National Institutes of Health Announces May 6 National Enrollment Date for 1 Million Volunteers for Its All of Us Research Program to Advance Precision Medicine

On May 6, the National Institutes of Health will open national enrollment for volunteers for the All of Us Research Program, a momentous effort to advance individualized prevention, treatment and care for people of all backgrounds.

People age 18 and older, regardless of health status, will be able to enroll. The overall aim is to enroll 1 million or more volunteers and over-sample communities that have been underrepresented in research to make the program the largest, most diverse resource of its kind. Participants will be asked to share by survey different types of health and lifestyle information, including online surveys and data from electronic health records (EHRs), which will continue to be collected over the course of the program.

The official launch date will be marked by community events in seven cities—Birmingham, Chicago, Detroit, Kansas City, Nashville, New York, and Pasco, Washington—as well as an online event. Volunteers will join more than 25,000 participants already enrolled in All of Us as part of a year-long beta test to prepare for the program’s national launch.

“All of Us is an ambitious project that has the potential to revolutionize how we study disease and medicine,” Health and Human Services Secretary Alex Azar said. “NIH’s unprecedented effort will lay the scientific foundation for a new era of personalized, highly effective health care. We look forward to working with people of all backgrounds to take this major step forward for our nation’s health.”

Precision medicine is an emerging approach to disease treatment and prevention that considers differences in people’s lifestyles, environments and biological makeup, including genes. With eyeglasses and hearing aids, we have long had customized solutions to individual needs. More recently, treating certain types of cancer is now possible with therapies targeted to patients’ DNA. Still, there are many unanswered questions leaving individuals, their families, their communities, and the health care community without good options.

“The All of Us Research Program is an opportunity for individuals from all walks of life to be represented in research and pioneer the next era of medicine,” said NIH Director Francis S. Collins, M.D., Ph.D. “The time is now to transform how we conduct research—with participants as partners—to shed new light on how to stay healthy and manage disease in more personalized ways. This is what we can accomplish through All of Us.”

By partnering with 1 million diverse people who share information about themselves over many years, the All of Us Research Program will enable research to more precisely prevent and treat a variety of health conditions.

“All of us are unique, but today we live mostly in an era of ‘one-size-fits-all’ medicine,” said Eric Dishman, director of the All of Us Research Program. “I’m alive today because of precision medicine, and I think everyone deserves that same opportunity no matter the color of your skin, your economic status, your age or your sex or gender. In other words, it will truly take all of us.”

All of Us seeks to transform the relationship between researchers and participants, bringing them together as partners to inform the program’s directions, goals and responsible return of research information. These efforts include building trust among populations historically underrepresented in research. Participants will be able to access their own health information, summary data about the entire participant community and information about studies and findings that come from All of Us.

“Building a diverse participant community will be vital to the success of All of Us so we can address the many pressing health conditions that disproportionately affect underrepresented communities,” said Dara Richardson-Heron, M.D., chief engagement officer of the All of Us Research Program. “The All of Us Research Program has the potential to help researchers better understand and begin chipping away at health disparities so that everyone can benefit from better health, better health care and exciting new breakthroughs.”

The surveys will cover a range of topics to learn more about participants’ overall health and habits and where they live and work. The EHR data will offer useful information related to medical histories, side effects and treatment effectiveness. At different times over the coming months and years, some participants will be asked to visit a local partner site to provide blood and urine samples and to have basic physical measurements taken, such as height and weight. To ensure that the program gathers information from all types of people, especially those who have been underrepresented in research, not everyone will be asked to give physical measures and samples. In the future, participants may be invited to share data through wearable devices and to join follow-up research studies, including clinical trials.

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In the meantime, if you have any questions, please contact Meighan Haupt at meighan.haupt@nasmhpd.org.

NIH Announces May 6 Enrollment Date for All of Us Precision Medicine Research

(Continued from page 1) NIH has funded more than 100 organizations from community groups to health centers, academic medical centers and private companies to carry out the program. These organizations have collaborated to develop the program’s protocol and technologysystems, to engage diverse communities, to enroll participants and to securely gather and store participants’ information and biological samples for use in research.

In future phases of the program, children will be able to enroll and the program will add more data types, such as genetic data. In addition, data from the program will be broadly accessible for research purposes. Ultimately, the All of Us Research Program will be a rich and open data resource for traditional academic researchers as well as citizen scientists—and everyone in between.

People also may take part in social media activities (#JoinAllofUs) or tune in at Launch.JoinAllofUs.org to watch speakers across the country talk about precision medicine and the power of volunteering for research.

To learn more about the program and how to join, visit www.JoinAllofUs.org.

“All of Us” is a registered service mark of the U.S. Department of Health & Human Services (HHS).

Self-Harming Youths Have a Higher Risk of Subsequent Suicide

Adolescents and young adults who have engaged in intentional self-harm have been found to have an increased risk of suicide within one year, specifically if the self-harm incident was with use of firearms.

Mark Olfson, M.D., M.P.H., Department of Psychiatry, Columbia University, and his colleagues analyzed a self-harm cohort of 32,395 Medicaid patients from 2001 to 2007 among 45 states (not including Arizona, Delaware, Nevada, Oregon, or Rhode Island). The cohort included individuals 12 to 24 years of age who were eligible for Medicaid services during the 180 days preceding the self-harm incident.

The cohort was monitored from the date of self-harm for one year, or until date of death or the most recent available data, whichever came first. Date of self-harm treatment for outpatient or emergency department settings was the index date. For inpatient settings, the index data was defined as the hospital discharge date.

Adolescents (12-17) and young adults (18-24) who were treated for nonfatal self-harm were compared with respect to demographic (age, sex, race, ethnicity, geographic region and Medicaid eligibility status) and clinical characteristics (ADHD, disruptive behavior disorders, depressive disorders, bipolar disorder, anxiety disorders, schizophrenia and related disorders, substance use disorders, personality disorders, and a residual group of other mental disorders). The authors categorized as nonviolent methods of intentional self-harm cutting, poisoning, or other methods. Self-harm using firearms, drowning, hanging, suffocating, jumping, vehicle or aircraft crashing, fire, and extreme cold were categorized as violent methods.

