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This (FOA) is intended to provide funding to encourage research projects that seek to explain underlying mechanisms and predict health behaviors within individuals over time utilizing intensive longitudinal, within-person protocols that leverage recent advances in mobile and wireless sensor technologies and big data analytics. The research projects will collect and analyze data, disseminate project findings, and work collaboratively with each other and the research coordinating center (supported under RFA-OD-17-005).

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

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

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

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

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

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

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

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

**Apply On-Line by January 8, 2018**
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS (FOA)

Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) (TI-17-017)

Application Due Date: Monday, July 31, 2017
Anticipated Number of Awards: Up to 5 awards
Length of Project: Up to 3 years
Anticipated Total Available Funding: $28 million
Anticipated Award Amount: Up to $2 million per year
Cost Sharing/Match Required? No

Eligibility: Single State Agencies for Substance Abuse

The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder seeking or receiving MAT. Eligibility is limited to the 17 states with the highest rates of admissions, as identified by 2014 TEDS data, including those that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorder. FY 2015 MAT-PDOA grantees funded under announcement TI-15-007 and FY 2016 MAT-PDOA grantees funded under announcement TI-16-014 are not eligible to apply for this program. The desired outcomes include: 1) an increase in the number of admissions for MAT; 2) an increase in the number of clients receiving integrated care/treatment; 3) a decrease in illicit opioid drug use at six-month follow-up; and 4) a decrease in the use of prescription opioids in a non-prescribed manner at six-month follow-up.

1Alabama, California, Delaware, Florida, Georgia, Maine, Michigan, Minnesota, Nebraska, Nevada, New York, North Dakota, Ohio, Pennsylvania, South Dakota, Tennessee, Utah

Contacts: Program Issues: Kim Thierry, Public Health Advisor, Div. of Services Improvement, CSAT, SAMHSA, by email or at 240-276-2907

Upcoming Webinars

National TA Network for Children’s Behavioral Health

CLC Peer Learning Exchange: Implementing the CLAS Standards of Recruiting and Hiring a Diverse Workforce
Friday, July 14, 1 p.m. to 2 p.m. ET

This webinar is designed to help administrators, service providers, and peer supporters in SOC implement the CLAS standards. This webinar will focus on ways to recruit and hire a diverse workforce.

The National Wraparound Implementation Academy, which will be held at the Renaissance Baltimore Harborplace Hotel on Sept. 11 to 13. The academy will provide individuals in key wraparound roles with opportunities to learn from the field’s foremost experts in wraparound and Systems of Care. This is one of the approved SAMHSA meetings for grantees. Registration is HERE.

National Institute of Mental Health Funding Opportunity Announcement

Clinical Studies of Mental Illness Not Involving Clinical Trials
(Collaborative R01 – PAR 17-256)

The National Institute of Mental Health (NIMH) seeks to support collaborative clinical studies, not involving clinical trials particularly in the areas of mental health genetics, mental illness research and mental health of HIV/AIDS research.

This Funding Opportunity Announcement (FOA) should be used when two or more sites are needed to complete the study. Collaborative studies are appropriate to address research questions that are beyond the capacity of any single-site investigation. Considerations such as increased sample size, representation, and diversity may all support the need for multi-site studies, as do considerations of the need for collaboration between sites with diverse expertise, technologies, research capacities, and/or perspectives.

The collaborating studies share a specific protocol across the sites and are organized as such in order to increase sample size, accelerate recruitment, or increase sample diversity and representation. In studies with a large number of sites, it is expected that one site may be submitted as a coordinating site for data management and/or other centralized administration. For a linked set of collaborative R01s, each site has its own Program Director/Principal Investigator (PD/PI) and the program provides a mechanism for cross-site coordination, quality control, database management, statistical analysis, and reporting.

Clinical studies across all mental health research areas that address research objectives outlined in the NIMH Strategic Plan are encouraged, with the exception of clinical trials (which are supported under other funding opportunities. See http://www.nimh.nih.gov/funding/clinical-trials-for-researchers/index.shtml, for further information on support of clinical trials at NIMH).

Potential applicants are encouraged to contact program staff as far in advance as possible to discuss the match between potential research interests and current NIMH priorities.

Earliest Submission Date: May 5, 2017
Expiration Date: May 8, 2020
SAMHSA Funding Opportunity Announcement

Cooperative Agreements to Implement Zero Suicide in Health Systems (SM-17-006)

Application Due Date: Tuesday, July 18, 2017
Length of Project: Up to 5 years
Anticipated Total Available Funding: $7.9 million ($2 million for tribes and tribal organizations)
Anticipated Number of Awards: Up to 13
Anticipated Award Amount: Up to $700,000/year
Cost Sharing/Match Required? No

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements to Implement Zero Suicide in Health Systems (Short Title: Zero Suicide). The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health systems. The purpose of this program is to implement suicide prevention and intervention programs, for individuals who are 25 years of age or older, that are designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk for suicide. Grantees will implement the Zero Suicide model throughout their health system.

Health systems that do not provide direct care services may partner with agencies that can implement the Zero Suicide model. For communities without well-developed behavioral health care services, the Zero Suicide model may be implemented in Federally Qualified Health Centers or other primary care settings.

