National Children’s Mental Health Awareness Day is Thursday May 10th 2018

This edition is in recognition of National Children’s Mental Health Awareness Day which is being observed on Thursday May 10. According to the Centers for Disease Control (CDC), 1 in 5 children suffer from a mental health disorder (2018). Some common conditions found in childhood include Attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, and behavioral disorders such as oppositional defiant disorder and Tourette syndrome (CDC, 2018).

According to The National Institute of Mental Health, half of all lifetime cases of mental illness begin by age 14 (NIMH, 2018). For many adults, the symptoms of a mental illness were present but not recognized or addressed in childhood. Early treatment can help prevent more severe and lasting problems later in life. Mental health care is constantly improving and expanding and is critical to provide children and youth with a positive and healthy opportunity for growth and development.

Download Agency Contribution Request Form

What’s News in Nassau?

CHILDREN’S BEHAVIORAL HEALTH
Lakeview House Community Residence

Lakeview House is a Community Residence that provides a therapeutic environment for adolescents with serious emotional disturbances (SED) who need a structured community setting to result in outcomes of successful functioning and integration into the family, community, or independent living. Lakeview House offers behavior management training with licensed Social Workers, Medication Management, monitoring, and health services with an on-site RN, as well as socialization skills and recreational activities provided by a Recreation Specialist. The program maintains a safe, family like and trauma sensitive environment that fosters emotional, intellectual, and physical growth while incorporating philosophies of strength based, family driven, and individualized care. Length of stay may vary from 12-24 months.

While a variety of services are offered at Lakeview House, recreation and socialization are at the center of all the fun. The following are the most recent activities residents participated in:

- **Therapy Dogs** - Lakeview teamed up with the DogAbility Center to provide an innovative canine-assisted experience using certified activity therapy dogs. While at the DogAbility Center, residents worked together with skilled handlers as they lead dogs through an obstacle course including tunnels, hoops, jumps, planks, etc. as well as learned about behavior, nutrition, and veterinary care. The center provided a relaxed and non-judgmental atmosphere where residents could have fun while being distracted from their daily tribulations. Residents were
Lakeview House strives to build upon positive relationships, especially those relationships between the residents and their parents/guardians. While staff are always available to residents for emotional support, each parent who walks through the door will also get their own sense of support. Family Support services are provided by Family Peer Advocates who are uniquely qualified based on their own parenting journey and have been credentialed by the NYS through training that focuses on the principles and concepts of recovery, advocacy and the unique competencies needed to assist others based on the shared personal experience paradigm. This unique experiential commonalty cultivates engagement and autonomy by empowering parents to take an active role in their child’s care. Families are provided with hope, encouragement, and an exclusive sense of support knowing their Advocate has been through a similar parenting process. They have first-hand knowledge of services and are able to assist families in developing formal and informal community supports. They encourage families to meet others who face similar challenges for increased support and social networking and promote the learning of new skills and resources through group activities with other parents.

Families are also empowered to develop self-advocacy skills and how to use their voice to express needs. Through this support, parents are taught positive parenting skills and are encouraged to become advocates in their own rights. Support begins at the screening process and continues to be available regardless if admission occurs. Individual and support groups are available as well as educational advocacy, workshops, evidence-based parenting courses, and a variety of other activities. Lakeview has access to this resource whenever needed.

Written by Carly Weinstein, LMSW, Lakeview House Social Worker with contributions by Christine Miller, LMSW, AVP of Children’s Behavioral Health

- 1 in 5 high school students report being bullied in school (SAMHSA, 2017).
- 1 in 3 United States students report being bullied at some point over the course of the school years (National Center for Education Statistics and Bureau of Justice statistics, School Crime Supplement, 2011).
- When comparing the data it shows a substantial increase in the amount of youths being victimized and bullied.
- 1 in 6 high school students report being a victim of cyberbullying (SAMHSA, 2017).
- 21% of low income children and youth ages 6-17 years of age have mental health disorders (Howell, 2004).
- Nearly 1 in 6 poor children lack health insurance compared to about 1 in 12 non-poor children (Mach, A.L. & Rapaport, C., February 2012).
- 13-20% of children living in the United States experience a mental health disorder in a given year, and research shows that prevalence of these conditions are increasing (Centers for Disease Control and Prevention, 2017); 20% of the world’s children
and adolescents have mental health disorders or problems (WHO, 2017). The data from both The Centers for Disease Control and World Health organization are consistent.