As reported in March 2018 issue of the Journal of Pediatrics, Dr. Olfson and his colleagues found that, within one year after the initial self-harm event, adolescents and young adults were 26.7 times at higher risk of suicide in comparison to the general population based on age, sex, race, and ethnicity. Approximately 17 percent of the cohort (n=5,545) had another incident of nonfatal self-harm during the one-year follow-up period.

Self-harm cohorts who utilized firearms had a 35 times greater risk of suicide within that year. American Indian and Alaskan native subjects were more than five times more likely to attempt suicide after the self-harm incident than non-Hispanics. Higher rates of repeated self-harm was higher for females than males, higher for patients with personality disorders; and higher for patients who were initially treated in inpatient settings versus emergency room or outpatient settings.

The study’s authors conclude, “Clinical priority should be given to ensuring the safety of young people after self-harm, which may include treating underlying psychiatric disorders, restricting access to lethal means, fortifying psychosocial supports, and close monitoring for emerging suicidal symptoms.
NATIONAL MENTAL HEALTH AWARENESS MONTH, 2018
BY THE PRESIDENT OF THE UNITED STATES OF AMERICA
A PROCLAMATION

During the month of May, we observe National Mental Health Awareness Month and reaffirm our commitment to improving the overall health and well-being of our Nation. America has made tremendous strides in providing treatment and recovery support services for individuals who experience mental illnesses. Yet sadly, stigma and misconceptions about mental illness persist. The negative stereotypes surrounding mental illness deter people who may experience these disorders from getting help that can improve their lives and their ability to achieve their full potential.

Approximately one in five Americans experiences a mental illness, yet only about one third of them will access treatment. For this reason, my fiscal year 2019 budget request to the Congress includes $10 billion in new funding to combat the opioid epidemic and address serious mental illness. This funding will improve access to evidence-based treatment services for those who are seriously mentally ill. My budget also requests new funding for the Substance Abuse and Mental Health Services Administration to ensure more adults with serious mental illness receive Assertive Community Treatment, an evidence-based practice that provides a comprehensive array of services to reduce costly hospitalizations. Additionally, my budget maintains funding for the Community Mental Health Services Block Grant, which helps ensure that individuals with serious mental illness receive appropriate treatment in a timely manner. Further, it includes new targeted investments to help divert individuals with serious mental illnesses from the criminal justice system and into treatment. Finally, it funds important suicide prevention activities.

As part of an ongoing effort to improve the quality and availability of treatment for people with mental illnesses in our healthcare systems, I appointed the first Assistant Secretary of Mental Health and Substance Use to ensure that all agencies are working together to increase access to the best treatment and recovery services possible. This will accelerate research and innovation through the Department of Health and Human Services and other executive departments and agencies. Additionally, we have launched the inaugural Interdepartmental Serious Mental Illness Coordinating Committee, which will improve the lives of individuals and families who have been affected by serious mental illness. This Committee will coordinate services across multiple agencies and will serve as a national model to improve access to evidence-based treatment and services most needed by persons with severe mental illness or those who are seriously disturbed emotionally.

This month, and always, we pledge to strive to eliminate the stigma of mental illness by increasing awareness for all Americans that these illnesses are common and treatable, and that recovery is possible. Through these efforts, our neighbors, co-workers, family, and friends affected by mental illness will know that there is hope for recovery and hope for healthier, more productive lives.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States do hereby proclaim May 2018 as National Mental Health Awareness Month. I call upon all Americans to support citizens suffering from mental illness, raise awareness of mental health conditions through appropriate programs and activities, and commit our Nation to innovative prevention, diagnosis, and treatment.

IN WITNESS WHEREOF, I have hereunto set my hand this thirtieth day of April, in the year of our Lord two thousand eighteen, and of the Independence of the United States of America the two hundred and forty-second.
CENTER FOR TRAUMA-INFORMED CARE

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

**May Trainings**

**Alaska**  
May 29 - Alaska Psychiatric Institute - Anchorage

**Maryland**  
May 11 - University of Maryland - Landover

**Tennessee**  
May 7 & 8 - Memphis Mental Health Institute - Memphis  
May 9 & 10 - Webb, Teris - Memphis

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

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

**NOW AVAILABLE**

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

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

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

To view the EIP virtual resource center, visit [NASMHPD’s EIP website](https://www.nasmhpd.org/).

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**U.S. Preventive Services Task Force**

**Public Comment on Draft Recommendation Statement and Draft Evidence Review: Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults**

The U.S. Preventive Services Task Force seeks comments on a draft recommendation statement and draft evidence review on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults. Clinicians should screen all women of reproductive age for intimate partner violence and provide or refer those who screen positive to ongoing support services. The Task Force also found that there is not enough evidence to determine the benefits or harms of screening for elder abuse or abuse of vulnerable adults. The draft recommendation statement and draft evidence review are available for review and public comment from April 24, 2018 to May 21, 2018 here.

Any visitor to the Task Force Web site can comment on any of the listed USPSTF draft documents. However, readers should note that the USPSTF writes these documents for researchers, primary care doctors, and other health care providers, using medical and scientific language as appropriate for these audiences.
Request for Information (RFI): Inviting Scientific Interest in Geroscience Summit III

Notice Number: NOT-AG-18-011

Issued by National Institute on Aging (NIA)

Aging is the major risk factor for frailty and many chronic diseases in people over the age of 55. If the molecular and cellular mechanisms responsible for aging could be better understood and slowed, then multiple diseases and conditions might be impacted, leading to a healthier population. This is the focus of a cross-cutting field called geroscience. The National Institute on Aging (NIA) hopes that this field will encourage researchers to consider adding the hallmarks of aging to the available suite of possible therapeutic targets. This novel research direction should enhance our understanding of chronic disease and accelerate the development of both prevention and intervention strategies.

This Request for Information (RFI) asks non-governmental groups (e.g., researchers, disease and aging patient advocacy organizations, professional societies, and others), to provide input into the planning for a future Geroscience Summit, designed to explore the contributions that geroscience can make to relieving the burden of chronic diseases and their impact (e.g., loss of resilience and frailty). Responses to this RFI will help the National Institutes of Health (NIH) GeroScience Special Interest Group (GSIG) to better understand the goals of diverse non-governmental organizations, and how discussions and collaborations around the topic of geroscience (facilitated by the Summit) can help all interested parties accelerate their research-related activities.

