Hopkins Survey Finds 70 Percent of Prescription Opioids Are Not Stored Safely in Homes with Children

Researchers at the Johns Hopkins Bloomberg School of Public Health have found that almost 70 percent of prescription opioid kept in homes with children are stored unsafely.

The study, Safe Storage of Opioid Pain Relievers among Adults Living in Households with Children, published in the March issue of the journal Pediatrics, was conducted using a national on-line survey of 681 adults who had used opioid pain relievers in the previous year and had children ages 17 and younger living with them. The researchers drew from a nationally representative sample of nearly 5,000 adults. The survey was administered between February 24 and March 16, 2015.

Only 31 percent of survey respondents reported safely storing prescription opioids away from their children. Among those homes with children 7- to 17-years-old, just 12 percent reported safe storage. The researchers defined “safe storage” as keeping the medication in a locked or latched place for homes with younger children, and in a locked place for homes with older children.

Nearly three-quarters, or 73 percent of respondents, agreed that children can overdose on opioids more easily than adults. Yet the survey found that just 13 percent of respondents "worry" about their children accessing their opioid medications, with parents of older children reporting that they were significantly less likely to worry about children accessing their medications than parents of younger children.

Overdose fatalities almost doubled among children 17 and younger between 1999 and 2015. In the last five years, more than 600,000 children in that age group were treated in U.S. emergency departments for all types of poisoning.

The research team, led by Andrea Gielen, ScD, ScM, director of the Johns Hopkins Center for Injury Research and Policy, says the findings suggest the need to not only educate families about safe storage, but also to develop new technology, such as 'smart' packaging that only allows a prescribed person to open his or her pill bottles.

Poly-Prescribing of Psychotropic Drugs to Seniors Increases 145%

A new study published in the journal JAMA Internal Medicine finds that the number of Americans 65 years of age and older taking at least three psychiatric drugs increased by 145 percent between 2004 and 2013, even though 45.9 percent of the seniors studied had received no diagnosis indicating either mental illness or pain.

The findings are based on data reported in the National Ambulatory Medical Care Survey of primary care providers. During the period studied, primary care visits resulting in the prescribing of multiple drugs indicated on the American Geriatrics Society’s Beers Criteria list for the treatment of mental illness increased from 1.5 million to 3.68 million annually, with the greatest increase occurring in rural settings.

The Beers Criteria list includes dozens of drugs and their adverse interactions and reactions, such as dizziness and confusion, which can affect seniors.

Previous studies have found that seniors are more likely to be on a prescribed psychiatric drug for a longer duration than younger adults.
On July 5th, 2016, Rashain Carriere-Williams woke up to the news that Alton Sterling, a father-of-five, was fatally shot in the back by police officers outside a convenience store in Baton Rouge, Louisiana. Carriere-Williams, who lives only 81.1 miles away in New Orleans with her husband and six-year-old twins, opened Facebook and witnessed the Sterling shooting. Over and over again. Facebook friends and pages she followed posted the video, so as Carriere-Williams scrolled her newsfeed, each video posted automatically played.

Default Facebook video feed settings automatically play video footage in a user’s newsfeed as he/she scrolls in either direction. Meaning, the video will play whenever it’s in the user’s view. It pauses when the user scrolls past it and picks up where it left off when back in view (it doesn’t matter if the user is scrolling down or up). Two days later, Carriere-Williams had the same experience but with Facebook Live and video of officer Jeronimo Yanez fatally shooting Philando Castile. The officer was charged with manslaughter in November 2016 and there is an ongoing federal investigation into the Sterling case.

Violence in the news isn’t new, says Carriere-Williams, New Orleans’ Boys Town senior director of program operations, but this format had a starkly different affect on her. She vividly remembers not being mentally prepared for the images that she saw. Between social media and the news replaying the video images of the shootings, she felt that it was adversely impacting her mental health.

I was depressed and very anxious. At that time, I had to completely disconnect from both social media and television news. When I returned to social media I disabled the automatic feature and when I do watch graphic videos, it is after I mentally prepare myself to watch them.

Carriere-Williams said the frequent automatic viewing of the shootings heightened her concern and placed her on high alert. She says the graphic images made her fearful to the point where she thought she may seek out professional counseling to sort out her feelings and vicarious trauma. In the end, disabling the automatic video feed and simply taking a break from Facebook, and television, helped. “Most times I just choose not to watch,” says Carriere-Williams. “And that has helped.”

