

National Association of State Mental Health Program Directors *Weekly Update*

SAMHSA's National Guidelines for Mental Health Crisis Care Best Practices Toolkit is Designed to Help States, Counties, and Communities Plan and Achieve Effective and Cost-Effective Crisis Services

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, extraordinary and unacceptable losses of lives, and the waste of public resources.

The crisis services toolkit issued last week by SAMHSA, [National Guidelines for Mental Health Crisis Care](#), seeks to help states, counties, communities, and providers save lives and dollars by helping them to use a systematic, best practices approach to estimating the crisis system resource needs of each community, projecting the number of persons in the community who can be served by a crisis services system and the costs and workforce demands of serving them, and working toward the desired impact of those services. An [Executive Summary is also available](#).

The guidelines begin by setting up the essential elements within a "no wrong door" integrated crisis services system:

1. A regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat) and meets National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide, offering quality coordination of crisis care in real-time;
2. Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; and
3. Crisis receiving and stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

The guidance identifies the following essential qualities that must be "baked into" comprehensive crisis systems. In addition to the essential structural or programmatic elements::

- addressing recovery needs, a significant use of peers, and trauma-informed care;
- "Suicide Safer" care;
- Ensuring the safety and security of staff and the individuals in crisis; and
- a collaboration of law enforcement and emergency medical services.

The guidance says that Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires and maintaining a healthy environment of care also requires support

staff, who themselves may have experienced trauma. Trauma-informed care principles should be incorporated into each team member's new employee orientation, with refreshers provided as needed. Assessment tools should be used to evaluate the level of trauma experienced by the individuals served by the crisis program so that action steps are based on those assessments.

The guidance says the following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

In addition to evidence-based trauma-based crisis training for all staff, safety and security requires:

- appropriate staffing ratios;
- a non-institutional, welcoming physical space, rather than Plexiglas "fishbowl" observation rooms and locked doors, that is also anti-ligature sensitive and contains safe rooms for people for whom violence may be imminent;
- established policies and procedures emphasizing "no force first" prior to implementation of safe physical restraint or seclusion procedures;
- pre-established criteria for crisis system entry;
- strong relationships with law enforcement and first responders; and
- policies on the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that place others at risk.



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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. For 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.

Study Finds Higher Suicide Mortality Rates Among Female Physicians than Among Females Generally, But Lower Rates for Male Physicians than in the General Population

The findings of a literature review meta-analysis of 32 studies published on-line March 4 in *JAMA Psychiatry* has found a slightly higher suicide mortality rate (SMR) in female physicians than for women in general and a significantly lower suicide SMR in male physicians than for men in the general population.

The review, *Male and Female Physician Suicidality: A Systematic Review and Meta-Analysis*, conducted by Dr. Dante Duarte of the Neuromodulation Center, Spaulding Rehabilitation Hospital, Department of Physical Medicine and Rehabilitation at the Harvard Medical School and his colleagues in Brazil, included 547 male physician suicides 162 female physician suicides.

Suicide rates in male physicians (observed rate 12.4 per 100 000 population) were lower than rates in men in the general population (18.9 per 100000 population). Female physicians and women in general had similar suicide rates (5.5 per 100 000 population and 5.4 per 100 000 population, respectively), although the physician rate was slightly higher.

A meta-analysis of physician suicides published in 2004 that had included cohort data mainly before 1980 found SMRs among male physicians and especially female physicians significantly higher than the general population suicide rates at that time. But the recent review found that male and female physician SMRs significantly decreased after 1980, with female physicians having the greatest SMR decrease after 1980.

Twenty-one articles found significant differences between suicide rates in physicians and those of the general population; 11 articles found none. Most articles separated physicians by gender, with 11 studies and 9 articles showing significantly higher suicide risk in female and male physicians, respectively, than the general population. One study found significantly lower rates among female and male physicians than in the general population. Four studies combined male and female individuals; two reported lower rates among physicians, while the other two reported higher rates.

Psychiatric illnesses—mainly depression, substance abuse, or both—were reported as risk factors in only four article. Neither suicide attempts nor suicidal ideation were discussed. Eight studies reported, as the most prominent demographic risk factors for suicide, gender and increasing age. Findings were mixed for race/ethnicity, but consistent for increased risk associated with relationship factors, especially divorce, but also being widowed, being single, or having relationship issues.

Seven studies reviewed physician specialties. The specialties associated with a higher suicide risk included psychiatry, anesthesiology, radiology, rehabilitative medicine, community health, and general practice. One study found no differences.

Eight studies compared physician suicides with those of non-physician occupations, with mixed results. Some found that physicians had higher suicide rates than other professions (including teachers, academics, and veterinarians), while other studies found increased risk in other professions (including dentists, pharmacists, and nurses).

Six studies suggested a connection to work or training demands. In the United States, male physicians mostly died by suicide when professionally productive, during early training or following competitive schooling, when they had work problems, were incapacitated and unable to work, or were working in isolation. Heavy workloads and isolation also contributed to suicidality.

Suicide was typically by typically by poison, firearms, or suffocation. In the United States, Brazil, and South Africa, the most common suicide methods were firearms and poisoning, modulated by geographic location and gender. Poisoning was also the most common choice in Europe, Australia, and New Zealand. Asphyxiation by hanging was often mentioned but never reported as the most common method.



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: Dr. Barbara DiPietro, Senior Director of Policy for the National Health Care for the Homeless Council. Says She Has Learned That, Without Housing, the Services Communities Try to Deliver are Less Effective

Dr. Barbara DiPietro is the senior director of policy for the National Health Care for the Homeless Council and says what she knows now is that, without housing, the services communities try to deliver are less effective. “It’s that much harder for someone to experience stabilization when they are sleeping under a bridge, in a crowded shelter, or even in a transitional housing program that gives them a six-month deadline.” The mental health benefits that come from stable housing is the “platform that all other services should be built on.” Conversely, Dr. DiPietro says that living in a situation of homelessness is detrimental to a person’s overall well-being. People living in those circumstances often decompensate, both physically and mentally.

