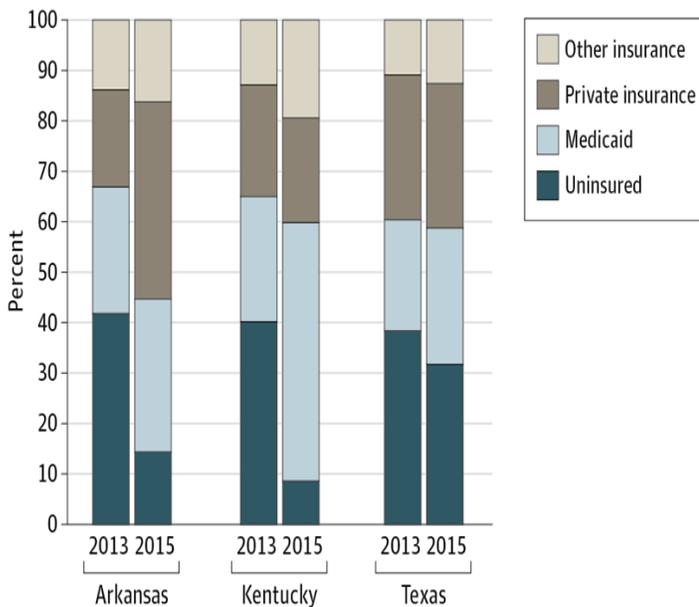


# National Association of State Mental Health Program Directors

## Weekly Update

### *Harvard Survey of Low-Income Residents of Kentucky and Arkansas Finds Medicaid Expansion Has Them Healthier, with Greater Access, than Poorer Texans*



A Harvard University survey of low-income residents of Kentucky, Arkansas, and Texas has found that the 2014 expansion of the Medicaid program under the Affordable Care Act (ACA) is making those residents healthier.

The telephone survey of more than 8,500 low-income citizens between the ages of 19 and 64 in Kentucky, Arkansas, and Texas was part of a [study published](#) August 15 in the Journal of the American Medical Association (JAMA) Internal Medicine. The researchers found that low-income people in Kentucky and Arkansas, which each expanded Medicaid eligibility to 138 percent of the federal poverty level, appear to be healthier than lower-income residents of Texas, which did not expand Medicaid access.

The surveys of Medicaid-eligible people found that those in Arkansas and Kentucky were 4.8 percent more likely than Texas residents to say they were in excellent health in 2015.

That difference was larger than the 2.4 percent difference found in 2013 and 2014 surveys. They have asked the same questions three times: in 2013, before the ACA's Medicaid

expansion; at the end of 2014, after it had been in place for a year; and at the end of 2015. They then compared responses over time, using Texas as a control group to see how much of a difference Medicaid expansions in the other two states made. The researchers suggest the upward trend in perceived health by the enrollees is to be expected because significant improvements from Medicaid expansion will take several years to unfold.

After two years of coverage expansion in Kentucky and Arkansas, the researchers found a 12.1 percent increase in access to primary care and an 11.6 percent reduction in skipped medications, a 29.5 percent reduction in out-of-pocket spending, a 6 percent reduction in emergency room visits, and a 7.1 percent improvement in self-reported quality of care and health, as well as a higher utilization of preventive services and care for chronic conditions. But the authors caution, "It remains to be seen whether the modest changes detected in our study will lead to subsequent improvements in objective measures of population health."

The survey also found that enrollees in Kentucky and Arkansas were more likely to have a doctor and a place to go for care than in Texas. They said they were more likely to have their chronic disease treated, and that they were more likely to have received screening for high cholesterol or high blood sugar, markers for heart disease and diabetes.

Arkansas' expansion works differently than Kentucky's traditional Medicaid expansion in that it helps low-income residents buy private insurance. Either way, "[w]hat this means is that it doesn't matter so much how states expand coverage," primary study author Benjamin Sommers said in a news release. "What matters is whether they expand at all."