The NIH GeroScience Interest Group: The GSIG is a collaboration across components of the NIH (21 of the 27 NIH Institutes and Centers) with interests in the many and diverse chronic diseases of the elderly. The GSIG’s goal is to promote further discoveries on the common risks and mechanisms behind such diseases. By coordinating resources and expertise, the GSIG identifies major cross-cutting areas of research and proposes mutually supportive approaches to identify hurdles and envision solutions. To assist translation of these findings into improved health of our older adult population, the GSIG encourages the development of new tools, models and paradigms that address the basic biological underpinnings of multiple diseases within the context of aging. See https://www.nia.nih.gov/gsig for more information, including the list of participating NIH Institutes and Centers.

Past Geroscience Summits: In the fall of 2013, the NIH (with the collaboration and support of the GSIG and several external organizations) held the first ever Geroscience Summit, entitled "Advances in Geroscience: Impact on Healthspan and Chronic Disease." The goal of this initial summit was twofold: 1) to generate a new vision of collaborative interactions that will advance understanding of how the molecular, cellular and systemic processes of aging affect the etiology of chronic diseases; and 2) to identify strategic scientific areas of overlap among divergent chronic diseases and suggest new research interactions or directions to address those areas that will promote health.

Based on discussions during the first summit, in the spring of 2016 the NIH again organized (with support from the New York Academy of Sciences and other groups) a second meeting entitled "Disease Drivers of Aging: 2016 Advances in Geroscience." The goal of the second summit was to explore the impact of chronic diseases on the rate of aging. The meeting brought together a wide spectrum of researchers, representatives from pharmaceutical companies, government agencies, and non-profit organizations, who work in the fields of selected aging-related diseases (i.e., HIV/AIDS, cancer and diabetes) and in aging research, to understand the impact of these conditions and/or their treatment on aging.

Geroscience Summit III and Information Requested: The GSIG is in the early stages of planning for a third Geroscience Summit, to potentially take place in the Spring of 2019. At present, the GSIG envisions that this future Geroscience Summit might include an overview of NIH interests in relevant chronic diseases and their impact; representation from non-governmental organizations regarding their efforts to help their patient populations; and perspectives from basic and clinical investigators on promising avenues of research. Linked to these presentations, breakout groups could seek to identify hallmarks of aging that might contribute and impact individual diseases, and begin envisioning ways that slowing the rate of aging could benefit those susceptible to or currently affected by these conditions.

Previous Summits have had a significant impact on research collaborations, etc., but many non-governmental organizations with strong interests in specific chronic diseases have not been extensively involved in Summit-related activities. In order to move the field forward, the GSIG hopes to learn more about the research-related goals of these organizations, to see how a third Summit might help to foster collaboration and coordination around chronic disease.

This RFI seeks input from non-governmental stakeholder organizations (e.g., researchers, disease and aging patient advocacy organizations, professional societies, and others) throughout the scientific research community and the general public regarding:

1) Recommendations for specific age-related chronic diseases/conditions that should be considered in the planning for a third NIH Geroscience Summit;
2) Feedback on whether individual organizations may be interested in contributing input to the planning of such a Summit, and areas of interest for participation.
3) Feedback on whether individual organizations may be interested in participating in a summit session that would encompass scientific presentations by public and private stakeholders about the links between specific chronic diseases and geroscience, as well as suggested subtopics for such a session; and
4) Input on the potential impact of this type of session on future scientific needs and progress in regard to specific diseases affected by aging.

How to Submit a Response: All comments must be submitted electronically by email to geroscience3@mail.nih.gov by 11:59:59 pm (ET) on June 1, 2018. Responses to this RFI are voluntary. Do not include any proprietary, classified, confidential, trade secret, or sensitive information in your response. The responses will be reviewed by NIH staff, and individual feedback will not be provided to any responder. The Government will use the information submitted in response to this RFI at its discretion.

This RFI is for information and planning purposes only and shall not be construed as a solicitation, grant, or cooperative agreement, or as an obligation on the part of the Federal Government, the NIH, or individual NIH Institutes and Centers to provide support for any ideas identified in response to it. The Government will not pay for the preparation of any information submitted or for the Government’s use of such information.

Please direct all inquiries to Melinda Kelley, Ph.D., National Institute on Aging (NIA) at 301-451-8835 or by email at kelleym@nia.nih.gov
Mainstream NOFA Outreach Webinar Targeted to Disability Organizations – Tuesday May 8, 1 p.m. E.T.

HUD recently issued a Notice of Funding Availability (NOFA) for $100 million in new “Mainstream” housing vouchers for nonelderly people with disabilities. Public Housing Authorities (PHAs) are eligible to submit applications due June 18, 2018.

While not a requirement, HUD is providing points in this competitive process for applications that include partnerships between housing and services agencies, especially those that target housing assistance to assist people with disabilities who are transitioning out of institutional or other segregated settings, at risk of institutionalization, homeless, or at risk of becoming homeless.

To provide information about this exciting opportunity, the Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force are sponsoring this webinar to review the NOFA requirements and provide state and local human services agencies and others with strategies for reaching out to and establishing partnerships with state housing agencies or local Housing Authority(ies) in the community.

The webinar is free of charge but you must register. Click HERE to provide your information via Survey Monkey. Once the survey completes, click the “Continue” button to have GoToWebinar verify your information. Click “Register” and you are all set!

Note that this webinar is specifically for state and local services agencies. For information about related webinars, please email lsloane@tacinc.org.

Reasonable accommodation: Live captioning and ASL will be provided for this webinar. For other reasonable accommodations, please email lsloane@tacinc.org by May 1.

Three Part Webinar Series
Person Centered Planning: From Dreams to Reality
May 17 & 31, June 7, Noon to 1 p.m.
Sponsored by the National Association of State Head Injury Administrators

The National Association of State Head Injury Administrators (NASHIA) is offering a live three-part webinar series on person-centered planning and person-centered thinking starting Thurs., May 17, followed by a second and third webinar on May 31 and June 7. All three sessions will be held from 12:00 noon -- 1:00 p.m. E.T.