[**LEARN MORE**](#)

Crisis Now Partners:

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

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

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

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

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



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 Number of Awards: 4

Length of Project: 48 Months

Anticipated Total Available Funding: \$4 million

Anticipated Award Amount: Up to \$1M per year

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.

The full FOA is available at <https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/bja-2020-17281.pdf>.



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 Number of Awards: 7

Length of Project: 36 Months

Anticipated Total Available Funding: \$7 million

Anticipated Award Amount: Up to \$1M per year

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](#).

The full FOA is available at <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/ojjdp-2020-17926.pdf>.

32nd Annual Tuerk Conference

on Mental Health & Addiction Treatment



Kevin Lindamood



Beth Macy



Ashish Alfred



Carlo C. DiClemente

2020 Vision Working Together

Sponsored by

The National Council on Alcoholism and Drug Dependence, Maryland
University of Maryland, School of Medicine, Department of Psychiatry
Division of Addiction Research and Treatment

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

Super Saver

\$165 includes
Lunch and
6 CEUs

Thursday, April 23, 2020

8:00 am – 5:00 pm

The Baltimore Convention Center
Pratt and Sharp Streets

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Kolmac Outpatient Recovery Centers • Maryland Addiction Recovery Center
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? \(PDF - 576 KB\)](#)

PROGRAM TYPE	NHSC Loan Repayment Program	NHSC SUD Workforce Loan Repayment Program	NHSC Rural Community 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)	 Substance Use Disorder (SUD) Counselors • Pharmacists (PHARM) Registered Nurses (RN) <small>*Certified Registered Nurse Anesthetists (CRNA) are only eligible for the Rural Community LRP</small>	
AWARD AMOUNT	UP TO \$50K full-time / UP TO \$25K part-time	UP TO \$75K full-time / UP TO \$37.5K part-time	UP TO \$100K full-time / UP TO \$50K part-time
SERVICE COMMITMENT	2 YEARS	3 YEARS	
NHSC HEALTH CARE SITE	✓ Any NHSC-approved site	✓ Any NHSC-approved SUD 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

[CONTROL-CLICK TO REGISTER HERE](#)

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

2019 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 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.

Addressing Homelessness: Promoting Self-Care, Wellness, and Treatment Adherence Among People with SMI/CODs



Tuesday, March 10, 2020, 2:00 p.m. to 3:15 p.m. (ET)

Please join us on March 10, 2020, for the third webinar in the **Effective Outreach and Engagement** series. Outreach and engagement require a rich set of interpersonal tools and deep understanding of what it means to engage with someone who is struggling with significant vulnerabilities. Direct service providers and outreach workers will learn evidence-based practices and skills related to reaching out to and assisting a diverse population experiencing homelessness, including those with serious mental illness (SMI), substance use disorders, or co-occurring disorders (CODs).

Webinar 3: *Addressing Homelessness: Promoting Self-Care, Wellness, and Treatment Adherence Among People with SMI/CODs*, featuring Eileen Trigoboff, RN, PMHCNS-BC, DNS, DABFN, will provide information and practical tips on approaching and connecting with people who are experiencing homelessness and who have a range of vulnerabilities, including SMI and CODs. Dr. Trigoboff is on faculty at the State University of New York and is a clinical nurse specialist in a private psychotherapy practice in western New York.

HHRN Deputy Director Sherri Downing will moderate. Participants will have an opportunity to ask questions, which will be addressed at the end of the presentation. A link to the recording will be made available.

Please register [here](#) for Webinar 3.

The next webinar in the Effective Outreach and Engagement Series - **Crisis Intervention Strategies for Persons Experiencing Homelessness for People Experiencing Homelessness and who have SMI or CODs** - will be held on March 24, 2020, from 2:00 to 3:15 p.m. (ET).

If you missed previous webinars in the series, please access the recordings at the following links:

[Webinar 1:](#) Addressing Homelessness: Professional Boundaries and Ethics When Working with People Who Have SMI/CODs

[Webinar 2:](#) Addressing Homelessness: Permanent Supportive Housing/Housing First for People Who Have SMI/CODs



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



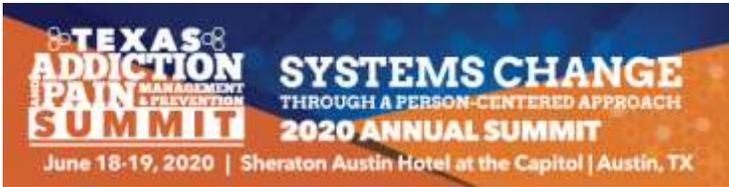
JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

SAMHSA's Homeless and Housing Resource Network ([HHRN](#))

Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776

Save the Date!



Please save the date for the 2020 Texas Addiction & Pain Management Summit, happening June 18-19.

With a vision to achieve systems-wide impact, the summit will bring together diverse, multi-sector leaders and stakeholders to pursue a statewide, coordinated approach to address the overlapping issues of pain and addiction in Texas.

Future communication for the Summit will come through a separate mailing list. If you would like to continue receiving information about the Texas Addiction and Pain Management Summit, please [click here to subscribe to the mailing list](#).

