In his written testimony, Mr. Morrison listed some specific State programs across the country.

The Senate Health Education Labor and Pensions (HELP) Committee and the House Energy and Commerce Health Subcommittee held hearings this week on the proposals in each chamber to address the nation’s opioid epidemic.

HELP Chair Lamar Alexander (R-TN) announced at the beginning of the HELP hearing the morning of April 11 that his Committee would conduct a markup of its package of bills on April 24.

The HELP Committee heard from three witnesses, including National Association of State Alcohol and Drug Abuse Directors Executive Director Rob Morrison, Jessica Hulsey Nickel, President and CEO of the Addiction Policy Forum, and Delaware Office of the Child Advocate Child Abuse Investigation Coordinator Jennifer Donahue.

Mr. Morrison told the Committee NASADAD is appreciative of work of the Committee, Congress, and the Administration thus far to address the opioid crisis. He said his organization applauded passage of the 21st Century Cures Act which included the creation of the $1 billion State Targeted Response to the Opioid Crisis (STR) fund for Fiscal Year 2017 and Fiscal Year 2018 to help State alcohol and drug agencies enhance treatment, prevention, and recovery services. Mr. Morrison said the states are using the grants to support innovative and lifesaving programs across the country.

In his written testimony, Mr. Morrison listed some specific State examples of STR grant dollars at work in Tennessee, Washington State, Alaska, Connecticut, Georgia, Louisiana, Missouri, New Hampshire, North Carolina, South Carolina, and Virginia.

Mr. Morrison offered the following principles for Congress in its crafting of the opioid legislation:

- Ensure provisions work through State alcohol and drug agencies to promote coordination and avoid creating parallel, duplicative, or bifurcated systems of care.
- Ensure a consistent, predictable, and sustained provision of resources as key to allowing states and providers to plan and rely on future year commitments.
- Continue to work to address the opioid crisis but also elevate efforts to address all substance use disorders, including those linked to alcohol and other substances.
- Maintain a strong SAMHSA, with a focus on a healthy state-Federal partnership as the cornerstone of sound public policy.

Mr. Morrison’s written testimony included suggestions for a number of the bills included in the HELP Committee’s package. He especially applauded the proposed reauthorization and improvement of the STR grant program, and the National Recovery Housing Best Practices Act, which would require the Secretary of Health and Human Services (HHS) to identify or facilitate the development of best practices for operating recovery housing. Mr. Morrison also suggested enhancing school-based substance abuse prevention through coordination between State Alcohol and Drug Agencies and State Educational Agencies.

Ms. Nickel, testified regarding the experiences of the families of individuals with substance use disorders, and was applauded for her perspective by various members of the Committee, including Georgia Senator Johnny Isakson (R). Senator Isakson recounted his own experiences with the death of his grandson of a drug overdose two days before he was scheduled to graduate with honors.

Ms. Nickel also expressed agreement with Maine Senator Susan Collins (R) that peer support is a key element of recovery.

**Energy and Commerce Health Subcommittee Hearing**

The House Energy and Commerce Health Subcommittee followed the HELP hearing with its own hearing on 34 draft bills, stretching over two days, that began the afternoon of April 11 and ended around noon April 12.

The first segment of the hearing was focused on testimony by Principal Deputy Administrator for Operations at the Centers for Medicare and Medicaid Services Kimberly Brandt and a questioning of Ms. Brandt designed to elicit her input on the various pieces of legislation being considered by the Committee.

Ms. Brandt heard from various Democrats on the Committee, especially California Rep. Anna Eshoo, that Medicaid is the single largest Federal payer for mental health and substance use disorder services, as they expressed their concerns with the multi-billion reduction in funding for the Medicaid program proposed under President Trump’s Fiscal Year 2019 budget. Similarly, Rep. Jan Schakowsky (D-IL) noted that the Balanced Budget Amendment, on the floor for a House vote that day, would also emperil Medicaid coverage and thus limit access to services. Rep. Joseph Kennedy III questioned how the Administration reconciled lifetime limits and work requirements with access to substance use disorder treatment.

