WEBINAR VIDEO TRANSCRIPT

Minority Fellowship Program Orientation Webinar
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VICTOR RAMIREZ: Good afternoon, everybody. My name is Victor Ramirez, and I'd like to welcome you to our webinar for today, the SAMHSA Minority Fellowship Program Orientation webinar. This webinar is brought to you by the SAMHSA Minority Fellowship Program Coordinating Center.

To get things started for today, I'd like to introduce our first presenter, Anita Everett. Dr. Everett is the director of the Center for Mental Health Services at SAMHSA. And CMHS supports programs and opportunities that increase access and engagement with quality mental health treatment and recovery services. Dr. Everett comes to SAMHSA with extensive experience in the delivery and leadership of psychiatric services. She has received the Patrick Henry Award for Outspoken Advocacy in Virginia and has received special commendation from the American Psychiatric Association for outstanding leadership in health care reform.

Prior to joining SAMHSA, she was section director of community psychiatry at Johns Hopkins Bayview, where she served as faculty at the School of Medicine, as well as on the Johns Hopkins Bloomberg School of Public Health. There she led the operation of 22 different programs that provide treatment and recovery support services for children and adults with the full range of mental illness and addiction. She is the past president of the American Association of Community Psychiatry and is the immediate past president at the American Psychiatric Association. So without further delay, Dr. Everett.

ANITA EVERETT: Right. Hello. Thank you very much. Yes. So this is Anita Everett, and I'm coming to you from my office in SAMSHA. And I want to thank everybody for attending today.

I think part of what my job is is to give you a little bit of an overview about SAMHSA and about some of the big picture ways that we think about SAMHSA, or how we approach problems and policy here, and also some very high-level review of some initiatives that we're working on. I believe I've just gone over that. But more specifically, I'm going to talk a little bit about the historical context of the public mental health system, talk a little bit about publicly policy itself and it how it works, how it works, and how we can have walls with it, talking about today's particular challenges, SAMHSA itself, and then some ideas, and maybe really then have space for discussion about how the minority fellows can help with this process.

All right. So here's my whirlwind tour of the public mental health system, the entire United States public health system one short timeline, one short picture. I guess what didn't transfer in this is-- well, the ages-- the years are up there roughly. So you see there's a timeline in the

middle, and it goes roughly across a pretty good time span. And I write that up into the 1800s-- 1800 to 1950-ish, I call that the Asylum Era. The next era I call the Community Era, and then the fourth era I call the Rapprochement, so the recovery and rapprochement area.

So the Dark Ages-- to go back and talk a little bit more detail about each one of those areas, the Dark Ages is a time during which there was very little organized anything that had to do with mental illness and very little organized approach to how we thought about mental illness. One of my favorite visuals there is to that, if you've ever visited Colonial Williamsburg or a colonial area in the United States, you might think about how it would be that a person who presented with a psychiatric condition would have been addressed or treated in those time periods. And it was very not organized. It was more infrastructure institutions and treatment centers and professions in place to approach that. So that's why I call that the Dark Ages.

Then along comes the emergence of asylums. And asylums were considered to be centers of excellence, maybe today's language would be something like a center of excellence where individuals could be sent to or even sometimes committed to. And we thought, during that time period, that was the best way to address folks that had mental illnesses. Oftentimes, other sorts of-- what were largely called social dependents were mixed in that population, as were folks with what they would call intellectual disabilities.

But the Asylum Era blew up during that time period. And although we now know there were many problems with the Asylum Era, the way it turned out the beginning, asylums were clearly a much better solution to the issue of how to work with folks that have major mental illnesses that were in community-based settings and/or put in jails, local jails, and/or put in local almshouses, or poor farms, or places like that where they could have more treatment.

During the mid 1950s, which is in the United States the peak Institutional Era, we learned from thinking about life in an institution to life in the community for individuals with a particularly serious mental illness. There were a number of activities that set that in motion, one of which I think is-- one of the most important ones was the Community Mental Health Center Services Act, which was signed into law in 1963. And that set forth a whole series of activities and opportunities and resources that individuals can pursue in an outpatient setting.

Of course we know that that system was never fully resourced, and remains today to be quite fragmented in the kinds of opportunities that individuals living with these major mental illnesses have in community settings now. One of the well-known critics of the system referred to it as the system in shambles because it's so very old. There's so much variability. A person has schizophrenia in one state may or may-- is highly unlikely to get the same kind of services in one state to the other to a third state. So there's a lot of variability, too much variability.

Now I move this up to what I call the Rapprochement Era or the Recovery-Based Era. And I think that's where we're trying to reconcile some of the disparities in access, the disparities in the quality of service, disparities of people within the treatment, [INAUDIBLE] will get into a more common model of what we want. And one of the projects that SAMHSA is working on

that we hope will be a catalyst that will help characterize this era is this Interdepartmental [INAUDIBLE] Coordinating Committee. And that report there is what the document is that you see a photocopy of, a photo of there.

Recovery goes along with the notion that an individual doesn't need to think of themselves as being completely defined or consumed by a mental illness. Recovery and rapprochement go along with the idea that everyone can live in the community and do well. And what we want to do is get each person the tools they need so they can live and thrive in the community of their choice. So that's where we're sort of hoping to build on that.

And a principle that I think is important that I think about often in the kind of policy work that I do here at SAMHSA is this notion of how problems get solved in government. Those of us who are rational people and have a bit of science in our background like to think the world is a linear place. We like to think the problem that's the most bad or the problem that's the most significant will get solved in a rational way, there will be steps through the process that make sense. All of us who follow politics at any level-- local, state, or federal-- will know that that's not always the case. The problem that government is addressing may or may not be the problem that most people on the street would identify as a problem that they're facing.

And so there's a fella called John Kingdom whose work I follow. He's written several books, but there's a basic political science book that he wrote that is based on years of research into exactly how is it that a problem becomes addressed in the public policy stream. Another simple-- this notion of streams that identify what gets addressed. If you're interested in a background reading in these sort of things that are of general public interest, [INAUDIBLE] called The Tipping Point, written by a fellow called Malcolm Gladwell, that is really consistent with Kingdom's idea of how a problem moves into becoming solved.

So who gets to design the problems that we work on is an interesting sort of thing when you think about the way certain things come to our attention in politics. And often, based on [INAUDIBLE] work, it is the elected officials who have the agenda-setting capacity to define what problem gets solved. Now, sometimes advocacy groups work on that as well. You see that this summer, for instance, with the kids that started the movement after the Parkland shooting in Florida. They are a group of concerned individuals who are trying to raise what they identify as gun control problems. And they're trying to raise that. But who would they raise it to, actually, is the elected officials who are the ones we have to buy into that being a problem before the problem is addressed in the government policy stream.

So problem definition and what problem a particular policy is oriented to solve is a particularly important thing to sort out. And I say that to you as-- assuming that most of you are relatively new in the realm of policy, of thinking about policy, clear identification of what problem you're trying to solve, and how you will approach them, who will help you also agree that it's a problem is pretty important phenomenon.