[LEARN MORE](#)

Now Accepting Abstracts

Would you like to present at this year's summit? We are seeking submissions for breakout presentations in the following tracks:

- **New Care Delivery & Payment Models:** This track focuses on evidence-based care delivery interventions to improve access to care, address acute needs of patients, and advance evidence-based pain management practices.
- **Emerging Science, Data, and Trainings:** This track focuses on the latest information about the addiction and pain management issue and evidence-based best practices to address it.
- **Policy & Partnerships:** This track focuses on innovative, evidence-based policy efforts and partnership models that can be replicated in different community settings or scaled for statewide impact.
- **Health Equity & Community:** This track focuses on understanding and addressing addiction disparities through social determinants of health, leveraging community partnerships, and closing gaps amongst underserved populations.

The deadline to submit is March 11, 2020.

[SUBMIT NOW](#)



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.

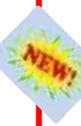
Who Should Attend?

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

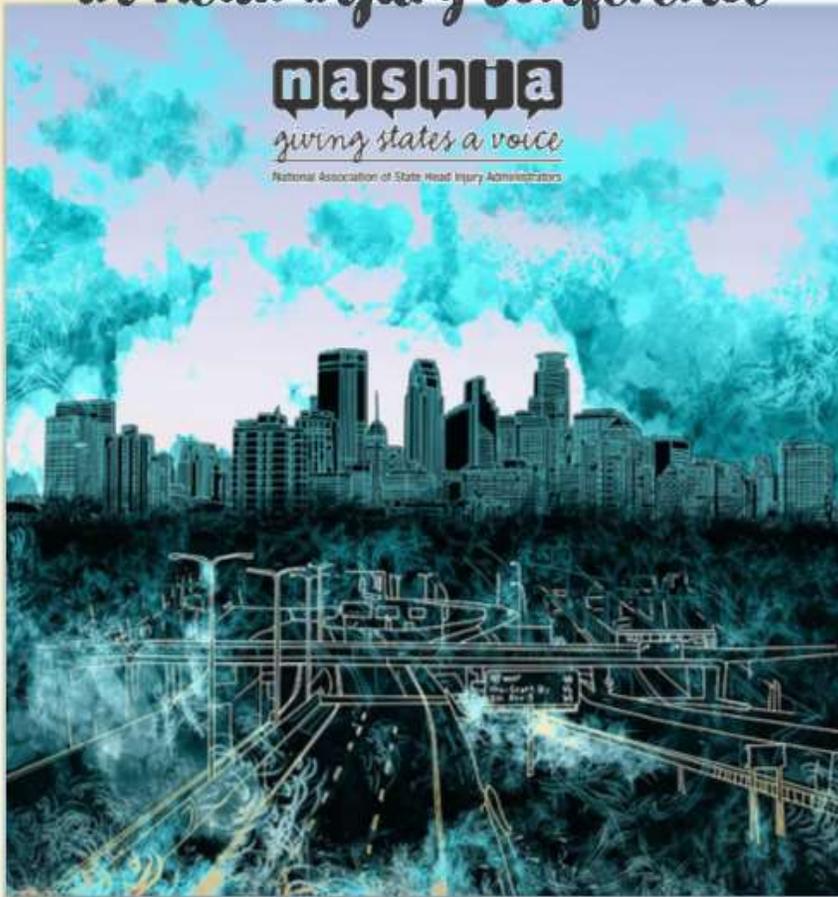
The event is free, but registration is required.

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

[REGISTER HERE](#)



31st Annual State of the States in Head Injury Conference



SEPTEMBER 21-24, 2020
MINNEAPOLIS, MINNESOTA

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!**

**Deadline for proposals: March
18, 2020.**

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](#) .

nashia
giving states a voice
National Association of State Head Injury Administrators



Call for Proposals

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
- TI-17-007 - Grants funded in FY 2017, FY 2018, or FY 2019.

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.

Grants Management and Budget Issues: Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, FOACSAT@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**, Pennsylvania 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.

Funding Opportunity RWJF Leadership for Better Health Programs



There is an increasing body of work dedicated to the importance of fostering a **Culture of Health**, and placing well-being at the center of every aspect of life to ensure communities flourish and individuals thrive.

In an effort to extend the influence and impact of leaders working to build a Culture of Health, the Robert Wood Johnson Foundation (RWJF) has launched a call for applications for its national leadership programs. As an organization committed to improving health and the performance of the health system, AcademyHealth is proud to serve as a subcontractor on two of these leadership programs:

- **Health Policy Research Scholars:** This is a four-year national leadership development program to train full-time doctoral students from non-clinical, academic disciplines with a policy focus who build a culture of health in their disciplines and communities.
- **Interdisciplinary Research Leaders:** This program supports and expands action-oriented and community-engaged research to create healthier communities. Its goal is to produce diverse, interdisciplinary leaders who conduct and apply equity-focused health research in order to drive improvements in the health of communities and help advance a Culture of Health.

Application Deadline: Wednesday, March 11

[**APPLY TODAY**](#)



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

Anticipated Award Amount: \$400,000 to \$700,000 per year

Length of Project: Up to 5 Years

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.

Savannah Kidd, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1071, 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



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Certified Community Behavioral Health Clinic Expansion Grants (SM-20-12)

Funding Mechanism: Grant

Anticipated Total Available Funding: \$197 million

Anticipated Number of Awards: 98

Anticipated Award Amount: Up to \$2M per year

Length of Project: Up to 2 Years

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 10, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2020 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short Title: CCBHC Expansion Grants). The purpose of this program is to increase access to and improve the quality of community mental and substance use disorder treatment services through the expansion of CCBHCs. CCBHCs provide person- and family-centered integrated services. The CCBHC Expansion grant program must provide access to services including 24/7 crisis intervention services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid use disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance disorders (COD). SAMHSA expects that this program will provide comprehensive 24/7 access to community-based mental and substance use disorder services; treatment of co-occurring disorders; and physical healthcare in one single location.

