Oklahoma Proposes § 1332 Innovation Waiver

Oklahoma, a non-Medicaid expansion state with limited participation in the individual coverage insurance market, is proposing a § 1332 State Innovation Waiver that would structure its Marketplace insurance market in a manner mirroring the Arkansas market to allow enrollment of individuals with incomes up to 300 percent of the Federal Poverty Level (FPL).

The state has posted a March 2017 concept paper on-line that was developed by a task force of stakeholders created under Oklahoma Senate Bill 1386 of 2016. The task force has been meeting since August 2016.

The concept paper establishes five guiding principles for market restructuring:

- Increase flexibility at the state level by empowering state regulatory entities to adapt to the state’s needs;
- Reduce costs by stabilizing the state’s health insurance market;
- Improve health outcomes by employing strategies to evaluate the Oklahoma health system’s performance;
- Embrace innovation through state-based solutions that promote high-quality care, continuity of coverage, and affordability; and
- Support individual control and choice by increasing competition and providing consumers with the tools they need to make informed decisions.

Under the proposal, the state would assume control of cost-sharing reductions, advanced premium tax credits, the calculation of subsidies, and determining what essential health benefits must be included in plans. The proposal would mandate a total of 30 days of inpatient mental and substance use disorder benefits and a total of 20 outpatient mental health and substance use disorder visits each year. Inpatient mental health benefits would be limited to serious mental illness.

The state would also assume control of premium rate review, health plan certification, and actuarial value validation, eliminating the Federal “metal” tiers. In addition, the state would establish its own age-banding for pricing premiums at a ratio different than that mandated under the Affordable Care Act.

The proposal would also utilize state quality measures and promote care coordination and value-based payments within plans marketed under a state-based exchange, the Insure Oklahoma platform.

In 2019, the proposal would establish consumer health accounts similar to health savings accounts to encourage consumer-directed care and implement consumer incentives.
Study Finds Higher Death Rate Than Expected among Youth with First Episode Psychosis

A new study funded and led by National Institute of Mental Health (NIMH) researchers has found that young people experiencing first episode psychosis have a much higher death rate than previously thought.

Researchers led by Michael Schoenbaum, Ph.D., Senior Advisor for Mental Health Services, Epidemiology, and Economics at NIMH, analyzed data on approximately 5,000 individuals between the ages of 16 and 30 with commercial health insurance who had received a new psychosis diagnosis, and followed them for 12 months. The study’s authors found the group had a mortality rate at least 24 times greater than the same age group in the general population in the 12 months after the initial psychosis diagnosis.

The study, Twelve-Month Health Care Use and Mortality in Commercially Insured Young People with Incident Psychosis in the United States, underscores that young people experiencing psychosis warrant intensive and proactive treatments, services and supports. The study was published online in the April 6 journal Schizophrenia Bulletin.

The research team used insurance claims data to identify young people in the targeted age group who had been diagnosed with a first episode of psychosis in 2008 and 2009. They used data from the Social Security Administration to identify deaths in the population within 12 months of the initial psychosis diagnosis. The 12-month mortality rate for these young people—from any cause—was at least 24 times higher than their peers in the general population. In the general United States population, only individuals older than age 70 come close to a similar 12-month mortality rate.

Data on cause or manner of death were not available for the research.

Dr. Schoenbaum says the findings show the importance of tracking mortality in individuals with mental illness. “Health systems do this in other areas of medicine, such as cancer and cardiology, but not for mental illness. Of course, we also need to learn how these young people are losing their lives.”

In addition to mortality, the study examined the health care those individuals received in the 12 months after their initial psychosis diagnosis. It found that young people with a new psychosis diagnosis had surprisingly low rates of medical oversight and only modest involvement with psychosocial treatment providers. Overall, 61 percent of them did not receive any anti-psychotic medications, and 41 percent did not receive any psychotherapy. Those who died within 12 months of diagnosis received even less outpatient treatment and relied more heavily on hospital and emergency care.

“Other studies have shown that early coordinated treatment for psychosis produces the best results. However, we know that the typical duration of untreated psychosis in the United States is around 17 months,” according to Robert Heinssen, Ph.D., director of the NIMH Division of Intervention Services and a co-author of the paper. “This study reinforces federal and state support for funding evidence-based psychosis treatment programs across the country, and the need for communities to invest in more treatment programs.”

“The future of this research will show us what is happening with young people in this population, and help us tailor interventions to address their risks,” says Dr. Schoenbaum. “In the meantime, this study is a wake-up call telling us that young people experiencing psychosis need intensive, integrated clinical and psychosocial supports.”

Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, 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.

Find a Training Near You!