Next in this broad conceptualization comes the idea of solutions and who thinks about what solutions are. So it's not uncommon for solutions to be experts who know a particular content area. So if you're trying to solve a problem of, say, mental health in the schools, who you might work with and help you to define that solution might be experts who deliver health care services in schools. It might be education professionals who have worked on and studied and generated evidence around the notion of what creates a learning climate. You might want experts that know about child development. So there's a whole grouping of experts, expert witnesses, individuals who can help with a various range of solutions.

Often, government reports and/or commission-type reports will offer a variety of recommendations or solutions for consideration. So a range of solutions is usually what we want for different approaches to solve a particular problem. Sometimes there will be one solution kinds of advocates who say the only way to solve a particular problem is with this one particular intervention. But a stronger policy will have broader consideration of multiple different solutions.

Then in the government process comes the third broad area, which is the politics or the politicians that are involved in addressing these particular-- a problem that's been defined and solutions that have proposed, recommended, or submitted for consideration. Then comes the politics of how things actually get made into-- get through a body of government.

And then the final result there is a result. So what is the result? The result can be funding for a particular thing. In the way government usually works with things, it can be a new law, a new regulation. It can be a new study. That's the punting technique. You've got your results from study 1. Now we're going to study it in a different way with a slightly different set of questions. So the result is what comes down the other end, oriented theoretically toward what your problem is at the time.

One example that I have to help us think about this-- and I don't know how many of you remember too much about-- since it was about 12 years ago, I guess, when the Affordable Care Act was being promoted by the previous administration. The Affordable Care Act is a law that does multiple different things. And there was a lot [INAUDIBLE] written about the way that was promoted because there were so many different problems it tried to be solved. And now to this day, 10, 12 years later-- the law was actually passed about four years ago-- we still have confusion a little bit about the particular problems that the Affordable Care Act tries to solve.

Is it an act that tried to get everyone covered? Well, it has elements of that. Is it an act that tried to keep people from going bankrupt because they didn't have health insurance? Certainly, it has elements of that. Pre-existing conditions have reemerged, and that was one of the problems that was swallowed into the Affordable Care Act. But now that's reemerged as a separate problem.

So we have a lot of examples. I suggest this screen to you because sometimes it's helpful in sorting out how to approach a policy or how policy works in this group. Now I want to talk more

narrowly about today's challenges with regards to mental health. SAMHSA does a study every year that's called the National Survey on Drug Use and Health. NSDUH, we call it. And from that survey, we have these results. So from that survey, we have a statistic that says 46.6 million Americans or adults in the United States lived with any mental illness in 2017.

And more specifically, those who have serious mental illness, about 1/4 of those, or about 11 million. Serious mental illness in this context is defined roughly as someone who has a mental illness that's a disabling method that interferes with their capacity to function on a day-to-day basis. So they can't work, they can't attend school, they can't engage in training or other things like that because of the mental illness. So any mental illness is much broader than serious mental illness.

We also have-- that same survey looks at major depressive episodes, or MDE, and serious mental illness among young adults. The age group there is 14 to 17. And we also know-- we have seen that rising slightly, but it's a validated trend among young folks. What we don't know is whether it's because there's a little less stigma among young, transitional age youth, or those individuals are actually experiencing new anxiety, depression that wasn't there before. So we're watching that very carefully.

We know that rates of suicide also are going up. And we also know that-- and those suicide rates are actually followed by the Centers for Disease Control and Prevention, or the CDC. But we partner with them on data collection, and we know that the suicide rates are going up. And we also know that people with depression or other psychotic disorders have a particularly high rate of suicide.

We also know-- this is a separate set of information, but we also know that 2 million people with serious mental illnesses are in some form of incarceration every year-- jail, prison, or federal prisons. And of all those together, only 1/3 of those are getting treatment while they're incarcerated. And the whole issue of people with serious mental illness in jails creates a revolving door of the capacity [INAUDIBLE] serious mental illness, incarceration, the consequences of inability to be stable-housed or employed, we have someone who's going in and out of correctional institutions.

Other aspects of today's challenges-- so 41.5% of youth-- and here it's defined as 12 to 17-year-olds-- are in need treatment, received treatment for depression. So that means 60-ish percent in need of treatment did not receive treatment. So the majority of those with identified problems related to depression did not receive treatment. Similar things for adults. I'm sorry about the same statistics. If you look at a broad-- any mental illness statistic, only 42% of them will seek mental health services.

Another interesting consideration is if you look at the smaller number of people with SMIs-- so that's about 11 million Americans-- were doing a little bit better job proportionately with the number of individuals who received treatment via SMI. So in other words, if you have the broader category of any mental illness, you're not likely to get into treatment. If you have a

serious mental illness, you have slightly more than average likely chance of being in treatment. Those are a little bit confusing statistics to present. But the point there is there's a difference between access and treatment for those who have any mental illness flaw, or some serious mental illness.

OK. That's a mouthful. I'll let that percolate just a little bit while we change slides. And we'll talk a little bit more narrowly about SAMHSA itself. So SAMHSA is a federal agency. SAMHSA stands for Substance Abuse and Mental Health Services Administration. SAMHSA was formed out of the NIH, a section of NIH that had a couple of different iterations before it came to be fully carved out to become SAMHSA. But that full pulling out of SAMHSA, as such, happened in 1992. So we say that we're 26 years old.

Our broad mission is to reduce the impact of substance abuse and mental illness on America's communities. Our budget is about $5.7 billion, which is a lot compared to a lot of budgets, but it could be small compared to federal budgets. So [INAUDIBLE] the dollars you're talking about when we think about these different policy documents.

And we have about 600 staff, just to give you the massive size, maybe 550 to 600 staff. Our leader, who's the assistant secretary for mental health services [INAUDIBLE] about 2 and 1/2 years, says that we're a small agency with a very big mission which she takes very seriously. So we government agencies typically operate by what's called a strategic plan. And our strategic plan includes many different elements, one of which includes strengthening health care professional training and education, which this program that you're participating in, the Minority Fellowship Programs, one of the ways that we manifest or work against that piece of our strategic plan.

Another element of the strategic plan has to do with this Interdepartmental Serious Mental Illness Coordinating Committee, which I'm going to tell you more about later. We couldn't figure out a better name for the committee. It turns out that it was defined by Congress with this name, and so we just nicknamed it ISMICC. And that's what we call it-- ISMICC. In the ISMIC process-- which, again, we'll talk about in a little bit-- in the ISMICC process, another important part of ISMICC is to maximize the capacity of the behavioral health workforce, which is also one of the roles that you in the scholarship have for us, is a healthiness outreach, particularly the underserved and minority populations.

OK. So this is our slide to orient participants to ISMICC. And the word reference has to do with who's at the table, which if you've had or will have, as you have experience in working in policy and this screening of who defines the problem, what solutions are available, and what things do we need to change, what politics do we need to have happen before we can have the result-- who's at the table manners a lot. And so Congress, when they set aside or establish this ISMICC process, which is written in the federal law that we have to have an ISMICC-- which we want to have [INAUDIBLE] written there-- defined the partners.

And so partners at the table are us, SAMHSA, and HHS itself. That's that legal-- the yellow wings in the bottom right at about 5:00 in the table, the oval table there. SAMHSA itself is there. We have CMS at the top. They're about 10 o'clock in the diagram. CMS is the funder of Medicare and Medicaid, so two of the largest government-operated programs. It funds health care services for individuals with-- that are aging, the Medicare population, but also who have income [INAUDIBLE] or who live in or near poverty, the Medicaid population, which many adults with serious mental illness and children with serious mental illness fall into.