Eligibility: Certified community behavioral health clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award. Recipients funded under SM 18-19 in 2019 are not eligible to apply for this funding opportunity, since those organizations will be implementing a second year of grant funding at the time of award of this announcement. Those entities whose CCBHC-Expansion grant funding is ending by September 2020 are eligible to apply,

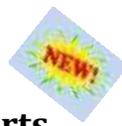
Contacts:

Program Issues: Nancy Kelly, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1839, nancy.kelly@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



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 Total Available Funding: \$50 million

Anticipated Number of Awards: Up to 200

Anticipated Award Amount: See Appendix K, below

Length of Project: 2 Years

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.

Grants Management and Budget Issues: Odessa Crocker, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1078, Odessa.Crocker@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.

User Population	Funding Per Year
1 to 5,000	\$125,000
5,001 to 10,000	\$200,000
10,001 to 20,000	\$350,000
20,001 to 40,000	\$700,000
40,001+	\$1,800,000



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)

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

Facebook Live Event
Bipolar Disorder in Adolescents & Young Adults
 Thursday, March 26, 2020
 12–12:30 p.m. ET

In recognition of **World Bipolar Day**, NIMH expert **Mary Rooney, Ph.D.**, will discuss signs and symptoms of bipolar disorder and treatments for adolescents and young adults.

www.facebook.com/nimhgov



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, proper diagnosis, 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.



NIMH Funding Opportunity Announcement

Early Psychosis Intervention Network (EPINET): Practice-Based Research to Improve Treatment Outcomes (RFA-MH-20-205)

Open Date (Earliest Submission Date) / Letter of Intent Date: February 10, 2020

Earliest Start Date: September 1, 2020

Funding Mechanism: Grant

Anticipated Total Available Funding: \$4.5 million

Anticipated Number of Awards: Up to 3

Anticipated Award Amount: \$1 million per year

Cost Sharing/Match Required?: No

Application Due Dates: March 10, 2020, 5:00 p.m. Local Time of Applying Entity

NIMH recently established the Early Psychosis Intervention Network (EPINET), which includes five regional scientific hubs, nearly 60 early psychosis clinical service programs, and the EPINET National Data Coordinating Center (ENDCC; see announcement here.) The regional scientific hubs support practice-based research to improve early identification, diagnosis, clinical assessment, intervention effectiveness, service delivery, and health outcomes in clinics offering evidence-based specialty care to persons in the early stages of psychotic illness. This Funding Opportunity Announcement (FOA) invites applications for additional regional scientific hubs to join the overall EPINET effort.

For this FOA, "early psychosis" is defined as the period spanning the onset of an affective or non-affective psychotic disorder and up to 5 years following the first episode of psychosis (FEP).

Each new EPINET regional scientific hub will link multiple early psychosis clinical service programs through (a) standard measures of early psychosis clinical features, services, and treatment outcomes; (b) informatics tools to collect de-identified, person-level data across sites; and (c) a unified approach for aggregating and analyzing pooled data. Large, integrated datasets are expected to facilitate rigorous quality improvement and program evaluation efforts within regional networks. In addition, each regional scientific hub will propose one or more mental health services and intervention research projects to advance the learning health care goals of measurement-based treatment, continuous improvement and innovation in care delivery, and practice-based research to drive the process of scientific discovery. New regional scientific hubs selected for funding will collaborate closely with the ENDCC as described in funding announcement RFA-MH-19-151.

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, **ARE** eligible to apply

Contacts:

Scientific/Research Contact: Susan T. Azrin, Ph.D., National Institute of Mental Health (NIMH), 301-443-3267, azrinst@mail.nih.gov .

Peer Review Contact: Nick Gaiano, Ph.D., NIMH, 301-827-3420. NIMHPeerReview@mail.nih.gov.

Financial/Grants Management Contact: Tamara Kees, NIMH. 301-443-8811, tkees@mail.nih.gov.



ON-LINE COURSE - 330.610.89 - Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

Location: Internet **Term:** Summer Inst. Term **Department:** Mental Health
Credits: 1 credits **Academic Year:** 2020 – 2021 **Dates:** Tue 05/26/2020 - Wed 06/10/2020
Auditors Allowed: Yes, with instructor consent **Grading Restriction:** Letter Grade or Pass/Fail
Course Instructor: Ronald Manderscheid **Contact:** [Ronald Manderscheid](#)
Frequency Schedule: One Year Only
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

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

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.

WEBSITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)



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 10 - Illness Management and Recovery: Self-Management Program Providing Psychoeducation, Relapse Planning, Coping and Social Skills Training, and Approaches for Medication Management

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](#)

Health Resources and Services Administration
Notice of Funding Opportunity
Opioid-Impacted Family Support Program - Opioid Workforce Expansion
Program- Paraprofessionals (HRSA-20-014)

Funding Mechanism: Grant

Anticipated Number of Awards: 19

Length of Project: Up to 4 Years

Anticipated Total Available Funding: \$11.5 million

Anticipated Award Amount: \$600,000 per year

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, April 13, 2020

Projected Project Start Date: September 1, 2020

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, [wwaisenberg@hrsa.gov](mailto: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.



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

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

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

Check out the latest event and agenda information below.

Thursday, March 19, 2020

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

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

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

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

Friday, March 20, 2020

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

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

Scientific Research Symposium: Resilience From Research to Practice

Saturday, March 21, 2020

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

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

The San Antonio Marriott Rivercenter - #ADAA2020 Conference Hotel

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



La Quinta San Antonio Riverwalk -

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



Please reserve your room prior to February 24, 2020.



A M E R I C A N
ASSOCIATION OF SUICIDOLOGY

AAS20

Crisis Services Continuum Conference

APRIL 22, 2020

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.