More than 1.79 billion people are monthly active Facebook users. More and more, it’s where people obtain their news and learn about traumatic events. Yet, when people upload and share these videos, they stream automatically on people’s newsfeeds without warning about the graphic content. The result is that some people experience the clinical symptoms of Post-Traumatic Stress Disorder (PTSD), such as mood changes, sleep disturbance, flashbacks, and avoidance more than a month after watching the traumatic event.

It may be surprising that a person who watches a traumatic event on video can share similar symptoms to a person who actually experiences or firsthand witnesses a traumatic event such as combat, a natural disaster, a car accident, or sexual assault, but a study by the University of Bradford, England suggests that a person doesn’t have to experience an event firsthand to experience trauma.

Dr. Pam Ramsden presented the study’s findings at the May 2015 Annual Conference of the British Psychology Society, held in Liverpool, where she shared that more than one fifth of the 189 people surveyed scored high on clinical PTSD measures from seeing images on social media. Participants completed a vicarious trauma assessment, a clinical assessment for PTSD, and a questionnaire on violent news events on social media or the Internet—including the 9/11 terrorist attack on the World Trade Center, school shootings, and suicide bombings.

Twenty-two percent of participants were significantly affected by the media events. They scored high on clinical PTSD measures even though none had previous trauma nor were they present at the traumatic event—they had solely watched them through social media. The participants who reported they viewed the event more often were most affected. “It is quite worrying that nearly a quarter of those who viewed the images scored high on clinical measures of PTSD,” says Ramsden.

There was also an increased risk for those with outgoing, extroverted personalities. With increased access to social media and the Internet via tablets and smartphones, we need to ensure that people are aware of the risks of viewing these images and that appropriate support is available for those who need it.

Ramsden says that vicariously experiencing traumatic event on social media may impact our day-to-day lives. Unlike traditional news outlets, she says, social media enables unedited, graphically violent, and horrifically detailed images. Traditional news publications generally issue warnings about graphic and upsetting content. That’s not often the case with social media.

Facebook likely never set out to be a commonly used news format, but that doesn’t matter, say experts—it is and that comes with a responsibility to consumers. Allison Brauer, MSW, LMSW, says Facebook should include graphic content warnings and should make it clear (perhaps as a prompt on all videos) how users can change default settings. She also states that the default video setting should not automatically play videos, unless the user specifically selects autoplay. Facebook users range in age from 13 to 65-plus and have varying levels of Internet knowledge. Meaning, says Brauer, they may not even realize that they can change video feed settings. “People having difficulty adjusting their settings should research or ask a friend/family member how to make the necessary
NASMHPD Blog (cont’d): How Facebook Autoplay is Triggering Vicarious Trauma

changes to their profile," says Brauer. "It may also be a good idea to unfollow and/or unlike groups and individuals that continuously post graphic material."

Brauer doesn’t let individuals who post graphic material off the hook. They too, she says, need to be mindful regarding content and the impact it may have on viewers.

Carol Hudgins-Mitchell, Certified Trauma Specialist, M.Ed., LSW, NBCCH, says warnings on social media are critical because they give viewers choice and allow them to prepare for what they are about to see. She says that without preparation, explicit violence may adversely impact people’s brains and bodies. Hudgins-Mitchell highlights that the human brain has a built-in smoke alarm to detect danger. She says the amygdala subconsciously alerts people to threats. “Everything we experience is instantaneously previewed by the amygdala for our survival,” says Hudgins-Mitchell. "We may read graphic images of violence as a threat, which leads to heightened anxiety and stress."

An adequate warning of video content, such as letting viewers know that portions of a clip are graphic in nature—and changing default setting for videos so they do not automatically play—allows the viewer choice. In order to watch, all the person has to do is press the play button, but the difference between choice and the absence of is significant—particularly for an individual who is stressed, has an outgoing, extroverted personality (Dr. Pam Ramsden pointed out that extroverts were particularly at risk), or is a trauma survivor. Hudgins-Mitchell highlights that she witnessed a similar vicarious response with her clients in the wake of 9/11. Adult clients who had experienced trauma had a particularly strong response to the tragedy. “They had been doing fairly well, but after 9/11 they experienced nightmares, anxiety, and a sense of dread,” says Hudgins-Mitchell. “They were triggered by incessant images and news of the attacks. Once they turned off their TV and news, they quickly returned to their previous level of better, healthier functioning.”

