CMHS Advisory Council Ponders How to Meet the Behavioral Health Needs of Frontier Populations and School Mental Health Program Interventions Against Youth Violence and Suicides, Seeks Clarity on Status of Legacy Evidence-Based Programs Housed on NREPP

The semi-annual meeting of the Centers for Mental Health Services (CMHS) National Advisory Council, held August 2, proved to be a lively one, as Council members debated how to meet the behavioral health needs of frontier Alaskan populations and pondered approaches to youth violence in an environment where adolescents are growing increasingly aggressive and anxious.

One Advisory Council member, psychologist and PRAXIS Institute Senior Scientist Dennis Embry, contended that Adverse Childhood Experiences (ACEs) are currently being over-emphasized as an approach to understanding serious emotional disturbances in youth to the extent, he said, that the approach is causing increased anxiety among teachers. Advisory Council member Stacy Rasmus, disparities researcher at the University of Alaska Fairbanks, Institute of Arctic Biology, Fairbanks, Alaska, agreed with that Dr. Embry’s assessment, suggesting that in remote Alaska villages it would be difficult to find an adolescent without multiple adverse childhood experiences.

Dr. Embry suggested instead an approach known as Poverty Behavioral Interventions and Supports (PBIS), a framework for teachers, administrators, and parents under which students learn what behavior is appropriate, just as they learn math or science. Students are taught social skills, including how to act in different settings, such as the classroom, on the bus, or with friends. They learn through role-playing or through actual lessons. School staff regularly praises good behavior.

With PBIS, teachers look for minor issues and prevent them from becoming bigger behavioral problems. Before a spitball is thrown, a teacher might notice the student who is craving attention and address that need positively before a spitball is thrown. If a student acts out, the school creates a strategy to prevent the behavior from occurring again. The strategy might include things like a break time to cool off or assignment of a peer mentor. The school may even provide training for parents. The school follows the student’s progress in managing behavior issues and may change strategy if something’s not working.

Dr. Embry also noted ongoing biological studies of inflammatory proteins in the blood as a potential cause of both outward-directed violence, rage, and abuse and suicide attempts.

The discussions followed presentations by CMHS Senior Medical Advisor and psychiatrist Justine Larson on School Mental Health and SAMHSA Suicide Prevention Branch Chief Richard McKeon on a June 12 Centers for Disease Control and Prevention (CDC) report revealing that the rate of suicide has increased since 1999 in all but one state (Nevada), with more than half the states experiencing increases of more than 30 percent.

Dr. McKeon said the report found that more than half of individuals who died of suicide did not have a known, diagnosed mental health condition at the time of death. Returning to the discussion of American Indian/American Natives, Dr. McKeon noted that AI/AN suicide rates exceeded the suicide rate for Caucasians until age 44, but that white rates exceeded AI/AN rates around age 45, with a significant portion of that increase attributable to suicides by lower-income white males living in rural areas.

Dr. McKeon noted that the current Federal funding focus on youth and special populations through funding of programs like Garrett Lee Smith grants is not being directed where most suicides occur. He noted the lack of state and community infrastructure to sustain programs, saying that the effects of prevention programs fade when the funding disappears.

He also cited as a cause of the climbing suicide rates the absence in most states of a comprehensive continuum of crisis services, noting that the Interdepartmental Serious Mental Illness Coordinating Committee recommendations to Congress in December included establishing national crisis standards and comprehensive community crisis systems. Dr. McKeon said Zero Suicide grants had recently been awarded to the states of Colorado, Missouri, Iowa, South Carolina, Ohio, and Montana.

Both Dr. McKeon and CMHS Director Paolo del Vecchio reported that the National Suicide Hotline Improvement Act, H.R. 2345, had been passed by the House last week in a version only slightly different than the Senate’s S. 1015, passed last November. Each predicted the bill’s imminent passage, predictions which proved accurate when the Senate passed the House bill later that day and sent the measure to President Trump for signing. As noted in last week’s Weekly Update, the legislation requires a study of the feasibility of creating and utilizing a three-digit, n-11 phone number to access the Suicide Lifeline.

The Advisory Council’s interests extended into other areas, as a Consumer Subcommittee reported back on a meeting held the day before that emphasized the need for permanent housing as a support, and one Council member sought clarity on the status of legacy evidence-based measures that previously resided on the now-defunct National Registry of Evidence-Based Programs and Practices (NREPP) website, replaced by the National Policy Laboratory created under the 21st Century Cures Act.
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The third meeting of the full ISMICC was held June 8 at the Hubert H. Humphrey building in Washington, D.C.

Health and Human Services Secretary Alex Azar set the tone of the meeting by calling to the attention of ISMICC members the failure of health care systems to address the needs of Americans who have serious mental illness (SMI) and serious emotional disturbance (SED). Reiterating the message from the previous ISMICC meeting in December, the Secretary drew attention to three characteristics the population exhibits, dubbed the 10-10-10 problem: Ten million Americans live with SMI in any given year; they live shorter lives by 10 years or more, compared with other Americans; and by one estimate, 10 times as many Americans with SMI are in jails as those who are receiving inpatient psychiatric treatment. One example of shortened lives he cited, is the much-worse heart disease and cancer outcomes for people with SMI that result in what a May 30 New York Times article called “the largest health discrepancy we don’t talk about.”

Secretary Azar recognized non-federal members of the Committee for promulgating recommendations and opportunities for action in the Committee’s report to Congress, as well as the participating Federal departments for establishing vigorous research and fact-finding through the Committee’s Implementation Workgroups assigned to priority recommendations. He noted that the President’s 2019 Budget, for example, funds two approaches that have success in promoting adherence to treatment for individuals with SMI: Assisted Outpatient Treatment and Assertive Community Treatment. These initiatives align with ISMICC recommendations.

Areas the Secretary noted for improvement included educating teachers, families, and first responders about SMI; engaging faith-based and community organizations to improve access to care; invigorating research into new and effective treatments; and addressing such legal issues as federal privacy laws that impede family members who are trying to secure treatment for their loved ones. Secretary Azar said he is hopeful that we will look back SMI and SED.

