NASMHPD

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National Association of State Mental Health Program Directors

Weekly Update

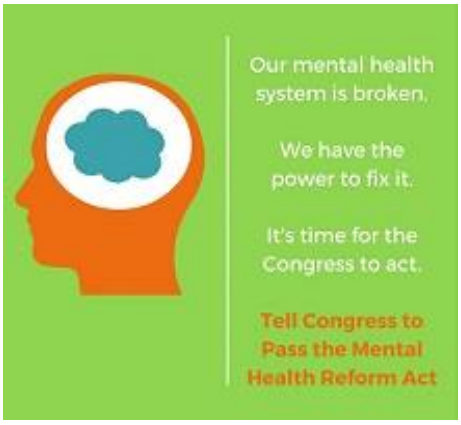
Stakeholders Launch Initiative to Move Mental Health Reform Bill to Senate Floor

Stakeholders and advocates in the behavioral health community have launched a social media, editorial, and Capitol Hill and Home District visit campaign to encourage the Senate Leadership to move S. 2680, the *Mental Health Reform Act of 2016,* to the Senate Floor for a vote.

The campaign will culminate in a Mental Health Summit, scheduled for May 26 in the Hart Senate Office Building, hosted by the two Senate leaders on the issue, Senators Chris Murphy (D-CT) and Bill Cassidy (R-LA), who helped shape the legislation approved and reported out by the Senate Health Education Labor and Pensions (HELP) Committee on April 26.

Despite the public promise by HELP chair Lamar Alexander that the legislation would make it to the Senate floor the second week of April, the bill has been stalled as Senate members negotiate how to pay for the bill's various provisions. Discussions have included how to pay for some form of Medicaid coverage for stays in Institutions for Mental Disease (IMD). IMD coverage was not included in the HELP measure voted out, but Maine Senator Susan Collins (R) has promised a floor amendment to address the issue.

The campaign coalition is providing a Social Media Toolkit with sample tweets that can be posted by advocates to Twitter under the hashtags #Vote4MH and #MentalHealthReform. A Twitter "storm" and "thunderclap" are scheduled for May 25.



The Social Media tool kit provides art that can be included on posters, in Facebook posts, and in letters to Congress.

Also provided by the coalition is an Op-Ed Toolkit with suggestions for what could be included in letters to, or opinion pieces in, local newspapers or national media.

In addition to calling for letters, emails, and phone calls to Congressional members in their Capitol Hill offices, the coalition is encouraging local chapters of national organizations to meet with Congressional members in their districts, in groups of multiple organizations. The National Alliance on Mental Illness is scheduling those local meetings; interested persons should contact their local NAMI chapters if they wish to be included. A leave-behind document has been created for in-person meetings that can be modified as appropriate (such as by deleting references to a "broken mental health system").

NASMHPD members leading or coordinating fly-ins or contacts with Congressional members on Capitol Hill or in District offices should notify NASMHPD Policy Director Stuart Gordon so that the contact can be logged into the coalition tracking sheet.

In addition, a petition has been posted on the Change.org website, urging the U.S. Senate to "stand with the millions of Americans and families impacted by mental illness in our country [and] pass the Mental Health Reform Act today." The signed petition will be delivered to the U.S. Senate by coalition members on May 25.

HHS Awards over $260 Million to 290 Community Health Centers to Build or Renovate, Serve More Patients

Department of Health and Human Services (HHS) Secretary Sylvia Burwell announced on May 4 that HHS would be providing over $260 million in funding to 290 community health centers in 45 states, the District of Columbia, and Puerto Rico for facility renovation, expansion, and/or construction. HHS expects the new money will enable health centers to renovate or acquire new clinical space to provide care to 800,000 new patients nationwide.

The investment is in addition to nearly $150 million awarded to 160 health centers for construction and/or renovation last September. The funding comes from the Affordable Care Act's Community Health Center (CHC) Fund, which was extended with bipartisan support in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Administration Clarifies Medicaid Coverage for Halfway House Residents

Most inmates in halfway houses after release from prison will be eligible for Medicaid benefits under a new federal policy announced by the Departments of Justice and Health and Human Services on April 28.