Hudgins-Mitchell says that viewing unsolicited and unexpected images of graphic violence undermines a person’s sense of psychological and, perhaps even, physical safety.

It’s not just autoplay on Facebook’s video feeds that can trigger trauma. Jenny Mosier, co-founder and Executive Director of Michael Mosier Defeat DIPG Foundation, says that each day she gets an On This Day memory pop up on her Facebook wall, she has to take pause. Her son Michael was just six years old when, one-and-half years ago, he died from terminal pediatric brain cancer DIPG (Diffuse Intrinsic Pontine Glioma). Some days she smiles because she’s reminded of an experience or moment that she has not thought of for awhile, but she also feels deep sadness when she scrolls down to see the particular year the photo was taken.

I am forced to confront that the time when Michael was here with us keeps getting further away. Remembering Michael still comes with significant heartache, though I am grateful for each time during my day when Michael is remembered—either by others or from his constant presence in my thoughts. It is the only way he can still be here with us.

When asked if she has ever thought of disabling the nostalgia feed, Mosier says no. On days that feel too hard, she simply skips past the memory and chooses not to engage.

I have never considered disabling the function altogether because it’s a valuable connection to memories of my sweet boy who I miss so much. I am grateful for the ability to look back at moments that may otherwise not be on the top of my mind.

Similar to automatic video feeds, what’s crucial for the nostalgia feed, says Hudgins-Mitchell, is that it’s a personal decision and one that individuals must be allowed to make. It’s essential that people know how to turn off automatic settings and know that they can be changed. Many people aren’t informed that this is an option; that they don’t have to be subjected to automatic videos or photos. They may opt to leave the settings as is, but at least they understand their choices and can select the one that best fits them.

Here’s how to disable Facebook’s autoplay on its video feed and On This Day nostalgia feed in most browsers.

1. Go to Settings
2. Click on Video Settings on left hand side of browser.
3. Under Auto-Play Videos, select your preference from the drop-down menu.

(Note: This will only work on the Facebook site, and not within the Facebook app.)

This article was also published on-line in the February 20 Huffington Post.

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**NASMHPD Weekly Update** is now accepting letters and blogs. Please submit your contribution by noon Tuesday of the week you seek publication to stuart.gordon@nasmhpd.org.

**NASMHPD Link of Special Note**

**Drug Overdose Deaths in the United States, 1999-2015**, Centers for Disease Control and Prevention, February 24
Johns Hopkins Study: Fewer Teens Attempted Suicide in States Where Same-Sex Marriage Was Permitted Prior to the SCOTUS Ruling

A new study finds that fewer U.S. teens attempted suicide in states where same-sex marriage was permitted prior to the 2015 Supreme Court ruling that legalized gay marriage.

Published February 20 in JAMA Pediatrics, the study, Difference-in-Differences Analysis of the Association Between State Same-Sex Marriage Policies and Adolescent Suicide Attempts, analyzes the Centers for Disease Control and Prevention’s state-level Youth Risk Behavior Surveillance System (YRBSS) data from January 1, 1999 to December 31, 2015. The data studied included 762,678 students, of which 231,413 self-identified as sexual minorities. The analysis compared differences in suicide attempts among all public high school students, before and after state implementation, from 32 of the 35 states legalizing same-sex marriage and the 15 states that did not permit same-sex marriage.

Researchers found a 7 percent reduction in teen suicide attempts in the 32 states that legalized same-sex marriage, seemingly correlating with the timeframe in which the states passed their same-sex marriage laws. Students who identified themselves as sexual minorities were specifically found to have a 14 percent decline in suicide attempts. Among the 15 states that did not permit same-sex marriage, there was no change in the adolescent suicide rate.

Suicide is the second leading cause of death among teens 15 to 24 years of age. Sexual minority youth have a higher rate of suicide attempts than heterosexual students—29 percent versus 6 percent respectively—according to the 2015 YRBSS data.

The study’s lead researcher, Dr. Julia Raifman of the John Hopkins Bloomberg School of Public Health, commented to PBS News Hour that the findings "help us better understand why we might see elevated rates of suicide attempts among LGBT adolescents."