Ms. Brandt responded that the Administration’s proposal to block grant the Medicaid program (Continued on page 3)
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- SAMHSA Funding Opportunity Announcement: Healthy Transitions
- April 18 SAMHSA-HRSA Center for Integrated Solutions Webinar: Webinar: Impact of ACEs and Adoption of Trauma-Informed Approaches in Integrated Settings
- April 23 to 25 National Council on Behavioral Health Conference
- Center for Trauma-Informed Care Trainings

**2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS**

- May is Older Americans Month
- April 19 Tuerk Conference on Mental Health and Addiction Treatment
- May 28 to June 1 International Initiative for Mental Health Leadership Conference in Stockholm
- SAMHSA-Sponsored Recovery to Practice Webinars: Recovery-Oriented Engagement Practices - Spring 2018 Series
- TA on Preventing the Use of Restraints and Seclusion
- April 26-27 Health Datapalooza Registration
- June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum
- New Resources Posted to the EIP Resource Center: Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis
- July 24 to 26 Georgetown University Health Policy Institute Center for Children and Families Annual Conference in D.C.
- New SAMHSA-Sponsored CME Course: Clozapine as a Tool in Mental Health Recovery
- May 2 & 3 Annual Behavioral Health Informatics Conference
- Children’s TA Network Upcoming Webinars

NASMHPD Board & Staff | NASMHPD Links of Interest
Senate HELP, House Energy and Commerce Health Committees Hear From Stakeholders, CMS on Proposed Omnibus Opioid Epidemic Legislative Measures

(Continued from page 1) is intended to give the states flexibility, and she insisted that the solution to the opioid crisis might not be to simply “throw money” at the problem. But she said the Centers for Medicare and Medicaid Services had not done an analysis of how the President’s proposed cuts would impact access to substance use disorder services.

At various points during her questioning, Ms. Brandt affirmed the Administration’s interest in expanding Medicaid and Medicare coverage to include alternative treatments for pain, loosening the telehealth originating site restrictions—which she called critical to ensuring access for rural areas and underserved communities—and ensuring provider access to Prescription Drug Monitoring Program data. She was also supportive of pharmacy lock-in programs, noting the Administration’s move to include such programs in Medicare in Benefit Year 2019.

Witnesses at the continuation of the hearing on April 12 included former California Medicaid director and current Centene Vice President for Medicaid Solutions Toby Douglas, former Office for Drug Control Policy and current Executive Director for the Grayken Center for Addiction at the Boston Medical Center Michael Botticelli, Centerstone America CEO David Guth, Geisenger Health System Chief Information Officer John Kravitz, and Magellan Healthcare CEO Sam Srivastava.

Mr. Douglas noted in his testimony that nearly 4 in 10 (38 percent) of individuals with substance use disorders were covered by Medicaid. Subcommittee chair Hugh Burgess (R-TX) asked why that was so, and whether it was a recent phenomenon. He said that if the Medicaid system is putting at-risk individuals more at risk, he would want to modify the system. Mr. Douglas told Rep. Burgess that he thought the heavy penetration of opioid abuse into the Medicaid program began when states began to integrate mental health and general medical health—in California around 2010—rather than treating substance use disorders separately.

Mr. Botticelli told Rep. Burgess that a just-published Kaiser Family Foundation study showed there is a growing trend of opioid abuse in the private insurance markets as well, and that it was his belief that greater Medicaid coverage accelerated access to treatment. He said a drastic cut in Medicaid funding would be devastating.

Mr. Botticelli also endorsed a committee member’s support for the use of health homes as a means to treat opioid addiction, particularly in rural areas. Mr. Douglas called health homes a means to fold substance use disorder treatment best practices into primary care practices.