The researchers warned the findings might not be reflected in other expansion states. "Medicaid programs vary widely across states in terms of physician payment, covered benefits, and other features, which means that our results are in some sense a case study of two specific expansion efforts," they wrote.

## NIMH Research Funding Opportunities

### Research on Autism Spectrum Disorders (R21) ([PA-16-386](#))

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R21 grant supports early-stage exploratory studies of novel scientific ideas or new model systems, tools, or technologies that have the potential for significant scientific impact. Applications for R21 awards should describe projects distinct from those supported through the traditional R01 activity code. For example, long-term projects, or projects designed to increase knowledge in a well-established area, are not appropriate for R21 awards. Preliminary data are not required for R21 applications; however, they may be included if available.

**Eligible Applicants:** Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

**First Standard Application Receipt/Submission Date(s):** October 16, 2016, by 5:00 PM local time of applicant organization.

**Open Date (Earliest Submission Date):** September 16, 2016

**Expiration Date:** September 8, 2019

The combined budget for direct costs for the two year project period may not exceed \$275,000. No more than \$200,000 may be requested in any single year. The total project period may not exceed two years.

### Research on Autism Spectrum Disorders (R03) ([PA-16-387](#))

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R03 grant application may not contain extensive detail or discussion. R03 applications may include development of new research methodologies or technology, secondary analysis of existing data, and pilot or feasibility studies. Preliminary data are not required, particularly in applications proposing pilot or feasibility studies.

**Eligible Applicants:** Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

**First Standard Application Receipt/Submission Date(s):** October 16, 2016, by 5:00 PM local time of applicant organization.

**Expiration Date:** September 8, 2019

**Open Date (Earliest Submission Date):** September 16, 2016

The combined budget for direct costs for the two year project period may not exceed \$100,000. No more than \$50,000 in direct costs may be requested in any single year. The total project period may not exceed two years.

### Research on Autism Spectrum Disorders (R01) ([PA-16-388](#))

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD).

**Eligible Applicants:** Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

**First Standard Application Receipt/Submission Date(s):** October 5, 2016, by 5:00 PM local time of applicant organization.

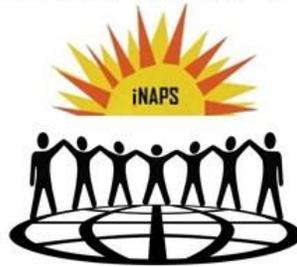
**Open Date (Earliest Submission Date):** September 5, 2016

**Expiration Date:** September 8, 2019

The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but need to reflect the actual needs of the proposed project. The total project period may not exceed 5 years.

# InterNational Association of Peer Supporters

Cultivating a Culture of  
Compassion



## 2016 Annual National Peer Supporter Conference

August 26 to 28, 2016

Sheraton Philadelphia Society Hill Inn

Theme: Collaborating for Unity



## NIH Launches Moms' Mental Health Matters



The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health (NIH), has launched [Moms' Mental Health Matters](#), a new initiative to raise awareness among pregnant and postpartum mothers, their families, and health care providers about depression and anxiety during pregnancy and after baby is born.

NICHD has developed free health education materials in English and Spanish. The posters describe the signs of depression and anxiety during and after pregnancy and address the misconception that for all women, pregnancy and new motherhood can only be "the happiest time of your life." In addition, the action plan helps moms identify when and where to seek help, and the conversation starter postcard, specifically designed for a mom's support system, offers suggestions for communicating with a loved one about this issue.



**National Summit on  
Military and Veteran  
Peer Programs**

**Save the Date!**

**National Summit on Military and  
Veteran Peer Programs:  
Advancing Best Practices**

*November 2-3, 2016  
University of Michigan - Ann Arbor*

**This two-day interdisciplinary forum will:**

- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous University of Michigan "Big House."