April Trainings

California
April 19 & -20 - City of San Jose, Mayor’s Gang Prevention Task force

Louisiana
April 26 through 28 - Louisiana Association of Peer Support, Baton Rouge

Massachusetts
April 25 & 26 - American Training, Andover

Oregon
April 18 - Yamhill Community Care Organization, McMinnville

Virginia
April 20 - Virginia Association of Community Psychiatric Nurses, Middleburg

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org
JOB ANNOUNCEMENT
Project Director, Training and Technical Assistance
National Association of State Mental Health Program Directors (NASMHPD)
Alexandria, VA

DUTIES AND RESPONSIBILITIES. Responsible for the day-to-day operation and management of all task order (TO) activities funded under the State Technical Assistance (TA) Contract (part of an umbrella project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).) Duties include: overseeing the planning, implementation, reporting, and evaluation phases of technical assistance and training events (TA/T); directing performance of TA/T programmatic work; recommending topics for national virtual training events and resource materials based on state and community needs; closely monitoring the budget and deliverables in compliance with contract specifications; working collaboratively with the prime vendor, federal funder, and other project partners/consultants; tracking milestones; participating in regular project management calls with prime vendor and federal funder; and producing regular programmatic reports for funding entities. The Project Director is also responsible for the overall coordination, writing, and submission of technical proposals in response to Requests for Task Order Proposals (RFTOPS) and Indefinite Delivery/Indefinite Quantity contracts (IDIQ). The Project Director manages the Early Intervention in Psychosis Virtual Resource Center and serves as an organizational point person on issues related to addressing early psychosis. The Project Director supervises the Sr. Public Health Advisor (PT), and the Training & Technical Assistance Advisor.

QUALIFICATIONS. Master’s Degree or related experience and at least five years of management experience in a State, local, or Federal Behavioral Health or related agency with a focus on disabilities and vulnerable populations; current knowledge and experience with the public behavioral health system (mental health and substance abuse prevention/treatment/recovery services) and familiarity with the operations and key policy issues, especially consumer issues, service delivery, cultural competency, and recovery-oriented care; and knowledge of practices that support the prevention of behavioral health problems and the fostering of resilience.

Preferred candidate will have a record of sound achievements working with SAMHSA and/or other Federal, state and local funders on projects that impact the lives of persons with or at risk for behavioral health disorders and their families and communities. Knowledge and experience coordinating efforts related to advancing programming to address the needs of persons experiencing a first episode of psychosis (FEP).

Excellent writing skills, strong public speaking skills, and demonstrated knowledge and experience writing technical proposals in response to grant/contract funding announcements are all essential. The preferred candidate will have experience coordinating and writing responses to requests for proposals from Federal funders on behavioral health and related topics. Skills in planning and completing multiple complex tasks. Outstanding interpersonal skills, political acumen, and ability to work effectively as a team member essential. Thorough understanding of state behavioral health systems and the issues confronting these organizations at the national and state level.

Experience with quality assurance, fiscal monitoring, decision-making, addressing critical issues, monitoring progress, timeliness assurance, review of performance indicators, and planning in the development of TA/T mechanisms. Experience and knowledge of: effective technical assistance techniques used to foster quality-care in public behavioral health and related settings/systems (e.g., on-site consultation, training, development of training curricula, and virtual trainings via webinars or video conference); and an understanding of the comprehensive range of services and supports in the sectors of behavioral health, housing, employment, education, and other social service systems to address the needs of persons with or at risk for behavioral health disorders.

EQUAL OPPORTUNITY EMPLOYER. NASMHPD is an Equal Opportunity Employer. Minorities, women, persons with disabilities and veterans are encouraged to apply.

APPLICATION PROCESS. Interested applicants should submit a letter of interest indicating salary requirements and/or salary history and a resume to:

Kathy M. Parker, Director of Human Resources
National Association of State Mental Health Program Directors (NASMHPD)
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314
Email: kathy.parker@nasmhpd.org
Fax: (703) 548-9517
SAMHSA-SPONSORED WEBINAR

The Pivotal Role of Medicaid in Enhancing State Services for Individuals with Intellectual/Developmental Disorders and Co-Occurring Behavioral Health Disorders: Advancing Collaborations between Medicaid, Mental Health and Developmental Disability Authorities

Wednesday, April 19, 11 a.m. to 12:30 p.m. ET

Developed under Contract with the National Association of State Mental Health Program Directors

Public systems are challenged by obstacles when providing for Individuals with Intellectual/Developmental Disabilities (IDD) and Co-Occurring Behavioral Health Disorders. Among this very diverse group, many encounter restricted access to essential supports. In addition, their behavioral difficulties and distress are often misunderstood and sometimes ignored. Since our public and private systems and categorical funding are not routinely structured to address their needs, these individuals are at high risk of expensive and preventable out-of-home placements in foster care, juvenile detention, psychiatric institutions and developmental disabilities centers, as well as homelessness or incarceration as adults. Individuals with developmental disabilities experience serious trauma at rates far higher than their peers, including bullying, teasing, and physical, emotional and sexual abuse, that often do not receive needed attention. As a group, they may suffer from significant medical problems as well.

Medicaid is by far the largest payer for this group due to the nature of supports and services needed – not only the health benefits but also the long term supports and service line items such as waivers and other home and community based services. Several states are re-tooling their approaches on how to use Medicaid to not only better serve this neglected population, but also increase their efficiency and accountability with value-based purchasing and inclusive managed care approaches. In addition, through innovative collaborations with Mental Health and Developmental Disability Authorities, these state Medicaid Authorities are:

- Becoming better aware of these challenges to be a driver of supporting people with IDD and co-occurring disorders to live healthy and productive lives where their dollars are the major payer,
- Learning the roles of individuals, families and qualified providers can play in driving policy development to enhance successful outcomes for this expensive population, and
- Coordinating with managed care companies to be prepared to provide services and supports to individuals with IDD and co-occurring behavioral health disorders.