All of the day’s witnesses endorsed the importance of universal access to PDMP data, but Mr. Srivastava stressed the need for interoperability to make sure the information can be shared quickly through electronic means, and the need for Federal investment to help make that happen. Rep. Matsui mentioned her legislation providing meaningful use incentives to behavioral health providers to adopt health information technology. Mr. Kravitz noted that not all states had reciprocity agreements regarding other states’ access to information in a PDMP and said there should be national access. He also recommended a national patient identifier to ensure the right patient is identified in the PDMP data.

All of the day’s witnesses supported aligning 42 CFR Part 2 with HIPAA to enable providers to better coordinate care, except for Mr. Botticelli who said he was concerned about privacy, as, he said, a person in recovery himself. He noted SAMHSA’s two recent modifications to 42 CFR Part 2, which he said would enhance integration.

Mr. Botticelli agreed with Rep. John Shimkus (R-IL) that it is unfortunate that only half of Medicaid programs cover non-opioid pain management therapies, such as acupuncture, physical therapy, yoga, and exercise. Mr. Douglas echoed that concern, but said the therapies must be evidence-based to be covered. He urged the Committee to give Medicaid agencies the authority to cover those therapies and urged research in the area. Mr. Botticelli agreed with Rep. Shimkus that writing a prescription for opioids is not only cheaper, but also easier for the treating physician than working out non-opioid alternatives with the patient.

Both Mr. Botticelli and Mr. Douglas agreed with Rep. Paul Tonko (D-NY) that permitting pre-release Medicaid coverage for ex-convicts would be useful in helping those individuals transition into addiction treatment and care coordination. Rep. Joe Barton (R-TX) had earlier expressed opposition to the Tonko proposal.

Rep. Buddy Carter (R-GA) noted that the President’s Council on Opioid Abuse had recommended primary care screening to identify persons at risk for opioid disorders. Mr. Guth told Rep. Carter that he would agree with that recommendation.

The Senate Finance Committee has also scheduled an opioids hearing for April 19 at 10 a.m., which will be live-streamed.

CMS Adopts Final Regulation Giving States Greater Flexibility in Designating Benchmark Plans for Purposes of Determining Essential Health Benefits in the ACA Exchanges

The Center for Medicare and Medicaid Services has adopted final Affordable Care Act (ACA) Marketplace Benefit Year 2019 regulations that open up what each state may designate as a benchmark plan for purposes of determining the state’s required essential health benefits (EHBs).

Under the regulations, due to be published in the April 17 Federal Register, a state will have the option, beginning with the 2020 Benefit Year, of:

- Selecting the EHB-benchmark plan that another State used for the 2017 plan year;
- Replacing one or more categories of EHBs established previously in the state’s EHB-benchmark plan for the 2017 plan year with the same category or categories of EHB(s) from the EHB-benchmark plan that another state used for the 2017 plan year; or
- Otherwise selecting a set of benefits that would become the state’s EHB-benchmark plan.

A State’s EHB-benchmark plan will still be required to cover at least the 10 essential categories of benefits mandated under the ACA, including an appropriate balance of coverage for those categories of benefits.

The benchmark plan cannot be discriminatory and will have to ensure benefit coverage for “diverse segments of the population, including women, children, persons with disabilities, and other groups.”
SAMHSA, ACL, and the National Coalition on Mental Health and Aging Schedule
First National Older Adult Mental Health Awareness Day Event

The Substance Abuse and Mental Health Services Administration, the Administration for Community Living, and the National Coalition on Mental Health and Aging will observe the first Older Adult Mental Health and Aging Awareness Day on Friday, May 18, from 10:00 a.m. to 12:30 p.m. E.T., with an event at the SAMHSA offices (5600 Fishers Lane in Rockville, MD) with participation by webcast also available.

By 2030 the United States Census Bureau indicates there will be nearly 75 million Americans over age 65. A 2012 study from the Institute of Medicine found nearly one in five older Americans have one or more mental health/substance use conditions. Although they comprise only 15.2 percent of the U.S. population, older adults accounted for 18.2 percent of suicide deaths in 2016 and males 75 or older have suicide rates nearly double any other age group.

