National Health Care Spending Growth in 2018 Driven By Increased Rates of Medicare And Private Insurance Spending as the Affordable Care Act Reinsurance Tax Returns

A study by the Centers for Medicare and Medicaid Services (CMS) Office of the Actuary published in the December 2019 Health Affairs finds that U.S. health care spending increased 4.6 percent to reach $3.6 trillion in 2018, a faster growth rate than the rate of 4.2 percent in 2017, but equivalent to the 2016 growth rate, with the acceleration in overall growth driven by acceleration in spending on both private health insurance and Medicare.

Much of the faster spending growth in those two sectors in 2018 was associated not with expenditures for goods and services, but instead with a 13.2 percent increase in the net cost of health insurance (the amount of insurance spending attributed to nonmedical expenses, including administration, taxes, and underwriting gains or losses), after health insurance costs grew only 4.3 percent in 2017. The faster growth in 2018 was driven primarily by the Affordable Care Act’s (ACA’s) health insurance tax, reinstated in 2018 following a one-year Congressionally-enacted moratorium in 2017. Per enrollee spending increased from $5,813 to $6,199, a 6.7 percent increase. Per enrollee expenditure on Medicare alone increased from $12,334 to $12,784, or 3.7 percent. Per enrollee expenditures in Medicaid increased by 2 percent, from $8,041 to $8,201.

Total National Healthcare Expenditures in 2018 were $3.65 trillion. The share of the economy devoted to health care spending declined to 17.7 percent in 2018, compared to 17.9 percent in 2017. Growth in personal health care spending (which accounted for $3.08 trillion or 84 percent of national health care spending) remained unchanged from 2017 at 4.1 percent.

The total number of uninsured people increased by 1 million or 0.8 percent, for the second year in a row, to reach 30.7 million in 2018. The number of uninsured nonelderly Americans decreased from over 44 million in 2013 (the year before Affordable Care Act coverage provisions went into effect) to just below 27 million in 2016, but began rising again in 2017. The Office of the Actuary finds that 90.6 percent of Americans were insured in 2018, a drop 0.2 percent.

Medical price growth of 2.1 percent in 2018 was faster than the rate of 1.3 percent in 2017, in part because of faster growth in economy-wide inflation (as measured by the GDP price index)—which increased 2.4 percent in 2018 compared to 1.9 percent in 2017 Although overall medical price growth in 2018 was the most rapid since 2011, the 2018 growth rate of 2.1 percent was below the average annual rate of 3.4 percent during 2004–2007, but the same as the average rate of growth during 2008–2013.

Residual use and intensity, which reflects changes in the use and mix of health care goods and services, grew 1.3 percent in 2018, slower than the rate of 1.6 percent in 2017. The services that experienced slower growth in use and intensity in 2018 included hospital care, physician and clinical services, dental services, home health care, and nursing care facilities and continuing care retirement communities. The Office of the Actuary suggests the increase in the number of uninsured people may have contributed to the slowdown in growth in the residual use and intensity of services, as people without health insurance may use fewer services.

Sponsors of Health Care

In 2018 the Federal government and households accounted for the largest shares of health care spending (28 percent each), followed by private businesses (20 percent), state and local governments (17 percent), and other private revenues (7 percent). Faster overall spending growth was due to spending by the Federal government and private businesses, which experienced faster growth in 2018—more than offsetting slower spending growth for state and local governments and other private revenue sources. The Federal government spent $1.034 trillion, up from $978.5 billion, while state and local governments spent $602.5 billion, up from $587.8 billion.

For the Federal government, spending growth on health care accelerated in 2018 to 5.6 percent from a rate of 2.8 percent in 2017, driven mainly by faster growth in the Federally sponsored portion of expenditures for the Medicare program (a 32 percent share), which increased 6.5 percent in 2018 compared to 1.3 percent in 2017. Growth in spending on the Federal portion of Medicaid payments (a 36 percent share) accelerated to 3.2 percent in 2018 after growth of 3.0 percent in 2017—the first year that states were required to fund 5 percent of the spending for the Medicaid expansion population under the ACA.

State and local Medicaid spending grew 2.6 percent in 2018 after growing 6.5 percent in 2017—again reflecting the increased state funding responsibility for the expansion population.

The House and Senate Appropriations leaders announced Thursday an “agreement in principle” on funding all Federal agencies for the remainder of FY 2020. Details of Labor–HHS spending were not made available. The House will vote Tuesday on the agreement.
Table of Contents

National Health Care Spending Growth in 2018 Driven By Increased Rates of Medicare And Private Insurance Spending as the Affordable Care Act
Reinsurance Tax Returns

Study Finds Brief Cognitive Behavioral Therapy (BCBT) to be a Cost-Effective Intervention for Army Service Members Recently Experiencing Suicidal Crises

Suicide Prevention Resource Center On-Line Course: Locating and Understanding Data for Suicide Prevention

Notice of NRI/SMI Adviser Survey on Technical Assistance Needed by State Mental Health Agency Medical Directors, State Psychiatric Hospitals, and Coordinated Specialty Care Providers

December 17 NCAAPS Webinar: Finding The Balance: Person-Centered Supports That Honor Both Safety and Dignity of Risk

Using Data Analytics to Better Understand State Medicaid Beneficiaries with Serious Mental Illness - Technical Assistance for Medicaid Agencies

January 30 Abt Webinar: Innovative Approaches to Housing for People with Opioid Use Disorder

Calendar Year 2020 Healthcare.Gov ACA Insurance Enrollment Numbers – Week 6

ADAA2020 Conference, March 19 to 21

Request for Information – Input on the Draft NIMH Strategic Plan for Research

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) ON-DEMAND WEBINAR: PCORI Research Documents the Impact of Peer Navigators in Enhancing Health Goals of People with Serious Mental Illness

SAMHSA Funding Opportunity Announcement: Assisted Outpatient Treatment Program for Individuals with Serious Mental Illness (SM-20-006)

2020 Marketplace Enrollment Reminder: 45-Day Enrollment Period Began November 1

SAMHSA GAINS Center is Seeking Applications for Two Different Types of Sequential Intercept Model (SIM) Mapping Workshops

NIMH Funding Opportunity Announcement – Implementing and Sustaining Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Equity in Outcomes (R34 Clinical Trial Required) – RFA: MH-20-010

NIMH Funding Opportunity Announcement - Clinical High Risk for Psychosis Research Network (U01) – RFA-MH-20-340

NIMH Funding Opportunity Announcement - Clinical High Risk for Psychosis: Data Processing, Analysis, and Coordination Center (U24) – RFA – MH – 20 – 341

The Centers for Medicare & Medicaid Services (CMS) Seeks Nominees for Two Technical Expert Panels (TEPs):

SAVE THE DATE: May 10 to 12 Zero Suicide International 5 Conference in Liverpool, England

SAMHSA Behavioral Health Treatment Services Locator

Crisis Now Crisis Talk: Barbara Stanley, Ph.D., a Professor at Columbia University and Director of the Suicide Prevention Training Program at New York State Psychiatric Institute, Says Safety Planning Intervention Fills a Critical Gap in Suicide Prevention

Now Recruiting for CSC On Demand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care

SAMHSA Funding Opportunity Announcement: Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SM-20-07)

December 13 NIMH Webinar: Making Health Care Transition Work for Youth with Autism

AHRQ Funding Opportunity Announcement Improving Quality of Care and Patient Outcomes During Care Transitions (R01)

Department of Justice Funding Opportunity Announcement: Housing Assistance Grants for Victims of Human Trafficking (CFDA-16,320)

Department of Justice Funding Opportunity Announcement: Grants for Outreach and Services to Underserved Populations (CFDA-16,889)

CIT International Releases Guide to Best Practices in Mental Health Crisis Response

Center for Start Services Group Training Course in the Mental Health Aspects of IDD for Mobile Crisis Responders

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter

Medicaid Innovation Accelerator Program: Reducing Substance Use Disorders Information Session

SAMHSA Funding Opportunity Announcement: National Child Traumatic Stress Initiative (Category II)

SAMHSA Funding Opportunity Announcement: National Child Traumatic Stress Initiative (Category III)

SAMHSA Funding Opportunity Announcement: Grants for the Benefit of Homeless Individuals (TI-20-001)

SAMHSA Funding Opportunity Announcement: Expansion of Practitioner Education (FG-20-001)

SAMHSA Funding Opportunity Announcement: Recovery Community Services Program (TI-20-002)

Mental Health & Developmental Disabilities National Training Center: Recruitment for Digital Story-Telling of Lived Experiences

Link to Center of Excellence for Protected Health Information Website

Announcing the National Center of Excellence for Eating Disorders

Upcoming Webinars from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS)

December 2019 SMI Adviser Webinars / Learning Collaboratives

Check Out the SMI Adviser’s Clozapine Center of Excellence TA Network Webinars and Opportunities

The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data

Social Marketing Assistance is Available 2018 NASMHPD Technical Assistance Coalition "BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

NASMHPD Links of Interest NASMHPD Board & Staff
Study Finds Brief Cognitive Behavioral Therapy (BCBT) to Be a Cost-Effective Intervention for Army Service Members Recently Experiencing Suicidal Crises

Brief Cognitive Behavioral Therapy (BCBT) is a cost-effective intervention for Army service members recently experiencing suicidal crises, according to research published online November 27 in JAMA Psychiatry.