This webinar will showcase North Carolina’s efforts in developing ways to support broad inter-agency collaboration on behalf of this population, providing for discussion lessons learned and best practices other states can benefit from.

Moderator: Robert Fletcher, DSW, CEO, NADD

Panelists:
- Dave Richard, Deputy Secretary for the North Carolina’s Division of Medical Assistance (DMA)
- Tara Larson, Senior Healthcare Policy Director, Cansler Collaborative Resources, Inc.

Register HERE

Contact Kelle Masten via email or at 703-682-5187 with any questions.
The National Action Alliance for Suicide Prevention (Action Alliance) has released a new resource, *Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention*. The new toolkit outlines seven key elements meant to provide broad guidance to states and local leaders on community-based suicide prevention policies, program planning, and implementation. The elements are key concepts for bridging the gap between theory and practice by synthesizing current research and providing guidance in the development of a comprehensive community-based process. In developing the seven key elements, the Action Alliance reviewed the latest domestic and international suicide prevention research, programs, and models.

The seven key elements for implementation of a comprehensive community-based suicide prevention plan are:

1. **Unity** — Attainment and maintenance of broad-based momentum around a shared vision. The models identified emphasized the value of relationship building to gain a common understanding of the issue and a mutual interest in resolving the issue.

2. **Planning** — Use of a strategic planning process that lays out stakeholder roles and intended outcomes. The models reviewed develop their strategic plan by collecting and reviewing data to fuller understand their community’s suicide problem.

3. **Integration** — Use of multiple, integrated suicide prevention strategies. The programs reviewed work together with their partners in identifying protective and risk factors for suicide (e.g. substance abuse, domestic violence).

4. **Fit** — Alignment of activities with context, culture, and readiness. Community members and natural partners must be involved at the beginning of the effort to ensure that the suicide prevention strategy is culturally, environmentally, and clinically appropriate for the community.

5. **Communication** — Clear, open, and consistent communication. The programs and models researched use communication campaigns to bring educational awareness to suicide prevention programs and resources.

6. **Data** — Use of surveillance and evaluation data to guide action, assess progress, and make changes. The use of surveillance systems to collect and analyze data helps communities to better understand the issue and track any progress made toward their objectives.

7. **Sustainability** — A focus on long-lasting change. Several programs and models embed sustainability early into their plan and revisit it throughout the planning and implementation phases.

The Action Alliance is a public-private partnership that aims to advance the National Strategy for Suicide Prevention.
The 2017 APHSA National Health and Human Services Summit will be held in partnership with the Alliance for Strong Families and Communities, April 30 – May 3 at the Hyatt Regency Inner Harbor, Baltimore, Maryland.

H/HS Integration is at the forefront of human service delivery and the Summit agenda provides several sessions that focus on serving families holistically and strengthening their long-term health and well-being. The Summit will include seven General Sessions, 31 breakout sessions and 12 Ignite Presentations, along with a host of opportunities to network with like-minded peers and colleagues.

The educational content at the Summit is designed to act as a catalyst for change throughout the H/HS community and help to inform the new Congress and Administration about the innovative and modern approaches to human service delivery and how these approaches will help to build a strong, dynamic and healthy nation. Here is just an example of a few of the sessions focused on H/HS Integration issues:

**Thinking Outside the Box: Connecting Individuals and Programs to Impact Health and Well-Being Outcomes**
Health care alone is not enough to prevent poor health outcomes. Social determinants of health, including poor housing conditions, education and the presence of support systems, also affect health. States often have fragmented systems and no way to track or coordinate Medicaid beneficiaries’ overall health care, social and environmental needs. In this session, we will explore the following:
The potential approaches to expanding the role of Enrollment Brokers to effectively engage beneficiaries in their care management, provided linkages to social services, and be the central point to coordinate and track Medicaid beneficiaries’ use of health care and social services; and, discuss how community health centers (CHCs) can integrate financial capability services into their services and highlight the connection between financial well-being and physical and mental health.

**Bringing Together Innovative Care and Prescriptive Analytics**
FD CARES is dedicated to transforming fire department healthcare services by providing care coordination and in-home clinical services to stabilize patients at home or direct 911 callers to the most appropriate care. To evaluate the benefits of these services and identify future improvements, FD CARES uses innovative analytics to prescribe improvements in delivery effectiveness and to reduce costs of care. This Ignite Session will describe: Data collected and mapped to analyze the resource use, care utilization and interactions across an “episode of care”; Data-driven, constraint-based “intelligent model” designed of the most important patient flows for a non-emergent 911 response; and, Optimization and prescriptive analytics performed.

