don't watch TV or use your cell phone or laptop computer while you're in bed
- Avoid eating (especially sugar) or drinking caffeine or alcohol at least one hour before going to bed
- If you wake up and can't fall back to sleep, try writing in a journal or on a sheet of paper what's on your mind.

Take care of pets or get outside into nature when it's safe. Nature and animals can help us to feel better when we are down. See if you can volunteer at a local animal shelter- they may need help after a disaster. Once it's safe to return to public parks or natural areas, find a quiet spot to sit in or go for a hike.



Know when to ask for help. Signs of stress can be normal, short-term reactions to any of life's unexpected events- not only after surviving a disaster, but also after a death in the family, the loss of a job, or a breakup.

It's important to pay attention to what's going on with you or with someone you care about, because what may seem like "everyday stress" can actually be:

- Depression (including having thoughts of suicide)
- Anxiety
- Alcohol or Drug Abuse.

If you or someone you know may be depressed, suffering from overwhelming feelings of anxiety, or possibly abusing alcohol or drugs ...

**Call 1-800-985-5990 or
text 'TalkWithUs' to 66746.**

You Are Not Alone.

National Institutes of Health Funding Opportunity Announcements

Emergency Award: RADx-UP Coordination and Data Collection Center (CDCC) (U24 Clinical Trial) (RFA-OD-20-013)

Application Due Date: August 7, 2020

Letter of Intent Date: July 8, 2020

Earliest Estimated Award Date: September 2020

Estimated Total Funding: \$7.5 million

Expected Number of Awards: 1

Earliest Start Date: September 2020

UPDATE

NIH is issuing this FOA in response to the declared public health emergency issued by the Secretary, HHS, for 2019 Novel Coronavirus (COVID-19). This emergency cooperative agreement funding opportunity announcement (FOA) from the National Institutes of Health (NIH) provides an expedited funding mechanism as part of the Rapid Acceleration of Diagnostics-Underserved Populations (RADx-UP) initiative, a consortium of community-engaged research projects to understand factors that have led to disproportionate burden of the pandemic on the underserved and/or vulnerable populations so that interventions can be implemented to decrease these disparities. This FOA seeks to fund a single Coordination and Data Collection Center (CDCC) as an integral part of the consortium. The funding for this supplement is provided from the Paycheck Protection Program and Health Care Enhancement Act, 2020.

The CDCC will serve as a national resource, working with NIH scientific staff and consortium members to coordinate and facilitate research activities. The CDCC will also serve as a spoke in the larger NIH initiatives by providing de-identified individual data to an NIH-based data center. The RADx-UP CDCC will provide overarching support and guidance in the following four domains: (1) Administrative Operations and Logistics, (2) COVID-19 Testing Technology, (3) Community and Health System Engagement and (4) Data Collection, Integration and Sharing. The CDCC will facilitate RADx-UP collaborative research by providing organizational and analytical infrastructure and expertise, supporting data integration and analysis, and coordinating across RADx-UP projects and [the NIH-supported RADx initiatives](#) that are developing and validating new COVID-19 testing technologies.

This FOA is therefore released in parallel with three companion emergency Notices of Special Interest (NOSIs):

1. **Notice of Special Interest (NOT-OD-20-121):** Solicits emergency competitive revision applications to existing awards for large consortia, multi-site trials, centers and other current networks that have adequate capacity, infrastructure, and established community-engaged relationships to support large-scale COVID-19 testing interventions or have the capacity to ramp up quickly to reach underserved or vulnerable populations. The single submission date is August 7, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-121.html>
2. **Notice of Special Interest (NOT-OD-20-120):** A complementary emergency competitive revision opportunity that shifts eligibility to collaborative and individual research awards, generally focused on smaller underserved or vulnerable populations. The two submission dates are August 7, 2020 and September 8, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-120.html>
3. **Notice of Special Interest (NOT-OD-20-199):** Solicits emergency competitive revisions for research to understand the social, ethical, and behavioral implications of COVID-19 testing in underserved or vulnerable populations. The two submission dates are August 7, 2020 and September 8, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-119.html>

Researchers planning to apply are strongly encouraged to read all four of these interrelated funding opportunities.

Eligible Entities

Public/State Controlled Institution of Higher Education Private Institution of Higher Education
Nonprofit with and without 501(c)(3) IRS Status (Other than Institutions of Higher Education)
Small Businesses For-Profit Organization (Other than Small Businesses)
State Governments County governments City or township governments
Special district governments Independent school districts Public housing authorities/Indian housing authorities
Indian/Native American Tribally Designated Organization (Native American tribal organizations (other than Federally recognized tribal governments)
Indian/Native American Tribal Government (Federally Recognized)
U.S. Territories or Possessions Indian/Native American Tribal Government (Other than Federally Recognized)
Faith-Based or Community-Based Organizations Regional Organizations

Foreign Institutions

Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply.

Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply.

Foreign components, as [defined in the NIH Grants Policy Statement](#), are not allowed.

NIH will hold two pre-application webinars:

- **Friday, June 26, 2:00 p.m. to 4:00 p.m. E.T.,** an overview of the RADx-UP initiative, followed by presentations on each funding opportunity and question and answer sessions; and
- **Wednesday, July 1, 3:00 p.m. to 5 p.m. E.T.,** focusing on applications for the Coordinating and Data Collection Center

Registration is required. Register and learn more about these webinars at <https://www.nih.gov/research-training/medical-research-initiatives/radx/events>.

Questions can be pre-submitted for these sessions at RADxinfo@nih.gov by June 24 for the first session and June 29 for the latter session.

Contacts (All National Institute on Minority Health and Health Disparity (NIMHD))

Scientific/Research Contact: Dorothy Castille, 301-594-9411, dorothy.castille@nih.gov

Peer Review Contact: Maryline Laude-Sharp, 301.451.9536, maryline.laude-sharp@nih.gov

Financial/Grants Management Contact: Priscilla Grant, 301-594-8412, pg38h@nih.gov

Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders

The purpose of this Notice is to encourage the submission of research project grant applications that address co-morbid substance use and/or substance use disorders, and other psychiatric disorders. Research in response to this NOSI may include etiologic investigations to inform prevention intervention, intervention development and testing, and research to address service delivery strategies to address co-morbid conditions. The intent is to encourage a broad portfolio of research, that enhances understanding of risk, etiology, prevention, treatment and service delivery related to co-occurring conditions.

Background:

The association between substance use, substance use disorders, and psychiatric disorders, including depression, anxiety, bipolar disorder, ADHD and other externalizing disorders, has been well established through population based epidemiologic surveys. Numerous developmentally focused theory-based approaches have been proposed, including shared underlying vulnerabilities or risk factors. From a disorder perspective, prevalence can be expressed as either the prevalence of other psychiatric disorders among substance using populations or the prevalence of substance use among individuals with other psychiatric disorders, leading to variability in rates. Mental illness is often characterized as a risk factor for substance use initiation and for transition from use to misuse and disorder, though the exact sequence and relationship between substance use, substance use disorders and psychiatric co-morbidity is unclear and may vary by disorder. For some substances and disorders, it may be the substance use that precedes the onset of other psychiatric symptoms. Additional research is needed to determine the various trajectories of substance use and psychiatric symptoms, as well as strategies for intervention to change trajectories.

Research Objectives:

The National Institute of Drug Abuse (NIDA) is interested in research project grant applications that would further our understanding of co-morbidity through studies that test etiological theories and interventions (treatment and prevention), across the lifespan.