The event is designed to raise public awareness around the mental health of older Americans and spur actions to address their needs by promoting evidence-based approaches to mental health and substance use prevention, treatment, and recovery supports for older adults and collaboration between the mental health and aging networks. It will also highlight the work of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC), and where people can seek treatment and services when needed.

To attend in person or by webcast, please go to: https://www.eiseverywhere.com/ehome/noamhad/home.

Forum on Opioids: Strategies and Solutions for Minority Communities
Wednesday, April 25, 10:00 a.m. to Noon E.T.

In recognition of National Minority Health Month, the Centers for Medicare & Medicaid Services Office of Minority Health, in partnership with the Substance Abuse and Mental Health Administration’s Office of Behavioral Health Equity, will bring together a panel of public health leaders, health care professionals and community members to discuss partnerships and efforts to combat the opioid epidemic and better address behavioral health in minority communities. Attendees at the D.C. event at the Health and Human Services Building will receive updates of strategies and solutions for prevention, diagnosis, intervention, treatment/recovery and access to behavioral health services. Model programs and lessons learned on successful projects to combat the opioid epidemic will be highlighted, as well as information on the latest resources available to support behavioral health.

Attendees will be encouraged to join the discussion and provide feedback on the steps that communities can take to improve behavioral health services and increase support for opioid interventions in minority communities.

The event will be live-streamed for those unable to attend in person.

Register HERE

For more information, contact Ashley Peddicord-Austin of CMS.
Peer-operated services can help individuals living with extensive physical health, behavioral health and social needs manage or avert crisis, prevent relapse and readmission, and provide an alternative to homelessness and re-incarceration.

Join the National Council on Behavioral Health to explore two peer-operated service models. Hands Across Long Island has effectively engaged homeless individuals and successfully promoted re-entry from prison. The New York Association of Psychiatric Rehabilitation Services (NYAPRS) created the peer bridger model which has successfully engaged and assisted thousands of New Yorkers in their transition from state and local hospitals into the community and reduced avoidable emergency room and inpatient service use.

Presenters:
- Harvey Rosenthal, Executive director of the New York Association of Psychiatric Rehabilitation Services (NYAPRS)
- Ellen Healion, Executive Director of Hands Across Long Island, Inc.

Register [HERE](#)

Closed captioning is available for this webinar.

We do not offer CEU credits. However, letters of attendance are offered upon request.

Questions should be addressed to Kelle Masten via [email](mailto:) or at 703-682-5187.

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**Technical Assistance Opportunities for State Mental Health Authorities**

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

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

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

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

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

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

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urrff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

**Assertive Community Treatment Grants (FOA No. SM-18-013)**

**Funding Mechanism:** Grant  
**Anticipated Number of Awards:** Up to 7  
**Anticipated Award Amount:** Up to $678,000/year  
**Length of Project:** Up to 5 years  
**Anticipated Total Available Funding:** $23,700,000  
**Applications Due:** May 29, 2018

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

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

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

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

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

**Pre-Application Webinar:** Wednesday, April 18, 2018 from 3:30 p.m. to 4:30 p.m. E.T.
- Dial-In Number: 1-888-790-7803  
- Participant Passcode: 1588142

For security reasons, the passcode will be required to join the call.

Participants can also join the event directly at:  

**Conference Number:** PWXW7248653  
**Audience passcode:** 1588142

**Applications Due:** June 4, 2018

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

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

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for Fiscal Year (FY) 2018 Improving Access to Overdose Treatment (Short Title: OD Treatment Access). SAMHSA will award OD Treatment Access funds to Federally Qualified Health Centers (FQHC), Opioid Treatment Programs, or practitioners who have a waiver to prescribe buprenorphine to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose.

Recipient will partner with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the recipients will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose.