**Maximizing Partnerships Across State Agencies - Medicaid & Public Health Resources**
Partnerships between Medicaid and public health agencies have successfully demonstrated cost containment and improved health outcomes. However, while these proven, evidence-based examples exist, there are no mechanisms for the diffusion of these innovations nationally and technical assistance is not available to help other interested states implement similar activities. As such, the Association of State and Territorial Health Officials, de Beaumont Foundation, and National Association of Medicaid Directors developed an initiative to promote collaboration between Medicaid and public health agencies by identifying specific opportunities, challenges, and solutions. Furthermore, these materials, in particular the learning tools, can be used by those in human services agencies to help understand the work and roles of colleagues in public health and Medicaid and also to support collaboration between health and human services, which can reduce costs and improve health outcomes across states and nationwide.

To find out more about these and other sessions [click here](#) for full descriptions.

Do not miss this opportunity to impact state, local, and national policy; inspire the new administration and Congress to embrace our shared vision that the nation’s HHS system is a cornerstone to building a strong, dynamic, and healthy nation; and champion innovations that create strong, vibrant communities.

For the full agenda and event details, please visit the [Summit website](#).

**Early Registration ends April 7.**
Job Announcement
President and CEO
Bazelon Center for Mental Health Law

Recognized as one of the most independent and consequential legal civil rights organizations in the nation, the Bazelon Center for Mental Health Law is offering the opportunity for a proven leader to take the helm of this organization facing critical fights for the rights of people with mental illness and disabilities.

Just as the staff use litigation and advocacy to change systems and impact thousands of lives, the President and CEO will have the opportunity and challenge to increase the awareness of Bazelon's mission and influence. He/she will utilize the many avenues available to diversify funding and ensure the sustainability of the organization.

Organization Description
For 45 years, the Judge David L. Bazelon Center for Mental Health Law has worked to protect and advance the rights of adults and children who have mental disabilities. The Bazelon Center envisions an America where people who have mental illnesses or developmental disabilities exercise their own life choices and have access to the resources that enable them to participate fully in their communities.

Position Overview
Bazelon's President and CEO leads a staff of 13, including 6 attorneys, a fellow, and support staff for external relations/development and operations. The position is responsible for fiscal management, overseeing the programs, personnel and the overall operations of the organization.

The President and CEO reports to the board and staffs the operations of the board of trustees.

The position is responsible for the development of resources to ensure there are adequate means to meet the mission and support the staff. The position represents the organization in the community and with funders and media. Substantial knowledge of mental health and the workings of DC preferable.

Requirements
Minimum MA degree in a human service field, or an MBA or JD. Minimum of 10 years' experience in management positions of increasing levels of responsibility, supervisory and fundraising experience.

To Apply
Interested applicants should send a resume and cover letter to the Search Committee care of Interim CEO Janice Frey-Angel at janicefa@bazelon.org no later than April 30th. No phone calls please.

The Bazelon Center is an Equal Opportunity Employer

NATIONAL ACADEMY OF MEDICINE
Do you know someone who has significantly impacted or improved mental health? Each year, the National Academy of Medicine (NAM) presents The Rhoda and Bernard Sarnat International Prize in Mental Health, established in 1992, which recognizes individuals, groups, or organizations worldwide for outstanding achievement in improving the science base and delivery of mental health.

The Sarnat Prize is awarded to individuals, groups, or organizations demonstrating at least one of the following criteria:

- contributions to improve understanding of, or treatment for, mental disorders (basic biomedical or clinical research);
- innovations in mental health services (counseling, clinical care, prevention, amelioration of symptoms, or promotion of mental health); or
- accomplishments in public policy or public leadership that enhance public understanding of mental disorders, foster advances in science, improve access to or delivery of mental health services, or otherwise promote mental health.

To encourage a broad range of candidates, there are no constraints on the education, profession, or specific discipline of individuals, groups, or organizations. The Sarnat Prize may honor public figures, policy leaders, field leaders, patient advocates, health care professionals, treatment innovators, translational scientists, basic scientists, applied scientists, or any other individuals, groups or organizations with distinguished accomplishments in the field of mental health, and will be made without regard to nationality. For the purposes of the Sarnat Prize, the field of mental health is defined broadly and includes, but is not limited to, the neurosciences, psychology, social work, public health, nursing, psychiatry, economics, law, and other disciplines, as well as perspectives from those in non-profit organizations and foundations, among others.

This award includes a medal and $20,000. The 2017 Sarnat Prize will be presented during the NAM’s Annual Meeting in Washington, DC, on October 16, 2017.

Nominate a friend or colleague through May 23.
Support for this award is provided by the Robert Wood Johnson Foundation.
Transformative Opportunities for Solving the Grand Challenges in Global Mental Health

Sponsored by the National Institute of Mental Health

May 8 & 9, 2017

The Office for Research on Disparities and Global Mental Health in the Office of the Director of the United States National Institute of Mental Health and Grand Challenges Canada will co-convene a workshop entitled, Transformative Opportunities For Solving the Grand Challenges in Global Mental Health on May 8 and 9, at the National Institutes of Health campus, located in Bethesda, Maryland.