NIDA interest includes, but is not limited to, applications in the following areas:

- Epidemiologic studies of the etiology of co-morbidity that directly lead to the development of targeted preventive intervention research projects; of priority are studies that include prevention scientists as part of the research team, to facilitate the application of findings into next phase prevention intervention development. These can include primary data collection or secondary data analyses.
- Studies of the trajectories of the development of co-morbid substance use, substance use disorders and psychiatric disorders and the ways in which their interactions influence the onset, course and recovery of both; of interest are studies which additionally identify potentially effective points and models of intervention.
- Intervention research to directly address common mechanisms/dimensions that may underlie both substance use disorders and other psychiatric disorders. Among treatment seeking populations, studies to determine whether or how the receipt of evidence-based treatments for psychiatric disorders impact substance use initiation/and or progression to misuse and disorder.
- Strategies for augmenting psychiatric care to prevent substance use initiation and/or progression from use to misuse or disorder. This could include research to test whether and how models of care delivery for mental illness (e.g., the collaborative care model, coordinated specialty care for first episode psychosis) could be leveraged for substance use prevention among at-risk individuals.
- Studies to further understand and prevent suicide and other adverse outcomes (morbidity and mortality) among individuals using illicit substances.
- Research that uses clinically validated digital therapeutics, including mobile applications and other platforms, virtual reality, wireless monitoring and biofeedback, imaging tools for biofeedback to develop, improve and systematically measure behavioral interventions for substance use and psychiatric conditions. Additionally, neuromodulation devices to augment behavior therapies.
- Studies to evaluate the use of medications to improve the efficacy of behavioral interventions for co-morbidities.
- Research to promote adherence to pharmacotherapies, such as buprenorphine, methadone, depot naltrexone, Lofexidine, naloxone, or HAART, in substance abuse treatment populations with comorbidities.
- Studies that develop safe and effective psychosocial interventions to improve the outcomes of pharmacotherapies for substance use disorders including opioid use disorder, overdose reversal, and preventive efforts for psychiatric and suicide risk.
- Research on tobacco harm reduction strategies such as switching from combustibles to e-cigarettes with special attention to individuals with severe mental illness (e.g., schizophrenia, bipolar depression).
- Services research to develop and test strategies to improve system- or provider- capacity for treating and managing co-occurring conditions.

(More on following page)



National Institute on Drug Abuse Notice of Special Interest (NOSI)

Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders

(Continued from previous page)

Application and Submission Information

This notice applies to due dates on or after October 05, 2020 and subsequent receipt dates through May 8, 2023

Submit applications for this initiative using one of the following funding opportunity announcements (FOAs) or any reissues of these announcement through the expiration date of this notice.

- [PA-20-185](#): NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
- [PA-20-183](#): NIH Research Project Grant (Parent R01 Clinical Trial Required)
- [PA-20-184](#): Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required) Research Project Grant (Parent R01 Clinical Trial Required)
- [PA-20-200](#): NIH Small Research Grant Program (Parent R03 Clinical Trial Not Allowed)
- [PA-20-196](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Basic Experimental Studies with Humans Required)
- [PA-20-195](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)
- [PA-20-194](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)
- [PA-18-775](#): Pilot and Feasibility Studies in Preparation for Drug and Alcohol Abuse Prevention Trials (R34 Clinical Trial Optional) or any re-issuances

All instructions in the [SF424 \(R&R\) Application Guide](#) and the funding opportunity announcement used for submission must be followed, with the following additions:

- For funding consideration, applicants must include "NOT-DA-20-004" (without quotation marks) in the Agency Routing Identifier field (box 4B) of the SF424 R&R form. Applications without this information in box 4B will not be considered for this initiative.

Applications nonresponsive to terms of this NOSI will not be considered for the NOSI initiative.

Inquiries

Please direct all inquiries to the contacts in Section VII of the listed funding opportunity announcements with the following additions/substitutions:

Scientific/Research Contact: Amy B. Goldstein, Ph.D., National Institute on Drug Abuse (NIDA), 301-827-4124, amy.goldstein@nih.gov.

Additional NASMHD Links of Interest

[AT HUNDREDS OF REHABS, RECOVERY MEANS WORK WITHOUT PAY](#), SHOSHANA WALTER, *REVEAL NEWS*, JULY 7

[DELIRIUM, RARE BRAIN INFLAMMATION AND STROKE LINKED TO COVID-19](#), UNIVERSITY COLLEGE OF LONDON, *UCL NEWS*, JULY 8 & [THE EMERGING SPECTRUM OF COVID-19 NEUROLOGY: CLINICAL, RADIOLOGICAL AND LABORATORY FINDINGS](#), PATERSON R.W., ET AL., *BRAIN: A JOURNAL OF NEUROLOGY*, JULY 8

[HOW THE WORLD VIEWS THE U.S. VIRUS RESPONSE](#), ROBERT BURGESS, *BLOOMBERG*, JUNE 24

[COVIDVIEW: A WEEKLY SURVEILLANCE SUMMARY OF U.S. COVID-19 ACTIVITY: KEY UPDATES FOR WEEK ENDING JUNE 27, 2020](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, JULY 3

[STATE AND COUNTY BUDGET SHORTFALLS TO REACH ALMOST \\$650 BILLION](#), RON MANDERSCHIED, *BEHAVIORAL HEALTHCARE EXECUTIVE*, JULY 8 & [STATES CONTINUE TO FACE LARGE SHORTFALLS DUE TO COVID-19 EFFECTS](#), ELIZABETH McNICHOL & MICHAEL LEACHMAN, CENTER FOR BUDGET AND POLICY PRIORITIES, JULY 7

[IDENTIFYING PROFILES OF PATIENTS WITH BIPOLAR I DISORDER WHO WOULD BENEFIT FROM MAINTENANCE THERAPY WITH A LONG-ACTING INJECTABLE ANTIPSYCHOTIC](#), TOHEN M., M.D., DR. P.H., M.B.A., ET AL., *JOURNAL OF CLINICAL PSYCHIATRY*, JULY 8

We Look Forward To You Joining Us At Our First Virtual NAMICon!

We are grateful for your patience and support as we transformed our canceled **in-person NAMICon** into a virtual event. We are excited to announce that **no cost registration is now open for NAMICon 2020**, a Virtual Event, taking place **July 13 and 14**.

[REGISTER TODAY](#)

While we have made our virtual event free to register, donations to support NAMI's important work in mental health education, advocacy and awareness are appreciated for those able to contribute. [Click here to donate.](#)

We are committed to delivering a high-quality and productive experience for all our attendees with sessions dedicated to a variety of topics, including:

- Plenary with **Joshua Gordon, M.D., Ph.D., Director of the National Institute of Mental Health**, on the challenges and opportunities in mental health research.
- The importance of comprehensive and holistic treatment approaches to address the complexities of mental illness.
- Why diversity, inclusion and cultural competence are important and how we can address issues like identity, language and demographics.
- Research updates regarding various treatments and models.
- **NAMI and WETA**, the flagship PBS station in Washington, D.C., along with other national partners, will launch the Well Beings campaign and host a virtual national town hall.