Who else is at the table with us government-wise? We have Department of Labor there. Labor is important because they have work programs that help us provide support for individuals so they can get back into or enter into the workforce. Very important to people that live in our culture to have a job. It's also part of our identity. And so Labor is a very big partner in that.

Labor also is involved in enforcing federal parity laws. And so Labor is a very important partner. We also have the VA, the Veterans Administration, because they provide services for vets who are eligible and able to avail themselves of the VA itself. But it turns out the majority of veterans, once they're in the status of being not active duty anymore, live in communities that aren't near a VA facility. And so it turns out that community providers are often the go-to place for veterans in need of mental health care. So those are some of the main partners.

The other rebels at the table, or the chairs-- places at the table are represented-- the categories of representatives that we have from members of the general public. So we have people who represent peers or people who have lived experience in mental illness. We have individuals who are experts like yourselves income disparities in minority health access. We have someone who is familiar with the justice system. We have professionals who work with serious mental illness. We have a whole range of things that were defined to Congress.

The first report was issued in 2017 to Congress. That was the way the law was set up. We issued a report to them in 2017. And the second report we are compelled to deliver in 2021. So we have a five-year time period to engage in the activities that relate to ISMICC. ISMICC came up with a series of recommendations, the report that-- the picture was there on the cover. And I won't go over that in detail, but one of the things that's important is the notion of equity and equality. This is one of my favorite diagrams. This demonstrates visually what the difference between equality and equity is, and equity being the more preferred way of thinking right now.

And I think many of you probably have thought about or been exposed to thinking and writing about what we want with regards to how we promote the best access, best health care for all of us [INAUDIBLE] is along the lines of this-- equality goes along with the notion of providing equal resources to everybody versus equity, which has to do more with the distribution of the same resources-- the same three boxes, in other words-- but so that people get what they need.

In this case, to see across the fence or basic health care access. These are the quality health care prevention-- preventive and treatment-oriented health care so that they can, you know,

live freely and participate in life in the community of their choice and not be impaired or held back by their disability to the extent that it's possible to work with it. So this is the diagram of where we want to be.

This is just a little bit of information about the program that you're part of. And I don't know how much of you know that, or this is part of what's going to happen [INAUDIBLE] with regard to orientation. But SAMHSA is the government funder of the Minority Fellowship Program. It is a manifestation of our commitment to doing our part to assure that individuals evolve trust [INAUDIBLE] in racial and ethnic groups have good access to-- in our case, it's mental health and addiction services. We're very interested in that. And we recognize that one of the ways to support that is to support individuals who, early in their careers, have a bona fide or demonstrated interest in working in that population, working with that to solve that problem, so to speak, the problem of inequity in the culture.

So to date, over 3,500 fellows have participated since the program's beginning. And our fellows who have graduated from the program you are in have done this in a variety of ways. They've done this through reading, teaching, and conducting research at some of our nation's top educational institutions. A broad range of faculty starting out in our minority fellowship. They have demonstrated leadership roles in professional organizations like the American Psychological Association, like the National Association of Social Workers, those types of organizations. They've led innovations in the community and become local go-to community thought leaders because they've have a leg up as a result of the exposure they get as part of this fellowship.

They have worked actively to reduce health disparities and health inequity. And they know a little bit-- they know a thing or two about how policy works and where the possible entry points are where individuals, depending on the opportunity they have based on that policy screening equation where they can influence things to make changes where there needs to be change.

So that is really what I brought to talk about. I might be a little bit ahead of schedule. I'm not exactly sure how I've had. But I'm happy to answer questions or get to know you, our fellows, a little bit if we've got a little bit of time for that. The moderator put the last slide up. This has my contact information. You guys are in a special status that you're certainly welcome to contact me or reach out to me or my staff. It's our job-- we want to support you in your interest and work with you.

VICTOR RAMIREZ: Thank you very much, Dr. Everett. I think we'll be entertaining questions and comments from participants, from the attendees later on during the webinar. And I think some of those questions could be addressed by some of our SAMHSA staff. So again, thank you very much.

ANITA EVERETT: Thank you very much. I appreciate it. And good luck in the fellowship.

VICTOR RAMIREZ: Thank you. So now we would like to proceed to our next section, where we will have our SAMHSA staff, Ms. Shannon Tate, Deborah Rose, and Tanya Gunn.

SHANNON TATE: Good afternoon, everyone. Again, my name is Shannon Tate, and I am the government project officer for the Minority Fellowship Program Addiction Counselor particular program that's part of the Center for Substance Abuse Treatment. And so under the leadership of our assistant secretary, McCance-Katz, and our acting director, Anne Herron, CSAT's mission is to promote community-based substance abuse treatment and recovery services for individuals and families in every community.

So today, I will be talking more from the substance use disorder perspective and what we do in the Center for Substance Abuse treatment. And primarily, we work to close the gap between available treatment, capacity, and demand. We support the adaptation and adoption of evidence-based and promising practices, and we improve and strengthen substance abuse treatment organizations and systems.

So CSAT provides national leadership to improve access, reduce barriers, and promote high-quality and effective treatment and recovery services. And in the Center for Substance Abuse Treatment, we have three offices and three divisions. And today I'll be talking to you about the three divisions, and also just a little touch on the Office of Consumer Affairs.

So the first division we have is the Division of Pharmacological Therapies. And SAMHSA's EPT manages the day-to-day oversight activities necessary to implement federal regulations on the use of substance use disorder medications such as methadone or buprenorphine. We also support accreditation and certification for more than 1,500 opioid treatment programs and treat more than 300,000 patients a year under 42 CFR Part 8.

We also in this division implement the Data 2000 waiver program. Some of the other activities that come out of DPP are publications and products. And some of the publications and products that may be of interest to you and the work that you're doing is around opioid overdose. We have a prevention toolkit, and we have Opioid Overdose Prevention and Response Integrated Curriculum. We also have a clinical guidance for treating pregnant and parenting women with opioid use disorders and their infants. And the last one I'll mention is the provider's clinical support system, and that is concentrated and focused on university.

Our next division that I would like to discuss is the Division of Services Improvement. And DSI is responsible for the oversight of the majority of CSAT's discretionary grants and programs. And overall, our goal is to improve access, reduce barriers. And this is where we promote that high-quality, evidence-based treatment and recovery support services. And our main populations of focus in this division are around youth and families, women-- and I spoke on the last slide about pregnant and postpartum women-- individuals at risk of or infected with HIV/AIDS, adult and juvenile justice, quality improvement and workforce development.

So as you see at the top with the Health Systems branch, that is where our medication-assisted treatment programs are, minority AIDS and targeted capacity expansion. We also have our SBIRT program, which is Screening, Brief Intervention, and Referral to Treatment. In our targeted populations branch, those are the areas that we talked about for youth, criminal justice, women, children and families, pregnant, postpartum women.