Dr. Samantha L. Bernecker, Ph.D., of the Department of Health Care Policy at the Harvard Medical School, and her colleagues studied whether BCBT was a cost-effective intervention for preventing suicidal behaviors in comparison to existing treatment for Army service members from the U.S. Department of Defense (DoD) perspective.

Cost-effectiveness analysis assessed whether treatments produce enough health gains to justify their costs or whether implementing the intervention could draw resources away from other treatments that produce more health per dollar spent. Cost-effectiveness modeling can also incorporate sensitivity analysis to address uncertainty in estimates of effect sizes. The aim of cost-effectiveness analysis is not to save money at the expense of lives, but rather to identify treatment strategies that optimally allocate resources to maximize health gains.

Direct costs from the DoD perspective in 2017 US dollars were comprised of medical costs and compensation provided to disabled retirees and decedents’ next of kin. Consistent with the DoD perspective, the authors only included health care costs accrued before separation from duty, and included lifetime costs of disability and next-of-kin benefits.

The researchers analyzed demographic data from the Army’s Study to Assess Risk and Resilience in Service Members (STARRS), randomly assigning 152 Army service members who had recently experienced a suicidal crisis to either treatment as usual or to 12 individualized outpatient BCBT sessions plus treatment as usual. Treatment as usual could consist of a variety of options—pharmacological treatment; individual or group psychotherapy; or intensive outpatient, partial hospitalization, and/or inpatient treatment. The clinical trial ran from January 31, 2011 to April 3, 2014. Data sets on suicidal behaviors, use of mental health services, and separation from military were analyzed from July 3, 2018 to March 25, 2019.

The authors applied a decision analytic model that examined costs and suicide attempts against completions of BCBT versus treatment as usual.

They conclude that BCBT was a cost-effective intervention for Army soldiers at risk of suicide. Dr. Bernecker and her colleagues estimate that the DoD could save between $15,000 and $16,630 per patient by using BCBT instead of treatment as usual. They note that, in the worst case scenario, even the weakest plausible BCBT effect sizes cost only $1,910 to $2250 per patient more than treatment as usual.

Dr. Bernecker and her colleagues estimate that BCBT reduced adverse outcomes, i.e. “averted approximately 23 more suicide attempts and 3 more suicide deaths than treatment as usual per 100 patients treated in the high-attempt lethality scenario compared with 25 attempts and 1 suicide death in the low-lethality scenario.” They recommend that DoD advance suicide prevention efforts by disseminating and implementing BCBT.

Suicide Prevention Resource Center

On-Line Course: Locating and Understanding Data for Suicide Prevention

Course Description: Effectively preventing suicide requires an understanding of who is attempting and dying by suicide, where the problem is most severe, and under what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and others? Locating and Understanding Data for Suicide Prevention presents a variety of data sources that are useful for finding information about suicide deaths, suicide attempts, and suicidal ideation. This course also explains key concepts that will help you better understand the data you find.

After completing this course, you will be able to:

• Define and understand the difference between suicide deaths, suicide attempts, suicide ideation, and risk and protective factors for suicide.
• Explain key terms essential to accurately interpreting data and making meaningful comparisons; this includes counts, rates, and trends.
• Identify some commonly used and readily accessible online national data sources, and the type of data that is available from each source.
• Identify some alternative data sources that may be available in states and communities, the type of data available from these sources, and considerations when approaching organizations and agencies for these data.
• Think critically about the strengths and limitations of a given data source.

This course is open to anyone. We highly recommend it for any professional involved in national, state or community suicide prevention.

Course Length: This course can be completed in approximately two hours. You do not have to complete the course in one session. You can exit the course at any time and return later to the place where you left off.

Certificate of Completion: To receive a certificate of completion, you must do the following online: complete each lesson, pass the posttest (passing score is 80% or higher), and answer the feedback survey questions. You can earn a certificate of completion once per year for each course. We do not offer continuing education credits for any of our courses.

ENROLL HERE
NRI and NASMHPD are again working with the American Psychiatric Association’s SMI Adviser, also referred to as the Clinical Support System for Serious Mental Illness (CSS-SMI). This SAMHSA-funded center supports mental health providers to promote person-centered treatment and recovery supports to individuals with SMI. A major task that we are working on with the APA to support this endeavor is an assessment of state mental health systems and their providers to understand their needs regarding how to improve clinical services for individuals with SMI.

As part of the CSS-SMI, APA has built a new website (www.smiadviser.org) designed to assist mental health clinicians and prescribers to find and use information about evidence-based clinical practices in order to aid in making treatment decisions for persons with bipolar disorder, major depressive disorder, and schizophrenia. We want to make sure that the information on SMI Adviser meets the needs of state behavioral health authorities, as well as the clinicians and prescribers that serve individuals with SMI.

To help us determine what types of assistance are most needed in the implementation of Evidence-Based Practices and Clinical Practice Guidelines, NRI is distributing a survey to State Medical Directors, State Hospital Administrators, and CSC Program Leads in each of the states. This 10-to-15-minute survey will help the APA and SAMHSA better understand what types of clinical consultations, training, and other TA would be especially helpful to these audiences. Information from these surveys will be used to help inform the TA activities provided under the CSS-SMI initiative to better meet the needs of behavioral health providers and clinicians. NRI is requesting that these surveys be completed by Friday, December 20th. If you feel you should have received an invitation to participate in this survey but did not, or if you have any questions related to this initiative, please contact Kristin Neylon (kneylon@nri-inc.org).

Webinar: Finding The Balance: Person-Centered Supports That Honor Both Safety and Dignity of Risk

Tuesday, December 17, 2:30 a.m. to 4:00 p.m. E.T.

Person-centered supports must ensure that people have opportunities to make informed choices and to be supported in managing the risks that come with those decisions. Direct support providers have a role in helping people to live lives of their choosing and often face the challenge of balancing the individual’s choice with the provider’s ‘duty of care’. The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) presents a webinar on finding the balance.

Participants in this webinar will:

1. Hear from people with disabilities about their experience in planning, navigating concerns about well-being, and seeking the ‘dignity of risk’;
2. Learn from direct support providers about the requirements, challenges, and successes of the delivery of quality person-centered supports in a way that considers health and safety while honoring a person’s right to make decisions that may not always be in their best interest; and
3. Understand what training is available for direct support providers that will equip them with the skills and strategies to help manage health and safety concerns in a person-centered way.

Register HERE.

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. Visit the NCAPPS website or the NCAPPS page of this newsletter for more information.
Using Data Analytics to Better Understand State Medicaid Beneficiaries with Serious Mental Illness - Technical Assistance for Medicaid Agencies

The Medicaid Innovation Accelerator Program (IAP) is a collaboration between the Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare and Medicaid Innovation (CMMI) designed to build state capacity and support ongoing innovation in Medicaid. IAP provides targeted technical assistance to states’ ongoing delivery system reform efforts across four priority program areas: (1) substance use disorders; (2) Medicaid beneficiaries with complex care needs; (3) community integration through long-term services and supports; and (4) physical/mental health integration. IAP also provides assistance to states in four functional areas, which IAP sees as the building blocks to delivery system reform: (1) data analytics; (2) quality measurement; (3) value-based payment and financial simulations; and (4) performance improvement.

IAP’s Beneficiaries with Complex Care Needs and High Costs (BCN) program area offers technical assistance and resources to Medicaid agencies seeking to design, plan, and implement strategies to improve care coordination for Medicaid BCN populations. As part of this program area, over the last year, IAP focused on adult Medicaid beneficiaries with Serious Mental Illness (SMI) and posted two technical resources for Medicaid agencies focused on data analytics.

Components of Technical Assistance for Medicaid Agencies

This year, starting in January 2020, the IAP is offering up to eight months of technical assistance for up to 10 Medicaid agencies that aim to utilize data analytics to gain a better understanding of their adult population with SMI and to help inform related programmatic decisions. This technical assistance opportunity is open to Medicaid agencies at all stages of development, from those just beginning this work to those building on existing initiatives.

This technical assistance includes interactive webinars and coaching assistance. The technical assistance is provided through three inter-related components which will run sequentially. Participating Medicaid agencies can select one or all three to join.

- **Component 1: Build an SMI Population Profile (January – March 2020)**
  - Conduct analyses to further understand state populations with SMI using Medicaid claims and encounters data (demographic, cost, and utilization information)
  - Develop or start developing state Medicaid SMI population profiles

- **Component 2: Leverage External Data Sources (April – May 2020)**
  - Augment state SMI population profiles with external data sources (e.g. corrections, housing data)
  - Navigate challenges in data matching and other SMI data sharing barriers
  - Develop data sharing and use strategies with other state or external data partners

- **Component 3: Consider SMI Data-Informed Delivery System Reform (June – August 2020)**
  - Exchange lessons learned
  - Apply SMI data in the design if a consider delivery system reform initiative

States have the option to participate in one or more of the components depending on their existing SMI analyses to date. Since the three components in this cohort are meant to build on one another, states are encouraged to participate in all three components of the work. However, it is understood that some states may, for example, already have a SMI state-specific population profile, and therefore may only want to participate in components 2 and/or 3.