This 3-part webinar series has been developed to address these questions:
- What is person-centered planning and person-centered thinking?
- What are strategies for discovering information, interests and goals of individuals with brain injury?
- How do you turn these plans into reality?

Learn how this planning and on-going problem-solving process helps individuals with brain injury to plan for their future, develop personal relations, participate in the community, access resources and accommodations needed to achieve these goals, and to increase control over their lives.

To view the webinars, you must register separately for each one using the links provided below, which will take you to the GoToWebinar registration site.

There is no cost to view each of the webinars, unless you wish to obtain a Certificate of Participation. A certificate will cost NASHIA members $10 per session ($30 total for all 3) and non-members $15 per session ($45 for all 3). A PayPal button will be made available on the NASHIA website to pay once the viewing is completed.

Register HERE for Webinar 1 – An Introduction to Person-Centered Thinking
Register HERE for Webinar 2 - From Person-Centered Thinking to Creating the Plan
Register HERE for Webinar 3 - Applying Person Centered Planning and Thinking Principles in the Delivery of Supports & Services for Persons Living with a Traumatic Brain Injury

For further information or if you have any questions, please contact Keri Bennett, Chair of the NASHIA Training and Education Committee at training@nashia.org. Meanwhile, please feel free to share with your colleagues.
CMS Opportunity for Public Comment: Quality Measure Development & Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees: Improving or Maintaining Mental Health in Younger Dual Eligible Adults

Dates: The Call for Public Comment period opens on April 13, 2018 and closes on May 10, 2018.

Project Overview: The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica Policy Research and its partners, Brandeis University and the National Committee for Quality Assurance, to develop measures for the following populations of Medicaid beneficiaries:

- People eligible for both Medicare and Medicaid, or “Dual eligible beneficiaries”
- People receiving long-term services and supports (LTSS) through managed care organizations
- People with substance use disorders; beneficiaries with complex care needs and high costs; beneficiaries with physical and mental health needs; or Medicaid beneficiaries who receive LTSS in the community

The contract name is Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees. The contract number is HHSM-500-2013-130111, Task Order #HHSM-500-T0004.

As part of its measure development process, CMS requests interested parties to submit comments on the candidate measures that may be suitable for this project. This call for public comment concerns the measure specifications, and justification, for measures for Medicare-Medicaid enrollees (dual eligible beneficiaries) in Medicare-Medicaid Plans.

Project Objectives: The primary objectives of this three-year project are to:

- Identify and prioritize candidate measures and measure concepts for development
- Develop and refine measure specifications for priority measures
- Conduct alpha and beta testing to evaluate measure importance, feasibility, usability, and scientific validity and reliability
- Submit validated, reliable measures to the National Quality Forum (NQF) for endorsement
- Assist CMS with an implementation strategy

The primary objectives of this three-year project are to:

- Identify and prioritize candidate measures and measure concepts for development
- Develop and refine measure specifications for priority measures
- Conduct alpha and beta testing to evaluate measure importance, feasibility, usability, and scientific validity and reliability
- Submit validated, reliable measures to the National Quality Forum (NQF) for endorsement

The project team seeks public comment on the following questions:

General Questions

1. Is the candidate measure useful for measuring important domains of quality for dual eligible beneficiaries?
2. Are you aware of any new or additional studies that should be included in the MJF that support (or weaken) the justification for developing the measure? If so, please describe the findings and provide a full citation.

Measure Specification Questions

The measure development project proposes adapting an existing Medicare 2018 Part C Stars Rating measure, Improving or Maintain Mental Health, for use in Medicare-Medicaid Plans with younger (18-64) dual eligible adults. The intent of the proposed measure, Improving or Maintaining Mental Health in Younger Dual Eligible Adults, is to align as closely as possible to the analogous measure in the Stars Rating program, but focus on a younger population of dual eligible adults (as opposed to the current measure which includes only adults age 65 and older in Medicare Part C Plans).

The project team seeks public comment on the following questions:

Send your comments to MedicaidQualMeasures@mathematica-mpr.com. Please indicate whether you “support”, “support with modifications” or “do not support” in the subject of your email or letter.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is proud to present the National Children’s Mental Health Awareness Day national event at 7 p.m. on Thursday, May 10, at The George Washington University’s Dorothy Betts Marvin Theatre in Washington, DC.

Awareness Day shines a national spotlight on the importance of caring for every child’s mental health. This year’s event, Awareness Day 2018: Partnering for Health and Hope Following Trauma, will focus on the importance of an integrated health approach to supporting children, youth, and young adults who have experienced trauma. Secretary of Health and Human Services Alex M. Azar II will present governors’ spouses with a SAMHSA Special Recognition Award for their work in promoting trauma-informed care in their states. First Lady of Wisconsin Tonette Walker will accept the award on behalf of the governors’ spouses.

Attendees will have the unique opportunity to participate in a town hall discussion about making child-serving systems more trauma-informed. Assistant Secretary for Mental Health and Substance Use Elinore McCance-Katz, M.D., Ph.D., will host the dialogue that will include governors’ spouses, senior federal officials, and youth and family leaders, as well as executives from the nation’s leading organizations for professionals in primary care, behavioral health, and child welfare.

The town hall discussion will be moderated by NBC4 Washington anchor Aaron Gilchrist.

Save the Date for the First National Older Adult Mental Health Awareness Day
Friday, May 18, 10 a.m.–12:30 p.m. E.T.

SAMHSA and the Administration for Community Living, together with the National Coalition on Mental Health and Aging, invite you to mark your calendar for the first National Older Adult Mental Health Awareness Day. This discussion is designed to raise public awareness about the mental health of older Americans and spur action to address the needs of this population. Watch a panel of experts discuss evidence-based approaches to mental health and substance use prevention, treatment, and recovery supports for older adults, and encourage collaboration between the mental health and aging networks. The panel will also highlight the work of the Interdepartmental Serious Mental Illness Coordinating Committee and offer guidance for people who seek treatment and services. HHS Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz, M.D., Ph.D., along with HHS Assistant Secretary for Aging, Lance Robertson, will provide opening remarks.