Mark your calendars for this seminal event! Registration will be limited. Please email [PeerSummit@umich.edu](mailto:PeerSummit@umich.edu) to be added to the priority listserv to receive event-related announcements. For additional information, please visit [www.m-span.org](http://www.m-span.org).

**This is an open event.  
Please share this information  
with others who may be interested in  
attending.**

**SAMHSA-Sponsored Webinar  
Opportunity**

*Presented by NASMHPD and the  
National Council for Behavioral Health*

**State Best Practices in  
Developing and Implementing  
Integrated Health Care**

*Wednesday, August 24, 2 p.m. to 3:30 p.m. ET*

**REGISTER [HERE](#)**

This webinar on integrated health is intended to provide assistance to states working through challenges to better serve the holistic health needs of their mental health services consumers.

Laura Galbreath (Director of the SAMHSA-Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions at the National Council for Behavioral Health) will be providing information on state legislation and regulatory changes that facilitate the integration of primary care and behavioral health services for individuals with Serious Mental Illness served by community mental health and addiction providers. Ms. Galbreath will highlight recent efforts in states and provide insights and resources that can be used to foster increased dialogue and policy changes in the states.

Debbie Herrmann (Deputy Director of the Division of Mental Health and Addiction in the Indiana Family and Social Services Administration, in charge of the DMHA Medicaid Initiatives) will provide information on Indiana's efforts in building an integrated health initiative. This includes her work in developing a collaboration between the DMHA and the Indiana State Department of Health (ISDH) as part of a State Integration Team. Ms. Herrmann will discuss how Indiana brought together stakeholders across the state in subcommittees to build cohesion among the different entities involved. She will also illustrate how Indiana identified provider types and agencies across the state, and developed provider qualifications and guiding principles and core requirements for services.

Questions should be directed to [Kelle Masten](#) by email or at 703-682-5187.

# MENTAL HEALTH DISPARITIES RESEARCH AT THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)



## Mental Health Disparities Research at NIMH: Cross-Cutting Aspects of the NIMH Strategic Plan in 2016

*Wednesday, August 31, 2 p.m. to 3 p.m. ET*

**REGISTER [HERE](#)**

**Brian Ahmedani, M.D.**

Director of Psychiatry Research, Behavioral Health Services  
Research Scientist, Center for Health Policy & Health Services Research Henry Ford Health System

**Olivia I. Okereke, M.S., M.D.**

Associate Professor of Psychiatry, Harvard Medical School  
Associate Professor of Epidemiology, Harvard T.H. Chan School of Public Health

**ABOUT THE WEBINAR SERIES** - The National Institute of Mental Health (NIMH) is proud to present two distinguished researchers who will explore some of the biologic and genetic underpinnings of reproductive hormone-related mood disorders.

**WHO SHOULD ATTEND** - This webinar is appropriate for NIMH-funded grantees, students, researchers, policy makers, clinicians and anyone interested in learning more about suicide prevention research at the NIMH and the NIH.

**REGISTER NOW:** Space is limited. Don't miss this valuable opportunity!

## 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.

For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).

## Another SAMHSA-Sponsored Webinar Opportunity

Presented by the National Disability Rights Network (NDRN)

**"Why Work?"**

*Thursday, August 25, 2 p.m. to 3:30 p.m. Eastern Time*

Work is central to adult life and part of the recovery process. This webinar will explore issues surrounding individuals with psychiatric disabilities entering or re-entering the labor force. The webinar will first discuss barriers and myths surrounding individuals with psychiatric disabilities in the workforce and then solutions (including federal programs) to provide assistance to individuals with psychiatric disabilities seeking to work.