[HTTPS://WWW.AASCONFERENCE.ORG](https://www.aasconference.org)

PORTLAND, OR





DEPARTMENT OF JUSTICE FUNDING OPPORTUNITY NOTICE Community-Oriented Policing Services (COPS) Office FY2020 Law Enforcement Mental Health and Wellness Act (LEMHWA)

Funding Mechanism: Grant

Anticipated Total Available Funding: up to \$4.3 million

Length of Project: 24 months

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



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

[Grants to Implement the National Strategy for Suicide Prevention \(SM-20-014\)](#)

Funding Mechanism: Grant

Anticipated Total Available Funding: \$2 M

Anticipated Number of Awards: 5

Anticipated Award Amount: Up to \$400,000 per year

Length of Project: Up to 3 years

Cost Sharing/Match Required?: No

Application Due Date: Monday, March 23, 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 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.

Grants Management and Budget Issues: Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, FOACMHS@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:
 - a. 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;
 - b. medically supervised withdrawal management, that includes patient evaluation, stabilization, and readiness for and entry into treatment;
 - c. 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;
 - d. treatment, as appropriate, for patients with co-occurring substance use and mental disorders;
 - e. testing, as appropriate, for infections commonly associated with illicit drug use;
 - f. residential rehabilitation, and outpatient and intensive outpatient programs;
 - g. recovery housing;
 - h. community-based and peer recovery support services;
 - i. job training, job placement assistance, and continuing education assistance to support reintegration into the workforce; and
 - j. 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 onsite 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.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Circles of Care) (SM-20-10)

Funding Mechanism: Grant

Anticipated Number of Awards: 17

Length of Project: Up to 3 years

Anticipated Total Available Funding: \$5,492,314

Anticipated Award Amount: Up to \$310,000 per year

Cost Sharing/Match Required?: No

Application Due Date: Monday, March 9, 2020

Anticipated Project Start Date: August 30, 2020

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Circles of Care) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, evidence and community-based, coordinated system of care to support mental health for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grant recipients will focus on the need to reduce the gap between the need for mental health services and the availability of such services for the target population. The program has a strong emphasis on cross-system collaboration, inclusion of family, youth and community resources, and cultural approaches.

Circles of Care grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Identify a structure (i.e. advisory boards, workgroups, task force) and process that will provide ongoing guidance to project staff and promote the sense of community ownership. The identified structure may be a new or existing group, but must include representation from partner agencies, elected tribal officials and other decision makers, in addition to a variety of community members including youth and families as equal partners.
- Assure that orientation and ongoing training on the systems of care approach is provided to a wide audience for the purpose of workforce development through the life of the grant and beyond.
- Use a community-based process that is culturally appropriate and actively engages community members, key stakeholders, youth, elders, spiritual advisors, and tribal leaders throughout the life of the grant.
- Engage various sectors of the community to participate in the systems of care approach through outreach and educational strategies to sectors such as schools, the faith community, the housing community, and the justice system, in addition to healthcare systems.
- Conduct network development and collaboration activities, including ongoing training, for child and youth service providers, paraprofessionals and other informal support providers such as traditional healers, community natural helpers, youth peer leaders, and family members.
- Implement a community-based system of care model, or "blueprint", for how child/youth mental health and wellness services and supports will be provided in the community. Use a variety of ongoing consensus-building activities with continuous feedback from the community to develop the model, which should be holistic, community-based, culturally competent, family-driven, and youth-guided across multiple agencies.
- Formalize interagency commitments for collaboration and coordination of services and develop policies, corresponding funding streams, and other strategies for how the system of care model, or "blueprint", can be put into action.
- Identify an area in which services can be piloted to ensure that the infrastructure being created under this program is useful for its intended purpose. Services such as school-based mental health, educational, vocational, or family support services for children, youth, and families should be piloted. Recipients have the flexibility to choose the pilot location and service delivery type.

Eligibility:

- Federally recognized American Indian/Alaska Native (AI/AN) tribes;
- Urban Indian Organizations;
- Consortia of tribes or tribal organizations; and
- Tribal colleges and universities (as identified by the American Indian Education Consortium).

Prior Circles of Care recipients are ineligible to apply.

Program Issues: Amy Andre, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), (240) 276-1132, amy.andre@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 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.

Zero Suicide International 5

May 10 to 12, 2020, Anfield Stadium, Liverpool, UK

in Partnership with Mersey Care NHS Foundation Trust



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

Leadership (IIMHL) events and followed their small match meeting format (with 40 to 70 participants only), with Rotterdam in 2018 being the first ZSI event to stand on its own (over 100 leaders joined). For Liverpool 2020, we will partner with Joe Rafferty and, together with the Zero Suicide Alliance hosting up to 500 or more in the Liverpool Football Club. For the first time, no invitation will be required and all interested in advancing safer healthcare are welcome to join.

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

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

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.

David W. Covington, LPC, MBA
CEO & President

RI International
(RIA for Recovery Innovations, Inc.)
2701 N. 14th Street, Suite 310
Phoenix, AZ 85006

Work: 480-636-3088
Mobile: 404-435-8103
Email: David.Covington@riinternational.com



[THE FOLLOWING NOTICE IS ABBREVIATED FOR YOUR CONVENIENCE]

Centers for Medicare & Medicaid Services

Request for Information

[CMS-2324-NC] RIN: 0938-ZB57



Coordinating Care from Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions

This is a request for information (RFI) to seek public comments regarding the coordination of care from out-of-state providers for Medicaid-eligible children with medically complex conditions. We wish to identify best practices for using out-of-state providers to provide care to children with medically complex conditions; determine how care is coordinated for such children when that care is provided by out-of-state providers, including when care is provided in emergency and non-emergency situations; reduce barriers that prevent such children from receiving care from out-of-state providers in a timely fashion; and identify processes for screening and enrolling out-of-state providers in Medicaid, including efforts to streamline such processes for out-of-state providers or to reduce the burden of such processes on them. We intend to use the information received in response to this RFI to issue guidance to state Medicaid directors on the coordination of care from out-of-state providers for children with medically complex conditions.

