Proposed “Clarifying” Changes to PASRR Regulations Raise Concerns Among NASMHPD Members

Changes proposed by the Centers for Medicare and Medicaid Services (CMS) on February 20 to the regulations governing Preadmission Screening and Resident Review (PASRR) procedures for individuals being admitted to nursing homes, characterized by CMS as clarifying and non-substantive, have raised concerns among members of NASMHPD’s Older Persons and Finance Policy divisions.

The current PASRR regulations were first proposed in 1989 and have not been revised since November 1992, despite intervening amendments to the underlying statute, 42 U.S.C §1396r, in 1996, such as the elimination of a requirement for an annual screening, still mandated under the existing regulations. In addition to the need to include those intervening amendments, CMS is proposing “clarifying” language, some of which it says was included in the statute, but never included in the regulations until now.

Members of the two NASMHPD divisions from many, if not all of the states in some instances, have expressed the view that some of the changes being proposed are substantive and significant, with the potential to impose significant new administrative burdens and costs on the states, including:

- a requirement, which CMS says is in statute, that a Level I (initial) identification screening of an individual as mentally ill, prior to the Level II evaluation and determination for mental illness to determine what specialized services should be provided, be performed by an entity that is not the State Mental Health Agency (SMHA) and not an entity to which the SMHA delegates that responsibility;
- a requirement that Level I screening identifications, like Level II evaluations and determinations, be open to appeals by individuals who perceive those screening identifications to have an adverse outcome; and
- a requirement that Level II evaluations determinations be performed by individuals that are qualified under state criteria to make or confirm clinical diagnoses.

With regard to the first change, at least one state has indicated that its SMHA currently performs the Level I identification screening, and that having the screening performed by an entity not designated by the SMHA would require a significant change in its procedures and create potential liability if existing contracts to perform that function would need to be terminated. A second state has noted its SMHA is located in the same governmental unit as its Medicaid agency, raising the specter of even the Medicaid agency and its contractors being unable to conduct the Level I screening.

The second revision to the regulations listed above would, according to all of the states that have raised objections, add significant cost and administrative burden, since all nursing home residents—even those short-term admissions for less than 30 days and hospital discharges which are subject to exceptions for the Level II evaluations—would be required under the revised regulations to undergo Level I identification screenings.

As with the first listed revision, it is unclear how many states would be out of compliance with the third revision when it is implemented. While CMS would allow the state to set its own clinical standards for persons performing the required Level II evaluation and determination, the mandate that the evaluator be clinically qualified could pose significant workforce issues, particularly for states with nursing homes in remote rural and frontier areas.

Other changes being proposed within the regulations are less controversial, including an update to the definition of “mental illness” to align with the definition developed by the Substance Abuse and Mental Health Services Administration and the current Diagnostic and Statistical Manual-5 definition. Under the current regulations, mental illness is defined as:

• a diagnosis of major mental disorder per DSM-III-R (published in 1987) that is not secondary to dementia;
• having an impact on major life activities within the past 3 to 6 months; and
• requiring significant treatment/support in the past 2 years.

The proposed update would remove the required criteria related to recent treatment in acknowledgement of ongoing issues of access, and instead would define mental illness as:

• a diagnosis of a serious and persistent mental disorder in DSM-5; (2013) that is not secondary to dementia;
• a condition that is acute or in partial remission; moderate to severe (if applicable); and
• a condition causing functional impairment if not treated.

Comments on the proposed regulations are due April 20, although NASMHPD will be seeking a 30 day extension on that deadline. And to better understand current compliance and the projected impact on costs and administrative burden, NASMHPD will be surveying the members of its two relevant divisions shortly.

Because individuals with intellectual disabilities are also subject to the PASRR changes—with the exception of the requirement that the state disabilities agency not be involved in the Level I screening—the National Association of State Directors of Developmental Disabilities Services will be conducting a technical assistance webinar early in April which NASMHPD members will be invited to join.

Click Here
SMI Adviser
A Clinical Support System for Services Mental Illnesses

Just Issued Today by CMS: COVID-19 FAQs for State Medicaid and CHIP Agencies
Proposed “Clarifying” Changes to PASRR Regulations Raise Concerns Among NASMHPD Members

NRI is Creating a 2020 State Mental Health Profile System – SMHA Information Sought

World Health Organization: Mental Health Considerations During the COVID-19 Outbreak

Study Identifies Risk Factors for Suicidal Ideation Among Deployed U.S. Army Soldiers

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

NIMH Funding Opportunity Announcements: (1) Enhancing Suicide Prevention in Emergency Care via Telehealth; (2) Addressing Suicide Research Gaps: Addressing Mortality Outcomes; (3) Addressing Suicide Research Gaps: Aggregating and Mining Existing Data Sets for Secondary Analyses

Crisis Now CrisisTalk: Sue Ann Atkerson, CEO of Behavioral Health Link, Testifies Before Congress on 988

Department of Justice Funding Opportunity Announcements (2)

2020 Tuerk Conference on Mental Health and Addiction Treatment, in Baltimore, POSTPONED UNTIL SEPTEMBER 10

Call for Proposals by the National Commission on Correctional Health Care (NCCHC) for its October 31 to November 4 National Conference on Correctional Health Care in Las Vegas

Health Services and Resources Administration (HRSA): National Health Services Corp NHSC Loan Repayment Programs: One Application, Three Programs

Register for the National Tribal Public Health Summit, March 17-19, Omaha, Nebraska

2019 NASMHPD Technical Assistance Coalition Working Papers

March is Brain Injury Awareness Month

National Center for Civil and Human Rights April 2020 Health Summit: Addressing Mental Health Disparities

Additional NASMHPD Links of Interest

Call for Presentations at the NASHIA September 21 to 24 Annual Meeting in Minneapolis

Center for Disease Control Forecast Funding Opportunity Announcement: Preventing Adverse Childhood Experiences through Essentials for Childhood

SAMHSA Funding Opportunity Announcement: Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (TI-20-07)

March 18 Kaiser Family Foundation & National Academy of State Health Policy Forum: The ACA at 10: What We’ve Learned and How the 2020 Elections Could Shape the Future

March 26 SAMHSA-SPONSORED WEBINAR: Recovery Live! Supporting the Peer Workforce in Advancing Treatment on Recovery Supports for Older Adults

SAMHSA Funding Opportunity Announcement: Grants to Implement Zero Suicide in Health Systems (SM-20-15)

April 21 SAMHSA GAINS Center Webinar: The Critical Role of Mentors in Veterans Treatment Courts

SAMHSA Funding Opportunity Announcement: Tribal Opioid Response Grants

March 26 Facebook Live Event: Bipolar Disorder in Adolescents and Young Adults

National Institute of Health Request for Information: Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for FYs 2021-2025

Johns Hopkins Bloomberg School for Public Health On-Line Course: Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

Agency for Healthcare Research and Quality (AHRQ) is Seeking Nominations for New Members of the U.S. Preventive Services Task Force (USPSTF)

Link to Center of Excellence for Protected Health Information Website

SAMHSA Mental Health Technology Transfer Center Network Webinar Series and Newsletter

HRSA Notice of Funding Opportunity: Opioid Impacted-Family Support Program - Opioid Workforce Expansion Program-Paraprofessionals (HRSA-20-014)

ADA2020 Conference, March 19 to 21 is CANCELLED

American Association of Suicidology Crisis Services Continuum Conference, April 22 in Portland, Oregon

Department of Justice Funding Opportunity Notice: FY2020 Law Enforcement Mental Health and Wellness Act (LEMHWA)

(Continued on next page)
NRI is Creating a 2020 State Mental Health Profile System – SMHA Information Sought

The NRI Board of Directors, primarily comprised of State Mental Health Agency (SMHA) Commissioners and their senior staff, has initiated a new State Profiles System (SPS) to provide SMHAs with up-to-date information about the financing and organization of state mental health systems. Over 20 years, NRI has been providing SMHAs information about the organization, funding, operation, services, policies, statutes, staffing, and clients of all SMHAs across the U.S. States, NASMHPD, and advocates use this information in budgeting, planning, and evaluating state mental health systems and in responding to requests from Governor’s, Legislators, media, and advocates. The 2020 SPS Components were sent to all SMHAs on January 14, 2020 and responses are due from states by March 20, 2020. NRI will begin producing topical reports utilizing the Profiles data soon after state response are finalized.

The SPS components for 2020 were developed with guidance from an advisory group comprised of SMHA Commissioners, Planners, and program staff, as well as staff from NASMHPD and NRI. The 2020 SPS components build on prior years’ components, but have been tailored to address new issues facing the states, and edited to ensure that only relevant information is included. Based on major policy topics raised by SMHA Commissioners and their senior staff, the 2020 SPS includes expanded components addressing Forensic Mental Health Services (including a focus on competency assessment and restoration activities in hospital and community settings), and a new Residential Continuum of Care component addressing housing options and supports provided by the SMHA for individuals with mental illness.

The updated 2020 SPS is a self-funded effort by the SMHAs that recognize the value in having access to an up-to-date, comprehensive database of comparable information about all SMHAs that states can use for budgeting, planning, and policymaking at the local, state, and national levels. Having access to this information will provide critical information to SMHA leadership and will reduce the burden on SMHAs of compiling information for decision makers, planners, researchers, and others through the availability of a centralized, standard compilation of information about the financing of SMHAs. To date, over half of the states have committed to helping fund this initiative.

Every state that completes the 2020 SPS Components will receive general reports showing state and national trends. However, states that financially support this initiative will also receive more expansive, customized state reports with additional details and trends. For more information about supporting this important initiative, please contact NRI’s Executive Director/CEO, Tim Knettler at tknettler@nri-inc.org or 703-738-8160.
Mental Health Considerations During the COVID-19 Outbreak

6 March 2020

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International Concern. WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak. However, this time of crisis is generating stress in the population. These mental health considerations were developed by the Mental Health Department as support for mental and psychological well-being during COVID-19 outbreak.