The workshop will bring together global mental health researchers, innovators, and other stakeholders to discuss exciting new research findings and strategic opportunities for addressing the six priority areas identified in the Grand Challenges in Global Mental Health initiative.

Register Now Please register early because space is limited and there is no onsite registration. After you register, you will receive a confirmation email from GlobalMentalHealthWorkshop@mail.nih.gov.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, 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.

Department of Justice Announces Grant Solicitation

Comprehensive Opioid Abuse Site-Based Grant Program (COAP)

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) on January 25 released a solicitation for the Comprehensive Opioid Abuse Site-Based Grant Program (COAP), funded through the Comprehensive Addiction and Recovery Act (CARA).

Applicants may include state agencies, units of local government, and federally-recognized Native American and Alaskan tribal governments. BJA will also accept applications that involve two or more entities, including treatment providers and other not-for-profit agencies, and regional applications that propose to carry out the funded federal award activities. Specific eligibility requirements by category can be found here.

BJA’s COAP site-based solicitation contains six categories of funding. The funding categories include:

Category 1: Overdose Outreach Projects
Category 2: Technology-assisted Treatment projects
Category 3: System-level Diversion and Alternative to Incarceration Projects
Category 4: Statewide Planning, Coordination, and Implementation Projects
Category 5: Harold Rogers PDMP Implementation and Enhancement Projects
Category 6: Data-driven Responses to Prescription Drug Misuse

To prepare for the CARA solicitation, potential applicants are encouraged to form multi-disciplinary teams, or leverage existing planning bodies, and identify comprehensive strategies to develop, implement, or expand treatment diversion and alternative to incarceration programs.

BJA anticipates up to 45 awards may be made under the COAP Grant Program.

The application deadline is April 25, 2017.

The official BJA document on the Comprehensive Opioid Abuse Site-Based Grant program can be located here.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is soliciting applications for $22.6 million in FY 2017 cooperative agreements, authorized by the 21st Century Cures Act, aimed at Promoting Integration of Primary and Behavioral Health Care (PIPBHC).

**Anticipated Total Available Funding:** $22,612,000  
**Anticipated Number of Awards:** 11  
**Amount of Awards:** as much as $2 million annually  
**Length of Project:** 5 years  
**Cost-Sharing/Match Required:** No

SAMHSA specifically seeks to:

- promote full integration and collaboration in clinical practice between primary and behavioral healthcare;
- support the improvement of integrated care models for primary care and behavioral healthcare to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED); and
- promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

The agency has also identified several special populations to be served:

- adults with a mental illness who have co-occurring physical health conditions or chronic diseases;
- adults with a serious mental illness who have co-occurring physical health conditions or chronic diseases;
- children and adolescents with a serious emotional disturbance with co-occurring physical health conditions or chronic diseases; or
- individuals with a substance use disorder.

**Eligible Applicants:** Eligibility for this program is statutorily limited to a state or appropriate state agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the state Medicaid agency, or the state health department) in collaboration with one or more qualified community health programs, as described in § 1913(b)(1) of the Public Health Service Act (PHSA) as amended; or one or more community health centers as described in § 330 of the PHSA, as amended (e.g., community health centers, health care for the homeless, public housing health centers, and migratory and seasonal agricultural workers health centers).

**Applications are due by May 17, 2017.**

**Apply HERE**

**Contacts:**  
**Program Issues:** Tenly Pau Biggs, MSW, LGSW; Center for Mental Health Services, Community Support Programs Branch, SAMHSA, 240-276-2411, pbhci@samhsa.hhs.gov  
**Grants, Management, and Budget Issues:** Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-1408, foacmhs@samhsa.hhs.gov
This (FOA) is intended to provide funding to encourage research projects that seek to explain underlying mechanisms and predict health behaviors within individuals over time utilizing intensive longitudinal, within-person protocols that leverage recent advances in mobile and wireless sensor technologies and big data analytics. The research projects will collect and analyze data, disseminate project findings, and work collaboratively with each other and the research coordinating center (supported under RFA-OD-17-005).

The purpose of the Longitudinal Health Behaviors initiative is to establish a cooperative agreement network of 5 U01 projects and 1 U24 Research Coordinating Center (RCC), to collaboratively study factors that influence key health behaviors in the dynamic environment of individuals, using intensive longitudinal data collection and analytic methods. The network will also assess how study results can be leveraged to introduce innovations into longstanding behavioral theories to advance the field of theory-driven behavior change interventions. The knowledge gained will inform the development of personalized prevention strategies and best implementation strategies for communities, including health disparity populations, towards the goal of reducing disease risk and maintaining ideal health.

Behavioral science places strong emphasis on theoretical models to systematically explain and predict behaviors and events influencing health outcomes. Although these theories are useful frameworks for developing behavioral change interventions, their ability to explain and predict behavior has been only modestly successful.

The research funded by this initiative will examine theoretical constructs and health behaviors from a different scientific perspective and approach than has been traditionally used and is critical for moving health behavior science towards more effective health behavior interventions for reducing disease. Health behavior theories have developed and been evaluated primarily from a between-person perspective, attempting to explain why some people engage in health behaviors while others do not. While such questions remain important, this between-person focus has contributed to theoretical research that is predominately cross-sectional in nature and that emphasizes dispositional variables such as attitudes and normative beliefs which are relatively static over time and more trait-like in nature.