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

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

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

**CONTACTS:**
- **Program Issues:** Tonya F. Gray via e-mail or at (240) 276-2492 or Kim Nesbit via e-mail or at (240) 276-1742.
- **Grants Management and Budget Issues:** Eileen Bermudez via email or at (240) 276-1412.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (FOA 18—012)

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

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Community Programs for Outreach and Intervention with Youth and Young Adults[1] at Clinical High Risk for Psychosis[2] Grant Program (Short Title: CHR-P). The purpose of this program is to identify youth and young adults, not more than 25 years old, at clinical high risk for psychosis and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorder. It is expected that this program will: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms. SAMHSA and the National Institute of Mental Health (NIMH) encourage partnerships between service grant applicants and mental health researchers to evaluate the effectiveness of stepped-care[3] intervention strategies for youth and young adults at clinical high risk for psychosis. Research studies conducted within the context of the CHR-P program should be proposed through separate NIH research project grant applications. NIMH plans to issue a Notice directing research grant applicants to appropriate funding mechanisms.

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

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

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

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

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

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

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

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

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

Register by Friday, April 20 to Receive a Discounted Rate

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

Agenda
Registration
Hotel & Travel

Questions? Contact memberservice@aphsa.org

The Training Institutes Registration Fee is $925.

A discounted registration fee of $850 will be extended to those who register before March 31, 2018.

There’s still time to register at a discounted rate!

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Centers for Medicare and Medicaid Services Cultural Competent Care Webinars

Geriatric Competent Care Webinar Series

*Wednesday April 18 and May 16, Noon to 1:30 p.m. E.T.*

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

**Safe and Effective Use of Medications in Older Adults, April 18, 2018**

Beneficiaries dually eligible for Medicare and Medicaid have on average, a 25 percent higher rate of chronic conditions[2] than beneficiaries who are not dually eligible. This interactive webinar will provide an overview of these critically important issues related to older adults. In addition, the need for management and coordination among the care team members and the beneficiary will be described. Participants will also learn about effective strategies to empower individuals and their families to manage multiple medications to maintain their health.

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

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

Registration Link: [https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Overview](https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Overview)

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**MEDICINE USE AND SPENDING IN THE U.S:**

**A Review of 2017 and Outlook to 2022**

*April 26, 10 a.m. to 11 a.m. E.T.*


Join author and IQVIA Institute Research Director, Michael Kleinrock, for a webinar on April 26, when he will provide objective context and perspective around the complex factors that determine the level of spending on medicines in the U.S. and their impact on policy makers, patients, payers, and drug manufacturers.

To download the report on April 19, visit [www.IQVIAInstitute.org](http://www.IQVIAInstitute.org).

Webinar discussion topics will include:

- Net manufacturer drug revenues after discounts and rebates
- Patient out-of-pocket costs at pharmacies
- Overall volume of medicines being used, with a special focus on prescription opioids
- The remarkable number of innovative medicines launched in 2017
- An outlook through 2022 for the pharmaceutical market

**Author & Presenter: Michael Kleinrock**

*Research Director*

IQVIA Institute for Human Data Science

[Register HERE](http://www.IQVIAInstitute.org)
Admiral Thad W. Allen, USCG Retired

Thad Allen retired from the Coast Guard in 2010 as the 23rd Commandant. He currently serves as Senior Executive Advisor at Booz Allen Hamilton where he supports government and commercial clients in cyber security, energy and the environment, navigation systems, emergency response, and crisis leadership. He is a nationally recognized expert in disaster response and an advisor to government leaders. He was the lead federal official for the responses to Hurricanes Katrina and Rita and the Deepwater Horizon Oil. He also directed Coast Guard operations in the wake of the 9/11 attacks and the Haitian Earthquake.