**REGISTER [HERE](#)**

**Presenters:**

**Marisel DeCordova, BS**, and **Lynda Sagarese, MS, LPC**, Connecticut Office of Protection and Advocacy for Persons with Disabilities

**Cheryl Bates-Harris**, Senior Disability Advocacy Specialist at National Disability Rights Network

*This is a "listen only" webinar. Should you need to dial in, the instructions are on the note pad in the seminar room.*

*Questions should be directed to [Kelle Masten](#) by email or at 703-682-5187.*

## Additional SAMHSA-Sponsored Webinar Opportunities

Presented by OnTrackNY

### Cultural Competence and Caring for Individuals with First-Episode Psychosis and their Families

*Monday, August 29, 2 p.m. to 3:30 p.m. Eastern Time*

OnTrackNY is a coordinated specialty care (CSC) program that provides early intervention services to individuals experiencing a first-episode psychosis (FEP). Its speakers will discuss the cultural competency approach used by the OnTrackNY team, focusing on the development and implementation of two main components: the DSM-5 Cultural Formulation Interview (CFI) and the OnTrackNY "Guidelines of Best Practices on Culture and FEP." The CFI is a standardized set of questions for conducting a cultural assessment during a diagnostic interview, which was developed for DSM-5 by an international team of collaborators (led by an OnTrackNY consultant); it is used in the initial assessment of every FEP participant. The Best Practices guideline was developed by a collaborative of OnTrackNY teams, which identified common cultural themes encountered when working with clients and families and developed a set of case examples and best practices for delivering FEP care.

The speakers will describe how local clinical teams applying the FEP model can use these cultural competency practices in their own settings. The webinar will cover strategies for effectively working with individuals and families with diverse religious beliefs, varying levels of acculturation, language barriers, and cultural issues specific to adolescents and young adults. Another key element of the presentation will involve how to address cultural aspects of gender and sexuality in the care of early psychosis, including working with individuals who identify as lesbian, gay, bisexual, or transgender (LGBT), or who are exploring their gender identity or sexual orientation.

**REGISTER [HERE](#)**

**Presenters:**

**Iruma Bello, PhD**, Clinical Training Director of OnTrackNY with the Center for Practice Innovations at the New York State Psychiatric Institute (NYSPI)

**Roberto Lewis-Fernández, MD**, Professor of Psychiatry at Columbia University Medical Center, and Director of the NYS Center of Excellence for Cultural Competence at NYSPI

**Walter Bockting, PhD**, Professor of Medical Psychology (in Psychiatry and Nursing) at Columbia University, and Co-Director of the Program for the Study of LGBT Health in the Division of Gender, Sexuality, and Health, New York State Psychiatric Institute, Columbia Psychiatry.

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Presented by the National Association of State Mental Health Program Directors

### Clozapine Underutilization: Addressing the Barriers

*Monday, August 22, 2 p.m. to 3:30 p.m. Eastern Time*

While clozapine has demonstrated unique efficacy for the treatment of serious mental illness, its real-world use presents challenges to clinicians in a variety of settings, leading to its under-utilization. These challenges can best be addressed by understanding the benefits and risks of clozapine, its place in treatment, and the barriers that impact clozapine treatment. In addition to identifying specific barriers, this webinar offers a series of recommendations for a variety of stakeholders that, if implemented, would promote access to clozapine, address barriers to its use, and improve the management of patients receiving clozapine.

**REGISTER [HERE](#)**

**Presenters:**

**Dr. Deanna Kelly, Pharm.D., BCPP**, Professor of Psychiatry, Director, Treatment Research Program, Maryland Psychiatric Research Center and University of Maryland School of Medicine.

**Raymond C. Love, Pharm.D, BCPP, FASHP** - Professor of Pharmacy Practice and Science and Psychiatry (secondary appointment) at the University of Maryland Schools of Pharmacy and Medicine, a Vice Chair for the Department of Pharmacy Practice and Science, and Director of the School of Pharmacy's Mental Health Program.