- 50% of children and youth in the child welfare system have mental health disorders (Bruns et al., 2004).
- The main outcomes were opioid recipients, defined as any opioid analgesic prescription claim, and long-term opioid therapy, defined as more than 90 days’ supply within a 6-month period, with no supply gap longer than 32 days (JAMA Pediatrics, 2018).
- More than two thirds of children reported at least 1 traumatic event by age 16 (SAMHSA, 2017).
- The second leading cause of death among children aged 12-17 years in 2010 was suicide (CDC, 2017); Suicide is still the second leading cause of death in the age bracket 15-29 years (World Health Organization).
- While 3.0 per 1000 recipients transitioned to long-term opioid therapy within 3 years of receiving an opioid prescription, all psychiatric disorders and treatments were associated with an increased risk for transitioning to long-term opioid therapy. This ranged from an adjusted relative increase in the long-term opioid therapy rate from a factor of 1.73 for attention deficit hyperactivity disorder to a 9-fold increase for opioid use disorder (JAMA Pediatrics, 2018).
- The National average of child abuse and neglect victims in 2015 were 683,000 or 9.2 victims per 1,000 children (SAMHSA).

As per the National Institute of Mental Health, here are some statistics:

- 20% of youth ages 13-18 live with a mental health condition
- 11% of youth have mood disorders, 10% of youth have a behavior or conduct disorder
- 8% of youth have an anxiety disorder
- 50% of all lifetime cases of mental illness begin by age 14; 75% begin by age 24,
- The average delay between onset of symptoms and intervention is 8-10 years
- 37% of students with a mental health condition age 14 and older drop out of school – the highest dropout rate of any disability group
- 70% of youth in state and local juvenile justice systems have a mental illness
- Suicide is the 3rd leading cause of death in youth ages 10-24
- 90% of those who died by suicide had an underlying mental illness (NIMH, 2018)

Agencies Spotlight

In the Spotlight

For more than 130 years, Family and Children’s Association (FCA) has worked to protect and strengthen vulnerable children, seniors, families and communities on Long Island. Our multifaceted programs include Addiction, Prevention, Treatment and Recovery Services, Senior and Adult Services, Residential Care for Youth and Adults and Behavioral Health Services. Through our array of programs, we help over 20,000 of our neighbors each year. In our Children's Behavioral Health Division, children and families receive support and help throughout their journey in the mental health system.

Josephine* had a history of several psychiatric hospitalizations and struggled with managing her anxiety, depression and self-harming behavior. She struggled in school and out in the community. Through the help of the Home and Community Based Program (HCBS), Josephine was able to learn ways to manage these struggles, build her self-confidence and increase her socialization skills. The family also learned skills to better support Josephine and her needs. After one year in the program, she was successfully discharged.

Freddy* was client in our Children’s Care Coordination program. Through the help of the Care Manager, he was linked to community resources to help him learn how to navigate the bus system so he could get to and from college. Freddy worked with his Care Manager on volunteer opportunities as he wanted to give back to his community. Upon discharge, he was more compliant with his mental health treatment and consistently attending school.

These are just a few of the success stories from the children we serve in the Children’s Behavioral Health Division at Family and Children’s. This division serves children ages 5-21 who are diagnosed or at risk-of being diagnosed with a Serious Emotional Disturbance. In 2017, 92% of children served by HCBS and Children’s Care Coordination demonstrated progress on their goals and 85% of youth in the Lakeview Community Residence demonstrated improvement in their communication and interactions with their families.