[VIEW SCHEDULE](#)

Monday, July 13, 2020

Eastern Time (ET)	Track 1: Getting Help Early	Track 2: Getting the Best Possible Care	Track 3: Getting Diverted from Justice System Involvement	Track 4: Research Updates	Track 5: Youth Voices
10:30 – 11:00 AM	Welcome and Announcements				
11:00 AM – 12:00 PM	Plenary with Joshua Gordon, M.D., Ph.D., Director of the National Institute of Mental Health				
12:10 – 1:10 PM	Taking NAMI Ending the Silence Statewide	Diversity and Inclusion as Driver to Achieve Mission	Crisis Hotlines: The Gateway to Crisis Systems	CBT for Psychosis: Evidence-Based Training Program for Family and Caregivers	The Importance of Youth Voices: A Panel Discussion
1:15 – 1:30 PM	Break				
1:30 – 2:30 PM	What is Behind the Increasing Suicide Rate Among Black Youth?	Engaging Faith Leaders in Addressing Mental Illness	Hero Help: Addiction and Behavioral Health Assistance	The Fusion Model: A Peer-Informed Model for Crisis Support	NAMI Ending the Silence (ETS) for Students
2:30 – 2:50 PM	Break				
2:50 – 3:50 PM	Who Ya Gonna Call? NAMI HelpLines!	Ending Conversion Therapy to Save Young LGBTQ Lives	Engaging Individuals Who Have Mental Illness in the Stepping Up Initiative	A Novel Approach to Treatment: Resistant Depression: Elopastine	Creating Meaningful Connections: Youth-Certified Peer Specialists (CPS-Y)
4:00 – 4:30 PM	Networking				
4:30 – 5:00 PM	Closing Remarks				

Tuesday, July 14, 2020

Eastern Time (ET)	Track 1: Getting Help Early	Track 2: Getting the Best Possible Care	Track 3: Getting Diverted from Justice System Involvement	Track 4: Research Updates	Track 5: Youth Voices
10:30 – 11:00 AM	NAMI 40th Anniversary Celebration and Announcements				
11:00 AM – 12:00 PM	NAMI and WETA Well Beings Campaign Launch				
12:10 – 1:10 PM	Aspiring to Conquer Serious Psychiatric Illness: Research Journey to Heal	The View from D.C.: NAMI's Federal Legislative and Policy Update *** NAMI Housefront: Effective Education for the Families of Veterans	Using CBT Programs to Reduce Stigma and Trauma While Changing Our Communities' Crisis Response	Youth Addressing Inequities of Color: Community Participatory Research	Taking Care of Me During COVID-19: A Panel Discussion
1:15 – 1:30 PM	Break				
1:30 – 2:30 PM	TWO				
2:40 – 3:10 PM	Networking				
3:10 – 3:30 PM	Closing Remarks				



**Let's Meet Virtually at the
Academy Health Annual Research Meeting (ARM)
July 28 to August 6, 2020**

The largest meeting of health services researchers, policymakers, and the broader health care community is going online in 2020.

**REGISTER
TODAY**

Registration includes access to all recorded live and on-demand sessions and post-ARM content for a full calendar year.



**KEYNOTE
Race, Research and the
Power and Peril of Big Data**

Ruha Benjamin, Ph.D.
Associate Professor of African American Studies
Princeton University

**Register Today and Receive
Dr. Ruha Benjamin's Latest Book**

The first 1,000 ARM registrants will receive an eBook copy of Dr. Benjamin's, [Race After Technology](#), for Amazon Kindle. Recipients will receive a link to download the eBook prior to the virtual ARM.

Same Great ARM, New Virtual Benefits

- **More than 70 hours of content!** Featuring 8 live presentations with real-time Q&A and 70+ on-demand panel sessions - based on 21 conference themes.
- **Control your learning experience.** Never miss a session and participate at your leisure with access to all recorded live and on-demand presentations for a full calendar year.
- **Explore the latest research on a diverse range of topics at the interactive poster hall.**
- **Browse valuable resources and information made available by participating organizations at the digital exhibit hall.**
- **Engage in unique group and/or one-to-one virtual networking opportunities.**



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/>



FEDERAL COMMUNICATIONS COMMISSION GUIDANCE ON THE TELEHEALTH PROGRAM APPLICATION PROCESS (DA-20-394)

On April 2, 2020, the Commission released a Report and Order establishing the COVID-19 Telehealth Program. By this Public Notice, the Wireline Competition Bureau (Bureau) provides guidance on actions applicants can begin to take to ready themselves for filing an application for COVID-19 Telehealth Program funding.

The COVID-19 Telehealth Program will provide \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic. The COVID-19 Telehealth Program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program's funds have been expended or the COVID-19 pandemic has ended. In order to ensure as many applicants as possible receive available funding, we do not anticipate awarding more than \$1 million to any single applicant.

Examples of services and devices that COVID-19 Telehealth Program applicants may seek funding for include:

- Telecommunications Services and Broadband Connectivity Services: Voice services, and Internet connectivity services for health care providers or their patients.
- Information Services: Remote patient monitoring platforms and services; patient-reported outcome platforms; store and forward services, such as asynchronous transfer of patient images and data for interpretation by a physician; platforms and services to provide synchronous video consultation.
- Internet Connected Devices/Equipment: tablets, smart phones, or connected devices to receive connected care services at home (e.g., broadband enabled blood pressure monitors; pulse-ox) for patient or health care provider use; telemedicine kiosks/carts for health care provider site.

Eligible health care providers that purchased telecommunications services, information services, and/or devices in response to the COVID-19 pandemic after March 13, 2020 may apply to receive funding support through the COVID-19 Telehealth Program for eligible services purchased on or after March 13, 2020. In addition, COVID-19 Telehealth Program support will be available to eligible health care providers for services that require monthly recurring charges, such as broadband connectivity or remote patient monitoring services, through September 30, 2020.

Interested health care providers must complete several steps to apply for funding through the COVID-19 Telehealth Program:

- (1) obtain an eligibility determination from the Universal Service Administrative Company (USAC); and
- (2) obtain an FCC Registration Number (FRN); and (3) register with System for Award Management.

If an interested party does not already have these steps and accompanying components completed, the Bureau recommends that it gather the necessary information and begin to complete other necessary steps now, so it is prepared to submit applications for program funding as soon as applications can be accepted for filing. The Bureau will release a subsequent Public Notice announcing the application acceptance date immediately following the effective date of the COVID-19 Telehealth Program information collection requirements.

Eligibility Determination

Health care providers seeking to participate in the COVID-19 Telehealth Program must obtain an eligibility determination from the Universal Service Administrative Company (USAC) for each health care provider site that they include in their application. Health care provider sites that USAC has already deemed eligible to participate in the Commission's existing Rural Health Care (RHC) Programs may rely on that eligibility determination for the COVID-19 Telehealth Program. Interested health care providers that do not already have an eligibility determination may obtain one by filing an [FCC Form 460 \(Eligibility and Registration Form\)](#) with USAC. Applicants that do not yet have an eligibility determination from USAC can still nonetheless file an application with the Commission for the COVID-19 Telehealth Program while their FCC Form 460 is pending with USAC.

Consortium applicants may file an FCC Form 460 on behalf of member health care providers if they have a Letter of Agency.⁶ The FCC Form 460 is also used to provide certain basic information about consortia to USAC, including: • Lead entity (Consortium Leader); • Contact person within the lead entity (the Project Coordinator); and • Health care provider sites that will participate in the consortium.