The Symposium will provide an opportunity to hear how leaders have handled stress in times of crisis, with particular emphasis on the disasters of fall 2017. During the half-day event, panelists will also share best practices and recommendations for moving the field of crisis leadership forward.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (FOA SM-18-010)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 4
Anticipated Award Amount: Up to $1,000,000/year
Anticipated Total Available Funding: $3,368,000
Length of Project: Up to 5 years
No Cost-Sharing/Match Required
Applications Due: May 14, 2018

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

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

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

Healthy Transitions will accomplish program goals by:

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

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

Eligibility: Eligible applicants are:

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

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

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

Contact Information
Program Issues: Diane Sondheimer, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922
Emily Lichvar, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859
Grants Management/Budget Issues: Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-
Webinar: Impact of ACEs and Adoption of Trauma-Informed Approaches in Integrated Settings

April 18, 1 p.m. - 2:30 p.m. E.T.

Join the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) and nationally-recognized speakers for this webinar to learn more about trauma and its impact, hear the case for adopting trauma-informed approaches, and walk through a methodology for implementing trauma-informed care.

**Presenters:** Linda Ligenza, LCSW, Clinical Services Director, National Council for Behavioral Health; Karen Johnson, LCSW, Senior Director, Trauma-Informed Services, National Council for Behavioral Health; Patricia Gerrity, Ph.D, RN, FAAN, Associate Dean for Community Programs, Stephen and Sandra Sheller 11th Street Health Center, College of Nursing and Health Professions, Drexel University

Register HERE

The Adverse Childhood Experience (ACE) Study, conducted by Kaiser Permanente and the Centers for Disease Control and Prevention, has shown us that trauma is prevalent and can cause lifelong health consequences. We can therefore expect that a significant percentage of patients served in integrated care settings have been exposed to ACEs. Signs and symptoms include: not showing up for appointments or frequently showing up without an appointment; difficulty adhering to treatment goals; limited or no improvement in health conditions; and multiple psychiatric diagnoses and medications.

After this webinar, participants will be able to:

- Recognize the value of trauma-informed approaches to care in integrated settings
- Identify three strategies that can be used immediately to minimize or prevent triggering events
- Design a plan to implement trauma-informed approaches in their setting
- Locate resources from CIHS that can support efforts to build trauma-informed integrated approaches to care

Closed captioning is available on request.

The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance.
CENTER FOR TRAUMA-INFORMED CARE

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

April Training
April 19 - Authority Health, Detroit, MI
For more information on these trainings, please contact jerry.mcshan@nasmhpd.org.

2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

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

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

Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
Older Adults Peer Support - Finding a Source for Funding Forensic Patients in State Psychiatric Hospitals: 1999-2016
The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders
Crisis Services’ Role in Reducing Avoidable Hospitalization
Quantitative Benefits of Trauma-Informed Care
Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014
The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System
Forensic Patients in State Psychiatric Hospitals – 1999 to 2016

May is Older Americans Month 2018

Every May, the Administration on Aging, part of the Administration for Community Living, leads our nation’s observance of Older American’s Month. The 2018 theme, Engage at Every Age, emphasizes that you are never too old (or young) to take part in activities that can enrich your physical, mental, and emotional well-being. It also celebrates the many ways in which older adults make a difference in our communities.

Participating in activities that promote mental and physical wellness, offering your wisdom and experience to the next generation, seeking the mentorship of someone with more life experience than you—those are just a few examples of what being engaged can mean. No matter where you are in your life, there is no better time than now to start. We hope you will join in and Engage at Every Age!

Use the materials, activities, and resources at https://oam.acl.gov to promote and celebrate #OAM18!
THANK YOU TO OUR CONFERENCE SPONSORS!