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Here is a description of the programs we offer:

Lakeview Community Residence - An 8-bed co-ed facility for adolescents, ages 13-17, who suffer from significant, emotional impairments and need a structured setting in the community. This setting will help assist in stabilizing and maintaining the adolescent’s symptoms and behaviors so they can be reunited with the families upon discharge.

Home and Community Based Waiver (HCBS) - Offers strength based, family driven services to children 5-21 who face the likelihood of residential placement or psychiatric hospitalization due to their Serious Emotional Disturbance. Our services include, Individualized Care Coordination, Intensive In Home, Family Support, Respite, Skill Building and Crisis Response. We collaborate with other community based services and providers to ensure adequate services are available and involved with each family we serve.

Children’s Care Coordination - Care Coordination services are provided to children, teens and young adults ages 5-21, regardless of insurance status. Care Managers help each youth achieve personal goals, coordinate with their outside providers and link them and their family to community resources and supports.

Family Center Nassau Family Support - Providing parents with support, guidance, and empowerment is the goal of Family Support. Credentialed Family Peer Advocates who have lived experience work with families to help support them throughout their journey. Families can elect to utilize any of the provided services, which include individual, parent support groups, workshops or engagement events. Family Peer Advocates are available to support families at school meetings, hospital meetings, and during any other visits the family feels they can use support in. Services are for children 5-21 who are diagnosed or at-risk of being diagnosed with an SED diagnosis.

Family Center Nassau Respite - Providing families with a break is integral for the wellness of the family as a whole. Family Center Nassau Respite provides weekly peer respite for children 5-18 who have a mental health diagnosis. Children are matched with a peer and meet with them under the supervision of a Respite Counselor weekly for up to 6 months. The goal of respite is to help build social skills, connect children to their communities and provide the family with a break to help decrease stress at home.

These programs offer valuable services to children and families each and every day. Our dedicated staff are commitment to ensuring each family receives quality services to help meet their many needs.

Family & Children’s Association
100 East Old Country Road
Mineola, NY 11501
Phone: (516) 746-0350
Fax: (516) 294-0198
https://www.familyandchildrens.org/

*At FCA we respect all who come to us for help – and many are working toward a fresh start in life. So, while their stories are true, client names and images may have been changed to protect their privacy. FCA thanks you for understanding.

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Online Resources

New CTAC Clinical Tools
CTAC is proud to announce the creation of new practice-based and educational resources focused on Family Engagement strategies for providers, clients, and caregivers and families to use.

- Key Messages to Communicate in Services
- Family Alignment: The First 30 Days Checklist
- Session Feedback Form for Individual and Family Sessions
- Caregiver’s Guides:
  - Children and Trauma
  - Childhood Anxiety
  - Childhood Depression
  - Conduct Disorders

Resources for Teens/parents (Links)
- An Inside Look into the Teenage Brain
- Drug Abuse - Information and Fact Sheets for Teenagers
- Teen Mental Health risk increases with food insecurity
- SUNY - Telecounseling
- Kids Health
Bronx Teacher Killed by Fentanyl Overdose
Toxicology reports reveal that 36-year-old special education teacher Matthew Azimi, who was found dead on November 30 in one of the bathrooms at Public School X811 in the Foxhurst neighborhood of the Bronx in New York City, died because of a fentanyl overdose. January 2, 2018 by Topher Avery

New app helps Nassau County Police pinpoint drug overdose hotspots
LIDO BEACH, N.Y. — Kelly Grym is living through unspeakable pain and tragedy — losing her only two sons to heroin overdoses five years apart on the same day. February 1, 2018 by Magee Hickey

Providers raise the bar for opioid treatment on L.I.
A group of medical professionals and advocates on Long Island, which accounts for a disproportionate share of the state’s overdose deaths, are pushing for clinicians from all disciplines to also take on a greater role in treating opioid-use disorder and advocating for evidence-based solutions. State data show that there were 521 opioid overdose deaths in Nassau and Suffolk counties in 2016, accounting for about 14% of fatal overdoses statewide that year, although Long Islanders make up only about 7.5% of the state’s population. The number of fatalities on Long Island rose last year, with as many as 600 dead, according to a report in Newsday.

