Planning for success: Addressing Barriers and Emerging Federal Priorities

James Wright, LCPC
Public Health Advisor, Suicide Prevention
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Who Is In The Room?

U.S. Population Density (By Counties)

MAP KEY
- Population per square mile
  - 250 or more
  - 50 - 249.9
  - 10 - 49.9
  - less than 10
The purpose of these programs are to support states and tribes in developing and implementing statewide and/or tribal youth and adult suicide prevention and early intervention strategies, grounded in public/private collaboration.

Such efforts must involve public/private collaboration among youth and adult-serving institutions and agencies and should include schools, educational institutions, justice systems, foster care systems, substance abuse and mental health programs, primary and emergency care, workforce development and other child, youth and adult supporting organizations.

Goals are accomplished through a number of activities- some, but not all of which, are gatekeeper trainings, screening programs, coalition and task force building, outreach and awareness campaigns and direct services. Grantees must use evidence based programming and can create specific training and screening for target populations.

Many grantees identify or have identified Military Families and Veterans as high risk target audience.
Requirements

- 23 required activities for GLS grant
- Doesn’t include reporting

Cooperative Agreement - “Legal instrument reflecting a relationship between the Federal Government and a State or local government or other recipient. Occurs when there is a transfer of money to accomplish a public purpose of support and substantial involvement is anticipated between Federal Government and recipient.”
Challenges

• Many times people writing grant application are not same people implementing grant post award

• Many activities rely on infrastructure building which can take significant time, especially at the beginning

• Data structures are not in place and usually lag in reporting

• Not sure of the impact activities are having (sounds like a good idea)

• Changes in staff (internal and external) and hiring delays

• Activity shifts and timeline changes

• What else?
Stop
  • Come Hell or High Water
  • Be careful of “Just a little bit more time”

Start
  • Accurately assess potential for success
  • Openly discuss with SAMHSA, SPRC and ICF
  • Work with team to identify when and how changes should be made and formally adopt into programming
Carryover/Unobligated Balance requests
Early plans for No-Cost
Possible Offset of funds
Corrective action plans
High Risk
Forfeiture of grant
What To Do

- Ongoing assessment of activities for delays, barriers or needed changes
  - Minor (could be non-formal)
  - Major (formal and impacts budget)

- Tell you GPO

- Work with GPO/TAL/PS to develop a plan
So everything is great and then...
What Do I Do With This???

- Cures Act
- NSSP
- Zero Suicide
- State legislation
- ISMICC
- SMI/SED
- Opioids
- More??

I'M ALTERING THE DEAL

PRAY I DON'T ALTER IT ANY FURTHER
Be Mindful of How You Will Reach People

• Traditional ways (face to face training, identification, follow-up)

• Organizational/structural vs. consumer

• Through emerging technology (chat, text, social media, app utilization)
SAMHSA has invested in several initiatives specifically aimed at increasing behavioral health service utilization nationwide through the use of technology:

- Mobile App Development
- National Suicide Prevention Lifeline - chat and social media
- Partnerships with social media - Facebook and others

https://suicidepreventionlifeline.org/chat/
www.vimeo.com/saveorg/facebook_suicidesupport
Apps

The "Talk. They Hear You." (TTHY) app: interactive game

Relief Link

KnowBullying

BH Disaster Response App

Centerstone of Tennessee

Texas

Lifeline
What Does This Mean For

Suicide surveillance, research, and prevention

• Surveillance: used to identify, track and connect

• Research: short-term outcomes easier to identify than long-term impact

• Prevention: Rates for suicide continue to rise. Social media and app utilization allows for another avenue to reach individuals both before and during suicidal crisis.

Little is know regarding impact of app and social media engagement in suicide prevention. How will you know if you are effective? Major gaps- but opportunities exist.
Whether Modification or New Initiative- Ask Yourself “Does It Fit?”

• Does it fall within your scope and ability (target age range, current partnerships, etc)
• Will it have a more significant impact
• What will need to be changed
• Is there enough time
• Will it be able to be sustained more effectively
• Will it lead to permanent change
Continue to assess plan/changes for ...
Questions? Discussion time.
Thank you.

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

James Wright, LCPC
James.wright@samhsa.hhs.gov
240-276-1854

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)