For the General Population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. Don’t attach it to any ethnicity or nationality. Be empathetic to those who got affected, in and from any country, those with the disease have not done anything wrong.

2. Don’t - refer to people with the disease as “COVID-19 cases”, “victims” “COVID-19 families” or the “diseased”. They are “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” and after recovering from COVID-19 their life will go on with their jobs, families and loved ones.

3. Avoid watching, reading or listening to news that cause you to feel anxious or distressed; seek information mainly to take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts. Gather information at regular intervals, from WHO website and local health authorities platforms, in order to help you distinguish facts from rumors.

4. Protect yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper.

5. Find opportunities to amplify the voices, positive stories and positive images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery and are willing to share their experience.

6. Honor caretakers and healthcare workers supporting people affected with COVID-19 in your community. Acknowledge the role they play to save lives and keep your loved ones safe.

For Health Care Workers

7. For health workers, feeling stressed is an experience that you and many of your health worker colleagues are likely going through; in fact, it is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. Managing your stress and psychosocial wellbeing during this time is as important as managing your physical health.

8. Take care of your basic needs and employ helpful coping strategies- ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends. Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical well-being. This is a unique and unprecedented scenario for many workers, particularly if they have not been involved in similar responses. Even so, using the strategies that you have used in the past to manage times of stress can benefit you now. The strategies to benefit feelings of stress are the same, even if the scenario is different.

9. Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. This can make an already challenging situation far more difficult. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues, your manager or other trusted persons for social support- your colleagues may be having similar experiences to you.

10. Use understandable ways to share messages with people with intellectual, cognitive and psychosocial disabilities. Forms of communication that do not rely solely on written information should be utilized If you are a team leader or manager in a health facility.

11. Keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfill their roles.

12. Ensure good quality communication and accurate information updates are provided to all staff. Rotate workers from high-stress to lower-stress functions. Partner inexperienced workers with their more experiences colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures. Ensure that outreach personnel enter the community in pairs. Initiate, encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member impacted by a stressful event.

13. If you are a team leader or manager in a health facility, facilitate access to, and ensure staff are aware of where they can access mental health

(Continued on page 5)
Mental Health Considerations During the COVID-19 Outbreak (cont’d)

(Continued from page 4) and psychosocial support services. Managers and team leads are also facing similar stressors as their staff, and potentially additional pressure in the level of responsibility of their role. It is important that the above provisions and strategies are in place for both workers and managers and that managers are able to role-model self-care strategies to mitigate stress.

14. Orient responders, including nurses, ambulance drivers, volunteers, case identifiers, teachers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid.

For Caretakers of Children

15. Help children find positive ways to express disturbing feelings such as fear and sadness. Every child has his/her own way to express emotions. Sometimes engaging in a creative activity, such as playing, and drawing can facilitate this process. Children feel relieved if they can express and communicate their disturbing feelings in a safe and supportive environment.

16. Keep children close to their parents and family, if considered safe for the child, and avoid separating children and their caregivers as much as possible. If a child needs to be separated from his/her primary caregiver, ensure that appropriate alternative care is and that a social worker, or equivalent, will regularly follow up on the child. Further, ensure that during periods of separation, regular contact with parents and caregivers is maintained, such as twice-daily scheduled phone or video calls or other age-appropriate communication (e.g., social media depending on the age of the child).

17. Maintain familiar routines in daily life as much as possible, especially if children are confined to home. Provide engaging age appropriate activities for children. As much as possible, encourage children to continue to play and socialize with others, even if only within the family when advised to restrict social contract.

18. During times of stress and crisis, it is common for children to seek more attachment and be more demanding on parents. Discuss the COVID-19 with your Children in honest and age-appropriate information. If your children have concerns, addressing those together may ease their anxiety. Children will observe adults’ behaviors and emotions for cues on how to manage their own emotions during difficult times.

For Caretakers of Older Adults

19. Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak/while in quarantine. Provide practical and emotional support through informal networks (families) and health professionals.

20. Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary. Instructions need to be communicated in a clear, concise, respectful and patient way, and it may also be helpful for information to be displayed in writing or pictures. Engage their family and other support networks in providing information and helping them practice prevention measures (e.g. handwashing etc.)

21. Encourage older adults with expertise, experiences and strengths to volunteer in community efforts to respond to the COVID-19 outbreak (for example the well/healthy retired older population can provide peer support, neighbor checking, and childcare for medical personnel restricted in hospitals fighting against COVID-19.)

For People in Isolation

22. Stay connected and maintain your social networks. Even in situations of isolations, try as much as possible to keep your personal daily routines. If health authorities have recommended limiting your physical social contact to contain the outbreak, you can stay connected via e-mail, social media, video conference and telephone.

23. During times of stress, pay attention to your own needs and feelings. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, keep regular sleep routines and eat healthy food. Keep things in perspective. Public health agencies and experts in all countries are working on the outbreak to ensure the availability of the best care to those affected.

24. A near-constant stream of news reports about an outbreak can cause anyone to feel anxious or distressed. Seek information updates and practical guidance at specific times during the day from health professionals and WHO website and avoid listening to or following rumors that make you feel uncomfortable.

Other Resources

Resource Page: Coronavirus and Your Mental Health, Beacon Health Options, March 2020
Centers for Disease Control and Prevention: Coronavirus 2019 Communication Resources, March 2020
Centers for Disease Control and Prevention: Mental Health and Coping During COVID-19, March 2020
Study Identifies Risk Factors for Suicidal Ideation Among Deployed U.S. Army Soldiers

New findings identify being white, having past noncombat trauma, and having major depressive disorder as risk factors for suicidal ideation among deployed Army soldiers.

The survey study revealing those findings, Factors Associated With Suicide Ideation in US Army Soldiers During Deployment in Afghanistan, led by Robert J. Ursano, M.D., Center for the Study of Traumatic Stress, Department of Psychiatry, Uniformed Services University of the Health Sciences and colleagues, was published online January 29 in JAMA Network Open.

The researchers used data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) to analyze the prevalence of self-reported mental health disorders, risk factors related to deployment, and life stressors associated with suicidal ideation within their lifetime, the preceding 12 months, and the last 30 day to determine how common are suicidal ideation and mental health disorders. U.S. Army soldiers received questionnaires at the midpoint of their deployment to Afghanistan, a known period for peak suicidal risk.

The study also assessed lifetime and past 12-month exposure to deployment-related stressors such as having fired at the enemy or taken fire, being wounded by the enemy, death or injury of a fellow unit member, and being hazed or bullied by unit members. Fourteen life stressors (ex., physical assault, sexual assault/rape, murder of a close friend or relative, disaster, and life-threatening illness or injury) related to deployment were assessed. Soldiers were self-administered questionnaires regarding deployment-related factors and life stressors at the midpoint of their deployment.

A total of 3,957 soldiers were selected from the representative sample of 87,023 active duty soldiers serving Afghanistan in July 2012. Approximately 87.5 percent were male and 52.6 percent were 18 to 29 years of age. Lifetime suicidal ideation was reported by 512 soldiers (11.7 percent of the sample), with 32.0 percent reporting suicidal ideation after enlisting. Of the soldiers experiencing suicidal ideation in the preceding 12 months, and the last 30 day to determine how common are suicidal ideation and mental health disorders. Of the soldiers experiencing suicidal ideation in the preceding 12 months, and the last 30 days to determine how common are suicidal ideation and mental health disorders. Of the soldiers experiencing suicidal ideation in the preceding 30 days, 60 percent reported having a mental health diagnosis, demonstrating that mental health disorders were four times more common in soldiers reporting suicidal ideation.

Suicidal ideation was identified as associated with two lifetime factors (noncombat trauma, bullying, or sexual assault) and 5 stressors in the past 12 months (assault or injury to self or other, death or illness of friend or family member, relationship problems, legal problems, or bullying by unit members). A multivariable model found white race, lifetime noncombat trauma, and major depressive disorder during the preceding 30 days were associated with suicidal ideation.

Ursano and colleagues recommend increasing suicide screening among soldiers at the midpoint of their deployment to effectively identify soldiers at risk of suicide attempt.

Study limitations identified by the authors include relying on soldiers’ self-reported data and that the findings may not generalize to other military branches or to the general public.

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

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, attendees 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 percent 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
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 R.I. 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: Sue Ann Atkerson, CEO of Behavioral Health Link, Testifies Before Congress on 988

Last week, Sue Ann Atkerson, LPC, MBA, CEO of Behavioral Health Link, testified before the United States House of Representatives Committee on Energy and Commerce’s Communications and Technology Subcommittee. The hearing, called “Strengthening Communications Networks to Help Americans in Crisis,” included six witnesses who spoke on eight separate bills. Atkerson testified on suicide prevention and 988—the 3-digit dialing code the FCC has formally begun to make the nationwide number for mental health and suicide crisis. The specific legislation she addressed is H.R. 4194, the “National Suicide Hotline Designation Act of 2019.” The bipartisan bill, said Atkerson, is “a historic step toward saving more American lives.” In her oral testimony, she highlighted three primary points: Suicide is a leading cause of death in the United States, faster access to the National Suicide Prevention Lifeline will save lives, and funding and specialized services are vital for the success of 988.
Department of Justice Bureau of Justice Assistance
Funding Opportunity Announcement: FY 2020
Innovations in Reentry Initiative: Building System Capacity & Testing Strategies to Reduce Recidivism (BJA-2020-17281)

Funding Mechanism: Grant
Anticipated Total Available Funding: $4 million
Anticipated Number of Awards: 4
Anticipated Award Amount: Up to $1M per year
Length of Project: 48 Months
Cost Sharing/Match Required?: No

Application Due Date: Monday, May 4, 2020, 11:59 E.T.