Governor Cuomo Announces 30-Day Budget Amendment to Help Combat the Fentanyl Crisis in NYS
Legislation Will Add 11 Types of Fentanyl to the State’s Controlled Substances Schedule
Governor Andrew M. Cuomo today announced a 30-day budget amendment will be advanced to add 11 fentanyl analogs to the state controlled substances schedule and provide the New York State Health Commissioner the authority to add any new drugs that have been added to the federal schedule, to the state controlled substances schedule. These actions will support law enforcement in their efforts to stop the spread of lethal drugs in New York State.

Justice Junction
The Nassau County Adolescent Diversion Part (ADP) Started as one of nine pilot programs in New York State. ADP court was established in January 2012, to address the needs of sixteen and seventeen-year-old adolescents facing criminal charges in the traditional criminal justice system. Prior to ADP being implemented, sixteen and seventeen-year old’s that were arrested in Nassau County had their court cases processed in the same criminal court as adult defendants. In the traditional criminal court setting, the adolescent faced probation, incarceration, and a criminal record. Through collaborative efforts including Nassau County Department of probation, and Center for Court Innovation, the Adolescent Diversion part was established with goals of keeping youth out of jail, addressing the specific needs that resulted in a youth’s contact with the criminal justice system, preventing future arrests, and clearing criminal records to the best of the court’s ability while ensuring community safety.

A youth is eligible for ADP when the offense is a violation, misdemeanor, and/or a non-violent felony. The opportunity to participate in ADP affords the youth the possibility of a bright future that could be in jeopardy if he or she receives a criminal conviction from the traditional criminal justice system. When the youth is identified as a potential participant, after the initial arraignment, the Nassau County Department of Probation administers the Youth Assessment Screening Instrument (YASI) to determine the adolescent’s risk-need level. Based on the results of the risk-need assessment, the Resource Coordinator and Clinical Coordinator develop a comprehensive case plan that addresses the individualized treatment needs of each youth. Additionally, low risk youth either have their cases dismissed at the first appearance in ADP or are referred to the Nassau County Youth Court’s peer sentencing program.

ADP provides treatment interventions that include linkages to community providers that address mental health concerns, substance use disorders, family dysfunction, and gang involvement. ADP also assists with linkages to Single Point of Access (SPOA) services, Person in Need of Supervision (PINS) Diversion, Nassau County Department of Social Services’ prevention services, and assistance for families working with school districts to ensure educational needs of the youth are properly addressed. The court provides age appropriate evidence based practice training such as Moral Recognition Therapy (MRT), Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), and Screening, Brief Intervention, Referral to Treatment for Juvenile Justice (SBIRT – JJ).
Nassau County Adolescent Diversion has processed over six thousand cases since its inception and the court has a ninety-six percent dismissal rate. The Honorable Sharon Gianelli presided over the court from January 2012 until December 2013; Before being elected to become a Supreme Court Judge. The current Judge is The Honorable David Goodsell. Judge Goodsell has presided over ADP since January 2014. The Adolescent Diversion Part will be operational until the “Raise the Age” legislation takes full effect on October 1st in 2019. ADP will be phased out after “Raise the Age” is fully implemented.

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**Innovation Center**

**Purdue Researchers to Test Telehealth to Diagnose Autism in Infants**
A five-year study being launched by Purdue University will use a telehealth platform and remote patient monitoring tools to help doctors and parents identify signs of autism in at-risk infants. March 6 2018 by Eric Wicklund

**Telehealth Targets a Niche in Mental Health Care for Urban Youths**
A New Jersey program is using telehealth to connect pediatricians with psychiatrists, addiction counselors and other experts in an effort to improve access to care for urban youths with behavioral health issues. Pediatricians in New Jersey are using telehealth to connect with mental health experts in a new program designed to improve access to care for urban youths. January 3, 2018 by Eric Wicklund