Required Information for Application for COVID-19 Telehealth Program

Applicants will be required to submit the following information on their application for the COVID-19 Telehealth Program. The actual wording on the electronic application may vary slightly from the wording in this Public Notice.

Applicant Information

- Applicant Name
- Applicant FCC Registration Number (FRN)
- Applicant National Provider Identifier (NPI)
- Federal Employer Identification Number (EIN/Tax ID)
- Data Universal Number System Number (DUNS)⁷
- Business Type (from Data Accountability and Transparency (DATA) Act Business Types) – Applicants may provide up to three business types
- DATA Act Service Area – This information will be required for each line item for which funding is requested. Applicants must enter name of the applicable state(s) or "nationwide"

Contact Information

- Contact name for the individual that will be responsible for the application
- Position title
- Phone number
- Mailing address
- Email address

Continued on next page)



FEDERAL COMMUNICATIONS COMMISSION GUIDANCE ON THE TELEHEALTH PROGRAM APPLICATION PROCESS (DA 20-394) (CONT'D)

(Continued from previous page)

Health Care Provider Information

- Lead health care provider name (if part of a consortium)
- Facility name
- Indicate whether facility is a hospital
- Street address, city, state, county
- FCC Registration Number (FRN)
- Healthcare provider number

Eligibility type

- National Provider Identifier (NPI)
- Total patient population
- Estimated number of patients to be served by the funding request (and supporting documentation)

Medical Services to be Provided (applicants will check all that apply)

- Patient-Based Internet-Connected Remote Monitoring
- Other Monitoring
- Voice Consults
- Other Diagnostics
- Other Services
- Video Consults
- Imaging Diagnostics
- Remote Treatment

Conditions to be Treated with COVID-19 Telehealth Funding

- Whether the applicant will treat COVID-19 patients directly
- Whether the applicant will treat patients without COVID-19 symptoms or conditions (applicants will check all that apply):
 - o Other infectious diseases
 - o Emergency/Urgent Care
 - o Routine, Non-Urgent Care
 - o Mental Health Services (non-emergency)
 - o Other conditions

- How using COVID-19 Telehealth Program funding to treat patients without COVID-19 symptoms or conditions would free up resources that will be used to treat COVID-19

Additional Information Concerning Requested Services and Devices

- Goals and objectives for use of the COVID-19 Telehealth Program Funding
- Timeline for deployment of the proposed service(s) or devices funded by the COVID-19 Telehealth Program
- Factors/metrics the applicant will use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program
- How COVID-19 has affected health care providers in your area
- Any additional information about the geographic area and population serve by the applicant. Indicate whether the geographic area you serve has been under any pre-existing strain (e.g., large underserved or low-income patient population; HCP shortages; rural hospital closures; limited broadband access and/or Internet adoption). If so, describe such factors
- Whether the applicant plans to target the funding to high-risk and vulnerable patients. If so, describe how
- Any additional information to support the application and request for funding Requested Funding Items
- Total amount of funding requested

Application and Request for Funding and Registering to Receive Payments Through COVID-19 Telehealth Program

Interested parties must submit an application and request for funding through the COVID-19 Telehealth Program to the Commission. The Bureau will make available an online portal for completing and submitting applications and requests for funding through the COVID-19 Telehealth Program. The Bureau will release a Public Notice and post information about the web address and opening date for that portal on the Commission's Keep Americans Connected page: <https://www.fcc.gov/keep-americansconnected>. A copy of the completed application will be filed by the system in the Commission's Electronic Comment Filing System (ECFS) at a later date.

To submit an application and request for funding, the applicant must first obtain an FCC Registration Number (FRN). Additionally, to receive payment through the COVID-19 Telehealth Program, applicants must be registered with the federal System for Award Management. While interested parties do not need to be registered with the System for Award Management in order to submit an application, the Bureau strongly encourages them to start that process early.

Beginning May 2, 2020, the Program stopped accepting emailed PDF form applications. All applications must be submitted through the online application portal. **[SUBMIT AN APPLICATION ON-LINE](#)**

Obtaining an FCC Registration Number (FRN)

All applicants, like all other entities doing business with the Commission, must register for an FRN in the Commission Registration System (CORES). An FRN is a 10-digit number that is assigned to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. To register with CORES, please use the following link: <https://apps.fcc.gov/core/userLogin.do>.

Registering with System for Award Management

To receive payments through the COVID-19 Telehealth Program, applicants must be registered with the federal System for Award Management. The System for Award Management is a web-based, government-wide application that collects, validates, stores, and disseminates business information about the federal government's partners in support of federal awards, grants, and electronic payment processes. To register with the system, go to <https://www.sam.gov/SAM/> with the following information: (1) DUNS number; (2) Taxpayer Identification Number (TIN) or Employment Identification Number (EIN); and (3) Your bank's routing number, your bank account number, and your bank account type, i.e. checking or savings, to set up Electronic Funds Transfer (EFT). You will receive a confirmation email once the registration is activated. Only applicants registered through the System for Award Management will be able to receive COVID-19 Telehealth Program funding. Registration in the System for Award Management provides the FCC with an authoritative source for information necessary to provide funding to applicants and to ensure accurate reporting pursuant to the DATA Act, Pub. L. 113- 101.

For further information regarding this Public Notice, please contact Hayley Steffen, Attorney Advisor, Telecommunications Access Policy Division, Wireline Competition Bureau, Hayley.Steffen@fcc.gov or at (202) 418-1586.

Multi-Part Virtual Learning Community Webinar Series

Supporting Reentry for People with Mental and Substance Use Disorders: Establishing Recovery Housing

Tuesday, July 30, 12:30 p.m. to 2:00 p.m. E.T.

Learn strategies and approaches to successful recovery housing development, funding, and implementation.

[REGISTER HERE](#)

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation uses its Virtual Learning Community (VLC) model to deeply explore topics of interest to the field centered around a common theme. VLCs are composed of a series of webinars, small discussion groups, and webinar supporting materials. These communities are open to the field at no cost to the participant.

Each webinar provides an opportunity to hear from national experts and state representatives. The presenters offer guidance on best and promising practices as well as practical lessons learned from on-the-ground experience.

Selected webinars are followed by a small-group discussion, where audience members can engage directly with the presenters to learn more about the topics of discussion.

Transform to Teleservices: Innovative Approaches to Substance Use Disorder Treatment Happening Now in Drug Courts

Part I - Tuesday, August 11, 1:00-2:30 p.m. E.T.

As technological innovations in health care continue to emerge, and as research is confirming the effectiveness of these approaches that rely on both new and established technologies, drug courts across the country are starting to transform the way they work by implementing teleservices in order to improve access to medication-assisted treatment (MAT) as well as a range of evidence-based psychosocial supports for the treatment of substance use disorders (SUD). Part I of this Virtual Learning Community webinar series will provide an overview of the emerging teleservices landscape and the opportunities brought about by this shift in methodology, review the evidence base for SUD treatment services delivered via teleservices technologies, and share potential strategies for the implementation of SUD teleservices in drug courts, including a review of the types of SUD services that can be effectively leveraged via telehealth along with models of care that highlight the mechanisms of collaboration between drug courts and community-based treatment providers.

Additional topics to be addressed include rolling redesign pertaining to telehealth regulations, reimbursement, and confidentiality, focusing on emerging opportunities for the expansion of teleservices in drug courts.