The event will be live webcast, and registration is required.
SAMHSA-SPONSORED WEBINAR
Suicide and Self-Harm Prevention in Schools
Monday, May 7, 11:30 a.m. to 1:00 p.m. E.T.

With self-harm and suicide on the rise among youth, there is a growing need for the use of evidence-based practices to improve methods of intervention, support, and treatment. School-based and community settings offer many opportunities to employ such practices to foster positive behavioral change. This webinar will discuss the challenges in implementing prevention efforts in school-based settings, as well as best practices for supporting suicide prevention.

**Learning objectives:**
- Learn about innovative suicide prevention strategies for addressing adolescent suicide and self-harm
- Identify the benefits and challenges of school-based, suicide and self-harm prevention efforts
- Learn about the use of current and new suicide and self-harm prevention tools in school-based settings

**Presenters:**
- Molly C. Adrian, Ph.D. - Assistant Professor, Department of Psychiatry and Behavioral Science, Division of Child and Adolescent Psychiatry, University of Washington
- Aaron R. Lyon, Ph.D. - Associate Professor, Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, Washington and Director, School Mental Health Assessment, Research, and Training (SMART) Center, University of Washington School of Medicine and College of Education

Closed Caption is available for this webinar.
We do not offer CEU credits however letters of attendance are offered upon request.

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

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SAMHSA-SPONSORED WEBINAR
Considerations for Placement in Recovery Housing for Individuals Living with Severe Mental Illness
Tuesday, May 8, 1:30 p.m. to 3:00 p.m. E.T.

Join the National Council to explore the four levels of recovery housing: Peer Run, Monitored, Supervised and Service Provider. Participants will learn how to determine the placement of individuals living with severe mental illness in the levels. To better understand how an individual’s readiness for change impacts their ability to succeed in these levels, culture, structure, risk, social support and engagement will be discussed. Finally, the importance of integrated health care, co-occurring treatment, peer support, and skill building within recovery housing will be addressed.

**Presenters:**
- Sarah Fletcher, LCSW, CADC - Director of Intensive Outreach Services at Trilogy Behavioral Healthcare, Chicago IL
- Thomas Southerland, LCSW - Clinical Director of the South Shore and Lawndale locations at Trilogy Behavioral Healthcare, Chicago, IL

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

If you have questions please contact Kelle Masten via email or at 703-682-5187.
Funding Mechanism: Grant
Anticipated Number of Awards: Up to 23
Anticipated Award Amount: Up to $1.8 million/year
Anticipated Total Available Funding: $42,161,924
Length of Project: Up to 5 years
No Cost-Sharing/Match Required
Applications Due: June 4, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Project AWARE (Advancing Wellness and Resilience in Education) - State Education Agency (SEA) grants (Short Title: AWARE-SEA). The purpose of this program is to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies (SMHAs) overseeing school-aged youth and local education agencies (LEAS), to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services. SAMHSA expects that this program will focus on partnerships and collaboration between state and local systems to promote the healthy development of school-aged youth and prevent youth violence.

The AWARE-SEA program supports the development and implementation of a comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged youth. This program builds upon the successful strategies of the Safe Schools/Healthy Students (SS/HS) Initiative that have been effective in creating safe and secure schools and promoting the mental health of students in communities across the country. These strategies include facilitating a closer relationship between state and local implementation of policies and programs, and supporting the development of integrated systems that create safe and respectful environments for learning and promote the mental health of school-aged youth.

WHO CAN APPLY: Eligibility is limited to:

• The State Education Agency (SEA), as defined by Section 9010(41) of the Elementary and Secondary Education Act; or
• Education Agencies/Authorities serving children and youth residing in federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, and consortia of tribes or tribal organizations.

Eligibility is limited to SEAs or Education Agencies/Authorities serving AI/AN children and youth because SAMHSA believes that only they are in the unique position to leverage schools as anchor institutions to build strong partnerships that support the wide-scale adoption of AWARE-SEA services, programs, and policies. SEAs or Education Agencies/Authorities have the capacity and knowledge to assist LEAs with implementing the necessary policies, programs, and services at the community level while sharing and implementing statewide successful strategies. Through the building of interconnected state and community-level partnerships, AWARE-SEA can promote systems integration and policy change. This program will also strengthen the ability of states and communities to develop plans to integrate educational and community-based promotion, prevention, and treatment programs for school-aged youth and their families.

For Education Agencies/Authorities serving AI/AN children and youth, tribal organization means the recognized governing body of any Indian tribe; or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

To broaden and expand the reach of AWARE-SEA, recipients who received funding under SM-14-018 (Project AWARE for State Educational Agencies) are not eligible to apply.

CONTACTS: Program Issues: Wendy Veloz, Mental Health Promotion Branch, CMHS via email or at (240) 276-1849.
Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.
Funding Mechanism: Grant  Anticipated Number of Awards: Up to 7
Anticipated Award Amount: Up to $678,000/year  Anticipated Total Available Funding: $23,700,000
Length of Project: Up to 5 years  No Cost-Sharing/Match Required
Applications Due: May 29, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for its Assertive Community Treatment (ACT) grants. The purpose of the ACT grants are to establish, expand, and maintain ACT programs. The ACT model provides around-the-clock support in the form of teams who are available to respond to a home or other setting and avoid crises caused by the symptoms of serious mental illness (SMI). SAMHSA expects this grant program will improve behavioral health outcomes by reducing the rates of hospitalization and death for people with SMI, and that the program will also reduce the rates of substance use, homelessness, and involvement with the criminal justice system among people with SMI.

ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care). Under the ACT model, a multi-disciplinary team of 10 to 12 behavioral health care staff is available 24/7 to directly deliver a wide range of individualized, recovery-oriented services in a person’s home or other community settings wherever and however long as needed, to help the person successfully integrate into the community. ACT teams often find they can anticipate and avoid crises.

ACT is a service delivery model, not a case management program. Caseloads are approximately one staff for every 10 individuals served.