States are encouraged to complete each components’ activities during the component’s timeframe. Nevertheless, the coach team is available to support each states’ activities throughout the eight months. For example, the SMI population profile is not complete in the first three months, states can use the coaching team and the time during component 2 or 3 to complete the profile.

Expressions of interest (EOI) forms for the SMI technical assistance opportunity will be accepted between late November and early December of 2019. States will be selected for participation in early January 2020. The eight-month technical assistance activities will occur between late January and August of 2020.

- December 13, 2019: Expression of Interest form due
- December 2019- January 2020: One-on-one conference calls with individual states to review their EOI forms and discuss their state goals
- Mid-January: States selected
- January 27, 2020: SMI technical assistance kick-off webinar
- January 2020-August 2020: Technical assistance activities, webinars, and coaching
- August 2020: Technical assistance ends

How Do Interested States Apply for Technical Assistance?

Interested states are asked to submit the EOI form by midnight (ET) on December 13, 2019 with the subject line “SMI data analytics” to cms.iap.smi@healthmanagement.com. The EOI form can be found online on the IAP BCN web page. Please direct questions to Katherine.Vedete@cms.hhs.gov, using the subject line “SMI data analytic opportunity questions.”
Webinar: Innovative Approaches to Housing for People with Opioid Use Disorder

Thursday, January 30, 2020, 12:00 p.m. to 1:00 p.m. E.T.

Housing is critical to health and well-being, which makes addressing the link between substance use disorders and housing instability all the more important as communities seek to address the opioid epidemic.

In a recent ASPE report, Abt identified several promising housing models that support recovery from opioid use disorder (OUD), including HomeSafe (FAMILYConnections NJ) and HousingNow (Pathways to Housing PA). Join Abt experts and representatives of these two programs during this free webinar to learn about challenges and solutions to providing housing for individuals with OUD, including how these models can be replicated in other communities.

Speakers:
- Emily Rosenoff, Acting Director, Division of Long-Term Care Policy, ASPE
- Meghan Henry, Housing Expert, Abt Associates
- Sarah Steverman, Behavioral Health Expert, Abt Associates
- Alexandra Riley, Director of Programs, FAMILYConnections NJ
- Christine Simiriglia, President & CEO, Pathways to Housing PA

Register HERE
Don't miss out on all #ADAA2020 has to offer! The conference includes 150+ sessions highlighting cutting-edge research and clinical practice treatment concepts centered around anxiety, depression, and co-occurring disorders. With a wide offering of innovative presentations and workshops eligible for CE or CME credits or hours, the 2020 annual conference is the place to be March 19-20, 2020 in San Antonio, Texas. Register today to gain access to great learning and networking opportunities and to benefit from the lowest rate available.

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

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

Check out the latest event and agenda information below.

**Thursday, March 19, 2020**

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

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

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

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

**Friday, March 20, 2020**

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

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

**Scientific Research Symposium:** Resilience From Research to Practice

**Saturday, March 21, 2020**

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

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

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

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

Please reserve your room prior to February 24, 2020.
We welcome your feedback to help guide the future of mental health research efforts and priorities at NIMH. Every five years, NIMH publishes a Strategic Plan for Research to accelerate progress in basic, translational, and clinical science. We have made huge strides in understanding and treating mental illnesses through basic and clinical research since the last Strategic Plan was published in 2015, and now we're looking ahead to the next five years.

The 2020 Strategic Plan includes four goals that form a broad roadmap for the Institute's priorities over the next five years, beginning with the fundamental science of the brain and behavior and continuing through to the public health impact of the research we support. Aimed at helping individuals living with mental illnesses and promoting both prevention and cure, NIMH's high-level goals are as follows:

1. Define the Brain Mechanisms Underlying Complex Behaviors
2. Examine Mental Illness Trajectories Across the Lifespan
3. Strive for Prevention and Cures
4. Strengthen the Public Health Impact of NIMH-Supported Research

How to Submit Feedback

Members of the public are invited to provide comments through January 1, 2020.

- Review the draft Strategic Plan online
- Read the Guide Notice for more information on submitting your comments.
- Submit your feedback electronically via the Request for Information input page, or mail responses to:
  NIMH Strategic Planning Team
  6001 Executive Boulevard, Room 6200, MSC 9663
  Bethesda, MD 20892-9663

The submitted information will be reviewed by NIMH and used at its discretion. Respondents are advised that the government is under no obligation to acknowledge receipt of the information provided and will not provide feedback to respondents. This RFI is for planning purposes only and should not be construed as a solicitation for applications or proposals, or as an obligation in any way on the part of the U.S. government. The government will not pay for the preparation of any information submitted for the government's use. Additionally, the government cannot guarantee the confidentiality of the information provided.
People with serious mental illness (SMI) get sick and die from 10 to 20 years younger than same-age peers. Morbidity and mortality are even worse when the person is of color or from low socioeconomic status. Fragmented health care systems are one of the major reasons why people with SMI suffer health challenges. These systems often lack primary and integrated care clinics, and those clinics that do exist are often not readily available given existing public transportation. Entitlement programs are minimal or inaccessible. Service teams fail to master cultural competence.

Patient navigators are one way to deal with fragmented health care. Patient navigators are paraprofessionals who offer practical, in-the-field support to assist people with SMI to engage in healthcare. Their service is hands-on, including assisting the person to make appointments, accompanying them to the clinic, entering the exam room, waiting for labs, and managing prescriptions; the person with SMI is in charge of all elements of this process. Patient navigators use counseling skills to provide a supportive relationship and join the person with SMI in ongoing health decisions and action.

Peers are people in recovery from SMI who provide the same navigator services. They share lived experience in mental illness and, through strategic interactions, can use common history to engage the person with SMI in navigation. They are also peers because they are often drawn from the same ethnic group, SES, and community. Cultural competence is enhanced as a result.

As part of a PCORI-dissemination award, Patrick Corrigan from the Chicago Health Disparities Center (www.Chicagohealthdisparities.org) has worked with a team of peer service providers to develop a webinar summarizing research and practice findings. Corrigan’s group is providing the webinar for free in real-time or as an online archived resource to any interested group. Corrigan’s team is also able to attend conferences to present the information face-to-face; all costs will be covered by his center. Corrigan can be reached at corrigan@iit.edu.

**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**

**Assisted Outpatient Treatment Program for Individuals with Serious Mental Illness (SM-20-006)**

- **Funding Mechanism:** Grant
- **Anticipated Total Available Funding:** $13,398,000
- **Anticipated Number of Awards:** 14
- **Anticipated Award Amount:** Up to $1,000,000 per year
- **Length of Project:** 4 years
- **Cost Sharing/Match Required?**: No

**Application Due Date:** Friday, January 24, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (Short title: Assisted Outpatient Treatment [AOT]). This four-year program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with courts to allow these individuals to obtain treatment while continuing to live in the community and their homes.

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

**Contacts:**
- **Program Issues:** David Barry, Center for Mental Health Services (CMHS) Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-0116, david.barry@samhsa.hhs.gov.
- **Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, FOACMHS@samhsa.hhs.gov.
2020 Marketplace Open Enrollment IN TWO DAYS

The enrollment window is open for the 2020 Marketplace health insurance. Here are important dates to remember and some things you can do to get ready.

Key Dates & Deadlines
The 2020 Open Enrollment Period runs November 1 to December 15, 2019. This means you have six weeks to enroll in or renew a plan.

Just 2 days remain. Plan coverage starts January 1, 2019.

3 Ways to Stay Connected with the Marketplace
Sign up for deadline reminders, useful tips, and more so you don’t miss your chance to enroll.

- Get important email or text updates. Visit the HealthCare.gov homepage, and enter your email address under “Get Important News & Updates.” Click “Sign Up.”
- Connect with someone in your community who can answer your questions. Enter your ZIP code for a list of groups and people near you. Some even offer help in languages other than English.

Find us on social media. Follow us on Twitter and like us on Facebook for late-breaking news and important updates.

SAMHSA’s GAINS Center is soliciting applications from communities interested in Sequential Intercept Model (SIM) Mapping Workshops (SIM Workshops). SIM Workshops are designed to bring together a local, cross-system, multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice and behavioral systems can be reduced through the development of integrated local strategic plans. SIM Workshop participants are expected to be drawn, in large part, from local criminal justice and behavioral health agencies and organizations.

The GAINS Center is accepting applications for two types of SIM Workshops:

**SIM Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use:** These SIM Workshops will focus specifically on identifying and treating opioid use disorders across all the intercepts of the Sequential Intercept Model, including screening and assessment, diverting individuals out of the criminal justice system and into appropriate community-based treatment programs, implementing or expanding medication-assisted treatment (MAT), and maintaining continuity of care through transitions in and out of custody.

**Traditional SIM Workshops:** These SIM Workshops will focus on identifying and responding to the needs of adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system.