And then in the Quality Improvement and Workforce Development branch, which is the branch that I'm a part of-- I also am the government project officer over at the Historically Black Colleges and Universities Center for Excellence, which we like to use as a pipeline to what we're doing with the Minority Fellowship Program, really starting at that undergraduate level, trying to get students interested in the substance use disorder and mental health fields. We have the Knowledge Application Program. We have other recovery-oriented grants and also workforce development grants.

In our next division, we have the Division of State and Community Assistance, or as we call it, DSCA. So there are three programs here, and I think they'll pull up individually. So those are the Substance Abuse Prevention and Treatment Block Grant, Opioid State Targeted Response Grant, which is the Opioid STR, and the State Opioid Response. So these programs in the Performance Partnership branch-- some of them are supported jointly with the Center for Substance Abuse Treatment and also the Center for Substance Abuse Prevention.

So we have 50 states. We have DC, the Red Lake Indians, and 10 jurisdictions that receive an annual allotment of these funds. And in fiscal year 2018, we awarded $1.8 million to all of the states and jurisdictions. And for the Opioid STR program, we have 57 grants that are formula-based, and we have about $485 million in last year's funds that were awarded. And we also have funds here to evaluate. Congress wants to see how we're doing with these funds, if we're really addressing the opioid epidemic, and how states are able to respond to that.

And then the last area on the state opioid response-- we received an additional $1 billion in new funding for grants to states to address the opioid crisis. So we are just in the middle of that planning right now, and getting those funds out into the field. And the funding is in addition to the $500 million that was provided in the 21st Century Cures Act. So there was a lot of interest in what we were doing with the opioid epidemic.

And the last area that I wanted to talk about that we concentrate on in the Center for Substance Abuse Treatment is our Office of Consumer Affairs, or OCA. So we work with stakeholders to develop initiatives that help people have a better understanding of what recovery is. This is where a lot of our campaigns are. This is where you may have heard of National Recovery Month. We also have bringing recovery supports to scale. That is our Technical Assistance Center that we are using for recovery supports and services for individuals of all ages and diverse populations with mental and substance use disorders. And again, we've really tried to keep this national communication strategy and campaign that focuses on the observance of National Recovery Month.

So that is a general overview of the Center for Substance Abuse Treatment. We really partner well with the Minorities Fellowship Program with our partners in the Center for Mental Health Services. So this is a great opportunity for you just to learn a little bit about who we are and what we do so that you could see how this fits into the program that we're discussing today. So I thank you. And I think at this time, we are turning it over to the Center for Mental Health Services.

SPEAKER: Yes. Thank you, Shannon. This is [INAUDIBLE]. I'm going to give a quick overview of the Center for Substance Abuse Prevention. Under the leadership of Luis Vazquez, Acting Director of the Center of Substance Abuse Prevention, CSAP's mission is to improve behavior health through evidence-based prevention approaches. CSAP works with federal, state, public, and private organizations to develop comprehensive prevention systems by, one, providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use, two, promoting effective substance abuse prevention practices that enable states, communities, and other organizations to apply prevention knowledge effectively.

As a result of this effort, CSAP's work creates supportive workplaces, schools, and communities, drug free and crime free neighborhoods, positive connections with friends and families. Some of the major function areas are drug free communities, drug free workplace programs, state programs, and underage drinking. CSAP's fiscal year 2019 budget includes $21 million for substance use prevention efforts. This funding is intended to improve substance abuse prevention in states and communities across the nation.

Within this amount, $100 million will support the Drug Free Communities Program. $62 million will support grant programs to fight underage drinking, expand the availability of opioid overdose reversing drugs, and to expand tribal behavioral health. This total also provide funding for SAMHSA regulatory efforts to support federal drug free workplace efforts and to provide states, tribes, and communities with technical assistance and training in best practices to prevent substance abuse. And $58 million will go toward the Strategic Prevention Framework.

CSAP has two offices and four divisions. The Division of Community Programs supports the Community Grants and Emerging Issues branch, the Community Grants and Systems Improvement branch, the Community Grants and Programs Development branch. Division of State programs support the State Administrative branch. Division of Systems Development supports the Performance and Technical Assistance branch. Division of Workplace Programs coordinates policy oversight, facilitates the certification and review of agency plans, convenes the drug testing advocacy board to oversee scientific and technical issues involving drug testing, issues program guidance, and maintains the currency of the mandatory guidelines for federal workplace drug testing programs.

Three of CSAP's grant funded programs include the Community-Based Coalition Enhancement Grant to Address Local Drug Crises. The goal of this program is to provide and reduce the abuse of opioids or methamphetamines and the abuse of prescription medications among youth ages 12 to 18 in communities throughout the United States. The Prevention Technical Transfer Centers, PTTC, Cooperative Agreement-- the purpose of this program is to establish a PTTC network to provide training and technical assistance services to the substance abuse prevention field, including professionals, pre-professionals, organizations, and others in the prevention community.

And third, we have the Strategic Prevention Framework Partnerships for Success. The purpose of this grant program is to address one of the nation's top abuse prevention priorities, which is underage drinking among persons aged 9 to 20. If you would like to get more information about these three programs or other programs that come out of the Center for Substance Abuse Prevention, feel free to go to the SAMHSA website.

Now I will hand it over to Tanya Gunn.

TANYA GUNN: Hello. Good afternoon, everyone. Thank you for joining the webinar today. We're going over this SAMHSA Centers and Programs and Resources just to give fellows an idea of some of the resources that are available to you as a part of the fellowship program and resources that are, in fact, available to the general public. So we think it's really important for you guys to know what SAMHSA does, and also use these resources as you move through your careers, and also through your academic journeys, to tap into the resources that we have here.

So I'm going to talk about the third center today. SAMSHA actually have four centers, and you've heard from two of them, an overview of two of them. And I'm going to go over the third programmatic center that we have today. So under the leadership of Dr. Anita Everett that you heard from who opened the webinar, she manages the Center for Mental Health Services. And the Center for Mental Health Services leads federal efforts to promote prevention, treatment, and recovery supports for all Americans with mental health disorders. Of SAMHSA's four centers, we take the lead on all of SAMHSA's strategies focused on improving the availability of and access to quality mental health treatment and support services.

A few of our core objectives-- we work to strengthen the nation's mental health system by helping states improve and increase the quality and range of treatment, rehabilitation, and support services. We encourage cutting edge, evidence-based programs to respond to the increasing number of mental health, emotional, and behavioral health problems amongst [INAUDIBLE] children. We ensure that scientifically established findings and practice-based knowledge are applied in preventing and treating mental health [INAUDIBLE].

To help us achieve some of these objectives, CMHS currently administers over $1.5 billion in grants and contracts to support the implementation of mental health programs and the development of technical assistance resources. Through our partnerships with state and local communities and other federal agencies, CMHS works to make it easier for people to have

access to mental health treatment and support. CMHS develops and leads the national strategies and programs to address serious mental illness, early intervention, homelessness, and crisis response. Overall, CMHS aims to improve the health and well-being of individuals, families, and communities, and we also support programming to help all people live fulfilling, independent lives in the community.

So again, as the structure with the other two centers in CMHS, we're just showing that-- this particular shot shows the programming of our agency. So CMHS, we're organized-- we're structured into five entities. We have two offices and three divisions under the director. We have the Office of the Director, who's responsible-- that office is responsible for the overall strategic planning and oversight of our center. We also-- as Substance Abuse Treatment, we have an Office of Consumer Affairs. And we also have the Office of Program Analysis and Coordination.