Eligibility - Eligible applicants are statutorily limited to: states, District of Columbia, and U.S. Territories health agencies with mental health and/or behavioral health functions; Indian tribes or tribal organizations (the term ‘Indian tribe’ and ‘tribal organization’ are defined in § 4 of the Indian Self-Determination and Education Assistance Act.); community-based primary care or behavioral health care organizations; emergency departments; or local public health agencies.

Contacts:
Program Issues: James Wright, LCPC, Suicide Prevention Branch, Center for Mental Health Services, by email or at 240-276-1854
Grants Management and Budget Issues: Gwendolyn Simpson, Office of Financial Resources, by email or at 240-276-1408

The Building Bridges Initiative Fall Training Event - October 4 to 6, 2017
Double Tree by Hilton Hotel, 123 Old River Road, Andover, MA 01810
Registration is now open!

Purpose: To increase participant’s ability to use and/or support implementation of best practices in both residential and community settings that result in sustained positive outcomes for youth and families who receive a residential intervention. Attendees will leave the training event with practical strategies to improve policies and practices in their programs (residential and/or community) or agencies (oversight/funding), as well as with an understanding of business strategies to transform agencies operating residential programs to ensure long-term success.

Who will benefit: There will be training sessions to support oversight and funding/policy leaders and staff; sessions to support residential/community executives, leaders, clinical staff, advocates and family members. Adolescents with residential experiences, who are interested in learning about best practices, will also find some sessions of interest. It is recommended that teams of leaders/staff/ advocates/families/adolescents from the same oversight agency/program attend the event together. A collective team approach will promote a stronger learning opportunity and ability to implement strategies and tools learned within the program or oversight agency.

Registration rates
- Full training Program: $395; Single Day Rate: $200
- Presenters will receive a discounted rate of $295
- Introduction to BBI on October 3rd, 2 p.m. to 5 p.m.: $50 (free w/ paid full registration of $395)

There is limited scholarship funding available for family members and youth. To receive an application please contact Kelly Pipkins-Burt at kpb54burt@gmail.com.

THE ANNIE E. CASEY FOUNDATION

This event is made possible through the support of the Anne E. Casey Foundation (AECF) and represents a collaboration between ACDP and the Building Bridges Initiative, Inc. and residential stakeholders around the country.
National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)

Save-the-Dates

Webinar Series: Trauma-Informed Innovations in Crisis Services
July – September 2017 (4th Monday of each month) 3 p.m. to 4 p.m. E.T.

Register [HERE]

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) is pleased to announce the opportunity to participate in an upcoming Webinar Series: “Trauma-Informed Innovations in Crisis Services.” The series will run from April – September 2017 on the 4th Monday of each month, from 3:00 to 4:00 p.m. Eastern Time. This webinar series will highlight the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience and peer support. Each 60-minute webinar will focus on how an agency implements one of the principles from SAMHSA’s Concept and Guidance for a Trauma-Informed Approach: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. After the provider presentations, a moderated Q&A will follow. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA’s publication: Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, “National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors may increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. The research base on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and insure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal of these services is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

In response to these trends and statistics, more and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA’s Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, mobile crisis outreach programs.

Webinar Series Schedule

Collaboration and Mutuality: Harbel Community Organization
Monday, July 24
Staff from the Harbel Community Services organization will discuss the essential roles they play in the community organization. Harbel provides recovery services, but what is unique about their approach is their use of collaborative relationships with a wide range of community partners. Harbel employs persons with lived experience in all aspects of service delivery. A critical role includes outreach and support to individuals struggling with opiate addiction. Peer workers are trained to carry and administer Naloxone to revive individuals who have overdosed and offer recovery, trauma informed services immediately, thus helping to address the opioid epidemic. For more information, visit [http://www.harbel.org](http://www.harbel.org).

Cultural, Historical, and Gender Issues: The Ali Forney Center
Monday, August 28
This webinar will feature insights from staff at the Ali Forney Center (AFC) in New York, NY, the largest program dedicated to meeting the needs of LGBTQ homeless youth in the nation. AFC provides a comprehensive range of services to LGBTQ homeless and street-based youth, including a drop-in center, mobile outreach, and emergency housing. Their Peer Educator program was created based on the recognition that homeless youth are most likely to trust outreach workers who have been formerly homeless themselves. In addition, their community outreach program is designed to help mental health providers to serve LGBTQ youth in a more culturally-competent manner. For more information, visit [http://www.aliorneycenter.org](http://www.aliorneycenter.org).

Trustworthiness and Transparency: Baltimore Police Department
Monday, September 25
Sergeant Azalee Johnson, Crisis Intervention Team Coordinator for the BPD, will discuss an innovative approach to crisis prevention and intervention in the City of Baltimore. Sgt. Johnson and her partner provide support to homeless individuals, including helping them to secure needed medical, behavioral and other services to prevent crisis and enhance adherence. They will expound on their creative, unique, and inspiring approaches to engaging people who are homeless, understanding the very complicated homeless community communication network, and maintaining trust within these networks; and their work with the Recovery Network and Baltimore Crisis Response when acute crisis services
2017 HCBS Conference Registration is Now Open

Join us for the National Home and Community Based Services (HCBS) Conference held in Baltimore, MD, August 28 to August 31.