Opportunity was a theme Assistant Secretary Elinore McCance-Katz emphasized in her introductory comments. She said ISMICC was one of the major innovations in the 21st Century Cures Act designed to improve federal coordination and services to people who have SMI and SED. Integral to accomplishing the mission of the ISMICC, SAMHSA established the National Mental Health and Substance Use Policy Laboratory that is incorporating ISMICC recommendations into its work. For example, the Policy Lab plans to address best practices in treatment of serious mental illness through an evaluation of antipsychotic utilization in the United States, with the goal of informing practitioners and contributing to best practices. The Policy Lab is also evaluating the peer workforce and the effectiveness of peer supports to provide a larger base of evidence for the full integration of peer services into treatment and recovery services for those living with SMI/SED.

The Assistant Secretary said SAMHSA will support a new national technical assistance resource that will provide support specifically to enhance the treatment of SM—a new network of 10 regional technical assistance centers with a national hub that will support the dissemination of evidence-based practices and support the dissemination of ISMICC goals. Additionally, a center on smoking cessation best practices for individuals with mental illnesses had been announced. SAMHSA has also developed several national technology transfer centers on addiction, prevention, and American Indian/Alaska Native and Hispanic/Latino communities.

Recognizing SAMHSA’s major contributions and supporting ISMICC recommendations, Congress provided additional funding this year for children’s mental health services, increased funding for programs to raise awareness of mental health issues and help people get the assistance they need; increased funding for programs directed at transitional-age youth; increased funding for certified community behavioral health clinics, and funding for Assertive Community Treatment to assist people with SMI in the community.

ISMICC members were interested in hearing about and commenting upon the work of ISMICC’s Federal members and Federal agency staff in addressing the ISMICC recommendations. The Federal staff presented their priorities for action (described in the March ISMICC blog) and their initial plans for action, organized by the ISMICC report’s focus areas into Implementation Workgroups. Federal staff received questions and comments from the non-Federal ISMICC members. Federal staff and ISMICC non-Federal members found the interaction both interesting and enormously helpful. Several of the ISMICC non-Federal members expressed interest in participating with implementation workgroups on a regular basis, and Federal staff are preparing to leverage their interests and subject matter expertise.

ISMICC took public comments in the early afternoon. Many of the commenters were supportive of the work of the Committee and expressed interest in participating in some way with the implementation of the recommendations.

Several important topics were covered in greater detail during the afternoon. At a midpoint in the meeting, ISMICC members were invited to participate in a Gallery Crawl of posters that illustrated the work of each of the five Implementation Workgroups. This session enabled ISMICC Implementation Workgroups to engage in more in-depth discussion with ISMICC members about their priorities and plans for addressing recommendations. This exercise was well received and may become an ISMICC tradition.

(Continued on page 10)
Promising New Model Uses Electronic Health Records to Predict Suicide Deaths, Attempts

A National Institute of Mental Health-funded study has found that leveraging data points from electronic health records (EHR) and combining statistical analysis improves the prediction of suicide attempts and deaths in comparison to previous predictor models and conventional self-reporting screening tools.

The study, published online May 24, in the *American Journal of Psychiatry*, reveals that this newly developed modeling tool predicted almost one-half of the suicide attempts from patients with risk scores in the highest 5 percent, compared to previous modeling systems that identified about one-third of suicide attempts.

Dr. Simon and colleagues examined five variables prior to the mental health or primary care visits to predict a suicide attempt or completion. Those five variables included prior suicide attempts, mental health and/or substance use diagnosis within the last five years, medical diagnosis, mental health medications within the last five years, admission to inpatient care or emergency department for mental health services within the last five years, and the administration of a depression screening (PHQ-9). This data was input into their modeling tool by the researchers using 65 percent of the data obtained from EHRs. The remaining 35 percent of the data entered was used to test for accuracy.

The five variables were the strongest predictors, using the new predictive tool, of a patient attempting or completing suicide. A mental health visit with risk scores in the top 5 percent accounted for 43 percent of subsequent suicide attempts and 48 percent of suicide completions. Of those patients scoring in the top 5 percent, 5.4 percent attempted suicide and 0.26 percent died by suicide within 90 days. Of those patients with the lowest risk scores, fewer than 1 percent attempted suicide. Patients who made primary care visits and had scores in the top 5 percent accounted for 48 percent of subsequent suicide attempts and 43 percent of suicide deaths.

The authors conclude that this predictive model may help practitioners identify high-risk patients, but they caution that it cannot replace clinical judgment. Several of the participating healthcare systems note they are having discussions on how to implement the predictive model in their healthcare settings.

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Rick and Kay Warren To Host SAMHSA’s 2018 Voice Awards on August 8, 2018 – Register Now To Join in Person or Online

Rick and Kay Warren will host SAMHSA’s 2018 Voice Awards—a program honoring people in recovery and their family members who are improving the lives of people with mental illnesses, substance use disorders, or both in communities across the country. The awards program also recognizes television and film productions that educate the public about behavioral health and showcase that recovery is real and possible through treatment and recovery supports.

Join SAMHSA and its partners at the 13th Annual Voice Awards event. Help honor recovery champions and television and film professionals who are informing the public about behavioral health. The event takes place both online and at the University of California, Los Angeles’ Royce Hall in Los Angeles, California.

7:30 p.m. Pacific Time (Pre-Event: 6 p.m. Pacific Time)

**Register Now**

Due to high demand, please reserve your seat no later than Friday, August 3, 2018.
A Two-Part SAMHSA-Sponsored Webinar

Securing and Using the Right Data to Improve Your State’s Mental Health Block Grant Application

Tuesday, August 21 (Part I) and Monday, August 27 (Part II), Both 12:30 p.m. to 2:00 p.m. E.T.