DATES: Comments: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on 01/21/2020 and is available online at <https://federalregister.gov/d/2020-00796>, and on www.govinfo.gov the *Federal Register*.

ADDRESSES: In commenting, refer to file code CMS-2324-NC..

The Medicaid Services Investment and Accountability Act of 2019 (MSIA) (Pub. L. 116-16, enacted April 18, 2019), added § 1945A to the Act, which authorizes a new optional Medicaid health home benefit. Under § 1945A of the Act, beginning October 1, 2022, states have the option to cover health home services for Medicaid-eligible children with medically complex conditions who choose to enroll in a health home. States will submit State Plan Amendments (SPAs) to exercise this option, which permits them to specifically target children with medically complex conditions as defined in § 1945A(i) of the Act. States will receive a 15 percent increase in the federal match for their expenditures on § 1945A health home services during the first two fiscal year quarters that the approved health home SPA is in effect, but under no circumstances may the federal matching percentage for these services exceed 90 percent. Among other required information, states must include in their § 1945A SPAs a methodology for tracking prompt and timely access to medically necessary care for children with medically complex conditions from out-of-state providers.

To qualify for health home services under § 1945A of the Act, children with medically complex conditions must be under 21 years of age and eligible for Medicaid. Additionally, they must either: (1) have at least one or more chronic conditions that cumulatively affect three or more organ systems and that severely reduce cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also require the use of medication, durable medical equipment, therapy, surgery, or other treatments; or (2) have at least one life-limiting illness or rare pediatric disease as defined in § 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3)).

§ 1945A(i)(2) of the Act defines a chronic condition as a serious, long-term physical, mental, or developmental disability or disease. Qualifying chronic conditions listed in the statute include cerebral palsy, cystic fibrosis, HIV/AIDS, blood diseases (such as anemia or sickle cell disease), muscular dystrophy, spina bifida, epilepsy, severe autism spectrum disorder, and serious emotional disturbance or serious mental health illness. The Secretary may establish higher levels as to the number or severity of chronic, life threatening illnesses, disabilities, rare diseases or mental health conditions for purposes of determining eligibility for health home services under § 1945A of the Act.

Under § 1945A(i)(4) of the Act, health home services for children with medically complex conditions must include the following list of comprehensive and timely high-quality services:

- Comprehensive care management;
- Care coordination, health promotion, and providing access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-state providers, as medically necessary;
- Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;
- Patient and family support, including authorized representatives;
- Referrals to community and social support services, if relevant; and
- Use of health information technology (HIT) to link services, as feasible and appropriate.

These services are very similar to the health home services described in § 1945 of the Act, with some variations to reflect the targeted population for § 1945A health homes.

Section 1945A of the Act does not limit the ability of a child (or a child's family) to select any qualified health home provider as the child's health home. Per § 1945A(i)(5) of the Act, designated providers may be:

- A physician (including a pediatrician or a pediatric specialty or subspecialty provider), children's hospital, clinical practice or clinical group practice, prepaid inpatient health plan (PIHP) or prepaid ambulatory health plan (PAHP) (as those terms are defined in 42 CFR 438.2);
- A rural clinic;
- A community health center;
- A community mental health center;
- A home health agency; or

(Continued on Next Page)

Centers for Medicare & Medicaid Services

Request for Information

[CMS-2324-NC] RIN: 0938-ZB57



[Coordinating Care from Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions](#)

(Continued from Previous Page)

- Any other entity or provider that is determined by the state and approved by the Secretary to be qualified to be a health home for children with medically complex conditions on the basis of documentation that the entity has the systems, expertise, and infrastructure in place to provide health home services. Designated providers may include providers who are employed by, or affiliated with, a children's hospital.

B. Guidance on Coordinating Care from Out-of-State Providers.

Under § 1945A(e) of the Act, the Secretary must issue guidance to state Medicaid directors by October 1, 2020 on:

- Best practices for using out-of-state providers to provide care to children with medically complex conditions;
- Coordinating care provided by out-of-state providers to children with medically complex conditions, including when provided in emergency and non-emergency situations;
- Reducing barriers that prevent children with medically complex conditions from receiving care from out-of-state providers in a timely fashion; and
- Processes for screening and enrolling out-of-state providers, including efforts to streamline these processes or reduce the burden of these processes on out-of-state providers.

Under § 1945A(g)(2)(B) of the Act, states with an approved § 1945A State Plan Amendment must submit to the Secretary, and make publicly available on the appropriate state website, a report on how the state is implementing the guidance issued under § 1945A(e) of the Act, including through any best practices adopted by the state. The required report must be submitted no later than 90 days after the state's § 1945A SPA is approved. § 1945A(e)(2) of the Act directs the Secretary to issue this request for information (RFI) as part of the process of developing the required guidance, to seek input from children with medically complex conditions and their families, states, providers (including children's hospitals, hospitals, pediatricians, and other providers), managed care plans, children's health groups, family and beneficiary advocates, and other stakeholders with respect to coordinating the care provided by out-of-state providers to children with medically complex conditions.

We are soliciting general comments on the coordination of care provided by out-of-state providers including but not limited to primary care providers, pediatricians, hospitals, specialists, and other health care providers or entities who may provide care for Medicaid-eligible children with medically complex conditions. We are specifically seeking input on these topics as they relate to urban, rural, Tribal, and medically underserved populations, as barriers and successful strategies may vary by geography. We also seek input on these topics with respect to both Medicaid fee-for-service and Medicaid managed care arrangements. Therefore, in responding to these comments, please differentiate between Medicaid fee-for-service and Medicaid managed care arrangements, as appropriate.