This program will help jurisdictions assess their reentry system, identify strengths and gaps, and then build capacity for either improving reentry systems generally or improving service delivery by implementing or expanding a reentry program.

Grantees will work with BJA to either identify system gaps and then implement improvements to enhance the effectiveness of their reentry system or to implement or enhance a reentry program to reduce recidivism among a specific target population.

Eligibility:
Eligible applicants include units or components of state, county, or local government and federally recognized Indian tribal governments.


Department of Justice Office of Juvenile Justice and Delinquency Prevention FY 2020 Competitive Solicitation
OJJDP FY 2020 Strategies To Support Children Exposed to Violence (CFDA 16.818)

Funding Mechanism: Grant
Anticipated Total Available Funding: $7 million
Anticipated Number of Awards: 7
Anticipated Award Amount: Up to $1M per year
Length of Project: 36 Months
Cost Sharing/Match Required?: No

Application Due Date: Monday, April 27, 2020, 11:59 E.T.

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office of Juvenile Justice and Delinquency Prevention (OJJDP) is seeking applications for funding for the fiscal year (FY) 2020 Strategies To Support Children Exposed to Violence. This program furthers the Department's mission by combating victimization and reducing violent crime.

Funding under this program can be used to develop support services for children exposed to violence in their homes, schools, and communities; and to develop, enhance, and implement violent crime reduction strategies that focus on violent juvenile offenders. This program development and resource allocation decision by interested applicants should be based on currently available resources to the jurisdiction and gaps in services. The goals of the program are to: 1) reduce the incidence of violence through accountability efforts for juvenile offenders; 2) respond to victimization of children whether as a result of violence that occurs in the school, community or family; and 3) increase protective factors to prevent juvenile violence, delinquency, and victimization.

Eligibility:
- states and territories,
- units of local government,
- federally recognized Indian tribal governments,
- nonprofit organizations (including tribal nonprofit organizations), and
- institutions of higher education (including tribal institutions of higher education).

A solicitation webinar will be held on March 26, 2020 at 2 p.m. ET. This webinar will provide a detailed overview of the solicitation and allow an opportunity for interested applicants to ask questions. Preregistration is required for all participants. Register by clicking this link and following the instructions. Due to the limited time, OJJDP encourages participants to review the solicitation and submit any questions they may have in advance and no later than 3 days prior. Submit your questions to grants@ncjrs.gov with the subject as “Questions for OJJDP FY 2020 Strategies to Support Children Exposed to Violence Webinar.” After the webinar, you will find the webinar recording uploaded here.

We strongly encourage you to register online at our website for the fastest and most efficient process.

POSTPONED UNTIL SEPTEMBER 10, 2020

The Baltimore Convention Center
Pratt and Sharp Streets

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Maryland Center of Excellence on Problem Gambling • Medmark Treatment Centers
Mountain Manor Treatment Centers • Pathways / Anne Arundel Medical Center
Powell Recovery Center • Project Chesapeake • Recovery Centers of America
Recovery Network • Total Health Care • Tuerk House • Turning Point Clinic
University of Maryland, Drug Treatment Centers
University of Maryland Medical System, EAP
University of Maryland, Psychiatry, Division of Addiction Research and Treatment
Warwick Manor Behavioral Health
NHSC Loan Repayment Programs:
One Application, Three Programs

We’re accepting applications through April 23, 2020, 7:30 p.m. E.T. for the:

- **NHSC Loan Repayment Program**
- **NHSC Substance Use Disorder (SUD) Workforce Loan Repayment Program**
- **NHSC Rural Community Loan Repayment Program**.

Which One is Right for You? (PDF - 576 KB)

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**NHSC Loan Repayment Program**

- Disciplines eligible for all programs:
  - Physicians (DO/MD)
  - Nurse Practitioners (NP)
  - Physician Assistants (PA)
  - Certified Nurse Midwives (CNM)
  - Health Service Psychologists (HSP)
  - Licensed Clinical Social Workers (LCSW)
  - Psychiatric Nurse Specialists (PNS)
  - Marriage and Family Therapists (MFT)
  - Licensed Professional Counselors (LPC)

- Disciplines eligible for specific programs:
  - Dentists (DDS/DMD)
  - Dental Hygienists (RDH)

- Award amount:
  - Full-time: $50K
  - Part-time: $25K

- Service commitment: 2 years

- NHSC Health Care Site: Any NHSC-approved site

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**NHSC SUD Workforce Loan Repayment Program**

- Award amount:
  - Full-time: $75K
  - Part-time: $37.5K

- Service commitment: 3 years

- NHSC Health Care Site: Any NHSC-approved SUD site

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**NHSC Rural Community Loan Repayment Program**

- Award amount:
  - Full-time: $100K
  - Part-time: $50K

- Service commitment: 3 years

- NHSC Health Care Site: Any rural, NHSC-approved SUD site

All programs use one application, but you can only apply to one program.
The National Tribal Public Health Summit is a premiere Indian public health event that attracts over 500 Tribal public health professionals, elected leaders, advocates, researchers, and community-based service providers. This year’s Summit will feature dynamic national speakers, interactive workshops and roundtable discussions, a welcome reception, a morning fitness event, as well as the presentation of the 2020 Native Public Health Innovation awards.

Summit Tracks

- Health Promotion and Disease Prevention
- Public Health Policy, Infrastructure, Workforce and Systems
- Substance Misuse, Opioids, and Behavioral Health
- Environmental Health and Climate Change
- Traditional Public Health Practice

Speaker Highlight: Billy Mills

The National Indian Health Board is excited to announce that Olympic gold medalist Billy Mills will be a keynote speaker at the 11th Annual National Tribal Public Health Summit. Billy will be speaking during the opening plenary session on March 18th.

Billy Mills is Oglala Lakota (Sioux) and was born and grew up on the Pine Ridge Indian Reservation. An Olympic gold medalist and Running Strong’s National Spokesperson, he has dedicated his life to serving American Indian communities.

At the 1964 Olympics, he shocked the world and came from behind to win the gold medal in the 10k race. At the time, he set a world record of 28 minutes, 24.4 seconds and is still the only American to ever win a gold medal in the 10k event.

Learn more about Billy Mills and join us at the Tribal Public Health Summit to hear more about his journey and his work promoting public health for Tribes.

Hilton Omaha Room Block Closes February 24th!

Contact Us

For more information about the 11th Annual Tribal Public Health Summit, please contact us directly at the phone number or e-mail below.

National Indian Health Board
TPHS@nihb.org
202-507-4070
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 and 2018 Beyond Beds series of papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2019 multiple-paper follow-up to the Beyond Beds series is now up on the NASMHPD website. The 2019 papers take the Beyond Beds theme to look at additional innovative approaches offered in the community and factors impacting those services, covering such topics as early antipsychotic prescribing practices in nursing homes, developing a behavioral health workforce, a public health approach to trauma and addiction, addressing behavioral health in traumatic brain injury treatment, recovery-oriented cognitive therapy, integration of mental health and substance use services for those with co-occurring conditions, schools as part of the continuum of care for children and adolescents, and addressing social and mental health needs in transition-age homeless youth.

One of those papers, Lessons from the International Community to Improve Mental Health Outcomes, authored by Deborah Pinals, M.D., chair of the NASMHPD Medical Directors Division and Medical Director, Behavioral Health and Forensic Programs in the Michigan Department of Health and Human Services, pivots from NASMHPD’s previous work in this series to look beyond the borders of the United States to other countries for examples of successful and promising strategies across nine areas of focus. The paper’s highlighted examples from the international community aim to further illuminate strategies and inspire ongoing crucial dialogue in an effort to improve mental health in the United States.

Following are links to the other reports in the 2019 Technical Assistance Coalition series.

Effects of CMS’ Measure of Antipsychotic Prescribing Practices for Nursing Facilities on Utilization of Antipsychotic Medications and Changes in Diagnostic Patterns

Developing a Behavioral Health Workforce Equipped to Serve Individuals with Co-Occurring Mental Health and Substance Use Disorders

A Public Health Approach to Trauma and Addiction

Traumatic Brain Injury and Behavioral Health Treatment

Recovery-Oriented Cognitive Therapy: a Theory-Driven, Evidence-Based, Transformative Practice to Promote Flourishing for Individuals with Serious Mental Health Conditions that is Applicable across Mental Health Systems

Integrated Systems and Services for People with Co-Occurring Mental Health and Substance Use Conditions: What’s Known, What’s New, and What’s Now?

Schools as a Vital Component of the Child and Adolescent Mental Health System

Addressing Intersecting Social and Mental Health Needs among Transition-Aged Homeless Youth

The NASMHPD Technical Assistance Coalition series will continue in 2020.
March is Brain Injury Awareness Month

Did you know?

- People who have a history of a moderate to severe traumatic brain injury (TBI) are 11 times more likely to die from an overdose than those without a history of TBI.
- Researchers report that people with TBI are at a significantly greater risk for opioid misuse and overdose.
- Contributing to this risk, 70-80% of people with TBI are discharged from inpatient rehabilitation with an opioid prescription.
- If the brain is starved of oxygen for more than 5-6 minutes due to an overdose, people who survive their overdose may sustain an Acquired Brain Injury (ABI).

NATIONAL CENTER FOR CIVIL AND HUMAN RIGHTS

2020 Health Summit: Addressing Mental Health Disparities

Monday April 20, 2020 8:30 a.m. - 4:00 p.m. E.T.

One in five Americans has experienced a mental health issue. Those from marginalized communities have compounded effects, as mental health illnesses are not uniformly treated. The goal of the 2020 Health Summit will be to address key areas of disparity in mental health treatment.