Developed under the Technical Assistance Coalition Contract by the National Association of State Mental Health Program Directors

Over the past few years, the National Association of State Mental Health Program Directors (NASMHPD) has seen a rapid turnover of State Mental Health Authority (SMHA) staff who collaboratively work on the Mental Health Block Grant (MHBG), in particular state planners and state data staff. This two-part series will define and underscore the importance of the relationship between the block grant planner and the state data manager/staff. A brief history of the Mental Health Block Grant, the Data Infrastructure Grant, and the Uniform Reporting System sets the context for the importance of each aspect of block grant planning. The presenters will review the required data elements for the MHBG and for the Annual Report following the structure of the WebBGAS. While the current requirements will be reviewed, it will be emphasized that these elements most likely will change over time and that the mutual understanding of the parameters within which the planner and the data manager work is the essential element of success for both the block grant planner and the data manager. Examples of how the interaction between the planner and the data manager enhance the planning process both specific to the block grant and in general will be cited. The target audience is block grant planners and data managers, particularly those who are relatively new to the process. An expected outcome is an increased understanding of and appreciation of the respective roles and responsibilities and how to make the relationship successful for both parties. In addition, viewers will gain a better understanding of history of the block grant, block grant requirements and guidance of how to more efficiently organize their state’s application.

Presenters:
- Molly Brooms, retired State Planner of the Alabama Department of Mental Health
- Melanie Harrison, Retired Chief Information Officer and IT Director of the Alabama Department of Mental Health
- Steven Dettwyler, Ph.D., SAMHSA Public Health Analyst and State Project Officer

Register HERE for Part I (August 21) Register HERE for Part II (August 27)

We do not offer CEU credits. However, letters of attendance are offered on request. Closed-captioning is available for this webinar.

If you have any questions, please contact Kelle Masten via email or at 703-682-5187.

Virtual Meeting Co-Sponsored by the Medicaid and CHIP Coverage Learning Collaborative (MACLC) an the National Association of Medicaid Directors (NAMD)

The Role of Medicaid and CHIP in Responding to Public Health Crises & Disasters

Monday, August 13, 2:00 p.m. to 3:30 p.m. E.T.

Medicaid and CHIP have played a critical role in helping states and Territories respond to major public health crises and natural disasters such as hurricanes, flooding, and wildfires. To help Medicaid/CHIP agencies prepare for such crises and disasters, the MACLC Coverage Learning Collaborative and NAMD have developed a set of complementary tools that describe strategies available to support operations and enrollees in times of crisis.

In this all-state virtual meeting, we will: review the role of Medicaid and CHIP in responding to public health crises and disasters; provide an overview of disaster-related legal authorities; describe examples of strategies that states and Territories may leverage to respond to specific disaster-related problems; and walk-through a series of NAMD-developed operational checklists that support states and Territories pre-, during, and post-disasters. We will also hear from Medicaid leadership in Florida and Texas who will describe their on-the-ground experiences responding to Hurricanes Irma and Harvey.

Finally, we plan to provide a review of the following available tools designed to support states and Territories:
- MACLC Learning Collaborative memorandum that provides a high-level summary of the types of Medicaid and CHIP strategies states and Territories can deploy;
- MACLC Learning Collaborative companion inventory that describes in more granular detail the various strategies available to states and Territories and the action needed to effectuate them; and
- NAMD Disaster toolkit: "Leading through Emergencies: A Toolkit for Medicaid."

For more information about the session, contact MACLC@mathematica-mpr.com. Register HERE
SAMHSA-Sponsored Webinars
Presented by the SAMHSA Behavioral Health Information Technology and Standards (BHITS) Initiative

Webinar 1 – Telebehavioral Health and the Consumer
Wednesday August 15, 2:00 p.m. to 3:00 p.m. ET

Are you a consumer of behavioral health services, but are sometimes challenged to access them? Do you live in a remote area? How can you find a qualified online therapist? How do you make sure your private information remains confidential?

Consumers of behavioral health services, especially those in sparsely-populated regions or those who have difficulty getting to a provider, should become aware of how this technology can improve access to care. Webinar participants will learn what kinds of issues can be safely addressed by an online therapist, how they can find a qualified online therapist, how to ensure the information they share remains confidential, and what they can expect to pay for a good online therapist.

Register HERE

Webinar 2 – Telebehavioral Health – What Every Provider Needs to Know
Tuesday August 21, 2:00 p.m. to 3:00 p.m. E.T.

Are you a provider of behavioral health services, but are interested in expanding to telebehavioral health? Do you already use telebehavioral health but are unsure of some of the legal, ethical or technical issues?

As telebehavioral health becomes more widespread, providers will need to become aware of several issues that govern the successful provision of online services. Webinar participants will learn about the important legal issues that relate to telehealth (e.g., licensure, informed consent, privacy/confidentiality); ethical issues (e.g., competencies, documentation, marketing); clinical issues (e.g., assessment/screening, boundaries/telepresence, handling emergencies); technical issues (e.g., technology/platform choices, cybersecurity, handling repairs); and other related information.

Register HERE

About the Speaker: Dr. Marlene M. Maheu serves as the Executive Director of the Telebehavioral Health Institute, Inc. (www.telehealth.org). She oversees the development and delivery of professional training in behavioral health via an eLearning platform that has served consumers and clinicians from over 55 countries. The focus for Dr. Maheu has been legal and ethical risk management related to the use of technologies to better serve behavioral health patients. She has served as a consultant, researcher, author, trainer, and keynoter.

Two-Part SAMHSA Center for Mental Health Services-Sponsored Webinar
Mental Health Block Grant Needs Assessments
Tuesday, August 7 – 2:00 p.m. to 3:00 p.m. E.T.
Tuesday, August 14 – 2:00 p.m. to 3:00 p.m. E.T.

State needs assessments form the basis of an effective, sustainable Mental Health Block Grant State Plan. This 2-part webinar series focuses on:
1) strategies to develop an effective needs assessment, specific domains of need, and resources to support this work; and
2) using a needs assessment to articulate specific goals, objectives, strategies, and performance indicators in the State Plan.

Presenter: Molly Brooms, M.A., Retired State Planner and Director of Mental Illness Community Programs, Alabama Department of Mental Health

Register HERE for Part 1, Conducting State Needs Assessments: What, Why, and How (August 7)

Register HERE for Part 2, Using State Needs Assessments to Define State Plan Priorities, Goals, and Performance Measures (August 14)
We invite you to register to attend a national meeting on Advancing Early Psychosis Care in the United States! The cost to attend is $150 if you register by September 6.