- We are seeking public comment on any best practices for using out-of-state providers to provide care to children with medically complex conditions, including specific examples of what has and has not worked in the commenter's experience.
- We are seeking public comment about coordinating care from out-of-state providers for children with medically complex conditions, including when care is provided in emergency and non-emergency situations. Discussion of specific examples of what has and has not worked, in the commenter's experience, is especially welcome.
- We are seeking information about any state initiatives that have promoted and/or improved the coordination of services and supports provided by out-of-state providers to children with medically complex conditions.
- We are seeking public comment related to administrative, fiscal, and regulatory barriers that states, providers, beneficiaries, and their families experience that prevent children with medically complex conditions from receiving care, including community and social support services, from out-of-state providers in a timely fashion, as well as examples of successful approaches to reducing those barriers.
- We are seeking public comment related to barriers that prevent caregivers from accessing or navigating care from out-of-state providers in a timely fashion, as well as examples of successful approaches to reducing those barriers.
- We are seeking public comment related to individual financial barriers (for example, costs of travel, lodging, and work hours lost) that prevent children with medically complex conditions from receiving care from out-of-state providers in a timely fashion, as well as examples of successful approaches to reducing those barriers.
- We are seeking public comment on successful methods to inform caregivers of children with medically complex conditions about ways to access care from out-of-state providers.
- We are seeking public comment on any measures that have been, or could be employed by states, providers, health systems and hospitals to reduce barriers to coordinating care for children with medically complex conditions when receiving care from out-of-state providers.
- We are seeking public comment related to processes that states could employ for screening and enrolling out-of-state Medicaid providers, in both emergent and non-emergent situations, including efforts to streamline these processes or reduce the administrative and fiscal burden of these processes on out-of-state providers and states.
- We are seeking public comment on challenges with referrals to out-of-state providers for specialty services, including community and social supports, for children with medically complex conditions and the impact of these challenges on access to qualified providers.
- We are seeking public comment on best practices for developing appropriate and reasonable terms of contracts and payment rates for out-of-state providers, for both Medicaid fee-for-service and Medicaid managed care.



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
 - InPerson training scheduled 3/26/2020 – 3/27/2020
 - 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: cscstudy@center4si.com



OUR CSC ONDEMAND 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, Abaigael 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-lead 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 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 Medications 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

SAMHSA
Substance Abuse and Mental Health Services Administration

Behavioral Health Treatment Services Locator

HHS.gov



Training.
Educating.
Leading.



The National Center of Excellence for Eating Disorders (NCEED) was created to serve as *the* centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED's Website at <https://www.nceedus.org/>

NCEED is the nation's first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.



The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

Information, Training, and Technical Assistance

The NCEED website (<https://www.nceedus.org/>) is designed to be user-friendly and easy to navigate for all users. The center's web platform is divided into four content areas based on the user's role. These content areas tailor the user's experience in searching for up-to-date, evidence-based trainings and resources.



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/>



National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-

centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. [Visit the new NCAPPS website for more information.](#)

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

March 2020	Person-Centered Practice in Managed Care: Roles and Developments
April 2020	Inclusion & Belonging and Implications for Person-Centered Thinking, Planning, & Practice
May 2020	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)
June 2020	Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?
July 2020	Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings
August 2020	Myths and Misperceptions about Financing Peer Support in Medicaid
September 2020	Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises
October 2020	Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice
November 2020	Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations
December 2020	Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition



Register Now for National Drug and Alcohol Facts Week® (NDAFW) in March

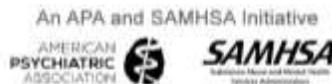
Mark your calendars for a week of **SHATTERING THE MYTHS®** about drugs, alcohol, and addiction from **Monday, March 30, to Sunday, April 5, 2020**. NDAFW is a national health observance linking teens to science-based facts about drugs and alcohol.

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.

REGISTER YOUR EVENT



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

COMPENSATORY COGNITIVE TRAINING FOR NEUROPSYCHIATRIC CONDITIONS
THURSDAY, MARCH 12, 3:00 P.M. TO 4:00 P.M. E.T.

This webinar will describe Compensatory Cognitive Training for individuals with psychiatric conditions, including schizophrenia, bipolar disorder, and major depression. Results from randomized controlled trials will be reviewed, and key components of the intervention will be described and demonstrated. And, clinical aspects of intervention delivery (e.g., identifying candidates, linking cognitive strategies with rehabilitation goals) will be discussed.

Presenter: Elizabeth Twamley, PhD, UC San Diego

[REGISTER NOW](#)

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

e/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



The Clozapine Center of Excellence

After 30 years, clozapine is still the best medication for treatment-resistant patients. Yet, it's often underutilized because clinicians, patients and families lack access to evidence-based practices around its use.

The Clozapine CDE provides FREE resources, education, consultation, tools and more on the use of clozapine.

Let SMI Adviser help you increase and improve the use of clozapine in individuals with treatment-resistant schizophrenia.

Visit SMIadviser.org/clozapine and join the conversation.



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

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Friday, March 6
2:00 p.m. to 3:00 p.m.
E.T.

RURAL GRANDFAMILIES: TAILORING SERVICES FOR THEIR UNIQUE CHALLENGES

Rural grandparents face unique social, financial, physical and mental health challenges when they accept the challenge of raising their grandchildren with behavioral health needs. This session of the System of Care (SOC) Rural Learning Community will share the lessons learned in designing and providing services from both a provider and family point of view. The audience will have time to ask questions and suggest interventions.

[REGISTER HERE](#)

Wednesday, March
11
2:30 p.m. to 4:00 p.m.
E.T.