Applications for both types of SIM Workshops are due by December 20, 2019. Download the applications and apply today.
Implementing and Sustaining Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Equity in Outcomes (R34 Clinical Trial Required) – RFA-MH-20-401

Open Date (Earliest Submission Date) / Letter of Intent Date: January 24, 2020
Application Due Dates: February 24, 2020 & August 25, 2020, both, 5:00 p.m. Local Time of Applying Entity
Earliest Start Date: September 2020 & April 2021, respectively

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

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

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

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

Eligible Applicants

Public/State Controlled Institutions of Higher Education Private Institutions of Higher Education

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

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

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

Small Businesses For-Profit Organizations Other Than Small Businesses

State Governments County Governments City or Township Governments Special District Governments

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

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

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

Faith-Based or Community-Based Organizations Regional Organizations

NOT Eligible to Apply: Non-domestic (non-U.S.) Entities (Foreign Institutions). Non-domestic (non-U.S.) components of U.S. Organizations. Foreign components, as defined in the NIH Grants Policy Statement.
Approximately 100,000 young persons in the United States experience a first episode of psychosis every year. During the same interval, it is estimated that over one million children and adolescents experience problems in perception, thinking, mood, and social functioning suggestive of a pre-psychosis risk state. Given the highly disruptive and disabling nature of psychotic disorders, early intervention has been recommended as a means of preventing psychosis onset among at-risk individuals, as well as averting other adverse outcomes such as mood syndromes, substance abuse disorders, and functional decline in social, academic, and vocational domains.

Researchers have noted that clinical heterogeneity within the CHR population presents a substantial challenge for intervention development. Approaches for addressing this heterogeneity to enable future intervention trials require the development of tools to address: (a) defining a core set of clinical and functional outcomes beyond onset of psychosis to include affective, cognitive, and negative symptom domains and functional outcomes; (b) prospective stratification of CHR individuals into more homogeneous risk subtypes to predict the likelihood of clinical outcomes; and (c) testing of interventions that target hypothesized underlying mechanisms for emerging psychosis, mood syndromes, and functional disability.

This FOA invites applications to establish a collaborative multi-site network(s) to rapidly recruit and characterize a sufficient number of CHR participants to dissect the heterogeneity of the CHR syndrome and predict differential outcomes. The tools and results generated from these studies are anticipated to advance intervention development and treatment for the CHR syndrome.

The ultimate outcome of project(s) funded under this FOA and companion RFA-MH-20-341 will be a set of validated tools - biomarkers, biomarker algorithms, and outcome measures - for selection of help-seeking/CHR subjects for enrollment in future clinical trials, to serve as readouts of early treatment effects, and/or to monitor disease progression and clinical and functional outcomes.

Eligible Applicants

Public/State Controlled Institutions of Higher Education
Private Institutions of Higher Education

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

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Regional Organizations

Non-domestic (non-U.S.) Entities (Foreign Institutions) are eligible to apply. Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply. Foreign components, as defined in the NIH Grants Policy Statement, are allowed.
NIMH Funding Opportunity Announcement

Clinical High Risk for Psychosis: Data Processing, Analysis, and Coordination Center (U24) – RFA – MH – 20 - 341

Open Date (Earliest Submission Date) / Letter of Intent Date: December 31, 2019
Application Due Date: January 31, 2020, 5:00 p.m. Local Time of Applying Entity
Earliest Start Date: September 2020

This Funding Opportunity Announcement (FOA) invites applications for a CHR Data Processing, Analysis and Coordination Center (DPACC) to support and extend the work of the proposed Clinical High Risk for Psychosis Research Network to be funded under RFA-MH-20-340. The DPACC will provide oversight and coordination of two parallel lines of inquiry: 1) The aggregation of extant CHR-related data sets and subsequent secondary analyses for refinement of multi-modal biomarkers and development of biomarker algorithms that predict individual clinical trajectory and outcomes and 2) the management, direction, and overall coordination, including data processing and analysis, for a new multi-site network(s) focused on dissecting the heterogeneity of the CHR syndrome. Toward achieving the first goal, the DPACC – in conjunction with NIMH and external working groups - will identify appropriate extant CHR data sets, aggregate and harmonize the data through development of a standardized processing and analysis pipeline for each data type, upload the data to the NIMH Data Archive (NDA), use computational techniques to identify and validate biomarker algorithms and/or risk calculators that predict the clinical trajectories and outcomes for individual patients, and establish a curated public data set that will serve as a resource for the research community.

Toward achieving the second goal of acquisition of new data via establishment of multi-site CHR cohort(s), the DPACC will provide the organizational framework for the management, direction, and overall coordination of a multi-site network(s) and will lead efforts, in conjunction with NIMH and external working groups to: (a) harmonize common data elements, standard measures, and uniform data collection procedures across multiple CHR/early psychosis research sites within the network; (b) assume responsibility for quality assurance and reliability assessments; (c) insure uniform standards for adverse event reporting, safety and protocol deviation monitoring; (d) build informatics infrastructure and pipelines necessary to gather, process and upload de-identified, patient-level data collected across all research sites to NDA; (e) develop data analysis, presentation, and reporting tools to facilitate analyses of clinical and biomarker date generated by the CHR networks described in RFA-MH-20-340; and (f) coordinate analyses of the newly acquired data for the identification of biomarkers or biomarker algorithms that are predictive of clinical trajectories and outcomes.

Eligible Applicants

Public/State Controlled Institutions of Higher Education
Private Institutions of Higher Education

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The Centers for Medicare & Medicaid Services (CMS) Seeks Members for Two Technical Expert Panels (TEPs):

1. Home and Community-Based Services (HCBS) Measures TEP; and
2. Medicaid and Children’s Health Insurance Program (CHIP) Scorecard Measures Gap Development TEP.

CMS has contracted with The Lewin Group (Lewin) to work on a variety of measure development activities through a large project entitled Home and Community-Based Services Measure Development, Endorsement, Maintenance, and Alignment Contract. As part of its measure development process, Lewin will convene groups of stakeholders and experts for two distinct, unrelated TEPs that contribute direction and input during the development and maintenance lifecycle of measures covered under this scope of work. One TEP is focused on HCBS measurement development and the other TEP is focused on addressing gaps in the Medicaid and CHIP Scorecard across a variety of topics.

Each TEP will seat approximately 15 individuals, including HCBS providers, individuals or family members, representatives from stakeholder groups impacted by the measure(s), clinicians, state Medicaid and CHIP administrators, researchers, health information technology (IT) experts, and others with differing perspectives and areas of subject matter expertise.

- Subject matter expertise valuable to the **HCBS Measures TEP** includes: HCBS delivery and functional assessment items/data collection instruments used in HCBS settings (e.g., familiarity with the Functional Assessment and Standardized Items (FASI) or similar instruments, familiarity with eligibility determinations and reassessments); HCBS programs, person-centered planning, long-term services and supports (LTSS), systems, best-practice models, and assessment methods/tools, as well as knowledge of cross-walking efforts related to current health care assessment instruments; Experience of care within HCBS (e.g., familiarity with the Consumer Assessment of Healthcare Providers and Systems [CAHPS®] Home and Community Based Services Survey [HCBS CAHPS®] and similar instruments); Individual, family member, and caregiver perspective; Health IT and interoperability experience; Managed Long Term Services and Supports (MLTSS); Outcome measurement; and Quality improvement.

- Subject matter expertise valuable to the **Medicaid and CHIP Scorecard Measures Gap Development TEP** includes: Medicaid and/or CHIP quality and data reporting; Medicaid and/or CHIP adult healthcare quality issues; Individual beneficiary/family member (caregiver) perspective; Behavioral health; HCBS care and delivery; Outcome measurement; and Quality improvement.

Both TEP nomination periods open on Thursday, December 12, 2019 and close on Thursday, January 16, 2020. Please submit all nomination materials by close of business (8:00 pm EST) on the closing date. Additional information about the TEP and nomination requirements.
Zero Suicide International 5
May 10 to 12, 2020, Anfield Stadium, Liverpool, UK
in Partnership with Mersey Care NHS Foundation Trust

Leaders from countries around the world came together in Rotterdam, the Netherlands in September 2018 for Zero Suicide International 4. As a result, the 2018 International Declaration was produced with a video complement, The Zero Suicide Healthcare Call to Action.

During the fifth international summit, our goal is to identify the three next key steps through inspiration, ideation, and implementation.

Please note a key change for 2020: Prior ZSI events have been invitation only. Our first three events in 2014, 2015, and 2017 were all part of the International Initiative for Mental Health Leadership (IIMHL) events and followed their small match meeting format (with 40 to 70 participants only), with Rotterdam in 2018 being the first ZSI event to stand on its own (over 100 leaders joined). For Liverpool 2020, we will partner with Joe Rafferty and, together with the Zero Suicide Alliance hosting up to 500 or more in the Liverpool Football Club. For the first time, no invitation will be required and all interested in advancing safer healthcare are welcome to join.

In order to ensure the Liverpool summit maintains the strong focus on networking and action steps of our prior more intimate convenings, we are working with the Flourishing Leadership Institute and their amazing team experienced in whole-system transformation. We’ll be harnessing the complete power of the group’s collective experience and imagination to drive forward the next successes in Zero Suicide Healthcare, and everyone who participates will be engaged.