This meeting will serve as a pre-conference and kick-off for the 11th Conference of the International Early Psychosis Association. Social workers, psychologists, counselors, and nurses can earn 5 continuing education credits for $50.

This is an opportunity to be part of the conversation about the work we all do. You will get to talk with people from all over the country who are working to develop and maintain first episode psychosis programs in their communities, and also hear from the national and international leaders who are shaping and supporting the field. More than 140 people have registered so far – but don’t worry, the Westin has plenty of space.

Finally, many of you may wish to stick around for the main conference and understand the really big picture of how international research is shedding new light on the causes of and treatments for mental illness. Those who attend the FEP meeting will be eligible to receive a discounted "group rate" on IEPA conference registration.

Register HERE for the Pre-Conference Meeting

SAMHSA-Sponsored Webinar from the Center for Mental Health Services (CMHS)
Supporting Students Experiencing Early Psychosis in Middle School and High School
Tuesday, August 21 – 2:00 p.m. to 3:00 p.m. E.T.
Presented under Contract by the National Association of State Mental Health Programs and the NASMHPD Research Institute

Although psychosis typically emerges in late adolescence or early adulthood, some individuals begin to experience psychosis or other early serious mental illness while still in middle school or high school. This webinar will describe strategies to:

- Identify and support students with psychosis in schools
- Provide educational accommodations and modifications to facilitate school success
- Understand and address safety concerns
- Partner across students, families, and community mental health providers to support treatment and recovery for students experiencing psychosis

This webinar is intended for 1) student instructional support personnel, including school psychologists, social workers, counselors, nurses, and community-partnered school mental health professionals; and 2) staff from First Episode Psychosis programs that are planning or engaging in outreach with middle schools and high schools.

Presenters include:

- Jason Schiffman, Ph.D., Professor of Clinical Psychology, University of Maryland, Baltimore County (UMBC). Dr. Schiffman’s research and clinical work focuses on early identification and treatment of youth at risk for psychosis and reduction of stigma against people with serious mental health concerns.
- Sharon Hoover, Ph.D., Associate Professor of Child and Adolescent Psychiatry, University of Maryland School of Medicine and Co-Director, National Center for School Mental Health. Dr. Hoover's work focuses on implementing evidence-based mental health supports and services in schools.

Register HERE
Join the NADD August-December Webinar Series

From the convenience of your own office or conference room, you and your colleagues can participate in a multitude of educational resources; varying in experiential degree. All without having to leave the office! A learner may sign up for a single webinar or for as many as he or she wishes to take.

Register HERE Not Later Than Five Days Prior to a Scheduled Webinar
Webinar registration is open to all participants

Wednesday, August 15, 3:00 p.m. E.T.

Direct Support Professionals: Friends or Friendly? A Deeper Look into a Difficult Question

Level: All
Presenter: Rachel Jacob, The Arc of Ulster-Greene, Kingston, NY

Is it okay for a direct support professional to also be a friend? Is it a boundary that should not be crossed? What is the difference between friends and being friendly as a direct support professional. Join Rachel Jacob as she explores this controversial and complicated topic.

Wednesday, August 23, 3:00 p.m. E.T.

Understanding Behavioral and Psychiatric Symptoms of Dementia (BPSD) in Adults with Intellectual Disabilities

Level: Beginner/Intermediate
Presenter: Kathryn Pears, MPPM, National Task Group on Intellectual Disabilities and Dementia Practices, Conway, SC

This webinar will cover the fundamental causes of BPSD in adults with ID. Topics covered will be the role of the physical environment, pain, and caregiver interaction as triggers for behavioral disturbances. The appropriate use of medication in the management of behaviors will also be discussed.

Friday, August 31, 3:00 p.m. E.T.

Designing a Communal Classroom

Level: Intermediate
Presenter: Ashleigh Molloy, PhD, Transformation Education Institute, Toronto

A communal classroom offers a safe, inclusive, student-centered environment where students learn through collaboration and active participation. It is a place where student expertise is developed and utilized, and is diversity embraced. This webinar will empower elementary teachers and principals by providing practical strategies for immediate classroom implementation, creating a learning environment where everyone belongs.

Wednesday, October 3, 3:00 p.m. E.T.

How to Prevent the Need for Seclusion, Restraint, and Other Restrictive Practices

Level: Advanced
Presenter: Gary LaVigna, PhD, BCBA-D, Institute for Applied Behavior Analysis, Los Angeles, CA

This webinar describes a host of evidence based, non-aversive reactive strategies (NARS) that can lead to “resolution” thereby preventing the need for restrictive procedures. These NARS have been shown to be more effective than the restrictive procedures in reducing the severity of a behavioral episode and in keeping people safe.

Friday, October 5, 3:00 p.m. E.T.

Addressing Mental Health Symptoms to Prevent Challenging Behaviors

Level: All

Many people with IDD engage in challenging behavior as a way to communicate and get their needs met. Some problem behaviors are caused by symptoms of psychiatric disorders and other mental health conditions. This session will review the complicated factors that contribute to behavior and provide strategies to help Direct Support Professionals address these challenges.

Thursday, November 15, 3:00 p.m. E.T.

Longitudinal Trends from the Residential Information Systems Project about Services and Supports to People with IDD – How States Vary Compared to Other States and the U.S.

Level: Intermediate
Persenter: Heidi Eschenbacher, University of Minnesota, Minneapolis, MN

The Residential Information Systems Project (RISP) has been tracking supports and services, particularly deinstitutionalization, for over 40 years. Comparing states across the United States to overall trends within the country can be revealing about how government service models differ in the types of supports and services they provide.

Tuesday, November 20, 3 p.m. E.T.

Decline in Adults with Down Syndrome

Level: Intermediate
Presenter: Seth Keller, MD, National Task Group on Intellectual Disabilities and Dementia Practices, Special Interest Group Adult IDD, American Academy of Neurology, Cherry Hill, NJ

Adults with IDD are living longer than ever before. Adults with Down syndrome are at a high risk of developing early onset Alzheimer’s disease. This presentation will review the care and assessment process when decline is suspected including Alzheimer’s disease and related dementia.