In contrast, a within-person approach to health behavior theory research seeks to explain why a given individual engages in healthy or risky behaviors at one time versus another. Within-person analysis of intensive longitudinal data is likely to provide insight into the dynamic factors in the physical, social, and/or built environment that facilitate or hinder engaging in certain behaviors at specific points in time, in addition to the interaction between factors.

This initiative will leverage advances in sensing, EMA and modeling to improve current models of behavior and behavioral change. This initiative will encourage measurement methods that reduce respondent reporting burden, which has constrained most studies to a few data points per day to measure only a few factors influencing behavior.

NIMH is interested in supporting research that posits and tests fundamental theoretical constructs and models of behavior that are parameterized. The long-term goals of this behavioral research should be to identify quantifiable and predictable points at which interventions might be most effective and to facilitate future investigations linking these change points to neurobiological and/or neurodevelopmental processes. NIMH will prioritize research in the following specific content areas:

- Studies utilizing sensor technology in real world settings to identify imminent risk for suicidal (ideation or attempt) or self-injurious behavior. Applicants are encouraged to refer to “A Prioritized Research Agenda for Suicide Prevention” and Short-term Research Objective 2C (http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Agsenda.pdf)
- Incorporation of wearable sensors into studies of eating disorders to identify factors that predict variation in clinical symptoms and/or relapse following treatment (e.g., binge eating, purging, and social withdrawal).
- Technology that can identify, with a high degree of probability, environmental, behavioral, and biological triggers of psychotic or manic episodes.
- Use of sensor technology to measure trajectories of irritability and emotional dysregulation in youth and that can be used for early prediction of psychopathology.
- EMA assessments that measure real-time fluctuation (episodic) and intensity of emotional states in children.

**Eligible Organizations:** public and private Institutions of Higher Education; other 501(c)(3) nonprofits; for-profit organizations; state, territorial, county, and city or township governments; Indian/Native American tribal governments and organizations; public housing authorities; faith-based or community-based organizations; regional organizations; and independent school districts.

**Apply On-Line by January 8, 2018**
Now Accepting Nominations for the 2017 SAMHSA Voice Awards

Focused on America's Military and Veterans

SAMHSA's Voice Awards honor people in recovery and their family members who are community champions seeking to improve the lives of people with mental illnesses and addictions. The Voice Awards also recognize television and film productions that educate the public about behavioral health and showcase that recovery is real and possible.

The 2017 SAMHSA Voice Awards is putting the spotlight on individuals and entertainment productions that provide hope and support to past and present service members who have faced mental health and addiction challenges.

Nominations within the following categories are due April 24, 2017

Television and Film Productions

Eligible productions* should emphasize the positive journey of recovery from these conditions and must have aired in a public setting after April 15, 2016.

Special consideration will be given to television and film productions that portray personal stories of resilience and strength of America’s service members, veterans, and their families.

Nominate a TV or Film Production

*Only productions that have been distributed in the United States are eligible

Consumer, Peer, and Family Leaders

This award recognizes individuals† who have:

- Personally demonstrated that recovery is real and possible
- Led efforts to reduce the negative public attitudes and misperceptions associated with mental illnesses and addictions
- Made a positive impact on communities, workplaces, or schools
- Promoted meaningful family involvement as an essential part of recovery

Special consideration will be given to consumer/peer/family leaders who are working to ensure that America’s military and veteran communities have access to the mental health and substance use treatment and services they deserve.

Nominate a Consumer, Peer, or Family Leader

†Only individuals who live and work in the United States are eligible.

Now Accepting Applications for the QIC-LGBTQ2S

Application materials are available to become a Local Implementation Site as part of the National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care (QIC-LGBTQ2S).

The QIC-LGBTQ2S will work to develop, integrate, and sustain best practices and programs that improve outcomes for children and youth in foster care with diverse sexual orientations and gender identities and expression (SOGIE). The QIC-LGBTQ2S is led by the Institute for Innovation & Implementation at the University of Maryland School of Social Work in Baltimore, along with participating core partners: Human Service Collaborative, National Indian Child Welfare Association, Ruth Ellis Center, Tufts University, and Youth M.O.V.E. National.

A description of the program is available at www.qiclgbtq2s.org. The linked documents below are also available at that site.

- Overview of the QIC-LGBTQ2S
- Application Form
- FAQs about the Application Process
- Literature Review
- University of Maryland Sample Contract Template

Eligibility is limited to state governments, county governments, and Native American tribal governments (federally recognized) that are responsible for administering the child welfare/foster care program in their jurisdiction.

All applications must be received by 11:59 p.m., April 28.

Applicants should email questions and applications to QICLGBTQ@ssw.umaryland.edu.