**Schools Turn to Telemedicine to Tackle Student Depression, Violence**
A telemedicine program launched in 2012 after the Sandy Hook Elementary School massacre has helped schools in Lubbock, Texas, identify and treat hundreds of students in need of psychiatric services. Texas school officials are touting a telemedicine service that not only brings behavioral healthcare into the school, but also may be averting serious issues like potential violence. April 2, 2018 by Eric Wicklund

**Health App Aims to Help Caregivers Identify Perinatal Depression**
The mHealth app, designed by researchers at the Worcester Polytechnic Institute, helps obstetric care providers identify perinatal depression in soon-to-be and new mothers and gives them care management tips. Developed at the Worcester Polytechnic Institute and University of Massachusetts Medical School, the app – called Lifeline4Moms - is designed as a resource for obstetricians and other care providers in identifying perinatal depression, which affects 14 percent of women and is considered the most common complication of pregnancy. April 23, by Eric Wicklund

**The Doctor Will Text You Now**
A U.K.-based mental health care innovator that combines artificial intelligence, data, and the millennial generation’s love affair with texting has landed in Dallas to establish a beachhead for its U.S. expansion. Leso Digital provides cognitive behavioral therapy via a real-time online written conversation between a credentialed counselor and the patient in a secure virtual therapy room. They never see each other. Everything is typed. March 2018 by Kerry Curry

**Diagnosing mental health as routinely as blood work could revolutionize treatment**
Imagine that tomorrow you wake up with a persistent cough and a sore throat. You go to see your doctor and she asks about your symptoms, but also takes your temperature and blood pressure, and maybe takes a throat culture or blood sample to send to the lab. Most of the medical field operates in this way, but not mental health. Recent work by our lab is trying to change this. We’re looking for “biomarkers,” physical tests that could help in the diagnosis of particular mental illnesses and help to inform treatment strategies. March 16, 2018 by Matthew Scult

**The Science of How Your Diet Affects Your Mental Health**
Today, the idea that food can have an impact on emotional health hasn’t gone away; it just looks a little different. The internet is littered with food-based mental-health fixes, ranging from books with titles like “The Happiness Diet to recipes for things” like “better than Prozac” turmeric lemonade. March 16, 2018 by Jenny Splitter
New Mobile Health Program Aims to Avoid Unnecessary ER Visits

A community paramedicine program launched in New Mexico's Valencia County will bring mobile health services to patients deemed most at risk of developing health concerns that end up requiring hospitalization. April 10, 2018 by Eric Wicklund

Provider Corner

Provider Corner

NYS Children’s Medicaid System Transformation Webinar: The State held a webinar on April 19th to update children's providers and stakeholders on the new State Plan Services and aligned HCBS. Access the slides here

Factors Behind the Adoption of School-based Telehealth

Schools are taking innovative approaches to telehealth. But can a system that's always struggling for funding find a path to sustainability?

Telehealth is changing how schools deliver healthcare services for both students and staff. By Eric Wicklund

School Professionals Can Help Children Manage Mental Health

New research finds that school-based services delivered by teachers and other school-based professionals can help reduce mental health problems in elementary-aged children. The finding comes at an opportune time given the violence recently experienced across America. PsychCentral by Rick Nauert PhD

Severe Shortage Of Psychiatrists Exacerbated By Lack Of Federal Funding

A growing shortage of psychiatrists across the U.S. is making it harder for people who struggle with mental illness to get the care they need — and the lack of federal funding for mental health services may be to blame. After the school shooting in Parkland, Fla., last month, President Trump promised to "tackle the difficult issue of mental health." But his 2019 budget proposal doesn't devote much funding to mental health care. March 9, 2018 by Samantha Raphelson

NYS makes it easier for hospitals to open detox beds but it’s not clear if they'll do so