I'm going to talk specifically about the three divisions within our center. The first division is the Division of Service and Systems Improvement. The key focuses for this center are homeless services, community support, child, adolescent, and families. Those are the three focuses. The Division of Service and Systems Improvement-- this division administers CMHS service programs for people who are homeless with serious mental illness or at risk for serious mental illness, people who have HIV or people who are at risk for HIV and need mental health services, and a host of treatment services for children. Additionally, the division offers programs related to helping increase community access to care and treatment programs for people who are in the criminal justice system or in corrections.

One of the division's key programs is the Project for Assistance in Transition from Homelessness, and that is the PATH program. PATH serves people with serious mental illness and those with co-occurring substance abuse disorders who are experiencing homelessness or who are at risk of becoming homeless. PATH awards grants to all 50 states and territories. PATH funds providers that offer mental health treatment, substance abuse treatment, case management, and other supports, and limited housing services. PATH's FY19 appropriation was $64 million. This division also administers other key initiatives to address community support and children and families.

The next division, Division of Treatment, Traumatic Stress, and Special Programs, the key focuses here for this division are emergency mental health, traumatic stress, and suicide prevention. This division's activities focus on the prevention of traumatic stress exposure, early treatment of traumatic stress, disaster-related behavioral health needs, and suicide prevention.

The division leads efforts to promote traumatic-informed approaches to health care through campaigns, technical assistance, and other resources. This is accomplished through programs such as the National Child Traumatic Stress Initiative, which supports a large national network of centers for child trauma treatment and services and the National Center for Trauma-Informed Care that provides technical assistance on the adoption of trauma-informed care and approaches. The division also implements an array of programs that are national and

community-based for suicide prevention activities that are designed to reduce the rate of death by suicide as well as suicide attempts.

The last division under the Center for Mental Health Services is the Division of State and Community Systems Development. The key focuses for this division are treatment and support services for seriously mentally ill adults, treatment and support services for children with serious emotional disturbance, and also the protection and advocacy for individuals with serious mental illness. The division partners with states to support the development and expansion of comprehensive, community-based services for adults with serious mental illness and children with serious emotional disturbance.

Additionally, the division oversees programming designed to protect and advocate for the rights of adults with serious mental illness and children with serious emotional disturbance who are at risk for or in danger of abuse, neglect, or rights violations. The division primarily achieves this through the administration of the Community Mental Health Block Grant and the Protection and Advocacy for Individuals with Serious Mental Illness.

I want to talk about three of the major programs within CMHS. CHMS, as noted before, gets $1.5 billion, so there are a lot of programs that we could talk about today under CMHS, but we just chose three of the major programs to focus on today. The first one would be the Community Mental Health Block Grant. The Community Mental Health Block Grant is one of CMHS's largest programs. Under the Community Mental Health Block Grant, awards are grants to 50 states, US territories, and the District of Columbia to support the development and expansion of comprehensive community mental health services provided for adults with serious mental illness and children with serious emotional disturbance.

Funds provided under this grant work to support treatment services for those who do not have insurance or who lose insurance. The fund also treats support services that cannot be covered by Medicaid or Medicare. Each state is required to submit a two-year plan that describes the state goals for mental health services in order to receive a grant. This year for FY 2019, the block grant funding is $722 million. The individual state allotments range from $54,000-- and a $54,000 grant would go to a small territory like Palau-- to $90 million, which the state of California got as an allotment under the FY 2019 grant.

It's important here to note that while this grant is $722 million that's distributed across the states and territories, this is only a small portion of what states use to manage their mental health services. And in actuality, on average, it's only 2% of what states spend to support mental health services within their respective states. It's also important to note that under the Community Mental Health Block Grant, each state is required to administer a community mental health council, and this council helps each state decide how to plan and expend funds to support services under the grant.

And what's important here, I guess, to you as practitioners is that when you are in a state, if you're trying to connect with some of the mental health services within the state or advocate

for mental health challenges within the state, it would be good to find out who manages your mental health planning council in your respective state and connect with that person, because that will give you a resource to tap into information at the state level as to what's going on in mental health treatment and services in the state.

The next program that's a major program managed under the Center for Mental Health Services is the Protection and Advocacy for Individuals with Serious Mental Illness, which is shortly known as the PAIMI program. PAIMI protects the rights of adults with mental illness and children or youth with emotional disturbance who reside in the community as well as those who are in treatment facilities. PAIMI's authorizing legislation provides governor-designated protection and advocacy organizations in each state, territory, and the District of Columbia to receive funds from SAMHSA to support protection and advocacy services. So each state is allocated funds, and they provide these funds to an organization, generally a disability rights organization within the state that then takes up different cases of individuals whose rights have been violated within the state.

So for example, if a person is mistreating individuals within a prison that have mental illness, and it's determined that it's a systemic problem, and someone reports it, then the local PAIMI organization may take up that case and sue that correctional facility on behalf of those clients. And lastly for PAIMI, PAIMI this year and FY 2019, their appropriation was $36,446,000.

The third program under CMHS that's a major program is the National Child Traumatic Stress Initiative. And this initiative improves access to the treatment and services for children and adolescents across the nation who have experienced or witnessed traumatic events. Grantees under this program support trauma-informed systems with the goal of reducing the impact of trauma and violence on children, youth, and families. The program established a national network of centers that collaborate to develop and promote effective trauma-specific and culturally appropriate interventions. The national network consists of a National Center for Child Traumatic Stress, a Treatment and Services Adaptation Center, and community treatment and services centers. The FY 2019 appropriation for the National Child Traumatic Stress Initiative was $63 million.

So in addition to some of the programs that we have, SAMHSA has an array of resources that we offer to the public and to grantees to help them implement their behavioral health programs. SAMHSA has numerous resources available to assist organizations, government, professionals, and the general public. Resources are available to assist individuals in need or organizations and agencies seeking to support large scale systems improvement.

SAMHSA's key resources generally fall into three categories-- behavioral health information, online resources and publication, funding assist and professional development opportunities, technical assistance resources for behavioral health professionals, grantees, and the public. On this particular slide, you'll see that we have displayed SAMHSA's Suicide Prevention Line. So SAMHSA, under the Center for Mental Health Services, we operate the National Suicide

Prevention Line. We have a National Treatment Locator. And the National Treatment Locator is an online database of behavioral health treatment providers located throughout the country.

There are two systems designated to specifically help those seeking assistance to find information on opioid addiction. Recently, SAMHSA also added another treatment locator that houses a directory of treatment programs for individuals seeking treatment for early serious mental illness. We also have displayed on this particular slide a reference to the Disaster Stress Help Line. The Disaster Stress Help Line is a national hotline dedicated to providing year-round crisis counseling for people who are experiencing emotional distress related to a natural or human-caused disaster. So for this, during Las Vegas or Sandy Hook or any other natural disaster or human-caused disaster, SAMHSA actually have a role, because we will go out to those locations, and we will provide mental health and disaster support services. And we have this hotline that people can also call to connect with services and resources.