PRESENTERS

- Michael Chaple, Ph.D., Assistant Professor of Clinical Psychiatry, New York State Psychiatric Institute, Columbia University Medical Center
- Maryellen Evers, LCSW, CAADC, Telebehavioral Health Trainer, Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno
- Nancy Roget, M.S., M.F.T., LADC, Executive Director, Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno

[REGISTER HERE FOR PART I](#)

Part II - Tuesday, August 18, 1:00-2:30 p.m. E.T.

Several drug courts across the country have successfully leveraged teleservices in order to increase client access to medication-assisted treatment as well as a range of evidence-based psychosocial supports for the treatment of substance use disorders (SUD). Part II of this Virtual Learning Community webinar series will feature presentations from drug court practitioners and substance use treatment providers who will outline the various approaches they have taken to integrate teleservices in drug court. Case examples will illustrate several unique models of implementation, including:

- development of a comprehensive teleservices track in drug court,
- drug court partnerships with distance-based SUD telemedicine providers,
- drug court partnerships with community-based SUD treatment providers who offer remote services, and
- the integration of virtual counseling platforms.

[REGISTER HERE FOR PART II](#)

Now Virtual !!!

**32nd
Annual**

Tuerk Conference

on Mental Health & Addiction Treatment

UPDATE



Kevin Lindamood



Beth Macy



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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.

SEPTEMBER 10, 2020

8:00 am – 5:00 pm

RECORDED PLENARIES AND WORKSHOPS: Available to
access online for two weeks after the conference, so you
can attend all in one day or spread it out over two weeks.

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Platinum

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Clinic Management and Development Services, Inc. (CMDS)
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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

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.



Student Mental Health: Responding to the Crisis

Mary Ward House Conference & Exhibition Centre, London

Tuesday, October 6, 2020

This conference will break-down the cultures, economic factors, social and institutional pressures contributing to dramatic rises in disclosures of mental health issues at universities and student suicides.

Delegates will explore why more students are turning to unconventional incomes like gambling and sex work during their studies, how the university experience can compound cultural and environmental conditions that lead students to access and supply drugs; and discussing how cross-institutional co-operation as well as legislative review of attitudes towards information sharing could prevent students reaching a point of crisis.

With just over two months to go to this expected sell out event places are now at a premium. However you can still...

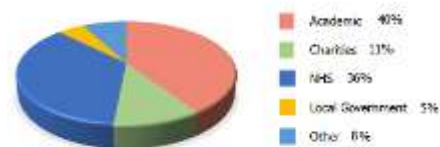
View Event	View Programme	Register Interest	Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social care and counselling services to develop pragmatic approaches to:

- Transitions of otherwise non-criminal student populations into drug use and supply created by financial instability, distance from guardians and the interconnected nature of student life.
- Preventing student suicides; developing best practices in data sharing between institutions and families – measuring the importance of student safety and public interest against data protection, as well as investing in welfare support services and advanced planning.
- Isolation and instability created by increases in students engaging with sex work and gambling as a means of meeting the cost of university life.
- Cultures of anxiety driven by transitions in curriculum and lifestyle, persecutory perfectionism, unrealistic expectations projected on new media platforms, institutional pressures and uncertainty around post-university employment opportunities.
- Normalization of competitive and insecure working cultures in the HE sector – how does this impact the human value of academic labor and the support available to young people struggling with their studies.

2020 Attendee Breakdown by Sector.

Curious about who else will be in attendance on the day?



WEBSITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information

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

UPDATE

Altering Our Course: NASHIA's Virtual SOS Conference

Feature Event : Sept. 22 and 23, 2020
Workgroup Sessions : Sept. 24, 25, 28, & 29, 2020
Podcasts Available : Beginning Sept. 22, 2020
Post-Intensive Workshop : Sept. 29, 2020

FORMAT

THIS EVENT WILL INCLUDE A COMBINATION OF LIVE AND RECORDED SESSIONS IN A VARIETY OF FORMATS AND AN EXHIBIT HALL FOR EVENT SPONSORS AND ATTENDEES TO NETWORK AND COLLABORATE.

RATE (COVERS THE ENTIRE EVENT.)

\$250 FOR MEMBERS

\$300 FOR NON MEMBERS

CEUs APPLIED FOR APA, SW, AND CRC.

LOCATION

ALL EVENTS ARE VIRTUAL.

AGENDA

SPONSORSHIP OPPORTUNITIES

JOIN NASHIA FOR 2020

CONTACT US

FOR MORE INFORMATION,

CONTACT INFO@NASHIA.ORG.

**Feature Sessions. Workshops.
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with premier presenters
for premier leaders
(that's you).
Reserve your seat today!**

Register and Sponsor HERE



Centers for Disease Control (NCIPC) Funding Opportunity Announcement Preventing Adverse Childhood Experiences: Data to Action (CDC-RFA-CE20-2006)

Funding Mechanism: Cooperative Agreement
Anticipated Number of Awards: 4
Length of Project: Approximately 3 Years
Estimated Award Date: Aug 01, 2020

Anticipated Total Available Funding: \$6 million
Award Amount: \$400,000 to \$500,000
Cost Sharing/Match Required?: No
Estimated Project Start Date: Sep 01, 2020

Application Due Date: July 13, 2020

Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years). Events such as neglect, experiencing or witnessing violence and having a family member attempt or die by suicide are considered ACEs. ACEs may also include aspects of children's environments 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. The link between ACEs and poor adult health and social outcomes has been well documented.

A critical first step in preventing ACEs is conducting surveillance, which allows us to understand the scope of the problem, where and when ACEs are most likely to occur, and who is at greatest risk for them and their related health and social impacts. To date, it has been difficult to assess the incidence and prevalence of ACEs experienced by youth and adolescents – i.e., those at immediate risk, as the best surveillance data currently available for ACEs are collected through the Behavioral Risk Factor Surveillance System (BRFSS), which assesses ACEs retrospectively among adults. Additionally, the occurrence of many ACEs often do not come to the attention of social services and public health systems, and are therefore not captured by publicly available administrative data. Consequently, little data on the frequency and intensity of ACEs are available. These challenges limit our ability to understand current prevalence, track changes in ACEs over time, focus prevention strategies, and ultimately measure the success of those prevention strategies. In addition, to date, efforts to implement data-driven, comprehensive, evidence-based ACE prevention strategies have been lacking in communities across the U.S. As a result, a comprehensive public health approach is needed to reduce risk for ACEs, prevent childhood adversity before it begins, and reduce future harms from ACEs.

The purpose of this funding is to

- 1) build a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use ACE data to inform statewide ACE prevention activities; and
- 2) support the implementation of data-driven, comprehensive, evidence-based ACE primary prevention strategies; and provide technical support to states in these efforts.

This NOFO has three required foci to support these goals –

- 1) enhance or build the infrastructure for the state-level collection, analysis, and application of ACE-related surveillance data that can be used to inform and tailor ACE prevention activities,
- 2) implement strategies based on the best available evidence to prevent ACEs, and
- 3) conduct data to action activities to continue to assess state-wide surveillance and primary prevention needs and make needed modifications.

The work of these foci, and the infrastructure and expertise exerted to accomplish that work, should be interdependent and should be planned and implemented as part of a comprehensive and coordinated ACE prevention dynamic system that reflects the [10 Essential Public Health Services promoted by CDC](#).