The guidance, State Health Official Letter 16-007, is in the form of answers to a list of Frequently Asked Questions. It states:

> *[A Federal match (FFP] is available for covered services for Medicaid-eligible individuals living in state or local corrections-related supervised community residential facilities (whether operated by a governmental entity or a private entity), unless the individual does not have freedom of movement and association while residing at the facility. In order for FFP to be available for covered services for Medicaid-eligible individuals living in such a facility, the facility would have to operate in such a way as to ensure that individuals living there have freedom of movement and association according to the following tenets:*
>
> *(1) residents are not precluded from working outside the facility in employment available to individuals who are not under justice system supervision;*
>
> *(2) residents can use community resources (libraries, grocery stores, recreation, education, etc.) at will; and (3) residents can seek health care treatment in the broader community to the same or similar extent as other Medicaid enrollees in the state.*
>
> *For this purpose, "at will" includes and is consistent with requirements related to operational "house rules" where, for example, the residence may be closed or locked during certain hours or ... residents are required to report during certain times and sign in and out. Similarly, an individual's supervisory requirements may restrict travelling to or frequenting certain locations that may be associated with high criminal activity.*

The guidance, part of a larger initiative by the Obama administration to help former inmates or reduce existing sentences, means that nearly 100,000 people in halfway houses in states where they would be eligible for Medicaid should soon have access to health care, and particularly mental health and substance use disorder treatment.

In addition to clarifying coverage for those in halfway houses, the guidance states:

> *Individuals who are on parole, probation, or have been released to the community pending trial (including those under pre-trial supervision) are not considered inmates, and thus are not subject to the prohibition on providing Medicaid covered services to inmates. If they are otherwise eligible for Medicaid, FFP is available for covered services provided to such individuals.*

Children Youth and Family Division Links of Note

Funding Opportunity Announcement: Partnership Pilots for Disconnected Youth. State, local, and tribal communities are invited to apply by June 27 to become one of 10 Performance Partnership Pilots (P3) to test innovative, outcome-focused strategies for achieving better outcomes for youth disconnected, or at risk of becoming disconnected, from critical social institutions and supports.

Vital Signs: National and State-Specific Patterns of Attention Deficit/Hyperactivity Disorder Treatment Among Insured Children Aged 2–5 Years — United States, 2008–2014, *CDC Morbidity and Mortality Weekly Report,* May 3, 2016 Early Release.

Joining Forces, Joining Families Newsletter, Spring 2016, U.S. Army Department of Psychiatry, Uniformed Services University of the Health Sciences, Center for the Study of Traumatic Stress (CSTS).

Early Detection, Intervention and Prevention of Psychosis (EDIPP) Program: Community Outreach and Early Identification at Six U.S. Sites, *Psychiatric Services,* May 2016.

Most people involved in the justice system are uninsured, and about half of those who are incarcerated have mental health and substance abuse conditions.

New York Proposes to Take It One Step Further

One day after the new guidance was released, New York Governor Andrew Cuomo (D) announced his state is seeking Federal approval for a waiver to extend Medicaid coverage to inmates who face serious health challenges even before they're released from prison.

The proposal would enroll inmates with significant health problems in Medicaid 30 days before their release to ensure they have health coverage as they return to their homes. If the request is granted, the state would use Medicaid funding to pay for essential coordination and services.

The Governor's office says the program would aid thousands of individuals who are dependent on critical support services—including mental health and prescription addiction medications—to ensure Medicaid coverage is accessible upon release and in the community. Governor Cuomo hopes the initiative will help ex-offenders avoid expensive acute care interventions in emergency rooms, drug overdose and relapse incidents, and higher rates of recidivism, and thereby save the state Medicaid money.

SAMHSA Sponsored Webinar Presented by the Bazelon Center: Crisis Services and Community Integration

Monday, May 9 at 3:30 p.m. to 5 p.m. EDT

Description: This webinar will focus on how the requirements of the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision impact the provision of crisis services for people with psychiatric disabilities.

- **Jennifer Mathis**, Deputy Legal Director at the Bazelon Center for Mental Health Law will provide an overview of the legal framework that governs state obligations.
- **Kappy Madenwald** of Madenwald Consulting will then describe the essential elements and practices of an effective mental health crisis system, touching on all aspects of crisis systems, and drawing on her years of experience in the evaluation, development, implementation, and operation of community-based crisis intervention services.
- **Glenda Wrenn**, the Director of the Division of Behavioral Health at the Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine, will discuss an initiative she led to make significant improvements to crisis services, in efforts to comply with Georgia's Olmstead settlement with the Justice Department, and her ongoing work in Georgia to bring successful crisis services to scale.