Premier
Ammon Labs

Platinum
Ashley Treatment Centers • Beacon Health Options • Behavioral Health System Baltimore •
The Bergand Group • Delphi Behavioral Health Group • Gaudenzia, Inc. • Kolmac Outpatient Recovery Centers •
Maryland Center of Excellence on Problem Gambling • Recovery Centers of America • Recovery Network •
Serenity Acres Treatment Centers • Tuerk House • Turning Point Clinic • University of Maryland Medical System, EAP • University of Maryland, Psychiatry, Division of Alcohol and Drug Abuse • Warwick Manor Behavioral Health

CLICK HERE FOR ONLINE REGISTRATION • CLICK HERE TO BE A SPONSOR
CLICK HERE FOR FULL BROCHURE

NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

For more information about NCADD-MD, please visit our website at www.ncaddmaryland.org
The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Joint program and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

Registration is free if you currently reside and work in one of the following IIMHL supporting countries:

- Australia
- New Zealand
- Netherlands
- Norway
- Canada
- Scotland
- Denmark
- Greenland
- England
- Sweden
- Finland
- Ireland
- United States
- Iceland

Registration is $400 for Individuals not residing in an IIMHL Country.
Registration ends on May 1, 2018, or when the maximum number of registrations is reached.
Recovery-Oriented Engagement Practices - Spring 2018 Series

Wednesdays, 1 p.m. to 2 p.m. E.T.

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

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

May 2, 2018: Engagement via a Crisis or Pre-crisis Tool within a Wellness Recovery Action Plan (WRAP)

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

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

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

Archived: Therapeutic Alliance and its Impact on Engagement

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

Click on the Name of Each Session to Register

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

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

Technical Assistance on Preventing the Use of Restraints and Seclusion

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

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

To Apply for Technical Assistance, Click Here. We look forward to the opportunity to work together.
Turning Information Into Innovation

Registration is now open for the 2018 Health Datapalooza, April 26-27 in Washington, D.C. Health Datapalooza is more than just a meeting; it’s a diverse community of big thinkers and roll-up-our-sleeves-and-get-it-done problem solvers who share a mission to liberate and use data to improve health and health care.

Attend the Datapalooza for real world concepts and actionable steps that you can take back to your workplace – presented by both newcomers and leading experts in the field.

Register NOW

California Department of State Hospitals Public Forensic Mental Health Forum
Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814
June 7 & 8, 2018

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

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

CLICK HERE TO REGISTER NOW!

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center
NOW AVAILABLE

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

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

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

To view the EIP virtual resource center, visit NASMHPD’s EIP website.
CCF Annual Conference  
**July 24-26, 2018**  
**Washington Marriott Georgetown**  
**1221 22nd St NW**  
**Washington, DC 20037**

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

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

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**New On-Demand Continuing Medical Education (CME) Course:**

**Clozapine as a Tool in Mental Health Recovery**

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

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

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

**Register [HERE](#)!**

**Course Objectives**

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

*Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)*
Featured Day One Session!
Concurrent Session on Wednesday, May 2, 2018

Challenges for Rural Areas in Meeting the Increasing Requirements for Electronic Data Entry, Storage, Analysis and Exchange

Federal and state funding agencies are steadily increasing their data requirements to show that services are accessible and of high quality, and that health care information is exchanged among treating providers in support of care coordination. Tracy Rhine from Rural County Representatives of California, Jennifer Terhorst and Philip Salter from Nevada County, and Farooq Ahmad from Imperial County will describe challenges for rural counties, including lack of bandwidth, health information technology support, and internet connectivity. They will describe creative ways that some rural agencies are addressing these issues, and suggest their relevance for other rural counties and provider organizations.

Featured Day Two Conference Closing Keynote Session!

Public Health and Privacy Concerns Collide in the Opioid Crisis

The increasing and tragic dimensions of the opioid crisis throughout the country have led to new national, state and local initiatives focusing on prevention and treatment. Jeff Livesay, Senior Executive Vice President and Shreya Patel, Policy Analyst and Public Relations Coordinator of Michigan Health Information Network will review the increased data sharing across pharmacies, insurers, and prescribers to prevent prescription drug abuse and to encourage improved care coordination. They will review how HINs can use such data analytic techniques as predictive modeling for early warning systems and preventive interventions in the interest of addressing the opioid crisis, and the emerging ethical dilemmas created by these new data sharing possibilities.