Additional Webinars on December 11, 13 & 19.
Cost for Individual Webinars:
NADD Members - $78 Non-Members - $98.
Register for the entire series and receive an additional 20 percent off! Discount Code: 5ormore-20%off-W2018.
ACEs: The Role of Life Experiences in Shaping Brain Development

Thursday, August 9, 12 p.m. to 1 p.m. E.T.

Childhood experiences, both positive and negative, have a tremendous impact on our lifelong health and opportunity. So, early experiences are an important public health issue. Adverse Childhood Experiences (ACEs) can put young people at significant risk for substance use disorders and can impact prevention and substance use recovery efforts.

This is a one-hour training by public health experts in Tennessee on their curriculum Building Strong Brains: The Role of Life Experiences in Shaping Brain Development. It’s an insightful approach community and education leaders can implement to increase protective factors and reduce the impact of ACEs for children and adolescents. A certificate of completion will be provided to participants who take the entire webinar training. Visit https://www.tn.gov/tccy/tccy-aces for additional ACEs resources.

Building Strong Brains is supported by an investment of the Tennessee Department of Health and its partners including the School of Social Work, University of Memphis.

Register HERE

Prevention in Practice: Building Communities That Strengthen the Resiliency of Future Generations

Wednesday, August 15, 12 p.m. to 1 p.m. E.T.

As the old adage goes, “the best defense is a good offense.” It’s a sentiment that is fueling the efforts of faith and community groups around the country which are getting ahead of the problem of substance addiction in younger generations with smart and proven practices.

Presenters from Chicago’s Jewish Center for Addiction and the Georgia Prevention Project will share strategies and descriptions of youth-led programs that are strengthening the resilience of young people and preventing future generations from harm.

Register HERE

Webinar: Best Practices for Sustaining Behavioral Health Integration Models in Health Centers Using Health Information Technology

August 22, 3:00 p.m. to 4:30 p.m. E.T.

HRSA’s Bureau of Primary Health Care (BPHC) is pleased to offer a webinar hosted by the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) that will address strategies to leverage health information technologies that support population health management and data aggregation to facilitate and sustain behavioral health interventions. Presenters will share best practices for health centers in streamlining and sustaining behavioral health workflows and maximizing their electronic health records (EHRs) to ensure comprehensive and accurate billing and coding.

After this webinar, participants will:

• Understand appropriate workflows that support sustainability of behavioral health screening, referrals, and treatment
• Identify best practices in utilizing EHRs to ensure accurate and comprehensive billing of behavioral health
• Identify best practices in working with Health Center-Controlled Networks (HCCNs) and using Health Information Technology (HIT) to support population health management and data aggregation

Presenters:
Simon Smith, President and CEO, Clinica Family Health, Lafayette, Colorado;
Janet Rasmussen, Vice President Integrated Services, Clinica Family Health, Lafayette, Colorado;
Jason Greer, CEO, Colorado Community Managed Care Network (HCCN), Denver, Colorado

Registration is free and closed captioning is available upon request. The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.
Though most people who experience homelessness do not suffer from a serious mental illness (SMI), SAMHSA data indicate that between 20 and 25 percent of people experiencing homelessness also have an SMI. Join us for the last two parts of a three-part introductory series aimed at helping those working with people experiencing homelessness to better understand SMI. The series will be moderated by David Miller, M.PA., project director with the National Association of State Mental Health Program Directors (NASMHPD).

Register [HERE](#) for the Webinar Series

The Uniformed Services University National Center for Disaster Medicine and Public Health is proud to announce a free, eight-hour, online [Disaster Health Core Curriculum for All Health Professionals](#) intended for a wide range of health care professionals.

The course consists of eleven, 30-minute to one-hour online training lessons covering a variety of disaster health topics such as personal or family preparedness, communication, ethical and legal issues encountered in disasters, and much more.

This curriculum is free and designed to be taken in pieces or as a whole to be flexible for our busy healthcare professional learner.

The foundation of this curriculum is the [Core Competencies for Disaster Medicine and Public Health](#).

[Click Here to Access the Lessons](#)
ISMICC Report Recommendation 3.8 recommends that the federal government “… increase funding for research at the National Institute of Mental Health, commensurate with prevalence rates of SED/SMI, the direct and indirect costs of these conditions, and the burden of disease they impose.” However, the non-Federal members of ISMICC expressed concerns that prevalence rates require updating. Dr. Shelli Avenevoli, Deputy Director of the National Institute of Mental Health, described the evolution of the Epidemiological Catchment Areas studies and the National Comorbidity Study. The Director of SAMHSA’s Policy Lab, Capt. Christopher Jones, described the current state of data on the prevalence of major mental illnesses. The last specific accounting of the prevalence of specific mental illnesses was performed over a decade ago and ISMICC members agreed it is critical to be able to understanding the demographics of individuals with mental illnesses in order to be able to design and scale up treatment.

ISMICC members suggested several topics in need of further study. These are topics that will be discussed further as the Committee and its workgroups continue to work to advance ISMICC recommendations.

In addition, the non-Federal members continued to ask how they and organizations that are not Federal agencies could be engaged in ISMICC workgroup activities. SAMHSA leadership agreed that workshop activities and expert panels would be scheduled far enough in advance, and their scheduling communicated to the non-Federal members, that entities and individuals other than the Federal agency representatives would be able to participate. SAMHSA leadership also indicated that NASMHPD Executive Director Brian Hepburn had been enlisted over previous weeks to help organize the expert panels.

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@nasmhpd.org.
As a policy maker, researcher or practitioner committed to improving the way our communities respond to the mental health issues of their citizens, don't miss this challenging and comprehensive event.

Register now for LEPH2018 and hear:

- Professor Sir Michael Marmot deliver the 2018 LEPH Oration on 'Social Justice and Health Inequities'.
- Major sessions on 'Models of law enforcement and mental health collaboration to improve responses to persons with mental illnesses' or 'Working across sectors to develop an evidence based approach to mental health policing and distress in Scotland'.
- Tom Stamatakis' timely paper addressing the 'The mental health of police personnel should be recognized as a mission critical priority'.