Interested in becoming a sponsor? Contact karen.jones@riinternational at RI International or justine.maher@merseycare.nhs.uk at Mersey Care for details on available sponsorship packages. We’re excited the American Foundation for Suicide Prevention has again committed their support and look forward to connecting with many others who will help us make this event and its outcomes a success.
How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners—the National Suicide Prevention Lifeline and Vibrant Emotional Health, the National Action Alliance for Suicide Prevention, the National Council for Behavioral Health, and RI International—have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person’s perspective, whether that’s an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university choosing legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

#CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of CrisisNow.com, a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit www.CrisisNow.com/talk.

## THIS WEEK: Barbara Stanley, Ph.D., a Professor at Columbia University and Director of the Suicide Prevention Training Program at New York State Psychiatric Institute, Says Safety Planning Intervention Fills a Critical Gap in Suicide Prevention

People plan out what to do in case of an emergency. From an early age, schools implement fire drills and teach children to stop, drop, and roll if their clothes catch fire. On every flight, attendants point out emergency exits and remind passengers what to do if the plane loses cabin pressure or winds up landing in a body of water. Barbara Stanley, Ph.D., a professor at Columbia University and director of the Suicide Prevention Training Program at New York State Psychiatric Institute, says knowing what to do ahead of time is essential because people in an emergency situation don’t think clearly. “In a crisis, we are panicked and not great at generating solutions. The same is true when someone is experiencing an acute suicidal state. It’s a dire event that requires taking steps to prevent acting on suicidal thoughts.” Dr. Stanley says it’s no less critical for people to have a plan in place in case of a psychiatric crisis than any other type of emergency.

### Crisis Now Partners:

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

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

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

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

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

**LEARN MORE**

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#CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change. #CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of CrisisNow.com, a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit www.CrisisNow.com/talk.
NOW RECRUITING

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

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

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

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

What can teams EXPECT?

- Comprehensive, role-specific training for all team members, including peers, offered at no charge to teams
- Courses, consultation calls, and a community of practice led by experts in the field. See reverse for full list of expert trainers.
- Opportunity for refresher training for existing teams and teams with new members.
- Trainings will start in March of 2020
- Opportunity to provide critical feedback on a new CSC training tool

HOW CAN MY AGENCY TAKE PART?

Call our Research Coordinator, Effy: 347-762-9086
Or email: cscstudy@center4si.com
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SM-20-07)

- Funding Mechanism: Grant
- Anticipated Total Available Funding: $24,708,000
- Anticipated Number of Awards: 6 to 24
- Anticipated Award Amount: $1M to $3M per year
- Length of Project: Up to 4 Years
- Cost Sharing/Match Required?: Yes

Application Due Date: Monday, February 3, 2020

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Grants). The purpose of this program is to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (SED), and their families. This program will support the implementation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI).

Eligibility: Eligibility is limited to public entities, which refers to the following:
- State governments and territories (i.e., the District of Columbia; the Commonwealth of Puerto Rico; the Northern Mariana Islands; the Virgin Islands; Guam; American Samoa; the Republic of Palau; the Federated States of Micronesia; and the Republic of the Marshall Islands);
- Governmental units within political subdivisions of a state (e.g., county, city, town);
- Federally recognized American Indian/Alaska Native (AI/AN tribal organizations, as defined in Section 5304(b) and Section 5304(c) of the Indian Self-Determination and Education Assistance Act.

Recipients that are currently funded under SM-17-001 or SM-19-009 are not eligible to apply for funding under this FOA.

Contacts:
Program Issues: Diane Sondheimer, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1922, diane.sondheimer@samhsa.hhs.gov.
Tanvi Ajmera, Center for Mental Health Services, SAMHSA, (240) 276-0307, tanvi.ajmera@samhsa.hhs.gov.


Webinar: Making Health Care Transition Work for Youth with Autism
Friday, December 13
2:00 p.m. to 3:00 p.m. E.T.

On December 13, 2019, the National Institute of Mental Health is sponsoring a webinar about transitioning from pediatric to adult health care for youth with autism.

This webinar will feature a parent and daughter discussing their experiences and perspectives about making the health care transition.

Topics will include:
- What information and help from your health care provider would be most useful,
- Concerns about making the shift to adult care, and
- Suggestions for health care providers for pediatric and adult patients to make the transition successful for youth and young adults with autism and their caregivers.

This webinar will also provide new and useful resources available at Got Transition, the national resource center on health care transition supported by the federal Maternal and Child Health Bureau, Health Resources and Services Administration.

Presenters:
- Allysa and Lauren Ware, Family Voices
- Sarah McLellan, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services
- Peggy McManus, Got Transition/The National Alliance to Advance Adolescent Health

Pre-Registration is not Necessary. Join Webex Meeting HERE
Transitions of care are the movements of patients between providers or clinical settings which typically occur when primary care providers refer patients to specialty care, or when patients are discharged from the hospital to subsequent care settings. During care transitions, critical information aimed to improve the patient’s condition and health outcomes needs to be accurately communicated and coordinated between health professionals, the patient, and the family to ensure that safe, high-quality care is provided and care continuity is maintained.

This Funding Opportunity Announcement (FOA) invites R01 grant applications for funding health services research that improves the quality of care and patient outcomes during transitions of care. The purpose of this FOA is to support large-scale research projects that rigorously test promising interventions aimed at improving communication and coordination during care transitions.

The overarching objective for this FOA is to improve the quality of care and patient outcomes during care transitions. This FOA aims to support large-scale health services research projects that seek to test promising health information technology solutions to facilitate communication and care coordination as patients transition between providers, healthcare settings, and their communities.

Research should be designed to rigorously test solutions that enable or facilitate care transitions between providers, health care settings, and the community. A theoretical framework should inform the research study and incorporate the use of a Care Transitions Model (e.g., Chronic Care Model (CCM), Project Re-engineered Discharge (RED), Care Transitions Intervention (CTI), and INTERACT) when appropriate.

This FOA is focused on three research areas of interest. Examples of research projects responsive to this FOA include but are not limited to those expressed within the following research areas of interest:

- **Care transitions between primary care, acute care, and specialty providers** - Finding required patient data at the point of care is too often an issue when multiple providers maintain different pieces of a patient's health data. When patients navigate between primary care and specialty care providers, data sharing and coordination of care are key ingredients to ensure that the care is value-based. Ineffective data sharing and care coordination can result in delayed diagnosis, medication errors, and even mortality. There is a need to (1) understand the types of information exchange that will optimize patient care during these transitions and (2) provide evidence-based, solutions to enable the exchange. AHRQ is interested in receiving applications that will rigorously test innovative solutions that facilitate data sharing and care coordination activities (i.e., care planning, medication reconciliation, referral tracking, and follow up appointment tracking) during care transitions between primary care, acute care, and specialty providers. AHRQ is also interested in understanding if the utilization of telehealth modalities requires different types of exchange and would welcome applications that conduct the care transition research when specialty care is provided via telehealth.

- **Care transitions between different institutional care settings** - Information exchange is critical to high-quality care transitions between institutional care settings particularly between acute and post-acute care settings. Too often, patients are readmitted to acute care facilities just a few days after their admission to the post-acute setting. Additionally, patients often have hospital readmissions upon discharge from post-acute settings to home, which could be prevented with better information sharing and coordination. Employing better, evidenced-based solutions to facilitate information exchange between these care settings is required. AHRQ is interested in receiving applications that will rigorously test innovative solutions that facilitate communication and coordination for patients that are transferred between institutional care settings during care transitions and from these settings to home. AHRQ has a particular interest in improving care for MCC patients and would welcome applications that will rigorously test innovative solutions that facilitate the sharing of information about treatment decisions, care coordination, and care integration for MCC patients during various institutional care transitions.

- **Care transitions with a focus on patients, their families and communities** - Patients, family care givers, and community resources including home care, long-term care services and supports are critical to maintaining optimum health during care transitions. There is a need to understand how new approaches can improve health outcomes by engaging patients and family caregivers and facilitating communication and coordination with needed community resources. AHRQ is interested in receiving applications that will rigorously test innovative solutions that support patient self-management activities during care transitions back home. AHRQ is also interested in applications that rigorously test innovative solutions that automatically link patient and family caregivers to community resources.

AHRQ recognizes there may be cases where grant applicants will propose research that crosses the research categories of interest mentioned above. The agency welcomes these research proposals for funding consideration.

**Eligible Applicants**

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<td>Regional Organizations</td>
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Grants for Outreach and Services to Underserved Populations (CFDA-16.889)

Funding Mechanism: Grant
Anticipated Number of Awards: 10
Length of Project: 36 Months
Application Due Date: Monday, February 12, 2020

Anticipated Total Available Funding: $4,500,000
Anticipated Award Amount: $450,000
Registration & Letter of Intent Due: January 23, 2020
Estimated Start Date: October 1, 2020

Grants for Outreach and Services to Underserved Populations (Underserved Program) was authorized to develop and implement outreach strategies targeted at adult or youth victims of domestic violence, dating violence, sexual assault, or stalking in underserved populations and to provide victim services to those victims. Survivors from underserved populations face challenges in accessing comprehensive and effective victim services that fully meet their needs. As a result, survivors of these crimes from underserved communities often do not receive appropriate services.