Dr. Raifman and her colleagues note that, although it is unclear what drives greater rates of suicide attempts among adolescents who are sexual minorities, prior studies have suggested several potential triggers, including stigma. Policies preventing same-sex marriage are seen as a form of structural stigma because they label sexual minorities as different and deny them legal, financial, health, and other benefits that are associated with marriage.

The authors theorize that state and federal policies legalizing same-sex marriage signal an increased social connectedness and acceptance of the LGBT community. By conveying to adolescent sexual minorities that they have equal rights, the researchers say, same-sex marriage laws improve the mental health of sexual minority youths.

Funding Opportunity
Brookdale Foundation Group Issues RFP for Seed Grants

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

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

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

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

Proposals are due Thursday, June 15, 2017
Selected applicants will be required to attend, as a guest of the Foundation, an Orientation and Training Conference to be held October 20-22, 2017 in Denver, Colorado.

For additional information, contact Melinda Perez-Porter, RAPP Director, at mpp@brookdalefoundation.org.

First Choice Services of West Virginia Joins the Lifeline Network

The National Suicide Prevention Lifeline network welcomed its newest crisis call center on February 14 — First Choice Services, located in Charleston, West Virginia.

First Choice Services will provide 24/7 crisis hotline and suicide prevention support to West Virginians. The crisis hotline, Help4WV, is staffed by trained clinicians and peer-support specialists or recovery coaches, many with personal experiences with mental illness, substance abuse, and suicide.

The state of West Virginia generates approximately 700 calls each month to the National Suicide Prevention Lifeline.

First Choice Services is the nonprofit division of First Choice Health Systems, which was formed in 1995 with West Virginia’s behavioral health care centers working together to share resources and expertise. First Choice Services provides a continuum of behavioral health care services ranging from a 24/7 crisis helpline, a hotline and chat line (1-800-GAMBLER) offering treatment and support for gamblers and their loved ones, a health insurance helpline (1-844-WV-CARES), and telehealth services.
In Memoriam – Joseph J. Bevilacqua, Ph.D.
1931 –2017

Joseph J. Bevilacqua, Ph.D., who died February 18, was a Director or Commissioner of Mental Health and Mental Disabilities in three states—Rhode Island, Virginia, and South Carolina. He held national offices in the National Governors Association, the National Association of State Mental Health Program Directors, and the Bazelon Center for Mental Health Law.

Dr. Bevilacqua was a consultant to, or a member of, a number of influential task forces and committees including the President’s Commission on Mental Health Task Force on Organization and Structure of Mental Health Services (1977-1978) and the Dixon Implementation Monitoring committee appointed in 1980 to oversee St. Elizabeth’s Hospital’s performance of their obligation under the federal decree ordered in the landmark case of *Dixon v Weinberger*. He was a member of the technical advisory panel appointed by the National Institute of Mental Health on evaluation and models of advocacy programs for the mentally ill and developmentally disabled and was chairperson for the State Mental Disability Commissioner’s Work Group of the Task Force on Deinstitutionalization appointed by the Secretary of Health Education and Welfare (the predecessor to the Federal Department of Health and Human Services) in 1978.

Samhsa-Sponsored Webinar

Epidemiology of First Episode Psychosis in Large Integrated Healthcare Systems

*Thursday, March 16, 2 p.m. to 3:30 p.m. ET*

Presented by NASMHPD

Accurate estimates of the incidence of First Episode Psychosis are the basis for evaluating the adequacy of early intervention programming. Typically these estimates have been based on persons who are treated in specialty settings – often inpatient programs. Such estimates, while valuable, miss individuals who are served outside of specialty settings.

In this webinar, Dr. Gregory E. Simon, M.D., M.P.H., Senior Investigator at the Group Health Research Institute in Seattle, Washington, will present F.E.P. estimates derived from the Mental Health Research Network, a National Institute of Mental Health (NIMH)-supported activity that has built a data system covering 13 integrated healthcare systems covering approximately 13 million members. The data includes information from the full range of primary and specialty care settings.

The incidence estimates from this comprehensive data set are substantially greater than most of those based on specialty utilization, especially among older cohorts. Dr. Simon will discuss the implications for service planning of these estimates in light of the anticipated rate of spontaneous remission.

Dr. Susan Azrin, Ph.D., Program Chief for Mental Health Service Research Grants at NIMH will also participate in the presentation.