Or participate in a session charged with 'Crossing the divide: searching for innovations in learning between criminal justice and public health'.

And much more - see the DRAFT PROGRAM at www.leph2018toronto.com/program

Register HERE

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**NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center**

**Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis**

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set used to support programs for people with early serious mental illness, including first episodes of psychosis. The Snapshot of State Plans provides an overview of each state’s funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What’s New section of the NASMHPD website here: [https://www.nasmhpd.org/](https://www.nasmhpd.org/)

To view the EIP virtual resource center, visit [NASMHPD’s EIP website](https://www.nasmhpd.org/).
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care.

**Following are links to the reports in the Beyond Beds series.**

- *Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care*
- *Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment*
- *Older Adults Peer Support - Finding a Source for Funding Forensic Patients in State Psychiatric Hospitals: 1999-2016*
- *The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders*
- *Crisis Services’ Role in Reducing Avoidable Hospitalization*
- *Quantitative Benefits of Trauma-Informed Care*
- *Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014*
- *The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity*
- *The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System*
- *Forensic Patients in State Psychiatric Hospitals – 1999 to 2016*
This webinar is intended to provide information about emerging best practice in serving individuals who have mental illness co-occurring with an intellectual/developmental disability. The session will cover clinical practices and illustrate an inter-systems model of care for this underserved population.

The outline below is intended to provide information on the content of the webinar.

I. What is NADD
   a. 501(c)3 membership organization
   b. Provides training, consultation, journals, book publishing, accreditation and certification

II. Clinical Practices
   a. Assessment practices
      i. Assessment requires gathering information from multiple sources
      ii. Obtain data from family collaterals and the team. This can be a case-management function
      iii. Relevant information to be organized into a 3-5 page document
   b. Diagnostic Practices
      i. Employ a bio-psycho-social model
      ii. Developmental perspective
      iii. Use of the DM-ID-2
   c. Adapting Psychotherapy Practices
      i. Principles of psychotherapy do not change, but approaches need to be modified
      ii. Nine (9) adaptations to psychotherapy practices will be addressed

III. An Inter-System Model
   a. The inter-disciplinary approach within the context of an inter-system model is a “best practice” within a person-centered approach to planning for an individual
      i. “The team” encompasses the person/family, representatives of IDD and MH fields and others
      ii. Using a system of care model for children and adults
         1. The right people at the table

Presenter:
• Dr. Robert J. Fletcher, Founder & CEO Emeritus, NADD – an association for persons with developmental disabilities and mental health needs. His vision and leadership have brought NADD to a position where it is recognized as the world’s leading organization in providing educational resources, conferences, trainings, consultation services, as well as accreditation and certification programs in the field of dual diagnosis.

Moderator:
• Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health

Register HERE

Closed Captioning is Available for this Webinar

We do not offer CEU credits. However letters of attendance are offered upon request.
Older Veteran Behavioral Health Resource Inventory: New VA Resource Aims to Address Unique Needs of Veterans

The Older Veteran Behavioral Health Resource Inventory provides an overview of resources for health and social service professionals interested in enhancing their outreach and support for older veterans who have or are at risk for behavioral health conditions.

The inventory, as well as other useful resources for professionals working with veterans, are available through the VA Community Provider Toolkit.

This resource was created as part of a partnership on meeting the mental health needs of aging Veterans. This partnership included the:

- Veteran Benefits Administration (VBA)
- Administration for Community Living (ACL)
- Center for Medicare and Medicaid Services (CMS)
- Office of Minority Health (OMH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Council on Aging (NCOA)

TA Network Webinars

Cultural and Linguistic Competence Peer Learning Exchange – Lessons from the Field: Implementing Behavioral Health Equity Programs

*Thursday, August 9, 2:30 p.m. to 3:30 p.m. E.T.*

This webinar will be an opportunity to share and discuss what we have learned implementing various behavioral health equity programs, including the CLAS Standards.

**Presenter: Catalina Booth**, Executive Director, Center for Community Learning, Inc.

[Register HERE](#)

Preparing Young People for Workplace Success

During a recent webinar discussion, experts from the Annie E. Casey Foundation and Child Trends examined new ways to help prepare young people for workplace success. The session focused on Positive Youth Development — an approach that helps organizations create environments where young people can advance their skills while cultivating connections to school, family, work and community.

The panelists also touted a new assessment instrument, the PILOT Tool. Developed by Child Trends, a nonprofit research center dedicated to improving outcomes for children, the Pilot Tool helps workforce development organizations apply Positive Youth Development strategies to set the stage for youth success.

[Watch NOW](#)

Youth Risk Behavior Survey Data Summary & Trends Report – 2007 to 2017

This report from the Centers for Disease Control and Prevention (CDC) focuses on four priority areas: sexual behavior, high-risk substance use, violence victimization, and mental health. The results help in understanding the factors that contribute to the leading causes of illness, death, and disability among youth and young adults.
The National Federation's Annual Conference brings together family members, young adults, and professionals and focuses on current issues and trends pertaining to children's mental health, from the perspective of a family-driven and youth-guided approach.

Join hundreds of mental health advocates and professionals from across the nation to share your expertise in: Family and Caregiver Support, Supports for Special Populations, Collaboration and Integration of Services Across Multiple Systems, Trauma Informed Care, Research to Practice, Engaging Youth and Young Adults, Organizational Development and Sustainability, Evidence Based Practices, Parent Peer Support Today or Providing Services and Outreach in the Digital Age.

Early Bird registration rates apply for presenters! There is also still time to be a conference exhibitor or sponsor. Learn more here.

Submit Your Presentation HERE

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SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

**Center of Excellence for Eating Disorders (SM 18-021)**

**Funding Mechanism:** Grant  
**Anticipated Number of Awards:** 1 Award  
**Anticipated Award Amount:** up to $750,000  
**Cost-Sharing or Matching Requirement:** No  
**Anticipated Total Available Funding:** $750,000 per year  
**Length of Project:** 5 years  
**Closing Date for Applications:** August 17, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), is accepting applications for fiscal year (FY) 2018 Center of Excellence (CoE) for Eating Disorders (Short Title: CoE-ED). The purpose of this program is to establish one National Center of Excellence to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing eating disorders. It is expected that the grantee will facilitate the identification of model programs, develop and update materials related to eating disorders, and ensure that high-quality training is provided to health professionals.