CONSIDERATIONS FOR SYSTEM OF CARE LEADERS IN IMPLEMENTING A CONTINUUM OF CRISIS SERVICES

This session of the SOC Leadership Learning Community will focus on the implementation of a comprehensive continuum of crisis services for children, youth, and young adults in systems of care (SOCs), with a particular focus on mobile response and stabilization services (MRSS). Presenters will define the goals of a crisis continuum, the components, financing strategies, workforce strategies, and the outcomes achieved by states and communities. The value and elements of MRSS will be described, and an example of a statewide MRSS system will be provided. Resources on crisis services and MRSS will be made available to participants.

[REGISTER HERE](#)

Monday, March 23
3:00 p.m. to 4:30 p.m. E.T.

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](#)

Friday, March 25
1:00 p.m. to 2:30 p.m. E.T.

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](#)



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

Since 1988, this annual conference has been a leader in promoting the development of the research base essential to improved service systems for children and youth with mental health challenges and their families. The Tampa Conference gathers than 700 researchers, evaluators, policymakers, administrators, parents, and advocates. It is sponsored by Child & Family Studies at the University of South Florida, in partnership with the Children's Mental Health Network, Morehouse School of Medicine, the National Wraparound Initiative, Casey Family Programs, Florida Institute for Child Welfare, Institute for Translational Research Education in Adolescent Drug Abuse, Transitions to Adulthood Center for Research, Pathways to Positive Futures, Child & Family Evidence Based Practice Consortium, Family-Run Executive Director Leadership Association, the National Technical Assistance Network for Children's Behavioral Health, and the Movember Foundation.

[REGISTER HERE](#)





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***

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

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

Training Webinars for Receiving Clinicians in Community Mental Health Programs:

- 1. *Overview of Psychosis***
- 2. *Early Intervention and Transition***
- 3. *Recommendations for Continuing Care***

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

[Trauma, PTSD and First Episode Psychosis](#)

[Addressing Trauma and PTSD in First Episode Psychosis Programs](#)

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

[Engaging with Schools to Support Your Child with Psychosis](#)

[Supporting Students Experiencing Early Psychosis in Middle School and High School](#)

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

[Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families](#)
[Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians](#)

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

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

***For more information about early intervention in psychosis, please visit
<https://www.nasmhpd.org/content/early-intervention-psychosis-eip>***

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NASMHPD Links of Interest

[RETHINKING HOW WE APPROACH SUBSTANCE MISUSE](#), ELYSE YARMOSKY LICSW, ALICIA SPARKS, PH.D., M.P.H., ABT ASSOCIATES, FEBRUARY 26

[EARLY CHILDHOOD HOMELESSNESS STATE PROFILES: DATA COLLECTED IN 2017-2018](#), DEPARTMENT OF EDUCATION, FEBRUARY 2020

[DEA'S PROPOSED RULE WOULD MAKE IT EASIER FOR PROVIDERS TO OFFER REMOTE MAT](#), BAILEY BRYANT, *BEHAVIORAL HEALTH BUSINESS*, FEBRUARY 28 & [PROPOSED RULE: REGISTRATION REQUIREMENTS FOR NARCOTIC TREATMENT PROGRAMS WITH MOBILE COMPONENTS](#), DRUG ENFORCEMENT ADMINISTRATION, *FEDERAL REGISTER*, FEBRUARY 26 [COMMENTS DUE APRIL 27]

[ALL MENTAL HEALTH NEEDS BUDGET SUPPORT](#), LAURA VANPUYMBROUCK, PH.D., OTR/L, *THE HILL OPINION*, MARCH 1

[THE BENEFITS OF EXERCISE FOR CHILDREN'S MENTAL HEALTH](#), PERRI KLASS, M.D., *NEW YORK TIMES* THE CHECKUP, MARCH 2

[THE DIFFERENCE BETWEEN WORRY, STRESS AND ANXIETY](#), EMMA PATTEE, *NEW YORK TIMES*, FEBRUARY 26

[BLOOD TEST METHOD MAY PREDICT ALZHEIMER'S PROTEIN DEPOSITS IN BRAIN](#), NATIONAL INSTITUTES OF HEALTH PRESS RELEASE, MARCH 2 & [DIAGNOSTIC VALUE OF PLASMA PHOSPHORYLATED TAU181 IN ALZHEIMER'S DISEASE AND FRONTOTEMPORAL LOBAR DEGENERATION](#), THIJSSEN E.H. *ET AL.*, *NATURE*, MARCH 2; [PLASMA P-TAU181 IN ALZHEIMER'S DISEASE: RELATIONSHIP TO OTHER BIOMARKERS, DIFFERENTIAL DIAGNOSIS, NEUROPATHOLOGY AND LONGITUDINAL PROGRESSION TO ALZHEIMER'S DEMENTIA](#), JANELIDZE S. *ET AL.*, *NATURE*, MARCH 2

[A NEW APPROACH TO MENTAL HEALTH, IMPORTED FROM ABROAD](#), ROB WATERS, *HEALTH AFFAIRS*, MARCH 2020

[CENTER FOR MEDICAID AND CHIP SERVICES INFORMATIONAL BULLETIN: 2020 FEDERAL POVERTY LEVEL STANDARDS](#), CALDER LYNCH, CENTERS FOR MEDICARE AND MEDICAID SERVICES, MARCH 3

[STATE POLITICS AND THE UNEVEN FATE OF MEDICAID EXPANSION](#), PHILLIP ROCCO, ANN C. KELLER & ANDREW S. KELLY, *HEALTH AFFAIRS*, MARCH 2020

[OUTREACH WORKERS STRUGGLE TO HALT RISING NUMBERS OF UNINSURED CHILDREN](#), GILES BRUCE, USC ANNENBERG CENTER FOR HEALTH JOURNALISM, MARCH 3