“Recovery is Possible . . . Hollywood Beauty Salon is Proof!” ... Dr. Arthur Evans, former commissioner, Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services

A terrific mental health film about hope, recovery and hair! Hollywood Beauty Salon, winner of the SAMHSA Voice Award for best documentary in 2016. Since its release, Hollywood Beauty Salon has enjoyed screenings in theaters, schools, community centers, shelters and even beauty salons! The movie's makers are now moving forward with the BIG dream -- screenings around the country. New crowd-sourcing technology, TUGG, makes it possible for anyone to host a screening anywhere, to share the film's message of hope, compassion and recovery with their community.

Contact Amber Frost, Community Outreach and Social Media Assistant for the Film

Like Hollywood Beauty Salon on Facebook

Follow Hollywood Beauty Salon on Twitter & Instagram
SAMHSA Seeking Applications for $47.5 Million in Grants to Help People Experiencing Homelessness

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year 2017 Grants for the Benefit of Homeless Individuals (GBHI) totaling up to $47.5 million over the course of five years.

The GBHI program’s purpose is to support the development and/or expansion of community infrastructures that integrate behavioral health treatment and services for substance use, co-occurring mental and substance use disorders, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

SAMHSA expects to fund as many as 24 grantees for as much as $400,000 per year for as long as five years. The actual award amounts may vary, depending on the availability of funds.

WHO CAN APPLY: Eligible applicants are domestic public and private nonprofit entities. For example:

- Local governments;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations (UIO), and consortia of tribes or tribal organizations;
- Public or private universities and colleges; and
- Community- and faith-based organizations.

See Section III-1 of Funding Opportunity Announcement (FOA) TI-17-009, PART I, for complete eligibility information.

HOW TO APPLY: SAMHSA’s transition to the National Institute of Health’s eRA grants system (eRA Commons) has changed the application registration, submission, and formatting requirements for FOAs. In order to submit an application, you must register in NIH’s eRA (electronic Research Administration) Commons in addition to the System for Award Management (SAM) and Grants.gov. Please reference PART II very carefully to understand the requirements for applying to SAMHSA grants.

APPLICATION DUE DATE: April 25, 2017 by 11:59 p.m. (Eastern Time). Applications must be received by the due date and time to be considered for review. Please review carefully Section IV-2 of PART I of the FOA for submission requirements.

ADDITIONAL INFORMATION: Applicants with questions about program issues should contact Valerie Tarantino at (240) 276-1745 or valerie.tarantino@samhsa.hhs.gov. For questions on grants management and budget issues contact Eileen Bermudez at (240) 276-1412 or FOACSAT@samhsa.hhs.gov.

New SAMHSA Funding Opportunity Announcement - CORRECTED Resiliency in Communities after Stress and Trauma (RECAST) – SM 17-009

SAMHSA is accepting applications for Resiliency in Communities after Stress and Trauma (RECAST) grants totaling up to $10 million to all awardees over the course of 5 years.

This program seeks to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest.

The grants will support implementation of evidence-based, violence-prevention programs and community youth-engagement programs. The grants will also help promote access to trauma-informed behavioral health services. SAMHSA expects to award as many as two grantees as much as $1 million each annually for 5 years.

Eligible applicants are municipalities, including counties, cities, and other local governments, in partnership with community-based organizations in communities that have faced civil unrest in the past 24 months.

Applications are due by May 17, 2017.

Apply HERE
State Solutions Webinar Series Continues

The quarterly State Solutions in Workforce webinar series, which launched in Fall 2016, continues highlighting innovative practices by the states in developing a behavioral health workforce.

A recording of the first webinar, which took place in September and highlighted initiatives in Nebraska, is available on-line.

January’s webinar highlighted a Connecticut workforce development effort under a SAMHSA Mental Health Transformation Grant. Presenters included Michael Hoge (Annapolis Coalition), Barbara Bugella (State of Connecticut), and Elisabeth Cannata (Wheeler Clinic). They discussed two key initiatives – (1) curriculum reform in higher education related to evidence-based practices, and (2) improving supervision. The recording for this webinar should be available on SAMHSA’s YouTube channel in the coming weeks.

The series is the brainchild of the leadership of the Behavioral Health Education Center of Nebraska (BHECN), which is directed by Dr. Howard Liu. Other sponsors of the series include SAMHSA, NASADAD, NASMHPD, and the Annapolis Coalition on the Behavioral Health Workforce.

The next two webinars in this series:

Webinar #3: Growing Alaska’s Future Behavioral Health Professionals
April 19, 2017 at 2 p.m. E.T.

Webinar #4: Massachusetts’s Career of Substance Website
July 19, 2017 at 2 p.m. E.T.

To register or to be placed on the invitation list, email Valerie Kolock at SAMHSA.

Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, 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.

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

Olympians Phelps, Schmitt, Chair 2017 National Children’s Mental Health Awareness Day

Olympic champions Michael Phelps, the world’s most decorated Olympian, and Allison Schmitt, an eight-time Olympic medalist, are partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) over the next year to focus attention on the needs of children, youth, and young adults who experience behavioral health disorders, such as mental illnesses and addictions.

Phelps and Schmitt will be Honorary Chairpersons of SAMHSA’s National Children’s Mental Health Awareness (Awareness Day) 2017 national event: “Partnering for Help and Hope.”