So in addition to the other resources, the online resources mentioned, we also have the SAMHSA Store, which houses publications. The SAMHSA store offers information on trending behavioral health policies, treatment approaches, research studies, and other topics. The site also offers papers, brochures, reports, program overviews, and policy documents and fact sheets. So this is a great resource as you're doing your research or drafting papers for school. Or even if there are clinical approaches that you would like to investigate, the SAMHSA Publication Store is a great resource.

In addition to our Publication Store, SAMHSA has also produced several apps to help clinicians. One of our more recent apps is the MATx. And MATx was produced to help address the delivery of opioid care. The MATx app empowers health care practitioners to provide effective, evidence-based care for opioid use disorder. Examples of other apps that we have-- we have the Suicide Safe app, and we also have a bullying app which provides information and guidance on ways to prevent bullying and build resilience in children.

And again, back to our disaster activities, SAMHSA has also developed a disaster app which improves response time and efficiency in a disaster. It provides responders with access to critical resources, including behavioral health treatment service locator to identify substance use and mental health treatment facility locations. It literally lightens the load for responders by providing access to trauma and disaster-related resources.

So in addition to some of our general resources, as you've heard today, a lot of what SAMHSA does is focused around technical assistance and also providing funding to communities and states throughout the country to help them build resiliency within communities. The two major types of grant programs that we administer at SAMHSA are the block grant and discretionary funds.

Block grant are funds provided to states and other jurisdictions-- and other jurisdictions being territories and the District of Columbia-- to plan, implement, and evaluate activities that prevent and treat substance misuse and mental illness and to promote public health. We also

have grants categorized as discretionary grants. And in general, these grants are competitive awards that provide funding to support community-defined behavioral health needs and community-based programs that serve targeted areas across the country and other jurisdictions.

So if you visit SAMHSA's web page, we have a tab for grants. And then if you click on that tab, you can also get to information about our funding opportunities. Here under the Funding Announcements page, it will list current funding opportunities that SAMHSA has, and as well, it gives you other information about applying for grants on other outlets such as grants.gov, and then general information about how to apply for awards and other information about grant management.

Specific information about a particular funding opportunity announcement-- if there's something that your organization is interested in, we encourage you to access our website and look at the funding opportunity announcement. And on each funding opportunity announcement, there's always a project officer listed and a grants management contact listed. If you research a particular funding opportunity announcement that you're interested in, if you want additional information or specific guidance on that particular announcement, you would call the program, the project officer listed. And if there's something more administrative-- a more administrative question regarding that funding opportunity announcement, then you would call the Grant Office directly at the number posted.

So one of the things that we wanted to encourage Minority Fellows to look into is SAMHSA's internship program. And this program introduces students to the important role SAMHSA plays in ensuring a productive life in the community for everyone. Interns gain practical experience through projects and assignments or research that support federal, state, and community-based programs, policies, and best practices in prevention and treatment of substance use and mental illness. Some of the areas that interns could possibly work in would be substance abuse and mental health prevention and treatment, federal, state, and local policies and regulations, health IT, program administration operations and management, research and data analysis, and communication and social marketing.

So these are some of the areas that you would have an opportunity to work in as an intern with SAMHSA. The internships are typically 40 hours a week, and they're in Rockville, Maryland. And they give interns real life exposure to the areas that are just discussed, and it's a great opportunity. The new open session for the fall-- the application session for the fall will open in January of 2019. For more information, please visit our website.

So in addition to the funding opportunity and resources that we have on online for publications in data and information, we also offer a variety of technical assistance centers to the public and to grantees. So just to name a few, we have Bringing Recovery Supports to Scale, which is called BRSS TACS. And TACS promotes the widespread adoption of recovery-oriented support services and systems for people in recovery from substance use and mental health conditions.

We have the Addiction Technology Transfer Centers, and they seek to develop and strengthen specialized behavioral health care and primary health care workforce-- a primary health care workforce that provides substance use disorder treatment and recovery support. We also have the Tribal Training and Technical Assistance Center, which provides training and TA to tribal organizations on mental health and substance use disorders, suicide prevention, and mental health promotion.

And our newest technology center is the Mental Health Technology Center. And this center collaborates efforts to support resources and development and dissemination training and technical assistance and workforce development for the mental health field. So those are just an example of some of our technical assistance centers that could also be helpful as you work with clients in your respective fields. And we also have-- SAMHSA has the Center for Behavioral Health Statistics and Quality, which is the nation's principal source of behavioral health information. And we affectionately shortly call it CBHSQ. And CHBSQ collects and analyzes data from a variety of sources and disseminates that information to support public health and program decisions.

CBHSQ publishes a variety of reports that you might find helpful. So we encourage you to visit SAMHSA's website and look on CBHSQ's page for additional information about the data that may be useful to you as you move through your academic careers. Thank you.

VICTOR RAMIREZ: Thank you very much. Our next presenter is Dr. Freida Outlaw of the American Nurses Association.

FREIDA OUTLAW: Yes. Thank you. It is my honor and pleasure, as I am an alum of the MFP from the ANA program, and I've lived much of this history. So I think that's an interesting fact.

As you can see by this slide, it's been 45 years since the Center for Minority Health at the National Institute of Mental Health used data to determine that there was a deficit in the number of minority mental health professionals who could, according to research findings, provide the most comprehensive, culturally competent care for populations of people who were becoming more racially, ethnically, and culturally diverse, a trend that was projected to continue into the future, thus the need and urgency to become more active.

And Dr. Everett talked about leading the MFP as change, so how did that start? The first action was initially an invitation to the American Sociological Association to submit a grant proposal to support doctoral-level training of ethnic and racially diverse sociological researchers. In 1974, the four core professions that actually provided the mental health and substance abuse services were also awarded grants to their professional organizations. And you can see here now who the core professionals were and who got the initial grant.

Other key milestones of this history include in 1992, the MFP was transferred to the newly formed SAMHSA. And as Dr. Everett said, again, they're 26 years old, much younger. So 2007, then we added all of these other-- we added other providers, like the American Association of

Marriage and Family Therapy, the National Board for Certified Counselors, the National Association for Alcoholism and Drug Abuse.

These organizations were seen as very vital additions which have enriched and broadened the core of professionals that can provide comprehensive, culturally competent services for populations of need where using data on disproportionate health disparities and the lack of health equity have been documented. And Dr. Everett, again, showed that equality and equity slide that gives you a visual picture of what addition that made.

In 2004, the Now Is The Time Minority Fellowship Program Youth was launched. And again, that was focused on increasing access to mental health services for use by supporting masters-level education for core professions. And these professions were funded or educated to serve children, adolescents, and youth in transition, 16 to 25. This fellowship has now-- this is recent history-- this fellowship has now been incorporated into the new grant to support masters-level persons working across the lifespan.

So in sum, these are resources that feature the exciting culturally and linguistically competent work of the MFP Fellows across all the grantees. Some of their contributions in research, policy, and practice and administration are captured in a number of ways. And we do that through our newsletters, our federal reports, our publications, our local, regional, and national international presentations that are made by fellows. And the fellows have many options to-- historically and presently to present their research and their findings that have been very, very powerful.