Recipients will be expected to leverage multi-sector partnerships and resources to improve ACE surveillance infrastructures and the coordination and implementation of ACE prevention strategies across the state and communities within the state. As a result, there will be increased state capacity to develop and sustain a surveillance system that includes ACE-related data; and increased implementation and reach of ACE prevention strategies that help to promote safe, stable, nurturing relationships and environments where children live, learn and play.

Eligibility: State Governments County governments City or township governments
Public and State controlled institutions of higher education Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Public housing authorities/Indian housing authorities
Nonprofits with and without a 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education Small businesses
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Program Contact: Angela Guinn, Project Officer, CDC. 404-498-1508, lsj8@cdc.gov.

Grant Staff Contact: Ayanna Williams, Grants Management Specialist, HHS Office of Grants Services, 404-498-5095.
omg5@cdc.gov.



Agency for Healthcare
Research and Quality

AHRQ Announces New Challenge Competition Focusing on Postpartum Mental Health Care for Rural Families

The Agency for Healthcare Research and Quality (AHRQ) has announced a challenge competition to highlight local innovations to improve postpartum mental health care for rural American families. The total prize pool for the competition is \$175,000.

The two-fold purpose of the challenge is to amplify innovative programs that rural communities already are implementing to address challenges to postpartum mental health diagnosis and treatment and elicit new solutions. AHRQ plans to share the information with rural communities, healthcare systems, healthcare professionals, local and state policy makers, federal partners, and the public. Rapid shifts in the healthcare landscape have highlighted the need to create solutions to support community-based, digital, and non-traditional solutions to provide services to mothers experiencing postpartum mental health issues in rural America.

One in seven mothers experiences a postpartum mental health condition, defined as the onset of depression or anxiety within one year of giving birth. Rural women and families face barriers to accessing adequate care for postpartum mental health problems. Such barriers may include limited availability of mental health care providers, and difficulties arranging for child care, transportation, and payment. The current COVID-19 pandemic, with its disruption of traditional employment and social supports, highlights the need for new solutions to a longstanding problem. Prior research suggests that higher levels of stressors during pregnancy and the delivery period are associated with greater prevalence of postpartum depression.

Through this new challenge, AHRQ is interested both in success stories that highlight community achievements and new program proposals that demonstrate innovative planning for community action to improve postpartum mental health. Organizations that serve rural communities, including health care providers, community-based organizations and clubs, faith-based groups, cooperative extension services, schools, hospitals, local health departments, and state, territorial, and tribal organizations are eligible to submit proposals that highlight successful or promising programmatic interventions to improve rural postpartum mental health.

AHRQ is hosting this challenge during Women's Health Month as a single-phase competition with two categories: success stories and proposals. Applicants may only submit proposals in one category. Submissions are due in September, and AHRQ plans to announce challenge winners in the fall.

There will be five winners in the Success Story Category, with each receiving \$15,000.

There will be two winners in the Program Proposal Category, with each receiving \$50,000.

For more information, visit the [AHRQ Cross-Sectional Innovation to Improve Rural Postpartum Mental Health Challenge](#) website.



U.S. Department of Education Funding Opportunity Announcement School-Based Mental Health Services Grant Program (ED-GRANTS-052820-001)

Estimated Available Total Grant Funds: \$10 million

Number of Awards: 5

Cost Sharing/Matching: 25 Percent Annually

Estimated Average Size of Awards: \$2 million

Project Period: 60 months

Applications Due: July 13, 2020

The School-Based Mental Health Services Grant Program provides competitive grants to State educational agencies (SEAs) to increase the number of qualified (i.e., licensed, certified, well-trained, or credentialed, each as defined in this notice) mental health service providers (service providers) providing school-based mental health services to students in local educational agencies (LEAs) with demonstrated need (as defined in this notice). In the Department's FY 2020 appropriations, Congress increased funding for the School Safety National Activities program, and included direction in the Explanatory Statement that \$10 million be used to increase the number of counselors, social workers, psychologists, or other service providers who provide school-based mental health services to students. Under this competition the Department will award grants for that purpose. As indicated in the absolute priority in this notice, the focus of these grants will be increasing the number of service providers in LEAs with demonstrated need (as defined in this notice) for these services to maximize the impact given limited available funding. The Department recognizes the enhanced need for these services and providers due to the Novel Coronavirus Disease 2019 (COVID-19). Supporting the mental health needs of all students remains a key focus of the Administration, and these grants will aid States and school districts in meeting their increasing local needs.

Absolute Priority: To increase the number of qualified school-based mental health service providers in LEAs with demonstrated need. To meet this priority, SEAs must propose to increase the number of qualified school counselors, school social workers, school psychologists, or other mental health professionals, including those who provide services remotely (telehealth), by implementing plans to address the recruitment and retention of service providers in LEAs with demonstrated need. To meet this priority, applicants must propose plans that include both recruitment and retention.

Eligibility: State Educational Agencies (SEAs)

Contact: Amy Banks, U.S. Department of Education, 400 Maryland Avenue, SW, room 3E257, Washington, DC 20202-6450. Email: OESE.School.Mental.Health@ed.gov.



MHTTC

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

Training and Technical Assistance Related to COVID-19 Resources

<https://mhttcnetwork.org/centers/global-mhttc/responding-covid-19>

Responding to COVID-19: highlight products and resources that can be useful when coping with the effects of widespread public health crises such as:

- Psychosocial Impacts of Disasters: Assisting Community Leaders
- Supportive Practices for Mental Health Professionals During Pandemic-Related Social Distancing

Recorded Webinars: • [Substance Use Disorder Services in the Days of a Pandemic: You Need A Bigger Boat!](#)

ATTC Resources: OTP Questions Regarding Sustaining Operations During the Uncertain and Turbulent Times

AATOD, ATTCs, and AAP are collecting questions from OTPs related to sustaining care, providing support and maintaining a safe work environment for staff during these turbulent and uncertain times. We will compile all questions, work with field experts to determine responses, and develop and disseminate a "FAQ" document.

<https://attcnetwork.org/centers/global-attc/otp-questions-during-challenging-times-form>

Compassion Fatigue and the Behavioral Health Workforce Curriculum Infusion Package -

This [5-part Curriculum Infusion Package \(CIP\)](#) on Compassion Fatigue and the Behavioral Health Workforce was developed in 2020 by the Pacific Southwest Addiction Technology Transfer Center (PSATTC). Part 1 provides a brief overview of the behavioral health workforce and associated shortages, and introduces the demands on the workforce. Part 2 focuses on compassion fatigue and secondary traumatic stress. Part 3 provides a brief overview of how organizations can help individuals avoid experiencing burnout. Part 4 focuses on actions that behavioral health professionals can take to prevent compassion fatigue. And Part 5 focuses on self-care as an ethical duty in order to manage compassion fatigue.

Upcoming Webinars

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

Educator Wellness Webinars- (The Educator Wellness Webinar Series is part of The Well-Being Series - Connections During COVID-19: Mental Wellness Webinars for Families and Educator) - Hosted by Northwest MHTTC

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



Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit

[GET THE TOOLKIT HERE](#)



Rural Health Information Hub

[Mental Health in a Pandemic: Q&A](#) with Thomasine Heitkamp and Dennis Mohatt, Co-Project Directors of the [Mountain Plains Mental Health Technology Transfer Center](#) (MHTTC)

[Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America](#), a guide for screening alcohol and depression in farming populations

[SIGN UP TO RECEIVE THE *RURAL MONITOR* NEWSLETTER](#)



Mental Health & Wellness Guide for Public Service Professionals

Being able to make a positive impact is what makes working in a public service field so special. From the school social worker keeping a group of at-risk teens on track to graduate, to the rookie cop protecting the neighborhood she grew up in, to the critical care nurse pulling a double shift during a healthcare crisis, public service professionals represent the best in all of us. Yet this same capacity and desire to do good often comes at the cost of mental health and wellness. Being overworked, dealing with life-and-death situations, and concerns over funding are just a few of the triggers that can lead to serious issues like compassion fatigue, burnout, and traumatic stress. And when symptoms do arise, it can be hard to ask for help when you're the one who usually provides it.