1. Working with federal, state, tribal, territorial and local governments, agencies, and organizations to develop or enhance population specific services.
2. Strengthening the capacity of underserved populations to provide population specific services.
3. Strengthening the capacity of traditional victim service providers to provide population specific services.
4. Strengthening the effectiveness of criminal and civil justice interventions by providing training for law enforcement, prosecutors, judges and other court personnel on domestic violence, dating violence, sexual assault, or stalking in underserved populations.
5. Working in cooperation with an underserved population to develop and implement outreach, education, prevention, and intervention strategies that highlight available resources and the specific issues faced by victims of domestic violence, dating violence, sexual assault, or stalking from underserved populations.

The term “population specific services” means victim-centered services that address the safety, health, economic, legal, housing, workplace, immigration, confidentiality, or other needs of victims of domestic violence, dating violence, sexual assault, or stalking, and that are designed primarily for and are targeted to a specific underserved population.

Eligible Applicants
1. Population specific organizations that have demonstrated experience and expertise in providing population specific services in the relevant underserved communities, or population specific organizations working in partnership with a victim service provider or domestic violence or sexual assault coalition.
2. Victim service providers offering population specific services for a specific underserved population.
3. Victim service providers working in partnership with a national, State, tribal, or local organization that has demonstrated experience and expertise in providing population specific services in the relevant underserved population.

Pre-Application Webinar: OVW will conduct an optional web-based pre-application information session for entities interested in submitting an application for this program. During this session, OVW staff will review the program’s requirements, review the solicitation, and allow for a brief question and answer period. The session is tentatively scheduled for Wednesday, January 15, 2020 from 2:00 p.m. to 4:00 p.m. E.T.

Contact Information: For technical assistance with submitting an application for either of these grants, contact the Grants.gov Customer Support Hotline at 800–518–4726, 606–545–5035, at https://www.grants.gov/web/grants/support.html, or at support@grants.gov. The Grants.gov Support Hotline operates 24 hours a day, 7 days a week, except on federal holidays.
CIT International Releases Guide to Best Practices in Mental Health Crisis Response
Now Available for Download or Purchase

CIT International has released Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises, the first comprehensive guide for communities to best practices for starting and sustaining CIT programs.

A main focus of the guide is helping readers understand best practices for mental health crisis response systems, including the mental health services necessary for a quality crisis response and how to improve communication, reduce trauma, and keep people in crisis out of the justice system as much as possible. The guide highlights how communities can serve people in crisis through mental health services and peer support without the involvement of law enforcement.

In the Guide’s preface, Major Sam Cochran and Dr. Randolph Dupont, co-founders of the Memphis CIT program, say, “This guide will share with you the hard-won lessons we have learned from more than 30 years of practice…The hardest lesson we’ve learned is about the temptation of training.”

Throughout the guide, CIT leaders across the country echo this sentiment: officer training is one small piece of a puzzle that should include strong, sustained partnerships, program infrastructure, and systemic changes to law enforcement and mental health systems.

The guide takes a practical approach, providing examples and templates to inspire CIT programs, and worksheets to help facilitate difficult conversations among partners. Each chapter includes a case study from a CIT program, highlighting how communities are implementing CIT in different contexts. For example, Chapter 2: Make a Commitment, describes how rural Malheur County, Oregon, built a strong CIT steering committee, and Chapter 6: Sustain and Grow Your CIT Program, features Ohio’s statewide CIT network. In addition, more than 20 current and former board members of CIT International weighed in, along with dozens of advocates, mental health professionals and law enforcement from local programs—ensuring the guide reflects best practices from experienced CIT leaders and programs across the US.

Three leading national organizations that have partnered projects included in the guide—the National Alliance on Mental Illness (NAMI), the National Council for Behavioral Health, and Policy Research Associates, Inc., have offered their endorsement. Patrick J. Kennedy, a former U.S. Representative and founder of The Kennedy Forum, says “Widespread crisis intervention strategies and techniques are critical to addressing rising rates of overdoses and suicides that continue to devastate families nationwide. Now, more than ever, we have to break the all-too-common cycle of sending those with mental health and substance use disorders through the criminal justice system. This guidebook is an essential resource for communities to do their part.”

Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises includes seven chapters that guide local mental health advocates, mental health professionals, law enforcement and community leaders through the process of starting and sustaining their CIT programs.

- Chapter 1: Learn about Crisis Intervention Team (CIT) Programs and Find Allies
- Chapter 2: Make a Commitment
- Chapter 3: Understand Your Crisis Response System
- Chapter 4: Build the Infrastructure for CIT
- Chapter 5: Plan and Deliver Officer Training
- Chapter 6: Sustain and Grow Your CIT Program
- Resources and Examples

Read the Guide Today!

DOWNLOAD File for Desktop Printing  DOWNLOAD Interactive Web Version

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

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
New Training Offering

Group Training Course on the Mental Health Aspects of IDD for Mobile Crisis Responders

The Center for START Services (CSS) is pleased to announce a new 6-week web-based training course designed for mobile crisis responders who support individuals with IDD and mental health needs. The course will teach best practices in crisis assessment, response, and disposition and is highly recommended for the following providers:

- Mobile Crisis Responders, Clinicians & Supervisors
- Mental Health and/or IDD Case Managers /Service Coordinators
- Emergency Services Clinicians

The MHIDD Crisis Response course will be offered quarterly with the first starting on January 14, 2020. Sessions are 75 minutes long and will take place each week on Tuesdays from 3:00 p.m. to 4:15 p.m. EST. The registration fee for this training course is $149 per person and space is limited.

Course Learning Objectives:

- Identify how common mental health conditions may present in persons with IDD
- Identify the most common mental health conditions within the IDD population
- Clarify difference between presentation and conceptualization
- Apply skills and approaches learned within sessions to crisis assessments of individuals with MH/IDD
- Integrate information learned into disposition recommendations

Certificate of Completion Requirements: In order to receive a CSS Certificate of Completion for Training in Mobile Crisis Response for Persons with MH/IDD and 0.75 University of New Hampshire CEUs (7.5 contact hours), participants must:

- Attend each session via Zoom videoconferencing
- View/read weekly assigned materials before session date
- Complete weekly case vignette assignments
- Actively participate in each session
- Communicate with facilitator about any questions or feedback
- Complete pre-survey, evaluation & post-survey

Register Here for the MHIDD Mobile Crisis Response Course

Please share this training announcement with partners in your community, outside your direct service area, as well as anyone that you think might benefit from this training. This is not a required training for any START teams but one that may enhance the capacity of mobile crisis providers in and around communities with START programs.
Reducing Substance Use Disorders Information Session

The Medicaid IAP Reducing Substance Use Disorders (SUD) program area is launching two new technical assistance opportunities for Medicaid agencies. All interested states are encouraged to attend an information session on **Tuesday, December 17, 2019 from 2:00 pm to 3:00 pm EST**.

During the information session, states will learn about the two technical assistance opportunities and state selection process and have an opportunity to ask questions. These collaborative learning opportunities are:

- **Medication-Assisted Treatment (MAT):** Participating states will focus on methods to improve and expand MAT delivery services.
- **SUD Data Dashboards:** Participating states will design and/or update SUD data dashboards for internal and/or external audiences.

These opportunities are open to states at all levels of expertise and experience. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar.

**Register Now**
Grants for the Benefit of Homeless Individuals (TI-20-001)

Funding Mechanism: Grant
Anticipated Total Available Funding: $5,204,000
Anticipated Number of Awards: 13
Length of Project: 5 years
Anticipated Award Amount: Up to $400,000 per year
Cost Sharing/Match Required?: No

Application Due Date: Monday, December 16, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for Federal Fiscal Year (FY) 2020 Grants for the Benefit of Homeless Individuals (Short Title: GBHI). The purpose of this program is to support the development and/or expansion of local implementation of a community infrastructure that integrates substance use disorder treatment, housing services and other critical services for individuals (including youth) and families experiencing homelessness.

Eligibility: Eligible applicants are domestic public and private non-profit entities. SAMHSA seeks to further expand the impact and geographical distribution of its targeted homeless programs. Therefore, recipients funded under the following announcement numbers are not eligible to apply for this funding opportunity:

- TI-17-009 (GBHI) – Grants funded in FY 2017, 2018, and 2019
- SM-18-014 (Treatment for Individuals Experiencing Homelessness) – Grants funded in 2018 and 2019

In addition, the statutory authority for this program specifies that these grants must be made to community-based public and private non-profit entities. Therefore, states are not eligible to apply.

Contacts:
- Program Issues: Michelle Daly, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), (240) 276-2789, Michelle.daly@samhsa.hhs.gov.

Expansion of Practitioner Education (FG-20-001)

Funding Mechanism: Grant
Anticipated Total Available Funding: $2,000,000
Anticipated Number of Awards: 10 to 20
Length of Project: 2 years
Anticipated Award Amount: Up to $250,000 per year for professional associations; Up to $100,000 per year for universities/professional schools
Cost Sharing/Match Required?: No

Application Due Date: Monday, December 16, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Federal Fiscal Year (FY) 2020 Expansion of Practitioner Education (Short Title: Prac-Ed) grant. The purpose of this program is to expand the integration of substance use disorder (SUD) education into the standard curriculum of relevant healthcare and health services education programs. Through the mainstreaming of this education, the ultimate goal is to expand the number of practitioners to deliver high-quality, evidence-based SUD treatment. The National Survey on Drug Use and Health (NSDUH) 2018 data indicate that an unacceptably high 92% of individuals who meet criteria for needing SUD treatment do not receive it. SAMHSA is implementing this program as one of the many steps to reduce barriers to accessing and providing care.