And we'd just like to say it is also meaningful that historically and presently, that many of the fellows, having had lived the experience of socioeconomic challenges and the associated disparities, have been able to infuse into their work how they have overcome many of these challenges, adding another level of commitment and compassion to their work.

VICTOR RAMIREZ: All right. Thank you very much, Dr. Outlaw. Again, if you have any questions or any comments for any of our presenters, or for Dr. Outlaw please feel free to type them in the question box. Our next presenter, Mrs. Rose, Deborah.

DEBORAH ROSE: Thank you. Again, I want to provide the purpose of the MFP program. As stated earlier, the purpose of the Minority Fellowship Program is to reduce health disparities and improve health care outcomes of racially and ethnically diverse populations by increasing the number of culturally competent behavior health professionals available to underserved populations in the public and private nonprofit sectors. If you would like to get more information about the minority fellowship program in SAMHSA, we definitely encourage you to go to the SAMHSA website, www.SAMHSA.gov Minority Fellowship Program. And you can get more information.

SAMHSA's MFP goals and objectives include increase the number of trained professionals, reduce behavioral health disparities, improve outcomes for ethnic minorities, provide financial support for MFP Fellows, provide access to cutting-edge training opportunity, provides

resources for MFP Fellows, and to collect program data to validate the MFP program. SAMHSA's expectations for the Minority Fellowship Program Fellows-- one is to work to improve behavior health conditions of ethnic and racial minorities. SAMHSA is here to support the fellows in completing the program and committing to working in underserved communities.

Two-- to assist SAMHSA in maintaining program funding. With this, we will definitely encourage all of the fellows to complete the program. The more fellows coming through the program and returning to underserved communities teaching and/or doing further research in the area will allow us to be able to justify the importance of the Minority Fellowship Program. And we know your schedules are busy, but it's so important for fellows to complete the surveys and/or to provide data needed to justify the need for the program.

Three-- strengthen your professional foundation. The MFP will allow fellows to network with other professionals and be mentored by professionals in your discipline. Four-- give back. Yes, give back to the community by supporting and working in underserved communities by teaching and continuing research. Five-- help SAMHSA promote the Minority Fellowship Program. The way fellows can do this is talk about the program, sharing your experiences with the program, encouraging others to become a fellow.

Six-- participate in MFP community of learning-- to be available to participate in the webinars, read ours newsletters, and participate in various training and TA available to you. Seven-- complete the SAMHSA annual survey. As stated previously, the survey assists in providing information to justify the need for the Minority Fellowship Program. So we definitely-- you have the seven expectations, and we feel as though all the fellows will be able to step up to the plate and honor all the expectations for the program as stated early. This helps us to keep-- to justify the program and keep the program going.

VICTOR RAMIREZ: Thank you very much, Deborah. And moving along, in our next section, we will have staff from the Minority Fellowship Program Coordinating Center. Our first presenter will be Kelly Wagner, the project director from MayaTech.

KELLY WAGNER: Thank you very much, and thank you all for your attention this afternoon. I'm going to move quickly through here so that we can talk more about the resources available to you through the Minority Fellowship Program Coordinating Center. So the MayaTech Corporation supports the MSPCC-- that's the acronym we use-- which provides support both to the grantee organizations that fund the fellowships as well as to the fellows that participate in each of the seven disciplines that are funded.

So the mission of the MSPCC is to strengthen communications across the program, improve program operations, assess effects of the Minority Fellowship Program and increase cultural competence of the behavior health workforce in underserved communities. The MayaTech Corporation has been engaged in the work of providing training and technical assistance around behavioral health, health disparities, and cultural competence for over 35 years. And I took some time to check and see when our work with SAMHSA began, and it actually began before

SAMHSA was SAMHSA. I think it was ADAMHA back in 1990. So we have been working with SAMHSA's grantees and the programs and communities that the grantees support for 28 years.

So in terms of how the MSPCC is able to support each of the fellows, we provide training and technical assistance activities that are in addition to the professional development opportunities available to you through your fellowship programs. We conduct monthly teleconferences with each of the grantee organizations to talk about trends that they see as well as potential need for training and technical assistance to enhance their fellowship programs.

We disseminate information to the current fellows, alumni fellows, and the grantee organizations through a listserv. We support webinars such as this orientation webinar as well as a number of other webinars throughout the year. You'll receive notification of them through the listserv. We develop and distribute a quarterly newsletter on the Minority Fellowship Program, and then we also support the Minority Fellowship Program website, which includes a resource library and a directory of current and alumni fellows.

The MSPCC staff that are available to support you include myself, the project director, Victor Ramirez, who is the senior technical assistant specialist, who you've met today, Gretchen Vaughn, who you will meet in a minute, who is our senior behavioral health specialist, Asya Louis, who is our technical assistance specialist, and Angelle Tolliver, who provides support for all of our website and database activities. You can reach the staff at the MSPCC in a number of ways. The telephone number directly to us is available to you. There is also an email address which each of you should have seen in the communications regarding this webinar and also through the MSPCC website, which is mfpcc.samhsa.gov.

Now we'll turn this back over to you, Victor, to introduce the next speaker to talk about more of the resources that are available through the MFPCC.

VICTOR RAMIREZ: Thank you very much, Kelly. And our next speaker talking about our webinar series is Dr. Gretchen Vaughn, our senior behavioral health specialist. Gretchen.

GRETCHEN VAUGHN: Greetings, MFA Fellows. Just to let you know a little bit about me-- I'm a licensed clinical psychologist. So I'm really excited about being part of this program. We have webinars scheduled for the upcoming year that we're really excited to tell you about, and I'm going to give you a brief overview. Monthly webinars will be starting in February through July of 2019. They ordinarily last from 90 to 120 minutes and typically start at 2:00 PM Eastern time on Wednesdays.

Each webinar will feature several panelists, and we'll have time for participants to ask questions. The topics areas this year were chosen to be relevant to the populations that you were working with. They may include serving individuals with addiction disorders, serving transition age youth, behavioral health disparities, examining cultural competency, and behavioral health.

So just to let you know, the logistics for webinar registration will be very similar to this webinar. You will receive a notice and a link to register through the MFP Listserv. And if you happen to miss the webinar, the live webinar, archive webinars will be posted for download from the website at a later date. And as always, as Kelly mentioned before, if you have any questions or concerns, please reach out to us using the MSPCC email address. Thank you.

VICTOR RAMIREZ: Thank you very much, Gretchen. And in the next section, I will be talking about the quarterly newsletters, which is another of the resources that we have available to all the alumni and the fellows as well as the MFP branches. To the newsletter will be published four times a year. The next newsletter that will be coming up will be in mid-January. And there's an exception that this year, we will have a newsletter in mid-January instead of mid-December. After mid-January, the upcoming newsletters will be March, June, and September.

Now, you are also able to access the old editions of the e-newsletter by accessing the link that's on your screen. We will give you a couple seconds so you can write down the URL. Of course, you will be able to download these slides in a couple weeks. The newsletter will feature relevant articles for mental health, substance use. We also have profiles for both current fellows and the former fellows, alumni from the MFP program that will showcase things that the current fellows are doing as part of their program, or also the type of work that alumni, former fellows at the program have been doing since they left the program.