Join the Health and Human Rights Institute of the National Center for Civil and Human Rights for our 2020 Health Summit as we explore various topics related to mental health disparities. The program will feature rotating panels discussing the 6 2020 Summit focus areas of: 1) states’ lagging mental health parity laws; 2) the toll of white supremacy on mental health; 3) trauma informed care relating to gender-based and intersectionality-based violence; 4) the mental health of youth in marginalized communities; 5) mental health and HIV; 6) homelessness and mental health.

The Summit will include time to network with leaders and experts in the field. The doors will open at 8:30 a.m. with a continental breakfast and the program will begin promptly at 9:00 a.m. and close at 4:00 p.m., inclusive of lunch.

Who Should Attend?

- Social workers, mental health professionals, researchers; nurse practitioners
- Community leaders; healthcare professionals
- Policymakers, academics, and human rights leaders, and the general public

The event is free, but registration is required.

For more information, visit 2020healthsummit.org or email mwatson@civilandhumanrights.org.

Register HERE

Additional NASMHPD Links of Interest


Coronavirus Outbreak Has America’s Homeless at Risk of Disaster. Thomas Fuller, New York Times, March 10

Mental Health Considerations During COVID-19 Outbreak, World Health Organization, March 6

Differentiating Between Bipolar and Schizoaffective Diagnoses, Psychiatry and Behavioral Health Learning Network, March 6

Blog: Coronavirus Crisis: Staying Safe, Smart, and Kind, Andrew Penn, RN, MS, NP, CNS, APRN-BC, Psychiatry and Behavioral Health Learning Network, March 10

NIMH Offers Mental Health Information in Spanish, National Institute of Mental Health

Looking for Clues: Overdose Fatality Review through a Brain Injury Informed Lens & Opioids and Brain Injury Facts, Behavioral Health Administration Traumatic Brain Injury Partner Project, Maryland Department of Health under a Grant by the Administration for Community Living, U.S. Department of Health and Human Services

Battling the Modern Epidemic of Loneliness: Suggestions for Research and Interventions, Jeste D.V., M.D., Lee E.E., M.D. & Cacioppo S., Ph.D., JAMA Psychiatry, March 4
Let's Work Together... Call for Presentations

Seeking PRESENTATIONS about activities or program initiatives leading to improved service delivery in States!

Additionally, seeking proposals for our Pre-Conference Session: Leveling the Field: Health Disparities and Brain Injury

Don’t Delay, Submit Today!

Sessions/speakers that are selected will be notified by April 20th.
Submit your Proposal for Pre-Conference or General Conference Sessions here:

SOS Session Proposal

For more information visit nashia.org or contact Jill Tilbury.
NCCHC will hold its National Conference on Correctional Health Care October 31 to November 4 at the Paris Hotel in Las Vegas.

We invite you to submit a presentation proposal for consideration.

We are seeking proposals on a range of topics: administrative, legal, ethical, nursing, mental health, medical and more.

Help advance the field at the nation’s largest gathering of correctional health professionals!

Questions? Contact us at 773-880-1460 or education@ncchc.org.

Deadline to submit proposals is April 3

SUBMIT PROPOSAL

Centers for Disease Control (NCIPC) Forecast Funding Opportunity Announcement
Preventing Adverse Childhood Experiences through Essentials for Childhood (CDC-RFA-CE20-2006)

Funding Mechanism: Grant
Anticipated Number of Awards: 5
Length of Project: Up to 5 Years
Estimated Post Date: May 1, 2020
Estimated Award Date: Aug 01, 2020
Anticipated Total Available Funding: $6.3 million
Award Amount: $420,000 to $525,000
Cost Sharing/Match Required?: Yes
Estimated Application Due Date: Jun 30, 2020
Estimated Project Start Date: Sep 01, 2020

The purpose of this funding is to support recipients in measuring, tracking, and preventing adverse childhood experiences (ACEs) in their states. Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. Currently, ACEs are difficult to track over time because they do not always come to the attention of agencies that compile publicly available administrative data and because the best surveillance data currently available for ACEs, such as those collected through the Behavioral Risk Factor Surveillance System (BRFSS), are from retrospective surveys with adults. These challenges make it difficult to assess current prevalence, track change over time, target prevention strategies, and measure the success of prevention strategies. In addition, to date, efforts to implement data-driven, comprehensive, evidence-based prevention strategies have been lacking in communities across the U.S.

This NOFO will support the implementation of data-driven, comprehensive, evidence-based prevention strategies by building a surveillance infrastructure for the collection, analysis, and application of such ACEs data, so that states can monitor the prevalence of ACEs experiences among youth within their states and then use those data to inform prevention efforts at the state and community level. In tandem, this NOFO also provides resources to support states in implementing primary prevention strategies for preventing ACEs. Therefore, there are two overall required components of this award – a surveillance component and a prevention component. The work of these components, and the infrastructure and expertise exerted to accomplish that work, should be interdependent and should be planned and implemented as part of a dynamic system that reflects the 10 Essential Public Health Services promoted by CDC.

Eligibility: State Governments

Contact: Derrick Gervin, (770) 488-5004, vjk8@cdc.gov
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (TI-20-07)

Funding Mechanism: Grant

Anticipated Total Available Funding: $1.8 million

Anticipated Number of Awards: 3 (At least 1 tribes/tribal organization, pending adequate application volume)

Anticipated Award Amount: up to $525,000 per year

Length of Project: Up to 5 Years

Cost Sharing/Match Required?: Yes

Application Due Date: Tuesday, March 30, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2020 Residential Treatment for Pregnant and Postpartum Women grant program (Short Title: PPW). The purpose of this program is to provide pregnant and postpartum women treatment for substance use disorders through programs in which, during the course of receiving treatment, 1) the women reside in or receive outpatient treatment services from facilities provided by the programs; 2) the minor children of the women reside with the women in such facilities, if the women so request; and 3) the services are available to or on behalf of the women.

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

PPW recipients that received grant awards under the following Announcement Numbers are not eligible to apply for this funding opportunity:

- TI-14-005 - Grants funded in FY 2016; and

Recipients funded under SM-17-006 are not eligible to apply for funding under this FOA.

Contacts:

Program Issues: Linda White-Young, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1581, Linda.White-Young@samhsa.hhs.gov.


The ACA at 10: What We’ve Learned and How the 2020 Elections Could Shape the Future

Wednesday, March 18, 9:30 a.m. to Noon, E.T.

Barbara Jordan Conference Center, Kaiser Family Foundation

1330 G Street NW, Washington, D.C. 20003. (1/2 block from Metro Center)

On Wednesday March 18, the Kaiser Family Foundation and the National Academy for State Health Policy will hold a public forum to explore state experiences under the Affordable Care Act and how the 2020 elections could shape the future of state health reform.

The event will feature two panel discussions examining the ACA’s impact on states and potential changes on the horizon. The first panel includes officials from five states and will explore how states approached the ACA initially, what they have learned, what challenges they see on the horizon, and how they might address them. The second panel will examine the 2020 presidential candidates’ health plans and assess the opportunities and concerns for states seeking to improve access to, and affordability of, coverage and care for their residents.

Participants will include:

- Drew Altman, KFF President and CEO
- Jessica Altman, Pennsylvanai Insurance Commissioner
- Cindy Gillespie, Arkansas Health and Human Services Secretary
- Ed Haislmaier, Heritage Foundation Senior Research Fellow
- Peter Lee, Covered California Executive Director
- Larry Levitt, KFF Executive Vice President for Health Policy
- Cindy Mann, Partner at Manatt, Phelps & Phillips
- Rachana Pradhan, Kaiser Health News Correspondent
- Trish Riley, NASHP Executive Director
- Marylou Sudders, Massachusetts Health and Human Services Secretary
- Molly Voris, Washington State Senior Policy Advisor for Public Health and Health Care

Register HERE
Recovery Live! Supporting the Peer Workforce in Advancing Treatment on Recovery Supports for Older Adults

*Thursday, March 26, 2:00 p.m. to 3:00 p.m. E.T.*

SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) invites you to join national experts in a conversation about how treatment and recovery services can best meet the unique needs of older adults.

With a growing population of older adults in United States, it will be important for mental and substance use disorder providers to adapt services to best meet this group’s unique needs. Older adults with mental health issues or substance use disorder face many barriers to care, including misdiagnosis, lack of knowledge, and challenges to accessing services. Through outreach, screening, and client engagement strategies, organizations can adapt the best practices they already use to engage older adults in treatment and recovery support services.

Presenters will describe the changing landscape of treatment and recovery services for older adults, highlight best practices emerging across the field, and share how recovery support services, such as peer services, can improve client outreach and engagement.

Join us for this free, interactive virtual event moderated by Lonnetta Albright, BRSS TACS Subject Matter Expert.

**Presenters:**

- **Cathi Valdez**, Director, Certified Older Adult Peer Specialist Endorsement and Certified Peer Support Worker Instructor, New Mexico Office of Peer Recovery and Engagement
- **Rob Walker**, External Consumer Engagement Liaison, Massachusetts Department of Mental Health, Office of Recovery and Empowerment
- **Cynthia Zubritsky**, Director of Policy Research, Center for Mental Health Policy and Services Research, University of Pennsylvania

[Register HERE](#)

Registration will close 60 minutes before the event start time.

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**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**

**Grants to Implement Zero Suicide in Health Systems (SM-20-15)**

**Funding Mechanism:** Grant  
**Anticipated Total Available Funding:** $7,043,597  
**Anticipated Number of Awards:** 10 to 17  
**Length of Project:** Up to 5 Years  
**Anticipated Award Amount:** $400,000 to $700,000 per year  
**Cost Sharing/Match Required?** No  
**Application Due Date:** Tuesday, March 30, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Grants 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. This program is designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk for suicide. Recipients will implement the Zero Suicide model throughout their health system.

**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;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations;
- Community-based primary care or behavioral health care organizations;
- Emergency departments; or
- Local public health agencies.