This guide explores mental health issues that public service professionals are most at risk for, the common stressors that cause them, and solutions and resources to get well. While this guide is not meant to (and should not) replace professional medical advice, it can help serve as a starting point for understanding and dealing with the mental health challenges of being in a helping career.

[ACCESS THE GUIDE HERE](#)

IIMHL and IIDL Leadership Exchange

Valuing Inclusion, Resilience and Growth.

Kaingākau te whakawhāiti tāngata, te ngākau manawaroa, te puāwaitanga o te tangata.

**SAVE
THE
DATE**

**28 Feb to 4 Mar, 2022
Christchurch, New Zealand**

**Te Pou o te
Whakaaro Nui**



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

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

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

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

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

Eligibility

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

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

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

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

Small Businesses For-Profit Organizations Other Than Small Businesses

State Governments County Governments City or Township Governments Special District Governments

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

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

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

Faith-Based or Community-Based Organizations Regional Organizations

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



NOW RECRUITING

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

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

This is an ideal opportunity for teams to receive new or refresher training in CSC. The tool will offer scalable, efficient professional development for CSC teams.

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

What Can Teams EXPECT?

- Comprehensive, role-specific training for all team members, including peers, offered at no charge to teams
- Courses, consultation calls, and a community of practice led by experts in the field. See reverse for full list of expert trainers.
- Opportunity for refresher training for existing teams and teams with new members.
- Teams will be randomized into two groups:
 - Group 1 teams will receive training on June 24 – June 26
 - Group 2 will receive training between July 8 – July 24
- 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 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.

Zero Suicide International 5

May 10 to 12 **POSTPONED TO EARLY FALL, 2020, Anfield Stadium, Liverpool, UK**

in Partnership with Mersey Care NHS Foundation Trust



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
(RIA for Recovery Innovations, Inc.)
2701 N. 54th Street, Suite 310
Phoenix, AZ 85006

Work: 480-636-3086
Mobile: 404-435-8103
Email: David.Covington@riinternational.com





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.

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

www.samhsa.gov/find-help





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.

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

NCAPPS has posted on its website a **Health Care Person-Centered Profile** to assist people with disabilities, older adults, and others to communicate their needs and preferences with hospital and other health care staff. Depending on state and hospital policy, people with communication, comprehension, and behavioral challenges may face the possibility of a hospital visit without significant others or usual supporters present. To address the heightened challenges this poses, a group of experts in person-centered planning developed a tool that people and their families and caregivers can fill out and share with medical staff upon hospital intake or care site transfer.

The tool has two pages: a Health Care Information sheet for capturing brief and vital information about the person's health status and a Health Care Person-Centered Profile for describing who the person is, what is most important to the person, and how best to provide support—vital information that can help medical staff provide more tailored and person-centered care.

The Health Care Information Sheet also has a section for detailed contact information to help medical staff reach a person's emergency contact or legal representative. It contains a section for indicating whether advance directives are in place and where those documents can be found.

The Profile, instructions, and sample profiles are available at:
<https://ncapps.acl.gov/covid-19-resources.html>



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



THE TREATMENT OF BIPOLAR DEPRESSION: FROM PILLS TO WORDS **FRIDAY, JULY 17, NOON TO 1:00 P.M. E.T.**

This webinar will review the array of treatment options for individuals with bipolar depression. The presentation will use clinical trials data, meta-analyses, and anecdotal evidence from the speaker's years of treating bipolar disorder in a bipolar specialty clinic at Emory University. The treatments discussed will include conventional psychopharmacologic options, such as mood stabilizers, second-generation antipsychotics, and antidepressants. Some attention will be given to novel treatments, including wake-promoting agents and thyroid hormone. Finally, psychosocial treatments including cognitive behavioral therapy and interpersonal and social rhythm therapy will be discussed as well. The factors considered in developing a treatment algorithm/plan for bipolar depression will also be reviewed.

Instructor:

- **Jeffrey Rakofsky, M.D.**, Director, Medical Student Education, Department of Psychiatry and Behavioral Sciences, Emory University. Disclosure: Grant/Research - American Board of Psychiatry and Neurology National Institutes of Mental Health.

[**REGISTER HERE**](#)

PEER-SUPPORTED RE-ENTRY PROGRAM FOR INCARCERATED INDIVIDUALS WITH BEHAVIORAL HEALTH DISORDERS

THURSDAY, JULY 23, 3:00 P.M. TO 4:00 P.M. E.T.

The percentage of individuals with mental health, substance use, or co-occurring disorders in prisons is significantly greater than is found in the general public. This results in a continuation of poor outcomes for the individuals and the system. Upon release they frequently lack access to services and are caught up in a cycle of re-incarceration and release. Outcomes that are focused on recovery and breaking this cycle require continuity of quality services in the transition back to the community. In this webinar we will discuss peer led reentry programs that begin within the institutions in release planning and preparation and then bridge the transition back to the community and continue to provide support that helps break the cycle of re-incarceration. We will discuss a highly successful program, R.E.A.L., provided by the Mental Health Association of Nebraska, and examine how peer outreach workers are able to assist individuals in becoming productive members of their communities.

Presenters:

- Patrick Hendry, Mental Health America
- Kasey Moyer, Mental Health Association of Nebraska

[**REGISTER HERE**](#)

Physician Continuing Medical Education (CME) Credit

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 enduring activity for a maximum of 12.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Psychologist Continuing Education (CE) Credit

The American Psychiatric Association is approved by the American Psychological Association to sponsor continuing education for psychologists. American Psychiatric Association maintains responsibility for this program and its content.

Nursing Continuing Professional Development (NCPD, formerly CNE) Credit

The American Psychiatric Nurses Association is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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Grant Statement

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

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SMI Adviser Coronavirus Resources

Recorded Webinars

Managing the Mental Health Effects of COVID-19

Telepsychiatry in the Era of COVID-19

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New APA On-Line Learning Center

To meet your current and future learning needs, APA is launching a [new online Learning Center](#) with enhanced features and key improvements, including:

- ✓ A new modern design with simple navigation tools
- ✓ A streamlined, efficient checkout process to start learning right away
- ✓ Tailored activity recommendations based on your previous courses
- ✓ Mobile-responsive interface for on-the-go learning

Your login credentials will remain the same and your course history will be automatically transitioned into the new system. However, activity-level progress within courses cannot be transitioned. As such, we are encouraging Learning Center users to **complete any in-progress courses on the [current platform](#) by July 20, 2020.**

LEARN MORE

Thank you for using the APA Learning Center! If you have questions about this transition, please contact us at LearningCenter@psych.org.