Register Here
GAO Says Staffing, Budget Shortages Put Indian Health Service at ‘High Risk’

The Government Accountability Office (GAO) added the Indian Health Service (IHS) and other Native American programs to its “high-risk list” last week, calling them “ineffectively administered.”

In a January study, the GAO reported that “IHS officials cannot ensure that facilities are providing quality health care” because of “limited and inconsistent” oversight, significant leadership turnover and a “lack of agency wide quality of care standards.”

Although IHS has increased funding to contract out some health-care services, the GAO reports IHS is unable to pay for all eligible services, and that gaps in services sometimes delay diagnoses and treatments, which, in turn, increases the severity of a patient’s condition to require more intensive treatment.

The GAO said IHS management “inconsistencies are exacerbated by significant turnover in area leadership.” Four of nine area offices reported to GAO they had at least three area directors in the past five years, and three area offices reported they had at least three chief medical officers during that time.

Center for Trauma-Informed Care

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

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

CMS-SPONSORED WEBINAR

Innovation Accelerator Program Webinar: Creating Partnerships to Address Non-Medical Needs of Medicaid Beneficiaries with Complex Care Needs and High Costs

Monday, February 27, 2 p.m. to 3:30 p.m. ET

As part of CMS’s Medicaid Innovation Accelerator Program (IAP), the Center for Medicaid and CHIP Services is holding the third webinar in its four-part national dissemination series focused on improving care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN). The goal of this webinar series is to share insights, lessons learned, and tools that states can use as they design and implement activities related to Medicaid beneficiaries with complex care needs and high costs. During the February 27th webinar, Connecticut and Michigan will share strategies used in their state Medicaid programs to address the non-medical needs of Medicaid beneficiaries through linkages across state agencies and through connections with community-based organizations. The featured speakers for this webinar are:

- Kate McEvoy, Esq., Director, Division of Health Services, Connecticut Department of Social Services,
- Tom Curtis, Director, Michigan SIM Project, Michigan Department of Community Health

Register HERE

NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.
Upcoming Meeting Opportunities for System of Care Grantees

The TA Network recently announced a series of learning opportunities sponsored by SAMHSA for this fiscal year. We designed these meetings based upon grantee feedback on what is needed to support the work in your communities, states, tribes and territories. In each of these meetings, participants will have the opportunity to learn from peers as well as local and national experts on topics that are essential to system of care expansion. These meetings and learning opportunities all count towards the annual grantee training requirement.

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

**Grantee Meetings**

**Meeting:** Tribal System of Care Support Grantee Meeting  
**Description:** Annual training and peer-to-peer learning opportunity for tribal system of care communities and grantee graduation celebration. This meeting coincides with the NICWA's 35th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect taking place on April 2-5 in San Diego, CA.

Graduating grantees this year: Montana Office of Public Instruction, Yellowhawk Tribal Health, Cherokee Nation, and Detroit Wayne County Mental Health Authority.

**Date(s):** April 6, 2017  
**Location:** San Diego, California  
**Other Info:** Open to tribal grantees

**Learning Opportunities**

**Meeting:** Mobile Response and Stabilization Services (MRSS) Peer Meeting  
**Description:** In this cooperative peer convening, participating states will gather in New Brunswick, New Jersey for two days of collaborative work with experts from Wraparound Milwaukee, Connecticut and New Jersey, focused on strategies for developing, implementing and sustaining mobile response and stabilization services for children, youth, and young adults in their states. There will also be an opportunity for 1-2 individuals from each state team to ‘ride along’ with a mobile response unit for ‘hands-on’ observation of New Jersey’s model the day before the meeting begins.

**Date(s):** April 18-19, 2017  
**Location:** New Brunswick, New Jersey  
**Other Info:** Application due date is Monday, February 27, 2017

**Meeting:** Family Acceptance Project Core Provider Training  
**Description:** Dr. Caitlin Ryan along with the Family Run Executive Director Leadership Association (FREDLA) will lead this 2-day training on a family-based approach to wellness, prevention and care for LGBTQ children, youth, and young adults will help providers and FREDLA (Family Run Executive Director Leadership Association) members learn about the Family Acceptance Project's family intervention and support model to prevent health risks and promote well-being for LGBTQ young people to enable them to increase family-oriented services and supports in their agencies and communities.