Recipients funded under SM-17-006 are not eligible to apply for funding under this FOA.

**Contacts:** Program Issues: Brandon Johnson, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1222, [brandon.johnson1@samhsa.hhs.gov](mailto:brandon.johnson1@samhsa.hhs.gov).  
Savannah Kidd, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1071, [savannah.kidd@samhsa.hhs.gov](mailto:savannah.kidd@samhsa.hhs.gov).

**Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, [FOACSAT@samhsa.hhs.gov](mailto:FOACSAT@samhsa.hhs.gov).
Webinar Announcement:
The Critical Role of Mentors in Veterans Treatment Courts
Tuesday, April 21, Noon to 1:30 p.m. E.T.

Veterans Treatment Courts (VTCs) use an interdisciplinary team approach to divert justice involved veterans away from incarceration and into treatment. This proactive approach towards justice involvement is accomplished by effectively targeting and addressing participants’ responsivity needs, specifically ones that are clinical (medical, behavioral health and trauma), cultural, and criminogenic. In this webinar, participants will learn about the core, essential components that comprise a VTC with particular focus placed on the mentoring component.

Three presenters will discuss essential elements that contribute to the ongoing success of the mentoring component and the importance of using best practices in peer mentoring implementation. Vital information about resources for mentoring components to access will be discussed, including recently developed online training modules, and a new mentor coordinator curriculum.

Register HERE

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Tribal Opioid Response Grants (TI-20-011)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 200
Length of Project: 2 Years
Anticipated Total Available Funding: $50 million
Anticipated Award Amount: See Appendix K, below
Cost Sharing/Match Required?: No
Application Due Date: Tuesday, May 4, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2020 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). In addition to focusing on OUD, recipients may also address stimulant misuse and use disorders, including cocaine and methamphetamine. The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment, and recovery support services for OUD and, if so desired, stimulant misuse and use disorders.

Eligibility: The applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization, as defined under 25 U.S.C. § 1603.

Contacts:
Program Issues: Beverly Vayhinger, Office of Financial Resources, Substance Abuse and Mental Health Services Administration (SAMHSA), (240) 276-0564, Beverly.Vayhinger@samhsa.hhs.gov.


APPENDIX K

Annual Award Allocation of Tribal Opioid Response Grants Funds will be distributed noncompetitively based on values provided below. Dollar amounts are based on user population of tribes. If a tribe elects to partner with another tribe to apply, award amounts of each tribe in the application may be summed for total application budget. The first column shown represents the tribe’s user population. The second column shows the maximum amount for which the tribe may apply per year. Applicants may elect to apply for less than the amount shown; however, applicants may not apply for more than the annual amount shown in either year of the grant.

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<th>User Population</th>
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This Notice is a Request for Information (RFI) inviting feedback on the framework for the NIH-Wide Strategic Plan for Fiscal Years (FYs) 2021-2025. The purpose of the NIH-Wide Strategic Plan is to communicate how NIH will advance its mission to support research in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The current NIH-Wide Strategic Plan, covering FYs 2016-2020, was submitted to Congress on December 15, 2015. As part of implementing the 21st Century Cures Act (P.L. 114–255), NIH will update its Strategic Plan every five years. The agency is currently developing an updated NIH-Wide Strategic Plan, for FYs 2021-2025, and anticipates releasing it in December 2020.

The FY 2021-2025 NIH-Wide Strategic Plan highlights NIH’s approach towards the achievement of its mission while ensuring good stewardship of taxpayer funds. It is not intended to outline the myriad of important research opportunities for specific diseases or conditions. Nor will it focus on the specific research missions of each component Institute, Center and Office. Those opportunities are found within strategic plans that are specific to an Institute, Center, or Office, or specific to a particular disease or disorder. (A list of Institute, Center, or Office-specific, topical, and other NIH-wide or interagency strategic plans is available at https://report.nih.gov/strategicplans/.)

The Framework for the FY 2021-2025 NIH-Wide Strategic Plan, below, articulates NIH’s priorities in three key areas (Objectives): biomedical and behavioral science research; scientific research capacity; and scientific integrity, public accountability, and social responsibility in the conduct of science. These Objectives apply across NIH. In addition, several Cross-Cutting Themes, which span the scope of these Objectives, are identified.

**NIH-Wide Strategic Plan Framework**

**Cross Cutting Themes**
- Increasing, Enhancing, and Supporting Diversity
- Improving Women’s Health and Minority Health, and Reducing Health Disparities
- Optimizing Data Science and the Development of Technologies and Tools
- Promoting Collaborative Science
- Addressing Public Health Challenges Across the Lifespan

**Objective 1: Advancing Biomedical and Behavioral Sciences**
- Driving Foundational Science
- Preventing Disease and Promoting Health
- Developing Treatments, Interventions, and Cures

**Objective 2: Developing, Maintaining, and Renewing Scientific Research Capacity**
- Cultivating the Biomedical Research Workforce
- Supporting Research Resources and Infrastructure

**Objective 3: Exemplifying and Promoting the Highest Level of Scientific Integrity, Public Accountability, and Social Responsibility in the Conduct of Science**
- Fostering a Culture of Good Scientific Stewardship
- Leveraging Partnerships
- Ensuring Accountability and Confidence in Biomedical and Behavioral Sciences
- Optimizing Operations

**Request for Comments**

This RFI invites input from stakeholders throughout the scientific research, advocacy, and clinical practice communities, as well as the general public, regarding the above proposed framework for the FY 2021-2025 NIH-Wide Strategic Plan.

(Continued on next page)
NIH Request for Information
Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for FYs 2021-2025 (Notice Number: NOT-OD-20-064)

(Continued from previous page) The NIH seeks comments on any or all of, but not limited to, the following topics:

- Cross-Cutting Themes articulated in the framework, and/or additional cross-cutting themes that may be considered
- NIH’s priorities across the three key areas (Objectives) articulated in the framework, including potential benefits, drawbacks or challenges, and other priority areas for consideration
- Future opportunities or emerging trans-NIH needs

NIH encourages organizations (e.g., patient advocacy groups, professional organizations) to submit a single response reflective of the views of the organization or membership as a whole.

All comments must be submitted electronically on the submission website. Responses must be received by 11:59:59 pm (ET) on March 25, 2020.

Responses to this RFI are voluntary and may be submitted anonymously. Please do not include any personally identifiable information or any information that you do not wish to make public. Proprietary, classified, confidential, or sensitive information should not be included in your response. The Government will use the information submitted in response to this RFI at its discretion. The Government reserves the right to use any submitted information on public websites, in reports, in summaries of the state of the science, in any possible resultant solicitation(s), grant(s), or cooperative agreement(s), or in the development of future funding opportunity announcements. This RFI is for informational and planning purposes only and is not a solicitation for applications or an obligation on the part of the Government to provide support for any ideas identified in response to it. Please note that the Government will not pay for the preparation of any information submitted or for use of that information.

We look forward to your input and hope that you will share this RFI opportunity with your colleagues.

Please direct all inquiries to: nihstrategicplan@od.nih.gov

In recognition of World Bipolar Day, NIMH is hosting a Facebook Live event on bipolar disorder in adolescents and young adults on Wednesday, March 26, 2020, from 12:00 – 12:30 p.m. ET.

Bipolar disorder is not the same as the typical ups and downs every kid goes through. The mood swings are more extreme and accompanied by changes in sleep, energy level, and the ability to think clearly. While bipolar disorder is far less common than depression in adolescents, it can be extremely impairing and is associated with a high risk for suicide if untreated. Bipolar disorder can be particularly difficult to diagnose in adolescents as they are already experiencing mood swings related to puberty and hormonal changes, and the symptoms of bipolar disorder often mirror those of other mental disorders like attention-deficit hyperactivity disorder (ADHD).

During the Facebook Live event, clinical psychologist and chief of the Child and Adolescent Psychosocial Interventions Research Program at NIMH, Mary Rooney, Ph.D., will discuss the signs and symptoms of bipolar disorder and treatments for bipolar disorder in adolescents and young adults.

Facebook viewers will also have a chance to ask questions live, so follow NIMH on Facebook and read below for more information on how to participate.

Participating is easy.

Visit NIMH’s Facebook page a few minutes before 12:00 p.m. E.T. on March 26. Refresh your page at 12:00 p.m. E.T. to watch the live video discussion, it will begin on the hour. Click on the video. Make sure it is unmuted by using the volume controls at the bottom of the video. Type your questions into the comments section below the video. NIMH experts will answer questions and provide resources after the event. You will need a Facebook account to ask questions.
ON-LINE COURSE - 330.610.89 - Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

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**Resources:**
- CoursePlus
- Evaluations

**Description:**
Reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. Also explores environmental factors that impact local operations, as well as facility with key tools to plan and implement services. Specifically explores two principal environmental factors, i.e., National Health Reform and Medicaid, and two primary tools for management, i.e., strategic planning and needs assessment. Emphasizes practical knowledge so that managers can apply the information immediately upon returning to their programs. Students are expected to bring practical problems to the course and to leave with useful strategies and tools for solving them.

**Learning Objectives:**

Upon successfully completing this course, students will be able to:

1. Assess the impact of National Health Reform and Medicaid on their own programs and will be able to employ useful strategic planning and needs assessment tools
2. Describe the essential features of National Health Reform and the Medicaid Program
3. Engage successfully in local strategic planning and needs assessment initiatives

**Methods of Assessment:**

This course is evaluated as follows:

- 35% Participation
- 65% Final Paper

**Instructor Consent:**

No consent required

**Special Comments:**

Project is due June 30, 2020
The Agency for Healthcare Research and Quality (AHRQ) seeks nominations for new members to the U.S. Preventive Services Task Force (USPSTF). Since 1998, the Agency for Healthcare Research and Quality (AHRQ) has been authorized by Congress to convene the Task Force and to provide ongoing scientific, administrative, and dissemination support to the Task Force.

The USPSTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. The Task Force assigns each of its recommendations a letter grade (an A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service. Section 2713 of the Affordable Care Act requires private insurers to cover preventive services recommended by the USPSTF with a grade of A or B, at no cost to the insured.

The Task Force does not consider the costs of a preventive service when determining a recommendation grade. The recommendations apply only to people who have no signs or symptoms of the specific disease or condition under evaluation, and the recommendations address only services offered in the primary care setting or services referred by a primary care clinician.

Each year, new members are appointed to replace those who will be completing their service. To learn more about the nomination process, how to nominate an individual for consideration, or how to self-nominate, go here.

**Nominations must be received by March 15, 2020** to be considered for appointment with an anticipated start date of January 2021.

Qualified candidates must demonstrate expertise and national leadership in:

- Clinical preventive services
- Critical evaluation of research
- Implementation of evidence-based recommendations in clinical practice

In addition, AHRQ seeks diverse candidates who have experience in public health; the reduction of health disparities; the application of science to health policy; and the communication of findings to various audiences.
Webinar Series: Recovery from Serious Mental Illness (SMI)

The Northeast and Caribbean MHTTC is proud to offer a webinar series on: **Recovery from Serious Mental Illness (SMI) and the Practices that Support Recovery.** This series will introduce the participant to recovery from SMI and many of the evidence-based and promising practices that support recovery.

**Upcoming events in the series (all events take place from 1:00 p.m. to 2:30 p.m. E.T.):**

**March 26 - Peer Services: Peer Providers Offer Understanding, Respect, Mutual Empowerment, and Support to Others Through Use of Their Personal Experiences**

**April TBA - Supervision of Peer Providers: Effective Supervision of Peers by Non-Peer Supervisors**

**April 23 - Role of Health and Wellness in Recovery: Interventions to Reduce the High Rates of Morbidity and Mortality Among People with Serious Mental Illnesses**

**May 7 - Role of Religion and Spirituality in Recovery: Benefits and Challenges of Religion and Spirituality in Recovery and Strategies for Navigating this Topic**

**May 21 - Recovery in the Hispanic and Latinx Community: What is the Understanding of Recovery in the Hispanic and Latina Community and How Can We Support It**

Click [here](#) for more information and to register.

Click [here](#) to view a full list of our MHTTC Training and Events Calendar

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
The purpose of this program is to support training programs that enhance and expand paraprofessionals' knowledge, skills, and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to children whose parents are impacted by opioid use disorders (OUD) and other substance use disorders (SUD), and their family members who are in guardianship roles. Additionally, a special focus is on demonstrating knowledge and understanding of the specific concerns for children, adolescents and transitional aged youth in high need and high demand areas who are at risk for mental health disorders and SUDs.

For the purpose of this NOFO, the term “paraprofessional” refers specifically to those working in the behavioral health-related field. Additionally, this program will provide developmental opportunities and educational support to increase the number of paraprofessional trainees receiving a certificate upon completion of pre-service training (Level I training which includes didactic and experiential field training) and entering into in-service training (Level II training which includes training at a registered Department of Labor apprenticeship site).

The program goal is to increase the number of peer support specialists and other behavioral health-related paraprofessionals who are prepared to work with families who are impacted by OUD and other SUDs in high need and high demand areas.

The program objectives are to:

1. Enhance and expand, didactic educational support and experiential field training opportunities for OIFSP paraprofessional trainees that target children, adolescents and transitional age youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles.

2. Develop, or establish a partnership with, registered apprenticeship programs to provide in-service training that places paraprofessional trainees in behavioral health-related positions addressing OUD and other SUDs. The apprenticeship program constitutes Level II training.

3. Reduce financial barriers by providing financial support to trainees in the form of tuition/fees, supplies, and stipend support.

4. Create additional training positions beyond current program capacity to increase the number of paraprofessionals trained by a minimum of 10 percent in year one and maintain that level each year of the 4-year project period, with a focus on working with families who are impacted by OUD and other SUDs.

Eligibility:

- State-licensed mental health nonprofit and for-profit organizations. For the purpose of this NOFO, these organizations may include Academic institutions, including universities, community colleges and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education.

- Domestic faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible.

Individuals are not eligible to apply.

Program Contacts:

**Business, Administrative, or Fiscal:** William Weisenberg, Grants Management Specialist, Division of Grants Management Operations, OFAM, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Mailstop 10SWH03, Rockville, MD 20857, (301) 443-8056, wweisenberg@hrsa.gov.

**Program Issues and/or Technical Assistance:** Andrea L. Knox, Public Health Analyst, Division of Nursing and Public Health, Attn: Opioid-Impacted Family Support Program, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Room 11N128C, Rockville, MD 20857, (301) 443-4170, OIFSP@hrsa.gov.
#ADAA2020 Conference is Cancelled

**Important Registration Refund Update - March 11 - 2020**

Each attendee has the option to:

- Donate all or a portion of your registration fee to ADAA
- Defer your registration fee to the 2021 Annual Conference March 18-21 in Boston, MA*
- Request a full refund

*Note, deferred registrations will not be eligible for refunds at a later date.

Please [click on this survey link](#) to select which option you prefer.

*Important note: all requests for refunds MUST BE MADE NO LATER THAN APRIL 30, 2020. Any registrations remaining after April 30, 2020 will automatically be deferred to the 2021 Annual Conference March 18-21 in Boston, MA. No refunds will be given after April 30, 2020.*

All registration requests must be made through the link above. ADAA staff will not process individual email requests. You will be referred back to this survey link. If you have already emailed ADAA individually, you must still complete this survey.

ADAA greatly appreciates your patience during this process. All refunds will be processed in no more than 45 days.

Should you wish to make a voluntary contribution outside of your registration fees, please [click here](#). Your support is greatly appreciated.
A unique forum where all aspects of crisis services - Crisis Call Centers, Mobile Crisis Outreach Teams, and Crisis Residential Programs - will have a chance to meet, network, learn, and focus on our work.
DEPARTMENT OF JUSTICE FUNDING OPPORTUNITY NOTICE
Community Oriented Policing Services (COPS) Office
FY2020 Law Enforcement Mental Health and Wellness Act (LEMHWA)

Funding Mechanism: Grant
Length of Project: 24 months
Anticipated Total Available Funding: up to $4.3 million
Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 31, 2020 at 7:59 p.m. E.T.

The Fiscal Year 2020 Law Enforcement Mental Health and Wellness Act (LEMHWA) program funds are being used to improve the delivery of and access to mental health and wellness services for law enforcement through training and technical assistance, demonstration projects, and implementation of promising practices related to peer mentoring mental health and wellness programs. The 2020 LEMHWA program will fund projects that develop knowledge, increase awareness of effective mental health and wellness strategies, increase the skills and abilities of law enforcement, and increase the number of law enforcement agencies and relevant stakeholders using peer mentoring programs.

This solicitation is open to all public governmental agencies, federally recognized Indian tribes, for profit (commercial) organizations, nonprofit organizations, institutions of higher education, community groups, and faith based organizations. For profit organizations (as well as other recipients) must forgo any profit or management fee.

The 2020 LEMHWA program will fund projects related to the following topic areas:
• Peer Support Implementation Projects
• National Peer Support Program for Small and Rural Agencies
• LEMHWA Coordinator Assistance Provider

Eligibility:
This solicitation is open to all public governmental agencies, federally recognized Indian tribes, for profit (commercial) organizations, nonprofit organizations, institutions of higher education, community groups, and faith based organizations. For profit organizations (as well as other recipients) must forgo any profit or management fee.

The COPS Office welcomes applications under which two or more entities would carry out the federal award; however, only one entity may be the applicant. Any other entities carrying out the federal award must be identified as proposed subrecipients. The applicant must be the entity that would have primary responsibility for carrying out the awards, including administering the funding and managing the entire project. The terms and conditions of the federal award are also applicable to subrecipients.

Proposals should be responsive to the topic selected, improve the delivery of and access to mental health and wellness services for law enforcement, and significantly advance peer mentoring mental health and wellness programs within law enforcement agencies across the country. With the exception of the “Peer Support Implementation topic area, initiatives that primarily or solely benefit one or a limited number of law enforcement agencies or other entities will not be considered for funding.

SAVE THE DATES – 2020 NASMHPD ANNUAL CONFERENCE
(COMMISSIONERS ONLY)
July 26 to 28 at the Westin Arlington Gateway Hotel, Arlington, Virginia
Additional Information to be Provided in the Near Future
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Grants to Implement the National Strategy for Suicide Prevention (Short Title: NSSP) grants. The purpose of this program is to support states and communities in advancing efforts to prevent suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S. nationally. Addressing suicide prevention among adults is imperative to decreasing the nation’s suicide rate.

Grantees must use SAMHSA’s services grant funds primarily to support direct services. This includes the following activities:

- Implement initiatives to ensure greatest reach and system change.
- Develop and implement a plan for rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after discharge from emergency departments and inpatient psychiatric facilities. This must include directly linking up with selected emergency departments and inpatient psychiatric facilities to ensure care transition and care coordination services.
- Establish follow-up and care transition protocols to help ensure patient safety, especially among high risk adults in health or behavioral health care settings who have attempted suicide or experienced a suicidal crisis, including those with serious mental illnesses.
- Provide, or assure provision of, suicide prevention training to community and clinical service providers and systems serving adults at risk. Clinical training conducted should include assessment of suicide risk and protective factors, use of best practice interventions to ensure safety (including lethal means safety), treatment of suicide risk, and follow-up to ensure continuity of care. Applicants must measure changes in provider’s competence/confidence in each of the clinical training areas.
- Incorporate efforts to reduce access to lethal means among individuals with identified suicide risk. This effort will be done consistent with all applicable federal, state, and local laws.
- Work across state and/or community departments and systems in order to implement comprehensive suicide prevention. Relevant state agencies should include, but are not limited to, agencies responsible for Medicaid; health, mental health, and substance abuse; justice; corrections; labor; veterans affairs; and the National Guard.
- Work with VHA Medical Centers and Community-Based Outpatient Clinics (CBOCs), state department of veteran affairs and national SAMHSA and VA suicide prevention resources to engage and intervene with veterans at risk for suicide but not currently receiving VHA services.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. SAMHSA also strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Eligibility:

- State government agencies, including the District of Columbia and U.S. Territories. The State mental health agency or the State health agency with mental or behavioral health functions should be the lead for the NSSP grant.
- Community-based primary care or behavioral healthcare organizations
- Public health agencies
- Emergency departments
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations. (At least one award will be made to a tribe/tribal organization pending adequate application volume).