Presenters
Jeff Livesay, BS Engineering, Senior Executive Vice President, & Shreya Patel, Policy Analyst and Public Relations Coordinator, Both Michigan Health Information, Network Shared Services (MiHIN)

Registration is open. Please reserve your seat NOW!

REGISTRATION WEBSITE

If you have any problem with registering or making your hotel reservations, please contact the CIBHS Conference Dept. at (916) 379-5317 or conferences@cibhs.org.
TA Network Webinars

2018 EARLY PSYCHOSIS PEER MEETING

AUGUST 22-24, 2018
PORTLAND, OREGON

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

DEADLINE TO SUBMIT APPLICATIONS IS FRIDAY, MAY 11, 2018.
VIEW THE APPLICATION HERE.

SYSTEM OF CARE (SOC) LEADERSHIP LEARNING COMMUNITY – CONSIDERATIONS FOR SOC LEADERS FOR SERVING YOUNG CHILDREN AND THEIR FAMILIES

WEDNESDAY, APRIL 18, 2:30 P.M. TO 4 P.M. E.T.

This webinar will focus on serving young children and their families with the SOC approach and address areas that should be considered at the system and service-delivery levels to effectively meet the needs of this population. Specific topics to be addressed include key partners in early childhood services, the services specifically designed for young children and families, financing strategies, and workforce development.

REGISTER NOW

ETHICS FOR PARENT PEER SUPPORT PROVIDERS

THURSDAY, APRIL 19, 3:30 P.M. TO 5 P.M.

In response to a need for guidance on ethics from the field, the Family-Run Executive Director Leadership Association convened a group of family leaders to develop an ethics workbook for parent peer support providers (PPSP) that provides a framework for addressing ethical dilemmas. If you are a PPSP or a program director of a family-run organization, join us for this webinar, which will include examples of codes of ethics for PPSPs, and the three main areas in which PPSPs experience challenging ethical situations: working with families, interactions in the workplace, and behavior in the community and with partners.

REGISTER NOW

UNDERSTANDING PSYCHOSIS – USING FORMULATION TO DEVELOP EFFECTIVE INTERVENTIONS

FRIDAY, APRIL 20, NOON TO 3 P.M. E.T.

This webinar is designed for intermediate-level CBT clinicians and aims to build on an existing knowledge base through examination of different formulation techniques, including collaborative development of formulation and team-based formulation. Clinicians will be encouraged to submit de-identified case examples before the workshop for discussion during the webinar. Formulation is considered the cornerstone of CBT and is essential to helping the client (and therapist) understand the origin and maintenance of their symptoms.

REGISTER NOW

DIRECT CONNECT – BUILDING YOUTH CAPACITY

THURSDAY, APRIL 26, 3:30 P.M. TO 5 P.M. ET

Led by Youth M.O.V.E. National, this learning community is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country.

REGISTER NOW
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NASMHPD Links of Interest

Medicaid Enrollees Have Significantly Better Access to Health Care Compared to Uninsured, According to a New Study. America’s Health Insurance Plans, April 9

The Neurocognitive and Psychosocial Impacts of Violence and Trauma: Proceedings of a Workshop in Brief. National Academies, Health and Medicine Division, 2018

Addressing the Social and Cultural Norms That Underlie the Acceptance of Violence Proceedings of a Workshop—in Brief. National Academies, Health and Medicine Division, 2018


Budget and Economic Outlook: 2018 to 2028. Congressional Budget Office, April 2018


The Types of Opioids Behind Growing Overdose Fatalities. Ben Gitis & Isabel Soto, American Action Forum, April 11

Presidential Executive Order Reducing Poverty in America by Promoting Opportunity and Economic Mobility. April 10

Effects Of The ACA’s Health Insurance Marketplaces On The Previously Uninsured: A Quasi-Experimental Analysis. Anna L. Goldman, Danny McCormick, Jennifer S. Haas, & Benjamin D. Sommers, Health Affairs, April 2018