Patient Advocacy Summit

July 29 – 30, 2020 • Doubletree Hotel Center City • Philadelphia, PA

[BROCHURE](#)

[FULL TIMED AGENDA](#)

[REGISTER](#)

The 2020 [Patient Advocacy Summit](#) part of the [8th Annual Patient Congress](#) April 6-7 in Philadelphia is just one month away. The conference's topic is " **Foster an Integrated Approach to Patient Advocacy through Patient Engagement, Public Policy Education, and Stakeholder Collaboration**. This Summit will bring together pharmaceutical manufacturers, patient groups, patient leaders, and policy makers, to discuss ways to tackle the complexities of patient advocacy and the health care market.

Key Themes to be Addressed:

- Patient Advocacy Strategies
- Policy Initiatives and Legislation
- Value Metrics and Measurable Outcomes
- Patient Education and Support Initiatives
- Compliance and Transparency in Advocacy Partnerships
- Social Media and Patient Engagement

Meet Some of the Distinguished Speaker Faculty



Andrea Furia-Helms
Director, Patient Affairs
FDA



Scott Williams
Vice President, Head, Global
Patient Advocacy and
Strategic Partnerships
EMD SERONO



Sarah Krug
Chief Executive Officer
CANCER CARE 101

WHY ATTEND?

- **FIRST-HAND PATIENT INSIGHTS** .Hear directly from patients, caregivers, and advocacy groups to inform advocacy strategies
- **CROSS-STAKEHOLDER INSIGHTS**. C-suite and senior level executives from Payer, Provider, Pharmacy, Pharma, Patient Advocacy Groups, and Patient Leaders share their perspectives on how to improve patient support and raise the voice of patients



THERE'S SOMETHING FOR EVERYONE
Help your whole team stay ahead!
Register 3 team members, and the 4th attends free



TA Network Opportunities

FRIDAY, JULY 10
2:00 P.M. TO 3:30 P.M. E.T.

CONVERSATIONS ON REDESIGNING THE EDUCATIONAL SYSTEM TO SUPPORT CHILDREN IN POVERTY IN RURAL COMMUNITIES



The Harvard Education Redesign Lab will lead a conversation about the effects of poverty on social mobility in rural communities. The presentation will highlight the work that is happening within the By All Means initiative to support school success for all students, especially students of poverty.

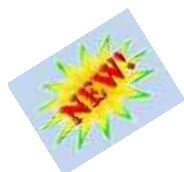
Presenters:

- Bridget Rodriguez, Director of the Education Redesign Lab at Harvard
- MK Montgomery, EdRedesign Rural Fieldwork Fellow at Harvard

[**REGISTER HERE**](#)

TUESDAY, JULY 14
3:00 P.M. TO 4:30 P.M. E.T.

THE YOUTH THRIVE PROTECTIVE AND PROMOTIVE FACTORS – TOOLS YOU CAN USE



The Center for the Study of Social Policy's (CSSP) Youth Thrive™ initiative is both a research-informed framework and the name of a national initiative aimed at improving the well-being outcomes of all youth (ages 9-26), with a particular focus on youth involved in public systems. The Youth Thrive Protective and Promotive Factors Framework is based on a synthesis of research from a variety of relevant fields, specifically: neuroscience, resilience, positive youth development, stress and the impact of trauma on brain development. When adopted by public systems, the Framework functions as a 'lens' for assessing current efforts in addressing the well-being needs of youth and for making changes to the policies, programs, training, services, partnerships and systems that impact young people.

This Youth Leadership Learning Community (LC) meeting, co-hosted by the SOC Leadership and Youth Leadership and Young Adult Services and Supports LCs, will provide an introduction to the Protective and Promotive Factors Framework and their benefit in serving youth, young adults and their families. Tools to use the factors in your work will also be introduced. This will be a listen, learn and discuss interactive event. Lisa Mishraky and Martha L. Raimon of CSSP will provide an overview of Youth Thrive and it uses within a public health model to inform policy, decision making and best practices. An interactive discussion with a panel of SOC and community leaders on how SOC's can use this important framework to create better youth outcomes will follow.

Presenters:

- Lisa Mishraky, L.M.S.W., Senior Associate working to advance the Center of the Study of Social Policy
- Martha L. Raimon, J.D., Senior Associate and a member of the Center for the Study of Social Policy
- Eden Shaveet, Project Coordinator for the Research & Evaluation department of Commonwealth Medicine at UMass Medical School

[**REGISTER HERE**](#)

2020 ANNUAL CONFERENCE ON ADVANCING SCHOOL MENTAL HEALTH OCTOBER 29 TO 31



The Annual Conference on Advancing School Mental Health brings together a diverse group including educators, providers, researchers, administrators, advocates, youth, caregivers, and national/state/local leaders to share the latest research and best practices. The 2020 conference will take place Oct. 29-31 in Baltimore.

[**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

[IT IS TIME TO ADDRESS AIRBORNE TRANSMISSION OF COVID-19](#), LIDIA MORAWSKA & DONALD K. MILTON, *JOURNAL OF CLINICAL INFECTIOUS DISEASES*, JULY 6

[CORONAVIRUS CRISIS DISRUPTS TREATMENT FOR ANOTHER EPIDEMIC: ADDICTION](#), GILES BRUCE, *KAISER HEALTH NEWS*, JULY 6

[UNDERFUNDED AND UNDER THREAT: HOLLOWED-OUT PUBLIC HEALTH SYSTEM FACES MORE CUTS AMID VIRUS](#), LAUREN WEBER, LAURA UNGAR, MICHELLE R. SMITH, HANNAH RECHT AND ANNA MARIA BARRY-JESTER, *KAISER HEALTH NEWS & ASSOCIATED PRESS*, JULY 1

[KETAMINE MAY INCREASE AVAILABILITY OF SEROTONIN 1B RECEPTORS](#), *CONSULTANT 360*, MAY 31 & [RANDOMIZED PLACEBO-CONTROLLED PET STUDY OF KETAMINE'S EFFECT ON SEROTONIN_B RECEPTOR BINDING IN PATIENTS WITH SSRI-RESISTANT DEPRESSION](#), TIGER M., VELDMAN E.R., EKMAN C., *ET AL.*, *A. TRANSLATIONAL PSYCHIATRY*, JUNE 1

[IMPACT OF CONCURRENT POSTTRAUMATIC STRESS DISORDER ON OUTCOMES OF ANTIPSYCHOTIC AUGMENTATION FOR MAJOR DEPRESSIVE DISORDER WITH A PRIOR FAILED TREATMENT: VAST-D RANDOMIZED CLINICAL TRIAL](#), MOHAMED S., M.D., PH.D., *ET AL.*, *JOURNAL OF CLINICAL PSYCHIATRY*, JULY/AUGUST 2020

[HOSPITALIZATION AND MORTALITY AMONG BLACK PATIENTS AND WHITE PATIENTS WITH COVID-19](#), PRICE-HAYWOOD E.G., M.D., M.P.H., BURTON J. PH.D., FORT D., PH.D., & SEOANE L., M.D. *NEW ENGLAND JOURNAL OF MEDICINE*, JUNE 25

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[IMPROVING SOCIAL CONNECTEDNESS FOR HOMEBOUND OLDER ADULTS: RANDOMIZED CONTROLLED TRIAL OF TELE-DELIVERED BEHAVIORAL ACTIVATION VERSUS TELE-DELIVERED FRIENDLY VISITS](#), CHOID N.G., PH.D., *ET AL.*, *AMERICAN JOURNAL OF GERIATRIC PSYCHIATRY*, JULY 1

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