Eligibility: Public or private non-profit professional associations representing healthcare professionals in the fields of medicine, physician assistants, nursing, social work, psychology, marriage and family therapy, health services administration OR public or private nonprofit entities which are universities, colleges or other professional schools.

Recipients who received funding under FG-19-001 are not eligible to apply for funding under this FOA.

Contacts:
National Child Traumatic Stress Initiative – Category II (SM-20-004)

Funding Mechanism: Grant
Anticipated Total Available Funding: $4,200,000
Anticipated Number of Awards: 7
Anticipated Award Amount: Up to $600,000 per year
Length of Project: 5 years
Cost Sharing/Match Required?: No
Application Due Date: Monday, December 23, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 National Child Traumatic Stress Initiative (NCTSI) - Category II, Treatment and Service Adaptation (TSA) Centers grants (Short title: NCTSI II). The purpose of the TSA Centers is to provide national expertise for specific types of traumatic events, population groups, and service systems, and support the specialized adaptation of effective evidence-based treatment and service approaches for communities across the nation.

To date, the NCTSI has developed and implemented evidence-based interventions and promising practices to reduce immediate distress from exposure to traumatic events; developed and provided training in trauma-focused approaches and services for use in child mental health clinics, schools, child welfare, and juvenile justice settings, among other service areas; and developed widely used intervention protocols for disaster victims.

The TSA Centers develop activities that improve outcomes for traumatized children, adolescents, and their families. The centers are expected to provide training on best practices in child trauma to mental health, social service, and other child service system providers. The centers are expected to have national expertise in an area of child trauma, early intervention, and mental disorder treatment provision.

Note: Geographic distribution to ensure appropriate coverage across the nation will be considered when funding applications.

Eligibility: Domestic public and private non-profit entities. NCTSI II recipients funded under SM-16-008 are not eligible to apply for funding under this FOA.

Contacts:
Program Issues: Ken Curl, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration(SAMHSA). (240) 276-1779, kenneth.curl@samhsa.hhs.gov.

National Child Traumatic Stress Initiative – Category III (SM-20-005)

Funding Mechanism: Grant
Anticipated Total Available Funding: $4,200,000
Anticipated Number of Awards: 10
Length of Project: 5 years
Anticipated Award Amount: Up to $400,000 per year
Cost Sharing/Match Required?: No
Application Due Date: Monday, December 23, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 National Child Traumatic Stress Initiative (NCTSI) - Category III, Community Treatment and Service (CTS) Centers grants (Short title: NCTSI III). The purpose of this program is to provide and increase access to effective trauma-focused treatment and services systems in communities for children and adolescents, and their families who experience traumatic events throughout the nation.

Eligibility: Domestic public and private non-profit entities. NCTSI III recipients funded under SM-16-005 are not eligible to apply for funding under this FOA.

Contacts:
Program Issues: Ellen Dieujuste, Center for Mental Health Services (CMHS), SAMHSA, (240) 276-0734, Ellen.Dieujuste@samhsa.hhs.gov.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Recovery Community Services Program (TI-20-002)

Funding Mechanism: Grant
Anticipated Total Available Funding: $1,761,000
Anticipated Number of Awards: 6
Anticipated Award Amount: Up to $300,000 per year
Length of Project: 5 years
Cost Sharing/Match Required?: No

Application Due Date: Monday, December 23, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2020 Recovery Community Services Program (Short Title: RCSP). The purpose of this program is to provide peer recovery support services via recovery community organizations to individuals with substance use disorders or co-occurring substance use and mental disorders or those in recovery from these disorders. The program's foundation is the value of lived experience of peers to assist others in achieving and maintaining recovery. These services, in conjunction with clinical treatment services, are an integral component of the recovery process.

Eligibility: SAMHSA is limiting eligibility for this program to Recovery Community Organizations (RCOs) that are domestic private non-profit entities in states, territories, or tribes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the addiction recovery community are eligible to apply. In order to strengthen and expand the impact of this program across the nation and ensure broad geographic distribution, SAMHSA will make only one award per state, territory, or tribe.

Contacts:
Program Issues: Matthew Clune, Center for Substance Abuse and Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1619, matthew.clune@samhsa.hhs.gov.

The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC) is pleased to announce the launch of their website! The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University. Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities. Please visit their website at https://mhddcenter.org/ for more information on their upcoming trainings and efforts or contact them directly at info@mhddcenter.org.
National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. Visit the new NCAPPS website for more information.

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Register Link</th>
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<tbody>
<tr>
<td>December 17, 2:30 p.m. to 4:00 p.m. E.T.</td>
<td>Finding the Balance: Person-Centered Supports that Honor Safety and Dignity of Risk</td>
<td>Register HERE</td>
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<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 1 of 2)</td>
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<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 2 of 2)</td>
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<td>April 2020</td>
<td>Inclusion &amp; Belonging and Implications for Person-Centered Thinking, Planning, &amp; Practice</td>
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<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
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<td>June 2020</td>
<td>Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?</td>
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<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
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<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
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<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
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<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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UPCOMING EVENTS

Free Virtual Learning Collaboratives for December

Peer Support: From Position Description to Integrated Team Member – Starts December 2

Peer support is an important, evidence-based element of behavioral health service delivery. Obtain a top-to-bottom overview on the role of peer specialists and find best practices to integrate and support them within your current mental health care team. Earn up to 12.0 AMA PRA Category 1 Credits™.

In this 12-week, interactive learning experience you work together with colleagues to develop a step-by-step action plan. The plan serves as your evidence-based blueprint for how to bring peer support into your behavioral health agency, health system, or mental health practice. Learn and apply new skills in important areas such as how to:

- Integrate, sustain and support peer specialists in your organization
- Understand the roles and expectations of peer specialists, and ensure you utilize their skills in the best ways possible
- Avoid pitfalls and barriers by using an evidence-based approach
- Evolve your practice/organization to a recovery-oriented culture

Participate in live online discussions with faculty. Post comments, share ideas, and find guidance on interactive discussion boards. Add your experience and knowledge to build on the principles you find in the course and contribute each week to progress towards the final action plan. The time you invest in this learning collaborative helps you translate skills directly from concept into actionable care that benefits your practice or organization.

Register HERE

Building and Using a Comprehensive Psychiatric Mental Health Nursing Assessment – Starts December 11

Focus on advanced skills and enhance your practice around serious mental illness (SMI) by building and using a comprehensive psychiatric mental health nursing assessment. Earn up to 6.0 contact hours of Nursing Continuing Professional Development (NCPD, formerly CNE).

This 12-week, interactive learning experience takes you on a deep dive into innovative assessment and monitoring strategies. It helps you address specific health care issues and risks you may encounter in patients with SMI, which helps you provide more effective care. Learn and apply new skills in important areas such as how to:

- Develop a treatment plan informed by assessment
- Establish a process for systemized tracking of symptom response, side effects, and common medical issues and comorbidities that may impact your patients who have SMI
- Understand current and evolving strategies in psychopharmacology to treat symptoms associated with SMI
- Monitor patient progress using documentation
- Implement tips and techniques on motivational interviewing and SBAR
- Use new approaches for psychosocial treatment planning

This course is an ideal opportunity to consult with faculty experts and get real-time feedback. Participate in group calls with colleagues, ask questions during virtual office hours, and share ideas about your assessment approach on interactive discussion boards. The time you invest in this learning collaborative helps you translate skills directly from concept into actionable care for individuals who have SMI.

Register HERE

Grant Statement

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

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UPCOMING WEBINARS

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

The Role of Peer Support in Ending Social Exclusion and Loneliness

Friday, December 13, 12:00 p.m. to 1:00 p.m. E.T.

This webinar explores the benefits of peer support in combating loneliness and social exclusion, two factors that destroy health and happiness. Research has shown that the lack of “connectedness” to friends and community worsens psychiatric problems and leads to chronic illness and early mortality. Adults with mental health problems are one of the most excluded groups in society. People living with thought disorders, like schizophrenia, have the most difficulties in forming personal relationships of all disabilities. Social inclusion offers opportunities to re-engage with the community and form positive relationships. Mental Health America’s Social Self-Directed Care program and work compiled by the Temple University Collaborative on Community Inclusion emphasize the value of peer support in assisting individuals with serious psychiatric disorders form social connections and personal relationships.

Register HERE

Supporting Clients Who Have Been Justice-Involved

Friday, December 20, 12:00 p.m. to 1:00 p.m. E.T.