*This is a "listen only" webinar. Should you need to dial in, the instructions are on the note pad in the seminar room.*

*Questions should be directed to [Kelle Masten](#) by email or at 703-682-5187.*

## Another SAMHSA-Sponsored Webinar Opportunity

**Presented by the National Federation of Families and the  
National Association of State Mental Health Program Directors**

### **Serving Youth with Co-Occurring Developmental and Behavioral Disorders**

***Tuesday, September 6, 2 p.m. to 3:30 p.m. Eastern Time***

Public systems are challenged by obstacles when providing for children with co-occurring developmental and emotional and behavioral disorders.

- 30-50% of children and adolescents with intellectual disability (ID) have co-occurring behavioral health (BH) disorders or challenging behavior (studies vary widely)
- 40-70% with autism spectrum disorders have co-occurring psychiatric disorders (anxiety, depression and others)

Among this very diverse group of children and youth, many encounter restricted access to essential supports. Their behavioral difficulties and distress are often misunderstood and sometimes ignored. Since our public and private systems and categorical funding are not structured to address their needs, these young people are at high risk of expensive and preventable out-of-home placements in foster care, juvenile detention, psychiatric institutions and developmental disabilities centers, as well as homelessness or incarceration as adults. Many individuals face a series of disrupted placements and long-term confinement. Children and youth with developmental disabilities experience serious trauma at rates far higher than their peers, including bullying, teasing, and physical, emotional and sexual abuse, that often do not receive needed attention. As a group, they may suffer from significant medical problems as well. Stress for parents can be severe and unrelenting, especially when their children are excluded from public programs or offered services that do not match their needs. In some states families find they are unable to obtain intensive services that their children need unless they relinquish custody to state authorities.

This webinar will look at how some states, in particular New Jersey, have developed ways to support broad inter-agency collaboration on behalf of this population. We will also look at the pivotal role of Families and Family Organizations in the successful outcomes in better serving this neglected population.

**Moderator:** Lynda Gargan, PhD, Executive Director, National Federation of Families for Children's Mental Health.

#### **Panelists:**

Diane M. Jacobstein, PhD, Clinical Psychologist in the Georgetown University Center for Child and Human Development-UCEDD

Elizabeth Manley, LSW, Assistant Commissioner for New Jersey's Children's System of Care.

**REGISTER [HERE](#)**

For attendees, this is a "listen only" webinar. Should you need to dial in, the instructions are on the note pad in the seminar room.

We highly recommend that you test your connection to Adobe Connect in advance of the webinar to ensure access. You may need to work with your state's IT Department to resolve any firewall issues. To test your connection, please go to: [http://nasmhpd.adobeconnect.com/common/help/en/support/meeting\\_test.htm](http://nasmhpd.adobeconnect.com/common/help/en/support/meeting_test.htm) . You may be prompted to install ActiveX control, Adobe Flash Player, and Adobe Connect add-ins. If you encounter any difficulty testing your connection or logging into the webinar, please contact Technical Support by calling 1-800-459-5680.

*Questions should be directed to [Kelle Masten](#) by email or at 703-682-5187.*

## NIH Funding Opportunity: Development of Technology to Support Zero Suicide

Title: [Products to Support Applied Research Towards Zero Suicide Healthcare Systems](#)

Open Date (Earliest Submission Date): August 5, 2016. Due Date: September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).

Letter of Intent: Due 30 days prior to the application due date.

Funding: \$1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017

will depend on annual Congressional appropriations.

Award Project Period: Phase I—up to 2 years; Phase II—up to 3 years

Applicants are encouraged to contact [Adam Haim](#) by email or at 301-435-3593 for further guidance.



## University of Vermont School of Medicine Researchers Develop a Suicide Risk Assessment Tool for Emergency Room Settings that Have Limited Access to Psychiatrists

The Joint Commission underscored the critical role of clinicians assessing and evaluating for suicide ideation in all health care settings on February 23 when it released [Sentinel Event Alert #56: Detecting and Treating Suicide Ideation in All Settings](#). Alert #56 aims at promoting suicide prevention efforts across all health care organizations that provide inpatient and outpatient care. The Alert advised screening all inpatients and outpatients for suicide ideation by using an evidence-based screening tool for the appropriate health care setting.