The HCBS Conference offers a unique blend of policy, program, and practice issues for professionals interested in home and community based services for individuals of all abilities and in all settings. Quickly becoming the "go-to" conference for learning in the expanding field of HCBS and long-term services and supports, the Conference allows states to share best practices, present unique partnerships, and recognize the work of their peers.

The National HCBS Conference will include federal, state, and local policymakers and those who administer, manage, and deliver waiver and other HCBS programs. The Conference always sees a strong presence from U.S. Health and Human Services ranging from the Administration for Community Living, including the Administration on Aging, the Administration on Disabilities, and the Administration on Intellectual and Developmental Disabilities, to the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and other federal agencies.

Click here to learn more about the conference and register!

REGISTER TODAY
Sponsorship Opportunities

Gain visibility at the premier event for professionals who work within the field of home and community-based services, the National HCBS Conference draws over 1,300 participants, and puts your brand in front of targeted and influential professionals.

The exhibit hall is a major attraction where our participants come to learn about products and services and to network with industry leaders. Exhibiting will give you access key influencers and leaders working to improve HCBS programs throughout the country.

Click here to learn more about sponsorship and exhibiting opportunities.

NASUAD | www.nasuad.org | www.hcbsconference.org

National Association of States United for Aging and Disabilities, 1201 15th St. NW, Suite 350, Washington, DC 20005

NASMHPD Wishes You a Wondrous Fourth of July!!!
Webinar: Communities Addressing Trauma and Community Strife through Trauma-Informed Approaches: Trustworthiness and Transparency in a Community Setting
(The second in a 6-part webinar series)

Registration Link: https://nasmhpd.adobeconnect.com/communityvln_reg/event/event_info.html

Please note: You may see a sign-in dialogue box when you register, simply hit okay and it will take you directly to the registration page. The Adobe Connect platform will allow 300 people to call in using telephone lines and an additional 1,000 listening on their computers. We advise people to listen in groups as much as possible due to the expected audience size.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is pleased to announce the second webinar in the 6-part series entitled “Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches”:

SAMHSA/NCTIC is offering this virtual webinar series highlighting communities working to improve the resiliency of its members and responsiveness to community incidents. The series framework follows SAMHSA’s six principles of trauma-informed approaches as described in SAMHSA’s Concept of Trauma and Guidance for Trauma-Informed Approaches.

SAMHSA’s NCTIC is tasked with the design and implementation of a technical assistance strategy to assist publicly funded systems, agencies, and organizations across the country in preventing the use of restraint, seclusion, and other forms of aversive practices through trauma-informed approaches. NCTIC supports SAMHSA’s Trauma and Justice Strategic Initiative goal of implementing trauma-informed approaches in health, behavioral health and related systems. Specifically, this series addresses SAMHSA’s objective to develop a framework for community and historical trauma and a trauma-informed approach for communities, and is open to all interested in addressing community trauma and healing.

Upcoming Webinars in the Series

Collaboration and Mutuality: San Jose, CA Mayor’s Office of Prevention of Gang Violence
Monday, July 24, 1:00 – 2:30 PM EDT
This collaborative model successfully developed and implemented will focus on prevention of gang violence and facilitating community healing through effective collaborations with grassroots stakeholders, including the faith based community, gang members, community providers, etc. Mario Maciel, Division Manager Mayor’s Gang Prevention Task Force Department of Parks, Recreation and Neighborhood Services will present.

Cultural, Historical, and Gender Issues: Understanding the Impact of Historical Trauma on Communities
Monday, August 28, 1:00 – 2:30 PM EDT
Samuel Simmons uses a broad range of unique and innovative strategies that include educational and culturally sensitive trauma-informed initiatives to promote healthy communities. Mr. Samuelson will address historical trauma in our communities and identify strategies that work to address the importance of understanding intergenerational trauma.

Empowerment, Voice and Choice
Monday, September 25, 1:00 – 2:30 PM EDT
The Holistic Life Foundation will present on creating safe spaces and tools for healing. Ali Smith and Atman Smith, co-founders of Holistic Life will present on their project of helping children and adults through body healing practices. They will start with their TED talk then discuss how they are implementing this in different systems in the city. https://www.youtube.com/watch?v=SBJ7MUJzvZc

Safety
TBA
Maurissa Stone-Bass from The Living Well will talk about the trauma-informed principle, Safety, and provide an overview of community-based, innovative healing opportunities in Baltimore City.

Previous Webinars in the Series

Peer Support: Creative Approaches to Safe Streets and Developing Community Self-Determination
William Kellibrew discussed the creative approaches being implemented by the Baltimore Department of Health’s Office of Youth Violence Prevention. Williams’s passion for his work comes from his personal story of witnessing violence and trauma. John Comer of Communities United and Baltimore City Health Department, discussed mobilizing communities to take charge of their own healing from community trauma. The presentation featured a powerful tool to increase the community’s self-determination.
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State Solutions Webinar Series Continues

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

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

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

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

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

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