In an effort to increase access to addiction treatment services in the wake of the opioid crisis, the New York State Health Department is giving hospitals an opportunity to add more in-patient detox beds. The Office of Alcoholism and Substance Abuse Services (OASAS) is temporarily waiving a certification requirement that would allow hospitals to add detox beds through the end of this year. But it's not clear if any local hospitals are planning to take advantage of the state waiver. March 19, 2018 by Beth Adams

Community Bulletin

<table>
<thead>
<tr>
<th>Events</th>
<th>Dates</th>
<th>Location</th>
<th>Register</th>
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<tr>
<td>S.T.R.O.N.G. Youth Inc.</td>
<td>4/12/18, 4/13/18</td>
<td>STRONG Youth Conference Building a STRONG LI: Gang Interventions at Work</td>
<td>Flyer and Registration Form</td>
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<tr>
<td>NAOC</td>
<td>4-26-18</td>
<td>Stepping Up: Engaging People with Mental Illnesses in Your Planning Efforts</td>
<td>Register (2:00pm-3:15pm)</td>
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<td>NTTAC</td>
<td>4-26-18</td>
<td>Creative Corroboration in Child Abuse Cases</td>
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<td>JBS</td>
<td>5-9-18</td>
<td>Supervising Peer Support Staff: What does it take?</td>
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<td>OJJDPTA</td>
<td>5-10-18</td>
<td>Working with Transgender and Gender Non-Conforming Adolescents in a Clinical Context - Part 1</td>
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<td>Exploring the Impact of Trauma on Parenting</td>
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<td>5-16-18</td>
<td>Value-Based Payment: A Guide for Direct Care Practitioners</td>
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<td>WellLife Network</td>
<td>5-16-18</td>
<td>1:30pm-4:30pm</td>
<td>Value-Based Payment: A Guide for Managers in Behavioral Health WellLife Network 55 Horizon Drive, Huntington, NY 11743</td>
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<td>PsychU</td>
<td>5-17-18</td>
<td>12:00pm-1:00pm</td>
<td>Avoiding Burnout: Learning To Live &amp; Work Well In Health Care</td>
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<td>5-22-18</td>
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<td>Addressing Behavioral Health Needs of Older Veterans: In our Communities and in Partnership</td>
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<td>Manatt Health</td>
<td>5-24-18</td>
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<td>Redefining Care Management in Medicaid Managed Care</td>
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<td>Working with Transgender and Gender Non-Conforming Adolescents in a Clinical Context - Part 2</td>
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<td>Getting to the Heart of Motivational Interviewing</td>
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<td>How Media &amp; Movies Shape Our Perception Of Serious Mental Illness</td>
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<td>MCTAC</td>
<td>6-5-18</td>
<td>9:30am-10:30am</td>
<td>In-Person Training: New Children's Health and Behavioral Health State Plan Services NY Academy of Medicine 1216 5th Ave., New York, NY 10029</td>
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<td>JBS</td>
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<td>Specialized Health Care Homes for Youth and Young Adults with Behavioral Health Challenges: Innovations and Directions</td>
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<td>8-23-18</td>
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<td>Mental Health Association</td>
<td>May 2018</td>
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<td>Please see calendar of training opportunities</td>
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<td>Mental Health Association</td>
<td>Wednesdays</td>
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<td>Family Support Group 16 Main Street Hempstead, NY 11550 2nd Floor Conference Room Ken Miro, LMSW <a href="mailto:familysupport@mhanc.org">familysupport@mhanc.org</a> 516 489-2322 Ext. 1258 Check for schedule updates</td>
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<td>NYS OMH</td>
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<td>Adult Behavioral Health Medicaid Managed Care New Video Series View Guidance on State Designated Entities</td>
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<td>MCTAC</td>
<td>Pre-Recorded</td>
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<td>Substance Use Disorders: What You Need to Know Part I View Webinar</td>
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<tr>
<td>CTAC</td>
<td>Pre-Recorded</td>
<td>We strongly encourage school-based MH providers and pupil personnel staff to invite teachers, school administrators, and other school-based staff to participate in this series. In the Face of Adversity: Promoting Resilience Through Trauma-Sensitive Schools</td>
<td>View Part IV</td>
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<td>DOH</td>
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<td>VBP University is designed to be an academic resource to raise awareness, knowledge and expertise in the move to VBP</td>
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<td>Resources from the Tools to Support the Development of a Performance Driven Culture Trainings</td>
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<td>Recovery-Oriented HCBS Training: Challenges and Opportunities Slides Available</td>
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<td>Introduction to Family Peer Support Services</td>
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<td>MCTAC Webinar</td>
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<td>Training Series for Designated Adult BH HCBS Providers</td>
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<td>OPEN MINDS</td>
<td>Online</td>
<td>What Does 'Value-Based' Look Like In The I/DD Field?</td>
<td>Click here for details</td>
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<td>introductory Webinar Q&amp;A Billing Guidance “Benefits and Opportunities” Webinar</td>
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## CTAC OASAS 820 Implementation Videos
Pre-Recorded
Providers discuss their experiences in transitioning to a Part 820 from an administrative and billing perspective