WHO CAN APPLY: Eligibility is limited to states, political subdivisions of a state, American Indian and Alaska Native tribes or tribal organizations, mental health systems, health care facilities, and entities that serve individuals with serious mental illness who experience homelessness or are justice-involved. SAMHSA will make at least one award to a tribe or tribal organization if applicant volume from these organizations permits.

CONTACTS: Program Issues: Mary Blake via e-mail or at (240) 276-1747.
Grants Management and Budget Issues: Gwendolyn Simpson via e-mail or at (240) 276-1408.

Pre-Application Webinar: Wednesday, April 18, 2018 from 3:30 p.m. to 4:30 p.m. E.T.
Dial-In Number: 1-888-790-7803  Participant Passcode: 1588142
For security reasons, the passcode will be required to join the call.

Participants can also join the event directly at:
Audience passcode: 1588142

Improving Access to Overdose Treatment (FOA No. SP 18-006)

Funding Mechanism: Grant  Anticipated Number of Awards: Up to 5
Anticipated Award Amount: Up to $200,000  Anticipated Total Available Funding: Up to $940,000
Length of Project: Up to 5 years  No Cost-Sharing/Match Required
Applications Due: June 4, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for Fiscal Year (FY) 2018 Improving Access to Overdose Treatment (Short Title: OD Treatment Access). SAMHSA will award OD Treatment Access funds to Federally Qualified Health Centers (FQHC), Opioid Treatment Programs, or practitioners who have a waiver to prescribe buprenorphine to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. Recipients will partner with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the recipients will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose.

In 2013, SAMHSA released the Opioid Overdose Prevention Toolkit to help reduce the number of opioid-related overdose deaths and adverse events. The OD Treatment Access grant program will utilize this toolkit and other resources to help the recipients train and provide resources for health care providers and pharmacists on the prescribing of drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

The OD Treatment Access grant program will also ensure the recipients establishes protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.

WHO CAN APPLY: SAMHSA is limiting eligibility to FQHCs (as defined in section 1861(aa) of the Social Security Act), opioid treatment programs (as defined under part 8 of title 42, Code of Federal Regulations), and practitioners dispensing narcotic drugs (pursuant to section 303(g) of the Controlled Substances Act).

CONTACTS: Program Issues: Tonya F. Gray via e-mail or at (240) 276-2492 or Kim Nesbit via e-mail or at (240) 276-1742.
Grants Management and Budget Issues: Eileen Bermudez via email or at (240) 276-1412.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (FOA 18-012)

Funding Mechanism: Grant
Anticipated Total Available Funding: $11,200,000
Anticipated Number of Awards: Up to 28
Anticipated Award Amount: Up to $400,000 per year
Length of Project: Up to 4 years
Cost Sharing/Match Required?: Yes
Applications Due: June 11, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Community Programs for Outreach and Intervention with Youth and Young Adults[1] at Clinical High Risk for Psychosis[2] Grant Program (Short Title: CHR-P).

The purpose of this program is to identify youth and young adults, not more than 25 years old, at clinical high risk for psychosis and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorder. It is expected that this program will: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms. SAMHSA and the National Institute of Mental Health (NIMH) encourage partnerships between service grant applicants and mental health researchers to evaluate the effectiveness of stepped-care[3] intervention strategies for youth and young adults at clinical high risk for psychosis. Research studies conducted within the context of the CHR-P program should be proposed through separate NIH research project grant applications. NIMH plans to issue a Notice directing research grant applicants to appropriate funding mechanisms.

[1] For the purpose of this FOA, youth and young adults refers to individuals up to the age of 25 years.
[2] Clinical high risk for psychosis refers to individuals who exhibit noticeable changes in perception, thinking, and functioning which typically precedes a first episode of psychosis (FEP). During this pre-psychosis phase, individuals exhibit one or more of the following: attenuated psychotic symptoms, brief intermittent psychotic episodes, or trait vulnerability coupled with marked functional deterioration.
[3] Stepped care refers to an approach in which patients start with the least intensive evidence-based treatment. Patients who do not respond adequately to the first-line treatment are offered an evidence-based treatment of higher intensity, as clinically indicated.

WHO CAN APPLY: Eligibility is statutorily limited to the following public entities:

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

Proposed budgets cannot exceed $400,000 in total costs (direct and indirect) in any year of the proposed project.

CONTACTS: Program Issues: Emily Lichvar, Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS) via e-mail or at (240) 276-1859 or Tanvi Ajmera, Child, Adolescent and Family Branch, CMHS via e-mail or at (240) 276-0307.
Unlocking Potential. Influencing Policy

The nation’s H/HS system, on the state, local, and community level, is embracing a whole-family, generative approach and moving away from a system rooted in compliance and programmatic outputs. Leaders are championing innovative, pragmatic ideas that address root cause issues and improve the return on investment.

The 2018 APHSA National Health and Human Services Summit will focus on how we can achieve better outcomes for children, families, and communities through:

- Looking at the Social Determinants of Health and how the “Whole-Family Approach” positively affects service delivery and prevention;
- Implementation of new fiscal policies that reduce the regulative burden;
- Working with our federal partners to increase collaboration between states, localities and the Administration;
- Modernization and integration of H/HS systems with a focus on IT and Data; and
- Providing economic and employment support.

Come prepared to discuss how Unlocking Potential for all people and Influencing Policy leads to Impacting Outcomes for children, families, and communities!

Register HERE

May 6 - 9, Crystal Gateway Marriott, Arlington, VA

Agenda
Registration
Hotel & Travel
Centers for Medicare and Medicaid Services Cultural Competent Care Webinars

Geriatric Competent Care Webinar Series
May 16, Noon to 1:30 p.m. E.T.

The 2018 Geriatric-Competent Care Webinar Series is designed to help states, plans, health professionals and stakeholders in all settings and disciplines to expand their knowledge and skills in the unique aspects of caring for older adults and in working with their caregivers. Continuing Education (CE) credits can be earned by joining the webinars.

Managing Older Adults with Substance Use Disorders, May 16, 2018

Substance use disorders (SUD) are a significant public health concern for the growing population of older adults. By 2020, the number of older adults with SUD in the United States is expected to rise from 2.8 million in 2002-2006 to 5.7 million[3]. This webinar will describe substance use disorder (SUD) screening tools, how to effectively diagnose SUD, and available treatment resources. Speakers will also discuss the need for care coordination for older adults affected by SUD.