There will be a moderated question and answer period.

Register HERE

When in the seminar room, the Adobe Connect Log-in screen appears, select "Enter as a Guest," enter the name and state of the participant in the "Name" field (Ex. Jane Doe-AK) and click on "Enter Room."

This is a "listen only" webinar. Participants who need to dial in, the instructions are on the note pad in the seminar room. Note: If you are only able to join the audio portion, then you will not be able to see the webinar presentation.

Participants should test their connection to Adobe Connect in advance of the webinar to ensure access. If you are having an issue logging into the web, you can also join by phone first, press *0 and get a private operator help to get you onto the web. If you have an issue any time during the call, you can press *0 for immediate help.

Address questions by email to NASMHPD's Kelle Masten or at 703-682-5187.

Webinar - The Flint Water Crisis: Lessons in Public Health, Law and Ethics

Wednesday, May 18 from 1:00 to 2:30 p.m. EDT

The Flint water crisis is currently on the minds of many in public health. In 2014, while under the control of an emergency manager appointed by the State of Michigan to oversee city operations and control finances, Flint changed its source of water to the Flint River in a cost-cutting measure. Subsequently, elevated lead levels were detected in Flint's children. The effects of elevated lead will negatively impact the health of the community, especially its children, for years. This webinar, co-sponsored by the CDC's Public Health Law Program and the Network for Public Health Law, will examine emergency manager laws and the Safe Drinking Water Act, and explore the ethical considerations in protecting the health of communities in financial crisis.

Learn More and Register HERE

Presenters:

- Denise Chrysler, J.D., Director, Network for Public Health Law — Mid-States Region at the University of Michigan School of Public Health
- William Piermattei, Managing Director, Environmental Law Program at the University of Maryland Francis King Carey School of Law
- Leonard Ortmann, Ph.D., Senior Ethics Consultant, Centers for Disease Control and Prevention — Office of the Associate Director for Science

Moderator: Dawn Pepin, J.D., Legal Analyst/ORISE Fellow, Centers for Disease Control and Prevention — Public Health Law Program

NIH Funding Opportunity: Development of Technology to Support Zero Suicide

Title: ***Products to Support Applied Research Towards Zero Suicide Healthcare Systems***

Funding Opportunity Announcement: *PAR-16-185*

Open Date (Earliest Submission Date): *August 5, 2016.*

Letter of Intent: *Due 30 days prior to the application due date*

Due Date: *September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).*

Funding: *$1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017 will depend on annual Congressional appropriations.*

Award Project Period: *Phase I—up to 2 years; Phase II—up to 3 years*

On April 12, the National Institute of Health (NIH) announced the funding opportunity *Products to Support Applied Research Towards Zero-Suicide Healthcare Systems*, to advance the National Action Alliance for Suicide Prevention's goal of "Zero Suicide." Zero Suicide is the belief that suicide attempts and deaths are preventable for individuals under the care of a health or behavioral health care system. It aims to improve the quality of care and outcomes for individuals at risk of suicide and support clinical staff who do the work of treating and supporting patients at risk of suicide.

Research is needed on how health information technology products advance the goal of zero suicide. This funding opportunity supports small business innovation research (SBIR) to incorporate health technologies that improve, manage and/or deliver services that promote the zero suicide movement. The FOA lists examples of technology capacity needs to advance the zero suicide initiative, such as the need to enhance suicide assessment and screenings, data-mine existing data resources, enable rapid identification of suicide prevention barriers, and establish a service delivery safety net.

The funding announcement strongly encourages SBIR applicants to collaborate with and reach out to local and state authorities that have a suicide prevention infrastructure in place, including: (1) states participating in the National Violent Death Reporting System (NVDRS) surveillance system (*see next page for a related FOA*); (2) local or state laws requiring suicide prevention training (ex. Washington State's HB 2366—Chapter 181 of 2012) that can be supported through technology); or (3) state agencies that have embraced the zero suicide framework in their systems of care. The application also strongly encourages SBIR applicants to consider proposing a technology that can be applied in various healthcare settings relevant to implementing zero suicide—including mental health and substance abuse outpatient clinics, emergency departments and crisis care programs, as well as integrated primary care programs.

Applicants are encouraged to contact Adam Haim by email or at 301-435-3593 for further guidance.