**Chapter 1: Administrative Readiness**
**Chapter 2: Clinical Readiness**

## MCTAC Pre-Recorded Webinar
Pre-Recorded
The DSM 5 and the Cultural Formulation Interview: What It Is and How to Implement It
**English**
**Spanish**

## MCTAC Follow the Yellow Brick Road
Pre-Recorded
Steps for a Smooth Transition into the Electronic Health Systems World

**Presentation slides**
**Webinar recording**
**Project plan**

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## Additional Resources
- **The Association of School Prevention, Intervention, Resource and Educational Professionals (ASPIRE)**
- **Disaster Preparation Brochure**
- **Long Island Advocacy Center**
- **Long Island Families Together LIFT**
- **National Alliance on Mental Illness NAMI Queens/Nassau**
- **Nassau Alliance for Addiction Services NAFAS**
- **Nassau County Local Community Coalitions**
- **Nassau Suffolk Law Services**
- **Suicide Prevention Brochure**
- **Long Island Family Support Services Advisory Council**

## New Grant Opportunities

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<thead>
<tr>
<th>Agency</th>
<th>Description</th>
<th>Due date</th>
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<tr>
<td><strong>CMHS</strong></td>
<td>Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (Healthy Transitions)</td>
<td>5/14/18</td>
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<tr>
<td><strong>OJJDP</strong></td>
<td>Victims of Child Abuse Act Support for Children's Advocacy Center</td>
<td>5/14/18</td>
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<td><strong>OJJDP</strong></td>
<td>Second Chance Act Addressing the Needs of Incarcerated Parents With Minor Children</td>
<td>5/22/18</td>
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<tr>
<td><strong>CMHS</strong></td>
<td>Assertive Community Treatment Grants (ACT) Pre-Application Webinar Announcement for this FOA (PDF)</td>
<td>5/29/18</td>
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<td><strong>BJA</strong></td>
<td>Justice and Mental Health Collaboration Program</td>
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<td><strong>CMHS</strong></td>
<td>National Center of Excellence for Tobacco-Free Recovery (National Center – TFR)</td>
<td>6/1/18</td>
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<td><strong>CSAP</strong></td>
<td>Improving Access to Overdose Treatment (OD Treatment Access)</td>
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<tr>
<td><strong>CSAP</strong></td>
<td>Drug-Free Communities Mentoring Program (DFC-M)</td>
<td>6/4/18</td>
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<tr>
<td><strong>BJA</strong></td>
<td>Adult Drug Court Discretionary Grant Program</td>
<td>6/5/18</td>
</tr>
<tr>
<td><strong>CMHS</strong></td>
<td>Mental Health Awareness Training Grants (MHAT) Pre-Application Webinar Announcement for this FOA (PDF)</td>
<td>6/8/18</td>
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</table>
| CMHS | **Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P)**  
|      | Pre-Application Webinar Announcement for this FOA (PDF)  
|      | 6/11/18 |
| CMHS | **Infant and Early Childhood Mental Health Grant Program**  
|      | 6/29/18 |

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