Individuals with SMI who have been involved in the criminal justice system face numerous challenges including additional stigma. They may also exhibit behaviors that were adaptive in correctional settings, but become maladaptive in other settings. Many of these persons have histories of trauma and their exposure to criminal justice processes can be further traumatizing. Many will have antisocial personality features that the mental health treatment provider may feel ill-equipped to support and may even not enjoy the work of working with these individuals, which can lead to personal burn out and difficulty with compassion. This can be especially true for patients with histories of aggression or even violence. In addition, individuals with SMI in the criminal justice system often have co-occurring substance use disorders and medical conditions that compound their complexity. The criminal justice system utilizes a rubric called the Risk-Need-Responsivity paradigm to identify individual risk of criminal recidivism. Interventions such as specific cognitive behavioral strategies are often used in criminal justice contexts to address some of the criminogenic thinking associated with such recidivism. This framework has been applied to broad populations even while more research is needed to determine how these methods can best fit for persons with SMI. This webinar will review these various topics to assist mental health professionals in supporting their patients who have had criminal justice involvement.

Register HERE

Accreditation - The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
Check Out the SMI Adviser’s Clozapine Center of Excellence

Visit SMIadviser.org/clozapine and join the conversation.
TA Network Webinars & Opportunities

**Friday, December 13**
3:00 p.m. to 4:30 p.m. E.T.

**Wednesday, December 18**
2:30 p.m. to 4:00 p.m. E.T.

**Friday, January 3**
2:00 p.m. to 3:30 p.m. E.T.

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**You’re Not Alone: Embracing Struggles in Youth Engagement**

Direct Connect: Led by Youth M.O.V.E. National, this LC is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country.

This webinar presented by Youth MOVE National Board V.P. David McClung will focus on lessons learned while supporting youth engagement and employment in systems work.

[Register Here](#)

**Strategies for Operationalizing Youth Voice and Leadership in Systems of Care**

This session of the SOC Leadership Learning Community will focus on approaches for incorporating youth voice and leadership in all aspects of SOC implementation and expansion. Youth voice and choice are fundamental to the SOC philosophy. Centering youth voice in services and engaging youth in overall governance of SOCs is the goal, but what does this look like in practice?

During this webinar, presenters will identify best practices for operationalizing youth engagement at multiple levels of SOCs and will share a tool with specific indicators that can be used to assess progress. Presenters will also help leaders to reflect on strengths and opportunities for implementation in their sites and to access resources to support their efforts.

[Register Here](#)

**Building Effective Partnerships with Schools**

School systems present a range of potential opportunities and challenges for families dealing with behavioral health needs. This webinar will present strategies and lessons learned from three organizations actively partnering with local school systems to better serve and support children and youth with behavioral health disorders and their families.

[Register Here](#)

**2020 Training Institutes, July 1 to 3, 2020**

Early Bird Savings!

For more than 30 years, the Training Institutes, a biennial event, have been the premier convening of leaders in Children’s Services. The 2020 Training Institutes, *What Could Be: Bolder Systems and Brighter Futures for Children, Youth, Young Adults, and their Families*, challenge us to build on existing delivery systems for Children’s Services with new ideas to meet the future.

[Register Now](#)

**33rd Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health**

Since 1988, this annual conference has been a leader in promoting the development of the research base essential to improved service systems for children and youth with mental health challenges and their families. Known widely as “The Tampa Conference,” this annual gathering of more than 700 researchers, evaluators, policymakers, administrators, parents, and advocates is sponsored by Child & Family Studies at the University of South Florida, in partnership with the Children’s Mental Health Network, Morehouse School of Medicine, the National Wraparound Initiative, Casey Family Programs, Florida Institute for Child Welfare, Institute for Translational Research Education in Adolescent Drug Abuse, Transitions to Adulthood Center for Research, Pathways to Positive Futures, Child & Family Evidence Based Practice Consortium, Family-Run Executive Director Leadership Association, the National Technical Assistance Network for Children’s Behavioral Health, and the Movember Foundation.
SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child’s Mental Health Campaign team, which was a collaboration between NASMHPD, Vanguard Communications (link is external), Youth MOVE National (link is external), and the Federation of Families for Children’s Mental Health (link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the University of Maryland’s TA Network.

Other organizations or entities seeking social marketing technical assistance, including State Behavioral Health Agencies, are welcome to contact NASMHPD. Additional social marketing instructional materials, training, and consultation may be available. If you’d like to discuss your needs and/or have questions about how we can help, please contact Leah Holmes-Bonilla. If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out this application form.

Tip Sheets and Workbooks

Getting Started
- Brand Development Worksheet
- Creating Your Social Marketing Plan
- Developing a Social Marketing Committee
- Social Marketing Needs Assessment

Social Marketing Planning
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

Hiring a Social Marketer
- Sample Social Marketer Job Description
- Sample Social Marketer Interview Questions

Engaging Stakeholders
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 Beyond Beds series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2018 10-paper follow-up to the Beyond Beds series is now up on the NASMHPD website. The 2018 papers take the 2017 theme one step further, to look at specific services offered in the community and factors impacting those services, covering such topics as early psychosis intervention, supportive housing and supported employment, suicide prevention for older persons, children’s crisis care coordination in the continuum of care, and trauma-informed interventions, as well as court-ordered referrals to determine competency to stand trial.

One of those papers, Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements, authored by Robert Shaw of the NASMHPD Research Institute (NRI), reviews a 2017 NRI survey of the extent to which psychiatric bed registries—a “centralized system that uses real-time tracking to monitor the availability of psychiatric beds” are being implemented in the United States. The study found that 16 states had bed registries and that an additional 8 states were in the process of planning or developing a bed registry. In just over one-half the states with bed registries (9 states), participation in the registry was voluntary and very few states reported having registries that were updated 24/7 with real-time information. The types of beds covered by the registries generally included beds in state and private hospitals, and general hospital psychiatric beds, but only a few covered crisis beds, either for mental illness or substance use disorders, or Veterans Administration beds.

The NASMHPD Technical Assistance Coalition series will continue in 2019.

Following are links to the other nine reports (in final draft) in the 2018 Technical Assistance Coalition series.

**Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes**

**Weaving a Community Safety Net to Prevent Older Adult Suicide**

**Making the Case for a Comprehensive Children’s Crisis Continuum of Care**

**Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach**

**Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention**

**Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness**

**A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness**

**Medical Directors’ Recommendations on Trauma-informed Care for Persons with Serious Mental Illness**

**Speaking Different Languages—Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1**
Visit the Resources at NASMHPD’s

Early Intervention in Psychosis (EIP) Virtual Resource Center

These TA resources, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, are now available for download!

**Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas** (Oscar Jimenez-Soloman, M.P.H, Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossell, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

**Training Guides**

**Training Videos: Navigating Cultural Dilemmas About** –
1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

**Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Best Practices in Continuing Care after Early Intervention for Psychosis** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Training Webinars for Receiving Clinicians in Community Mental Health Programs:**
1. Overview of Psychosis
2. Early Intervention and Transition
3. Recommendations for Continuing Care

**Addressing the Recognition and Treatment of Trauma in First Episode Programs** (Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loewy, Ph.D. & Tara Neindam, Ph.D.)

**Trauma, PTSD and First Episode Psychosis**

**Addressing Trauma and PTSD in First Episode Psychosis Programs**

**Supporting Students Experiencing Early Psychosis in Schools** (Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

**Engaging with Schools to Support Your Child with Psychosis**

**Supporting Students Experiencing Early Psychosis in Middle School and High School**

**Addressing Family Involvement in CSC Services** (Laurie Flynn and David Shern, Ph.D.)

**Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families**

**Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians**

**Early Serious Mental Illness: Guide for Faith Communities** (Mihran Kazandjian, M.A.)

**Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model** (Susan Essock, Ph.D. and Donald Addington, M.D.)

*For more information about early intervention in psychosis, please visit [https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)*
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NASMHPD Links of Interest


High School Personality Linked With Dementia Risk, Psychiatry and Behavioral Health Learning Network, October 22 & Association Between High School Personality Phenotype and Dementia 54 Years Later in Results From a National U.S. Sample, Chapman B.P., Huang A. & Peters K., et al., JAMA Psychiatry, October 16

New York State Medicaid Redesign Team (MRT) Waiver Extension and Renewal Request to the Centers for Medicare and Medicaid Services, New York State Department of Health Office of Health Insurance Programs, November 27

When Mental Illness Becomes a Jail Sentence, Paul Tullis, The Atlantic, December 9

Achieving Health Equity in Preventive Services (Comparative Effectiveness Review No. 222), Pacific Northwest Evidence-based Practice Center for Agency for Healthcare Research & Quality (AHRQ), December 2019

Long-Term Follow-Up of a Randomized Trial of Supported Employment for SSDI Beneficiaries With Mental Illness, Baller J.B., Ph.D. et al., Psychiatric Services On-Line, December 4

Association Between Treatment Seeking and Personal Knowledge of Others With Emotional or Mental Problems, Tran M.M., M.S., Curland R.A., M.S. & Leykin Y., Ph.D., Psychiatric Services On-Line, December 11


Enhancing Staffing In Rural Community Health Centers Can Help Improve Behavioral Health Care, Han X. & Ku L., Health Affairs, December 3, 2019

In Rural Areas, Buprenorphine Waiver Adoption Since 2017 Driven By Nurse Practitioners And Physician Assistants, Barnett M.L., Lee D. & Frank R.G., Health Affairs, December 3, 2019