SAMHSA will webcast the event live on www.samhsa.gov/children, with NBC4 Washington and its sister stations throughout the country also live-streaming the event on their websites.

For more information, visit https://www.samhsa.gov/children/national-events
Upcoming Meeting Opportunities for System of Care Grantees

There are several upcoming meetings. Some of these meetings have quickly approaching registration deadlines.

**Webinar:** SOC Leadership Expansion Learning Community: Preparing to Develop a Financing Plan

**Date(s):** Wednesday, April 19, 2017, 2:30 p.m. to 4 p.m.

This month’s Learning Community meeting will focus on creating a financing plan for expanding the system of care approach. SAMHSA grantees are required to develop financing plans in Year 2 of expansion and sustainability grants and to implement these plans by Year 3. This learning community meeting will provide information on what should be included in financing plans, how to prepare, and how to conduct the initial steps of financial planning. In addition to providing information, the meeting will provide an opportunity for questions and dialogue about financing that are important to system of care grantees and to states, communities, territories and tribes without grants.

**Register HERE**

**Funding Opportunity**

**Brookdale Foundation Group Issues RFP for Seed Grants**

*Brookdale Relatives as Parents Program (RAPP) grants for supportive services to grandparents and other relatives raising children*

The Brookdale Foundation Group has issued a request for proposals (RFP) for the creation or expansion of supportive services to grandparents and other relatives raising children.

Up to 15 programs will be selected to receive a seed grant of $15,000 ($10,000 and $5,000 respectively) contingent upon progress made during year one with potential for continuity in the future. On-going technical assistance will also be provided.

Any § 501(c)(3) or equivalent not-for-profit organization can apply. The RFP proposal and guidelines can be downloaded at [www.brookdalefoundation.org](http://www.brookdalefoundation.org).

**Proposals are due Thursday, June 15, 2017**

Selected applicants will be required to attend, as a guest of the Foundation, an Orientation and Training Conference to be held October 20-22, 2017 in Denver, Colorado.

For additional information, contact Melinda Perez-Porter, RAPP Director, at mpp@brookdalefoundation.org.
State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under the State TA Project.

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 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: tattracker@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 NASMHPD’s Pat Shea by email or at 703-682-5191.

Technical Assistance Products for Services to Persons Experiencing a First Episode of Psychosis

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

> Policy Brief: The Business Case for Coordinated Specialty Care for First Episode Psychosis

> Toolkits: Supporting Full Inclusion of Students with Early Psychosis in Higher Education
  - Back to School Toolkit for Students and Families
  - Back to School Toolkit for Campus Staff & Administrators

> Fact Sheet: Supporting Student Success in Higher Education

> Web Based Course: A Family Primer on Psychosis

> Brochures: Optimizing Medication Management for Persons who Experience a First Episode of Psychosis
  - Shared Decision Making for Antipsychotic Medications – Option Grid
  - Side Effect Profiles for Antipsychotic Medication
  - Some Basic Principles for Reducing Mental Health Medicine

> Issue Brief: What Comes After Early Intervention?

> Issue Brief: Age and Developmental Considerations in Early Psychosis

> Information Guide: Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)

> Information Guide: Use of Performance Measures in Early Intervention Programs

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at http://www.nasmhpd.org/content/information-providers. Any questions or suggestions can be forwarded to either Pat Shea (Pat.shea@nasmhpd.org) or David Shern (David.shern@nasmhpd.org).

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here:

We look forward to the opportunity to work together.
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### NASMHPD Links of Interest

- **Building on ACA’s Success Would Help Millions with Substance Use Disorders.** Center on Budget and Policy Priorities, April 11
- **Navigating a Post-AHCA Landscape,** Timothy Jost, *Health Affairs*, April 10
- **Setting Per Capita Caps: Significant Differences between Current Methods and Those Anticipated under Financing Reforms,** Medicaid and CHIP Payment and Access Commission (MACPAC), March 2017
- **A Sound Mind is a Sound Investment,** Rosalynn Carter and New York City First Lady Chirlane McCray, *USA Today*, April 12
- **Gaining Momentum Toolkit for Reducing Ageism in America,** Frameworks Institute and AARP, American Federation for Aging Research, the American Geriatrics Society, American Society on Aging, the Gerontological Society of America, Grantmakers in Aging, National Council on Aging, and National Hispanic Council on Aging
- **Were Any Interventions to Prevent Teen Suicide Effective in the SEYLE (Saving and Empowering Young Lives in Europe) trial?** James Coyne, Ph.D., *Mind the Brain* PLOS Blog
- **Effective Interventions in Reducing Disparities in Healthcare and Health Outcomes in Selected Conditions,** National Quality Forum – Measures Application Process (NQF-MAP) Disparities Workgroup
- **NQF-MAP Behavioral Health Workgroup Draft 2016-2017 Report** for Public Comment Due May 4 at 6 p.m.
- **Gender Disparities in Health Care in Medicare Advantage,** CMS & Rand Corporation, April 13
- **Racial and Ethnic Disparities by Gender in Health Care in Medicare Advantage,** CMS & Rand Corporation, April 13