Food and Drug Administration Releases Final Rule Regulating e-Cigarettes

The Food and Drug Administration (FDA) on May 5 posted the final rule regulating e-cigarettes and tobacco vapor products, despite opposition from Republican members of the House of Representatives who contended the regulation exceeds the FDA's statutory authority.

Under the regulation, the FDA deems e-cigarettes and vapor products to fall under its authority to regulate tobacco products. The final rule prohibits the sale of those products to minors and requires the display of health warnings on packages and in advertisements.

The rule, to be published in the May 10 *Federal Register,* will take effect 90 days after publication. Companies will have 24 months to file pre-market applications for their products; the FDA then has a year to review each submission, during which the products can remain on shelves. Health warnings must be included on packaging within 24 months of the effective date of the regulation.

CMS Agrees to Short-Term Renewal of Texas Hospital Uncompensated Care Pool

The Obama Administration has agreed to temporarily keep $17 billion in federal Medicaid money flowing into Texas to help hospitals treat uninsured patients.

Texas health officials said May 2 they have struck a deal with the Centers for Medicare and Medicaid Services (CMS) to keep the state's $29 billion hospital uncompensated care pool funded for 15 months, with hospital reimbursements remaining at their current level. Those were the terms the Texas Health and Human Services Commission had requested on April 7.

CMS had signaled it would stop funding at least some of Texas' costs for the uncompensated care pool, and has done so with Florida's similar pool. CMS encouraged Texas to instead expand its Medicaid program.

National Action Alliance for Suicide Prevention Responds to CDC/NCHS National Suicide Incidence Report

The National Action Alliance for Suicide Prevention has released a statement responding to the Centers for Disease Control and Prevention's (CDC) April 22 report, Increase in Suicide in the United States, 1999-2014.

As reported in the April 22-29 NASMHPD Weekly Update, the National Center for Health Statistics (NCHS) found that, between 1999 to 2014, the suicide rate in the US increased by 24 percent, from 10.5 to 13.0 per 100,000 population. The demographic groups found to have the greatest suicide increase were adolescent females ages 10 to 14 and males ages 45 to 64. Suicide methods varied with gender—males most often used firearms (55.4 percent) while females most often used poisoning (34.1 percent). Suffocation also saw a rise, with about one in four individuals choosing that modality for suicide.

The April 22 Action Alliance press release noted that the Alliance was uncertain of the contributing factors to the 24 percent increase in the suicide rate from 1999 to 2014, but praised current suicide prevention efforts spearheaded by the Substance Abuse and Mental Health Services Administration (SAMHSA), such as:

- the implementation of evidence-based suicide prevention strategies in schools, health care systems, workplaces and communities;
- online communities on Facebook, Twitter, Google, and Apple, taking action to develop suicide prevention strategies in various technology platforms; and
- the federally-funded National Suicide Prevention Lifeline, which has been shown to effectively reduce a caller's suicidality, and which is projected to answer more than 1.7 million calls in 2016.

The Action Alliance said in its statement that the CDC/NCHS findings underscore the importance of ensuring that suicide prevention is a high public health priority. The Alliance suggested that, to reduce the rates of US suicides, greater efforts need to be made to involve individuals with lived experiences sharing their stories.

Although the data focuses on suicide completion, the Alliance said it is also important to remember suicide prevention efforts that are saving lives. For each individual that dies by suicide, approximately 278 individuals have moved past thoughts of suicide, and approximately 60 individuals have survived an attempt. The Action Alliance urged the public to read the stories of hope, courage, and recovery recounted by persons with lived experience at lifelineforattemptsurvivors.org.

The Action Alliance also noted the role the media plays in the incidence of suicidality, saying there is evidence to suggest the way the media reports suicides has a great influence on the incidence of suicide. The Alliance said suicide contagion can be prevented when a media outlet conveys stories of persons with lived experiences coping with suicidal crisis. The Action Alliance recommended best practices it has developed for media reporting on suicide that can be viewed at www.reportingonsuicide.org. Additional suicide prevention resources, such as the websites for the Suicide Prevention Resource Center and the National Suicide Prevention Lifeline, were highlighted in the press release.

The Alliance is a public-private partnership focused on advancing the goal of the U.S. Surgeon General's report, *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action,* of saving 20,000 lives in five years.

Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, and outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education. The following training is scheduled this month:

Delaware
Rehoboth – May 12
Delaware Association of School Psychologists

New York
Kew Gardens – May 13
EAC Network (Queens) Treatment Access Center (TASC)

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: http://tatracker.treatment.org/login.aspx. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital- based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.

NASMHPD
Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of last year, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit NASMHPD's EIP website.

Call for Applications for the
American Psychiatric Association's 2016-2017 Psychiatric Services Achievement Awards

Award Information: The Psychiatric Service Awards are presented to innovative programs that deliver services to the mentally ill or individuals with intellectual disabilities, that have overcome obstacles, and that can serve as models for other programs.

Deadline for 2016 and 2017 awards: Due to a move in award deadlines, deadlines for Psychiatric Services Achievement Awards nominations for both 2016 and 2017 is **June 1, 2016.**

Awards: Four awards are being presented:

- Two Gold Awards, one to an institutional-based program and one to a community-based program.
- One Silver Award
- One Bronze Award

Each award recipient will be presented with a monetary award, a plaque, recognition at the 2016 Institute on Psychiatric Services, and coverage in two APA publications.

Application Information:
Additional information and the application can be found on the APA's Awards website. Questions can be addressed to achievementawards@psych.org.

SAMHSA Funding Opportunity Announcement (FOA) Information
Resiliency in Communities after Stress and Trauma (ReCAST)

FOA Number: **SM-16-012** ***Posted on Grants.gov:*** **Friday, April 8, 2016** ***Application Due:*** **June 7, 2016**

Description

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2016 Resiliency in Communities After Stress and Trauma (ReCAST Program) grants. The purpose of this program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

Eligibility

Eligible applicants are local municipalities (e.g., counties, cities, and local governments) in partnership with community-based organizations that have faced civil unrest within the past 24 months.

For the purposes of this FOA, "civil unrest" is defined as demonstrations of mass protest and mobilization, civil disobedience, community harm, and disruption through violence often connected with law enforcement issues.

Award Information

***Funding Mechanism*: Grant**
***Anticipated Number of Awards:* Up to 11**
***Length of Project:* 5 years**
***Anticipated Total Available Funding:* $10,000,000**
***Anticipated Award Amount:* Up to $1,000,000**
***Cost Sharing/Match Required?* No**

Proposed budgets cannot exceed $1,000,000 in total costs (direct and indirect) in any year of the proposed project. Given the limited funding available, applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application.

Contact Information

Program Issues

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Grants Management and Budget Issues

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Application Materials

You must respond to the requirements in both the FOA PART I and PART II when preparing your application.

FOA document Part I (PDF | 535.74 KB) FOA document Part I (DOC | 297.5 KB)

FOA document Part II (PDF | 448.41 KB) FOA document Part II (DOC | 167.5 KB)

Pre-Application Webinar Announcement (PDF | 248.43 KB)

FOA: Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness

Funding Opportunity Announcement Number: SM-16-011

Posted on Grants.gov: Monday, April 18, 2016 *Application Due Date: Thursday,* June 16, 2016

Anticipated Total Available Funding: $13,250,000 *Anticipated Number of Awards:* Up to 15 awards

Anticipated Award Amount: Up to $1 million/year *Length of Project:* Up to 4 years

Cost Sharing/Match: No

Description

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2016 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness. This 4-year pilot program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with families and courts, to allow these individuals to obtain treatment while continuing to live in the community and their homes.

This pilot program was established by § 224 of the Protecting Access to Medicare Act of 2014 (PAMA), enacted April 1, 2014. Under that Act, AOT is defined as "medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment." AOT (also known as involuntary outpatient commitment, conditional release, and other terms) involves petitioning local courts to order individuals to enter and remain in treatment within the community for a specified period of time. AOT is intended to facilitate the delivery of community-based outpatient mental health treatment services to individuals with SMI who are under court order as authorized by state mental health statute.

Grants will only be awarded to applicants that have not previously implemented an AOT program. "Not previously implemented" means that even though the state may have an AOT law, the eligible applicant has not fully implemented AOT approaches through the courts within the jurisdiction that they are operating in. In addition, grants will only be awarded to applicants operating in jurisdictions that have in place an existing, sufficient array of services for individuals with SMI such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma informed care. A portion of the grant funding may be used to enhance the array of services.