NSSP recipients funded under SM-17-007 are not eligible to apply for funding under this FOA

Contacts:

Program Issues: Michelle Cornette, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1213, michelle.cornette@samhsa.hhs.gov.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Comprehensive Opioid Recovery Center (TI-20-006)

Funding Mechanism: Grant
Anticipated Number of Awards: 2
Length of Project: Up to 4 years

Anticipated Total Available Funding: $1,900,000
Anticipated Award Amount: Up to $850,000 per year
Cost Sharing/Match Required?: No
Application Due Date: Tuesday, March 17, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2020 Comprehensive Opioid Recovery Centers Program. The CORC Program is authorized under § 7121 of the SUPPORT Act for Patients and Communities. The purpose of the program is the operation of comprehensive centers which provide a full spectrum of treatment and recovery support services to address the opioid epidemic.

Activities required in the CORC program are clearly identified in § 7121 of the SUPPORT Act. The following activities are required by recipients:

- **Treatment and recovery services.** Each Center shall:
  - Ensure that intake, evaluations, and periodic patient assessments meet the individualized clinical needs of patients, including by reviewing patient placement in treatment settings to support meaningful recovery.
  - Provide the full continuum of treatment services, including:
    - All drugs and devices approved or cleared under the Federal Food, Drug, and Cosmetic Act and all biological products licensed under § 351 of this Act to treat substance use disorders or reverse overdoses, pursuant to Federal and State law;
    - Medically supervised withdrawal management, that includes patient evaluation, stabilization, and readiness for and entry into treatment;
    - Counseling provided by a program counselor or other certified professional who is licensed and qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan for the patient, and to monitor patient progress;
    - Treatment, as appropriate, for patients with co-occurring substance use and mental disorders;
    - Testing, as appropriate, for infections commonly associated with illicit drug use;
    - Residential rehabilitation, and outpatient and intensive outpatient programs;
    - Recovery housing;
    - Community-based and peer recovery support services;
    - Job training, job placement assistance, and continuing education assistance to support reintegration into the workforce; and
    - Other best practices to provide the full continuum of treatment and services, as determined by the Secretary.
  - Ensure that all programs covered by the Center include medication-assisted treatment, as appropriate, and do not exclude individuals receiving medication-assisted treatment from any service;
  - Periodically conduct patient assessments to support sustained and clinically significant recovery, as defined under Data Collection Requirements;
  - Provide on-site access to medication, as appropriate, and toxicology services;
  - Operate a secure, confidential, and interoperable electronic health information system; and
  - Offer family support services such as child care, family counseling, and parenting interventions to help stabilize families impacted by substance use disorder, as appropriate.

- **Outreach.** Each Center shall carry out outreach activities regarding the services offered through the Centers which may include:
  - Training and supervising outreach staff, as appropriate, to work with State and local health departments, health care providers, the Indian Health Service, State and local educational agencies, schools funded by the Indian Bureau of Education, institutions of higher education, State and local workforce development boards, State and local community action agencies, public safety officials, first responders, Indian Tribes, child welfare agencies, as appropriate, and other community partners and the public, including patients, to identify and respond to community needs;
  - Ensuring that the entities described above are aware of the services of the Center; and
  - Disseminating and making publicly available, including through the internet, evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring substance use and mental disorders.

**Eligibility:** Eligibility is statutorily limited to domestic nonprofit organizations which provide substance use disorder treatment.

**Contacts:**

**Program Issues:** Tracy Weymouth, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-0142, tracey.weymouth@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.
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-20-401

Application Due Date: August 25, 2020, 5:00 p.m. Local Time of Applying Entity

Earliest Start Date: 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 and 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.

Eligibility

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.
Registration for the Zero Suicide International 5 Summit will open in November 2019!

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 (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.

Nominate a Dr. Jan Mokkenstorm International Zero Suicide Visionary Award Winner

This year's International Zero Suicide Summit will be bittersweet as our first without our beloved colleague Jan Mokkenstorm. During the Summit in Liverpool, the first annual Jan Mokkenstorm Zero Suicide Visionary Award will be presented in his honor. Below is information on the award and instructions for nominating someone. We look forward to seeing everyone in Liverpool and remembering Jan's contributions to making sure no one dies alone and in despair.

Dr. Jan Mokkenstorm played an integral part of the inaugural International Zero Suicide Summit with the International Initiative for Mental Health Leadership match in Oxford in 2014. In subsequent years, Dr. Mokkenstorm attended the International Zero Suicide Summits in Atlanta (2015), and Sydney (2017) in his continued commitment to the global Zero Suicide Movement. He provided vital participation in the collaborative development of the “International Declaration for Better Healthcare: Zero Suicide” in 2015. He also continued the push for the initiative to “move beyond the tipping point” by hosting the 4th international Zero Suicide Summit in Rotterdam in 2018.

Jan demonstrated his passionate commitment to reducing suicides through his tireless efforts to promote the belief that suicides should never be an event that occurs. Through visionary leadership he inspired countless others to join this cause themselves on an individual, organizational, and community level. He was instrumental in spreading the global adoption of the Zero Suicide mission as well as set the pace for innovation and substantial change in many countries across the globe. Simply put, Jan demonstrated exceptional service to the betterment of society through his work with Zero Suicide and suicide prevention.

Nomination Requirements

1. Must have shown national/international leadership in the area of suicide prevention
2. Must have participated in fostering substantial change and innovation in the area of suicide prevention
3. Must have challenged/helped shape government policies and supported a wider awareness and discussion around suicide prevention
4. Must be in attendance at the International Zero Suicide Summit when the award will be presented
5. Must have two (2) letters of recommendation from recognized suicide prevention leaders in one’s home country

Judging

1. The announcement of nominations will be handled by the host nation in conjunction with other communications about the Zero Suicide Summit
2. The host nation will convene a Nomination Committee of three individuals who will review the nominations and award one winner

If you have nominations or would like to participate, please contact Becky Stoll, Vice President, Crisis and Disaster Management at becky.stoll@centerstone.org.
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
- 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.
- All teams will be trained by mid-April
  - OnDemand training scheduled 3/30/2020 – 4/10/2020
- 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: cscestudy@center4si.com
OUR CSC OndeDemand TRAINERS

Iruma Bello, PhD | Clinical Training Director, OnTrackNY
Dr. Bello is an Assistant Professor of Clinical Psychology in Psychiatry. She is also the Clinical Training Director of OnTrackNY at the Center for Practice Innovations within the Division of Behavioral Health Services and Policy Research at Columbia University. She graduated with her PhD in Clinical Psychology from the University of Hawaii- Honolulu.

Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY
A NYS certified peer specialist, Abagael currently serves as a Recovery Specialist and Trainer for OnTrack NY. She has worked as a peer specialist in a variety of settings through the NYS Office of Mental Health, including clinics and as a member of an ACT team. She was based in the OMH NYC field office as an Advocacy Specialist in the Children's Services division.

Susan Gingerich, MSW | Training Coordinator, NAVIGATE
Susan Gingerich has been closely involved with the NAVIGATE First Episode of Psychosis program since 2009, helping to develop all the manuals and providing consultation calls for the directors of 17 NAVIGATE programs during the research phase of The Recovery After An Initial Schizophrenia Episode (RAISE) initiative. She is currently the training coordinator for the NAVIGATE Program.

Thomas Jewell, PhD | Project Manager, Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research
Tom Jewell, PhD is on the staff of the CPI, Columbia University, New York State Psychiatric Institute and the Department of Psychiatry at the University of Rochester, School of Medicine and Dentistry. His specialty has been in evaluation and research into evidenced-based practices. He is a family intervention trainer with OnTrackNY, which deals with first episode psychosis.

Nev Jones, PhD | Assistant Professor, University of South Florida | Department of Mental Health Law & Policy | Louis de la Parte Florida Mental Health Institute
Dr. Jones received her Ph.D. from DePaul University, followed by a postdoctoral fellowship at Stanford University in medical anthropology and psychiatry. Dr. Jones has worked in leadership positions in both state government and nonprofit community mental health. Her research covers social, cultural and structural determinants of disability and recovery, youth and young adult behavioral health services, and peer and family support.

Piper Meyer-Kalos, PhD, LP | Director of Research and Evaluation, Minnesota Center for Chemical and Mental Health
Piper Meyer-Kalos, PhD, HCP-P, holds her doctoral degree in Clinical Rehabilitation Psychology from Indiana University – Purdue University, Indianapolis and specializes in psychiatric rehabilitation and treatment for FEP with interests in recovery, positive psychology, and psychosocial treatment for people with severe mental illness. Since 2009, Dr. Meyer-Kalos has been part of the psychosocial development team of RAISE project and has co-led the individual therapy component (IRT).

Ilana Nossel, MD | Medical Director, OnTrackNY | Assistant Professor, Columbia University Medical Center
Dr. Nossel practices general adult psychiatry, including consultation, psychotherapy and medication management. She currently serves as the Medical Director of OnTrack NY. She previously worked as Associate Director of the PI Residents Clinic and completed a pilot study adapting Critical Time intervention (CTI) for frequent users of the psychiatric emergency room.