The findings from a July 2016 study of a suicide risk assessment tool, [Suicide Risk Assessment in Hospitals: An Expert System-Based Triage Tool](#), may be a practical resource for Emergency Departments (EDs) to use in responding to the recommendations made by Alert #56. The purpose of the study was to develop and assess a valid, easy-to-use, cost-effective suicide risk assessment tool for ED staff that mirrors the critical thinking process of board-certified psychiatrists under guidelines maintained by the American Psychiatric Association. The goals of the tablet-based assessment tool are to: (1) forecast a psychiatrist's assessment for a patient's risk of attempting suicide within 72 hours of admission; (2) duplicate the recommended intervention(s) by the psychiatrist; and (3) achieve acceptable levels of patient satisfaction.

The toolkit was developed in three phases between October 2012 and February 2014. The first phase involved experts developing questions to assess the level of suicide risk—low, moderate, or high—and the level of intervention—routine, specialized, or highly specialized—needed. The questionnaire was then translated into an electronic format.

In the second phase, ED triage nurses screened a pool of 801 ED patients, using the assessment tool, during a six-week period. Some potential participants did not qualify for the final phases of the triage tool assessment because they did not consent to the study, were unable to think clearly

due to being intoxicated or in extreme pain, were in law enforcement custody, or were being held for involuntary hospitalization. Out of the initial 801 pool of potential patient-participants, 255 qualified for final assessment by the tool.

Phase three of the toolkit development included conducting a randomized cross-sectional analysis to determine if the assessment tool matched psychiatrists' findings after oral interviews of the same participants. A neural network model was then constructed based on that analysis.

Finally, the model was validated with 124 new participants from the ED and 50 patients from the medical/surgical units.

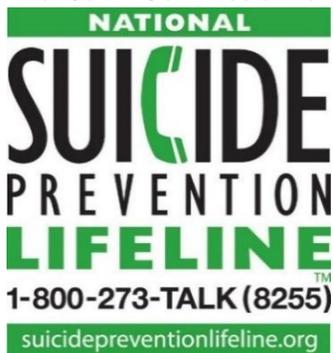
The authors—Drs. Isabelle Desjardins, Sanchit Maruti, and Kalev Freeman of the University of Vermont College of Medicine, and colleagues Dr. Robert Althoff and William Cats-Baril of the University of Vermont—found the tablet-based tool performed exceptionally well in assessing levels of suicide risk and intervention for ED patients hospitalized within 72 hours of their admission. They concluded that the assessment tool models psychiatrists' face-to-face interviews for evaluating suicide risk and determining the levels of intervention needed. The assessment tool has the potential to be used in ED settings with high patient volumes and limited access to psychiatrists.

## New Hampshire Submits New Medicaid Expansion Waiver Proposal to CMS

New Hampshire on August 10 sent the Centers for Medicare and Medicaid Services a new Medicaid expansion [waiver](#) proposal.

The proposal would establish a new \$8 co-pay for a non-emergency use of an emergency room the first time and \$25 on subsequent occasions, a TANF-like work requirement for coverage under the program, updated standards for verifying U.S. citizenship, and higher tiered cost-sharing charged to enrollees with incomes above the Federal Poverty Level.

If approved within the time frame anticipated by the state, the effective date would be January 1, 2017.



## 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.

## NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

## State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under The State TA Project.

**To Request On-site TA:** States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: <http://tatracker.treatment.org/login.aspx>. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: [tatracker@treatment.org](mailto:tatracker@treatment.org).

Note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD's [Pat Shea](#) by email or at 703-682-5191.