We will also feature some announcements from the field and important news relevant to behavioral health, mental health, substance use, and other comorbidities associated to behavioral health. And we will also feature professional opportunities, whether that's opportunities to attend conferences or upcoming conferences related to behavioral health, maybe funding opportunities. And again, just call out to all of the MFP grantees who are on the line today. You can forward that information to us, and we can feature it in the newsletter. And also for any alumni or fellows who might know of information about upcoming professional opportunities, you can forward that information to us so we can continue it for publication in the newsletter.

So here in the upcoming slides, we just want to show you what the newsletters more or less look like. These are screenshots of some of the past newsletters. Some changes will happen in the upcoming editions, more format color changes. But more or less, this is what the newsletters will look like. As I mentioned, this is a good example of an alumni profile. In this case, we have-- in this edition, there was a profile on one of the former MFP Fellows who then went on to build their own mental health practice. And again, you can access all of these past e-newsletters through the website.

And then the final slide for my section will begin-- you know, just an example of the professional development opportunities, the type of information that we will be posting on each newsletter-- upcoming conferences, doubling to registration deadlines, or deadlines to submit abstracts, calls for papers, et cetera. So again, if you know of any upcoming conferences or professional opportunities, feel free to forward that information to us.

And now I would like to turn things over to Angelle Tolliver.

ANGELLE TOLLIVER: I know we only have a few minutes, so I will quickly try to quickly run through the MFPCC website, just a few screenshots, starting with the splash page. MayaTech actually does not manage the content of the splash page. This web page is actually maintained by SAMHSA. But if you were to go and do a Google search of SAMHSA MFP program, this is probably the first web page you will see.

This web page provides an overview of the MFP program and the related SAMHSA resources. You will also find general information about how to become a fellow. And there is basic information about the Coordinating Center with a link to the MFPCC website. The MFPCC website has public and password-protected features. The password-protected features are restricted to MFP Fellows, alumni, and program administrators. Therefore, you must have a user credential to log in to the website.

If you do not have credentials, please contact us. I believe Kelly gave all the contact information on the previous slide. If you have credentials but have forgotten your password, just click that Click Here button that you see there, and it will start the password recovery process. If you require further assistance, there will be a Contact Administrator link on the Password Recovery web page where you can email us for support.

This slide is a screenshot of the profile web page. That's actually my profile. Once you have logged into the website, please take some time to review and update your profile. You can get to this page by clicking on the My Account link that will be located on the top of the navigation bar. Of course, you won't see that My Account link until you've logged in to the website. It is very important that your profile is maintained, because it's the foundation for networking with your fellows and program alumni. So please check it periodically and refresh your content.

You will be able to select areas of interest. The areas of interest that you select will be used to match you with fellows that share common interests. As you can see on the left side bar, I have about 77 matches. And this is based upon the areas of interest that I've entered on my profile.

You also have the option to change your privacy settings. There is information that you can share on your profile. But if you want to hide some of that information, there would be checkboxes next to the information that you can hide. You also have the option to update your bio. The bio is about me that you see at the bottom of the profile. You can change your password from this page, and you can also view MFP Calendar of Events. With the Calendar of Events, you also have the option of adding events to the calendar. And also, very important-- that top link where it says update my MFP page status, you need to tick that link to make your profile searchable. And you want to definitely do that.

Here we have the MFPCC Resources web page. There is a wealth of searchable information on the Resources web page to include webinars. You find newsletter archives. There are articles, training materials, outcome tools. I think there's other-- a whole bunch of other information on

there. So feel free to take advantage of Resources web page. You have the option to search by keyword, topic area, and also SAMHSA Strategic Initiatives. You can also search by profession and use the quick links to find information that you see at the bottom left of the screen.

There is also a Resource feature, and that's actually a web form that you can use to submit citations and links to resources. But when submitting this form, you will have to have an abstract or an introduction for the resource, or you won't be able to submit the actual form. So here, of course, we have the MFPCC Directory of Fellows. You can use this directory to search MFP Fellows by last name, first name, discipline, university, or state.

Or you also have the option for browse all, and that will pull down the entire directory. I believe we have about 2,000-plus fellows in this directory. And we're actually in the process of updating the directory, so please check back in about a week or so, and the content will be refreshed. And this will complete my overview of the website. I know it was fast. But if you get in there and tool around with the website and have additional questions or require assistance, just give us a call or contact us. Thank you.

VICTOR RAMIREZ: All right. Thank you very much, Angelle. And now-- I know that we have gone a little bit over our time. I do want to apologize for that. But I do want to address a couple of questions that-- questions, comments that participants had. And I think this will be directed towards SAMHSA's staff, Deborah, Tanya, if you're there. And the first question is, where can we find the list of all CMHS programs?

TANYA GUNN: So you can go to SAMHSA's website. And if you google-- if you put in the search queue CHMS, the Center for Mental Health Services, a description of our center will come up. And then there will be a description of the programs.

VICTOR RAMIREZ: All right. Thank you very much, Tanya. And a second question also for SAMHSA staff-- are the SAMHSA internships paid, or do they provide a stipend?

TANYA GUNN: The SAMHSA internships do provide a stipend, and they also provide support for living quarters, for housing.

VICTOR RAMIREZ: OK. Thank you very much, Tanya. And then we have a couple of questions for the MFP Coordinating Center.

How can I access the MFP Coordinating Center? I tried, but it says it is having technical problems. And this is to create a profile. Angelle, that would be a question towards you.

ANGELLE TOLLIVER: OK. If you can email us, I can work with you directly, because I'm not quite sure the exact area. But if you can send an email to mfpcc@mayatech.com, I can troubleshoot the issue and work with you to get your profile set up.

VICTOR RAMIREZ: OK. Thank you very much, Angelle. I think there was also a question that another participant was asking, so please contact us via email, and we'll be able to work with you. And also, somebody was asking how would they be able to [AUDIO OUT] an email to the MSPCC email address. And we'll make sure-- we'll double check that your email address is in our listserv.

If it's not, then we will make sure to include it. But also make sure that you check your inbox. Make sure that you don't have a spam blocker or that it's not being blocked by your email server, or look in your recycle bin. Because sometimes, that will happen. Listserv emails might get put in to your recycle bin or might be blocked by an email server.

If you have any questions regarding your MFPCC profile, please contact us directly. There's a few questions regarding creating a profile, but please contact us directly through email, and we will work with you to get those issues resolved. So I know that we are over time, so our apologies. If you have any additional questions, please feel free to email us at any time, and we'll be able to work with you to resolve it. And email address. Just to reiterate what the email address is, is mfpcc@mayatech.com.

Thank you for everybody for participating in today's webinar. Please be on the lookout for additional information that will be coming from the listserv. We have the e-newsletter that will be coming up in mid-January. And again, if you have any questions regarding your profile, regarding accessing any kind of information, please feel free in contacting us via email.

Thank you very much. Thank you very much to all our speakers from SAMHSA, to Dr. Everett, the director of CMHS, the MayaTech staff. Thank you very much to all the attendees, whether you are you are a current fellow, whether you're alumni, whether you are MFP grantee. Thank you again for participating today, and we look forward to speaking with you, interacting with you in the upcoming years. Thank you very much, and have a good afternoon.