The AOT grant program is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest. SAMHSA has consulted with the National Institute of Mental Health, the Department of Justice, the HHS Assistant Secretary of Planning and Evaluation and the Administration for Community Living on the FOA. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

Eligibility

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

Proposed budgets may not exceed the amount listed in the tier chart in the FOA in total costs (direct and indirect) in any year of the proposed project. The amount of each grant will be based on the population of the area, including the estimated number of individuals to be served under the grant. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions.

Contacts

Program Issues: Mariam Chase, Community Support Programs Branch, Center for Mental Health Services, SAMHSA, 240-276-1904. **Grants Management and Budget Issues:** Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-1408

Application Materials: You must respond to the requirements in both the FOA PART I and PART II.

FOA document Part I (PDF | 515.5 KB) FOA document Part I (DOC | 317 KB)

FOA document Part II (PDF | 433.03 KB) FOA document Part II (DOC | 156.5 KB)

Pre-Application Webinar Announcement (PDF | 65.85 KB)

Presidential Proclamation

NATIONAL MENTAL HEALTH AWARENESS MONTH, 2016

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

Nearly 44 million American adults, and millions of children, experience mental health conditions each year, including depression, anxiety, bipolar disorder, schizophrenia, and post-traumatic stress. Although we have made progress expanding mental health coverage and elevating the conversation about mental health, too many people still do not get the help they need. Our Nation is founded on the belief that we must look out for one another -- and whether it affects our family members, friends, co-workers, or those unknown to us -- we do a service for each other when we reach out and help those struggling with mental health issues. This month, we renew our commitment to ridding our society of the stigma associated with mental illness, encourage those living with mental health conditions to get the help they need, and reaffirm our pledge to ensure those who need help have access to the support, acceptance, and resources they deserve.

In the last 7 years, our country has made extraordinary progress in expanding mental health coverage for more people across America. The Affordable Care Act prohibits insurance companies from discriminating against people based on pre-existing conditions, requires coverage of mental health and substance use disorder services in individual and small group markets, and expands mental health and substance use disorder parity policies, which are estimated to help more than 60 million Americans. Nearly 15 million more Americans have gained Medicaid coverage since October 2013, significantly improving access to mental health care. And because of more than $100 million in funding from the Affordable Care Act, community health centers have expanded behavioral health services for nearly 900,000 people nationwide over the past 2 years. Still, far too few Americans experiencing mental illnesses do not receive the care and treatment they need. That is why my most recent Budget proposal includes a new half-billion dollar investment to improve access to mental health care, engage individuals with serious mental illness in care, and help ensure behavioral health care systems work for everyone.

Our Nation has made strong advances in improving prevention, increasing early intervention, and expanding treatment of mental illnesses. Earlier this year, I established a Mental Health and Substance Use Disorder Parity Task Force, which aims to ensure that coverage for mental health benefits is comparable to coverage for medical and surgical care, improve understanding of the requirements of the law, and expand compliance with it. Mental health should be treated as part of a person's overall health, and we must ensure individuals living with mental health conditions can get the treatment they need. My Administration also continues to invest in science and research through the BRAIN initiative to enhance our understanding of the complexities of the human brain and to make it easier to diagnose and treat mental health disorders early.

One of our most profound obligations as a Nation is to support the men and women in uniform who return home and continue fighting battles against mental illness. Last year, I signed the Clay Hunt SAV Act, which fills critical gaps in serving veterans with post-traumatic stress and other illnesses, increases peer support and outreach, and recruits more talented individuals to work on mental health issues at the Department of Veterans Affairs. This law will make it easier for veterans to get the care they need when they need it. All Americans, including service members, can get immediate assistance by calling the National Suicide Prevention Lifeline at 1-800-273-TALK or by calling 1-800-662-HELP.

During National Mental Health Awareness Month, we recognize those Americans who live with mental illness and substance use disorders, and we pledge solidarity with their families who need our support as well. Let us strive to ensure people living with mental health conditions know that they are not alone, that hope exists, and that the possibility of healing and thriving is real. Together, we can help everyone get the support they need to recover as they continue along the journey to get well.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim May 2016 as National Mental Health Awareness Month. I call upon citizens, government agencies, organizations, health care providers, and research institutions to raise mental health awareness and continue helping Americans live longer, healthier lives.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-eighth day of April, in the year of our Lord two thousand sixteen, and of the Independence of the United States of America the two hundred and fortieth.

BARACK OBAMA

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