# American Association for the Treatment of Opioid Dependence, Inc.

*Expanding Access to Quality Opioid Addiction Treatment Services Since 1984*

**2016 National Conference (October 29 to November 2)**

## **2016 Awards Program**

*November 1, 2016*

*Baltimore Marriott Waterfront*

*Baltimore, MD*

***The Friend of the Field Award: [Michael Botticelli, MEd](#), Director, White House Office of National Drug Control Policy (ONDCP)***

This award was established by AATOD's Board of Directors and recognizes extraordinary contributions to the field of opioid use disorder treatment by an individual whose work, although not always directly related to treatment of opioid use disorders, has had a significant impact on our field.

***Nyswander/Dole "Marie" Award***

AATOD will be honoring 10 individuals who have been nominated and selected by their peers for extraordinary service in the opioid treatment community. These successful award recipients have devoted themselves to improving the lives of patients in our treatment system. Dr. Vincent Dole and Dr. Marie Nyswander were the first recipients of this award in 1983.

[Ray Caesar, LPC, Oklahoma](#)  
[Spence Clark, MSW, North Carolina](#)  
[Alice Gleghorn, PhD, California](#)  
[Robert Kent Esq., New York](#)  
[Robert Lambert, MA, Connecticut](#)

[Richard Moldenhauer, MS, Minnesota](#)  
[Kenneth Stoller, MD, Maryland](#)  
[Trusandra Taylor, MD, Pennsylvania](#)  
[Hoang Van Ke, MD, Vietnam](#)  
[Einat Peles, PhD, Israel](#)

***The Richard Lane/Robert Holden Patient Advocacy Award: [Brenda Davis, MSW](#)***

This award honors the work of Richard Lane and Robert Holden. Both are recovering heroin-addicted individuals who changed their lives and the lives of many by establishing and managing Opioid Treatment Programs. Their work and commitment has shown that medication-assisted treatment does work. This award was established in 1995 and recognizes extraordinary achievements in patient advocacy.

**[REGISTER HERE](#)**

## **Public-Private Partnerships in Rural Washington Reduced Effects of Trauma**

A new study commissioned by the [Adverse Childhood Experiences Public-Private Initiative](#) (APPI) of Washington State has found evidence that communities can create effective, local strategies that reduce the long-term social, emotional and physical problems related to abuse, neglect, and other Adverse Childhood Experiences (ACEs).

Research shows that the prevalence of 10 specific ACEs—such as witnessing domestic violence or experiencing physical abuse—trigger a stress response that can harm a child's developing brain. That stress and trauma weakens the immune system, increasing the risk of social, emotional, and health problems in later life, from suicide and substance abuse to diabetes, heart disease and cancer.

Despite modest investments and limited staff, several rural communities in Washington State were able to weave together proven [programs and innovative approaches](#) during a 2½-year initiative, effectively reducing the social, emotional, and physical problems linked to trauma.

Although the APPI organizations in each community varied in the details of their operations, their strategies for building community capacity were similar in many ways:

- They used strong, research-based community mobilization and public-health prevention frameworks to structure their efforts.
- They engaged a broad spectrum of individual and organizational partners to solve complex community problems at multiple levels.
- They integrated ACEs prevention and resilience-building principles into their goals and strategies.
- They engaged community members through training, community conversations, focus groups, and public events.
- They used population data from many sources and developed new data to identify community problems, create multifaceted responses, and track progress.

## NASMHPD Board of Directors

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## NASMHPD LINKS OF INTEREST

[150 YEARS OF OBAMACARE](#), DANIEL DAWES, SATCHER INSTITUTE, MOREHOUSE SCHOOL OF MEDICINE

[DEPRESSION AND DEPRESSION TREATMENT IN A POPULATION-BASED STUDY OF INDIVIDUALS OVER 60 YEARS OLD WITHOUT DEMENTIA](#), *AMERICAN JOURNAL OF GERIATRIC MEDICINE* (AUGUST 2016)

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[OPIOID USE DISORDERS: INTERVENTIONS FOR COMMUNITY PHARMACISTS](#), COLLEGE OF PSYCHIATRIC AND NEUROLOGIC PHARMACISTS

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