Registration Link: https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Overview

2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care.

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

Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care

Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment

Older Adults Peer Support - Finding a Source for Funding Forensic Patients in State Psychiatric Hospitals: 1999-2016

The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders

Crisis Services’ Role in Reducing Avoidable Hospitalization

Quantitative Benefits of Trauma-Informed Care

Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014

The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity

The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System

Forensic Patients in State Psychiatric Hospitals – 1999 to 2016
Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (FOA SM-18-010)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 4
Anticipated Award Amount: Up to $1,000,000/year
Anticipated Total Available Funding: $3,368,000
Length of Project: Up to 5 years
No Cost-Sharing/Match Required

Applications Due: May 14, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2018 Healthy Transitions: Improving Life Trajectories for Youth and Young Adults With Serious Mental Disorders Program grants (Short Title: Healthy Transitions). The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities. Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

The overall goal of Healthy Transitions will be to provide developmentally appropriate, culturally and linguistically competent services and supports to address serious mental disorders among youth 16 – 25 years of age. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care, and evidence-informed treatment.

Healthy Transitions will accomplish program goals by:
- Creating, implementing, and expanding services and supports that are developmentally appropriate, culturally competent, and youth and young adult-driven, involve family and community members (including business leaders and faith-based organizations), and provide for continuity of care and support between child- and adult-serving systems.
- Improving cross-system collaboration, service capacity, and expertise related to the population(s) of focus through Infrastructure and organizational change at the state/tribal level.
- Implementing public awareness and cross-system provider training (e.g., higher education/community colleges, behavioral).

Healthy Transition grants are authorized under Section 520A (290bb-32) of the Public Health Service Act, as amended. This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Eligibility: Eligible applicants are:
- The state/tribal agency that oversees delivery of mental health services to youth and young adults, ages 16-25, with serious mental disorders.
- Federally recognized (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination Act) American Indian/Alaska Native (AI/AN) tribes, tribal organizations and consortia of tribes or tribal organizations.
- Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

Eligibility is limited because SAMHSA believes that only state/tribal agencies overseeing the delivery of mental health services to youth and young adults are in the unique position to leverage community agencies that can support the wide scale adoption of Healthy Transitions programs and services. The state/tribal agency has the capacity, knowledge, and infrastructure to assist communities with successful implementation of effective practices and strategies at the community level while also sharing and implementing effective and successful statewide strategies. Through the building of interconnected partnerships, Healthy Transitions can promote systems integration and strengthen the ability of states/tribes and communities to integrate prevention, intervention, and treatment services for youth and young adults with serious mental disorders.

Recipients who received funding under SM-14-017 “Now is the Time” Healthy Transitions are not eligible to apply under this FOA.

Contact Information
Program Issues:
Diane Sondheimer, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922
Emily Lichvar, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859
Grants Management/Budget Issues:
Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-1408
Recovery to Practice (RTP) Initiative invites you to attend...  
Recovery-Oriented Engagement Practices - Spring 2018 Series  
*Wednesdays, 1:00 p.m. to 2:00 p.m. E.T.*  

Engagement in treatment and services has often been seen as a success of the clinician or a failure of the person being served. As we have learned more about seeking recovery, we know that engagement is a joining together of the person, the provider, and, frequently, other important people in the person’s life - with everyone contributing to and responsible for engagement and alliance.

In this series, we will explore three distinct elements of engagement. The first webinar will look at therapeutic alliance and its impact on engagement and outcomes. The second webinar considers how Wellness Recovery Action Plan (WRAP) tools for crisis and pre-crisis planning can promote engagement and positive relationships between individuals and service providers. The final webinar will discuss social media and other technology as emerging tools for outreach and engagement in behavioral healthcare.

**May 23, 2018: Social Media/Technology for Outreach and Engagement**

John Naslund, PhD, Harvard Medical School, Global Health and Social Medicine will share his research and experiences working alongside individuals living with serious mental illness and community mental health providers. He will discuss ways to use technology and social media to overcome engagement challenges in a 21st Century world. through systemic large-scale implementation of CT-R sharing evidence of culture change.

**Archived: Therapeutic Alliance and its Impact on Engagement**

Forrest (Rusty) Foster, M.S.W., Senior Implementation Specialist at the Center for Practice Innovations, Columbia University and Regina Shoen, Advocacy Specialist with the New York State Office of Mental Health, Office of Consumer Affairs will present clinical frameworks for strengthening engagement and alliance in therapeutic relationships, based on recovery oriented principles and practices.

**Archived: Engagement via a Crisis or Pre-crisis Tool within a Wellness Recovery Action Plan (WRAP)**

Nev Jones, M.A., M.A., PhD, Assistant Professor, University of South Florida and Matthew R. Federici, M.S., C.P.R.P. Executive Director of The Copeland Center will draw from the tools and resources in peer provided practices to identify respectful and meaningful approaches to engagement.

**Click on the Name of Each Session to Register**

You may *attend one or all* the webinars in this series. Registration will be necessary for *each* session. A one-hour continuing education credit, through NAADAC, is available for each session and brief quiz completed. Each session will be recorded and archived for future viewing.

**NAADAC statement:** This course has been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1 CE. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.

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**Technical Assistance on Preventing the Use of Restraints and Seclusion**

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

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

**To Apply for Technical Assistance,** [Click Here](#). We look forward to the opportunity to work together.
California Department of State Hospitals Public Forensic Mental Health Forum
Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814
June 7 & 8, 2018

Topics Include: Exploring the IST Epidemic • Understanding and Treating Violence • The State of State Hospitals

Featured Speakers Will Include:

Dr. Stephen Stahl
Dr. Charles Scott
Dr. Barbara McDermott
Dr. Katherine Warburton

CLICK HERE TO REGISTER NOW!