Addressing and treating eating disorders is a critical component of mental health care. Many individuals across the country, particularly women, face the challenges of dealing with an eating disorder in their lifetime. According to the National Institute of Mental Health, 0.5 percent to 3.7 percent of females have anorexia nervosa; approximately 1 percent of female adolescents have anorexia nervosa. Additionally, 1.1 percent to 4.2 percent of women have bulimia nervosa in their lifetime.

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

**Contact:**  
**Program Issues:** Tracy Pogue, at (240) 276-0105 or by email at Tracie.pogue@samhsa.hhs.gov.  
**Grants Management and Budget Issues:** Gwendolyn Simpson at (240) 276-1408 or FOACMHS@samhsa.hhs.gov.
HRSA Funding Opportunity Announcement

Pediatric Mental Health Care Access Program (HRSA 18-122)

Funding Mechanism: Grant
Anticipated Number of Awards: up to 20
Anticipated Award Amount: up to $445,000
Cost-Sharing or Matching Requirement: 20 percent each year
Length of Project: 5 years
Closing Date for Applications: August 13, 2018

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 Pediatric Mental Health Care Access Program. The purpose of this program is to promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs.

For purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

For purposes of this funding opportunity, a pediatric mental health care telehealth access program for which funding may be used, will be required to perform the following activities—

(A) be a statewide or regional network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team;
(B) support and further develop organized state or regional networks of pediatric mental health teams to provide consultative support to pediatric primary care sites;
(C) conduct an assessment of critical behavioral consultation needs among pediatric providers and such providers’ preferred mechanisms for receiving consultation, training, and technical assistance;
(D) develop an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices;
(E) provide rapid statewide or regional clinical telephone or telehealth consultations when requested between the pediatric mental health teams and pediatric primary care providers;
(F) conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment, and referral of children with behavioral health conditions;
(G) provide information to pediatric providers about, and assist pediatric providers in accessing, pediatric mental health care providers, including child and adolescent psychiatrists, and licensed mental health professionals, such as psychologists, social workers, or mental health counselors as well as assisting with scheduling and conducting technical assistance;
(H) assist with referrals to specialty care and community or behavioral health resources; and
(I) establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanding the capacity of pediatric primary care providers to identify, treat, and refer children with mental health problems.

Eligibility:
State governments
Native American tribal organizations (other than Federally recognized tribal governments)
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Native American tribal governments (Federally recognized)

Additional Information on Eligibility: States, political subdivisions of states, and Indian tribes and tribal organizations (for purposes of this section, as defined in § 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)).

HRSA has scheduled the following technical assistance:
Webinar Day and Date: Friday, July 27, 2018
Time: 2 p.m. to 3 p.m. ET
Call-In Number: 1-888-600-4866 Participant Code: 556514
Web link: https://hrsa.connectsolutions.com/pmhcap_u4c_ta_session/
Playback Number: 1-888-203-1112 Passcode: 1390598
Contact: Madhavi Reddy, MSPH, Maternal and Child Health Bureau, HRSA at (301) 443-0754 or by email.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2018 State Opioid Response Grants (Short Title: SOR). The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). These grants will be awarded to states and territories via formula. The program also includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths.

Grantees will be required to do the following: use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care; deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD; and reducing opioid-related overdose deaths.

The program supplements activities pertaining to opioids currently undertaken by the state agency and will support a comprehensive response to the opioid epidemic. The results of the assessments will identify gaps and resources from which to build upon existing substance use prevention and treatment activities as well as community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services. Grantees will also be required to describe how they will advance substance misuse prevention in coordination with other federal efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

State allocations for the Opioid SOR grants are calculated by a formula based on the equal weighting of two elements: the state’s proportion of people with abuse or dependence on opioids (prescription opioids and/or heroin) who need but do not receive treatment (NSDUH, 2015) and the state’s proportion of drug poisoning (overdose) deaths (CDC National Vital Statistics System, 2016). Each State, as well as the District of Columbia, will receive not less than $4,000,000. Each territory will receive not less than $250,000. Each State/Territory

### Funding Mechanism:
- **Grant**

### Anticipated Award Amount:
- At least $4M for states; at least $250,000 for territories

### Length of Project:
- 2 years

### No Cost-Sharing/Match Required

### Anticipated Number of Awards:
- 59

### Anticipated Total Available Funding:
- $930,000,000 (This includes a 15 percent set-aside for the 10 states hardest hit by the opioid abuse crisis.)

### Applications Due:
- August 13, 2018

### State Opioid Response Grants

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Annual Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$13,544,925</td>
</tr>
<tr>
<td>Alaska</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>American Samoa</td>
<td>$250,000</td>
</tr>
<tr>
<td>Arizona</td>
<td>$19,975,519</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$5,096,423</td>
</tr>
<tr>
<td>California</td>
<td>$68,829,190</td>
</tr>
<tr>
<td>Colorado</td>
<td>$14,874,393</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$10,968,403</td>
</tr>
<tr>
<td>Delaware</td>
<td>$12,550,000</td>
</tr>
<tr>
<td>D.C.</td>
<td>$2,100,000</td>
</tr>
<tr>
<td>Florida</td>
<td>$49,331,356</td>
</tr>
<tr>
<td>Georgia</td>
<td>$19,593,569</td>
</tr>
<tr>
<td>Guam</td>
<td>$250,000</td>
</tr>
<tr>
<td>Hawaii</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>Idaho</td>
<td>$4,053,332</td>
</tr>
<tr>
<td>Illinois</td>
<td>$28,569,209</td>
</tr>
</tbody>
</table>

Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### ELIGIBILITY:

Eligible applicants are the Single State Agencies (SSAs) and territories. Please note that Tribes will be eligible to apply for opioid response funding under a separate announcement.