**Date(s):** April 25-26, 2017  
**Location:** Detroit, Michigan  
**Other Info:** Registration closing date is Saturday, March 25, 2017

*This announcement is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the National Training and Technical Assistance Center for Child, Youth and Family Mental Health (NTTAC), operated by the National Technical Assistance Network for Children's Behavioral Health (TA Network).*
NASMHPD MEMBERS: SAVE THE DATE!!

NASMHPD Annual 2017 Commissioners Meeting

The 2017 NASMHPD Annual Meeting will be held Sunday, July 30 through Tuesday, August 1 in Arlington, Virginia. The meeting will run three full days, in collaboration with the NASMHPD Research Institute (NRI), and include a day of meetings for the NASMHPD Division representatives.

The NASMHPD Divisions include the Children, Youth and Families Division; the Financing and Medicaid Division; Forensic Division; the Legal Division; the Medical Directors Council; the Older Persons Division; and the Offices of Consumer Affairs (National Association of Consumer/Survivor Mental Health Administrators – NAC/SMHA).

The meeting will include extended time for State Mental Health Commissioners and Divisions to meet together as well as separately. There will also be a day with State Mental Health Commissioners and Divisions meeting together on NRI research data and initiatives that tie in with the Commissioners’ and Divisions’ priorities and concerns.

Details regarding registration and hotel details will be mailed to Commissioners and Division representatives in the near future.

Contact Brian Hepburn or Meighan Haupt with any questions.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

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

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

Minority Fellowship Program Grantees Accepting Fellowship Applications for 2017-18

SAMHSA’s Minority Fellowship Program (MFP) grantees have started to accept fellowship applications for the 2017-18 academic cycle. The MFP seeks to improve behavioral health outcomes of racially and ethnically diverse populations by increasing the number of well-trained, culturally-competent, behavioral health professionals available to work in underserved, minority communities. The program offers scholarship assistance, training, and mentoring for individuals seeking degrees in behavioral health who meet program eligibility requirements. The following table outlines fellowship application periods for each of the grantees awarded funds to implement the MFP.

<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>Application Period for the MFP- Traditional PhD Program</th>
<th>Application Period for the MFP- Masters Level Youth Focused Program</th>
<th>Application Period for the MFP- Masters Level Addictions Counseling Focused Program</th>
</tr>
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<tbody>
<tr>
<td>American Nurses Association</td>
<td>4/30/16 – 4/30/17</td>
<td>Applications Open Until all vacancies filled</td>
<td>N/A</td>
</tr>
<tr>
<td>Council on Social Work Education</td>
<td>12/2016 – 2/28/17</td>
<td>Spring 2017</td>
<td>N/A</td>
</tr>
<tr>
<td>NAADAC: the Association for Addiction Professionals</td>
<td>N/A</td>
<td>N/A</td>
<td>9/30/2016 – 8/1/2017 Note: This application cycle will be an open ‘rolling application’ period.</td>
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Department of Justice Announces Two Grant Solicitations

Comprehensive Opioid Abuse Site-Based Grant Program (COAP)

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

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

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

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

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

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

The application deadline is April 25, 2017.

The official BJA document on the Comprehensive Opioid Abuse Site-Based Grant program can be located here.

Justice and Mental Health Collaboration Program - FY 2017 Competitive Grant Announcement

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) on January 18 released a solicitation seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department's mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the juvenile or adult criminal justice system.

Eligible applicants are limited to states, units of local government, and federally recognized Indian tribal governments (as determined by the Secretary of the Interior). BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, or federally recognized Indian tribal government. Under this solicitation, only one application by any particular applicant entity will be considered. Any others must be proposed as subrecipients ("subgrantees"). An entity may, however, be proposed as a subrecipient (subgrantee) in more than one application. The applicant must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire project.

Per Pub. L. 108-414, a “criminal or juvenile justice agency” is an agency of state or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that state or local government (sec. 2991(a)(3)). A “mental health agency” is an agency of state or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services (sec. 2991(a)(5)). A substance abuse agency is considered an eligible applicant if that agency provides services to individuals suffering from co-occurring mental health and substance abuse disorders. BJA may elect to fund applications submitted under this FY 2017 solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and on the availability of appropriations.

Applicants must register with Grants.gov prior to submitting an application.