Gary Scannevin, Jr., M.P.S., CPRP | IPS Trainer Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research, New York State Psychiatric Institute
Gary has worked in the mental health sector of healthcare for 29 years. He is currently an IPS Trainer at the CPI at Columbia University Psychiatry, where his primary mission is training Supported Education and Employment Specialists (SEES) in both OnTrackNY and OnTrackUSA.

Delbert Robinson, MD | Associate Professor, The Center for Psychiatric Neuroscience, Feinstein Institutes for Medical Research
Dr. Robinson has led NIMH-funded studies focused upon first episode schizophrenia, tools to enhance antipsychotic medication adherence, and obsessive-compulsive disorder. For the RAISE-ETP study, he chaired the Psychopharmacological Treatment Committee. He was the primary developer of the Medcations manual for RAISE-ETP and has provided training and consultation for NAVIGATE prescribers since 2009.
Call for Conference Presentation Submissions

2020 Annual Conference on
Advancing School Mental Health

Conference Theme: Equitable and Effective School Mental Health
October 29 to 31, 2020
Marriott Baltimore Waterfront Hotel, Baltimore, Maryland

Hosted by the National Center for School Mental Health (NCSMH)
at the University of Maryland School of Medicine
Division of Child and Adolescent Psychiatry

Submission Deadline: Midnight (PST), Monday, February 24, 2020
All proposals must be submitted online.

Download the 2020 Annual Conference Request for Proposals for detailed instructions. Additionally, we strongly recommend downloading the Word proposal template to prepare your proposal for online submission: type your responses into the Word document and once fully completed, begin your online submission.

If you experience any difficulties, please contact the NCSMH:
Phone: 410-706-0980
Email: ncsmh@som.umaryland.edu

Web: Annual Conference on Advancing School Mental Health

Get information on mental health services and resources near you, searchable by state or zip code:

www.samhsa.gov/find-help

Behavioral Health Treatment Services Locator
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/
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.

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<th>Date</th>
<th>Topic</th>
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<td>Monday, March 30, 1:00 p.m. – 2:30 p.m. E.T.</td>
<td>The PAE Attention Framework: Understanding the Ingredients for Successful Stakeholder Engagement [Register HERE]</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>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<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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Register Now for National Drug and Alcohol Facts Week® (NDAFW) in March
Mark your calendars for a week of SHATTERING THE MYTHS® about drugs, alcohol, and addiction from Monday, March 30, to Sunday, April 5, 2020. NDAFW is a national health observance linking teens to science-based facts about drugs and alcohol.

Join National Institute on Drug Abuse (NIDA) in celebrating the 10th anniversary of NDAFW. NIDA research shows that people are more likely to try drugs for the first time during the summer, making spring a critical season for reaching teens with important messages about drug and alcohol use.

It’s easy to get involved! Find activity ideas, then register your event online. Registration takes only a few minutes.

Don’t know where to start? NIDA has toolkits to help you plan an activity or event that works for your organization or community. Please contact NIDA’s Brian Marquis at drugfacts@nida.nih.gov for assistance.
Long-Term Anti-Depressant Treatment: Let’s Look at the Evidence
Thursday, March 26, 3:00 p.m. to 4:00 p.m. E.T.

People who experience a major depressive episode have at least a 50% chance of having one more episode during their lifetime. If they have had three or more episodes, then they have a 90% chance of another episode. Fortunately, maintenance treatment with antidepressants can lower the risk substantially and have been found superior to placebo substitution in almost all of the long-term studies. Nevertheless, questions remain: should one take an antidepressant forever? What are the risks of long-term antidepressant treatment? Can people take drug holidays (periods of time without antidepressants)? If someone had a difficult to treat depression which responded to a combination of an antidepressant and antipsychotic, should they continue to take both medications? What happens if someone is taking long-term antidepressant treatment and then they have another depressive episode? What is the role of psychotherapy in preventing another episode? Can people stop their medication if psychotherapy seems to work? This webinar will address these questions and review the data so that participants can make informed decisions about long-term antidepressant treatment.

Presenter: Andrew Nierenberg, MD, Massachusetts General Hospital

Safety, Support & Growth: Effective Trauma-Informed Peer Support and Post-Traumatic Growth
Thursday, April 2, 3:00 p.m. to 4:00 p.m. E.T.

Our feeling of safety in our relationships and our world is a social determinant with broad consequences. When our safety is violated we experience trauma. The impact of trauma can be subtle, insidious, or outright destructive. How traumatic experiences affect us depends on many factors, including the nature of the event(s), the personal meaning of the trauma, personal characteristics and sociocultural factors. It can affect: the way we see and think about ourselves; how we interact with others; how safe or unsafe we feel; our ability to regulate emotion; and our mental and physical wellbeing.

Effective peer support provided by individuals with deep, empathetic and personal understandings of trauma can assist people in healing, and regaining a sense of safety and for some it can aid in the internal process of post-traumatic growth. This webinar will help identify the role and value of peer support in understanding trauma and promoting wellbeing and post-traumatic growth.

Presenters: Patrick Hendry & Kelly Davis, Mental Health America
The 2020 Patient Advocacy Summit part of the 8th Annual Patient Congress April 6-7 in Philadelphia is just one month away. The conference's topic is "Foster an Integrated Approach to Patient Advocacy through Patient Engagement, Public Policy Education, and Stakeholder Collaboration." This Summit will bring together pharmaceutical manufacturers, patient groups, patient leaders, and policy makers, to discuss ways to tackle the complexities of patient advocacy and the health care market.

Key Themes to be Addressed:

- Patient Advocacy Strategies
- Policy Initiatives and Legislation
- Value Metrics and Measurable Outcomes
- Patient Education and Support Initiatives
- Compliance and Transparency in Advocacy Partnerships
- Social Media and Patient Engagement

Meet Some of the Distinguished Speaker Faculty

Andrea Furia-Helms
Director, Patient Affairs
FDA

Scott Williams
Vice President, Head, Global Patient Advocacy and Strategic Partnerships
EMD SERONO

Sarah Krug
Chief Executive Officer
CANCER CARE 101

WHY ATTEND?

- FIRST-HAND PATIENT INSIGHTS. Hear directly from patients, caregivers, and advocacy groups to inform advocacy strategies
- CROSS-STAKEHOLDER INSIGHTS. C-suite and senior level executives from Payer, Provider, Pharmacy, Pharma, Patient Advocacy Groups, and Patient Leaders share their perspectives on how to improve patient support and raise the voice of patients
TA Network Opportunities

**Direct Connect Learning Community: Providing Supportive Supervision to Young Professionals**

Direct Connect is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities. Youth participants share and gather new resources and unite with other youth advocates and professional peers from across the country.

This month’s Direct Connect will provide information on how to support young professionals in the workforce. This webinar will be led by Caitlin Baird, Project Manager, from Pathways to Positive Futures Regional Research Institute, School of Social Work.

[Register HERE](#)

**The Importance of Understanding and Recognizing Trauma in Young Children: A Family Perspective**

Understanding and recognizing trauma in young children is challenging. Signs and symptoms are easily confused or missed due to the complexity of young children’s development. Please join the Early Childhood Learning Community and the Learning Community for Family Leaders for an interactive webinar on identification of early childhood trauma from a family perspective. We will spend time examining what the signs and symptoms look like; some common ways to support children and families experiencing or recovering from trauma; and have a family member and advocate share her story. We will have lots of time for questions and discussion.

[Register HERE](#)

**Office Hour: Behavioral Health Equity and CLC Sustainability Strategies**

Sustaining culturally and linguistically responsive services within health organizations and systems is critical in advancing behavioral health equity. This discussion will provide examples of behavioral health strategies and activities to sustain CLC within communities based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.

Effective strategies for expanding and sustaining behavioral health equity include: 1) Implementing Policies, Administrative, and Regulatory Changes; 2) Creating and Improving Financing Strategies; 3) Providing Training, Technical Assistance and Coaching; and 4) Developing or Expanding Services based on the System of Care philosophy and approach. (Stroul and Friedman, 2011).

*This is an open office hour call. Please be prepared to share your ideas, questions and collaborations in an open forum. The use of web camera is encouraged. The lines will remain open.*

**Facilitators:** Selena Webster-Bass, M.P.H., CEO/Lead Innovator, Voices Institute, LLC
Isaac Báez, M.P.H. (he/him/his) | Engagement & Inclusion Coordinator, Stark County Mental Health and Addiction Recovery

[Register HERE](#)

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

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 HERE](#)

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

CANCELED
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
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 Nossel, 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

**Transiting 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.)

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**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

Hospital CEOs List Behavioral Health Among Top Concerns, Kyle Coward, Behavioral Health Business, March 4


Interoperability and Patient Access Fact Sheet, Centers for Medicare and Medicaid Services (CMS) Press Release, March 9 & CMS Final Regulation: Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-facilitated Exchanges, and Health Care Providers, CMS, March 9


The Fiscal Impact of the Trump Administration’s Medicaid Block Grant Initiative, Cindy Mann, Jocelyn Guyer, Adam Striar & Devin Stone, Manatt Health, March 2020

Maternity Care and Buprenorphine Prescribing in New Family Physicians, St. Louis J., MD, MPH, AAHIVS, et al., Annals of Family Medicine, March/April 2020

State Health Official Letter #20-001: Access to Mental Health and Substance Use Disorder Services for Children and Pregnant Women in the Children’s Health Insurance Program, CMS, March 2

Traumatic Experiences May Disrupt Brain’s Memory Control System, Psychiatry and Behavioral Health Learning Network, March 2 & Resilience After Trauma: The Role of Memory Suppression, Mary A., Ph.D., Science, February 14