### CONTACTS:

Program Issues & Grants Management Issues: Email OPIOIDSOR@samhsa.hhs.gov.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Tribal Opioid Response Grants (FOA TI-18-016)

Funding Mechanism: Grant
Anticipated Total Available Funding: $50 million
Length of Project: 2 years

Anticipated Number of Awards: 263
No Cost-Sharing/Match Required
Applications Due: August 20, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2018 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic. Tribes will use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services as well as advance substance misuse prevention in coordination with other federally-supported efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and/or recovery activities. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

ELIGIBILITY:

An applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization. These entities are defined as follows:

Indian Tribe, as defined at 25 U.S.C. § 1603(14) is any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Tribal Organization, as defined at 25 U.S.C. § 1603(26) is the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

Urban Indian Organization, as defined at 25 U.S.C. § 1603(29), operating pursuant to a contract or grant with the Indian Health Service is a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in [25 U.S.C § 1653(a)].

A consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

CONTACTS:

Program Issues & Grants Management Issues: Email OPIOIDTOR@samhsa.hhs.gov.
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.

Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant. Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA’s online TA Tracker at [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at [jenifer.urff@nasmhpd.org](mailto:jenifer.urff@nasmhpd.org) or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
NADD Award Nominations Sought by August 31

NADD presents five awards annually, at the NADD Annual Conference, which this year will be in Seattle, Washington, October 31 to November 2. The deadline for submitting nominations for these awards is August 31.

**Frank J. Menolascino Award for Excellence** - This prestigious award is given annually in the memory of Dr. Frank J. Menolascino to an individual who has demonstrated long standing excellence in the field of dual diagnosis.

**Earl L. Loschen Award for Clinical Practice** - This award is given to a person whose contribution in the area of clinical practice has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities as well as mental health needs.

**NADD “Member of the Year” Award** - This award is given to a person who has supported the mission of NADD through various activities that have resulted in a positive impact on NADD.

**NADD DSP Award for Excellence** - This Award is given annually to acknowledge a Direct Support Professional (DSP) whose contribution to supporting people who live in our communities has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities and mental health needs.

**NADD Research Award** - This award is given to recognize research that improves our understanding of mental health issues in people with intellectual and other developmental disabilities.

[Click here for details.]

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**New On-Demand Continuing Medical Education (CME) Course:**

**Clozapine as a Tool in Mental Health Recovery**

This one-hour course offers information and resources for physicians, clinicians, and other practitioners serving people experiencing psychotic symptoms who are considering exploring the use of clozapine. Through a "virtual grand rounds," this course will help you better understand the FDA guidelines, which individuals might benefit from clozapine, the risks and benefits of the medication, and how to engage in shared decision-making with individuals about using clozapine.

In this course, you'll meet Robert, a young man with hopes of attending college and becoming a writer, who also struggles with psychotic symptoms. The course will explore the scientific evidence and best practices for how clozapine may be used as a tool to help him move closer to achieving his goals; as well as how to engage with Robert in a strengths-based, recovery-oriented way.

The faculty are national experts in recovery-oriented pharmacology, who present tips on how to engage with individuals experiencing psychotic symptoms and using clozapine as an effective tool to help them move closer to achieving their goals.

**Register HERE!**

**Course Objectives**

After viewing, learners will be able to: explain some of the benefits of initiating clozapine for psychotic symptoms and advancing recovery; articulate how shared decision-making has a role in initiating clozapine; describe the clozapine Risk Evaluation and Mitigation Strategy (REMS); and identify methods for recognizing and managing benign ethnic neutropenia, or BEN, for primary care and psychiatry providers.

**Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)**
### NASMHPD Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Lynda Zeller (MI)</td>
<td>NASMHPD President</td>
</tr>
<tr>
<td>Valerie Mielke, M.S.W. (NJ)</td>
<td>Secretary</td>
</tr>
<tr>
<td>Vacant, Past President</td>
<td></td>
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<td>Western Regional Representative</td>
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<tr>
<td>John Bryant (FL)</td>
<td>Southern Regional Representative</td>
</tr>
<tr>
<td>Kevin Moore (IN)</td>
<td>At-Large Member</td>
</tr>
<tr>
<td>Wayne Lindstrom, Ph.D. (NM)</td>
<td>Vice President</td>
</tr>
<tr>
<td>Terri White, M.S.W. (OK)</td>
<td>Treasurer</td>
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<tr>
<td>Sheri Dawson (NE)</td>
<td>Mid-Western Regional Representative</td>
</tr>
<tr>
<td>Barbara Bazron, Ph.D. (MD)</td>
<td>Northeastern Regional Representative</td>
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### NASMHPD Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Brian M. Hepburn, M.D.</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Jay Meek, C.P.A., M.B.A.</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Meighan Haupt, M.S.</td>
<td>Chief of Staff</td>
</tr>
<tr>
<td>Kathy Parker, M.A.</td>
<td>Director, Human Resources &amp; Administration (PT)</td>
</tr>
<tr>
<td>Raul Almazar, RN, M.A.</td>
<td>Senior Public Health Advisor (PT)</td>
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<tr>
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### NASMHPD Links of Interest

- **Behavioral Health Coverage In The Individual Market Increased After ACA Parity Requirements**, Alexander J. Cowell *et al.*, *Health Affairs*, July 2018
- **Medicaid and Federal Grant Funding Can Improve Treatment and Housing Options for People With Substance Use Disorders**, Peggy Bailey, Center for Budget and Policy Priorities, August 2
- **Per Visit Emergency Department Expenditures By Insurance Type, 1996–2015**, Jonathan Yun, Kathryn Oehlman & Michael Johansen, *Health Affairs*, July 2018
- **President Trump’s Losing Fight Against Obamacare**, Paul Demko & Adam Cancryn *Politico*, August 1
- **How Would Individual Market Premiums Change in 2019 in a Stable Policy Environment?**, Matthew Fiedler, USC-Brookings Schaeffer Initiative for Health Policy, August 1
- **A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors**, Substance Abuse and Mental Health Services Administration, June 2018