The application deadline is April 4, 2017.
State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

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

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

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

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

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

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD’s Pat Shea by email or at 703-682-5191.

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

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

> Policy Brief: The Business Care for Coordinated Specialty Care for First Episode Psychosis
> Toolkits: Supporting Full Inclusion of Students with Early Psychosis in Higher Education
  o Back to School Toolkit for Students and Families
  o Back to School Toolkit for Campus Staff & Administrators
> Fact Sheet: Supporting Student Success in Higher Education
> Web Based Course: A Family Primer on Psychosis
> Brochures: Optimizing Medication Management for Persons who Experience a First Episode of Psychosis
  o Shared Decision Making for Antipsychotic Medications – Option Grid
  o Side Effect Profiles for Antipsychotic Medication
  o Some Basic Principles for Reducing Mental Health Medicine
> Issue Brief: What Comes After Early Intervention?
> Issue Brief: Age and Developmental Considerations in Early Psychosis
> Information Guide: Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)
> Information Guide: Use of Performance Measures in Early Intervention Programs

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

Technical Assistance on Preventing the Use of Restraints and Seclusion

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

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

To Apply for Technical Assistance, Click Here:

We look forward to the opportunity to work together.
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**NASMHPD Staff**

Brian M. Hepburn, M.D., Executive Director  
brian.hepburn@nasmhpd.org  
Meighan Haupt, M.S., Chief of Staff  
meighan.haupt@nasmhpd.org  
Raul Almazar, RN, MA  
Senior Public Health Advisor (PT)  
raul.almazar@nasmhpd.org  
Shina Animasahun, Network Manager  
shina.animasahun@nasmhpd.org  
Genna Bloomer, Communications and Program Specialist (PT)  
genna.bloomer@nasmhpd.org  
Cheryl Gibson, Senior Accounting Specialist  
cheryl.gibson@nasmhpd.org  
Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches  
joan.gillece@nasmhpd.org  
Leah Harris, Peer Integration Strategist  
leah.harris@nasmhpd.org  
Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor  
leah.homes-bonilla@nasmhpd.org  
Christy Malik, M.S.W., Senior Policy Associate  
christy.malik@nasmhpd.org  
Kelle Masten, Senior Program Associate  
kelle.masten@nasmhpd.org  
Stuart Gordon, J.D., Director of Policy & Communications  
stuart.gordon@nasmhpd.org  
Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches  
jeremy.mcshan@nasmhpd.org  
Jay Meek, C.P.A., M.B.A., Chief Financial Officer  
jay.meek@nasmhpd.org  
David Miller, MPAff, Project Director  
david.miller@nasmhpd.org  
Kathy Parker, M.A., Director, Human Resources & Administration (PT)  
kathy.parker@nasmhpd.org  
Brian R. Sims, M.D., Senior Medical Director/Behavioral Health  
brian.sims@nasmhpd.org  
Greg Schmidt, Contract Manager  
greg.schmidt@nasmhpd.org  
Pat Shea, M.S.W., M.A., Deputy Director, Technical Assistance and Prevention  
pat.shea@nasmhpd.org  
David Shern, Ph.D., Senior Public Health Advisor (PT)  
david.shern@nasmhpd.org  
Timothy Tunner, M.S.W., Ph.D., Training and Technical Assistance Advisor  
timothy.tunner@nasmhpd.org  
Aaron J. Walker, M.P.A., Senior Policy Associate  
aaron.walker@nasmhpd.org

**NASMHPD Links of Interest**

**Capping Federal Medicaid Funding: Key Financing Issues for States**, Manatt Health/State Health Reform Assistance Network, December 2016

**Advocates for Opioid Recovery (Patrick Kennedy, Newt Gingrich, and Van Jones)** Press Kit and Website for February 27 Thunderclap

**Medicare Part D Opioid Prescribing Mapping Tool**, Centers for Medicare and Medicaid Services

**SAMHSA’s Regional Offices: Five Years of Advancing Behavioral Health** (Video)

**2017 Survey of Children’s Health Insurance Program Directors**, National Academy of State Health Policy, February 2017

**Center for Medicare and Medicaid Innovation (CMMI) Report to Congress,** December 2016

**WHO World Health Day (April 7, 2017) Depression Treatment Resources,** February 14


**Juvenile Injustice: Charging Youth as Adults is Ineffective, Biased, and Harmful**, Human Impact Partners, February 2