Technical Assistance Opportunities for State Mental Health Authorities

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

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

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

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

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

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

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
CCF Annual Conference
July 24-26, 2018
Washington Marriott Georgetown
1221 22nd St NW
Washington, DC 20037

We hope you will join us this year for our Annual Conference, happening July 24-26, 2018! The conference will be located at the Washington Marriott Georgetown (1221 22nd St NW) in Washington, D.C. We will send more e-mails in the coming months with information on registration and booking hotels. If you have any questions, please reach out to Kyrstin at Kyrstin.Racine@georgetown.edu.

Please note that space is limited and priority is given to state-based children’s advocacy organizations.

New On-Demand Continuing Medical Education (CME) Course:
Clozapine as a Tool in Mental Health Recovery

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

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

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

Register HERE!

Course Objectives

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

Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)
Using peer specialists, coaches, and mentors to provide support and other services is a rapidly growing trend in behavioral health and integrated care services. In the past decade there has been significant growth in this workforce segment as well as increasing options for training and certification. Yet, many behavioral health organizations continue to be uncertain about the best ways to provide support and supervision to peer staff. This webinar will offer an overview of the current literature, national trends and data; explore common misconceptions about peer staff; and offer some effective approaches to ensuring that the needs of both the organization and peer staff are effectively addressed. Practical applications, challenges, and lessons learned will be discussed.

Presenters:  
- Cheryl Gagne Sc.D., Senior Associate Center for Social Innovation.  
- Lyn Leger, National and International Consultant on Best Practices in Peer Support Training and Supervision

**REGISTER HERE**

**SYSTEM OF CARE (SOC) LEADERSHIP LEARNING COMMUNITY: CONSIDERATIONS FOR SYSTEM OF CARE LEADERS IN DEVELOPING TRAUMA-INFORMED SYSTEMS OF CARE**  
**Wednesday, May 16, 2:30 p.m. to 4:00 p.m.**

The May SOC Leadership Learning Community meeting will focus on implementing SOCs that are trauma-informed in the context of trauma as a public health priority. Presenters will define trauma-informed care and how to apply theory to practice. In addition, a trauma-informed and resiliency-based continuum will be shared that includes education, training, organizational assessment, leadership development, and continuous quality improvement.

Presenters:  
- Arabella Perez, LCSW, Clinical Professor, Trauma-Informed Certificate Coordinator, University of New England School of Social Work  
- Chris Minnich, MEd, System of Care Project Director, Behavioral Health Alliance of Rural Pennsylvania  
- Kenneth Epstein, DPH, Children, Youth, and Family System of Care Director, San Francisco County Community Behavioral Health Services  
- Ruby Goyal-Carkeek, Deputy Director, New Jersey Department of Children and Families, Division of Children’s System of Care

**REGISTER HERE**

**EARLY CHILDHOOD SOC LEARNING COMMUNITY: USING THE FACILITATING ATTUNED INTERACTIONS (FAN) APPROACH AS A TOOL FOR STRENGTHENING EARLY CHILDHOOD SOCs**  
**Monday, May 21, 2:30 p.m. to 4:00 p.m.**

This webinar will focus on how to use the FAN approach in systems of care serving young children and their families. The goal of FAN is to strengthen the provider-parent relationship, resulting in parents who are attuned to their children and ready to try new ways of relating to them.

Presenters:  
- Dorinda Williams, PhD, LCSW-C, LICSW, Assistant Professor, Georgetown University Center for Child and Human Development  
- Kate Wasserman, LCSW-C, Co-Director of the Parent, Infant and Early Childhood Program, The Institute for Innovation and Implementation, University of Maryland, Baltimore

**REGISTER HERE**

**2018 EARLY PSYCHOSIS PEER MEETING**  
**August 22-24, 2018, Portland, Oregon**

Early Psychosis Intervention is a high priority nationally and for many SOC grantees. Successful implementation requires specialized knowledge, coordination across adult and child systems, and consistent leadership. This peer meeting will provide the opportunity for selected teams of state and local decision makers to learn from national experts about effective implementation strategies, current core practices and philosophies, how programs function on the ground; and from one another about strategies grantees are considering or implementing in their own states/counties. The meeting will include individual team planning time facilitated by national experts in the field. In order to be considered for acceptance, teams of no more than 8 members interested in attending must complete the application process. Ideally, participant teams will be comprised of leaders from key child and adult-serving systems and organizations who have decision-making authority or critical influence for funding and staffing Early Psychosis Intervention (EPI) services.

**DEADLINE TO SUBMIT APPLICATIONS IS FRIDAY, MAY 11, 2018. VIEW THE APPLICATION HERE.**
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NASMHPD Links of Interest
February 2018 Medicaid and CHIP Enrollment Data Highlights, Medicaid.gov. Centers for Medicare and Medicaid Services, April 30
First Look at Health Insurance Coverage in 2018 Finds ACA Gains Beginning to Reverse, Commonwealth Fund. Sara R. Collins, Munira Z. Gunja, Michelle M. Doty and Herman K. Bhupal, Commonwealth Fund, May 1
Electronic Visit Verification: Implications for States, Providers, and Medicaid Participants. National Association of States United for Aging and Disabilities, May 1
This is Real. Office of the Inspector General for the Department of Health and Human Services Podcast on a D.C. Health Care Fraud Investigation and Arrests
Availability of Outpatient Addiction Treatment and Use of Emergency Department Services Among Medicaid Enrollees, Andrews C.M., Ph.D., Westlake M., M.S.W. & Wooten N., Ph.D., Psychiatric Services, April 26
Three Nontraditional Approaches to Improving the Capacity, Accessibility, and Quality of Mental Health Services: An Overview, Grant K.L., Simmons M.B., B.A.Psych., Ph.D. & Davey C.G., M.D., Ph.D., Psychiatric Services, May 1
National Estimates of Recovery-Remission From Serious Mental Illness, Salzer M.S., Ph.D., Brusilovskiy E., M.U.S.A. & Townley G., Ph.D., Psychiatric Services, May 1
Opioid Dependence: Developing Depot Buprenorphine Products for Treatment Guidance for Industry, Food and Drug Administration, April 2018
Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me?, Office of the National Coordinator (ONC) & Substance Abuse and Mental Health Services Administration (SAMHSA), May 2
Disclosure of Substance Use Disorder Patient Records: How Do I Exchange Part 2 Data?, ONC & SAMHSA, May 2